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I—REPORTS AND PROCEEDINGS OF SELECT COMMITTEES
IN THE REIGN OF HER MAJESTY
QUEEN ELIZABETH THE SECOND

Being the Fiftieth
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Inquiry into improving children’s health outcomes and preventing child abuse, with a focus on pre-conception until three years of age

Report of the Health Committee

Fiftieth Parliament
(Dr Paul Hutchison, Chairperson)
November 2013

Presented to the House of Representatives
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1 Introduction

The major recommendations of this inquiry ask the Government to put more focus on and investment into the pre-conception period to three years of age, and take a **proactive, health-promotion, disease-prevention** approach (based on scientific evidence) to improving children’s outcomes and diminishing child abuse.

Such policy is not only backed by science, equity, and ethics, but also makes sound economic sense. It will result in more children leading healthy lives and progressing to meaningful jobs. Productivity will be increased and money will be saved; an investment approach is a win for children and a win for New Zealand.

It has been estimated that well over half of Vote Health is spent on the last two years of life. This report advocates investing an equitable share in the very early years of life where there is clear evidence that it is most effective.

We initiated this inquiry in an attempt to find what practical health and social interventions can be made to promote children’s wellbeing in New Zealand, prevent child abuse, and break cycles of disadvantage, particularly from pre-conception to three years of age. The evidence is very strong; the first few years of life from pre-conception are fundamentally important for a broad range of child health outcomes, and for the achievements of children as adolescents and adults. The greatest gains and cost savings will come from effective evidence-based early intervention. Currently most New Zealand children enjoy good health, but there are significant and alarming differences in different parts of the country, which urgently need to be addressed.

A long-term aim is that **parents should be as healthy as possible prior to conception**, so New Zealand’s next cohort of children are given the best possible start in their first few years, and can achieve their full potential. For this ideal to become a reality New Zealand must have best-practice evidence-based policies and services:

- prior to conception, in reproductive health, education, and nutrition
- in maternity and postnatal care, with rigorous on-going follow-up to allow the early detection of problems in the pre-school and school years
- in early childhood education, health, housing, and social services.

Such an approach requires commitment and accountability at all levels, with leadership from the top (the Prime Minister). Primary and secondary health services need to be well integrated into the community, and a whole-of-government approach taken to integrate health services with education, housing, social services, justice and so on. **Great effort must be made to ensure that Māori and Pasifika people have access to services that are culturally centred.**

We recognise the importance of the socioeconomic determinants of health, including the issue of addressing child poverty. We also note the importance of economic growth directed to benefit all sectors of society.

Some of the issues covered in this report were the subject of substantial debate among members of the committee. We sought a consensus on all key issues. While all members
might not subscribe to every statement printed here, they endorse the report and recommendations as a whole.

We were pleased to meet with the Māori Affairs Committee and discuss our respective inquiries. The Māori Affairs Committee’s inquiry into the determinants of wellbeing for tamariki Māori will be presented to the House shortly. We agree with the basic principles of their report, which demonstrates the strong will of many parliamentarians to collaborate to improve the health of children in New Zealand.

We are grateful to the submitters and the many expert advisors who contributed to this inquiry. We thank the Ministry of Health, which consulted many other departments for its far-reaching report. We include the reference to this very useful work, and the ministry’s summary with our annotations.1

We would also like to pay special thanks to all of those who provided special assistance to us while drafting this report, we are very thankful for all of their hard work and contributions. A list of these individuals is published in Appendix C.

The committee would like to note our gratitude to the Chairperson, Dr Paul Hutchison, for all of his extensive work on this inquiry.

To assist the reader we have summarised the key points of our inquiry with a list of all the recommendations in a summary document, Volume 2.

**Key recommendations**

Following its inquiry, the Health Committee makes the following major recommendations to the Government. Detailed recommendations are set out in the chapters to which they pertain, and we also endorse the Ministry of Health’s recommendations.

**We strongly recommend that the Ministry of Health work with all relevant parties and other key ministries to establish a programme with timelines for implementing our recommendations, especially our key recommendations. We understand that the recommendations involving investment in the very early lives of children may take time, but we wish to see the Government commit itself to optimal and equitable investment in this area in the medium to long term.**

**Economics of early intervention**

We recommend to the Government that it establish a New Zealand and international evidence base for the economic value and cost-effectiveness of very early intervention programmes (pre-conception to three years). The initial economic analysis should be completed within 12 months of this report being published, and once strong evidence is established, the Government should move quickly to reprioritise investment towards achieving

- best-practice reproductive health services and education
- optimal prenatal, natal, postnatal, and whole-of-life nutrition action plans

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1 Ministry of Health, Departmental report to the Health Committee regarding the Inquiry into preventing child abuse and improving children’s health outcomes, 23 January 2013.
best-practice maternity and postnatal care and monitoring

best-practice health, early childhood education, and social service intervention programmes for the first three years of life (with particular focus on the vulnerable, the disadvantaged, and Māori and Pasifika children).

This should be completed within 12 months of this report being published.

**Sexual and reproductive health**

We recommend to the Government that it develop a co-ordinated cross-sectoral action plan with the objective of giving New Zealand world-leading, best-practice evidence-based sexuality and reproductive health education, contraception, sterilisation, termination, and sexual health services, distributed to cover the whole country. The plan should be developed within 12 to 18 months of this report being published, and be matched with appropriate, sustainable resourcing. The plan should also be monitored by trends in teenage pregnancy, sexually transmitted diseases, unplanned pregnancy, and terminations.

**Leadership and integrated Children’s Action Plan**

We recommend to the Government

- That the Prime Minister accept the formal role of developing and implementing a whole-of-government, inter-agency action plan for improving outcomes for all children, including a specific early intervention action plan from preconception to three years of age.
- That the Prime Minister’s responsibilities include defining the economic and general evidence base behind the action plan, monitoring outcomes, and reporting how the Government proposes to make improvements, in a transparent annual or biannual plan.
- That every attempt be made to secure cross-party agreement on key priorities related to children, to avoid electoral cycle disruption as much as possible.

**Social and economic determinants of health and wellbeing**

We recommend to the Government

- That it continue to progress policies to address disadvantage and promote opportunity for all children. This should include poverty, discrimination, healthy housing, optimal nutrition, access to health and education services, and safe home environments. The Government should publish an action plan setting out how it will address each area on a yearly basis, and employ a transparent monitoring system, with published results to demonstrate progress.
- That it continue to actively consider the recommendations in *Solutions to Child Poverty in New Zealand: evidence for action*, and at least establish an overall action plan for reducing child poverty or a Better Public Service target for child poverty.  The

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overall action plan or Better Public Service target should be established within two years of this report being published.

Nutrition, obesity, and related non-communicable diseases

We recommend to the Government that it develop a comprehensive, coordinated action plan, based on the best evidence available, involving government departments, non-governmental organisations, and the private sector (food and lifestyle industries), with a whole-of-life approach to improving nutrition, and reducing obesity and related non-communicable disease, with a special emphasis on working with Māori and Pasifika communities. The plan should begin to be implemented within 12 to 18 months of this report being published, and modifications made when new evidence-based information becomes available.

The plan will need

- A health-promotion approach, directed through communities.
- A primary disease-prevention approach, (optimal nutrition, education and later exercise), starting before birth and carrying on through a child’s early life.
- A secondary prevention approach, dealing with those who have developed or are developing obesity/related non-communicable diseases, providing education, optimal exercise, nutrition, smoking cessation, and best-practice treatment services.
- Monitoring and evaluation, and final policy based on international scientific evidence is an essential part.
- At a high level, the plan should be about improving systems within which specific programmes, policies, or activities can be embedded, such as schools or antenatal services, where systems need to be oriented to improve nutrition and exercise.
- Equity focus and relevance to Māori and Pasifika.

The plan should be developed within 12 months of this report being published.

Alcohol, drug harm, and tobacco

We recommend to the Government

- That it act on our specific recommendations on alcohol and tobacco, including alcohol guidelines regarding cessation during pregnancy and pre-conception, compulsory generic health warnings on alcoholic beverage containers, implementing further measures to reach the goal of a smokefree New Zealand by 2025, increasing the target for advice to pregnant women to quit smoking to 95–100 percent, and exploring measures to combat smoking in cars with children.

- That it develop an action plan to combat the harm caused by Foetal Alcohol Spectrum Disorder in New Zealand. The plan could be similar to that produced by the Australian Commonwealth Government in 2013 and should include the World Health Organization international prevalence study to establish reliable data for New Zealand. It should be whole-of-government, include the whole population but target those at risk, recognise that the disorder is preventable, provide access to services to those affected, and
support the health and broader workforce to prevent it. This should be achieved within 18 months of this report being published.

Maternity

We recommend to the Government

- That the Ministry of Health require district health boards to set a key performance indicator for the majority of women to be booked in for antenatal assessment by 10 weeks gestation. Best-practice clinical, social, and laboratory assessment should take place, and an ongoing plan for the pregnancy formulated. This should be introduced as a national health target within 12 months of this report being published. The target could start at 60 percent and over time be increased to 90 percent of all pregnancies.

- That the key recommendations of the *External Review of Maternity Care in the Counties Manukau District* be funded and adopted in the Counties Manukau District Health Board and relevant places elsewhere in New Zealand. Particular attention should be given to the following areas: early pregnancy assessment and planning (medical and social), ultrasound scanning, prioritisation of vulnerable and high-needs women, family planning, Māori and Pasifika women, addressing gestational diabetes and obesity, outreach services, and integration of information services.

The recommendations of the Counties Manukau review should be fully implemented within five years of this report being published, both in Counties Manukau DHB and elsewhere in New Zealand, where relevant. We recognise this may require reprioritisation of funding.

Vulnerable children

We recommend to the Government that it progress the Vulnerable Children’s Bill as a legislative priority, to give effect to the proposals on the Children’s Action Plan.

Oral health

We recommend that the Government develop and implement an action plan to improve early childhood oral health. The plan should focus on identifying children at the greatest risk at the earliest stage possible, and targeting resources to them. The plan should include the recommendations listed in the oral health chapter, and be completed within 18 months of this report being published. This should include working with Local Government New Zealand to transfer responsibility for setting standards for the monitoring of fluoride additives to the Ministry of Health and District Health Boards.

Early childhood education

We recommend to the Government that it continue to strengthen and fund high-quality early childhood education (ECE) programmes, and ensure access to high-quality ECE for those who would benefit most, including exploring the delivery of ECE services within the public education system in the most disadvantaged communities and where provision is an issue. A clear target, aimed at zero-to-three-year-olds, with planned costing, should be set within one year of this report being published, and measures to achieve it implemented over the next two years.
Information sharing, collaboration, and service integration

We recommend to the Government that it continue to refine a system of information sharing, collaboration, and integration of services, taking appropriate steps to protect privacy, while allowing early identification of children at risk, and ensuring children do not fall through the cracks. This should be achieved within two years of this report being published.

Research on children

We recommend to the Government that research into human development and foetal and child health be strongly supported and sustained, with the inclusion of social science and economic research, and that funding be at least equivalent to international benchmarks, well-coordinated, and monitored for outcomes and value for money. Funding to achieve international benchmarks should be budgeted within three years of this report being published.

Background

The principal focus of this inquiry is on health promotion and disease prevention to improve outcomes from pre-conception to three years of age and beyond. We acknowledge the fundamental importance of economic growth for improving health outcomes, provided the benefits are widely distributed throughout the population.

Research from the United Kingdom and elsewhere indicates that health status is influenced in large part (up to 75 percent in developed countries) by socioeconomic determinants such as housing, education, sanitation, transport, and social policy; and health services have a lesser influence. Success will require practical policy with a strong evidence base; childhood immunisation is a classic example. Optimal nutrition in a country such as New Zealand is becoming a huge health challenge, where so far there are no clear solutions with sufficient evidence of proven effectiveness.

The evidence is clear that loving committed parents or caregivers who exercise individual responsibility in providing a safe environment for their children are key to achieving positive outcomes, as is societal support and structure. The reality is that, through no fault of their own, a significant number of children in New Zealand miss out.

We acknowledge the Government is doing a great deal to reverse the unacceptably high rates of child abuse in this country. However finding an effective evidence-based programme is difficult and solutions complex. In the past many of New Zealand’s services have been reactive, responding to abuse or poor treatment of a child that has already occurred. There is significant support for progressing the Government’s White Paper and enacting legislation for a Children’s Action Plan. We emphasise the need for a proactive, preventative approach that includes all children, with room for additional services where necessary. Our vision is to see every child from birth to three years of age in New Zealand getting the best start in life possible. To achieve this, a focus on early intervention is also crucial. Best-practice care must continue through adolescence and beyond.

For the purposes of this inquiry, pre-conception refers to the time preceding conception. The physical and mental wellbeing of parents, along with other important factors such as
nutritional status, drug use, smoking, and other environmental conditions prior to conceiving can have a profound influence on the developing foetus.

*Early Intervention: the next steps* is an independent report commissioned by the United Kingdom Government and published in 2011. The principal author, Graham Allen, undertook the report at the request of Prime Minister David Cameron, as “part of a continuing cross-party effort to promote a culture of early, rather than late intervention”.

He says:

> Early Intervention is the answer: a range of well tested programmes, low in cost, high in results, can have a lasting impact on all children, especially the most vulnerable. In the past huge budgets were absorbed by remedial or palliative policies and few resources were spent on preventative policies.³

Allen recommended 19 such programmes.⁴

Despite increasing evidence, successive governments around the world have, with a few exceptions, failed to

- prioritise best-practice reproductive health and education services at primary and secondary schools, to enable students to make decisions based on knowledge and choice
- actively foster and create an environment for optimal nutrition before, during, and after pregnancy
- ensure maternity and postnatal follow-up services are gold standard, with early detection, follow-up, and prompt remediation of problems
- ensure cross-sector collaboration, integration, and information sharing, ideally from the first 10 weeks of gestation
- focus on investment in the first three years of a child’s life, where evidence-based programmes demonstrate the maximum benefit.

**Terms of reference**

We established the following terms of reference for our inquiry:

1. To update knowledge of what factors influence best childhood outcomes from before conception to three years, and what are significant barriers.

2. What practical improvements can be made to health, education, social, and other services, targeted at the pre-conception period that will improve infant and child outcomes (including the maintenance of a healthy body weight).

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3 What practical improvements can be made to antenatal maternity services so that children “at risk” of adverse health outcomes are identified early, monitored appropriately, and followed through to achieve best outcomes.

4 What practical improvements can be made to postnatal services (including the interface between lead maternity caregiver, Plunket and primary care) to ensure best outcomes for children.

5 What, if any improvements can be made to the “Well Child” services (especially hard to reach children).

6 What practical improvements or interventions can be made to achieve optimal outcomes for children from the six-week postnatal periods to three years of life, with particular reference to health services but not excluding education, social, housing, justice, and other determinants of health.

At our request, the Ministry provided us with a briefing on 21 August 2012, which contained a brief summary of themes raised in submissions on each of the terms of reference. A more comprehensive analysis of the submissions was provided to us on 4 December 2012.

**Conduct of the inquiry**

We made a call for public submissions, and we heard evidence from 12 July 2012 to 14 November 2012. We received oral and written submissions from a variety of submitters, including service providers from the health, education, and social services sectors, advocacy groups, Crown entities, local government bodies, professional associations, statutory committees, ministerial advisory groups, and individuals.

To assist with the inquiry, the Minister of Health made five Ministry of Health staff, Dr Pat Tuohy, Caroline Greaney, Mathew Powell, Nathan Clark, and Tania Woodcock, available as advisers. Dr Tuohy is the Chief Adviser Child and Youth Health and a specialist paediatrician.

We sincerely appreciate the time and effort required of submitters who presented oral or written evidence to us. We are also very grateful to those who assisted us in the drafting of our inquiry, listed in Appendix C.
2  Ministry of Health report summary

The detailed analysis of submissions distinguished eight key themes in relation to preventing child abuse and improving child health outcomes:

- **The need for leadership at all levels of society.** To improve child health, at least a high-level cross-sector cabinet committee, including health and disability, education, social welfare, and justice, and chaired by the Minister of Finance or the Prime Minister, is needed.

- **The social determinants of health and wellbeing.**

- **The importance of promoting good health and wellbeing.** Proactive government programmes from pre-conception, which include optimal nutrition, smoking cessation, health promotion, and family-oriented healthy lifestyles, are needed.

- **The role of universal services and early intervention.**

- **The need for additional services for children and families with higher needs.** Targeting is implied.

- **The need for collaboration, integration, information sharing, and information technology support.** This should be from first ten weeks of pregnancy.

- **The importance of specific initiatives designed to reduce or prevent child maltreatment.**

- **The importance of improving the evidence base to inform decision-making.**

The Ministry of Health’s departmental report responds to issues raised in the submissions. It forms a companion document to the analysis of submissions report of 4 December 2012, and has also been structured according to the themes listed above.

**Practical improvements**

Most New Zealand children enjoy good health. However, internationally New Zealand is doing less well than its peers in some key areas of child health. Within New Zealand there are differences in health status between DHB populations and among Māori and Pasifika children relative to others, and children from low-income families experience poorer health outcomes than the overall child population.

Areas where significant gains are expected from existing or planned initiatives include the following: *Committee comments in italics*

• Better support for pregnant women to stop smoking, with the aim that 90 percent of pregnant women identified as smokers at confirmation of pregnancy will be offered support to quit.  
  *We strongly support this, but believe we should be aiming for 98 percent.*

• Better support for maternal and child nutrition with, for example, better targeting of public health services, better delivery of advice and support through maternity and child health services, and better support for health professionals.  
  *We strongly support this.*

• Safer and better maternity services, to be achieved through evidence-based changes to pregnancy and parenting education, and the continued implementation of the Maternity Quality Initiative.  
  *We strongly support this.*

• Stronger links between the maternity system and general practice, as a result of the new-born enrolment policy and actions to support the new health target for immunisation of infants by eight months of age.  
  *We strongly support this.*

• Implementing the collation of information on children and the services they use through the national shared maternity record and the child health shared record.  
  *We strongly support this.*

• The urgent development of policies to reduce unplanned pregnancies in vulnerable teenagers and at-risk women.  
  *We strongly support this.*

Additional areas could also be given further consideration, depending upon the availability of funding:

• More affordable housing and more effective targeting of financial support for housing costs.  
  *We strongly support this.*

• Making contraception easy to access and free to beneficiaries and people on low incomes.  
  *We believe this should be a priority.*

• Increasing the coverage and accessibility of lead maternity carers for vulnerable populations, particularly for Māori, Pasifika people, and women who live in areas of high deprivation.  
  *We strongly support this.*

• Increasing the coverage of the Well Child Tamariki Ora programme, and particularly the B4 School Check. The WCTO programme does not currently have coverage targets, but the B4 School Check target is for each DHB to provide the check to at least 80 percent of its eligible four-year-old population and to 80 percent of its eligible high-deprivation population.  
  *We strongly support this; however we believe that the target should be 95–100 percent for all WCTO checks, as the wider and earlier the coverage the better, and checks should take place at the beginning of secondary school and before leaving.*

• Increasing the pace at which DHBs implement *Healthy Beginnings: Developing perinatal and infant mental health services in New Zealand.*  
  *We strongly support this.*
• Increasing the proportion of Māori and Pasifika children receiving timely and appropriate early intervention services from special education services. *We strongly support this and believe all children in need should be covered.*

• Developing consistent and commonly understood care pathways and referral pathways, so that professionals collaborate throughout the health sector, and between the health, education, social, and justice sectors. *We strongly support this.*

• Using contracts and funding mechanisms to support a shift towards collaboration in the way that services are organised. *In theory we strongly support “contracting for improved outcomes”, but want to see an evidence base for particular programmes.*
3 The economics of early intervention with children

This chapter was particularly influenced by an additional submission from the Brainwave Trust (April 2013), and by discussion with Dr Gareth Morgan (economist), Susan Guthrie, and Geoff Simmonds. We also acknowledge the helpful assistance of Chris Nixon, an economist from the New Zealand Institute of Economic Research.

The work of the Nobel Prize-winning economist James Heckman and many others has built up compelling economic evidence that investment in the very early years, probably from pre-conception, will yield a significantly higher return for every dollar than delayed investment, provided the intervention is of high quality and evidence based.

The economic argument for early intervention is based on the principle that since available resources are limited, investments in interventions should be made when they have the best chance of long-term success and the best return for every dollar.

The work of Heckman has married an understanding of developmental neuroscience with detailed economic analysis. Heckman postulates that appropriate early interventions promote successful schooling, reduce crime, foster workplace productivity, and reduce teenage pregnancy; and he observes that they are estimated to have high benefit-to-cost ratios and rates of return.5

Heckman says that the longer society waits to intervene in the life cycle of a disadvantaged child the more costly it is to remediate the damage.

Most countries make income interventions, such as providing cash and tax breaks for low income families. Heckman’s work has focused particularly on early childhood educational interventions. Effective direct interventions in this area go beyond providing pre-school education; New Zealand research shows that interventions that develop parenting skills and strengths, and are tightly targeted to the risk factors facing a specific family, are effective for the children in those families.6

According to the latest (2007) international comparison data, New Zealand is at the high end of government expenditure on families within the Organisation for Economic Co-operation (OECD), although expenditure on families with children under the age of three is relatively low.

New Zealand achieves one of the higher reductions in the child poverty rate as measured by the difference between gross (before tax and transfers) and net (after tax and transfers) expenditure on families. Figure 1 from the United Nations Children’s Fund (UNICEF) Innocenti report summarises this:

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The vertical axis of the graph shows the relative reduction in child poverty rates using a poverty line of 50 percent of the median household income, calculated by comparing poverty rates before and after taxes and benefits. New Zealand’s success at converting pre-intervention poverty into modest income post-intervention is also illustrated in Figure 2. However, despite this success, childhood poverty in New Zealand remains at the median among the 34 OECD countries.  

This is because the proportion of families earning poverty-level market incomes is relatively high, and poverty is relatively high among children of beneficiaries, who receive less income support than children of poor working families.

The horizontal axis in Figure 1 shows the proportion of gross domestic product the Government is spending on families. This expenditure measure includes cash payments and tax breaks as income support for families, and spending on services for families and children, and childhood education. Other research shows that without New Zealand’s relatively high educational spending, we would be in the middle of the range of international comparisons of spending on children and families, and well below Germany on the table below.

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Figure 2: Child poverty rate before taxes and transfers (market income) and after taxes and transfers (disposable income)
In 2007, New Zealand spent around the average for OECD countries on early childhood education. Since then New Zealand’s expenditure in this area has increased by nearly 140 percent, which will probably have contributed to an improvement in New Zealand’s position relative to other developed economies. New Zealand spends around 4.5 percent of GDP on primary and secondary education each year, the second-highest percentage of any OECD economy.

The Brainwave Trust, a not-for-profit organisation that aims to raise public awareness of new findings in brain research, submitted that if scarce resources are used for interventions targeted to those most in need, rather than universal interventions, the goal becomes equality of outcomes rather than equality of inputs or delivery. This of course assumes that targeting is effective, getting interventions to where they are most needed.

In a series of papers with distinguished co-authors, Heckman develops the case for very early intervention in the lives of disadvantaged children. The graph below summarises the impact of early intervention. It shows the rate of return on human capital in different age ranges when investment is set to be equal at each age. It illustrates powerfully the relative effectiveness of early intervention, especially when typically the actual rate of spending is the exact reverse of this—low in the early years and much higher in the later years. Early investments generate returns over a longer time horizon and also raise the productivity of later investments.

**Figure 3: Rate of return to investment in human capital**

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As programmes are currently configured, interventions early in the life cycle of disadvantaged children have much higher economic returns than later interventions, such as reduced pupil-teacher ratios, public job training, convict rehabilitation programmes, adult literacy programmes, tuition subsidies, or expenditure on police. The returns are much higher than those in most active labour market programmes in Europe. We understand that the forgone opportunity cost is factored into the scenario.

Life-cycle skill formation is dynamic; for example if a child is not motivated to learn and engage early in life, it is more likely that in adulthood he or she will fail in social and economic life. Therefore the longer society waits to intervene in the life cycle of a disadvantaged child, the more costly it is to remediate disadvantage.

Current social policy directed towards children focuses on improving cognition, but other personal strengths are also required for success in life. Gaps in both the cognitive and the non-cognitive skills of the disadvantaged emerge early and can be traced in part to adverse early environments. An increasing percentage of children in many countries are being born into adverse environments.

The problems of rising inequality and diminished productivity growth are not due mainly to defects in public school or to high college tuition rates. Late remediation strategies designed to compensate for early disadvantage such as job training programmes, high school classroom size reductions, convict rehabilitation programmes, adult literacy programmes, and other active labour market programmes are not effective, at least as currently constituted. Remediation in the adolescent years can repair the damage of adverse early environments, but it is costly. There is no
equity-efficiency trade-off for programmes targeted towards the early years of the lives of disadvantaged children. There is a substantial equity-efficiency trade-off for programmes targeted toward the adolescent years of disadvantaged youth. Social policy should be directed toward the malleable early years.10

While the work of Heckman and others does not specifically contemplate health outcomes, such outcomes are highly correlated with early adversity. This applies particularly to early mental health issues, as children of depressed and antisocial mothers constitute a group at extremely high risk for early-onset psychopathology.11

In Budget 2013, the New Zealand Government announced an investment in perinatal mental health services; this is a step in the right direction, in addition to the following announcements:

- the Children’s Action Plan, which aims to identify at-risk children before birth and provide them and their families with on-going wrap-around services
- early childhood education and care subsidies for up to two-year-olds (to be released on evidence that participation is actually increasing in line with the 98 percent participation target)
- further investment to ensure access to high quality early childhood education for vulnerable children—especially Māori and Pasifika children.12

The HighScope Perry Preschool Study, which began in the 1960s, has determined the short- and long-term effects of a high quality preschool education programmes for young children living in poverty. An estimated rate of return (per dollar of cost) is in excess of 14 percent.13

Heckman maintains that the optimal policy is to invest relatively more in the early years, but early investment must be followed up to be effective. He generalises that about 50 percent of variance in inequality of lifetime earning is determined by the age of 18. The family plays a powerful role in shaping adult outcomes, which is not fully appreciated in current policies around the world. The importance of family factors other than income is also a finding of New Zealand’s internationally renowned Christchurch longitudinal study, Child Health and Development Study:

On the face of things, the findings… suggest that childhood income inequalities are associated with a wide range of later adverse outcomes; spanning educational achievement, later earnings, crime, welfare dependence, mental health, and risks of teen pregnancy. Given this evidence it could be argued that addressing child poverty and reducing income inequality will have far reaching effects on the long term wellbeing of children and young people.

However, further analysis shows that matters are not quite this simple, as family income is related to a series of other family characteristics, such as parental education, family stability, family violence, parental substance use, and child intelligence, which are independently related to later outcomes. When these correlated factors are taken into account, childhood family income inequalities are no longer associated with future welfare dependence, crime, mental health, and teen pregnancy, but associations with later income and education remain.

While these findings suggest that investments in reducing inequalities in childhood family income and reducing childhood poverty may have beneficial consequences, they also suggest the success of such policies may be influenced by the extent to which change in family income leads to changes in other areas of family functioning. These considerations suggest that the most successful strategy for addressing the issues raised by child poverty will require a two pronged approach, in which policies are developed to: a) reduce income inequalities and child poverty, and b) address the range of psychosocial problems that are more common in low income families.14

The Brainwave Trust told us about their understanding of the long-term effects of maltreatment—abuse, neglect, and household dysfunction such as marital discord, or parents with alcohol and drug dependence, and adult health issues; this has been backed up by longitudinal research from the United States known as the Adverse Childhood Experiences (ACE) studies.

An adult with an ACE score of four or higher was found to be two to four times more likely to smoke, and to have poor health or a sexually transmitted disease, than those with a score of zero. The risk of developing ischaemic heart disease was significantly increased among those exposed to an ACE score of one, and more than three times as high for those with an ACE score of seven as those with a score of zero.

Intervening in the first three years, when children are at their most receptive stage of development, has been shown to have the potential to permanently alter their development trajectory and protect them against risk factors present in their daily environment.15

The economic burden of child maltreatment in the USA has been estimated to cost US$210,012 on average per lifetime of a surviving victim; compared with other health problems the burden of maltreatment is substantial, hence the importance of prevention efforts. If the fiscal cost is extrapolated per child, with estimates of 27,000 substantiated cases of child maltreatment in New Zealand in 2010/11, and intervention at one third of the US cost, the total lifetime cost would amount to almost NZ$2.2 billion dollars (NZ$6.7 billion if the costs of intervention were similar).16

The huge social and economic costs of not intervening to prevent abuse compound the costs of failing to invest in adequate reproductive health services, and optimal maternity

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and early child health care. The Dutch have a teenage pregnancy rate of five per 1,000 for teenagers aged 15–19 years, while New Zealand’s rate for the same age group is 25.8 per 1,000.¹⁷ This strongly suggests that New Zealand could learn from the Netherlands’ early interventions, which began in 1970, when they implemented

- lifelong reproductive health and sexuality education from an early age
- access to affordable contraception and sterilisation
- access to services for the safe termination of pregnancy.

The *External Review of Maternity Care in the Counties Manukau District* 2012 revealed that 86 percent of Pasifika women attending antenatal clinics were overweight or obese, which represents a huge burden of disease that could be prevented by early intervention.

As is evidenced in a later chapter of this inquiry, New Zealand has a compelling economic case for greater investment in the early years of a child’s life, from both a medical and a social outcome perspective.

It is evident from findings from the science of epigenetics, and the work of Gluckman, Hansen, and others, that

there is compelling biological and clinical evidence that the environments in which a future citizen is conceived, develops in utero, and then is born, has profound effects on the child’s subsequent cause…such that the risk of developing heart disease, diabetes, and chronic lung disease in adulthood are substantially greater than for, those who did not have such a poor start in life.¹⁸

In terms of health spending we know that prevention and early intervention confers four times the benefit of treatment for each dollar spent. However, from a fiscal point of view it can be argued that successful early intervention will only shift the burden of disease to later in life, and the public health system will still have to offer treatment. In 2013, 50 percent of Japanese new-born girls might be expected to live to 100 years of age. We consider it is economically sound to create an early environment that will minimise social dysfunction and the associated costs to society, prolong quality-adjusted life years, and allow greater productivity and enjoyment of life for longer.

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¹⁷ Statistics New Zealand, 2011.

In New Zealand health spending by age is heavily weighted towards older people, as the burden of disease progresses much more rapidly from age sixty-five. It is extremely challenging for health systems around the world to sustain affordable high-quality care with rising expectations, an ageing population, new technologies, and chronic non-communicable diseases.

We consider that logically it is obvious that a Government should do everything possible to help children from the earliest age to achieve their full potential. Given the evidence from economists such as Heckman, and from just about every other discipline, that best-practice evidence-based care early in life will reap the best and ultimately the most cost-effective outcomes, we strongly recommend that the New Zealand Government focus on establishing a New Zealand evidence base for the value of very early intervention.

If it is established in the New Zealand context that very early intervention pays the high dividends that Heckman suggests, then it behoves the New Zealand Government to reprioritise investments in this area toward the first three years of life.

We were told that the Social Policy Research and Evaluation Unit in the Families Commission is undertaking a review of government-funded parenting provisions to ensure the right mix and balance of services to address families’ needs.

**Early childhood education**

In New Zealand, the 2010 Early Childhood Education taskforce reported that the benefits of an early start in ECE are particularly strong for children’s learning of new languages, for children with disabilities, and for children from low-income families, but all children can benefit.
Figure 6 Effects of Early Childhood Education on disadvantaged children (Ministry of Education)

**Recommendations**

1. We recommend to the Government that it establish a New Zealand and international evidence base for the economic value and cost-effectiveness of very early intervention programmes (pre-conception to three years). The initial economic analysis should be completed within 12 months of this report being published, and once strong evidence is established, the Government should move quickly to reprioritise investment towards achieving

- best-practice reproductive health services and education
- optimal prenatal, natal, postnatal, and whole-of-life nutrition action plans
- best-practice maternity and postnatal care and monitoring
- best-practice health, early childhood education, and social service intervention programmes for the first three years of life (with particular focus on the vulnerable, the disadvantaged, and Māori and Pasifika children).

This should be completed within 12 months of this report being published.

2. We recommend to the Government that it compile a New Zealand evidence base for the economic and equity justification of investment of public funds at various ages during the life span. **This should be completed within 12 months of this report being published.**

3. We recommend to the Government that it explore the cost-effectiveness of methods for funding programmes to achieve better outcomes for children; this might include measures such as social bonds.

4. We recommend to the Government that it conduct a review of the international literature pertaining to very early intervention, as a basis for on-going economic research in New Zealand. The review should include *Early intervention: the next steps* by Graham Allen, and be carried out within 12 months of this report being published.
5 We recommend to the Government that it continue to progress policies to address disadvantage and promote opportunity for all children. This should include poverty, discrimination, healthy housing, optimal nutrition, access to health and education services, and safe home environments. The Government should publish an action plan setting out how it will address each area on a yearly basis, and employ a transparent monitoring system, with published results to demonstrate progress.
4 Pre-conception care and sexual and reproductive health

We recommend that the Government develop a co-ordinated cross-sectoral action plan with the objective of giving New Zealand world-leading, best-practice evidence-based sexuality and reproductive health education, contraception, sterilisation, termination, and sexual health services, distributed to cover the whole country. The plan should be developed within 12 months of this report being published and be matched with appropriate, sustainable resourcing. The plan should also be monitored by tracking trends in teenage pregnancy, sexually transmitted diseases, unplanned pregnancy, and terminations.

New Zealand stands out among developed countries for its high rates of unplanned pregnancy (estimated at between 40 and 60 percent of all pregnancies), and of teenage pregnancy, sexually transmitted infections, and terminations. We heard that the pertinent public health services are fragmented and unevenly distributed geographically. There is a compelling need for a coordinated, multi-pronged action plan to improve this situation.

**School-based sexuality and reproductive health education**

Several submitters stressed the need for high-quality sexuality education in schools, and some emphasised the importance of pregnancy education. One submission suggested pregnancy education helped to reduce the incidence of premature birth and low-birth-weight babies.

We were told that a clear distinction can be made between “sex education” and “sexuality education”. Historically in New Zealand, “sex education” was delivered from a medical perspective, often focusing on physical wellbeing, and emphasising the negative consequences of sexual activity. We heard that sexuality education is more effective, positive, and holistic in its approach, encouraging students to consider and explore all aspects of wellbeing in any sexuality context.

We were told by Dr Gill Greer, the former chief executive of Family Planning, that good sexuality education such as “It’s All One Curriculum” developed, trialled, and implemented in many countries should assist in developing an understanding of traditional gender stereotypes, equal relationships and roles, information related to sexuality and reproduction, including pregnancy and STIs, such as chlamydia and HIV, and negotiation and communication skills, active citizenship, and an understanding of human rights. It should increase self-esteem and resilience, and reduce gender based violence and stigma. In some cases such as in the United Kingdom it has been called sexuality and relationships education. The issue of stigma and same sex relationships also needs to be introduced at the appropriate point.

In June 2007, the Education Review Office released two review reports: *The Teaching of Sexuality Education in Years seven to 13* and *The Teaching of Sexuality Education in Years seven to 13: Good practice*. They found that most sexuality education programmes were not meeting students’ needs effectively, with major weaknesses in the assessment of learning and in meeting the diverse needs of student groups.
In response to these reports, in 2008 the Ministry of Health commissioned an extensive literature review to determine what constitutes effective sexuality education. The ministry provided us with a separate briefing on 7 September 2012, which included a summary of the characteristics of successful sexuality education programmes.

The curriculum requires sexuality education to engage students in exploring the interpersonal and societal factors that influence sexual attitudes, choices, and behaviours. Compliance monitoring by ERO relies on self-reporting by schools via a “board assurance statement and self-audit checklist”. Given that in 2007 two-thirds of schools were found to be weak in assessing students’ learning and meeting the needs of all students, and that parents decide whether a child attends sexuality education, we consider that practice urgently needs to be investigated and standardised.

We believe that high-quality sexuality and reproductive health education is very important in order for individuals to make informed choices, and we were impressed by the advice from the Ministry of Health on the criteria for successful programmes. However, we were concerned that this important information has been only partially taken up in schools, and that ERO monitoring seems very passive.

**Teenage pregnancy**

Submitters suggested a number of ways to reduce teen pregnancy:

- empowering young women to make active reproductive choices
- improving education and supporting students, to improve their experiences of school
- improving economic opportunities
- decreasing ethnic and socio-economic inequality
- targeted motivational intervention, such as home visits post-delivery
- a whole-of-sector approach to sexual and reproductive health for teenagers
- targeting populations with a higher likelihood of teenage pregnancy, such as religiously observant, Māori, and Pasifika youth
- improving teenagers’ engagement with primary care services
- ensuring that all teenagers have access to the information that they need to make informed choices about their sexual and reproductive health
- making contraception easy to access and inexpensive
- supporting teenage parents while they continue in training or education.

We were told that New Zealand has the third-highest teenage pregnancy rate among the high-income OECD countries, after the United States and Chile. Almost 10 percent of babies born in New Zealand are born to women under 20 years of age, and the percentage

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is significantly higher for first-time births. Women in New Zealand are likely to have children at a younger age if they are of Māori or Pasifika descent, or if they experience socio-economic deprivation. Birth rates at age 16 are 37 per 100,000 Māori women, 20 per 100,000 Pasifika women, and 10 per 100,000 New Zealand European women.

Dr Greer told us that the United Kingdom’s teenage pregnancy strategy has been monitored by experts and reviewed regularly. It is evident that a number of key elements were responsible for its success, particularly leadership from the highest level (originally the Prime Minister, health and education ministers, and local leadership), combined with an integrated strategy involving ministries, and the Departments of Education, Health, Social Development, Housing, Employment, and Justice. Sexuality education and youth-friendly clinics were also seen as crucial. This strategy has been thoroughly evaluated as having benefits for men and women into adulthood.

The UK strategy with its use of television campaigns also highlights the importance of media contributions. Television and other kinds of health promotion in New Zealand resulted in HIV awareness increasing rapidly, contributing to much more positive outcomes than those experienced by most other countries. In New Zealand when services are provided by Family Planning nurses in schools, at the request of the schools, or linked to schools, research indicates that this has reduced unplanned pregnancies in those schools by up to 80 percent. Similar results have been seen in other countries, many of which also provide specific youth services, often through sports organisations.

Health promotion, sound pragmatic policy, and accessible non-judgmental services made New Zealand one of the most successful countries in the world in fighting the HIV epidemic. The same principles should be applied to unplanned pregnancy to create similar benefits for the health and wellbeing of individuals and cost savings for the Government.

Supporting teen parents in education, training, and employment

A teen parent unit (TPU) is an educational facility attached to a state secondary school, which provides education for teenage students who are pregnant or already parents. At present there are about 20 TPUs in New Zealand, with an average roll of about 30 students. Approximately five percent of teenage parents enrol in such a unit.

We recognise that teenage parents are at high risk of under-achievement in education. Many face difficulty because of their social disadvantage and lack of prior learning in addition to their parenting obligations. TPUs are designed to provide these parents with educational support in a flexible environment, and access to community groups and support agencies. Students are expected to attend a minimum of 20 contact hours per week, the legal requirement for those under 16. The units are always located close to or co-located with licensed and chartered early childhood education centres, and parents are supported in breastfeeding.

New Zealand’s high rate of youth unemployment is worrying. Research indicates that young people who enter the welfare system before 18 years of age are at risk of long-term benefit dependency. However, teenage parents and particularly their children are already at

20 Johnson A. School Based Nurse Clinics in Canterbury, New Zealand: How they developed and how they operate.
risk of socio-economic deprivation, and need to be protected from the negative lifelong impacts of poverty. The Government has introduced welfare reforms with the aim of “improving outcomes for children by helping more parents out of poverty through paid work and improving participation in beneficial programmes such as Well Child Tamariki Ora and ECE”.\textsuperscript{21}

We were told of a promising resilience-based health promotion approach being taken at Counties Manukau Centre for Youth Health. It connects multiple-risk-taking young women with positive school or adult environments, where they are encouraged and monitored.

We are alarmed by New Zealand’s high rate of teenage parenthood, because it is often, although not always, associated with adverse outcomes for parents and by extension their children. While we are pleased that some positive initiatives are under way, they appear to be inconsistent across the country and essentially uncoordinated.

When girls and women have access to reproductive health services, contraception, and education, and are free from violence, they are more likely to stay at school and to choose to have fewer children later in life, less likely to contract an STI or have poor health, and more likely to be employed and to participate in society. The World Bank says women who have the health, time, and education to work are likely to return 90 percent of their income to their families and communities, whereas men’s rates of return are much lower. This effect is apparent in female economic participation in the Nordic countries and its impact on GDP.

The UK Government’s international development policy says “prevent poverty before it starts, invest in girls, keep girls in school, provide sexuality education and accessible health services, and reduce violence”. The same principles apply in New Zealand and it is recognised that this investment in girls and women is a health issue, a human rights issue, and a development issue, and that the cost-benefits are also considerable.

**Access to contraception**

We are aware of concern about access to and the cost of sexual and reproductive health services. A common theme in submissions was that young people and those living outside main urban centres are struggling to obtain free emergency contraception and advanced new reproductive technologies, particularly long-acting reversible contraceptives, because of inconsistent contracting between DHBs and pharmacies.

A survey of teenage students at alternative education centres conducted in 2009 found that 75 percent were sexually active, and 57 percent reported using contraception most or all of the time. The most common contraceptive used was the condom, and just nine percent reporting using a long-acting contraceptive.

Long-acting contraceptives, such as Jadelle (a hormone-releasing implant), the intrauterine device (IUD), and DepoProvera (a hormone-inhibiting injection), and the emergency contraceptive pill, are fully funded for eligible consumers regardless of age, but they must be inserted or administered by a medical professional. The Ministry of Social Development

provides a contribution of up to $500 per year to cover medical consultation fees for beneficiaries who wish to use subsidised, long-acting, reversible contraception.

Dr Jackie Edmonds, Chief Executive of Family planning, told us that most IUDs are subsidised but Mirena is not, and most young women would not meet Pharmac’s criterion of heavy bleeding. Dr Edmonds says that there is a need for more access to Mirena, and that a key improvement to access to contraception would be reviewing the protocols for prescribing by nurses through the Nursing Council, to allow more primary care nurses to provide the service.

We understand that the emergency contraceptive pill can be bought over the counter from a pharmacist, in which case the consumer pays the full cost of the medicine and service charges. Consumers need to obtain a prescription from a doctor for other oral contraceptives, which will usually attract a charge to the consumer, although low-cost primary health care is available in some places.

We were concerned to hear that access to contraception is inconsistent. We believe that cost should not be an undue barrier to contraception and that access to contraception should be nationally consistent.

**School-based health clinics**

We heard that decile 1 to 3 secondary schools have government-funded health clinics that attend to the primary health needs of students, and provide contraception and reproductive health services. These services are well used and help prevent unplanned pregnancies and sexually transmitted diseases. Many of the students who attend these clinics could either not afford to visit a general practitioner or felt uncomfortable doing so.

We also learnt that in the majority of schools, which are decile 4 to 10, there is very significant unmet need for health services, including reproductive health services. We heard of circumstances across New Zealand where adolescents missed out on treatment for preventable diseases or access to contraception, which led to serious health issues and costs later on.

Some secondary schools pay for health clinics out of highly stretched operational grants and others simply do not provide the service. We strongly recommend extending and improving school-based health clinics, (recommendation 12), the way the clinics are configured could be up to the local Primary Health Organisation and DHB. A clinic might receive co-ordinated input from the Public Health Nursing Service, Family Planning, and local general practitioners.

**Reproductive human rights**

Many submissions asserted the importance of focusing on women’s health and well-being in its own right, and ensuring that access to resources and services is not influenced by women’s reproductive intentions. Better access to medical abortions for women, regardless of their age, was also called for. Articles 12 and 16 of the Convention on the Elimination of All Forms of Discrimination Against Women address women’s access to health care and family planning services, and their right to decide freely the number and spacing of their children.

New Zealand’s abortion law is set out in sections of the Contraception, Sterilisation, and Abortion Act and the Crimes Act 1961. When a woman is considering an abortion, the law
provides for the appointment of two certifying consultants whose task is to determine whether a pregnancy falls within the scope of the section of the Crimes Act that sets out the grounds for a lawful abortion. There are currently no plans to review the abortion law. The Growing Up in New Zealand Study found that 40 percent of pregnancies in New Zealand are unplanned; other estimates put unplanned pregnancy, inside or outside of a stable relationship, at up to 60 percent. We consider that instituting best-practice sexual and reproductive health services is a very important measure for increasing the proportion of pregnancies that are planned and for enhancing reproductive choice. This can make a significant contribution to healthy pregnancies, as well as upholding an important human right.

In the past emotionally charged debates on the abortion issue have largely submerged the crucial need to significantly improve reproductive health, education, and sexual health services in New Zealand. We received submissions calling for a review of the Contraception, Sterilisation, and Abortion Act 1977 by the Law Commission, and we agree that this is desirable.

The Netherlands

We are aware that in the Netherlands in the 1970s, the challenges of providing best-practice reproductive health and sexual services were addressed by a population in which strong Catholic and Calvinist views dominated. After intense open debate the country opted for the introduction of whole-of-life access to reproductive health education as an ordinary part of school and post-school education. Access to a choice of contraception, sterilisation, and safe termination of pregnancy, were also established.

New Zealand has failed to be as open, honest, and practical as the Netherlands and we recommend that the Government pursue a similar approach, modified to fit our unique cultural context.

Pre-conception care

The importance of care in the pre-conception period was raised by many submitters. They focused mainly on the health aspects of pre-conception care, such as immunisation, sexual health literacy, access to services, and improving parental health to promote conception and support the developing foetus. In particular, they suggested

- removing cost constraints on women’s choices by providing free access to specific sexual health services, such as treatment for sexually transmitted infections
- provision of intrauterine devices or other long-acting contraception for teenagers
- funding and expanding pre-conception care by health practitioners, including midwives, to reduce barriers to access.

We consider that education on pre-conception health should be a routine part of primary care for everyone of reproductive age, not just teenagers. Integration of pre-conception care into general practice consultations can improve pregnancy outcomes, and help ensure advice is tailored to individual patients’ needs.

General practitioners are well placed to provide such advice for most people; but a small proportion of New Zealanders, some of them at greater risk of poor health outcomes than
the general population, do not consult GPs regularly. In recognition of this, some primary health care services address access barriers or elevated risk. They include, for example,

- school-based health services
- one-stop-shops for youth health
- non-government providers such as Family Planning, the AIDS Foundation, and the Prostitutes’ Collective
- community-based not-for-profit providers, including Māori and Pasifika providers.

In the 2011/12 financial year the Ministry of Health spent $42 million on the Very Low Cost Access programme to fund inexpensive primary health care services in high-deprivation communities.

It is of particular concern that the 2011/12 New Zealand Health Survey of adults indicated that women aged between 25 and 44 were much more likely than any other age group to have unmet primary care needs. Māori and lower socio-demographic percentiles were also disproportionately affected. Reasons such as cost, unavailability of appointments, and lack of transport were cited.

It is a matter for concern that women of childbearing age have the greatest unmet need for primary care, which could compromise their access to pre-conception advice. We understand that the sustainability of funding for youth one-stop-shops and non-governmental organisation providers has recently been in question. It is important to ensure that services are acceptable and accessible to women of all ages who are capable of conceiving.

**Recommendations**

6  **We recommend to the Government that it develop a co-ordinated cross-sectoral action plan with the objective of giving New Zealand world-leading, evidence-based sexuality and reproductive health education, contraception, sterilisation, termination and sexual health services, distributed to cover the whole country. The plan should be developed within 12 to 18 months of this report being published and be matched with appropriate, sustainable resourcing. The plan should also be monitored by tracking trends in teenage pregnancy, sexually transmitted diseases, unplanned pregnancy, and terminations.**

7  **We recommend to the Government that the Ministry of Health ensure that the patient co-payments being charged by Primary Health Organisations and the Community Services Card eligibility criteria for lower general practitioner fees present minimal or no obstacles for women seeking contraception advice and services. This should be achieved within two years of this report being published.**

8  **We recommend to the Government that it ensure that people have ready access to primary care reproductive and sexual health services, and that inexpensive or taxpayer-funded services be made available to those who cannot afford to pay. This should be achieved within three years of this report being published.**

9  **We recommend to the Government that it amend the National Education Guidelines to require all schools to deliver sexuality and reproductive health programmes**
that meet the criteria for success set out in the 2008 Ministry of Health review. This should be achieved within two years of this report being published.

10 We recommend to the Government that it require the Education Review Office to actively monitor and report on all schools’ application of the best-practice criteria for sexuality and reproductive health education programmes, reporting specifically on their efficacy for students of different cultures, ethnicities, genders, and sexual orientations. This should be achieved within three years of this report being published.

11 We recommend to the Government that the Ministry of Health coordinate the development of a whole-of-Government action plan to minimise teenage parenthood and to provide maximum support for teenage parents and their children. This should require DHBs to provide access to a teen parent unit where practicable. This plan should be completed within one year of this report being published.

12 We recommend to the Government that the Ministry of Health, through DHBs, be required to ensure that a choice of youth health services (including sexual and reproductive health) is available in urban centres wherever practicable. Services might include specific one-stop-shop youth health services, family planning, school-based services, and integrated general practice. A key performance indicator should be set requiring DHBs to make a choice of acceptable services available in their areas. This should be achieved within three years of this report being published.

13 We recommend to the Government that it ensure individual school-based and primary-care-based identification of and interventions for at-risk youth are available, along with treatment for sexual abuse, drug and alcohol use, and family distress. This requirement should be reflected in a DHB’s KPIs. School-based facilities should have the competency and capability to provide up-to-date advice on contraception and reproductive health; they should encourage students but not require them to share this information with their general practitioner and their parents. This should be achieved within three years of this report being published.

14 We recommend to the Government that it provide funding for free or low-cost access to a wider range of long-acting reversible contraceptives, including the Mirena device or its equivalent, for all women of childbearing age, and ensure that health-workforce planning provides for delivery. Criteria for access should be related to ability to pay. This should be achieved within two years of this report being published.

15 We recommend to the Government that it ensure all DHBs provide ready access to male and female sterilisation, and that waiting times are kept under three months at all times. This should be achieved within two years of this report being published.

16 We recommend to the Government that it allow more specially trained primary care nurses the ability to prescribe contraception and fit intrauterine devices, and that the Nursing Council should appoint such nurses and provide training. This should be achieved within two years of this report being published.

17 We recommend to the Government that it ensure that all women are given the opportunity postnatally to access contraception or sterilisation before they go home or at the six-week check. This should be achieved within two years of this report being published.
5 Social economic determinants of health and wellbeing

Health outcomes are inextricably linked to education, parenting, housing, employment, welfare services, income levels, and many other factors that lie within and outside central and local government policy areas. Research from the King’s Fund in Britain suggests health services per se account for only 15–25 percent of outcomes in developed countries, and that a vast range of other factors, such as those just mentioned, are influential.

In New Zealand, a major problem is the uneven distribution of public services, including health services, leaving some parts of the population with inferior access to and quality of care. Evidence presented to us during this inquiry confirms that some New Zealand children and their families from particular gender and ethnic groups encounter significant social disadvantage. We strongly urge putting huge effort into addressing this issue.

The Marmot review (Strategic review of Health Inequalities in England post-2010) proposed six policy objectives towards reducing health inequalities:

- Give every child the best start in life.
- Enable all children, young people, and adults to maximise their abilities and have control over their lives.
- Create a healthy standard of living for all.
- Create and develop healthy and sustainable homes and communities.
- Strengthen the role and impact of ill health prevention.

Marmot introduced the concept of “proportionate universalism”: the idea that to reduce the social gradient in health, actions must be universal but of a scale and intensity “proportionate to the level of disadvantage”.

The New Zealand Medical Association in its “Health Equity Position Statement” (New Zealand Medical Journal 2012), calls on the New Zealand Government to strengthen leadership to champion child health and wellbeing by

- developing an effective whole-of-government approach for children
- establishing an integrated approach to service delivery for children
- monitoring children’s health and wellbeing using an agreed set of indicators.

A wide range of specific social determinants of health and wellbeing were raised in submissions. Good economic policy is fundamental to the affordability of good services, and sustained economic growth also remains a crucial goal, provided that the balance of polices ensures that rising prosperity is enjoyed by all New Zealanders. To achieve the Marmot objectives in the New Zealand context would need detailed policy work outside the scope of this inquiry.
Improving socioeconomic, environmental, and cultural conditions

The New Zealand Government is focusing on rebuilding, strengthening, and growing the economy, supporting people into employment, and ensuring better delivery of public services that are more responsive to the needs of New Zealanders.

We strongly support the Government progressing the following measures where there is evidence of positive outcomes:

- The Whānau Ora programme, led by Te Puni Kokiri alongside the Ministries of Health and Social Development, which is the Government’s inclusive inter-agency approach to providing health and social services to build the capacity of all New Zealand families in need. It empowers whānau as a whole, rather than focusing separately on individual family members and their problems.

- The Ministerial Committee on Poverty, chaired by the Deputy Prime Minister and the Minister for Whānau Ora, which focuses on providing opportunities for low-income New Zealanders and obtaining better results from spending on social services.


- Reform of the welfare system, including intensive work with those at risk of longer-term welfare dependency, and encouraging and supporting parental employment as a route out of poverty.

- More affordable housing and more effective targeting of financial support for housing costs. This might involve setting criteria for assessing state housing needs and determining funding to social housing providers, and the provision of insulation in homes.

- Continuing work with DHBs in selected areas to raise awareness of infectious diseases, improve access to health and social services, reduce the risk of housing-related health problems, and reduce overcrowding.

Risk factors

Throughout this inquiry we were reminded of the vulnerable position of children in their families and in our communities. In their early years they are almost exclusively dependent on their parents or other adults to safeguard their health and development. Where parents or family are in poor health and social circumstances, their children are even more vulnerable.

The risks associated with raising children with disabilities were also brought to our attention, along with the importance of specifically considering the needs of Pasifika children and their families, and heightened risks for children if they or their families have multiple complex needs.
The impact of poverty on children’s health and wellbeing

We received 40 submissions that specifically raised poverty as a significant risk factor in children’s health and wellbeing. It was recognised that children living in single-parent households are more likely to experience relative poverty, but also acknowledged that the majority of children in poverty live in two-parent households.

One submitter argued that poverty was relative, and that a well-functioning household could often achieve good outcomes for children despite a minimal income, whereas a dysfunctional household that spends its money unwisely and behaves unwisely could cause devastation to children.

Regardless of household composition, submitters generally accepted that there would be flow-on benefits if socio-economic conditions (relating to income, education, occupation, health, psychological status, drug and alcohol use, and support systems) for all New Zealand children were improved. For example, we were told that if a child in a household in the lowest socio-economic decile was provided with the same socio-economic conditions as a child of a household in the eighth such decile, the child's risk of hospital admission for injuries as a result of assault, neglect, or maltreatment would be reduced by 40 percent.

We also heard evidence and submissions linking poverty with the high incidence of dental problems in children, and with low rates of access to health services. These problems were also attributed to under-provision of services and cost barriers to those on low incomes. We are specifically concerned about the factors that influence parents’ decisions, including their ability to meet the costs of treatment or prescription medicines, and their flow-on effects. A child who does not receive GP services on first becoming unwell is likely to present with more serious symptoms later, and more likely to be admitted to hospital for preventable illnesses. We note that Community Attitudes to Sickness and Health, a New Zealand Department of Health report published in 1980, identified transport and cost as major barriers to parents seeking access to health services for their children. There is a need for contemporary data, but the basic principle is that easily accessible and affordable child services should be available locally where practicable.

We acknowledge the vast amount of literature on issues relating to child poverty and its definition; while a full examination of this issue is not within the scope of this inquiry, it is very important to the health of children, and we make the following recommendations.

Solutions to Child Poverty in New Zealand

We have taken note of the Children’s Commissioner’s Expert Advisory Group’s report, Solutions to Child Poverty in New Zealand: evidence for action. It says that child poverty is costly to both the children involved and society, and that it can be reduced; the international evidence is that this takes time and money, and a multi-pronged approach is needed. The summary argued for special attention to overcoming inequalities for Māori and Pasifika,

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and sensitivity to the particular issues facing children in sole parent households.\textsuperscript{23} We consider that this should also be extended to children with disabilities.

We recommend to the Government that it continue to actively consider the recommendations in the expert advisory group’s report, and at least establish an overall action plan for reducing child poverty or a Better Public Service Target for child poverty.

We heard that Sweden claims to have a child poverty rate of five percent, and that it embarked on a series of cross-sector, whole-of-government social reforms in the 1970s. The reforms set out to increase productivity, economic growth, and gender equality, and minimise child poverty. Sweden sees the reforms as an “investment approach”, which is now paying significant dividends. We note that, like other Scandinavian countries, Sweden has a higher rate of taxation than New Zealand, and its population mix is not comparable. We consider that there is a pressing need for New Zealand to address the complex issues around child poverty within a framework of early intervention to improve children’s outcomes.

Paid parental leave

We heard suggestions for changes to the current paid parental leave (PPL) regime: increasing the payment rate to reflect the cost of living, or at least the minimum wage, and extending the duration to between six and twelve months. A strong argument can be made for widening the eligibility criteria to include part-time and casual workers, to ensure that those most in need, including Māori and Pasifika families, are covered.

The Ministry of Business, Innovation, and Employment informed us that the number of people receiving parental leave payments has levelled off over the last three years, to around 2,200 per month, with expenditure on paid parental leave for the year ending June 2012 totalling $157 million. In the 2011/12 financial year, of the 27,000 PPL recipients, 40 percent were earning over $50,000 per annum and 17 percent over $70,000.

We were told that women in low-skilled and low-income jobs are unlikely to access PPL for a number of reasons, such as not meeting the six months’ continuous employment criterion, having multiple employers, working in casual, seasonal, or contract work, or being unaware of entitlements. The eligibility criteria favour educated, high-earning women, working in the main centres. Furthermore, labour market research shows that Māori and Pasifika mothers are over-represented in the kinds of jobs and employment arrangements that tend to exclude eligibility for PPL.

We were interested to hear from the Ministry of Health that the Growing up in New Zealand study did not show a clear association between the duration of exclusive breastfeeding and maternal leave; the average duration of exclusive breastfeeding did not differ between those on paid parental leave, those who were on paid parental leave and other leave, and those not receiving paid leave. We note that the data from the study is preliminary and looks at the cohort from birth to nine months of age. Nevertheless, common sense suggests that a non-stressful, relaxed environment for as long as possible

after birth fosters breastfeeding and helps babies form positive attachments with their primary caregivers.

**Dysfunctional families and relationships**

Healthy attachment between each child and at least one significant adult is a protective factor in children’s outcomes, particularly in terms of their school performance and ability to regulate their emotions and relate them to others.

Research cited in the introduction found that loving committed parents or caregivers who provide a safe, secure environment for their children are crucial to achieving positive outcomes. We cannot overstate the importance of this factor, and of Government and society promoting and embracing this ideal.

Where children are seriously neglected by their parents, the state has the role of recognising this at the earliest opportunity and intervening with the best care that can be provided. The Children’s Action Plan includes a public awareness initiative, and a fund to help communities to act promptly; and it calls for promotion of the message that child abuse and neglect will not be tolerated and that child welfare is everyone’s responsibility.

**Other services and resources for vulnerable children**

Giving every child the best start in life is crucial to improving health outcomes. Factors critical to a good start include prioritisation and allocation of resources where they are most needed, collection of good-quality data, continual research, effective development and alignment of policies and services, and the sharing of responsibility for these decisions between all government portfolios.

We are aware of existing government mechanisms addressing cross-sectoral issues to improve outcomes for children, by securing coordination and cooperation between agencies. We support these efforts and endorse a whole-of-government approach to improving health outcomes for children in New Zealand.

During this inquiry we considered submissions advocating improvements in access to other services or resources, such as welfare services, for vulnerable children. Some submitters argued that any reform should focus on outcomes for children and their families, rather than the employment status of parents, and that access to and rates of paid parental leave should be increased. They also argued that policy should reflect New Zealand’s international commitments regarding children and human rights, and that funding for early childhood and after-school care should be provided for families who need it. Others argued that paid work was the more sustainable pathway to breaking cycles of disadvantage.

In terms of practical improvements or interventions during a child’s early years, submissions recommended health literacy education for families, and action to overcome barriers to accessing health and social services, such as cost, transport, and childcare. It was suggested that the Parents as First Teachers programme be made available to all first-time parents, that the Home Interaction Programme for Parents and Youngsters (HIPPY) be made available to families in high-deprivation areas, and that the Social Workers in Schools initiative also be extended.
Submissions suggested various extensions to existing services, such as increasing the number of preschools that receive public health nurse services, extending the mobile hearing van service to include preschools, and developing a comprehensive, integrated, strengths-based approach to assessment for maternity, primary health care, and Well Child programmes.

**Housing**

During this inquiry submissions recognised housing issues as a significant risk factor influencing children’s health outcomes. Improving the affordability of housing, and addressing overcrowding, dampness, and cold houses would help to reduce rates of respiratory and other preventable illnesses and conditions.

Submissions also addressed access and quality issues, recommending the development and funding of a national housing plan, investment in more social housing, and implementing minimum quality standards for landlords via the introduction of a “warrant of fitness” for all rental premises. The issues of sub-standard Housing New Zealand homes and the possibility of extending affordable healthy housing programmes to all low-income households were also raised.

**Vulnerable Māori Children**

We considered various submissions on the importance of reducing disparities affecting Māori children; they were mostly concerned with the development of partnerships and the delivery of services to Māori children and their whānau.

Submissions suggested support from Māori for Māori services was the key to improving health outcomes; developing partnerships between Māori and mainstream providers to meet the needs of Māori children and their whānau; and support for specific Kaupapa Māori initiatives.

Submissions addressing the needs of vulnerable Māori children also recommended support for the development of governance, leadership, and management skills in Kaupapa Māori organisations, and enduring funding equity for Kaupapa Māori programmes relative to other programmes.

The statistics indicate that some Māori children are more vulnerable than their peers. The recommendations set out in this report apply to all children, including vulnerable Māori children.

We were told by Dr Cindy Kiro that an understanding of the many ways Māori ethnicity and other factors combine to create disadvantage can help understand how resilience and strengths can be built upon, and to suggest what appropriate services might look like. Whānau report dissatisfaction with intervention by multiple agencies and often prefer “authentic” longer-term engagement with empathetic workers who can facilitate access to services.

Dr Kiro explained that pathways and outcomes for children reflect a combination of structural factors such as fertility (parental age at which children are born, number of children), family support, and financial independence, with particular family characteristics such as the degree of nurturing given a child.
Rheumatic fever and disadvantage

As part of the Better Public Services initiative, the Government has set a target of reducing the incidence of rheumatic fever by two thirds, to 1.4 cases per 100,000 people, by June 2017. Addressing rheumatic fever requires multiple interventions, including prevention, detection, and treatment. Household overcrowding has been linked to the high incidence of rheumatic fever in New Zealand. In addition to programmes to increase the supply of affordable housing and make houses easier to heat, the health sector is implementing the Government’s $24-million Rheumatic Fever Prevention Programme. This programme focuses largely on primary prevention through the early diagnosis and treatment of group A streptococcus throat infections, which can trigger rheumatic fever. It targets the most vulnerable local communities in the eight areas that had the most hospitalisations for acute rheumatic fever between 2006 and 2010: Northland, Counties Manukau, Waikato, Hawke’s Bay, Bay of Plenty, Lakes District, Taïrāwhiti, and Porirua. We strongly endorse the expansion of this programme.

Recommendations

18 We recommend to the Government that it continue to actively consider the recommendations in Solutions to Child Poverty in New Zealand: evidence for action, and at least establish an overall action plan for reducing child poverty or a Better Public Service target for child poverty. The overall action plan or Better Public Service target should be established within two years of this report being published.

19 We recommend to the Government that it construct a set of policy objectives focused on children, similar to those of the Marmot Review: to give every child the best possible start in life; to enable all children, young people, and adults to maximise their abilities and have control over their lives; to create a healthy standard of living for all; to create and develop healthy and sustainable homes and communities; and to strengthen the role and impact of ill-health prevention.

20 We recommend to the Government that it champion children’s health and wellbeing, developing an effective whole-of-government approach to children, establishing an integrated approach to service delivery for children, and monitoring children’s health and wellbeing using agreed indicators. A specific action plan to improve children’s health outcomes from pre-conception to three years of age should be established within 18 months of this report being published.

21 We recommend to the Government that it progress its work on rebuilding, strengthening, and growing the economy, supporting people into employment, and improving the delivery of public services that are responsive to the needs of New Zealanders, specifically where positive outcomes are demonstrated by evidence.

22 We recommend to the Government that it continue to develop and apply its policies, services, and programmes with a view to effective delivery for Māori children and

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their whānau, wherever possible considering Māori-for-Māori services and partnerships between Māori and mainstream providers for implementing access.

23 We recommend to the Government that it ensure that all policies are reviewed regularly and monitored to provide an evidence base for their efficacy.

24 We recommend to the Government that it continue its programme of upgrading public housing, ensuring it has adequate insulation and heat sources that meet the standards recommended by the World Health Organisation.

25 We recommend to the Government that it develop a legislative framework for private-sector landlords, to implement minimum quality standards, and introduce a “Warrant of Fitness” for all rental housing, with injury prevention among its objectives. This should be established within two years of this report being published.

26 We recommend to the Government that it ensure, through the building code and related legislation, that any new housing stock meets minimum quality standards regarding insulation and injury prevention.

27 We recommend to the Government that it progress its programme to prevent diseases often associated with poverty, such as rheumatic fever, and develop coordinated national public health preventive programmes to reduce the incidence of diseases such as cellulitis and skin and lung infections in children.

28 We recommend to the Government that it consider the possibility of providing more support for vulnerable women in the postnatal period to allow more opportunity for mothers to bond with their babies.

29 We recommend to the Government that it continue to progress policies to address disadvantage and promote opportunity for all children. They should cover poverty, discrimination, healthy housing, optimal nutrition, access to health and education services, and safe home environments. The Government should publish an action plan setting out how it will address each area on a yearly basis, and employ a transparent monitoring system, with published results to demonstrate progress.
6 Improving nutrition and reducing obesity and related non-communicable diseases

New Zealand has one of the highest rates of obesity in all age groups compared with similar countries, and childhood obesity in particular is continuing to rise.

During our consideration of this inquiry we were not made aware of any population interventions or community-based programmes that have demonstrated long-term success in improving the incidence of obesity and non-communicable diseases. While we heard about promising programmes in France, South Australia, and in the Waikato (Project Energize) as yet there appears to be no clear solution.

World Health Organisation data shows that rates of obesity nearly doubled in every region of the world between 1980 and 2008. Worldwide, one in three adults has raised blood pressure and one in ten adults has diabetes. These diseases are pushing health systems to the breaking point as resources and capital cannot keep up. They have the potential to cancel out the gains of modernisation and development.25

The 66th World Health Assembly adopted a global action plan and a global monitoring framework to prevent and control non-communicable diseases. The plan included indicators and a set of global targets to reach an ambitious goal of reducing premature mortality related to non-communicable disease by 25 percent by 2025. The focus of WHO’s monitoring is health outcomes (non-communicable disease mortality and morbidity) and non-communicable disease risk factors such as obesity and national health system responses.

Governments around the world are trying different approaches, all of which need monitoring and evaluation. New Zealand is no exception; however, because the situation is so severe, we consider there is a strong case for the Government to develop a comprehensive, coordinated action plan, based on the best evidence available, and involving government departments, non-governmental organisations, and the private sector (food and lifestyle industries), and taking a whole-of-life approach to improving nutrition and reducing obesity and related diseases, with a special emphasis on working with Māori and Pasifika communities and children aged up to five.

The plan would need

- A health-promotion approach directed through communities.
- A primary disease prevention approach (optimal nutrition, education, and later exercise) starting before birth and carrying on through a child’s early life.

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- A secondary prevention approach dealing with obesity-related non-communicable diseases, through education, optimal exercise, nutrition, smoking cessation, and best-practice treatment services.

- Monitoring and evaluation, and final policy based on scientific international evidence is an essential part.

- At the highest level the plan should be about improving the system within which specific programmes, policies, or activities can be embedded, such as schools or antenatal services, where systems need to be oriented to improve nutrition, exercise, and so on.

- Equity focus and relevance to Māori and Pasifika.

The plan should be developed within 12 months of this report being published.

We are aware that most of children’s food intake is determined by their parents, and is influenced by their socioeconomic position, financial and time constraints, culture, education, and food environment. For these reasons, this chapter makes recommendations from a whole-of-life perspective.

This section of our report has caused us to consider the nature of evidence very carefully. We consider that the Government needs to take an evidence-based approach. We also believe that the best evidence for a particular proposed measure would consist in its having been implemented, scientifically evaluated, and found unequivocally to be effective. However, the reality is that this standard of evidence is seldom available. Sometimes a proposed intervention has never been tried. Sometimes it has not been properly evaluated. Nonetheless, the urgency and magnitude of obesity-related health problems demand intervention. We have formed the view that it is practical to adopt the approach of piloting and evaluating any initiative that seems promising on the basis of the available evidence.

It is reasonable to consider adopting an approach recommended by the World Health Organisation and adopted by member countries, as this requires an evaluation process. The WHO recommendations amount to a comprehensive approach and high-level initiatives; governments will need to apply country-specific strategies. Initiatives that prove effective should be expanded and incorporated into a national plan, while those that are ineffective should be discontinued.

Non-communicable or chronic diseases are of long duration and potentially slow progression. The four most common non-communicable diseases are cardiovascular diseases, cancers, chronic respiratory diseases, and diabetes. They all share the same risk factors: tobacco use, physical inactivity, the harmful use of alcohol, and unhealthy diets. All of these non-communicable diseases show strong social gradients, and in New Zealand particularly affect Māori, Pasifika people, and people with low socioeconomic status. Factors thought to underpin the obesity epidemic include more sedentary lifestyles, the emergence of foods higher in fats and sugars, heavy marketing of such foods (to targets including children), and the concentration of sources of unhealthy foods in areas with high Māori, Pasifika, and low-socioeconomic-status populations.
**Nutrition for women: pre-conception and birth**

We considered a wide range of recommendations by submitters to improve outcomes for children by improving the health and nutrition of children, girls, and young women before, during, and after pregnancy. Suggestions included removing barriers to good nutrition, implementing tax or regulatory measures to reduce access to unhealthy foods, improving nutritional knowledge, and increasing the rate and duration of breastfeeding. Inadequacies in the maternal diet can have consequences for the health and development of the foetus and infant. A poor maternal diet should be improved during pregnancy and breastfeeding to maintain the mother’s health and ensure optimal nutrition is provided for the baby before and after birth.

Many pregnancies in New Zealand are unplanned, and women are not usually immediately aware that they have become pregnant. As some important nutritional effects occur around the time of conception, it is crucial that the nutrition of pregnant women is not considered in isolation from the broader nutritional health of adolescents and adults.

**Gestational diabetes mellitus**

Gestational diabetes mellitus is defined as diabetes, including type two diabetes, with onset or first recognition during pregnancy. The risks to babies from uncontrolled gestational diabetes include their very large size making the birth difficult, low blood sugar following the birth, alteration in postnatal cardiac function, respiratory distress syndrome, seizures, and prolonged newborn jaundice.

The Ministry of Health is developing evidence-based clinical practice guidance to help health professionals diagnose and manage gestational diabetes. The guidelines and a summary resource will be finalised by December 2013.

The Ministry is also investigating health literacy and diabetes during pregnancy. A research project aims to determine how women and their families can be better informed about screening for and management of the condition. The focus is on young Māori women up to 24 years of age. Evidence shows that this age group, which includes 49 percent of Māori women having babies, has the poorest average health literacy. Māori are also at greater risk than others of developing diabetes during pregnancy.

**Nutrition before conception**

Prenatal nutritional deficits and impaired growth during pregnancy and infancy were raised as contributing to premature birth, obesity, asthma, lung disease, and other conditions in children. These deficits also represent a significant risk factor for type two diabetes, heart disease, stroke, osteoporosis, and high blood pressure later in life.

Many submissions suggested ways of improving nutrition in the pre-conception period, including the following:

- addressing deficits in key vitamins and minerals, such as folic acid, iodine, vitamin A, vitamin D, iron, and calcium
- improving access to healthy food by reducing socioeconomic deprivation
- media campaigns promoting good prenatal and antenatal nutrition
improving access, via the Health Promotion Agency to consistent, helpful information on ways for women and children to control their weight

- raising awareness of obesity-related issues regarding conception and pregnancy
- increasing the ability of nurses working in school-based health services to address weight, nutrition, and physical activity issues
- requiring school canteens to provide healthy options.

The Ministry of Health provides taxpayer-funded care from a lead maternity carer (LMC) for every pregnant woman, and LMCs are expected to provide all their clients with general advice on antenatal nutritional requirements and healthy weight management. The ministry recommends folate and iodine tablets for women for a specified period during pregnancy and lactation, and vitamin D supplementation for those at high risk of deficiency. These supplements are subsidised by Pharmac, and available to women at a low cost.

We consider that confirmation of pregnancy is a good time for health practitioners to promote good nutrition to pregnant women. The Ministry of Health works with professional colleges to ensure that health practitioners such as midwives and GPs are aware of prenatal and antenatal nutrition needs as set out in the Ministry of Health’s Food and Nutrition Guidelines Series.

The ministry has also issued a request for proposals for public health services to improve maternal and child nutrition and physical activity, by exploring alternative funding sources and resources; for example it suggests partnering with the private sector, identifying children with weight issues early via the B4 School Check programme, and improving the delivery of existing services. We heard that the ministry is working with key stakeholder groups to develop guidelines for New Zealand health practitioners on managing weight gain during pregnancy.

**Folic acid**

The addition of folic acid to bread has given rise to much debate in New Zealand. We heard that there is general agreement that bread manufacturers should be encouraged to add folic acid voluntarily, and some consider it should be compulsory, as it is in Australia and the United States.

Women who may become pregnant and in early pregnancy should have an intake of at least 400mcg of folic acid per day to decrease the risk of the baby being born with neural tube defects. Several isolated cases have occurred recently where women believed they were taking sufficient folic acid, via tablets bought at a health shop, but later discovered they were taking a lower than recommended dose and their babies had developed neural tube defects.

If folic acid were a mandatory addition to bread in New Zealand the intake of folic acid by individuals who would otherwise receive minimal amounts in their diet, would probably be increased, with a positive effect.

We understand that the important public health message is to ensure that women in early pregnancy, or those likely to become so, have a daily intake of at least 400mcg of folic acid, and if they take a lower daily dose they should not be lulled into a false sense of security.
Babies and breastfeeding

Many submissions referred to the nutritional and psychological importance of breastfeeding. We recognise that breastfeeding is a key protective factor in children’s health outcomes. Concern was raised at the lower rate of breastfeeding by Māori and young women. It was also noted that exclusive breastfeeding from birth is possible in all but a small percentage of cases. We were told that exclusively breastfeeding a child during the first six months of life and continuing to provide complementary breast milk until the age of one year contributes to optimal immune status, growth, and development.

Recommendations by submitters included reinstating the National Breastfeeding Advisory Committee, reviewing and updating the National Strategic Plan of Action for Breastfeeding, and Government support for the promotion of breastfeeding as the biological and cultural norm in New Zealand society.

Service delivery and design recommendations to maintain and increase the rate of breastfeeding included the following:

- Creating supportive environments for breastfeeding mothers, for example by incentivising employers to develop World Health Organization “baby friendly” breastfeeding policies.
- Targeted interventions, such as increasing the number of community-based lactation consultants, providing culturally appropriate breastfeeding support, and working in partnership with Māori to find ways of increasing the likelihood of Māori women breastfeeding their babies.
- Improving the evidence base regarding ways of improving outcomes for children by commissioning research to investigate possible links between breastfeeding and the treatment and care of children.

Scientific evidence indicates that breastfeeding has a wide range of nutritional and immunological benefits. It is an important protective factor against problems including respiratory infection, gastroenteritis, glue ear, meningitis, and diabetes, and it enhances cognitive function in later childhood. It also contributes to the health of mothers, as it reduces postpartum bleeding, assists with return to pre-pregnancy weight, and possibly reduces the risk of pre-menopausal breast cancer. There is also evidence that it may decrease the incidence of sudden unexpected death in infants.

The continuity and quality of care, especially at birth and in the immediate postpartum period, is crucial to establishing and maintaining successful breastfeeding. Interventions that have been found to improve breastfeeding rates are public promotion, support and advice for mothers, and the creation of breastfeeding-friendly environments, for example in workplaces.

In general, attitudes to breastfeeding in New Zealand are positive. The recent Growing Up in New Zealand study found that 97 percent of babies in the sample had been breastfed. However, the same data shows that only six percent of babies are exclusively
breastfed at six months. We note, however, that this study used a particularly strict definition of exclusive breastfeeding, and Plunket estimates exclusive breastfeeding rates at six months at around 25 percent. It is important that we understand why this dramatic attenuation of breastfeeding rates occurs, and that piloting and evaluation of initiatives to target these factors are explored.

The International Code of Marketing of Breast Milk Substitutes

The Ministry of Health told us that implementing the International Code of Marketing Breast Milk Substitutes is important for creating an environment that enables mothers to make the best possible feeding choice based on impartial information that is free of commercial influence.

The code of practice aims to ensure health practitioners protect, promote, and support breastfeeding, giving clear, consistent, and accurate information about the importance of breastfeeding, and the health consequences of not doing so. The code of practice also requires health practitioners to meet their obligation to give detailed information and to advise parents, caregivers, and families of breastfed and formula-fed infants on infant feeding.

Under the code, the ministry manages a complaints process for breaches; this process includes a compliance panel and an independent adjudicator for final decisions.

Highest standards of infant formula—conflicts of interest

It is in the interests of babies and the New Zealand industry to ensure that infant formula manufacturing and marketing meets the highest standards possible. We were told that there can be conflicts of interest when over-zealous manufacturers and marketers suggest that some new infant formulas are neutral substitutes for breastfeeding, when the evidence is clear that breastfeeding is preferable.

Compliance panel

A compliance panel was set up and an independent adjudicator established when New Zealand adopted the World Health Organisation (WHO) International Code of Marketing of Breast Milk Substitutes in 1983. The Ministry of Health manages the complaints process and supports the compliance panel in dealing with complaints against manufacturers, distributors of infant formula, or health workers, for advocating formula for babies under six months of age. Both the New Zealand code, overseen by the compliance panel, and the WHO code are voluntary.

The compliance panel is appointed by the Director General of Health and must include an independent chair who is a lawyer, a professor of midwifery, a consumer representative, a nutrition expert, and an Infant Nutrition Council member.

Infant Nutrition Council

The Infant Nutrition Council was established in 2009 by amalgamating the Infant Formula Manufacturers Association of Australia and the New Zealand Infant Formula Marketers

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26 E Atatoa Carr, Morton SMB, personal communication to the Ministry of Health, May 2013, as referred to in information provided to the Health Committee by the Ministry of Health on 6 June 2013
Association. The Infant Nutrition Council represents a large majority of companies marketing and manufacturing infant formula in Australia and New Zealand.

The Infant Nutrition Council Code of Practice 2012 applies to the marketing of infant formula suitable for infants up to six months of age. The code was developed in association with the ministry, and applies to the manufacturers, marketers, and distributors of infant formula. The Infant Nutrition Council is responsible for liaising with and educating the industry sector to ensure the code of practice is adhered to.

We understand that Infant Nutrition Council members are the only parties against whom a claim can be made; non-member companies are not subject to the code. The compliance panel does not have jurisdiction to address complaints against non-member companies.

Jane Keary, the chief executive of the Infant Nutrition Council, told us that the membership fee of $12,000 per year may deter smaller companies. However the membership confers value from support and mentoring, backed by corporate knowledge of the infant formula industry. Ms Keary said that the system of self-regulation under a voluntary code in New Zealand is world-leading and generally works well; the council has a strong relationship with the Ministry of Health, the Ministry for Primary Industries, and food regulators. We considered whether there was a case for incorporating the code and compliance panel into regulations.

We recommend that the Government ensure the framework for the manufacturing, distribution, marketing, and supply of infant formula is of the highest standard possible, and aligned with International and New Zealand codes of compliance. We consider that a well monitored, self-regulated approach (with conditions) should continue at present, but if the voluntary system is not working effectively within the next 18–24 months regulation should be implemented.

Baby-friendly hospital initiative

In New Zealand, all maternity facilities are required to achieve and maintain baby-friendly hospital initiative accreditation. This is an international programme to ensure that all maternity facilities become centres of breastfeeding support. The Ministry of Health contracts Women’s Health Action to support and promote women breastfeeding at work, and its Food and Nutrition Guidelines Series includes Food and Nutrition Guidelines for Healthy Pregnant and Breastfeeding Women and Food and Nutrition Guidelines for Healthy Infants and Toddlers (Aged 0–2), for use by health practitioners.

Lead maternity carers and lactation consultants provide breastfeeding advice, but access varies between socioeconomic groups, and private lactation consultants are less affordable for low-income families.

We heard that best-practice is to adopt the baby friendly approach in other settings such as workplaces, shopping malls, airports, and other such public places. We agree with this positive and constructive approach.

Support for women who formula feed

The Ministry of Health supports the provision of individualised advice on formula feeding practices, and makes information resources publicly available. Many women who attempt unsuccessfully to breastfeed have been found to feel guilt or a sense of failure.
Breastfeeding—paid parental leave

We accept that breastfeeding is more likely to succeed in a secure, relaxed environment. We also accept that for some women, extending paid parental leave may be a significant factor in their maintaining breastfeeding for six months or longer. We recognise, however, that there are many other factors.

Children

Childhood nutrition

The importance of good nutrition and healthy body weight for children is the subject of a growing evidence base. The dietary requirements of children and young people are different from those of adults, and change constantly during the rapid physical, social, cognitive, and behavioural changes in childhood and adolescence. Nutrition and physical activity patterns in childhood often influence behaviours in adulthood. There is also emerging evidence that health during childhood and adolescence affects health in adulthood.

The Health of New Zealand Children 2011/2012 survey found that ten percent of children aged 2–14 years are obese, and this figure had increased since the 2006/2007 survey. The survey indicated a strong correlation between obesity and ethnicity, with higher rates for Māori (one in six Māori children were found to be obese), and Pasifika children (one in four), and those living in socio-economic deprivation. Children in these cohorts were more likely to watch two or more hours of television a day and to have consumed fast food and fizzy drinks three or more times in the past week, and less likely to have eaten breakfast at home every day in the past week.

Contributing to an increase in the prevalence of childhood diabetes, this trend is of grave concern from an economic and health perspective, as it is likely to place a large burden on the health system, reduce productivity, and rob some children of long and healthy lives. Professor Swinburn of the Department of Population Nutrition and Global Health at the University of Auckland told us that

Of all the preventable burdens of disease and disability for children, overweight/obesity is probably the greatest. While child abuse, injuries and mental health problems are also very significant burdens, overweight/obesity is so much more prevalent, long-lasting, and carries a multiplicity of physical, psychological and social consequences. The reduction in quality of life experience by overweight and obese adolescents is equivalent to living with type 1 diabetes or being post cancer treatment. This large proportion of New Zealand children will carry reduced quality of life, social stigma and long-term risk of metabolic and mechanical problems through into adulthood.

Some submitters highlighted that society has an ethical responsibility to protect children by creating safe, healthy environments, set out in the United Nations' Convention on the Rights of the Child. They presented a market failure analysis of childhood obesity as evidence that it required Government intervention.

A number of existing health services provide advice on, and support for, improving childhood nutrition:
• Well Child Tamariki Ora services provide advice on nutrition for mothers and children, promote appropriate nutrition by developmental stage and age, and can make referrals to community-based services.

• Primary care services may assess nutrition practices, and provide nutrition advice and referrals to specialists such as dieticians.

• The Heart Foundation is funded by the ministry to help early childhood education centres develop and implement physical activity and nutrition policies.

Some public health units, and some Māori and Pasifika non-governmental organisations, also advise early childhood education centres on nutrition and physical activity policies. We heard that some marae have adopted healthier menus for hui, but progress will not be made until the daily diet of whānau is improved. There is a move away from home-cooked meals because parents are working longer hours or spending more time travelling; combined with sustained advertising of quick, easily available meals high in saturated fats, salt, and sugar. This has resulted in unhealthy food becoming the preference, despite wide knowledge of their adverse health effects.

Marketing food to children

Professor Swinburn explained that recommendations from international agencies like WHO and expert groups on reducing childhood obesity invariably place a central importance on reducing the pressure marketing places on children to choose unhealthy foods. Marketing has been clearly shown to influence children’s preferences and food choices, and drives the “pester power” which is undermining parents’ attempts to provide a healthy diet for their children. It also powerfully undermines healthy eating messages based on the dietary guidelines and health promotion activities being implemented by government, NGOs, schools, and pre-school settings. The societal responsibility to protect children from harm clearly extends to upholding their rights not to be commercially exploited. The marketing of unhealthy foods to children is powerful, pervasive, and increasingly subtle and outside parents’ control. Direct marketing through social media, internet advergames, competitions, product placement, co-creation of ads, sponsorships, giveaways and so on increasingly make up the marketing mix for unhealthy foods.

The WHO’s recommendations on marketing food and non-alcoholic beverages to children state that governments should set the policy objective of reducing both exposure to and the power of marketing of unhealthy foods to children. While they suggest various potential mechanisms for achieving this policy objective, it is clear from international experience that self-regulatory approaches can rarely do so. We were told that a regulatory approach represents international best practice, as it is the only mechanism that carries the necessary authority and imposes appropriate sanctions for breaches.

New Zealand has a self-regulatory regime which is very narrowly defined and does not cover the vast majority of exposures. Studies have shown continued high exposure of children to unhealthy food marketing, and very strong public and health professional support for government restrictions of such marketing.
We recommend to the Government that it seriously consider developing the legislative framework and regulations necessary to protect children effectively from all forms of marketing of unhealthy foods and beverages.

**Health education in schools**

Schools, teachers, and communities play a role in providing an appropriate environment for young people to develop the knowledge, skills, and competencies needed to make sound choices.

The health and physical education learning area of the New Zealand curriculum covers nutrition, physical activity, tobacco, alcohol and drugs, and sexuality. The technology learning area includes food and nutrition. Schools are expected to consult their communities regarding their health and sexuality education programmes.

Two Government initiatives to increase physical activity, KiwiSport and the Sport in Education project, are funded through the Ministry of Education and Sport New Zealand. We consider that it is important to evaluate new and existing initiatives properly to determine which could be built upon nationally.

Project Energize, which was initiated in 2004, has shown promising results.

### Project Energize

Project Energize is a collaborative programme that is funded and run by Sport Waikato and the Waikato District Health Board. The project covers all schools in the Waikato and includes over 44,000 primary and intermediate school pupils. “Energizers”, who are trained professionals, visit schools that sign up to a programme to improve children’s physical activity and nutrition, with the aim of reducing obesity rates and the risk of non-communicable diseases.

The programme is being monitored and evaluated by a team led by Professor Elaine Rush. The results appear promising, and suggest improvements in body mass index, abdominal circumference, and ability to run a distance, regardless of socioeconomic class and ethnicity. The programme is being expanded to some schools in the Counties Manukau area and to pre-school children.

The Healthy Eating—Healthy Action: Oranga Kai—Oranga Pumau framework (HEHA) plan sought to improve nutrition and activity, and reduce obesity throughout society, by measures such as providing a healthy food environment in schools, and education on food, nutrition, and activity. The Government continues to support the policy goals of HEHA, which are to improve nutrition, reduce obesity, and increase physical activity. However, the strategic approach has been modified in line with Government priorities, such as implementing and investing in a national health target to improve cardiovascular and diabetes outcomes, and in the light of emerging evidence communicated by Sir Peter Gluckman on the importance of early intervention.

Childhood obesity and related complications are a serious and growing concern, as is the increasing social disparity regarding these conditions. We believe that it is important that these trends are monitored carefully and reported by the Ministry of Health. We have been advised that education alone is not effective in addressing childhood obesity and that regulation of the food environment and programmes to prevent and treat obesity are
needed. We have also been advised that in the medium to long term this is the most cost-effective option. This is complex, because it is not yet clear what regulations would be most effective, and collaboration with the food industry is essential to a successful outcome.

**Health Promoting Schools**

Health Promoting Schools (HPS) is an approach where the whole school community works together to address health and wellbeing in their planning and review processes, teaching strategy, curriculum, and assessment. We were told that HPS was developed by the World Health Organization in the 1980s and is based on the principles of the 1986 Ottawa Charter for Health Promotion. It addresses all aspects of health—physical, mental, emotional, social, and spiritual wellbeing.

Health Promoting Schools are supported by advisers from public health units, district health boards, or local government, who are contracted by the Ministry of Health. Schools decide for themselves whether to focus on particular areas such as nutrition, exercise, bullying, or the general environment.

We were told that with champions and good leadership, this programme can work very well. However, the Ministry of Health told us that despite the long history of HPS in New Zealand there has been a lack of infrastructure and robust evaluation. Research has shown a need for long-term strategic direction, evidence-based planning and delivery, evaluation, and policy commitment.

In 2010 the Ministry of Health commissioned Cognition to develop a national strategic framework. We consider that if the Government is serious about continuing with HPS they should review the system, and if the evidence is positive improve its structure and evaluation.

**Adults**

The Government’s current approach to nutrition, diabetes, and obesity prevention has been to strengthen services focused on pregnancy and the early years of life in recognition that this is a critical time for intervention. The aim is to improve conditions for growth and development, and take preventive measures at the point where children are most sensitive to intervention. This is based on the policy advice of Professor Sir Peter Gluckman, the Prime Minister’s chief science adviser, who has also assisted us in this inquiry. This approach has so far not been implemented widely and therefore does not have a strong evidence base.

Sir Peter Gluckman has recommended that the Ministry of Health focus on improving maternal and new-born nutrition to reduce child obesity by

- improving women’s pre-conception health
- supporting healthy weight gain and foetal growth during pregnancy
- screening for gestational diabetes
- promoting healthy feeding of babies
- providing advice on weaning in order to establish healthy eating patterns early.
However, we have heard from other submitters and received advice that substantial risks and costs are associated with focusing thus without changing the drivers of obesity in other population groups and treating all afflicted individuals.

Sir Peter has publicly commented on the controversy, agreeing that an exclusive focus is not desirable: “This is what I’m worried about, that we’re getting camps developing, when its an and approach”. The message from submissions has been strong; there is no quick solution to the obesity crisis and it will take a multi-faceted effort.

Professor Boyd Swinburn has pointed out that obesity rates have risen alarmingly in all age groups at more or less the same time. This is a classic indicator of an effect driven primarily by environmental factors, and strongly supports Sir Peter’s view that new investment in nutritional programmes for pregnant women must not be at the expense of programmes for other population groups. **It follows that an all-of-life approach is crucial.**

**Financial incentives and regulatory options to improve nutrition**

Some submitters made recommendations for reducing cost barriers to healthy food, including removing GST from fresh fruit and vegetables, and making pregnant women and children eligible for vouchers or debit cards for purchasing specified nutritious foods, such as milk, fruit, vegetables, and tinned fish. Other suggestions included school or community gardens and orchards, free basic essential nutrients for pregnant women, subsidised fruit in schools, funding the fortification of breads and cereals, and vouchers for formula to reduce the incidence of parents watering down formula to reduce costs. The evidence for these recommendations is mostly limited; a variety of promising approaches need to be piloted, evaluated, and then incorporated into a comprehensive national approach if they prove effective.

Currently some voluntary measures are being taken in the food and drink industry to reduce the fat and sugar content of its products. Some of us believe that voluntary approaches are unlikely to alter the content of food and drink sufficiently and that mandatory regulatory approaches are needed. Similarly, it is clear that voluntary codes from the advertising industry have failed to protect children sufficiently from exposure to advertising and promotion of food and drink high in fat and sugar. Some of us believe that regulation of advertising and promotion is needed.

We understand that there is a strong socioeconomic gradient to the purchasing of healthy foods, but the extent to which it reflects price is unclear. Food choices may be inelastic out of habit, but lower-income families are also more likely to be price-sensitive. Proximity to fast-food outlets is another factor exhibiting a socioeconomic gradient, and it ties into the availability of low-cost, high-calorie food. The distribution of such outlets could also be influenced by regulation.

**Tax on beverages and food with a high sugar or fat content**

Australian guidelines recommend that saturated fats and trans-fats should provide no more than 10 percent of a person’s energy, because they are especially implicated in obesity and cardiovascular disease.

Several submissions recommended the introduction of a “fat tax”, to influence the short-term behaviour of people who are not considering or not deterred by the long-term
consequences of an unbalanced diet. Hungary, for example, has recently imposed sanctions on beverages with high sugar content.

Putting a tax on specific foods or food exceeding a specified fat or sugar content is potentially complex, costly to administer, and regressive, as lower-income households generally spend a higher proportion of their income on food. However, it would potentially sensitise households to their food choices and incentivise change, as the equivalent approach to tobacco has done. An unintended but inevitable consequence is that it would also penalise people eating fats in an appropriate proportion to other nutrients.

Probable behavioural responses to these kinds of taxes, and the extent to which they would have to raise prices to influence food choices, are unclear. Consumers might pay the higher cost and reduce their other consumption, potentially including that of healthy food, rather than reduce their consumption of high-fat foods. Further analysis would be needed before such measures could be considered.

Denmark, the only country to have implemented a tax on high-fat foods, has recently repealed it. We were told that the tax was achieving a reduction in saturated fat consumption but was poorly conceived, lacked public support, and was the subject of industry pressure. Media coverage of the repeal has attributed it to consumers buying high-fat foods from neighbouring countries, but this is understood to be an over-simplification.

**Removing GST from fresh fruit and vegetables**

The Treasury has advised that removing GST from fresh fruit and vegetables would be a regressive and poorly targeted measure. We believe the Treasury’s evidence for this conclusion needs to be published and debated. Clearly those on higher incomes spend more on fruit and vegetables now, so would derive more financial benefit; but those on low or limited incomes are more price-responsive, and have more potential to increase their consumption of fruit and vegetables. This would run counter, however, to the broad-base, low-rate tax principles in the Government’s fiscal strategy. We note that Australia and the United Kingdom adhere to similar tax principles, but nevertheless exclude fruit and vegetables from their equivalents of GST.

We consider that removing GST from fresh fruit and vegetables would risk setting a precedent for exemptions from the GST scheme, increase compliance costs, and probably create disputes over the definition of “fresh fruit and vegetables”. It is also uncertain whether retailers would pass benefits on to consumers, although there may be ways of mitigating this risk. Fresh fruit and vegetables have become increasingly unaffordable over the last decade, the causes of which need investigation.

Financial incentives such as specific subsidies or conditional cash transfers could be considered to encourage healthier eating. Such incentives could be implemented outside the tax and general welfare system, via local health providers, DHBs, communities, and food producers. Some submissions suggested pricing incentives to favour healthy foods in lower socioeconomic areas or in school canteens.

**Food labelling**

The Ministry for Primary Industries (MPI) provided us with a briefing on infant formula regulation and front of pack nutrition labelling. MPI’s role in food safety and food regulation supports Government actions to improve child health outcomes by ensuring
that foods available for sale are safe and fit for their intended purpose, and that consumers have the information they need to make healthy food choices.  

We were told that MPI also plays a role in bringing together stakeholders to develop consensus on a single front of pack labelling system for New Zealand. Recent research suggests a single such system throughout the marketplace, regardless of design specifics, is the most important element in achieving consumer recognition and promoting the use of nutrition information in food choices.  

We heard that it is very helpful to provide easily understandable, good-quality information for consumers on the content of the food and drink that is available for sale to help them choose foods that are lower in sugar, saturated fat, and salt. Many consumers find current labelling confusing and difficult to interpret, so it is of very limited value.

We consider that labelling must be easy to understand. We note that Australia is moving to label the front of food and drink packaging with a number of stars proportional to the saturated fat, sugar, and salt content. In Australia compliance with this code is voluntary, but the Government has signalled that unless there is very wide compliance, the code will be made mandatory. Another possible system uses traffic light colours as indicators of the health merits of the product.

We were told of criticisms of both the star and the traffic light labelling systems; anomalies in each system mean that some foods that are clearly healthy would get a lower grade than clearly unhealthy foods. We heard that fixing the anomalies in the star system was likely to produce the most effective system possible. However, Professor Boyd Swinburn notes that the food industry across the world has strongly opposed regulation for traffic light labelling. Professor Swinburn also told us that the new United Kingdom scheme will probably set the benchmark for other countries, and the Australasian scheme may already be behind the benchmark before it is implemented.

We recognise that the introduction of a labelling system will represent extra compliance for industry; and in some areas, such as beverages with a high sugar content or multi-component sauces, there may be resistance to any labelling system. We consider that it is vital for the Government to work with industry, but the exemption of important items such as beverages should not be allowed.

We understand that a front of pack label advisory group is working towards an optimal solution. It is operating through New Zealand Food Safety within the Ministry for Primary Industries and has representatives from the Heart Foundation, the nutrition sector, and companies including Sanitarium, Unilever, and Nestle.

Because of New Zealand’s close ties with Australia through Food Standards Australia New Zealand, we consider it prudent to adopt the same star labelling system as Australia, provided the anomalies are corrected and the system adequately trialled and evaluated. The system should be introduced if it shows strong evidence of success, and as in Australia, if

27 Ministry for Primary Industries, Infant formula regulation and front of pack nutrition labelling, Wellington, September 2013.
compliance is not wide enough the next step would be to make it mandatory. We consider it should be possible to complete this process within three years of this report being published.

We recommend to the Government, regarding the Australian star system of food labelling, that it

- monitor the progress and development of the Australian system
- trial and evaluate the system in New Zealand on a voluntary basis within two years (provided the Australian system is proven to be effective)
- mandate the system on a voluntary basis if it shows strong evidence of success
- if there is not wide compliance, move to a compulsory system (provided there is sufficient evidence) within three years of this report being published.

It is important for New Zealand to remain flexible at this stage to accommodate new knowledge and because there is an incomplete international evidence base for labelling. However, we consider that labelling is an important tool that must be applied seriously.

Figure 6: Australian Health Star Rating front of pack labelling system design (Ministry for Primary Industries)

The message conveyed to the public by the labelling system illustrated is that the number of stars on a food product’s label represents how healthy the product is; the information below the stars is designed to tell the consumer the proportion of crucial nutrients in the product, such as fat, sodium, sugar, fibre, and energy. The interpretive message (the stars) must be easily recognisable and the informative message (the content) needs to be easy for the consumer to understand.

The system is underpinned by nutrient profiling criteria, which generate a rating out of five stars for foods on the basis of the amount of energy they generate, and the amounts of saturated fats, sodium, sugar, fruit, vegetable content, and protein they contain. Additional quantitative information on nutrient content is also provided in thumbnails below the star rating (see figure 6).
Other approaches

The Ministry of Health produces the Food and Nutrition Guidelines Series, which provides up-to-date, evidence-based guidance on nutrition and physical activity. The guidelines are intended to inform policy, programmes, and advice.

The series provides the basis of health education resources for the public and caregivers. An independent evaluation of the series in 2011 found that they are valued highly and used by a broad range of health practitioners, and are widely considered essential to the safe provision of nutrition advice. The ministry is planning to act on the evaluation’s suggestion that they should be made more widely accessible and published more frequently. In 2007, the Health Committee of the forty-eighth Parliament produced a report after a ten-month inquiry into obesity and type-two diabetes in New Zealand.30

The obesity epidemic will not be fixed by targeting individuals in isolation from their family or social settings, as people’s food choices reflect their food environment, cultural background, family environment, and financial constraints. This is particularly true of children, whose biggest influence is their families and whose choices are often made for them by parents. The Government needs to have multiple options available to change the drivers of poor nutrition and attack the obesity epidemic on multiple fronts.

Recommendations

30 We recommend to the Government that it develop a comprehensive, coordinated action plan, based on the best evidence available, and involving government departments, non-governmental organisations, and the private sector (food and lifestyle industries), with a whole-of-life approach to improving nutrition and reducing obesity and non-communicable diseases, and a special emphasis on working with Māori and Pasifika communities. The plan should be in place within 12 to 18 months of this report being published, and modifications made when new evidence becomes available.

The plan will need

- A health promotion approach directed through communities.
- A primary disease-prevention approach (optimal nutrition, education and later exercise) starting before birth and carrying on through a child’s early life.
- A secondary prevention approach dealing with those who have developed or are developing obesity-related non communicable diseases, through education, optimal exercise, nutrition, smoking cessation, and best-practice treatment services.
- Monitoring and evaluation, and final policy based on scientific international evidence is an essential part.
- At the high level the plan should be about improving systems within which specific programmes, policies, or activities can be embedded, such as

30 Heath Committee, Inquiry into Obesity and Type 2 Diabetes in New Zealand, August 2007.
schools or antenatal services where systems need to be oriented to improve nutrition, and exercise etc.

- An equity focus and relevance to Māori and Pasifika.

This plan should include a requirement for cross-sectoral collaboration between relevant government agencies, such as the Ministries of Health, Education, Social Development, Consumer Affairs, Treasury, and Business, Innovation, and Employment, and key performance indicators requiring chief executives to ensure their departments contribute to reducing obesity.

31 We recommend to the Government that it continue to support existing interventions and programmes where evaluation shows them to be effective. The coverage of effective programmes should be increased, and ineffective programmes discontinued, which will require a review of all existing programmes.

32 We recommend to the Government that, given the urgency of problems associated with obesity-related non-communicable diseases, it should trial interventions that may not have been proven effective yet but have good prospects on the available evidence, provided that the trials are subject to proper evaluation and the interventions are only rolled out further if proven effective.

**Breastfeeding and infant formula**

33 We recommend to the Government

- that it support the development of a strong research evidence base for the most effective methods to sustain the continuation and increase the duration of breastfeeding in New Zealand.
- that a coordinated public health action plan be developed to improve rates and duration of breastfeeding.
- that best-practice alternatives be recommended for those who cannot or do not wish to breastfeed.

This should be achieved within 12 months of this report being published.

34 We recommend to the Government that New Zealand remain clear on the message that “breast is best—provided you can”, and that it continues to ensure manufacturing and marketing of infant formula is to the highest international standards.

35 We recommend to the Government that it revisit the issue of whether to add folic acid to bread on a mandatory basis, and take a scientific, evidence-based approach to implementing the option that would be most likely to reduce the incidence of neural tube defects. This should be achieved within 18 months of this report being published.

36 We recommend to the Government that it ensure the framework for the manufacturing, distribution, marketing, and supply of infant formula is of the highest standard possible, and aligned with international and New Zealand codes of compliance. We consider that a well-monitored, self-regulated approach (with conditions) should continue at present, but if the voluntary system is not working effectively within the next 18 to 24 months regulation should be implemented.
Childhood nutrition and schools

37 We recommend to the Government that it develop, evaluate, and implement nutrition and physical activity programmes for Māori, Pasifika, and low socio-demographic children and their families. Traditional Polynesian hospitality practices must be taken into account. This should be achieved within 18 months of this report being published.

38 We recommend to the Government that it urgently build a national community-based action plan for preventing childhood obesity, based on the best evidence from New Zealand and overseas. This should be developed within 18 months of this report being published.

39 We recommend to the Government that it develop best-practice guidelines for the delivery of nutrition and physical activity programmes in schools. The guidelines should specifically cover school canteens, vending machines, fundraising events, classroom rewards, and any other aspect of the school environment where food and beverages are supplied. The Ministers of Health and Education should provide a guidance pamphlet for parents and school trustees regarding options for nutritious school lunches. This should be achieved within 18 months of this report being published.

40 We recommend to the Government that it continue to support and monitor the Waikato DHB’s Project Energize, and that provided it can demonstrate a clear evidence base of efficacy, it be expanded to younger age groups and piloted in other DHBs.

41 We recommend to the Government that it ensure existing programmes like Health Promoting Schools and Project Energize are subject to mandatory evaluation and that national implementation is adjusted to reflect what is proven effective.

42 We recommend to the Government that it train school nurses to help implement best-practice guidelines on nutrition and physical activity, and to diagnose children who are overweight, or suffer from poor nutrition, and ensure they and their families receive appropriate follow-up care.

Economic instruments to improve nutrition

43 We recommend to the Government that it closely monitor options for using fiscal means to improve nutrition; if a policy is shown to be practical and effective in reducing obesity and improving nutrition, it should be implemented.

44 We recommend to the Government that it carry out research on the possibility of regulating the amount of sugar in beverages, or imposing a tax on beverages that contain unhealthy amounts of sugar. The options should be made public within 18 months of this report being published.

45 We recommend to the Government that it investigate regulatory and fiscal measures to improve healthy eating and activity that are supported by a sound evidence base. A report outlining the options should be published within 18 months of this report being published.

Food labelling

46 We recommend to the Government, regarding the Australian star system of food labelling, that it move to

- monitor progress and development with the Australian system
• trial and evaluate the system in New Zealand on a voluntary basis within two years (provided the Australian system is proven to be effective)
• mandate the system on a voluntary basis if it shows strong evidence of success
• if there is not wide compliance, move to a compulsory system (provided there is sufficient evidence) within three years of this report being published. It is important for New Zealand to remain flexible at this stage because of new knowledge and an incomplete evidence base.

Health target

47 We recommend to the Government that screening mechanisms including cardiovascular and diabetes checks are extended to ensure that people at high risk are identified and enrolled in prevention and management programmes.

Marketing to children and advertising

48 We recommend to the Government that a substantial evidence-based social marketing programme be developed, evaluated, and implemented to support parents, caregivers, and families in the promotion of healthy diets and physical activity. This should be implemented within 18 months of this report being published.

49 We recommend to the Government that clear, measureable, timely targets be established in consultation with stakeholders for the labelling, manufacturing, and advertising of healthy food and drinks. This should be particularly directed at children and specifically the zero-to-five age group.

50 We recommend to the Government that it seriously consider developing the necessary legislative framework and regulations to protect children effectively from all forms of marketing of unhealthy foods and beverages.
7 Alcohol, tobacco, and drug harm

We note that alcohol is the most commonly used recreational drug in New Zealand, consumed by the majority of New Zealanders at least occasionally. Early initiation into alcohol use is a risk factor for alcohol-related harm in young people and for heavy drinking and alcohol dependence in adulthood.

We were told that there are approximately 800,000 heavy drinkers in New Zealand of whom 400,000 are likely to meet the new Diagnostic and Statistical Manual of Mental Disorders criteria for an alcohol abuse and dependence disorder. Expert submitters told us that the alcohol industry uses everything it can think of to groom new cohorts of young, regular heavy drinkers.

In New Zealand there is no legal drinking age; but it is illegal for people under the age of 18 years to purchase alcohol, although minors may be supplied with alcohol in certain circumstances.

The Alcohol Advisory Council of New Zealand (ALAC), which is now part of the Health Promotion Agency, says:

> Adults’ alcohol drinking can significantly and permanently impact on young children, including before they are born. The key impacts are that heavy drinking can contribute to anger, arguments, interpersonal violence, and relationship breakdown for adults, and this can have a detrimental impact on children. For some children, the impact of adults’ drinking results in child abuse, neglect, alienation, and sometimes death of children. Alcohol consumption during pregnancy can also result in a child being born with lifelong, irreversible physical, mental, behavioural and learning disabilities (known as foetal alcohol spectrum disorder).

**Consumption and risk**

According to data from the latest available New Zealand Alcohol and Drug Use Survey, three in five drinkers aged between 16 and 64 years of age have consumed a “large amount” of alcohol at least once in the previous year. The Ministry of Health defines a large amount of alcohol as more than six standard drinks on one drinking occasion for men and four for women.

The Ministry of Health notes that data from the New Zealand Health Survey suggests there has been a decrease in the overall proportion of adults who consume alcohol between 2006/07 and 2011/12. This is to be expected during an economic recession.

Currently there is no consensus in New Zealand on what constitutes low-risk drinking. The Health Promotion Agency website provides detailed advice with reference to gender, consumption per week and per session, pregnancy, and number of alcohol-free days. It has been suggested that the advice is complex and difficult to promote, and something similar to the 2009 Australian Guidelines to reduce health risks from drinking alcohol, might be more effective:

- To reduce the risk of life-time harm, no more than two standard drinks should be consumed per session.
To reduce the risk of injury in a single occasion of drinking, no more than four standard drinks should be consumed.

- No alcohol consumption during pregnancy or breastfeeding.
- No alcohol consumption for those under the age of 18 years is the safest option.

**The health impacts of alcohol**

ALAC submitted that the alcohol drinking behaviour of parents and caregivers can have a major impact on their child’s health outcomes, and influence their future alcohol use. Many studies have reported various adverse health outcomes to be more prevalent among children of heavy drinkers.

The impacts of drinking, especially heavy drinking, by parents, family, and caregivers, include:

- psychological/mental health issues, such as anxiety, mood disorders, and depression
- behavioural issues
- poorer academic performance and cognitive function
- early and heavy alcohol use by offspring.

Alcohol is embedded in New Zealand culture, and while most people manage to drink without harming themselves or others, misuse of alcohol results in considerable health, social, and economic costs to individuals, families, and the community. We recognise that alcohol-related harm is not distributed evenly; the personal, social, and economic costs of its misuse affect some groups more than others.

**Alcohol and violence**

Violence, within and outside the home, is one of the principal types of alcohol-related harm. There is also evidence that alcohol is a major contributor to injury, from interpersonal violence, especially assaults, violence against partners, and child abuse. We heard from the Alcohol Advisory Council that researchers who reviewed the circumstances of 141 family-violence-related homicides, including 38 child homicides, between 2002 and 2006, found that alcohol and drug abuse was often associated with child homicide.

We are very concerned that New Zealand has the fifth-worst record of 27 countries for child deaths by maltreatment or abuse. Alcohol Healthwatch told us that research has found that on average one child is killed every five weeks, most of them under five years of age; and one in six cases of child abuse is alcohol-related. It cited evidence that a parent’s alcohol abuse increases a child’s risk of physical and sexual abuse.

Recent estimates in police statistics have placed the cost of child abuse to New Zealand at $2 billion annually. Some estimates are much higher.

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**Alcohol and pregnancy**

We were told that the earlier a woman acts on advice about the importance of not drinking alcohol while pregnant, the less likely it is that alcohol exposure will affect the developing foetus.

The Ministry of Health recommends that health professionals advise women in a clear, straightforward way, saying for example “When planning a pregnancy it is safest to stop drinking alcohol before becoming pregnant”, or “There is no known safe amount of alcohol to drink during pregnancy”.

In 2011, the Ministry funded the Alcohol Healthwatch Trust to develop a pregnancy and alcohol cessation toolkit, an online guide for health professionals which has been endorsed by the New Zealand College of Midwives and the Royal New Zealand College of General Practitioners.

**Foetal alcohol spectrum disorder**

Alcohol use during pregnancy can cause irreversible lifelong harm to the foetus, including birth defects and foetal alcohol syndrome. There is a range of cognitive behavioural disorders collectively known as Foetal Alcohol Spectrum Disorder (FASD) and the damage varies with maternal alcohol consumption, the pattern of alcohol exposure, and the stage of pregnancy during which the foetus is exposed to alcohol.

There is no known safe level of alcohol consumption at any stage of pregnancy, so the Ministry of Health has recommended since 2006 that women who are pregnant or planning to become pregnant do not consume any alcohol. We were concerned to hear that the 2007/2008 New Zealand Alcohol and Drug Use Survey found that about one in four women who were pregnant in the past three years nevertheless reported drinking alcohol while pregnant.

We were told that it is well recognised internationally that prenatal damage from alcohol does not dissipate in childhood but is lifelong. The term FASD designates a range of effects that include the well-recognised foetal alcohol syndrome, which may be observed in children who have been exposed to alcohol in utero. In addition to physical anomalies, the effects may include attention deficit hyperactivity disorder, inability to foresee consequences and to learn from experience, inappropriate or immature behaviour, and lack of organisation, learning difficulties, poor abstract thinking, adaptability, impulse control, judgement and speech, and language and communication problems.

Reliable data on the incidence of harm caused by exposure to alcohol and other drugs in utero is limited. The number of people with FASD in New Zealand is unknown, but anecdotal evidence suggests that many remain undiagnosed. However, a systematic review in 2008 reported estimates, based on overseas rates, of three out of every 1,000 live births. This would equate to at least 173 babies born with FASD every year in New Zealand. Other studies estimate, at a minimum, 600 children are born each year with FASD, and the number could be up to 3,000.33

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A major difficulty is that subclinical forms of the spectrum of disorders associated with foetal damage from maternal drinking are hard to attribute specifically to alcohol. Some believe that it is highly likely that many thousands of young New Zealanders born each year have difficulty in reading, writing, and mathematics because of unrecognised FASD. A strong submission from Foetal Alcohol Network New Zealand calls for a preventative action plan. The network says that FASD is recognised in the literature as the leading preventable cause of birth defects and brain-damage-related disability in the western world.

The Australian Government has developed a Commonwealth Action Plan in response to the impact of FASD, following a parliamentary select committee report from November 2012. The action plan requires prevalence studies to establish reliable data, a whole of government approach, including the whole population but targeting those most at risk, recognition that FASD is preventable, access to services, and support for efforts by the health and broader workforce to prevent FASD.

Currently there is limited prevalence data on FASD in New Zealand. Trecia Wouldes of the University of Auckland is leading the New Zealand component of an American longitudinal study on the prevalence of substance use and its impact on infants. This is not a large-scale study, but probably represents the best New Zealand data available at present. The data from this study has not yet been analysed.

Before good-quality data can be collected on FASD, New Zealand will need better clinical capacity to diagnose the disorder. In 2008, Alcohol Healthwatch (AHW) was awarded a grant from the National Drug Policy Discretionary Grant Fund for a group of clinicians to investigate the feasibility of FASD multidisciplinary diagnosis services in New Zealand.

In 2010, the Alcohol Advisory Council of New Zealand funded AHW’s formation of a clinical taskforce to guide the training of teams to provide local FASD diagnostic services. Training was given to three teams, one each in Taranaki, Hawke’s Bay, and Auckland, which AHW continues to mentor.

In 2012, the Ministry of Health granted AHW funding to train additional teams in Northland, Tairawhiti, and Manukau. The project will increase New Zealand’s diagnostic capability and may build awareness of the condition in the community, which can help to prevent further cases.

**Alcohol and youth**

Alcohol consumption and unsafe sex are part of a pattern of adolescent risk-taking behaviour, which contributes to unplanned pregnancy and thus to various adverse outcomes for children. A 2007 New Zealand youth survey found that 14 percent of those drinking alcohol reported having unsafe sex and seven percent unwanted sex. A recent study by the University of Auckland confirmed that the influence of alcohol or drugs was a dominant factor in unsafe sex.34

The Children’s Commissioner told us he is deeply concerned about young women binge drinking, arguing that to curb this worrying trend all responses should be explored, including a minimum price for alcohol.

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34 Adolescent Health Research Group, University of Auckland, Youth’07: The health and wellbeing of secondary school students in New Zealand: initial findings, Auckland, 2008.
A fundamental cultural change in attitudes, values, and behaviour regarding alcohol is needed in New Zealand to improve sexual and reproductive health outcomes, and their flow-on effects on children. The wide promotion of alcohol and advertising of it at sporting events contributes to the problem, although we acknowledge efforts have been made to limit the promotion of alcohol at major sporting events.

**Reducing alcohol-related harm**

We consider that reducing harm from drug use is the collective responsibility of young people, schools, parents, families, whānau, and communities. Schools play a crucial role in developing competent, confident, healthy young people.

The health and physical education learning area of the New Zealand curriculum provides a foundation for exploring issues associated with alcohol and other drug use; teachers can draw on the personal health, physical development, and healthy communities strands of the curriculum, and areas pertaining to mental health, body care, and physical safety.

Public policy has a place in addressing this pervasive problem, and we believe it should be based on evidence. A number of strategies are being pursued by the Government to reduce alcohol-related harm, as detailed below.

**Controlling supply**

Supply control strategies attempt to reduce alcohol-related harm by restricting the availability of alcohol. They are considered to be most effective when combined with demand reduction and problem limitation initiatives.

The Sale and Supply of Alcohol Act 2012 aims to reduce alcohol-related harm by

- increasing the voice of local communities on alcohol licensing
- strengthening rules about the types of outlets allowed to sell alcohol and about its display
- requiring express parental consent for private supply of alcohol to those under 18 years of age, and that alcohol be supplied in a responsible way
- restricting the availability of alcohol by making licences harder to get and easier to lose, and limiting trading hours for licensed premises
- strengthening the controls on alcohol advertising and promotion.

**Reducing demand**

Demand reduction strategies are designed to prevent harm by ensuring that those who choose to drink do so responsibly. They include providing information on the effects of alcohol, educational programmes to encourage moderation, encouraging the responsible promotion of alcohol in licensed premises, and using tax levers to manage the price of alcohol.

The Government is not proposing to increase the excise tax on alcohol, but is continuing to investigate minimum pricing to address low alcohol prices. It is waiting for the results of analysis of price and sales data to determine the likely impact of such a scheme.

The Government has agreed to establish an expert forum to consider further restrictions on alcohol advertising and sponsorship to reduce alcohol-related harm. The forum is due to report back to the Ministers of Justice and Health by the end of 2013.
Alcohol labelling is subject to an agreement with the Australian Government. The Food Regulation Ministers of Australia and New Zealand have agreed to give the industry until the end of 2013 to introduce voluntary pregnancy warning labels on alcohol beverage containers, before further regulation is considered. We understand that compulsory generic health warnings are not likely to be introduced.

**Screening for alcohol issues**

We consider that alcohol screening in primary health care is an effective means of early identification of alcohol problems. We are aware of very strong international evidence and growing New Zealand evidence, as submitted by ALAC, that alcohol screening and brief intervention in primary health care services and emergency departments is effective in reducing hazardous drinking and alcohol-related harm.

We believe that with training most professionals, including practice nurses, midwives, dieticians, probation officers, and school counsellors, would be able to carry out alcohol screening and brief interventions. Screening and interventions should be tailored to the needs of particular groups.

Screening for alcohol-related problems can be carried out opportunistically when a medical condition that may be related to the problematic use of alcohol presents; or alternatively universally screening all consumers in particular settings or services. For example, maternity services are expected to ask pregnant women about their alcohol (and other drug) use; and the ministry advises all health professionals that it is good practice to ask pregnant women and those who are planning to be pregnant about their alcohol use.

The effects of alcohol use during pregnancy cross socioeconomic, educational, and ethnic boundaries. However, it is particularly important to screen some groups of women, such as those with a history of risky drinking who have an unplanned pregnancy, women who already have a child with FASD, and women who have FASD themselves.

We heard that for alcohol screening to have an impact on a population basis, it would need to be undertaken in the vast majority of primary care practices and emergency departments in New Zealand.

**Alcohol and other drug treatment services**

We are aware of the significant harm that can be caused to both sexes from the use of various other drugs (this can be particularly damaging before and during pregnancy). Follow-up alcohol treatment services need to be responsive and proactive in recognising and reducing risks for family members, particularly children. We heard from ALAC that this family-focused approach or family-inclusive practice is valuable for both the person with alcohol problems and their family, as the impact on children can often go unseen.

Vote Health funding for addiction treatment services was approximately $140 million in 2011/2012 and about 40,000 people were treated. Funding has increased steadily in recent years, and additional resources directed to assisting youth with alcohol and other drug problems.

In late 2011, the Government announced a Drivers of Crime initiative to increase treatment services for alcohol and other drug use, committing $10 million from alcohol excise revenue per year for four years.
Access to AOD treatment services is determined by clinical priorities. Depending on the particular treatment service, patients can self-refer, or a health professional or non-health agency can refer them. Treatment services where possible prioritise pregnant women, generally giving a pregnant woman an appointment upon referral. They are assessed, then helped to set goals; they may be offered individual counselling and follow-up support.

Most services are generic adult services, but in Auckland the Community Alcohol and Drug Service run a dedicated pregnancy and parental service for pregnant women and parents of children under three years of age. This service also provides advice and consultations to other agencies working with pregnant women.

**Tobacco harm**

Tobacco use has a significant impact on mothers and their babies. Smoking during pregnancy has a multitude of negative effects, including increased risk of ectopic pregnancy, spontaneous abortion, placenta insufficiency, low birth weight, pre-term delivery, sudden unexpected death in infancy, and childhood respiratory disease. Reducing the prevalence of smoking during pregnancy improves outcomes for pregnancy, birth, and the future health of children. New Zealand research has shown that if a woman stops smoking before 15 weeks gestation her risk of serious pregnancy and birth complications falls to that of a non-smoker. The earlier a woman stops smoking, the better the outcomes for the pregnancy and the baby.

**Current goals and initiatives**

Reducing the prevalence of smoking and tobacco consumption in the whole population is the best way to reduce the adverse impact of tobacco on child health. The Government has adopted the goal of making New Zealand a smokefree nation by 2025. This was a key recommendation of the Māori Affairs Committee’s inquiry into the tobacco industry in Aotearoa and the consequences of tobacco use for Māori. The committee’s report was clear: the term “smokefree” communicates an aspirational goal, not a commitment to banning smoking altogether. On that basis, the Government agreed to a goal of reducing smoking and the availability of tobacco to minimal levels by 2025. This goal is a challenging one, and work to achieve it is in progress.

The Government spends approximately $18.5 million a year on specialist smoking cessation services. In addition to this, Budget 2012 dedicated $20 million over the next four years to a new innovation fund, Pathway to Smokefree 2025, which will fund programmes to discourage people from starting smoking, and help more New Zealanders quit.

Better Help for Smokers to Quit was introduced as one of the Government’s Health Targets in 2009. The original target focused on hospitalised smokers, of whom over 90 percent are receiving advice and support to quit. In July 2010, the target was extended to include 90 percent of smokers seen by health practitioners.

The role of maternity care providers is recognised in the maternity indicator of the Health Target. From July 2012, it requires that 90 percent of pregnant women who smoke when their pregnancy is confirmed be offered advice and support to quit. This indicator is an important direct measure to improve the health of pregnant women and their children.

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Smoking cessation support

All cessation services are now required to prioritise the treatment of pregnant women and give them effective and appropriate support. These services are also expected to communicate effectively with other health providers on referrals and feedback.

Quitline continues to provide tailored support by phone, and text, and via the internet. Many people registering with Quitline are also entitled to subsidised nicotine replacement therapies. In 2011/12, Quitline supported 62,580 attempts by New Zealanders to quit smoking. Māori and Pasifika clients are also priority populations for Quitline, and are estimated to make up 23 percent and 7 percent respectively of total quitting attempts each year.

The Government recognises that specific action must be taken to reduce Māori smoking rates, which will in turn improve health outcomes for children in Māori households. Approximately $5.5 million a year is spent on kaupapa Māori smoking cessation services in New Zealand. The Ministry of Health funds Aukati KaiPaipa to provide smoking cessation services for Māori, with 32 providers delivering face-to-face services, most of them iwi-based, in all DHB areas.

The ministry is investing in workforce development for Aukati KaiPaipa providers and the establishment of a national tobacco control Māori leadership service. It was argued by Dr Cindy Kiro that recent significant reductions in smoking rates for Māori must be sustained with the use of positive Māori role models, and other Māori-specific health promotion initiatives concentrating on young people, such as marae-based gyms, Māori-provider cessation support, peer support, and Māori media campaigns.

Excise tax

Increasing tobacco taxes is recognised worldwide as the single most effective measure governments can take to reduce smoking rates, particularly as a part of a comprehensive tobacco control programme such as New Zealand’s. There is evidence that smokers quit or cut back their tobacco consumption in response to tobacco price increases, and young people become less likely to start smoking. In Budget 2012, the Government committed itself to raising tobacco excise taxes by 10 percent each year from 2013 to 2016, in addition to the annual inflation-indexed increases in tobacco excise. The increases have been legislated for in the Customs and Excise (Tobacco Products—Budget Measures) Amendment Act 2012, and will raise the price of an average pack of 20 cigarettes to more than $20 by 2016.

We recognise legitimate concern that the burden of an excise tax increase can fall heavily on low-income households, and the children living in them. However, New Zealand research has found that the loss of life expectancy attributable to tobacco tax was less than that attributable to smoking. It concluded that tobacco taxation is likely to be achieving far more benefit than harm in the general population and in socioeconomically deprived populations.36 Research also shows that people on lower incomes are the most sensitive to price increases and are more likely than the rest of the population to quit or reduce smoking.

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consumption in response. To reduce the pressure on low-income households, the Government has invested in smoking cessation measures as detailed above.

**Limitations on supply and sale**

The 2011 amendments to the Smokefree Environments Act 1990 increased the penalties for selling tobacco to minors and prohibited the retail display of tobacco products. They also established an infringement notice regime with penalties of $500 for individuals and $1,000 for businesses that provide or sell tobacco to a person under 18. The maximum penalty a court may impose has been increased from $2,000 to $5,000 for an individual and to $10,000 for a business.

Prohibiting the visible display of tobacco products is among measures intended to reduce smoking initiation by children by reducing the exposure of young people to tobacco products.

**Plain packaging**

In April 2012, the Government agreed in principle to introduce plain packaging of tobacco products, aligned with Australia’s approach, subject to the outcome of public consultation. This initiative was a key recommendation of the Māori Affairs Committee’s inquiry. Plain packaging would limit the marketing of tobacco anywhere the packet might be visible. After the public consultation process the Government decided to proceed with the legislation and a bill is expected to be introduced to the House in late 2013.

**Smokefree areas**

We were told that the Ministry of Health is beginning policy work on prohibiting smoking in cars with children, led by the Associate Minister of Health Tariana Turia. Most states in Australia already make it an offence to smoke in a car with a child. Options for additional smokefree areas are being investigated, such as smokefree outdoor dining areas.

We are aware of the argument that introducing an infringement offence would represent too much government interference; however it is comparable in this respect with current laws that allow the police to fine people not wearing seatbelts, using mobile phones when driving, and having inadequate baby and child restraints.

**Duty free concession for tobacco products**

The Ministry of Health, in consultation with the New Zealand Customs Service and the Treasury, is investigating reducing or removing the personal concessions that allow quantities of tobacco products to be manufactured or imported exempt from tobacco excise and equivalent duties. A Cabinet paper is being drafted for ministers’ consideration; we understand there are some international tourism and customs agreement implications to work through.

**Sudden unexpected death in infancy**

A number of the Ministry of Health’s initiatives to help prevent sudden unexpected death in infancy (SUDI) seek to minimise the effect of tobacco smoke on children. For example, the ministry contracts the provision of SUDI-prevention toolkits for health professionals, which include smoking cessation advice. Health professionals from all DHBs have been trained to advise families about precautions including maintaining a smoke-free environment.
In June 2012, the Health Quality and Safety Commission wrote to all DHBs to encourage them to prioritise the prevention of SUDI. The Perinatal and Maternal Mortality Review Committee and the Child and Youth Mortality Review Committee of the commission are mandated to report on all perinatal, infant, and child deaths in New Zealand. Both committees have made clear, evidence-based recommendations about the prevention of SUDI.

**Recommendations**

### Alcohol

51 We recommend to the Government that the Ministry of Health formulate evidence-based guidelines for low-risk alcohol consumption, to be promoted widely, with particular emphasis on alcohol cessation during pregnancy and pre-conception. We recommend that they be formulated within 18 months of this report being published. This could be done by contracting experts in the disciplines of addiction and maternal healthcare.

52 We recommend to the Government that the Ministry of Health progressively increase screening for alcohol misuse, and follow-up intervention, ensuring that

- it is carried out in all emergency departments
- it is a key performance indicator for all initial antenatal assessments
- best-practice guidelines are issued for primary care/general practice with emphasis for women of child-bearing age
- primary care/general practice auditing require alcohol screening and follow-up.

This should be achieved within two years of this report being published.

53 We recommend to the Government that it require DHBs to follow up all alcohol-related emergency department presentations with an alcohol assessment by an alcoholism treatment professional. This should be achieved within three years of this report being published.

54 We recommend to the Government that it analyse the findings of the Alcohol Advertising Forum on alcohol marketing and sponsorship when they become available, and implement any recommendations with a strong base of evidence.

55 We recommend unequivocal health warnings that include, at minimum, “alcohol causes brain damage to the unborn child”. This should be achieved within two years of this report being published.

56 We recommend to the Government that it develop an action plan to combat the harm caused by foetal alcohol spectrum disorder in New Zealand. The plan could be similar to that produced by the Australian Commonwealth Government in 2013, and should include the WHO international prevalence study to establish reliable data for New Zealand. It should be a whole-of-government plan, and include the whole population but target those at risk, recognise that the disorder is preventable, provide access to services for those affected, and support prevention measures by the health and broader workforce. This should be achieved within 18 months of this report being published.
57 We recommend to the Government that it carry out a comprehensive analysis of alcohol sales and pricing data, particularly in relation to teenage binge drinking. If the evidence is clear that it would be effective, the Government should consider introducing a minimum price regime, focusing on the cheapest products available.

58 We recommend to the Government that it consider further raising the alcohol excise tax, in a strategic way to minimise harm.

**Tobacco**

59 We recommend to the Government that it continue to pursue the aspirational aim of New Zealand becoming smokefree by 2025.

60 We recommend to the Government that it ensure that the maternity indicator of the health target requiring that 90 percent of pregnant women who identify themselves as smokers receive advice and support to quit is achieved and eventually increased to 95 percent.

61 We recommend to the Government that it require DHBs to prioritise the prevention of sudden unexpected death in infancy by utilising the Health Quality and Safety Commission's guidelines, and consider using this as a KPI for DHBs.

62 We recommend to the Government that it continue with the planned progressive increase in tobacco excise tax, and consider increasing its rate.

63 We recommend to the Government that it consider introducing legislation to introduce additional smokefree areas.

64 We recommend to the Government that it reduce or remove the current personal duty free tax concession(s) for tobacco products, provided that the trade agreement implications can be accommodated.
8 Maternity care and post-birth monitoring

“Improving safety and quality in maternity services and engaging with vulnerable pregnant women and their children are key priorities within the maternity services system.” ³³⁷ (Ministry of Health)

Our recommendations on maternity services and post-birth monitoring are key to improving health outcomes and should be considered seriously by the Government.

A major recommendation is that the Ministry of Health require DHBs to set a key performance indicator for the majority of women to be booked in for antenatal assessment by 10 weeks gestation. Best-practice clinical, social, and laboratory assessment should take place, and an ongoing plan for the pregnancy formulated. This should be introduced as a national health target within 12 months of this report being published. The target could start at 60 percent and over time be increased to 90 percent of all pregnancies.

Rationale behind making the early booking target a national health target

The rationale behind this recommendation is that the earlier in pregnancy that medical and social assessment can take place, the sooner intervention can occur if it is necessary.

We were told that only 16.8 percent of all women living in the Counties Manukau region accessed maternity care before 10 weeks gestation. We also heard that 86 percent of pregnant Pasifika women were overweight or obese. High rates of gestational diabetes are picked up in the region, especially in Māori, Pasifika, and Indian women.

There are many other medical and social conditions that can have profound detrimental effects on both the mother and foetus, and if they are picked up early subsequent intervention can markedly improve the outcomes.

Early identification of vulnerable mothers, as soon as possible during pregnancy, followed by appropriate intensive wrap-around services in line with the Government’s action plan for children, should prove to diminish dysfunction and abuse in later childhood.

Given the increasing incidence of obesity, diabetes, and other non-communicable diseases in New Zealand, the case for early booking, best-practice testing, and appropriate follow-up care and intervention is overwhelming.

We were told that the criteria for setting a national health target are practicality and measurability, and that the target must initially be set at an achievable rate, as in the case of immunisation, and then be incrementally increased. We consider that a target of early enrolment in pregnancy fulfils these criteria. Implementation would require maternity services to be accessible in the community as well as at base hospitals.

A visiting Swedish paediatrician and Member of Parliament told us that for decades over 90 percent of Swedish pregnant women booked for early assessment and management by eight weeks gestation. Given Sweden’s superior child outcome statistics, we see every reason for the same target to be adopted in New Zealand.

We received numerous submissions covering the whole maternity care spectrum from prenatal counselling, through antenatal, natal, and postnatal care, to formal handover to the primary care provider. In addition to submissions, we received advice from the Ministry of Health and heard evidence from panel members from the *External Review of Maternity Care in the Counties Manukau District* (2012).

**Key themes in submissions**

The following themes emerged strongly from the submissions we received to our inquiry.

- The need for vastly better access to contraception and reproductive health education services before conception, and after delivery, to help parents plan pregnancy more effectively and empower them to make wise choices.
- The need for vastly better knowledge and practice of optimal prenatal, antenatal, and postnatal nutrition, preceded by nutritional education in schools.
- The need for DHBs to set KPIs to ensure women have an antenatal assessment by 10 weeks gestation; this goal could be advanced by the use of a National Health Target, and should be a quality measure for lead maternity carer services.
- The need for collaboration and information-sharing between caregivers, lead maternity carers, and tertiary providers, particularly during the postnatal period during which care is currently fragmented between general practices, social workers, Plunket, and midwives. Linking mothers and babies effectively from lead maternity carer to Well Child to Primary Care providers is essential to proper planning and on-going care.
- The need for socially vulnerable mothers and babies to be identified early, assessed, and followed by a cross-sector team beyond birth (see Children’s Action Plan).
- Progressing the Maternity Quality and Safety Initiative with continuous monitoring and improvement.
- Ensuring the revised maternity referral guidelines 2012 are put into action, monitored, and updated regularly.

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38 This chapter took into account the following documents:
1999 National Health Committee report, *Review of Maternity Services in New Zealand*
2007–2012 Reports of the Perinatal and Maternal Mortality Review Committee
2008–12 Maternity Action Plan Draft for consultation, Ministry of Health
2008 Health Committee report on Petition 2008/23 of Jennifer Maree Hooper
2011 New Zealand Maternity Standards, Ministry of Health
2012 Children's Action Plan, New Zealand Government
2012 *Healthy Beginnings – developing perinatal and infant mental health services in New Zealand*, Ministry of Health
• Ensuring the Ministry of Health data rebuild of 2012 is used to ensure annual maternity reports and clinical indicator reports are useful, readable, timely, and contain data on key outcomes.

• Ensuring that the National Maternity Monitoring Group, established in 2012, prioritises areas including access to maternal mental health services, timely registration with a lead maternity carer, maternal tobacco use, pre-term birth, the impact of maternal obesity on infants, and implementation of referral guidelines.

• Ensuring the establishment of a comprehensive national shared maternity record, which would include quadruple registration (that is, new-born enrolment with a primary care provider, on the national immunisation register, with oral care services, and with Well Child Tamariki Ora services).

• Establishing evidence-based strategies for improving New Zealand’s sub-optimal breastfeeding rates, once the necessary research has been done.

• The need for the 13 core postnatal health checks to be audited and monitored, with the aim of achieving more than 95 percent coverage, especially of children with physical problems or social vulnerability.

• The need for a B4 School Check at school for children who have not already been checked. This at-school check should initially target decile 1–3 schools.

• That the recommendations in the External Review of Maternity Care in the Counties Manukau District be supported and implemented in the Counties Manukau District Health Board and around New Zealand where relevant. Opportunities for implementation in other DHBs should be considered.

We endorse the framework set out in the Children’s Action Plan regarding vulnerable pregnant women and their children, which includes

• introducing a needs assessment process shared between multiple disciplines

• introducing multi-disciplinary teams to work with vulnerable pregnant women and children to secure them access to health and social services as early as possible

• strengthening the relationship and referral pathways between health services (including lead maternity carers) and social services

• ensuring that all women can access primary maternity services early in pregnancy, with a focus on improving access for vulnerable pregnant women.

**Ministry of Health’s departmental report**

Maternity services provide women and their babies with care throughout pregnancy, birth, and the six-week postnatal period. In the 2010 calendar year 64,433 women gave birth: approximately 25.4 percent were Māori, approximately 11.7 percent Pasifika, and 10.8 percent Asian.

Over one quarter (27.8 percent) of all women giving birth, and the majority of Pasifika women (57.5 percent) lived in the lowest socio-economic areas. Younger women giving birth were more likely to live in such areas.
The *External Review of Maternity Care in the Counties Manukau District* made many recommendations that could be applied to the rest of the country.39 In our view setting best-practice national guidelines for referral and for treatment, applicable to all DHBs, is fundamentally important.

**Primary maternity care**

The current model of primary maternity care has been used since July 1996 when the “lead maternity model” was introduced. The “lead maternity carer” (LMC), who has overall professional and clinical responsibility, can be a midwife, obstetrician, or general practitioner with a diploma in obstetrics. Most women register with a midwife LMC.

Historical and regional variations mean some women find it difficult to register with an LMC. More Māori and Pasifika women register with an LMC in the second trimester of pregnancy than the first and over one third (38.9 percent) of all Pasifika women did not receive care from an LMC during their pregnancy. We heard that only 16.8 percent of all women living in the Counties Manukau region accessed maternity care by ten weeks gestation. In contrast Sweden has over 90 percent of women accessing maternity care by eight weeks gestation.40

**Pregnancy and parenting education**

A wide range of providers offer pregnancy and parenting education in New Zealand. Currently such education is funded for 30 percent of women in a DHB birthing population. Funding is aimed particularly at women who are undergoing their first pregnancy. The current service specification is due for review, and we were told that pregnancy and parenting education tends to be used by the most advantaged and that the courses were often of patchy quality. We were also told that the curriculum needs to be evidence-based and should include general health messages. There is “little evidence” that in its current format, it improves pregnancy outcomes; and in some instances misinformation is given.

**Specialist care services for women with obstetric or other medical needs**

It is recommended that services for women with obstetric or other medical needs be delivered, using an integrated, collaborative approach, by midwives, obstetricians, and other health specialists.

**Birth and postnatal care**

Labour and birth usually take place in a secondary or tertiary maternity facility. Around 10 percent of women choose to give birth in primary birthing facilities, and about three to five percent of all births are home births.

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40 Between 2007 and 2009 only 16.8 percent of women living in the Counties Manukau region accessed maternity care by 10 weeks gestation. Over a third booked very late (after 18 weeks gestation) and an additional 2.5 percent did not book at all. Those most likely to book late were Māori or Pasifika women under 25 years of age and those with a parity three or more. Jackson, C. (2011b). *Perinatal Mortality in Counties Manukau.* Report for CMDHB.
We acknowledge that extra funding has been allocated to allow women to stay in the birthing precinct for longer after giving birth. However, many submissions argued for additional funding to allow women the option of staying longer still, while breastfeeding is established.

Budget 2011 included $21.32 million over four years for the provision of at least 54,000 additional Well Child Tamariki Ora (WCTO) visits per annum for first-time and high-needs mothers. We heard that there is still substantial unmet need in the postnatal period, and we recommend that services be increased.

**Breastfeeding**

The Ministry of Health recommends that infants be exclusively breastfed for the first six months of life and that breastfeeding continue where possible with supplementary foods until the infant is at least 12 months old. This is consistent with the WHO’s position on breastfeeding (see pages 30–33 of the Ministry of Health’s departmental report to us). Numerous submitters supported strengthening a wide spectrum of efforts to improve the rate and duration of breastfeeding in New Zealand.

**Enrolling of newborn babies with primary care practices**

A policy of enrolling all newborns with primary care practices came into effect in October 2012. We strongly support this policy and believe that it should be expanded to include an information technology system to capture quadruple registration:

- registration with primary care (the general practitioner), preferably with one general practitioner accountable
- registration on the National Immunisation Register
- registration with an oral health provider
- registration with a WCTO provider.

We also recommend that at the same time information relating to the mother be sent to the primary care provider.

**The importance of the six week postnatal period**

The transition to motherhood may be assisted, particularly for high-needs families /whānau, by an antenatal visit from the WCTO provider alongside the LMC, to establish an effective relationship. Plunket is already delivering antenatal contacts in the Hawke’s Bay.

We strongly support antenatal contact being made by the WCTO provider where risk or vulnerability has been recognised, and agree that this should become an integral part of the Children’s Action Plan to support vulnerable children.

**Quality and safety in maternity services**

The Maternity Quality and Safety Initiative was announced in 2010, and we recommend that it continue to be implemented.

The current number of full-time-equivalent midwifery, nursing, and medical staff, social workers, and support staff in New Zealand maternity units should be benchmarked against other national and international providers to determine a safe and appropriate level and
mix of staffing. This should ensure that enough clinics and suitably qualified multidisciplinary staff are available to care for women with high medical and social needs, such as those with diabetes or other underlying health problems.

**Vulnerable pregnant women and their children**

We recommend the progression of the Children’s Action Plan.

**Programmes for the early years**

Primary health care covers a broad range of health and preventative services, including health, education, counselling, disease prevention, and screening. The Government has allocated funding through the Vulnerable Child Assistance Scheme and the policy of zero fees for under-sixes to reduce the cost of primary health care for young children. We support this policy.

**Well Child Tamariki Ora and B4 School Check**

The Well Child Tamariki Ora programme consists of 13 health checks, defined as “core” contacts with various providers: four LMC contacts, one six week GP contact, seven WCTO contacts before age three, and one B4 School Check. A formal handover of care from LMCs to WCTO providers is meant to occur at four to six weeks of age. We consider that this handover needs to be audited.

The B4 School Check programme specifically targets high-need and hard-to-reach populations. Each DHB is expected to provide the check to 90 percent of four-year-olds living in high-deprivation areas, alongside a general target of at least 90 percent of four-year-olds in their district.

In 2012/13, the Government invested $70 million in WCTO services for children aged from four weeks to five years, including the B4 School Check, but excluding GP services and Plunket Line. In 2011/12, 92 percent of babies were enrolled with Plunket and 79 percent of four-year-olds had received a B4 School Check.

Data reporting has been incomplete. New reporting requirements will allow the Ministry of Health to identify more readily the children missing out on WCTO services. Better data will also inform contracting decisions to ensure comprehensive service coverage, nationally and by DHBs.

It was also suggested to us that ideally a health check should take place before starting secondary school and before entering the workforce.
The Auckland Regional Public Health Service

Antenatal care by ten weeks gestation

The Auckland Regional Public Health Services (ARPS) told us that antenatal care is the vehicle for proven pregnancy interventions. The National Institute for Health and Clinical Excellence guidelines recommends that antenatal care be started in the first trimester and preferably before 10 weeks gestation.\textsuperscript{41}

National information system

ARPS recommended that the National Health Information Technology Board and Regional Information Service Plans prioritise the development of a national online information system for children, creating a minimum data set covering all children by expanding the current National Immunisation Register (NIR). This data set should include

- birth outcomes, including any pregnancy complications, birthweight, and gestation at delivery
- up-to-date contact information for the child and their legal guardian
- demographics
- infant’s name and details
- named person (see below)
- Well child/Tamariki Ora provider (for children under five years of age)
- general practitioner
- oral health provider and oral health data
- lead professional
- immunisation data.

We also consider that maternal health data should be sent to the general practitioner by the lead maternity carer.

ARPS suggested adopting the Scottish model of appointing a “named person” for every child. This health professional acts as the first point of contact for children and families. This is over and above the role of “accountable person” in the Children’s Action Plan and is worth serious consideration.

ARPS also recommended that it be possible to opt out of the proposed national online data system for children, as it is from the NIR. We believe that consideration should be given to enrolling children in a national data system before birth to capture lead maternity carers’ pregnancy data. We understand that the births of all infants in New Zealand from 20 weeks gestation must be registered, so 20 weeks might be an appropriate time to assign a child to the NIR and enrol them in the national data system.

Postnatal continuity with primary care

The ARPS was one of many submitters to bring to our attention the fragmentation of responsibility between postnatal care, lead maternity carers, and the primary care provider. We believe that the links, communication, and formal handover process between the LMC and the primary caregiver or general practitioner need to be substantially strengthened (see recommendations).

Early pregnancy assessment and planning

The ARPS suggested the following measures for assessing and planning the management of pregnancy:

- Develop multimedia education material with input from Pasifika and Māori communities, stressing the importance of early access to maternity care, including pregnancy assessment and planning.
- Create incentives for women to attend a pregnancy assessment appointment with a midwife or general practitioner, before 10 weeks gestation.
- Prioritise funding to make the early pregnancy assessment and booking visit accessible to all women.
- Urgently review the current pregnancy booking form to update screening for clinical and social risk factors.
- Establish a key performance indicator to monitor the number of women who book with a LMC in each DHB by 10 weeks gestation, and make it a national health target.

Ultrasound scanning

The ARPS recommended improving access to scans for pregnant women, especially at the urgent request of a practitioner.

In DHBs with a low socioeconomic profile, such as Counties Manukau, this might be achieved by using a mobile scanning facility to reach some women. Best practice guidelines should ensure that unnecessary scans are not carried out at public expense, and the funding of scans that can be justified on clinical grounds is prioritised.

Vulnerable and high-needs women

We heard arguments for improving the care of vulnerable women. Measures recommended included setting criteria to define social and medical vulnerability in pregnant women; and including assessment of vulnerability in the guidelines for the first clinical appointment.

Establishing a multi-disciplinary group was suggested for referral of vulnerable women for follow-up well beyond postnatal discharge.

Other recommendations included making resources available for continuity of care of the most vulnerable, with a single, accountable lead provider, and ensuring there are comprehensive support services to help pregnant women address the social factors in their health status and secure their access to appropriate maternity care. We heard that Counties Manukau DHB had only one maternity social worker; steps need to be taken to bring the workforce of social workers to an appropriate size.
Models of care and workforce

The ARPS also recommended that models of care and the maternity workforce be considered in tandem: that healthy women with normal pregnancies be actively encouraged to choose midwife-led care and to give birth at a primary birthing unit. Their selection should be done with great care, according to best-practice guidelines. It is vital that there be enough lead maternity carers in any district to ensure case loads are realistic and safe.

It recommended that the Ministry of Health review Section 88 funding mechanisms for lead maternity carers, to create incentives for provision of care for women with major clinical or social risk factors. Additional “high needs” or “deprivation” payments were suggested to cover costs such as home visits for women without transport; and the training of more social workers to work in maternity care teams.

Another recommendation was that dedicated midwifery coaches for new graduate midwives be re-introduced, among measures to improve support for newly qualified midwives caring for high-needs women. Lead maternity carers should be subject to peer review and continuous professional development.

The establishment of external benchmarks for international best-practice staffing levels in maternity services and facilities was recommended, with National Workforce Planning mechanisms to train more staff when they are needed.

Family planning

The ARPS recommended measures to ensure that all women and their partners can get timely access to appropriate advice and affordable contraception:

- Updating the section 88 notice to recommend discussion and documenting family planning during pregnancy and again before discharge from the maternity unit.
- Incorporating family planning discussion and documentation into all pregnancy care plans.
- Ensuring before discharge that contraception has been provided if wanted, or a plan made for follow-up.

Clinical governance and management

The ARPS recommended establishing clear lines of accountability for maternity service provision at all levels, and setting up an overarching maternity clinical governance group to ensure the safety of maternity services.

Māori and Pasifika women

Specific recommendations were made regarding Māori and Pasifika women, who are more vulnerable than others to perinatal death.

- Improving access to and the quality and cultural appropriateness of maternity services for Māori and Pasifika women.
- Reinforcing strategies to reduce the number of pregnant women who smoke, possibly by setting a KPI to measure smoking rates and cessation rates by 15 weeks gestation.
Developing culturally appropriate nutritional interventions to reduce pre-pregnancy obesity and optimise weight gain during pregnancy; community health workers might be trained to provide nutritional advice to at-risk pregnant women.

We endorse the recommendations made by the ARPS.

**Compass Child and Youth Health Project**

The Compass Child and Youth Health Project is being undertaken in partnership with the Children’s Commissioner, the Paediatric Society of New Zealand, and the Ko Awatea Centre for Health System Innovation and Improvement, with guidance and support from the Health Quality and Safety Commission, and the New Zealand Child and Youth Health Epidemiology Service. All 20 DHBs are voluntarily participating in this collaborative service improvement initiative.

Compass aims to recognise, showcase, and share innovation and good practice in maternity and child and youth health in New Zealand. It aims to promote improvements in health services provided by DHBs and reduce health inequalities for children and young people.

In the first phase of the project, all 20 DHBs self-assessed their current service provision in six areas of the life course of children and young people. The Children’s Commissioner told us that the next phase requires more coordination and support if the project’s full potential is to be realised. The project partners have developed a business case for a multi-year implementation plan, subject to funding. This collaborative approach is said to have the potential to significantly lift the quality and accessibility of services to hundreds of thousands of New Zealand children.

We endorse the continued development of this programme, subject to monitoring and evaluation of its success.

**Fathers and the maternity system**

We heard from the Father and Child Trust that they provide information and support to fathers in the antenatal and postnatal period and subsequently on parenting issues. The trust envisions New Zealand communities supporting mothers and fathers equally, and both having access to the resources and help they need to work together for the welfare of their children.

The trust considers that sometimes the maternity system does not ensure that both mothers and fathers are positively and sensitively involved. We note the trust’s concerns and we consider that it is fundamental that the maternity system ensure that both mothers and fathers are well supported and included in a sensitive, positive, and practical way, as much as possible, in the antenatal and postnatal periods and beyond.

**Communication and information**

We heard that an estimated 40–60 percent of all pregnancies in New Zealand are planned, compared with an estimated 80 percent in Sweden. This does not mean these babies are not wanted, but that often conception occurs at a time that may not give the baby the optimal chance of achieving its full potential. For example, the mother could be drinking, smoking, deficient in nutrients such as folate, iron, or iodine, or overweight, or socially vulnerable. Therefore, we endorse the idea of a national campaign to promote the planning of pregnancy.
Recommendations

National health target: 90 percent of pregnant women booked in by 10 weeks gestation

65 We recommend to the Government that the key recommendations of the External Review of Maternity Care in the Counties Manukau District be funded and adopted in the Counties Manukau District Health Board and relevant places elsewhere in New Zealand. Particular attention should be given to the following areas: early pregnancy assessment and planning (medical and social), ultrasound scanning, prioritisation of vulnerable and high-needs women, family planning, Māori and Pasifika women, addressing gestational diabetes and obesity, outreach services, and integration of information services.

The recommendations of the Counties Manukau review should be fully implemented within three to five years of this report being published, both in Counties Manukau DHB and elsewhere in New Zealand, where relevant. We recognise this may require reprioritisation of funding.

66 We recommend to the Government that it ensure that the maternity system provides mothers and fathers with support in a sensitive, positive, and practical way, as much as possible, in the antenatal and postnatal periods and beyond.

67 We recommend to the Government that the Ministry of Health require DHBs to set a key performance indicator for the majority of women to be booked in for antenatal assessment by 10 weeks gestation. Best-practice clinical, social, and laboratory assessment should take place, and an ongoing plan for the pregnancy formulated. This should be introduced as a national health target within 12 months of this report being published. The target could start at 60 percent and over time be increased to 90 percent of all pregnancies.

Pre-conception planning

68 We recommend to the Government that it develop an ongoing media campaign via the Ministries of Health and Education, urging prospective parents to plan and get healthy before conception, and focus on the welfare of their future babies. This should be achieved within 18 months of this report being published. See Chapters 6 nutrition and 4 reproductive health, and research regarding pregnancy preparation.

Parenting education

69 We recommend to the Government that the current service specification for pregnancy and parenting education be completed, and that it be evidence-based and culturally appropriate, and put into practice within one year of this report being published.

For breastfeeding see Chapter 6 on nutrition, recommendations 33, 34, and 35.

Better information and integration of information technology

70 We recommend to the Government that it create a comprehensive integrated maternity information system (a maternity shared care record), with a means of communicating effectively with self-employed lead maternity carers. This should be set up and functioning within three years of this report being published.

71 We recommend to the Government that a system of “quadruple enrolment” of all new-borns be developed into an integrated national online information system recording
• registration with primary care (general practice)
• registration on the National Immunisation Register
• registration with an oral health provider
• registration with Well Child Tamarki Ora.

This should be completed within three to four years of this report being published.

**Antenatal services**

72 We recommend to the Government that it ensure that when children are identified antenatally as vulnerable or at risk, appropriate expert wrap-around services are provided, as proposed in the Children’s Action Plan, with co-ordination of all service providers postnatally and rigorous ongoing follow-up.

Most of this work, including the refining of the referral guidelines, should be completed within two years of this report being published.

73 We recommend to the Government that it establish best-practice auditing for children who have received treatment for physical problems or social vulnerability to ensure that treatment is completed or ongoing. This should be in place within four years of this report being published.

**Maternity Quality and Safety Initiative**

74 We recommend to the Government that the Maternity Quality and Safety Initiative be progressed, monitored, and improved by

- continued refining of the national quality and safety programme
- regularly updating maternity referral guidelines to evidence-based gold standard
- developing nationally-standardised maternity records to allow the electronic transfer of information between health professionals
- improving the collection of maternal and newborn information so the quality and safety of maternity services can be monitored more effectively.

**Postnatal handover**

75 We recommend to the Government that it update section 88 of the Primary Maternity Services Notice 2007 to include a requirement for the formal electronic transfer of relevant information from the lead maternity carer to the general practitioner or primary care provider before the six-week postnatal handover. We also recommend that the general practitioner be required to confirm receipt of the information and take on accountability for further professional and clinical care of the mother and child. This should be achieved within 18 months of this report being published and 100 percent of newborns should be accounted for.

**Well Child Tamariki Ora**

76 We recommend to the Government that it set key performance indicators for DHBs to record the coverage of WCTO checks and B4 School Checks, and that a completion target of 95 percent be established, with special emphasis on vulnerable and hard-to-reach children. Physical problems or social vulnerability
must be audited and treated where possible. A tracking arrangement should be established so that all referrals, particularly for serious conditions, are followed up and accepted to confirm that remedial action has been completed. A B4 School Check is needed at school for children who have not already been checked. This check should initially be targeted at decile 1 to 3 schools. This should be in place within three years of this report being published.

77. We recommend to the Government that it complete and put into action the WCTO quality framework, with the support of an expert advisory committee. This should be in place within three years of this report being published.

78. We recommend to the Government that it combine WCTO and B4 School Check reporting with the national information technology record. This should be in place within three years of this report being published.

79. We recommend to the Government that it put progressively more resourcing into WCTO visits to high-needs, hard-to-reach mothers and babies, and that multi-sector services be made available to plan and action remedies. This should be in place within three years of this report being published.

Integrated collaborative model of maternity care

80. We recommend to the Government that key providers, midwives, obstetricians, paediatricians, general practitioners, anaesthetists, and consumers continue to develop a collaborative integrated model of maternity care for New Zealand according to guidelines based on research, evidence, and best practice. This should be completed within three to five years of this report being published, and include consideration of primary and lead maternity carers working with Primary Health Organisations.
9 Leadership, whole-of-government approach, and vulnerable children

We support and endorse the work of the Government on vulnerable children. We would like to see this work taken further as we are convinced that in order to solve the challenges facing our children, especially the most vulnerable, we need to start intervention before their conception or at least during the early antenatal period, as detailed in other chapters of this report.

Leadership

A theme running through submissions was the crucial need for leadership at all levels of New Zealand society, with calls for a whole-of-government inter-agency approach. At the top there needs to be leadership from the Prime Minister and the Ministers of Health, Education, Social Development, Housing, Justice, and Finance, committed to improving children’s outcomes.

The value of having a specific Minister for children or children’s issues has been debated. Some of us argue that it is a necessary appointment given the importance of policy regarding children. The counter-argument is that a specific ministry would be of little value if the Minister could not make major changes or have direct access to the necessary resources. Therefore, every Minister should be a champion for children and be able to demonstrate it.

Cross-party agreement is needed on key priorities relating to children, and an action plan setting out priorities for allocation of resources and service delivery. Leadership should place positive outcomes for children at the center of decision-making by Government; the wider community also has a role in meeting the needs of and investing in children.

We recommend to the Government that

- the Prime Minister accept the formal role for developing and implementing a whole-of-government, inter-agency action plan for improving outcomes for all children, including a specific early intervention action plan covering pre-conception to three years of age.

- the Minister’s responsibilities include assembling the economic and general evidence base behind the action plan, monitoring outcomes, and reporting on how the Government intends to make improvements in a transparent annual or biannual plan.

- a Cabinet committee for children, chaired by the Prime Minister, be established, with special emphasis on early intervention and vulnerable children, covering health, education, housing, social development, justice, and finance, which would interact with heads of government departments.

- the integrated action plan to improve children’s outcomes by early intervention be completed within 18 months of this report being published.
Mandatory reporting

New Zealand has previously considered and rejected mandatory reporting of child abuse on at least two occasions. We believe that while mandatory reporting would provide a simple and swift mechanism for change, it could also encourage risk-averse behaviour and overload services, potentially causing more serious cases to be overlooked as Child Youth and Family struggle to manage workloads.

We heard that the Government intends to review its position on mandatory reporting once the Vulnerable Children’s Bill, which will introduce legislation requiring all agencies working with children to have policies and systems for recognising and reporting child abuse and neglect, has been enacted, and the impacts of the new process monitored and assessed. 42

Vulnerable children

The concept of vulnerability recognises that the needs of children do not always fit neatly into the service categories of government agencies, and their well-being depends on the actions of their parents, their families and whānau, their communities, and the Government.

Drawing on research and submissions on the nature of children’s vulnerability, social-sector agencies have developed the following common definition of vulnerability, which has been adopted in the White Paper for Vulnerable Children:

Vulnerable children are children who are at significant risk of harm to their wellbeing, now and into the future, as a consequence of the environment in which they are being raised, and in some cases, due to their own complex needs. Environmental factors that influence child vulnerability include not having their basic emotional, physical, social, developmental, and/or cultural needs met at home or in their wider community.

This definition reflects the fact that, while highly vulnerable children can be easily distinguished from those with comparatively few vulnerabilities, there is no agreed threshold to distinguish “vulnerable children” from other children. It is clear, however, that vulnerable children are placed at even greater disadvantage when resources and services are not prioritised to meet their complex needs.

We note that supporting vulnerable children involves Government initiatives in many areas, including the provision of early childhood education and childcare, promoting engagement and participation in formal education, reducing long-term welfare dependency, and boosting skills and employment.

Preventing vulnerability in New Zealand requires crucial factors to be addressed at all levels: child, parent, community, and government. It also requires services and support to ensure that preventative efforts reduce the adverse effects of challenges on children and their families. Individual parental responsibility is all-important.

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We recommend to the Government that it progress the introduction of the Vulnerable Children’s Bill as a legislative priority to give effect to the proposals in the Children’s Action Plan.

**The White Paper for Vulnerable Children and the Children’s Action Plan**

The *White Paper for Vulnerable Children* highlighted the fact that in nearly all tragic cases of child abuse, many people who were involved with the children knew something was amiss. Often it was found that multiple people including doctors, social workers, police, family members, and neighbours held pieces of information which, if put together, would have made it plain that the child was at high risk of harm.

We consider that more information sharing on vulnerable children would allow

- earlier and more systematic identification of children at risk of abuse or re-abuse
- more efficient and comprehensive assessment of needs
- more clarity as to who is responsible for children’s safety and wellbeing
- tracking and monitoring of outcomes.

We note from the White Paper that the Government plans to build a Vulnerable Kids Information System, to draw together information on the most vulnerable children from government agencies and front-line professionals.

The *White paper for Vulnerable Children* acknowledges that reforms to ensure the identification, referral, and assessment of vulnerable children, and initiatives to deal with serious abusers, will need to be supported by the sharing of information across government.

We heard that information-sharing legislative provisions will be developed to allow front-line professionals to record and share concerns about children vulnerable to maltreatment. Information sharing will also provide the basis for recording interventions and monitoring outcomes for these children, and will help identify vulnerable children by flagging high-risk adults. Mechanisms are also being developed to ensure information is held and used safely, with high standards of security and measures to control access to and use of such information.

We agree that the Government’s *White Paper for Vulnerable Children* and the accompanying Children’s Action Plan, launched in October 2012, demonstrate a commitment to strong leadership to secure positive outcomes for children.

The *White Paper for Vulnerable Children* identifies two groups of children who require particularly intensive and targeted support to address their vulnerability to maltreatment and improve their outcomes:

- children who have been significantly maltreated and are receiving statutory care and protection
- children who are not receiving statutory care and protection, but have been identified as at risk of maltreatment.

Sector-specific services are less likely to be effective for these groups, as they will not address the complex, entrenched, compounding problems that these children and their
families face. It is estimated that about 20,000–30,000 children and families in the target groups will need to be offered intensive support each year.

We note that these two groups need different preventative approaches. For the first group, the focus is on preventing recurrence of the abuse and maltreatment of younger siblings. Work with this group is assisted by the fact that the families are already known to statutory services. Any action to help the second group requires effective ways to identify children who are at risk and to intervene proactively.

The benefits of intervening proactively to prevent maltreatment must be balanced against the potential risks. Statutory intervention can stigmatise the families concerned, and it is important not to destabilise families by intervening needlessly. Appropriate, timely, effective intervention for vulnerable children requires the use of all the available information about a child to inform a decision whether to intervene. It also requires professionals to take action when they acquire information indicating that a child may be at risk of maltreatment.

By the time individual New Zealand children start school, various agencies hold a great deal of information about them and their families. However, this information is not organised for managing risks to children, and the professionals with access to the information do not always see themselves as having responsibilities regarding child safety.

The White Paper supports the establishment of a Children’s Action Plan to improve the identification of vulnerable children by various means:

- empowering professionals to recognise more readily and act on signs of concern
- providing risk assessment tools for use by professionals to help them identify vulnerable children
- developing information-sharing protocols, underpinned by changes to the Privacy Act 1993, to enable professionals from different government agencies to work together more effectively
- developing a vulnerable children’s information system to bring together key government information to help identify vulnerable children
- implementing a public awareness initiative to raise awareness of things to look out for and how to seek help
- simplifying and clarifying the procedure for reporting concerns about child safety
- establishing a new child protection phone line where members of the public or professionals can report concerns about a particular child.

We were told that the reforms set out in the Children’s Action Plan will change the way Government, communities, parents, caregivers, and whānau identify and protect vulnerable children.

To support this collaborative approach a new cross-agency board, the Vulnerable Children’s Board, has been established to oversee the implementation of the action plan. The board reports to a group with ministerial responsibility, chaired by the Minister for Social Development.
New Children’s Teams are being established in Rotorua and Whangarei, with regional leadership and support arrangements. The teams will be responsible for co-ordinating services for vulnerable children, and will be accountable for achieving and reporting on outcomes for vulnerable children in their region.

We are aware of the Auckland Council’s Southern Initiative, aimed at improving outcomes for children in South Auckland. The programme, which is under development, and takes a cross-agency approach is aimed at particularly vulnerable children and families. We are highly supportive of this local body initiative.

**Inter-agency leadership**

We heard that the Whānau Ora programme led by Te Puni Kokiri, alongside the Ministry of Health and the Ministry of Social Development, is the Government’s principal cross-sector approach, working with providers, local communities, practitioners, and agencies to develop and implement whānau-centred services. We were told that a focus on whānau is intended to benefit Māori and other child welfare and advocacy practitioners.

For some vulnerable children, families, and whānau a single-agency response may be adequate. However, many will have multiple issues and may require intensive, co-ordinated support from more than one agency.

**Predictive risk modelling**

One of the key objectives of the White Paper is to improve the early identification of children at risk of maltreatment, before serious harm has been done. The Ministry of Social Development commissioned the University of Auckland to consider how predictive modelling could be used to target early intervention to reduce the risk of child abuse and neglect, and improve outcomes for children and young people. The research determined that bringing together administrative data, such as benefit, care and protection, and youth justice data, can significantly improve the identification of at-risk children.

One of the main benefits expected from using such a tool is an improvement in the accuracy of risk estimates, because it draws on a wider set of variables than are visible to the front-line practitioner.

Preliminary results were very encouraging in terms of the model’s ability to predict maltreatment. It was acknowledged, however, that predicting maltreatment is not easy, and predictive risk scoring should be only one component of a system for targeting support to vulnerable children.

**The Children’s Commissioner**

The Children’s commissioner is an independent monitor of children’s wellbeing. The Office of the Children’s Commissioner is an independent Crown entity; the responsibilities of the Children’s Commissioner include

- monitoring the activities of New Zealand’s statutory care and protection agency for children
- systemic advocacy and investigation of particular issues compromising the health, safety, or wellbeing of children and young people
promoting the use of good participation mechanisms to allow children and young people to have input on issues that affect them.

A child-centred approach involves recognising that children and young people have rights, including the right to participate in decision-making where appropriate. The Children’s Commissioner convenes a Young People’s Reference Group regularly to hear the voices of children and young people. The Office of the Children’s Commissioner regularly meets with groups of children and young people, and operates a Child Rights Line through which the public can contact the office. We strongly endorse the work of the Children’s Commissioner.

Programmes for the early years

Many submissions referred to key universal programmes delivered to children during their early years. They advocated substantial Government investment in determining what works and in evidence-based prevention, treatment, and management. It was also frequently brought to our attention that programmes must take into account Māori perspectives. We strongly agree with these sentiments.

Professor David Fergusson presented evidence to us on interventions in the early years of a child’s life that have been proven to be effective:

- home visiting programmes such as Nurse Family Partnership and Early Start
- parent behaviour management programmes, such as Triple P and Parent Child Interaction Therapy
- hospital-based educational programmes to prevent abusive head trauma
- cognitive behavioural therapy for sexually abused children.

He emphasised that many of these programmes are intensive and often expensive. However, he argued that delaying or neglecting to intervene tends to make success more difficult or expensive to achieve.

Well Child Tamariki Ora services

B4 School Check

The B4 School Check, part of the Well Child Tamariki Ora services, is a nationwide free health and development check for four-year-olds. Its purpose is to find and address any health, behavioural, social, or developmental issues that could affect a child’s ability to benefit from school, such as hearing or communication difficulties. It is also designed to promote the health and wellbeing of children through parent support and anticipatory guidance. Any issues found may be addressed directly by the child health nurse undertaking the check or by an appropriate and timely referral, to improve health and education outcomes.

The programme is offered universally but specifically targets hard-to-reach populations with high needs. Each DHB is expected to provide the check to 80 percent of four-year-olds in its high-deprivation areas. DHBs are also expected to meet a general target of covering at least 90 percent of four-year-olds in their districts.

Some submitters suggested expanding the check to include more comprehensive eyesight and hearing screening. We heard suggestions for similar checks before entering secondary
school and before leaving school, and we note that a secondary school check takes place in decile 1–3 schools. We saw merit in this idea, as an opportunity to ensure that children have completed their immunisations, do not have significant health problems, are aware of nutrition and reproductive health issues, and are ready for secondary school or the workforce. Such checks could be carried out by primary health services, via the schools.

**Improving data and research base**

We consider it vital that children missing out on services are identified as early as possible, so steps can be taken to ensure all children in New Zealand receive the best possible start in life. From 2011/12, Plunket and all WCTO providers have been required to report enrolment and service delivery data six-monthly via the National Health Index number. Unfortunately not all providers have met this reporting requirement, and we would like to see compliance improve.

**Early intervention**

During the hearings for this inquiry we heard that poverty, violence, and exclusion do damage early in the lives of children. Some children are born exceptionally vulnerable, with a combination of innate disadvantages, such as disability, developmental delay, or behavioural difficulties, and a difficult living environment. This is a deadly combination, with long-term adverse consequences in education, employment, health, mental health, and imprisonment. Many submissions specifically recommend early intervention during children’s first years.

We heard that vulnerable children need early and substantial intervention to improve their lives. Research suggests that **socially and/or developmentally disadvantaged children benefit from high-quality early childhood education at the earliest possible age and from enhanced provision involving a mixture of home and centre-based interventions.** It also suggests that a broad socioeconomic mix of children in an early childhood education environment may lead to better outcomes than a concentration of children from homes with significant social disadvantage.

**Children with disabilities are often omitted from discussion of child maltreatment, despite research showing them to be at acute risk.** One American study found children with disabilities to be 3.8 times more likely to be neglected, 3.8 times more likely to be physically abused, and 3.1 times more likely to be sexually abused than children without disabilities. Children with communication difficulties and behavioural disorders also have a much elevated rate of maltreatment.

Early support and intervention is crucial to prevent maltreatment of children, especially children with disabilities. We understand that early support and intervention can also reduce parental stress, particularly just after diagnosis, when parents are often distressed. Reducing parental stress can reduce the risk of child abuse and maltreatment.

A large United States trial found that the provision of Triple P parent management training services on a population-wide basis may have preventative value, and lead to reductions in substantiated cases of child abuse and related injuries. Evidence from a number of studies also suggests that providing abusive parents with intensive behaviour management training, using methods such as Parent Child Interaction Therapy, may help reduce physical child abuse.
In addition to universally available programmes and services, some children and families require extra support. The level and type of such support provided is highly variable. The Ministry of Health gave us information on evidence-based, cost-effective interventions to improve child health outcomes. We are aware that in the past some interventions have continued for years without demonstrating benefit. In this respect, the Government has reviewed the Family Start programme and modified it accordingly.

**Positive Behaviour for Learning** is an initiative that provides evidence-based programmes and interventions to help parents, whānau, teachers, schools and early childhood centres foster positive behaviour, improve wellbeing, and increase educational achievement in children and young people. Other programmes include the Incredible Years, which teaches parents and teachers strategies to reduce disruptive behaviour and create more harmonious family life and a positive learning environment in schools, and the Home Interaction Programme for Parents and Youngsters, a home-based programme that helps parents become involved in the learning of their four and five-year-olds.

**Conduct problems work stream**

We were told that “conduct” problems were increasingly being recognised as a serious issue in very young children, and that early intensive evidence-based therapy was urgently needed.

Limited funding ($5.5 million) has been made available in Vote Health to pilot specialised parent management training programmes such as the Incredible Years and Triple P. They are being delivered in four DHB areas; decisions will be made on a national rollout, with education and research funding in the four participating DHB areas taken into account. Strategies with Kids/Information for Parents (SKIP) provides support, information, and parenting strategies to parents and caregivers of children up to the age of five.

Other important initiatives to assist vulnerable children include Family Court reforms, targeted life skills and parenting programmes. *Healthy Beginnings: developing perinatal and infant mental health services in New Zealand* is a guidance document for DHBs, other health providers and funders, and providers of services in prison—perinatal and parenting programmes, support for pregnant women and babies, infant mental health, and alcohol and other drug services—on ways to address the mental health and alcohol and other drug needs of pregnant women, mothers, and infants.

The Ministry of Health provided us with information on children with disabilities, high and complex needs, Child Youth and Family statistical reports, out-of-home care and placements for children and young people with disabilities, cochlear implants, special education services, health literacy for carers of Māori disabled children, autism spectrum disorder and seriously injured children with ACC, and the new model for supporting disabled people. All these matters impressed on us how complex the issue of improving children’s health outcomes is and how important it is to ensure that quality interventions start from the earliest possible time.

**Early start**

Early Start is a home-based family support and visitation programme for families facing stress and difficulty; it was created by a consortium of providers with the aim of developing and evaluating evidence-based intervention targeted at the estimated 15 percent of families facing multiple difficulties, whose children are at risk of child abuse, health problems, and other adverse psychosocial outcomes.
Early Start has been evaluated by David Fergusson and his team, using a randomised, controlled trial in which 220 families receiving Early Start were compared with 223 control families. Evaluations of the programme showed that children from families provided with Early Start recorded:

- higher rates of contact with general practitioners and lower rates of hospital attendance for accidental injuries
- greater use of early childhood education and oral health services
- lower rates of parentally reported child abuse
- higher rates of positive and non-punitive parenting
- lower rates of childhood behavioural problems.

The outcomes of Early Start have also been evaluated up to nine years after entry into the programme. It was found that these children had:

- significantly fewer hospital attendances for accidental injury
- significantly lower rates of parent-reported child abuse
- higher rates of positive parenting
- lower rates of childhood behavioural problems.

These findings clearly suggest that home visitation programmes that utilise the methods employed in Early Start can have long-term benefits relating to child abuse and neglect. We note that identifying vulnerable children early and providing additional support to those who need it the most, mainly in their own homes, are crucial to the success of such measures.

**Multi-disciplinary teams**

Like the prevention, treatment, and management of other psychosocial problems in New Zealand, the prevention, treatment, and management of child abuse is spread over several agencies which differ in their professional training, organisational structures, agendas, and goals. These agencies include Child Youth and Family, DHB staff including emergency department personnel, paediatricians, and paediatric social workers, the Police, the Family Court, Ministry of Education special education staff, and related agencies. The result of this fragmentation is that the services children and families receive will vary depending on the agencies they are in contact with.

We believe there is a clear case for developing a more integrated approach to service delivery using multidisciplinary teams of providers, which should include paediatricians, social workers, behavioural psychologists, and family support staff. **An example of such an approach is the enhanced paediatric care Safe Environment for Every Kid (SEEK) model. There is considerable potential for the development of DHB-based multidisciplinary services employing paediatricians, social workers, psychologists,**

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and family support workers to provide an integrated system of care. Such a system should involve

- standardised methods of assessment and diagnosis
- a uniform system of multi-disciplinary decision-making that includes families
- evidence-based methods of intervention, including home visitation, parent behaviour management, and out-of-home alternatives such as multidimensional treatment foster care
- evaluation of client outcomes.

**Recommendations**

81 We recommend to the Government that it ensure that all new programmes for child abuse treatment and prevention are thoroughly evaluated for efficacy and cost-effectiveness before being widely disseminated.

82 We recommend to the Government that the Ministry of Health require all WCTO providers to report comprehensive enrolment and service delivery data every 12 months to ensure that contracting for services is adequate.

83 We recommend to the Government that when resources are available, it institute comprehensive health checks on all children before they leave primary school and again before they leave secondary school.

84 We recommend to the Government that the Prime Minister accept the formal role of developing and implementing a whole-of-government, inter-agency action plan for improving outcomes for all children, including a specific early intervention action plan covering pre-conception to three years of age. The Prime Minister’s responsibilities should include defining the economic and general evidence base behind the action plan, monitoring outcomes, and reporting how the Government proposes to make improvements in a transparent annual or biannual plan.

85 We recommend to the Government that every attempt be made to secure cross-party agreement on key priorities relating to children to avoid electoral cycle disruption as much as possible.

86 We recommend to the Government that it refine and progress plans to change the way information is shared between professionals to enable them to recognise and act on signs of concern more readily.

87 We recommend to the Government that it progress the Vulnerable Children’s Bill as a legislative priority to give effect to the proposals in the Children’s Action Plan.

88 We recommend to the Government that it continue to develop strong inter-agency collaboration and leadership initiatives.

89 We recommend to the Government that it continue efforts to develop predictive tools to systematically alert professionals to vulnerable children and families, and that it specifically develop predictive modelling tools to help identify at-risk women (pregnant or of child-bearing age), and thus at-risk children and families, as early as possible.
90 We recommend to the Government that it evaluate the case for further investment in the development of multi-disciplinary teams including paediatricians, social workers, behavioural psychologists, and family support workers, to provide an integrated system of assessment and evidence-based services for families with a high risk or history of child abuse. It is important that any such service changes are subject to thorough evaluation, randomised trials, or similar methodologies, to evaluate their success.

91 We recommend to the Government that it continue to support, fund, and strengthen early intervention programmes for vulnerable children, which are evidence based, agreed on and jointly designed by the agencies involved, and monitored and audited for efficacy. Any intervention programmes not found to be effective should be stopped, and replaced by programmes that work.

92 We recommend to the Government that it ensure adequate intensive home-based support is available for the most vulnerable, particularly in the first two years of life, and that there is a choice of centre-based early interventions where appropriate, from birth to five years. There must be special provision for children with disabilities.

93 We recommend to the Government that it develop key performance indicators, to be published annually in all sectors, to demonstrate that vulnerable children from birth to five years are receiving optimal evidence-based services, and are monitored as a cohort to ascertain outcomes.
10 Immunisation

Immunisation against infections is probably the most effective evidence-based way to prevent infectious diseases that previously caused severe morbidity and mortality in the New Zealand population.

We have already undertaken considerable work on ways to improve completion rates of childhood immunisation: see Inquiry into how to improve completion rates of childhood immunisation, Report of the Health Committee, 2011. We received submissions on immunisation as a protective factor against preventable diseases that can cause serious complications, long-term disability, or death. Other submissions recommended immunisation, along with accessible, integrated, high-quality healthcare.

The strongest predictor of immunisation uptake is the socioeconomic environment; immunisation rates are markedly lower for children from lower socioeconomic areas. Timeliness of immunisation is also a problem for children from areas of relative deprivation.44

We were pleased to hear in the Bay of Plenty District Health Board’s 2012 financial review that in Te Kaha, which has a predominantly Māori population with low socioeconomic status, one hundred percent of two-year-olds had completed their immunisations. This was attributed to the leadership of a very experienced general practitioner and nursing personnel, who used innovative ways to improve access, including home immunisation.

In January 2013, the Ministry of Health reported better rates of immunisation, and in 2011/2012 coverage for two-year-olds increased nationally from 90.8 percent to 93.1 percent. In 2012, the health target for immunisation was revised with the aim of 85 percent of eight-month-olds completing their primary course of immunisation on time at six weeks, three months, and five months at July 2013; the target increases to 90 percent at July 2014, and 95 percent at December 2014. We note that coverage at July 2013 is 90 percent. To achieve this goal and to address other issues raised by submitters, we make the following recommendations to the Government.

**Recommendations**

94 We recommend to the Government that it require the enrolment of children in general practitioner health services before discharge from the postnatal ward or from the lead maternity carer’s care, to ensure continuing engagement with primary care and Well Child services, and timely newborn enrolment. This should be achieved within two years of this report being published.

95 We recommend to the Government that it continue to implement the Ministry of Health’s action plan to Enrol, Engage, Promote and Monitor, to achieve immunisation targets.

44 Inquiry into how to improve completion rates of childhood immunisation, and Briefings from the Chief Coroner on the coronial process, from Dr Michael Tatley on the adverse reaction process, and from Professor Sir Peter Gluckman on how to improve completion rates of childhood immunisation. Report of the Health Committee, March 2011.
We recommend to the Government that it provide transparent, consistent delivery of immunisation services, by improving local monitoring and engagement among health professionals, developing local immunisation plans, and integration of services.

We recommend to the Government that it offer choice for young people, by allowing youth health services to advise on and manage vaccinations, especially those for rubella and human papilloma virus.

We recommend to the Government that it continue to implement the recommendations from the Health Committee’s 2011 inquiry into how to improve completion rates of childhood immunisation, and that it report on outstanding recommendations not yet implemented. This should be reported on within 12 months of this report being published.

We recommend to the Government that it improve the functionality of the National Immunisation Register, and ensure the implementation of quadruple enrolment by improving the National Health Information Strategy. This should be completed within three years of this report being published.

We recommend to the Government that it continue to implement the advice of the Immunisation Advisory Centre regarding “hard to reach” children and Māori, who often have low completed immunisation rates.
11 Oral health

Oral disease is among the most prevalent chronic diseases in New Zealand and among the most preventable in all age groups. We heard that oral disease and their consequences, such as embarrassment, pain, and self-consciousness, can have a profound effect on a person’s quality of life and ability to gain employment. Millions of school and work hours are lost globally to pain and infection from dental disease and the time needed to treat them. Caries can also affect children’s development, school performance, and behaviour, and thus families and society in general. Promoting good oral health benefits children of all ages.

Dental caries, also known as dental decay, is a chronic disease of the teeth, which affects people of all ages and is moderated by diet. It involves the hard mineral structure of teeth being dissolved by the acids produced by bacteria in dental plaque, a biofilm that forms naturally on teeth and is colonised by bacteria occurring in the mouth. High sugar intake increases the presence of decay-causing bacteria and the production of destructive acid. See recommendation in Chapter 6 on high-sugar food and drink.

We were advised that children and adolescents are a key priority group in New Zealand’s oral health vision, and are eligible to receive free, publically-funded oral health services up to the age of 18. We understand that DHBs are now focusing on the enrolment of preschoolers in oral care, and progress has been made but there is still some way to go. In 2012, 59 percent of children had caries-free first teeth when they started school. For Māori children the proportion was lower at 42 percent, and for Pasifika children 37 percent, compared with 69 percent in other children.

The Ministry of Health said that child and adolescent oral health services are being re-oriented to stronger community-based provision of seamless care for young people from birth to 18 years of age. The goal is to make oral health a more visible and integrated part of primary care and to ensure access to all elements of oral health care through Well Child services, school dental clinics, Māori and Pasifika health providers, and private dental practitioners.

Risk factors and indicators for dental caries include socioeconomic deprivation, suboptimal fluoride exposure, ethnicity, poor oral hygiene, prolonged infant bottle feeding, poor family dental health, enamel defects, and irregular dental care. The recommendations at the end of this chapter aim to significantly reduce the risk factors associated with dental caries, which with the right oral care, monitoring, and treatment are largely preventable.

2009 New Zealand Oral Health Survey

The 2009 New Zealand Oral Health Survey found that the majority of children did not comply with the Ministry of Health’s recommendation of brushing their teeth twice a day with fluoride toothpaste. Māori were also less likely to meet tooth brushing standards than

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non-Māori. We are concerned that the proportion of children who had visited a dental professional in the last year was lowest for 2–4 year-olds at 59.7 percent.

Children are at risk of dental caries as soon as their teeth begin to break through the gum at around six months of age. Despite being largely preventable, early childhood caries are one of the most common and costly diseases of childhood. The short-term consequences of untreated early childhood caries are pain, toothache, infection, and abscesses. Early childhood caries are also difficult to manage in the dental surgery and may require antibiotics, general anaesthesia, and hospital admission.

A systematic review in New Zealand recently identified pre-term birth, a history of neonatal intubation, poor maternal nutrition, and exposure to infections as key risk factors for developmental defects in the enamel of primary teeth, which are associated with early childhood caries.

The Dunedin multidisciplinary health and development study suggested that maternal oral health and education levels also influence child oral health, and adult oral health inequalities are strongly influenced by childhood experiences, such as knowledge of dental hygiene and access to services.47

We are concerned that overall, very little information is documented about the oral health of preschool children in New Zealand, and the recommendations at the end of this chapter seek to rectify this problem.

Māori oral health

The survey found Māori children had poor access to oral health services and worse oral health outcomes among children living in areas of high socioeconomic deprivation. We consider it vital that these disparities be addressed.

A review of 16 Māori health providers with oral health contracts found that these providers addressed child oral health at a number of levels, including enrolment, attendance, and treatment. Oral health services were integrated with other health services supporting the oral health of whānau. Māori providers also utilised kaupapa Māori services to make Māori feel more comfortable when receiving treatment. Related services, such as transport, follow-up of missed appointments, and advocacy for Māori clients, were also provided to help overcome barriers to oral health care. The services were often located in high-needs areas such as low-decile schools and highly deprived areas, and had a predominantly Māori workforce. We support the further development and expansion of Māori oral health providers.

Fluoridated water

In general, children and adults living in areas with a fluoridated water supply had significantly lower lifetime dental decay than those in non-fluoridated areas. Further, a study in 2002 of children living in fluoridated and non-fluoridated areas in Southland found that children in non-fluoridated areas had a greater prevalence of diffuse enamel opacities.

indicative of fluorosis. This supports international evidence that water fluoridation has health benefits for both adults and children.

Dental decay is measured by the number of decayed, missing, or filled teeth at age five years. The average number was 1.8 for the total five-year-old population. The average number was higher for Māori at 3.0 and Pasifika children at 3.4, compared with 1.2 for all other children.

Children appear to have better oral health in areas with a fluoridated water supply, with a higher caries-free rate and a lower average number of decayed, missing, or filled teeth in all three ethnic groups, and in both age groups.

At present approximately only 55 percent of New Zealanders receive optimally fluoridated reticulated drinking water and coverage has recently decreased following decisions from the local councils in New Plymouth and Hamilton to cease fluoridating their water supplies. No substantial increases in coverage have occurred for over two decades.

We were provided with advice based on evidence from the international literature on fluoridation of water supplies during our briefing on the addition of fluoride to public water supplies in 2010. The scientific evidence was clear that when fluoride is added to the water supply in appropriate monitored doses there is a reduction of dental caries in children, particularly children living in low socioeconomic families.

We consider that if parents of pre-school-aged children could access on-line health records for their children, including oral health information, they would be encouraged to meet key health milestones. This would also help ensure that learning at five years of age is not hindered by dental neglect.

Recommendations

101 We recommend to the Government that it invest in a nationwide public oral health campaign, aimed at increasing parental awareness of the importance of enrolling preschoolers with the Oral Health Service and attending scheduled appointments. The campaign should include good tooth-brushing practices, and the importance of drinking water or milk rather than soft drinks, fruit juice, and other sweetened drinks. This should be implemented within 18 months of this report being published.

102 We recommend to the Government that it work with the Ministry of Health to ensure that the addition of fluoride to the drinking water supply is backed by strong scientific evidence and that ongoing monitoring of the scientific evidence is undertaken by, or for, the Ministry of Health, and that the Director-General of Health is required to report periodically to the Minister of Health on the status of the evidence and coverage of community water fluoridation.

103 We recommend to the Government that it work with Local Government New Zealand and the Ministry of Health to make district health boards responsible for setting standards around water-quality monitoring and adjustments to meet World Health


49 Ministry of Health. Advice to the Chair of the Health Committee regarding water fluoridation, August 2010.
Organisation standards (or their equivalent), including the optimal level of fluoridation of water supplies. Part of the work programme would be to ensure that costs imposed on councils relating to standards and monitoring, are realistic and affordable. This should be implemented within two years of this report being published.

104 We recommend to the Government that it develop and implement an action plan to improve early childhood oral health. The plan should focus on identifying the children at the greatest risk, at the earliest stage possible, and targeting resources to them. The plan should include the recommendations listed in this chapter and be completed within 18 months of this report being published.

105 We recommend to the Government that the category of children classified in ethnicity reporting by the Ministry of Health as “other” be further defined and reported on to identify any at-risk ethnic groups within it.

106 We recommend to the Government that it closely monitor children who miss scheduled oral health appointments and take corrective action when a pattern emerges. This might include topical fluoride applications and a delegated health worker to encourage their developing a healthy diet and a healthy home care regime.

107 We recommend to the Government that it expand taxpayer-funded oral health care, as resources allow, to include one course of basic oral health care, including oral hygiene instruction, cleaning and scaling, and management of untreated dental caries for pregnant women who hold community service cards. This service could utilise the skills of new oral health graduates with therapy and hygiene scopes of practice, and would focus limited additional health care resources on oral health improvements for a group of adults whose oral health is most associated with oral health outcomes in early childhood.

108 We recommend to the Government that the Ministry of Health maintain a single NHI-linked health record for each child enrolled in a primary care practice. Oral health should form part of an integrated health record. All Well Child practices should have targets for the achievement of oral health checks and follow-up care. (Quadruple reporting)

109 We recommend to the Government that “dental neglect” be defined as an important category of child neglect and recognised and managed accordingly. Systems must be established for following up children who do not attend scheduled appointments, and therefore risk pain from dental abscesses and untreated decay.

110 We recommend to the Government that it ensure that parents of pre-school-aged children can access on-line health record for their children, including oral health information.

111 We recommend to the Government that it encourage healthy food policies and dental hygiene programmes in early childhood centres and schools.

All of the above recommendations should be implemented within one to two years of the publishing of this report.
A basic thesis of this inquiry is that what a child experiences and learns in the first three years of life has the most profound impact on whether or not they achieve their full potential. The research evidence is overwhelming regarding the benefit of good-quality education (formal or informal) from the earliest age.

The reality of modern life in New Zealand is that in many families both parents work, often from soon after the birth of their children. There are various arrangements for looking after a child during the first five years. Sometimes it will be other family and whānau, and some children are placed in early childhood education services for various amounts of time each week.

Conditions that are fundamental for a baby to thrive include a secure, safe, stable, relaxed home environment, with loving parents or caregivers dedicated to the welfare of the child, where breastfeeding can extend for as long as 12 months and the parents can bond with the child and act as first teachers.

There will always be debate about the best circumstances for a child to thrive. There is a view that in ideal circumstances the mother or father of the new-born will provide full-time care in the first six to twelve months of life at least. Traditionally, most western countries have required compulsory schooling from about the age of six. In more recent decades, as women have entered the workforce, states have facilitated early childhood education.

The New Zealand Government has set a target to be reached by 2016, which requires 98 percent of children starting school to have participated in quality Early Childhood Education (ECE). This target pertains to four-year-olds, not the zero-to-two-year age group, as this is the cohort about to enter school. Participation has been shown to be important for the zero-to-two-year group, particularly for vulnerable children.

Currently the New Zealand Government is forecast to spend $1.5 billion dollars on early childhood education in the 2013/14 financial year, with children aged up two years accounting for $255 million of this. The total spending is high by OECD standards.

As at June 2012, 71,592 children under two years were enrolled in early childhood education, which is 36 percent of the total enrolments, 196,535.

The definition of early childhood education in the Education Act 1989, which sets out the ECE legislation, is broad. A point of difference for children under two is that under the Education (Early Childhood Services) Regulations 2008, children under two years of age are required to have a minimum of one adult for every five children, whereas for children two years of age and over, at least one adult is required per six children. Further, a minimum of two adults is required for seven to 20 children and a minimum of one additional adult for up to ten extra children; this means, for example, three adults for 21 to 30 children, and six adults for 51 to 60 children. Fifty percent of staff in ECE centres are required to be registered teachers, but if up to 80 percent of staff are registered teachers the centre will receive funding.
We were told that in Sweden Early Childhood Education teachers are required to be registered; this system has been in place for decades, along with the other social reforms implemented in the 1970s, and the outcomes for Swedish children are world leading.

In New Zealand there is a wide spectrum of choice in early childhood education. The research tells us that for education to be beneficial it must be of the highest quality, or it may have adverse effects. The 2008 Outcomes of Early Childhood Education literature review by Mitchell et al, reported by the Ministry of Education, highlights the fact that while higher-quality ECE with longer duration has the strongest effects on cognitive outcomes, longer duration in general is linked with cognitive gains for children from various socioeconomic backgrounds.50

A number of in-home-early childhood education options are available, but care in centres predominates. New Zealand has an integrated system of care where all licensed ECE providers are providing both education and care. All are required to work under a national curriculum to a set of standards (Te Whāriki). Care may be in a Playcentre, Whānau-led as in Kohanga reo, or teacher-led as in Kindergartens, community, or commercial centres. Some children thrive in their earliest years in their own home environments, whereas others in dysfunctional or suboptimal circumstances may benefit enormously from ECE.

Many regard the choice available as a strength of the New Zealand system. We strongly support choice in ECE provided it can be demonstrated to be effective and positive for the children, and that choices are available in all communities. We also strongly endorse Government efforts to identify vulnerable children at the earliest opportunity (preferably antenatally) and give them the chance of ECE when it is likely to be of benefit.

Many of the submissions highlighted the importance of ECE for positive lifetime outcomes for children, and its role in identifying vulnerable children for administrative and intervention purposes, supporting family resilience and community connections, and allowing parents to engage in the workforce. Some submitters promoted the idea of having ECE centres attached to primary schools to create community hubs.

We were told those children who have the most to gain from quality ECE are those least likely to participate and those most at risk of failure in the school system. Children who participate in early learning programmes are better prepared for school. Children from Māori, Pasifika, and lower socioeconomic backgrounds are less likely to attend ECE than other groups of children.

Benefits of participation

Research and evidence from child development, neurobiology and human capital theory concur that experiences in early childhood can have long-term impacts. Brain development and skills are built over time, with later experiences and developments building on earlier

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Early attachments or reciprocal relationships, particularly in the first three years, are of great importance for healthy human development. Development is non-linear, and there are prime times for acquiring the foundations for particular knowledge and skills. A literature review commissioned by the Ministry of Education in 2009 indicated that high-quality ECE can make a lasting positive difference for under-two-year-olds.

Figure 7: Sensitive periods in early brain development (Ministry of Education)

The 2012 ECE Taskforce reported that the benefits of an early start in ECE are particularly strong for children’s learning of new languages, for children with disabilities, and for children from low-income families, but all children can benefit. During these early years, children are not only influenced positively by rich learning environments, but they are extremely vulnerable to impoverished learning environments. This is particularly true for children during the first two years of life, and for children from disadvantaged backgrounds.

ECE can alleviate the negative effects of disadvantage by educating young children and facilitating the access of families to basic services and social participation. They also benefit from more hours, from a younger age.

52 As theorised by Bowlby in a large body of work and others such as Stern, D (1977) The First Relationship: Infant and Mother, Harvard University Press
International achievement indicators such as PIRLS (Progress in International Reading Literacy Study) and TIMSS (Trends in International Mathematics and Science Study) indicate that ECE makes a difference to learning, and that attendance in ECE reflected higher achievement at Year 5.

The data also indicates that length of time spent in ECE affects learning outcomes.
Quality ECE for children under three is evidently capable of improving outcomes. Better outcomes for individuals translate into tangible returns to society as a whole.

A much smaller means-tested demand-side subsidy is paid through the Ministry of Social Development to ECE services for children from low-to middle-income families. The Childcare Subsidy is available for up to nine hours per week for the children of parents or caregivers who do not meet an activity test (working, training, or caring for a sick or disabled person) and up to 50 hours to those who do. It is designed to allow parents to work and undertake study or training. This subsidy is paid directly to the service the qualifying child attends, rather than to the parent.

The Guaranteed Childcare Assistance Payment (GCAP) is a flat-rate payment of up to $6 an hour for up to 50 hours a week for each child, designed to meet the cost of ECE while teenage parents attend education or training. The age of teen parents means that this subsidy is mostly paid for children under three. GCAP is usually paid straight to the early childhood centre or service.

In January 2012 the Government created an advisory group to improve the quality of ECE services for children aged under two years. We note that research on and understanding of best practice with children in this age group is evolving rapidly. Practitioners need regular updates on current knowledge to ensure that staff are qualified and confident to work in the interests of children and their families.

We endorse the work of the Government in early childhood education, and would like to see more emphasis on and resources put into the up-to-three-year age group, where evidence shows it is most effective in improving outcomes.

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The Early Learning Payment (ELP) is a similar payment designed to reduce fees for families engaged with selected Family Start or Early Start providers. It applies to children between the ages of 18 months and three years (the age at which they become eligible for 20 Hours ECE), and is intended to encourage participation in ECE by younger children from more vulnerable backgrounds.

The purpose of the Participation Programme is to help 3,500 more children (particularly Māori and Pasifika children and those from low socioeconomic communities) participate in quality ECE by 2014. Initiatives include Intensive Community Participation Projects, Supported Playgroups, Engaging Priority Families, the Identity, Language, Culture and Community Engagement Initiative, the Flexible and Responsive Home-based Initiative, and Targeted Assistance for Participation.

We were told that quality in ECE is determined by a combination of many factors rather than any one on its own; they include leadership, relationships, interactions, teaching, learning, assessment, planning, professional learning qualifications, support, and cultural intelligence. What is essential is that all ECE is of a standard to be positive and effective and that appropriate monitoring and evaluation demonstrate whether its effectiveness is being maintained.

**Recommendations**

112 We recommend to the Government that it focus on achieving high participation rates in early childhood education (up to 98 percent by 2016) for vulnerable/disadvantaged children aged up to three years, where the literature suggests most benefits are obtained. The aim is to have children attending 15 to 20 hours where this is possible and benefits can be demonstrated.

113 We recommend to the Government that it continue to research and develop an evidence base for optimal provision arrangements for ECE in New Zealand, especially for children aged up to three years.

114 We recommend to the Government that it continue with its programme on vulnerable children, and make special provision to ensure they have the opportunity to benefit from high-quality, best-practice ECE and care in the first years of life.

115 We recommend to the Government that it continue to ensure all early childhood education is of a standard where it can be demonstrated to be effective and positive, and that appropriate auditing and monitoring is strictly maintained.

116 We recommend to the Government that it continue to strengthen and fund its programme of early childhood education for the zero to three-year age group, particularly where evidence shows it is improving outcomes.

117 We recommend to the Government that it explore the provision of ECE services, including associating or co-locating ECE services with public schools, where analysis shows gaps in the education system.

The recommendations in this chapter should be achieved within one to two years of this report being published.
13 Collaboration, information sharing, and service integration

The need for a collaborative, multidisciplinary, integrated approach to the provision of services, including information sharing by professionals, was a key theme of submissions. Submitters saw such an approach as crucial for supplying the often complex needs of children and their families, particularly in terms of addressing issues impeding continuity of care, such as access, transport, and financial problems. We endorse these sentiments.

Improving collaboration between general practitioners, lead maternity carers, and other health professionals was also a common theme. A number of oral submissions stressed the need for lead maternity carers to improve information-sharing with WCTO providers and general practitioners.

The Ministry of Health has made integration a key priority in its statement of intent from 2013 to 2016. Clinical integration involves bringing organisations and professionals together to improve outcomes for patients and service users by delivering integrated care. It places the patient at the centre of service delivery, and can result in better outcomes, care, and experiences for patients by facilitating seamless transition between multiple service providers. It can also improve clinical and financial sustainability by reducing duplication of effort, for example in collecting patient information, and by economies of scale.

Pregnant women, children, and their families have contact with a number of different health service providers during the pregnancy and postnatal periods, and during the first few years of childhood. It is generally expected that services and health professionals will work together as necessary to deliver services to pregnant women, children, and their families to the expected standard.

Lack of service coordination is nevertheless a significant barrier to improving child health. There are gaps and duplications in existing services, and communication between providers could be improved, both within the health sector, and between health and other social services, such as welfare, housing, and education. As more agencies become involved with a family, services and systems become more complicated, and many vulnerable and high-needs families need assistance to navigate them.

We heard from the Ministry of Health that it is seeking proposals from DHBs to integrate maternity and child health services more closely, working alongside families, whānau, and other social services. The goal is to provide more integrated services for pregnant women and their children from age zero up to three years, with an appropriate focus on engaging and supporting vulnerable women, children, and their family/whānau, and a particular focus on women and children at risk of abuse or neglect.
Nick Frost proposes four levels of “joined-up working” or integration. Elements of Frost’s proposed framework are considered below in the context of child and maternity services.

**Cooperation**

There are a number of key transition points at which the care of a pregnant woman or her child needs to be referred or transferred from one health professional or service to another. At these points cooperation is needed, with effective communication and sharing of personal health information. Key transfer and referral points occur:

- when a woman’s pregnancy is confirmed by her primary care provider, and she needs to register with a lead maternity carer
- when a pregnant woman needs the support of her primary care provider for issues best managed by primary care, such as smoking cessation, alcohol use, depression, or anxiety disorders
- when a pregnant woman needs support from secondary or tertiary services, such as obstetric, foetal medicine, or maternal mental health services
- when a pregnant woman would benefit from additional support during pregnancy, for example from a Family Start or WCTO provider
- when the baby is four to six weeks old, and a referral is to be made by the lead maternity carer to WCTO and primary care practitioners
- when the baby is referred by his or her WCTO provider to an oral health service
- when a WCTO provider, B4 School Check provider, or primary care provider determines that a child or their family would benefit from referral to an additional health or social service.

Cooperation between health professionals and services is the key to ensuring that transitions between services happen smoothly and that children and their families do not “fall through the cracks”.

**Collaboration**

Collaboration implies active planning of relationships between service providers, and facilitating organisational or management systems. A current example is the new initiative to organise enrolment of new-born babies with primary health care services more efficiently. In October 2012, a new-born enrolment policy was implemented to ensure that newborns are enrolled with a general practice and Primary Health Organisation as early as possible, and receive their immunisations on time, and to minimise the risk of children falling through gaps in the health system.

The new system means that at birth a newborn’s parent or guardian authorises the holding of information about the baby on the National Immunisation Register and nominate
primary care provider to be responsible for their vaccinations. The provider receives an
electronic notification from the National Immunisation Register, and ideally accepts it
within two weeks of the baby’s birth. The primary care provider can then pre-enrol the
newborn, and claim funding before the full enrolment process is completed.

To support this arrangement, women will be asked during pregnancy by their maternity
service provider (lead maternity carer or hospital service) to name their GP. Women
without a GP will be helped to enrol with one. This is expected to increase primary care
enrolment of both pregnant women and newborn babies.

Steps are also being taken to align WCTO and the home visiting programmes Family Start
and Early Start more closely, so that they provide an integrated, stepped-care approach to
providing services to the most vulnerable families, beginning during pregnancy. WCTO
providers deliver additional visits to families with higher needs, which is the same group
likely to be receiving Family Start and Early Start services. In addition, a number of Family
Start providers also deliver WCTO services.

**Triple and quadruple enrolment**

In addition to national systems to support enrolment on the NIR and with primary care at
birth, some DHBs now enrol babies with a WCTO provider at the same time. DHBs have
different names for these initiatives, but they are referred to collectively as “triple
enrolment”. DHBs that mentioned triple enrolment programmes in their 2012/13 Annual
Plans include Auckland, Lakes, Hutt, Capital and Coast, Waikato, Northland, Hawke’s Bay,
and MidCentral.

Some areas are also discussing the merits of enrolment with an oral health service from
birth. Currently all children are eligible to access DHB-funded child oral health services
from birth. However, under the model in place as at December 2012, only 70 percent of all
preschool children were enrolled in such a service. Nelson Marlborough district health
board is the leading DHB in this area, and is enrolling newborns with oral health services in
addition to triple enrolment on the NIR, in primary care, and in WCTO services.

Hutt Valley district health board is investigating an “opt-out” model of enrolment whereby
preschool children are automatically enrolled with an oral health provider. Joining up to
improve engagement between services and leadership of Māori communities in the design,
development, and delivery of interventions to whānau is important for successful whānau
outcomes. Te Puni Kōkiri has a commitment to facilitating the voice of whānau, allowing
their experiences and perspectives to influence policy development and inform
intervention design.

A key example is the Drivers of Crime work stream on maternity and early parenting,
which recognises that the first three years of a child’s life are critical. Families and children
most at risk of later criminal offending and victimisation need effective maternity and early
parenting support services. Te Puni Kōkiri has funded three initiatives in Porirua and
Wellington designed, developed, and delivered by Māori through providers working with
hard-to-reach whānau, to encourage engagement with maternity services early in
pregnancy, and the use of parenting and support services. Further initiatives have been
funded with the same hard-to-reach whānau, in collaboration with the Ministry of
Education, to develop a culture of learning in the home. We support the efforts being
made in this area.
Coordination and co-location

Most families in New Zealand have adequate resources and skills to access the health and social services they need. However, there are some groups whose life circumstances, limited income, or cultural backgrounds make it difficult for them to do so. Families with additional needs may also be receiving additional services, such as mental health or disability support services.

Coordination goes beyond collaboration in coordinated services; the delivery of multiple services to a single family can also be managed actively.

The Scottish Government initiative Getting it Right for Children and Families introduced the concept of a “named person”, someone who has a continuing professional relationship with a particular family and acts as a first point of contact for health and social service delivery. While the family is receiving health and social services, this person is responsible for ensuring that services work together in a way that meets the family’s needs. The initiative also ensures that families receiving intensive intervention for high needs are given a “lead professional” to coordinate a care plan.

In New Zealand, the Children’s Action Plan will create new Children’s Teams, which will bring local professionals together to assess the needs of vulnerable children using a common approach. A joined-up intervention plan will be developed where necessary, and a single lead professional will have overall responsibility for ensuring that the plan is carried out.

Service hubs

Submissions noted the potential for community or service hubs. We believe that such hubs have significant potential to draw on local knowledge and to provide services and support where families lack access to extended families or community networks. The Ministry of Health acknowledges such hubs as another approach to service coordination. We note that a variety of service hubs already exist nationwide, bringing related services together in single locations.

In the health context, the “Better, Sooner, More Convenient” initiative envisages a system where primary health care centres function as hubs for delivery of a range of health and social services, including some currently provided in secondary settings, mostly hospitals. To this end, the Government is supporting the establishment of new integrated family health centres, which co-locate health professionals including GPs, nurses, pharmacists, physiotherapists, podiatrists, and counsellors, who work collaboratively to provide a wide range of primary health and social services. Over time the range of services provided through these and other primary care centres will increase, as the balance of care is shifted to local facilities to improve patients’ access and reduce the pressure on hospitals. In the first instance, this will include direct access for GPs to diagnostics and referrals to elective procedures; the range of services is expected to eventually also include first specialist assessments and minor surgical procedures.

Early Years Service Hubs are an initiative led by the Ministry of Social Development to improve outcomes for families, especially vulnerable families with high-needs children aged up to six years. The aim is to improve access to and coordination of services, integrating seven core services on-site, or close by, including antenatal maternity care, WCTO services,
ECE, parenting information, education and support, home visiting, supported referrals to off-site services, and outreach services.

Heartland Services is a government-funded inter-agency initiative, which has been providing small provincial and rural communities with access to government and non-government services since 2001.

Another example is rural education activities programmes, where not-for-profit organisations provide various educational and family support programmes to strengthen the wellbeing of rural communities. They aim to redress the disadvantage of rural communities relative to city dwellers in access to community services. These programmes are configured as community-owned trusts, and were all established with the assistance of the Ministry of Education in the early 1980s. They provide, for example ECE and school and adult community education programmes funded by the Ministry of Education or the Tertiary Education Commission, and programmes funded by the Ministry of Social Development.

**Information sharing to support joined-up working**

Inter-agency working requires information to be shared between different organisations in contact with children and their families, to build up a full picture of strengths, needs and risk, and to deliver the most appropriate combination of services. An adequate information system is a crucial element of collaborative practice. Current initiatives to integrate information in the health system include the national shared maternity record of care, and the child health shared record.

The Ministry of Health is working with maternity providers to develop a national shared maternity record, which will hold primary and secondary care information. When it is fully operational, maternity records will be held centrally and will be accessible to providers who work with pregnant women, including general practices and secondary services.

The National Child Health Information Platform project is a joint collaboration between the Midlands Health Network, the four Midland DHBs, the National Health IT Board, and the Ministry of Health. It will provide a summary of each scheduled visit for up to 17-year-olds, including outcomes. The information will be accessible to all appropriate health care providers, and with the consumer’s permission a summary of the data will be available to other government agencies.

The vision is to develop a platform allowing child health services to monitor processes and track workflow between health providers involved in enrolment, milestone completion, and milestone-related referrals. This project is broken down into four phases, the first being proof of concept for health milestones up to the age of six in Waikato only. The last phase is national rollout capturing data from zero to 18 years.

**The Vulnerable Kids Information System**

Research commissioned by the Ministry of Social Development concluded that administrative data could be used to identify vulnerable children. We were told that a “vulnerable kids information system” is being developed as one of the White Paper initiatives to bring together comprehensive information on the country’s most vulnerable children, and provide an early alert system.
The Ministry of Social Development told us that it is important to assure consumers that information will be secure in this system, and that access and use are subject to stringent protocols. Details of security, access and, training are to be worked through in consultation with agencies and front-line professionals. The Minister for Social Development has also announced the establishment of an expert advisory group on information security.

**Information sharing and privacy law reform**

Trust between consumers and health professionals is the foundation of public confidence in the health system. The management and sharing of health information needs to be viewed in the context of these relationships, as without confidence people may withhold health information, to the potential detriment of their health. Sharing of health information is governed by three inter-related mechanisms: the Privacy Act 1993, the Health Information Privacy Code, and the medical ethics and health professionals’ codes of conduct. Three principles guide the sharing of health information; before their information may be shared people must be informed as to who it is to be shared with, and why; they must give permission for their information to be shared; and information that is collected for one purpose may not be used for another.

The current legal framework permits personal health information to be shared within the health system, but does not permit the inter-agency sharing envisaged by the *White Paper for Vulnerable Children*. Legislative change is necessary if health information is to be included in the vulnerable kids information system.

Health professionals are mandated to share personal information without a patient’s permission in exceptional circumstances, such as the need to prevent or lessen a serious threat to public health or public safety or the life or health of an individual.

The Privacy Amendment Act 2013 was enacted in February 2013, clarifying the rules on how government agencies share personal information, while ensuring individuals’ privacy is protected. The first change has widened the exceptions to information privacy principles in sections 10(d) and 11(f) of the Act, to allow use and disclosure of personal information when there is a serious threat to the health or safety of an individual. Before this amendment, the threat had to be serious and imminent for the sharing of information to be permitted.

The second change allows the approval of information-sharing agreements by Order in Council. Approved information sharing agreements allow the use and sharing of information between and within agencies delivering public services by modifying or clarifying the application of the information privacy principles.

**Recommendations**

118 We recommend to the Government that it continue to refine a system of information sharing, collaboration, and integration of services, taking appropriate steps to protect privacy, while allowing early identification of children at risk, and ensuring children do not fall through the cracks. This should be achieved within two years of this report being published.

119 We recommend to the Government that it introduce a key performance indicator for DHBs requiring the efficient enrolment of newborn babies with primary health services (that newborns be enrolled with a general practice and a Primary Health Organisation before six weeks, and that immunisations and Well Child checks be on time, and a general
practitioner chosen antenatally). This should be achieved within two years of this report being published.

120 We recommend to the Government that it ensure that the system facilitates identification of at-risk women and babies as early as possible in pregnancy, to allow home visiting programmes such as Family Start and Early Start to begin at an appropriate time. This should be achieved within two years of this report being published.

121 We recommend to the Government that it implement quadruple enrolment of infants (on the National Immunisation Register, in WCTO, with a primary care provider or general practitioner, and an oral health provider), within two years of this report being published.

122 We recommend to the Government that under the Children’s Action Plan, a single lead professional for each child be assigned overall responsibility for ensuring that appropriate interventions are carried out and followed through (along the lines of the Scottish model of a “named person” for every child).

123 We recommend to the Government that it continue to develop service hubs tailored to the needs of particular communities (particularly Māori and Pasifika people) and focused on delivering high-quality appropriate services.

124 We recommend to the Government that it continue to develop information-sharing support and integrated working, such as the national shared maternity record of care and the clinical health record, and ensure they are fully available throughout New Zealand within three years of this report being published.

125 We recommend to the Government that it implement the vulnerable kids information system as soon as issues regarding information sharing and privacy law reform are resolved by legislation. We strongly support the Government in this work and consider it to be a crucial instrument for preventing child abuse.
Good children’s policy must be underpinned by a strong evidential research base. In June 2011, the Health Committee made a major recommendation to Government: that it establish a long-term objective of bringing New Zealand public and private investment in research up to international benchmarks.\(^5\) We see it as critical that New Zealand continue to build a strong research base and that research on children figure prominently in it. This applies to basic, developmental, and operational research.

New Zealand is well known for the Dunedin and Christchurch longitudinal studies of child development, led by Professors Richie Poulton and David Fergusson. The studies have provided invaluable data in the New Zealand context. Gravida, the National Centre for growth and development, is a New Zealand government-funded Centre of Research Excellence. The organisation funds research into epigenetics, phenotypic plasticity, physiology, medicine, and evolutionary medicine. The main research question it investigates is how environmental issues such as nutrition and maternal weight before, during, and shortly after pregnancy can alter the way humans and animals develop. The aim is to translate research findings into better health for the community, and into increased agricultural productivity. Mentor organisations include Massey, Otago, Canterbury, and Auckland Universities, and Landcorp farming.

Growing up in New Zealand is another longitudinal study, which provides an up-to-date, population-relevant picture of what it is like to be a child growing up in New Zealand in the twenty-first century. Approximately 7,000 children and their families are taking part in the study, which aims to provide a complete account of the pathways that lead to successful and equitable child development, informing work to improve outcomes for all children now and in the future.

We strongly support this study, along with the work done by Gravida and the Liggins Institute, which was the University of Auckland’s first large-scale research institute (led initially by Professor Sir Peter Gluckman). The study focuses on translational research on foetal and child health, the impact of nutrition on health throughout life, epigenetic regulation of growth, and development, and evolutionary medicine.

Reducing inequalities requires a firm focus on measuring and reporting on outcomes to determine what works, and on finding opportunities for improvement. Public service agencies have key roles in this area, for example through involvement in inter-agency work under the Better Public Service initiative to improve outcomes for vulnerable children.

The importance of increasing the evidence base for early childhood policy and service planning was raised in many submissions. Some of them expressed concern that many programmes have not been evaluated for effectiveness, are reinventions of previous

initiatives, or have proven not to be effective in reducing child abuse. We share this concern.

**Government investment in research on children**

Reducing disparities in health and wellbeing in a coordinated way requires, in the first instance, that the health status of children and young people can be monitored regularly.\(^{57}\)

The New Zealand Child and Youth Epidemiological Service has published special national child health status reports, one on the health status of Pasifika children and young people (in 2008), and one on the health status of children and young people with disabilities (in 2011). Regular reports are also provided to DHBs on the health status of children and young people in their districts.

In December 2012, the Ministry of Health published a national report on the health and wellbeing of children.\(^{58}\) This report, which drew on the New Zealand Health Survey, is intended to be the first in a series on child health and wellbeing in New Zealand.

Other regular reports on child health and wellbeing outcomes include those of the Perinatal and Maternal Mortality Review Committee, the Child and Youth Mortality Review Committee, the Family Violence Death Review Committee, and the Social Report, which uses a set of statistical indicators to measure progress towards better social outcomes for New Zealanders, published by the Ministry of Social Development.

**Using evidence to monitor the health system**

The Ministry of Health receives or creates data sets that are cleaned, aggregated, and analysed to produce statistics and evidence, which are then used by stakeholders such as DHBs and other government agencies to support policy formation, performance monitoring, research, and review. Data sets collected specifically to monitor health service utilisation among pregnant women and children include the National Maternity Collection, the WCTO data set, the NIR, and the B4 School Check Information System.

**Using evidence to focus on what works**

Investing in Services for Outcomes (ISO), a Ministry of Social Development programme, aims to direct Government investment in ministry-funded social services to align them with government priorities, to make a proven difference, and deliver the best results for individuals, family/whānau, and communities. It seeks to ensure everyone gets the support they need, when and where they need it, and benefits as a result.

A particular focus of the ISO programme will be on redirecting the Ministry of Social Development’s spending on child, family, and community funding so as to prioritise vulnerable children. There will also be an emphasis on finding more effective ways to deliver services, to meet the needs of vulnerable children.

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The establishment of the new Social Policy Evaluation and Research Unit (SuPERU) within the Families Commission should help ensure that services to vulnerable children and their families are based on evidence of effectiveness. The new unit will find opportunities for research and evidence to inform and advance the Government’s priorities for families and children. SuPERU will also ensure that information about what works is passed to front-line organisations and professionals. Its first priority will be reviewing and reporting on government-funded parenting support provisions to inform future funding decisions, and we understand that work has already begun in this area. An important component of the unit’s work will be examining what works in New Zealand’s unique social and cultural context.

**National Science Challenge**

“A better Start to life—improving the potential of young New Zealanders to have a healthy and successful life” is one of the National Science Challenges announced by the Government as part of Budget 2013, which committed funding of $316.5 million over 10 years. We strongly endorse this research programme which includes maternal health, pregnancy and early childhood, successful transition into healthy adulthood, and education on living in the digital world.

**Effective models for Māori**

The Government is committed to considering Māori and other indigenous models that may be more effective than conventional models for Māori. Central to efforts to improve outcomes for Māori children is a focus on Māori households, Māori families, and Māori whānau. An example is joint work by the Ministry of Health and Te Puni Kōkiri to develop a joint research project on reducing rheumatic fever. The project examines the effectiveness of certain models of service provision, such as access to health and housing services for Māori and other groups particularly affected by rheumatic fever.

We were told the project works with Whānau Ora providers and whānau on transformative approaches that place whānau at the centre. The aim is to gather evidence of the impact of whānau-centred service delivery, the building of whānau capability, and whānau development.

**Police family violence statistics**

The Police are developing a new statistical dataset for understanding victimisation in New Zealand. This dataset will allow a breakdown by demographic characteristics of people involved in crimes, such as victims, and their relationships to offenders. It will be possible, for example, to count recorded assaults on children by parents.

We strongly support strengthening research relating to children. We agree with the Government’s decision to support nutritional and child research through the science challenges. We strongly support the Government in sustaining and increasing its involvement in foetal and child research. We consider that the benefits are enormous from both health and wellbeing and economic perspectives.

**Recommendations**

126 We recommend to the Government that it ensure all programmes related to child services are carefully monitored and evaluated using best-practice, evidence-based techniques, wherever possible.
We recommend to the Government that it ensure reports on child health and wellbeing outcomes, including the Social Report published by the Ministry of Social Development, are of the highest quality and give an accurate picture of the data that can be used for evaluation and research.

We recommend to the Government that it ensure that the Social Policy Evaluation and Research Unit is well resourced, and audited for the quality of its evaluation of programmes; and that it cultivate a readiness to add or drop programmes in response to evidence of effectiveness.

We recommend to the Government that Whānau Ora “action research” be evaluated to ensure it produces high-quality evaluation of programmes, and there is a readiness to add programmes or drop them if they are shown to be ineffective.

We recommend to the Government that research into human development and foetal and child health be strongly supported and sustained, with the inclusion of social science and economic research, and that funding be at least equivalent to international benchmarks, well-coordinated, and monitored for outcomes and value for money. Funding to achieve international benchmarks should be budgeted within three years of this report being published.
Appendix A

Committee procedure
The committee called for public submissions on the inquiry. The closing date for submissions was 4 May 2012. The committee received 95 submissions from the organisations and individuals listed in Appendix B and heard 48 of the submissions in person.

Committee members
Dr Paul Hutchison (Chairperson)
Shane Ardern
Paul Foster-Bell
Kevin Hague
Hon Annette King
Iain Lees-Galloway
Moana Mackey
Scott Simpson
Barbara Stewart
Dr Jian Yang

Advisers, Ministry of Health
Nathan Clark
Caroline Greaney
Matthew Powell
Dr Pat Tuohy
Tania Woodcock
Appendix B

List of submitters
Alcohol Advisory Council of New Zealand
Alcohol Healthwatch
Andrew Sheldon Crooks
Anita Thomas
Anthony Pitt and Dr Brian Stillwell
Aotearoa New Zealand Association of Social Workers
Associate Professor Julie Tolmie
Auckland Breastfeeding Network
Auckland Regional Public Health Service
Barnardos New Zealand
Benjamin Wiseman
Brainwave Trust Aotearoa
Bridget Wilson
Bronwyn Drysdale
Carol Bartle
Catholic Diocese of Auckland Justice and Peace Commission–Social Welfare Anti-Poverty Committee
CCS Disability Action
Child Matters
Child Poverty Action Group
Children’s Commissioner
Counties Manukau District Health Board
David Ironside
Donna Hourigan-Johnston
Dr David Small
Dr Denise Guy and The Incredible Families Charitable Trust
Dr Jan Raymond
Dr Nick Baker
Dunedin Community Law Centre
ECPAT Child Alert
Every Child Counts
Families Commission
Family First New Zealand
Family Planning
Federation of Women’s Health Councils Aotearoa
Fetal Alcohol Network NZ
Footsteps Education
GE Free NZ in Food and Environment
Great Fathers Trust
Great Potentials
Hawke’s Bay District Health Board
Health Rotorua
Hilary Stace
Hutt Valley Study Group of Wellington Federation of Graduate Women
International Association of Infant Massage
Jeanette Clarkin-Phillips
Jennifer Goldsack
Jigsaw Family Services
Joanna Hill
Katherine Smith
Kati Knuutila
Maternity Services Consumer Council
Mother-Well Holistic Health Centre
National Council of Women
New Zealand College of Midwives
New Zealand College of Public Health Medicine
New Zealand Federation of Business and Professional Women
New Zealand Journal of Natural Medicine
New Zealand Kindergartens
New Zealand Medical Association
New Zealand Nurses Organisation
New Zealand Playhouse Federation
No Forced Vaccines
Paediatric Society of New Zealand
Patients’ Rights Advocacy Waikato
Paul Waddell and Dr John Gardner
Peter Zohrab
Professor Boyd Swinburn
Professor Cindy Farquhar
Professor David Fergusson
Professor Doug Sellman, Professor Jennie Connor, Professor Geoff Robinson, Emeritus
Professor John Werry
Public Health Association of New Zealand
Regional Public Health
Relationships Aotearoa
Rotorua District Council, Community Policy and Resources Department
Royal New Zealand Plunket Society
Safekids New Zealand
Save the Children New Zealand
Shine – Safer Homes in New Zealand Everyday
Smoke-free Coalition
Social Service Providers Aotearoa
Sue Grey
Te Tari Puna Ora o Aotearoa New Zealand Childcare Association
Te Whānau o Waipareira Trust
The Methodist Mission
The Royal Australasian College of Physicians - New Zealand
The Royal Australasian College of General Practitioners
The Social Policy and Parliamentary Unit, The Salvation Army
Tom Reardon
Tony Baird
Unicef New Zealand
Vaccination Information Network
Waves Trust
Women’s Health Action Trust
Wrigley Street Health
Youth Justice Independent Advisory Group
Appendix C

List of those who assisted the committee in its consideration

Andrew Little
Brainwave Trust Aotearoa
Christine Rogan
Chris Nixon
Donna Provoost
Dr Cam Calder
Dr Gareth Morgan
Dr Jackie Blue
Jackie Edmonds
Dr Robert Beaglehole
Dr Robin Whyman
Dr Russell Wills
Hon Maryan Street
Dr Gill Greer
Louisa Wall
Ministry of Education
Ministry of Social Development
Professor Boyd Swinburn
Professor Cindy Kiro
Professor David Fergusson
Professor Doug Sellman
Sir Peter Gluckman
Susan Guthrie
2014 Parliamentary Committee Exchange with Australia

Report of the Health Committee

Fiftieth Parliament
(Dr Paul Hutchison, Chairperson)
July 2014

Presented to the House of Representatives
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- Tobacco plain packaging: 3
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- Skin cancer: 4
- Health Star rating system: 5
- Acknowledgements: 5
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2014 Parliamentary Committee Exchange with Australia

Recommendation
The Health Committee recommends that the House take note of this report.

Background
The Health Committee was selected to take part in the annual exchange of select committees between the Parliament of New Zealand and the Parliament of Australia. We met in Brisbane and Canberra with people representing the Commonwealth of Australia, the Queensland Legislative Assembly, the Commonwealth Department of Health, the medical profession, the medical research community in Australia, and patient support and advocacy groups.

The purpose of our visit was to learn about the Australian approach to a number of health issues: the plain packaging of cigarettes, the improvement of children’s health and prevention of child abuse (including strategies to prevent foetal alcohol spectrum disorders, reproductive health, and maternity systems), and skin cancer. We also sought to learn about the Australian experience with the STAR food labelling system.

Many of the people we visited were knowledgeable about more than one of these subjects, and we learnt a great deal that was of interest to us. The most noteworthy material is summarised below.

Tobacco plain packaging
We received a comprehensive presentation from the Department of Health on Australia’s plain packaging regime. Studies published in 2013 and 2014 indicate that the measure is having an effect: plain packs with larger health warnings have been found to increase smokers’ urgency to quit and to lower the appeal of smoking; a decline in active smoking rates and personal pack display by patrons in outdoor venues has been observed post-implementation; a 78 percent increase in calls to the Quitline services of two jurisdictions followed the introduction of plain packaging.

Prevalence and consumption statistics
Australian Bureau of Statistics data shows that the total consumption of tobacco and cigarettes in the March quarter of 2014 was the lowest ever recorded. Tobacco clearances by excise and customs fell by 3.4 percent from 2012, when plain packaging was introduced, to 2013. The latest data from the 2013 National Drugs Strategy Household Survey shows that the prevalence of smoking among all people aged 14 or older has fallen from 15.1 percent in 2010 to 12.8 percent in 2013.

The department told us that they consider that these results demonstrate the need for a comprehensive suite of tobacco control measures, including the plain packaging regime.
**Legal challenges to plain packaging**

The High Court of Australia found in August 2012 that the tobacco plain packaging legislation did not breach Australia’s Constitution.

Jurisdiction claims regarding Investor-State arbitration under the Bilateral Investment Treaty between Australia and Hong Kong, which would end the action if successful, are due to be heard in February 2015. If a merits hearing were to proceed, it would be likely to take a further 18 months to two years.

Disputes in the World Trade Organisation, mainly intellectual property claims under treaty provisions that have not previously been the subject of litigation, are expected to take some time to be settled.

**Child health**

**Foetal alcohol spectrum disorders**

We had useful discussions on this issue with Dr Janet Hammill at the University of Queensland Centre for Clinical Research, Dr Sharman Stone MP and Mr Graham Perrett MP (Co-Convenors, Parliamentarians for the Prevention of Foetal Alcohol Spectrum Disorder), and the Department of Health.

We heard that foetal alcohol syndrome (FAS) is the most severe of the foetal alcohol spectrum disorders (FASD). While these disorders are more obviously a problem in aboriginal communities than in the broader Australian population, it is by no means limited to them. Dr Hammill believes that foetal alcohol effects have been sidelined as an “aboriginal issue” and research is needed to establish its true prevalence in mainstream communities. Dr Stone told us that FASD children in higher socioeconomic groups are often diagnosed with something less stigmatising, such as autism spectrum disorder or attention deficit hyperactive disorder.

Australia has developed a strategy based on WHO guidelines to prevent FASD. The New Zealand Government has announced that it will commit to a similar strategy. We heard that Australia’s first ever study of the prevalence of FASD, the Lililwan Project, is being undertaken in the Fitzroy Valley, where one in three children are thought to be affected by FASD. Lililwan means “all the little ones”. The project goes beyond estimating the number of children affected by FASD. Each child is given a personalised management plan, involving their families, doctors, and teachers. The project will also educate the communities about the risks of drinking alcohol during pregnancy and about the challenges faced by children with FASD and their families. We also heard about the development of a diagnostic instrument for FASD in Australia.

**Skin cancer**

**“No Hat, No Play”**

We heard about the “No Hat, No Play” policy from researchers at the QIMR Berghofer Medical Research Institute, from representatives of Cancer Council Queensland during our visit to the University of Queensland Centre for Clinical Research, and at our meeting with Melanoma Patients Australia. We heard that, as a condition of sunsmart accreditation for education facilities, the “No Hat, No Play” policy is well-supported in primary schools. We heard that the programme is of benefit to those who have been through it—it is seen as contributing to a recent fall in the incidence of melanoma in younger people—but that it is
less well supported at secondary schools, where staff are less likely to model sunsmart behaviours.

Comparison of rates

We were interested to hear in our meeting with Skin Cancer College Australasia that while Australia has one of the highest incidences of melanoma in the world (higher than that in New Zealand), it has a relatively low rate of mortality, significantly lower than New Zealand. We would like further research to be undertaken into the causes of this disparity, and consider that action should be taken. We were also told that New Zealand has a much lower number of dermatologists per head of population than Australia; access is therefore a challenge.

Scan Your Skin

The Scan Your Skin brochure and associated website was initiated by a member of Melanoma Patients Australia, and developed in association with Skin Cancer College Australasia and the QIMR Berghofer Medical Research Institute. The college told us that Scan Your Skin is a useful educational tool, and that it is more effective for people to monitor their own skin than to rely on annual checkups, which may not be frequent enough for those at highest risk; but people with a very large number of moles should still make regular use of some form of total body photography.

Health Star rating system

The Department of Health gave us a presentation on the Health Star rating system for front-of-pack labelling. Food Ministers from federal, state, and territory governments commissioned a review of food labelling in response to a confusing proliferation of labels. The review recommended the development of a standard label format to provide convenient, relevant, readily understood nutrition information.

The system was agreed to by Australian Ministers on 27 June 2014, and adopted by New Zealand on the same date. The system will be implemented voluntarily by the industry; the Ministers intend to make the system mandatory if there is insufficient voluntary adoption, but do not expect this to be necessary. The system is expected to be self-policing, with complaints about the accuracy of labels coming mainly from competitors.

Acknowledgements

Thanks to the Presiding Officers of the Parliament of the Commonwealth of Australia

We would like to thank the Presiding Officers of the Parliament of the Commonwealth of Australia for hosting us and ensuring that our needs were met. We were provided with excellent accommodation and transport, and were extremely well looked after by Geoff Barnett from the Australian International and Community Relations Office who accompanied us throughout the visit. The standard of hospitality shown to us was very generous throughout the visit, and we hope that our Parliament can reciprocate in kind when members of a committee of the Australian Parliament visit this side of the Tasman. We would particularly like to thank them for the dinner we attended on our second night in Canberra, hosted by the Presiding Officers, the Hon Bronwyn Bishop MP and Senator the Hon Stephen Parry.
Thanks to the High Commissioner

We would also like to thank the High Commissioner, Chris Seed, who hosted us for lunch at his residence.
Appendix

Participating members
Dr Paul Hutchison (Chairperson)
Paul Foster-Bell
Scott Simpson
Barbara Stewart
Poto Williams
Dr Jian Yang

Committee staff
Pia Kelly, Clerk of the Committee
Steven Brown, Parliamentary Officer (Report Writer)

Programme
Sunday, 13 July
1750 Delegation arrives Brisbane

Monday, 14 July
0900 Breakfast meeting, Sofitel hotel, with Professor Chris Del Mar, Professor of Public Health, Bond University
1030 Meet with Acting Professor Rachel Neale, Ms Adele Green, and Dr Catherine Olsen at the QIMR Berghofer Medical Research Institute
1200 Luncheon meeting at the University of Queensland Centre for Clinical Research with Professor Murray Mitchell, Associate Professor Kiarash Khosrotehrani, Dr Janet Hammill, and Professor Greg Rice of UQCCR, and Professor Joanne Aitken of Cancer Council Queensland and Ms Libby Morton from Queensland Hospital and Health Service
1600 Meet with Ms Lynette Hunt, Dr Damien Foong, and Dr Richard Johns of Skin Cancer College Australasia at the Wesley Research Institute, Wesley Hospital

Tuesday, 15 July
1100 Meet with Ms Tilly Ryan (CEO), and others from Melanoma Patients Australia, at Queensland Parliament House
1230 Luncheon hosted by the Hon Fiona Simpson MP, Speaker of the Parliament of Queensland
1610 Depart Brisbane
1800 Arrive Canberra

Wednesday, 16 July
All events this day at Parliament House, except lunch:
0900 Meet with the Hon Peter Dutton MP, Minister for Health
<table>
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<th>Time</th>
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<tbody>
<tr>
<td>0930</td>
<td>Tour of Parliament House</td>
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<tr>
<td>1030</td>
<td>Meet with Senator the Hon Fiona Nash, Assistant Minister for Health</td>
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<tr>
<td>1115</td>
<td>Meet with the Hon Catherine King MP, Shadow Minister for Health</td>
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<tr>
<td>1200</td>
<td>Lunch hosted by H E Mr Chris Seed, High Commissioner for New Zealand, at the High Commissioner’s Residence</td>
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<tr>
<td>1400</td>
<td>Attend Question Time in the Senate</td>
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<tr>
<td>1430</td>
<td>Attend Question Time in the House of Representatives</td>
</tr>
<tr>
<td>1515</td>
<td>Meet with Dr Sharman Stone MP and Mr Graham Perrett MP, Co-Convenors, Parliamentarians for the Prevention of Foetal Alcohol Spectrum Disorder</td>
</tr>
<tr>
<td>1830</td>
<td>Attend dinner hosted by the Presiding Officers of the Parliament of Australia, the Hon Bronwyn Bishop MP, Speaker of the House of Representatives, and Senator the Hon Stephen Parry, President of the Senate</td>
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**Thursday, 17 July**

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<th>Time</th>
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<tbody>
<tr>
<td>0930</td>
<td>Meet with representatives of the Department of Health at the Department of Health, Woden Town Centre</td>
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<tr>
<td>1200</td>
<td>Luncheon with members of the Australia – New Zealand Parliamentary Group (Chair: Mrs Karen Andrews MP) in the House of Representatives Alcove</td>
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Inquiry into the 2011 general election

Report of the Justice and Electoral Committee

Fiftieth Parliament
(Scott Simpson, Chairperson)
April 2013

Presented to the House of Representatives
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Summary of recommendations

The Justice and Electoral Committee recommend to the Government that it consider the following:

**Electronic enrolment and voting systems**
Making provision, as fiscal conditions permit, for online enrolment using Electronic Identity Verification, and amending the Electoral Act 1993 accordingly (p. 14).

Providing funding, as fiscal conditions permit, to continue developing the Long Term Strategy for Voting Technology (p. 32).

**Advance voting**
Asking the Electoral Commission to report on the implications of the increasing trend towards advance voting (p. 27).

Amending Part 2 of the Electoral Regulations 1996 to allow scrutineers to be appointed to advance voting places (p. 27).

Amending sections 174C(5)(a) and 174F(4) of the Electoral Act 1993 to change the starting time of the early count of advance parliamentary and referendum votes from 3 pm to 2 pm (p. 34).

**Accessibility**
Exploring the suggestions contained in the submission of the Human Rights Commission for improving the voting rights of people with disabilities, especially regarding improved data collection (p. 24).

Requiring a minimum distance between voting booths and providing an alternative area with a mock voting paper for people who need to have the ballot paper explained in their primary language. This would mean that a voter could then go unaccompanied into the voting booth (p. 35).

Prioritising the development of alternative voting methods for voters disadvantaged by paper-based ballots (p. 32).

**Education**
Requesting the Electoral Commission to liaise with the Ministry of Education on the feasibility, including resourcing implications, of incorporating ongoing comprehensive civics education into the New Zealand school curriculum (p. 21).
Supporting the Electoral Commission to expand the public civics education programmes, resources permitting (p. 22).

Ensuring that future public information campaigns about electoral matters provide sufficient detail and are accessible to all voters (p. 47).

**Overseas voting**
Amending the Electoral Regulations 1996 to allow overseas voters to scan and upload their ballot papers to a secure elections server, and supporting the Electoral Commission in developing such a system (p. 31).

Seeking better ways of ensuring the integrity of votes cast overseas (p. 33).

**Disruption to electoral events**
Commissioning a review of legislation to determine whether it provides adequately for the disruption to electoral events by a significant emergency, and the wider constitutional and political issues of such an event, and amending the legislation accordingly (p. 35).

**Referenda**
Examining the merits of a standalone postal vote versus a referendum in conjunction with the general election when making decisions about future public referenda (p. 50).

**Electioneering on election day**
Prohibiting electioneering activity on election day, including the wearing of rosettes, lapel badges, ribbons, streamers, and party apparel, other than the wearing of a party rosette by a scrutineer inside a polling station (p. 37).

Commissioning a review of existing regulations applying to social media on election day, to determine whether they are workable (p. 37).

Reducing the fine for not removing an election advertising billboard by election day (p. 38).

**Election advertising/programme**
Establishing in time for the 2014 general election a mechanism for clarifying what work of a member of Parliament constitutes an election advertisement, ahead of the regulated period (p. 38).

Aligning the statutory tests of “election programme” in section 69 of the Broadcasting Act 1989 and “election advertisement” in section 3A of the Electoral Act 1993 (p. 39).

Aligning the liability for breaching Part 6 of the Broadcasting Act 1989 so that provisions would apply to the broadcaster and any person who arranged for the broadcast of an election programme in contravention of the Act, whether within or outside an election period (p. 40).
Filing return of election expenses
Retaining the existing timeframe for candidates and third party promoters filing election expenses within 70 working days of election day, but increasing the timeframe for filing party returns to within 90 working days of election day (p. 41).

Amending the Electoral Act 1993 to ensure that there is a significant penalty to act as a deterrent to failing to file a return in a deliberate attempt to defeat the operation of electoral law (p. 42).

Amending the Electoral Act 1993 to make loans to parties and to candidates subject to the same disclosure rules as donations (p. 43).

Technical recommendations
Continuing to regularly update and cull the dormant roll as appropriate (p. 17).

Amending Part 6 of the Electoral Act 1993 to authorise the Electoral Commission to use an EasyVote card as the record an ordinary vote has been issued and as evidence that a special voter is eligible to vote, and to compile manual or electronic records of who has cast an ordinary or special vote using the EasyVote card or other verification methods (p. 26).

Amending the Electoral Regulations 1996 to extend the period in which postal votes can be received, in line with the Electoral Commission’s recommendations (p. 27).

Amending the Electoral Act 1993 to make it clear that the Electoral Commission has the power to recalculate and amend the allocation of list seats for an election as the result of a successful election petition regarding an electorate seat (p. 34).

Amending the Electoral Act 1993 to allow bulk nomination and party list deposits to be submitted by direct bank deposit, and bulk nomination and party list documents to be lodged by email. These changes could be made as technical amendments in a statutes amendment bill (p. 44).

Allowing only registered parties to maintain registered logos (p. 45).

Amending the Electoral Act 1993 and Citizens Initiated Referenda Act 1993 so the counter-signature to the writ would no longer be required (p. 45).

Examining the current electoral enforcement provisions to determine whether they are adequate (p. 46).
1 Introduction

On 8 March 2012, we resolved to conduct an inquiry into the 2011 general election. By convention, following a general election a select committee inquiry is conducted into the law and administration of the election. This ensures that a multi-party approach is taken for any subsequent electoral review or reform.

Terms of reference

The terms of reference were to examine the administration of parliamentary elections in light of the 2011 general election, with particular reference to

- voter turnout, the maintenance of accurate enrolment data, and the dormant roll
- the conduct of, and education campaign for, the MMP referendum
- the conduct and performance of the electoral institutions, including the Electoral Enrolment Centre and the new Electoral Commission (merging the functions of the Electoral Commission and Chief Electoral Office), compared with previous elections and in ensuring the integrity of the voting
- electoral matters arising from the Canterbury earthquakes
- the statutory and regulatory frameworks governing elections.

Themes in submissions

We appointed the Electoral Commission, Enrolment Services, and the Ministry of Justice as advisers to this inquiry. The Electoral Commission and Enrolment Services performed dual roles, also appearing as witnesses. We received 49 written submissions from various individuals and organisations, and heard oral submissions from 16 of them.

Several dominant themes emerged in submissions:

- Voter turnout, with various opinions on the reasons for the low turnout, and some related suggestions that civics education be introduced in schools.
- The MMP referendum, with most submissions expressing concern about the adequacy of the length and detail of the information campaign, and reliance on the internet as the main source of information to voters.
- Electronic voting, which some considered a good way to address low youth turnout; while others expressed caution about the technology, and the effect on turnout and the “occasion” of election day.
- Election advertising rules, including whether scrutineers at polling places should be allowed to continue to wear party rosettes and lapel badges (opinion was divided), broadcasting rules, election day rules, and advance voting.
2 Electoral institutions

Key terms of reference

To examine the conduct and performance of the electoral institutions, including the Electoral Enrolment Centre and the new Electoral Commission (merging the functions of the Electoral Commission and Chief Electoral Office), compared with previous elections and in ensuring the integrity of the voting

Electoral Commission

The new Electoral Commission was established on 1 October 2010 by the Electoral (Administration) Act 2010, to create a single electoral agency responsible for all aspects of the administration of parliamentary elections. Before this date, the former commission’s functions were providing public education on the electoral system and related matters, and administering the electoral laws regarding political parties (registering parties and their logos, allocating broadcasting time and funding, and supervising election programme broadcasting).

From 1 October 2010, the new commission also took over the functions of the Chief Electoral Office, taking on responsibility for

- conducting parliamentary elections and referenda
- administering electoral laws relating to candidates
- providing advice on electoral matters to select committees, ministers, and members of Parliament
- providing administrative services to the Representation Commission (which determines electorate boundaries).

The commission is an independent Crown entity, accountable to the Minister of Justice. However, the commission must act independently and is not subject to ministerial direction when performing its electoral functions.

The commission’s objective is set out in the Electoral Act 1993:

- to administer the electoral system impartially, effectively, efficiently, and in a way that—
  - facilitates participation in parliamentary democracy; and
  - promotes understanding of the electoral system and associated matters; and
  - maintains confidence in the administration of the electoral system.\(^1\)

\(^1\) Section 4C of the Electoral Act 1993
For the 2011 election, the commission aimed to achieve this objective by providing the same levels of service in polling places, and setting the same timeframes for reporting and indicating results on election night, as it had done for the 2008 election. The commission found that feedback from “voters, parties, candidates and third parties” demonstrated that the objective was achieved. The commission also examined its performance against agreed measures, which it found had been achieved for both the general election and the referendum. Nevertheless, submitters expressed significant concern about the adequacy of the public education campaign for the MMP referendum. Specific concerns were that it was too short, it did not provide enough information about the different electoral systems, and it relied too heavily on the internet to provide information. We discuss this in greater detail in the final chapter of this report.

We appreciate that the commission faced a daunting series of tasks in 2011. It had to merge two offices, taking on new, broader functions, and run a general election and a referendum simultaneously. There were also three by-elections to be conducted before the 2011 general election, which was made more difficult by the Rugby World Cup tournament competing for public interest with the election and referendum.

**Enrolment Services (Electoral Enrolment Centre)**

Enrolment Services (formerly the Electoral Enrolment Centre) is a self-contained business unit of New Zealand Post. Until July 2012, the Electoral Act 1993 provided that the chief executive of New Zealand Post was the Chief Registrar of Electors, and the minister had a purchase agreement for enrolment services with New Zealand Post. Enrolment Services maintains the electoral rolls, and conducts the Māori electoral option. A Registrar of Electors is appointed for each electorate in the country. Each registrar compiles and maintains the electoral rolls for their electorate, and conducts enrolment campaigns before major electoral events.

From 1 July 2012, the functions of the Chief Registrar of Electors were transferred to the Electoral Commission, and the Electoral Enrolment Centre became Enrolment Services. The commission has entered into an agreement with Enrolment Services to continue to provide enrolment services under contract to and statutory delegation from the commission.

We think that Enrolment Services appeared to do a professional job, given the framework in which they were operating.

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3 Enrolment

Key terms of reference

To examine the maintenance of accurate enrolment data and the dormant roll

Enrolment rates

Before 2002, enrolment rates remained at around 91 percent. In 2002, “continuous enrolment” was introduced. This meant that people did not have to re-enrol to vote before each general election, a process that was expensive to administer and disenfranchised people who did not remember to re-enrol. Since 2002, enrolment rates have climbed to 93.5 percent and higher. In 1990, unrestricted enrolment was first allowed up to the day before election day. This extension of the enrolment period has enfranchised approximately 2 percent more voters. For the 2011 election, 93.7 percent of all eligible voters were enrolled, falling within Enrolment Services’ target range of 93.5 percent to 95.5 percent.

The data shows that most people respond to Enrolment Services’ enrolment campaign and enrol by writ day (generally 30 days before election day). In 2011, 3,013,651 people had enrolled by writ day, and 3,070,847 by election day. In other words, 57,196 people, or 1.9 percent of estimated eligible voters, enrolled between writ day and election day. Enrolment rates increase before an election, especially in the week before election day. In 2011, there were three times as many enrolments in the final week as the preceding week. The Electoral Commission concluded that closing enrolment one week before polling day would reduce the number of persons enrolled to vote by election day. The Electoral Commission also told us that, although some voters will always leave it until the last minute to enrol, there is no evidence of an increasing trend of doing so. Since 1996, the number of new enrolments between writ day and election day has remained between 50,000 and 60,000 (with an exception in 2005 when it fell to 35,353).

Some submitters suggested allowing people to enrol to vote on election day itself, to increase enrolment. Although research suggests that this would indeed increase enrolment rates and turnout, the Electoral Commission does not support this proposal. They argue that it might act as a disincentive to enrolling before election day, and would require more staff and resources on election day. It could also delay the official count, as voters enrolling on election day would need to cast special votes, which are much more time-consuming to process than routine votes, and registrars would need to complete such voters’ enrolment before their special votes could be validated. We accept the commission’s advice, but believe that we should continue to monitor this issue. In principle, any mechanism that allows these voters to be enfranchised should be encouraged.
### Key dates for 2011 election

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 February</td>
<td>Announcement of election by the Prime Minister</td>
</tr>
<tr>
<td>15 July</td>
<td>Main roll, called preliminary roll in election year, closes for printing, and is then available for public inspection (voters enrolled after this date go onto the supplementary roll)</td>
</tr>
<tr>
<td>26 August</td>
<td>Start of regulated period for election and referendum expenses</td>
</tr>
<tr>
<td>20 October</td>
<td>Dissolution of Parliament</td>
</tr>
<tr>
<td>26 October</td>
<td>Writ day (main roll and supplementary roll are merged to create the composite roll, also called writ day roll; people who enrol between writ day and the day before election day are registered on a supplementary roll for their electorate and will be required to cast a special vote as their name cannot be marked off the composite roll)</td>
</tr>
<tr>
<td>1 November</td>
<td>Nomination day</td>
</tr>
<tr>
<td>9 November</td>
<td>Start of advance and overseas voting</td>
</tr>
<tr>
<td>26 November</td>
<td>Election day and preliminary results</td>
</tr>
<tr>
<td>10 December</td>
<td>Official results</td>
</tr>
<tr>
<td>15 December</td>
<td>Due date for return of writ (was delayed until 17 December due to judicial recounts)</td>
</tr>
<tr>
<td>17 December</td>
<td>Return of writ and declaration of election of list members</td>
</tr>
</tbody>
</table>

### Number of enrolments as at writ day and election day 1987–2011

<table>
<thead>
<tr>
<th>Year</th>
<th>Writ day roll</th>
<th>Election day roll</th>
<th>Net increase</th>
<th>Enrolment accuracy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total</td>
<td>Total</td>
<td>Electors</td>
<td>%</td>
</tr>
<tr>
<td></td>
<td>%6</td>
<td>%5</td>
<td>%7</td>
<td>%4</td>
</tr>
<tr>
<td>2011</td>
<td>3,013,651</td>
<td>3,070,847</td>
<td>57,196</td>
<td>1.9</td>
</tr>
<tr>
<td>2008</td>
<td>2,935,537</td>
<td>2,990,759</td>
<td>55,222</td>
<td>1.9</td>
</tr>
<tr>
<td>2005</td>
<td>2,812,033</td>
<td>2,847,396</td>
<td>35,363</td>
<td>1.3</td>
</tr>
<tr>
<td>2002</td>
<td>2,611,658</td>
<td>2,670,026</td>
<td>58,368</td>
<td>2.2</td>
</tr>
<tr>
<td>1999</td>
<td>2,452,222</td>
<td>2,509,365</td>
<td>57,143</td>
<td>2.3</td>
</tr>
<tr>
<td>1996</td>
<td>2,358,918</td>
<td>2,418,587</td>
<td>59,669</td>
<td>2.5</td>
</tr>
<tr>
<td>1993*</td>
<td>2,316,863</td>
<td>2,321,664</td>
<td>4,801</td>
<td>0.2</td>
</tr>
<tr>
<td>1990</td>
<td>2,158,966</td>
<td>2,202,157</td>
<td>43,191</td>
<td>2.0</td>
</tr>
<tr>
<td>1987*</td>
<td>2,114,868</td>
<td>2,114,656</td>
<td>(212)</td>
<td>(0.0)</td>
</tr>
</tbody>
</table>

4 Percentage enrolled at correct address on writ day.
5 Percentage enrolled against estimated eligible voting population as advised by Statistics New Zealand.
6 As above.
7 As above.
8 In 1987 and 1993, enrolment closed at writ day unless a person became eligible between writ day and election day (e.g. the person had their eighteenth birthday and needed to enrol, or the elector needed to change their address.)
9 As above.
In 1987 and 1993, enrolment closed at writ day unless a person became eligible between writ day and election day (for example, as a result of having their 18th birthday) or needed to change their enrolment details such as address.

Enrolment data

When Enrolment Services enters electors’ details onto the rolls, it aims to ensure the data is 100 percent accurately captured. However, when electors do not update their details, for example when they subsequently change address, the accuracy of the rolls is reduced. People moving to a new electorate are not eligible to re-enrol at their new address until they have lived there for one month. In 2011, over 80,000 people changed address between writ day and election day (almost 3 percent of the eligible voting population). For the 2011 election, Enrolment Services reported that 96.4 percent of people enrolled to vote were enrolled at the correct address, exceeding their target of 93 to 96 percent. Only 0.6 percent (19,366) of EasyVote packs were returned as sent to an incorrect address. However, the accuracy of enrolment data (measured as the proportion of people correctly enrolled at the address where they have resided for the past month) has nevertheless decreased from 98.2 percent in 2002, to 96.4 percent in 2011. Enrolment accuracy has only been measured since continuous enrolment was introduced in 2002.

It is an offence under section 118 of the Electoral Act to knowingly and wilfully make a false statement concerning enrolment details. This summary offence is subject to a fine of up to $2,000 or three months’ imprisonment.

Some submitters were concerned that the current system of allowing enrolment up to the day before an election produces less accurate enrolment data. Several suggested closing enrolment earlier, for a period ranging from two weeks to three months.

We were interested in whether there was a correlation between the closing dates for enrolment and the accuracy of the roll. The Electoral Commission considers that closing enrolment earlier would reduce the accuracy of the roll because some people would be prevented from enrolling for the first time and others would be prevented from updating their enrolment records (such as a change of address). The same processes and checks are followed for enrolments received in this period as at any other time. The commission does not support any change to the current provision for enrolment up until the day before election day.

Improvements to the enrolment system

Online enrolment

The Electoral (Administration) Amendment Act 2011 allowed people to use the igovt online service to access and update their enrolment details, or re-enrol following a change of address. People still need to print, sign, and submit an enrolment form to register for the service. The Electoral Commission describes the process as follows:

Elector manually completes and signs an enrolment form indicating they want to update their details online in the future. Elector must provide an email address to use this service.
Registrar of Electors approves the form and sends the elector a confirmation letter with a web link and unique verification code.

Elector goes to the web link provided and enters their unique verification code.

Elector will receive an email that includes an embedded link they must follow to create or use an existing igovt logon.

The new or existing logon and their electoral details are then linked with a unique “federated logon tag”. The elector can use this tag from now on to log on and update their electoral records electronically.

After Parliament passed this legislation, the Government asked the Chief Registrar of Electors to investigate further the possibility of full online enrolment.

The Electronic Identity Verification Act 2012 regulates the administration and application of the Electronic Identity Verification Service, providing people with a single online identity recognised by multiple agencies. The Department of Internal Affairs, in partnership with NZ Post, is preparing to launch the verification service, branded “RealMe”, in mid-2013. To obtain a RealMe identity a person will have to provide their name, gender, date and place of birth, and a biometric photo, and have an email account and a mobile phone. Under the proposals for full online enrolment a person would need to have a RealMe account (logon and password) and RealMe ID. This would enable them to update their electoral records electronically and check the usage record of their RealMe account. The Ministry of Justice is working with the Electoral Commission and Department of Internal Affairs to investigate whether this service can be applied to allow people to enrol to vote online without needing to submit a signed enrolment form.

A business case has been prepared by Enrolment Services, and the commission recommends changes to Part 5 of the Electoral Act to allow wholly online enrolment via the Electronic Identity Verification Service for future elections. The commission is ready to begin the design and implementation phases of the project, subject to funding being available to do so.

**Recommendation**

We recommend to the Government that it consider making provision, as fiscal conditions permit, for online enrolment using Electronic Identity Verification, and amend the Electoral Act 1993 accordingly.

**Māori electoral option**

Sections 76 to 79 of the Electoral Act specify that people of Māori descent can register to vote either on the Māori roll or the general roll—but can change to the other roll only in the “Māori electoral option”, which follows the census every five years. Census data and the option results determine the number of general and Māori electorates. The Māori electoral option runs for four months specified by the Minister of Justice.
**Aligning Māori roll with general enrolment processes**

Voters of Māori descent regularly express concern to the Electoral Commission at election time that they may not change rolls at times other than the Māori electoral option. They believe that it would be fairer and more logical to have the option of changing their enrolment details before an election than after a census. The Electoral Commission recommends that consideration be given to amending Part 5 of the Act (including sections 35 and 76–79) to allow voters of Māori descent to change rolls once per electoral cycle. This would replace the Māori electoral option. Information on the new option would be included in general enrolment communications and the enrolment update campaigns run before elections, rather than a separate advertising and education campaign.

Under the Electoral Commission’s proposal, the Representation Commission would continue to determine the number and size of electorates following a census. The commission noted that the Māori electoral option would still have to be conducted for the 2013 census, as there would not be time to change the policy and legislation during this electoral term.

Submitters expressed some opposition to the Electoral Commission’s proposal on the grounds that it might create an unequal electoral system where some voters exerted more influence over the outcome of elections than others. For example, it was suggested that it might increase the likelihood of parties encouraging voters to change rolls tactically to attempt to win marginal seats; this was already possible under the Māori electoral option, but less likely. It was also pointed out that the Māori electoral option is run after each census to help determine electoral populations and boundaries. The ability to change rolls after electoral boundaries had been set could leave some seats with very low or very high electoral populations. One proposal to avoid such problems was recalculating the number of electorates and the electoral boundaries each electoral term, after the roll-changing option. The commission told us that the number of electors of Māori descent on the general and Māori rolls could be provided at the date of the census.

As consideration of the Māori electoral option was not part of this inquiry’s terms of reference, we have no basis for adopting the Electoral Commission’s recommendation. We understand that the Māori electoral option is included in the terms of reference for the consideration of constitutional issues review being carried out by the independent Constitutional Advisory Panel.

**Dormant roll**

The dormant roll was included in the terms of reference for this inquiry. Its mere inclusion seems to have had the effect of raising public awareness of the dormant roll; submitters asked what the dormant roll is, and how it works.

The dormant roll lists everyone who has been removed from the electoral roll for a particular district. It is maintained by that district’s registrar under section 109 of the Electoral Act.

**Updating the dormant roll**

Under section 83C of the Act, people are removed from the electoral roll and added to the dormant roll when they cannot be found at the last address they provided and attempts to
locate them have proved unsuccessful. A person can also be moved from the electoral roll to the dormant roll if an objection is made about the inclusion of their name on the roll and the registrar is unable to serve the person with the notice of objection as required by sections 95A or 96 of the Act. Section 109(2) provides that the registrar must remove people from the dormant roll if they re-enrol to vote, if the registrar receives notification of their death or confirmation that they have been sentenced to imprisonment, or once they have been on the dormant roll for three years. The dormant roll is instantly updated as people on the dormant roll re-register, die, or reach the three-year deadline.

The Electoral Commission considers the three-year period to be appropriate as it allows a person on the dormant roll the opportunity to vote at one general election before disenrolment. If the period were less than three years, some voters on the dormant roll would not get this opportunity.

**Voting while on the dormant roll**

People on the dormant roll can still vote on election day by completing a special vote declaration, on which they record the last address where they resided for more than a month. This address determines the ballot paper they receive. The enrolment status of all special votes is checked by the returning officer and, if necessary, the Registrar of Electors. If a special voter is found to be on the dormant roll and their declaration is otherwise valid, their vote is admitted to the official count. If a person is on the dormant roll for a different electorate from that for which the vote was cast, only the party vote will be counted.

The returning officers review all of the special votes after the election and compare the electorate in which a person has voted with that in which they are recorded on the dormant roll. If the two match, the voter’s electorate and party votes are allowed; if they do not match, only the party vote is allowed.

The Electoral Commission and Enrolment Services assured us that they were confident the processes were robust and not open to abuse. For example, if a person was on the dormant roll for one electorate and then tried to enrol to vote in another electorate, systems would immediately pick up this irregularity and an investigation would follow.

**Reducing numbers on the dormant roll**

Registrars work continually to reduce the number of people on the dormant roll, attempting to visit them at their last known addresses, matching data with other agencies to find their new addresses and sending enrolment packs there, and redirecting mail to new addresses. After each election, registrars also send enrolment forms to those special declaration voters whose votes were disallowed because they had not enrolled or updated their details. When someone re-enrols to vote, they are removed from the dormant roll.

In 2011, when the main roll closed on 15 July, 217,685 people were on the dormant roll. By election day, this number had fallen to 156,252. The number of people on the dormant roll has increased at each election, from 72,547 in 2002 to 156,252 in 2011. Some of us are concerned at the growth of the dormant roll over the last decade.
Unpublished roll

The unpublished electoral roll allows people to enrol confidentially to vote, providing they can satisfy the Chief Registrar of Electors that having their details recorded on the published roll could threaten their personal safety, or the safety of their family. Only the Registrar of Electors has access to the unpublished roll.

Updating the unpublished roll

Section 115 of the Electoral Act sets out how people can be included on the unpublished roll. It provides for the Electoral Commission to add someone to the unpublished roll if it “is satisfied, on the application of any person, that the publication of that person’s name would be prejudicial to the personal safety of that person or his or her family”. To satisfy the commission that there is a threat to safety, applicants may provide evidence such as active restraining or protection orders, or a statutory declaration from the Police. The number of people on the unpublished roll has increased steadily, from 7,622 in 2004 to 15,526 in 2012.

Before the “enrolment inquiry phase” of Enrolment Services’ enrolment campaign began on 30 May 2011, Enrolment Services asked everyone on the unpublished roll to review their need to remain there. Responding to the request was not compulsory, but 391 people informed Enrolment Services that they no longer needed to be on the unpublished roll. At this stage in the campaign, Enrolment Services also approached organisations that are in contact with people whose safety might be threatened by inclusion on the published roll. Enrolment Services asked these organisations to inform at-risk people about the unpublished roll and to help them apply for inclusion.

Simplifying admission to the unpublished roll

Some submitters argued for simplifying admission to the unpublished roll on the grounds it would increase voter turnout; some even recommended removing all restrictions. The Electoral Commission explained the policy rationale for setting conditions on change to the unpublished roll, which is the principle that enrolment information should be open to public scrutiny to ensure its accuracy and integrity. Credit agencies also use the published roll to find accurate information about debtors, who might take advantage if there were no restrictions for admission to the unpublished roll.

<table>
<thead>
<tr>
<th>Year</th>
<th>Number on dormant roll at closure of main roll</th>
<th>Number on dormant roll at election day</th>
<th>Total reduction over 4 months before election day</th>
<th>% reduction</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>217,685</td>
<td>156,252</td>
<td>61,433</td>
<td>28.2</td>
</tr>
<tr>
<td>2008</td>
<td>209,478</td>
<td>142,315</td>
<td>67,163</td>
<td>32.1</td>
</tr>
<tr>
<td>2005</td>
<td>166,465</td>
<td>127,892</td>
<td>38,573</td>
<td>23.2</td>
</tr>
</tbody>
</table>
However, we were concerned that some people genuinely at risk, particularly of domestic or sexual violence, might not be able to produce sufficient evidence to be admitted to the unpublished roll. Enrolment Services told us that applications on the grounds of personal safety were very rarely turned down, and that information from a friend or family to support a case was often considered sufficient evidence (although each case is considered individually). Enrolment Services believes that the existing requirements for admission to the unpublished roll are not onerous and the bar is already reasonably low.

While we appreciate the value of a transparent and accurate published roll, we endorse the provision for people to be admitted to the unpublished roll on grounds of safety and security. We do not think that people should be admitted to evade creditors. We think a balance is possible between ensuring transparency and providing security to those who need it.
4 Voting and election day processes

Key terms of reference

To examine voter turnout
To examine electoral matters arising from the Canterbury earthquakes

Voter turnout

Overall turnout (as a percentage of those eligible to enrol) was 69.57 percent in 2011, down 6 percent from 75.73 percent in 2008. This is very low by New Zealand standards (the poorest turnout since the 1887 election). It is also low compared with trends in other countries with similar democratic histories and populations. Comparatively, New Zealand’s turnout in 2011 was still superior to that in the United States, United Kingdom, and Canada. However, New Zealand’s turnout was lower than those at recent elections in the Netherlands, Norway, Spain, Italy, Greece, Sweden, and Denmark. There is a clear trend of declining turnout in New Zealand elections since 1946, which is expected to continue.

Turnout as percentage of enrolled and estimated eligible to enrol 1946–2011

* Turnout as a percentage of enrolled in 1975 and 1978 is artificially low, because of problems with the maintenance of the rolls at that time.
We were particularly concerned to note not only a continuing trend of declining turnout by 18–24-year-olds, but also research now indicating a marked drop in the number of 24–29-year-olds who are voting. This supports evidence we received that 18-year-olds who did not vote in their first election do not establish a habit of voting, and continue not to vote in subsequent elections.

New Zealand research confirms overseas findings that turnout is mainly determined by the characteristics of individual voters, combined with the particular character of each election. Particularly important among individual factors are age, education, social integration, interest in politics, and a habit of voting. The character of an election is determined by the extent of the ideological divide between the parties, the perceived closeness of the expected results (the closer the election is perceived to be, the higher the turnout), and the perceived importance of the election (the more an election is seen to matter, the higher the turnout).

The Electoral Commission surveyed voters and non-voters and found that the main unprompted reasons non-voters gave for not voting were “other commitments” (14 percent), “couldn’t be bothered” (14 percent), “could not work out who to vote for” (11 percent), and “work commitments” (9 percent). When asked to choose from a list of factors that might have influenced their decision not to vote, the most popular choices were “I don’t trust politicians” (33 percent), “it was obvious who would win so why bother?” (31 percent), and “I’m not interested in politics” (29 percent). The proportion of non-voters who said “it was obvious who would win so why bother?” increased significantly between 2008 (19 percent) and 2011 (31 percent), appearing to support the conclusions from the research described above.

Civics education in schools

Declining turnout, particularly among younger people, was a particular concern for submitters, many of whom proposed civics education in schools as a potential remedy for the trend. Submitters argued that to participate meaningfully in the voting process, people need to have a good understanding of their rights and responsibilities as citizens. Since 2010, section 5(c) of the Electoral Act has specified that one of the main functions of the Electoral Commission is “to promote public awareness of electoral matters by means of the conduct of education and information programmes or by other means”.

Several initiatives in the Electoral Commission’s public education campaign for the general election and referendum aimed to increase youth participation. Specifically, the commission

- established an interactive Facebook page hosted by “Orange Guy”, who answered questions about the election, which replaced the under-used youth focused website www.ivotenz.co.nz
- ran a motivational advertising campaign targeting young voters, using popular musicians as spokespeople, on youth-focused television and radio stations (motivational advertising has been found to be an effective way of engaging younger voters, and the commission intends to make more use of it for the 2014 election)
- ran a successful “Kids Voting” programme in 2011

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established “Your Voice, Your Choice”—new curriculum-linked units, related to the civics education component of the level 5 social studies curriculum and supporting the Kids Voting programme; they can also be taught outside of election years.

The Kids Voting programme is a non-compulsory education programme designed to address declining voter turnout by building political engagement in school students. Participating schools run the programme in the weeks leading up to an election. The students participate in a simulated election to build their knowledge of and engagement with electoral processes. The programme was developed in the United States in the late 1990s, where research has suggested it has a long-term influence on students, with a strong correlation with registration and voting for the first time, and contributes to adult turnout in communities where the programme is run. It has been run in New Zealand as part of the social studies curriculum for students aged 11–14 years for local body elections in 2001, 2004, 2007, and 2010; and for parliamentary elections in 2002, 2005, 2008, and 2011.

In 2011, the programme ran in 340 schools and reached 46,659 school students (up from 152 schools and 24,675 students in 2008). Participating school students “voted” for real candidates for the general election and on the referendum, on replica ballot papers, then compared their results with those of the official election. Schools could also choose whether to use the Māori roll and Māori electorates. Evaluation found that all the teachers who responded thought the programme increased their students’ knowledge and understanding of elections, and 81 percent thought it increased their own understanding. Ninety-four percent said they would participate again. The commission told us that civics education is one of its top priorities for improving voter participation, and it would like to expand its education programmes and capacity, including an authentic “voting” experience, resources permitting.

We agree with submitters and the commission, and would like to see ongoing comprehensive civics education incorporated into the New Zealand school curriculum, increasing in complexity as young people approach voting age. We think that the programme should have a long-term objective of making young people feel like active participants in democracy; but a particular focus during election years, such as that provided by the Kids Voting programme, might also help build young people’s interest in voting and their understanding of the electoral system. An indirect effect might be to encourage their parents and other family members to vote. Section 6(f) of the Act states that the commission has the power to “request advice, assistance, and information from any government department”. Given this power, and the commission’s statutory role in providing education programmes, we recommend that the commission liaise with the Ministry of Education on incorporating ongoing comprehensive civics education into the New Zealand curriculum.

**Recommendation**

We recommend to the Government that it consider requesting the Electoral Commission to liaise with the Ministry of Education on the feasibility, including resourcing implications, of incorporating ongoing comprehensive civics education into the New Zealand school curriculum.

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11 www.kidsvoting.org.nz
Recommendation

We recommend to the Government that it consider supporting the Electoral Commission to expand public civics education programmes, resources permitting.

A web application targeting youth voters

We heard from a group of third-year Massey University design students who created a web application to address declining political participation in New Zealand, particularly in the 18–25 year age group. The application offers a fun, user-controlled experience. Users can choose from 17 policy areas within which to explore their own values, and how they align with aspects of the different political parties’ policies. To ensure political accuracy and neutrality, the students consulted a panel of political academics and professionals. The web application is also integrated with social media sites, to encourage conversation and debate. We understand that the application has been very popular and still receives several thousand visitors each week.

We were impressed with the design of the application and the understanding displayed by the students of problems with declining turnout and youth participation. We look forward to seeing the development of this web application and other projects that take a novel approach to increasing voter participation.

Voter education

In addition to the information provided to all voters, the Electoral Commission produced versions of the main voting brochure in 18 additional languages, and print, television, radio, and online advertisements tailored to Māori, Chinese, Tongan, Korean, and Samoan communities. Enrolment Services also produces brochures for new migrants on enrolment matters. Registrars work with refugee and migrant centres and organisations to provide information and give presentations about the electoral system. Registrars also attend citizenship ceremonies at local council offices and ethnic community events to talk to new citizens and enrol them to vote. Three times a year, Enrolment Services conducts data-matching exercises with the Department of Internal Affairs, and writes to new citizens to provide them with enrolment guides and forms.

Improving voting for people with disabilities

The Human Rights Commission reminded us of the right of every eligible New Zealander over the age of 18 to vote by “equal suffrage and by secret ballot”, as provided for by the New Zealand Bill of Rights Act 1990; and by Article 25 of the International Covenant on Civil and Political Rights, which recognises the right of every eligible citizen “to vote and to be elected at genuine periodic elections which shall be by universal and equal suffrage”. New Zealand ratified the United Nations Convention on the Rights of Persons with Disabilities in 2008. Article 29 guarantees the right and opportunity to vote, which includes ensuring appropriate facilities, materials, and procedures are available; protecting the right to a secret ballot; and allowing voters the assistance of a person of their choice if requested.

The Electoral Act and Electoral Regulations contain provisions to assist voters with disabilities. They include a minimum of 12 polling places per electorate with suitable access

12 www.onthefence.co.nz
for people with physical disabilities, election staff or a nominated person allowed to read out ballot paper information to voters and mark the voters’ ballot papers according to their instructions, and voting facilities in hospitals and similar institutions. The EasyVote pack sent to all electors indicates the accessibility of each polling place and advance voting facility, with a toll-free number for further information. The commission told us that staff at all polling places must ensure there are no obstacles to car parks, doorways, paths, and ramps; reserve a clearly visible parking space for voters with disabilities; and provide seating for them.

For the 2011 election, the commission produced and distributed

- a DVD and guide to voting for people with intellectual disabilities
- a plain English booklet and how-to-vote poster for people with learning disabilities and limited literacy
- versions of key publications in various accessible formats (including Braille, audio tape, screen-reader, large print, and on the Royal New Zealand Foundation of the Blind’s telephone information service) for people with impaired vision
- information about the location of accessible polling places
- a sign language DVD explaining enrolment and voting processes, and a captioned version of the referendum DVD.

The Human Rights Commission told us that initiatives introduced for the 2008 election have improved voting for people with disabilities. However, the Human Rights Commission considers that significant gaps still remain, including problems accessing information about candidates for people who have difficulty reading standard print, have literacy difficulties, or use New Zealand sign language; and problems getting to polling places on election day. These difficulties lead to a low turnout of people with disabilities.

The Human Rights Commission noted that there are no accurate statistics on the number of people with disabilities who encounter difficulties participating in elections, and recommends that the Government commit itself to better data collection.

Since 2002, the Electoral Commission has collected data after each general election on voters and non-voters with disabilities to ascertain voters’ satisfaction with the services the Electoral Commission provides, and understand barriers to voting and how to address them for each specified population group.

In the Electoral Commission’s 2011 disability survey, 11 percent of non-voters with disabilities cited “polling place too far away / no transport” as a reason for not voting. Difficulties with reading standard print, literacy difficulties, or use of New Zealand Sign Language were not cited as reasons for not voting.

The Human Rights Commission also expressed concern than section 80 of the Electoral Act disqualifies from registering to vote people who are detained in a hospital or a secure unit for more than three years under the Mental Health (Compulsory Assessment and Treatment) Act 1992 or the Intellectual Disability (Compulsory Care and Rehabilitation) Act 2003. The Human Rights Commission considers excluding anyone from voting on grounds of psychosocial or intellectual disability to be discrimination under the United
Nations Convention on the Rights of Persons with Disabilities. It recommends that section 80 of the Electoral Act be reconsidered in the light of New Zealand’s international obligations. The Electoral Commission told us that section 80 does not disqualify people under mental health treatment or with a disability from voting unless they also fall into one of the narrow categories of people specified in section 80(1)(c), relating to a person’s criminal justice classification rather than their disability. The Human Rights Commission is concerned that there is no accurate publicly available data on the number of people currently prevented from voting under this provision. We understand that Enrolment Services receives approximately one application for enrolment per year from people falling into these categories.

The Electoral Commission told us it had put a disability action plan for the 2014 general election out for consultation in late 2012, to attempt to meet the needs of voters with disabilities more consistently. It also intends to develop a long-term disability strategy to deliver better services over the next two or three elections. We are pleased that the commission is taking these initiatives and look forward to seeing the action plan and the long-term strategy.

The Electoral Act specifies a minimum of 12 polling places per electorate with suitable access for people with physical disabilities, but the Electoral Commission regularly exceeds this number. We think that this statutory minimum requirement is an outdated remnant of New Zealand’s first-past-the-post electoral system. It does not take account of the vastly differing sizes of electorates, and does not reflect the commission’s intention to move towards making all polling places accessible.

**Recommendation**

We recommend to the Government that it consider the suggestions contained in the submission of the Human Rights Commission for improving the voting rights of people with disabilities, especially regarding data collection.

**Compulsory voting**

In New Zealand, it is compulsory to enrol, but not to vote. We received a number of submissions suggesting that voting be made compulsory, as it is in Australia. Some suggested that it be made compulsory with the option of registering as a conscientious objector, to distinguish people who have considered views on the matter from those who cannot be bothered voting. We think that this statutory minimum requirement is an outdated remnant of New Zealand’s first-past-the-post electoral system. It does not take account of the vastly differing sizes of electorates, and does not reflect the commission’s intention to move towards making all polling places accessible.

We recommend to the Government that it consider the suggestions contained in the submission of the Human Rights Commission for improving the voting rights of people with disabilities, especially regarding data collection.

**Lower voting age**

Some submitters proposed that the voting age be lowered to attempt to reverse declining youth turnout. They suggested that combining civics education at school with a voting age of 15 or 16 would allow students to cast their first vote while they were learning about the electoral system. Some of us think that there is an argument for linking the voting age to the age at which young people are allowed to leave school and take on adult responsibilities such as full-time work.
Most countries have a voting age of 18, but a few have voting ages of 16 or 17. Canada, Australia, and the United Kingdom have recently debated lowering their voting ages, but have not done so. The Electoral Commission said that it is difficult to determine whether lowering the voting age would raise the turnout.

The Labour and Green members of the committee encourage the commission to consider seriously whether lowering the voting age to 16, in conjunction with civics education, might help young people establish the important habit of voting, and thus potentially increase turnout and engagement. The New Zealand First member of the committee thinks that people under the age of 18 are too vulnerable to undue influence from their parents and other people to be allowed to vote.

**EasyVote cards**

EasyVote cards were sent to all registered voters in EasyVote packs, the week before the election. The cards show a voter’s name and electorate, and the line and page number of their record in the printed electoral roll. They are used to simplify voting procedures, allowing issuing officers to find voters’ names quickly in the electoral roll and ensure that they are issued the correct ballot paper. EasyVote cards have been used since the 2002 general election. In the 2011 election, 86 percent of voters used EasyVote cards, although voters can vote without using them.

Some submitters were concerned that EasyVote cards increased opportunities for fraud, particularly dual voting, and recommended they be discontinued, or that voters be required also to provide photo identification. While we have noted these concerns and recognise the importance of avoiding fraud, we agree with the Electoral Commission that, in the absence of evidence of widespread misuse of EasyVote cards, neither of these measures is necessary. We were advised of the following points about EasyVote cards and voter fraud in general in New Zealand:

- The EasyVote card has considerably improved the efficiency of election day processes.
- Most voters leave their EasyVote cards with the issuing officer, but if they wish to keep them, the cards are stamped to prevent their being re-used.
- Any instances of dual voting are detected during the scrutiny process, which takes place between election day and the announcement of the official results. If the returning officer cannot be satisfied the voter received only one ballot paper, all votes cast in the voter’s name must be disallowed.
- Dual voting is rare in New Zealand. In the 2011 election, 390 votes (0.017 percent of the 2.3 million received) were disallowed and 63 cases of voter personation were referred to the police.
The Registrar of Electors’ computer system, which processes enrolment applications, also detects multiple or fraudulent enrolments. For example, this system exposed enrolment irregularities in Papatoetoe before the 2010 local body elections, finding many enrolments at single addresses, multiple enrolments in the same handwriting in documents sent from the same email addresses, and enrolments with the same mailing address but different residential addresses. These enrolments were invalidated, and the people concerned have been charged by the police. The case has now been adjourned and is set down for trial.

Voters could impersonate other people without an EasyVote card, and this would still be picked up by existing processes.

We were advised that imposing the additional burden on voters of providing photo identification in conjunction with EasyVote cards is not necessary, as it seeks to remedy a problem that, on the evidence, does not exist. The Electoral Commission and Enrolment Services consider it would result in honest voters who do not bring identification to the polling booth being prevented from voting, and impose an unfair cost to voting on people who do not have a driver’s licence or other form of valid identification, requiring them to purchase photo identification. Ultimately, it would have the effect of further reducing turnout.

The commission recommends amending Part 6 of the Electoral Act to allow EasyVote cards to be used as the record that a vote (ordinary or special) has been cast, and to be scanned after election day to compile the master roll electronically. This proposal would speed up, simplify, and improve the accuracy of the currently manual processes of issuing ballot papers and recording votes on election day, and compiling the master roll during the scrutiny process. It has the potential to reduce the number of special votes needed (by up to 52,000 on 2011 statistics) by allowing voters who enrol after writ day and vote in their electorate to use an EasyVote card and cast an ordinary vote, instead of having to complete a declaration and cast a special vote. Using EasyVote cards to issue ballot papers would also help ensure that the correct ballot papers were issued to each voter.

Our electoral system is based on a high-trust model, which means we need to ensure the integrity of the system as our society grows and changes. This reinforces our earlier recommendation about the importance of civics education.

**Recommendation**

We recommend to the Government that it consider amending Part 6 of the Electoral Act 1993 to authorise the Electoral Commission to use an EasyVote card as the record an ordinary vote has been issued and as evidence that a special voter is eligible to vote, and to compile manual or electronic records of who has cast an ordinary or special vote using the EasyVote card or other verification methods.

**Advance voting**

If a voter is unable to get to a polling place on election day, they can cast an advance vote in the 17 days before the election. In recent elections, the number of advance votes cast has increased steadily. In 2011, 14.7 percent of voters cast 334,558 advance votes. This was a 23.7 percent increase on the 11.4 percent at the 2008 election. In the 2011 election, voters
choosing to cast advance votes at a polling place where their name could be marked off the roll were not required to complete a declaration, simplifying the procedure.

**Trends in advance voting in recent elections**

<table>
<thead>
<tr>
<th>Election</th>
<th>Number of voters</th>
<th>% of electors</th>
<th>% increase since last election</th>
</tr>
</thead>
<tbody>
<tr>
<td>1996</td>
<td>112,934</td>
<td>5.3%</td>
<td>N/A</td>
</tr>
<tr>
<td>1999</td>
<td>112,904</td>
<td>5.3%</td>
<td>0%</td>
</tr>
<tr>
<td>2002</td>
<td>132,609</td>
<td>6.5%</td>
<td>17.5%</td>
</tr>
<tr>
<td>2005</td>
<td>197,938</td>
<td>8.6%</td>
<td>49.3%</td>
</tr>
<tr>
<td>2008</td>
<td>270,427</td>
<td>11.4%</td>
<td>36.6%</td>
</tr>
<tr>
<td>2011</td>
<td>334,558</td>
<td>14.7%</td>
<td>23.7%</td>
</tr>
</tbody>
</table>

During the advance voting period, there are no restrictions on advertising and no scrutineers to monitor the integrity of the process. The Electoral Commission recommends prohibiting election advertising within 100 metres of an advance voting place, to align advance voting conditions more consistently with those on election day. We believe this recommendation is impractical. They also recommend appointing scrutineers to advance voting places to replicate the conditions of polling day, so candidates can appoint scrutineers to observe the issue of advance votes. Some submitters wanted to see the advance voting period extended, and to include two Saturdays if possible. We support the commission’s recommendation to allow scrutineers to be appointed to advance voting places.

**Recommendations**

We recommend to the Government that it consider amending Part 2 of the Electoral Regulations 1996 to allow scrutineers to be appointed to advance voting places.

We recommend to the Government that it consider asking the Electoral Commission to report on the implications of the increasing trend towards advance voting.

**Postal voting**

Current regulations do not allow the commission to accept postal votes received after 7 pm on election day. Therefore, delays in the international postal system often result in postal votes being disallowed. In 2011, 379 overseas postal votes and 90 New Zealand postal votes were disallowed. The commission recommends allowing postal votes received after 7 pm on election day—provided they are postmarked in a country other than New Zealand before or on the day before election day, or in New Zealand before election day; and that they are received by the commission before 12 pm on the fourth day after election day and by the returning officer no later than 7 pm on the tenth day after the election.

**Recommendation**

We recommend to the Government that it consider amending the Electoral Regulations 1996 to extend the period in which postal votes can be received, in line with the Electoral Commission’s recommendations.
Electronic voting

The Electoral Commission told us that surveys indicate that the New Zealand public is split roughly evenly on the idea of allowing e-voting, particularly online voting. This split was reflected in the divergent views we received on this matter in submissions. Some argued that it would be more efficient and effective, and could help address declining turnout, particularly among young people, and would improve voting for people with disabilities and those living overseas. Others felt that an e-voting system could be open to abuse and too expensive and difficult to maintain, that voters would be exposed to coercion, and that it would not improve turnout and might even reduce it by detracting from the sense of occasion and community spirit on election day.

The commission stressed that there are many different e-voting methods. The costs and benefits of e-voting depend on the method used and the scale on which it is deployed. Generally, e-voting introduces some risks, including threats to voters’ privacy and the secrecy of the vote, exposing voters to coercion, raising questions of security and integrity of the e-voting system, and undermining voters’ confidence that their votes have been received and counted. These risks are not insurmountable but they require careful consideration and management. The public has a high level of trust in the current paper-based system, and it is important to ensure that any changes do not undermine confidence in the electoral system. The commission told us that introducing any form of e-voting should be done alongside the current system for the foreseeable future, with e-voting as an optional alternative rather than a replacement.

E-voting for voters with disabilities

E-voting could improve access to voting for those who find it difficult to attend polling places, particularly people with disabilities, restricted mobility, or difficulty using a pen. The Human Rights Commission told us that, although the Government has been progressively removing barriers to people with disabilities exercising their right to vote, significant obstacles remain. For example, legislation provides for voters with disabilities to vote with assistance if needed. However, this requires them to forgo their right to a secret vote and disclose their voting preferences to others. The Human Rights Commission also told us about anecdotal evidence that assistance is often not provided sensitively, with the result that other voters overhear the voting preferences of voters with disabilities.

These difficulties could be overcome by introducing telephone or internet voting for less mobile people, and transparent overlays13 and voting templates such as those used in Australia, the United Kingdom, and Canada for visually impaired voters. Touch-screen voting kiosks are also available in Australia and the United States, where enlarged print or verbal instructions via headphones are provided. However, the Human Rights Commission pointed out that distance from a polling booth equipped with a touch-screen kiosk could be a disincentive to vote, and voters might also be confused or put off by unfamiliar equipment.

We understand that the Royal New Zealand Foundation of the Blind and other groups consider telephone voting to be the best method for blind and visually impaired voters.

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13 These are clear sheets with slots that line up with spaces to be marked on ballot papers. Voters can count the spaces by touch to reach the place they want to mark on the paper. Each voter is supplied with a fresh overlay.
The Electoral Commission told us that, although it is certainly an option to consider, telephone voting is quite complex and time-consuming. Depending on the method of telephone voting proposed, both the Electoral Act and the Electoral Regulations may require amendment. Telephone or e-voting by voters with disabilities may require amendment to the method of voting specified in section 168 of the Act, which is an entrenched provision. The commission told us that it does not have the funding to consider trialling dictation or telephone voting for the 2014 general election, but intends to consider these initiatives in its long-term disability strategy.

We heard that uptake of Australian telephone-voting initiatives for people with visual impairment was not high. This may be because the initiatives required voters to use specially equipped telephone voting polling places, and the low turnout could have reflected difficulty getting to these polling places, rather than a lack of interest in the technology. A joint internet and telephone initiative in 2010 was more successful, although the telephone component was much less popular than the internet component. Internet voting is the only technology suitable for blind-deaf voters, who can use Braille computers to access the internet but cannot use a telephone.

The Electoral Commission recommends that e-voting be initially trialled with small-scale pilots aimed at overseas voters and those disadvantaged by paper-based ballots, over a number of elections. The commission asked for guidance from the Government on the feasibility of running a pilot of internet and telephone voting for voters with disabilities and overseas voters for the 2014 election. The commission estimated the cost at $5–7 million. The Government has indicated that funding for e-voting cannot be given priority in the current financial environment.

**E-voting for overseas voters**

New Zealanders who are overseas at the time of an election can vote in person at an overseas voting post, download their ballot papers from the internet, or apply to receive them by post. Legislation provides that ballot papers can be returned only by post, fax, or courier to the Electoral Commission; or by post, courier, or hand delivery to the nearest overseas post.

The number of overseas votes fell by 35 percent to 21,496 in 2011 (from 33,278 in 2008). This has been attributed partly to the overall decline in turnout for the 2011 election, but also to difficulties locating fax machines, an obsolescent technology. Forty-two percent of overseas voters faxed their ballot papers to the commission in 2011, down from 53 percent in 2008.

The commission is researching the potential of a secure online system to allow overseas voters at the 2014 election to scan and upload their voting papers to an elections server hosted on the elections website. This would require an amendment to the Electoral Regulations 1996. The commission does not recommend allowing voters to return votes by email, because it is not sufficiently secure. We agree that the regulations should be brought up to date so that overseas voters do not have to continue to search for outdated and increasingly uncommon technology like fax machines, and can return their voting papers easily and conveniently online.
E-voting for general voting public

Voter turnout: Research suggests that e-voting is unlikely to have a significant effect on turnout beyond an initial “novelty-value” increase. The Electoral Commission is unaware of any New Zealand or overseas research suggesting that e-voting would increase turnout. Research suggests that turnout is determined mainly by the extent of the ideological gap between the main parties and the expected closeness of the election.

Cost: The additional costs of developing e-voting systems and pilots are relatively high. Introducing voting technology such as e-voting kiosks to polling places would be very expensive. Costs could be limited by reducing the number of polling places, but we would not recommend this option. The most cost-effective method of e-voting would be allowing voters to vote remotely (unsupervised) on the internet or by telephone. However, there are still significant costs associated with remote e-voting, mostly for independent testing and for auditing the security of the system; software and infrastructure costs account for approximately 10–20 percent of the total cost. In 2007, the Chief Electoral Officer released the Draft Long Term Strategy for Voting Technology, which estimated the cost of a remote e-voting pilot of up to 10,000 voters during an election at $5.56 million over two years for either telephone or internet voting. Piloting telephone and internet voting together would be more expensive. The commission notes that the 2006 e-census pilot of 7 percent of census forms had a $12.7 million budget. 2004 telephone and internet voting pilots of 5,351 voters in the Netherlands cost NZ$6.08 million (at 2007 exchange rates).

Benefits to voters: The draft strategy noted some non-financial benefits of e-voting, such as potentially making voting more convenient and appealing for voters who would otherwise have cast special votes and for the growing number of people who relate to online communities; and improving access for non-native speakers of English. E-voting could also help reduce the number of errors that voters make on ballot papers and special declarations, thus reducing the number of votes that have to be disallowed.

Benefits to democracy and government: The draft strategy also outlines potential benefits to democracy and government from e-voting, such as

- including previously isolated groups in democratic processes
- supporting the New Zealand Disability Strategy and New Zealand Bill of Rights Act 1990, and fulfilling New Zealand’s international obligations under the United Nations Convention on the Rights of Persons with Disabilities and the International Covenant on Civil and Political Rights
- preventing voting methods from contributing to continued declining participation
- providing options to cater to shifting preferences in an increasingly technological society
- improving the certainty of election results by eliminating human error and allowing special votes to be counted quickly
- contributing to state-sector goals regarding accessibility, trust, and networked services.
Security of software: The draft strategy highlighted some key security issues with e-voting, suggesting that e-voting, particularly remote e-voting, “potentially opens the door for an individual to submit many thousands of fraudulent votes” and warning, it should be assumed that any New Zealand e-voting solution will be a target (whether by “recreational” hackers or those with political, economic or criminal intentions)... and it therefore needs to incorporate, from the outset, relatively sophisticated security measures... As a result, security measures (along with other design requirements) could make an e-voting system relatively complex for users.14

Security of vote authorisation and identification: Compared with current remote voting methods (postal and fax), e-voting systems could improve security and voter authentication.

Overseas experiences: A number of countries have used various methods of e-voting, with mixed results. Estonia introduced e-voting as an option in 2005. By 2011, approximately 24 percent of votes were cast online. Brazil has also successfully introduced e-voting. The key factors in the success of e-voting in these countries appear to be building public trust in the systems and building capacity over multiple electoral cycles. Countries including Australia, the United Kingdom, Ireland, Venezuela, Bahrain, and the Netherlands abandoned efforts to use e-voting on grounds of cost, security, and lack of transparency and trust in the systems used. In 2009, Germany declared e-voting to be unconstitutional, as their constitution requires all stages of an election to be subject to public scrutiny that does not require specialist knowledge. In 2005, after a range of pilot projects, the United Kingdom concluded that e-voting systems were expensive, lacked proper audit trails, brought about no increase in turnout, and were less trusted than paper voting.

We note that the 2007 Draft Long Term Strategy for Voting Technology is still in draft form and the commission has not received funding to continue the project. We consider that it is important to have a strategic approach to voting technology.

We understand that some local authorities would like to trial e-voting for local body elections in 2013, but regulatory changes would be needed. Some of us think that trialling e-voting at local body elections would help generate important public debate, which could inform government policy on e-voting. The Ministry of Justice has advised us that trialling e-voting for the 2013 local authority elections is unlikely to be possible, given the policy and technical amendments that would be required to the Local Electoral Act 2001 and the Local Electoral Regulations 2001, and the development and implementation of a technically complex regulatory framework.

Recommendation

We recommend to the Government that it consider amending the Electoral Regulations 1996 to allow overseas voters to scan and upload their ballot papers to a secure elections server, and supporting the Electoral Commission in developing such a system.

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14 Chief Electoral Officer, Draft Long-Term Strategy for Voting Technology, 2007
Recommendations

We recommend to the Government that it consider providing funding, as fiscal conditions permit, to continue developing the Long Term Strategy for Voting Technology.

We recommend to the Government that it consider prioritising the development of alternative voting methods for voters disadvantaged by paper-based ballots.

Special votes

Special voting makes New Zealand’s electoral system more accessible than those of other jurisdictions, as it allows a person to vote at any polling place in the country, even if their name is not on the printed roll for that electorate. If a person cannot get to a polling booth, they can cast a postal vote or have their ballot papers delivered to them. In 2011, 263,469 special votes were cast. This was 11.6 percent of the total vote, up slightly from 11.4 percent in 2008. Of the special votes cast, 7.5 percent were subsequently disallowed, because the voters were found not to be on any roll.

Grounds for special voting

Section 61 of the Electoral Act prescribes the grounds for qualifying as a special voter. It states that a person who is qualified to vote at an election in any district may vote as a special voter if

- their name does not appear on, or has been wrongly deleted from, the roll for that district
- they intend to be or are absent from the district, or from New Zealand, on election day
- they are unable to vote at any polling place on election day due to illness, infirmity, pregnancy, or recent childbirth
- they are unable to vote on the day of the week on which election day falls, for reasons of religious belief
- they can satisfy the returning or issuing officer of some other ground meaning that it will not be practicable for the person to vote in their district without incurring hardship or serious inconvenience.

Voters must use one of three special vote declaration forms, as prescribed in the Electoral Regulations, depending on where they are casting their vote from. A voter must specify the ground on which they are casting their vote. In 2011, 133 votes were disallowed because the voters had not specified grounds. The Electoral Commission does not independently verify the grounds given. The grounds can be challenged only by an electoral petition.

Improving the special voting process

The Electoral Commission described the complexity of the special voting process, for both voters and officials. Each special voter has to complete a declaration explaining their grounds for casting a special vote, something some voters find difficult to do, which can result in errors that mean the vote must be disallowed. Special vote ballot papers also take much longer to issue and process than ordinary votes. The Electoral Commission’s
recommendation to allow EasyVote cards to be used as evidence that a special voter is eligible to vote (replacing the declaration form) would address concern about the complex, time-consuming process; it also aims to reduce the number of special votes cast on election day. In 2011, the Act was amended to allow advance voters who vote in their own electorate to do so without completing a special declaration. The commission told us that this greatly simplified the advance-voting process for many voters.

The commission is currently reviewing the advantages and disadvantages of special voters having to specify the grounds for casting a special vote. It recommends a review of the grounds for special voting, and the position on the declaration forms of the sections setting out grounds for eligibility. It also recommends improving the processes for validating and qualifying special votes, for example by improving interfaces between the Electoral Commission’s and Enrolment Services’ computer systems. Changes to the Electoral Regulations may be required, depending on the outcome of any reviews conducted. We look forward to seeing the results of the commission’s current review.

**Overseas votes**

Overseas voters are required to make a declaration that they are eligible to vote. The criterion for New Zealand citizens is that they must have returned to New Zealand within the last three years, while permanent residents must have returned in the past 12 months. At present, no checks are done to verify when overseas voters were last in New Zealand to determine their eligibility to register and vote. We were told by the Electoral Commission that such checks could be possible but would require information sharing by a number of agencies such as New Zealand Customs, Immigration New Zealand and Internal Affairs (for passport data). On the declaration form overseas voters are also required to nominate an electorate in which they believe they are qualified to vote.

All overseas votes are special votes. When special votes are returned to their home electorates, checks are undertaken on each person’s eligibility to vote. Of the 21,496 overseas votes in the 2011 election, six individuals, or 0.02 percent of the overseas voters, were referred to the Police for dual voting.

**Recommendation**

We recommend that the Government consider seeking better ways of ensuring the integrity of votes cast overseas.

**Timing and nature of election day**

Some submitters proposed changes to the timing and choice of polling days for general elections. A public holiday on a fixed date was suggested, for example, to build a sense of occasion and celebration at elections, perhaps with a positive effect on turnout. A weekday was suggested to avoid conflict with religious observances. We understand that a fixed election date is being considered in the consideration of constitutional issues being carried out by the independent Constitutional Advisory Panel. We look forward to seeing the results of this review.
Preliminary count

The Electoral Act requires that the early counting of advance parliamentary and referendum votes on election day begin at 3 pm. The Electoral Referendum Act 2010 allowed the Electoral Commission to start the advance early count for both the referendum and general election at 2 pm on election day 2011, at the commission’s request. The commission expects the number of advance votes to continue to increase, and recommends that the Act be amended to make 2 pm the starting time for the advance early count at future elections, so that it can meet the same target times for releasing preliminary results as it did in 2008. We think that it is desirable for the commission to continue to meet the 2008 targets, and we support their recommendation.

Recommendation

We recommend to the Government that it consider amending sections 174C(5)(a) and 174F(4) of the Electoral Act 1993 to change the starting time of the early count of advance parliamentary and referendum votes from 3 pm to 2 pm.

Judicial recounts

Part 8 of the Electoral Act specifies that a voter or candidate can challenge the election of a constituency candidate only by submitting an election petition to the High Court. The Electoral Commission submitted that it is unclear whether the High Court can direct the commission to recalculate and amend the allocation of list seats for the election as the result of a successful election petition regarding an electorate seat. The commission recommends amendments to the Act to make it clear that it has this power. The commission advised us that a by-election won by a candidate from the same party whose candidate won the electorate at the general election does not change the proportionality of Parliament. However, if the winning candidate represents a different party, the proportionality will change if the same result at the preceding election would have resulted in a different allocation of seats.

Recommendation

We recommend to the Government that it consider amending the Electoral Act 1993 to make it clear that the Electoral Commission has the power to recalculate and amend the allocation of list seats for an election as the result of a successful election petition regarding an electorate seat.

Emergency planning

The 2010 and 2011 Canterbury earthquakes demonstrated the disruption that a similar emergency could cause to an election, affecting its conduct, turnout, and even its perceived legitimacy. Following the Canterbury earthquakes, the Electoral Commission consulted agencies including the Ministry of Justice, the Department of the Prime Minister and Cabinet, and Crown Law, to determine the consultation and decision-making processes it would follow before invoking its powers under section 195 of the Electoral Act to adjourn polling in an emergency. Current legislation focuses on ensuring that polling can proceed so that Parliament can then be summoned. However, it could be difficult for polling to proceed, meaning that it might prove impossible to complete the election. The commission
recommends that the Act and other related legislation be reviewed and amended if necessary to address potential problems.

**Recommendation**

We recommend to the Government that it consider commissioning a review of legislation to determine whether it provides adequately for the disruption to electoral events by a significant emergency, and the wider constitutional and political issues of such an event, and amending the legislation accordingly.

**Election day in Canterbury**

We were particularly interested in the conduct of the election in Canterbury after the earthquakes. We heard that the Electoral Commission promoted advance voting in Christchurch and tailored an information campaign to Christchurch voters. Returning officers found suitable alternatives for advance voting places, including mobile voting facilities in certain areas. Rates of advance voting in badly affected parts of Christchurch were much higher than the national average. We were pleased to hear that turnout in Christchurch electorates was only 1 percent lower than that in 2008, adjusting for the lower turnout over the whole country.

**Layout of polling booths**

We are concerned by reports from scrutineers at two Mt Roskill polling places that the booths were so close together that voters were having conversations between booths while voting. There were reports of multiple people being inside polling booths simultaneously.

The commission said that there was less space available at all polling places in 2011 because of the additional supplies required to manage the referendum. The commission told us that introducing a legislative requirement would create practical difficulty fitting voting screens into differently sized and shaped polling places, and that it already trains staff on setting up polling places.

We suggest that when language is cited as a reason for the voter to be accompanied by another person to assist with voting, an alternative area could be set aside with a mock voting ballot paper. The voting process could then be explained in the voter’s primary language, which would allow the voter to then go unaccompanied into the voting booth. We consider it is a vital principle that each voter has the right to a secret ballot that is freely cast.

**Recommendation**

We recommend to the Government that it consider requiring a minimum distance between voting booths and providing an alternative area with a mock voting paper for people who need to have the ballot paper explained in their primary language. This would mean that a voter could then go unaccompanied to the voting booth.
5 Statutory and regulatory frameworks

Key terms of reference

To examine the statutory and regulatory frameworks governing elections

Election advertising

Advertising on election day

The Electoral Act specifies that interfering with or influencing voters is an electoral offence. Section 197 sets out prohibited activities, including broadcasting polling statements or conducting polls; distributing or displaying election advertising; and political campaigning, demonstrations, or processions. However, an exception allows people other than electoral officials to wear or display “ribbons, streamers, rosettes, or items of a similar nature”, in party colours or party lapel badges. Ribbons, streamers, rosettes, or items of a similar nature displayed in party colours become unlawful if they include party names or logos or if they are displayed on anything other than a person or a vehicle. Party lapel badges can include a party name or logo but on election day can only be worn by people and not displayed by any other means.

Proposal to remove election day advertising exemptions

The Electoral Commission noted that New Zealanders appear to be “generally happy” with the status quo, although 76 percent of the 280 complaints they received on election day 2011 related to election campaigning, advertising, or rosettes. The commission recommends removing the exemption for party lapel badges, ribbons, streamers, rosettes, and similar items. Submitters were divided on this proposal. Some recommended examining whether any form of advertising restriction is appropriate and enforceable, particularly with the growing popularity of social media and internet campaigning, suggesting that there was no harm in election day advertising as long as measures to prevent intimidation and coercion were effective. Concern was raised about whether banning balloons and similar items was a reasonable and proportional restriction on free speech, and whether items needing to be banned were likely to proliferate.

Many submitters thought that scrutineers should have to wear badges identifying them clearly as such and stating which party they are working for so members of the public know whom they are dealing with. The Electoral Commission already provides badges for scrutineers to differentiate them from officials. However, the badges may not be visible enough if submitters did not notice them. Some submitters pointed out that people are unaware of the function of scrutineers, and that the meaning of party rosettes and lapel badges was clearer.

15 Electoral Act 1993, section 197(1)(g).
Most of us support the Electoral Commission’s recommendation to remove current exemptions for lapel badges, ribbons, streamers, rosettes, balloons, and similar items on election day, with the exception of rosettes for scrutineers inside polling places.

The Labour members of the committee do not support this proposal on the basis that no such restrictions apply prior to polling day and in light of the increasing and significant numbers of voters who choose to exercise an early vote.

**Recommendation**

We recommend to the Government that it consider prohibiting electioneering activity on election day, including the wearing of rosettes, lapel badges, ribbons, streamers, and party apparel, other than the wearing of a party rosette by a scrutineer inside a polling station.

**Advertising during advance voting period**

There are currently no restrictions on election advertising during the advance voting period. The Electoral Commission recommends prohibiting election advertising within 100 metres of an advance voting place during the advance voting period. We consider this proposal impractical.

**Electioneering on social media sites and the internet**

The commission recommends further consideration of and debate on the extent to which electioneering on the internet and social media should be regulated, and how any regulation might be managed. We are concerned about the potential for mass social media campaigns, and note that this is a difficult medium to regulate. Rules prohibit paid advertising on social media on election day, and we think consideration should be given to the possibility of further regulation. We recommend a review of existing regulations to determine whether they are workable.

**Recommendation**

We recommend to the Government that it consider commissioning a review of existing regulations applying to social media on election day, to determine whether they are workable.

**Advertising on billboards**

Rules on erecting and removing election advertising billboards are prescribed by local authorities, so are inconsistent between regions. Submitters suggested that a single standard be adopted for all local authorities. Issues discussed included councils’ resources for administering the rules, and whether the Electoral Commission should have this responsibility. The $20,000 fine for failing to remove a billboard by election day was also criticised as excessive.

Some of us agree that it would be more efficient, and elicit more compliance, if a single national standard applied for billboards; but others of us of us would not want to interfere in local authorities’ ability to determine the rules governing the appearance of their streets. While we agree that there should be some penalty for deliberate failure to comply with
electoral laws, we feel that the fine for not removing a billboard by election day is far too high.

**Recommendation**

We recommend to the Government that it consider reducing the fine for not removing an election advertising billboard by election day.

**Advertising guidelines for candidates**

We note that it is difficult for candidates to challenge advice provided by the Electoral Commission on whether a communication constitutes an election advertisement or not. The Parliamentary Service Act 2000 was amended in January 2011 so that during the regulated period (the three months before an election) the Parliamentary Service can fund only members’ communications about contact information, and publicity that is not election advertising. Outside the regulated period, the Parliamentary Service can fund members’ election advertising communications, but members still need to consider the Electoral Act’s requirements for promoter statements and authorisation. These rules were introduced to prevent candidates from using parliamentary funds to pay for electioneering during the regulated period, which we all consider very important. However, when these rules were created it was not anticipated that the ordinary work of a member of Parliament might be re-classified as constituting an “election advertisement” during the regulated period.

If the commission believes that the election advertising rules have been breached, it has a statutory obligation to refer the matter to the Police, unless it appears the breach is so inconsequential that referral would not be in the public interest. Members of the public must lay complaints directly with the Police. The Police then determine whether or not any alleged breach should be prosecuted.

A member can seek an advisory opinion from the commission about whether a communication is likely to breach the election advertising regulations. However, advisory opinions are not legally binding, meaning there is no statutory decision upon which to base judicial review proceedings and no provision for a statutory right of appeal. The commission’s advice can be brought before the court only if the member publishes the material in question without an authorisation statement and a prosecution ensues. We believe this cannot have been envisaged by those drafting the law. We recommend that the Government establish a mechanism for clarifying which work of a member of Parliament constitutes an election advertisement, ahead of the regulated period.

**Recommendation**

We recommend to the Government that it consider establishing in time for the 2014 general election a mechanism for clarifying which work of a member of Parliament constitutes an election advertisement, ahead of the regulated period.
Election broadcasting

Aligning statutory tests in Broadcasting Act and Electoral Act

The Electoral Commission noted that the statutory tests of what constitutes an “election programme” in section 69 in Part 6 of the Broadcasting Act 1989 and an “election advertisement” in section 3A of the Electoral Act are similar but have significant differences, which cause difficulties when the commission considers broadcasting complaints. Both tests require an assessment of whether the programme or advertisement appears to encourage voters to vote or not vote for a party or candidate, but they differ in the exemptions made. Section 70(3) of the Broadcasting Act states that nothing in the prohibition on paid election programmes “restricts the broadcasting, in relation to an election, of news or of comments or of current affairs programmes”, while the exemption in section 3A(2)(c)(ii) of the Electoral Act is not restricted to news or current affairs, but applies to “the editorial content of a periodical, a radio or television programme, and a publication on a news media Internet site”. Submissions suggested removing the separate electoral broadcasting provisions from the Broadcasting Act and confining provisions regarding election advertising to the Electoral Act.

The Electoral Commission recommends that Parliament consider further the desirability of having differing statutory tests in the two Acts. We understand that a review of electoral finance in 2009 involved consulting all political parties and the public. Although the review resulted in the Electoral (Finance Reform and Advance Voting) Amendment Act 2010, which modernised the definition of “election advertisement” in the Electoral Act, it could not find cross-party consensus on whether Part 6 of the Broadcasting Act should similarly be reformed. Given the lack of political consensus, it may be difficult to endorse the commission’s recommendation.

Recommendation

We recommend to the Government that it consider aligning the statutory tests of “election programme” in section 69 of the Broadcasting Act 1989 and “election advertisement” in section 3A of the Electoral Act 1993.

Broadcasting Act’s limitations on election programmes

The Broadcasting Act makes it an offence for a broadcaster to broadcast an election programme during or outside an election period (the time between writ day and election day), subject to some exemptions in sections 70(1) and 80(a). If such an offence is committed during an election period, the broadcaster and person who arranged the broadcast for a political party are held responsible under the Act. If the offence is committed outside of an election period, only the broadcaster is held responsible. This is because the Broadcasting Act does not make it an offence to arrange for party advertising to be broadcast outside the regulated period, though section 70(1) provides that “no broadcaster shall permit the broadcasting”. Under Part 6 of the Broadcasting Act there is an exemption for the “broadcasting, in relation to an election, of news or of comments or of current affairs programmes”. This covers politicians participating in panel discussions, leaders’ debates and so on. In view of this exemption, the commission does not think there would be any unintended consequences if the offence provisions were aligned to apply at any time to parties and candidates as well as broadcasters.
It was also argued in submissions that the Broadcasting Act’s full prohibitions regarding election programmes should not be limited to the election period, and should apply consistently to both political parties and broadcasters. The commission acknowledged that the Broadcasting Act is a difficult piece of legislation that needs further work, and that it would be more consistent to apply the same rules within and outside of an election period.

**Recommendation**

We recommend to the Government that it consider aligning the liability for breaching Part 6 of the Broadcasting Act 1989 so that provisions would apply to the broadcaster and any person who arranged for the broadcast of an election programme in contravention of the Act, whether within or outside an election period.

**Public service broadcasting obligations**

Section 71(1) of the Broadcasting Act stipulates that Television New Zealand and Radio New Zealand “must each provide time, free of charge, for the broadcasting, in an election period, of the opening addresses and closing addresses of political parties”. Section 77A of the Act further specifies that the addresses must be broadcast between 7 pm and 9 pm. The Act also requires the Electoral Commission to determine an amount to be paid to Television New Zealand and Radio New Zealand for the production costs of broadcasting opening and closing addresses. For the 2011 general election, Radio New Zealand received $3,250 towards its production costs, while Television New Zealand did not request any amount to be paid for production costs.

When the Broadcasting Act 1989 came into effect, Television New Zealand and Radio New Zealand were state enterprises with public broadcasting charters. In 2003, the Government made them Crown entities, changing them from national broadcasters to government-owned but commercially operated media companies, still operating however under public broadcasting charters. The Television New Zealand Amendment Act 2011 removed the requirement for Television New Zealand to provide a public television charter and clarified its purpose as being a commercially successful national media company. Radio New Zealand remains a fully funded public broadcaster, operating under the Radio New Zealand Charter.

Television New Zealand Limited submitted that, as a commercially operating company without a public television charter, it should no longer be subject to the obligations in Part 6 of the Broadcasting Act, which are contrary to its statutory function, and impose upon it unreasonable costs to which other commercial broadcasters are not subject. It argued that, if the obligations remain, other commercial broadcasters should also be subject to them, and that the requirement for the opening and closing addresses to be screened during prime time should be removed. Concern has also been raised that smaller parties often miss out on television time; and it has been suggested that the television channels should have to provide a fair share of air time to all parties.

While we see the value in providing the opening and closing addresses to the New Zealand public free to air during prime time, we also appreciate Television New Zealand’s concerns. The Labour, Green, and New Zealand First members of the committee recommend that the Government invest in public service broadcasting in New Zealand, so that all networks have some degree of responsibility.
Election expenses and donations

Part 6A of the Electoral Act sets out rules governing election expenses and donations.

Timeframes for filing election expense returns

The Act provides that candidates must file their returns of election expenses and donations, and registered third-party promoters must file their returns of election expenses, with the Electoral Commission within 70 working days of election day. It also requires party returns of election expenses to be made within 50 working days of the declaration of list members under section 193(5) of the Act.

The commission recommends amendments to Part 6A of the Act to reduce the timeframe for filing candidates’ and third-party promoters’ returns to within 50 working days of election day. It also recommends increasing the timeframe for filing party returns to within 70 working days of election day. The commission expects these changes to simplify the rules and allow parties to check candidates’ expenditure before submitting their audited expense returns. We recommend retaining the existing timeframe for candidates and third party promoters filing election expenses, which is within 70 working days of election day. However, we support the commission’s recommendation to change the second timeframe so that party returns must be filed within 90 working days of election day (not within 50 working days of the declaration of list members as specified in section 206I of the Act).

Recommendation

We recommend to the Government that it consider retaining the existing timeframe for candidates and third party promoters filing election expenses within 70 working days of election day, but increasing the timeframe for filing party returns to within 90 working days of election day.

Penalties for failing to file expense returns

Under the Act, it is a summary offence for a candidate, party secretary, or registered party promoter to fail to file a return. The commission considers that a summary offence is an insufficient disincentive to failing to file a return, as a summary conviction tends to result in a $200–400 fine and does not affect a person’s ability to stand as a candidate at a later election. It also acts as an incentive not to file a return, rather than to risk filing a false return, which is a corrupt practice offence. A person convicted of a corrupt practice offence is entered on their electorate’s corrupt practices list and is liable to be imprisoned for up to two years and/or to pay a fine of up to $100,000, and is ineligible to stand at an election for three years. A candidate can be convicted of a corrupt practice if they knowingly file a false election expense return or false candidate donations return, or if they exceed their candidate expense limit.

The commission told us that the current framework gives candidates a “perverse incentive” to refuse to file a return, rather than filing a return that is known to be false or shows they have overspent. These candidates may obtain an unfair advantage while campaigning and, if elected, would remain members of Parliament even if later convicted of a summary offence. Therefore, the commission recommends that the Act be amended so that failing to file a return becomes a corrupt practice offence instead of a summary offence. The commission told us that only a small number of candidates fail to file returns, after
receiving numerous reminders before and after the deadline. Two candidates were
prosecuted in 2008, and six candidates are still to file returns for 2011. Most of these
candidates are independent candidates or represent unregistered parties that did not receive
5 percent of the votes for the electorates they contested.

We agree with the commission that the law should not create a perverse incentive to fail to
file a return because such failure will result in less severe legal consequences than filing a
return that evidences unlawful behaviour. However, an innocent omission to file a return
should not have the drastic consequences that would follow from conviction of a corrupt
practice. Proof that the omission is innocent should be a defence against a finding of
corrupt practice. In principle, findings of corrupt practice should follow only from proof of
attempts through devious means to defeat the operation of electoral law. Other breaches of
electoral law should lead only to findings of illegal practice.

**Recommendation**

We recommend to the Government that it consider amending the Electoral Act 1993 to
ensure that there is a significant penalty to act as a deterrent to failing to file a return in a
deliberate attempt to defeat the operation of electoral law.

**Automatic consumers price index adjustments to expenditure limits**

Election expenditure limits are currently adjusted annually according to the consumers
price index. They fix the maximum amount in advertising expenses that may be incurred by
an unregistered promoter, a candidate’s election expenses, a party’s election expenses, and a
registered promoter’s election expenses. These adjustments must be made by an Order in
Council, and come into force on 1 July each year.

The Electoral Commission does not recommend continuing to automatically adjust
election expenditure limits according to the consumers price index as this requires three
adjustments per electoral cycle and could result in figures that were difficult to
communicate and work with, leading to confusion. The commission also noted that it is
unnecessary since the Justice and Electoral Committee reviews each general election and
expenditure limits could simply be treated as a standard item in its review.

The Electoral Commission has recommended that we should revisit this matter, and we
consider that there should be some discretion in deciding the appropriate amount, taking
into account relevant factors including movement in the consumers price index.

**Party donations**

The Act requires party secretaries to disclose donations over $30,000 to the Electoral
Commission within 10 working days. If a candidate or party receives an anonymous
donation of more than $1,500, the Act also requires the candidate or party secretary to pay
the amount of the donation to the Electoral Commission within 20 working days (the
commission pays the money into a Crown bank account). However, the Act also allows
anonymous donations over $1,500 to be made via the Electoral Commission.
Aligning rules for loans and donations

When a candidate or party enters into a loan, current legislation requires them to disclose only the value of credit provided on terms and conditions that are more favourable than current commercial rates, if the value exceeds the disclosure thresholds; and any loan amount forgiven before a return is filed that exceeds the disclosure thresholds.

The Electoral Commission thinks that New Zealand’s electoral finance regime does not provide sufficiently for disclosure of these types of transaction, or loans in general. Political donations are regulated to reduce perceptions of undue influence in elections and to recognise that voters have a legitimate interest in knowing who is funding election campaigns. The commission told us that it is inconsistent for the legislation to require donations to be disclosed, but not loans. For parties, there is limited disclosure under existing rules if a significant loan is entered into to fund a party’s election campaign. If the loan is subsequently forgiven, the amount will need to be recorded as a donation, but this may be well after the election period. The commission told us that party donation returns filed in 2012 have revealed loans entered into that have subsequently been forgiven. For candidates, existing rules mean that a significant loan to a candidate’s campaign that is forgiven after the candidate expense and donation return is due can remain undisclosed.

The commission recommends that consideration be given to amending Part 6A of the Act to require candidates and parties to declare loans entered into to fund campaign activities, with the same thresholds and timing that apply to disclosure of donations. If this recommendation is taken up, the commission notes that a definition of “loan” to a party or candidate would need to be included in Part 6A of the Act, and policy decisions would be needed on the types of loans to be disclosed.

Recommendation

We recommend to the Government that it consider amending the Electoral Act 1993 to make loans to parties and to candidates subject to the same disclosure rules as donations.

Modernising bulk nomination and party list submission process

At present, party secretaries can pay bulk nomination and party list deposits only by bank draft or by bank cheque. The Electoral Commission recommends amending section 127A and 146F of the Act to allow nominations to be submitted by direct bank deposit. This would accommodate modern payment methods, and speed up the process of submitting nominations. It would be useful because of the tight submission deadlines, and would particularly benefit parties based outside Wellington. The commission also recommends amending the Act to allow the lodging of bulk nominations and party list documents by email. The Act allows these documents to be submitted only “by hand, post or facsimile transmission”.

We support both of the commission’s recommendations for modernising and simplifying these procedures, and note some of them are already being progressed as technical amendments in the Statutes Amendment Bill 2012.
Recommendation

We recommend to the Government that it consider amending the Electoral Act 1993 to allow bulk nomination and party list deposits to be submitted by direct bank deposit, and bulk nomination and party list documents to be lodged by email. These changes could be made as technical amendments in a statutes amendment bill.

Party and logo registration

Part 4 of the Electoral Act prescribes the processes for registering political parties and party logos.

Party eligibility criteria

Among the eligibility criteria for party registration is the requirement that the party have “at least 500 current financial members who are eligible to enrol as electors”. The Electoral Commission recommends changing this requirement to “at least 500 current financial members who are enrolled as electors”, as it found no good rationale for eligibility to enrol rather than enrolment being the condition of registration. Since the Electoral Act makes enrolment compulsory, it would be reasonable to expect party members to keep their enrolment up to date. This change would align New Zealand’s eligibility criteria with those of other jurisdictions such as Canada.

Party secretaries must make an annual statutory declaration that the party remains eligible to be registered. A possible policy rationale for the current requirement is that it is reasonable to expect a party secretary to know whether party members are eligible to enrol to vote, but less reasonable to require them to know whether any member’s enrolment has lapsed.

We asked the Electoral Commission why the criterion is a current “financial” membership. The commission told us that this definition was introduced in 2002 and that financial members must pay a regular membership fee, at least once every three years, although there is no minimum fee. If the word “financial” were removed it might be easier for parties to provide evidence of membership, but there would no longer be an assured source of revenue for parties provided for in legislation. This might particularly affect smaller parties, which have little or no income from fundraising or donations but still have to comply with the statutory responsibilities as registered parties.

Party registration fee

There is currently no charge for party registration. In Australia there is a $500 fee and in the United Kingdom a £150 fee to register a party. The Electoral Commission recommends introducing an application fee of $500 to register a party in New Zealand, to reinforce to applicants the seriousness of the legal obligations of a registered party. We would support the introduction of such a fee on a cost-recovery basis.

Registering and cancelling logos

A registered or unregistered party can register a logo free of charge. Registration prevents other parties from using similar names or logos and allows the logo to appear on the ballot paper next to the name of a party or candidate. The Electoral Commission points out that logos are often not cancelled when a party is deregistered, as there are no obligations for
unregistered parties. Only a party secretary or a member of Parliament who is a current financial member of a party can cancel a logo, as provided by sections 63A(1) and 70A(1) of the Electoral Act. There are 35 unregistered parties with registered logos and the commission expects this number to continue to increase. We heard that it costs the commission approximately $2,000 to advertise a party logo in the major newspapers to invite public comment on the application.

At present there are a small number of unregistered parties with registered logos on the ballot paper. The commission recommends amending Part 4 of the Electoral Act so that only registered political parties could register logos, meaning that candidates standing for unregistered parties could not display a logo next to their name on the ballot paper. In response to this recommendation, submitters suggested that instead of banning all logos of unregistered parties, the commission should be allowed to remove logos from the ballot paper if they are unused. It was also suggested that the commission introduce a fee for registering or changing a logo to help cover the cost of advertising party logos.

We support the commission’s recommendation that only registered parties be allowed to maintain registered logos. We note that Parliament could legislate to impose a fee to register a logo as a deterrent. This should not be the role of the commission. We think that any fee to register a logo should be commensurate with any fee introduced to register a party. We would support the introduction of such a fee on a cost-recovery basis.

**Recommendation**

We recommend to the Government that it consider allowing only registered parties to maintain registered logos.

**Issue of the writ**

The Electoral Act specifies that the Governor-General must issue a “writ” for a general election—a document ordering the Electoral Commission “to make all necessary arrangements for the conduct of a general election”. A similar writ is required for a by-election, and for an indicative referendum to be taken by electoral poll or by postal vote, and a warrant to supply a vacancy in a list seat. These writs and warrants must be countersigned by the Minister of Justice. Historically, the requirement for the counter-signature was to confirm that the Governor-General had acted on ministerial advice. The Electoral Commission considers that modern procedures, including the advice sheet, provide a sufficient record to establish this fact, and make the counter-signature unnecessary. The commission recommends that the Electoral Act and Citizens Initiated Referenda Act 1993 be amended so the counter-signature would no longer be required.

The commission assured us that this recommendation has no constitutional implications.

**Recommendation**

We recommend to the Government that it consider amending the Electoral Act 1993 and Citizens Initiated Referenda Act 1993 so the counter-signature to the writ would no longer be required.
Enforcing electoral offences

The Electoral Act requires the Electoral Commission to refer electoral offences to the Police, as the commission has no sanctioning powers. The Police decide whether to investigate any matter referred to them, and whether to prosecute. Some matters referred to the Police are straightforward, such as instances of dual voting, and are resolved quickly. Others are more complicated, and the commission has expressed concern at the “priority that the Police seem able to accord these referrals”. The commission recommends considering the adequacy of current enforcement provisions and how electoral offences might be enforced more effectively.

The Canadian Independent Commissioner of Elections has the power to take formal enforcement measures, such as compliance agreements, referrals for prosecutions, injunctions, and judicial deregistration of political parties. Other international electoral institutions can impose civil sanctions such as monetary penalties, compliance notices, and stop notices. In the United States, there is a distinction between deliberate or large financial violations, and mistakes made out of ignorance. In 2010, the United Kingdom Electoral Commission was granted new enforcement powers, mainly to impose civil sanctions for breaches of Acts that could previously be sanctioned only by criminal prosecution.

We support a review of the current enforcement provisions, to determine whether better enforcement is necessary in New Zealand.

Recommendation

We recommend to the Government that it consider examining the current electoral enforcement provisions to determine whether they are adequate.

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6 2011 Referendum on the Voting System

Key terms of reference

To examine the conduct of, and education campaign for, the MMP referendum
To examine the conduct and performance of the electoral institutions

About the referendum

The 2011 Referendum on the Voting System was held at the same time as the 2011 general election. This referendum asked New Zealanders to vote on two matters: whether New Zealand should keep or change the mixed member proportional (MMP) voting system; and, if New Zealand were to change to another voting system, which system would voters prefer out of first past the post, preferential voting, single transferable vote, and supplementary member. Fifty-eight percent of voters voted to retain MMP, meaning that MMP would remain our electoral system but the Electoral Commission would conduct a review of it. This review has now been completed. The present inquiry does not consider the merits of MMP, but reviews the conduct of and education campaign for the referendum.

Public education campaign

The Electoral Commission ran a large public education campaign for the referendum. They spent around $3.5 million advertising the referendum in the five weeks preceding the election. The commission acknowledged that the public education campaign was difficult to design, as it had to convey very complex, unfamiliar information about five different electoral systems and the referendum process. The timing of the referendum also posed problems as it had to compete with the general election and the Rugby World Cup for media coverage. The commission found that public interest in the referendum was low; of a total of 60,131 election-related inquiries, it received only 2,955 about the referendum.

Recommendation

We recommend that future public information campaigns about electoral matters provide sufficient detail and are accessible to all voters.

Mass media

The commission’s mass media education campaign had two stages. The first ran from May to mid-October 2011, and consisted of television and radio advertisements and the launch of a website and free-phone information service. The website provided an interactive referendum toolkit to help voters decide which electoral system they preferred. The toolkit was accessed by 22,000 unique website visitors. All registered voters also received information about the referendum by post in early June, in an enrolment update pack. This first stage aimed to raise general awareness, and provide access to more detailed information through the website or phone service for those interested.
Stage two ran from mid-October until the election, and sought to convey the main referendum messages to all voters through television, newspaper, and radio advertising; more detailed information was still available through the website or phone service. Registered voters received a detailed brochure by post in mid-October, and again in their EasyVote pack the week before the election. The commission published detailed information about the voting systems in the major newspapers in the 10 days before the election, again directing people to the website or phone service for more comprehensive information.

Community outreach

The campaign included a community outreach programme, conducted by community liaison coordinators, including three Pasifika and five Māori specialists, around the country. There were 601 community presentations, public meetings attracted 28,151 people, and 18,500 DVDs about the referendum were distributed and received good feedback.

Effect of the campaign on public knowledge

Submitters raised a number of concerns about the commission’s public education campaign for the MMP referendum. The principal objections were that the campaign was too short, that not enough information was provided about the different electoral systems, and that the campaign relied too heavily on the internet. However, Electoral Commission research indicates that public knowledge of electoral matters increased substantially from an initially low base as a result of the campaign.17 By the end of the campaign, 93 percent of voters (and 87 percent of voters and non-voters) were aware of the referendum; and 81 percent of these voters (and 67 percent of voters and non-voters) felt “very confident” or “fairly confident” to make an educated decision on election day.

Of voters and non-voters surveyed, 57 to 87 percent knew about the five different voting systems (compared with 17 to 78 percent in May. Sixty-five percent of voters and non-voters knew about both referendum questions (compared with 9 percent in May). Fifty-three percent of voters and non-voters knew that if there was a vote to keep MMP, then there would be an independent review of MMP (compared with 2 percent in May). Sixty-six percent of voters and non-voters knew that if there was a vote to change from MMP, then Parliament would decide whether there would be another referendum in 2014 (compared with 8 percent in May).

Nevertheless, the majority of submitters who responded to this aspect of our inquiry expressed considerable dissatisfaction with the public education campaign. National and New Zealand First members of the committee are concerned that the Electoral Commission relied too heavily on web-based information, leaving the public ill-informed about systems other than the two they were most familiar with, MMP and FPP.

In addition we were concerned that, as a consequence of running two parallel electoral education campaigns, awareness of the general election messages provided by the Electoral Commission fell significantly compared with the previous election—from 81 percent in 2008 to 64 percent in 2011.

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**Future referenda**

There are two types of referenda: citizens-initiated and Government-initiated. The Referenda (Postal Voting) Act 2000 provides that both types of referenda can be conducted by postal vote. The administrative and regulatory framework for citizens-initiated referenda is provided for in the Citizens Initiated Referenda Act 1993. This Act provides that a non-binding referendum must be held if not less than 10 percent of eligible electors support it by signing an indicative referendum petition. Government-initiated referenda can be binding or non-binding, and special legislation must be passed before they can be held. If the method is not postal vote, the legislation will also need to prescribe the method of voting. The Electoral Referendum Act 2010 was passed to enable the 2011 Government-initiated MMP referendum.

**An Electoral Referenda Act**

Submissions argued that it is inefficient for the Government to have to pass a special Act every time it wants to hold a referendum. It was suggested that an Electoral Referenda Act be passed to provide for future Government-initiated referenda, broadly based on the Electoral Referendum Act 2010. The commission told us that any broad Act enabling future Government-initiated referenda would not provide the statutory framework for the questions to be asked on the ballot paper or the form of the ballot paper. Specific legislation might also be needed to regulate the steps that follow from the outcomes of referenda. For example, the Electoral Referendum Act 2010 provided for a review of MMP to be conducted if more than 50 percent of voters voted to retain MMP.

While we think that this proposal sounds good in theory and appreciate the reasoning behind it, we do not support introducing an Electoral Referenda Act, as it would remove the ability for Parliament to debate each referendum, which we think is a healthy democratic process. The only oversight would then be provided by the Regulations Review Committee, which we do not consider sufficient.

**Stand-alone referenda by postal vote**

The 2011 MMP referendum was held in conjunction with the general election, so the public education campaigns for the two polls had to compete. Some submitters thought that future referenda should be held separately from general elections, to improve public debate and engagement. The Electoral Commission told us that running the referendum alongside the general election was difficult administratively, made a complex process significantly more so, and cost $10.3 million for extra staff, training, resources, and information—and that it may be at least as expensive as running a stand-alone postal referendum. An argument for holding referenda with parliamentary elections is that this secures a higher turnout. However, the commission notes that there will be a high turnout anyway for issues the public perceives to be important. For example, the 1997 postal referendum on compulsory superannuation attracted a turnout of 80.3 percent.

The Electoral Commission does not recommend that referenda be held by standalone voting in polling places. It recommends rather that serious consideration be given to holding future referenda by standalone postal vote, to avoid over-complicating general election processes, and to ensure proper attention is given to both the referendum and general election. A standalone postal referendum is also significantly cheaper than a standalone poll. We support this recommendation, although we appreciate that this is not a
clear-cut issue, as there will always be a trade-off between turnout and public debate. Submitters also expressed concern that holding referenda by postal ballot undermines the shared experience of voting, which they argued is fundamental to a democratic society and to ensuring that voting is a social norm.

New Zealand First is strongly of the view that future referenda should be held by standalone postal ballot.

**Recommendation**

We recommend to the Government that it consider examining the merits of a standalone postal vote versus a referendum in conjunction with the general election when making decisions about future public referenda.
Committee procedure
This inquiry was initiated on 8 March 2012. We met between 8 March 2012 and 18 April 2013 to consider the 2011 general election. We received 52 submissions and heard evidence from 20 submitters. We received advice from the Electoral Commission, Enrolment Services, and the Ministry of Justice.

Committee members
Scott Simpson (Chairperson)
Dr Jackie Blue
Hon Lianne Dalziel
Julie Anne Genter
Andrew Little
Alfred Ngaro
Denis O’Rourke
Katrina Shanks
Hon Kate Wilkinson

Holly Walker replaced Julie Anne Genter for this item of business.
Appendix B

List of submitters

Alan Liefting
Alan McRobie
Andrew Sheldon
Andrew Thompson
Ben Dowdle
Brian Collins
Caroline Mabry
David Benson
David Farrar
David Maclure
Electoral Commission
Enrolment Services
Elspeth Ludemann
Felix Lee
Colin Truman, Gary Kircher, David McKenzie, David Hiatt, Dan Dolejs, Robyn Boughton, Jim Gerard, Grant McKenna, Charlotte Kerse, and Frank Brenmuhl
Fred Macdonald
Garth Brown and family
Graeme Edgeler
Henry Clayton
Hilary Gillings
Hugh Hughes
Human Rights Commission
Ineke Odinot
Professor Jeffrey Karp
John Stringer
John White
Jordan Williams
Keith and Jan Furniss
Karl Varley
Kate Hazlett
Margaret Ingram
Martyn Bradbury
Max Coyle
Mike Smith
New Zealand Labour Party
On the Fence
Paul Lunberg
Paul Tipping
Peter Buchanan
Professor Jack Vowles
Ralph Boardman
Roger Baldwin
Ronald David Collinson
Ryan Kennedy
Samantha Taylor
Samuel Clarke
Scott Anderson
Sharyn Black
Television New Zealand Limited
Toni Millar
United Future New Zealand Party
Vivienne Marie Cramond
Wayne and Gaye Russell
Visit of the Māori Affairs Committee to Australia, 29 Oct–1 Nov 2012

Report of the Māori Affairs Committee

Fiftieth Parliament
(Hon Tau Henare, Chairperson)
December 2012

Presented to the House of Representatives
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Visit of the Māori Affairs Committee to Australia, 29 Oct–1 Nov 2012

Recommendation

The Māori Affairs Committee recommends that the House take note of this report.

Background

The Māori Affairs Committee was chosen to participate in the annual select committee exchange between the New Zealand Parliament and the Parliament of Australia. The committee travelled to Sydney, Canberra, and Alice Springs, and met politicians, academics, indigenous groups, and social service providers. The itinerary of our visit is in the appendix to this report.

The purpose of our visit was to learn about government and non-government efforts to improve the wellbeing of Australian indigenous children and young people, in order to inform our inquiry into the determinants of wellbeing for Māori children. The people we met with shared various perspectives on the issue of wellbeing for indigenous youth. Some recurring themes were the effects of poverty, the role of wider families and communities, and government intervention.

Visit to New South Wales

University of Sydney

We met with Professor Shane Houston, Deputy Vice Chancellor Indigenous Strategy and Services, and his colleagues Jane Oakeshott from the university’s Government Relations office and Sandra Meiras, Director of International Services. Professor Houston welcomed the committee to the land of the Gadigal people, and gave us a brief outline of the region’s history, and that of the university. One of the university’s recent initiatives concerning Aboriginal and Torres Strait Islanders is the publication of the strategy document, Wingara Mura Bunga Barrabugu—A thinking path to make tomorrow, which seeks to increase Aboriginal and Torres Strait Islanders’ participation and success at the University of Sydney, and the university’s engagement with the Aboriginal and Torres Strait Islander community. Professor Houston spoke about the development of the strategy and the university’s goal to be the best institution for Aboriginal and Torres Strait Islander higher education. He explained how the university’s support and services for indigenous students had changed in the last 30 years and spoke of his hopes for the future. The university is building relationships with high schools in order to target indigenous students early and show them that tertiary study is a valid option for them.

National Congress of Australia’s First Peoples

The co-chairs of the National Congress, Les Malezer and Jody Broun, and the CEO, Lindon Coombes, welcomed us to their head office in Redfern. They outlined the establishment of the congress in 2010 and its structure and work. At present the National Congress is reliant on government funding but its ultimate goal is to be financially sustainable and independent. Its objectives are advocacy, engagement, and leadership. We asked how the National Congress viewed the Intervention (the Northern Territory...
National Emergency Response Act 2007), and heard that there was concern about the Federal Government’s actions, but also much support for it in Aboriginal communities.

**National Centre of Indigenous Excellence and Tribal Warrior Association Inc.**

We visited the National Centre of Indigenous Excellence and had lunch with the Centre’s CEO, Jason Glanville, and the CEO of the Tribal Warrior Association, Shane Phillips. The centre runs residential and community programmes for mainly indigenous youth, largely based on sport and exercise, with the local police. Participants can be referred from the corrections system, and the programmes have improved participants’ health and wellbeing, while lowering recidivism rates. More than 14,000 young people have participated in the centre’s programmes over the last two years. We discussed ways the concepts behind the centre could be replicated in New Zealand to benefit Māori youth and communities. The centre operates without government funding as it wishes to forge its own path and avoid political influence.

The Tribal Warrior programme trains young Aboriginal people in maritime qualifications while helping to build their connection to their culture. The organisation is directed by Aboriginal people, for Aboriginal people. In addition to skills training, it offers practical assistance such as food and groceries for struggling families.

**Visit to the Parliament of the Commonwealth of Australia, Canberra**

**Breakfast with the Standing Committee on Aboriginal and Torres Strait Islander Affairs**

We met the Standing Committee on Aboriginal and Torres Strait Islander Affairs, chaired by Shayne Neumann. Mr Neumann discussed his committee’s recent work, including reports on indigenous youth in the criminal justice system, and language learning in indigenous communities. The standing committee’s deputy chair, the Hon Dr Sharman Stone, talked about the challenges facing indigenous languages, and expressed interest in the role of Te Reo Māori in government in New Zealand. Our delegation leader, Hon Parekura Horomia, outlined the inquiry we are undertaking into the determinants of wellbeing for Māori children, and the impact of urbanisation on Māori language and culture.

Other members of the standing committee, Natasha Griggs and Graham Perrett, talked about the indigenous communities in their respective electorates. Members of both committees compared the indigenous communities of Australia and New Zealand; and members of the Māori Affairs Committee spoke about some government initiatives affecting Māori children, including Whānau Ora, Home for Life, and WellChild. It was agreed that select committees can be a good forum for developing bold ideas. The differences between native land title rights in Australia and New Zealand were also discussed.

**Meeting with Hon Warren Snowden, Minister for Indigenous Health**

We asked the Hon Snowden about the impact of the Northern Territory Intervention on health outcomes for indigenous children in the region. We heard that results are not yet available. The current focus is on maternal and infant health, with the goal of closing the gap between indigenous and non-indigenous infant mortality rates by 2018. The government is also interested in public health initiatives to influence personal behaviour, for example by restricting access to alcohol and tobacco. The Hon Snowden told us that economic initiatives are focused on providing jobs and opportunities rather than
increasing benefit levels. He described to us the Basics Card programme, which sets limits on how benefit recipients can spend up to half their income.

**Meeting with Hon Jenny Macklin, Minister of Indigenous Affairs**

The Hon Macklin spoke with us about her government’s approach to improving outcomes for indigenous Australians, particularly in the Northern Territory. The Closing the Gaps policy aims to eliminate the disparity in life expectancy between indigenous people and other Australians, within a generation. The policy is also targeting infant mortality rates, early childhood education, and literacy.

We heard that the infant mortality rate has improved as a result of more antenatal care and support for maternal health, and improving health care access in remote areas. Many of the health care initiatives are not specifically targeted at indigenous Australians but have been rolled out in remote areas, where the population is dominated by indigenous people. An effective initiative has been encouraging Aboriginal mothers in remote locations to travel to birth centres in towns. Having indigenous workers in the birth centres has helped indigenous mothers to feel more comfortable and has overcome some resistance. The Hon Macklin also told us about the success of the Aboriginal Health Worker Programme, which has funded health centres staffed by Aboriginal health workers that provide a wide range of services, give patients guidance on proactive health measures, and help them secure appointments.

**Australia–New Zealand Parliamentary Group**

We attended a luncheon organised by the chair and members of the Australia–New Zealand Parliamentary Group. The chair of the group, the Hon Joel Fitzgibbon, welcomed us to the Parliament of the Commonwealth of Australia, and spoke of the bond between our countries and the value of the parliamentary exchanges. Our delegation leader responded in kind and thanked the chair for the warm welcome.

**Meeting with the Speaker of the House of Representatives and the President of the Senate**

We had dinner with Anna Burke, Speaker of the House of Representatives, and Senator the Hon John Hogg, President of the Senate, at Parliament House, along with Senator the Hon Ursula Stephens. The President told us the Australian Parliament greatly valued the joint committee exchange programme and spoke of the importance to members of building connections with their trans-Tasman counterparts.

**Visit to the Australian Capital Territory**

**Australian Institute of Aboriginal and Torres Strait Islander Studies**

John Paul Janke, the Director, Executive and Communications, of the Australian Institute of Aboriginal and Torres Strait Islander Studies, gave a presentation on the history of the institute and a brief overview of its current work. AIATSIS’s role is to record the stories, history, dance, language, and images of Australia’s indigenous peoples. Dr Jaky Troy, its Director, Research Indigenous Social & Cultural Wellbeing, discussed current projects on language revitalisation and education for Aboriginal and Torres Strait Islander communities. Dr Troy expressed interest in the Te Kotahitanga programme and the potential to utilise some aspects of it in Australia. Dr Troy and committee members discussed the value of community-driven versus government-run language revitalisation programmes and education. Mr Janke also spoke of the institute’s role as a publisher of Australian indigenous content, and its digitising of its collections. The committee then
toured the institute’s library and learnt of its annual road shows which give remote communities access to the institute’s resources and guidance for researching their histories.

**Centre for Aboriginal Economic Policy Research, Australian National University**

We met with Professor Jon Altman and his colleagues, Dr Nicholas Biddle, Dr Janet Hunt, Dr Boyd Hunter, Dr Jerry Schwab, and Professor Matthew Gray at the Centre for Aboriginal Economic Policy Research at the Australian National University. Professor Altman told the committee that the inquiry into the determinants of wellbeing for Māori children brought up many issues that were also of concern regarding indigenous Australian children. Professor Altman and his colleagues discussed the centre’s research projects that were relevant to the committee’s inquiry, including work on benefit dependency. Professor Altman pointed out that $1 billion has already been invested in income management schemes, but as yet with no evidence of success.

Members and academics discussed the disproportionate effects of poverty on indigenous people in New Zealand and Australia. Dr Hunt spoke of a need for culturally legitimate governance models and government services, particularly in the Northern Territory, rather than “outsiders” coming into communities on short-term government contracts, at great cost, and with little effect. Dr Altman said the challenge is to create sustainable jobs to help families to overcome poverty, and the many adverse effects of unemployment.

The centre’s staff discussed recent community development projects, which have had mixed success. They had provided work and training for people, but rarely led to long-term employment. Professor Gray pointed out that although it was difficult to demonstrate the economic benefits of community development projects, it was a cheap initiative as participants would receive the unemployment benefit regardless of participation in a project. It was impossible to measure the programmes’ impacts because of the way they were structured.

Professor Altman observed that there was a reluctance to take risks with programmes that might benefit vulnerable indigenous families. He believes the Australian Government is focused on a monopolistic programme and unwilling to try alternatives. He argued for considering alternatives to the Intervention, which has been very expensive and relatively ineffective.

We asked if the government was working with Aboriginal and Torres Strait Islander communities to develop programmes, but heard there was a lack of indigenous representation in Canberra and few opportunities for indigenous people to advocate on their own behalf.

**Visit to the Northern Territory**

**Central Australian Aboriginal Media Association**

The committee was hosted for lunch at the Central Australian Aboriginal Media Association along with a number of people from the Alice Springs Aboriginal community. Members were welcomed to the association and to Alice Springs. Our delegation leader, Hon Parekura Horomia, responded and thanked the locals for their welcome. After lunch, members were given a tour of the association’s facility and heard of the organisation’s history and current work. The association’s radio station manager, Gerry Lyons, told members that the association operates the largest indigenous media
network in Australia. The facility also provides training for Aboriginal youth in various media skills. CAAMA’s goal is to provide a voice for indigenous Australians. Members discussed the similarities to media initiatives in New Zealand, including iwi radio and Māori Television.

Imparja TV
We then visited the affiliated television station, Imparja TV, which runs a television channel and produces some content in house, and some advertising. Imparja producer Julie McAllan gave members a tour of the facilities, including the set of the children’s show *Yamba’s Playtime* and the production booths. An important part of Imparja’s operations is giving recent high school graduates general employment experience, as well as specific training in broadcasting.

Ngaanyatjarra, Pitjantjatjara and Yankunytjatjara Women’s Council
We met with the leaders of the Ngaanyatjarra, Pitjantjatjara and Yankunytjatjara Women’s Council, a body established in 1980 to represent Aboriginal women in the central part of Australia, including parts of the Northern Territory, Western Australia, and South Australia. The council originally focused on campaigns to reduce alcohol abuse and petrol sniffing. It made some practical gains, including the replacement of regular petrol with a low-aromatic alternative in many remote communities, which has reduced sniffing by up to 95 percent in some communities.

Today the council has about 100 staff and offers a range of family and community support services. The council receives referrals from health providers and families self-refer. Traditional social services are provided, along with Aboriginal cultural support. Seven traditional healers, Ngangkiri, are employed by the council.

The council’s leaders are aging and there is a shortage of younger women ready to step up into leadership positions. The council hopes to develop a process to develop the next generation of leaders. Another challenge is a lack of support from some men in the community, but the women felt they were generally successful in their work and found strength as a collective.

The council members told us they felt the state child protection system was often very punitive towards mothers, without consideration of the wider context of their lives. They were concerned at the number of children removed from their parents, and felt that the state was not a good parent and children in foster care were vulnerable. The council uses its networks and wide connections to find family members to care for vulnerable children, allowing them to stay connected to their culture and family.

After much research, the council supports income management. They believe that communities should be able to recognise the families that would benefit from being in the programme, but believe it should be voluntary unless parents are not caring adequately for their children. Members explained how the Basics Card worked for income management purposes, and its benefits for users. In particular, they felt the card could stop predatory partners from misusing funds. However, the council does not support cutting benefits to the parents of truant students, and felt it was more effective to address the causes of truancy.

Yipirinya School
Yipirinya School is one of the few schools that is controlled by Aboriginal people. The school council consists of local Aboriginal elders, who determine policies and staffing.
The school operates on a bilingual and bicultural basis, teaching children in their own languages as well as English. We heard that the school aims to produce students who understand the indigenous way and the “white man’s” way. Along with registered teachers who can teach the national curriculum, the school employs teachers who have cultural skills and knowledge. The committee met with the school’s principal, Ken Langford-Smith, who spoke of the unique challenges his school faces. Students come from struggling communities around Alice Springs and attendance rates are much lower than mainstream schools. The principal spoke of the challenges of providing school transport with less funding than other schools, and the need to transport children from far and wide, with some students travelling 150 kilometres round trip per day. The catchment of the school and the barriers with school transport is a contributing factor to poor attendance. Another factor that impacts attendance is the transient nature of the families that attend the school. The principal also stated that he would have liked to have seen the enforcement of obligations when children were truant. The school gives students breakfast and lunch, and provides health services and sanitation facilities. The committee toured the dining hall and met some students having breakfast, and also visited one of the classrooms, meeting Year 1 students and their teacher.

**Tangentyere Council**

We met with board members, the chief executive officer, and senior staff of the Tangentyere Council, an Aboriginal-owned and -controlled organisation that provides social services to town camp residents. The council is governed by an executive that includes representatives of all 18 town camps in Alice Springs.

There are about 2000 town camp residents, the population varying as people move back and forth between Alice Springs and remote outstations. Each town camp community is based on language and kinship groups. Many town camp residents are isolated from the mainstream Alice Springs community, and the Tangentyere Council provides services that they would otherwise miss out on.

The council manages about 198 houses on the town camps. It offers family and youth services, day and night patrols, a research and art centre, aged and community care, community banking services, and five not-for-profit enterprises. Tangentyere Council also provides some services including inhalant abuse and youth initiatives, to remote communities in the hope that that this will reduce negative impacts on the town camps.

The council has a mixed relationship with the federal government. We heard that there was disagreement on the best way to support town camp residents and provide essential services to these communities. For example, the council’s proposal to build community centres in some of the camps was rejected, as the government felt such centres might create enclaves within the camps. The council feels that government social service contracts tend to be too prescriptive, and they are working with the government to increase their flexibility.

Various staff from the council’s social services arm spoke to us about their programmes. The council’s activities are extensive, offering intervention, education, and support to children from birth to adulthood, along with their families. The staff spoke of some of the problems in engaging with families in the area, including transiency, complex family dynamics, and inter-generational drug and alcohol problems. A key challenge is providing continuity of services and keeping children engaged so that none “slip under the radar”. Staff are concerned that many government services deal with vulnerable children and vulnerable parents separately, whereas the council seeks to work with families holistically.
The council offers a number of unique programmes for at-risk youth, including a drum therapy programme; the resulting talented performance group has travelled around Australia. Other programmes introduce young people to working with animals and to bush-craft.

Tour of Alice Springs Town Camps

Guided by Walter Shaw, we visited four town camps (Whitegate, Warlpiri, Mount Nancy, and Trucking Yards) in the outer areas of Alice Springs. The camps vary in the sophistication of their infrastructure, only some having paved roads, electricity, and piped water. The quality of housing also varies greatly. The camps’ populations fluctuate as people from outstations move in and out of Alice Springs. The government has offered some residents alternative accommodation in public housing, but many do not want to leave their traditional lands.

Meeting with Josephine Lee from Strong Aboriginal Families Together

The committee met with Josephine Lee from Strong Aboriginal Families Together, the Northern Territory’s peak body for Aboriginal children, youth and families, where she is Manager, Aboriginal Child, Youth and Family Services. The organisation works to increase decision-making by Aboriginal people, and the use of evidence-based approaches to policies and services, adopting a child-centred, rights-based approach.

Ms Lee spoke about her experiences working with vulnerable Aboriginal families and stakeholder agencies. She felt that the current child protection and state care system was not the answer, and in some cases increased the vulnerability of children. Ms Lee suggested that they were better served by the provision of community and “grassroots” care, partnered with early intervention for at-risk families. Social workers attempting to engage with Aboriginal families encountered a legacy of distrust for social agencies. Ms Lee outlined the traditional family structures and practices of Aboriginal people and how they differed from those of other Australians, everyone in a wider family taking a role in caregiving, rather than just a child’s parents. Elders in Aboriginal communities have been leaders and role models in the search for positive solutions beyond the welfare system. Strong Aboriginal Families Together aims to employ mainly Aboriginal staff, who they believe can connect better with their clients.

Ms Lee explained that for many vulnerable Aboriginal families, violence has been normalised. Children who grow up in negative family environments know no other way, and are likely to repeat similar behaviour with their own children. Other concerns include high youth suicide rates, poor maternal and child health, high infant mortality, sexual abuse, and sexual activity at an early age.

Central Land Council

We met with David Ross, Director of the Central Land Council, and his colleagues at the council’s offices. Mr Ross outlined the history of the council since its establishment in the 1970s. The council represents native title holders in the southern half of the Northern Territory. The area is divided into nine regions, from which 90 representatives are elected to the council on three-year terms. The council staff discussed the practical implications of native title rights, and how title holders can utilise the land.

Starting in 2005, the Central Land Council has supported community development projects, as a way of using rent profits and royalties from native land to benefit communities. Projects may focus on culture, education, health, social wellbeing, or
employment. Community members determine priorities and goals; the projects are then carried out by community members, sometimes with the support of other organisations. They are monitored and evaluated by the council.

We heard how the council has worked to ensure that mining on native land brings benefits to remote communities. It has advocated employment opportunities in the mines, and has been working to increase skills by encouraging Aboriginal people to enrol in training programmes.

We also heard about the Warlpiri Education and Training Trust, which uses mining royalties to fund education and training programmes for Warlpiri people of all ages. The trust is run by a central committee, and leads community consultation to develop projects.

**Dinner with His Worship Damien Ryan, Mayor of Alice Springs**

On our final night in Alice Springs we had dinner with the town’s mayor, some members of the Shaw family, and some staff from the Central Australian Aboriginal Media Association. His Worship told the committee about the state of Northern Territory politics after the recent election, and explained how the geography of the territory influenced its political landscape. He also spoke briefly about recent government interventions in the Alice Springs town camps.

**Acknowledgements**

**Thanks to the Presiding Officers of the Parliament of the Commonwealth of Australia**

We would like to thank the Presiding Officers of the Parliament of the Commonwealth of Australia for hosting us and taking care of our needs. We were provided with excellent accommodation and transport, and were extremely well looked after by Paul Jeanroy from the Australian Parliamentary Relations Office, who accompanied us throughout the visit. We would also like to thank them for the dinner we attended on our second night in Canberra, hosted by the Presiding Officers, Anna Burke and Senator the Hon John Hogg.

**Thanks to the High Commissioner**

We would also like to thank the High Commissioner, HE Major General (Rtd) Martyn Dunne, CNZM, who hosted us for dinner at his residence.

**Thanks to Gerry Terati Lyons**

We would also like to thank Gerry Terati Lyons for the introductions and the coordination of the visits in Alice Springs.
Appendix

Committee members
Hon Tau Henare (Chairperson)
Te Ururoa Flavell
Hone Harawira
Brendan Horan
Hon Parekura Horomia
Katrina Shanks
Rino Tirikatene
Metiria Turei
Nicky Wagner
Louisa Wall
Louise Upston
Jonathan Young

Programme

Monday 29 October

0900 Meet with staff from the University of Sydney: Professor Shane Houston, Deputy Vice-Chancellor (Indigenous Strategy and Services), Jane Oakeshott, Senior Adviser, Government Relations Office of the Vice-Chancellor and Principal, and Sandra Meiras, Director of International Services.

1030 Meet with representatives of the National Congress of Australia’s First Peoples: co-chairs Les Malezer and Jody Broun, and the CEO, Lindon Coombes.

1200 Working lunch with representatives of the National Centre of Indigenous Excellence and the Tribal Warrior Association: CEOs Jason Glanville and Shane Phillips, followed by a tour of the complex.

1520 Depart Sydney

1615 Arrive Canberra

1830 Attend dinner hosted by New Zealand’s High Commissioner to Australia, HE Major General (Rtd) Martyn Dunne, CNZM.
Tuesday 30 October

0745 Breakfast meeting with members of the House of Representatives Standing Committee on Aboriginal and Torres Strait Islander Affairs (Chair: Mr Shayne Neumann).

0930 Meet with representatives of the Australian Institute of Aboriginal and Torres Strait Islander Studies (AIATSIS), Mr John Paul Janke, Director, Executive and Communications.

1115 Meet with Hon Warren Snowdon, Minister for Indigenous Health.

1230 Luncheon meeting with members of the Australia–New Zealand Parliamentary Group (Chair: Hon Joel Fitzgibbon).

1400 Observe question time, House of Representatives Chamber.

1500 Meet with representatives of the Australian National University Centre for Aboriginal Economic Policy Research, Professor Jon Altman.

1730 Meet with Hon Jenny Macklin, Minister for Indigenous Affairs.

1800 Attend the Heads of Diplomatic Missions reception.

1900 Attend dinner hosted by the Presiding Officers of the Australian Parliament.

Wednesday 31 October

0730 Depart Canberra

0825 Arrive Sydney

0950 Depart Sydney

1130 Arrive Alice Springs
1230 Meet with local community leaders at lunch hosted at the Central Australian Aboriginal Media Association: Warren Williams, Walter Shaw (CEO, Tangentyere Council), Leshay Maidment (Deputy CEO, Central Australian Aboriginal Congress), David Ross (Director, Central Land Council), Michael Liddle (Lhere Artepe), and Owen Cole (Director, Yeperenye Complex).

1315 Tour of Imparja TV, Julie McAllan, Producer.

1500 Meet with Directors of the NPY Women’s Council

Thursday 1 November

0800 Visit Yipirinya School, meet with school’s principal, Ken Langford-Smith

0930 Meet with representatives of Tangentyere Council, Walter Shaw (CEO)

1100 Tour of Town Camps, Whitegate, Warlpiri, Mount Nancy, and Trucking Yards

1300 Lunch with Tangentyere Council staff and elders

1430 Meet with Aboriginal Child, Youth and Family Services: Jo Lee, Manager

1600 Meet with representatives of the Central Land Council, David Ross, Director

1900 Attend dinner hosted by His Worship Damien Ryan, Mayor of Alice Springs.
Te haerenga o te Komiti Whiriwhiri Take Māori ki Ahitereiria i ngā rā 29 o Whiringa-ā-nuku–1 o Whiringa-ā-rangi i te tau 2012

Te pūrongo a te Komiti Whiriwhiri Take Māori

Pāremata e Rima te Kau
(Hōnore Tau Hēnare, Heamana )
Hakihea i te tau 2012

I whakatakotoria ki te aroaro o te Whare Māngai
Ihirangi

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Te haerenga o te Komiti Whiriwhiri Take Māori ki Ahitereiria i ngā rā 29 o Whirinanga-ā-nuku - 1 o Whiringi-ā-rangi i te tau 2012

Tūtōhutanga

Ka tūtōhu te Komiti Whiriwhiri Take Māori Affairs kia aro mai te Whare ki te pūrongo nei.

Whakamārama

I tohunga te Komiti Whiriwhiri Take Māori kia whai wāhi ki te whakawhitinga ā-tau o ngā komiti whiriwhiri o te Pāremata o Aotearoa me te Pāremata o Ahitereiria. I haere te komiti ki Poihākena, Canberra me Alice Springs, kia tūtaki i ngā tāngata tōranga, ngā tohunga mātāuranga, ngā rōpū tangata whenua, me te hunga whakarato āwhina ki te hāpori. Kei te tāpiriranga ki te pūrongo nei te āhua o tā mātou haerenga.

Ko te kaupapa o te haerenga kia ako mō ngā mahi a te kāwanatanga me waho o te kāwanatanga ki te whakapiki i te oranga o ngā tamariki me ngā rangatahi o ngā tāngata whenua o Ahitereiria, he aha ai? Hei tāpiriranga ki tā mātou rangahau mō te oranga o ngā tamariki Māori. I kōrero mātou ki ngā tāngata o reira mō te take o te oranga o ngā rangatahi tangata whenua. Ko ētahi o ngā kaupapa i rite te whakaārahia ko te whitu o te poharatanga, te wāhi ki te whānau me te hāpori, me te wāhi ki te kāwanatanga.

Haerenga ki New South Wales

Te Whare Wānanga o Poihākena

Ka tūtaki mātou i a Ahorangi Shane Houston, te Tumuaki Tuarua 6-Raro o Ngā Ratonga me te Rautaki Tāngata Whenua me ōna hoa mahi a Jane Oakeshott nō te tari Whanaungatanga Kāwanatanga o te whare wānanga, me Sandra Meiras hoki, Te Kaiwhakahaere o Ngā Ratonga Huri Noa te Ao. Ko pōhiri a Ahorangi Houston i a mātou ki te whenua o te iwi Gadigal, ka whakarāpopoto i te hitori o taua rohe me te whare wānanga. Ko tētahi o ngā kaupapa hou o te whare wānanga e pā ana ki te Iwi Moemoeā me ngā iwi o Torres Strait ko te tuhinga rautaki kia ia ko Wiingarra Muuri Bunga Barrabunga – A Thinking Path to Make Tomorrow, e rapu ana i tētahi wāhi nui ake mō te Iwi Moemoeā me te iwi o Torres Strait ki te whare wānanga o Poihākena, me te kuhu a te whare wānanga ki ngā hāpori o Ngā Iwi Moemoeā me ngā iwi o Torres Strait. I kōrero a Ahorangi Houston mō te whakahiatonga o te rautaki me te whāinga o te whare wānanga ko noho heī whare wānanga pai rawa atu mō ngā tāngata o te Iwi Moemoeā me ngā iwi o Torres Strait. I whakamārama a ia i te rerekē haere o ngā tautoko me ngā ratonga ka āhanga ki ngā ākonga mai i ngā tāngata whenua i roto i te 30 tau kua pahure, ka kōrero hoki a i a mō ngā tūmango a ngā rā kei te tū. Kei te tūhono noho te whare wānanga ki ngā kura tuarua kia āhanga moata ai te titiro ki ngā ākonga mai ngā tāngata whenua, kia tareka ai te whakautu atu i ngā painga o te akomanga ki te whare wānanga.

Te Rangatōpū Hanga Ture Huri Noa te Motu mō Ngā Tāngata Tuatahi o Ahitereiria

Nā ngā heamanera e rua o Te Rangatōpū Hanga Ture Huri Noa te Motu, nā Les Malezer rāua ko Jody Broun me te Manahautū a Lindon Coombes mātou i pōhiri ki tō rātou tari
matua ki Redfern. Ka whakatakoto e rātu te waihangatanga o te congress i te tau 2010, tōna hanganga me āna mahi. I tēnei wā ka whiwhia te congress ki ngā āwhina pūtea a te kāwanatanga, heoi, ko te whāinga kia motuhake te tū i te taha putea, ā, haere ake nei. Ko ngā mea ka whāia ko te tautoko, te tūtaki me te ārahi. I pātai mātou he aha ngā whakaaro o Te Rangatūpū Hanga Ture Huri Noa te Motu mō te Wawaotanga (te Ture Northern Territory National Emergency Response o te tau 2007). Ka rongo mātou i ngā māharahara mō tēnei mahi a te Kāwanatanga Whakaminenga o Ahitereiria, heoi, ka rongo hoki mātou i ngā tautoko mai ngā hapori o ngā tāngata whenua.

Te Pokapū Huri Noa te Motu o Indigenous Excellence, o Tribal Warrior Association Inc. hoki

Ka haere mātou kia kīte i te Pokapū Huri Noa te Motu mō te Indigenous Excellence, ka tīna hoki me te Manahautū a Jason Glanville rāua ko Shane Phillips te Manahautū o Tribal Warrior Association. Ka whakahaere te pokapū i ngā hōtaka mō te noho kāinga me te noho i te havori, mā ngā rangatahi ko te nuinga he tāngata whenua, e hāngai pū ana ki ngā hākinakina me te kori tītana, i te taha o ngā rōpū pirihimana. Ka tōnoa te hunga kuhi mai te pūnaha mauhere, kua pilik i te ora o te hunga nei, kua heke hoki te hoki atu ki ngā mahi tūkino. I rito i ngā rua tau kua pahure kō atu i te e 14000 ngā rangatahi kua whai wāhi ki ngā hōtaka a te pokapū. I kōrero mātou mō te kawe i te hōtaka nei ki Aotearoa hei painga mō ngā rangatahi Māori me ngā havori. Kāore te pokapū e whiwhi āwhina mai te kāwanatanga, i runga tonu i te whakaaaro kia para i tōna anō huārahi, hei aha te awenga o te ao tōranga hō. Ko tā te hōtaka Tribal Warrior he tautoko i ngā rangatahi o te Iwi Moemoeā ki ngā tohu kaumoana, me te āwhina i a rātou kia mōhio ki tō rātou ake ahurea. Ko ngā kaiwhakahaere o te rōpū nō te Iwi Moemoeā, ko ngā painga o te rōpū mā te Iwi Moemoeā. I tua atu i ngā whakangungu mō te mahi, he āwhina ki te taha kia mō ngā whānau kei te whiu.

Ka pātaki mātou ki te Komiti Whātiti Whiriwhiri Take Iwi Moemoeā, me te Iwi o Torres Strait, ko Shayne Neumann te heamana. Ka kōrero mai a ia mō ngā mahi a te komiti pērā i ngā pūrongo mō ngā rangatahi tāngata whenua i tā kaha ki te ture, me te ako i ngā reo taketake i ngā havori o ngā tāngata whenua. Ko Hūnora Tākutu Sharman Stone te heamana tuarua o te komiti, i kōrero mō te mahi nui ki te whakaora i ngā reo taketake, i whaiwhai hoki he aha te tūranga o te reo Māori i roto i te kāwanatanga o Aotearoa. Nā to mātou kaiārahi nā Hūnora Parekura Horomia i whakamārama i tā mātou rangahau mō te oranga o ngā tamariki Māori me ngā pāanga o te noho tāone ki runga i Te Teo Māori me ōna Tikanga.

Te parakuihi i te taha o te Komiti Whātiti Whiriwhiri Take Iwi Moemoeā, me te Iwi o Torres Strait

Ka tūtaki mātou ki te Komiti Whātiti Whiriwhiri Take Iwi Moemoeā, me te iwi o Torres Strait, ko Shayne Neumann te heamana. Ka kōrero mai a ia mō ngā mahi a te komiti pērā i ngā pūrongo mō ngā rangatahi tāngata whenua i tā kaha ki te ture, me te ako i ngā reo taketake i ngā havori o ngā tāngata whenua. Ko Hūnora Tākutu Sharman Stone te heamana tuarua o te komiti, i kōrero mō te mahi nui ki te whakaora i ngā reo taketake, i whaiwhai hoki he aha te tūranga o te reo Māori i roto i te kāwanatanga o Aotearoa. Nā to mātou kaiārahi nā Hūnora Parekura Horomia i whakamārama i tā mātou rangahau mō te oranga o ngā tamariki Māori me ngā pāanga o te noho tāone ki runga i Te Teo Māori me ōna Tikanga.

Tērā etahi atu mema o te komiti a Natasha Griggs rāua ko Graham Perrett i kōrero mō ngā havori tāngata whenua i o rāua ake rohe poti. Kātahi ka whakataurite ngā mema o ngā komiti e rua i te āhuia o ngā havori tāngata whenua i Aotearoa me Ahitereiria; ka kōrero hoki etahi o te Komiti Whiriwhiri Take Māori mō te pāanga o ngā kaupapa a te kāwanatanga pērā i a Whānau Ora, i a Home for Life me Wellchild ki runga i te oranga o ngā tamariki Māori. I whakaae tahi, he mea pai ngā komiti whiriwhiri take nei ki te whakaaara kaupapa, ki te whakaara tirohanga hou hoki. I kōrero tōhia kōtitinga rātū tanga tanga o ngā tika ki ngā taitara whenua i Aotearoa me Ahitereiria hoki.
Te tūtaki i a Hōnore Warren Snowden, Minīta Hauora Tangata Whenua

Ka pātai mātou ki te Hōnore Snowden mō te pānga o te Northern Territory i runga i te hauora o ngā tamariki tangata whenua o taua rohe. I rongo mātou kāore anō kia puta mai ngā putanga. Kei te hāngai te titiro i tēnei wā ki te hauora o te whāea me te tamaiti nohinohi, ko te whāinga kia whāiti te waehenga i waenganui i ngā tangata whenua me te hapori whānui mō te taha ki ngā tamariki nohinohi kei te matemate, ā te tau 2018. I tua atu kei te whaiwhai te kāwanatanga i tētahi pāhotanga tūmatanui ki te whakaaio i te whanonga o te tangata, hei tauira, mā te kaitiaki i te whakaipaia noa ki te kai waipiro me te tupeka. Ko te kōrero mai a Hon. Snowden ki te hāngai ngā take ōhangahangi ki te whakatū māhia, kaua ki te whakapipiko i te hunga kei te tono penihana. I whakamārama mai a ia mō te hōtaka Basic Cards, e tohu ana e te tangata kei te whakapau i te taha i te tūhitūhi.

Te tūtaki i a Hōnore Jenny Macklin, Minīta Take Tangata Whenua

Ka kōrero a Hōnore Macklin ki a mātou mō ngā mahi a tōna kāwanatanga ki te whakapipiko i te taha ki ngā tāngata whenua o Ahitereiria, me kī, te hunga e noho ana ki Northern Territory. Ko te kaupapahere Closing the Gaps e whai ana kia ōrite ai ngā tau e ora ai te tangata whenua ki tērā o ngā tāngata katoa o Ahitereiria, i roto i te whakatūtūtū whakatupuranga kotahi. Kei te hāngai hoki te kaupapa here nei ki te ō-whelanga o ngā tamariki nohinohi kei te matemate, te mātāuranga kōhungahunga, me te pānui me te tuhitūhi.

I rongo mātou kua piki te kaha o ngā tamariki nohinohi nā te piki o ngā ratonga mō te tikia tamariki nohinohi me te oranga o te whaea, me te āheinga o ngā tāngata kei ngā wāhi māmāko ki ngā āwhina hauora. Kāore te maha o ngā hōtaka hauora i te hāngai pū ki ngā tāngata whenua o Ahitereiria, heoi, i whakaratoa ki ngā rohe pāmāmāo, me ki ngā wāhi e nui ana ngā tāngata whenua. Ko te kaupapa pai ko te whakatenatena i ngā wāhine e tata ana ki te whānau, ki haere ki ngā pokapū whakawhānau tamariki kei ngā taone. Nā te noho mai o ngā kaimahi tāngata whenua ki ngā pokapū whakawhānau tamariki tētahi take hei whakatāu mārire i ngā wāhine kia haere ki ngā pokapū i ngā tāone whakawhānau ai. I kōrero hoki a Hōnore Macklin mō te pai o te Hōtaka Aboriginal Health Worker, e noho mai rā i ngā pokapū hauora, e whakarato ana i te maha o ngā hōtaka, e awhi ana i ngā tūroro mō ngā whanonga pai, me te mahi kia taeata ake rātou ki ngā tākutau i ngā wā e tika ai.

Kohinga Pāremata o Ahitereiria–Aotearoa

I tina mātou ki te taha o te heamana me ngā mema o te Kohinga Pāremata Ahitereiria—Aotearoa. Ko Hōnore Joel Fitzgibbon te heamana o te kohinga, nāna mātou i pōhiri ki te Pāremata o Ahitereiria Herenga ki Ingarangi, ka kōrero hoki mō te whanaungatanga i waenganui i ō tātou whenua, me te wāhi nui o ngā whitiwhitinga pāremata pēnei. Nā te kaiaarataki o tō mātou apanoto ngā mihi i whakautu, ā, nana anō i mihi atu ki te heamana mō te mahana o te pōhiri ki a mātou.

Te tūtaki i Te Mana Whakawā o Te Whare Māngai me te Perehitini o Te Kāhui Hanga Ture

Ka kai tahi mātou ko Anna Burke ko ia Te Mana Whakawā o te Whare Pāremata, ko Hōnore John Hogg, te Perehitini o Te Kāhui Hanga Ture, i te Whare Pāremata, i te taha o Kaihanga Ture te Hōnore Ursula Stephens. I kōrero mai te Perehitini, hei tā te
Paremata o Ahitereiria, he mea tino nui ēnei whitiwhitinga o ngā komiti, ka kōrero anō a ia mō te whirihiri taura here i waenganui i ngā Paremata e rua.

**Haerenga ki Australian Capital Territory**

**Te Wānanga o Ahitereiria mo Akomanga Iwi Moemoeā me te Iwi Torres Strait**

Ko John Paul Janke te Kaiwhakahaere, Mana Whakahaenga me ngā Take Whakawhitinga Whakaaro, Kōrero o te Wānanga o Ahitereiria mō ngā Akomanga Iwi Moemoeā me te Iwi o Torres Strait, i kōrero mō te pūtahi me āna mahi. Ko tā te WAAIMITT he kohikohi i ngā pūrākau, ngā hitori, ngā haka, ngā reo me ngā pikitia o ngā tangata whenua o Ahitereiria. Ko Tākuta Jaky Troy te Kaiwhakahaere o te Rangahau Oranga Ahurea, Pāpori Tangata Whenua, i kōrero mō ngā tūmahi ki te whakaora reo me te mātāuranga i ngā hapori o ngā Iwi Moemoeā me ngā iwi o Torres Strait. I pātai a Tākuta Troy mō te hōtaka Te Kotahitanga mēnā ka pai ki te kawe ētahi wāhanga ki Ahitereiria whakamahia ai. I whakawhitingi kōrero a Tākuta Troy me ngā mema o te komiti mō te pai o ngā hōtaka whakaaro reo ka ahu mai i te kāwanatanga tērā ki ngā hōtaka whakaora reo me ngā mātāuranga ka ahu mai i ngā hapori. I kōrero a Mr Janke mō te wāhi o te tūranga o te pūtahi hei kaiwhakaputanga rauemi mō ngā tāngata whenua o Ahitereiria, me te hopu i aua kohikohinga rauemi ki rorohiko. Kātahi ka haere te komiti kia mātaki i te whare pukapuka o te pūtahi, ka rongo i ngā kōrero mō te haerenga ia tau ki ngā hapori tawhiti kia taea ai e aua hapori te whātoro ki ngā rauemi me ngā āwhina a te pūtahi hei tautoko i a rātou ake hītori.

**Te Pokapū Rangahau Kaupapahere mō te Īhanga Iwi Moemoeā o te Whare Wānanga Huri Noa te Motu o Ahitereiria**

Ka tūtaki mātou ki a Ahorangi Jon Altman me āna hoa a Tākuta Nicholas Buddle, a Tākuta Jent Hunt, a Tākuta Boyd Hunter, a Tākuta Jerry Schwab me Ahorangi Matthew Gray i te Pokapū Rangahau Kaupapahere mō te Īhanga Iwi Moemoeā o te Whare Wānanga Huri Noa te Motu o Ahitereiria. Ka kōrero a Ahorangi Altman ki te komiti mō te rangahau mō ngā whakapainga i te tamaiti o te tangata whenua, i whakaara ake i te maha o ngā take kei te māhara kia rātou mō te āhua me te noho o ngā tamariki o ngā tāngata whenua o Ahitereiria. Ka kōrero hoki a Ahorangi Altman me āna hoa mō ngā tūmahi a te pokapū kia āhanga ki te rangahau a te komiti, tae atu ki ngā mahi mō te āhua o te whirinakitanga ki te penihana. Hei tā Ahorangi Altman, kua pau kē te $1 piriona ki ngā kaupapa whakahaere whakapaunga moni, heoi, kāore anō kia kītea he hua.

Ka noho ngā mema me ngā tohunga mātāuranga ki te kōrero mō ngā putanga kētanga o te rawakoretanga ki ngā tangata whenua o Aotearoa me Ahitereiria. Ka kōrero a Tākuta Hunt mō te tino hiahiatia o ētahi tauira whakahaere kāwanantanga me ngā ratonga kāwanantanga e tika ai mā ngā tangata whenua, me ki, i te Northern Territory, tērā i te tīki “rāwaho” ki haere ake ki ngā hapori mō te wā poto, mō te nui utu me te hua kore. E ai ki a Tākuta Altman, ko te wero kē, ko te waihanga tūranga mahi wā roa ki te tau-toku i ngā whānau kia puta i te rawakoretanga me ngā hua kino o te kore mahi.

Ka kōrero mai ngā kaimahi mō ētahi o ngā tūmahi i roto i te hāpori me te whai hua o ētahi. I whakaratoa he mahi me te whakangungu ki ētahi tangata, engari kāore ēnei i puta ki ētahi tūranga mahi tūturu. Hei tā Ahorangi Gray, hāunga te uaua o te tohu ki ngā paina kia hua i ēnei tūmomo mahi, he ihi noa te utu o ēnei i te mea ka whiwhi tonu te tangata i te penihana kore mahi mēnā kei runga ia i tētahi o ēnei tūmahi kāore rānei. Kore rawa e taea te ine i te pai o ēnei tūmahi nā te hanga o ēnei tūmahi.
Hei tā Ahorangi Altman kāore ētahi e hiahaia te whakamātau i ngā hōtaka tērā ka whai hua ngā whānau o ngā tāngata whenua. Ka whakapono ia kei te titiro kē te Kāwanatanga o Ahitereiria ki tētahi hōtaka nui whakaharara, hei aha ētahi atu tiwhanga. Kei te hāpai a ia i ngā hōtaka i tua atu i tērā mō te Wawaotanga, hei ko tāna, he hōtaka nui rawa te utu, iti iho ngā painga.

I pātai mātou mehemea kei te mahi tahi te kāwanatanga ki te taha o te Iwi Moemoeā me ngā iwi o Ngā Motu o Torres Strait ki te whakahiato hōtaka, heoi ko te whakautu, he ruarua noa ngā reo kōrero mō ngā tāngata whenua ki Canberra, ruarua hoki ngā tuwheratanga ki ngā tāngata whenua ki te kōrero mō ā rātou ake take.

**Haerenga ki Northern Territory**

**Te Tōpūtanga Pāpāho Iwi Moemoeā o Ahitereiria ki Waenganui**

Ka pōhiriia te komiti ki te tina i te taha o te Tōpūtanga Pāpāho Iwi Moemoeā o Ahitereiria ki Waenganui me ētahi nō te hapori Iwi Moemoeā o Alice Springs. Nā te tōpūtanga nei mātou i pōhiri ki Alice Springs. Nā te kaiaara o tō mātou apatono, a Hōnore Parekura Horomia ngā mihi a te tanga whenua i whakautu. Ka mutu te tina ka haria mātou kia kī te ngā whare me ngā rawa a te tōpūtanga nei, ka rongo hoki mātou i te hitori o te rōpū, tae rawa iho ki ngā mahi kei te mahia ināia tonu nei. Nā te kaīwhakahaere o te reo irirangi o te rōpū nā Gerry Lyons te kōrero e mea ai ko tēnei te pūnaha nui rawa o ngā pūnaha pāpāho a te tanga whenua puta noa i Ahitereiria. Ko tētahi atu mahi a te rōpū ko te whakangungu i te hunga rangatahi mai te tanga whenua ki ngā kaupapa pāpāho. Ko te whāinga o TPIMAW kia rongo i te reo o ngā tāngata whenua puta noa i Ahitereiria. Ka kōrero ngā mema o te komiti mō te rite o ngā nekeke i te ao pāpāho o Ahitereiria ki ngā whanaketanga i Aotearoa, pērā i ngā reo irirangi Māori me te pouaka whakauta Māori.

**Whakaata Imparja**

Kātahi ka haere mātou kia kī te a Whakaata Imparja. Ka waihangatia e Imparja tonu ētahi o ngā whakauturanga ka pāhota i te hongere, tae atu ki ētahi pānui hokohoko. Nā tētahi o ngā tumuaki nā Julie McAllan mātou i ārahi haere ki tirotiro i te teihana, tae atu ki te wāhi mahia mai ai a Yamba’s Playtime, he whakauturanga mā te hunga tamariki, me ētahi o ngā tāiwhanga mō te hanga whakaturanga. Ko tētahi kaupapa nui i ngā mahi a Imparja ko te whakangungu i ngā rangatahi kua puta i te kura tuarua ki te ao mahi, tae atu ki ngā whakangungu mō te mahi pāhō.

**Te Kaunihera Wāhine o Ngaanyatjarra, Piljantjtjalarra me Yankunytjatjara**

Ka hui mātou me ngā rangatira o te Kaunihera Wāhine o Ngaanyatjarra, Piljantjtjalarra me Yankunytjatjara. I whakaturia te rangatōpū nei i te tau 1980 hei kanohi mō ngā wāhine Iwi Moemoeā e noho ana i te wangaunui pū o Ahitereiria, arā, tētahi wāhanga o te Northern Territory, Ahitereiria ki te Uru me Ahitereiria ki te Tonga. I te tīmatanga i hāngai ngā hōtaka o te rōpū nei ki te tāmī i te waipiro me te hongihongi penehīni. I puta he hua whai kiko, ko tētahi ko te aukati i te penehīni i ētahi hapori i te koraha, me te whakano ho mai i tētahi mōno penehīni kāore i pērā rawa te kakara me ki, mā tēnei, ka heke te hongihongi penehīni ki ētahi hapori mā te e 95 ōrau.

I tēnei wā e 100 ngā kaimahi a te kaunihera, e ētapa ana i ngā ratonga hei tautoko i ngā wāhānau me ngā hāpori. Ka mea ai ngā ratonga hauora kia tono i te hunga e tika ai kia āwhana, ā, ko ngā wāhānau tonu kei te rapu āwhina mō rātou anō. Ka taea te whātore ki ngā ratonga hāpori ka ahu mai i ngā mōhio tanga o te tanga whenua, tae atu ki ngā tautoko mō te taha ki te ahurea o te Iwi Moemoeā. Tokowhitu ngā tohunga whakaora
Iwi Moemoe

whenua, kia taunga hoki rātou tūtango, mō ngā rā kei te tū. Ko tētahi anō take ko te kore tautoko mai a ētahi o ngā tāne o te hapori i te kaupapa, heoi, kei te whai hua tonu ngā wāhine i ā rātou mahi, kei te whakamānawa hoki rātou tētahi i tētahi.

I kōrero mai ngā mema o te kaunihera i ā rātou whakaaro mō te pūnaha a te kāwanatanga mō te tiaki i te hunga tamariki, he kaha rava te whiwhi i ngā wāhēa, tē aro ake ki te ao e noho ai ngā wāhēa nei. I te pōuri rātou mō ngā tamariki ka hūtia mai ā rātou pakeke, me te whakapae kāore he take o te kāwanatanga hei matua, me te mea ka mōrearea te noho a ngā tamariki ka riro mā ētahi kē he wāhē. Ka huri te kaunihera ki te torotoro haere ki te rapu i ā rātahi mai te whānau ki te tiaki i ngā tamariki e noho ana i te mōrearea, kia noho ai aua tamariki ki ā rātou whenua, ki tō rātou ahurea.

Whai iho i ngā rangahau maha, ka tautoko te kaunihera i te tikanga penapena moni a te kāwanatanga. Whakapae ai rātou kei te mōhio te haporī ko wai ngā whānau e tika aki kia whai wāhi ki te hōtaka, heoi, ka whakapono rātou mā ngā mātua tonu hei whakakuhu i ā rātou anō, i kō atu i ngā mātua kāore i te tiaki pai i ā rātou tamariki. Ka whakamārama mai ngā mema pēhe a te mahi a te Basics Card ki te penapena i ngā moni whiwhi, tae atu ki ngā painga ki te hunga ka kuhu ki te kaupapa. Ko tētahi o ngā painga o te kaupapa nei ko te aukati i te tangotango me te whakapau noa a ētahi o ngā mātua i ngā moni. Hāuangā tērā, kāore te kaunihera e tautoko i te kotinga o te penihana a ngā pakeke o ngā tamariki kāore i te tetae ki te kura, he pai ake ki a rātou ki te hāngai ngā rautaki ki ngā take e kore a te tamaiki e te tetae ki te kura.

Te Kura o Yipirinya

Ko te kura o Yipirinya tētahi o ngā kura ruarua noa kei raro i te mana whakahaere o te iwi Moemoeā. Ko ngā kaumārura kei runga i te kaunihera o te kura, ko rātou ka whirihirihia he aha ngā kaupapa here, me te taha ki ngā kaimahi. He reo-raua he tikanga-raua te kura, whakaacontoria ai ngā tamariki ki ngā akomanga i roto i ā rātou ake reo me te reo Ingariri. Ko tētahi atu whaiwha o te kura, kia tauanga ngā ākonga ki tō rātou tuakiri hei tangata whenua, kia tauanga hoki rātou ki te “ao o te kiritea”. Kei te taha o ngā kaia ko whai rēhita ka ako i te marautanga, ko ngā kaia ko matatau ki ngā tikanga me te ahurea. Ka tūtaki te komiti ki a Ken Langford-Smith te tumukio o te kura, i kōrero mō ngā take kei mua i te aroaro o te kura. Ka ahu mai ngā ākonga i ngā hapori pōhara huri āwhio i a Alice Springs, ā, he tokomaha ake ngā tamariki kāore i te tae ki te kura, tērā i ngā ākonga i ngā kura whakarirōa. Ko tētahi atu tawhiti ko te kawekawe i ngā ākonga mai tawhiti, mai tata ki te kura, ko ētahi ka pau te e 150 kiromita ia rā ki te haere ki te kura me te hoki ki te kāinga, i tua atu ko te iti iho o te pūtea ka whiwhi te kura mō tēnei kaupapa tērā i te pūtea ka whiwhia ki ētahi atu kura. Ko te tawhiti o te haere me te iti o te pūtea ki te kawē i ngā ākonga ētahi take kāore ētahi tamariki e tetae ki te kura. He take anō kāore ngā tamariki i te tetae ki te kura, arā, ko te nekenekē haere o ngā whānau o ngā ākonga. I hiahia te tumukio kia ūtana he hāmene mō te kore tetae o ngā ākonga ki te kura. Ka horahia e te kura te parakuihi me te tina mā ngā ākonga, tae atu ki ngā ratonga mō te hauora me te horoi. I te haere te komiti kia kite i te whare kai o te kura, ka tūtaki ki ētahi ākonga e parakuihi ana, kātahi ka kuhu ki ētahi o ngā taiwhanga ako kia mātaki i ngā ākonga o te Tau 1 me ā rātou kaiako.

Te Kaunihera o Tangentyere

Ko tūtaki mātou me ngā mema o te pōari, te manahautū me ngā kaimahi pakeke o te Kaunihera o Tangentyere, he rōpū Iwi Moemoeā ka tū motuhake ka whakaratō āwhina ki
te hunga noho i ngā puni huri rāuna i te tāone. He komiti kei te whakahaere i te kaunihera, ko ngā māngai o taua komiti ka ahu mai i ngā puni e 18 huri āwhio i Alice Springs.

E 2000 te nui o ngā tāngata ka noho ki ngā puni, heoi, nā te nekeneke haere o ngā tāngata i waenganui i Alice Springs me ngā wāhi tawhiti pāmamao, ka tokomaha atu, ka tокоiti iho tenei nui tāngata. Ko te pūtāke o tenei puni o tenei puni ko te reo me ngā tātai hono. He nui ngā tāngata e noho ana i ngā puni kāore i te whai wāhi ki te hapori nui o Alice Springs, waihoki, me i kore ake te Kaunihera o Tāngentyere ki te awhi i aua tāngata ki te whakapā ki ngā ratonga.

Ka whakahaere te kaunihera i ngā whare e 198 kei ngā puni huri āwhio i te tāone. Ka ratoa e te kaunihera he āwhina ki ngā whānau me te hunga rangatahi; ka huri haere ki te tuataki i ngā puni i te ao i te pō; i tua atu he pokapū i te kaunihera mō te rangahau me ngā mahi to; ngā ratonga āwhina i ngā kaumāua me te hapori; he ratonga pēke pūpuri moni nā te hapori, me ātahi hinonga e rima eharo ko te whai i te moni te pūtāke. I tua atu ka whakaratoa e te Kaunihera o Tāngentyere ngā āwhina ki te hunga hongihongi penehihi me te rangatahi, ki ngā hāpori kei tawhiti pāmamao, i runga katoa i te tūmanako he āwhina ēnei ki te tāmī i ngā putanga kētanga i ngā puni o te tāone.

He uaua te hononga i waenganui i te kaunihera me te kāwanatanga o Ahitereiria. I rongo mātou mō ngā taupatapatu mō te rautaki pai rawa ki te tautoko i te hunga ka noho ki ngā puni tāone, ki te tāpae ratonga waivai hoki ki aua hāpori. Hei tauira atu, i hiahia te kaunihera ki te whakatū pokapū ki ētahi o ngā puni, heoi, kāore i tautokona, i te mea hei tā te kāwanatanga, ki te tū aua mōno pokapū tēra pe ka tūturu rawa te noho a te tāngata ki ngā puni, kore mō te neke. Ki tā te kaunihera, he pōrea ngā here i ngā kirimana a te kāwanatanga mō te tuku ratonga te ngā hāpori, heoi, kei te mahi tahi rātou me te kāwanatanga kia ngāwari ake ai nga rienga i aua kirimana.

I kōrero mai ētahi o ngā kaimahi o te wāhanga ratonga hapori o te kaunihera, mō ā rātou hōtaka. He whānui ngā mahi a te kaunihera, pērā i te kuhu ki ngā rarurarau tērā ka pā mai, te taha mātauranga me te tautoko i ngā tamariki mai te whānautanga ā, pakeke noa, me ā rātou whānau hoki. Ka kōrero ngā kaimahi mō te uaua o te whakawhititihi me ngā whānau o te rohe, nā te nekeneke haere o ētahi whānau, nā te wīhīwīhi o te āhua o ētahi whānau, nā te whai pakiaka o ngā whakapōauau me te waiwai i roto i ngā whakatupuranga o ētahi whānau. Ko ētahi mea uaua ko te pūpuri ki ngā ratonga kei memeha, me te whakarata i te hunga tamariki kei “riro ki tua o tāwauwau”. Kei te āwangawanga ngā kaimahi mō te noho wehe o ngā ratonga a te kāwanatanga ki ngā tamariki mōrearea, mai i ngā ratonga ki ngā mātua kei te mōrearea te noho, inahoki ko tā te kaunihera he whai ki māhia tahi me te whānau katoa.

Kei te kaunihera ētahi hōtaka rerekē mā te hunga rangatahi kei te uru ki te raruraru, pērā i te hōtaka paopao taramu hei rautaki haumanu; waihoki, ko ngā rangatahi ka puta i tenei hōtaka, kua tāiwhihi i Ahitereiria ki te whakaatu i ā rātou toi ki te paopao taramu. Arā ētahi atu hōtaka pērā i tētahi ki whakaako i te rangatahi me pēhea te mahi me te kararehe, me tētahi atu hōtaka ka ako i ngā mōhiotanga mō te puihi.

**Haerere ki te tirohīro i ngā Punī Tāone o Alice Springs**

Nā Walter Shaw mātou i arataki ki ētahi puni tāone e whā (ko Whitegate, ko Warlpiri, ko Mount Nancy, ko Trucking Yards) kei waho paku nei o Alice Springs. He rerekē ngā puni, tētahi ki tētahi, otrirā, ko ētahi puni he rori puehu noa iho, kāore he hiko, kāore he pāipa wai. Tino rerekē te āhua me te pai o ngā whare tetahi i tētahi. Ka piki ka heke te taupori i ngā puni, i te rite o te nekeneke o ngā tāngata i waenganui i Alice Springs me
Te hui i te taha o Josephine Lee nō Strong Aboriginal Families Together

Ka tūtaki te komiti i a Josephine Lee o te rōpū Strong Aboriginal Families Together, te rōpū nui i te Northern Territory kei te hāpai i ngā tamariki, rangatahi, whānau hoki o te Iwi Moemoeā. Ko Whaea Lee te Kaiwhakahaere o ngā Ratonga mō te Tamaiti, Taiohinga me te Whānau Iwi Moemoeā. Ka whakapau kaha te rōpū whakahaere nei ki te whakahoki i te mana whakatau ki te tangata whenua, ki te tana hoki ko ngā taua whakapakitanga i mua i te whakahiatanga o ngā kaupapa here me te tuku i ngā ratonga, me te hāpai i ngā tamariki me ngā tika tangata.

I kōrero a Ms Lee mō āna wheako i te taha o ngā whānau tangata whenua kei te mōrearea te noho, i te taha hoki o ngā pokapū whai pānga mai. Hei ko tāna, chara te pūnaha kāwanatanga mō te tiaki tamariki i te rongoā tika, hei ētahi wā nā te kuhunga atu a te kāwanatanga ki te rapu he aha te rarururua, kātahi ko mōrearea rawa atu te noho a ngā tamariki. Ki tā Ms Lee, he pai ake pea te waiho ko te hāpai me te “pūtuke” e kuhu ki te tiaki i ēnei tamariki, tāpiri atu ki te kuhu moata ki te āwhina i ngā whānau kei te noho mōrearea. Hei ngā wā kuhu ai ngā kaimahi i te hāpai ki te āwhina i ngā whānau tangata whenua, ka rongo rātou i te weriweri o ngā whānau ki ngā pokapū hāpai. I kōrero mai a Ms Lee mō ngā whānau o te taha whenua whai te mōrearea e hūrie ki te taha whenua ki te Whakatetonga o te Northern Territory. E tētahi whāinga o te rōpū Strong Aboriginal Families Together kia tangata whenua te tunga o āna kaimahi, i runga i te whakapono ka nui atu ngā painga ka hui ki ngā kiritaki. I whakamārama mai a Ms Lee mō te noho o ngā whānau o te Iwi Moemoeā kei te noho i te pōuriuri keneke, me te mea, kua tautu ki te patu tangata i roto i aua whānau. Ka tipu he tamaiti i roto i aua whānau me ē rātou whanokē, nāwai ā, ka whāiti ōna wheako ki tōna ake whānau me te hē o tana whakatipu, ā, ka pakeke noa taua tamaiti, ka whai i ngā tauri kīno mai tōna whakapakeketanga, ka whiu āna ake tamariki. Ko ētahi atu māharahara, mō te nui o te hunga rangatahi kei te whakamate i ā rātou anō, te hauora o ngā whāea me ngā tamariki nohinohi, te nui o ngā tamariki nohinohi ki mate, te ai kīno me te ai i te wā e tamariki tonu ana.

Te Kaunihera Whenua ki Waenganui

Ka tūtaki mātou ki a David Ross, te Kāiwhakahaere o te Kaunihera Whenua ki Waenganui, rātou ko ōna hoa māhi i ngā tari o te kaunihera. Ka whakamārama mai a ia i te hītori o te kaunihera mai ānō i te whaihangatanga i te tekau tau atu i 1970. Ka noho te kaunihera hei kanohi mō ngā rangatira o ngā whenua o ngā tāngata whenua i te hāwhe whakatetonga o te Northern Territory. E ēwa ngā tākiwā, ā, ka pōtītia ngā tāngata e 90 mai ēnei tākiwā ki te kaunihera mō ngā tau e toru. Ka kōrero mai ngā kaimahi a te kaunihera mō ngā take ka puea ake i ngā tika i ngā tautara māori, me pehea hoki e taea e ngā rangatira o aua whenua te whakamahi i aua whenua. Mai i te tīmatanga i te tau 2005, kei te tautoko te Kaunihera Whenua ki Waenganui i ngā tūmahi ki ēhāpai i te whakapakaritanga o ngā hāpai, me kī, ngā kaupapa ia hei uta i ngā moni whiwhi mai i ngā rihi me ngā utunga mai mō te nanao i ngā rawa i te whenua Māori. Tēra ki hāngai ngā tūmahi ki te ahurea, te māturanga, te hauora, te oranga o te hāpai, te whiwhi māhi rānei. Ka noho ngā tāngata mai i ngā hāpai ki te whakatou ko hea ngā mea nui hei whai; whāia, ka riro mā ngā hāpai tonu hei whakatutuki i ngā tūmahi, ā, hei ētahi wā ka tautoko mai ētahi atu rōpū kia tutuki ai te tūmahi. Ko te
kaunihera ka noho ki te arotake i ngā mahi.
I rongo mātou mō te mahi a te kaunihera kia mātua whiwhi ngā hapori kei tawhiti pāmamao, i ngā hua o te kerikeri manawa whenua i ngā whenua o te tangata whenua. I hapai te kaunihera i te kerikerenga o ngā manawa whenua, i whai hoki kia matatau ake ngā tāngata whenua mā te kuhunga ki ngā hōtaka whakangungu.
I rongo hoki mātou mō te mahi a te Warlpiri Education and Training Trust, ka toro ki ngā moni whiwhi mai i ngā mahi kerikeri ki te whakahaere hōtaka mō te mātauranga me te whakangungu ka ratoa ki ngā tāngata katoa o te iwi Warlpiri. Ko tētahi komiti matua kei te whakahaere i te rōpū nei, kei te whakawhitihiti kōrero i te hapori mō te whakahiaiao me te whakarite i ngā tūmahi hou.

Te hapa tahi i te taha o Tōna te Tino Kaiwhakawā a Damien Ryan, Koromatua o Alice Springs

I te pō whakamutunga ki Alice Springs ka kai tahi mātou me te koromatua o te tāone, me te whānau Shaw, me ētahi kaimahi a te Central Australian Aboriginal Media Association. Ka kōrero te Koromatua mō ngā tōranga pū o te Northern Territory, inahoki kātahi tonu ka mutu mai te pōtū; i tua atu ka kōrero a ia mō te awenga o te tokoto o te whenua ki runga i ngā tōranga pū o te rohe nei. Paku nei tana kōrero mō te kuhunga o te kāwanatanga ki ngā puni tāone o Alice Springs

Ngā mihi

He mihi ki ngā Kaiwhakahaere Āwhina o te Pāremata o Ahitereiria Herenga ki Ingarangi

Ka mihi mātou ki ngā Kaiwhakahaere Āwhina o te Pāremata o Ahitereiria Herenga ki Ingarangi mō te whakatau me te tiaki i a mātou. I whakawātea ki a mātou ngā wāhi noho me ngā waka kawe tino pai, ā, ka rawe hoki te tiaki a Paul Jeanroy o te Tari Whanaungatanga Pāremata o Ahitereiria, mai i te timatanga o te haerenga tae rawa ki te mutunga. Ka mihi hoki mātou ki a rātou mō te hapa i te pō tuarua ki Canberra. He mea karanga nā ngā Kaiwhakahaere Āwhina, a Anna Burke rāua ko te Kaihanga Ture a John Hogg.

He mihi ki te Māngai Kāwanatanga

Ka mihi hoki mātou ki te Māngai Kāwanatanga, a HE Meiha-Tianara (Te Tino Hōnore) Martyn Dunne, CNZM, nana nei mātou i pōhiri ki tōna kāinga, i tō mātou haerenga atu ki te hapa i tōna taha.

He mihi ki a Gerry Terati Lyons

Ka mihi hoki ki a Gerry Terati Lyons mō āna mahi whakamōhio mai, whakamōhio atu i a mātou tae atu ki te tuitui i ō mātou haerenga i Alice Springs.
Tāpiritanga

Ko ngā mema o te komiti, ko

Hōnore Tau Hēnare (Heamana)
Te Ururoa Flavell
Hone Harawira
Brendan Horan
Hōnore Parekura Horomia
Katrina Shanks
Rino Tirikātene
Mētiria Tūrei
Nicky Wagner
Louisa Wall
Louise Upston
Jonathan Young

Wātaka

Rāhina 29 o Whiringa-ā-nuku

0900  Te tūtaki i ngā kaimahi nō te Whare Wānanga o Poihākena: a Ahorangi Shane Houston, te Tumuaki Tuarua ā-Raro (o Ngā Ratonga me te Rautaki Tangata Whenua), a Jane Oakeshott, Kaiwhakamaherehere Pakeke, Te Tari Whanaungatanga Kāwanatanga o te Tumuaki ō-Raro me te Tumu, a Sandra Meiras, Kaiwhakahaere o Ngā Ratonga Huri Noa te Ao.

1030  Te tūtaki i ngā māngai o te Rangatōpū Hanga Ture Huri Noa te Motu o ngā Iwi Tuatahi o Ahitereiria: ngā heamana e rua a Les Malezer rāua ko Jody Broun me Te Manahautū, a Lindon Coombes.

1200  Te hui me te tina i te taha o ngā māngai o te Te Pokapū Huri Noa te Motu o Indigenous Excellence, o Tribal Warrior Association hoki: Ngā Manahautū a Jason Glanville raua ko Shane Phillips; whai ake i tērā he tirotiro i ngā whare me ōna āhuatanga katoa.

1520  Te wehe atu i Poihākena.

1615  Te tau ki Canberra

1830  Te tae ki te hapa a te Māngai Kāwanatanga ki Ahitereiria o Aotearoa, a HE Meiha-Tianara (te Tino Hōnore) Martyn Dunne, CNZM.
Rātū 30 o Whiringa-ā-nuku

0745 Te parakuihi me te hui i te taha o ngā māngai o te Komiti Whāiti mō Ngā Take Iwi Moemoeā me te Iwi o Torres Strait o te Whare Māngai (Heamana: Matua Shayne Neumann te heamana).

0930 Te tūtaki i ngā māngai o Te Wānanga o Ahitereiria mō ngā Akomanga Iwi Moemoeā me te Iwi o Torres Strait (TWAAIMITS), a Mr John Paul Janke, Te Kaiwhakahaere o Te Mana Whakahaere me ngā Whitiwhitinga Whakaaro, Kōrero.

1115 Te tūtaki i a Hōnore Warren Snowdon, Minita Hauora Tangata Whenua.

1230 Te tina me te hui i te taha o ngā mema o Te Kohinga Pāremata o Ahitereiria-Aotearoa (Heamana: Hōnore Joel Fitzgibbon).

1400 Te mātakitaki i te Wā Patapatai, i te Taiwhanga o te Whare Māngai.

1500 Te tūtaki i ngā māngai o te Pokapū o te Whare Wānanga Huri Noa te Motu o Ahitereiria mō te Rangahau Kaupapahere Ohanga Iwi Moemoeā, Ahorangi Jon Altman.

1730 Te tūtaki i a Hōnore Jenny Macklin, Minita Take Tāngata Whenua.

1800 Te tae ki te hākari whakatau a ngā Tumu o ngā Takawaenga Kāwanatanga.

1900 Te tae ki te hapa a Ngā Kaiwhakahaere Āwhina o te Pāremata Ahitereiria.

Rāapa 31 o Whiringa-ā-nuku

0730 Te wehe atu i Canberra

0825 Te tae atu ki Poihākena

0950 Te wehe atu i Poihākena
1130 Te tae atu ki Alice Springs

1230 Te tūtaki i ngā kaiarataki o te hapori i te tina a Te Tōpūtanga Pāpāho Iwi Moemoeā o Ahitereiria ki Waenganui: a Warren Williams, a Walter Shaw (Te Manahautū o te Kaunihera o Tangentyere), a Leshay Maidment (Te Manahautū Tuarua, o Te Ranga Hanga Ture o te Iwi Moemoeā o Ahitereiria ki Waenganui), a David Ross (Te Kaiwhakahaere, o Te Kaunihera Whenua ki Waenganui), a Michael Liddle (Lhere Artepe), a Owen Cole (Te Kaiwhakahaere, o Te Hononga o Yeperenye).

1315 Te haerēre ki te tirotiro i a Whakaata Imparja, ko Julie McAllan, te Kaiwhakaari.

1500 Te tūtaki i ngā Kaiwhakahaere o te Kaunihera Wāhine o NPY.

Rāpare 1 o Whiringa-ā-rangi

0800 Te haere ki te Kura o Yipirinya, te tūtaki i te tumuaki o te kura, a Ken Langford-Smith.

0930 Te tūtaki i ngā māngai o te Kaunihera o Tangentyere, a Walter Shaw (Te Manahautū).

1100 Te haerēre ki te tirotiro i ngā Puni Tāone, ko Whitegate, ko Warlpiri, ko Mount Nancy, ko Trucking Yards ērā.

1300 Te tina i te taha o ngā kaimahi o te Kaunihera o Tangentyere, me ngā kaumātua.

1430 Te tūtaki i ngā Ratonga mō te Tamaiti, Taiohinga me te whānau Iwi Moemoeā: ko Jo Lee, Te Kaiwhakahaere.

1600 Te tūtaki i ngā māngai o Te Kaunihera Whenua ki Waenganui, ko David Ross, Te Kaiwhakahaere.

1900 Te tae ki te hapa a Tōna te Kaiwhakawā a Damien Ryan, te Koromatua o Alice Springs.
Inquiry into the determinants of wellbeing for tamariki Māori

Report of the Māori Affairs Committee

Fiftieth Parliament
(Hon Tau Henare, Chairperson)
December 2013

Presented to the House of Representatives

Dedication

This report is dedicated to our late colleague Hon Parekura Horomia. He was a strong contributor to the discussions, ideas, and solutions contained in this report. It is a measure of his stature that we recall how he sought to rally people of all backgrounds to resolve the challenges facing the welfare of Māori children. We hold him in great honour for a lifetime of service to our tamariki and their families.
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Inquiry into the determinants of wellbeing for tamariki Māori

Key statements
Following its inquiry, the Māori Affairs Committee agreed the following principles underpinning its findings and the recommendations it makes to the Government:

- The wellbeing of tamariki Māori is inextricable from the wellbeing of their whānau.
- Acknowledging the importance of collective identity for a Māori child is a first step in realising the potential of a whānau-centred approach to their wellbeing.
- Enduring change and success for whānau (and therefore tamariki Māori) is possible where whānau themselves are engaged in making the decisions that will affect them.
- The intergenerational nature of many of the problems facing tamariki Māori be acknowledged and addressed.
- The application of the Whānau Ora approach is fundamental.
- Flexible service provision can take a number of forms; the key requirements are that services are responsive and can adapt to the needs of clients.
- Collaboration and partnership between whānau, community agencies, iwi, local and central government, non-government organisations, and other stakeholders is central to empowering relationships for delivering effective service.
- In all sectors, and particularly in schools, it is crucial that staff view individuals as members of whānau, and accordingly make their work environments whānau-friendly.
- All tamariki Māori are entitled to have the best possible start to their education, and high-quality, accessible early childhood education is an important part of such a start.
- A relentless focus on and accountability for raising whānau aspirations and achievements is needed in planning, implementation, and evaluation in the education and social sectors.
- Supporting parents and caregivers into paid employment opportunities and workforce development are essential ways of empowering whānau.
- Responses to wellbeing issues require the involvement of tangata whenua and Government working together, which is an expression of tino rangatiratanga and kawanatanga (Te Tiriti framework).
- Prioritising the needs and wellbeing of tamariki aged up to five years in all policy and legislative processes with a direct or indirect impact on children.
- Requiring Government agencies work to the needs of tamariki Māori and their whānau, rather than to accommodate agency functions and structures.
Increasing opportunities for tamariki Māori and whānau to connect with their Māori identity.

- Requiring mainstream education providers to educate tamariki Māori in an environment that affirms their culture and language.
- A partnership and social responsibility campaign to promote the wellbeing of all tamariki Māori.
- Fostering more collaboration between government, iwi, communities, and business on economic solutions that have proven to be effective.

Summary of recommendations

In the light of these statements, the Māori Affairs Committee makes the following recommendations to the Government:

Research and policy

1. Requiring extensive, high-quality research to be undertaken into the wellbeing of tamariki Māori, and developing whānau-focused health and social services policies and programmes based on the findings. The effectiveness of these programmes should be monitored by the developers against agreed targets for which providers should be held accountable and required to report progress annually.

2. Developing coherent cross-government policies and an interdepartmental culture of communication and collaboration to ensure that the wellbeing of tamariki Māori is a priority for all and the necessary information is accessible.

3. Requiring a strengths-based, kaupapa Māori approach to building the capability of whānau to design and implement solutions to ensure the wellbeing of their tamariki.

Provision of services

Practice

4. Providing long-term funding (multi-year appropriations) for pertinent service providers, to allow them to develop trusting relationships with whānau.

5. Requiring services to be mapped demographically, or mesh-blocked, to ensure key services are available in areas of high need.

6. Developing the concept of mobile multi-disciplinary whānau teams to provide professional home-based services, particularly in low-income and isolated areas.

7. Determine which government agency is the most appropriate to support whānau following statutory intervention in the lives of children.

8. Requiring the Ministry of Corrections to strengthen and maintain the development and implementation of a plan to increase support for children of prisoners.

9. Reviewing the provision of services regarding youth offending, with a focus on rehabilitation, integration into society, and reducing reoffending.
Health

10 Implementing early intervention programmes for at-risk whānau.
11 Implementing a national quadruple health enrolment scheme, involving enrolling every child with a general practitioner, a Well Child Tamariki Ora provider, on the national immunisation register, and with an oral health provider.
12 Developing community hubs, linked to Whānau Ora providers, to offer integrated health and social services from single locations.
13 Creating incentives for the health sector to find and use a consistent, robust, reliable way to assess and reach every whānau, with a particular emphasis on those that are hard to reach.
14 Working to build the Māori health workforce by increasing support for education and recruitment.
15 Funding evidence-based initiatives to reduce teenage pregnancy.
16 Ensuring access for all whānau to well-designed pre-birth programmes, ante-natal care and education, and early childhood development programmes.
17 Commissioning an intensive review of the provision of specialised mental health services for Māori.
18 Increasing support for the promotion of smokefree environments, by way of policy, cessation services, and mass media campaigns targeting Māori youth, pregnant women and parents.
19 Facilitating partnerships between health providers, community groups, and marae to encourage the production and consumption of healthy food.
20 Encouraging the medical profession to offer specific vocational training in order to serve Māori patients better as a routine component of on-going professional development.
21 Increasing promotion of and participation in Māori health promotion models such as Te Pae Mahutonga, Te Whare Tapa Whā, and Te Wheke.
22 Ensuring community services, including health services, operating out of school grounds are not at a cost to school budgets.
23 Ensuring that health literacy education is based on kaupapa Māori, and communicated in a culturally appropriate way.

Education

24 Encouraging whānau-friendly parenting programmes and adult education courses in schools to encourage all parents to take part in the school community.
25 Taking steps to increase the number of Māori teacher aides as a pathway to increasing the number of Māori teachers.
26 Implementing teacher training programmes to improve teachers’ awareness of the social justice issues regarding education and tamariki Māori in poverty, and to equip teachers to teach in empowering and culturally appropriate ways. These programmes should be a core part of teachers’ initial training and ongoing professional development.
I.10B INQUIRY INTO THE DETERMINANTS OF WELLBEING FOR TAMARIKI MĀORI

27 Extending programmes and interventions such as Te Kotahitanga to all schools.
28 Taking the lead in ensuring equitable access to technology for all tamariki Māori.
29 Address the funding inequities between kohanga reo and other early childhood education services.
30 Requiring the Ministry of Education and the Ministry of Māori Affairs, in conjunction with teacher training providers, to develop and implement a plan to increase the number Te Reo-speaking teachers and improve delivery of education services in Te Reo Māori, in both full immersion and bilingual settings.

Housing

31 Promoting partnerships between central and local government, the Māori Trustee, and iwi organisations to utilise property assets to build housing for whānau on Māori land and address the shortage of affordable and appropriate social housing.
32 Implementing housing warrants of fitness for rental properties, in line with the recommendation from the Children's Commissioner’s Expert Advisory Group on Solutions to Child Poverty.

Incomes and employment

33 Requiring government departments, in consultation with Māori authorities, to develop initiatives to target long-term unemployed young people and increase investment in tamariki Māori and rangatahi.
34 Develop region-specific sustainable economic and employment plans in areas of high Māori unemployment in collaboration with whānau, hapū, iwi, Māori corporations, the Māori business sector, and regional economic development agencies.
35 Develop, in cooperation with industry, educational institutions, iwi, and communities, skill acquisition and retraining opportunities in emerging sectors for workers in insecure or transitional industries in areas of high Māori population.
36 Develop clear higher education pathways and meaningful paid employment opportunities for parents and caregivers.
37 Continue to increase the minimum wage.
38 Review Working for Families to assess whether it is achieving its intended purpose.
39 Support the provision of financial literacy education and information, by government and non-government agencies, to help whānau.
40 Support the provision of new models of social lending.

Some members made the following recommendations, but Government members are reluctant to recommend high levels of Government expenditure considering the current need for economic restraint.

41 Consider appointing a Cabinet Minister for Children and a ministry for children, with responsibility for a children’s action plan and a Māori children’s action plan, enshrined in a Children’s Act, to set targets for children’s health and wellbeing against which all ministries
and departments would be required to report. A Children’s Act should also take into account and refer specifically to New Zealand’s obligations under the United Nation’s Convention on the Rights of the Child and the United Nations Declaration on the Rights of Indigenous Peoples, and include a requirement for a child impact assessment of all new legislation to be prepared by the ministry for children, detailing each bill’s potential impact on children.

42 Extending free after hours healthcare to all children to the age of 18.
43 Investigate the provision of free healthcare to all children to the age of 18.
44 Requiring the Ministry of Health, in cooperation with other ministries and departments as appropriate, to develop a cross-sectoral needs assessment tool for pregnant women, and ensure that all pregnant low-income vulnerable women are contacted by case workers to implement the needs assessment protocol and coordinate services.
45 Funding the expansion of effective teen parenting unit programmes in secondary schools to strengthen and support young Māori parents.
46 Improve the adequacy of benefits and incomes for whānau without paid work to ensure the wellbeing of their tamariki.
47 Investigate the introduction of a universal child payment.
48 Investigate partnering with employers, unions, local government, and iwi to address job shocks that may adversely affect whānau.
1 Introduction

We agreed to hold this inquiry into the wellbeing of tamariki Māori because we believe he taonga te tamaiti – every child is a treasure. When tamariki Māori have a solid base on which to build their lives, they are resilient and successful. Aotearoa New Zealand can do more to assure every child that their wellbeing and opportunities in life are critical to the success of our country. We have considered the issues discussed below with specific regard to their implications for the wellbeing of tamariki Māori.

Poverty

It is important to acknowledge that poverty is not just about money. Income poverty alone does not cause vulnerability. However it does place extra stress on whānau, and can undermine the effectiveness of interventions for vulnerable families. Poverty is about income deprivation, capability deprivation, social exclusion, and cultural alienation. It is stigmatising and is linked to familial and social disintegration. Many submitters argued that the elimination or reduction of poverty is fundamental to wellbeing and should stand alongside policies for wealth creation, achievement, and wellbeing.

A number of submissions also highlighted the effect of poverty on tamariki Māori, for whom it is a key driver of educational, physical, economic and social ill-being. Many submitters suggested that reducing poverty would help improve whānau support and resilience.

New Zealand does not have an official definition of poverty or child poverty, and it can be measured in a number of different ways. We were told by the Ministry of Social Development that the most common measure is 60 percent of the average household income. Many submitters suggested that New Zealand should adopt a measure of child poverty and a target date of 2020 for its elimination, so that the scale of the problem is understood and progress on it can be tracked.

Around 22 percent of our 1.07 million children live in poverty.1 One in six of these children are Pakeha and one in three is Māori. There is evidence that the incidence of poverty is getting worse. The Children’s Commissioner told us that before 1988, income poverty rates were similar for Māori and Pakeha, but by 1994 the income poverty rate (after housing costs) for tamariki Māori jumped from somewhere under 10 percent to 50 percent. While the child poverty rate in the 1980s was around 11 percent, in 2012 it was between 25 and 27 percent2 in real terms. This trend appears to be disproportionately affecting Māori.

It is important to acknowledge that poverty is not just about money. Income poverty alone does not cause vulnerability. However it does place extra stress on whānau, and can undermine the effectiveness of interventions for vulnerable families. Poverty is about income deprivation, capability deprivation, social exclusion, and cultural alienation. It is stigmatising and is linked to familial and social disintegration. Many submitters argued that

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1 Household Incomes in New Zealand Report, 2010

the elimination or reduction of poverty is fundamental to wellbeing and should stand alongside policies for wealth creation, achievement, and wellbeing.

**Contribution to social, cultural, and economic fabric of New Zealand**

Māori make a unique contribution to the social, cultural and economic fabric of New Zealand. We believe that all Māori should grow up in an environment that allows them to make a continued positive contribution.

**Māori succeeding as Māori**

A sense of cultural identity, language, an awareness of one’s whakapapa and whānau connections, a stable living environment, economic independence, a good education and a healthy lifestyle are all contributing factors to Māori succeeding as Māori. While there is no uniform standard for Māori success, most submitters recognised that a more holistic approach was needed to achieve better outcomes for Māori.

**Access to services**

We believe improving wellbeing is also about the services that whānau can count on, and the voice they have in deciding the way these services are made available. wellbeing depends on the terms on which whānau participate in society and the confidence with which they access health services, social services, and education. Access to and confidence in utilising services can have a profound effect on the success of tamariki Māori and their whānau.

**Approach to inquiry**

Our report has deliberately focused on positive solutions to the issues raised in our inquiry, but it is also important that we understand the challenge ahead so that we can ensure the solutions adopted will be effective.

**Terms of reference**

We conducted this inquiry into the determinants of wellbeing for Māori children with the following terms of reference:

- The historical and current health, education, and welfare profiles of Māori children. *This would take account of the transmission of life circumstances between generations, and how this impacts on Māori children.*

- The extent of public investment in Māori children across the health, education, social services, and justice sectors—and whether this investment is adequate and equitable.

- How public investment in the health, education, social services, and justice can be used to ensure the well-being of Māori children.

- The social determinants necessary for healthy growth and development for Māori children.

- The significance of whānau for strengthening Māori children.

- Policy and legislative pathways to address the findings of this inquiry.

**Conduct of the inquiry**

The inquiry was launched in the 49th Parliament and continued into the 50th Parliament. We received submissions from 117 interested individuals, groups, and organisations.
throughout New Zealand, and heard from 60 of the submitters. We travelled to Auckland as well as hearing submissions in Wellington. The submissions we received represented the views of a wide range of groups and individuals, and we were heartened by the passion and commitment shown. The diversity of views has given us a comprehensive overview of the prevailing concerns about Māori children at local, regional, and national levels, and the efforts being made to improve their wellbeing. We thank all the submitters for their time and effort.

We appointed advisers from the Ministry of Māori Development, the Ministry of Social Development, the Department of Internal Affairs, and the Ministry of Health, and we thank them for their work. We also appointed a specialist independent adviser, Kitty McKinley MNZM, and we greatly appreciated her advice and expertise.

We travelled to Australia in 2012 as part of the annual joint select committee exchange, and talked with government and other stakeholders about the wellbeing of Aboriginal and Torres Strait Islander children. We were inspired by the positive initiatives at work in Australia.

We were pleased to meet with the Health Committee and discuss our respective inquiries. The Health Committee’s Inquiry into improving child health outcomes and preventing child abuse with a focus from pre-conception until three years of age has now been published. We agree with the basic principles of their report, which demonstrates the strong will of many Parliamentarians to collaborate to improve the health of children in New Zealand.

An account of the committee’s procedure and membership is attached as Appendix A. A list of the evidence and advice we received is set out in Appendix B. We have also attached to our report in Appendix C, Otago University’s Index of socioeconomic deprivation for individual and in Appendix D and article by Peter Saunders which outlines indicators of disadvantage.

**Terminology used in this report**

The following terms are used in this report.

**Whānau ora**

References to the Government-funded programme of this name are capitalised as Whānau Ora, while references to whānau ora as a philosophy or way of life are not.

**Whanaungatanga**

The principle that binds individuals to the wider group and affirms the value of the collective. Whanaungatanga underpins the social organisation of whānau, hapū, and iwi. It includes rights and reciprocal obligations conferred by membership of a collective. Whanaungatanga is inter-dependence, and recognition that the people are our wealth.

**Manaakitanga**

Behaviour that acknowledges the mana of others as having importance equal to or greater than one’s own, through the expression of aroha, hospitality, generosity, and mutual respect. In doing so, all groups are elevated and our status is enhanced, building unity through humility and the act of giving.
2 Wellbeing of tamariki Māori and whānau

Terms of reference

The historical and current health, education, and welfare profiles of Māori children. This would take account of the transmission of life circumstances between generations, and how this impacts on Māori children.

The social determinants necessary for healthy growth and development for Māori children.

The significance of whānau for strengthening Māori children.

Ko te tamaiti he taonga mō te pā tiwatawata
Ko te pā tiwatawata he whakaruruhau mō te tamaiti

It takes a village to raise a child

Te Tiriti o Waitangi

From the start of the inquiry, we heard from submitters, and we acknowledge, that responses to wellbeing issues must fit into a Te Tiriti framework, which acknowledges tino rangatiratanga and kawanatanga working together: that is, a Government and tangata whenua relationship. We believe Te Tiriti o Waitangi is based on the rights of Māori as tangata whenua and it is the responsibility of the Government of the day to respond to those rights. There is a direct correlation between Te Tiriti o Waitangi and the health and wellbeing of tamariki Māori.

We have listened to the many submitters, and recognise that the wellbeing of tamariki Māori requires political leadership, more cooperation between the Government and non-Government sector, an official agenda for tamariki Māori, and specific strategies to improve their whole-of-life outcomes.

The mana of whānau

Despite the diversity of submitters, they shared a common understanding that the wellbeing of tamariki Māori is inextricable from the wellbeing of their whānau. South Auckland Family Violence Prevention Network and Te Ora o Manukau submitted that the wellbeing of whānau determines that of tamariki Māori. Submitters said that essential to providing for the wellbeing of tamariki Māori is preserving and recognising the significance of whānau (New Zealand Medical Association) and the mana of whānau (NZEI Te Riu Roa).

Pronounced themes running through many of the submissions we received included the recognition of the mana of whānau, increasing the capability of whānau to realise their mana, and the importance of a “whānau-centric” approach to service design and delivery. The issues that fall under these themes are wide-ranging: identity, leadership, relationships, cultural capability, and funding. All are key to the empowerment of whānau, and thus the empowerment of tamariki Māori.
The New Zealand Council of Christian Social Services submitted that Māori suffered because of disconnection or alienation from whānau and hapū; and IHC expressed concern during this inquiry about disabled tamariki Māori living in care that separates them from their iwi, hapū, and whānau. Improving the wellbeing of some tamariki Māori may mean enabling their reconnection with sections of their whānau.

We acknowledge that someone within the whānau needs to be held ultimately responsible for the health, safety, and wellbeing of each child. However, at this point we wish to draw attention to the need to consider the role of whānau, in the holistic sense, in the design and implementation of solutions addressing the wellbeing of tamariki Māori.

**Whakapapa**

The importance of whanau for strengthening taitamariki Māori is paramount. Taitamariki Māori need to understand who they are and where they come from. (Hutt Valley District Health Board Consumer Kaitiaki Group, 2012)

At the heart of the Māori world view is the importance of knowing one’s connections, and how the individual relates to the whole. All tamariki Māori deserve to know where they come from and the community to which they belong. This starts with understanding their connections to their whānau, hapū, and iwi. Regional Public Health, Hutt Valley District Health Board, submitted that one of the key issues for the wellbeing of tamariki Māori is fostering a sense of belonging. It requires support from all parts of their whānau and from the other community members to whom they feel an affiliation.

Whakapapa starts with whānau. Whānau means more than the Western concept of immediate or extended family. Whānau extend beyond the households of tamariki Māori and reach into the communities to which they are connected through relationships with people and place. Understandings of whānau, in the sense of kin-based relationships for tamariki Māori, will arise out of affiliations with marae, hapū, iwi, and waka.

We recognise that the wellbeing of tamariki requires a secure cultural identity. We believe that our society can affirm this recognition in the way it recognises and gives effect to Te Tiriti o Waitangi, as well as by providing fundamental social services, such as social housing, education, training, and health services.

We believe tamariki Māori who are connected to their whakapapa will grow up secure and confident, with the best chance of success as adults. Whānau need to be supported by their communities, Government agencies, and the non-Government sector to provide a strong whakapapa connection for their tamariki Māori. Establishing their whakapapa and whānau connections enables young Māori to move confidently between te ao Māori and te ao Pakeha. Whānau, hapū and iwi can take a locally tailored approach to fostering and sustaining such connections in particular communities; however there are opportunities for structural approaches to be implemented in schools, and in social service, health, and justice settings.

Acknowledging the importance of collective identity for a Māori child is the first step in realising the potential of a whānau-centred approach to their wellbeing.

**Whanaungatanga and manaakitanga**

Whanaungatanga and manaakitanga are values that support wellbeing in tamariki Māori, fostering health, safety, and security in the home, and supportive environments in the
community. In seeking to empower whānau, we favour means that enhance the ability of whānau and communities to practice whanaungatanga and manaakitanga because these frame responsibilities towards tamariki Māori, and for tamariki Māori, in meaningful ways.

The majority of whānau exercise their whanaungatanga and manaakitanga for their tamariki Māori. It is also true that some struggle. We therefore considered how whānau might be empowered to realise these values for the benefit of their tamariki Māori. There was general consensus among the submitters that for this to happen, parenting fundamentals must be taught, and understood by all parents, grandparents, uncles, and aunties. Such learning increases the cultural wealth of each family. We believe the pathway to cultural wealth is fundamentally education—education in culture and identity.

This goal requires recognition of the need for flexibility in policy formulation. A useful approach in building on whānau capability is a strengths-based and capability-focused framework, as suggested by Te Puawaitanga ki Otautahi Trust. We support the view that a strengths-based, rather than a deficit-based, approach is critical for empowering whānau and thus for the wellbeing of tamariki. Jigsaw Family Services expressed the view that the shift in responsibility from whānau and communities to external organisations has had a significantly negative impact on tamariki Māori’s wellbeing.

We heard evidence from public and non-governmental organisations extensively involved in many aspects of public health and welfare that the whānau of too many tamariki Māori lack the ability to provide for their basic needs, and moreover that there is insufficient public resourcing to meet those needs. Parenting is made the more difficult on many levels: poor nutrition leads to difficult behaviours, which lead to poor educational outcomes and, sometimes, a perpetuation of inappropriate parenting. Submissions suggested many ways of addressing this gap.

We believe that enduring change and success for whānau (and therefore tamariki Māori) is only possible where whānau themselves are engaged in making the decisions that will affect them. Meaningful participation by whānau in decision-making would allow a more proactive, rather than reactive, approach to the care and wellbeing of their tamariki Māori. In practice, meaningful participation for whānau requires clear and open lines of communication with government and non-government organisations. It requires a reserved space for whānau in collaborative efforts at the local level. This is especially important where inter-sectoral collaboration at the central level is patchy and does not always filter down or across agencies.

Many agencies involved with tamariki called in their submissions for interventions to strengthen and support whānau. The clear difference between those children who go on to become happy, healthy adults and those that end up with significantly compromised lives is the quality of parenting received (Lakes District Health Board, 2012). Hapai Te Hauora Tapui, Māori Public Health (Te Runanga o Ngati Whatua, Raukura Hauora O Tainui, and Te Whānau o Waipareira Trust) recommended the provision of parenting courses and community support to parents, including solo and young parents, and whānau; Waitemata and Auckland District Health Boards recommended more support programmes for Māori youth and teen parents; Violence Free Waitakere recommended more education and parenting support for teen parents; Lakes District Health Board recommended more education and support for parents. We see great merit in ensuring the uptake of parenting education and support programmes by whānau, especially solo and young parents who may need extra support; this view was supported by many submitters.
In boosting the capability of whānau to provide for the wellbeing of their tamariki Māori, it is absolutely critical that the intergenerational nature of many of the problems facing tamariki Māori is acknowledged and addressed (Liggins Institute, The National Research Centre for Growth and Development (University of Auckland)). Not to do so is to ignore the demonstrably greater risk of maltreatment and abuse for tamariki Māori whose parents have less education, are unemployed, are younger with limited family stability, have poor mental health, or use drugs or alcohol.

Communities have great potential to support and benefit from the wellness of tamariki Māori and rangatahi. If community members and groups are empowered to engage with young Māori, recognising whanaungatanga and manaakitanga, they can effect great change. For example, in many communities the “neighbours’ day” has started to gain momentum; this might, for some communities, evolve into a “whānau day”. There are also calls for resourcing of marae champions for whānau wellbeing, for example from the Pahau Whānau and the New Zealand Council of Christian Social Services.

The marae is the last bastion of Maori society. Unfortunately, in the cities, most of them have had to become conference venues that no ordinary whanau can access even for their tangihanga because they need to sustain themselves. Let’s invest in them—utilise them for whanau orientated programmes that connect them to their cultural values. (Pahau Whānau, 2012)

We believe that marae are central to the cultural wealth of Māori. We recognise that there are cultural limitations on the extent to which marae can be used for certain activities. For example, tangihanga take precedence over other uses, such as community programmes. We endorse the call for marae to be utilised more for whānau-oriented programmes.

When social services and other providers are willing to work alongside whānau, the choices made for their tamariki Māori are likely to be more appropriate and ultimately effective. This is relevant in the context of schools and early childhood education centres, especially since a lack of recognition of the specific needs of tamariki Māori is apparent in many schools, as acknowledged by the Education Review Office. If tamariki Māori and their whānau are not understood they tend to fail and disengage. Tamariki Māori with impairments and their whānau must be enabled to advocate on their own behalf.3

**Whānau-centred approach**

We believe that tamariki Māori cannot be viewed in isolation; they need to be acknowledged as members of their whānau, and this relationship means that whānau must be engaged in improving the wellbeing of their tamariki Māori. It has been said that “vulnerable tamariki Māori” are wrongly labelled; it is more accurate to say that some Māori parents, whānau, and communities are vulnerable. The will has never been stronger to address the risk factors that increase the vulnerability of particular whānau and communities and the tamariki born of them to poor outcomes in education, health, employment, and family stability. This is because the need is so great. A relentless focus on and accountability for raising whānau aspirations and achievements is needed in planning, implementation, and evaluation in the education and social sectors.

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3 IHC New Zealand, 2012
We were advised by Te Puni Kōkiri that the Whānau Ora Approach is targeted at improving outcomes for Māori households and whānau. This approach was a response to evidence that previous interventions without a cultural, whānau or whakapapa component did not work for vulnerable whānau and tamariki Māori. They advised that for interventions to work for Māori they need to be based on Māori cultural constructs, starting with whānau.

For whānau, emphasis on identity, culture and language is essential but not an exclusive determinant of success. We believe that Māori models for determining success, taking a strengths-based approach, are crucial for the wellbeing of tamariki Māori and whānau. Models such as Te Whare Tapa Whā, which was originally designed to incorporate the interaction of wairua, hinengaro, tinana, and whānau in relation to health, have also been successfully implemented in other areas such as social work and education.

In all sectors, and particularly in schools, it is crucial that staff view individuals as members of whānau, and accordingly make their work environments whānau-friendly. This is relevant to many of the concerns raised in the course of this inquiry. For instance, Christine Hawea suggested that a whānau-centred approach would see midwives engaging with whānau rather than mothers alone. Violence Free Waitakere recommended more provision of holistic, Māori-focused programmes to target vulnerable whānau, and training social and healthcare workers in tikanga Māori so that they could provide a culturally responsive service to their clients.

**Whānau Ora**

Throughout this inquiry we heard resounding support for Whānau Ora, but submitters made a number of suggestions for expanding or improving Whānau Ora. Ideas ranged from sustained commitment by policy makers to the Whānau Ora model (Te Puawaitanga ki Otautahi Trust), to recommending the extension of the Whānau Ora approach across social and health services (Public Health South), to a recommendation that all government departments be compelled to participate (Health Rotorua). They clearly reflect a consensus that if the circumstances of individual tamariki Māori are to be improved, whānau must be at the centre of service design and delivery. Tamaki Treaty Workers, for example, argued explicitly for the provision of culturally appropriate, well-funded, preferably whānau-based services as essential for the wellbeing of tamariki Māori.

Many of the submissions to this inquiry have naturally paralleled those made in response to the Green Paper for Vulnerable Children. However, we consider the case might have been made more unequivocally than the Green Paper did for recognising whānau as vital determinants of tamariki Māori wellbeing. In this respect, the application of the Whānau Ora approach is fundamental.

Whānau Ora is about supporting the capacity of whānau to determine for themselves the path they take and the results they seek, in a way which is relevant to their social and cultural context. The Aotearoa New Zealand Association of Social Workers submitted that the social determinants of the healthy growth and development of tamariki Māori can be supplied by implementing the Strengthening Families and Whānau Ora policies.

We agree with the stated objectives of Whānau Ora, which are to

- build whānau capability by uplifting whānau and enabling them to assume responsibility for their own affairs, self-management, and self-determination
• improve policies and provide better key public services to Māori and whānau by integrating services in primary health, social service, and early childhood education, changing the way welfare agencies work.

Whānau Ora has recognised an existing paradigm of working with whānau. We believe that autonomy of Māori whānau needs to be recognised and acknowledged to achieve this goal. Useful models to apply in understanding whānau and working with whānau members include Te Whare Tapa Whā, Te Wheke, Te Pae Mahutonga, and He Korunga o Ngā Tikanga. In this context, we note the concern of IHC that government departments apply overseas models for working with disabled tamariki Māori and their whānau, rather than locally developed ones.

Whānau may face obstacles to accessing services, including direct costs or distance from service providers. We therefore support suggestions such as the development of mobile multi-disciplinary grassroots whānau teams to relate to whānau and provide professional home-based services. An appealing aspect of Whānau Ora service provision is its flexible approach: services are tailored to meet the particular needs of the client, and provided in places where the client is comfortable. The City of Manukau Education Trust submitted that services need to meet people where they congregate and be tailored to their needs. Wairarapa District Health Board recommended taking a streamlined approach to working with tamariki Māori and their whānau, joining up discrete services to meet various needs. We believe that flexible service provision can take a number of forms; the key requirements are that services are responsive and can adapt to the needs of clients.

Whānau are at the centre of their own success. Building on this notion, we support the view that accurate measurement of the success of programmes for improving children’s wellbeing needs to be premised on a Māori definition of wellbeing, which takes account of whānau in monitoring the wellbeing of their tamariki Māori. Te Tai Tokerau Whānau Ora Collective recommended defining wellbeing from a Māori perspective, on the basis of consultation with whānau, and changing the way the wellbeing of tamariki Māori is monitored to include whānau in the process. Violence Free Waitakere recommended the use of “Māori-centric” measures for monitoring tamariki Māori’s wellbeing, while the Mental Health Foundation of New Zealand suggested the development of “child-centric” measures of success.

We believe that empowering whānau to determine their own measures of success will give them ownership over efforts to support their tamariki Māori, in turn contributing to their potential success. This needs to be a wholly positive process of support and guidance. Community, government agencies, and the non-government sector need to work positively with whānau, allowing them to follow their own paths, rather than imposing direction.

**Māori leadership**

We believe that whānau need strong leaders to be strong themselves, to encourage and enable members to contribute to the success of the whānau. Government can take on a support role, providing infrastructure and funding for whānau to determine for themselves who should lead them, and equipping them with the guidance and training they need to bring about positive change. Wesley Community Action submitted that whānau-led processes contribute very successfully to long-term improvement in whānau wellbeing.
Whānau Whakakotahi A Iwi Marae submitted that the wellbeing of tamariki Māori is dependent on the success or failure of the adults in their lives. Tamariki Māori are hugely influenced by the behaviour of adults, and the promotion of positive role modelling in whānau and communities is crucial to building Māori leadership capabilities. As tamariki Māori are more likely than other tamariki Māori to come to the attention of care and protection services it is essential to foster role models within whānau and communities, for example using tuakana-teina mentoring models, to champion tamariki’s health and wellbeing at the grassroots level. Government media campaigns that use high-profile Māori to deliver positive leadership messages to parents and tamariki must continue and expand.

Beyond economic resources, we believe in the strengths to be found in Māori communities. It is important that traditional skills, knowledge, and resources are valued and utilised to benefit tamariki Māori and whānau. Marae have potential as bases for communities’ efforts to support and nurture their tamariki Māori. Community spaces governed by kaupapa Māori offer a safe and supportive environment for whānau to engage with one another and with government and non-government agencies. We believe that the mentoring roles of kuia and kaumatua can be enhanced in all areas of their communities.

**Economic resilience**

Poverty has to be understood not just as a disadvantaged and insecure economic condition but also as a shameful and corrosive, social relation...[the non-material aspects include] ...lack of voice; disrespect, humiliation and assault on dignity and self-esteem; shame and stigma; powerlessness; denial of rights and diminished citizenship...They stem from people in poverty’s everyday interactions with the wider society and from the way they are talked about and treated by politicians, officials, the media and other influential bodies. (Every Child Counts, 2012)

The South Auckland Family Violence Prevention Network stated in their submission that the wellbeing of whānau determines that of tamariki, and the factors causing multiple vulnerabilities are often intergenerational. The ability of parents to work, further their education and skills, and access training opportunities bears a direct correlation to indicators of wellbeing for Māori whānau.

Intergenerational unemployment and poverty exacerbate the negative cycle of lost potential. Tamariki Māori are much more likely to experience socio-economic deprivation than other tamariki, and this increases their vulnerability to low educational achievement and health problems. The latest research from the University of Auckland shows that many low-income families cannot afford even a basic nutritious diet for their tamariki Māori.

Some submitters suggested changes to Working for Families entitlements, additional support for housing costs, an increase in the minimum wage and benefits, and other direct investment measures for the immediate alleviation of the worst poverty. There was concern about welfare dependency, and the need for economic development in areas of high Māori unemployment to improve training and employment for whānau to break the poverty cycle. We recognise that whānau without work are also entitled to an adequate income to ensure the wellbeing of their tamariki.

We are aware that an essential factor in success for Māori is gaining economic independence through meaningful employment or enterprise. This needs to be taken into account when promoting models of success.
We believe that supporting parents and caregivers into paid employment opportunities and workforce development are is an effective way of empowering whānau. We heard many submitters argue for a minimum family income to provide good care and a healthy environment for tamariki Māori (Hawke’s Bay District Health Board, Methodist Church).

Social Service Providers Aotearoa advocated a holistic approach to tamariki Māori’s wellbeing, including whole-of-government strategies to improve employment prospects for whānau. It was suggested that longitudinal studies to evaluate the effect of integrated government initiatives would contributevaluably to the formation of policies affecting tamariki Māori.

We are mindful of the importance of financial literacy in helping whānau avoid unnecessary and expensive household debt. Incorporating this practical skill set into education programmes from an early age and into social service support will contribute to better lifelong choices by individuals and whānau.

We need to create an environment that supports Māori economic potential and builds success. This environment also needs to support Māori values and definitions of success in a whānau-centred way. A supportive New Zealand government and business environment will support whānau capacity and tino rangatiratanga/self-determination. Many submitters called for more collaboration between government, iwi, community and business on economic solutions that have proven to be effective. We believe iwi possess great potential to build a strong foundation for sustainable Māori economic growth. We also see potential in growing the Māori business sector, and we hope that Māori corporations will use their success to support their communities.
3 Government and whānau

Terms of reference

The extent of public investment in Māori children across the health, education, social services, and justice sectors—and whether this investment is adequate and equitable.

How public investment in the health, education, social services, and justice can be used to ensure the well-being of Māori children.

Policy and legislative pathways to address the findings of this inquiry.

Submitters called on the Government to take the lead in improving the wellbeing of tamariki Māori. We agree that government must play a central role in supporting whānau to improve the wellbeing of all tamariki Māori. Government agencies have funds, staff, knowledge, and other resources that can help whānau help their tamariki Māori. This support is necessary at both the policy level and in front-line services. We reiterate the continued role of whānau in ensuring the wellbeing of our tamariki Māori.

High-level government response

We heard a wide range of views from submitters on the appropriate role for policy makers and the way they should be setting policy and reporting its impact.

There was a general agreement that the Government continue to design, plan and implement a full, effective, coherent set of cross-government policies to address tamariki Māori's wellbeing. These policies would need agreed cross-government targets, accountabilities, responsibilities, and reporting processes, including the reporting of a subset of Māori-specific statistics. This policy area should be led by a senior Cabinet Minister with responsibility for addressing the needs of vulnerable tamariki Māori in the context of whānau.

Submitters stressed the need for government to create an environment in which Māori will be willing to consult and communicate with officials, and in which officials can think creatively and take risks to express their views.

Submitters also saw value in developing a general child impact assessment tool, with clear targets, measurements, and milestones for vulnerable tamariki Māori. They expressed a belief that the Government should encourage lateral thinking on ways to free up funding to deal with this serious and urgent issue. In many instances Māori-specific policy is derived from generic research, not research specifically on Māori. We believe more research should be undertaken involving Māori and investigating adverse outcomes specifically affecting Māori.

The main concern of submitters was the Government’s focus on crisis management rather than wellbeing, along with the need for a policy on child poverty. The machinery of government should work to the needs of tamariki Māori and their whānau, not to accommodate agency functions and structures.

We believe there is a need to create a high-trust environment, in which knowledge, information, experience, and wisdom can be blended to provide an urgent, clear, practical strategy for serving the needs of the most vulnerable tamariki Māori. Targets for the
delivery of policy and programmes are needed to improve outcomes and hold agencies and departments accountable. Government funding and contracting is a structural determinant of organisational effectiveness regarding vulnerable tamariki Māori.

We endorse the idea of such a partnership, and a social responsibility campaign to promote the wellbeing of all tamariki Māori and encourage sharing of responsibility between iwi, communities, the business sector, and government. Champions and ownership are important for such initiatives. For example, under the Truancy Free Zone initiative (one of the Ministry of Social Development’s Social Sector Trials4), in one community businesses have agreed not to serve school-age tamariki Māori during school hours.

Practicing whānau ora requires cooperation between stakeholders in the wellbeing of tamariki Māori. We are concerned that there is still a silo mentality in agencies that influence the wellbeing of whānau, and specifically of tamariki Māori, particularly in government departments. Whānau ora is about recognising the connections between people, not just at a whānau level, but including hapū, iwi, various government entities, non-government organisations, and the private sector. All have a stake in the wellbeing of tamariki Māori.

A number of submitters argued that government agencies, should be more open, collaborative, and transparent. We consider this essential in areas which bear on the wellbeing of tamariki Māori. The protection of tamariki Māori deserves the utmost care, and those charged with it should be accountable for any shortcomings.

We believe effective interdepartmental communication is essential for the machinery of government to meet the needs of tamariki Māori. There appears at present to be insufficient communication between departments that share interests in and responsibility for the wellbeing of tamariki Māori. Information sharing is an important way of “joining the dots”; there is a concern that vital information is being collected by government agencies but not shared.

We heard that both government departments and non-government organisations appear reluctant to cooperate on projects, even where an overlap in subject matter or target groups is clearly evident. This reluctance has resulted in some duplication of programmes, and is a factor in administrative costs taking up a large portion of funding allocations. Fragmented services cannot meet the needs of all tamariki Māori, and we fear that the most vulnerable may slip through the cracks.

We believe that contract tendering and resultant competition between providers can limit their ability to develop collaborative relationships and partnerships to serve those most in need. The silo approach of government departments can be reflected in community agencies. An adequate, well-funded safeguard for the welfare of tamariki Māori is needed. Agencies and Māori providers respond and evolve to meet the needs of their communities in an innovative practical way, yet their work is often unrecognised and unfunded because of the narrow focus of contract and reporting requirements.

Submitters expressed a desire for government agencies and departments to report annually on achievements relating to the wellbeing of Māori. Effort must also be made to ensure

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4 These programmes utilise cross-agency working groups to deliver social services to young people in targeted communities.
that interactions with government are positive, as in some instances government agencies are perceived to do more harm than good.

**Service provision**

A number of submitters described to us the difficulties many whānau encounter accessing support services from government and non-government providers. A particular challenge was the limited operating hours of many services, particularly primary and specialist healthcare and preschool and after school care. The cost of access can also be a problem for whānau: not only fees for the services concerned, but associated costs, such as transportation or leave from work.

We believe all tamariki Māori deserve the same access to high-quality services, regardless of where they live or their family’s income.

We looked at the availability of services in certain geographic areas, particularly rural communities and poorer urban neighbourhoods. In rural areas, many whānau must travel long distances to access support, which may constitute a barrier. A number of submitters feel there is a shortage of services in poorer neighbourhoods, particularly those provided wholly or partly by the non-government and private sectors. This presents another challenge for whānau that are already vulnerable. We believe that there is a need to map services to population demographics to ensure key services are available equitably throughout the country.

Submitters suggested a number of ways to improve access to services, including adequate funding for the needs of vulnerable tamariki Māori and whānau, timely contracting, and more robust, holistic, professional, culturally appropriate provision and evaluation of services and programmes. Whānau Ora was praised for strengthening whānau, and value was seen in continued investment in it.

Research shows that effective interventions are multi-faceted, multi-modal, broadly based, incremental, available, flexible, and based on relationships. For example, a programme providing multi-systemic therapy for young offenders—many of who are Māori—succeeds because it addresses the risk factors, works with the whole family, goes to the home, asks what the family needs, and works in the crucial social environments of the young person: family, school, community, and peer group.

**Empowering relationships**

A whānau-centred approach would give priority to relationships at the various levels rather than focus exclusively on service provision. As submitted by the Children’s Commissioner, such a shift in priority would empower communities to lead change and make decisions to meet local needs. Giving priority to relationships means valuing people and their shared interests, and recognising the strength of combined efforts. Maximising collaboration and partnership between whānau, community agencies, iwi, local and central government, non-government organisations, and other stakeholders is central to empowering relationships for delivering effective service. We were particularly pleased to hear about the Ministry of Social Development’s Social Sector Trials, the Manaiakalani Education Trust, and Project Energise, funded by the Waikato District Health Board, among many collaborative projects cited during the inquiry.

Information-sharing and common datasets could help bridge gaps in services for tamariki Māori and strengthen relationships between the agencies involved. The key to building
resilient relationships is communication; paradoxically, clear communication is only possible where good relationships are built and maintained. We recognise that this is a particular challenge for non-Government organisations.

Programmes also need access to long-term funding to allow whānau and service providers to develop trusting relationships. This view was endorsed by Waitemata and Auckland District Health Board, the New Zealand Council of Christian Social Services, and Te Puawaitanga ki Otautahi Trust. Ideally vulnerable whānau should have a dedicated case worker to provide continuity of care and help coordinate services. Purposeful but sensitive relationship-building with disengaged whānau may ultimately improve outcomes for tamariki Māori.

For example, for pregnant Māori women, this approach would see midwives encouraged to enhance their own taha Māori knowledge to build the quality of care they provide, and to connect expectant mothers with other community, maternal mental health, or iwi support they may need, before their child is born.

The same relationship-building capabilities need to be cultivated in whānau as in service providers. The skills to build good relationships, such as effective communication and inter-personal skills, will empower whānau to tackle difficult issues such as teen pregnancy.

Over time a lack of trust has developed between some agencies and Māori. Much of this mistrust has arisen from interventions that have adversely affected vulnerable families and their tamariki Māori.

Ohomairangi Trust described an example of an area in which trust was a stumbling-block. It acknowledged that paid employment is important in mitigating intergenerational welfare dependency and brings advantages in the form of increased income, better social networks, better parental health, and positive role modelling for tamariki Māori, the primary social obligation of whānau requires confidence in the care their tamariki Māori will receive. Whether the proposed social obligations of the welfare reforms, requiring parents to have their tamariki Māori enrolled in early childhood education, will have the desired impact in areas with high Māori populations and poor access therefore remains unclear. Unicef NZ suggested that tamariki Māori may be put at risk by welfare changes if parents are required to work and suitable childcare is unavailable.

Looking to the future, we believe it is important that whānau and government agencies rebuild trust so they can work together.

We believe it is vital that Government and non-Government employees working with tamariki Māori are culturally capable in meaningful ways, and understand how to work with whānau members to attain the best outcomes for tamariki.

Submitters encouraged the Government to adopt the objective of eliminating all forms of cultural racism, and to train public service employees in tikanga Māori and bicultural partnership.

We believe Government agencies and department should report annually on their achievements regarding the wellbeing of Māori, and work to ensure that no harm is done to tamariki and rangatahi Māori as a result of their dealings with government and community agencies.
Education

We believe tamariki Māori need to grow up in whānau that nurture lifelong learning. We want to see tamariki Māori growing up loving learning and engaging in education that will equip them with the skills and knowledge they need to succeed. Education is providing children not simply with academic skills, but also the skills to recognise and avoid risks, and participate in their community in a positive way. When whānau value education, they can influence their tamariki Māori’s learning success. Education starts in the home—whānau are a child’s first teachers. Learning starts from birth, and we want to support the ability of whānau to provide a stimulating environment for their tamariki Māori to grow up in.

As tamariki Māori move into more formal education, the role of whānau remains important. Whānau and educators need to work in partnership. Schools and parents can work together to ensure tamariki Māori receive a responsive and appropriate education. We also believe there is potential for iwi to take a proactive role in educating tamariki Māori, particularly in teaching their unique iwi knowledge.

In order to mitigate the effects of poverty it is important that rangatahi be equipped with the skills and knowledge to build a solid economic future for themselves and their whānau. We note that the Government has recognised the key importance of education for the wellbeing of rangatahi, and that addressing the tail of underachievement is crucial. Submitters gave this a high priority, some expressing a conviction that education was a pathway out of poverty in the longer term.

Te Reo Māori is an important part of Māori identity. We believe that society can benefit from more exposure to te reo Māori, to broaden respect for, understanding of, the Māori perspective, and increase the recognition of its value in building a fair and equitable society that respects diversity. Education providers can contribute by exposing all New Zealand children to Te Reo Māori.

We also believe it is important that Māori teachers and Te Reo speakers are represented in the education system. Currently, 5,140 teachers in New Zealand primary and secondary schools identify as Māori. The most recent Ministry of Education data reports that in 2009, 1,088 teachers received a Māori language immersion allowance. Of those teachers, 528 taught in kura.

As a result of our visit to Australia and to Yipirinya school, the idea was raised that every class should have a Māori teacher aide, to help with the students’ understanding of Māori culture, development of identity, and learning. This initiative would be two-fold; it would also create a career path to teacher training to increase the number of Māori teachers in our schools.

Kohanga reo and early childhood education

Māori participation in early childhood education services has increased in the last decade; however we heard that “lack of participation is particularly acute in urban areas with high Māori populations, such as South Auckland”. Concern at the low level of participation was echoed by a number of submitters. We want all tamariki Māori to have the best possible start to their education, and high-quality, accessible early childhood education is an important part of such a start.

Kohanga reo have a strong tradition of providing tamariki Māori with a positive early childhood education in a kaupapa Māori environment. The establishment of kohanga
resulted in rapid growth in Māori early childhood participation rates, but in recent years kohanga enrolments have dropped. The latest statistics from the Ministry of Education indicate that of the 41,961 tamariki Māori enrolled in early childhood education in 2012, about 8,500 (just over 20 percent) were enrolled in kohanga reo. This is in contrast to the peak of around 14,000 in 1993. To lift early childhood education participation amongst Māori the Government will need to redress funding inequities between kohanga reo and other early childhood education services. Currently kohanga reo are funded at a lower rate than mainstream teacher-led early childhood education providers, and many kohanga reo are struggling financially. The Waitangi Tribunal has recently reported on a claim by the National Kohanga Reo Trust and raised a number of disturbing issues. The committee is aware that the Government has initiated a process to engage with the National Kohanga Reo Trust to resolve issues identified in the Waitangi Tribunal Report.

**Kura Māori**

We are concerned that access to Māori-medium education following kohanga reo varies from town to town, area to area, which may disadvantage tamariki Māori who experienced immersion education in their earlier years.

The Children’s Commissioner says that tamariki Māori achieve better educational outcomes in kaupapa Māori education initiatives; however, as noted, the rate of participation is declining in some areas.

We believe kura provide an important environment for teaching kaupapa Māori and Te Reo, as well as supporting whānau. Tamariki Māori enrolled in kura and Māori-medium classes have better opportunities for connection to their culture. It reinforces Māori identity and helps raise confident and resilient tamariki Māori. At primary and secondary level, the proportion of tamariki Māori enrolled in kura drops to just under 10 percent. We are concerned that the good work of kohanga reo is not sustained as tamariki Māori move through their school years. We are aware that five percent of tamariki Māori are enrolled in Māori language education. Despite the reported successes of Māori language education for tamariki Māori over mainstream education, we are concerned that too few whānau choose to remain in Māori-medium education. The committee believes that there are innovations from Māori-medium education that would transform mainstream schools in addressing underachievement.

**Mainstream education**

While we value the important contribution of kura Māori in educating our tamariki Māori, we recognise that around 173,000 tamariki Māori—roughly 95 percent—are educated in mainstream schools. Therefore we believe it is important for mainstream education providers to educate tamariki Māori in an environment that affirms their culture and language. To this end, we would like the number of te reo Māori speakers and teachers in mainstream schools to increase. Te Kotahitanga, along with other developments in cultural competency, has had a positive impact.

**Cultural competency and communication**

Communication is crucial to achieving these goals. We believe this needs to originate within the family and that we must begin from birth, talking to our tamariki Māori and encouraging them to express themselves.
We must respect the cultural paradigm within which Māori operate and communicate. Whakamā, for example, could be readily interpreted as an indication of shyness or modesty, or, at the other end of the spectrum embarrassment and shame.

The key is to be able to read and interpret cultural differences and not assume that what is in one culture is the same as another. Another example is whakahihii which might be incorrectly interpreted as arrogance, while in reality it may be a mark of confidence.

We believe that anyone working with tamariki Māori needs to be culturally competent in the skills, knowledge and attitudes of culturally diverse groups. This means that they will function effectively in a way which respects the customs, cultural beliefs, values and practices of people from different cultural backgrounds. They will be able to communicate effectively cross-culturally, and be committed to developing relationships with whānau as and when appropriate.

Many submitters expressed concern about lack of cultural competency in the mainstream education system. To meet the needs of tamariki Māori and rangatahi, whānau need access to education at all levels. Teachers and schools need to be culturally responsive and appropriate in their approach to teaching Māori students and parents, and whānau should be more involved in education. Promoting such initiatives requires funding. We believe tamariki Māori learn better in an environment that acknowledges and supports their culture. With the vast majority of tamariki Māori enrolled in mainstream schools, it is important that these schools are culturally responsive.

We are impressed with the results of programmes like Te Kotahitanga, and believe similar interventions should be expanded to all schools. Run by the University of Waikato, Te Kotahitanga guided educators in creating culturally responsive learning environments with the support and engagement of whānau and community, and helps build positive relationships with their students, providing a supportive whānau environment in the classroom. We see this as whānau ora in action. Te Kotahitanga has recently been replaced by a new programme, Building on Success. We hope this will indeed build on the strengths of Te Kotahitanga and benefit Māori students and their school communities.

We would also support increasing the cultural competency training component of programmes at teachers’ colleges. Educators need to be able to understand their students to fully meet their educational needs. A number of submitters expressed concern about a lack of cultural competency among teachers in mainstream schools.

Hutt Valley District Health Board Consumer Kaitiaki Group believed that it is crucial to improve teachers’ awareness of the social justice issues regarding education and tamariki Māori in poverty, and to equip teachers to teach in empowering and culturally appropriate ways.

We recommend encouraging linkages between universities and grass-roots providers to share research and emerging knowledge about the best way to work with tamariki Māori. Such collaboration would enrich both the academic environment and the community setting.

**Parental engagement**

We believe parents need to stay engaged in their tamariki Māori’s education throughout their school years. Where parents have limited education and literacy themselves, opportunities for them to learn by participation in their tamariki Māori’s learning are needed, as is funding for parents to continue their own education (as submitted by Ko Te
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Aroha Children’s Centre). In building on what has worked in schools to date, we look to examples such as the Reading Together programme, which brings caregivers into schools to teach them and their tamariki Māori to enjoy reading with each another.

Parenting programmes and adult education courses could be run at the schools to encourage parents to take part in the school community. Tamariki Māori should have priority access to Māori-led classrooms. Submitters also argued that funding should be available to promote parents continuing their education, which is very often interrupted.

Utilising technology

Children are engaged by the use of computers. We believe that technology offers many opportunities to improve the educational prospects for our tamariki Māori. We consider that access to technology is an issue of equity. We want all tamariki Māori to have equal access to technology, and believe the Government should take the lead in providing it. We endorse programmes such as Computers in Schools, which facilitate the use of computers in schools and homes. Digital literacy is a key factor in preparing children to succeed; confidence in using digital tools, including computers, is necessary in today’s career market. Tamariki Māori interact with the wider world through technology and communication technology is crucial in the workplace.

Schools as community hubs

We heard that services provided at education facilities needed to be relevant and responsive to the needs in a community. We believe that an effective outcomes-based model would require a relevant cultural framework, a quality-assurance standard for working with tamariki Māori, and the ability to evaluate and share best-practice models.

We recommend that one-stop-shops be developed to offer integrated services from single locations or hubs. A hub for a particular community would be located at the school or the community centre, and encompass services in areas such as health, education, and employment. A number of submitters suggested using education providers (schools, early childhood education, high schools) as a location for the delivery of social and health services, to help combat the impact of poverty on tamariki Māori’s education. We feel that schools are well placed to take on this role as they often already serve as de facto community centres, and have strong connections to whānau. We believe any community services operating out of school grounds should not be at a cost to school budgets, or put pressure on schools’ time and resources. We also believe community hubs should be strongly linked to Whānau Ora providers.

We are mindful that support services that intersect with a school community—social work, counselling, budgeting, health and whānau ora—involve multiple providers. We endorse a more “joined-up” approach, in order to include and coordinate all the necessary contributions to improve outcomes for tamariki Māori. We do not believe such services should be contracted exclusively to iwi-based organisations.

Health

Good health is often a pre-condition of educational achievement, employment, and a successful career. In turn, the health and wellbeing of people is determined by a wide range of economic, social, and environmental influences. The health sector therefore has an important role to play in addressing poverty.
We are aware that the findings of the New Zealand Children’s Social Health Monitor Update 2011 link economic conditions with tamariki Māori wellbeing. There is a correlation between wellbeing and socio-economic status, which needs urgent attention; and long-term policy commitments will be needed to make enduring changes to benefit the lives of tamariki Māori. Implementing integrated strategies, mandatory reporting of outcomes throughout the Government sector, and addressing the damaging effects of poverty are among the structural changes that might benefit tamariki Māori.

We received many submissions from the health sector. Many specifically referred to or made recommendations regarding the link between poverty and ill health for tamariki Māori.

There is a consistent and pervasive correlation between increasing deprivation and worsening health and risk factor measures including shorter life expectancy, higher mortality rates and higher smoking rates. (Health Hawke’s Bay, 2012)

The New Zealand College of Public Health Medicine New Zealand suggested a whole-of-Government approach to addressing the negative impact of poverty, and a review of alcohol and tobacco legislation. The college also submitted that better housing, maternal health, and preventative medicine are vital for tamariki Māori. Tairawhiti District Health Board (Population Health Division) said that reducing health inequalities should be a priority, and suggested setting specific health targets for tamariki Māori. Christine Hawea cited the “Social Determinants of Health”, supported by the World Health Organisation, as a key document of the connection between poverty and ill health.

Access to health care

We believe that to make the most of a child’s future, whānau need better access to adequate primary health care and appropriate education in their child’s health (Māori Party National Council). A number of submitters focused on improving the delivery of services to Māori. The Royal New Zealand College of General Practitioners suggested that general practitioners receive specific vocational training in order to serve Māori patients better, and that the Government work towards providing free healthcare 24/7 for all tamariki Māori under the age of six. Hutt Valley District Health Board Consumer Kaitiaki Group suggested that investment was needed in more Māori health practitioners, that mainstream health services should become more culturally competent in responding to and providing services to Māori; it also called for more investment in community-based secondary mental health and addiction services for youth and young adults, including more medical and clinical staff.

Delivering health services well means having the right services at the right time, delivering them seamlessly, and ensuring that we are getting the results we expect.

Submissions highlighted the importance of early and easy access, particularly to primary health care and early childhood education. While cost is one of the barriers most often cited, others include the opening hours of services, their location, transportation, and poor communication by health-sector agencies and professionals. Rape Crisis Dunedin suggested that to mitigate the impact of poverty and inequity, all tamariki Māori should have access to free health care and a doctor and a nurse should be working in every school. We are concerned that many health services, particularly in rural areas, are not easily accessible by those in need. Better access might involve extending service hours to suit whānau needs, and providing mobile services, particularly in isolated or low-income areas.
where transport options are limited. The Kapiti Coast has a successful paramedic
assessment service which acts as a first response to calls for assistance from home. This
initiative could be extended elsewhere.

All tamariki Māori should be able to access primary health care as and when they need it.
YouthLaw argued for extending free health care after hours for tamariki Māori and
rangatahi to make good health attainable by tamariki Māori of low-income families.
Empowering whānau to provide healthy environments for their tamariki Māori also
requires more support by way of policy and services.

We believe access to service would be facilitated by increasing the cultural capability of
staff, residences and work sites, and ensuring that Māori staff are present to work with
Māori clients. We recommend that a review of population based funding be followed by a
consideration of population-specific needs.

Early intervention

Some submitters proposed increasing the emphasis on, and investment in, prevention and
early intervention to foster positive childhood development. Lakes District Health Board
recommended such investment, as did the Liggins Institute and the National Research
Centre for Growth and Development (University of Auckland).

We acknowledge that early intervention is a sensitive issue, but believe it is necessary to
help tamariki Māori most at risk. Early intervention can be initiated by health, social
service, education, or justice providers. If we are serious about breaking inter-generational
cycles, we believe early intervention should begin as soon as the mother is pregnant, and
assistance provided before the baby is born. Good health for tamariki Māori starts with
high-quality maternity care and the right interventions in a child’s early years. Many
submitters raised this issue, concerned that tamariki Māori were missing out on essential
healthcare; evidence suggested that whānau with the greatest needs are also the least likely
to be engaged with services to meet them.

High-quality healthcare and nutrition for expectant mothers ensures their own good health
and that of their babies. Pre-birth care allows healthcare providers to build relationships
with mothers and whānau, so they can be of more help once a baby is born. Early
intervention could employ a cross-sectoral needs assessment to ensure healthcare providers
are aware of each whānau’s needs, especially those of the more vulnerable.

One such early intervention initiative we heard about was quadruple enrolment in the
healthcare system at birth—on the national immunisation register, with a Well Child
provider, with an oral health provider, and with a primary health care provider. This
initiative, which is currently operating in three district health board areas, was designed to
reach as many tamariki Māori as possible in the earliest stages of their lives and to stop any
“falling through the cracks” in these important areas of service provision. We are heartened
to hear that all district health boards are working towards implementing a triple enrolment
system.

Prenatal and postnatal care and planning

We agree that it is best for parents and tamariki Māori if pregnancies are planned. It means
parents can weigh up options and opportunities and consider the responsibilities involved
before choosing to have tamariki Māori. Regardless of whether pregnancies are planned or
not, so we must make sure that all whānau have the resources they need to prepare as best they can.

We acknowledge that many young parents with unplanned pregnancies struggle. They need to be fully informed to help reduce the risk of teen pregnancies, and to have access to support services should pregnancy occur.

We heard that the Netherlands has a significantly lower teenage pregnancy rate than most developed countries. Frank and pragmatic conversations are had there at early ages about the connection between sex and pregnancy, and the rights and responsibilities associated with sex. We recommend funding initiatives to reduce teenage pregnancy and provide high-quality pre-natal care, using local and overseas evidence of what constitutes best practice.

Best practice would certainly include all whānau having access to well-designed pre-birth programmes, as recommended by the Public Health Association of New Zealand; antenatal care and education (Waikato Child and Youth Mortality Group); quality wrap-around social and health services for pregnant women (Tairawhiti District Health Board (Population Health Division)); more effective engagement in Plunket or equivalent services (Plunket); early childhood development programmes (Public Health Association of New Zealand); and funding for the expansion of effective teen parenting units.

We recognise the low proportion of Māori women who use midwifery services. We would like to see a concerted focus on improving the number of pregnant Māori women who access such services, to secure better outcomes for mothers and babies.

We also recognise and are disappointed by the small number of Māori midwifery providers. We believe that once pregnant women have a midwife, they can be more readily engaged in primary healthcare services.

We also believe the health of Māori mothers and babies could benefit from reconnecting whānau to traditional Māori health practices, such as burying whenua and pito.

A whānau-centred approach might also see the extension of the “nan” model applied through the Māori Women’s Welfare League, where a maternity nurse takes on the role of model, mentor and counsellor for the whānau, looking after mother and baby for the first eight days after birth (this reflects the Kraamzorg Holland model, which however is paid for by the user).

Breast the best start for tamariki Māori

Breast feeding provides the best developmental benefits to pēpi and their mothers. Breast milk is the most nutritious and healthy food for babies, providing a key protective factor for a child’s health.

Breastfeeding also helps to develop a strong maternal bond with the child, improving the critical protective and responsive relationship between mother and baby in the short and long term.

Early writings about Māori from Elsdon Best and others describe how, pre-colonisation, pēpi were only breast fed and mostly for many months, often until a child chose to stop.

But in more recent times, Māori rates of breastfeeding have fallen below that of non-Māori. The Lakes District Health Board said that there are significant disparities in breastfeeding rates between Māori and non-Māori. They cited Plunket data from 2010 showing that full and exclusive breastfeeding rates at 6 weeks, 3 months and 6 months for Māori was 54
percent, 41 percent, and 12 percent respectively, compared to 75 percent, 61 percent, and 25 percent for non-Māori. They also noted an increase in the risks associated with the early introduction of solid food to babies, and that Māori children were twice as likely as non-Māori children to be given solids before four months of age (2006/07 NZ Health Survey). We also believe that societal pressures to hide breastfeeding infants create a culture hostile to mothers and babies and particularly to Māori mothers and babies who have had a long cultural history of breastfeeding.

We are aware of the strong correlation between increased risk of SIDS and early cessation of breast feeding. Dr Elizabeth Craig submitted that a recent review of SIDS-related knowledge and infant care practices among Māori mothers in South Auckland found that knowledge about SIDS prevention was much lower amongst Māori than European mothers, with more Māori infants sleeping prone and having stopped breastfeeding earlier.

In addition there are clear links between early cessation of breast feeding and longer term ill health for babies and young children. The Manaia Health Primary Health Organisation noted that factors which increase the likelihood of an infant suffering bronchiolitis include being less 6 months old, household crowding, older brothers and sisters attending day care, socioeconomic disadvantage, maternal smoking and lack of breastfeeding. They said that Tamariki Māori are disproportionately exposed to all of these risk factors for bronchiolitis.

We believe that government should continue to use as many public health measures as possible to encourage breastfeeding by Māori mothers and support whānau to support mothers to breastfeed their babies. Dr Cass Byrnes and Dr Adrian Trenholme recommended that programmes that have demonstrated success in promoting breast feeding among Māori women be supported and expanded. The New Zealand Nurses Organisation suggested that government should increase funding to improve breastfeeding rates in Māori for example community based lactation services and increasing the workforce of Māori lactation consultants.

**Māori health workforce**

Submissions indicated a shortage of Māori mental health and drug and alcohol services for Māori. This needs to be addressed through training and more targeted funding to reflect actual costs. We believe an intensive review of the provision of specialised mental health services for Māori is urgently needed.

We recommend developing a Māori health workforce through iwi, Te Puni Kōkiri, and the Ministry of Health, increasing the number of scholarships available for pertinent studies and targeting some to Māori in low-decile colleges and communities.

We recommend further promotion of and more participation in Te Pae Mahutonga, Te Whare Tapa Whā, and Te Wheke. These models reflect Māori paradigms of health and wellbeing while utilising Western scientific models for understanding suicide, and for mental health assessments and intervention.

We also support measures to attract and train additional health professionals, and training by kaumatua for health professionals, student psychiatrists and psychologists, nurses, counsellors, therapists, and social workers. For example, Tamati Kawai provides tikanga training at Orongomai Marae, Upper Hutt, for University of Otago health students and professionals.
Health literacy

The health literacy of New Zealanders is generally poor. If the goal of empowered and successful whānau is to be realised, we believe health literacy must be improved. Any health literacy education should be based on kaupapa Māori, and communicated in a culturally appropriate way. In this the health sector could work with educators and iwi organisations to find the best way to communicate important health messages and support whānau in efforts to live healthily. Communicating important health information to all members of a whānau empowers it to support the health of its tamariki Māori. We support health providers offering whānau health checks for all members together, rather than just seeing individuals on their own.

Many iwi, hapū and whānau live in rural areas and have access to land. Programmes should encourage the production and consumption of healthy food, from garden to table. These programmes could educate and inform whānau about diet and nutrition, and could work with healthcare providers to improve health literacy. In addition, the government could fund discounts, accessible by way of a smart card, on healthy food for low-income families.

Several submitters suggested ways in which the health status of tamariki Māori could be improved outside the scope of the healthcare system. Disproportionately high tobacco consumption, child maltreatment, overcrowded living conditions, and cold damp homes are just some of the factors inhibiting tamariki Māori health and wellbeing.

Tobacco

Smoking is an obvious health concern, and we heard suggestions from many organisations for cessation services, and media campaigns promoting smokefree cars and homes, targeting Māori youth, pregnant women and parents. Hawke’s Bay District Health Board recommended supporting smokefree environments for tamariki and pregnant women; the Cancer Society’s Wellington Division recommended adequate funding of cessation services targeted at Māori youth, pregnant women and parents via mass media campaigns; the Cancer Society’s National Office and its Social and Behavioural Research Unit (University of Otago) recommended policies to encourage whānau to keep homes smokefree and ensure tamariki do not have access to tobacco; the Public Health Association of New Zealand supported further measures to control tobacco use, including smokefree cars and intensive cessation support for Māori women during and after pregnancy.

This committee has previously inquired into the impacts of smoking on Māori and many of the submitters’ recommendations have been addressed in the resultant report. We note that the Government has advanced a number of the recommendations of that report.

Housing

Warm, affordable homes are critical to ensuring young Māori achieve positive lifetime outcomes. Many submitters expressed concern about the effects of poor housing on the health of tamariki Māori. Many tamariki Māori live in rented homes, which are often poorly maintained. Cold, damp houses result in sickness, particularly respiratory diseases. When tamariki Māori are unwell, they cannot thrive. Living in unhealthy homes can affect tamariki Māori’s health in the long term, leaving them more susceptible to conditions such as asthma and glue ear. These illnesses can affect their learning and emotional wellbeing.
Poor housing can also encourage transiency, as whānau move often in search of better housing. This can hamper finding and maintaining employment, and disrupt tamariki Māori’s schooling. Such instability can adversely affect their wellbeing in many ways.

The Children’s Commissioner has recommended that the Government take the lead on the provision of social housing to address vulnerable tamariki Māori’s need for a stable living environment. He expressed the view that under-investment in public housing has adversely affected tamariki Māori. Affordable rental accommodation for whānau on low incomes is not always available in areas close to schools, services or transport routes.

We believe that this issue needs further investigation, and that the solution requires an integrated central and local Government planning approach to addressing these needs.

Amongst the views canvassed were recommendations for provision of more safe, warm state housing for families in need, and more support for families to buy their own homes.

Taking a whānau-centred approach to more affordable housing for whānau, we look to papakāinga housing schemes around the country, and emphasise the need to continue and expand on the success of these initiatives, which not only provide for their needs, but also bring whānau closer together. Housing was suggested as one area where Māori incorporations could offer support by means such as grants for home investment, and creative options such as the kāinga whenua loan scheme.

We believe improving rental housing stock will need contributions from the State, iwi, and social service housing providers, as well as private landlords. It is time to start thinking outside the box, and looking at options such as using Māori Trustee assets to build houses for their own people as an investment.

**Child maltreatment and abuse**

One issue that we must address is the high rate of maltreatment and abuse suffered by tamariki Māori. Child maltreatment has a number of contributing factors. Poverty, low education levels, unemployment, unstable home life, and parental ill-health can all increase the risk to tamariki Māori. Maltreatment can take many forms, ranging from neglect and lack of care to physical, emotional, sexual, and mental abuse. Tamariki Māori who suffer maltreatment can experience many adverse consequences, the impact of which may be felt for many years.

Our specialist adviser told us that in 2009/10 Child, Youth and Family received around 125,000 notifications; half of these required further action. Our specialist adviser also told us that about 46 percent of CYFS clients are Māori.

Child, Youth and Family does not generally do intervention casework itself; it provides ongoing intensive intervention to only about the worst 5 percent of abuse cases, as it lacks the resourcing to follow everything up quickly and effectively.

We heard that New Zealand has a robust Care and Protection Framework, but effective robust programmes, particularly small residential programmes, are lacking. There are few holistic whānau homes for the care and protection of vulnerable tamariki Māori. We recognise that Child, Youth and Family care is not responsible for strengthening or healing the whānau. However, we consider its role to be a matter requiring further investigation. In 2011 the Families Commission found that of the 4,238 tamariki Māori in out-of-home care in 2010, 45 percent also had siblings who had previously been removed from their parents
or caregivers by Child, Youth and Family. Fifty-two percent of the tamariki Māori in Child, Youth and Family out-of-home care were Māori, and of the tamariki Māori affected by custody orders in 2010, just under half (45 percent) had had a sibling previously removed. These figures indicate that when we intervene on behalf of the most vulnerable tamariki Māori, we are not doing it in the right way.
4 Conclusion

We were encouraged by the positive stories we heard during our inquiry of efforts throughout New Zealand to improve the well-being of tamariki Māori. We acknowledge that there is still much work to be done but we believe that the challenge is not insurmountable. We support a holistic approach that acknowledges tamariki as important members of their wider whānau, and empowers the adults in their lives to take a leading role in improving tamariki wellbeing.

We endorse the use of flexible and responsive cross-government initiatives, grounded in Māoritanga, to support and guide Māori whānau in changing the lives of their tamariki for the better. Whānau Ora is a prime example of such an initiative, and we support expanding it to reach more whānau. We encourage government agencies and non-government organisations to work collaboratively to support Whānau Ora and similar approaches to working with Māori whānau, and reject a silo mentality. We also encourage such organisations to consider revising their own programmes to utilise and support manaakitanga and whanaungatanga in the whānau with which they work. We believe that these initiatives need to acknowledge the Treaty relationship, which is an expression of tino rangatiratanga and kawanatanga, and should underpin the way government agencies and whānau work together.

Poverty is a major barrier to the wellbeing of tamariki Māori, and it often has a domino effect in all areas of a tamaiti’s life. We believe that moving whānau out of poverty will benefit tamariki and allow whānau to build a strong foundation for a positive future.

Improving the wellbeing of tamariki Māori is in the interests of all New Zealanders. We call on all New Zealanders to support this important work, to ensure a brighter future for our tamariki and New Zealand as a whole.
Appendix A

Committee procedure
At its 28 September 2011 meeting, the Māori Affairs Committee resolved to conduct an inquiry into the determinants of wellbeing for Māori children. The committee called for public submissions on the inquiry. The closing date for submissions was 16 March 2012. The committee received 117 submissions and many supplementary submissions from the organisations and individuals listed in Appendix B. The committee heard 60 of the submissions orally at hearings of evidence at Wellington and Auckland. The committee met between 28 September 2011 and 11 December 2013 to consider the inquiry.

The Ministry of Maori Development, the Ministry of Health, the Ministry of Internal Affairs, and the Ministry of Social Development were our key advisers.

We also received independent specialist advice from Kitty McKinley MNZM.

Committee members
Hon Tau Henare (Chairperson)
Te Ururoa Flavell
Hone Harawira
Claudette Hauiti
Brendan Horan
Hon Nanaia Mahuta
Katrina Shanks
Rino Tirikatene
Metiria Turei
Nicky Wagner
Meka Whaitiri
Jonathan Young
Appendix B

Evidence and advice

Submitters
Action for Children and Youth Aotearoa
Action on Smoking and Health New Zealand
Alcohol Healthwatch
Andrew Sheldon Crooks
Angela Duthie (on behalf of Pomare School students)
Aotearoa New Zealand Association of Social Workers
Asthma Foundation
Cancer Society of New Zealand (National Office)
Cancer Society Social and Behavioural Research Unit (University of Otago)
Cancer Society Wellington Division
Carl Chenery
Child Poverty Action Group
Children’s Commissioner
Christine Hawea
City of Manukau Education Trust
Community and Public Health West Coast
Dame Iritana Tawhiwhirangi
Deborah A Yates
Directions Youth Health Centre
Dr Amanda D’Souza
Dr Cass Byrnes, Dr Adrian Trenholme
Dr Elizabeth Craig and others
Dr Leland Ruwhiu
Dr Liz Gordon
Every Child Counts
Faavae Gagamoe
Families Commission
Franklin Baptist Church
Grace Coulter
Hapai Te Hauora Tapui, Māori Public Health
Hawke’s Bay District Health Board
Health Hawke’s Bay
Health Promotion Forum of New Zealand
Health Rotorua
Health Sponsorship Council
Hutt Playcentre
Hutt Valley District Health Board Consumer Kaitiaki Group
IHC New Zealand
Jigsaw Family Services
John Marcon
Just Speak
Ko Te Aroha Children’s Centre
Lakes District Health Board
Liggins Institute and the National Research Centre for Growth and Development
Lyn Louise Milnes
Manaia Health Primary Health Organisation
Māori Party National Council Leadership
Mark D McNicholl
Mental Health Foundation of New Zealand
Methodist Church
Mira Szaszy Research Centre
Moana Bell
National Collective of Independent Women’s Refuges
National Network of Stopping Violence Services
New Zealand College of Public Health Medicine
New Zealand Council for Educational Research
New Zealand Council of Christian Social Services
New Zealand Initiative
New Zealand Kindergartens Te Putahi Kura Puhou o Aotearoa
New Zealand Medical Association
New Zealand Nurses Organisation
New Zealand School Trustees Association
Ngāti Kahungunu Iwi
Nick Wright
Novi Marikena
Nutrition and Physical Activity Service of Te Hotu Manawa Māori
New Zealand Educational Institute Te Riu Roa
Ohomairangi Trust
Pahau Whānau
Peter Shuttleworth
Peter Zohrab
Pharmacy Guild of New Zealand
Post Primary Teachers’ Association
Poverty Action Waikato
Problem Gambling Foundation of New Zealand
Professor David Fergusson
Professor Elaine Rush
Professor M Innes Asher
Public Health Association of New Zealand
Public Health South
Quit Group
Rape Crisis Dunedin
Regional Public Health, Hutt Valley District Health Board
Royal Australasian College of Physicians New Zealand
Royal New Zealand College of General Practitioners
Royal New Zealand Plunket Society
Safekids New Zealand
Smokefree Canterbury
Smokefree Coalition Te Ohu Auahi Kore
Social Justice Council of the Anglican Diocese of Auckland
Social Service Providers Aotearoa
South Auckland Family Violence Prevention Network
Steven Henry Whānau Trust
Strategic Expertise
Tairawhiti District Health Board (Population Health Division)
Tamaki Treaty Workers
Te Ora o Manukau Collective of Māori and non-Māori organisations
Te Puawaitanga ki Otautahi Trust
Te Roopu Awhina
Te Runanga o Ngati Whatua, Raukura Hauora O Tainui, and Te Whānau o Waipareira Trust
Te Tai Tokerau Whānau Ora Collective
Tu Wahine Trust
Unicef New Zealand
University of Auckland
Venerable Michael Smart
Violence Free Waitakere
Waikato Child and Youth Mortality Group
Wairarapa District Health Board
Waitemata and Auckland District Health Boards
WAVES Trust (Waitakere Anti-Violence Essential Services)
WellTrust Youth Alcohol and Drug Service
Wesley Community Action
West Coast Tobacco Free Coalition
Whānau Whakakotahi A Iwi Marae
Women’s International League for Peace and Freedom
YouthLaw Tino Rangatiratanga Taimatariki

Advice

From Ministry of Education on:
• Numbers and locations of Māori students
• Provision of early childhood education

From Ministry of Health on:
• Provision of GPs and LMCs
• Live births by District Health Board region and ethnicity 2007-2011
• Live births by territorial local authority and ethnicity 2007-2011
• Three priorities to alleviate poverty

From Ministry of Social Development on:
• Children of beneficiaries
• Geospatial information on the Māori population
• Social Sector Trials extension
• Three priorities to alleviate poverty

From our specialist adviser, Kitty McKinley
• Specialist adviser report

From Te Puni Kōkiri on:
• Response to submissions
• Synthesis of submissions
• Three priorities to alleviate poverty

Joint advice from Ministry of Health, Ministry of Social Development, and Te Puni Kōkiri on:
• Written responses to committee questions
• Universal and targeted funding approaches
Appendix C

Index of socioeconomic deprivation for individuals — University of Otago

**NZiDep**

An index of socioeconomic deprivation for individuals

Clare Salmond and Peter Crampton  
Wellington School of Medicine and Health Sciences

and

Peter King and Charles Waldegrave  
Social Policy Research Unit, The Family Centre, Lower Hutt

**Aim:** To identify a small set of indicators of an individual’s deprivation that is appropriate for all ethnic groups and can be combined into a single and simple index of individual socioeconomic deprivation.

**Methods:** The NZiDep index was derived using the same theoretical basis as the national census-based small-area indices of relative socioeconomic deprivation: NZDep91, NZDep96, NZDep2001 and NZDep2006. The index has been created and validated from analysis of representative sample survey data obtained from approximately 300 Maori, 300 Pacific, and 300 non-Maori, non-Pacific adults. Twenty-eight deprivation-related questions, derived from New Zealand and overseas surveys, were analysed by standard statistical techniques (factor analysis, Cronbach’s coefficient alpha, item-total correlations, principal component analysis). The index was validated using information on tobacco smoking, which is known to be strongly related to deprivation.

**Result:** The NZiDep index is based on eight simple questions which take about two minutes to administer. The index is a significant new (non-occupational) tool for measuring socioeconomic position for individuals. The questions and scoring system are shown overleaf.

**Conclusions:** The NZiDep index has advantages over existing measures, including a specific focus on deficits, applicability to all adults (not just the economically active), and usefulness for all ethnic groups. Its strengths include simplicity, utility, acceptability across ethnic groups, criterion validity, statistical validity, external validity (measured with reference to tobacco smoking), and relevance to the current New Zealand context. The index is indicative of deprivation, in general, and is designed for use as a variable in research, and for elucidating the relationships between socioeconomic position and health/social outcomes.

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For further information, please contact:

Clare Salmond: clare.salmond@xtra.co.nz  ph 04 476 8998
Peter Crampton: peter.crampton@otago.ac.nz  ph 04 918 6045
Peter King: king.p@fe.org.nz  ph 04 569 7112
Charles Waldegrave: waldegrave.c@fe.org.nz  ph 04 569 7112

June 2007
Questionnaire items for NZiDep

The eight questions for the five-point individual-level index of socioeconomic deprivation are shown below. The order of the eight questions is not important, although they are listed here in decreasing order of occurrence. The simple scoring system is described after the questions. A suggested lead-in to these questions is: “The following few questions are designed to identify people who have had special financial needs in the last 12 months. Although these questions may not apply directly to you, for completeness we need to ask them of everyone.”

1. [Buying cheap food]
   In the last 12 months have you personally been forced to buy cheaper food so that you could pay for other things you needed? (yes/no)

2. [Unemployment] NOTE: defined as no for those 60 and over, and for full-time care-givers/homers; otherwise: In the last 12 months, have you been out of paid work at any time for more than one month? (yes/no)

3. [Being on a means-tested benefit] NOTE: means-tested benefits were listed on a showcard (see below) Looking at Showcard 1, did you yourself get income in the 12 months ending today from any of these sources? (yes/no)

4. [Feeling cold to save on heating costs]
   In the last 12 months have you personally put up with feeling cold to save heating costs? (yes/no)

5. [Help obtaining food]
   In the last 12 months have you personally made use of special food grants or food banks because you did not have enough money for food? (yes/no)

6. [Wearing worn-out shoes]
   In the last 12 months have you personally continued wearing shoes with holes because you could not afford replacement? (yes/no)

7. [Going without fresh fruit and vegetables]
   In the last 12 months have you personally gone without fresh fruit and vegetables, often, so that you could pay for other things you needed? (yes/no)

8. [Help from community organisations]
   In the last 12 months have you personally received help in the form of clothes or money from a community organisation (like the Salvation Army)? (yes/no)

Creating the NZiDep index

(1) Add the ‘yes’ responses (any missing data are counted as ‘no’).

(2) Re-code the count of deprivation characteristics into the following five ordinal categories (relatively few people will have the largest number of deprivation characteristics):

1. no deprivation characteristics
2. one deprivation characteristic
3. two deprivation characteristics
4. three or four deprivation characteristics
5. five or more deprivation characteristics

Showcard 1

- Domestic Purposes Benefit
- Independent Youth Benefit
- Sickness Benefit
- Invalids Benefits

NOTE: This list of means-tested benefits is current as of June 2007, but it could change in the future. This list deliberately excludes the unemployment benefit, which is means tested but is captured in the unemployment question.
Appendix D

Indicators of disadvantage – Social Policy Research Centre, University of New South Wales

TOWARDS NEW INDICATORS OF disadvantage PROJECT

BULLETIN NO. 2: DEPRIVATION IN AUSTRALIA

BY PETER SANDERS

INTRODUCTION

An article in an earlier issue of the SPRC Newsletter described the Left Out and Missing Out (LOMO) Towards New Indicators of Disadvantage project and presented results on the essentials of life. The project is funded by the Australian Research Council Linkage Grant Scheme and it is based on a collaboration between the SPRC and our Industry Partner Mission Australia, the Brotherhood of St Laurence, ACOSNS and Anglicare, Diocese of Sydney. The research has generated new nationwide data that is being used to identify who is deprived (“missing out”) and excluded (“left out”) from the benefits associated with Australia’s current period of extended economic growth and rising incomes.

The data has been produced by two surveys conducted in 2006. The first was a national postal survey of 6000 adult Australians drawn at random from the electoral rolls. This was supplemented by a second survey targeted at those who used selected welfare services provided by the Industry Partner agencies. Both surveys were conducted over a three-month period in mid-2006. Welfare service clients were asked to complete a shortened version of the main survey when they accessed services – almost none of those approached refused to participate. The first (postal sample) was designed to build, for the first time, a comprehensive national picture of the extent and nature of deprivation and social exclusion in Australia. The second (client sample) is significant because the most vulnerable people are generally under-represented in postal surveys, and also because we wanted to find out more about the kinds of problems faced by welfare service clients, who are by definition doing it tough.

As explained in the earlier article, 2704 people responded to the postal survey (a response rate of about 48 per cent), while 673 completed the shorter client survey. Further analysis indicates that the postal sample is reasonably representative of the general population, although it contains more people over 50 than the population, whereas the client sample is dominated by younger people (under 30), because these are the age groups at which the services that were included are targeted. Together, the two surveys provide a very rich source of new data that are being analysed to gain a better understanding of the kinds of problems faced by those who have been left out and are missing out – those that the benefits of economic growth have thus far, failed to reach.

THE ESSENTIALS OF LIFE

Both surveys included a series of questions asking which among a list of items are essential in Australia today – things that no one should have to go without. Participants were asked to indicate for each:

1. Whether or not they thought that the item was essential for all Australians;
2. Whether or not they themselves had the item; and
3. If they did not have the item, whether this was because they could not afford it, or because they did not want it.

The last question was only asked of those items that individuals themselves could buy; it was not asked of items like access to a public telephone, or to a bulk-billing doctor under Medicare that cannot be bought by individuals but are provided collectively by government.

The “essentials of life” questions covered a broad range of items, activities, opportunities and other characteristics that previous research has shown to be associated with deprivation and social exclusion. The list of potential items included basic items (for example, a substantial meal at least once a day, heating in at least one room of the house), items that reflect or influence people’s connections with community life (to be treated with respect by other people; a night out once a fortnight), items that people need at particular times in their lives (dental treatment; child care for working parents), and the ability to make use of key facilities and services (good public transport; streets that are safe to walk in at night). Several of the items related specifically to the needs of children, including a separate bed for each child, a local park or play area for children, and up to date schoolbooks and new school clothes.

FROM ESSENTIALS TO DEPRIVATION

The definition of deprivation that has evolved from these decades of international (mainly British) research in an enforced lack of socially perceived essentials (or essentials). The first stage in identifying the profile of deprivation involves identifying the list of socially perceived essential items. As indicated in the earlier article, responses to the “Is it essential” question were used to identify which items are regarded as essential by a majority of the population. This benchmark was taken as indicative of items about which there is a community consensus that they are essential. Only the postal sample was used in this stage, because we were interested in what the community as a whole regards as essential in modern-day Australia. Of the 61 items included in the postal survey, 48 passed the ‘majority rule’ criteria. However, a number of these items could not be bought by individuals and were thus not used to identify deprivation, which focuses on an ‘enforced lack’ of each item that results from not being able to afford it.

The earlier article indicated that two items - a car and a separate bedroom for each child aged over 14.
Figure 1: The Incidence of Deprivation among the Postal (Blue) and Client (Red) Samples (percentages)

10 - very close to the 50 per cent cut-off. Further analysis revealed substantial differences in the views of different age groups about these two items (particularly about the car) and after adjusting for the over-representation of older people in the postal sample, support for the car being essential fell just below the threshold. It was therefore excluded from the final list, which contained the 26 items shown on the left hand side of Figure 1. The list includes basic needs items, such as a decent and secure home and a substantial daily meal, consumer durables like a washing machine and a television, access to medical and dental services and to prescribed medications, social participation activities such as regular social contact with others and an annual holiday, and risk-protection items like secure locks at home, insurance coverage and savings for an emergency.

Figure 1 shows the percentages of the two samples that are deprived in relation to each of the 26 items. For the postal survey, the incidence of deprivation is very low in the case of items like a substantial daily meal, warm clothes and bedding, a telephone, a television and a separate bed for each child. Those items where deprivation is most severe are a week's holiday away from home (22.4 per cent), $500 in savings for use in an emergency (17.6 per cent), dental treatment when needed (13.9 per cent), home contents insurance (9.5 per cent), comprehensive motor vehicle insurance (8.6 per cent). These patterns are unaffected when the postal sample is weighted to reflect the age structure of the population as a whole.

All but one of the items where deprivation is highest relate to steps that people need to take to protect their longer-term security, as adequate level of savings for use in an emergency, appropriate insurance coverage and access to dental care. The absence of these items among large sections of the population highlights the fact that many Australians may be managing but are only a minor mishap (a scrape in the car, a toothache, or a broken refrigeration) away from being unable to make ends meet financially. The other item where the incidence of deprivation is high - a week's holiday away from home - might be seen by some as a "luxury" that has little to do with being deprived or disadvantaged. However, this item only enters the list because a majority of the population (around 53 per cent) regard it as essential: it is what the community thinks is essential that determines what is included in Figure 1, not what we as researchers think. This variable also has an insurance element, reflecting the need for families to have a break together and relax and re-group, away from the pressures of everyday (working) life.

The findings for the client sample paint a far bleaker picture of the extent of deprivation than those for the postal sample. At one level, this is hardly surprising since the client sample has been deliberately chosen to represent those who, having been forced to seek assistance from a welfare service, are likely to be most disadvantaged. Even so, it is still important to establish just how deprived those who use welfare...
services actually are. The average incidence of deprivation across all 26 items among the client sample is 22.2 per cent, four times higher than that for the postal sample (5.7 per cent). The difference is hardly affected by adjusting for the differences in the age composition of the two samples.

Among those in the client sample (re-weighted so that it has the same age composition as the postal sample), the incidence of deprivation is highest in relation to a week’s holiday away (51.7 per cent), not having $500 in savings for an emergency (51.6 per cent), home contents insurance and dental treatment (both 44.7 per cent), and comprehensive motor vehicle insurance (39.7 per cent). The deprivation rate exceeds one-quarter in relation to 8 items (whereas it never exceeds this figure in the postal sample). Around one-in-eight of those in the client sample report not being able to afford a substantial meal once a day, to heat at least one room in the house, to have a washing machine, a separate bed for each child, have regular social contact with other people, or can afford to let their children participate in school outings or activities.

The evidence on deprivation among those who use welfare services illustrates the enormity of the challenges facing those who are working at the cusp of service delivery in these agencies. With tightly constrained budgets, these service delivery agencies can do little more than act as a palliative against the worst extremes of deprivation. The fact that those using welfare services face such high levels of deprivation suggests that the limited resources available to the services are being targeted effectively, but it also raises questions about the adequacy of the resources they have at their disposal. These are issues that should be of concern not just to those working in the services, but to all genuine ‘fair go’ Australians.

### MULTIPLE DEPRIVATION

Previous studies have shown that many of those who experience deprivation in one area also face it in several others, compounding their problems and adding to the complexity of solutions. Table 1 compares the severity of deprivation in the postal and client samples. Almost two-fifths of the postal sample experience at least one form of deprivation and more than one-quarter (25.4 per cent) are deprived in two or more areas. One-in-nineteen (11.1 per cent) are missing out on at least five essential items simultaneously. Although some will be reassured by the finding that over two-thirds experience no deprivation, the high numbers that are missing out in five or more areas will concern many others.

The extent of deprivation in the client sample is far higher than in the postal sample, and the findings again reveal the severity of the problems facing this group. Thus, almost two-thirds (64.7 per cent) experience two or more forms of deprivation, while close to half (45.3 per cent) are missing out on five or more items. The magnitude of the difference between the two samples is illustrated by the fact that the percentage of the postal sample that are deprived in two or more areas is the same as the percentage of the client sample that are deprived in eight or more areas.

The estimated multiple deprivation rates for the client sample increase by between two and four percentage points if the adjustment made to bring its age composition in line with that of the postal sample is removed.

The multiple deprivation rate differential between the postal and client samples cannot be assumed to imply that the latter group experience four times as much deprivation as the former, since the relationship between the number of essential items lacking and the extent of deprivation may not be linear. Even so, it is difficult to deny that those who use welfare services are ‘doing it tough’, missing out on many of the items seen as essential by a majority of the population.

### DEPRIVATION SCORES

In light of the extent of multiple deprivation shown in Table 1, it is clear that the incidence rates shown in Figure 1 do not reveal the full story about the severity of deprivation faced by different groups. In order to explore this issue more fully, a deprivation index has been derived by adding up the total number of items for which each individual is deprived. The average value of this index (or score) can then be calculated for groups in the population and used to compare the extent of deprivation experienced by different socio-economic categories.

There are grounds for applying different weights to each of the items included in the index. Thus, an item could be counted more heavily if it is regarded as essential by a higher percentage of the population (attitudinal weighting), or each item could be weighted by the proportion of the population that actually possesses it (prevalence weighting). Neither approach has been used here, although future research is examining the robustness of the findings to different weighting patterns.

Table 2 shows how the deprivation index varies across socio-economic groups defined on the basis of their age, family type, employment status and Indigeneity. It reveals that there is a clear downward-sloping age gradient to deprivation among the
postal sample, although the gradient is somewhat less pronounced among those in the client sample. The pattern of deprivation across family types shows that deprivation is higher among single people than among couples (at all ages), increases for couples with children and increases again sharply for sole parent families. The level of deprivation experienced by Indigenous Australians is very high - the highest among any single category identified in this analysis - and exceeds that of the non-Indigenous population by a factor of more than four-to-one.

It is interesting to note that many of the between-group differences revealed in the client sample are smaller in relative terms than the corresponding differences contained in the postal sample. Thus, the 4.2-to-one differential associated with Indigenous status in the postal sample is only 1.5-to-one in the client sample, while the 3-to-one employment to unemployment ratio in the postal sample falls to two-to-one in the client sample. To some extent, this reflects the fact that the postal sample is more diverse than the client sample, which is concentrated on those in greatest need. However, it is also striking that large differences in deprivation between the postal and client samples remain even when comparing similar activity categories; thus, the deprivation score among those in the client sample who are unemployed is considerably greater than that in the postal sample, while those in the client sample who are employed experience only slightly less deprivation than those in the postal sample who are unemployed. These comparisons suggest a number of factors are driving the results and that further analysis is warranted before any firm conclusions about the determinants of deprivation can be identified with certainty.

**IN CONCLUSION**

This article has examined the deprivation profile of the Australian population, as reflected in the postal sample, and drawn a series of comparisons with deprivation among the smaller sample of welfare service clients. The evidence shows that there is great variety between the two samples in terms of the incidence of each deprivation indicator, in the extent of multiple deprivation and in the overall severity of deprivation (as captured in a simple unweighted deprivation score, or index).

More detailed analysis reveals substantial differences in the severity of deprivation across different sub-groups in the population, defined on the basis of a broad range of socio-economic characteristics. Although the between-group differences have been considered in isolation, many of them overlap and thus reinforce the combined impact on deprivation. Indigenous Australians, for example, tend to have low levels of education, to be more likely to be unemployed and/or reliant on social security for their income and to be renting their home, all of which are associated with a higher level of deprivation. These complex, deep-seated and often mutually reinforcing effects suggest that a coordinated plan of action is needed to address the different forms of deprivation experienced by those who are missing out.

It is clear that the deprivation approach provides a valuable new insight into the nature and extent of disadvantage in contemporary Australia. It seems inevitable that some in the general population and many in the sample of welfare service clients are missing out on the essentials of life and are thus deprived - often in many areas. If we are serious about addressing disadvantage, the patterns revealed in this research suggest that action is urgently needed to combat the many forms of deprivation that currently exist.

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(Hōnore Tau Hēnare, Heamana)
Hakihea tau 2013

I whakatakokoria ki te aroaro o te Whare Māngai

He kawanga

Ka tāpaea tēnei pūrongo ki tō mātou boa mema, a Hōnore Parekura Horomia, kua riro atu nei. He tangata kaha rawa atu ona āwhina i ngā matapakina, ariā, whakaotinga kei roto i te pūronga nei e mau ana. Nā te ine o tōna tū rangatira, ka mabara ake mātou ko ia rā tērā i rapu, i whakakao mai i ngā tāngata katoa ahakoa, nō hea mai, ko wai, ki te whakatau i ngā tuma kei mua i te aroaro e pā ana ki te oranga o ngā tamariki Māori. He hōnore nui te wahi mōna kei roto i a mātou, a ia nei i whakapau wharawa puta noa te wā i a ia, mō ā tātou tamariki me ō rātou whānau.
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Tauāki matua

Whai atu ana i tana pakirehua, ka whakaae te Komiti Whiriwhiri Take Māori ki ngā mātāpono ka whai ake, kei raro e tautoko mai ana i āna whakataunga me āna tūtohutanga ka whakataktoriora ki te aroaro o te Kāwanatanga:

- Kore rawa te oranga o ngā tamariki Māori e taea te tango mai i te oranga o tōna whānau.
- E whakaae ana ki te hiranga o te ohu tuakiri mō tētahi tamaiti Māori, te takahitanga tuatahi ki te whakatutukī i te pūmanawa nohopuku o tētahi ahunga ko te whānau-kei-waenganui i tō rātou oranga.
- Ka taea pea he ukauka panoni, he ukauka angitu mā te whānau (ā, nā reira mā ngā tamariki Māori) mehe mehe kei taka wāhanga rātou ki te whakatutukiria ki te aroaro o te Kāwanatanga:
  - Nā te āhua titiro whakaroto i te reanga o te huhua o ngā rarurau hei mua i te aroaro o ngā tāmāriki Māori, e tika ana me mihia, me whaitia ake.
  - Ko te whakamahi i te ahunga Whānau Ora te tino takenga.
  - He huhua ngā hanga o tētahi wharatonga ratonga pīngore; ko ngā whakaritenga matua, kia rata ngā ratonga, ā, ka taea te whakarereke kia tutuki ai ngā matea o ngā kiritaki.
  - Ko te mahi ngātahi me te mahi hoatahi i waenganui whānau, pokapū hapori, iwi, kāwanatanga ā-waenganui, ā-hau kāinga, rōpū whakahaere kore-kawanatanga, ā, mē ētahi atu kaipupuri pānga, kei waenganui ēnei i te mahi whakamana hononga mō tētahi tukunga ratonga pāi rawa.
  - Ko te hiahiatia he arotahi papahueke ki runga i te whakamārama mahi mō te hiki ake i ngā tūmanako me ngā whakatutukitanga o te whānau i roto i te mahi whakatakoto mahere, whakatinana, ā, me whakamātautau i te rāngai mātāuranga me te rāngai pāpaori.
- Ko te tautoko i ngā hākoro me ngā kaitiaki ki roto māhi ka utua me te whakawhanake i tētahi ohu mā ngā huarahi waiwai e pā ana ki te whakamana whānau.
Mō nga urupare ki ngā take oranga, ko te whai wahitanga mai o te tangata whenua me te kāwanatanga e mahi tahi ana, ko tērā te mea ka hiahiaia. He whakapuakitanga tērā o te tino rangatiratanga me te kāwanatanga (tū te pou tarāwaho o Te Tiriti).

Te whakatakoto mahi tuatahi mō ngā take oranga tamariki me te oranga tamariki Māori me ō rātou whānau, kāpā ki te whakanoho māhia, tuaivi mō te pokapū.

Tērā ki te whakapikī atu i ngā mea angitu mā ngā tamariki Māori me te whānau kia hono atu ai ki tō rātou tuakiri Māori.

Ka hiahiaia he whakamataaratanga haepapa pāpō, whakahoatanga hei whakarangatira i te oranga o ngā tamariki Māori katoa.

He whakarāpopotanga tūtohutanga

I roto i te mārama o ngā tauāki nei, ka whakataktoriora e Te Komiti Whiriwhiri Take Māori ngā tūtohutanga ka whai ake ki mua i te aroaro o te Kāwanatanga:

Rangahau me te kaupapa here

1  Tērā ka tono kia whānui, kia kounga-teitei te rangahau i te oranga o ngā tamariki Māori e ngā kaituku o ngā whare wānanga, o te hau kāinga, ā, me tā rātau whakahiato kaupapa here mō ngā ratonga pāpōri, hauora arotahi-whānau, me ngā hōtaka hoki i taketake mai i ngā whakataunga. Ka ara takenga te pai rawa o ngā bōtāke nei e te hunga whakahiato ki ngā kōrero, mahinga ngātahi mō rōto tari kia pūmau ai ko te oranga o ngā tamariki Māori he mahi tuatahi mā ter katoa, ā, me te whai putanga atu hoki ki te pārongo e tino āhei ana.

2  Te whakahiato kaupapa here pipiri whakawhitenga-kāwanatanga me te whakahiato i tētahi hurea whiriwhitinga kōrero, mahinga ngātahi mō rōto tari kia pūmau ai ko te oranga o ngā tamariki Māori he mahi tuatahi mā ter katoa, ā, me te whai putanga atu hoki ki te pārongo e tino āhei ana.

3  Tērā ka tono kia whakatūria he aronga kaupapaMāori i taketake mai-i-runga-pakaritanga kia kaha ai te whānau ki te hoahoa, ki te whakatinana otinga kia pūmau ai te oranga o ō rātou tamariki.

Wharatonga Ratonga

Whakaharatau
14 Tērā ka tona, me whakawhiriakihia i te taha o te whānau.
5 Tērā ka tona, me whakamahere a-tauporingia, a-kupenga rānei ngā ratonga kia pūmāu ai te wātea o ngā ratonga matua i ngā wāhi e teitei ana te matea.
6 Tērā ka tona, kia whakahiatontia te aria mō ngā kapa whānau nekenke raupapa-tinimaha hei hōmai ratonga i tākete mai-te-kāinga-te-tohungatanga, otirā, i ngā wāhi tūhāhā, i ngā wāhi he iti rawa-te-whiwhinga.
7 Me whakaroaaro, ko tēhea pokapū kāwanatanga te mea tika rawa atu ki te tautoko whānau ki te whai ake wawaotanga a-ture i te ao o ngā tamariki.
8 Tērā ka tona, me whakapakari, me haere tonu te mahi a Ara Poutama Aotearoa kīte whakawhakate, kīte whakatinana i tētahi mahere kia piki ai te tautoko mā ngā tamariki a ngā mauhere.
9 I Tērā ka tona, kia arotakengia te wharatonga ratonga mō te hunga taitahi e hara ana, ā, te arotahi i te whakaraunga me te whakaurunga ki rito i te porihanga, ā, me te whakahaheke i te uru anō ki te hara.

Hauora

10 Tērā ka tona, me whakatinatia ngā hōtaka whakawaotanga moata mō te whānau-morea.
11 Tērā ka tona, me whakatinatia he kaupapa whakaurunga hauora, e whā nei ēna wāhanga puta noa te motu mā te whakauru i ia tamaite i tētahi tākuta noa, i tētahi kaituku a Well Child Tamariki, ki runga rēhita ārainga mate o te matu, ā, me tētahi kaituku oral health.
12 Tērā ka tona, kia whanakehia he pokapū hapori, e hono atu ana ki te hunga tuku Whānau Ora, me te tuku ratonga pāpori, ratonga hauora kua oti te kōtuitui, mai i ngā wāhi kotahi.
13 Tērā ka tona, kia auahatia ngā manawarū mō te rāngai hauora ki te kimi me te whakamahi i tētahi huarahi pono, pākari, rite ki te aro matawai hei aro matawai, ā, kia tae atu ai hoki ki ia whānau, otiirā, ki te hunga e tino uaua kē ana te tae atu.
14 Tērā ka tona, kia mahi ki te waihanga ohumahi hauora Māori mā te whakapiki i te tautoko mō te whakakoranga, mō te kimi tangata mahi.
15 Tērā ka tona, kia hoatu pūtea āwhina mā ngā kōkirina hou i tākete mai-i-te-taunakitanga, kia heke ai te hapūtanga i waenganui i te hunga taitamariki.
16 Tērā ka tona, kia whakapūmautia te whai putanga mā ngā whānau katoa ki ngā hōtaka mua-whakawhānautanga kua hoaohatia-painga, ki te tiaki i te wā hapūtanga me te whakakoranga, ā, ki ngā hōtaka whanaketanga kōhungahunga.
17 Tērā ka tona, kia kōmihanatia tētahi arotakenga tino uhupoho o te wharatonga ratonga hauora hingnaro kua whakawhātia mā Māori mā.
18 Te whakapiki tautoko mō te whakatairanga i ngā tiaoi auahikore mā tētahi kaupapa here, mā ngā ratonga whakamutungia, ā, mā ngā whakamataaratanga a te tōpūtanga hunga pāpāho e tāketake ana i te hunga tiaoi Māori, i ngā wāhine hapū me ngā āhakorū.

55
19 Te whakangāwari whakahoatanga i waenganui i te hunga tuku hauora, i ngā kohinga hāpori, ā, i te marae ki te whakatenatena i te whakanaonga me te kainga kai hauora.

20 Te whakatenatena i te mahi-ā-ngai a ngā tākutau kia tukua tētahi whakangungu e hāngai pū ana ki te ao rongoā kia pai kē atu ai tā rātou mahi i te taha tūroro Māori, me te mea nei he wāhinga noa o te toa e utua noatia ana, ā, ka haere tonu.

21 Te whakapiki atu i te whakatairanga me te whai wāhitanga ki ngā tauira whakatairanga hauora Māori pērā i Te Pae Mahutonga, i Te Whare Tapa Whā me Te Whake.

22 Te whakapūmāi i ngā ratonga hāpori, tae atu ki ngā ratonga hauora, e mahi mai ana i ngā papa whenua o te kura mā ō rātou pūkoro anō ēhara mā ngā pūkoro moni o te kura.

23 Te whakapūmāi ka taketake mai te whakaakoranga tuhituhi hauora i te kaupapa Māori, ā, me te kōrerotia mā tētahi huarahi e tika ā-ahurea ana.

Mātauranga

24 Whakatenatena ai i ngā hōtaka hākorotanga whānau-ratarata me ngā akoranga mātauranga mā ngā hākoro i ngā kura ki te akiaki i ngā hākoro katoa kia whai wāhi i te hāpori o te kura.

25 Te whakatakoto hikoitanga kia huhua kē atu ai ngā kaiawhina kaiako Māori, ā, he huarahi hoki e piki kē ai te huhua o ngā kaiako Māori.

26 Te whakatinana hōtaka whakangungu kaiako, kia pai kē atu ai matatau o ngā kaiako ki ngā take tōkeke pāpori e pā ana ki te mātauranga me ngā tamariki Māori pōhara, ā, kia whai pūkenga ai ngā kaiako ki te ako mā tētahi huarahi whakamana tika, huarahi ahurea tika. Ko te tikanga, kia noho mai ngā hōtaka nei hei wāhanga matū o te whakangungu tuatahi a te kaiāo me te whakawhanake i te taha ngaio ka haere tonu.

27 Te noho mai ki mua hei kaiarataki, kia pūmāi ai te whai putanga tōkeke kīte hangarau mā ngā tamariki Māori katoa.

28 Te whai ake i te āriringa kore o te pūtea āwhina i waenganui i te Kōhanga Reo me ētahi atu ratonga mātauranga kōhungahunga.

29 Te whakatoro atu i ngā hōtaka me ngā wawaotanga pērā i a Te Kotahitanga ki ngā kura katoa.

30 Tērā e tono ana kia mahi Te Tāhuhu o te Mātauranga me Te Puni Kōkiri i te taha o te hunga tuku whakangungu ki te kaiako, ki te whanake me te whakatinana mahere kia piki ai te hia kē o ngā kaiako kōrero-i-Te Reo, ā, ki te whakapai ake i te tukunga i ngā ratonga mātauranga i Te Reo Māori, i roto tahi i ngā tuwāhi reo rua, rumaki katoa.

Whiwhinga Whare

31 Te whakatairanga whakahoatanga i waenganui kāwanatanga ā-hau kāinga, ā-waenganui, i Te Tumu Paeroa, ā, i ngā rōpū whakahaere ā-īwi ki te whakamahi i ngā hua o te pito whenua mā te whakatūtū whare mō te whānau ki runga whenua Māori, ā, ki te whai ake i te kōpaka o te whiwhinga whare tika, whare ngāwari ki te pūkoro.

32 Te whakatinana i ngā tohu kei te pai te whare mō ngā pito whenua rihi, rite anō ki te tūtohuwhanga mai i te Expert Advisory Group on Solutions to Child Poverty a Manaakitia Ā Tātou Tamariki.
Ngā moni whihi me te whiwhinga mahi

33 Tērā ka hiahiatia, kia whanaketia e ngā tari kāwanatanga, i te taha o ngā tohutohu a ngā mana whakahaere Māori, he kōkiringa hou e tāketekete i te hunga rangatahi kua roa-kē-te-wā e noho kore mahi ana, ā, me tā rātou whakapiki i te whakahaumi i ngā tamariki Māori me te hunga rangatahi.

34 Te whanake mahere whiwhinga mahi, mahere āhanga pūmā e hāngai pū ana-kī-te-rohe i ngā wahi e teitei ana te kītea o ngā Māori kore mahi. Me mahi tahi hoki i te taha whānau, hapū, īwi, kaporeihana Māori, ā, me te rāngai kaipakihi Māori hoki, me ngā pokapū whanaketanga āhanga ā-rohe.

35 Ki te whanake me te mahi tahi i te taha o te ao ahumahi, o ngā whakanōhanga mātutanga, o te īwi, ā, o ngā hapori, te whiwhinga pūkeng me te whakangungu anō i ngā mea angitu i ngā rāngā kei te puta ake, mā ngā kaimahi kei roto ahumahi pānekenke, whakawhitinga rānei i ngā wāhi e teitei ana te taupori Māori.

36 Te whanake huarahi mātauranga māheaeana ana te teitei rawa, ā, te whanake mea angitu e pā ana ki te whiwhinga mahi, he whai tikanga te utu mā ngā hākorohi me ngā kaitiaki.

37 Te haere tonu o te mahi ki te hikenga ake i te itinga rawa o te utu ā-wiki.

38 Te arotake i a Working for Families kia mōhio ai mehemea kei te tutuki tāna e whāia ana.

39 Te whakarato pūtea mō te whakaakoranga tuhi me te mōhiohio hei āwhina i ngā whānau ki te karo nama nui te utu, kore take noa, ā, me te tūhura i ngā taurua hou mō te tukuna pāpori.

40 Te tautoko i te wāhanga e pā ana ki te pārongo me te mātauranga tuhituhi, pānui kōrero mō te whakahaere moni, nā ngā pokapū kore-kāwanatanga me te kāwanatanga hei āwhina whānau.

Ka whakatakoto tūtohutanga ētahi mema ka whai ake ēngari, ka kōrōiroi ngā mema Kāwanatanga ki te tūtohu whakapaunga Kāwanatanga ki ngā taumata teitei, nā te herenga ke runga i e ēhanga i te wā nei.

41 Kia whakarorotia he Mema Rūnanga Kāwanatanga mō ngā Tamariki me tētahi manatū mā ngā tamariki me tōna haepapa mō tētahi mahere whakahau a ngā tamariki, ā, me tētahi anō a ngā tamariki Māori kia whakatapua ki roto i tētahi Ture a Ngā Tamariki, ki te whakatakoto ūnga mō te hauora me te oranga o ngā tamariki, ā, me matua tuhia he pūrongo e ngā manatū me ngā tari katoa mō aua ūnga a rātou. Me whakarorotia, ā, me tino kōrero tō rātou herenga, ūnga hoki ke ēnei: New Zealand’s obligations under the United Nations Convention on the Rights of the Child, ā, te United Nations Declaration on the Rights of Indigenous Peoples, ā, kia whakaurua atu ki roto i ngā hanganga ture hou katoa, he whakaritenga mō tētahi aro matawaitanga i te papātanga o tētahi tamaiti. Mā te manatu mō ngā tamariki tērā e whakataka, ā, e whakatatoko ngā mokamoka kōrero e pā ana ki ia pūmanawa nohopuku papātanga o ia pire ki ngā tamariki.

42 Kia whakatoronga ngā hāora-whai muri kore utu tiaki hauora ki ngā tamariki e 18 ngā tau, heke iho.

43 Tūhuratia he wāhanga mō tiaki hauora kore utu ki ngā tamariki katoa e 18 ngā tau heke iho.
44 Tērā ka tono kia mahi tahi Te Manatū Hauora i te taha o ētahi atu manatū me ngā tari e tika ana, ki te whakahiato i tētahi utauta aro matawai matea whakawhitinga-rāngai mō ngā wāhine hapū, ā, e me te whakapūmāu ka pā atu ngā kaimahi ki ngā wāhine whakarāerē kei te hapū, ā, he iti rawa te moni whiwhi, ki te whakatinana kawa aro matawai i ngā matea, me te kōtuitui i ngā ratonga.

45 Te hoatu pūtea āwhina mō te whakanuinga atu i ngā ngā hōtaka pai rawa mā ngā wāhanga hākorotanga taitamariki i ngā kura tuara, hei whakapakari, hei tautoko i ngā punua hā koromo Māori,

46 Te whakapai atu i te rawaka o ngā tahuhe me ngā moni whiwhi mā ngā whānau kīhai i roto mā hei te utua kia pūmāu ai te oranga o ō rātou tamariki.

47 Te tūhura i te whakaurunga mai o tētahi utunga tamaiti katoa.

48 Te tūhura i te māhi hoa i te taha kaituku māhi, uniana, kāwanatanga ā-hau kāinga, ā, i te taha iwi ki te whai ake i ngā whakatumetanga o te māhi ēkene pea ka kino te papātanga ki te whānau.
1 Kupu Whakataki

Ka whakae mātou kia whakatūria tēnei pakirehua i te oranga o ngā tamariki Māori, i runga i tō mātou whakapono, he taonga te tamaiti – he taonga ia tamaiti. Ka whiwhi papa māro ana ngā tamariki Māori hei hanga i ō rātou ao, ka momoho, ka manahau rātou. Arā noa atu he mahi mā Aotearoa kia pono mai ai ia tamaiti, ko tō rātou oranga me ngā mea angitu i tō rātou ao, he mea hiranga ki te angitu o tō tātou whenua. Kua whakaaaroahia e mātou ngā take i matapakia i raro īho me te hāngai pū o ō rātou whakahīrautanga e pā ana ki te oranga o ngā tamariki Māori.

Te pōharatanga

Ko te mea nui kē kia whakatauhia, ēhara anake mō te moni te pōharatanga. Ėhara anake mā te pōhara o te moni whiwhi e tūpono ai te whakaraeretaanga. Hēoi, nā tēra ka kaha kē atu ai te ahotea ki runga i te whānau, ka tukitukia te pai rawa o ngā whakawawotanga mā ngā whānau whakaraeae. Mō te takaonga o te moni whiwhi, mō te takaonga o te kaha, mō te kati atu i te pāpouri ki waho, mō te whakawehea mai i te taha ahurea, ko tēra kē tā te pōharatanga. He whakapaoaotanga tēra, he hononga ki tētahi āhuatanga whānau, ā, he ngahorotanga katoa o te pāpouri. Ka tautohetohe te maha kaiwhakakototo tāpaetanga, ko te whakakorenga, ko te whakahengenga rānei o te pōharatanga te ritenga tūturu ki te oranga, ā, ko te tikanga me tū ki te taha kaupapa here mō te auahatanga rangatiratanga, ekenga ki te taumata, oranga.

I whakapauakina hoki e te huhua o ngā tāpaetanga te papātanga o te pōhara ki runga i ngā tamariki Māori, ā, mō rātou mā ko tēra te kaitaraiva matua o te kore pai o te whakaakoranga, te tinana, te ēhanga, te pāpouri. Ka mea ake te maha o ngā kaiwhakakototo tāpaetanga, ka āwhinatia te pai ake o te tautoko me te manahau whānau mā te whakaheke i te pōharatanga.

Kāore he tino whakamāramatanga ake a Aotearoa mō te pōharatanga, mō te tamaiti pōhara, ā, arā noa atu ngā huarahi kē e taea ai tēnei te ine. Ko tā Te Manatū Whakahiato Ora ki a mātou, kei raro i te 60 ōrau o te moni whiwhi o te kāinga tau toharite te ine noa ka tino kitea nuitia. He maha ngā hunga whakakotoko tāpaetanga i mea ake, me whakapūmāuta e Aotearoa he ine mō te tamaiti pōhara, ā, me te waiho ko te tau 2020 te wā mō tōna whakakorenga. Tae rawa atu ki tau tau kua mōhiotia te tauine o te raruraru, ā, ka taea hoki tōna nekenga whakamua te whai haere.

E 22 ōrau tata atu pea o ō tātou tamariki e 1.07 miriona tamariki i roto i te pōharatanga e noho ana.5 Kotahi o te ono o ngā tamariki nei he Pākehā, ā, kotahi o te toru he Māori. E ai ki te tauaikitanga kua kītea, kei te kino haere kē atu te tūponotanga o te pōhara. Ko tā Manaakititia Ā Tātou Tamariki ki a mātou mua atu i te tau 1988, i rite ngā pāpātanga o te moni whiwhi pōharatanga mō te Māori me te Pākehā ēngari, tae rawa ki te tau 1994 kua peke kē te pāpātanga moni whiwhi pōharatanga (whai muri i te tangoanga o ngā whakapaunga utu whiwhinga whare) mā ngā tamariki Māori, atu mai pea i raro i te 10 ōrau ki te 50 ōrau. Ahakoa te noho o te pāpātanga o te tamaiti pōhara i ngā tau kotahi mano e

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**Me hoatu wāhi ki te papanga ōhanga, ahurea, pāpori o Aotearoa**

Hoatu wāhi ahurei ai a Māori mā ki te papanga ōhanga, ahurea, pāpori o Aotearoa. Ki tō mātou whakapono me tīpu ake ngā Māori katoa ki roto i tētahi taiaro e tino tuku ai i a rātou ki te hoatu wāhi tauake, ā, me te haere tonu o taua hoatu wāhi.

**A Māori e puta Māori ana**

He rongo tuakiri ahurea, he reo, e matatau ana ki tōna ake whakapapa me ōna hononga whānau, he taiaro noho e pūmāua ana, he ōhanga tū wehe kē, he whakaakoranga pai, he āhua noho hauora, ko ngā take katoa ēnei e hoatu wāhi ana ki a Māori e puta Māori ana. Ahakoa kāore he aro whānui rite mō Māori e angitu ai, ko tā te nuinga o te hunga whakatakotoranga tāpaetanga kua kīte, me kaha kē atu te aronga mō te katoa ka hīhitia, kia tutuki ai ngā hua pai atu mā Māori.

**Whai putanga ki ngā ratonga**

Ki a mātou nei, tua atu i te whakapai ake i te oranga me whakaro āno hoki mō ngā ratonga ka wātea atu ki te whānau, ā, te mana o te reo kei a rātou hei whakatau huarahi e wātea at ai ngā ratonga nei ki a rātou. Noho ai te oranga i runga i ngā tikanga e whai wāhi ai te whānau i roto i te porihanga, ā, i runga i te ngākau titikaha e whai putanga ai rātou ki ngā ratonga hauora, ngā ratonga pāpori, ā, ki te whakaako koranga. Ka hōhonu rawa atu te papātanga o te whai putanga ki ngā ratonga me te ngākau titikaha ki te whakamahi i aua rātonga, ki te angitu o ngā tamariki Māori me ō rātou whānau.

**Ahunga ki te pakireshua**

Kua tino hāngai te arotahi o tā mātou pūrongo ki runga i ngā whakaoitinga tauake e pā ana ki ngā take i whakarata ake āta i roto i tā mātou pakireshua ēngari, ko te mea nui anō hoki kia mārama mātou ki te wero kei mua i te aroaro, me te āta titiro ka paī rawa atu ngā whakaotinga ka whakapūmāutia e mātou.

**Tikanga mahi**

Ka whakahere a e mātou te pakireshua nei i ngā whakatakotoranga o te oranga mā ngā tamariki Māori i te taha o ngā tikanga mahi ka whai ake:

- Ngā kōtaha toko i te ora, whakaakoranga, hauora o ngā tamariki Māori i mua, i te wā nei. Mā tēnei te whakawhitinga āhuatanga ora i waenganui reanga e whakamārama, ā, pēhea ai te papātanga o tēnei ki runga tamariki Māori.

- Te whānuitanga o te haumitanga marea ki roto tamariki Māori ka whakawhitī ana ratonga hauora, ratonga whakaakoranga, ratonga pāpori me ngā rāngai ture—ā, mehemea e rawaka, e tōkeke te haumitanga nei.

- Ka pēhea te whakamahinga marea haumitanga mō ngā ratonga hauora, whakaakoranga, pāpori, ture, kia pūmāu ai te oranga o ngā tamariki Māori.

- Ngā whakatakotoranga pāpori e āhei ana mō te tipuranga me te whanaketanga o te hauora mō ngā tamariki Māori.

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• Te hiranga o te whānau mō te whakapakaritanga tamaki Māori.
• Ngā ara ā-ture, ā-ture here hei whai ake i ngā kitenga o te pakirehua nei.

**Whakahaeenganga o te pakirehua**

I whakarewainga te pakirehua i te wā o te Pāremata e 49, ā, i haere tonu i te wā o te Pāremata e 50. E 117 ngā tāpaetanga i whiwhi i a mātou mai i te hunga takitahi whai pānga, i ngā kohinga, ā, mai i ngā rōpu whakahare puta noa i Aotearoa. I whakarongo mātou ki ngā tāpaetanga ā-waha nō mai i te hunga e 60. I haere mātou ki Tāmaki-makau-rau, ki Te Whanga-nui-a-Tara hoki ki te whakawātanga mō ngā tāpaetanga. Nā tētahi kohinga, nā te hunga takitahi me ngā tirohanga o tētahi whānuitanga whānui, ngā tāpaetanga i whiwhi i a mātou. Koa ana mātou nā te aurere, nā te kaingākai i whakaaturia. Nā te kanorau o ngā tirohanga kua whiwhi i a mātou tētahi tirohanga whānui rawa atu o ngā mānukanuka whakawhererehere e pā ana ki ngā tamariki Māori i ngā taumata hau kāinga, rohe, motu, ā, me ngā kaha e whakapaungia ana ki te whakapai ake i ō rātou oranga. Ka mihi mātou ki ngā kaiwhakatakoto tāpaetanga katoa mō ō rātou wā me ō rātou kaha

I whakaingoatia e mātou he kāiwhakamaherehere nō mai i Te Puni Kōkiri, i Te Manatū Whakahiao Ora, i Te Manatū Hauora. Ka mihi rā ki a rātou mō ā rātou mahi. Nā mātou hoki tētahi kawhakamaherehere mātanga tū wehe kē i whakangoa. Ko Kitty McKinley MNZM tērā, ā, nui rawa atu tō mātou mihi ki a ia mō ōna whakamaherehere me ōna mātanga.

Nō te tau 2013 mātou i haere ai ki Ahitereiria. He wāhanga tērā o tētahi komiti whiriwhiri ngātahi whakawhitinga ā-tau. Ā, i kōrero i te taha o te kāwanatanga me ētahi atu kaipupuri pānga mō te oranga o ngā tamariki o te Iwi Moemoeā, o te Moutere o Torres Strait. Hiwahiwa ana mātou nā te kōkiringa hou tauake e whakamahia ana ki roto o Ahitereiria.

Harikoa ana mātou ki te tūtaki i te Komiti mō ngā Take Hauora, ā, me te matapaki i ā mātou ake pakirehua. Kua whakaputaina i nāīanei te Inquiry into improving child health outcomes and preventing child abuse with a focus from pre-conception until three years of age a te Komiti mō ngā Take Hauora. Ka whakaae mātou ki ngā mātāpono o tā rātou pūrongo, ā, whakaaatū ai tērā i te kaha hiahia o te ngā hunga mema i ngā Pāremata ki te mahi tahi ki te whakapai ake i te hauora o ngā tamariki i Aotearoa.

Kua whakamaua atu he whakamārama mō ngā huarahi me ngā mema o te komiti ki roto i a Tāpīritanga A. Kua whakatakotoria ki roto i a Tāpīritanga B he rārangi taunakitanga me te whakamaherehere i whiwhi i a mātou. Kua whakamaua atu hoki ki tā mātou pūrongo te Otago University’s Index of socioeconomic deprivation for individual ki roto i a Tāpīritanga C, ā, ki roto i a Tāpīritanga D, kua whakamaua atu he tuhi pānui nā Peter Saunders. Whakamārama ai tērā i ngā tohu ngoikoretanga.

**Whakataktoranga kupu i whakamahia i roto i te pūrongo nei**

Kua whakaurua atu e mātou he rārangi whakataktoranga kupu i whakamahia i roto i te pūrongo nei.

**Whānau ora**

Mō ngā kōrerotanga ki te hōtaka i taketake mai te pūtea āwhina-i-te-kāwanatanga, ka haupūngia tērā hei whānau ora ēngari, ki te kōrerohia a whānau ora me te mea nei he mātāpono, he huarahi ora rānei kāore e haupūngia.
Whanaungatanga
Te whanonga pono hono ai i te hunga takitahi ki te kohingawhânui kē atu, ā, whakakoia ai i te uara o te ohu. Tautoko ai te whanaungatangai te rōpū whajkahaere pāpuri o te whānau, hapū, ā, iwi. Ka uru atu ai hoki ngā tika me ngā herenga ngākau kotahi nā ngā mema o tētahi ohu i whakamaua. Ko te whakawhirinakitanga tērā a whanaungatanga, ā, ko te mihi atu, ko te āriki tō tātou rangatiratanga.

Manaakitanga
He whanonga mihi ai i te mana o ētahi atu me te mea nei he ōrite ki tō tētahi, he nui kē atu rānei tō tētahi i tōna ake, mā roto i te aroha, te manaakitanga, te ohaoha, ā, te ngākau kotahi o te wehi. Nā, mā te mahi pērā, ka hikia ake ngā kohinga katoa ki tētahi atu taumata, ā, kua whakareia ō tātou tūranga, tūtū ai hoki te kotahitanga mā te māhaki o te ngākau, mā te hoatu noa.
2 Oranga o ngā tamariki Māori me te whānau

Tikanga mahi

Ngā kōtaha toko i te ora, whakaakoranga, banora o ngā tamariki Māori i mua, i te wā nei. Mā tēnei te whakawhitia ahuataanga ora i waenganui reanga e whakamārama, ā, pēhea ai te papātanga o tēnei ki runga tamariki Māori.

Ngā whakatakotoranga e āhei ana mō te tipuranga me te whanaketanga o te banora mō ngā tamariki Māori.

Te hiranga o te whānau mō te whakapakaritanga tamariki Māori.

Kua whakarongo mātou ki te maha o ngā kaiwhakatakoto tāpaetanga me te mōhio anō, ka hiahiaia e te oranga tamariki Māori he āratakitanga tōrangapū, te kaha kē atu o te mahitahi i waenganui i te kāwanatanga me te rāngai kore-kwanatanga, tētahi rārangi mahi whai mana mō ngā tamariki Māori, ā, ngā rautaki tūturu hei whakapai ake i ō rātou hua mō te katoa-o-te-wā-e-ora-ana.

Mana whānau

Ahakoa te kanorau o te hunga whakatakoto tāpaetanga, he rite noa te ngākau mōhio ka tiri e rātou, inarā, kore rawa te oranga tamariki Māori e taea te karo nō te oranga tērā o tō rātou whānau. Ko tā South Auckland Family Violence Prevention Network me tā Te Ora o Manukau i whakatakoto, whakatakoto ai te oranga o te whānau i tērā mō ngā tamariki Māori. Ko tā te hunga whakatakoto tāpaetanga i kī, ko te mea waiwai tua atu i te hauetanga whānui mō te oranga o ngā tamariki Māori, ko te hoaturanga whāhui kōrero i tērā, te irarari whakapai ake i te oranga o te whānau (tā New Zealand Medical Association) me te mana whānau (tā NZEI Te Rūro Ru).
matua katoa kī te whakamanatanga i te whānau, ā, nā runga i tērā, te whakamanatanga o ngā o ngā tamariki Māori.

Ko tā te New Zealand Council of Christian Social Services i whakakoto, i raru ai a Māori nā te wetekina mai, te whakawehenga mai rānei i te whānau, i te hapū; ā, ka whakapuakina e IHC tōna mānukanuka i te wā o te pakirehua nei mō ngā tamariki Māori kua hauaitia, roto āhuatanga tia ki e noho wehe mai ana i ō rātou īwi, hapū, whānau. Ėkene pea, ko te tikanga o te whakapai ake i te oranga o ētahi tamariki Māori, ko te whakaāhei i tō rātou hononga anō ki ētahi tekiona o ō rātou whānau.

Ka whakaae mātou, ka noho te mutunga mai o te haepapa ki roto i ngā ringaringa o tētahi i roto ake i te whānai, mō te hauora, te marutau, ā, te oranga o ia tamaiti. Heoi, i tēnei wā ka hiahia mātou ki te whakahāngai i te mahara kia tino whakaaroarongia te tūrangā o te whānau i roto āronga katoa mō te hoahoa, ā, mō te whakatinatanga whakaotinga hei whai ake i te oranga o ngā tamariki Māori.

Whakapapa

Ko te hiranga o te whānau mō te whakapakari taitamariki Māori tāna tino mahi. Ko tā ngā taitamariki Māori kia tino mōhio, ko wai rātou, ā, nō hea mai rātou'

Kei te tāihou o te aro Māori, ko te hiranga o te mōhio o tētahi ko wai ōna hononga, ā, me te mōhio he aha te pānga o te takitahi ki te katoa. E tika ana me mōhio ngā tamariki Māori katoa nō hea mai rātou, ā, me te mōhio ki te hapori nō reira nei rātou. Tīmata ai tēnei mā te mātou ki ō rātou hononga ki ō rātou whānau, hapū, īwi. I whakakoto te Regional Public Health, me te Hutt Valley DHB, ko to atawhai āronga nōnataanga tētahi o ngā take matua mā te oranga o ngā tamariki Māori. Ko hiahitia te tautoka mai i ngā wāhanga katoa o tō whānau, ā, mai i ētahi atu mema o te hapori ki ō rātou whakaro, ko whakawhanaunga atu ai rātou.

Tīmata mai te whakapapa i te whānau. He kaha kē atu te tikanga o te whānau ki te ari a o te ao ki te Urua mō te whānau tata, mō te whānau i kō noa atu. Kei kō noa atu te whānau i ngā kāinga noho o ngā tamariki Māori, ā, ko toro ki roto i ngā hāpori he hononga rā ō rātou nā roto i ngā hononga ki ngā tāngata me te wāhi, Ara ake ai ngā whai maharatanga whānau e ai ki te āronga mā ngā tamariki Māori i taketake mai-i-runga-whanaunga, nā ō rātou whakawhanaunga ki te marae, hapū, īwi, waka.

Ka whakaae mātou, ka hiahia e te oranga o ngā tamariki tētahi tuakiri pērā i te whānau, te whakapapa, ko te hiranga o te ao Māori, ko te hiranga o te whakakoia te whakatūtū i roto i ngā tamariki Māori. Mā te whakakorahia ō rātou whakapapa me ngā hononga whānau e āhei ai ngā punua Māori ki te neke tino āheia i waenganui i te aro Māori me te aro Pākehā. Ka kaha ngā whānau, hapū, īwi hoki ki te kawe i ētahi i hoahoaia mō te hau kāinga, hei atawhai, hei whakapūmau i aua momo hononga pērā, oti rā, ngā hapori; heoi, he wā ano mō ngā āronga ā-tuaivi kia

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7 Hutt Valley District Health Board Consumer Kaitiaki Group
whakatinanatia i ngā kura, ā, i ngā tūwāhi o te te ratonga ture, ratonga hauora, ratonga pāpori.

E mihi ana ko te hiranga o te tuakiri ohu mā tētahi tamaiti Māori te takahitanga tuatahi e pā ana ki te whakatutukinga o te pūmanawa nohopuku o tētahi aronga ko te whānau-kei-waenganui ki tō rātou oranga.

**Whanaungatanga, manaakitanga**

He uara tautoko i te oranga i ngā tāmāriki Māori te whanaungatanga me te manaakitanga, atawhā ai i te hauora, te marutau me te haumaru i te kāinga, ā, i ngā tairao tautoko i te hapori. I a mātou e rapu ana ki te whakamana i te whānau, ka manako mātou i ngā tikanga whakareia i te kaha o te whānau me ngā hapori ki te whakaharatanga i te whanaungatanga me te manaakitanga nā te mea, taitapa haepapa ai rātou i ēnei i ngā tamāriki Māori, ā, mā ngā tamāriki Māori, mā ētahi huarahei whai tikanga.

Whakamahi ai te nuinga o te whānau i tō rātou whanaungatanga me tō rātou manaakitanga mō ā rātou tamāriki Māori. E pono ana hoki, ka nōnōke ētahi. Nā reira, ka whakatau mātou me pēhe pea te whānau e whakamanaia kia tutuki ai ngā uara nei mō te painga o ō rātou tamāriki Māori. Nā, i roto i te hunga whakatakoto tāpaetanga tētahi whakatau whānui kia tūpono ai tēnei, me tino whakaaiona ngā mea taketake o te hākorotanga, me tino mōhiotia e ngā hākoro, e ngā tipuna hākoro, e ngā matua kēkē, ā, e ngā whaca kēkē katoa. Mā aua akoranga e piki ai te rangatiratanga o te taha ahurea o ia whānau Ki tō mātou whakapono, ko te ara ki te rangatiratanga o te taha ahurea he mea taketake o te whakaakoranga—te whakaakoranga i te ahurea, i te tuakiri.

Ko tā tēnei whāinga ka tono ai, me mihiia te matea mō kia whakangāritia te mahi hanga kaupapa here. Ko te whiwhi pou tārāwhai arotahi-i-te-pūmanawa, pou tārāwhao taketake-mai-i-ngā pakaritanga, he aronga whaiapianga te mahi waihanga pūmanawatanga whānau, i meetia ake rā e Te Puāwaitanga ki Ōtautahi Trust. Ko tautoko mātou i te tirohanga taketake-mai-i-ngā pakaritanga ka mahara kē i te tirohanga taketake mai-i-te-takerepa. He aronga tino whai tikanga tēnei mō te whakamana whānau, ā, nā runga i tērā mō te oranga o ngā tamariki. Ko whakapuaki a Jigsaw Family Services i te tirohanga, nā te neke i te haepapa atu i te whānau me ngā hapori ki ngā rōpū whakahaere ō-waho kua kore kiko nui rawa te papatanga ki runga i te oranga o ngā tamariki Māori.

Ko tērā i rongo mātou i te taunakitanga mai i te marea, mai i ngā rōpū whakahaere kore-kāwanatanga kua whānui kē nei te whai wāhinga i te maha kē o ngā ahuatanga e pā ana ki te hauora me te toko i te ora o te marea, kua kore kē te whānau o ngā tamāriki Māori nui rawa atu, e āhei ki te hoatu āhuatanga kia tutuki ai ō rātou matea wairai, ā, ko tētahi atu kua iti kē atu te rawa a te marea ki te whakatutuki i aua matea. Kua uaa kē atu te hākorotanga i ngā taumata maha: nā te taretare o te kai tōtika kua uaa kē atu ngā whanonga, nā tēra hoki kua taretare ngā hua o te akoranga, ā, ētahi wā ko te whakapūmātanga o te hākorotanga hē. He huhua ngā huarahei i meetia ake e ngā tāpaetanga hei whai ake i te āpura nei.

Ki tō mātou whakapono, ka taea anake pea he whakahounga mau tonu, he angitau mau tonu mā te whānau, ā, nā reira mā ngā tamāriki Māori) mehemea ka uru atu rātou ki roto i ngā māhi whakataktorotanga whakaaro mō ngā whakataunga ka pā ki a rātou. Mā te whai wāhinga whaiapia nga te whānau ki te whakakoto whakaaro e kaha kē atu ai tā rātou kōrī ki te whakauuru ka mahara te urupare tōmuri ki te tiaki mē te oranga o ō rātou tamāriki Māori. Ko te whakaharatautanga o tēnei, ka hiahiaia he rārangi māheahea whitiwhitinga kōrero, he rārangi tuwhera whitiwhitinga kōrero ki te kāwanatanga me ngā rōpū.
I.10B TE PAKIREHUA I NGĀ WHAKATAKOTORANGA O TE ORANGA MĀ NGĀ TAMARIKI MĀORI

whakahaere kore-kāwanatanga. Ka hiahiatia he ātea kia rāhuitia mā te whānau i ngā whakanga kaha i te taumata hau kāinga. Otitira, he āhuatanga nui tēnei nā te mea kia kete he pūreirei ngā kaha o te mahi waenganui-rāngai i te taumata waenganui, ā, ē tēhia wā, kāore te whitiwhitinga kōrero e āta tātari whakararo ki ngā pokapū, e whakawhihi rānei ki ngā pokapū.

He huhua ngā pokapū kei roto i ngā tamariki e mahi ana, i karanga kia whakahokia atu ā rātou tāpaetanga e pā ana ki ngā whakawawaotanga mō te whakapakari me te tautoko whānau. Māheahea ana te kite atu, ko te kounga o te hākorotanga i whiwhi, te rerekētanga i waenganui o aua tāmāriki i mutu mai he pakeke hauora, he pakeke harikoa ki ērā i mutu hē nui (tā Lakes District Health Board, 2012). Ka tūtōhu a Hāpai Te Hauora Tāpui, a Māori Public Health (Te Rūnanga o Ngāti Whātau, Raukura Hauora O Tainui, and Te Whānau o Waipareira Trust) he wāhanga mō ngā akoranga hākorotanga me te tautoko a te hapori ki ngā hākoro, tae ki ngā hākoro punua, hākoro moke, ā, me te whānau; ka tūtōhu ngā Waitemata me Auckland District Health Board kia maha kē atu ngā hōtaka tautoko mā ngā tāiohinga Māori me ngā hākoro taitamariki Māori; ka tūtōhu a Violence Free Waitakere kia maha kē atu te whakaakoranga me te tautoko mā ngā hākoro taitamariki; ka tūtōhu te Lakes District Health Board kia maha kē atu te whakaakoranga me te tautoko mā ngā hākoro. He nui te painga kei te kite atu mātou kia whakapūmutia te kawenga o te whakaakoranga hākorotanga me ngā hōtaka tautoko e te whānau otirā, e ngā hākoro punua, he hākoro moke ka hiahia tautoko i tua atu pea; nā te maha o te hunga whakatakoto tāpeatanga tēnei i tautoko.

Ko te mea nui rawa atu i roto i te mahi hiki ake i te pūmanawa o te whānau kia hoatu wāhi ai mō te oranga o ā rātou tamariki Māori, ko te mihi, ko te whai ake i te āhuatanga o roto reanga i te huhua o ngā raruraru kei mua i te aroaro o ngā tamariki Māori (tā Liggins Institute me National Research Centre for Growth and Development (University of Auckland). Ki te kore mihia, kore whaitia ake, ko te aro kore tērā i te kaha mōrea kē atu o te kōhunu, o te takakino mō ngā tamariki Māori, he īti iho nei te whakaakoranga kei ō rātou hākoro, ā, he kore mahi, he punua ake hoki, he kōpipiri te pūmāutanga o te whānau, he taretare te hauora o te hinengaro, kai whakapōauaui a, īnui waiiro ai rānei.

He whakahirahira te pūmanawa nohopuku o ngā haporī ki te tautoko, ki te whai painga mai nā te pai rawa o ngā tamariki Māori me ngā rangatahi Māori. Ko te whakamanatia ngā mema haporī me ngā kōhinga haporī kia whitiwhiti kōrero me ngā rangatahi Māori, e mōhio ana ki te whanaungatanga me te manaakitanga, arā noa atu te rahō i o te whakahoutanga ka mana i a rātou. Hei tauira, i te maha o ngā haporī kua tūmata kē te nekehanga whakamua o te “neighbours’ day”; mō ētahi haporī, ka hangaia pe a tēnei hei “whānau day”. He karanga anō hoki kei reira mō te hoatu rawa e pā ana ki ngā toa o te marae mō te oranga o te whānau, hei tauira, he karanga mai i te Pāhau Whānau me te New Zealand Council of Christian Social Services.

Ko te marae te pā kaha whakamutunga o te poriwhanga Māori. Ko te whakarapa kē, i ngā tāone nui, kua noho kē mai te nuinga o ngā marae heī wāhi hui, e kore he whānau noa nei e whai putanga, tae noa mō ō rātou tangihanga nā tō rātou hiahia ki te tautoko ake i a rātou anō. Tēnā koa, whakangaoha he moni ki roto i a rātou—utua rātou mō ngā hōtaka kua whakangaatia ki ngā whānau e hono atu ai i a rātou ki ō rātou uara ahurea. (tā te Pāhau Whānau, 2012)

Ki tō mātou whakapono, kei waenganui te marae i te rangatiratanga ahurea o Māori mā. E mōhio ana ki ngā whāittanga o te ahurea e pā ana ki te whānui o te wā e taea ai te
whakamahi i te marae mō ētahi mahinga ahurea. Mō ētahi atu mahinga ahurea pērā i ngā hōtaka hapori, ko te tangihanganga kei mua rawa atu i ērā. Ka tautoko mātou i te karanga kia kaha kē atu te whakamahi i te marae mō ngā hōtaka-whakaangatia-ki-te-whānau.

Ka rika ana ngā ratonga pāpori me ētahi atu kaituku ki te mahi i te taha whānau, ko te tikanga, ka tika kē atu ngā kōwhiringa ka whakataktororia mā ō rātou tamaki Māori, ā, i te mutunga mai ka pai rawa atu. I te horopaki kura me te horopaki pūtahi whakarongo kōhungahunga ka pā tēnei i te mea, mārama ake ana te kore kītea o ngā matea o ngā tamaki Māori e hāngai pā ana i te huhua o ngā kura, ā, manako ai Te Tari Arotake Mātauranga i tēnei. Ka kore ana ngā tamaki Māori me ō rātou whānau e mōhiohio ko te tikanga, ka hinga rātou, ka kore uru mai. Me tino whakaheia ngā tamaki Māori he waimaero ō rātou, me ō rātou whānau ki te kōrero mō rātou ake. (tā IHC New Zealand)

**Ahunga ko te whānau-kei-waenganui**

Ki tō mātou whakapono, kāore ngā tamaki Māori e taea te tirohia tūhāhātia atu; me manakohia rātou me he mema o tō rātou whānau. Ko te tikanga o tēnei whakawhanaunga, me uru mai tāua whānau ki roto i te mahi whakapai ake i te oranga o ō rātou tamaki Māori. Ira te kōrero e mea ana, e ēha ana te whakaingoata “tamaki Māori whakaraerera”; ko te kī ko ētahi hākoro, whānau, ā, hapori Māori whakaraerera te mea tika rawa atu. Kāore te hiahia i te wā nei i kaha kē atu ki te whai ake i ngā tauine whakawhara, ērā ka whakapiki atu i te whakaraeraetanga o tētahi awhinga whānau, o ētahi ake hapori, ā, o ngā tamaki i whānau i a rātou ki ngā hua pōhara mō mai i te mātauranga, te hauora, whiwhinga mahi, ā, me te whānau pūmā. I pēnei ai tēnei nā te nui rawa o te hiahia. Ka hiahiaia i roto i te mahi whakatakotoranga mahere, te whakatinatanga, ā, te whakamātauranga i ngā rāngai pāpori me te mātauranga he arotahi papahueke mō te hiki ake i ngā tūmanako me ngā whakatutukinga a te whānau, ā, ki runga anō hoki i ngā whakamāratanga mahi.

Ko te whakamaherehere a Te Punī Kōkiri ki a mātou, ko te whakapai atu i ngā hua mō ngā kāinga a Māori mā me te whānau te ūnga a ahunga Whānau Ora. He urupare tēnei aronga ki te taunakitanga mō ngā whakawawaotanga e kore ana he wāhinga ahurea, whānau, whakapapa rānei i mua mā te whānau me ngā tamaki Māori whakaraerera. Ko tā rātou i whakamaherehere mai, kia mahi ai ngā wawaotanga mā Māori mā, me whakanohoa aua mea ki runga hanganga ahurea Māori, me te timata mai i te whānau.

He mea waiwai mō te whānau, te whakahāngai i te aro ki runga i te tuakiri, te ahurea, ā, me Te Reo ēngari, ēhara i te whakataktoranga motuhake o te angitu. Ki tō mātou whakapono, ki te kawea he aronga i takeake-mai-pakaritanga, he niwha rawa atu ngā tauira Māori mō te whakatau angitu mō te oranga o ngā tamaki Māori me te whānau. I hoahoaia ngā tauira pērā i Te Whare Tapa Whā i te timataanga hei whakakomokomo i te pāhekohekotanga o te wairua, hinengaro, tinana, ā, me te whānau e pā ana ki te hauora. Kua momoho hoki te whakatinana i ētahi atu wāhi pērā i te pāpori mahi me te pāpori mātauranga.

Ko te mea niwha rawa atu i ngā rāngai katoa, ā, i ngā kura ake kia tirohia atu te hunga takitahi e ngā kaiako, he mema te whānau rātou, ā, nā runga i tērā kia whakamahia ā rātou wāhi mahi me te mea nei he whānau-rataara. Ka pā tēnei ki te maha o ngā māharaharaha i whakaraha ake i te wā o te pakirehua nei. Hei tauira, i whakapuakina e Christine Hāwea te whakararo, ki te whāia he aronga ko te whānau-kei-waenganui, ka kītea pea ngā tapuhi e whitiwhiti kōrero ana ki te whānau ka mahara ki ngā māma anake. Ka tūtohu a *Violence Free Whānau* kia kaha kē rātou i te hoatu hōtaka arotahi-Māori-katoa ki te ūnga whānau whakaraerera, ā, ki whakangungu i ngā kaimahi tiaki hauora, kaimahi pāpori ki te tikanga Māori kia kaha ai rātou ki te hoatu i tētahi ratonga ahurea rata mā ā rātou kiritaki.
Whānau Ora

I rongo mātou i te tautoko mō Whānau Ora e kōwarowaro ana puta noa i te pakirehua nei ēngari, he huahua tonu ngā whakaaro puaki i metia ake e te hunga whakatakoto tā whakawhānui atu, whakapaia atu rānei a i a. Ka taka haere ngā ariā atu mai i te ukauka o te kaingākau o te hunga hanga kaupapa here ki te tauira mō Whānau Ora (Te Puiwaitanga ki Ītāntahi Trust), ki te tūtohu kia whakawhānuitia atu te aronga Whānau Ora kia whiti atu ai kī ngā ratonga hauora (tā Public Health South), ā, tae noa atu ana ki tētahi tūtohutanga e tono ana kia tino whai wāhi mai ngā tari kāwanatanga katou (tā Health Rotorua). Mārama ana te whakaatu mai a tētahi whakaaro puaki mō, kia pai ake ai te āhuatanga mō ia takitahi tamariki Māori, me tino noho mai te whānau ki whenganui i te hoahoa me te tukunga ratonga. Hei tauira, i mārama mai te tautoko a Tamaki Treaty Workers mā mō te wharotonga o tētahi āhuatanga pāi-an-tele āwihina, tika ana te ahurea, ko te hiahia he ratonga waiwai taketake-mai-i-te-whānau mō te oranga o ngā tamariki Māori.

Kua haere whakarara noa te maha o ngā tápaetanga ki te pakirehua nei i te taha o aua urupare i whakaratotia ki te Pepa Kākāriki mō ngā Tamariki. Heoi, kua whakatau mātou he tino kaha kē atu ki te whakatakoto i te kēhi ki tērā i te Pepa Kākāriki mō te kīte atu, he pou o ngā whakatakotoranga mō te oranga ngā Māori te whānau. Nā tēnei āhua, he mea tūturu te aronga Whānau Ora. Nā tēnei, ka tūturu te whakamahinga o te oronga Whānau Ora.

He tautoko i te kaha o te whānau ki te whakatau ara hei kawe mā rātou ake tā Whānau Ora, ā, me ngā hua hei hapu mā ratou mā tētahi huarahi e hāngai ana ki te horopaki o tō rātou ahurea mē tō rātou pāpori. I whakatakoto te Aoteaora New Zealand Association of Social Workers, ka taea ngā whakatakotoranga pāpori e pā ana ki te hauora o te tipuranga me the whanaketanga o ngā tamariki Māori te whakarato mā te whakatinana i ngā kaupapa here Strengthening Families and Whānau Ora.

Ka whakaae mātou ki ngā whāinga o Whānau Ora kua whakaritea, anei rā, ki

• te waihanga i te pūmanawa o te whānau mā te hiki ake i te whānau me te whakaeia i a rātou mā te kawe i ō rātou ake take, whakahaerenga, tino rangatiratanga

• te whakapai ake kaupapa here, ki te hoatu rātonga marea matua pai ake ki a Māori mā me te whānau mā te whakauru ratonga ki rito i te ratonga pāpori, hauora matua, ā, me te mātāuranga kōhungahunga, ā, me te whakahou i te mahi a ngā pokapū toko i te orā mahi.

Kua mōhio a Whānau Ora ki tētahi tauira mō te mahi i te taha whānau kei te kītea i te wā nei. Ki tō mātou whakapono, me tino mōhiotia, me tino whakaeitia te mana motuhake o te whānau Māori kia tutuki ai tēnei whāinga. Ka uru atu ēnei, arā, Te Whare Tapa Whā, Te Wheke, Te Pae Mahutonga, ā, me He Korūnga o Ngā Tikanga, hei tauira whaiapai kia pā ari te ngākau mōhio mō te whānau me te mahi i te taha o ngā mēna whānau. I roto i tēnei horopaki, kei te kīte atu mātou ki te mānukanuka a IHC mō te whakamahi i ngā tauira o tāwāhi i te taha o ngā tamariki Māori kua hauātia me ō rātou whānau, ka mahara kē te whakamahi tauira i whanakehia i konei.

Arā noa atu pea ngā whakapōreaeartanga ka tū mai ki mua i te aroaro o te whānau e pā ana ki te whai putanga ki ngā ratonga tae atu ki ngā whakapaunga utu heke hāngai atu, ki te tawhiti mai rānei i ngā kaitukutanga ratonga. Nā runga i tērā, ka tautoko mātou i ngā whakaaro puaki pērā i te whanaketanga kapa whānau peka mātāuranga-maha nekehanga te i te hau kāinga ka pā ki te whānau, ā, me te hoatu ratonga taketake-mai-i-te-kāinga. Ko te pīngore o te aronga e pā ana ki te wharotonga i te ratonga Whānau Ora tētahi āhuatanga minamina 68
ōna: ka hangaia ngā ratonga kia tutuki ai ngā matea o te kiritaki, ā, ka whakaratohia i ngā wāhi hāneana ki te kiritaki. Ko tā te City of Manukau Education Trust i whakatakoto me tino haere ngā ratonga ki te tūtuki tāngata i ngā wāhi rauaki ai rātou, kia hangaia ai ngā ratonga hei whakatutuki i ō rātou matea. Ka tūtōho a Wairarapa District Health Board kia kawea he aronga whakamaene, ka mahi ana i te taha tamariki Māori me ō rātou whānau, ā, me te hono atu ki ngā ratonga hiahiatia hei whakatutuki i ngā momo matea. Ki tō mātou whakapono he huhua ngā hanga o tāua rata ngā tīngore ko hoatunga; ko ngā whakaritinga matua kia rata ngā ratonga, ā, taea te whakarerekē ki ngā matea o ngā kiritaki.

Kei waenganui te whānau i tō rātou ake angitu. Hangia ana ki runga i tēnei ariā, ko tā mātou tautoke i te tirohanga kia whakapu kina te inenga tika o te angitu o ngā hōtaka mō te whakapai atu i ngā matea oranga o ngā tamariki ki runga i tētahi whakamāramatanga mō te oranga, tērā ka whakamārama ai i te whānau i roto i te āro turukitanga o te oranga o ō rātou tamariki Māori. Ka tūtōho Te Tai Tokerau Whānau Ora Collective kia whakamāramatia te oranga mā tētahi whakamāramatanga Māori, i runga i ngā rapunga tohutohu i te taha o te whānau, ā, me te whakarere kē i te huarahi aro turuki i te oranga o ngā tamariki Māori me te whakauru atu i te whānau kī roto i te hātepe. Ka tūtōho a Violence Free Waitakere kia whakamahia ngā ine “Māori-ki-waenganui” mō aro turuki i te orānga o ngā tamariki Māori. Nā, i whakaroa a Mental Health Foundation of New Zealand kia whakahiatonga ngā ine angitu o “child-centred”.

Ki tō mātou whakapono, mā te whakamana i te whānau ki te whakatau i tō rātou ake ine o te angitu e hoatu ai ki kī a rātou te rangitaratanga o ngā kaha hei tautoko i ā rātou tamariki Māori, ā, mā tērā hoki rātou e kaha ai ki te tākoha ki tō rātou ake pūmanawa moe. Me tino noho mai tēnei hei hātepe huapai katao i te tautoke me te ārāhitanga. Me mahi huapai ngā pokapū hapori, kāwana tanga, ā, me te rāngai kore-kāwana tanga i te taha kī whānau, ā, me te tuku i a rātou ki te whai i ō rātou ake ara, kāpā te uta atu whakahaerenga.

Aratakitanga Māori

Ki tō mātou whakapono ka hiahiaia ngā kaia rata kia te whānau kia pakari anō i waenganui i ā rātou ki te whakatenatena me te whakahei mema ki te hoatu wāhi ki te angitu o te whānau. Ka āhei te Kāwanatanga ki te kawe tūranga tautoke, ki te hoatu anga pakahi me te pūtea āwhina mā te whānau mō ō rātou ake ki te whakatau mā wai rātou e aratikē, e whakarawe mā te aratakitanga me te whakangungu ka hiahiaia e rātou kia puta ai ē he whakahounga tauake. Ka whakatakoto a Wesley Community Action, he tino momoho te wāhi ka hōmainga e ngā hātepe ārahi-whānau ki te whakapaitanga wā-roa i te oranga o te whānau.

Ka whakatakoto a Whānau Whakakotahi o-Iwi Marae, noho ai te oranga tamariki Māori i runga i te whānau, i te takanga rānei o ngā pākeke i roto i ō rātou ao. Whaka a wea niituia ai ngā tamariki Māori e te whanonga o ngā pākeke, ā, he mea tino hira te whakatairanga tūranga whakatauira tauake i roto i te whānau me ngā hapori mō te waihanga i te māiatanga i roto i te aratakitanga Māori. I te mea ko ngā tamariki Māori te hunga i tua atu i ētahi atu ka kaha atu pea te ārongia e ngā ratonga tiaki, papare, he mea waiwai kia atawhaitia ngā tauira tūranga i roto īho i te whānau me ngā hapori, hei tauira, te whakamahi i ngā tauira kaiako pono tuākana-teina, kia whakatoaia te hauora me te oranga o ngā tamariki Māori i te taumata hau kāinga. Me haere tonu ngā whakamataarataanga pāpāho Kāwanatanga e whakamahi Māori he kōtaha–teitei ana ki tuku pānui tauake mō te aratakitanga ki ngā hākoro me ngā tamariki.
I.10B TE PAKIREHUA I NGĀ WHAKATAKOTORANGA O TE ORANGA MĀ NGĀ TAMARIKI MĀORI

Tua atu i ngā rawa ōhanga, ka kitea ki tō mātou whakapono he pakaritanga i roto i ngā hapori Māori. Ko te mea nui, ka urangia ngā pūkenga tukunga iho, te möhiotanga, ā, me ngā rawa me te whakamahia hea painga mā ngā tamariki me ngā whānau Māori. He papa pūmanawa moe te marae mō ngā kaha o ngā hapori ki te tautoko me te atawhai i ā rātou tamariki Māori. Hoatu ai ngā ātea hapori e whakahaera ana i raro kaupapa Māori i tētahi wāhi haumaru, wāhi tautoko mā te whānau ki te tūtakitaki, ki te whitihiti kōrero, tētahi ki tētahi, ā, ngā pokapū kore-kāwanatanga me ngā pokapū kāwanatanga. Ki tō mātou whakapono, ka taea e ngā tūranga kaiakopono kuia, kaiakopono kaumātua ngā takiwā katoa o ō rātou hapori te whakahaeria.

**Ōhanga manahau**

Ko te mea kia mōhiotia, ēhara anake te pōharatanga i tētahi āhuatanga whakatiki, āhuatanga pānekenekete ēngari, he āhuatanga whakamā, whakapūnguru, ka pā hoki kete pāpori...[ko ngā āhuatanga kore-whaitinana ka uru mai, ko] ...te kore mana kōrero; te tōtū, te whakamōraro, ā, te tomokanga o te tū rangatira me te kiritau; te rōrā; te whakamā me te poaepoa; te rōrā; te whakakahoretanga tika me te kiritaratanga kua whakaeoronga...Tātā mai ai ērā i te hunga tangata kei roto i ngā pāhekoheko iā rā ki te porihanga ōhau, ā, mai i te āhua e koimuhumutia ai rātou, ā, e whakaranagatia aia e te hunga tōrangapū, e ngā āpiha, e te hunga pāpāhō, ā, e ētahi atu rangatūpō.8

Ko tā South Auckland Family Violence Prevention Network i whakatau i roto i tā rātou tāpaetanga, whakatau ai te oranga o te whānau i tērā o ngā tamariki, ā, i te nuinga o te wā nō rātou i te reanga ngā pūtaekanga i ngā whakaraearaetanga taurea. Hāngai tika tonu ai te whanaungatanga kia ngā tūtohu oranga mō ngā whānau Māori, ki te kaha o ngā hākoroha ki te mahi, ki te neke whakamau atu i ō rātou pūkenga me te whakakorangahau, ā, me te whai putanga i ngā wā whakangungu.

Ka whakakino kē atu ai te korenga mahi me te pōharatanga nō rātou reanga i te huringa whakakākoretanga e ngaro ai te pūmanawa moe. I te taha o ētahi atu tamariki, ko ngā tamariki Māori ngā mea ka kaha kē atu pea te wheako i te takaonga o te oha-pori, ā, nā runga i tēnei, ka piki kē atu tō rātou whakarakaeatanga ki te pāpakura o te ekenga ki te taumata e pā ana ki te whakakaranga me ngā raruraru kīte hauora. Whakatau mai ai te rangahau hou rawa a te Whare Wānanga o Tāmaki-makau-rau, kāore taea e te huhua o ngā whānau moni whihiiti-rāwa te hoko kai tōtika, ahakoa te waiwhai noa, mō ā ratou tamariki Māori.

Ka mea ake ētahi kaiwhakatakoto tāpatanga kia whakarerekēngia ngā āheinga mō Working for Families, kia tāpiririra atu he tautoko mō ngā whakapaungia whiwhinga whare, kia hikia te itinga rawa mō te utu ā-wiki me ngā takuhe, ā, me ētahi atu ine whakahaumi āhangai, kia hikia wawetia te tēpānātanga kino rawa atu. He māharahara i reira mō te whirhinakitanga kite toko i te ora, ā, me te hiahia kia whanakehia te ōhanga i ngā wāhi he teitei kore mahi a Māori mā kia pai ake ai te whakangungu me te whiwhinga mahi mā te whānau heī whawhati i te huringa pōharatanga. Ko tā mātou kei te kite atu mō ngā whānau kore mahi, ka āhe i hoki rātou ki te whihi i tētahi moni whihi rawaka kia pūmā ai te oranga o ō rātou tamariki.

E matatau ana mātou, ko tētahi ritenga tūturu kia angitui ai a Māori mā, ko tā rātou whiwhi i te tino rangatiratanga e pā ana ki te ēhanga mā rātou i tētahi whiwhinga mahi, umanga whai

8 Ruth Lister, Poverty quoted by Every Child Counts
tikanga rānei. He āhuatanga tēnei kia āta whakaroarohia i te wā e whakatairangatia ana ngā tauira o te angitu.

E whakapono ana mātou, ko tētahi huarahi pai rawa mō te whakamana whānau, ko te taukoko hākoro me te hunga tuku tīaki ki roto wā whiwhinga mahi ka utua me te whanaketanga ohoi mahi. I rongo ki te huhua o te hunga whakatakoto tāpaetanga e tohe ana mō tētahi moni whiwhi itinga rawa mō te whānau hei hoatu tīaki pai me tētahi tiaao hauora mā ngā tamariki Māori (tā Hawke’s Bay District Health Board, Methodist Church).

Ka kōrero ngā Social Service Providers Aotearoa mō tētahi aronga katoa mō te oranga o ngā tamariki Māori tae atu ki ngā rautaki kātoa-a-te-kāwanatanga, hei whakapai ake i ngā tūmanakotanga whiwhinga mahi mā te whānau. I meatia ake he akoranga roa rawa hei whakamātautau i te whakaawetanga o kōkiringa hou a te kawanatanga kua whakaurua hapapātanga, tērā pea ka hōmai wāhi piripoho mō te hangangatanga kaupapa here ka pāki ngā tamariki Māori.

Ka maharatia atu e mātou te hiranga o te āwhina ka mōhio ana te whānau ki te pānui me te tuhi āhuatanga e pā ana ki te moni kia kore noa ai he nama nui te utu, he nama koretake noa e pā ki te kāinga. Mā te komokomo i tēnei huinga pūkenga ā-ringa ki roto hōtaka whakaakoranga mai i te wā e pakupaku tonu tētahi, ā, ki roto ratonga pāpouri tautoko hoki, e āwhina a i te hunga takitahi me te whānau ki te whakatakoto kōwhiringa pai rawa mō te wā e ora ana rātou.

Me tino auahatia e tātou he tiaao tautoko ai i te āhanga pūmanawa moe o Māori mā, ā, e waihanga ai hoki i te angitu. Me taukoko hoki te tiaao nei i ngā uara Māori me ngā whakamāramatanga o te angitu mā tētahi ara, ko te whānau-kei-ngaanga. Mā te whiwhi kāwanatanga taukoko o Aotearoa mō tētahi tiaao pakihi tautoko, e tautokonatia atu te kaha o te whānau me te tino rangatiratanga hoki. I karanga te huhua o te hunga whakatakoto tāpaetanga, kia kaha kē atu te mahi tahi i waengangai te kāwanatanga, te iwī, te hapori me te ao pakihi ki te rapu whakaotinga mō te āhanga kua kītea he pai rawa atu. Ka whakapono mātou, he pūmanawa moe nui tō te iwī ki te waihanga tuāpapa pakihi mō te tipuranga o tētahi āhanga ukauka mō Māori mā. Kei te kīte atu hoki mātou i pūmanawa moe e tipu ake ana i roto i te rāngai pakihi Māori. Ko te wawata, ka whakamahia e ngā kaporeihana Māori ō rātou angitu kīte tautoko i ō rātou hapori.
3 Te Kāwanatanga me te whānau

Tikanga mahi

Ka whakawhititui atu i te whānuitanga o te whakahaumitanga a te māra ki roto tamariki Māori ki ngā ringai bauora, mātāuranga, ratonga pāpori, ā, me te ture— mehe mea e rawaka ana, e tōkeke ana te baumitanga nei.

Pēhea ai te whakahaumitanga a te māra ki roto i te bauora, te mātāuranga, ngā ratonga pāpori, ā, me te ture e taea ait e whakamahia kia pūman ait e oranga o ngā tamariki Māori.

Ngā huarahi kaupapa here me ngā huarahi ā-ture hei whai ake i ngā kitenga o te pakirehua nei.

Ka karanga te hunga whakatakoto tāpaetanga ki te Kāwanatanga e kia aratakingia ia te māhi whakapai ake i te oranga o ngā tamariki Māori. Ka whakaei mātou me riro i te kāwanatanga he tūranga ki waenganui i te māhi tautoko whānau ki te whakapai ake i te oranga o ngā tamariki Māori katoa. He pūtea, he kaimahi, he mōhiotaanga me ētahi rawa kei ngā pokapū Kāwanatanga ka taea te whāwhā atu hei āwhina i te whānau me ā rātou tamariki Māori. Ka hiahiatia tahitia te tautoko nei i te taumata kaupapa here, i ngā ratonga-kei-te-mura-o-te-ahi. Ka ki tārua anō mātou me haere tonu te tūranga whānau i roto i te māhi whakapūrūnaumau i te oranga o ō ūtou tamariki Māori.

Urupare kāwanatanga ki te taumata-teitei

I rongo mātou i te whānuitanga whānui o ngā tirohanga mai i te hunga whakatakoto tāpaetanga mō te tika o te tūranga mā te hunga waihanga kaupapa here, ā, me te huarahi e tika ana me whakatakotoria e rātou mō te kaupapa here, ā, me te whakapūrongo i te papātanga o te kaupapa here.

He whakaaetanga whānui kei reira kia haere tonu te māhi a te Kāwanatanga ki te hoahoa, whakamahere me te whakatinana i tētahi huinga kaupapa here whakawhitinga-kāwanatanga e ki katoa ana, e pai rawa ana, e pipiri ana hei whai ake i te oranga o ngā tamariki Māori. Ka hiahiatia e ngā kaupapa here nei he ūnga, kawenga, whakamārama māhi whakawhitinga-kāwanatanga kua whakaaetia, tae atu ki te whakapūrongo tō tētahi huinga rāroto tatauranga tauwhāiti-Māori. Ko te tikanga, mā tētahi Minita o Te Rūnanga Kāwanatanga te wāhi kaupapa here nei e arataki. Ko tōna haepapa he whai ake i ngā matea o ngā tamariki Māori e ai ki te horopoki whānau.

I ākinatia e te hunga whakatakoto tāpaetanga te hiahia mō te kāwanatanga ki te auaha i tētahi taiao kia noho ai a Māori mā ki roto e hiahia ana ki te akoako me te whitiwhiti whakaaro, kōrero i te taha āpīha, ā, i roto taiao e kaha ai ngā āpīha ki te whakaaro wairua auaha me te kore mataku ka whakaputanga ana i ō ōtou tirohanga.

I ki te hoki te hunga whakatakoto tāpaetangai te uara o te whakahiato i tētahi utaata aro matawai whānui i te papātanga o te tamaiti me ngā ūnga, inenga, whakatutukinga mārama mā ngā tamariki Māori whakaraeae. Ka whakapuaki rātou i tētahi whakapono me whakatenatena te Kāwanatanga kia whakaroahia kōtahanganga ngā huarahi e wātea mai ai he pūtea āwhina hei māhi i i te take kaikā nei, te take nui nei. I tem aha o ngā wā, heke mai ai te kaupapa here hāngai pū-ki-te-Māori i te rangahau kano, ēhara i te rangahau e hāngai pū ana
One of the Ministry of Social Development’s Social Sector Trials which utilise cross-agency working groups to deliver social services to young people in targeted communities.
I rongo mātou, me te mea nei kei te kōroiroi tahi ngā rōpū whakahaere o te hunga kore-kāwanatanga me ngā tari a te kāwanatanga ki te mahi tahi i ngā pūtere, ahakoa te mārama o te kīte atu e inaki ana te take kaupapa, e inaki ana rānei ngā kohinga ūnga. Nā runga i tenei kōroiroitanga, kua hua mai te tāratauanga mai o ētahi hōtaka, ā, he take i haere kē ai tētahi wāhi rahi rawa o ngā pūtea āwhina i tohahaina ki ngā utu whakahaerenga. E kore ngā matea o ngā tamariki Māorī katoa e tutuki ki te kongakongoatia ngā ratonga. Ko tō mātou tino matakau, ka horo atu pea ngā mea whakaraeretia rawa atu mā ngā puare.

Ki tō mātou whakapono, mā ngā mahi tono kirimana me te whakataetae ka hua ake i waenganui i ngā kaituku, e whakawhāitia ai tō rātou kaha ki te whanake hononga mahi tahi, hononga whakahaotanga mā taua hunga e kaha kē atu ana te matea. Ka taea te aronga ipu o ngā tari kāwanatanga te kīte atu i ngā pokapū hapori. Nā runga i tērā, ka hiahiata he whakahaumaru pai-ana-te-pūtea āwhina, rawaka ana hoki mō te toko i te ora o ngā tamariki Māorī. Urupare ai, hanga ai ngā pokapū me ngā kaituku Māorī ki te whakatutuki i ngā matea o ō rātou hapori mā tētahi huarahi ā-ringa, ā-wairua auaha ēngari ia, i te nuinga o te wā, kore rawa i te mōhiotia, kore rawa he pūtea āwhina nā te whātūti o te arotahi i ngā whakaratenga mō te whakatakoto pūrongo, mō te kirimana.

I whakapuaki te hunga whakatakoto tāpaetanga i tētahi hiahia kia tuku pūrongo ā-tau mai ngā pokapū me ngā tari kāwanatanga mō ngā mea kua eke ki te taumatanga e pā ana ki te oranga o Māorī mā. Me whakapau kaha anō hoki ki te whakapūmāu he taua ngā pāhekoheko i te taha o te kāwanatanga, ā, i ētahi wā, me te mea nei he kino kē atu ngā mahi a ngā pokapū kāwanatanga ki āna mahi pai.

Wharatonga ratonga

I whakatauria mai e te huhua o ētahi kaiwhakatakoto tāpaetanga ki a mātou ngā uauatanga i ara ake ki mua i ngā kaituku, e whakawhāitia me nga i te oronga o ngā whānau e whai putanga ana ki ngā ratonga tautoko mai i ngā kaituku kawenatanga me ngā kaituku kore-kāwanatanga. Ko tētahi ake wero, ko te whakawhāititanga o ngā āhara mahi a te mahi o ngā ratonga, a tiaki hauora mātāmua ake, a mātanga tiaki hauora ake, a kohungahunga ake, a tiaki-whaimuri kura ake. Ko te utu mō te whai putanga anō hoki tētahi raruraru mā te whānau: ēhara anake i ngā utu mō ngā ratonga e pā ana ēngari, ngā utu e haere ana i te taha pērā i ngā waka kawenga, te whakawētea mai i te mahi rānei.

Ki tō mātou whakapono, e tika ana kia rite anō te whai putanga a ngā tamariki Māorī katoa ki ngā ratonga kounga-teitei ahakoa kei hea rātou e noho ana, he aha rānei te moni whiwhi o tō rātou whānau.

Ka titiro mātou ki te wāteaatanga mai o ngā ratonga i ētahi wāhi mātāwhenuatanga, i ngā hapori i tuawhenua ake, ā, i ngā takīwā kiritata tino pōhara rawa i te tāone ake. Nā, i ngā wāhi tuawhenua, me hahapua ngā whānau me haere tawhiti rawa kia whai putanga ai ki te tautoko, ā, i ētahi wā ka noho mai pea hei tau āraih. Ā, ki te whakaaro o te huhua o ētahi kaiwhakatakoto tāpaetanga, he potonga o ngā ratonga kei reira kei ngā takīwā kiritata tino pōhara rawa atu, otiirā, aua ratonga ake e tukua katoaia ana, he wāhi noa rānei e ngā rāngai kore-kāwanatanga, rāngai tūmatatini. Nā tenei, kua takoto mai he wero kē atu mā te whānau e noho whakaraeretia ana i te wā nei. Ki tō mātou whakapono, he whakamahere i ngā ratonga ki te tatauranga o ngā tuapori tērā ka hiahiatia, kia pūmāu ai ngā ratonga matua ka wātea tōkeke mai i roto noa i te motu.

He huhua ngā huarahi i meatia ake e te hunga whakatakoto tāpaetanga, hei whakapai ake i te putanga ki ngā ratonga, tae atu ki te rawaka o te pūtea āwhina mō ngā matea a ngā
tamariki Māori me te whānau whakaraeræ, te whakakirimana i te wā tika, ā, me te wharatonga, whakamātautau i ngā ratonga me ngā hōtaka tika e kaha atu ana te ahurea, te ngaio, te whānui, te pākari. I whakanui a Whānau Ora mō te whakapakari whānau, ā, kua kīte i te uara, kia haere tonu te haumi i a Whānau Ora.

Whakaatu ai te rangahau, ko ngā wawatanga taha-maha, tauputu-maha, whakapikī, wātea, pīngore, ā, kei runga hononga noho ai, ko ērā ngā mea tōtika rawa atu. Hei taurira, tētahi hōtaka e hoato whaora nahanaha-maha mā ngā hunga hara pūhou—ko te maha o rātou he Māori—angitū ai nā te mea whaitia ake ai e te hōtaka ngā tūahutanga whakawhare, mai ai i te taha o te whānau katoa, haere ai ki kāinga, pātai ai he aha ngā matea a te whānau, ā, mahi ai i roto i ngā taoa papori tino hira o te tangata pūhou: te kura, hapori, ā, me te kohinga ā-hoa.

Whakamana hononga

Mā tētahi aronga ko te whānau-kei-waenganui, e mahi hononga ai i te tuatahi ki ngā momo taumata ka mahara, te arotahi motuhake anake i te wharatonga ratonga. Pērā i tā Manaakitia Ā Tātou Tamariki i whakatakoto rā, mā te neke i te mahi tuatahi e whakamanatia ai ngā hapori ki te ārahi i te whakahoutanga, ā, ki te whakatakoto whakataunga kia tutuki ai ngā matea o te hau kāinga. Ko te uara tangata me ō rātou pānga tīria, ā, me te mōhio atu ki te pakari o ngā whakapaunga kaha kua whakakotahitia, ko tērā te tikanga o te mahi hononga i te tuatahi. Noho ana i wāenganui o te mahi whakamana hononga kia tuku ratonga tōtika ai, ko te whakarahi atu i te mahi tahi me te whakahaotanga i waenganui whānau, pokapū hapori, īwi, kāwanatanga ā-waenganui, rōpū whakahare kore-kāwanatanga, ā, me ētahi atu kaipupuri pāngā. I tino koa rawa ake mātou kia te rongo kōrero mō Ngā Whakamātautau i te Rangai Pāpori a Te Manatū Whakahiato Ora, mō te Manaiakalani Education Trust me Project Energise, nā Waikato District Health Board te pūtea āwhina mā ngā tokorua nei. Ko ēne i ētahi i roto i ngā pūtere maha mahi tahi i whakahuatia ake i te wā e haere ana te pakirehua.

Mā te tīria-mōhiohio, mā ngā huanga-raauranga e āwhina te hanga arahanga hei whakawhitī atu i ngā āputa ki ngā ratonga mā ngā tamariki Māori kia pakari ai ngā hononga i waenganui i ngā pokapū e whai wāhi ana. Ko te whitiwhitinga kōrero, whakaro te mēa matua i roto i te mahi waihanga hononga kia manahau ai; mā te pai o te waihanga hononga me te pupuri kia noho pērā tonu, e taea anake ai he whitiwhitinga kōrero, whakaro tino māheahea rawa atu. E mōhio anā mātou, he tino wero ake tēnei mā ngā rōpū whakahare kore-kāwanatanga.

Me whai putanga anō hoki ngā hōtaka ki tētahi pūtea āwhina wā-woa, kia tukua ai te whānau me ngā kaituku ratonga ki te whakahiato hononga whakapono ki waenganui i a rātou. Nā Waitemata me Auckland District Health Board, te New Zealand Council of Christian Social Services me Te Puawaitanga kī Otautahi Trust tēnei tirohanga i tautoko. Ko te mea pai rawa atu mehe mea ka taea, kia whiwhi e ia whānau whakaraeræ tētahi kaimahi kēhī whakaihi ki te whakarato ratonga tuitu i te āwhina me te tiaki ka haere tonu. I te mutunga mai, ka taea te waihanga-hononga āritarita, whai take hoki i te taha whānau kua whakangū, hei whakapai ake i ngā otinga mā ngā tamariki Māori.

Hei taurira, mō ngā wahine Māori e hapū ana, mā tēnei aronga ka kitea ngā tapuhi e whakatenatenatia ana ki te whakareia i ō rātou ake mōhio tanga taha Māori ki te hanga tiaki kounga hei hoatu mā rātou, ā, me te whakono atu i ngā māmā hapū ki ētahi hapori, te hauora o tā te māmā hinengaro, te tautoko a te īwi ki hiahiaiatia pea e rātou, mua atu i te wā ka whānau tā rātou tamaiti.
Me rite anō te tāmata pūmanawha hanga-hononga ki roto i te whānau me nga kaituku ratonga. Mā ngā pūkenga hanga hononga pāi pērā i te whitiwhitinga kōrero me te whitiwhitinga whakaaro tōtika, ā, me ngā pūkenga whai arō-whānui te whānau e whakamana, ki te whai take uaua ake pērā i te tama wahine ka hapū ana.

Ka huri haere ana te wā, kua tipu ake te kore whakapono i waenganui i ētahi pokapū me Māori mā. Ko te nuinga o te hotohoto nei i ara mai i ngā wawaotanga i whakaawea kinotia nei ngā whānau whakaraeae me ō rātou tamariki Māori.

Ka whakamārama a Ōbomaingangi Trust i tētahi tauira me tana ki ko te kupu nei whakapono te raruraru i tētahi takiwā. Ka manako a ia, he mea nui te whiwhi mahi ka utua hei whakangāwari i te āhutanga o te hunga ō-roto reanga e whakawhirinaki atu ana ki te toko i te ora, me ngā huanga ka mauria mai pērā i te whakapikinga o te moni whiwhi, ngā kōtuitui pāpori pai ake, te haurora pae ake mā te hākoro, ā, me te whiwhi tauira tawake hei whai mā ngā tamariki Māori, ko tērā ka hiahiatia e te herenga pāpori matua kia ngākau tītikaha te whānau i te tiaki ka whiwhi i ā rātau tamariki Māori. Mehe mea i roto i ngā herenga pāpori o ngā whakahouunga o te toko i te ora e marohitia ake nei, otiārā tērā e tono ana kia whakaurua e ngā hākoro ā rātou tamariki Māori ki rito mātauranga kōhungahunga, ko tērā te papātanga ka hiahiatia. Nā reira, kāore tērā i te māheahea. Ka mea ake a Unicef NZ, ka mōrea pea ngā tamariki Māori nā ngā whakahouunga ki te toko i te ora ki te hiahiatia ngā hākoro kia haere ki te mahi, ā, kāore he wāhi tiaki tamaiti tika i te wātea.

Kei te titiro atu ki ngā rā kei mua i te aroaro, ki tō mātou whakapono, ko te mea nui rawa kia hanga anō te whānau me ngā pokapū kāwanatanga i te whakapono, kia kaha ai tā rāua mahi tahi. Ko te mea pou ki tō mātou whakapono, kia kaha ngā kaimahi o ngā rōpū whakahare kore-kāwanatanga me ngā kaimahi a te kāwanatanga, ki te mahi i te taha tamariki Māori mā ngā huarahi whai tikanga, whai ahurea, ā, me te mōhio ki te mahi i te taha o ngā mema o te whānau kia taea ai ngā hua pāi rawa mā ngā tamariki. Ka whakatenatena ngā kaiwhakakotoko tāpaetanga i te kāwanatanga kia whakapūmāutia te whāinga, whakakore kaitaiao ngā hanga whakatoiwhara ahurea, ā, me te whakangungu i te tikanga Māori me te whakahoatanga ahurea ki ngā kaimahi tari kāwanatanga.

ko te tikanga ki tō mātou whakapono, me whakakotoko pūrongo ā-tau ngā pokapū me ngā tari kāwanatanga mō ā rātou whakatutukinga e pā ana ki te oranga o Māori mā, ā, me te mahi ki te whakapūmāu, kore rawa he whara i pā ki ngā tamariki me ngā rangatahi Māori nā tētahi āhutanga i hua mai i ā rātou mahi i te taha pokapū hapori, pokapū kāwanatanga.

Mātauranga

Ki tō mātou whakapono, me tipu ake ngā tamariki Māori i roto whānau ka atawhai akoranga puta noa te wā e ora ana rātou. Ka pirangi mātou kia kite tamariki Māori e hiahia ana ki te ako i a rātou e tipu haere ake ana, ā, kia kite i a rātou e takatū ātua ana i te mātauranga kia whiwhi pūkenga ai, mōhiotanga ai ka pirangi te rātou kia angitū ai. Ėhara anake te mahi a te mātauranga i te hoatu pūkenga noa kia mātou ai ngā tamariki ēngari, kia whiwhi ai hoki i ngā pūkenga kia mōhio ai ki ngā mea whakawhara, ā, me pēhea te karo, ā, ki te whai wāhi ki roto i tō rātou hapori mā tētahi huarahi tau ake. Ka uratia ana te mātauranga e te whānau, kua kaha rātou ki te whakaawe i te akoranga o ā rātou tamariki Māori kia angitū ai. Tīmata ai te mātauranga i te kāinga—ko te whānau te kaikōkako tuatahi o te tamaiti. Tīmata ai te akoranga i te wā o te whānautanga, ā, e hiahia ana ki te tautoko i te
Whakapono tinana ia nga kaupapa Māori hei hoa rāka mai e ti aho kai, e te whiwhi e ia akomanga he kai whai whai. I roto i ngā taku kai hua ake nei nga kaupapa Māori, ake nei nga kaupapa whakapono kōrero. E whakapono, e whakapono, e whakapono, e whakapono...
tatauranga tino hou a Te Tāhuhu o te Mātauranga, o ngā tamariki Māori e 41,961 i whakauru kite mātauranga kōhungahunga i te tau 2012, e 8,500 tata atu pea (neke paku atu pea i te Āorangi e 20) i whakauru ki te kohanga reo. He rerekētanga tēnei ki te keokeotanga e 14,000 tata atu peai te tau 1993. Hei hiki ake i te whai wāhītanga i waenganui i a Māorī mā ki te mātauranga kōhungahunga, me tino whakatikaina e te Kāwanatanga te hapa e āpa ana ki te kore ōrite o te pūtea āwhina i waenganui kōhanga reo me ētahi atu ratonga mātauranga kōhungahunga. I te wā nei, kei tētahi taumata raro iho ākōrū te kohanga reo ki te kōhanga reo ātā nei ā ngā kaituku mātauranga kōhungahunga auraki he kaiako-kei-te-ārahi. Ā, ā runga i tērā, e raruraru ana te mahi o ngā kōhanga reo nā te īti rawa o te moni. Nō nā noa Te Rōpū Whakamana i Te Tiriti o Waitangi i whakataku pūrongo ai mō tētahi kērēme a Te National Kōhanga Reo Trust. He huhua ngā take mānukanuka i whakatakatanga. E matatau ana te komiti kua whakatīmataria e te Kāwanatanga he hātepe takatū i te taha o Te National Kōhanga Reo Trust ki te whakatakatanga i ngā take i tāuhuniga i roto i te Pūrongo a Te Rōpū Whakamana i Te Tiriti o Waitangi.

**Kura Māorī**

E māharahara ana mātou ki ngā rerekētanga o te whai putanga ki te mātauranga kaupapa-Māori, ka whai atu i te kōhanga mai i tāone ki tāone, i wāhi ki wāh kēkuāre rawa ngā tamariki Māorī i whiwhi mātāuranga rumaki i mua.

Ko tā Manaakitia A Tātou Tamariki ka kī, he pai kē atu ngā hua whakakoaranga ka tutuki e ngā tamariki Māorī, i roto kaupapa kōkiringa hou mō te mātauranga Māorī; heoi, ko tērā kua kītea, kei te kehe haere kē te pāpātanga o te whai wāhītanga i ētahi wāhī.

Ki tō mātou whakpono, hoatu ai te kura i tētahi tiaiao hira mō te whakaako kaupapa Māorī me Te Reo, ka mutu, ki te tautoko whānau. He pai kē atu ngā mea angitu kei ngā tamariki Māorī i whakaurua ki roto akomanga kura, akomanga kaupapa-Māori mō te whai hononga ki o rātou ahurea. Whakapakari ai i te tuakiri Māorī, ā, āwhina ai i te māhi whakatipu tamariki Māorī i whakaurua ki roto akomanga kura, akomanga kaupapa-Māori mō te whai hononga ki o rātou whānau. Whakapakari ai i te tuakiri Māorī, ā, āwhina ai i te māhi whakatipu tamariki Māorī i whakaurua ki roto akomanga kura, a komanga kaupapa-Māori mō te whai hononga ki o rātou whānau. Whakapakari ai i te tuakiri Māorī, ā, āwhina ai i te māhi whakatipu tamariki Māorī i whakaurua ki roto akomanga kura, a komanga kaupapa-Māori mō te whai hononga ki o rātou whānau. Whakapakari ai i te tuakiri Māorī, ā, āwhina ai i te māhi whakatipu tamariki Māorī i whakaurua ki roto akomanga kura, a komanga kaupapa-Māori mō te whai hononga ki o rātou whānau.

Ki tō mātou whakpono, hoatu ai te kura ki tētahi tiaiao pūrongo ai mō te whakaako kaupapa Māorī me Te Reo, ka mutu, ki te tautoko whānau. He pai kē atu ngā mea angitu kei ngā tamariki Māorī i whakaurua ki roto akomanga kura, a komanga kaupapa-Māori mō te whai hononga ki o rātou whānau. Whakapakari ai i te tuakiri Māorī, ā, āwhina ai i te māhi whakatipu tamariki Māorī i whakaurua ki roto akomanga kura, a komanga kaupapa-Māori mō te whai hononga ki o rātou whānau.

He papātanga tauake tā Te Kotahitanga i te taha o ētahi whanaketanga e āpa ana ki te matatau ki te taha ahurea.
Te matatau ki te taha ahurea me te whitiwhitinga kōrero, whitiwhitinga whakaaro

Ko te mea hirahira hei whakatutuki i ēnei whāinga ko te whitiwhitinga kōrero, whitiwhitinga whakaaro. Ki tō mātou whakapono, me ōrokohanga mā tēnei roto igo i te whānau, me tino timata mai i te wā ka whānau mai, mā te whakahere kōrero i wanga nui i wā tātou tamariki Māorī, ā, me te whakaputa i wā kōrero, whakaaro.

Me tino wehi tātou ki te tauira taha ahurea mahi ai, whakawhitihiti kōrereo, whakaaro ai a Māorī mā ki roto. Hei tauira, ko tēnei mea te whakamā, kō tōna whakamārama ki tētahi pito o te tūāwhiorangi, he pūhī, he whakaiti; ā, ki tērā pito o te tūāwhiorangi, he pōrahutanga, he rōrā.

Ko te mea matua i te pānui, i te whakamārama rerekētanga e pā ana ki te taha ahurea, kia kore rawa e pōhēhē, kō tērā e pai ana ki tētahi ahurea, he rite anō mō tētahi atu. Anei ake he tauira kē atu. Ko te whakahihī kō tētahi pito o te tūāwhiowhio ka mahara hēngā kētia he whakatoatoa, he tū te ihu ēngari, ki tērā pito o te tūāwhiowhio, ko tōna motuhenga kē, he tohu kē o te ngākau tīti kaha.

Ki tō mātou whakapono, ka mahi ana tētahi i te taha tamariki Māorī me tino mātua rawa atu a ia ki ngā matea pūkenga, mōhiotanga, whaiao ahurea o te whānuitanga kohinga. E pēnei ana te tikanga o tēnei. Me mahi rātou mā tētahi huarahi whai tikanga whakawehi ai i ngā tikanga, ngā whakapono ahurea, ngā uara me ngā whakaharatua tangata nō mai i ngā takenga ahurea rerekētanga rawa atu. Ā, me kaha rātou ki te whakawhitihiti kōrero, whakaaro tōtika rawa atu whakawhitinga-ahurea. Me ū hoki ki te whanake hononga i te taha whānau i ngā wā e puta ake ai, e tīka ai.

He maha te hunga whakatakoto tāpaetanga i whakapuaki māhaharaha mō te kore mātua i te pūnaha mātauranga auraha mō te taha ahurea. Kia tutuki ai ngā matea o ngā tamariki me ngā rangatahi Māorī me tino whai putanga te whānau ki te mātauranga i ngā taumata katoa. Me tino rata, me tino tika te aronga o ngā kaiako me ngā kura ki te whakaako ākonga, hākoro, ā, me te kaha kē atu o te whai āhitanga ki te mātauranga. Me tino whai pūtea āwhina te māhi whakatairanga i aua momo kōkiringa hou. Ki tō mātou whakapono, ka pai kē atu te ako a ngā tamariki Māorī i tētahi tiaio whakatau ai, tautoko ai i tō rātou rātou ahurea. I te mea kua whakauru te maha o te nuinga o ngā tamariki Māorī ki roto i ngā kura auraki, ko te mea nui mā ngā kura auraki nei, he kura rata te taha ahurea rātou.

I miharo mātou ki ngā hua i puta ake i ngā hōtaka pērā i Te Kotahitanga, ā, me te whakapono anō kia whakawhānutia atu he wawaotanga pērā anō te rite ki ngā kura katoa. Whakahaere a e Te Whare Wānanga o Waikato a Te Kotahitanga, ā, ko tāna mahi he arataki kaiwhakaako ki te auaha tiaio he rata te taha ahurea me te tautoko, whakawaretanga o te whānau me te hapori, ā, āwhina ai i te mahi waihanganga hononga tauake i te taha o ō rātou ākonga ki te whakarato i tētahi tiaio tautoko whānau i te akomanga. Ko tā mātou e kite atu ana i tēnei, ko te whānau tēnei e oreore nei. Nō nā noa nei Te Kotahitanga kua whakakapia e tētahi hōtaka hou. Ko Building on Success tērā. Ko tō mātou ake tūmanako ia, ka utaina atu atu ngā kaha o tēnei ki runga i ērā o Te Kotahitanga, ā, mā tērā te painga e taka atu ai ki runga i ngā ākonga Māorī me ō rātou hapori o te kura.

Ka tautoko hoki mātou i te mahi whakapikake ake i te wāhinga whakangungu o ngā hōtaka i ngā kāre ti ngā kaiako. Me tino mōhio te hunga whakaako ki ō rātou ake ākonga kia tutuki katoa ai o rātou matea whakaakoranga. He huhua ngā kaiwhakatakoto tāpaetanga i whakapuaki i ō rātou māhaharaha mō te kore mātua i waenganui i ngā kaiako o ngā kura auraki ki te taha ahurea.
Whakahoretanga i te hākoro

Ko tō mātou whakapono, me noho whakarewareware ngā hākoro ki ō rātou tamariki puta noa i te wā e haere ana rātou ki tētahi kura mātaunga. Mehe me he ititi iho te mātauranga o ngā hākoro ake, ā, kāore hoki e tino kaha ki te tuhi me te pānui, ko te hiahia kia whai mea angitu mō rātou mā te uru atu ki te akoranga o ō rātou tamariki Māori, ā, me te pūtea āwhina mā ngā hākoro kia haere tonu mō tō rātou ake mātauranga (e ai ki tā Te Aruma Children’s Centre i whakakototo). Tua atu ki ērā kua maha pai i ngā kura ki te wā nei, ka titiro atu mātou ki ngā tauira pērā ki te hōtaka Reading Together. He hōtaka tērā ka mau mai ai i ngā kaitiaki ki roto kura ki whakakototika ai rātou me wā rātou tamariki Māori, kia rekareka ai tā rātou pānui, tētahi ki tētahi.

Ka taea ngā hōtaka hākoretanga me ngā akoranga mātauranga mā te pakeke, te whakahere i ngā kura hei whakatenatena hākoro kia whai wāhi i te hapori o te kura. Me matua whiwhi tuatahi e ngā tamariki Māori he puitanga ki ngā akomanga he Māori-kei-te-ārahi. Ka tautohoe hoki te hunga whakakotoko tāpaetanga, ko te tikanga kia wātea mai hoki he pūtea āwhina hei whakarangatira hākoro e haere tonu nei ki te whaktekutuki i ō rātou mātauranga. I te nuinga o te wā ka kokotia.

Te whakamahi mea hangarau

Whakawarewareware a ngā tamariki ma te whakamahi rorohiko. Ko tō mātou whakapono, he maha noa atu ngā mea angitu ka hōmaingia e te hangarau hei whakapai ake i ngā huarahi akoranga mā ō tātou tamariki Māori. Ko whakatau mātou, he take tōkeke te whai putanga ki te hangarau. E hiahia ana mātou kia ārite te whai putanga a ngā tamariki Māori katoa kīte hangarau, ā, me te whakapono kia noho mai te Kāwanatanga ki mua ki te whakarato i tautau hangarau. Ka tautoko mātou i ngā hōtaka pērā i te kaupapa, Computers in Schools, tērā ka whakangāwari i te whakamahinga rorohiko i roto kura, i roto kāinga which facilitate the use of computers in schools and homes. Ko te tuhi, ko te pānui ā-mamati tētahi tino ū āhuatanga nui ki te whakareri tamariki kia puta ai; ko te ngākau titikaha ki te whakamahi taputapu ā-mamati, tae atu ki ngā rorohiko, ngā me ake tino hiahia i rito i ngā wāhi mahi o ēnei rā. Mā te pāhekoheko a ngā tamariki Māori ki te ao huri whānui noa mā rito āhuatanga hangarau, whitiwhitinga whakaaro, kōrero ā-hangarau te mea tino hira i roto i te wāhi mahi.

Ngā kura hei pokapū hapori

I rongo kōrero mātou e pā i ki ngā ratonga ka hōmaingia e ngā whakaurunga mātauranga, arā, me hāngai, me rata aua ratonga ki ngā matea kei roto i tētahi hapori. Ki tō mātou whakapono mō tētahi tauira taketake mai-i-ngā-hua tōtika, ka hiahia i he pou tarāwhao ahurea e hāngai ana, he paerewa whakatūturu-kounga mō te mahi i te taha tamariki Māori, ā, ka kaha ki te whakamātou me te tuai tauira whakaharatata-pai.
Ka tūtouhia mātou kia whanaketia ngā toa-tū-ai-te-kaihoko-mō-te-wā-kotahi kia pai ai te hōmai ratonga kua whakakotahitia i ngā wāhi, i ngā pokapū tōtahi rānei. Nā, mō tētahi pokapū i tētahi ake hapori, ka whakanohoe tērā i te kura, i te pokapū rānei, ā, me rarawhi i ngā ratonga i ngā wāhi, pērā i te hauora, te mātāuranga, ā, me te whiwhinga mahi. Ka whakapua kina he whakairo e ētahi kaiwhakatakoto tāpaetaanga, kia whakamahia ngā kaituku mātāuranga (ārā, ngā kura, ngā whakaarakanga kōhungahunga, me ngā hai kura) hei wāhi tukunga ratonga hauora, ratonga pāpori kīte whahai i te pāpātanga o te pōharatanga i te mātāurangang o ngā tamariki Māori. Ki ō mātou whakairo, e noho pai ana ngā kura ki te kawa i te ātūranga nei nā te mea, i te nuinga o te wā e mahi pērā ana ngā kura hei pokapū hapori, ā, kua mārō kē ngā hononga ki te whānau. Ki tō mātou whakapono mō ētahi ratonga e whakahaere ana i aua ratonga mai i te kura, me kaua rawa te pūtea āwhina mō ngā whakahaere whakapuanga utu e puta mai i ngā pūtea o te kura. Ka whakapono anō hoki mātou, me mārō tonu ngā hononga pokapū hapori ki ngā kaituku o Whānau Ora.

Ka mahara tonu mātou ki tērā, arā, ka whakapūtahi ana ngā ratonga—e pā ana ki te mahi pāpori, mahi tohutouho, mahi whakarite pūtea, te hauora, me tētahi hapori kura, ka whai wāhi ngā kaituku taurea. Ka taukoto mātou i tētahi ahunga kaha kē atu “te whakaurunga”, kia taea ai ngā āwhina tika katoa mō te whakapai hua ake mā ngā tamariki Māori te whakauarua, ā, te tuitui. Kīhau mātou e whakapono kia kirimanahia aua ratonga ki ngā rōpū whakahaere taketake-mai-i-te-iwi anake.

**Hauora**

I te nuinga o te wā, ko te pai o te hauora tētahi tikanga-tōmua o te whakatutukitanga akoranga, o te whiwhinga mahi, ā, o tētahi umanga mahi momoho. Tua atu i tērā, mā te whānui whānuitanga o ngā whakakaaaretanga āhanga, pāpori, ā, taha tiaiao e whakatau te hauora me te oranga tangata. Nā reira, he tūranga nui tō te rāngai hauora ki te whai ake pōharatanga.

Kei te mārama mātou ki tērā e mea ana, e ai ki ngā whakataunga o te *New Zealand Children's Social Health Monitor Update 201*, he hononga tō ngā tikanga āhanga me te oranga tamariki Māori. He whanaungatanga kei reira i waenganui i te tūranga āhanga-pāpori me te oranga, kia tino aronga kōhukihukinga; ā, ka hiahiatia ngā ūnga kia tētahi kaupapa here wā-roa kia pūmāu ai ngā whakahouhunga hei painga mō te ao o ngā tamariki Māori. I roto i ngā whakahouunga ki te tuaivi, tērā pea he painga kei reira mā ngā tamariki Māori, ko te whakatina taura tahi kua kōtuwhiua tērā, ko te whakatakoto hauanga mō ngā hua puta noa i te rāngai kāwanatanga tērā, ā, ko te whai ake i ngā papātanga kino o te pōharatanga tērā.

He huhua te māhā a ngā tāpaetaanga i whiwhi i a mātou nō mai i te rāngai hauora. He maha noa i kōrero ake mō ngā tūrohutanga e pā ana ki te hononga i waenganui i te pōharatanga me te māuiui a ngā tamariki Māori, i whakatakoto tūrohutanga rānei mō te hononga i waenganui i te pōharatanga me te māuiui o ngā tamariki Māori.

He rite, he kawekawe te whanaungatanga i waenganui i te piki o te takaonga, ā, me te hē haere kē atu o te hauora me ngā ēne i te tū āhuatanga whakaharara, tae ata atu ki te poto kē o te wā ora, te teitei kē atu o ngā tere matemate, ā, me te teitei kē atu o ngā tere kai paiapa. (tā *Health Hawke’s Bay*)

Ka whakapuaki a *New Zealand College of Public Health Medicine New Zealand* i te whakairo mā te katoa-o-tētahi-ahunga kāwanatanga e whai ake te whakakorehanga o te papātanga pōharatanga, ā, me tētahi arotakenga e pā ana ki te hanganga ture tupeka me te waiapiko. Ka whakatakoto hoki te kāreti, he mea pou mā ngā tamariki Māori te whiwhi whare pai, whaea
Putanga ki te tiaki hauora

Ki tō mātou whakapono, kia tino pai kē atu ai te ao o tētahi tamaiatē ā-tōna wā, me pai kē atu te putanga a te whānau ki te tīkiai hauora matua rawaka, ā, me te mātauranga tika i te hauora o tā rātou tamaiatē (tā te Māori Party National Council). Ko tērā kai arotahinga e te huhua o ētahi tāngata whakatakoto tāpateanga, ko te whakahapai a i te tukunganga ratonga ki a Māori mā. Ka whakapuakina e te Royal New Zealand College of General Practitioners te whakaro me whakangungua ētahi tōkanga rongoā marea ki tētahi ahutanga e hāngai pū ana ki a rātou mahi, kia pai kē atu ai te mahi i te taha tūroro Māori, ā, kia mahi haere kē atu te Kāwanaotanga ki te hoatu tīkiai hauora kore utu mō ngā rā e 7/i ngā hāora e 24, mā ngā tamariki Māori katoa ō raro tau e ono. Ka whakapuakii te Hutt Valley DHB Consumer Kaiitiaki Group i te whakaro, arā kē noa atu te haumi ki hiahiaia kia māhā kē atū ai ngā tākata rongoā hauora kore utu piano te rātonga i tōnga hokī ki ō rātou; ka whakapuatainā hoki e te Hutt Valley District Health Board Consumer Kaiitiaki Group te karanga, kia kāhā kē atu te haumi i te hauora hinengaro tu ruaia-taketake-mai-i-te-hapori, ā, me te haumi te tukunganga ratonga whara mā te tāiohī me ngā punua pakeke, tae atu ki te maha kē atu o ngā kaimahi i ngā whare makatea, whare rongoā.

Ko te tikanga o te tuku pai i ngā rātonga hauora, ko te whiwhi ratonga tika i te wā tika, ā, ko te tuku ratonga mau rua kore, ā, me te whakapūmā ki te whiwhi tātou i ngā hua e tūmakanohia rā e rātou.

Tipakohia ai e ngā tāpateanga te hiranga o te moata me te ngāri o te whai putanga, otorā, ki te tīkiai hauora tuatahi ake, ā, me te mātauranga kōhungahunga ake. Ahako a ko te utu tētahi o ngā ārai e whakatauki ana i te tāngata o te wā, arā anō ētahi atu, ngā hāora e tuwhera ai ngā rātonga, o rātou wāhi whakanōhanga, ngā waka kawenga, ā, te taretare o te whakawhitiranga kōrero, whakawhitiranga whakaroa a ngā pokapū o te rāngai-hauora, a te hunga ngaio. Ka whakapuakii a Rape Crisis Dunedin i te whakaro, hei whakangāwari i te papātanga o te pōhara me te kore ārite, me whai putanga ngā tamaiti Māori katoa ki te tikiai hauora kore utu, ā, me kitea he tākuta, he hēhi e mahi ana i roto ia kura. Kei te māhahara mātou ki te maha rawa o ngā rātonga hauora, i ngā tahiwhiwa tuawhenua ake, me uaua rāwa mō ō tāhua e te whai putanga atua. Tērā pe a mā te whakaroa atu i ngā hāora māhi o te rātonga, kia tau ai ki ngā matea o te whānau, e pai kē atu ai te whai putanga, ā, tērā pe a mā te hoatu rātou ratonga nekenke, ki ngā wāhi tūhāhā ake, ki ngā wāhi he iti-rāwa-te-moni whiwhi, ā, he whāhūtia noa ngā kōwhiringa waka. He rātonga aro matawai mana pou momoho tā Kapiti Coast, ā, o e tākia ai he kaiwhakautu tuatahi ki ngā waewae mō tētahi āwhina mai i te kāinga. Ka taea tēnei kōkiringa hou te whakatoro atu ki wāhi kē.

Me kaha ngā tamariki Māori katoa ki te whai putanga ki te tīkiai hauora tuatahi i a rātou e hiahia ana, i te wā ranei e hiahiaia e rātou. Ka tautohe a YouthLaw kiwhakatōrototia atu i te tīkiai hauora kore utu mō ngā hāora ā-muri mahi mā ngā tamariki Māori me te rangatahi, kia whiwhi pa i ai ngā tamariki Māori o ngā whānau e ititi-te-moni whiwhi. Me kaha kē atu te tautoke Ko tērā ka hiahiaia hoki hei whakamana whānau ki te hoatu taitao hauora pai mā ō rātou tamariki Māori, ko te kaha kē atu o te tautoke mā ngā kaupapa here, mā te kaha kē
Wawaotanga moata

Wawaotanga moata

Ko tā ētahi tāngata whakatakoto tāpaetanga i mea ake, kia whakapikia te hāngai kē ki runga, ā, ki roto i te haumi, te āraitanga me te moata o te āraitanga ki te atawhai i te whanaketanga o te ohinga tauake. Ko tūtohu a Lakes District Health Board i aua haumitanga, ā, ka pērā anō a Liggins Institute me te National Research Centre for Growth and Development (o Te Whare Wānanga o Tāmaki Makaurau).

Ka whakaae mātou he take āiritarita te moata o te wawaotanga ēŋari, ki tō mātou whakapono ka hiahia hei mea āwhina tamariki Māori mōrea rawa atu. Ka taea e ngā kaituku ture, mātauranga, ratonga pāpori, hauora hoki te whakātūtūtū te moata o te wawaotanga. Mehekea kei tō pono tō tātou whakapono ki te whawhati i ngā huringa titiro whakaroto-o-te-reanga, ki a mātou nei me tīmata i te wā tonu e hapū ana te māmā me te hoatu āwhingatanga mua noa atu i te wā e whānau ai te pēpi. Tīmata ai te hauora pāi mā ngā tamariki Māori i te tiki kōkātanga kounga-teitei, ā, me ngā wawaotanga tika i ngā tāu e pakupaku tonu noa ana i te tamaiti. I whakararatia ake te take nei e te maha o te hunga whakatakoto tāpaetanga i runga i tō rātou māharahara, kīhāi ngā tamariki Māori i te whihi ritenga tūtūrū o te tīkanga hauora; whakapuaki ai te taunakitanga i te whakaaro, ko te whānau me ngā matea nui rawa atu te hiahia, ngā mea iti rawa atu pea te whakaware ratonga kia tūtaki a i a rātou.

Mā te whihiwhi a ngā māmā kei te hapū i te tiki hauora kounga-teitei, me ngā kai tōtika, e whakapūmāu ai te pai o tō rātou ake hauora, ā, o ō rātou pēpi hoki. Mā te tiki mua mai-o-te-whānautanga, e tukua ai ngā kaituku tiki hauora ki te whakawhanaunga atu ki ngā māmā me te whānau, kia kaha atu i tā rātou hoatu i te āwhina kei a rātou, ka whānau ana te pēpi. Mā te moata o te wawaotanga e taea ai tētahi aro matawai matea whakawhitanga-rāngai te whakahaere, kia mārama ai ngā kaituku tiki hauora ki ngā matea o ia o ia whānau, otirā, ērā ake a taua hunga, kaha rawa atu te whakaraeae.

Ko tētāhi momo kōkiringa hou wawaotanga i rongo kōrero mātou, ko tērā mō tētahi momo kōkiringa wawaotanga moata e pā ana ki te whakaurunga tokowhā i te pūnaha tīkanga hauora, i te whānautanga—i runga rēhita āraeinga mate puta noa te motu, i te taha o tētahi kaituku Well Child, kaituku oral health, ā, i te taha o tētahi kaituku tiki hauora matua. I auahatia te kōkiringa hou, e whakamahia ana i te wā nei i ngā wāhi poari hauora takiwā e toru, kia tae atu ai ki te hūhua peā o te maha o ngā tamariki Māori, i ngā whānau moata rawa atu o tō rātou tamarikitanga. Ko tētahi atu hoki hei kati i ētahi o rātou, “ka taka atu ana i ngā piareare”, i ngā wāhi whai tikanga wharotanga ratonga. Hari koa ana mātou ki te rongo kei te mahi ngā poari hauora takiwā katoa e toru kite whakatinana i te pūnaha whakaurunga tokowhā.

Te tiaki me te āta whakaaro i te whānautanga-mua mai, me te whānautanga-muri atu

Ka whakaae mātou, he pai kē ake mō ngā hākoro me ngā tamariki Māori ki te āta whakaaro hāputanga. Te tikanga mō tērā, kia āhei ai ngā hākoro ki te āta whakariterite he aha ngā kōwhiringa me ngā mea angitu mā rātou, tae atu ki te whakaaroaro i ngā haepapa kei roto,
mua rawa atu i te mea me noho whāngai ngā tamariki Māori mā rāua, ngā hākoro. Ahakoa ka āta whakaaro hia ngā hapūtanga, ka kore rānei, me āta titiro tonu ngā whānau katoa mehemea kei a rātou ngā rauemi ka hiahiatia e rātou kia pai ai tā rātou whakareri ki tā rātou ka taea.

Ka whakaae mātou, he maha ngā punua hākoro ka nōnoke tonu rātou ki te kore he hapūtanga e āta whakaaro hia. Me tino mārama rawa atu rātou ki ngā āhuatanga katoa o te hapūtanga i te mea, mea āwhina katoa ērā hei whakaheke i te tūpono hapū noa o tētahi kōtiro taitamariki, ā, me te whai putanga ki ngā ratonga tautoko ka tūpono hapū noa ana he kōhine.

Ko te tīra i rongo mātou, he tino kaha kē te iti iho o te pāpā hapūtanga i waenganui tama āwhine i Hōrata, ki ērā i ngā whenua kua mārō kē te tū. He māhorahora, he whai kikō ngā kōrero-rerotanga ka whakahaere i te wā e tamariki tonu ana ngā kōhine me ngā taitama mō te hapūtanga me te onioni, Kāore ngā tikanga e pā ana ki te hapūtanga me te onioni, ngā tika me ngā haepapa e pā ana kīte onioni e whakawehea. Ka tūtou pūtea āwhina mātou mō ngā kōkiringa hou hei whakaheke i te hapūtanga o te tama kōhine, ā, me te hoato tīaki kouna-teitei mō te hapūtanga-mua mai, mā te whakamahi taunaktanga nō konei, nō tāwāhi e mea ana, he aha ngā whakaharatapai.

Ko te tino tikanga e pā ana ki te whakaharatapai pā rawa, me whai putanga te katoa o te āwhine kō whānautanga-whai mua kua oti te hoahoaia-paingia, e ai ki tā Public Health Association of New Zealand kua tūtou; te tīaki me te mātāuranga whānautanga-whai atu (tā Waitakai Child and Youth Mortality Group); ngā ratonga hauora, ratonga pāpori kounga kua-tākaia-tahinga mā ngā āwhine hapū (tā te Tairāwhiti DHB (Population Health Division); ētahi atu whakawaretanga tōtika i Plunket, i ngā ratonga rite tonu rānei (tā Plunket); ngā hōtaka whakahiato kōhungahunga (tā Public Health Association of New Zealand), ā, me te pūtea āwhina mō te whakawhānuitanga wāhanga tōtika mō te hākorotanga taitamariki.

Kei te mōhio mātou ki te heke o te korahi o ngā āwhine Māori e whakamahi ana i ngā ratonga tapuhi. Ka hiahia kā kō whāhanga kia ki te hiki ake i te hia kē o ngā āwhine Māori hapū e whai putanga ki aua ratonga kia whiwhi hua pāi ake mā ngā māmā me ngā pēpi.

Kei te mōhio anō hoki mātou me te pāpōuri ki te ititi o ngā kaituku tapuhi Mā ori. Ki a mātou nei, i te wā e whiwhi tapuhi ana ngā āwhine hapū, ka kaha kē atu tā rātou whakawaoa noa atu i ngā ratonga tīaki hauora matua.

Ka whakapono hoki mātou, ka whai painga te hauora o ngā māmā Māori mā te whakahonohono atu anō i te whānau ki ngā whakaharatapai hauora Māori tukungia iho, pēr ā i te tanumia whenua me te pito.

Mā tētahi ahungaroa ko te whānau-kei-kainga e kītea ai hoki peha ke torohanga atu o te tauira “kuia” ka whakamahiria mā roto i Te Rōpū Wāhine Māori Toko-i-te Ora. He āhuatanga tērā e kawe ai tētahi nēhi kōkaitanga i te tūranga tauira, kaiakopono, tumu kōrero mō te whānau ki te tīaki i te māmā me te pēpi mō ngā rā tuatahi e waru, whai muri i te whānautanga (ko te tauira Kaamzorg Holland tēnei ēngari, ka riro mā te kaiwhakamahi e utu).

Ko te ūkaipō te timatanga pai rawa mō ngā tamariki Māori

Hōmai ai e te ūkaipō ngā tipuranga painga mō te pēpi me ō rātou māmā. Ko te miraka ūkaipō te kai hauora, tōtika rawa mā ngā pēpi, hōmai ai i tētahi take manaaki matua mō te
hauora o tētahi tamaiti. Āwhina ai hoki te whāngaitanga mā te ūkaipō i te tipu o tētahi herenga mārō o tā te māmā ki te tamaiti, whakapai ake ai hoki i tētahi whanautanga rata, tiaki whai tikanga rawa ki waenganui i te māmā me pépi mō te wā roa, mō te wā poto.

Whakamārama ai ngā tuhiinga ō-mua a Te Pēhi me ētahi atu mō Māori mā, ko te whāngai ūkaipō i te pépi te tikanga anake i mua i te wā i noho taiwhenua ai a Aoteaaro no Ingarangi, ā, i te nuinga o te wā mō ngā marama e hia kē nei. I te nuinga o te wā, kia kōwhiri rā anō te tamaiti kia mutu.

Ēngari, i te nuinga o ngā wā o nā noa nei mua taka te whāngaitanga mā te ūkaipō a te nuinga o Māori mā, ki raro i tō te hunga kore-Māori. Ko tā Lakes District Health Board i kī, he nui rawa ngā rerekētanga o te nuinga o te whāngaitanga mā te ūkaipō i waenganui i a Māori mā me kore-Māori mā. Ka whakataukihi e rātou tā Plunket taruunga nō mai i te tau 2010, tērā ka whakatau mai i te katoa, i te motuhake ake o te nuinga o ngā whāngaitanga ūkaipō i ngā wiki e 6, i ngā marama e 3, e 6 mō Māori mā, e 54, e 41, ā, 12 ārau ake ki ērā e 75, e 61, ā, e 25 ārau mō kore-Māori mā. Kua kite anō hoki rātou i tētahi pikinga e pā ana ki ngā morea o te whakatakinga moata mai o te kai mārō ki ngā pépi. Ko te tikanga, ka tāpara kē aru pea tā ngā tamariki Māori, ki ngā kai mārō ka hoa to ki ngā tamariki kore-Māori mua mai i ngā Marama e whā te pakeke (tā NZ Health Survey o te tau, 2006/07). Ka whakapono hoki mātou, ko ngā pēhitanga pāpori e huna ana i te whāngaitanga ūkaipō ērā i tipu ake ai te riri ki ngā māmā me ngā pépi, ā, ki ngā māmā me ngā pépi Māori, nō mai anō i ngā rā o ngā tūpuna e whangai ūkaipō ana.

Kei te mattedau mātou ki te kaha o te whanaungatanga i waenganui i te piki o te morea o SIDS, me te mutu moata o te whāngaitanga ūkaipō. Ka whakatoko a Dr Elizabeth Craig, i tētahi arotakenga o nā noa nei o SIDS-e-pā ana ki te mōhiotanga, me ngā whakaharatanga tiaki pépi i waenganui i ngā māmā Māori i Tāmaki-kōti-makaurau ki-te-Tonga, i raro rawa te mōhiotanga o ngā māmā Māori ki tērā o ngā māmā Pākehā mō te āraitanga SIDS, ā, he maha kē atu ngā pépi Māori e moe tūranga ana, whakakupa ana rānei me te moata o te mutu o te whāngaitanga ūkaipō.

Tāpiri atu ki tērā, he mārama ngā hononga kei waenganui i te mutunga moata o te whāngaitanga ūkaipō me te māuiwi wā roa o ngā pépi me ngā punua tamariki. Kua kite a Manaia Health Primary Health Organisation i ngā take i piki ai te tūponotanga pāngia o tētahi pépi ki te mate ngorahi mehe mea kei raro ngā tau o te pépi i ngā marama e 6, kei te kōpiripiri rawa atu te kāinga i te tangata, kei te haere ngā tuākana ki tētahi wāhi tiaki i te rā, kei te rawakoretia nā tētahi āhuatanga ohia-mori, he tangata kaipaipea te māmā, ā, nā te kore whāngaitanga ūkaipō. Ko tā rātou i kī, e tuwhenatai ana ngā tamariki Māori nā tō rātou puare ki ngā take morea katoa nei mō te pāngia ki te mate ngorahi.

Kī a mātou nei, mehe mea kei taa, me whakamahia tonuitia e te Kāwanatanga te hihua noa atu o ngā ine hauora marea, ki te whakatenatena māmā Māori kia whāngaitanga ūkaipō ai, ā, ki te āwhina whānau kia tautoko ai i ngā māmā ki te whāngai ūkaipō i ā rātou pépi. Ka tūtouhia a Dr Cass Byrnes raua ko Dr Adrian Trenholme me tautoko, me whakawhānui ngā hōtaka kua kīte mea momoho i te mahi whakatairanga i te whāngaitanga ūkaipō ki waenganui wāhine Māori. Ka whakapuaki te New Zealand Nurses Organisation i te whakaaro me whakapikite te kāwanatanga i te pūtea āwhina kia rahi kē atu ai te nuinga o Māori mā e whāngaitanga ūkaipō ana, hei tautira, mā roto i ngā ratonga whakangote kua whakanohoa i te hapori, ā, mā te whakarahi atu i te ohu mahi o ngā kaikoako whakangote Māori.
Ohu māhi hauora Māori

Tohu ai ngā tāpetanga i te kōpaka o ngā ratonga Māori mō te waipiro, whakapōaaua, me te hauora hingararo mai Māori mā. Me whaitia ake tēnei mā roto i ngā māhi whakangungu, ā, me te kaha kē atu o te pārure pūtea āwhina kia mōhiotia ai ko ērā kē ngā whakapaunga utu tūturū. Ki tō mātou whakapono, he tino kaikē he hiahia kōtahi arotakenga tūturū mō te wharatonga ratonga hauora hingararo kua whakawhātitia mā Māori mā.

Ka tūtouhia mātou kia whanaketia he oho māhi hauora Māori mā roto iwi, mā roto i Te Punī Kōkiri, mā roto i Te Manatū Hauora, kia whakapikia ngā karahipihē e wātea ana mō ngā akomanga e āhei ana, ā, pārure ana i ētahi Māori i ngā kāreti, ā mē nga hapori pōhara.

Ka tūtouhia mātou kia kaha kē atu te whakatairanga me te whai wāhitanga i roto i te Te Pae Mahutonga, Te Whare Tapa Whā, ā, me Te Whēke. Ko ēnei ngā taurie te whakaatu ai i ngā tāurie Māori o te hauora me te oranga, ā, whakamahi tauria pūtaia ao, o te Ao Uru e ngākau mōhio ana i te whakamomori, ā, ki ngā aro matawai me te wawaotanga hauora hingararo.

Ka tautoko hoki mātou i ngā ine whakaminamina mai i ētahi atu hunga hauora ngaio me te whakangungu i a rātou, ā, me te whakangungu a ngā kaumātua i te hunga ngaio e pā ana ki te hauora, ngā ākonga ka mutu mai hei tākuta mate pōrangi, hei tohunga hingangaro tangata, ngā nēhi, ngā tumu kōrero, ngā mirimiri tinana, ngā kaihauarau, ā, ngā kaimahi pāpori. Hei tauria, a Tāmati Kāwai, tērā kaumātua hoatu whakangungu tīkanga ai i te Marae o Ōrōngomai, i Whakatiki, ā, hoatu whakangungu tīkanga ai mā ngā ngaio me ngā ākonga hauora o Te Whare Wānanga o Ōtākou.

Tuhituhi me te pānui i te hauora

E ai ki te tīkanga, he taretare te tuhituhi me te pānui a ngā tangata o Aotearoa i te hauora. Kia tutuki ai te whāinga e pā ana ki tētahi whānau momoho, ā, kua whakamanahia, ki tō mātou whakapono, me hikia te tuhituhi me te pānui i te hauora ki tōna taumata. Ahakoa he aha te mātauranga tuhituhi me te pānui i te hauora, me whakanohoa katoatia ki runga kaupapa Māori, ā, me whakawhitiwhiti te kōrero me te whakaaro mā tētahi huarahi e ahurea ana, e tika ana. I runga i tēnei whakaaro, ka āhei te rāngai hauora ki te māhi i te taha hunga kaiwhakaako, i te taha o ngā rōpū whakahaere ki te kimi huarahi pai rawa atu ki te pāho atu i ngā kōrero hauora whai tīkanga, ā, me te tautoko i ngā pūmanawa o te whānau ki te noho hauora. Mā te whakawhitiwhiti kōrero whai tīkanga ai mō te hauora ki ngā mema katoa o tētahi whānau, e whakamanahia ai rātou ki te tautoko i te hauora o ō ōrātou ake tamariki Māori. Ka tautoko mātou i nga kaitukutu hauora e hoatu āhuaatanga tiroti takihi ana mā ngā mema katoa. He pai ake tēnei tū āhua hoatu tautoko ki a mātou, ki te kītikite hunga takitahi me tō rātou kotahi anake.

Noho ai te maha o ngā iwi, hapū, whānau i ngā wāhi tua whernua, ā, whai putanga ai ki te whernua. Ko te tīkanga kia whakatanetanga ngā hōtaka i te whakanaonga me te kainga o ngā kai hauora, nō mai i te maara ki te tēpū. Ka kaha ngā hōtaka nei ki te whakaako me te whakatu kōrero ki te whānau mō te kai tika, mō te kai whakakaha, ā, ka kaha ki te mahi i te taha kaituku tiaki hauora ki te whakapai ake i te tuhituhi me te pānui i te hauora. Tua atu i tērā, ka kaha pe a kāwhanatanga ki te hoatu pūtea āwhina mō ngā hekena utu, mō te whai putanga mā tētahi kāri kākama, mō ngā kai hauora mā ngā whānau he iti rawa te moni whīhi a ngā whānui.

He huhua ngā kaiwhakatakoto tāpetanga i whakapuaki huarahei e taea ai te whakapai ake i te mana hauora o ngā tamariki Māori, waho mai i te hōkai o te pūnaha tiaki hauora. Ko ētahi
Te tupeka

Mārama ana te kīte atu ko te kaipāipa te mea māharahara rawa ki te hauora, ā, i rongo whakapuaakinatanga mātou nō mai i te maha o ngā rōpū whakahaere ratonga whakamutunga, ā, ngā whakamataaratanga a te hunga pāpāho e whakatairanga ana i ngā auahi kore motokā me ngā auahi kore whare, ka pārure taiohinga, wāhine hapū, ā, hākorō Māori. Ka tūtōhu te Hawkes Bay District Council Board e tautoke ana a ia i ngā wāhi auahi kore mā ngā tamariki, ā, mā ngā wāhine hapū; ka tūtōhu pūtea āwhina rawaka te Cancer Society’s Wellington Division e pā ana ki ngā ratonga whakamutunga ka pārure taiohinga, wāhine hapūm ā, hākorō Māori mā ngā whakamataaratanga papatipu a te hunga pāpāho; ka tūtōhu kaupapa here te Cancer Society’s National Office me tana Social and Behavioural Research Unit (o Te Whare Whānanga o Ōtākou) hei whakatatenata whānau kia auahi kore ngā kāinga me te whakapāumā, kia kore ngā tamariki e whai putanga ki te tupeka; ka tautoke te Public Health Association of New Zealand ētahi atu ine kia kore ai te tupeka e mominga, tae atu ki ngā motokā aua kore, ā, kia kaha kē atu te tautoko i te whakamutunga mā ngā wāhine Māori i te wā o te hapūtanga, me te wā whai atu.

Kua uiui kē te komiti i mua atu mō ngā pāpātanga o te kaipāipa ki runga i a Māori mā, ā, he huhua noa atu ngā tūtōhuwhanga a te hunga whakatakoto tāpae tanga kua whaitia kēngā ake i te pūrongo i whai ake. Ko tērā kua kīte mātou, he huhua tonu o aua tūtōhuwhanga i tautara pūrongo kua nekea whakamuaia e te Kāwanatanga.

Whiwhinga whare

Ko te whiwhi whare mahana, ā, he ngāwari te utu ngā mea nui hei whakapāumā, ka tutuki i ngā punu Māori ngā hua tauake i te wā e ora ana. He maha ngā tāngata whakatakoto tāpae tanga, i whakapuaiki māhara mō ngā pāpātanga o te whare taretare ki te hauora o ngā tamariki Māori. Noho ai te maha o ngā tamariki Māori i ngā kāinga kua rihiitia, ā, i te nuinga o te wā kāore i te tākinaitia painga. Ka hua mai i ngā whare mākari, whare haukū te māuiui, he tahumae o ake. Ka māuiui ana ngā tamariki Māori kua ngoikore, kua pau te hau. Ka pāngia te hauora o ngā tamariki Māori e noho ana i rito whare kore hauora mō te wā roa. Ka ngoikore kē atu nā ngā āhuatanga, kā pāngia anōtia e ngā mate pērā i te hūango, i te taringa kāpia. Ka pāngia tō rātou oranga e pā ana ki te akoranga, ki ngā kare-ā-rito.

Ka whakatatenahia e te whare taretare te āhuatanga tūao. He nui te wā e neke ai te wāhau i a rātou e rapu whare pai ake ana. Ka whakakōroiroi e tēnei te kitenga mahi, te pupuri mahi, ā, ka tauerakia te kurainia o ngā tamariki Māori. Ka tino kino te pātanga o tō rātou oranga, ahakoa aha, ki te pērā rawa te pāhekeheke tanga.

Kua tūtōhu a Manaakitia A Tātou Tamariki kia riro mā te Kāwanatanga e arataki te wharatanga i te whiwhinga whare a te pāpori hei whai ake i te matea a ngā tamariki Māori, mō terahi wāhi noho pūmā. Ka whakapua kina e ia te tirohanga, nā te noho o te haumi-ki-raro i te takiwā whiwhi whare o te marea, kua tino kino rawa atu te āhua mā ngā tamariki Māori. Kāore rawa hoki ngā whare he ngāwari te utu mā ngā āhuatanga, he iti rawa ngā moni whiwhi, i te wātea tata i te nuinga o te wā, ki ngā kura, ratonga, me ngā rori haerenga waka. Ki tō mātou whakapono, he take tēnei ka hiahiatia he tūhuwhata i tua atu, ā, ko te hiraunga, mā tētahi ahunga whakatakoto maherem, kia whakakotahitia i te taumata kāwanatanga ā-hau kāinga, ā-warengui, hei whai ake i ngā matea nei.
I waenganui i ngā tirohanga i rapuhia, ko ngā tūtohuangā mō te wharatonga i ētahi atu whare kāwanatanga haumaru, mahana mā ngā whānau matea, ā, i ētahi atu tautoko mō ngā whānau kia hokona mai he kāinga mō rātou ake

Nā, ki te kawea he ahunga, ko te whānau-kei-waenganui, ki ngā kāinga he ngāwari kē atu te utu mā rātou, me tītiro atu tātou kī ngā kaupapa papakāinga whiwhi whare huri noa te motu, ā, me te whakatauki i te hiahia kia haere tonu, kia whakawhānuitia atu te angitu o ngā kōkiringa hou nei e ēhara anake, kia tutuki ai ō rātou matea ēngari, kia noho tata kē mai ai te whānau. Ko te whiwhi whare tētahi wāhi i whakapuakina ai te whakaaro, e kaha ai pea ngā kaporeihana Māori ki te tuku tautoko pērā i ngā takuhe haumi whare, ā, mā te hanga kōwhiringa pērā i te kaupapa pūtea taurewa kāinga whenua.

Ki tō mātou whakapono, ka hiahiaia te āhwhina nō mai i te kāwanatanga, i te iwi, ā, nō mai i ngā kaitiuku o te ratonga pāpori whiwhi whare, tua atu i ngā rangatira whenua tūmataiti, hei whakapai ake i ngā rawa rhi whare. Kua eke ki te wā e tīmata ai te tītiro ki waho o te pouaka, e tītiro ai ki ngā kōwhiringa pērā kī ngā hua a Te Tumu Paeroa, kīte whakatū whare mā ō rātou ake tāngata hei haumi.

**Te kōhunu me te tūkino tamaiti**

Ko te teitei rawa o te kōhunu me te tūkino tamariki Māori tētahi take me tino whaitia ake e tātou. Āra noa atu te huhua o ngā take i kōhunuitia ai te tamaiti. Te pōharatanga, kei raro ngā taumata mātauranga, te kore mahi, te pāhekehekeko te noho i te kāinga, te māuiui o ngā hākoro, mā ēnei katoa te morea o ngā tamariki Māori e piki ai. He maha ngā hanga o te kōhunu. Ko tōna whānuitanga e pēnei ana, atu i te mahue noa, te kore tiaki, tae atu ki te tūkino whare. Mā ēnei katoa te mea whanui-kei-waenganui, ki ngā whare kāinga whenua. 

Ka kī mai tō mātou mātanga kaiwhakamaherehere kī a mātou, e 125, 000 huri noa, ngā whakauturanga i whiwhi i a Child, Youth and Family i te te tau 2009/10; kīhai he mahi i tua atu i hiahiaia mo te haurua o ēnei. Ka mea mai anō hoki a ia ki a mātou, e 46 ōrā tata atu pea o ngā kiritaki a CYFS clients he Māori.  

Ko te tikanga, kore rawa a Child, Youth and Family e kawe i āna ake wawaotanga kēhi mahi; tata pea ki te 5 ōrā anake o āna kēhi tūkino, hē rawa atu ka hōmai e ia he wawaotanga tūturu ka haere-tonu i te mea, he ititi rawa āna kaimahi ki te whai ake i ngā take katoa, kia tere hoki, kia pia ake hoki.

I rongo mātou, he pākari te Care and Protection Framework a Aotearoa ēngari, kei te mōiti ngā hōtaka pākari pai rawa, otiara, ngā hōtaka mō ngā whare pakupaku ake. Kei reira anō ngā kāinga tiaki, whakamarumaru tamariki Māori whakaraerē mō te whānau katoa. Kei te mōhio mātou, ēhara i tā Child, Youth and Family tiaki te haepapa ki te whakapakari, ki te whakamaimoa rānei i te whānau.

Heoi, kī a mātou nei ko tōna tūranga tētahi take me āta tirotirohia anōtia. I te tau 2011, o ngā tamariki Māori e 4, 238 i kitea e Manaakitanga A Tātou Tamariki i waho-whare-tiaki i te tau 2010, e 45 ōrā anō hoki o ō rātou tēina i tangohia mai i mua, i ō rātou hākoro, kaitiaki rānei e Child, Youth and Family. E 52 ōrā o ngā tamariki i tā Child, Youth and Family waho-whare-tiaki he Māori, ā, o ngā tamariki Māori i pāpāanga e ngā custody orders i te tau 2010, i raro iho i te haurua (e 45 ōrā), he tēina ō rātou i mua i tangohia. Ko tā ngā whika e tohu mai ai, ka wawao ana tātou i te taha o ngā tamariki Māori tino whakaraerē nei, kāore tā tātou huarahi tango mai i a rātou i te tika.
4 Te whakamutunga

I akiakiainga mātou e ngā kōrero tauake i rongohia i te wā o tā mātou pakirehua i te kaha, puta noa i Aotearoa, ki te whakapai ake i te oranga o ngā tamariki Māori. Ka whakaae mātou, arā noa atu ngā mahi kei te toe tonu hei whakatutuki āngari, ki a mātou nei ēhara te tuma i tētahi e kore e taea. Ka tautoko mātou i tētahi ahunga mā te katoa, tērā ka whakaae ai he mema hira ngā tamariki o tō rātou whānau whānui, ā, whakamana pakeke ki roto i tō rātou ao, ki te kawe i tētahi tūranga arataki ki te whakapai i te oranga o ngā tamariki.

Ka tautoko mātou i te whakamahinga o ngā kōkiringa hou pingore, rata whakawhitinga kāwanatanga, i poua ki roto Māoritanga, hei tautoko, hei mea ārahi whānau Māori ki te hanga whakarerekētanga tauake ki roto i te ao o ō rātou tamariki. Ko Whānau Ora tētahi tauira toitū o tētahi kōkiringa hou pērā, ā, ka tautoko mātou kia whakawhānuitia atu ā tōna me ngā rōpū whakahaere kōre-kāwanatanga, ki te tautoko i a Whānau Ora me ētahi atu ahunga rite ka mahi ana i te taha whānau Māori whānau, ā, ka whakatenatena anō hoki i ngā kohinga nei ki te whakahou anō hoki i ā rātou ake hōtaka, ki te whakamahī me te tautoko i te manaakitanga me te whanaungatanga i roto i te whānau e mahi ana rātou i te taha. Ka whakapono hoki mātou me tino whakaae ngā kōkiringa hou nei, he hononga tō Te Tiriti, ā, mā tērā hoki ngā pokapū kāwanatanga me te whānau e herea ai kia mahi takitahi.

Ko te pōharatanga tētahi take nunui i roto i te oranga o ngā tamariki Māori, ā, i te nuinga o te wā, he pāpātanga tōmino tōna i ngā wāhi katoa o te ao o tētahi tamaiti. Ki tō mātou whakapono, he painga mā ngā tamariki te neke whānau ki waho mai o te pōharatanga, ā, tuku ai i te whānau ki te whakatū tūāpapa mārō hei hanga ao tauake mō rātou ā tōna wā.

He pānga mō ngā tāngata katoa o Aotearoa, te whakapai ake i te oranga o ngā tamariki Māori. Ka karanga mātou ki a rātou katoa mā, mō tō rātou tautoko i te mahi whai tikanga nei ki te whakapūmā, i tētahi ao mārama ake mā ō tātou tamariki, me te katoa o Aotearoa, ā tōna wā.
Tāpiritanga A

Huarahi o te komiti

I tāna hui i te 28 o Mahuru i te tau, 2011, ka whakatau Te Komiti Whirīwhiri Take Māori, kia whakahaere he pakirehua mō ngā whakatakotoranga o te oranga mā ngā tamariki Māori. Ka puta te karanga a te komiti mō ngā tāpaetanga a te marea mō te pakirehua. Ko te 16 o Poutū-te-rangi i te tau, 2012, te rā katinga mō ngā tāpaetanga. E 117 ngā tāpaetanga i whiwhi e te komiti, nō mai i ngā rōpū whakahaere me te hunga takitahi kua whakarārāngitia rā i Tāpiritanga B. E 60 ngā tāpaetanga ā-waha i rongohia e mātou i ngā whakawātanga taunakitanga i Te Whanga-nui-a-Tara, ā, i Tāmaki-makau-rau. I hui te komiti i waenganui o ngā rā, atu i te 28 o Mahuru i te tau, 2011 ki te 11 o Hakihea i te tau, 2013, ki te whakaaroaro i te pakirehua.

I whiwhi whakamaherehere mātou, nō mai i Te Puni Kōkiri, Te Manatū Hauora, Te Tari Taiwhenua, ā, Te Manatū Whakahipoto Ora.

I whiwhi whakamaherehere hoki mātou, no mai i tētahi mātanga tū wehekē, ko Kitty McKinley MNZM tērā.

Ko ngā mema o te komiti, ko

Hōnore Tau Hēnare (Heamana)
Te Ururoa Flavell
Hone Harawira
Claudette Hauiti
Brendan Horan
Hōnore Nanaia Mahuta
Katrina Shanks
Rino Tirikātene
Mētīria Tūrei
Nicky Wagner
Meka Whaitiri
Jonathan Young
Taunakitanga me te whakamaherehere

Te hunga whakatakoto tāpaetanga
Action for Children and Youth Aotearoa
Action on Smoking and Health New Zealand
Alcohol Healthwatch
Andrew Sheldon Crooks
Angela Duthie (on behalf of Pōmare School students)
Aotearoa New Zealand Association of Social Workers
Asthma Foundation
Cancer Society of New Zealand (National Office)
Cancer Society Social and Behavioural Research Unit (University of Otago)
Cancer Society Wellington Division
Carl Chenery
Child Poverty Action Group
Children’s Commissioner
Christine Hāwea
City of Manukau Education Trust
Community and Public Health West Coast
Dame Iritana Tāwhiwhirangi
Deborah A Yates
Directions Youth Health Centre
Dr Amanda D’Souza
Dr Cass Byrnes, Dr Adrian Trenholme
Dr Elizabeth Craig and others
Dr Leland Rūwhiu
Dr Liz Gordon
Every Child Counts
Faavae Gagamoe
Families Commission
Franklin Baptist Church
Grace Coulter
Hāpai Te Hauora Tāpui, Māori Public Health
Hawke’s Bay District Health Board
Health Hawke’s Bay
Health Promotion Forum of New Zealand
Health Rotorua
Health Sponsorship Council
Hutt Playcentre
Hutt Valley District Health Board Consumer Kaitiaki Group
IHC New Zealand
Jigsaw Family Services
John Marcon
Just Speak
Ko Te Aroha Children’s Centre
Lakes District Health Board
Liggins Institute and the National Research Centre for Growth and Development
Lyn Louise Milnes
 Manaia Health Primary Health Organisation
Māori Party National Council Leadership
Mark D McNicholl
 Mental Health Foundation of New Zealand
Methodist Church
Mira Szaszy Research Centre
Moana Bell
National Collective of Independent Women’s Refuges
National Network of Stopping Violence Services
New Zealand College of Public Health Medicine
New Zealand Council for Educational Research
New Zealand Council of Christian Social Services
New Zealand Initiative
New Zealand Kindergartens Te Pūtahi Kura Pūhou o Aotearoa
New Zealand Medical Association
New Zealand Nurses Organisation
New Zealand School Trustees Association
Ngāti Kahungunu Iwi
Nick Wright
Novi Marikena
Nutrition and Physical Activity Service of Te Hotu Manawa Māori
New Zealand Educational Institute Te Riu Roa
Ohomairangi Trust
Pāhau Whānau
Peter Shuttleworth
Peter Zohrab
Pharmacy Guild of New Zealand
Post Primary Teachers’ Association
Poverty Action Waikato
Problem Gambling Foundation of New Zealand
Professor David Fergusson
Professor Elaine Rush
Professor M Innes Asher
Public Health Association of New Zealand
Public Health South
Quit Group
Rape Crisis Dunedin
Regional Public Health, Hutt Valley District Health Board
Royal Australasian College of Physicians New Zealand
Royal New Zealand College of General Practitioners
Royal New Zealand Plunket Society
SafeKids New Zealand
Smokefree Canterbury
Smokefree Coalition Te Ohu Auahi Kore
Social Justice Council of the Anglican Diocese of Auckland
Social Service Providers Aotearoa
South Auckland Family Violence Prevention Network
Steven Henry Whānau Trust
Strategic Expertise
Tairāwhiti District Health Board (Population Health Division)
Tāmaki Treaty Workers
Te Ora o Manukau Collective of Māori and non-Māori organisations
Te Puāwaitanga ki Otautahi Trust
Te Roopu Āwhina
Te Rūnanga o Ngāti Whātua, Raukura Hauora O Tainui, and Te Whānau o Waipareira Trust
Te Tai Tokerau Whānau Ora Collective
Tū Wāhine Trust
Unicef New Zealand
University of Auckland
Venerable Michael Smart
Violence Free Waitakere
Waikato Child and Youth Mortality Group
Wairarapa District Health Board
Waitematā and Auckland District Health Boards
WAVES Trust (Waitakere Anti-Violence Essential Services)
WellTrust Youth Alcohol and Drug Service
Wesley Community Action
West Coast Tobacco Free Coalition
Whānau Whakakotahi A Iwi Marae
Women’s International League for Peace and Freedom
YouthLaw Tino Rangatiratanga Taitamariki

Whakamaherehere
Nō mai i Te Tāhuhu o te Mātauranga e pā ana ki:
• Numbers and locations of Māori students
• Provision of early childhood education

Nō mai i Te Manatū Hauora e pā ana ki:
• Provision of GPs and LMCs
• Live births by District Health Board region and ethnicity 2007-2011
• Live births by territorial local authority and ethnicity 2007-2011
• Three priorities to alleviate poverty

No mai i Te Manatū Whakahiato Ora e pā ana ki:
• Children of beneficiaries
• Geospatial information on the Māori population
• Social Sector Trials extension
• Three priorities to alleviate poverty

Nō mai i tā mātou mātanga tū wehe kē, a Kitty McKinley
• Specialist adviser report
Nō mai i Te Puni Kōkiri e pā ana ki:

- Response to submissions
- Synthesis of submissions
- Three priorities to alleviate poverty

Whakamaherehere takitahi nō mai i Te Manatū Hauora, Te Manatū Whakahiao Ora, ā, nō mai i Te Puni Kōkiri e pā ana ki:

- Written responses to committee questions
- Universal and targeted funding approaches
Tāpiritanga C

Tohu-ā-kupu mō te takaonge o te oha-pori mā te hunga takitahi – Te Whare Wānanga o Ōtākou

NZiDep
An index of socioeconomic deprivation for individuals

Clare Salmond and Peter Crampton
Wellington School of Medicine and Health Sciences

and

Peter King and Charles Waldgrave
Social Policy Research Unit, The Family Centre, Lower Hutt

Aim: To identify a small set of indicators of an individual’s deprivation that is appropriate for all ethnic groups and can be combined into a single and simple index of individual socioeconomic deprivation.

Methods: The NZiDep index was derived using the same theoretical basis as the national census-based small-area indices of relative socioeconomic deprivation: NZDep91, NZDep96, NZDep2001 and NZDep2006. The index has been created and validated from analysis of representative sample survey data obtained from approximately 300 Maori, 300 Pacific, and 300 non-Maori, non-Pacific adults. Twenty-eight deprivation-related questions, derived from New Zealand and overseas surveys, were analysed by standard statistical techniques (factor analysis, Cronbach’s coefficient alpha, item total correlations, principal component analysis). The index was validated using information on tobacco smoking, which is known to be strongly related to deprivation.

Result: The NZiDep index is based on eight simple questions which take about two minutes to administer. The index is a significant new (non-occupational) tool for measuring socioeconomic position for individuals. The questions and scoring system are shown overleaf.

Conclusions: The NZiDep index has advantages over existing measures, including a specific focus on deficits, applicability to all adults (not just the economically active), and usefulness for all ethnic groups. Its strengths include simplicity, utility, acceptability across ethnic groups, criterion validity, statistical validity, external validity (measured with reference to tobacco smoking), and relevance to the current New Zealand context. The index is indicative of deprivation, in general, and is designed for use as a variable in research, and for elucidating the relationships between socioeconomic position and health/social outcomes.

For further information, please contact:

Clare Salmond: clare.salmond@xtra.co.nz  ph 04 476 8998
Peter Crampton: peter.crampton@otago.ac.nz  ph 04 918 6045
Peter King: king.p@fc.org.nz  ph 04 569 7112
Charles Waldgrave: waldegrave.c@fc.org.nz  ph 04 569 7112

June 2007
Questionnaire items for NZDep

The eight questions for the five-point individual-level index of socioeconomic deprivation are shown below. The order of the eight questions is not important, although they are listed here in decreasing order of occurrence. The simple scoring system is described after the questions. A suggested lead-in to these questions is: “The following few questions are designed to identify people who have had special financial needs in the last 12 months. Although these questions may not apply directly to you, for completeness we need to ask them of everyone.”

1. [Buying cheap food]
   In the last 12 months have you personally been forced to buy cheaper food so that you could pay for other things you needed? (yes/no)

2. [Unemployment] NOTE: defined as no for those 60 and over, and for full-time care-givers/home-makers, otherwise: In the last 12 months have you been out of paid work at any time for more than one month? (yes/no)

3. [Being on a means-tested benefit] NOTE: means-tested benefits were listed on a showcard (see below) Looking at Showcard 1, did you yourself get income in the 12 months ending today from any of these sources? (yes/no)

4. [Feeling cold to save on heating costs]
   In the last 12 months have you personally put up with feeling cold to save heating costs? (yes/no)

5. [Help obtaining food]
   In the last 12 months have you personally made use of special food grants or food banks because you did not have enough money for food? (yes/no)

6. [Wearing worn-out shoes]
   In the last 12 months have you personally continued wearing shoes with holes because you could not afford replacement? (yes/no)

7. [Going without fresh fruit and vegetables]
   In the last 12 months have you personally gone without fresh fruit and vegetables, often, so that you could pay for other things you needed? (yes/no)

8. [Help from community organisations]
   In the last 12 months have you personally received help in the form of clothes or money from a community organisation (like the Salvation Army)? (yes/no)

Creating the NZDep index

(1) Add the ‘yes’ responses (any missing data are counted as ‘no’).

(2) Re-code the count of deprivation characteristics into the following five ordinal categories (relatively few people will have the largest number of deprivation characteristics):

1. no deprivation characteristics
2. one deprivation characteristic
3. two deprivation characteristics
4. three or four deprivation characteristics
5. five or more deprivation characteristics

Showcard 1

- Domestic Purposes Benefit
- Independent Youth Benefit
- Sickness Benefit
- Invalids Benefits

NOTE: This list of means-tested benefits is current as of June 2007, but it could change in the future. This list deliberately excludes the unemployment benefit, which is means tested but is captured in the unemployment question.
Ngā whakaatū o te whakatiki – Pokapū Rangahau Kaupapa here, Whare Wānanga o New South Wales

TOWARDS NEW INDICATORS OF DISADVANTAGE PROJECT

BULLETIN NO. 2: DEPRIVATION IN AUSTRALIA

BY PETER SAUNDERS

INTRODUCTION

An article in an earlier issue of the SPRC Newsletter described the Left Out and Missing Out (LOMO) Towards New Indicators of Disadvantage project and presented results on the essentials of life. The project is funded by the Australian Research Council Linkage Grant Scheme and is based on a collaboration between the SPRC and our Industry Partner Mission Australia, the Brotherhood of St Laurence, ACOS and Anglicare, Diocese of Sydney. The research has generated new nationwide data that is being used to identify who is deprived (‘missing out’) and excluded (‘left out’) from the benefits associated with Australia’s current period of extended economic growth and rising incomes.

The data has been produced by two surveys conducted in 2006. The first was a national postal survey of 6,000 adult Australians, drawn at random from the electoral rolls. This was supplemented by a second survey targeted at those who used selected welfare services provided by the Industry Partner agencies. Both surveys were conducted over a three-month period in mid-2006. Welfare service clients were asked to complete a shortened version of the main survey when they accessed services – almost none of those approached refused to participate. The first (postal sample) was designed to build, for the first time, a comprehensive national picture of the extent and nature of deprivation and social exclusion in Australia. The second (client sample) is significant because the most vulnerable people are generally under-represented in postal surveys, and also because we wanted to find out more about the kinds of problems faced by welfare service clients, who are by definition doing it tough.

As explained in the earlier article, 2,704 people responded to the postal survey (a response rate of about 48 per cent), while 673 completed the shorter client survey. Further analysis indicates that the postal sample is reasonably representative of the population, although it contains more people over 50 than the population, whereas the client sample is dominated by younger people (under 30), because there are the age groups at which the services that were included are targeted. Together, the two surveys provide a very rich source of new data that are being analysed to gain a better understanding of the kinds of problems faced by those who have been left out and are missing out – those that the benefits of economic progress have thus far, failed to reach.

THE ESSENTIALS OF LIFE

Both surveys included a series of questions asking which among a list of items are essential in Australia today – things that no-one should have to go without. Participants were asked to indicate for each item:

1. Whether or not they thought that the item was essential for all Australians.
2. Whether or not they themselves had the item.
3. If they did not have the item, whether this was because they could not afford it, or because they did not want it.

The last question was only asked of those items that individuals themselves could buy; it was not asked of items like access to a public telephone, or to a bulk-billing doctor under Medicare that cannot be bought by individuals but are provided collectively by government.

The ‘essentials of life’ questions covered a broad range of items, activities, opportunities and other characteristics that previous research had shown to be associated with deprivation and social exclusion. The list of potential items included basic items (for example, a substantial meal at least once a day, heating in at least one room of the house), items that reflect or influence people’s connections with contemporary life (to be treated with respect by other people; a night out once a fortnight), items that people need at particular times in their lives (dental treatment; child care for working parents), and the ability to make use of key facilities and services (good public transport; and streets that are safe to walk in at night). Several of the items related specifically to the needs of children, including a separate bed for each child, a local park or play area for children, and up to date schoolbooks and new school clothes.

FROM ESSENTIALS TO DEPRIVATION

The definition of deprivation that has evolved from three decades of international (mainly British) research is an enforced lack of socially perceived essentials (or essentials). The first stage in identifying the profile of deprivation involves identifying the list of socially perceived essential items. As indicated in the earlier article, responses to the ‘Is it essential’ question were used to identify which items are regarded as essential by a majority of the population. This benchmark was taken as indicative of items about which there is a community consensus that they are essential. Only the postal sample was used in this stage, because we were interested in what the community as a whole regards as essential in modern-day Australia. Of the 61 items included in the postal survey, 48 passed the ‘majority rule’ criterion. However, a number of these items could not be bought by individuals and were thus not used to identify deprivation, which focuses on an enforced lack of each item that results from not being able to afford it.

The earlier article indicated that two items – a car and a separate bedroom for each child aged over...
were very close to the 50 per cent cut-off. Further analysis revealed substantial differences in the views of the different age groups about these two items (particularly about the car) and after adjusting for the over-representation of older people in the postal sample, support for the car being essential fell just below the threshold. It was therefore excluded from the final list, which contained the 26 items shown on the left-hand side of Figure 1. The list includes basic needs items, such as a decent and secure home and a substantial daily meal, consumer durables like a washing machine and a television, access to medical and dental services and to prescribed medications, social participation activities such as regular social contact with others and an annual holiday, and risk-protection items like secure locks at home, insurance coverage and savings for an emergency.

Figure 1 shows the percentages of the two samples that are deprived in relation to each of the 26 items. For the postal survey, the incidence of deprivation is very low in the case of items like a substantial daily meal, warm clothes and bedding, a telephone, a television and a separate bed for each child. These items where deprivation is most severe are a week’s holiday away from home each year (23.4 per cent), $900 in savings for use in an emergency (17.6 per cent), dental treatment when needed (15.9 per cent), home contents insurance (5.5 per cent) and an annual dental check-up for children (9.0 per cent), and comprehensive motor vehicle insurance (8.6 per cent). These patterns are unaffected when the postal sample is weighted to reflect the age structure of the population as a whole.

All but one of the items where deprivation is highest relate to steps that people need to take to protect their longer-term security: an adequate level of savings for use in an emergency, appropriate insurance coverage and access to dental care. The absence of these items among large sections of the population highlights the fact that many Australians may be managing, but are only a minor mishap (a scrape in the car, a toothache, or a broken refrigerator) away from being unable to make ends meet financially. The other item where the incidence of deprivation is high – a week’s holiday away from home – might be seen by some as a “luxury” that has little to do with being deprived or disadvantaged. However, this item only enters the list because a majority of the population (around 53 per cent) regard it as essential; it is what the community thinks is essential that determines what is included in Figure 1, not what we as researchers think. This variable also has an insurance element, reflecting the need for families to have a break together and relax and re-group, away from the pressures of everyday (working) life.

The findings for the client sample paint a far bleaker picture of the extent of deprivation than those for the postal sample. At one level, this is hardly surprising since the client sample has been deliberately chosen to represent those who, having been forced to seek assistance from a welfare service, are likely to be most disadvantaged. Even so, it is still important to establish just how deprived those who use welfare
services actually are. The average incidence of deprivation across all 26 items among the client sample is 22.2 per cent, four times higher than that for the postal sample (5.7 per cent). The difference is hardly affected by adjusting for the differences in the age composition of the two samples.

Among those in the client sample (re-weighted so that it has the same age composition as the postal sample), the incidence of deprivation is highest in relation to a week's holiday away (51.7 per cent), not having $500 in savings for use in an emergency (51.6 per cent), home contents insurance and dental treatment (both 44.7 per cent), and comprehensive motor vehicle insurance (39.7 per cent). The deprivation rate exceeds one-quarter in relation to 8 items (whereas it never exceeds this figure in the postal sample). Around one in eight of those in the client sample report not being able to afford a substantial meal once a day, to heat at least one room in the home, to have a washing machine, a separate bed for each child, regular social contact with other people, or can afford to let their children participate in school outings and activities.

The evidence on deprivation among those who use welfare services illustrates the enormity of the challenges facing those who are working at the forefront of service delivery in these agencies. With tightly constrained budgets, these service delivery agencies can do little more than act as a palliative against the worst extremes of deprivation. The fact that those using welfare services face such high levels of deprivation suggests that the limited resources available to the services are being targeted effectively, but it also raises questions about the adequacy of the resources they have at their disposal. These are issues that should be of concern not just to those working in the services, but to all genuine ‘Tri-gan’ Australians.

**MULTIPLE DEPRIVATION**

Previous studies have shown that many of those who experience deprivation in one area also face it in several others, compounding their problems and adding to the

<table>
<thead>
<tr>
<th>Number of items lacking because they cannot be afforded</th>
<th>Postal sample</th>
<th>Client sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>61.3</td>
<td>23.2</td>
</tr>
<tr>
<td>1 or more</td>
<td>38.5</td>
<td>74.8</td>
</tr>
<tr>
<td>2 or more</td>
<td>26.4</td>
<td>64.7</td>
</tr>
<tr>
<td>3 or more</td>
<td>18.8</td>
<td>59.0</td>
</tr>
<tr>
<td>4 or more</td>
<td>14.2</td>
<td>52.7</td>
</tr>
<tr>
<td>5 or more</td>
<td>11.1</td>
<td>45.3</td>
</tr>
<tr>
<td>6 or more</td>
<td>8.1</td>
<td>39.9</td>
</tr>
</tbody>
</table>

The extent of deprivation in the client sample is far higher than in the postal sample, and the findings again reveal the severity of the problems facing this group. Thus, almost two-thirds (64.7 per cent) experience two or more forms of deprivation, while close to half (45.5 per cent) are missing out on five or more items. The magnitude of the difference between the two samples is illustrated by the fact that the percentage of the postal sample that are deprived in two or more areas is the same as the percentage of the client sample that are deprived in eight or more areas. (The estimated multiple deprivation rates for the client sample increase by between two and four percentage points if the adjustment made to bring in age composition in line with that of the postal sample is removed).

The multiple deprivation rate differential between the postal and client samples cannot be assumed to imply that the latter group experience four times as much deprivation as the former, since the relationship between the number of essential items lacking and the extent of deprivation may not be linear. Even so, it is difficult to deny that those who use welfare services are ‘doing it tough’, missing out on many of the items seen as essential by a majority of the population.

**DEPRIVATION SCORES**

In light of the extent of multiple deprivation shown in Table 1, it is clear that the incidence rates shown in Figure 1 do not reveal the full story about the severity of deprivation faced by different groups. In order to explore this issue more fully, a deprivation index has been derived by adding up the total number of items for which each individual is deprived. The average value of this index (or score) can then be calculated for groups in the population and used to compare the extent of deprivation experienced by different socio-economic categories.

There are grounds for applying different weights to each of the items included in the index. Thus, an item could be counted more heavily if it is regarded as essential by a higher percentage of the population (attribution weighting), or each item could be weighted by the proportion of the population that actually possesses it (prevalence weighting). Neither approach has been used here, although future research is examining the robustness of the findings to different weighting patterns.

Table 2 shows how the deprivation index varies across socio-economic groups defined on the basis of their age, family type, employment status and Indigenousity. It reveals that there is a clear downward-sloping age gradient to deprivation among the
postal sample, although the gradient is somewhat less pronounced among those in the client sample. The pattern of deprivation across family types shows that deprivation is higher among single people than among couples (at all ages), increases for couples with children and increases again sharply for sole parent families. The level of deprivation experienced by Indigenous Australians is very high - the highest among any single category identified in this analysis - and exceeds that of the non-Indigenous population by a factor of more than four-to-one.

It is interesting to note that many of the between-group differences revealed in the client sample are smaller in relative terms than the corresponding relativities contained in the postal sample. Thus, the 4.2-to-one differential associated with Indigenous status in the postal sample is only 1.5-to-one in the client sample, while the 3-to-one employment to unemployment ratio in the postal sample falls to two-to-one in the client sample. To some extent, this reflects the fact that the postal sample is more diverse than the client sample, which is concentrated on those in greatest need. However, it is also striking that large differences in deprivation between the postal and client samples remain even when comparing either activity categories thus, the deprivation score among those in the client sample who are unemployed is considerably higher than among the unemployed in the postal sample, while those in the client sample who are employed experience only slightly less deprivation than those in the postal sample who are unemployed. These comparisons suggest a number of factors are driving the results and that further analysis is warranted before any firm conclusions about the determinants of deprivation can be identified with certainty.

IN CONCLUSION

This article has examined the deprivation profile of the Australian population, as reflected in the postal sample, and drawn a series of comparisons with deprivation among the smaller sample of welfare service clients. The estimates show that there is great variety between the two samples both in terms of the incidence of each deprivation indicator, in the extent of multiple deprivation and in the overall severity of deprivation (as captured in a simple unweighted deprivation score, or index). More detailed analysis reveals substantial differences in the severity of deprivation across different sub-groups in the population, defined on the basis of a broad range of socio-economic characteristics. Although the between-group differences have not been considered in isolation, many of them overlap and thus reinforce the combined impact of deprivation. Indigenous Australians, for example, tend to have lower levels of education, to be more likely to be unemployed and/or reliant on social security for their income and to be renting their home, all of which are associated with a higher level of deprivation. These complex, deep-seated and often mutually reinforcing effects suggest that a coordinated plan of action is needed to address the different forms of deprivation experienced by those who are missing out.

It is clear that the deprivation approach provides a valuable new insight into the nature and extent of disadvantage in contemporary Australia. It seems infeasible that some in the general population and many in the sample of welfare service clients are missing out on the essentials of life and are thus deprived - often in many areas. If we are serious about addressing disadvantage, the patterns revealed in this research suggest that action is urgently needed to combat the many forms of deprivation that currently exist.

REFERENCES


Inquiry into the identification, rehabilitation, and care and protection of child offenders

Report of the Social Services Committee

Fiftieth Parliament
(Peseta Sam Lotu-liga, Chairperson)
June 2012

Presented to the House of Representatives
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Appendix A 41

Appendix B 42
Inquiry into the identification, rehabilitation, and care and protection of child offenders

Summary of recommendations

The Social Services Committee recommends to the Government

1. requiring government agencies to focus on the risk and protective factors identified in this report, the importance of effective early intervention, and the need for cross-agency collaboration (p. 19)

2. requiring child offending intervention and identification programmes to operate to consistent performance standards throughout the country (p. 19)

3. giving youth offending teams a clear mandate to work on individual cases, while retaining their strategic role (p. 19)

4. developing protocols to allow the Ministry of Social Development to share information about at-risk children with relevant agencies and organisations (p. 19)

5. clarifying where the accountability of government agencies for child offenders lies (p. 19)

6. considering lower thresholds for intervention, so that at-risk children can receive support and intervention before they begin to offend (p. 19)

7. considering expanding the eligibility criteria for Social Workers in Schools to make it available to more schools with potential child offenders on their rolls (p. 20)

8. ensuring that intervention for child offenders responds to any care and protection issues as well as the offending (p. 28)

9. speeding up the process of referral to rehabilitation programmes so that child offenders can benefit from these programmes sooner and more effectively (p. 28)

10. establishing and maintaining a national database of the rehabilitative programmes available for child offenders, to provide judges with a comprehensive overview of treatment options for child offenders (p. 28)

11. requiring all rehabilitation programmes receiving state funding to provide an evaluation of the programme’s effectiveness (including cultural perspectives). Taking into account the size of the contracts or programmes may require the support of the relevant funding agency to conduct a robust evaluation (p. 28)

12. conducting a review to gauge the recidivism rates of child offenders who have taken part in rehabilitation programmes, to assess the effectiveness of the various schemes (p. 28)

13. making intervention proportionate to the risk a child’s environment presents to his or her development and the seriousness of his or her situation, which may or may not be indicated by the seriousness of his or her offending; and examining the risk in a comprehensive assessment (p. 28)
that Child, Youth and Family review the offending history of a selected group of offending young people and track their outcomes to get an indication of the success of the interventions they have received and of Child, Youth and Family’s case management, and to determine areas for a responsible review of practice and policy (p. 28)

ensuring progress is made as soon as possible on sharing information between Child, Youth and Family, the New Zealand Police, the Ministry of Justice, the Ministry of Health, and the Ministry of Education to track the outcomes of those in Child, Youth and Family care (p. 28)

considering simplifying the legislation governing child offenders to make it easier for practitioners to apply (p. 33)

requiring all children referred into the care and protection system to undergo health and education assessments automatically (p. 34)

ensuring child offenders identified as having mental health issues or drug and alcohol problems are given a high priority for care (p. 34)

considering ways of improving the Family Court process to prioritise child offending cases (p. 34)

streamlining all aspects of the current care and protection system and referral process to ensure child offenders are dealt with soon after the offending (p. 34)

requiring departments involved in care and protection proceedings to ensure that delays are never caused by administrative shortcomings or operational contingencies, but only to facilitate best practice and to promote the best outcome for the young person at the centre of proceedings (p. 34)

requiring that case files be reviewed on completion to determine whether deadlines were met and resolutions of family group conferences and Court hearings were realised; the reasons and justifications for any delay; and how the process could be improved to minimise delays in comparable circumstances (p. 34)

taking steps to ensure that changes of case officer are rare and reasonable, and that due consideration is given to a case officer retaining responsibility for any child or young person who is the subject of proceedings, regardless of a change in position, if continuity of responsibility is in the best interest of that child or young person and retaining the file would not impinge unduly on the efficiency of the department (p. 34)

that delays in proceedings and processes be a reportable measure in the annual report of Child, Youth and Family (p. 34)

that in cases involving children, the timeframes for action be required to reflect a child’s concept of time (p. 34)

considering allowing cases before the Family Court to be transferred to the Youth Court if the child becomes old enough during the proceedings to be dealt with by the Youth Court, or if the child commits subsequent offences which fall into the Youth Court’s jurisdiction (p. 39)

considering requiring more responsibility from agencies involved in Family Court proceedings (p. 39)
considering giving the Family Court greater powers to compel parents to attend court hearings involving their children (p. 39) giving the Family Court similar powers to make supervision orders to those of the Youth Court (p. 39) undertaking a more thorough, detailed review of the care and protection model to ensure intervention is early and effective (p. 40) considering introducing a new oversight and accountability order in the Family Court (p. 40).
1 Introduction

Child offenders represent a small but problematic aspect of the justice system. In dealing with them, a delicate balance must be struck between ensuring children learn the consequences of their offending, and the effective care and protection of each child. We recognise that many child offenders come from dysfunctional families or troubled backgrounds, and it is important that the underlying reasons for their offending are also addressed.

We have reinitiated an inquiry into the way child offenders are dealt with by the justice system, and re-examined whether the current care and protection model is working effectively to identify and rehabilitate child offenders. The terms of reference for the inquiry were to

• determine what, if any, are the identifiers of potential child offenders, and how services provided by the Ministry of Social Development could minimise the likelihood of future offending
• consider the evidence-based rehabilitative programmes provided by the Ministry of Social Development for child offenders, and assess their effectiveness in changing offending patterns
• examine the correlation between the timeframes for referral of children into the care and protection system and the effectiveness of the rehabilitation programmes in addressing the underlying behaviour; and consider options for streamlining the referral process
• consider whether the care and protection model is effective in meeting the needs of key stakeholders and whether improvements could be made.

Seventeen submissions were received from professional and non-governmental organisations, service providers, individuals, and the courts, and advice considered from the Ministry of Social Development, the New Zealand Police, and the Ministry of Justice. In the course of the inquiry the Social Services Committee of the 49th Parliament visited the Epuni Care and Protection Residence in Lower Hutt, the Family Court in Wellington and Lower Hutt, the Kapiti-Mana Youth Offending Team in Porirua, the Hutt Valley Youth Offending Team, and Te Rakau Hua O Te Wao Tapu Trust, which runs a residential tikanga Māori theatre in education programme for 13- to 17-year-olds in Wellington.

This report surveys the current care and protection system, rehabilitative programmes, and identification processes for child offenders, and makes some recommendations for improving them. We also assess the overall effectiveness of the system in dealing with child offenders quickly and appropriately to reduce the likelihood of future offending.
Child offending in New Zealand

A child offender is defined as an offender who is of or over the age of 10 years, but younger than 14 years. Section 14(1)(c) of the Children, Young Persons, and their Families Act 1989 provides that a child is in need of care and protection if

...a child of or over the age of 10 years and under 14 years... has committed an offence or offences the number, nature, or magnitude of which is such as to give serious concern for the well being of the child.

Children in this age group may be formally charged with the criminal offences of murder or manslaughter. In addition, recent changes to the Act provide for 12- or 13-year-olds to be dealt with by the Youth Court if they are charged with an offence carrying a maximum term of imprisonment of 14 years or more, or if a child has previously offended and is charged with an offence carrying a maximum sentence of at least 10 years’ imprisonment. Any other criminal offending is dealt with as a care and protection matter. When children offend, alternative action can be taken by the police, or they can be given a warning, referred to a youth justice coordinator, or arrested and brought before the Family Court.

In the course of the inquiry the Ministry of Social Development provided figures showing that while overall child offender apprehensions have decreased in the past 15 years, there has been an increase in the number of children apprehended for violent offending. In 2010/11 there were 7,896 apprehensions of children aged 10 to 13 years, of whom 75 percent were male. Māori made up 60 percent of apprehensions, and 31 percent were Caucasian. Theft and related offences were the most common type recorded, contributing to 37 percent of apprehensions, while property damage and environmental pollution accounted for 17 percent of apprehensions, and acts intended to cause injury accounted for 10 percent of apprehensions.

Overview of services and processes

The child offender system is a hybrid of the youth justice and care and protection systems. The majority of child offenders apprehended do not formally enter the justice system, with more than 90 percent of them dealt with by way of a warning or alternative action by Police Youth Aid.

If it is believed by the police or Child, Youth and Family that a child is in need of care and protection, the matter is referred to a youth justice coordinator who is required to convene a family group conference. The two grounds for a case to be referred are that the offending raises serious concerns about the child’s well-being (in other words, the child is in need of care and protection because of the number, nature, or magnitude of the offences), and that it is in the public interest.

The conference must be convened within 21 days of the youth justice coordinator receiving the referral, and the family group conference must be held within a month of the conference being convened.

Family group conferences can be attended by the offender and his or her family, the police, the victim and his or her support people, social workers, and health and education professionals. The offender may also be represented by a lawyer. In 2008/09, there were 272 family group conference referrals, involving 235 individual child offenders.
The conference involves establishing the agreed facts regarding the offending, discussing what the child did wrong and its impact on the victim, and agreeing to a plan to rectify the situation. The plan must be fair to the victim (and must also be agreed to by the victim if they agree to be involved in the conference) and be designed to help the child to learn from their mistakes. If a plan cannot be agreed on then the matter will be referred back to the police to place the matter before the Family Court. Family group conference plans often include an apology to the victim, reparation, work for the victim or the community, a donation to charity, or curfews. Programmes or services that may be used include counselling or other rehabilitative programmes, education, oversight by a social worker, recreational activity, and mentoring programmes. The conference may also recommend that proceedings be discontinued or that a formal police caution be issued.

**The care and protection model**

Offending by children aged between 10 and 13 is generally considered to be a care and protection matter. This involves an application to the court, by a police officer, for a declaration that the child is in need of care and protection. The application is made on the grounds that the child has committed an offence or offences of which the nature, number, or magnitude give rise to serious concern for the child’s well-being. Most serious offending by 10- to 14-year-olds is dealt with in the Family Court (although the most serious, and some repeat, offending by 12- or 13-year-olds is dealt with in the Youth Court) and is the subject of proceedings by way of an application for declaration, not charges. Manslaughter and murder charges are proceeded with by way of an indictment commenced in the Youth Court and proceeded on through the High Court rather than the Family Court.

When Family Court proceedings are commenced, the court is limited in its power to make conditions to prevent further offending, absconding, or interference with witnesses or evidence. At present, the only means of providing such control is for the Family Court, under certain conditions, to place the child in the custody of a person other than their parents or caregivers (this will usually be the chief executive of the Ministry of Social Development) and then place conditions on the custody order. However, the threshold for obtaining such an order before a family group conference is high, and if the criteria are not met, there are no control mechanisms that can be applied until after the conference when the case comes back before the court. We note that some children will need some control, but that removing them from the legal care of their parents may be unnecessary or undesirable.

In order for a care and protection declaration to be made, the court must be satisfied that the offending has been proved beyond reasonable doubt and that there is no other way for the matter to be dealt with. The court must also apply the *doli incapax* rule, which states that a child aged between 10 and 13 cannot be convicted of an offence “unless he [or she] knew either that the act or omission was wrong or that it was contrary to law”.1 The court has a number of options following the making of a declaration. If a family group conference has not been held prior to the child appearing in court, the judge may order that a conference be convened. If a conference was held before the child came before the court, the judge can consider imposing a custody order placing the child into the care of Child, Youth and Family or other guardianship, or a service and support order to help parents or caregivers

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1 Crimes Act 1961, s. 22.
to supervise the child in a more effective way. The court can also impose reparations and place conditions on support orders. All court orders are accompanied by a social work plan and report, which must be reviewed by the court at least every 12 months. The object of court orders is not to punish, but to provide sound and effective intervention at the level the child and their family or whānau need.
2 Identifying potential child offenders

The early identification of child offenders is critical to ensuring that children who commit crimes do not go on to become youth or adult offenders. Most of the country’s serious offenders have a long history with the justice system, and will often have appeared before the Family or Youth Courts during their childhoods. A significant part of this inquiry was devoted to looking at how the identification of at-risk children could be improved, and how services provided by the Ministry of Social Development could minimise the likelihood of future offending.

We believe robust and thorough processes are needed to identify and assist children who are at risk of offending, in order to alleviate their future impact on society. We have looked at a number of different approaches to identifying potential child offenders, and received information about ways in which the identification process could be improved. It has became clear to us that recognising potential child offenders requires a broad collaborative approach from all the state agencies involved in or responsible for the care or upbringing of children. We would consider “care” of children to include ensuring their education, health, and well-being.

If child offending rates are to be reduced, the types of risk factors need to be widely known, and community awareness about what causes children to break the law needs to be greatly improved. It seems to us that the current situation, whereby intervention appears to occur only once an offence is committed, is unsatisfactory. We believe there should be a strong focus on identifying potential child offenders before they offend, to prevent crimes from being committed and to address worrying behaviour at an earlier stage.

Risk and protective factors

We understand that a number of widely recognised factors put children at risk of offending. They include antisocial behaviour or conduct disorders, mental health problems, suicidal behaviour, drug and alcohol use, poor academic performance and truancy, poor health, poor attachment to family, and low self-esteem.

We also understand that certain environmental factors put children at greater risk of offending, such as poor parenting or a dysfunctional family situation, abuse and family violence, parents with a history of mental health problems or drug and alcohol abuse, family isolation from the wider whānau and community, a change in parent or caregiver, poverty, sexual abuse, a care and protection history, or exposure to antisocial or criminal behaviour.

We recognise that these risk factors are often interrelated. One risk factor on its own may not necessarily be indicative, but several together would indicate a higher risk of future offending.

We have also learned about protective factors, which reduce the likelihood of children offending. Some key protective factors are
supervision and monitoring by parents, with reasonable and consistent rules and consequences
- emotional attachment and closeness to parents
- low levels of family adversity (social and economic disadvantage, family dysfunction, marital conflict)
- engagement and successful academic performance at school
- ties and associations with pro-social peers, and lower levels of contact with delinquent peers.

Backgrounds of children in the care and protection system

During the course of the inquiry the Social Services Committee of the 49th Parliament visited a number of facilities and programmes which deal with child offenders, and spoke to the practitioners who work with these children. It heard that most child offenders come from severely dysfunctional backgrounds and have experienced very troubled upbringings. The ministry’s High and Complex Needs Unit, which works with children at the extreme end of the spectrum, emphasised that many of the children with whom they work suffer from the effects of foetal alcohol spectrum disorder or the after-effects of drug use during pregnancy. We are aware that issues such as abuse or neglect, parental separation, and poor social attachment are present in more than 70 percent of cases. Up to 80 percent of cases involving child offending in the Family Court involve an element of drug and alcohol abuse, either by the child or their parents. Child, Youth and Family told us that 70 percent of the children who come to its attention have undiagnosed health conditions, with mental health a particular concern. These children have also often struggled in education and their attainment levels are often well below the normal standard for their age.

A major concern of many practitioners was poor parenting skills, with many child offenders having parents who lacked the ability to raise their children in a stable and secure environment. Many grow up in homes where alcohol is a major problem and the parents cannot set boundaries for their children; and it was suggested that many parents would benefit from, and be receptive to, education and guidance on parenting. Identifying and working with struggling parents is considered to be as important as identifying children who are at risk of offending, in order to ensure that their children have a positive environment in which to address their behaviour.

State agency collaboration

As this inquiry progressed, it became evident that addressing child offending involves the work of a number of state agencies, and not solely the Ministry of Social Development. A number of submitters highlighted the need for more collaboration, particularly between the New Zealand Police, Child, Youth and Family, and health and education services. The ministry acknowledges the need for various state agencies to coordinate their efforts and work together to reduce child offending rates. Addressing the drivers of crime is now a whole-of-government priority, with particular focus on Māori. There are four priority areas for this cross-agency work:

- improving the quantity, quality, and effectiveness of maternity and early parenting support services, particularly for those most at risk
• addressing conduct and behavioural problems in childhood
• reducing the harm from alcohol, and improving the availability and accessibility of alcohol and other drug treatment services
• finding alternative approaches to managing low-level repeat offenders and offering pathways to success.

A common theme in many submissions was that health and education services are not as involved as they might be. We are concerned that multi-agency coordination and cooperation varies considerably from region to region, and appears to rely on the motivation of the individuals involved. The previous committee was given repeated assurances by relevant agencies and government departments that more co-operation is taking place. Given that problems at school and poor health are indicators that a child is at risk, we believe that it is critical that police, Child, Youth and Family, education, and health services work closely to identify and provide services to children who are either offending or at risk of becoming offenders. We are very disappointed that this has not been happening to the extent necessary, and that basic information does not appear to be shared. We urge the key agencies concerned to improve their collaborative efforts.

We note that memoranda of understanding have been signed between various government departments to facilitate multi-agency coordination.

We think that clearer guidelines are also needed on where accountability for a child offender should lie. At the moment the boundaries for accountability appear to be blurred, and we consider that they should be defined more precisely. We believe that in every case involving young children, care and protection issues arise as well as other issues related to offending. Both the New Zealand Police and Child, Youth and Family need to develop clear guidelines on addressing these needs of younger child offenders, and to make responsibility for cases absolutely clear.

**Intervention thresholds**

We are concerned that, while risk factors are widely acknowledged and recognised, intervention is not always happening early enough. It appears that, although children may be recognised as at risk, little action is taken until they begin to offend. Troubling behaviour often manifests itself in the school environment, but we are concerned that teachers and principals are not sufficiently engaged with the system to know how to seek intervention, or may feel insufficiently equipped to address such situations. Some of us have heard of specific examples where children have exhibited worrying behaviour (for example, attempting suicide or bullying other children), but the appropriate assistance could not be secured for the child by teachers or the school because no actual offending had occurred, or the behaviour was not yet severe enough to meet the threshold for intervention. We therefore consider that the thresholds for activating the care and protection intervention process may be set too high, and consideration should be given to lowering them.

We believe that state agencies such as Child, Youth and Family need to take effective early action to address the behaviour of at-risk children. Despite current economic pressures, we
are pleased to see that additional funding has been put into intervention programmes, as we believe this age group demands priority.

**Opportunities for early identification**

Submitters generally thought that programmes for the early identification of children who may offend were worthwhile, but stressed there needed to be more inter-departmental work. Various approaches to the early identification of potential child offenders were proposed, including the following:

- **Identification by the child’s community**: Teachers and others in the community can often recognise future offenders from a very early age.
- **Identification by Child, Youth and Family, and other agencies**: Child, Youth and Family and other agencies can look for behavioural signals which indicate the likelihood of a child becoming a habitual offender. Child, Youth and Family is studying the typical pathways to offending.
- **Identification by schools and the Ministry of Education**: Schools are in an ideal position to recognise worrying behaviours early, and can access various support programmes.
- **Identification using assessment tools**: The assessment of children could be improved, by building on the B4 School Checks (specifically the Strengths and Difficulties Questionnaire) or by using risk assessment tools, to help identify children at risk of future offending or antisocial behaviour.

Intensive intervention may be expensive, in terms of both the financial cost and the use of resources; and we believe at-risk children should be identified earlier as early intervention is more cost-effective and more likely to improve outcomes and behaviours than intervention after the fact. The ministry, along with other government agencies, offers various programmes and services for vulnerable or at-risk children and families. They include home-based support services, coordination and access to services, and school-based and school holiday programmes. Some focus on working with the child, while others work with the family and parents to provide a more positive home environment.

We note a tension between early identification of a likely child offender and labelling children or consigning them to the “at risk” category. The identification and intervention must be such that it does not promote further offending through unintended consequences, such as congregating at-risk children together and so elevating the risk of their offending. Also, the intervention should not restrict the ability of at-risk children to socialise normally with young people who are not at risk, and so reinforce positive norms in the at-risk child’s social environment. It is also important that interventions are not seen to reward bad behaviour, and thus perversely incentivise the very behaviour they are intended to reduce.

We are concerned that there is little national uniformity in the quality of services. Most approaches to identifying and treating child offenders are organised and coordinated on a regional basis, which means there is a marked variation in the level and quality of services provided. While we consider that a regional approach to child offending is sensible, as it allows agencies to use the services and organisations available locally, we do not think children and their families should be disadvantaged by virtue of where they live. Therefore
we believe it is critical that child offender identification and intervention programmes operate under a consistent approach across the country. This would allow struggling regions to learn from better-performing areas, and improve the overall quality of support given to at-risk children.

**Youth offending teams**

Launched by the Government in 2002, youth offending teams have been set up in 33 regions in response to the Ministerial Taskforce on Youth Offending, conducted by the Principal Youth Court Judge at the time, Sir David Carruthers. Comprising staff from four key government departments—the New Zealand Police, the Ministries of Education and Health, and Child, Youth and Family—the teams work to reduce offending by young people. The last review of the scheme, in 2007, highlighted a number of operational problems with the teams, including a lack of clarity about their purpose and role, low attendance rates at meetings by members, and a need for more support from core agencies. However some teams, particularly those in South Auckland and Hamilton, have been recognised as particularly successful.

The previous committee met with youth offending teams in Kapiti-Mana and the Hutt Valley and discussed with them their views on and approaches to identifying at-risk children and dealing with child offenders. The Kapiti-Mana team had seen a significant increase in the number of offences being committed by children, with 524 reported in the 2009/10 year, up from 159 four years ago. The Hutt Valley team told the committee that the biggest increase in offending it had encountered was in violent behaviour by girls. It heard that many of the offenders the teams deal with come from families with a “second or third generation” of parents who do not know how to parent properly. Most of the children who came to the attention of the teams lacked empathy for others, which the committee was told could be attributed to the fact that they had grown up in an uncaring and unsupportive home environment. Those most likely to reoffend were children with major and complex family issues. The committee heard that the teams emphasise identifying young offenders early, as they believe it is easier to address problematic behaviour before children become teenagers and the behaviour is more ingrained.

While we believe that the youth offending teams were a good initiative, we are concerned that the effectiveness of these teams may vary between regions and that there may be a lack of clarity about their goals and performance. We are concerned about suggestions that the success or otherwise of youth offending teams seems to depend largely on the “ownership” of the responsible manager in the participating government departments. Those willing to be innovative and creative with budget allocations to enhance the work of the youth offending teams realise the best results. Those who support the youth offending teams to the minimum requirements produce lesser results.

We are also concerned about the focus of the youth offending teams. It is our view that such regular inter-agency collaboration provides an ideal opportunity for at-risk children to be identified, with a view to offering intervention and assistance to them and their families. We understand, however, that some teams operate at a strategic level only, breaking down systemic barriers between agencies with common clients and looking at the overall management and strategy of dealing with young offenders in their area, while only some teams also consider individual cases. While we acknowledge the importance of good management and a cohesive strategic direction, we consider that teams which focus only at
this level are missing practical opportunities to intervene early. We believe youth offending teams should be discussing individual cases, identifying children who are at risk, and developing cross-agency plans to deal with them. We understand that the more successful youth offending teams, such as the one in Hamilton, already do this, and we consider that all the teams should adopt this approach.

We understand that there has been a strong will among Ministers and members of Parliament to ensure the sharing of information between departments in order to create and maintain safer and more effective care and protection and youth justice processes. We are aware that the privacy issue has been cited repeatedly as an obstacle to information sharing. We acknowledge legitimate concerns about the need for appropriate caution, as any sharing of personal information between agencies can be problematic from a privacy perspective. We hope, however, that the passage of the Privacy (Information Sharing) Bill, introduced on 16 August 2011 and due to be reported to the House by 15 June 2012, will address this fundamental issue adequately.

In particular, privacy issues arise where youth offending teams have community members present at particular meetings, or where agencies without a direct role regarding the particular child are involved in the discussion of the case. However, we believe that, provided robust protocols are applied to the sharing of information about specific children between key agencies, a more coordinated approach will prove highly beneficial. Agencies should be able to intervene more proactively and assess the effectiveness of rehabilitation programmes more accurately.

We also consider that multi-agency protocols for information sharing should be developed in the interests of the child’s safety. At the moment information appears to be shared only once a child begins to offend. For information sharing to be effective it should happen as early as possible. Ideally agencies should begin communicating with each other as soon as a child begins exhibiting signs that they are at risk of becoming an offender, so that effective intervention can be undertaken at the earliest possible stage. We recognise that some child advocacy organisations may be uncomfortable with a process that marks certain children as potential offenders. While we do not want children and their families to be stigmatised, we believe that the Ministry of Social Development could act as a repository of information for the relevant agencies, such as Child, Youth and Family, the New Zealand Police, the Ministry of Health, and the Ministry of Education, to enable them to work together more closely to identify at-risk children and provide them and their families with support to change their behaviour at an earlier stage.

The Ministry of Social Development told the previous committee it was particularly keen to work more closely with the health and education sectors. While the ministry acknowledged a desire for more pre-emptive intervention, the committee heard it was important that any early intervention did not make families feel as if they were being punished. For intervention to be effective, the families concerned had to view the measures taken by state agencies or non-governmental organisations as help or support services rather than as punitive measures.

**Other identification programmes**

We recognise also the potential value in this area of B4 School Checks and the Social Workers in Schools programmes. B4 School Checks provides a free health and
development check for all four-year-olds. It aims to find and address any health, behavioural, social, or developmental concerns which could affect a child’s ability to gain benefit from school, such as a hearing problem or communication difficulty. Evaluations of the scheme in Counties-Manukau and Whanganui have been extremely positive. Given the evidence that many child offenders suffer from poor health, we believe such programmes could be useful in identifying at-risk children early on. We acknowledge that other initiatives such as Fresh Start also include screening tools.

Social Workers in Schools places social workers in low-decile schools, in order to identify children who are struggling with difficult family circumstances, education, health, or social development. School is often the first place that a child comes into contact with their wider community, and is thus often where risk factors become apparent. We understand that this initiative has the potential to be very effective, as many of the signs that a child is at risk are evident in the school environment. Having a social worker on site makes it easier for teachers to raise concerns and connect with the appropriate services. We note the introduction of an Education Assist package, which gives notifications by teachers priority for response by Child, Youth and Family.

We are concerned, however, that the formula for assigning social workers to schools may mean that children who would benefit from this scheme may miss out. Currently Social Workers in Schools is available only to schools with a decile rating of between one and three. While the recognised risk factors would indicate that a large number of child offenders are statistically likely to come from low-decile schools, offending is not exclusively confined to low-decile areas or households. We believe consideration should be given to expanding the eligibility criteria so that any schools who have child offenders on their rolls can apply for this valuable service.

**Recommendations**

1. We recommend to the Government that it require government agencies to focus on the risk and protective factors identified in this report, the importance of effective early intervention, and the need for cross-agency collaboration.

2. We recommend to the Government that it require child offending intervention and identification programmes to operate to consistent performance standards throughout the country.

3. We recommend to the Government that it give youth offending teams a clear mandate to work on individual cases, while retaining their strategic role.

4. We recommend to the Government that it develop protocols to allow the Ministry of Social Development to share information about at-risk children with relevant agencies and organisations.

5. We recommend to the Government that it clarify where the accountability of government agencies for child offenders lies.

6. We recommend to the Government that it consider lowering the thresholds for intervention, so that at-risk children can receive support and intervention before they begin to offend.
7 We recommend to the Government that it consider expanding the eligibility criteria for Social Workers in Schools to make it available to more schools with potential child offenders on their rolls.
A wide range of rehabilitative programmes are available to address offending by children; the evidence as to their effectiveness and suitability varies. Child, Youth and Family’s approach uses a social work intervention model. Personalised plans are created at a family group conference, where the plan is coordinated on the basis of a thorough assessment. Most of the rehabilitation services provided to child offenders are family-based; however the family group conference can refer a child to a residential programme if appropriate. The department uses a Youth Offending Service Effectiveness Checklist to ensure that supervision with activity programmes meet the principles of effective practice. Intervention is proportionate to the seriousness of the offending, the amount of repeat offending, and the type of offence committed, and both Government and non-governmental organisations are involved in preventing offending or rehabilitating child offenders. We believe it is important for intervention to be proportionate not only to the offending but also to the circumstances of the young person. This is because in some situations a young person may display evidence of quite serious care and protection issues, but their offending may be minimal. If only the level of offending is considered, it is possible that children in need of intervention may be missed as their offending has not yet become serious enough, a situation we consider needs correcting.

Many services do not specifically target child offenders, but seek to engage families or whānau positively, as improvements in a child’s environment and addressing deficits in their education, health, and conduct will often result in significant improvement to a child’s behaviour. Child, Youth and Family’s approach to rehabilitative programmes is to wrap individualised plans around children, rather than fit children into fixed programmes. These customised plans, agreed at family group conferences, aim to address five key issues—health, education, mentoring, parenting issues, and drug and alcohol issues. A child may be subject to a number of programmes or interventions supporting their plan.

Many submitters were critical of programmes such as military-style “boot camps”, which obviously are not applicable to child offenders because of their age, or wilderness training, which they believe have low success rates and offer questionable value for money. Concern was also expressed that New Zealand’s response to offending often tends to favour a punitive approach to child offending. Some submitters argued that many of the programmes currently run by the ministry are of poor value, and suggested that more cooperation is needed between the ministry and the health and education sectors. We are aware of a view that initiatives were often started and then quickly discarded, with an “unhelpful” focus on cost and little research and evaluation.

**Intervention and rehabilitation programmes available for child offenders**

As part of our inquiry we examined the specific programmes and services available for the treatment and rehabilitation of child offenders. It is difficult for us to arrive at a definitive view of the effectiveness of the programmes on offer, as to be valid such an assessment
would require comprehensive evaluation over an extended period. We would like to see a
better evaluation process applied to these programmes, and believe that all programmes
funded by the Government should be required to produce an evaluation of their
effectiveness. We are pleased that there is a wide range of programmes available, which
cater to various social and cultural backgrounds. They include services provided by state
agencies and programmes run by non-governmental organisations. The involvement of
families is crucial to the effectiveness of these programmes, because of the profound effect
of the home and family environment on children’s behaviour. Programmes demonstrated
to be effective in targeting conduct disorder included mentoring, aggression replacement
training, and intensive therapy.

Child, Youth, and Family stressed the need for agencies to work together better, saying that
it often felt it was working without the full support of other relevant departments and
organisations. This was a sentiment echoed by a large number of submitters. It was
suggested that all the relevant agencies, such as the New Zealand Police, Child, Youth, and
Family, and health and education, could be located together in inter-agency centres in order
to collaborate more effectively and coordinate intervention and rehabilitative programmes.

While better inter-agency cooperation is needed, we also consider there is a need for the
Family Court to be better informed about the whole range of rehabilitation programmes
available. Judges are not necessarily aware of programmes operating in other regions, and
we believe they would benefit from access to a national database of rehabilitation options.
This would ensure that a child appearing in the Family Court in Wellington, for example,
could be referred to a programme in another part of the country if it were considered the
most suitable intervention.

We are aware of the work that the Government is doing on contract mapping, and believe
that it could be broader. In order for these programmes to be used effectively, children
must be referred to them, and begin participating in them, promptly; otherwise children
may struggle to make the link between their actions and the behaviour that the
programmes are trying to address.

**Intervention programmes**

A wide variety of intervention programmes are offered by Child, Youth and Family and
other agencies. Those available include the following examples:

- The Social Workers in Schools programme.
- The Reducing Youth Offending Programme, an intensive community-based
  intervention and rehabilitation programme for serious child and youth offenders.
  The programme is based in Auckland and has 80 placements of up to six months’
  duration each year.
- Life to the Max, which works with youth at risk of offending or reoffending and
  their families to help them with decision-making and communication skills,
  understanding relationships, and self-esteem. The programme is run in Whanganui
  and Horowhenua in conjunction with the New Zealand Police.
• The Kauri Centre, in Hamilton, is a service for children and young people aged from eight to 18 years who have been stood down from mainstream schooling and have a history of unmanageable and often violent behaviour. The centre reintegrates them into mainstream schooling, training, or employment, and provides teaching and support services alongside comprehensive social, education, and mental health assessments, and develops individual plans.

**Special Education Service**

The Ministry of Education’s Special Education Service provides support to children with learning difficulties, including behavioural problems. The ministry has teachers who specialise in working with children who have behavioural issues and also employs psychologists to assist children with their behavioural and emotional development. This generally takes place at the school the child already attends, with only 3 percent of the children referred needing to move to another school.

**Residential programmes**

A number of residential programmes are available for child offenders, including those provided by Te Poutama Arahi Rangatahi (for sex offenders) and Te Oranga Pumau (a pilot therapeutic programme for Māori youth with foetal alcohol syndrome effects). We learnt that, while New Zealand is seen as a leader in the treatment of young sex offenders, facilities of this standard are not available for children who commit other types of offences.

The previous committee visited a number of rehabilitative programmes and residences in the Wellington region, and were impressed with the work many organisations were doing with child offenders. However it was concerned that, while many child offenders make progress while attending a programme, there was significant potential for them to revert to their previous behaviour if they were returned to the same negative environment in which they were living when the offending occurred. It heard that a lack of parenting skills is a real issue for many parents whose children commit crimes, and often the parents do not know how to set boundaries for their children. Rehabilitation for the really problematic children requires working with the entire family in order to make their home into a suitable environment for children to grow up in. It also heard that the families of children placed in care and protection residences often need extensive support and assistance from Child, Youth and Family before the children can move back home.

We are concerned that there is a shortage of programmes for young people with alcohol or drug problems, most such services being unsuitable for children, and that the courts often have difficulty finding suitable placements. The previous committee noted that funding of $10 million had been allocated to alcohol programmes, with specific targeting of young people. We understand that there have been shortages of places in secure facilities for children whose offending was serious or who need intensive intervention.

**Cultural approaches to addressing child offending**

Approximately 57 percent of child offenders apprehended are Māori, while just under 6 percent are of Pacific descent. A lack of awareness of cultural differences can make rehabilitation difficult. The incorporation of cultural perspectives into the design of rehabilitation and intervention programmes would be advantageous both within and outside institutions. There are some culture-specific approaches in the Youth Court
jurisdiction, such as several Rangatahi Courts, where part of the Youth Court process is located on a marae in an attempt to reconnect young offenders with their culture and reduce their risk of reoffending, and the Pasifika Court in Mangere, which is based on a similar model. We were interested in the options available for younger offenders.

The work being done by Te Rakau Hua O Te Wao Tapu Trust in Wellington is impressive. The trust runs a theatre-based programme for Māori boys with behavioural issues, and places a strong emphasis on tikanga Māori. Many of the boys who enter the programme have come from highly dysfunctional backgrounds. Educating them about their culture and heritage allows them to gain a sense of identity, which many of them have been missing previously. Theatre, dance, and kapa haka also provide them with a positive outlet and a values system.

A report by the Advisory Group on Conduct Problems found that for intervention programmes aimed at Māori to be successful, a wider community approach was necessary. In particular, intervention needed to promote collective ownership, whānau values, and the recognition of the authority of elders. The advisory group also found that many Pacific families are reluctant to seek help for their children because of the social stigma associated with conduct problems, a problem compounded by a lack of culturally appropriate services and resources. However the group found that when service providers engage with Pacific communities, showing appropriate cultural understanding and sensitivity, access to the service and outcomes improve. In Australia the previous committee visited indigenous programmes such as the Tribal Warrior Association Inc, and indigenous courts such as the Koori Court, which were achieving successful outcomes with their indigenous youth. We look forward to the development of more culturally relevant rehabilitation programmes for child offenders.

Mentoring programmes

There are many mentoring programmes offered across the country by various organisations. They aim to give at-risk children, or their parents, positive role models and help them to change their behaviour and develop life skills. We have received information about some of these programmes.

The Incredible Years parenting education programme is an initiative aimed at parents, to give them skills to manage behavioural problems in younger children. It involves weekly two-hour sessions and runs for up to 16 weeks. The aim is to help parents develop strategies to build positive relationships with their children and to manage problem behaviour. The programme is strongly skills-based and addresses a wide range of behaviours, relationship issues, and emotional aspects of parenting. Evaluations by the ministry have found it to be an effective and culturally-appropriate programme for addressing behavioural problems in children aged between two and eight years.

The Children’s Commissioner cited the Big Brother Big Sister mentoring programme as a good example of an internationally evaluated mentoring programme to help children with behavioural problems. The scheme matches children aged six to 18 years who would benefit from an adult role model with mentors who share similar interests. The organisation also runs a similar school-based programme, where volunteers come into schools and provide mentoring for students.
The Hutt Valley youth offending team told the previous committee about a similar scheme called “Becoming a Man”, which targeted young boys with behavioural problems. The programme works with boys in a group environment and aims to teach them to treat other people with respect.

**Fresh Start**

During the course of this inquiry it became clear that there was a tendency to delay dealing with children who were almost old enough to come under the jurisdiction of the Youth Court until they reached this age. We learnt of other instances where offenders were accidently overlooked because of systemic failures regarding the transfer between court jurisdictions. Therefore we were interested in the Fresh Start reforms, which will enable Child, Youth and Family to work more intensively with young offenders for longer periods. These reforms were introduced in the Children, Young Persons, and their Families (Youth Courts Jurisdiction and Orders) Amendment Act 2010, and took effect on 1 October 2010. The Act introduced intensive sentences for persistent and serious offenders, gave Youth Court judges new powers to make a wider range of intervention orders, and allowed 12- or 13-year-olds who commit serious crimes to be dealt with in the Youth Court.

A key aspect of these new measures is that they allow Child, Youth and Family to stay involved with a child and their family for longer and to work with them more intensively. This also applies to young people appearing on charges in the Youth Court, and would allow their cases to remain in the Youth Court, and for Child, Youth and Family to stay involved even when the young person turns 17. A strong indicator that a child is at risk of offending is their having a sibling who has been before the courts; and the department hoped that being able to extend its involvement with a family would allow it to recognise which other children in families were at risk of becoming offenders. We will watch the implementation of this initiative with interest to see whether it succeeds in improving rehabilitation rates for child and young offenders.

**Community approaches to intervention and rehabilitation**

We are aware of a view that reducing child offending needs a community-wide approach, so that prevention measures can be suitably tailored to the specific needs of a particular community, and integrate the provision of services by various agencies and organisations. Similar schemes have been run in other countries, and we were interested in suggestions about how this type of approach might work in New Zealand. We believe that it could work well. However it would require significant community commitment and involvement to be successful. The community concerned would have to view the young people in question as an integral part of the community, and be committed to a society-wide approach to raising children.

**Community courts**

We were interested to learn about a community court initiative which began in the Porirua District Court area in 2010. This initiative was based on similar successful programmes in England and the United States. The programme is guided by five principles:

- engagement with the community by the court
- making cross-agency services available at the court for the entire community to use
• a focus on addressing the underlying causes of the offending
• making justice relevant to the community
• always having the same judges presiding.

Judges from Porirua District Court were engaging with non-governmental and local social service providers in the local community, and it was hoped that a community reference group would be established to encourage continuing dialogue between the judiciary and the local community. The initiative also aims to make judges more aware of the services available within the community to deal with offenders and address the root of the offending. We were pleased to learn that a community resources coordinator has been appointed by the court. We hope that this pilot will prove effective, and if so will be expanded into other regions. This kind of initiative could help address the lack of inter-agency coordination and ensure that young offenders receive the necessary services more promptly. The previous committee saw a potential model of aspects of this initiative in the resources available to the New South Wales Youth Drug and Alcohol Court and the Koori Court in Australia.

Community schools
Throughout our inquiry there was a frequent emphasis on the importance of education in preventing offending. A recurring theme was that child offenders often have poor or below-average educational attainment for their age. There were suggestions that the curriculum is failing to meet the needs of students, particularly Māori and Pacific children. Submitters proposed strategies to promote such children’s engagement with school, achievement, and retention, particularly the inclusion of more practical subjects such as life skills and arts-based programmes.

One model proposed was community schools, such as those in the United States and the United Kingdom. Community schools have school, health, dental, and welfare services, after-school programmes, homework clubs, and essential community services housed in close proximity. Social and health services can then be readily accessed when a child is recognised as needing assistance. The service delivery model varies from school to school to reflect the needs of particular communities.

Evaluation of the effectiveness of programmes
We consider it important that programmes to address child offending be supported by evidence demonstrating their effectiveness in reducing the problem. We are concerned that the success of some programmes may be due to the influence of one or two particular people, so the programmes might be less effective if delivered by others. This may mean that some effective programmes might not succeed elsewhere unless practitioner variables and the programmes themselves can be replicated faithfully. The importance of the leader of a programme is not readily measureable, but it is nonetheless vital to good outcomes.

We note that the perception of the success of programmes is largely anecdotal and no records are kept for most of them. This is because of a lack of access to police offending records, and the fact that no records move between departments or agencies as children move from care and protection interventions through youth justice and then to adult
justice agencies. There is a particular need for intervention programmes for those past the age of 17 to be monitored.

We were dismayed to find that in spite of many years of agencies assuring select committees that real measures would be applied and evaluations done, even the most basic evaluations are not completed. In spite of the fact that it is possible to track an offender from very early years through to adulthood, no single government department has attempted to do so.

It is also important that such evidence be New Zealand-based; even where a programme has proven effective in other countries, the unique New Zealand context may mean it is less successful here. At the same time, we understand that it can be difficult to undertake full-scale evaluation of programmes to the highest academic standards in New Zealand, because of the small population base, small numbers of child offenders requiring statutory intervention, and the cultural spread of its population. Because interventions are individualised for each child offender, it can also be difficult to isolate and evaluate the effects of the separate components of intervention plans.

Child, Youth and Family’s approach to addressing child offending is based on a model of social work intervention, where assessment material is presented and coordinated at a family group conference to draw up an individualised plan, accompanied by appropriate supporting services.

We learnt that while most of the programmes available were effective, children are often not being referred or gaining access to support services early enough. This meant it was more difficult and resource-intensive to change their behaviour.

The ministry is moving towards a new results-based accountability system. This will involve planning and measuring results to provide the Government and communities with criteria for success; and it will make it possible to recognise when standards have been achieved in specific areas. Results indicators and performance measures can be used at the population, community, agency, or service level. A results framework sets out the outcomes that the ministry and the service provider want to achieve. Any performance measures and indicators will be consistent between and applicable to all programmes, to allow data aggregation and comparison of outcomes between services and client groups. The size of the contracts or programmes will also need to be taken into account, as smaller ones may need the support of the relevant funding agency to conduct a robust evaluation. We also note that some programmes have small contracts, and therefore the cost of evaluation may outweigh the proportion of funding they receive. In these cases we recommend that the Ministry of Social Development or other funding agencies consider the most appropriate way to conduct a robust evaluation.

We note that the Advisory Group on Conduct Problems has proposed a classification system for intervention programmes, which would rank the programmes according to the level of intervention required. For example, a Tier 1 programme includes behaviour programmes designed for a defined population (such as an entire school), while a Tier 3 programme is an intensive individual intervention, such as multidimensional treatment foster care. To be considered for classification by the advisory group, programmes were required to have been peer-reviewed and to have undergone at least two randomised
control trials. The evidence was then evaluated by experts appointed by the advisory group. We believe this approach is valuable as it sets quantifiable standards for the monitoring and evaluation of rehabilitation programmes, and that the proposed framework could be beneficial.

**Recommendations**

8. We recommend to the Government that it ensure that intervention for child offenders responds to any care and protection issues as well as the offending.

9. We recommend to the Government that the process of referral to rehabilitation programmes be sped up so that child offenders can benefit from these programmes sooner and more effectively.

10. We recommend to the Government that a national database of all rehabilitative programmes available for child offenders be established and maintained, to provide judges with a comprehensive overview of treatment options for child offenders.

11. We recommend to the Government that all rehabilitation programmes receiving state funding be required to provide an evaluation of the programme’s effectiveness (including cultural perspectives). Taking into account the size of the contracts or programmes may require the support of the relevant funding agency to conduct a robust evaluation.

12. We recommend to the Government that a review be conducted to gauge the recidivism rates of child offenders who have taken part in rehabilitation programmes, to assess the effectiveness of the various schemes.

13. We recommend to the Government that intervention be proportionate to the risk a child’s environment presents to his or her development and the seriousness of his or her situation, which may or may not be indicated by the seriousness of his or her offending; and that the risk should be examined in a comprehensive assessment.

14. We recommend to the Government that Child, Youth and Family review the offending history of a selected group of offending young people and track their outcomes to get an indication of the success of the interventions they have received, and of Child, Youth and Family’s case management, and to determine areas for a responsible review of practice and policy.

15. We recommend to the Government that progress be made as soon as possible on sharing information between Child, Youth and Family, the New Zealand Police, the Ministry of Justice, the Ministry of Health, and the Ministry of Education to track the outcomes of those in Child, Youth and Family care.
4 The care and protection referral process

We examined the way that the referral of children into the care and protection system operates, and were particularly interested to hear views on how the process could be improved. Child offenders are dealt with through a unique system which is a hybrid of the justice and care and protection systems. For child offending to be dealt with effectively, it must be dealt with promptly, in a way that is appropriate to a child’s sense of time. Delays can result in a child’s negative or antisocial behaviour becoming ingrained, and in children failing to grasp the link between their offending and its consequences. With this in mind we considered how the process could be streamlined to ensure that child offenders are dealt with quickly.

Timeframes under the care and protection process

It is fundamental to any justice system that a response to offending is timely and proportionate and any resolution is tailored appropriately to both the offender and their offending behaviour. We were provided with details of the key timeframes in the care and protection process. The time limit for holding a family group conference before Family Court proceedings is exactly the same as that for an “intention to charge” youth offender family group conference. The conference must be convened within 21 days of the youth justice coordinator being notified that a conference is required, and held within 30 days. The ministry said that an analysis of referrals to family group conferences in the 2008/09 financial year showed that most were held in the required time. Where they were not, the ministry believed there were appropriate reasons for the delay. However we are convinced that this is not always the case.

We believe that any delay in care and protection or youth justice procedures is generally due to administrative matters rather than to the young person concerned or their family. We believe that a timely and proportionate response to care and protection issues is essential to the success of any system of justice. Delays should be tolerated only to accommodate best practice, and should not be caused by administrative deficiencies.

An application for a declaration that a child is in need of care and protection must be dealt with by the Family Court within 60 days, unless there are special reasons to allow more time. In practice, where a family group conference has been held before the commencement of proceedings, the time needed by the Family Court to deal with an application for declaration for a child offender is similar to that in the Youth Court. After a declaration has been made, the Family Court may adjourn the case for up to 28 days so a plan can be prepared before orders are made.

There is no prescribed timeframe for a family group conference which is directed where an alleged child offender has been brought before the Family Court on the grounds that it is in the public interest that the child be held in custody pending the determination of the proceedings; by contrast, when a young person has been arrested and brought before the Youth Court, a family group conference must be completed within 21 days, or 14 days if the young person is detained in custody. The ministry believes this may have given rise to
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the perception that it takes much longer to deal with child offending before the Family Court than the Youth Court. The delay appears to be exacerbated by the fact that the Family Court does not have powers to limit the freedom of the child pending determination of the allegations in the same way as the Youth Court does, which was of significant concern to many submitters. The Family Court has the power to place the child in the custody of the chief executive only if it believes the public interest requires the freedom of the child to be limited.

Bail conditions

Currently judges have no powers to impose bail conditions, such as curfews, on child offenders. While most of the evidence received was cautious about further criminalising child offenders, concern was raised that the Family Court did not have enough power to impose restrictions on child offenders. Some pointed to the greater powers of the Youth Court to impose bail-like conditions on young offenders as something that could be emulated by the Family Court. Child, Youth and Family have employed trackers to support child offenders and monitor their behaviour, but this system has been ineffective and the trackers had no ability to detain or constrain a child. Often the parents of such children have difficulty controlling them, and we understand that many could benefit from and appreciate assistance in placing boundaries on their children. We will be interested in the outcome of consideration of the Bail Amendment Bill currently before the Law and Order Committee, which has set a closing date for public submissions of 29 June 2012. The bill is due to be reported to the House on 10 November 2012.

Delays in the care and protection process

We are very concerned that some child offenders brought before the Family Court spent more than a year waiting for their cases to be dealt with. During the previous committee’s visit to the Family Court in Wellington, it was provided with specific examples of excessive delays to cases.

One of these involved a boy accused of sexual offending. He first appeared before the Family Court in May 2008, and the case came back before the court on several occasions until it was finally dealt with in August 2010. During this time the boy reoffended and, while several court and plan reviews occurred and a number of support orders were made by the court, no treatment appeared to have been effective in preventing further offending. In April 2010 the judge proposed that a custody order be considered, and in August 2010 the court placed the child in the custody of Child, Youth and Family. Most of the delays in this case were procedural, and the judge concerned appeared to have difficulty in obtaining the necessary reports from relevant agencies. This case highlights our concern about the time taken to deal with child offenders. We are very concerned that a child exhibiting such troubling behaviour was not dealt with more quickly and effectively, which might have reduced the chance of further offending.

We were concerned to learn that in some cases lawyers and social workers representing Child, Youth and Family have failed to attend court hearings, particularly since some cases involve children with severe behavioural problems who need secure residential placements. Section 5(f) of the Children, Young Persons, and Their Families Act 1989 specifically states that decisions affecting a child should be made and implemented within a timeframe that is appropriate to a child’s sense of time. It has become clear in the course of this inquiry that
this is not always happening; and this is not fair to either the victims, or the children and their families. It also means that child offenders may continue to commit crimes and that their behaviour may thus become more deeply ingrained. Often delays are due to administrative issues in Child, Youth and Family. These are not usually incurred in order to implement best practice in dealing with child offending, but to meet other departmental imperatives or deal with operational contingencies. The young person should come first in the priorities of agencies involved in care and protection and youth justice matters; other considerations are ancillary.

We will be interested in the outcomes of the Family Court review, which addresses delays in the court system.

We were concerned to hear of frequent changes in case workers assigned to children and young persons, especially in large metropolitan areas. Constant or frequent changes of case officers is not conducive to good outcomes, as trust is broken and takes time to rebuild with each change. Stability in the relationship between Child, Youth and Family and the child or young person and his or her family must be the top priority.

This sentiment was reflected in the submissions received. Many argued that the process for referral into the care and protection system was far too long and complex, and suggested that change should be considered. We learnt that some Family Court judges are more experienced at dealing with child offenders than others; and it was suggested that consideration be given to designating certain judges to deal with child offenders. This would build up a base of specialist judges and also provide continuity. We learnt that almost every 14-year-old who is charged in the Youth Court has a history of offending as a child. This would seem to suggest that not enough is being done to address offending at an early enough stage.

We were particularly interested in the Principal Family Court Judge’s view that the referral process is cumbersome and difficult to negotiate, and that the role of police and Child, Youth and Family in the process needs to be defined more clearly. The process currently draws from both the care and protection and youth justice models under the Children, Young Persons, and Their Families Act; the judge suggested creating a separate part in the Act relating specifically to child offenders, to clarify the process. He also suggested that victims should be accommodated better in the Family Court, both to help the children understand the impact of their offending, and to ensure the victims feel their grievances are being taken seriously.

Concern was voiced that the Act and specifically the process for dealing with child offenders were too complex. Issues were raised about delays in convening family group conferences, the difficulty of working within the Family Court process, and frustrations for Youth Aid officers in obtaining care and protection orders. We find these comments worrying, since family group conferences are an important opportunity for a comprehensive plan to be formulated and to involve other agencies, such as health and education, in addressing any problems.

Very few cases are lodged in the Family Court by the police before the convening of youth justice family group conferences. Most of these cases result in children being placed with Child, Youth and Family caregivers or in residences to ensure the child’s and the
community’s safety. These family group conferences are generally convened and held within the statutory youth justice timeframes.

Child, Youth and Family is introducing a new case consultation policy for all youth justice cases. For child offenders, this will involve care and protection and youth justice practitioners, and the intention is to ensure that assessment determines more accurately the underlying causes of offending behaviour. This information will inform the family group conference process, and allow the development of more comprehensive plans for offenders.

We consider this policy to be a positive development, but we would like to see the way that child offender cases are managed by state agencies improved further. Of particular concern to us is the high turnover of social workers and case workers assigned to an individual case, which appears to be particularly prevalent in large metropolitan areas. While we appreciate that some staff turnover is inevitable, we believe social worker assignments should be changed only when absolutely necessary. Given that child offenders are often highly vulnerable children from struggling families, consistency of social work care is critical so that they can maintain a relationship, and build trust, with one particular social worker. Social workers themselves require a certain amount of time to develop knowledge of a case and to build an effective relationship with the child and his or her family. Regularly changing case workers can derail social work intervention, and we believe the quality of services provided to child offenders and their families could be compromised by this high turnover.

We consider that work should be done to ensure a consistently high standard of social work across the country, to ensure that all children and their families receive appropriate care regardless of their location. We also consider that the system could be improved by requiring that all child offenders entering the care and protection process have health and education assessments. This would allow the pertinent information about a child’s situation to be gathered early, and ensure all relevant agencies were involved at an early stage. We also believe that children with mental health issues or with drug and alcohol problems should be prioritised in the care and protection system. We note that the Government has now provided funding for access to health and education assessments for all children who go into the care of Child, Youth and Family.

Other options to streamline the referral process which were suggested to us included

- simplifying Family Court processes and paperwork, which can be complex and are unfamiliar to most participants
- increasing the priority of child offender cases, to ensure faster processing
- briefing the Crown solicitor on all urgent child offending matters, in order to recognise the complexity of such proceedings.

It is clear to us that the current process is unwieldy and needs to be reformed. In the course of this inquiry compelling submissions were made and the previous committee saw first hand the need for change. The legislation governing child offending is complicated and, at times, difficult for police and social service agencies to use. Therefore we believe consideration needs to be given to simplifying the legislation to make it more straightforward to apply. We also consider that all operational aspects of the process,
including family group conferences and court processes, need to be streamlined to ensure that children can move through the system quickly. In our view the delays experienced at the moment are unacceptable.

**Process for referral into the care and protection system**

There was concern about the length of and delays in court processes and responses to child offending, when it is crucial to respond promptly to problem behaviour. It was also suggested that, while the youth justice system is designed to respond early to young offenders, the same is not true for child offenders.

We are aware of claims that the 60-day time-limit for the Family Court to hear an application for a declaration is rarely met, and suggestions that this is because the care and protection system prioritises children whose safety is at risk ahead of those who have come to notice largely because of their behaviour. However, we understand that the Ministry of Justice prioritises meeting any statutory deadlines for court proceedings, but the courts’ ability to comply with those timeframes is affected by the actions of other agencies also involved in child offender cases. We were assured that there is no policy or process that prioritises other care and protection applications ahead of those made on the grounds of child offending.

The ministry acknowledged concern about delays in the court’s response to child offending, and noted that the Act requires action within a period appropriate to a child’s sense of time. However, it believes it is important to appreciate the complexity and long-term implications of care and protection proceedings. It stressed the significance of making a declaration that a child is in need of care and protection, and argued it is necessarily a time-consuming process to prepare the information necessary to determine such an issue.

A Family-Court-based system that was equally responsive to both the care and protection needs of the child and youth-justice requirements would have to acknowledge the complexity of the child’s care and protection needs. This would require a considered and planned approach, possibly involving long-term judicial review of the child’s circumstances. It would also have to be equipped for the timely disposal of allegations of offending, responding appropriately to the public interest and the interests of victims, and with less complex supporting paperwork.

We believe the current referral system is far too slow. It is vital that children deemed to be in need of care and protection be dealt with promptly. We are very concerned about long delays and inefficiencies in the Family Court process. For intervention to bring about successful rehabilitation, it is critical that it occur as soon as possible after the offence. For a child to appreciate the consequences of their offending, any punishment or rehabilitation efforts must follow soon after the offence was committed. Long delays are also unfair on the victims and create an impression that the justice system is not interested in treating child offending seriously. That the court should take more than a year to deal with the offending is unacceptable.

**Recommendations**

We recommend to the Government that it consider simplifying the legislation governing child offenders to make it easier for practitioners to apply.
17 We recommend to the Government that all children referred into the care and protection system undergo health and education assessments automatically.

18 We recommend to the Government that child offenders identified as having mental health issues or drug and alcohol problems be given a high priority for care.

19 We recommend to the Government that it look at ways of improving the Family Court process to prioritise child offending cases.

20 We recommend to the Government that it streamline all aspects of the current care and protection system and referral process to ensure child offenders are dealt with soon after the offending.

21 We recommend to the Government that the departments involved in care and protection proceedings ensure that delays are never caused by administrative shortcomings or operational contingencies, but only to facilitate best practice and to promote the best outcome for the young person at the centre of proceedings.

22 We recommend to the Government that case files be reviewed on completion to determine whether deadlines were met and resolutions of the family group conferences and court hearings were realised; the reasons and justifications for any delay; and how the process could be improved to minimise delays in comparable circumstances.

23 We recommend to the Government that steps be taken to ensure that changes of case officer are rare and reasonable, and that due consideration is given to a case officer retaining responsibility for any child or young person who is the subject of proceedings, regardless of a change in position, if continuity of responsibility is in the best interest of that child or young person and retaining the file would not impinge unduly on the efficiency of the department.

24 We recommend to the Government that delays in proceedings and processes be a reportable measure in the annual report of Child, Youth and Family.

25 We recommend to the Government that in all cases involving children, the timeframes for action be required to reflect a child’s concept of time.
5 The effectiveness of the care and protection model

The current care and protection model has been in use for more than 20 years and we believe this inquiry offers an ideal opportunity to evaluate its effectiveness. A wide range of submissions were received from organisations and individuals who deal with the system regularly. While the general view was that the care and protection model reflected the most suitable approach for dealing with child offenders, most submitters considered that there was a need to reform the system to make it more efficient and effective.

Possible improvements to the care and protection model

Suggested options for improvement to the care and protection model include the following:

- increasing resourcing of the child offender system, with more Child, Youth and Family residential placements
- increasing the range and improving the availability of programmes for child offenders
- improving education of front-line social workers and police about the child offender system
- strengthening links between front-line agencies and health and education agencies; and developing coordinated services from these agencies to specifically address the offending and behavioural problems of child offenders
- a more focused strategy for Child, Youth and Family for dealing with child offenders
- creating an advisory group to provide expert advice to Child, Youth and Family on the clinical delivery of services for the highest-risk children in its care
- developing a model of services for child offenders, so they can be dealt with by police, Child, Youth and Family, and the Family Court with minimal delay
- higher prioritisation of child offender cases by government agencies to ensure that effective intervention is provided as quickly as possible
- changes to the current roles of the police and social workers in the system, including clarification of responsibilities in areas such as the enforcement of Family Court orders regarding child offenders
- a separate space and administration system in the Family Court for child offender cases, and more formality in the court itself.

Concerns about the current care and protection model

A mixed range of views about the focus of the care and protection model were raised. Submitters generally thought that a care and protection framework was the most
appropriate way to deal with child offending, but most believed the system needed to be changed to make it operate more effectively. The hybrid nature of the system is intended to strike an appropriate balance between punishing and rehabilitating child offenders. We noted that while the collaboration between Child, Youth and Family and police is strong, education and health services also need to be involved, and we are concerned that these important agencies may not be involved as fully as they could be. During the inquiry it became apparent that some key agency staff did not prioritise Family Court proceedings highly enough. Situations where social workers or lawyers fail to turn up to court are unacceptable and lead to delays in the process. We understand that social worker turnover is high, and this is affecting the quality and consistency of the service provided in child offending cases.

We consider that early intervention is critical to ensuring that children with behavioural issues do not graduate to become youth or adult offenders. Working with a 10-year-old may be more effective than waiting until they are 12 or 13 years old and the problem behaviour has become habitual. We understand from Child, Youth and Family that an early family group conference can allow early intervention and thus reduce the likelihood that the child will be removed from their family and taken into the care of the department. We do not believe removal to be a desirable outcome in most cases, and feel that families should be given every opportunity to work with the department to change their family environment and address their child’s behaviour. However it appears some parents are not as engaged with the care and protection process as they should be. We understand that it is not uncommon for parents not to attend court hearings relating to their children, and we consider this issue needs to be addressed. Changing a child’s behaviour needs input from the entire family, and it is crucial for parents to be fully involved in the process whenever possible.

The threshold for intervention under section 14 of the Children, Young Persons, and Their Families Act is very high, and submitters suggested that Child, Youth and Family need to be able to intervene more readily, when it is easier for problem behaviour to be corrected. In order for section 14(1)(e) to apply, a child must have committed an offence where the number, nature, or magnitude of offences gives serious concern for the child’s well-being. We understand that it is often difficult for the courts to categorise offenders properly and develop suitable responses to their offending. Some children commit serious offences without otherwise appearing to be in need of care and protection. Other children may commit offences that are not serious enough to meet the test in section 14(1)(e) for intervention, but this offending could be indicative of care and protection issues which need to be addressed.

**The complexity of the legislation**

We were concerned to learn that the complexity of the legislation governing child offending makes it difficult for police, social service workers, and court officials to use. While most child offenders are dealt with by way of a warning or alternative action from police, the process for dealing with more serious offences is complex. We understand that the legislation is difficult to read, with the relevant sections scattered through the Act. Child offending is a small component of offending in New Zealand, which means practitioners do not become familiar with the Act by using it regularly. The paperwork
required to take the case of a child offender to the Family Court was said to be extensive, taking up significant time and resources.

Several submitters described the process as cumbersome and confusing. The Family Court said the Act was “difficult and unclear” and constituted “a thankless task for busy frontline professionals”; while the Children’s Commissioner said the complexities “provide strong disincentives to using the provisions”. We were also concerned about suggestions that it was often easier for police to wait until a child turned 14, when they could be covered by the easier-to-use Youth Court jurisdiction, before dealing formally with a child's offending. Given the evidence of the need to intervene quickly, we consider that the process needs to be made simpler, to prevent continued, possibly life-long, offending.

Currently if a child has matters before the Family Court, that court retains the case even if the child is subsequently brought before the Youth Court as a result of more serious offending or because they are too old for the Family Court to deal with subsequent offences. This creates a situation where children are involved in two sets of concurrent proceedings. If rehabilitation is to be effective, the court requires the full facts and a comprehensive overview of the child’s situation when deciding how to deal with him or her. We believe that in this situation all outstanding matters should be transferred from the Family Court and dealt with alongside the new offences before the Youth Court.

**Balancing care and protection and youth justice principles**

Many submitters discussed the tensions between care and protection and youth justice principles in the child offender system. They argued for some degree of balance between the two, and for giving the Family Court a wider range of tools to deal with both issues. For example, we learnt about the wide range of options available to the Youth Court compared with those available to the Family Court, and suggest that giving the Family Court similar powers might be effective in the rehabilitation of child offenders. The Family Court proposed the idea of an “oversight and accountability order,” to be applied where a care and protection declaration was not required. It was also emphasised that it is important not to criminalise children at too young an age.

We received suggestions that the Family Court adopt more youth justice processes, including appointing youth advocates to represent child offenders, requiring children or their parents to attend the court, and focusing more on victims.

Submissions also suggested a consultation process between the police and social workers before making a section 67 application for a declaration that a child offender is in need of care and protection. This was because, while a police officer is likely to be more experienced and expert at presenting a case that alleges offending has occurred, a social worker is likely to be better equipped to present a case that a child is in need of care or protection. However, we understand that a consultation is already mandated by the Act, under section 18(3), which requires the youth justice coordinator and the enforcement officer to consult on the case.

**Orders available to the Family Court**

The key orders available to the Family Court upon a declaration that a child offender is in need of care and protection are custody and guardianship orders (which relate to the care
of the child), and support and services orders (which concern services and support provided to the child and family). Restraining orders and reparation orders can also be made, although the Act provides no enforcement mechanism for them. The ministry said that the orders available to the Family Court to deal with child offenders are generally parallel to those available to the Youth Court. The key difference between the two courts is the fact that the Family Court is guided by care and protection principles and that the child’s welfare and interest is its paramount consideration.

Legislation came into force in October 2010 providing for judicial monitoring and intensive supervision options, and increasing the duration of some existing supervision orders in the Youth Court. Youth offenders and their families can be required to take part in various court-ordered activities, including parenting education, mentoring, and alcohol and drug programmes. We consider the Family Court should have similar powers to place tougher orders on child offenders, particularly regarding supervision. It is also clear to us that the Family Court must be enabled to impose bail conditions. We have learnt of several examples of children continuing to offend while their cases were before the court; and social service agencies not having the power to detain or restrain them.

Where the Family Court makes a custody order pending determination of proceedings, Child, Youth and Family is responsible for seeking and making a placement for the child. They may be placed with other family members or in Child, Youth and Family foster care, a family home, or a residence (usually a care and protection residence). Child, Youth and Family currently have 48 care and protection residential placements available. The Act also allows child offenders to be placed in the custody of other people (such as an iwi social service or a cultural social service). Child, Youth and Family is working with non-governmental organisations to develop specific services for offenders and their families, paralleling Child, Youth and Family’s approach to supervision with activity orders and programmes arising out of the Youth Court.

One issue of serious concern to us is the shortage of suitable housing for child offenders. We learnt that child offenders are often housed with others with only care and protection issues. This is of particular concern where a child is violent and may pose a risk to the safety of other vulnerable children, and it was suggested to us that specialist residences for child offenders would be desirable.

The Family Court said that child offenders appearing before it are not always in need of care and protection, and in some instances a rehabilitative approach only may be required. Therefore it was suggested that it might be more appropriate for the Family Court to be able to issue a new kind of court order, perhaps called an “oversight and accountability order,” rather than making a care and protection declaration regarding the child. We understand that the Youth Court can now issue various orders requiring youth offenders to be subject to rehabilitation programmes, such as mentoring, drug and alcohol treatment, or intensive therapy. We believe thought should be given to making similar measures available for judges dealing with cases in the Family Court.

**Media coverage**

The Family Courts Amendment Act 2008 has allowed the media to attend a wider range of Family Court proceedings than was previously permitted. Provided that news reports do not include information that could identify the child involved, most Family Court
proceedings can be reported without the judge’s permission. Journalists must work for an accredited media organisation to gain access to the court. In order to become accredited, media outlets must have a code of ethics and an appropriate complaint procedure.

While these changes have made the Family Court more open, we believe more could be done to facilitate coverage by and engagement with the media. It is important that there be a good understanding of the work of the court; and the public must have confidence that the system is effective in dealing with child offenders. We consider that more openness about the Family Court’s operations would contribute to improving public confidence.

Concluding comments

The current care and protection model has multiple parts that fit into a complex whole. The model guides intervention in the lives of children requiring care and protection as well as those who also have youth justice needs. The concerns raised by submitters related to various aspects of this model should not be addressed in a piecemeal fashion. Submitters wanted the care and protection model to address effectively cases that come to the early notice of Child, Youth and Family. They also wanted the model to enable collaboration between agencies.

We consider that a more detailed review of the care and protection model should be undertaken to ensure that cases referred to it receive appropriate intervention as early as possible. Further thought also needs to be given to simplifying the care and protection system to avoid duplication and delays. Time should be of the essence in dealing with cases, and there should be a premium on initiating effective intervention as soon as possible.

Early intervention should be coupled with the availability of effective services to enable children and young people to address their needs. Delays often compound their difficulties and make intervention less effective. Thought should be given to timely and effective intervention. We support the idea of an “oversight and accountability” order to allow the timely provision of services to be kept under review, and to ensure the appropriate level of intervention is made available in any given case.

Recommendations

26 We recommend to the Government that it consider allowing cases before the Family Court to be transferred to the Youth Court if the child becomes old enough during the proceedings to be dealt with by the Youth Court, or if the child commits subsequent offences which fall into the Youth Court’s jurisdiction.

27 We recommend to the Government that it consider requiring more responsibility from agencies involved in Family Court proceedings.

28 We recommend to the Government that it consider giving the Family Court greater powers to compel parents to attend court hearings involving their children.

29 We recommend to the Government that it give the Family Court similar powers to make supervision orders to those of the Youth Court.
30 We recommend to the Government that it undertake a more thorough, detailed review of the care and protection model to ensure intervention is early and effective.

31 We recommend to the Government that it consider introducing a new oversight and accountability order in the Family Court.
Appendix A

Committee procedure

This inquiry was initiated on 9 December 2009 by the Social Services Committee of the 49th Parliament. That committee called for public submissions on the inquiry. The closing date for submissions was 19 March 2010. It received 17 submissions, and heard 10 orally. It carried out site visits of child offender rehabilitation facilities and programmes in the Wellington region, and met with Family Court judges at the Lower Hutt and Wellington courts. It also travelled to Australia in May 2011 to learn about the Australian approach to the issues being addressed in the inquiry, travelling to Sydney, Canberra, and Melbourne, meeting members representing the Commonwealth of Australia, and the New South Wales and Victorian Legislative Assemblies, as well as people from several social service providers and the social research profession. A visit was made to a corrective facility.

After the commencement of the 50th Parliament, we readopted the inquiry on 8 February 2012.

The Ministry of Social Development, the Ministry of Justice, and the New Zealand Police provided advice.

Committee members

Peseta Sam Lotu-Iiga (Chairperson)
Jacinda Ardern
Hon Jo Goodhew
Melissa Lee
Jan Logie
Le’aufa’amulia Asenati Lole-Taylor
Tim Macindoe
Alfred Ngaro
Dr Rajen Prasad
Mike Sabin
Su’a William Sio
Appendix B

List of submitters
Action for Children and Youth Aotearoa
Aotearoa New Zealand Association of Social Workers
The Children’s Commissioner
Chris Clarke
The Family Court of New Zealand
Family Planning
Hutt Valley Community Law Centre
Dr John Werry (Emeritus Professor), Prof David Fergusson, Dr John Church,
Dr Ian Lambie, Dr John Langley, Assoc Prof Kathleen Liberty, Prof Richie Poulton,
and Dr Louise Webster
The New Zealand Law Society
The New Zealand Nurses Association
The New Zealand Police Association
The New Zealand Psychological Society
UNICEF
Youth Court of New Zealand
The Youth Horizons Trust
YouthLaw Tino Rangatiratanga Taitamariki
Youth Justice Independent Advisory Group

Additional evidence was also received from Judge John Walker and the Te Rakau Hua O Te Wao Tapu Trust.
Inquiry into boarding houses in New Zealand, and Briefing into long-term caravan park and motor camp accommodation

Report of the Social Services Committee

Fiftieth Parliament
(Melissa Lee, Chairperson)
August 2014

Presented to the House of Representatives
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Inquiry into boarding houses in New Zealand, and Briefing into long-term caravan park and motor camp accommodation

Summary of recommendations

The Social Services Committee makes the following recommendations to the Government:

- That it align terminology in the Health Act 1956 so that the definition of the term “dwellinghouse” specifically mentions boarding houses, and align the definition of “boarding house” in the Housing Improvement Regulations 1947 with the definition used in the Residential Tenancies Act 1986.

- That it require Statistics New Zealand to amend its Census Dwelling Form to enable boarding house residents and/or owners to self-identify as owning or residing in a boarding house.

- That it amend the “Application for approval of an evacuation scheme” form in the Fire Safety and Evacuation of Buildings Regulations 2006 to require a building owner to specify a building’s current or intended use.

- That it ensure that information on boarding houses collected by territorial authorities and government agencies is shared in order to promote collaboration.

- That where necessary it update the regulations under the Health Act 1956, the Building Act 2004, the Residential Tenancies Act 1986, and the Local Government Act 2002
  - to make the minimum standards more reflective of modern standards
  - to align penalties to reflect the costs of inspection and enforcement
  - to allow infringement notices to include the recovery of council enforcement costs.

- That it ensure that local territorial authorities are more proactive in enforcing the current legislative requirements of the Health Act 1956, the Building Act 2004, and the Residential Tenancies Act 1986.


1 Introduction

In February 2011 the Social Services Committee of the 49th Parliament received a briefing on homelessness in New Zealand from the New Zealand Coalition to End Homelessness. The committee resolved to inquire further into one aspect of homelessness, the use of boarding-house accommodation.

In 2010, the Residential Tenancies Amendment Act 2010 was enacted. It extended the coverage of the principal Act to boarding-house tenancies, and introduced a number of rights and obligations for landlords and tenants of boarding houses. In this context, the terms of reference for inquiry were

- to consider the legislative and regulatory frameworks that applied to boarding houses
- to determine whether the current frameworks provided adequate protection to vulnerable tenants.

The committee received 22 submissions from professional and non-governmental organisations, service providers, landlords, and individuals, and considered advice from the Department of Building and Housing, the Department of Internal Affairs, and the Ministry of Health.

On 30 September 2011, an interim report was made to the House stating that because of the pending dissolution of the 49th Parliament there was no time to consider and make appropriate recommendations on the key issues: the minimum building and health and safety standards for such accommodation, the monitoring and enforcement of compliance by central and local governments, and the provision of information and education for landlords and tenants. The report encouraged this committee “to reinstate this as an item of business, and give the subject further consideration”.

We reinstated the inquiry at the start of this Parliament. We received advice from the Department of Building and Housing, the Ministry of Business, Innovation and Employment, the Department of Internal Affairs, and the Ministry of Health.

This report details the key issues relating to boarding house accommodation in New Zealand, and surveys the existing legislative and regulatory frameworks relating to boarding houses and similar types of residential accommodation.

Available information

In conducting this inquiry, we encountered a number of obstacles to examining boarding houses. When we commenced our inquiry the definition of “boarding house” used by Statistics New Zealand differed from that set out in the Residential Tenancies Act 1986, which also differs from that in the Housing Improvement Regulations 1947. They differ as to the minimum number of residents needed to fulfil the definition, the need for communal facilities, and the rights and obligations of the landlord. For Census 2013, Statistics New Zealand used the definition in the Residential Tenancies Act.

1 The Department of Building and Housing was responsible for policy, regulation, and dispute resolution services for the building and housing sector. It was disestablished on 30 June 2012 and merged with three other government entities to form the new Ministry of Business, Innovation and Employment from 1 July 2012.
We also heard that, because there is no registration requirement or licensing regime for boarding houses, it can be difficult to determine how many boarding houses are operating. We understand that while the 2013 Census of Population and Dwellings identified 174 occupied boarding houses, in 2011 the Department of Building and Housing had a database listing approximately 500. There are different types of boarding house: some cater for students or workers on short-term contracts, while others are relatively upmarket.

However, the typical boarding house in New Zealand will usually be occupied by tenants (mostly male) who have no other accommodation options, many of whom have substance abuse, mental health, or emotional issues. While some boarding houses are managed well, others fall short of the most basic standards that could be expected. It is these boarding houses that were primarily of interest to us in this inquiry.

The extent of any problems in the sector is not clear because there is incomplete data about the number and locations of boarding houses, their compliance with minimum building health and safety standards, the number of landlords who are not compliant with their obligations, and whether tenants are aware of their rights. There is also a lack of information about the number and proportion of vulnerable people living in boarding house accommodation.

We also expect that population dynamics in the Canterbury region, and possibly other regions, will have been affected by the Canterbury earthquakes, meaning that any research undertaken before the first Canterbury earthquake in September 2010 may not provide a good picture of the current situation.

**Legislative framework**

It is also difficult to gauge the extent of issues with boarding house accommodation because of the fragmented monitoring and legislative environment that governs this sector. Several pieces of legislation and regulatory frameworks relate to boarding houses and are available to local and central government for enforcement purposes. The Residential Tenancies Act defines the rights and obligations of residential landlords and tenants, sets out dispute resolution procedures, and establishes a fund in which bonds are held. The Building Act 2004 sets out the minimum performance standards for new or renovated buildings; while the Local Government Act 2002 gives territorial authorities general bylaw-making powers to protect and maintain public health and safety. The Fire Service Act 1975 requires owners of boarding houses accommodating more than five people to have a fire evacuation scheme unless the building has a sprinkler system. The Health Act 1956 allows local authorities to issue cleansing and closure orders for properties that have become a health threat. The Housing Improvement Regulations include provisions to prevent overcrowding in boarding houses, and allow (but do not require) local authorities to keep a register of boarding houses.

**Location of boarding houses**

The 2013 Census shows that 86 percent of boarding houses were located in the major urban areas of Auckland (66 boarding houses), Hamilton City (3), the greater Wellington region (43), Christchurch City (15), and Dunedin (24). Twenty-one boarding houses were located in rural or provincial districts of the Thames-Coromandel District (3), the wider Hawke’s Bay region including Gisborne (3), Palmerston North City (3), and Central Otago (3).
Profile of boarding house residents

At the time the inquiry was initiated we heard that many kinds of people were living in boarding houses, including, among others, single students and people receiving invalid’s or sickness benefits. We heard that the profile of a typical boarding-house resident, traditionally a single older male on a low income or unemployed, may be changing, with more females, young people, and employed people using boarding house accommodation. Individual boarding houses tend to cater for specific groups. A 2004 Tenants Protection Association survey of Christchurch boarding houses distinguished four main types:2

- **Traditional**: typically single males aged over 45 years, who may suffer from drug dependency or emotional issues.
- **Student**: typically foreign nationals who were in Christchurch for tertiary education purposes.
- **Visitor**: typically workers in Christchurch on short-term contracts.
- **Upmarket**: typically people who wanted to live in pleasant surroundings for an extended period without the responsibilities associated with other kinds of tenure.

According to the survey, reasons for choosing boarding houses included convenience, cost, independence, and proximity to work, tertiary institutions, and services. Boarding houses can be a last resort for persons with limited means or a poor credit or tenancy history, or where there is a lack of other accommodation.

The 2013 Census showed that 31 percent of boarding house residents were between 15 and 29 years old, 58 percent were between 30 and 64 years old, and 7 percent were 65 or older. Five percent of boarding house residents were 15 years old or younger. Sixty-eight percent of residents were males.

The Tenants Protection Association survey found that 45 percent of residents of “low-end” boarding houses were aged between 30 and 49, and 13 percent were 60 or older. Although the survey recorded no residents aged 20 or younger in traditional boarding houses, a quarter of residents in student boarding houses were less than 20 years old. The majority of such residents were male.

The 2013 Census showed that Māori, Pacific, Asian, Middle Eastern, Latin American, and African people were all overrepresented in the figures of boarding house residents, but most residents were of European descent.

The Tenants Protection Association survey showed that Māori were over-represented in traditional boarding houses in Christchurch, while the review of the Ministry of Building, Innovation and Employment database found that Pacific peoples were over-represented in boarding houses in Auckland.

The 2013 Census showed that 89 percent of boarding house residents lived in the main urban areas of Auckland (1,362 people), Hamilton City (18), the greater Wellington region (510), Christchurch City (297), and Dunedin (237). The remaining 11 percent of boarding house residents lived in rural districts or provincial cities of the wider Hawke’s Bay region and Gisborne (150), Palmerston North City (45), Tasman and Marlborough districts (36), Waimate District (6), Gore District (3), or Invercargill (21).

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Health, disability, and safety

The Tenants Protection Association survey found that in “traditional” boarding houses, which represented half of those surveyed, 55 percent of residents reported a health or disability issue, with 10 percent reporting mental health issues, 35 percent reporting prior dependency on drugs or alcohol, and 16 percent reporting a current such dependency. Seventy-seven percent were beneficiaries (superannuitants or recipients of unemployment, sickness, or invalid’s benefit). Twenty-nine percent of residents of traditional boarding houses received an invalid’s benefit and 16 percent received a sickness benefit. However, boarding house managers reported more use of alcohol and drugs by residents than was reported by the residents themselves.

Many submitters talked about “low-end” boarding houses, saying that they presented risks for tenants, such as dangerous and insanitary conditions; whereas others stated they had no issues with their boarding houses. Other health and well-being issues related to the availability and accessibility of support services. Vulnerable people living in poor-quality boarding houses, including people with complex and multiple needs, long-term elderly tenants, and people who have undergone medical treatment, are likely to incur higher and unnecessary health and welfare costs as a result of their housing arrangements.

More than 1,000 non-government providers are funded by central government agencies to provide housing, support services, or a mixture of both. Research conducted by the University of Otago found that funding and the lack of co-ordination between the main central government agencies and non-government agencies makes it difficult for vulnerable boarding house residents to access the support they need. It illustrated poor institutional discharge practices from prisons and hospitals, a lack of access to adequate housing, and a lack of affordable housing. It also cited comments by some health workers who felt disempowered to take action on behalf of vulnerable boarders, who risk eviction if health workers complain on their behalf about building maintenance and occupancy standards. Health workers also feared being banned from entering boarding houses to visit clients if they raised concerns.³

Financial trends in the boarding house sector

Boarding houses are typically more affordable than other private residential tenancies. The average rent per week for a one-bedroom property in Auckland was $318 over the three months to September 2012, whereas the average weekly rental for a single room in a boarding house over that period was $221. According to the 2013 Census, 46 percent of boarding house residents were in full- or part-time work, 13 percent were unemployed, 30 percent were not in the labour force, and the labour force status of 11 percent could not be determined. Approximately 47 percent of boarding house residents reported income on or below the median;⁴ 22 percent of residents did not answer this question.

Tenancy bond data indicates that since late 2010 there may have been an increase in the number of boarding house rooms being rented, and an increasing trend for residential properties to be let on a room-by-room basis. Rooms and boarding-house rooms have increased from three percent of private-sector bond lodgements in 2006 to five percent in 2012. However, the increase is likely to be partly because of changes to the Residential

⁴ The figure for median income set out in Census 2013 is $28,500.
Tenancies Act in 2010, which required boarding houses to lodge bonds. At July 2011, the Department of Building and Housing, which is now part of the Ministry of Business, Innovation and Employment, had received 282 bonds relating to 264 properties identified as boarding houses.

While much of the evidence is anecdotal, landlords report increased demand for boarding house accommodation by employed people, a demographic that has not traditionally sought such accommodation. Housing support service providers in Wellington report an increasing number of women seeking temporary or emergency accommodation, sometimes in boarding houses. Welfare agencies in Dunedin have reported that single young men are finding it more difficult to access adequate rental accommodation and are seeking boarding house accommodation. We are advised that some boarding house landlords are now only willing to accommodate people who are employed.

**Transience**

It is often assumed that boarding house residents are highly transient, and indeed, at ten months, boarding houses have the shortest average length of tenancy in the private residential market. Nevertheless, some residents remain in the same boarding house for long periods, and some highly transient people remain in the boarding house sector for many years.

Records from the Ministry of Business, Innovation and Employment tenancy bond system indicate that at August 2013 the length of tenure for boarding house bonds that have been refunded was 3.4 months (median) and 5.3 months (average).

The 2013 Census showed that 44 percent of boarding house residents had lived in the same boarding house for less than one year; 26 percent for one to four years, and 14 percent for more than five years; 16 percent did not respond or their responses were unintelligible.

The Tenants Protection Association survey found that 65 percent of tenants living in traditional boarding houses in Christchurch reported living in the same boarding house for a year or longer.

Qualitative research conducted in 2012 found that a small group of people were transient but remained in the boarding house sector long term. The research also found that tenants did not necessarily move because they were unhappy with accommodation conditions. Some tenants indicated they would move boarding houses before they could be evicted, which would allow them to return to the same boarding house at a later date. Some residents live in the same boarding house for long periods; in one reported case a person lived in the same boarding house for 34 years. These residents are often poor and have few alternatives.

**Briefing into long-term caravan park and motor camp accommodation**

In February 2013, we initiated a briefing about long-term caravan park and motor home accommodation. We considered including these types of accommodation in our inquiry into boarding houses in New Zealand, but decided that they did not fall within the terms of reference. For the sake of fullness, we decided to report back this briefing together with the inquiry.

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5 Aspinall, “Anyone can live in a boarding house, can’t they?”
2 Key issues

The key issues raised by submitters were the varying quality of boarding houses, the low level of monitoring and enforcement of current legislative requirements and standards, the poor coordination of support services for vulnerable tenants, the lack of knowledge by boarding house landlords of rights and responsibilities under (or deliberate non-compliance with) the Residential Tenancies Act, and the lack of a housing strategy to address the needs of vulnerable people.

The main issue raised was the passive approach of both government agencies and local government to monitoring and securing compliance with existing statutory requirements. Submitters told us that often tenants and boarding-house landlords did not know about their rights and responsibilities.

Minimum standards and legislation

Most submitters considered that the quality of some boarding houses was so poor that they did not comply with the building health and safety standards. Submitters generally agreed that these standards themselves are adequate if compliance is enforced, but that the legislation relating to boarding houses is fragmented and in some respects outdated.

Submitters said that central and local government have adopted a hands-off approach to monitoring and enforcing compliance with statutory requirements. Most territorial authorities do not believe they have a problem with their boarding houses. Where problems exist, territorial authorities do not appear to give a high priority to rectifying them, making little use of their statutory ability to licence and register boarding houses. Rather than informing landlords and tenants about their rights and obligations, they tend to rely on people being aware of services and seeking them out to obtain such information. Submitters argued that this approach is not effective in protecting the most vulnerable tenants, who often have few alternative housing options, have limited knowledge about their rights and obligations, or lack the skills or confidence to complain.

The extent of the problems that submitters described is unknown as it is unclear how many boarding houses do not meet minimum building and health and safety standards. It is also not clear how many landlords are not complying with their obligations or how many tenants are aware of their tenancy rights. There is also little information about the number and proportion of vulnerable people living in boarding houses.

Monitoring and compliance

Submitters expressed concern about the living conditions in some boarding houses, where it appeared that landlords were not adhering to legislative requirements. Although in 2011 the Ministry of Business, Innovation and Employment maintained an informal database of approximately 500 boarding houses, it does not know how many of these properties meet minimum building and health and safety standards, how many of the landlords comply with their legal obligations, or how many of the tenants are aware of their rights.⁶ We heard that boarding houses in the middle and at the upper end of the market display few

⁶ The database was set up by the former Department of Building and Housing.
problems, but that building and health and safety problems, including dangerous and insanitary conditions, can be found at the lower end.

Legislation provides local authorities with adequate powers to manage issues with boarding houses, but they are not required explicitly to focus on boarding houses. Under the Building Act, the Health Act, and the Local Government Act 2002, territorial authorities can monitor a boarding house owner’s compliance with building and health and safety standards. The Building Act allows territorial authorities to address issues with buildings that could place tenants at risk, but councils’ approaches to the issue vary. Broadly, the Health Act gives powers to territorial authorities to inspect their districts regularly to determine if any conditions are likely to be injurious to the health of its citizens. Under the Local Government Act, local authorities can create bylaws for the licensing and inspection of boarding houses. We heard arguments that local authorities should take a proactive approach to dealing with boarding houses.

Compliance might be improved by the introduction of a compulsory registration system; however, territorial authorities already have the power to register boarding houses should they wish, and the costs of a compulsory registration system are difficult to estimate because the number of boarding houses is unknown. The Wellington City Council reported difficulty providing comprehensive management of the issues associated with boarding houses under the current legislative framework. The council considered that a regulatory regime should be led by central government to ensure a fair and balanced approach to the issues across the country and to coordinate the relevant agencies.

The Auckland Council submitted that a key consideration in the level of oversight of boarding houses is cost. Regular inspection and monitoring would incur significant costs, which would have to be passed on to the industry or subsidised by ratepayers. It said the effectiveness of legislative protection also depends on the ability and willingness of vulnerable tenants to exercise their rights and that where tenants lack alternatives, they may be more tolerant of exploitation by landlords. Both regulatory and non-regulatory approaches and a coordinated effort by a number of agencies are needed to protect vulnerable clients. Low-quality boarding houses and vulnerable tenants should also be considered in the context of the wider social policy issues of homelessness and affordable housing.

**Information and education**

We heard about a general lack of understanding of landlords’ and tenants’ rights regarding boarding houses. The Ministry of Business, Innovation and Employment has relied on its website and contact centre to communicate with and provide advice to boarding house landlords and tenants; but it is developing a new approach to delivering advice, information, and education in the boarding house sector. This will involve working with tenancy advocacy groups to inform tenants of their rights and landlords of their responsibilities.

More collaboration between central and local government is desirable, and coordinating mechanisms are needed to share information on issues relating to boarding houses, flag boarding houses of specific concern, and ensure that the appropriate agencies take responsibility for providing assistance and advocacy in particular cases.
3 Current initiatives

Since October 2010, the Ministry of Business, Innovation and Employment has developed a tenancy agreement for boarding house tenancies and provided training in boarding house provisions to the ministry’s contact centre staff. In February 2012, the ministry implemented a Boarding House Advice, Information, and Education Plan for communicating with boarding house operators and tenants, following the inclusion of boarding houses in the Residential Tenancies Act. Seventy boarding houses were visited as part of an information-gathering exercise.

In November 2012, the Wellington City Council, the ministry, and Regional Public Health held a forum for community support organisations interested in housing and support issues affecting vulnerable tenants. “Know your Rights” cards for boarding houses were developed as a result of feedback received at the forum, and have been shared with community groups and tenancy agencies.

The ministry has continued to collaborate with community organisations and government agencies to increase vulnerable tenants’ awareness and knowledge of their tenancy rights and responsibilities. Links have been established between the ministry and the Tenants Protection Association and Citizens Advice Bureau, and boarding houses in Queenstown, Aranui, and Hornby have been visited to discuss tenancy rights and deliver “Know your Rights” cards. The ministry has also participated in a Christchurch housing forum.

The ministry is working with the Auckland Council to promote vulnerable tenant meetings with Monte Cecilia Housing Trust in Auckland, and with the Christchurch Tenancy Protection Association in Christchurch.
4 Legislative framework

The legislation and regulations that govern boarding houses fall into two categories: those governing tenancy rights and obligations, and those governing building health and safety. Tenancy rights and obligations are governed by the Residential Tenancies Act. Boarding house building health and safety is governed by the Local Government Act, the Fire Service Act, the Building Act, and the Health Act, and the Housing Improvement Regulations.

Generally, none of these laws have precedence; but where there is any ambiguity, regulations and bylaws would be interpreted in light of the primary legislation, and would apply in addition to any statutory requirements. Where legislation overlaps, a more specific or recent provision would generally take precedence.

No registration or licensing is required for boarding houses, but the Housing Improvement Regulations allow local authorities to keep a register of boarding houses.

Territorial authorities can use bylaw-making powers to address substandard boarding houses, but in using these powers must consider cost, and the availability of alternative accommodation.

Some boarding houses are not complying with requirements set out in legislation; we note public concern that compliance with current law appears to be patchy. We note also that there appears to be little enforcement of the provisions of the Building Act, the Health Act, or the Residential Tenancies Act. These factors helped to focus our discussion of the current legislation and regulations applicable to boarding houses.

Relevant definitions

Different agencies and laws use different and sometimes inconsistent definitions of boarding house. The Residential Tenancies Act, as amended in 2010, defines a boarding house as residential premises containing one or more boarding rooms along with facilities for communal use by the tenants of the boarding house, and occupied, or intended by the landlord to be occupied, by at least six tenants at any one time.

The Housing Improvement Regulations were originally made under the Housing Improvement Act 1945. Section 7(2) of the Health Amendment Act 1979 continued the Housing Improvement Regulations as if they were made under section 120C, so they remain in effect. The regulations define a boarding house as a house or part of a house, other than licensed premises, in which five or more persons other than the occupier and the members of “his” family are lodged, but with the right of entry by the occupier to any room in which such persons are lodged, and in which the occupier supplies any food to such persons.

Before Census 2013 Statistics New Zealand defined boarding houses as establishments providing boarding facilities, usually for multiple residents and for an extended period of time. Dwellings that would usually be classified under the private dwelling category but have six or more boarders or lodgers were included in the boarding house category. For Census 2013 Statistics New Zealand adopted the definition set out in the Residential Tenancies Act.
Statistics New Zealand notes that boarding houses can be difficult to distinguish from other types of dwellings. Currently, its census data relies on information gathered by its census staff to determine what type of dwelling a residence is, so census figures regarding boarding houses are likely to be undercounts.

We agree boarding houses are likely to have been under-counted. We consider that the Census Dwelling Form should be amended to allow self-identification of boarding houses by their residents or owners. The census provides important demographic information on trends in New Zealand society, and figures regarding boarding houses would be valuable.

Boarding houses fall within the definition of “building” in the Fire Services Act, which is defined by reference to sections 8 and 9 of the Building Act. Boarding houses also fall under the definition of “relevant building” under the Fire Services Act as a place that provides accommodation for more than five people (other than in three or fewer household units) for the purposes of the Fire Service Act and Part 2 of the Fire Safety and Evacuation of Buildings Regulations 2006.

Boarding houses are also listed in Schedule 1 of the Fire Safety and Evacuation of Buildings Regulations, and are therefore subject to the fire safety requirements under Part 1 of these regulations.

**Historical overview**

Research from the University of Auckland indicates that before the introduction of the Building Act 1991 local authorities were required under the Local Government Act 1974 to license, and keep a register of, all boarding houses in their districts, and to ensure the buildings were safe and secure. Premises were inspected annually or more frequently if it appeared that owners or managers had infringed provisions in the Act. Research indicated that these inspections were focused on physical maintenance of premises, regardless of section 636 of the Act which provided for inspection by local authorities of a residence in which the well-being or interests of a disabled resident were in doubt.

Following a Government review of the New Zealand building control system in the early 1980s, the Building Industry Commission was established in 1986. The commission proposed making better use of public and private resources to regulate building activities by removing unnecessary controls and costs from the regulatory system and encouraging initiative and innovation. This was expected to lead to the production of affordable buildings without jeopardising the public interest by exposing people to unacceptable risk.

In 1991 Parliament began its examination of the Building Bill, which sought to enact recommendations made by the Building Industry Commission. The bill as introduced included an occupancy consent regime, one purpose of which was to act in certain cases as a substitute for a building licence. However, an occupancy consent regime was considered to be undesirable, as it would amount to a de facto building licensing regime. The select committee examining the bill considered that no licensing system for buildings could possibly guarantee the safety and health of buildings’ users.

The bill was intended to target the small number of owners of dangerous or insanitary buildings, not to create an administrative system affecting the majority of building owners. Provisions in the Local Government Act described above were likely to have been repealed.

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7 We understand that this phrase clarifies that adjoining residential properties would not require an approved evacuation scheme despite having more than five residents.
Residential Tenancies Act 1986

The Residential Tenancies Act is the principal Act regulating residential tenancies in New Zealand. It defines the rights and obligations of residential landlords and tenants, sets out dispute resolution procedures, and established a fund into which tenancy bonds are paid and held in trust.

The Act was amended in 2010 to include boarding houses. The amendments were intended to encourage boarding house landlords to provide clean, well-maintained accommodation and to comply with existing statutory obligations. They were also intended to encourage tenants to make complaints about substandard boarding house accommodation, and to provide a fast, cost-effective alternative to territorial authorities taking action to enforce compliance.

The Act includes provisions relating to the cleanliness, maintenance, and quality of boarding houses. When a tenant enters into a boarding house tenancy agreement, the landlord must give the tenant a copy of the house rules and a list of additional services available and their cost. Upon occupation, the landlord must ensure the tenant has vacant possession of the room (or if the room is shared, of the tenant’s sleeping quarters), and there is no legal impediment to the tenant’s occupation. The landlord must also ensure the room and facilities are reasonably clean and the premises in a state of reasonable repair, that they comply with all health and safety requirements applicable to the premises, that the premises are secure and that the tenant has access to their room and to toilet and bathroom facilities, and reasonable access to other facilities; and must display fire evacuation procedures.

The Act also allows a tenant to seek damages of up to $3,000 against a landlord who provides unclean, poorly maintained, or otherwise substandard accommodation.

Local Government Act 2002

The Local Government Act is administered by the Department of Internal Affairs and implemented by territorial authorities. It provides territorial authorities with general bylaw-making powers to protect and maintain public health and safety, and to provide for the licensing of persons or property. These powers can be used to make bylaws specifically for boarding houses. Bylaws may provide for protection of the public from nuisance, maintenance of public safety, and minimisation of the potential for offensive behaviour in public places. They may also provide for licensing of persons or property, the payment of licensing fees, and recovery of costs incurred by council. Territorial authorities may prescribe fees and charges in bylaws for a certificate, authority, approval, permit, consent, or inspection. Fees must be set on an “actual and reasonable” basis.

As of August 2011, the Auckland Council and Clutha, Opotiki, Rodney (now part of the Auckland Council), and South Waikato District Councils had bylaws requiring the licensing and inspection of boarding houses.

Despite the Local Government Act allowing regulations to provide for a system of infringement notices for the enforcement of council bylaws, no regulations have yet been

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8 T Baxter, In Her Place – a study of women’s personal safety in boarding houses, Master’s Thesis, University of Auckland, Auckland, 1996.
made for this purpose. This means that non-compliance with a boarding house bylaw can at present be addressed only through court proceedings.

**Building Act 2004**

The Building Act is administered by the Ministry of Business, Innovation and Employment (formerly the Department of Building and Housing). The Building Regulations 1992 provide for the Building Code, which sets out minimum standards for new building work on all types of buildings. The Building Act also requires territorial authorities to adopt policies for dangerous or insanitary buildings and allows them to take action against the owners of such buildings.

The warrant of fitness regime set out in the Building Act does not place obligations upon the owner of a building if the building contains a “specified system”, which might include automatic sprinkler systems, escape-route pressurisation systems, and smoke control systems, among others. If a building contains a specified system, the owner must obtain from a building consent authority a compliance schedule, which sets out performance standards and maintenance procedures for the system. Owners of buildings with specified systems must also obtain an annual warrant of fitness and a written inspection report from a licensed building practitioner.

The warrant of fitness regime does not impose minimum building construction or health standards, or require territorial authorities to inspect compliance schedules or specified systems. It does not require boarding houses to have any such systems, and very few do.

**Health Act 1956**

The Health Act is administered by the Ministry of Health. The Health Act provides for territorial authorities to issue cleansing and closure orders for properties that pose a health threat. One such threat might be overcrowding. The Housing Improvement Regulations, which continue in force under the Health Act, contain provisions to prevent overcrowding in boarding houses, including limits on the number of occupants in relation to facilities. These provisions are used by the Auckland Council in their hostel bylaws. The regulations allow, but do not require, territorial authorities to keep a register of boarding houses.

The Health Act requires landlords to provide an adequate and convenient supply of wholesome water, suitable appliances for the disposal of refuse water, and sufficient sanitary conveniences. A landlord can be fined up to $500 for failure to meet these requirements. Owners or occupiers of any premises can also be required to cleanse the premises if a territorial authority deems it necessary. Failure to do so is an offence under the Health Act.

Under the Health Act, territorial authorities may create bylaws for boarding houses to improve, promote, or protect public health, prevent or abate nuisances, prescribe sanitary precautions, provide for the inspection of any land or premises for the purposes of the Act, and provide generally for the more effective carrying out of any provisions relating to the powers and duties of territorial authorities. The Act provides for fee setting in relation to inspections or services provided pursuant to the Act.

The Housing Improvement Regulations set minimum standards of fitness for all houses, including boarding houses, built before the Building Act 1991 and its regulations came into

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9 Schedule 1 of the Building (Specified Systems, Change the Use, and Earthquake-prone Buildings) Regulations 2005 contains a list of specified systems.
force, and continue to apply to overcrowding issues and optional local authority registration. They also empower local authorities to require boarding houses to report certain information, although this information may be gathered only for the purposes of preparing and maintaining a register. However, the penalty for not supplying such information is limited to a fine of up to $4.

We are advised the Housing Improvement Regulations are little used because they are outdated and inconsistent with the definitions in the Residential Tenancies Act. We considered making the minimum standards set out in the regulations more reflective of modern standards. However, the Health Act does not include regulation-making powers for the purpose of specifying infringement offences, which means that the regulations could not be amended without a significant amendment to the Health Act. It is also not appropriate to regulate building design and maintenance standards under the Act unless the matters under regulation relate to improving, promoting and protecting public health, hygiene, and sanitation.

**Amendments to the Health Act 1956 and the Housing Improvement Regulations 1947**

Although there is no reference to boarding houses, the Health Act uses the term “dwellinghouse” in other contexts. We recommend that this terminology be amended to include boarding houses. We also recommend that the definition of the term “boarding house” set out in the Housing Improvement Regulations be aligned with that in the Residential Tenancies Act. We consider that these amendments would address the issue of multiple definitions of “boarding house” in legislation.

**Resource Management Act 1991**

District plans adopted by territorial authorities in accordance with the Resource Management Act set criteria and requirements for development, including specifying locations where resource consent for commercial operations is required. Hypothetically, a district plan could require resource consent for a dwelling in a residential zone with more than a particular number of boarders. However, the Resource Management Act focuses primarily on controlling environmental impact, and would not be used to directly check, for example, the sanitation of a boarding house.

**Fire Service Act 1975**

The Fire Service Act is administered by the Department of Internal Affairs. It requires owners of relevant buildings accommodating more than five people (other than in three or fewer household units) to have an approved fire evacuation scheme unless the building has an automatic fire sprinkler system. Buildings that do not comply can be closed.

The Fire Service has no direct health and safety responsibilities pertinent to boarding houses per se, but it does have administrative and monitoring responsibilities pertinent to fire safety. It administers the Fire Safety and Evacuation of Buildings Regulations on behalf of the Department of Internal Affairs. The Fire Service is also required by the Fire Service Act to notify a local council if it believes any building or site work does not comply with the Building Act.

Boarding houses are listed in Schedule 1 of the Fire Safety and Evacuation of Buildings Regulations, and are therefore subject to the fire safety requirements under Part 1. Boarding house owners must provide and maintain an evacuation scheme that has been approved by the Fire Service. If a building has a fully compliant automatic sprinkler system,
and the owner has notified the National Commander of the New Zealand Fire Service, an approved evacuation scheme is not required. However, the owner must have a procedure in place for the evacuation of the building’s occupants.

The National Commander may enter a boarding house with 24 hours’ written notice to monitor compliance with the requirement to provide an approved evacuation scheme. Authorised personnel may also enter buildings, but not household units, on reasonable notice to obtain information needed to plan fire-fighting. If Fire Service personnel have entered a building and believe that it does not comply with the Building Act, written notice must be given to the appropriate territorial authority detailing the non-compliance.

A Fire Service database lists 548 buildings as boarding houses. Of these, 48 have sprinkler systems. Because there is no requirement in the Fire Safety and Evacuation of Buildings Regulations to specify a building’s use, it is not possible to determine how many other boarding houses have been classified in other accommodation or building categories in the database.

**Amendment to the Fire Safety and Evacuation of Buildings Regulations 2006**

The “Application for approval of an evacuation scheme” form in the Fire Safety and Evacuation of Buildings Regulations does not require a building owner to advise the Fire Service that a building is a boarding house. We think it should. This change to regulations would not require the Fire Service to change its current practice; but knowing that premises were a boarding house would enable the Fire Service to assess risk in the building more accurately and ensure that appropriate evacuation procedures were in place. We recommend that the “Application for approval of an evacuation scheme” form in the Fire Safety and Evacuation of Buildings Regulations be amended to require a building owner to specify a building’s current or intended use.

**Special-purpose legislation**

We acknowledge that the law appears to be very fragmented, which has led to debate on whether the appropriate mechanisms already exist in the law to ensure standards for boarding houses are complied with.

We note that a number of Australian states have in recent years introduced special-purpose legislative instruments to respond to concern about boarding houses and other forms of “marginal rental housing”, such as caravan parks. We discussed whether special-purpose legislation would be appropriate in New Zealand.

This option would involve the most substantial legislative change. Special-purpose legislation could bring together all the provisions in current legislation that relate to boarding houses, or expand the current regulatory regime relating to boarding houses, for example, by introducing a new registration or licensing scheme. However, we consider that the issues associated with some boarding houses in New Zealand can be addressed without the need for special-purpose legislation.
We recommend that the Government

- align terminology in the Health Act 1956 so that the definition of the term “dwellinghouse” specifically mentions boarding houses, and align the definition of “boarding house” in the Housing Improvement Regulations 1947 with the definition used in the Residential Tenancies Act 1986
- require Statistics New Zealand to amend its Census Dwelling Form to enable boarding house residents and/or owners to self-identify as owning or residing in a boarding house
- amend the “Application for approval of an evacuation scheme” form in the Fire Safety and Evacuation of Buildings Regulations 2006 to require a building owner to specify a building’s current or intended use
- that where necessary it update the regulations under the Health Act 1956, the Building Act 2004, the Residential Tenancies Act 1986, and the Local Government Act 2002
  - to make the minimum standards more reflective of modern standards
  - to align penalties to reflect the costs of inspection and enforcement
  - to allow infringement notices to include the recovery of council enforcement costs.
Many different bodies have enforcement powers and abilities to impose penalties under various statutes and regulations in relation to boarding house accommodation. We consider that a proactive approach by territorial authorities to enforcing current legislative requirements and standards under the Building Act, Health Act and Local Government Act, and effective sharing of information on boarding houses between territorial authorities and Government agencies, would address the issues raised by submitters.

Ministry of Business, Innovation and Employment

The Residential Tenancies Act allows the chief executive of the Ministry of Business, Innovation and Employment to investigate alleged breaches of the Act; to require a landlord to inform the Tenancy Tribunal or the chief executive of the provisions of a tenancy agreement; and to take or defend proceedings on behalf of a landlord or tenant.

Territorial authorities

Where buildings are deemed dangerous, earthquake prone, or insanitary, the Building Act allows a territorial authority to erect a barrier to prevent people from approaching, attach a warning notice, and give written notice requiring work to be carried out within ten days. Failure to comply with a notice can incur a fine of up to $200,000. If a territorial authority has erected a barrier or attached a warning notice, no person may use or occupy the building, and failure to comply can also attract a fine of up to $200,000. A continued offence under this Act can attract a fine of up to $20,000 per day.

If a notice requiring work is not complied with, a territorial authority may apply to a District Court for an order authorising it to carry out building work, including demolition. In cases of immediate danger or insanitary conditions, a territorial authority may issue a warrant requiring action to remove the danger or fix insanitary conditions. The owner of the building is liable for the costs of work carried out by a territorial authority under the Building Act because of non-compliance with a notice. The recoverable costs become a charge on the land on which the work was carried out.

The Health Act also allows a territorial authority to issue a repair notice or a cleansing order to render premises fit for occupation or prevent danger to health. A closing order may be issued in the case of non-compliance.

In the last two years, the Christchurch City Council, the Nelson City Council, and the Auckland Council and legacy councils in the Auckland region did not issue any cleansing orders for boarding houses. The Wellington City Council investigated one complaint about unhealthy living conditions, but found it to be unsubstantiated. Under the Health Act it is unlawful to let a “dwellinghouse” without a sufficient supply of potable water and adequate sanitary conveniences. Non-compliance is punishable by a fine of up to $500 and $50 per additional day of non-compliance.

10 “Dwellinghouse” means any building, tent, caravan, or other structure or erection, whether permanent or temporary, that is used or intended to be used in whole or in part for human habitation, and includes the land and any outbuildings and appurtenances belonging thereto or usually enjoyed therewith (Health Act 1956, section 2).
In the event of non-compliance with a cleansing order issued under the Health Act, a territorial authority may cause premises to be cleansed, with costs charged to the owner.

**The Tenancy Tribunal**

The Residential Tenancies Act enables the Tenancy Tribunal to determine disputes between landlords and tenants. The tribunal may make a declaration, for example as to whether premises constitute a boarding house, and make possession, work, and monetary orders. It may also make an exemplary order requiring a party to pay punitive damages.

The Residential Tenancies Act declares discrimination to be a breach and therefore an “unlawful act” in respect of which the Tenancy Tribunal may award exemplary damages of up to $4,000. There are also offences, such as using force to enter a tenant’s room, which may incur a fine of up to $2,000 or up to three months’ imprisonment.

**Fire Service**

The National Commander of the New Zealand Fire Service may apply to a District Court for an order to close a boarding house until the requirement to provide and maintain an approved evacuation scheme is met. No applications have been made by the National Commander for closure of a boarding house, nor has a prosecution been taken for breach of fire safety obligations.

Breaches are generally punishable by a fine of up to $200 and a further $20 per day for each day the offence continues. In some cases offences are punishable by imprisonment for up to three months and/or a fine of up to $500.

Breaches of the relevant provisions of the Fire Safety and Evacuation of Buildings Regulations are punishable by a fine of up to $200 and a further $20 per day for each day the offence continues.

**Recommendations**

We recommend that the Government

- ensure that information on boarding houses collected by territorial authorities and government agencies is shared in order to promote collaboration
- ensure that local territorial authorities are more proactive in enforcing the current legislative requirements of the Health Act 1956, the Building Act 2004, and the Residential Tenancies Act 1986.
We were advised that boarding houses could be monitored through various registration or licensing regimes. We do not recommend instituting a national licensing regime or a national registration system for boarding houses at this time. Local territorial authorities already have provision for the latter at their disposal. We consider that better information sharing between territorial authorities and central agencies would address many of the current issues regarding some boarding houses.

Registration

Registration regimes are usually used where the threat to public health is minimal. Under such a regime, service providers would provide required information to an administering authority, and might be required to pay a fee. There would be no restrictions to entry into the boarding house market apart from the requirement to register. A registration regime for boarding houses could be set up and maintained by either an agency of central government or territorial authorities. Registration would have administrative benefits, such as ready access to a list of the boarding houses operating, but would provide no measure of quality of service.

Registration in Australia

We note that many Australian states have made substantial efforts to respond to concerns about boarding houses and other forms of marginal rental housing. Queensland, New South Wales, and Victoria have registration systems for boarding houses. New South Wales and Victoria have compulsory registration regimes, and Queensland has registration and accreditation systems (which establish minimum standards for services).

Research indicated that progress to date with mandatory registration of boarding houses and caravan parks was not significant. Some local councils with registers did not consider that their registration data was comprehensive, and many boarding houses remained “under the radar”.11

Research also found that the introduction of new legislation caused a reduction in the number of “traditional” boarding houses—large buildings in cities, often in poor condition—and an increase in the number of newer forms of boarding houses, known as “mini” houses, such as suburban houses or urban apartments divided into independently let rooms with shared facilities. Researchers argue that the increase in the number of recorded “mini” houses is due to house owners and landlords not previously being captured in data collection because they either did not declare they were providing accommodation or did not comply with relevant legislation. They concluded that if a registration system is developed consideration should be given to the type of accommodation service required to be registered.

Licensing

Licensing of boarding houses could be introduced using a “positive” or a “negative” licensing scheme. A positive licensing scheme requires persons to be granted a license before they can legally provide services or sell products, such as liquor. A negative scheme does not require a license to be held, but the right to sell or provide services can be withdrawn if a person provides or sells services considered to be illegal. For example, a landlord’s right to operate a boarding house could be withdrawn or suspended if they were found to have violated the governing legislation or regulations.

Negative licensing requires less administration and is therefore cheaper to operate. However, we were advised that a positive licensing scheme is likely to be more effective.

Costs to central government

Establishing a register of boarding houses was estimated in 2012 by the Ministry of Business, Innovation and Employment to cost up to $305,000. This figure includes capital costs, running costs for the first year, and running costs for annual returns. It does not include recruitment of staff or training. Experience with an earlier licensing regime for boarding houses suggests that three full-time staff would be required in each of the main urban areas. Other costs likely to be incurred include dissemination and advertising of information about registration or licensing regimes, and procuring advice about their implementation.

Costs to local government

We understand that most territorial authorities might be able to use their existing information technology to create a database of boarding houses. Registration and licensing costs are likely to vary between authorities, but the number of staff required would probably be similar to a central government scheme.

The Auckland Council administers a register of boarding houses which was established by the former Manukau City Council in 2008. The register lists boarding houses that were considered to be of unacceptable quality and needing regular oversight, and is used to populate a database that triggers a monthly inspection. Auckland Council said that the costs of maintaining the database and carrying out inspections are not passed on to boarding houses. However, the council noted in its submission that additional costs incurred by a proactive inspection and enforcement regime would have to be passed on to ratepayers or the industry, or recovered through re-allocation of resources.

Currently, only the Auckland Council operates a boarding house bylaw (made by the former Manukau City Council) and it will be reviewed in 2014. We commend the Auckland Council, which has been proactive in hosting meetings with key stakeholders to discuss boarding house issues in their area.

Costs to the boarding house sector

We heard that economies of scale might reduce the cost of registration to the boarding house sector if the scheme was run by central government, which could in turn reduce registration fees. We understand that the New South Wales Government recently passed the Boarding House Act 2012, which includes provisions for mandatory registration at a one-off cost of $100. The Ministry of Business, Innovation and Employment’s register of 500 boarding houses suggests that a comparable regime and fee structure would incur a cost to the sector of $50,000.
The cost of registering boarding houses at local government level is likely to be higher. For example, we heard that registration of camping grounds incurs an annual fee of between $223 and $558 depending on the territorial authority. At an average of $339, this might equate to a cost to the sector of $164,500 per year based on 500 boarding houses.

Alternatively, under a licensing regime comparable with liquor licensing and licensed building practitioner schemes, the cost to licence a boarding house could be up to $700 per year; assuming about 500 boarding houses, this would cost the sector $350,000 per year. The additional cost of licensing over registration is attributed to the assessment of entry requirements, such as educational attainment and knowledge of the sector.

Other compliance costs to the sector of a registration or licensing regime might include additional inspections not covered by the registration or licensing fee, and change of ownership fees, and renewals of registration.

The Auckland Council said in its submission that higher compliance costs to the industry are likely to be passed on to tenants, which could make boarding house accommodation unaffordable for some tenants or increase the burden on social services provided by government or community agencies.
7 Minority view

New Zealand Labour Party, Green Party of New Zealand/Aotearoa, and New Zealand First Party

Labour, the Green Party and New Zealand First conclude from the inquiry that the boarding house sector is overdue for reform. Some boarding houses are accommodation of last resort for people who are vulnerable, and yet many of them fall well short of an acceptable standard. We believe the regulatory framework for boarding houses is out of date and fragmented. There is a lack of both accountability and clear responsibility for compliance.

We recommend that the next Government

- introduces a positive licensing regime based on a set of minimum standards
- establishes one definition of “boarding house” to be included in all relevant legislation
- mandates central government responsibility for policy and standard-setting
- mandates local government responsibility for compliance, with appropriate provision for cost recovery
- allocates adequate resourcing for the central government agency to perform its role, and considers funding for non-government organisations working with vulnerable tenants
- in implementing the five recommendations above, undertakes a thorough legislative review to deliver clarity and consistency, and considers the option of special purpose legislation.
8 Briefing into long-term caravan park and motor camp accommodation

We initiated our briefing into long-term caravan park and motor camp accommodation in February 2013. At the time of the briefing the only figures available for the number of people living in caravan parks were drawn from the 2006 Census, which gave the number as 3,480. Camping grounds are regulated under the Camping-Grounds Regulations 1985, which are made under the Health Act 1956. They must be registered with the local authority and are subject to regular inspection for compliance with the regulations. Camping grounds must contain temporary living places and/or parks for relocatable homes. Temporary living places include cabins and caravans intended for occupation for periods not exceeding 50 days in any continuous form of occupancy. Parks for relocatable homes are areas in campsites designated for completely self-contained relocatable homes. They may be intended for temporary or permanent accommodation and must comply with the New Zealand Building Code.

In 2010 the previous Social Services Committee recommended an amendment to the Residential Tenancies Bill (since enacted) to exclude temporary living places and temporary/transient accommodation from the Residential Tenancies Act 1986. Therefore, residents living permanently in relocatable homes come under the Act, while those living in temporary living places or temporary or transient accommodation do not.

Housing New Zealand Corporation considers applicants who are living in mobile homes or caravans to be homeless with temporary accommodation, and would assess them as having a significant and persistent need for housing. Applicants who lived in tent or a car would be assessed as homeless with a severe and persistent need for housing, and would take priority over an applicant living in a caravan.

Caravan park residents who live in temporary living places or temporary or transient accommodation can be evicted without a reason and subjected to rent increases without warning, as they are not covered by the Residential Tenancies Act. Caravan park residents who occupy relocatable homes intended for permanent accommodation in a camping ground are covered by the Act.

The Camping-Grounds Regulations set the minimum standards for registration. The required inspection includes checking facilities and camp-owned rental units, such as cabins. Local councils do not check individual caravans or tents.

Inspection regimes

Camping grounds registered under the Camping-Grounds Regulations and the Health (Registration of Premises) Regulations 1966 are generally inspected annually before the season begins. The Auckland Council reports that it responds to complaints from people living in camping grounds, and undertakes annual inspections.

Where local councils lease camping grounds to external operators, inspections are usually undertaken every six months. Where local authorities operate their own camping grounds inspection regimes vary, but can include health and safety workplace inspections, electrical warrant of fitness inspections, and asset condition assessments.
Complaints processes

The disputes resolution process under the Residential Tenancies Act does not apply to people living in caravan parks in temporary living places or temporary/transient accommodation. These people must seek independent legal advice or advice from the Tenant’s Protection Association or a community law centre.

Caravan park residents who occupy relocatable homes for permanent occupation on a camping ground are covered by the Residential Tenancies Act and have access to the Tenancy Tribunal for dispute resolution. They may also seek advice from the Ministry of Business, Innovation and Employment.
Committee procedure

This inquiry was initiated on 11 May 2011 by the Social Services Committee of the 49th Parliament. That committee called for public submissions on the inquiry. The closing date for submissions was 24 June 2011. It received 22 submissions from professional and non-governmental organisations, service providers, landlords, and individuals, and heard 13 orally. On 30 September 2011, an interim report was presented to the House.

After the commencement of the 50th Parliament, we reinstated the inquiry on 8 February 2012.

We considered advice from the then Department of Building and Housing, the Ministry of Business, Innovation and Employment, the Department of Internal Affairs, and the Ministry of Health.

The briefing into long-term caravan park and motor camp accommodation was initiated on 27 February 2013. We considered advice from the Ministry of Business, Innovation and Employment. On 31 July 2013, we resolved to consider this briefing alongside our inquiry into boarding houses in New Zealand.

Committee members

Melissa Lee (Chairperson)
Hon Phil Heatley
Jan Logie
Le’aufa’amulia Asenati Lole-Taylor
Hon Peseta Sam Lotu-Iiga
Sue Moroney
Alfred Ngaro
Dr Rajen Prasad
Mike Sabin
Hon Chris Tremain
Louisa Wall

Jacinda Ardern and Phil Twyford were members of the committee for most of the consideration of these items of business.

Holly Walker replaced Jan Logie for both items of business.
Alterations to the 2011/12 appropriations for Vote Audit, Vote Ombudsmen, and Vote Parliamentary Commissioner for the Environment, and 2012/13 draft budgets for the Office of the Controller and Auditor-General, the Office of the Ombudsmen, and the Office of the Parliamentary Commissioner for the Environment

Report of the Officers of Parliament Committee

Fiftieth Parliament
(Dr The Rt Hon Lockwood Smith, Chairperson)
March 2012

Presented to the House of Representatives
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Recommendation

The Officers of Parliament Committee recommends that the House commend to the Governor-General, by way of an Address pursuant to section 26E of the Public Finance Act 1989, alterations to the 2011/12 appropriations for Vote Audit, Vote Ombudsmen, and Vote Parliamentary Commissioner for the Environment and estimates of costs to be incurred in 2012/13 in respect of classes of outputs for Vote Audit, Vote Ombudsmen, and Vote Parliamentary Commissioner for the Environment, and it requests that they be incorporated into an Appropriation bill.
1 Introduction

In order to maintain the independence of the Officers of Parliament, the Public Finance Act 1989 provides for funding for the Office of the Controller and Auditor-General, the Office of the Ombudsmen, and the Office of the Parliamentary Commissioner for the Environment to be determined by Parliament through the Officers of Parliament Committee.

We received submissions from each officer detailing proposed alterations to their 2011/12 appropriations, and their draft budget for 2012/13 and outyears. We examined these submissions in conjunction with advice from the Treasury, and reached a decision on the funding required for the officers to carry out the duties required of them.

The House recommends to the Governor-General that the estimates be included in the main Appropriation bill for the coming financial year, or in the Appropriation bill dealing with the supplementary Estimates for the current financial year. All figures in this report are GST-exclusive or GST-exempt unless otherwise noted.

The appendix to this report sets out our approach, our membership, and the evidence and advice received.

Summary of the committee’s recommendations

The following tables provide an overview of the quantum of our recommendations for alterations for 2011/12, annual appropriations and related revenue for 2012/13 and outyears, and the Net Asset Schedule for each office for 2011/12 and 2012/13.

Vote Audit

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## Vote Ombudsmen

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### Adjustments for 2012/13 and outyears

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<td>Proposed new baseline (annual and PLA) for 2011/12</td>
<td>2,616</td>
</tr>
</tbody>
</table>
### Information required for the Address from the House

The following information is required under section 26E of the Public Finance Act 1989 to be included in the Address from the House to the Governor-General for the estimates of appropriations for 2012/13 and supplementary estimates for 2011/12.

<table>
<thead>
<tr>
<th>Adjustments for 2012/13 and outyears</th>
<th>2012/13</th>
<th>2013/14</th>
<th>2014/15</th>
<th>2015/16</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$000</td>
<td>$000</td>
<td>$000</td>
<td>$000</td>
</tr>
<tr>
<td>Baseline for outyears (annual and PLA)</td>
<td>2,608</td>
<td>2,608</td>
<td>2,608</td>
<td>2,608</td>
</tr>
<tr>
<td>PLA increase</td>
<td>8</td>
<td>8</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td>Proposed new baselines</td>
<td>2,616</td>
<td>2,616</td>
<td>2,616</td>
<td>2,616</td>
</tr>
</tbody>
</table>

### Vote Audit

<table>
<thead>
<tr>
<th>Funded by</th>
<th>Changes in 2011/12</th>
<th>2012/13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Statutory Audit Function</td>
<td>($155,000)</td>
<td>$9,272,000</td>
</tr>
<tr>
<td>Supporting parliamentary accountability</td>
<td>Revenue Crown</td>
<td>$2,460,000</td>
</tr>
<tr>
<td>Supporting parliamentary accountability</td>
<td>Revenue other</td>
<td>($155,000)</td>
</tr>
<tr>
<td>Performance audits and inquiries</td>
<td>Revenue Crown</td>
<td>$6,587,000</td>
</tr>
<tr>
<td>Audit and Assurance Services</td>
<td>Revenue Crown</td>
<td>$150,000</td>
</tr>
</tbody>
</table>

### Vote Ombudsmen

<table>
<thead>
<tr>
<th>Funded by</th>
<th>2011/12</th>
<th>2012/13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Investigation and resolution of complaints about Government administration</td>
<td>Revenue Crown</td>
<td>$65,000</td>
</tr>
</tbody>
</table>

### Vote Parliamentary Commissioner for the Environment

<table>
<thead>
<tr>
<th>Funded by</th>
<th>2012/13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reports and advice</td>
<td>Revenue Crown</td>
</tr>
<tr>
<td>Reports and advice</td>
<td>Revenue other</td>
</tr>
</tbody>
</table>

### Net Asset Schedule

<table>
<thead>
<tr>
<th>Net Asset Schedule (taxpayers' funds)</th>
<th>2011/12</th>
<th>2012/13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office of the Controller and Auditor-General</td>
<td>$4,021,000</td>
<td>$6,221,000</td>
</tr>
<tr>
<td>Office of the Ombudsmen</td>
<td>$368,000</td>
<td>$368,000</td>
</tr>
<tr>
<td>Office of the Parliamentary Commissioner for the Environment</td>
<td>$622,000</td>
<td>$622,000</td>
</tr>
</tbody>
</table>
2 Office of the Controller and Auditor-General

Alterations to the 2011/12 appropriations for Vote Audit

For 2011/12 we note three changes to Vote Audit—an increase of $45,000 in the permanent legislative authority, a decrease of $155,000 in the cost of the work agreed for the Secretary General of the Pacific Association of Supreme Audit Institutions, and a decrease of $816,000 resulting from an updated forecast for the revenue-dependent appropriation in the Audit and Assurance Services output class.

Permanent legislative authority

The increase of $45,000 in the Controller and Auditor-General’s permanent legislative authority for 2011/12 and outyears arises from a determination by the Remuneration Authority to increase the remuneration of the Controller and Auditor-General and the Deputy Controller and Auditor-General.

Pacific Association of Supreme Audit Institutions

In 2011/12 the Auditor-General sought an increase in the appropriation of $400,000 per annum, offset by revenue other from the State Sector Development Partnerships Fund, which is administered by the Ministry of Foreign Affairs and Trade, as a provision for work concerning the Pacific Association of Supreme Audit Institutions. The Auditor-General has requested that this provision now be reduced to what was agreed at the final negotiations for this work.

The table below shows the effect of the increase in the permanent legislative authority and the Pacific Association of Supreme Audit Institutions adjustment on the Office of the Controller and Auditor-General’s baseline for the 2011/12 financial year.

<table>
<thead>
<tr>
<th>Alterations for 2011/12</th>
<th>$000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current baseline (annual and PLA)</td>
<td>10,400</td>
</tr>
<tr>
<td>PLA increase</td>
<td>45</td>
</tr>
<tr>
<td>Decrease in Pacific Association of Supreme Audit Institutions</td>
<td>(155)</td>
</tr>
<tr>
<td>Proposed new baseline (annual and PLA) for 2011/12</td>
<td>10,290</td>
</tr>
</tbody>
</table>

Revenue-dependent appropriation for Audit and Assurance Services

This appropriation covers audits by the Controller and Auditor-General of financial statements of Government and public entities, and the performance of related assurance services as required or authorised by statute. We are aware that the appropriation for the Audit and Assurance Services output class is revenue-dependent.

The revenue-dependent appropriation has been operating for four full financial years. The amount of fee revenue collected depends on the number of audits completed at the end of
the financial year, and the costs of delivering the audit programme are fully funded through revenue from audit fees.

The following table shows the effect on the initial forecast for the 2010/11 financial year of the updated forecast for the revenue-dependent appropriation for the Audit and Assurance Services output class.

<table>
<thead>
<tr>
<th>Updated forecast for 2011/12</th>
<th>$000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Forecast for 2011/12</td>
<td>71,451</td>
</tr>
<tr>
<td>Decrease in forecast</td>
<td>(816 )</td>
</tr>
<tr>
<td>Proposed new forecast for 2011/12</td>
<td>70,635</td>
</tr>
</tbody>
</table>

2012/13 draft budget for the Office of the Controller and Auditor-General

For 2012/13 we note three main changes to the appropriation and baselines for the Office of the Controller and Auditor-General—an increase of $45,000 in 2012/13 and outyears in the permanent legislative authority for the remuneration of the Controller and Auditor-General and the Deputy Controller and Auditor-General, updated forecasts for the revenue-dependent appropriation, and a revision in the appropriation for activities undertaken as Secretary General of the Pacific Association of Supreme Audit Institutions.

A capital injection of $2.2 million, to allow the Office of the Auditor-General to co-locate with Audit New Zealand, has been transferred from 2011/12 to 2012/13. Although suitable premises have been found, the bulk of the fit-out expenditure will be in 2012/13.

Permanent legislative authority

The increase of $45,000 in the Controller and Auditor-General’s permanent legislative authority for 2012/13 and outyears arises from a determination issued by the Remuneration Authority.

Audit and Assurance Services revenue-dependent appropriations

The current updated forecasts for the revenue-dependent appropriation in the Audit and Assurance Services output class are $68.868 million in 2012/13, $69.165 million in 2013/14, $76.940 million in 2014/15, and $75.400 million in 2015/16.

The audit of regional, city, and district councils’ Long Term Community Council Plans are on a three-yearly cycle, with the next due in 2014/15; therefore, that year includes an allowance for those fees, adjusted for inflation.

The following table shows the effect for the 2012/13 financial year and outyears of the updated forecast for the revenue-dependent appropriation for the Audit and Assurance Services output class on the forecasts provided to us a year ago.
The Auditor-General has requested that this provision be reduced to what was agreed at the final negotiations for this work.

**Capital transfer**

A cash injection of $2.2 million was approved in 2011/12 for the relocation of the Office of the Auditor-General and the proposed co-location of Audit New Zealand. The amount is the estimated cost of fitting out the new office. The cash has not yet been drawn down, and has been held over to 2012/13.

**Summary of adjustments**

The following table shows the effect on the baseline of the Office of the Controller and Auditor-General for the 2012/13 financial year and outyears of the increase in the permanent legislative authority, the adjustments to the revenue-dependent appropriation forecasts, the reductions in appropriation for the Pacific Association of Supreme Audit Institutions, and the transfer of the capital injection.

<table>
<thead>
<tr>
<th>Adjustments</th>
<th>2012/13</th>
<th>2013/14</th>
<th>2014/15</th>
<th>2015/16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline for outyears (annual and PLA)</td>
<td>10,400</td>
<td>10,400</td>
<td>10,400</td>
<td>10,400</td>
</tr>
<tr>
<td>PLA increase</td>
<td>45</td>
<td>45</td>
<td>45</td>
<td>45</td>
</tr>
<tr>
<td>Pacific Association of Supreme Audit Institutions (funded by revenue other)</td>
<td>(175)</td>
<td>(125)</td>
<td>(140)</td>
<td>(170)</td>
</tr>
<tr>
<td>Proposed new Crown baseline</td>
<td>10,270</td>
<td>10,320</td>
<td>10,305</td>
<td>10,275</td>
</tr>
<tr>
<td>Change in revenue-dependent appropriation forecasts</td>
<td>1,733</td>
<td>(857)</td>
<td>(2,698)</td>
<td>852</td>
</tr>
<tr>
<td>Capital injection</td>
<td>2,200</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Other issues**

Overlap with the Parliamentary Commissioner for the Environment: We were interested in a possible overlap of investigations by the Auditor-General and the Parliamentary Commissioner for the Environment, for example in the biodiversity audit. The Auditor-General said that in that case the work of the two entities was mutually reinforcing in different areas, but that this year the Auditor-General will talk with the Parliamentary Commissioner for the Environment to assess any overlaps in their work programmes.
3 Office of the Ombudsmen

Alterations to the 2011/12 appropriations for Vote Ombudsmen

For 2011/12 we note two increases—$5,000 in the permanent legislative authority and $65,000 for additional depreciation expenses arising from the Christchurch earthquakes.

Permanent legislative authority

The increase of $5,000 in the Office of the Ombudsmen permanent legislative authority for 2011/12 and outyears arises from a determination issued by the Remuneration Authority.

Christchurch earthquakes

The increase of $65,000 is for additional depreciation expenses arising from the re-establishment of the Office’s Christchurch premises.

<table>
<thead>
<tr>
<th>Alterations for 2011/12</th>
<th>$000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current baseline (annual and PLA)</td>
<td>8,698</td>
</tr>
<tr>
<td>PLA increase</td>
<td>5</td>
</tr>
<tr>
<td>Earthquake recovery</td>
<td>65</td>
</tr>
<tr>
<td>Proposed new baseline (annual and PLA) for 2011/12</td>
<td>8,768</td>
</tr>
</tbody>
</table>

2012/13 draft budget for the Office of the Ombudsmen

We note the increase in the permanent legislative authority of $7,000 in 2012/13 and outyears.

We recommend that the time-limited funding provided for the years 2010/11, 2011/12, 2012/13, and 2013/14 for dealing with the backlog of complaints and investigations be continued at $370,000 per annum, and be baselined from 2014/15.

We recommend an increase of $300,000 per annum from 2012/13 to help the office with core operating expense increases and remuneration pressures.

We recommend an additional appropriation of $51,000 in 2012/13 and $17,000 in 2013/14 for depreciation costs of new assets in the Christchurch office.

Permanent legislative authority

The increase of $7,000 in 2012/13 and outyears arises from a determination issued by the Remuneration Authority.

Funding provided to clear backlog of cases

The Office’s baseline was increased in 2010/11 for two years to help the office deal with its backlog of cases, which was exacerbated by growth in the number of complaints received.
The original amount of $320,000 was increased to $370,000 in 2011/12 and extended to 2012/13 and 2013/14. We now recommend baselining this funding.

**Core operating expense increase and remuneration pressures**

In response to costs pressures and to redress remuneration imbalances between new and existing staff, there is an increase of $300,000 per annum from 2012/13.

**Canterbury earthquake**

The Office was granted an “other expense” appropriation of $160,000 to re-establish operations in Christchurch, $133,000 of which was spent. The office will receive insurance payouts totalling $225,000, the proceeds of which will be passed to the Crown. The replacement of fixed assets in the demolished building imposed additional depreciation costs of $133,000 over three years.

<table>
<thead>
<tr>
<th>Adjustments</th>
<th>2012/13</th>
<th>2013/14</th>
<th>2014/15</th>
<th>2015/16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline for outyears (annual and PLA)</td>
<td>8,967</td>
<td>8,630</td>
<td>8,260</td>
<td>8,260</td>
</tr>
<tr>
<td>PLA increase</td>
<td>7</td>
<td>7</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>Backlog funding</td>
<td>-</td>
<td>-</td>
<td>370</td>
<td>370</td>
</tr>
<tr>
<td>Core operating expense and remuneration increases</td>
<td>300</td>
<td>300</td>
<td>300</td>
<td>300</td>
</tr>
<tr>
<td>Additional depreciation associated with Christchurch</td>
<td>51</td>
<td>17</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Proposed new baseline</td>
<td>9,325</td>
<td>8,954</td>
<td>8,937</td>
<td>8,937</td>
</tr>
</tbody>
</table>

**Other issues**

*Section 17 of the Ombudsmen Act 1975:* The committee discussed amending section 17 of the Ombudsmen Act 1975 to give the Ombudsmen more discretion as to whether to investigate complaints. The Chief Ombudsman said that the office would like some flexibility in this respect, as it currently has very limited ability to decline to investigate a complaint, and none to do so on the grounds that an investigation is simply not necessary in the particular circumstances.

In correspondence with us, the office said that it thought that amending section 17 to allow an Ombudsmen to decline to investigate a complaint if he or she considered it “unnecessary” would allow them to “properly and consistently consider what action should be taken on a particular complaint from the outset.” The office suggested the current distinction made in section 17 between a decision to “continue” an investigation, and a decision to “commence” an investigation was unsound. The Ombudsmen’s full correspondence, proposed amendment, and current section 17 are attached as appendices to this report.

We recommend to the Government that an amendment bill amending section 17 of the Ombudsmen Act 1975, drafted in consultation with the Office of the Ombudsmen, be introduced to the House.
4 Office of the Parliamentary Commissioner for the Environment

Alterations to the 2011/12 appropriations for Vote Parliamentary Commissioner for the Environment

For 2011/12 we note one change to Vote Parliamentary Commissioner for the Environment—an increase of $8,000 in 2011/12 and outyears in the permanent legislative authority for the commissioner’s remuneration.

Increase in permanent legislative authority

We note the increase of $8,000 in the Parliamentary Commissioner for the Environment’s permanent legislative authority for 2011/12 and outyears. The increase arises from the determination by the Remuneration Authority to increase the remuneration of the commissioner.

The table below shows the effect of the increase in the permanent legislative authority on the Parliamentary Commissioner for the Environment.

<table>
<thead>
<tr>
<th>Alterations for 2011/12</th>
<th>$000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current baseline (annual and PLA)</td>
<td>2,608</td>
</tr>
<tr>
<td>PLA increase</td>
<td>8</td>
</tr>
<tr>
<td>Proposed new baseline for 2011/12</td>
<td>2,616</td>
</tr>
</tbody>
</table>

2012/13 draft budget for the Parliamentary Commissioner for the Environment

For 2012/13 and outyears we note one change to the baseline for the Parliamentary Commissioner for the Environment: an increase of $8,000 in the permanent legislative authority for the commissioner’s remuneration.

Summary of adjustments

The following table shows the effect of the changes mentioned above on the Parliamentary Commissioner for the Environment’s baseline for the 2012/23 financial year and outyears.
Other issues

Overlaps with the Controller and Auditor-General: The Parliamentary Commissioner for the Environment noted that as the auditor for the environmental sector, it takes a scientific approach to its reporting—as opposed to, for example, a policy or financial-based approach—although there was some concern from the commissioner regarding duplication between the two offices.

National environmental reporting legislation: As was noted in the draft 2011/12 budget for the Parliamentary Commissioner for the Environment, a State of the Environment Reporting Bill is being drafted, and in most OECD countries state of the environment reporting tends to be done by an agency separate from the Government, such as the Parliamentary Commissioner for the Environment. The legislation is expected to be introduced this year. The commissioner said that if her office is given the state of the environment reporting role, the increased workload would require extra staffing and funding; the office has been running with fewer staff than previously and has not had an increase in funding in recent years. The Office has spent some time and money scoping out this new reporting role; however, as there is no legislative framework yet, funding requirements cannot be requested.
Appendix A

Committee procedure
We met on 8 and 22 March to consider the alterations to the 2011/12 appropriations and the draft budgets for 2012/13 for the Officers of Parliament. Evidence was heard from the Chief Ombudsman, the Controller and Auditor-General, and the Parliamentary Commissioner for the Environment, and we received advice from Treasury.

Committee members
Dr The Rt Hon Lockwood Smith (Chairperson)
Hon Peter Dunne
Darien Fenton
Te Ururoa Flavell
Gareth Hughes
RV Ross Robertson
Barbara Stewart
Michael Woodhouse

Evidence and advice received
Briefing paper, prepared by committee staff, dated 21 February 2012.

Office of the Auditor-General, Budget submission and baseline update 2012/13, dated 27 January 2012.

Office of the Ombudsmen, Background notes on the operation of the Office of the Ombudsmen, received 2 March 2012


Treasury, Assessment of 2012 Budget and baseline submissions for the Officers of Parliament, received 2 March 2012
Appendix B

Section 17 of the Ombudsmen Act 1975

Ombudsmen Act 1975

Section 17 as it currently stands states:

17 Ombudsman may refuse to investigate complaint

(1) An Ombudsman may—

(a) refuse to investigate a complaint that is within his jurisdiction or to investigate any such complaint further if it appears to him that under the law or existing administrative practice there is an adequate remedy or right of appeal, other than the right to petition the House of Representatives, to which it would have been reasonable for the complainant to resort; or

(b) refuse to investigate any such complaint further if in the course of the investigation of the complaint it appears to him that, having regard to all the circumstances of the case, any further investigation is unnecessary.

(2) Without limiting the generality of the powers conferred on Ombudsmen by this Act, it is hereby declared that an Ombudsman may in his discretion decide not to investigate, or, as the case may require, not to investigate further, any complaint if it relates to any decision, recommendation, act, or omission of which the complainant has had knowledge for more than 12 months before the complaint is received by the Ombudsman, or if in his opinion—

(a) the subject-matter of the complaint is trivial; or

(b) the complaint is frivolous or vexatious or is not made in good faith; or

(c) the complainant has not a sufficient personal interest in the subject-matter of the complaint.

(3) In any case where an Ombudsman decides not to investigate or make further investigation of a complaint he shall inform the complainant of that decision, and shall state his reasons therefor.
Correspondence from the Office of the Ombudsmen, proposing changes to section 17 of the Ombudsmen Act 1975

Our Ref: 2-1-4

13 March 2012

Mr David Wilson
Clerk of the Committee
Officers of Parliament Committee
Parliament Buildings
Wellington

Email: David.Wilson@parliament.govt.nz

Dear Mr Wilson

SECTION 17 OF THE OMBUDSMEN ACT – SUGGESTED AMENDMENT

You have requested written advice for the Officers of Parliament Committee on ways to strengthen section 17 of the Ombudsmen Act 1975.

As we have explained to the Committee, section 17 provides a limited basis on which the Ombudsmen can decline to investigate a complaint which has been received about the administrative conduct of a state sector agency. In essence, under section 17 as it is currently worded, we only have discretion to decline to investigate a complaint if:

- there is an adequate alternative remedy available;
- the complainant has known about the matter for more than 12 months;
- the complaint is trivial, frivolous or vexatious or not made in good faith; or
- the complainant does not have a sufficient personal interest in the matter.

However, there is no ability to decline to investigate a complaint if we consider an investigation is simply not necessary in the particular circumstances. Such a case may arise, for example, where our preliminary consideration and informal enquiries result in resolution of the matter or disclose that investigating the complaint, whatever the outcome,
could not result in any benefit to the complainant or administrative changes on the part of the agency. This may arise where it is clear that the concerns raised by the complainant do not accurately reflect the circumstances surrounding the complaint.

Complaints of this nature do not readily fit into any of the grounds set out in section 17 for declining to investigate. This is because if there is no other adequate remedy, the complaint is less than 12 months old and the complainant has a sufficient personal interest, then an investigation may only be declined if the complaint is trivial, frivolous or vexatious, or not made in good faith. These remaining grounds are very narrow. They should be invoked only sparingly and where the facts are unequivocal.

Strictly speaking, where a matter is resolved prior to investigation, we could properly decline to investigate only on the basis that the complaint has been withdrawn and the complainant would not be acting in good faith by seeking to pursue the matter further at that stage. Similarly, where it is clear that investigating the complaint would be of academic interest only and could not achieve any practical outcome for either the complainant or the agency, the only ground upon which an investigation could be refused would be that the complaint is trivial, frivolous or vexatious. However, this interpretation stretches the meaning of the relevant provisions in section 17 and is not considered to be a satisfactory basis upon which to decline to investigate a matter that is seen to be futile, but one that the complainant nevertheless still wishes to pursue.

By contrast, section 17 allows an Ombudsman to decline to “investigate any…complaint further” if this is considered “unnecessary”. Accordingly, at present we are required to commence an investigation by formal notification in writing to the Chief Executive of the agency concerned, before we can decline to take any further action on a complaint on the basis that the investigation is “unnecessary”. This is largely bureaucratic and runs counter to our current attempts to be more efficient and effective by seeking early resolutions and outcomes where appropriate, in a more timely and less resource intensive way. We have created internal systems and processes to ensure our early interventions are carried out in a quality manner to provide the best outcome for complainants and to ensure we can still escalate significant and systemic issues where necessary. However, our efforts to make better use of our resources in this way are being hampered by the limited discretions available in section 17 to decline to investigate a complaint.

We consider that amending section 17 to include the ability to decline to commence an investigation of a complaint if this is considered “unnecessary” would enable an Ombudsman to properly and consistently consider what action should be taken on a particular complaint from the outset. We consider no good reason exists for the current distinction in section 17 between a decision on the need to “continue” an investigation, and a decision on the need to “commence” an investigation.

We therefore propose a suggested rewording of section 17 for your consideration:

17 Ombudsman may decline to investigate complaint

(1) An Ombudsman may decline to investigate or further investigate a complaint if it appears to the Ombudsman that: -
(a) under the law or existing administrative practice the complainant has or had a reasonably available and adequate remedy or right of appeal (other than the right to petition the House of Representatives); or
(b) the complaint relates to any decision, recommendation, act or omission of which the complainant has had knowledge for more than 12 months; or
(c) the subject-matter of the complaint is trivial; or
(d) the complaint is frivolous or vexatious or is not made in good faith; or
(e) the complainant does not have a sufficient personal interest in the subject-matter of the complaint; or
(f) having regard to all the circumstances of the case, investigation or further investigation is unnecessary.

(2) In any case where an Ombudsman declines to investigate or further investigate a complaint the Ombudsman must inform the complainant of that decision and give reasons for it.

We would welcome the opportunity to discuss this matter with the Committee in further detail if required.

Yours sincerely

Beverley Wakem      David McGee
Chief Ombudsman     Ombudsman
Alterations to the 2012/13 appropriations for Vote Audit, Vote Ombudsmen, and Vote Parliamentary Commissioner for the Environment, and 2013/14 draft budgets for the Office of the Controller and Auditor-General, the Office of the Ombudsmen, and the Office of the Parliamentary Commissioner for the Environment

Report of the Officers of Parliament Committee

Fiftieth Parliament
(Rt Hon David Carter, Chairperson)
March 2013

Presented to the House of Representatives
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Alterations to the 2012/13 appropriations for Vote Audit, Vote Ombudsmen, and Vote Parliamentary Commissioner for the Environment, and 2013/14 draft budgets for the Office of the Controller and Auditor-General, the Office of the Ombudsmen, and the Office of the Parliamentary Commissioner for the Environment

Recommendation
The Officers of Parliament Committee recommends that the House commend to the Governor-General, by way of an Address pursuant to section 26E of the Public Finance Act 1989, alterations to the 2012/13 appropriations for Vote Audit, Vote Ombudsmen, and Vote Parliamentary Commissioner for the Environment and estimates of expenses to be incurred in 2013/14 in respect of classes of outputs for Vote Audit, Vote Ombudsmen, and Vote Parliamentary Commissioner for the Environment, and requests that they be incorporated into an Appropriation Bill.

Introduction
In order to maintain the independence of the Officers of Parliament, the Public Finance Act 1989 provides for funding for the Office of the Controller and Auditor-General, the Office of the Ombudsmen, and the Office of the Parliamentary Commissioner for the Environment to be determined by Parliament through the Officers of Parliament Committee.

We received submissions from each officer detailing proposed alterations to their 2012/13 appropriations, and their draft budgets for 2013/14 and out-years. We examined these submissions in conjunction with advice from the Treasury, and reached a decision on the funding needed for the officers to carry out the duties required of them. Our recommended alterations for 2012/13, and estimates for 2013/14 and out-years, are detailed in the following sections of this report.

We recommend that the House commend these alterations and estimates to the Governor-General for inclusion in the main Appropriation Bill for the coming financial year, or in the Appropriation Bill dealing with the Supplementary Estimates for the current financial year. All figures in this report are GST-exclusive or GST-exempt unless otherwise noted.

The appendix to this report sets out our approach, our membership, and the evidence and advice we received.
Summary of the committee’s recommendations

The following tables set out our recommended alterations for 2012/13, annual appropriations and related revenue for 2013/14 and out-years, and the Net Asset Schedule for each office for 2012/13 and 2013/14.

**Vote Audit**

<table>
<thead>
<tr>
<th>Alterations for 2012/13</th>
<th>$000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual appropriation</td>
<td>9,422</td>
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<table>
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<th>Adjustments for 2013/14 and out-years</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Annual appropriation</td>
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<td>9,457</td>
<td>9,427</td>
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<tr>
<td>Current PLA</td>
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<td>848</td>
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<tr>
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</tr>
<tr>
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</tr>
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<td><strong>73,210</strong></td>
<td><strong>73,393</strong></td>
<td><strong>75,076</strong></td>
</tr>
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**Vote Ombudsmen**

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<td><strong>New baseline (annual and PLA) for 2012/13</strong></td>
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</table>
### Adjustments for 2013/14 and out-years

<table>
<thead>
<tr>
<th>Adjustments for 2013/14 and out-years</th>
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<th>2014/15 $000</th>
<th>2015/16 $000</th>
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</tr>
</thead>
<tbody>
<tr>
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<td>8,324</td>
<td>8,307</td>
<td>8,307</td>
<td>8,307</td>
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<tr>
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<td>16</td>
<td>16</td>
<td>16</td>
</tr>
<tr>
<td>Additional investigating staff</td>
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<td>960</td>
<td>960</td>
<td>960</td>
</tr>
<tr>
<td>Proposed new annual appropriation</td>
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<td>9,303</td>
<td>9,303</td>
<td>9,303</td>
</tr>
<tr>
<td>Current PLA</td>
<td>630</td>
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<tr>
<td>Proposed new baseline (annual and PLA)</td>
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<td>9,948</td>
<td>9,948</td>
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</table>

### Vote Parliamentary Commissioner for the Environment

<table>
<thead>
<tr>
<th>Alterations for 2012/13</th>
<th>$000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual appropriation</td>
<td>2,340</td>
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<td>Current PLA</td>
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<tr>
<td>Adjustment for remuneration determination</td>
<td>10</td>
</tr>
<tr>
<td><strong>New baseline (annual and PLA) for 2012/13</strong></td>
<td>2,626</td>
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</tbody>
</table>
## Information required for the Address from the House

The following information is required under section 26E of the Public Finance Act 1989 to be included in the Address from the House to the Governor-General for the Estimates of Appropriations for 2013/14 and Supplementary Estimates for 2012/13.

<table>
<thead>
<tr>
<th>Vote Audit</th>
<th>Funded by</th>
<th>Changes in 2012/13</th>
<th>2013/14</th>
</tr>
</thead>
<tbody>
<tr>
<td>Statutory Auditor Function (MCOA)</td>
<td>Revenue Crown</td>
<td>$9,322,000</td>
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<tr>
<td>Supporting accountability to Parliament</td>
<td>Revenue Other</td>
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</tr>
<tr>
<td>Performance audits and inquiries</td>
<td>Revenue Crown</td>
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<tr>
<td></td>
<td>Revenue Crown</td>
<td>$6,587,000</td>
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<tr>
<td>Audit and Assurance Services</td>
<td>Revenue Crown</td>
<td>$150,000</td>
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</table>

<table>
<thead>
<tr>
<th>Vote Ombudsmen</th>
<th>Funded by</th>
<th>Changes in 2012/13</th>
<th>2013/14</th>
</tr>
</thead>
<tbody>
<tr>
<td>Investigation and resolution of complaints about Government administration</td>
<td>Revenue Crown</td>
<td>$88,000</td>
<td>$9,320,000</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Vote Parliamentary Commissioner for the Environment</th>
<th>Funded by</th>
<th>Changes in 2012/13</th>
<th>2013/14</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reports and advice</td>
<td>Revenue Crown</td>
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<td>$3,000</td>
</tr>
<tr>
<td></td>
<td>Revenue Other</td>
<td>$3,000</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Net Asset Schedule (taxpayers’ funds)</th>
<th>2012/13</th>
<th>2013/14</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office of the Controller and Auditor-General</td>
<td>$6,221,000</td>
<td>$6,221,000</td>
</tr>
<tr>
<td>Office of the Ombudsmen</td>
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<td>$329,000</td>
</tr>
<tr>
<td>Office of the Parliamentary Commissioner for the Environment</td>
<td>$614,000</td>
<td>$614,000</td>
</tr>
</tbody>
</table>
Office of the Controller and Auditor-General

Alterations to the 2012/13 appropriations for Vote Audit

For 2012/13 we note two changes to Vote Audit:

- an increase of $35,000 in the permanent legislative authority (PLA) baseline arising from a determination by the Remuneration Authority
- a decrease of $181,000 resulting from an updated forecast for the revenue-dependent appropriation for Audit and Assurance Services.

The annual appropriations in Vote Audit for 2012/13 remain unchanged.

The following table shows the effect of these changes on the baseline of Vote Audit.

<table>
<thead>
<tr>
<th>Alterations for 2012/13</th>
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<td>New PLA</td>
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</tr>
</tbody>
</table>

Permanent legislative authority

The salaries of the Controller and Auditor-General and the Deputy Controller and Auditor-General are revised annually on the basis of determinations by the Remuneration Authority, and are funded under permanent legislative authority. The increase of $35,000 in the PLA for 2012/13 arises from a determination by the Remuneration Authority to increase the remuneration of the Auditor-General and her deputy. We note that the increase to the PLA baseline will also apply to subsequent years.

Revenue-dependent appropriation for Audit and Assurance Services

This appropriation covers audits by the Controller and Auditor-General of the financial statements of the Government and public entities, and the performance of related assurance services as required or authorised by statute. The appropriation is revenue-dependent—that is, all costs are recovered through audit fees collected from the entities audited. Audit fee forecasts are updated annually according to the forecast amount of audit activity; the reduction for 2012/13 reflects the latest forecasts.
2013/14 draft budget for the Office of the Controller and Auditor-General

Other than changes to permanent legislative authority and revenue-dependent appropriations, no additional Crown funding is sought for the Office of the Controller and Auditor-General for 2013/14.

Permanent legislative authority

An increase of $35,000 in the Controller and Auditor-General’s permanent legislative authority for 2013/14 and subsequent years arises from a determination issued by the Remuneration Authority to increase the salaries of the Controller and Auditor-General and the Deputy. The PLA rises to $883,000 in 2013/14 and out-years.

Audit and Assurance Services revenue-dependent appropriation

This appropriation covers expenses on audits of government departments, local bodies, and other agencies; the Office of the Controller and Auditor-General recovers its costs from fees paid by those agencies. Updated forecasts of the level of audit activity and fees result in the appropriation reducing by $1.051 million in 2013/14.

A larger reduction forecast for 2014/15 is based on recommendations by the Local Government Efficiency Taskforce regarding the scope and hours involved in the triennial audits of local authorities’ long term plans. The forecast is likely to be adjusted as planning progresses.

The following table shows the effect these changes would have on the Vote Audit baseline.

<table>
<thead>
<tr>
<th>Adjustments for 2013/14 and out-years</th>
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<td>Adjustment for remuneration</td>
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<td><strong>73,210</strong></td>
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Other issues

We understand that the principal pressure on the budget of the Office of the Controller and Auditor-General over the past year has come from the inquiries it conducts into matters of public concern. The Auditor-General told us that requests for inquiries are assessed against various criteria, including the degree of public interest in the issues involved, and it is not possible to predict how many requests will meet the criteria in a given year. Normally, the office undertakes two major inquiries a year. Over the past year,
however, it received an unprecedented number of requests regarding important issues, and undertook six major inquiries. If this increase were to be sustained in future years, the Auditor-General told us the office would need to consider its options for managing the workload. They might include taking longer to complete inquiries or potentially declining to take them on.
Office of the Ombudsmen

Alterations to the 2012/13 appropriations for Vote Ombudsmen

We support three changes to the annual appropriation for 2012/13 for Vote Ombudsmen to provide for costs associated with a change in Ombudsman, and a rent increase for the office’s premises in Christchurch:

- a one-off increase of $77,000 to reimburse the cost of a recruitment consultant for the appointment of a new Ombudsman
- an increase of $6,000 for office space in Auckland for the new Ombudsman (with subsequent annual cost of $20,000)
- an increase of $5,000 for increased rental on the office’s Christchurch premises (with subsequent annual cost of $16,000)

A new Ombudsman, Professor Ron Paterson, has been appointed to succeed David McGee on his retirement. We approved the engagement of a recruitment consultant, and accept that it is customary to reimburse the office for the costs, which totalled $77,000.

Professor Paterson is based in Auckland, and will work several days a week from the Ombudsmen’s Auckland office. Adjacent space can be made available and incorporated into the office’s existing lease, at an additional cost of $6,000 in 2012/13. The full-year cost of $20,000 would be an addition to the baseline in subsequent years.

The Ombudsmen’s Christchurch office was required to find alternative premises after the Canterbury earthquakes, before rental rates had stabilised. A rent review has now been completed, resulting in an increase of $16,000 per annum from 1 March 2013. The additional cost in 2012/13 would be $5,000, with the full-year cost an addition to the baseline in subsequent years.

Permanent legislative authority

In addition to the above changes, we note an increase of $11,000 in the PLA for 2012/13 resulting from a determination by the Remuneration Authority to increase the remuneration of the Ombudsmen. Such adjustments are implemented automatically.
The following table summarises the alterations for 2012/13.

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<tr>
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<td>Adjustment for remuneration determination</td>
<td>11</td>
</tr>
<tr>
<td><strong>New PLA</strong></td>
<td><strong>641</strong></td>
</tr>
<tr>
<td><strong>New baseline (annual and PLA)</strong></td>
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</tr>
</tbody>
</table>

We agree that the additional expenses in 2012/13 should be incorporated into the Supplementary Estimates for 2012/13, and in the interim should be approved under Imprest Supply.

**2013/14 draft budget for the Office of the Ombudsmen**

We note an increase of $15,000 in the PLA for 2013/14 and out-years resulting from a determination by the Remuneration Authority to increase the Ombudsmen’s salaries.

We recommend the following increases in the annual appropriation for the Office of the Ombudsmen:

- an increase of $20,000 in 2013/14 and out-years for additional office space in Auckland
- an increase of $16,000 in 2013/14 and out-years for increased rent on existing office space in Christchurch
- an increase of $960,000 in 2013/14 and out-years for six additional investigating staff and associated costs.

**Office accommodation**

The increase recommended for the Ombudsmen’s Auckland office represents the $20,000 full-year cost of additional office space to accommodate the new Ombudsman, Professor Ron Paterson, who is based in Auckland and will work several days a week from the Auckland office.

The Christchurch increase results from a recently-completed rent review on the Ombudsmen’s Christchurch office, which was leased shortly after the Canterbury earthquakes before rental rates had stabilised. The review has resulted in increased rent of $16,000 per annum.
Additional investigating staff

We consider an increase in staffing necessary for the Office of the Ombudsmen to continue to perform its statutory duties satisfactorily. The number of complaints to the Ombudsmen has increased sharply over the past decade, and there has been considerable pressure on the office’s staff to meet heavy caseloads. While temporary funding was provided in 2010/11 and 2011/12 and included in the baseline from 2012/13 in an effort to clear the backlog of cases, new requests for assistance have continued to increase, particularly since the Canterbury earthquakes. In the view of the Chief Ombudsman, the financial constraints under which the office is operating—and the pressures on its staff—are acute, and mean it will increasingly be unable to achieve its performance targets for resolving complaints.

We understand that Vote Ombudsmen is funded on the basis of about 1,000 to 1,200 complaints being open and under action at any time. However, it had over 1,700 active cases at the end of June 2012, and nearly 2,400 at the end of December. A lack of staff has meant that 465 requests for assistance remained unallocated at 31 December 2012. On the present trend, the office expects to receive more than 14,000 requests for assistance this year—an increase of 36 percent since June 2012, and about 65 percent over the two years since June 2011.

The office has reorganised the way it works in an effort to deal with investigations more quickly. It improved its throughput by 13 percent last financial year, and expects further improvement this year. However, this is unlikely to offset the growth in new work. We were told there are signs that the office’s investigating staff are already exceeding their maximum tolerable workloads.

We acknowledge that the Office of the Ombudsmen provides a valuable and important service to Parliament and the New Zealand public. Balancing the work expected of the office against the current financial climate, we consider it appropriate to increase funding for 2013/14 and out-years to provide for an additional six investigating staff—an increase of 12 percent in the number of investigators. Our recommendation is less than the eight additional staff sought by the office, but more than the increase of four which the Treasury supported in its advice to us. The recommendation equates to an increase in the present annual baseline (including the PLA) of just less than 11 percent.
The following table shows the effect of the recommended changes on the 2013/14 appropriation for Vote Ombudsmen and the baseline for subsequent years.

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<th>Adjustments for 2013/14 and out-years</th>
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<tr>
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<td><strong>9,948</strong></td>
<td><strong>9,948</strong></td>
<td><strong>9,948</strong></td>
</tr>
</tbody>
</table>

**Other issues**

We are aware that the Office of the Ombudsmen continues to consider its staff disadvantaged in their remuneration rates relative to people in comparable positions in other agencies, despite an increased appropriation in 2012/13 for cost pressures and remuneration issues. We considered the case for additional funding carefully, but concluded that the current fiscal situation does not allow additional resources to be provided for remuneration purposes.
Parliamentary Commissioner for the Environment

Alterations to the 2012/13 appropriations for Vote Parliamentary Commissioner for the Environment

We note one change to Vote Parliamentary Commissioner for the Environment in 2012/13—an increase of $10,000 in the permanent legislative authority (PLA) for 2012/13 and subsequent years for the commissioner’s remuneration.

Permanent legislative authority

The increase of $10,000 in the Parliamentary Commissioner for the Environment’s PLA for 2012/13 and out-years arises from a determination issued by the Remuneration Authority to increase the remuneration of the commissioner.

The following table shows the effect of this change on the vote’s baseline.

<table>
<thead>
<tr>
<th>Alterations for 2012/13</th>
<th>$000</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

2013/14 draft budget for the Office of the Parliamentary Commissioner for the Environment

We note the increase of $10,000 in the PLA for 2013/14 and out-years as the result of a determination by the Remuneration Authority to increase the commissioner’s remuneration.

Recognising the range of work it is undertaking, we recommend an increase of $100,000 in the annual appropriation for the Office of the Parliamentary Commissioner for the Environment for 2013/14 and subsequent years to accommodate cost pressures on the office’s operating budget.

Addition to annual appropriation

We note that the operating baseline of the Parliamentary Commissioner for the Environment has not been increased for the past six years. From our discussion with the commissioner, we accept that numerous cost increases have been absorbed and operating efficiencies achieved over that time. We consider that the office maintains a strong focus on cost effectiveness.

The work of the office sometimes requires it to buy in technical advice that it cannot hope to provide in-house with a staff of just 17. The increased appropriation would help purchase such advice, when needed, as well as easing the pressure from increases in other operating costs such as office rent and insurance.
We are aware that the current economic and fiscal constraints mean that government agencies are expected to manage general cost pressures by seeking efficiencies, reprioritising, and adjusting their outputs within current baselines. After careful consideration, however, we support a modest increase of $100,000 in the appropriation for Vote Parliamentary Commissioner for the Environment for 2013/14 and out-years.

The following table shows the effect of these changes on the 2013/14 appropriation for Vote Parliamentary Commissioner for the Environment and the baseline for subsequent years.

<table>
<thead>
<tr>
<th>Adjustments for 2013/14 and out-years</th>
<th>2013/14 $000</th>
<th>2014/15 $000</th>
<th>2015/16 $000</th>
<th>2016/17 $000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current annual appropriation</td>
<td>2,340</td>
<td>2,340</td>
<td>2,340</td>
<td>2,340</td>
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<tr>
<td>Addition for cost pressures</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td><strong>New annual appropriation</strong></td>
<td>2,440</td>
<td>2,440</td>
<td>2,440</td>
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</tr>
<tr>
<td>Current PLA</td>
<td>276</td>
<td>276</td>
<td>276</td>
<td>276</td>
</tr>
<tr>
<td>Adjustment for remuneration</td>
<td>10</td>
<td>10</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>determination</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>New PLA</td>
<td>286</td>
<td>286</td>
<td>286</td>
<td>286</td>
</tr>
<tr>
<td><strong>New baseline (annual and PLA)</strong></td>
<td><strong>2,726</strong></td>
<td><strong>2,726</strong></td>
<td><strong>2,726</strong></td>
<td><strong>2,726</strong></td>
</tr>
</tbody>
</table>
Appendix

Committee procedure
We met on 28 February and 21 March 2013 to consider the alterations to the 2012/13 appropriations and the draft budgets for 2013/14 for the Officers of Parliament. We heard evidence from the Chief Ombudsman, the Controller and Auditor-General, and the Parliamentary Commissioner for the Environment, and received advice from the Treasury.

Committee members
Rt Hon David Carter (Chairperson)
Hon Peter Dunne
Darien Fenton
Te Ururoa Flavell
Gareth Hughes
Ross Robertson
Barbara Stewart
Louise Upston
Dr Kennedy Graham replaced Gareth Hughes for the meeting on 28 February.

Evidence and advice received

Chief Ombudsman, Budget Estimates 2013/14 additional information, dated 26 February 2013.

Controller and Auditor-General, Four-year plan and baseline update 2012/13 to 2016/17 for Vote Audit, dated 1 February 2013.


Alterations to the 2013/14 appropriations for Vote Audit, Vote Ombudsmen, and Vote Parliamentary Commissioner for the Environment, and 2014/15 draft budgets for the Office of the Controller and Auditor-General, the Office of the Ombudsmen, and the Office of the Parliamentary Commissioner for the Environment

Report of the Officers of Parliament Committee

Fiftieth Parliament
(Rt Hon David Carter, Chairperson)
March 2014

Presented to the House of Representatives
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</thead>
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<tr>
<td>2014/15 draft budget for the Office of the Controller and Auditor-General</td>
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</tr>
<tr>
<td><strong>Office of the Ombudsmen</strong></td>
<td>12</td>
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<tr>
<td>Alterations to the 2013/14 appropriations for Vote Ombudsmen</td>
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<tr>
<td>2014/15 draft budget for the Office of the Ombudsmen</td>
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<tr>
<td><strong>Parliamentary Commissioner for the Environment</strong></td>
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<tr>
<td>Alterations to the 2013/14 appropriations for Vote Parliamentary Commissioner for the Environment</td>
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<tr>
<td>2014/15 draft budget for the Office of the Parliamentary Commissioner for the Environment</td>
<td>15</td>
</tr>
<tr>
<td>Appendix</td>
<td>17</td>
</tr>
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</table>
Alterations to the 2013/14 appropriations for Vote Audit, Vote Ombudsmen, and Vote Parliamentary Commissioner for the Environment, and 2014/15 draft budgets for the Office of the Controller and Auditor-General, the Office of the Ombudsmen, and the Office of the Parliamentary Commissioner for the Environment

Recommendation

The Officers of Parliament Committee recommends that the House commend to the Governor-General, by way of an address pursuant to section 26E of the Public Finance Act 1989, alterations to the 2013/14 appropriations for Vote Audit, Vote Ombudsmen, and Vote Parliamentary Commissioner for the Environment, estimates of expenses to be incurred in 2014/15 in respect of classes of outputs for Vote Audit, Vote Ombudsmen, and Vote Parliamentary Commissioner for the Environment, and a capital injection for Vote Ombudsmen in 2014/15, and requests that they be incorporated into an Appropriation Bill.

Introduction

In order to maintain the independence of the Officers of Parliament, the Public Finance Act 1989 provides for funding for the Office of the Controller and Auditor-General, the Office of the Ombudsmen, and the Office of the Parliamentary Commissioner for the Environment to be determined by Parliament through the Officers of Parliament Committee.

We received submissions from each officer detailing proposed alterations to their 2013/14 appropriations, and their draft budgets for 2014/15 and out-years. We examined these submissions in conjunction with advice from the Treasury, and reached a decision on the funding needed for the officers to carry out the duties required of them. Our recommended alterations for 2013/14, and estimates for 2014/15 and out-years, are detailed in this report.

We recommend that the House commend these alterations and estimates and this capital injection to the Governor-General for inclusion in the main Appropriation Bill for the coming financial year, or in the Appropriation Bill dealing with the Supplementary Estimates for the current financial year. All figures in this report are GST-exclusive or GST-exempt unless otherwise noted.

The appendix to this report sets out our approach, our membership, and the evidence and advice we received.
Summary of the committee’s recommendations

The following tables give an overview of the changes we support in the 2013/14 appropriations for Officers of Parliament, and in their draft budgets for 2014/15 and subsequent years. They also show the capital injection we recommend for the Office of the Ombudsmen in 2014/15.

For Vote Audit, we also support the operation of a memorandum account from 1 July 2013 for the revenue-dependent appropriation Audit and Assurance Services.

### Vote Audit: alterations for 2013/14

<table>
<thead>
<tr>
<th></th>
<th>$000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current PLA</td>
<td>883</td>
</tr>
<tr>
<td>Adjustment for remuneration determination</td>
<td>40</td>
</tr>
<tr>
<td><strong>New PLA for 2013/14</strong></td>
<td>923</td>
</tr>
<tr>
<td>New baseline comprising PLA plus (unchanged) annual appropriation</td>
<td></td>
</tr>
<tr>
<td>Current revenue-dependent appropriation</td>
<td>68,114</td>
</tr>
<tr>
<td>Change in forecasts</td>
<td>2,928</td>
</tr>
<tr>
<td><strong>New revenue-dependent appropriation for 2013/14</strong></td>
<td>71,042</td>
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</table>

### Vote Audit: adjustments for 2014/15 and out-years

<table>
<thead>
<tr>
<th></th>
<th>2014/15</th>
<th>2015/16</th>
<th>2016/17</th>
<th>2017/18</th>
</tr>
</thead>
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<tr>
<td>Current PLA</td>
<td>883</td>
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<td>883</td>
<td>883</td>
</tr>
<tr>
<td>Adjustment for remuneration determination</td>
<td>40</td>
<td>40</td>
<td>40</td>
<td>40</td>
</tr>
<tr>
<td><strong>New PLA</strong></td>
<td>923</td>
<td>923</td>
<td>923</td>
<td>923</td>
</tr>
<tr>
<td>New baseline comprising PLA plus (unchanged) annual appropriation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current revenue-dependent appropriation</td>
<td>73,210</td>
<td>73,393</td>
<td>75,076</td>
<td>79,728</td>
</tr>
<tr>
<td>Adjustment for change in forecasts</td>
<td>2,180</td>
<td>150</td>
<td>(1,376)</td>
<td>743</td>
</tr>
<tr>
<td><strong>New revenue-dependent appropriation</strong></td>
<td>75,390</td>
<td>73,543</td>
<td>73,700</td>
<td>80,471</td>
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</table>

### Vote Ombudsmen: alterations for 2013/14

<table>
<thead>
<tr>
<th></th>
<th>$000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current annual appropriation</td>
<td>9,320</td>
</tr>
<tr>
<td>Expense transfer to 2014/15</td>
<td>(114)</td>
</tr>
<tr>
<td><strong>Proposed new annual appropriation for 2013/14</strong></td>
<td>9,206</td>
</tr>
<tr>
<td>Current PLA</td>
<td>645</td>
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<tr>
<td>Adjustment for remuneration determination</td>
<td>15</td>
</tr>
<tr>
<td><strong>Proposed new baseline (annual and PLA) for 2013/14</strong></td>
<td>9,866</td>
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</table>
### Vote Ombudsmen: adjustments for 2014/15 and out-years

<table>
<thead>
<tr>
<th></th>
<th>2014/15 $000</th>
<th>2015/16 $000</th>
<th>2016/17 $000</th>
<th>2017/18 $000</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Current annual appropriation</strong></td>
<td>9,303</td>
<td>9,303</td>
<td>9,303</td>
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<tr>
<td><strong>Operating costs associated with capital injection</strong></td>
<td>286</td>
<td>493</td>
<td>493</td>
<td>493</td>
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<tr>
<td><strong>Expense transfer from 2013/14</strong></td>
<td>114</td>
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<td></td>
<td></td>
</tr>
<tr>
<td><strong>Proposed new annual appropriation</strong></td>
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<td><strong>Current PLA</strong></td>
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<td><strong>Proposed new baseline (annual and PLA)</strong></td>
<td>10,368</td>
<td>10,461</td>
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</table>

### Current capital

<table>
<thead>
<tr>
<th></th>
<th>2014/15 $000</th>
<th>2015/16 $000</th>
<th>2016/17 $000</th>
<th>2017/18 $000</th>
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</thead>
<tbody>
<tr>
<td><strong>Capital injection</strong></td>
<td>1,487</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Comprising:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fit-out costs</td>
<td>150</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Furniture and equipment</td>
<td>346</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IT infrastructure</td>
<td>991</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Proposed new total capital</strong></td>
<td>1,816</td>
<td>1,816</td>
<td>1,816</td>
<td>1,816</td>
</tr>
</tbody>
</table>

### Vote Parliamentary Commissioner for the Environment: alterations for 2013/14

<table>
<thead>
<tr>
<th></th>
<th>$000</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Annual appropriation</strong></td>
<td>2,440</td>
</tr>
<tr>
<td><strong>Current PLA</strong></td>
<td>286</td>
</tr>
<tr>
<td><strong>Adjustment for remuneration determination</strong></td>
<td>10</td>
</tr>
<tr>
<td><strong>New baseline (annual and PLA) for 2013/14</strong></td>
<td>2,736</td>
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### Vote Parliamentary Commissioner for the Environment: adjustments for 2014/15–2017/18

<table>
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<tr>
<th></th>
<th>2014/15 $000</th>
<th>2015/16 $000</th>
<th>2016/17 $000</th>
<th>2017/18 $000</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Current annual appropriation</strong></td>
<td>2,440</td>
<td>2,440</td>
<td>2,440</td>
<td>2,440</td>
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<tr>
<td><strong>Addition for proposed new function</strong></td>
<td>450</td>
<td>450</td>
<td>300</td>
<td>300</td>
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<tr>
<td><strong>Proposed new annual appropriation</strong></td>
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<td>2,890</td>
<td>2,740</td>
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<tr>
<td><strong>Current PLA</strong></td>
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<td>286</td>
<td>286</td>
<td>286</td>
</tr>
<tr>
<td><strong>Adjustment for remuneration determination</strong></td>
<td>10</td>
<td>10</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td><strong>Proposed new baseline (annual and PLA)</strong></td>
<td>3,186</td>
<td>3,186</td>
<td>3,036</td>
<td>3,036</td>
</tr>
</tbody>
</table>
Information required for the Address from the House

Under section 26E of the Public Finance Act 1989, the following information is required to be included in the Address from the House to the Governor-General for the Supplementary Estimates of Appropriations for 2013/14.

<table>
<thead>
<tr>
<th>Vote Ombudsmen</th>
<th>Funded by</th>
<th>Change in 2013/14</th>
</tr>
</thead>
<tbody>
<tr>
<td>Investigation and resolution of complaints about Government administration</td>
<td>Revenue Crown</td>
<td>-114,000</td>
</tr>
</tbody>
</table>
Alterations to the 2013/14 appropriations for Vote Audit

We note the following changes to the Vote Audit appropriations for 2013/14. No changes are sought to the annual appropriations.

- An increase of $40,000 in the permanent legislative authority (PLA) baseline arising from a determination by the Remuneration Authority.
- An increase of $2.928 million resulting from an updated forecast for the revenue-dependent appropriation for Audit and Assurance Services.

The following table shows the effect of the changes.

<table>
<thead>
<tr>
<th>Alterations for 2013/14</th>
<th>$000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual appropriation (unchanged)</td>
<td>9,472</td>
</tr>
<tr>
<td>Current PLA</td>
<td>883</td>
</tr>
<tr>
<td>Adjustment for remuneration determination</td>
<td>40</td>
</tr>
<tr>
<td>New PLA</td>
<td>923</td>
</tr>
<tr>
<td><strong>New baseline (annual and PLA) for 2013/14</strong></td>
<td><strong>10,395</strong></td>
</tr>
<tr>
<td>Current revenue-dependent appropriation</td>
<td>68,114</td>
</tr>
<tr>
<td>Change in forecasts</td>
<td>2,928</td>
</tr>
<tr>
<td><strong>New revenue-dependent appropriation for 2013/14</strong></td>
<td><strong>71,042</strong></td>
</tr>
</tbody>
</table>

Permanent legislative authority

The salaries of the Controller and Auditor-General and the Deputy Controller and Auditor-General are revised annually on the basis of determinations by the Remuneration Authority, and are funded under permanent legislative authority. The increase of $40,000 in the PLA for 2013/14 arises from a determination by the Remuneration Authority to increase the remuneration of the Auditor-General and her deputy.

The increase to the PLA baseline will also apply in subsequent years.

Revenue-dependent appropriation for Audit and Assurance Services

This appropriation covers the expenses incurred by the Auditor-General in auditing government departments, local bodies, and other agencies for which the Auditor-General has auditing responsibility. The appropriation is revenue-dependent—that is, all expenses are limited to the amount of revenue from the entities audited. Audit fee forecasts are updated annually according to the expected amount of audit activity.

The increase in 2013/14 mainly reflects timing issues between financial years. Delays in the 2012 audits of schools because of problems with Novopay resulted in about $2 million of revenue and expense being deferred from 2012/13 to 2013/14.
Creation of memorandum account

The bulk of the expenses incurred by the Office of the Controller and Auditor-General are for the audits of government departments, local bodies, and other agencies. As the office largely recovers these costs through audit fees collected from the entities subject to audit, such expenses have for a number of years been funded through a revenue-dependent appropriation. Under such an appropriation, expenses may be incurred up to (but not exceeding) the amount of third-party revenue received in any financial year, with any surplus typically returned to the Crown. Over the past five years, the office has returned a total of $3.5 million in surpluses funded by audit fees.

The Auditor-General has suggested that a memorandum account be created for Audit and Assurance Services, so that a surplus in one year could be retained in the account against any potential subsequent deficit. The Auditor-General considers that such an account would help the office to keep audit fees as low as possible, as it could take any surplus into account when setting fees. We also note that this would have the effect in principle of returning any surpluses to the client base—a mixture of central and local government agencies—rather than to the Crown’s general revenue.

We support the creation of a memorandum account. We believe it would encourage the office to keep its charging under review, with the aim of achieving a zero balance position over time, say three to five years, and should help to keep audit fees down.

We note that in any year in which expenses exceed third-party revenue, Parliament’s approval through this committee would need to be sought to meet the shortfall by increasing the annual appropriation Audit and Assurance Services. However, such an increase would not be funded from Crown revenue, but from the excess of third-party revenue collected in other years when revenue exceeded expenses. We note that a small surplus is forecast for the 2013/14 year.

We recommend that the House support the operation of a memorandum account from 1 July 2013 for audit and assurance services funded by third-party revenue.

2014/15 draft budget for the Office of the Controller and Auditor-General

Other than changes to permanent legislative authority and revenue-dependent appropriations, no additional Crown funding is sought for the Office of the Controller and Auditor-General for 2014/15.

Permanent legislative authority

An increase of $40,000 in the Controller and Auditor-General’s permanent legislative authority for 2014/15 and subsequent years arises from a determination issued by the Remuneration Authority to increase the salaries of the Controller and Auditor-General and the Deputy. The PLA rises to $923,000.

Audit and Assurance Services revenue-dependent appropriation

This appropriation covers expenses incurred on audits of government departments, local bodies, and other agencies; the Office of the Controller and Auditor-General recovers its costs from fees paid by the agencies audited. Updated forecasts have resulted in the appropriation sought for 2014/15 increasing by $2.18 million, to $75.39 million.

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1 Audits of smaller entities such as cemetery trusts and reserve boards are funded by the Crown.
We note that the forecasts assume audit fee rates increasing by 2.5 percent a year, mainly reflecting increases in the cost of the auditing workforce. Expenses in 2014/15 and 2017/18 include the work involved in the three-yearly audits of local bodies’ long-term plans. Should the scope of such audits be reduced as a result of legislation currently before the House, the forecasts would be readjusted.

The following table shows the effect the proposed changes would have on the Vote Audit baseline.

<table>
<thead>
<tr>
<th>Adjustments for 2014/15 and out-years</th>
<th>2014/15 $000</th>
<th>2015/16 $000</th>
<th>2016/17 $000</th>
<th>2017/18 $000</th>
</tr>
</thead>
<tbody>
<tr>
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<td>9,427</td>
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<td>9,197</td>
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<td>883</td>
<td>883</td>
</tr>
<tr>
<td>Adjustment for remuneration determination</td>
<td>40</td>
<td>40</td>
<td>40</td>
<td>40</td>
</tr>
<tr>
<td>New PLA</td>
<td>923</td>
<td>923</td>
<td>923</td>
<td>923</td>
</tr>
<tr>
<td><strong>New baseline (annual and PLA)</strong></td>
<td><strong>10,380</strong></td>
<td><strong>10,350</strong></td>
<td><strong>10,120</strong></td>
<td><strong>10,120</strong></td>
</tr>
<tr>
<td>Revenue-dependent appropriation</td>
<td>73,210</td>
<td>73,393</td>
<td>75,076</td>
<td>79,728</td>
</tr>
<tr>
<td>Adjustment for change in forecasts</td>
<td>2,180</td>
<td>150</td>
<td>(1,376)</td>
<td>743</td>
</tr>
<tr>
<td><strong>New revenue-dependent appropriation</strong></td>
<td><strong>75,390</strong></td>
<td><strong>75,543</strong></td>
<td><strong>73,700</strong></td>
<td><strong>80,471</strong></td>
</tr>
</tbody>
</table>

**Statutory Auditor Function appropriation**

The Auditor-General has informed us that at some stage in the next few years the office will need to consider the adequacy of the Crown revenue it receives for its annual appropriation, Statutory Auditor Function. This has remained static for several years, at just over $9 million. It covers the office’s work on inquiries, for which public demand has increased in recent years, as well as performance audits, and work in support of public entities’ accountability to Parliament.

We greatly value such work by the Office of the Controller and Auditor-General, and appreciate the office’s continuing efforts to find efficiency savings wherever possible. We consider these efforts appropriate to the office’s vision of serving as a model for other public-sector organisations. We will continue to monitor the demands on the office’s resources under this appropriation.
Office of the Ombudsmen

Alterations to the 2013/14 appropriations for Vote Ombudsmen

Permanent legislative authority

We note an increase of $15,000 in the PLA for 2013/14 resulting from a determination by the Remuneration Authority to increase the remuneration of the Ombudsmen. Such adjustments are implemented automatically.

Expense transfer

The Office of the Ombudsmen has been working on three major projects, which it has funded from one-off cost savings. They involve updating the guidance provided to public entities on the application of New Zealand’s official information legislation; work on government web standards in relation to the United Nations Convention on the Rights of Persons with Disabilities, and improving the office’s financial management system. Several more months are needed to complete the projects, and the office has requested that expected underspending of $200,000 in 2013/14 be transferred to 2014/15 to fund this work.

We support an expense transfer of $114,000 from 2013/14 to 2014/15, and will consider any further requested expense transfer at next year’s budget review, following confirmation of the amount of the 2013/14 underspending in the office’s audited results. However, in principle we agree to a further expense transfer of up to $86,000.

The following table summarises the alterations for 2013/14.

<table>
<thead>
<tr>
<th>Alterations for 2013/14</th>
<th>$000</th>
</tr>
</thead>
<tbody>
<tr>
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<td>9,320</td>
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<tr>
<td>Expense transfer to 2014/15</td>
<td>(114)</td>
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<td>Current PLA</td>
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<td>15</td>
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<tr>
<td>New PLA</td>
<td>660</td>
</tr>
<tr>
<td><strong>New baseline (annual and PLA)</strong></td>
<td>9,866</td>
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2014/15 draft budget for the Office of the Ombudsmen

The PLA for remuneration of the Ombudsmen increases by $20,000 in 2014/15 and subsequent years as the result of a determination by the Remuneration Authority.

We recommend the following adjustments to the appropriations for, and capital of, the Office of the Ombudsmen:
• a one-off capital injection of $1.487 million in 2014/15, comprising $150,000 for office fit-out costs, $346,000 for furniture and equipment, and $991,000 for modernising the office’s information technology infrastructure

• an increase of $286,000 in 2014/15 and $493,000 in 2015/16 and subsequent years to cover the operating costs of the capital programme

• an expense transfer of $114,000 from 2013/14 to 2014/15.

Capital injection

We support the provision of additional capital for the Ombudsmen to bring the office’s fittings, furniture, and computer systems up to appropriate standards. We note that the office’s existing capital is only $329,000, and consider the amounts proposed reasonable to set the office up for the next several years.

The Ombudsmen’s Wellington office will soon be moving to new leased premises. While most of the fit-out costs are being met by the building owners, additional work desired by the Ombudsmen would cost $150,000 in 2014/15. Replacing some of the office furniture to meet current health and safety standards is also proposed, at a cost of $346,000. We support this capital expenditure.

We accept that the office’s information technology infrastructure is significantly behind the times, and inadequate to support its business requirements. We are satisfied that a one-off capital injection of $991,000 is appropriate to update its software and IT hardware sufficiently to meet the office’s needs for a number of years.

We also support an increase in the annual operating baseline to accommodate the continuing costs of this capital programme. As well as depreciation and annual capital charges for the furniture, fittings, and IT infrastructure, the new software will incur annual licensing, hosting, and maintenance fees. The full-year cost is expected to total $493,000 from 2015/16. Because of the timing of the upgrades, $286,000 is proposed for 2014/15.

The following table shows the effect of our recommended changes on the 2014/15 appropriation for Vote Ombudsmen and the baseline for subsequent years.

<table>
<thead>
<tr>
<th>Adjustments for 2014/15 and out-years</th>
<th>2014/15 $000</th>
<th>2015/16 $000</th>
<th>2016/17 $000</th>
<th>2017/18 $000</th>
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<tbody>
<tr>
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<td>9,303</td>
<td>9,303</td>
<td>9,303</td>
<td>9,303</td>
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<tr>
<td>Operating costs associated with capital injection</td>
<td>286</td>
<td>493</td>
<td>493</td>
<td>493</td>
</tr>
<tr>
<td>Expense transfer from 2013/14</td>
<td>114</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>New annual appropriation</strong></td>
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<td>9,796</td>
<td>9,796</td>
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<td>645</td>
<td>645</td>
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<tr>
<td>Adjustment for remuneration determination</td>
<td>20</td>
<td>20</td>
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<td>20</td>
</tr>
<tr>
<td>New PLA</td>
<td>665</td>
<td>665</td>
<td>665</td>
<td>665</td>
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<td><strong>New baseline (annual and PLA)</strong></td>
<td>10,368</td>
<td>10,461</td>
<td>10,461</td>
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I.15C  BUDGET REPORT FOR OFFICERS OF PARLIAMENT

<table>
<thead>
<tr>
<th>Current capital</th>
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</thead>
<tbody>
<tr>
<td>329</td>
</tr>
<tr>
<td>Capital injection</td>
</tr>
<tr>
<td>Comprising:</td>
</tr>
<tr>
<td>Fit-out costs</td>
</tr>
<tr>
<td>Furniture and equipment</td>
</tr>
<tr>
<td>IT infrastructure</td>
</tr>
<tr>
<td>New total capital</td>
</tr>
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</table>

Other issues

The workload of the Office of the Ombudsmen has expanded considerably, with complaints and other contacts increasing by an average of 25 percent a year for the past two years. Last year we supported an increase of $960,000 in the office’s baseline, which enabled it to take on six additional investigating staff to deal with the backlog. Good progress has been made, with the number of open complaints reduced from 2,891 to 1,969 over the past year. The office has also improved its practices, achieving a 30 percent increase in the amount of work completed despite a 29 percent increase in incoming work. We commend the office on these achievements.

The Chief Ombudsman told us the office’s infrastructure needs were judged to be the budget priority this year, and she hopes that the upgrade will make further efficiency gains possible. However, the office continues to consider its staff disadvantaged in their remuneration rates relative to people in comparable positions in other agencies.
Parliamentary Commissioner for the Environment

Alterations to the 2013/14 appropriations for Vote Parliamentary Commissioner for the Environment

We note one change to Vote Parliamentary Commissioner for the Environment in 2013/14—an increase of $10,000 in the PLA for the commissioner’s remuneration. The increase arises from a determination issued by the Remuneration Authority; such adjustments are implemented automatically.

The following table shows the effect of this change on the Vote’s baseline.

<table>
<thead>
<tr>
<th>Alterations for 2013/14</th>
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<tr>
<td>Annual appropriation (no change)</td>
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<td>Current PLA</td>
<td>286</td>
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<tr>
<td>Adjustment for remuneration determination</td>
<td>10</td>
</tr>
<tr>
<td><strong>New baseline (annual and PLA)</strong></td>
<td><strong>2,736</strong></td>
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</table>

2014/15 draft budget for the Office of the Parliamentary Commissioner for the Environment

We note the increase of $10,000 in the PLA for 2014/15 and out-years as a result of a determination by the Remuneration Authority to increase the commissioner’s remuneration.

We recommend an increase of $450,000 in the annual appropriation for the Office of the Parliamentary Commissioner for the Environment for 2014/15 and the following year to provide for an expansion of the office’s functions as proposed in the Environmental Reporting Bill currently before the House, and an increase of $300,000 for 2016/17 and subsequent years, with this funding to be reassessed as the workload becomes clear.

Addition to annual appropriation

The Environmental Reporting Bill proposes to establish a new system for reporting on the environment, which would entail a new review and commentary role for the Parliamentary Commissioner for the Environment. The commissioner estimates that the additional resources needed to carry out this new function would cost $400,000–500,000 a year. The funding would provide for an additional 4.5 full-time-equivalent staff (the office currently has 17 staff), as well as some funding for expert consultants, and overheads.

Under the proposed new environmental reporting system, the Secretary for the Environment and the Government Statistician would be required to report on one of five environmental “domains” every six months, and to prepare a “synthesis” report every three years within six months after a General Election. The Parliamentary Commissioner for the Environment would be expected (although not required) to review all of the reports, and to provide independent commentary on them. The Ministry for the Environment is scheduled to release the first of the reports in May 2014. The commissioner told us her office is
already working, within existing funding, to develop its expertise in preparation for the new role.

We asked the commissioner whether it would be essential for the office to carry out such work, as the bill does not propose to make the commentaries a statutory obligation. On balance, however, we accept the commissioner’s view that there would be a strong public expectation for the office to publish independent comment, particularly on the three-yearly synthesis report (the first due to be published in March 2015), and it would be remiss if it did not do so.

We note that the Minister for the Environment has arranged a transfer of $200,000 a year from Vote Environment to Vote Parliamentary Commissioner for the Environment to resource the commissioner’s new commentary function. We considered whether this transferred funding might be sufficient for the purposes, as we appreciate that the $400,000–500,000 in additional funding requested by the commissioner represents a significant increase on the office’s annual appropriation of $2.44 million. We also recall that the office’s baseline was increased last year by $100,000 to meet cost pressures.

On the other hand, we are aware that the commissioner operates on a tight budget, with an annual appropriation of just $2.44 million, leaving little scope for resource re-allocation. In our review of the office’s budget last year, we acknowledged that the office maintains a strong emphasis on cost effectiveness. We recommended the 2013 increase in the office’s baseline in recognition that it had absorbed numerous cost increases over the previous six years, and had exhausted its ability to do so. On balance, we consider that the commissioner has estimated carefully the resources likely to be required to fulfil the new commentary function, and believe the amount requested to be reasonable. We therefore support an increase of $450,000 in the annual appropriation for 2014/15 and the following year. At this stage we recommend that the increase for 2016/17 and subsequent years should be $300,000. We recognise that this funding may not be adequate in the light of the additional responsibilities, and recommend that funding be reassessed by this committee at a future meeting as the workload becomes clear.

The following table shows the effect of the proposed changes on the 2014/15 appropriation for Vote Parliamentary Commissioner for the Environment, and the baseline for subsequent years.

<table>
<thead>
<tr>
<th>Adjustments for 2014/15 and out-years</th>
<th>2014/15 $000</th>
<th>2015/16 $000</th>
<th>2016/17 $000</th>
<th>2017/18 $000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current annual appropriation</td>
<td>2,440</td>
<td>2,440</td>
<td>2,440</td>
<td>2,440</td>
</tr>
<tr>
<td>Addition for proposed new function</td>
<td>450</td>
<td>450</td>
<td>300</td>
<td>300</td>
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<tr>
<td><strong>New annual appropriation</strong></td>
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<tr>
<td>Current PLA</td>
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<tr>
<td>Adjustment for remuneration determination</td>
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</tr>
<tr>
<td>New PLA</td>
<td>296</td>
<td>296</td>
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<td><strong>New baseline (annual and PLA)</strong></td>
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<td><strong>3,186</strong></td>
<td><strong>3,036</strong></td>
<td><strong>3,036</strong></td>
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</tbody>
</table>
Appendix

Committee procedure
We met on 6 and 13 March 2014 to consider the alterations to the 2013/14 appropriations and the draft budgets for 2014/15 for the Officers of Parliament. We heard evidence from the Chief Ombudsman, the Controller and Auditor-General, and the Parliamentary Commissioner for the Environment, and received advice from the Treasury.

Committee members
Rt Hon David Carter (Chairperson)
Hon Peter Dunne
Iain Lees-Galloway
Te Ururoa Flavell
Gareth Hughes
Ross Robertson
Barbara Stewart
Louise Upston

Evidence and advice received

Controller and Auditor-General, Four-year Budget Plan and Baseline Update 2013/14 to 2017/18 for Vote Audit, dated 31 January 2014.


The Treasury, Assessment of 2014 Budget and Baseline Submissions for the Officers of Parliament, received 26 February 2014.
Complaint regarding the Civil Aviation Charges Regulations (No 2) 1991 Amendment Regulations 2012

Report of the Regulations Review Committee

Fiftieth Parliament
(Hon Maryan Street, Chairperson)
February 2014

Presented to the House of Representatives
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<th>Section</th>
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<td>Conclusion</td>
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## Appendices

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<th>Section</th>
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</thead>
<tbody>
<tr>
<td>A Committee procedure</td>
<td>16</td>
</tr>
<tr>
<td>B Legislative framework</td>
<td>17</td>
</tr>
</tbody>
</table>
Complaint regarding the Civil Aviation Charges Regulations (No 2) 1991 Amendment Regulations 2012

Recommendation

The Regulations Review Committee has considered a complaint regarding the Civil Aviation Charges. Having not upheld the complaint, it recommends that the House take note of its report.

Introduction

Between 20 January and 18 October 2013, we received separate complaints from Mr Blair Boyle, Mr Desmond Lines, the Aircraft Owners and Pilots Association of New Zealand, the New Zealand Airline Pilots Association, the Rodney Aero Club, and Aviation New Zealand about issues caused by the Civil Aviation Charges Regulations (No 2) 1991 Amendment Regulations 2012. The effect of the amendment regulations was an increase in fees and charges payable to the Civil Aviation Authority (CAA) for administrative tasks and aviation licences, and the introduction of a new medical certificate application fee.

The complainants objected to the regulations on seven grounds specified in Standing Order 315(2), submitting that the new regulations

- are not in accordance with the general objects and intentions of the statute under which they were made (Standing Order 315(2)(a))
- trespass unduly on personal rights and liberties (Standing Order 315(2)(b))
- appear to make some unusual or unexpected use of the powers conferred by the statute under which they were made (Standing Order 315(2)(c))
- unduly make the rights and liberties of persons dependent upon administrative decisions which are not subject to review on their merits by a judicial or other independent tribunal (Standing Order 315(2)(d))
- contain matters more appropriate for parliamentary enactment (Standing Order 315(2)(f))
- were not made in compliance with particular notice and consultation procedures prescribed by statute (Standing Order 315(2)(h))
- for reasons concerning their form or purport, call for elucidation (Standing Order 315(2)(i)).

Background

In our initial consideration of these regulations in October 2012, we asked the Ministry of Transport for a report detailing how each fee was calculated in accordance with the Controller and Auditor-General’s good practice guide. The response from the ministry explained that the increased fees would enable the CAA to address performance issues and
I.16A COMPLAINT REGARDING CIVIL AVIATION CHARGES

a continuing financial shortfall, and to eliminate cross-subsidisation from passenger safety and participation levies. After the 2012 amendment regulations had been implemented, we received complaints from affected parties about the medical certificate application fee, the licence fees, the increase in the CAA’s charge-out rates, and its consultation process.

On 20 January 2013 we received a complaint from Mr Desmond Lines and 620 others about administrative fees and charges and the medical certificate application fee. On 20 March 2013 we received two further complaints from Mr Lines, one regarding the hourly rates for non-medical services and administrative fees charged for the issuance of licences, the other complaining about the consultation process used by the CAA during a review of funding. On 1 March 2012 we received a complaint from Mr Blair Boyle about the medical certificate application fee, the increase to the hourly charge-out rate, and the increase in administrative fees for the issuance of aviation licences.

On 22 March 2013, we received a complaint from the Aircraft Owners and Pilots Association of New Zealand (AOPA), which was particularly concerned with the medical certificate application fee, the increase in pilot licence application fees, and the adoption of uniform charges for different classes of pilot licences. On 13 May 2013 we received a complaint from the New Zealand Airline Pilots Association (NZALPA) objecting to the introduction of the medical certificate application fee. We subsequently received two further complaints, one from the Rodney Aero Club and one from Aviation New Zealand, which we resolved to include in our consideration of the complaints listed above, as they were made on similar grounds. Aviation New Zealand argued that the hourly charge-out rates, the increased rates for licenses, and the medical certification charges were “a step too far”, representing either an unauthorised tax or “inefficiency payments”, and that they disturbed the equity and established balance between the funding parties (the Government, industry, and the travelling public).

We agreed that there was a prima facie case to answer, and asked the ministry to respond to the issues raised by the complainants. We heard oral evidence from Mr Lines on his own behalf, AOPA, NZALPA, the ministry, and Aviation New Zealand. We received written evidence from all the complainants, and from the ministry, the Office of the Controller and Auditor-General, and the Treasury. The key evidence from these submissions is summarised later in this report.

**Legislative framework**

The complaints focused on whether the fees detailed in the regulations were fair and accurate, and whether they were set correctly. The legislative framework around the amendment regulation, and within which the charges were made that are the subject of the complaints, is detailed in Appendix B. It includes the primary legislation, the Civil Aviation Act 1990, which provides for the making of regulations regarding fees and charges payable to the CAA; and the regulations in question: the Civil Aviation Charges Regulations (No 2) 1991, and the 2012 amendment to these regulations.

**Medical certificate application fee**

All commercial pilots and air traffic controllers are required to hold a current medical certificate. Pilots and air traffic controllers are required to pay between $250 and $480 for a medical examination by a designated medical practitioner, who then issues or renews a medical certificate, and forwards the report and certificate or renewal to the CAA for filing.
From 1 November 2012, the person undergoing a medical examination was required to pay a $313 medical certificate application fee in addition to the cost of the examination itself.

In his complaint, Mr Lines argued that requiring a pilot to pay this application fee before undergoing an aviation medical examination is an abuse of regulatory power. Mr Lines said that the large employers of airline pilots and air traffic controllers pay this fee on behalf of their employees, and recover the costs from passengers; but pilots employed by smaller commercial operators and training organisations, and private recreational pilots, must bear the cost themselves. He argued that this could result in fewer New Zealanders becoming pilots. Mr Lines suggested that the $313 application fee be abolished forthwith, collected fees refunded, and the operation, overheads, and cost structures of the CAA medical unit reviewed in depth.

Mr Boyle said that the application fee had pushed costs beyond the threshold of affordability for pilots, particularly those over 40 who are required to have their medical certificate renewed every six months. Mr Boyle submitted that this fee should be abolished, and a thorough review of the role, operation, and overheads of the CAA medical unit carried out. Mr Boyle also suggested that the medical unit should be mainly clerical, contracting medical expertise rather than retaining it in house, which he argued would substantially reduce overheads without compromising medical standards.

In its complaint, AOPA pointed out that the legislation limits the medical certificate application fee to reimbursement of the costs directly associated with administering the medical system under Part 2A of the Act. It argued that the fee as charged exceeds this legislative authority, as 45 percent of it consists of indirect costs attributable to the CAA’s overheads. AOPA also argued that at $313 the fee is excessive, and reflects inefficient operations in the CAA central medical unit. AOPA also argued that the CAA has interpreted the concept of “user pays” incorrectly; every air passenger is a user of the CAA system, so it is unjust for the medical application fee to fall on pilots only.

NZALPA told us that the medical application fee is not in accordance with the general objects and intentions of the Civil Aviation Act, as the Act does not envisage “full cost” recovery on a fee-for-service basis. The CAA has confirmed to NZALPA that the medical unit undertakes many activities not directly associated with administering medical certificate applications. In a letter dated 22 April 2013, the CAA confirmed that the application fee was calculated on the basis of the total costs of the medical unit divided by the number of medical certificate transactions undertaken per annum, plus GST. NZALPA requested that the CAA be directed to disclose the actual, direct costs covered by the application fee, to recognise appropriately the public benefits of civil aviation medical certification, then consult affected parties and make a fresh funding decision in accordance with the Act and Office of the Controller and Auditor-General (OAG) and Treasury guidelines. NZALPA asked the committee to recommend to the House that the application fee be revoked.

**Hourly charge-out rate**

We are aware that the Civil Aviation Charges Regulations (No 2) 1991 Amendment Regulations 2012 included an increase in the hourly charge-out rate for administrative functions carried out by the CAA, from $135.70 in 2013/14 to $284 in 2014/15.

Mr Lines told us that the new charge-out rate is more than twice that typically charged by commercial companies for technical work, and up to five times the typical charges for comparable administrative work. Mr Lines expressed his view that charging $284 an hour...
for database entry and general office work is "outrageous"; and he noted that the Minister of Transport has said that the full charge-out rate should be $328 an hour, and may increase to this figure.

Mr Lines told us that the aviation community has suffered continually from the inefficiency of the CAA, and that it appears to have a policy of charging for a minimum of one hour for work by administrators. Mr Lines requested an immediate review of the CAA by the OAG, to examine its charge-out rates, to ensure that the charging of fees for public-sector goods and services meets good practice guidelines, and to consider whether the hourly rate charged should be lower for services requiring only an administrative function than those requiring technical expertise. Mr Lines argued that until such a review has been completed, the hourly charge-out rate should remain at $135.70, and the practice of rounding up the time spent on administrative tasks to the nearest hour should be discontinued, and replaced by invoicing for six-minute blocks.

Mr Boyle argued that much of the work that the CAA does for its client base is purely administrative, and does not require any great technical expertise. He thought that charging a flat rate was unfair. Mr Boyle explained that the Australian regulatory authority, the Civil Aviation Safety Authority (CASA), differentiates its charge-out rates for administrative functions and work which requires technical expertise, and he suggested that the CAA should adopt a similar system. Mr Boyle argued that the hourly rate should not be increased until the impact of an increase in rates on the ability of training organisations to remain competitive with overseas operations had been reviewed.

Aviation New Zealand argued that the flat charge-out rate fails to recognise the discretion and flexibility in section 38(2) of the Civil Aviation Act to impose differential fees and charges tailored to types of users. Aviation New Zealand suggested that differentiated rates, tailored to the nature of the CAA’s functions and the skill needed to perform them, would allow the CAA to target the cost of its services more effectively in accordance with section 38(2), and substantially reduce the potential for over- or under-recovering direct costs from individual users of services. Aviation New Zealand rejected the CAA’s assertion that such a system would be difficult to administer, and noted that CASA in Australia administers a charging system which distinguishes between simple administrative and complex technical tasks.

**Aviation licences**

We are aware that the fee charged for the administration involved in issuing various classes of aviation-related licences also increased, from $56.22 to $230, as a result of the regulation in question.

Mr Boyle submitted that an increase of this magnitude was without precedent, and far in excess of what other aviation regulatory authorities charge. He noted that the fee charged by CASA for a similar licence was $73, while the regulator in the United States makes no charge for issuing a licence.

AOPA argued that the increase in the charge for pilot licences is excessive and indicates inefficient operations in the CAA. It also argued that the imposition of a flat fee for all classes of pilot licence is inequitable and imposes unduly high costs on private and recreational pilots. AOPA accepted that the licence fees had not been adjusted for a number of years, but suggested that any increase should have been limited to adjusting for inflation, which amounted to 44 percent over the period. AOPA argued that the CAA has
not demonstrated that the work involved in processing the licences has changed or increased in any material respect, so there is no justification for the scale of the fee increase. AOPA pointed out that the Act recognises that people participate in the aviation system at different levels of involvement, and that section 38(2) of the Act specifically provides authority to charge different rates of fees and charges for different classes of persons. AOPA recommended that the fees be revoked with immediate effect, and that the CAA be required to consult again on the fees and report its findings to Parliament, so that the proper level of any fees can be set in legislation. AOPA also suggested that Parliament should review and determine the extent to which civil aviation fees and charges should be subject to cost recovery.

The Rodney Aero Club argued that the across-the-board increase in fees and charges by the CAA should have attracted the full scrutiny of Parliament. The club told us it has received a partial invoice totalling $5,772.02 for the renewal of its Air Operator Certificate; the renewal fee five years ago was $1,050.74. The club considers these fees to be grossly excessive, and said they could lead to financial hardship for non-profit-making clubs.

**Consultation process**

Mr Lines argued that the methodology used to notify the consultation process was flawed, and did not meet best practice guidelines in the OAG’s *Good Practice Guide on Charging Fees for Public Service Goods and Services*. He also thought that too little time was allowed for consultation, given the extent of the changes proposed. Mr Lines told us that the CAA did not reach some parties affected by the proposed changes, and it gave no feedback on rejected submissions. Mr Lines suggested that it would have been preferable to notify clients of the proposed changes by mail or email rather than notices in print media and on the CAA website. Mr Lines suggested that the CAA be instructed to begin a new consultation process on its funding review.

AOPA told us that the consultation on the increase in fees and charges was inadequate and not consistent with the OAG’s good practice guidelines. AOPA said that a universal flat fee was not among the options in the consultation document issued by the CAA, and so was not consulted on before its introduction. AOPA also submitted that the increase in fees and charges was so large, and reflects such a fundamental shift in policy for setting charges in the civil aviation sector, that it should have attracted the full scrutiny and debate of Parliament under Standing Order 315(2)(f).

NZALPA argued that consultation on the introduction of the application fee was inadequate, and contrary to the OAG’s guidelines. NZALPA said that in its review of funding, the CAA characterised its medical certification function as a “private good”, which NZALPA argued is inappropriate and inconsistent with Treasury guidelines and other statements by the CAA. NZALPA also felt that it should have been invited to join the sector reference group, which determined the new medical certificate application fee, given the effect the changes would have on its members.

Aviation New Zealand told us that the CAA’s consultation process regarding the Value for Money review was chaotic and disjointed, and reflected the urgency of establishing the new regime by mid-2012 before the CAA required additional capital to stay afloat. Aviation New Zealand said it believed that the intent of the review was to redress funding anomalies only selectively, not to take a first principles approach.
Response to complaints

Civil Aviation Authority

The CAA told us that it consulted the aviation sector on the medical certificate application fee. The consultation included seeking feedback on a proposal to set three separate fees, including a separate fee of $686 for the exercise of flexibility. However, the CAA found that many applicants who apply for a medical certificate do not meet the strict medical standards prescribed in civil aviation rules, and rely on the exercise of flexibility in marginal cases to obtain medical certificates. The CAA said the cost to these applicants would have been prohibitive, particularly for those requiring six-monthly medical certificates, so the CAA recommended to the Government a flat fee of $313 to spread the costs. The CAA also argued that processing of a pilot licence application, whether for a private or a commercial pilot, follows a standard procedure, so it is fair that a standard fee applies.

The CAA justified the increased hourly charge-out rate as necessary to cover the costs of processing information. We heard that the CAA’s medical unit is responsible for quality-assurance monitoring of medical examiners. The unit is also responsible for developing and publishing guidance documents for the examiners, and responding to complaints and concerns about the medical status of pilots and air traffic controllers. The CAA argued that the Act allows it to recover the costs directly associated with the performance and function of the medical unit, and it understood electricity, the IT system, and the finance system to be legitimately regarded as overheads. The ministry said that during the funding review the Treasury tested the definition of direct costs, and it is confident that the costs are appropriately identified and applied.

The CAA told us that it took its obligations to consult with the aviation sector seriously, and allowed six weeks for public submissions, which is normal government practice. We heard that after it had completed its consultation, the CAA established a sector reference group to facilitate regular engagement with the sector as the review of its funding arrangements progressed. The CAA’s final business case to the Government reflected analysis of submissions from the 2010 consultation and the preferred approach of the CAA to achieving sustainable and reasonable funding for safety oversight of the civil aviation system. This business case was released to the public in July 2012. We were told that the suggestion of emailing notice of the consultation to every client was impractical, particularly as some do not provide email addresses. We also heard that the CAA’s systems are not designed to allow mass emails to all its clients.

Ministry of Transport

The ministry acknowledged that private and recreational pilots may not be able to recover the costs of their medical certificates and pilot licensing fees, as professional pilots can. However, it argued that many licences to carry out discretionary activities, such as non-commercial driver’s licences, impose costs that cannot be passed on; this alone did not mean that the fee should be reduced. The ministry told us that a uniform medical certificate application fee was most administratively efficient, and was also the fairest. We heard that the funding review team was asked to consider whether it was appropriate to use

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1 Flexibility is the use of medical judgment to issue a medical certificate if certain conditions are fulfilled. For example, a medical certificate may be issued if the exercise of privileges to which the certificate relates is not likely to jeopardise aviation safety. See section 27B(3) of the Civil Aviation Act 1990.
the passenger levy to subsidise all pilots; the team determined that because many pilots are deriving direct benefits from their flying, pilots should bear the cost.

The ministry said the increase in the hourly charge-out rate was necessary to ensure that the CAA could address performance issues and a persistent financial shortfall, reduce cross-subsidisation, and move toward full cost recovery for its services; it had updated the fees and charges imposed on participants in the aviation system, which had not been adjusted significantly for 15 years. The new fees and charges also meant that the CAA could recover costs fully without cross-subsidisation from passenger levies.

**Additional evidence**

We asked the Treasury and the OAG whether the fee-setting process had followed their respective guidelines, and whether they considered that the matters included in the fee-setting for the regulations relating to Part 2A of the Act were “costs directly associated with” the Director’s and convener’s functions under Part 2A.

**The Treasury**

We put these questions to the Treasury, which was a member of the steering group for the CAA’s setting of the new fees, and heard that it was satisfied that the process used was rigorous. The Treasury did not find any aspect of the CAA’s method of fee-setting to be inconsistent with its guidelines. The Treasury also considered that the approach taken by the CAA was in keeping with the intent of the legislation; if Parliament had intended to limit fees to direct costs, it would have made this clear in the legislation. The Treasury considers that fees can be set at a level to cover those costs of the CAA and the convener that are attributable to performing the functions set out in Part 2A. This would allow the inclusion of overhead costs and the cost of running of the medical unit.

**Office of the Auditor-General**

We asked the OAG whether the fee-setting arrangements of the CAA were consistent with its guide, *Charging Fees for Public Sector Goods and Services*. We heard that the OAG had no concerns about the process the CAA followed to review its funding arrangements, calculate the costs of providing its services, and set the fees and charges. The OAG also noted that the CAA has committed itself to a three-yearly review of its fees, charges, and levies, in accordance with OAG guidance. The OAG said it considers that the CAA can recover the full costs of the medical unit through fees and charges, as it does through the regulations. The OAG suggested, however, that the CAA could improve its description of the medical certificate application fee and what it covers, to minimise the potential for misunderstanding.

**Our consideration**

We considered the complainant’s arguments in the light of the specific Standing Orders grounds under which they were made, taking into account the advice we received.

**Not in accordance with general objects and intentions of the statute**

We considered first whether the regulation accorded with the general objects and intentions of the Act under which it was made.

AOPA argued the adoption of a universal flat fee for licenses did not, and that the charging of the medical certificate application fee exceeds the authority accorded to the CAA in the Act. NZALPA told us that the medical application fee is not in accordance with the general
objects and intentions of the Act, which does not envisage “full cost” recovery on a fee-for-service basis; the prime objective of the Act is to promote civil aviation safety.

Aviation New Zealand argued that the charging regime imposed from 1 November 2012 fundamentally disturbed the established practice of an equitable funding split between three parties, and thus breached the objective of the Act of achieving an “integrated, safe, responsive, and sustainable transport system”. It claimed that the charging regime substantially detracts from this objective and undermines the sustainability of the industry.

The increases in fees and charges were large, but we consider that this does not make the regulations inappropriate. The Act’s primary purpose is the promotion of civil aviation safety and security. Pilot licensing and medical certification are essential to civil aviation safety, allowing the CAA to provide an assurance that pilots are competent and fit and proper persons. We accept that if the fees and charges had not been adjusted this might have impaired the safety and security of aviation in New Zealand. We understand that essentially the same resources are involved in considering applications for different types of pilot licenses, and accept that this was a reasonable basis for considering a flat fee to be fair; we understand it has also minimised administrative costs.

**Trespasses unduly on personal rights and liberties**

We considered whether the regulations in question trespassed unduly on personal rights and liberties.

AOPA argued that the medical certificate application fee has been set so high that it does so, as does the large increase in the pilot licence issue fee.

NZALPA also argued that the medical examination fee unduly trespasses on personal rights and liberties in that it does not reflect the direct cost of issuing a medical certificate. It argued that every pilot has a personal right to expect that any fee charged reflects and is directly associated with the cost of providing the service utilised.

Aviation New Zealand argued that the interests of individuals and groups had been overridden by the purpose of keeping the Government’s contribution static, with the same level of funding provided since the late 1990s, irrespective of where the line between public and private good was drawn and irrespective of the increasing reliance of the public on aviation for public transport.

We consider that the policy underlying the Act is that participation in the aviation system is a privilege, not a right, and that it is appropriate for participants to fund the associated regulatory activity.

**Unusual or unexpected use of powers conferred by statute**

We considered whether there was an unusual or unexpected use of the delegated powers in the Civil Aviation Charges Regulations (No 2) 1991 Amendment Regulations 2012.

AOPA argued that doubling the costs attributed to the medical unit by way of indirect corporate overheads represents a flawed and disproportionate indirect cost allocation, and that this amounts to making an unusual or unexpected use of the powers conferred by statute.

NZALPA argued that the inclusion of the cost of funding the medical convener review process exceeds the legislative authority of the Act. NZALPA said that the attribution of overhead costs lacks transparency.
Aviation New Zealand argued that the determination by Government that its contribution would be reduced made an unexpected and unusual use of its regulation-making power. Aviation New Zealand noted that when the Crown attempted to shift the burden of funding to the industry in 1991 it was prevented from doing so, and again in 1997, when a negotiated agreement was reached between the three parties.

We heard that the key driver of the regulations was the need for considerable investment in the CAA’s capability and systems to enable it to address issues raised by the OAG. We consider that the distribution of costs is a matter for the Executive to determine within the framework of the empowering legislation.

**Unduly makes the rights and liberties of persons dependent upon administrative decisions which are not subject to review on their merits by a judicial or other independent tribunal**

We considered whether the regulations unduly render rights and liberties dependent upon administrative decisions not subject to judicial review.

NZALPA submitted that the right of pilots and air traffic controllers to hold a medical certificate is being impinged upon by administrative decisions to subsidise other activities of the CAA. They also argued that the regulations fail to recognise appropriately the benefit to clubs and the public from the functions carried out by aviation participants.

We consider that the way the medical certificate application fee is calculated is not of itself a decision made under the regulations, so the regulations cannot be challenged on this ground.

**Contains matters more appropriate for parliamentary enactment**

We considered whether the regulations contained matters more appropriate for parliamentary enactment.

AOPA argued that the increase in fees and charges was so large, and reflects such a substantive shift in the underlying policy for setting civil aviation charges, that it should have attracted the full scrutiny and debate of Parliament.

NZALPA similarly argued that the introduction of a medical certificate application fee represented a significant and substantive shift in policy concerning the funding of the CAA; it was therefore appropriate that it be subject to parliamentary enactment. NZALPA also argued that the way the fee was calculated by the CAA amounted to taxation, which is a matter more appropriately dealt with by Parliament.

Aviation New Zealand argued that the underlying policy of the regulation had changed, and that the regulations should attract the scrutiny and debate afforded by Parliament. Aviation New Zealand acknowledged the suggestion that the charging allocation model be reset to levels all three parties found acceptable, but argued that doing so would be more suited to parliamentary enactment to allow fair and open debate of the principles behind the funding of the CAA.

The CAA argued in response that the Act does not specify the balance to be struck between particular fees, charges, and levies; this balance is decided by Cabinet on the recommendation of the Minister of Transport. The CAA argued that the rebalancing of the funding arrangements involved a proper application of the guidelines developed by the Treasury and the OAG. The CAA does not accept that the medical certificate application fee is akin to taxation, as the revenue is collected from individuals within a specific group.
only when they wish to participate in the civil aviation system. These fees are used only to
fund the specific services related to the payer’s decision and cannot be used by the Crown
for more general purposes, so should not be considered a tax.

We accept the ministry’s argument that the revenue from the medical certificate application
fee is not a tax, as it is collected from people within a specific group, only when they wish
to participate in the civil aviation system. The revenue is used to fund specific services
related to the payer’s decision, and cannot be used by the Crown for more general
purposes. For these reasons it does not amount to taxation.

Was not made in compliance with particular notice and consultation procedures
prescribed by statute

We considered whether the regulations were made in compliance with particular notice and
consultation procedures prescribed by statute.

Mr Lines and Aviation New Zealand both argued that the regulations were unsatisfactory
on this ground because the consultation was inadequate. Mr Lines argued that the
notification methods were inadequate and not consistent with the OAG’s guidelines, that
the consultation was not genuine, and that there was not enough time to research and
prepare submissions.

We note, however, that no particular notice and consultation procedures are prescribed in
the Act, so the regulations cannot be defective on this ground.

For any other reason concerning its form or purport, calls for elucidation

We considered whether the regulation calls for elucidation for any other reason concerning
its form or purport.

NZALPA argued that if the regulation stands then it should clearly charge only those costs
directly associated with the medical unit’s medical certification application administration
costs, and that the CAA should be required to consult meaningfully with those affected as
to the form and purport of any fee.

We consider that the wording regarding the fee for a medical certificate application could
usefully be adjusted to make it clear that the fee covers a broader range of services, such as
the medical certification assurance process carried out by the CAA’s medical unit, than
exclusively administrative tasks.

Conclusion

While we understand that the degree of increase in some of the fees discussed in this report
was large, both the OAG and Treasury assured us that the CAA followed their respective
guidelines for fee setting. Both the Treasury and the OAG considered that the medical
certificate application fee properly reflected “costs directly associated with” the functions
under Part 2A of the Act. We accept their assurances and reasoning.

In addition, we consider that several of the complaints in some respects reflect
dissatisfaction with underlying policy, rather than the integrity of the regulations and the
process by which they were made.

We therefore find that Civil Aviation Charges Regulations (No 2) 1991 Amendment
Regulations 2012 are in accordance with the general objects and intentions of the statute
under which they are made, do not trespass unduly on personal rights and liberties, do not
make unusual or unexpected use of powers conferred by statute, do not unduly make rights
dependent on administrative decisions not subject to review, do not contain matters more appropriate for parliamentary enactment, and do not call for elucidation for any other reason concerning their form or purport. We consider that the CAA did not fail to comply with any particular notice and consultation procedures prescribed by statute. Although we consider that the consultation here was adequate and appropriate, consideration could be given to using accepted, modern consultation methods.
Appendix A

Committee procedure
We met between 25 October 2012 and 20 February 2014 to consider these complaints. We received evidence from the complainants, Mr Blair Boyle, Mr Desmond Lines, the Aircraft Owners and Pilots Association (NZ) Incorporated, the New Zealand Airline Pilots Association, the Rodney Aero Club, and Aviation New Zealand, the Ministry of Transport, the Treasury, and the Office of the Controller and Auditor-General.

Committee members
Hon Maryan Street (Chairperson)
Andrew Little
Ian McKelvie
Mike Sabin
Hon Chris Tremain
Appendix B

Legislative framework

Civil Aviation Act 1990

On 1 September 1990, the Civil Aviation Act came into force. Its purpose was to establish the rules of operation and division of responsibility in the New Zealand civil aviation system in order to promote safety in aviation.

Part 2A of the Act, relating to medical certification, was inserted on 1 April 2002. On the same date, section 38 of the Act, which relates to fees and charges, was amended by inserting new paragraph (ba) into section 38(1). This paragraph provides for regulations to be made prescribing, or providing for the fixing of, fees and charges payable to reimburse the CAA and the convener (a medical practitioner appointed as convener by the Minister of Transport under section 27J) for costs directly associated with the Director of Civil Aviation’s functions and the convener’s functions under Part 2A.

Civil Aviation Charges Regulations (No 2) 1991

The Civil Aviation Charges Regulations (No 2) 1991 came into force on 1 August 1991. Among other matters, these regulations made every person who makes an application in respect of any document or matter specified in its schedule liable to pay appropriate fees and charges.

Civil Aviation Charges Regulations (No 2) 1991 Amendment Regulations 2012

On 1 November 2012, the Civil Aviation Charges Regulations (No 2) 1991 Amendment Regulations 2012 came into force.
Complaint regarding the Canterbury Earthquake (Building Act) Order 2011 (SR 2011/311)

Report of the Regulations Review Committee

Fiftieth Parliament
(Hon Maryan Street, Chairperson)
April 2014

Presented to the House of Representatives
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Complaint regarding the Canterbury Earthquake (Building Act) Order 2011 (SR 2011/311)

Recommendation

The Regulations Review Committee has considered this complaint and recommends to the Government that, as a matter of urgency, it issue explicit guidelines for the relevant local authorities concerning the removal of extended section 124 notices issued under the Canterbury Earthquake (Building Act) Order 2011.

Introduction

On 4 February 2013 we received a complaint from Hon Ruth Dyson about the Canterbury Earthquake (Building Act) Order 2011. We also received a complaint from Mr Philip Elmey regarding the same order on 18 September 2013.

The 2011 order was made under the authority of section 71 of the Canterbury Earthquake Recovery Act 2011 and came into force on 17 September 2011. It continued the Canterbury Earthquake (Building Act) Order 2010. The 2011 order expired on 16 September 2013, and was replaced by the Canterbury Earthquake (Building Act) Order 2013.

The 2011 order modified the Building Act 2004 to give three Canterbury area councils the authority to issue an extended section 124 notice, or “red card”, under section 124 of the Building Act, where there was “a risk” of injury or death from the collapse of nearby land. This modification lowered the threshold in section 121 of the Building Act, which defines a building as dangerous if it is “likely” to cause injury or death. The Government considered some modification necessary because the section 121 definition of “dangerous building” excluded likely earthquake damage from consideration in assessing whether a building was dangerous. There was no provision in the Building Act for territorial authorities to address the safety of occupants of a building that was not itself dangerous, but was affected by land that was.

Basis of the complaint

The complainants objected to the 2011 order on four grounds specified in Standing Order 315(2), submitting that it

- was not in accordance with the general objects and intentions of the statute under which it was made (Standing Order 315(2)(a))
- trespassed unduly on personal rights and liberties (Standing Order 315(2)(b))
- appeared to make some unusual or unexpected use of the powers conferred by the statute under which it was made (Standing Order 315(2)(c))
- contained matters more appropriate for parliamentary enactment (Standing Order 315(2)(f)).

The complaints focused on the Christchurch City Council’s use of the modified powers under the Building Act to prohibit access to houses in the Port Hills that it considered to
be at risk from rock fall. The risk derived from land that was generally publicly owned land, rather than the property of the house’s owner. In many instances, the land was owned by the council itself. The council estimated that 70 percent of the land on the city side of the Port Hills was owned by either the Crown or the council, but that very little land on the Lyttelton side of the hills was council-owned.

**Relevant legislation**

**Canterbury Earthquake Recovery Act 2011**

The 2011 order was made under section 71 of the Canterbury Earthquake Recovery Act 2011. The relevant parts of section 71 provide:

71 **Governor-General may make Orders in Council for purpose of Act**

(1) The Governor-General may from time to time, by Order in Council made on the recommendation of the relevant Minister, make any provision that is reasonably necessary or expedient for all or any of the purposes stated in section 3(a) to (g).

(2) An Order in Council made under subsection (1) may grant exemptions from, modify, or extend any provisions of any enactment for all or any of the purposes stated in section 3(a) to (g).

(3) The enactments that may be the subject of an Order in Council that does anything referred to in subsection (2) include (without limitation) the following:

(a) the Building Act 2004:

[...]

The purposes stated in section 3(a) to (g) of the Act are therefore fundamental to the breadth of the legislative power delegated by section 71. The purposes are—

(a) To provide appropriate measures to ensure that greater Christchurch and the councils and their communities respond to, and recover from, the impacts of the Canterbury earthquakes:

(b) To enable community participation in the planning of the recovery of affected communities without impeding a focused, timely, and expedited recovery:

(c) To provide for the Minister and Canterbury Earthquake Recovery Authority (CERA) to ensure that recovery:

(d) To enable a focused, timely, and expedited recovery:

(e) To enable information to be gathered about any land, structure, or infrastructure affected by the Canterbury earthquakes:

(f) To facilitate, coordinate, and direct the planning, rebuilding, and recovery of affected communities:

(g) To restore the social, economic, cultural, and environmental well-being of greater Christchurch communities:

[...]

**Canterbury Earthquake (Building Act) Order 2013**

The 2011 order expired at the close of 16 September 2013, and was replaced by the 2013 order, which came into force on 17 September 2013. The 2013 order provides that existing
extended section 124 notices issued in reliance on the 2011 modification to the Building Act continue to have full force and effect, despite the expiry of the 2011 order, until 18 April 2016, unless earlier removed.

However, the three Canterbury area councils no longer have the power to issue extended section 124 notices. Instead they must rely on their existing powers under the unmodified Building Act to address any new dangerous building situations.

**Complainants’ concerns**

**Hon Ruth Dyson**

Ms Dyson argued that section 124 of the Building Act was traditionally used in cases where a property posed a high degree of risk to life. She argued that the houses on the Port Hills subject to section 124 notices were subject to a risk of death from rock fall similar to the risk of death through road use. Ms Dyson explained that many of those homes had never been hit by rocks or even had rocks come within 100 metres of them. The council could impose notices on these houses only because the 2011 order lowered the threshold for issuing a section 124 notice from “likely” to “a risk” of causing death. Ms Dyson argued that this definition could apply to any building, as every building is a risk to occupy. She considered that the 2011 order created a new baseline for unacceptable risk that would trigger the provisions of the Building Act, and that if this risk threshold were applied across the country then whole towns would need extended section 124 notices on their buildings.

Ms Dyson told us that the 2011 order had created an anomaly relative to the legislative intent of the Canterbury Earthquake Recovery Act by sanctioning actions by councils that were not intended by the Act. She argued the order removed rights to redress through the normal checks and balances offered by the Building Act. Ms Dyson said that it was anomalous that the 2011 order authorised the Christchurch City Council to issue extended section 124 notices, given that it was the council that owned much of the land from which the risk derived. Ms Dyson considered that home-owners could not mitigate the risk at source because the council had refused to allow any rock fall protection to be put on its land.

Ms Dyson described the 2011 order as a very blunt instrument, which should properly have been used only at the peak of the post-earthquake emergency, until a more measured plan could be implemented. She was concerned that there was no plan for the Port Hills properties; the modifications made by the 2011 order effectively required the council to issue extended section 124 notices for certain at-risk houses, but the order was silent as to what should happen next. Ms Dyson said that many Port Hills property owners were aggrieved that they were not consulted before extended section 124 notices were applied to their buildings. They felt that the prescribed timeframe for determining how long the notices should remain in place had been vastly exceeded by the councils and the ministry.

**Philip Elmey**

Mr Elmey’s home in the Port Hills is the subject of an extended section 124 notice. Mr Elmey considered that, in the case of houses on the Port Hills deemed to be at risk of rock fall, the extended section 124 notices had deprived residents of the lawful use of their homes. He accepted that the broadening of the Building Act criteria for “dangerous buildings” to include remote hazards was justifiable immediately after the earthquakes, but considered it hard to accept that an emergency situation still existed two years after the earthquakes.
In Mr Elmey’s view, the council had been inconsistent when issuing extended section 124 notices. He submitted that there were instances of houses with structural damage that had had no restrictions placed on their occupation, while houses at risk of rock fall, but structurally sound, were subject to extended notices. Mr Elmey said that if the unmodified provisions of the Building Act were applied to his family home, the risk level would be viewed as manageable; but the council had shown no willingness to remove the extended section 124 notice applying to his home.

Mr Elmey argued that residents were further frustrated as the council had not provided clear guidance about the criteria to be applied when considering a proposal for lifting an extended section 124 notice. Yet the ministry had issued guidance documents for almost all other technical aspects of rebuilding and mitigation of earthquake-induced hazard.

Response to complaints

Ministry of Business, Innovation and Employment

We heard from the Ministry of Business, Innovation and Employment, the department responsible for administering the order, that the management of dangerous buildings under the Building Act was a function of territorial authorities.

The ministry explained that the purpose of modifying section 121 of the Building Act was to empower councils to prevent access to properties where there was a risk of rock fall causing injury or death to users of the property. There were many uncertainties at the time and the area was still experiencing strong aftershocks. The Christchurch City Council indicated that it needed clear powers to enable it to act decisively and with certainty in unprecedented circumstances, in order to protect the health and safety of people in Canterbury. The ministry explained that the modification to section 121 had created a new situation in respect of the issuing of section 124 notices, as it was the first time since the Building Act came into force that properties had had section 124 notices placed on them as a result of risk originating from other property, rather than from the property that was the subject of the notice.

The Building Act does not specifically address the removal of section 124 notices. The ministry told us that in practice, the relevant local authority removes a section 124 notice once the issue identified in the notice has been resolved. The ministry told us this was done on implied authority. In the ministry’s view, guidelines and criteria for the removal of section 124 notices, including extended section 124 notices, were properly the responsibility of local authorities, not central Government. The ministry was helping the Christchurch City Council to review its guidance on rock-roll protection structures, which would in turn help building owners determine what they needed to do to protect their property. The ministry explained that the Canterbury earthquakes created a situation that was not provided for in the Building Act, where a building or structure was deemed structurally sound but the land that it stood on was hazardous. We were told that a number of government departments, led by the Ministry for the Environment, and including the Ministry of Business, Innovation and Employment, were in the process of examining legislative means of addressing this unforeseen situation, but that this was expected to be a lengthy process.

The ministry told us that, even though the Canterbury Earthquake Recovery Act gives CERA the power to prohibit access to buildings and land, the ministry preferred the Building Act process as it included the councils and encouraged community participation in
the recovery process. An owner who did not agree with a council’s decision could apply under the Building Act for a determination of the matter by the ministry. These determinations could be appealed to the District Court. The ministry had received 12 applications for determinations relating to extended section 124 notices issued on the basis of potential rock fall in the Port Hills. As at 28 November 2013, one notice had been removed by the Christchurch City Council, one had been upheld and two had been overturned by the ministry, a further two were being processed by the ministry, four applications had been withdrawn, and two had been put on hold at the owners’ request.

**Christchurch City Council**

The Christchurch City Council told us it considered that the 2011 order was made in accordance with the purposes of the Canterbury Earthquake Recovery Act and fitted with the purpose and powers of the Building Act. The council said the geographical area of risk had not changed, but the probability of something happening was changing as seismicity altered. We heard that there were 9,000 mapped boulders on land owned by either the council or the Crown in the Port Hills, and that they could fall at any time. The council did not have a programme for removing the risks created by these boulders, but was willing to discuss remediation work with property owners, including potential rock-fall protection structures on their land or council land. The council had worked to mitigate the risk of rock fall in the first six months after the February earthquake; although the mitigation work held up well during the June earthquake, additional rocks were destabilised. An independent reviewer subsequently advised the council to cease mitigation work, as the continuing aftershocks meant there was no certainty that subsequent earthquakes would not disturb rocks on the Port Hills.

The council considered the 2011 order an appropriate measure to ensure the community could recover quickly from the effects of the earthquakes by simplifying a number of processes under the Building Act. The council acknowledged that the 2011 order created a new risk baseline, but thought it was appropriate given the heightened seismic risk in the Canterbury region. The council argued that the 2011 order was not intended to provide for a new standard that would be applied throughout New Zealand, or even permanently in Canterbury, but rather was a response to the circumstances arising from the earthquakes.

**Canterbury Earthquake Recovery Authority**

On 5 December 2013, the Minister for Canterbury Earthquake Recovery announced the results of the Port Hills Zoning Review, which signalled the conclusion of the land-zoning process. After the conclusion of this process, there were approximately 362 Port Hills properties where an extended section 124 notice had been placed on the building under the 2011 order. Of those, 355 properties were in the red zone, and seven properties were in the green zone. The Crown has made offers to owners of insured residential and insured partially-built residential properties, and not-for-profit organisations that own insured properties; owners have until 31 August 2014 to accept or decline these offers. CERA is developing a policy for owners of vacant land, properties with uninsured buildings, and commercial property. The seven properties in the green zone are not eligible for a Crown offer.

**Human Rights Commission**

In the course of our examination of this complaint, the Human Rights Commission wrote to us, saying that it had expressed concern to the Christchurch City Council in July 2013...
about the effects of extended section 124 notices on property owners. In the commission’s view, residents in the Port Hills had had their right to adequate housing infringed, and this had in turn affected their right to health. The property owners had experienced considerable stress, and this was exacting a heavy toll on their general health and well-being. The commission considered that there were limited options available to property owners, and there was no certainty that the extended section 124 notices would be lifted. There was also uncertainty about whether CERA would red-zone some properties. The commission argued that homeowners must be provided with clear guidance as to their options, so that they can make informed decisions.

**Our consideration**

**General objects and intentions of the statute**

We considered whether the 2011 order accorded with the general objects and intentions of the Act under which it was made, the Canterbury Earthquake Recovery Act.

Ms Dyson argued that the order was not in accordance with the general objects and intentions of the Act, specifically section 3(d), which gives one of the purposes of the Act as to “enable a focused, timely, and expedited recovery”. Ms Dyson argued that the order was not in accordance with section 3(d) as it prevented some Christchurch residents from occupying their homes for as long as an extended section 124 notice remained in place. She considered this situation was exacerbated by the fact that the Christchurch City Council had not issued any guidance for the removal of notices on these properties. Ms Dyson told us that in the two years following the earthquake the seismic profile of the land had changed to the point where there was no immediate risk to life, and she expressed concern that the 2011 order nevertheless remained in force.

The general objects and intentions of the Canterbury Earthquake Recovery Act are clearly stated in the Act. The purposes set out in section 3 demonstrate that the Act is intended to enable central and local government to provide a more effective response to the impacts of the Canterbury earthquakes than would otherwise be possible. The objects of the Act are broadly drawn and seek to include all aspects of the recovery from the earthquakes.

We consider that it cannot be said that the 2011 order was not in accordance with the objects and intentions of the Act at the time at which it was made. The order modified the Building Act to allow likely earthquake damage to be taken into account in assessing whether a building was dangerous. The effect of the order was thus clearly in accordance with the objects and intentions of the Act, given the lack of knowledge at the time about probable earthquake damage, and the need to enable councils to respond swiftly to dangerous circumstances.

However, we accept the thrust of Ms Dyson’s argument that the modifications made by the 2011 order would eventually have ceased to be appropriate. Had the modifications made by the 2011 order been continued much longer, we consider that there would have been a strong argument that the order was no longer in accordance with the objects and intentions of the Act, in that it was no longer supporting the recovery of the community.

**Undue trespass on personal rights and liberties**

We considered whether the 2011 order trespassed unduly on personal rights and liberties.
Ms Dyson said that the 2011 order trespassed unduly on the right of an individual to determine the life risk in their own home, and on their right to occupy their own home. Mr Elmey considered that the order breached a person’s right to occupy their own home.

We accept that the 2011 order constituted a trespass on some form of personal right or liberty. The Human Rights Commission identified the right concerned as a right to adequate housing, the infringement of which had in turn impacted on a right to health. We consider that the right to occupy one’s home is a reasonable expectation, although it does not seem to us to be a fundamental right such as those guaranteed in the New Zealand Bill of Rights Act 1990. Subpart 6 of the Building Act, in its unmodified form, recognises that this right has limitations, in that it allows local authorities to prohibit access to a building that it considers to be dangerous, adjacent to or adjoining a dangerous building, earthquake-prone, or insanitary.

Standing Order ground 315(2)(b) requires us to consider whether the 2011 order trespasses unduly on the right to occupy one’s home. In determining whether the trespass was undue, we have sought to balance the right that is being trespassed on against the harm that the trespass is guarding against.

At the time at which the 2011 order was made, the executive considered that it was necessary to modify the meaning of “dangerous building”, and consequentially to lower the usual risk threshold, because of the devastating effects of the Canterbury earthquakes and risks that became apparent following subsequent aftershocks. The 2011 order shifted the balance struck in the Building Act between the public interest in preventing injury or death, on the one hand, and an individual’s right to occupy his or her home, on the other, in favour of the public interest. This shift was based on an assessment that the risk of injury or death was greatly increased in buildings affected by the Canterbury earthquakes. The assessment was made by the executive at the time, on the basis of the expert information available to it. It is not an assessment that we can sensibly inquire into, and we therefore accept it as appropriate. For that reason, the 2011 order cannot be said to have trespassed unduly on personal rights and liberties at the time when it was made.

However, had the modification made by the 2011 order been continued beyond 16 September 2013, we consider that at some point the trespass on the right to occupy one’s home would have become an undue trespass, as time passed and the seismic risk diminished. The fact that the 2013 order did not continue the modifications to the Building Act would seem to indicate that the Government understood that the provisions of the 2011 order became less appropriate as time passed.

Unusual or unexpected use of powers conferred by statute

We considered whether the 2011 order made some unusual or unexpected use of the power conferred by section 71 of the Canterbury Earthquake Recovery Act.

Ms Dyson said that the manner in which the 2011 order was made demonstrated that its purpose was to respond to an immediate risk. She argued that the fact that the order was still in place so long after the earthquakes represented an unusual or unexpected use of the power conferred by section 71.

The legislative power delegated to the executive by section 71 of the Canterbury Earthquake Recovery Act is extremely broad and wide-ranging. Section 71 authorises regulations made under it to grant exemptions from, modify, or extend any provisions of
any Act, including the Building Act, provided that the regulations are reasonably necessary or expedient for all or any of the specified purposes stated in section 3(a) to (g).

In enacting section 71, Parliament clearly authorised the making of regulations to provide for significant modifications to primary legislation. One of the principal limitations Parliament specified on this delegation of legislative power was the requirement that any regulations be “reasonably necessary or expedient” for the purposes stated in section 3. In making the 2011 order, the executive intended to allow likely earthquake damage to be taken into account in assessing whether a building was dangerous. Making regulations for this purpose, by means of modifying the Building Act, cannot be said to be an unusual or unexpected use of the section 71 legislative power.

We reiterate that had the modifications made by the 2011 order continued, there would have been a strong argument that the order was no longer in accordance with the objects and intentions of the Act. This argument would have applied equally to this ground, because section 71 explicitly ties the section 3 purpose provision to the delegated power. Were the 2011 order no longer supporting the recovery of the community from the impacts of the earthquakes, it might well have become an unusual or unexpected use of the section 71 legislative power.

We therefore consider that the 2011 order cannot be said to make an unusual or unexpected use of the power conferred by section 71 of the Canterbury Earthquake Recovery Act.

Contains matters more appropriate for parliamentary enactment

We considered whether the 2011 order contained matters more appropriate for parliamentary enactment.

Ms Dyson argued that if the intent of the order was to give powers to the Canterbury area councils, then that was a significant policy matter, inconsistent with the purposes of the Canterbury Earthquake Recovery Act, and was therefore a matter more appropriate for parliamentary enactment.

We agree that the effect of the order was of a kind that might ordinarily be expected from primary legislation. It is a well-established principle that matters of principle and policy are usually found in primary legislation, while detail and implementation are ordinarily the domain of delegated legislation.1 One effect of the 2011 order was to modify and extend the already considerable power under the Building Act for a local authority to prevent a building from being approached. The question of whether to extend such a power was clearly a matter of substantive policy.

However, in enacting section 71 of the Canterbury Earthquake Recovery Act, Parliament clearly intended that regulations made under section 71 could deal with matters of substantive policy. There can be no doubt that Parliament intended that regulations made under section 71 should be able to grant exemptions from, modify, or extend any provisions of any Act of Parliament, despite that fact that the decision to alter an Act of Parliament in such a way is one that Parliament ordinarily guards for itself. No doubt Parliament delegated such a broad and wide-ranging power to make regulations on the

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basis of the emergency situation that followed the Canterbury earthquakes. We therefore consider that this ground cannot be made out because, although the 2011 order does contain matter more appropriate for parliamentary enactment, it does so with the clear authorisation of Parliament itself.

**Conclusion**

We find that none of the Standing Orders grounds raised by the complainants has been made out.

However, in bringing the 2011 order to our attention, we consider that the complainants have highlighted the difficulties with, and limitations of, legislation made in response to an emergency situation. It is important that such legislation be limited in duration—as were both the Canterbury Earthquake Recovery Act and the 2011 order. Had the 2011 order itself, or the modifications in the Building Act made by that order, been continued much beyond September 2013, we might well have reached different findings in respect of the four Standing Order grounds cited.

We trust that the first complainant, Ms Dyson, will consider that the 2013 order, which was made after our hearing of evidence about her complaint, has gone some way towards addressing the concerns she raised with us about the 2011 order. We note that the Government has gone some way towards addressing the concerns of the majority of these homeowners as a result of its Port Hills Zoning Review.

**Situation of affected homeowners**

We have a great deal of sympathy regarding the concerns raised by the complainants. In practical terms, the key question here is not whether these complaints are made out, but what can be done to alleviate the situation in which many homeowners in the Port Hills find themselves.

The extended section 124 notices issued under the modified provisions of the Building Act must have caused, and must still be causing, considerable frustration and difficulty for many homeowners in the Port Hills. These homeowners are prohibited from entering their homes because of a risk posed by land, rather than the buildings they own. The issue is further complicated as the land at risk is, in the main, publicly owned. Property owners have no certainty as to when, or if, these extended notices will be lifted. This is in contrast to section 124 notices issued under the unmodified provisions of the Building Act, as notices are usually issued in respect of buildings that are themselves dangerous or insanitary—problems that the building owner has the power to address.

The evidence we have received suggests that little or no mitigation work has taken place in the Port Hills. We heard that the council (and presumably also the Crown, where it owns the land) could not easily fix the risk, because the situation was complex; the council had had expert engineering advice (in June 2011) that removing or reducing the risk was not feasible. Furthermore, the evidence we have received is that the relevant local authorities are yet to release guidelines on how extended section 124 notices may be removed. The ministry’s position is that developing these guidelines is properly the responsibility of local authorities, not central Government, although it has been assisting the council in reviewing its guidance. The 2011 order is no longer in force, but its effects continue to be felt. Although the 2013 order did not continue the power to issue extended section 124 notices, because it keeps the existing notices in force, its practical effect has been to maintain the situation as it was under the 2011 order. Affected homeowners are effectively locked into
their current position until at least 18 April 2016, when the Canterbury Earthquake Recovery Act 2011 will be repealed. There is of course no guarantee that the extended section 124 notices will lapse on 19 April 2016, as a law change could be subsequently introduced to continue their effect further.

We consider the position that these homeowners have found themselves in as a result of the 2011 order is not sustainable. In our view, the residents of the Port Hills will be best served if the council can devise a way for the extended section 124 notices to be removed. We consider that establishing criteria to apply in deciding whether a notice can be removed is a job best done by central Government, rather than being left to local authorities. We note that section 175 of the Building Act authorises the ministry to publish information for the guidance of territorial authorities to assist them in complying with the Act. We therefore recommend to the Government that, as a matter of urgency, it issue explicit guidelines for the relevant local authorities concerning the removal of extended section 124 notices issued under the Canterbury Earthquake (Building Act) Order 2011.
Appendix

Committee procedure
We met between 4 February 2013 and 17 April 2014 to consider these complaints. We received evidence from the complainants, Hon Ruth Dyson and Mr Philip Elmey, the Christchurch City Council, and the Ministry of Business, Innovation and Employment.

Committee members
Hon Maryan Street (Chairperson)
Andrew Little
Ian McKelvie
Mike Sabin
Hon Chris Tremain

Eugenie Sage was a non-voting member for consideration of this complaint.
Complaint regarding the Legal Services Regulations (payment for legal aid work) 2011 (SR 2011/144)

Report of the Regulations Review Committee

Fiftieth Parliament
(Hon Maryan Street, Chairperson)
April 2014

Presented to the House of Representatives
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Complaint regarding the Legal Services Regulations (payment for legal aid work) 2011 (SR 2011/144)

Recommendation

The Regulations Review Committee has considered this complaint, and recommends that the House take note of its report.

Introduction

On 11 September 2013 we received a complaint from Cooper Legal about the amendments made to the Legal Services Regulations 2011 (SR 2011/144) by the Legal Services Amendment Regulations 2013 (SR 2013/309).

The regulations require a legally aided person to pay a user charge to be eligible for legal aid. Cooper Legal complained to us because the regulations did not exempt two classes of persons and proceedings—persons pursuing claims of historic abuse, and prison inmates—from the requirement to pay this charge.

The complainant objects to the regulations on three of the grounds specified in Standing Order 315(2), submitting that in failing to exempt such people, the regulations

- are not in accordance with the general objects and intentions of the statute under which they were made (Standing Order 315(2)(a))
- trespass unduly on personal rights and liberties (Standing Order 315(2)(b))
- appear to make some unusual or unexpected use of the powers conferred by the statute under which they were made (Standing Order 315(2)(c)).

Relevant legislation

The complaint concerns regulations made under section 114 of the Legal Services Act 2011. The 2011 Act was amended on 2 September 2013 by the Legal Services Amendment Act 2013. On the same day, the Legal Services Regulations 2011 were amended by the Legal Services Amendment Regulations 2013. The complaint is about these amendments to the 2011 regulations.

Legal Services Act 2011

The purpose of the Legal Services Act 2011, as set out in section 3, is to promote access to justice by establishing a system to provide legal services to people of insufficient means, and delivering them in the most effective and efficient manner. The 2013 amendments to the Act introduced a user charge.

Section 18A of the Act requires a legally aided person to pay a user charge to the lead provider (generally, the lawyer in charge of his or her case) in order to be eligible for a legal aid grant for a civil matter. The amount payable is not specified in the Act; section 114(1)(ea) authorises the making of regulations prescribing the amount of the user charge.
Section 18A(4) provides for three categories of exemption from the user charge. The first exempts a grant of legal aid made on a “specified application”, as defined in section 4 of the Act, which lists the types of applications that are exempt from the user charge. These applications have in common the involvement of vulnerable people, such as victims, or important rights. They cover various proceedings relating to the Waitangi Tribunal, mental health and intellectual disability, personal and property rights, domestic violence, children and young persons, parole hearings, and refugees and protected persons.

The second and third categories exempt a grant of legal aid made on applications by certain classes of person, and applications in respect of certain classes of proceeding.

Section 114 is the empowering provision. Section 114(1)(ea) authorises the making of regulations prescribing the amount of the user charge, including different amounts for different classes of proceeding. The 2013 regulations were made under this provision. Also relevant to this complaint is section 114(1)(o), which authorises the making of regulations exempting any specified class of person or proceeding from the application of section 18 or 18A. No regulations may be made under section 114(1)(o) unless the Minister of Justice is satisfied that any exemption is justified on at least one of the following grounds:

- the public interest
- facilitating access to justice
- being just and equitable in the circumstances (section 114(8)).

**Legal Services Regulations 2011**

As at 2 September 2013, regulation 9A of the regulations set the user charge at $43.48, or $50 including Goods and Services Tax. The regulations do not prescribe different amounts of user charge for different classes of proceeding, as would be permitted by section 114(1)(ea).

**Complainant’s concerns**

Cooper Legal is a law firm specialising in litigation. It represents over 500 clients who have been victims of abuse, either as children under the care of the state or as psychiatric hospital patients. These clients are in the process of taking legal action, with most of their claims naming the Ministry of Social Development and the Ministry of Health as defendants. Cooper Legal told us that almost all of these clients are legally aided. About one-third are current prison inmates, and about two-thirds have been in prison at some point while their legal aid files have been active.

The complainant argues that the imposition of an almost blanket user charge on legally aided persons seeking to bring a civil action is unfair, and contrary to the intent that could be inferred from the provisions for exemption in the Act. Cooper Legal submits that

- the regulations ought to have exempted the two classes of people represented by its clients (persons pursuing claims of historic abuse, and prison inmates) from the user charge
- prescribing a user charge under section 114(1)(ea) without exempting these classes of persons and proceedings breaches the Standing Orders.

Cooper Legal bases their argument for exemption on the policy rationale underlying section 4 of the Act, which exempts certain “specified applications” from the requirement
to pay the user charge. The complainant observes that these applications are apparently exempt by virtue of either the vulnerability of the people involved or the importance of the rights involved, or because the persons involved are victims of crimes. They argue that these policy reasons apply equally to historic abuse claimants and prison inmates. The complainant considers that the Government is legally obliged under the New Zealand Bill of Rights Act 1990 and various international commitments to ensure that people have access to justice, and argue that the imposition of a user charge is preventing it in some circumstances.

We heard that the result of the regulations is that many prison inmates are effectively disqualified from obtaining legal aid for civil or family matters. Many prison inmates earn only 20 to 60 cents an hour, and that is only when they can secure work. At the mid-range rate of 40 cents an hour, an inmate would have to work 125 hours to pay the user charge. The user charge is particularly problematic for the hundreds of historic abuse claimants currently in prison who want to pursue matters through the civil courts.

Cooper Legal submits that, while the provision of legal aid is means-tested, the requirement to pay the user charge to obtain legal aid is not, and argues that this is inconsistent with section 3(a) of the Act, which sets out the purpose of promoting access to justice by “establishing a system to provide legal services to people of insufficient means”.

The complainant calls for historic abuse claimants and prison inmates to be specified as exempt classes in regulations made pursuant to section 114(1)(o). Cooper Legal argue that the establishment of additional exceptions for such established classes of persons is within the general objects and intentions of sections 18A(4)(b) and (c) of the Act.

More broadly, Cooper Legal argue that a legal aid system that requires an aided person to first pay a user charge to their lawyer, which would later be repaid by a ministry, could not be said to deliver legal services in the most effective and efficient manner, contrary to the purpose set out in section 3 of the Act.

Response from Ministry of Justice

The Ministry of Justice told us that it considers mechanisms such as a user charge necessary to ensure the legal aid system is financially viable and available for those who need it most. Grants of legal aid are subject to a number of conditions under sections 18 and 18A of the Act, notably the requirement to repay the grant unless the associated debt is waived or written off by the Legal Services Commissioner.

The ministry acknowledges that the user charge might lead to some people not pursuing civil proceedings, but told us that the intent of the policy is to encourage people to consider carefully whether to engage in civil litigation, and to help the Government fund such litigation. According to the ministry, the user charge is underpinned by a general recognition that people have a choice as to whether to engage in civil proceedings, unlike criminal proceedings.

The ministry explained that the exemptions in the Act are characterised by either the vulnerability of the person concerned or the type of proceedings being such that any financial impediment, however small, would be inappropriate.

The ministry told us that, at the time at which the Legal Services Amendment Bill was drafted, neither historic abuse claimants nor prison inmates had been considered for exemption in their policy advice; nor was either class of person considered for inclusion in the section 4 list of exemptions by the select committee or the House in their consideration
of the bill. Nevertheless, when we heard from the ministry on 7 November 2013, it was in
the process of examining the exemptions proposed by Cooper Legal, and intended to
advise the Minister of Justice about whether to extend the exemption to these classes of
people. The ministry acknowledges that it would be possible for regulations to be made
under the Act exempting these two classes from the requirement to pay the user charge,
provided that the conditions set out in section 114(8) were met.

We recently sought an update from the ministry. The ministry replied on 3 April 2014,
telling us that Cabinet had recently approved the making of regulations to exempt victims
of historic abuse from the legal aid user charge. Cabinet had noted that the Minister of
Justice considered that exempting applications for legal aid to fund historic abuse claims
from the user charge was justifiable under the statutory criteria specified in section 114(8).
The ministry did not refer to the second class of claimants specified by the complainant,
prison inmates.

**Our consideration**

The complaint centres on the amendments made to the 2011 regulations by the 2013
regulations, specifying the rate of the user charge. We set out our analysis of the
amendments to the 2011 regulations below.

**General objects and intentions of statute**

We considered first whether the regulations were in accordance with the general objects
and intentions of the Act under which they were made, the Legal Services Act 2011.

The complainant argues that regulation 9A is not in accordance with the general objects
and intentions of the Act on the basis that a blanket charge on all grants of legal aid for
civil matters other than those relating to a “specified application” in effect nullifies the
provisions in the Act for exemptions. Such an approach is not in accordance with the
general objects and intentions of the Act as specified in section 3, in that it does not
establish a system that provides legal services to all people of insufficient means, nor one
that delivers the services in the most effective and efficient manner.

The user charge, payable in respect of every grant of legal aid for a civil matter except those
exempt under section 18A(4), is one means by which the Act seeks to deliver legal aid
services effectively.

We consider that the regulations cannot be said not to be in accordance with the general
objects and intentions of the Act. The amendments to the 2011 regulations made by the
2013 regulations prescribe the amount of the user charge, as expressly provided for in
section 114(1)(ea). Since the imposition of a user charge was clearly intended by
Parliament, we consider that the amendments implement the general objects and intentions
of the Act.

**Undue trespass on personal rights and liberties**

We considered whether the regulations trespassed unduly on personal rights and liberties.

The complainant argues that, by failing to exempt certain specified classes of persons from
the requirement to pay the user charge, regulation 9A unduly trespasses on the ability of
substantial numbers of people to obtain legal services. The argument is essentially that, in
prescribing the amount of the user charge, regulation 9A trespasses unduly on the ability of
historic abuse claimants and prison inmates to access the justice system.
We do not consider that the regulations can be said to trespass on personal rights and liberties. The regulations do no more than prescribe the amount of the user charge. The obligation to pay a user charge is imposed by the Act, not by the regulations: the question of whether the user charge itself represents an undue trespass is therefore outside our subject area.

**Unusual or unexpected use of powers conferred by statute**

We considered whether the regulations appeared to make some unusual or unexpected use of the delegated power in section 114(1)(ea) of the Act.

The complainant argues that regulation 9A appears to make such a use of the delegated power in section 114(1)(ea), on the basis that the scheme of the Act means that the 2013 regulations ought to have provided appropriate exceptions to the user charge. The complainant bases this analysis on the exemptions provided for in sections 18A(4)(b) and (c) of the Act, read in the context of the purpose provision in section 3.

We consider that the scheme of the Act clearly intends regulations to be made under the empowering provision, section 114(1)(ea), setting the rate or rates of the user charge. The amendments to the 2011 regulations made by the 2013 regulations do no more than prescribe the amount of the user charge. It is the Act that imposes the requirement to pay a user charge to be eligible for a legal aid grant for a civil matter, not the regulations. We therefore consider that the regulations cannot be said to make an unusual or unexpected use of the delegated power in section 114(1)(ea) of the Act.

**Conclusion**

We find that Standing Order grounds 315(2)(a), (b), and (c) are not made out.

This complaint is an unusual one. The complainant’s concern is essentially that, when the Legal Services Amendment Regulations 2013 came into force on 2 September 2013, they did not provide for two classes of legal aid claimant—historic abuse victims and prison inmates—to be exempt from the requirement to pay the user charge, despite the fact that the Act authorises the making of such regulations.

The complaint is therefore about an absence of regulations, rather than the substance or form of the regulations nominally complained about. The power delegated to make regulations exempting classes of person or proceedings from the requirement to pay the user charge is discretionary, not mandatory, meaning that the executive is not obliged to make any regulations under section 114(1)(o).

Consequently, in our view, this complaint is in fact about a policy matter—the Government’s decision not to make regulations exempting historic abuse victims and prison inmates from the requirement to pay the user charge. It is well established that we do not consider matters of policy.

We note, however, that Cabinet has approved the making of regulations exempting victims of historic abuse from the obligation to pay the user charge. We are pleased that the Government has given due consideration to that issue amongst those raised by the complainant.
Appendix

Committee procedure
We met between 19 September 2013 and 10 April 2014 to consider this complaint. We received evidence from the complainant, Cooper Legal, and from the Ministry of Justice.

Committee members
Hon Maryan Street (Chairperson)
Andrew Little
Ian McKelvie
Mike Sabin
Hon Chris Tremain
Complaint regarding the New Zealand (Australia New Zealand Food Standards Code) Food Standards 2002, Amendment No 53

Report of the Regulations Review Committee

Fiftieth Parliament
(Hon Maryan Street, Chairperson)
February 2014

Presented to the House of Representatives
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Complaint regarding the New Zealand (Australia New Zealand Food Standards Code) Food Standards 2002, Amendment No 53

Recommendation

The Regulations Review Committee, having not upheld the complaint, recommends that the House take note of its report.

Introduction

On 11 July 2013, we received a complaint from GE Free New Zealand about the New Zealand (Australia New Zealand Food Standards Code) Food Standards 2002 Amendment No 53, made under section 11L of the Food Act 1981. The complaint cited section 11E(1)(a) and (2)(a) to (c) of the Act, which sets out the preconditions for issuing a food standard. It queried whether the Minister took into account these preconditions, especially section 11E(1)(a), the “need to protect human health”, which is the first such precondition.

The effect of Amendment No 53 is to amend the Food Standards so that food derived from soybean DAS-44406-6 is approved. The soybean has been genetically modified to make it tolerant to some specified herbicides.

The complainant objected to the regulation on four of the grounds specified in Standing Order 315(2), submitting that in approving soybean DAS-44406-6, the amendment

- is not in accordance with the general objects and intentions of the statute under which it was made (Standing Order 315(2)(a))
- trespasses unduly on personal rights and liberties (Standing Order 315(2)(b))
- appears to make some unusual or unexpected use of the powers conferred by the statute under which it was made (Standing Order 315(2)(c))
- unduly makes the rights and liberties of persons dependent upon administrative decisions which are not subject to review on their merits by judicial order or other independent tribunal (Standing Order 315(2)(d)).

The legislative framework within which the amendment that is the subject of the complaint sits is set out in Appendix B.

The complainant’s evidence

In addition to citing the Standing Orders grounds for drawing attention to a regulation, GE Free New Zealand took issue with the process behind the making of Amendment No 53 on the grounds that its scientific basis was insufficient or unsound in various ways. GE Free submitted that Amendment No 53 does not give confidence as to public safety, and does not fulfil the public’s expectation of the rigorous scientific assessment required of the food standards agency.

They argued that the application for approval for sale of the soybean was not subject to sufficient scientific scrutiny, particularly as there was no evidence that the food standards
agency had undertaken dietary exposure modelling or conducted scientific risk assessments regarding the ingestion of the food. GE Free argued that the lack of studies meeting international best-practice guidelines meant consumers cannot have confidence in the assessment. Internationally recognised expert advice in this field was provided to us.

The complainant takes issue with the process Food Standards Australia New Zealand (FSANZ) used for arriving at the relevant food standard: its reliance on particular evidence, its failure to consider other evidence, and the alleged absence of certain evidence, especially “feeding studies”, that the complainant argues are essential to a proper assessment of the application.

The complainant asserted that the Minister should have raised concerns on behalf of the New Zealand public, particularly about the lack of “ingestion data”, and that there is no avenue for public hearings to be held. GE Free suggested that the public has been led to believe they are required.

The complainant requested that the committee review the FSANZ approval of application A1073, and whether Amendment No 53 was made validly under section 11L of the Food Act. It requested that comprehensive, long-term “feeding studies” be conducted on relevant mammals in order to assess the food safety implications of the amendment.

**Evidence of Ministry for Primary Industries**

Under the Agreement Between the Government of Australia and the Government of New Zealand Concerning a Joint Food Standards System, FSANZ develops joint food standards, following public consultation and consideration by Ministers on both sides of the Tasman. To give legal effect in New Zealand to the Food Standards Code and joint food standards, they must be incorporated by reference into the New Zealand (Australia New Zealand Food Standards Code) Food Standards 2002.

Amendment No 53 incorporates by reference Amendment 140 to the Australia New Zealand Food Standards Code, which amends Standard 1.5.2 of the Food Standards Code to include approval for the sale of foods derived from genetically modified soybean DAS-44406-6. FSANZ is responsible for maintaining the Australia New Zealand Food Standards Code. Anyone can apply to FSANZ to amend the Food Standards Code.

The ministry advised us that the notice for the development and making of Amendment No 53 followed the prescribed process for food standards used by FSANZ. It suggested that the large number of submissions received (68), demonstrated that the process gave reasonable opportunity for input. FSANZ considered the issues that were raised in the submissions, and published detailed responses in the *Approval Report – Application A1073*.

The ministry advised the Minister for Food Safety that appropriate consultation had been carried out, and the Minister agreed.

The ministry pointed out that aspects of the complaint go to issues of science and risk assessment, which GE Free and others had raised with FSANZ during the consultation period. FSANZ addressed these issues in the approval report, and concluded that food derived from herbicide-tolerant soybean line DAS-44406-6 is considered to be as safe for human consumption as food derived from conventional soybean cultivars, and does not pose a risk to public health or safety.
Our consideration

We considered the complainant’s arguments in the light of the specific Standing Orders grounds on which they were made, taking into account the evidence we received.

General objects and intentions of statute

We considered first the complainant’s contention that Amendment No 53 is not in accordance with the general objects and intentions of the statute under which it is made. Amendment No 53 of the Food Standards Code was made under Part 2A of the Food Act, Section 11B sets out the purposes of Part 2A as follows:

(a) to provide for greater flexibility in the regulatory arrangements relating to food manufactured or prepared for sale or sold in New Zealand, or imported into New Zealand, having due regard to the following matters:
   (i) the need to protect public health;
   (ii) the desirability of avoiding unnecessary restrictions on trade;
   (iii) the desirability of maintaining consistency between New Zealand’s food standards and those applying internationally;
   (iv) the need to give effect to New Zealand’s obligations under any relevant international treaty, agreement, convention, or protocol; and

(b) in particular, to give effect to the Australia – New Zealand Joint Food Standards Agreement.

The complainant argues that “the need to protect public health” should take priority over the other statutory purposes related to trade and international obligations, on the basis of the order in which the purposes are specified in the list in section 11B(a). The complainant also refers to section 11E(a) of the Act, which requires the Minister, as a precondition for issuing a food standard (or an amendment to a food standard), to take into account “the need to protect public health”.

Amendment No 53 appears to us to be consistent with the general objects and intentions of the Food Act, as set out in Section 11B; the need to protect public health is just one of several considerations the Minister is required to take into account, and is not given any over-riding priority in the legislation.

Undue trespass on personal rights and liberties

We considered whether the regulations in question trespassed unduly on personal rights and liberties. The complainant argued that Amendment No 53 trespasses “on the rights and liberties on the choice and health of the public”. The complainant suggests that the lack of “feeding studies” amounts to a case of “not matching the public expectation of expert safety review”.

Amendment No 53 merely permits the sale of a certain type of food; we consider that this does not create obligations or restrict freedoms, and thus cannot be said to trespass unduly on personal rights and liberties.

Unusual or unexpected use of powers conferred by statute

We considered whether the regulations, as the complainant contended, appeared to make some unusual or unexpected use of the delegated powers conferred by section 11F of the Food Act. Section 11F of the Act allows food standards to incorporate by reference “standards, requirements, or recommended practices of international or national organisations”.

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Issuing a food standard in relation to genetically modified food is explicitly permitted in section 11C(2)(d) of the Food Act. Incorporation of a joint food standard by reference is permitted under section 11F. We consider the use made of the delegated power in question is therefore not unusual or unexpected, since its likelihood is explicitly contemplated by the empowering legislation.

**Unduly makes rights dependent on administrative decisions not subject to review**

We considered whether, as the complainant argued, the regulations made the rights and liberties of persons dependent upon administrative decisions which were not subject to review by judicial or other independent tribunal.

The explanatory note to the New Zealand (Australia New Zealand Food Standards Code) Food Standards, Amendment No 53 specifies that all of the FSANZ code applies to New Zealand “with the exception of those parts of the code that are identified as only applicable to Australia”. Section 134 of the FSANZ Act 1991 (Australia) provides (except in particular circumstances) for any person whose interests are affected by a decision of the FSANZ authority to apply to the Australian Administrative Appeals Tribunal for review. This review provision applies only in Australia; there is no equivalent provision in New Zealand legislation.

The complainant argued that a New Zealand citizen has no right of appeal to any comparable administrative tribunal in New Zealand regarding such a regulation before it is incorporated into New Zealand law. The complainant considered the only avenue of review is an application to the Regulations Review Committee, or an application for judicial review in the High Court. These remedial avenues are applicable only to procedural improprieties; the complainant argues that there is no avenue for a New Zealand citizen to seek a review of the merits of a proposed regulation. We observe, however, that the complainant’s evidence was nevertheless based extensively on argument about the scientific merits of the decision in question, despite the recognition that an application to this committee is not the appropriate vehicle for doing so.

We agree with the ministry that this Standing Order ground cannot be made out, as Amendment No 53 does not establish an administrative process, or confer power on an administrative entity to make decisions on which the rights and liberties of persons are dependent. Amendment No 53 is made under powers clearly provided by Parliament in section 11C, under which the Minister may issue food standards, and section 11F, whereby food standards may incorporate material by reference, of the Food Act.

**Conclusion**

We found that none of the Standing Orders grounds raised in the complaint are made out. We consider that the food standards were made in accordance with the legislation, following the required process. We consider that Amendment No 53 to the New Zealand (Australia New Zealand Food Standards Code) Food Standards is in accordance with the general objects and intentions of the statute under which it is made, does not trespass unduly on personal rights and liberties, does not make unusual or unexpected use of powers conferred by statute, and does not unduly make rights dependent on administrative decisions not subject to review.
Appendix A

Committee procedure
We met between 11 July 2013 and 13 February 2014 to consider this complaint. We received evidence from the complainant, GE Free New Zealand, and Food Standards Australia New Zealand and the Ministry for Primary Industries.

Committee members
Hon Maryan Street (Chairperson)
Andrew Little
Ian McKelvie
Mike Sabin
Hon Chris Tremain

Steffan Browning was appointed as a non-voting member for consideration of this complaint.
Appendix B

Legislative framework

Food Act 1981

The complaint from GE Free New Zealand related to section 11E(1)(a) and (2)(a) to(c) of the Food Act 1981 which set out the preconditions for issuing a food standard, and specifically section 11E(1)(a), the “need to protect human health”, which is the first such precondition listed.

New Zealand (Australia New Zealand Food Standards Code) Food Standards 2002

The New Zealand (Australia New Zealand Food Standards Code) Food Standards 2002 give effect to New Zealand’s obligations under the Agreement Between the Government of New Zealand and the Government of Australia Concerning a Joint Food Standards System. The Australian statutory regime allows Food Standards Australia New Zealand (FSANZ) to use a particular decision-making process for joint food standards under the Code.

The Food Standards 2002 are adopted into New Zealand domestic law through the Food Standards Code, with the exception of those parts of the Code that explicitly apply in Australia only.

Amendment No 53

On 20 June 2013, the New Zealand (Australia New Zealand Food Standards Code) Food Standards 2002 were amended by replacing clause 4 of the Food Standards Code:

(1) Under section 11F of the Food Act 1981, these standards incorporate the Food Standards Code, as amended, up to and including Amendment No. 140 to the Food Standards Code.

(2) Despite clause 4(1), these standards do not incorporate those parts of the Food Standards Code identified in the Food Standards Code as applying only in Australia.

Amendment No 140 amended the Food Standards Code in relation to Application A1073 – Food derived from Herbicide-tolerant Soybean DAS-44406-6.