PART 6 BASIC HEALTH AND WELFARE

CHILD HEALTH

6.1 New Zealand aims to provide every child in New Zealand with the best start in life. From conception through to five years of age, each child is entitled to an integrated programme of health care and early childhood support as set out in the Well Child Tamariki Ora Framework. A growing network of school and community-based youth health services provide support for adolescents' developmental needs. There are particular programmes – such as Family Start – that deliver additional support to children and families in less-advantaged communities. Over the period since the last report, government has initiated a range of policies designed to reduce inequalities and improve the health and well-being of young New Zealanders. As was noted earlier, 70 per cent of children under six now have access to free health care and all children are entitled to free hospital care.

CRC/C/15/Add.216: Para 36

The Committee recommends that the State party:

(a) allocate sufficient human and financial resources to implement the Child Health Strategy

(b) take all necessary measures to ensure universal immunization coverage and develop preventive health care and guidance for parents and families that effectively address the relatively high rates of infant mortality and injuries

(c) take all necessary measures to address disparities in health indicators between ethnic communities, in particular the Maori population.

Child and youth health strategies

6.2 The Ministry of Health's 2004 Child and Youth Health Toolkit builds on the 1998 Child Health Strategy. It is aimed at District Health Board funders and planners, doctors, nurses, managers, primary health organisations, community providers, and other individuals and groups wanting to improve child and youth health. The toolkit provides up-to-date evidence-based information and guidance on:

- the best way to reduce inequalities between different groups of children, and to achieve health gains for all children
- a range of indicators for measuring progress in improving the health of all children
- useful tools and directions for District Health Boards, managers, clinicians and primary health organisations.

6.3 In 2007, the Minister of Health introduced ten health targets for District Health Boards to focus on. Five of these relate to child and adolescent health:

- increase in immunisation coverage
- increase in infants fully and exclusively breastfed
- reduction in admissions to hospital for preventable illnesses (children under five)
- improvement in adolescent oral health
- increase the number of Year Ten students who have never smoked.

6.4 Youth Health: A guide to action was published in 2002 following extensive consultation with the youth health sector and with young people. The plan sets out practical steps that need to be taken to improve young people's physical and mental health, and to build up knowledge and expertise around young people's health and well-being. District Health Boards are expected to use this guide to draw up their own youth health plans.

Resources for child health

6.5 In 2001, government introduced one of its flagship policies: the Primary Health Care Strategy. The Strategy is designed to re-focus the health sector's attention and resources on 'getting ahead' of illness. It has delivered a considerably increased proportion of funding into primary health care. Between 2002 and 2008, an additional $2.2 billion (a 20 percent increase in the total Health vote) has been directed into lowering the cost of visiting the doctor and into providing more innovative approaches to health care, particularly for children under six, and communities with higher health needs.

6.6 The most recent New Zealand Health Survey (2006/2007) reports that less than one percent of children were unable to see a General Practitioner because of cost, and there has been a significant decline in the number of children attending accident and emergency departments in hospitals.

6.7 The Well Child Tamariki Ora Framework was introduced in 2002 to co-ordinate previously fragmented services for young children and their families. Well Child services provide a screening, education and support service to all New Zealand children and their families or whānau from birth to five years. Well Child services are provided by registered nurses and community health workers (kaiāwhina) with specific training in child health. Well Child includes 12 health checks, with first-time parents offered additional support.

6.8 A 'B4 School' check for all new entrants to primary school has been phased in from February 2008. This is aimed at ensuring children are adequately prepared for school entry. The check includes vision, hearing, growth and development assessment, as well as assessment of personal and social issues, and the child's ability to learn and communicate. Families with four year olds will be contacted and invited to have a free B4 School check from a registered nurse with training in child health.

6.9 New Zealand children's health is benefiting from investment in programmes that focus on better nutrition and greater levels of physical activity. For school-aged children, healthier eating habits are being encouraged through school canteen policies, social marketing strategies and a range of other school-based programmes. This includes the 'Fruit in Schools' scheme which provides fresh fruit each day to students in disadvantaged neighbourhoods. The latest New Zealand Health Survey found that between 2002 and 2006/2007 there was no increase in the proportion of New Zealand school-aged obese children.

6.10 The Ministry of Health has developed a work programme targeted at encouraging breastfeeding among new mothers, and increasing the proportion of infants exclusively and fully breastfed for at least six months.

Measures to reduce infant mortality rates

6.11 In 2001, the government established a National Child and Youth Mortality Review Committee to systematically review all deaths of children and youth (six weeks to 24 years of age). The Committee reports annually to the Minister of Health and publishes a report with recommendations to help inform policy and planning to reduce child death.

6.12 In its most recent report, the Committee notes that infant mortality rates have remained largely static over the past 10 years. Infections and Sudden Unexplained Deaths in Infancy (SUDI) account for the majority of deaths. The Committee has recommended that the Ministry of Health evaluate its current SUDI prevention messages and consider ways that effective health promotion about baby-safe environments can be implemented, particularly on safe sleeping practices and smoking during pregnancy. As the Committee points out, these strategies need to be effective in Māori and Pacific communities.

6.13 The Ministry of Health is currently reviewing the Well Child Framework to see whether it is meeting the needs of children in the most vulnerable families, and if better linkages can be made between maternity services and other primary health care providers.

6.14 A review of maternity service provision is also currently under way. While most New Zealand women report being satisfied with current maternity care, a small but growing minority of expectant mothers is having difficulty finding a Lead Maternity Carer as a result of workforce shortages combined with an unexpected rise in the birth rate. The Ministry of Health has developed a Maternity Action Plan to address key issues with maternity services and will seek public feedback to assist with the development of an implementation plan.

Immunisation initiatives

6.15 In 2007, the Ministry of Health set specific targets to focus resources and improve health, including increasing immunisation coverage. The national target for immunisation is for 95 percent of two year olds to be fully immunised. The figure is currently around 71 percent, but immunisation rates tend to be lower among Māori and Pacific infants. A National Immunisation Register has been developed and is now being used to monitor immunisation coverage and follow up. Particular challenges include keeping track of infants whose families move between districts. Better linkages between Primary Health Care Organisations are being encouraged in order to address this issue.

6.16 In 2004, a mass immunisation programme campaign was implemented to protect New Zealanders under 20 years old from the New Zealand-specific strain that causes the most cases of meningococcal disease. That programme ended in 2006, although the vaccine continued to be offered to pre-schoolers until 2008 and is still available for people considered to be at heightened risk of contracting meningococcal disease. During the programme, more than 1.1 million young New Zealanders received the MeNZB™ vaccine.

6.17 New Zealand girls aged 12 to 18 years are now offered a free vaccine to prevent the most common infections that can lead to cervical cancer. New Zealand’s HPV (human papillomavirus) Immunisation Programme started in September 2008 and the HPV vaccine will be administered through nurses in schools, or family doctors for girls no longer at school.

HIV/AIDS antenatal screening

6.18 New Zealand was one of the first countries in the world to experience a decline in HIV and AIDS incidence. Between 1999 and 2007, 12 children were born HIV-positive in New Zealand. Government guidelines recommend universal screening of pregnant women for HIV. Universal screening is carried out in the Waikato District Health Board and a further 11 district health boards plan to start screening in early 2009.

Measures to prevent deaths from injury

6.19 Mortality rates in the one to four year- age group continue to decline, but the number of deaths by drowning and motor vehicle accidents remain high. In light of these concerns, strategies to reduce drowning and effective messages about water safety continue to be promoted.

6.20 Nearly half the Police Youth Education Service's activity is devoted to school road safety education. One strategy is the operation of the School Traffic Safety Teams which provide safe places for children to cross roads to and from school. Police operate Road Safe Series programmes in all schools. They are a co-ordinated and integrated series of programmes throughout primary and secondary school that teach young people appropriate road safety skills at each level of their schooling. Police have also developed a resource that provides parents and caregivers with practical things they can teach their children to keep them safe on the road. The resource is available in Chinese, Samoan, Tongan and Korean languages.

6.21 The 'Speed Kills Kids' campaigns were launched on 7 February 2006 in an effort to reduce the road toll among school children. Police launched a road safety campaign with the aim of getting drivers to slow down near schools, thus reducing the risk of collisions occurring.

Measures to reduce inequalities in child health

6.22 More Māori than non-Māori children in New Zealand experience relatively poorer health and grow up in deprived areas. Targeted programmes to address these disparities are ongoing and an improvement and a reduction in disparity have been shown in some Māori child health indicators, including infant mortality and smoking rates.

6.23 The second Māori health action plan, Whakatātaka Tuarua: Māori Health Action Plan 2006–2011, has been published. Priority areas for attention include:

- building quality data and monitoring Māori health
- developing models based on whānau ora
- ensuring Māori participation, workforce development and governance
- improving primary health care.

6.24 Ngā Kāwai: Implementing Whakatātaka 2002–2005 outlines milestones and achievements, at both the Ministry of Health and District Health Board level, in the initial three years following the introduction of Whakatātaka Tuarua. These milestones included:

- District Health Boards setting funding targets for investment in Māori health and disability
- District Health Boards reporting on targets for their regions to increase funding for Māori initiatives
- including targets in Crown funding agreements
- including Māori health and whānau ora as key criteria in District Health Board prioritisation, resource allocation and disincentives decisions

- District Health Boards working with their local Māori health partners and Māori communities to design monitoring and audit tools to evaluate progress on Māori health objectives
- developing a Monitoring Framework to assess progress towards whānau ora, following consultation with Māori.

6.25 Pacific children also experience significant disparities in health. The burden of disease among these children is illustrated by their comparatively higher rates of hospital admission and obesity. The Ministry of Health and the Ministry of Pacific Island Affairs have developed a joint Pacific Health Action Plan to address the immediate health issues and the broader social factors affecting Pacific people's health. These include prioritising actions for Pacific children in the Well Child and B4 School checks, as well as tackling issues such as quality housing for Pacific families and training more Pacific people in the health workforce.

ADOLESCENT HEALTH

CRC/C/15/Add.216: Para 38

The Committee recommends that the State party:

(a) take all necessary measures to address youth suicide, especially among Maori youth, inter alia by strengthening the Youth Suicide Prevention Programme

(b) undertake effective measures to reduce the rate of teenage pregnancies through, inter alia, making health education, including sex education, part of the school curriculum, and strengthening the campaign of information on the use of contraceptives

(c) undertake effective preventive and other measures to address the rise in alcohol consumption by adolescents and increase the availability and accessibility of counselling and support services, in particular for Maori children

(d) strengthen mental health and counselling services, ensuring that they are accessible to, and appropriate for, all adolescents, including Maori children and those in rural areas and in residential institutions.

Addressing youth suicide

6.26 The government is committed to reducing rates of youth suicide and recognises that this is an ongoing concern. Positive improvements have been seen over the reporting period through a national action plan on preventing suicide, targeted programmes and awareness-raising campaigns. The rate (three year moving average) of suicide among 15 to 19 year olds peaked during 1996-1998 but has since declined by 33.9 percent from 24.5 to 16.2 deaths per 100,000 in the 2003–2005 period.

6.27 Research has been undertaken through the Ministry of Health to explore a range of determinants of suicide and review effective intervention practices. In 2008, the Ministry of Health

"More support places that are designed for young people. Places where we can talk about things anonymously and get help from people IN PERSON! Young people need to know that there ARE people out there who do care about your feelings and opinion. Things need to be advertised more. You could send flyers to every household addressed "to the children of the household", or something similar." [female 14, Agenda for Children consultation, 2002]

began funding a number of new research projects as part of a new Suicide Prevention Research Fund.

6.28 In 1998 New Zealand was amongst the first countries in the world to develop a national youth suicide prevention strategy. In 2006, government released a new strategy, the New Zealand Suicide Prevention Strategy 2006-2016, to address suicide across all age groups, not just youth. The New Zealand Suicide Prevention Action Plan 2008 – 2012 was published in March 2008. The Action Plan provides details about how the goals of the Strategy 2006 – 2016 will be achieved over the next five years. It also describes the types of actions required across the range of sectors involved in suicide prevention.

6.29 Some additional recent developments include:

- a national campaign about depression to encourage people to seek help (including a website, a free phone line offering help and information, and radio and TV ads), which includes a specific focus on young people through an interactive website providing information about depression, online and text-based support from trained counsellors, and video clips of young people talking about their experience of depression
- the "Towards Wellbeing" programme aims to protect Child, Youth and Family service clients who are at highest risk of suicide
- school programmes to promote mental health and well-being in secondary schools
- consideration of how to address youth access to primary health care
- new initiatives to support the management of people with common mental health problems seen in primary health care settings
- a new service to support people bereaved by a suicide, and to support communities where a suicide cluster is occurring
- implementation of guidelines for emergency departments on the assessment and management of people who are admitted for a suicide attempt
- establishment of a suicide prevention research fund
- pilot suicide prevention co-ordinators in five district health boards to facilitate the establishment of regional suicide prevention plans.

Measures to reduce the rate of teenage pregnancies

6.30 Since 2002, the birth rate for 15-19 year olds has increased slightly to 28.1 births per 1,000 women in 2006. The recent increase in the birth rate among young women has prompted a renewed focus in this area. Young people under 22 years have access to free sexual health care including contraceptive advice, STI checks, cervical screening and pregnancy tests in many general practices and Family Planning clinics across the country. The Ministry of Health is leading a cross-government Programme of Action to reduce unwanted pregnancies among young people and to support young parents. This brings together a range of initiatives across education, health and other social services.

Sexual health and sexuality education

6.31 Government's Sexual and Reproductive Health Strategy (2001) and the associated action plan (2003) provide a framework for planning and investment in sexual and reproductive health by New Zealand's District Health Boards. Through the national network of Family Planning clinics (non-

> *"Teenage pregnancy is an issue that needs to be looked at more closely. We, the students, need to be educated from the age of 13 on sexual intercourse. The teenagers of today do not realise what drugs and alcohol can do to their bodies". [Female, 14, Agenda for Children consultation, 2002]*

government organisations) and some general practices, young people under the age of 22 have access to free sexual health care including contraceptive advice, checks for sexually transmitted diseases, cervical screening and pregnancy tests. Planning is also under way for a sustained social marketing campaign designed to encourage New Zealanders to think about sexual health issues.

6.32 Sexuality education in New Zealand is part of the Health and Physical Education Curriculum. An Education Review Office evaluation in August 2007 highlighted that many programmes were not meeting students' needs effectively. A Ministry of Education-led work programme seeks to address these concerns through:

- a stocktake and evaluation of sexuality education resources
- identifying best-practice and developing guidelines for sexuality education in schools
- developing a policy framework for contracting sexuality education
- investigating the adequacy and effectiveness of professional development for teachers of sexuality education.

Measures to address the rise in alcohol consumption among young people

6.33 In late 2007, a review was completed of the sale and supply of liquor to under-18 year-olds. The outcome of the review is a set of targeted proposals to reduce alcohol-related harm to minors, alongside initiatives that provide for more community involvement in the planning of where alcohol can be sold. These are included in the Sale and Supply of Liquor and Liquor Enforcement Bill which was drafted but not tabled prior to the dissolution of Parliament. Additionally, the Law Commission has been commissioned to undertake a first principles review of the Sale of Liquor Act.

6.34 Since 2004, the New Zealand Police have been working in partnership with the District Licensing Authorities and Public Health Units in 'Controlled Purchase Operations'. Controlled Purchase Operations test whether licensed premises are complying with laws that prevent selling alcohol to minors. This is done by organising for under-age volunteers to attempt to purchase alcohol from licensed premises under Police supervision. The operations give premises an opportunity to test their procedures for preventing the sale of alcohol to minors and to tighten up their systems where necessary.

6.35 Police can issue Liquor Infringement Notices to minors under the Sale of Liquor Act 1989. These Notices provide an efficient administrative tool to deal with infractions by minors, as an alternative to prosecution through the courts. Liquor Infringement Notices can be issued to under-18 year olds who purchase liquor, are in a restricted and supervised area of a licensed premise, and/or are drinking or possess liquor in a public place.

"The ads on TV make drinking look like a fun thing – like adults play with alcohol and kids play with dolls [Male, 14, member of Activate (Ministry of Youth Development-youth reference group), discussion on raising the age of drinking, 2007]

6.36 The government has also initiated a wide-ranging review of the self-regulatory system that controls the advertising and promotion of alcohol. Several recommendations have been made, some of which are aimed at minimising overall exposure of alcohol advertising to children and young people under the minimum legal purchasing age. The government will consider the recommendations when the second review on the sale and supply of alcohol is completed.

Measures to increase the availability and accessibility of alcohol and drug counselling and support services, particularly for Māori children

6.37 An increase in drug-related school suspensions, especially among Māori, was one of the driving forces behind the creation of Community Action on Youth and Drugs projects. These projects respond to youth alcohol and drug issues at a local level, with a focus on collaboration between community organisations, local agencies and researchers. The aim is to strengthen community action and overall well-being, particularly through a kaupapa Māori approach to reducing drug-related harm to youth. There are now 24 Community Action on Youth and Drugs projects operating in selected communities throughout New Zealand. The Centre for Social and Health Outcomes Research and Evaluation and Te Rōpu Whāriki recently conducted an evaluation that found evidence of progress in most sites, although these projects are still in an early stage of development.

Measures to strengthen mental health and counselling services for adolescents

6.38 Significant progress has been achieved in the range and coverage of child and adolescent mental health services in New Zealand. All 21 District Health Boards now have specialist Child and Adolescent Mental Health Services, with more than one service funded in the larger centres. District Health Boards also provide outreach services to rural communities.

6.39 Government recognises the ongoing challenge of growing the size and capability of the child and adolescent mental health workforce. In 2003, the Ministry of Health established the Werry Centre for Child and Adolescent Mental Health Workforce Development to support District Health Boards and the health sector to address this challenge. Steady growth has been seen over the reporting period with the funded clinical full-time equivalent workforce increasing from 540 in 1999/2000 to 799.4 full-time equivalents in 2003/2004.

6.40 In 2000/2001, the Mental Health Information National Collection (MHINC) was established and has collected and monitored data on access to specialist Child and Adolescent Mental Health Service.

6.41 Te Tāhuhu – Improving Mental Health 2005-2015 and Te Kōkiri: The Mental Health and Addiction Action Plan 2006-2015 provide the policy foundation for child and youth mental health and alcohol and other drug service provision.

6.42 A project is under way to address the inconsistent provision of mental health services for young people in Child, Youth and Family residences. It is anticipated that by 1 July 2009, all health services for children in care will be provided on site, and be funded by the Ministry of Health.

Measures to reduce adolescent smoking

6.43 Cigarette smoking in the youth age group has fallen significantly over the reporting period from 28.6 percent in 1999, to 12.8 percent in 2007. However, Māori females and Pacific males have the highest rates for cigarette smoking in this age group.

6.44 The government has led a range of initiatives to reduce smoking rates in New Zealand. These include:

- prohibiting smoking in indoor workplaces including bars and restaurants
- banning tobacco advertising and sponsorships
- subsidising nicotine replacement therapy
- providing an additional $32 million over the next four years to make even greater reductions in smoking rates, and in the number of teens taking up smoking.

STANDARD OF LIVING (article 27)

CRC/C/15/Add.216: Para 42

In accordance with article 27.3 of the Convention, the Committee recommends that the State party take appropriate measures to assist parents, in particular single parents, and others responsible for the child to implement the child's right to an adequate standard of living. In this regard, the Committee recommends that the State party ensure that assistance provided to Maori and Pacific Island families respects and supports their traditional extended family structures.

Measures taken to improve living standards

6.45 Over the reporting period, a number of significant measures have been taken to improve the living standards of New Zealand families. One of the most important of these is the Working for Families package rolled out in stages between October 2004 and April 2007. This is a key part of the government's programme to make work pay and reduce child poverty through an integrated programme of initiatives to lift incomes, strengthen work incentives and make housing and child care more affordable.

6.46 The Working for Families package aims to achieve long-term, sustained, substantial reduction in child poverty by improving income adequacy and encouraging and assisting people into paid work. The Working for Families package implementation has had a significant effect on families' incomes (including Māori and Pacific families) across New Zealand.

6.47 The Working for Families package addressed the costs of raising children through increases to family support (now known as family tax credit), accommodation costs through changes to the accommodation supplement, and child care costs through changes to the child care subsidy and out-of-school care and recreation subsidy.

6.48 Working for Families tax credits are paid to qualifying families with children aged 18 years or under to help with the cost of raising a family. The amount that a person can earn and still receive through Working for Families tax credits varies on the age and number of children. Other components include an in-work tax credit (formerly in-work payment) and minimum family tax credit (formerly Family Support).

6.49 Supporting initiatives that complement the Working For Families package include:

- primary health care – comprehensive investment that includes reducing the cost of visits to doctors
- labour market –- raising the minimum wage, providing and expanding paid parental leave and flexible working hours

- education – subsidising the cost of early childhood care and expanding provision of after-school-care
- social security – a comprehensive package of initiatives to facilitate personalised and smoother transitions from social security into work
- housing – increasing the provision of affordable housing; this is in addition to increasing access to the accommodation supplement which is a component of Working for Families.

Monitoring and evaluation

6.50 The Working for Families Evaluation Team is a collaborative cross-agency team that monitors the impact of Working for Families. The reports that have been produced to date provide information on the national uptake of the main components of Working for Families, specifically tax credits, accommodation supplement and child care assistance. In addition, the evaluation has produced a wealth of quantitative and qualitative data. This enables detailed reporting on the effects Working for Families has had on families, focusing on the impact on net incomes, income poverty and living standards, especially for low and middle-income families with dependent children.

6.51 Over the long term, the evaluation will track employment (regarding earnings, wages and hours worked) and examine how effectively the Working for Families components are working together to support employment. Much of this work will follow from observing families prior to, and following, the introduction of the in-work tax credit.

Impact of Working for Families package

6.52 Since 2004, Working for Families has significantly increased incomes for low and middle-income New Zealanders, especially families with children. When the full impact of the Working for Families package is more completely captured, further reductions in child poverty rates are expected.

6.53 While it is still too early to determine the final outcome, a recent report on Household Incomes in New Zealand shows that on all measures, the poverty rates for children (regardless of household type) declined from 2004 to 2007. This is the first time in two decades that child poverty rates fell on all the standard poverty measures at the same time.

6.54 Statistics show that over the period 2001-2007 child poverty fell from 29 percent in 2001 to 16 percent in 2007 using the fixed-line measure used in the Social Report. This represents a total of 130,000 fewer children in households with incomes below the poverty line in 2007 compared with 2001. The child poverty rate also fell from 2004 to 2007 using relative or moving-line poverty measures. This reverses the upward trend that began in the late 1990s, and places New Zealand at the European Union median, using a 60 percent moving line measure in 2007.

6.55 Reduction in the child poverty rate has been achieved because of three things:

- extra help to families with children through the Working for Families package
- the strong economy, with high employment and low unemployment
- the fall in numbers of children in families whose main source of income is a benefit (40,000 fewer in 2007 compared with 2004).

6.56 Over the same period, income inequality reduced for the first time since it began to rise in the late 1980s. Incomes for low to middle-income households grew much more rapidly than for above-average-income households – this is mainly attributed to the Working for Families package.

6.57 Working for Families has created a strong financial incentive for work-ready sole parents to move into work. Since the Working for Families package began, numbers receiving the Domestic Purposes Benefit has fallen by over 12,000 – in other words 60 percent of the decrease in these numbers over the past ten years has occurred in the three years since the Working for Families changes were first started.

SOCIAL SECURITY AND CHILD CARE SERVICES FACILITIES (articles 26 and 18)

Social Security paid for, or on behalf of, a child

6.58 New Zealand recognises a child's right to benefit from social security in a number of ways. The social security system primarily provides for a child's needs through payment to their parents or caregivers on their behalf (principally the Domestic Purposes Benefit, Orphan's Benefit/Unsupported Child's Benefit, and Independent Youth Benefit). The key means of providing social protection are social security benefits for income support, tax credits and other payments. The benefit rates are adjusted annually to take account of cost of living increases. The principal support for children however, is provided through Working for Families tax credits under the Income Tax Act 2007, rather than through the social security system.

6.59 In 2005, the 'child component' amount of main benefits was removed at the same time as the Working for Families tax credit (then called 'family support') rates were increased. In all cases the increase in family tax credit more than offset the removal of the child component.

Domestic Purposes Benefit

6.60 The Domestic Purposes Benefit for sole parents provides income support for sole parents with one or more dependent children. Income abatement effectively restricts its availability to those who are not working or only working limited hours.

6.61 Following review of the Domestic Purposes Benefit in 2002, a personal development and employment planning requirement was introduced to encourage sole parents to plan for and develop life skills, and social, educational or employment-related skills. These skills will assist the recipient to enter paid employment as this is seen to offer the best opportunity for people to achieve social and economic well-being. This requirement, coupled with an in-work tax credit and additional child care assistance introduced as part of the Working for Families Package, has had strong success in moving work-ready sole parents (predominantly women) into work.

Foster Care Allowance, Unsupported Child's Benefit, and Orphan's Benefit

6.62 The Working for Families package also includes increased assistance for people who care for children who are not their own. The Orphan's Benefit, Unsupported Child's Benefit and Foster Care Allowance rates were increased in 2005 as part of a package of enhancements. The Orphan's Benefit and Unsupported Child's Benefit rates were also increased a further $10 in 2007. These increases provide enhanced support for caregivers and recognise the support they provide to children whose parents are unable to care for them.

Independent Youth Benefit

6.63 The Youth Benefit under the Social Security Act 1964 is available to young people aged 16 or 17 years who have lost their parents' support through a breakdown in the relationship, or other good reason. Significant changes to the support and services offered to young people between the ages of 16 and 19 came from the 2007 Working New Zealand initiative.

6.64 The shared Government and Mayors' Taskforce for Jobs goal is to have all 15 to 19 year olds engaged in employment, training, education activities or productive activities in their communities. In recognition of this goal, a new activity requirement replaced the work test for young people on the Independent Youth Benefit. Under this new activity requirement, young people may be eligible for an Independent Youth Benefit if they are in secondary education, employment-related training, looking for work, are sick, injured, disabled, pregnant or have lost their parents' support. This change recognises the importance of education and training for young people.

Accommodation supplement

6.65 The Working for Families package included a number of changes to the Accommodation Supplement to improve housing affordability and strengthen work incentives for families and working people, including:

- families on the benefit able to earn income from October 2004 without having their Accommodation Supplement reduced. Changes were also made to increase the amount able to be earned before assistance was reduced.
- the entry threshold (the amount people must pay in housing costs before becoming eligible for the Accommodation Supplement) was lowered to align with that applicable to an Unemployment Benefit beneficiary. This increased the assistance available to non-beneficiary families.
- changes were made to Accommodation Supplement areas from 1 April 2005 to recognise the higher costs of housing in different parts of New Zealand, also the number of areas and maximum rates were increased.

6.66 Families, as well as those without children, benefited from these changes. It was estimated at the time that an extra 15,000 people would be eligible for the Accommodation Supplement, and a further 100,000 would have their Accommodation Supplement increased by an average of $19 a week.

Child-care assistance

6.67 In the period since 2001, a number of changes have been made to assist people with dependent children to undertake paid work by making child care more affordable. In 2004, the Working for Families package increased the Out-of-School Care and Recreation subsidy

rates, with a further 10 percent increase in 2005. The income thresholds used to determine subsidy eligibility were also raised, making more families eligible for the subsidies.

Out-of-school services

6.68 Recent increases in government funding, both to providers of Out-of-School Services and to low and middle-income families using these services, have seen significant growth in the sector. Between 2004 and 2006, the number of approved Out-of-School Service providers and the number of families receiving an Out-of-School Services Subsidy, doubled.

6.69 In 2006, the government approved a Five-Year Action Plan for Out of School Services to 'enable parents of school-aged children to access age-appropriate services which are available, affordable, accessible and of good quality'. The Five-Year Action Plan identifies 12 initiatives to improve the supply of quality Out-of- School Services to help families access services so they can take up and stay in work. These initiatives also widen the focus of Out-of-School Services from care and recreation to include the health, education and general well-being of children, young people, families and communities.

6.70 One of the initiatives is to establish 12 activity-based Out-of-School Services programmes in urban, low-decile school sites by 2010. The first four of these Extended Services began operating in February 2008.

FACTORS AND DIFFICULTIES

6.71 Good health in childhood and adolescence is important for children and families, and is vital for good health in adulthood. Poor child health and development also have an adverse impact on broader social outcomes, including family violence, crime and unemployment. Many of these conditions are intergenerational and, if they are unrecognised and untreated, many child victims will go on to repeat the cycles of disadvantage and illness in their own lives and those of their children.

6.72 Good progress has been made towards improving the health status of children in New Zealand. However, there are still disparities to be addressed. Tamariki Māori, Pacific children and children from low-income families and whānau experience comparatively poorer health outcomes than the overall child population. New Zealand is committed to implementing focused policies and initiatives to address these particular concerns.

6.73 In June and July 2008, the Human Rights Review Tribunal heard submissions on one of the first proceedings under Part 1A of the Human Rights Act: Child Poverty Action Group Incorporated v Attorney-General. The plaintiff (a non-governmental organisation) alleges that the provision for an in-work tax credit to low to middle- income families discriminates on the ground of 'employment status', as recipients of income-tested benefits are ineligible for the credit. A decision in the case is pending, but not expected until later in 2008.