

1 June 2016

Members  
Social Services Committee  
Youth Parliament 2016

## **Inquiry into what can be done to ensure that children of teen parents have good outcomes**

The Social Services Committee has been asked to conduct an inquiry into: “What can be done to ensure that children of teen parents have good outcomes?” on 19 July 2016. This paper has been prepared to assist the Committee with its examination. The paper identifies issues and provides possible lines of inquiry for the Committee to consider. The Committee may also wish to raise these matters with the witnesses who have been asked to appear before the Committee to give evidence on this inquiry.

### **Introduction**

Reducing vulnerability in early childhood has become an important area of policy focus in New Zealand. *The Green Paper for Vulnerable Children 2010* and *The Children’s Action Plan 2012* outline the Government’s vision that every child born in New Zealand today can thrive, belong and achieve.

According to the *Green Paper for Vulnerable Children*, about 15 percent of all New Zealand children are at risk of poor outcomes. New evidence, informed by New Zealand’s Integrated Data Infrastructure (IDI), has identified a number of risk factors that increase the likelihood of New Zealand children not achieving good outcomes. One of these factors is being the child of a teen parent.<sup>1</sup> Other risk factors for increased vulnerability include: having a mother who has no formal secondary school qualifications, living in a highly deprived area, and reporting highly stressful financial problems.

While there are multiple risk factors known to be associated with poorer later life outcomes, this paper looks specifically at being the child of a teen parent as the main focus of analysis. It considers how Government, families, communities and non-government organisations can contribute to better outcomes for the children of teen parents.<sup>2</sup>

However, it is often difficult to separate the outcomes of the teen parent (particularly the teen mother) from those of their child. In New Zealand, services for teen parents enable targeted support for their children, and this inquiry also includes an investigation of how teen parents themselves can be supported in order to provide better outcomes for their children. It

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<sup>1</sup> For the purpose of this paper, ‘child’ is defined as “a boy or girl under the age of 14 years”. (Children, Young Persons, and Their Families Act 1989).

<sup>2</sup> What is considered a good outcome will vary on the chosen measures. This paper takes the definition of good outcomes for children based on the Government’s vision for all children which is that all children thrive, belong and achieve.

considers stages from supporting teen parents through pregnancy, as well as teen parenthood, so their children can have good outcomes.

Not all children of teen parents have negative outcomes and the circumstances that precede and follow teen birth vary widely. Many teen parents and their children do well. These teen parents and their children are protected from risks, overcome disadvantages with the support of their family and community, and develop resilience. Many teen parents also express that having a child motivates them to make positive changes to improve outcomes for themselves and for their children.

## **Characteristics of teen parents and their children in New Zealand**

### *High rates of disparity*

It is widely acknowledged that the responsibilities of early parenthood have long-lasting effects on the socio-economic wellbeing of the teen parent and the children involved.

International comparisons show that New Zealand has one of the highest rates of teen pregnancy in the Organisation for Economic Cooperation and Development (OECD). Teen births are often associated with deprivation and this is the context in which many adolescents are bringing up their children. The New Zealand Deprivation Index (NZDEP), shows that the teen birth rate in the most deprived areas of New Zealand (NZDEP 9-10) is 6.5 times higher than the teen birth rate in the least deprived areas (NZDEP 1-2).<sup>3</sup>

Furthermore, teen parents, particularly teen mothers, are more likely to:

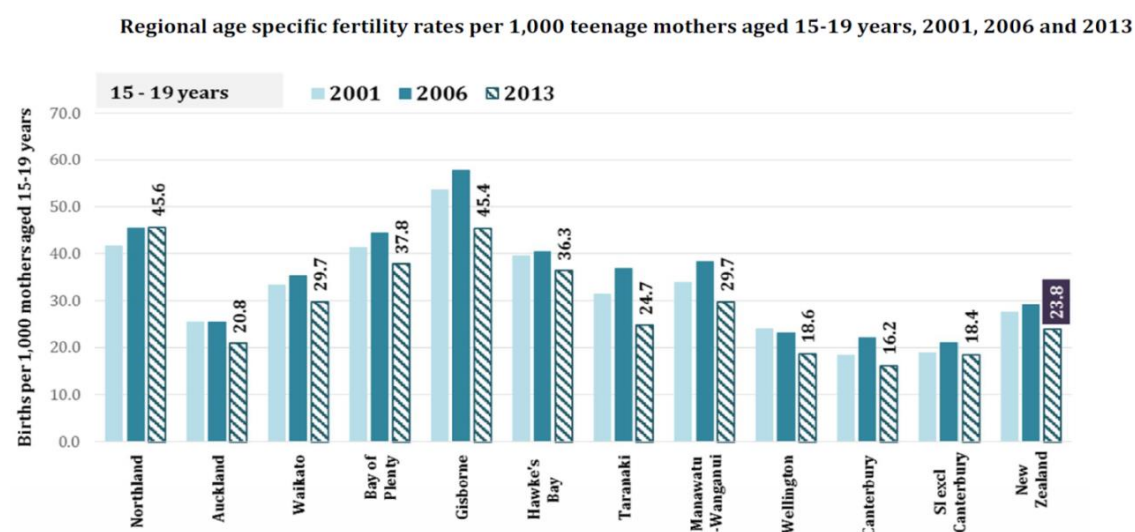
- have disruption to their education
- have reduced earning potential
- be emotionally unprepared for parenting
- face judgment
- lack supportive networks, including the support of a partner
- have come from low-income families with a history of family dysfunction or low expectations for the future.

These all create significant challenges for teen parents, and subsequently, their children to thrive, belong and achieve.

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<sup>3</sup> MSD (2008) Children and Young People: Indicators of Wellbeing, Care and Support, p.78.

**Figure 1: Demographics of teen parents and their children**



The *Youth Funding Review* (2015) found that there is increased vulnerability for some populations and regions. Further, the Social Policy Evaluation and Research Unit (Superu) finds that in 2013, Northland and Gisborne teens had much higher birth rates than teens in other regions. The metropolitan regions of Auckland, Wellington and Canterbury, and also the rest of the South Island, have lower proportions of teen births among births to all women, compared to New Zealand as a whole.<sup>4</sup>

#### *Ethnicity and gender of teen parents*

Young Māori women are more likely to become parents at an earlier age than non-Māori women. Pregnancy rates for this group are approximately four times higher than those of their non-Māori peers.<sup>5</sup> Young Pasifika women are also more likely to have a child in their teen years compared to other ethnic groups (MSD 2008, *The Social Report*).

Less is known about teen fathers. However, we know that there are fewer teen fathers than teen mothers, as men who fathered children to teen parents are usually older. In 2009, only 36 percent of all children born to a teen mother had a father aged under 20 years (MSD, *Supporting Teen Fathers Resource*, 2010).

New Zealand research indicates that young men who father a child as a teen are more likely to have:

- been born to a teen mother
- lived with a single mother
- begun sexual activity early
- have a history of conduct problems
- planned to leave school early (Jaffee et al, 2001).

However, the links between these factors are complex. None of these factors inevitably lead to teen parenthood, nor are they experienced by all teen fathers. Teen fathers, like teen

<sup>4</sup> Refer to graph from Superu: [http://www.superu.govt.nz/sites/default/files/Teen\\_Births\\_Report\\_0.pdf](http://www.superu.govt.nz/sites/default/files/Teen_Births_Report_0.pdf)

<sup>5</sup> Having a child young should not always be seen negatively. Research suggests that Māori may be more accepting of teenage pregnancy, which may be reflected in the lower rate of abortions within that age group. From a te ao Maori perspective, the continuation of whakapapa, to continue the lineage of whānau and hence the continuation of hapū and iwi, is central not only to Māori way of life, but is central to the continuation of life itself (Pihama, 2011).

mothers are not a homogenous group, and their circumstances vary (MSD, Supporting Teen Fathers Resource, 2010).

### *Sole parenthood*

Other characteristics that put young mothers and their children at greater risk of vulnerability include that teen mothers are less likely to be in a relationship with the child's father. This can have implications for the child's outcomes, particularly due to the challenges of supporting a child on one income. In New Zealand, sole parents and their children have significantly higher poverty rates than parents and children in two-parent families, with 90 percent of sole parent families having incomes below the median income for all households in 2009 (MSD Centre for Social Research and Evaluation, 2010).

## **Children of teen parents are more likely to have poorer outcomes**

Less is known about what being the child of a teen parent means for the outcomes of the child. However, international research shows that the children of teen mothers bear the greatest burden of teen pregnancy and have significantly increased risk for a number of economic, social and health problems (Schulyer Center for Analysis and Advocacy, 2008).

A study carried out in the United States found that the children of teen mothers are more likely to be born prematurely and at low birth-weight, to repeat a grade, less likely to complete high school and have lower performance on standardised tests than those born to older parents. They were also more likely to live in poverty and suffer higher rates of abuse and neglect than would occur if their mothers delayed childbearing. Daughters of a teen mother were also more likely to become teen mothers themselves, perpetuating the cycle of poverty.

Similar findings have been validated in New Zealand (Boden et al, 2008). A longitudinal study in Dunedin shows that by age 21, and compared to children who are not born to teen parents, children of teen mothers are more likely to have a number of adverse outcomes, which include being:

- 2.5 times more likely to leave school early
- 2 times more likely to be unemployed for 12 months or more
- 3 times more likely to commit a violent offence
- 2.5 times more likely to be teen parents themselves.<sup>6</sup>

## **Ensuring that the children of teen parents have good outcomes**

### *Socioeconomic arguments*

Improving outcomes for teen parents and their children contributes to several Government priorities, including decreasing long-term welfare dependency, boosting skills and employment and supporting vulnerable children.

There is a strong economic argument for investing in measures to reduce unintended teen pregnancy and improve the outcomes of the children of teen parents. In New Zealand, teen parents have the highest average lifetime liability costs, spending on average 17.5 years on a benefit with an average lifetime cost per client of \$213,000. Most will also require

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<sup>6</sup> The findings of the longitudinal study was published by Boden, J. M., Fergusson, D. M. & Horwood, L (2008) in the *Journal of Child Psychology and Psychiatry*

additional family support and health services, both during pregnancy through to post-birth care.

*Early intervention is effective in ending the cycle of vulnerability*

Researchers and policy-makers have also begun to emphasise early childhood as an ideal time for policy interventions. Studies show that disadvantage in development and health tend to be accumulative. Therefore, reducing vulnerability early can reduce long-term vulnerability, and have the greatest likelihood of improving subsequent life outcomes (Hafton et al, 2013)

Negative early life experiences for a baby, such as the lack of positive stimulation, insecure attachment, neglect and exposure to chronic stress can have detrimental effects on brain development. Negative experiences can also begin during pregnancy. If the young mother is engaged in activities such as smoking or drinking heavily, it can affect the physical and social development of the child, including their ability to learn and regulate emotions (Fish, 2002; Shonkoff and Phillips, 2000). The post-birth to six years stage is critical as it has been found that 80 percent of a child's brain develops in the first three years of life, and that positive and adverse events will impact on how children go on to function as adolescents and as adults.

Children of teen parents are more likely to experience risk factors for early parenthood, and become teen parents themselves, creating a cycle of deprivation that is difficult to break. Early findings show that the amount of time that members of the Dunedin Multidisciplinary Study spent receiving benefits between the age 19-20 and age 32 had significant associations with a range of disadvantages in childhood and adolescence (Welch and Wilson, 2010). Such findings suggest that if progress is not made on improving outcomes for teen parents and their children, the cycle of deprivation is likely to continue.

**How can young parents and their children be supported to have better outcomes?**

Teen parents face many of the same challenges as other parents. Therefore, the child-rearing supports and strategies recommended will often be the same for all parents. This includes parenting skills and navigating services for their child. However, teen parents may experience stressors that are not experienced to the same extent by other parents (for example, social stigma). Therefore, supports for young parents should be delivered in a manner that is sensitive to their particular needs and experiences.

*Support for teen fathers to be good parents*

Teen fathers have an important role to play in the upbringing of their children. Evidence shows teen mothers parent better when they have positive social and emotional support from their child's father (Brazil et al, 2013). It is important that appropriate support is available for teen fathers to be involved in positive parenting. Teen fathers often find it harder than young mothers to balance their responsibility as a parent. Support services to encourage teen fathers, including through mentoring advice, and fostering confidence can help young fathers play a positive role in their child's life.

*Support for teen mothers to be good parents*

Parental involvement, including during pregnancy, is particularly important in early development to reduce harms to the child through alcohol and drug use, and general nutrition. However, research on the parenting behaviour of adolescent mothers show that

they are more detached, intrusive and less verbally stimulating and sensitive to their children's needs compared to older mothers (Grau et al, 2012). Support for adolescent mothers to look after their children could include parenting classes to encourage positive parenting and financial support to meet the needs of their children (Grau et al, 2012).

#### *Support for the children of teen parents*

There are a large number of services available to ensure children get the best start in life. In New Zealand, this includes Well Child Tamaraki Ora and Home Interaction Programme for Parents and Youngsters (HIPPY).

#### *Accessibility of services*

Accessibility is an important consideration for many young parents. It has been found that young parents are more likely to participate in programmes or activities that are accessible by public transport, or that provide transport to participants (Soriano et al, 2008). We know that in New Zealand, 2,498 children (about five percent) entering school in 2010 had not participated in Early Childhood Education and 15 percent of children aged 0-4 years did not visit a GP in 2009.

Culturally-friendly services are another important consideration for accessibility and effectiveness. For example, we know that Māori principles and values play a central role when evaluating what works with Māori parents and whānau. Incorporating these values could increase the use of these services.

### **International approaches to improving outcomes for the children of teen parents**

International practices show that early identification, and dedicated support from a lead professional, forms the basis for an effective support package for teen mothers and their children. In the United Kingdom, there are a number of targeted programmes that target vulnerable teen parents and their children. These include:

- **Sure Start Plus Pilots** - aimed to reduce the risk of social exclusion associated with teen pregnancy, by providing a co-ordinated package of support to help with issues such as housing, parenting skills, health care, re-engagement in education, employment and training and child care with the involvement of a dedicated lead professional.
- **Targeted Youth Support services** - helping teen parents cope with the challenges of early parenthood. Providing them with a lead professional who can act as an advocate to put them in touch with any specialist support that they need.

#### *Other programmes*

- **Health-led parenting programmes** - Studies from the USA demonstrate that intensive strength-based interventions to support vulnerable mothers from early pregnancy and for the first two years after birth significantly improves outcomes for both the mother and child.
- Evaluations of the **US Nurse-Family Partnership programme** have consistently found significant lasting improvements in prenatal health behaviours, parenting, child abuse and neglect, and child health and development. The programme provides 10 prenatal and 20-25 postnatal home visits for parents (with children up to two years of age). Topics include childcare, life planning and coaching (Department for Children, Schools and Families UK, 2007).

- **Child care payment** - In the United States, the biological father, regardless of age, is required to provide child support if he lives away from the mother and child. This will help ensure that the children of teen parents are better materially supported as income is derived from both parents. However, there are questions about its effectiveness. This policy was not developed specifically with teen parents in mind. Procedures and regulations based on this model often clash with the social and economic realities confronting many low-income parents (Sorensen et al,1997).

## Supporting the children of teen parents in New Zealand

In New Zealand, Government has increasingly provided a number of evidence based supports for teen parents and their children. These include:

### *Holistic wrap-around services*

- **Youth Service** – as of July 2015, 1,777 teen parents were engaged in this service. Youth Service provides intensive wraparound supports to equip young people with skills for parenting, budgeting, bill payments and support.
- **Teen Parent Units (TPUs)** are educational units attached to certain high schools. There are 23 TPUs around New Zealand which can accommodate 675 teen students with children. They also have onsite childcare to stimulate the child of the teen parent to develop physically and emotionally. They have the support of local doctors and nurses who regularly visit and discuss areas of concern for the teen parent and child.
- **Family Start intensive home visiting programme** is a voluntary, intensive home visiting programme available to vulnerable pregnant mothers and families with pre-school children. Family Start workers make regular home visits and seek to improve parenting capability and practice. Key focus areas include: promoting breastfeeding; reducing home hazards; connecting infants to immunisation; primary health services; and participation in early childhood education. In Christchurch, this is provided through the similar Early Start Programme.

### *Material support*

- **Supported housing** – there is supported housing for vulnerable teen parents and their children, with 24 hour adult supervision and support by trained staff in seven high priority locations. Teen parents are helped to adjust to parenting and linked to other community-based services so their children can thrive. They are also supported to develop knowledge and skills for independent living.
- **Guaranteed Childcare Assistance Payment** – provides financial assistance for childcare costs so young people can return or remain in education.

### *Parenting support and health*

- **Parenting Support for Teen Fathers** – has been launched in Rotorua, Christchurch, Gisborne, Hastings and Whangarei. This service includes using volunteer fathers to mentor teen fathers, providing group support by incorporating parenting methods into activities, and having a male worker working alongside the teen parent intensive case worker.
- **Home interaction programme for parents and youngsters (HIPPY)** - is a parenting programme that targets high needs families with children aged 3-6 years.
- **Intensive Case Workers** – help parents in high-needs communities stay in education and works with those receiving benefit payment to prepare them for future employment. They also link teen parents and their children to the services and support they need, such as antenatal care, housing, budgeting and parenting services.

## How effective are some of these services?

### *Parenting programmes*

According to Superu, parenting programmes in New Zealand have generally been effective. For example, HIPPY is a parenting programme targets high-needs families with children aged 3-6 years. International and New Zealand evaluations have found positive effects on the educational outcomes for children (Superu, 2014).

An evaluation of the *Extended Well Child/Tamariki Ora* programme targeted at teen mothers, found positive effects on programme retention, breastfeeding and immunisation for teen mothers and their children (Superu, 2014).

### *Teen Parent Units*

The 2014 evaluation of TPUs by the Education Review Office found that most were performing well.<sup>7</sup> Anecdotal evidence showed that the TPUs helped improve the social, health, vocational and academic outcomes of individual students, especially those who stayed for more than 12 months.

### *Family Start intensive home visiting programme*

The most positive indicator is evidence that Family Start has reduced post neo-natal mortality which signals improvements in children's environment and care. There were also positive impacts on the use of some health services and early childhood education. Children who received Family Start had a higher likelihood of being fully immunised in their first two years and had a higher participation in early childhood education at age four. Earlier research in 2009 and 2010 showed mixed evidence of effectiveness across sites. This led to an ongoing programme of improvements.

Findings from the MSD *Family Start Quasi-Experimental Impact Study* (2016) show some small but statistically significant positive impacts for children who participated in Family Start overall.

### *Targeted services and negative experiences*

Studies have shown that young women can feel that visitors, who are meant to support them, such as health visitors, were checking on them too regularly. Some young mothers felt that they were being singled out due to negative preconceptions of their suitability as mothers. This was a significant concern amongst some teen mothers who were consulted in the UK. This led to them being defensive, not attending appointments, and as a result, not getting the maximum benefit from the support available.

### *Creation of welfare dependency*

Some commentators believe that material support, such as Young Parent Payments for teen parents encourages teen pregnancy and creates a cycle of welfare dependency with high costs to the taxpayer. Benefit receipt amongst teen parents is already high, with around 78 percent (mostly mothers) receiving a benefit (MSD Paper to the Welfare Working Group,

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<sup>7</sup> 15 of the 21 evaluated displayed effective teaching and good processes for student induction, as well as partnership with other agencies for student transition to further education or employment. Five units were identified as especially innovative and cohesive. Three TPUs were found to have less engaging teaching and learning



2010). Evidence shows that teen parents do tend to stay on benefits longer than those who become parents at an older age. It is estimated that in 2010, at least a third of Domestic Purposes Benefit clients (now the Jobseeker Support Benefit) became parents in their teen years (Centre for Social Research and Evaluation, 2010).

### **What are alternative sources of support for the children of teen parents?**

While Government support is an integral part of improving outcomes for the children of teen parents, it is only one of many factors that impact on their wellbeing. These include what happens in the broader economy, job market, community and what happens in the home.

#### *Extended family*

The New Zealand Green Paper for Vulnerable Children highlights that parents and caregivers have the initial and biggest impact on children and their childhoods. For children to thrive, belong and achieve, they need to be supported by caring parents, family, whānau and networks. With the right environment, children can develop, learn and become increasingly independent. Extended family, including grandparents can play an important role in supporting teen parents to look after their children. This includes babysitting, sharing knowledge about parenting and providing emotional support to both the teen parent and child.

#### *Community organisations*

There are a number of community organisations that provide support to teen parents and their children in New Zealand. These organisations provide additional support to existing Government services, and provide services and supports tailored to their communities. They also have a role in connecting with young parents and their children who may not have other support networks, such as family and peers.

### **Other considerations**

#### *Young parents or teen parents?*

There is an increasing and positive trend in recent years of teen parents delaying pregnancy in New Zealand. Almost three-quarters of all teen births in 2013 were to 18 and 19 year olds (University of Waikato, 2015). However, the vulnerability of some young women extends into their early twenties. This suggests public policies targeting only teen parenthood may not be enough to address the disadvantage experienced by many young parents and their families.

#### *Decreasing trend of teen pregnancy*

Teen births have declined across all regions in New Zealand, by 19.8 percent during the period 2001-2013, with the exception of Northland (University of Waikato, 2015). This raises questions as to whether there is the need for a large investment into social services to support teen parents and their children. Government expenditure could be invested more effectively at larger high-risk groups in the population.

### **Report to the House**

The Committee is required to report its findings on this inquiry to the House. The purpose of your report is first to inform the House and encourage debate. In doing so your report should

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reflect both the oral and written evidence the Committee received, the issues the Committee considered in-depth, and the views of the members. From these the Committee should develop conclusions and recommendations to the Government.

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Youth Parliament 2016

**Members may wish to ask:**

1. Given the high rates of Māori and Pasifika teen parents, how can services be better tailored to meet cultural needs?
2. Sole parenthood has been associated with higher rates of poverty. Should NZ implement a child support programme where teen fathers pay support for their children?
3. How can teen fathers be better supported to be involved with their children?
4. Are negative social attitudes towards teen parents a significant barrier to accessing services for their children? How can these be improved?
5. How can Government work to ensure services are accessible and are accessed by hard-to-reach families and whānau with children?
6. Is there a strong case to have more targeted services in some regions for the children of teen parents, or would universal services be more effective?
7. How can communities and families ensure that teen parents and their children have good outcomes?

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### **Further reading:**

Suggested keywords and phrases for Internet search engines:

- adolescent mothers
- child poverty
- teen births
- vulnerable children
- teen parents

As well as considering this background paper, Youth MPs are welcome to undertake their own research on their committee topic (or on the Bill or any other aspect of Youth Parliament 2016). The Parliamentary Library has agreed to accept one question per Youth MP which they will endeavour to answer to inform your work. If you have not already done so, please contact [jill.taylor@parliament.govt.nz](mailto:jill.taylor@parliament.govt.nz) to take advantage of this opportunity.

