



Inquiry into preventing child abuse and improving children's health outcomes  
Health Select Committee

The Salvation Army (New Zealand, Fiji & Tonga) submission:

1. BACKGROUND:

- 1.1 The Salvation Army is an international Christian and social service organisation that has worked in New Zealand since 1883. We provide a wide range of practical spiritual, social and community services, particularly for those who are suffering, facing injustice, or those who have been forgotten and marginalised by mainstream society. The mission of The Salvation Army in the New Zealand, Fiji and Tonga Territory is to care for people, transform lives and reform society through God in Christ by the Holy Spirit's power.
- 1.2 We wholeheartedly believe in the sanctity of human life. Subsequently, we believe our children are absolutely precious and valuable. We endorse the words from the Book of Psalms in the Bible that all human beings and children are fearfully and wonderfully made by God (Psalm 139:14), and that children are a heritage or gift from God (Psalm 127:3).
- 1.3 This submission has been approved by Commissioner Donald Bell, the Territorial Commander of The Salvation Army's New Zealand, Fiji and Tonga Territory.

2. THE SALVATION ARMY PERSPECTIVE:

- 2.1 We would like the opportunity to publicly talk to these issues with the Government that are raised in this submission. Our contact details for this submission are at the end of this paper.
- 2.2 In this context, The Salvation Army is very pleased to make this submission to the Health Select Committee. We acknowledge and applaud the Government's recent series of inquiries and investigations into child welfare in New Zealand. However, we consider the parameters of these current investigations somewhat narrow and confined to issues around violence to, and abuse of, children. Clearly, we agree with the Government that issues around violence and abuse of children are critical and need to be researched further and discussed by all sectors of our society. But we again advocate for a broadening of the debate around child

welfare and wellbeing to include areas outside of abuse and violence and issues and views that are not widely discussed. We also champion brave, long-term and well thought out policies and programmes in response to these issues.

- 2.3 The Salvation Army's general perspective on these issues can be found in other submissions we have made recently to the Ministry of Social Development and the Maori Affairs select committee. These submissions can be found here: [www.salvationarmy.org.nz/research-media/social-policy-and-parliamentary-unit/children/](http://www.salvationarmy.org.nz/research-media/social-policy-and-parliamentary-unit/children/)

The Health Select Committee states that the overall purpose of this Inquiry is to identify what practical health and social interventions can be made from preconception until 3 years of age to prevent child abuse and promote child wellbeing in New Zealand<sup>1</sup>.

In response to this Inquiry, we humbly make the following submissions:

- The debate and discussions around child welfare in New Zealand be broadened to include information around other critical issues such as child poverty, housing and so on.
- There is specific health and social interventions that we believe are crucial to a child's wellbeing in those first 3 years. The Army defers a lot to the child health experts regarding health interventions. But we will highlight some specific social interventions that we believe can and are working in the communities we are located in around our nation

### 3. HEALTH INTERVENTIONS:

- 3.1 As mentioned above, we defer to, and rely on health professionals and experts to offer more in-depth submissions on effective health interventions for our children.
- 3.2 However, there is one key suggestion that we would like to put forward.

#### 3.2.1 *A comprehensive national child health register:*

In 2011, the Unit's National Director, Major Campbell Roberts, presented a paper at the Welfare and Social Sector Policy and Reform Conference on child poverty in New Zealand<sup>2</sup>. One of Major Roberts' key arguments was the proposal of a national child register to track and follow the development of all of our children.

For this Inquiry, we again re-affirm this proposal and intervention. There can often be a multitude of government agencies, NGO's and other groups involved in the life and

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<sup>1</sup> Media Release – Health Committee, 1 March 2012

<sup>2</sup> <http://www.salvationarmy.org.nz/research-media/social-policy-and-parliamentary-unit/conference-papers/>

development of a child. But there is no clear coordination and centralisation of this information.

We believe that a central national child register, possibly 'housed' by the Ministry of Health, would help track, coordinate and reduce duplication of services for children. This central register could begin tracking children from conception through to adolescence and possibly even adulthood. In terms of health, this type of register could assist in tracking and documenting the health of the mother and the child from conception through to the birth process and then through to the immunisation and other health processes in adolescence. There are also lessons from other countries such as the United Kingdom who have experimented with similar registers in recent years

#### 4. SOCIAL INTERVENTIONS:

- 4.1 Below are some specific social measures and interventions that we believe can definitely help prevent child abuse and promote child wellbeing.

##### 4.1.1 *Salvation Army Children's ministries programmes:*

The Salvation Army is very proud of the youth and children's programmes we run around the country<sup>3</sup>. We work with thousands of children and families through a range of services including early childhood education and pre-school groups.

We are also very clear of the fact that The Salvation Army is both a Christian church *and* a movement that provides social services. Our Christian identity is fundamental to all of our work. Therefore, in the services we provide for children and their families, the Christian gospel message permeates these services. We acknowledge that we live in an increasingly secularised world. However, we believe that the services we provide are very professional, relevant to our communities and effective for the situations people face. They should not be disregarded just because they are based on an orthodox Christian worldview.

We strongly believe that if children and their parents are successfully engaged with these types of services and with the people delivering these services, then issues around child abuse and child well-being can be more effectively addressed. Below is a matrix of the various social

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<sup>3</sup> Information on the general community ministries services for children:

[www.salvationarmy.org.nz/here-to-help/youth-children/](http://www.salvationarmy.org.nz/here-to-help/youth-children/)

Information for Corps Children's Ministries: [www.salvationarmy.org.nz/our-community/church-life/childrens-ministries/](http://www.salvationarmy.org.nz/our-community/church-life/childrens-ministries/)

interventions that we facilitate for our children in both our corps (churches) and community ministry centres. We present these services as viable and real options for social intervention for all children and their families or caregivers.

Salvation Army Corps/Church Children's Ministries	Salvation Army Community Ministries
First-steps - ministry to pre-school aged children	Early childhood education centres in Waitakere (Auckland) , Hamilton, Gisborne, Newtown and Upper Hutt (Wellington)
Kids Church - Primary and intermediate aged children	Pre-school groups delivering the Mainly Music programme (Christian-based pre-school music programme)
Junior Soldiers programme	Various child sponsorship initiatives for the region
Messy Church - a different way of doing church, particularly engaging with playgroup Dads and other Fathers	

#### 4.1.2 More transparent Child, Youth and Family (CYF) processes:

CYF policies and processes are a huge beast that can be very complex and difficult to manoeuvre for some people. Children who are involved in the CYF system face a daunting journey involving social workers, family group conferences, lawyers and other important components.

We submit that the specific social intervention here is the development of an independent review process for all CYF cases. We have discussed this issue in other submissions and forums with the Government.

At this stage, there is no independent review process for people or families affected by these CYF processes. There are provisions within the 1989 Act to seek some review of family group conferences in Court. But generally, those disaffected by CYF can only make complaints to CYF themselves about whatever issue(s) they have. We submit that this is unfair and ineffective for people and families, particularly if these people are themselves facing serious issues or have other challenging factors e.g. English as a second language. We advocate for an independent review process and/or group to be established that care impartially hear these types of cases.

#### 4.1.3 Minister for Children?

A political intervention that could possibly have far-reaching social effects is the establishment of a Minister for Children within our Parliament. The Army joins the call made for such a Minister by some political parties and advocacy groups like the Child Poverty Action Group (New Zealand). We believe a Cabinet position dedicated to children's issues, especially

around the eradication of child poverty, would help bring momentum, weight and political clout to these issues.

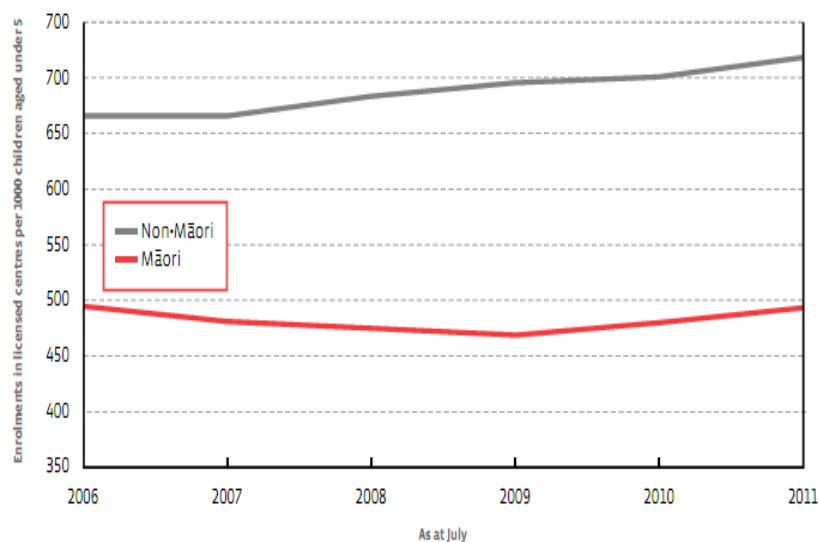
We also acknowledge that there are other similar Ministerial positions in Ireland and British Columbia (Canada) that might provide valuable insight and lessons for the New Zealand experience.

#### 4.1.4 Early childhood education:

Like many other organisations, The Salvation Army passionately believes in early childhood education for all of our children. Again, this is an area of social and educational intervention that we have consistently commented on in recent years.

In our annual State of the Nation reports, rates of early childhood education enrolment are one of our key social indicators in the section titled *Our Children*. In the 2012 report, we have noted that Maori rates of early childhood education enrolment have been steadily improving. However, the gap in the enrolment rates between Maori and non-Maori remains significantly large. The graph below illustrates these facts<sup>4</sup>.

Figure 3: Rates of enrolment in early childhood education 2006-2011<sup>2/</sup>



We submit that brave new social policy changes need to be made to target these discrepancies and ensure enrolment rates continue to improve for all children and particularly for Maori children.

<sup>4</sup> Figure taken from our 2012 State of the Nation report, *The Growing Divide*, page 10.

#### 4.1.5 Teenage mothers:

It is positive to note that this Inquiry is looking at pre-conception through to the child becoming 3 years old. The process before a child is born can be quite stressful for a lot of mothers. For teenage mothers, this time can be even more nerve-racking because of their age, their own family situations, the options of adoption and abortion, the relationship with the baby's Father and other key factors. It is for these very reasons that we acknowledge and endorse the tireless work of those workers and organisations like Taonga Education Centre who engage with teen mothers.

The table below<sup>5</sup> illustrates the pregnancy rates of 15-19 year olds from 2006 to 2010. The real numbers of births by this age group seem to be dropping significantly. However, caution must be exercised here as the last column of the table indicates that the percentage of pregnancies for 15-19 mothers has increased from 2009 to 2010.

**Table 6B: Pregnancies and abortions for 11-14 year-olds 2006-2010<sup>5/6</sup>**

Year ending December	No. of live births	No. of Induced abortions	Pregnancy rate (per 100,000)	% of pregnancies aborted
2006	35	105	1.2	75%
2007	52	104	1.3	67%
2008	39	83	1.0	68%
2009	29	79	0.9	73%
2010	29	84	1.0	74%

The Army submits that greater effort and resource needs to be invested in this area of teen mothers. In addition, we submit that greater education is needed for young women to present all of the options available to them *if* they become pregnant. For instance, we are generally opposed to abortion on demand as a method of birth control<sup>6</sup>. We advocate that greater information around teenage pregnancy and adoption are presented to young mothers as viable and sound options.

#### 4.1.6 Elimination of child poverty -a creative policy environment

The Salvation Army believes one of the greatest interventions to help prevent child abuse and promote child wellbeing is for us as a nation to move towards acknowledging and eradicating the existence of child poverty.

<sup>5</sup> Table taken from our 2012 State of the Nation report, *The Growing Divide*, page 14.

<sup>6</sup> Salvation Army Position Statement on Abortion: [www.salvationarmy.org.nz/about-us/position-statements/abortion/](http://www.salvationarmy.org.nz/about-us/position-statements/abortion/)

In recent years, the discourse around child poverty has grown rapidly. The realities of child poverty and poverty in general in New Zealand are now beginning to be discussed openly. In our 2012 State of the Nation Report, we detail the estimated number of children living in benefit-dependent households<sup>7</sup>.

**Table 2: Estimated number of children living in benefit-dependent households<sup>13</sup>**

As at December	Main benefits paid	Number of children living in benefit dependent households	Children in beneficiary households as % of all New Zealand children	Number of children estimated to be living in a 'workless' household
2006	264,571	215,000	20%	171,200
2007	250,077	205,700	19%	166,400
2008	260,954	208,700	19%	173,400
2009	319,813	233,900	21%	198,100
2010	324,542	239,400	22%	201,800
<b>2011</b>	<b>318,985</b>	<b>237,900</b>	<b>22%</b>	<b>199,600</b>

These figures give an estimate of the number of children living in poverty in New Zealand. These figures are unacceptable as our children are the most vulnerable people in our society.

Consequently, The Salvation Army calls upon our Government to develop more effective health, social and political measures to eradicate child poverty in New Zealand. We implore the Government to work with individuals and organisations like The Salvation Army to create a policy development environment wherein brave policies and processes can be developed to target our systemic child poverty. This submission does not undertake a detailed evaluation of child poverty and some possible solutions. We prefer to collaborate with groups like the Child Poverty Action Group who have huge expertise in this area.

However, we clearly state here that child poverty is very real and very destructive in New Zealand. Therefore, more effort and resource must be committed to eradicating child poverty. We believe that if a policy environment was fostered that had this type of focus, then child abuse can be reduced and child welfare can continue to be promoted in our nation.

## 5. CONCLUSION:

We thank the Health Select Committee for undertaking this Inquiry and providing the public an opportunity to feedback into this process.

<sup>7</sup> Table taken from our 2012 State of the Nation report, *The Growing Divide*, page 4.

We are passionately committed to the main priorities of this Inquiry: preventing child abuse and promoting child wellbeing.

We are making these submissions in the hope that this continuing debate around child welfare is broadened further by the Government to encompass other critical issues facing our children.

We advocate for bravery as the Government makes these various investigations, law changes and action plans for child welfare. Over the last two terms, the Government of the day has espoused a series of business-centric approaches to social policy in New Zealand. This rhetoric has generally pushed for fiscal responsibility and a 'tightening of the (economic) belt' because of the global financial crisis.

These fiscal issues are very real and will obviously affect our nation for generations. But in these times of austerity, bravery and creativity in social and health policy for child wellbeing are still needed and must continue to be encouraged and implemented by our Government.

Thank you for your time. For more information, please contact Major Campbell Roberts. God bless.

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