

26<sup>th</sup> January 2022

## **Oversight of Oranga Tamariki System and Children and Young People's Commission Bill**

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The New Zealand College of Midwives is the professional organisation for midwifery. Our members are employed and self-employed and collectively represent over 90% of the practising midwives in this country. There are approximately 3,000 midwives who hold an Annual Practising Certificate (APC). These midwives provide maternity care to, on average, 60,000 women and babies each year. New Zealand has a unique and efficient maternity service model which centres care around the needs of the woman and her baby.

Midwives undertake a four-year equivalent undergraduate degree to become registered followed by a first year of practice program that includes full mentoring by senior midwives. The undergraduate curriculum meets all international regulatory and education standards. Midwives are authorised prescribers in relation to their Scope of Practice as determined by the Midwifery Council.

Midwives provide an accessible and primary health care service for women in the community within a continuity of carer model as Lead Maternity Carers. Midwives can also choose to work within secondary and tertiary maternity facilities, providing essential care to women with complex maternity needs.

The College offers information, education and advice to women, midwives, district health boards, health and social service agencies and the Ministry of Health regarding midwifery and maternity issues. Midwives interface with a multitude of other health professionals and agencies to support women to achieve the optimum outcome for their pregnancies, health and wellbeing

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## **Oversight of Oranga Tamariki System and Children and Young People's Commission Bill**

Tēnā koutou,

The New Zealand College of Midwives (the College) welcomes the opportunity to provide feedback on the Oranga Tamariki System and Young People's Commission Bill. This represents a significant opportunity to make effective changes to a system that has been struggling for some time despite many previous consultations, reports and system reviews.

Feedback from the College is below.

1. The College considers the removal of the Children's Commissioner role as a retrograde step as the Commissioner provides an effective, authoritative, independent voice that champions infant and child rights in Aotearoa New Zealand.
2. The College does not object to the creation of a board, which should have a membership that reflects the diversity of children in Aotearoa New Zealand, but a named Children's Commissioner could also work effectively alongside this board.
3. The Ombudsman is not a child-centric entity, and the College considers this proposal inappropriate for the needs, special attention and protection that infants and children are entitled to.
4. Establishing a statutory Māori Children's Commissioner role should also be given serious consideration as infants' and children's rights implementation in Aotearoa should respect, and uphold the rights of pēpē, tamariki, and rangatahi Māori as children and tangata whenua.

5. Monitoring complaints about issues related to infants and children, and the ability to report to the Prime Minister is an essential role of the Children's Commissioner and this should be retained.
6. The College would be concerned if the ability to undertake independent monitoring is removed. The proposed system appears to lack the power to enforce accountability.
7. Aotearoa is a State Party to the United Nations Convention on the Rights of the Child which upholds the rights of all children (and infants) equally without discrimination; the best interests of the child as the primary consideration, the rights of the child to the enjoyment of the highest attainable standard of health, and ensuring the maximum extent possible the survival and development of the child.
8. Where rights exist there are state obligations. The state has an obligation to protect the rights of citizens and this protection is endorsed in various human rights treaties including the UN Convention on the Rights of the Child and the Rights of Indigenous Peoples.
9. Rouland et al. reported that from a sample of 55, 443 children in New Zealand almost 1 in 4 had been subjected to at least one report to child protection services by the age of seventeen.<sup>1</sup> Over-surveillance of communities where poverty and inequity are embedded can result in unintended harm.
10. Strategies to alleviate poverty such as sustained income support, affordable, safe and secure housing are necessary as material and social inequities are impacting negatively on children and their parents. The College urgently recommends a New Zealand based analysis of these issues be carried out to ascertain the links between poverty and child protection.

The College is grateful for the opportunity to engage in this consultation but we wish to register our concern about the short time frame allowed for responses and the holiday time period in which this consultation has taken place. This has likely resulted in insufficient time for many people to submit their feedback.

Ngā mihi,

Carol Bartle (Policy Analyst)

New Zealand College of Midwives

Te Kāreti O Nga Kaiwhakawhanau Ki Aotearoa

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<sup>1</sup> Rouland, B., & Vaithianathan, R. (2018). Cumulative prevalence of maltreatment among New Zealand children, 1998-2015. *Am J Public Health*, 108(4):511-513.