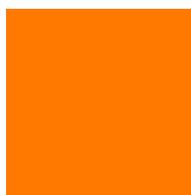
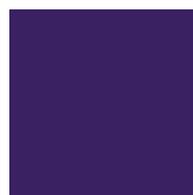
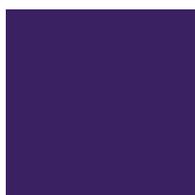
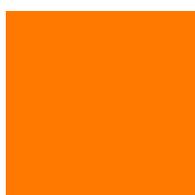


1000 Days to get it right for every child

The Netherlands Study

*Learning from the Netherlands to improve outcomes for
New Zealand's children*



A report prepared by
Rowe Davies Research for Every Child Counts

He Mana tō ia Tamati - Every Child Counts

He Mana tō ia Tamati - Every Child Counts, formed in 2004, is a coalition of organisations and individuals; led by Barnardos, Plunket, Save the Children, Unicef and Te Kahui Mana Ririki.

We believe that a positive, economically sustainable future for New Zealand is only possible if:

- Children are placed at the centre of government policy and planning
- Child poverty is eradicated
- Child maltreatment is reduced
- Every child is given a good start in their early years
- The status of children and of the child-rearing roles of families, whānau, hapū and iwi are increased.

1000 days to get it right for every child

The first 1000 days of a child's life are critical to their long term development. One thousand days is also approximately the duration of one term of parliament. So we have about 1000 days to get it right.

Getting it right in those first 1000 days means today's young children are given every opportunity to develop their full potential as healthy, emotionally mature, socially engaged and well-educated, productive adults.

Low and ineffective public investment in the early years of childhood costs us dearly – approximately 3 per cent of GDP.

Things need to change. That's why we are campaigning to make it a priority issue through the 1000 days of this term of parliament.

The Netherlands Study

Learning from the Netherlands to improve
outcomes
for New Zealand's children

FINAL REPORT

July 2012

This report is based on a research report by
Rowe Davies Research Ltd for Every Child Counts

www.rowedaviesresearch.co.nz

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Executive summary

Every Child Counts commissioned *The Netherlands Study* to identify whether there are specific policies contributing to that country's high child wellbeing outcomes with the potential to inform New Zealand's efforts to improve the wellbeing and status of our children. This report comes at a time when the government, non-governmental organisations and communities throughout New Zealand are exploring new ways to ensure children thrive, belong and achieve.

The Netherlands stands out as a country that achieves a very high OECD ranking in outcomes for children while spending less than half per child as countries such as Denmark who have similarly high scores. As with all nations, a complex mix of social, economic, cultural and policy settings contribute to the status and wellbeing of children and their families.

The Netherlands has performed better than New Zealand on almost all indicators of child well-being outcomes in the first decade of the 21st Century. Why is that? We believe that, while some aspects of programmes for families and children in the Netherlands could see an improvement in child outcomes if adopted here, the more important answers may lie elsewhere, in systematic, nationwide programmes; in greater universal entitlements, and in the long-standing social and political consensus about the importance of families and children, and the respective roles of parents and the state in ensuring their healthy growth, coupled with (until recently) a robust economy able to fund these priorities.

The Netherlands' programmatic approaches appear to be more widespread in the Netherlands. This costs money, which is why the Netherlands' expenditure per child has been nearly twice that of New Zealand according to the OECD calculations.

What is clear from the Netherlands is that a culture of respect for children and of the caring responsibilities of parents, combined with a universal approach to supporting parents, makes it easier for parents and children to access support when they need to and contributes to child wellbeing. Many of the services are provided through hubs – community schools or Youth and Family Centres – that act as a single access point and provide prevention, advice, and support. There are also online Youth and Family Centres, with a database combining all digital information about parenting and education, growing up and health of children and young people.

The social consensus on the central role of families in bringing up children translates into a different understanding of the role of the State in relation to families. There is a strong expectation that women will be present to care for children when they are very young, resulting in fewer women in part-time and full-time work. In 2010, only 8 percent of women with children worked more than 35 hours per week. The Netherlands also has one of the highest rates of men in part-time work in the OECD. Paid parental leave is longer in the Netherlands than it is in New Zealand.

There appears to be wider public acceptance of out-of-school care than there is of childcare in the pre-school years. While there has been an explosion in numbers of children participating in formal and informal childcare in recent years, the greatest increase has been in out-of-school care rather than care for children under 4 years of age. Primary schools are expected to provide care for children before and after school to enable parents to work and childcare subsidies are available to all working families, with more generous support for low-income families.

Education is an important area of investment in children and families in the Netherlands: parent education and support are delivered widely; parental education levels guide the level of funding available for schools; there is a concentration on pre-school education for disadvantaged pupils; there is strong support for teacher education; education is designed to be coordinated with parental support, youth care, health and other services; there is a variety of school models, including 'community schools' with a high level of parental involvement; there is a qualification obligation which means unemployed young people have to go back to school if they are not in work in six months; and out-of-school care is available before and after school hours.

Families in the Netherlands retain a greater level of agency to choose which support services they access, with an emphasis on prevention and comprehensive support for families rather than judgement and punishment.

Many social services have been devolved to local government and municipal authorities, which play an active role in local health and the provision of health care. Until the age of 19 children have the right to regular check-ups and screenings. The report indicates that New Zealand could learn from the Netherlands programme to identify and treat post-natal depression, which invests in sensitising depressed parents to the needs of their infants.

It is noteworthy that all Dutch citizens have a unique identifying number used when they access services. Further work is underway to enhance the use of data collected, with children and youth at risk being tracked more closely.

Of course, the resilient economy and resulting low unemployment contribute to family wellbeing in the Netherlands. However, the government also invests in welfare and generous housing assistance that help ensure a minimum standard of living for its citizens. Of particular note: the widespread availability of social housing, the regulation of rents, and protection of tenants to ensure stable tenancies. Stable tenancy improves educational performance by decreasing school transience. The Netherlands also stands out as an OECD nation with the least overcrowding, while New Zealand sits at the OECD average for children living in overcrowded households.

There are some other important differences between the two countries: the Netherlands has much lower rates of sole parenthood and teen parenthood, there is no indigenous population equivalent to Maori, and the Netherlands child poverty rate is less than half New Zealand's. (The Netherlands is 4th in the OECD and New Zealand is 20th).

In general, it appears that the Netherlands has done well at ensuring programmes to support families are delivered at a scale which, on the whole, meets the needs of the densely concentrated population. However, there are still those families who do less well, including migrant families.

Non-governmental organisations report that recent political and economic events in the Netherlands are starting to undermine services for families and children, as the pressure comes on the economy and there is a push for austerity measures. In the absence of political commitment to child-centred policy, they fear policies for children and families will be dismantled.

There are other challenges evident in the Netherlands too: achieving integrated services; monitoring and evaluation that translates into improvements; insufficient incentives for providers to collaborate with each-other; professional development of those working with families; disparate funding streams, and achieving a consistent political commitment to the rights of children.

The recommendations in this report recognise the need for sensitivity when translating learnings from one country to another, where the culture and context are very different. Nevertheless, it is clear that New Zealand could learn from some aspects of the Netherlands support and provision to families.

Recommendations

Recommendations for programmes

We recommend that further investigation be made into the efficacy of additional investment in:

- Expanding the reach of **effective parent support and education programmes** such as Early Start (effective) and HIPPI (emerging evidence), perhaps making them mandatory (but not exclusive) in mainstream programmes, and ensure -
 - Programmatic fidelity to the original policy design;

- Staff are well-trained (local knowledge and contacts, however deep and longstanding, is not enough for fidelity); and
- The program is well-managed - getting to scale is hard and has been the cause of many disappointing results in New Zealand. This is not a one-off event. It involves the development of high programme standards, in-service training, technical assistance and a cycle of continual assessment and improvement over time.
- Expanding Plunket and well-child services to include access to **practical help with childcare** and a broader range of household tasks.
- Developing **effective services for mothers with post natal depression to improve their sensitivity to infants** by investigating the applicability of the well-managed, researched and resourced Dutch programme (Kersten-Alvarez et al., 2011).
- Expanding the availability of **out-of-school care**.
- Increasing statutory **parental leave** to at least 18 weeks¹; improve the pay rate to the average OECD percent of wages; and widen eligibility criteria so the scheme is available to mothers with less stable employment histories.
- **Housing**: improving the effectiveness of State-funded housing for parents by:
 - Allocating more of the increasing supply of social housing to low and modest income parents
 - Giving parents, especially sole parents, priority access to public housing, especially in mixed developments
 - Regulating the quality of housing
 - Increasing the income range of those who can occupy social housing
 - Including active measures to improve the social mobility of low income parents in any regeneration projects by, for example, expanding their access to childcare and educational and work opportunities; and
 - Continuing to encourage the growth in housing associations.

In addition, we recommend the government considers:

- **Adopting a set of principles for rebalancing the relationship between families and the State** as a basis for any future changes in policy or practice for children, young people and families, perhaps articulated in a Children's Action Plan.
 - We suggest the following principles as a starting point:
 - Increase parental choice/agency to decide on the mix and provider of evidence-based services
 - Increase the voice of children in deciding on the mix and provider of services
 - Adopt an approach that the State's role is to provide what families need to bring up their children well, so the government is responsible for investment in services, certification of quality, ensuring policies and programmes do not harm children and equitable regional distribution of services
 - Achieve a better balance between supporting families and managing risk, and
 - Achieve a better balance between national and local control of policies for children and families.
- **Adapting the digital child file** currently being developed in New Zealand for health information so it can be used for tracking vulnerable children, as will be the case with the Dutch system.

¹ The International Labour Organisation standard. On average across the OECD **paid** maternity leave is about 19 weeks <http://www.oecd.org/dataoecd/45/26/37864482.pdf>.

- **Developing a public campaign** to change attitudes to children, reinforce the central role of parents in bringing up their children, and shift the way services are organised so they support parents.
- Investing in a **wealth creation** strategy with the objective of enabling more effective investment in children and families.

Keeping an eye on progress

- Adopt **national, regional and local indicators of child well-being**, so progress can be tracked and widely shared.
- **Monitor current and new services and support** for take up as well as effectiveness, so there is evidence for adapting policies, continuing and expanding those that are effective and, if warranted, shifting funding from policies the evidence suggests should be stopped to those that should be continued or expanded.
- **Evaluate the** implementation of any new legislation designed to improve outcomes for children after five years.

Establishing a dialogue

We recommend an on-going dialogue be established between Dutch and New Zealand officials so good ideas can be explored and both parties can learn from their experiences in implementing and maintaining new policies. This dialogue could be usefully supported by dialogue between non-governmental organisations in each country.

We suggest the dialogue focus on:

- Different models of clustering and colocation of services in New Zealand and the Netherlands, including how decisions are made about the mix and monitoring of services;
- Both countries' experience with devolution of services and its impact on improving child outcomes;
- The development and impact of community schools
- The effectiveness of the Dutch advice and support agency for professionals and others who are concerned about possible child abuse and neglect
- The likely causes of the low NEET figures in the Netherlands.
- The risks of mandatory reporting of child abuse and neglect
- Monitoring the implementation of the tracking system for children in the Netherlands, with a view to adapting the digital child file being developed for health and other relevant information in New Zealand
- Monitoring the Reference Index for Youth at Risk that is being implemented throughout the Netherlands

We also recommend the OECD, and Dutch and New Zealand officials explore the factors Dutch officials consider were the most significant in achieving the good outcomes demonstrated in the data collected from 2005 to 2009.

Introduction

“The true measure of a nation’s standing is how well it attends to its children – their health and safety, their material security, their education and socialisation, and their sense of being loved, valued, and included in the families and societies into which they are born.” UNICEF, 2007

A childhood rich in emotional, social and intellectual resources is the driver of good outcomes through life. A childhood which avoids the strains of poverty, transience, family conflict, neglect and abuse produces resilient young people and adults. They are equipped to make the most of their circumstances and become active citizens and members of their families, neighbourhoods, workplaces and societies.

The development of effective policies to promote good childhood outcomes is not just in the interests of children: it is now well-recognised that such policies impact on the social and economic development of nations (Keating and Hertzman, 2000, World Health Organisation Commission on the Social Determinants of Health, 2008). The OECD and the World Health Organisation have adopted the evidence from scientific literature that governments need to pay particular attention to promoting human development in the early years of life, as the effect can last through the lifespan, impacting on the proportion of adults with good education, health and personal relationships (e.g. OECD, 2009a, 2011a, Karoly, Kilburn and Cannon, 2005).

New Zealand does well by most of its children and overall the country rates highly in international health and wellbeing rankings. Yet, despite improvements in the last decade, the proportion of children growing up in poor families remains close to the OECD average; New Zealand is well down the OECD rankings for many child wellbeing outcomes, with pockets of severe disadvantage concentrated among Pacific and Maori families, those with few social and fiscal resources, and sole parents. Abuse and neglect figures, while difficult to compare across nations, remain unacceptably high. The New Zealand economy continues to suffer from relatively low wages and low labour productivity (a contribution of US \$30 per hour worked in 2010, as against the OECD average of \$43.9 and Australia’s \$46.8).² Research commissioned by Every Child Counts in 2008 and 2011 indicates the economic cost to New Zealand of poor child outcomes is in the order of at least \$8bn (Infometrics 2008; 2011), a proportion of which is lost productivity.

There is widespread acceptance in New Zealand today that improving the quality of childhood, especially in the early years, will have a dramatic effect on children’s wellbeing, improve their adult lives and benefit society as a whole. Parents play the central role in the quality of their children’s early months and years; and the broader social context is also very significant. Public spending, well-directed, can be the third ingredient that gives all children the building blocks to become active members of their societies, helps parents do the best they can for their children, and shields disadvantaged and at risk children from many of the damaging effects of their environments.

Many OECD countries achieve better outcomes for their children than New Zealand, although the majority who do better have much higher public expenditure. The Infometrics Report “1000 Days to Get it Right for Every Child” (2011) commissioned by Every Child Counts notes that the Netherlands achieves beneficial outcomes for children comparable to the highest spending countries in the OECD, such as Denmark, while spending less than half the amount per child.

The purpose of this report is to identify policies and large scale programmes in the Netherlands that contribute to that country’s high OECD ranking in outcomes for children, and consider their applicability to New Zealand.

This report offers a snapshot of information gathered in the first quarter of 2012. Most of the impacts noted here were recorded in the period 2005 – 2009, and record the cumulative effects of policy over the latter part of the 20th and early part of this century. There have been considerable shifts in child and family policy in the last decade in the Netherlands, and last year’s austerity budget saw cuts to public services. At the time of writing,

² <http://stats.oecd.org/Index.aspx?DatasetCode=LEVEL>

the Dutch government had resigned after failing to get agreement on further cuts in this year's budget, designed to reduce public debt levels to the EU fiscal guidelines. It will be interesting to see over the coming decade how much the current policy shifts affect outcomes, though their impact will be difficult to disentangle from the other impacts of the financial crisis.

In seeking to learn from the Netherlands' experience, it is important that any translation of policy into this country is sensitive to the very different culture and context here. Information sharing between government agencies in New Zealand and the Netherlands about their approaches to achieving the common goal of good outcomes for children is likely to be useful. This dialogue could also canvass the relative importance of particular policies and programmes, and their contribution to child wellbeing.

The report is organised in 3 sections.

- *Section 1* briefly scans some of the key elements of the social, legal, fiscal and public sector environments in the Netherlands that are relevant to child outcomes.
- *Section 2* documents our findings about public policy for children in the Netherlands in the areas of parent support and education, early childhood education, housing, income support and employment, youth policy, community schools and the role of local government, and reducing vulnerability.
- *Section 3* proposes recommendations for action to improve outcomes for New Zealand's children.
- *Annex A* outlines the methodology.
- The bibliography is in *Annex B*.
- A set of outcome measures to monitor progress is outlined in *Annex C*.

Section 1 - Key environmental elements in the Netherlands relevant to child outcomes

Political context

The Netherlands is a representational democracy with coalition governments the norm, though their political colour has changed considerably over the last two decades. In the 1950s, public life was dominated by strong “conservative paternalistic Christian organisations”, as it had been for several decades. This was reflected in politics with Christian parties securing more than half of the vote (Van Hooren and Becker, 2012).

“‘The strong’ had to care for ‘the weak’ and, for the sake of social harmony, benefits had to be generous. So, it is no accident that the Dutch welfare state is called a ‘caring state’ (verzorgingsstaat).” (van Hooren & Becker, 2012).

As a result, the Netherlands has historically taken a quite different approach from New Zealand in relation to government social support, as exemplified by this description of care services:

“...citizens have the right to receive care. Care services are publicly provided and universal. Needs are assessed on an individual basis and [*until recently*]³ means-tests are absent” (van Hooren & Becker, 2012).

In the 1980s successive governments put more emphasis on reducing expenditure and, by the end of the decade; the budget deficit had been reduced (van Hooren and Becker, 2012). The ‘purple’ Coalition, a Liberal - Labour coalition elected in 1994, enjoyed economic prosperity and introduced some of the most liberal legislation in the world on abortion, euthanasia and gay marriage. The purple Coalition lost their majority in 2002 while anti-immigration policies saw a rise in popular support for Pim Fortuyn, who was shot a week before the 2002 election. A short-lived government followed before a right-wing coalition government was formed in 2003, which initiated a programme of welfare state reforms. This government collapsed in 2005 after a referendum on the European Constitution and wide reporting of a high-profile immigration case. The general election in 2006 saw a polarisation of the House of Representatives with an even distribution of left and right political parties and the establishment of a ‘social-Christian’ Cabinet. In the October 2010 general election, a minority right-wing Christian government was elected.⁴

These changes in political administrations in the last two decades have seen child and family policies framed in terms of child rights in 2004 and in terms of supporting families in the 2007 plan “*Every Opportunity for Every Child: 2007-11*.” The recent government shifted the tenor again, declaring that, as of 14 October 2010, with the appointment of the new government, the term ‘family policy’ is no longer in use. Three ministries are responsible for policies affecting families: the Ministry of Health, Welfare and Sport, the Ministry of Education, Culture and Science, and the Ministry of Social Affairs and Employment.” (Netherlands Youth Institute 2012). In April 2012, this government resigned. At the time of writing, the implications of this for child and family policy are unclear.

Fiscal context

The Netherlands is one of only four Eurozone countries to have a triple-A credit rating in 2012. Over the last three to four years the economy has shown numerous signs of fiscal strain; for example house prices have declined 4.7 percent in the last 12 months and public debt sits at 4.5 percent of GDP in 2012, well above the EU’s standard of three percent. A change of government in 2010 has already seen an expansion of private sector involvement in some areas, especially childcare, and the worsening economic situation has driven austerity cuts to government social expenditure. These cuts have included a move away from universality to more targeted support. In 2012, for example, childcare expenditure was cut by 800 million Euros by reducing the

³ Italicised text in brackets added by the authors

⁴ http://en.wikipedia.org/wiki/Politics_of_the_Netherlands

amount paid and tightening eligibility for the child care subsidy to parents in employment and for some specific groups of families, such as families where a parent has a chronic illness or a child has high social-medical needs.

Further austerity measures proposed for Budget 2012 have recently failed to gain sufficient political support. Hence, the Dutch government resigned in April 2012.

Social context

The underlying strength of the Netherlands economy over many years has allowed the Dutch to fund very generous income support, housing assistance, family benefit payments, health care, and other support and services while maintaining low unemployment. The broad social consensus on the central role of families in bringing up children (mothers in particular), and the supportive role of the state, along with a non-judgmental culture has normalised a system of very widespread, often universal entitlement to most services and support.

So the “default position” has been to offer prevention and support rather than judgement and punishment, though the wide swings in policy towards sole parents and paid work (see section 3 below), and recent changes to immigration policy suggest that the “non-judgemental culture” has limits.

The social consensus has also normalised the idea that, for the most part, parents should have a much greater degree of choice over what type of services their children will receive – for example, parents are able to choose the school their child attends, and the child care subsidy is payable to working parents irrespective of what type of care they choose, including in-home care. (The exception is the revocation of payment for live-in minders, a category which could include family members.)

One inescapable fact in the Netherlands’ favour is that the country is, for the most part, densely populated over a small geographic area. Services are much more available – there do not appear to be the significant pockets of hard to reach remote disadvantage that New Zealand has in the far North and in the East Cape.

The complementary functions of parents and State were expressed in *Every Opportunity for Every Child 2007-2011* in 2007 as:

“The government’s new programme will consist of three strategies. First, we will seek to confirm the family’s natural role in bringing up children. Second, we will concentrate on preventive action by identifying problems earlier and tackling them more effectively. Finally, *we will no longer accept a permissive, noncommittal approach. Undesirable situations will not be allowed to continue*; we will insist that everyone – parents, professionals and authorities alike – exercises their responsibilities.” (p 1 our emphasis).

And most recently as:

“The primary responsibility for ensuring the proper functioning of a family lies with the parents. The government’s aim is to increase families’ inherent strength by pursuing a family-friendly policy ...A healthy, stimulating environment in which to raise children is vital for society. Children must be brought up to be good citizens who take responsibility for themselves, their family and their social environment.” (Netherlands Youth Institute 2012)

Women’s lives differ significantly across the two countries. The proportion of children living in sole parent families in the Netherlands is roughly half (14 percent in 2002)⁵ that of New Zealand (26 percent in 2006) (Ministry of Justice 2010). There are fewer teenage mothers in the Netherlands than in the other OECD countries, whereas New Zealand’s rate is slightly behind the U.K, and significantly outstripped only by the United States (OECD 2011e).

⁵ Source: [Centraal Bureau Statistiek April 2012 \(Central Bureau of Statistics\)](#)

Women's full time work rates are very low in the Netherlands. More men work part-time than in comparable countries too, although the rates are much lower than for women. In 2011 three in four Dutch women worked part time and one in four men.⁶ In 2010 only 8 percent of women with 2 children worked more than 35 hours per week, and the rate was still only 13 percent when the youngest child was 17.⁷

Dutch women have a relatively high number of children. The average number of children in 2006 in the EU was 1.53, and the Netherlands was 1.72. New Zealand's rate is much higher - it is one of only four OECD countries (Israel, Iceland and Turkey being the others) with a fertility rate at 2.14 children per woman, sufficient to replace the population in the coming generation (OECD 2011b).

Approximately 10 per cent of the Dutch population belongs to an ethnic minority. Almost a quarter of children and young people from 0 – 25 years old have a migrant background. A quarter of all families with children living at home are migrant families.

The fundamentals of the Netherlands' system have come under strain with a more challenging economic environment, an increase in the number of migrants with different cultural mores, and an increase in the proportion of women in full time work (though still low by international standards). Taken together, these appear to have begun to fracture the long consensus on how society is to be organised.

Legal and public sector environments

The intention of devolution in the late 1980s was to "facilitate local and provincial authorities to find solutions to local issues, needs and demands" (de Baat, van der Linden, Kooijman and Vink 2011). Now, central, provincial and local governments all play a part in supporting children and families. In 2010 for example, the youth care system was the responsibility of the twelve provinces. This system covers support services for children and their parents when children "need more support than their parents can offer" (Netherlands Youth Institute 2011). In contrast, general and preventive youth policy such as youth work, leisure time and child health care was the responsibility of the 415 Dutch municipalities. The trend to decentralisation has been accelerated in recent years by successive Dutch governments, including the most recent.

After the election in October 2010, the Coalition agreement signalled its intention to transfer the responsibility for significant parts of child and youth care and youth justice services to the local level (de Baat et al., 2011). This would mean that municipalities (local rather than regional authorities) would be responsible for prevention, voluntary and compulsory help. At the time of writing it is unclear the extent to which this has been implemented, although Jaap Noteboom found, in his April 2012 study tour of the Netherlands, that the provincial infrastructure has already started to be dismantled with staff redundancy notices issued, although local infrastructure has not yet been developed to take their place. We understand that, in the period between the resignation of the last government and the election of a new government (the next election is due in September 2012) any funding for local infrastructure not yet authorised by Parliament may not occur.

Two significant laws for children and young people continue and update the Netherlands' historical emphasis on supporting parents and preventing issues to do with bringing up children arising or worsening.

The **Social Support Act 2007** makes municipalities responsible for setting up social support. Legally, parenting support is partly an obligation of the health service (e.g. the baby well clinics) and falls under the new Social Support Act (Netherlands Youth Institute 2012).

The aim of the Act is participation of all citizens in all facets of the society, with help from friends, family or acquaintances as appropriate. The Act defines nine 'performance areas', and local authorities can decide what actions they wish to take in those areas. However, all municipalities must offer "preventive support for adolescents with growing up and parents with parenting problems" through information and advice, identifying possible problems, giving guidance, offering "pedagogical" help and coordinating care within a Youth and Family

⁶ Centraal Bureau Statistiek April 2012

⁷ <http://www.cbs.nl/en-GB/menu/themas/arbeid-sociale-zekerheid/cijfers/extra/werkende-moeders.htm>

Centre. The first centres were established in 2008, and by mid-September 2011, 370 municipalities had a “standard model of a youth and family centre. More than 85% of the municipalities had realised a form of youth and family centre” (Netherlands Youth Institute 2012). However, Jaap Noteboom found that there is considerable variation in entitlements between municipalities in the central and northern regions that he visited on his study tour in April 2012.

All municipalities must offer “preventive support for adolescents with growing up and parents with parenting problems” through information and advice, identifying possible problems, giving guidance, offering “pedagogical” help and coordinating care within a Youth and Family Centre.

The central role of parents in their children’s upbringing is also reflected in the significant degree of parental choice over what services, such as schools, they will choose for their children, and the availability of childcare subsidies for all types of childcare, including in-home care.

The **Youth Care Act 2005** is the legal framework for care services for young people and their families. The Act’s aim is to ensure that better care is available to young people and their parents (the clients in the youth care process) and to strengthen their position at the centre of the system. The Act included provision for evaluation within five years.

The Youth Care Act is scheduled to be replaced by a new Act on care for children and young people during the next two years, although if a change of government eventuates after the next parliamentary elections in September 2012 the legislation may not pass. The new Act is designed to set out “national quality demands for the service rendered to children, youth and parents”. The Act would also emphasise “enabling youth to participate in a civil society”, and link with a broad range of decentralising measures in the areas of special health care, employment and education.

Key Features

The following long-standing key features in the Netherlands stand out as contributing to good outcomes for children:

- A robust (until recently) and resilient economy
- Low unemployment rates
- A welfare state that combined largely universal entitlements to services and support with generous transfer payments
- Generous housing assistance
- The broad social consensus on the central role of families in bringing up children, mothers in particular
- The vast majority of parents’ respectful attitudes to children (based on Jaap Noteboom’s conversations with practitioners in his study tour of the Netherlands)
- The supportive role of the state with regard to services to improve parenting, coupled with an emphasis on parents’ choice of what services will be provided and in what form, and
- Dense population that makes service provision easier.

Section 2 - Findings: Dutch Policy and Practice

We have been struck by the similarity of the issues that face the Netherlands and New Zealand as they seek to enable the best outcomes for children. Both countries have disadvantaged families, often from minorities, whose children do less well and who are hard to reach with conventional programmes; both find it difficult to improve the upward social mobility of those who start in less well-resourced families; and both face challenges in improving disadvantaged neighbourhoods. Both also find it difficult to monitor programmes well to make sure they have strong take-up among the target group, are being implemented according to the research-informed programme's protocols and are achieving the desired results. Some programmes even exist in both countries, such as HIPPY and variants of Perry's Nurse/Family Partnerships, such as Early Start (OECD, 2009a).

Paradoxically the Netherlands has performed better than New Zealand on almost all indicators of child well-being outcomes in the first decade of the 21st Century. Why is that? We believe that, while some aspects of programmes for families and children in the Netherlands could see an improvement in child outcomes if adopted here, the more important answers may lie elsewhere, in systematic, nationwide programmes; in greater universal entitlements, and in the long-standing social and political consensus noted above, about the importance of families and children, and the respective roles of parents and the state in ensuring their healthy growth, coupled with (until recently) a robust economy able to fund these priorities.

What *can* be said about the Netherlands' programmatic approaches is they appear to be more widespread in the Netherlands (for example HIPPY is a nation-wide programme; parental leave is longer and better paid; and social housing is much more widespread and available for higher incomes as well). Such approaches cost money, and are part of the reason the Netherlands' expenditure per child has been nearly twice that of New Zealand according to the OECD calculations.

Parent support and education

Parental education and support has been 'widely available' and 'very wide in scope' in the Netherlands (Shulruf, O'Loughlin & Tolley, 2009). The system has been developed based on client demand (Shulruf et al., 2009) as much if not more than it has been determined by government policy. Recent austerity measures may have impacted on the range of support services, and there is some indication of a shortage of intensive services for vulnerable families including treatment services for victims of abuse (de Baat et al., 2011). We have found little evaluation of programmes and services in the Netherlands. The keys to evidence-based early intervention programmes are familiar from international research. They are trained staff and programme fidelity (see, for example, Karoly et al, 2005; Howard & Brookes-Gunn, 2009).⁸ New Zealand might improve child outcomes if these were consistently put into effect.

New Zealand might also learn from the good outcomes of the Dutch programme to enhance depressed mothers' sensitivity to their young children (OECD 2011a, Kersten-Alvarez et al., 2010, 2011). Major depression can affect the mothers of one in eleven babies in their first year of life, and the rates are higher for mothers experiencing poverty or social isolation. Its effects can be as toxic as abuse or neglect (Center for the Developing Child, 2009). Although New Zealand has a screening programme, and some programmes are available, we understand the programme doesn't have nation-wide coverage. Early detection of depression and treatment through social support and other therapies helps ensure the attachment and responsiveness that infants need.

The Netherlands has a specific health service system for children from 0 to 19 years, which is delivered by the local health service (Netherlands Youth Institute 2012). There are some services such as mental health care currently provided at a provincial level although, at the time of writing, there are plans to devolve youth mental health care to the local level.

⁸ Jaap Noteboom has also found evidence of the effectiveness of some ecological services in the Netherlands. .

The role of the local health service is monitoring children's development, giving vaccinations, screening, information and advice, and referring to more specialised health services when necessary. The local health service also has specific tasks such as introducing programmes for alcohol and drug abuse prevention. Until the age of 19 children have the right to regular check-ups and screenings. The local health service includes well baby clinics and toddler, primary and secondary school health care. For example, Allen (2011) describes 'Kraamzorg' a universal postnatal service used by approximately 97 percent of families throughout the Netherlands. It is funded through a compulsory health insurance scheme. The service, with goals akin to well child services and Plunket in New Zealand, covers care for mother and baby, health checks, education and support, but also offers help with basic household chores which directly relate to the care of mother and baby.

The service provides more comprehensive if short-term support for families with greater needs, including practical help with childcare of older siblings and a broader range of household tasks, a service publically funded in New Zealand for very few parents. The service is described as linked to specialist services and to comprehensive health care services in which children are monitored until they start primary school at the age of four. However, these preventative health care services do not appear to include longer term more intensive treatment programmes, except for short-term parenting support (Reijneveld, de Meer, Wiefferink and Crone, 2008).

Local health services are encouraged to work very closely with or integrate into Youth and Family Centres (see 'Legal and public sector environments' above). It is not clear the extent to which this has been realised, although the planned devolution of services from the provincial to the local level (such as youth mental health care) mean that at the time of writing, the health and social care system is in flux.

As of January 2006, a new compulsory insurance system for curative (as distinct from preventative) health care came into force in the Netherlands. Under the new Health Insurance Act all residents of the Netherlands are obliged to take out health insurance, although health insurance for children up to 18 is free.

The Netherlands Youth Institute points to health challenges that still exist for young people in the Netherlands:

"Dutch young people still have an unhealthy life style, despite the attention devoted to them in recent years. This is true, among other things, for smoking (44 percent of 15-to-19-year-olds smoke), the consumption of five or more glasses of alcohol the last time they went out (39 percent of secondary school students), and unsafe sex (6 percent-9 percent of secondary school students). Furthermore, 9 out of 10 youngsters eat insufficient amounts of fruit and vegetables. In general, there has been an unfavourable trend in almost all of these lifestyle factors in the past ten years, with the use of cannabis, for example, increasing by approximately 30 percent" (Netherlands Youth Institute 2012).

It is too early to measure the impact of the latest Dutch government's policies to increase families' inherent strength by pursuing family-friendly policies to support families to bring up children "to be good citizens who take responsibility for themselves, their family and their social environment" (Netherlands Youth Institute 2012).

Current policy expressions of this include:

- A series of local debates on parenting aimed at enabling professionals, parents, young people themselves and families' social environment to search together for answers to current parenting and child-rearing issues.
- Initiatives directed at reducing the impact of divorce on children. For example, a 2009 law obliges divorcing parents to draw up a 'parenting plan'. Such a plan specifies arrangements concerning care, development and education of their children.
- The creation of Youth and Family Centres in each Dutch municipality to provide accessible information and advice on parenting. The core business of a Youth and Family Centre is connecting, upgrading and strengthening the already available support on growing up and parenting. The basic principles of these centres are: easily accessible, recognisable and close to home. By law, all centres must offer prevention, advice, support, signalling and "light care/support". Youth and family centres were planned to be the "front offices" for youth care as well as parent support in the future.

- Online Youth and Family Centres: a national Youth and Family Centres database has been set up that combines all digital information about parenting and education, growing up and health of children and young people. Parents and care givers can find basic information about the location of approximately 250 online Youth and Family Centres. The database provides information about all age categories of children and youth up to 24 years of age. Key themes are growth and development, upbringing and behaviour. On the website 'Hello world' parents can get more detailed information about the first and second year of their children's life.
- Implementation of policy directed at promoting healthy lifestyles for children and young people. Parents are linked to information during pregnancy and in Youth and Family Centres" (Netherlands Youth Institute, 2012).

Early childhood education access and availability

In the late 1980s the Netherlands had one of the lowest rates of early childcare places in Europe. Since 1990 increasing public investment in childcare has resulted in a significant rise in the number of early child care places. In 1999 there were just over 71,000 full-time-equivalent institutionalised day care places for children under the age of four years. By 2007 this had risen to just under 300,000. In 2007 three quarters of children less than three years old were cared for through formal and informal care arrangements (Plantenga & Remery, 2008). Forty-three per cent of children under the age of four were cared for part-time through formal care arrangements only, nine per cent had both formal and informal care and 13 per cent used only informal child care in 2009 (Warner and Gradus, 2011).

By 2009 there were high part-time participation rates in the Netherlands and New Zealand compared to other OECD countries (OECD, 2011b). In the Netherlands this reflected the increasing number of mothers able to work because childcare is available, the decrease in costs for parents (and payment of the childcare subsidy directly to parents rather than centres) and a greater social acceptance of the use of child care services. Other circumstantial factors included the low Dutch employment rate as well as financial pressures on the welfare system, which required higher employment to reduce demand on that system (van Hooren and Becker, 2012).

In the 1990s not-for-profit organisations, local government and employers worked together to develop childcare services in the Netherlands. Employers were expected to develop child care services for their employees. Some suggest that at this time, local authorities prioritised working with not-for-profit child care providers to build child care facilities. In 1999-2001, approximately 80 percent of all child care centres were not-for-profit organisations (Warner and Gradus, 2011).

Some argued that the quality of early child care in the Netherlands declined from 1995 to 2005 ((Vermeer et al 2008). A Covenant of Quality Childcare was introduced by the municipal health services, which includes annual monitoring of the child/staff ratio, housing, parent participation, safety, health, and quality of personnel (Plantenga and Remery, 2008).

"At the end of the 1990's the formal childcare sector consisted of subsidised, employer financed and private places, each with its own financing structure. As a result, the price paid by parents differed considerably. Some parents received contributions from both employers, whereas others received no employer contribution and had to pay the full price. In addition, there was quite some local variation regarding subsidised places. In order to solve these (and other) problems, the Childcare Act was introduced on 1 January 2005 (Plantenga and Remery, 2008, p 2).

The Dutch Childcare Act of 2005 aimed to increase the participation of women in the work force, the accessibility of childcare nationally and competition between childcare providers, thereby using the market to lower fees. The Act provides for the financing of formal childcare and maintains quality and supervision standards for all childcare services, although there is research suggesting that quality standards continued to decline after the Act came into force, despite the Covenant of Quality Childcare Standards (Warner and Gradus, 2011).

One goal of this childcare reform was to split costs evenly between employers, parents and the state, with each responsible for approximately one third of costs. However, the employer contribution was voluntary and the actual employer share was only 20 per cent. In response a new law was enacted in 2006 that obliged all employers to increase their contribution to childcare costs from 2007, although employer engagement in the development of these community services appears to have lapsed (Warner and Gradus, 2011).

There are three types of childcare:

- Institutionalised day care for 0 to 4 year olds
- Out-of-school care for 4 to 12 year olds (more than 90 percent of children begin school at 4), and
- “Child minders” for 0 to 12 year olds (including family members).

The childcare system pays parents, with a higher subsidy to poor families and some subsidy to all working parents. The system does not involve direct funding of service provision or provider subsidies. This places choice with the parent but may risk undermining the quality of services if there is insufficient regulation of a rapidly expanding market. By 2006, the percentage of not-for-profit childcare services declined from 80 percent in 2000 to less than 50 percent with a simultaneous increase in the proportion of profit-making childcare services. Provision is more prevalent in high-income and urban areas and there is some indication of a decline in quality of care since the Act (Warner and Gradus, 2011).

Institutionalised early child care is jointly financed by the national government, employers and parents. In contrast, playgroups for 2½ to 4 year olds are financed by the local government. Childcare workers’ training, pay and employment conditions were weakly regulated and in 2009 many childcare workers earned little more than the minimum wage (Lloyd and Penn, 2010).

The number of Dutch children using all these types of childcare continued to increase with the numbers more than doubling from 2005 (375,000) to 2009 (802,000) (Warner and Gradus 2011). There was a much more significant rise in out-of-school care places for school-aged children (27.7 percent) than in day care for under 4 year olds (4.4 percent) by 2007 (Plantenga and Remery, 2008). This reflected the introduction of a requirement for primary schools to provide pre- and post-school care for children. It may have also reflected greater social and political acceptance of pre-and post-school care than child care for pre-school children.

Increasing participation in all childcare led to stricter income targeting in 2008. In 2010, the Dutch Childcare Act reduced the childcare subsidy for child minders by approximately 20 percent. The allowance for live-in child minders was revoked and child-minders were more tightly regulated with requirements for formal childcare training and/or experience and first aid training.

From 1 January 2012 stricter rules on the granting of child care subsidies mean parents must be in regular employment to claim the allowance. The amount of child care subsidy depends on both childcare costs and the family’s income situation. Under special circumstances, certain target groups such as single parent families and students may receive an additional refund from the municipality in which they live. These circumstances are evaluated on a case-by-case basis.

As more children participate in the childcare system and the costs have risen, there has been more targeting of that provision to low-income families, especially for the second child (Warner and Gradus, 2011). There is still provision to all working parents and there are still indications of disproportionate use by high income families and those in the most densely populated areas. Some have argued that strong community support systems with national coordination have been dismantled in favour of a market model of delivery (e.g. Lloyd and Penn, 2010).

The Dutch education system has limited educational facilities for children under the age of 4. Early childhood education (as distinct from care) focuses on children aged 2 to 5 who are at risk of developing an educational disadvantage. By offering early childhood education, language and/or educational disadvantages among children are tackled early. Early childhood education can be offered in child day care facilities, playgroups and the first two year of primary education. Since 2010 municipalities have been required to offer early childhood education to all young children with language disadvantages. The aim of this new requirement is to improve and increase the availability of early childhood education in playgroups and child care for disadvantaged children.

Housing availability and quality

New Zealand has a higher proportion of homeownership (66.9 percent in 2006, Morrison 2008) compared with the Netherlands (59 percent in 2009,⁹). New Zealand sits at the OECD average for the number of children living in overcrowded households, while the Netherlands has the least (OECD 2009a). Housing policy and practice differs sharply between the two countries in other respects. The Netherlands follows the pattern of many European economies in having a large rental sector (40 percent of housing stock in 2009). It has been different from many, however, in its pattern of small income differentials between renters and homeowners, and social housing making up almost a third of housing stock (Kleinhans and Varady 2011). Almost all social housing is owned by housing associations. These have to act on a commercial basis, but are required to use their profits for meeting general housing need - that is, for housing those people who are not able to find decent housing themselves.

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Widespread social housing has had two effects: it has diminished the stigma often associated with public housing and, by widening the tenant mix, has helped the Netherlands avoid the worst of the poverty and social isolation that has blighted many of Paris's banlieues. These factors have contributed to considerable stability in tenancies, which we know from research evidence in New Zealand (Viggers et al 2008) and internationally¹⁰ decreases school transience and contributes to improved educational performance in low income families.¹¹

There are high levels of state intervention in housing policy, with rent regulation applying to 95 percent of housing stock and one Dutch tenant in three receiving a housing allowance in 2006.¹² In addition, home owners enjoy mortgage interest subsidies which are bigger in absolute terms the higher the mortgagee's income (Haffner and Boumeester 2010). State support is higher in the rental sector when the household income is lower, but higher in the owner-occupier sector when the household income is higher (Priemus 2010).

Recent research suggests that increasing income differences between renting and owning cannot be attributed to current economic conditions alone. A longer-term or structural widening of the income gap between renting and owning may be taking place, and it is more than likely that housing policy (such as rent regulation, housing allowances and the allocation of social rental housing) is largely responsible for the gap between renting and owning. Housing policy incentivises renting for low-income households, and strongly incentivises higher income household to own houses, especially in prosperous times when incomes are rising. Increasing proportions of groups such as older people, single people and lower income families live in the rental sector (Haffner and Boumeester 2010).

Although such policies may have been sustainable in sunnier economic times, Dutch housing prices are now on a downward path, having fallen 4.7 percent in the last year, with more falls likely while the Netherlands faces higher costs for borrowing until it can meet the Eurozone's fiscal targets.

⁹ (<http://hofinet.org/countries/description.aspx?regionID=3&id=119>)

¹⁰ At least two large, national studies in the United States found that frequent family moves were independently and strongly associated with grade repetitions, school suspensions and expulsions, psychological issues, and emotional and behavioural problems. The magnitude of the effect of frequent moves increased with the addition of each socioeconomic risk factor (poverty, minority race, single-parent family structure, low levels of parental education, and young maternal age).⁶⁹ (p 15 CPRN

¹¹ ERO: Since 2000, New Zealand Principals Federation (NZPF), the Child Action Poverty Group (CPAG) and the New Zealand Council for Education Research (NZCER) have carried out research into transience.¹² This research has identified high levels of transience, or student mobility, in New Zealand schools and made links between family poverty, transience and low levels of student achievement. <http://www.ero.govt.nz/National-Reports/Managing-Transience-Good-Practice-in-Primary-Schools-April-2007/Introduction>

¹² Jaap Noteboom also commented that leases on rental properties are protected by law and can only be terminated through special circumstances and/ or by Court, thereby providing security to tenants.

The Netherlands has had an active urban renewal strategy for many decades, and moved in 2006 “from a primarily area-based programme to a much broader renewal strategy which promotes upward social mobility of residents in target areas” (Vogelaar, 2007 et al, cited in Kleinhans and Varady, 2011 p 156). The Southern Initiative proposed in Auckland’s Spatial Plan provides an excellent opportunity to learn from the Dutch experience.¹³

Poverty reduction strategies, the labour market and income support

Poverty

The Netherlands scores as one of the countries that consistently do best in OECD rankings for child poverty, with very low rates. New Zealand, in contrast, tends to sit around the middle of the rankings, though this position has improved over the last decade. Based on OECD and European Union 2008-2009 figures, New Zealand’s population and child poverty rates were close to the overall medians.

The fixed line measure (60 percent of median income, adjusted for housing costs) of child poverty rates in New Zealand was 22 percent from 2007 to 2010, following major falls from 2001.

Using the relative poverty measure, the 2012 UNICEF Innocenti Report Card 10 lists the Netherlands child poverty rates at 4th from the top of the OECD, while New Zealand ranks at 20 (UNICEF 2012).

The OECD identifies two factors as being strongly related to child poverty: sole parent status and parental employment:

“While several factors contribute to child poverty, two important factors are whether children live with a sole parent and whether the parent is in paid work or not. Children living with a sole parent have a higher probability of being in poverty than those living with two adults... The probability of being poor is also strongly associated with the parents’ employment status.

Children whose parents are employed have a much lower poverty rate than those in jobless households. Among sole-parent families, the poverty rate of those in jobless households is nearly 3 times higher than that of households with workers. Among couples with children, the poverty rate of jobless households is over 4 times higher than that for one-worker households, and more than 14 times higher than for households with two or more workers”.(OECD 2011a p 1)

In New Zealand, to the Ministry of Social Development (MSD) attributes falls in poverty rates to improving employment, income-related rents and Working for Families (WFF) (Parliamentary Library 2011). In other words, a mixture of explicit government policy and changes in the wider economy contributed to the fall in poverty.

The design of government policies is particularly important in this area. According to the MSD, WFF had little impact on poverty rates for children in beneficiary families (around 70 percent in recent years), but halved child poverty rates for those in working families (8 percent in 2007 and close to the same since then). Poverty rates for Maori and Pacific children were higher than the rates for European/Pakeha children (Parliamentary Library 2011). WFF was explicitly designed to encourage parents into paid work. Its philosophy is thus close to the OECD’s views expressed above. However, the depth and duration of poverty experienced by children whose families receive benefits is not addressed this policy.

¹³ The Southern Initiative is a customised programme of action in an area of high social need and of significant economic opportunity. The area extends across four local board areas: Mangere-Otahuhu, Otara-Papatoetoe, Manurewa and Papakura. The Southern Initiative is a multi-faceted, multi-agency, initiative to unleash this human and economic potential. Its prime focus is to strengthen children and families, and support stable homes. It will encompass supporting and upskilling parents and guardians, and raising educational achievement, as well as housing development.
<http://www.aucklandcouncil.govt.nz/en/aboutcouncil/planspoliciespublications/theaucklandplan/pages/faq.aspx#southern>

Income-related rents and recent efforts to insulate houses have also benefitted low income families in New Zealand. Approximately a third of all housing in the Netherlands is social housing, and expanding the number of parents in social housing by prioritising them for new social and affordable housing here, as suggested above, could also help reduce child poverty.

Government assistance for parents

The Netherlands government has historically provided significant income support, legislated for employment related unemployment insurance, and provided payments to parents. In summary, the tax-benefit system has the following features:

“Dutch social security provides several income replacement schemes under the employee’s insurance act (e.g. unemployment insurances), the National Insurance Act (e.g. child benefits) and the Act for work and social assistance. Earnings related unemployment insurance pays 75% (first two months) and 70% for the remaining months of the last earned wage for a period of time dependent on employment record. Short-term non-earnings related unemployment benefits pay 70% of the minimum income. Supplements are available for those whose benefits are lower than the minimum income. After the unemployment benefit expires, social assistance is available conditional on a means test and registration at the job office. *A system of family related benefits is universally available.* Housing costs can be covered by a separate individual benefit. Unemployment and social assistance are taxable, family and housing benefits are not. Earnings related benefits are based on gross earnings” (OECD 2009b)

In 2008 the government converted the child tax credit into a childcare allowance to give extra support to families on low and middle incomes alongside their existing child benefit. In 2009 this allowance was converted into the child-related budget. That is an allowance which is means (but not income) tested and depends on the number of children per family. As of 2010 the child-related budget was extended to include an educational expenses allowance.

Parental leave was extended from 13 weeks to at least 26 weeks in 2009 and expanded to cover more workers. Any payment for parental leave is not a statutory entitlement, but part of a collective agreement. Highly paid, highly qualified women tend to take parental leave at a greater rate than other women.

The government mandated *paid maternity leave* is for a period of 16 weeks at full pay, with an upper limit on payment (€191.82 gross per day in 2012 – approximately \$320.00). The maximum payment of paid parental leave in New Zealand is about \$475 per week.

Government payments are used in both countries to assist parents into work. The Netherlands has a combination of childcare subsidies, universal payments to parents and 16 weeks’ paid parental leave. The cost of child-care and after school care can often be a crucial barrier for parents moving into paid work (OECD 2009a). The Netherlands’ relatively generous subsidies for childcare costs and low maternal full time employment underscore the complex decision –making processes that surround parental employment.

Some have argued that:

“The key to effective family support measures in reducing child poverty is the approach not the level of assistance. Effective support requires an approach that does not effectively discourage people from working... The key issue seems to be that access to the public service is related to.... having children not labour market related issues... Divorcing service provision decisions from labour market or income tests allows the Nordic nations to maintain high levels of labour market participation” (Grimmond, 2011 p 31).

Grimmond (2011) goes on to note the high fiscal cost of such policies. Others have argued that *Working for Families* (WFF) largely avoids the trap of high effective marginal tax rates (EMTRs) for most parents as they

move into employment (the usual criticism of targeted schemes), by moving the EMTRs further up the income scale, and the child support element of WFF currently provides a universal payment to parents, albeit to a limited degree. When arguing that parents on low incomes should have at least a household income above the MSD's poverty threshold Waldegrave (2010, 2012) has suggested a more generous universal payment such as a child/family benefit as a way of addressing the problem. While this may not be currently fiscally possible, it should remain a medium-term goal.

Parental employment

Parents, especially mothers, face a dilemma when they consider returning to the work force. It is summed up by the OECD as:

“From a career perspective, women are probably best advised to go back to work around six months after childbirth; from a child development perspective, things are not so clear-cut. Behavioural and cognitive development effects and the reduction of poverty risk may cancel each other out, especially for children in low-income families. In general, a return to work of the mother before the child is 6 months old may have more negative than positive effects. However, the effects are small and not universally observed. The quality of childcare is critical for child development and the gains from participation in high-quality formal care are largest” (OECD 2011a p 15).

The Netherlands has traditionally placed greater emphasis than most Western countries on mothers looking after children themselves, with full time work rates very low. For example, in 2010 only 8 percent women with 2 children worked more than 35 hours per week, and the rate was still only 13 percent when the youngest child was 17.¹⁴ In 2009, seven out of ten Dutch mothers spent most of their time on care for the family and housework compared with one in ten fathers, with mothers and fathers in paid work the same amount of time in 13 percent of families (up from three percent in 2002).¹⁵ While part-time work rates for men are high in comparison to other European countries (one in four in 2012) the rates are much lower than for women (three in four) and the data suggests that many more mothers spend their time caring for children and doing housework than fathers.

A country such as New Zealand that has relatively high rates of full time maternal employment is particularly reliant on the availability and quality of childcare and out-of-school care. The section on childcare above has noted the variable quality and availability of childcare in New Zealand, with some of the more disadvantaged areas having particularly poor access.

Sole parents, poverty and employment

New Zealand and the Netherlands differ strongly in household structure, with the proportion of children living in sole parent families in the Netherlands 14 percent in 2002) roughly half that of New Zealand (26 percent in 2006). This will undoubtedly contribute to the difference in child poverty rates between the two countries. Perry (2010, cited in Grimmond et al, p 13) noted 54 percent of children in sole parent households were living in poverty in 2009 compared with 14 percent for two parent families and 11 percent for other households, with half of all poor children coming from sole parent families.

The Netherlands has had many changes in policy in relation to employment of sole parents, with the experience of a three year period 2004 – 2007 summed up by one reviewer as:

“In 2004 all lone parents were required to take up paid work... In the Netherlands the coalition of Christian democrats and social democrats has recently again freed lone parents with children below the age of 5 from any work obligation, which illustrates the indecisive policies concerning these parents. A new, more promising law has been accepted (but not yet implemented), that tries to find a solution for

¹⁴ <http://www.cbs.nl/en-GB/menu/themas/arbeid-sociale-zekerheid/cijfers/extra/werkende-moeders.htm>

¹⁵ <http://www.cbs.nl/en-GB/menu/themas/arbeid-sociale-zekerheid/publicaties/artikelen/archief/2010/2010-3152-wm.htm>

part-time working lone parents, guaranteeing them the right to payments for care in addition to a part-time job....

The Netherlands appears to have been the toughest of our three countries (France, the Netherlands and the U.K.) by legally obliging lone parents to work without any exception for having young children, without paid parental leave and even without introducing reintegration programmes that fit lone parents. This country developed within ten years a 'shock and awe' policy towards lone parents as if it wished to forget its traditional image as a 'motherhood-protecting' nation overnight. Dutch politicians, however, seem not to be quite sure of their case, hence the agreement of the new government to free lone mothers with young children (aged under 5) from the work obligation" (Knijn et al, 2007, p640, 649, 650).

Such rapid policy change, along with the different household structures in the Netherlands and New Zealand, suggest specific Dutch programmes for sole parents are likely to be of limited relevance here. However more general family policies that strive to equalise economic resources between single- and two-parent families appear, from a cross national study to significantly diminish the impact of single parenthood on educational outcomes (Pong, Dronkers, & Hampden-Thompson, 2001; Pong et al., 2003, cited in Shulruf 2009). The largest achievement gap between single and two-parent families was found to be in the United States and New Zealand, and the negative impact of single parenthood on academic achievement was found to be least in the Netherlands and Ireland.

Policies that strive to equalise economic resources between single- and two-parent families appear, from a cross national study, to significantly diminish the impact of single parenthood on educational outcomes. The largest achievement gap between single and two-parent families was found to be in the United States and New Zealand, and the negative impact of single parenthood on academic achievement was found to be least in the Netherlands and Ireland.

Interestingly, the devolution of responsibilities for encouraging sole parents into work to the local level vividly illustrates some of the challenges of making the principle of subsidiarity work in practice:

“The report of the General Audit Office is quite critical in its conclusion concerning the activation efforts directed at lone parents on Social Assistance. ... Local policies, first, reflect ideological and political considerations and, second, are the consequence of the fact that local social offices decided autonomously on the work obligations while the budgets for social assistance were paid for nationally. Therefore, a reduction in beneficiaries had no financial implications for local budgets, until the introduction of the Work and Welfare Act (*Wet Werk en Bijstand*) in 2004). That new Act shifted the budgets for Social Assistance to the municipalities in order to force them to get more people out of welfare. If they are not successful, the municipalities will feel it in their purse” (Knijn et al 2007 p 645).

Youth policy, community schools and the role of local government

Youth policy

The coordination of youth policy is the responsibility of the Ministry of Health, Welfare and Sport. The Netherlands however is a “decentralised unitary state”. This means that decentralised authorities at the provincial and municipal (municipality) level have some degree of autonomy.

In the late eighties a large number of central government activities were transferred to local and provincial authorities. The aim was to give them the means to deal with the full range of local issues, needs and demands for children and young people.

General and preventive youth policy is currently managed at the local level, thereby, theoretically at least, facilitating local community development. While the Netherlands has had an active urban renewal strategy for many decades, we have not found evidence of significant community development or neighbourhood renewal to create stronger, connected communities for children and young people. This was mirrored in Jaap Noteboom's study tour in April 2012. Local preventive youth policy includes education, leisure and health care, but also specific preventive tasks, such as access to care and support and care coordination at a local level (with a special focus on parenting support). Local authorities are also responsible for the implementation of local pre-school educational programmes for very young children from risk/disadvantaged groups. Local authorities draw up a so-called *Local Educational Agenda* in consultation with related agencies.

Youth care is currently a provincial responsibility, although this is set to change with increasing devolution to the local level. Youth care covers all forms of care available to parents and children in the case of serious development and parenting problems. Youth care in the Netherlands is much broader than New Zealand's actions for children in the care of the state and youth offenders. The Dutch orientation is much more preventative.

The Youth Care Act (2005) introduced a Youth Care Agency in all of the provinces. The Youth Care Agency is the one access point to the youth care system. Young people and their parents can approach a youth care agency on their own accord. The office then decides whether assistance is indicated. There are also a number of field offices around each province which, at least theoretically, can undertake some or all of the tasks of the main provincial agencies:

"A Youth Care Agency's most important task is assessing requests for assistance and deciding what kind of care or support (if any) is required. *The client's needs are considered in their own right, rather than in the context of the available forms of youth care...* If the youth care agency concludes that the client is in need of care, a referral document is drawn up. This is a formal statement to the effect that a particular type of care is required (Netherlands Youth Institute, 2012, our emphasis¹⁶).

In 2009, the Youth Care Act was evaluated.¹⁷ This evaluation included attention to the following objectives of the Act:

- One access point
- A comprehensive and objective needs assessment
- An integrated approach to youth
- Connection between Youth Care Agencies and other providers, and
- Implementation of the law and financial management.

The evaluation found that the Youth Care Agencies had been successful as the one access point to the system for some clients and that comprehensive needs assessment at a point in time had taken place. However, there was commentary that this snapshot might not be the right approach as young people's problems quickly fluctuate. The authors sought more attention to support within the client's wider family and support network to enable young people to reach their goals. Of most importance, the evaluation found that there was still a lack of integrated service provision with long waiting lists and insufficient funding incentives for service providers to cooperate with each other. They found bottlenecks in access to funding as the funding stream was not in the control of the youth agencies. Overall, they found that challenges in financial management of different funding streams have made it hard to effectively implement the Youth Care Act (2005). Furthermore, many clients were dissatisfied with the service with clients stating that the process was too long and confusing.

¹⁶ <http://www.youthpolicy.nl/eCache/DEF/1/31/169.html>

¹⁷ This information about the 2009 evaluation of the Youth Care Act was provided by Jaap Noteboom who translated summary findings into English.

This is confirmed by non-governmental organisations who say there are long waiting lists in some parts of the country, with different services available in different regions and in some places a low level of public awareness of what is available (Defence for Children 2012).

The Netherlands Inspectorate for Youth Care¹⁸ monitors the quality of youth care. It monitors the activities of the following organisations:

- Youth care offices
- Institutions that provide youth care and child welfare agencies
- Child care providers
- Child Protection Council
- Judicial youth detention centres
- Organisations for adoption of children from other countries, and
- The shelter and guardianship of underage asylum seekers who have no parents or care takers in The Netherlands

The Inspectorate establishes whether the care provided meets legal requirements and evaluates whether the policy for youth care is implemented effectively in the daily routine of organisations. The Inspectorate works for two ministers – the Minister of Health, Welfare and Sports and the Minister for Security and Justice - and for all provinces and metropolitan areas. Whenever possible, the Inspectorate's reports are public, and they contain practical suggestions for improvement. If necessary, the Inspectorate will do a follow up visit to check that the improvements have been made.

It is unclear from the literature in English the extent to which this role is resourced and if the role will change to reflect the changing youth care responsibilities and systems. If the planned changes are fully implemented, local authorities in Holland will be responsible for most youth care in the future (except statutory child protection and youth justice). The government elected in 2010 agreed that all support and care for children and young people would be the administrative and financial responsibility of local authorities by 2016 at the latest. This includes mental health care for children and young people, care for young people with minor learning difficulties as well as specialised services.

“Support at an earlier stage, care made-to-measure and better cooperation concerning children and families” are the main goals of this shift in the Dutch youth policy system. The transition in the youth care system does not stand alone but is interdependent with decentralisation measures for special health care, employment and “suitable” education” (Netherlands Youth Institute 2012).

In Jaap Noteboom's study tour to the Netherlands in April 2012, he found that provincial organisations in the youth care system were closing without the necessary skills and infrastructure at the local level to take on effective referral and coordinating responsibilities. Dutch practitioners also expressed concern that the single entry point to the system had been lost in the devolution process and that care services remain poorly coordinated and integrated. This might be another illustration of the challenges to putting the principles of subsidiarity into practice.

Community schools

The community school is one of the instruments of local youth policy, and is designed to offer the best possible education and community care for children and young people. The information below has been put together from Government information sources, and we have been unable to find any evaluative material, except for the report from the OECD in immigrant children, which makes some mention of community schools as a potential mechanism for improving educational outcomes for these children.

¹⁸ <http://www.inspectiejeugd zorg.nl/en/>

There were approximately 1000 community primary schools out of more than 7000, and 350 community secondary schools out of 1200 in 2007 (Oberon, 2007, cited in OECD, 2010b, p 57).

Community schools are described as a practical implementation of the integrated youth policy in which the school has a central role. The community school links education to various children and parents' services like parenting support, child day care, health centres, etc. Combining services, in a network or in a shared building, is designed to make them more accessible, and help services to join forces and adjust their services to match and complement each other as well as meet the needs of children and parents. Community schools began with a primary focus on decreasing academic disadvantage.

All schools with a high number of pupils from risk groups have for many years received extra staff, and schools in areas with a relatively high percentage of children from risk groups got extra resources. In September 2006 the Ministry of Education, Culture and Science changed the formula for additional funding and resources - ethnicity and social class are no longer leading factors. Instead, the educational level of the parents is decisive. Today the main responsibility for policies on educational disadvantage is with schools, which have considerable freedom to decide how they wish to spend their budget. There are limits to this autonomy:

“The community school remains a viable opportunity to reduce disadvantage and increase the social competence of underprivileged or high-risk children. Everyone needs to be actively involved, including young people and their parents, in defining the community school's objectives if this aim is to be achieved... In reality, however, priorities for underprivileged groups are often determined by the available funding from public sources, which is often strictly reserved for specific target groups” (Netherlands Youth Institute (a) no date, p 7).

Central government has no specific policy on community schools. Instead, central government's position is that local initiatives and fast decision-making should be facilitated and encouraged as much as possible, and strict national regulations would unnecessarily complicate this approach. At a national level there are several supporting policies that contribute to the development of the community school concept. These include Early Childhood Education, the Education Disadvantages Policy, Youth Participation and the Urban Areas Policy as well as policies to combine work and care and to improve disadvantaged neighbourhoods (Netherlands Youth Institute (a), no date).

Today most community schools offer educational activities (within and outside the school), organised or spontaneous leisure activities and early morning, lunchtime and afterschool facilities. The community school is open to children of all ages: from pre-school through primary school and secondary education.

Community schools are governed by a set of common principles:

- “The school aims to develop children and parents' social skills as well as offer cognitive education
- Although the school offers a daily context which encourages social commitment and responsibility, it cannot succeed without the educational input of others (educational professionals, volunteers, parents etc.);
- Collaboration between schools and other institutes and facilities should benefit the children, young people and their parents as well as the organisations involved
- Accessibility of service providers and facilities is important - joint efforts between the different services should be promoted (for example by moving into one building)
- In a community school it is relatively easy to combine various opening hours and staff working hours in order to meet the needs of children and parents as much as possible
- Integrating services in a traditional school setting or its immediate vicinity is a useful approach, since children attend school every day, and
- Parents are encouraged and motivated to have regular and close contact with the school, which will not only increase parent participation but also promote community school activities” (Netherlands Youth Institute(a) no date p 2).

The educational “point of departure” of the community school concept is to develop children and young people’s skills to the point that they can seize the right mix of development opportunities in their own social environment (at school, at home, and in their free time). There are four key areas of action:

- Promoting social competence
- Promoting participation through day-care and recreational facilities
- Contributing to high-quality living conditions (at school, at home, and in the neighbourhood), and
- Promoting care.

Each community school chooses its own organisational structure to meet its goals:

- Complete day-programmes or periodical after-school activities for children and young people
- Combinations of educational activities within and outside the school
- Activities for parents and the community
- Partners in different locations or most in one building, and
- Different ways to organise staff, management and board functions (Netherlands Youth Institute (a) no date).

Parents are encouraged to be actively involved and pupil input is welcomed. Parents are very important players in the community school, especially in primary education. As the main supervisors of their children at home they are essential sources of information for professionals. They can also act as supervisors of other children within the community school. Parents may also support other parents by acting as school contact persons (connecting parents and school) and neighbourhood mothers (who encourage parents to become more involved in their children’s education and development). The school also provides opportunities for parents to come together for support and information. A similar philosophy and parent engagement is evident in some primary schools in New Zealand including the Victory Community School in Nelson¹⁹.

Developing a coherent network of facilities at a local level requires the joint effort of a multitude of professionals and volunteers who can include:

- Teachers (including remedial teachers) and nursery school teachers
- Parents, school contacts and neighbourhood mothers
- School social workers and school doctors (Area Medical Officers)
- Community centre workers, library staff, workers at creative or sports clubs
- Nannies, day-care, youth workers and volunteers
- Workers from parenting support agencies and toy exchange services
- Police, neighbourhood community workers, playground committees; general practitioners and other care workers
- Caretakers and wardens, and
- Doctors and nurses at infant welfare centres (district nurses, public health nurses),

The top three collaboration partners in primary community schools are, in addition to teachers, kindergarten for toddlers, children’s day care and social work. For secondary school the top three are the local council, sports associations and centres for arts and culture (Netherlands Youth Institute (a) no date).

The municipality can choose to direct, coordinate or co-develop the process (Netherlands Youth Institute (a) no date, p 5).

There has been one outcome evaluation of community schools available to the OECD; this showed no positive or negative impacts on socio-emotional or cognitive development of children in these schools (OECD, 2010b). Similar difficulties have been described by all schools in gaining successful engagement with immigrant students’ parents. However, it would seem reasonable to invest in further evaluation of this model of schooling to determine its impact on students, families and the community involved. The OECD comments that more could be done to improve educational outcomes through homework support, library and computer facilities.

¹⁹ <http://www.nzfamilies.org.nz/listen/victory-school>

Reducing vulnerability through systemic approaches and targeted programmes

Specific programmes for children from marginalised or severely disadvantaged population groups supplement what's available in the mainstream in the Netherlands. Children may be vulnerable for a range of reasons including poverty, child abuse and neglect and maternal postnatal depression. Their families may have recently migrated from countries with languages and cultural norms different to the Netherlands.

In Dutch *youth policy*: special attention has been given to migrant families (parenting support) and young children (Dutch language programmes in pre-school and primary school). Campaigns on anti-discrimination have also been funded. The aim of the 2007-10 government's policy called 'Diversity in youth policy' was to develop a youth policy in which general youth services and parental support reached migrant children and their parents as well as all other families. The slogan of the programme was 'all opportunities for all children'. This approach was directed at pointing out possible problems in upbringing and growing up at an early stage. It also aimed at getting better knowledge of the effectiveness of (preventive) approaches and interventions for these children and parents. We have been unable to source any information about the effectiveness of the programmes. The approach to diversity narrowed in 2010 with significant changes in the government's approach to effective integration²⁰ (see "immigration policy" below).

Systemic support

As noted above, local authorities have responsibility for *health care*, and local health services work closely with Youth and Family Centres, monitoring children's development, giving vaccinations, screening, information and advice, and referring to more specialised health services when necessary. Until the age of 19 children get regular check-ups and screenings. We have not in the time available found evidence of additional resources to local authorities if they have a higher proportion of disadvantaged children in their area. We are also unaware whether provinces receive greater funding for higher proportions of disadvantaged children and young people in their populations.

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The *education system* has for many years provided extra staff for schools with large numbers of disadvantaged pupils, with a distinction being made between disadvantaged, native Dutch pupils (who count as 1.25 for staffing purposes) and disadvantaged, ethnic minority pupils (who count as 1.9). The impact on resources can be dramatic: Dutch schools with high proportions of weighted students have almost 60 percent more teachers per pupil as well as more support staff per teacher (Ladd and Fiske 2011). New Zealand's policy of funding schools according to deciles (the extent to which the school draws its students from low socio-economic communities), which are used to provide funding to state and state-integrated schools) is a similar design. The lower the school's decile, the more funding they receive. In 2006 this system in the Netherlands was replaced with one where the educational level of the parents determines whether extra funding is available. International research has long shown the close correlation of parental (especially maternal) education levels and school achievement.

²⁰ <http://www.youthpolicy.nl/eCache/DEF/1/06/366.html>

Early childhood education (in addition to childcare) is provided to children aged 2 to 5 at risk of developing an educational disadvantage. Local authorities have since 2010 been required to offer early childhood education to all young children with language disadvantages.

Research to 1992, in which cohorts of pupils were tested over time and their progress monitored, showed target pupils were still behind in language skills and maths. More recent studies found a similarly disappointing picture, although one study found that the underachievement by minorities was reduced in the period between 1988 and 1998, especially in maths and also, though to a much lesser extent, in Dutch. Transfer rates to secondary school had also improved. As none of the studies used an experimental design (with random allocation of participants to an experimental and a control group) or even a quasi-experimental design, the impact of the programmes remains unclear. Most of the school programmes for immigrant children appear to have been set up without measurable outcomes (Karsten, 2006).

These studies also found that the majority of pupils in the target groups were already significantly behind when they started primary school and they were unable to catch up during their primary school career. This is why policy in the Netherlands concentrated more on pre-school programmes for disadvantaged pupils at the beginning of the 21st Century (Karsten, 2006).

There is increasing recognition of the importance of engaging immigrant parents as partners in schools. There are some 30 municipalities who work closely with *the Platform for Ethnic Minority Parents and Education (PAOO)* to achieve this aim, although challenges remain nationally (OECD, 2010b). Looking across several countries (France, England, Flanders and the USA), Karsten concluded:

“The ‘classic’ positive discrimination programmes designed to create a level playing field do differ in administrative approach and intensity, but they have proved to be remarkably similar in one respect, that is, the limited results they have achieved. The area-based approach is only effective if other local measures are taken at the same time, such as a policy to facilitate good-quality housing and mixed communities, job creation and good after-school childcare” (Karsten, 2006, p 277-278).

Primary schools have responsibility for children’s social and emotional environment, although concerns have been expressed about a lack of structure to integrate learning across schools about interventions for children with emotional or behavioural disorders as it appears there is no coordinating mechanism or formal knowledge exchange across schools and all programmes are the responsibility of individual schools (Mooij & Smeets, 2009).

Other research has also concluded that “Dutch policies on socio-economic and ethnic inequality in education have been very disappointing with little success with the tail end. The under-performance of children with under-educated parents from ethnic minorities is still quite large while the under-performance of children of native Dutch working-class parents is somewhat smaller but still substantial” (Driessen & Dekkers, 2008 p 449). Yet, taking a cross – country sample of six (the UK, the USA, New Zealand, Canada, the Netherlands and Norway) Shuruf found “educational inequity is lowest in the Netherlands ...the impact of family resources on achievement is also low in the Netherlands.” This suggests that other education policies, such as strong support for teacher education as well as characteristics such as coordination of health, education, youth care and other services, may be having an impact.

Educational inequity is lowest in the Netherlands. The impact of family resources on achievement is also low in the Netherlands.

Dutch education policy differs from New Zealand's in four significant ways:

- Parental choice: The Dutch education system is characterised by a long history of open school choice and the absence of formal school catchment areas. Parents are free (and obliged) to choose their children's school, both at the primary and secondary levels. Education is free of charge and all schools (i.e. public, private and denominational) are funded on an equal footing by the national administration (Sykes and Musterd, 2011)
- One of the important characteristics of the education system in the Netherlands, which is described in article 23 of the Dutch constitution, is freedom of education, i.e. the freedom to found schools, to organise the teaching in schools and to determine the principles on which they are based. This means that people have the right to found schools and to provide teaching based on religious, ideological or educational beliefs and that they are entitled to determine how they wish to organise and design their education. The ministry finances all types of schools (Netherlands Youth Institute 2012)
- Education is designed to be coordinated with parental support, youth care, health and other services. Community schools are the most developed example of this, and
- Dutch secondary education is a selective system differentiated by five main academic tracks: A = pre-university education (6 years), B = senior general secondary education (5 years), C = junior general secondary education (4 years), D = pre-vocational education (4 years), E = pre-vocational education with individualised support (4 years). Students are advised by their primary schools as to the most suitable kind of secondary education, based mainly on results of a standardised test taken in the final year of primary school, as well as their general performance. While some secondary schools offer only one track, the majority are combined schools offering several different tracks and many offer all five.

Any one of these (or a combination) may be driving the Netherlands' low education inequity.

Targeted support

Youth transitions

The Netherlands has the lowest rate of young people not in education, employment or training (NEET) in the OECD. New Zealand sits just above the OECD average (OECD 2011, cited in Statistics New Zealand 2012). Important elements of the Netherlands' current approach include:

- In August 2007 the so called 'qualification obligation' was created. Young people must achieve at least 5 years of secondary education before their 18th birthday. Unemployed young people have to go back to school or have a job after 6 months.
- In June 2009 the government made changes to the then current policy to prevent young people from dropping out of the labour market or education, as happened in the last financial crisis in the eighties. The plan consisted of five main actions:
 1. Keeping young people in school for a longer period, especially in schools for vocational training;
 2. An agreement with 30 regions for concrete measures;
 3. A matching system that brings together the demands of employers and the qualities of young people;
 4. Extra jobs, on-the-job learning possibilities, internships and voluntary work; and
 5. A special focus on young people with fewer opportunities.
- The Ministry of Social Affairs and Employment introduced the "Investing in young people" law in 2009, though it has since been abolished in the face of fiscal pressures. The law required municipalities to offer young from 18 to 27 years old that applied for a benefit, a job, some form of schooling or a combination. A young person received an income up to the level of the social benefit if they attended schooling, but not if s/he refused the offer.

We have no evaluations of the impact of these policies.

In 2010, 12.2 % of males and 7.9% females between 18 and 25 years didn't finish post-school education i.e. apprenticeships, training or tertiary education. Youth unemployment is rising in the Netherlands: in March 2011 9.2% of Dutch young people were unemployed and in April 2012, 11.8 % of Dutch young people were unemployed.²¹ However, this is still much lower than New Zealand:

The remarkable resilience of the Dutch economy (at least to this point) and contextual policy settings may be as important as the detail of youth NEET policy in driving the Netherlands' low rate: parental choice of schools; the ability to found schools based on a particular philosophy; streaming children into one of 5 academic tracks for their secondary education, and community schools, with their close ties with their communities, may all have an influence. The higher compulsory school leaving age in the Netherlands will also have an impact.

Immigration policy

The Netherlands has given its immigrants readier access to the benefits of citizenship than many other European countries, though they are no more generous than New Zealand's:

“Dutch-born children of immigrants can opt in to Dutch nationality. Immigrants who came to the Netherlands at a later age can naturalize after 5 years of residence.... Since 2000, German-born children of immigrants are granted citizenship at birth. However, in return these children have to renounce the citizenship of their parents' country of origin before the age of 23. The Netherlands also offers noncitizens a high degree of equality; they are allowed to work in all sections of the civil service with the exception of the police and army and have voting rights in local elections after 5 years of legal residence” (Ersanilli, 2011, p 914)

Anti-radicalisation programmes began in the Netherlands in 2007, and in 2009 a cooperation agreement between the national government and 22 municipalities has ushered in a range of measures aimed to decrease the involvement of Moroccan-Dutch youth in crime, school dropout and unemployment.

Since the last government was installed in October 2010, much has changed in the government's vision for integration. The 2010 government stressed that “the values of a Dutch society” would prevail, and was no longer supportive of multicultural policies. Grants for integration projects were cancelled. Instead, the government has taken the approach that integration is the responsibility of migrants, not the government. For migrants, this means, for example, that they:

- Make sure they integrate and speak Dutch
- Continue to develop their talents where necessary
- Build up an independent existence
- Actively take part in the labour market, education, their own communities and neighbourhoods
- Protect and uphold democracy and the rule of law
- Raise their children to be responsible citizens, and
- Feel a sense of community with other citizens and respect their rights.²²

The government also announced its intention to abolish education, employment and housing programmes based on “where people come from” and to tighten conditions for family migration. It is unclear how much of this shift in policy will continue after the next elections in September 2012.

Child abuse and neglect

Child abuse in the Netherlands is approached primarily as a family, medical or psychosocial problem. The Dutch civil law states that, “Parents are first and foremost responsible for the mental and physical wellbeing of their children and explicitly compels them to raise children without using mental or physical violence or any other

²¹ Centraal Bureau Statistiek April 2012

²² <http://www.government.nl/issues/integration/integration-policy>

humiliating practices.” The Dutch Criminal Code deals with child sexual abuse and serious physical abuse (Netherlands Youth Institute 2008).

The Netherlands have an extensive system of child protection in place. This system is carried out by the Child Protection Board. The responsibility for the board lies with the Ministry of Security and Justice. The Child Protection Board has three main tasks: to provide protection, to arrange child access and other matters following parental divorce and to oversee the course of criminal proceedings involving minors (Netherlands Youth Institute 2011).

The Dutch child protection system is administered separately from youth care. Most major risk factors for child abuse and neglect mirror those in New Zealand, including low parental education and unemployment (de Baat, van der Linden, Kooijman and Vink 2011). There are reports of particularly high prevalence in immigrant communities in the Netherlands. Child protection agencies are involved with an estimated one in eight of all child maltreatment cases according to systematic research of professionals’ observations including those of teachers, early childcare workers and police officers (Euser, Prinzie and Bakermans-Kranenburg, 2010; Euser, van IJzendoorn, Prinzie and Bakermans-Kranenburg, 2011).

Researchers have recommended better protocols and training of professionals working with children to identify child maltreatment in the Netherlands, a call mirrored internationally.

Child abuse and neglect is difficult to detect in all countries, including the Netherlands. Over the last decade Dutch authorities have tried to improve the detection and reporting rates for child abuse within a permissive rather than mandatory framework. National guidelines for the detection of child abuse by all professionals working with children were published and well-publicised in 2002-2003. Despite this increased attention to child abuse, researchers did not find increased detection of various manifestations of child abuse, with the exception of higher rates of emotional abuse. Similar findings have emerged from hospital emergency departments, with child abuse found to be poorly detected (Wieldraaijer & de Vries, 2011; Louwers et al., 2011). Researchers have recommended better protocols and training of professionals working with children to identify child maltreatment in the Netherlands, a call mirrored internationally (Euser et al., 2010, Euser et al., 2011; Reijneveld et al., 2008).

In 2003-2006, four pilot regions worked on systematic interagency approaches to increasing public and professional identification of child abuse and developing more effective regional prevention and response services. The core of the RAAK approach is that communities, including health, education, police and social care agencies, recognise the signs of child abuse at an earlier stage and work together more effectively to prevent it. The approach led to agreements between local and regional partners as well as training and education of professionals (de Baat et al., 2011). The key elements of success identified from the evaluation of these four pilot regions were:

- Effective leadership from municipalities
- A capable coordinator with good networking and conflict resolution skills and the authority to make agreements happen
- Strong linkages with existing structures and services from the beginning
- The inclusion of a baseline study from which to measure on-going progress, and
- Provision of a range of parenting support services – universal, selective and targeted.

This RAAK²³ programme of interagency collaboration was rolled out nationally in 2009 as part of the 2007-2010 Action Plan “*Children Safe at Home*” led by the former Ministry of Youth and Families. It was assisted at the regional level by the Netherlands Youth Institute in promoting dialogue about what is most likely to work to

²³ In Dutch, the word ‘raak’ means ‘right on target/ effective’

prevent and ameliorate the effects of child abuse. Regions were required to provide a full range of universal to targeted programmes including awareness campaigns, parenting information and support services, early intervention services, assessment and reporting. Funding ended for the programme in 2010.

The importance of leadership and clear targets to maintain the momentum for improvement has also been noted in a recent multi-country study of leadership, infrastructure and capacity in the field of unintentional (accidental) child injury prevention, which found leading countries, including the Netherlands, scored highly for all three factors (MacKay and Vincenten 2010).

Since the end of 2010 all professionals in the Netherlands have been encouraged to work with the reporting code for domestic violence and abuse. The reporting code is a set of rules of conduct and instructions for citizens and professionals when they suspect or identify a case of child abuse. *The interest of children comes before the privacy of the family*. Professionals report to the Dutch Advice and Reporting Centres on Child Abuse (AMK), which is the central agency for requesting advice about or reporting child abuse and neglect. The agency offers advice and answers questions about child maltreatment and collates this data. In 2008, approximately two thirds of first calls were seeking advice or consultation and only approximately a third of these calls were statutory reports (Netherlands Youth Institute, 2009).

Each province and major urban region (4) has its own AMK, which is part of the Youth Care Agency. Anyone who suspects child abuse can (and should) contact the centre for advice, either by phone or in person. The centre then aims to provide appropriate support, but will not take any action immediately. If the person reporting the problem finds it difficult to take action, a formal report of child abuse can be made. The centre then assumes responsibility for investigating the circumstances and determining whether there is indeed a case of child abuse. If the investigation substantiates a finding of abuse, the centre will attempt to ensure that appropriate action is taken. Where those involved are willing to accept help on a voluntary basis, the centre can refer a case to a social worker from the Youth Care Agency.

A digital child file is currently being developed for health and other relevant information about each child between 0 and 19 years. This will build on every citizen's unique identifier. In addition, a so-called Reference Index for Youth at Risk is being implemented throughout the Netherlands. The Reference Index has been designed to enable professionals working with children and adolescents, within and between municipalities to keep track of young people, communicate with colleagues working with the same young people and coordinate their activities. The "trigger" for the index appears to have been a high-profile death by maltreatment of a young child and a subsequent inquiry which found that professionals either did not know of each other's involvement with the family or did not share information and work together.

The system automatically sends the contact details of the professionals involved to each professional. To find out the specifics of a 'joint' case, the professionals involved with children are required to contact each other personally (Keymolen and Broeders, 2011). While the new index informs professionals automatically of involvement with a family it does not control information sharing at a national level. At a local level there are mechanisms to facilitate coordinated action but Jaap Noteboom found that there is considerable variation between local authorities.

Some authors have concerns that the broad definition of risk factors and local implementation of the database may have unintended consequences for vulnerable children and for the civil liberties of parents and children (Keymolen and Broeders, 2011).

Through reporting child abuse in the Reference Index for Youth at Risk, AMKs can exchange child protection notifications nationwide. This can help to identify abusing families who are also transient and seek to avoid child protection authorities, although concerns have been raised about implementation of this extensive risk-based database across agencies (Keymolen and Broeders, 2011).

In November 2011 the government launched another action plan on child abuse: "*Children Safe.*" The plan has eight domains of action: "prevention, detection, stopping and minimizing damage of child abuse, promoting multi-agency co-operation, special attention for guarding physical safety of children, monitoring and inspection by the

government and research” (de Baat et al., 2011). At the time of writing the extent of implementation is unclear. However, the Netherlands Youth Institute has commented that prevention is no longer supported by a national implementation plan, there is a shortage of treatment services for some groups such as victims of abuse, and the decentralisation and collaboration between government agencies nationally are significant challenges (Berg-le Clercq, 2012; de Baat et al., 2011). Jaap Noteboom found these issues mirrored in his study tour to the Netherlands in April 2012.

Following the release of the Child Safety Report (2011) about twenty five cases of (almost) fatal physical child abuse, two child and adolescent psychiatrists, Drs van Hoof and Vogtländer, responded with written commentary in favour of the current right to report and against mandatory reporting. They raised concerns about mandatory reporting undermining the potential of developing a trusting relationship with vulnerable children and parents and increasing the likelihood that these families will avoid seeking help for fear of being reported to authorities. In their view, if the parent feels cornered, insecure and more stressed by the possibility of reporting, the danger to the child may inadvertently increase. They also expressed concerns that a professional duty to report results in a conflict of duties: fact-finding is not their role. It can conflict with their professional role of working with parents to develop and implement good care plans.

There is also considerable discussion in the international literature on mandatory reporting, including the risks to children (Melton, 2005), different systems of mandatory reporting (Mathews and Kenny, 2008) and barriers to reporting for different professional groups including teachers (Goebbels, Nicholson, Walsh and De Vries, 2008), school counsellors (Bryant and Baldwin, 2010), mental health professionals (Morton and Oravec, 2009) and health professionals (Piltz and Wachtel, (2009). The research raises concerns about the impact of mandatory reporting on child protection systems and the ability of the system to provide treatment and care for abused and neglected children (Melton, 2005), professionals’ different thresholds for mandated reporting (Levi and Crowell, 2011) and the negative impact of mandatory reporting on children living with domestic violence (Humphreys, 2008).

Mandatory reporting of child abuse was scheduled to be introduced in early 2012 (Berg- le Clercq, 2012). With the change in government, it does not appear to have been introduced at the time of writing.

Overall, the Dutch state appears to have a stronger role in the prevention of child and family problems than is evident in New Zealand and a greater focus on universal support for parents. There are recent signs in the Netherlands of a stronger focus on risk factors, for example in the introduction of mandatory reporting and local implementation of the Dutch national Dutch National Reference Index (Keymolen and Broeders, 2011). It is unclear the extent to which these measures, accompanied by recent and planned austerity measures might refocus the State toward more targeting and attention to risky situations for children.

Neither New Zealand nor the Netherlands appears to have enough effective treatment services for damaged and damaging families to meet demand. Both nations struggle to create effective national and regional systems for the prevention and amelioration of the effects of child abuse and neglect.

Learning from the Dutch RAAK process developed between 2003 and 2010 could help to strengthen existing local multi-agency initiatives in New Zealand. In particular, the use of baseline measures and the injection of information about what is most likely to work alongside the knowledge of practitioners and wider communities could improve regional systemic responses to child abuse and neglect.

Children’s rights and youth participation

The National Plan of Action for Children and Youth in The Netherlands (2004) was drafted in a child rights framework. It lists actions in education, health and child protection and care with reference to extensive consultation with children and young people alongside commitment to the United Nations Convention on the Rights of the Child.

The development of *the National Plan of Action for Children and Youth* (2004) involved extensive consultation with children and young people with “a focus on youth policies for all young people, not just the detection of problems and those deemed at risk. Rather, it put all children and youngsters at the centre of the support” (Netherlands Youth Institute 2012).

It has not been possible to determine the extent that it has been implemented. The United Nations Committee on the Rights of the Child review of the Netherlands in 2009 recommended:

‘The State party ensures adequate budget allocations and follow-up and evaluation mechanisms for the full implementation of the plans of action to regularly assess progress achieved and identify possible deficiencies.’

Municipalities should have achieved some form of youth participation before the end of 2011, according to the framework *Opportunities for all children* from the former Dutch Ministry for Youth and Families (2007).²⁴ It states that youngsters aged 13 to 25 years old should be able to participate in local civil society and have a say in local policy issues that concern them. How and to what extent is determined by the municipalities and preferably in collaboration with the youngsters themselves. A national binding framework for these youth policy plans did not exist. However, a variety of local initiatives are supported by local municipalities, ranging from local youth councils to young ambassadors, youth mayors and other youth participation projects.

The Dutch Commissioner of Youth and Children’s Policy has been superseded by an Ombudsman for Children; both were established to report directly and independently to Parliament. The new entity, the Ombudsman for Children, was approved by Parliament in June 2010 and effective from April 1st 2011. The principal functions as defined by law are “to promote observance of the rights of the child both by administrative authorities and by organisations constituted under private law, in the field of education, youth care, child care or health care.” S/he shall do this by, at a minimum by:

- a. Providing advice and information about the rights of the child
- b. Acting on request or on his own initiative to advise the government and the House of Representatives on legislation and policy that affects the rights of the child following complaints or on his own initiative
- c. Instituting investigations into observance of the rights of the child
- d. Monitoring the way in which complaints lodged by children or their legal representatives are dealt with by competent bodies other than the National Ombudsman, and
- e. Consulting with children (in accordance with article 12 of the UN Convention on the Rights of the Child).²⁵

The Netherlands abolished corporal punishment in the home in 2007 with the exception of Aruba. Apart from this example, we’ve read nothing to suggest that a child rights framework has impacted on policy in any significant way. Non-governmental organisations report that there have been exceptions, where particular Ministers have championed children’s rights but this has not been consistent (Defense for Children 2012). For example, The Ministry for Youth and Families (2007) action plan appears to have superseded the 2004 Action Plan *Every Opportunity for Every Child: 2007-11*. This is framed in terms of supporting families with no reference to child rights.

On the basis of the information accessible to us, child rights do not seem to currently influence policy and practice in a significant way. However, the existence of the Action Plan in 2004 indicates that it has been part of the government’s orientation to children’s issues and youth participation has been encouraged by municipalities.

²⁴ Although there was a change of government in 2010.

²⁵http://www.crin.org/docs/FileManager/enoc/2011_Annual_Update_The_Netherlands.pdf

Section 3 - Conclusions and recommendations

After reviewing all the evidence available to us we have come to the view that the causes of the Netherlands' remarkable record of good childhood outcomes lie in the complex mix of social, economic, and cultural conditions within the nation, along with society's longstanding consensus on the respective roles of parents and the State in bringing up children, and the nature of the welfare state in the Netherlands.²⁶

A strong economy has allowed the Dutch to fund generous, often universal payments while maintaining low employment; agreement on the central role of parents has led to much greater parental choice of and control over what services they receive; and the Dutch welfare state combines "social-democratic and corporatist elements" (Kleinhans & Varady 2011). Hence the widespread use (32 percent of all housing stock) of social housing that is funded, if not directly controlled by the State, and ready access to free preventative health care; parents' ability to choose the services and schools they want for their child, funding being attached to the child not the school, and the increasing share of childcare run by the private sector. In general services for parents and children live or die on whether they're chosen by parents, rather than mandated by the State.

Devolution is a mechanism that is much more a feature of social policy in the Netherlands than in New Zealand. Adopting the principle of subsidiarity can give communities more power over the specifics of services and support and encourage community-led development. However, it needs careful design of monitoring and accountability mechanisms, incentives and rewards if it is to work well in practice. The dismal performance of some Dutch local authorities in assisting sole parents into the workforce when they received no monetary benefit if they did so is a case in point. The more general principle though, that central specification should be limited to only those features that are necessary for success remains valid.

Change will be necessary if New Zealand is to emulate the Netherlands' enviable record on child well – being. Measures to improve the strength of New Zealand's economy are well outside our brief and our competence. While it is much more difficult to change the "culture" of a country than to introduce a new programme, we believe it is possible. It may be time for a campaign to shift New Zealand's attitudes to children, so they are seen as taonga, and parents are supported to do their job well, more than criticised for their shortcomings. The success of New Zealand's campaign to change attitudes to family violence shows attitudes can be changed, but this should be matched by a shift in the way services are organised, so there is a broader move to put a greater emphasis on supporting families.

One aspect of New Zealand society that has no parallel in the Netherlands is the strong presence of the indigenous population. Maori have long been a focus of social policy in New Zealand, and many programs are specific to their needs. The Netherlands has neither the numbers of indigenous people, nor the policy and programme responses that New Zealand has. As the focus of this report is what can be learnt from the Netherlands, our conclusions and recommendations below do not include indigenous programmes. Immigrant groups in New Zealand and the Netherlands share the same characteristics of disadvantage. However the countries of origin are so different that only very general lessons can be drawn.

With all these caveats, there is much to learn from the Netherlands, and some that New Zealand can share.

Child, youth and family policy and practice: key conclusions

- Persistence of disadvantage and lack of intensive service for vulnerable children and families are common to both countries. However, some demographic factors are very different – most notably the proportion of sole parents, which is nearly double in New Zealand. Given the much greater likelihood of sole parents to be in poverty and have other disadvantages this has a significant impact on overall child outcomes.

²⁶ We note that Jaap Noteboom is also of the view that good outcomes partly result from respectful attitudes between parents and children toward each other.

- The culture in the Netherlands is very different, emphasising parents' central role in bringing up children; parental support is universally available (at least in theory); parents have greater choice in many areas such as schooling, choice of family members as carers for whom the parents receive the childcare subsidy. So parents are seen as having the primary role in bringing up children, and services are built to support all of them to do a good job.
- The Netherlands has more family social supports available more generally, that can be accessed without any substantiation of abuse or neglect. Putting the principle of subsidiarity into practice is difficult. The Netherlands' emphasis on devolution of responsibility to local or at least provincial level makes comparability between countries complicated.
- In both countries programme outcome measures are often absent and prevalence data is weak in some areas.
- Family support in the Netherlands is much more widely available to families in areas such as social housing, child benefit and others.
- Finally the resilience and robustness of the Netherlands economy has allowed families to benefit economically, and the government to maintain a generous level of services and support.

Where to from here?

We set out below some general points before making comment on specific areas.

First, New Zealand does very well for most of its children, though some carry multiple disadvantages. We believe any future expansion of policies should focus on two dimensions:

- Making sure the early years are the best they can be, and
- Protection and support for the most vulnerable.

Second, New Zealand would benefit from re-thinking the respective roles of families and the State. Our suggested principles for rebalancing the relationship are:

- Allocating more of the increasing supply of social housing to low and modest income parents
- Giving parents, especially sole parents, priority access to public housing, especially in mixed developments
- Regulating the quality of housing
- Increasing the income range of those who can occupy social housing
- Including active measures to improve the social mobility of low income parents in any regeneration projects by, for example, expanding their access to childcare and educational and work opportunities; and
- Continuing to encourage the growth in housing associations.

Third, monitoring at national, regional and local levels is a critical part of making sustainable improvements, as are good quality outcome evaluations of particular programmes, so there is enough information to know what policies the evidence suggests should be stopped, and what should be continued or expanded.

At a national level:

- We suggest as indicators for child well-being outcomes those used by the OECD. *“Six dimensions of child well-being have been identified here to cover the major aspects of children’s lives: material well-being, housing and the environment, education, health, risk behaviours, and quality of school life. Each dimension has roots in the international standards agreed for children in the United Nations Convention on the Rights of the Child (United Nations, 1989).”* (OECD 2009a).

Retaining the OECD categories and sub-categories will give Every Child Counts a well-researched and verified foundation to monitor New Zealand's progress. The 2009 comparisons between the Netherlands are set out in Annex B. There is an argument that it would be useful to supplement the OECD's measures with some additional dimensions about the aspects of New Zealand that are regularly cited by respondents to values surveys as reasons for high levels of life satisfaction, such as the relatively leisurely pace of life, ability to access the outdoors and others. Inter-country comparisons are never exact, as the OECD emphasises. The relative spend on children cited in the Infometrics report, for example, excludes public health expenditure in both countries, and the Domestic Purposes benefit; nor of spending on social housing, nor does it (of necessity) take account of the relative frequency of child poverty (OECD 2009a).

- Monitoring could be extended to social care agencies, perhaps through a widening of the monitoring brief and resources of the Children's Commissioner, so it is more akin to the role of the Education Review Office (ERO).
- Programme evaluation should consider outcomes as well as implementation issues, especially the take-up of and drop out from programmes, as part of evaluating their effectiveness.
- Legislation to promote good outcomes for children should include evaluation of implementation within five years (as in the Dutch Youth Care Act, 2005)

At a regional level:

- Baseline measures for family violence, embedded in a framework and knowledge exchange process between practitioners, researchers and the broader community similar to that used for the RAAK project (see Child Abuse in the previous section). This could work well as a development of existing multi-sectoral processes such as the Family Violence Interagency Response System (FVIARS).

At a local level:

- A broad set of process and outcome measures will help in assessing the effectiveness of multi-sector multi-agency interventions such as the Southern Initiative in South Auckland. Regular monitoring will allow implementation to be "tweaked" to get the best results.

Fourth, there is a fruitful discussion to be had about many aspects of government policy for children and young people in the Netherlands. We have made recommendations about the areas that we believe such a discussion should focus on.

Finally, there is no specific programme that stands out as worth translating to New Zealand at this stage, except the good results being experienced from the Netherlands' programmes for depressed new mothers. Other areas of promise are in local body and community involvement, the use of hubs to coordinate support for families and encourage collaboration between social service providers, investment in education, and data collection.

The ecological approach to service provision being investigated by Jaap Noteboom might also show promise. Jaap's report on his findings from the Netherlands will include evidence of best practice and he is in a good position to see how this evidence can be translated into the New Zealand context.

Specific areas of policy interest

Child and youth policy overall

The Dutch state appears to have a stronger role in the prevention of child and family problems than is evident in New Zealand and a greater focus on universal support for parents through a system of social care organisations. New Zealand, in contrast, relies on a patchwork of under-funded non- government organisations.

There are recent signs in the Netherlands of a stronger focus on risk factors, for example in the introduction of mandatory reporting and local implementation of the Dutch national Dutch National Reference Index (Keymolen and Broeders, 2011). It is unclear the extent to which these measures, accompanied by recent and planned austerity measures might refocus the State toward more targeting and attention to risky situations for children.

There is frequent comment in the literature about inadequate data collection and monitoring across a number of areas (Brand, 2007, van der Veen, Smeets, & Derriks, 2010). The United Nations Committee on the Rights of the Child (2009) recommended better data collection and monitoring of the number of cases and the extent of violence, sexual abuse, neglect, maltreatment or exploitation including within the family, in institutional or other care:

“The Committee recommends that the State party conduct comprehensive research on the reasons behind the long waiting lists [for family support services, child mental health services, placement into care,], and take steps to involve the families in preventing and solving their problems. The Committee also recommends that the State party implement community based programmes with a view to assisting the extended family in taking an active role, e.g. conference models, and provide parenting education in a culturally sensitive manner” (United Nations Committee on the Rights of the Child, 2009).

Child death reviews seem similar in New Zealand and the U.K. Dutch inquiries largely focus on changing procedures, introducing decision-making instruments and increasing monitoring (Kuijvenhoven & Kortleven, (2010).

New Zealand and the Netherlands could learn from each other's social care monitoring systems. New Zealand could learn from:

- The Netherlands' efforts to put the subsidiarity principle into practice and find a good balance between central and local determination
- The emphasis on connectedness and integration of services, support, parents and children as a basic principle in youth policy, and the potential of the community school concept for putting this principle into action (as also visible in the Victory School in Nelson)
- The continuing interest in the Netherlands in devolution to the local level as an important mechanism for the potential integration of services and support across many domains (an “escape from silos”); and
- The emphasis on and utility of out of school care.

In the field of parent support and education New Zealand might learn from:

- The good outcomes of the Dutch programme to enhance depressed mothers' sensitivity to their young children
- The Netherlands' online parenting resource, which includes a database of *effective* interventions. The New Zealand website does not include this sort of evaluative material to help parents make the best decisions for their child
- A system that has been developed based on client demand more than government policy
- Practical help with childcare and a broader range of household tasks, a service not publically funded in New Zealand. I.e. more room for parents to choose. Such broadening of client choice is already happening in other social support areas such as for people with disabilities, where such “client directed care” is becoming a common feature in some jurisdictions.

New Zealand might improve child outcomes if these essential elements were consistently put into effect.

Early childhood education

New Zealand has gone through a similar increase in early childhood care in the first decade of the 21st Century with universal measures now being increasingly targeted to Maori and Pacific Island children. In some areas, demand far exceeded supply in 2010, while in predominantly low-income areas, there was a shortage of services and culturally appropriate services remained in short supply (Angus and Carroll-Lind, 2011; COMET, 2011).

While there is extensive regulation of early child care services, monitoring of quality was found to be light ((Angus and Carroll-Lind, 2011):

“...the key elements of quality education and care [for under-2s] are: high adult to child ratios; small group sizes; staff education, qualifications and skills; positive, sensitive and responsive caregiving; superior physical environments with well-defined indoor and outdoor spaces; significant parental involvement; attention to health and safety; and effective pedagogy via a socially, culturally and developmentally appropriate curriculum” (Angus and Carroll-Lind, 2011).

The key elements of quality childcare are universal.

The Netherlands and New Zealand both struggle to secure quality care provision and access for families on low incomes. Evidence suggests that the monitoring of both systems could be improved. Specific proposals on how to improve the monitoring of early childhood care in New Zealand have been made by the Children’s Commissioner (Angus and Carroll-Lind, 2011).

New Zealand might learn from initiatives in the Netherlands to improve access and quality of early childhood care. New Zealand may have something to offer in its inclusion of education as a routine component of all early childhood care, and its seemingly stronger coordination of childcare.

Housing availability and quality

Almost a third of the Netherlands’ housing stock is social housing, and this has diminished the stigma often associated with public housing, and widened the tenant mix. Families in social housing tend to have greater stability in tenancies, which we know from research evidence decreases school transience and helps educational performance.

The Netherlands has had an active urban renewal strategy for many decades, and has recently adopted a broad renewal strategy which promotes upward social mobility of residents in target areas. In recent years New Zealand has also begun some major urban renewal efforts.

New Zealand can learn from:

- The beneficial effects of increasing the size of the social housing sector, so a greater proportion of children have stability in their schooling. Government policy could set the parameters of the new funding available for social housing to prioritise families with children, with a particular emphasis on sole parents. Given the concentration of poor families among sole parents, and the relatively high incidence of crowding of families in New Zealand this is likely to be a particularly effective strategy. The recently announced niche funding of \$2 million for additional social and affordable housing²⁷ in Christchurch²⁸ is an example of the opportunities created by the government’s new approach to social and affordable housing.
- Dutch experience in urban renewal that deliberately focuses on upward social mobility through educational and employment opportunities for residents of disadvantaged areas. The Southern Initiative is one area where this could be put into action, but there are many other opportunities around the country.

²⁷ In New Zealand “social housing” is a subset of affordable housing, which is targeted at people who face many barriers to housing in the mainstream rental market. ‘Affordable housing’ is housing that people with minimal financial assets and low to moderate incomes can afford to occupy. <http://www.dbh.govt.nz/social-housing-nz>

²⁸ <https://www.gets.govt.nz/Default.aspx?show=TenderDetail&TenderID=36144>

Improving the quality of the housing stock so that houses are well-insulated and not damp will also be beneficial.

Poverty reduction strategies, the labour market and income support

“There are many demands for priority on the time and resources of government. And the case for children therefore bears repeating. It is the fundamental responsibility of government to protect the vulnerable and to protect the future. Children are both... The moving spirit of the UN Convention on the Rights of the Child is that children should have ‘first call’ on societies’ concerns and capacities in order to protect their vital, vulnerable years of growth from the mistakes, misfortunes and vicissitudes of the adult world.” (UNICEF 2005, p 31)

The Netherlands’ strong economy has enabled successive administrations to fund significant support to all families to a much greater extent than has been (or is currently) possible in New Zealand. Dutch citizens, in common with other European countries, have higher personal income tax rates than New Zealand²⁹ and generally higher levels of support from the State. We do not know the relative priority given to expenditure for children compared with spending across social and economic policy, defence, and all the other calls on a Government’s resources. However, it is clear that both nations have significant competing demands for resources.

As noted above, the OECD identifies two factors as being strongly related to child poverty: sole parent status and parental employment. Despite major differences in the proportion of sole parents and the employment rates of mothers between the two countries, the Netherlands has some specific policies that would help reduce poverty in New Zealand, and enhance women’s ability to participate in the paid workforce.

New Zealand could learn from:

- The greater availability of out of school care, which is essential for most working mothers. Ensuring good early childhood education is available in areas such as South Auckland would also deliver dividends.
- The more generous eligibility, duration and payment levels of paid parental leave than in New Zealand.
- The widespread use of social housing in the Netherlands. Prioritising parents, especially sole parents for new social and affordable housing here, as suggested above, could also help reduce child poverty.

Reducing vulnerability

The *co-location and coordination of services* for all children and families, including the vulnerable, appears a promising track for New Zealand to continue to explore, and Dutch experience may provide useful guidance. From our reading of the literature, services in New Zealand would need more local autonomy than they have at present for this to be effective. At the state level, getting the right balance between universal support services, targeted services for vulnerable children and families, and statutory child protection services is difficult.

It may be useful for New Zealand and Dutch education officials to compare their experiences of policies designed to *reduce the impact of family socio-economic or migrant status on children’s educational outcomes*. It would also be instructive to learn what the impact has been of shifting the criteria for extra funding to parental education, though it may be too soon to be confident about the results.

Recent changes in Dutch policies towards migrants demonstrate the fragility of generosity to foreigners when times are tough and more immigrants come from very different cultures than the host country. This is a familiar response found in many countries. *Settlement programmes that allow migrant parents* to become proficient in the dominant language of the host country, understand its laws and customs, and *acquire the skills to succeed economically and socially*, are likely to pay handsome dividends in the lives of their children. We are pleased to see current settlement programmes are to be reviewed, and we hope the results of the review will lead to improved outcomes for those who come to New Zealand.

²⁹ http://www.oecd.org/document/60/0,3746,en_2649_34533_1942460_1_1_1_1.00.html#pir

New Zealanders report the highest perceived community tolerance (81 percent) of minority groups after Canadians and Australians – ethnic minorities, migrants, and gays and lesbians – in the OECD, well above the OECD average of 61% (OECD 2011b). Nevertheless, many New Zealanders would benefit from more information about immigrants' cultures and customs.

The low *NEET* figures for the Netherlands also warrant investigation, though we are of the view the causes are more diffuse than the specific youth school retention and employment policies described above.

In the field of preventing and treating child abuse and neglect, New Zealand might benefit from *introducing greater advice and support for those who suspect child abuse* (akin to the Dutch Advice and Reporting Centres on Child Abuse (AMK), which is the central agency for requesting advice about child abuse and neglect), alongside the RAAK knowledge exchange process to strengthen *systemic regional responses to child abuse*.

New Zealand might also benefit from monitoring the impact of *mandatory reporting* in the Netherlands if it is introduced, because the New Zealand government is also considering its introduction. The Green Paper for Vulnerable Children *Every child thrives, belongs, achieves. Ka whai oranga, ka whai wahi, ka whai taumata ia tamaiti* (2011) includes a discussion of increased information sharing, monitoring and the potential of mandatory reporting of child abuse and neglect.

There is discussion in the Netherlands and in the international literature on mandatory reporting, including the risks, different systems of mandatory reporting and barriers to reporting for different professional groups including teachers (school counsellors mental health professionals and health professionals. (The research raises concerns about the impact of mandatory reporting on child protection systems and the ability of the system to provide treatment and care for abused and neglected children (professionals' different thresholds for mandated reporting) and the negative impact of mandatory reporting on children living with domestic violence (See the discussion on mandatory reporting in section 2 above for references to each of these.)

The international literature indicates that the potential consequences of mandatory reporting on the child protection system, on the ability of the system to address the needs of children witnessing violence against their mothers and on the barriers to professional reports to child protection services should be researched prior to implementing any legislation that further strengthens professional obligations to report.

It appears, on the basis of the literature, that there has been a more systematic approach to improving the *health system's responsiveness to child abuse and neglect* in New Zealand than in the Netherlands. New Zealand has interagency protocols on reporting of child abuse and a well-developed health response to family violence³⁰, although at the time of writing, it is unclear the extent to which this *Family Violence Intervention Project* will continue. To date, it has included policy and practice guidelines, tools for responsiveness to child abuse and neglect, training and regular audits of hospital responsiveness to family violence (Adams, Giddings, Koziol-McLain & Davies, 2006; .Koziol-McLain et al., 2004, Koziol-McLain et al., 2006; Koziol-McLain, Adams, Garrett & Sharma, 2008; Koziol-McLain, Garrett & Gear, 2009). There is high reporting of children witnessing domestic violence from the Police, to Child Youth and Family under the protocols. We have not found evidence that this has improved the quality of interventions for these children.

Experiences in the New Zealand child protection system in the last twenty years have shown the difficulties of asking CYF, statutory social workers and health professionals to give due attention to both risk and protective factors with a wide range of vulnerable families. In New Zealand, statutory social workers have refocused on their statutory responsibility, leaving the majority of the preventive and response work to paraprofessionals in non-government organisations, who are frequently underfunded, and preventative services through PHOs and schools, which are often scant. Professional commentary in the Netherlands suggests that separating fact-finding from therapeutic roles is important.

New Zealand might consider:

³⁰ See <http://www.health.govt.nz/our-work/preventative-health-wellness/family-violence>

- Adapting the *digital child file* being developed for health and other relevant information about each child between 0 and 19 years; and
- Monitoring the *Reference Index for Youth at Risk* that is being implemented throughout the Netherlands.

New Zealand culture is resistant to the idea of centralised databases holding sensitive information on people, and neither of these ideas could be imported wholesale. However, the Immunisation Register in New Zealand does offer a starting point to a broader national database. It is worthwhile continuing public “conversations” in the context of the current Green Paper: *Every child thrives, belongs, achieves. Ka whai oranga, ka whai wahi, ka whai taumata ia tamaiti* about how to balance risks to privacy with better support for children, to see if a middle path can be found.

Recommendations

Recommendations for programmes

We recommend that further investigation be made into the efficacy of additional investment in:

- Expanding the reach of **effective parent support and education programmes** such as Early Start (effective) and HIPPY (emerging evidence), perhaps making them mandatory (but not exclusive) in mainstream programmes, and ensure -
 - Programmatic fidelity to the original policy design;
 - Staff are well-trained (local knowledge and contacts, however deep and longstanding, is not enough for fidelity); and
 - The program is well-managed - getting to scale is hard and has been the cause of many disappointing results in New Zealand. This is not a one-off event. It involves the development of high programme standards, in-service training, technical assistance and a cycle of continual assessment and improvement over time.
- Expanding Plunket and well-child services to include access to **practical help with childcare** and a broader range of household tasks.
- Developing **effective services for mothers with post natal depression to improve their sensitivity to infants** by investigating the applicability of the well-managed, researched and resourced Dutch programme (Kersten-Alvarez et al., 2011).
- Expanding the availability of **out-of-school care**.
- Increasing statutory **parental leave** to at least 18 weeks³¹; improve the pay rate to the average OECD percent of wages; and widen eligibility criteria so the scheme is available to mothers with less stable employment histories.
- **Housing**: improving the effectiveness of State-funded housing for parents by:
 - Allocating more of the increasing supply of social housing to low and modest income parents
 - Giving parents, especially sole parents, priority access to public housing, especially in mixed developments
 - Regulating the quality of housing
 - Increasing the income range of those who can occupy social housing

³¹ The International Labour Organisation standard. On average across the OECD **paid** maternity leave is about 19 weeks <http://www.oecd.org/dataoecd/45/26/37864482.pdf>.

- Including active measures to improve the social mobility of low income parents in any regeneration projects by, for example, expanding their access to childcare and educational and work opportunities; and
- Continuing to encourage the growth in housing associations.

In addition, we recommend the government considers:

- **Adopting a set of principles for rebalancing the relationship between families and the State** as a basis for any future changes in policy or practice for children, young people and families, perhaps articulated in a Children's Action Plan.
 - We suggest the following principles as a starting point:
 - Increase parental choice/agency to decide on the mix and provider of evidence-based services
 - Increase the voice of children in deciding on the mix and provider of services
 - Adopt an approach that the State's role is to provide what families need to bring up their children well, so the government is responsible for investment in services, certification of quality, ensuring policies and programmes do not harm children and equitable regional distribution of services
 - Achieve a better balance between supporting families and managing risk, and
 - Achieve a better balance between national and local control of policies for children and families.
- **Adapting the digital child file** currently being developed in New Zealand for health information so it can be used for tracking vulnerable children, as will be the case with the Dutch system.
- **Developing a public campaign** to change attitudes to children, reinforce the central role of parents in bringing up their children, and shift the way services are organised so they support parents.
- Investing in a **wealth creation** strategy with the objective of enabling more effective investment in children and families.

Keeping an eye on progress

- Adopt **national, regional and local indicators of child well-being**, so progress can be tracked and widely shared.
- **Monitor current and new services and support** for take up as well as effectiveness, so there is evidence for adapting policies, continuing and expanding those that are effective and, if warranted, shifting funding from policies the evidence suggests should be stopped to those that should be continued or expanded.
- **Evaluate the** implementation of any new legislation designed to improve outcomes for children after five years.

Establishing a dialogue

We recommend an on-going dialogue be established between Dutch and New Zealand officials so good ideas can be explored and both parties can learn from their experiences in implementing and maintaining new policies. This dialogue could be usefully supported by dialogue between non-governmental organisations in each country.

We suggest the dialogue focus on:

- Different models of clustering and colocation of services in New Zealand and the Netherlands, including how decisions are made about the mix and monitoring of services;

- Both countries' experience with devolution of services and its impact on improving child outcomes;
- The development and impact of community schools
- The effectiveness of the Dutch advice and support agency for professionals and others who are concerned about possible child abuse and neglect
- The likely causes of the low NEET figures in the Netherlands.
- The risks of mandatory reporting of child abuse and neglect
- Monitoring the implementation of the tracking system for children in the Netherlands, with a view to adapting the digital child file being developed for health and other relevant information in New Zealand
- Monitoring the Reference Index for Youth at Risk that is being implemented throughout the Netherlands

We also recommend the OECD, and Dutch and New Zealand officials explore the factors Dutch officials consider were the most significant in achieving the good outcomes demonstrated in the data collected from 2005 to 2009.

Annex A - Methodology

The project used a two-pronged approach: we sought to understand the broad outlines of the Netherlands' social, legal, fiscal and public sector environments that are relevant to child outcomes, and used the following probes to locate promising policies and programmes:³²

Pre and post natal parent support and education

- What parenting education or support is available to parents with small children? What paid parental leave provisions are available?

Early childhood education access and availability

- What is the nature of early childhood education provision? Does access and/or availability vary by family socio-economic status, marginalisation, geography or some other dimension?

Health care for children – access and cost

- What health and social care provision is available to families with small children? Is it free for children to see a doctor?

Housing availability and quality

- What are the eligibility/rent policies for public housing? Is there public provision of housing in situations where people are on low incomes? Is there information available about housing quality for families?

Poverty reduction strategies, the labour market and income support

- What policies are in place to ensure children do not live in poverty / achieve socio-economic equality?
- What kind of income support is available to families who are/are not unemployed? (as compared to the median income/poverty line).

Community involvement/development and municipality responsibilities/involvement

- Does central or local government invest in community development or neighbourhood renewal to create stronger, connected communities for children/ child-friendly cities?

Targeting or progressive universalism to reduce vulnerability.

- What policies, large-scale programmes or services are in place to ensure optimal outcomes for children nationally and/or for particular groups?
- What targeted programmes are in place for children in very disadvantaged families or from marginalised groups such as new immigrants? What criteria are used for access to these programmes? How do families access these programmes?

Awareness and understanding of child rights

- Does a child rights framework underpin programmes and services designed to improve outcomes for children? If so, to what extent and in what ways?

Two sources of data informed the study:

- Literature search – reports from government and non-government organisations, government and non-government websites and peer-reviewed articles written in English. More literature was available than we expected as we began the work, and we have sourced over 130 reports and articles across a very wide range of policy domains. These are referenced in the text and listed in Annex A: Bibliography.
- Key informant interviews. We have benefitted from discussions with Simon Chapple, one of the primary authors of the two major OECD reports *Doing Better for Children* (2009) and *Doing Better for Families*

³² Probes based on questions from Every Child Counts

(2011). Simon has assisted us by updating the information in those reports, and putting them in the current fiscal and political context. We also received information from Jaap Noteboom who managed a child and family service in the Netherlands. Jaap is currently the Service Manager for Barnardos in Nelson and has recently travelled back to the Netherlands to investigate ecological models of service provision.³³ Discussions on 7th and 22nd May 2012 have informed this report. We expect his report will shed further light on some issues discussed here, particularly ecological models of service delivery and the operation of the youth care system.

This report on our findings (Section 3 below) is structured to be consistent with the probes outlined above and the policy domains identified by the Netherlands Youth Institute in 2012. The analysis is informed by the key informant interviews and the literature accessed for this study alongside the authors' understanding of the international scientific literature on programmes with known positive or promising results. The recommendations are derived from Dutch policies, so there is no material on indigenous issues. The ideas reflect the broader policy history and context for children in Aotearoa New Zealand as well as the current tight fiscal environment.

Limitations of the research

This report is based on information accessed in a limited period of time in March to May 2012. The report relies heavily on information accessed from the OECD, the Netherlands Youth Institute, Dutch government reports, and research findings from the Netherlands. While the study has been peer reviewed by people within The Netherlands, the information we have accessed has been English-language literature and there are limitations inherent in desk research that seeks to understand policy frameworks in another country.

The report excludes information on juvenile justice as the justice systems in the two countries' are quite different. In the time available we have also found insufficient information on children with disabilities in the Netherlands to make comment. This is not to suggest that these issues aren't important. In New Zealand:

“Approximately 10 per cent of children (90,000) aged up to 15 years live with some sort of disability – learning difficulties, chronic health problems (such as cerebral palsy), psychological disabilities or other physical disabilities” (Green Paper: *Every child thrives, belongs, achieves. Ka whai oranga, ka whai wahi, ka whai taumata ia tamaiti* (2011, p. 4).

We have sourced one article, more than a decade old, that suggests that the Dutch system is characterised by “the absence of barriers to care and the existence of a number of specialised services” (Verbrugge, 2001 p 1117). The article says that the Netherlands has a very different system from that in New Zealand. However, we have not been able to update the information.

We have found very little information that deals with neglect *per se*, and we speculate that this is partly because many dimensions of neglect are diffused through the lens of supporting parents. In addition, Jaap Noteboom commented that the term for ‘neglect’ is not used in the Netherlands; instead neglect is seen as a dimension of abuse.

Finally, we have not examined the underlying public sector structures in the Netherlands, nor how services are funded. There is one exception – we have noted the relatively large and expanding role of local government in child and youth policy. We have done this for two reasons: first, the Netherlands has clearly seen subsidiarity as an important philosophy and devolution as an important mechanism for the integration of services and support (to overcome silos) and second, because of the interest shown by some councils, particularly Auckland, to play a role in child and family policy and practice.

³³ Ecological models of service provision for children and families stem from Bronfenbrenner's ecological systems theory of child development (Bronfenbrenner, 1979). This theory contextualises child development within the system of relationships in the immediate family and community environment as well as the wider societal landscape. Ecological models of service provision include work with the child and family, as well as their interactions with the community and wider society.

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Annex C - Outcome Measures – New Zealand, Netherlands and OECD average

“Six dimensions of child well-being have been identified here to cover the major aspects of children’s lives: material well-being, housing and the environment, education, health, risk behaviours, and quality of school life. Each dimension has roots in the international standards agreed for children in the United Nations Convention on the Rights of the Child (United Nations, 1989).” (OECD 2009a)

	Health and Safety						Risky Behaviours				
	Low birth rate	Infant mortality	Breast feeding rates	Vaccination rates (pertussis)	Vaccination rates (measles)	Physical activity	Mortality rates	Suicide rates	Smoking	Drunkenness	Teenage births
NL	6.2	4.9	79.0	95.8	96.3	21.2	20.5	3.5	18.5	12.1	4.7
NZ	6.1	5.1	87.8	88.6	82.0	..	32.1	15.9	23.4
OECD	6.6	5.4	86.0	93.8	91.5	20.1	23.7	6.9	16.5	15.2	15.5

	Material Well-being			Housing and Environment		Educational Well-being			Quality of School Life	
	Average disposable income	Children in poor families	Educational deprivation	Overcrowding	Poor environmental conditions	Average mean literacy score	Literacy inequality	Youth NEET rates	Bullying	Liking School
NL	25.0	11.5	0.6	10.3	38.7	521.0	1.6	3.9	8.5	39.7
NZ	17.2	15.0	2.2	31.0	..	524.3	1.7	8.5
OECD	19.2	12.4	2.7	32.0	25.2	496.3	1.7	7.4	11.0	27.2

<http://stats.oecd.org/Index.aspx?DataSetCode=CWB>

1000 DAYS
TO GET IT RIGHT FOR EVERY CHILD



We have to spend some to save some.

Effective investment in children supports their development and enables them to be healthy, educated and productive citizens.

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