



Early childhood education and barriers to inclusivity: Working toward a fairer system

A background paper prepared for
Child Poverty Action Group (CPAG)
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The biggest thing is I want him to develop are certain dispositions and ways of being. To be curious and interested in his world, how it works and to want to learn. To persist, and not give up on things. Life so far hasn't been easy but that's not excuse give up. I want him to be involved in his world – to have relationships with others and make an impact in a way that suits him. I want him to be the best "Jesiah" that he can be.

This statement was made by Hannah Noble (2016), a Christchurch based ECCE parent, speaking on a panel for teachers about her aspirations for her three-year-old child and his education. Hannah is also qualified as an early childhood teacher. Jesiah has a major health condition and some learning disabilities and challenges. Hannah's aspirations are no different from many parents, but she has found out that sometimes she has to fight and advocate for others to recognise and respond to Jesiah's rights, strengths and needs and for his early childhood centre to get the professional guidance and resources they need.

From an equity pedagogy perspective, if teachers and educational settings do not consciously strive to counter injustice, then they, by default, support it. Equity pedagogy, in short, means taking action to limit inequalities. (Mackey & Lockie, 2012, p. 77)

Creating and sustaining an inclusive society requires *identifying, challenging and removing barriers* to the belonging, participation and success of every citizen and group in every setting and at every level of society (Independent Monitoring Mechanism, 2016; Ministry of Health, 2001). So the aim of an inclusive education system is to create and sustain the vision of a fair, equal and inclusive society (Education For All, 2014; Ministry of Health, 2001; Ministry of Education, 1996, 2007; New Zealand Government, 1989, 1993; United Nations General Assembly, 1990, 2007).

Introduction

Ensuring the rights and access of every child to a quality, inclusive early childhood care and education (ECCE) is an important challenge and opportunity for government, policy makers, teachers, families, and communities. This background paper considers pre-school children with disabilities and their access to and participation in ECCE in Aotearoa New Zealand. It highlights problems associated with their rights to *equal* participation in early childhood education alongside their non-disabled peers and looks at the troubling relationship between targeted funding for attendance and exclusion.

After some background to ECCE is described briefly, and terms such as 'disability', 'special education needs' are discussed, this article will identify some of the tensions and barriers associated with a human rights-based understanding of disability and difference, and a deficit-based framework for ECCE. Concerns about the trend and practice of assessment and labelling are presented, as the diagnosis and labelling of children in ECCE is not only prevalent but growing, and endorsed by the funding system as well as some professionals and services. This is particularly problematic as children living in poverty and Māori children are being labelled as having 'special education needs' in disproportionate numbers. Problems with current funding arrangements and additional barriers to support for disabled-labelled children, their families, teachers and service providers are identified. Finally, some strategies and avenues are suggested for joining, advocating and implementing positive, innovative changes to the ECCE infrastructure, and for building an optimistic and creative approach to this challenge.

Foundations for quality, inclusive early childhood education

Te Whāriki, the New Zealand Early Childhood Curriculum (Ministry of Education, 1996) is based on principles and values including a holistic view of children, empowerment, diversity, inclusion, participation, whānaungatanga, manaakitanga, respect, reciprocal relationships, and socio- and bi- cultural approaches to learning and teaching (Ministry of Education, 1996). However, not all children attending an ECCE provider experience the curriculum in the same ways simply by being in the same physical space. Being physically present does not constitute having equal opportunities to belong, learn, actively participate and benefit from being there (Mackey & Lockie, 2012).

It is the role of Government to uphold the rights and entitlements of all New Zealand children and families and to ensure that the necessary conditions are in place for those rights to be realised, and as Mackey & Lockie (2012, p. 85) state, "*Early childhood settings are... well situated to take a leading role in working with communities to identify and remediate inequality [and] ... have close and frequent contact with parents, caregivers and other whānau in the community.*" Well-qualified and supported early childhood teachers have the knowledge and skills required to understand and meet the needs of diverse learners and their families, including disabled or labelled children. However, with increasing, and now almost total privatisation of ECCE provision, the conflict between making a profit through limiting costs and providing the best structural conditions and support for quality education is a serious barrier and concern. Children, in particular children and families who are identified as having 'additional needs', are easily viewed as a drain on resources, time and income.

'Disability'

The term 'disability' has multiple meanings. Who is disabled, what 'disability' encompasses and describes and what are the best responses to disability, are open to varying and sometimes opposing interpretations. Over the past 40 years, disabled people, their families and allies around the world have challenged a view of disability as illness or deficit and demanded a stop to others controlling their lives, circumstances, choices and decision making. In opposing the idea that disability is an illness or condition within individuals, this social model focuses on exposing and removing attitudinal and structural barriers to disabled people's full participation in all aspects of society. The slogans, "Disability is in society, not in me" (Ministry of Health, 2001) and "Nothing about us without us!" are challenges from disabled people and communities worldwide, that they must be the leaders and included in all matters affecting them.

The dominant way of understanding disability and difference in our society is complicated by a deficit/loss/deviance from a predefined set of norms for behaviour, thinking, communication, movement and appearance. Deficit assumptions involve negative comparisons between those who are 'different' and what's seen as 'normal' and therefore, more desirable. It is assumed that 'normal' ways of being are superior, advanced, most desirable and ideal. Negative attitudes and assumptions about disability and difference impede building good relationships, teaching and learning and their presence is evident in many of the current policies, structures, systems and practices in education. Disabled children, adults and their families are confronted with negative beliefs and attitudes about disability and difference in their daily interactions and dealings with people, including within early childhood settings.

The *2013 Disability Survey* (Statistics New Zealand, 2014) estimated that 95,000 (11% of New Zealand children) have some form of disability. Over one million New Zealanders are identified as being disabled. That is nearly a quarter of New Zealand's population. Twenty five percent of New Zealand children and their families are living in poverty, and disabled children are more likely to live in low-income households than non-disabled children. At least 15% of disabled children live in households with an annual income of less than \$30,000 (*2013 Disability Survey*).

In Aotearoa New Zealand, both early intervention (EI) and ECCE services are responsible for supporting the care and education of disabled-labelled children. But the Government does not collect information about how many families with disabled children *are not* accessing an ECCE service. The lack of data includes an omission of very basic information about the numbers, circumstances, health, well-being, education and needs of pre-school children with disabilities. Yet as microcosms of communities and society, ECCEs must consciously work to understand and practice ways that include all children and families and remove barriers to their learning, participation and success. This includes children who don't conform to (often unconscious) expectations of 'normal' ways of thinking, behaving, communicating and participating. Children from families living in poverty and disabled children are less likely than other New Zealand children to access and experience the benefits of participating in early childhood care and education.

There are several important reasons 'early' diagnosis, labelling and intervention should be approached with caution, especially in infancy and early childhood. The question must be asked: "Who benefits from labelling and intervention and what are the potential negative consequences?" Some answers are outlined below.

It is essential to base government policy, structures and strategy on sound knowledge about and *from* the groups that are being considered. Currently changes are planned and

implemented with insufficient information. Rather than being evidence-based, co-ordinated, systematic and progressive, service delivery is haphazard, and approached in an ad hoc manne. The response, services and resources offered by the Ministry of Education (MoE), and other early intervention providers can differ depending on where in the country the ECCE service is situated and sometimes the nature of the needs of a particular child. Targeted funding is contestable and complicated for centres and families to apply for and access. ECCE centres and families experience long waiting times for (possible) early intervention, additional staffing assistance and advice. Professional development for teachers and teams to guide and support inclusive thinking and practices is scarce.

The urgent need for planning that is informed by comprehensive statistical and qualitative data has been consistently pointed out to governments by the education, health, child, youth and community sectors over decades. The collection of comprehensive base-line data about children, young people and adults with disabilities and their families is in urgent need of attention and resources (Action for Children and Youth Aotearoa (ACYA), 2015; United Nations Committee on the Rights of the Child, 2016; Independent Monitoring Mechanism (IMM) on the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), 2016; YouthLaw Aotearoa, 2016; Wynd, 2015).

Conflicting paradigms and approaches in (special) education

There can be tensions and contradictions in the theoretical and philosophical underpinnings and practices between early intervention -‘special education’- and ECCE general education approaches to diversity (Dunn, 2004). Deficit and responsive approaches to diversity are at odds and compete with each other for primacy within ECCE theory and practice. These tensions can work in ways that impact negatively on a family and labelled child’s experience of ECCE. Traditional approaches to early intervention have emphasised the individual in isolation and their perceived deficits have been the focus of planning, assessment and intervention. Like all citizens, early childhood teachers are not immune to the circulating effects of deficit views toward disability (Ministry of Health, 2001). Some centres have difficulty recognising and responding positively to disability and difference. Many centres don’t have adequate structural conditions such as high numbers of qualified staff, small group sizes and non-contact time, to support quality curriculum. A disabled-labelled child is likely to experience more limited access to a *Te Whāriki*-based curriculum within these circumstances (Gordon-Burns, Purdue, Rarare-Brigs, Stark, & Turnock, 2010). More affluent communities also have more resources to draw from to provide structural conditions for quality. The intention of the New Zealand early childhood curriculum is for every child to be viewed as competent and able to learn and to have their unique contributions valued (Ministry of Education, 1996). Rather than pathologising differences, the curriculum requires a place that is responsive to *each* child’s and family’s rights to be included, respected, heard, and to belong.

Teachers and others can and do misinterpret the behaviour of children and families when conscious steps are not taken to understand and appreciate the culture, norms, behaviour, rights and circumstances of others. Children and family members who are learning English as an additional language can be judged as less intelligent, reserved, uninterested or disengaged when what they are experiencing are language and cultural biases and barriers within the environment (Rivilland & Nuttall, 2010). Young children who interrupt, wriggle, appear not to listen, are ‘disruptive’ or hide during ‘mat-times’ are frequently perceived and responded to as oppositional and misbehaving. Attention needs to turn from negatively judging and controlling children to reflecting critically on values, expectations, rules and assumptions, the basis for which, and their effects for children and families.

New Zealand is signatory to the United Nations Convention on the Rights of the Child (UN General Assembly, 1990), the Convention on the Rights of Persons with Disabilities (UNCRPD) (UN General Assembly, 2007), United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP) (UN General Assembly, 2007) and Te Tiriti o Waitangi. These human rights frameworks provide direction, monitoring and levers for positive change. One example is the alternative process and report of ACYA to the United Nations Convention on the Rights of the Child Committee. ACYA (2015, p.43) concluded that:

Not all children in Aotearoa NZ [sic] are able to fully enjoy their education rights. While the curriculum in both the early childhood and compulsory sector is consistent with the CRC's principles, implementation of it and access to it varies depending on where a child lives and their particular circumstances – whether they are disabled, unwell, in care, in the justice system, or living in a home lacking resources.

Funding and other barriers to participation in ECCE

Currently, ECCE is not resourced to provide equitable access to a universal quality, inclusive curriculum; instead funding has become targeted and requires (some) children to be further described, scrutinised and categorised. There is a strong relationship between individualised/targeted/criterion-based funding and labelling/diagnosis and application criteria for the provision of additional resources to disabled-labelled children in ECCE which are deficit-focussed (Macartney, 2010). Decisions are based on assessing and ranking what a child is *unable* to do in comparison to expectations for 'normal' children, behaviour and development.

The way the system works highlights problems with disabled children's and family's rights to equal participation in ECCE alongside their non-disabled peers. It also demonstrates a relationship between targeted funding and exclusion. Families and ECCE settings must apply for 'additional funding' for 'some children' in order to have their basic right to education and support enacted. The acceptance of a disabled child can become conditional on available funding and/or whether teachers view the child as being their responsibility or someone else's.

The MoE funds, and is one of the providers of, early intervention services to centres which often include Education Support Workers (ESWs) or Teacher Aides. The ESW role is often not clearly defined or well-supported. ESWs are usually untrained, employed on a casual, part-time basis and on a low wage. The ESW is employed by the Early Intervention Agency, not by ECCE centres. Being employed and supervised by another service contributes to confusion about who is and should be responsible for supervising, mentoring and guiding ESWs work within the centre, as well as what their work might involve. This can lead to ESWs working in ways that isolate disabled children from their peers, teachers and the curriculum. Some centres would prefer to employ another full-time qualified and experienced teacher to work in their team than manage three or four separately funded ESW's who are not employed by the centre, don't work in the school holidays and whose income derives from funding related to specific child/ren. The risk of teachers abdicating responsibility for disabled children to an ESW, Early Intervention Teacher (EIT), specialists and/or the child's family, become much higher when a lack of clarity about roles is combined with indicators of low-quality care and education such as large group sizes, low teacher-child ratios and under-qualified teaching staff.

Rules which make attendance conditional include: centres restricting the number of hours a child can attend to those offered by an Early Intervention Service (EIS) to fund an ESW;

early intervention services removing ESW funding for the 12 weeks of school holidays per year when many centres remain open 48 weeks of the year; centres refusing a child's attendance when their ESW is away on sick leave; requiring parents to pay for or top up ESW hours; and/or requiring a parent or whānau member attend alongside their child at the centre. There is also evidence of early childhood centres refusing to allow and/or discouraging families to enrol disabled children in their service (Macartney, 2010; Purdue, 2004).

Often after a long wait, if funding and support is approved, it may not match what the centre, child, family and community needs most or in some cases, those needs may have changed. What the EIS offers and what a centre believes would best meet the needs of the child, centre and community are not always the same. It is challenging for centres and families to find and access accurate and useful information, resources and support for their child in education and the community. The system is fragmented, complicated, application and criterion-based, and slow. It can be hard to understand, navigate and get helpful responses. A lack of funding is sometimes given as the reason for centres to create different rules and conditions for disabled children's enrolment and attendance. These conditions often include restrictions in hours of attendance and/or families (who can afford it) paying for or topping up staffing costs. This situation is unfair and makes it harder for these families and children to participate and benefit from education (Macartney & Morton, 2009).

Centres and families also experience different levels of provision and response from MoE staff depending on where they are located across New Zealand. Not all parents know about or are recipients of the support they are entitled to. For example, the number of new Child Disability Allowances (CDAs) granted by the Ministry of Social Development (MSD) halved between 2008 and 2013 (Wynd, 2015). This allowance should have a high uptake because it is not income-tested and because families need help with additional costs associated with their child's care. It is particularly concerning that many families with disabled children living in poverty are not receiving this support. Many families simply give up trying to navigate and engage with the system as evidenced by CPAG recent publication ***Barriers to support: Uptake of the Child Disability Allowance in Otara*** (Johnson & Suri, 2016).

These barriers to access and participation are compounded and increased when a family is experiencing the pressures and stress of economic hardship. Having a child or family member with a chronic health condition and/or other disability reduces the ability of the main caregiver to seek and secure paid work. Parents' capacity to work and earn money is restricted because of care demands or they become overloaded with the stress of care and meeting work commitments. Additional commitments for families with a disabled child include personal care-giving, doctor and specialist visits, travelling, attending and contributing to meetings with health, education and other professionals, and agencies such as WINZ, supporting their child's participation in ECCE and other activities, applying for resources and support, and advocating for them. There are also responsibilities to other family members, the household, and community. Many commitments such as travel, attending an ECCE centre, community and therapeutic activities come with additional financial costs. They all take time, physical, mental and emotional energy and reserves and are on-going, unrelenting demands.

Furthermore, children from marginalised groups are over-represented in terms of being labelled and treated as having 'special education needs'. A New Zealand child who lives in poverty, or who is Māori or Pasifika, or from a migrant family is more likely than a Pakeha child to be labelled as having 'special' education needs (SENs). Many families who have disabled-labeled children may also be denied the Working for Families 'In-Work' tax credit payment of \$72.50 because they may be unable to work the required number of hours for eligibility, compounds the stress on families and further highlights the need for a more

inclusive and accessible ECCE. Additionally, disincentives to include are built into the system. For example, exclusion from funding for ECE centres may occur when a child has been absent for more than 50% of the days they are officially enrolled for (Ministry of Education, 2016). Families who are transient or move often to follow work opportunities have to frequently access new ECCE settings, and appropriate supports and funding if they are forthcoming. This increases the risk that the children will miss out on ECCE. Education, health, government and community agencies need to provide information and support to new families with young children in their communities so those children can get access to the early childhood education and care they are entitled to. The ECCE sector is under immense stress and pressure. There has been no increase in government funding for the past six years. That is a significant funding decrease in real terms. At the same time as freezing funding, the Minister of Education has recently agreed that the number of children with disabilities entering and within the education system is growing (Minister of Education, July 2016).

New proposals

The system is broken and needs transforming. Current focus is based on 'able-ist' beliefs that feed and sustain many of the barriers to the equal value and participation of disabled children and their families in ECCE.

However, in September 2016 the Minister of Education released a July 2016 Cabinet paper entitled *Strengthening Inclusion and Modernising Learning Support*. Resourcing, roles, responsibilities, organisational capability and structure are set to change as a result of the proposed “new service delivery mode” with “the Ministry of Education working with the Ministry of Social Development on the role of the New Children’s Entity’s operating model in relation to providing learning support.” This suggests that the Government is planning to shift responsibility for the education of disabled/vulnerable children and their families out of the MoE. Such a step is radical and would create further segregation and barriers to an inclusive education and society. It indicates further devolution, fragmentation, privatisation and ghettoising of education for disabled children including ECCE. The Minister proposes creating a single point of contact to the system for children who use ‘learning support’ and their families. While the rhetoric might sound appealing, this function is already part of the MoE’s role.

CONCLUSION

Too many barriers continue to be created, repeated, ignored and advanced by the actions and inactions of governments and their agencies. The learning, participation and equity of access to the curriculum is restricted when centres and teachers don’t receive enough support and resources to understand and respond inclusively to children with disabilities in their care or communities (MacArthur, Purdue, & Ballard, 2003; Macartney, 2010; Purdue, 2004; Rutherford, 2009). Government policy, funding and support needs to reflect, and be developed in partnership with disability, education, family, human rights and community sectors to remove the barriers described in this paper and implement the changes necessary to encourage and not discourage participation in ECCE. Families and communities experiencing the greatest need must be prioritised.

It is heartening that a collective voice and collaboration is currently developing and growing around these issues, and articulating a vision of full commitment to disabled people and inclusive education by offering these recommendations to the Government:

1. Meet New Zealand's international human rights obligations and our own legislative requirements to provide every disabled person with an inclusive education.
2. Include the right to an inclusive education in the Education Act, and define 'inclusive education' and its purpose using article 24 of the United Nations Convention on the rights of persons with disabilities
3. Include the leadership, experiences and aspirations of disabled people, children, young people and whānau at all levels of education
4. Put an end to children, families, ECCE and schools having to compete against one another for funding.
5. Remove the disincentives for ECCE centres to enrol and include students with disabilities by providing proper resources, supports and funding.
6. Prepare and mentor teachers and education leaders to understand, and demonstrate competence in practices that support the belonging, learning and inclusion of all children
7. Adopt a policy of Universal Design for Learning so that everything, from the built environment, curriculum, teaching practices and support services, is accessible for everyone.

<https://www.change.org/p/minister-hekia-parata-education-for-all>

About the author

Dr Bernadette Macartney has been working in early childhood education in New Zealand for 35 years. She gained her doctorate in education through the University of Canterbury in 2010, specialising in the areas of Disability Studies in Education and Early Childhood Care and Education (ECCE). Her thesis focussed on the experiences of families with a young disabled child in early childhood education in New Zealand. Dr Macartney has researched, published and presented widely in the area of inclusive education, and stood for four years as co-convenor of the Inclusive Education Action Group, and remains involved with the organisation. She is mum to Maggie, who turns 21 next year and who has intellectual and physical disabilities.



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