1. General Overview

Senior Medical Officer staffing issues in Te Puaruruau and commitments in Criminal and Family Court continue to affect the role. Despite that, significant progress has been made.

2. Activity Levels (Outputs)

- All 20 DHB now have a “named paediatrician” in child protection. Documents regarding the development of the managed clinical network in child protection in the UK, and competencies in child protection (along the lines of the “Safeguarding Children” framework from the UK) have been circulated for comment and feedback.
- Telepaediatric meeting with Canterbury DHB to discuss how the managed clinical network could support child protection in their DHB and the South Island generally.
- Letter in support of a Registrar training post in child protection in Capital Coast DHB.
- Advice in management of a complaint with regard to an Alert in Hawkes Bay DHB.
- Comment concerning proposals to install CCTV in paediatric wards in Bay of Plenty DHB.
- Hawke’s Bay DHB has been formally audited (paper audit and a site visit), and is now formally approved as the first DHB placing Child Protection Alerts on the National Medical Warning System in compliance with the National Child Protection Alert System. ADHB has successfully completed the paper audit, and will be audited in person by the Children’s Commissioner on March 23. We anticipate approval. The Memorandum of Agreement has been forwarded to a further 5 DHB Chief Executives for review and signing (Bay of Plenty, Taranaki, Wairarapa, Waitemata, Whanganui).
- The MOU (and Schedule 1) between CYF, Police and the DHB was signed by Tairawhiti in December after a site visit. All 20 DHB have now signed.
- Schedule Two (CYF Social Worker in Hospital) has been through extensive revision and consultation. The second draft is about to be circulated for further consultation.
- A working group to look at the response to care and protection concerns recognised in pregnancy is also under way, and is making good progress.
- A proposal to develop a Schedule Three, delivery of services to children and young people after alleged sexual assault, has been made to CYF, Police, DSAC and ACC.
- The National Shaken Baby Prevention Co-ordinator began work in January 2012, in close linkage to the Managed Clinical Network in Child Protection. Dr Kelly is project sponsor. The Advisory Group includes representatives from MOH, VIP, Plunket, CYF, the NZ College of Midwives, the Royal NZ College of General Practitioners and Jigsaw. Negotiations are afoot re incorporating the programme into training of primary healthcare providers through Well Child programmes, and in prisons.
- The Child Protection Special Interest Group (CPSIG) Satellite Day is in planning for November 2012, in conjunction with the Paediatric Society meeting in Palmerston North. We anticipate over 100 registrants, as this forum is steadily growing in status as the sole multi-disciplinary annual forum for workforce development in child protection in DHB.

3. High and Emerging Risks

- Alert system. It is important to build on the successful testing of the approval process. MOA sent to other DHB have stalled over Christmas, and following this up is a priority.
a role require definition as soon as possible. Most paediatricians are submerged in clinical duties over the winter, so will require regular contact to progress the discussion.

- Workforce development. Attracting paediatricians into child protection, and retaining them there, is a major problem throughout the country. The increasing profile and difficulty of expert witness evidence in criminal trials is a key factor, and requires engagement with similar issues being addressed in Australia. Response to child and adolescent sexual abuse is also a priority, and more engagement of nurses and nurse practitioners in the delivery of child and adolescent sexual assault services is another area of potential workforce development. If there is any intention on behalf of the government to consider mandatory reporting by health professionals, we will be faced with an enormous challenge in training and supporting the primary health workforce, as there is a very small trained and experienced health child protection workforce available.

- MOU. Management of care and protection concerns during pregnancy is also a major cause of concern throughout New Zealand, and should become a suitable subject for a Schedule when there has been proper engagement of all necessary parties.

4. Proposed Actions next month

- Approve ADHB for the NCPAS. Confirm a time-frame for approval of the MOA by the 5 DHB currently considering it. Meet with Counties Manukau to discuss the NCPAS.
- Meeting with RNZCGP concerning post-graduate training in child protection for GPs.
- Meeting of the Shaken Baby Advisory Group, confirmation of national strategy, initial engagement with Well Child Provider programmes. Shaken baby prevention education in Mt Eden Prison, beginning roll-out in Taranaki and Bay of Plenty DHB.
- Preliminary meeting concerning development of a Schedule regarding sexual abuse
- DSAC 4 day Initial Training Course in management of child and adolescent sexual abuse (run annually at Starship in conjunction with DSAC), now expanded to 55 registrants.
- Submit to the National Health Committee re health response to child abuse and neglect

5. Proposed Actions next 12 months

- Participation with RACP in developing standards re expert evidence in criminal trials.
- Six DHB successfully audited and placing Alerts in compliance with the NCPAS, regular quarterly meetings, testing of inter-rater reliability for the decision to place an Alert
- Extension of multi-disciplinary training (CYF, health and Police) through telepaediatrics
- Shaken Baby Prevention Programmes in 10 DHB, in prisons and Well Child programmes, exit strategy for program co-ordinator, sustainable funding for materials
- Schedule 3 to the MOU regarding sexual abuse
- Draft Schedule with regard to care and protection concerns recognised in pregnancy
- Regular meetings between CYF, Police and DHB with regard to operation of the MOU
- Training workshop for paediatricians in the assessment of suspected physical abuse in children, expanded to 4 days, August 2012 (consider developing additional training course in physical abuse and neglect available to GPs, nurses and paramedics)
- National meeting of “named Paediatricians” in child protection in September 2012, draft job descriptions and competency framework based on “Safeguarding Children” model
- Successful Child Protection Satellite Day incorporating more workshops and continuing professional education in child protection for health professionals, November 2012

Report by: Prepared by Patrick Kelly Date: 12 March 2012