



# THE PAEDIATRIC SOCIETY OF NEW ZEALAND

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**Paediatric Society of New Zealand's  
Submission on Ministry of Social Development's Green Paper for Vulnerable Children  
Every Child Thrives, belongs, achieves  
Ka whai oranga, ka whai wahi, ka whai taumata ia tamaiti**

## 1. Introduction

Thank you for the opportunity to make a response to the Green Paper for Vulnerable Children.

The Paediatric Society of New Zealand (PSNZ) is a multi-disciplinary organisation with a membership of more than 500 child health professionals with wide ranging expertise in clinical practice (from primary to tertiary health care), academia and management.

PSNZ shares the vision of a country where every child thrives, belongs and achieves. We applaud the Government's decision to ask the difficult questions on 'what needs to change?' and 'how can this be done?' to address the situation of vulnerable children in our communities. PSNZ acknowledges that the current situation is not acceptable, but that there are no easy fixes. PSNZ supports any process that will provide a more caring and safe environment that protects our most vulnerable citizens.

PSNZ encompasses a broad membership, from varying professional backgrounds and with differing special interests and areas of expertise. This is a general submission on behalf of PSNZ. Individual members may also be contributors to other submissions, including those addressing specific areas of concern.

## 2. Share Responsibility

### 2.1 Parents and care givers

PSNZ recognises the value of support services to people raising children whether they are parents, grandparents or other care givers. Parenting, counselling and financial services need to be in accessible locations, at an accessible time, from capable and competent providers and be financially feasible.

### 2.2 Communities

**'Children thrive in families and the supportive environments of their communities'.<sup>i</sup>**

PSNZ would support innovative, practical projects that engage community participation. All funding streams should be directed to evidence-based programmes that can be evaluated and have measurable outcomes within a clear time frame. Evaluation should include assessment of impact on inequalities.

Local government has a role in creating environments supportive of children. Central government should take the lead role in the development of the Children's Action Plan, however, local government has a role within their region with input from communities and a wide range of organisations. The Auckland Plan includes children as one of three strategic priorities and is a good example.

#### *When to intervene*

Child neglect creates many challenges as there is a lack of a common understanding of its prevalence and impact on children. Without an agreed definition, it is hard for organisations /agencies to support some families with interventions that could be helpful in building a more caring environment for the child. With a shared understanding of neglect (and its impact), cross-sector strategies should be developed between government organisations and cascaded through to provider services. A structured workforce development programme would provide the process to achieve this.

A strategy to support effective assessment and intervention for children and young people is the establishment of a common assessment framework. The implementation of such a framework would require a cross-sector workforce development programme to ensure that all sectors are confident and competent in its application and evaluation.

New Zealand already has reputable research and reports available, or research programmes in place, to track changes that can reliably inform future service needs. What we need is assessments, actions plans (with timelines and outcomes) and monitoring to track achievements.

### **3. Show Leadership**

**The PSNZ recommends that leadership on action for children includes cross-party agreement so that strategic goals and policies can be maintained through electoral cycles.**

#### **3.1 Vulnerable Children's Action Plan**

The PSNZ strongly supports the development of a Children's Action Plan that would include a number of core goals that reflect the Government's commitment to the United Nations Convention of the Rights of the Child (UNCROD) obligations and the rights of tamariki and rangatahi under the Treaty of Waitangi. PSNZ supports the prioritisation of activities including but not limited to:

1. Addressing child poverty
2. Protection of children from abuse and exploitation
3. Ensuring all children enjoy the right of education
4. Ensuring all children enjoy the right of highest attainable health
5. Supporting parents, family and whanau in their upbringing of children
6. Providing special protective and rehabilitative measures for all children involved in the care and protection system

We note the above goals are consistent with the priorities of other leaders in the sector.

We are aware that the government is also currently undertaking an enquiry into the determinants of health for Maori children and a review into the Family Court, and recommend that the findings of these enquiries are taken into consideration in developing an Action Plan.

The specific needs of Pacific children should be considered within the Plan.

Reporting processes with associated time lines need to be included in the development and works streams associated with the Children's Action Plan.

### **3.2 Legislation changes**

We support the development, implementation and evaluation of a Children's Action Plan enacted through legislation changes such as a 'Children's Act'. The plan must have a legal framework and a systematic approach to measure its success, otherwise it runs the risk of being another 'good idea, no change'<sup>ii</sup>. The combination of the legislation and an Action Plan provides a framework for a coordinated approach with leadership, monitoring and reporting processes across government and across sectors. This framework ensures a sustainable, child-friendly programme for New Zealand's children and young people. When developing legislation and an Action Plan, New Zealand needs to look to other countries to see if their evidence-based initiatives can be adapted to meet the unique needs of our population, i.e., gives due consideration to the needs of Maori and Pacifica children.

### **3.3 Working with whanau, hapu, iwi and Maori leaders**

The Action Plan must demonstrate a commitment to the Treaty of Waitangi and be underpinned with the principles of Whanau Ora. Although the Action Plan would be a national document, it must be flexible enough to be sensitive to local environments. The development of the Action Plan, its implementation, monitoring, evaluation and reporting must all be done in collaboration with Maori.

## **4. Make child-centered policy changes**

### *Child Poverty and social determinants of health*

Addressing child poverty is of key importance. There is extensive research evidence that suggests children growing up in low income families experience more adverse outcomes in later life. This includes outcomes associated with education and health<sup>1</sup>. The impact of policy and/or legislation changes across sectors can have a flow on effect on poverty and deprivation levels. The PSNZ supports actions to reduce child poverty. Such actions include increased access to education, skills and employment. We recognise the need for benefit levels to be adequate to provide a 'healthy life' for children.

Unborn children may also be vulnerable to factors in their environment such as exposure to alcohol, tobacco and drugs (prescribed and illicit). The common assessment framework is a useful tool for recognising the vulnerable unborn child. On occasions action may be needed to protect the unborn child from such harms.

There needs to be continued action on alcohol reform as an important component of reducing risk factors for child abuse and neglect.

### **4.1 Review Government spending to get better results for vulnerable children**

The PSNZ supports the requirement for all Ministries to complete a Child Impact Assessment report within the policy and/or legislation development process. This assessment requires the owners of the proposed change to consider the implications for children, young people and families. The PSNZ would take this further by extending this requirement to local government and health, education, social services and housing sectors. The assessment must include evaluation of impact on inequalities

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<sup>1</sup> [http://www.occ.org.nz/\\_\\_data/assets/pdf\\_file/0012/9201/CC\\_CHILDREN79.pdf](http://www.occ.org.nz/__data/assets/pdf_file/0012/9201/CC_CHILDREN79.pdf)

The PSNZ agrees that investment in 'the early years' is critical; the earlier the intervention, the more cost effective it is<sup>iii</sup>. With agreement on this principle, the types of programmes in the Action Plan can be decided. To do this, one needs to look at the 'universal' versus 'targeting' argument. PSNZ supports 'proportionate universalism' i.e. the provision of universal services with intensity of service related to identified needs. Universalism avoids stigmatisation. A basic level of services should be provided to all children. It is not practical for all services to be targeted only at those who need them most.

Agreement also needs to be made on the principles for commissioning of services that support the Action Plan. The PSNZ recommends that an outcomes purchasing framework should be applied requiring providers to describe how improved outcomes will be achieved. Furthermore, all service providers will be required to adhere to an evidenced-based reporting process that demonstrates how they fulfilled their contract requirements. Reporting will include cross-sector engagement, coordination and integration.

#### **4.2 Vulnerable child – first allocation policy**

The PSNZ supports the development of common definitions of key terms such as 'neglect' and 'vulnerable'. With these definitions in place, a common assessment framework for support and intervention can be developed across government and non-government agencies. A common assessment framework can inform decision making when prioritising access to services; for example giving a higher priority if someone is a primary carer for children.

The PSNZ would support the inclusion of responsibility for care of vulnerable children in establishing priority for access to selected adult services e.g. mental health, alcohol and drug treatment. In practice, this would mean a mother who is the primary carer for her child(ren), who is assessed as having identified mental health needs, would receive a higher priority loading from mental health services at triage. The anticipated outcome is that the mother accesses services in a timely manner enabling her to parent her child(ren) in the best way possible. Such prioritisation could be extended to include other sectors e.g. Housing New Zealand requests.

The PSNZ recognises the importance of development in the early years and of early intervention for problems. We also recognise the importance of programme evaluation and concur with Sir Peter Gluckman where he stated in the *Children* magazine that "A key challenge is to ensure that all programmes are appropriately monitored to ensure that they are effective and cost effective within the New Zealand context, allowing better use of scarce resources to support our young people"<sup>iv</sup> (p.7). Even though there may be limited and/or no evidence, it may still be pertinent to invest in innovative strategies, conditional to having a comprehensive evaluation/monitoring framework. The key performance indicators and associated timeframes must accommodate a reasonable period for implementation.

#### **4.3 Watching out for vulnerable children**

Effective and appropriate information sharing between services is critical to enable comprehensive assessments of children and young people to be undertaken. Such assessments inform intervention plans. Investigations of deaths from child abuse consistently highlight how important it is for health services to share information about children "at risk" and how often this fails to happen<sup>v</sup>.

Child Protection Alerts attached to the National Medical Warning System can be used to indicate to clinicians that information on a child exists and where to find it. Alerts can only be added where a child has been referred to Child Youth and Family and an ongoing risk of abuse has been identified by a multi-disciplinary team. The alerts are currently in use in a

small number of DHBs. The PSNZ recommends that child protection alerts should be used throughout the health sector using the established systems approach. This should enhance safe information sharing and improve outcomes for children.

#### *Vulnerable children with disabilities*

The education system is failing children with specific learning disabilities, low and average intellectual ability and mild and moderate intellectual disability and other mild and moderate disabilities. The education system refuses to recognise the value of accurate diagnosis of educational failure. National standards will not fix this problem. Failure to address this issue will be a significant cost to the next generation as this group of children and young people will be significantly limited in their economic productivity in the future and have the potential to produce the next generation of vulnerable children and young people. A specific work stream in a Children's Action Plan needs to address this gap.

#### **4.4 Information sharing**

The PSNZ believes that improving connectivity between information technology systems should be prioritised, including well child, primary and secondary health and maternity. An 'opt out' approach should be taken to national databases such as the National Immunisation Register to provide a user-friendly access for families. This should lead to greater coverage and improved information sharing. The links that build integration between families and service providers is complex, therefore, processes that support and enable relevant information sharing to work seamlessly is critical. Actions to improve this process include:

information shared freely between health/education/welfare for all children and young people, but especially the most vulnerable. This should be universal, but parents could opt out; this should be flagged as an indicator of vulnerability

a single identifier number across all public services (health – NHI/education – national student number/welfare – Work and Income client number) would facilitate information sharing

professionals and other workers in all agencies receive appropriate education to ensure that they clearly understand their responsibilities regarding information sharing and confidentiality

### **5. Make child-centered practice changes**

#### **5.1 Improving the workforce for children**

The PSNZ recognises the importance of appropriate training for all professionals who may come into contact with vulnerable children. The training needs to focus on recognising, assessing and intervening with infants, children, young people and their families with emotional, behavioural, learning and mental health problems. In addition all professionals need training in the recognition of social stressors and mental health problems in parents and families, as these have been well documented to influence health outcomes for children and young people. All providers of services for children and young people need to have minimum levels of competence that includes a process that demonstrates effective maintenance and, as appropriate, incremental development.

The workforce will operate most effectively when working as a team (multi-disciplinary) and in collaboration with associated agencies. The benefits gained from joint agency and multi-disciplinary training is considerable; therefore, training programmes that support this 'way of working' need to be encouraged and supported. As for any leaning programme, integrated training programmes must be evaluated for effectiveness and on-going quality improvement.

Appropriate maintenance of professional competence is essential to improve quality of care. In addition, the management of the stress associated with working with vulnerable families needs to be addressed as part of core service delivery. This needs to be acknowledged and calculated into programme planning and costing

The PSNZ supports the development of clinical networks. Clinical networks can foster the sharing of best practice tools, improve training and on-going professional development and reduce duplication of effort (e.g. by sharing clinical and education resources).

## **5.2 Better connecting vulnerable children to services**

As noted above (4.1) the PSNZ supports the continued provision of basic universal services e.g. the National Well Child /Tamariki Ora programme, with identified needs-based targeting.

As noted above (4.4) the PSNZ recommends adopting an “opt off” requirement for enrolment to all programmes. The rationale for this recommendation is that sharing of information between maternity services, Well Child, primary and secondary health care providers e.g. contact details for families, immunisation status, is critical to support provision of best care and improve accessibility.

## **5.3 Improving service delivery**

The PSNZ recognises the importance of early intervention and accessible services. The PSNZ recommends the development of co-located services where possible. This may include multi-agency centres that enable grouping of services, such as education, health and social services. This provides the opportunity for improved information sharing, the coordination of care (wrap around services) and interagency collaboration. It also supports multiagency training that results in a workforce that is sensitive to the community in which it functions.

As noted in Section 2.1, the PSNZ supports access to counselling and parenting programmes without cost barriers. These programmes, as with the training of health professionals, must be evaluated and allowed adequate time for implementation first.

# **6. Resourcing**

## **6.1 Constrained fiscal environment**

The PSNZ recommends that the highest priority for funding needs to be directed to children and young people as they are New Zealand’s future.

In a constrained fiscal environment, limited resources must be spent on programmes that are evidenced based and can demonstrate positive outcomes or an agreed cluster of outputs that indicates benefits to the child and family.

The implementation, management and review of contract performance are complex, but strong relationship management skills that support provider(s) and show results, is essential. This includes ensuring that providers have the necessary frontline competencies, information and reporting systems in place before contracts are signed.

Programmes/services that are contracted to a number of small providers need to be reviewed and consolidated in order to reduce the administrative burden and cost. An example is the reduction of ‘backroom’ services within District Health Boards.

## 7. Conclusion

### 7.1 Summary of key recommendations

*The Paediatric Society supports*

- A Children's Action Plan, developed with cross party input, agreed timelines and enshrined in legislation
- Child impact assessment of all legislation, to include local government
- Proportionate universalism, with intensity of service determined by need
- The importance of addressing child poverty
- Improved joint agency training opportunities for all those working with children
- Improved sharing of information between and across agencies
- Ongoing development of clinical networks

The Paediatric Society is pleased to have had the opportunity to provide feedback on the "Green Paper for Vulnerable Children". The Society looks forward to further opportunities to contribute when the White Paper is released later this year.



Dr Rosemary Marks  
President



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CEO

## 8. References

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<sup>i</sup> Wills, R Commissioner for Children. Verbal comment to M. Wilson, September 2011

<sup>ii</sup> Hancock, J. (2011). Has the time come for a Childrens Act? *Children*; Spring, No 78, p.35-38.

<sup>iii</sup> Grimmond, D. (2011). *1000 days to get it right for every child; the effectiveness of public investment in New Zealand Children*. [accessed 12 February 2011] Available:

<http://www.everychildcounts.org.nz/news/1000-days-to-get-it-right-for-every-child-poor-child-outcomes-costing-the-nation-billions/>

<sup>iv</sup> Gluckman, P. (2011). Towards better use of evidence in policy formation. *Children*; Spring, No 78, p.7-9.

<sup>v</sup> Office of the Commissioner for Children. (2000). *Final Report of the Investigation into the Death of James Whakaruru*. Wellington