



NATIONAL COUNCIL OF WOMEN OF NEW ZEALAND

TE KAUNIHERA WAHINE O AOTEAROA

20 April 2012

S12.12

Submission to the Health Committee on

Inquiry into preventing child abuse and improving children's health outcomes

The National Council of Women of New Zealand (NCWNZ) is an umbrella organization representing 51 nationally organized societies and national members. It has 23 branches throughout the country attended by representatives of those societies and some 150 other societies as well as individual members. NCWNZ's function is to represent and promote the interests of New Zealand women through research, discussion and action.

This submission has been prepared by the NCWNZ Family Affairs Standing Committee drawing on previous submissions and established NCWNZ policy resolutions.

Introduction

The key message as stated in the Ministry of Social Development on The Green Paper on Vulnerable Children is: The Government's vision for children is that every child should thrive, belong and achieve. Most New Zealand children live this vision with the support of their parents, and family and whanau. About 15 per cent (approx.-163,000) of New Zealand children are at risk of not doing well.

There is no single approach to improving child outcomes. Spending and attention across a range of fronts is required. Knowing what to invest in requires good information, evidence and analysis. There is support for reviewing existing programmes, so that funding for programmes that are not working can be directed into programmes that are working.

To update knowledge of what factors influence best childhood outcomes from before conception to 3 years, and what are significant barriers.

It has been well documented that the wellbeing of children in the OECD countries shows that New Zealand has one of the lowest child outcome indicators accompanied by one of the lowest levels of public spending.¹

In 2009 the OECD itself suggested the framework on which such an accord could be based –

¹ OCED.2009 Doing better for children

- Invest early in children's lives;
- Concentrate on improving the lot of vulnerable children;
- Design interventions for children that reinforce positive developments across their life cycle and across a range of well-being outcomes;
- Regularly collect high-quality information on children's well-being that is nationally and internationally comparable;
- Continuously experiment with policies and programmes for children, rigorously evaluating them to see whether they enhance child well-being, and reallocating money from programmes that don't work to those that do.²

Any changes made need to be taken out of the political arena and there should be a long term commitment from future governments and secure funding for these programmes.

There is increasing public disquiet at the distressing incidence of child maltreatment and deaths, the re-emergence of poverty-related disease and poor child health indicators, a growing awareness of the long term consequences of child deprivation, high rates of truancy and educational under-achievement, and the need to re-organise our welfare programmes.

An ever increasing view is that if the child is vulnerable, it is usually because the family is vulnerable. Help cannot be given to one without helping the other. Our highest risk children and their families should have priority access to any intensive services that they require. The ultimate for these families would be the focus on outcomes rather than outputs.

Some significant barriers that influence the outcomes for children in New Zealand are:

- Alcohol and substance abuse
- Family and social isolation
- Reduction in investment of parent time with children in the early years
- Language barriers especially for immigrants
- Young age of parents
- Poor education
- Poor nutrition

What practical improvements can be made to health, education, social and other services, targeted at the pre-conceptual period that will improve infant and child outcomes (including the maintenance of a healthy body weight).

In our NCWNZ submission S12.04 when responding to the Green Paper on Vulnerable Children it was stated

- There needs to be better protocols for speedy information transfer among agencies at local and national level - covering issues as diverse as housing, health, justice, courts, education, and social welfare.

² Murray Edridge. 1000 days to get it right for every child

- Current legislation identifies the intervention points. The agencies need robust processes to ensure the correct analysis of information. Early intervention, with attention to small issues could well prevent the manifestations or escalation of these issues.
- Where there are a range of high risk factors present (eg prison or probation, alcohol or drug dependence, severe mental or physical health issues), especially if these are combined with more moderate risks such as low income, substandard housing, language barriers, greater intervention is needed.
- When health professionals, who have contact with the families in the first months of a child's life (and even pre-birth) identify at risk factors.

NCWNZ recommends the following measures to improve outcomes:

- The continuation of giving of concise written information in the form of brochures/fliers in waiting rooms/sports clubs/libraries/community notice boards.
- Short sharp media campaigns eg about folic acid supplementation, alcohol harm, rubella immunization, smoking in pregnancy
- Keeping Ourselves Safe (KOS) programme continues to be delivered to all schools
- Education in school programmes specifically giving pre-conception information to prospective mothers and fathers as well as information about fertility control
- The Family Planning Association gives their clients planning a pregnancy a "pre-conception pack" which includes the appropriate brochures. This service could be extended to other primary care providers.
- Television and other media continue to have a strong influence on social attitudes and behavior. Members of NCWNZ have expressed disquiet regarding the values and attitudes displayed in our media. We have soaps with every possible combination of sexual partners and very few depictions of faithful long-term partnerships, with few people actually resisting temptation coupled with extremely dubious comedy shows. A large number of these programmes are viewed early evening and give our young a very limited view of how people might behave. NCWNZ recommends a lifting of standards, if not stronger censorship.

What practical improvements can be made to antenatal maternity services so that children 'at risk' of adverse health outcomes are identified early, monitored appropriately, and followed through to achieve best outcomes.

NCWNZ recommends:

- Improving and strengthening the contact between the G.P; Lead Maternity Carer; Public Health Nurse; Plunket Nurse. These professionals are in the

main the first people to be in contact with a family, pregnant woman or young child.

- A review of the Privacy Act is needed so that everyone involved with a child and the family can interact and share information.
- Improved communication between services. One of our members who works in the Well Child Health service, and who has had experience in Britain, finds the lack of communication between various services one of the difficulties in New Zealand particularly those services involved with maternity and early childhood.
- Increased integration of services. Comment was made that these services are too fragmented and are all too busy looking after their own funding as it is too specific and tied to one service or one family and there is no fluidity of movement.
- The use of electronic “flagging” to link GP’s, Lead Maternity Carer’s and Maternity Units with each other. Everyone involved is copied in to each letter or event. Permission must be given by the client at the first ‘event’. The client needs to have a full appreciation of the desirability of this personal information being able to be shared amongst other health professionals, with the focus being on achieving outcomes for families that show increased wellbeing.
- Improvements to ‘tracking’ clients. There has been difficulty in the past ‘tracking’ women when they shift towns, or communities, and there needs to be a way of rectifying this. The person’s NHI can be used should they reappear as well as recording the details of a ‘support’ person at a different address, so if needed this can be used to ‘track’ a person. The client would be informed that this is what this contact would be used for.
- Improvements to access to Lead Maternity Carers. Choosing a Lead Maternity Carer can be a daunting process and sometimes they are not readily available due to shortages.

What practical improvements can be made to post-natal services (including the interface between lead maternity caregiver, Plunket and primary care) to ensure best outcomes for children.

NCWNZ maintains that the Privacy Act plays a huge part of breaking down the relationship between agencies working for the best outcomes for children. There needs to be far better collaboration between the providers of well child services and the Lead Maternity Carer.

There has been much discussion on the importance of attachment for the new born infant to a particular person. Attachment to the mother ensures survival of the infant and in turn the infant is able to build up trust and a sense of security. It is believed that the attachment figure was formed by twelve months of age.³

³ Bowlby (1969, cited by Crittenden & Ainsworth, 1989) Child maltreatment and attachment theory

Since 2007, NCWNZ has supported the extension of paid parental leave to 12 months.

There needs to be a child register, an extension of the NHI – National Health Index. and includes the NIR – National Immunisation Register. This information needs to be able to be accessed by the providers and health professionals to ensure the child and family are accessing and getting the services required.

Any loss of family privacy caused by closer monitoring of children's progress has to be balanced against the rights of the child, maintaining the paramountcy of the child, the rights of the adults in the family to privacy and the degree to which the adults are carrying out their responsibilities to care for the child.⁴

New Parents should have access to all information regarding the Well Child services, Plunket and Family Start programmes.

What practical improvements or interventions can be made to achieve optimal outcomes for children from the 6 week post-natal periods to 3 years of life, with particular reference to health services but not excluding education, social, housing, justice and other determinants of health?

It is the family function that matters, not the family form.

Funding needs to be available to allow the appropriate resources and services to be in place for all children 0 to 5 years. There needs to be more well child checks and home visits as this would ensure that more of the high needs families are monitored.

Plunket needs to be resourced to allow more home visits so that a rapport with the family can be established to enable parents to feel safe and secure with the health professional visiting them.

In the NCWNZ submission on Supporting Children – S10.27, there was support for reinstating the Family Benefit for use by the primary caregiver. Custodial parents would not be 'discouraged from participating in the workforce', and alternatively and certainly more importantly for young children, a custodial parent would not be discouraged from full time parenting if the parent felt it necessary for the wellbeing of the child(ren) and the family.

The prevalence of gambling, liquor and fast food outlets in communities was seen as contributing to challenges communities faced such as health, violence and alcohol, drug and gambling addictions.

In the NCWNZ submission on the Crimes (Abolition of Force as a Justification for Child Discipline) Amendment Bill S06.02, we stated:

Members supported more education being given to parents and caregivers, especially to New Zealanders whose cultural practices may be different from those acceptable in New Zealand.

⁴ NCWNZ Submission to The Green Paper on Vulnerable Children S12.04

These parenting programmes need to be part of a national policy and adequate resources given to them, so that they are well run. Attendance to a parenting course should be a positive experience.

Conclusion

There is only one outcome that should be considered – better outcomes for children.

This requires first and foremost, better support for parents and the work of parenting, so that parents are better equipped to do the job, and to ensure families function for the optimum benefit of the child. Interventions by whatever agency should focus on strengthening family functionality.

Investments into early interventions are more successful and have more long lasting results than later interventions. The success of these programmes will require all professionals working in the field including community agencies, service providers to work collaboratively to ensure that the public investment ‘does make a difference’.

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