



**Submission to the
Ministry of Social Development
on the
Green Paper for Vulnerable Children
28 February 2012**

Submission to:

Ministry of Social Development

The Green Paper for Vulnerable Children

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The College of Nurses Aotearoa welcomes the opportunity to comment on the Ministry of Social Development's Green Paper on Vulnerable Children.

This submission was prepared on behalf of the members of the College of Nurses Aotearoa (NZ) Inc. The College is a professional body of New Zealand registered nurses from all regions and specialities. It provides a voice for the nursing profession and professional commentary on issues that affect nurses, and also the health of the whole community. Its aim is to support excellence in clinical practice, research and education and to work with consumers to influence health policy. The College is committed to the Treaty of Waitangi and the improvements of Maori health. This commitment is reflected in the bicultural structure of the organisation.

College members **do not support** the government's proposal for the following

Mandatory reporting of child abuse

Removing funding from existing child health services to fund targeted serviced

Focusing on vulnerable children which is limiting, stigmatising and means some children will miss out.

The College of Nurses wishes to make the following comments on the questions posed by the Green Paper.

Key message 1: Share Responsibility

1.1 The socio-ecological context of children's lives is the single most critical factor in determining a child's safety and wellbeing. Government needs to address the broader issues of health and social inequalities such as access to quality housing and health care.

No single agency, institution or provider can make a sufficient difference unless the systems that support social and economic wellbeing are adequate and coordinated.

1.2 The College believes that children thrive when they are supported by strong parents, families and communities. Most parents would choose to parent well if they had the personal, social and economic resources to do so. In particular mothers should be universally supported to be able to choose safe living environments for their children. National attention must focus on creating an environment where all parents are supported to parent to the best of their ability,

1.3 Coordinated prevention and early intervention activities are more effective than reactive responses to child vulnerability. Child health services must provide evidence based preventative and early invention programmes and not be constrained by targets.



Key message 2: Show Leadership

2.1 Many College members have argued for the establishment of a Minister for Children with a senior cabinet ranking. This is seen as central to establishing and maintaining leadership and improvement in New Zealand's child health ranking.

2.2 A Children's Action Plan is needed to provide a framework to support policy and action to improve child wellbeing outcomes. **Agencies must be mandated to develop partnerships and work together.**

2.3. The Green Paper asserts that leadership is crucial to ensure vulnerable children and their families are prioritised. The College challenges first the Green paper assessment that 15% of children can be considered vulnerable. We understand that this figure is drawn from the Otago longitudinal study and thus the children were born in 1973 and were a predominantly European sample. As such 15% will be potentially a gross understatement. Secondly we suggest that due to the inherent vulnerability of all children, and the unpredictable course of childhood, that Government retains a focus on the needs of all children at all times.

2.4 Working with Maori whanau, hapu, iwi and Maori leaders is essential as a commitment to partnership, and approaches that are founded in reciprocity and respect.

2.5 We argue that the protection and safety of all children is so important that it requires a bi-partisan approach in which political energies are not wasted.

Key message 3: Make child-centred policy changes.

3.1 We do not support mandatory reporting of child abuse by health professionals. We believe this to be a distracting, punitive and entirely counterproductive response. Rather we believe that the focus should be on creating an environment that is conducive to non-abusive contexts for children and an environment where health professionals feel safe and supported to report abuse knowing that the response will actually benefit the child and family concerned.

3.2 Government should approach child-centred policy in the same way they approach economic policy. In addition all proposed changes to welfare provisions should consider first and foremost the impact on children.

3.3 We support legislative changes that place an emphasis on child welfare as of paramount importance above that of adults.

3.4 We support evidence based approach services which are universal so all children benefit and vulnerable children are not stigmatised and marginalised.



3.5 Tamariki ora/Well child services must be funded appropriately; ensuring staff are well skilled to deal with challenging complex situations. This will require financial investment to provide training and resources needed.

3.6 We recommend development of a national child protection policy which is underpinned by legislation and will provide a clear guidance for all professionals who come into contact with children and families/whanau particularly with regards to interagency working and child protection training.

3.7 We recommend development of a national register of vulnerable children which enables professionals to easily track children/families who are transient. We believe this should be the only way in which children described as vulnerable should be targeted. In every other aspect we believe the focus should be on all children.

Key message 4: Make child-centred practice changes.

4.1 We support mandatory requirements on all professionals and agencies to **share information** and work collaboratively when there are concerns regarding child or family.

4.2 Child health services for all children need to be better coordinated and placed within primary health care clinics with other members of the primary health team

4.3 When a child/family is identified as being at risk all agencies involved with the child/family are made aware, multi agency meeting called and a plan of protection developed. We support the provision of mandatory multiagency child protection training for ALL professionals working with children and families. This training must be accessible, resourced and free.

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