New Zealand Nurses Organisation

Submission to the Social Services Select Committee

on the

Children, Young Persons, and Their Families Amendment Bill (No 6)

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EXECUTIVE SUMMARY

1. The New Zealand Nurses Organisation (NZNO) welcomes the opportunity to comment on the Children, Young Persons, and Their Families Amendment Bill (No 6). NZNO supports the intent of this Bill which is consistent with the Ministry of Health's Well Child Tamariki Ora Framework. NZNO believes the Bill makes a significant contribution to co-ordinating both the framework and operations of government agencies responsible for children and young persons in need of care and protection, or at risk of offending.
2. NZNO supports the amended definition of 'young person'.
3. NZNO supports the Bill's focus on the wellbeing of such children and young persons and considers the provision of a chief social worker to coordinate services, ensure that their safety is paramount and their views encouraged, is sensible and efficient. The investigative powers of the chief social worker, with suitable protection for the identity of those supplying confidential information, will allow more comprehensive and proactive management on behalf of children and young persons.
4. In that context, NZNO would like to see more emphasis given to collaboration and coordination with health services in managing the continuing care of children in reports of abuse.
5. NZNO is prepared to meet with the Social Services Committee to discuss the contents of the Bill.

RECOMMENDATIONS

6. The New Zealand Nurses Organisation recommends that you:
    - **note** our support for the amended definition of "young person" and the extension of coverage of the Children, Young Persons, and Their Families Act (CYPF Act) to include 17 year olds which is consistent with the United Nations Conventions on the Rights of the Child.

- **note** support for the role and powers, including delegation**,** of the chief social worker
- **agree** that evidence given in confidence about children or young people at risk should be kept confidential and the anonymity of those reporting be protected
- **note** support for increased attention to be given to the views and participation of the child or young person
- **note** that in the provision for child abuse that more explicit provision should be made to consulting and collaborating with heath services. In particular in ensuring that children or young people have access to health services, particularly if they are moved to a new area; that information provided by health services is acted on promptly; and that health services are kept informed.
- **note** that nurses and midwives and health services such as Plunket perform a vital role in providing early warnings about childcare that is inadequate or dangerous and that a timely response to such warnings could mitigate the worst effects.
- **note** the potential of health service providers to link social and other services.

About The New Zealand Nurses Organisation

7. NZNO is a Te Tiriti o Waitangi based organisation. It is the leading professional body and nursing union in Aotearoa New Zealand, representing over 41 000 nurses, midwives, kaimahi hauora, students, health care assistants and other health professionals. Te Runanga o Aotearoa NZNO comprises Māori membership and is the arm through which our Treaty based partnership is articulated.
8. The NZNO vision is “Freed to care, Proud to nurse”. Our members enhance the health and wellbeing of all people of Aotearoa New Zealand through

ethically based partnerships. Our members are united in the achievement of their professional and industrial aspirations.

9. NZNO has consulted its staff and members, in the preparation of this submission in particular the Professional Nurse Advisors and those Colleges and Sections whose primary focus is on children, young persons and family health.

10. NZNO would like to draw your attention to our position statement of Family Violence which is appended, which recognises both the opportunities and responsibilities nurses have for responding effectively and appropriately to abuse including child abuse.

Submission

11. NZNO's National Section Nurses for Children and Young People of Aotearoa, which includes nurses and midwives working in primary and secondary health care settings, welcomes this Bill. Plunket conducts six monthly audits of the processes around child protection and family violence. For the past three years, every audit has found that the relationship with CYPFs and the subsequent lack of follow-up of reports of children at risk, to be the area of most concern to nurses. NZNO members report similar results from other workplaces. They are aware that lack of staff and resources are contributing factors, but are frustrated that repeated warnings are often delayed or unattended to and that the opportunity to prevent harm is lost. By mandating greater co-operation between agencies, it is hoped that this Bill will address those processes within CYPFs which have proved a barrier to the timely protection of children at risk.

12. The investigative and delegatory powers of the Chief Social Worker should ensure that more is done to prevent harm. In particular, much better use could be made of people and agencies other than CYPFs when resources are limited. Nurses and midwives are well situated to routinely screen as a first intervention, and with appropriate education, training and support could be

used more effectively. Good relationships need to be forged with those who have the experience, education and opportunity to intervene quickly and appropriately, but this will require a 'cultural' shift as well as an organisational one.

13. Access to good healthcare is a fundamental right in an equitable society, yet some of the most vulnerable children and young people in Aotearoa miss out on basic health checks which have a proven correlation with educational success and adult health. The Well Child Strategy provides effective coordinated screening, education and support services for children from birth to five years and their families/whānau, but if children are moved they can very easily 'drop out' of the system if no-one is informed, which is frequently the case. NZNO strongly recommends that the Bill specifies that health services – Plunket, Dental, General Practitioner, for example, are advised when children are moved as a result of CYPFs intervention, to ensure continued healthcare. Including health professionals in the preliminary and/or early stages could mitigate some of the risks of upheaval.

14. Health professionals are used to operating within the bounds of confidentiality, yet they are often simply unaware of children in the area needing care, or are unaware of circumstances which reflect on the care needed. This is counterproductive and not in the best interests of children and young people. Professional expertise is needed for assessment of health needs. Better consultation and coordinated processes, as outlined by the Bill, will help ensure that the best possible use is made of professional skills.

15. It may also be worth noting that health professionals are often seen in a 'neutral' light in comparison with those working for the Ministry of Social Development and/or the Police Department, making it easier in some cases for professional help to be offered and accepted. They also have extensive links with a number of many community groups and other agencies and so can provide a valuable link to help those at risk. Again, extra training and

support to make the best use of their position as an impartial intermediary would be useful.

16. The trusted position that health professionals hold is also an important consideration when dealing with vulnerable families and young people and NZNO strongly supports the Bill's provisions for ensuring reports of suspected abuse remain anonymous.

17. NZNO also suggests that there are occasions when the contribution of health professionals to family group conferences could be considered.

CONCLUSION

18. NZNO supports the Children, Young Persons, and Their Families Amendment Bill (No 6) and believes that it will deliver better, more coordinated and timely services to children and young people at risk. In particular NZNO welcomes greater collaboration between professionals concerned with the wellbeing of children and young people and recommends that:

- the particular contribution of health professionals be noted
- and that provision be made for ensuring that health services are informed when children are relocated

19. NZNO would like to make an oral submission.

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APPENDIX 1: NZNO POSITION STATEMENT

Family Violence

I. WHAT IS FAMILY VIOLENCE

Family/Domestic Violence is violence or abuse of any type, perpetrated by one family member against another family member, either adult or child. This violence may be physical abuse, sexual abuse, and/or psychological/emotional abuse. Intimate partner abuse, elder abuse and child abuse, including neglect, are common forms of family violence. Intimate partner abuse may occur in same sex relationships as well as heterosexual relationships, and may be in a dating relationship or from a person from a past relationship. A high proportion, but not all, of partner violence occurs as male on female violence, and is based on power and control issues. There is a high co-occurrence between child abuse and partner abuse. Research demonstrates those poverty issues such as unemployment, poor housing, lack of social and educational resources contribute to family violence, however family violence occurs at all socio-economic levels, as well as within all cultures and races.

II. EFFECTS OF FAMILY VIOLENCE

Family violence affects the health of individual, families, communities and society in New Zealand. These effects occur from:

- physical injuries to the victims, both adult and children. These injuries may be life threatening, acute or chronic, and have long term sequelae.
- an increase in unsafe behaviours of victims when living in violence.(i.e. sexual, alcohol usage or drug usage behaviours)
- chronic stress, causing increase in illness and detrimental effects on the body systems, psychological problems, lowered immunity, and lengthened hospital stays
- long term psychological effects on children, often leading to behaviour problems, poor education and an increase in ill health
- unemployment and poverty which may occur for the victim and children in the family, as well as for the perpetrator.
- the financial cost through increase in usage of health services, justice and police department, social and welfare services and special education services.
- children being unable to reach their full potential.

III. GOVERNMENTS POSITION

The Government's Policy Statement on Family Violence (1996) is as follows:

"Family Violence" is a range of behaviors perpetrated by partners and former partners, family members, household members and within other

close personal relationships.

Family Violence encompasses

- Physical abuse
- Sexual abuse
- Psychological abuse, which is defined as including intimidation, harassment, damage to property, threats of physical, sexual or psychological abuse, and (in relation to a child) causing or allowing the child to witness the physical, sexual or psychological abuse of another person."

IV. NZNO'S POSITION

THE NEW ZEALAND NURSES ORGANISATION:

- recognises that family violence affects the health of individuals, families, communities and society
- recognises the Treaty of Waitangi as the founding document of New Zealand and is committed to the articles and implementation of the principles of the Treaty of Waitangi
- supports the International Council of Nurses' anti-violence campaign, which focuses on the elimination of family violence as well as the elimination of violence against nurses in the workplace
- recognises that partner abuse and child abuse and/or neglect are closely linked, and that, interventions for either the child or the adult needs to occur for the other party as well. Education for nurses and midwives on partner abuse and child abuse needs to be combined
- supports the researched body of knowledge showing that an effective and appropriate response to family violence includes routine screening as the first intervention. This routine screening should occur for all women attending a health professional, either for their own health needs or when attending for their children's health needs. This screening needs to be confidential and culturally appropriate. It includes safety assessment and planning for victims and children involved, as well as referral to appropriate advocacy services, specialising in partner violence, child abuse or elder abuse and neglect. Screening should be undertaken for males if there are any suspicions of or signs of abuse. Interventions are based on information disclosed by the victim to support them to help end violence in their lives, as well as protecting children from harm
- recognises that appropriately trained advocates, and their agencies, which work with victims and perpetrators of family violence, are the foundations and cornerstones of the work

against family violence, and encourages and supports links with these groups. These linkages need to occur at all levels, from individual, unit, organisational and strategic, within all cultural groups

- encourages its members to support local and national initiatives undertaken by these agencies dealing with violence
- recognises that nurses and midwives are well situated to utilise these interventions, but that they need appropriate education training and support
- education on family violence needs to occur within the nursing and midwifery training curriculum, as well as within postgraduate study, and needs to be culturally appropriate
- recognises that research on all aspects of family violence in New Zealand is needed
- orientation packages in workplaces need to include the topic of family violence, with links to the advocacy groups. Workplaces need to have processes in place for staff to complete these interventions
- encourages nurses and midwives to undertake health promotion activities, which will encourage the elimination of family violence. The framework for this health promotion is the Ottawa Charter (1986), and activities can take place in schools, community settings, or within population groups

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MISSION STATEMENT

NZNO is committed to the representation of members, the promotion of nursing and midwifery. NZNO embraces Te Tiriti o Waitangi and works to improve the health status of all peoples of Aotearoa/ New Zealand through participation in health and social policy development.