

New Zealand College of Clinical Psychologists
Submission on Green Paper on Vulnerable Children
February 2012

The New Zealand College of Clinical Psychologists (NZCCP) welcomes the opportunity to contribute to the Government's Green Paper on Vulnerable Children

Who we are

The NZCCP represents 569 clinical psychologists and 177 postgraduate students enrolled in New Zealand clinical psychology programs.

All members of NZCCP have done research at the masters or doctoral level. Clinical psychologists are registered under the clinical psychology scope defined by the New Zealand Psychologists Board; the Health Practitioners Competence Assurance (HPCA) Act 2003 requires clearly specified competences are met and maintained by all registered clinical psychologists; the title "Clinical Psychologist" is protected by this law. We are bound by a comprehensive code of ethics.

NZCCP applauds the Government's intentions in developing the Green Paper, which offers a significant opportunity for the community to have input on social policy affecting children. The majority of New Zealand children are doing well, but fifteen to twenty percent have been labelled vulnerable, and if substantial progress is not made many of these children will be unable to reach their full potential as adults.

The health, development and wellbeing of children in their early years has far-reaching consequences in later life, in areas such as education, crime, addiction, and employment. Concerns include safety, poverty, health, the under-achieving tail in education, parents with drug and alcohol and mental health issues, and changing family structures.

In general, NZCCP supports the views on the Green Paper outlined by the Office of the Children's Commissioner.

NZCCP's views:

1. We support measures to increase the sharing of information amongst health professionals and others working with families and children.
2. What does vulnerability mean? There is no clear definition or classification of 'vulnerable', despite this being the title of the Green Paper. All children are vulnerable at times, and children cannot be viewed separately from their wider family, which may also be vulnerable. There is not enough focus on predicting which children are likely to be vulnerable. This would mean identifying at-risk families before the children are born and maintaining a really close monitoring role with these families. There are a number of well-known predictors of vulnerability like the heritability of factors associated with antisocial behavior; the heritability of mental illness including substance abuse; and the significant detrimental effects on children's development of perinatal insults like prematurity, in-utero exposure to alcohol and drugs, and poor caregiving. We know that parents' own experiences of being parented impact on their capacity to parent their own children. In addition, NZCCP is concerned about protecting people from labelling, and the label "vulnerable" may not be helpful.
3. The College would be concerned if the emphasis on community involvement was a means to reduce the involvement, and hence resourcing by, the State.
4. Similarly, we would be concerned if proposed welfare reform will roll back access to services such as housing and early childhood education. The social determinants of health, such as poor housing and low incomes, have the greatest impact of any intervention on improving outcomes for children. International research and WHO data shows that the worst child health statistics (based on many child health parameters) are in countries with the widest breadth of socio-economic status across the population. Countries where there is a narrower range (no matter if that is achieved via taxation or other ways) have vastly better child health

statistics. NZ is fundamentally a nation with "haves and have nots", and we can have as many green papers as we like, but until we address socio-economic disparities, it is all "window dressing".

5. There is need for a legislative plan that fosters cultural change through skill development and support and that is preventative rather than reactive. There is also a need for a cultural shift from individualism to collectivism and family centred perspective over a child first perspective.
6. Evidence-based research is often not being used where children are concerned.
7. There has often been a lack of a 'joined-up' approach, which has been identified in many cases of children's death.

The main recommendations of the Children's Commissioner, which are supported by the College:

Children's Act

- Proposal to make changes to legislation to make Chief Executives accountable for children's outcomes
 - This is essential
 - Mandates Child Impact Assessments for all legislation and major policy change.
 - Provides for annual national progress reports by an independent crown entity which we trust will lead to change.

Children's Action Plan

- Proposal for a long-term joined-up plan for vulnerable children
 - A long term plan is essential
 - Goals should include reducing child poverty, child abuse, poor education and health outcomes, increased support for children in the care and protection system and those in the youth justice system
 - All goals must have measurable annual targets with clear accountability for Chief Executives
 - National and local plans are needed

- Integration of all applicable systems is needed. Currently we have health, social welfare, education and justice all working separately and “vulnerable” children are falling between the cracks.

Iwi, Hapu and Whānau Leadership

- Proposal to work in partnership with iwi, hapu and whānau
 - Children’s Act and Action Plan need to be based on Treaty of Waitangi principles
 - Whānau Ora has much potential but is still developing
 - Commitment is needed to develop kaupapa Māori organisations
 - The College recommends the research group reads "Puao-te-ata-tu", a document mandated by John Rangihau. This document follows on the concepts and initiatives from Matua Whaangai.

The role of parents, families, whānau and communities

- Green Paper asks questions about the respective roles of the state, parents, families, whānau and communities
 - CYP & F Act 1989 is adequate in the application of Case Law, however this is not adequately utilised by social workers.
 - Need to focus on neglect
 - Need to fund evidence-based community development

Funding Priorities

- Proposal to reprioritise funding towards early intervention and targeted services
 - Both universal and targeted services need to be funded, progressive universalism
 - Services need to be evidence-based
 - ‘Child-first’ allocation of services is essential
 - Align and consolidate funding at the local level

Watching Out for Vulnerable Children

- Proposal to change the rules on information sharing and investigate systems for tracking vulnerable children

- Both are essential for vulnerable children and their families to receive the services they are entitled to however we believe that mandatory reporting has two sides to it:

- a) may stop responsible adults making notifications
- b) lack of resources and inappropriate triage responses
- c) lack of N.Z. evidence based practice to assist learning

- There needs to be compulsory training for anyone who has dealings with children in recognizing the signs of child abuse and then how to deal with it.

- The Privacy Act needs to be simplified and made understandable to anyone in the above situation so there can be no boundaries on reporting.

- Improved communication and responses to reporting between agencies/individuals. This not only keeps people informed as to where cases are at but also people moving around the country etc cannot fall through the net.

Workforce and Practice Changes

- Proposal to introduce reforms of the 'workforce for children' to introduce common standards and assessment processes
 - This is essential
 - Successful programmes are inter-sectoral, with well trained staff, built on trust
 - Need for cooperation between areas which are working for children