

Police (Cost Recovery) Amendment Bill

Submission to the Law and Order Select Committee

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Contact

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About the New Zealand Nurses Organisation

NZNO is the leading professional nursing association and union for nurses in Aotearoa New Zealand. NZNO represents over 46,000 nurses, midwives, students, kaimahi hauora and health workers on professional and employment related matters. NZNO is affiliated to the International Council of Nurses and the New Zealand Council of Trade Unions.

NZNO promotes and advocates for professional excellence in nursing by providing leadership, research and education to inspire and progress the profession of nursing. NZNO represents members on employment and industrial matters and negotiates collective employment agreements.

NZNO embraces Te Tiriti o Waitangi and contributes to the improvement of the health status and outcomes of all peoples of Aotearoa New Zealand through influencing health, employment and social policy development enabling quality nursing care provision. NZNO's vision is *Freed to care, Proud to nurse*.

EXECUTIVE SUMMARY

1. The New Zealand Nurses Organisation (NZNO) welcomes the opportunity to comment on Police (Cost Recovery) Amendment Bill (the Bill).
2. The Bill has been introduced to enable the recovery of costs for the Police vetting service, primarily in anticipation of the increased in demand for services expected as a result of the regulations under the Vulnerable Children's Act 2014.
3. NZNO **does not support** the Bill for two reasons, namely that:
 - vetting is a primary function of the Police, consistent with the public good purposes of the Policing Act, and it is appropriate that it is funded through general taxation; and
 - cost recovery for Police vetting services is not an acceptable substitute for proper planning and funding to implement Vulnerable Children's Act 2014.
4. With respect of the first point, which we do not intend to elaborate on, we draw your attention to the New Zealand Council of Trade Unions' (CTU) submission which provides a coherent, widely accepted, rationale for the costs of Police vetting services remaining within the Vote: Police appropriation. NZNO is affiliated to the CTU and fully supports its submission.

5. This submission focuses on the second point, as we take this opportunity to briefly draw your attention to the poorly identified impact of proposed screening regulations in the health sector.
6. The proposed vetting guidelines, the costs of which this Bill seeks to recover, are duplicative and inferior to the existing protection already offered by the regulation of health practitioners under the Health Practitioners Competence Assurance Act 2003.
7. While NZNO supports police vetting of the children's workforce, the proposed universal approach is unnecessary and not cost effective, since there is no evidence that the regulated health workforce presents a risk of abuse to children and vetting costs will be a substantial and ongoing burden to the public health system.
8. NZNO recommends that the Bill does not proceed and that a full cost benefit analysis (CBA) of proposed screening and vetting guidelines in the health sector be undertaken to ensure the best outcomes for children, and the best use of the health dollar with regard to implementing the Act.

DISCUSSION

9. As representative of the largest group of regulated health practitioners comprising about half of the health workforce, NZNO has taken every opportunity to participate in the development of the guidelines for regulation around safety checks, which has involved discussions and submissions to the multiple agencies involved, notably the Ministry of Education, Ministry of Health and the Ministry of Social Development. Submissions.
10. As well as being informed by our own staff and members, particularly the College of Nurses Children and Young People, we have discussed vetting of regulated practitioners with other health professional organisations and responsible authorities (RAs).
11. There is strong and consistent support for robust sensible screening processes for people working with children, particularly where they may be working with individuals and/or in isolated locations.
12. Health practitioners are confident that the extensive regulatory processes they are subject to for assurance of their ongoing fitness and competence to practice go well beyond the assurance provided by Police vetting procedures.
13. Annual practising certificates, audited requirements for professional development, peer review, professional conduct and competency, and stringent provision for notifications and investigation of complaints through Professional Conduct Committees, the Health and Disability

Commissioner, the Health Disciplinary Tribunal etc. provide comprehensive protection of public (and child) safety.

14. RAs have good communication links with the courts and receive prompt notification of convictions, which are acted on immediately.
15. Regulation of health practitioners is thus *qualitatively* different from the regulation of teachers, which, it appears, is the basis for extending the same vetting procedures to all regulated professionals.
16. NZNO is not confident that this health sector perspective has been either fully canvassed or transparently reported; consequently, we believe that the cost, capacity and compliance issues have been significantly underestimated, and are not aware of provisions for resourcing the safety checks required by Vulnerable Children's Act.
17. While the Bill addresses Police recovery of costs for vetting services, it doesn't cover the costs and capacity issues for other services and/or individuals having to meet this requirement, which obscures the true cost of implementing the Vulnerable Children's Act.
18. Three yearly police vetting, for example, will inevitably lead to an increase APC fees, the cost of which will be borne by either practitioners, who will effectively lose income, or employers, a large proportion of which are public providers. District Health Boards employ thousands of regulated practitioners, and will face significant and ongoing costs for Police vetting which can only be met from their funding allocation.
19. Health resources are too precious to waste on unnecessary bureaucratic processes which may tick boxes for 'accountability', but will not have any impact on child abuse, except to reduce the capacity to address it.
20. As far as we are aware, there has not been a single case of child abuse in Aotearoa involving a regulated health practitioner at work since the HPCAA was introduced.
21. Child abuse overwhelmingly occurs within family/whānau/close friend settings; Police vetting of regulated health practitioners is an inappropriate response to a societal issue that needs to be addressed using the established processes of social democracies i.e. funding public good services, of which Police vetting is one, through general taxation.
22. NZNO recommends that you do not proceed with the Bill, and ensure adequate resourcing to implement the Vulnerable Children's Act.

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