NEW ZEALAND NURSES ORGANISATION

United Nations Convention on the Rights of the Child: 5th Periodic Report by the New Zealand Government.

Submission to Ministry of Social Development

28 February 2015

Contact

MARILYN HEAD

DDI 4 494 6372 PHONE OR 0800 283 848 | E-MAIL **EMAIL**@NZNO.ORG.NZ **|** www.nzno.org.nz

NEW ZEALAND NURSES ORGANISATION | PO BOX 2128 | WELLINGTON 6140

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 draft 5th periodic report of the New Zealand Government on the United Nations Convention on the Rights of the Child (UNCROC) (the report).

2. NZNO has consulted with members and advisory staff, particularly members the College of Child and Youth Nurses, the Neo Natal Nurses College, the College of Primary Health Care Nurses, and Te Rūnanga o Aotearoa, representing our Māori nurse members.

3. NZNO is part of the Action for Children and Youth in Aotearoa network and supports its submission; and, as an affiliated member of the New Zealand Council of Trade Unions (NZCTU), we support submissions from the CTU and other unions.

4. NZNO is confident that there is widespread public and expert consensus, informed by robust evidence, that the health status of children in Aotearoa is severely undermined by poverty and by inequitable access to primary health care.

5. This is not accurately reflected in the draft report.

6. Moreover, we believe the direction of some government policy and regulation, both generally and specifically in relation to children, is likely to worsen rather than improve health equity and the health status

of children living in Aotearoa, which breaches Article 24 the right for children to have the best health services.

7. Accordingly, NZNO **does not support** the report in its current form.

8. In view of the extensive engagement and information on child health we have already shared with the government, this submission is intentionally brief, although we would be happy to elaborate on any aspect of it if necessary.

9. Following some general comments, we identify specific examples of where the government has failed to uphold the rights of the child, and where it has acted positively to improve the health and wellbeing of children.

DISCUSSION

10. The government's focus on children in recent years has been dominated by the development and passing of the Vulnerable Children's Act 2014, and its implementation programme, the Children's Action Plan.

11. NZNO has made a number of submissions[1] and actively engaged in numerous workshops, public discussions and consultation at every stage of the development of the legislation and regulations.

12. NZNO is frustrated and disappointed that the basic tenet of our submissions, and the majority of others, namely that *all children* are vulnerable and are best protected by ensuring universal access to good health care, education, housing and a living wage/income, has been ignored in favour of policies targeting "at risk" children.

13. The Vulnerable Children's Act 2014 and associated regulation and policy is based on just such a deficit model of targeting "at risk" children, rather than an enabling model which empowers individuals and whānau to be self sufficient and to optimise their potential.

14. Identifying at risk groups and locations risks exacerbating structural discrimination and inequity (Human Rights Commission, 2012) and significantly increasing and shifting costs[2], without effecting positive change in the lives of the approximately 25 percent of children in

[1]See website http://www.nzno.org.nz/get_involved/submissions
[2] See, for example our submission on the Policy (Cost Recovery) Amendment Bill

Aotearoa New Zealand living below the poverty line (Expert Advisory Group on Child Poverty, 2012).

15. In addition recent changes to the Employment Relations Act that exacerbate the inequitable balance of power and remuneration evident with the growth of precarious employment (New Zealand Council of Trade Unions, 2013) can only increase the vulnerability of children in general, while specific protections for children in employment under Article 32 are woefully lacking.

16. We particularly note the lack of progress that has been made on providing age thresholds for entry into work in general and for safe work, and refer you to the NZCTU's submission for an evidenced discussion on the same.

17. The low voter turnout at the recent election is a worrying indication that about 30 percent of New Zealanders feel disenfranchised and disconnected; the health and social impacts of such disengagement are well documented, and difficult to reverse.

18. On the other hand, NZNO has welcomed Treasury's excellent Living Standards Framework which, along with Statistics New Zealand's General Social Survey, provide a useful foundation for the integrated social and economic policy framework needed to effect positive and equitable progress.

19. We also strongly endorse both the approach and recommendations in the Health Committee *Report on the Inquiry into improving child health outcomes and preventing child abuse, with a focus from preconception until three years of age* (2013) which, if implemented, would significantly improve child health status, and subsequently population health outcomes.

Keeping children healthy – free GP visits to Under 13s

20. The increasing incidence of preventable infectious disease, including diseases of poverty such as rheumatic fever (Baker, 2012)and chronic non-communicable disease such as diabetes and asthma are testament to the fact that all New Zealand children do not have access to the health care they need.

21. Numerous studies and government reports and statistics indicate that access to primary health services - largely mediated through capitation-based subsidies to private GP practice – is inequitable, and increasingly determined by location, financial resources, and ethnicity.

22. The current funding model for Primary Health Organisations (PHOs) has an inbuilt disincentive to service poorer communities with higher health needs, and ignores the urgent need for universal access to good health information and primary health care, advocated by the World

Health Organisation (Commission on the Social Determininants of Health , 2008) and NZNO (Head, 2011).

23. The government's solution to improve children's access to health care by introducing free GP visits for children under 13, at the cost of $90m over three years, is likely to increase health disparities and will not address the health needs of the most vulnerable families with the children who have most to gain from free access to comprehensive primary health care. Some families will undoubtedly benefit, but they will not be those most in need: health disparities will increase not decrease.

24. There are ~ 400,000 6-12 year olds, yet there are not enough GPs in the right locations, and the overwhelming need is for more primary health care to reduce injury and disease and demand for more complex health services.

25. More positively, the government has extended the number of nurses in low decile schools which is a more cost effective and efficient use of resources.

Youth Services

26. Despite mounting evidence from New Zealand specific research (Adolescent Health Research Group , 2000-2012) that our young people need dedicated services that are responsive to their needs, with appropriately trained personnel, specialist youth health services exist on vulnerable funding models and have been among the first services to be cut as a result of funding constraints on underfunded DHBs.

27. The unaccountable withdrawal of funding for the highly successful WAVES, a 'one-stop' shop for youth services in Taranaki, is a case in point.

Age

28. Varying definitions of what a child and young person is in terms of age is a contributing factor to negative outcomes for young people from a child protection perspective. For example, UNCROC references age 18; MSD references age 17; and there are other legislative and regulatory instruments that reference different, sometimes flexible minimum ages, for example, the right to privacy of information, right to consent to medical treatment etc. Though there may be good reasons for each, it can be confusing and a barrier to protecting the health and safety of young people.

29. [In this context we also note, that Māori do not have age distinctions for children; tamariki, taitamariki, and rangatahi, for example, are all terms for children/young people which overlap but are not age specific.]

30. Nurses report for instance that in practice, there is very limited opportunity, even in extreme situations, to complete a report of concern for a child over the age of 16 years, given varying interpretations of whether the young person involved is required to give their consent, and given that they can essentially live independently from this age.

31. Nurses have also noted that while children may leave school at 16, and have a right to free education up to the age of 19, schools are under no obligation to keep a person over 16 years of age in school, or to find alternative solutions for a young person being excluded or facing expulsion. This impacts negatively on a young person's rights to access education.

Children's Action Plan

32. As indicated, NZNO does not support a targeted approach to "at risk" children, because it is inherently unsafe and ineffective to focus on a selective range of negative risk factors, rather than on meeting the needs of children.

33. We do not think it helpful, for example, to identify as risk factors "children in families with gang connections" and "children in families with prison connections"[3] when there are *many* situations in which children are vulnerable and need support services. This approach perpetuates structural discrimination, and overlooks/minimises other risk factors.

34. While NZNO supports integrated cross government policy and action, the interagency collaboration on the Children's Action Plan has led to some confusion between agencies as to who is responsible for what services.

35. The confusion is exacerbated by often limited and insecure funding for exclusive one off pilots/projects, restructuring of services and /or, again, by a highly targeted approach providing highly specialised wrap around services for a few children, while many go without their basic needs being met. This has been the experience of some nurses with the implementation of various models of Children's Teams, as indicated by the following feedback from a registered nurse.

> *"A recent example from within my own practice area was that a medically fragile child with multiple indicators associated with neglect, extreme poverty and barriers to accessing healthcare was reported to Child Youth and Family Services (CYFs). The outcome was that the*

[3] National Children's Director Sue Mackwell Email: Monday, 10 November 2014 2:32 p.m

case was closed on the basis that "health had received funding for such cases". The funding they were talking about was children's teams, but that region does not have a children's team yet, nor magical access to the 'perceived funding'!

The reality is that throughout this, a child is facing barriers to getting the treatment s/he needs. As it was escalated by our service to practice leader level and given national exposure, some resolution is likely. But it should not need this level of input for children to get what they need because of their circumstances. Medical neglect is poorly understood by child protection services."

Cate Fraser-Irwin Chair, College of Child and Youth Nurses

36. Fortunately, a national piece of work, sponsored by Auckland DHB, Lakes DHB, Hawkes Bay DHB, Auckland Regional CYFs and the Office of the Chief Social Worker, is being undertaken to address this issue.

Breastfeeding

37. Notwithstanding the current industry application to the Commerce Commission to restrict the marketing of infant formula to children under six months of age, and the Ministry of Primary Industry's efforts to ensure labelling of formula for export conforms to New Zealand standards, it is disappointing and unacceptable that the government has still failed to legislate the *International Code of Marketing Breast milk Substitutes* (the Code) (World Health Organization , 1981).

38. We note that the Ministry of Health's Breastfeeding Strategy 2008-1012 is unequivocal in articulating full support of the WHO recommended goal[4] that *Infants are exclusively breastfed for the first six months of life and thereafter receive safe and adequate complementary foods while breastfeeding continues for up to two years of age or beyond*.

39. We suggest that failing to legislate the Code is a major obstacle to achieving that goal; the voluntary code is not effective and breaches of the code have not been followed up.

40. A formal complaint about a breach of the code made by NZNO in 2012, to Television New Zealand, the Ministry of Health and the Committee overseeing the Breastfeeding Code resulted in no action. The national

[4] WHO Global Strategy for Infant feeding and Young Child Feeding

news item in question not only breached the Code but also contained misleading, erroneous health information in a critical health situation.

41. The 'reason' given was that Television New Zealand had not signed up to the Code, but, as far as we are aware, no effort was made to inform, educate or even request that TVNZ adhered to the Code.

42. NZNO submits that the government's failure to legislate the Code constitutes a failure to uphold the fundamental rights of New Zealand children to good nutrition.

Workforce

43. As well as access issues with health care, there are significant workforce gaps, in particular in child mental health services, and in the disproportionately small professional Māori health workforce.

44. Lack of robust health workforce planning constitutes a failure of both Article 24 – the right to health services and Article 28 – cultural rights.

CONCLUSION

45. In conclusion NZNO recommends that the draft report is amended to reflect the significant gaps in services and disparities in health outcomes for children in Aotearoa New Zealand.

Marilyn Head

Senior Policy Analyst

REFERENCES

Commission on the Social Determininants of Health . (2008). *Closing the gap in a generation: Health equity through action on the social determinants of health. Final report of the CSDH.* Geneva: World Health Organization .

Adolescent Health Research Group . (2000-2012). *Youth2000 Survey Series*. Retrieved from University of Auckland, Faculty of health & Medical sciences: https://www.fmhs.auckland.ac.nz/en/faculty/adolescent-health-research-group/publications-and-reports.html

Baker, M. et al. (2012). Increasing incidence of serious infectious diseases and inequalities in New Zealand: a national epidemiological study. *lancet*, Volume 379, No. 9821, p1112–1119, 24 March.

Expert Advisory Group on Child Poverty. (2012, December). *Solutions to Child Poverty in New Zealand: evidence to action.* Wellington : Children's Commissioner . Retrieved from Children's Commissioner .

Head, M. (2011). *New Zealand Nurses Organisation Manifesto .* Wellington : NZNO.

Human Rights Commission. (2012). *A Fair Go For All? Addressing structural discrimination in Public Services.* Wellington : HRC.

New Zealand Council of Trade Unions. (2013). *Under pressure: Insecure work in New Zeland .* Wellington: NZCTU.