Neonatal Nurses College of Aotearoa (NNCA) Newsletter Summer 2019

Neonatal Nurses College Aotearoa
New Zealand Nurses Organisation

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TŌPŪTANGA TAPUHI KAITIAKI O AOTEAROA

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Welcome from the Editor

Juliet Manning

Welcome to the final newsletter for 2019, and my first as Editor. I get the sense that there are big shoes to fill with Rose Batchelor ending her term on the NNCA committee, and her work as newsletter editor!

It seems like the year has gone by in a blur! Most units have been working at capacity or beyond for much of the year, with only brief periods of reduced activity and barely able to catch our breath! A review of national neonatal capacity commissioned by the Ministry of Health (MOH) was completed earlier this year, and to date the final report hasn't been released despite enquiries and requests from various sources. Neonatal nurses across Aotearoa really don't need a report to know how resources are stretched! However, the advantage of the review is that issues will be quantified and there will be evidence to support resourcing. Hopefully a comprehensive plan from the MOH will address capacity issues across neonatal care. The Neonatal Nurses College of Aotearoa (NNCA) committee have been involved in some media request for information, and will continue to support efforts to have the report released.

There are multiple factors that drive neonatal demand, many of which are beyond the control of neonatal nurses. Factors such as:

- changes in periviability
- developments in technology place demands on our resources, and
- requiring development of new skills and knowledge.

The NNCA Periviability Special Interest Group has compiled a draft guideline to support the care of the periviable infant and this will be available soon on the NNCA website for feedback.

Other aspects of population health, such as: obesity, substance use, poverty, gestational diabetes, and older maternal age add to the complexity of maternal care and potential need for neonatal care, along with increasing multiple births and developments in maternal-fetal medicine and IVF. As noted in the Chair's report, there is currently a national working party looking at the requirements for a "transitional care" model to support the care of babies with needs beyond that of normal newborn care, but not needing care in a neonatal unit. There are a number of NNCA members contributing to this working party to inform the implementation of transitional care throughout Aotearoa.

The breadth and depth of work by neonatal nurses is reflected in this edition of the newsletter, with:

- an excellent piece of work from a member who received professional development support from NNCA for postgraduate study,
- Feedback from the COINN conference continues to provide opportunities for reflection on learning and potential changes in practice, and
- nurses from around the country reflect on a variety of other learning and development opportunities.

What ever you have planned for the holiday season, stay safe and look after each other.

From the Chair

Gina Beecroft

A Year of Diversity and Difference, Conferences and Clinical Care

Another year is speeding towards its conclusion. I'm not sure how you are feeling, but as the end of year looms ever closer it can sometimes feel a bit like being in a hamster in a wheel, spinning madly and not going far!

However, as well as being a time to celebrate and enjoy family and friends, Christmas is also a time of reflection. So, let's stop for a moment to look over the last year, our College's activity and what a great year we have had!

2019 has been a year of difference and diversity for NNCA

May 2019 saw the culmination of years of planning and preparation when NNCA hosted our first international neonatal nursing conference, COINN 2019 - Enriched Family, Enhanced Care. This was a significant undertaking that turned out to be a huge professional and financial success. It left delegates enriched, professional buckets topped up, as well as topping up NNCA's financial ones.

Our primary financial objective with the conference was to support as many NNCA members as possible to attend, while achieving a break-even financial result. With our finances finally tallied, we more than broke even. This means we have sound financial resources that we can now invest back into support for neonatal nursing and nurses, on a national and international level.

October 2019 saw the successful running of our AGM, and a series of concurrent nursing forums at Wellington Hospital, in place of our usual national conference, which was deferred until 2020 due to hosting COINN. Remits for the AGM focused on membership, and the best use of our financial resources. The inclusion of students and midwifes into our membership was also proposed and passed. One focus was how to best use our financial resources to support members more in their professional development by increasing access to scholarships for courses and conferences, as well as tertiary level study. There has been an endorsement for some of the COINN profit to support neonatal nursing in the developing world, through further support for the P.O.I.N.T.S. of Care Education programme. All proposed remits were successfully passed (see AGM documents on our website for details).

Sadly, long-standing NNCA committee member, Rose Batchelor, was thanked for her tireless work, and farewelled from the Committee, and Merophy Brown was successfully nominated onto the committee.

Concurrent Forums

The nursing forums held on the day were designed to:

- foster national networking,
- provide an opportunity for collegial sharing, and
- support in the absence of the national conference.

The forums brought together some distinct, but diverse groups, all of whom face some unique workplace challenges.

Clinical and Management Forum: An ongoing annual forum for Nurse Managers and senior nurses to discuss:

- workforce,
- operational issues, and
- other emerging challenges affecting neonatal care.

The forum provided CNMs an invaluable opportunity for sharing experiences and ideas to support clinical practice, staff and the CNM network.

Neonatal Nurse Practitioner (NNP) Forum: A follow on from the 2018 inaugural forum. It was an opportunity for nurses who are:

- interested in becoming,
- currently are, or
- are working towards becoming Nurse Practitioners to network, share and discuss issues.

Strong networks and mentorship are developing amongst this group along with ideas and plans for future workforce development. Ongoing activities, ways to stay more connected and share ideas and practice were developed on the day. Margaret Barnett-Davidson, Lawyer NZNO, delivered an extremely interesting and well received medico-legal presentation to the group. Sarah Little, Nurse Director from Starship Child Health, joined the NNP and Clinical Management forums to discuss the pathway to NNP training and education.

Data Collectors, Australia and NZ Neonatal Network (ANZNN): This was the first time this forum was included in the annual meeting. Data collection is one of those less visible, but very important roles in neonatal care. The forum provided an opportunity for nurses working in neonatal units to come together to discuss data analysis and collection, which can lead to improved care for babies. Feedback from participants showed this was an extremely useful and productive forum. We'd like to thank Dr. Sharon Chow, Operations Manager, ANZNN, who joined the forum from Sydney to offer advice and support., and Capital and Coast Neonatal Intensive Care Unit for hosting a great day.

NICU Capacity

On the clinical front, looking over the year and talking with colleagues around the country, its evident that units have remained busy. In many NICUs there have been ongoing issues of over-capacity and overcrowding at times. We are still awaiting the public release of the review of Neonatal Care in New Zealand, that was undertaken in recognition and response to this national issue, along with the release of the reviewed Service Specifications.

We know improvements will be time consuming, multifactorial and costly, which I am sure these documents will attest to, but I also think they'll offer guidance and leverage at Government and local level. In the interim the need to keep moving forward is recognised.

On the good news front, work has begun between the Newborn Clinical Network, MoH and DHBs with regards to neonatal "Transitional Care." Transitional care capacity is one of the possible ways to help relieve pressure in NICUs, by providing the right care in the right place for this cohort of babies.

The above mentioned undertook discussions and a project began to develop a plan for implementation of transitional care, and to provide a written report on the NZ implementation. A working group was established, and work has started. This is a good note to finish the year on and to head into the New Year.

Finally, I wish to thank the NNCA committee for all their hard work, Kate (our PNA) for your tireless support and expertise keeping us all on the right path!

Farewell and thank you Rose for all your hard work and support.

Welcome Merophy, it is great to have you on board.

And Meri Kirihimete me ngā mihi o te tau hou - Merry Christmas and Happy New Year to you all

Gina Beecroft
Chair NNCA

ANZNN Corner

Barbara Hammond

It's with much appreciation to the NNCA that on 17 October 2019, 15 NZ National ANZNN Data Managers and Collectors met face-to-face for the first time in Wellington. The group was chaired by Australian-based Operations Manager, Dr. Sharon Chow, and Data Manager, Claire Jacobs, for Wellington Hospital.

Members came from hospitals at:

- Middlemore (Christina Tapnio),
- North Shore (Susan Law),
- Waitakere (Stephanie Smith),
- Tauranga (Anna Hayns),
- Waikato (Ben McConchie),
- Rotorua (Jacquie Koberstein),
- Whanganui (Barbara Hammond, Kristine Palic),
- Wellington (Claire Jacobs),
- Hutt (Debbie Bashaw),
- Christchurch (Trish Graham),
- Southland (Liz Hanning-Baird), and
- Dunedin (Frances McCaffrey).

Sharon Chow reviewed:

- the history of the ANZNN and their aims,
- where international units are located, and
- the impact that accurate data can have on research.

She emphasised the importance of establishing which hospital is the registration hospital, and how completing the correct areas of the yearly reviewed data form is so important. The use of having the data dictionary open when gathering data opened many eyes, for example: the date of admission and baby's temperature is the date of admission/temperature to the level 3 unit, not the date and time the baby was admitted into the level 2 unit.

Priority is to only supply data about the baby's journey after returning from the registration hospital (usually a level 3 unit), as it has been found Level 2 units are supplying unnecessary (and at times conflicting) data.

ANZNN Corner cont.

piling of the baby's journey from birth to discharge home. She urged Level 2 units to correspond with their colleagues in Level 3 centres. Level 3 centres are also responsible for entering the data from the 2-3 year follow up assessment, if the baby meets eligibility and regardless of where the assessment took place. Claire shared a condensed Level 2 data form that may be helpful, and could encourage accurate data collection. The use of the (current) ANZNN data dictionary was again emphasised. There were many answered questions and light bulb moments as Sharon and Claire acted as a tag team to clarify many topics.

Judging from the evaluation forms this full day was well received and much appreciated. The NNCA approved another meeting to be included the day before the 2020 November Christchurch based national neonatal conference. If anyone wants copies of the handouts, please let me know.

Many thanks to the NNCA, Sharon Chow, and Claire Jacobs for supporting this great information sharing day.

Charge Nurse Managers met on 17 October, and although the group was small there was good geographical representation and a mix of Level 2 & 3 units. Discussions focussed on the challenges and triumphs in units around the country with many of the themes being consistent around the country.

Clinical and Management Forum

Juliet Manning, CNM, NICU, Dunedin

Recruitment of neonatal nurses is a challenge for many with very few experienced neonatal nurses on the "market." This presents opportunities to grow and develop neonatal nurses from within NZ and overseas registered nurses, and also comes with challenges of providing robust orientation and education for increasing numbers of new staff. Its evident from discussion that there is outstanding work being done by Nurse Educators and neonatal nurses across Aotearoa to develop new neonatal nurses while supporting the rest of the team.

Succession planning for CNM roles is proving challenging with many areas experiencing an approach of "seconding" people into roles while positions are reviewed. There are reports of restructuring and reduction in support roles in some areas, which is having an impact on leadership within units. Some units have programs in place to support succession planning, particularly with ACNM roles, but it seems there is little interest in taking up CNM roles. This is likely a reflection of the increasing complexity of the CNM role in:

- terms of management,
- business activity,
- financial, political and
- operations responsibilities.

There was a suggestion that units provide professional supervision for CNMs, ACNMs and other senior nurse roles. Many areas have access to professional supervision, but struggle to make a commitment in terms of time and cost.

There were other suggestions about work that could be done by NNCA on behalf of units, including support for making the most of systems, such as:

- TrendCare; information sharing and how this might look in terms of websites,
- discussion groups, and
- political issues, such as: the recent capacity review, service specifications and consensus statements.

The meeting was chaired by Rosemary Escott who opened with a couple of thought-provoking YouTube clips about leadership—check them out...
Drew Dudley "Leading with Lollipops" https://www.youtube.com/watch?v=hVCBrkrFrBE
Brene Brown "Dare to Lead" https://www.youtube.com/watch?v=hEnqV_M_Dm4

COINN Feedback

Jacquie Koberstein, RCompN, MN,
Rotorua SCBU

Well done to everyone involved in this conference, and for the sponsorship to all units and beyond. This slide was exactly what this conference encompassed, with family, community and beyond supporting and nurturing our newborns. It is outstanding that we made a substantial profit as well, not something that COINN has achieved for some years. I found it fascinating that there were no double ups with feedback in your newsletter, and that no one touched on the issues that I wished to feedback.

Kangaroo Care (KC)

We do well in Rotorua I think, but it could be better. I was amazed to see the long hours of KC presented in the US with extremely premature infants having head ultrasounds and ECHO's, which shows amazing skill of the teams providing the images too.

I then attended a presentation by a nurse working in China in a 51 bed unit, admitting 1,600 newborns a year, who piloted the introduction of KC over a five month period last year.

So, this hospital has a work ratio of 1:6 for sick babies and 1:10 for stable infants. It is a Government funded hospital, but parents still pay for 40-50% of hospital cost. The equipment and technology has improved in recent decades, but still there are outdated practices restricted by culture.

All newborns are nursed in incubators and all staff wear full personal protection equipment (PPE) including masks. Parents are not allowed in the NICU, mothers stay home in the first month after childbirth (Golden Month) and fathers and relatives can "view" their babies through a window for a few minutes. Despite this the KC practice was introduced in a 12 square metre VIP dedicated room separate to the unit, but close to the entrance.

They had 30 infants during this time with a corrected mean gestation age (CGA) of 37 weeks. Around 87% of neonates had less than five events of KC with the highest being 13, and the average time was 120 minutes. The ratio of both parents doing KC vs mothers only was 31:1. There was a positive impact on parents, babies and the staff. Again, the numbers were minimal, but could relate to cost as well as timing in relation to the Golden month.

Baby steps, big rewards and wow. With all the restrictions in their Neonatal Unit the nursing staff were still able to implement this.

COINN Feedback cont.

Jacquie Koberstein

Skin Injuries

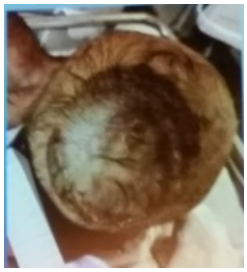
Karen New (ex-COINN president from Australia), presented the development of a guide for assessment of scalp skin injuries, which was in response to an audit last year. It highlighted that little documentation of:

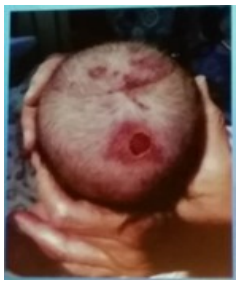
- skin review,
- inspection for Fetal Scalp Electrode completeness, or
- parent education on potential complications was being done.

It identified six cases of scalp skin injury - three ventouse and three foetal scalp electrodes. Of the latter, one case healed spontaneously, and one was readmitted on day five requiring surgery for removal of partial FSE, and one had removal of partial FSE at birth.

What do you do? Is it an issue in your unit?

Check out their Facebook page Queensland-Neonatal-Nurses-Skin-Forum





Atopic Eczema (AE)

Karen also presented information on skin care and prevention for AE. Eczema prevalence is increasing in developed and developing countries with 45% of cases diagnosed within six months of life. It creates a considerable social and economic burden for all families and is frequently associated with other allergic conditions such as:

- asthma,
- rhinoconjunctivitis, and
- food allergies.

It also leads to other co-morbidities such as:

- sleep impairment,
- recurrent ear infections,
- visual and
- dental problems.

It is suggested to:

- avoid perfumed products and products containing dyes,
- use neutral pH baby bath products,
- bath only 2-3 times a week until crawling, but
- wash hands, face, neck and bottom daily.

Preterm infants are at greater risk of skin dryness and sensitisation.

Points highlighted:

- We need to begin to ask families about dermatitis history and also asthma and rhinitis
- Provide education around the application of an emollient (moisturizer) post-bath
- We have a role as neonatal nurses to provide skin care education.

Water Demystified—Should I bathe my baby with water only?
Atopic Eczema - Queensland-Neonatal-Nurses-Skin-Forum

COINN Feedback

Janet Black, Neonatal Nurse Specialist, Wellington NICU

Some thoughts on the COINN Conference and being joint Neonatal Nurse of the Year

What a surprise to be called and told by my friend Helen: "You are off to COINN, you have won registration for being voted joint Neonatal Nurse of the Year!" Temporarily bereft of speech (somewhat unusual for me!) I pointed out I was down to work, and my lovely Wellington colleagues, (most of whom are on the NNCA Committee), were going while I held the fort. It's what colleagues do, and we share that stuff, right? "No, and don't worry about your roster, it's being changed as we speak!" said my friend cheerily. Such power! OMG!!!

That took me back a bit, to my interview for the Nurse Practitioner (NP) role at Waikato NICU in 1993 (we were Nurse Practitioners then, as the Nursing Council had not yet trademarked the name!) What were my aims, I was asked , to which I replied:

> *"I want to be the best neonatal nurse in the country" though without any clear vision about how that would in fact be measured or recognised. My (medic) interviewer poo-pooed a bit, and pointed out that my story telling concerned him, as he thought I used that to cover up a deficit in knowledge base! (I have won accolades for stories, and it's an important tool for nurses to hand on knowledge, right?) But I got the job, anyway, and was one of the first four advanced role neonatal nurses in NZ, and the rest, you all know. We are an increasingly important and visible workforce, and neonates are better off because of that.*

I won't go into detail about the ensuing years. That would take a book, but those roles grew, modified to meet need, and expanded (though HEAPS more room for more of that!)

In 2011 I left NICU in Waikato, burnt out for the second time, with my heart broken. Believing I would never look after babies, or work with their nurses (the next biggest joy in my working life!) again, but nurses always have their ears to the ground, and after doing some agency nursing and midwifery I was told Wellington AND Christchurch were looking for nurses in this role. I wasn't interested in permanent work, but Rosemary (to whom I owe an enormous debt) signed me up as a short locum in Wellington, and then I went to Christchurch for a six month stint to cover some leave.

Other NS/P training classes have worked at other hospitals, an opportunity not afforded to we "first four" as Waikato was the only NICU doing this when I trained. Upon reflection, I realise now what a wonderful circumstance my "wandering locum" status has become – MY, HOW I HAVE GROWN! Wellington invited me back for a few more longer locums and now, bless them, just roll over my fixed term contract annually. This has given me more experience (you cannot have too much of that) and put back the confidence I didn't realise had gone missing somewhere along the way. I am NOT a registered NP, and have no plans to be, but I know that skill and experience mean I practice safely and skilfully (and everyone loves my stories!).

I believe there is space for 2-3 more nurses to fill in gaps like this in NZ, and what a good way it would be for nurses who have finished their training, but don't yet have a full-time position (and its not always easy to get past the bean-counters) to gain experience, in a supportive environment, and to learn to fly! (and to be there, ready, when needed!)

As I said to the Conference when getting the award, recognition by one's peers is the most precious thing of all. But I don't work alone, and all the nurses I work with have input into how I can impact babies' outcomes , you rely on them so heavily, especially when it's really busy. To point out those who need an extra "look", opinion, or intervention. Its all about team, really, and of course, sincere congratulations to my friend and colleague, Leanne, the other award recipient.

I owe most to the wise Rosemary Escott (CNM, Wellington NICU) who took me in, invested in me, and then allowed me to re-find my feet. They don't make Nurse Managers like her very often any more,

Continued.

COINN Feedback cont.

Janet Black

which is a crying shame.

So, to the conference, which I wasn't really prepared for, having not expected to go the highlights for me:

- meeting Carole Kenner, whose articles I have been reading in Neonatal Network, etc. since 1984;
- getting dressed up in a shimmy dress and dancing with my friends and new acquaintances; and
- listening to a whole heap of new ideas and solutions (and sad to hear OLD ongoing ones. (I didn't know there was ANYWHERE in the world where nurses are not permitted to put in IVs!!!)).
- I loved the flag march at the beginning, and
- appreciated being able to catch up with some of the Pacific educators . I want to get out doing new-born resuscitation in the Pacific once I'm not working full time any more!

What a great job the committee did organising the conference. You didn't do just neonatal nurses, but NZ, proud. Amazing speakers, a good mix of local and overseas, and topics.

What a long way we have come. I remember that first meeting in Hamilton in 1990 (before the first official section meeting), out of which the Special Interest group, and College grew. Every where you go, nurses are amazing and neonatal nurses have a special level of amazingness (is that even a word?) Now we can attract nurses from all over the world to down here in the Southern Ocean, despite the time, difficulties and expense of getting the international community here!

Congratulations, NNCA.

Janet Black (on the right) and Leanne Baker, joint winners of the Neonatal Nurse of the Year 2019.

Neonatal Nurse Practitioner Forum

Tracey Green, NP, Christchurch, NICU

The second meeting of Neonatal Nurse Practitioners was held in Wellington in October 2019. Involving an enthusiastic and industrious group with representation from all tertiary units and one Level two unit. Currently there are approximately 14 Registered NNP's across the country and several others well on the pathway to completion.

There is currently a need to grow our own NNPs to ensure future-proofing of the role. With various DHBs establishing visions for the pathway they required academic and clinical individuals obtaining readiness for NP Registration. Jodie Simich (ADHB) gave us valuable insight into the academic pathway available through AUT. Expectations for entering onto the pathway may also vary along with the need for internships/candidacy programmes. Obviously this is all work in progress and consideration may be required to recruit overseas, when an immediate need exists. Helen Costello (Associate Director of Nursing, Practice Development) from CCDHB, Wellington discussed the direction and development of the NNP role at CCDHB, at a national and international level.

We received a presentation from Margaret Barnett-Davidson (Medico-legal Lawyer, NZNO) about medico-legal issues experienced as an NNP, and support services provided by NZNO. Margaret currently works in law, but previously worked as a teacher, and a Registered Nurse who sought to train as an NP after returning from the USA (but impossible in those days). Margaret's knowledge and enthusiasm was refreshing. She also noted recent law changes involving amendments to several acts affecting NP status.

Sarah Little (Director of Nursing, Starship Child Health, ADHB) provided an insight into the ADHB process and requirements involved in the transition from an Advanced Nurse Specialist to NNP. Sarah spoke about the difficulties experienced, challenges and a positive way forward with the establishment of a clear concise pathway.

Discussions occurred around establishing a national NNP Job Description, as currently there is no consistency for provision of non-clinical hours, and education funding varies. The NNP team are mindful that individual DHBs may reject this, and are looking to NNCA to help facilitate the work.

Feedback was given by those who attended the NPNZ meeting in Auckland and these helpful websites provided:
https://smartstart.services.govt.nz/
https://wheturangitia.services.govt.nz/
https://www.justathought.co.nz/

The ongoing plan is to hold these national meetings twice a year with the support of NNCA. Monthly Zoom meetings will be undertaken to further build on the development of this senior nursing group. Please contact Fiona Dineen to be added to these groups Fiona.Dineen@ccdhb.org.nz

An email distribution list has been developed along with an NNP Facebook page to further aid information sharing, latest research, communication and support.

The next NNP forum is planned to coincide with the NPNZ Conference next year (April/May 2020) in Wellington, with the second meeting being held the day prior to the NNCA Conference in Christchurch (date to be confirmed).

Children in Poverty: Supporting the most crucial time through education

Sophie Ebbing, RN

Abstract

Children in poverty: a statement that makes us instantly think of developing countries, and children without essential things for life. Recent media coverage however, brings this issue to the forefront in our own backyard, within our very own Aotearoa, NZ, as it is a reality for many of our tamariki. This article will highlight NZ's poverty rates alongside contributing causes and present key issues within prenatal and early childhood education. It will talk about the rights, views and perspectives of our children when it comes to making policies and solutions, and will discuss support of early development and early education, as long-term solutions while presenting some manageable supporting ideas.

Background

From the Organisation for Economic Co-operation and Development (OECD), NZ standards have fallen far below our European equals (OECD, 2018). Our NZ child poverty rates are shocking. Although our income and material-based measures have improved slightly from 2012, through use of various approaches child poverty remains a demanding social problem in NZ (Perry, 2018). When households in NZ were measured last year for their disposable income before housing costs, 16% of NZ children were living below the lowest 50% poverty line. When housing costs were then included this number jumped to 23%, that is 254,000 children, and its only increasing (Statistics NZ, 2019). In addition 148,000 children (13.3%) are living in material hardship. Notice too, that 65,000 children (5.8%) are living in severe material hardship (defined as only having five or less of the 24 essential items). Measures having fallen far below our European equals (OECD, 2018), where almost none of the children enjoying the top 45% of living standards go without any of these items (Statistics NZ, 2019). We know more than 19% of these children have been living in poverty for more than seven years, and disturbingly the rate for Maori and Pasifika children (32% and 36%) is double that of NZ European children (14%) (Perry, 2018). Of particular concern, half these children in poverty come from households where the highest educational qualification for parents is school or less (Perry, 2018). This graphically illustrates the substantial differences in living standards between NZ families and the profound deprivation experienced by children across our country.

Our leaders know the harmful consequences of child poverty. There is no shortage of research defining outcomes of poverty in developed countries (Duncan & Magnuson, 2012; Gibb, Fergusson & Horwood, 2012; Ladd, 2012). In relatable terms, children living in poor families compared with their better off peers face:

- a much higher likelihood of going to school without breakfast or lunch,
- a higher chance of hospitalisation, but also not seeing a doctor when unwell,
- a higher risk of dying during childhood,
- more likely to live in overcrowded, poorly insulated and inadequately heated homes,
- a greater risk of mental health problems,
- less likely to participate fully in Early Childhood Education (ECE), and
- less likely to leave school with NCEA level 2 (which is the entry level qualification to skilled employment).

Children in Poverty cont.

(Expert Advisory Group, 2012). Boston (2014) links these factors to:

- later unemployment,
- criminal offending,
- welfare dependency, and
- teenage pregnancy.

Clearly, many of our major health issues have origins beginning in childhood poverty (e.g. cardiovascular disease, mental illness and lowered longevity) (Shonkoff, Boyce, & McEwen, 2009). Although some children may be resilient to the outcomes, poverty in general affects a child's entire life course. There are also powerful linkages to long term economic growth and significant costs on society (Pearce, 2011; McLaughlin & Rank, 2018; Holzer, Schanzenbach, Duncan, & Ludwig, 2008).

NZ's rapid increase in childhood poverty since the early 1990's has many underlying features, which include:

- the high cost and quality of housing,
- heavy concentrations of child poverty within benefit-reliant households (the result of large benefit cuts in the early 1990s and the failure to adjust benefit rates to reflect higher real wages),
- the design of income support and high rates of sole parents coupled with low rates of employment (Boston, 2014).

Boston (2014) also describes the steady decline in support for egalitarian values in NZ and a greater acceptance of inequality. Children brought up in affluent suburbs have virtually no contact or awareness of the material deprivation that is experienced by children they share this country with (Perry, 2011). Boston (2014) indicates rates of child poverty being dominated by Maori and Pasifika ethnicities. The NZ public may readily associate poverty as a minority ethnic problem, rather than a broader social issue. This issue will require multiple inputs and adjustments from policy change at a macro level to an internal change of opinion at an individual level.

NZ spends $6-8 billion per year catching the consequences of child poverty (Office of the Children's Commissioner, 2014). Recent efforts made are:

- Child Poverty Reduction Bill,
- Welfare Expert Advisory Group,
- Working for Families,
- Child Poverty Action Group, and
- Child Poverty Monitor.

Many resemble reactive spending to mitigate the effects of poverty or being 'ambulances at the bottom of the cliff'. One significant way to close this gap is by addressing the social determinants of health and creating opportunity for children and families to be healthy. Calma (2016), would highlight that amongst income, housing, nutrition and health the most overlooked determinant is education.

Results

NZ has established a system of free maternal and infant healthcare services, where women choose a Lead Maternity Carer (LMC) to provide consistent perinatal and antenatal care. After three postnatal home visits LMCs handover to 'well child' providers, such as: those under the NZ Plunket Society, or the growing number of Kaupapa Maori 'well child' providers. Although our rates of registering with an LMC within the first trimester have also gone up (70% in 2016, compared to 50% in 2008) (Dixon, 2017) statistics show Maori and Pasifika mothers are less likely to register within the first trimester, and Pasfika have higher rates of still births (Dixon, 2017). Among the 68 neonatal deaths from SUDI from 2007-2016 66% of mothers were Maori and 18% were Pasifika (Perinatal and Maternal Mortality Review Committee, 2018). Sadly, Maori women appear over-represented in maternal suicides (Dixon, 2017). Women in NZ have described feeling "abandoned" and "shocked" as the care from the LMC abruptly stops, and the only support is "for the baby." New parents are often expected to "just cope" and often this will deter help-seeking (de Haan, 2016). It is known that when parents experience a service as disrespectful or insensitive they simply avoid the service or fake compliance. This indicates a worrying lack of

Children in Poverty cont.

trust that enables people to tell their whole story (de Haan, 2016). A study in Porirua found that the most common reason for not attending antenatal education was not knowing that the classes were available (Dwyer, 2009). Interestingly, many new parents are unaware of the tax credits and financial assistance available (de Haan, 2016). Māori women indicated that a lack of empathy on the part of providers was a cause of their reluctance to seek clarification when required. Currently families say they have to repeat their stories often, and to multiple professionals from different disciplines (St John, O'Brien, & Dale, 2014; Ratima & Crengle, 2013). Many of these challenges can be reduced by developing and sustaining engaged relationships with healthcare providers, starting with antenatal and continuing through to early childhood years. If we are to engage parents in education about their infant, we must offer more holistic, connected and whanau centred services that families can trust (de Haan, 2016).

Twenty hours free access to ECE was granted in 2007 to all families regardless of income however, by 2008 the modified policy removed the word "free," and "optional charges" and fees appeared. Most ECE providers set a minimum number of attendance hours so parents may have no option but to pay for additional hours.

For home-based education the hourly rate may be higher than the 20 hour funded rate, and the optional charges are often for lunches or field trips (Ministry of Education, 2019). Some families will struggle to meet these "optional" and additional charges. Dwyer (2015) states "sole parents in fact need more than 20 hours of ECE to engage in 20 hours of paid work" and sees this incentive as "insufficient to enable sole parents to stay off or move off benefits." Likewise, the United Nations Committee on the Rights of the Child (UNCROC, 2011) stated that "all children should have access to high quality ECE, that is free for socially disadvantage families." In 2016, the NZ government increased the child assistance by $1 per hour for up to 50 hours, only partially addressing the issue (English & Tolley, 2015). 'Engaging Priority Families' with the growth of teacher led Kohanga Reo, play centres and licenced home-based services has however achieved success nationwide with 98% of children attending ECE from age three in 2016. A positive step to alleviating poverty (Mitchell et al., 2013). Additional evidence commissioned by the Ministry of Education (MOE) highlights the extreme importance of high-quality provision for children in ECE settings. Without attuned responsive caregiving there are constraints on the developing brain, creating "black holes" in the architecture of the brain (Dalli, White, Rockel, & Dunn, 2011). A desired outcome of MOE has been set for 100% of teachers in ECE to be fully registered within 10 years (Hipkins, 2018). The principles underpinning this curriculum are based on a commitment to upholding Te Tiriti o Waitangi, guided by a framework for access, participation, teaching, learning and assessment.

Socio-cultural practices and assessment are pivotal to affirming the value of all children, their background, and reducing the marginalisation of children (Mitchell,2011; Meade et al., 2012). Children who have well grounded identities, languages and cultural worldview are more likely to succeed educationally and in life (Chan & Ritchie, 2019). Cathy Wylie (2013) using the School Entry Assessment (SEA) developed by the MOE, identified that extra resources must be in place for children in poverty to ensure they are ready for primary school. The Before School Check, provided by the MOH has been designed as more of a useful guide for parents, rather than to inform policy. Without National data on children's educational needs before they enter school it is difficult to see how equitable resourcing decisions can be made.

The UNCROC (1989) article 12 emphasises that:

- we must support children's right to an opinion;
- our services for children and young people will be more efficient if their perspectives are included;
- engagement in democratic processes creates social awareness individually and in groups ; and
- we must make children and young people visible as social actors.

The UNCROC reported that NZ "does not take into consideration children's views when formulating laws and policies that affect them" (UNCROC, 2016). While dilemmas persist across humanity with researchers, practitioners and policy makers fully comprehending a child's perspective (Dalli & Te One, 2012) UNCROC and child sociologists remind us that children can be:

- social actors,

Children in Poverty cont.

- active participants and
- they are citizens (Harris & Manatakis, 2013).

This deserves our attention and aspiration to increase children's representation in governance in NZ. However, their right to participate depends on adults to facilitate their input (Fielding, 2009). A study in NZ where children in a low decile primary school were given cameras to photograph what they perceived to be of importance in there school lives, showed that despite the turbulent community they lived in what was most highlighted was the strong Maori values of whanau (friends and family), and the importance of respect for the place (the school), (Kellcok, 2011). The children felt it was important to belong to the school, and the physical buildings themselves. Other themes consistent with further studies demonstrate that children have key needs:

- to be cared for (love and security);
- for new experiences;
- for praise and recognition, and
- responsibility

(Te One, Blaikie, Egan-Bitran, & Henley, 2014; Fielding, 2009; Pringle, 1980).

Children in NZ are remarkably aware of the current issues facing them, their families and governments (Te One et al., 2014). In 'Our Views Matter' children talked about their sole parent having to make decisions about which bills to pay: "it shouldn't be our worry, but it is." Children were aware of financial constraints of being on a benefit: "For people on benefits, keep prices like food, milk and uniforms down, but what children really want is time with their families: "Night shift means I can't see my Mum, and my Dad gets home late," "not having reliable transport means less time with family," The children recommended that: "The government need to make sure that all kids get a fair chance. They should have the same opportunities to learn, like rich kids get scholarships, not the poor kids. We need to make sure everyone gets an equal chance. There should be equal opportunities for education" (Egan-Bitran, 2012). The best way to do better for vulnerable children is to do better for all children (UNICEF NZ, 2012).

Children as young as ECE age are able to distinguish between people who are "rich" and "poor" (Mistry, Chow, Brown, & Collins, 2011). While it is apparent that children in primary schools are capable of suggesting ways to alleviate poverty in NZ older children are also able to provide multiple reasons for poverty and inequality. However, their responses have been shown to be heavily entrenched in stereotypes that perpetuated the notion of individualistic as opposed to structural causes, while the discussion of poverty itself is often uncomfortable (Mistry et al., 2012). Research investigating adolescence reasoning about poverty and economic inequality in NZ remains under-studied, but it is recognised that biases and perceptions of young people about those living in poverty may lead them to discriminate against the poor, and as adults be less likely to support policies and programs to assist vulnerable families (Jost, 2001; Seider, 2011; Pfeifer, Brown, & Juvonen, 2007).

Discussion

Development of a child is greatly accelerated in the first few years of life and sets the child up on his or her own life course. Beginning in foetal development, the connections of the brain are rapidly forming during the first three years of life (Shonkoff et al.,2009). This is the crucial time when infants and toddlers bond with caregivers (often parents) and develop:

- cognitive skills,
- social behaviour and
- emotional regulation.

Support at this time requires input from caregivers with the support of their communities, inclusive of:

- good nutrition during pregnancy and childhood,
- supporting the child's development with warm caregiving, talking, role modelling, reinforcing good behaviour,
- having consistent boundaries,
- reading,

Children in Poverty cont.

- games that foster thinking skills
- and providing chances to play with other toddlers (Office of the Children's Commissioner, 2014).

However, parents struggling with finances or on low wages (meaning parents work longer hours) mean they do not have the resources or time, while others may not know the importance of what their child needs developmentally. Stressful home environments have the unseen ability to alter brain development of an infant or toddler, causing damage to learning and socio-emotional regulation (Shonkoff & Garner, 2011). It is known that children in poverty are often less ready for school and less likely to achieve educational qualifications later in life (Postlewaight, 2016). We also know that whanau are more supported when antenatal and ECE services have holistic and culturally understanding care. It has been demonstrated that investing early in a child's life from birth will give you the greatest economical returns. It is also apparent that there is concern at a policy level with the recent improvements to support vulnerable children's wellbeing and manage the detrimental long-term and costly impacts of child poverty (Expert Advisory Group, 2012). This has included the:

- monitoring and tracking of child outcomes,
- informing policy and
- formulating agendas for promoting child well-being.

With all this 'resolving' and good intentions to protect, it appears we have forgotten to consider the rights, views and participation of the population whose lives our decisions effect, those of the children.

Reflection on the issues highlighted warrants nine recommendations made to support this discussion:

- Support young women and mothers to have long-term positive relationships with general practitioner clinics,
- Develop and share a universal common assessment and education pathway for all mothers, across all health service providers starting with antenatal (including whanau orientated free antenatal classes, and free after-birth drop-in centres at many community hubs with:
  - midwife,
  - lactation consultant,
  - well child nurse and
  - social worker present).

  This will also include:
  - universal enrolment at birth with primary care (GP),
  - national immunisation register,
  - well child/tamariki ora provider, and
  - dental provider.
- Increase the 20 hours ECE to 32 hours *free*. No additional costs. This means that a sole parent has time to transport to from work, and be able to work 24 hours a week.
- Require all staff who are counted in the teacher:child ratio throughout NZ centres and home based, teacher-led services to be qualified, registered teachers by 2028 and use pay increases as an incentive.
- The MOE and ERO to work together to ensure provision of high quality, culturally and linguistically responsive ECE services. Making use of the Before School Check and SEA to assess where resources are required.
- Use resources and people available to enhance the use of Te Reo Maori and Pacific Island communities' languages and cultures within ECE services.
- Culturally attentive ECE serving community hubs, and providing integrated responses to local needs.
- Consider the views and values of children when developing policies regarding education or child poverty and provide evidence of children given the opportunity to be social actors.
- Encourage the study of poverty and inequality in NZ to be a mandatory part of the primary/high

Children in Poverty cont.

In conclusion, although many further avenues of education and poverty in NZ can be discussed, the early years (including antenatal) have been recognised as the most vital time for setting up our tamariki on their life journey, with essentials for life and healthy futures. Let's recognise that this is an issue that does in fact concern us, as we are setting up the future of Aotearoa NZ.

"Take care of our children, take care of what hey hear, take care of what they see, take care of what they feel. For how the children grow so will be the shape of Aotearoa"
- Dame Whina Cooper

This iconic shot of Whina Cooper with her mokopuna, three-year-old Irene Cooper, was taken as they set off to Wellington from the Far North on the hīkoi, the land march, in 1975.
(NZ Herald Reference: 110804NZHDAMEWHINA5.JPG
Photograph by Michael Tubberty)

References for this article are on Pages 25—27

EPIQ Workshop

Mo Stone, RN, NICU, Dunedin

I was fortunate to be asked to attend the above mentioned workshop in Christchurch on October 1st along with 7 others associated with NICU in Dunedin or SCBU in Invercargill, and a group of staff from Christchurch NICU.

Prior to this I had no idea what EPIQ meant/was….

EPIQ = Evidence based Practice for Improving Quality.

What did it all mean and what have I learned?

The EPIQ workshop was part of successful research studies by the Canadian Neonatal Network of NICUs with the aims to:

1. To produce a standard NICU database
2. Sharing and networking
3. Best Practice Interventions
4. Training with QI workshop

What is Quality Improvement (QI)?

QI is a deliberate, systematic activity that engages people in planning, implementing change and measuring outcomes. For effective QI a team should:

1. Collaborate on a well-defined change/aim
2. Implement that change
3. Measure whether the change happened

EPIQ Workshop cont...

How does EPIQ work?

The EPIQ Process has 10 steps, divided into four parts:

Steps 1-3	Understand your quality improvement goal
Steps 4-6	Decide how you will achieve the goal
Steps 7-9	Act on your decisions
Step 10	Share what you have learned

The 10 steps are:

1. Identify the problem
2. Select your team
3. Why might this be happening (Brainstorm Causes)
4. Choose a priority
5. Map the process
6. Identify indicators
7. Explain your aim
8. Engage partners
9. Implement change
10. Share knowledge

Within each of the 10 steps were very specific pointers and key words to keep the process on track and avoid deviation from the original question/problem. Facilitators assisted each group to work through the process.

During the day we were in groups where we had to choose a problem or select a practice we wanted to implement. Our group selected standing transfers of neonates by the parents for skin-to-skin cuddles. Following the EPIQ workshop we are currently at stages 7-9 and moving towards implementation of the practice. Other groups chose the subject of staff identification, ante-natal expressing of breast milk and the example used throughout the day was neonatal hypothermia.

What did I learn?

From an initial, and perhaps a concept that can at first be seen as too hard, EPIQ has provided the tools for the team to work through solve and apply to everyday practises. This tool can also allow for all units to practise in a standardised way on a local, national and global level.

As the presenter highlighted, why reinvent the wheel when the knowledge of a specific theme that has been through all of the relevant processes can be shared throughout our networks.

For further reading: www.epiq.ca

Regional News—Rotorua

Guess what we're doing?

Jacquie Koberstein, RN, SCBU, Rotorua

About Rose Batchelor, Neonatal Nurse Practitioner

I would like to give an update on the introduction of our Neonatal Nurse Practitioner, Rose Batchelor to our Level 2 unit. It has been nearly two years since Rose joined us, and there have been a number of quality initiatives she has implemented.

It has not been easy fitting into a medically-driven unit with education to junior house officers, nursing and midwifery staff who have struggled to keep up with what is now best practice. Rose is highlighted as the go-to person for parents following their baby throughout their admission, whereas the Paediatricians change every 4 days.

New day to day guidelines have been developed. Ward rounds are done first:

- with medical staff,
- nursing ,
- parents and
- plans are put in place for over the weekends.

Rose get all staff attending by running study days a couple of times a month . This means its repeated in the same month, and we have opened it up to Tauranga, New Plymouth and Whakatāne, which is readily taken up. Rose also has skill stations once a week to go over things we don't do frequently and to consolidate new practice guidelines implemented.

This also expands into our Primary Unit in Taupō, with education of Emergency Department staff and midwives on stabilisation of infants for transfer, including the use of CPAP.

Rose has decreased the time infants are:

- on IV fluids,
- getting babies back with their parents faster, and
- reducing our LOS.

We have also stopped doing routine blood tests unless clinically indicated to reduce trauma to parents and babies, and the costs for these tests. We have reduced electronic monitoring of babies so they spend more time with their parents than in the unit.

This role is expanding with Rose starting to do neonatal clinics in Rotorua and Taupō, and it will continue to expand with the Neonatal Transition work presently being developed.

Rose is also supporting community workers following up neonates in their transition to home.

NNPs in Level 2 units are the way of the future. You need to get on board NOW!

Other Quality Work

The other quality initiative started as a pilot, by Jeanette Peacock for clearer documentation around IV insertion and access, known by the acronym BLUE.

Jeanette has worked in our unit for more than 15 years and recently achieved Level Four Expert. She is a representative on the Infection Prevention and Control Committee. This project started to improve our documentation around inserting and accessing intravenous devices. Education to medical and nursing staff was done and laminated forms were left around with the acronym. Information was also put up for parents telling them why staff were wearing blue gloves, and to highlight that they'd be calculating drugs, so its not a good time to interrupt.

Regional News—cont.

The BLUE acronym works like this:

B = Background.
- Why is an IV needed?
- Is it still needed for treatment?

L = Legal.
- Does the infant have ID bracelet on, ideally two?
- Has permission been sought from parents on why it is needed or replaced?

U = Utilised.
- Are you wearing BLUE gloves to access or insert the catheter and who assisted?

E = Execution.
- What did you do (e.g. give Antibiotics or drugs)?
- What fluids are running?
- What is the Phlebitis score and its present dwell time?

Jeanette audited this at about six months. There were some teething problems with changing how nurses wrote clinical notes to meet the requirements, and some staff still don't wear gloves to insert catheters, as they feel it limits their success rate, but it does give documentation on how this occurred.
- The project was a safe and effective way to:
- highlight to staff about their own safety,
- being patient focused, and
- ensuring that legal issues were initiated with informed consent.

Although the pilot is over, the project continues, "Business as Usual", improving documentation and ensuring parents are included in the decision making in their infants care.

COINN News

Debbie O'Donoghue, COINN Board Member

COINN BOOK

Neonatal Nursing: A Global Perspective

An exciting opportunity supported by Springer Publishing has arisen for COINN and members to write our own book.

The book will uniquely feature neonatal nursing from across the globe, a global collaborative approach to offering a book written by and for international neonatal nurses.

NZ is chapter six

COINN/NNCA are seeking your involvement to write this 6,000-word chapter.

If you feel you have knowledge/experiences to share, we have the support of mentors and editors to assist with the actual writing of the chapter, and examples of what the chapter could look like.

What we need to include within our Chapter:

- Neonatal nursing care from a NZ perspective with specific focus on cultural aspects and what is unique to New Zealand,
- The organisation of neonatal care, with an overview on the health care system, professional associations, practice regulations, staffing,
- Education and training,
- Evidence based practice – key areas of practice of current interest, and
- Case studies.

The time frame: the Draft chapter is to be completed by **November 2020**

If you are keen to contribute, in the first instance please email: Debbie O'Donoghue, COINN Board Member, New Zealand debbie.odonoghue@cdhb.health.nz

Ongoing Professional Development

NEW ZEALAND NURSES ORGANISATION
TŌPŪTANGA TAPUHI
KAITIAKI O AOTEAROA

NZNO Medico Legal Forums 2020
Theme — Scope of Practice

Dates and Locations

Christchurch	Christchurch Town Hall	11 February 2020
Dunedin	Otago Golf Club	12 February 2020
Palmerston North	The Chalet, Boatshed	18 February 2020
Auckland #1	Fairway Events Centre	26 February 2020
Auckland #2	Waipuna Hotel & Conference Centre	27 February 2020
Wellington	Harbourside Function Centre	4 March 2020
Hamilton	FMG Stadium	5 March 2020

We encourage you to apply for study leave for the forum being held nearest you!

Registration costs:

NZNO Members	$120
Non-members	$150
Students:	Free (limited to 10 student members at each location)

Register through the NZNO website

NNCA Professional Development Grant

Approximate amount available: Up to $10,000 total per year.

The *maximum* scholarship is $1,000 per person,
at the discretion of the NNCA Executive Committee.

Eligibility:
Applicants must be a full NNCA member for at least 12 months.

Criteria:
Courses, seminars, conferences or projects relating to neonatal nursing.

Priority is given to nurses embarking
on research or writing for a peer reviewed journal.

Applications must be received on the correct application forms.

Applicants receiving funding from NNCA will be expected to contribute
to the Newsletter or the annual Conference.

Next Application date:

31 January 2020

Application forms can be found on the NNCA website for funding opportunities.

Send applications to:
Scholarships & Grants - NNCA Administrator
NZNO National Office
Findex House, Level 3
57 Willis Street
PO Box 2128,
Wellington 6011
E-mail: sally.chapman@nzno.org.nz

Submissions gratefully received

FOR THE NNCA NEWSLETTER…

- Please use Word Format please
- Pictures tell a thousand words—feel free to include some
- Does NOT have to be academic writing— just great reading!
- Publishing deadline ***Friday, 28 February 2020***
- Send your work to:
  - Sally Chapman (our NNCA Administrator) Sally.Chapman@nzno.org.nz , or
  - Juliet Manning juliet.manning@southerndhb.govt.nz

Children in Poverty — References

Boston, J. (2014). Child poverty in NZ: Why it matters and how can it be reduced. *Educational Philosophy and Theory, 46*(9), 962-988. Retrieved from http://dx.doi.org/10.1080/00131857.2014.931002

Calma, T. (2016). Kaleidoscope: Education a vaccination against poverty. *Independent Education,* (3), 8. Retrieved from http://eds.a.ebscohost.com.ezproxy.aut.ac.nz/eds/detail/detail?vid=6&sid=508b0a55-b581-4026-8274-36713b53de90%40sessionmgr4006&bdata=JnNpdGU9ZWRzLWxpdmU%3d#AN=edsihs.476909343579226&db=edsihs

Chan, A., & Ritchie, J. (2019). Critical pedagogies of place: Some considerations for early childhood care and education in a super diverse 'bicultural' Aotearoa (NZ). *International Journal of Critical Pedaogy, 10*(1), 51-74. Retrieved from http://eds.a.ebscohost.com.ezproxy.aut.ac.nz/eds/detail/detail?vid=4&sid=39889fa6-8889-4b90-93be-50051f3f448b%40sdc-v-sessmgr01&bdata=JnNpdGU9ZWRzLWxpdmU%3d#AN=136165901&db=edo

Dalli, C., & Te One, S. (2012). Involving children in educational research: Researcher reflections on challenges. *International Journal of Early Years Education, 20*, 224-233. Retrieved from https://doi-org.ezproxy.aut.ac.nz/10.1080/09669760.2012.715408

Dalli, C., White, E. J., Rockel, J., & Dunn, I. (2011). Quality early childhood education for under-two-year-olds: What should it look like? A literature review. Wellington: Ministry of Education.

de Haan, I. (2016). Supporting transition to parenthood in Aotearoa NZ. *Aotearoa NZ Social Work Review, 28*(3), 4-14. Retrieved from http://eds.a.ebscohost.com.ezproxy.aut.ac.nz/eds/pdfviewer/pdfviewer?vid=14&sid=508b0a55-b581-4026-8274-36713b53de90%40sessionmgr4006

Dixon, L. (2017). The NZ model of maternity care continues to improve outcomes for mothers and babies. *Midwifery News, 86,* 20-21. Retrieved from http://eds.a.ebscohost.com.ezproxy.aut.ac.nz/eds/pdfviewer/pdfviewer?vid=10&sid=508b0a55-b581-4026-8274-36713b53de90%40sessionmgr4006

Duncan, G., & Magnuson, K. (2012). The importance of early childhood poverty. *Social Indicators Research, 108*(1). 87. Retrieved from http://eds.b.ebscohost.com.ezproxy.aut.ac.nz/eds/pdfviewer/pdfviewer?vid=3&sid=1c4e46df-8031-4d51-8b29-1d4bddd643e9%40sessionmgr102

Dwyer, M. (2015). Sole parents in poverty it's time to update the policy paradigm. *Policy Quarterly, 11*(1), 19-24.

Dwyer, S. (2009). Childbirth Education: Antenatal Education and Transitions of Maternity Care in NZ. Wellington: Families Commission.

Ministry of Education. (2019). 20 hours ECE for ECE services. The NZ Government. Wellington, NZ. Retrieved from https://www.education.govt.nz/early-childhood/funding-and-data/20-hours-ece-for-ece-services/

Egan-Bitran, M. (2012). Our views matter: children and young people talk about solutions to poverty. Wellington: Office of the Children's Commissioner. Retrieved from https://www.occ.org.nz/assets/Uploads/EAG/Consultation/Our-views-matter.pdf

English, B., & Tolley, A. (2015). $790m package for children in poorest families. [Press Release]. Wellington, NZ: NZ Government. Retrieved from https://www.beehive.govt.nz/release/790m-package-children-poorest-families

Expert Advisory Group. (2012). Solutions to child poverty in NZ: Evidence for action. Wellington: Office of the Children's Commissioner.

Fielding, M. (2009). Public space and educational leadership: Reclaiming and renewing our radical traditions. *Educational Management Administration & Leadership, 37,* 497-521.

Gibb, S. J., Fergusson, D. M., & Horwood, L. J. (2012). Childhood family income and life outcomes in adulthood: Findings from a 30-year longitudinal study in NZ. *Social Science & Medicine, 74*(12), 1979-1986. Retrieved from http://doi-org.ezproxy.aut.ac.nz/10.1016/j.socscimed.2012.02.028

Harris. P., & Manatakis, H. (2013), Children as citizens: engaging with the child's voice in educational settings. Oxford, England: Routledge. Retrieved from http://search.ebscohost.com.ezproxy.aut.ac.nz/login.aspx?direct=true&db=cat05020a&AN=aut.b13399421&site=eds-live

Hipkins, H, C. (2018). New plan for high quality early learning. [Press Release]. Wellington, NZ: NZ Government. Retrieved from https://www.beehive.govt.nz/release/new-plan-high-quality-early-learning

Holzer, H. J., Schanzenbach, D. W., Duncan, G. J., & Ludwig, J. (2008). The economic cost of childhood poverty in the United States. *Journal of Children & Poverty, 14*(1), 41. Retrieved from http://eds.b.ebscohost.com.ezproxy.aut.ac.nz/eds/detail/detail?vid=18&sid=1c4e46df-8031-4d51-8b29-1d4bddd643e9%40sessionmgr102&bdata=JnNpdGU9ZWRzLWxpdmU%3d#AN=31159387&db=edb

Jost, J. T. (2001). Outgroup favouritism and theory of system justification: a paradigm for investigating the effects of socio-economic status success on stereotype content. In G. B Moskowitz (Ed.). *Cognitive social psychology: The Princeton symposium on the legacy and future of social cognition* (pp. 89-102). Thousand Oaks, California: Erlbaum.

Kellock, A. (2011). Through the lens: accessing children's voices in NZ on well-being. *International Journal of Inclusive education, 15*(1), 41-55. Retrieved from http://doi.org/10.1080/13603116.2010.496194

Ladd, H. F. (2012) Education and poverty: Confronting the evidence. *Journal of Policy Analysis and Management, 31*(2), 203. Retrieved from http://eds.b.ebscohost.com.ezproxy.aut.ac.nz/eds/pdfviewer/pdfviewer?vid=9&sid=1c4e46df-8031-4d51-8b29-1d4bddd643e9%40sessionmgr102

McLaughlin, M., & Rank, M. R. (2018). Estimating the economic cost of childhood poverty in the United States. *Social Work Research, 42*(2), 73-83. Retrieved from http://eds.b.ebscohost.com.ezproxy.aut.ac.nz/eds/pdfviewer/pdfviewer?vid=14&sid=1c4e46df-8031-4d51-8b29-1d4bddd643e9%40sessionmgr102

Meade, A., Robinson, L., Smorti, S., Stuart, M., Williamson, J., Carroll-Lind, J., … Te Whau, S. (2012). Early childhood teachers' work in education and care centre, profiles, patterns and purposes: Te mahi a ngā kaiako kōhungahunga i ngā pokapū mātauranga, manaaki hoki: Ngā kōtaha, ngā tauira me ngā uptake. Wellington, NZ: Te Tari Puna Ora NZ Childcare Association.

Mistry, R. S., Chow, K. A., Brown, C. S., & Collins, G. S. (2011). Increasing the complexity of young adolescents' beliefs about poverty and inequality: results of an 8th grade social studies curriculum intervention. *Youth Adolescence, 41,* 704-716. Retrieved from https://doi-org.ezproxy.aut.ac.nz/10.1007/s10964-011-9699-6

Mitchell, L. (2011). Enquiring teachers and democratic poilitics: Transforming in NZ's early childhood education landscape. *Early Years: An international Journal of Research and Development, 31*(3), 217-228. Retrieved from http://eds.a.ebscohost.com.ezproxy.aut.ac.nz/eds/detail/detail?vid=2&sid=39889fa6-8889-4b90-93be-50051f3f448b%40sdc-v-sessmgr01&bdata=JnNpdGU9ZWRzLWxpdmU%3d#db=eric&AN=EJ947078

Mitchell, L., Meagher-Lundberg, P., Taylor, M., Calcutt, T., Kalavite, T., Kara, H., & Paki, V. (2013). ECE participation programme evaluation: Baseline report. Retrieved from https://www.educationcounts.govt.nz/__data/assets/pdf_file/0011/127010/ECE-Participation-Programme-Evaluation.pdf

OCED. (2018). Child Poverty. OCED Publishing, Paris. Retrieved from https://www.oecd.org/els/CO_2_2_Child_Poverty.pdf

Office of the Children's Commissioner. (2014). Choose kids: Why investing in children benefits all NZers. Wellington: Office of the Children's Commissioner.

Pearce, J. (2011). An estimate of the national costs of child poverty in NZ. Auckland: Analytica

Perinatal and Maternal Mortality Review Committee. (2018). Twelfth Annual Report of the Perinatal and Maternal Mortality Review Committee: Reporting mortality 2016. Wellington: Health Quality & Safety Commission. Retrieved from http://www.hqsc.govt.nz/our-programmes/mrc/pmmrc

Perry, B. (2011). Measuring and monitoring child poverty and hardship. *Children A Newsletter from the Office of the Children's Commissioner, 79*, 8-16.

Pfeifer, J. H., Brown, C. S., & Juvonen, J. (2007). Prejudice reduction in school. Teaching tolerance in schools: Lessons learned since Brown v Board of Education about the development and reduction of children's prejudices. *Social Policy Report, 21*(2), 1-23.

Postlewaight, G. (2016). Removing socio-economic barriers to participation in early childhood education: Is current policy in Aotearoa NZ effective? *NZ Research in Early Childhood Education*, *19,* 46-60.

Pringle, M, K. (1980). The needs of children. London: Hutchinson.

Ratima, M., & Crengle, S. (2013). Antenatal, Labour, and Delivery Care for Māori: Experiences, Location within a Lifecourse Approach, and Knowledge Gaps. *A Journal of Aboriginal and Indigenous Community Health, 10*(3).

Seider, S. (2011). The role of privilege as identity in adolescents' beliefs about homelessness, opportunity, and inequality. *Youth and Society, 43,* 333-364.

Shonkoff, J. P., Boyce, W. T., & McEwen, B. S. (2009). Neuroscience, molecular biology, and the childhood roots of health disparities: Building new framework for health promotion and disease prevention. *JAMA, 30*(21):2252-2259. doi:10.1001/jama.2009.754

Shonkoff, J. P., & Garner, A. (2011). The Lifelong Effects of Early Childhood Adversity and Toxic Stress. *Pediatrics, 129*, 232-246. doi:10.1542/peds.2011-2663

Statistics NZ. (2019). Child poverty statistics: Year ending June 2018. Retrieved from https://www.stats.govt.nz/information-releases/child-poverty-statistics-year-ended-june-2018

St John, S., O'Brien, M., & Dale, M. C. (2014). *Our children, our choice: priorities for policy*: A Child Poverty Action Group monograph. Child Poverty Action Group Inc, Auckland. Retrieved from https://www.cpag.org.nz/assets/Publications/1410063-0%20Our%20Children%20Our%20Choice%202014.pdf

Te One, S., Blaikie, R., Egan-Bitran, M., & Henley, Z. (2014). You can ask me if you really want to know what I think. *Educational Philosophy and Theory, 46*(9), 1052-1068. Retrieved from https://doi-org.ezproxy.aut.ac.nz/10.1080/00131857.2014.931008

UNICEF NZ. (2012) All children thriving, belonging and achieving – what will it take? A community/NGO briefing paper. Wellington: UNICEF NZ.

United Nations Committee on the Rights of the Child. (2011). Consideration of reports submitted by States parties under article 44 of the convention. Geneva, Switzerland: Office of the United Nations High Commissioner for Human Rights.

United Nations Committee on the Rights of the Child. (1989). Convention on the rights of the child. Geneva, Switzerland: Office of the United Nations High Commissioner for Human Rights.

United Nations Committee on the Rights of the Child. (2016). Concluding observations on the fifth periodic report of NZ. Geneva, Switzerland: Office of the United Nations High Commissioner for Human Rights.

Wylie, C. (2013). Schools and inequality. In M. Rashbrooke (Ed.). *Inequality: A NZ crisis* (pp. 134-144). Wellington, NZ: Bridget Williams Books

Reflections on 2019

Zarghona Lafraie, RN, NICU, Dunedin

March 15th, 2019: a terrorist attack in Christchurch claimed the lives of 51 innocent people congregated at two different mosques – Al-Noor and Linwood.

March 15th 2019: a terrorist attack that wounded some physically, hurt others emotionally, and shattered the psyche of a nation.

The events of March 15th affected me in so many ways, as a human being, for something so horrible to happen to another human being is heart-breaking; as a refugee, coming to NZ from horrible experiences to make a home in a safer place, it brought back so many bad memories; as a Muslim, it hurt knowing that those who were killed in the two mosques were innocent people who were killed for no fault other than being different; and, as a friend, who lost people I know very well from my time living in Christchurch. I grieve for their loss.

It literally broke me. I cannot even imagine how those who have been affected directly go through. Will I ever be okay, recover from it or get over it? NO.

I have learned to deal with it. The two main reasons that I can deal with it, and remain standing are: my faith and the unconditional support that I received, and am still receiving from my colleagues at work.

I have always called it my NICU family. The unlimited time given to me to spend with my family in Christchurch and here; the hugs, kisses, flowers, coffees, and dropping me to my car at the end of my shift as I was too frightened to walk alone to my car, are just a few examples of their love and support. They showed and proved to me aroha and kindness.

This is not something new. My work has always been accommodating to my religious practices.

- In my clothing – to wear the Hijab (headscarf) and three quarter sleeves;
- in prayer – I pray 5 times a day and some of my prayers fall within the working hours. Each prayer takes about 10—15 minutes. They provide me with the flexibility to take time off to pray and the freedom to go to a quiet place to pray;
- in fasting – I fast for a whole month from dawn to dusk. My work is flexible in allowing me to work only night shifts in the fasting month of Ramadhan.

I am so privileged to be part of such an amazing team. I am forever grateful and in debt to each and everyone's kindness, love and generosity. Thank you my NICU family.

I know it is only me writing and other nurses reading, this but it is nice to let it out and express my feelings and gratitude.

Best Wishes to you all for 2020

Mā te rā e kawe mai
te ngoi ia rā ia rā
Mā te marama e whakaora
i a koe i waenga pō
Mā te ua e horoi ōu māharahara
Mā te hau e pupuhi te pākahukahu
ki rōtō i tōu tinana
I rōtō i ōu hikoitanga i te ao kia whakaaro
koe ki te hūmārie ātaahua hoki
o ōu rā mō āke tonu atu—Amine

May the sun bring you energy by day
May the moon softly restore you by night
May the rain wash away your worries
May the wind blow new strength into your being
May you walk on earth in peace all the days of your life and know its beauty forever and ever—Amen