



## Submission to the Health Committee's Inquiry into Preventing Child Abuse & Improving Children's Health Outcomes

4 o Haratua (May), 2012

Thank you for the opportunity to make a submission on Preventing Child Abuse & Improving Children's Health Outcomes in Aotearoa/New Zealand<sup>1</sup>. As the professional body for a national collective of around **4,000 social workers** who have day-to-day contact with the most vulnerable people in our communities, our membership is well placed to engage in this discussion. Our work is guided by a Code of Ethics that is aligned with the International Federation of Social Workers (IFSW), bi-cultural Standards of Practice and a firm commitment to the principles of social justice and human rights. We look forward to involvement in further debate about future directions and priorities as the Inquiry progresses.

This submission is from the **Aotearoa New Zealand Association of Social Workers (ANZASW)**. If you would like to contact ANZASW about any aspect of this submission please contact the Chief Executive, **Lucy Sandford-Reed**, in the first instance.

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ANZASW has recently prepared comprehensive submissions on several related topics, notably:

1. Reducing Long-Term Benefit Dependency, submitted to the Welfare Working Group on 24 December, 2010;
2. Crimes Amendment Bill No. 2 (Mandatory Reporting of Child-Abuse), submitted to the Social Services Select Committee on 3 June, 2011;
3. Review of the Blueprint & Mental Health & Addiction Service Development Plan (MHASDP) submitted to the Ministry of Health on 18 February, 2012;
4. Reviewing the Family Court, submitted to the Ministry of Justice on 28 February, 2012;
5. The Green Paper for Vulnerable Children, submitted to the Minister for Social Development & Employment on 29 February, 2012, and
6. The Determinants of Wellbeing for Māori Children, submitted to the Māori Affairs Select Committee on 18 March, 2012.

These are available at [www.anzasw.org.nz/sw-in-nz/advocacylobbying/submissions](http://www.anzasw.org.nz/sw-in-nz/advocacylobbying/submissions) and contain a wealth of information that would help the Health Committee to understand the issues that are associated with development and delivery of practical health and social interventions to prevent child abuse and improve children's health outcomes.

In particular, ANZASW would like to draw the Health Committee's attention to the need for concerted action to address a number of central, underlying, concerns including, but not limited to, the following:

- concepts of child abuse, vulnerable children, at risk, adverse health outcomes, monitored appropriately, best outcomes and hard to reach children/families have never been clearly defined but are increasingly used as the rationale for intervention and an aggressive, nanny state approach to health service delivery in Aotearoa/New Zealand;
- informed consent is the cornerstone of health service delivery in Aotearoa/New Zealand, this is a basic human right that is guaranteed under the Code of Health and Disability Services Consumer Rights, informed choice means that parents and health service users still have the right to make their own decisions about health service risks, benefits and outcomes that are best for them as well as the appropriateness of interventions and monitoring techniques;
- several reports have highlighted the urgent need to improve knowledge about the effectiveness of health services in Aotearoa/New Zealand, in particular, the Auditor-General has expressed serious concerns about the quality of DHB reporting<sup>2</sup>, the Lancet has published an article in which a leading health professional talks about incapacity to measure the effectiveness of New Zealand health services<sup>3</sup>, the inaugural report of the Perioperative Mortality Committee has recommended immediate implementation of a whole system approach to the evaluation of iatrogenic causes of death and ANZASW's submission on Blueprint and MHASDP review has demonstrated alarming, unacceptable, inadequacies in the systems and processes for reporting on the effectiveness of New Zealand mental health services, especially the \$90 million annual spend on pharmaceutical solutions;

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<sup>2</sup> See Omnibus Briefing - Policy Matters Arising 2 March 2012 retrieved from <http://www.panui.net/2012/03/03/omnibus-briefing-policy-matters-arising-2-march-2012/> on 3 May 2012.

<sup>3</sup> [www.thelancet.com](http://www.thelancet.com) vol 378, Nov 12 (2011) NZ's Bold Strategy for Reducing Health Disparities

- it would be premature, and somewhat imprudent, for the Health Committee to introduce practical health and social interventions to prevent child abuse within the current socio-political environment of tremendous turmoil and change – New Zealand families, parents and children are already coping with a raft of far-reaching public policies that have been introduced, or are about to be introduced, under the guise of preventing child abuse including mandatory reporting, incentivised welfare reforms, teen parenting, compulsory parenting programmes, information sharing, universal screening, prioritised service delivery and the BSMC model of primary mental health care. In addition, the Task Force for Action on Violence within Families has yet to release their report and the MSD is still working through 9,000 public submissions that will form the basis for White Paper recommendations on how to address the needs of vulnerable children (especially those who are being abused) including the feasibility of establishing an Independent Commissioner, Children’s Act and Children’s Action Plan;
- a burgeoning international evidence base has shown that poverty is the single-most important determinant of poor health and social outcomes including the risk of child abuse;
- the World Health Organisation, and Government delegates from all over the world, have recently signed a Declaration in which they agreed to reduce health inequities (and improve children’s health outcomes) by focusing on the social determinants of health, they agreed to invest in actions that will:

  - improve daily living conditions
  - tackle inequitable distribution of power, money and resources
  - measure and understand the problem and assess the impacts of action
  - reduce and eliminate global poverty, biodiversity loss, climate change and unfair trade practices
- the NZ Medical Association has called on the New Zealand Government to endorse the WHO’s commitment to focus on the socio-determinants of health and have identified the Seven Next Most Important Actions for Reducing Health Inequities in Aotearoa New Zealand.

- Action 1:** equitable and fair fiscal and social welfare policy - ensuring that everyone has a minimum income for healthy living.
- Action 2:** addressing the risk factors contributing to health inequities, eg - making New Zealand Smokefree, subsidising good nutrition, ensuring healthy food formulation, promotion of breast feeding, tackling harmful alcohol consumption.
- Action 3:** strengthening investment in early childhood, reducing child poverty, co-ordination of services for children, improving the environments in which children live.
- Action 4:** ensure alignment of climate change, sustainability and pro-equity policies, eg – warm and healthy housing, walkability of neighbourhoods, reducing carbon emissions, healthy food production, addressing the intersect between health and transport, trade, food, agriculture and the environment, developing wholistic policies.
- Action 5:** fair employment, safe and healthy workplaces, reducing unemployment.

**Action 6:** culturally specific programmes and policies for Māori, Pacific and Asian populations.

**Action 7:** equitable resource allocation, quality improvement, transparent monitoring and reporting systems.

■ ANZASW further endorses the call for alignment of public health, social and economic policy to reverse the devastating trickle-down effects of global recession, diminishing job markets, rising unemployment, entrenched poverty and rapidly escalating costs of living

■ In our experience, as Social Workers, the most effective way of ensuring the long term health and wellbeing of New Zealand children is to invest in:

■ supporting families

■ strengthening and facilitating interaction with the wider community

■ fostering the development of positive cultural identity.