NZMA
New Zealand Medical Association

2 May 2012

Dr Paul Hutchison, MP
Chair
Health Select Committee
Parliament Buildings
Wellington

Dear Dr Hutchison, MP

Inquiry into preventing child abuse and improving children's health outcomes

The New Zealand Medical Association (NZMA) is New Zealand's largest medical organisation and has a pan professional membership. We have around 5,000 members who come from all areas of medicine including specialists, general practitioners, doctors-in-training and medical students.

The NZMA aims to provide leadership of the medical profession, and promote:

- professional unity and values, and
- the health of all New Zealanders.

The key roles of the NZMA are to:

- provide advocacy on behalf of doctors and their patients
- provide support and services to members and their practices
- publish and maintain the Code of Ethics for the profession
- publish the New Zealand Medical Journal.

Doctors have an important role to play in the health and wellbeing of children in New Zealand. As described in the NZMA Consensus Statement on the Role of the Doctor, we act as leaders and advocates for improvement in health outcomes for our patients and the communities we serve. Alongside professional responsibilities to patients and communities, doctors also have a strong commitment to the promotion of population health, including ongoing efforts to achieve health equity.

The NZMA is pleased to see that the Government is looking so carefully at the issues around vulnerable children – and within that subset, abused children. We advise that we have recently filed submissions on the Green Paper on Vulnerable Children and on the Māori Affairs Select Committee Inquiry into the Determinants of Wellbeing of Māori Children and

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that the key themes for this further inquiry fit well with the submissions we have already made.

There are three issues the NZMA wishes to raise:

- the impact of the social determinants of health
- the 'Medical Home' concept of multidisciplinary general practice
- mandatory reporting of child abuse.

Social determinants of health

The issue of child abuse and improving children's health outcomes is something that should be viewed in the context of New Zealand's poor performance towards its children generally. To reduce the abuse of our children, wider measures need to be taken and a culture change is essential.

There is a strong link between the social determinants of health and the degree of vulnerability of the child, and hence the increased likelihood that he or she will be abused.[1] In addressing this issue, the Government also needs to address the social determinants of health. By this we mean the conditions in which people are born, grow, live, work, and age. These include factors such as indigenous status, early life conditions, disability status, education, employment/unemployment and working conditions, food security, sex, health care services, housing, income, ethnic differences, social position, and social exclusion.[2]

The Medical Home

One of the biggest problems managing the health of abused children is the large number of health providers having an input into a child's care. Currently there appears to be a coordination issue in that many health providers are unaware of what others are doing and thus the child has the potential to slip through the cracks.

The NZMA believes that the best way to address this is through the establishment of a Medical Home for all children. The Medical Home model capitalises on the multidisciplinary attributes of primary care. These are ease of access, and long term relationships with appropriately trained health professionals, as well as comprehensiveness and coordination of care. The service delivery of the health professional team is grounded in the principles of evidence-based medicine, quality improvement, the advanced use of information technology and electronic health records, and audit and review of outcomes.[3] Out of this concept a number of important measures of quality of care for New Zealand's children emerge. The NZMA believes that general practice is the logical domain for the Medical Home and this concept builds on the principle of integrated family health care.

a) Every child within the context of their family and whānau undergoes comprehensive preventive screening of their health status. The process should

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[1] NSPCC, Child Protection Research Briefing "Poverty and Child Maltreatment", April 2008, http://www.nspcc.org.uk/Inform/research/briefings/povertypdf_wdf56896.pdf Note that the NZMA is not saying that poverty leads to child abuse however research shows that children who grow up in poverty can be more vulnerable to some forms of maltreatment, particularly neglect and physical abuse.

[2] CSDH. Closing the gap in a generation: health equity through action on the social determinants of health. Final report of the Commission on Social Determinants of Health. Geneva: World Health Organisation; 2008.

[3] For example see the Bright Futures Handbook: http://brightfutures.aap.org/pdfs/Preventive%20Services%20PDFs/Forward%20and%20Introduction.pdf .

commence at the child's conception but will draw on information and relationships already established between the parents and their primary healthcare team.

b) Contact should be maintained throughout the pregnancy, and close coordination needs to occur between those providing antenatal care and the primary healthcare team. Preventive screening should continue to occur at specified intervals until the child's mid-teens, but particular focus should be on the first three years of life. Other countries are already providing these preventive services and a good evidence base exists that demonstrates efficacy and effectiveness. New Zealand could draw on this information to develop its own programme.[4]
c) By providing this comprehensive programme children at risk of preventable disease, neglect, and harm can be identified. Appropriate help can be provided when necessary through early intervention using processes such as motivational interviewing and brief interventions. These may be provided by the primary healthcare team itself, or by referral to other linked services. Such activity could take place in an integrated family healthcare centre, or be coordinated through primary care service organisations.
d) Other services that identify children at risk, but not directly linked to the Medical Home (such as the education sector or police), should refer back to the child's Medical Home when reporting issues of concern.
e) By starting with *prevention* fewer children will suffer harm, parenting can be improved, the physical and mental resilience of children is enhanced, and ultimately the health and wellbeing of society as a whole benefits. There is less consequent adult morbidity, longevity is enhanced, and there is less societal violence, suicide and incarceration. The costs to society for reducing infant and childhood morbidity are overwhelmed by the savings achieved.[5]

Another reason for supporting the Medical Home based in general practice is that situations of abuse often give rise to health (injury and medical) problems, and adverse behavioural outcomes. Doctors are often at the forefront of these scenarios and may be the first outside the family to become aware of difficulties which might lead to the child being 'at risk'. The fact that the general practitioner is usually the trusted health professional for the whole family means that he/she is often in a situation to observe family dynamics and have conversations with the family in a way that other professionals cannot.

Mandatory reporting

There was some discussion in the Green Paper on Vulnerable Children concerning mandatory reporting of child abuse by health professionals. The NZMA is of the view that some form of mandatory reporting should be required but is mindful that the issues in each individual case are often complex. The development and application of 'the rules' for reporting therefore require careful consideration.

There are also some negative implications to consider. These include the loss of trust between potential helpers in a situation where a child is at risk and the parents/caregivers, and the enormous resources required to investigate every instance where a report is made. Greater

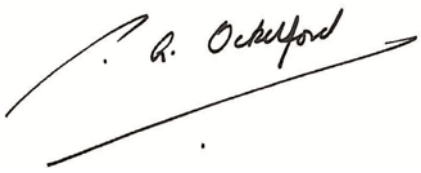
[4] For example see the Bright Futures Handbook: http://brightfutures.aap.org/pdfs/Preventive%20Services%20PDFs/Forward%20and%20Introduction.pdf .

[5] Gluckman, P, "Improving the Transition**.** Reducing Social and Psychological Morbidity During Adolescence", May 2011; Wilkinson R, Pickett K. The Spirit Level: why greater equality makes societies stronger. New York: Bloomsbury Press; 2009.

effort therefore needs to be taken to minimise the need for reporting, with the potential for draconian responses, in the first place. This includes preventive screening and, more importantly, other services being able to rely on healthcare professionals already familiar with the family situation (as supplied by the Medical Home).

We trust our comments are of assistance and would be pleased to appear before Select Committee in support of our submission.

Yours sincerely



Dr Paul Ockelford
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