Dr Belinda Coulter

Paediatrician

Rotorua

Dr Johan Morreau

Paediatrician

Rotorua

The Vulnerable Child - Concurrent Workshop Repeated

Saturday, 22 June 2013	Start 2:00pm	Duration: 55mins	Skellerup
	Start 3:05pm	Duration: 55mins	Skellerup

THE VULNERABLE CHILD

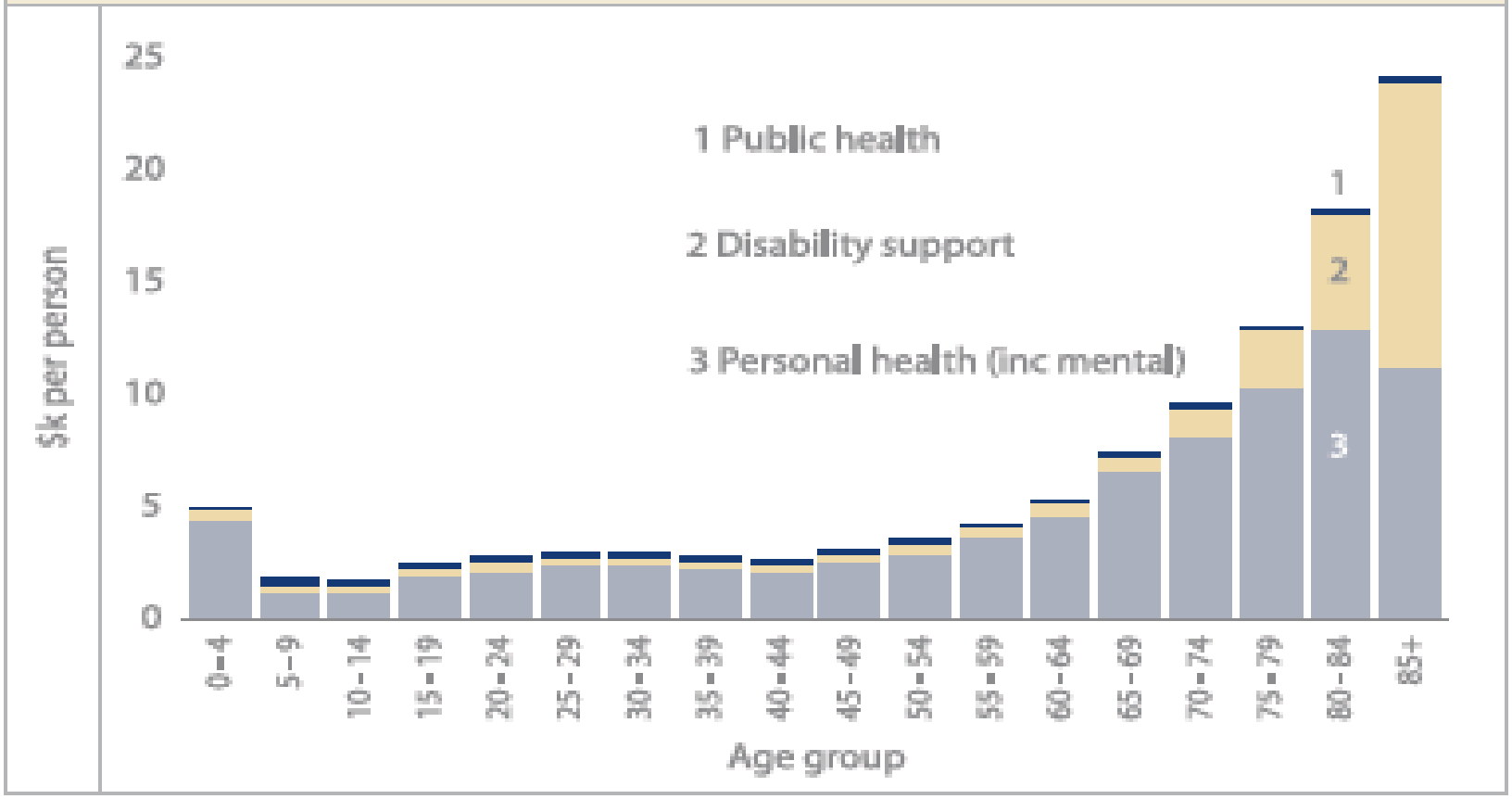
JOHAN MORREAU

The Vulnerable Child

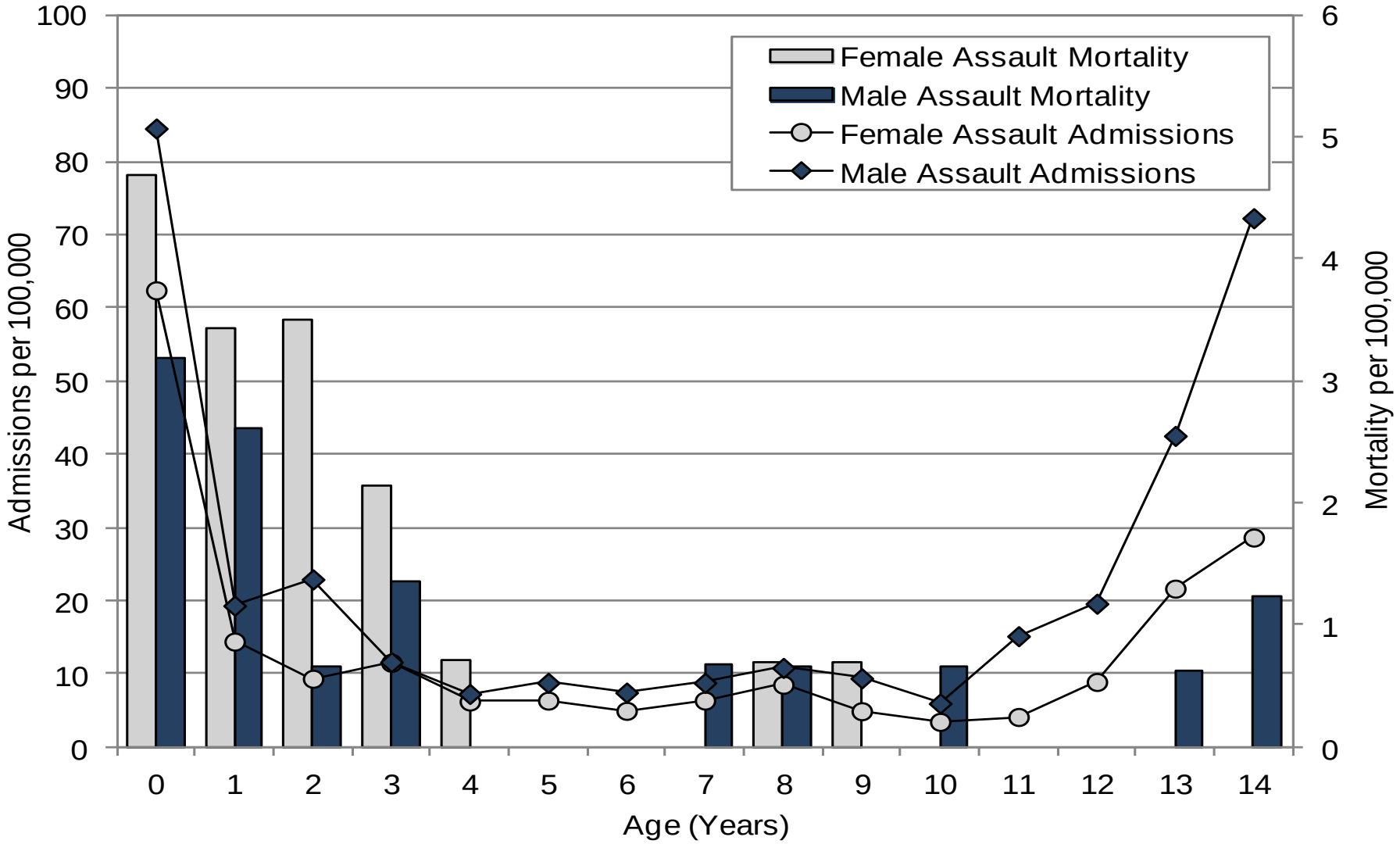
Rotorua – view from our offices

WHERE HEALTH EXPENDITURE GOES

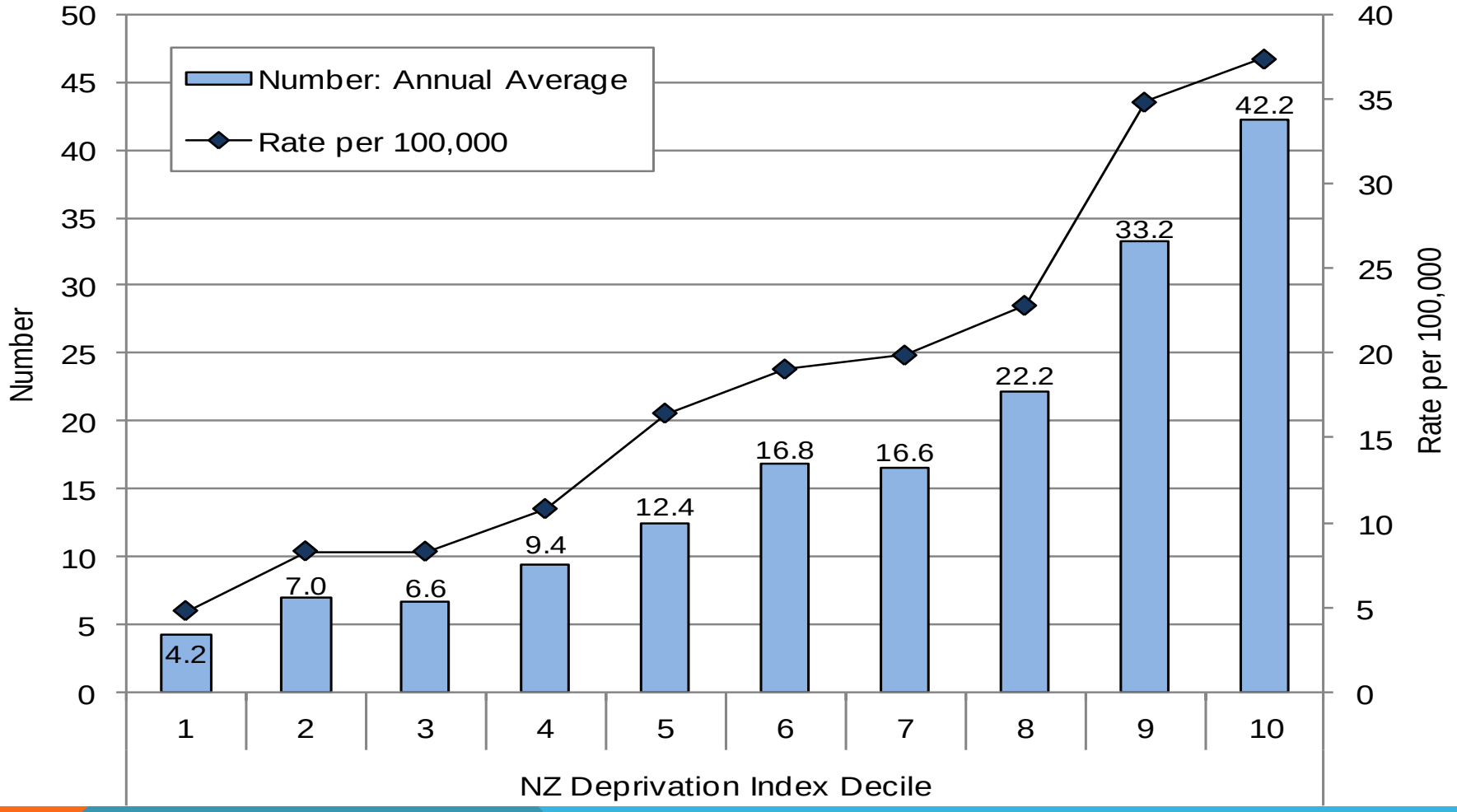
Figure 6.2: Annual government health expenditure by age and service group (males and females combined), 2003/04



Hospital Admissions (2007–2011) and Deaths (2005–2009) due to Injuries Arising from the Assault, Neglect or Maltreatment of New Zealand Children by Age and Gender



Hospital Admissions for Injuries Arising from the Assault, Neglect or Maltreatment of Children 0–14 Years by NZ Deprivation Index Decile, New Zealand 2006–2010



'I find that Nia Maria Glassie [died of] cerebral infarction against a background of extreme vi
Coroner Dr V

NIA'S LAW

Coroner calls for major changes to the way we raise our children

By Cherie Taylor
cherie.taylor@dailypost.co.nz

Rotorua Coroner Wallace Bain is calling for compulsory spot checks of all children from birth to the age of 5 to ensure they are safe and to avoid a repeat of the "horrific" death of toddler Nia Glassie.

The Rotorua 3-year-old died on August 3, 2007. The coroner determined the toddler died from cerebral infarction against a background of "extreme violence".

Dr Bain is also calling for all solo parents on a benefit to be monitored and overseen to ensure the safety of children in their care.

"We must urgently return to the "good-old-days" where every child was seen regularly by the Plunket Nurse," he said.

Dr Bain has released his findings into Nia's death. She died after being abused and ill-treated by members of her extended family who were looking after her while her mother worked.

The toddler slipped into a coma shortly after being kicked in the head by brothers Wiremu and Michael Curtis in July 2007 and was taken to Rotorua Hospital 36 hours later. She died from her injuries in Starship Hospital 12 days later.

Dr Bain said Nia's case was "chilling" and the most horrendous about which he had heard evidence in his 19 years as a coroner.

"The facts associated with this

" I have never had to endure such horrendous evidence which led to the death of this little girl in horrific circumstances"
Dr Wallace Bain, Rotorua Coroner

that no one ever has to experience that again."

New Zealand had one of the worst records in the Western world on treatment of children, Dr Bain said. "There is a recurring theme. When are we going to get serious about our children?" he told *The Daily Post*.

The coroner recommends there be state intervention and monitoring of children in single parent homes where the family have previously come to the attention of authorities, where a mother works fulltime and others care for the children and where domestic or child violence has been identified.

"This may be seen as a drastic step but the continuous abuse of New Zealand's children calls for nothing less . . . In my view it is the biggest

"This country needs to devote every resource it can to preventing it," he said.

Dr Bain said Nia's mother Lisa Kuka had previously come to the attention of authorities and had the family been monitored Nia could have been saved.

"Had there been adequate steps in place and checks carried out then leaving Nia in the day-to-day care of young males would have been nipped in the bud at an early stage," he said.

Vulnerable children were falling through the cracks, Dr Bain said.

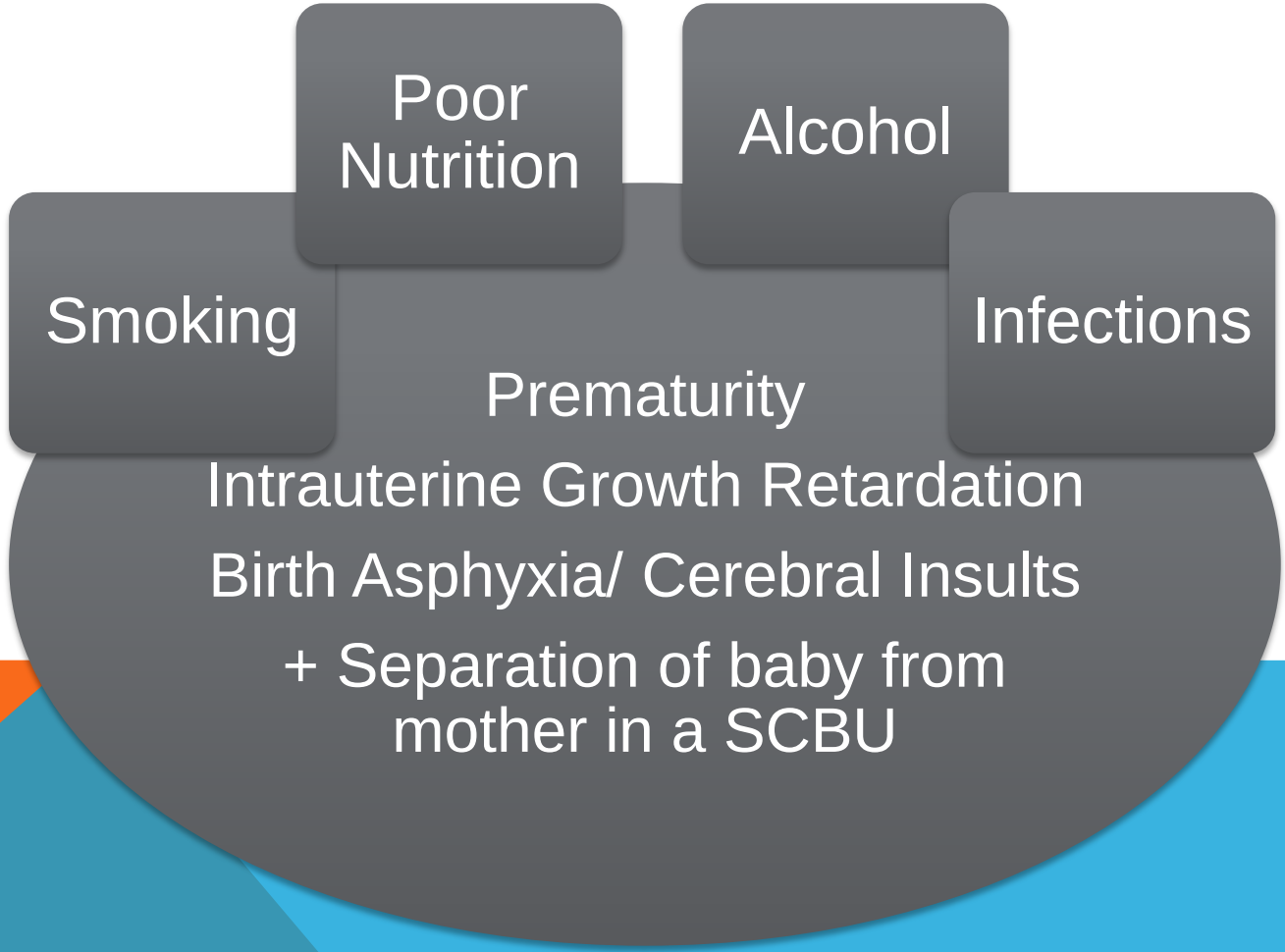
As a result he is calling on the Ministry of Social Development to enhance public education campaigns on the issue, that legislation be introduced to ensure compulsory sharing of information between Government agencies and health providers to protect children from harm.

"It is also clear from the evidence that other whanau, friends and family members were or should have been aware of the abuse to Nia and her sisters.

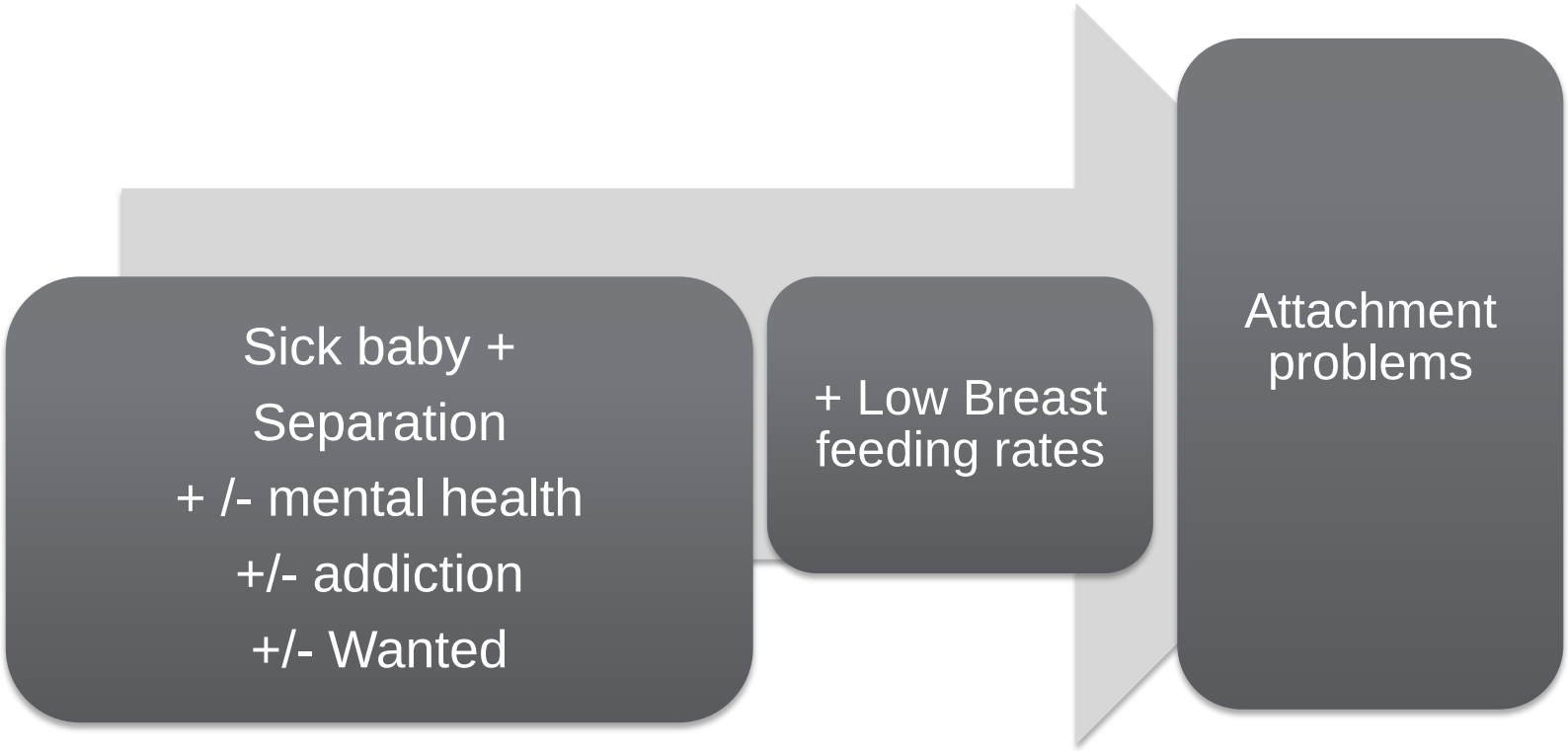
"There needs to be a criminal sanction here and compulsory criminal reporting is a must," he said.

He also wants an 0800 number set up, mandatory reporting by schools and childcare agencies identifying abuse factors, and significant penalties for those who fail

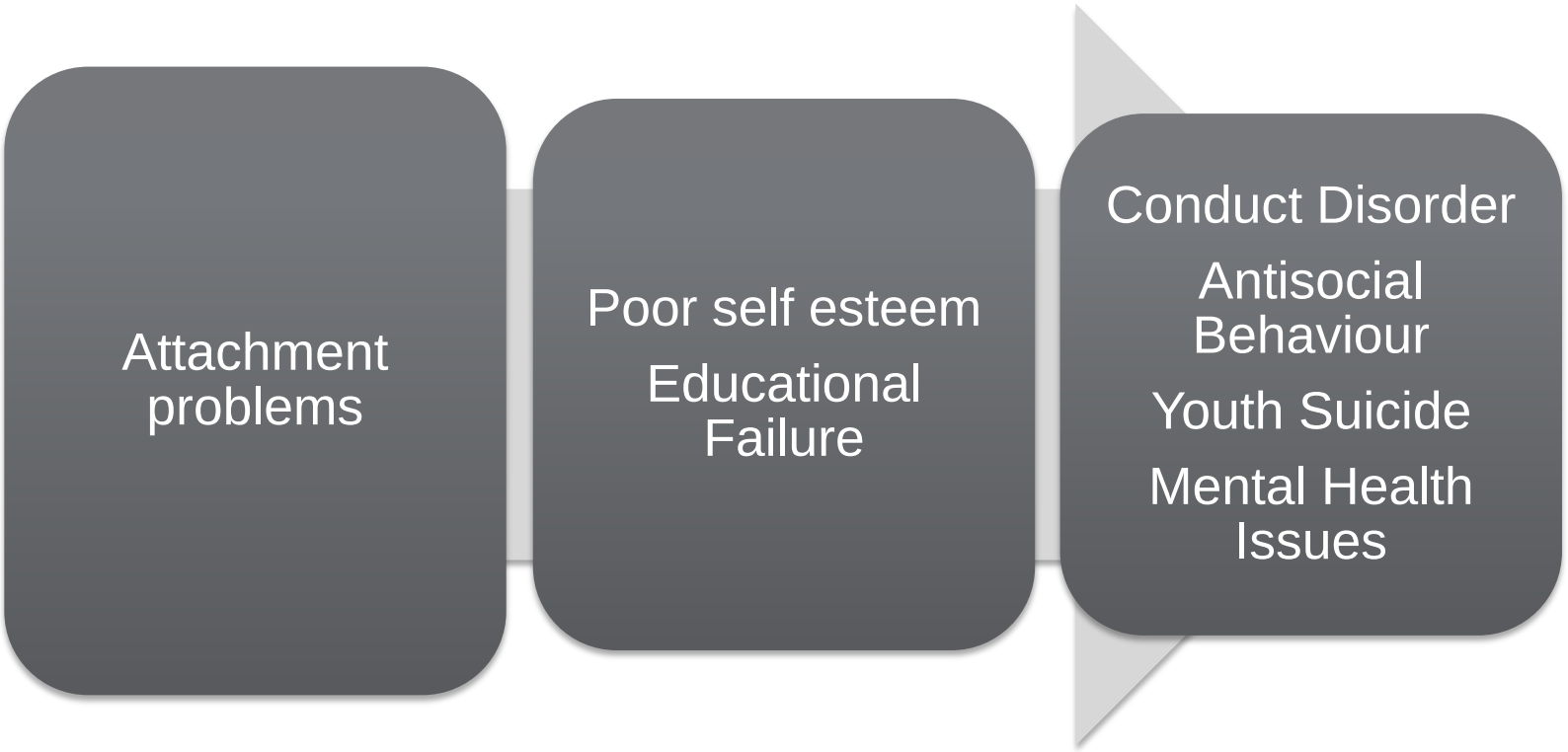
ORIGINS OF VULNERABILITY



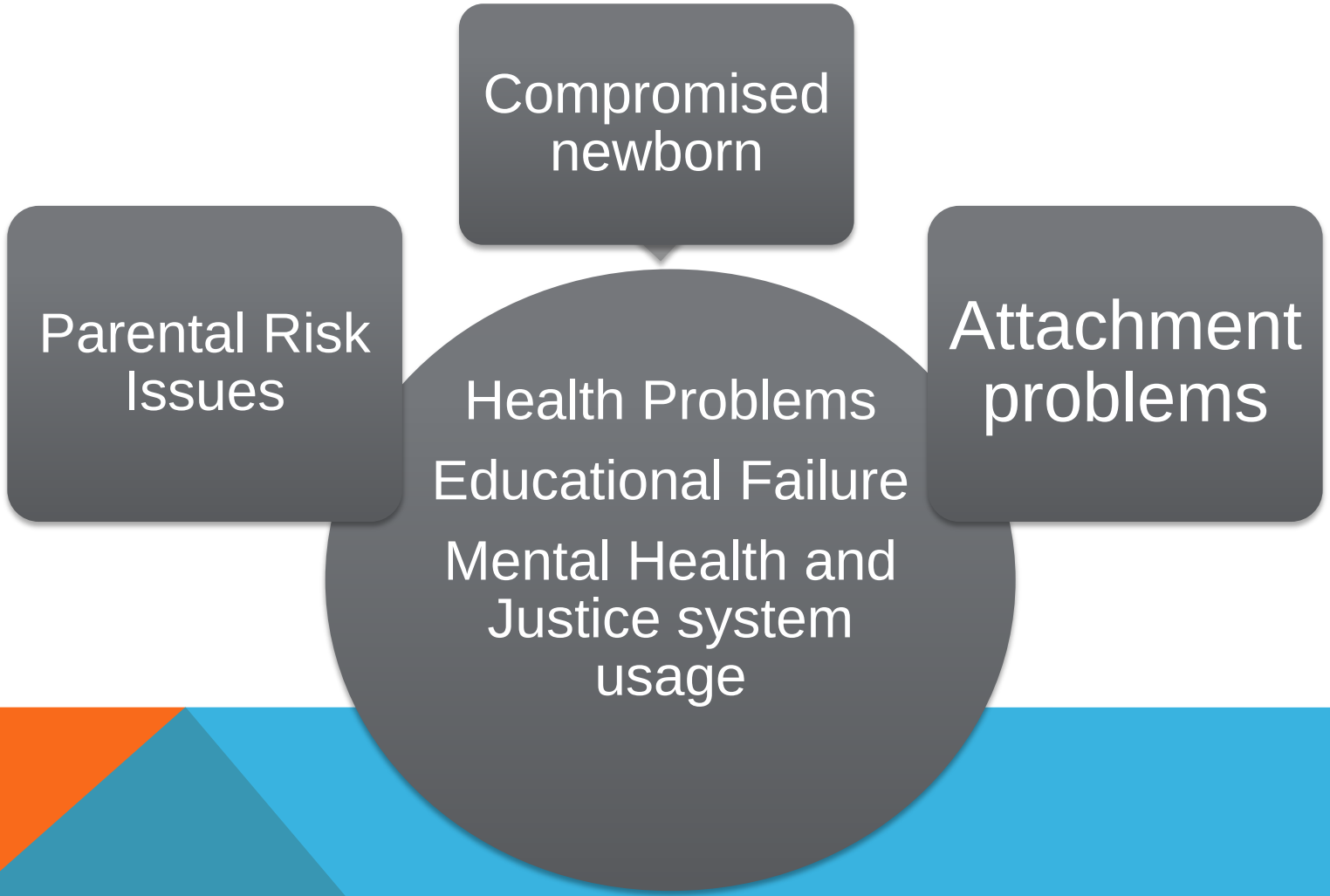
ATTACHMENT


Sick baby +
Separation
+ /- mental health
+/- addiction
+/- Wanted
+ Low Breast feeding rates
Attachment problems

ATTACHMENT 2



Vulnerable Child's future



HEALTH PROBLEMS

Infancy

- Respiratory eg bronchiolitis
- Infections
- SUDI

Children

- DISABILITY
- OBESITY
- BEHAVIOUR

Youth and Adults

- CHRONIC DISEASES – Diabetes, Hypertension , Cardiovascular compromise , CVA
- YOUTH SUICIDE
- MENTAL HEALTH ISSUES / ADDICTIONS

EDUCATIONAL FAILURE

Child

- Reduced educational capability
- Poor self esteem
- Behavioural problems

Youth

- Escalating behavioural issues
- Inability to “self manage a life”

Adult

- Failure
- Dependency
- Antisocial Behaviour

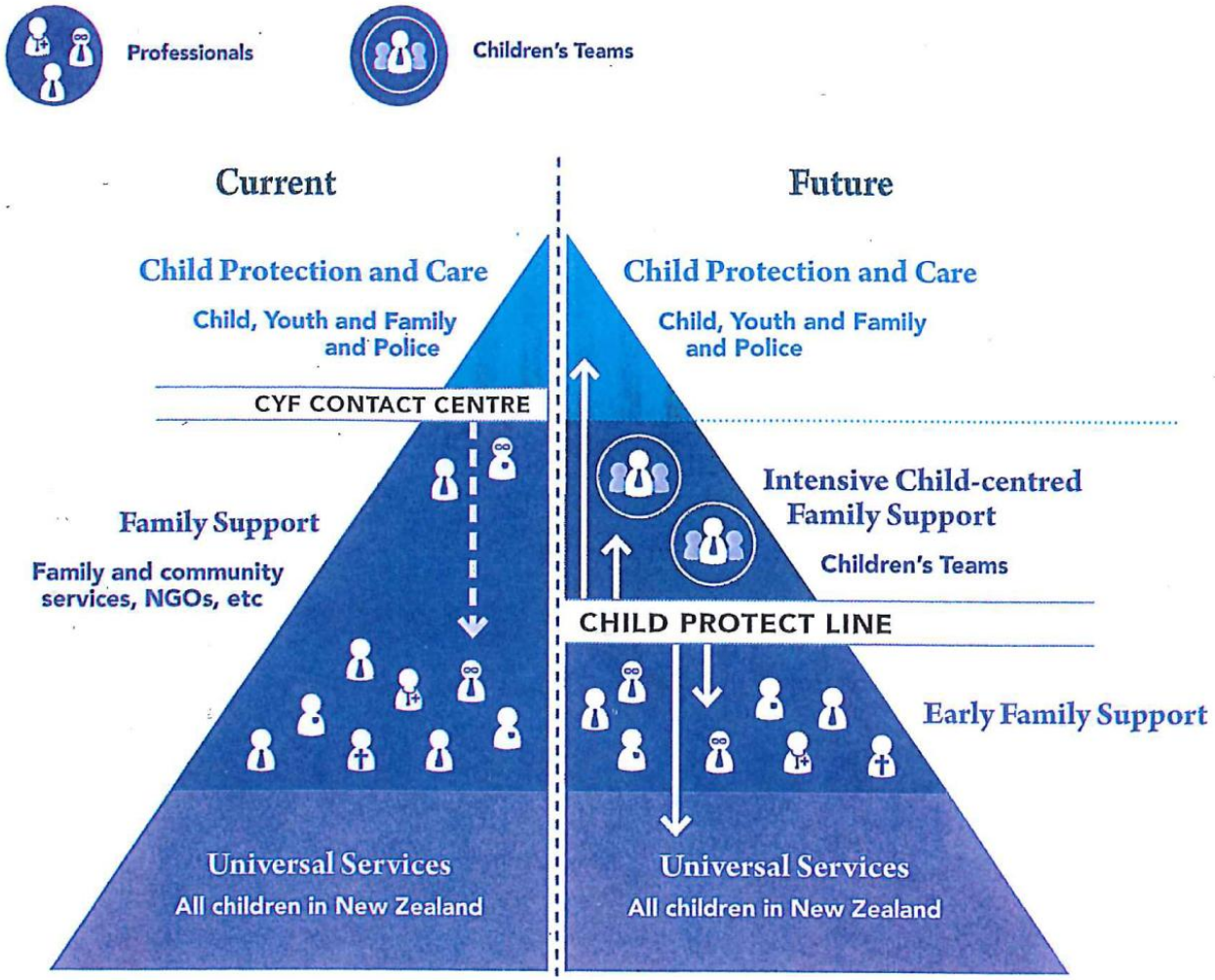
VULNERABLE UNBORNS PROJECT

- **Arose from a death where FV , multiple agencies could have predicted issues**
- **Purpose - Identify Vulnerable Unborn ASAP antenatally - Multiple agencies share information which is collated**
- **Liaises with midwifery as pregnancy progresses.**
- **Clarifies supports needed**
- **Generates individualised plan that starts antenatally has arrangements in place at birth and is ongoing**

TAUPO DATA - 2011

- **443 deliveries domiciled in Taupo**
- **Taupo babies identified as very vulnerable = 37 (around 25% of Lakes babies – translates to 160 Lakes babies annually)**
- **% identified as very vulnerable = 8.4%**
- **Compares with 15- 20% of NZ children who "miss out" , are deprived and need significantly improved parenting.**

WHITE PAPER


Professionals
Children's Teams
Current
Future
Child Protection and Care
Child, Youth and Family and Police
CYF CONTACT CENTRE
Family Support
Family and community services, NGOs, etc
Universal Services
All children in New Zealand
Child Protection and Care
Child, Youth and Family and Police
Intensive Child-centred Family Support
Children's Teams
CHILD PROTECT LINE
Early Family Support
Universal Services
All children in New Zealand

Rotorua “demonstration site”

- **Significant need exists**
- **More serious child abuse cases**
- **More behavioral issues**
- **More mental health issues including youth suicide**
- **Behavioral and mental health issues children are now becoming parents**

INADEQUATE PARENTING / POOR ATTACHMENT OF THE VERY YOUNG LEADS TO ALL OF THE ABOVE

PARENTING NOT PRISONS
A.TOP DOWN COMPONENT

Divert $ to child health, parenting support

- **Investment for the future**

- **Intersectoral approach**
- **Monitoring for each child**

- **Children's ministry – at all levels in system**
- **Monitoring of Epidemiology**

PARENTING NOT PRISONS

A.BOTTOMS UP COMPONENT

- **Identification**
- **Case management – 20% of children**
- **Support – parents and children**
- **Early Intervention / Early Childhood Education**
- **Home visiting**
- **Targetted increase in well child support, support of parenting**
- **Links to whanau ora**
- **Drug and alcohol , mental health initiatives**

A.BOTTOMS UP COMPONENT ADOLESCENT CARE FOCUS

Reduce teenage pregnancy

Contraception +++

- **Specialist Adolescent Medicine**
- **School nursing**
- **Drop in centres**
- **Responsive General Practice – quality approach to adolescence . Ask the question – Are we doing a good job. How do we know. Audit**
- **Teenage pregnancy schools**

Why do we have such a problem

- Inequity - Poverty gap
- Government policy of the 80's– selling of railways privatization of forests - decimated local forestry communities and their leadership left.
- Governments taxation and welfare policies increase inequity and poverty
- Inaction re alcohol is a wasted opportunity.

•Population mobility and urbanization reducing protective factors for children in our communities = lack of connectedness

•Government (including Health systems) have largely ignored these children – seen as someone else's problem .

Health

•Reduced home visiting – loss of public health nursing

•Over managed and splintered well child care service

Early Intervention:
Smart Investment, Massive Savings

The Second Independent Report to Her Majesty's Government
Graham Allen MP

3 Year old children

Costs to taxpayer

July 2011

HM Government

DISCUSSION

Public Health Responsibility / Advocacy

Prevention of Chronic Disease

Reduction in vulnerability

We all have a role in this - with our patients and within communities


canterbury

The images on the front cover illustrate the negative impact of neglect on the developing brain. The first CT scan is from a healthy 3-year-old child with an average head size (50th percentile). The image below is from a series of three 3-year-old children following severe sensory-deprivation neglect in early childhood. The child's brain is significantly smaller than average and has abnormal development of cortex (cortical atrophy) and other abnormalities suggesting abnormal development of the brain.

From studies conducted by researchers from the Child Trauma Academy (www.childtrauma.org) led by Bruce D Perry, MD, PhD.

Perry BD (2002) Childhood experience and the expression of genetic potential: what childhood neglect tells us about nature and nurture. *Brain and Mind*, 3: 79–100.

NEW FUNDING MODEL FOR MSD

P MSD FUNDED PROVIDERS MSD COMMUNITY

- Unclear funding priorities
- Multiple contracts with single providers
- Inconsistent service effectiveness and results measurement across MSD service lines
- Inconsistent contracting and tendering
- Contracting silos
- Delivery gaps

- More multi-year contracts
- Targeting funding to what works
- Providers working together for better outcomes
- Solid measurable outcomes achieved
- Better ways of measuring results