Delivering better public services

SUPPORTING VULNERABLE CHILDREN
RESULT ACTION PLAN

New Zealand Government

AUGUST 2012

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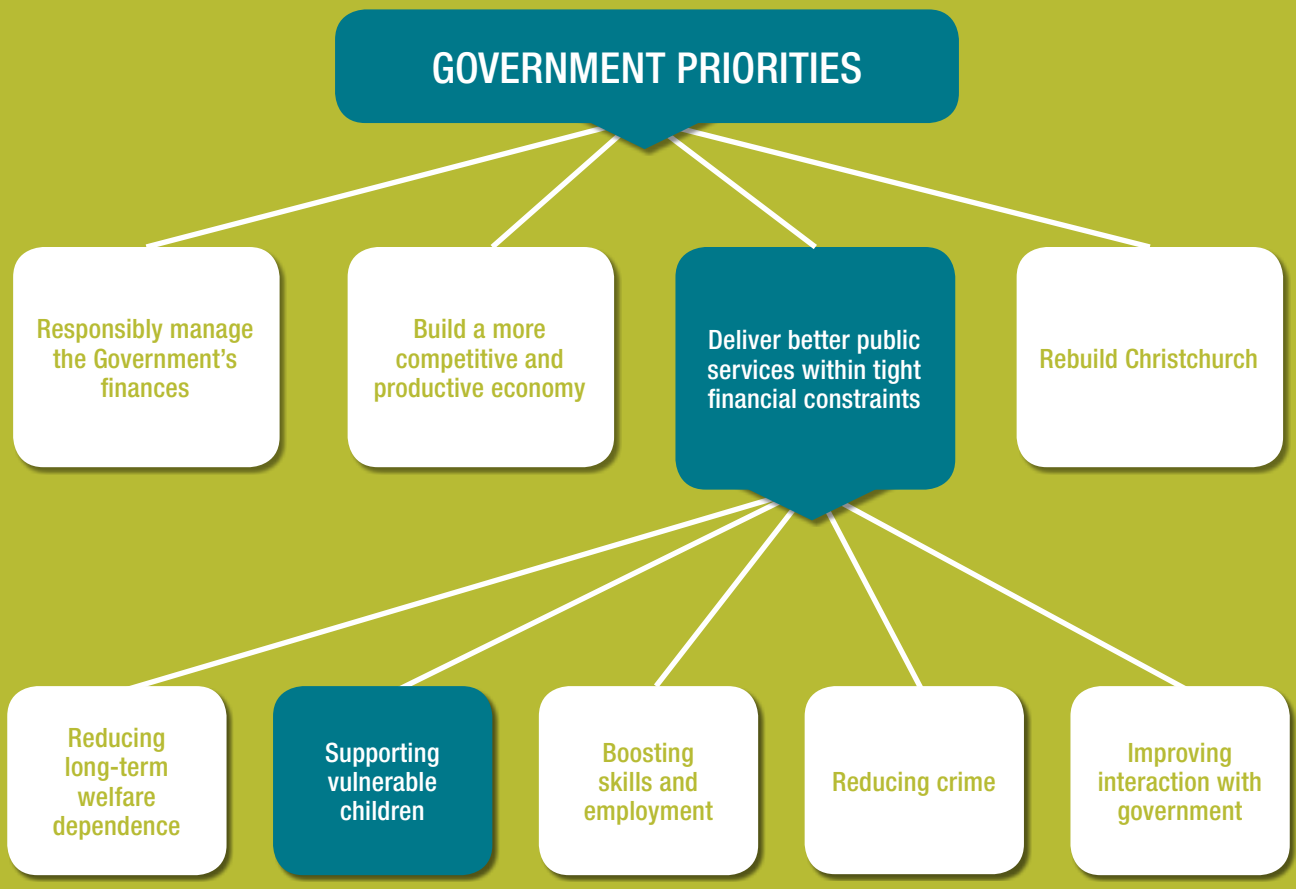
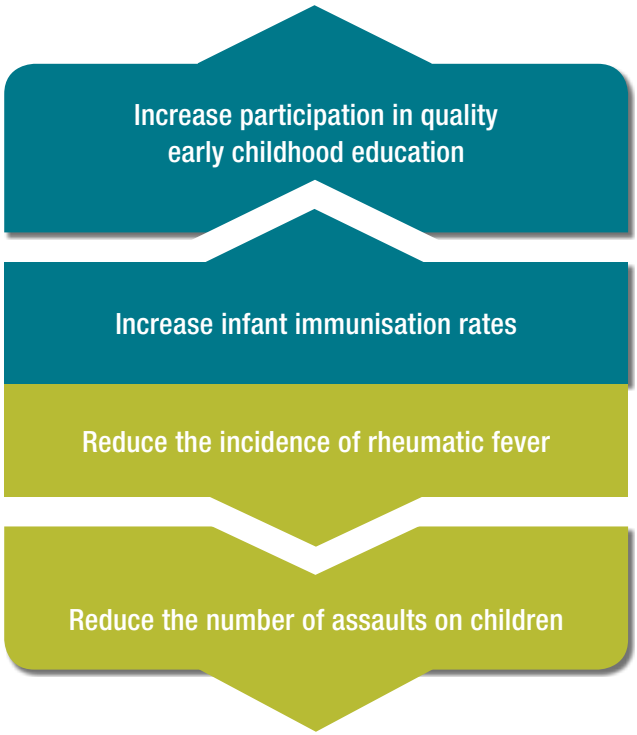
Government priorities



Focusing on results

The Government has set Better Public Services results to support vulnerable children in New Zealand.

These are:



These results are closely connected to the White Paper for Vulnerable Children. The Government is currently preparing the White Paper, following an extensive consultation process on the Green Paper for Vulnerable Children that was published in July 2011.

A key focus of the White Paper will be on better protecting children from harm, and reducing the number of assaults on children. The White Paper will identify a range of actions needed to support vulnerable children.

Why these results are important to New Zealanders

We know there is a link between early childhood experiences and adult chronic illness, mental health issues, drug and alcohol abuse, poor educational outcomes and unemployment. Too many children are at risk of poor outcomes because they and their families and whānau do not get the early support they need. Māori and Pacific children, children from lower socio-economic backgrounds, and children with special needs or disabilities are over-represented in this group.

The human and financial costs of not facing up to these challenges are too high. We know that the remedial spending needed to address these problems is often less effective and more costly than getting it right the first time. For example, treating rheumatic heart disease costs an estimated $40 million a year in New Zealand.

Early intervention brings benefits in terms of better health, reduced imprisonment and arrest rates, higher employment and higher earnings later in life. By doing better for vulnerable children, we can set them on a pathway to a positive future.

SUPPORTING VULNERABLE CHILDREN WILL HELP KIDS AND FAMILIES, AND WILL CONTRIBUTE TO THE GOVERNMENT'S OVERALL PRIORITIES BY:

- improving services, and reducing avoidable expenditure in the justice, health and welfare systems – helping to deliver better public services within tight financial constraints
- helping to build a more competitive and productive economy.

SUPPORTING VULNERABLE CHILDREN

INCREASE PARTICIPATION IN QUALITY EARLY CHILDHOOD EDUCATION

In 2016, 98% of children starting school will have participated in quality early childhood education.

INCREASE INFANT IMMUNISATION RATES

Increase infant immunisation rates so that 95% of eight-month-olds are fully immunised by December 2014 and this is maintained through to 30 June 2017.

REDUCE THE INCIDENCE OF RHEUMATIC FEVER

Reduce the incidence of rheumatic fever by two thirds to 1.4 cases per 100,000 people by June 2017.

REDUCE THE NUMBER OF ASSAULTS ON CHILDREN

By 2017, halt the rise in children experiencing physical abuse and reduce current numbers by 5%.

Achieving results

Social sector agencies will work together on four key actions.

1 BETTER INFORMATION SHARING TO IDENTIFY AND UNDERSTAND WHO OUR VULNERABLE CHILDREN ARE AND HOW WE CAN HELP THEM

To help improve services and outcomes, we need to develop better ways of sharing information about vulnerable children and their families and whānau and what services work for them.

2 BETTER TARGETED AND INTEGRATED SERVICES

Better information about vulnerable children and their families will enable us to better design and implement services for them, and their families and whānau. We will better target services to those who need them and integrate services for people who need help from a range of agencies.

3 ENSURING THAT GOVERNMENT FUNDING GETS RESULTS

The Government purchases a range of services from third parties. To do better for vulnerable children, we need to ensure that Government is funding the right services and that these services make a proven difference.

4 WORKING TOGETHER BETTER AT THE FRONTLINE

An important part of achieving the results will be working together better at the frontline. We already have a number of joint initiatives in place across health, education and social services, such as Whānau Ora. We will build on these and explore new opportunities.

Working together for results

Securing better outcomes for vulnerable children will be a challenge. We will need to ensure that proposals reflect the needs of the most vulnerable groups (for example, disabled children) and their families and whānau. Success will depend on government agencies, non-governmental organisations, communities, families and whānau working together in new ways.

The Chief Executive of the Ministry of Social Development is the lead Chief Executive for these results, supported by the Secretary of Education and the Director-General of Health.

The agencies of the Social Sector Forum – a formal cross-agency group that reports to Cabinet Social Policy Committee – have agreed to share responsibility for delivering the results.

Supporting Vulnerable Children is also closely linked with other Better Public Services results, including:

- REDUCING LONG-TERM WELFARE DEPENDENCY
- REDUCING CRIME
- BOOSTING SKILLS AND EMPLOYMENT

We are working closely with Police and across government agencies to ensure a joined up approach to achieving these results.

THE SOCIAL SECTOR FORUM'S MEMBERS ARE:

- CHIEF EXECUTIVE OF THE MINISTRY OF SOCIAL DEVELOPMENT (CHAIR)
- SECRETARY FOR JUSTICE
- SECRETARY FOR EDUCATION
- DIRECTOR-GENERAL OF HEALTH
- DEPUTY CHIEF EXECUTIVE BUILDING AND HOUSING, MINISTRY OF BUSINESS, INNOVATION AND EMPLOYMENT

Increase participation in quality early childhood education

TARGET: In 2016, 98 per cent of children starting school will have participated in quality early childhood education.

Each year about 3,000 children begin school without early childhood education. We need to ensure that all vulnerable children have access to quality early childhood education. Participation in quality early childhood education is linked to improved health and wellbeing and positive educational outcomes.

IN ORDER TO INCREASE PARTICIPATION WE WILL:

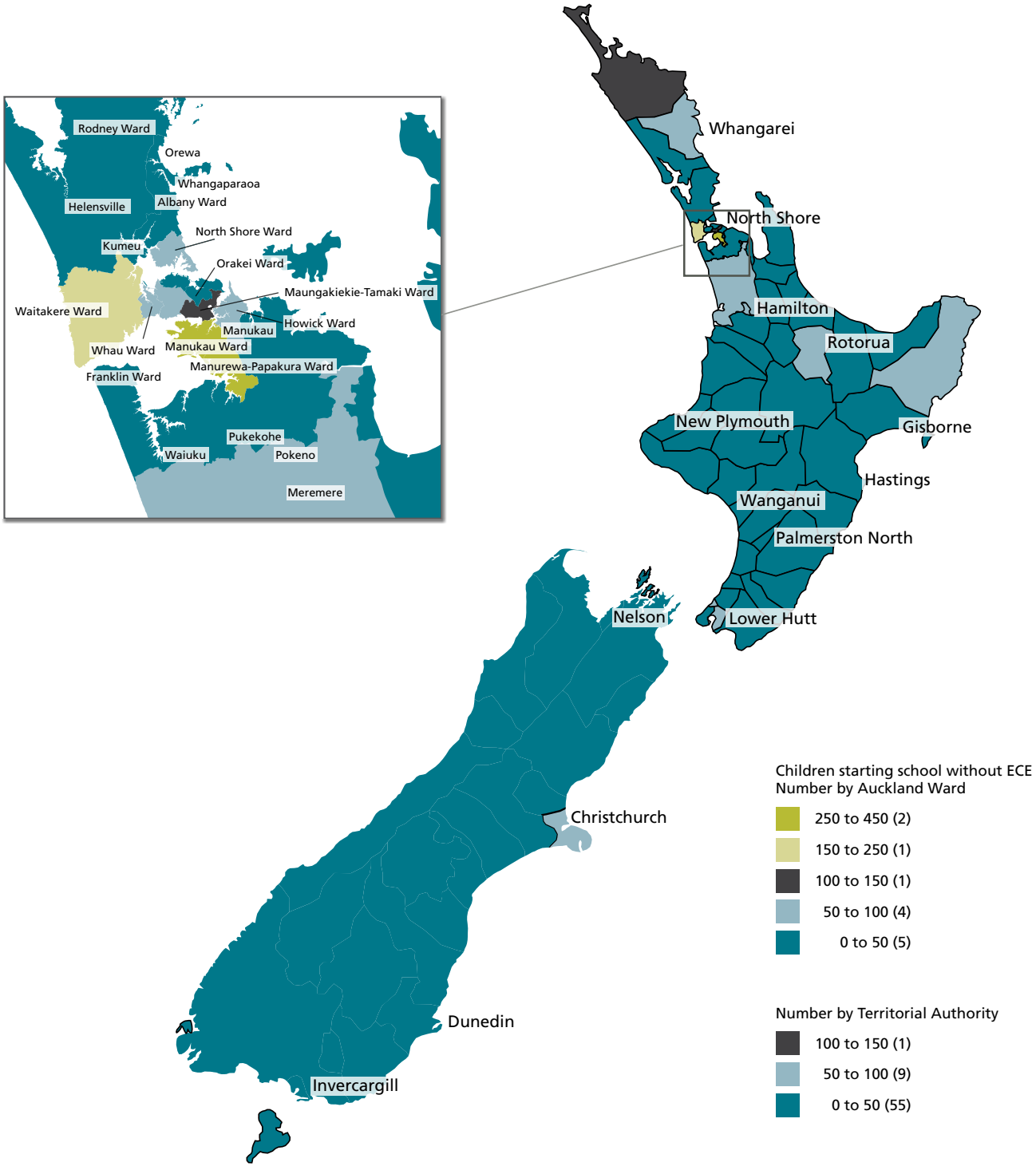
LOCATE more vulnerable children through better use of information about vulnerable children and their families, whānau, aiga and communities.

ENGAGE more vulnerable children and their families, and support them to attend quality early childhood education.

RETAIN more vulnerable children in quality early childhood education so they can have better learning, health and welfare outcomes.

CHILDREN STARTING SCHOOL WITHOUT PRIOR ECE PARTICIPATION YEAR ENDING MARCH 2012

This map shows the number of children starting school who have not participated in early childhood education. The largest proportion of children who miss out on early childhood education are found in Auckland, with parts of the Waikato and Northland also disproportionately represented.



OUR KEY ACTIONS

IMPROVE INFORMATION COLLECTION TO IDENTIFY VULNERABLE CHILDREN.

We will collect per child enrolment and participation information through the development and implementation of an early learning information system.

INCREASE INFORMATION SHARING TO LOCATE CHILDREN AND IMPROVE SERVICES.

We will develop improved and more sensible information sharing across agencies to better support vulnerable children and their families.

GOVERNMENT AGENCIES WILL SCALE UP INITIATIVES ALREADY SHOWING SUCCESS IN SUPPORTING VULNERABLE CHILDREN TO PARTICIPATE IN EARLY CHILDHOOD EDUCATION.

We will maximise community support and impact by commissioning established and successful service providers.

We will incentivise excellent performance in reaching, enrolling and retaining children.

We will commission staff in local social sector agency branches to actively support early childhood education participation work through integration with existing activities.

GAIN SUPPORT FROM SCHOOLS TO FIND AND ENGAGE CHILDREN UNDER SIX.

We will work with schools in target areas to encourage them to identify younger siblings for enrolment in early childhood education.

CHANGE FUNDING POLICIES TO INCENTIVISE BETTER SUPPORT FOR AND PARTICIPATION BY VULNERABLE CHILDREN.

We will increase incentives for early childhood education services that prove they enrol vulnerable children in high quality education, retain the children and support their successful transition to school.

We will examine how other funding policies could be better targeted.

IMPROVE COHESIVENESS OF FRONT LINE PUBLIC SERVICES AND OTHER PROVIDERS FOR VULNERABLE FAMILIES USING ALREADY SUCCESSFUL WORK ACROSS AGENCIES.

We will ensure the Ministries of Health, Social Development and Education work together to achieve our early childhood education participation goals.

We will provide information and resources to front line government agencies such as Work and Income, to enable them to discuss early education with vulnerable families.

THE MINISTRY OF EDUCATION WILL INTRODUCE NEW APPROACHES TO PROVIDING EARLY CHILDHOOD EDUCATION TO BETTER MEET THE NEEDS OF VULNERABLE FAMILIES.

We will ensure service providers have the flexibility to provide what is needed to engage hard to reach children in early childhood education.

We will identify and remove barriers to accessing early childhood education for vulnerable families. We will develop new models in response to what works for these families.

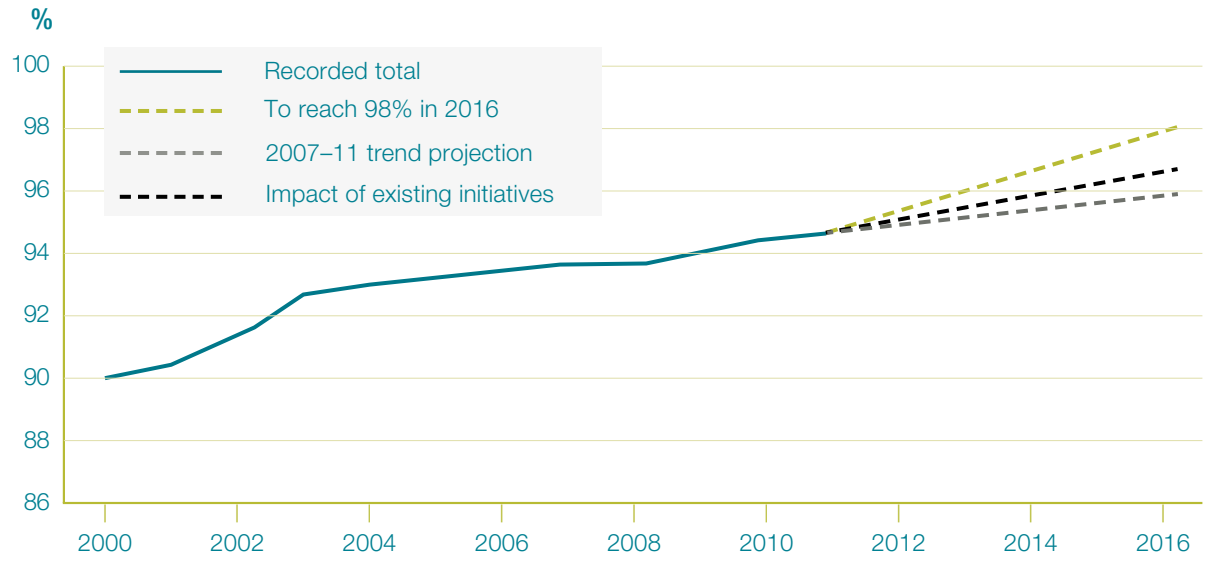
MEASURING RESULTS

GOVERNMENT HAS SET A TARGET OF 98 PER CENT OF CHILDREN PARTICIPATING IN QUALITY EARLY CHILDHOOD EDUCATION BEFORE STARTING SCHOOL OR KURA IN 2016.

TO ACHIEVE THIS TARGET WE ESTIMATE THAT WE NEED TO ENROL AN ADDITIONAL 12,000 CHILDREN BETWEEN NOW AND 2016. THIS IS ON TOP OF THE GROWTH ALREADY PREDICTED TO TAKE PLACE OVER THE SAME PERIOD.

The chart below shows the current and required trend lines for early childhood education participation among children starting school.

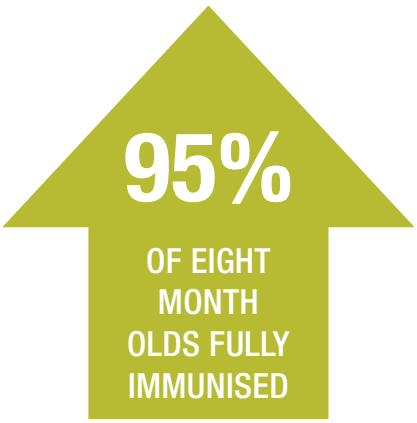
EARLY CHILDHOOD EDUCATION NATIONAL PARTICIPATION RATE



A new information system for early childhood education, the Early Learning Information system, will provide reliable and real-time participation data for each learner from 2014/2015 onwards. With the development of this more comprehensive information system and more accurate data becoming available, we expect current numbers will decline. At this time a new lower baseline will be established from which we will continue our work.

In the interim information will be collected manually in the areas where we are active, and as children enrol in school. This information will be regularly updated and reported against the target on an annual basis.

Increase infant immunisation rates



TARGET: Increase infant immunisation rates so that 95 per cent of eight-month-olds are fully immunised by 2014 and this is maintained through to 30 June 2017.

Immunisation is one of the most cost-effective ways of preventing many infectious diseases. Early immunisation also links children into the health system from a young age.

OUR KEY ACTIONS

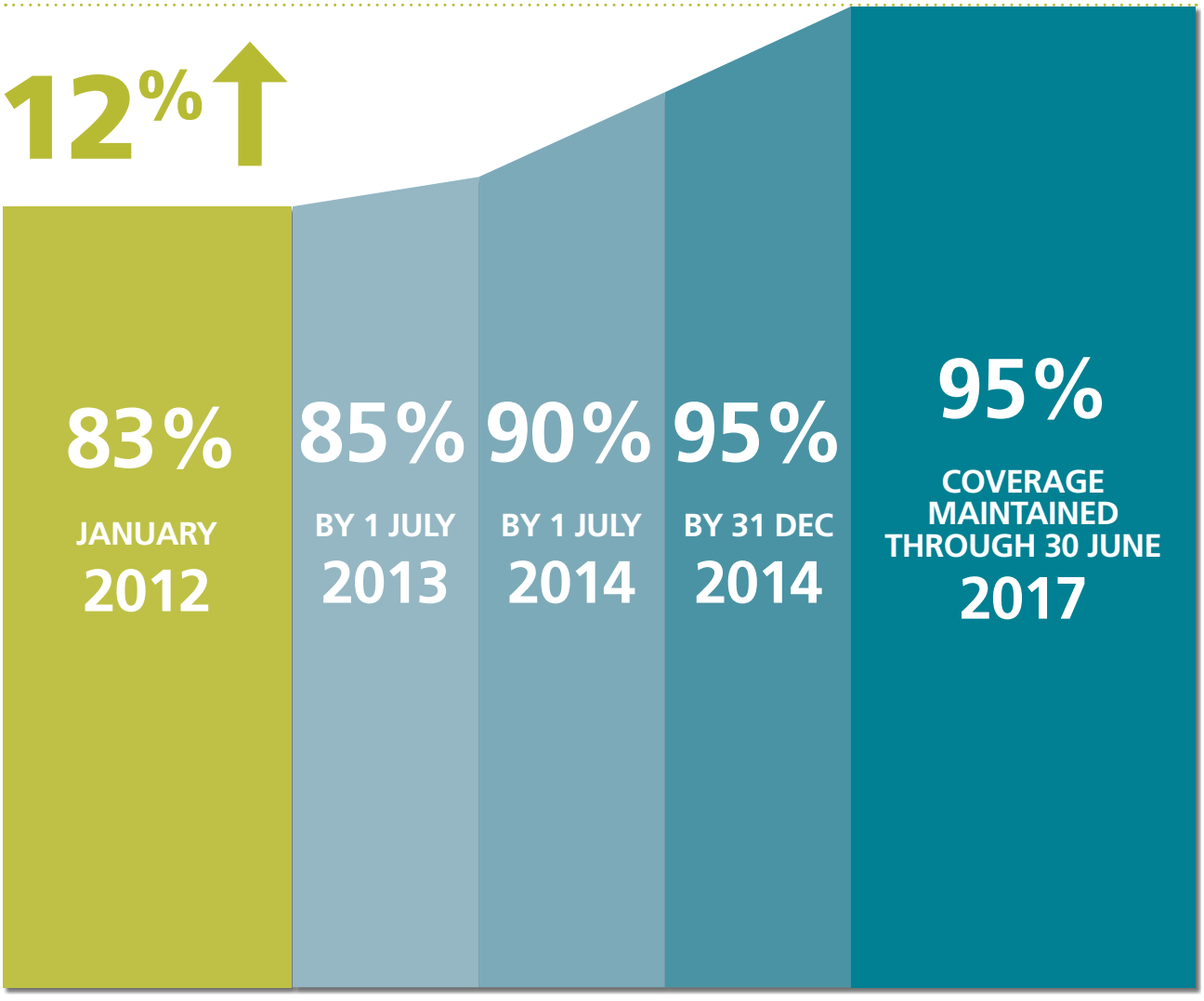
- SUPPORT EVERY PREGNANT WOMAN TO HAVE A NAMED GP BEFORE BIRTH.
- ENSURE EVERY BABY IS REGISTERED WITH A GP AT BIRTH.
- PRE-CALL INFANTS FOR THEIR SIX-WEEK IMMUNISATION WHEN THEY ARE FOUR WEEKS OLD AND PROMPTLY RECALL INFANTS WHO ARE NOT UP-TO-DATE WITH IMMUNISATIONS.
- BETTER LINK UP TWO FAMILY SERVICES – WELL CHILD/TAMARIKI ORA AND FAMILY START.

MEASURING RESULTS

An infant will be considered fully immunised if they have completed the schedule of the three primary series of immunisations by the age of eight months (these are due at six weeks, three months and five months). The three immunisation events cover Diphtheria/Tetanus/acellular Pertussis/Polio/Hepatitis B/Haemophilus influenza type b and Pneumococcal. In the quarter ending March 2012, 83 per cent of eight-month-old infants were fully immunised for age.

We will report against the target by recording national coverage rates every quarter and, in addition, we will publish data by ethnicity, deprivation and DHBs on the Ministry of Health website.

The five-year target to increase infant immunisation rates is to fully immunise 95 per cent of eight-month-olds by 31 December 2014 and maintain this rate through to the 30 June 2017.



Reduce the incidence of rheumatic fever

TARGET: Reduce the incidence of rheumatic fever by two thirds to 1.4 cases per 100,000 people by June 2017.

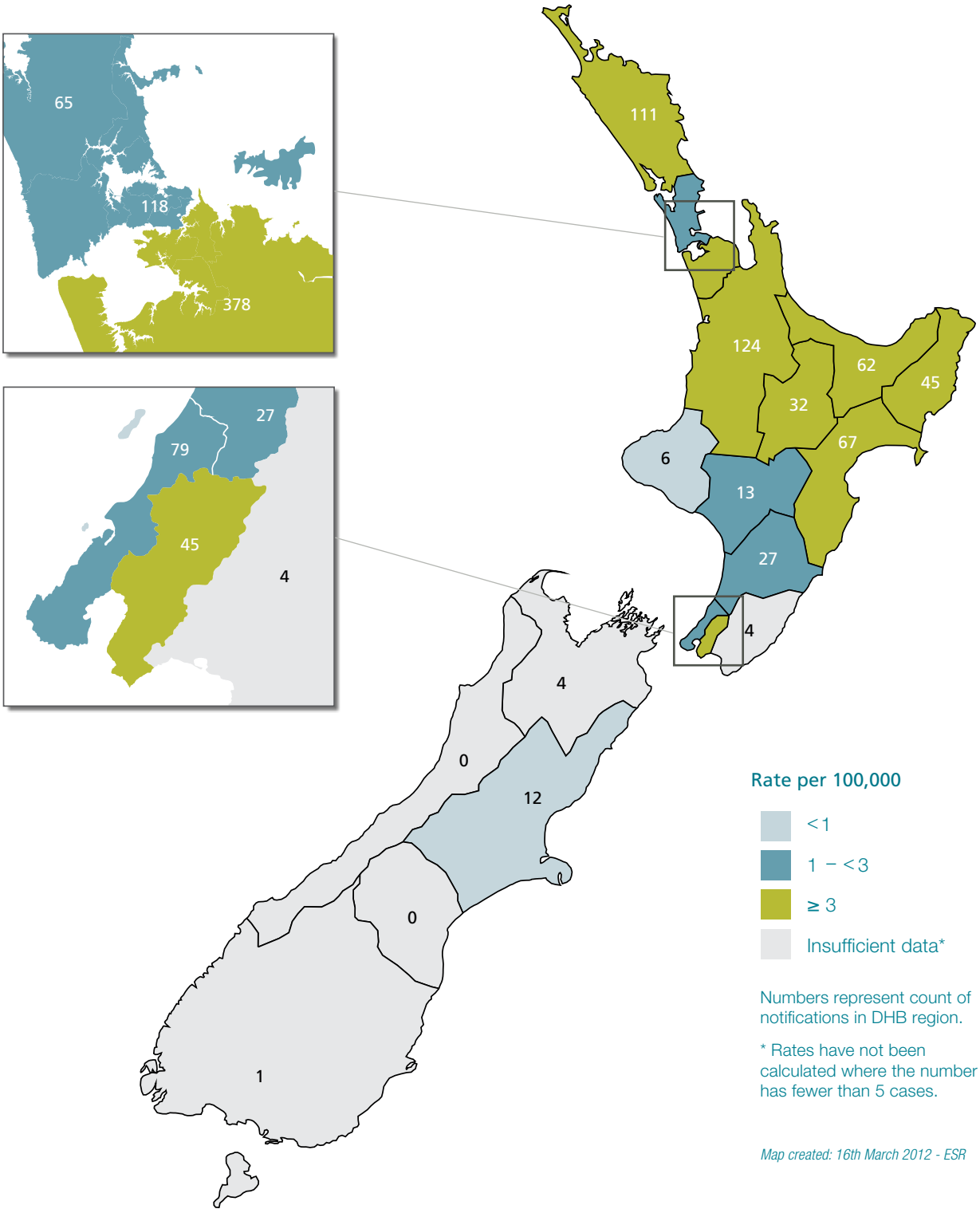
Rheumatic fever can lead to rheumatic heart disease and premature death. It is linked to low income and disadvantage, and proportionally affects more Māori and Pacific children.

The Ministry of Health currently has in place a Rheumatic Fever Prevention Programme (RFPP). It targets the eight most vulnerable local communities of Northland, Counties Manukau, Waikato, Hawke's Bay, Bay of Plenty, Lakes District, Tairawhiti and Porirua.

OUR KEY ACTIONS

- PROVIDE THROAT SWABBING AND TREATMENT TO CHILDREN AT HIGH RISK.
- RAISE COMMUNITY AND HEALTH SECTOR AWARENESS OF THE DISEASE.
- IMPROVE KNOWLEDGE OF RHEUMATIC FEVER THROUGH SURVEILLANCE AND RESEARCH.
- WORK ACROSS GOVERNMENT AGENCIES TO ADDRESS RISK FACTORS LIKE HOUSING CONDITIONS AND HYGIENE IN SCHOOLS – FOR EXAMPLE, BY ENSURING HOT WATER AND SOAP ARE AVAILABLE.

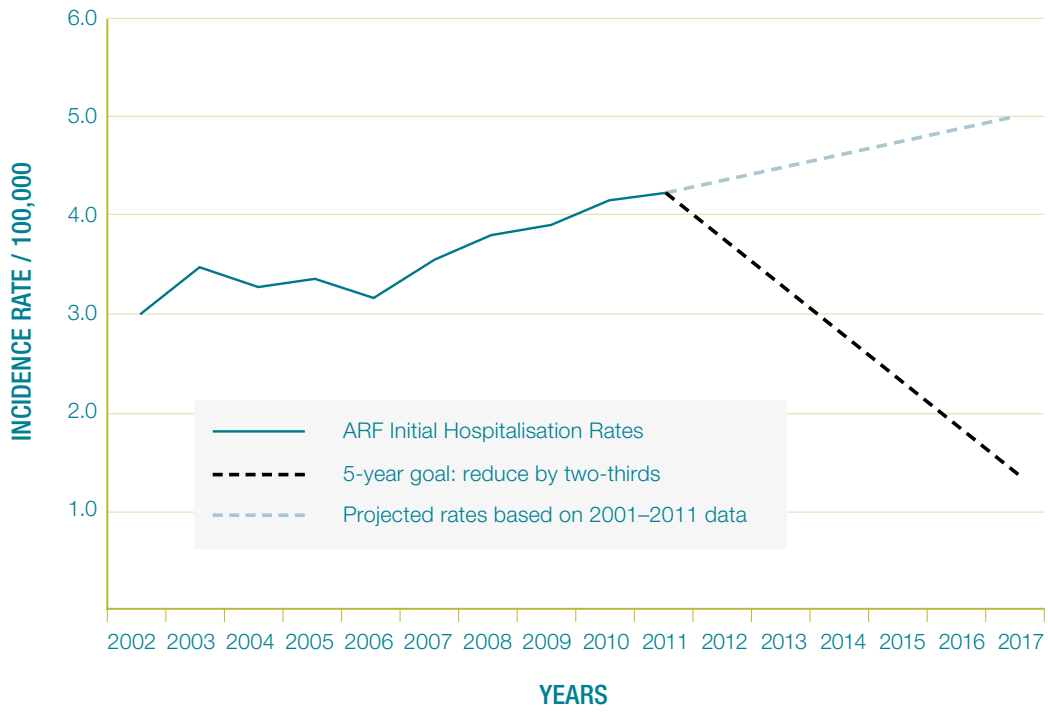
NUMBER OF NOTIFICATIONS AND AVERAGE ANNUAL NOTIFICATION RATE PER 100,000 POPULATION FOR RHEUMATIC FEVER (INITIAL ATTACK) BY DISTRICT HEALTH BOARD, 2002 TO 2011



MEASURING RESULTS

The five-year goal of reducing rheumatic fever by two-thirds to 1.4 cases per 100,000 per year is a "stretch" target that will be challenging to achieve.

ANNUAL INCIDENCE RATE OF ACUTE RHEUMATIC FEVER (INITIAL HOSPITALISATIONS) PER 100,000 AND 5-YEAR GOAL



Rheumatic fever can lead to rheumatic heart disease; a disease in which the valves of the heart can become damaged resulting in premature death. In New Zealand, there are around 140 deaths from rheumatic heart disease each year.

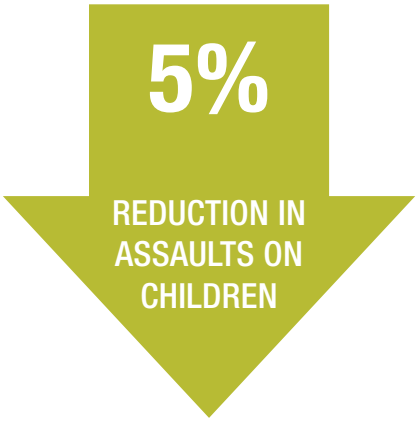
WE WILL REPORT AGAINST THE GOAL BY PROVIDING ANNUAL INFORMATION ON RHEUMATIC FEVER RATES FROM 2013.

WE WILL PUBLISH DATA ON THE NATIONAL RATE OF RHEUMATIC FEVER, RATES BY ETHNICITY, AND RATES BY DHB AREA ON THE MINISTRY OF HEALTH WEBSITE.

MEASURING RESULTS

WE WILL ALSO REPORT BIANNUALLY ON THE MINISTRY'S RFPP. THE RFPP WILL BE EVALUATED THROUGHOUT THE COURSE OF THE PROGRAMME. EVALUATION RESULTS WILL BE PROVIDED ON THE MINISTRY'S WEBSITE AS THEY BECOME AVAILABLE.

Reduce the number of assaults on children



TARGET: By 2017, we aim to halt the rise in children experiencing physical abuse and reduce current numbers by 5 per cent.

Far too many children suffer from assaults, which can seriously diminish their life chances and, in the worst cases, result in death.

Government will be proposing a significant and wide-reaching change to the way we deal with assaults against children in this country, through a White Paper for Vulnerable Children that will be released later in 2012.

ACTIONS ALREADY UNDERWAY

THE INTRODUCTION OF SOCIAL WORKERS IN ALL LOW-DECILE (DECILE 1–3) PRIMARY SCHOOLS.

THE NATIONAL INTRODUCTION OF SOCIAL WORKERS IN HOSPITALS.

CHANGES TO THE FAMILY START PROGRAMME TO GET BETTER OUTCOMES FOR FAMILIES AND CHILDREN, AND TO INCREASE THE FOCUS ON CHILD ABUSE DETECTION AND PREVENTION.

AN 'EDUCATION ASSIST' PACKAGE TO MAKE IT EASIER AND FASTER FOR TEACHERS TO COMMUNICATE THEIR CONCERNS TO CHILD, YOUTH AND FAMILY.

A CHILD PROTECTION ALERT SYSTEM IN TWO DHBS TO SHOW FRONTLINE HEALTH WORKERS PREVIOUS CONCERNS ABOUT A CHILD, BY USING A 'FLAG' SYSTEM TO PLACE AN ALERT ON THE NATIONAL HEALTH INDEX IDENTIFIER.

BUT WE KNOW MORE NEEDS TO BE DONE

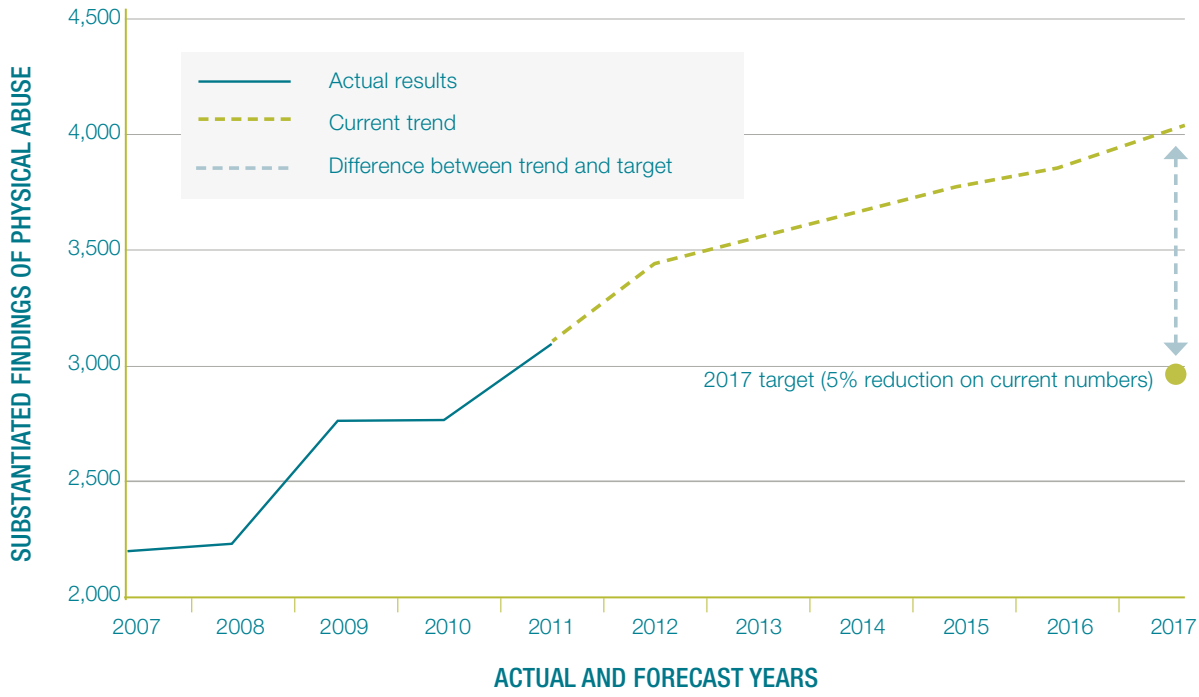
Meeting the needs of vulnerable children requires families and communities, non-government organisations and government agencies to work together. Actions to reduce the number of assaults on children will be developed through the White Paper for Vulnerable Children, and could include major changes over time to:

- BETTER SCREEN CHILDREN FOR VULNERABILITY.
- FULLY ASSESS THE NEEDS OF VULNERABLE CHILDREN.
- BETTER ENABLE FRONTLINE WORKERS AND COMMUNITIES TO COMMUNICATE CONCERNS ABOUT CHILDREN.
- MAKE SERVICES MORE FOCUSED ON RESULTS.

MEASURING RESULTS

The target for reducing the number of assaults on children is extremely ambitious. Numbers of children experiencing substantiated physical abuse are rising, and expected to rise further without intervention. Meeting this five per cent target means bringing the projected number of 4,000 children expected to experience substantiated physical abuse down by 1,064 to 2,936 in 2017, which is a reduction of 25 per cent in projected numbers.

NUMBERS OF CHILDREN EXPERIENCING SUBSTANTIATED PHYSICAL ABUSE



Performance against the target will be measured using Child, Youth and Family data on substantiated physical abuse. This data has some limitations. It only covers cases of physical abuse that have been reported to Child, Youth and Family – some assaults against children are not reported.

We also expect that actions taken through the White Paper for Vulnerable Children may increase reporting of child assaults. This is what happens when we raise awareness of child abuse, and helps keep more children safe.

The use of Child, Youth and Family data to assess progress against this result will be reviewed by May 2013. This will ensure we are measuring progress in the best way in light of the White Paper for Vulnerable Children. By then, we will know what changes are being introduced, and have a better understanding of the impact of these changes.