

KIDS HEALTH NEWS



This is a publication for frontline health professionals, where specific child/tamariki health information is brought together from a variety of sources. Our goal is to encourage consistent messaging, communication and collaboration across the range of child/tamariki healthcare services.

Kids Health News is now available on MDHB website: www.midcentraldhb.govt.nz/Publications/Newsletters/KidsHealth/

**Guest editorial by
Sheree Wilton, Social Worker,
Child Development Service,
MidCentral Health**

FOSTERING A RESILIENCE APPROACH TO CARE AND PROTECTION



As a social worker within the Child Development Service, I have met a number of children and young people with disabilities, who have been relocated into temporary living arrangements due to care and protection issues. Many children grow up in challenging environments and many do well. The predominant theme of the *Promoting Resilient Development in Children Receiving Care* Conference, held at the University of Ottawa (2004), was the importance of focussing on building resilience in children receiving care and protective services. Resilience was defined as "good outcomes in spite of serious threats to adaptation or development". Research tells us that resilience is a set of learned skills, resources and strengths that enable us to adapt to change and adversity.

So how are New Zealand agencies promoting resilience in children who are in transitional living arrangements due to care and protection issues? When considering building resilience in children, it is important to first foster resilience within our own practice and organisations. One way to promote resilience is to develop effective communication between key agencies supporting children who are at risk. Current practice in NZ shows a positive movement toward improving the communication

pathways between government agencies and the wider community. Over the past two years, there has been a significant change in the information shared between Child Youth and Family Service and the Ministry of Health. Pete Carter comments that improvement is due to two key factors; "a firm and formal commitment at senior levels within both agencies to work collaboratively; and the development and fostering of good interpersonal relationships between staff at operational levels of both agencies" (*Social Work Now*, vol.45, April 2010, p.15). The sharing of information is an important platform from which to build resilience within health practice.

For children with ongoing disabilities, the number of agencies involved can be substantial, particularly when there are care and protection concerns, so sharing of information is vital. The early identification of concerns, pertaining to family wellness and safety, can result in prevention of children entering transitional living arrangements due to care and protection issues. Services can help whanau develop key social networks which nurture and strengthen children and their families. Within NZ, early referrals to community based social workers/agencies are crucial when it comes to the identification of family and children's strengths and potential future challenges. Early identification by primary health care providers can result in more effective timely interventions from secondary and specialist services.

My role as a social worker within the Child Development Service is to support children with ongoing disabilities and their families to adjust to their current situation by providing emotional guidance, education and links within the community. Where there are care and protection issues, my role becomes challenging. It is difficult to provide education and strategies when a child's home environment is fragmented and temporary. When a child with a disability is constantly relocated, the child's ongoing care needs and unique strengths become difficult to identify and their development is further compromised as support services struggle to provide support to the new primary carer. Often the child is not in a position to communicate their preferences or needs due to their disability and trauma.

New Zealand is heading in the right direction to address these ongoing concerns by promoting early intervention strategies, improving communication pathways and putting resources back in the primary health sector.



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CHILD YOUTH & FAMILY HOSPITAL LIAISON



As of December 2010, all twenty-one district health boards have a Child Youth and Family (CYF) Hospital Liaison. Their role has been developed to assist with linking our agencies together to identify 'at risk' families early. The aim is to reduce child abuse and neglect in NZ.

MidCentral Health's Child Youth and Family Hospital Liaison, Leanne Franklin, has been working across the region to build and strengthen relationships through provision of training and consultation.

A major focus of the role is to take a lead in the Multi Agency Safety Plans (MASP) process whereby a discharge meeting is required for any child presenting with suspected or confirmed non-accidental injuries. There is a strong working relationship between the DHB, Police and CYF to ensure that the safety needs of the child are being met – whilst health needs continue to be addressed. Community agencies key to supporting the family are also involved in this process.

Another focus is working with staff to identify children and families that are vulnerable. Leanne is able to share information between agencies and work with professionals to identify a safety plan and whether a referral to CYF is required.

Leanne's position is an advisory role which means that she does not carry a caseload, instead working with staff who may have concerns.

Leanne is based at Palmerston North Hospital making her accessible for consultation. She has been successful to date in supporting relationships between health and CYF site staff across the district.

Feel free to contact Leanne Franklin with your queries.

Contact details –

Ph: (06) 350 8322 ext 8387 Cell: 029 200 8629

Email: leanne.franklin@midcentraldhb.govt.nz

WHAT DOES THE SPACE PROGRAMME OFFER?



In short 'a huge amount'. SPACE is an acronym for Supporting Parents Alongside Children's Education. The programme was developed by the Hutt Playcentre Association and is now available over most of New Zealand. Being Playcentre based, it's all about growing parental confidence, education of parents and children, and having heaps of fun.

SPACE has been described as the antenatal class that doesn't end, which is a great analogy. Playcentre based SPACE programmes provide an inclusive, welcoming, and child friendly venue with extensive baby focused resources. The facilitators offer support and knowledge encouraging participants to air their concerns, ask those questions, and celebrate achievements and milestones. Facilitators encourage participants to share their knowledge and to join in discussing ideas and opinions. SPACE facilitators are careful to offer all options, or to invite specialist speakers, always encouraging participants to make their own informed decisions.

The long term affects of SPACE are being seen in Horowhenua and Manawatu where SPACE has been running for several years. High parental satisfaction is reported following completion of the forty week programme. It's for all parents, including those wanting a chance to develop a secure attachment with a subsequent baby. Families need to arrange safe care for the older child to enable focus on baby during the session.

To check out SPACE near you email:

- MilsonSPACE@xtra.co.nz – Palmerston North
- Ohau SPACE rowenabullen@hotmail.co.nz – Horowhenua.

Further programmes are in the pipeline.



FALLS LEADING CAUSE OF INJURY RELATED HOSPITAL ADMISSIONS

Falls are the leading cause and account for more than half of all injury-related hospital admissions for children aged 0–14 years according to SafeKids: www.safekids.org.nz/Downloads/Safekids%20Factsheets/Safekids%20Fall%20Injury%20Factsheet%202005.pdf accessed March 2012)

SafeKids also report:

Playground equipment is associated with nearly one third of falls to children requiring hospital admission. Between 2000 and 2002 the highest percentage of children hospitalised with a fall injury were aged 5–9 years (45.5%). Children 10–14 years were next (30.4%) while preschoolers had the lowest percentage (24.1%) of admissions.

Falls from heights greater than 1.5 metres increase the risk of injury to four times that of falls from 1.5 metre heights or lower. It has been estimated that if the fall height of play equipment was lowered to 1.5 metres, a 49% reduction in children attending emergency departments following falls from playground equipment could be achieved.

SafeKids key falls-prevention messages are:

- Supervise kids at playgrounds
- Use stair and door gates/ guards
- Use safety latches on windows kids can reach
- Use helmets and other safety gear with wheeled toys like skateboards and skates
- Babies don't need baby walkers
- Bunk beds are for older kids
- Keep other furniture away from bunk beds.

Nigel Fitzpatrick,
Health Promotion
Advisor, Public
Health Services



INVITATION

to the free

Child Health Forum 2012

presented by
MidCentral DHB facilitated by
Community Child Health

Wednesday, 4 April
at 5.00pm

Convention Centre,
Palmerston North

For the full programme email:
cindygeorge@midcentraldhb.govt.nz
or download
[www.midcentraldhb.govt.nz/
NewsEvents/PublicEvents/
Latest/04042012-CHF.htm](http://www.midcentraldhb.govt.nz/NewsEvents/PublicEvents/Latest/04042012-CHF.htm)

USEFUL LINKS

THE SHAKEN BABY PREVENTION PROGRAMME

Is a short intervention aiming to educate caregivers of newborns on how to cope with a crying baby and dangers of shaking a baby. For further information contact: Kati Knuuttila, Shaken Baby Prevention National Co-ordinator, ph 021 020 14233 or email: educate@powertoprotect.net.nz
www.powertoprotect.net.nz

OFFICE OF THE CHILDREN'S COMMISSIONER

The Office of the Children's Commissioner publishes a quarterly newsletter called "Children" aiming to provide concise reviews of topics of current interest about children.
[www.occ.org.nz/publications/
newsletter](http://www.occ.org.nz/publications/newsletter)

IMMUNISATION UPDATE

The flu season is upon us one again! Influenza vaccination is available for children aged six months and older. Some children will be eligible for a free influenza vaccine, especially those with chronic health conditions, so please encourage parents/caregivers to check with their general practitioner or practice nurse. Children aged from six months to nine years of age who are receiving the influenza vaccine for the first time should receive two doses four weeks apart. Children who have received a previous influenza vaccine need only a single dose.

The annual influenza vaccine is strongly recommended for all health care workers to protect those patients at greater risk of developing complications following influenza illness.

0800 JABS 4 U (0800 522 748)

This line is available to check on a child's current status, refer to the outreach service or to seek advice on immunisation queries.

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