

To the Social Services Select Committee

Submission on the Vulnerable Children Bill

The NGO Health & Disability Network is a membership group of 285 non-profit health and disability providers that receive Vote Health funding from the Ministry of Health and/or DHBs.

Members deliver government-contracted services throughout New Zealand in the following areas:

- Disability support services
- Māori health
- Mental health and addictions
- Pacific health
- Personal health
- Public health

The Network's 13-member NGO Council (elected by members to represent their views) supports the intent of this Bill because it aims to keep children safe and reduce levels of abuse in New Zealand; however we believe the full impact of the proposed legislation is not currently well understood by the majority of the sector.

During October 2013, the NGO Council circulated information on the Vulnerable Children Bill to our members and on our website www.ngo.health.govt.nz. We encouraged non-profit providers to make submissions on matters that concern them – and some of them may do so independently.

We also provided an opportunity for members to provide their comments via an online survey. This submission compiles that feedback below.

We also wish to make the following comments:

- We believe many non-government organisations (NGOs) will need time and support to implement changes once the legislation is passed. For example, safety checks on existing staff in core worker roles may reveal issues not previously observed due to the Clean Slate legislation, which will no longer apply. This might include a dishonesty issue which, while not a child safety matter, is not something an employer can ignore if the person holds a position of trust. In small NGOs especially, this could present challenging legal or human resource issues that will require additional time and resources to work through.
- The workforce safety checks will also be an additional drain on many non-profits already struggling to survive in a tight funding environment. Currently Police and Court checks can take several weeks to process, so this may lead to delays with finalising recruitment and maintaining services if an employee is unable to begin work until all checks are fully completed.

Online survey responses

Only a small number of online responses (only four) were received and we did not hear of any major concerns anecdotally. The NGO Council believes this is primarily because most non-profit providers support the intent of the Bill (to keep children safe) but do not fully

understand the detail of all the proposed changes. Many non-profit providers already operate some form of screening process for their staff in key roles and probably think this will suffice once legislation is passed.

Survey respondents worked in the following health and disability related fields:

- Accommodation
- Community development
- Disability support services
- Family violence
- Māori health
- Mental health

Respondents' workforces were sized as follows:

- One had a workforce of 100 to 199 (including both paid staff and volunteers)
- Two had a workforce of 21 to 49 (including both paid staff and volunteers)
- One had a workforce of 6 to 20 (including both paid staff and volunteers)

Part 1

Subpart 3, Clauses 21-33

We asked NGO providers that receive government funding what percentage of their workforce (both paid and voluntary) they thought they would have to screen due to these workers having regular or overnight contact with children.

Responses indicated that:

- 2 providers would have to screen 100% of their workforce
- 1 provider would have to screen more than 70% of its workforce
- 1 provider would have to screen less than 40% of its workforce

They also made the following comments:

- *This should be a mandatory process for all staff.*
- *We already check all our employees and volunteers.*
- *Everyone that works with children should have some kind of check.*
- *I believe they are necessary in terms of our commitment to the well-being of children.*
- *I wish that we could use commonsense. I know that kids will still fall through the cracks and that people who do not deserve to be labelled will be. The impact on our not-for-profit will be more time and more money, and we already have an excellent record with the children that we work with. But something needs to be done for those that do not place children in the forefront of their decision making.*
- *Absolutely necessary.*

Three out of four respondents thought it was reasonable to expect providers to absorb the costs of screening. (Costs of screening were estimated by one government agency as

approximately \$14 for the core workforce and \$9 for the wider workforce.)

Respondents also made the following comments:

- *Free access for providers to this information is important.*
- *The safety of children is the priority, how can you put that down to a monetary value?*

Subpart 3, Clause 39

There was no consensus when respondents were asked who they thought should fill the approved screening role for non-regulated staff in the non-profit sector. (Non-regulated staff include home support workers, aide workers, carers, etc. They differ from those in clinical roles such as doctors or nurses, who have a professional body that they are answerable to.)

Respondents thought the following were possible approved screening agencies for non-regulated staff:

- *A relevant government department*
- *A national network body*
- *A regional network body*
- *A large provider working in the relevant field*
- *No-one – individual employers should just do it all themselves. This needs to happen at the provider level or we may get charged for access to information. Adding another step will lengthen the process.*

Schedule 2

Respondents thought all 26 offences (a-z) listed in Schedule 2 are appropriate for restricting people from working in areas as indicated in the proposed legislation.

They also made the following comments:

- *This is really hard. When is someone able to leave the past behind? It feels really problematic for me that we have to screen to this extent, but children keep getting hurt because we do not take undue care already.*

Some respondents thought additional offences (currently only listed in Schedule 3 in relation to child harm protection orders) should also be included in Schedule 2 as offences that apply to the workforce restrictions and safety checks:

3 out of 4 want the following added:

- *section 139 indecent act between a woman and girl*
- *section 140 indecency with boy under 12*
- *section 140A indecency with boy between 12 and 16*

2 out of 4 want the following added:

- *section 190: Injuring by unlawful act*
- *section 192 Aggravated assault*

- *section 193 Assault with intent to injure*

1 out of 4 wants the following added:

- *section 196 Common Assault*

One respondent made the following comment:

- *It depends on each individual situation.*

Recommendations

We encourage the Select Committee to consider how government agencies can work with and support non-profit providers with the introduction and implementation of the range of new requirements that will result from the passing of this Bill.

We also recommend that Police and the Courts explore how they can make information on convictions more accessible in a manner that respects confidentiality and privacy, but does not create unreasonable delays or costs for employers who need this information (e.g. an electronic password-protected system.)

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Chair, NGO Council

NGO Health & Disability Network

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