



Proactive Release

Submissions on the Child and Youth Wellbeing Strategy

August 2019

The Department of the Prime Minister and Cabinet has released the following submission received during its public consultation on the child and youth wellbeing strategy.

Some of the information contained within this release is considered to not be appropriate to release and, if requested, would be withheld under the Official Information Act 1982 (the Act).

- Where this is the case, the information has been withheld, and the relevant section of the Act that would apply, has been identified.
- Where information has been withheld, no public interest has been identified that would outweigh the reasons for withholding it.

Key to redaction codes and their reference to sections of the Act:

- **9(2)a** – Section 9(2)(a): to protect the privacy of natural persons, including deceased people.

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From: 9(2)(a)
Sent: Wednesday, 5 December 2018 9:38 AM
To: Child Youth Wellbeing [DPMC]
Subject: Submission: A Better Start National Science Challenge
Attachments: A Better Start submission 301118.pdf

Good morning,

Please find attached a submission on the draft Child and Wellbeing Strategy on behalf of Professor Wayne Cutfield, Director, A Better Start National Science Challenge.
Please feel free to get in touch if there are any queries.

Regards

9(2)(a)

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Submission: Department of the Prime Minister and Cabinet, Draft Child Wellbeing Strategy

A Better Start E Tipu e Rea National Science Challenge welcomes the opportunity to make a submission on the draft Child Wellbeing Strategy. The Challenge supports the need for a joined up strength-based approach to improve the wellbeing of all children, particularly those with greater needs.

Our key points:

- A Better Start supports the draft strategy's emphasis on early developmental pathways and the wellbeing domains: Safety, Security, Connectedness, Wellness and Development. The Challenge welcomes a broad approach of early detection, early prevention and early intervention.
- A Better Start notes that while the strategy is an outcome of the Child Poverty Reduction Bill, the concept of wellbeing in children includes good health, happiness, successful learning, resilience and emotional adjustment. While reducing poverty is strongly linked to enhancing well-being, it will not necessarily address these other components of well-being. While the Child Poverty Reduction Bill and the Child and Youth Wellbeing Strategy are important, they are intersecting pieces of policy and implementation but the Child and Youth Wellbeing Strategy should not be positioned as simply an action arising from the bill. This would imply that wellbeing will be addressed by poverty reduction. There is no escaping poverty as a key factor in lack of wellbeing but it isn't the only factor and a wellbeing strategy needs to take a holistic approach that includes poverty reduction and the many diverse issues that impact wellbeing..
- The draft strategy's broad description of 'children' should be more precisely defined for common understanding. The broader defining including young adults in state care up to the age of 25 should be seen as exceptions and responded to as such
- A Better Start National Science Challenge research programmes are directly aligned with six of the potential focus areas for policy work in the draft Child Wellbeing Strategy.
- Future policy and programmes need to include methods to assess outcomes/impact in the implementation and design phase to ensure new initiatives are evaluated measurable outcomes. This approach should be embedded in the strategy and include policy makers, analysts and researchers working together to create a strategy with robust meaningful, outcomes that are appropriately and accurately analysed and interpreted.
- The Challenge has developed the Big Data expertise in child and young people's health and wellness data to test associations and simulate potential interventions.
- The Challenge is developing a virtual research 'engine' to allow ongoing development and testing of e-health interventions in a range of health domains and deliver and manage the scale necessary to roll out proven e-health solutions and tools to tamariki, whānau and communities.

Our recommendations:

- “Best place in the world” can be viewed differently depending on the audience. It implies that they should (always) be in NZ, but our young people are increasingly global citizens, increasing expertise, skills and opportunities through overseas experience. An alternative could be “All children and young people in Aotearoa achieve their full potential”, with a concise definition of potential
- A variably flexible definition of a child is unhelpful. Depending upon the domain examined a child could be up to 18, 20, 25? Audiences need a clear definition of a child based upon age that all will easily understand. International age definitions for children and young people should be used which will help with the development of measures.
- The draft strategy needs to acknowledge childhood as one of many components of the life course and that health, wellbeing and success that progresses into adulthood is potentially part of the strategy.
- The strategy should have a strong knowledge and research base. It should include increasing knowledge about the characteristics of those most disadvantaged. It is hard to design effective interventions without a clearer picture, including their views. Any action should be planned in unison with measurement tools that can robustly evaluate success. This is critical to effective policy, programmes and interventions.
- Ministries have tended to wait for researchers to bring their work to the Ministry. A reverse approach should be considered where Ministries map and seek the relevant science from the academic communities, notably key researchers and large research groups, like A Better Start E Tipu e Rea National Science Challenge, which has brought together a cross-disciplinary research team of more than 100 people from across the country.
- The strategy should note the need for policy, programmes and interventions that have a strong research evidence base for programmes and the strategy as a whole.
- Disadvantaged communities need to be represented in planning any intervention or policy, or there is a high risk of lack of engagement, The very high attrition rate of obese children attendances to general practitioners from the Before School Check assessors highlights the point.
- The strategy encourages continued engagement and partnership between Challenge researchers and key ministries to translate research to policy and impact

Innovative and mission-led research

The Challenge has four strategic research platforms: Healthy Weight, Resilient Teens, Successful Learning and Big Data. The research platforms were identified during extensive consultation with leading child health researchers and community and NGO stakeholders prior to the Challenge’s launch.

The importance of investing in evidence-based care of our tamariki was highlighted in the Health Select Committee’s 2013 report *Inquiry into Improving Child Health Outcomes and Preventing Child Abuse*. The report identified that improvements were required in nutrition and obesity, early education and well-being in very young tamariki and that further research was required across these domains to improve outcomes.

These domains led to the creation of A Better Start’s three health and learning research themes. The fourth theme Big Data harnesses the power of the Integrated Data Infrastructure and longitudinal cohort studies in research that is specific to and that runs across the other themes.

Not having a Healthy Weight, is the single greatest health issue confronting New Zealand children and young people. One in three New Zealand tamariki are overweight or obese, exceeding rates seen in the United States and has the third largest percentage of overweight and obese children in the OECD, after Greece and Italy.

The prevalence of obesity in Māori is two-fold and in Pacific Islanders three-fold higher than for Pākehā and three-fold higher in poor communities, whatever the ethnicity. This matters because obesity and being overweight are significant contributors to New Zealand's common non-communicable diseases, Type 2 diabetes, heart disease, stroke, arthritis and cancer. Beyond contribution to disease, obesity is associated with low self-esteem, conduct disorders, depression, and learning disability.

The Successful Learning research focuses on lifting literacy rates in the early years of school. This goal was chosen as almost one in four New Zealand tamariki do not meet expectations of literacy by the end of their first year at school.

Early reading achievement is the strongest predictor of later reading success, and this in turn is associated with educational success and employment opportunities. The cost of illiteracy is high, the *Economic and Social Cost of Illiteracy Report* has estimated that the social and economic impact of illiteracy to New Zealand is \$US3 billion a year.

The report concluded that the end result of low literacy levels is trapping people in a cycle of poverty, poor health, limited employment, reduced income potential and low productivity in businesses. An estimated 43% of New Zealanders have difficulty with the literacy demands of their job.

The problem the Challenge is trying to solve with the Resilient Teens research is finding ways to support the estimated 60% of young people who would benefit from support to maintain their mental wellness, but are unable to or choose not to access mental health services. Better access to evidence-based therapy and support is a key way to improve a prevalence rate of mental health disorders of 25.9% in girls and 18.2% in boys for 15-year olds.

Adolescent health surveys in schools reveal that while most teens report good mental health, about 24% report self-harming behaviour, 13% report depression and 31% report more than two weeks of continuous low mood. About 16% of adolescents have thoughts of suicide and 4.5% of teenagers attempt suicide.

New Zealand has the highest rate of suicide for 15-19 year olds in the OECD and EU countries, with a rate twice as high as in the United States and five times higher than Britain.

Resilient Teens programme is building a virtual research "engine" able to adapt and run trials on e-health interventions in a range of health domains and deliver and manage the scale necessary to roll out proven e-health solutions and tools to tamariki, whānau and communities. The focus is on improving access to proven mental wellness therapies and evidence-based treatment via gamified apps and screening tools that can be delivered through multiple paths, from school counselling programmes to primary health care.

Mapping Challenge alignment with draft focus areas

A Better Start’s researchers are working with key ministries, Education and Health, and with frontline providers, Plunket New Zealand, Tamariki Ora, and directly alongside communities in Linwood in Christchurch and Flaxmere in Hastings. The following table maps specific alignment between Challenge research programmes and priorities and proposed focus areas.

Proposed focus area	Challenge programme alignment	Challenge specific research alignment
<p>10. Children and young people and their families and whānau are empowered to make healthy lifestyle decisions for children and young people</p> <ul style="list-style-type: none"> Children and young people and those caring for them have the knowledge and resources to make healthy decisions about food, exercise and sleep Communities offer access to affordable, nutritious food and environments that enable children to be physically active 	Healthy Weight	<ul style="list-style-type: none"> We have developed a prediction model that can tell whether a 1 year old will be a healthy weight by the time they start school We have tested parental perceptions of obesity in their children. Parents want to know what will happen to their children and are open to the right approach. New Zealand can address child obesity by lifting nutrition literacy and addressing the cost of healthy food Big Data analysis can track child healthy weight trends through the Integrated Data Infrastructure and cohort studies
<p>12. Children’s and young people’s mental wellbeing is supported</p> <ul style="list-style-type: none"> Families and are equipped to provide a supportive home environment that promotes children’s and young people’s good mental wellbeing Children and young people are supported to build the resilience that helps them navigate life’s challenges 	Resilient Teens	<ul style="list-style-type: none"> We have been building digital tools designed to support children and young people to build resilience (Focus area 12.02). One of the tools that has been built and tested is a screening tool that supports early identification of emerging mental health needs (Focus area 12.03). The tools being developed include those specific to the prevention of self-harm, suicide and substance use (Focus area 12.04). These tools are housed on an integrated digital platform that means early identification goes hand in hand with accessible support. The integrated digital platform allows researchers and policy makers to trial interventions in a range of child health domains

<ul style="list-style-type: none"> •Children and young people with emerging mental health needs are identified and they and their families and whānau receive quality, culturally appropriate support •Children and young people are free from bullying, substance abuse, self-harm and suicide 		<ul style="list-style-type: none"> • Early recognition and intervention in our context means both interventions with young children, their parents and whānau to support good outcomes in the future, as well as early intervention for those with emerging mental health (Focus area 12.03). This is critical to ensure a timely and effective resolution of symptoms, so that children can continue to develop and reach their full potential i.e. staying in school, maintaining good friendships, whilst remaining connected within their own whanau and culture (Focus area 8.03).
<p>13. Children and young people are supported to make positive decisions</p> <ul style="list-style-type: none"> •Children and young people make considered and informed decisions about alcohol, drugs and sexual relationships •Children and young people consider the impact of their behaviour on others •Children and young people are supported to be accountable and address the underlying causes of their behaviour if they break the law 	<p>Successful Learning Resilient Teens Successful Learning</p>	<ul style="list-style-type: none"> • Tools built and tested to screen and identify emerging mental health needs • Tools being developed to specifically prevent self-harm, suicide and substance use
<p>14. Children experience best development in their “first 1000 days”, safe and positive pregnancy, birth and responsive parenting (conception to around 2)</p> <ul style="list-style-type: none"> •People make positive, empowered choices about when to have a family •The environment around parents helps them make positive choices for pregnancy, birth and parenting •Communities support families and whānau to grow stable, loving 	<p>Healthy Weight</p>	<ul style="list-style-type: none"> • Working with Plunket NZ and Tamariki Ora nursing network to: <ol style="list-style-type: none"> 1. Implement prediction model that can tell whether a 1 year old will be a healthy weight by the time they start school 2. Deliver support and evidence-based advice to parents and whānau in a culturally responsive manner

<p>relationships of care for each other and for their babies</p> <ul style="list-style-type: none"> • Services for parents and babies are accessible, culturally appropriate, meet a range of needs and support parents to build the lives they want for their babies • Parents' mental wellbeing is supported and care is taken to reduce stress in the lives of new parents 		
<p>15. Children are thriving socially, emotionally and developmentally in the early years (around 2 to 6)</p> <ul style="list-style-type: none"> • Parents, families, whānau and communities are supported to provide loving, stimulating environments for children to develop and learn • Children build resilience, self-control and mental wellbeing • Children develop effective communication skills to support learning and social success • Children benefit from high quality early learning • Children's learning needs are identified quickly, and responded to in a timely way, including through additional learning support and support for family and whānau 	<p>Successful Learning Resilient Teens</p>	<ul style="list-style-type: none"> • We are developing a tool to predict early literacy issues • A trial using phonological approach delivered a major lift to Year 1 literacy achievement, but specifically to boys and Maori and Pasifika children, where the gap is greatest • We want to scale the phonological approach and are working with the Ministry of Education on further pilots in Auckland • We have mapped bilingual language landscapes to reveal how we can support bilingual children. • Bilingualism is strongly associated with literacy and learning achievement and cultural confidence • E-health parenting interventions that foster early health literacy
<p>16. All children and young people have an equal chance to gain the skills,</p>	<p>Resilient Teens Successful Learning</p>	<ul style="list-style-type: none"> • Challenge research is undertaken with a high-level of co-creation and co-design to enable children and their whānau shape what is important to them

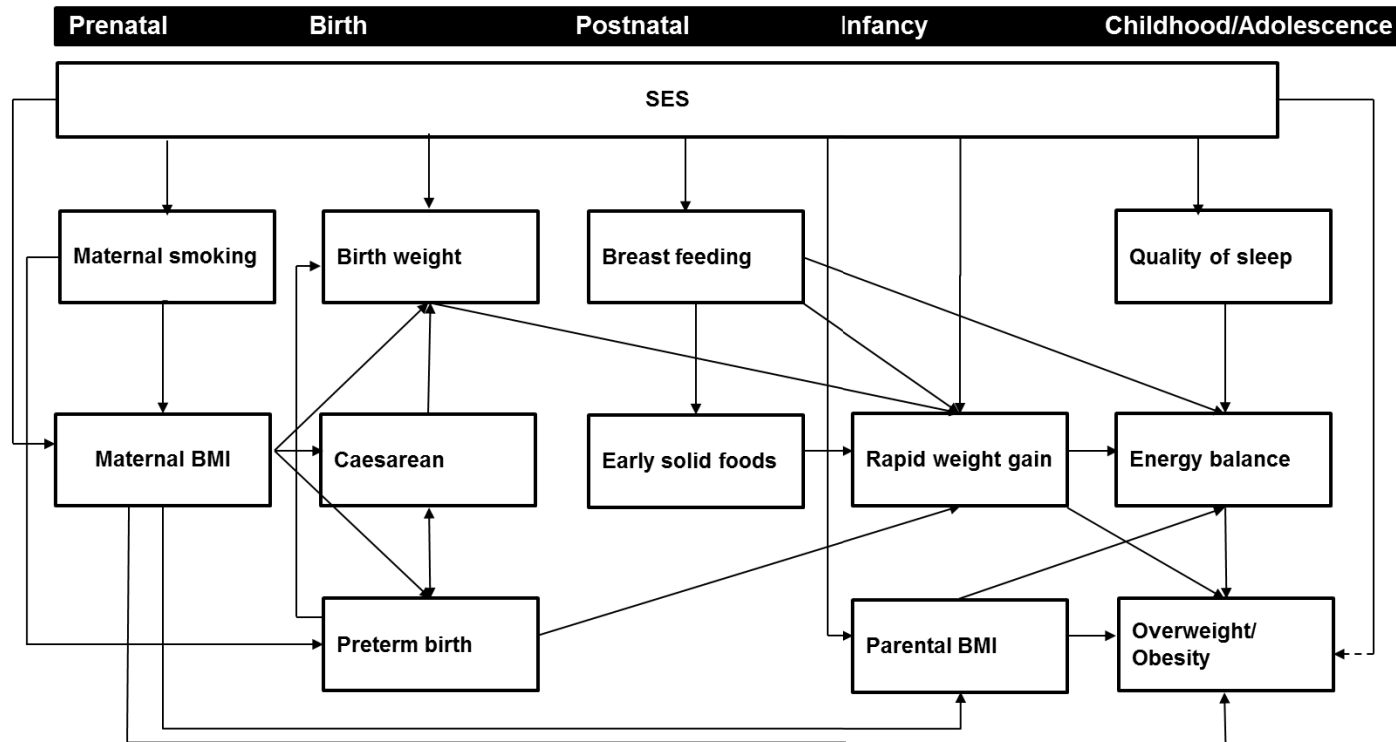
<p>knowledge and capabilities for success in life, learning and work</p> <ul style="list-style-type: none"> • High quality education for all children and young people is assured, given the intrinsic value of education, and its role in enabling children to meet their academic and social potential and in ensuring they have options for meaningful work once they leave school • Children, young people, their families and whānau have a voice and can help shape their learning and skills opportunities • There is equity in access to quality learning and achievement among children and young people of different socio-economic groups and ethnicities • All children and young people can take part in a full range of opportunities to develop and express their talents 		<ul style="list-style-type: none"> • Equity of outcomes is a shared research priority across A Better Start’s research. We deliver the greatest impact by working with those in greatest need
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Understanding the big data picture

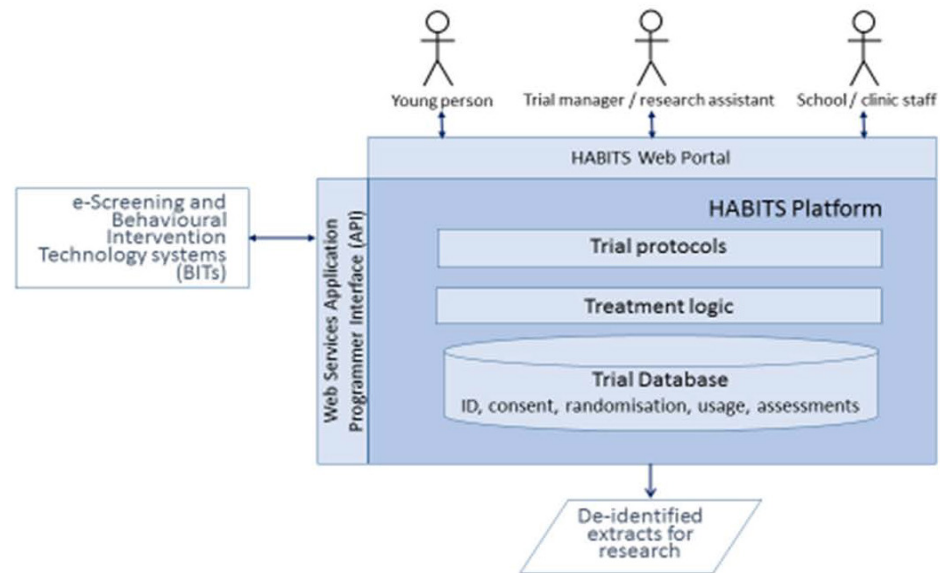
A Better Start’s Big Data team of researchers are analysing the Integrated Data Infrastructure and other unique to New Zealand anonymised datasets from a broad range of public agencies to:

- Establish national baseline data to measure progress in reading key developmental milestones for child health and wellbeing
- To identify associations in the data that will inform potential interventions.
- To develop economic and modelling techniques to test potential policy interventions in a virtual world constructed from IDI datasets

In the Healthy Weight programme the team has mapped variables that can be built into a prediction model for later obesity. Similar mapping has been completed for our research domains, Successful Learning and Resilient Teens.



Resilient Teens virtual research 'engine'



While the Resilient Teens programme specifically addresses ways to deliver 24/7 evidence-based digital health therapy and advice to teenagers to manage their mental health and wellbeing, the team have built a virtual research 'engine' that manages iterative testing of usability and efficacy. The big picture sees the "engine" driving a suite of e-health trials from across the Challenge's research areas: Healthy Weight and Successful Learning as well as from partners in the child health space. The virtual research 'engine' will be able to adapt and run trials on e-health interventions in a range of health domains and deliver and manage the scale necessary to roll out proven e-health solutions and tools to tamariki, whānau and communities.