DEPARTMENT OF THE PRIME MINISTER AND CABINET
TE TARI O TE PIRIMIA ME TE KOMITI MATUA

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.

Canterbury
District Health Board
Te Poari Hauora ō Waitaha

Submission on Child and Youth Wellbeing Strategy

To: Department of Prime Minister and Cabinet

Submitter: Canterbury District Health Board

9(2)□(a)

SUBMISSION ON CHILD AND YOUTH WELLBEING STRATEGY

Details of submitter

1. Canterbury District Health Board (Canterbury DHB).

2. We welcome the opportunity to comment on the Child and Youth Wellbeing Strategy. The Canterbury DHB strongly believes that providing a good start in life and enabling children to achieve their full potential in terms of physical, mental and emotional wellbeing provides the cornerstone for a healthy, productive adulthood.

General Comments

3. Health creation and wellbeing are influenced by a wide range of factors within and beyond the health sector, and health status is affected by social determinants of health.[1] The Canterbury DHB supports the overall intention of the Strategy and the focus on working across government to improve children's wellbeing.

4. As an agency with responsibilities under the NZ Public Health and Disability Act 2000 (and therefore a children's agency as defined by the Child Poverty Reduction Bill), the Canterbury DHB supports the requirement for agencies to work together to improve the wellbeing of children. No one sector can influence all of the social determinants of health and cross-sector strategies and actions are likely to make the most difference.

5. The Canterbury DHB encourage the Department of Prime Minister and Cabinet consider the balance of targeted and universal measures in the Strategy and how these work in congruence to improve the wellbeing of the most disadvantaged children and young people, as well as that of the population as whole.

6. As noted in our submission on the Child Poverty Reduction Bill, the Canterbury DHB would like to reiterate the importance of well-funded health and other social services in working with children and their families. In particular, Canterbury DHB notes the importance of universal access to the Well Child Tamariki Ora and B4 School check services, access to antenatal services, and access to free or low cost early childhood education.

[1] The Social, Cultural and Economic Determinants of Health in New Zealand: Action to Improve Health. A Report from the National Advisory Committee on Health and Disability. 1998

Specific comments

7. The Canterbury DHB supports the framing of the Strategy across the five wellbeing domains, and commends the overall positive, strengths-based approach evident in the development of the underlying desired outcomes.

8. We note that the Proposed Outcomes Framework does not include explicit information about implementation and monitoring of the Strategy. The Canterbury DHB recommends that the Strategy include a clear statement about responsibilities and accountabilities within Government as well as timeframes for implementation.

9. Achieving the Strategy's vision of "New Zealand as the best place in the world for children and young people", will require strengths-based measures of what "best" looks like, and clear cross-government accountabilities for improving outcomes and equity against those measures. Paragraph 12 of the Cabinet paper *Process of developing the first child wellbeing strategy* specifies that the strategy will "set out the outcomes sought for Children in New Zealand and how these outcomes will be measured," however many of the outcomes in the Proposed Outcomes Framework do not appear to be measurable, nor is there any information about how they will be measured or monitored. The Canterbury DHB therefore recommends that the Strategy includes a suite of measurable outcomes, and requires analysis of the measures to be undertaken and published at a both a national and regional level. Local level monitoring will help to facilitate local decision making and action. These outcomes need to focus on all of the five wellbeing domains.

10. The Canterbury DHB supports the commitment to consult with iwi and Māori organisations in the development of the Strategy, and recommends that DPMC ensure a partnership approach with Māori is taken in the continued development and implementation of the Strategy. It is recommended that a Māori partnership approach, as well as an explicit commitment to the Treaty of Waitangi, is reflected throughout all of the outcomes and potential focus areas of the Strategy.

11. The Canterbury DHB is concerned that there is no explicit consideration of equity issues in the Strategy. Māori and Pacific families have had disproportionately greater levels of poverty over many decades with little change over time, as well as poorer health outcomes. The evidence is clear that Māori and Pacific peoples have lower incomes, live in more crowded dwellings, and have higher unemployment,

less home ownership, and less access to communication and transport,[2] all of which impact upon health and wellbeing. The Canterbury DHB recommends that this is acknowledged and reflected in the outcomes of the Strategy, and is supported by requirements to undertake analysis of any agreed outcome measures.

12. A joined-up, cross-government response to improve children's wellbeing requires that strategies and plans consider the determinants of health. For this response to be effective, the children's agencies with responsibility for the Strategy must also ensure that child poverty and wellbeing is explicitly considered and identified in strategies and plans within their own organisations. For example, although Ministry of Health data shows that nearly half of all extremely obese children are in the most deprived quintile of the New Zealand population, and children living in the most deprived areas are 2.5 times as likely to be obese as children living in the least deprived areas (accounting for age, ethnicity and sex),[3] the child obesity plan does not mention the links with child poverty and does not outline any actions that would facilitate an improvement in this area.

13. The Canterbury DHB commends the inclusion of focus areas relating to housing, education and employment in the Strategy as these are known to be important determinants of health and wellbeing for children and young people. The Canterbury DHB recommends that the Strategy take a broader determinants-based approach by including outcomes relating to other determinants, for example child-friendly design of built environments using the principles of universal design, transport planning that encourages active transport modes, the creation of food environments that promote healthy choices, and ensuring access to the arts, recreation opportunities and green spaces for all children and young people. As in relation to point 12 above, government agencies responsible for these outcomes should have explicit statements on how their work contributes to wellbeing outcomes for children.

14. The Canterbury DHB supports the inclusion of Proposed Focus Area 11 relating specifically to the wellbeing of disabled children and young people, as well as the consideration of disability throughout other focus areas. Mention of the particular

[2] http://archive.stats.govt.nz/Census/2013-census/profile-and-summary-reports/ethnic-profiles.aspx?request_value=24705&parent_id=24704&tabname=#
[3] https://www.health.govt.nz/our-work/diseases-and-conditions/obesity

vulnerability of disabled children in relation to physical safety in Focus Area 2, and in relation to discrimination and stigma in Focus Area 7, is excellent.

15. Disabled children, and disabled parents, are included in the New Zealand Disability Strategy 2016-2026 and UN Convention on the Rights of Disabled Persons, and these should be fully integrated into the strategy. As such, the Canterbury DHB recommends that, for example, accessibility is included in the definition of housing quality mentioned in Focus Area 4, and that the extra costs associated with living with disability are acknowledged in the discussion of poverty reduction in Focus Area 5.

16. The Canterbury DHB recommends that proposed Focus Areas 10 and 13, in which there is emphasis on children and young people making positive and healthy lifestyle decisions, are reframed with a determinants-based approach that considers environmental factors that "make the healthy choice the easy choice " for children and young people. This may be, for example, through transport planning that encourages walking and cycling or improved regulation fast food and alcohol outlets in our communities in order to limit exposure and access to these harmful commodities.

17. The CDHB recommends that the Strategy includes an aspiration for alcohol-free childhoods. This would be best achieved by raising the legal purchasing age for alcohol and addressing social supply to young people who are drinking younger than 18 years of age. The human brain is still developing up until the early to mid-20s and remains vulnerable to the effects of high levels of alcohol which can inhibit the proper development of parts of the brain which govern higher-order executive functioning, impulse-control, memory, emotional regulation and behaviour moderation.[4] Contrary to popular belief, parents exposing young people to alcohol in a controlled environment does not necessarily protect them against misusing alcohol in other settings,[5] and instead exposes them earlier to alcohol and risks reinforcing that alcohol is an ordinary commodity rather than a legal drug.

18. The Canterbury DHB strongly supports Proposed Focus Area 12, that children's and young people's mental health is supported. In particular, we support the concept

[4] Squeglia, L. M., Jacobus, J., & Tapert, S. F. (2014). The effect of alcohol use on human adolescent brain structures and systems. Handbook of clinical neurology, 125, 501-10.
[5] Kaynak, Ö., Winters, K. C., Cacciola, J., Kirby, K. C., & Arria, A. M. (2014). Providing alcohol for underage youth: what messages should we be sending parents?. *Journal of studies on alcohol and drugs*, *75*(4), 590-605.

that resilience is part of the core curriculum at school, with a focus on strengthening both individual and peer cohort resilience, which will extend to community resilience. There is a strong sense that young adults presenting in crisis to mental health services have few "tools" in their personal toolbox to cope with daily challenges – for example financial, social, employment-related stressors. Building resilience in children and young people and giving them the skills and confidence to address issues as they arise with the support of their peers, teachers, and family, would be positive step to ensuring child and youth wellbeing, and create capacity within Specialist Mental Health Services to provide services to those who most need them.

19. The Canterbury DHB recommends that, in addition to ensuring positive mental wellbeing of children and young people, the Strategy must also incorporate initiatives that support parent and caregiver mental wellbeing at both universal and targeted levels. This should include specialist approaches to providing whanau support where parents have severe mental disorders or addiction issues, as children in these families are at high risk of poor outcomes. It is recommended that the Strategy is aligned with the national guideline *Supporting Parents, Healthy Children,* which aims to identify, support and protect children of parents with mental illness and/or addiction.[6] It is also recommended that the Strategy is aligned with other mental health work initiatives occurring at a national level, such as the enquiry into Mental Health and Addictions.

20. The Canterbury DHB commends the acknowledgment in Focus Area 14 about the crucial importance of the "first 1000 days" and recommends that this Focus Area be acknowledged as the strategy's highest priority, given the clear evidence that experiences in pregnancy and early childhood have a significant impact on every other area of child wellbeing. We note the important role that maternity services play, and the need to fully support and integrate this role with other health and social services.

21. The Canterbury DHB recommends that the requirement to support alcohol free pregnancies and breastfeeding in New Zealand is explicitly stated in the Strategy. The Ministry of Health estimates that 1800 children are born with Fetal Alcohol Spectrum Disorder (FASD) in New Zealand every year,[7] a condition which is entirely

[6] Ministry of Health. 2015. *Supporting Parents Healthy Children*. Wellington: Ministry of Health.
[7] Ministry of Health. 2018. Fetal Alcohol Spectrum Disorder (FASD). Retrieved from: https://www.health.govt.nz/our-work/diseases-and-conditions/fetal-alcohol-spectrum-disorder

preventable by women not drinking alcohol during pregnancy. Internationally, FASD is considered to be the leading preventable cause of intellectual and developmental impairments.[8] Women receive conflicting messages regarding the risks associated with drinking whilst pregnant from many different sources, therefore is it important for central government clearly communicate at every opportunity to that there is no safe level of alcohol consumption during pregnancy.

22. The Canterbury DHB recommends that Focus Area 14 is further developed as a cross-government accountability, including providing more support for parents and caregivers where employment-related factors that impact upon the caregiver-child relationship. Measures such as increasing paid parental leave for both parents, improving pay equity, and implementing a living wage will result in parents having more time with their young children—a key factor for increasing wellbeing during the first 1000 days.

Conclusion

23. The Canterbury DHB does not wish to be heard in support of this submission.

24. Thank you for the opportunity to submit on the Child and Youth Wellbeing Strategy.

Person making the submission

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9(2)□(a)

[8] Ministry of Health. 2018. Fetal Alcohol Spectrum Disorder (FASD). Retrieved from: https://www.health.govt.nz/your-health/conditions-and-treatments/disabilities/fetal-alcohol-spectrum-disorder-fasd