



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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Tēnā koutou

Thank you for the opportunity to provide comment on the proposed Child Wellbeing Strategy. Family Planning is supportive of the Strategy overall, and we agree that there is a need for national leadership in order to improve the wellbeing of New Zealand children and young people. It will be important for the Government to develop a clear plan for how the proposed outcomes will be realised through budget allocations, policies and initiatives. Family Planning provides comment on the aspects of the Strategy that relate to our core areas of work.

About Family Planning

Family Planning is New Zealand's largest provider of sexual and reproductive health services and information. Our clients include young people under the age of 18 years. We are a non-governmental organisation operating 30 clinics as well as school and community-based services. We offer accredited clinical courses and workshops for doctors, nurses, midwives and other clinicians working in sexual and reproductive health. Our health promotion teams run professional training and education programmes in schools and the community for children and young people, parents, teachers and other professionals.

Family Planning New Zealand is committed to increasing health equity as a strategic priority, with a focus on improving Māori health and wellbeing. To achieve health equity, we have made a commitment to:

- prioritise and embed health equity into all areas of our work
- promote equitable access to services and deliver sexual and reproductive health and rights in the areas of highest need
- prioritise services to rangatahi Māori
- advocate for changes that will increase health equity, such as policies and practices to tackle social and economic determinants of ill-health including stigma, racism, disparities in educational achievement, violence and poverty.

The framing of wellbeing for the initial Strategy

Family Planning supports broadly framing wellbeing. We agree that wellbeing relates to individual indicators, such as good physical and mental health and social connections, as well as the settings within which children and young people grow and develop, such as a positive family environment and safe communities and schools.

The proposed set of outcomes sought for all children and young people

- Family Planning is thrilled to see sexual health, reproductive choices and sexual relationships included in the Child Wellbeing Strategy. We applaud the Government for acknowledging these key issues for young people in the proposed set of outcomes. It is a critical step towards building awareness of the importance of investing in the health and wellbeing of adolescents. Adolescence is considered a key period of development which impacts future wellbeing.

The physical, cognitive, social, and emotional capabilities acquired during adolescence underpin wellbeing throughout the life-course, including the capacity to engage effectively in work and leisure, family life, and communities.¹

We suggest rewording the outcome *Young people take a positive approach to relationships, sexual health and reproductive choices* to *Young people are supported or empowered to take a positive approach to relationships, sexual health and reproductive choice*. This change of language reflects that young people need support to build the necessary knowledge, skills, confidence and attitudes – and access to health services – to make informed, responsible and safe decisions about their sexual and reproductive health.

¹ Sheehan, P et al (2017) Building the foundations for sustainable development: a case for global investment in the capabilities of adolescents. *The Lancet*. Our future: a Lancet commission on adolescent health and wellbeing. <https://www.thelancet.com/commissions/adolescent-health-and-wellbeing>

- Family Planning raises concerns about the language used in the following outcome: *Children have positive development starting before birth, including through the wellbeing of mothers, families and whānau.* Family Planning strongly advocates for this outcome to be reworded and perhaps separated into two outcomes. The outcome should focus on supporting women and girls to have healthy and safe pregnancies. We know that when women and girls have safe, healthy pregnancies, it is very likely that the foetus will be thriving as well. While we understand this was not the intention, the current language places the pregnant woman/girl secondary to a developing foetus, which does not reflect women's autonomy. A second outcome could focus on children having positive development from birth including through the wellbeing of mothers, families and whānau.
- Family Planning questions whether sexual relationships should be included in the same outcome as positive choices about drugs, alcohol and criminal offending. Young people tell us that they do not want to experience shame and stigma around sexual activity. While evidence shows that more young people are delaying becoming sexually active, for those young people who choose to be sexually active, it is important that they feel positive about themselves and their relationships. Sexual relationships are a healthy, positive part of life for most people. It could be useful to separate sexual relationships out into a new outcome which focuses on young people having healthy, respectful, consensual relationships and being secure in their identity. Or, the outcome could generally be reframed so it is strengths-based.

The 16 potential focus areas proposed for the initial Strategy.

- Focus area 7: It would be useful to explicitly include gender discrimination and discrimination based on sexual orientation and gender identity. This section should link to bullying prevention and promoting safe, inclusive communities, such as schools.
- Focus area 13: Family Planning reiterates our previous comments about promoting a positive view of sexuality rather than framing it negatively. This section could be reframed positively, similar to the section on children developing in the early years (focus area 15), with bullet points focused on young people having healthy, respectful relationships, being safe online, being media literate, having strong connections with parents, family, whānau and communities.
- Focus area 14: Family Planning reiterates our previous comments regarding children experiencing a safe and positive pregnancy from conception. This focus area should be reworded to state that women experience a healthy, safe and positive pregnancy, and children experience best development from birth. It is not appropriate for women to be

secondary to the foetus. The language does not reflect current understanding of the legal status of the foetus nor the autonomy of pregnant women.²

- Family Planning requests that the Government consider including relationships and sexuality education under focus area 13 or 16. This is a timely policy issue for young people. This year the Education Review Office (ERO) released its first report on sexuality education in 10 years. The report found that there has been little change in sexuality education in over a decade with nearly half of schools struggling to teach this area of the curriculum. Sexuality education is an essential aspect of learning for young people. The Ministry of Education says:³

Sexuality education, as a part of health education, is vital for young people's development, learning, and overall well-being. Learning in this area also contributes to academic success and positive mental, emotional, physical, and spiritual health.

Sexuality education covers a broad range of issues from biological and health care issues like contraception and conception to issues related to online safety and healthy relationships including consent, friendships and pornography.

In summary, Family Planning supports the overall approach to the Child Wellbeing Strategy. We are pleased at the inclusion of sexual and reproductive health as a focus area for young people. We request some language changes to promote a positive, strengths-based view of sexual and reproductive health among young people and to ensure pregnant women's autonomy is reflected.

Thank you again for the opportunity to comment.

Ngā mihi nui



Jackie Edmond
Chief Executive

² Law Commission (2018) *Alternative approaches to abortion law: Ministerial briefing paper*. <https://lawcom.govt.nz/sites/default/files/projectAvailableFormats/Law%20Commission%20-%20ALR%20Ministerial%20Briefing%20Paper%20-%20FINAL.pdf>

³ Ministry of Education (2015) *Sexuality Education: A guide for principals, boards of trustees, and teachers*. [file:///C:/Users/amyb/Downloads/Sexuality+Education+Guide_27+July+2016%20\(1\).pdf](file:///C:/Users/amyb/Downloads/Sexuality+Education+Guide_27+July+2016%20(1).pdf)