



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.

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Submission on the Child and Youth Wellbeing Strategy on behalf of Hāpai Te Hauora Tapui Limited

“He taonga te tamaiti, whakatipu, arohaina”

A child is precious to be nurtured and loved

Introduction

We thank the Department of the Prime Minister’s office for the opportunity to provide a submission to the Child and Youth Wellbeing Strategy. Hāpai supports any intention which seeks to prioritise the wellbeing of our children and young people – who are indeed our future leaders.

Hāpai Te Hauora (Hāpai) are national leaders in Population Health, Public Health, Policy and Advocacy, Research and Evaluation, and Infrastructure Services. Our role is to support Māori communities and whānau to play a role in decision-making on matters affecting their health and wellbeing.

Hāpai affirms the rights to good health and well-being is enshrined in Te Tiriti o Waitangi, and that whānau Māori, hapū, and iwi have the right to good health and well-being. Established as a Tripartite agreement between Te Rūnanga o Ngāti Whātua, Tainui and ngā Mātāwaka (Te Whānau o Waipareira) to broker health contracts for the benefit of iwi Māori living within Tāmaki Mākaurau, Hāpai supports actions that uplifts the health and well-being of Māori in alignment with the rights and principles guaranteed to Māori with Te Tiriti o Waitangi.

First and foremost, Hāpai would like to commend the committee on the hard work that went into the creation of this strategy. We would also like to make it explicit that we support a child and youth wellbeing strategy. However, there are a number of points we would like to make, which we feel have been understated or missed.

Te Tiriti o Waitangi & other principle documents

We would like to firstly like to make it clear that Hāpai Te Hauora supports Te Tiriti o Waitangi as the founding document of the bicultural Aotearoa which our tupuna had envisaged. We do not recognise The Treaty and Te Tiriti as translated documents, nor do we use these terms interchangeably. That is to say we support the document [and the intentions contained therein] which was signed by Te Whakaminenga and the many other rangatira from across Aotearoa.

Te Tiriti centralises relationships and affirms the mana and rangatiratanga (absolute power and autonomy) of hapū. *Tino rangatiratanga* as affirmed in Te Tiriti o Waitangi is about an inherent right of Māori to exist as *tangata whenua*. Indeed this applies to the whānau, hapū, iwi and at a national



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level. *Tino rangatiratanga* is a dynamic thing that intertwines past, present and future Māori generations. The notion of *tino rangatiratanga* allows Māori to control their own culture, aspirations and destiny. Unpacking the levels to which *tino rangatiratanga* operates is therefore key to our people's survival as much as it is useful within the context of policy, strategies, research learning and evaluation.

One of the desired outcomes of the model reads, "Children and young people experience mental wellbeing, are supported to cope with life's challenges and to heal and recover from trauma." We see this as ambitious yet fundamentally necessary to growing healthy and thriving young people. There however needs to be a recognition of the ongoing role that colonisation plays in creating and recreating trauma within our whānau and for our tamariki, mokopuna. For example, the treaty of Waitangi (and likely its principles) which have been embedded as a principle for this document, is a deep and embedded source of trauma for whānau who have to experience the continued realities of a treaty that was not signed by their tupuna, and which was later broken.

In order to make this a strategy that truly champions healing at its core, we recommend that Te Tiriti o Waitangi (as a distinct document of its own with its own intentions and implications) be used instead of The Treaty of Waitangi.

We also recommend that the United Nations Declaration on the Rights of Indigenous People (UNDRIP) be made a principle document for this strategy so as to uphold our nations obligations to indigenous children and young people who continue to be over-represented in poor health statistics. We feel this strategy presents a great opportunity for the government to truly commit to the intentions of UNDRIP and take a serious stance on the wellbeing of ALL New Zealand's children and young people.

Nutrition and Physical Activity

It should be included as a desired outcome under "healthy and happy" that children have the best quality food available to them, and that children have healthy and nutritious food as a first option. This could potentially fall under "learning and developing, recognising the importance of food in the development of the child.

We further recommend that within the wellbeing indicators a reference to the importance of physical activity be included. This not only relates to the health and happiness of the child, but also to the whakapapa and identity of the child. We recommend the institution of a priority to address this, and an associated measurable within the policy-work and indicators.

Good nutrition and adequate physical activity are key in the prevention of disease and also help improve overall mental and physical health. Poor physical activity and nutrition is a major contributor to negative health outcomes, and Māori are disproportionately affected by the burden



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of these diseases. Māori Children are featured in childhood obesity statistics, and Māori adults feature in a number of negative health statistics, including mortality rates. Improving nutrition and physical activity requires an approach which addresses the social determinants of health, and removes structural barriers for whānau.

There is a significant evidence base which implicates sugary drinks with many common diseases such as including obesity, type-2 diabetes, tooth decay, and overall poor oral health, gout and other risk factors for cardiovascular disease and premature death. Sugar sweetened beverages (SSB) are the largest contributor of added sugar to the diets of both children and adults. Given the indissoluble link between the rates of sugary drink consumption and the incidence of obesity in New Zealand, we believe the tide of evidence calls for an approach which inhibits, or at the least, limits the availability of sugary drinks in our communities.

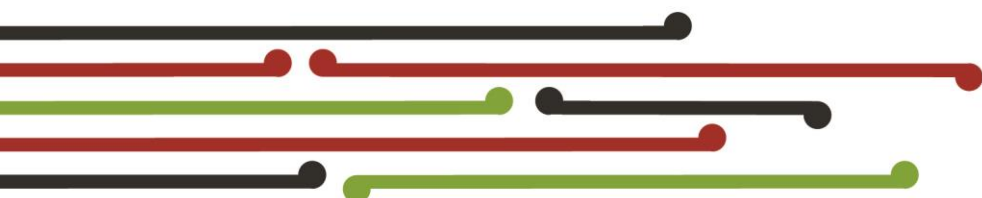
New Zealand is currently ranked as the third most obese country in the OECD, with Māori being disproportionately affected by these statistics. Obesity is more prevalent in some populations. Ten percent of all 2-14 year olds are obese, 15 percent of Māori children and 25 percent of Pacific children are obese. Children living in the most deprived neighbourhoods are more likely to be obese, and there are large regional differences. Most obese adults were not obese as children. Similarly, not all obese children become obese adults, but obese children are far more likely to be obese as adults, and over half of obese children have at least one obese parent. Over half of parents of obese children do not recognise that their children are overweight. Children with obesity may experience health problems, as well as attention problems that impact on their ability to learn.

Drugs and synthetics

Hāpai Te Hauora believes that every child has the right to live in homes free from alcohol and other drugs. Hāpai Te Hauora continues to affirm its position regarding drug related harm, inclusive of the justice implications on the whānau. We advocate for the inclusion a desired outcome which reflects that children are able to live in such homes, to be included in the wellbeing domain of “nurtured, safe and loved”. We wish to recommend that, as a desired outcome, under “happy and healthy” that there be an indicator measuring the relationship that children and young people have with alcohol, recognising the way that alcohol is ingrained into New Zealand Society, and ensuring that their use is at a level that serves their wellbeing, and we believe what should be included, within “learning and developing” is a measure of pregnancies free from tobacco, alcohol and drugs consumption, recognising that the development of the child begins in the womb.

Alcohol

We see the burden of alcohol harm, and the associated disparities in health outcomes as a breach of these rights guaranteed to Māori under Te Tiriti o Waitangi. We further believe it important to



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acknowledge that alcohol is not inherently a substance originating in Te Ao Māori. The presence of alcohol in Māori society is simultaneous with the initiation of colonisation. The harms associated with alcohol have burdened Ngāi Māori for more than 175 years and there have been intergenerational efforts to reduce the burden of alcohol harm upon Māori communities, from the signing of 'He Whakaputanga' in 1835 through to the efforts of Princess Te Puea in the 1900's. To this day Māori do not enjoy the same level of health as non-Māori, and experience a disproportionate level of alcohol related harm compared to non-Māori, and as such, this can adequately be seen as inequitable recognition of the equal citizenship rights guaranteed to Māori under Te Tiriti o Waitangi.

Evidence shows that the availability of alcohol outlets is strongly correlated with levels of alcohol consumption. Where there is a higher density of alcohol availability, and thus easier access, the excessive consumption of alcohol is more prevalent, as is the experience of poor social and health outcomes.

This holds particular issue for children who live, school and play in their neighbourhoods, potentially being consistently exposed to alcohol outlets, Statistics show that there is higher density of alcohol suppliers in areas of high deprivation. Incidentally, the New Zealand deprivation index shows that Māori are more likely to live in areas of high deprivation, and to further experience the impacts of living in high deprivation. For Māori children, and children living high deprivation, such an environmental factor is defining their future in the early years of their childhood, impacting on the child through adolescents, with the incidental impacts being felt in adulthood, much to the oblivion of their whānau systems.

Reducing harm from tobacco products

Like alcohol, we see the burden and disparities for Māori tobacco harm as a breach of rights to health under Te Tiriti of which did not exist within Te Ao Māori pre-colonisation. We see the promotion of tobacco in spaces where our tamariki reside and the subsequent addiction of our future generations as a modern form of colonisation (Muriwai, Houkamau, & Sibley, 2016). Tobacco use and any of its derivatives not only represents a threat to physical health, but also to the spiritual health and wellbeing of tamariki. We recommend this strategy should include the following additions pertaining to tobacco:

Improved environmental wellbeing as a measure of tamariki wellbeing:

Although there are universal, social determinant indicators that apply to health, e.g. housing, educational achievement, there are also Māori specific measures attuned to Māori realities and world views. Māori world-views place value on the environment and the values that underpin kaitiakitanga. An important outcome area for tamariki Māori is therefore related to access to an environment that is clean and healthy. Mason Durie (2006) identified Te Ao Turoa, the Māori estate,



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as one global measure of Māori wellbeing. Te Ao Turoa specifies that Māori are trustees for future generations, especially in connection with land and the environment. A good outcome for wellbeing will therefore be one where the value of physical resources accrues so that future generations can enjoy an expanded Māori estate. This relates to the current recommendation in that having smokefree maunga and moana and resources dedicated to resolving cigarette litter ensures resource sustainability and that tamariki have access to a clean and healthy environment.

Reduce the impacts of second hand smoking through introducing smokefree cars:

Hāpai have long supported introduction of restricting cigarette smoking in cars with children. Under Te Tiriti, whānau Māori, tamariki Māori have the right to good health. The effects of second hand smoke are consistent with western understandings of health in that there is convincing evidence tamariki those exposed to secondhand smoke (SHS) are at increased risk of respiratory tract infections, asthma exacerbations, sudden unexplained death in infancy (SUDI) and bacterial meningitis. Protecting tamariki from the effects of second hand smoke partially fulfils crown obligations to guarantee Māori the same right to health as non- Māori. If this strategy were to include specific measures and targets pertaining to tamariki and smoking, it would be one step towards decolonising Aotearoa from the effects of tobacco.

We believe smokefree cars will yield the greatest benefits for tamariki wellbeing when enforcement is coupled with community support, for example education in antenatal wananga. Smokefree cars legislation and policies which is not punitive and frames this as a health not criminal issue. Meaningful engagement may also buffer against any structural racism or stigmatization that may arise from only legal enforcement (see “Support for young and solo parents” for more).

Improve the quality of harm reduction products that whānau use:

Hāpai advocate for helping those who smoke to switch to safer products, while at the same time protecting people who do not smoke, especially young people. There is minimal evidence to suggest vaping is a gateway drug for rangatahi to pursue harder drugs. While we believe in reducing rangatahi exposure of harm reduction tools, we do not support the government’s current proposal to limit e-cigarette flavourings perceived as youth- adjacent e.g. fruit and cream flavours. Our community engagement aligns with emerging evidence that such flavourings are an enabler to help whānau transition from cigarettes. Allowing parents a more satisfactory transition and experience in vaping would inadvertently contribute to tamariki wellbeing through reducing the likelihood of parents returning to tobacco and the financial and physical burden it represents.

Support for young and solo parents

The intersection of being Māori and young parents can commonly result in multi-layered oppression and stigmatisation from wider society. Early pregnancy is often associated with irresponsible behaviour and parents can be framed as incapable of providing quality care for their child/children.



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The notion of being young, compounded with institutional racism can be a difficult space to navigate for young families. In particular, research has explored how young Māori parents navigate their way through a system which undermined their capability as a parent, and as Māori.

The primary findings which emerged from the study pertained to stigma, Māori identity and forming meaningful connections. The participants, primarily young mothers, shared that they continued to strive and develop as parents despite the views of wider society. Parents also discussed how being Māori influenced their experiences as a young parent, sharing that they commonly felt judged by health professionals and treated as though they were going to fail. In cases, this influenced parents to disassociate with their Māori identity. In other cases, some parents resisted the stigmatisation through actively reclaiming their identity as Māori. Finally, evidence suggests that many parents tried to conform to Western standards of “good parenting”. Some participants revealed that they felt they needed to prove their abilities to redeem themselves from perceived deviant behaviour which led to their pregnancy.

The study explains that marginalising Māori culture and identity prohibits possible solutions for intervention and support. Specifically, it can undermine efforts to decolonise understandings of reproduction and parenting which can be empowering for parents and their whānau. Broader promotion of practices from Te Ao Māori within all systems are identified as measures to normalise these practices and effectively foster flourishing and empowered families.

- Hāpai advocates that instructional racism is unacceptable and the measures need to be put in place to ensure families to do not have to conform to “western” ways of parenting
- Hāpai advocates for community based and Kaupapa Māori based antenatal education.
- Hāpai supports the practice of tikanga Māori associated with conception, birth, post-natal care and through the lifespan.

Dynamics of whānau Māori

Māori poverty must be considered within the context of the impact of colonisation. As a direct result of colonisation, Māori are statistically much more likely to have endure health problems and be socioeconomically disadvantaged. As income is fundamentally associated with broader components of wellbeing it is important that the strategy is sensitive of both the gender and ethnic pay gap.

These inequities, then, result in an increased dependence on the State, which in turn gives the State a certain level of control; for example, the State determines Māori health and education provisions, social services, and levels of funding.

Wage inequities reveal discrimination on basis of gender and ethnicity



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- Whānau Māori receive an average hourly wage more than \$5 lower than Pakeha (Robson, 2016)
- About 60% of Māori and Pacifica wage earners earn below the Living Wage (\$18.40/hour)
- Sole parents (predominantly Māori) are over-represented among those earning the minimum wage
- Low wages, casual employment, high unemployment all contribute to disproportionate poverty experienced by whānau Māori.

Māori women

Evidence suggests that single Māori women are the primary caregivers of tamariki/whānau Māori which is an inherent outcome of colonization. The intersection of discrimination by way of class, gender and race must be considered and dismantled within the system to allow for our tamariki Māori to have better access to the social determinants of health and to live flourishing futures.

Evidence also suggests that many Māori women are discriminated within the social welfare system which has detrimental, flow on effects to whānau Māori.

- Hāpai advocates that poverty is the failure of a system, not of an individual and that all peoples have a right to appropriate education, income support and housing. Whānau Māori and beneficiaries alike should not be blamed for their situation and treated poorly by state agencies.
- Hāpai advocates that kaupapa Māori support services need to be put in place to foster reconnection and support within families, particularly in single parent households to support flourishing whānau.
- Hāpai advocates that Māori and in particular Māori women should receive equal pay to ensure that whānau have access to the resources they need

Gaming

Hāpai Te Hauora recognises the ongoing effects of addictive gaming on young people. In particular, we are aware that certain games contain elements similar to gambling whereby real money is exchanged for random (chance) rewards. There have been numerous cases of excessive spending to pay for extra game features, not to mention the amount of time that's spent on gaming. Gaming addiction, like gambling affects the social behaviour of individuals and the wellbeing of whānau. We hope the government will take measures to protect children and young people from the addictive nature of gaming.

Conclusion

In closing Hāpai Te Hauora would like to support submissions made by a number of rangatahi roopū including Te Ohu Mana Rangatahi. Hāpai has worked with Te Ohu Mana Rangatahi on a number of



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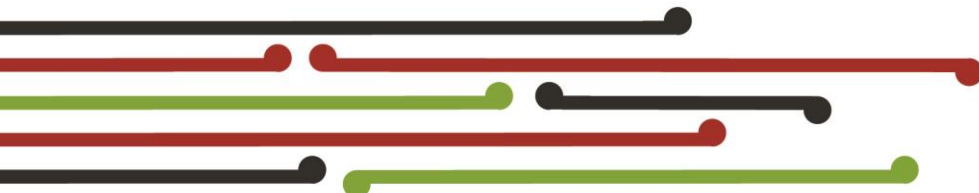
projects and recognises their expertise as rangatahi, who are able to engage other young people in spaces of civic engagement which concern them.

If the opportunity arises Hāpai Te Hauora would welcome the opportunity to present to this submission in person.

We once again thank the Department of the Prime Minister and Cabinet for the opportunity to contribute to the progress of this framework.

Nāku noa, nā,

Selah Hart
Chief Operations Manager
Hāpai Te Hauora Tapui Limited



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