



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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Child and Youth Wellbeing Framework – Submission from Mortality Review Committees, Health Quality & Safety Commission

Contact Name:	9(2)(a)
Email Address:	
Phone Number:	
Organisation Name:	Health Quality & Safety Commission
Organisation description:	<p>About the Health Quality & Safety Commission</p> <p>The Health Quality & Safety Commission (the Commission) is a Crown Entity with statutory responsibility for monitoring and improving the quality and safety of health and disability support services, and helping providers across the health and disability sector to improve the quality and safety of those services. An important part of this work is led by the Commission's mortality review programme.</p> <p>About the mortality review committees</p> <p>The Commission oversees five mortality review committees (MRCs) that aim to prevent future morbidity and mortality through mortality review and by supporting quality improvement throughout the sector. The MRCs are statutory committees accountable to the Commission.</p> <p>The MRCs making this submission are:</p> <ul style="list-style-type: none"> • the Child and Youth Mortality Review Committee • the Family Violence Death Review Committee • the Suicide Mortality Review Committee.

Executive Summary:

(Please provide a short summary of the key points of your Submission - 200 words)

The MRCs congratulate the DPMC and its key stakeholders for developing a Proposed Outcomes Framework (the Framework) that covers the most important dimensions that impact on child and youth wellbeing. We believe the Framework can be strengthened by:

1. recognising that the commitment to improving child wellbeing must have an equally strong commitment to reducing family violence
2. ensuring equity is prominent across the Framework and included in the underpinning principles to prioritise it
3. strengthening a Te Ao Māori understanding of wellbeing in the Framework
4. ensuring that the Framework focuses on the impact that the environment has on whānau, children and young people
5. ensuring child- and whānau-centred approaches and co-design are upheld throughout the development and implementation of the Framework and subsequent programmes
6. ensuring there is a focus on a trauma informed approach to address intergenerational and historical harm and trauma, for both victims and perpetrators, as well as to prevent future harm
7. strengthening the Framework's focus on pre-adolescents and youth (10-24 years) who are at high risk for negative health outcomes and over-represented in mortality data
8. ensuring that children and young people under 16 years of age who have been stood down, suspended or excluded from school, together with their whānau, are supported to re-engage with the education system
9. ensuring that the wellbeing of children is prioritised in decision making by including child impact assessment as part of principle five.

Submission Content

We believe the following aspects of the Framework need to be strengthened:

- 1. *Recognise that the commitment to improving child wellbeing must have an equally strong commitment to reducing family violence.*** Children's wellbeing depends on being protected from harm, including the harm of exposure to domestic violence or exposure to triggers of trauma arising from previous abuse. We need to better understand that intimate partner violence and child abuse and neglect are connected. Acts of violence towards the non-abusive parent should be viewed as a safety concern for the children as well. The Family Violence Death Review Committee's fifth data report illustrates this; 77% (20) of the male offenders who killed children were known to the police for abusing the mother of the deceased child/female partner and/or a prior female partner.

A child's recovery and healing from a history of living with domestic violence is intimately linked to the safety and wellbeing of their non-abusive parent. Too often, the system minimises the experience of the adult victim and blames them, rather than supporting them to care for and protect their child. Improving child wellbeing requires a commitment to reduce family violence, and to support the victims of family violence, including adult victims.

The Suicide Mortality Review Committee noted in its 2016 report that family violence requiring police presence was recorded for 25% of the male rangatahi, and 16% of the female rangatahi who later died by suicide. As there is a significant amount of family violence that is not reported to police, these numbers will underestimate the exposure to family violence.

- 2. *Ensure equity is prominent across the Framework and included in the underpinning principles to prioritise it.*** We would like to see equity be much more explicit in the focus areas and in the principles. This includes equity for Māori and equity for other groups including people with disability, ethnic minorities, and LGBTQI young people. Principle four highlights the foundational role of the Treaty of Waitangi and the Crown-Māori partnership, so we assume that inequities for Māori will be addressed through this principle using a Treaty framework. That is vital as our reports show marked mortality inequities in Māori children. These inequities are particularly visible in post-neonatal infant mortality (deaths of children aged 28 days to less than one year), where the rate of SUDI among Māori is 5.6 times the rate in non-Māori and non-Pacific. Addressing inequities across other groups will also be important. Placing more emphasis on equity and social justice acknowledges the ongoing impact of colonisation, institutional racism and social marginalisation as key drivers of poverty and poor outcomes for many children, young people and their whānau.
- 3. *Strengthen a Te Ao Māori understanding of wellbeing in the Framework.*** The underlying principles of Te Tiriti o Waitangi and the United Nations Convention on the Rights of the Child underpin the Framework but they must be accompanied by

a Te Ao Māori understanding of child wellbeing. For instance, the Mana Mokopuna framework represents a child's journey through life. To enhance children's and young people's mana, and for them to be happy, self-sufficient and to reach their potential, all six principles (whakapapa, whānaungatanga, aroha, kaitiakitanga, rangatiratanga, mātauranga) of the Mana Mokopuna Framework should be supported (<http://www.occ.org.nz/our-work/mana-mokopuna/the-concept-of-mana-mokopuna/>). Although these principles may be woven throughout the Framework they need to be more explicit.

- 4. *Ensure that the Framework focuses on the impact that the environment has on whānau, children and young people.*** We are pleased to read that the Framework recognises that children are members of whānau, communities and cultures – and these must be at the heart of any action to improve children's wellbeing. Structural changes must be made to the environment that children and young people live in to reduce inequity and to support wellbeing. We suggest adding 'communities and environments' to principle two to recognise that children, young people and whānau operate within a broader context.

We suggest making the language consistent across the Framework. Currently, in some places the language is focused on the environment while in other places it is focused on the individual. The latter appears to place the responsibility on the child, young person and whānau to affect change. For example, in number 15, bullet two is written as if it is the child's responsibility to do this: 'children build resilience, self-control and mental wellbeing'. Changing the language to 'supporting children to build resilience, self-control and mental wellbeing' is a subtle but important change.

We also note that while resilience is an important protective and recovery factor, and an important trait for all children and young people to possess, the Framework should not overemphasise 'resilience-building' in children. Earlier individual trait-based resilience models have been criticised for suggesting individual children should be responsible for coping with adversity, whereas contemporary views now consider the importance of the social and ecological environment in helping children adapt under adversity. We support these broader socio-ecological views of resilience as we believe a child's environment should be nurturing and protective, and should not require the individual to build up their own resilience to cope with inadequate and harmful environments and agency responses.

- 5. *Ensure child- and whānau-centred approaches and co-design are upheld throughout the development and implementation of the Framework and subsequent programmes.*** Whānau and child and youth voices must be listened and responded to. If we are going to consider children as taonga we should do this meaningfully – as acknowledged in the Cabinet paper. A strong child- and whānau-centred approach to improving wellbeing will involve continual consultation and collaboration with children and their representatives as well as representatives of iwi and Māori organisations during the development and implementation of the Framework. The analysis of this consultation, representation

and collaboration must be transparent, and use child-centred and rights-based approaches.

- 6. *Ensure there is a focus on a trauma informed approach that addresses intergenerational and historical harm and trauma, for both victims and perpetrators, as well as preventing future harm.*** We note that the Framework does mention children and young people being supported to recover from trauma - we would like to ensure that this includes a trauma-informed approach that addresses the harm and trauma already experienced by some children, young people and whānau.

Discrimination, marginalisation, and stigma remain an ongoing experience for many people within systems and institutions such as child protection, health care, education and criminal justice. It is important to recognise the impact this trauma and harm has on children's wellbeing and development, and how it can accumulate over the lifespan. More importantly however, is the requirement for the systems, policies and practices that perpetrate abuse (for example, through institutional racism) to be named, exposed and addressed.

A trauma-informed approach must include victims and perpetrators. Children exist in the context of their relationships with adults, so it is appropriate to focus on the wellbeing of both victims and perpetrators as well as children's wellbeing. Identifying and responding to potential perpetrators early, who have themselves experienced trauma, is the best way of protecting children.

We would like the trauma-informed approach to include the trauma and harm from being in state care. The Child and Youth Mortality Review Committee's database contains numerous examples of tamariki who were abused while in care, mismanaged and moved from one carer to the next, thus intensifying their feelings of detachment and erosion of self-identity. Not only are tamariki and rangatahi vulnerable while in care, but they are more likely to end up incarcerated as they get older.

A trauma informed approach should also be applied to support children who experience the sudden death of a significant person such as a parent, child, sibling or caregiver. Currently there is very little in place to address the needs of children, young people and whānau after the traumatic death of a loved one. National core agencies need to develop a formal multi-agency after-care process that has a child- and whānau-centred approach. The Family Violence Death Review Committee found that between 2009 to 2015 in New Zealand, 65 children were present during intimate partner violence death events, and 104 lived in the home of one or both of the deceased and offender. A further 52 were present during a child abuse and neglect death event. The long-term effects of childhood trauma are well documented so early intervention is critical. In the case of a death by suicide for instance, early intervention could help prevent contagion.

7. Strengthen the Framework's focus on pre-adolescents and youth (10-24 years) who are at high risk for negative health outcomes and over-represented in mortality data. We understand why the Framework takes an early development approach (ie, the first 1,000 days) but we would like to highlight that 10–25 years are a time of rapid physical, cognitive, emotional and social development with specific needs. This demographic traditionally seeks less mainstream care and does not tend to disclose sensitive information unless directly asked. To take into account the developmental stages and to reduce psychological stress, young people require developmental sensitive services that ensure equitable access. This could include the provision of integrated youth specific healthcare to promote healthy development choices such as youth one stop shops, developing eLearning with behavioural intervention therapies, interventional games, e-gaming for those with learning difficulties and e-therapies with mood tracking then follow-up with peer support.

8. Ensure that children and young people under 16 years of age who have been stood down, suspended or excluded from school, together with their whānau, are supported to re-engage with the education system. We note that the Framework identifies equity of access to education and participation, but we would like to see a focus on supporting children and young people to stay in school and/or re-enter the education system. Stand-downs, suspensions and exclusions from school should be 'red flags' for a high risk of adverse outcomes for children and young people. Schools need to engage appropriately with whānau by building trust and ensuring both child and family have appropriate support when tamariki and rangatahi are removed from school. Any educational stand-down should initiate an adolescent health assessment (HEADSS Assessment).

The Child and Youth Mortality Review Committee's database shows that the young people who died by suicide had significantly higher rates of disengagement from the school system. This is particularly glaring for Māori, who were disproportionately affected. The database contains multiple examples of young Māori who were removed from school and who were not provided with any form of support.

The Suicide Mortality Review Committee noted in its 2016 report that data on stand-downs, suspensions and expulsions suggested that disengagement with education systems was a concern for a number of the rangatahi who died by suicide - 26% of the rangatahi were stood down from the schools they attended at some point and the mean age of rangatahi Māori who were stood down was 14 years. Over half were stood down more than once.

9. Ensure that the wellbeing of children is prioritised in decision making by including child impact assessment as part of principle five. We are encouraged that the Framework emphasises including children's and young people's voices on important decisions affecting them (principle five). We believe this is very important. In addition to this, we believe it is important to ensure that the wellbeing of children is prioritised across all legislative and policy decision

making. Children have the least autonomy in society and often bear the brunt of social disadvantage, particularly in the current legislative environment which is dominated by the interests of adults. The effect of our policies on children is often not considered. There are many decisions that are made across government that affect children either directly or indirectly; according to the Office of the Children's Commissioner, there are very few policies that do not have an impact on children. A policy does not have to be overtly about children to have an impact on them. For instance, issues around drug reform and euthanasia certainly impact children even though they are not specifically child focused. Therefore, we would like to see a child impact assessment on all proposed legislation and policies, included under this principle. This type of approach would help to enhance potentially positive outcomes for children and young people, and mitigate potentially negative outcomes.