



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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Child and Youth Wellbeing Strategy – Submission Template

This document is intended for individuals or groups who wish to make a formal submission on the child and youth wellbeing strategy.

Please complete this template and email it to: childandyouthwellbeing@dpmc.govt.nz

A guide to making a submission is available on the DPMC website <https://dpmc.govt.nz/our-programmes/child-and-youth-wellbeing-strategy>

Submissions will close on **Wednesday 5 December**.

Please provide details for a contact person in case we have some follow up questions.

Contact Name:	9(2)□(a)
Email Address:	
Phone Number:	
Organisation Name:	Child Development Service Hutt Valley DHB
Organisation description: (tell us about your organisation – i.e. who do you represent? How many members do you have? Are you a local or national organisation?)	Child Development Services (see DSS1012 for further information) are provided nationally they are staffed by Occupational therapists, physiotherapists, speech and language therapsts, psychologists and developmental paediatricians. They are often based within DHB's while some are run as trusts.

Executive Summary:

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

The Focus areas are indicative of the fragmented approach to the care of children both neurotypical and those with neurodevelopmental issues or disabilities .A Child needs to be considered as a whole and not as 16 focus areas . Many of these focus areas are recognisable as existing ministry silos. The challenge is to address the fragmentation of care for all children and this will be achieved by creating Services that deal with children and their families together in an integrated way not as a collection of cling on type Services that create further fragmentation of resources , communication issues and confusion for parents..A Department of children and youth with areas that match to the Development (Focus areas 14 to 16) of a Child in an integrated way

Disability , mental health and physical health are not a separate focus area's they are all components of a child . The focus areas need to be interwoven and we feel the best approach is using developmental stages so to use 3 Focus areas 14 to 16 and interweave the Focus areas 1 to 13 into each stage of Development. For example in the first 1000 days the mental Health (attachment , feeling safe) of a Child, mental and safety of the parent ,disability (Early recognition and provision of Early appropriate Services), socioeconomic (adequate food, warmth , housing carseat,),culture, appropriate housing , safety discrimination . We are available to make further verbal submission and/or consultation

Submission Content

We feel the Focus areas should be reduced to three as above based on developmental stages and that the outcomes framework and principles should be replaced by the United Nations Convention on the Rights of the Child – which can be monitored and compared internationally

We make the following additional comments with a disability Focus – which should be included in all areas

Focus area One.

- Supported – need to add Irrespective of the level of need of the Child

Focus Area two

- Recreation – Access to recreation for children with a disability
- Access to safety equipment - for children with a disability eg. Current Enable process and waitlist for housing modifications and equipment such as specialised car seats, fencing, gates, locks , tracking devices. The current processes do not ensure easy and timely access

Focus three

- Vulnerability of children with a disability
- Social context of disability – differing attitudes to disability

Focus Four

- Suitable and safe Access – physical accessibility for those with disability and safe for those with neuro disabilities eg housing -access,fenced play area,single storeyhome ,agencies need to prioritise housing needs of children with disability.
- Examples one off housing modifications restricts families with children with a disability from moving

Focus Five

Children with a disability

For respite,special food , may remain dependent on parents for all of life- recognition of the needs of parents who may choose not to return to paid work and care for their Child.

Focus Six

Disability needs including

Fragmentation of Services , lack of investment in assessment Services need Services with single point entry – one stop shop

Universal service to start Early well trained staff

Integration of therapy Services into Health – currently a Child can have an occupational therapist , and a speech and language therapist in both Health and Education Services –

In UK they work in Health and go into schools.

Focus Eight

Resourcing to allow more time for engagement with families and extended families

Focus Nine

- Equipment funding restricts Access of children to their Community
- Example equipment can be provided if you are in full time employment , in the home as far as your letter box and School –
- Example adolescent wanting to Access kapa haka outside of School at a competitive level most suitable chair a sports wheelchair – Enable would not approve
- adolescent wanting a Mobility scooter to go to supermarket on their own (could only have something funded for School or home) funding was declined
- facilitated engagement for children with a disability

Focus area 10

Accessible for all children - equipment and additional Support for children with disabilities to ensure Access

Addition of further areas of need – such as feeding , dyspraxia, severe speech and language disorders

Focus 11

Waiting lists – huge inequities in Access to Services – for a children wanting a general Paeds appointment must be seen within 4 months no such target exists for Child Development service

Focus 12

As above should be integrated into whole Child services- mental Health of a Child and a persons does not exist separately to the rest of them as a person – again integration of all the Focus areas in an integrated approach

Prenatal and Antenatal mental Health of a parent,

Attachment Early intervention for baby and for parents and Child

Disability has been seen as an exclusion criteria from mental Health Services – yet this group of children are more at risk

Preventitive approach based on Early Support and Education for new parents

Think creatively about parent Education make parenting and Development of the Child a topic of public interest and Education – use online media – Incredible years may be a good well researched program - many parents are reluctant to go to a group , and cannot commit to 14 weeks – so make parent Education about Child Development more accessible.

Focus 13 is an outcome of all other Focus areas – need to be integrated

Focus 14

Include disability – or those at risk of disability

Additional Support for premature and extreme prem babies and their families – again cannot separate out mental Health of parent and Child – importance of Early identification

and Support disrupted attachment ,grief re disabilityy additional parenting required , long term stay in hospital

Focus 15 – additional Learning needs need to be identified Early – importance of the Education of staff to identify and Support and refer early

Please note that your submission will become official information. This means that the Department of the Prime Minister and Cabinet may be required to release all or part of the information contained in your submission in response to a request under the Official Information Act 1982.

The Department of the Prime Minister and Cabinet may withhold all or parts of your submission if it is necessary to protect your privacy or if it has been supplied subject to an obligation of confidence.

Please tell us if you don't want all or specific parts of your submission released, and the reasons why. Your views will be taken into account in deciding whether to withhold or release any information requested under the Official Information Act and in deciding if, and how, to refer to your submission in any possible subsequent paper prepared by the Department.