



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 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:	
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?)	
Executive Summary: (Please provide a short summary of the key points of your Submission - 200 words)	<ul style="list-style-type: none"> • A focus on ‘children’ obscures the fact that children exist in families and may cause inequalities for adults engaged in children’s care. • The idea that a child wellbeing strategy can only have positive implications for women is deeply troubling if women’s needs are not addressed. • Such a policy can increase the pressure on pregnant people to have ‘perfect’ uterine environments to optimise future children – this is an unreasonable expectation given structural inequalities. • An increase in surveillance of pregnant people (and women pre pregnancy) can differentially impact on women of colour and/or poor women. • There is an urgent need for an analysis of policy that considers the impact on different groups of people (an intersectional analysis). • Policy that presents as gender neutral with regard to parenting hides structural inequalities related to the disproportionate number of women engaged in caring for children, and the experience by many of poverty and violence . • The science underpinning concepts like the first 1000 days, and critical periods, alongside the economics of

early intervention, is not incontrovertible, and needs to be critically and rigorously assessed for its readiness to be used in policy.

Submission Content

The government is to be congratulated on considering a wellbeing strategy, and it is particularly pleasing to see that poverty has received a long overdue focus in the initial development stages. Equally pleasing is the effort to include Te Ao Māori and ensuring that the needs of both tamariki and whānau are acknowledged.

However, we wish to express concern about the way in which the wellbeing strategy is formulated in that it focuses on ‘children’ specifically. Children do not exist in a vacuum, they are part of communities, part of society, and they are part of whānau. One cannot consider child wellbeing as a separate entity, one must consider family wellbeing. What good is it to consider child wellbeing, when parental wellbeing is not an equally important priority?

To that end, we wish to comment on a troubling silencing of negative implications based on gender in the documentation that surrounds the Wellbeing Strategy. We note that in the ‘Child Wellbeing Strategy work Programme and Budget Implications’ report to the Cabinet Social Wellbeing Committee there is a section on implications for gender. We are pleased to see this included, and are happy that the considerations of trans children have been included here. However, we would like to question the notion that “efforts to improve child wellbeing are likely to have positive benefits for many women, who are likely to be the primary caregivers for children and young people”. Ostensibly, yes, efforts to improve child wellbeing can indeed help women, however this is not always the case, and this certainly depends on the types of efforts that are being implemented. Our submission will primarily focus on this area and the concerns we have with this focus.

Elsewhere in the aforementioned document, and indeed in the Science Advisors report, there are multiple mentions of the importance of the early years, critical pathways, and the first 1000 days. There is even mention, in the ‘Child Wellbeing Strategy – Scope and Public Engagement Process’ document of defining children as “including, where appropriate, the development of children in utero”. We find this slippage in language concerning, fetuses are not children, and increased surveillance of pregnant women and their behaviours can bring about unforeseen consequences. For example, Mansfield (2012) notes that advisory warnings to women to not eat certain fish responsabilise women and allow businesses who are responsible for contaminating our oceans to avoid taking responsibility for their actions. Mansfield also notes that, in the example of the fish, such advisories had a differential impact on poor women, and particularly women of colour for whom these fish were a staple part of their diet. Thus such innocuous sounding advisories can have differential impacts dependent on things like class and ethnicity. Health advisories that exhort women to ‘not eat certain fish’ make women the centre of responsibility for issues that are not of their making. Waggonner (2017) warns that policies that aim to ‘protect’ fetuses have the knock on effect of rendering women perpetually

pregnant. Women are told to not undertake certain behaviours *in case* they are pregnant. Given that many pregnancies are unplanned, many health promoters argue that this is the only rational response. However, this renders all menstruating women potentially pregnant and results in increased surveillance and policing of women's bodies.

Further, once pregnant, we know that women are experiencing increased surveillance with regard to their weight and the 'potential' impacts on their offspring (Parker, 2014; Warin, Zivkovic, Moore & Davies, 2012). Parker notes that "heightened concern with maternal weight, and the direction of policy responses to it, frames fat women as bad mothers and failed citizens, and could easily devolve into "a new form of eugenics" in terms of who should, and who shouldn't reproduce – with indigenous women, women from other ethnic minority groups, and poor women positioned to bear the brunt." (p.112). Further, research from Warin and colleagues (2012), noted that in analysing media reports about obesity and pregnancy, mothers are demonised with structural larger societal issues and paternal influences being ignored. Policy around these sort of matters would need to be handled extremely carefully and without a wider lens of 'familial wellbeing' a focus on only child wellbeing would render the pregnant body merely an environment to be optimised.

Our concern about the impact on women is not restricted to the potential for increased surveillance of all pregnant and menstruating people. As highlighted by the note about gender implications, women tend to be the main caregivers in families, thus any child wellbeing policy that has, as part of it's focus, a focus on parenting, will, by default, be a policy that focuses on women who parent. The result of this is that women's parenting practices will be put under an increased spotlight, without any corresponding attention to their needs as adult women or related resources. It is interesting to note that in the papers already mentioned, and in previous papers such as the White Papers and the Expert Panel documents, that 'parenting' or 'parent(s)' are the terms most often used (versus mother, maternal, father, paternal), thus hiding the fact that these policies will have the most impact on women who parent. This trend of speaking about 'parenting' and rendering policy gender neutral has been noted in the UK as problematic and despite this seeming neutrality, these instances serve to essentialise motherhood (Gillies, Edwards and Horsley, 2016). If the government is prepared to acknowledge that women are the primary caregivers, then this must be acknowledged in other documents, and a proper analysis of the impact of increased focus on parenting, and thus women, needs to be undertaken. Gillies Edwards and Horsley (2017) observe, in speaking about similar policies in the UK that:

"The notion of being able to invest and intervene in parenting so as to shape a baby's brain development to ensure better life chances for the young child and for the future of the nation feels constructive and positive. All that is required in this view is for experts to explain and demonstrate to mothers how to bring their children up for best effect, and for mothers to listen, learn and step up to fulfil the responsibility to take good care of their children's brain development. The complex web of relationships between adults and children in families and communities, and the accompanying array of childhood interactions, are scaled down to the level of the relationship between a baby and what is

referred to as their 'primary caregiver'. It is mothers who are positioned as, and overwhelmingly are, 'primary carers'." (p.131)

Further to this, a gender only analysis would be inadequate, an analysis that considers not just women, but Māori women. Given that Aotearoa has an increasing migrant population consideration must also be given to Pacific and Asian women, and not simply by using the catch all buckets of 'Pacific' or 'Asian' – such bucketing hides specific oppressions. Thus, an approach such as that taken by Canadian policy advisors (Hankivsky, 2012: see here <https://data2.unhcr.org/en/documents/download/46176>) is recommended before any policy relating to this strategy is rolled out. Given that previous policies have been found to have a particular impact on Māori women and their parenting (Ware, Breheny & Forster, 2016), this is especially critical.

Finally, we would like to draw the government's attention to consider that the 'science' used to buttress the ideas of the first 1000 days, and the economics of early intervention are not as definitive as many claim. We would advise careful consideration of the use of things such as the 'Heckman' equation in estimating the economic 'good' of early intervention (see this useful analysis from New Zealand based researchers: https://www.victoria.ac.nz/_data/assets/pdf_file/0005/1716953/WP18-03-does-an-empirical-Heckman-curve-exist.pdf). We would also advise against the assumption that there are critical periods in the first 1000 days as the science in this is not indisputable, and is indeed contested (Gillies, Edwards & Horsley, 2017; Wastell & White, 2017). In 2016 we conducted a review of the impact of neuroscience and policy (Beddoe & Joy, 2016), with a small focus on New Zealand, we concluded that not only was the science in nascent stages (not ready for policy use) but that the deployment of such sciences obscures structural issues such as poverty, racism and sexism.

In conclusion then we make the following points:

- A focus on 'children' obscures the fact that children exist in families and may cause inequalities for adults engaged in children's care.
- The idea that a child wellbeing strategy can only have positive implications for women is deeply troubling if women's needs are not addressed.
- Such a policy can increase the pressure on pregnant people to have 'perfect' uterine environments to optimise future children – this is an unreasonable expectation given structural inequalities.
- An increase in surveillance of pregnant people (and women pre pregnancy) can differentially impact on women of colour and/or poor women.
- There is an urgent need for an analysis of policy that considers the impact on different groups of people (an intersectional analysis).
- Policy that presents as gender neutral with regard to parenting hides structural inequalities related to the disproportionate number of women engaged in caring for children, and the experience by many of poverty and violence .
- The science underpinning concepts like the first 1000 days, and critical periods, alongside the economics of early intervention, is not incontrovertible, and needs to be critically and rigorously assessed for its readiness to be used in policy.

References:

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