



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.

An external party holds copyright on this material and therefore its re-use cannot be licensed by the Department of the Prime Minister and Cabinet.

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:	Libby Grant
Email Address:	libby@pha.org.nz
Phone Number:	9(2)□(a)
Organisation Name:	Public Health Association of New Zealand
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?)	<ol style="list-style-type: none"> 1. The Public Health Association of New Zealand (PHA) is a national association with members from the public, private and voluntary sectors. Our organisation’s vision is ‘Good health for all - health equity in Aotearoa’, or ‘Hauora mō te katoa – oranga mō te Ao’, and our purpose is to advocate for the health of all New Zealanders. 2. To achieve this, we provide a forum for information and debate about public health action in Aotearoa New Zealand. Public health action aims to improve, promote and protect the health of the whole population through the organised efforts of society.
Executive Summary: (Please provide a short summary of the key points of your Submission - 200 words)	<p>The PHA supports the development of the Child and Youth Wellbeing Strategy as it shows commitment by the government to improving the wellbeing of all NZ children.</p> <p>We urge full and meaningful consultation with Māori and with children.</p> <p>We urge the Strategy to have a public health focus which recognises that children are not isolated individuals but part of whānau and communities and any interventions must consider the child in this context. The Strategy must explicitly recognise that the environment has a profound impact on the wellbeing of children and must enhance wellbeing not undermine or negate it.</p> <p>Any revision of the proposed outcome framework is supported by the use of the Children’s Impact Assessment Tool and all government agencies must be required to use the tool so the impact of policy on child wellbeing can be assessed before implementation.</p> <p>Specific details on how the Strategy will be implemented must be provided in the Strategy documents.</p>

	<p>The Strategy must also set out clearly the role of all those involved in improving child wellbeing.</p> <p>We recommend a monitoring mechanism be developed so that progress on the Strategy can be measured and evaluated over time, and can be reported on to the public.</p> <p>An additional 'Enabling settings and processes' layer to the proposed outcomes framework, between the 'principles' layer and the 'desired outcomes' layer.</p>
--	--

Submission Content

3. Thank you for the opportunity to make a submission on the Child and Youth Wellbeing Strategy (the Strategy).
4. The Public Health Association of New Zealand (PHA) is a national association with members from the public, private and voluntary sectors. Our organisation's vision is 'Good health for all - health equity in Aotearoa', or 'Hauora mō te katoa – oranga mō te Ao', and our purpose is to advocate for the health of all New Zealanders.
5. To achieve this, we provide a forum for information and debate about public health action in Aotearoa New Zealand. Public health action aims to improve, promote and protect the health of the whole population through the organised efforts of society.
6. We recognise Te Tiriti o Waitangi as Aotearoa New Zealand's founding document, defining respectful relationships between tangata whenua and tangata Tiriti, and are actively committed to supporting Te Tiriti values in policy and legislation.
7. We actively promote full implementation of related international agreements to which New Zealand is a signatory, including the UN Convention on the Rights of the Child (UNCROC), the UN Declaration of the Rights of Indigenous People (UNDRIP), the Convention on the Rights of Persons with Disabilities, the UN Framework Convention on Climate Change and the Paris Climate Agreement.
8. We also advocate action on the United Nations Sustainable Development Goals (SDGs), which are universal in scope and, through their call to leave no one behind, put children at the top of the agenda. 50 of the 230 specific indicators attached to the Goals directly relate to children and include health indicators, immunisation, early childhood development, safe water sanitation, nutrition and sexual violence against children.
9. The PHA welcomes the development of the Strategy as it demonstrates the government's commitment to improving the wellbeing of all children in Aotearoa New Zealand. It also presents a unique opportunity to embed in legislation, policy and practice the rights all children are entitled to under international agreements such as UNCROC. It is vital that these principles underpin all legislation that affects children to ensure that children's rights are respected and their needs met.
10. We support the submission of our Wellington branch which specifically focuses on Tupeka Kore Aotearoa 2025/Smokefree Aotearoa 2025 and the implications for the Child and Youth Wellbeing Strategy.
11. We support the submissions of our fellow organisations in the Child Wellbeing Network: Barnardos, Child Poverty Action Group and IHC among others.
12. We also applaud the requirement to consult with Māori representatives and with children on development of the Child Wellbeing Strategy. This is consistent with UNCROC and the principles of partnership and participation in the Treaty of Waitangi. We agree that there must be comprehensive engagement with whānau, hapū and iwi and meaningful opportunity to collaborate and for children's views to be taken seriously.
13. As we mentioned in our [submission on the Child Poverty Reduction Bill](#) children are not isolated individuals but are part of whānau and communities and the Strategy must take this into account. This public health approach recognises that it is the environment into which children are born and raised that largely determines their wellbeing. The World Health Organization recognises this in its view that it is the conditions in which people are born, grow, live, work and age that shape their health and wellbeing.

14. This view is reflected in the report by the government chief science advisors *Childhood Well-being: what it looks like, how it can be undermined, and how to protect and promote it* when they observe 'children do not exist in a vacuum. They live and develop within a social context established by their parents/primary caregivers and whānau. When a child's well-being is threatened, intervening only with the child is typically insufficient. Research has shown convincingly that the focus of intervention must be on the child and their immediate context, beginning with key family or whānau members.'⁽¹⁾
15. The PHA agrees that the child must be considered in their social context; however, the public health approach goes further to identify the 'causes of the causes' of any lack of wellbeing and address those wider upstream determinants of wellbeing. This approach shifts the focus from the individual to the environment and looks at changing that environment to improve and promote wellbeing.
16. To be effective, the Strategy must explicitly acknowledge the role of these wider determinants in shaping wellbeing, and expressly commit to tackling them and to monitoring what has been achieved. To achieve this we recommend adding another key principle stating: recognising the influence of wider environmental factors on children's wellbeing and that these must enhance children's wellbeing.
17. We recommend that any revision of the proposed outcome framework is supported by the use of the [Children's Impact Assessment Tool](#). (This tool has been designed by the Ministry of Social Development as part of its work programme to enhance compliance to UNCROC.)
18. We reiterate our recommendation from our submission on the Child Poverty Reduction Bill that to make agencies work together to improve the wellbeing of children and for the proposed rolling programme of cross-government actions, Government requires its agencies (and all services they contract with) to use the Children's Impact Assessment Tool. Further, all policy across government should be required to use this tool so the impact of policy on child wellbeing can be assessed before implementation. This will ensure there is a consistent and coherent approach to policy-making which will maximise the potential beneficial effects on children's wellbeing.
19. We appreciate that the proposed outcomes framework is in some ways aspirational, but to be successful there must be more specific details on how it will be implemented.
20. The Strategy must also set out clearly the role of all those involved in improving child wellbeing. Government agencies, NGOs and community-based organisations, whānau, care-givers, the business sector, and children and young people themselves all have important roles in this wellbeing project which should be acknowledged and clarified.
21. Good relationships and partnerships between government and organisations and others delivering care and support to young people are essential to achieving the outcomes of the Strategy as it is a shared enterprise reliant on the collaboration of people and groups.
22. It is not clear how progress on achieving the outcomes will be measured. We recommend a monitoring mechanism be developed so that progress on the Strategy can be measured and evaluated over time, and can be reported on to the public. Children, young people and their families should contribute to this process.
23. The PHA supports the call by the wider Child Wellbeing Network of organisations to add an additional 'Enabling settings and processes' layer to the proposed outcomes framework, between the 'principles' layer and the 'desired outcomes' layer. This layer would include aspects such as:
 - i. Government Budget and investment

- ii. Government and community resources
- iii. Community-based capability and capacity
- iv. Partnership between Government and communities and community-based organisations
- v. Legislation, policies and practices that promote and protect children's rights
- vi. Cross-cutting policies (e.g. including data protection policies, privacy settings)
- vii. Child rights and wellbeing training (to support and enable implementation of the Strategy)
- viii. Mechanisms to enable children to participate in matters affecting them.

Specific recommendations on the focus areas

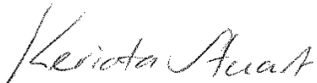
- i. Focus area 1: amend bullet point 1 to read 'children live in *safe* and loving homes'
- ii. Focus area 2: include work.
In second bullet point add '*at home*'
- iii. Focus area 7: add bullet point on refugee children, LGBTQI+ children.
Add bullet point on prevention of bullying
- iv. Focus area 8: add bullet point on Pacific children
- v. Focus area 9: add bullet point – '*children receive civics education*'
Differentiate between protection of the environment for children and children's role in environmental protection

Add an additional focus area: '*children and young people live in a healthy and sustainable environment*' with bullet points on climate change prevention; clean air, water and environment; environmental sustainability; and children and young people have opportunities and are supported to engage in environmental protection and promotion
- vi. Focus area 10: this has a very individualistic focus, with the implication that it is the individual's responsibility to take actions to achieve a healthy lifestyle once they are furnished with the right 'knowledge and resources'. In reality, evidence shows that environmental factors shape individual behaviour. A good example of this is the food environment in lower income areas, where there is a plethora of fast food outlets but little access to affordable fruit and vegetables; where children and parents are exposed to marketing of fast food throughout their daily lives; where sugar sweetened beverages are promoted as healthy and are cheaper to buy than milk or water; where there are no safe separate cycleways for children to ride their bikes to school, and where busy roads dominate so it is unsafe for children to walk or cycle independently.

Add bullet point on '*mental and emotional wellbeing*'
- vii. Focus area 11: Amend '*Disabled children have improved opportunities and outcomes*' to '*Disabled children enjoy full and dignified lives*'
- viii. Focus area 13: amend to '*(conception to age 3)*' as the evidence supports the vital development that occurs up until children are aged 3. This broader focus also recognises the need to provide proactive, non-judgemental support to parents and their families/whānau.

We are happy to provide any clarification on matters covered in our submission.

Yours sincerely,



Keriata Stuart

Acting Manager, Public Health Association

References

1. Poulton R, Gluckman P, Potter J, McNaughton S, Lambie I. Childhood Well - being: What it looks like, how it can be undermined, and how to protect and promote it. Wellington; 2018.

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.