



## 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

To: [childandyouthwellbeing@dpmc.govt.nz](mailto:childandyouthwellbeing@dpmc.govt.nz)

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

<b>Contact Name:</b>	Prudence Stone
<b>Email Address:</b>	9(2)(a)
<b>Phone Number:</b>	
<b>Organisation Name:</b>	Wellington Branch, Public Health Association
<b>Organisation description:</b> (tell us about your organisation – i.e. who do you represent? How many members do you have? Are you a local or national organisation?)	<p>The Public Health Association (PHA) is a national organisation with a vision for ‘Good health for all – health equity in Aotearoa,’ ‘Hauora mo te katoa – oranga mo te Ao.’ The PHA provides a forum for information, debate, and action on public health issues in New Zealand.</p> <p>Members of the PHA work in the public, private and not for profit sectors and collectively hold a high level of expertise on a range of issues that affect wellbeing. The Wellington Branch has over two hundred members.</p>
<b>Executive Summary:</b> (Please provide a short summary of the key points of your Submission - 200 words)	<p>Overall we support the framework and principles of this strategy and applaud this government for acknowledging its commitment to the UN Convention on the Rights of the Child, while taking a longterm preventative approach to reducing child poverty in New Zealand through child well-being measures across government.</p> <p>Having said this, we are dismayed to see a glaring omission to the Strategy, within its wellness domain and focus area. We recommend this omission rectified and government take this opportunity to reiterate its commitment to making Aotearoa New Zealand Tupeka Kore, a Smokefree nation by 2025 with measures to control children’s exposure to tobacco consumption and retail.</p>

## Submission Content

We welcome the framework and principles shown in this strategy toward child and whanau well-being. We have been an active member of the Tick for Kids movement, advocating for many years an approach to poverty reduction that incorporates a strategy for ensuring the universal rights of children here to safety, security, connectedness, wellness and development. Poverty levels are not reduced over the longterm without this longterm preventative approach and so we applaud this strategy for thinking preventively, for the longterm achievement of equity for all New Zealanders.

We draw attention to the omission within the Wellness domain, however, of government's commitment to making Aotearoa New Zealand Tupeka Kore, a Smokefree nation, by 2025. We were also an active member of the Smokefree Coalition for many years, a collective advocating for evidence-based tobacco control measures. We support the immediate legislation of Smokefree Cars, to protect infants and children from exposure to smoking in cars, and hold you to all other recommendations of the Maori Affairs Select Committee report on the tobacco industry in New Zealand, and the consequences of tobacco use for Maori. With tobacco, as with other drivers of non-communicable disease, evidence is conclusive that regulatory measures targeting their industry and distribution are critical to reducing prevalence in our community. We urge you to include in this strategy for child well-being an extended commitment to adopting those evidence-based measures and to regulate the manufacture and marketing of tobacco products.

We note that the same attention to regulation is necessary and as thoroughly evidenced for addressing the industries of fast food, alcohol and other addictive products that leave children vulnerable when exposed. This strategy leaves children vulnerable to market exposure of harmful and addictive products when it fails to promise addressing through legislation and policy the control of their industries inside New Zealand.

Sincerely,

Prudence Stone

Co-Chair, Wellington Branch, Public Health Association.