



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.

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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:	Right Service Right Time
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?)	<p>An innovative service development designed to contribute to the wellbeing of Canterbury children, young people and their families/whānau, Right Service Right Time (RSRT) was established in 2009 by members of the Canterbury branch of Social Service Providers Aotearoa.</p> <p>RSRT is an alliance of over 40 NGO partners. It seeks to enhance access to services by reducing the complexities of navigating multiple service systems and pathways and offers flexible, tailored and personalised interventions at an early stage to enhance the likelihood of achieving desired outcomes.</p>

Executive Summary:

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

RSRT supports the general framing of wellbeing that is evidence-based, outcome focused and includes accountability mechanisms. It also supports the wellbeing domains which are similar to those in other international jurisdictions.

While RSRT supports the principles underpinning this framework, we think more is required in relation to Te Tiriti o Waitangi and that an additional principle (equity approach) should be added because of the Strategy's focus on mitigating the impacts of child poverty and socio-economic disadvantage.

RSRT supports the vision and proposed outcomes within the framework. Some suggested additions have been included in the 'development' and 'safety' outcomes. We have suggested including some family outcomes to emphasise the intrinsic link between children and their whānau. Moreover, we believe that the outcomes need to incorporate Māori world views.

RSRT supports the 16 priority areas and the 6 areas prioritised for action in the immediate term. However, we recommend two additional areas are prioritised:

- Families have access to affordable stable and good quality housing
- Children and young people with disabilities experience improved opportunities and outcomes.

Other areas that seem to be largely absent from the priority areas include activities specifically aimed at adolescents; refugee and migrant children; and the impact of the environment on children's and young people's wellbeing.

Ideas for improving wellbeing of children and young people include: integrated approaches; trauma-informed services; asset-based approaches; person-centred approaches; and resource communities.

Submission Content

Introduction

1. The Government is seeking public feedback on:
 - The framing of wellbeing for the initial strategy
 - The proposed vision statement for the initial Strategy
 - The proposed set of outcomes sought for children and young people
 - The 16 potential focus areas proposed for the initial Strategy
 - Ideas on improving the wellbeing of children and young people
2. Right Service Right Time (RSRT) congratulates the New Zealand Government on producing a proposed outcomes framework for the New Zealand's Child Wellbeing Strategy. RSRT welcomes the opportunity to contribute to this consultation process and offer a submission on the contents of the draft framework for the Strategy.

Framing of wellbeing

3. RSRT supports the general framing of the Strategy that is evidence-informed, outcome-focused and includes accountability mechanisms. The proposed outcomes framework for the Child Wellbeing Strategy considers:
 - The broader context (family, social, cultural) within which wellbeing takes place ¹
 - The individual, family and community factors that contribute to wellbeing. ² For example, the wellbeing of tamariki Māori is inextricably tied up with the wellbeing of their whanau. ³
 - The life course approach to wellbeing which promotes timely investment in interventions that target the needs of children at critical periods in their lifetimes and address the causes of inequalities and ill-being.
4. The wellbeing domains (safety, security, connectedness, wellness and development) generally cover those areas known in an number of international jurisdictions to contribute to the wellbeing of children and young people. ⁴ RSRT especially likes the linking of the words 'happy' and 'healthy' as there is evidence that links these physiological processes which affect health and wellbeing. ⁵

¹ Bronfenbrenner, L. (1979). *The Ecology of Human Development*. London: Harvard University Press.

² Biddulph, F., et al. (2003). *The Complexity of Community and Family Influences on Children's Achievement in New Zealand: Best Evidence Synthesis Iteration*. Wellington: Ministry of Education.

³ *Inquiry into the determinants of wellbeing for tamariki Māori*. Report of the Māori Affairs Committee. December 2013.

⁴ For example: 1) *Better Outcomes Brighter Futures*. The national policy framework for children and young people 2014-2020 (Ireland). 2) *The Toronto Child and Family Network (2013) Raising the Village: Measuring the Wellbeing of Children and Families in Toronto*. 3) *Australian Research Alliance for Children and Youth Report Card: The Wellbeing of Young Australians*.

⁵ De Neve, Diener, Tay and Xuereb (2013) the objective benefits of subjective wellbeing.

Pettay, R.S. (2008) *Health behaviours and life satisfaction in college students*. Doctoral dissertation Kansas State University.

5. RSRT supports the the principles outlined in the Child Wellbeing Strategy's proposed outcomes framework. However:

- More is required in the principle related to Te Tiriti o Waitangi – for example, include it in te reo; and include not only partnership in this principle, but all three principles partnership, protection and participation which underpin the relationship between the Government and Māori under Te Tiriti o Waitangi.
- In light of the Strategy's focus on mitigating the impacts of child poverty and socio-economic disadvantage across outcomes and focus areas, RSRT suggests that 'an equity approach' also be included as one of the principles. Such an equity approach seeks to understand the root causes of the disparities in child and young people's outcomes that exist and reduce the inequities within the population.

Proposed vision statement

6. RSRT supports the vision statement *New Zealand is the best place in the world for children and young people*. This vision statement provides a shared sense of purpose about the preferred future for New Zealand children and young people, it's inspiring, and the statement is easy to remember. RSRT would like to suggest that the word "all" be placed before the word "children" to emphasise the importance of equity.

Proposed outcomes

Safety

7. RSRT supports the safety outcomes sought which identify the personal safety of children and the conditions which allow them freedom from harm and exploitation. In light of New Zealand having the worse record for family violence in the developed world, we suggest that an outcome that relates to a reduction in abuse, neglect and family violence be included. In addition, RSRT suggests that the third outcome include children and young people are kept safe from 'intentional and accidental' injury, ...

Security

8. RSRT supports the security outcomes sought. These are important outcomes to be achieved in New Zealand with some 290,000 children affected by income poverty. Poverty means experiencing hunger and food insecurity, poor health outcomes, reduced life expectancy, debt, and unaffordable and poor quality housing. Some groups are more likely than others to be in poverty – beneficiaries, children, Māori, Pacific Peoples and sole parents.⁶

⁶ Source: <https://www.unicef.org.nz/in-new-zealand/child-poverty>

9. RSRT supports the explicit focus on mitigating the impacts of child poverty and socio-economic disadvantage across all the identified outcomes and focus areas. This includes analysing disparities of outcome between all children and those in poverty or relative socio-economic disadvantage, and assessing the likely effects of government policy that aims to mitigate poverty and socio-economic disadvantage.

Connectedness

10. RSRT supports the connectedness outcomes. Taking part in social activities, having good relationships and strong social networks are good for children's wellbeing. ⁷ Moreover, social networks can be an important tool for building resilience. ⁸

Wellness

11. RSRT supports the physical, mental health and emotional wellness outcomes for children and young people and the empowerment of children and young people to make positive decisions about their health. We hope that oral health is included in physical health as this is a major issue here in New Zealand and is linked to the experience of income poverty. ⁹ It is the most common chronic disease seen in children and one of the leading causes of hospital admission for New Zealand children. ¹⁰

Development

12. RSRT supports the development outcomes. Engagement in learning can affect people's wellbeing throughout their lifecourse and learning is associated with resilience. Early childhood education programmes are associated with increased cognitive skills, school preparedness and better academic achievement.
13. RSRT supports the focus on positive development before birth and the recognition of the importance of the first three years.
14. The wellbeing of mothers is mentioned and we support this. However, the healthy development of children and young people is contingent upon the wellbeing of all primary caregivers (fathers, grandparents, etc) and they should also be supported.

⁷ Lyubomirsky, S., King, L.A., & Diener, E. (2005). The benefits of frequent positive affect: Does happiness lead to success? *Psychological Bulletin*, 131, 803-855.

Myers, D.G. (2000). The funds, friends and faith of happy people. *American Psychologist*, 55, 56-67.

⁸ Cooke, A., et al. (2011). *Mental Wellbeing Impact Assessment: a Toolkit for Wellbeing*. 3rd Edition. London: National MWIA Collaborative.

⁹ Broadbent, J. (2018). Dental Disadvantage. *Otago University Magazine*. Issue 46.

¹⁰ Sural, P., & Beaglehole, R. (2018) Too soon for the tooth fairy: New report from CPAG. Retrieved from: <https://www.cpag.org.nz/news/too-soon-for-the-tooth-fairy-new-report-from-1/>

Other Outcome-Related Matters

15. We suggest that consideration be given to including family outcomes in light of the fact that child and family outcomes are intrinsically linked and strongly impact each other. For example, in the Toronto's Measuring Wellbeing of Children and Families in Toronto five family outcomes are measured – family health; resilience and support; lifelong learning; financial security; and community and culture. ¹¹
16. RSRT also believes that more is required of the outcomes to incorporate Māori world views. For example, the framework could include a collective-orientated interdependence outcome for rangatahi and/or align with Sir Mason Durie's Te Pae Mahutonga framework. ¹²

16 Priority Areas

17. The Government has identified 16 potential areas of focus in the strategy with six areas proposed for initial focus. All 16 areas have merit and RSRT supports the proposed initial areas for focus including:
- *Child poverty is reduced, in line with the Government's intermediate and ten-year targets* – means addressing homelessness; ensuring children have access to healthy food like fruits and vegetables and that they do not go to school hungry; that they live in a quality home that is affordable; and that they are able to participate in out-of-school activities.
 - *Children experience optimal development in their first 1000 days: safe and positive pregnancy, birth and parenting (conception to around two years)* – recognises that a healthy pregnancy is important for the neurological development of the child and the potential impact on child development of maternal anxiety and depression during pregnancy; that working with families in a way that supports attachment, encourages breast feeding and recognises early sign of post-natal depression is important; and that there is strong evidence that intervention during a child's early years can provide the type of support necessary to enhance children's health and cognitive development.
 - *Children are thriving socially, emotionally and developmentally in the early years (two to six years)* – recognises that severe adversities in the early years have a lifelong impact on a child's brain development, physiological reactions to stress and later mental and physical health. Devoting resources to supporting families and young children can potentially prevent these kinds of adverse outcomes.

¹¹ Raising the Village (2017). Retrieved from:

https://www.oise.utoronto.ca/atkinson/UserFiles/File/Events/20170602_Summer_Institute_2017/SI_2017_Presentations/Raising_the_Village.pdf

¹² Te Pae Mahutonga framework: Implementation Guide: Retrieved from:

https://www.healthychristchurch.org.nz/media/22388/te_pae_mahutonga.pdf

- *Children are safe and nurtured, in their whānau and their homes* – recognises the criticality of addressing New Zealand high rate of family violence
- *Children’s mental wellbeing is supported*
- *Children are free from racism, discrimination and stigma.*

18. While RSRT agrees with the need to prioritise the 6 areas of focus noted above, it would also suggest adding a couple of other areas for immediate action.

19. First, it is critical that *families have access to affordable, stable and good quality housing*. Housing is a key determinant of health and the absence of good quality housing has the potential to undermine the achievement of outcomes in other areas.

20. Second, RSRT supports prioritising *children and young people with disabilities experience improved opportunities and outcomes*. Disabled children and young people are often ‘invisible’ in policy settings despite the fact that they are 3-4 times at greater risk of abuse than non-disabled children and they have poorer health outcomes than the rest of the population. Moreover, disabled children are more likely to live in poverty and there are barriers to children’s inclusion and full participation. Additionally, the Government has an obligation under the Te Tiriti o Waitangi to promote the interests of Māori children who are disproportionately affected by poverty and disability.

21. A good number of children have learning disabilities. This can have serious implications for wellbeing and self-esteem as well as their ability to build mental capital. Two relatively common issues are dyscalculia and dyslexia. RSRT supports the implementation of interventions targeting these two issues including early family interventions in their homes and school and teacher-based interventions.¹³

22. Additionally, there does not seem to be any areas of focus specifically aimed at adolescence despite the fact that the Government’s Chief Science Advisor stated that this is a critical brain development period for young people.

23. Nor is there any specific area of focus for children who are refugees and migrants.

24. Another area for consideration is the impact of the environment on the wellbeing of children and young people. The environment that forms the physical context for their lives comprises the places where people live, learn work, play, and socialize,

¹³ Foresight Mental Capital and Wellbeing Project (2008). Final Project Report. London: The Government Office for Science.

the air they breathe, and the food and water they consume.¹⁴ For example, the built environment should be accessible for all, enable healthy life styles for children and families and provide a place to play. Child friendly cities also exemplify the connection between the environment and child wellbeing.

Ideas for Improving the Wellbeing of Children and Working Together

25. RSRT suggests some ideas for improving the wellbeing of children and young people including;

- Integrated approach

Integrated approach

26. Integrated intervention planning and delivery between various service sectors, is an efficient and cost-effective way to achieve the best possible outcomes for families and communities. Integrated approaches to working with children and their families has been shown to have benefits for children and their families, as well as agencies. An integrated approach for children and their families would involve a diverse range of agencies (health, social development, education, police, etc) and professionals (social workers, youth workers, psychologists, teacher, allied health workers, etc.) delivering a continuum of services (from preventative to targeted and specialised) tailored to each child's needs over time, delivered through formalised collaboration and coordination¹⁵

27. Across multiple international jurisdictions there has been a shift to integrated service delivery models and this concept underpins many of the social policy initiatives for children and their families. This has, in part, occurred due to increased service demand, rising costs and staff shortages. Moreover, organisations working in silo are unable to deliver services in a manner required by clients and their failure to work together has resulted in tragic consequences for

¹⁴ Morris, G., & Saunders, P. (2017). The Environment in Health and Wellbeing. Oxford research Encyclopaedia of Environmental Science. Online publication: DOI: 10.1093/acrefore/9780199389414.013.101

¹⁵ Geinger, F., Van Haute, D., Roets, g., & Vandebroek, M. (2015). *Integration and alignment of services including poor and migrant families with young children*. Background paper for the 5th meeting of the Transatlantic Forum on Inclusive Early Years Dublin, January 2015. Belgium: Department of Social Welfare Studies, Ghent University.

Owens, S. (2010). *An introductory guide to the key terms and interagency initiatives in use in the Children's Services Committees in Ireland*. Dublin, Ireland: Centre for Effective Services

World Health Organisation (2008) *Integrated Health Services – What and Why?* Technical Brief No.1. Geneva: World Health Organisation.

Campbell, L. (2018). Canterbury Children's Team: A system-wide investigation into the waitlist to access support by children and their families/whānau. Christchurch: Oranga Tamariki

children¹⁶ Hence, an integrated approach is regarded as an efficient and effective way of delivering services to children and families experiencing multiple and complex needs. Moreover, integration facilitates continuity – both horizontal continuity and vertical continuity. Horizontal continuity occurs when “the child and their family move across settings at one point in time,” while vertical continuity refers to a child’s developmental transitions over time. Facilitating greater continuity means fewer transitions for the child, more recognition of the child’s needs, better and more consistent services and more consistent expectations from families.

28. Some examples of integrated approaches include: Partnership for Family Success (USA); Wraparound (Canada); Children’s Trusts Pathfinders Programme (United Kingdom); Troubled Families (England); Multi-agency Safeguarding Hubs (England); Getting It Right for Every Child (Scotland); Child FIRST and integrated Family Services (Victoria, Australia); Strengthening Families (New Zealand); Whanau Ora (New Zealand).

Trauma Informed Services

29. Trauma-informed services make reference to a number of founding principles that children and young people report that they are looking for from services. They state that they are looking for an integrated range of services that meet their changing needs and take into account their personal and environmental circumstances; services that facilitate their voices being heard; and, services that treat them with respect, offer them information, and interventions that are timely and proactive.
30. Moreover, such integration into practices enables workers to support the whole person; operate from the knowledge that people’s reactions are a normal response to trauma; and, support people in a way that is respectful of their dignity and choices. The elements of trauma-informed services include: safety, trust, choice and control, collaboration, empowerment and cultural relevance.¹⁷

Asset -Based Approach

31. It has been argued that one of the reasons behind wellbeing programme failure in the implementation phase is overemphasis on the “deficit model”, an approach characterized by assessing problems and needs rather than identifying the conditions required by individuals and communities to maximize their health and wellbeing potential. The “asset model” provides a systematic approach to

¹⁶ Brown K., & White K. (2006). *Exploring the evidence base for integrated children's services*. Edinburgh: Scottish Executive Education Department.
<http://www.scotland.gov.uk/Publications/2006/01/24120649/0>

¹⁷ Bein, K. (2010). *Core services and characteristics of rape crisis centres*. Des Moines IA: Resource Sharing Project/Iowa Coalition against Sexual Violence.
Bein, K. (2011). *Action, engagement, remembering: services for adult survivors of sexual abuse*. National Sexual Assault Coalition Resource Sharing Project.
Campbell, L. (2015). *Sexual Assault Support Service for Canterbury: Research to Inform Service Design*. Christchurch: Aviva <https://www.avivafamilies.org.nz/News-Events/Research-Projects/>

identifying a set of key assets for health and wellbeing and the most effective approaches to promoting health and development. The asset model shows how personal and environmental resources can be harnessed to support wellbeing.¹⁸

Child-Centred Approaches

32. A child- and family-centred approach means putting children, young people and their families at the centre of decisions and seeing them as experts, working alongside professionals to achieve the best outcome. The person-centred approach is guided by a number of values (individuality, rights, choice, privacy, independence, dignity, respect, partnership, consent) and has been found to improve outcomes for clients.¹⁹
33. The participation of children and young people in decision-making in matters concerning them is important in an accurate assessment of their needs and has the potential to build their self-esteem, connectivity and sense of wellbeing.

Resource Communities

34. Community and family support services require ongoing investment to reduce the impacts on child health and wellbeing. Government must be helped to understand that interventions may take time to have an effect, and that consistent and reliable funding must underpin evidence-based interventions.
35. While national evidence-based frameworks and resources are required, implementation needs to be embedded in and tailored by local communities and run by local people. Rather than one size fits all providers, local people are best placed to serve local children and their whānau. This is because they have relationships with them, understand their issues which means that they have a greater potential to respond effectively and they have an ongoing commitment to community outcomes.

Overall RSRT supports the evidence-based, proposed outcome framework for the Child Wellbeing Strategy. The challenge is to turn the evidence into effective practice and this will take the collaborative efforts of all sectors.

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.

¹⁸ WHO (2016). *Growing up unequal: gender and socio-economic differences in young people's health and wellbeing*. Denmark: WHO.

¹⁹ Dwamena F, Holmes-Rovner M, Gaulden CM, Jorgenson S, Sadigh G, Sikorskii A, Lewin S, Smith RC, Coffey J, Olomu A. Interventions for providers to promote a patient-centred approach in clinical consultations. *Cochrane Database Syst Rev* 2012;12:CD003267

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