



## 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](mailto: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.

<b>Contact Name:</b>	9(2)(a)
<b>Email Address:</b>	
<b>Phone Number:</b>	
<b>Organisation Name:</b>	Stop Institutional Racism
<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>This submission is written on behalf of and has been endorsed by STIR: Stop Institutional Racism. Formed in 2013, STIR is a network of public health professionals and activist scholars committed to ending institutional racism within the administration of the public health sector. The current membership include Dr 9(2)(a)</p> <p>Collectively we have decades of experience working within the public health sector.</p>
<b>Executive Summary:</b> (Please provide a short summary of the key points of your Submission - 200 words)	<p>The presented outcomes framework fails to position the te Tiriti o Waitangi (the Māori text) as the core public health policy and incorporate Māori world views, mātauranga Māori, Māori control or leadership. For example the framework promotes (individual-orientated) autonomy and independence for rangatahi as a desired outcome rather than (collective-orientated) interdependence. Through the historic (and contemporary) breaches of te Tiriti and colonisation the infrastructure of Māori society was devastated and these prerequisites of health were destroyed. To improve the wellbeing of Māori tamariki and rangatahi this devastation needs to be repaired economically, culturally and spiritually.</p>

## Submission Content

### Macro Feedback

1. From our perspective te *Tiriti o Waitangi* (the Māori text) is the core public health policy. Therefore all government plans, policy, legislation and monitoring/outcome frameworks need to engage with te Tiriti. This outcome framework currently only makes a fleeting reference to the *Treaty of Waitangi* (the English version). It is more correct under the doctrine of *contra proferentem* to refer to the Māori text.
2. The presented outcomes framework fails to incorporate Māori world views, *mātauranga Māori*, Māori control or leadership. For example the framework promotes (individual-orientated) autonomy and independence for rangatahi as a desired outcome rather than (collective-orientated) interdependence.
3. In *Te Paparahi o te Raki* (Waitangi Tribunal, 2014) the Waitangi Tribunal ruled that Ngāpuhi never ceded sovereignty to the British. We believe this reinforces the notion that social policy in Aotearoa needs to be Māori-led and tailored to address Māori needs and aspirations. With an eye to the future, this also adds weight to recommendations from *Matike Mai Aotearoa* (2016) that Aotearoa need to engage in a process to bring about constitutional transformation and realignment with te Tiriti o Waitangi. We believe these recommendations should be implemented as they will help create an environment in which tamariki and rangatahi can achieve their potential.
4. Rather than the current framing we suggest you align the outcomes framework with Sir Mason Durie's (1999) *Te Pae Mahutonga* framework. This framework has two prerequisites for healthy populations, *ngā manukura* (Māori leadership) and *te mana whakahaere* (autonomy). It also points to four key tasks in relation to health: *mauriora* - facilitating access to te Ao Māori and strengthening cultural identity, *waiora* - ensuring environmental protection, *toiora* - promoting healthy lifestyles and *te oranga* - facilitating participation in society. We believe a Māori orientation will improve holistic outcomes both for Māori and non-Māori.
5. Māori are not one of many ethnic groups in New Zealand they are *Tangata Whenua*; the indigenous peoples. As such under the *Declaration of the Rights of Indigenous Peoples* (DRIP) (UN, 2007) Māori have particular rights in relation to health. These rights apply to adults and children alike. DRIP should be explicitly incorporated into the outcome framework.
6. It is great to see inclusion of the *Convention on the Rights of Children*. We would like an explicit outcome about tamariki and rangatahi being free of all forms of discrimination. For instance, racism, sexism, homophobia, ableism etc.
7. From the Ottawa Charter (WHO, 1986) we know that certain prerequisites of health need to be in place for any person or group of people to meet their wellbeing potential. These include peace, shelter, education, food, income, a stable eco-

system, sustainable resources, social justice, and equity. Through the historic (and contemporary) breaches of te Tiriti and colonisation the infrastructure of Māori society was devastated and these prerequisites of health were destroyed. To improve the wellbeing of Māori tamariki and rangatahi this devastation needs to be repaired economically, culturally and spiritually.

8. Adult poverty causes child poverty. The average Māori household income in 2013 was \$22,500 (Statistics New Zealand, 2013)<sup>1</sup>. The current Māori unemployment rate in New Zealand is 9.65% and the Māori underemployment rate<sup>2</sup> is 20.8% (Statistics New Zealand, 2018). The standard single adult job seeker benefit (without supplements) is \$12,511 annually (Work and Income New Zealand, 2018). The current adult minimum wage in New Zealand (assuming a 40 hour week) is \$34,320 annually (Employment New Zealand, 2018). In 2018 the living wage<sup>3</sup> in New Zealand was defined as \$46,500 (Living Wage Aotearoa New Zealand, 2017). This data shows that Māori children and rangatahi frequently live in circumstances that put their health at risk. Māori whānau need sufficient income to provide the prerequisites of health for their tamariki.
9. Given the number of Māori parents that are in prison and separated from their children we propose that extraordinary actions be taken to reunite Māori families. This could be achieved by a high level policy committing to the significant downsizing of our prison populations. Investment would be required to ensure families are resourced to have access to the prerequisites of health.

### **Other Feedback**

10. Given the controversy surrounding the current Royal Commission of Enquiry into Children in State Care it seems important to make explicit reference to strengthening the commitment to ensure that there are Māori led strategies to avoid the placement Māori tamariki and rangatahi into state care. In cases where this may not be possible to ensure that safe and high quality care is in place.
11. We recommend your outcomes explicitly address both intentional and unintentional injury.
12. Te Reo Rangatira deserves greater prominence in the outcome framework. We believe all New Zealanders should be frequently exposed to Te Reo and going forward it should be compulsory in schools for both Māori and non-Māori. Language is a pathway to a culture and improved race relations.

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<sup>1</sup> The census definition of a household is either one or two or more people, that usually live together and share facilities in a private dwelling.

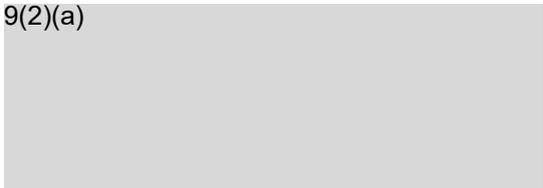
<sup>2</sup> Underemployment captures people who have a job but want more hours or are looking for work and aren't available to start within the next month.

<sup>3</sup> The living wage is calculated from the household survey data and other sources to determine the real costs of essential family needs as well as energy, health, communication and education costs.

13. If the kaupapa is the wellbeing of rangatahi we propose that young people 16 years and over should be granted the right to vote. This would ensure they had the opportunity to participate in decisions that impact on all aspects of their lives. Such emancipation would help reorientate social policy to address the realities of the lives of rangatahi.
14. Child trauma is often the result of adult trauma. We support the treatment of child trauma but suggest returning a child to a family unit with a traumatised adult will not achieve the hoped for outcomes. We propose embracing a whānau ora approach to trauma treatment and care to break the cycle of intergenerational trauma.
15. The terms positive and good are used occasionally through this framework. It is unclear who gets to define these terms and they have moral undertones in their usage. We suggest you reframe to remove the terms.

Naku noa na

9(2)(a)



For STIR: Stop Institutional Racism

### References

- Durie, M. (1999). Te pae mahutonga: A model for Māori health promotion. *Health Promotion Forum Newsletter*, 49, 2-5.
- Employment New Zealand. (2018). Current minimum wage rates. Retrieved from <https://www.employment.govt.nz/hours-and-wages/pay/minimum-wage/minimum-wage-rates/>
- Living Wage Aotearoa New Zealand. (2017). 2017 living wage rate: \$20.20. Retrieved from [https://d3n8a8pro7vhmx.cloudfront.net/nzlivingwage/pages/263/attachments/original/1487586293/The Living Wage Rate Announcement 2017 alternativev2.pdf?1487586293](https://d3n8a8pro7vhmx.cloudfront.net/nzlivingwage/pages/263/attachments/original/1487586293/The_Living_Wage_Rate_Announcement_2017_alternativev2.pdf?1487586293)
- Matike Mai Aotearoa. (2016). *He whakaaro here whakaumu mō Aotearoa*. New Zealand: Author.
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- UN. (2007). *Declaration on the Rights of Indigenous Peoples*. New York, NY: Author.
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Work and Income New Zealand. (2018). Benefit rates at 1 April 2018. Retrieved from <https://www.workandincome.govt.nz/products/benefit-rates/benefit-rates-april-2018.html#null>

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.



8<sup>th</sup> November 2018

**Re: Submission on the Child and Youth Wellbeing Strategy Proposed Outcomes Framework**

To Whom it May Concern,

Thank you for the opportunity to participate in the development of child and youth outcomes framework. This submission is written on behalf of and has been endorsed by STIR: Stop Institutional Racism. Formed in 2013, STIR is a network of public health professionals and activist scholars committed to ending institutional racism within the administration of the public health sector. The

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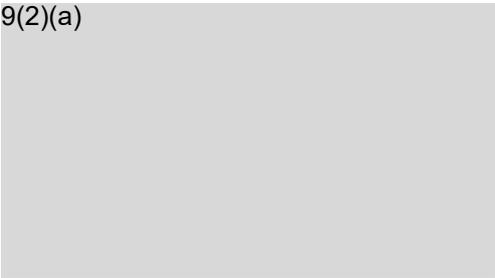
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Naku noa na

9(2)(a)



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