



## 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).


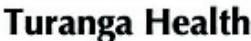


- Where this is the case, the information has been withheld, and the relevant section of the Act that would apply, has been identified.
- Where information has been withheld, no public interest has been identified that would outweigh the reasons for withholding it.

#### 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

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<b>Organisation Name:</b>	Te Hauora o Turanganui a Kiwa
<b>Organisation description:</b>	<p style="text-align: center;">    </p> <p>Our organisation: Turanga Health is an iwi health provider and general practice with 60 staff including one GP and 10 nurses. Built on a vision of ‘kia whai oranga-a-whanau mo nga whakatipuranga’ or ‘building family wellness for future generations’ we offer holistic care for the three Turanga iwi: Ngai Tamanuhiri, Rongowhakaata, and Te Aitanga a Mahaki, and open our door for all patients. We run dozens of health and wellness programmes helping whanau with smoking cessation, mental health support, nutrition, health and fitness, Well Child services, oral health and prevention of drug and alcohol harm.</p> <p style="text-align: center;">  </p> <p>Our service: Community Action on Youth and Drugs (CAYAD) is funded by the Ministry of Health to reduce the harm young people experience from alcohol and other drugs. The programme is guided by the National Drug Policy 2015-2020 and operates in 21 locations throughout Aotearoa New Zealand. CAYAD coordinators support leaders from communities, organisations and young people to collaborate and create lasting changes in their environment that will promote wellbeing and reduce the risk of harm. CAYAD projects are informed by local, cultural and academic evidence. Our work includes improving policies, systems and practices; community action to reduce supply of alcohol and other drugs; and increasing opportunities for young people to be healthy and reach their full potential.</p>

**Executive Summary:**

*“Too Blessed to be Stressed!”*

Our submission seeks to tautoko the whakaaro of some of our local rangatahi here in Tairawhiti and that of the National CAYAD coordination team, as well as offer some key recommendations from our perspective. We support the vision for wellbeing and strongly support the focus on first addressing the major social determinants of health and wellbeing (poverty, housing, education and employment needs, and discrimination) to prevent and reduce future health, mental health and addiction problems. Policy decisions across various sectors can significantly impact wellbeing and treating health and environmental issues in silos doesn't work. To ensure this strategy makes a difference to the lives of our tamariki, rangatahi and whanau now and into the future, all government policies and regulations need put wellbeing at the forefront. Our key points include making significant investments into schools, addressing the structural and systemic causes of wealth inequality and committing to building health promoting environments through restricting alcohol advertising, reducing alcohol availability, and increasing alcohol tax and prices.

*\*All quotes in italics are from 2018 consultations held with rangatahi aged between 13 – 17 from Tairawhiti, some of who are in school and some who do correspondence learning.*

## Submission Content

**1.0 Firstly we support the following recommendations put forward by our CAYAD National Coordination team that every policy decision be measured against its effect on the wellbeing of people and the wellbeing of the environment.**

1.1 The strategy should cement wellbeing as a guiding outcome for all policy in Aotearoa New Zealand – similar to a “**health in all policies**” approach. This would mean every policy decision is assessed against and seeks to maximise its impact on advancing the wellbeing outcomes, with appropriate monitoring. A suitable cross-departmental group with an appropriate level of political independence could be established to provide this analysis and advice.

1.2 The **environmental impact of all policy decisions** should be prioritised in the same way, with independent assessment and monitoring. The environment is integral to the wellbeing of Maori and to the health of all New Zealanders. Further still, the urgent need to take effective action on limiting climate change is inextricably linked to future wellbeing.

**2.0 Outcome 5: Child poverty is reduced, in line with the Government’s intermediate and ten year targets and Outcome 6: Children and young people experience improved equity of outcomes, with services helping address the impacts of poverty, low socioeconomic status and disadvantage**

2.1 We support the intent and importance of these outcomes, however we recommend that the focus should also include reducing income and wealth inequality. The patterns of wealth accumulation and distribution in New Zealand are extremely unequal, with the richest 10% of the population owning 59% of wealth and the poorest 50% owning just 2% of the country’s wealth. <https://thespinoff.co.nz/society/31-07-2018/the-side-eye-inequality-tower-2018/>. It is important that the economic systems, policies and practises of Aotearoa do not continue to perpetuate this disparity which pushes more and more children, young people and their whanau into poverty. We commend the focus on providing services that help address the impacts of poverty however for sustainable change in wellbeing, the structural causes and influences of poverty must be addressed.

*“Fix the problem!”*

2.2 To improve equity of outcomes it is essential to invest in prevention and also implement regulations that protect low socioeconomic communities from commercial interests that generate more alcohol related harm and collect profit from increased hazardous drinking.

*“Why is there cheaper alcohol in Elgin and Kaiti?”*

*“They target low income communities to make money.”*

*“People can be less equipped to deal with pressures of life.”*

*“People get more addicted, then spend more money.”*

### 3.0 Outcome 12: Children’s and young people’s mental wellbeing is supported.

We support the following recommendations put forward by the CAYAD National Coordination team.

- 3.1 Fund health teams based in schools: On-site health teams have helped reduce rates of depression and suicide attempts in low decile schools:  
<https://www.radionz.co.nz/news/national/329817/few-schools-have-enough-resources-for-mental-health>
- 3.2 Developing positive school and recreational environments where young people can remain connected to other positive influences is vital to their long-term resilience and reduced reliance on AOD. As CAYAD is supporting Tuturu, a new programme piloting a school-wide approach to wellbeing and to reducing harm from AOD, we hope this continues to be supported and as appropriate expanded to more schools. See: <http://tuturu.org.nz>
- 3.3 Expand screening and brief intervention for alcohol and other drugs in relevant primary health, community health and justice settings.
- 3.4 Decriminalise drug use and instead enable easy referral to screening, intervention (where necessary) and treatment. This will be an important first step in building a more supportive environment for people experiencing drug related harm and to increasing access to services.

*“Suicide prevention! Mental health system should improve their support, so that we can prevent tragedies that don’t need to be happening and could be stopped.”*

*“Help for my dad to get off meth.”*

*“No more deals on the side of the road.”*

### 4.0 Outcome 13: Children and young people are supported to make positive decisions

We support the following recommendations put forward by the CAYAD National Coordination team.

- 4.1 The wording of Outcome 13 focuses only on informed choice. It must also include a statement on **building health-promoting environments around young people, where healthy choices are easier to make**. The outcome wording at present does not leave room to address the large impact that alcohol marketing, high levels of availability and social norms have on consumption choices.\* Conversely, there is no evidence that expensive mass media campaigns to inform people of healthy choices around alcohol lead to changes in behaviour. Alcohol has many impacts on young people’s wellbeing, as it contributes to family violence, suicide and self-harm, sexual violence and unprotected sex.

\* Past estimates report \$400,000 is spent per day in New Zealand on sophisticated alcohol marketing which paints alcohol as integral to our lifestyle. Alcohol remains very cheap and highly accessible, more so in poorer communities. A recent study of young people in Wellington found children were exposed to alcohol marketing on average 4 to 5 times per day. The rate of exposure for Maori children was 5x higher, and for Pasifika children 3x higher than the average. We

know this reduces the age at which young people start drinking, and increases the amounts they drink.

4.2 The World Health Organisation and [international literature on alcohol](#) highlight that increasing prices and reducing exposure to marketing are among the most cost-effective measures to reduce harmful consumption of alcohol, particularly by young people. We (and a majority of the public) strongly support implementing the Law Commission's recommendations to reduce young people's exposure to alcohol marketing by

- a) placing legal restrictions on alcohol advertising and marketing and further suggest prohibiting alcohol advertising online
- b) progressively removing alcohol sponsorship of sports, recreational and cultural events

Additionally,

4.3 Alcohol Health Watch (2018) states strong links exist between the reduction of alcohol availability and reducing suicides and increases in alcohol taxes have been shown to reduce young male suicides.

*"There's enough bottle stores already."*

#### **5.0 Outcome 16: All children and young people have an equal chance to gain the skills, knowledge and capabilities for success in life, learning and work**

5.1 Currently Tairāwhiti does not have the local capacity to assess and diagnose Foetal Alcohol Spectrum Disorders nor have the necessary training and supports been put in place to assist young people with FASD, their whānau and educators. We recommend investing in the assessment, support and education of young people who have a neurodisabilities or are neurodiverse.

We also support the following recommendation put forward by the CAYAD National Coordination team.

5.2 School is a very important protective factor for young people. However, school policies that suspend and exclude students for AOD matters remain common even though the student in question may need significant support. We recommend a nationwide policy requiring schools to make every effort to assess their needs and offer support, with exclusion only possible when other efforts have failed.

*"Stop drugs in school – better health care."*

*"When everyone is being nice. No one being mean and not judging people if they can't spell or write."*

*"More opportunity in school, learning life skills instead of irrelevant maths equations/ Better subjects to take at school to set us properly for life and the real world."*

*"Make Te Reo Māori compulsory."*

*"More qualified Māori teachers."*

*"More Māori moderators/exam writers from Gisborne."*

*"Well paid teachers because better pay means better education. Positive and clean environment. Supplied with accessories such as; books, food, shoes etc."*

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