



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:	9(2)(a)
Email Address:	
Phone Number:	
Organisation Name:	<p>Children’s Team-Te Tai Tokerau, Whangarei Panel</p> <p>Please note the views expressed in this submission are those of the individual participants and do not necessarily represent the views of the parent organisations in which they are primarily employed.</p>
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>The role of the Panel is to provide multi-disciplinary oversight to the Lead Professional/Child’s Action Network throughout the referral and assessment, planning, implementation and review (APIR) process steps of the Children’s Team approach.</p> <p>9(2)(a)</p>

Executive Summary:

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

Key discussion points**Strategic investment****Financial sustainability of our community organisations****First 1000 days****Equity****Enhancement of school based health services****Inclusive community engagement****A whole of government approach.****Ensuring there is a focus on a trauma informed approach to address intergenerational and historical harm and trauma.****Information technology platforms****Specific learnings from the Northland Children team**

Submission Content

The Whangarei Panel for the Te Tai Tokerau Children's Team enthusiastically welcomes the Child and Youth Wellbeing strategy and the proposed outcomes framework. Bipartisan agreement for the Child Poverty Reduction bill has been an historic moment for New Zealand and we hope the beginning of a tremendous opportunity to radically redesign how we approach aspects of our healthcare design and delivery. Particularly in areas with significant and longstanding inequitable health outcomes.

We believe that the Framework can be strengthened by including, considering or in places emphasising the following:

Strategic investment

This strategy must be implicit in its commitment to a much more equitable health investment with a reallocation to earlier life course spending. We support the concept that waiting times for diagnosis, assessment and treatment in health care should be matched to a life course model. It is unethical for waiting lists for children to be measured in similar timeframes to adults when this represents a much greater window of lost or reduced opportunity. We believe that strategic investment should be prioritised to populations of core interest to Oranga Tamariki.

Financial sustainability of our community organisations

Communities need to be responsive to their own health needs. Much of this is dependent on the development and maintenance of authentic relationships and trusted connection. Longitudinal care of families with intergenerational trauma and/or disability is crucial. In the present funding environment it is very challenging for many NGOs to survive between successive contracts and retain quality staff. For our most vulnerable families, trauma informed mantras would include '*support for as long as it is needed*' and '*don't ever give up*'. NGOs need the financial stability and legitimate contracts to achieve this. On the flipside we need strong leadership from the Ministry of Health and DHBs and the requirement of community services to deliver evidenced based intervention. The later is dependent on allowing adequate time from implementation for meaningful change.

First 1000 days

The lifecourse perspective, informed by a vast body of research including our own very strong New Zealand datasets needs to underpin the foundation for the design of our health care services. Access to quality, flexible, aspirational and nurturing antenatal care in community designed culturally appropriate models. Highly accessible quality infant mental health is necessary. Models of integrated care that support families for as long as needed is required. This is in order to preserve the caregivers capacity to engage in crucial windows of developmental opportunity such as bonding and attachment. These enable lifelong anchors for wellbeing and are highly cost effective investments.

Equity

We would like to see a much clearer definition of how this will be prioritised. Improving equity is insufficient. Health outcomes for Northland Maori have been at the centre of our dialogue, however we have witnessed tremendous amounts of undiagnosed or under supported disability within our core population. Addressing inequities in other minority groups as well as LGBTQI young people. Unbundling the ongoing impact of colonisation, institutional racism, discrimination and stigma and how we have created a situation where we have normalised low health expectations for groups within our communities.

Enhancement of school based health services and youth based health services with better integration between other key stake holders. New Zealand has considerable expertise in Youth health. This sector should be supported to continue to develop and lead community and school based youth health services.

Inclusive community engagement

- Co-design with communities.
- The voice of our children, youth must resonant and have influence.
- Research and workforce training to enable this
- We need to be creative about youth participation and employment opportunities within health sector. This means allowing our youth to lead this.
- Connection and belonging
- Tikanga Maori
- Whakapapa to connect children to whanau, hapu and iwi.
- Strengthening a Te Ao Maori understanding of wellbeing in the framework.
- Aspirational approach at all times
- More inclusive language throughout the strategy – this is mixed at present.

A whole of government approach.

What silos can we dismantle? What aspects of the health model are better served with an integrated collaboration between traditionally separate government sectors? What is the child and youth impact assessment on all proposed legislation akin to a 'Child in all policy' concept? Wellbeing must be considered in its broadest sense with partnerships across health, education, housing, justice, UNCROC, Treaty of Waitangi and economic development.

Ensuring there is a focus on a trauma informed approach to address intergenerational and historical harm and trauma.

This needs to apply for both victims and perpetrators of violence.

This needs to extend to highly accessible trauma informed parenting support for parents and caregivers, particularly for populations of core interest to Oranga Tamariki. This needs to happen wherever possible, before the disintegration of a young person's whanau and placement.

Trauma informed support for our young people within the educational sector. So often our children are perceived as 'naughty' or 'difficult' with their complex behaviours and high rates of adverse childhood experiences. These young people need expert help and unwavering love.

Allocation of significant resource and expertise to children exhibiting emotional distress, complex behaviours and poor emotional regulation in the context of significant Adverse Childhood Experiences (ACEs). Waiting for children to move into formal diagnostic criteria, or the justice system is unethical. Health and education professionals are often felt they have limited options for support. Often the traditional gateways for 'support' or 'diagnosis' are an oversimplification and inadequate way to address these early red flags in a young person's life. An analogy is when a child comes into ED and they cannot breathe, we urgently begin a treatment program starting with oxygen. When a child comes into contact with services, via Gateway, ICAMHS or various doors, exhibiting extreme behaviours, it can be clear that this child is so overwhelmed, analogous to a child being unable to breathe in the traditional medical sense. We need to understand the urgency of this problem with clear pathways to access expert child psychology along with highly resourced multi-disciplinary community teams.

Information technology platforms which allow integrated care across sectors and within New Zealand.

A national electronic IT platform could support regional and national integrated care. There are arguments for this platform to be integrated across government sectors. This needs to be balanced against trust in data collection, Maori data governance as well as appropriate linkages and privacy settings. Currently information sharing is hampered and cumbersome.

Key learnings from the Children’s Team approach in Whangarei

- Failure of many families to achieve sustained change with models of care aimed at transient involvement instead of longitudinal care.
- Significant evidence of undiagnosed and unmet disability related need.
- High intergenerational ACE scores requiring expertise in trauma informed care focussed on hope, aspiration and belonging.
- A significant need for improved access to clinical and educational psychology.
- The desire to keep lead professionals employed by their parent organisation, however this can only be achieved if the work they do is remunerated. Currently the viability of NGOs providing lead professionals to the childrens team is fragile.
- Need for local determinants of solutions
- A clinical advisory panel needs to be created to work in conjunction with administrators and policy decision makers in order to ensure access to a range of disciplines and support for both the children, youth and adults within the Whanau. For example: Clinical psychology, psychiatry, social work, educational psychology, occupational therapy, disability support and behavioural support specialty.
- Broader access to disability support: for example, FASD diagnosis, borderline intellectual functioning, etc.
- An absolute need to reduce alcohol and other drug related harm. From conception, through to family dysfunction, risk taking through to avoidable disability, morbidity and mortality.
- A strong desire to maintain the Children’s Team approach within Northland with the above caveats.

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.