



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:	94 9(2)□(a)
Organisation Name:	Triple P New Zealand
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>Triple P New Zealand Ltd (Triple P NZ) is a social enterprise providing training, resources and implementation support to organisations seeking to create healthier communities by improving children’s and parents’ mental health, reducing child abuse and neglect and improving children’s positive development outcomes to create better opportunities across the lifecourse.</p> <p>Triple P NZ has partnered with government and other agencies to provide light-touch and more intensive parenting support programmes in some areas across New Zealand.</p> <p>Currently, The Ministry of Health currently funds Triple P programmes through Waitemata, Counties Manukau, MidCentral and Bay of Plenty DHBs. This includes Level 1 Universal Triple P (parent information media campaign) and Level 3 variants of Triple P (Primary Care Triple P and Triple P Discussion Groups). A Family Outcomes Report commissioned by the Ministry of Health found significant benefits for parents and children who participated. Parents reported their children’s behaviour improved, the programmes were of high quality, they had received the help they wanted and they would come back for more help if needed in the future.</p>

Executive Summary:

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

The Government's Child Wellbeing Strategy aims to ensure Aotearoa New Zealand's children are supported to have good mental and physical health, have opportunities to fulfil their educational potential, cultural and social connection, and are part of a supportive, loving family and a safe and healthy community.

This aspiration is set against a context in which significant numbers of children across the country have identified behavioural issues and an even larger number of parents have acknowledged they struggle with parenting. On top of this, children and families from areas facing multiple levels of disadvantage are at far greater risk of a range of issues which can affect their outcomes across the life course.

The randomised controlled trial of Te Whanau Pou Toru, a cultural adaptation of the Triple P – Positive Parenting Program, is an exploratory study which strongly supports the notion that a universal approach to providing evidence-based parenting support across the country, based around or incorporated with Te Whanau Pou Toru, will be highly successful.

Triple P is one of the world's most extensively evaluated parenting programmes. The Triple P system has been shown to reduce child maltreatment rates at a community level, and improve children's and parents mental health outcomes.

Submission Content

- Aotearoa New Zealand is on the way to creating a nation in which children are supported by their family and community to have the best possible start in life.
- The scientific advisory committee to the Child Wellbeing Strategy – Scope and Public Engagement Process recognises the critical influence whānau have on children’s wellbeing and, in particular, the need to provide evidence-based support according to the principles of proportionate universalismⁱ.
- Triple P New Zealand (TPNZ) contends that proportionate universalism, as outlined by Sir Michael Marmotⁱⁱ, means that family support needs to be available for everyone, with those most in need receiving the most support.
- *Vision Mātauranga Unlocking the Innovation Potential of Māori Knowledge, Resources and People*ⁱⁱⁱ commissioned by the Ministry of Research, Science and Technology points out that Māori success is New Zealand’s success: “*Important outcomes for Māori include what everyone else values as well, like good health and a high standard of living. A further outcome for Māori is to be able to live as Māori.*”
- Taking a proportionate universalist approach to support all New Zealand families should therefore involve supporting the development of iwi-led strategies to improve children’s wellbeing and collaborating with multiple agencies to develop whole-of-government approaches, as outlined by *Vision Mātauranga*, so that evidence-based support is funded by multiple government portfolios and available to families across a large number of different community settings.
- An evidence-based parenting programme capable of taking a proportionate universalist approach which combines universal and targeted approaches and which also incorporates community co-design of service delivery can help break down existing silo-based delivery of services and create a cross-government system of support for all families, with those most in need receiving the most support.
- Te Whānau Pou Toru, an exploratory study and randomised controlled trial, strongly supports the universal delivery of evidence-based parenting support services which integrates a cultural participatory adaptation model with strong community engagement so iwi can lead the delivery of support within their communities.

The framing of child wellbeing

Triple P New Zealand Ltd (TPNZ) agrees with the cross-departmental science advisors’ framing of child wellbeing as being based on a child having good physical and mental health, intact and well-functioning language and cognition, an age-appropriate social-emotional skill-set, friendships and social connection, and a robust cultural/self-identity.

TPNZ also supports the science advisors’ identification of the most critically important contextual factors that support a child’s positive well-being, which include being a member of a supportive, loving family and living in a safe and healthy community.

The identification of the following policy priorities also shows that the Government of New Zealand can create an ideal policy environment within which child wellbeing can best be supported. These priorities are that:

- Child poverty is reduced, in line with the Government’s intermediate and ten-year targets.
- Children experience optimal development in their first 1000 days: safe and positive pregnancy, birth and parenting (conception to around two years).
- Children are thriving socially, emotionally and developmentally in the early years (two to six years).
- Children are safe and nurtured, in their whānau and their homes.
- Children’s mental wellbeing is supported.
- Children are free from racism, discrimination and stigma.

The departmental science advisors have rightly identified the critical influence that family can have on a child’s positive development. They also state:

*“The starting point for protecting and promoting well-being is now firmly established by science. **A programme of joined-up (across sector and life-stages) evidence-based interventions supported by the state, beginning at (or even before) conception through to the early 20s and delivered according to proportionate universalism principles, is empirically supported.**”ⁱ*

Overcoming social and health inequality

Statistics from a 2018 New Zealand Health Survey^{iv} show that that approximately 8% of New Zealand children have concerning social, emotional and/or behavioural issues, a key policy area the government is setting out to improve. This data also shows that 12% of Māori children, 10% of Pasifika children, four per cent of children living in areas of low deprivation and 12% of children living in areas of high deprivation have concerning levels of social, emotional and/or behavioural problems.

While these statistics show higher prevalence rates of difficulties within certain New Zealand populations, they also illustrate that most children with elevated problems will come from areas of low deprivation because of greater numbers of these families.

According to *Growing Up in New Zealand – Now We Are Four*^v, large numbers of families struggle with day-to-day interactions with their children which can have a detrimental impact on child wellbeing.

For example:

- As many as one in three mothers in the study (n=2066) reported regularly yelling or shouting when their child misbehaves.
- One in every 12 mothers (n=495) reported “exploding with anger” at their child frequently.
- Almost one in three mothers reported regularly arguing with their child.
- One in ten of mothers (10%, n=628) reported regularly smacking their child when they were disobedient about half the time, very often or always.
- More than one in five mothers (22%, n=1388) usually found it difficult to discipline their child.
- Almost one in five mothers (19%, n=1153) regularly struggled with ways to solve their child’s misbehaviour.

- Almost 40% of mothers (n=2368) threatened their child with punishment, but regularly did not administer it.

Conversely, areas of disadvantage experience multiple risk factors including higher rates of poverty, but also discrimination which can contribute to negative health, education, mental health and care and protection issues.

Vision Mātauranga points out that “important outcomes for Māori include what everyone else values as well, such as good health and a high standard of living. A further outcome for Māori is to be able to live as Māori.”

“The disproportionate levels of unemployment, poor health, low educational attainment and poor housing among Māori must be of concern to any government. Making life better for all New Zealanders can never be achieved if New Zealand’s indigenous people are left behind as a marginalised community, permanently worse off than everyone else.”ⁱⁱⁱ

Key departments charged with improving child wellbeing in New Zealand, such as the Ministry of Social Development, press the need to prioritise support for the most vulnerable of families:

“Prevention services would focus on identifying those families with children most at risk of poor life outcomes, including those at risk of youth offending, and working with communities to broker the services families need at the earliest opportunity to provide safe, loving and stable care for their children.”^{vi}

However, without a universal component integrating family support across the community, singling out only certain sections of the population for support runs the risk of being viewed by these families as a punitive, rather than supportive and positive, measure.

The *Expert Panel Final Report: Investing in New Zealand’s Children and their Families* (2016)^{vi} commissioned by the Ministry for Social Development cites experiences from parents targeted by children’s services support workers that they feel judged and that efforts to help actually erode their confidence. It quotes families involved in the system with the following statements:

“Sometimes we need support to be better parents, but when we ask CYF for help the response can seem antagonistic and punitive.”

“We feel powerless and helpless in the face of CYF – this erodes our ability to function and participate.”

“We feel that we are at the mercy of individual social worker views, perceptions and interpretations.”

“We feel we are doing what you want to address concerns about the safety of our children but the goal posts keep being shifted.”

An approach based on the concept of proportionate universalism, so that disadvantaged families in particular are supported within the context of providing support for every New Zealand family, provides a framework to ensure that support is delivered proportionate to

need without targeting families who are living under multiple layers of disadvantage as being “failed parents”. It also builds uniform capacity across multiple different workforces across the community to deliver evidence-based parenting support services so that support is available for all, but those most in need of help gain the most support. With child-wellbeing an issue across socio-demographic groups in New Zealand, such an approach also widens the net to ensure that no child is left behind.

The population-health approach of the Triple P – Positive Parenting Program® is consistent with the principle of **proportionate universalism**, which argues that “action is needed to reduce the steepness of the social gradient of health inequalities, but with a scale and intensity that is proportionate to the level of disadvantage”ⁱⁱ. According to the ground-breaking Marmot Review:

“We call this proportionate universalism. Greater intensity of action is likely to be needed for those with greater social and economic disadvantage, but focusing solely on the most disadvantaged will not reduce the health gradient, and will only tackle a small part of the problem.”ⁱⁱⁱ

Evaluations from international rollouts of Triple P’s multi-level system of programmes demonstrates the value of integrating a program that provides graduated support to meet the needs of all families with a robust implementation framework that works with local communities and providers to also incorporate a place-based or community designed approach. This solution provides one continuum of support for all families and of taking an approach based on the concept of proportionate universalism. These evaluations have demonstrated community-wide reductions in prevalence of children’s clinically elevated social, emotional and behavioural difficulties, as well as parental stress^{vii}. Other population-health studies of Triple P have demonstrated reductions in community prevalence rates of child maltreatment indicators.^{viii}

Under this model, three main arms of service delivery to support families - universal, targeted and place-based or community-led approaches – should be understood as interdependent and interlocking, rather than competing silos of service delivery streams, in which all families have access to the one continuum of support, but some families – and communities – have more support than others.

Place-based or community-led service delivery of evidence-based support, in which the community identifies the family risk factors that it wants to tackle and designs the way in which support is offered to these families, is an integral part of this approach.

Taking a universal approach which includes a strong component of iwi-led development of the delivery of evidence-based parenting support has been demonstrated as highly likely of being successful by the randomised controlled trial, Te Whānau Pou Toru^{ix}, conducted by Ngati Hine Health Trust, in conjunction with The University of Auckland.

According to the report’s conclusions:

“The collaborative partnering process of culturally adapting an existing evidence-based whānau/parenting intervention (Triple P Discussion Groups) for Māori whānau was effective in producing a brief, high quality, culturally acceptable and effective whānau/parenting intervention. As the programme participants included a wide range of parents of tamariki/children with various levels of severity of child problems, (mild-to-severe) the programme appears to be a valuable ‘light touch’

prevention intervention that can be readily deployed as a universal early intervention programme to reduce behaviour problems, promote self-regulation in tamariki/children, parental self-efficacy and reduce overreactive parenting practices and whānau/family conflict. Programme effects were demonstrated with a Māori population in Northland living in areas known to have higher rates of risk factors (unemployment, single parenthood, parents receiving various types of government assistance, large whānau/family sizes, and substance abuse).”

Building capacity across the community to support children’s wellbeing

Te Whānau Pou Toru shows that complex problems do not always require complex solutions when it comes to the support delivered to individual families. Sometimes a light-touch intervention that builds parenting confidence and capability that will have flow-on effects for children is all some families need, regardless of their individual circumstances. Creating a framework of support so that whānau have the option to choose from light-touch to more intensive interventions, and that iwis are able to design the delivery of evidence-based parenting support services for their communities, creates a network of community support underpinned by the concepts of proportionate universalism.

Under the public health or proportionate universalist model of the Triple P – Positive Parenting Program®, a great variety of workforces can be equipped to deliver a range of support services, based on level of need, to families across the community. These workforces can range from NGOs working with vulnerable families, to health care services and education settings capable of delivering universal evidence-based support.

Under this model, large numbers of families could have access to public seminars delivered in collaboration with schools, for example, to introduce families to the principles of positive parenting. This would be delivered alongside a communications campaign which also provides access to evidence-based support online to help drive family engagement.

Experience disseminating Triple P in Australia shows that this will be all the help many families need, however, typically, around 10 per cent of attending families at the public seminars – a number consistent with global prevalence rates of difficulties within families^x – will seek information about additional support. This can be supplied direct to parents in a stand-alone, eight-session web-based programme or through additional community-based support.

Other light-touch evidence-based support programmes can also be delivered in medical settings, such as at well-child visits, and be linked to more intensive community-based support should parents need more help. Workforces supporting families grappling with more complex issues and situations could also be trained to deliver more intensive versions of the programme in order to provide one consistent language of evidence-based support for all New Zealand families.

Within this model, an approach based on Te Whānau Pou Toru would be engaged to ensure iwi-led design of evidence-based support services within specific communities.

In summary

New Zealand’s cross-departmental scientific advisors contend that continuous improvement in well-being interventions should become standard practice. If done well, they state, this would lead to “appreciable gains in population well-being persisting and

possibly strengthening over time”ⁱⁱ and New Zealand developing a culture of innovation in social good intervention capable of rivalling any in the world.

For population-level gains to happen, universal, targeted and place-based community co-design elements, such as Te Whānau Pou Toru, need to work in tandem so that all New Zealand families can help improve outcomes for their children.

Providing evidence-based parenting support in New Zealand using a model based on proportionate universalism recognises that all parents need help to improve their children’s wellbeing, but some families need more support because of the additional challenges confronting them.

Taking a proportionate universalist approach that incorporates iwi-led developmental approaches to programme delivery will help break down current siloed approaches to improving children’s wellbeing and generate an integrated model of evidence-based support across multiple touchpoints in the community so that those who need the most support are able to access it.

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.

ⁱ Poulton, R., Gluckman, P., Potter, J., McNaughton, S., Lambie, I. (2018) *Childhood well-being: What it looks like, how it can be undermined, and how to protect and promote it*. Submission to the Office of the Minister for Child Poverty Reduction, Office of the Minister for Children, Chair, Cabinet Social Wellbeing Committee.

ⁱⁱ Marmot, M. G., Allen, J., Goldblatt, P., Boyce, T., McNeish, D., Grady, M., & Geddes, I. (2010). *Fair society, healthy lives: The Marmot Review. Strategic review of health inequalities in England post-2010*. London, England: Marmot Review.

ⁱⁱⁱ Ministry of Research, Science and Technology. (2007). *Vision Mātauranga: Unlocking the innovation potential of Māori knowledge, resources and people*. New Zealand: Ministry of Research, Science and Technology.

^{iv} Ministry of Health. (2018). *Social, emotional and behavioural difficulties in New Zealand children: Summary of findings*. Wellington: Ministry of Health.

^v Morton, S. M. B., Grant, C. C., Berry, S. D., Walker, C. G., Corkin, M., Ly, K., ... & Fa'alili-Fidow, J. (2017). *Growing up in New Zealand: A longitudinal study of New Zealand children and their families. Now we are four: Describing the preschool years*. Auckland, New Zealand: Growing up in New Zealand.

^{vi} The Modernising Child, Youth and Family Panel. (2016). *Expert panel final report: Investing in New Zealand's children and their families*. Wellington: Ministry of Social Development.

^{vii} Fives, A., Pursell, L., Heary, C., Nic Gabhainn, S. & Canavan, J. (2014). *Parenting support for every parent: A population-level evaluation of Triple P in Longford Westmeath. Final Report*. Athlone, Ireland: Longford Westmeath Parenting Partnership (LWPP).

^{viii} Prinz, R. J, Sanders, M. R, Shapiro, C. J. Whitaker, D. J., Lutzker, J. R. (2009) Population-based prevention of child maltreatment: The U.S. Triple P system population trial. *Prevention Science*, 10(1), 1-12.

^{ix} The University of Auckland. (2017). *Te Whānau Pou Toru*. Wellington: Ministry of Health. Retrieved from <https://www.health.govt.nz/>

^x Lawrence, D., Johnson, S., Hafekost, J., Boterhoven De Haan, K., Sawyer, M., Ainley, J., & Zubrick, S.R. (2015). *The Mental Health of Children and Adolescents. Report on the second Australian Child and Adolescent Survey of Mental Health and Wellbeing*. Canberra: Department of Health.