



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

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:	The Child & Youth workstream of the West Coast Alliance
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?)	The West Coast Alliance is the collective alliance of healthcare leaders, professionals and providers from across the West Coast health system. The Child & Youth workstream work to ensure child and youth health and disability support services are focused on children and young people and their family/whānau, and are delivered in the most appropriate location/facility, while maintaining quality and safety. Membership of the group includes; Community Nursing, Allied Health, Paediatrics, Child & Adolescent Mental Health Service, NGOs including Plunket, Community & Public Health, Ministry of Education, School Principals Representative, Presbyterian Support, Māori Health, Consumer, Oranga Tamariki, Work & Income and Maternity Quality & Safety.

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

We welcome the opportunity to comment on the Child and Youth Wellbeing Strategy and support the intention of the strategy. We commend the intention to works across government to achieve the desired outcomes.

The workstream encourages the Department of Prime Minister and Cabinet to be more explicit in its consideration of equity not only across ethnicity and disability but also in terms of where children and young people live; the access to health and support services in rural areas such as the West Coast is often more difficult even for adults and this is even more so the case for our youngest community.

The workstream would like to highlight the importance of well-funded health and other social services in working with children and their families. We include access to well-resourced and supported sports and activities clubs in these necessary services for children and young people.

Submission Content

1. The workstream supports the arrangement of the Strategy across the five wellbeing domains, and commends the overall positive, strengths-based approach used to depict the underlying desired outcomes.
2. The workstream supports the commitment to consult with iwi and Māori organisations in the development of the Strategy, and recommends that DPMC ensure a partnership approach with Māori is taken in the continued development and implementation of the Strategy.
3. The workstream wishes to reinforce that a coherent, cross-government response to improve children's wellbeing requires that strategies and plans consider the determinants of health. For this response to be effective, child poverty and wellbeing must be explicitly considered and identified in strategies and plans within each organisations' work.
4. The workstream commends the inclusion of focus areas relating to housing, education and employment in the Strategy as these are known to be important determinants of health and wellbeing for children and young people.
5. The workstream encourages the DPMC to consider how families/whānau are supported to remain living and working in rural areas while enjoying equitable access to high quality services delivered close to home. The workstream understands the need for some specialist services to be delivered in tertiary centres but supports the development of a sustainable rural workforce and delivery models.
6. The workstream supports the inclusion of Proposed Focus Area 11 relating specifically to the wellbeing of disabled children and young people, as well as the consideration of disability throughout other focus areas. Mention of the particular vulnerability of disabled children in relation to physical safety in Focus Area 2, and in relation to discrimination and stigma in Focus Area 7, is excellent.
7. The workstream recommends that the extra costs associated with living with disability are acknowledged in the discussion of poverty reduction in Focus Area 5. It is recommended that this also includes the consideration of how these costs are amplified for families/whānau who live in rural and remote regions of New Zealand.
8. The workstream strongly supports Proposed Focus Area 12, that children's and young people's mental health is supported. In particular, we support the concept that wellbeing is part of the core curriculum at school, with a focus on strengthening both individual and peer cohort resilience, which will extend to community resilience.
9. The workstream recommends that Focus Area 14 is further developed as a cross-government accountability, including providing more support for parents and caregivers where employment-related factors that impact upon the caregiver-child relationship. Measures such as increasing paid parental leave for both parents, improving pay equity, and implementing a living wage will result in parents having more time with their young children—a key factor for increasing wellbeing during the first 1000 days and a factor that has impacted on families/whānau on the West Coast struggling with a decline in employment within the traditional industries of the region.

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.