



## 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.**

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| <b>Organisation Name:</b>  | Paediatric Society of NZ  |
| <b>Organisation description:</b><br>(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 Paediatric Society of New Zealand (PSNZ) is a multi-disciplinary membership organisation with approximately 550 health professionals across medical, nursing and allied health disciplines, working to progress the health and wellbeing of children/tamariki and young people/rangatahi throughout Aotearoa/New Zealand. <a href="https://www.paediatrics.org.nz/">https://www.paediatrics.org.nz/</a>.</p> <p>The participating child and youth health professionals work in health services and academic organisations across Aotearoa/New Zealand, and have day to day interaction with infants, children, youth and their whānau. Promoting the equitable health and well-being of pēpi, tamariki, and rangatahi of Aotearoa is our priority.</p> |

**Executive Summary:**

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

The PSNZ welcomes this strategy.

**Key points:**

- Support for high level domains and principles
- Elevate Treaty of Waitangi and UNCROC to be overarching principles
- More deliberate mapping of principles through the outcomes and areas of focus.
- Recommend a strong independent monitoring approach, sustained implementation
- Implementation needs to be informed by evidence with particular reference to the lifecourse implications of environments and societal determinants.
- Financial investment and workforce development, critical enablers, need to be committed in line with strategic goals to achieve our aspirations for children and young people, our future.

**Submission Content**

Thank you for the opportunity to provide a submission to this important strategy.

This submission is provided as a broad response for the Paediatric Society of NZ. In addition a number of specifically focused submissions have been entered separately from a few of our Special Interest Groups (SIGs). These include:

1. Child Protection SIG
2. Child Development SIG
3. Sleep Medicine SIG

**General comments**

1. We enthusiastically welcome the Child and Youth Wellbeing Strategy. We see this significant development as holding potential for significant change and to lift our national approach to achieving child and youth wellbeing, with societal-wide importance and benefit. We support the aspirational framework of the strategy. Attention is needed across all involved sectors to develop services' capacity and capability to work with families in ways that are culturally appropriate, enhance aspiration, and engage for the children with greatest need.
2. Wellbeing is powerfully influenced by factors from conception, through early years and on through youth in ways that have significant lifelong implications. The lifecourse perspective, informed by a wealth of evidence from local and international research needs to strongly influence the further development of this strategy.
3. It is essential to the achievement of this strategy that it is not just considered in isolation. We recommend that a whole-of-government approach should be taken, to ensure that the strategy is supported from every angle. This requires, for example, that there should be specific assessment of the impact of all government policy and legislation on the wellbeing of all children and young people. For example, an existing Child Impact Assessment Tool exists, but we are not aware that its application is

currently monitored. (<https://www.msd.govt.nz/about-msd-and-our-work/publications-resources/resources/child-impact-assessment.html>). However, the voice of children, youth, their communities, and healthcare workers and educators working at the coal-face must take the lead in guiding principles and priority development for this strategy.

4. Evidence-based approaches will be necessary to achieve the strategic goals, and we recommend this should be stated to ensure ongoing rigour in evaluating new approaches as well as assessing current systems and programmes. With such wide-reaching change, there is the potential to lose the experience and knowledge of evidence-based services that are meeting the needs of the communities they are serving. Prioritisation of findings from such services needs to occur, with a clear pathway of translation of evidence-based practice into policy.
5. Health is an essential component of well-being, and in many ways ill-health is a downstream marker of poor wellbeing. For this reason, the health sector has a major role in the ongoing work of this strategy, and we remain committed to supporting its development.
6. Well-being is nevertheless understood in the broadest terms including health, learning and development (education), material security (housing, economics), and fairness (Justice systems, UNCROC, Treaty of Waitangi).
7. There is unresolved tension between the need for strong leadership from the Ministry of Health and the need for community-up solutions for problems affecting communities. The balance between providing communities with funds to develop their own programmes and the risk of duplication and mis-direction of funds away from the coal-face will be key. For priority areas, ring-fenced funding for services will be required to ensure evidence-based services are provided nation-wide. However, if communities are provided flexibility within the service provision but with clear outcome measures and requirements, this tension may be resolved to an extent.

#### Principles

8. We support the principles. For instance, we welcome active involvement of children and youth to speak to and participate in this strategy and matters relating to their wellbeing.
9. Te Tiriti o Waitangi/ Treaty of Waitangi (ToW) and United Nations Convention on the Rights Of the Child (UNCROC) should be elevated to be over-arching principles.
10. We support the foundational role of the ToW. We recommend a fuller reference including the foundation elements of protection and participation as well as partnership.
11. We acknowledge that currently the experience of Māori tamariki and rangatahi is not equitable in terms of outcome and opportunity in NZ society. We cannot tolerate this for our collective future. Improvements in outcomes for Māori will be the measure of an effective strategy and calls for meaningful changes in approach and actions. Māori voice must therefore be prioritised.
12. The principles should be established in understanding of the lifecourse and child/youth development. Whilst the first 1000 days is a key area of focus, this strategy needs to ensure that critical services in child health are strengthened rather than compromised, as many of these services are already noted to be struggling with limited resourcing. A lifecourse approach demands multiple touchpoints to ensure that equity is maintained or improved within services. Therefore investment in the first 1000 days will not be enough in isolation to address inequity. For example, adolescent services are inadequate across Aotearoa/New Zealand, and the development of comprehensive adolescent services will be required as a vehicle for change in terms of transition of

youth with chronic conditions and disabilities to adult services, and the mental health and wellbeing of our future adults.

#### Domains

13. We support the proposed Wellbeing Domains, which are well stated and describe broadly the multiple dimensions of child and youth wellbeing. Under these headline terms there is sufficient scope to develop a full range of focus areas required over all the levels of influence on wellbeing, spanning whānau to society, including the political, economic and physical environment.

#### Desired outcomes

14. We support the Desired Outcomes. These begin to outline what the aspirational vision could result in.
15. An effective strategy would support the aspiration that children would also grow in their capacity to take personal responsibility, and establish values such as respect, kindness, honesty and thoughtfulness.

#### Focus Areas

16. The current 16 focus areas do not fully cover the set of desired outcomes. It will be important to strengthen these focus areas to ensure broader coverage of the outcomes sought.
17. The focus areas need to more clearly reflect the principles of the foundational role of the ToW, and also of our existing commitment to UNCROC
18. Focus Area 6: we should aspire more convincingly to achieve equity, and not just 'improved equity' which potentially tolerates persisting gaps. The wording should be more clear in its intention to achieve full equity, and not settle for just an 'improvement'.
19. Focus Area 6: this emphasises the role of services to achieve outcome equity which we fully support. However, we would like to see reference also to wider community and societal approaches to achieve outcome equity. We would recommend the strategy more clearly references the role and responsibility of local authorities and other sectors which will be required to participate in achieving the goals set out. A stronger reference to the societal determinants of health and related wider accountability is needed.
20. There needs to be attention to the multiple environments in which children and youth live and develop. Healthy and affordable housing is appropriately highlighted. Further to this we should be addressing through careful implementation of evidence:
  - a. Food environments, and including food production and availability.
  - b. This would also for example include alcohol as an 'environmental' issue. We strongly endorse the RACP's and RANZP's joint Alcohol Policy 2016 and would suggest that if the government is serious about improving child wellbeing in NZ then it is critical that the evidence based recommendations contained in this document and others (e.g NZMA policy Briefing – Reducing Alcohol Related Harm, 2016), NZ Law Commission Report, 2010, Alcohol in our lives: Curbing the Harm) to reduce Alcohol related harm need to be heeded and enacted
  - c. Early childhood education and school environments
  - d. Neighbourhood and community environments
21. Focus Area 6 should include, explicitly, children and young people with disability.
22. Focus Area 10 should become an additional priority, given that over 100,000 children and youth are affected by obesity, the current national concerns with dental decay and poor access to dental services, and the strong theme from child and youth workshops

relating to their desire for a healthy food and physical environment. The proposed rewording is recommended: “Children, young people and their whānau are enabled by making the healthy choice the easy choice in terms of their food and physical activity environment.” If this area is not made a priority at the beginning of the strategy, it is likely that the current numbers of children affected will continue to climb, and the little progress made in this area will be lost. Prioritising this area will provide community with a strong indication from government to consider water only in schools policies, education regarding healthy lifestyle choices, equity-focused health promotion/education, local government to consider the physical environment of towns and cities in future planning, and health to lead in their communities in terms of a healthy food environment.

23. Focus Area 14 should emphasise the importance of healthy pregnancy, free of exposure to smoke, alcohol, and drugs in this critical early phase of development, and positively supportive of parent’s aspirations. Achievement of a pregnancy free of these adverse exposures has potential as a high level system measure.
24. The phrase ‘**All** children and young people ...’, which is fully inclusive is only used in Focus Area 16. We recommend all the focus areas need to be consistently strong in ensuring the strategy includes ‘**all** children and young people’, and to be similarly explicit about the intention to achieve equity.
25. We recommend the use of Aotearoa/New Zealand throughout the strategy.

#### Monitoring framework and enabling processes

26. New ways of measurement will be required to know where the gaps between our children’s and young people’s current wellbeing and the desired outcomes, and equity outcomes. This requires a commitment to not only rely on what is currently measured, but to improve the clarity with which we see the wellbeing of children and young people, and to monitor progress.
27. We recommend development of an monitoring framework that reports independent of government, and ensures that the implementation of this strategy may be sustained. The true benefit of such a strategy will not be fully realised in short or even medium term, but requires a multigenerational commitment that outlasts all government terms.
28. Children and Youth should be participants in monitoring implementation of this wellbeing strategy.
29. A national IT data capturing system with an electronic health record would accelerate the ability to develop a monitoring framework, in order to evaluate what is working and what is not. However, in order to ensure that users have trust in data collection, unresolved issues of Māori data governance and sovereignty need to be addressed, as well as consideration to the linking of health data to the IDI without the explicit consent of users.
30. Budget allocation and workforce development need to match the stated intentions to invest in early years and to achieve equity of outcome.

We commend government for facilitating this work and welcome further interaction as the strategy progresses through further iterations. We look forward to a sustained programme of implementation. The PSNZ is available to be contacted regarding this submission and related discussions.

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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.