



## 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 New Zealand – Developmental Special Interest Group
<b>Organisation description:</b> (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 Developmental Special Interest group is a group of clinicians (Paediatricians, Nurses, Allied Health, other health professionals) who work with families with children and young people with developmental and behavioural concerns, neurodisability and disability.  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> .

**Executive Summary:**

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

The Developmental Special Interest group

- Support the development of this strategy
- Recognise significant inequities impact children and young people with disability and neurodisability
- Recomend strengthening this strategy to improve inequities for children and young people with disability
- Disability should be incorporated into domains and focus areas as listed below in the text including:

“ Children and young people have the best possible physical health, and health or **disability status** is not a barrier to living good life”

- Add the United Nations Convention on the Rights of Peoples with Disabilities to the underpinning principles
- Support the inclusion of focus area 11 and 12 to focus on disability, neurodisability and mental health
- Develop innovative services to support children and young people with disability, neurodisability and mental heath concerns to reduce the current siloed approach
- Increase focus on primary school age children and adolescents in focus area 16

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## Submission Content

We support the submission from the Paediatric Society of New Zealand and the principles of the PSNZ submission. The submission highlights the wide range of areas which need to be supported to be able to provide good foundations for children to grow, develop and learn and achieve wellbeing. These principles also apply to children and young people with developmental and behavioural concerns, disability and neurodisability.

This submission provides additional information and focus from the Developmental Special Interest Group of the Paediatric Society of New Zealand on aspects of the proposed Child and Youth Wellbeing Strategy.

Disability is a significant cause of inequity for children and young people. Ensuring wellbeing for children and young people with disability should be strengthened within the proposed Wellbeing Strategy to contribute to reducing inequities for this population. This supports the ICF model International Classification of Functioning, Disability and Health which "recognises the role of environmental factors in the creation of disability, as well as the relevance of associated health conditions and their effects."

To strengthen the proposed Child and Youth Wellbeing Strategy we recommend the following:

1. In the domain "Are happy and healthy" – we recommend the inclusion of the word disability

" Children and young people have the best possible physical health, and health or disability status is not a barrier to living good life"

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2. Principles
  - Support reference to the United Nations Convention on the Rights of Persons with Disabilities to be referenced here. This convention strongly supports wellbeing for people with disabilities and should be an underpinning principle.
3. We commend the inclusion of focus areas 11 and 12 on
  - Disability
  - Neurodisability
  - Mental health

In practice, we support recognition of each of these important areas as per the strategy, however, in approaching these focus areas we need to develop innovative approaches which cross the silos in current mental health, paediatric and primary care services. Paediatric services and mental health services manage a range of disability, neurodisability and mental health conditions. These conditions can concurrently occur in the same patient, however, silos between mental health and physical health services frequently provide barriers to accessing care and funding models do not support child centred ways of working. As the mental health of parents also impacts their children, integrated working should be prioritised.

Innovative ways to identify and support the needs of children and young people with disability, neurodisability and mental health concerns are needed.

4. Specifically include disability in focus area 6
  - Disability is associated with inequities of outcome. Focus areas 6 should seek to reduce or eliminate this inequity.
  
5. Strengthen the life course approach in focus areas in the "Learning and Developing" domain.
  - Given the evidence for Early Intervention, we strongly support the focus area 14, on the first 1000 days, which will support children with developmental concerns or disability and allow for early identification and intervention
  - Support focus area 15 covering the age 2-6 as proposed. Encompassing this transition to school by a focus on the age group is likely to be beneficial to children with disabilities.

However, we strongly recommend dividing focus area 16 into 2 areas of focus

- Primary school/intermediate age
- Adolescence

The significant importance of these two life stages are not adequately encompassed in focus area 16. There is opportunity to highlight the importance of a life course approach and to develop innovative strategies to engage all children and young people with education. Specific reference to disability and neurodisability should be in these focus areas as young people with disability are over represented not accessing employment and school disengagement.

6. Within current services for children and young people with disability, a number of critical issues arise which exacerbate the inequity for children and young people with disability. These must be addressed. For example, child disability services across New Zealand are funded inequitably exacerbating inequity. Access to disability support services are based on diagnostic criteria rather than needs based so there are children and young people with significant impairments who do not receive services.

It is hoped this strategy will provide guidance for change in these and other areas.

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

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

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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.