

7 December 2018

Submission on the Child and Youth Wellbeing Strategy

Thank you for the opportunity for Auckland Regional Public Health Service (ARPHS) to provide a submission on the Child and Youth Wellbeing Strategy.

The following submission represents the views of ARPHS and does not necessarily reflect the views of the three District Health Boards it serves. Please refer to the submission for more information on ARPHS.

The primary contact point for this submission is:

Ailsa Wilson

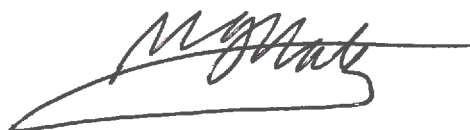
Senior Health Advisor
Auckland Regional Public Health Service
T: 09 623 4600 x 27578

ailsaw@adhb.govt.nz

Yours sincerely,



Jane McEntee
General Manager
Auckland Regional Public Health Service



Dr Michael Hale
Medical Officer of Health
Auckland Regional Public Health Service



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:	Ailsa Wilson
Email Address:	ailsaw@adhb.govt.nz
Phone Number:	09 963 4600 x 27578
Organisation Name:	Auckland Regional Public Health Service
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>Auckland Regional Public Health Service (ARPHS) provides public health services for the three district health boards (DHBs) in the Auckland region (Counties Manukau Health and Auckland and Waitemata District Health Boards).</p> <p>ARPHS has a statutory obligation under the New Zealand Public Health and Disability Act 2000 to improve, promote and protect the health of people and communities in the Auckland region. The Medical Officer of Health has an enforcement and regulatory role under the Health Act 1956 and other legislative designations to protect the health of the community.</p> <p>ARPHS' primary role is to improve population health. It actively seeks to influence any initiatives or proposals that may affect population health in the Auckland region to maximise their positive impact and minimise possible negative effects on population health.</p> <p>The Auckland region faces a number of public health challenges through changing demographics, increasingly diverse communities, increasing incidence of long-term conditions such as obesity and type 2 diabetes, infrastructure requirements, the balancing of transport needs, and the reconciliation of urban design and urban intensification issues.</p>

Executive Summary:

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

ARPHS supports the development of a national, strategic and cross-agency approach to improving child wellbeing and recommends a particular focus on investment in the **first four years of life** in order to maximise health and wellbeing outcomes. A **systems approach** is required to achieve improved results across multiple agencies and the **social determinants** of health and wellbeing need particular consideration. Explicit commitment in the Strategy to **Te Tiriti o Waitangi** is also required, with a focus on enabling Maori to holistically define what wellbeing looks like and selecting focus areas and indicators that reflect the aspirations of Maori. We need to address persistent inequalities to enable wellbeing.

Submission Content

Introduction

1. Thank you for the opportunity to provide a submission on the Child and Youth Wellbeing Strategy (the 'Strategy'). Auckland Regional Public Health Service (ARPHS) commends the work that has gone into the Strategy to date and strongly supports the development of a national, strategic and cross-agency approach to improving child wellbeing in New Zealand.
2. ARPHS recognises the fundamental importance of this phase of life and that it plays a pivotal role in the wellbeing of tamariki. As conveyed in the Strategy, early childhood is critical to the overall wellbeing and healthy development across the child's lifespan and ARPHS recommends a particular focus on investment in the first four years of life in order to maximise health and wellbeing outcomes.
3. ARPHS is a Public Health Unit within a region that is responsible for almost a third (28%),¹ of the nation's children and young people². This includes 31% of Māori tamariki zero to four years and 31% of Pacific children zero to four years. Māori and Pacific tamariki disproportionately feature in poor health outcomes. Pacific children are three times and Māori tamariki approximately twice as likely to be admitted to hospitals in Auckland due to Ambulatory Sensitive Hospitalisation conditions, Pacific and Māori children aged zero to four years are two to three times more likely to be admitted to hospital for dental caries.³
4. The Early Childhood Team at ARPHS works from a population health perspective with the region's early childhood sector to create healthy environments for children aged zero to four years. Our focus is an equitable Tāmaki Makaurau that values and invests in future generations.
5. ARPHS is strongly supportive of the framework's principles. To achieve the potential of this work, we encourage a greater emphasis on Te Tiriti o Waitangi and te ao Māori. Māori tamariki and whānau have the right to expect and experience equitable health and wellbeing outcomes and status as non-Māori. This can be enabled through a Hauora based framework and action plan. Enabling Māori to holistically define what wellbeing looks like and selecting focus areas and indicators that reflect the aspirations of Māori will be an important first step toward informing and measuring success.

1 Gomez D, King R, Jackson C. (2014). Demographic Profile Report 1: Census 2013 Auckland Usual Residents Snapshot. Auckland Regional Public Health Service. Auckland. URL: <http://www.arphs.govt.nz/Portals/0/Documents/Census%202013%20Report%20-%20Demographic%20Profile.pdf> (Retrieved 5 December)

2 Children's Commission (2016). Population, ages and ethnicities of children URL: <http://www.occ.org.nz/assets/Uploads/StatsOnKids/demographics2016.pdf> (Retrieved 5 December 2018).

3 Simpson J et al (2014) The Determinants of Health for Children and Young People in the Northern District Health Boards URL: <https://ourarchive.otago.ac.nz/handle/10523/6411>

Recommendations

6. Key points that ARPHS would like you to consider are as follows:

- Strengthening the emphasis on Te Tiriti o Waitangi and te ao Māori
- Ensuring that the language focuses on the drivers or determinants of wellbeing outcomes and not on ethnicity
- Increasing the emphasis on improving material wellbeing, including food, housing and income
- Ensuring that the role of cultural capital in children’s wellbeing is adequately captured in the Strategy
- Implementing a systems approach to enable connectivity of the domains, desired outcomes and focus areas. This will enable cross sectoral collaboration, and could be supported by flexible funding and contracting models that support wellbeing outcomes
- Co-designing the Strategy’s indicators with Māori
- Agency and collaborative strategies and implementation plans should explicitly reference relevant focus area(s), along with how outcomes will be monitored and achieved
- Reframing ‘vulnerability’ in Focus Area 2 to align with a strengths and rights-based approach
- Adding “number of young people NEET is reduced” to Focus Area 5
- Reframing Focus Area 10 to address the structural, system and environmental population factors that drive healthy lifestyles. As an example, ARPHS recommends including how harmful commodities (alcohol, unhealthy food and sugary drinks) are marketed to children
- Explicit prioritisation of targeted universalism
- A specific focus on addressing inequities in the justice system, which disproportionately impact on Māori
- Strengthening data collection and quality, collaborative data and information sharing across agencies to inform wider systems approaches and service delivery and to measure the impact of the Strategy
- Investing in the Māori and Pacific workforce across the health, education and the social sector to support Māori and Pacific children and their whanau
- Advocating for a range of political and legislative levers, including the consideration of the impact on child wellbeing on all Cabinet papers, to achieve the potential of the Strategy.

Background

7. Economic stability, physical environment, education, food, and social context are powerful factors

that largely determine health and wellbeing that other social sectors agencies contribute to. The cost-saving potential of addressing the deficits in social determinants of health is significant.⁴ Driving change in the determinants, including the systems and environments where whānau and tamariki live, learn, work and play will involve significant coordination. The health sector and associated NGOs have a significant role in supporting collaborations.

8. While each wellbeing domain in the framework is important, ARPHS supports an immediate focus on and prioritisation of **material wellbeing**, including food, income and housing. We note that this will be covered to an extent through one of the six initial focus areas, which includes reducing child poverty. The wellbeing of children is interwoven with that of their carers, parents and whānau and ensuring basic material needs are met is critical to ensure all New Zealand children thrive and flourish. The Ottawa Charter identifies shelter, education, income, food, social justice and equity as the pre-requisite conditions required for people to achieve their health and wellbeing potential⁵. This will require particular emphasis on Māori and Pacific whanau who, as a result of structural inequities are more likely to be unemployed, underemployed, face discrimination at work and earn comparatively lower wages⁶.

The importance of cultural capital in determining wellbeing – different ethnic perspectives

9. New Zealand's population is diverse and we expect greater ethnic diversity in the future.⁷ Alongside the prioritisation of Māori views, we note that the two fastest growing ethnicities are Pacific people and Asian groups.⁸ Pacific peoples, in particular, experience major disparities in health outcomes which should be strongly considered in addressing inequities. Direct input from Pacific communities on what wellbeing looks like for them and how that might be achieved is essential. This should also include an adequate description of cultural capital, and the role it plays, in the Strategy.
10. When considering the wellbeing of Pacific children the following statistics provide a snapshot of the disparities.
 - Approximately half of all Pacific children and young people live in a crowded house; a higher proportion than other ethnic groups⁹. A child growing up in an over-crowded house will be more

4 World Health Organisation (2013). Communicating the economics of social determinants of health and health inequalities. URL:

http://apps.who.int/iris/bitstream/handle/10665/85260/9789241505536_eng.pdf;jsessionid=AAA01697D7963B3D25D.F5FF816CFCB70?sequence=1 (Retrieved 6 December 2018).

5 World Health Organisation (2018). The Ottawa Charter for Health Promotion First International Conference on Health Promotion 1986. URL: www.who.int/healthpromotion/conferences/previous/ottawa/en/ (Retrieved 6 December 2018).

6 Ministry of Social Development (2016). The Social Report 2016 URL: <http://socialreport.msd.govt.nz/documents/2016/msd-the-social-report-2016.pdf> (Retrieved December 2018).

7 Statistics New Zealand (2012) NZ Official Yearbook (2012). URL: http://archive.stats.govt.nz/browse_for_stats/snapshots-of-nz/yearbook/people/population/7-million.aspx (accessed 22 November 2018).

8 Statistics New Zealand (2017) Ethnic populations projected to grow across New Zealand. URL: www.stats.govt.nz/news/ethnic-populations-projected-to-grow-across-new-zealand (Retrieved 28 November 2018).

9 Craig, E, Jackson, C, Hab, D Y, & Committee, N S (2007). Monitoring the health of New Zealand child and young people: Indicator handbook. Auckland: Paediatric Society of New Zealand, New Zealand Child & Youth Epidemiology Service.

susceptible to communicable diseases¹⁰ and over-crowding can have a detrimental effect on successful learning¹¹.

- Nationally, 40 percent of five-year-olds have some tooth decay. For Māori children, that figure was almost 60 percent and for Pacific children it was 66 percent¹².
- In 2012 a Metro-Auckland Pacific Population Health Profile identified that nutrition is an issue for Pacific people. Fruit intake is generally adequate, but vegetable intake is not. Pacific children consume more fizzy drinks and fast foods, and are also less likely to eat breakfast before school. Pacific adults are also less likely to eat breakfast daily¹³.
- Pacific young people are approximately twice as likely to have depression, anxiety issues, or to make suicide attempts as the rest of the population¹⁴.

A systems approach

11. ARPHS recommends that there should be cross-sectorial collaboration to make the changes required for all children to flourish. To enable connectivity of the domains, desired outcomes and focus areas, a systems approach is critical to achieving improved wellbeing outcomes for children and young people. The strategy and subsequent implementation plans need to demonstrate a joined-up approach to working across focus areas and outcomes. This should be supported by flexible funding and contracting models that focus on wellbeing outcomes, which would improve collective capacity to influence system-level change. This fully integrated approach may better support the breakdown of programme and agency silos and encourage cross-agency support as well as address institutional racism and equity issues through multi-level organisational approaches. Ideally, we would make it easier for children and their families to access support and navigate the system. He Korowai Oranga Framework¹⁵ is an example of a framework that may guide the interactivity of these components.

Indicators

12. A number of central government agencies have put considerable work into co-designing indicators with Māori to better address structural inequalities; to ensure a nuanced approach to assessing community wellbeing, to focus on whānau rather than on services and individuals. ARPHS encourages incorporating the learnings of Stats NZ's indicators work to allow the Strategy's

10 Hawker, J (2005). Communicable disease control handbook. Maden, Massachusetts; Oxford, England; Blackwell Publishing.

11 Ministry of Health (2017) New Zealand Health Survey. URL: www.health.govt.nz/nz-health-statistics/national-collections-and-surveys/surveys/new-zealand-health-survey (Retrieved 22 November 2018).

12 Robson, S. (2018). Tooth Decay is a socio-economic disease. URL: www.radionz.co.nz/news/national/356771/tooth-decay-is-a-socio-economic-disease (Retrieved 22 November 2018).

13 Health Partners Consulting Group (2012) Metro-Auckland Pacific Population Health Profile. Auckland: Health Partners Consulting Group

14 Reid, J. (2012). The health of Pacific peoples in New Zealand. NZMA Volume 125 Number 1364

15 Ministry of Health (2014). He Korowai Oranga Framework. URL: www.health.govt.nz/our-work/populations/Māori-health/he-korowai-oranga (Retrieved 6 December 2018).

indicators to have a strong basis in te ao Māori and link to other government reporting.

13. Furthermore, we support the Strategy's focus on the social determinants of wellbeing to create more effective population-level service provision.

A Hauora Perspective

14. To address the over-representation of Māori in poor social, economic and health outcomes ARPHS strongly supports Te ao Māori and Hauora approaches¹⁴. This approach would support resilience, capacity and capabilities across all impacted communities and provide a focus on achieving equitable health and wellbeing status.
15. ARPHS supports the framework's principles and recommends a greater emphasis on Te Tiriti o Waitangi. The health inequities between Māori and Pacific, and non-Māori or Pacific demonstrate that the rights of Māori and Pacific children and their families are a critical issue¹⁶. Pacific and Māori Tamariki and whānau should have the same health and wellbeing outcomes and status as non-Māori or Pacific.
16. To enable wellbeing, and to realise the potential of the Strategy, there needs to be levers to address persistent inequities and institutional racism. This might in part be enabled by an explicit commitment in the Strategy to te Tiriti o Waitangi.
17. In addition, ARPHS believes the Strategy would be strengthened by considering the inclusion of Māori leadership, the voices of tamariki, rangatahi and whānau, a commitment to active partnership with Māori and the recognition of the principles of self-determination (autonomy), te taha wairua (spiritual health) as recognised by Māori as an essential requirement for health and wellbeing¹⁷.
18. ARPHS recommends that the Strategy and framework language focuses on the drivers or determinants of wellbeing outcomes and not on ethnicity. It is these drivers, not the ethnicity or 'choices' of indigenous people that result in inequities^{18,19}. A focus on determinants of wellbeing, rather than ethnicity, has the effect of removing blame from the inequities experienced by specific ethnicities.

Response

- The framing of wellbeing for the initial strategy

16 Human Rights Commission (2010). Human Rights in New Zealand 2010 – Right to Health. URL: https://www.hrc.co.nz/files/9714/2388/0506/HRNZ_10_Right_to_health.pdf (Retrieved 6 December 2018).

17 Durie, M. (2011). Te Whare Tapa Whā. URL: www.health.govt.nz/system/files/documents/pages/Māori_health_model_tewhare.pdf (Retrieved 6 December 2018).

18 Australian Broadcasting Commission (2016). Boyer Lectures: Sir Michael Marmont urges Australia to invest in early childhood to close indigenous health gap. URL: www.abc.net.au/news/2016-09-10/boyer-lectures-michael-marmont-early-childhood-closing-gap-health/7830956 (Retrieved 6 December 2018).

19 Chino, M., DeBruyn, L., (2006). Building True Capacity: Indigenous Models for Indigenous Communities. *Am J Public Health*, 96(4): 596–599. URL: www.ncbi.nlm.nih.gov/pmc/articles/PMC1470558/ (Retrieved 6 December 2018)

19. ARPHS commends and supports the proposed vision statement.
 20. The Government's Child and Youth Wellbeing Strategy is ambitious, requiring transformative change across society. To do this, major structural changes and a cultural shift in how New Zealand society views and values the wellbeing of children and young people will be required.²⁰
 21. ARPHS recommends agency and collaborative strategies and implementation plans explicitly reference relevant focus area(s), along with how outcomes will be monitored and achieved.
 22. ARPHS supports the framing of the Strategy, however, it is recommended that the language used should reflect the ambitious nature of the strategy and highlights the bold steps required to meet the identified outcomes. As an example, ARPHS proposes the wellbeing domains could be "...are happy, healthy *and thriving*" and "... are learning, developing *and flourishing*".
- **The proposed set of outcomes sought for all children and young people**
23. ARPHS supports the outcomes as they are holistic and encapsulate the important wellbeing domains. However, ARPHS notes the outcome measurements are not included in the draft Strategy. ARPHS recommends the final draft Strategy document should include the details of how the outcomes will be measured, alongside children's perspectives.
- **The 16 potential focus areas proposed for the initial Strategy**
24. ARPHS supports the underpinning principles, but would like to see a greater emphasis of Te Tiriti o Waitangi across the Focus Areas. This could be achieved if te Tiriti o Waitangi is an overarching principle for the Strategy (as outlined earlier).
 25. Focus area 2: ARPHS suggests the word '*vulnerability*' should be changed to be strengths- and rights-based. For example "*remove barriers that impact on the safety of children with a disability*".
 26. Focus Area 5: ARPHS notes that NEET (young person who is 'Not in Education, Employment, or Training') is referred to in the Strategy's Outcomes but not in the Focus Areas. NEET is a social determinant with direct links to the Sustainable Development Goals (SDGs)²¹. ARPHS recommends an additional point to address NEET under Focus Area 5; for example that the "*number of young people NEET is reduced*".
 27. Focus Area 7: ARPHS supports the importance of this focus area and wishes to reinforce the impact of racism as a determinant on health. ARPHS recommends this Focus Area is prioritised as

20 Child wellbeing in Aotearoa New Zealand. University of Otago Wellington.
URL: www.otago.ac.nz/wellington/departments/publichealth/summerschool/otago698410.html (Retrieved 13 November 2018)

21 Relevant SDG targets related to youth employment 8.6. International Labour Organization. URL: www.ilo.org/global/topics/dw4sd/themes/working-conditions/WCMS_558587/lang-en/index.htm (Retrieved 13 November 2018)

it is a 'root cause' of the social determinants of health and is required to achieve wellbeing equity gains.²²

28. Focus Area 10: ARPHS recommends structural, system and environmental population factors that drive wellbeing outcomes are prioritised for delivery in this focus area. ARPHS is concerned with the wording "healthy lifestyle decisions". In its current state, there is potential for this to centre on service delivery and behavioural change. As an example, ARPHS recommends including a point on how harmful commodities (alcohol, unhealthy food and drinks) are marketed to children.

• Ideas for improving the wellbeing of children and young people

29. ARPHS supports the science advisor's narrative on child wellbeing²³ that notes the need for a range of evidence-based intervention options. However, we suggest that this should not preclude new innovative initiatives that are in the process of creating an evidence base. Effectiveness can be assessed by robust monitoring and evaluation. An example of an innovative approach is the "Early Years Challenge" a joint project between the Southern Initiative, Auckland Council and the Auckland Co-Design Lab. The project examines how to improve outcomes for children, families and whānau which is able to identify and act on the experiences of whānau and address local systemic barriers.
30. ARPHS recommends that the Strategy implementation should prioritise **targeted universalism** approaches. The framework currently centres on universal access to services. ARPHS agrees that universal access to services is key to improving wellbeing; however, universal programmes may advantage people who are already in favourable positions, or fail to proportionately improve the outcomes of those in less favourable circumstances, thereby widening the health gap.²⁴ An example of targeted universalism is Plunket who recently reconfigured services to provide a universal baseline service but are focussing effort and capacity towards those most impacted by inequities.
31. Incarceration results in loss of whānau support systems which disproportionately impacts on Māori. Given that Māori tamariki are nine times more likely to be incarcerated if a parent has been

22 Paradies, Y., Ben, J., Denson, N., Elias, A., Priest, N., Pieterse, A., Gupta, A., Kelahar, M., Gee, G. (2015) Racism as a determinant of health: A systematic review and meta-analysis. PLoS ONE 10(9) URL: www.ncbi.nlm.nih.gov/pmc/articles/PMC4580597/ (Retrieved 13 November 2018)

23 Appendix A. Child wellbeing Strategy – Scope and public engagement process. (2018) Child well-being: What it looks like, how it can be undermined, and how to protect and promote it. Office of the Minister for Child Poverty Reduction. Office of the Minister for Children.

24 Frohlich, K., Potvin, L. (2008). The inequality paradox: the population approach and vulnerable populations .American Journal of Public Health. 98(2):216-221URL: www.researchgate.net/publication/5677941_The_Inequality_Paradox_The_Population_Approach_and_Vulnerable_Populations (retrieved 21 November 2018)

imprisoned and that approximately 20,000 children in NZ have a parent in prison and most prisoners are parents²⁵, ARPHS proposes that the Strategy should also include a specific focus on addressing the inequities in the justice system.

32. ARPHS strongly encourages the child wellbeing team to advocate for a range of policy levers to embed a focus on child wellbeing in the work of government. This might include options such as including child wellbeing impact statements in all Cabinet papers.
33. ARPHS supports the adoption of the Office of the Children's Commission child-centred approach to planning by central and local government agencies.
34. ARPHS recommends equity and wellbeing assessment tools are required for all Strategy planning processes, including the Whānau Ora Health Impact Assessment 2007²⁶ and the Health Equity Assessment Tool: A User's Guide 2008.²⁷

- **Implementation Drivers and Supports**

35. Supporting change in the determinants, systems and environments where our whānau and tamariki live, learn, work and play will involve coordination. The health sector and associated NGOs have a potentially significant role in supporting collaborations at a regional level.
36. ARPHS supports the Strategy's emphasis on cross sector working. Practical implementation will require funding to support organisational capacity and mandating organisations to prioritise collaborative working. ARPHS' experience indicates that cross sector collaborations are only sustainable when there is explicit organisational commitment and a remit to support team or practitioner engagement.
37. The Strategy will be best supported by comprehensive data on child wellbeing. We propose the introduction of an Early Childhood Wellbeing Census, for example an expanded version of the Australian Early Development Census²⁸. We recommend that indicators are developed in collaboration with ti Tiriti partners and whānau. A Children's Wellbeing Census will provide comprehensive data to inform evidence and impact of action on the Strategy.
38. We also support and encourage the strengthening of collaborative data collection and information sharing among agencies to inform wider systems approaches as well as service

25 Gordon, L., MacGibbon, L. Network Research. (2011). A study of the children of prisoners. Te Puni Kōkiri. URL: https://www.google.co.nz/search?q=Prisoner%27s+children.+What+works&rlz=1C1CHBD_enNZ686NZ686&oq=Prisoner%27s+children.+What+works&ags=chrome..69i57.7967j0i8&sourceid=chrome&ie=UTF-8 (retrieved 21 November 2018)

26 Ministry of Health. (2007) Whānau Ora Health Impact Assessment. Wellington. Ministry of Health. URL: www.health.govt.nz/publication/whanau-ora-health-impact-assessment-2007 (retrieved 20 November 2018)

27 Signal, L., Martin, J., Robson, B. (2008). The Health Equity Assessment Tool: A User's Guide. Ministry of Health. Wellington. URL: www.health.govt.nz/publication/health-equity-assessment-tool-users-guide (retrieved 20 November 2018)

28 Australian Early Development Census (AEDC) 2018) Commonwealth of Australia. URL: www.aedc.gov.au/about-the-aedc (Retrieved 21 November 2018)

delivery and the impact of the Strategy.

Conclusion

39. ARPHS supports the development of a national, strategic and cross-agency approach to improving child wellbeing. We support a focus on the social determinants and a systems approach to create more effective population level change. We recommend a focus on early childhood zero to four years and the incorporation of a Hauora perspective. ARPHS looks forward to being part of the implementation of the 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 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.