

Department of the Prime Minister and Cabinet's Child Wellbeing Strategy

7 December 2018

For more information please contact:
Jane Murray
NMDHB Public Health Service
Email: jane.murray@nmdhb.govt.nz
Phone: (03) 543 7805

Submitter details

1. Nelson Marlborough Health (Nelson Marlborough District Health Board) (NMH) is a key organisation involved in the health and wellbeing of the people within Te Tau Ihu o Te Waka a Maui. NMH appreciates the opportunity to comment from a public health perspective on the Department of the Prime Minister and Cabinet's *Child Wellbeing Strategy*.
2. NMH makes this submission in recognition of its responsibilities to improve, promote and protect the health of people and communities under the New Zealand Public Health and Disability Act 2000 and the Health Act 1956.

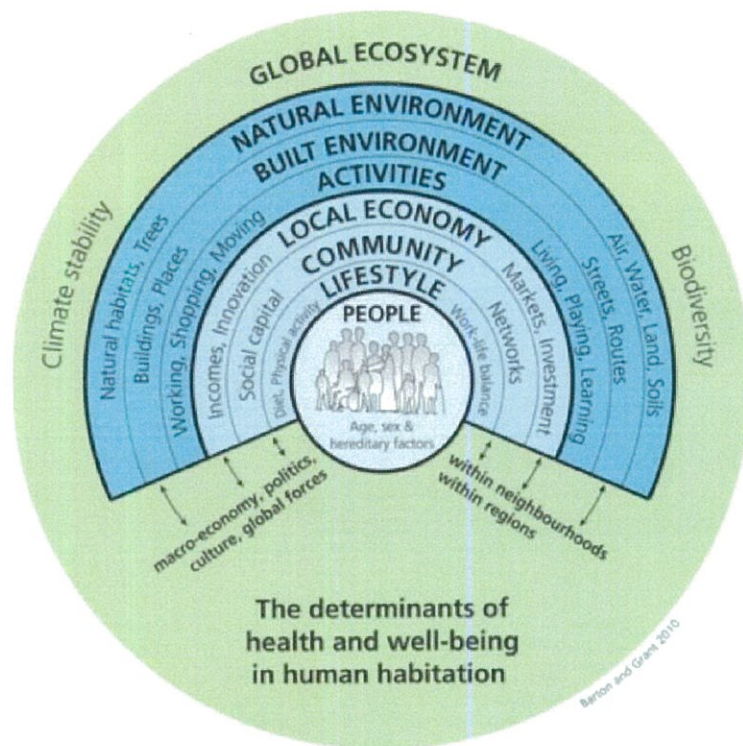
General Comments

3. NMH congratulates the Department for the Prime Minister and Cabinet for introducing the Child Wellbeing Strategy. NMH supports the values encapsulated in the United Nations Convention on the Rights of the Child, and the wider human rights framework that every child has the right to security, food, shelter, education and healthcare. Child poverty is costly not only for the children concerned but for society as a whole. A child may have insufficient food and may live in a cold damp house which can lead to lower educational opportunities and worse health outcomes. This can have long term effects such as reduced employment prospects, lower earning potential, poorer health and higher rates of criminal offending.¹ Good health and wellbeing are essential for children to lead happy prosperous lives. Investing in children can bolster economic growth, promote peaceful and sustainable societies, and eliminate extreme poverty and inequality.² NMH supports this Strategy because it will provide the current and successive governments with a tool to improve children's wellbeing over time.
4. This Strategy builds on Treasury's Living Standards Framework³ which acknowledges that wellbeing is reliant on natural, social, human and physical capital. The conditions where children are born, grow and play will influence their health and wellbeing. The diagram below shows how the various influences on wellbeing are interlinked.

¹ Children's Commissioner's Expert Advisory Group (2012) *Solutions to Child Poverty in New Zealand: Evidence for Action*, December. Retrieved from <http://www.occ.org.nz/assets/Uploads/EAG/Final-report/Final-report-Solutions-to-child-poverty-evidence-for-action.pdf>

² https://www.who.int/maternal_child_adolescent/child/nurturing-care-framework/en/

³ <https://treasury.govt.nz/information-and-services/nz-economy/living-standards/our-living-standards-framework>



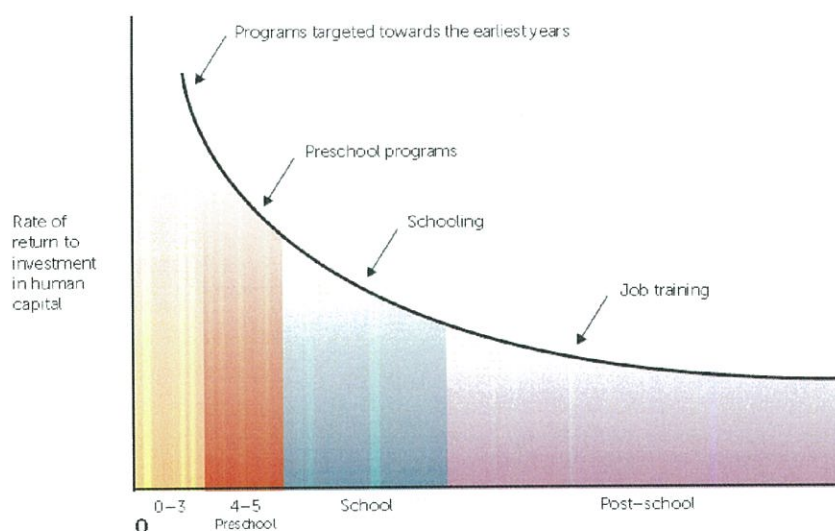
5. NMH supports Cabinet's decision to focus on the following six focus areas because these focus areas will have a significant impact in the short and long term:
 - a. Child poverty is reduced
 - b. Children experience optimal development in their first 1000 days
 - c. Children are thriving socially, emotionally and developmentally in the early years
 - d. Children are safe and nurtured in their whanau and their homes
 - e. Children's mental wellbeing is supported
 - f. Children are free from racism, discrimination and stigma
6. As an organisation, NMH has recently been involved with the South Island Public Health Partnership in creating *The First 1000 Days report*⁴ that can inform inter-sectoral planning, action, and monitoring to support the best start in life for South Island children. The report takes a life-stage report looking at pre-conception, pregnancy, and infancy and the wider determinants of health that are important across all three life stages. The power of the first 1000 days to influence outcomes over the next 30,000 days cannot be overestimated⁵. In our DHB we find suicide, alcohol related harm, road traffic deaths, obesity, diabetes

⁴ <https://www.cph.co.nz/health-professionals/public-health-analysis/>

⁵ <http://apo.org.au/system/files/108431/apo-nid108431-436631.pdf>

and many other conditions having their root causes related to Adverse Childhood Experiences. An early nurturing environment is key to the creation of successful humans. Too often we could do much better in this space around preparation for parenthood and subsequent supports both universal and targeted that support families and whanau. Where a family unit does not have the resources needed to support good outcomes the community needs to fill these gaps with high quality locality planning.

Figure 2: Rates of return to human capital investment at different ages: Return to an extra dollar at various ages



http://www.first1000daysaustralia.org/sites/default/files/report_pdf/First%201000%20Days%20Report.pdf

7. NMH notes that the Strategy has taken a broad approach in regards to the social environment but does not appear to have incorporated the built environment outside of housing issues. A child's neighbourhood can play an important role in physical, mental and emotional development⁶.

Examples of neighbourhood characteristics that can affect our health include:

Social Factors:

- High unemployment rates
- Social disorder (e.g. youth violence)
- Collective action to improve neighbourhoods

Psychological factors:

- How we identify with our neighbourhood
- Sense of security and satisfaction
- Collective stress

Policy factors:

- City planning & zoning practices (e.g. access to services and resources like public transportation, parks, grocery stores, primary health care)
- Safe places to walk/bike

8. It is important for local councils and communities to have responsibilities for creating healthy neighbourhoods within the Strategy for instance, the number of cycleways, increased availability of fresh food, reducing access to fast food, alcohol and gambling machines in deprived areas. Good connections between local government and central government are important to ensure that

⁶ <http://www.stmichaelshospital.com/pdf/crich/neighbourhoods-healthy-child-development.pdf>

programmes are rolled out at the appropriate level, for instance the Fresh Air Project that supports smokefree outdoor dining and bars has been trialled successfully in Christchurch, Ashburton, Whangarei, Nelson and Auckland so consideration should be given to rolling this out nationally.

9. Organisations that are responsible to children's health and wellbeing are many and varied. It is important that all these organisations are able work together to deliver effective wellbeing programmes and eliminate, where possible, any interventions that may increase child poverty. For instance, consideration should be given to the important roles that children's sports organisations play and whether it is appropriate for these organisations to be receiving funds from charity gambling agencies. Charity gambling agencies receive money from problem gamblers. Gambling has a major impact on the wellbeing of children and young people. The impact of indebtedness, criminality, poor physical and mental health, family violence, and household stress all have a significant and lasting impact on children. The harm done to the children of problem gamblers can be severe and long-lasting.⁷ The strong association between alcohol sponsorship and sport normalises a drinking culture within what would otherwise have been a health supporting environment. Young people involved in sport are therefore at increased risk of alcohol related harm including suicide. Sport sponsorship from alcohol companies should cease.⁸

Specific Comments

10. It is not clear which agencies will have responsibility for the Strategy and its implementation. It would be beneficial for the Strategy to include details on the roles and responsibilities for agencies.
11. The focus areas within the Outcome Framework fall under the mandate of many agencies. It is important that all agencies involved are able to work collaboratively, sharing information and data to ensure that there is an effective response. In addition, the agencies with responsibility for the strategy must also ensure that child wellbeing is integral to all strategies and plans concerning families within their own organisations.
12. It is also noted that the Strategy is very clear on its vision, outcomes, principles and focus areas but it lacks detail regarding how programmes will be funded and measured. In terms of NMH, staff working within the Children's Teams have experienced difficulty referring at-risk children to the appropriate services either

⁷ https://www.pgfnz.org.nz/uploads/7/1/9/2/71924231/fs11-children_of_problem_gamblers.pdf

⁸ <https://www.hqsc.govt.nz/assets/CYMRC/Publications/Alcohol-report.pdf>

because services are not available or do not have current capacity, for instance being able to offer adequate special education services or respite care for families where parents are struggling with difficult situations. In addition, in rural areas, services for parenting, mental health and social isolation can also be minimal. Information pertaining to funding and monitoring in the Strategy would enable NMH to work on ways to alleviate current strains in the system.

13. NMH notes that this Strategy does not explicitly address equity issues. Reducing inequalities became the focus of the "Fair Society, Healthy Lives", Marmot Review in the UK in 2010⁹. Maori and Pacific families have had disproportionality lower incomes, greater house crowding and higher unemployment and this has led to a greater levels of poverty thereby affecting wellbeing. It is important that this Strategy includes specific requirements within its work programmes that improve wellbeing for Maori and Pacific families. The Health Equity Assessment Tool and/or the Whanua Ora Health Impact Assessment Tool could be incorporated into the Strategy.
14. **Vision:** NMH supports the vision that New Zealand is the best place in the world for children.
15. **Wellbeing Domains:** NMH supports the Wellbeing Domains as these align with the World Health Organisation's Nurturing Care domains: opportunities for early learning, good health, adequate nutrition, responsive caregiving and security and safety. These domains will help children develop to their full potential.
16. **Wellbeing Domain: Are Loved, nurtured and safe:** NMH supports the desired outcomes and potential focus areas identified. In terms of the wording related to keeping safe from accidental injury (in the Outcomes and Focus area 2), it would be simpler to state "Children and young people are kept safe from accidental injury" rather than include all the locations of possible injuries because the examples are so broad that they cover all locations.
17. **Wellbeing Domain: Have what they need:** NMH supports the desired outcomes and potential focus areas identified. More information pertaining to the built environment could be included under the Focus areas 4 or 6.
18. **Wellbeing Domain: Belong, contribute & are valued:** NMH supports the desired outcomes and potential focus areas identified. It is noted that the desired outcome relating to making decisions is contained in this section, however the corresponding Focus area 13 is listed under a different Wellbeing domain. For

⁹ Marmot, M. (2010). Fair Society Healthy Lives (The Marmot Review). Retrieved from <http://www.hauora.co.nz/assets/files/Global/Marmot%20Exec%20-%20Fair%20Society,%20Healty%20Lives.pdf>

consistency and ease of reading, it would be beneficial for them to under the same domain.

19. **Wellbeing Domain: Are Happy and Healthy:** NMH supports the desired outcomes and potential focus areas identified. This wellbeing domain does not include any mention of the importance of play on child wellbeing. All types of play has a crucial role in child's development therefore it would be important to include the concept within the Strategy.¹⁰

There appears to be a word omitted under Focus Area 12, bullet point one.

20. **Wellbeing Domain: Are Learning & Developing:** NMH supports the desired outcomes and potential focus areas identified. It is noted that the desired outcome relating to making choices about alcohol, drugs and sexual relationships is contained in this section, however the corresponding Focus area 13 is listed under a different Wellbeing domain. As stated early, it would be easier for the reader to have the outcome under the same domain.

Conclusion

21. NMH thanks the Department of the Prime Minister and Cabinet for the opportunity to comment on the *Child Wellbeing Strategy*.

Yours sincerely



Peter Bramley
Chief Executive
Peter.bramley@nmdhb.govt.nz

¹⁰ Goldstein, J. (2012) *Play in children's development, health and wellbeing*, Toy Industries of Europe. Retrieved from <https://www.ornes.nl/wp-content/uploads/2010/08/Play-in-children-s-development-health-and-well-being-feb-2012.pdf>