



Plunket



**Plunket Submission  
on the  
Child and Youth Wellbeing Strategy:  
Proposed Outcomes Framework**

5 December 2018

Royal New Zealand Plunket Trust

## Introduction

*“...cold to the bone, damp and covered in mould, there are often no curtains, holes in the floor and families cannot afford to heat them.*

*This means cold homes, sick kids, and consequent increases in days absent from work and loss of income.”  
-Hawke’s Bay Plunket nurse.*

*“It is really heart breaking when you can see parents trying their absolute best for their children but they still have so much against them.*

*Something needs to change. We just need to keep hoping.”  
-Plunket Nurse.*

Plunket works with families across Aotearoa and sees first-hand the damage systemic and compounding issues have on children’s health and wellbeing. Many of New Zealand’s children are not able to get the best start in their first 1000 days of life - the most important time in their development.

Plunket sees 86% of all babies born in New Zealand and is the largest provider of Well Child Tamariki Ora and related parent support services for whānau with children under 5. Every day Plunket staff and volunteers see more and more whānau who are struggling to support their tamariki to be well and the results can be devastating - poor child health, stressed families and poor outcomes for children.

Improving child wellbeing is fundamental to our nation’s future. We all have an obligation to level the playing field for our tamariki in New Zealand. All sectors led by government, need to invest in the wellbeing of all children to make the difference of a lifetime and create generational change.

Plunket strongly supports the intent of the Child and Youth Wellbeing Strategy and proposed Outcomes Framework. This is a critical step towards creating a society where all children are able to get the best start in life. It provides an opportunity for government to put the wellbeing of children at the foreground of government action and focus. We are particularly encouraged that this strategy is being driven by the Prime Minister and her office.

Plunket belongs to the Child Poverty Action Group and Tick for Kids networks and is a member of the Action for Children and Youth Aotearoa (ACYA) Coalition; we strongly support submissions from these expert groups, who are broadly representative of experienced frontline professional and community organisations focused on child and youth wellbeing. We also endorse the submission by NZNO.

We welcome the opportunity to feedback on the Strategy and Outcomes Framework.

Our submission represents the combined experiences of our staff and volunteers, all of whom work towards our vision that in the first 1,000 days we can make the difference of a lifetime.

## Overarching Recommendations

### 1. The first 1000 days are critical for long-term wellbeing

- That the Child and Youth Wellbeing Strategy and Outcomes Framework prioritise a focus on improving child wellbeing from conception to the first 1000 days.
- That robust data, systems and frameworks are put in place to facilitate, support and monitor early interventions in the first 1000 days.

### 2. Wellbeing is multidimensional

- That the Child and Youth Wellbeing Outcomes Framework and Strategy address all dimensions of wellbeing, particularly when prioritising focus areas.
- That the Child and Youth Wellbeing Strategy explicitly demonstrates how the different domains, outcomes and focus areas relate to and impact each other.

### 3. Acknowledgement of Māori as tangata whenua

- That the Strategy has a specific provision for improving the wellbeing of tamariki Māori in recognition of their place as tangata whenua.
- That government work in partnership with Iwi Māori so that concepts such as waiora, whanaungatanga, manaakitanga, ōhanga, kaitiakitanga, mana atua, pae ora, whānau ora, wai ora, and are reflected and underpin the strategy and framework.
- That the Strategy ensures a long-term and lasting focus on improving child wellbeing for tamariki Māori.

### 4. The Child and Youth Wellbeing Strategy must commit to achieving equity of outcomes

- That the Child and Youth Wellbeing Strategy and Outcomes Framework explicitly commit to achieving equity of outcomes for all children.
- That the Strategy and Outcomes Framework commit to a focus on improving wellbeing for specific population groups, particularly Māori as tangata whenua.
- That the Strategy and Outcomes Framework consider how proportionate universalism can be better enhanced to improve child wellbeing and reduce inequity.

### 5. A cultural focus must be explicit throughout the strategy

- That the Child and Youth Wellbeing Strategy and resulting actions are culturally appropriate and reflective of New Zealand's diverse population.
- That government partner with ethnic communities to further develop the Framework to ensure that it is culturally representative.

### 6. Children must be seen in the wider context of their family, community and environment

- That the Child and Youth Wellbeing Strategy and Outcomes Framework always views children in the context of their family, communities and environment.
- That the Strategy guarantee a coordinated and cohesive system of support and services to ensure the wellbeing of all children and their families, whānau and communities.

### 7. There must be a bipartisan, long-term commitment to child wellbeing

- A system is put in place to guarantee a dedicated focus on and strategy for child wellbeing that endures across successive governments.
- The Child and Youth Wellbeing Strategy and focus is coordinated and integrated across government departments and sectors.
- The Child Wellbeing Strategy is supported by robust data that drives achievement of and reporting on measurable targets over time, including tier one statistics.
- That the initiatives being put in place during this government to address issues that affect child wellbeing are long-lasting.
- That the implications of social and economic determinants on children's wellbeing are considered in all future legislation, policy development and implementation and are monitored.

## Specific Recommendations on the vision, principles and domains

### 8. Vision

- That the Strategy has a framework for measurement that is responsive to the unique needs of New Zealand's children.

### 9. Principles

- That principle one is strengthened by ensuring the best interest of the child as the primary consideration, keeping tamariki at the heart of all decision making.
- That principle four be strengthened to explicitly focus on achieving equity for Māori whānau.
- That principle five is strengthened by changing "should be taken into account" to "will be taken into account".
- That another principle is added that explicitly states a commitment to achieving equity of outcomes for all children in New Zealand.

### 10. General comments on domains, outcomes and focus areas

- That the Strategy require measures of child wellbeing and sets SMART goals with achievable targets, which have a focus on action and the reduction of inequity.

### 11. Domain One – *"Are loved, nurtured and safe"*

- That focus area 1 is prioritised in the Wellbeing Strategy and under this wellbeing domain.
- That "Love" is clearly defined or removed from domain one.
- That the Child and Youth Wellbeing Strategy focuses on building the capabilities of parents and enhancing the value society places on parenting.
- That there is a stronger focus on supporting family environments where children are protected from toxic stress.
- That maternal mental health is a focus of the Child Wellbeing Strategy and is given high policy priority.

### 12. Domain Two – *"Have what they need"*

- That focus areas 5 and 6 are prioritised in the Wellbeing Strategy and under this wellbeing domain.
- That the strategy and framework acknowledges the role of healthy and secure housing for child wellbeing, and prioritises improvements in this space.
- That the strategy links up with other key pieces of housing legislation, such as the Healthy Homes Standards and Residential Tenancies Amendment Act, to maximise the difference that can be made for children.

### 13. Domain Three – *"Belong, contribute and are valued"*

- That focus area 7 is prioritised in the Child Wellbeing Strategy and under this wellbeing domain.
- That clear legislation, which extends past the Child Poverty Reduction Bill, is put in place to ensure this human right is met for all children.

### 14. Domain Four – *"Are happy and healthy"*

- That focus areas 10 and 12 are prioritised in the Child Wellbeing Strategy and in this wellbeing domain.
- That families and communities continue to be provided with information to make healthy decisions for their children in addition to being able to access affordable services, basic resources such as healthy food, and have the capacity to prioritise healthy lifestyle choices.
- That this focus facilitates a partnership approach that supports addressing wider determinants of health, such as smoking, stress reduction, relaxation, and relationships.
- That government take a primary prevention and 'life-course' approach to reducing mental illness and promoting mental health and wellbeing.
- That the Child and Youth Wellbeing Strategy commit to focusing on child mental health, starting with a focus on New Zealand's current cohort of infants and young children.

## 15. Domain Five – “Are learning and developing”

- That focus area 14 and a child’s first 1000 days be prioritised in the Child Wellbeing Strategy and under all domains.
- That government build on the foundations of and support the enhancement of maternity and Well Child Tamariki Ora services.

## Child Wellbeing in Aotearoa

### 1. The first 1000 days are critical for long-term wellbeing

The best evidence shows that getting things right for children in their first 1000 days ensures better health and wellbeing outcomes later in life. The first 1000 days of life is a unique period when the foundations of health, growth and neurodevelopment across the lifespan are established. Positive early childhood conditions, especially nurturing, responsive and secure relationships with parents/caregivers and whānau, lay the foundations for optimal development and lifelong health and wellbeing<sup>1</sup>. A clear focus on conception through to these early years is critical to improve the wellbeing of all children in New Zealand.

We need greater government investment in all our young children if we hope to make New Zealand the best place in the world for children. The importance of Aotearoa making this commitment becomes evident when considering the superior child health rankings of other OECD countries with higher proportional government investment in children<sup>2</sup>.

It is crucial that we have robust data, systems and frameworks in place to facilitate, support and monitor this focus on the first 1000 days, so that early interventions can make the biggest difference for our tamariki. This means putting measurable outcomes and targets in place, that are monitored using multiple and rich data sets that focus on this period of life.

As New Zealand’s largest Well Child Tamariki Ora provider, Plunket has a wealth of robust data about child wellbeing. We would be keen to work with you during this development phase to work through what data could support shaping and reporting on outcomes and targets.

#### Recommendations:

- 1.1. That the Child and Youth Wellbeing Strategy and Outcomes Framework prioritise a focus on improving child wellbeing from conception to the first 1000 days.
- 1.2. That robust data, systems and frameworks are put in place to facilitate, support and monitor early interventions in the first 1000 days.

---

<sup>1</sup> Moore T, Arefadib N, Deery A, Keyes M, West S. The First Thousand Days: An Evidence Paper – Summary. Victoria, Australia: Centre for Community Child Health, Murdoch Children’s Research Institute, 2017. (<http://apo.org.au/system/files/108431/apo-nid108431-436656.pdf>) 12. Shonkoff JP, Garner AS, Siegel BS, Dobbins MI, Earls MF, Garner AS, McGuinn L, Pascoe J, Wood DL. The Lifelong Effects of Early Childhood Adversity and Toxic Stress. *Pediatrics* 2012;129(1):e232-e46. (<http://pediatrics.aappublications.org/content/pediatrics/129/1/e232.full.pdf>) 13. Kvalsvig A. Better health for the new generation: Getting it right from the start. In: Simpson J, Oben G, Craig E, Adams J, Wicken A, Duncanson M, et al., eds. *The Determinants of Health for Children and Young People in New Zealand*. Dunedin: NZ Child & Youth Epidemiology Service, University of Otago; 2016.

(<https://www.sialliance.health.nz/UserFiles/SouthIslandAlliance/File/PDFs/Determinants%20of%20Health%202014/6/2014%20Determinants%20of%20Health%20InDepth%20-%20Getting%20it%20right%20from%20the%20start.pdf>)

<sup>2</sup> OECD (2009), *Doing Better for Children*.



## 2. Wellbeing is multidimensional

Child wellbeing is complex and a variety of wellbeing models show that it is multidimensional<sup>3,4,5</sup>. It is therefore crucial that the 5 dimensions of wellbeing proposed in the strategy are not viewed in isolation from each other. To meet the vision proposed, the dimensions should not be prioritised against each other, rather a selection of prioritised focus areas should represent all domains.

The government's work programmes has several key pieces of work that directly impact on wellbeing (welfare reform, Family Justice reform, Early Learning strategy, Maternity systems review, Well Child Tamariki Ora Framework review as some examples). All of these will impact on child wellbeing. The Strategy and outcomes framework needs to provide a coherence and direction for how competing priorities will be balanced to not compromise child wellbeing.

The strategy must explicitly demonstrate how the different domains, outcomes and focus areas relate to and impact each other. This will enable identification of where there is potential for collaboration and a synergistic approach, to achieve a full and complete picture of wellbeing for our tamariki.

### Recommendations

- 2.1. That the Child and Youth Wellbeing Outcomes Framework and Strategy address all dimensions of wellbeing, particularly when prioritising focus areas.
- 2.2. That the Child and Youth Wellbeing Strategy explicitly demonstrates how the different domains, outcomes and focus areas relate to and impact each other.

## 3. Acknowledgement of Māori as tangata whenua

The Crown has an obligation under the Treaty of Waitangi to partner with Māori in framing the dimensions of child wellbeing in a meaningful way that protects tamariki, rangatahi, and whānau.

The current the process and resulting strategy and framework does not appear to reflect a genuine partnership approach with Māori. It is not clear why the Whānau Ora Outcomes Framework (developed in concert with the Iwi Leaders Forum and the Whānau Ora Taskforce) has not been adequately reflected in this document.

To this end the Crown needs to partner with Māori so that concepts such as waiora, whanaungatanga, manaakitanga, ōhanga, kaitiakitanga, mana atua, pae ora, whānau ora, wai ora, and are reflected and underpin the framework.

Plunket recommends that the Outcomes Framework has specific priority applied to improving the wellbeing of tamariki Māori in recognition of their place as tangata whenua.

Furthermore, we know that tamariki Māori are over represented in the negative statistics to date, experiencing inequity with regards to many life outcomes and opportunities<sup>6</sup>. The inequitable outcomes for indigenous cultures are not uncommon<sup>7</sup> and that closing the gap will require strong collaboration with indigenous communities that is free of institutional barriers<sup>8</sup>.

---

<sup>3</sup> Office of the Children's Commissioner [Wellbeing wheel](http://www.occ.org.nz/wellbeing/elements-of-child-wellbeing/) <http://www.occ.org.nz/wellbeing/elements-of-child-wellbeing/>

<sup>4</sup> UNICEF, Child poverty in perspective: An overview of child well-being in rich countries, Innocenti Report Card 7, 2007 UNICEF Innocenti Research Centre, Florence.

<sup>5</sup> Durie, M. (2011). Ngā tini whetū: Navigating Māori futures. Auckland: Huia Publishers. Cited in New Zealand Treasury Discussion Paper 18/11, (September 2018). He Ara Waiora / A Pathway Towards Wellbeing. Exploring Te Ao Māori Perspectives on the Living Standards Framework for the Tax Working Group.

<sup>6</sup> Mills, C., Reid, P., & Vaithianathan, R. (2012). The cost of child health inequalities in Aotearoa New Zealand: a preliminary scoping study. BMC Public Health, 12:384.

<sup>7</sup> Peiris, D., Brown, A., & Cass, A. (2008). Addressing inequities in access to quality health care for indigenous people. Canadian Medical Association Journal, 179 (10), 985-986.

<sup>8</sup> Came, H. (2014). Sites of institutional racism in public health policy making in New Zealand. Social Science & Medicine, (106), 214-220.

The Framework and Strategy needs to focus on ensuring tamariki Māori achieve equitable outcomes in partnership with whānau, hapū, and iwi.

### **Recommendations**

- 3.1 That the Strategy has a specific provision for improving the wellbeing of tamariki Māori in recognition of their place as tangata whenua.
- 3.2 That government work in partnership with Iwi Māori so that concepts such as waiora, whanaungatanga, manaakitanga, ōhanga, kaitiakitanga, mana atua, pae ora, whānau ora, wai ora, and are reflected and underpin the Strategy and Framework.
- 3.3 That the Strategy ensure a long-term and lasting focus on improving child wellbeing for tamariki Māori.

## **4. The Child Wellbeing Strategy must commit to achieving equity of outcomes**

The Child Wellbeing Strategy and Outcomes Framework must explicitly strive to achieve equity of outcomes for all children in Aotearoa.

Plunket is concerned that there is a risk with the way the Framework is currently being developed that lends itself to interpreting the domains and focus areas in the same way for all. This would result in the focus being more on equality than specifically achieving equity. An unintended consequence of this could be an overall impact on child wellbeing but no increase in equity between different cohorts of children.

Plunket supports defined reference to improving wellbeing for specific population groups who experience inequity. In particular there needs to be a specific commitment to increasing wellbeing for tamariki Māori.

There is also a need for more services and interventions that are targeted proportionately at those who are most at risk, such as Pasifika, refugee and migrant children, sole parents, children living with disabilities, children living in rural areas, children in care, at risk of abuse or neglect, and those involved in the youth justice system.

Proportionate universalism allows for the provision of additional resource to those most in need within a universal programme and is internationally supported as an effective service delivery model<sup>9</sup>. Proportionate universalism acknowledges that families' needs change over time, are unpredictable and no single approach or standard service package will meet the needs of all.

This form of proportionate universal service is already a feature of some New Zealand services including the Well Child/ Tamariki Ora Framework, of which Plunket is currently the largest provider. A key advantage of this universal approach is the opportunity to define the base level of service/support that all children should have access. It also provides an early intervention opportunity whether in the life of the child or the life of the problem, before the need for statutory intervention. However, it is crucial that, within such services, there are funding considerations that allow tailored services to meet the needs of different population groups.

Plunket supports the continuation of a proportionate universal service and urges the government to consider how this approach can be better enhanced to support the reduction of inequities different population groups face.

### **Recommendations:**

- 4.1. That the Child Wellbeing Strategy and Outcomes Framework explicitly commit to achieving equity of outcomes for all children.
- 4.2. That the Strategy and Outcomes Framework commit to a focus on improving wellbeing for specific population groups, particularly Māori as tangata whenua.

---

<sup>9</sup> *Fair Society, Healthy Lives, Strategic Review of Health Inequalities in England post 2010*, The Marmot Review

4.3. That the Strategy and Outcomes Framework consider how proportionate universalism can be better enhanced to improve child wellbeing and reduce inequity.

## 5. A cultural focus must be explicit throughout the strategy

### *A wider understanding of the role culture has to play*

Plunket is also concerned that the Framework does not acknowledge the role that wider cultural factors have to play with regards to child wellbeing<sup>4</sup>.

Cultural perspectives play a key role in terms of developing, implementing and evaluating wellbeing measures. Many cultures consider health and wellbeing beyond the biomedical model, and believe in a more holistic approach that considers elements such as spiritual health, connection to the land, genealogy and culture identity<sup>10,11</sup>.

Understanding different ethnic communities' approaches to wellbeing is essential and will provide a more holistic and accurate picture of child health and wellbeing overall. Plunket believes further engagement needs to be undertaken with different cultural groups on the development of the domains and focus areas.

#### **Recommendations:**

- 5.1 That the Child and Youth Wellbeing Strategy and resulting actions are culturally appropriate and reflective of New Zealand's diverse population.
- 5.2 That government partner with ethnic communities to further develop the Framework to ensure that it is culturally representative.

## 6. Children must be seen in the wider context of their family, community and environment

Plunket sees and cares for children in the context of their whānau, hapū, iwi, communities and wider environment. Children are born into and grow up in complex inter-related systems of influences, including but not limited to individual, family, community, institutional and societal.

Plunket is concerned that the Framework does not sufficiently acknowledge the importance of whānau, community, and environmental factors. There will need to be a concerted effort to ensure the framework and resultant actions recognise the important role these factors have to play in influencing child wellbeing.

A coordinated and cohesive system of support and services is required to ensure the wellbeing of all children and their families.

#### **Recommendations:**

- 6.1 That the Child and Youth Wellbeing Strategy and Outcomes Framework always views children in the context of their family, communities and environment.
- 6.2 That the Strategy guarantee a coordinated and cohesive system of support and services to ensure the wellbeing of all children and their families, whānau and communities.

---

<sup>10</sup> Strength-based well-being indicators for indigenous children and families: A literature review of indigenous communities' identified well-being indicators. Rountree, J., & Smith, A., (2016). American Indian and Alaska native mental health research, Vol.23(3), pp.206-20.

<sup>11</sup> Priest, N., Mackean, T., Davis, E., Briggs, L., & Waters, E. (2012). Aboriginal perspectives of child health and wellbeing in an urban setting: Developing a conceptual framework. Health Sociology Review, 21 (2), 180-195.



## 7. There must be a bipartisan, long-term commitment to child wellbeing

Plunket supports a long term focus on improving child wellbeing that is maintained by successive governments.

There needs to be a system in place that guarantees this long-term non-partisan commitment to improving child wellbeing. This system must involve coordination of multiple government departments and Ministries, in particular Health, Education, Social Development, Oranga Tamariki, Te Puni Kokiri, Pacific Peoples, Justice and Treasury, and integration across sectors, supported by a wealth of robust data that drives achievement of measurable targets over time.

To be best positioned to improve child wellbeing in a way that achieves equity, there must be a collaborative multi-agency approach that is underpinned by proportionate universalism, and fully supported by a collaborative way of working including the sharing of information.

The initiatives that are currently being put in place to address systemic issues such as child poverty, housing, poor nutrition and mental health, must work together in a cohesive system and remain durable beyond this government's tenure. The links between poor outcomes for children and their whānau and systemic issues are very clear in the literature. This evidence base includes The Marmot Review which states "The link between social conditions and health is not a footnote to the 'real' concerns with health – health care and unhealthy behaviours – it should become the main focus"<sup>12</sup>.

Plunket believes that the impact on child wellbeing should be considered and placed at the centre of all future legislation, policy development and implementation and that this should be monitored. This includes an explicit focus on the implications of the social and economic determinants on child health and wellbeing if we hope to achieve positive and sustained outcomes for children and their families.

It is crucial that these changes and the political accountability for child wellbeing exist beyond the three-yearly election cycle if we hope to achieve the positive change New Zealand's tamariki deserve.

### Recommendations

- 7.1 A system is put in place to guarantee a dedicated focus on and strategy for child wellbeing that endures across successive governments.
- 7.2 The Child and Youth Wellbeing Strategy and focus is coordinated and integrated across government departments and sectors.
- 7.3 The Child and Youth Wellbeing Strategy is supported by robust data that drives achievement of and reporting on measurable targets over time, including tier one statistics.
- 7.4 That the initiatives being put in place during this government to address issues that affect child wellbeing are long-lasting.
- 7.5 That the implications of social and economic determinants on children's wellbeing are considered in all future legislation, policy development and implementation and are monitored.

## Response to the Proposed Outcomes Framework

### 8. Vision

Plunket supports the vision that "*New Zealand is the best place in the world for children and young people*". However, we acknowledge that we have a long way to go and need to implement drastic changes if we hope to achieve this.

Our concern is that the vision, as it is currently written, seems to suggest and require international comparisons to show whether it has been achieved. International bench marking may limit what we measure and what could be covered in the comparison. Plunket is concerned that this may have the unintended

<sup>12</sup> Fair Society, Healthy Lives, Strategic Review of Health Inequities in England post 2010, The Marmot Review

consequence of shaping targets and measures that do not reflect New Zealand's population and, in particular, are not responsive to the needs of Māori as tangata whenua. The Strategy must have a framework for measurement that is responsive to the unique needs of New Zealand's children.

#### **Recommendations:**

8.1. That the Strategy has a framework for measurement that is responsive to the unique needs of New Zealand's children.

## **9. Principles**

Plunket agrees with and supports the intent of the proposed principles that underpin the Outcomes Framework. In particular, we are encouraged by principles two and three as they explicitly recognise that the child must be seen in the context of their families and communities, however the detail in the rest of the strategy needs to better reflect this, as noted in point five of this submission.

Plunket believes that there needs to be an additional principle that explicitly states a commitment to achieving equity of outcomes for all children in New Zealand. We know that certain groups of children disproportionately experience negative outcomes, that then effect long-term and life outcomes. It is crucial that the Child and Youth Wellbeing Strategy and Outcomes Framework be underpinned by a commitment to achieving equity, particularly for groups more at risk, across all domains, outcomes, focus areas and resulting actions.

Furthermore, Plunket believes that some of the existing principles require strengthening to drive the most impactful change;

- Although it is essential that principle one acknowledge the dignity and value of children, Plunket believes that it can be strengthened by explicitly stating a commitment to ensuring the best interest of the child as the primary consideration, keeping tamariki at the heart of all decision making.
- Plunket is pleased to see the recognition of Te Tiriti o Waitangi explicitly acknowledged in principle four, but we believe that this principle must go further to have a focus on achieving equity for Māori tamariki as tangata whenua. This principle, must go further to incorporate partnership with and protection of Māori
- Principle five also requires strengthening. The views of children should be protected and their insights must form a critical part of any strategy development.

#### **Recommendations:**

9.1 That principle one is strengthened by ensuring the best interest of the child as the primary consideration, keeping tamariki at the heart of all decision making.

9.2 That principle four be strengthened to explicitly focus on achieving equity for Māori whānau.

9.3 That principle five is strengthened by changing "should be taken into account" to "will be taken into account".

9.4 That another principle is added that explicitly states a commitment to achieving equity of outcomes for all children in New Zealand.

## **10. General comments on domains, outcomes and focus areas**

The framework is very aspirational at this stage – the proof will be in the implementation and the measurement framework that is put in place to monitor and assess our progress. It is crucial that the next stage of the Strategy is clearly defined and lays out measurable goals, clear actions to meet these goals and the mechanism for these to be supported at implementation level, to ensure positive change is achieved.

The introduction of required measures on child wellbeing and the setting of long term and short term targets which are reported on, will result in New Zealand being able to quantify child wellbeing. Plunket supports the development of measures and believes this will be an essential step towards increasing wellbeing for tamariki

in NZ. SMART goals<sup>13</sup> with realistic and achievable targets, would need to have a clear focus on action and the reduction of inequity.

Below we outline our response to the question ‘what focus areas would we prioritise’. We have ensured all domains are represented and have commented only on the focus areas we believe to be to most important to address first.

### **Recommendations:**

10.1 That the Strategy require measures of child wellbeing and sets SMART goals with achievable targets, which have a focus on action and the reduction of inequity.

## **11.Domain One - “Are loved, nurtured and safe”**

### *Desired Outcomes*

Plunket believes that the desired outcomes listed for this domain do not sufficiently define or address what it means for children to be loved. It is implied that this can be achieved if families spend quality time with children and if homes are nurturing. Understandings of what love is differ greatly across communities and it is important that the intent of the Strategy and the resulting actions are universally understood. There are circumstances where love is used to justify negative or unhealthy behaviours, therefore, Plunket recommends that love is either defined or removed from domain one.

### *Priority Focus Areas*

#### ***Focus area 1: “Children and young people are safe and nurtured in their families, whānau and homes.”***

Plunket believes this focus area should be prioritised as achieving safe and nurturing home environments, particularly during a child’s first 1000 days, has the ability to make a lasting impact on life outcomes.

Tamariki, infants, and children who grow up in supportive, nurturing family environments are likely to develop into happy and secure children that can regulate their emotions, develop positive relations with others and be healthy. There is increasing evidence that sensitive responses from primary caregivers to their child’s emotional and physical needs are the foundations for healthy outcomes in the long term<sup>14</sup>.

Policies that allow children to be cared for at home by parents, particularly in their first year, ensure such opportunities are open to families across the income spectrum and are strongly supported by evidence. A clear example is paid parental leave, which is associated with better maternal and child health with studies finding an association with lower rates of maternal depression, lower rates of infant mortality, fewer low birth weight babies, more breast-feeding and more use of preventative healthcare<sup>15</sup>.

We also know that children’s lifetime outcomes are better when, as infants, they are not exposed to toxic stress<sup>16</sup>. The prevalence of family violence in New Zealand is high and is a key contributor to toxic stress experienced by children. One in two women in New Zealand, who have ever had a partner, report having experienced physical, sexual, and/or psychological/emotional abuse, and one in three report having experienced intimate partner violence in their lifetime<sup>17</sup>.

---

<sup>13</sup> SMART is a mnemonic/acronym giving criteria for setting goals; Specific, Measurable, Achievable, Relevant and Time-bound.

<sup>14</sup> Wouldes, T., Mery, S., & Guy, D., (2011). Social and emotional competence: Intervening in infancy. In Gluckman, P. *Improving the transition: Reducing social and psychological morbidity during adolescence*. A report from the Prime Minister’s Chief Science Advisor.

<sup>15</sup> Heymann et al, (2017) *Paid Parental Leave and family wellbeing in the sustainable development era*, Public Health Review ; vol 38

<sup>16</sup> Toxic stress results from strong, frequent, or prolonged activation of the body’s stress response systems in the absence of the buffering protection of a supportive, adult relationship. The risk factors studied in the Adverse Childhood Experiences include examples of multiple stressors (e.g., child abuse or neglect, parental substance abuse, and maternal depression) that are capable of inducing a toxic stress response.

<sup>17</sup> Fanslow, J. L., & Robinson, E. M. (2011). Sticks, stones, or words? Counting the prevalence of different types of intimate partner violence reported by New Zealand women. *Journal of Aggression, Maltreatment & Trauma*, 20, 741–759.

Babies who experience adversity such as family violence, stress or neglect grow fewer brain connections, delaying development, and potentially limiting cognitive development long term. Evidence shows that adverse prenatal, infant, and childhood experiences increase the risk of poor mental health later in life and that early intervention can improve life outcomes<sup>18</sup>.

It is for these reasons that building capabilities of parents and enhancing the value society places on parenting is critical. This must include supporting family environments where children are protected from toxic stress, with a greater focus on reducing stressors whānau experience that can impact on their capability to make their children feel nurtured and safe. It is also critical to recognise the role a mother's mental health has for the wellbeing and health of her children<sup>19</sup>. Both antenatal and postnatal depressive symptoms have been associated with poor early child health and development.

Perinatal depression is a neglected health priority, affecting 10-15 percent of women. Approximately 60 percent of Plunket mother's assessed as having postnatal mental health issues have a history of mental health issues - this is consistent with the international literature<sup>20</sup>.

It is for these reasons that maternal mental health deserves high policy priority for the sake of both mother and child, and why it should be prioritised for the improvement of child wellbeing.

### **Recommendations:**

- 11.1 That focus area 1 is prioritised in the Wellbeing Strategy and under this wellbeing domain.
- 11.2 That "Love" is clearly defined or removed from domain one.
- 11.3 That the Child and Youth Wellbeing Strategy focuses on building the capabilities of parents and enhancing the value society places on parenting.
- 11.4 That there is a stronger focus on supporting family environments where children are protected from toxic stress.
- 11.5 That maternal mental health is a focus of the Child and Youth Wellbeing Strategy and is given high policy priority.

## **12. Domain Two - "Have what they need"**

### *Desired Outcomes*

It is vitally important that every child has their needs met and Plunket believes that the outcomes for this domain do not sufficiently address the needs that must be met for children, particularly young children, to be well.

The proposed desired outcomes do not acknowledge the importance of meeting children's physical, emotional and spiritual needs. They also do not clearly articulate what a good standard of "material wellbeing, including food and housing" consists of – something that is required if we hope to measure these outcomes.

Plunket believes that more work needs to be done to develop these outcomes so that they better address what constitutes children's needs and are clearly measurable.

### *Prioritised Focus Areas*

**Focus area 5: "Child poverty is reduced, in line with the Government's intermediate and ten-year targets."**

---

<sup>18</sup> Gluckman, P. (2011). *Improving the transition: Reducing social and psychological morbidity during adolescence*. A report from the Prime Minister's Chief Science Advisor.

<sup>19</sup> Clark, A. E., Fleche, S., Layard, R., Powdthavee, N., & Ward, G. (2018) *The origins of Happiness: the science of well-being over the life course*. Princeton University Press.

<sup>20</sup> Patton, G. C., Romaniuk, H., Spry, E., Coffey, C., Olsson, C., Doyle, L. W., Oats, J., Hearps, S., Carlin, J. B., & Brown, S. (2015). Prediction of perinatal depression from adolescence and before conception (VIHCS): 20 year prospective cohort study. *Lancet*, 386, 875-883.

The evidence is irrefutable that eliminating Child poverty is crucial to improving child wellbeing and reducing inequalities. It is for this reason that it is essential that the Child Wellbeing Strategy prioritizes the focus area of eliminating child poverty, supported by the measures and targets set out in the Child Poverty Reduction Bill.

Child poverty is a critical issue for New Zealand. It is systemic, life-threatening, and can be seen in homes in every corner of our country. Poverty has implications for the quality of life outcomes, especially for children in areas such as health, that then have a flow on effect that can span a lifetime and even inter-generationally<sup>21</sup>. Without eliminating child poverty, it is unlikely that other key steps being taken to improve child wellbeing will successfully make the difference required for children in Aotearoa.

***Focus area 4: “Children and young people and their families and whānau live in affordable, quality housing.”***

It is crucial to also consider the impact that healthy and secure housing can have on child wellbeing. Housing is a key modifiable determinant of health and wellbeing for children<sup>22</sup>, and increasing the quality and security of housing available in Aotearoa is an essential step in investing in the wellbeing of all children.

Plunket sees lots of families living in cold, damp and mouldy homes and in overcrowded situations. Poor housing quality and household crowding is linked to a number of health conditions, including rheumatic fever, meningococcal disease, respiratory infections and skin infections.<sup>23</sup>

In addition to this, moving house frequently, forced or not, is linked to social and health disparities<sup>24</sup>. The transient nature of families’ living conditions can also affect how to access and engage with services<sup>25</sup>.

The importance of this relationship between housing and wellbeing cannot be understated and it is crucial that the Child Wellbeing Strategy acknowledges this and links up with other key pieces of legislation in this space, such as the Healthy Homes Standards and Residential Tenancies Amendment Act, to maximise the difference that could be made.

**Recommendations:**

- 12.1 That focus area 5 is prioritised in the Wellbeing Strategy and under this wellbeing domain.
- 12.2 That focus area 6 is prioritised in the Wellbeing Strategy and under this wellbeing domain.
- 12.3 That the strategy and framework acknowledges the role of healthy and secure housing for child wellbeing, and prioritises improvements in this space.
- 12.4 That the strategy links up with other key pieces of housing legislation, such as the Healthy Homes Standards and Residential Tenancies Amendment Act, to maximise the difference that can be made for children.

## **13.Domain Three – “Belong, contribute and are valued”**

### *Prioritised Focus Area*

***Focus area 7 - “Children and young people are free from racism, discrimination and stigma.”***

---

<sup>21</sup> Cheng et al (2016) *Breaking the intergenerational cycle of disadvantage: The three generation approach*, Pediatrics, vol 137(6)

<sup>22</sup> Baker MG, Howden-Chapman P. Time to invest in better housing for New Zealand children. NZ Med J. 2012;125(1367)

<sup>23</sup> Expert Advisory Group on Solutions to Child Poverty. Solutions to child poverty in New Zealand: Evidence for action. Wellington: Office of the Children's Commissioner, 2012.

<sup>24</sup> Jelleyman, T., and Spencer, N. 2008. “Residential Mobility in Childhood and Health Outcomes: A Systematic Review.” Journal of Epidemiology and Community Health 62 (7): 584–592.

<sup>25</sup> Morton, S.M.B, Atatoa Carr, P.E., Berry, S.D., Grant, C.C., Bandara, D.,K., Mohal, J., & Tricker, P.J. (2014). Growing Up in New Zealand: A longitudinal study of New Zealand children and their families. Residential Mobility Report 1: Moving house in the first 1000 days. Auckland, New Zealand.

The UN Convention of the rights of the child protects children from discrimination. Plunket believes that this should be engrained in the Strategy and resulting action should ensure that they prevent or work to eliminate discrimination.

Plunket believes that clear legislation needs to be put in place to guide, support and ensure this human right is met for all children. This needs to extend beyond the Child Poverty Reduction Bill, as discrimination can exist outside the context of poverty, and ensure freedom from racism, discrimination and stigma across all aspects of a child's life. In addition to this, services need to be improved and/or developed that are informed and reflective of these principles and adequately funded to ensure access is equal and fair.

#### **Recommendations:**

13.1 That focus area 7 is prioritised in the Child Wellbeing Strategy and under this wellbeing domain.

13.2 That clear legislation, which extends past the Child Poverty Reduction Bill, is put in place to ensure this human right is met for all children.

## **14. Domain Four – “Are happy and healthy”**

### *Priority Focus Areas*

#### ***Focus area 10 - “Children and young people and their families and whānau are empowered to make healthy lifestyle decisions for children and young people.”***

Plunket believes that enabling and empowering whānau to make healthy decisions for their children is incredibly important and inextricably linked to child wellbeing.

It is essential that this goes beyond merely providing families with information and encapsulates accessibility and affordability of services, and supporting families' capacity to prioritise healthy lifestyle choices. Families may want to provide a healthy lifestyle for their children but may not have the financial means to make this happen. Services such as Well Child Tamariki Ora can continue to provide advice and education on healthy nutrition, but for families living in poverty the daily priority may be to simply be fed, for which we know the cheapest options in New Zealand's market economy are not always the healthiest. Policies need to support a structural change that enables families to make the decisions they want and need to.

Plunket is also concerned that this focus area, as it is currently written, has too narrow a focus that only addresses nutrition, exercise and sleep. It is also crucial that this focus facilitates a partnership approach that supports addressing wider determinants of health, such as smoking, stress reduction, relaxation, and quality relationships.

#### ***Focus area 12 - “Children's and young people's mental wellbeing is supported.”***

Plunket recommends taking a primary prevention and 'life-course' approach to reducing mental illness and promoting mental health and wellbeing. A large body of evidence shows that adverse prenatal, infant, and childhood experiences increase the risk of poor mental health later in life, including anxiety, depression and substance abuse<sup>26</sup>.

A focus on the early years, in particular the antenatal period and first five years of a child's life, are crucial as the harmful impact of many risk factors on mental health outcomes is greater during that time. Providing developmental assessments and support for tamariki, infants and young children experiencing multiple challenges before they exhibit problems in their behaviour or development, will increase their chances of achieving social and emotional competence.

Prevention and intervention strategies applied early in life are more effective in altering outcomes and reap more economic returns over the life course. Early-life interventions designed to mitigate risk of poor mental

---

<sup>26</sup> Shonkoff, J et al (2011) *The Lifelong Effects of Early Childhood Adversity and Toxic stress*, Pediatrics, Vol 129 pp 232-246



health outcomes may also have positive effects on other outcomes such as reduced involvement with the Justice system.

It is also critical that the Strategy recognises the impact of maternal mental health on infant mental health, in particular how cognitive development can be hampered when a healthy attachment between child and caregiver is not present. Mental wellbeing in children can only be fully supported when that support is also extended to their parents and caregivers.

#### **Recommendations:**

- 14.1 That focus area 10 is prioritised in the Child and Youth Wellbeing Strategy and in this wellbeing domain.
- 14.2 That families and communities continue to be provided with information to make healthy decisions for their children, in addition to being able to access affordable services, basic resources such as healthy food, and have the capacity to prioritise healthy lifestyle choices.
- 14.3 That this focus facilitates a partnership approach that supports addressing wider determinants of health, such as smoking, stress reduction, relaxation, and relationships.
- 14.4 That focus area 12 is prioritised in the Child and Youth Wellbeing Strategy and under this wellbeing domain.
- 14.5 That government take a primary prevention and 'life-course' approach to reducing mental illness and promoting mental health and wellbeing.
- 14.6 That the Child and Youth Wellbeing Strategy commit to focusing on child mental health, starting with a focus on New Zealand's current cohort of infants and young children.

## **15. Domain Five – “Are learning and developing”**

### *Priority Focus Areas*

#### ***Focus area 14 - “Children experience best development in their “first 1000 days”, safe and positive pregnancy, birth and responsive parenting (conception to around 2).”***

The importance of a child's first 1000 days cannot be understated and the best evidence shows getting things right for children in their first 1000 days ensures better health and wellbeing outcomes later in life.

Plunket believes that it is absolutely critical that the Child Wellbeing Strategy prioritise a focus on the first 1000 days, both as a focus area and also throughout each domain of the strategy. If we get things right during this important developmental period it will support the achievement of other key outcomes and targets.

Positive early childhood conditions, especially nurturing, responsive and secure relationships with parents/caregivers and whānau, lay the foundations for optimal development and lifelong health and wellbeing.<sup>27</sup> A clear focus on conception through to these early years is critical in order to improve child wellbeing in New Zealand and is the most important investment Aotearoa can make.

With this in mind, Plunket believes it is essential to build on the foundations of maternity care and Well Child Tamariki Ora as two key existing enablers for ensuring this investment makes the biggest difference for tamariki.

---

<sup>27</sup> Moore T, Arefadib N, Deery A, Keyes M, West S. The First Thousand Days: An Evidence Paper – Summary. Victoria, Australia: Centre for Community Child Health, Murdoch Children's Research Institute, 2017. (<http://apo.org.au/system/files/108431/apo-nid108431-436656.pdf>) 12. Shonkoff JP, Garner AS, Siegel BS, Dobbins MI, Earls MF, Garner AS, McGuinn L, Pascoe J, Wood DL. The Lifelong Effects of Early Childhood Adversity and Toxic Stress. *Pediatrics* 2012;129(1):e232-e46. (<http://pediatrics.aappublications.org/content/pediatrics/129/1/e232.full.pdf>) 13. Kvalsvig A. Better health for the new generation: Getting it right from the start. In: Simpson J, Oben G, Craig E, Adams J, Wicken A, Duncanson M, et al., eds. *The Determinants of Health for Children and Young People in New Zealand*. Dunedin: NZ Child & Youth Epidemiology Service, University of Otago; 2016. (<https://www.sialliance.health.nz/UserFiles/SouthIslandAlliance/File/PDFs/Determinants%20of%20Health%2014/6/2014%20Determinants%20of%20Health%20InDepth%20-%20Getting%20it%20right%20from%20the%20start.pdf>)

## Recommendations:

- 15.1 That focus area 14 and a child's first 1000 days be prioritised in the Child and Youth Wellbeing Strategy under all domains.
- 15.2 That government build on the foundations of maternity care and Well Child Tamariki Ora services.

## Conclusion

Improving child wellbeing is fundamental to our nation's future. We know that many of New Zealand's tamariki are currently not able to get the best start in life and if we hope to make New Zealand the best place in the world for children, we need our government to invest more in children.

Plunket welcomes the Child and Youth Wellbeing Strategy as a much needed step towards improving child wellbeing for tamariki in Aotearoa, and looks forward to engaging and consulting on the strategy as it is further developed. Government and cross-sector action that puts children's health and well-being first have the potential to make the difference of a lifetime and create generational change.

*"Ma Pangao, ma where, ka oti te mahi"  
"With black and red, the work will be completed"*