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**Royal Australasian College of Physicians
submission to the Department of the Prime
Minister and Cabinet on the Child and
Youth Wellbeing Strategy**

December 2018

Introduction

The Royal Australasian College of Physicians (RACP) welcomes the opportunity to submit feedback on the Child and Youth Wellbeing Strategy (the “Strategy”), as part of the actions under the Child Poverty Reduction Bill.

The RACP works across more than 40 medical specialties to educate, innovate and advocate for excellence in health and medical care. Working with our senior members, the RACP trains the next generation of specialists, while playing a lead role in developing world best practice models of care. We also draw on the skills of our members, to develop policies that promote a healthier society. By working together, our members advance the interest of our profession, our patients and the broader community.

Our key points are:

1. Child and youth wellbeing is whānau wellbeing – children and young people do not exist in isolation from their families
2. Wellbeing is difficult to define but there is a need for a consistent definition across government, if it is going to be utilised in a variety of contexts
3. Early intervention in the development trajectory can make a difference to life course trajectories

Background

“There can be no keener revelation of a society's soul than the way in which it treats its children”
- Nelson Mandela

Earlier in 2018, New Zealand was ranked the eighth happiest nation by the United Nations' Sustainable Development Solutions Network out of a total 156 countries, a position that at a glance suggests New Zealanders are doing well, and individuals, whānau and communities are thriving¹. Reports from other international agencies offer another perspective of New Zealand – one that shows that for children and young people in particular, life in New Zealand may include experiencing or witnessing family violence, difficulties at school, bullying, and youth suicide^{2 3}.

Our child poverty rates are persistently and unacceptably high. The number and proportion of dependent 0-17 year-olds living in households experiencing the most severe income poverty has shown no decline since 2012; and has increased since the 1980s. In 2016, around 27 per cent of children aged 0-17 lived in households with equivalised incomes of less than 60 per cent of the median income after housing costs: nearly 300,000 children⁴.

There is a robust evidence base to prove that experiences of severe and unmitigated poverty have a detrimental effect on families and whānau – particularly on health and wellbeing. Children, parents and caregivers living in poverty and in material hardship have poorer access to the resources essential

¹ United Nations. Sustainable Development Goals: 17 goals to transform our world. [Internet]. Available from <https://www.un.org/sustainabledevelopment/>. Accessed 26 November 2018.

² Chzhen Y, Gromada A, Rees G, Cuesta J, Bruckauf Z. An unfair start: Inequality in children's education in rich countries. [Internet] Florence: UNICEF Office of Research – Innocenti. Available from <https://www.unicef-irc.org/publications/995-an-unfair-start-education-inequality-children.html>. Accessed 22 November 2018.

³ OECD Family Database. CO4.4 Teenage suicides (15-19 years old) definitions and methodologies. [Internet] Paris: OECD Social Policy Division; Directorate of Employment, Labour and Social Affairs. Available from https://www.oecd.org/els/family/CO_4_4_Teenage-Suicide.pdf. Accessed 22 November 2018.

⁴ Duncanson M, Oben G, Wicken A, Morris S, McGee M, and Simpson J. New Zealand Child Poverty Technical Report. Dunedin: New Zealand Child and Youth Epidemiology Service, University of Otago. Available from <http://www.nzchildren.co.nz/>. Accessed 22 November 2018.

to growing and succeeding in an increasingly globalised society and economy. As a consequence of the inability for systems to accommodate their needs, as well as support and encourage their participation, children and whānau will ultimately be excluded^{4 5 6}.

RACP Position

The RACP supports the intention of the Strategy, as it is in line with our Make It The Norm campaign, which advocates for Aotearoa New Zealand to recognise and work towards equity by addressing the social determinants of health⁷.

Our campaign calls for policymakers to make health equity the norm to improve health outcomes for the most vulnerable people within our communities. We call for immediate actions, including:

- Making Healthy Housing the norm by introducing regulations to mandate a Warrant of Fitness and Health for residential dwellings
- Making Good Work the norm by promoting the Living Wage to support the health and wellness of employees and their whānau; and
- Making Whānau Wellbeing the norm by taking a child-centred approach to all legislation, policy and regulation.

Where children and young people live, how they spend their time, and who they live with shapes their health and wellbeing. Child and youth wellbeing is whānau wellbeing. Children and young people do not exist in isolation from their whānau; therefore, the RACP strongly supports the Child and Youth Wellbeing Strategy being centred on the child in the context of their whānau.

Health equity is achieved when the conditions in which people live, grow, work and age support health and wellbeing. Systems, structures, policies and programmes may be organised and designed to enable health and wellbeing, but this is only possible when people do not experience barriers to access which in turn are the result of the compounded systemic injustice which is, simply put, unfair. The evidence overwhelmingly supports action on the social determinants of health through a whole-of-society response: central and local government, communities, non-government organisations and industry can work together to support health and wellbeing for all members of our society⁷.

The government has an opportunity with the development of the Strategy to utilise the evidence base to inform the Strategy's domains and outcomes, and collaborate across society to hear from children, whānau, workers and communities about what would make the most difference to their wellbeing.

⁵ Dale CM. Whakapono: End child poverty in Māori whānau. Auckland: Child Poverty Action Group (NZ); 2017. Available from <https://www.cpag.org.nz/assets/171208%20CPAG%20Whakapono%20Maori%20poverty.pdf>. Accessed 22 November 2018.

⁶ The Royal College of Paediatrics and Child Health and Child Poverty Action Group (UK). Poverty and child health: views from the frontline. London: Royal College of Paediatrics and Child Health; 2017. Available from <https://www.rcpch.ac.uk/resources/poverty-child-health-views-frontline>. Accessed 22 November 2018.

⁷ Royal Australasian College of Physicians. Make it the Norm: equity through the social determinants of health. Sydney: The Royal Australasian College of Physicians; 2017. Available from <https://www.racp.edu.au/fellows/resources/new-zealand-resources/new-zealand-election-statement-2017>. Accessed 23 November 2018.

RACP comments on the Strategy's Vision

The Vision: New Zealand is the best place in the world for children

The RACP supports a vision for the Strategy which is bold, aspirational and can be supported by all of society. We recommend that the bicultural foundations of New Zealand are acknowledged in the Vision as “Aotearoa New Zealand”. The addition of “Aotearoa” highlights the partnership between tangata whenua and the government, and the inclusivity that the vision statement is aiming to instil in the Strategy.

The definition of a Child

The RACP welcomes the definition of a child used in the Strategy as being a child or young person up to age 18, and for those transitioning from State care up to age 25. This introduces greater consistency with the Convention on the Rights of the Child, which defines a child as a person up to the age of 19 years⁸. New Zealand legislation remains inconsistent in the definition of a child, with a range of interpretations applied. This is most notable in the Oranga Tamariki Act 1989, which defines a child as being under age 14, while a young person is aged 14 to 17 years (with some cases being 14-18 years, such as for children in State care)⁹.

RACP comments on the Wellbeing Domains

The Strategy identifies five Wellbeing Domains. These are components of wellbeing that contribute to a person's overall wellness: safety, security, connectedness, health, and development. We welcome Wellbeing Domains that employ a holistic understanding of the varied facets that comprise overall wellbeing, rather than prioritising one Domain over others.

In our submission on the Child Poverty Reduction Bill, we were critical of the absence of a definition of wellbeing in the Bill¹⁰. The RACP recognises there are a multitude of definitions of wellbeing, including the Treasury's Living Standards Framework, based on the OECD's current wellbeing measures utilised in the “how's life?” analysis¹¹. The Office of the Children's Commissioner's understanding of wellbeing (both its presence and its absence) includes the following points:

- Wellbeing is a positive state that is more than just existing
- Wellbeing is subjective and objective: how people feel about their lives and their actual material conditions matter
- Wellbeing is a dynamic state which changes over the short and long term

Further, child wellbeing is

- Dependent on the wellbeing of their whānau, particularly parental wellbeing
- Equally important for children's lives now, as it is for their development as adults¹²

⁸ United Nations Convention on the Rights of the Child. 1989. Available from <https://www.ohchr.org/en/professionalinterest/pages/crc.aspx>. Accessed 28 November 2018.

⁹ Oranga Tamariki Act 1989, s 2. Available from <http://legislation.govt.nz/act/public/1989/0024/latest/DLM147094.html>. Accessed 28 November 2018.

¹⁰ The Royal Australasian College of Physicians. Submission to the Social Services and Community Select Committee on the Child Poverty Reduction Bill. [Internet] Available from https://www.racp.edu.au/docs/default-source/advocacy-library/racp-submission-for-the-child-poverty-reduction-bill-2018.pdf?sfvrsn=82820e1a_4. Accessed 29 November 2018.

¹¹ NZ Treasury. Living Standards Framework. Media release. 22 February 2018. [Internet] Available from <https://treasury.govt.nz/publications/media-statement/treasury-opens-discussion-wellbeing-measures>. Accessed 27 November 2018.

¹² Office of the Children's Commissioner. What have we learnt about wellbeing? [Internet]. Available from <http://www.occ.org.nz/wellbeing/what-have-we-learnt-about-wellbeing/>. Accessed 28 November 2018.

We support a definition of child wellbeing which can be utilised across the government and non-government sectors to reduce fragmentation and inconsistency. A definition of childhood wellbeing should draw on the tenets of wellbeing set out in the Domains and acknowledge the life course trajectory.

As Poulton et al point out, one of the tensions in using “wellbeing” as an overarching goal is its nebulous definition, and the way it has been deployed conceptually within the literature. Correlations are frequently articulated between wellbeing and a narrow set of determinants; although as this paper notes later on, these adverse conditions and determinants often cluster together and compound matters for people and whānau¹³. It is therefore difficult to extract one determinant from wellbeing – for example, chronic illness and wellbeing – where the impacts of a chronic illness may affect employment, housing, and education outcomes.

The Domains incorporate a biopsychosocial model of health and are informed by a life course approach, as described in the Cabinet paper¹³. These elements understand health and wellbeing in a cumulative context: outcomes are informed by an individual’s physical, emotional/mental and relational responses to exposure to environments and contexts, and these responses have an incremental impact on health and wellbeing. The compounding effects of beneficial and adverse exposures and experiences on the health trajectory are particularly salient when considering the critical periods of the life course when growth and development can be influenced – the first 1000 days of a child’s life (from conception to the second year); the transition to school; and during adolescence^{14 15}.

While the application of the Strategy in Aotearoa New Zealand will require a nuanced approach to be relevant and effective, we welcome Domains that are broadly consistent with international treaties and consensus statements New Zealand is a party to. These include the United Nations’ Convention on the Rights of the Child, the United Nations’ Sustainable Development Goals (SDGs), and the Declaration on the Rights of Persons with Disabilities^{1 8 16}.

At the local level, the Domains provide opportunities for overlap with existing and planned government activities across multiple sectors. These include those which have direct relevance to the Domains and Outcomes, such as the recommendations in the report from the Government Inquiry into Mental Health and Addiction, the Royal Commission into abuse in State care, the advice from the Welfare Expert Advisory Group, the review into the New Zealand health system, and the review of Tomorrow’s Schools. Other areas of government work which contribute to the Domains and proposed focus areas include the Zero Carbon Bill and the healthy housing standards, as both will influence the environments in which children will grow, learn and develop.

One of the strengths of the proposed Strategy is its accessibility. The Vision, Domains, Outcomes and Principles that comprise the Strategy are unrestricted to one sector, Ministry or organisation. While we note that one sector, such as Health or Education may take the lead, there are opportunities for all of government and all of society to contribute to the Vision. The RACP would welcome reference to the Strategy included in projects, policies and programmes which seek to contribute to a similar

¹³ Office of the Minister for Child Poverty Reduction and Office of the Minister for Children. Child Wellbeing Strategy: Scope and public engagement process. Available from <https://dpmc.govt.nz/publications/cabinet-paper-child-wellbeing-strategy-scope-and-public-engagement-process-may-2018>. Accessed 23 November 2018.

¹⁴ Kuh D, Ben-Shlomo Y. A life course approach to chronic disease epidemiology: conceptual models, empirical challenges and interdisciplinary perspectives. *Int J Epidemiol* [Internet] 2002; 31(2):285-93. Available from <https://academic.oup.com/ije/article/31/2/285/617688>. Accessed 23 November 2018.

¹⁵ Hughes K, Bellis MA, Hardcastle KA, Sethi D, Butchart A, Mikton C et al. The effect of multiple adverse childhood experiences on health: a systematic review and meta-analysis. *Lancet Public Health* [Internet] 2017; 2(8):e356-66. Available from [https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667\(17\)30118-4/fulltext](https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(17)30118-4/fulltext). Accessed 23 November 2018.

¹⁶ United Nations Convention on the Rights of Persons with Disabilities. New York: United Nations; 2006. Avail

vision – for example, local government programmes aimed at improving whānau access to green space or redesigning urban precincts to prioritise pedestrians and cyclists.

As part of our #MakeItTheNorm campaign we called for government to apply a child-centred approach to policy development⁷. Historically, children and young people have been excluded from decision-making processes, including those that affect them directly. Children and young people’s relative immaturity contributes to a perception they are lacking in the skills and knowledge required to participate in complex processes¹⁷. Although governments and NGOs support the principle of children’s participation, it may be undertaken in ways that does not support meaningful or inclusive engagement, and disadvantaged children and adolescents may not have equitable access to participate in decision-making. The necessity for governments to implement and embed the views of children is stated by the United Nations in the 2002 resolution “A World Fit for Children” and reinforced by UNICEF in 2013: “the participation of children and young people is both a human right and vital to achieving equitable, sustainable development”^{18 19}.

Importantly, progress and improvements must be made visible to children – and they must be able to hold governments and NGOs to account. The RACP calls for all aspects of policy development, implementation, evaluation and monitoring to be underscored by a child-centric principle; a feedback loop whereby input is sought to partner in the development process and reinforced by children’s experience of any interventions.

RACP comments on the Desired Outcomes

Children are loved, nurtured and safe

It is difficult to imagine a more critical environment for children than their home. The home is a place of love, safety and nurturing: children are free to express themselves, to play, learn, build relationships and connections, and enjoy spending time with their loved ones. The RACP strongly supports children being loved, nurtured and safe, and welcome the structure of outcomes within this domain as centralising children’s homes before expanding outwards to communities, and areas where children gather, including digital environments.

1. Children and young people are safe and nurtured in their families, whānau and homes

This focus area contains the statement “the work of parenting and nurturing children is recognised, valued and supported”. There is substantial evidence that investment in the early years of children’s health, development and wellbeing is the most cost-effective means of tackling long-term health conditions and health inequity²⁰.

As part of the Strategy, the RACP supports a national conversation about the work of parenting and nurturing children, including how as a country we are supporting children, parents, caregivers and whānau, and the value New Zealand puts in this crucial role. This could include:

- Reviewing Working For Families and family tax credits

¹⁷ Coyne I. Children’s participation in consultations and decision-making at a health service level: a review of the literature. *Int J Nurs Stud* [Internet] 2008; 45:1682-89. Available from <https://www.ncbi.nlm.nih.gov/pubmed/?term=18706560>. Accessed 28 November 2018.

¹⁸ United Nations General Assembly. A World Fit for Children. UN Resolution S-27/2. New York: United Nations General Assembly; 10 May 2002. Available from <http://un-documents.net/s27r2.htm>. Accessed 28 November 2018.

¹⁹ UNICEF. Key Messages on the post 2015 Development Agenda. New York: UNICEF; 2013. Available from https://www.unicef.org/agenda2030/files/Post_2015_Key_Messages_V07.pdf. Accessed 28 November 2018.

²⁰ The Royal Australasian College of Physicians. Early Childhood position statement [forthcoming]. Sydney: The Royal Australasian College of Physicians.

- Extending Paid Parental Leave to 26 weeks in 2019
- Promoting initiatives in workplaces, such as flexible working arrangements for parents, and working from home/working remotely
- Ensuring equitable, accessible and high quality early childhood education

One Member highlighted an instance of a child at home unsupervised which has had a particularly tragic outcome. “I note that the eight year-old who died from Meningococcal W in West Auckland was home alone. His grandmother, who was his caregiver left him home mildly unwell. His aunt went to check on him and found him very sick, and he died that night. It may not have changed the outcome having an adult there, but he was home alone dying and didn’t have the resources or support to even give him the chance, because his caregiver needed to go to work”.

2. Children and young people’s physical safety is protected during everyday activities like travel and recreation

The RACP recommends “health” is added to this outcome, so that the statement would read

“children and young people’s physical health and safety is protected during everyday activities, including travel and recreation”.

Our 2018 position statement on preventing obesity calls for environments to be health-promoting: encouraging active transport like walking and cycling; providing green spaces for recreation and relaxation; and introduce regulation to limit the advertising and marketing of unhealthy foods and beverages to children and young people²¹.

New Zealand’s high levels of childhood obesity are well known^{22 23 24}. Children are open to influence; they are more vulnerable to the pervasive and increasingly sophisticated marketing tactics within our food environments²⁵. A recent New Zealand study has shown that children will be exposed to 27 advertisements for foods and drinks high in sugar, salt and saturated fat during an average school day, and will view eight advertisements per hour for unhealthy foods or drinks within peak television viewing times^{26 27}.

The advertising and marketing of unhealthy foods and beverages is the surface-level, visual evidence of the underlying societal macro drivers of obesity. These drivers are the political, commercial,

²¹ The Royal Australasian College of Physicians. Action to prevent obesity and reduce its impact across the life course. Sydney: The Royal Australasian College of Physicians; 2018. Available from <https://www.racp.edu.au/advocacy/policy-and-advocacy-priorities/obesity>. Accessed 29 November 2018.

²² Ministry of Health. Obesity statistics. Internet [updated 15 November 2018]. Available from <https://www.health.govt.nz/nz-health-statistics/health-statistics-and-data-sets/obesity-statistics>. Accessed 29 November 2018.

²³ OECD. Obesity update 2017. Paris: OECD; 2017. Available from <https://www.oecd.org/els/health-systems/Obesity-Update-2017.pdf>. Accessed 29 November 2018.

²⁴ Anderson YC, Cave TL, Cunningham VJ, Pereira NM, Woolerton DM et al. Effectiveness of current interventions for obese New Zealand children and adolescents. N Z Med J [Internet] 2015; 128(1417). Available from <https://www.nzma.org.nz/journal/read-the-journal/all-issues/2010-2019/2015/vol-128-no-1417-3-july-2015/6573>. Accessed 29 November 29, 2018.

²⁵ MacKay S, Antonopoulos N, Martin J, Swinburn B. A comprehensive approach to protecting children from unhealthy food advertising and promotion. Melbourne: Obesity Policy Coalition; 2011. Available from <http://www.opc.org.au/downloads/submissions/protecting-children-unhealthy-food-advertising-promotion.pdf>. Accessed 29 November 2018.

²⁶ Signal L, Stanley J, Smith M, Barr MB, Chambers TJ, Zhou J et al. Children’s everyday exposure to food marketing: an objective analysis using wearable cameras. Int J Behav Nutr Phys Act [Internet] 2017; 14(1) : 137. Available from <https://www.ncbi.nlm.nih.gov/pubmed/28988542>. Accessed 29 November 2018.

²⁷ Vandevijvere S, MacKay S, D’Souza E, Swinburn B. How healthy are New Zealand’s food environments? A comprehensive assessment 2014-17. Auckland: University of Auckland; 2018. Available from <https://www.informas.org/nz-food-environment-study/>. Accessed 30 November 2018.

economic and socio-cultural systems which create the obesogenic food and activity environments which interact with people's biological psychological, social and economic susceptibilities to unhealthy weight gain²¹.

Children and young people should be free to move through environments free from exposure to advertising and marketing for junk food and sugary drinks; and from products which have the potential for harm, such as alcohol. There is a growing local evidence base showing that areas with higher levels of socioeconomic deprivation are more likely to be "food swamps" – environments oversaturated with unhealthy food outlets, compared to the least deprived areas²⁷.

The Strategy is a significant opportunity for the Government to show leadership in this space. "Health and safety" for children should encompass both harm reduction and health promotion in **any** environment, not simply where children may congregate or be in the majority, such as school environments, parks, swimming pools, playgrounds and libraries.

Children have what they need

Article 27(1) of the UN Convention on the Rights of the Child states that "Parties recognise the right of a child to a standard of living adequate for the child's physical, mental, spiritual moral and social development"⁸. Children and young people must live, play and grow in affordable, safe and healthy housing. Together with their whānau, they must enjoy nutritious food and live free from food insecurity, and have the resources to participate in society, and engage in their local communities.

1. Children and young people experience improved equity of outcomes, with services helping address the impacts of poverty, low socioeconomic status and disadvantage

The RACP suggests revisions to the statement

"core services and systems like health, education, justice and social support are designed and delivered in ways that meet diverse needs and that minimise the costs and stresses of engaging with them."

We encourage the government to acknowledge that the systems in place are not meeting the needs of all our whānau. The inclusion of reference to "diversity", "costs" and "stresses" suggests a tacit recognition that our systems are not equipped to support and accommodate people and whānau deemed to be "other" (a digression from societal norms or mainstream). We recommend the Strategy employs strengths-based, people-centred language and references to equity that recognises that the safety of a service or system is defined by the people who use it, not by those who design it. For example, this could read "a service or system is designed and perceived to be delivered safely by the users of the service or system".

Children belong, contribute and are valued

The second statement under proposed Focus Area 7 ("Children and young people are free from racism, discrimination and stigma") should specifically reference sexuality and gender identity as a population who face disproportionate discrimination.

While Statistics NZ determined it would not include gender or sexuality questions in the 2018 Census, the NZ Youth'12 Survey (a survey of secondary school students' health and wellbeing) included questions on gender identity and sexual attraction. The results found that four per cent of students were attracted to the same or both sexes, while a further four per cent were either not sure of their

sexual attractions or were attracted to neither sex. In terms of gender identity, one per cent of students reported their identity as trans, while approximately three per cent were unsure²⁸.

Research as part of the Youth Mental Health Project found that young people who identified as lesbian, gay, bisexual, trans-, intersex or queer (LGBTIQ) had higher rates of risk factors, and fewer protective factors than heterosexual, cis-identifying young people. Risk factors could include higher rates of bullying, low self-esteem, experience of self-harm, and not having a positive sense of belonging²⁹.

Children are happy and healthy

Life course approaches to understanding the risk and protective factors affecting health and wellbeing emphasise early childhood and adolescence as two particular critical periods for development. A child's brain undergoes the most dramatic period of development during pregnancy and first three postnatal years, with the neural pathways being laid down for a child's learning, health and behaviour. 'Developmental plasticity' refers to the observation that life course trajectories can often be modified, although the long-term consequences of severe adverse childhood events (ACEs) such as neglect, abuse and violence are not always preventable²⁰. While the life course approach can be used to describe an individual's trajectory, it can also augment understandings of generational risk and protective factors: the approach should "intertwine biological and social transmission of risk across generations"¹⁴.

10. Children and young people and their families and whānau are empowered to make healthy lifestyle decisions for children and young people

The RACP welcomes continued reference in the Strategy to the central importance of nutrition, physical activity and sleep, which is also aligned to work across the Ministry of Health, including the Sit Less, Move More and Sleep Well guidelines for under-fives, and the development of nutrition and activity and sleep guidelines for children and adults^{30 31}.

- *Children and young people and those caring for them have the knowledge and resources to make healthy decisions about food, exercise and sleep*
- *Communities offer access to affordable, nutritious food and environments that enable children to be physically active*

Our submission has highlighted the importance of a health-promoting environment above, particularly in relation to the status quo, where children and young people are bombarded with advertising and marketing for unhealthy foods and beverages.

We strongly support the statements as part of the Strategy's desired outcomes around access, affordability and resources to information, nutrition and activity. In the first statement under Focus Area 10, we interpret "knowledge" as health and nutrition literacy, and "resources" as financial

²⁸ Clark TC, Fleming T, Bullen P, Denny S, Crengle S, Dyson B et al. Youth'12 Overview: the health and wellbeing of New Zealand secondary school students in 2012. Auckland: The University of Auckland; 2012. Available from <https://www.fmhs.auckland.ac.nz/en/.../youth2000...youth.../youth2012-survey.html>. Accessed 30 November 2018.

²⁹ Social Policy Research and Evaluation Unit. Youth Mental Health Project at a glance. Wellington: Social Policy Evaluation and Research Unit. Available from <http://thehub.superu.govt.nz/resources/youth-mental-health-project/>. Accessed 30 November 2018.

³⁰ Ministry of Health. Sit less, move more, sleep well: Active play guidelines for under-fives. Wellington: Ministry of Health; 2018. Available from <https://www.health.govt.nz/publication/sit-less-move-more-sleep-well-active-play-guidelines-under-fives>. Accessed 2 December 2018.

³¹ Ministry of Health. Eating and activity guidelines. [Internet]. Updated 2 August 2018. Available from <https://www.health.govt.nz/our-work/eating-and-activity-guidelines>. Accessed 2 December 2018.

resources enabling and empowering whānau to make decisions which will have a positive impact on the health and wellbeing of their whānau, including children.

For these outcomes to be realised, the steep social gradients in the health inequity must be addressed³². While health and nutrition knowledge are important to the health and wellbeing of whānau, food security (continued access to healthy and nutritious food) is equally critical. Whānau cannot be empowered to make decisions if they do not have the income available to make choices informed by a level of nutrition literacy. Food insecurity is increasingly linked to a range of adverse health outcomes, including anaemia, obesity, low nutrition, worsening chronic conditions, and poorer mental health³³. We call on those responsible for the Strategy and its Outcomes to reflect a need to comprehensively address food insecurity in New Zealand. This can be achieved through actions including:

1. promoting the benefits of increased wages, such as the Living Wage concept⁷
2. regulating to prevent food deserts and food swamps developing in lower socioeconomic areas⁷
3. ensuring advice from health professionals provided to children, young people, parents, caregivers and whānau is actionable, appropriate and achievable – working to build on existing health and nutrition literacy²¹

Analysis has shown a strong social gradient in relation to maintenance and funding of playgrounds and play equipment in Auckland. Although South Auckland has the highest number of children in the greater Auckland area, its playgrounds are poorly maintained, contain fewer pieces of play equipment and attract less funding for new playgrounds than the comparatively wealthy suburbs towards the city centre and northern Auckland^{34 35}.

For children and young people to be physically active, there has to be safe, accessible and well-maintained play equipment and recreation opportunities. The Auckland example above illustrates a clear inequity in funding: we call for policymakers to ensure that implementation of these outcomes recognises and addresses persistent inequity across social gradients and commits to focus resources on populations and areas that have experienced continued inequity and deprivation.

11. Disabled children and young people have improved opportunities and outcomes

The RACP would welcome explicit reference in the Strategy to ensure children and young people living with long term health conditions to be included under this Outcome. Children and young people with conditions like diabetes, asthma, bronchiectasis, rheumatic heart disease, eczema or inflammatory bowel disease often report lower quality of life and wellbeing than children who do not live with chronic illness³⁶.

³² Marmot M. The health gap: The challenge of an unequal world. London: Bloomsbury Publishing; 2015.

³³ Carter KN, Lanumata T, Kruse K, Gorton D. What are the determinants of food insecurity in New Zealand and why does it matter? Aust N Z J Public Health [Internet] 2010; 34(6):602-8. Available from <https://www.otago.ac.nz/wellington/otago020409.pdf>. Accessed 2 December 2018.

³⁴ Ter Ellen, J. Auckland Council admits southern suburbs underfunded for playgrounds. [Internet] Newshub. Updated 3 June 2018. Available from <https://www.newshub.co.nz/home/new-zealand/2018/06/auckland-council-admits-southern-suburbs-underfunded-for-playgrounds.html>. Accessed 2 December 2018.

³⁵ Cuming A. 'Our kids deserve the best': the fight for South Auckland's playgrounds. The Spinoff [Internet]. 8 June 2018. Available from <https://thespinoff.co.nz/parenting/08-06-2018/our-kids-deserve-the-best-the-fight-for-south-aucklands-playgrounds/>. Accessed 2 December 2018.

³⁶ Varni JW, Limbers CA, Burwinkle TM. Impaired health-related quality of life in children and adolescents with chronic conditions: a comparative analysis of 10 disease clusters and 33 disease categories/severities utilising PaedsQL™ 4.0 Generic Core Scales. Health Qual Life Outcomes [Internet] 2007; 5:43. Available from <https://hqlo.biomedcentral.com/articles/10.1186/1477-7525-5-43>. Accessed 2 December 2018.

12. Children and young people's mental wellbeing is supported

The mental health and wellbeing of New Zealanders is an issue of major societal interest; particularly our high youth suicide rates, high Māori suicide rate, and long waiting times for mental health crisis and/or addiction treatment and support^{37 38 39}. At time of writing, the report from the Government Inquiry into Mental Health and Addition Services has been delivered to the Minister of Health. The Strategy does not give a clear indication as to how these Outcomes will be implemented. The RACP recommends the Strategy embeds the recommendations from the Government Inquiry as part of its commitment to actioning the Panel's recommendations; the culmination of nearly 12 months' activity meeting with survivors, health professionals and whānau.

Children are learning and developing

Early intervention and prioritisation of services and resources on an equity basis is the most effective means to influence a child's development trajectory and minimise risks for adverse health outcomes through the life course⁴⁰.

14. Children experience best development in their 'first 1000 days'; safe and positive pregnancy, birth and responsive parenting (conception to around 2)

The RACP strongly supports policy development which is evidence-informed, such as 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 first 1000 days of a child's life is strongly supported by evidence which shows that this critical period must be supported by adequate nutrition to enable brain development; and that stressors such as poverty, poor maternal health (including mental health) and poor maternal nutrition can have an adverse impact on fetal, newborn and infant wellbeing. This is a key path to influence: early life deviation from an expected trajectory can negatively affect cognitive and brain functioning into adulthood^{20 41}.

The Proposed Focus Areas under this Outcome move along the life course: the first 1000 days of a child's life, to early childhood, to preparing to transition through primary and secondary education, skills acquisition and opportunities for learning. This is a stepped approach through childhood to young adulthood, in contrast to other Outcomes which focus on the immediate home and whānau environment, to community and local environments.

We note the statement "Children benefit from high quality early learning". The RACP would support the expansion of this statement to specify early childhood education (ECE). For children to gain the greatest benefit from the formal primary and secondary school years, ECE provides an important

³⁷ Allen J. What the first person to lead the Mental Health Commission says about fixing the system. The Spinoff [Internet]. 15 September 2017. Available from <https://thespinoff.co.nz/society/15-09-2017/what-the-first-person-to-lead-the-mental-health-commission-says-about-fixing-the-system/>. Accessed 2 December 2018.

³⁸ Pennington P. Porirua deaths: 'We know we need to do better'. Radio New Zealand [Internet]. 1 November 2018. Available from <https://www.radionz.co.nz/news/national/369998/porirua-deaths-we-know-we-need-to-do-better>. Accessed 2 December 2018.

³⁹ Allen J. 'Where do we put them?': The story of New Zealand's mental health inquiry. Sunday Star Times [Internet] 2 December 2018. Available from <https://www.stuff.co.nz/national/health/108626334/where-do-we-put-them-the-story-of-new-zealands-mental-health-inquiry>. Accessed 2 December 2018.

⁴⁰ World Health Organization. Final report of the Early Child Development Knowledge Network: Early child development – a powerful equaliser. Geneva: World Health Organization; 2007. Available from http://www.who.int/social_determinants/themes/earlychilddevelopment/en/. Accessed 3 december 2018.

⁴¹ Cusick S, Georgieff M. The first 1000 days of life: the brain's window of opportunity. UNICEF Office of Research – Innocenti. [Internet]. Available from <https://www.unicef-irc.org/article/958-the-first-1000-days-of-life-the-brains-window-of-opportunity.html>. Accessed 2 December 2018.

foundation for a child's continued cognitive, behavioural, social and emotional development⁴². The continued provision of ECE in New Zealand is essential, and the RACP supports the provision of high-quality, affordable and accessible ECE to children and their whānau in New Zealand²⁰.

In New Zealand, waiting times for developmental assessment, audiology and speech-language therapy are reported to be inappropriately long⁴³. The RACP strongly recommends the implementation of the Strategy prioritises a reduction in waiting times.

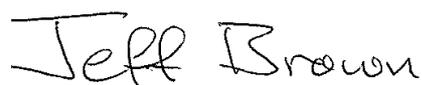
Summary

The RACP welcomes policy development and interventions which support all children and young people in New Zealand to enjoy their childhood and adolescence being healthy, happy, safe, loved and supported by their whānau. Children and young people should have the things they need to participate in their communities, and their parents and caregivers are empowered to provide their children with nutritious food, essential items like clothing and shoes, and live together in a warm, dry and safe home.

The Child and Youth Wellbeing Strategy has an opportunity to make a difference in the lives of thousands of children, young people and whānau. The RACP looks forward to the next phase of the Strategy's implementation, and greater detail around how the Vision can be realised. We call for Aotearoa New Zealand to be the best place in the world for children – let's make it the norm.

The RACP thanks the Department of the Prime Minister and Cabinet for the opportunity to comment on the Strategy. If you would like to discuss this submission further, please contact Harriet Wild, Senior Policy and Advocacy Officer, at policy@racp.org.nz.

Nāku noa, nā



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New Zealand President
The Royal Australasian College of Physicians

⁴² Poulton R. The early childhood sector in New Zealand: opportunities galore? Children: The Journal of the Office of the Children's Commissioner. [Internet] 2012; 81:37-9. Available from <http://www.occ.org.nz/assets/Uploads/Journals/Children-81.pdf>. Accessed 2 December 2018.

⁴³ Gerritsen J. Special education wait times 'appalling'. Radio New Zealand [Internet]. 5 September 2017. Available from <https://www.radionz.co.nz/news/national/338692/special-education-wait-times-appalling>. Accessed 3 December 2018.