~~[Security classification – In Confidence]~~

Office of the Minister for Child Poverty Reduction
Office of the Minister for Children

Chair, Cabinet Social Wellbeing Committee

Child Wellbeing Strategy – Scope and Public Engagement Process

Proposal

1 This paper seeks Cabinet agreement to the scope of New Zealand's first child wellbeing strategy and to a public engagement approach. The paper proposes a draft framing of wellbeing, a vision statement, a set of desired outcomes for all children, and 16 indicative focus areas to drive actions in support of child wellbeing. Subject to Cabinet agreement, these will provide the basis for public engagement in the May to December 2018 period.

2 Cabinet agreement is also sought to a sub-set of six focus areas, to be prioritised for initial exploratory policy work over the next six months to help inform s9(2)(f)(iv) and the development of the first child wellbeing strategy. These will not be included in the public engagement approach.

Executive Summary

3 Children are our taonga and, as such, should be loved and cared for in ways that support them to reach their greatest potential. While acknowledging the many things that make New Zealand a great place to grow up, we must also recognise and take responsibility for our failings. Too many children live in poverty, experience violence, and miss out on opportunities to participate fully in their schools, neighbourhoods and communities as a result of a lack of financial and other supports.

4 This Government has stated its commitment to reducing child poverty and enhancing child wellbeing. The development of New Zealand's first child wellbeing strategy provides an opportunity to harness the collective goodwill, knowledge and resources of central and local government, iwi and the business and community sectors to enact positive change. We want the strategy to be ambitious, to challenge, and to drive change.

5 We seek Cabinet agreement to the high-level framing of child wellbeing, a vision statement, and related outcomes and areas for further focus; and propose that these form the basis of public engagement. Our approach has been informed by national and international evidence and the work of the departmental science advisors.

6 Child wellbeing is broadly framed, recognising the multiplicity of influencing factors and the complex inter-play between them. Underpinning principles highlight (amongst others) the importance of recognising our commitments to the United Nations Convention on the Rights of the Child, ensuring that children's voices are heard, and viewing children in the context of their whānau, communities and culture.

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7 We have identified 16 potential areas of focus that the evidence base suggests are important, and in which our performance could be lifted. However, we recognise that it will not be possible to address all of these areas in the first year of the Strategy. We therefore propose prioritising six areas of focus to be the subject of exploratory policy work. Work in these areas (listed in paragraph 62) will help inform s9(2)(f)(iv) the development of the first child wellbeing strategy, s9(2)(f)(iv) The final list of focus areas, including priorities for s9(2)(f)(iv) the first strategy should however be informed by the public engagement process planned for May to December this year.

8 Public engagement and discussions about child wellbeing will form an essential part of the strategy development process. Many of the insights and ideas will come from outside Government. Children must be given opportunities to give voice to their interests. It will also be important to engage widely with Māori; with parents, whānau and a range of other communities of interest. We propose that the development of an engagement plan balances the need for focused conversations on child wellbeing, with a commitment to build on public engagement activities in related areas.

Background

9 On 6 December 2017, Cabinet Business Committee agreed to make legislative provision to support actions to reduce child poverty. The Child Poverty Reduction Bill, currently before the Social Services Committee, requires the development of a child wellbeing strategy, to be published within 12 months of the enactment of the legislation (expected in late 2018). The legislation requires the strategy to be reviewed every three years [CBC – 17-MIN-0048 refers].

10 The Child Poverty Reduction Bill requires the responsible Minister, in consultation with the children's Ministers, to oversee the development of the child wellbeing strategy. In December 2017, Cabinet agreed that the Minister for Child Poverty Reduction and Minister for Children will be jointly responsible for overseeing the development of the child wellbeing strategy [CBC-17-MIN-0048 refers].

11 As set out in the Bill, the strategy is required to address:

11.1 improving the wellbeing of all children

11.2 improving, as a particular focus, the wellbeing of children with greater needs

11.3 reducing child poverty and mitigating impacts of child poverty and of socio-economic disadvantage experienced by children and

11.4 improving the wellbeing of the core populations of interest to the department [Oranga Tamariki] (namely, children with early risk factors for future statutory involvement, those who the department works with, and care-experienced children).

12 In addition, the Bill states that the strategy must include:

12.1 outcomes sought for children (with reference to the groups of children listed at paragraph 11, above)

12.2 an indication of the extent to which the outcomes are measurable and how they will be measured (including analysis of disparities of outcome for children in poverty or at relative socio-economic disadvantage)

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12.3 an assessment of the likely effect of government policies whose aim is or includes reducing child poverty and/or mitigating the impacts of child poverty or of socio-economic disadvantage experienced by children.

13 On 25 January 2018, we informed Cabinet Business Committee of our broad expectations of the first child wellbeing strategy, to be developed in 2018. We identified that the strategy will:

13.1 set out the Government's vision for the wellbeing of *all* children in New Zealand

13.2 adopt an evidence-informed approach, identifying how universal and targeted services can be used to make the greatest difference to children's lives – now and in the future

13.3 promote proportionate universalism, aiming to achieve equality of outcomes for all children by delivering services that are proportionate to the child's level of need and relative disadvantage (including population groups such as Māori children, Pacific children and children with disabilities)

13.4 inform the development of the Oranga Tamariki Action Plan (required under the Child Poverty Reduction Bill)

13.5 have a clear focus on reducing child poverty, including how the government seeks to achieve its targets.

14 We also noted that the first strategy would be developed in 2018, and would consist of a framework to begin building a multi-agency work programme and s9(2)(f)(iv)

15 Cabinet invited us to report back in April 2018 with proposals on the scope of the strategy and the process for consulting with children and young people, Māori and other stakeholders [CBC-18-MIN-0005].

A focus on children and young people

16 We propose a flexible approach be taken to the definition of children for the purposes of the child wellbeing strategy. Generally, the strategy is intended to cover: children and young people aged 0-18 (including, where appropriate, the development of children in utero); and young people under 21 who have been in care under the Oranga Tamariki Act 1989. However, in some areas of focus it may also be appropriate to include older groups of young people under the strategy because they have particular needs. For example, young people under 25 who are in prison tend to have very high unmet needs, across a range of areas (e.g. addictions, poor educational attainment and brain injury) which pose a challenge to them being successful parents. Targeted support for this group may benefit them as individuals, as well as supporting the wellbeing of their children, who have a relatively high likelihood of going on to offend.

17 The term 'children' is therefore used throughout the paper to refer more broadly to encompass young people and, in some circumstances, young adults up to the age of 25 years.

How are children in New Zealand doing?

18 International comparisons, which use national data and reporting to rank New Zealand against other jurisdictions, provide some useful insights into the relative wellbeing of

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New Zealand children. We know, for example, that children in New Zealand often obtain higher than average baseline educational competencies compared to other countries.[1] Our children also enjoy a cleaner and more accessible natural environment, and value the safety, community and cultural inclusivity that New Zealand has to offer[2].

19 However, there is considerable scope for improvement. For example, the 2017 UNICEF report card, which assessed 41 high income countries against nine of the United Nations' Sustainable Development Goals, gave New Zealand an overall league table ranking of 34th out of 41. We ranked 38th for 'good health and wellbeing', and in the bottom three for 'ensure healthy lives and promote wellbeing for all at all ages'[3]; and for the proportion of children living in a jobless household (one in seven)[4]. We also had the highest suicide rate of adolescents aged 15-19 years.

20 The concluding observations of the United Nations Committee on the Rights of the Child (2016) noted serious concerns in a range of areas including violence (incorporating family violence, abuse and neglect); the high prevalence of poverty among children; disparities in access to education, health services and a minimum standard of living by Māori and Pacific children and their families; and concerns about children in state care and the criminal justice system. Other issues that New Zealand fares poorly on include housing affordability and obesity[5].

21 There have been concerted efforts in recent years from a variety of sources to harness a commitment to do better for children. An example is the work of Judge Carolyn Henwood on the Children's Covenant, which expresses an undertaking for New Zealanders to do all in our power to ensure our children are treasured, respected and enjoy a good life, full of opportunity. The Covenant was supported by Iwi Chairs Forum and the current Children's Commissioner, Judge Andrew Becroft.

22 The development of the child wellbeing strategy provides an opportunity for this Government to significantly improve the lives of New Zealand children and, in so doing, to progress New Zealand's commitment to the United Nations' Sustainable Development Goals[6], the United Nations Convention of the Rights of the Child, and other related international obligations.

An ambitious strategy with a broad scope

23 We propose that the child wellbeing strategy provide an overarching framework for government child policy development and action. It will articulate a vision for child wellbeing and a set of outcomes that this Government considers are important for all children. It will also increase political and public sector accountability for improving child wellbeing by:

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[1] E.g. UNICEF Report Card 2014 and 2017.
[2] Office of the Children's Commissioner: *What's Important to me: Children and young people's views in the lead up to the 2017 General Election* (December 2017).
[3] The indicators for this category were: neonatal mortality (<4 weeks of age), suicide rates (0-19 years), mental health symptoms (11-15 years), drunkenness (11-15 years) and teenage fertility rates (15-19 years) although NZ data was not available for all measures.
[4] Note, the report was limited by a lack of New Zealand data in some areas, notably poverty.
[5] For example, OECD (2017) *How's Life 2017 – Measuring Well-Being*
[6] There are 17 Sustainable Development Goals spanning the social, economic, environment and governance contexts. The goals are to be implemented by 2030.

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23.1 publically reporting how New Zealand children are faring against this set of wellbeing outcomes

23.2 communicating what Government is already doing or planning to do to improve outcomes in specific areas

23.3 driving a rolling programme of cross-agency work on priority issues where the evidence shows more focus is needed or current policy settings need to be changed in order to achieve better outcomes for children

23.4 providing a clear basis for government decision-making about future child policy priorities and investment decisions.

24 Improving the current and future quality of life of New Zealand's children is in all of our interests. The development of the child wellbeing strategy also provides an opportunity to encourage and enable greater collective investment in the lives of children. Much of the support and care for children is provided by individuals and organisations outside of government. We should draw on the knowledge, insights and interest of children and families themselves, local government, iwi, and the NGO, business and community sectors and learn from successful community-led initiatives. The strategy will likely have better reach and impact, and act as a catalyst for further positive action, if we actively work alongside key stakeholders outside of government. The public engagement approach (discussed in paragraphs 29 to 40) will provide an important starting point.

25 Key learnings from international jurisdictions that have developed similar strategies (notably Ireland and the United Kingdom[7]), highlight the importance of strong, central leadership; wide engagement both across government, and with the community and voluntary sectors; and the identification of a manageable number of actions.

Reducing child poverty and mitigating the effects of poverty and socio-economic disadvantage

26 We know that growing up in poverty, particularly severe and persistent poverty, impacts negatively on a child's wellbeing, opportunities, and life outcomes. The Government has set ambitious three and ten-year targets for child poverty reduction and the strategy will incorporate a clear focus on reducing child poverty. We will use the strategy to set out our proposed approach to meeting these targets.

27 As the first strategy is developed, we will consider how best to ensure it gives sufficient emphasis to our specific legislative and political commitments to reducing child poverty. Options here include a specific child poverty section within the final child wellbeing strategy (with scope to use this as a stand-alone document that outlines the Government's approach to reducing child poverty), or the development of a detailed 'child poverty reduction action plan' (similar to the Oranga Tamariki Action Plan), which sits below the overarching child wellbeing strategy.

28 As well as reducing child poverty, the strategy is required to give specific attention to mitigating the effects of both poverty and socio-economic disadvantage. This is because other factors, in addition to income and financial resources, play an important role in influencing wider outcomes for children (e.g. parent-child interactions, cognitive stimulus, and exposure to literacy and oral language in the family environment). We can reduce the

[7] Ireland's *Better Outcomes, Brighter Futures – the national policy framework for children and young people (2014-2020),* was the subject of mid-term review, published in March 2018. The United Kingdom's *Every Child Matters (2003)* was independently reviewed in 2009.

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impact of poverty and socio-economic disadvantage on children, and their transmission across generations, by directly addressing these wider factors. There are a range of measures of socio-economic disadvantage (e.g. the NZ Deprivation Index), but they commonly include the "big three" variables of parental income, education levels, and occupational status, as these are seen as measurable proxies for the material, human and social resources available to families.

Public engagement approach

29 New Zealanders should have the opportunity to help shape the child wellbeing strategy; broad engagement is critical if we are to ensure that the strategy is relevant, informed by the insights of children, their families and those working directly with them, and that there is extensive support for the direction established. However, we do not want to duplicate recent engagement in related areas, and will therefore be looking to build on the findings of this work.[8]

30 Over the past two years, there have been numerous government public consultation exercises on issues relating to children. Taken as a whole, key themes have emerged, particularly concerns about child poverty, housing, social inequality and education. Other themes have included:

30.1 support for system-wide changes including more multi-agency and shared-responsibility approaches

30.2 support for early-years intervention

30.3 support for child-centred policy changes, including enhanced provision of universal basic services with extra services targeted to children needing additional support.

31 More recently over 600 submissions have been received on the Child Poverty Reduction Bill and these are currently being analysed. From an initial scan, the vast majority appear supportive or very supportive of the Bill. Many submissions comment on matters that are outside of the scope of the Bill itself, but relate to what submitters consider are important activities and priorities for improving child wellbeing more generally. Themes from these submissions, alongside those emerging from oral hearings, will provide useful insights and perspectives for the development of the child wellbeing strategy.

32 Officials have identified a number of other planned consultation processes in aligned areas (e.g. the Mental Health and Addictions Inquiry, the review of Whānau Ora, and the Social Investment Agency's proposed approach to investing for social wellbeing) and will look to leverage these opportunities to seek New Zealanders' views as far as possible, and minimise 'consultation fatigue'.

33 At the same time, it will be important to create opportunities to focus the conversation on child wellbeing, particularly involving any groups that have been identified as underrepresented in previous processes. The engagement process will provide opportunities for children and young people (as well as their families and whānau) to have a voice in the strategy development.

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[8] Recent examples include the Green Paper for Vulnerable Children (2011), the update of the New Zealand Health Strategy (2016), the *Education Matters to Me* report (Office of the Commissioner Children and New Zealand School Trustees Association (2018)) and the human rights Universal Periodic Review consultations (ongoing).

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34 Tailored approaches will be developed to engage with Māori; both as Treaty partners and as a group with disproportionately poorer child wellbeing outcomes. It will be important to learn from and build on te ao Māori approaches to support tamariki wellbeing. Initial feedback from Māori on the Child Poverty Reduction Bill included the desire that the child wellbeing strategy include a focus on the wellbeing of the whānau as well as the child, and to ensure that Māori have the opportunity to be involved in every stage of the strategy's development.

35 We will reach out to representatives of other disadvantaged groups, including (but not limited to) Pacific communities and disabled children. Priority will also be given to hearing from groups who offer a different perspective due to their lived experience, for example LGBTI young people.

36 We propose that initial engagement take place in the May to December 2018 period, providing an opportunity for New Zealanders to help set the direction and focus of the first child wellbeing strategy. We recommend that feedback be sought on the following draft proposals:

36.1 framing of wellbeing

36.2 vision statement

36.3 set of outcomes sought for all children

36.4 list of indicative focus areas for further policy work to inform the initial and subsequent child wellbeing strategy(s).

37 The engagement approach will employ a variety of tools and channels designed to reach different population groups. This may include a mix of face-to-face meetings and hui, online engagement, and the opportunity to provide written feedback. Advice on effective approaches (including ways of ensuring good feedback loops, re-testing of ideas, and building in more than one opportunity to engage) will be sought from the Office of the Commissioner for Children, Oranga Tamariki, the Crown-Māori Relations Unit in the Ministry of Justice, and others with relevant expertise.

38 An external (non-government) child wellbeing strategy reference group comprising those with relevant knowledge and expertise in child wellbeing, and representing a range of stakeholder perspectives, is being established by officials as a departmental resource to help guide the development of the strategy.

39 Because of the level of priority we are placing on reducing child poverty, it will be important that we undertake some specific engagement on this matter. We will incorporate this into our engagement approach. Officials will also convene a child poverty expert group, to ensure they draw on specific policy expertise, perspectives and experience in this area.

40 We seek Cabinet agreement to the approval of the final engagement plan and documentation being delegated to the Minister for Child Poverty Reduction and Minister for Children, with specific proposals for engagement with Māori to be developed in consultation with the Ministers for Crown/Māori Relations, Māori Development and Whānau Ora.

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Broadly framing children's wellbeing

41 Children's wellbeing takes place in a context. The broader family, social and cultural environment, as well as systemic issues, including public policy settings and practices, all impact on child wellbeing - both positively and negatively. Improving the wellbeing of New Zealand children, particularly those with greater needs, will require working across these different settings. In particular, actions to improve child wellbeing will need to involve working with their parents and whānau and also supporting their needs.

42 Individuals' perspectives on what constitutes wellbeing vary widely and are sometimes focused on a particular aspect of life (e.g. mental wellbeing, cultural wellbeing, material wellbeing). The departmental science advisors have suggested that child wellbeing should incorporate a range of factors including those intrinsic to the individual (physical and mental health; language and cognition; age-appropriate social-emotional skills; social connections and cultural/self-identity) and those related to the context in which the child lives (family and community). They also suggest a life course approach to wellbeing that recognises the cumulative impact and importance of sensitive or critical biological, social and developmental periods (e.g. in utero, age 0 to 6 years and during adolescence) for later outcomes. The science advisors' narrative on child wellbeing is attached at Appendix A.

43 There are a number of existing wellbeing models in New Zealand and multiple models are used overseas. For example, the Living Standards Framework being developed by the Treasury adopts a broad focus on multiple 'capitals' - natural, financial/physical, human and social[9]. The Whānau Ora outcomes framework is all-encompassing, highlighting the importance of participation in society, economic security, whānau cohesion and resilience, responsiveness to living and natural environments, healthy lifestyles, confident participation in te ao Māori, and self-managing and empowered leaders.

44 We propose that child wellbeing be similarly broadly framed, reflecting a comprehensive view of the child as an individual, and in the context of family, whānau, community and society as a whole. This is consistent with the advice of the science advisors, and supports the assessment of the wellbeing of children during their childhood, as well as recognising the importance of early experiences and sensitive developmental periods on longer term life-course outcomes. Maintaining a broad approach will also enable people to describe wellbeing in a way that fits with their culture, values and priorities.

45 Accordingly, we have identified six key principles that will underpin our approach to child wellbeing and the development of the strategy. The principles are:

45.1 recognising the United Nations Convention on the Rights of the Child as a foundational treaty, setting out children's rights in international law, and helping to achieve those rights

45.2 ensuring children's voices are fundamental in developing and implementing the child wellbeing strategy

45.3 promoting the primary role of strong, loving whānau in caring for children

45.4 affirming that children are members of whānau and communities and cultures – and these must be at the heart of any action to improve children's wellbeing

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[9] The Living Standards Framework is based on the OECD Framework for Measuring Wellbeing and Progress, which considers individual wellbeing and the sustainability of wellbeing over time.

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45.5 recognising the knowledge and potential in communities to nuture children's wellbeing and create positive change

45.6 acknowledging the importance of the Crown-Māori partnership in all work to promote the wellbeing of New Zealand's children.

46 We seek Cabinet agreement to the following draft framing of wellbeing, for the purposes of public engagement:

Children's wellbeing encompasses multiple and overlapping domains:

- *Safety*: children are safe, and feel safe
- *Security:* children enjoy sufficient financial, natural and social resources to thrive
- *Connectedness:* children understand who they are, where they belong, and their connection to whānau, culture and community
- *Wellness*: children enjoy the best possible physical and mental health
- *Development*: children have the skills and knowledge to live good lives and meet their aspirations.

47 These five domains are derived from the Lifetime Wellbeing Model developed for all New Zealand children, and capture the key elements from broader wellbeing models, including the New Zealand frameworks referenced above. They also support the rights of all children as articulated in the United Nations Convention on the Rights of the Child, which New Zealand ratified 25 years ago.

48 In proposing these domains, we are aware that children's wellbeing is intrinsically linked to other broader contextual factors, such as living in a healthy and sustainable natural environment, and a just and inclusive society. We acknowledge the importance of these factors as prerequisites to individual and collective wellbeing, and our Government will be seeking to address them through better targeted mechanisms (e.g. through investment in 'clean' transport initiatives and policies that seek to reduce waste). However, this does not preclude the child wellbeing strategy providing a platform for children to give voice to their interests in these matters, and to inform and influence related policies.

An aspirational vision for the children of New Zealand

49 We propose that an aspirational vision statement be adopted to clearly signal Government's intention to prioritise children's wellbeing and to hold ourselves, and New Zealand society as a whole, to a high standard.

50 We recommend the following draft vision statement be adopted and used for the purposes of public engagement:

"Making New Zealand the best place in the world for children".

51 The vision statement is intended to serve as a call to action to all New Zealanders; it must therefore have wide appeal, including to children themselves. Individuals, whānau and communities will ascribe various meanings to the vision, or choose to emphasise different aspects of wellbeing. For a child, the 'best place in the world' may mean the ability to play with their friends or to spend time with parents, and wider whānau. Some parents or caregivers may choose to emphasise the importance of a quality education system that is responsive to their children's needs. Others may call for caring communities, focused on

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children's safety and happiness. A vision that is bold and inclusive is essential if the vision is to resonate across this wide range of different perspectives.

Clear outcomes for all children

52 While the vision statement articulates the ambition, it is vital that it is underpinned by concrete outcomes that serve to guide activity and against which change can be measured and reported.

53 The child wellbeing strategy will have a focus on *all* children in New Zealand and, accordingly, should articulate the outcomes we expect to see for every child. At the same time, the Child Poverty Reduction Bill requires the strategy to include the specific outcomes sought for reducing child poverty and mitigating the impacts of child poverty and of socio-economic disadvantage experienced by children. The strategy must also indicate how outcomes will be measured, including an analysis of disparities of outcomes for children in poverty, and children with socio-economic disadvantage, coupled with an assessment of the likely effect of government policies on these outcomes.

54 Draft outcomes have been developed, aligned to each of the proposed wellbeing domains. These are set out in Appendix B. For example, 'safety' includes reference to the whānau, home and community environments, together with protection from victimisation and accidental injury. Reducing child poverty is primarily captured in the 'security' domain. The outcomes do not represent an exhaustive list, and some outcomes may fit in more than one domain area. For example, children's play, while not specifically highlighted, is known to be an important contributor the cognitive, physical, social and emotional wellbeing of children, and could contribute to multiple outcomes.

55 Measures will be identified for each of the five domains and will be reported against in annual reports and successive child wellbeing strategies. We will apply a poverty and socio-economic disadvantage 'lens' across all child wellbeing outcomes, ensure this informs our priorities and work programme and, as far as possible, monitor disparities between children in poverty and socio-economic disadvantage and children generally. We expect reducing child poverty to be an ongoing priority within the child wellbeing strategy.

56 While the proposed outcomes necessarily segment aspects of a child's wellbeing into defined and potentially measurable elements, we are mindful of the importance of a child's subjective view of wellbeing, including less tangible and cross-cutting elements such as being loved and feeling happy. It is likely that subjective measures will be included as part of the overall measurement framework. Quantitative data should be complemented with qualitative evidence that captures the lived experiences and insights of children and their families. We will also test, through the public engagement process, whether these subjective elements of wellbeing should be more explicit in the framing of wellbeing and the outcomes statements.

Driving government priorities through clearly defined focus areas

57 While it is appropriate that the scope of the strategy is broad and all-encompassing, it will be important to ensure that it clearly articulates specific areas of focus.

58 A 'long-list' of 16 potential areas of focus has been developed, based on national and international evidence on child wellbeing, including evidence provided by the departmental science advisors, and an understanding of areas in which our performance could be lifted. Work is already in train in several of these areas, although more could be done. The list

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is not exhaustive, and is intended as a starting point for wider discussion with key stakeholders and subject matter experts (refer to Appendix B). The focus areas have been linked with the wellbeing domains they most strongly align with, but they also contribute to the other domains.

59 We seek Cabinet agreement to the following indicative long-list of focus areas, to be tested further through the public engagement process:

59.1 Children are safe and nurtured, in their whānau and their homes

59.2 Children and whānau live in affordable, quality housing

59.3 Children are free from racism, discrimination and stigma

59.4 Children and whānau are empowered to maintain healthy lifestyles for children

59.5 Children experience optimal development in their first 1000 days: safe and positive pregnancy, birth and parenting (conception to around 2 years)

59.6 Children's physical safety is protected during everyday activities like travel and recreation

59.7 Child poverty is reduced, in line with Government's intermediate and ten-year targets

59.8 Children's cultures are respected and celebrated, and te ao Māori and te reo Māori are promoted

59.9 Disabled children have improved opportunities and outcomes

59.10 Children are thriving socially, emotionally and developmentally in the early years (around 2 to 6 years)

59.11 Children have positive interactions with peers and others outside the home

59.12 Children and whānau have equitable access to timely, good quality services

59.13 Children have opportunities for civic engagement and environmental awareness

59.14 Children's mental wellbeing is supported

59.15 All children have an equal chance to gain the skills, knowledge and capabilities for success in life, learning and work

59.16 Children are supported to behave in prosocial ways.

60 It is our intention that the strategy will include a clear and explicit focus on mitigating the impacts of child poverty and socio-economic disadvantage across all the identified outcomes and focus areas. This includes analysing disparities of outcome between all children and those in poverty or relative socio-economic disadvantage, and assessing the likely effects of government policy that aims to mitigate poverty and socio-economic disadvantage.

A small number of initial focus areas

61 Drawing on the above list of 16 focus areas, we have selected a sub-set of areas for initial focus. The intention is that policy work in these areas begin now, to help inform s9(2)(f)(iv) the development of the first child wellbeing strategy. These focus areas have been identified on the basis of strong evidence that:

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61.1 addressing this area or doing more in this area will have significant positive impacts both on child wellbeing in the here and now *and* on longer term life-course wellbeing, and/or

61.2 New Zealand children are faring poorly in these areas by international comparison, and/or

61.3 children and young people have told us this area is of particular concern to them and their wellbeing, and/or

61.4 current policy settings in this area need to be reviewed/changed, because they are failing to adequately support child wellbeing and there is not currently work in train to do this.

62 We seek Cabinet agreement to six initial focus areas, listed below, as a starting point for exploratory policy work. While it is not intended that the list be the subject of public consultation, the list may be refined in response to stakeholder feedback on the long-list of 16 focus areas:

62.1 Child poverty is reduced, in line with the Government's intermediate and ten-year targets

62.2 Children experience optimal development in their first 1000 days: safe and positive pregnancy, birth and parenting (conception to around two years)

62.3 Children are thriving socially, emotionally and developmentally in the early years (two to six years)

62.4 Children are safe and nurtured, in their whānau and their homes

62.5 Children's mental wellbeing is supported

62.6 Children are free from racism, discrimination and stigma.

63 Further information on the rationale for giving priority to each of these items is provided in Appendix C.

64 s9(2)(f)(iv)

A rolling programme of cross-government action

65 Progress towards improving results in the agreed long-list of focus areas will be achieved through a rolling programme of cross-government actions across several years, with the six initial focus areas to be advanced ahead of the first child wellbeing strategy. In the first instance, agencies, in consultation with their respective Ministers, will be expected to identify actions that will contribute to the initial focus areas, s9(2)(f)(iv)

66 s9(2)(f)(iv)

67 s9(2)(f)(iv)

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s9(2)(f)(iv)

68 The identification of the six areas for immediate work by officials is not intended to diminish ongoing activity more broadly aligned with the 16 long-listed focus areas, nor should they detract from efforts to improve universal service delivery settings (e.g. compulsory schooling), which are integral to the wellbeing of all children. We would expect current and planned work that contributes to these areas continue, while acknowledging that, in some instances, resourcing and capability issues may require timeframes of work already in train to be extended. Ultimately, the strategy will need to report on progress across the full range of child wellbeing outcomes, meaning that forward momentum will need to be maintained across all child-related portfolios.

69 Shifts in policy and service delivery settings will take time, requiring agencies to plan and manage funding and resourcing arrangements, and to ensure sufficient capability to respond to new demands. The publication of the first child wellbeing strategy will signal our intentions to all New Zealanders, and support early planning processes.

Publication of the first child wellbeing strategy

70 s9(2)(f)(iv)

71 Public engagement will continue on to December 2018, and will inform the final direction of the first child wellbeing strategy, s9(2)(f)(iv) As we noted in our January report to Cabinet, although the Child Poverty Reduction Bill proposes that the strategy be reviewed every three years, we expect our initial iteration to focus on the high level framework, outcomes and priorities that will form the basis for work across government agencies. s9(2)(f)(iv)

Measurement and evaluation approach

72 Measurement and evaluation will be integral components of the child wellbeing strategy and vital to its success. As well as being required by the Child Poverty Reduction Bill, they will help us to track our progress, build the evidence base on what works, and direct our efforts to areas with the greatest impact.

73 An evaluation framework will be prepared alongside the development of the broader child wellbeing strategy. The strategy will be formally evaluated at three yearly intervals, aligned with the legislative requirement for periodic reviews. However, we anticipate ongoing formative evaluations of any new programmes, to inform investment decisions and contribute to a continuous improvement approach.

74 In determining how the proposed outcome domains will be measured, officials will collaborate with Statistics New Zealand to ensure indicator selection aligns with the

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measurement framework ('the pantry'). Consideration will be given to whether existing measures are sufficient, or whether there is a need to establish new measures to adequately capture all wellbeing outcomes and analyse disparities. Close engagement with both the Treasury and the Social Investment Agency will ensure there is consistency in approaches to the measurement of wellbeing.

75 Agencies will work together to develop a clear baseline data set and key performance indicators that give us interim qualitative and quantitative information on how we are tracking towards our objectives. We envisage a final 10-year evaluation against an overarching monitoring and evaluation framework, that measures progress towards our objectives. Detailed work on an evaluation approach will begin once the focus areas in the strategy have been confirmed following consultation.

Governance and responsibility

76 The development of the child wellbeing strategy will require an all-of-government approach and significant collaborative effort.

77 The work will be governed by Chief Executives from DPMC (lead), Oranga Tamariki, and the Ministries of Education, Health, Justice and Social Development, supported by the State Services Commission. A broader group of interested agencies is represented on a Chief Executives' Reference Group (including Treasury, Police, Statistics New Zealand, Te Puni Kōkiri, Ministry for Pacific Peoples, the Ministry for Women and the Social Investment Agency).

78 A small Child Wellbeing Unit has been established within DPMC to lead the child wellbeing strategy work programme. The team will work closely with the Child Policy Unit in DPMC on those aspects of the wellbeing strategy related to child poverty.

79 We anticipate wide agency involvement and input into the next phase of work, leading to s9(2)(f)(iv) the publication of the first child wellbeing strategy. Chief Executives and Ministers will be responsible for identifying and aligning portfolio activities with the initial focus areas, once agreed.

Consultation

80 The Green Party has noted that child wellbeing is a critically important policy area for it. The Party notes, in particular, the importance of acknowledging and understanding the impacts of public policy (and related structural and institutional approaches) on child wellbeing, and has asked that these be considered in developing the child wellbeing strategy. The Party has also expressed some reservations about the social investment approach adopted by the previous administration, and wishes to ensure that the development of the child wellbeing strategy gives careful consideration to the collection and use of data.

81 The following agencies were consulted on the development of this paper: the Ministries of Education, Health, Justice, Social Development; the Ministries for Pacific Peoples and for Women; the Office of the Commissioner for Children; Oranga Tamariki; Police; the Social Investment Agency; Statistics New Zealand; Te Puni Kōkiri; the State Services Commission, the Department of the Prime Minister and Cabinet, and the Treasury.

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Financial Implications

82 There are no immediate financial implications arising from the contents of this paper. s9(2)(f)(iv)

Human Rights

83 All proposals contained in this paper are consistent with the New Zealand Bill of Rights Act 1990 and the Human Rights Act 1993. Proposals developed as part of the child wellbeing strategy will need to be consistent with New Zealand's commitments to the United Nations Convention of the Rights of the Child 1989.

Legislative Implications

84 There are no legislative implications arising from the content of this paper.

Regulatory Impact Analysis

85 An impact statement or impact analysis is not required.

Gender Implications

86 Efforts to improve child wellbeing are likely to have positive benefits for many women, who are more likely to be the primary caregivers for children and young people. Benefits may be realised in the form of efforts to improve the wellbeing of new mothers, support for parenting more generally, and through addressing child poverty.

87 Transgender children and young people, and other children and young people with diverse gender identities, can have particular wellbeing needs, and face poor outcomes in certain areas, such as mental wellbeing and bullying. The focus of the child wellbeing strategy on improving the wellbeing of children with greater needs will help to address the disparities experienced by transgender and other gender-diverse young people.

Disability Perspective

88 Improving opportunities and outcomes for disabled children has been identified as one of the proposed 16 focus areas for the development of the child wellbeing strategy. The interests and needs of disabled children and their families is also expected to be embedded within each of the (other) identified focus areas.

Publicity

89 The approach to publicity will be considered as part of the development of the broader engagement plan (refer to paragraphs 29 to 40).

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Recommendations

90 The Minister for Child Poverty Reduction and the Minister for Children recommend that the Committee:

Requirements for the child wellbeing strategy

1 **Note** that the Child Poverty Reduction Bill requires the responsible Ministers, in consultation with the children's Ministers, to oversee the development of a child wellbeing strategy, with the first strategy to be published within 12 months of legislation being passed;

2 **Note** that the Child Poverty Reduction Bill requires the strategy to address:

2.1 improving the wellbeing of all children

2.2 improving, as a particular focus, the wellbeing of children with greater needs

2.3 reducing child poverty and mitigating impacts of child poverty and of socio-economic disadvantage experienced by children

2.4 improving the wellbeing of the core populations of interest to the department [Oranga Tamariki] (namely, children with early risk factors for future statutory involvement, those who the department works with, and care-experienced children);

3 **Note** that the Child Poverty Reduction Bill states that the strategy must include:

3.1 outcomes sought for children (as listed in recommendation 2 above)

3.2 an indication of the extent to which the outcomes are measurable and how they will be measured (including analysis of disparities of outcomes for children in poverty and relative socio-economic disadvantage)

3.3 an assessment of the likely effect of government policies impacting on reducing child poverty and/or mitigating the impacts of child poverty or of socio-economic disadvantage experienced by children;

4 **Note** that in January 2018, Cabinet invited the Minister for Child Poverty Reduction and the Minister for Children to report back to Cabinet in April 2018 with proposals on the scope of the strategy and the process for consulting with children and young people, Māori and other stakeholders [CBC-18-MIN-0005];

Broadly framing the child wellbeing strategy

5 **Note** that for the purposes of the child wellbeing strategy, the term 'children' has been broadly defined to encompass young people aged 0 to 18 years and, in some circumstances, young adults up to the age of 25 years;

6 **Agree** that the child wellbeing strategy will provide an overarching framework for central government policy development, and become the basis for public reporting and accountability on how New Zealand children are faring against a set of the agreed wellbeing outcomes (referred to in recommendations 18 to 21);

7 **Note** that the child wellbeing strategy will include a clear focus on reducing child poverty, including how the Government intends to achieve its targets;

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8 **Agree** that the development of the child wellbeing strategy should draw on the knowledge, insights and interest of other key players including children and families themselves, local government, iwi and the business and community sectors; and should incorporate a focus on connecting knowledge and resources for better reach;

Approach to public engagement

9 **Note** the importance of ensuring broad public engagement and ultimately buy-in to the strategy and the direction established;

10 **Agree** that the engagement approach should seek, as far as possible, to build on the findings of recent related consultations and to leverage opportunities presented in planned upcoming consultation and engagement exercises;

11 **Note** that it will also be necessary to design a tailored public engagement approach, incorporating targeted engagement with children and young people, and with Māori, together with representatives of groups who have disproportionately poorer child wellbeing outcomes (e.g. Pacific communities and disabled children), and those offering a different perspective due to their lived experience, for example LGBTI young people;

12 **Note** that work has begun on the development of an engagement plan, with a series of activities planned to be undertaken in the May to December 2018 period;

13 **Agree** that approval of the final engagement plan and documentation be delegated to the Minister for Child Poverty Reduction and Minister for Children, in consultation with relevant portfolio Ministers, with specific proposals for engagement with Māori to be developed in consultation with the Ministers for Crown/Māori Relations, Māori Development and Whānau Ora;

Recognising the multiple dimensions of child wellbeing

14 **Agree** that the concept of wellbeing be broadly framed, reflecting a comprehensive view of the child as an individual, and in the context of family, whānau, community and society as a whole;

15 **Note** that this framing supports the assessment of the wellbeing of children during childhood, as well as recognising the importance of early experiences and sensitive developmental periods on life-course outcomes;

Framing of wellbeing

16 **Agree**, that for the purposes of public engagement, the following draft framing of wellbeing be used:

Children's wellbeing encompasses multiple and overlapping domains:

- *Safety*: children are safe, and feel safe
- *Security:* children enjoy sufficient financial, natural and social resources to thrive
- *Connectedness:* children understand who they are, where they belong, and their connection to whanau, culture and community
- *Wellness*: children enjoy the best possible physical and mental health

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- *Development*: children have the skills and knowledge to live good lives and meet their aspirations;

Vision statement

17 **Note** that, consistent with the recommended broad intent of the child wellbeing strategy, an aspirational vision statement will be adopted, and used for the purposes of public engagement:

"Making New Zealand the best place in the world for children"

Outcomes framework

18 **Note** that the five domains of child wellbeing set out in recommendation 16 above provide the basis of the proposed draft outcomes framework for the strategy contained in Appendix B;

19 **Note** that work being undertaken by Statistics NZ and Treasury to develop sustainable development indicators will provide further information to finalise the outcomes framework;

20 **Agree** that the proposed draft outcomes framework as contained in Appendix B be the subject of public consultation;

21 **Note** that where possible, how New Zealand children are faring against these outcomes will be measured and reported against in each successive child wellbeing strategy, with a particular focus on children living in poverty or experiencing socio-economic disadvantage;

Focus areas

22 **Note** that while it is appropriate that the scope of the child wellbeing strategy is broad, it will be important to clearly articulate specific areas of focus;

23 **Note** that the following long-list of 16 indicative areas of focus has been developed to provide a starting point for wider discussion with key stakeholders and subject matter experts:

23.1 Children are safe and nurtured, in their whanau and their homes

23.2 Children and whānau live in affordable, quality housing

23.3 Children are free from racism, discrimination and stigma

23.4 Children and whānau are empowered to maintain healthy lifestyles for children

23.5 Children experience optimal development in their first 1000 days: safe and positive pregnancy, birth and parenting (conception to around 2 years)

23.6 Children's physical safety is protected during everyday activities like travel and recreation

23.7 Child poverty is reduced, in line with Government's intermediate and ten-year targets

23.8 Children's cultures are respected and celebrated, and te ao Māori and te reo Māori are promoted

23.9 Disabled children have improved opportunities and outcomes

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23.10 Children are thriving socially, emotionally and developmentally in the early years (around 2 to 6 years)

23.11 Children have positive interactions with peers and others outside the home

23.12 Children and whānau have equitable access to timely, good quality services

23.13 Children have opportunities for civic engagement and environmental awareness

23.14 Children's mental wellbeing is supported

23.15 All children have an equal chance to gain the skills, knowledge and capabilities for success in life, learning and work

23.16 Children are supported to behave in prosocial ways;

24 **Note** that the strategy will include a clear and explicit focus on mitigating the impacts of child poverty and socio-economic disadvantage across all the identified outcomes and focus areas specified in recommendations 18 and 23 above;

25 **Agree** that the 16 indicative areas of focus be tested as part of the public engagement strategy;

26 **Note** that from these 16 focus areas, we have selected six areas proposed for immediate focus by officials on the basis of strong evidence that:

26.1 addressing this area or doing more in this area will have large positive impacts both on child wellbeing in the here and now *and* on longer term life-course wellbeing, and/or

26.2 New Zealand children are faring poorly in these areas by international comparison, and/or

26.3 children and young people have told us this area is of particular concern to them and their wellbeing, and/or

26.4 current policy settings need to be reviewed/changed in this area and there is not currently work in train to do this;

27 **Note** that the six proposed initial focus areas are:

27.1 Child poverty is reduced, in line with the Government's intermediate and ten-year targets

27.2 Children experience optimal development in their first 1000 days: safe and positive pregnancy, birth and parenting (conception to around 2 years)

27.3 Children are thriving socially, emotionally and developmentally in the early years (two to six years)

27.4 Children are safe and nurtured, in their whānau and their homes

27.5 Children's mental wellbeing is supported

27.6 Children are free from racism, discrimination and stigma;

28 **Direct** the Department of the Prime Minister and Cabinet to coordinate exploratory policy work by relevant government agencies over the next six months on the initial focus areas set out in recommendation 27 to help inform s9(2)(f)(iv) possible content of the first child wellbeing strategy;

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29 **Note** that the proposed prioritisation of the six initial focus areas in recommendation 27 will not form part of the public engagement process, and that public feedback is likely to influence final decisions about the initial focus areas, including child wellbeing initiatives for s9(2)(f)(iv) the content of the first child wellbeing strategy;

30 s9(2)(f)(iv)

Rolling work programme of actions

31 **Note** that progress towards improving results in the agreed focus areas will be achieved through a rolling programme of cross-government actions, to be articulated within the first, and subsequent, child wellbeing strategy(s);

32 **Note** that agencies will be expected to identify actions that will contribute to the final focus areas and to review existing activities and investment to ensure alignment with the direction set;

Next steps

33 s9(2)(f)(iv)

34 **Note** that public engagement will continue to December 2018 and will inform the development of the first child wellbeing strategy, s9(2)(f)(iv)

Authorised for lodgement

Rt Hon Jacinda Ardern

Minister for Child Poverty Reduction

Hon Tracey Martin

Minister for Children

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APPENDIX A

16th March, 2018

For: Prime Minister Ardern and colleagues.

Childhood Well-being: What it looks like, how it can be undermined, and how to protect and promote it.

Professor Richie Poulton, Chief Science Advisor to Ministry of Social Development (currently on secondment to the Social Investment Agency);

Professor Sir Peter Gluckman, Chief Science Advisor to the Prime Minister of New Zealand;

Professor John Potter, Chief Science Advisor, Ministry of Health;

Professor Stuart McNaughton, Chief Science Advisor, Ministry of Education; and

Associate Professor Ian Lambie, Chief Science Advisor, Ministry of Justice (including Corrections and Police).

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Executive Summary

Well-being is a broad concept that has its roots early in life. Research, in particular developmental neuroscience, has highlighted the critical role played by early brain development for subsequent well-being - during childhood and adulthood – as measured across multiple life domains including educational achievement, employment, friendships, intimate relationships, (parenting, good physical and mental health, and prosocial behaviour.

This is because the young human brain is especially sensitive to environmental inputs. When these inputs (or contexts) are positive - in the form of a safe and stable families, characterized by warm, sensitive and stimulating parenting - healthy brain development is maximized and the likelihood of good well-being enhanced. When toxic stress is the norm, taking the form of poor intrauterine exposures, neglectful/abusive caregiving, or parental violence, substance abuse or mental health difficulties, then brain health and well-being are compromised.

The starting point for protecting and promoting well-being is now firmly established by science. **A programme of joined-up (across sector *and* life-stages) evidence-based interventions supported by the state, beginning at (or even before) conception through to the early twenties and delivered according to proportionate universalism principles, is empirically supported.**

Nonetheless, the impact of the most effective interventions currently available, well implemented, is modest.

This identifies the other key ingredient for improving well-being: **an ethos of continuous improvement in service content and delivery.**

Continuous improvement in well-being interventions should become standard practice, much like happens in many other areas. To be successful this will require sophisticated data collection, analysis and interpretation systems. In practice this means starting with evidence-based approaches when possible, *and/or* rigorously trialling novel approaches matched appropriately to our unique social and cultural context.

If done well:

- (i) appreciable gains in population well-being can be expected, with benefits persisting (and possibly strengthening) over time;
- (ii) we will find out for ourselves what works best for all New Zealanders (i.e., Māori, Pasifika, Asian and Pākehā), in our context; and
- (iii) develop a culture of innovation in 'social good' intervention capable of rivalling any in the world.

Introduction

Well-being is a concept that describes a positive state of being.

It is often used interchangeably with terms like quality-of-life, life-satisfaction, happiness or contentment. It is an omnibus term that aims to summarise multiple facets of a person's life, usually at a particular moment in time. Research has shown that it correlates with a variety of life success indicators, across multiple life domains including for example school achievement, employment, friendships, intimate relationships, parenting, physical and mental health, and prosocial behaviour.

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Its strength (as an intuitively-appealing global measure) is also its weakness.

Specifically, it lacks precision. This problem is exacerbated by a narrow focus on the determinants of well-being in the research literature. The majority of academic papers focus on only one or two determinants at a time e.g., chronic illness and well-being, social support and well-being, poor mental health and well-being, unemployment and well-being, racism and well-being. Very few studies have been capable of operationalising the global concept *and* its multiple antecedents and constituents. Perhaps as a result, its use in policy has tended to emphasis selected aspects, within specific ministries, whereas a more holistic and multiagency response might prove more effective.

A number of definitions of well-being already exist, and as it becomes more fashionable the number of definitions will no doubt proliferate.

In this paper we define childhood well-being in the New Zealand context, informed by some of the best and most comprehensive life-course studies in the world.

This short briefing paper provides a high-level summary and interprets the evidence as an aid to policy-making. It purposefully avoids cluttering the text with references and jargon to enhance readability. Nevertheless, all substantive points are based on evidence. Our aim is to highlight key issues in the well-being discussion in New Zealand, as we understand both it, and the relevant science. Finally, we do not discuss the nature of institutional structures in any detail as this was not part of our brief.

What is good well-being?

Children with high well-being can be characterised as having:

(i) good physical and mental health;
(ii) intact and well-functioning language and cognition;
(iii) an age-appropriate social-emotional skill-set,
(iv) friendships and social connection[10]; and
(v) a robust cultural/self-identity (with individual differences expected).

Important contextual factors associated with good child well-being include:

(vi) a supportive, loving family environment; and
(vii) living in a safe and healthy community.

<u>Within-person factors</u>

Good physical and mental health are important in their own right (and are often regarded as strong indicators of well-being). They also enable attainment of developmental milestones (e.g., walking, talking) and full participation in age-appropriate activities (e.g., school attendance, physical activities, play), and in

[10] Social connection denotes the degree to which people report feeling socially integrated and able to access social support. There is strong evidence of its importance for multiple aspects of well-being. A related but different concept - social capital - describes a form of support vested in the community that emphasises social norms and expectations. At present it does not have the same amount of evidence supporting impact on *multiple* aspects of well-being, and it can be more challenging to operationalise and measure well. However, recent research has shown its potential value in moderating the impact of antisocial behaviour. We discuss some early emerging intervention options based on social capital ideas in a companion paper (draft Child Poverty Paper).

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the case of mental health, are integral to positive emotionality, social interactions and/or resilience to inevitable life stressors.

Intact and well-functioning language and cognition ensures that the manifold opportunities for learning in the first few years of life are maximised, as well underpinning the potential to benefit from early childhood education and the schooling system. Good cognitive function also supports language development that is important for socio-emotional skills and literacy and numeracy that are essential for functioning in the world.

Socio-emotional skills help people self-regulate (a.k.a., self-control), persevere towards goals, initiate and maintain relationships, and to 'get on' with others.

Friendships and social connection speak to the fundamental human need of 'belonging'. Good social relationships during childhood and adulthood have been found to protect or buffer the pernicious effects of toxic stress and other adversities. As might be anticipated, research has shown that the absence of friendships and social connection predicts poor emotional and physical well-being.

Nurturing a *strong cultural and self-identity* promotes higher levels of self-esteem and can protect against an array of psychosocial stressors, especially among Māori. It is thus important that a Te Ao Māori understanding of well-being is acknowledged and respected (e.g., see the Children Commissioner's Mana Mokopuna framework). Implicit here is that racism (overt or covert, personal or institutional) is a toxic stressor.

Contextual factors

A supportive, stable and loving family environment, along with consistent and available parenting, provide the bedrock for children's development, self-efficacy, and safe exploration of, and engagement with the world. Until recently, the need for a physically safe and healthy home environment to live in was assumed. This now needs to be made explicit.

A safe and health community environment augments a good home environment to enhance childhood well-being. Factors that play a role include the absence of neighbourhood antisocial behaviour; the presence of well-maintained playgrounds, parks and leisure options; good quality public utilities and schools, as well as a sense of community connection and shared values (social capital).

A healthy societal environment also includes a sense of cohesion, identity, and mutual support and opportunities for self-fulfilment through achieving age-specific milestones and personal goals. Finally, the built physical environment is important, with healthy urban design now possible.

What leads to, or maximises, the likelihood of good well-being?

The conditions and factors that help promote good well-being have been extensively studied and reviewed in the scientific literature. **Knowing where and how to begin is not the challenge**. Rather it is that this knowledge is often not applied, or alternatively, aspects of the policy design and/or the implementation process are ineffective or inconsistent with the evidence.

Adverse experiences early in life can magnify and accumulate across the life-course. Equally, positive experiences early in life can help to build resilience and help people weather adversity. Responding to

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distress and dysfunction when they first appear (e.g. in the teenage years), may not be as effective as taking action to build resilience well before this emerges.

For example, research has shown that:

Good *in utero* health and brain development requires preventing exposure to toxins that pass through the placental barrier from mother to fetus. These include: tobacco smoke, alcohol, illicit substances, poor nutrition, and stress hormones via maternal depression, anxiety or high stress.

Good bonding between the parents and child in the first few years of life is important. At birth, human babies are 100% dependent. They instinctively 'reach out' to the immediate world around them. If this world, usually in the form of mother and/or father who themselves enjoy good well-being, respond in a consistent, loving, and attentive manner, this will evolve into a parenting style that is warm, sensitive and stimulating. Consequently, the child's development (cognitive, physical, mental) and potential for well-being will be maximised. Conversely, the evidence is clear that children born into dysfunctional socio-emotional circumstances with ongoing inappropriate exposures are far more likely to develop long-term behavioural, emotional and cognitive difficulties, with life-long consequences.

Development through the years before school leads to school readiness - or not. That is, the capabilities, both cognitive and non-cognitive, that enable children to pick up and follow the standard primary curriculum from their first day is determined in part by the combination of a stimulating home environment (assuming availability of basic resources and functional capacity) and the quality of other experiences such as Early Childhood Education (ECE). Under well-designed conditions and in a positive social context high-quality ECE promotes the core life-skills for well-being, consistent with the New Zealand curriculum Te Whāriki, and proportionate universalism tenets.

Together, the combination of positive family/whānau circumstances and deliberate engagement of both the child and the caregiver(s) can help ameliorate some of the adverse consequences of domestic disadvantage. A significant transition (and developmentally sensitive period) occurs on school entry. Being ready to cope with this transition is a function of both social, emotional and cognitive skills and children who start with disadvantage struggle to catch up. Just as 'success begets success', failure can beget failure, a circumstance that can become internalised by the child over time. Indeed, the energy needed for the struggle to catch up also increases over time – energy that may simply not be available to the child in an adverse setting. Thus, failure is not only compounded, it is compounded at an increasingly faster rate. This is why early support and, in the face of deficits in that support, early intervention is so crucial.

The adolescent years are commonly thought of as a stormy, turbulent period. But this developmental transition is also a period of significant transformations: hormonal changes occur that affect physical shape and characteristics, as well as inducing psychosexual emotions; the brain continues to develop, leading first to increased risk-taking behaviour, followed only later by the development of stronger pathways for self-control and self-judgement (this biologically determined discordance in brain development means that it is normative for adolescents to engage in some risk-taking behaviour, which may or may not have long-term consequences). Adolescence is also a period of transition from authoritative control/dependence and seeking reward and praise from parents to greater emotional dependence on the self and peer group. The mandatory school sector can provide powerful influences on well-being. Each of the characteristics listed above can be influenced by teachers, peers, caregivers and family/whānau, from primary to secondary school and through upper-secondary to post-secondary experiences.

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Because of the interactions between these biological changes (puberty and neurobiology) and changing expectations about social roles, some degree of 'tumult' might reasonably be expected: adolescents have some major developmental tasks to confront during this epoch, not the least of which is the need to individuate by gradually moving away from parental influence towards friend and peer group influence (historically this was viewed as preparatory to leaving home).

As alluded to above, it is now known that these significant bio-social changes occur at a time when an adolescent's brain architecture is undergoing comparatively rapid and significant change – not unlike the very rapid changes in utero and the perinatal period. It is important to understand that how well young people manage this period of development, and how robust their sense of well-being remains, **is influenced by what has occurred prior to the onset of puberty - from conception onward**. Of concern, mental health problems tend to emerge for the first time during this developmental period, especially if the young person has a latent vulnerability to stress, typically in the form of poor emotional regulation and/or high stress reactivity. Ensuring that well-being is protected requires good social support as well as access to appropriate stepped-care services and self- or guided-help when mental health symptoms first appear.

What is poor well-being?

Poor well-being is synonymous with a failure to thrive physically, emotionally and socially. Such children can feel isolated, lonely and unloved. Their sense of self-worth will be undermined and their willingness to take on challenges of all types (i.e., important learning opportunities) will be reduced because they expect rejection, criticism or at worst ostracism. Some of this is obviously signalled by behaviour but it can also be read in the biology of brain development and stress-hormone patterns. They fail to take on challenges because they don't believe they will be successful due to their low levels of self-efficacy. For some children this will result in significant emotional pain and distress (increasing risk for suicidality among other things), or alternatively, serious acting-out behaviour that can result in being labelled antisocial or conduct disordered. It should not surprise us that children in these circumstance experience low levels of well-being and their subsequent pathway through life (achieving stable relationships, achieving social milestones, secondary school and tertiary graduation, employment, avoidance of the justice sector) is likely to be seriously compromised.

What leads to, or increases the likelihood of poor well-being?

The factors associated with poor well-being are well-recognised. The list (supported by robust evidence) includes:

- poor maternal health and well-being before, during and after pregnancy;
- poor parenting practices;
- childhood neglect and maltreatment;
- chaotic familial milieu often characterised by violence;
- mental health problems and substance abuse among key adults;
- a lack of friends;
- relational difficulties leading to rejection and/or victimisation;
- poverty;
- benefit dependency and lack of employment opportunities;
- poor educational achievement;
- low self-control and antisocial behavioural patterns;

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- chronic physical and mental health problems;
- racism
- inequitable access to a range of government services.

Children with poor well-being might have experienced one, some, or many of the above risks. Co-occurrence (a.k.a. multi-morbidity) of risks typical, with research showing that adverse conditions cluster at a rate far greater than chance would predict (colloquially 'birds of a feather flock together'). And many of these factors interact to compound matters further – that is, the outcome is worse than would be expected from just adding them together. These comorbidities and compounding interactions create policy challenges.

The pathway(s) to poor well-being can begin as early as conception (or even earlier in the case of damaged parental health), and are often associated with subtle, but sometimes obvious, 'acquired organic impairment'. That is, compromised brain development and cognitive function due to exposure to toxic substances in utero, unbalanced nutrition, mental illness, and then postnatally to exposure to inadequate emotional support or neglectful or outright abusive parenting/caregiving.

Lastly, the digital age and its associated technologies are having major effects on how people function, interact and live in a differently structured society, with altered rules and values. As yet, we have limited knowledge about how child and brain development are impacted by these changes. The extent of our current understanding has been addressed in the recent paper by McNaughton and Gluckman entitled "A commentary on Digital futures and Education".

What can be done to (i) avoid poor outcomes and (ii) promote high levels of well-being?

Avoiding poor outcomes: These difficulties often emerge very early in life – much earlier than was thought 25 years ago. The fact that multiple adversities/risks co-occur means that the **most effective intervention strategies[11] will be multi-pronged**. They need to be **implemented early** to have optimal effects and prevent negative cascades. There will of course be situations where particularly potent influences on well-being, for example, **persistent and severe poverty might, if addressed effectively, alleviate multiple other problems undermining well-being**. This can occur because **poverty acts as a driver of multiple stressors thereby creating a high-stress context that overwhelms people;** the result is poor or failed attempts at coping. Failure to cope further exacerbates harmful influences. But interventions to address poverty alone will not address the challenges posed by intergenerational disadvantage, such as when parents and caregivers may have behavioural and other morbidities that need to be addressed.

The evidence suggests that **the best way to begin is with a range of interventions, matched according to the age of the child and its context.** This will involve universal preventive efforts beginning in utero, but they should be made available/delivered according to need (i.e., proportionate universalism), such that everyone gets something but those who need the most, get the most, and sometimes in different forms. When applied in the context of lifecourse science, this means intervening as early in life (or the life of the problem) and this means also training appropriately vigilant teachers, health- and social workers. Not all

[11] Intervention is used throughout as a generic term to describe a variety of evidenced-based strategies to promote well-being. Interventions could be delivered by a range of professional and non-professional groups e.g. social workers, psychologists, teachers, GPs, community groups, parents, whanau etc); and in a variety of formats (e.g. one to one, one to group, face to face, e-based, self- or other-directed). Programmes refer to standardised, structured and typically well-documented intervention approaches. The issue of real world variability in practice (and practitioners) in the delivery of interventions is an important but separate issue from what interventions are evidenced-based.

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points in the lifecourse are equal in terms of their sensitivity to environmental influences (cf. social determinants). There is now a growing consensus that **two key sweet spots for intervention are pregnancy through the first five years of life and the adolescent years**[12]. This is due to heightened malleability and adaptive capacity – manifested in behaviour *and* the biology of the brain – at both these times. Intervention strategies and their timing should reflect this fundamental insight.

The importance of the period from conception through the first several years has already been noted. Building on this and given the high levels of participation and the particular time in life, Early Childhood Education (ECE) represents another prime opportunity to promote well-being. A current challenge for ECE in New Zealand is to agree upon and implement systematic assessment of children's development, both in terms of socioemotional skills as well as language and cognitive skills. In addition, a systematic strategy to implement 'extra' support for those that need it most (a la proportionate universalism) will be required to effectively promote learning and tailored approaches for inculcating key life skills such as self-control.

Self-control, a topic of intense interest internationally, and described by some as a core 21st century competency, is an apt example in this case because the research about its importance for later life success - at school, economically, interpersonally, in terms of physical and mental health, criminality and avoidance of dependency on state services, and shows a distinctly graded association. That is, there is no point in the distribution of childhood self-control (ranging from the lowest to the highest across the whole population) that a higher level did not result in better outcomes in adulthood.

Put simply, everyone, not just those at the low end of the self-control continuum, can benefit from interventions deigned to inculcate or strengthen these skills. It is unusual to find a possible intervention with such promising returns. There is an inherent logic here: inevitably, adolescence is associated with exposures to stressors; what occurs before puberty will affect the individual's resilience, positively or negatively, to stressors thereafter.

A second class of evidence-based interventions are those that are indicated by the level of risk: for example, parenting programmes like Incredible Years for those likely to benefit, or even more targeted programmes including trauma-informed wrap-around services for the most vulnerable.

A reasonable question to ask at this stage is: *Are some interventions better than others at promoting well-being?*

The evidence shows clearly that there are a number of different approaches that are capable of ameliorating the precursors of poor well-being. Assuming the right intervention is delivered at the right time, **with high fidelity**, to the 'right' group of people (ranging from the whole population to the targeting of high-risk groups) then positive results can be expected. Given the multiple pathways to well-being, it is currently not possible to single out any particular type or brand of intervention as superior to others. On the contrary, it appears necessary to have a range of evidenced-based intervention options available, to be delivered at different ages, which in combination should result in the greatest impact on well-being. Further, it is essential that we monitor these programmes continuously to establish exactly what is effective, for whom,

[12] Adolescence extends from the onset of puberty (which may now start as young as 8 years) until the individual's brain is fully mature in terms of pathways affecting judgement and self-control, and society recognises the individual as an adult. Studies demonstrate brain maturation is not complete until well into the third decade of life. Western societies confer the status of adulthood gradually over a period between 16 and 21 years. It is reasonable to anticipate that the earlier the intervention within this broad age range the greater the likely effect.

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and in what setting, so that we apply a continuous and iterative process of quality improvement. There are good interventions to implement as starting points in a wide variety of settings, but there is no perfect approach in any setting.

It is important to note that factors that help a small-scale intervention work under ideal conditions (efficacy) may no longer work at scale, or in real-world settings (effectiveness). Thus, effective interventions need expert design and introduction and expectations must be realistic. The obvious corollary is that non-evidenced-based interventions, or proven approaches poorly implemented are unlikely to produce useful outcomes. A solid platform will mean increasing the capacity in our services to design and redesign provisions for well-being based on collecting and using evidence to continuously move towards 'best fit' local ways for promoting life skills. In contrast, well-intentioned initiatives based on advocacy and ideology rather than evidence can lead to both wasted money and inadequate outcomes. This problem can be exacerbated by a siloed approach to public-policy making – seeing education, health, social development, justice as separate arenas.

Knowing if a selected suite of evidenced-based approaches for promoting well-being (and its precursors) is effective will require a high-quality, comprehensive national data collection system. New Zealand is fortunate in this regard to have the Integrated Data Infrastructure (IDI), a truly unique resource globally. If this can be sustained in its primary role as a policy research tool and supported by advanced modelling and data analytical techniques and domain expertise, detailed intervention evaluations and comparisons should be possible in real time.

Used well, future versions of the IDI will enable evaluation of complex causal interactions, as well as identification of the factors that drive success or failure. However, **it must be understood as a population-based tool and not a tool for the management of individuals**. It is not generally appreciated that the IDI is considered internationally as the tool that might allow greatest progress in addressing child well-being. Without clever use of data, married to qualitative social and developmental sciences that allow the introduction and evaluation of well-designed initiatives, the government risks making choices that are unlikely to lead to positive change.

Summary and policy considerations

Relationship to other work on well-being currently underway.

We are aware that a number of government agencies are working in the well-being area (e.g., Oranga Tamariki, Treasury, NZ Stats, SIA, MSD, MoH, MoE, MoJ, DPMC, as well as in related areas including MBIE, HNZC, NZ Transport). We have not sought to align this brief review with these other initiatives at this stage, rather we have sought to summarise what the scientific literature says about well-being, good and bad, its causes, correlates, and consequences, and what might be done to improve it. This encapsulation of the evidence does not provide us with a complete blueprint to elevate well-being at a single stroke. Rather, it gives us a good platform upon which to begin, a set of tools to allow continuous improvement, and a clear-sighted understanding that this is the work of at least a generation.

We will now try to contextualise what we have reported to aid consideration by policy makers. We stop short of making specific or granular policy recommendations. Naturally we would be happy to drill deeper into what these might be if that were deemed useful.

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There is little new under the sun i.e., we know where to start…it is effective implementation that is the challenge.

We already know a considerable amount about what factors and pathways lead to both good and poor well-being. We also know quite a bit about those interventions (universal and targeted) that can mitigate risk and enhance well-being. A quarter of a century ago this knowledge either did not exist, was fragmented or nascent. Developmental science has matured rapidly and we are fortunate to now know far more about the 'when, who and what' of how to protect and promote well-being.

However, it turns out that this is only half the battle. Applying this knowledge wisely and effectively can be difficult. The many pitfalls and challenges associated with effective implementation are well documented. This should be viewed as beneficial as it has led to better understanding. That is, many of these challenges can be anticipated, planned for, and conquered. Some of the key ingredients of successful implementation of strategies to protect and promote well-being are discussed below.

No risk factor or intervention trumps others. It's about savvy (i.e., data-informed) matching to need, and planning for a system that seamlessly links interventions across the first two decades of life.

Data tell the story of peoples' lives. To tell those stories faithfully and accurately the data need to be collected systematically and be of high quality. With good quality information, a better understanding of the person and their unique needs (or those of groups of people, or even of whole populations) can be ascertained more accurately. This is a necessary prerequisite to matching the 'right' services and supports to maximise people's well-being. A "one size fits all" or a "do it once and it's done" approach is doomed to failure because we know from lifecourse science that a person's current state of being is the result of everything that has gone before. Thus, multiple services, with different degrees of intensity, available at multiple time points in people's lives will be required.

Start with the best current interventions, adapt and validate for New Zealand, pilot these, evaluate rigorously at micro- or meso-scale before full roll out. It is essential not to be afraid to stop what doesn't work. That which works for providers but not for children is harmful to New Zealand. Iterate based on the evidence to achieve continuous improvement.

The implications of the above are clear. Yet the intent and/or actions required are sometimes diluted, distorted or avoided. The evidence reviewed above provides a good starting point, but implementation needs high fidelity, followed by evaluation and the next step. This is perhaps the most important aspect of what is being recommended, based on our understanding both the etiological and intervention scientific literatures.

The focus should be on children AND parents/caregivers, not children in isolation.

Children do not exist in a vacuum. They live and develop within a social context established by their parents/primary caregivers and whānau. When a child's well-being is threatened, intervening only with the child is typically insufficient. Research has shown convincingly that the focus of intervention must be on the child <u>and</u> their immediate context, beginning with key family or whānau members.

Need to develop/adapt (multidimensional) assessment tools where necessary e.g. Māori concepts of well-being.

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Different cultural groups within New Zealand may conceptualise well-being in different ways. If this is the case, then appropriate measurement tools may need to be built from scratch (or modified from existing approaches) to ensure that what is most important for people's well-being is fully understood and supported. What works in one cultural setting should not be isolated as though it were applicable only in that setting but should be examined for possible applicability elsewhere – culturally informed interventions should build bridges not walls.

Need to build on current universal resources such as ECE and schooling, and through systematic use of evidence and continuous design and redesign, to develop best-fit interventions with known benefits for children and adolescents.

'Systems' aimed at protecting and promoting childhood well-being should capture their own data/evidence as a matter of course, so they can discover what is working and what is not. This will guide attempts to continually improve (i.e., achieve larger effect sizes) services from the government (and the NGO sector) for promoting well-being, across the whole population.

Leadership opportunity via personalising interaction with the State, guided by proportionate universalism and life-course principles.

New Zealand can legitimately aspire to becoming an exemplar of best practice in the protection and promotion of the well-being of its children (and its people more generally), somewhat analogous to the government goals for climate-change policy and practice. If the antecedents of well-being described above are addressed via evidence-based programmes, implemented well, significant shifts in population well-being are likely. This will not happen in a hurry, so a balance between short and longer-term goals needs to be struck.

Data provide New Zealand's edge. Need to conceive of all social interventions as continuing opportunities to learn and improve.

New Zealand is blessed with high-quality social data and is fast becoming the envy of many larger developed countries. To fully realise the potential of our social data requires strong systems and expertise, along with a commitment to continually learning and improving upon current best practice. Protecting and promoting the well-being of New Zealanders is ideally suited to this challenge.

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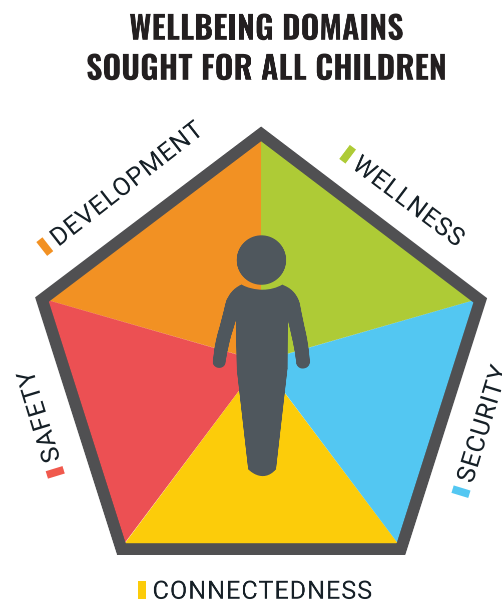
APPENDIX B: CHILD WELLBEING STRATEGY – DRAFT OUTCOMES FOR ALL CHILDREN, AND POTENTIAL FOCUS AREAS FOR POLICY WORK

The wellbeing outcomes we are seeking for all New Zealand children – and for future generations of children – can be grouped into five 'domains'. The five domains overlap with one another, as different aspects of children's wellbeing can touch on many domains. When children experience wellbeing in these domains, it supports them to participate as citizens, enjoy their rights, meet their responsibilities, and play a positive part in society, now and through their whole life course. Several measures will be identified for each domain.

WELLBEING DOMAINS SOUGHT FOR ALL CHILDREN



SAFETY

Children are safe, and feel safe

Whānau and homes are safe and nurturing

Communities are safe and supportive, with children protected from victimisation

All environments are safe, to protect children from accidental injury

SECURITY

Children enjoy sufficient financial, natural and social resources to thrive

Children have a good standard of material wellbeing, including food and housing

Parents and caregivers, and young people transitioning to adulthood, enjoy quality employment

Children live in sustainable communities and environments

CONNECTEDNESS

Children understand who they are, where they belong, and their connection to whānau, culture and community

Children have positive relationships with family, wider whānau, friends, community groups and school

Children have a positive sense of identity, opportunities to express themselves creatively, and to connect to their culture or belief systems

Children are encouraged to play, participate in social and community activities, and be civically and environmentally engaged

Children are valued for who they are, and their voices are heard

WELLNESS

Children enjoy the best possible physical and mental health

Children and whānau are empowered to understand and make positive decisions about health

Physical and mental wellbeing are promoted, and health status is not a barrier to living good lives

Young people take a positive approach to sexual health and reproductive choices

Where children experience trauma, they can access timely, quality support for healing and recovery

DEVELOPMENT

Children have the skills and knowledge to live good lives and meet their aspirations

Positive development starts before birth, including through mothers' wellbeing

Children develop resilience, emotional skills, and positive behaviour skills

Children are actively and positively engaged in learning

Children are achieving in education and building skills and knowledge for life

Children form positive peer relationships, and avoid offending behaviour

OUR APPROACH TO CHILD WELLBEING IS UNDERPINNED BY THESE KEY PRINCIPLES:

- Recognising the United Nations Convention on the Rights of the Child as a foundational treaty, setting out children's rights in international law, and helping to achieve those rights
- Ensuring children's voices are fundamental in developing and implementing the child wellbeing strategy
- Promoting the primary role of strong, loving whānau in caring for children
- Affirming that children are members of whānau and communities and cultures – and these must be at the heart of any action to improve children's wellbeing
- Recognising the knowledge and potential in communities to nurture children's wellbeing and create positive change
- Acknowledging the importance of the Crown-Māori partnership in all work to promote the wellbeing of New Zealand's children

Sixteen potential focus areas for the child wellbeing strategy have been identified using evidence on what matters for child wellbeing and an assessment of areas where New Zealand is not doing well. Across all areas, there will be a focus on mitigating the effects of child poverty and socio-economic disadvantage. The focus areas have been linked to the domains they align most strongly with, but they also contribute to other domains.

Safety

Children are safe and nurtured, in their whānau and their homes

- Children live in loving homes, free from abuse, neglect and family violence
- Adults enjoy good mental health, including freedom from misuse of alcohol and drugs
- Children in care, including those removed from home because of offending, have a safe and caring environment

Children's physical safety is protected during everyday activities like travel and recreation

- The community, physical, policy and regulatory environment work together to promote children's physical safety
- Serious injury and death through road accidents, drowning and other major accidental causes are reduced

Children have positive interactions with peers and others outside the home

- Children have safe and appropriate peer and intimate relationships
- Children have safe relationships with adults outside the home
- Bullying in schools and recreational environments is reduced
- Children's safety online is supported

Security

Children and whānau live in affordable, quality housing

- Families can access and afford housing near where they live and work
- Housing is warm and dry, has space and facilities to meet essential needs, and supports good health
- There is stability of tenure for children in rented accommodation
- Housing is supported by quality infrastructure and community facilities to enable good quality of life

Child poverty is reduced, in line with the Government's intermediate and ten-year targets

- Children and whānau have the resources they need to meet children's basic needs, and enable them to participate fully in society
- Rates of child poverty are significantly and sustainably reduced
- Mothers' education is supported
- Housing needs to be affordable, with enough income left over for families to meet their other needs

Children and whānau have equitable access to timely, good quality services

- Core government services, like health, disability and education, meet the needs of different cultural and socioeconomic groups
- All children and their families can access and benefit from these services

Connectedness

Children are free from racism, discrimination and stigma

- All children are respected and valued for who they are
- Unconscious bias is addressed
- No child, or group of children, faces discrimination or stigma on the grounds of race, or for any other reason

Children's cultures are celebrated, and Te Ao Māori and Te Reo Māori are promoted

- All children can participate in te ao Māori and te reo Māori
- Te ao Māori and te reo Māori are actively promoted
- Children see their cultures portrayed in a positive way

Children have improved opportunities for civic engagement and environmental awareness

- Children are positive, valued contributors to civic life
- Children's individual and collective agency is encouraged, and they participate in decisions that affect them directly and wider society
- Children are stewards of the environment

Wellness

Children and whānau are empowered to maintain healthy lifestyles for children

- Children and families have the knowledge and resources to make healthy decisions about diet and exercise
- Children maintain a healthy weight, including though diet, being active and getting enough sleep

Disabled children have improved opportunities and outcomes

- Disabled children:
  - are recognised as full and equal participants in every aspect of community and society
  - have agency and voice in their wellbeing and choices
  - have access to quality support and services to enable full and equitable participation
- Neurodisability is recognised, with children receiving quality services and support

Children's mental wellbeing is supported

- Children are supported to build the resilience that helps them navigate life's challenges
- Children with emerging mental health needs are identified and receive quality, culturally appropriate support
- Children experience less bullying
- Substance abuse, self-harm and suicide are reduced

Development

Children experience best development in their first 1000 days: safe and positive pregnancy, birth and parenting (conception to around 2)

- People make positive, empowered choices about when to have a family
- The environment around the mother helps her make positive choices for pregnancy, birth and parenting
- Services for parents and babies are accessible, culturally appropriate, and meet a range of needs
- Mother's mental wellbeing is supported

Children are thriving socially, emotionally and developmentally in the early years (around 2 to 6)

- Parents are supported to provide the best environments for their children to develop
- Children build resilience, self-control and mental wellbeing
- Children participate in high quality early learning
- Children's learning needs are identified quickly, and responded to in a timely way, including through additional learning support

All children have an equal chance to gain the skills, knowledge and capabilities for success in life, learning and work

- High quality education for all children is assured, as an important protective factor and an enabler of social mobility
- Inequities in access to learning and achievement are reduced, among children of different socio-economic groups and ethnicity
- Barriers are removed, so all children can take part in a full range of opportunities to develop and express their talents

Children are supported to behave in pro-social ways

- Behaviours with negative impacts for self or others are reduced, including alcohol and drug taking and unsafe sexual behaviour
- Offending by children is reduced

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APPENDIX C: PROPOSED INITIAL FOCUS AREAS FOR EARLY WORK

CHILD POVERTY IS REDUCED, IN LINE WITH THE GOVERNMENT'S INTERMEDIATE AND TEN-YEAR TARGETS

Our approach starts with poverty, because it affects so many areas of child and whānau wellbeing. Poverty and related issues make it hard to provide the kind of parenting and environment that best supports children's development and wellbeing. A focus on poverty can help improve wellbeing in a number of ways.

Poverty for children isn't just about cold, damp housing or going hungry – it's missing out on important childhood opportunities, and experiencing social exclusion or stigma.

Longitudinal evidence from New Zealand (from the 2000s) suggests a substantial group do not move out of the low-income zone over a seven year period.

Māori and Pacific children are over-represented in poverty statistics – just under half of children in poverty are Māori or Pacific. Around 40% of poor children come from households where there is at least one adult in full time employment or self-employed.

The impact of childhood poverty can reach into adulthood, contributing to reduced employment prospects, lower earnings, poorer health, and increased chances of contact with the justice system.

Low income households spend a large amount of their income on housing.

CHILDREN ARE SAFE AND NURTURED, IN THEIR WHĀNAU AND IN THEIR HOMES

Warm, sensitive, stimulating parenting – which is key to wellbeing and development – requires children to be safe in their whānau and home. Families experiencing poverty and related issues are more at risk, with life-long impacts for children. A preventative focus is needed, to build family resilience and address causes of stress.

Experiencing physical or sexual violence, neglect, and emotional abuse (including being exposed to intimate partner violence), makes children more likely to experience a very wide range of negative outcomes.

In 2017, over 12,000 children had a substantiated finding of abuse or neglect.

New Zealand has amongst the highest reported rates of family and sexual violence in the world.

Families facing multiple stressors like poverty, debt, housing, violence, mental health and substance abuse are at particular risk, making it harder for parents to provide the loving responsive care that children need.

As well as focusing on the minority of children in unsafe home environments, a cross-government preventative focus is needed, on the range of factors that cause families stress or build resilience.

CHILDREN EXPERIENCE OPTIMAL DEVELOPMENT IN THEIR FIRST 1000 DAYS: SAFE AND POSITIVE PREGNANCY, BIRTH AND PARENTING (CONCEPTION TO AROUND 2)

In the first 1000 days, including in utero, the baby's brain is being built. Because toxins can impact on the developing brain – alcohol and drugs, but also toxic stress – a good environment for mother and whānau is key. Poverty influences this environment.

A warm, sensitive, stimulating parenting style 'builds brains' by supporting cognitive, physical and mental development.

Mothers' mental health impacts on mothers' and babies' wellbeing – but 1 in 6 women in the Growing Up in New Zealand study reported severe depressive symptoms in the antenatal period or baby's first nine months.

Some mothers and babies are missing out on important services – for example, up to 4% of pregnant women receive no antenatal care before 36 weeks, and 23% of children don't get all their Well Child Tamariki Ora contacts in their first year.

New Zealand has infant mortality rate of 5.0 per 1000 live births compared to the OECD average of 3.5. This is a reduction of 40% between 1990 and 2015, lower than the average of 64%.

CHILDREN ARE THRIVING SOCIALLY, EMOTIONALLY AND DEVELOPMENTALLY IN THE EARLY YEARS (2-6)

Development continues rapidly in the child's early years. This is a key time for developing resilience and emotional skills – the building blocks for a good life. Poverty and related issues make that harder, but quality early learning, and early support for disability, can help.

In this key developmental period, warm, stimulating parenting continues to be critical.

Early life is a key time to develop the resilience and self-control children need to cope with stressors through their whole lives.

Neurodisability often isn't recognised or supported, and children with neurodisability will often end up in the justice system.

Some disabled children wait two years for Child Development Services, missing a window to improve their outcomes.

Participation in early learning has increased, including for those experiencing socio-economic disadvantage – but the quality of early learning is key, and needs more focus.

CHILDREN'S MENTAL WELLBEING IS SUPPORTED

Mental health is 'bi-directional' – mental health issues can lead to poor outcomes, but poor outcomes also impact on mental health. Early support can help. Children who have built resilience in the earlier years will be better equipped to face challenges.

The New Zealand Health Survey's parent-reported Strengths and Difficulties Questionnaire found 8% of children aged 3 to 14 experienced difficulties related to development and mental health in 2016/17. Reported difficulties were more prevalent among boys (9.4%), Māori children (12%) and children living in areas of high socioeconomic deprivation (12.4%).

Young people accessing specialist mental health and addiction services have increased by 113% since 2005/2006. Service provision is not keeping pace with demand.

Half of all lifetime cases of mental illness start by age 14, and three quarters start by 24. Mental illness affects one fifth of the working age population at any one time.

The relationship between poor mental health and other poor social and justice outcomes is bi-directional. For example, a high proportion of adult prisoners have a lifetime diagnosis of mental health or substance use disorder.

We are missing opportunities across the continuum of care. Prevention and early intervention need more attention, while maintaining a focus on people experiencing poor mental health or distress. Evidence shows primary prevention activities should start with children as young as 6 or 7.

A successful approach should include reducing access to alcohol, and may involve enhancing young people's skills for a digital world.

CHILDREN ARE FREE FROM RACISM, DISCRIMINATION AND STIGMA

Children tell us that they are experiencing racism, discrimination, stigma and bullying – and it's affecting their mental wellbeing. The harmful impacts, especially in education, run across children's whole life course. Valuing all children for who they are can improve their lives, in childhood and adulthood

Racism, discrimination and stigma can adversely impact on a child's sense of self, their mental and physical health and wellbeing, educational performance and broader life outcomes.

Research on children's experiences shows many tamariki and rangatahi are facing racism in education, with racist behaviour coming from both teachers and students.

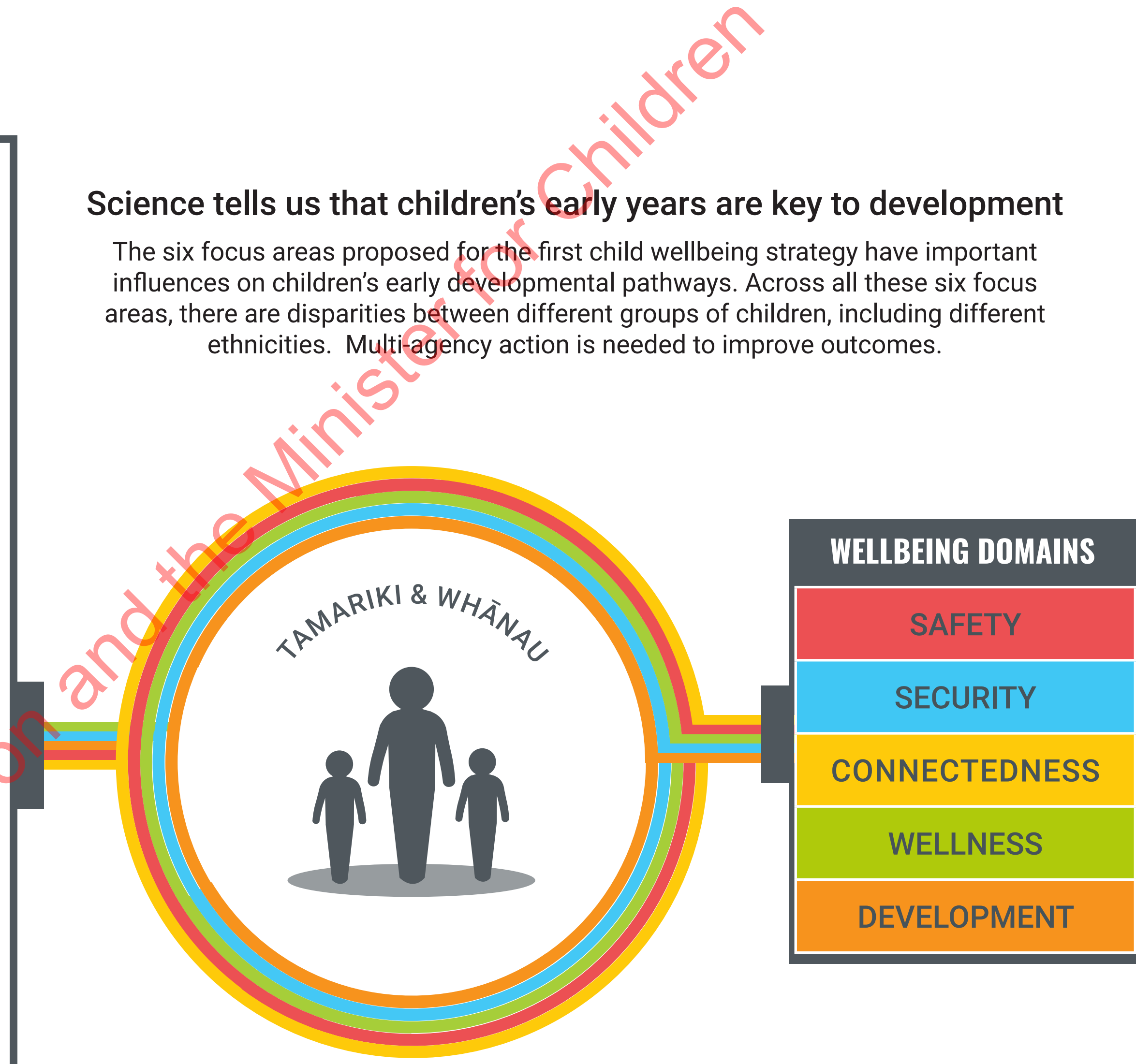
Research also shows that teachers' expectations differ depending on the ethnicity of the student, even when controlling for students' achievement.

While we do not have data specifically for children, the New Zealand Health Survey indicated almost three times as many Māori as non-Māori reported unfair treatment in healthcare, housing or work (New Zealand Ministry of Health, 2015).

Our rates of bullying and other mental health risk factors are worse than the OECD average, with Māori, Pacific and LGBTI people particularly affected.

Science tells us that children's early years are key to development

The six focus areas proposed for the first child wellbeing strategy have important influences on children's early developmental pathways. Across all these six focus areas, there are disparities between different groups of children, including different ethnicities. Multi-agency action is needed to improve outcomes.



WHAT SCIENCE SAYS ABOUT CHILD DEVELOPMENT

THE BRAIN'S WINDOW OF OPPORTUNITY – BRAINS ARE BUILT, NOT BORN

Early experiences, positive and negative, are built in to our bodies with lifelong effects. We're not born with the skills to control impulses, cope with adversity, plan ahead and stay focused, but learn them

HUMAN DEVELOPMENT IS CUMULATIVE

There are critical and sensitive periods during childhood and adolescence where influences are greatest

NEW ZEALAND HAS SOCIO-ECONOMIC GRADIENTS ACROSS MOST CHILD OUTCOMES

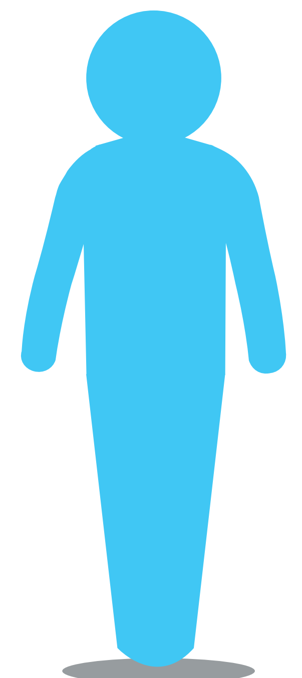
Family income and access to resources impacts on virtually every aspect of children's wellbeing, and their outcomes across the life course

A RANGE OF CRITICAL FACTORS – INCLUDING EXPOSURE TO TOXINS AND STRESS – INTERACT IN COMPLEX WAYS, AND POVERTY AFFECTS ALL OF THEM

For mothers – stress level, mental health, nutrition and safety

For parents/caregivers – stress level, mental health, parenting style and warmth

For children – stress level, attachment, nutrition, health, housing, safety, play, racism and discrimination



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