



The Children,  
Young People's Health  
& Disability Collective

# He oranga ake, he oranga ānamata

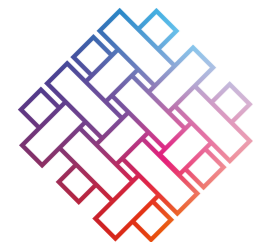
Better Health - Brighter Futures

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**Te whanake haere o ngā putanga ora ki  
ngā tamariki mokopuna o Aotearoa**

Improving health outcomes for children  
and young people in Aotearoa

Working together for health equity | December 2021



## The Children, Young People's Health & Disability Collective



Downs Family - Poppy Moss Photography

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‘Ko ā tātou tamariki,  
ngā taonga mō āpōpō’

‘Our children are the  
treasures of tomorrow’



Wangdali Family - Paper & Pearl Photography

**When another  
child in Aotearoa  
New Zealand has an  
avoidable death, we  
have lost another  
treasure of tomorrow.**

We cannot continue to work in our biased and imperfect healthcare system.

Let us put a stop to the many thousands of children in Aotearoa New Zealand who are admitted to hospital with an avoidable illness or injury.

In this report, The Children, Young People's Health and Disability Collective identifies the need for a National Health Strategy for Children and Young People.

This strategy requires four critical actions to improve health outcomes for children and young people in Aotearoa New Zealand.

Please read it.

Professor Cameron Grant FRACP PhD

Head of Department - Paediatrics: Child & Youth Health  
Professor in Paediatrics, The University of Auckland  
Paediatrician, Starship Children's Hospital



This report has been prepared by The Children, Young People's Health and Disability Collective in response to a demonstrable need to address what is acknowledged as a significant health policy gap.



## The Children and Young People's Health Report

The Collective is a seven-strong group of Aotearoa New Zealand charities<sup>1</sup> that provide support to children and young people experiencing health issues and their whānau and families.

Collectively they support over 130,000 children and young people each year.

The report outlines the Collective's advice on how the health system can achieve better outcomes for Aotearoa New Zealand's children and young people.

It is underpinned by the principles of Te Tiriti o Waitangi and has been informed by and builds on highly respected policies and strategies including Ola Manuia: Pacific Health and Wellbeing Action Plan 2020–2025<sup>2</sup>, He tirohanga ki te ōritenga hauora o te Māori | A view on Māori health equity<sup>3</sup> and the Koi Tū: Centre For Informed Futures.<sup>4</sup>

It draws on best practice, research and empirical data, and has been prepared by members of The Children, Young People's Health and Disability Collective with support from Professor Cameron Grant and colleagues.

The report begins with the case for investing in the health and wellbeing of children and young people.

This is followed by a snapshot of the current health status of our children and young people, which clearly identifies the need to improve health services and outcomes.

It concludes with a recommendation for a National Health Strategy for Children and Young people with four key pillars and actions.

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CanTeen Rangatahi Leaders

## Executive Summary

The Children, Young People's Health and Disability Collective is a group of seven Aotearoa New Zealand charities that provide support to children and young people experiencing health issues and their whānau and families.

Collectively they support over 130,000 children and young people each year.

Based on their experience of walking alongside children, young people and their families and whānau navigating the health system, they are determined to ensure the current health reforms result in a system where all children, young people and their families and whānau in Aotearoa New Zealand receive the best healthcare and outcomes possible and can thrive.

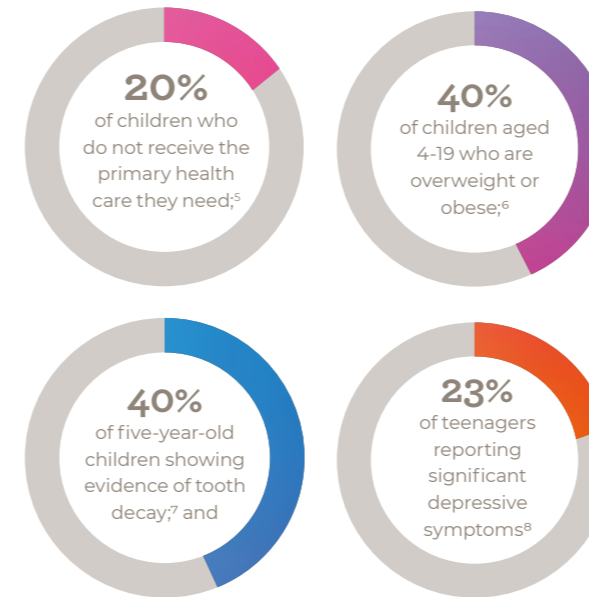
For this to happen, the Collective believes the voices of children, young people and their families and whānau must be central to the development and delivery of their healthcare.

30% of children and young people in Aotearoa New Zealand have neither good health nor what they need to thrive. They are predominantly of Māori or Pasifika ethnicity and live in socioeconomically deprived households. While Māori and Pacific children experience greater financial deprivation on average compared to non-Māori, these health inequities are greater than expected based on socioeconomic position alone.

Given that extensive and far-reaching structural changes to our health system are currently being planned, the health and wellbeing needs of New Zealand's children and young people must be central to this process.

### 1. The case for investing in the health and wellbeing of children and young people

Our re-designed health system must ensure the current service gaps are addressed and health outcomes are significantly improved, including the estimated:



### 2. Snapshot of the current health status of children and young people

Research and empirical data paint a grim picture of the current health status of children and young people, showing too many children and young people in Aotearoa New Zealand do not live in healthy environments, denying them a healthy head start.

The snapshot highlights clear themes that show we are selling the next generation short:

- Children and young people in Aotearoa New Zealand are not as healthy as they should be.
- Current systems of delivery are not working for many children, young people and their families and whānau.
- Children and young people's health needs are different to each other and to adults.
- Equity is key.
- Family and whānau environments where children and young people live are critical to their health outcomes.

### 3. What needs to happen: National Health Strategy for Children and Young People

The Collective has identified the critical need to improve health outcomes for children and young people with an urgent requirement to develop a comprehensive National Health Strategy for Children and Young People that outlines national priorities and drives coordinated effort across the health system.

The last National Health Strategy for Children and Young People was launched in 1998. While health outcomes are included in the Child and Youth Wellbeing strategy, there is little impetus nor accountability within the health system itself for outcomes for children and young people.

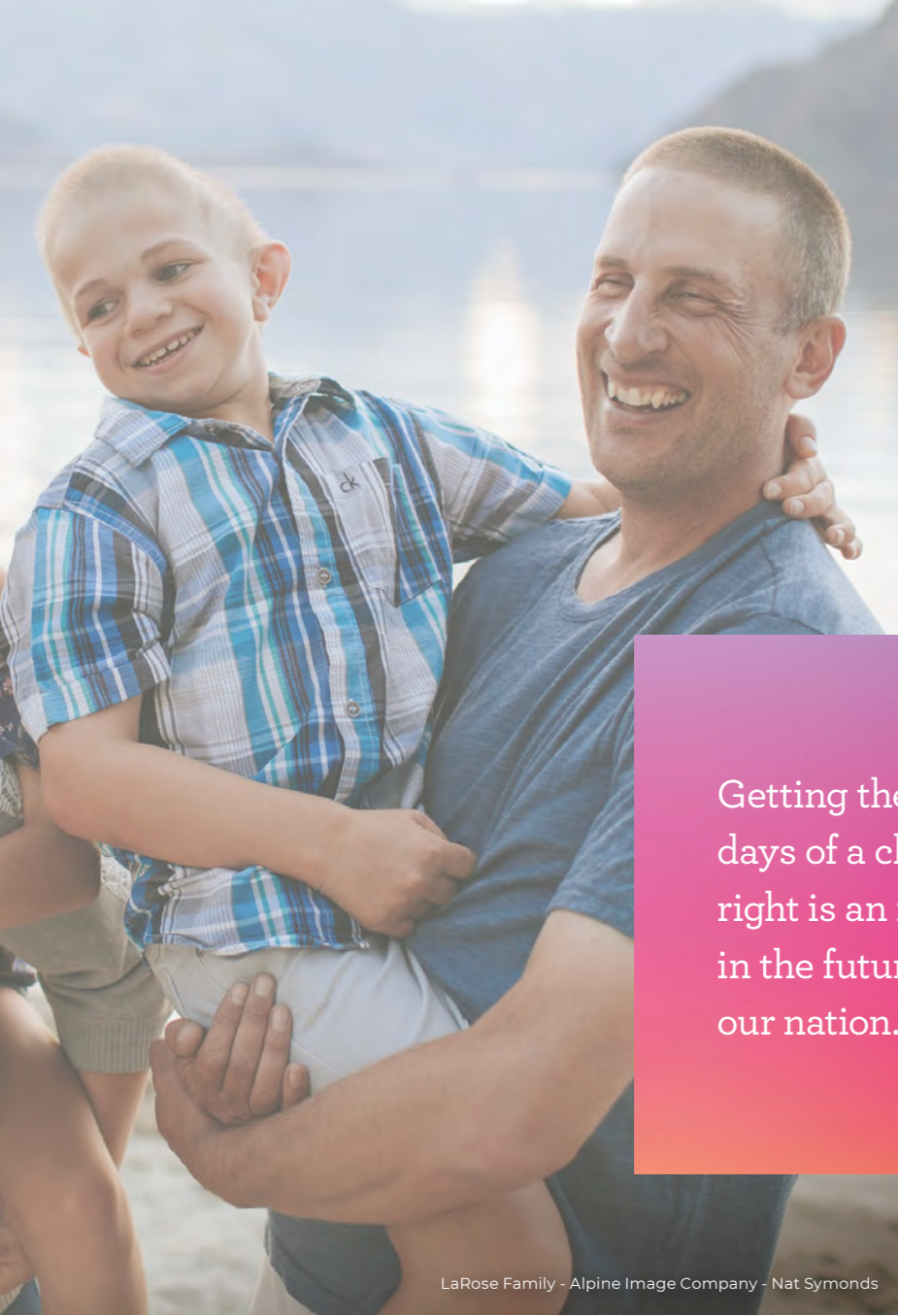
Indeed, concerningly there is no specific reference to the health of children and young people in the 2021 Health and Disability System Review. Currently there is no ability to readily quantify the percentage of health budgets spent on children and young people.

There are four pillars critical to improving health outcomes for children and young people that National Health Strategy for Children and Young People must address:

- I. The unacceptable inequities in health outcomes for children and young people urgently need to be eliminated.
- II. Family and whānau wellbeing must be central to the delivery of children's and young people's health services.
- III. All services provided must be appropriate for the developmental and cultural needs of children and young people.
- IV. Service design must include input from children and young people and their family and whānau.

The Children, Young People's Health and Disability Collective is calling for three key actions:

- Immediate attention to the development of a comprehensive National Health Strategy for Children and Young People.
- A seat at the table for representatives of the Collective to work collaboratively with other agencies to design the strategy.
- Commitment to a fully funded model including government funding support to deliver the National Health Strategy for Children and Young People.



Getting the first 1000 days of a child's life right is an investment in the future health of our nation.

LaRose Family - Alpine Image Company - Nat Symonds



Chiet Family

### Getting it right matters:

#### The importance of investing in the health and wellbeing of our children and young people.

Our children need to be as healthy as possible as early as possible in their lives.

The first 1000 days, from conception to age two years, is a critical stage in every child's development, being a phase of significant brain development and when critical aspects of language skill acquisition and social skill development occurs.<sup>6</sup>

The first 1000 days are also critical to the development of good physical health. Poor nutrition, both under and over nutrition, have lifelong implications for the development of chronic disease.<sup>10</sup> Illnesses during these first 1000 days also have lifelong implications.

Getting the first 1000 days of a child's life right is an investment in the future health of our nation.

The links between poor child health and development and adverse impacts on broader social outcomes, including sexual and reproductive health, mental health, violence, crime and unemployment is well documented.<sup>11</sup>

The cost of getting it wrong falls not only on our children and young people and communities, but also on the health system itself.

Many of the illnesses that affect young children, and can result in hospital admission, could be avoided through preventive care and/or early intervention.

Asthma and wheezing, gastroenteritis/dehydration, respiratory infections, dental conditions and skin infections account for many hospitalisations in Aotearoa New Zealand of children aged 0-4 years.<sup>12</sup>

Having a healthy childhood and adolescence is a basic human right enshrined when Aotearoa New Zealand signed the United Nations Convention on the Rights of Child. As a result, the government has a duty to protect, respect and fulfil children and young people's right to health. The New Zealand Government further committed to ensuring healthy lives and promoting wellbeing for all at all ages when endorsing the United Nations Sustainable Development Goals (Sustainable Development Goal 3).

These goals broadly align with the New Zealand Treasury Te Tai Ōhanga Living Standards Framework and Aotearoa New Zealand's Wellbeing Indicators which are detailed in Ngā Tūtohu Aotearoa – Indicators Aotearoa New Zealand which focus on health equity, health expectancy, mental health status, amendable mortality, self-reported health status, spiritual health and suicide.

## State of the nation: Current state of children and young people's health in Aotearoa New Zealand

### Access to nutritious food

**71%** of children ate the recommended daily fruit intake in 2019/2020.

**46%** ate the daily recommended vegetable intake.

**54%** of young people have breakfast daily.

**9%** of children drink 3+ fizzy drinks per week.

**7%** of children have fast food 3+ times a week.

### Access to enough food

**19%** of children lived in severely to moderately food-insecure households in 2015/16.

**12%** of young people in high school report that their parents worry about having enough money for food often or all the time.

Children in food-insecure households experience poorer nutrition, higher rates of obesity and a higher prevalence of developmental or behavioural difficulties.

## To thrive, children and young people need to live in healthy environments...

### Warm, healthy homes

Over **280,000** children lived in damp housing in 2018.

Over **77,000** children lived in a house without one or more basic amenities (like clean tap water, bath or shower, refrigerator, toilet).

Over **230,000** lived in houses with mould.

**20%** of children lived in crowded households.

**40%** of those were Pasifika children.

**13%** of two-week-old babies have mothers who smoke.

### Exercise

**80%** of children usually watch screens for two or more hours per day.

**62%** of young people exercise three or more times in a week.

### Respiratory conditions

Respiratory conditions are the leading cause of acute admissions to hospital for children.

Māori with asthma are less likely to be prescribed a preventer medication or receive an asthma action plan.

Māori children, Pasifika children and children living in areas of high deprivation have the highest rates of hospitalisations for asthma, wheezing, bronchiolitis and pneumonia.

### Skin infections

We have one of the highest rates of childhood skin infections among resource-rich countries.

In 2019, nearly **3,000**

children were treated in hospital for serious skin infections (a rate of 3.2 hospitalisations per 1,000 children).

Hospitalisation rates were highest for those younger than five years (4.5 hospitalisations per 1,000).

### Sleep

**24%** children did not meet recommended sleep duration guidelines.

### Oral health

Tooth decay is the main reason why children older than 1 year require pre-arranged hospital treatment.

**40%** of 5-year-old children had evidence of tooth decay.

**34%** of Year-8 children (aged around 12 years) had evidence of tooth decay.

**14%** of high school students have had a tooth removed due to decay or gum infection.

Rates were higher for Māori and Pasifika children and children living in areas of high deprivation.