

that give them  
a healthy head  
start...

### Safe from violence and neglect

A child dies every five weeks in Aotearoa New Zealand because of family violence.

### Free of Injury

Unintentional injury is the leading cause of death for our children.

By age two years, 28% of children were likely to have sustained an injury that required medical attention.

### Access to primary health care

**20%** of children have an unmet need for primary health care. Barriers include being unable to get an appointment within 24 hours, cost, lack of transport and unfilled prescriptions due to cost.

**20%** of high school students were unable to see a health professional when needed in the previous 12 months, especially students from low-income neighbourhoods, low decile schools and small towns.

Services were less accessible to Māori and Pasifika than Pākehā youth.

### Chronic Disease prevalence

Children and young people experience different patterns of disease.

On average 190 young people and 150 children are diagnosed with cancer every year.

**24%** of young people in high school report having a long-term health condition lasting over six months.

Young people with chronic health conditions or disability report significant impact on their ability to participate in activities and socialise, and when this occurs, experience significantly higher rates of emotional distress and poor mental health.

### Positive Mental Health

Emotional / behavioural / depression / anxiety disorder rates for children and young people are increasing in prevalence and severity.

**6%** of children diagnosed with emotional and/or behavioural problems.

National teenage suicide rates are amongst the highest in the OECD.

**24%** of young people report self-harming

**23%** of young people report significant depressive symptoms. This does not reflect any potential additional impact of the COVID-19 pandemic.

supported by access to  
high-quality health services.

### Disability

About 1 in 10 children will have a physical or mental disability.

**50%** of all children with a disability will have a disability from birth.

**50%** of children with a disability will have learning difficulties.

**10%** of young people in high school report a disability.

### Healthy weight

Obesity in children is associated with musculoskeletal problems, asthma and psychological problems including body dissatisfaction, poor self-esteem, depression and other mental health problems.

**20%** of children are overweight.

**13%** of high school students are obese.

**9%** of children are obese.

### Access to secondary and tertiary care

Up to one third of hospitalisations of children less than five years old could be avoided with good access to quality housing, health services and fluoridated drinking water.

Māori and Pasifika children are over-represented in avoidable hospitalisation rates. Avoidable hospitalisation rates are 17% higher for Māori and 40% higher for Pasifika compared with European children.

This snapshot was created using the most recent data from:

- The New Zealand Health Survey<sup>6</sup>
- Cure Kid's State of Child Health in Aotearoa New Zealand<sup>7</sup>
- Growing Up in New Zealand reports<sup>8</sup>
- 2018 New Zealand Census
- Child Poverty Monitor 2020
- Youth Mental Health in New Zealand Report 2020<sup>4</sup>
- A window on the quality of Aotearoa New Zealand 2019<sup>5</sup> and relevant journal articles.



Brooklyn

For children and young people to thrive, they need to live in healthy environments and have access to high-quality, developmentally appropriate services.

For many children and young people this is not the case.

## Selling the next generation short

There are some clear themes that emerge from looking at the data on the current state of children and young people's health.

### Children and young people in Aotearoa New Zealand are not as healthy as they should be:

- Compared to other OECD nations, many of our children and young people experience poor health outcomes, many of which are preventable.

### Current systems of delivery are not working for many children, young people and their families and whānau:

- Many do not receive or access the health services they require.

### Children and young people's health needs are different to each other and to adults:

- Serving children and young people well takes a 'whole of systems' approach. Health issues for children span most facets of the health system.
- The health services provided for children and young people need to be appropriate for their developmental needs.
- Critical gaps occur when children and young people transition between services and have multiple health needs.

### Equity is a key issue:

- Māori and Pasifika children and young people experience much poorer health outcomes across all dimensions.

- Implicit racial bias exists. Māori are more likely to experience ethnic discrimination when receiving healthcare than non-Māori.<sup>15</sup>
- Children living in poorer households are at increased risk of poor health outcomes.
- Many disabled children do not have access to the services they need to thrive.

### The family and whānau environments where children and young people live are critical to their health outcomes:

- Many children and young people live in environments that impact negatively on their health. They live in cold, mouldy houses, often with limited open green spaces and in neighbourhoods with many fast food and liquor outlets.<sup>16</sup>

These themes must be considered in the context of the challenges facing health delivery, as identified by the Health and Disability System Review.<sup>17</sup>

Because our ageing population will drive demand for health services, there is a risk health leaders will become captured by adults who are better able to influence the health spend than children and young people.

The COVID-19 response has rightly been the recent focus, and this is likely to continue for potentially years to come.

However, the COVID-19 pandemic has had a major impact on the mental health of children and young people, in a context where our child and adolescent mental health statistics were already a cause of grave concern.



Kareko Tui Family - Yolandi from Lief La Vie Photography

Unless addressed, there is an ongoing risk that the health of children and young people in Aotearoa New Zealand will remain a low priority.

The consequences for children are the impact on their childhoods, while the consequences for the nation are adults who experience poor health, with associated ongoing preventable costs and reduced income-earning capacity.

Additionally, the whānau of these children are affected through such impacts as parental loss of productivity at work, adding to the financial burden and siblings affected through reduced parental attention, to name a few of the ongoing challenges.



Arnold-Atkinson Family

## What needs to happen

### A comprehensive National Health Strategy for Children and Young People.

Based on their experience of walking alongside the health journeys of over 130,000 children and young people each year, the Collective has identified the need to develop, resource and implement a comprehensive National Health Strategy for Children and Young People to ensure the current health system reforms deliver improved health outcomes for children and young people.

The government has acknowledged that children and young people's health is not as good as expected or improving in a comparable manner to that occurring in other OECD countries.<sup>19</sup> As such, its Child and Youth Wellbeing Framework has a specific outcome called "happy and healthy". However, the actions included in the Wellbeing Framework will not be sufficient to achieve the change necessary.

Children and young people have specific health needs. They need to be seen, heard and access what they need from the health system. But the system is currently run by adults without ring-fenced resources for children and no targets or goals specifically created for children and young people.

Previous governments have created strategies to ensure the needs of children and young people are central to the health system. All are outdated: the Child Health Strategy was launched in 1998; the Youth Health Strategy in 2002.

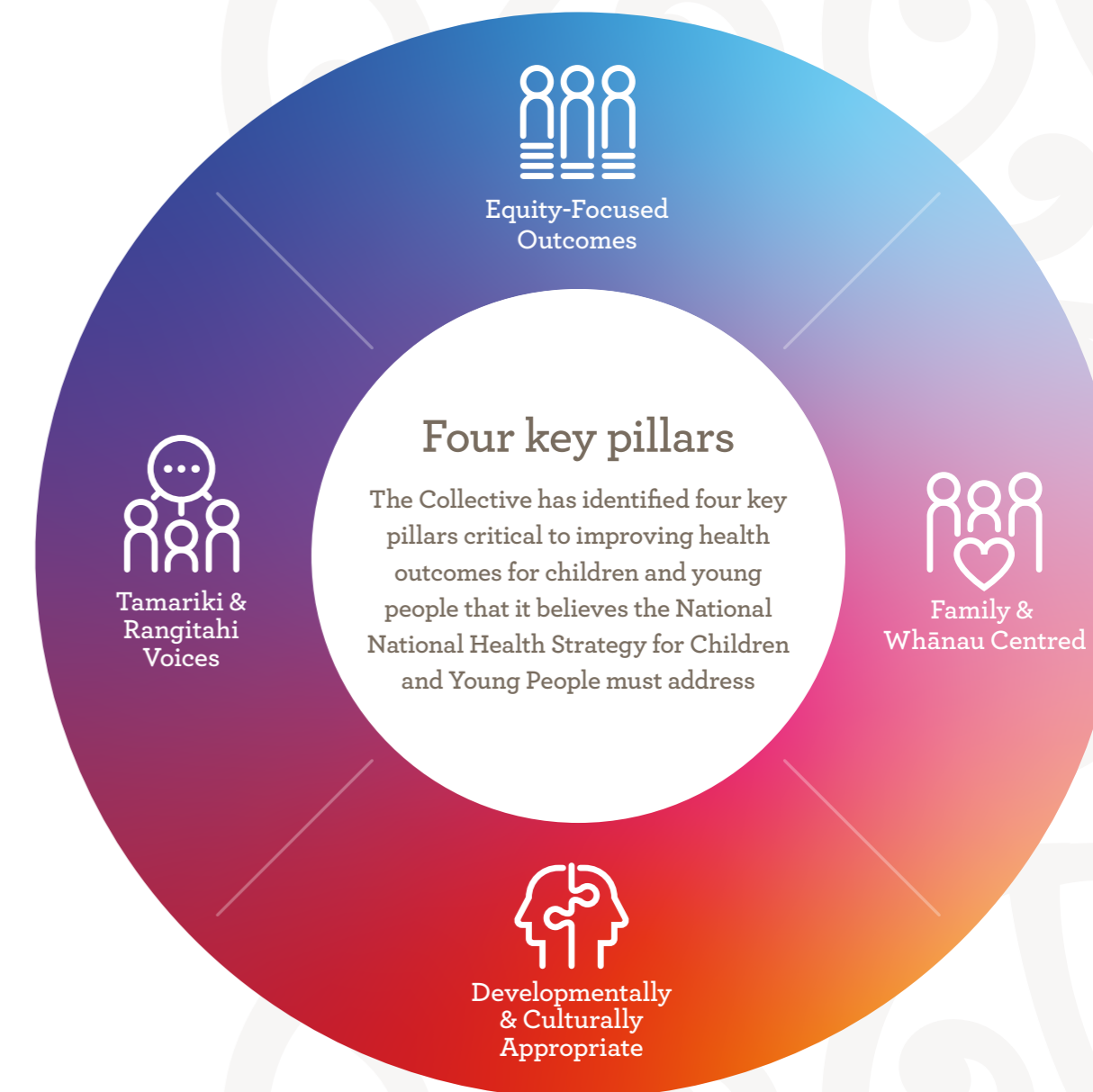
If the current Health and Disability system reforms are to improve health outcomes by focusing (as promised) on Māori, Pasifika and inequities, and ensuring consumers, whānau and communities are at the heart of the system, the needs of children and young people must be central. The most effective way to do this is through the development, resourcing and implementation of a comprehensive National Children and Young People Health Strategy.

A National Strategy will ensure our 'national embarrassment diseases' (foetal alcohol syndrome, child abuse, childhood bronchiectasis, obesity, rheumatic fever and rheumatic carditis) are addressed in a systematic manner and become examples of our nation's capacity to tackle challenging issues, rather than examples of our abject failure to do so.

The National Strategy can also ensure we make the most effective investment in our nation: ensuring the first 1000 days of every child's life are healthy. This will include taking a preventative approach by implementing actions known to impact positively on the wellbeing and health of children and young people, such as the reduction in sugar intake in foods and reduction in exposure to smoking, alcohol and drugs during pregnancy.

### To be effective, the National Strategy will need to:

- Have clear, measurable targets based on transparent national data.
- Tackle the gap in access and outcomes between New Zealand children and young people, particularly for Māori, Pasifika, disabled and vulnerable groups, using the foundation principle that no one size fits all and indeed these groups should be considered 'first among equals'.
- Ensure it is aligned with the new health system and associated entities, including Māori Health Authority, MSD, Oranga Tāmariki and others.
- Have clear measures for Māori children and young people and work with appropriate authorities to establish these.
- Hold health leaders accountable for results.
- Be resourced through ring-fenced funds, such as a sub-vote.
- Be underpinned by one integrated clinical electronic database.
- Be co-designed with children, young people and their families and whānau, as well as have an intergenerational perspective, and
- Have transparent dates for delivery.



## Eliminate inequity in health outcomes for children and young people

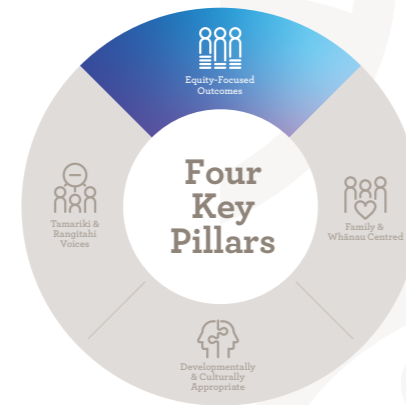
Large and persistent inequities in health outcomes exist particularly for Māori and Pasifika children. For example, dental disease rates in Māori and Pasifika children are approximately double those of “European/other” children and for respiratory conditions and skin infections, rates of serious disease requiring hospitalisation are three or even four times greater.<sup>7</sup>

Ethnic disparities occur in the quality of healthcare delivery in Aotearoa New Zealand. Our healthcare system is not set up to respond to the living circumstances of whānau.<sup>15</sup> Quality of care is negatively affected by a healthcare provider’s implicit racial biases and can be linked to racial treatment disparities.<sup>19</sup> Māori are more likely to experience ethnic discrimination when receiving healthcare than non-Māori.<sup>20</sup>

High rates of long-term conditions are experienced by Pasifika peoples at a younger age. More Pasifika children end up in hospital with preventable health conditions that reflect unmet needs for quality and culturally safe care.<sup>21</sup>

Household income matters. Poverty is one of the leading factors contributing to childhood illness, disease, disability and deaths in Aotearoa New Zealand.<sup>22</sup>

Other disparities exist for children and young people. It is estimated that 23% of children with disabilities have unmet needs for essential equipment and 15% of children with disabilities do not have access to the professional care they need.<sup>23</sup>



We have a vision for our tamaraki, rangitahi and whānau of New Zealand to no longer have avoidable, unfair or unjust health inequities.



Post codes matter. Children and young people in rural areas experience poorer outcomes, especially Māori children and young people and have restricted access to health services.<sup>7</sup>

Evidence from measurable components of healthcare delivery, for example, vaccination and vaccine-preventable disease, show the inequities that have been present in our society for decades still persist. We need to acknowledge that what we currently do is insufficient and will not achieve equity. New strategies are required.

The National Strategy will be a vehicle for focusing the health system on eliminating inequities in health outcomes for children and young people.

### If it is to do so, the National Health Strategy for Children and Young People will need to:

- Be underpinned by Te Tiriti o Waitangi and reflect the values and principles of the Treaty.
- Be designed using Kaupapa Māori methodologies.
- Engage iwi in the development phase of the strategy (not the end).
- Develop a workforce development plan that increases the number of Māori and Pasifika health professionals. The Collective notes that at present only six paediatricians in Aotearoa New Zealand identify as Māori.
- Create and allow spaces for whānau-centred approaches to the health and wellbeing of children and young people.
- Address the level of housing inequity and the impact that has on the health and wellbeing of children and young people.

- Prioritise delivery to the most in need in the most effective way. This could include policy changes such as vitamin D drops for all pregnant women and focussing immunisation resources on those most at risk of vaccine-preventable disease.
- Include a review of the Pharmac funding model through an equity lens.
- Resolve the disparities in the delivery of healthcare to children and young people with a disability that are exacerbated by the fragmented funding streams of ACC and Health.
- Ensure all policies and practices are equitable, fair and consistent. Examples of policies that will need reviewing are those relating to the travel allowances and financial support available for family and whānau of children and young people receiving treatment; support facilities for single single parents; and policies of MSD and Kāinga Ora for rental subsidies for parents with sick children.



Davies Family

Strong, healthy whānau relationships are essential to the psychological and physical health of children and young people.



Lee Family and Family Support Coordinator Linda - Adrian Malloch Photography

## Ensure family and whānau wellbeing is central to the delivery of children and young people's health services

One of the most important determinants of the health for children and young people are the environments they grow up in. Ensuring families and whānau have what they need to provide a stable, safe and healthy environment for their children and young people is one of the best investments we can make in our nation's health.<sup>18</sup>

Research has shown that rates of hospitalisation for common but severe dental, respiratory and skin conditions can be reduced through early access to quality primary healthcare, and ongoing education and support for parents, children and healthcare providers.<sup>7</sup>

When our children and young people need treatment, evidence consistently shows that when their family and whānau are well supported, health outcomes for children and young people are improved.<sup>24</sup>

Research also shows that parental involvement, social support and whānau cohesion and functioning are some of the strongest predictors for good adherence to treatment plans for young people. Parental support includes support from both parents.<sup>25 26</sup>

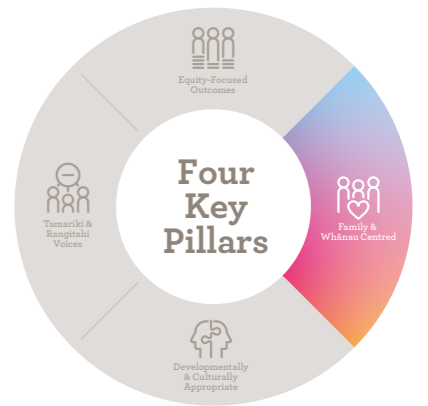
But we know that whānau are not always recognised as central to their children and young people's care. For example, a third of young people report being given important information about their cancer without having whānau or a significant person with them.<sup>24</sup>

Research also shows that whānau often do not receive adequate emotional, practical and financial support when their child is unwell. This includes parents and siblings.<sup>24</sup>

The National Health Strategy for Children and Young People will need to ensure that there is consistent and equitable access to support for family and whānau.

**This must include:**

- Addressing the loss of income when families and whānau are supporting their children and young people.
- Childcare support for siblings.
- Better coordination between social service agencies and health providers.
- Improved psycho-social support for parents and caregivers and siblings.
- Better access to advocates and navigators for parents and caregivers.





Not surprisingly, effective children and young people's health services will be those that are developmentally appropriate.



## All services provided must be appropriate for the development and cultural needs of children and young people

The needs of babies obviously differ from those of children and young people. There is early evidence that the delivery of developmentally appropriate care to young people improves disease outcomes, cost-effectiveness in treatment and self-reported engagement in care.

The needs of children and young people change as they grow and mature, and their healthcare services need to reflect this. Given this, children and young people are often transitioning between services, be it primary, secondary or tertiary services, between hospitals (such as Starship and regional secondary hospitals) or between young people and adult services.

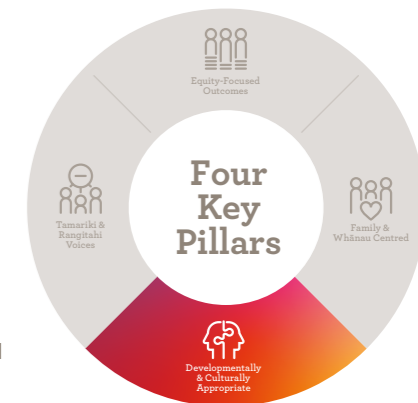
Getting these transitions right is critical to improving health outcomes. Young people have distinct and often unmet needs and frequently fall into a 'no-man's land' between paediatric and adult services.

For example, cancers that present for young people differ from childhood and adult cancers.<sup>24</sup> The psychosocial care needs of young people with chronic health conditions tend to be broader in scope and intensity than for children or older adults due to the many additional emotional, developmental and social changes occurring during this stage.<sup>27</sup>

Young people, for example, when transitioning between paediatric and adult care, risk feeling dissatisfied with their care, disengaging with services and dropping out of care. This leads to worse disease outcomes.<sup>28</sup>

**To ensure children and young people receive developmentally appropriate care and their transitions are well managed, the National Health Strategy for Children and Young People will need to:**

- Provide extensive workforce development so that health professionals understand developmental milestones, and the cultural and psycho-social needs of children and young people.
- Ensure health services are delivered in age-appropriate environments, especially for young people.
- Mandate national standards for the transfer of care for children and young people. There needs to be clear policies about the transition of care between services that all staff are aware of. This includes between primary and specialist care, secondary and tertiary care services as well as between hospitals and on to adult services or returning to primary care.



## Service design must include input from children and young people and their family and whānau

The voices of children and young people (and those that support them) need to be central to the design and delivery of health services.<sup>29</sup>

A growing body of evidence shows that participatory design approaches that engage patients in service design result in more effective and efficient services.<sup>30</sup>

As individuals, children and young people already have the right to receive the information needed to make informed choices on matters that affect them, to have choices and be part of the decisions (along with their parents and caregivers) that affect them. This is enshrined in the Health and Disability Commissioner's Code.<sup>31</sup>

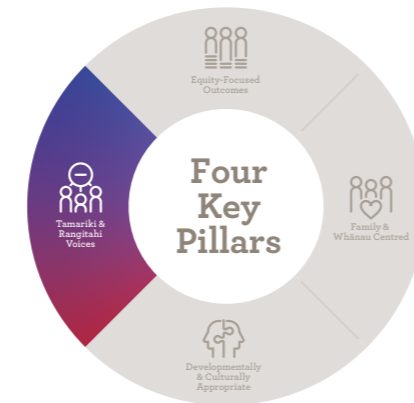
As a collective, children and young people should also be able to influence the design and delivery of their services. While the prevalence of co-design practices is growing in the health services, it is small scale and localised.

Consultation and co-design with iwi and Māori health providers are also key to ensuring the design and delivery of services that achieve equitable outcomes, are culturally appropriate and accessible to whānau Māori. The same is true of the differing needs of the Pasifika community and health providers.

Organisations who support children and young people and their families and whānau (such as the Collective members) can also contribute their expertise and knowledge, and can act as a trusted conduit between health services and children, young people and their families and whānau.

### To ensure it is effective, the National Health Strategy for Children and Young People must:

- Be co-designed with children, young people, their families and whānau and the organisations that support them.
- Be co-designed in consultation with iwi and Māori health providers to ensure equitable outcomes and cultural appropriateness.
- Ensure consultation with Pasifika health providers and communities to ensure designs meet the needs of the many different Pasifika groups.
- Include sufficient investment in workforce development to upskill health professionals in participatory design methods.



Mya and Family Support Coordinator Franziska, Adrian Malloch Photography

Our children's and young people's voices:

Are we listening, can we hear them?

Are we looking, can we see them?



CanTeen Rangatahi Leaders