



# Children in the Health & Disability System

SUBMISSION FROM THE OFFICE OF THE CHILDREN'S COMMISSIONER ON THE REVIEW OF THE HEALTH AND DISABILITY SYSTEM

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MANAAKITIA A TĀTOU TAMARIKI

**Children's  
Commissioner**

# Children in the Health & Disability System



Good health and appropriate development in childhood leads to good outcomes for the individual and for society, and over time. While children make up a quarter of the population, their health and wellbeing needs are often under-supported due to other pressures on the health and disability system. Explicit consideration of the best interests of children is needed to ensure the system supports more equitable outcomes for children. This will benefit all New Zealanders.

## YOU WILL HEAR MANY VIEWS ON THE ISSUES IN THE HEALTH AND DISABILITY SYSTEM

But what views are you least likely to hear? Often, the voices and views of children are missing from these discussions, and they are not present in the decision-making process.

This submission raises some key considerations on behalf of the 1.1 million children under the age of 18 years, representing about 23% of our total population.

***"I want the kids to be healthy and happy."*** (9 year old boy NZ-European, Ngaruawahia)

We have included some quotes in this submission from our recent engagement with children that were in response to the question: "What thing would you tell the Prime Minister children and young people need, to have a good life?"<sup>1</sup>

## CHILDREN HAVE A RIGHT TO ACCESS GOOD HEALTH CARE

All children in Aotearoa New Zealand have a right to access health care. This is one of the rights we promised when New Zealand ratified

<sup>1</sup> In a collaboration with Oranga Tamariki in 2018, the Office of the Children's Commissioner engaged with over 6000 children and young people across New Zealand to inform the Government's Child and Youth Wellbeing Strategy. The results were published in the report '[What makes a good life?](#)'

the UN Convention on the Rights of the Child. The Office of the Children's Commissioner advocates for these rights of children including the right to life, survival and development and the right to the best health care possible.

It is *every* child's right to have a childhood where their basic needs are met, and they can engage in recreation, relationships and healthy development to their full potential.

Yet there are many children not developing to their full potential, experiencing inequitable access to health and disability support, or missing out on the opportunity to have a say on the issues that affect them.

The health and disability system is responsible for ensuring all children develop well and access quality healthcare. Yet children's access depends on the ability of adults to advocate for them, and that ability is, in turn, dependent on systemic responses that meet the needs of children in the context of their families and whānau.

## CONSIDER USING CHILD-CENTRED POLICY

Explicitly considering children in the design of the health and disability system will ensure a population of thriving, well-adjusted, and healthy people, resulting in better developmental outcomes, wellness, civic involvement, employment, positive parenting, and 'giving back' to communities.

We provide quality, independent advice to our stakeholders and report on matters relating to rights and wellbeing of children.

In New Zealand 'child' means anyone under the age of 18. When we refer to services to children, we mean in the context of their family, whānau or other care-givers.

For more information, contact Strategy Rights and Advice:

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**Rec 1:** We recommend that the Ministry of Health explicitly consider the needs and rights of children when designing the health and disability system, given their voices may not be heard specifically in this consultation process or other democratic processes.

We encourage use of the cross-government 'Child Impact Assessment Tool'<sup>2</sup> to determine whether the review is meeting best practice. Importantly, this tool also considers *differential impacts* on different population groups, such as children who are Māori or Pacific; children with disabilities, neurological disorders, rare disorders; or children living in poverty. It is a useful tool to determine how to consider and plan for the needs of Māori children, to address the goal of equity.

**Rec 2:** We recommend the Government's 'Child Impact Assessment Tool' be used to determine the impacts on children and different groups of children, as this policy tool is designed to improve equity in the system.

The Office of the Children's Commissioner is available to assist with expertise and support in engaging young people to find out how they experience the health and disability system, and how they would like their experiences to improve. To achieve full participation of children in the system review, alongside other adult citizens you will need to explicitly ask children their views.

**Rec 3:** We recommend explicit child and youth engagement to inform policy development for the whole system, as well as informing improvements in service delivery for children.

*"The children should be well respected and listened to more often."* (12 year old girl, Māori, Cook-island and Tongan, Mangere)

### **SOCIAL DETERMINANTS OF POOR HEALTH OFTEN START IN CHILDHOOD**

Positive growth and development in childhood is a necessary precursor to child wellbeing and

<sup>2</sup> <https://www.msd.govt.nz/about-msd-and-our-work/publications-resources/resources/child-impact-assessment.html>

healthy life outcomes. The inequitable impacts of poverty and other types of disadvantage on a person's health are often felt through impacts that occur during childhood development.

This is a key reason to refocus the strategic priorities, policy direction and funding formulae to consider *children* explicitly. Good health in childhood sets people up for a lifetime of health and wellbeing, rather than starting with ill-health, poor mental functioning and disability.

In short, it is a good public investment.

### **MĀORI CHILDREN HAVE PARTICULAR NEEDS**

The review must explicitly consider and plan for the needs of Māori children, including ensuring cultural competence across the health workforce, and checking Public Health Organisation policies relating to access for children to healthcare regardless of family circumstances<sup>3</sup>.

Tamariki and rangatahi Māori suffer the greatest inequalities in health, as their whānau are twice as likely to be living in poverty as Pākehā children. This is reflected in their hospitalisation rates for many illnesses.

Māori are also among the most vulnerable to suffer family violence and other social determinants of poor health, and Māori children have said they feel racism and bias towards them.

The system needs to address these significant and persistent inequalities for tamariki Māori.

### **THERE ARE SILOED APPROACHES TO POLICY AND PRACTICE**

The Ministries of Health, Education and Oranga Tamariki have too many siloed approaches to delivering on the needs of children. This includes both in policy areas – such as determining which appropriation funds mental health, behaviour services, and disability supports. Also, it can be manifest in practice, where poor communication and information sharing results in children falling between gaps in services.

<sup>3</sup> For example, we are aware of situations where appointments for children have been denied until existing debts for adult visits have been paid. This is a barrier for children getting the services to which they are entitled.

Examples include neurological disorders such as Tourette's syndrome, and autism. These disorders can be diagnosed in the health system, but unless there is an additional disability diagnosis, children are not eligible for educational supports or additional training for their teachers. This can result in poor child health and development, particularly mental health and social skills. These in turn can result in very poor life outcomes.

The Health System arguably fails in its responsibilities to support children to exercise their right to attend school. This is because: while children's needs may be identified through the education sector, by having inadequate *responses* in terms of the availability of mental health, behavioural or disability services, children's needs are unmet, often preventing them from being able to attend school and unable to receive their right to an education that develops them fully.

It would benefit children if the public health system were to be held responsible for children being able to attend school and learn.

***"Support and acceptance for those who are different and help for them who need it."***

(16 year old female NZ European, private rural school)

Families must navigate a plethora of education, health or social services simply to get a response to the special needs of a child. Instead, the system should be looking at what children *need* using child rights and human development frameworks. Navigating the system can be particularly difficult for parents with limited resources, suffering under stress such as poverty, who have English as a second language, or who have many caring responsibilities.

Services for children that are overly dependent on the agency of parents, is a significant cause of inequity in the system. Advocating for children's health needs should not be a continual battle for parents, and groups of children should not be disadvantaged by the circumstances and capacities of their families.

## **THERE ARE SOME GAPS IN SERVICES TO CHILDREN**

We have highlighted below some of the gaps in the health system for children, that people have told us about at the Office of the Children's Commissioner. This is intended to be illustrative rather than a comprehensive analysis of the highest priority areas.

Child and Adolescent Mental Health services are limited for under-10 year olds, for example, there is a limited infant mental health service despite it being fundamental to support attachment of infants and toddlers to a primary caregiver. Also, although services are enabled to go up to 25 years of age for 'youth mental health', it cannot in reality due to lack of funding, leaving many highly vulnerable young adults unable to access services.

***"It's hard to pick just one thing but, probably mental health awareness and help for those with mental health issues."*** (15 year old female NZ European, Palmerston North)

There is also a lack of alcohol and drug services and other mental health services for parents, that focus on the parenting role (not just the adult as a patient). Parents should potentially be prioritised for health services because of the flow-on impact of their poor health on their parenting role, and the services provided to them should be cognisant of their parenting responsibilities, and also consider the needs of their children.

Preventative oral health services are underutilised and are failing to stem the tide of poor oral health, resulting in expensive hospitalisations for example for extractions. Arguably, more equitable outcomes in oral health could be achieved through central (rather than local) government responsibility for fluoridation of water supplies.

Child development services in general are under-invested, leaving children on waiting lists for services who then 'age-out' of eligibility for those services (an example is speech therapy). This can embed the harm that has already occurred resulting in long-term disability and increased subsequent costs, not to mention difficulties for the child.

Disability and health support for children appears to exclude behavioural issues, (i.e. learning delays in behaviour, or neurodisabilities that result in behavioural difficulties). This is a problem because it results in children's health and learning needs not being met. Schools are charged with providing supports in school (if there is an identified diagnosis), but there's no responsibility on any agency to ensure these children and their parents are properly supported in childhood development. The Children's Commissioner wrote recently to the Director General of Health, enquiring about the promising [Fetal Alcohol Spectrum Disorder Action Plan](#); and noted a poor response with virtually no progress in the plan, identification, or services being provided to children.

Some of the more encouraging policies lie in the proposed [Disability and Learning Support Action Plan](#) (Education) which in turn depends to some extent on the [Child and Youth Wellbeing Strategy](#) (DPMC). However, if each department is leaving key policy decisions to other strategies and policies, then children may continue to fall between the gaps. We need explicit, collaborative work with collective responsibility, to ensure children's needs and rights are met in their health and development.

Any consideration of a more effective health and disability system should require senior leadership of key ministries to be responsible, both severally and collectively, for working together to improve children's health and developmental outcomes. This includes collaborative (cross-agency) policy, and implementation of child-centred policies and practice in the areas of child development, behaviour, disability and health.

### **THE STATE HAS A HIGHER RESPONSIBILITY FOR CHILDREN IN CARE**

Where children are in care of the State, the State 'as parent' should be advocating for their health care needs, and children's teams in health and social service settings should be working together in a well-supported environment to put these at-risk children firmly in the centre.

It is very important that children in care receive the best health care, dental care, and psychological therapy for trauma they may have suffered, as well as live in the most

health-promoting environments, because of (and to somewhat mitigate) the adverse experiences they have already had at a sensitive time of their development.

### **OFFICE OF THE CHILDREN'S COMMISSIONER IS WILLING TO ASSIST IN SYSTEM POLICY DESIGN AND IMPLEMENTATION**

Being healthy in childhood is a key element of child and youth wellbeing, and it also leads to good outcomes later for the individual and for society. But too many New Zealanders experience poor health and have their disability needs unsupported because of current settings and constraints in the health and disability system. It is particularly important to prioritise children in the system now to improve outcomes for all of society over time.

In this submission we briefly touched on factors we urge your review to consider, including:

- > undertaking child-centred policy
- > addressing the social determinants of poor health that often start in childhood
- > focusing on the needs of Māori children
- > tackling the siloed approaches to policy and practice
- > addressing the existing gaps in services to children, and
- > recognising that the State has a higher responsibility for children in care.

There are many other issues we could raise, and as your inquiry progresses we are available to provide more detailed consideration.

Achieving better and more equitable outcomes in the health and disability system will require a cross-government commitment to children, and the Office of the Children's Commissioner is available to support you in designing this.

We invite you to contact us to talk about implementing the child impact assessment tool, engaging children and young people, and general issues relating to equitable outcomes for children in the health and disability system.

*"In my opinion, I think every child and young adult needs to be respected and looked after, especially ones with health conditions."*  
(11 year old female, multiple ethnicities, Mangere)