Bay of Plenty District Health Board Position Statement

Child and Youth Health

Introduction

The Bay of Plenty District Health Board (BoPDHB) is required under its enabling legislation, the New Zealand Public Health and Disability Act 2000, section 22:

- To improve, promote, and protect the health of people and communities;
- To promote the inclusion and participation in society and independence of people with disabilities;
- To reduce health disparities by improving health outcomes for Maori and other population groups;
- To exhibit a sense of social responsibility by having regard to the interests of the people to whom it provides, or for whom it arranges the provision of, services;
- To exhibit a sense of environmental responsibility by having regard to the environmental implications of its operations.

The BoPDHB has prepared a series of position statements which demonstrate its commitment to these objectives, and outlines its viewpoint on different health issues. This position statement on Child and Youth Health aligns with other position statements, including those on Tobacco Control, Immunisation, Physical Activity and Nutrition, Health Inequalities, Alcohol and Other Drugs, Disability Responsiveness and Liveable Environments, and is implemented through the DHB's Annual Plan.

1. The Bay of Plenty DHB affirms the following:

1.1 Child and youth health is one of the top six priority areas of the BoPDHB Board and Maori Health Runanga. The BoPDHB acknowledges that achieving good health across the whole life course begins at maternity and extends into early childhood and adolescence as the foundation for life.

1.2 All children are dependent on their parents/caregivers for their wellbeing, and progressively become more independent as they move through adolescence into adulthood. In the transitional period of adolescence, young people are still at risk from poor decision-making due to their lack of full brain development. Therefore the BoPDHB will provide a range of basic, universal services for all children and youth in line with national policy and funding availability. Some children and youth require more intensive and targeted services, due to their own ill-health or behaviours, or an inability for multiple reasons for their parents/caregivers to adequately care for them. The BoPDHB will therefore look to provide a range of services that meet the particular needs of specific population groups, within its funding capacity. This service delivery model is entitled 'proportionate universalism'.

1.3 It will allocate resources towards the achievement of the Prime Minister's Better Public Services targets for children and youth. The relevant targets for the BoPDHB are:

- Early childhood education**:** by 2016, 98 per cent of children starting school will have participated in quality early childhood education. Health has a support role.
- Increase infant immunisation rates so that 95 per cent of eight month olds are fully immunized by December 2014 and this is maintained until 30 June 2017. Health has the lead role.
- Reduce the incidence of rheumatic fever by two thirds to 1.4 cases per 100,000 people by June 2017. Health has the lead role.
- By 2017, aim to halt the rise in children experiencing physical abuse and reduce current numbers by five per cent. Health has a support role.
- Increase the proportion of 18 year olds with NCEA level 2 or equivalent qualification. Health has a support role.
- Reduce the rates of total crime, violent crime and youth crime. Health has a support role.

1.4 Adverse health outcomes arise for the parents and children when the parents are early teenagers. The BoPDHB will work with other agencies to promote safe sex education and practices and avert unplanned teenage pregnancies, and to mitigate the potentially poor health outcomes for teenage parents and their children.

1.5 It will adopt a youth development approach when planning and delivering youth health and disability services. This approach includes young people being given opportunities to have greater control over what happens to them, through seeking their advice, participation and engagement.

1.6 Whanau Ora, that is *'supporting families to achieve their maximum health and wellbeing,'* is an overarching guide in the BoPDHB's decision making. The acceleration of Whanau Ora initiatives will require innovative strategies to effect improvement in the health of children/tamariki and youth/rangatahi.

1.7 It will work closely with other stakeholders in the health sector and with other government agencies, Maori providers, NGOs and the community to improve child and youth health and disability responsiveness. The BoPDHB acknowledges that while it plays a prime role, it will require an integrated and comprehensive approach across many sectors to achieve health gain for children and youth.

1.8 The BoPDHB will consider areas for joint work or collaboration across the Midland region with a view to establishing regional consistency and efficiencies in child and youth health and disability services.

1.9 The BoPDHB will advocate this position statement when opportunities arise on child and youth health and disability issues to district and regional councils, other government agencies, and government select committees where appropriate, and providing input into district and regional policies and plans.

2 **The Bay of Plenty DHB notes that:**

1.1 The White Paper for Vulnerable Children defines vulnerable children as "*Vulnerable children are children who are at significant risk of harm to their wellbeing now and into the future as a consequence of the environment in which they are being raised and, in some cases, due to their own complex needs. Environmental factors that influence child vulnerability include not having their basic emotional, physical, social, developmental and/or cultural needs met at home or in their wider community."* (The White Paper for Vulnerable Children Volume 1, page 6, Minister for Social Development)

1.2 *Children growing up in poor families in New Zealand are more likely to have poorer health, lower educational achievement, reduced employment prospects and lower life-time incomes.* (Solutions to Child Poverty in New Zealand. August 2012. Expert Advisory Group on Solutions to Child Poverty)

1.3 The Prime Minister's Chief Science Advisor, Professor Sir Peter Gluckman states in his report '*Improving the Transition Reducing Social and Psychological Morbidity During Adolescence' that "Adolescents in New Zealand relative to those in other developed countries have a high rate of social morbidity. While most adolescents are resilient to the complexities of the social milieu in which they live, at least 20% of young New Zealanders will exhibit behaviours and emotions or have experiences that lead to long-term consequences affecting the rest of their lives."*

1.4 The Families Commission reported that "*early parenthood can also have far-reaching physical, social and emotional consequences for both teenage parents and their children. Teenage mothers are more likely than older mothers to live in socioeconomic deprivation, depend on a benefit, and have a low level of education and literacy. They are also less likely to be surrounded by supportive social networks. Very early parenting (before age 18) is associated with the greatest risk of poor outcomes for children. Furthermore, young mothers who have a second pregnancy during their teenage years have an increased chance of experiencing further social inequality."*

1.5 The BoPDHB is developing a three-year child and youth health strategic plan. The overall vision for child and youth health and disability responsiveness in the strategic plan is to lead the development of communities which provide supportive physical, economic, and social environments so that every child has the best possible start to a life rich in learning and play.

1.6 The BoPDHB Maori Health Plan 2012/13 states our commitment to improving the health of Maori children and adolescents. The plan identifies the following priorities and associated indicators that focus on the leading conditions for this specific cohort:

- Ambulatory sensitive hospitalisation (ASH) rate for 0-4 year olds
- Exclusive breastfeeding at 6 months
- Percentage of 8 month olds and 2 year olds fully immunised
- Acute rheumatic fever hospitalisations
- Asthma hospitalisation rate
- Preschool dental clinic enrolment rates.

1.7 The Bay Navigator initiative gives effect to the Minister's expectation of Better Sooner More Convenient services by reviewing and clearly defining pathways of care to enable access to services 'closer to home' and seamless referral pathways where specialist interventions are necessary. Child and youth health pathways are being progressively developed to improve service integration and better meet child and youth health needs.