Child Poverty and Health

New Zealand College of Public Health Medicine Policy Statement

Policy Statement

The New Zealand College of Public Health Medicine (NZCPHM) is extremely concerned by the extent and entrenched nature of child poverty in Aotearoa New Zealand (NZ) and its compounding negative impact on individual children, their families and the health of our society. Poverty is an overwhelming and pervasive factor in preventable diseases, injuries, disability, and death for children in NZ. The NZCPHM considers child poverty in NZ to be unacceptable.

Children's experiences have lifelong consequences for themselves and their contribution to society. The NZCPHM supports an investment approach to protecting and supporting our taonga (treasure) through a comprehensive package of measures to eliminate child poverty. Urgent investment will return real dividends for children and for our society as a whole now, and in the future.

The NZCPHM supports recommendations to address the effects of child poverty and improve child health from the reports of the Expert Advisory Group on Solutions to Child Poverty, NZ Parliament Health Select Committee, NZ Parliament Māori Affairs Select Committee, Child Poverty Action Group, and the Public Health Advisory Committee. By eliminating poverty and supporting the health of NZ's children, we are building a stronger foundation for the health and wellbeing of our whole population.

Background

Measuring child poverty in Aotearoa New Zealand

This policy statement considers both income and material hardship as measures of poverty.

According to data collected by the Government, 260,000 NZ children live in poverty (measured as household income that is 60% of the medium income threshold, after housing costs).[1] Regarding material hardship, 185,000 children in NZ regularly miss out on the essentials of life that they need to develop and thrive. Tamariki Māori and Pasifika children are more likely to live in poverty than other children. Children in NZ are more than twice as likely to be living in poverty as people aged 65 years and over, and for three out of five of these children, these unacceptable conditions persist for at least seven years.[2]

Effects on children

The NZCPHM considers child poverty in NZ to be unacceptable. In these settings, deprived of the material resources and income they need to develop and thrive, children are unable to enjoy their rights, achieve their full potential and participate as equal members of New Zealand society. Deprivation can include[3] having to put up with feeling cold, sharing a bed, living in a damp mouldy home, when aged 10+ years not having a separate bedroom from children of opposite sex, wearing

worn out shoes or clothing, not having a waterproof coat, missing meals, cut-backs on fresh fruit, vegetables and meat, postponed doctor's visits because of cost (including transport), and not getting prescription medicines because of dispensing costs.

The 'short-term' impact of child poverty on health

Families living in poverty cut down on necessities (listed in previous section). The short term health impact of these conditions are serious and are reflected in the high rates of certain health conditions in NZ, compared with other developed countries. For example, compared with other OECD countries, NZ has a very poor record for infant mortality, Sudden Unexpected Death in Infancy (SUDI), rheumatic fever, pertussis (whooping cough) and pneumonia, child maltreatment death, accident and injury rate, and close-contact infectious diseases (e.g. skin infections).[4-6]

The 'long-term' impact of child poverty on health

Children who grow up in poverty are more likely to face economic hardship as adults which means, in turn, their children are also more likely to experience restricted access to the resources needed for optimal development. This creates a poverty cycle, in which the impacts of deprivation are passed from one generation to the next.[7,8]

The impact of child poverty on equity

On average, one in three tamariki Māori (Māori children) and Pasifika children live in poverty, with considerable inequities in health and wellbeing.[1] Furthermore, Māori and Pasifika babies are nearly twice as likely to die before reaching their first birthday as NZ European children due to higher rates of premature birth, low birth weight, SUDI, and death from injury.[9-11] The unevenly distributed prevalence of poverty among tamariki Māori and Pasifika children mean that the long-term consequences of poverty (the poverty cycle) is more likely to remain within these ethnic groups.

Return on investment (ROI) in children

The greatest investment opportunities for improving child health equity lie in targeting effective interventions early in life that can be powerful in the near future and in the medium and long-term.[12,13] In terms of such return on investment in children, Parliament's Health Select Committee[14] considers there is compelling economic evidence that investment in the very early years, from pre-conception, will yield a significantly higher return for every dollar than delayed investment, provided interventions are of high quality and evidence based.

Investing in the health and wellbeing of children can therefore be expected to benefit adult health and wellbeing.[13, 15, 16] This is exemplified by interventions like immunisation coverage. Historically there have been significant inequities between different ethnic groups in rates of immunisation coverage at 12, 18 and 24 months. By 2012, inequities at all age points had significantly reduced.[11]

Children's rights

Regardless of the ROI, investment in children is a not only a matter of social justice, but also that of human rights. Children require protection and support for themselves and their families from both the State and society.

In 2011 the United Nations Committee on the Rights of the Child highlighted that NZ does not meet its obligations to provide protection and support for its children with urgent action needed to reduce inequities for tamariki Māori, and children in poverty and other vulnerable circumstances.[17-19] For

tamariki Māori, the reduction of child poverty is also aligned with Te Tiriti o Waitangi (The Treaty of Waitangi), and the United Nation's Declaration on the Rights of Indigenous Peoples.[20]

Action plan to reduce child poverty and improve child health

A number of national reports on child poverty and health, released within the last two years, have recommended measures to reduce child poverty and improve child health. The NZCPHM supports the recommendations from reports of:

- The Expert Advisory Group on Solutions to Child Poverty[3]
- NZ Parliament Health Select Committee[14]
- NZ Parliament Māori Affairs Committee[21]
- Child Poverty Action Group[22]
- and the Public Health Advisory Committee's report regarding improving outcomes for NZ children[4]

A national action plan, that implements the recommendations of these reports, is required to reduce child poverty and improve child health, and consequently the health of the NZ population as a whole.[23]

Actions to reduce child poverty

The NZCPHM calls for a whole-of-Government commitment to an appropriately resourced, comprehensive package of measures to eliminate child poverty in NZ. These include the development of a national, cross-sector strategy to address child poverty especially as it relates to tamariki Māori, Pasifika children, refugee children, and children with disabilities. This should be embedded in legislation to ensure accountability, [3,4] and be supported with robust definitions and measures of child poverty by ethnicity, with specific targets, and a monitoring and reporting framework (such as a Better Public Service target for reducing child poverty).

Specific actions should also include an investment approach to the income and tax benefit system as it relates to children. This should be applied to all low-income families with children, including welfare beneficiaries, so that they have enough money to meet their children's needs.

Children living in poverty are less likely to have access to healthy housing, which leads to illness and injury.[24] Therefore initiatives should include improvements in the quality, supply and affordability of housing, particularly rental housing. The NZPCHM calls for progressing the development and implementation of the housing warrant of fitness.

Investment in the universal provision of high quality maternity and child health services is essential. The NZCPHM recommends that free access to primary healthcare services and prescriptions for children aged up to 13 years, commencing 1 July 2015, be further expanded through to aged 18 years. Furthermore the initiative should target those children identified as higher need i.e. a proportional universalism approach.

Children living in poverty are more likely to miss meals, therefore the NZCPHM calls for the provision of nutritious meals in low decile schools through a comprehensive 'food in schools programme'.[3] The NZCPHM commends the current investment in the improvement of participation in Early Childhood Education (ECE), but also calls for investing in the quality of ECE services as a focus. Affordable after-

school and holiday programmes should be expanded in low decile areas, to enable parents in low-income households to enter employment arrangements where the leave provisions are restricted.

Summary of recommendations to reduce child poverty:

The NZCPHM supports the recommendations to address child poverty from reports of the Expert Advisory Group on Solutions to Child Poverty,[3] Health Select Committee,[14] Māori Affairs Committee,[21] Child Poverty Action Group,[22] and the Public Health Advisory Committee's report regarding improving outcomes for NZ children.[4]

To enable our children to have the resources they need to live healthy lives (and, consequently, to improve the health of all New Zealanders), the NZCPHM calls for the Government to:

1. Develop a national, cross-sector strategy, which is embedded in legislation, to address child poverty that focuses on addressing poverty especially as it relates to tamariki Māori, Pasifika children, refugee children, and children with disabilities.

2. Define measure and monitor levels of child poverty in NZ by ethnicity.

3. Set specific poverty targets with a monitoring / reporting framework to reduce child poverty, for example, a Better Public Service target on reducing child poverty.

4. Take an investment approach to the income and tax benefit system as it relates to children, for all children in low-income families.

5. Improve the quality, supply and affordability of housing as they affect families with children. In particular, progress the development and implementation of the housing warrant of fitness, and invest in more rental housing.

6. Invest in universal provision of high quality maternity and child health services. Expand free 24 hours a day access to primary healthcare services and prescriptions for children up to 18 years. Enhance this with further targeting for those children identified at higher need i.e. proportionate universalism approach.

7. Provide nutritious meals in low decile schools through a comprehensive 'food in schools' programme.

8. Invest in improving the quality of, and participation in, Early Childhood Education. Expand, and make affordable, after-school and holiday programmes in low decile areas.

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Links with other NZCPHM policies

Health Equity
First 1000 Days of Life
Māori Health (forthcoming)
Rheumatic Fever
Housing
Immunisation
Tobacco Control
Alcohol
Water Fluoridation

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