



# Child Poverty and Health

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## 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. Health professionals have a major responsibility to act as advocates for health at all levels in society.<sup>1,2</sup> In relation to child poverty, this includes the NZCPHM advocating for and supporting evidence-informed<sup>3</sup> policy, as 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, 295,000 NZ children live in poverty (measured as household income that is 60% of the contemporary medium income threshold, after housing costs).<sup>4</sup> Regarding material hardship, 135,000 children in NZ regularly miss out on 7 or more essentials of life they need to develop and thrive.<sup>5</sup> Tamariki Māori (Māori children) and Pasifika children are more likely to live in poverty than other children, and children in NZ are more than two and half times as likely to be living in poverty as people aged 65 years and over.<sup>6</sup>

#### ***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<sup>7</sup> 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).<sup>8-10</sup>

### *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.<sup>11,12</sup>

### *The impact of child poverty on equity*

On average, one in three tamariki Māori and Pasifika children live in poverty, and compared with NZ European children they suffer considerable inequities in health and wellbeing.<sup>6</sup> Furthermore, Māori and Pasifika babies are more likely to die before reaching their first birthday than NZ European children due to higher rates of premature birth, low birth weight, SUDI, and death from injury.<sup>13-15</sup> 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.<sup>16,17</sup> In terms of such return on investment in children, Parliament's Health Select Committee<sup>18</sup> 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.<sup>17,19,20</sup> 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.<sup>15</sup>

### *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 (the Committee) 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.<sup>21-23</sup> In 2016, the Committee reiterated its previous concerns and recommended that NZ take “urgent measures to address disparities in access to education, health services and a minimum standard of living by Māori and Pasifika children and their families”.<sup>23,para15a</sup> 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.<sup>24</sup>

### *Action plan to reduce child poverty and improve child health*

A number of national reports on child poverty and health 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<sup>7</sup>
- NZ Parliament Health Select Committee<sup>18</sup>
- NZ Parliament Māori Affairs Committee<sup>25</sup>
- Child Poverty Action Group<sup>26</sup>
- and the Public Health Advisory Committee’s report regarding improving outcomes for NZ children<sup>8</sup>

### *Actions to reduce child poverty*

The NZCPHM calls for a cross-party agreement to an appropriately resourced, comprehensive package of measures to eliminate child poverty in NZ. This includes 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. To ensure accountability, this should be embedded in legislation.<sup>7,8</sup>

The NZCPHM also calls on Government to honour NZ’s commitment to the United Nations Sustainable Development Goals (SDGs), specifically SDG1 to end poverty in all its forms everywhere with a target of halving poverty by 2030.<sup>28</sup>

These actions should be supported by the development of robust definitions and measures of child poverty by ethnicity, with specific targets that set an expectation of equity, and a monitoring and reporting framework.

Further, 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.<sup>29</sup> Therefore initiatives should include improvements in the quality, supply and affordability of housing, particularly rental housing. The NZPCHM calls for mandatory implementation of the Rental Housing Warrant of Fitness.<sup>30</sup>

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 implemented in 2015, be further expanded through to aged 18 years. Furthermore the initiative should target those children identified as higher need i.e. a proportionate universalism approach.

Children living in poverty are more likely to miss meals. The NZCPHM commends the ‘food in schools programme’ but calls for Government to expand the programme to ensure that all children in low decile schools are provided with nutritious meals.<sup>7,31</sup> The NZCPHM commends Government investment to date 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,<sup>7</sup> Health Select Committee,<sup>18</sup> Māori Affairs Committee,<sup>25</sup> Child Poverty Action Group,<sup>26</sup> Public Health Advisory Committee’s report regarding improving outcomes for NZ children.

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. Obtain cross-party agreement for a whole-of-government strategy, embedded in legislation that focuses on addressing poverty especially as it relates to tamariki Māori, Pasifika children, refugee children, and children with disabilities.
2. Honour NZ’s commitment to the United Nations Sustainable Development Goals (SDGs), specifically SDG1 to end poverty in all its forms everywhere with a target of halving poverty by 2030.
3. Develop specific poverty targets to reduce child poverty which set an expectation of equity, and are supported by robust definitions and measures of child poverty, and monitoring /reporting framework.
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 mandatory implementation of the Rental Housing Warrant of Fitness.
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. Expand the ‘food in schools’ programme to ensure that all children in low decile schools are provided with nutritious meals.
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.
9. Publish a report on the progress of the recommendations made in “Inquiry into improving child health outcomes and preventing child abuse, with a focus from preconception until three years of age”, and create a plan of action to address areas where little or no progress has been made.
10. Implement recommendations from both of the UN Committee on the Rights of The Child 2011 and 2016 “Concluding observations” reports for NZ.

## Links with other NZCPHM policies

Health Equity

First 1000 Days of Life

Māori Health

Rheumatic Fever

Housing

Immunisation

Tobacco Control

Alcohol

Water Fluoridation

Pacific People's Health

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