NEW ZEALAND COLLEGE OF
PUBLIC HEALTH MEDICINE

4 April 2018

Submission to the Social Services and Community Committee:

Child Poverty Reduction Bill

The New Zealand College of Public Health Medicine thanks the Social Services and Community Committee for the opportunity to make a submission on the Child Poverty Reduction Bill (the Bill).

The New Zealand College of Public Health Medicine (NZCPHM) is the professional body representing the medical specialty of public health medicine in New Zealand. We have 236 members, all of whom are medical doctors, including 183 fully qualified Public Health Medicine Specialists with the majority of the remainder being registrars training in the specialty of public health medicine.

Public Health Medicine is the branch of medicine concerned with the assessment of population health and health care needs, the development of policy and strategy, health promotion, the control and prevention of disease, and the organisation of services. The NZCPHM strives to achieve health gain and equity for our population, reducing inequalities across socioeconomic and cultural groups, and promoting environments in which everyone can be healthy.

Position:

The NZCPHM is concerned by the extent and entrenched nature of child poverty in New Zealand (NZ) and its compounding negative impact on individual children, their families and the health of our society. Health professionals have a responsibility to act as advocates for health at all levels in society.[1,2] In relation to child poverty, this includes the NZCPHM advocating for and supporting evidence-informed[3] policy, as poverty is an overwhelming and pervasive factor in preventable diseases, injuries, disability, and death for children. The NZCPHM considers child poverty in NZ to be unacceptable.

The NZCPHM welcomes the opportunity to comment on the Bill as we have previously called for a cross-party agreement to an appropriately resourced, comprehensive package of measures to eliminate child poverty in NZ. Our belief is that this should 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.

Measures and Targets

Overall, the NZCPHM supports the primary and supplementary measures outlined in the Bill. We agree that a range of measures is required and the measures should include both income and material hardship as measures of poverty.[4]

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The NZCPHM also supports the setting of two sets of targets (three and ten year) within the Bill. However, as below, the NZCPHM emphasises that all targets should set an expectation of equity which is not currently detailed in the Bill.

Child Poverty and Equity

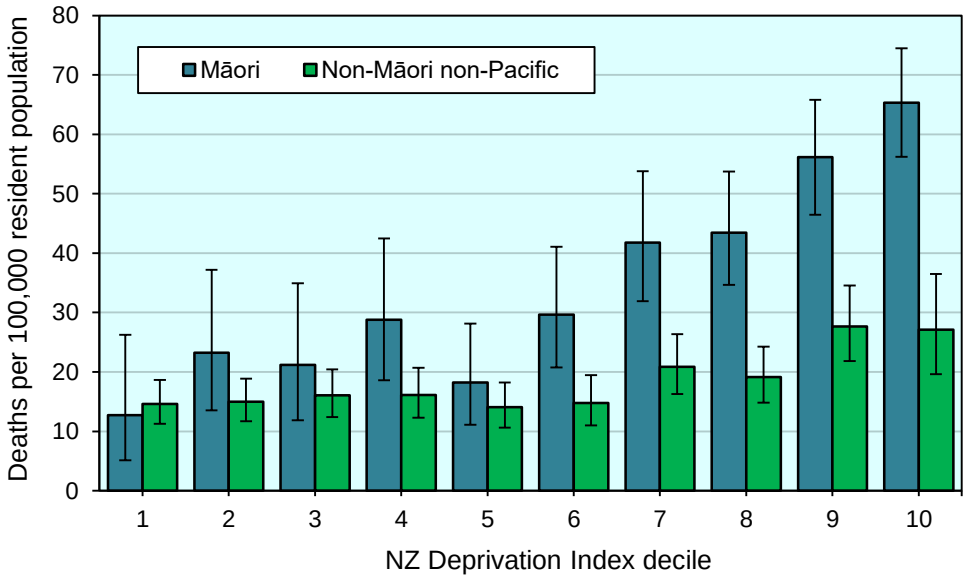
The NZCPHM recommends that the Bill requires more than just measuring the number of children in poverty given the disproportionate impact of child poverty on Māori children.

In NZ, 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.[5]

Figure One shows that in terms of mortality, there is a disproportionate impact of hardship (measured here using the NZ Deprivation Index) on Māori. While mortality rates increase with increasing deprivation for non-Māori non-Pacific also, it is not to the same degree as for Māori. It is well established that poverty is bad for health. What is less well known is that the impact of hardship on tamariki Māori is greater than it is for non-Māori non-Pacific children.

Therefore, just measuring the number of children in poverty will not be enough. Given the disproportionate impact on Māori, the NZCPHM recommends that ethnicity be included in reporting. In addition to this, other strategies including more targeted strategies are required to reduce poverty in tamariki Māori and set an expectation of equity.

Figure One *Mortality (rate per 100,000 resident population and 95% confidence intervals) in children and young people aged 28 days to 17 years by NZ Deprivation Index decile, Māori compared with non-Māori non-Pacific, Aotearoa/New Zealand 2012–16 combined (n=1,218)*[6]



Sources: Numerator: Mortality Review Database; Denominator: NZ MRDG Estimated Resident Population 2012–16, 0–17 years.

Sustainable Development Goal

The NZCPHM is strongly supportive of the Bill as a first step towards NZ's commitment to the United Nations Sustainable Development Goals, specifically SDG1 to end poverty in all its forms everywhere with a target of halving poverty by 2030.[7]

Renaming the Ministry and the Act

The NZCPHM supports the renaming of the Vulnerable Children's Act to the Children's Act and the Ministry of Vulnerable Children to Ministry of Children.

Child Well-being Strategy

The NZCPHM has previously called for a whole of government strategy which is embedded in legislation that focuses on addressing poverty especially as it relates to tamariki Māori, Pasifika children, refugee children, and children with disabilities. Therefore the NZCPHM is supportive of the requirement for the government to adopt, publish and review a dedicated Child well-being Strategy (the Strategy) to enhance and promote the wellbeing of all children. The NZCPHM strongly supports the requirement for the Strategy to report on disparities of outcomes for children in poverty and socioeconomic disadvantage. We suggest that this be combined with a requirement to analyse the impact on the strategy on Māori and Pacific children, using a tool such as the Health Equity Assessment Tool.

The NZCPHM notes that the intent of this strategy is to enhance and promote the wellbeing of **all** children in addition to a particular focus on those with greater needs. We think it is important that this is not overlooked, and that the strategy addresses how **all** children will be supported to have access to services, support and interventions that are critical to their wellbeing.

The NZCPHM also recommends that well-being is defined within the Bill, as it is referred to frequently with no definition provided.

The NZCPHM stresses the importance of approaches to child wellbeing and child poverty that link together multiple government departments and agencies, and suggests that it would be valuable if the plans and strategies of these organisations were required to explicitly address child poverty.

The NZCPHM acknowledges that the content of the strategy is not the subject of the current consultation; however, when the Strategy is developed, we recommend the following actions to be included to enable our children to have the resources they need to live healthy lives (and, consequently, to improve the health of all New Zealanders):[4]

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

2. 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.

3. 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.

4. Expand the 'food in schools' programme to ensure that all children in low decile schools are provided with nutritious meals.

5. 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.

Conclusion

Thank you for the opportunity for the NZCPHM to submit on the Child Poverty Reduction Bill. We hope our feedback is helpful and please do not hesitate to contact the NZCPHM if we can be of further assistance.

Yours faithfully,

Dr Felicity Dumble, President, NZCPHM

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