12 October 2012

Feedback on Poverty Solutions
Office of the Children’s Commissioner
PO Box 5610
Lambton Quay
Wellington 6145

Dear Prof Boston and Dr McIntosh,

Re: Solutions to Child Poverty in New Zealand, Issues and Options Paper for Consultation

The New Zealand College of Public Health Medicine (NZCPHM) welcomes this consultation document. The NZCPHM is extremely concerned at the extent and now seemingly entrenched nature of child poverty in the country and the compounding negative impact of this situation on individual children, their families and the health of our society.

The College wishes to record its appreciation of the expert group’s collation of the evidence relating to measures to reduce child poverty and express its support for a majority of the report’s recommendations. We support an investment approach to children as the only logical approach to this ‘taonga’ and the concept of ‘proportionate universality’ across a range of policy areas. In our view, persistent material deprivation has a pernicious effect on children and society urgently needs to take a lead in prevention and mitigation.

In particular the College supports recommendations to:

- Define, measure and monitor levels of child poverty in New Zealand (ideally by ethnicity)
- Set targets to reduce child poverty
- Take an investment approach to the income and tax benefit system as it relates to children
- Address Child Poverty amongst Tamariki Māori
- Address Child Poverty amongst Pacific children
- Address housing issues of quality, supply and affordability as they affect families with children
- Improve systems that support universal provision of maternity and child health services
- Reduce inequalities in educational outcomes and in this context particularly endorses the proposals to continue to raise participation in and the quality of ECE; provision of nutritious meals in low decile schools (although like the UK we could take a universal approach to this) and expansion of after school and holiday programmes in low decile areas (it is unrealistic to expect parents to enter employment arrangements with restricted leave provisions in the absence of such amenities).

The NZCPHM is firmly of the view that commitment to a properly resourced, comprehensive package of measures is required to reduce the unacceptable level of child poverty in New Zealand. We consider the most important proposals at this time to be those that address levels of material
poverty (housing, income, school meals, antenatal and well child care services; expansion of after
school and holiday programmes and educational disparities) as these tend to drive downstream
health and other sequelae. The College also wants to see robust definitions, measurement and
monitoring of child poverty levels. In the final report we would be keen to see reference to children
with disabilities and those of refugee families as these children and their families also suffer
unacceptable levels of child poverty.

Please feel free to contact Lauren Webster at the College office should you require more
information. Her email is lauren.webster@populationhealth.org.nz.

Thank you for the opportunity to submit.

Kind regards

Julia Peters
President of the New Zealand College of Public Health Medicine