Child Poverty in NZ

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THE UNIVERSITY OF AUCKLAND
NEW ZEALAND
Te Whare Wānanga o Tāmaki Makaurau

CHILD POVERTY ACTION GROUP

PAEDIATRIC SOCIETY NEW ZEALAND
Health of our Children, Wealth of our Nation

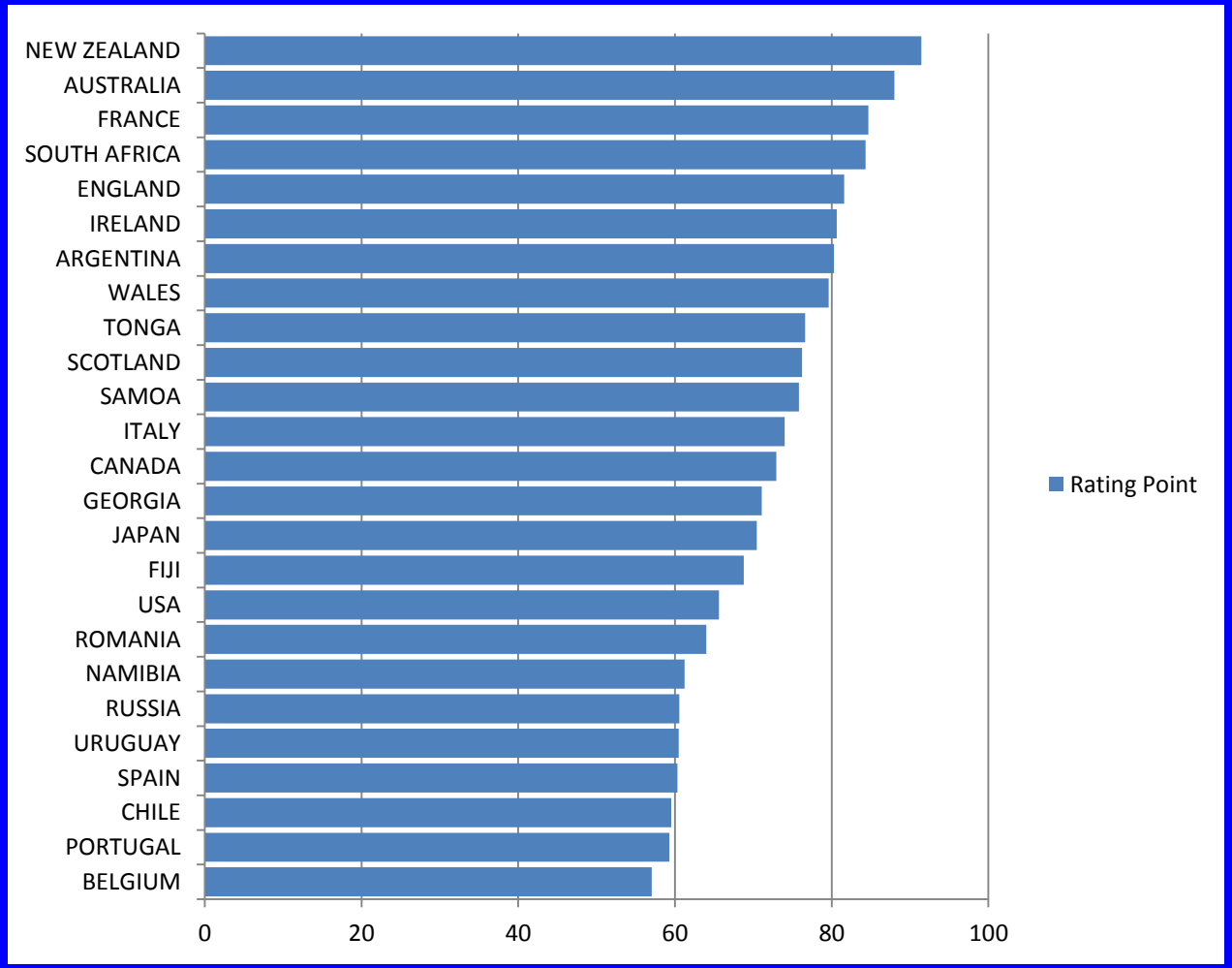
Starship
CHILDREN'S HOSPITAL OF NEW ZEALAND

In This Lecture

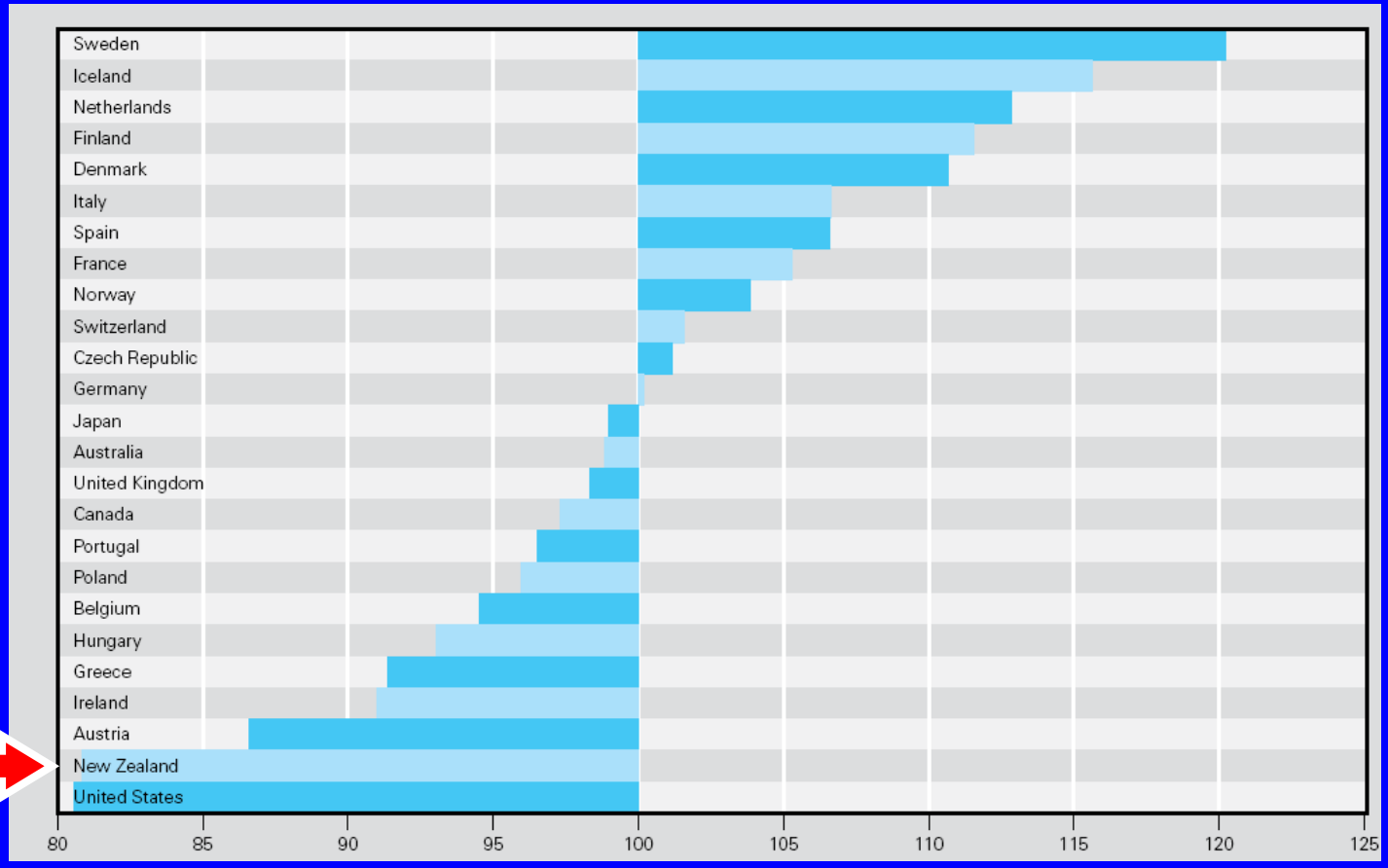
1. Child health statistics
2. Child poverty
3. Child rights – implications for Māori
4. How could we do better?

International comparisons

International Rugby Board World Rankings



NZ Children's Health and Safety – OECD
(infant deaths, immunisation rates, deaths from injuries)



UNICEF. An overview of child well-being in rich countries, 2007.

Rates for Serious Bacterial Infections and Respiratory Diseases: International Comparisons

Disease	Other OECD Countries Relative Rate	NZ Relative Rate
Rheumatic fever	1 (OECD)	13.8
Serious skin infections	1 (USA, Australia)	2
Whooping cough	1 (UK, USA)	5-10
Pneumonia	1 (USA)	5-10
Bronchiectasis	1 (Finland, UK)	8-9

Craig E, *et al*. NZCYES: Indicator Handbook. 2007..

Inequalities within New Zealand

Hospitalisation for Serious Bacterial Infections and Respiratory Diseases in children & young people, Risk by DEPRIVATION 2006-2010

Cause of Hospital Admission	Least Deprived (NZDep1-2)	Most Deprived (NZDep 9-10)
Acute Rheumatic fever*	1	25.4
Serious skin infection+	1	4.36
Pertussis#	1	4.81
Pneumonia+	1	3.37
Bronchiectasis*	1	10.7

*** 0-24 years; + 0-14 yr; # <1 year**

Craig E, *et al*. NZCYES Report 2011.

Hospitalisation for Serious Bacterial Infections and Respiratory Diseases in children & young people. Risk by ETHNICITY 2006-2010

Cause of Hospital Admission	European	Māori	Pacific	Asian/Indian
Acute Rheumatic fever*	1	25.3	44.2	0.46
Serious skin infection+	1	2.97	4.42	1.00
Pertussis#	1	2.29	3.11	0.47
Pneumonia+	1	2.08	4.46	1.16
Bronchiectasis*	1	7.51	11.2	1.30

*** 0-24 years; + 0-14 yr; # <1 year**

Craig E, *et al*. NZCYES Report 2011.

Some health inequalities are increasing

Annual Index Cases and Incidence Rates for Rheumatic Fever 1993-2009

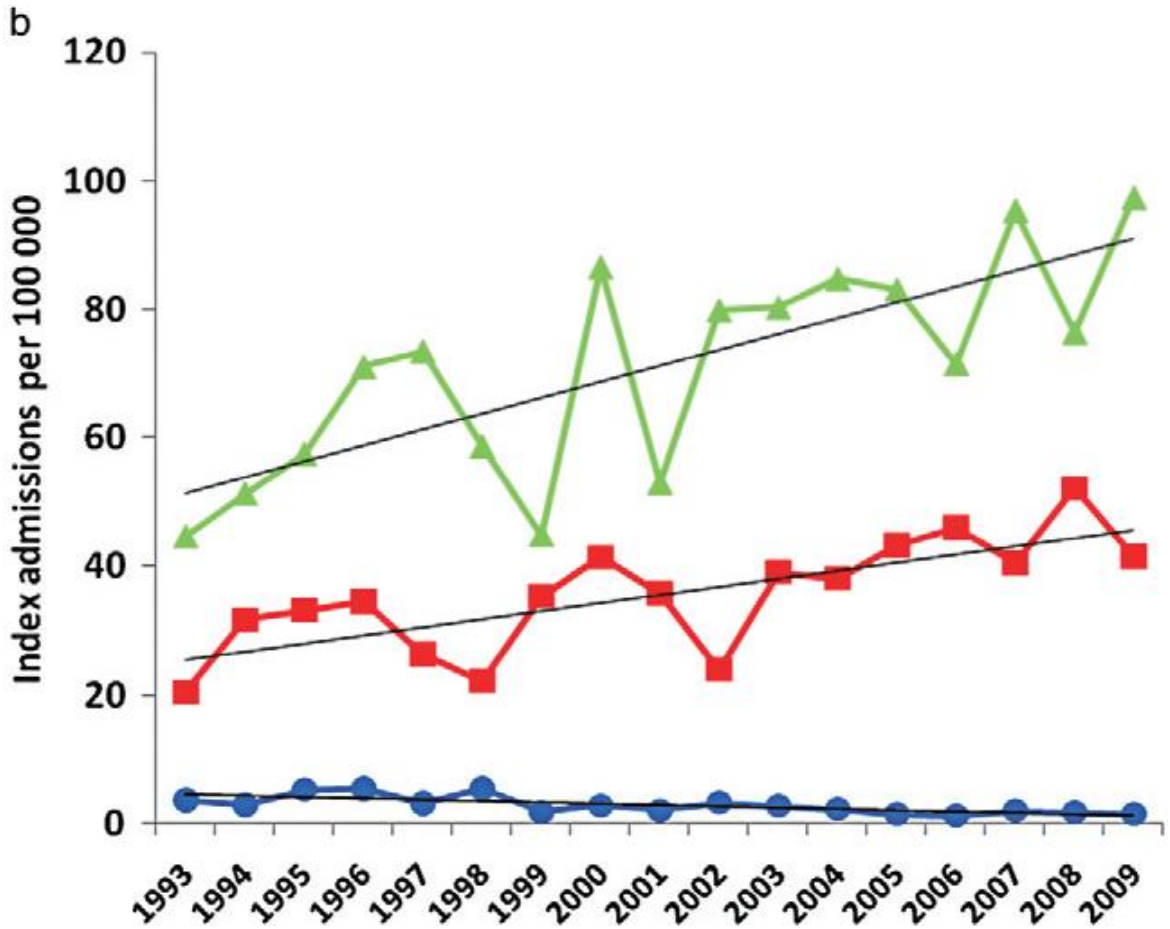


Fig. 1b Annual index cases and incidence rates for acute rheumatic fever in 1993–2009 for children 5 to 14 years of age.

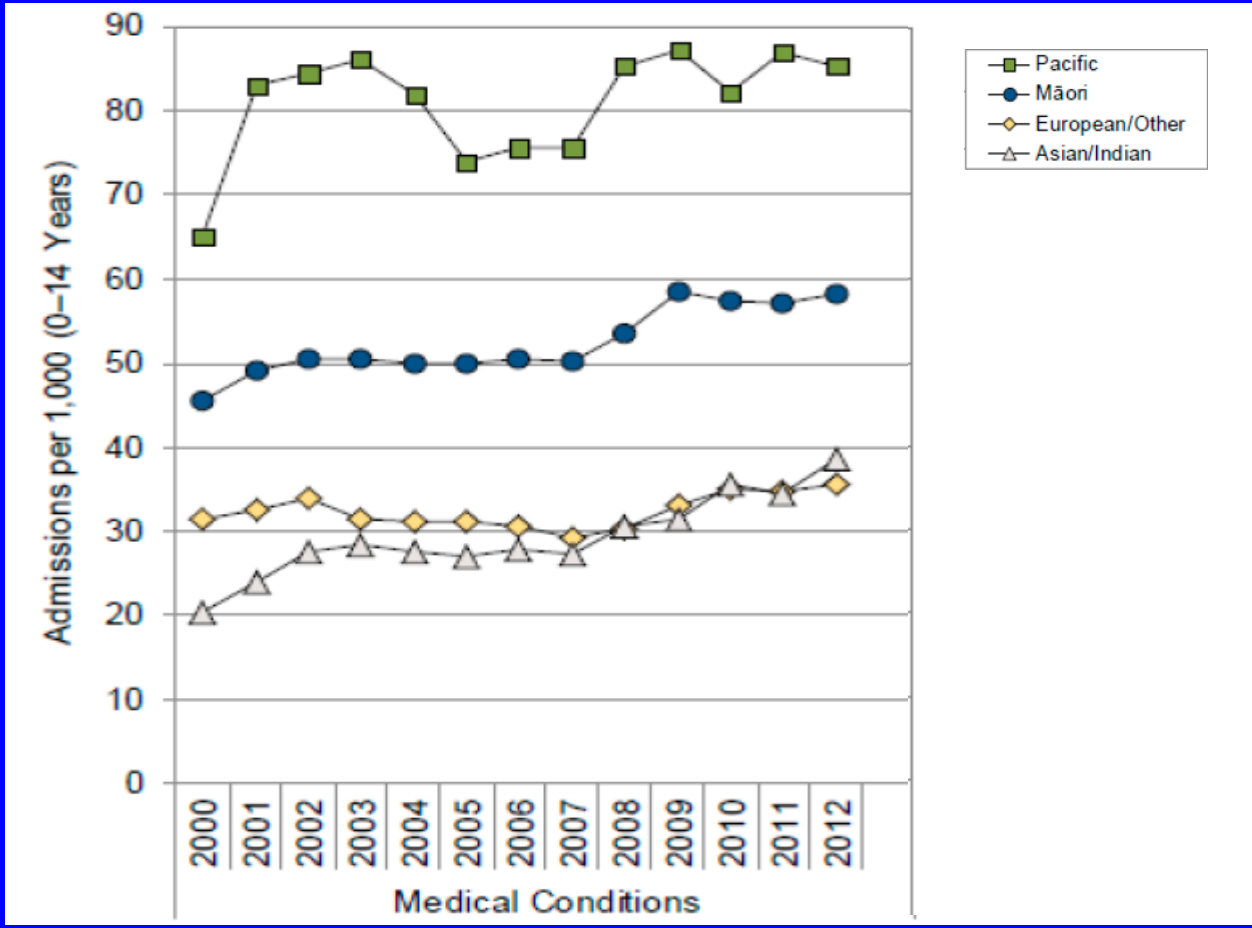
Māori

Pacific

non-Māori/Pacific

Milne R, *et al*. J Paediatr Child Health 2012; 48: 685-91.

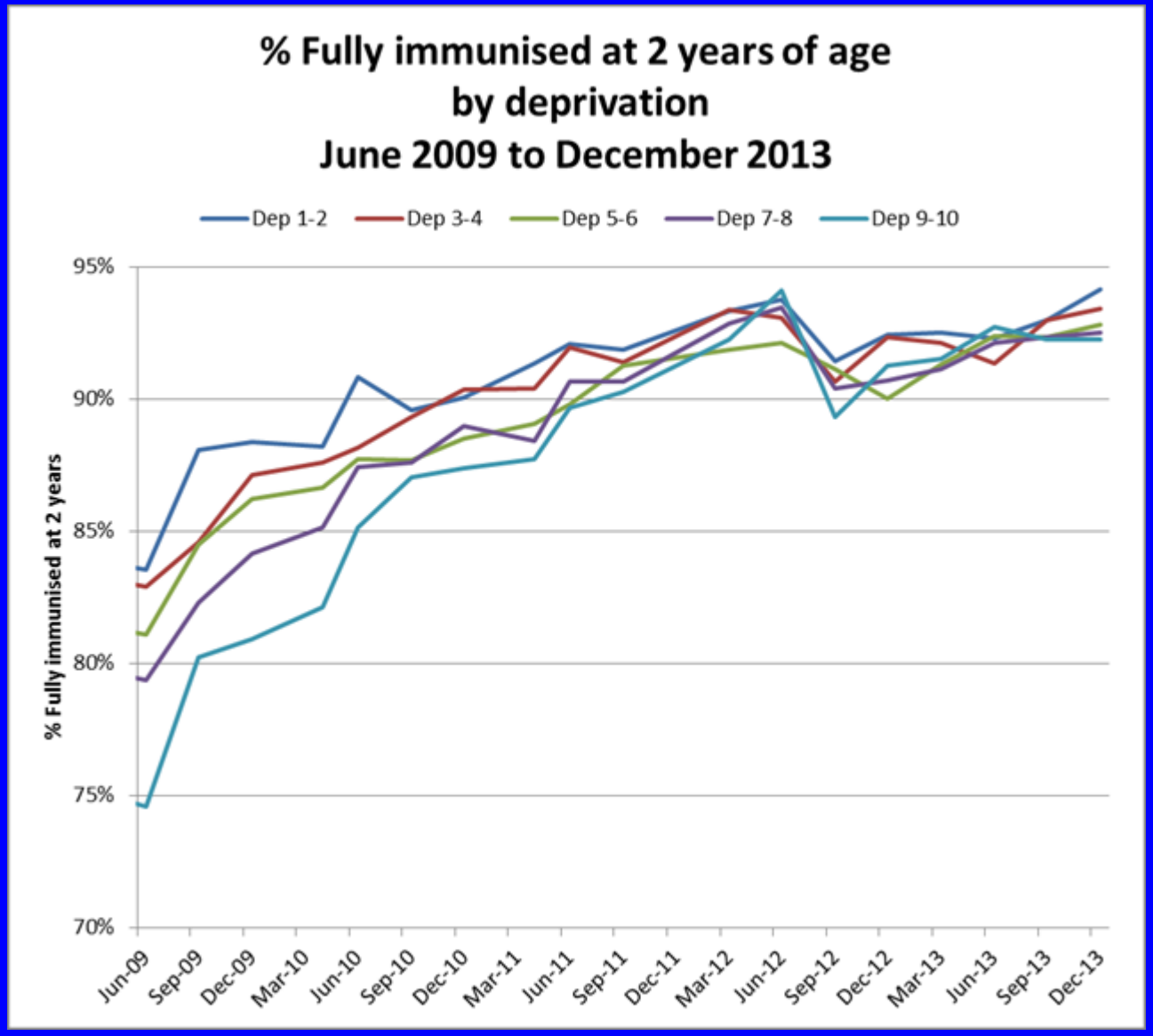
Hospital Admissions for Conditions with a Social Gradient, Children Aged 0–14 Years, New Zealand 2000–2012



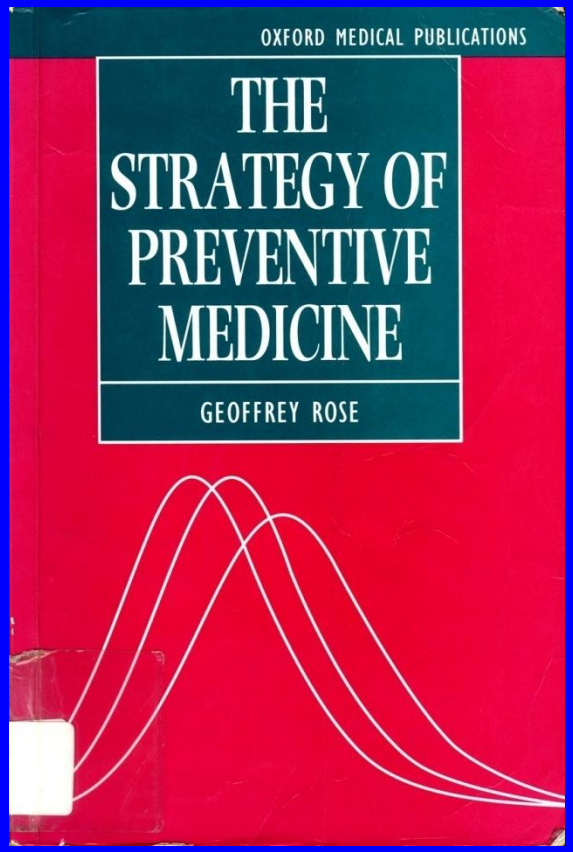
Craig E et al. Child Poverty Monitor 2013

Some good news

New Zealand Immunisation Rates



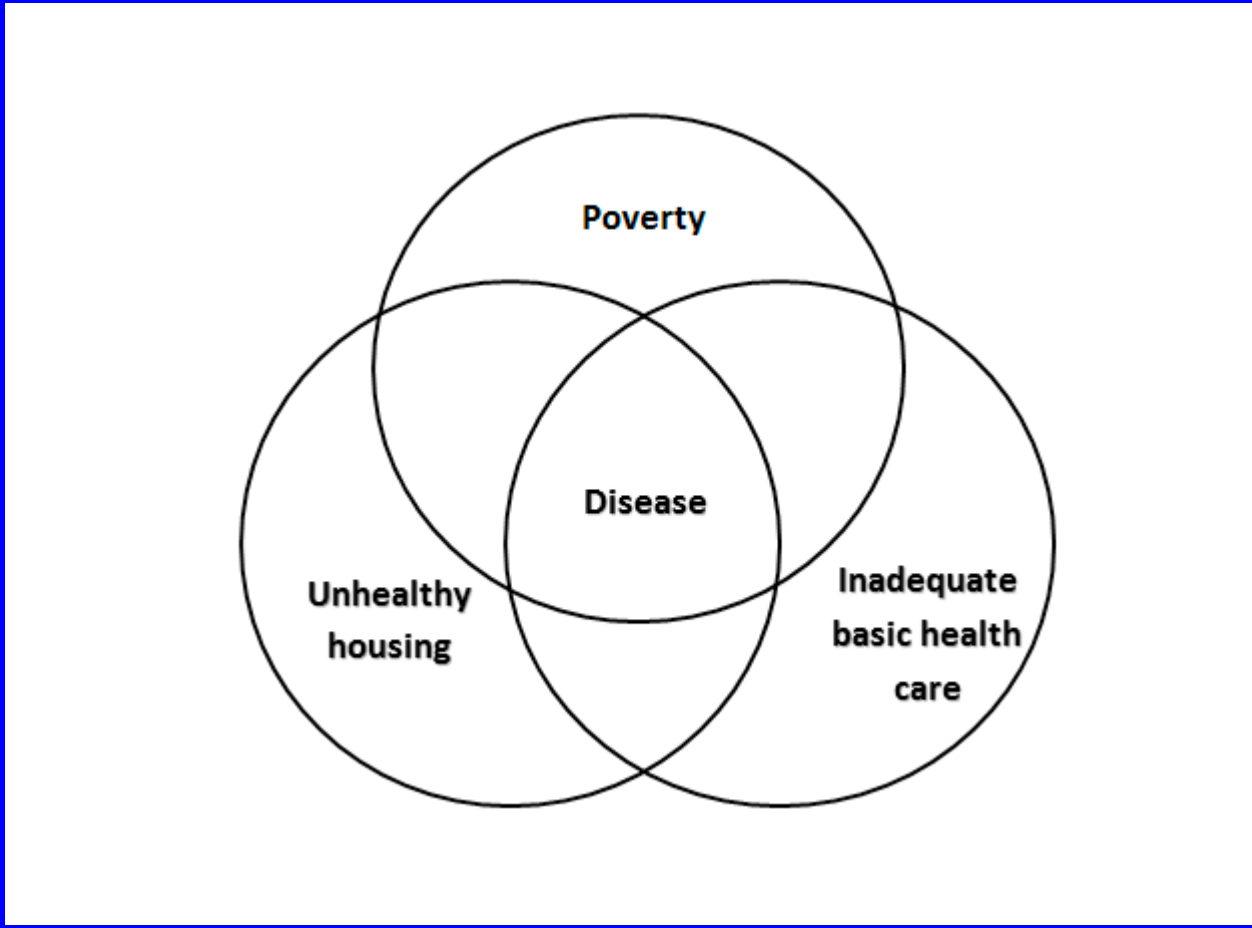
Professor Sir Geoffrey Rose, 1992



"The primary determinants of disease are mainly economic and social, and therefore its remedies must also be economic and social."

ie Determinants of health are influenced by society and government policies

New Zealand's triple jeopardy for child health



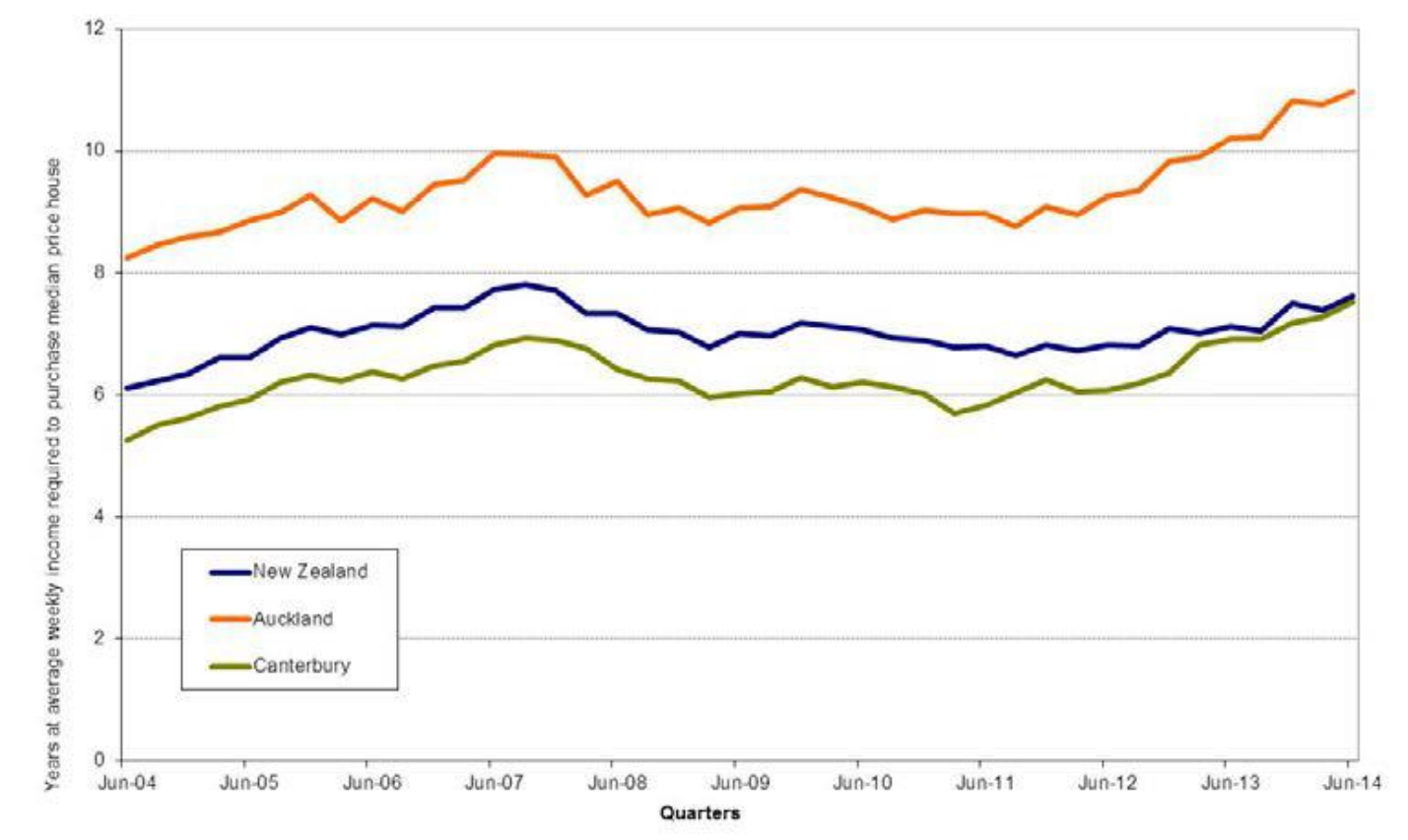
Turner N, Asher I. Child Poverty and Health in 'Our children, Our Choice' Child Poverty Action Group Policy Series 2014

Housing in Christchurch after the earthquakes

- About 8000 homes destroyed
- Net loss of affordable houses
- Rents increased by 25% in real terms
- Housing market in Christchurch East is under particular stress

Johnson A. Housing market changes and their impact on children. In ‘Our children, Our Choice’ Child Poverty Action Group Policy Series 2014.

Median house prices in terms of average wages and salaries 2004-2014



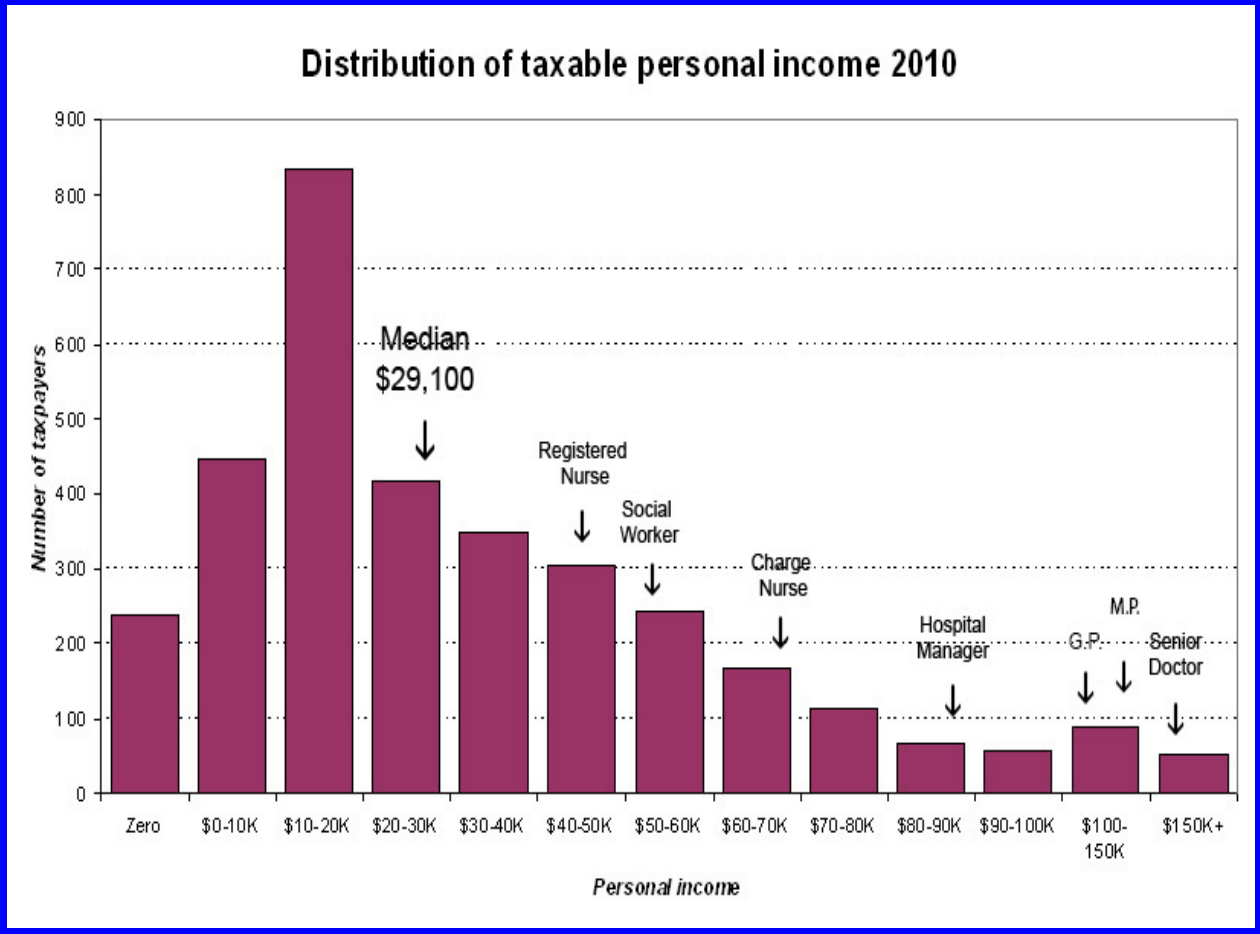
Johnson A. Housing market changes and their impact on children. In 'Our children, Our Choice' Child Poverty Action Group Policy Series 2014.

Poverty

- Absolute poverty: A lack of resources for the bare minimum existence.

- Relative poverty: Exclusion from the minimum acceptable way of life in one's own society because of inadequate resources.

Distribution of taxable personal income 2010



Child poverty figures in NZ	Number of children (2013)	% of children (2013)
Income-poverty (<60% median after housing costs)	260,000	24
Severe income poverty (<50% median after housing costs)	205,000	19
Very severe income poverty (<40% median after housing costs)	135,000	13
Material hardship	180,000	17

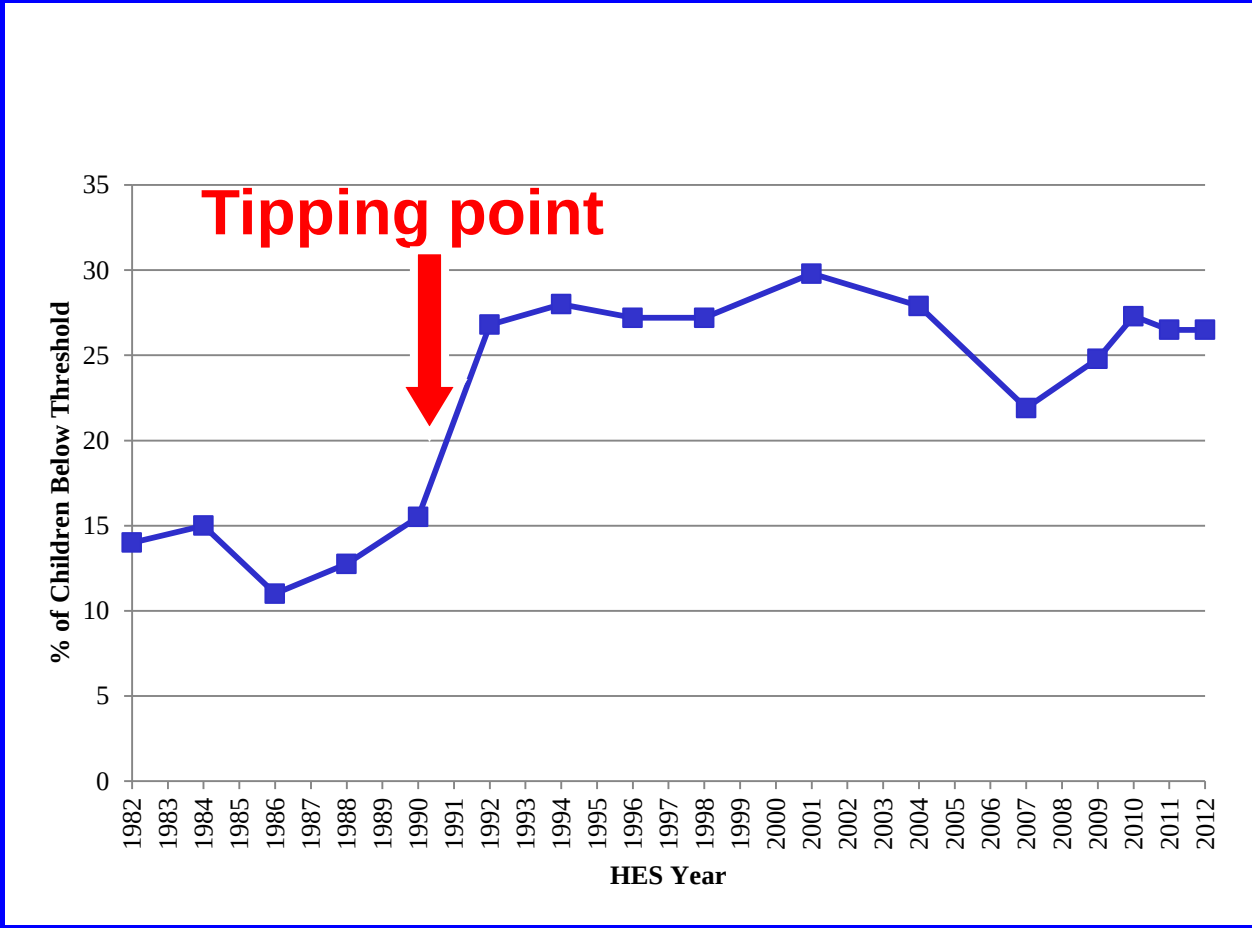
A Practical Definition of Poverty in Regard to Child Health in NZ

Insufficient income for all these:

- Health care (doctors fees, prescription costs, transport, hospital parking etc)
- Adequate housing (not crowded, damp, cold or too costly to pay for or heat)
- Nutritious food
- Clothing, shoes, bedding, washing & drying facilities and general hygiene
- Education (transport, stationery, school donations, exam fees, school trips etc)

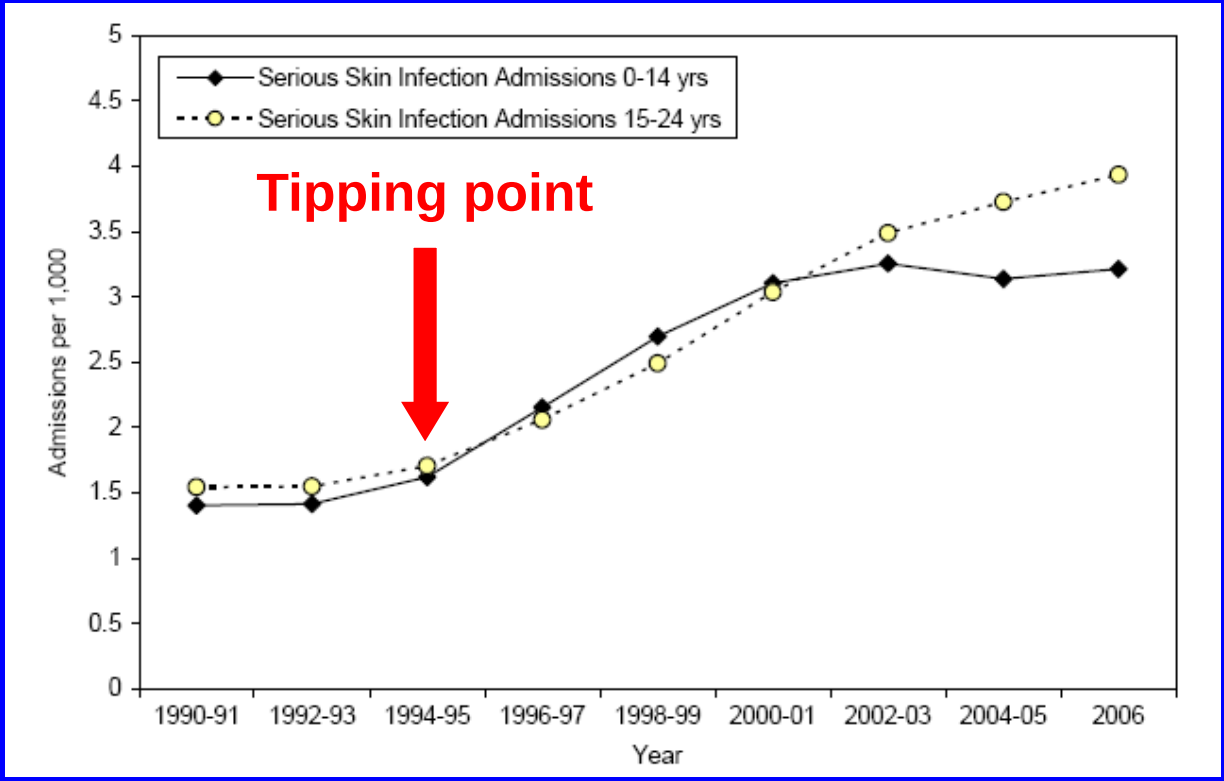
About Twice As Many New Zealand Children Are in Poverty* Now Compared With the 1980s

*Below 60% median household income after housing costs



Perry B. Ministry of Social Development.2013.

A Doubling of Serious Skin Infection Hospital Admissions 1994-2000 Indicates a Tipping Point for Child Health Around 1994



(years shown 1990-2006)

Craig E, *et al*. NZCYES: Indicator Handbook. 2007.

Several Changes in Policy in Early 1990s Adversely Affecting Incomes of Low Income Households With Children

1989-2008 Family income support not indexed

1991: The universal family benefit abolished

1991: Benefits cut by 21% and not restored relatively

1993 - Low wages and relatively high taxes for the low paid

1996: Child Tax Credit introduced *excluding* parents on benefits from $15 per child/wk

NZ paradox – children treated much more harshly than elderly

Characteristic of NZ income support benefits	For families with children	For >65 yrs
Universal	no	yes
Indexed (linked to prices and wages)	no 1989-2008	yes
Simple	no	yes
Income tested	yes	no
Reduces in hard times	yes	no
Recipients adversely judged by society	Yes “beneficiary”	No “superannuitant” “gold card”

Source: Susan St John

Child Rights – New Zealand Context

- Human Rights
- Rights of Indigenous Peoples
- UNCROC: United Nations Convention on the Rights of the Child
- Te Tiriti o Waitangi

Life experiences towards reaching their potential

Pakeha children

Māori children

“like biking with the wind behind them”

“like biking into the wind”

From Fiona Cram PhD 2012 www.katoa.net.nz

Parekura Horomia (9 Nov 1950 – 29 Apr 2013)
Cabinet Minister 2000

“When I was a schoolboy I vividly recall walking to school barefoot with my seven brothers and sisters… five kilometres to school and back.

While this may not have been unusual for Maori children, there was a certain irony about this journey.

Everyday we would watch the empty school bus drive past us and other whanau to collect the pakeha kids that lived a half a kilometre from our school.

This bus would pick them up, turn around, drive back past us and take those kids to the school in Tolaga Bay.

I used to dream of being picked up by that school bus. But as I grew older we became more resilient. We went from wishing it would stop to pick us up …to thinking that if it did stop we wouldn't hop on anyway.

I relate that story now because Maori are often told we've missed the bus. And many cases Maori have not even had the opportunity to get on the bus."

Operation 8 Ruatoki 15 Oct 2007

"Police actions in road blocks, and properties where people were detained, were contrary to law, unjustified and unreasonable"

Dominion Post May 2013

Three children under 10 had rifles with red laser lights pointed at them and were kept under armed guard in a shed for nine hours without food or water during the Urewera police raids in 2007.

"They smashed through our front gate and came running up towards us telling us to come out with our hands up," said Tu Temaungaroa Moko (now 13yrs).”

Tu was bundled into the back shed with his mother and brothers now 15 and 9, and kept there by two armed police.

"We had tried to hide in the bedroom, we were scared stiff, we didn't know what to do," he said.

The armed police arrested their father and searched the house.

"They tipped food on the floors, wrecked the furniture and pulled everything out of cupboards and shelves."

Child health inequities: How do we become part of the solution?

Dr Rhys Jones, Senior Lecturer
Te Kupenga Hauora Maori
The University of Auckland

Starship Children's Health, Paediatric Update 26 March 2014: https://www.starship.org.nz/for-health-professionals/paediatric-update/2014-archive/child-health-inequities-how-do-we-become-part-of-the-solution/.

CHILD POVERTY ACTION GROUP

Our children, our choice: priorities for policy series 2014

- All the issues leading to poor child health could be dramatically reduced, if we choose to do so
- We need leadership and collective responsibility
- A cross-party agreement is urgently needed to comprehensively address all the factors

CPAG's health recommendations 2014

1. Government - a comprehensive plan to reduce child poverty

CPAG's health recommendations 2014

2. Healthcare - proportionate universalism (universal services and targeted extra services based on need)

3. Increase health funding for children to achieve equal child health outcomes for all ethnic groups

4. Universal antenatal care as early as possible in their pregnancy.

CPAG's health recommendations 2014

5. A universal common assessment plan and pathway for all children:
   - antenatal
   - enrolment at birth with primary care
   - national immunisation register
   - well child /tamariki ora providers
   - dental provider

CPAG's health recommendations 2014

6. Primary health care services free for all children from maternity through to age 18, including
   - GP
   - prescriptions
   - dental
   - optometry care

CPAG's health recommendations 2014

7. Develop and fund programmes to ensure all homes are adequately insulated over the next decade

   Develop a ten year national plan to overcome the shortage of affordable housing

CPAG's health recommendations 2014

8. Develop a national child nutrition strategy, including a 'food in schools' programme

9. Establish youth-friendly health and social services in all low decile secondary schools, with sustained Government funding.

We can choose to make these changes to improve child health if we want to

http://www.mothersmatter.co.nz

Ahokoa he iti, he iti pounamu

Although it is small it is precious indeed