

Improving Children's Lives through Policy

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CHiLD
POVERTY
ACTION
GROUP



This talk

- 1. Setting the scene**
- 2. Unhealthy housing and policy solutions**
- 3. Inadequate basic health care and policy solutions**
- 4. Child poverty and policy solutions**
- 5. Policy changes reports**

Child Rights – New Zealand Context

- **Te Tiriti o Waitangi 1840**
- **Human Rights Act 1993**
- **United Nations (UN) Convention on the Rights of the Child 1990, endorsed by NZ 1993**
- **UN Declaration on the Rights of Indigenous Peoples 2007, endorsed by NZ 2010**

NZ children <1 year admitted to hospital with lower respiratory infection, rate/1000

12-65 Other OECD

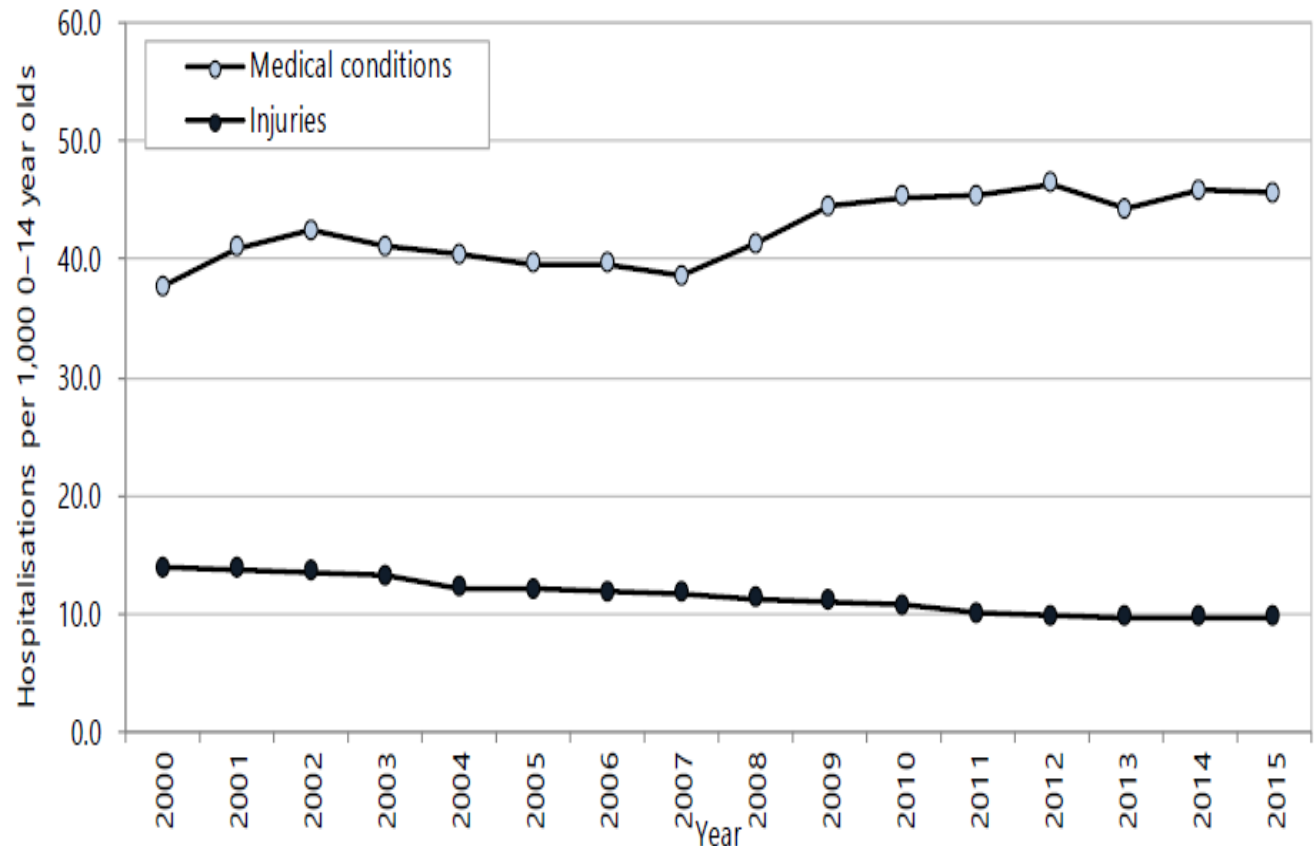
154 NZ:

- **280 Pasifika**
- **215 Māori**
- **43 Other ethnicities**



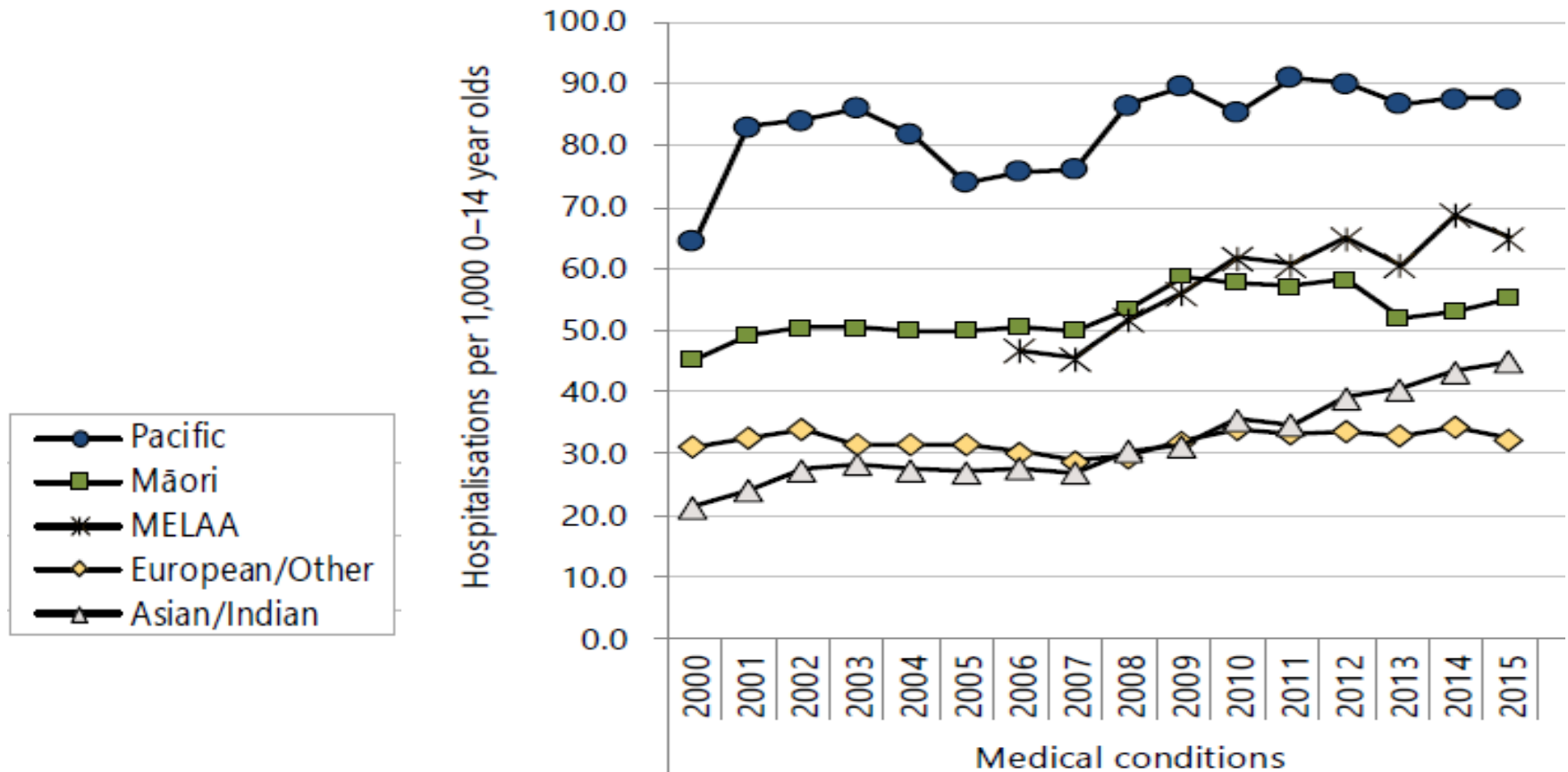
Hospital Admissions for Medical Conditions with a Social Gradient*, Children Aged 0–14 Years, New Zealand 2000–2015

*asthma
bronchiolitis
pneumonia
gastroenteritis
serious skin
infections,
rheumatic
fever,
bronchiectasis
etc



Simpson J et al. Child Poverty Monitor, 2016

Hospital Admissions for Medical Conditions with a Social Gradient, Children Aged 0–14 Years, New Zealand 2000–2015



Simpson J et al. Child Poverty Monitor, 2016

MELAA = Middle Eastern, Latin American or African

NZ children <1 year admitted to hospital with lower respiratory infection, rate/1000

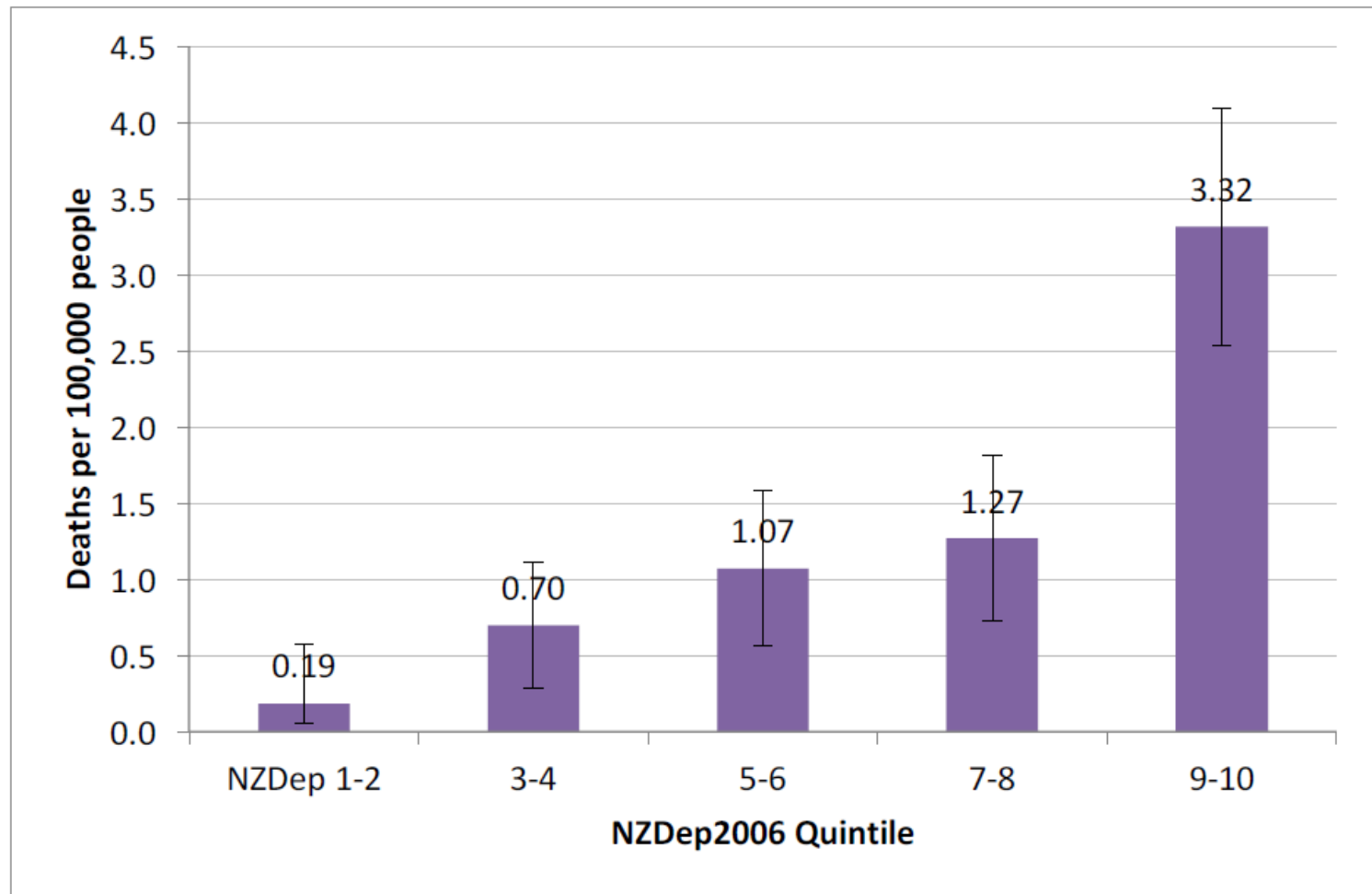
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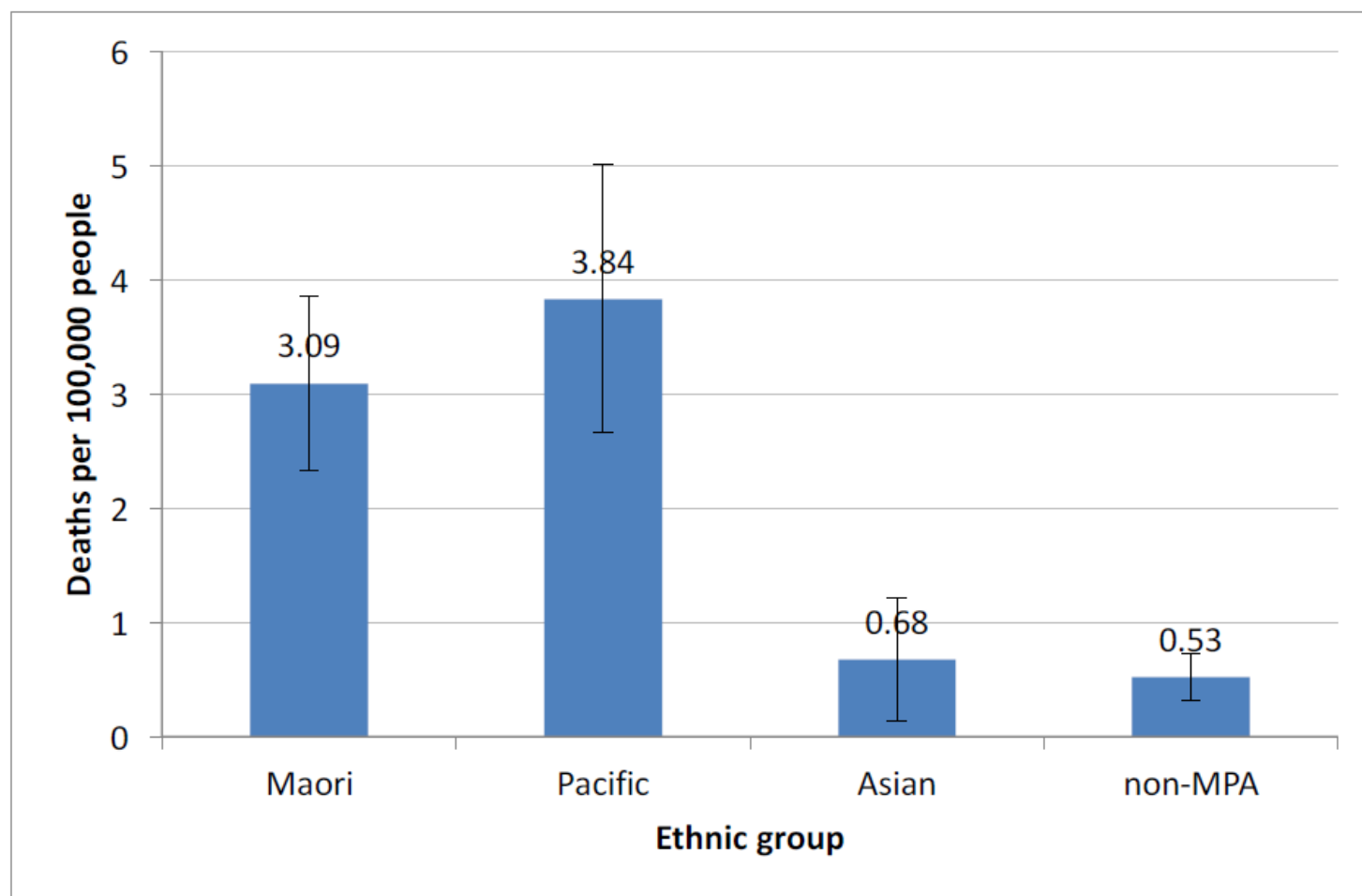
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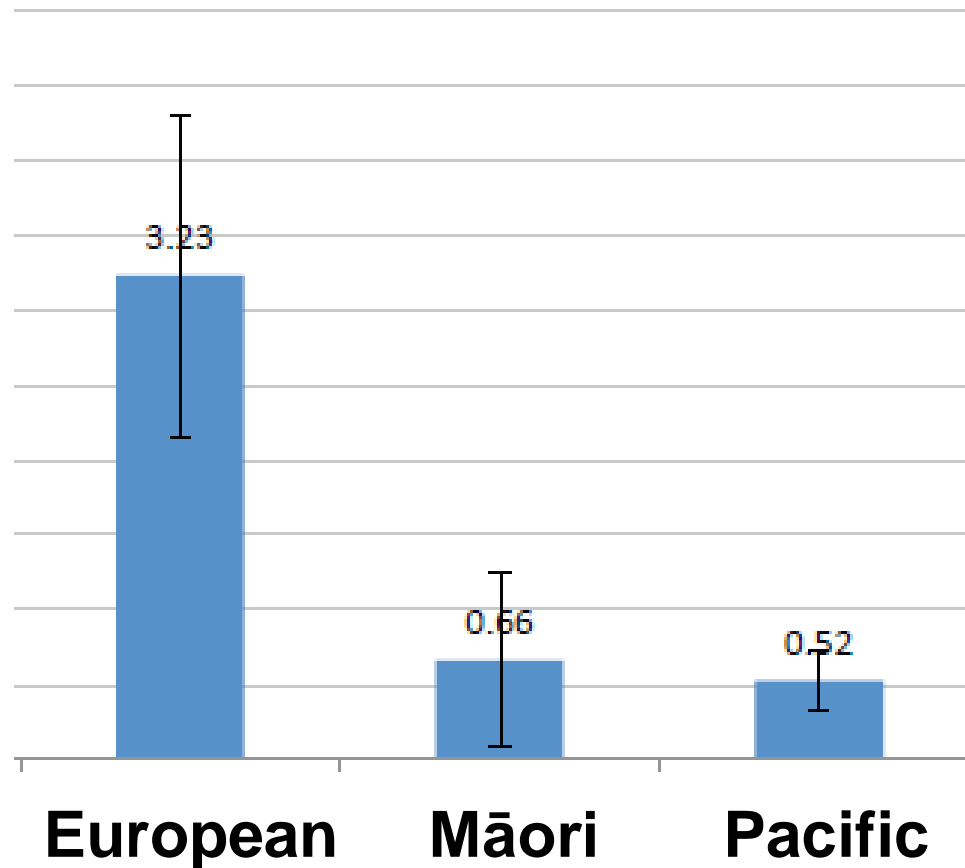
Childhood pneumonia deaths by deprivation quintile, age adjusted 2004-2013



Childhood pneumonia deaths by ethnic group 2004-2013

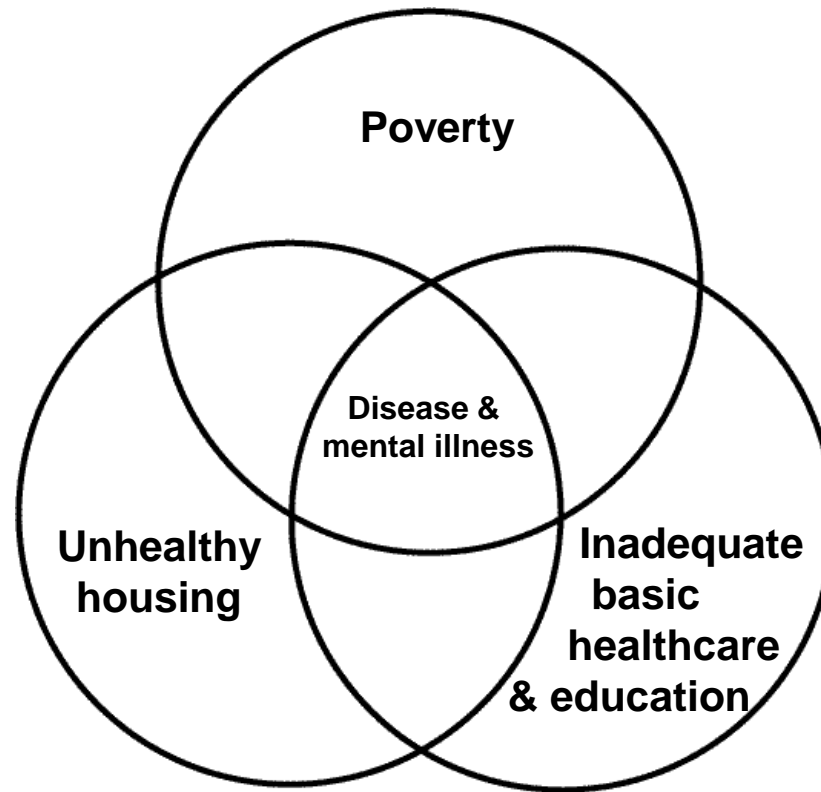


Childhood pneumonia deaths hypothetical rates by ethnic group – would more be done?



New Zealand's triple jeopardy for preventable diseases and mental illness

All of these influenced by policies and laws



Policies are fueled by, and fuel prejudice



Chris Slane 2013 with permission

“All economic decisions are moral decisions”

**Bryan Bruce award-winning documentary maker
Nov 2015**



<http://www.stuff.co.nz/business/better-business/74392273/Economic-decisions-are-moral-decisions-Bryan-Bruce>

Housing

In NZ some families live in cold, damp, mouldy, crowded homes



**“*COLD AND DAMP*” Mother and her 22-month-old twins
and 5-month-old baby.**

One baby was in hospital 3 times in one year for bronchiolitis.

Olivia Carvill The Press 15 February 2013

In NZ some families live in garages



“Garage life for two years”

Monica Tischler, Western Leader 3 October 2013

In NZ some families live in cars



Simon Collins NZ Herald 4 October 2014

Emma-Lita Bourne (2 years) died in Aug 2014



Coroner Brandt Shortland 2015:

“it is entirely possible the condition of the house [very cold and damp] contributed to the pneumonia-like illness that [she] was suffering at the time of her death”

Unhealthy housing



The key health issues are

- **Crowding – private rental too expensive or houses unavailable**
- **Poor quality – cold, damp and mouldy**
- **Fuel – unaffordable or unhealthy**

Does making NZ homes healthy improve health?



YES!

- fewer days off school and work
- fewer visits to GPs
- fewer hospital admissions

Howden Chapman P, et al 2007 and 2009
Jackson G. et al.2007

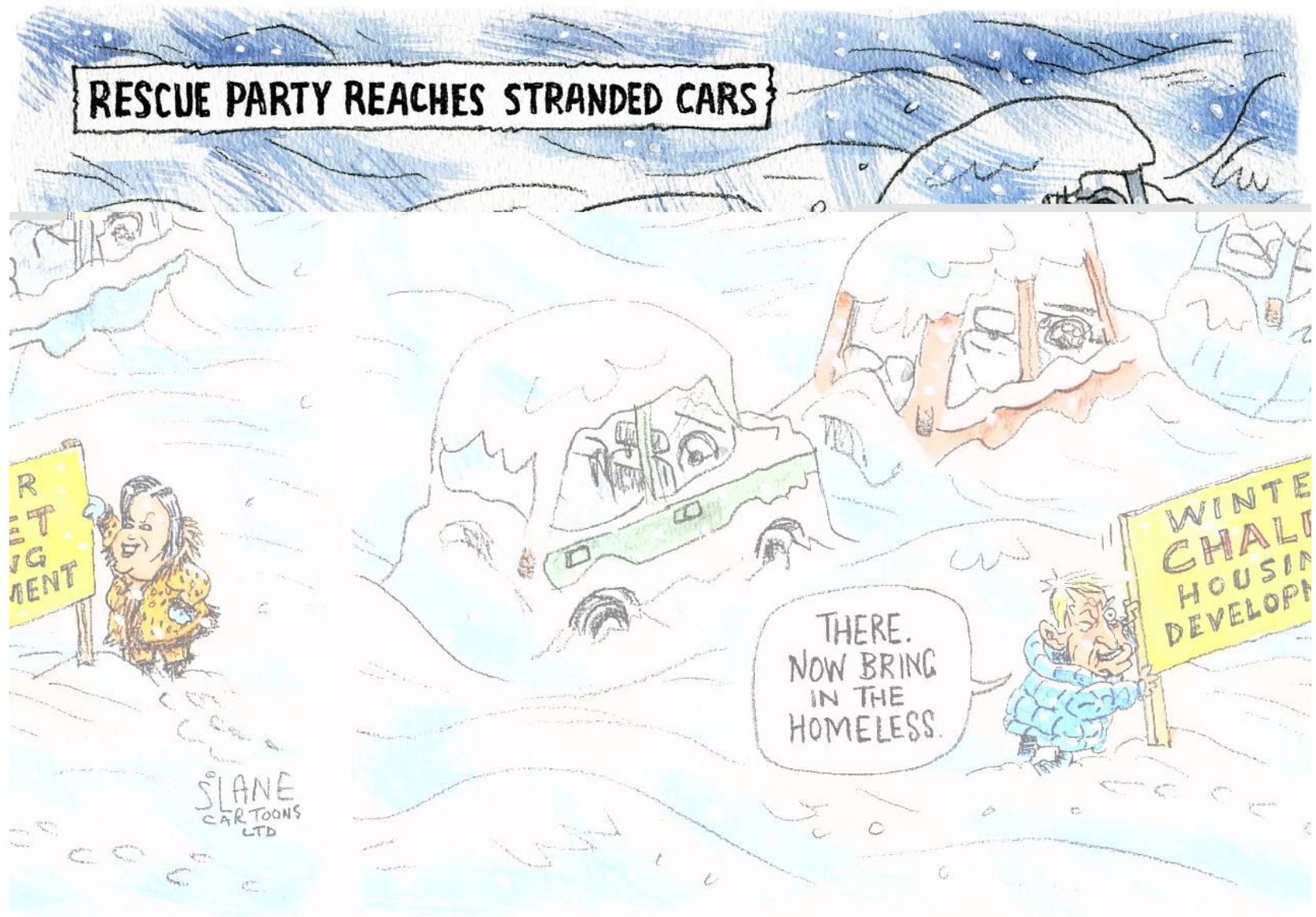
Speaking about families living in cars



***“That’s not the New Zealand
we want and it’s not acceptable.”***

**John Key
16 May 2016**

The Government's solutions in 2016?



Chris Slane 4 June 2016 with permission



SOLUTIONS: Five housing policy steps needed

- 1. Support the Healthy Homes Guarantee Bill (No 2) so that every rental home in NZ would meet minimum standards of heating and insulation (2008 standard).**
- 2. Warrant of fitness on all rental properties**



SOLUTIONS: Five housing policy steps needed

- 3. Increase the number of State houses and social housing - 1000 units per year**
- 4. Increase emergency housing for 2188 households for those on Priority A list (immediate risk to health and safety)**
- 5. Greater tenure protection for tenants – average tenancy is only 11 months**
- 6. Greater rent protection for tenants**

Basic health care

Inadequate basic health care

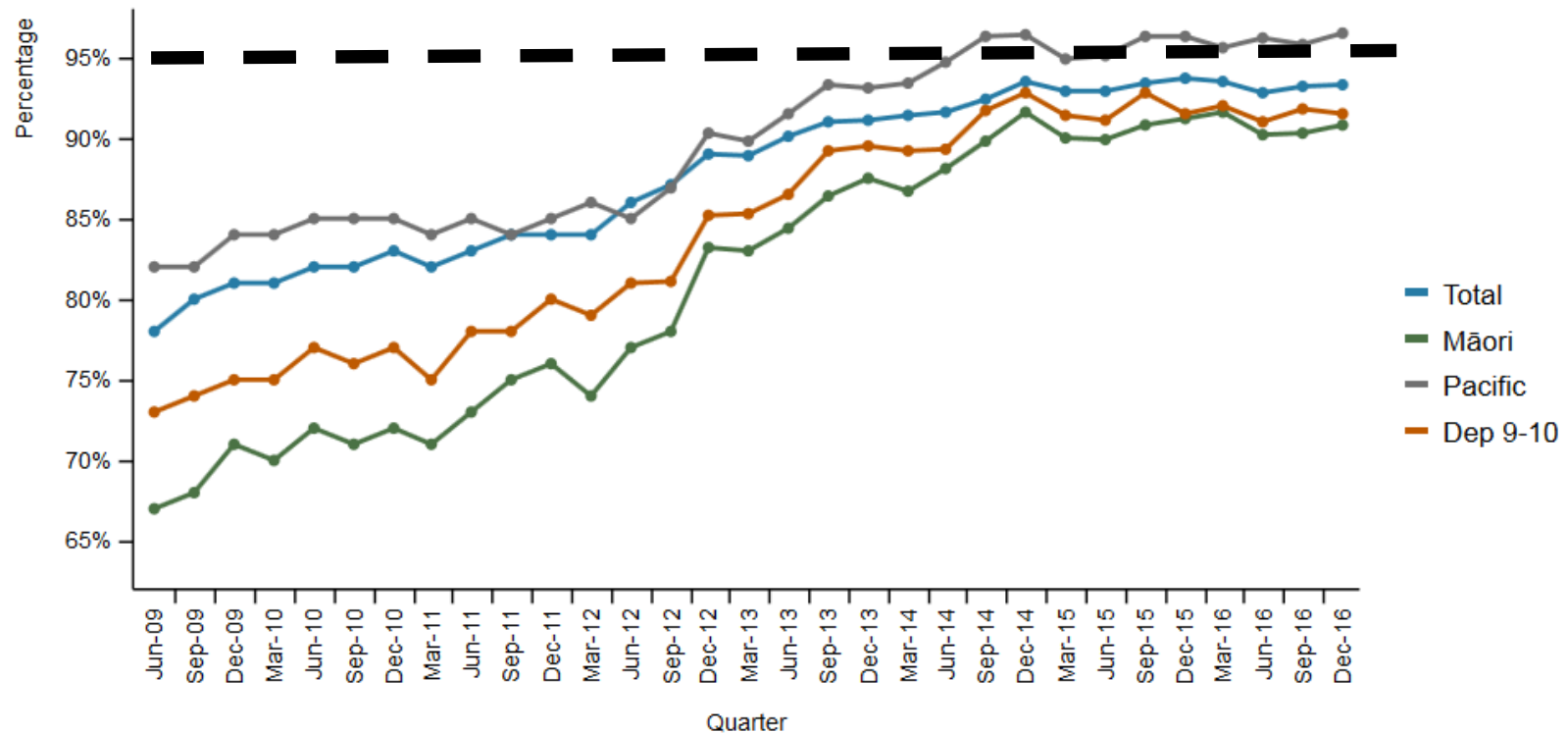


Includes lacking any of these:

- **Basic hygiene in the home**
- **Health literacy – systemic and family levels**
- **Access to primary health care, including doctor visits and medicines**
- **Enrolment with health providers from pregnancy, regular assessment and coordination**
- **Dental care**
- **Optometry care**

NZ 95% fully immunised at 8 mths by 30 June 2017 ethnicity and deprivation index

Immunisation coverage for children at 8 months – as of December 2016





Some SOLUTIONS to improve access to basic healthcare

- **All pregnant women enrolled with antenatal care from from early pregnancy**
- **All children enrolled at birth with GP, National Immunisation Register, Well Child /Tamariki Ora and Dental services**
- **Primary care services free for all children from last 3 months of pregnancy up to age 18, including GP services, prescriptions, dental and optometry care**

Income

In NZ some parents struggle to afford to feed themselves and their children



“More Kiwis going hungry – Sallies”

54,000 Emergency food parcels - up 9% from last year.

RadioNZ 2 May 2016



In NZ HALF the adults have income less than \$32,292 (StatisticsNZ)

- about 40 hours/wk on the minimum wage**

**In NZ the “1%” earn >\$180,000
eg senior doctor like me**

Child Poverty

Why has child poverty increased?

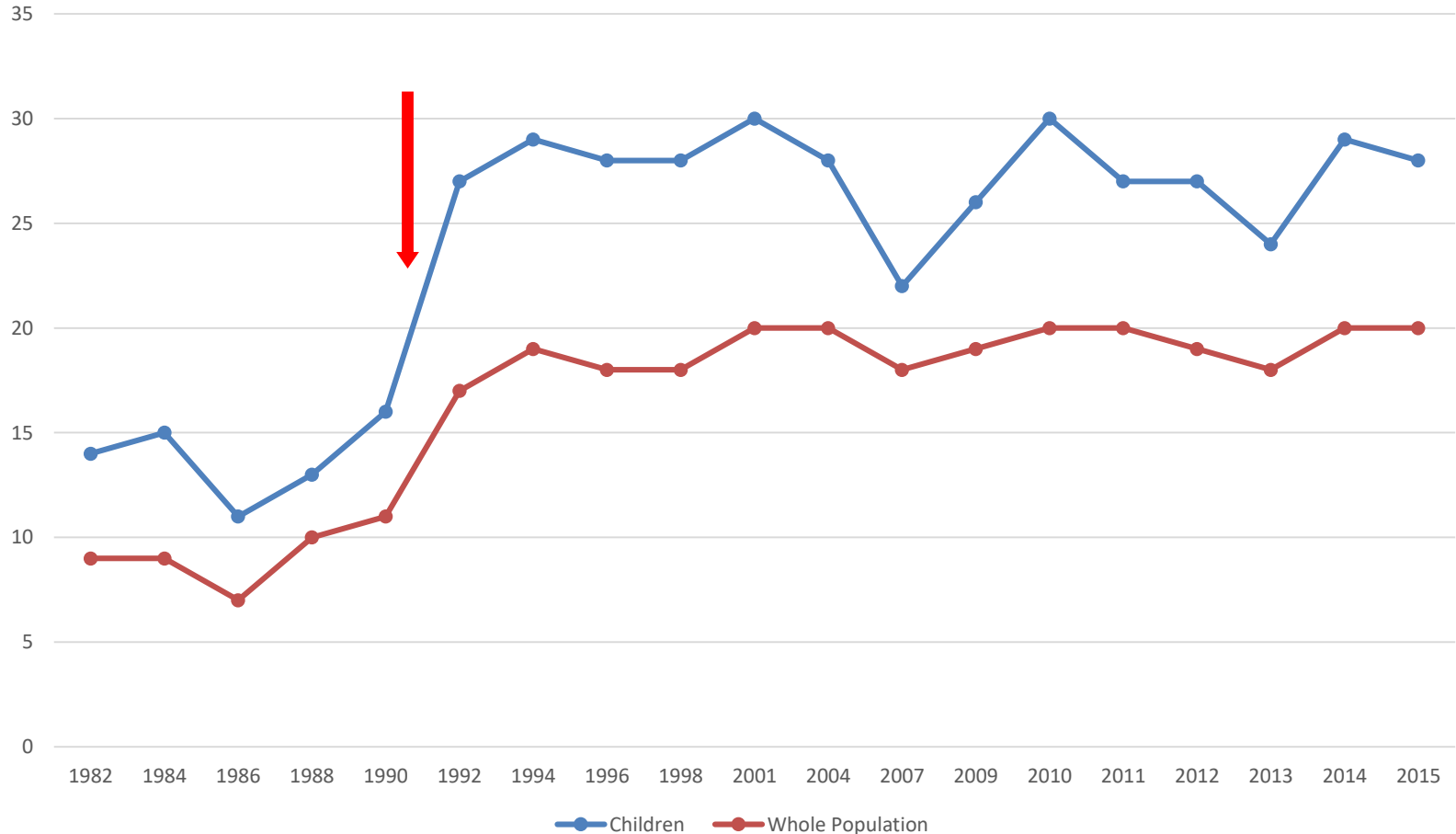


Factors which impact on child poverty rates:

- **Policy changes**
- **Society's structural and cultural norms**
- **The economy and labour market**
- **Demographic shifts**

NZ Poverty*: child vs whole population 1982-2015

* <60% median disposable household income after housing costs



Child poverty figures, under 18 yr (2015)

| Child poverty figures in NZ | No. of children | % of children |
|--|-----------------|---------------|
| Total number of children 0-17 yrs | 1,060,000 | 100% |
| Income-poverty (<60% median after housing costs) | 295,000 | 28% |
| Severe income poverty (<50% median after housing costs) | 210,000 | 20% |
| Material hardship (EU standard threshold) | 155,000 | 14% |
| Severe income poverty AND material hardship | 90,000 | 8% |

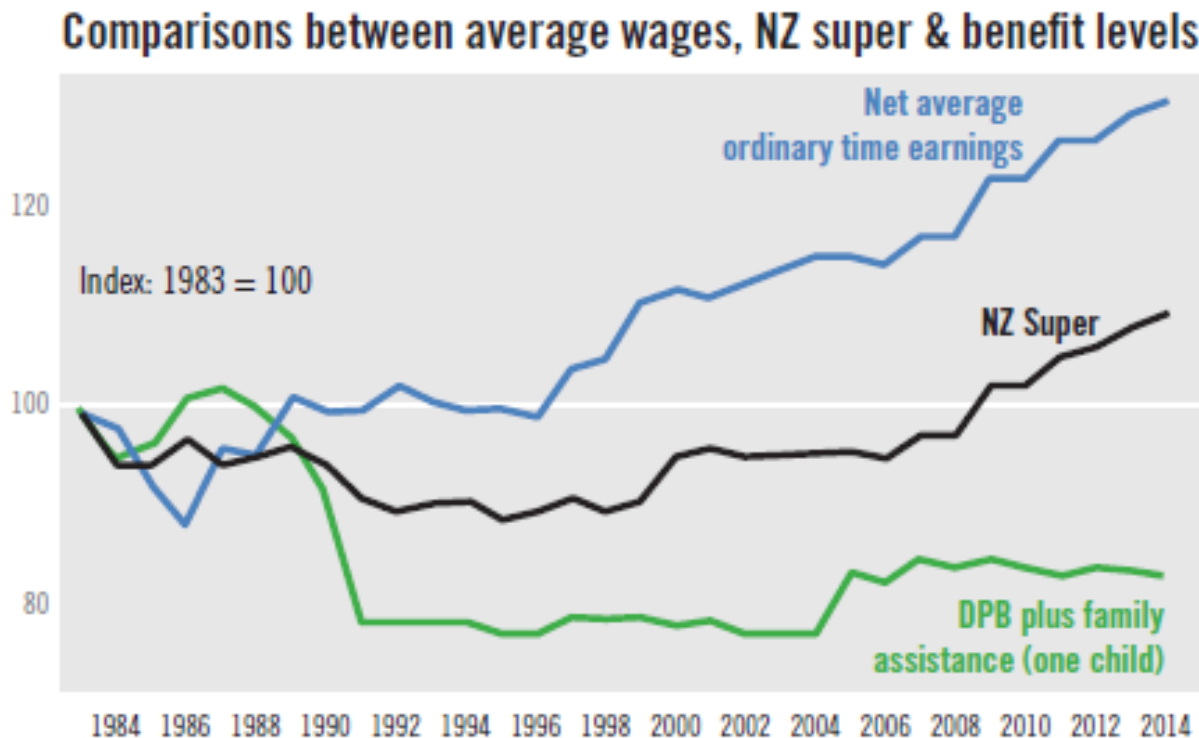
Child income poverty following income policy changes

| Main source of parent's income | Before 1991 benefit cuts | After 1991 benefit cuts (1994)* | Before Working For Families (2004) | After Working For Families (2009) |
|--------------------------------|--------------------------|---------------------------------|------------------------------------|-----------------------------------|
| Parent in paid work | | | | |
| Income poverty | 18-20% | 18-20% | 21% | 11% |
| | | | | |
| Parent on benefit | | | | |
| Income poverty | 25% | 75% | 75% | 75% |
| | | | | |

Safety net is inadequate for children of beneficiaries



Safety net for children is inadequate: relativities 1983-2013



Adapted from Perry B. Ministry of Social Development, 2014, page 82, Figure C.8A

NZ paradox: income support benefits result in low poverty rates for ≥ 65 yrs yet high poverty rates for children

| NZ income support benefits | For families with children | For ≥ 65 yrs |
|--|----------------------------|---|
| Universal | no | yes |
| Indexed (linked to prices and wages) | no | yes |
| Simple | no | yes |
| Income tested | yes | no |
| Reduces in hard times | yes | no |
| Sanctions (cut) if obligations not met | yes | no |
| Based on | relationships (MSD) | Individual (IRD) |
| Society's judgement | <i>“beneficiary”</i> | <i>“superannuitant”</i> <i>“super gold card”</i> |

Source: Susan St John



SOLUTIONS

to reduce child poverty require increased spending

NZ income support benefits

For families with children

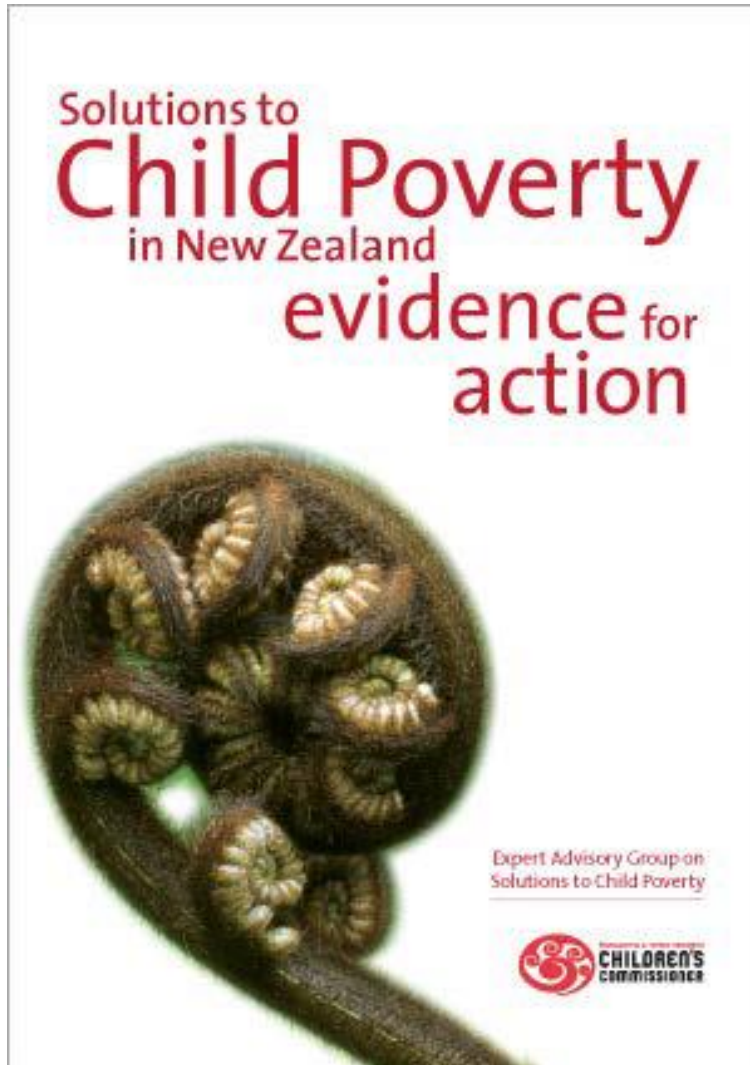
For ≥ 65 yrs

| | | |
|---|---|-------------------|
| Indexed (linked to prices and wages) | no YES | yes |
| Simple | no YES | yes |
| Reduces in hard times | yes NO | no |
| Sanctioned (cut) if obligations not met | yes NO | no |
| Based on | Relationships INDIVIDUAL | individual |

And increase the minimum wage

We do know what to do:

Children's Commissioner's Report 2012



35/78 solutions fully or partially implemented, to mitigate the effects of poverty.

The main solutions to lessen income poverty and increase healthy housing have not been implemented

We do know what to do:

Report of Health Committee Nov 2013



“Inquiry into improving child health outcomes and preventing child abuse, with a focus on pre-conception until 3 years of age”

125 recommendations

Chair: Dr Paul Hutchinson

We do know what to do:

Child Poverty Action Group Sept 2014

Our children,
our choice:
priorities for
policy



This report follows many from CPAG since 2003

www.cpag.org.nz

We want a country where children can flourish

Reducing the annual number of child hospital admissions for poverty related preventable diseases from 40,000 to 20,000 by 2022.

Four key areas:

- **health**
- **incomes**
- **housing**
- **education**



<http://www.cpag.org.nz/campaigns/the-latest-a-new-zealand-where-children-can/>

**For the health of all New Zealanders we need
these better policies NOW**



“Keep your coins, I want change” (Thanks, Banksy!)