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PRESS RELEASE: Breathtaking poverty the source of kids' health problems - new report

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Child Poverty Action Group (CPAG) says a report published yesterday by the Asthma and Respiratory Foundation pin-points child poverty as a significant root cause of preventable breathing diseases. Rates of these diseases have climbed sharply among children since child poverty rates tripled in New Zealand in the early nineties. The report's top recommendation is urgent action against child poverty.

CPAG Health spokesperson Dr Nikki Turner contributed to the report. Many of the diseases it looks at are not usually seen among children in developed countries yet have reached epidemic levels in NZ. "Health and income gaps between children in this country have widened over the last couple of decades and continue to do so. A person's income level in childhood is a huge factor in how healthy they are and will be. If poor children continue to be allowed to get relatively poorer we can expect their health to deteriorate further," Dr Turner says.

"Our government is putting a lot of money into services for these kids, who need them desperately. But until attention is also given to lifting our lowest incomes, the root cause of so many conditions, at the end of the day we're just putting more ambulances at the bottom of fast-growing cliffs," she says.

"Poverty, even for a short time, can affect children for a lifetime. Costs of after hours medical services are high, which can create damaging delays in getting urgent attention. Damp, cold houses are all many families can afford: these also exacerbate childhood illness, especially breathing diseases. Likewise child poverty means less nutritious food on the table when it is needed most for healthy, growing bodies. Worse, once poverty sets in it is a vicious cycle – poor children get sick more often and need more services, more support than other children. Barriers to addressing the underlying poverty grow in size and quantity alike," explains Dr Turner.

The Working for Families In-Work Payment means more income for some families with children, but only if parents can work a fixed number of hours. "The work requirements are crudely designed. They have zero flexibility to allow for families' situations. Meeting the requirements is often not sustainable where there are chronically sick children or those with other high health needs. The end result is further disadvantage for the sick, disenfranchised and disabled, as well as for children with older caregivers."

CPAG says that income assistance for children should never be cut or denied simply because parents cannot work the minimum number of hours determined by the state. The In-Work Payment gives a good boost for children in low income working families, but only as long as there is sufficient sustainable paid work. The conditions of entitlement are tight, so there will always be those who do not qualify for the In-Work Payment. This group are being left to fall further behind, as the result of a narrow drive to get parents into work regardless of children's needs.

Dr Turner says the poverty cycle is destructive to our children's future. "We cannot afford, as a country, to continue to watch the inequity gap widen with our most vulnerable children suffering disproportionately. What sort of value system do we have as a country that we are

allowing this situation to continue? We need urgent policy change now, aimed at directing increased resources to the most needy children in our society – to their health needs, their housing needs, and their basic income needs. Where is the accountability for current family policies, medically, economically and socially? The immediate and long-term consequences of leaving around 230,000 children behind are of grave concern.”