

**University of Auckland Winter Lecture series 2004
20th July**

**Professor Innes Asher
Chair and Head of Department of Paediatrics
Medical and Health Sciences
University of Auckland**

Are we wasting our children? Why investing in children matters.

Welcome. The Department of Paediatrics is delighted to be able to present the Winter lecture Series to the people of New Zealand.

I would like to thank the following people.

- The University of Auckland for the opportunity to hold this series of lectures
- The University and Maidment Theatre staff for their support of the publicity and practicalities
- My Personal Assistant Va Strong for her fantastic help every step of the way
- The speakers for willingly agreeing to share their expertise and wisdom
- The Chair people for steering each session
- Yourselves for coming along
- and I want to thank the children and young people of New Zealand and their families from whom we have learned so much.

The 1991 Winter lecture series reported on the Status of New Zealand children. Issues were highlighted about ways in which children were not faring so well, and what could be done.

13 years later, the current series reports on the situation now - some outcomes may be good, but many are very concerning. In New Zealand, policy neglect of children has been extensive, often to their detriment, especially over the last 13 years. We will suggest ways in which the wellbeing of children and young people may be improved.

Why does investment in children matter? Can leadership transform the fortunes of a country, through investing in its children? I will look at evidence abroad and in New Zealand, focusing on health and disease, and challenge New Zealanders to invest in our country's future through our children.

SLIDE 1 Postcard

“It would be nice if hospitals and schools had all the money they needed and the army had to hold jumble sales to buy guns”

This popular saying on a postcard surprises, in the way it shows that government priorities could be different.

SLIDE 2 Map of central America

For example Costa Rica in Central America. Until the 1940s most of the population were illiterate, and the country was poor.

SLIDE 3 President José Figueres

On 1 December 1948, President José Figueres abolished the army. With one stroke of the

pen, he gave the military budget to the Education Ministry. Children's needs have been given relative priority there ever since (1).

SLIDE 4

Now illiteracy has nearly gone.

Within central America Costa Rica has the best life expectancy, the best child mortality (2), very significantly, it has the best economic output per person (3). This shows that investment in children has been of economic value to that country.

SLIDE 5

In New Zealand are we investing in children?

SLIDE 6

This population pyramid shows the New Zealand Population Age Structure from the 2001 Census, in 5 year age groups from 0 to 99 years (4). The number of people in each age group is illustrated by the horizontal bars ranging from less than 1000 to nearly 155,000. On the left hand side are the boys and men, on the right hand side are the girls and women. The children and young people are shown in yellow.

SLIDE 7

There are many people living in poverty in New Zealand. Although the definition of poverty can be contentious, in the New Zealand setting, the reality of poverty is having insufficient income to afford all of these:

- Nutritious food, which is generally more expensive than fatty or sugary food (2)
- Adequate housing, which is not overcrowded, cold or damp, with adequate washing facilities and bedding
- Warm clothing
- Health Care including GP visits and prescriptions
- Education, where many costs have gone up.

Which age group has most people in poverty?

SLIDE 8

In 1986 Lesley Max foretold the future in her popular book "Children - endangered species?" (5)

SLIDE 9

In New Zealand more children live in poverty than in any other age group. Moreover the proportion of NZ children living in poverty has risen over the last 15 years - 16% of dependent children in 1987/88 which nearly doubled to 29% in 2000/2001 about 300,000 children (7). Can you imagine what it is like to have too little for you and your children to live on?

Child poverty in rich nations is well recognized (8). Sadly in New Zealand child poverty has become a greater problem than in many other comparable countries such as Australia.

SLIDE 10

Here I have drawn my estimates of the proportion of the population in poverty in each age group – the grey areas. One in 15 of the elderly live in poverty – too many (5).

But five times as many - one in three - children under 18 live in poverty (5,7). It is difficult to show accurate figures for the 20-65 age group, - the Government could not provide this when I asked.

75% of the poor are children and their parents – where most of the suffering lies.

We all know that Maori and Pacific are over represented among children in poverty. What is less well known is that most of the children in poverty – nearly 60% - are Pakeha, because they are the dominant ethnic group in New Zealand. We also know that children with a single parent on the benefit are over represented among children in poverty. What is less well known is that most of the children in poverty are children living with 2 parents with earnings (8).

Evidence shows that it is now harder to move upwards out of poverty than it was 30 years ago (10). New Zealand is now staring entrenched intergenerational poverty in the face. The numbers of children with lifelong effects of poverty are getting higher and higher.

SLIDE 11

There have been many changes in policy which have adversely affected children (11):

In 1984 The User Pays principle was introduced

In 1986 GST came in, including tax on basic food

Since 1989 Family income support has not been indexed and inflation-adjusted despite a specific recommendation to do so by the Royal Commission on Social Policy 1988

In 1991 Income support benefits were cut

In 1991 The universal family benefit, which supported my generation, was abolished

In 1991 Employment Contracts Act was brought in. This resulted in more parents working family-unfriendly hours for too little money to live on

From 1992 - 1999 11,000 state houses were sold off (12)

From 1993 - 2000 Market rents were demanded for state houses

SLIDE 12

It is well established that parental income is associated with virtually every measurable dimension of child well-being. Recent analyses, including the 2002 report from our Ministry of Social Development (13,14), show that when parental income alone is separated out from all other related influences, such as family structure and parental education, children and adolescents in low income families have poorer cognitive abilities, lower educational achievement and more behavioural problems. The effects are largest if low incomes are sustained over a long period.

SLIDE 13

Throughout childhood children are developing physically, cognitively, emotionally, behaviourally and spiritually. The key organ is the brain which starts to develop from 3-4 weeks after conception, and the most critical period of brain growth is the first 3 years (15). The brain controls everything we perceive, feel, do and understand. It controls all our interactions with the environment and with others. It defines our well-being, helps us to achieve, become socially competent and secure, with a sense of belonging, and is the ultimate determinant of who we are as individuals.

The way children are treated in their early years has a decisive and lasting influence. The day to day experiences of fetuses and children become translated into permanent changes in the

physical structure of their brains. Adverse factors such as iron deficiency, meningitis, emotional deprivation, physical and emotional abuse have lasting effects (15).

SLIDE 14

The investment needs to be throughout childhood – investment at any one stage is not enough.

This graph illustrates some of the results of longitudinal studies of educational achievement done in the UK. Along the bottom is the age of children from 2-11 years, and up the side is their educational achievement (16). Children with high IQ from disadvantaged backgrounds are overtaken between age 5 and 10 years by children with low IQ from advantaged backgrounds. Policies are needed which provide equality of opportunity throughout childhood, to enable the poorer children to enjoy the same upward journey as the well off.

SLIDE 15

There is a very strong link between education and health. In his landmark book the Strategy of Preventive Medicine, Professor Sir Geoffrey Rose wrote that the foremost enabler of health is education. The best predictor of child health is maternal education (17).

SLIDE 16

New Zealand is a great place to bring up children, but only if you are not in poverty.

SLIDE 17

New Zealand is also a place where there are too many children injured, sick, disabled or dying from preventable causes. In the last week our shocking record on child abuse has again hit the headlines.

SLIDE 18

A large study of child health indicators was undertaken in the Auckland and Waikato regions, looking at trends in health from 1995-1999 – the Top 10 Report (18). This report highlighted the top 10 health issues that must be acted upon to improve the health and well being of children and young people.

1. Deaths of infants which remain high compared with other similar countries, and our ranking in the world has fallen over the last 3 decades.
2. Deaths of Maori children, 90% of which are potentially avoidable
3. Deaths of adolescents and young adults due to very high deaths from motor vehicle crashes and suicide
4. Avoidable hospital admissions which are high and rising, including ear infections, gastroenteritis, dental disease, cellulitis
5. Infectious diseases rates such as meningococcal disease, whooping cough, TB and rheumatic fever
6. Hospital admissions for asthma
7. Admissions for lower respiratory tract diseases
8. Births to teenage mothers are high by international standards
9. Our dental health used to be the best in the world, but policy changes have plunged us downwards. Children and young people now have high rates of missing and filled teeth (19).
10. Our children have high rates of hearing loss.

SLIDE 19

The danger is that we are accustomed to these appalling rates of death, injury, sickness and disability so they become the “normal” child health picture in New Zealand.

SLIDE 20

I want to illustrate three of these illnesses.

SLIDE 21

Pneumonia: Every year in Auckland 1 in 200 children are hospitalised with pneumonia. Our rates are 5 times higher than comparable countries (20).

SLIDE 22

Another illness like pneumonia is Bronchiolitis. This affects babies like this one, who is struggling to breathe (Show video)

SLIDE 23

Pneumonia and bronchiolitis combined are “Lower Respiratory Tract Infections”. This graph shows data for a 5 year period from 1995 - 1999. There was, on average, no change in admissions around the country. North Shore has the lowest figures - fewer children there live in poverty. South Auckland has large numbers of children in poverty (18). Here we see the escalation in rates of hospital admission among poorer children and these increases are also seen among poorer areas in other parts of the country. There is immense inequality in this country, and this inequality is increasing.

SLIDE 24

A chronic condition is Bronchiectasis – damaged airway walls seen here – The remainder of the lung is normal. Bronchiectasis most commonly occurs after repeated or severe pneumonia, or pneumonia which is under treated. These are permanent changes. Bronchiectasis is recognized internationally as a disease of poor living conditions and poverty.

SLIDE 25

Unfortunately in New Zealand there are large numbers of children with severe Bronchiectasis affecting most or all of the lung. These children’s lungs often look like this.

SLIDE 26

Bronchiectasis causes cough and breathlessness. The number of children affected is increasing rapidly. We have very severe cases compared with other countries (21).

SLIDE 27

Children with severe Bronchiectasis can’t keep up, and can’t take part fully in sport like these children.

SLIDE 28

Adults with severe bronchiectasis are often too tired and sick to work. Their only income is the sickness benefit. Bronchiectasis leads to respiratory failure, and premature death in young adults between 20 and 40 years (22).

SLIDE 29

Over the last 2 decades there have been innumerable NZ government reports about the wellbeing of children. Following the assertion by leaders early last decade that poverty did

not exist in New Zealand, a huge step forward was taken with the publication in June 2002 of the Ministry for Social Development's report "Agenda for Children" (23). This stated that it is the Government's aim to end child poverty. However there was no government plan on how this could be achieved (24).

SLIDE 30

Individual, families and communities are taking action to lessen the effects of poverty. One example is the "Collaborative action plan on child poverty in Manukau 2003" (25). This includes a detailed 5 point action plan involving people, groups and government agencies working together to achieve the best possible outcomes in the face of disadvantage. Another is an Anglican church which is holding regular seminars on facing poverty. Other groups help parents to learn how to make nutritious meals on very little. A raft of measures, not just money, is necessary to lessen the suffering of families in poverty and help them to realize their potential. But money is also needed.

SLIDE 31

In the UK, under Margaret Thatcher's policies the proportion of children living in poverty rose alarmingly. The current government there is concerned about this "Children are 20% of the population but they are 100% of the future" said the Chancellor of the Exchequer, Gordon Brown in 1999.

In 1999 the UK declared that poverty in children will be abolished in 20 years: Through policy changes they have lifted more than one million children out of poverty in 5 years (26). In New Zealand we need a plan and monitored action like this.

SLIDE 32

The Knowledge Wave Conference 2003 at this University was about the future of New Zealand and how we can move our economy forward, creating the healthy, strong communities we all want. In her lecture to the conference participants, Professor Dame Anne Salmond (27), in speaking about NZ society said "...*If we want a prosperous knowledge economy, where is the human capital going to come from?*
...*The fate of the bottom 20% of our children should be at the top of our list of national priorities.....* "

I have demonstrated how policies have aggravated poverty in children, causing immense suffering and risk for the economic future of New Zealand. Policies which put children first will be of benefit to us all. Maximum investment in our children is maximum investment in the economic and social future of New Zealand.

SLIDE 33

Nelson Mandela and Graça Machel wrote a letter to the people of the world in May 2000 (28)

"We cannot waste our precious children

Not another one, not another day.

It is long past time for us to act on their behalf"

The responsibility lies with all of us, now.

References

1. UNICEF The State of the World's Children - Leadership 2002
2. Spencer N. Poverty and child health 2nd ed. Radcliffe Medical Press, Oxon, 2000.
3. World Development Indicators data base, World Bank 2004
4. New Zealand Census of Population and Dwellings 2001.
5. Lesley Max. Children – endangered species? How the needs of New Zealand children are being seriously neglected – a call for action. Penguin, 1996
6. Ministry of Social Development. New Zealand's Agenda for Children – making life better for children. Wellington: Ministry of Social Development 2002
7. UNICEF A league table of child poverty in rich nations, Florence, United Nations Children's Fund.2000
8. Child Poverty Action Group. Our Children: the Priority for Policy ISBN 0-9582263-1-8, March 2003. (www.cpag.org.nz)
9. Easton B, Ballantyne S. “The Case for Economic Assistance for Families: The past, present and future. Child Poverty Action Group AGM, Auckland, July 2004.
10. Toynbee P. Hard work. Life in low-pay Britain. Bloomsbury Publishing, London, 2003.
11. Belgrave M, Blaiklock AJ, Davenport E, Hassall IB, Kiro CA, Low W. [When the invisible hand rocks the cradle: New Zealand children in a time of change](#). Innocenti Working Papers, 93, UNICEF, 2002.
12. Johnson A. Room for improvement: Current New Zealand housing policies and the implications for children. Child Poverty Action Group. ISBN 0-9582263-2-6, www.cpag.org.nz September 2003.
13. Brooks-Gunn J et al . In Children and Poverty 1997; 7 (2) 55-71.
14. Mayer S. The influence of parental income on children's outcomes. Raising children in New Zealand. Ministry of Social Development ISBN:0-478-25121-1, 2002.
15. Fancourt R. Brainy babies. Penguin 2000.
16. Feinstein L. *Economica* 2003; 70: 73-97.
17. Rose G. The strategy of preventive medicine. Oxford University Press, Oxford, 1992.
18. Graham D, Leversha A, Vogel A.. The Top 10 Report, Waikato District Health Board, 2001

19. Public Health Advisory Committee, Improving Child Oral Health and Reducing health inequalities. Report to the Minister of Health. ISBN 0-478-25309-5, National Health Committee. Wellington, May 2003.
20. Grant C. Pneumonia in children – becoming harder to ignore NZ Med J 2000; 112: 345-347
21. Edwards EA, Asher MI, Byrnes CA. Paediatric bronchiectasis in the twenty-first century: experience of a tertiary children’s hospital in New Zealand. J Paediatr Child Health 39: 111-117, 2003.
22. Kolbe J, Wells AU.. Bronchiectasis: a neglected cause of respiratory morbidity and mortality. Respiratory Medicine 1996; 1, 221-225.
23. New Zealand’s agenda for children. Making life better for children. Ministry of Social Development, June 2002
24. NGOs. Making it Happen. October 2002.
25. Collaborative action plan on child poverty in Manukau. Manukau City Council, 2003.
26. Institute of Fiscal Studies, UK, March 2004
27. Professor Dame Anne Salmond. New Zealand Snapshot – community. The Knowledge Wave – the Leadership Forum www.knowledgewave.org.nz 2003
28. Nelson Mandela and Graça Machel. From Global Movement for Children, a letter to the people of the world, May 2000.