CHiLD POVERTY ACTION GROUP

Child Poverty Action Group

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TO: Health Select Committee

Submission:

Inquiry into preventing child abuse and improving children's health outcomes

Child Poverty Action Group thanks the Council for the opportunity to submit on this important inquiry. Child Poverty Action Group (CPAG) comprises a group of academics and workers in the field dedicated to achieving better policies for children. The aims of our organisation are:

- The development and promotion of better policies for children and young people.
- Sharing information and connecting with other groups with similar concerns.
- Elimination of child poverty in Aotearoa New Zealand by 2020

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Child Poverty Action Group submissions

- **CPAG submits that preventing abuse and neglect of children, especially very young children, and improving their behavioural, health and cognitive outcomes necessitates a commitment to improving both the *level* of family income, especially sole parent beneficiary families, and the *security* of family income.**
- **CPAG submits government investment in all children, especially very young children, must be increased, as per the OECD's recommendation (OECD, 2009b). Services must be provided on a universal basis, scaled with a proportionate increase to alleviate the hardship of less well-off groups, and address particular needs of disadvantaged children (The Marmot Review, 2010).**
- **CPAG submits the government must actively take steps to reduce childhood poverty in New Zealand consistent with its obligations under international conventions and the Treaty of Waitangi.**

Introduction

[1] Child Poverty Action Group (CPAG) is delighted to have an opportunity to once again submit on issues pertaining to preventing the abuse of children and improving children's health outcomes. With the extensive consultation undertaken for the Green Paper on Vulnerable Children and the Māori Affairs Select Committee's Inquiry into the Determinants of the Wellbeing of Māori children, parliament must by now be coming to an understanding of the issues around the abuse and neglect of children, and how best to address them so as to avoid or mitigate them.

[2] CPAG has made submissions to both the Green Paper[1] and the Māori Affairs Select Committee[2] and, along with others, has argued that the single biggest risk factor for childhood abuse and neglect is poverty and socioeconomic inequality. While the present government has sought to keep poverty off the political agenda as a topic of discussion, no sensible discussion of childhood abuse and neglect can take place without acknowledging the role of whanau and community poverty.

[3] CPAG acknowledges the importance of the first three years of a child's life. We are however concerned that a focus on improvements to early childhood services will result in cuts to other children's services. In CPAG's view this would be unfair, unethical and short-sighted. If the Committee and the government genuinely wish to improve New Zealand children's outcomes, a broad-based approach to child and parental welfare is required, as is additional funding for children and families.

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[1] http://www.cpag.org.nz/assets/Submissions/CPAG%20GPVC%20Submission.pdf

[2] http://www.cpag.org.nz/assets/Submissions/Submission_WellbeingOfMaoriChildren.pdf

[4] Much of the information in this submission comes from the recent report from the *Growing up in New Zealand* longitudinal study second report.[3] This focuses on the first nine months of childhood and thus addresses many of the issues in the Terms of Reference for this inquiry.

Terms of reference

[5] The Terms of Reference for this inquiry are wide-ranging and cover multiple areas requiring specialised knowledge. While factors improving outcomes for children have largely been identified in research, significant barriers are multiple and vary from family to family. These barriers may be income-related, social, education and knowledge-related, family difficulties, or poor health. There is no one answer to addressing these barriers, and as we note below, the evidence suggests the best way to improve outcomes for children and identify at-risk families is the provision of universal and proportionate universal services where possible.

[6] Similarly, advising on practical improvements to services involves knowledge of the services presently available and how they may or may not be working to benefit families. In some cases, for example the availability of early childhood care and education facilities in low-income neighbourhoods, there are obvious gaps. For others such as wellchild services, these (if they exist) are far less obvious to those outside the sector in question.

[7] This submission will focus on broad income-related issues as poverty and low income have clearly been identified as a risk factor for both children and parents, especially sole parents reliant on benefits with little social support.

The link between poverty, abuse/neglect and childhood wellbeing

[8] The link between poverty and child abuse and neglect has been extensively researched and documented over many years (Besharov & Laumann, 1997; Gordon, Kaestner, & Korenman, 2007; Wood, 2003). The Besharov (1997) paper includes research dating back to the 1970s that identifies the link between poverty and child abuse, and notes:

> "we fail to recognize the overlap between what we now label as child maltreatment and the conditions of poverty-especially among families headed by single mothers. Society should cease treating disadvantaged families as if they suffer from some form of psychological deviancy and, instead, should develop intervention strategies that better address their broader problems."

[9] Similarly, Wood (2003) notes "Poverty and the culture surrounding it have a significant and pervasive impact on the health and development of children." It is not poverty and material deprivation alone that impacts on children, it is the associated stigma and discrimination as well (Sanders-Phillips, Settles-Reaves, Walker, & Brownlow, 2009).

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[3] www.growingup.co.nz

[10] It is important to note that not all or even most low-income families abuse or neglect their children, and not all at-risk children live in poor households. However, the evidence shows there is a link between poverty and inequality and child abuse/neglect. What is far less clear is the pathways through which abuse and neglect occur, although increasingly research points to the presence of other stressors within the household as having an impact (Cyr, Euser, Bakermans-Kraneburg, & Van Ljzendoorn, 2010; Jenson & Fraser, 2011; Wood, 2003).

[11] A key factor in early childhood wellbeing is maternal mental health. Maternal ante- and post-natal depression can affect the mother-child relationship and the child's emotional, social and cognitive development (Milgrom J, Westley D, & Gemmill, 2004; Murray & Cooper, 1996). Risk factors for perinatal depression include (but are not limited to) major life events, low income, less education, a history of depression, a history of abuse, and low levels of social support (Leigh & Milgrom, 2008). New Zealand research has also highlighted the importance of a mother's education, income and employment for a child's pre-natal development (Morton et al., 2012, p. 11).

[12] Morton et al (2012) report that half of the families participating in their study had been forced to buy cheaper food to meet other costs; 18% reported being cold in order to save on heating costs; 13% had used foodgrants or foodbanks and about the same percentage had gone without fresh fruit and vegetables (Morton et al., 2012, p. 13). Although the participants in Morton's study were from across the full socioeconomic spectrum, there was relative under-representation of families from deciles 7-10 (ie low-income households), and over representation of families from NZ deciles 1-6 (ie higher income households) (Morton et al., 2010, pp. 95, Fig32). Thus the findings are likely, if anything, to underestimate the numbers in and extent of hardship among low-income families.

[13] This finding is particularly disturbing given the importance of good nutrition on a child's behavioural, health and cognitive development. Fresh fruit and vegetables also have a role in protecting children from asthma, rhinitis, eczema and infectious diseases (Ellwood et al., 2001; Hunt, 2004; Nagel et al., 2010).

[14] A further finding of the Morton et al report is that only 14% of families received income from a single source, while 18% received income from four or more sources. The report notes: "The costs associated with dealing with these multiple sources of income, for the family and for those administering income support, warrant further review" (Morton et al., 2012, p. 13). Combined with the finding in para 12 above, this finding suggests that for almost one in five families, incomes are insecure, sourced from multiple agencies, and too low to adequately meet the basic nutritional and other needs of their children.

[15] This is compounded by government policies that actively discriminate against the children of beneficiary families on the basis of the source of their parent's income. The In-Work tax Credit, worth $60 per week for one to three children and an additional $15 per week per child thereafter, is not available to parents on a benefit. Technically (and despite its name), the In-Work tax Credit is a support for the child (it

goes to the caregiver, not the income earner). As such, it should be available to *all* children, regardless of the work status of their parents (St John & Dale, 2012).

[16] The impact of the off-benefit rule and the work hours requirement (20 hours per week for a sole parent, 30 hours per week for a couple) for both the In-Work Tax Credit and the Minimum Family Tax Credit is particularly inequitable for Māori and Pasifika families. Not only have they lost their jobs – and hence their tax credits – at a faster rate during the recession, if they do work they are also far more likely to be in low-paid casualised work where work hours can vary from week to week. Thus redundancy means not only losing one's job, but also losing the financial support for the children. Casualised work means families can end up owing money to IRD at the end of the tax year as a result of overpayments (For a discussion of the inequitable consequences of the In-Work tax Credit, as well as its general ineffectiveness as a work incentive, see St John, 2011).

[17] New Zealand's high levels of income inequality are a factor in our poor child health outcomes. There is now substantial evidence that children's health, including injuries and abuse, have a socioeconomic gradient with children in the lowest quintiles being the most vulnerable (Craig & et al, 2011; Craig, Jackson, Han, & NZCYES Steering Committee, 2007; Craig, McDonald, Reddington, & Wicken, 2009).

[18] A recent study by Dr Michael Baker found that reported rates of hospitalisation for infectious diseases "increased from 20·5% of acute admissions in 1989–93, to 26·6% in 2004–08…clear ethnic and social inequalities [were evident] in infectious disease risk. In 2004–08, the age-standardised rate ratio was 2·15 (95% CI 2·14–2·16) for Māori (indigenous New Zealanders) and 2·35 (2·34–2·37) for Pacific peoples compared with the European and other group. The ratio was 2·81 (2·80–2·83) for the most socioeconomically deprived quintile compared with the least deprived quintile. These inequalities have increased substantially in the past 20 years, particularly for Māori and Pacific peoples in the most deprived quintile" (Baker et al., 2012). Dr Baker noted that the common factor among the increase in hospital admissions was poverty. The paper also noted that while hospitalisation rates for infectious diseases had been falling in other developed countries, New Zealand was unusual in recording an increase (Baker et al., 2012) over the period of the study.

[19] CPAG suggests that perhaps rather than talking about Māori child abuse, the conversation needs to turn to the high rates of poverty, unemployment and social dislocation experienced by many Māori whanau.

[20] Low and insecure income are significant household stressors and are correlated with high levels of child abuse and neglect. Material deprivation, even where no abuse is present, can impede children's development. There is no doubt that income inequality also impacts on children's health and wellbeing.

[21] **CPAG submits that preventing abuse and neglect of children, especially very young children, and improving their behavioural, health and cognitive outcomes necessitates a commitment to improving both the *level* of family**

income, especially sole parent beneficiary families, and the *security* of family income.

Service provision

[22] Universal provision of services to enable identification and targeting of vulnerable families. CPAG submits it is important to consider children's services on a universal basis as the evidence suggests this is the most efficient and effective way of ensuring children get access to them (OECD, 2009a). The key risk in targeting selected groups, as the Terms of Reference suggest, is that it will miss the broader need to create an environment wherein all children have equality of opportunity, and from within which to identify children's multiple needs (especially Māori children who may have multiple disadvantages). In addition to basic universal services there needs to be proportionate universalism for additional, more specialised, services as described by Sir Michael Marmot (The Marmot Review, 2010). Here, universal services are scaled with a proportionate increase to alleviate the hardship of less well-off groups, and address particular needs of disadvantaged children. "Focussing solely on the most disadvantaged will not reduce health inequalities sufficiently. To reduce the steepness of the social gradient in health [or education, or ECCE], actions must be universal, but with a scale and intensity that is proportionate to the level of disadvantage" (The Marmot Review, 2010, p. 15). In New Zealand school decile funding is an example of proportionate universalism.

[23] Such a system of funding would be a great deal more equitable than current policies which increasingly seek to target high needs groups. Experience from the justice sector suggests that this approach not only fails to improve outcomes for the targeted group, but fails to provide services for others who may need them,[4] because targeting of high need families misses many of them. New spending on children must be an imperative if the Committee and the government is to improve outcomes for New Zealand children, and reduce rates of abuse and neglect.

[24] **CPAG submits government investment in all children, especially very young children, must be increased, as per the OECD's recommendation (OECD, 2009b). Services must be provided on a universal basis, scaled with a proportionate increase to alleviate the hardship of less well-off groups, and address particular needs of disadvantaged children (The Marmot Review, 2010).**

Legal obligations

[25] CPAG reminds the Committee of New Zealand's obligations under the UN Convention on the Rights of the Child, which we submit ought to inform any recommendations made as a result of this inquiry. The Convention places a positive obligation on governments to provide for the material wellbeing of children in manner

[4] Kim Workman, pers comm, 2011.

that does not discriminate against any one group. UNCROC specifies at length states parties' responsibilities, including:

- Article 2: that they shall respect the convention without discrimination of any kind;
- Articles 3 (1) In all actions concerning children, ….the best interests of the child shall be a primary consideration. (2) States Parties undertake to ensure the child such protection and care as is necessary for his or her well-being,…and, to this end, shall take all appropriate legislative and administrative measures;
- Article 24 (1) "States Parties recognize the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health. States Parties shall strive to ensure that no child is deprived of his or her right of access to such health care services."
- Article 26 (1) States Parties shall recognize for every child the right to benefit from social security, including social insurance, and shall take the necessary measures to achieve the full realization of this right in accordance with their national law
- Article 27 (1) States Parties recognize the right of every child to a standard of living adequate for the child's physical, mental, spiritual, moral and social development.
- Article 27(3) States Parties, in accordance with national conditions and within their means, shall take appropriate measures to assist parents and others responsible for the child to implement this right and shall in case of need provide material assistance and support programmes, particularly with regard to nutrition, clothing and housing."

[26] Similarly, the government is bound by the Treaty of Waitangi. A disproportionately high number of Māori children are living in poverty, have parents on a benefit, and have accordingly adverse outcomes It will take extraordinary efforts to rectify these disparities among children, and CPAG hopes the Committee is willing to address these efforts.

[27] **CPAG submits the government must actively take steps to reduce childhood poverty in New Zealand consistent with its obligations under international conventions and the Treaty of Waitangi.**

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