

# CHiLD POVERTY ACTION GROUP



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## Our policy priorities to reduce child poverty in Aotearoa New Zealand

For children to have their needs met and their potential realised, the next Government needs policies that uphold the mana of all whānau and families. To achieve this, CPAG has outlined policy recommendations in the areas of **income, health and housing**, to ensure our children are prioritised and their wellbeing is cherished.

This paper outlines our recommendations for how to improve our health and disability system. For more information on all our policy recommendations go to [cpag.co.nz/resources/election-2020](http://cpag.co.nz/resources/election-2020)

## Health and disability system that cherishes and supports our children

CPAG believes that a strong health and disability system can contribute to Aotearoa New Zealand being the best place in the world to be a child. And given children and their families living in poverty are at additional high risk of experiencing a whole range of physical and social challenges, the system supporting them with their health needs must be robust and comprehensive to ensure they are not held back by preventable illnesses.

To remedy these challenges, our health and disability system needs to be underpinned by the following principles, as well as being monitored and assessed to ensure the implementation of these principles.

- The right to universal health coverage
- Accessing services causes no financial hardship to anyone
- Equitable access to, uptake of, and outcomes from these services
- Greater priority given to accessible, affordable public health and primary care, in order to prevent illness and disability and all who need it are provided with early intervention

- An effective organisational framework for health services with central leadership in place of the existing fragmented system
- Clear links with other systems, child poverty reduction and the Child and Youth Wellbeing Strategy
- Equally good health and disability outcomes for Māori, Pacific, Asian/Indian, Middle Eastern, Latin American and African (MELAA) as for NZ European children

Specifically, a redesigned system would be marked by the following:

- Primary healthcare and pregnancy-related dental care are available free of charge during pregnancy until the 6-weeks postnatal review. More mental health and drug and alcohol addiction support during these periods.
- Universal free healthcare, including prescriptions, primary care and all vision and hearing care, are made available to all children and adolescents up to the age of 18 years.
- Proactive dental, and oral health services should be free and accessible for children and adolescents up until the age of 18, prioritised within public health and primary care preventive checks.
- Provide ACC-equivalent support for children with health conditions or disabilities not due to an accident, and for those parents with health conditions or disabilities not due to an accident, who are caregivers of dependent children.
- Collect quality data collection about children affected directly or indirectly by disabilities in Aotearoa. This includes data from outpatient healthcare settings, preschools and schools, and regularly collected data on the socio-economic status of households with disabled children and/or disabled parents. These data need to be reliably disaggregated by ethnicity, age and source of income support.
- Extra resources and wrap around services for all children with identified high needs everywhere in the country. Increase focus and resourcing on public health measures to improve the health of poorer children and reduce health inequities. Examples that we recommend include:
  - Increasing vaccination coverage further and eliminating all equity gaps
  - Extending schools-based approaches to improving diet and physical activity (eg: banning soft drinks, providing healthy school lunches, only healthy food sold in schools, extending the food-in-schools programme to reach all hungry children)
  - Taxing sugar-sweetened beverages
  - Schools-based health checks every 2 years for each child, including vision, hearing and dental checks
  - Schools-based interventions to prevent uptake of smoking, vaping, alcohol, other drugs and gambling
  - Increase the number of primary and secondary schools offering school-based health and social welfare services, including mental health services specific to early detection, appropriate for the age of the children, noting that the approach to healthcare for adolescents is different for younger children; and school social workers.

- Improve the level of educational supports available for children with developmental needs and disabilities, for those with and without Ongoing Resourcing Scheme (ORS) funding.