TE WAIORA Nelson Marlborough Health

Social Services and Community Select Committee's Child Poverty Reduction Bill

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Submitter details

1. Nelson Marlborough Health (Nelson Marlborough District Health Board) (NMH) is a key organisation involved in the health and wellbeing of the people within Te Tau Ihu o Te Waka a Maui. NMH appreciates the opportunity to comment from a public health perspective on *the Child Poverty Reduction Bill.*

2. NMH makes this submission in recognition of its responsibilities to improve, promote and protect the health of people and communities under the New Zealand Public Health and Disability Act 2000 and the Health Act 1956.

General Comments

3. NMH strongly supports the intention of the Bill to reduce child poverty in New Zealand as this will improve wellbeing across the board. NMH supports the values encapsulated in the United Nations Convention on the Rights of the Child, and the wider human rights framework that every child has the right to security, food, shelter, education and healthcare. Child poverty is costly not only for the children concerned but for society as a whole. In the short term, a child may have insufficient nutritious food and may live in a cold damp house which can lead to lower educational opportunities and worse health outcomes. This can have long term effects such as reduced employment prospects, lower earning potential, poorer health and higher rates of criminal offending.[1] NMH supports this Bill because it will provide the current and successive governments with a tool to reduce child poverty and improve children's wellbeing.

4. NMH supports the setting of targets and indicators to measure child poverty. Knowing the nature and size of the problem and understanding what works to make a difference must be at the heart of taking action to reducing poverty. In addition, NMH supports the inclusion of a range of primary and supplementary measures as outlined in the Bill.

5. NMH already offers a number of vital services to children for example, access to antenatal services, immunisation services, oral health services, B4 school checks, Well Child Tamariki Ora as well as a hospital based services for children. These services provide opportunities for health workers to work with families and

[1] Children's Commissioner's Expert Advisory Group (2012) *Solutions to Child Poverty in New Zealand: Evidence for Action*, December. Retrieved from http://www.occ.org.nz/assets/Uploads/EAG/Final-report/Final-report-Solutions-to-child-poverty-evidence-for-action.pdf

to link them to other essential services that can provide assistance to at-risk families. The creation of the Children's Teams is one way that NMH has worked with related agencies to assist at-risk families. NMH supports the requirement for agencies to work together to improve the wellbeing of children. Inequalities in health and wellbeing arise due the inequalities in society, where people are born, grow, live, work and age, therefore a cross sector approach is the most effective way to improving child wellbeing.

6. It is worth noting that NMH staff working within the Children's Teams have experienced difficulty referring at-risk children to the appropriate services either because services are not available or do not have current capacity, for instance being able to offer adequate special education services or respite care for families where parents are struggling with difficult situations. A Child Wellbeing Strategy that enables agencies to collaborate, target, fund and measure success on key priority areas should alleviate current strains in the system.

7. NMH supports the development of an oranga tamariki action plan to improve the wellbeing of specific groups of at-risk children.

Specific Comments

8. NMH is pleased to see that there is a specific requirement to consult with children and Maori Representatives in the development of the Child Wellbeing Strategy. It is important that the target groups for the strategy are able to voice their opinions, concerns and solutions in the creation of the Strategy.

9. NMH notes that the Bill has measures which include specific mention of housing costs. Housing costs make up a large proportion of a household's expenditure and NMH agrees with their inclusion, however another important aspect is the impact of transport costs. Housing costs and transport costs are inextricably linked, a family may choose to live on the urban fringe because house prices/rents are lower but this results in travel being longer and more expensive. This in turn have an impact on access to employment, schools and services. There needs to be a mechanism for including transport costs along with housing costs when assessing "low income after housing costs."

10. This information then can inform the Strategy with a range of actions that address housing and transport matters including looking at the availability and cost of public transport, the ability for children to be independently mobile and whether children can safely move around their community.

11. The social determinants of health must form the basis of the Strategy in order to improve health and wellbeing for all children and to reduce inequalities. Reducing inequalities became the focus of the "Fair Society, Healthy Lives", Marmot Review in the UK in 2010. NMH recommends that the Strategy draws on the policy objectives of the Marmot Review[2]:

    a. Give every child the best start in life

    b. Enable all children young people and adults to maximise their capabilities and have control over their lives

    c. Create fair employment and good work for all

    d. Ensure healthy standard of living for all

    e. Create and develop healthy and sustainable places and communities

    f. Strengthen the role and impact of ill health prevention

12. The Strategy itself needs to be broad in its approach ensuring that not only the social environment is considered but also the effects of the built environment on the wellbeing of people are taken into account, for example the increased availability of fresh food, but reduced access to fast food, alcohol and gambling machines in deprived areas. In order to do this effectively there must be a cross agency response involving central and local government, NGOs and community organisations.

13. For example, many deprived communities have grappled with the number of fast-food or gambling outlets in their neighbourhood and had discussions with local authorities. A national approach may be more appropriate to address issues of obesity and child poverty; or gambling harm and child poverty.

14. NMH agrees with the submission point of the CDHB that for a joined-up response to be effective, the children's agencies with responsibility for the strategy must also ensure that child poverty impacts are considered in strategies and plans within their own organisations. For example, Ministry of Health data shows that nearly half of all extremely obese children live in the most deprived fifth of New Zealand and children living in the most deprived areas are 2.5 times as likely to be obese as children living in the least deprived areas. However, the child obesity plan does not mention the links with child poverty and does not outline any actions that would facilitate an improvement in this area.

[2] Marmot, M. (2010). Fair Society Healthy Lives (The Marmot Review). Retrieved from http://www.hauora.co.nz/assets/files/Global/Marmot%20Exec%20-%20Fair%20Society,%20Healty%20Lives.pdf

15. In the preparation of the Strategy, consideration should be given to having explicit requirements to consider equity issues. Maori and Pacific families have had disproportionality lower incomes, greater house crowding and higher unemployment and this has led to a greater levels of poverty. Therefore it is important that the Strategy includes requirements to undertake analysis of the measures by ethnicity and to set explicit targets for the reductions of child poverty for Maori and Pacific children. The Health Equity Assessment Tool or the Whanua Ora Health Impact Assessment Tool could be incorporated into the Strategy.

16. There is a range of organisations that currently work at a regional and a national level to address poverty. It would be useful for the Strategy to include a requirement for analysis of measures to be undertaken and published at a regional level so those organisations working at the grass-root level can tailor programmes specifically for their local populations.

17. As a collaborative approach is needed in tackling poverty, consideration should be given in the Strategy to the adoption of a Poverty Intervention Screening Tool that could be used across agencies to collect data about the living conditions of families and also ensure that people are directed to the most relevant services. Services using such a tool must also ensure that it is not used an additional barrier for families using services.

Recommendations

18. A summary of the recommendations is below:

    a. That a mechanism for including transport costs along with housing costs when assessing "low income after housing costs" is included in the Bill.

    b. That the Strategy specifically provides national guidance on addressing key issues relating to child poverty and the determinants of health.

    c. That the Strategy explicitly includes targets to reduce poverty for Maori and Pacific children

    d. That the Strategy includes a requirement for analysis of measure to be undertaken at a regional level

    e. That a cross section Poverty Intervention Screening Tool is implemented that enables people have better access to relevant services

Conclusion

19. NMH does not wish to be heard in support of this submission.

20. NMH thanks the Social Services and Community Select Committee for the opportunity to comment on the *Child Poverty Reduction Bill*.

Yours sincerely

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