Manaia Health PHO

Position Statement - Child Poverty

As a basic human right, all New Zealand children should live in families which have access to the material resources and living conditions to ensure their needs are met.

Manaia Health PHO supports actions which enable Manawhenua to enjoy best health outcomes that are equal to or better than non-Maori; and which end child poverty in New Zealand.

"Take care of our children. Take care of what they hear, take care of what they see, take care of what they feel. For how the children grow, so will be the shape of Aotearoa."

Dame Whina Cooper

"Children living in poverty are those who experience deprivation of the material resources and income that is required for them to develop and thrive, leaving such children unable to enjoy their rights, achieve their full potential and participate as equal members of New Zealand society."

This definition encompasses the two approaches to child poverty measurement most commonly used in New Zealand. The first approach measures material deprivation referring to a family’s living standards and the degree to which a family must forgo key consumables (e.g. fruit and vegetables, shoes and clothing, heating) in order to make ends meet. The second approach regarding income measures child poverty as household income that is 60% or less of the median income threshold, after adjusting for housing costs.

Approximately 28% (305,000) of NZ children live in poverty and for three out of five of these children, these unacceptable conditions persist for at least seven years. Child poverty is extensive and

entrenched in NZ, with its compounding negative impacts on individual children, their families and the health of our society. Low family income is associated with a range of negative health, education, justice, labour market and social outcomes. Poverty is an overwhelming and pervasive factor in preventable diseases, injuries, disability and death for children in NZ. Compared with other OECD countries, NZ has a very poor record for infant mortality, Sudden Unexpected Death in Infancy (SUDI), rheumatic fever, pertussis (whooping cough) and pneumonia, child maltreatment, death, accident and injury rate, and close-contact infectious diseases (e.g. skin infections). 

In 2011, the United Nations Committee on the Rights of the Child highlighted that NZ does not meet its obligations to provide protection and support for its children with urgent action needed to reduce inequities for tamariki Maori, and children in poverty and other vulnerable circumstances. On average, one in three tamariki Maori (Maori children) and Pasifika children live in poverty, with considerable inequities in health and wellbeing. Furthermore, Maori and Pasifika babies are nearly twice as likely to die before reaching their first birthday as NZ European children due to higher rates of premature birth, low birth weight, SUDI, and death from injury.

Data on child poverty for the Manaia PHO catchment is not available, so associated data and indicators need to be drawn on. Drawing on most recent Census data, in Whangarei district:

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- 53% of the population's Index of Deprivation scores range between 7-10 deciles, which includes 74% of the deprivation scores in urban areas
- median personal income was $25,300 in 2013, $3,200 less than the NZ figures
- the rate of unemployment was higher in Whangarei (5.7%) than for NZ as a whole (4.8%)
- unemployment levels are highest among Maori (12.4%)
- 21.5% of Whangarei’s population is under 15 compared to 20.2% for NZ as a whole

Regional DHB data on a range of indicators show that the following social and economic determinants of health for children and young people in Northland are almost all higher than in the rest of the country.\(^\text{17}\)

<table>
<thead>
<tr>
<th>Indicators for Children</th>
<th>Northland</th>
<th>NZ</th>
</tr>
</thead>
<tbody>
<tr>
<td>Living in sole parent households</td>
<td>32.5</td>
<td>24.1</td>
</tr>
<tr>
<td>Living in crowded households</td>
<td>18.4</td>
<td>15.8</td>
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<tr>
<td>Admitted to hospital for medical conditions with a social gradient</td>
<td>47.8</td>
<td>45.1</td>
</tr>
<tr>
<td>Admitted to hospital for injuries with a social gradient</td>
<td>11.0</td>
<td>10.0</td>
</tr>
<tr>
<td>Admitted to hospital for assault, neglect or maltreatment injuries</td>
<td>17.2</td>
<td>17.4</td>
</tr>
<tr>
<td>Infant mortality</td>
<td>710.0</td>
<td>514.6</td>
</tr>
<tr>
<td>Sudden unexpected death in infancy</td>
<td>196.7</td>
<td>96.1</td>
</tr>
<tr>
<td>Notifications received by CYF requiring further assessment</td>
<td>52.1</td>
<td>41.6</td>
</tr>
<tr>
<td>Family Violence Investigations with children present</td>
<td>64.7</td>
<td>62.2</td>
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**Manaia Health PHO advocates and supports the following:**

Manaia Health PHO considers child poverty in NZ to be unacceptable, and supports the recommended measures to reduce child poverty and improve child health from reports of:

- The Expert Advisory Group on Solutions to Child Poverty\(^\text{18}\)
- NZ Parliament Health Select Committee\(^\text{19}\)
- NZ Parliament Maori Affairs Committee\(^\text{20}\)
- Child Poverty Action Group\(^\text{21}\)
- And the Public Health Advisory Committee’s report regarding improving outcomes for NZ children\(^\text{22}\)

**Manaia Health PHO supports:**

• Working collaboratively with others to end child poverty in NZ by bringing the issues and suggested solutions to the attention of politicians and the public

• Actions which enable Manawhenua to enjoy best health outcomes that are equal to or better than non-Maori

• Advocating for the child’s right to live in secure housing, which is an affordable quality home of the right size and fit for the family. Without secure housing, other outcomes e.g. education and health are poorer

• Working locally and nationally as part of the Child Poverty Action Group to lobby for improvements to child rights, laws and advocate for change

• Taking a leadership role to enable Whangarei becoming a Child and Youth Friendly City and for child-friendly policies in primary health services

• Collaboration with others working on housing-related issues such as improving the affordability and availability of rental housing, and supporting healthy homes programmes particularly as these affect families with children

• Further investment in the universal provision of high quality maternity and child health services

See also: Manaia Health PHO’s Position Statement on Food Security
NZ College of Public Health Medicine Policy Statement - Child Poverty and Health