



New Zealand Nurses Organisation

Submission to the Welfare Working Group

On

Long Term Benefit Dependency: The Issues

17 September 2010

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ABOUT NZNO

The New Zealand Nurses Organisation (NZNO) is the leading professional body of nurses and nursing union in Aotearoa New Zealand, representing over 46 000 nurses, midwives, students, kaimahi hauroa and health workers on a range of employment-related and professional issues. Te Runanga o Aotearoa is the arm through which our Te Tiriti o Waitangi partnership is articulated.

NZNO provides leadership, research and support for professional excellence in nursing, negotiates collective employment agreements on behalf of its members and collaborates with government and other agencies throughout the health sector. Nurses are the largest group of health professionals comprising half the health workforce.

The NZNO vision is “Freed to care, Proud to nurse”. Our members enhance the health and wellbeing of all people of Aotearoa New Zealand and are united in their professional and industrial aspirations to achieve a safe, sustainable and accessible system of public health care for all New Zealanders.

EXECUTIVE SUMMARY

1. The New Zealand Nurses Organisation (NZNO) welcomes the opportunity to comment on the discussion paper “Long term benefit dependency: the issues”.
2. NZNO has consulted with our members and staff, in particular: professional nursing advisors, policy analysts and researchers.
3. NZNO commends the Welfare Working Group for the development of a timely and important paper. The primary focus of the paper is to explore the reasons behind long term benefit dependency and consider ways in which the benefit system can be re-oriented to encourage those on benefit to return to the workforce. The Welfare Working Group has requested feedback on the paper and have posed a number of questions to this end.

4. NZNO is affiliated to the New Zealand Council of Trade Unions (CTU), and fully supports their submission and that of the ACC Futures Coalition. NZNO would like to add the following points in support of the CTU and ACC Futures Coalition submissions.
5. NZNO strongly believes the goals of the benefit system should be around supporting infants, children and young people to have access to good health. Society must invest in infants, children, young people and their whānau in order to ensure optimal health across the life course. Long term research indicates that the greatest benefit from government spending comes from that directed at the young because of the increased life over which the benefits are gained (Cutler et al, 2006). Good health for children ensures a future workforce capable of meeting the demands of New Zealand society.
6. The development of any social policy must be undertaken in light of the impact of that policy on health. NZNO refers the Welfare Working Group to the numerous Health Impact Assessment Frameworks including both the Health Impact Assessment (HIA) and the Whānau Ora HIA which are available to assist in determining the impact of policy on health (<http://www.moh.govt.nz/hiasupportunit>). The HIA is a systematic way of identifying the potential impacts on the wellbeing and health of the population of any proposed policy, strategy, plan or project, prior to implementation (Public Health Advisory Committee, 2005). The Whānau Ora HIA assists policy makers to assess the positive and negative impact of their policies on Māori and to identify ways in which these could be enhanced or adapted (Ministry of Health, 2007).
7. NZNO are signatories to the Australasian Faculty of Occupational and Environmental Medicine's Draft New Zealand Position Statement on the Benefits of Work which clearly indicates that work should be safe; that working is generally good for health and wellbeing; and that long term work absence, work disability and unemployment generally have a negative impact

on health and wellbeing (<http://afom.racp.edu.au/page/media-and-news/realising-the-health-benefits-of-work/latest-news/latest-news>).

8. With specific reference to encouraging mothers into work, such encouragement may have significant benefits for whānau but this can only be the case if working mothers are supported in their return to work with access to:
 - *quality*, cost-effective child care that is available at hours that suit work (e.g. shift work);
 - flexible working hours;
 - appropriate social and whānau support;
 - working environments that enable breastfeeding mothers to continue to breastfeed.
9. The document suggests strong links between high rates of solo mothers in employment and low poverty levels by comparing New Zealand with other high performing OECD countries in these areas. What is not included in this document is the rates of access the listed countries have to a range of mechanisms to support women who work. NZNO suggests that confounding factors such as access to support mechanisms should be noted when comparisons are being made between countries. Failure to note these important confounders makes the comparison tentative at best.
10. People who shift from benefit dependence to employment frequently take on lower paid and higher risk employment positions. Health and safety in the workplace is a major risk to adult health (AIHW 2008) and people shifting from benefits to the workplace must be supported into positions that do not perpetuate the risks of working. Support for employers to provide healthy workplaces, transport to and from work and appropriate training for people entering the workplace from benefit should be a priority. At present there is no incentive for employers to address these issues as benefits go directly to

an individual not an employer. The 90 day work trial scheme for example does little to support employers making a commitment to employing those who have been on benefit for a long period of time as there is no requirement to retain a person beyond 90 days.

11. NZNO strongly advocates for ensuring workplaces are free from bullying, horizontal violence and environmental risks. The Safe Staffing and Healthy Workplaces Unit of the NZNO and District Health Boards New Zealand, and the World Health Organisation have done significant work on supporting the development of healthy workplaces. The imperative to address the health needs of workers was reinforced at the World Health Assembly in 2007. The Assembly endorsed the WHO Global Plan of Action on Workers Health 2008-2017 (WHO 2007), which emphasises the need to address all aspects of workers health, including health promotion at work, protection of workers health, and primary prevention of occupational hazards.
12. There is little robust evidence in the paper to suggest that it is a lack of work focus that contributes to people remaining on benefit in the long term. While it is likely that a lack of work focus is a contributor, barriers to returning to work also contribute significantly to people remaining on benefit in the long term. For example, the complex financial incentives noted on page 50 of the paper limit people's ability to choose to return to work. Continuing hardship payments for a period beyond the receipt of benefit may mitigate the risk for those transitioning to work.
13. Other barriers to work include lack of access to transport, poor literacy skills, and inflexible workplace policies including inflexible working hours, limited sick leave provisions, and poor job security (e.g. 90 day work trial scheme) (McMurray & Clendon, 2010).
14. Nurses are in a strong position to be supporting people to return to work, given their specific knowledge of health, community development, the impact

of unemployment and the social determinants of health on whānau and children, and health and safety in the workplace.

15. NZNO encourages the Welfare Working group to consider ways in which cross-sector collaboration may contribute to addressing those factors that both lead to unemployment and to long term benefit dependency. A cross-sector collaborative approach will enable many of the factors outlined above to be addressed as outlined in the recent Whānau ora Taskforce report which aims to empower families as a whole, rather than focusing separately on individual family members and their problems. Government agencies will also be required to work collectively with family members rather than focusing on individual family members (Taskforce on Whānau-Centred Initiatives, 2010).

DISCUSSION

16. People exposed to stress during childhood including poverty, poor child support, poor parental support, and traumatic exposure to psychologically and physically stressful experiences during a very early sensitive period of life may establish effects that become permanently incorporated into their regulatory physiological processes (McMurray & Clendon 2010; Shonkoff et al 2009; Waldegrave & Waldegrave 2009). Current research has found that exposure to these physiological mechanisms in childhood can lead to coronary artery disease, cancers, alcoholism, depression, and substance abuse, as well as being linked to obesity, physical inactivity and smoking in adulthood (Shonkoff et al 2009). Stress in children can be buffered by stable and supportive relationships at the family, community and societal levels (Shonkoff et al 2009, Zubrick et al 2008). The benefit system should support whānau – **and particularly mothers (who remain the primary caregivers in most households) – to return to work but only with sufficient social and other support to ensure this transition is successful and does not negatively impact on children.**

17. Illness and injury at work has the potential for long term disability, which can affect not only the worker, but also their whānau and community. Other factors affecting health and safety in the workplace include the type of work undertaken, the pressures placed on the workers to meet productivity targets, and exposure to hazardous substances or safety risks (McMurray & Clendon 2010). While the provision of benefits may support people who have suffered the consequences of poor health and safety in the workplace, it is more effective to prevent people having to become recipients of benefits through ensuring healthy workplaces for all.
18. While work is demonstrated to have positive spinoff effects for health these benefits are tempered in light of the risks of work. Studies have shown that job strain for example, and its consequent stress, is a risk factor for major depression, which is the most prevalent mental disorder in the working population (Wang et al 2009). Stress at work and the threat of unemployment can affect the entire family whānau, emotionally, through spillover from work to family life, as well as financially (Bambra et al 2008, Michel et al 2009, Roxburgh 2006, Yildirim & Aycan 2009) – the 90 day work trial scheme is likely to increase these risks to workers. On the other hand, positive work experiences can have an additive effect on physical and psychological wellbeing, and help buffer the effects of personal stress. This can occur through role enrichment that flows from being satisfied with both the work role and family relationships (Bourne et al 2009). Those people who shift from benefits to the workplace must be supported into positions that do not perpetuate the risks of working.
19. One of the key priority areas in the health sector is to address the social determinants of health. Income and income distribution, employment and working conditions, and unemployment are among those determinants demonstrated to have a greater impact on health than the impact of changing

diets, increasing exercise or decreasing alcohol and tobacco consumption (Mikkonen & Raphael, 2010).

20. The three recommendations of the World Health Organisation's report into the social determinants of health¹ provide a basis for improving the health of populations. These include:

- improving daily living conditions with an emphasis on the living and working conditions of children and families (in particular fair employment and decent work);
- tackling the inequitable distribution of power, money and resources (some of which can be addressed through an effective benefit system);
- measuring and understanding the problem and assessing the impact of action on inequity (CSDH, 2008).

21. Nurses regularly work with vulnerable families who are experiencing the impact of the social determinants of health and in particular the impact of this on children. Nurses talk about children being 'the innocent component' and how children '...get caught up in the tangled web of parental problems and societal problems' (Garlick, 2006, p.85). Nurses talk about those families experiencing violence and being unable to go to work because of fear that their partner may retaliate if the violence is exposed, or being unable to get to work because the car has broken down and they can't afford to fix it (Garlick, 2006).

22. Nurses frequently see poorly managed chronic illnesses that also limit people's ability to work. For example, diabetes that could be controlled by diet but is not a priority because the person is unable to manage the

¹ CSDH 2008 Closing the gap in a generation: health equity through action on the social determinants of health. Final Report of the Commission on Social Determinants of Health. Geneva, World Health Organization.

complexities of the illness due to poor health literacy skills, or poorly controlled asthma because people are unable to afford medications and live in cold, damp, overcrowded housing. Addressing these determinants of health must be a priority for ensuring the availability of a capable and sustainable workforce. An effective, universal benefit system supports those experiencing the impact of the determinants of health and health inequalities to meet their health needs.

23. Nurses frequently work with whānau who have been long term recipients of benefit. They are able to assess whānau needs and priorities and provide support for them to return to work where appropriate. Whānau Ora is an effective approach for working with vulnerable families, enabling the provision of wrap around services that assist whānau to have their needs met. It is vital that all services are co-ordinated at the frontline and that policy processes support this to happen. A universal benefit system is one aspect of the multi-faceted approach that is required to work with whānau to address those issues that limit people's ability to return to work.

CONCLUSION

24. NZNO thanks you for this opportunity to provide feedback on the discussion paper "Long term benefit dependency: the issues". NZNO acknowledges the importance of work for the health and well being of all Aotearoa/New Zealanders, but reiterates that there are significant factors that must be addressed to ensure moving from benefit to work is successful. In particular, the health wellbeing of infants, children and young people, and health and safety in the workplace must be considered priorities.

25. In conclusion, NZNO recommends that you:

- **note** NZNOs support for the CTU and ACC Futures Coalition submissions;
- **agree** that a **primary** goal of the benefit system should be to support infants, children and young people to have access to good health;
- **agree** that health impact assessment and a Whānau ora HIA should be undertaken on all social policies prior to implementation;
- **note** that NZNO is a signatory to the Draft New Zealand Position Statement on the Benefits of Work;
- **agree** that supporting whānau and mothers to return to work should only occur if sufficient social and other support is in place for this to occur successfully;
- **note** that the comparison between New Zealand and high performing OECD countries in relation to solo mothers in employment is tentative at best;
- **note** that people who shift from benefits to the workplace must be supported into positions that are safe;
- **agree** that support for employers to provide healthy workplaces and appropriate training for people entering the workplace from a benefit should be a priority;
- **note** that there are a range of barriers contributing to long term benefit dependence, not simply a lack of work focus;
- **consider** continuing hardship payments for a period beyond the receipt of benefit as this may mitigate the risk for those transitioning to work;
- **note** that nurses are in a strong position to be supporting people to return to work and;
- **support** a cross sector collaborative approach, such as that indicated in the Whānau ora Taskforce report be used to address long term benefit dependency.

Nāku noa, nā

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