

Child Poverty Reduction Bill

**Submission to the Social Services and Community
Committee**

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Contact

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About the New Zealand Nurses Organisation

NZNO is the leading professional nursing association and union for nurses in Aotearoa New Zealand. NZNO represents over 49,000 nurses, midwives, students, kaimahi hauora and health workers on professional and employment related matters. NZNO is affiliated to the International Council of Nurses and the New Zealand Council of Trade Unions.

NZNO promotes and advocates for professional excellence in nursing by providing leadership, research and education to inspire and progress the profession of nursing. NZNO represents members on employment and industrial matters and negotiates collective employment agreements.

NZNO embraces te Tiriti o Waitangi and contributes to the improvement of the health status and outcomes of all peoples of Aotearoa New Zealand through influencing health, employment and social policy development enabling quality nursing care provision. NZNO's vision is *Freed to care, Proud to nurse.*

EXECUTIVE SUMMARY

1. The New Zealand Nurses Organisation (NZNO) welcomes the opportunity to comment to the Social Services and Community committee on the Child Poverty Reduction Bill.
2. We **strongly support** the Bill and its aims to measure, monitor and report poverty rates in Aotearoa New Zealand. As frontline health service staff, nurses deal daily with the impact of poverty, and its harm on our most vulnerable children and its major impact on health outcomes.
3. We strongly support and acknowledge the Government's aim and commitment to address and reduce child poverty in Aotearoa New Zealand, as we know that this will improve the lives of those who are most vulnerable and their families and whānau.
4. NZNO has consulted its members and staff in the preparation of this submission, in particular members of the College of Child and Youth



Nurses (CCYN), Te Rūnanga o Aotearoa (Te Rūnanga) and policy advisers.

5. We agree that Aotearoa New Zealand's high levels of child poverty rates in the developed richer nations (Perry, 2016) is unacceptable. It is also unacceptable that Māori tamariki and Pasifika children are disproportionately represented in child poverty statistics (Expert Advisory Group, 2012).
6. NZNO continues to campaign for access to quality universal health and wellbeing services for Tamariki and believes that this will go a long way to helping reduce child poverty and any systemic barriers to accessing affordable health and wellbeing, and social services.
7. Please note our support for the Council of Trade Unions (CTU) submission. NZNO actively supports the Living Wage campaign which aims to address poverty and inequality by increasing the hourly wage so workers can pay for the necessities of life such as food, transportation, housing and childcare.
8. We tautoko and support the Child Sector Joint submission, and recommendations to strengthen the Bill:
 - the development and implementation of the Child Wellbeing Strategy, including action to reduce child poverty, be consistent with and uphold the principles of te Tiriti o Waitangi;
 - principles similar to those set out in section 5 of the Children, Young Persons, and Their Families (Oranga Tamariki) Legislation Act 2017 be included in the Bill to embed children's rights and ensure the Bill is mana enhancing and gives effect to the principles of whakapapa and whanaungatanga;
 - poverty reduction targets and measures should be realistic and, most of all, backed by policies that will be effective in achieving them;

- actions under the Child Wellbeing Strategy to reduce child poverty and improve the wellbeing of children should align public policies and social service delivery with children's rights so that all children and young people, at all stages of their childhood and adolescence, have access to and equitable outcomes from:
 - sufficient income and an adequate standard of living;
 - quality housing;
 - free quality public education;
 - good health, including nutritious food, and quality healthcare when needed; and
 - timely, flexible and integrated social support services when they need them.

9. Please note that we do not wish to appear before the Committee to make an oral submission.

10. We strongly advocate that all tamariki in Aotearoa New Zealand should be entitled to the positive social determinants of health – the right to shelter, the right to love, the right to a safe environment, and the right to access free health and social services at any time 24/7. We do have concerns that while the poverty targets will measure the problem, underlying issues, drivers or causes of poverty will not be addressed.

11. We wish to raise the following concerns:

- Measuring the problem;
- Role of nurses as advocates; and
- Tamariki Māori.



DISCUSSION

Measuring the problem

12. NZNO continues to campaign for access to quality universal health and wellbeing services for Tamariki and believes that this will go along way to helping reduce child poverty and any systemic barriers to access affordable health and wellbeing, and social services.
13. We welcome the Bill that aims to reduce child poverty by setting measures, which will be monitored according to agreed targets, and reporting on progress as part of a strategy to improve the wellbeing of all children.
14. We agree that poverty reduction targets and measures need to be realistic and, most of all, backed by policies that will be effective in achieving them. Research has shown that measuring poverty, in a publicly accountable manner, is fundamental to social policy monitoring (Boston et al. 1996). In aiming to reduce poverty, we question if the poverty targets are achievable and yet ambitious enough, given the number and extent of child poverty and the urgent need to address the issue.
15. We have long been a supporter of Oranga Tamariki, Ministry for Children, and welcome the appropriate name change.

Nurse's role as advocates

16. We affirm this government's commitment to embed in legislation the commitment to address New Zealand's appalling child poverty rates and through legislation create accountability for child poverty reduction. Although targets in themselves will not change outcomes, it will support ensuring a coherent approach measuring and monitoring poverty levels and provide accountability annually.

17. We strongly advocate that all tamariki in Aotearoa New Zealand should be entitled to the positive social determinants of health – the right to shelter, the right to love, the right to a safe environment, and the right to access free health and social services at any time 24/7.
18. Nurses are experts at child health assessment and are able to work with families' and whānau and the range of agencies available to support families or whānau to ensure children's health needs are met.
19. The CCYN affirms the recognition and change in attitude towards housing costs, recognising the significant impact housing has on child poverty levels. CCYN would also advocate for emphasis on a coherent cross sector approach where emphasis is not only on welfare but includes impacts and contributions from housing, health and education sectors.
20. While there has been recognition of the impact of housing on child poverty, CCYN would also advocate for inclusion of data that are real time consequences of poverty that nurses, for example Plunket nurses are confronted with when working in the community.
21. Additionally, CCYN strongly advocates for the inclusion of data on the use of food banks, the uptake of in school charity services such as breakfast lunches and sponsorship for school costs, use of mental health services for children and new parents, child hospital admissions for poverty related diseases, and homelessness amongst families.
22. Please note our previous submissions: Green and White papers (2012), Children's Commissioner's Solutions to Poverty (2012), Vulnerable Children's Act (2014), United Nations Committee to the Rights of the Child (2015), Oranga Tamariki Bill (2016), Family and Whānau Violence Legislation Bill (2017 and other related submissions on housing, education, and social justice matters.



Tamariki Māori

23. While it is widely acknowledged that there are long standing and significant disparities in health outcomes for Māori - shorter lives, less access to primary health care, less access to treatment, poorer treatment - we do not agree that such inequalities are acceptable, just, necessary or fair in a developed country like Aotearoa New Zealand in 2018.
24. Te Rūnanga believes that this whakataukāki (proverb) "*Kia korowaitia āku mokopuna ki te korowaitanga hauora, let our future generations be embraced with good health*", reflects the need for every person in Aotearoa New Zealand to be committed and involved in making changes to the ways our society views tamariki, and to ensure our future generations are protected, respected and treated as taonga (treasured possessions).
25. We strongly agree, that a proactive approach to improving the health and wellbeing of every tamariki is essential for the future wellbeing of Aotearoa.
26. The Māori term tamariki for children does not specifically link to any particular age group, rather it overlaps with other terms, for example; tamariki (young, youthful, children), taitamariki (to be young, youthful), and rangatahi (younger generation) (Māori dictionary, 2016)ⁱ.
27. As health professionals, we understand why it is necessary to be proactive in addressing health inequity and know from the evidence-base (Rusell, Smiler, Stace, 2013) that ensuring free access to culturally appropriate primary health care services for all tamariki is an essential first step in promoting better health outcomes for our tamariki.
28. Te Rūnanga agrees that disparities in child health status signal the need for universal health services responsive to the needs of Māori children - and this needs to start with good antenatal and maternity

care and societal change to focus on the health and wellbeing of our future generations.

29. Further, please note previous submissions from Te Rūnanga to: the Māori Affairs Committee Inquiry into the determinants of wellbeing for Māori children (2011), to the United Nations Human Rights office of the High Commissioner on the Right to Health and Indigenous Peoples (2016) and as part of a substantial collective of non-governmental civil society organisations response to the United Nations Committee on the Elimination of all forms of Racial Discrimination (2017) and the Covenant on Economic, Social, Cultural Rights (2018).

CONCLUSION

In conclusion NZNO recommends that you:

- **Note** our **strong support** of this Bill;
- **Note** our support of the CTU and Child Sector Joint submission and **note our support** of the following recommendations to strengthen the Bill:
 - the development and implementation of the Child Wellbeing Strategy, including action to reduce child poverty, be consistent with and uphold the principles of te Tiriti o Waitangi;
 - principles similar to those set out in section 5 of the Children, Young Persons, and Their Families (Oranga Tamariki) Legislation Act 2017 be included in the Bill to embed children's rights and ensure the Bill is mana enhancing and gives effect to the principles of whakapapa and whanaungatanga;



- poverty reduction targets and measures should be realistic and, most of all, backed by policies that will be effective in achieving them;
- actions under the Child Wellbeing Strategy to reduce child poverty and improve the wellbeing of children should align public policies and social service delivery with children's rights so that all children and young people, at all stages of their childhood and adolescence, have access to and equitable outcomes from:
 - sufficient income and an adequate standard of living;
 - quality housing;
 - free quality public education;
 - good health, including nutritious food, and quality healthcare when needed; and
 - timely, flexible and integrated social support services when they need them.
- **Note** we do not wish to appear before the committee to make an oral submission; and
- **Note that** we welcome the opportunity to be involved in further discussions on addressing child poverty issues.

Nāku noa, nā



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