



The New Zealand Psychological Society

*Te Rōpū Mātai Hinengaro o Aotearoa*

Submission to

The Office of the Children's Commissioner

Report on Solutions to Child Poverty in New  
Zealand

**Prepared**

**by the**

**New Zealand Psychological Society**

***Te Rōpū Mātai Hinengaro o Aotearoa***

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The New Zealand Psychological Society welcomes the opportunity to comment on the Solutions to Child Poverty in New Zealand proposed by the Children's Commissioner's Expert Advisory Group.

Ngā karu a ngā tamariki hei matakite maungarongo mō te ao meāke nei.

*The eyes of the children are the visions of the future.*

### **About the New Zealand Psychological Society**

The New Zealand Psychological Society is the largest professional association for psychologists in New Zealand. It has over 1000 members who apply psychology in a wide range of practical and academic contexts to health, education, young people's services, organisations and corrections. Our collective aim is to improve individual and community wellbeing by disseminating and advancing the rigorous practice of psychology.

Contact: Quentin Abraham  
Director of Social Issues  
New Zealand Psychological Society

## Introduction

The New Zealand Psychological Society welcomes this ambitious document that recognises the complexity of child poverty and the need to address this issue on a number of broad fronts. There is already a wide range of information documenting the difficulties of child poverty and we are encouraged to see this report attempts to go beyond restating the problem to actively promoting solutions.

Our members are actively engaged in meeting the needs of those with mental health difficulties. The relationship between poverty and poor mental health is complex and it is mediated by variables that are themselves likely to be related to poverty e.g. child abuse, neglect, unemployment, gender, ethnicity, maladaptive coping strategies. However, the causal role played by poverty in a range of mental health problems has been well established, including, depression, drug abuse and suicidality.<sup>1</sup>

Although poor mental health can cause poverty there is increasing evidence that poverty is part of the causation of mental health problems.

Mental health is very closely related to many forms of inequality. The social gradient is particularly pronounced for severe mental illness. For example, in the case of psychotic disorders the prevalence among the lowest quintile of household income is nine times higher than in the highest. While the particularly high rate of psychotic disorder in the lowest quintile may, to some extent, result from downward social drift, this is unlikely to account for the social gradient.<sup>2</sup>

Our members are also involved in supporting young people within educational and other institutions that promote their wellbeing. There is evidence for the link between low socio-economic status (SES) and low cognitive/academic attainment and a more complex relationship between SES and socio-emotional development of children. We note that there are likely to be a number of mediating variables, including (i) Resources such as nutrition; access to health care; housing; cognitive stimulating materials/experiences; parental expectations/styles; teacher attitude/expectations (ii) Stress Reactions such as allostatic load (the physiological consequences of chronic stress); parenting such as negative control strategies, low warmth and responsiveness, and failure to adequately monitor children (iii) Health-relevant behaviours/lifestyle such as the use of tobacco and alcohol, diet and exercise. The ability to purchase goods and services is likely to interact with these mediating variables.

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<sup>1</sup> Read, J. (2010). Can Poverty Drive You Mad? 'Schizophrenia', Socio-Economic Status and the Case for Primary Prevention. *New Zealand Journal of Psychology*, 39(2), 7-19.

<sup>2</sup> The Marmot Review. (2010). *Marmot's Fair Society, Healthy Lives* University College London. The Marmot Review. p54

In addition, our members are often called to attempt to remediate in situations where young people have been seen to transgress the rules or tikanga of their communities for example in the courts, young offenders and CYFS. Some of the findings from the Christchurch and Dunedin longitudinal studies would support the view that children growing up in the most disadvantaged households are likely to be facing multiple problems in later life e.g. conduct/oppositional disorder, police contact reoffending, cannabis use, alcohol abuse, substance abuse, mood disorder, suicide Ideation, low self-esteem, early sexual activity.<sup>3</sup>

Rates (%) of problem behaviours amongst the most disadvantaged 5% and the most advantaged 50% of the Christchurch sample:

<b>Classification</b> <sup>4</sup>	<b>Most Disadvantaged 5%</b>	<b>Most Advantaged 50%</b>
<b>Multiple Problem</b>	21.6	0.2
<b>At least one problem</b>	56.2	18.5
<b>Problem Free</b>	13.2	81.3

Those who live in poverty and its consequences are the 'experts' in the suffering that they and their communities experience. However, psychologists are one of the groups of professional helpers who continually witness the suffering that these young people and their communities face on a weekly and often daily basis.<sup>5</sup> We are mindful that our Code of Ethics requires us not only to 'treat' the symptoms of our client's distress but work actively at an individual, local and national level for social justice.<sup>6</sup> This is not just of benefit to those identified as being in poverty but for the wealth and wellbeing of all sections of our communities in Aotearoa.<sup>7</sup>

### **Which proposals will be effective in reducing child poverty?**

1. There is compelling evidence that the rise in child poverty in 1980s and 1990s was a direct result of government policies and in particular the reduction of benefits levels and increase in state house rentals and healthcare costs in the

<sup>3</sup> Fergusson, D. M., Horwood, L. J., & Lynskey, M. (1994). The childhoods of multiple problem adolescents: a 15-year longitudinal study. *Journal of Child Psychology*, 35(6), 1123–1140

<sup>4</sup> From Christchurch total cohort n= 1265, 74.5% (n= 992) selected and 27 (2.7%) students retrospectively identified as multiple-problem adolescents at 15yrs.

<sup>5</sup> Waldegrave, C. (2010). Global Poverty Special Editorial. *New Zealand Journal of Psychology*, 39(2), 5-6.

<sup>6</sup> Code of Ethics Review Group. (2002). *Code of Ethics for Psychologists Working in Aotearoa/New Zealand 2002*: NZ Psychological Society, NZ College of Clinical Psychologists and NZ Psychologists Board.

<sup>7</sup> Wilkinson, R. G., & Pickett, K. (2009). *The spirit level: Why more equal societies almost always do better* London: Allen Lane.

1991 Budget. Improvements from 2004 to 2008 have been attributed to the government's Working for Families package which was designed to support the low to middle class families with dependent children.<sup>8</sup> We would therefore support the proposals to change Family Tax Credit rates to give more money to families with young children or more than one child.

2. There is an increasing consensus that targeting resources for infants and young children is likely to be money well spent. We have been successful in Aotearoa/NZ in caring for our elderly via the consistent, universal and simple payment of superannuation.<sup>9</sup> Therefore, we welcome the suggestion to introduce a new, but similar child payment that is a universal for young children and targeted for older children.
3. Acknowledging the low take up of Child Disability Allowance (CDA), we welcome strategies that ensure benefit/allowance systems are simplified and accessible.
4. Vulnerable young children will need high quality support from their whānau. We concur that the practicality of obtaining paid employment, particularly for sole parents will need to be balanced with the care needs of their children.
5. We note that a third of those living in poverty have a parent who is in work but whose income is insufficient. We agree with the need to make work family-friendly and to pay enough to enable parents to meet the needs of their children. This will require access to high quality early childcare support that is available at low or no cost.
6. Many of our clients are subject to unscrupulous lending practices and are often refused access to other means of managing debt. We support proposals to consider philanthropic lending opportunities and access to financial literacy.
7. Housing is likely to be the major expense for our clients. The quality of this housing is not only important in terms of children's health but also their ability to access high quality services to reduce the cycle of poverty.

"...families with more money, higher levels of education, and higher occupational status are likely to purchase an array of goods and services that directly benefit their children. High-SES families may also use their wealth to live in good houses in safe neighbourhoods, thereby affording their children protection from harm. The goods and services also become part of more elaborate paths involving chains of mediators (wherein particular goods and services may more indirectly affect child outcomes)".<sup>10</sup>

The short term nature of many housing options and the consequent lack of security can mean children fail to access education, health and other young person's services and therefore place them at higher risk despite the best efforts

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<sup>8</sup> Davies, E., Crothers, C., & Hanna., K. (2010). Preventing Child Poverty: Barriers and Solutions. New Zealand Journal of Psychology, 39(2), 20-28.

<sup>9</sup> Every Child Counts. (2010). Eradicating child poverty in New Zealand. Retrieved from [http://www.everychildcounts.org.nz/\\_wp-content/uploads/2010/07/Child-poverty-resource-document-13.doc](http://www.everychildcounts.org.nz/_wp-content/uploads/2010/07/Child-poverty-resource-document-13.doc)

<sup>10</sup> Bradley, R., & Corwyn, R. (2002). Socioeconomic Status and Child Development. Annual Review of Psychology, 53, 371-399. p386

of psychologists and other professionals. We agree that high quality housing and the stability that it affords will be a priority for alleviating child poverty in this country.

8. We agree that there should be a national strategy for providing food in low-decile schools implemented in ways that are sensitive to the risks of potential stigma.
9. After-school and holiday programmes are ways to further enrich the experience for those who might have limited opportunities elsewhere.
10. We support the proposal for extra funding for youth-friendly school-based health and social services to mental health, sexual health, teen pregnancy, drug and alcohol abuse and depression (p33). We agree with the need for sustained funding for such projects that otherwise come and go with the consequent loss of expertise and trust.

### **Which proposals are less likely to be effective?**

1. We applaud the separate attention given to the needs of Māori and Pasifika whānau in the interest of equity given the disproportionate effect of poverty on these communities. We agree there will need to be well-targeted measures to improve outcomes for Māori and Pasifika families that move beyond a deficit lens. We agree with the proposal that the government work with Iwi and Māori organisations to develop measures and indicators of Māori well-being that include Māori concepts of poverty and wealth.

However, within this report we wonder to what extent the Commission has been able to consult with Māori and Pasifika communities to frame the different conceptualisations of poverty within these communities. This is not intended to devolve all responsibility to them but to genuinely work in partnership with those communities. Durie encourages us to question " the tendency of government publications to espouse Māori sentiments while providing nothing of substance to give effect to them".<sup>11</sup> We would predict that strategies that are formulated at an early stage with Māori and Pasifika communities are more likely result in their engagement and therefore in successful outcomes.

2. Service Hubs operating out of low decile schools to provide a range of wrap-around services such as teen units, after school programmes, holiday programmes would seem to be a good use of resources and utilise existing trusted relationships to give access to such services. There is a risk of potential underfunding of such services or reduction of funding after the initial adoption phase.

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<sup>11</sup> Cited Cooper, E., Rickard, S., & Waitoki, W. (2011). Maori, Psychology and the Law: Considerations for Bicultural Practice. In F. Seymour, S. Blackwell & J. Thorburn (Eds.), *Psychology and the Law in Aotearoa New Zealand* (pp. 35-61). Wellington, New Zealand: New Zealand Psychological Society, p 36

The teaching staff and support workers in low decile schools already bear the brunt of the challenges of poverty. Without sufficient numbers of well qualified, culturally competent staff such provisions are unlikely to be sustainable. It would effectively make such under-resourced interventions a type of window dressing.

3. We welcome the principle of devising a specific measure of child poverty in Aotearoa so that we can attempt to monitor our progress. However, given the complexity and the many mediating variables it unlikely that any such measure will ever be complete or sufficiently comprehensive. We are mindful that this initiative might divert resources and energy from practical interventions. In addition to the macro level economic proposals, we hope that priority would be given to small scale, localised projects initiated and designed in collaboration with the communities that are seeking to prevent the cycle of poverty. We are encouraged by the six Social Sector Trials that you report in Te Kuiti, Kawarau, Tokoroa, Taumaranui, Levin and Gore (p25). Our members have the expertise and experience to support and evaluate such projects.
4. We agree that it is desirable to have integrated public sector services as proposed for Māori and exemplified in the Whānau Ora approach. However, even the most effectively integrated health and social services cannot singularly alleviate child poverty. The large numbers and the intergenerational nature of child poverty will require attention to changing the social structures that keep groups of people powerless.<sup>12</sup>
5. We agree with your cautious proposals for target setting for reducing poverty to help focus our efforts in a meaningful and collaborative way. We would caution against the setting of mandatory targets without very careful thought given to the unintentional consequences that might arise. For example reducing collaboration, carrying out meaningless activity to meet targets and unwieldy accountability systems that divert resources away from those who need it most.<sup>13</sup>
6. We would support the proposal to evaluate Rangitahi Courts and increase government support for restorative justice initiatives which connect young people back into to their communities (p19). Again this would include some caveats recognising the critique by some commentators regarding the State's role in disproportionately penalising those in poverty and the potential for drift from whānau focused models to professional-driven models.<sup>14</sup>

### **What is missing from the package?**

1. Overall this report is very comprehensive in its attempt to address the issue of child poverty.
2. As psychologists we are interested in attitudinal change, the role of the media and systemic change. We note that unlike the elderly, young children may not

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<sup>12</sup> Davies 2010 op. cit. p26

<sup>13</sup> Seddon, J. (2008). Systems Thinking in the Public Sector: the failure of the reform regime...and a manifesto for a better way. Axminster: Triarchy Press. p105

<sup>14</sup> Cooper, E., Rickard, S., & Waitoki, W. (2011). Op. cit.e

have the advocacy that is required to promote the necessary political change and diversion of resources. We note that there is some evidence to suggest that New Zealanders are more likely to attribute the causes of poverty to individual failings (e.g. the poor are lazy) than systemic failings (e.g. the poor face unfair and discriminatory systems) for example, compared to the citizens of Sweden.

"Coverage took for granted 'common sense' ideas from contemporary society, including the notion that poor people purchase cigarettes or gamble instead of feeding their children. Primary emphasis was on the stereotypical notion that poor people often neglect their children and that children are innocent victims of neglect-resulting in child poverty. Coverage is constructed to appeal to the 'scroungerphobic' fears of middle New Zealand." (Barnett et al., 2007, pp. 305-306)<sup>15</sup>

Any successful and sustained programme to alleviate poverty in Aotearoa/NZ will require the support of the general public so that the dissemination of funding is not subject to the vagaries of political ideologies. There is some limited evidence that these attitudes can be changed not by discussions about relative poverty or the use of statistics, but by appealing to the general public to consider children not having a warm coat, a birthday party, the increased number of children dying in poverty and an emphasis on the possibility of change.

## End piece

Concern with child poverty is heightened partly because children are dependent and unable to look after themselves (so society takes a broader 'duty of care' attitude - looking over the shoulders of parents) and partly because adequate investment in their development is needed for the longer term good of themselves and the wider society.<sup>16</sup>

We are conscious of the mechanisms of 'moral panic' that accompanies a public outcry (e.g. the Mazengarb Report of 1954). After professionals and media have debated, such issues are often quickly forgotten as another matter fills the airwaves.<sup>17</sup> We are keen to see many of the recommendations made in this report enacted and to find ways to sustain ongoing progress.

One way to begin to extend this beyond a temporary minority issue is to change the way we think about this matter. Rather than conceptualising this as a problem where we need to fix a 'deserving' group but more as one of the wellbeing of Aotearoa/NZ as a whole.

The solution to problems caused by inequality is not mass psychotherapy aimed at making everyone less vulnerable. The best way of responding to the harm done by high levels of inequality would be to reduce inequality itself. Rather than requiring anti-anxiety drugs in the water supply or mass psychotherapy, what is most exciting about the picture we present is that it shows that reducing inequality would increase the wellbeing and quality of life for all of us. Far from being inevitable and unstoppable, the sense of deterioration in social wellbeing

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<sup>15</sup> Cited Davies 2010 op. cit. p27

<sup>16</sup> Davies 2010 op. cit. p28

<sup>17</sup> Cohen, S. (1973). *Folk Devils and Moral Panics*. St Albans: Paladin



and the quality of social relations in society is reversible. Understanding the effects of inequality means that we suddenly have a policy handle on the wellbeing of whole societies.<sup>18</sup>

Ka ora pea ki a koe, ka ora koe i au

*Perhaps I survive because of you and you survive because of me*

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<sup>18</sup> Wilkinson, R. G., & Pickett, K. (2009). *The spirit level: Why more equal societies almost always do better* London: Allen Lane.p33