



4th April 2018

Child Poverty Reduction Bill

FEEDBACK FROM

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The New Zealand College of Midwives is the professional organisation for midwifery. Members are employed and self-employed and collectively represent 90% of the practising midwives in this country. There are around 2,900 midwives who hold an Annual Practising Certificate (APC). These midwives provide maternity care to, on average, 60,000 women and babies each year. New Zealand has a unique and efficient maternity service model which centres care around the needs of the woman and her baby.

Midwives undertake a four year equivalent undergraduate degree to become registered. The undergraduate curriculum meets all international regulatory and education standards. Midwives are authorised prescribers in relation to their Scope of Practice as determined by the Midwifery Council.

Midwives provide an accessible and primary health care service for women in the community within a continuity of carer model as Lead Maternity Carers. Midwives can also choose to work within secondary and tertiary maternity facilities, providing essential care to women with complex maternity needs.

The College offers information, education and advice to women, midwives, district health boards, health and social service agencies and the Ministry of Health regarding midwifery and maternity issues. Midwives interface with a multitude of other health professionals and agencies to support women to achieve the optimum outcome for their pregnancies, health and wellbeing.



NEW ZEALAND COLLEGE OF MIDWIVES (INC)

4th April 2018

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Child Poverty Reduction Bill

Introduction

The New Zealand College of Midwives (the College) welcomes the opportunity to provide feedback on the Child Poverty Reduction Bill.

Feedback is below

1.0 The College considers that all avenues to alleviate inequity and to address issues of poverty and low income are significant, particularly where mothers, infants and children are concerned. We are in favour of long term effective solutions, and a broad policy approach that considers health, housing, social services, welfare, economic policy, education, gender equity, employment policies and the effects of poverty and deprivation. With this in mind we consider that supporting mothering and parenting is an investment for any country and all efforts to support maternal and child health and well-being are significantly positive.

2.0 Pregnancy, childbirth and mothering are times of great significance in the lives of women, and represent a time of potential vulnerability. Poverty, food insecurity and deprivation have a serious negative effect during these critical times. As midwives working in partnership with pregnant, birthing and post-natal women, the College considers that supporting women to be healthy and to mother/parent is paramount. This is to ensure women, and their infants and young children are thriving.

3.0 A positive experience of pregnancy and childbirth also supports both parents to bond with their baby, mothers to breastfeed, make positive parenting choices, and ultimately love and nurture their child. Maternity care is considered a foundation or building block for families/whānau to become effective parents. Van de Heuvel and Birken found that poverty and food insecurity have significant effects on the women who can least afford to purchase infant formula as they are the least likely to breastfeed.¹ This is significant in terms of the social, emotional and cultural factors impacting on breastfeeding feasibility directly related to poverty.

4.0 The College supports the government aim to reduce child poverty and improve the overall wellbeing of children, and the need to ensure that governments are held accountable, not only for meeting published targets but also that they are accountable for ensuring that policy development across all sectors does not have a negative impact on mothers and their families. As an example it should be noted that mothers and children who live in conditions of poverty and hardship have not had their lives improved by Section 70A deductions.

5.0 Boston and Chapple found that a combination of policy changes and societal trends, have led to dramatic increases in child poverty.² Exposure to chronic or acute stress is debilitating, and economic hardship and daily struggles with housing, food security and health needs, contribute to increasing levels of damaging stress on women, as well as their infants and young children.

6.0 The College supports facilitation of political accountability against published targets with transparent reporting on agreed levels of child poverty, but recommend that targets are determined under a consultation process and take into account a wide range of contextual factors including broad health indicators, housing levels, employment, food security, and access to support services, for example.

7.0 The College considers that regular transparent reporting on the progress of the reduction of child poverty is necessary.

8.0 The College is disappointed to note the time frames contained within this bill, in particular the date of 1st July 2025 for targets in respect of persistent poverty. Seven years is too long and the College sincerely hopes that this time frame can be reviewed and brought forward.

9.0 Measures of low income, material hardship and persistent poverty, should be confirmed and reported within the stated time frames. It is also critical to measure and accurately describe

¹ Van de Heuvel, M., & Birken, C. (2018). Food insecurity and breastfeeding. *CMAJ*, 19(190):E310-1. doi:10.1503/cmaj.180167.

² Boston, J., Chapple, S. (2015). *The Child Poverty Debate: Myths, Misconceptions and Misunderstandings*. Wellington, Bridget Williams Books, BWD Texts

homelessness, including data related to pending evictions of families from either state-owned or private rentals as these families may not be included in any available data. Data on potential homelessness would enable a clearer view of the magnitude of the problem. Women and infants who have been resident in Corrections' mother and baby units, and who are leaving prison with no secure accommodation, also need to be taken into account.

The College also notes that crowding is considered out of the scope of the current definition of homelessness, but as overcrowding can have a significant negative impact on health and well-being we consider that this issue requires further attention. Some family members contributing to an overcrowding situation may be sharing accommodation on a temporary basis and this factor is included in scope. Recognition of crowding as being due, in some instances, to homelessness and potential homelessness, is necessary. Progress reports should also include infant and child admissions to hospital for preventable illnesses of childhood, and data on the use of food banks and other food supplies from organisations providing social support to families should be taken into account.

10.0 The College is particularly concerned about the issue of poverty contributing to the removal of infants from their mothers and would like discussion of these issues to be considered. A publication from the UK, 'Suffer the little children and their mothers' reports that children are increasingly being removed from their birth families in the UK for reasons of 'neglect', and that this 'neglect' is, in reality, often a "combination of poverty and overwork."³ Bilson et al. (2015) discusses a range of studies aimed at identifying the causes of over-representation of minorities in child protection in Western Australia. This work suggests that child protection overlaps with issues of social exclusion and poverty.⁴ Rouland et al. recently reported that from a sample of 55, 443 children in New Zealand almost 1 in 4 had been subject to at least one report to child protection services by the age of seventeen.⁵ Material and social inequities are causal in outcomes for children, and strategies to alleviate poverty such as sustained income support, affordable, safe and secure housing are necessary. The College urgently recommends a New Zealand based analysis of these issues be carried out to ascertain the links between poverty and child protection.

11.0 We consider that the accountability of government not only lies in terms of legislation, but also includes the obligation to consult and work with organisations and agencies in the community, such as the College for example, as midwives work closely in partnership with pregnant women and new

³ Neale, A., & Lopez, N. (2017). *Suffer the little children and their mothers: A dossier on the unjust separation of children from their mothers*. Legal Action for Women, London, Crossroads Books. <http://legalactionforwomen.net/wp-content/uploads/2017/01/LAW-Dossier-18Jan17-final.pdf>

⁴ Bilson, A., Cant, R. L., Harries, M., & Thorpe, D. H. (2015). A longitudinal study of children reported to the child protection department in Western Australia. *British Journal of Social Work*, 45(3):771-791.

⁵ Rouland, B., & Vaithianathan, R. (2018). Cumulative prevalence of maltreatment among New Zealand children, 1998-2015. *Am J Public Health*, 108(4):511-513.

mothers and their families, and already work to ensure their health and wellbeing. This accountability includes work, as mentioned in 10.0, related to the linkages between poverty and child protection. Government funded social services research should prioritise work in these areas.

12.0 Howden-Chapman stated that, *“income poverty levels are relatively high in Australia and New Zealand compared to most other advanced economies, and the risk of poverty is not distributed evenly. People who are unemployed, sole parents, adults with a disability, and Māori and Pacific people face a higher risk of poverty and are more likely to suffer severe housing deprivation.”*⁶ The College would like to see these factors taken into account when measurements and targets are being developed and set.

13.0 The College considers that the Government should ensure protection of the indigenous rights of Māori as stated in Te Tiriti o Waitangi, and recognise the Government obligation to ensure equitable outcomes for Māori in terms of poverty reduction, and support for family and child health and wellbeing.

14.0 The College regards the mother and infant/child to be a dyad, and we consider that supporting mothering and parenting is an investment. All efforts to support parents to parent their own children by supporting them to escape poverty are significantly positive. Sustained investment from pregnancy, to birth, infancy and childhood is necessary and very overdue.

Thank you for the opportunity to provide feedback on this significantly important Bill.

Yours sincerely

New Zealand College of Midwives

⁶ Howden-Chapman, P. (2015). *Home Truths: Confronting New Zealand's housing crisis*. Wellington, Bridget Williams Books, BWD Texts. 376 Manchester Street / PO Box 21106 Edgware Christchurch / Telephone (03) 377 2732 / Facsimile (03) 377 5662 / Email nzcom@nzcom.org.nz