

Giving 2 Kids:

What children need to thrive





TABLE OF CONTENTS

Children's needs at different stages of development	3
Ante natal development and healthy babies (0-2 years)	3
Developing pre-schoolers (2-4 years)	4
Growing children (5-12 years)	5
Empowered teenagers (13-17 years)	6
Young adults (18-24 years)	6
Children's needs must be met across six areas	7
Practical solutions to the effects of poverty over six areas of need	7
Create stable, nurturing families	7
Accessible health services	8
Getting the most out of education	8
Making homes safer and healthier	8
Supporting communities to help others	9
Making sure children have their basic needs met	9
Where do we need to focus to make the greatest difference?	10
Why give to kids? Because poverty has costs to children and everybody	11

Giving 2 Kids:

What children need to thrive

This paper describes what children need to thrive at different stages of their development. It covers six areas of children's lives briefly: family, community, income, education, health and housing. It also identifies four priority groups where investment will have the greatest impact: babies and very young children, those in severe and persistent poverty, Māori and Pasifika families, and children of sole parents.

CHILDREN'S NEEDS AT DIFFERENT STAGES OF DEVELOPMENT

The requirements for healthy childhood development can be characterised by five key developmental stages. Poverty and other stressors affect each of these stages differently. These stages and some of the effects of disadvantage are described below:

- Ante natal development and healthy babies (0-2 years)
- Developing pre-schoolers (2-4 years)
- Growing children (5-12 years)
- •
- Empowered teenagers (13-17 years)
- Young adults (18-24 years)



Ante natal development and healthy babies (0-2 years)

Early developments - as a fetus and during the first couple of years of life - are fundamentally important to childhood wellbeing. This is a critical time for brain and body development and establishing the essential hormonal, nutritional and cognitive processes for later life.

The fetus and baby require a physically and nutritionally healthy start, low stress during pregnancy, positive attachment with a parent or caregivers, and appropriate stimulation and movement so the brain, nervous system and muscles can develop. For example, a baby needs an appropriate diet and sleep. It is thought that during sleep, a considerable amount of brain 'wiring', immune function, and body growth occur.

Nurturing families are those that have positive attachments between baby and mother and/or father, with positive parenting techniques that respond to the needs of children in ways that make them feel protected, nurtured, valued, and loved. Poverty causes stress and stressed parents are more likely to have mental health issues (e.g. anxiety, depression and aggression), use more authoritarian parenting

styles and/or be less involved in their children's lives. Raised voices, psychological and physical abuse and neglect make children feel afraid, alone and unloved.

Babies who experience adversity such as stress or neglect grow fewer brain connections, delaying development, and potentially limiting cognitive development long term. Stable and nurturing parents are likely to be less violent towards children, have better emotional attachment to their children and do things like lots of talking, reading, singing and listening to children, which support the development required for language acquisition. Parents who show physical warmth such as cuddling improve a child's feeling of protection and belonging, protecting their mental wellbeing.

Children can be disadvantaged in many ways even before they are born. The effects of maternal smoking, poor nutrition and stress during pregnancy can affect the development of the fetal body, hormone system, and brain. Expectant mothers and fathers need access to pre-natal and maternity support services from the moment that pregnancy becomes known. All prospective parents need help - some need it more than others.

Families with new-borns need healthy, safe housing, access to the material resources required for the baby (such as a safe place for it to sleep and feed) and access to knowledge, information and support structures. Poverty can be a barrier for parents to find out what they need to know about childhood development that would empower them to support their children's development.

For example, homes that are damp, cold and mouldy make babies and children sick, which can also jeopardise the bonding between parent and baby. However, knowledge can reduce some negative effects by helping parents to prioritise warming the child's room and keeping the house well-aired. Knowledge about avoiding television or other screen-time for children under three years old can help parents avoid the adverse effects, demonstrated by emerging research, of screen experiences on the brain development of young children.

Poor nutrition can change the settings for how children's bodies metabolise food, increasing the likelihood of obesity, heart conditions and diabetes later in life. Knowledge and support about breastfeeding, healthy child nutrition, and developing cooking skills can all improve the situation for parents living in poverty who have not learned good nutritional practice.

A small minority of mothers, often from the most vulnerable groups, do not access health services until the time of labour. This creates a window of opportunity to provide intensive services and supports during this time. Risk factors can often be identified at the time of birth and it is important for health and social service providers to wrap support around the family at this stage – services like parenting support, sleep advice, well-child services, support for breastfeeding, relationship support, and general advice on entitlements to benefits and housing.

Intensive and early post-birth support to improve knowledge about parent-child bonding and childhood development can increase the prospects of better parenting and improved outcomes for the child. It also reduces the potential for crises within the family unit.

Developing pre-schoolers (2-4 years)

Routines and patterns such as regular sleep patterns, good quality nutrition, physical play and limited 'screen time' form an important part of the health of pre-schoolers. Healthy, safe housing is important in the toddler years because children spend such a lot of time at home at this stage and earlier.

Regular routines (such as bed time, eating, play time, behavioural consequences etc.) can help maintain consistent expectations, promote consistent discipline, avoid confusing the child and provide a supportive environment for child development. It is particularly important for children who live in more than one home (e.g. with different parents) to have consistent behavioural expectations and parental attention at all times to keep the child safe.

Appropriate behaviour is learned at this age. Young children develop an increased awareness of role models and boundaries, and the effects of positive, negative or neglectful, parenting can begin to manifest in the child's behaviour.

Learning through play in a variety of environments is important for children's development at this age. During this phase, quality early childhood education (ECE) makes a big difference for children's preparation for school, wider social development and attachments. Access to early childhood education is particularly beneficial to children in poverty as it may mitigate any lacks they suffer in the home such as variety of toys, other children to play with, calm adults with knowledge about childhood development needs, and opportunities to read or listen to books being read.

Growing children (5-12 years)

A child's participation in school maintains social and educational development and equips children with valuable skills for the adult world. During these years, the brain is still developmentally flexible enough for children to 'catch up' on learning if they have missed out on opportunities when younger. In addition to reading, writing and numeracy, other fundamental skills such as language, reasoning, behavioural and social skills all need to be in place during this stage of childhood development.

A child experiencing poverty and an unstable family environment may arrive at school disadvantaged and may require intensive support and guidance. During this phase the challenges of juggling employment with family responsibilities arise for parents. Access to affordable after-school and holiday care can relieve some of the resulting challenges and stresses for families.

At school, children begin to have a sense of their place in the world and an awareness of the opportunities and resources available in the community. However not all children are able to participate and benefit equally. Children require access to safe and stimulating recreation and play activities - parks and playgrounds libraries, swimming pools, cultural activities and the ability to enjoy community events. Sports clubs, music lessons and cultural activities offer children opportunities to develop further their cognitive, physical and social functions. For example, learning to read and play music develops cognitive skills (including improved brain 'wiring' between the left and right hemispheres), fine motor skills, memory and social skills. However, children in poverty face barriers to accessing music lessons, recreation and cultural opportunities due to the cost. Missing out on what other children have, exacerbates the existing disadvantages to those children, and can affect their mental health and psychological wellbeing.

During the early school years, children's peer relationships develop and different emotional and physical developments take place, all of which affect the child's view of themselves. Positive peer or mentoring relationships, and appropriate experiences and supports, become more important as the influence of school friends increases, and the influence of parents decreases.

Empowered teenagers (13-17 years)

A range of unique issues emerge for children as they reach adolescence. The challenges of children becoming more independent from their parents, of achieving qualifications and of new relationships all begin to emerge, at a time when hormonal changes are affecting how young people think, behave and react.

Self-harm, suicide, mental illness and unhealthy relationships can emerge in young people with low self-esteem or insecurity. Knowledge about health, physical development, and the dynamics of healthy relationships, can empower young people to avoid risky and unsafe behaviours. The risk of societal disengagement increases during this phase, and can be exacerbated through a loss of connection in the home and school. When young people become detached or isolated from their education and their family, they have reduced opportunities for learning about relationships, personal opportunities, their unique potential and other life skills.

Leaving school with few or no qualifications puts young people on the back foot as they strive for economic and social independence. (Although, there are opportunities to use 'bridging' and alternative education pathways or training programmes if these are available.) The risks associated with drug and alcohol consumption may increase if a young person is disengaged from school, training or employment. External mentors may be needed to help turn around the lives of youths who have had set-backs that are impeding their participation and development. Mentors are particularly helpful for youths who lack working role models because they grew up in benefit-dependent households.

Young adults (18-24 years)

A young adult's brain and required levels of societal knowledge have not fully matured within this stage, which presents risks for the new adult who is given all of the rights and responsibilities of older adults in the community. This is a time of growth, opportunity, experience and developing independence for individuals who have benefited from a positive developmental path. However, for those individuals whose positive development has been interrupted or set back, it can be a time where poverty, despondency and resentment set in. It is also a time for risk-taking, the added morbidity of which can affect young adults from all deciles, for example deaths from car or motorbike accidents.

Young adults are fully aware of the offerings of the world - they may see peers who have finished their apprenticeship, their education, are driving a car, flatting, or saving to go overseas. Some young adults may be living a life which is characterised by caring for a child and a family, an unfinished education, drug and alcohol consumption, no employment or low paid employment and poor housing. Disparity becomes more conspicuous and a sense of difference and resentment may emerge. During this phase the state has no statutory responsibility to care or provide for youths. Young adults not engaged in employment, training or education have to meet certain obligations if they are to enjoy the right of financial support from the state. For those who do not wish to engage, anti-social behaviour or criminal activity may become the norm. Solutions include committed mentoring relationships with good role models, support to overcome barriers to civil participation, for example completing full drivers' licencing, and special support for training and employment for young adults with high needs.

CHILDREN'S NEEDS MUST BE MET ACROSS SIX AREAS

As children grow and develop, their needs change. Childhood poverty is a key barrier to children thriving, and we need to consider

their needs across six key areas of life:

- stable, nurturing families we can help parents be better parents to their children
- health services that are accessible to children in need
- education support so children can achieve qualifications and socialisation
- healthy, safe and affordable homes
- a supportive community, and
- adequate income to meet needs so children have the basics.

Create nurturing families Get health Make sure children have services to children in the basics need Support Help children communities get the most to help others out of school Make homes safer and healthier

Children must have their needs met across these six areas if they are to thrive. We need mutually-reinforcing activities to bring about the improved wellbeing we seek.

PRACTICAL SOLUTIONS TO THE EFFECTS OF POVERTY OVER SIX AREAS OF NEED





Create stable, nurturing families

All children need stable, nurturing parents. The skills for parenting depend a lot on how much parents know. Improving parents' knowledge about childhood development, and the kinds of environments children need to grow up healthily, is associated with better outcomes for children. Helping parents earlier in the child's life has the greatest potential for long-term gains.

Parents in poverty can be supported to develop and practise nurturing parenting, which can mitigate some of the negative effects of having low incomes. Ideally, this learning would start in ante-natal classes but it is also valuable through post-birth courses or counselling. Sustained parenting and mentoring programmes are useful at any stage of child development, while one-off seminars are less helpful.

Practical ways to reduce parental stress also support nurturing parenting, such as child care, home support, food banks, and relationship counselling. More examples are described below for other areas of children's needs.



Accessible health services

There is a strong relationship between poverty and poor health largely for the reasons described above. Children growing up in poverty face multiple risks that include being:

- more likely to die of Sudden Unexplained Death in Infancy (SUDI)
- three times more likely to be sick and require hospital care, particularly due to infectious diseases, and
- more likely to have problems in adulthood, including higher rates of heart disease, alcohol and drug addiction, mental health issues and worse dental health.

While government provides core health services, communities are often called on to reduce the barriers for people in accessing those services. Examples include transport, advocacy, translation and coordinating health and social services within hubs in schools.

Many health providers, such as GPs, counsellors, behavioural therapists, and other mental health service providers have part-charges that can be a barrier to some people accessing services. For example, severe behavioural problems in children are not currently categorised as a mental health issue that warrants government-funded services, even though early intervention will reduce the risk of conduct disorders and other mental illness as children get older.



Getting the most out of education

Children who grow up in poverty are more likely to do badly at school. Children in poor areas are more likely to go to school hungry, move house and schools multiple times and live in overcrowded homes with inadequate space to do homework. Solutions to these problems include school food programmes, before-and after-school homework clubs, computers in homes/schools, desks in homes and social supports for engaging parents in school life.

Schools can also offer safe, convenient community hubs where children's services (health, social, relationship counselling, etc) can be provided.

Children's learning goes backwards during school holidays and this is worse for children in poverty than those from higher income families. Offering free holiday programmes to children who cannot afford to go will reduce their educational disadvantage during long school breaks.



Making homes safer and healthier

The increasing cost of housing means some low income families pay more than half their income on rent. This can leave little for paying power bills. Families suffering 'fuel poverty' fail to heat their homes properly, resulting in damp and mould. The cheapest housing often lacks efficient heating and filtered ventilation, and may have little or no insulation, which exacerbates this problem for families in 'fuel poverty'. Insulation and efficient heating improve home warmth. However, installing these require the cooperation of landlords.

Housing quality is particularly important for babies and pre-schoolers as they spend most of their time at home. Poor quality housing is a cause of many health issues for children, such as respiratory illnesses and spread of infectious diseases. Overcrowding means children may have to share beds or

bedrooms which spreads infectious diseases, may not have space to study, do not sleep well so are tired in class, and may be absent from school due to illness. Providing advice to parents on how to reduce avoidable crowding, or to ventilate homes and remove mould can help mitigate the effects of poor heating on childhood outcomes.

Children living in private rental accommodation are four times more likely to move in the first nine months of life than those living in owned homes. Families living in poverty often move the most due to their lack of secure tenure, and seeking least expensive rentals. They can least afford to improve their homes, while their homes are more likely to be unsafe for their children. Working with landlords to improve the condition of homes in which children live can have a positive impact. For example, advocates can help ensure a home is clean and free of mould before a tenancy starts, is in good repair, and has appropriate fencing.

Communities can contribute materially to help reduce childhood illness and injury by providing advice and materials that help people make their homes healthier and safer. For example, child-proof catches on cupboards to safeguard from poisoning, stair gates to prevent falls, a bed for every child, curtains, safe heaters, fire-guards, and fencing.



Supporting communities to help others

Communities and community-based organisations can be very responsive to local needs, and sometimes provide more effective support than central government. Strengthening the fabric of our communities means funding the supports and activities that families need and want, in the locations where families live, shop and play.

Important infrastructure for community supports include: kohanga reo, schools and other early childhood education providers, marae, churches, community halls and sports and recreation clubs. Children living in poorer neighbourhoods are less likely to have recreation facilities nearby, less likely to have 'walkable' streets and/or public transport. Advocating to local government for these assets will help improve outcomes for children.



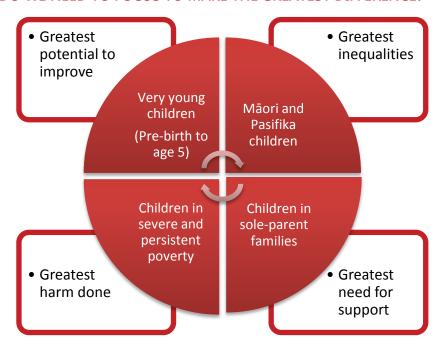
Making sure children have their basic needs met

Children regularly miss out on the things they need because the family income is low and parents are making tough budgeting choices. While benefit rates, minimum wage levels, tax settings and other key income sources are mostly controlled by central government, there are opportunities to support children in other ways.

Training and better job opportunities can improve the family income through access to higher paid jobs. Low-income families are often vulnerable to debt. For these families, no or low interest loans (micro-lending) may be an important part of the solution. In some cases it is practical to supplement income with the actual goods needed, for example direct rent payments, electricity vouchers or food stamps. This has the benefit of ensuring that the giving goes directly to fill children's needs, and cannot be used for other purposes.

Giving to children through low decile schools enables targeted giving that does not stigmatise, because all the children receive the goods. It is important to ensure goods are targeted at children most in need in ways that do not result in them feeling shamed or disrespected.

WHERE DO WE NEED TO FOCUS TO MAKE THE GREATEST DIFFERENCE?



Interventions for younger children have the greatest opportunity to both prevent harm and have long-term benefits to children. This is because improvements have a longer time to realise a 'return' on the investment. Other foci include Māori and Pasifika families, and sole-parent families because they suffer higher rates of poverty, and because sole parents are in greater need of support for the day to day care of their child or children.

Māori children are at least twice as likely as European children to spend long times in poverty and in severe poverty. For example, admissions for infectious diseases show much higher rates for Māori and Pasifika children for whooping cough, meningococcal disease, acute rheumatic fever and serious skin infections.

Sole-parents face considerably more challenges than two-parent families. Fifty-six percent of children in poverty live in sole-parent families and they are more likely to experience poverty for long periods. It is harder to find work and/or childcare that fits around the needs of children when there is only one person available to care for children. Sole parenthood can occur for many reasons, including lack of commitment of one parent (often young fathers), marriage or partnership break up, or death of a parent.

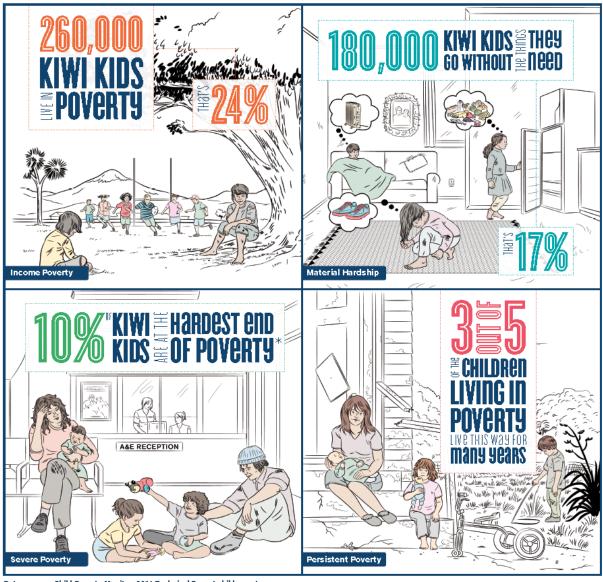
While most families in poverty are there for a short period, the children who are the most vulnerable are those in severe and persistent poverty. Across New Zealand, three out of five children living in poverty live this way for many years.



WHY GIVE TO KIDS? BECAUSE POVERTY HAS COSTS TO CHILDREN AND EVERYBODY

The Expert Advisory Group on Solutions to Child Poverty wrote a report about the evidence for action against child poverty. It is aimed at what government can do to reduce and mitigate child poverty. But there are also good reasons why everyone should consider helping children in need. It is not solely a government responsibility.

Child poverty is a real issue in New Zealand. It is a barrier to many of our children getting the things they need to thrive. The following graphic shows some measures of children's poverty in New Zealand, sourced from the Child Poverty Monitor 2014, http://www.childpoverty.co.nz/



Data source - Child Poverty Monitor: 2014 Technical Report childpoverty.co.nz *this is based on the most recent available data from 2012

Poverty affects children disproportionately, as they have no power to reduce their poverty or to mitigate its effects. They are completely reliant on their caregivers for their shelter, nutrition and care. Costs to individual children and young people include:

• poor physical and mental health

- stigmatisation
- unstable friendships
- going without the things children need
- poor educational achievement due to poor cognitive development and poor health
- family stress, and
- crime.

Poverty in families can result in high levels of stress and worry about not having basic needs met. It can make people less patient and tolerant and contribute to violence in families and communities. Due to the effects on brain development, regular high levels of stress in early years can make a child more likely to respond aggressively, and less able to concentrate and learn in school.

Poor socialisation and employment chances make people feel marginalised, angry and lose hope. They may turn to crime. While all these things can happen in families of all income brackets, they are more likely to occur among families with the lowest incomes.

The costs of child poverty are borne by all New Zealanders, as outlined in the paper <u>Choose Kids: Why investing in children benefits all New Zealanders</u>. The costs relating to increased government spending or lower tax revenues include:

- increased costs for education and healthcare (through remedial expenditure)
- constraints on productivity and economic growth due to lower work-readiness and qualifications
- increased crime costs
- higher unemployment rate, and
- stretched social services.

Remedial spending in education and health attempts to mitigate or prevent the effects of poverty on children's learning and healthy development. Examples are special education programmes, teacher aides, alternative education, and the public health programme to prevent acute rheumatic fever.

Child poverty has negative impacts on school qualifications, future employment options and, therefore, unemployment. People with low skills cannot participate in higher income jobs. In a country where low income jobs are increasingly being outsourced overseas, this effectively means the country loses them to the labour market which demands skilled people. Lower educational achievement and lower skills represent a lost opportunity in productivity to the nation, which has been calculated to be between 1.2 percent and 5.8 percent of GDP.

Social services required to mitigate the effects of poverty include budgeting advice, behavioural management, help to get into work, and counselling. There are also increased costs of crime, courts, incarceration, and rehabilitation that can be attributed to poverty among children.

The costs of fixing poor early development become more and more expensive as the child gets older and the physiology of the child becomes 'hardwired'. By the age of eight or nine, some aggressive response behaviours are entrenched and difficult to remedy. However, children and young people at all ages can benefit from investments in their mental, physical, emotional and cultural wellbeing so they can have a sense of personal worth and will contribute positively to society. This benefits everyone.