



Giving 2 Kids – 2: Accessible health services

There is a strong relationship between poverty and poor health which can affect a child for his or her whole life. These causes of poor health include lack of information during pregnancy, poor quality nutrition, and overcrowded homes that make children sick. Most parents prioritise health care for their children, but may not access health services for a variety of reasons such as family debt to their doctor, and lack of transport or time off work. While government provides core health services, communities are often called on to reduce the barriers for people accessing those services, and to fill gaps in some services.

#	Ideas for investment	Why this matters	Target age
6.1	<p>Encourage earlier access to maternity care</p> <ul style="list-style-type: none"> • Help raise awareness of New Zealand’s free entitlement to medical checks for pregnant women, and importance of registering early with a midwife or equivalent (e.g. working through school health education, community groups, iwi organisations, and partnering with primary health organisations to raise awareness) • Identify and reduce barriers to accessing maternity care for women in poverty (e.g. working with midwives in low decile areas to help meet the needs of their clients; such as providing transport or child care to enable women to attend appointments, or providing examination and meeting rooms in convenient locations). 	<p>Pregnant women are encouraged to register with health services in their first trimester. However, it is not universally known that all maternity-related health services are free in New Zealand, including midwife care and GP visits.</p> <p>Contact with a midwife or pregnancy health service early on in the pregnancy helps protect the baby and mother and leads to better outcomes. About 1/3 of pregnant women are making contact after the first trimester to Lead Maternity Carers (LMCs). Around 3 percent present in last trimester or not at all. In rare cases women present for the first time at hospital in labour and this is the only opportunity to provide health services and parenting information to them.</p>	pregnancy - 2 yrs
6.2	<p>Create partnerships to help babies born into poverty</p> <ul style="list-style-type: none"> • Create local partnerships between midwives or Well-Child Tamariki Ora providers who can identify families with extra needs, and other community organisations who can deliver those needs • These partnerships would aim to deliver targeted help across other areas that affect health and childhood development, (e.g. housing, parenting programmes, counselling, anger management), delivered by NGOs in non-stigmatising ways. 	<p>Wrapping social and education services around the health care provider can mean families can be referred for other services they might need. This is particularly important for families who don’t meet the threshold for additional government support, but who can benefit from added supports.</p> <p>Midwives and Well Child/Tamariki Ora providers (e.g. Plunket) are often the only services who have legitimate access to babies’ homes. They are trusted and can identify families living in poverty, or those struggling with newborns and can refer these families to other NGOs/charities to provide what these families may need.</p>	pregnancy - 2 yrs

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6.3	<p>Fund maternal depression treatment</p> <ul style="list-style-type: none"> Partner with midwives, hospitals, GPs and Well-Child /Tamariki Ora to raise awareness of maternal depression and the importance of seeking treatment. Provide free access or subsidies for parents to get treatment for maternal depression, e.g. work through mental health service providers to set up discretionary funds to help those who can't pay the full (or part) charges. 	<p>Maternal depression can be debilitating for mothers and can reduce the bonding that supports warm parenting behaviour. Without this bonding children can have psychological development issues long term.</p> <p>Babies born into poverty are more likely to have low birth-weight, which means they need more frequent feeding, are more likely to get sick, may cry a lot and these pressures create difficulties for the mother to cope.</p> <p>Such pressures can cause, or be exacerbated by, maternal depression. Families in poverty have fewer resources to access mental health treatments for a mother post-birth. Fast access to treatment increases the likelihood of positive parenting and better childhood development outcomes.</p>	pregnancy - 2 yrs
6.4	<p>Help reduce the risk of death in infancy</p> <ul style="list-style-type: none"> Depending on need, provide bassinets, sleeping pods, breastfeeding coaching, advice about safer sleeping arrangements etc to high-risk families as they leave hospital Support culturally relevant programmes for women to quit smoking while pregnant and/or avoid smoking near their baby. 	<p>Co-sleeping is a risk for SUDI, which is four times greater in the lowest socioeconomic status group. However, some mothers want to keep their baby in bed to support breastfeeding, and maximise rest. In these cases it is important to reduce the risk and make the baby as safe as possible. Having a baby pod creates a protected space in the adult bed. In DHBs where sleep education and pods were provided, there was a significant decrease in SUDI.</p> <p>It is also important to reduce the risk factors. Women who smoke in pregnancy or around baby create risks to the child's health. There is evidence that culturally-relevant incentives to stop smoking have been effective for pregnant Māori women.</p>	pregnancy - 2 yrs
6.5	<p>Improve services for young children with disabilities</p> <ul style="list-style-type: none"> Partner with disability service providers to make sure young children with disabilities get their full entitlements Supplement government-funded health services for children with disabilities so they can overcome their disability and maximise their abilities. 	<p>Children with disabilities have additional needs that can be costly. This can increase stress and impact on the parenting behaviours needed for these children (such as extra patience).</p> <p>Children living in poverty need advocates to ensure they get full entitlements to disability services. Sometimes parents in poverty struggle with the skills needed to advocate effectively.</p> <p>Government-funded services may be limited by budget. If poor families do not meet the thresholds required for disability services, they may miss out because of the costs involved.</p>	2 to 4 years

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6.6	<p>Provide health hubs in primary schools</p> <ul style="list-style-type: none"> Partner with health providers and low decile schools to bring a 'hub' of health services to the school. This would include mental and physical health services and prescription dispensing. 	<p>If children are sick then they will not learn. Health hubs in schools ensure services are given to children where the children are reducing the barriers to parents seeking health care for their children. Health services should include mental health, counselling, and behaviour therapies not only physical health services.</p>	5 to 12 years
6.7	<p>Provide mental health services for young children</p> <ul style="list-style-type: none"> Partner with low decile schools and health providers to ensure children get assessed and treated for mental illness. Fund training for parents and teachers so they can learn techniques for dealing with mental illness and behavioural issues in children Provide more funding to schools to help them afford discretionary teacher aides (above what they can get through Ministry of Education funding) to help at-risk children who are not achieving due to mental health, behavioural or disability issues. 	<p>Early diagnosis of behavioural and mental health issues is important. For example, children with Oppositional Defiance Disorder can progress to Conduct Disorder. This disorder can become a debilitating mental health issue for families - with a greater likelihood of family relationship breakdown, criminal activity, and other serious consequences.</p> <p>Families in poverty often don't have the money to pay for intensive behavioural therapies and rely on the public health system, which is often stretched. The funding available to low decile schools is often inadequate to deal with the higher prevalence of learning and behaviour issues they face.</p> <p>Disruptive children can impact the whole class. Behaviour support or training helps the adults to use consistent techniques to address the child's behavioural problems.</p>	5 to 12 years
6.8	<p>Provide access to mental health treatments and mentoring supports for youth</p> <ul style="list-style-type: none"> Help youth wellbeing by partnering with schools and mental health providers to provide suicide prevention programmes, phone support lines, counselling, mentoring networks, and innovations (e.g. apps that distract from suicidal thoughts). 	<p>Young people aged 15-25 are at greatest risk of suicide in New Zealand (especially males and Māori). Suicide attempts are a symptom of mental illness. Mental illness, which is more common among people in poverty, is also connected with negative family and peer relationships and crime. Early identification of problems can support young people to stay in school and learn to manage their mental illness.</p>	13 to young adults 24 years

#	Ideas for investment	Why this matters	Target age
6.9	<p>Provide health hubs for teens</p> <ul style="list-style-type: none"> Partner with low decile secondary schools and health providers to provide health education programmes, including sexual health and family planning advice and resources. 	<p>While teen pregnancy rates and STD infections are falling, teen pregnancy rates in New Zealand are still comparatively high and New Zealand has high rates of some STDs compared with other developed nations.</p> <p>Teen pregnancy is a trigger for disadvantage including low qualifications, low or no income, and poor personal relationships for the mother and vulnerability for the child.</p> <p>Evidence shows that effective health education programmes need to be long-standing, rather than one-off sessions.</p> <p>There is a role for charitable organisations to ensure programmes are provided holistically, raise self-esteem, and give children and young people core values that enable them to develop positive and respectful relationships.</p>	13 to 18 years