

When the Invisible Hand Rocks the Cradle – Implications of the UNICEF Report for Public Health in New Zealand

Cindy Kiro, Massey University, Albany, Auckland

A recent report by UNICEF written by New Zealanders about the impact of the social and economic reforms over the past 18 years makes sober reading. Based on official evidence of major indicators such as family income, housing, education reforms, and health outcomes, it attempts to explain the link between the rapid, wide-ranging reforms that gripped New Zealand from the mid-1980s until the late 1990s, and outcomes for children and young people in New Zealand.

Ideologically driven reforms of this type are not evaluated either before or during their implementation. However, the authors of this report, Alison Blaiklock, Cindy Kiro, Michael Belgrave, William Low, Eileen Davenport and Ian Hassall, were struck by the absence of any significant attempt to understand the implications of the reforms for children and young people, within the environment of their family, household, community or wider society. This is despite an increased awareness about the impact of childhood adversity for adult health and social outcomes (Power, C., *Lancet*, Vol 360, November 23, 2002, pp 1619-1620).

Contributing factors

The report showed that there has not been an overall improvement in the wellbeing of children and young people as a result of these reforms. Instead, there was widening inequality between ethnic and income groups which left many Maori, Pacific and low-income New Zealand children

relatively worse off. The effects of the housing reforms with the introduction of market rentals and complex access processes, coupled with the huge increase in unemployment facilitated by rapid deregulation and restructuring of the labour market, are identified as key components contributing to this loss of well-being.

Summary of findings

Major findings of the report are summarised as follows:

Maori tamariki and rangatahi

Improvement in choice of service delivery and involvement of iwi/ Maori organisations in social services planning. Overall social indicators such as unemployment, family income and housing, offsets many of the gains made in specific policy initiatives for iwi/ Maori autonomy.

Family income

Inequality increased dramatically (fastest in the developed world between 1987 and 1997)

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due to restructuring of the labour market, absence of Government sponsored pro-natal family policy, complexity of the benefit system, reduction in benefits leading to decreased access to entitlements, and increased poverty for families dependent on this assistance. Children were the group most affected by these policies as they lived in families dependent on this support and most affected by the restructuring. Consequently child poverty increased during these reforms.

Health

Increase in communicable diseases such as meningococcal diseases, improvements in overall rates of infant mortality and SIDS deaths for all groups was not as great as for other industrialised countries. This is particularly noticeable for Maori and Pacific children. Youth suicide rates which increased throughout the reforms stabilised from the very late 1990s. Social conditions such as housing reforms are believed to have contributed to these by contributing to overcrowding, but also socio-economic status strongly correlated to negative health outcomes.

Education

Education reforms are not equal. There is increased school participation rates due in part to the raising of the school leaving age, but the gaps between qualifications remain for Maori and non-Maori, also the youth labour market linkage is more disrupted. Government has repealed school zoning, reviewed the Students Loan Scheme and removed the interest penalty while studying, however little innovation has occurred other than with Kohanga Reo and other culturally specific and alternative learning schools. Initiatives around reintroducing the apprenticeship scheme is welcomed, but more mechanisms to link youth into the employment market is needed.

Child protection and youth justice

Violence against children continues at an unacceptable rate. Statutory departments appear unable to sufficiently protect children. Mick Brown's report (*Care and Protection is About Adult Behaviour*, Ministerial Review of the Department of Child, Youth and Family Service 2000) identified major systemic, professional and familial shortcomings and the Government is

committed to addressing these, but appears mired at the moment.

Implications for Public Health in New Zealand

A number of public health issues emerge from an examination of this report, and associated literature, around the medium to long-term effects of socio-economic deprivation for life-long health outcomes. These are further complicated by political considerations such as inter-generational inequity and an anticipated increased future demand for services and public monies by the elderly, demographic changes in New Zealand society with aged population, and 'brownification' (greater numbers of Maori and Pacific Island children) of children and young people at the same time. This may mean that children (who don't vote) are further marginalised. Families who provide for them will be further unable to meet basic access to health services, quality childcare and education, adequate quality housing, and job opportunities for when they leave school.

What to do

The lesson for public health practitioners in New Zealand is to strongly advocate mechanisms such as impact assessments and Government review of the progress of children, in line with their commitment to international covenants such as the Convention on the Rights of the Child and its own policy commitments to a family and child friendly society. The enactment of the current Government's *Agenda for Children*, provides a good framework, now needs specific actions and implementation with appropriate resources.

Addressing needs exacerbated by 18 years of ideologically driven policies will take time. Public Health practitioners should monitor that further inequities are not created by ensuring that there is access to Government funding, and that those without do not continue to go without.

The recent report by the Ministry of Social Development on *The Living Standards of New Zealanders* has borne out the findings of this UNICEF study in finding that the lives of families

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who are Maori, Pacific or headed by lone parents, have experienced an increase in poverty over the past decade.

The Government has indicated its intention to address child poverty and to implement the *Agenda for Children* and Youth Development Strategy. We should do what we can to encourage that this is given greater priority. A generation of New Zealanders has already grown up knowing only extreme market policies. Fixing these must remain a priority, and will require more investment in young people and children than currently appears available. This is in conjunction with the continuation of state housing support to low income families and focus on increasing employment for families to provide economic support to dependent children and young people, an extension of the apprenticeship scheme and other mechanisms for linking young people into the labour market. Childcare availability, affordability and quality must also be prioritised to enable the many families who require parents to work, to do so knowing that their children are cared for.

The changing face of the New Zealand demography with the 'brownification' of children, at a time when more pressure will be placed upon demand for health, housing and support services for elderly, means that we must remain vigilant about broader public health outcomes. We are preparing the next generation of New Zealanders and they will learn from our example.

Conclusion

The authors' of this report conclude, "The New Zealand experience illustrates the vulnerability of children during periods of social upheaval and change and the importance of having effective mechanisms to monitor, protect and promote the interests of children." (Blaiklock et. Al, UNICEF, Innocenti Working Papers No. 93, July 2002, p1). The purpose of this report is not to wallow in the failings of our past, but to learn from these. Let us not undertake such sweeping and rapid reforms without adequate protection for children and young people.

References

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INTERNATIONAL

NEWS

Launch of PHA Fiji

The Public Health Association of Fiji was launched on 4th December.

PHANZ (also thanks to George Salmond) was able to provide information to assist with the planning of the new association.

PHANZ sent congratulations: *Nisa bula vinaka Across the ocean that joins us we send you Pacific greetings and best wishes for the launch of your Public Health Association, and your efforts to improve the health of your peoples.*

PHA Strategic Planning 2004–2009

by Gay Keating, PHA director

In 1999 the PHA developed a Strategic Plan to guide the work of the PHA. The Strategic Plan had a five-year life – 1999-2004. Included in this edition of the PHA News is the beginning of the process to revise our Strategic Plan.

For the PHA to be effective, the Strategic Plan needs to reflect the direction of the membership. Since I have been working for the PHA, the Strategic Plan 1999-2004 has been very valuable for me and the organisation to guide our actions, and make judgements on how best we spend the time resource of staff. It has driven the Communications Strategy, and the priorities that different issues have taken.

Try to find time to discuss these initial ideas with colleagues and give your opinion. After the Council teleconference in March, Council members will be well placed to facilitate discussions within Branches and with the Maori Caucus. Perhaps there is scope for the various interest email groups to have some email discussion on the way in which the new Strategic Plan is shaping up.

The most important opportunity to discuss the draft Strategic Plan will be at the Ngaruawahia Conference in July 2003. A separate session will be planned so members can have a roundtable discussion on the plan. I'm sure that, with robust debate, the 2004-2009 Strategic Plan will continue to provide clear focus for our organisation.

Council news

The 8 November 2002 Executive Council welcomed new members – Rebecca Williams from Auckland, and Adrian Te Patu from the Maori Caucus. Unfortunately neither of the other two new members, David Tipene-Leach (Maori Caucus) or Louise Croot (Otago/Southland) could be with us.

The new PHA nominee on the Population Health Trust is Marty Rogers, replacing Louise Signal.

The Council reinforced the importance of our alliances with other organisations. There are a small number of groups with whom we have formal links (such as Health Promotion Forum, Mental Health Foundation), but we have a much wider set of groups with whom we collaborate from time to time. Council will receive a report on our alliances at each Council meeting.

Marty Rogers gave the Council the same Conference 2003 multi-media presentation that wowed the Australian PHA. The details of the Conference programme had everyone continuing to be highly supportive of this, the first PHA Maori Caucus Conference.

It was agreed that the six-monthly PHA report to the Ministry will be placed on the website (www.pha.org.nz). The PHA Executive Council was delighted with the positive feedback from the Ministry on the report.

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The Sir Gustav Nossal International Fellowship Health Leadership Program 22nd – 29th March 2003, Melbourne

This year long program brings together future leaders to collectively define and acquire the skills and values required for equity-based leadership. The program includes a 7 day residential course. Coordinator: Beth Fuller (b.fuller@unimelb.edu.au).
Website: www.aihi.unimelb.edu.au/GNFellowship/index.html.

Centre for Social and Health Outcomes

A Centre for Social and Health Outcomes Research and Evaluation (SHORE Centre) has been established at Massey University, headed by Professor Sally Casswell.

The centre adds to the growing interest and expertise in public health and Maori health research at Massey, including the SHORE Centre, CPHR, and Te Pūmanawa Hauora. For further information look up their website : www.shore.ac.nz/.

PHA moves forward on Maori Media

by Gay Keating, PHA director

The PHA work on Maori health took a big step forward in November when Damiane Rikihana took up a role giving Specialist Maori Media advice.

When the Executive Council reviewed the implementation of the Communications Strategy it was felt that more emphasis was needed on support for the PHA Maori Caucus. We sought a single contractor who could offer us both mainstream and Maori media capacity. The interview panel recommended two separate contracts. The contract with Damiane now brings us to full strength.

Damiane's tribal affiliations are Te Arawa. She says "I guess most of my experience has been in dealing with Maori issues in the media. In the past six years I have worked on an increasing number of public health issues - many, but not all, dealing with the Maori dimensions of public health. I am a journalist by trade and have worked in Parliament, and with a wide range of government agencies. I have also worked closely with iwi organisations as well as NGOs and Maori groups. The last four years have been spent as a senior consultant with Huia Communications in Wellington. I am looking forward to working with the Maori Caucus, sharing what I know and learning from their vast expertise and pool of knowledge".

For the PHA Damiane will provide strategic media advice to fully develop and implement a Maori caucus media plan, advise and support the PHA communications advisor, Penny St John, in implementing the communications for Maori, assist Penny in implementing media training for Maori, assist in defining future Maori communications resource needs, contribute to the development of the PHA funding proposal for the period commencing Oct 2003.

In particular, Damiane will help to frame stories for the media to do with the Maori Caucus priority issues. The priority issues are smoking; prostate cancer; tamariki ora; fatherlessness; Maori research; Kai Tika-Wai Ora; keeping indigenous issues on the international agenda; the different ways in which Maori work; connecting Maori and environmental health; and promoting more Maori

Ashburton community initiative wins major public health award

by Ann Currie, Canterbury Branch PHA

Organisers of an Ashburton community project aimed at keeping school students safe at after-ball functions have won this year's annual PHA Canterbury branch public health award. The awards are made annually to groups, which come up with a novel approach to solving important community issues that may threaten health and safety.

Crown Public Health promoter Jackie Girvan and Chris Clark from the Ashburton Community Alcohol and Drug Service worked with a wide range of Ashburton community groups, college students and parents to organise the *School After Ball Function*. They provided safe transport home, free water, supper, and supervision. In the past the annual after ball function in Ashburton has been a headache for parents and police in their efforts to keep drunken youths under control at after ball parties.

The *School After Ball Function* showed how local communities can work effectively to reduce the risk of injury and it is a model that could easily be applied anywhere in New Zealand.

The winners intend using the \$500 prize to set up a Public Health Association community involvement award for year 12 Ashburton College students. In this way the award will be of ongoing benefit to young people.

Other organisations recognised in this year's awards are the Maori and Pacific Diabetes Programme which aims to prevent people developing type 2 diabetes by promoting healthy lifestyles, and the Agender Christchurch Rainbow Room Project which has been set up to provide a safe place where people can obtain information about issues of gender and sexuality.

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leadership training.

If you have a story for Damiane, or would just like to talk with her, you can contact her through the PHA office (pha@actrix.co.nz), her own email (damiane.r@paradise.net.nz) or telephone (025) 245 2500.

Coffee, Croissants and Public Health in Auckland

by Rebecca Williams, PHA Auckland

To beat time and traffic a group of Auckland public health devotees meet monthly at 7.30am to share breakfast and plan for action.

A small but keen group of PHA members whipped up the first of these breakfast meetings on 25 September. They felt that there was a good opportunity to capitalise on the level of interest and energy from the PHA Conference. The meeting was called "Networking and Advocacy for Public Health: What's needed?" and was co-hosted by the Health Promotion Forum. The meeting was lively and focussed on identifying the public health issues that the region faces and the opportunities that exist to address these. The 35 people that attended were all keen to meet again and have a strong focus on planning for action.

Two further breakfast meetings have followed and another is planned before the end of the year – now that's keenness for you!! All have the development of a regional action plan in mind. Two sub-groups have since formed. One is discussing and developing a "mapping" exercise and the other a symposium.

Engaging all players

One of the challenges for any planning, and one that raises its head very quickly in a region the size of Auckland, is how to reach out and engage with all those players who impact on public health but are not operating in the public health sector.

Many of our "Breakfast Clubbers" also attend the Public Health Sector Reference Group meetings which began in May 2002. These meetings form part of the 'Shared Decision-making' structure and process and are facilitated by the Ministry of Health. While these meetings provide a forum for Auckland to have input into national strategic decision-making, the breakfast meetings provide chance to focus and plan for Auckland public health action.

Contact: *Rebecca Williams* director@ahw.co.nz

Robin Hood Inspired Strategy in Taranaki

Heather Came, PHA Waikato

We live in a society where some people have a lot and others have very little. Taranaki Health has recently launched an old-fashioned "Robin Hood" inspired strategy, *Operation Citrus Drive*, to redistribute fruit (and vegetables).

Being poor puts health at enormous risk. When living on a tight budget, fruit and often vegetables become luxuries that slip off the shopping list. *Operation Citrus Drive* is also about people getting involved in their communities and sharing resources.

Redistributing surplus produce is not a new idea. It is something that happens informally all the time, especially in rural communities. The vision with *Operation Citrus Drive* is to create a more formal system of sharing 'extra' produce so more people can enjoy the health benefits of access to free fruit and vegetables.

The initial response to the project has been extremely positive, with shopping bags of lemons and grapefruits, (and cauliflowers and cabbages) being handed in and moved on to local foodbanks and community centres.

Stratford foodbank has been one of the first agencies to benefit from the Citrus Drive. According to Elva Thomas, Community Foodbank Coordinator, they can never get enough citrus and the new Citrus Drive provides a real boost. Nothing is wasted, for example leftover fruit is juiced or frozen, or turned into marmalade and muffins.

Operation Citrus Drive is an easy, practical way to get involved in the community. People can participate by donating fruit, by volunteering to collect fruit and by being involved in the redistribution, and promotion of the campaign.

Mental health benefit

As a mental health promotion campaign the project is a great success. People feel good about helping out and people in need are getting fresh healthy food.

Obviously big picture policy work still needs to
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New Ministry of Health discussion paper on public health legislation

by Louise Delany, PHA Wellington Branch

On 29 November 2002 the Minister of Health, Hon Annette King, released a discussion paper - *Public health legislation: promoting public health, preventing ill health and managing communicable diseases*.

This paper will help shape future directions for law on public health issues for what may be decades to come. Some of the proposals are innovative and may be controversial.

This discussion paper follows up a decision in 2001 by Government to replace the Health Act 1956 and the Tuberculosis Act 1948 with a new Public Health Bill. An earlier discussion paper produced by the Ministry of Health in 1998 set out a general framework for new legislation in this area; this new paper considers selected topics to be included within the proposed legislative framework and provides details and options on how they could be implemented.

The paper covers:

- *Health information*, including obligations and criteria for notification. Provisions for notification would be broader and more flexible than at present. Laboratory notification would be permitted.
- *Promoting public health*: proposals to address non-communicable conditions as well as risk factors and health determinants. This

chapter recognises that the major causes of population ill health today are those broadly categorised as non-communicable (cardiovascular, cancers, diabetes, oral ill-health etc).

- *Preventing ill health and promoting child health*: this covers issues on registers, immunisation and screening.
- *Management of people with communicable conditions* – where people do not or cannot minimise the risk of transmitting those conditions to others. This chapter proposes among other things the concept of public health orders, relevant in particular to detention and isolation
- *Replacing the 'aged and infirm' section with 'public health welfare' provisions*. *Contact tracing*: of particular relevance to general practitioners as well as public health physicians and sexual health physicians.
- *Border health protection*.

The paper can be downloaded from the Ministry of Health website: www.moh.govt.nz (look under publications). Alternatively copies are available from the Ministry of Health: ring Gabrielle Baker, (04) 495 4377, or email phb@moh.govt.nz. **Closing date for submissions: 28 March 2003.**

BRANCH

....operation citrus drive

happen around families and individuals having adequate income and this work needs to continue in Taranaki and elsewhere. In the short and medium term it's good to be doing something practical now rather than just talking and writing about it.

Anyone keen to set up an Operation Citrus Drive feel free to contact Heather Came at the Health Promotion Unit, Taranaki Health ph 06 753 7777 ext 8525 or e-mail heather.came@thcl.co.nz.

The PHA Executive Council and Committee wish you a safe and happy holiday break over Christmas and New Year.

Thanks to everyone who has generously contributed to the ongoing success of the PHA during 2002.

Best wishes, good health, and success for 2003.

“Short Courses”

Date: 10-12 February 2003
 Introduction to Epidemiology
 Date: 12-14 February 2003
 Maori Health
 17-21 February 2003
 Epidemiology and Biostatistics
 For information and preliminary registration
 website: <http://publichealth.massey.ac/shortcou.htm>.

“Outcomes in Health” 2nd Annual
 Measuring, Monitoring and Managing
 Outcomes in Health Conference
 Date: 17-18 March 2003
 Venue: Waipuna Hotel, Auckland
 Contact: Vision Conferences, Freepost 83430,
 Auckland
 Tel: +64 (09) 912 7630
 Fax: +64 (09) 912 7639
 email: register@visionconferences.co.nz

“Networking Environmental Health” NZ
 Institute of Environmental Health Incorporated
 Date: 12-14 March 2003
 Venue: Queenstown
 Contact: Jan Eyles
 Tel: (03) 442-0444/021 645-241
 email: jan.eyles@smsl.co.nz

“Relay for Life” A Team Fundraising Event to
 Fight Cancer
 Date: 15-16 March 2003
 Venue: Frank Kitts Park
 Contact: Cancer Society, Wellington Division
 Tel: (04) 389-0052, Fax: (04) 389-5994
 email: nicc@cancersoc.org.nz,
 website: www.relayforlife.org.nz

Let's debate the issues

Do you have a comment to make about any
 articles in this issue? Send your comments to
 the Manager pha@actrix.co.nz.

“Connecting Policy Research and Practice”

Social Policy Research and Evaluation
 Conference 2003
 Date: 29-30 April 2003
 Venue: Wellington Convention Centre
 Contact: Toni Kilvington, P O Box 5256,
 Wellington
 Tel: (04) 499-6133
 website: www.msd.govt.nz/keyinitiatives/conference/index.html

“Focusing on Solutions - the way forward”

4th International Conference on Drugs and
 Young People
 Date: 26-28 May 2003
 Venue: Wellington Convention Centre,
 Wellington, New Zealand
 Contact: Conference Secretariat
 Tel: +61 (03) 9278 8101 or +61 (03) 9278
 8137, Fax: +61 (03) 9328 3008
 email: events@adf.org.au
 website: www.adf.org.au

“Tinorangatiranga in Public Health”

PHA Annual Conference
Call for Papers Date: 20th March 2003
 Conference Date: 2-4 July 2003
 Venue: Turangawaewae Marae, Ngaruawahia
 Contact: Convenors - Maori Caucus
 Tel: (04) 472-3060
 Fax: (04) 472-3059
 email: pha@actrix.co.nz
 website: www.pha.org.nz

Have your say on what is read!

The PHA News editor would like your public
 health news for publication in the PHA News.
 Please send copy for next issue by **February 3rd
 2003** to the Manager pha@actrix.co.nz or
 telephone (04) 472-3060 for further information.

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 newsletter do not necessarily reflect those of
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