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Subject

What does the Government need to know about child poverty in high deprivation communities? COVID-19's impact on South Auckland tamariki and the argument for structural change in data collection.[1]

Summary

The Government is committed to protecting and maintaining all children's right to thrive in Aotearoa, which is a responsibility it has committed to as a signatory to the United Nations Convention on the Rights of the Child (**UNCROC**), under the Child Poverty Reduction Act 2018 (**CPRA**), the Children's Act 2014 (previously called the Vulnerable Children's Act 2014) (**CA**) and mindful of our obligations under Te Tiriti o Waitangi. This paper looks at the legal mechanisms to combat child poverty and argues for an enlivened "ground up" approach that is informed by improved approaches to data collection.

In South Auckland around 35 per cent or 160,000 people live in the areas of highest deprivation (deciles 9-10). Within the South Auckland community, the local board areas of Māngere-Ōtāhuhu, Ōtara-Papatoetoe, Manurewa and Papakura show the largest disparities with the rest of the region, and Aotearoa, and are identifiable as priority areas due to the presence of poor outcomes in multiple indicators.[2] The case study focusses on tamariki aged five to thirteen years old, who are predominantly Māori and Pasifika, living in concentrated pockets of high deprivation in Papakura Kelvin.[3] Technically Papakura Kelvin is a Statistical Area 2 (**SA2**). SA2s are built from mesh blocks and generally contain 1,000-4000 residents,

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[1] This summary is based on the findings from my 2022 LLM Research Dissertation.

[2] The Māngere-Ōtāhuhu community is largely Pasifika and has significant issues with low income and unemployment; Papakura has a large Māori community and a significant number of children and youth at risk. While highly diverse, these communities share in common low levels of trust in external organisations.

[3] The New Zealand Index of Deprivation from the 2018 census for Papakura Kelvin is 10.The higher the decile, the higher the deprivation score. Aotearoa schools are transitioning from decile-based equity funding to the new Equity Index. There will be an additional $75 million per annum equity funding over four years for schools with the highest concentrations of students living in income poverty and material hardship households. This is an improvement, but still lower than other comparable countries.

capturing a 'community of interest'.[4] These children attend low decile primary and intermediate schools in Papakura.[5] Based on the school role counts this represents some 1,000 of the approximately 100,000 children described as living in 'grinding poverty'. The children of Papakura Kelvin are a small sample, their lives and cultural context will be different from those children growing up in small towns and rural settings. However, in terms of the child and youth wellbeing indicators, these children all face shared challenges.

COVID-19 pandemic has made these children's lives immeasurably harder ***and*** simultaneously exposed the inadequacies of our child poverty reduction, child wellbeing legislation and policies. When the schools these children attend went into lockdown at midnight on Tuesday 11 August 2021 the consequences were immediate and serious. School is a grounding place for these children. COVID-19 disrupted this. On all indicators – food insecurity; school attendance; the impact of the digital divide on learning outcomes; mental wellbeing; lower immunisation rates, their lives were made more difficult.

While the Government is complying with its obligations under the child wellbeing and child poverty reduction legislation, s 3 of the CPRA and s 4, Part 1 of the CA are not in themselves, sufficient to achieve their purpose. The COVID-19 pandemic and vaccination rollout has made this abundantly clear in multiple ways. The CPRA and CYWS are too narrow in intent, and insufficiently ambitious, coming into force in 2018, pre the pandemic years, and prior to the more activist intent of the Pae Ora legislation.

The CPRA and CAA legislation do not have a focus on equity in outcomes for all children. Unlike the Pae Ora Bill the CPRA is not explicit about either addressing inequities or striving to achieve equity in child wellbeing outcomes. Its focus is instead on measures, targets and indicators and monitoring disparities, a more reductive framing of the issues. Nor does it explicitly identify population groups, and in particular, Māori children.

There are 2,253 SA2s in Aotearoa, so approximately 230 will be in the most deprived areas. The number of Māori living in high deprivation neighbourhoods has increased since 2013.

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[4] SA2 is an output geography that provides higher aggregations of population data than can be provided at the statistical area 1 (SA1) level. The SA2 geography aims to reflect communities that interact together socially and economically. In populated areas, SA2s generally contain similar sized populations. SA2s were the 'suburb' comparison denominator in the publicly available COVID-19 vaccine rollout charts.
[5] Red Hill Primary School, Kelvin Road School, Papakura Intermediate and Edmund Hillary School are all decile one schools, the lowest rating.

The invisibility of Papakura Kelvin, alongside similar SA2 'communities of interest' in the national data has real consequences. It reduces government responsibility and ministry accountability. It limits optimal policy interventions. It impacts on funding levels. It lessens the ability of communities to advocate for better child wellbeing outcomes. It makes it harder for Māori and Pasifika health providers to initiate targeted interventions. It reduces public trust. It reinforces the poverty deficit model, an approach that Papakura Kelvin community advocates see as reductive, reinforcing and constricting the range of possibilities for these children. It moves the focus from improving child wellbeing outcomes. Data inequities have a discriminatory effect. Granular information builds public trust and paints a much clearer picture of what is going on within communities. The burden of invisibility falls disproportionately on these children. This is a problem to remedy.

There needs to be structural change in data collection and increased accountability at the SA2 level. National measures and indicators alone do not provide adequate political accountability and transparency for children living in these communities. Just as UNCROC, our treaty obligations, our child poverty legislation, policies, and child wellbeing strategy say, it is only right and just that these children, like all children, have the opportunity to thrive.

Recommendations

The role of law in advancing social justice is critical – not only through the enacting of high-level principles and "rights", but through the installation of particular levers and systems that can be crucial in producing results.

Recommendation One: Section 3 stating the purpose of the Child Poverty Reduction Act should be amended to:

> The purpose of the CPRA is to strive to achieve equity in wellbeing outcomes for all children, by working to achieve a significant and sustained reduction in child poverty in New Zealand by provisions that:

> ~~The purpose of the CPRA is to help achieve a significant and sustained reduction in child poverty in New Zealand by provisions that:~~

Recommendation Two: Section 3(a) of the CPRA should be amended to explicitly specify addressing disparities for Māori children.

> Encourage a focus by government and society on working towards achieving equity in child wellbeing outcomes among New Zealand's population groups, in particular for Māori;

~~Encourage a focus by government and society on child poverty reduction:~~

Recommendation Three: Section 3(b) of the CPRA should be amended to ensure both national and local transparency and accountability. National child wellbeing and poverty reduction targets, measures and indicators must be set for high deprivation communities, in ways attentive to the greatest opportunities for impact. This gives more focus and transparency to the level of government investment in making sure all children thrive.

Facilitate political accountability against published targets at the national and SA2 levels.

~~Facilitate political accountability against published targets:~~

Recommendation Four: Section 3(c) of the CPRA should be amended to read:

Require transparent reporting on levels of child poverty and child wellbeing, both at the national and SA2 levels.

~~Require transparent reporting on levels of child poverty.~~

Recommendation Five: Part 1(b) of the CA should be changed to a more directive intent removing the 'ensure' and replacing it with 'require'.

1(b) require that children's agencies work together to improve the wellbeing of particular groups of children.

(b) ~~ensure~~ that children's agencies work together to improve the wellbeing of particular groups of children.

Recommendation Six: Good social housing must be attentive to the needs of good child wellbeing outcomes. Kainga Ora should be additionally required to report the number of managed Kāinga Ora rental properties at the SA2 level. Currently the reporting is at the Local Board boundary levels. This would bring a strategic focus, alongside increased transparency, and accountability to the use of resources and enable a more effective auditing of how these resources can be used for the most impact in high deprivation communities.

Background

An important learning from the COVID-19 vaccine rollout is that national measures, targets, and indicators mask the critical variables of ethnicity, location, age differences and socio-economic status. Without data specificity it is hard to drive transformational change at a local level, a key argument underpinning Whānau Ora Commissioning Agency in their legal

challenge against the Ministry of Health. *Te Pou Matakana Limited v Attorney General (No 2)*[6] is an important and instructive case when considering the lived experience of Papakura Kelvin tamariki. It brings to light key issues around: the significance of personal health data in addressing health inequities; privacy laws and the constraints around its use; the complexity of relationships between government ministries and contracted Māori health providers; Māori data sovereignty; and the government's specific commitments to uphold Te Tiriti. The evidence presented in *Te Pou Matakana Limited* is instructive on the issues of Māori data treaty obligations and privacy. Being a good treaty partner creates a responsibility to treat data as a taonga. If there is a taonga in data, then that taonga must give primacy to life and health. Ideas of healthy futures, every child having the right to thrive, child wellbeing – informed by ideas of tika (just, fair, appropriate, proper) and data as a taonga, underpinned by evidence-based science, might deliver quite different outcomes to children and whānau.

The CPRA data's 16-month time lags make it too blunt a tool to provide insight into the impact of the pandemic on these children. Nor does it provide high quality disaggregated data at the SA2 level. Stats. NZ is currently leading the development of a Data Investment Plan for the government data system.[7] It has identified critical shortcomings in data content, infrastructure, and capability. There is an acknowledgement that there needs to be a greater visibility of populations of policy interest in the data. It will include more in-depth coverage of Māori data needs. High priority opportunities identified include improved insights on child poverty and improved data on the wellbeing of children. This has culminated into the Data and Statistics Bill which explicitly recognises the Crown's responsibility to consider and provide for Māori interest in data and statistics.[8] It was introduced into the House in October 2021 and is currently before the Committee of the Whole House.

The number of Māori living in high deprivation neighbourhoods has increased since 2013. A major step would be to identify, monitor and communities of high deprivation across Aotearoa at the SA2 level.

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[6] [2021] NZHC 3319.
[7] Stats. NZ 'Cabinet Papers – Data Investment Plan' Wellington December 2021
< www.stats.govt.nz/corporate/cabinet-papers-data-investment-plan>
[8] Data and Statistics Bill 2021 (81-2).

The way that the NZDep 2018 is created means that there is always 10 per cent of the SAI's in the country within each deprivation category.[9] So when the NZDEP2018 deciles are used, there will always be 10 per cent of all SA2's in the most deprived decile (10) and 10 per cent in the least deprived (or wealthiest) decile (1).

There are 29,889 SAI's in Aotearoa, so about 2,900-3,000 will be in NZDep decile 10 (highly socioeconomically deprived.)[10] Likewise, there are 2,253 SA2s in Aotearoa, so approximately 230 will be in the most deprived area.[11] The real issue is where these neighbourhoods are (there tend to be clusters of high deprivation in certain areas of the country) and *who* is living in them.

The children of Papakura Kelvin deserve to be heard. To be heard they must be seen. The absence from the data of their voices and their communities conceals the lived reality of their lives and considerably weakens government accountabilities. Data inequities have a discriminatory effect. Being a good treaty partner creates a responsibility to treat data as a taonga. Precision, accuracy, and clarity matter, as gestures of respect toward those to whom you wish to speak.

[9] June Atkinson, Peter Crampton, and Clare Salmond *NZDep2018 analysis of census 2018 variables* Department of Public Health (University of Otago, Wellington, 31 March 2021) <www.otago.ac.nz/wellington/departments/publichealth/research/hirp/otago020194.html>

[10] Stats. NZ 'Statistical area 1 dataset for 2018 Census – updated March 2020' (Wellington, 12 March 2020). <www.Statistical area 1 dataset for 2018 Census – updated March 2020 | Stats NZ>

[11] Stats. NZ, above n 83.