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Introduction

According to a survey conducted in 2011, New Zealanders overwhelmingly identified "getting a fair go" as a core New Zealand value.[1]

Looking after each other was as important to us as looking after the glorious natural environment in which we live, and far more important than having power or prestige or even being wealthy.

We thought of ourselves (when we're at our best) as broadminded, tolerant and protective of others.

It's five years on from that survey, but there's no reason to believe that we will have resiled from those principles.

Nor is the notion of giving everyone a fair go new. While we are less clear on what drove the great migrations from the Pacific by Māori, we do know that many of those Europeans who colonised New Zealand were fleeing countries where they had felt stifled and starved of opportunity.

Many of these European settlers came here believing that there would be no financial or social obstacle to the opportunity to get ahead beyond natural ability and willingness to work to improve yourself and situation. Regardless of the lived reality of such beliefs, especially for Māori or women, the view prevailed. The beliefs infiltrated the New Zealand psyche, giving rise to the egalitarianism value that persists amongst Kiwis today – the notion that no one, not a Supreme Court judge, a captain of industry, a politician nor the Prime Minister him or herself, maybe not even an All Black – is better than anyone else. We believe that all New Zealanders are of equal value, and all deserve the opportunity to better ourselves as far as we are willing and able.

It's that key Kiwi value – the notion of a fair go – that made it uncontroversial for our Government to sign the United Nations Convention on the Rights of the Child in 1993, which basically obliged it and all future New Zealand Governments to consider the best interests of children in all that they do. That core value was also the motivation for this book, because anyone who reads or tunes into the news will see there is reason to believe that a significant number of New Zealanders are not receiving their birthright. A large number of children, according to the headlines, are living in families with such low incomes and limited opportunities, that they're being denied the chance to thrive.

All children are not born equal. There is amongst any given group of children a wide range of abilities and aptitudes – or at least, the potential to acquire them. And this last point is fundamental to this book's project. All children, no matter how gifted by nature, require nurturing to realise their potential. The job of nurturing falls, as it has always fallen, to the child's parent or parents. No surprises there. But there is a piece of ancient wisdom that states "it takes a village to raise a child".

This is literally true in many indigenous societies, where members of the extended family and whānau, neighbours, broader kin groups or a whole tribe are closely, interpersonally related and provide support to parents as they feed, care for and educate their children. And it is no less true in Western cultures and societies, where we have replaced intimate, interpersonal relationships amongst broad groups of people with "systems" designed to deliver the same services – a health system, an education system and so on – to the nuclear family. If the village/hapū/iwi – real or virtual – does its job, each child receives enough food, adequate attention to their health and physical well-being and the kind of inputs that grow a child's potential. In other words, it enables the child to thrive.

In many parts of the world, where resources are scarce and lives are most often precariously dependent upon subsistence means of producing a living, the obstacles to creating the kind of environment under which children have the opportunity to thrive are severe. You only have to look at the advertisements run by aid agencies in the wake of natural disasters to see that it is all too often beyond the powers of human agency to keep children in some countries alive, let alone thriving. But in wealthy countries such as New Zealand, things are different. There are pretty much always enough resources to go around. If a child is missing out on any of the things they need to thrive, it is within someone's power to change it. In other words, if children are missing out, it is a political problem.

The Butterfly Effect: How the "Poor Problem" in New Zealand Harms Us All

Why should we care that some children are missing out on the opportunity to thrive? Quite apart from the moral and even legal grounds (we are signatories to binding international instruments that oblige us to consider children's best interests in all of our legislation), there is the argument from pure self-interest. We all have a stake in society: When children miss out, society foots the bill and so do all its members.

Insufficient resources in childhood and the impact on children and families creates what Statistics New Zealand terms a "butterfly effect"[2] by *"affecting not only the children and families living in poor situations but also the society having to bear a dividend of the costs". (p. 6)*

As we will see, insufficient resources have a direct impact upon child well-being. Quantifying this impact is a slightly tricky business, but it's worth having a crack at it. The report on solutions to child poverty put the economic costs of child poverty in the range of $6 billion to $8 billion per year.[3]

The Butterfly Effect: How the "Poor Problem" in New Zealand Harms Us All

These figures are based on work carried out by John Pearce in 2011 on the costs of child poverty. Pearce estimated the main costs to be $2.2 billion per year on poor education and lost productivity costs, $3 billion to $4.5 billion on health costs, $2.2 billion on costs of crime and $1.4 billion a year on social welfare costs. Pearce notes that the costs are difficult to pin down and are likely to be around $8 billion to $10 billion if the different sector costs are factored in.[4]

"Our analysis estimates that the annual cost of child poverty is between $6 billion and $16 billion annually, with the best estimate in the region of $8 billion. This is 3.5% to 9% of GDP, with the best estimate being about 4.5%." (p. 1)[4]

This book addresses three main questions. First, what does it mean when we say that every New Zealand child deserves a "fair go"? What does a thriving New Zealand child look like, and what do they need from their parents (or parent) and "the village" – the systems designed to support and supplement parental care – in order to thrive? This question is not as straightforward as it might seem at first glance. Advances in science have yielded some startling insights into the ways in which our early childhood conditions determine our later life. Our brains are quite plastic and malleable – that is, they are capable of being re-wired by experience – throughout our lives, but so much of what and who we are is irrevocably determined by what we experience in those critical first, few years. Poor outcomes for children today become the burden their children have to shoulder tomorrow. The intergenerational impact of insufficient resources is best understood, we find, through what happens (or does not happen) during the fundamental development stages of the first years of life.

Second, we seek to quantify the problem. How many children are missing out? That is, how many Kiwi children are not receiving a fair go, or are being denied the opportunity to thrive? Again, the answer is far from clear-cut. Do you measure the numbers of children who are, in fact, failing to thrive, or do you try to quantify the group of children who are *at risk* of failing to thrive? Neither is an easy enterprise. Children fail to thrive for different reasons and in different ways. Just because you fail to thrive doesn't mean you lacked the opportunity to do so. And conversely, some children thrive against all odds. But what is of interest to us (and as we shall soon see) is that some of the problems that afflict New Zealand children seem to be associated with the lack of resources available to their families. If, as this suggests, the lack of resources *causes* poor outcomes for children, then it is vital to know how many children live in families that lack the resources necessary to give them their best shot at realising their potential.

Third, supposing we agree that, as a nation, we have a problem, how do we address it? What policy option or options have been shown to be effective, here or overseas, in redressing the imbalance? How much would they cost? And will they be politically acceptable?

As the last point suggests, we will confront a great deal of mythology and fallacy along the way to finding the answers we seek, reflecting the range of philosophical positions it is possible to take with regard to society's responsibilities to its individual members. There is plenty of beguiling political rhetoric that insists that those who find themselves at the bottom of the social heap are there because "they made bad choices" – they squandered the opportunity to thrive and get ahead that we provide to all our children. Why should society (by which is meant the hardworking taxpayer) pick up the pieces for people like that? Equally beguiling for others is the idea that the poor

are helpless victims with no individual autonomy or choice, the flotsam and jetsam of luck and the structure of society. Both positions are hugely problematic for the individuals and families involved: Polemic thinking in a complex world is of little use to real people. Perhaps a little truth lies everywhere we look? Perhaps such "truths" do not elucidate the issue or get us closer to a solution unless we are all prepared to think more deeply about such issues?

In the end, the best and hardest question this book will ask of you, the reader, is this. Do we really believe in giving everyone a fair go? Because if it is true that a significant number of New Zealand children are being denied the opportunity to thrive, then we are not only in breach of our duty, under the UN Convention for the Rights of the Child, to do our best by the nation's children, but we are falling short of the standards we set ourselves. When all is said and done, children *by definition* have little or no control over their lives. It is those around them – the village, not just the parents – who can give them the opportunity to thrive. In a properly functioning society, families don't have to go it alone when they're raising children. It is almost universally true that parents want the best for their children. Society's job is to make it possible for all the different types of families we have to give their children a fair and equitable opportunity to thrive. Some will need more and others need less support to do so, if we find the scales are not fairly balanced in New Zealand. Because that is what giving everyone a fair go is all about. It is not about giving everyone the same; rather, it is giving what is needed to thrive.

CHAPTER 1.

The Weetbix Kids: Are All Kiwi Children Thriving?

If you were to ask the average New Zealander – supposing you could find one – how they could tell whether a child was thriving, they would likely answer that "you can just tell when a kid is thriving, can't you?"

Thinking about it more, they may say that thriving children are happy, healthy and engaged with the world, doing normal "kid" things and experiencing all the ups and downs, excitements and disappointments that childhood brings. They might go all misty-eyed and paint you a picture of a child who spends summers messing around in the water swimming and fishing, eating ice creams on the beach in the setting sun, who wakes up of a winter's morning to a breakfast of warm Weetbix, which sets them up for a morning of throwing themselves around a muddy sports field in front of at least one adoring parent, to be whisked home to a hot chocolate and lots of cuddles. A thriving child will be alert and attentive at school and their performance will reflect it, and their childhood will be firmly rooted in the rough and tumble of the school playground, full of their friends and rivals, similarly healthy kids who have feet as tough as leather and the same love for climbing trees. This thriving child has many adults in their life that they can trust and at least one or two upon whom they can rely completely. They will be proud of who they are and where they come from, whether it be their family or their people.

Māori might add one or two items to the list, or place greater emphasis on others. No Māori child could be considered to be

thriving, they might say, if they lack waiora (a healthy connection to the land and environment), mauriora (a strong and positive cultural identity), te oranga (a sense of inclusion in their society), toiora (a healthy lifestyle) or mana whakahaere (a sense of autonomy or self-determination).

These lists align quite nicely with a list of the things that signify thriviness (to coin a term) drawn up by economist and Nobel laureate Amaryta Sen and others[5] (Martha Nussbaum, Sudhir Anand and James Foster). Sen and his team observed many communities and cultures and decided that their members were thriving when they had the capability (i.e. the practical choice) *"to achieve outcomes that they value and have reason to value"* p 291.[6] According to Sen's "Capability Approach", that is, to thrive is to have both the opportunity to choose what matters in life (rather than having it determined for you) and the practical ability to achieve this (the barriers removed and the right supports in place). So meaningful measures of whether children are thriving need to include outcomes that matter to individuals and communities, not just to policymakers and pointy-headed academics.

It will not be news to anyone that the picture of a thriving New Zealand child that we sketched above is not a representation of reality, or at least, not universal reality. It could be that it is derived from some golden age. It could be that it is purely aspirational, a depiction of some ideal future, the kind of place we would like our children to grow up. But there is no doubting that for many children, it is a pipe dream, and so far removed in so many particulars from their own present experience that it appears unattainable.

Measuring gross national thriviness is a practical impossibility, because it is not a fixed, single quantity. It can only be determined by examining certain indicators of well-being. Some of these

are obvious and can be easily measured and represented with statistics:

- Health: For example, hospitalisations and deaths for various illness and injuries
- Educational achievement: For example, NCEA, or PISA scores for different ages
- Behavioural issues: For example, mental health issues such as anxiety, and depression.

Some have to do with the outcomes that children go on to experience:

- Economic engagement: Earnings and employment as young and older adults
- Crime: Arrests, court attendance, restorative justice attendance
- Unintentional pregnancies: Abortion and teen parent rates.

Still others, while having a significant impact on the quality of a child's life, are harder to measure and less easy to represent with simple numbers and quantities:

- Children's well-being and social inclusion: Whether, for example, a child feels "happy" or alone and unsupported; whether they have a strong peer group, live in a safe and attractive neighbourhood with quality facilities for children
- Parenting behaviours, including those that can be measured and described with "hard" data such as rates of abuse and maltreatment, and those including softer data, such as how connected children feel to their parents
- Parental mental health.

None of these, taken in itself, will tell us whether a child is thriving (or, in the case of the outcomes metrics, did thrive as children). But together, they give us an indication of the kinds of

conditions we are creating for our children as a society, and the outcomes that our children are experiencing. They are, that is, proxy measurements for the well-being of our children.

So how are we doing? Let's start by looking at one set of measurements of child well-being, namely health. We are one of the better countries in the OECD in terms of rates of low birth weight, and are middling in infant mortality (in 2014, 10 babies in every 1000 died in New Zealand).[7]

However, we have the seventh-highest rate of deaths in childhood, with around seven children per 100,000 dying before they reach the age of 18 (the OECD average is around five per 100,000).[8]

This high death rate is due in part to the number of children in New Zealand who are injured by accidents in their homes and surrounds and the number of children whom we intentionally kill by assault.

After cancer and abnormalities, injury (both intentional and accidental) is the leading cause of child death (those aged one to 14 years old) in New Zealand; in a four-year period, 218 children died because of transport-related injuries, drowning and assault – about 28% of all child deaths.[7]

We also have one of the highest rates of youth suicide in the OECD.

Some of these numbers are alarming, some might simply shrug and accept them on the basis of "bad luck", but if it were the case then there would be a roughly equal chance of bad luck happening to all New Zealanders regardless of their age, stage or social situation. The trouble is, even where we are doing pretty well compared with many (if not most) other countries, there is little reason to get all self-congratulatory, because when the numbers are examined in detail, a consistent "social gradient" appears in our performance. That is, certain groups in society

are doing worse than others, and the common denominator among these groups is that they are poor.

In statistical terms, around 60 of every 100,000 children from the poorest communities in New Zealand die each year, compared to 20 of every 100,000 from the least poor communities.[9] The rate of death from injuries due to such things as traffic accidents, poisonings and drownings is eight times higher in our poorest communities than it is in our communities with few poor households (8.65 per 100,000 children, compared to 1.76).

Similar "social gradients" can be distinguished in other mortality statistics. Once they are out of their first year of life, we see that kids who live in our poorer communities are three times more likely to be burdened by a very specific group of grievous health issues and are more likely to die in their childhood from these issues than those children living in wealthier communities.[10] These conditions include skin infections, asthma, rheumatic fever and meningitis. If we look at specific conditions, the rate of death in children from medical conditions such as pneumonia, meningitis and asthma in our poorest communities is 6.48 per 100,000 (compared to 1.08 per 100,000 in our wealthiest communities).

Sudden Unexplained Death in Infancy (SUDI) is the single largest contributor (43%) to children's deaths that is associated with being poor. Every year, the parents of 50 babies experience the unimaginable horror of finding their children dead where they are sleeping. Parents living in poor communities are six times more likely to experience this trauma than parents living in the least poor (the rates of death per 1000 babies are 1.8 and 0.3 respectively).

Of course, not all children die from illnesses, but the rates of hospitalisation tell us much the same story about the dangers of being poor. Each year in New Zealand there are 205,661 hospitalisations of children aged 0–14 years for illnesses

associated with being poor – conditions such as chest infections, skin infections and diseases passed from child to child. Many of these children will be in and out of hospital on a constant basis as their lives and living conditions do not change and they are re-exposed to the same risks that took them there in the first place.

In those communities with the greatest concentrations of poor households, 75 children in every 1000 are hospitalised each year for health conditions associated with being poor, a figure that is three times higher than the 26 children in every 1000 from wealthy communities who are hospitalised for such conditions.

Pretty bleak. It gets worse if you look at other measures of child well-being.

Educational Achievement

Internationally, we look quite good in the educational stakes. Overall, only 16.2% of children who leave New Zealand schools do so with no qualification, which compares quite favourably with many other countries. But once again, if we look at who is doing badly in New Zealand, we find that children from poorer areas are less likely to be involved in formal education at all ages, less likely to attend high quality education centres and – perhaps unsurprisingly – do worse at school than their better-off peers.

The problem starts at the start. Children living in in poor areas are less likely to attend early childhood education,[11,12] and when they do, it is likely to be of a lower quality with fewer teachers per child and lower levels of training on average.[13,14] New early childhood educational centres (ECEs) are being built at the greatest rate in the wealthiest communities, even though these communities have, on average, a lower birth rate (15–17). Home-based care (where only 3% of carers have a recognised teaching qualification) is on the rise throughout New Zealand.[18]

It's quite likely that the net result of these differences in access to early childhood education is being reflected in subsequent scholastic performance, with poor children of the same innate ability starting school behind their peers at age five. This gap remains (and widens) by age 10,[19] and the disadvantage discernible at the start of school and in primary school is carried through into secondary and tertiary education. Overall, 45.4% of Kiwi children achieve university entrance, but significantly fewer children from poorer communities stay at school, let alone achieve university entrance. In schools that draw their students from the poorest communities, 62.5% of students achieve National Certificate of Educational Achievement (NCEA) at Level 2 or above (the desired minimum qualification). This is compared to 91.5% of students in those schools drawing their students from the wealthiest communities.[10]

It is likely that some of these differences are exacerbated by a lack of access to those things critical to achievement. While most New Zealand children live in households with access to the internet, children living in sole-parent families (which are more likely to be poor) tend not to.*

Behavioural Issues and Mental Health

Poor mental health (attention deficit hyperactivity disorder, conduct/disruptive behaviour disorders, parent-child relational problems, self-harm and suicide) is on the rise in children generally. Self-harm and suicide rates are all higher for children living in poorer communities. From 2004 to 2009, there was a steady increase in the rates at which children accessed mental health services (1.15% to 1.49%) although whether this is due to

* 70% of children under 18 years lived in households with access to the internet. But 79% of two-parent families and 50% of one-parent families lived in households with internet access. *(2006 Census data)*

the better identification of disorders or their higher occurrence is unclear. However, the prevalence of mental health and behavioural issues in children is likely to be underestimated. In 2009, 26.0% of young women aged 15–19 years and 15.5% of young men reported deliberately harming themselves in the preceding 12 months.[20]

The term "behavioural issues" can also apply to risk-taking behaviours. Young people are, by their nature, more apt to take risks. There is good scientific evidence to show that the developing brain is markedly less adept at assessing risk and long-term consequences than that of adults, simply because the parts of the brain responsible for making these assessments are still a work in progress. Some young people do, however, take more risks than others, in terms of alcohol and drug abuse, contraceptive use (or the lack of it) and risk-taking in cars and on motorbikes.

The Youth 2000 survey has been going in New Zealand since the early 2000s. The survey asks 14- to 18-year-olds at regular intervals about different aspects of their well-being – how connected they feel to their society, families and school, their behaviours and their health – and gives us something of a window into the world as experienced by our young people.[21]

Seatbelt wearing (or rather, not wearing a seatbelt) is a risky behaviour; 74% of young people always wore one in a car, but fewer young people from poorer communities (68%) typically wore one.

Most (75%) young people in the target age group are not sexually active. Of those who are, around a fifth (17%) reported not using contraception or only using it occasionally and this rate was higher in students coming from poorer communities (to what degree the authors did not report).

Teenage Fertility

New Zealand has a high rate of teen pregnancy internationally (although it has been dropping over time), and our pregnancy rates are disproportionally high in poor communities. There are around 4000 live births to teenagers each year in New Zealand (about 10% of all births), and there are an equal number of abortions.[22] Teenage parenthood per se is not necessarily a negative outcome; some young parents prove to be highly competent and manage to achieve on a par with their peers, but this is not the typical experience. Becoming a parent before you are 20 is more often than not difficult for the young parent or parents and their babies, who are statistically at a greater risk of poor health and death.[23]

Teenagers who have babies are much more likely to live in poorer communities – poor teens are about seven times more likely to have a baby than their wealthier peers,[11] which is little surprise given the risky attitudes to contraceptive use reported by young people from poorer communities.

Parenting Behaviours: Abuse and Maltreatment

On average, 12.5 children die as the result of assault each year in New Zealand and it is children from the poorest households who are most likely to end up in hospital (or dead) as the result of abuse. Our rates of child homicide are extraordinarily high on the international stage. Between 2000 and 2012, 100 children were assaulted and died. The rate has remained stable at around 0.9 deaths per 100,000 children, with lower rates in 2002–03 and in 2012. The OECD median is 0.6 deaths per 100,000 children.

Hospitalisation for abuse is eight times more common for children living in poor communities compared to those in the least poor (a rate of 31.66 per 100,000, compared to 3.76 per 100,000).[10]

By age five, 5.4% of all children from all social groups in New Zealand have been maltreated – and those are just the cases that we know about. Sadly, the number is likely to be even higher.[24]

When children are believed to be at considerable risk of harm in the keeping of their primary caregivers, they are removed either temporarily or permanently and placed in the care of the chief executive of the Child, Youth and Family Service (CYF). Each year 90,000 children are subject to a formal notification to CYF (9% of the child population). In 2014, 19,652 cases were substantiated. There are approximately 5000 children in CYF' care at any one time (0.5% of the child population).[25]

When asked, 14% of young people reported they had witnessed adults hitting or physically hurting another child in their home in the last 12 months, while 7% had seen one adult hit or injure another Reporting witnessing violence in the home was more common if young people lived in a poorer community.[21]

Special Topic: Conflating Being Poor with Family Dysfunction

It is not uncommon to see in media and popular discussion the conflation of insufficient family resources with family violence or more generally "family dysfunction". What we mean by this is that when discussing low-income families and the challenges they face, it is implied (whether intentionally or not) that "low-income family" is simply shorthand for a so-called dysfunctional family.

Special Topic: Conflating Being Poor with Family Dysfunction

It is important to be clear that interpersonal violence (similar drug and alcohol disorders) is, as we see from these data, one of the symptoms of what is an economic problem. While violence and dysfunction is a serious and concerning issue, only some families on low incomes experience the symptoms. Overall about 0.3% of children from low-income families are hospitalised for abuse. This compares with 0.03% of children from middle and high-income families. Both absolute rates are low. Violence or family dysfunction is not the cause of the economic issues families face, though it can, as with many symptoms of poverty, become something that maintains a low income and has long-term impacts on children and their opportunities (we discuss how the symptoms of poverty can become barriers to getting out in our special topic “Intergenerational Poverty”).

Dysfunction is not the defining feature of families who are poor, rather it is the economic circumstances they experience – and the lack of ability to fully participate in society that comes with it – that is. To suggest otherwise is a misrepresentation of the many loving and functional families who live with and struggle on insufficient resources. Violence and substance disorders present across all social and income groups and, as we discuss in Chapter 5, can occur in any family if the conditions lend themselves to it. It is therefore vital to consider the symptoms of a problem (relationship issues or dysfunction in families) in the context of what is the cause of those symptoms – one of the first queries of this book.

Parenting Behaviours: The Parenting Relationship

The parent-child relationship doesn't have to be badly broken to be of concern. How parents behave towards their children – the warmth, love and affection they express – is critical to child development and well-being (we'll have a look at why in Chapter 5: Paying it Forward: How Deprivation Causes Poor Outcomes).

The good news is that most young people in New Zealand feel loved and cared about. For example, 78% of young people said they felt close to their parenting figure most of the time and 93% felt that their mother or father (or the person who acted as the parent) cared a lot about them. Only about half of young people felt they got enough time with their parents, however, and 11% said they hardly ever got enough time with them. Asked what prevented their caregiver spending time with them, children named work, housework and the demands from other family members.

Increasingly, grandparents and other relatives act as parents for children, more so in poorer communities. For example, 26% of young people had another relative caring for them in poor communities, compared to 11% in wealthy communities.

No matter who cared for them, 99% of young people said that their carer thought it was important that they go to school every day, while around half said their family attended school events. This rate was higher in poor communities (49%).[21]

Parental Mental Health and Well-Being

The attachment and bond a child has with their primary caregiver is an essential factor in their development. It's therefore vital that the primary caregiver is well and happy. To determine the rates at which children are disadvantaged by the poor mental health of their parents, we can consult the so-called "harder" measures of parental mental health, such as diagnoses of

depression and anxiety. It is estimated that post-natal depression occurs at a rate of between 10% and 20% of mothers,[26] although it is a notoriously under-reported and misunderstood mental health issue.

Suicide is the leading cause of death in women who are pregnant or who have recently had a baby, and the rate is much higher in New Zealand than in the UK. Between 2006 and 2013, 21 women committed suicide in pregnancy or in the 12 months following birth. Women in poverty and Māori and Pacific women in New Zealand are much more likely to die of all causes, including suicide, during or just after birth.[23]

Mental health problems do not need to reach the point where a parent attempts (or commits) suicide or even where a diagnosis is made for it to adversely affect their children. Stressed, anxious or unhappy parents don't bond well with their children, and there is evidence that parental stress and anxiety have a negative impact on children's development. When asked about their levels of life satisfaction and sense of purpose, parents from two-parent families reported high levels of well-being; sole-parent families, by contrast, reported much lower rates well-being.[27]

At least in part, this will be due to financial stress and anxiety. When asked, 12% of young people reported that their family often or always worried about not having enough money for food. Among the poorest communities, this number was 18%, compared to 6% in the wealthiest.[21]

Children's Well-Being and Social Inclusion

It has traditionally been thought much easier to base assessments of children's well-being on harder data such as health, education and abuse statistics than on softer measures, such as self-reported social inclusion, satisfaction and happiness. But this is beginning to change, and children's voices on these issues are beginning to be sought.

The Youth 2000 survey asked a number of questions designed to gauge children's sense of self and inclusion, the most obvious being those about a sense of well-being and mental wellness. Most (76%) young people in the survey described their emotional well-being as good; however, when asked specifically about symptoms that indicate depression, 16% of females and 9% of males reported symptoms of depression that were likely to have an impact on their daily life, while nearly 38% of female and 23% of male young people said they had felt down or depressed most of the day for at least two weeks in a row during the previous 12 months.[21]

The Youth 2000 study also sought to determine how included children felt in their communities and families. This is sometimes referred to as "social connectedness". To this end, children were asked how they felt about their neighbourhoods, friends, schools and whether they participated in a community activity. Overall, 68% of young people in the study took part in community-run activities or groups including sports and church groups, while a small group (12%) felt there was nothing to do in their community. Only 54% felt safe all of the time in their community. Most (97%) young people said they had a friend they could talk to about anything and who would help them out. Other studies in New Zealand have shown that young people's sense of community connectedness is predicted by community wealth, with children from wealthier communities reporting feeling more connected.[28]

Outside the family, school is the most important social group to which children belong. According to the Youth 2000 survey, school is a mixed bag for many children. Many (61%) like school a bit or think it is "okay". About 5% said they had attended three or more schools and 10% did not like school. How teachers and the school expect children to do is likely to have a big impact on their own sense of their abilities, and it is positive

to see that more than 90% of students (90% of males and 92% of females) felt that people at their school expected them to do well. What they expected of themselves was different, however, especially for those from poor communities. Young people from these communities were less likely to think that they would go on to higher education and more likely to leave school to go straight into employment compared to those young people from wealthier communities.

It is important to also consider how children who are made vulnerable by disability – about 11% of children – experience their childhoods in New Zealand. Such children are more likely to be income-poor (that is, to live in a family that does not earn enough to meet the needs of its members; more on this later) and to live in a family that relies on a benefit than children without disabilities.† Having a disabled child puts additional financial strain on families through loss of income for caregiving parents and through the expenses incurred related to the disability. Families with children with a disability also have higher rates of divorce.[3] The 2013 New Zealand Disability Survey tells us that disabled children are less likely to participate in leisure activities, including physical activity and seeing friends, than non-disabled children.[29] But we know nothing from these children about their own sense of well-being or life satisfaction, as Statistics New Zealand has never sought to collect this sort of information. This is a gap in our picture of the overall well-being of New Zealand children with disabilities that has been highlighted frequently.

† According to Ministry of Health data, the well-being of children with a disability is not equitable with their non-disabled peers: 15% of disabled children aged 0–14 years live in households with incomes less than $30,000, whereas 10% of all children live in households with less than $30,000. Around 14% of disabled children live in benefit-dependent households.

If you are seeking to compare the quality of the childhood of a poor New Zealander with that of a better-off peer, one place to look is at their respective life prospects. Most of what we know about these come from so-called longitudinal studies, which follow a number of individuals from birth into adulthood. Such studies show that kids who have grown up in poverty don't do as well in the workforce (with all other factors, such as ability, being equal) as those who grew up in wealthier families‡.[11]

The Christchurch Longitudinal Study has followed a group of 1,277 individuals born in Christchurch since their birth in 1977, collecting a huge amount of data on a regular basis from these children. In one analysis, researchers related childhood family income (that is, the income a child's family was earning when they were between the ages of one and ten years) to two adult outcomes, namely rates of completed schooling and adult income. When they adjusted for family factors (such as parental education, maternal age, family structure and abusive parenting) and individual factors (such as childhood IQ and socio-emotional functioning), childhood family income had a statistically significant relationship with two adult outcomes: The level of schooling achievement and labour market success. If their parents received low incomes during their childhood (all other factors equal), they were less likely to do well at school and in the workforce.[30]

A different analysis of the same group of children found that "able children from professional or managerial family backgrounds were about 1.5 times more likely to enter university

‡ In 2013, of those 51,200 young people aged 15 to 17 years who were in the labour force, 26% were unemployed. In New Zealand, youth (aged 15 to 24 years) are four times more likely to be unemployed than adults. Of those youth not in education, employment or other training (NEET), in the year to March 2013, Māori youth (23.2%) had the highest NEET rate, ahead of Pacific (19.8%) and European youth (11.4%).

than children of similar ability from low SES [socioeconomic status] families".[31]

What this evidence tells us is that New Zealand children who grow up poor are not only less likely to have a thriving childhood, but the chances are that they will never earn in a lifetime what children from wealthier families do, even if they start off with the same abilities. This is not only a personal tragedy for the children themselves, but this wasted potential costs us all as a nation.

Special Topic: Intergenerational Poverty – When Symptoms Become Causes

What the Christchurch Longitudinal Study, and many others like it, draws our attention to is how low income and a lack of opportunity can become an intergenerational issue. Popular memoirs such as *Hillbilly Elegy*.[32] and *The Truly Disadvantaged*.[33] provide a sometimes bleak insight into the lived experiences of poor children who become poor adults who go on to have children who themselves will live in poverty. Such families are trapped in poverty by their lack of "social mobility". How can we explain such a trap? Why is it so difficult for children of families in poverty to get out without intervention? It has to do with compounding effects of investment in children: Skill begets skill.

Human ability and skill, or "capital", is an asset, and, like all material assets, it accumulates value over time.[34] Both nature and nurture (biology and the environment) determine the skills and abilities a child is born with. Then we add in opportunities that child has: The time and relationship she has with her parent or caregiver, the material resources available in her family, her exposure to enriching experiences, and the stress in her family all influence the skills or capital she accumulates. As we will see in Chapter 5, by the time a child is five years old, much of the foundational work for this skill acquisition has been laid. What happens next is that the skills (this includes behavioural skills) that a child has early on (by age three, four or five years) determines their ability to acquire more skill during their life. Just like if you have $100 in a bank account, you accumulate more wealth over your life than if you started with $1. A great illustration of this is research showing that children who are read to as pre-schoolers start school with a larger vocabulary than their peers who are not read to. They can better take advantage of the school environment and acquire language, reading and literacy skills more effectively.[35] In addition, there is a compounding effect, where the skills a child has learned before a particular investment (like education) is made make the return on it larger. Children who attend early childhood care come to school better prepared and more able to take advantage of what primary schooling offers them.

Special Topic: Intergenerational Poverty – When Symptoms Become Causes

This particular pattern is transferred not just across the life of a single child, but between grandparents, parents and children – it is trans-generational. A person who has a high level of educational skills can, once they become a parent, more easily acquire the important parenting skills that help "educate" their children in their critical developing years, these children will, at four or five years old, be in a good position to acquire the educational skills taught at schools.

In the same way we can understand that skill accumulates, skill and human capital can slip away from a family. Something that started as a symptom or consequence of poverty can maintain a family's poverty – trapping them in it. Getting ill, losing a spouse, or being made redundant may be a trigger for a family sliding into poverty, and as time goes by, being out of work may prevent a person getting further work. They do not acquire new skills, their sense of confidence takes a hit, their mental well-being may slide, interpersonal relationships break down under the stress and debt may mount as everyday costs can no longer be covered (especially if others in their support, family, community group are in the same situation). All these effects of the original trigger then maintain the poverty, which in turn impacts family dynamics, parenting and ultimately children's development and well-being.[36]

Crime

While people tend to think about youth crime from the perspective of youth *committing* crime, the reality is that young people are also frequently the *victims* of crime. For young people living in poor communities especially, children are both more likely to perpetrate and to be the victims of crime. Māori children in particular are increasingly over-represented in youth crime statistics, both as the perpetrators and the victims. While European children make up 27% of youth court appearances (falling from 33% in the 10 years since 2004), appearances of Māori children rose from 45% to 57% of all youth court

appearances.[37] Low family income is an acknowledged factor in the criminal offending of young people.[38] The incidence of violent or property crime for 15- to 21-year-olds is significantly higher for those from more deprived backgrounds. Young people from lower socioeconomic backgrounds are responsible for approximately 49% of officially reported youth crime (and 28% of self-reported, i.e. actual, crime).[39]

There are nearly 20,000 children with a parent in prison, and statistics show that those children are more likely to come from poor communities, to have poor educational outcomes and to end up repeating the cycle of crime.

Of course, simply growing up in a poor family doesn't lead directly and inevitably to a child committing crime. Rather, a child who grows up poor is more likely to be a low educational achiever and to have behavioural and or mental health issues. It is probably these factors that make young people from a low socioeconomic background more likely to run up against the criminal justice system.[40] And the greater prevalence of crime in low-income areas is likely to be the factor that makes children from those areas far more prone to becoming the victims of crime. As noted earlier, on average each year in New Zealand, 12.5 children (aged up to 18) die as the result of assault. This is high internationally.

There is a strong relationship between having a family member in prison as a child and ending up in prison as an adult. It is estimated that in New Zealand around 2% of children have a parent in prison at any one time, and one study found around half of prisoners had family members in prison when they were growing up.[41] The statistics show that life for children who have a parent in prison is pretty grim. They are more likely to experience a lack of resources, their family is more likely to be dependent on a benefit, they struggle behaviourally and at school, and have poor health. In such circumstances, it is hard

to see how the children of prisoners in New Zealand have much opportunity to escape the cycle of poverty and crime.

Josie and Hugh: Their First Year

Throughout *Pennies from Heaven* we want to bring to life the reality of what the research reveals about the nature of different children's lives and what makes a difference to whether they thrive or not. We illustrate this through the fictional but evidence-based lives of Josie and Hugh, two children born in Christchurch, New Zealand.

This is the story of two New Zealand children and it starts even before they are born.

Sara lives in Christchurch; she is pregnant with her first child. Sara and Neil both work in low-paid but permanent jobs. They live in a rented house. They planned their pregnancy and are both pretty pleased about it. The idea was that Sara work up to 37 weeks of her pregnancy in her supermarket supervisor job and then take 12 months' maternity leave. Sara would then go back to work full time (her employer did not want to move her job to a part-time role). They figured out what they needed to survive to do that and decided financially it would be hard but manageable.

Sara has started to feel pretty rotten of late, though. She has had both extreme nausea and felt really low and exhausted a lot of the time, and, as a consequence, has not been able to work as many hours as she had planned before the baby was born. In the end, Sara has to take her maternity leave seven weeks early because their baby girl, Josie, is born six weeks premature. Sara and Neil's limited finances take a hit because they budgeted for 14 weeks of paid maternity leave for Sara from 37 weeks. The birth was hard and Sara's low feeling did not go away. She would have liked to breastfed Josie but like many, found it a struggle. She stopped after trying for five weeks to cope with the exhaustion and pain. Sara mentioned feeling low to her midwife at her six-week check-up. Her midwife was supportive, and told her that it was probably the baby blues but that, if her low feeling had not gone away in another few weeks, to go to see her GP.

Sara did not start feeling better, in fact she started to think about harming herself, but did not go to the GP because she could not afford the fee at a time when they only had one income and her paid parental leave had stopped. The Plunket nurse Sara saw looked shocked when she mentioned not really liking Josie sometimes when she screamed; so she didn't go back there either. While Josie was a bit small, she seemed a relatively happy baby. She had a few breathing issues due to being premature, and got a lot of chest infections in her first year that meant trips back and forward to A&E. It was hard to keep the house warm and free from mould.

When Josie was six months old, Neil lost his job when the carpet manufacturing company he worked for moved offshore. Sara went back to her supervisor job but it was pretty tricky to make ends meet and family life in Josie's first year was very stressful. Neil spent a lot of his time with Josie looking for work, and feeling pretty depressed and angry. Sara could not spend the time she wanted to with Josie in her first year. Sara and Neil agreed having a baby was a lot harder than they anticipated and felt, while they were trying to be the best parents they could, things were not great for them.

At the same time as Sara is pregnant with Josie, across Christchurch Sally is also pregnant. Sally and her partner, David, both also work in permanent jobs. Sally is an accountant and David works in computer software design. Sally also feels pretty rotten during her pregnancy, and is induced six weeks early because she has developed a potentially dangerous syndrome called pre-eclampsia. While Sally has to take her parental leave early, she and David are not too concerned at the loss of income because they have, with their parents' help, paid off quite a decent chunk of their mortgage, so their costs for the next year are low. Sally's paid parental leave will cover the mortgage for 14 weeks at least, and she has negotiated with her work to come back in a part-time role once baby Hugh is eight months old.

Hugh is not the biggest baby and Sally is worried he is not getting enough milk; she is struggling to breastfeed. Sally pays for a private lactation consultant to come and see her at home three or four times, and, with her support and advice, Hugh is mainly breastfed for the first six months. Sally feels low after the birth and finds herself pretty upset a lot of the time. She wonders if she has some type of depression. She asks her Plunket nurse and her antenatal group, whom she meets for coffee every few weeks, and they all encourage her to talk to her GP. Initially her GP says it is probably just the baby blues, but David insists Sally go back and comes with her to talk to the GP. Sally starts seeing a clinical psychologist privately so she can get help quickly for what her GP says is depression. The psychologist helps Sally a lot, especially in being able to understand Hugh and bond with Hugh, which she really struggled with while feeling the way she did.

Sally chooses not to go back to work until Hugh is a year old; her employer is very supportive of that, and happy for her to come back to half-days. David's parents help out with some extra money to cover the mortgage payments for the additional four months. Sally and David agree having a baby was a lot harder than they anticipated, but they feel like they have done a good job in the face of a lot of obstacles and things are starting to come right again.

Summary: The Weetbix Kid Has It Good, but Others? Not So Much

So how are we doing? Most of us are doing well. Most New Zealand children do better than their counterparts in most other OECD countries. But those who are doing badly are doing very badly, and in practically every available measure, there is a "social gradient". It is the poor whose children are failing to thrive, who are missing out on a fair go. Children from poorer communities and families are more likely to die as babies and little children from preventable illnesses and accidents, they are in hospital more often with illnesses specifically related to being poor, they start school less prepared and never catch up.