

Kia Mataara Well Child (KMWC) is undergoing a name change to Te Tuia Well Child (TTWC).

'Kia Mataara' is a name originally bequeathed from Maori SIDS to the young consortium which was initially just the University of Auckland. As the consortium has been expanding in the last two years beyond just the University of Auckland to a much broader academic base, it was felt important to develop a name that could be utilised freely for all members of the broader coalition. We have been grateful to Maori SIDS for being able to use the taonga "Kia Mataara" up until this time.



'Tuia' reflects the 'weaving together' of a network of academic and service delivery professionals focused on improving child health and wellbeing.

Monitoring the impact of the recession on child health and wellbeing

While (technically) New Zealand's recession is over, unemployment rates remain high and many families still struggle to adequately meet their children's needs. In response to concerns about the lingering impacts of the recession on children's wellbeing, the New Zealand Children's Social Health Monitor <http://www.nzchildren.co.nz> was launched at the Paediatric Society's conference in November. The Monitor will track a basket of economic and child health indicators on an annual basis, until the economic position of New Zealand children improves appreciably.

The monitor was developed collaboratively by Te Tuia Well Child consortium members, in conjunction with the Paediatric Society of NZ, the Population Child Health Special Interest Group of the Royal Australasian College of Physicians, the NZ Council of Christian Social Services and academics from the Universities of Otago and Auckland, with funding for the website itself coming from the Starship Foundation. The NZ Child and Youth Epidemiology Service at the University of Otago will update the indicators on an annual basis and feed any concerns back to the wider group membership.



Some key facts from the Children's Social Health Monitor

1. Even in 2007-2008, when New Zealand's unemployment rates were at their lowest, one in five (20%) New Zealand children were reliant on a benefit recipient for their family's income. Thus we are already starting from a high baseline, in terms of children's reliance on benefit recipients, even before we consider the impact of rising unemployment in the next few months.
2. A study of New Zealand children born in 1993 and followed through to 2000 (when unemployment rates were similar to those predicted in the next 18 months) found that 54% were reliant at some point on a caregiver on a benefit. By age 7 in 2000, 20.8% had spent 5 of their first 7 years of life reliant on a benefit recipient, with 6.1% spending their entire first 7 years of life reliant on a benefit.

Upcoming events

June 2010 - Naomi Eisenstadt
Seelye Fellowship
Visiting Speaker

Naomi led the development over almost a decade of 'Sure Start' programmes for children under four living in poverty in UK. The main purpose of Naomi's visit to New Zealand is to share UK insights and lessons learned and to engage in discussions about 'What Sure Start Means for NZ'.

The programme for Naomi's visit to New Zealand is coming together really well.

Programme highlights:

15 June – meeting with Maori audiences at School of Population Health, University of Auckland

16 June – Starship Paediatric Update, Auckland Hospital

18 June – Mayoral cross-sector forum, Manukau City

21 June – Combined DHB seminar

22 June – Treasury guest lecture, Wellington

23 June – Discussion forum at Office of Children's Commissioner, Wellington

24 June – Pacific workforce session, University of Auckland

24 June – Lunchtime public lecture at Fale Pasifica, off Symonds St, Auckland

3. The 2004 NZ Living Standards Survey suggested that 58% of families with children who relied on benefits were living in severe or significant hardship, as compared to 12% of families receiving market income. Living in severe or significant hardship was associated with such things as not having suitable wet weather gear or shoes for children, and postponing doctors or dentists visits because of cost.
4. Research suggests that children exposed to low family income in the critical first 5 years, in addition to experiencing poorer health (across a range of measures), also have poorer long term outcomes (e.g. leaving school early and without qualifications, being unemployed in later life).
5. New Zealand's children experience a large number of hospital admissions, and a smaller number of deaths each year, from socioeconomically sensitive conditions (i.e. conditions where rates are much higher in economically deprived areas). Overseas research suggests it is difficult to predict whether rates for these conditions will increase during the current downturn, as this often depends on the extent to which Governments can maintain social safety nets for those affected (e.g. ensuring ongoing access to free healthcare and education, the provision of adequate income support vs. cutting services in order to balance government budgets).

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University

If you would like to find out more about Naomi's programme please contact Mary Somervell:
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