The Paediatric Society of New Zealand
Te Kāhui Mātai Arotamariki o Aotearoa

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# Child Poverty is a Child Health Issue: PSNZ Calls for an All-of-Government Approach to Meet Existing Targets

**From: Te Kāhui Mātai Arotamariki o Aotearoa | Paediatric Society of New Zealand (PSNZ)**

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PSNZ is calling on all political parties to commit to meeting New Zealand's existing and legislated child poverty targets. The evidence linking child poverty to poor health outcomes is well established, and current progress is failing to meet those targets.

## Our position

Child poverty is unequivocally a determinant of health. The relationship between household material hardship and child health outcomes, infectious disease, hospitalisation, mental health, and long-term development is well documented in Aotearoa and international literature. PSNZ's position is that reducing child poverty should be treated as a health priority, not solely a welfare or economic one, and that current progress does not match our country's legislated goals.

## Our own targets are not being met

Aotearoa already has a legislated pathway to reducing child poverty: the Child Poverty Reduction Act 2018, passed with support from four of the five parliamentary parties at the time, sets a target of halving child poverty by 2028. Progress against that target is not on track. The Budget 2026 Child Poverty Report (1) shows 169,300 children (one in seven) living in material hardship in 2025, up 47,500 since 2022. Both major parties reaffirmed the 2028 goal in 2023. PSNZ is asking all parties entering this election to set out specifically how they intend to meet our commitment to lifting our Nation's children and young people out of poverty.

## Relevant evidence

- Rheumatic fever is a disease linked to overcrowded housing and delayed access to primary care that has largely disappeared from other high-income countries but remains present in Aotearoa. Pacific children are 43 times more likely, and Māori children 16 times more likely to be hospitalised for acute rheumatic fever or rheumatic heart disease. Children living in the most socioeconomically deprived areas accounted for 58% of all such hospitalisations in 2024, and eliminating ethnic and socioeconomic inequities could prevent more than 85% of them. (2)
- Household overcrowding is a well-documented risk factor for infectious diseases among children in Aotearoa. A national systematic review and burden-of-disease estimate found that household crowding was associated with higher rates of pneumonia and RSV bronchiolitis, and with being over twice as likely to contract meningococcal disease. (3)
- Delayed or unaffordable access to primary care is directly linked to poor health outcomes: children whose parents reported barriers to seeing a GP, a common occurrence for low socio-economic families, were more than twice as likely to be hospitalised. (2)

- Children in state care show significantly poorer health outcomes than children not in care, in the first New Zealand study to quantify this: a national cohort analysis found children in the custody of Oranga Tamariki were 32% more likely to be hospitalised and 3.6 times more likely to die over a five-year period, after adjusting for age, sex, ethnicity, deprivation and rurality. (4)
- The first five years of life, including pregnancy, are when investment in a child's wellbeing has the greatest lasting effect on their health. New Zealand's own data show why this matters: child material hardship fell every year from 2019 to 2022, reaching its lowest recorded level of 10.6% in 2022, a period that coincided with real expansion in income support; the Families Package, the Winter Energy Payment, Best Start, minimum wage increases, and benefits indexed to wage growth from 2019. Hardship then rose every year after that; by 2025, 14.3% of children were living in material hardship, the highest rate since 2015. **This rise and fall shows hardship is not fixed or inevitable: for the most part, it moves in line with current benefit and welfare policies**. (5)

## Income support is a direct lever on child hardship

Historical and recent data both indicate that income support policies have a direct and measurable effect on the number of children living in hardship. Following scale benefit cuts in 1991, the proportion of children (aged 0–17) living in low-income households nearly doubled, from 17% in 1990 to 33% in 1992. (6) More recently, the Government's own Welfare Expert Advisory Group found that the welfare system was "inadequate to meet even basic needs," and recommended both increasing main benefits by 12–47% and indexing all income support annually to wage growth or prices, whichever is greater. (7) Taken together, this is among the clearest available evidence that income support levels are a direct determinant of child hardship, and, by extension, of child health.

## Equity and Te Tiriti o Waitangi obligations

Material hardship in Aotearoa falls heavily on some groups of children over others. In 2025, one in four tamariki Māori (25.1%) and almost one in three Pacific children (31.0%) experienced material hardship, both well above the national rate of one in seven (14.3%). (5) These disparities align with the inequities in child health outcomes already described, including rheumatic fever and RSV hospitalisation rates. The Crown's obligations under Te Tiriti o Waitangi require meaningful engagement where health and social outcomes for tamariki Māori remain persistently and disproportionately poor. PSNZ considers reducing this inequity to be a clear and measurable way of progressing those obligations, and expects any approach to tackling child poverty to address it explicitly.

## What PSNZ is calling for

PSNZ calls on all political parties to commit to the following outcomes, and to specify how each will be achieved and measured:

- Income policies that are sufficient to meet a child's basic material needs.
- Warm, dry, secure housing, recognised as a determinant of child health.
- Accessible and affordable primary and mental health care for all children and adolescents.
- Adequately resourced support for disabled children and their families.
- Continued investment in early learning and development, prioritised for children facing the greatest disadvantage.

- Explicit action to close the disproportionate hardship gap for tamariki Māori and Pacific children, consistent with the Crown's obligations under Te Tiriti o Waitangi.

## PSNZ's role

As New Zealand's membership body for child health issues, PSNZ will continue to comment on the health evidence relevant to child poverty throughout this election year. Members of our organisation are available to media, policymakers and the public on request.

Ngā mihi,

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