

# Working Paper no.21: Child Poverty and Disability

Expert Advisory Group on  
Solutions to Child Poverty

November 2012

## Purpose

1. In developing the EAG's Solutions to Child Poverty in New Zealand: Issues and Options Paper for Consultation in August 2012, it became apparent that disability issues had not been adequately addressed. This paper was prepared to provide the EAG with an overview of the relationship between disability and child poverty, and identify additional considerations for the final report in December 2012.
2. It is not the purpose of this paper to canvas all issues for persons with disabilities, or even all issues for children with disabilities. Rather, this paper is looking at how solutions to child poverty can be inclusive, and address child poverty when there is a child or parent with a disability in the family.
3. The EAG wish to acknowledge members of the Secretariat who prepared this paper, and also note that the findings and recommendations in this paper do not necessarily reflect the individual views of all EAG members.
4. This paper draws largely on input from key leaders in disability advocacy and service delivery in New Zealand and recently published national and international documents and journal articles that highlight the issues and recommend policy and service delivery solutions for New Zealand.

## Introduction

5. New Zealand evidence indicates that, while there continue to be incremental improvements in services for people with disabilities, especially adults, many disabled people continue to experience poorer outcomes in health, education, employment and elsewhere than the general population (Travalgia, 2010).
6. Travalgia states that New Zealanders with disabilities still experience social discrimination and practical barriers. While the Government has taken many steps to strengthen the standing of disabled people, constraints remain in the attitudes of some people, who see disabled people as less than equal. There are also physical and environmental barriers, for example, New Zealand's small population and geographic diversity means that some services are concentrated in main centres and are not readily accessible in more remote areas (Travalgia, 2010).

7. These findings are echoed by the Human Rights Commission. The Commission reported that disability issues greatly impact the ability of people with disabilities to participate fully in society and recommend that Government take these issues into account when planning social research and evaluation (Human Rights Commission, 2010). Although the information is limited, international data on the intersection of disability and child poverty combined with New Zealand data about the socio-economic status of people with disabilities provides sufficient evidence to show that people with disabilities are disadvantaged in terms of income, educational and employment opportunities, health and wellbeing, and full participation in community compared with the general population.
8. While the interconnection between childhood poverty and disability may be complex, Kate Stanley, Associate Director of the Institute for Public Policy Research (IPPR) in the United Kingdom states:  
*“There is a two-way relationship between disability and poverty in childhood. Disabled children are among the most likely to experience poverty and poor children are more likely to become disabled than those who are better off. There needs to be a transformation in the quality and accessibility of services for disabled children, young people and their families”* (2007).
9. This paper considers the relationship between childhood poverty and disability through two lenses:
  - children with disabilities growing up in child poverty
  - children growing up in child poverty whose parents have disabilities.
10. In order to understand the relationship between disability and child poverty, it is essential to understand the human rights framework which underpins disability policy and the international commitments New Zealand has made to ensure these rights. This is the starting point for the paper, followed by information on the current situation in New Zealand, initiatives underway, and discussion of solutions to child poverty that address the specific needs of persons with disabilities.

## **New Zealand’s disability strategy and international commitments**

11. The New Zealand Disability Strategy (NZDS) was established by the New Zealand Public Health and Disability Act 2000 to ensure that all government agencies consider people with disabilities in their decision-making processes. The Act directs departments and ministries to consider the needs of people with disabilities as part of their regular planning cycles and requires the Minister for Disability Issues to report annually to Parliament on progress in implementing the NZDS. The Office for Disability Issues (ODI) was set up within the Ministry of Social Development (MSD) to advise government on disability issues and monitor and report to the Minister for Disabilities on progress in implementing the NZDS.

12. When the strategy was established, New Zealand was considered an international leader in progressing the full inclusion in society of people with disabilities. New Zealand played a significant role internationally in progressing the United Nations Convention on the Rights of Persons with Disabilities (the Convention), which was adopted by the United Nations General Assembly in December 2006. New Zealand ratified the Convention on 26 September 2008. As a signatory to the Convention, New Zealand must report on progress to the United Nations, with the next report due in 2013.
13. Progress has continued at the central government level in maintaining a high profile for the issues of people with disabilities. In February 2009, the Government established a Ministerial Committee on Disability Issues to provide visible leadership and accountability for implementing the NZDS and the Convention, and set a coherent direction for disability issues across government (Office for Disability Issues, [www.odi.govt.nz](http://www.odi.govt.nz)). The Committee requires that government focus on improving:
  - the circumstances of people with disabilities, including their whānau and friends who support them
  - accessibility to the community and wider society
  - disability supports.
14. A review of the first six years of the NZDS found that, while there had been some improvements in accessibility, inclusion in central government decision-making processes, and generally more recognition of the contributions of people with disabilities in their communities, many participants in the review felt that progress had been slow and that there was a long way to go before people with disabilities felt that they lived in a fully inclusive society. The report recommended a national implementation plan with funding attached (Litmus, 2008; in Human Rights Commission, 2010).

### **Definition of disability**

15. While the Convention does not explicitly define 'disability', Article 1 articulates the agreed understanding of the nature of disability within the context of society. Article 1 states that *"Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which, in interaction with various barriers, may hinder their full and effective participation in society on an equal basis with others"*.
16. This paper follows the Convention and adopts a broad definition of disability.

### **What is the prevalence of disability**

17. There are over 650 million people with disabilities worldwide, making them the world's largest and most disadvantaged minority. An estimated 20 percent of the world's poorest people are those with disabilities (Office of the High Commissioner for Human Rights, 2007, in Human Rights New Zealand p.258, 2010).

18. According to the 2006 Disability Survey (conducted in conjunction with the census by Statistics New Zealand), the prevalence of children with disabilities in New Zealand is estimated at about 10 percent for ages 0-14 years. Applying this rate to all children to age 18, we can estimate that there are about 107,000 children with disabilities. This is lower than the rate for the total population (17 percent) as disability tends to increase with age.
19. The Disability Survey has been conducted three times, in 1996, 2001 and 2006. The results of the 2006 survey found that people with disabilities continued to be significantly disadvantaged compared with the general population, especially in employment, education, having an adequate standard of living, and access to public transportation.
20. These surveys have consistently found that people with disabilities, when compared with non-disabled people, are more likely to: live alone, have a low annual household income, and live in the more deprived areas of New Zealand. Further, disabled adults were:
  - more likely to have no educational qualifications
  - less likely to be employed
  - more likely to have a lower annual personal income
  - less likely to be partnered (Statistics New Zealand, 2006).
21. The Disability Survey does not include data on children with disabilities who live in low socio-economic circumstances or on children who live in low income households where either a parent or other adult has a disability. In recent years, government has commissioned studies to enable better-informed decision-making regarding monitoring of the NZDS, policy development, service planning, and allocation of resources to support people with disabilities. While welcomed, these studies focused on individuals with disabilities, rather than children and family units.
22. There is a dearth of national information available about people with disabilities in New Zealand and even less information about the extent that they experience financial and material hardship. Limited information is available from Ministry of Social Development administrative data on the number of children in beneficiary families where either a child or an adult disability features. In September 2012, there were
  - 27,181 children living in 15,040 households where the main benefit holder or their partner received a disability allowance; and
  - 17,691 children in beneficiary households received a child disability allowance.
23. We know very little about the prevalence of child poverty in non-beneficiary households where either a child or an adult disability features. Advocacy and service delivery organisations as well as government agencies agree that more information is needed to determine the depth and breadth of child poverty for children where disability features in the family.

## **Recommendation 1**

*It is recommended that the Government:*

---

<b>Research</b>	<i>Commission research to clarify how many children are living with a disability or are being cared for by a parent with a disability; how many of those children are living in poverty; what the effects are on these children.</i>
-----------------	--

---

## **What do we know about disability, child poverty and disadvantage?**

24. Most children grow up, leave home, and become independent. Some children with disabilities require life-long care. Even when a child with a disability transitions to independence, enormous resources may be required to do so successfully. Adults raising a child with disabilities can face a host of daunting challenges, as they continue to raise their other children, hold down jobs, and sometimes care for their own aging parents. Childhood disability in the context of poverty means children and families must cope not only with the disability, but with the added challenges of poverty-related health disparities, social disadvantage, and extra direct costs of time, money and resources associated with a child's disability (Hanvey 2002; Canadian Council of Learning, 2006, in Petrenchik, 2008).
25. The IPPR published the findings from a study to inform policymakers on what the priorities should be to maximise opportunities for people with disabilities through to 2020. Six priorities were identified. Among them were:
  - promote employment opportunities for people with disabilities
  - boost efforts to tackle health inequalities
  - promote better understanding of disabilities.
26. The report emphasised that government should continue to develop and invest in personalised welfare-to-work and employment support services for people with disabilities. The report also highlighted the complexities of the government structure and operation of the benefit system. The report states that children with disabilities are more likely than non-disabled children to live in poverty and children with a disabled parent are also more likely to experience poverty. The report concluded that, in order to meet the government poverty reduction targets, tackling the poverty of children with disability and the children of disabled adults must be a top government priority (Pillai, et. al., 2007).

## **Addressing dynamic needs in a complex service environment**

27. Children with disabilities require high quality primary health care and often require multifaceted specialised care on a long term basis. In New Zealand, children with complicated conditions usually have a team of specialists who work in a coordinated manner. This is especially the case when the disability is identified either at birth or during infancy. However, parents and advocacy organisations suggest that access to

specialist services in New Zealand is challenging and that the coordination of the multiple services requires significant time, energy, and determination. A recent study in the United States found that parents living in poverty and with low levels of education sometimes may not recognize the need for their child to receive specialized health services (Porterfield, et. al., 2007). Therefore, there is a need for a trusted professional or advocate to provide information and assistance to the family to ensure they are connected with appropriate services and supports as early as possible.

28. Little is known about the ripple effects of child disability on the family. There is little population-based research on demographic and economic outcomes. There are a small number of studies of specific subgroups. For example, having an infant with a serious health condition or health risk increases the likelihood of divorce, that the mother does not work outside the home, that the mother relies on public benefits, and that the father may reduce number of hours worked (Corman, et. al., 1992; Swaminathan, et. al., 2006; Powers, 2001; Reichman, et. al, 2006; Reichman, et. al., 2007; Noonan, et. al, 2005). A recent study found that low socioeconomic status and maternal depression increase the negative financial impacts and caregiving burdens associated with raising an extremely low birth weight infant (Drotar et. al., 2006).
29. There are many examples when routine activities for most people are more costly and difficult if a child or parent has a disability. Some particularly relevant to child poverty include:
  - Transportation may be expensive and not readily available for children with special mobility issues. While the Ministry of Health (MOH) has provisions to support these needs, some parents are unaware of the assistance for which the child is eligible or find it challenging to complete the process of accessing the resources.
  - Having affordable housing that can be adapted to address a child's physical limitations is a problem. Again, the MOH can provide financial assistance for housing modifications, but some parents may require assistance and advocacy to communicate with MOH officials, determine eligibility, and apply for assistance.
  - Children with disabilities often have special child care needs, recreational and social needs and respite care.
30. MSD and the Health Research Council (HRC) funded a study on the cost of disability to inform government planning and allocation of government resources related to disability. The research investigated individual costs and examined how these costs varied by type of disability and personal circumstances. The reference group participants advised the researchers that one of the most important types of support needed is a 'navigator', someone to assist the individual in accessing the resource options efficiently and effectively. They stated that this type of support is beyond the scope of medical professionals or needs assessors. The report suggests that the advice and guidance of a

'navigator' would "encompass the totality of what is needed to fully participate and contribute to the community and to a meaningful life". (Travaglia, et al, p. 25, 2010).

31. Statistics New Zealand recently completed a stocktake of administrative data on disability to identify gaps in available data and support the monitoring of the NZDS. The stocktake illustrates the complexity of the disability supports and services available, with multiple programmes across different agencies. It is likely to require significant time and effort to access appropriate and needed services and entitlements within this system of multiple agencies and eligibility criteria.
32. Domestic and international literature indicate that parents encounter a myriad of challenges when they have a child with a disability. Among these is understanding their child's impairment, recognising and responding to changes in the family dynamics, learning about the disability sector and parents in similar life circumstances, and navigating the health, education, social service and benefit system to access the support needed and resources for which the child and family may be eligible.

### **Needs Assessment and Service Coordination Service**

33. The Ministry of Health contracts with regional Need Assessment and Service Coordination Service (NASC) providers to assess the needs of individuals with disabilities and organise a package of services to best suit each individual. The NASC is expected to take into account which needs and goals matter most to the individual and to the family.
34. The NASC determines what support options are available. These might include both funded disability support services and informal support from people in the community.
35. The Ministry of Health contract with the NASCs specifies that the services must:
  - Facilitate the needs-assessment process
  - Coordinate services, which includes: giving information about options; planning and coordinating the supports in a support plan; and allocating some DSS-funded support services
  - Budget management – NASCs must manage the Ministry-funded Disability Support Services in a fair and cost-effective way.
36. Although this service is an integral part of the disability service system, the NASC is not able to provide the level of system navigation support that some families need. Therefore, this paper recommends that government establish a system navigator service that can provide dedicated resource coordination to families who need additional assistance.

### **Community Link and Integrated Service Response Co-ordinators**

37. Community Link and Integrated Service Response is an integrated, cross-agency approach to help the most at-risk individuals and families deal with the underlying causes of their

problems. Government and non-government agencies work together through a wrap-around case management approach to help families achieve the objectives of their plans to help them from crisis back to independence.

38. Community Link provides shared resources (e.g. meeting rooms, desks, phones, computers, internet connection, kitchen facilities) so government and non-government organisations (NGOs) can work together at a shared location. Some of the agencies already working alongside Work and Income at a Community Link site include Accident Compensation Corporation (ACC), Careers NZ, Child Youth and Family (CYF), Citizens Advice Bureau (CAB), Maatua Whangai, Plunket, various Māori social services, Te Puni Kōkiri (TPK), Community Health Nurse, Community Probation Service, Department of Building and Housing, Housing New Zealand Corporation (HNZC), Tenancy Protection Association, Internal Revenue Department (IRD), Literacy Services and Workbridge. While not always 'co-located' there is always provision of shared space and community facilities.
39. Each Community Link has at least one ISR coordinator. The ISR is one entry point, along with the NASC service, that could connect families with a system navigator who can dedicate significant time to help families access services and manage the coordination of these services and supports.

### **Recommendation 2**

*It is recommended that the Government:*

---

<b>System navigators</b>	<i>Establish disability system navigator positions that are available to families to act as service coordinators to ensure access to appropriate and timely supports and services for the person with the disability and the family.</i>
--------------------------	--

---

## **Disability issues related to solutions to child poverty**

40. The child poverty issues related to children with disabilities or children whose caregivers have a disability are similar to those of many children living in poverty and disadvantage in that the issues and solutions canvas income support, employment, health, and education. This section describes the types of solutions that could make a real difference to children in poverty where disability features.

### **Income support: Uptake of the Child Disability Allowance**

41. The Statistics New Zealand disability stocktake indicated that nine disability-specific benefits are administered by MSD. Of particular note is the Child Disability Allowance (CDA). The CDA is available to any child under 18 years assessed as needing constant care and attention for at least 12 months because of a serious disability. As at September 2012, 36,274 children in New Zealand were receiving the CDA (Ministry of Social



Development), with almost half (49 percent, or 17,694 children) in families in which a parent receives a main benefit. The CDA is currently worth about \$45 per week, and the payment is not dependent on earnings or family assets. For those children with disabilities living in poverty, this payment is critical.

42. The uptake of 36,274 carers receiving the CDA represents approximately three percent of New Zealand children. However, with the 2006 Disability Survey estimating 10 percent of children having a disability, it is likely that greater than three per cent of New Zealand children actually meet the eligibility criteria for the CDA. If this is the case, why is the take up rate not higher? It could be that the eligibility requirements are too limiting, or that some families are simply not aware of this available payment.
43. *EAG Working Paper no.10: Reforms to the Tax, Benefit, and Active Employment System to Reduce Child Poverty* points out that the uptake rate for the CDA has never been examined, and recommends specific focus on the annual calculation and publication of the uptake rate, including the Child Disability Allowance. This paper supports that recommendation, but suggests that even more can be done to improve the uptake of the CDA.

### ***Recommendation 3***

*It is recommended that the Government:*

---

<b><i>Child Disability Allowance Benefit</i></b>	<i>Increase the uptake of the Child Disability Allowance by clarifying and opening eligibility criteria and promotion of the benefit to eligible families.</i>
--	--

---

## Supporting parents into employment

44. International research shows that the cost of raising a child with a disability can be up to three times that of raising a non-disabled child (Council for Disabled Children, 2007). Additional financial burdens for families may include special diets and clothing, child care, medications, supplies and equipment, and home adaptations (Roehrer, 2000a). Within two-parent households, often one of the parents either loses or quits his/her job to care for the child with a disability. Parents who remain working often need to work reduced hours, may turn down overtime or promotions, and need to alter their schedules to care for a child with a disability (Government of Canada, 2006; Irwin & Lero, 1997).
45. The research is clear that parental employment is the primary factor in reducing child poverty. Moreover, the NZDS supports the right of people with disabilities to be meaningfully employed. Barriers to parental employment include lack of assistance with caregiving needs, lack of quality, affordable and inclusive child care, and the opportunity costs of negotiating multiple systems (health, education, social services) on behalf of their child (Hanvey, 2002). These burdens are amplified for single parents living in poverty (Carpenter & Irwin, 2000; Petrenchik, 2008). Adult caregivers with disabilities face a myriad of challenges to employment, depending on the type of disability (e.g. access, time and financial costs of travel, lack of adaptations for vision and hearing impaired, insufficient employment opportunities for intellectually disabled, and pervasive lack of understanding by employers and the community regarding disability and ability).
46. In order to reduce child poverty for children with disabilities, the barriers to parental employment need to be addressed. *EAG Working Paper no.12: Employment and Training Solutions to Reduce Child Poverty* includes recommendations to increase flexibility of supports for parents transitioning to work, including supports to overcome disability-related barriers.

## Housing

47. *EAG Working Paper no.18: Housing Policy Recommendations to Address Child Poverty* provides an in-depth discussion of housing issues and possible solutions in New Zealand. People with disabilities who are also low income or living on benefits all too often live in housing that is not sufficiently accessible, is unsafe, cold and damp. There are particular and additional considerations in relation to housing. Research completed in 2007 identified the following 'profound impacts' on persons with disabilities:
  - Some people with disabilities are unable to care for their children because certain modifications, such as widening the doors to their children's rooms, were not seen as necessary.
  - People with disabilities often forgo or do not fully take on educational, work, and relationship opportunities because they cannot access adequate housing.

- When people with disabilities live with their families or housemates these other adults are expected to undertake all of the cooking because kitchen modifications are viewed as unnecessary.
  - People with disabilities fear for their safety if there is a fire because only one accessible exit is seen as necessary.
48. The study suggests that government funding for house modifications is primarily for basic needs rather than the overall welfare and functioning of the family, even when there are children involved. The report identifies three of the most successful strategies to encourage accessible housing supply:
- financial incentives
  - adoption of accessible or universal housing design principles as regulatory requirements on new and renovated dwellings
  - provision of advice and assistance on design (Centre for Research Evaluation and Social Assessment, 2007).

#### ***Recommendation 4***

*It is recommended that the Government:*

---

<b><i>Housing</i></b>	<i>Review the Housing Modification requirements to consider how they might better meet the particular needs of people with disabilities.</i>
-----------------------	--

---

## **Health**

49. In New Zealand there is little recent data on the prevalence of congenital anomalies at the time of birth, although the Plunket National Child Health Study estimated an overall prevalence of 4.3 percent in 1990-1991 (Tuohy, et. al, 1993). Similarly, the 2001 Household Disability Survey estimated that of the 11 percent of children (0-14 years) with a disability, 41 percent had a disability which had existed from the time of birth. Down Syndrome is the most common (non sex-linked) chromosomal anomaly in live born babies, with the diagnosis usually being made in-utero, or at the time of birth. These estimates are similar to those of other developed countries.
50. In Counties Manukau during 2005-2009, a large number of congenital anomalies were identified at birth, with these ranging in severity from minor through to more serious anomalies. When the number of babies with one or more congenital anomalies, rather than simply the total number of congenital anomalies, was considered, 510 Counties Manukau babies per year (6.1 percent of all births) had one or more congenital anomalies identified at birth. Counties Manukau rates were *significantly* higher than the New Zealand average (Craig, et. Al, 2011).
51. The MOH is currently trialling the New Model for Disability Support in the Bay of Plenty and Canterbury. The primary feature of the model is the Local Area Co-ordinator (LAC).

The LAC approach has been implemented throughout Western Australia since 1988. The approach has been implemented in additional Australian states and in Scotland.

52. Local Area Co-ordination is available to people with intellectual, physical, sensory, neurological and/or cognitive disability who are under the age of 65 at the time they apply for LAC support. Local Area Co-ordinators (LACs) assist people with disabilities to plan, organise and access supports and services which enhance their participation in and contribution to their local community. LACs provide support that is personalised, flexible and responsive. LACs work with family members and others involved in supporting people with disabilities so that they are strengthened and supported in their caring role. LACs also work with people with disabilities and their families/carers to make local communities more inclusive and welcoming through education, advocacy and development of partnerships with local community members and organisations, government agencies and businesses. (Government of Western Australia, [www.disability.wa.gov.au/forindividuals/lac](http://www.disability.wa.gov.au/forindividuals/lac); Bennett, 2009).

### **Recommendation 5**

*It is recommended that the Government:*

- 
- Health** *As part of the evaluation of the LAC model, examine the impact of the model on families living in poverty that have a child with a disability and, based on the results of the evaluation, refine and extend the model nationally.*
- 

### **Education issues**

53. Children with disabilities often have complex educational needs. The transition to primary school can be especially concerning for many parents. Anecdotal information indicates that some parents in New Zealand have found that their preferred school has been unwelcoming and some principals have said they would be unable to provide the appropriate education and support for the child. Primary and secondary school settings present additional challenges for children and young people with disabilities, including bullying and peer rejection. The transition from school to adult life presents a myriad of issues, including opportunities for tertiary education, training, and employment; and shifting to the adult disability entitlements and support services.
54. Children and young people with disabilities will be successful socially and achieve their life goals when they are included and provided the adaptations and supports that are tailored to their strengths and needs.

### **Early childhood education issues**

55. For children with special education needs, being in high-quality early education settings can mean significant cognitive and social benefits that have long-term effects. It can also mean access to professionals who, if appropriately qualified and supported, can identify and assess needs for additional support, and offer resources and information to parents.

The Early Childhood Taskforce explored the extent that children with disabilities are able to access early childhood education (ECE).

56. The evidence is clear that children with special education needs benefit most when they receive the services they need beginning in the pre-school years because “advantages accumulate; so do disadvantages” (Heckman & Masterov, p.3, 2004; in ECE Taskforce Final Report, 2011).
57. The Ministry of Education (MoE) provides specialist early intervention services to children from birth to school age identified with developmental or learning delays, disability, behavioural problems, or communication difficulties when the result of assessment shows that the special need affects their ability to learn at home or in ECE.
58. There is no entitlement to ECE under New Zealand law, and therefore no existing requirement on any ECE service to take any child. However, it is unlawful to discriminate against children in ECE settings on the basis of a disability. *“Anecdotal evidence suggests that some early childhood education and childcare centres are less than welcoming of children with disabilities and actively discourage families from enrolling in their service. In some of these instances, centres say that this is because they do not have the resources to meet the needs of children with disabilities”* (from Early Childhood Taskforce, 2011). For the purposes of this paper input was sought from the IHC New Zealand, CCS Disability Action, and the Human Rights Commission. These groups confirmed these perceptions (personal communications with IHC, CCS Disability Action, Human Right Commission, 2012).
59. The MoE provides some targeted funding to services that enroll a child with a special education need through Equity Funding. This funding of about \$13 million per annum is paid to community-based ECE services in decile 1-4 communities. Eligibility is based on an estimate of the socio-economic status of families whose children are enrolled. The Taskforce report expressed concern that eligibility is not well matched to the needs of children with moderate special education needs. This paper shares this concern since children living in poverty and disadvantage are more likely to experience developmental delays in communication and demonstrate emotional and behavioural difficulties that may not be as easily identified as severe physical or intellectual disabilities. Moreover research shows that these are the children who can make the greatest gains by participating in high quality ECE (Karoly, et. al., 2005).
60. A key recommendation of the Taskforce was that the workforce receives sufficient initial education and in-service professional development to effectively identify and work with children with special education needs.

### ***Recommendation 6***

*It is recommended that the Government:*

---

***Early childhood*** Explicitly prioritise providing inclusive quality ECE for children with

***Primary and secondary education issues***

61. The Education Act 1989 defines 'special education' as "*education or help from a special school, special class, special clinic, or special service*". This definition is operationalised by the MoE as the provision of extra assistance, adapted programmes or learning environments, specialised equipment or materials to support children and young people with accessing the curriculum in a range of settings. The operational definition is based on the characteristics of children who require special education and covers the full spectrum, from severe physical disability to psychological or intellectual impairment.
62. For children with special education needs, accessing high-quality education settings can mean not only cognitive and social benefits, but also access to professionals who, if appropriately qualified and supported, can identify and assess needs for additional support and offer support and information to parents.
63. The MoE funds schools directly to support children with special needs. If a child has a high or very high needs, a school can request additional support from Special Education through funding or specialist services. Special Education directly funds the Ongoing Resourcing Scheme (ORS) for children with severe and multiple needs, the Communication Service for speech and language therapy, Severe Behaviour Service, and School High Health Needs Fund for teacher aides for children with medical conditions that require special care.
64. The school responsibility is to provide individualized assessment and education that is tailored to the educational and social needs of each child and young person. Teacher training programmes provide limited training related to educating and supporting children with disabilities.
65. Moreover, resources in low decile schools are already stretched and these schools may have more children with special education needs requiring additional resources compared with schools in higher deciles.
66. The capacity for schools to adequately address the learning needs and environmental modifications of many children with disabilities is limited. In order to increase capacity, a combination of tertiary teacher training and in-service professional development is required, along with better partnering with community disability organisations and parents.

***Recommendation 7***

*It is recommended that the Government:*

---

***Education***      *Ensure sufficient tertiary education and professional development to support a workforce that can identify and work effectively with*

---

## **Conclusion**

67. This paper provides the EAG with information that is fundamental to understanding the relationship between child poverty and disability. The paper emphasizes a rights-based rationale for ensuring that children living in poverty who are impacted by disability and their families are provided opportunities that enable them to achieve their aspirations. The overarching recommendation is to improve inclusiveness across the package of EAG solutions to child poverty.
68. As a signatory to the UN Convention on the Rights of Persons with Disabilities, the New Zealand Government has demonstrated its commitment to ensuring that people with disabilities enjoy the same human rights and fundamental freedoms to which all citizens are entitled. Children living in poverty and disadvantage and their parents must overcome significant challenges to achieve these rights and freedoms. This paper proposes actions to tackle some of these challenges.
69. We recognise that focusing on child poverty does not address all of the needs of people with disabilities. Other agencies and organisations are better informed and placed to address the range of disability issues that are not included in this paper.

## References

---

- Bennett, S. (2009) Investigation of individualised funding and local area coordination-type processes: a literature review, Bennett & Bijoux Ltd., Auckland, New Zealand.
- Carpenter, A. & Irwin, C. (2000) Just Surviving: Talking with Parents of Children with Very High Disability Support Needs About How They Get By, Ministry of Health, Wellington, New Zealand.
- Centre for Research Evaluation and Social Assessment (2007) Future proofing New Zealand's housing stock for an inclusive society, Centre for Housing Research, Aotearoa New Zealand, Auckland, New Zealand.
- Corman, H. & Kaestner, R. (1992) The effects of child health on marital status and family structure, *Demography*, 29, 389-408.
- Council for Disabled Children (2007) Every disabled child matters, London, England: National Children's Bureau.
- Craig, E., McDonald, G., Adams, J., Reddington, A., Oben, G., & Wicken, A. (2011) The health of children and young people with chronic conditions and disabilities in New Zealand, New Zealand Child and Youth Epidemiological Services, Otago School of Medicine, University of Otago, Dunedin, New Zealand.
- Disability Survey (2006) Statistics New Zealand, ([http://www.stats.govt.nz/browse\\_for\\_stats/health/Disabilities/DisabilitySurvey2006](http://www.stats.govt.nz/browse_for_stats/health/Disabilities/DisabilitySurvey2006)).
- ECE Taskforce (2011) An agenda for amazing children: Final report of the ECE Taskforce, Ministry of Education, Wellington, New Zealand.
- Government of Canada (2006). Young children with disabilities: An overview, Wellbeing of Canada Young Children, ([http://www.socialunion.ca/well\\_being/2007/en/chapter\\_9.shtml](http://www.socialunion.ca/well_being/2007/en/chapter_9.shtml)).
- Human Rights Commission (2010) Rights of disabled people, Human Rights in New Zealand, Section four – Rights of specific groups, Wellington, New Zealand.
- Irwin, S & Lero, D. (1997) In our way: Childcare barriers to full workforce participation experienced by parents of children with special needs - and potential remedies, Sydney, NS: Breton Books.
- Hanvey, L. (2002) Children with disabilities and their families in Canada, (<http://www.nationalchildrensalliance.com.nca/pubs/2002/hanvey02.pdf>).
- Karoly, L., Kilburn, M. R., & Cannon, J. S. (2005) Early childhood intervention: Proven results, future promise, Rand Labor & Population, Division of Rand Corporation, USA.
- Ministry of Social Development (2012) Information provided by Ministry of Social Development, Wellington, New Zealand.
- Noonan, K., Reichman, N. E., & Corman, H. (2005) New fathers' labor supply: does child health matter? *Social Science Quarterly*, 86, 1399-1417 & 1419.
- Office for Disability Issues ([www.odi.govt.nz](http://www.odi.govt.nz)).



Petrenchik, T. M. (2008) *Childhood Disability in the Context of Poverty: A Discussion Paper Prepared for the Ontario Ministry of Children and Youth Services, CanChild Centre for Childhood Disability Research.* Ontario, Canada.

Pillai, R., Rankin, J., Stanley, K., Bennett, J., Hetherington, D., Stone, L. & Withers, K. (2007). *Disability 2020: Opportunities for the full and equal citizenship of disabled people in Britain in 2020.* IPPR Trading Ltd., London.

Porterfield, S. L., & McBride, T. D. (2007) The effect of poverty and caregiver education on perceived need and access to health services among children with special health care needs, *American Journal of Public Health*, 97 (2), 323-329.

Powers, E. T. (2001) Children's health and maternal work activity: static and dynamic estimates under alternative disability definitions, *Journal of Human Resources*, 38, 522-556.

Reichman, N. E., Corman, H., & Noonan, K. (2006). Effects of child health on sources of public support. *Southern Economic Journal*, 31, 136-156.

Reichman, N. E., Corman, H., & Noonan, K. (2008) Impact of child disability on the family, *Maternal Child Health Journal*, 12, 679-683.

Roeher Institute (2000a) *A demographic overview of childhood and disability in Canada.* Toronto: L'Institut Roeher.

Stanley, K. (2007) *Child poverty causes disability and disability causes child poverty*, Press Release. Institute for Public Policy Research, United Kingdom (<http://www.ippr.org/press-releases/111/2540/child-poverty-causes-disability-and-disability-causes-child-poverty>).

Swaminathan, S., Alexander, G., & Boulet, S. (2006) Delivering a very low birthweight infant and the subsequent risk of divorce or separation, *Maternal and Child Health Journal*, 10, 473-479.

Tuohy, P. G., Counsell, A. M., & Geddis, D. C. (1993). The Plunket national child health study: birth defects and sociodemographic factors. *The New Zealand Medical Journal*, 106(968), 489-492. Royal New Zealand Plunket Society, Dunedin.

Travalgia, S., Fitzgerald, T., Ryan, B., Patston, P., Dylan, S, Baker, R., Brown, P., Wilkinson-Meyer, L., Reeve, J., & McNeill, R. (2010) *The cost of disability: Final report*, Disability Resource Centre, Auckland, New Zealand.

Government of Western Australia (2012) [www.disability.wa.gov.au/forindividuals/lac](http://www.disability.wa.gov.au/forindividuals/lac).