Could a focus on participation contribute to addressing child poverty in New Zealand? An occupational therapy perspective

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**Abstract**

What may be missing from the ‘child poverty discourse’ in New Zealand is the potential that a focus on participation could bring to creating sustainable solutions to addressing child poverty and improving health and wellbeing for children living in poverty. While numerous solutions abound, this paper seeks to explore and articulate the potential of a participation focus, principally through exploration of child poverty as a social justice issue and the concept of participation from a range of perspectives. The paper posits that a focus on participation might bring another useful contribution to improving the health and wellbeing of New Zealand children living in poverty.

**Understanding Child Poverty**

As a social justice issue, child poverty not only deprives children of achieving their full potential, but also comes with considerable (and perhaps unnecessary) individual, community, and societal costs (Ledwith, 2011). Despite this, the so-called ‘child poverty agenda’ remains hidden, and the lack of global action to address child poverty appears to be nothing more than a sad indictment of our times; for example, the comments on the NZ Herald website would suggest that ‘child poverty’ is a contentious, complex and multi-factorial issue. Debate continues here about the differences between *absolute* (adherence to a minimum standard of living and biological needs) and *relative* (adherence to a broader socially and culturally standard as minimum) poverty, and many people continue to insist that, as inequalities are inevitable, child poverty is simply a symptom of ‘poor planning and parenting’. As Davis, Crothers and Hanna (2010) suggested, public attitudes, coupled with the negative ways that the media depicts people living in poverty, are two significant barriers to advancing a collective and sympathetic response to improving child poverty in New Zealand.

**The New Zealand experience**

In 2012, the Children’s Commissioner’s Expert Advisory Group on Solutions to Child Poverty released a sobering report which identified that at least 270,000 (and likely more) New Zealand children are living in homes where the household incomes fall below the poverty threshold (Office of the Commissioner for Children, 2012). While the numbers are concerning in and of themselves, what was of particular concern was the dramatic increase in the number of children living in poverty over the past thirty years. While the report caught the attention of the media in 2012, the statistics on child poverty in New Zealand have been alarming and of concern for some time previous. For example, Davies, Crothers and Hanna (2010) tracked the dramatic increase in child poverty in New Zealand between 1980 and 2009. They identified that, despite Government initiatives such as *Working for Families* (introduced between 2004 and 2007) which specifically aimed at increasing the income of low-to-middle income families, overall child poverty rates have continued to rise dramatically during that time. Further, Davies, Crothers and Hanna suggested that child poverty rates have been highest since 2008, likely as a result of the global recession and rising unemployment.

The costs of poverty are undoubtedly significant for children and society. As the Expert Advisory Group report (Office of the Commissioner for Children, 2012) outlined, immediate costs to children living in poverty can include lack of access to nutritious food and safe housing, with longer-term costs including increased health issues and reduced educational achievements. A significant cost to growing up in
poverty, can include neurological deficits, reduced employment and earning opportunities, poorer health, and higher rates of criminal offending in adulthood. Of particular risk in the New Zealand context are children and families who identify as Maori or Pacific, children living in sole-parent families, children living in severe and persistent poverty, and young children living in poverty. Economically, the report also suggests that the financial costs ranges between $6-8 billion/year, in addition the considerable amount of public money that is spent funding remedial solutions. Translating key findings from Perry’s (2009) Standard of Living survey, Davies, Crothers and Hanna (2010) determined that for New Zealand children, the experience of living poverty likely meant not having a raincoat, shoes, their own bed, a school uniform, a birthday party, or access to extracurricular activities, a warm home, or timely medical care.

Exploring potential solutions

In addition to the providing a context for understanding child poverty in New Zealand, the Expert Advisory Group Solutions paper (Office of the Commissioner for Children, 2012) outlined 78 recommendations, centred around six key themes: 1) affordable, safe, and healthy homes; 2) stable, nurturing families; 3) supportive communities; 4) adequate income to meet basic needs; 5) engagement in learning from early child education onward; and 6) access to health services. Given the significant social vision, courage, and investment required to action these solutions, the OCC report presented solutions in a priori order, grouped by those for immediate attention at relatively low cost, and including recommendations identified by children (for example: ensuring that parks, playgrounds, and public spaces are safe and welcoming). Overall, however, these recommendations don’t appear to sufficiently recognise the importance of addressing people’s participation and agency as potential solutions to improving poverty in families or communities. While solutions to address child poverty need to, of course, include strategies to increase family income or improve access to better housing and health services, the devastating impact that reduced participation (and the lack of participation choices) has for children and families living in poverty needs to be considered as part of a comprehensive solutions package to addressing child poverty.

Why participation?

Peter Townsend’s seminal research undertaken in the United Kingdom in the late 1960-70s (see, Townsend, 1979) determined that, for families living in severe and persistent relative poverty (the poorest 30% of the population), increased income and lifestyle changes did not directly translate to increased citizenship and societal participation. When published, however, Townsend’s work was criticized as being too focused on agency and choice. A recent re-consideration of the research and constructs undertaken by Townsend (Ferragina, Tomlinson, & Walker, 2013) provided comprehensive insights and additional evidence of the devastating impact of reduced opportunities for social and societal participation.

As a health and wellbeing construct, participation can be defined from a number of perspectives, although as Ledwith (2011) suggests, the concept of human rights is pivotal to reducing poverty. The World Health Organisation (2007) positions ‘participation’ as central to human health and well-being, and a central construct within the child and youth version of the International Classification of Functioning, Disability, and Health (ICF). The ICF defines participation as “a person’s involvement in a life situation” (p. 213) – but without designating a set of codes to classify how participation is unique from other components of the classification system.

An occupational perspective of participation

Within the context of occupational science and therapy, the concept of participation is recognised as being core to an ‘occupational perspective’, and development of this perspective is emerging in the literature. However, the central premise of an occupational perspective of participation is likely to be
situated in occupation. Miller Polgar and Landry’s (2004) description of participation as inexplicitly integral to everyday occupation, and encompassing what people are doing, why they do it, and what it brings to people’s individual and collective lives (p. 198) best reflects an occupational understanding of participation. While this conceptualisation of participation is echoed in Townsend’s description of the core components of participation (freedom from material deprivation, active social participation, and trust), the critical addition is explication of the primary roles of social inclusion and occupation. The identification of social inclusion as critical to participation draws heavily from the work of Whiteford and Pereira (2012). While recognising the hegemonic nature of a ‘social inclusion’ perspective, Whiteford and Pereira situated social inclusion within a human rights discourse, centrally concerned with social cohesion and citizenship, and therefore pivotal to individual and collective empowerment and enablement. An occupational perspective of participation is also underpinned by a social justice agenda, and a capabilities perspective. This social justice agenda is embedded in a human rights perspective that suggests that everyone has the right to participate in occupation. Furthermore, the evolving theory of occupational justice recognizes “occupational rights to inclusive participation in everyday occupations for all persons in society, regardless of age, ability, gender, social class, or other differences” (Nilsson & Townsend, 2010, p. 57). The justice discourse links strongly with a capabilities perspective of participation and the importance of involving participants in a conversation to addressing child poverty. For example, Sen (2000), emphasized the critical impact that not only material deprivation had for people living in poverty, but also the deprivation of opportunities to develop personal potential capability. This concept of deprivation translates within occupational science as ‘occupational deprivation’, defined by Whiteford (2000) as “the prolonged preclusion from engagement in occupation of necessity and/or meaning due to factors that stand outside the control of the individual” (p. 222). This reiterates Townsend’s conceptualisation of participation, which includes participation as a social action that is promoting individual and collective agencies and choices (Ferragina, Tomlinson, & Walker, 2013). Further Glavaan (2012) conceptualised choices as complex, socially co-constructed through people’s transactional relationship and agencies within their social environment.

**Exploring children’s participation**

As noted earlier, participation in everyday occupations is considered vital to development of capability, quality of life, and future life outcomes for all children (King, Law, King, Rosenbaum, Kerto, & Young, 2003). For example, in their study focusing on the recreation and leisure participation experiences of children with disabilities, King et al. (2003) identified a conceptual model of environmental, family, and child determinants to children’s participation, when children are facing adversity. Within the model, children’s participation is conceptualized as the outcome of a multidimensional and complex interaction between factors within the community, the family, and the child environments. The model, based extensively on social-ecological perspectives, outlines 11 predictive factors with direct or indirect effects on children’s participation, and 23 possible relationships between these 11 factors, to identify the broad spectrum of interrelated factors that may support or hinder a child’s participation. This model also provides information about the potential role of any one of these factors relative to the others. The 11 environmental, family, and child determinants to children’s participation included environmental factors (3 items, including supportive physical and institutional environments; supportive relationships for the child; and supportive relationships for the parents); family factors (4 items, including the absence of financial and time constraints related to adversity; a better family socio-economic situation; a supportive home environment; and a strong family interest in community activities; and child factors (4 items, including children’s own views of their competence; children’s physical, cognitive, and communicative capacity; children’s emotional, behavioural, and social functioning; and children’s activity preferences). While Ferragina, Tomlinson, & Walker (2013) concluded that choices and preferences related to children’s participation are also heavily influenced by carers, King et al. identified five mediating factors which likely have direct effects for children living with adversity: 1) absence of financial and time impact on the family, 2) a supportive
home environment, 3) the child’s self-perceptions of athletic and scholastic competence, 4) the child’s physical, cognitive, and communicative function, and 5) the child’s emotional, behavioural, and social function. As a local example, Jones (2014) doctoral study on participation experiences of Aotearoa New Zealand children who had experienced brain injury, found that participation was characterised by shared occupation (or activities). Connections, patterns, and degree of fit amongst people, their occupations, place, and time frames were found to be key aspects of participation to consider, and, importantly, participation in shared occupation was the context in which the children learned skills for including others into activities.

**Advancing the Potential of Participation as a Child Poverty Solution**

Given the perspectives outlined above, two strategies are identified within the context of this review which could support advancing the potential of participation to improving outcomes for children and families living in poverty; 1) improved measurement of children’s participation, and 2) participation focused solutions.

**Improved measurement of children’s participation**

In addressing children’s and community’s participation as a key solution to addressing child poverty, improved accuracy of information about the participation of all New Zealand children, as well as New Zealand children living in adverse situations (such as poverty) is of paramount importance. A lack of conceptual clarity has hindered the development of appropriate occupational therapy measures of participation for different populations (Khetani & Coster, 2007); however, a number of participation measures for children and youth are currently being developed and tested (for example, see the Participation and Environment Measure – Child and Youth; Coster, Law, & Bedell, 2010). The translation or adoption of the evidence-informed measures of children’s participation, such as those listed above, to the New Zealand social context, will likely assist practitioners and researchers to better document the relevant and diverse daily experiences of children living with adversity and their families; facilitate the use of a common language to ease interdisciplinary dialogue around participation, which, in turn, promotes integrated policy development and service planning; and design studies to test proposed determinants of child poverty, and hypothesized pathways to improved health and wellbeing outcomes for children living in poverty. Ensuring that the measures of participation are relevant to NZ context, as Law (2002) has suggested, would be useful to developing an improved appreciation of the complex relationship between child and environmental factors which are barriers and enablers to participation and inclusion for children living in poverty. Furthermore, in order to improve participation, health, and wellbeing for children living in poverty, research and measurement needs to include a focus on non-traditional domains (such as social connectedness and community participation); development of positive indicators; exploring children’s agency; identifying contextual influences; children’s current experiences; consideration of the impact of the depth and breadth of chronic poverty; and assessment of range of experiences of wellbeing (Camfield, Streuli, & Woodhead, 2009).

**Participation-focused solutions**

Occupational therapists are experts in participation and occupation, and an occupational perspective would likely contribute to better understanding the nature, context, and factors which support or hinder children’s participation in New Zealand social context. While occupational therapists are often situated within the health sector, there is potential for growth of the profession within social services and population health, especially as more robust evidence confirming the strong relationship between participation in occupation, and health and wellbeing, emerges. Occupational Therapy New Zealand (2011, p. 2-3) described a number of specific roles that occupational therapists could undertake in social services and population health, such as improving children’s participation, health, and wellbeing through education, health promotion and coaching to help children and families adopt healthy
lifestyles; maintaining children’s participation, health, and wellbeing to prevent the onset or progression of further or secondary disease or disability; and restoring children’s participation, health, and wellbeing by being the first point of access for children and families who are unwell or concerned about their health.

Additionally, Law (2002) has argued that ‘best practice’ needs to focus on enabling participation in occupations which takes into account a person’s social environment as a critical influence on participation. Particularly relevant to consideration of participation for children living in poverty, Law (2002) suggested that when working with children, researchers, policy and programme developers, and occupational therapists, need to be aware that a focus on children’s interests alone will not lead to improved participation, because of environmental barriers. However, strategies that focus on influencing environments, and elucidation of children’s occupational patterns and time use, has the potential to enhance improved outcomes (Law, 2002). Law also stated that a focus on participation widens the scope of intervention to include organizations and community agencies, where factors that hinder participation can be better identified and addressed; multiple risk and protective factors for participation are acknowledged; and the cumulative protection afforded through decreasing risk, increasing resources, and facilitating protective processes can be exploited. Furthermore, Maton and Bishop-Josef (2006) and Davies, Crothers, and Hanna (2010), have suggested that researchers and practitioners need to:

- Better communicate directly with policy makers about the potential and implications of participation and occupation, and evidence drawn from both research and practice;
- Engage in collaborative research, so participation-focused research becomes increasingly policy relevant;
- Participate in high-quality public policy evaluations;
- Develop research that focuses on contributing to understanding both the participation needs and experiences of children living with adversity, as well the strengths and resilience of children and families living in poverty.
References


Coster, W., Law, M., Bedell, G. (2010). Participation and Environment Measure - Children and Youth. Boston, MA: Boston University, Department of Occupational Therapy.


