

Intergenerational disadvantage

Long-term opportunities and challenges for Aotearoa New Zealand

Briefing for the incoming Prime Minister and Government

October 2023



Introduction

Intergenerational disadvantage is one of the most important social issues facing Aotearoa New Zealand. Successive attempts to reduce its prevalence or effects through social and fiscal policy have had limited results.

Key points

- The high numbers of children born into deprivation since the late 1980s are themselves now becoming parents who are at greater risk of disadvantage.
- The effects of intergenerational disadvantage start at conception with the growing fetus and infant potentially exposed to conditions that increase the risk of poor lifelong outcomes.
- This underscores the importance of targeting the earliest stages of life for maximum effectiveness. Economic analyses strongly support the cost-effectiveness of early investment.
- Recent science shows maternal mental distress during pregnancy and infancy can affect fetal brain development in ways that may impair a child's successful passage through life.
- This contribution to intergenerational disadvantage requires a rethink in how the cycle can be broken.
- The quality of the interaction between caregiver and infant in the first three years of life has major effects on long-term cognitive and socioemotional development. Strategies to promote effective interactions exist but are poorly applied.
- An integrated approach by the health, social development and education sectors is essential to effectively end intergenerational disadvantage.

Context

New Zealand has an ongoing challenge reversing longstanding child poverty and the intergenerational issues that have resulted from it. Since the late 1980s there has been a dramatic escalation in whānau and child poverty that has persisted to the present day (see Figure 1). Children born into deprivation from the late 1980s now comprise a cohort of new parents whose children are at greater risk of experiencing a continued cycle of disadvantage. Māori and Pasifika populations are disproportionately affected by child poverty and intergenerational disadvantage.

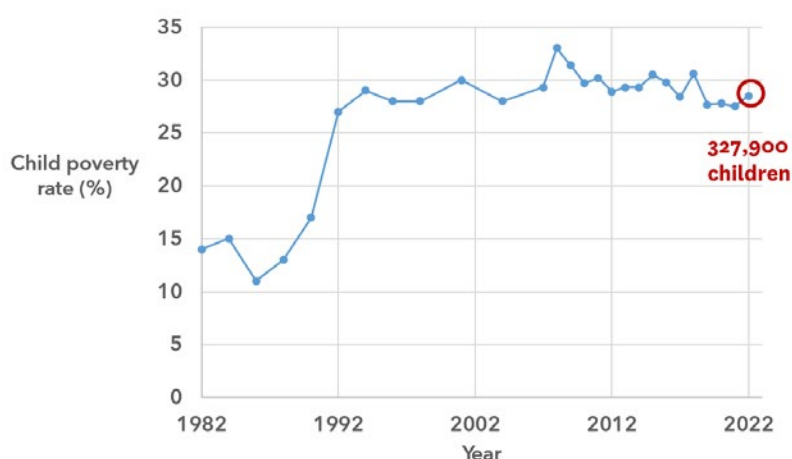


Figure 1: Child poverty rate as measured by number of children living in households with income less than 60 percent of median after housing costs. From Morreau & Low (in press).

The impact of deprivation generally begins as early as *in utero*. During pregnancy, the growing fetus may be exposed to poor nutrition, alcohol, tobacco and illicit drugs that can result in lifelong behavioural, physical and mental health effects. These contribute significantly to increased morbidity and early mortality and are critical factors in the persistence of inequity. There is also growing evidence that fathers who have

poorer physical and mental health or are exposed to alcohol, tobacco or recreational drugs at the time of conception pass on increased disease risk to their children.

There is now evidence that maternal mental distress during pregnancy and in the infant period are major contributors to poor health with intergenerational consequences. Recent research has shown even mild or moderate depression during pregnancy affects fetal brain development leading to impaired executive functions. This affects many critical abilities such as learning, paying attention, exerting self-control and displaying empathy. This may set a child on a lifelong path of challenges that include educational underachievement, financial instability, poorer physical and mental health and poorer interpersonal skills. These outcomes in turn have a potential negative effect on the next generation. In addition, female children may themselves grow up to be at greater risk of prenatal depression and have babies whose executive functions are similarly affected, creating a vicious cycle. The Dunedin longitudinal study has demonstrated that children with poor executive functions tend to belong to a small group that incurs a highly disproportionate share of health, social and economic burden.

Maternal mental distress after pregnancy also has potentially profound consequences not only for women and their whānau but also for the child. It can affect mothers' ability to interact with the child and establish a strong bond that is crucial for brain development and later cognitive and behavioural outcomes. There is compelling evidence that active rather than passive interactions between parent/caregiver and infant have a major influence on the child's development of executive functions. Promoting such 'serve and return' interaction skills in parents and caregivers is a singular intervention likely to have major impact.

Socioeconomic deprivation is a major risk factor for maternal mental distress. It is linked to other stressors including financial instability and family violence, which are in turn associated with adverse childhood experiences that negatively affect a child's neurodevelopment such as physical and emotional neglect, abuse and trauma.

Collectively these findings show that early-life factors – from pregnancy exposures through to parenting behaviours after birth – are absolutely fundamental in setting up a child for lifelong success or failure. Hence for the best chance of breaking the cycle of inequity and intergenerational disadvantage New Zealand urgently needs to address the underlying issues by investing in young people (*before* they become parents), in pregnant women and their families, and in babies and children.

The approach

Reversing intergenerational disadvantage will require interlinked initiatives from the health, education and social development domains all delivered in a culturally appropriate way. A co-ordinated approach is essential so parents can be well supported even before the child is born. It is not tenable for these domains to continue operating as silos and for decision-making to remain fragmented. Policies must be evidence-informed and focused on the long-term if they're to make an intergenerational difference. Three primary approaches must be integrated and informed by data, by policy trials and implementation science.

A health-led approach requires the earliest possible engagement of all parents-to-be with the maternity system so pregnancies are well supported for optimal fetal and maternal wellbeing. Early engagement enables midwives to ensure women are referred to additional support services where needed. Maternal mental health must also be prioritised. Universal screening for mental distress during pregnancy should be implemented and women with mild or moderate depression should also receive support given the known effect on fetal brain development. Women should also be screened after birth to ensure they feel well placed to bond with and care for their infant. Screening is especially important in the context of rising rates of mental distress among today's youth (see [Youth mental health and wellbeing](#)). Serve and return interactions between the parent/caregiver and infant in the first two years of life should be promoted through parent and public education.

A *social-development approach* involves the support of local kaitiaki (carers and educators providing tailored support to whānau) who can assist in facilitating access to healthcare and wider services and supporting children through the early years, providing continuity of care.

The *education-led approach* applies to all life stages and extends beyond formal schooling. It starts from parenting programmes or resources for parents to raise awareness of positive caregiving behaviours, such as those that promote bonding and brain development. Increased engagement with the early childhood- and primary-school sectors is then essential to facilitate school readiness and school attendance and achievement. As executive functions are responsive to treatment, screening of preschool children can help identify those in need of targeted support. Serve and return interactions should be continued in early childhood education programmes. These programmes should include a requirement for active, engaged reading by the provider with children, or active, engaged play where there may be literacy issues.

There is extensive evidence that high-quality early childhood programmes aimed at disadvantaged children have numerous flow-on benefits in adulthood and even have positive effects on the next generation of children. This can be exceedingly cost-effective, with every dollar invested in these programmes providing an estimated \$7 to \$12 of future benefits. Educational efforts should continue through to adolescence, during which promoting health literacy including awareness of good pre-conception health can help promote positive outcomes in the next generation.

To be effective these approaches need to be bolstered by a significantly strengthened maternity system, a well-resourced support/kaitiaki workforce and an education system that is adaptable for ongoing meaningful community engagement.

Actions for consideration

- **Interventions should occur at the earliest stages of life for the best and most cost-effective outcomes.**
- **An integrated approach involving the health, social development and education sectors is required.**
- **The maternity system, including the maternal mental health system, needs to be significantly strengthened to ensure early engagement with mothers and whānau and early referrals for appropriate social support.**
- **Universal screening for mental distress during and after pregnancy should be implemented.**
- **Social, education and fiscal interventions that reduce stresses on women and family/whānau, especially those living in deprivation, should be emphasised.**
- **The social-support service needs to include a local support/kaitiaki workforce that is itself well-resourced to provide tailored support to parents and whānau in a timely manner.**
- **Education at all stages of life is crucial:**
 - **Parents and caregivers should be offered parenting programmes and information about positive parenting behaviours;**
 - **Children and whānau engagement with the early childhood sector and school system should be increased;**
 - **High-quality early childhood programmes should be made available to disadvantaged children;**
 - **Adolescent health literacy, including pre-conception health, should be increased.**
- **Preschool screening of children for suboptimal executive functions will help identify those most likely to benefit from interventions.**
- **Serve and return interactions with children should be widely promoted among parents, caregivers and early childhood educators.**

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