



FAMILIES AND WHĀNAU STATUS REPORT 2014

Towards measuring
the wellbeing of families
and whānau

Our purpose

The Families Commission's purpose is to increase the use of evidence by people across the social sector so that they can make better decisions – about funding, policies or services – to improve the lives of New Zealanders, New Zealand's communities, families and whānau.

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TOWARDS MEASURING THE WELLBEING OF FAMILIES AND WHĀNAU

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Foreword

While we all agree that families and whānau are the foundations of healthy communities and the backbone of our country, we have been less sure about how well they are faring.

Too often statistics and reports focus on the wellbeing of individuals rather than applying a collective families or whānau lens across an issue. It is, however, important to keep sight of the fundamental role they play – to nurture and care for children and pass on social and cultural skills.

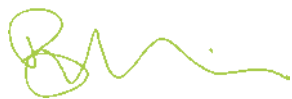
Our first status report in 2013, found that families are facing rapid and dynamic changes – especially demographic and geographic – that challenge the traditional roles we need and expect them to play. The increased focus on vulnerable children has also thrown into sharp relief the important role of families. This has reinforced the need to strengthen families as the key way to reduce the risk of, or to support, vulnerable children.

I am proud of this second annual Families and Whānau Status Report. It proposes two draft frameworks which are unique to New Zealand, and outlines how we intend to draw on ‘western science’ generated knowledge, and kaupapa Māori knowledge, to allow knowledge from both perspectives to inform each other. This approach recognises different cultural concepts about wellbeing whilst helping us, over time, to improve our collective understanding of family and whānau wellbeing. In future the Status Report will report broadly on family trends, attitudes and aspirations within the wider economic and social context in which families and whānau carry out their daily activities. Valuable insights will be gained about the complex issues affecting families and whānau.

The Commission will commence formal consultation with a wide range of stakeholders over the next two months to help inform and shape the development of the Families and Whānau Measurement Frameworks. When finalised, they will help inform discussion and debate about what family wellbeing means, and how it can be measured. I encourage agencies and organisations to contribute to the development of the frameworks to help inform this important work.

The Commission’s new purpose is to increase the use of evidence by those working across the social sector so they can make better informed decisions. And that has been our focus with the Families and Whānau Status Report – in addition to informing our own research priorities, it will inform the development of policies and programmes across central and local government and the community sector.

I would like to acknowledge those who have contributed to the development of this work to measure and monitor the wellbeing to improve the lives of New Zealanders, and our communities, families and whānau.



Belinda Milnes
Families Commissioner

Executive Summary

The Commission regards this report as another step towards improving our understanding of family and whānau wellbeing. The aim of the report is to stimulate critical thinking and ongoing discussion about how to define and measure family and whānau wellbeing, and what this means for the development of policy and the delivery of programmes and services aimed at increasing the wellbeing of families and whānau.

Measuring family wellbeing is complicated, not just because there is no universally agreed definition of what we mean by 'family' or 'wellbeing', but also because multiple and inter-related factors impact on the daily activities, functions and living arrangements of families.

The structure of families and whānau in New Zealand is changing. Current demographic trends such as smaller family sizes, increased longevity, relatively high fertility levels, higher rates of household formation and dissolution, are all part of the shifting demographic context. A rapidly changing society is also putting new pressures on families and whānau, making it important to review how well they are standing up to new economic and social circumstances, expectations and values.

The main purpose of this report is to set out the proposed Family and Whānau Wellbeing Frameworks and discuss how these will be used to measure and monitor family and whānau wellbeing. In developing our thinking about how to measure family and whānau wellbeing, the Commission recognises that the concept of family and what is valued can differ by culture. We have developed two frameworks that reflect the different cultural conceptualisations of family and whānau in non-Māori and Māori communities, and also the different conceptualisations of 'wellbeing'.

The 2014 Status Report is divided into three main sections. Section A sets out the two frameworks and includes preliminary analysis of trends in family and whānau wellbeing.

- › Chapter 2 sets out the proposed Family Wellbeing Framework, including the core family functions and domains of influence, and discusses how the Framework will be used to measure family wellbeing.
- › Chapter 3 draws on selected questions from the General Social Survey (GSS; 2008, 2010, 2012) to comment on changing aspects of wellbeing by family type.
- › Chapter 4 outlines the proposed Whānau Wellbeing Framework and uses existing Census, GSS and administration data, for the period 1981–2012, to undertake a preliminary examination of trends in whānau wellbeing.
- › Chapter 5 discusses how the Commission will use both frameworks to provide a broad understanding of overall family and whānau wellbeing.

While Chapters 3 and 4 include some preliminary analysis, the 2014 Status Report does not make definitive statements on family and whānau wellbeing. This is for two main reasons:

- › The frameworks are draft only – the Commission wants to consult on the proposed frameworks, including how we intend to use them.
- › Census 2013 and Te Kupenga data – full access to these core datasets was not possible prior to publication of this report, which is required to further develop our understanding of family and whānau wellbeing.

The 2015 Status Report will include a more detailed analysis and commentary on family and whānau wellbeing.

Section B of this report includes two chapters by recognised experts. This follows the style developed in the first report in the series, and ensures that the focus on family and whānau wellbeing is complemented by targeted investigations into issues of specific interest.

- Chapter 6 uses the longitudinal Survey of Family, Income and Employment to examine how the living arrangements of adults and children changed over the eight years of the survey (2003–10).
- Chapter 7 discusses issues of wellbeing in Pacific Island families, drawing on the Pacific Islands Families Study – a unique longitudinal study of Pacific children and parents in New Zealand, following an initial cohort of 1,376 mothers and 1,398 infants born at Middlemore Hospital between 15 March and 19 December 2000.

Section C sets out how the Commission proposes to take forward work on the frameworks through a dedicated research programme, as well as outlining how the Commission will seek to consult on the Family and Whānau Wellbeing Frameworks.

Following publication of the report, the Commission will host three technical briefings in Auckland, Wellington and Christchurch. A broad range of policy-makers, researchers, academics and practitioners will be invited to attend these briefings to discuss the frameworks, and how the Commission proposes to use them, including the identification and selection of indicators¹, and the Commission's proposed family and whānau research programme.

The Commission recognises that no one set of indicators will be able to provide a comprehensive overview of family and whānau wellbeing. The Commission therefore intends to develop and implement an ongoing annual research programme that examines family trends, attitudes and aspirations, and will seek to work closely with other government agencies to influence their own research and evaluation activities that relate to families and whānau wellbeing.

¹ An indicator is a direct and valid statistical measure which monitors levels and changes over time, and can be objective (for example, economic growth, income, health status) or subjective (for example, values, perceptions).



1. INTRODUCTION

The Families Commission Amendment Act 2014 requires the Commission to develop and publish “an annual Families Status Report that measures and monitors the wellbeing of New Zealand families”. As a Crown Entity and in recognition of the Families Commission’s unique relationship with the Māori Treaty partner as tangata whenua (people of the land, New Zealand’s indigenous people) the report includes both a family and a whānau perspective in terms of measuring and monitoring wellbeing.

Families perform an essential role in any successful society and economy. The family unit is the basic building block of most societies, ensuring that individuals are healthy, happy and productive (Bogenschneider & Corbett, 2010).

Measuring family wellbeing is complicated, not just because there is no universally agreed definition of what we mean by ‘family’ or ‘wellbeing’, but also because multiple and inter-related factors impact on the daily activities, functions and living arrangements of families.

“Whānau is generally described as a collective of people connected through a common ancestor (whakapapa) or as a result of a common purpose (kaupapa). According to Williams, whānau is defined as ‘offspring, family group and used occasionally in tribal designations such as Te Whānau-A-Apanui’”¹

From a statistical perspective, a family is defined in official statistics as “a couple, with or without children, or one-parent with children, usually living together in a household”. Cram and Kennedy (2010), however, make the point that whānau is about kinship and non-kinship relationships that extend beyond the walls of a single dwelling.

The main purpose of the 2014 Status Report is therefore to set out the proposed Family and Whānau Wellbeing Frameworks, which the Commission believes will help us all to better understand trends in family and whānau wellbeing within the context of changing demographic patterns and family dynamics.

The primary audiences for the 2014 Status Report include policy-makers, programme developers, funders and practitioners who need to be flexible and responsive to the range of drivers that impact on family and whānau wellbeing. With better understanding of how families and whānau are faring, policy-makers and practitioners can make better policy and funding decisions, provide more effective social services and help to strengthen the resilience of families. In addition, researchers and agencies that fund and provide economic and social policy research and information, including the Families Commission, can use the frameworks to take stock of our collective knowledge.

We hope that, by reporting on family and whānau wellbeing every year, we will better understand how families and whānau are faring in New Zealand and will keep family and whānau wellbeing in the national spotlight. In turn, this will contribute to evidence-based policy-making in relation to family- and whānau-focused interventions and will support policy-makers to understand the impacts of economic and social policy measures on families and whānau over time.

This remit is broad and complex, and not one that the Commission can engage in successfully by itself. The Commission will need to be strategic and forward-thinking, and work collaboratively with our stakeholders to develop a robust evidence base to understand family and whānau wellbeing.

¹ Te Puni Kōkiri, in Irwin et al, 2013 (p. 40).

The first Status Report, published in July 2013, discussed the implications of ongoing demographic changes on the structure of families and whānau within New Zealand (Families Commission, 2013):

“The changing structure and dynamics of family and whānau, as well as their wellbeing, is at the heart of the social condition and prospects of New Zealand. Current trends such as smaller family sizes, the continuing rise in women’s labour force participation, growing inequalities, increased longevity, the continued strength of fertility levels and high birth numbers, higher rates of household formation and dissolution, as well as the strong but volatile migration flows, are all part of the shifting context.

Understanding these patterns, vulnerabilities and family dynamics is a prerequisite to designing effective policies and programmes to support family wellbeing.” (p. 14)

The Commission intends that in future the Status Report will report broadly on family trends, attitudes and aspirations within the wider economic and social context in which families and whānau carry out their daily activities. This will require a comprehensive programme of analysis of existing datasets, including official statistics and national surveys, complemented by a targeted programme of research to understand better those factors that influence and contribute to family and whānau wellbeing.

This chapter first provides a brief overview of the increasing national and international focus on understanding and measuring wellbeing, before summarising key demographic trends in New Zealand. Finally, this chapter outlines the approach taken by the Commission in developing the Family and Whānau Wellbeing Frameworks.

1.1 Understanding wellbeing

For some time there has been general dissatisfaction with the reliance on macro-economic statistics, primarily Gross Domestic Product (GDP) or GDP per capita, as the sole measures of how well a country is performing. For example, through the Better Life Initiative, the Organisation for Economic Cooperation and Development (OECD, 2011a) recognised that:

“...concerns have emerged regarding the fact that the macro-economic statistics did not portray the right image of what ordinary people perceived about the state of their own lives. Addressing these concerns is crucial, not just for the credibility and accountability of public policies, but for the very functioning of our democracies.” (p. 4)

In 2011, the OECD published ‘How’s Life?’ (OECD, 2011b), which included a set of wellbeing indicators for both developed and, a limited number of, emerging economies. The OECD seeks to understand wellbeing from a broader perspective – including health, education and skills, employment and other non-paid work, the environment, personal safety and security, wider social or community connections and overall life satisfaction. A brief discussion of the ‘How’s Life?’ framework is set out on pages 13 and 14.

The United Nations Permanent Forum on Indigenous Issues has also looked at the issue of wellbeing. This work highlighted the great significance placed on cultural issues by indigenous peoples (Kirrily Jordan, 2010).

Individual countries have also sought to understand better the issue of wellbeing and/or broaden how they measure success. In 2008, the French President appointed a panel of economists (Amartya Sen, Joseph Stiglitz and Jean-Paul Fitoussi) to examine alternative measures of economic and social progress. Similar efforts have been undertaken and/or are in progress across a number of other countries, most notably the United Kingdom (UK; Office for National Statistics, 2014) and Australia (Families Australia, 2006a).

As in many other Western countries, a renewed interest in indicators and social reporting developed in New Zealand during the late 1990s. This led to new government-sponsored projects such as The Social Report, published annually from 2001 to 2010, to monitor social progress against a range of subjective and objective indicators (Ministry of Social Development, 2010). The Ministry of Social Development also produces the Household Incomes in New Zealand report annually to examine trends in inequality and hardship (Perry, 2013). This report also highlighted the need for non-income measures of actual living conditions. Another initiative by The University of Auckland, with funding from the Foundation for Research, Science and Technology, was the Family and Whānau Wellbeing Project, a one-off project, which used Census data to construct objective indicators of family wellbeing (Milligan et al, 2006).

The Māori Statistics Framework, developed in 2001, sought to measure Māori wellbeing, where Māori wellbeing is viewed as a “function of the capability of Māori individuals and collectives to live the kind of life that they want to live” (Wereta, 2001). As discussed in Chapter 4, the Whānau Wellbeing Framework has also drawn on earlier work by the Independent Māori Statutory Board in the Māori Plan for Tāmaki Makaurau, which adopted a “four-wellbeings approach” (the dimensions of cultural, social, economic and environmental wellbeing).

More recently, The Treasury has developed a Living Standards Framework to examine overall living standards and how they are distributed across New Zealand and among key population subgroups (The Treasury, 2011). The Framework incorporates five core elements (material and non-material living standards; freedom, rights and capabilities; the distribution of living standards; sustainability of living standards; and subjective measures of wellbeing) within a ‘stock and flow’ model, recognising the dynamic nature and level of interactions among the underlying factors that influence the living standards of New Zealanders.

Drawing on data sources across the Official Statistics System (OSS), Statistics New Zealand has also developed a set of wellbeing indicators that enables researchers and commentators to monitor social wellbeing over time, across different population subgroups and in comparison with other countries. The Statistics New Zealand social wellbeing indicators are discussed in more detail in Appendix 1.1, focusing on those sourced from the GSS.

Our focus on the collective wellbeing of families and whānau, rather than individuals, distinguishes this work from other attempts to understand wellbeing, both in New Zealand and in other countries.

1.2 Changing family and whānau structures

It is important to recognise that the structure of families and whānau in New Zealand is changing. Current demographic trends such as smaller family sizes, increased longevity, relatively high fertility levels, higher rates of household formation and dissolution, are all part of the shifting demographic context. Our brief demographic profile has been updated from the 2013 Status Report with the latest Census 2013 data, where available (for more detail, see Appendix at the end of this report).

The update shows that the trend towards growth in the proportion of one person and couple without children households has continued, partly reflecting the ageing of the population. Couple with children households and one-parent households have decreased, but multifamily households have increased. It will be worth examining whether more families with children are living in multifamily households and whether or not this is related to the changing ethnic composition of the population. In terms of families with children, the majority are two-parent resident families (70 percent), with the remainder (30 percent) being one-parent resident families. The Census data are cross-sectional (one point in time) and analysis later in this report indicates that well over a third of children are likely to experience some time residing with only one parent (see Chapter 6).

The marriage rate has continued to decline, as has the divorce rate. Further analysis of Census data will give an indication of how these trends relate to changes in the rate of cohabitation. New Zealand has been one of the few Western countries to maintain a replacement level fertility

rate (2.1 births per woman), but since 2010 our total fertility rate has fallen below 2.1 – standing at 1.95 at the end of 2013. In part this fall may be explained by the fall in our teenage birth rate. In line with international trends, the teenage fertility rate has fallen in recent years, although it is still high by comparison with OECD countries. The proportion of births to non-married couples (47 percent of births) is also high internationally, but has fallen slightly in recent years.

A rapidly changing society is putting new pressures on families and whānau, making it important to review how well they are standing up to new economic and social circumstances, expectations and values. New Zealand, like most industrialised countries, has seen major changes in family structures and patterns of labour-market participation in the last few decades. When cohabiting relationships are considered along with marriages, partnerships are less stable (Pryor & Rodgers, 2001), leading to higher rates of one-parent households. At the same time, the gender distribution of paid and unpaid work has undergone substantial shifts in the last few decades, with an increasing need for out-of-school childcare arrangements.

1.3 Approach

In developing our thinking about how to measure and monitor family and whānau wellbeing, the Commission recognises that the concept of family and what is valued can differ by culture. We have developed two frameworks that reflect the different cultural conceptualisations of family and whānau in New Zealand, and also the different conceptualisations of 'wellbeing'. They are two separate but complementary parts of the picture of family and whānau wellbeing in New Zealand. This approach to reconciling Western and Kaupapa Māori perspectives reflects the He Awa Whiria – Braided Rivers model (MacFarlane, 2011). This model acknowledges the two distinctive approaches, and recognises that family and whānau are not interchangeable terms and mean very different things. Adopting the two frameworks to understand wellbeing across all families and whānau in New Zealand also allows knowledge from both perspectives to inform each other.

While it is acknowledged that different ethnic communities are likely to define family and whānau wellbeing, the Family Wellbeing Framework is intended to cover all New Zealanders. As discussed in Chapter 5, existing data limitations would make the development of further, more ethnic-specific, frameworks extremely challenging.

While the Commission has sought to make pragmatic decisions in developing the Family and Whānau Wellbeing Frameworks, there will be other views about what is important in determining family and whānau wellbeing. The Commission therefore intends to consult with a number of stakeholders, including policy-makers, researchers, social scientists and practitioners, to ensure that there is broad support for these frameworks and/or to further refine them in light of feedback.

While Chapters 3 and 4 provide some preliminary analysis of potential indicators, the 2014 Status Report does not make definitive statements on family and whānau wellbeing. This is for two main reasons:

- › The frameworks set out in this report are draft only – the Commission will consult on the proposed frameworks, including how we intend to use them. During 2014/15 we will finalise how we will measure the range of factors that influence and contribute towards family and whānau wellbeing.
- › Census 2013 and Te Kupenga data – full access to these core datasets was not possible prior to publication of this report, which is required to further develop our understanding of family and whānau wellbeing.

The 2015 Status Report will include a more detailed analysis and commentary on family and whānau wellbeing.

It is important to recognise that most official statistics, including administrative data², are limited in the extent to which they can adequately define families and whānau – with most limited to a narrow definition of family types³ (that is, couples with and without children, and one-parent households). In addition, most data do not align well with an annual report cycle of the Status Report – most data are not collected on an annual basis (for example, the GSS is every two years; the Census is every five years) or is historical (for example, the Survey of Family, Income and Employment, which was carried out between 2003 and 2010). The Status Report will therefore use the frameworks to provide the underlying context for family and whānau wellbeing, with this analysis complemented by targeted investigations into specific issues of interest and supported by a wider family and whānau research work programme (see Chapter 8).

1.4 Structure of the report

Following this chapter, the 2014 Status Report is divided into three main sections:

Section A – The Family and Whānau Wellbeing Frameworks

- ▶ Chapter 2, 'Family Wellbeing Framework' – sets out the proposed Family Wellbeing Framework, including the core family functions and domains of influence, and discusses how the Framework will be used to measure family wellbeing.
- ▶ Chapter 3, 'Trends in Family Wellbeing' – written by the Centre of Methods and Policy Application in the Social Sciences (COMPASS) at the University of Auckland, this chapter draws on selected questions from the GSS (2008, 2010, 2012) to comment on changing aspects of wellbeing by family type.
- ▶ Chapter 4, 'Whānau Wellbeing – Framework and Trends' – outlines the proposed Whānau Wellbeing Framework and uses existing Census, GSS and administration data, for the period 1981–2012, to undertake a preliminary examination of trends in whānau wellbeing.
- ▶ Chapter 5, 'He Awa Whiria – Braided Rivers' – this final chapter in Section A discusses the He Awa Whiria – Braided Rivers model in more detail, including how the Commission will use both frameworks to provide a broad understanding of overall family and whānau wellbeing.

Section B – Targeted Investigations

- ▶ Chapter 6, 'Family Transitions and Structures' – written by Roger Macky, highlights the changing nature and structure of New Zealand families. Using the longitudinal Survey of Family, Income and Employment (SoFIE), this chapter examines how living arrangements changed over the eight years of the survey (2003–10).
- ▶ Chapter 7, 'The Pacific Islands Families Study' – written by the Pacific Islands Families (PIF) Study team at The Auckland University of Technology, discusses issues of wellbeing in Pacific Islands families, focusing on relationships and healthy behaviours, parenting practices, resources and cultural identity. The PIF Study is a unique longitudinal study of Pacific children and parents in New Zealand, following an initial cohort of 1,376 mothers and 1,398 infants born at Middlemore Hospital between 15 March and 19 December 2000.

Section C – Next Steps

- ▶ Chapter 8, 'The Way Forward' – sets out how the Commission proposes to take forward work on the frameworks through a dedicated research programme, as well as outlining how the Commission will consult on the Family and Whānau Wellbeing Frameworks.

² Will include government administrative datasets, such as from the Inland Revenue Department, Ministry of Social Development, Ministry of Education and the Police.

³ There is no universally agreed definition of family. The Families Commission Act 2003 defines a family as "a group of people related by marriage, civil union, blood, or adoption, an extended family, two or more persons living together as a family, and a whānau or other culturally recognised family group". While this broad definition encapsulates most family structures, it does not align with official statistics or administrative data collected about families.

Appendix 1.1

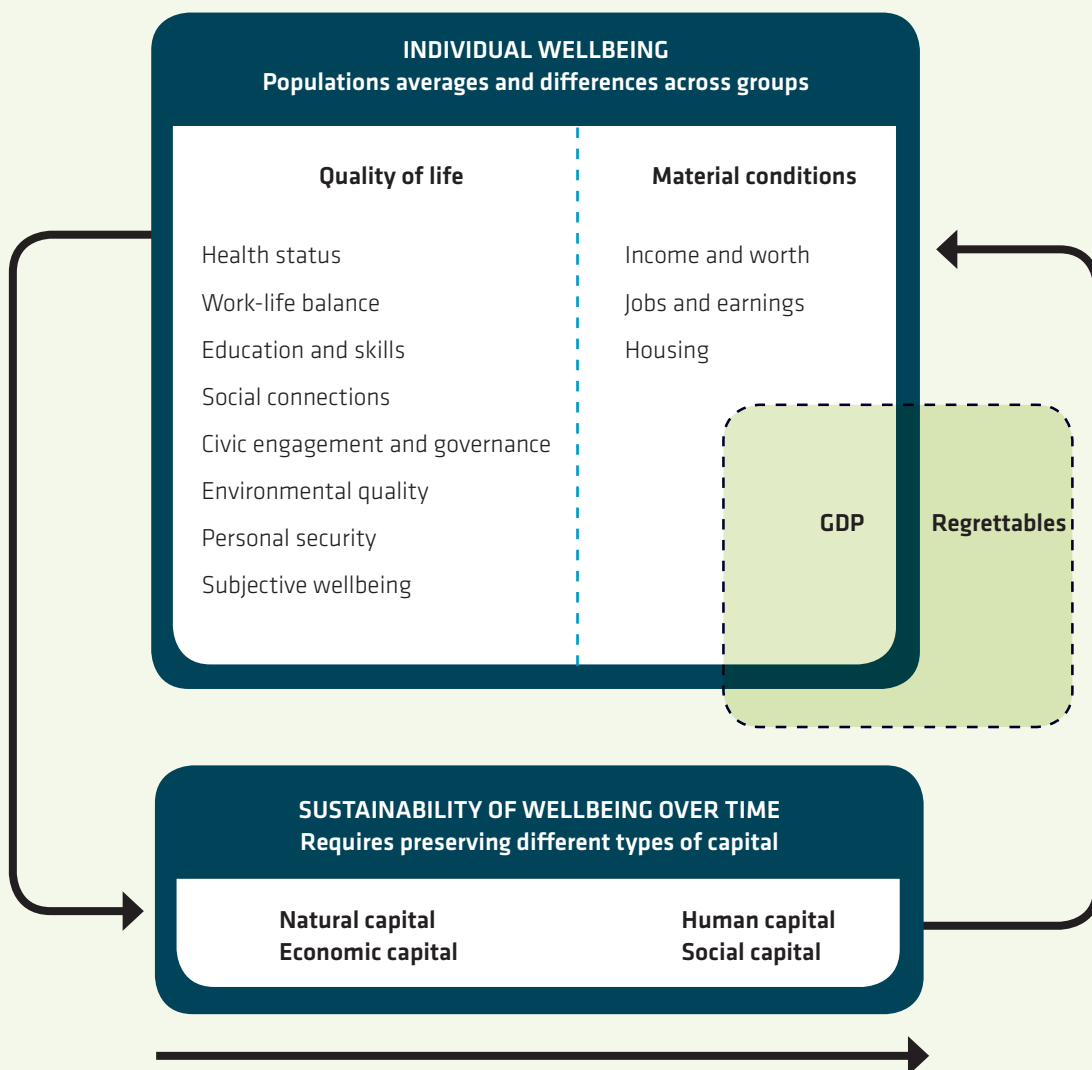
OECD's Better Life Initiative

In 2011, the OECD launched the Better Life Initiative which focuses on all aspects of life that matter to people and influence their wellbeing. The initiative and the Better Life Index comprise a set of wellbeing indicators and research projects that aim to improve the information base for understanding wellbeing trends and what contributes to them.

The OECD's framework for measuring societal wellbeing consists of outcomes in two broad areas (Figure 1.1):

- material living conditions (income and wealth, jobs and earnings, housing)
- quality of life (health status, work-life balance, education and skills, social connections, civic engagement and governance, environmental quality, personal security, subjective wellbeing).

Figure 1.1 The OECD wellbeing conceptual framework



Source: OECD. (2011b). *How's life? Measuring well-being*. Paris: OECD Publishing.

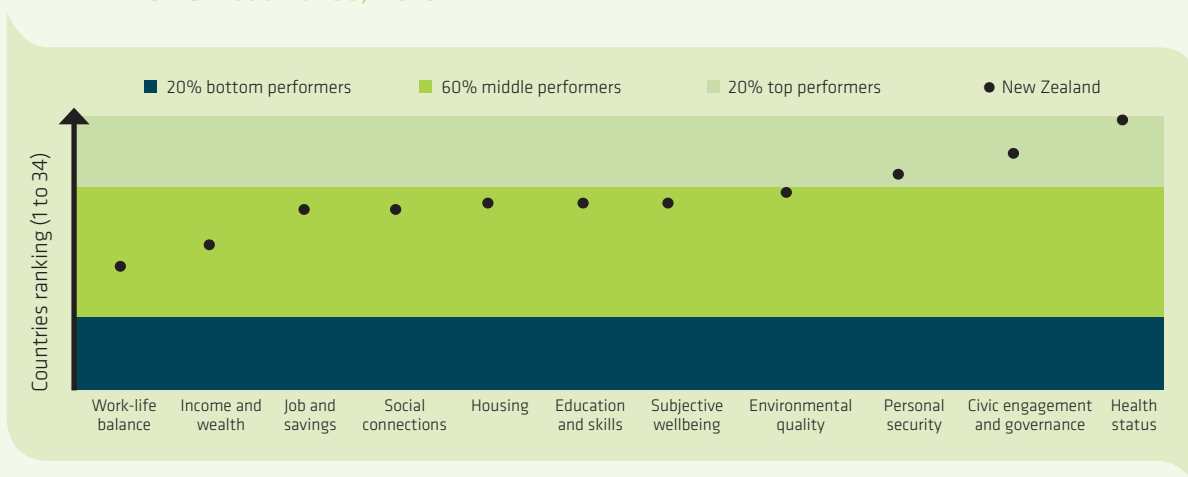
The Framework also distinguishes between current and future wellbeing. A key question that the wellbeing framework seeks to answer is: *How can we be sure that actions to achieve better lives today are not undermining tomorrow's wellbeing?* The Framework recognises that sustainability of wellbeing is dependent on stocks of resources (or 'capitals') that shape wellbeing outcomes. The OECD takes a 'capital approach' – a focus on capital assets that should be preserved for future generations. The four categories of capital are economic, natural, human and social capital.

What does the OECD Better Life Initiative say about the wellbeing of New Zealanders?

A country snapshot for New Zealand was released at the same time as the OECD's *How's Life?* 2013 report – the key output of the Better Life Initiative (OECD, 2013a).

In overall wellbeing, "New Zealand performs exceptionally well" (OECD, 2013b), compared with the average for OECD countries. On most outcomes, New Zealand is a middle performer and does not appear in the bottom 20 percent (compared to 34 OECD countries). New Zealand performs comparatively well in income and wealth, jobs and earnings, social connections, housing, education and skills, subjective wellbeing and environmental quality. New Zealand ranks in the top 20 percent of countries on personal security, civic engagement and governance and health status (Figure 1.2).

Figure 1.2 New Zealand's wellbeing compared with other OECD countries, 2013



New Zealand is shown to do less well in average household income. New Zealand is below the OECD average for household income and the gap between the richest and poorest is wider than the OECD average – the top 20 percent of the population in New Zealand earn five times as much as the bottom 20 percent. Compared to other OECD countries, income inequality in New Zealand has decreased at a lower rate over time.

Work-life balance is another area of concern. While the work hours of New Zealanders are slightly less than the OECD average, 13 percent of employees work very long hours (50 hours per week or more), more than the OECD average of 9 percent.

Conversely, the domains of health and safety are where New Zealand excels. Life expectancy, health spending (per head of population) and perception of health are all above the OECD average. Eighty-nine percent of people in New Zealand report being in good health, nearly a third higher than the OECD average.

In relation to safety, levels of violent crime (as measured by assault and homicide rates) are below the OECD average. Perceptions of safety as measured by feeling safe walking alone at night, 81 percent of New Zealand felt safe, compared to the OECD average of 67 percent.

Appendix 1.2

Wellbeing in the New Zealand General Social Survey (GSS)

*By Philip Walker, Team Manager, New Zealand General Survey,
Statistics New Zealand*

Introduction

The General Social Survey (GSS) is New Zealand's official survey of wellbeing and has run every two years since 2008.

The GSS provides a view of the overall wellbeing of New Zealanders, measures how wellbeing varies across different groups within the population and helps us to understand the inter-relationship of outcomes in different aspects of life.

This paper highlights the relationship between overall life satisfaction and a number of key aspects of people's lives.

Subjective wellbeing

"...an umbrella term for the different valuations people make regarding their lives, the events happening to them, their bodies and minds, and the circumstances in which they live".
(Diener, 2006, p. 400)

The GSS is a multidimensional survey of wellbeing. The survey provides information on the experiences, perceptions and outcomes of New Zealanders, aged 15 and over, across multiple aspects of their lives at one point in time.

The life domains measured in GSS align with the OECD wellbeing framework and include measures in areas such as material standard of living, social connections, human and civic rights, culture, identity, health, environment and housing.

The GSS measures overall life satisfaction based on people's own reflective assessment of their lives. Overall life satisfaction is a widely accepted indicator of subjective wellbeing and incorporates the notion that people themselves are the best judges of the quality of their lives.

Overall life satisfaction can be used as a metric to evaluate the relative importance of outcomes in different aspects of people's lives. Understanding how circumstances and clusters of outcomes are related to life satisfaction across the breadth of the population can help policy-makers make decisions regarding policy alternatives. The same dollar amount invested in different areas might lead to different pay-offs in terms of overall wellbeing.

Because people can differ in their needs across different aspects of life, the GSS asks not just how often a person has had contact with family and friends, but also whether they have felt lonely in the previous four weeks. Similarly, when measuring material standard of living the survey collects people's income, perception of the adequacy of that income and the degree to which they have gone without things, such as fresh fruit and vegetables, because of cost.

While overall life satisfaction is an important aspect of subjective wellbeing, the OECD (2013) also recommends that national statistics agencies measure 'affect', which includes measures of positive or negative feelings, and 'eudaemonia', which includes measures of psychological flourishing and sense of purpose. Eudaemonia has been added to the GSS from 2014.⁴

⁴ Affect is best measured via a diary and may be included in a future Time Use supplement to GSS.

Coincidence of outcomes

“The consequences for quality of life of having multiple disadvantages far exceed the sum of their individual effects.” (Stiglitz, Sen, & Fitoussi, 2009, p.15)

Statistics New Zealand conducted analysis on GSS data collected between 2008 and 2012 to see whether there were clusters of outcomes linked to higher, or lower, levels of overall life satisfaction. At a national level, after controlling for a range of factors such as age, ethnicity, migrant status and region, a number of aspects of life were found to have a strong independent relationship to life satisfaction. The four aspects with the strongest relationship are outlined in Table 1.1, along with the ‘good’ outcome for each aspect.

Table 1.1 Aspects of social wellbeing	
Aspects	Good outcome
Self-rated health status	Excellent or very good health
Availability of money to meet everyday needs	More than enough or enough money to meet their everyday needs
Quality of relationships with family and friends	Not felt lonely in the past four weeks
Perceived housing quality	No major problems with the house or flat they lived in

The analysis⁵ found that the outcomes above have a hierarchical effect on overall life satisfaction. Health showed the most powerful effect followed more or less equally by adequacy of income and freedom from loneliness. Absence of housing problems exhibited a lesser effect than the other three.

The list above is seen as significant, but neither definitive nor exhaustive. The relationships may shift when looking at different population groups such as a Māori or Pacific sample. Te Kupenga⁶, which is Statistics New Zealand’s recent survey of Māori wellbeing, will offer opportunities for more investigation of the Māori population group.

Among the 5 percent of the population who said they experienced none of the good outcomes listed above, 26 percent said they were dissatisfied or very dissatisfied with their lives, 19 percent said they were neither satisfied nor dissatisfied with their lives and 52 percent said they were satisfied with their lives overall.

Of the 21 percent of the population who reported having all four good outcomes listed above, 98 percent said they were satisfied or very satisfied with their lives overall, suggesting that these wellbeing outcomes are strongly linked to people’s ability to live the lives they themselves most value.

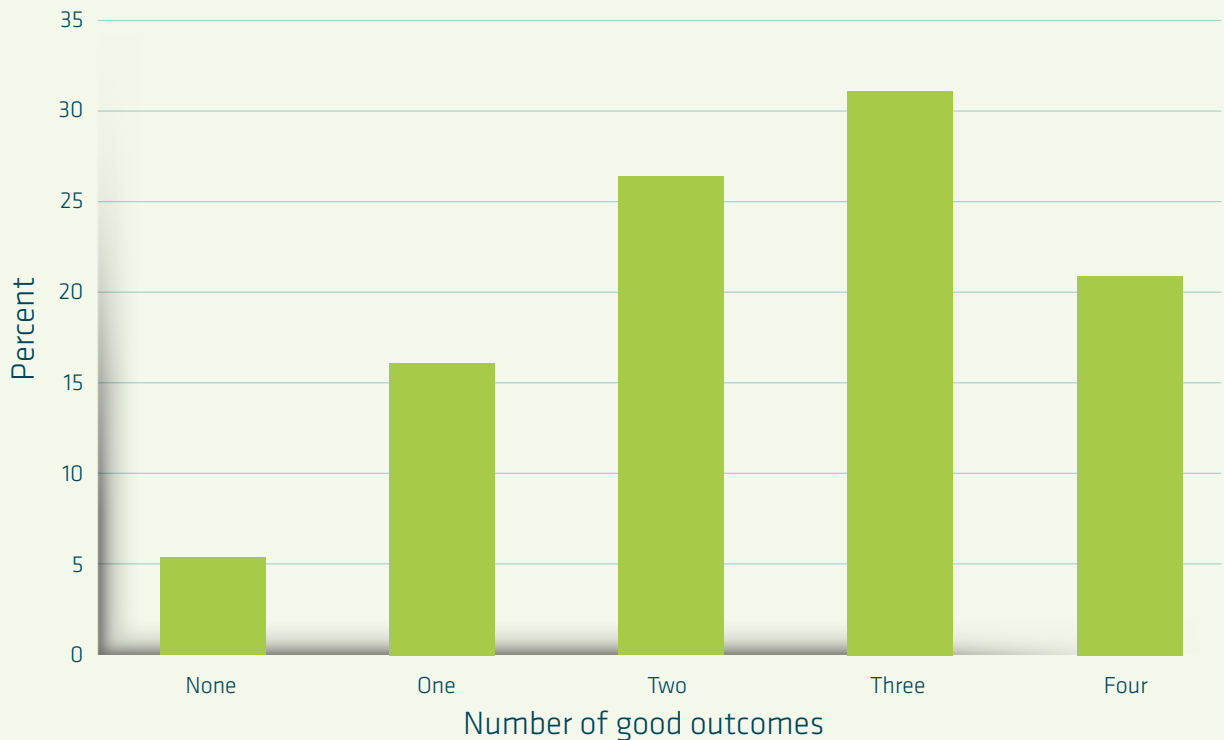
Lacking good outcomes in multiple areas of life can have a compounding and persistent effect. Stiglitz, Sen and Fitoussi (2009) argued that understanding multiple disadvantage and the distribution of outcomes is important to the development of effective policies and targeted interventions for those who experience cumulative disadvantages.

Figure 1.3 below shows the distribution of good outcomes across the New Zealand population. While just over a quarter of New Zealanders said they had two of the four good outcomes, 16 percent said they had just one of the four good outcomes. More than half of New Zealanders stated that they had three or more good outcomes.

⁵ Multivariate analysis included logistic regression and recursive partitioning. Analysis was repeated using more ‘objective’ data such as income, and the Economic Living Standard Index (ELSI) and the Physical and Mental Health Index (SF12) scores.

⁶ Te Kupenga was in the field following Census 2013, with data released from 6 May 2014.

Figure 1.3 Distribution of good outcomes



Source: Statistics New Zealand.

After controlling for a range of factors, some population groups were found to be more likely to experience good outcomes in all four aspects of life. In particular:

- › people aged 45+ years (25 percent) were more likely than those aged 15–24 years (16 percent)
- › those who identify as European (24 percent) were more likely than those identifying as Māori (12 percent) or Pacific peoples (9 percent)
- › people born in New Zealand (23 percent) were more likely than recent migrants (16 percent)
- › people with a qualification at level 7 (Bachelor's degree) or above (25 percent) were more likely than those with no qualification (15 percent)
- › people with an annual household income of more than \$100,000 (31 percent) were more likely than those with \$30,000 or less (11 percent)
- › employed people (24 percent) were more likely than unemployed people (8 percent)
- › people living in a couple-without-children family (27 percent) were more likely than those in a one-parent family (10 percent).

Figure 1.4 Number of good outcomes by family type

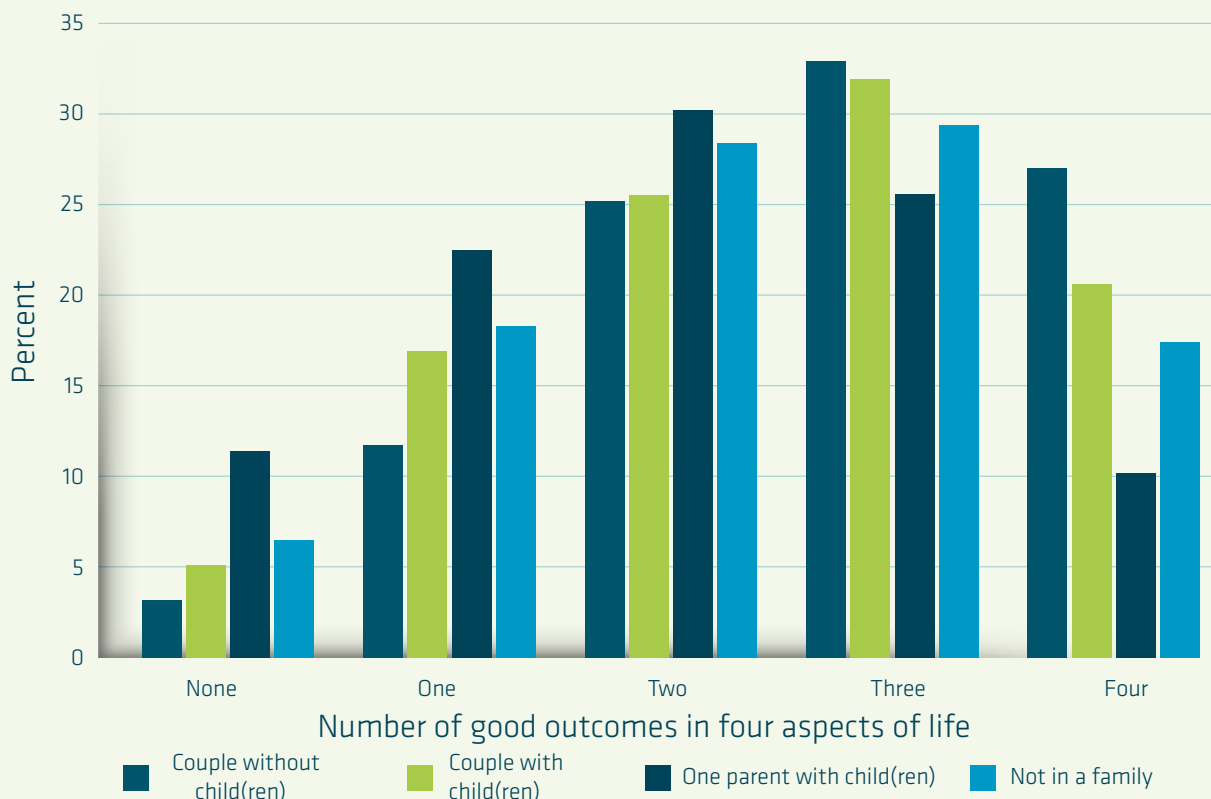


Figure 1.4 shows distribution of good outcomes by family type. It would seem that couples without children and, to a lesser extent, couples with children are better off than both one-parent families and people not living in a family unit. For example, one-parent families are shown to have the highest levels experiencing none, one or two of the good outcomes measured and the lowest levels of three or four good outcomes.

Because people can transition through family types over time (as discussed in detail in Chapter 6), understanding the duration and impact of circumstances such as persistent inadequate income, social isolation, poor health and housing is an area for further investigation. Chapters 3 and 4 show how different family and whānau types fare across a number of aspects of wellbeing.

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SECTION A





2. FRAMEWORK FOR MEASURING FAMILY WELLBEING

This chapter sets out the proposed Family Wellbeing Framework. The Framework is structured around four domains within which we identify a number of key factors that contribute to the ability of families to perform their core functions. Together these factors will be used to broadly measure how families are faring in New Zealand.

Key messages

Family wellbeing is complex; there is no universally agreed definition of family or wellbeing, and most data are collected at the level of the individual or household – not the family.

The Framework will help to inform discussion and debate about what family wellbeing means, why it is important and how it can be measured in practice.

This will require pragmatic decisions about making use of existing data as well as informing the design and implementation of the Commission's own research programme.

By the end of 2014, the Commission will review available data sources and draw on feedback from the consultation to develop a final set of family wellbeing indicators.

2.1 Introduction

This chapter sets out how the Commission proposes to measure family wellbeing. As discussed in Chapter 1, following publication of this report the Commission will consult with a number of key stakeholders on both the Family and Whānau Wellbeing Frameworks. We expect that the Family Wellbeing Framework (the Framework) will evolve over time; first to reflect consultation feedback and later to reflect improvements in the data that are available and our improved understanding of family wellbeing.

At this stage, a definitive set of indicators for measuring family wellbeing has not been identified. During 2014/15, the Commission will draw on feedback from the consultation and review available data sources to develop a set of family wellbeing indicators. The Commission does recognise that no one set of indicators will be able to provide a comprehensive overview of family wellbeing, and that a wider research work programme will be necessary to improve understanding of family wellbeing (see Chapter 8).

This chapter first considers why the measurement of family wellbeing is important, before setting out the Framework and its main components. Finally, this chapter looks at how the Framework can be used to identify a set of indicators for measuring family wellbeing, as well as a number of challenges that need to be overcome in doing this.

The Framework demonstrates that family wellbeing is complex, requiring a broad and deep understanding of the many facets of family wellbeing. These facets are represented in the Framework through four broad 'domains' of influence. Within each domain there are a number of factors that contribute to the ability of families to fulfil their core functions. Together, these factors will be used to broadly monitor how families are faring in New Zealand.

2.2 Purpose and value

2.2.1 Why measure family wellbeing?

Family wellbeing is important – for individuals and for New Zealand as a whole.

There is growing understanding of the significant contribution that families make to generating productive workers and nurturing the next generation. As social, economic and demographic changes are putting new pressures on families, it becomes ever more important to review how they are doing. The 2013 Status Report showed how families are changing, including their greater diversity, complexity and transience in family arrangements. Increased urbanisation and changing employment patterns, particularly with regard to rising levels of female employment, also have implications for how families undertake their daily activities and maintain relationships within and outside of the family unit.

Understanding how families are doing is also important for informing policy direction. Current and future policy needs to understand better the changing face of New Zealand families in order to respond more effectively to their needs (Cook, 2013). Families are the focus of many economic and social policy initiatives, which contribute to outcomes in almost every area of society (including education, health, the labour market, the economy and social wellbeing). An agreed approach to measuring, assessing and monitoring family wellbeing will therefore provide important evidence to inform policy debate and implementation.

With these rationales in mind, we have developed a Framework to guide the measurement of family wellbeing.

2.2.2 What will the Family Wellbeing Framework achieve?

The Framework provides a comprehensive structure for understanding family wellbeing and what contributes to the ability of families to fulfil their core functions. It will help to identify issues that may need policy attention and highlight when certain types of families may be experiencing challenges. We expect the Framework to evolve over time as our understanding improves.

The strengths of the Framework are its high-level focus and its independence from any particular government or service delivery agency. It cuts across policy and delivery areas so that a more holistic and dynamic depiction of family wellbeing is presented. The Framework will provide an evidence- and broad-based picture of families and family wellbeing across New Zealand.

As with any framework of this kind, there are limitations to what can be achieved. The Framework is not intended to be a diagnostic tool for assessing the wellbeing of an individual family or the impact of a specific government policy. Nor is the Framework intended to predict or track how families may be affected by specific policy changes. In-depth evaluative work is needed to achieve this. Rather, we are seeking to use the Framework to improve our collective understanding of the current state of families in New Zealand.

2.2.3 Using the Family Wellbeing Framework

The Family Wellbeing Framework will help to better inform public discussion and debate about how New Zealand families are faring. Specifically, we see the primary audiences for the Framework as being people who make decisions that affect families. The consequences of emerging family trends on future policy decisions can be wide-ranging, but are often underrated. Policy-makers, programme developers, funders and practitioners need to be flexible and responsive to the range of drivers that impact on family wellbeing.

In addition, researchers and agencies that fund and provide social policy research and information, including the Families Commission, can use the Framework to take stock of collective knowledge and to guide the development of research programmes and data collection processes that will fill the identified knowledge gaps. Quality information is needed to make quality decisions. To improve the knowledge base for social policy, accurate and relevant family information and data are required, particularly information related to family structure, relationships across households, family dynamics and family transitions (such as shared care, child support and other issues associated with one-parent and reconstituted families).

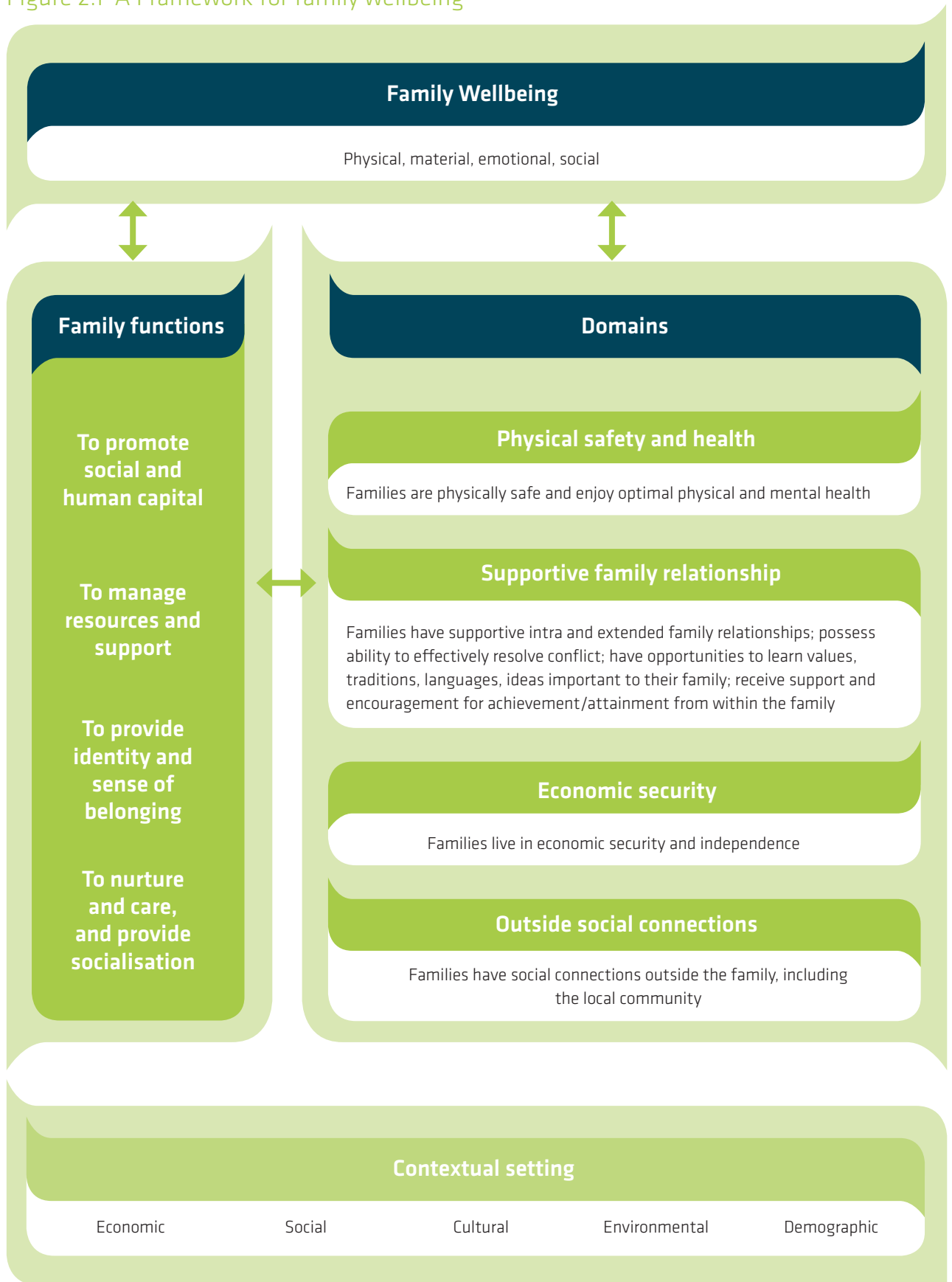
2.3 A conceptual Framework

There have been a number of attempts to measure national social and family wellbeing in New Zealand and abroad. In New Zealand, examples include the Ministry of Social Development's The Social Report (2010), the Foundation for Research, Science and Technology-funded Family, Whānau and Wellbeing project (Milligan et al, 2006) and Statistics New Zealand's consultation and review of official family statistics (Statistics New Zealand, 2007). Internationally, the Office for National Statistics in the United Kingdom is developing new measures of national wellbeing to complement existing social, economic and environmental measures (Office for National Statistics, 2014), the OECD has developed a set of national wellbeing indicators (OECD, 2011) and, in Australia, the Australian Bureau of Statistics has a contextual model for family statistics (Linacre, 2007) and Families Australia has a family wellbeing model with suggested indicators (Families Australia, 2006). The majority of these examples have focused on individual wellbeing rather than family wellbeing, although some have included demographic information on families.

Our conceptual Framework draws on this body of work, as well as the underpinning literature on the concept of family wellbeing. Our first Families and Whānau Status Report (Families Commission, 2013) suggests that family wellbeing should be considered as the ability of families to carry out those functions that lead to increased individual and societal wellbeing. In particular, it set out our intention to develop two frameworks – a Family Wellbeing Framework (Robertson, 2013) and a Whānau Wellbeing Framework (Davies & Kilgour, 2013) – and our initial thinking in both of these areas. Chapter 4 of this report discusses the Whānau Wellbeing Framework in more detail.

The Family Wellbeing Framework (Figure 2.1) identifies four **key dimensions of family wellbeing** – physical, material, emotional and social – all of which will be impacted by objective factors and experienced at a subjective level.

Figure 2.1 A Framework for family wellbeing



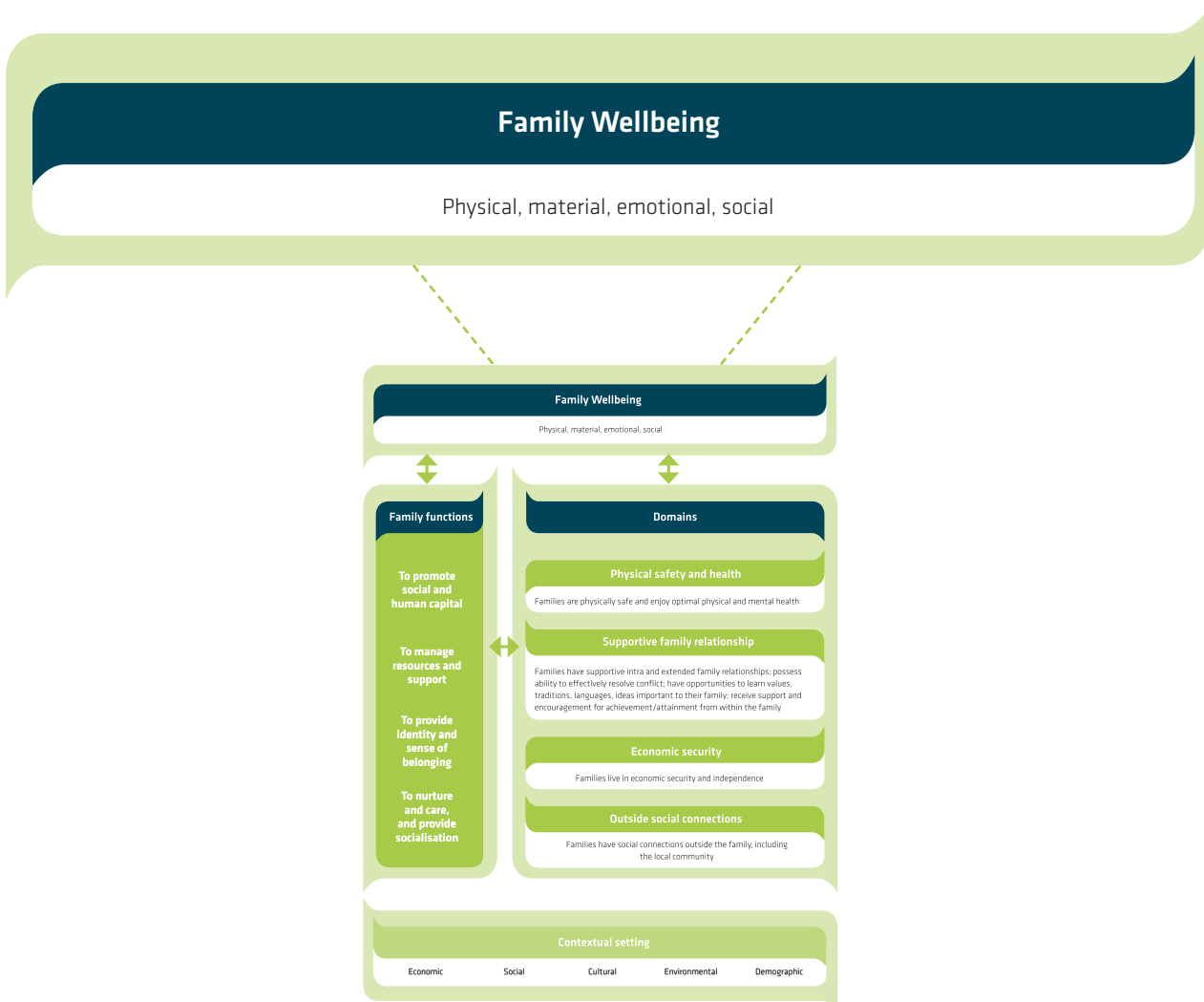
We set out four core functions that contribute to family wellbeing and which families will be more or less able to fulfil depending on the resources they have available within their immediate and extended networks.

We identify four domains of influence that contribute to the ability of families to fulfil their core functions. In each of these domains we identify factors that both influence and contribute to family functioning and wellbeing.

Finally, we situate family wellbeing in a broader contextual setting. We acknowledge that families exist within a broader economic, social, cultural and environmental context, and that family demographic trends (family dynamics, structures and stage) also shape national family wellbeing.

Section 2.4 of this chapter then discusses how the conceptual Framework will be implemented, including how the Commission will identify a series of indicators that can be used to measure and monitor family wellbeing.

Figure 2.2 Family wellbeing



In developing our Framework we have recognised that there is no single agreed measure of family wellbeing. Consequently, it is necessary to rely on measures of individual wellbeing, either objective or subjective wellbeing, to inform our understanding of family wellbeing.

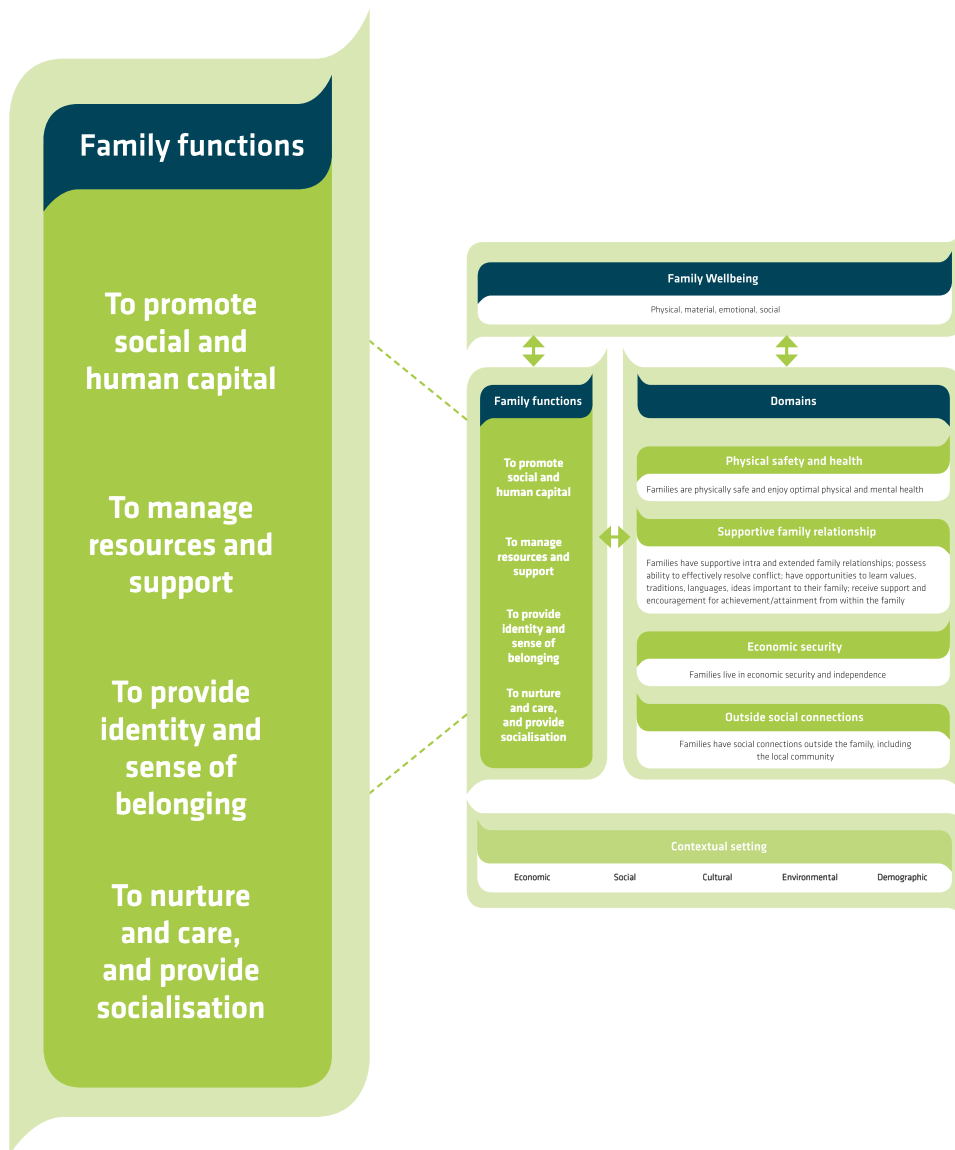
As discussed in the 'Wellbeing in the New Zealand General Social Survey' (Appendix 1.2), individual subjective wellbeing is often measured through single questions such as ratings of quality of life, happiness or life satisfaction. As discussed in Wellbeing and Policy (O'Donnell, 2014), the OECD wellbeing framework examines three broad concepts of social wellbeing, namely:

- › life evaluation – a reflective assessment by an individual of their life
- › affect – measures of particular feelings or emotional states, often with reference to a specific point in time
- › eudaemonia (psychological 'flourishing') – often focusing on a sense of meaning or purpose of life.

In New Zealand, the GSS collects information, every two years on individual wellbeing with regard to measures of life evaluation and, from 2014, on eudaemonia.

It is assumed in the Framework that any subjective judgement of family wellbeing will be strongly related to how well that family is functioning. The Commission will seek to test this hypothesis in our own research work programme and seek to work with Statistics New Zealand in any future development of the GSS.

Figure 2.3 Family functions



In the 2013 Status Report we defined family wellbeing as “the ability of families to fulfil their basic functions” (Robertson, 2013, p. 121). The terms ‘family functions’ and ‘family functioning’ are often used in conceptualisations of family wellbeing, but are rarely well defined. After a review of the literature and consultation with our Family Wellbeing Experts Group¹, we conclude that family functions universally include elements of fostering a sense of group belonging, of support and assistance for family members, of socialising the next generation (including transmission of knowledge and values) and management of resources (economic and non-economic) and conflicts. For the purposes of our Framework, the four core family functions are:

- **to promote social and human capital**² – families provide guidance on commonly held social norms and values (such as education, good health and positive social connections). They foster trust and reciprocity, and play an important role in influencing the human capital development of children and other family members

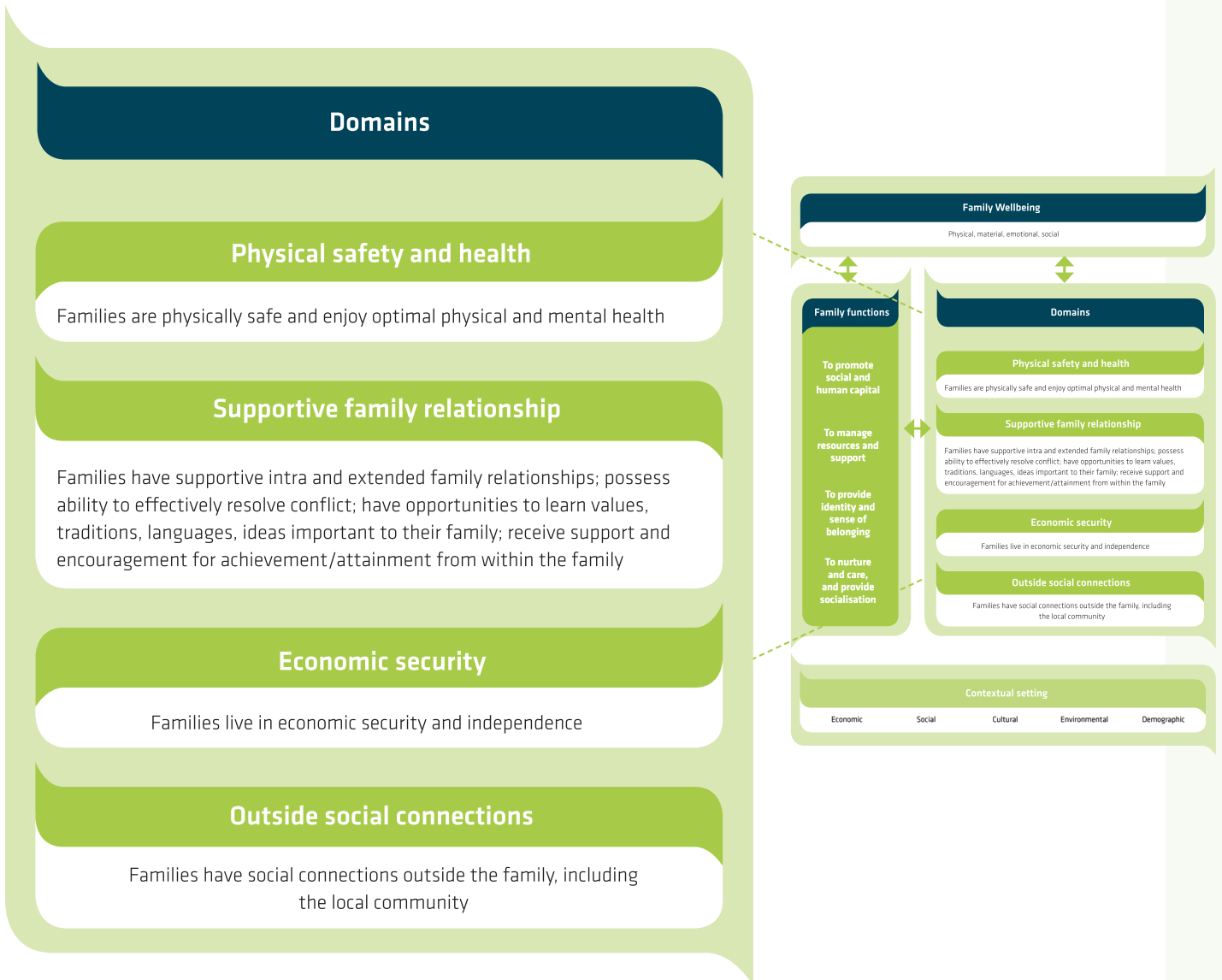
¹ The Family Wellbeing Experts Group consists of a selected group of academics and government representatives who have considerable knowledge of family issues and/or have carried out research into families and family wellbeing.

² **Human capital** is defined as the knowledge, skills, competencies and attributes embodied in individuals that facilitate the creation of personal, social and economic wellbeing. **Social capital** is defined as “networks together with shared norms, values and understandings that facilitate co-operation within or among groups”. In this definition, we can think of networks as real-world links between groups or individuals, such as networks of friends, family networks, networks of former colleagues and so on. (Keeley, 2007).

- › **to manage resources and support** – families draw on shared resources, including time, money and skills to solve problems and overcome setbacks, and provide material and financial support for family members beyond what they can access as individuals
- › **to provide identity and a sense of belonging** – families promote a sense of identity, trust, belonging and security through expressions of love, affection, happiness and respect, and building social cohesion
- › **to nurture and care, and provide socialisation** – families provide day-to-day nurture, care and socialisation of family members, including children and family members with illnesses, disabilities or those needing support because of their age.

Central to this conceptual approach to family wellbeing is the ability of the family group to perform these functions and practices for the benefit of the group as a whole and its individual members. This applies regardless of the structure of the family group. The major challenge associated with this approach from a measurement perspective is the current lack of measures of core family functions; for example, the trade-offs and relationship dynamics between family members. While researchers have developed family level measures (for example, family conflict, family cohesion) they have, to date, not been used in national surveys or other data collection mechanisms.

Figure 2.4 The domains



It is important to understand how different facets of the environment around families influence and affect family functioning and wellbeing. These facets can support family functioning or create challenges. These areas of interest or concern in the Framework are referred to as domains of influence. These domains tell us how well families are supported, what resources they have, how families evolve, dynamics within a family and how they interact with society.

In developing the domains, we have considered various models of wellbeing and have incorporated those domains proposed in the Families Australia's model (2006); namely:

- › physical safety and health
- › supportive family relationships
- › economic security
- › outside social connections.

These domains help us to think about the types of factors that influence how families function (as discussed in more detail in Section 2.4), and to organise the large number of inter-related components that shape the lives of families. The domains therefore provide a structure for how the Commission will seek to report on family wellbeing, including the selection of appropriate indicators.

Physical safety and health: families function better in a physically safe and healthy environment and enjoy optimal physical and mental health.

The health of family members is one of the most valued aspects of life. Surveys in many countries have consistently found that people put health status, together with jobs, towards the top of what affects their overall life satisfaction. People's health status matters in itself, but also for achieving other dimensions of family wellbeing, such as obtaining employment and adequate income, being able to participate as full citizens in community life, to socialise with others, to attend school and adult education.

The quality of family wellbeing is also affected by a sense of security and safety. Many quality of life measures and individual wellbeing measures allude to safety as an important component. Feeling safe gives families confidence to undertake their core functions, while safety which is threatened detracts from wellbeing.

Supportive family relationships: families function better when they have supportive relationships among family members; possess ability to resolve conflict effectively; have opportunities to learn values, traditions, languages, ideas important to their family; receive support and encouragement for achievement from within their family.

The quality of relationships among family members is a fundamental element of the functions of families and a major influence on the wellbeing of parents and children. Strong, well-functioning relationships are associated with resilience to stressful events, better physical and mental health and greater productivity. Poor-quality relationships can adversely affect children's development and wellbeing.

Economic security: families function better when they are financially secure and live in economic security and independence.

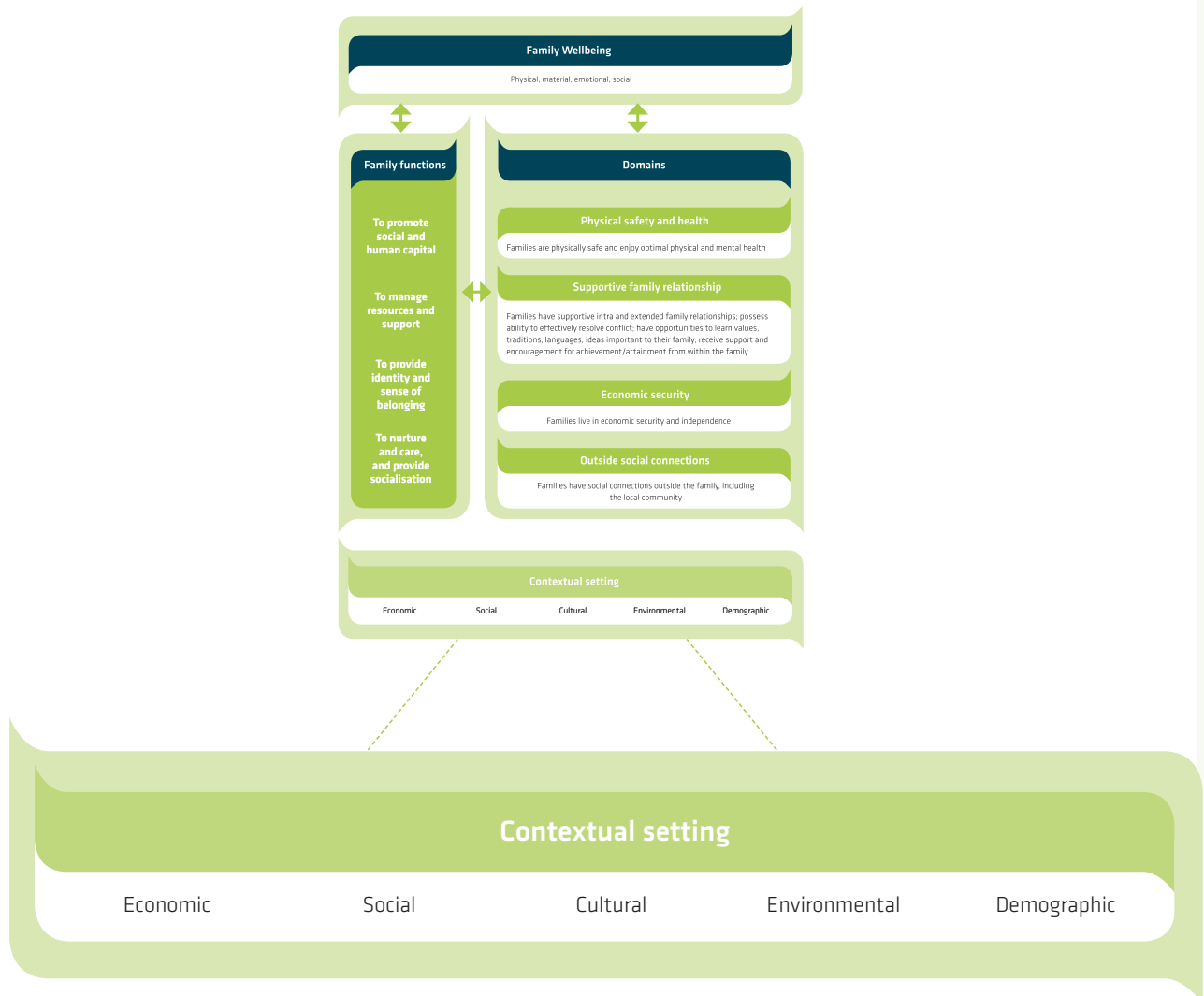
Income and financial circumstances have an impact on the wellbeing of families. Those on low incomes have limited ability to pay for quality housing, for transport to and from work, for social activities, childcare and medical appointments, as well as for food and other basic necessities. The price of housing can be a significant barrier to home ownership; low rental affordability can lead to families living in substandard or overcrowded housing. Where family members are unable to obtain secure employment, their ability to provide a stable environment for their family is severely constrained.

Evidence suggests that participation in education and training can help to provide better life opportunities for all family members.

Outside social connections: families function better when they are well connected to support networks and have social connections outside the family, including in the local community.

Families are usually networked into their neighbourhoods, community, region and country. There is a sense that increased urbanisation, faster pace of life, use of technology (such as mobile devices and social media) and no or poor communication between family members, have isolated families from their wider family and community (Families Australia, 2006). Connections to the wider community can foster an improved sense of belonging and purpose, and can counter feelings of loneliness. Connections can be made through volunteer work, personal friendships and joining clubs and associations. Technology, public transport and transport in general can facilitate outside social connections. The ability to access support and community services in times of crisis can also increase families' confidence that they can overcome financial, emotional or practical setbacks.

Figure 2.5 Contextual setting



Families and family wellbeing exist within a wider economic, social, cultural, environmental and demographic context, both national and international. It is not a one-way causal relationship, but a reciprocal interaction. For example, family wellbeing contributes to national prosperity, and national prosperity is also a determinant of family wellbeing – the economic environment can affect employment and access to economic resources.

This approach has its theoretical basis within the 'Ecological Model' – that the wellbeing of families is embedded within the wellbeing of their physical, social, cultural and economic environments, including local and centrally-provided services.³ The Ecological Model is widely accepted within the family literature and underpins other family wellbeing frameworks (for example, the Families Australia family wellbeing model).

With regard to the demographic context, the boundaries of the family are constantly changing and there is increasing diversity of family types (for example, families with or without children, one-parent families, separated or two-parent families, step or blended families, same-sex couple families). Researchers and policy-makers want to be able to identify these different family types, family transitions and key demographic trends, recognising that different family types need different types of support. Families also have different needs at times of transition or at specific

³ The Framework also draws on Resource Theory, which assesses the access of families to and use of material, economic and physical resources, and Social Capital Theory, which explores the quality and nature of key relationships and transactions within families.

life-stages. Family life history, structure and dynamics impact on the choices an individual makes and their social outcomes for the future.

2.4 Measuring family wellbeing

In order to measure family wellbeing the Commission will need to identify and prioritise a set of indicators.⁴ However, it is not the intention of the Status Report to develop one overall, aggregated or composite measure of family wellbeing. This is not possible, nor desirable, particularly since those factors that influence and contribute to family wellbeing are too complex and for some no suitable data exist (for example, quality of relationships between family members, sense of belonging) or existing data are not sufficiently robust.

As mentioned above, within each of the four domains there are a number of factors that most directly influence and contribute to family functioning and wellbeing. This section identifies and discusses these factors, as well as highlights a number of challenges that need to be overcome in selecting a final set of indicators to measure family wellbeing.

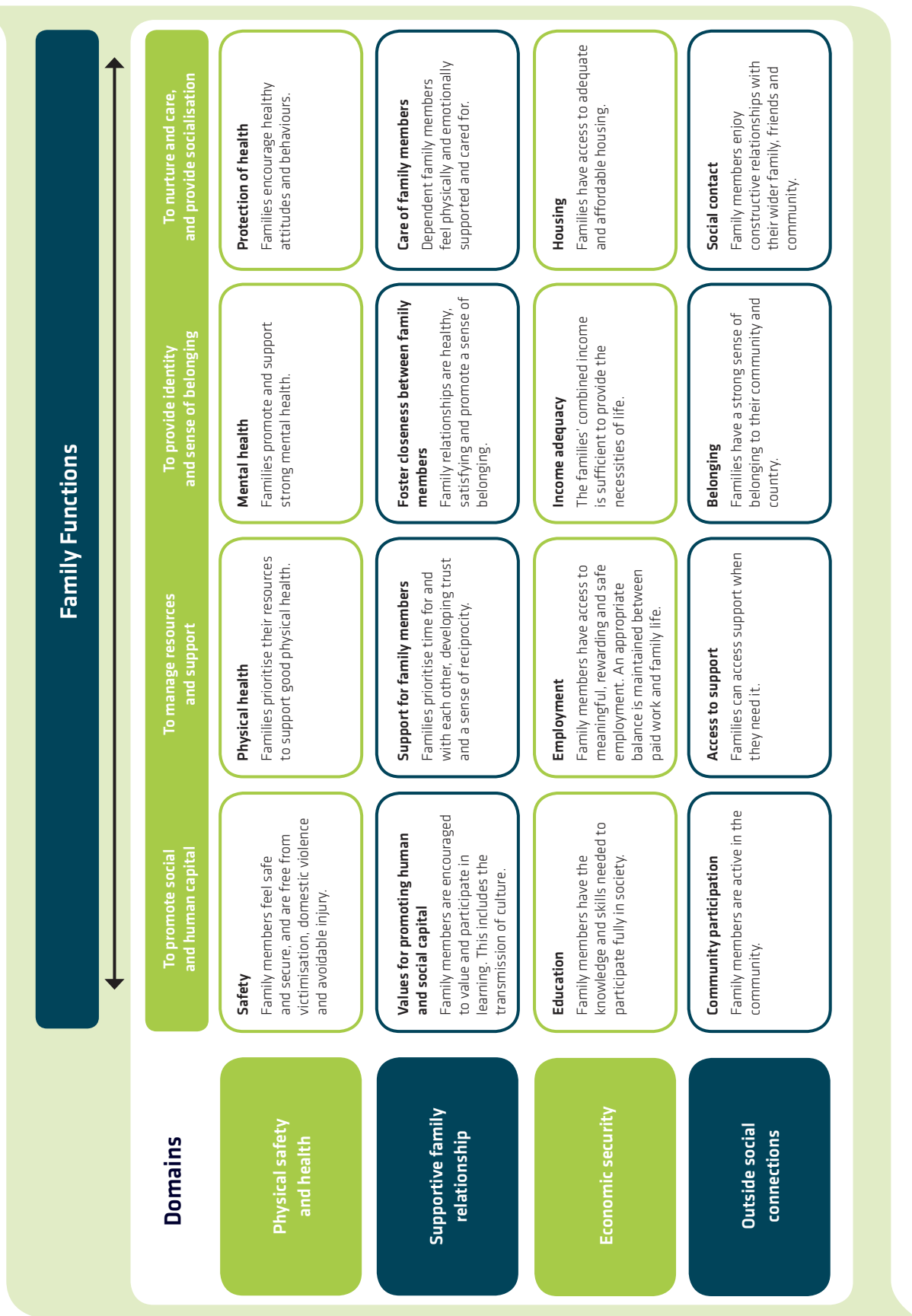
2.4.1 Selecting indicators

The Family Wellbeing Framework identifies four domains that contribute to the ability of families to fulfil their core functions, which in turn influence their overall wellbeing. The above discussion on the four domains outlines the areas of importance within each domain. This allows us to further disaggregate the domains and thus identify an appropriate set of indicators.

Figure 2.6 sets out 16 factors, divided equally across the four domains. While these factors reflect earlier research carried out by the Commission (Families Commission, 2006) and are broadly consistent with factors identified by other social wellbeing frameworks, the consultation will specifically seek feedback on the factors selected and whether or not other factors should be considered. For example, the OECD Better Life Initiative and Statistics New Zealand social wellbeing indicators both place more emphasis on environmental quality and government or civic engagement outcomes than the Family Wellbeing Framework. This reflects the differences in the wellbeing experienced by individuals and families.

⁴ An indicator is a direct and valid statistical measure which monitors levels and changes over time, and can be objective (for example, economic growth, income, health status) or subjective (for example, values, perceptions).

Figure 2.6 Factors that influence and contribute to family wellbeing



As shown in Figure 2.6, each of the 16 factors is situated at the intersection of one of the four domains and one of the four core family functions. For example, 'safety', which is at the top left hand side of the model, is at the intersection of the domain, 'physical safety and health', and the function, 'to promote social and human capital'. Also included in Figure 2.6 are the outcome statements for each of the 16 factors. Outcome statements help us to articulate the goal or purpose behind each factor, which in turn helps us to identify suitable indicators.

The Commission recognises that it will not be possible to identify suitable indicators for all factors, primarily because this information does not exist or is not sufficiently robust. Where this is the case, further research or in-depth analyses of existing data will be needed. The Commission intends to report at the domain level, using each of the four factors associated with that domain to examine specific aspects of wellbeing and family functioning.

The Framework acknowledges that the environmental context in which families exist is important, but does not seek to measure environmental quality separately. The quality of the natural environment is important, particularly for family health and ability for families to undertake a number of activities which are already reflected through the domains of 'physical safety and health' and 'supportive family relationship' and 'outside social connections'. Furthermore, in New Zealand some of the environmental factors are standardised (for example, water quality, sewage) so tend not to vary between families.

The socio-political context in which families exist is also recognised in the Family Wellbeing Framework. Civic engagement allows people to express their political voice and contribute to the functioning of society. It can also help to develop a sense of belonging to their community, social inclusion and trust in others. We consider these latter outcomes to be particularly important and they form part of the 'outside social connections' domain, specifically 'belonging' and 'community participation'.

2.4.2 Challenges

Like previous efforts that sought to report on family wellbeing, we faced a number of challenges in designing a framework that is meaningful, succinct and can be implemented practically. The main challenges relate to agreeing clear definitions for what we mean by 'family' and 'wellbeing', and finding suitable data. These challenges are discussed below.

Definitions

There is no universally agreed definition of 'family' or of 'wellbeing'. However, for the purposes of measuring family wellbeing we need to establish working definitions of both concepts.

Family

The Families Commission legislation defines family as "a group of people related by marriage, civil union, blood, or adoption, an extended family, two or more persons living together as a family, and a whānau or other culturally recognised family group". Bogenschneider and Corbett (2010) summarise existing definitions of family into two categories:

- › structural definitions, which "specify family membership according to certain characteristics such as blood relationship, legal ties or residence"
- › functional definitions, which "specify functions that family members perform, such as sharing economic resources and caring for the young, elderly, sick or disabled".

The Commission proposes to take an imperfect but pragmatic approach to defining family in the first instance. Because we are interested in how different family types are faring we need to use the classifications that are commonly used by our main data sources. We will make use of a wide range of data sources that are based on different definitions of family, whilst advocating for a more common definition for data collection purposes.

The Statistics New Zealand *family type* classification is built on three levels and tends to inform the design of official surveys⁵. The first level classification is the most commonly used and describes families as simply couples without children, couples with child(ren) and one-parent families with child(ren). The second level examines the nature of the biological relationships (for example, birth children, stepchildren and/or grandchildren), while the third level allows for the further classification of stepfamilies. The family type classification can be used along with other classifications (for example, household classification or child dependency status) to create new classifications. However, in all cases, sufficiently detailed relationship-type information must be collected to use the more refined classifications, and this is most often not the case.

It is important to recognise that it is also possible to describe the composition of households and that in some cases the household will consist of more than one family. These multi-family households might consist of adult siblings who are living with their own partner and children in the same household as their parents (a household of two couple with children families). Households also include non-family categories, such as a single person living alone. It is important to be clear as to which classification is being used.

Furthermore, official statistics provide little information on aspects of family functioning such as family relationships, parenting practices, and/or the combined ‘challenges’ families face, such as income, health, education and how they together overcome them. It is the intention of the Families Commission to collect this more in-depth information on these functions as part of an ongoing families and whānau research work programme (see Chapter 8).

Wellbeing

The concept of family wellbeing is equally important and complex to define. The earlier University of Auckland and University of Otago Family, Whānau and Wellbeing project states that “family and whānau wellbeing is achieved when the physical, material, social and emotional needs of the family are being met” (Milligan et al, 2006, p. 26). More simply, the Commission defines family wellbeing as “the ability of families to fulfil their basic functions” (Robertson, 2013, p. 121).

Finding suitable data

As mentioned above, there is a lack of readily available family data. Data availability relates to timeliness, relevance and unit of measurement. Often data are not collected regularly enough in order to make appropriate and timely judgements about family trends, and may not be wholly relevant because they only focus on a subset of factors that affect family wellbeing. The Family Wellbeing Framework also needs to be able to measure change over time with regard to the prevalence, incidence or frequency of an event (such as level of contact with family members, undertook voluntary work or not), state (such as levels of physical activity, in paid employment) or attitude or belief (for example, perception of overall life satisfaction).

While some official statistics collect information from multiple or all household members aged 15 and over (for example, the Census, the Household Labour Force Survey, the Household Economic Survey), most official statistics do not necessarily reflect the views of the whole household or wider family. Many existing approaches to data collection and analysis do not adequately recognise different cultural conceptualisations of family or of wellbeing. However, it is acknowledged that, while a family-based measure would be preferable, individual or household measures still provide useful information about families and family members. Therefore, we propose to use information on the family, household and individual level. For example, the Family and Whānau Wellbeing project (Milligan et al, 2006) was able to use Census information from all family members to construct family level measures (for example, families with no members with a formal school qualification).

⁵ <http://www.stats.govt.nz/methods/classifications-and-standards/classification-related-stats-standards/family-type/definition.aspx>

The Commission has begun work to identify and assess available data sources, including official statistics and other national surveys. This work will be used to inform which indicators will be selected under each of the 16 factors. Our approach to selecting final indicators will draw on feedback from consultation with agencies and experts. It will include:

- › rating each indicator on agreed criteria (for example, Statistics New Zealand's criteria for selecting indicators)
- › weighting criteria, with some criteria being considered necessary and others being desirable but not necessary (for example, international comparison)
- › choosing indicators where data are produced at long intervals to ensure a consistent time series is available.

The main data sources currently available to us include but are not limited to the Census of Population and Dwellings, the GSS, Growing Up in New Zealand, the Household Labour Force Survey, the Household Economic Survey, the Income Survey, the Time Use Survey, as well as government administrative data – such as that from New Zealand Police, Child, Youth and Family, Ministry of Health, Ministry of Education and the Department of Internal Affairs.

There are many objective measures at the individual, household and family type levels that can be used to reflect the status of families, such as income-related measures for economic security, access to a range of resources and support (such as transport and ICT) and educational achievement for promoting human and social capital. However, there are clear gaps in the availability of appropriate subjective measures and in our understanding of the family unit as a whole. For example, there are gaps in our understanding in terms of levels of belonging within a family and how decisions are taken at the family level.

Viewed together, a set of indicators should provide a picture of the factors that influence and contribute to family wellbeing. However, any finite set of indicators can only provide a partial picture of the reality for families. Often, the indicators are a proxy for the underlying factor we are interested in. For example, the amount of contact an individual has with family members can be a proxy for, and certainly not a perfect measure of, the quality of family relationships. There is also not a simple, linear relationship between individual indicators and overall family wellbeing.

A final set of indicators will be outlined in a separate working paper by the end of 2014. From 2015, the Status Report will use these indicators to provide an annual commentary on overall family wellbeing. However, as stated above, the indicators cannot tell the complete story, especially in those years where the core data have not changed. The Commission also does not expect the indicators to change significantly year on year, with trends in family wellbeing only becoming clear over the medium to long term. Therefore, the Commission will supplement the quantitative analysis of the indicators with targeted primary research and secondary analyses of existing data – especially where there are clear knowledge gaps. This is discussed in more detail in Chapter 8.

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3. TRENDS IN FAMILY WELLBEING – ANALYSIS OF SELECTED QUESTIONS FROM THE GENERAL SOCIAL SURVEY

Centre of Methods and Application in the Social Sciences (COMPASS)

COMPASS Research Centre is based in the Faculty of Arts, at The University of Auckland. Its staff are researchers with experience and expertise in a range of disciplines and social science research methodologies, particularly in statistical, quantitative and survey analysis and procedures.



This chapter examines selected questions from the General Social Survey (GSS, 2008, 2010, 2012) to comment on changing aspects of wellbeing by family type.

Key messages

Significant differences in wellbeing by family type are highlighted. These include:

- › **One-parent families** are shown to be much less likely to be satisfied with their life as a whole and this difference in wellbeing was repeated across many aspects of wellbeing, particularly physical health and safety and economic security.
- › Nearly nine in 10 of those in **couple without children** and **two-parent families** were satisfied or very satisfied with their life as a whole and were most likely to report good or excellent health.
- › **Older couples without children** do well across many domains of wellbeing, particularly healthy relationships.

With regard to changes over time, the analysis shows some emergent trends – for example, individuals in all four family types were slightly less likely to experience crime and more likely to be non-smokers. One-parent families were also shown to be increasingly more satisfied with their life as a whole and to hold a post-secondary school qualification over the three survey waves.

While the GSS is a large nationally representative sample survey, it was not designed to support detailed examination of wellbeing by family type (for example, ethnicity by family type). There is also limited information available about how families function, especially with regard to the nature of relationships *within* the family unit – between partners and in terms of how parents seek to raise their children.

3.1 Introduction

As discussed in Chapter 2, by the end of 2014 the Families Commission will identify and select a set of indicators to measure those factors that influence and contribute to family wellbeing. It is expected that these indicators will be sourced from several core datasets, including official statistics. One of these core datasets is likely to be Statistics New Zealand's General Social Survey (GSS) – the main source of information on social wellbeing in New Zealand.

The GSS is carried out every two years, starting from 2008, with three waves completed at the time of writing this report.¹ It provides the most up-to-date and comprehensive understanding of how New Zealanders are currently faring. The GSS is structured into sections, including the core personal and household modules, and collects information on a broad range of issues relating to social wellbeing – including overall life satisfaction, health, paid work, housing, safety and security and social connectedness².

This chapter sets out analysis of a selected number of GSS questions – those believed to be most directly related to the four domains of the Family Wellbeing Framework. However, the GSS contains a lot more data of potential value to the Commission. The Commission will continue to work closely with Statistics New Zealand in the ongoing analysis of the GSS.

¹ The 2014 GSS is currently in field, with interviews being undertaken between April 2014 and March 2015, and with data available from June 2015.

² For further information, see http://www.stats.govt.nz/browse_for_stats/people_and_communities/Well-being/nzgss-info-releases.aspx.

The analysis presented in this chapter is undertaken by family type, focusing on couples without children, two-parent families and one-parent families. By undertaking the analysis in this way, this chapter highlights important trends and differences by family type.

The analysis looks at how the different family types are faring and how this changes over time. Given that only three waves of the GSS have been undertaken to date, between 2008 and 2012³, caution should be used in interpreting any apparent trends over time, especially since we might not normally expect significant changes with regard to family wellbeing over such a short period of time.

The analysis presented in this chapter is primarily descriptive, and shows how existing survey data, such as the GSS, can be used within our Family Wellbeing Framework. A more comprehensive analysis of family and whānau wellbeing will be undertaken in the 2015 Status Report.

This chapter first discusses the strengths and limitations of using the GSS to examine specific aspects of family wellbeing. The analysis of the selected GSS questions is then carried out, with each of the four domains examined in turn. Finally, this chapter summarises the key findings and discusses the suitability of the GSS as a source for potential indicators for the Family Wellbeing Framework.

3.2 Methods

For each of the three waves of the GSS, over 8,000 New Zealanders aged 15 years and over were interviewed (8,721 in 2008, 8,550 in 2010 and 8,462 in 2012). This is a large nationally representative survey sample, providing robust findings for the population as a whole and by key subgroups, including by gender, age and ethnicity.

Data were obtained from Statistics New Zealand in the form of a Confidentialised Unit Record File (CURF) for each survey year. CURFs “are unit record data that have been modified to protect the confidentiality of respondents while also maintaining the integrity of the data”⁴ COMPASS received these along with data dictionaries, which informed the analysis presented in this chapter.

The GSS includes a household questionnaire, similar to the Census, where one individual in the household completes questions about all the residents in the household (for example, family relationships). One individual in the household aged 15 years or over, who could be different to the person answering the household questionnaire, is randomly selected from the eligible members to answer the personal questionnaire.

The primary advantage of using data from the GSS is the broad range of information collected, including both objective and subjective measures of those factors that influence and contribute to family wellbeing. A further advantage is the national representativeness of the GSS data, which allows us to make general statements about levels of and changes in family wellbeing.

The primary disadvantage is that the available data are at an individual level. To use the GSS to analyse changes at the level of the family we have to **assume that the responses of the individual are representative of the family as a whole**. While we know that this might not always be the case, this is a necessary assumption because, as discussed in Chapter 2, most data are collected at the individual level.

Further, the level of analysis presented in this chapter is limited. While the GSS is a large nationally representative sample survey, sample sizes become quite small when examining trends by family type (as discussed in the next section). Hence, this chapter generally does not include any analysis below that of family type (by other socio-economic factors, including ethnicity, age band, income). The Commission will work with Statistics New Zealand to discuss options for carrying out more detailed analysis in the future – possibly by ‘pooling’ two survey waves to boost sample sizes.

³ The three survey waves cover a five-year period, from April 2008 to March 2013.

⁴ See http://www.stats.govt.nz/tools_and_services/microdata-access/confidentialised-unit-record-files.aspx for more information.

3.2.1 Family classification

For this analysis, we have used the family type variable in the individual questionnaire.⁵ From this variable the four family type categories were derived: *couples without children (under 50 years old)*, *couples without children (50 years or older)*, *two-parent families* and *one-parent families*.

Following consultation with Statistics New Zealand, we decided to split '*couples without children*' into two groups by age. This reflects the different life-stages of these two groups; namely that '*couples without children (under 50 years old)*' will include a proportion of couples who are likely to want to have children in the future, while *couples 'without children (50 years or older)*' will include a large proportion who have seen their children grow up and leave the family home. Because of sample size limitations, a more refined disaggregation by age was not possible. However, the analysis presented later in this chapter does show significant differences between these two family types.

It should be noted that we cannot actually say that both partners are aged under 50 or are 50 and over, only that one partner is in that age group. Further, for the categories of families with children, we do not know whether the respondent was one of the parents or one of the children (15 years or older).⁶ For some of the questions this could influence the nature of the response – for example, a young father with no educational qualifications is quite different from a child who has yet to finish school.

It is also important to note that with regard to *couples without children (50 years or older)*, this will include couples who still think of themselves as a *two-parent family* (although their child(ren) no longer lives with them). Likewise, *one-parent families* is also based on a household definition, and we do not know whether or not two parents are involved in bringing up the child(ren).

While the analysis presented in this chapter provides breakdowns by family type, measurement is still at the individual level. This means that we are reporting on, for example, the percentage of individuals living in *couples without children* family structures, and how satisfied they are with their life overall. However, it is possible that other (non-surveyed) family members would have responded differently.

These caveats make it difficult to describe the groups that we are actually discussing in this chapter. **For simplicity, in the analysis we refer to the percentage of: younger couples without children, older couples without children, two-parent families or one-parent families.**

Excluded from the analysis are single people (that is, those individuals not living in a family unit at the time of the survey), equating to 30.5 percent⁷ of the sample in 2012. This leaves an effective sample size in 2012 of 5,882 respondents.

3.3 Patterns in family wellbeing and changes over time

As stated above, the analysis presented in this section is primarily descriptive in nature. For each of the four domains of the Family Wellbeing Framework – namely, *physical safety and health*, *supportive family relationships*, *economic security* and *outside social connections* – a number of questions have been selected that relate to the desired outcome for each of the domains.

Percentages presented in this chapter have been adjusted using survey weights to represent the New Zealand population. In general, when interpreting the findings, higher percentages represent higher levels of wellbeing.

⁵ Statistics New Zealand does not provide data from the GSS household questionnaire in CURF form. These include relationship data for members of the household, and would make it possible to infer roles of respondents to the individual questionnaire.

⁶ These relationships can be identified with access to the full GSS data set (via Statistics New Zealand's Datalab).

⁷ This includes a small proportion who did not respond to this question.

Each figure in this chapter includes confidence interval error bars (at 95 percent).⁸ This allows an assessment of whether the differences are statistically significant (for example, in Figure 3.1 the confidence intervals for one-parent families do not overlap those for other family types, meaning that they are statistically significant differences).

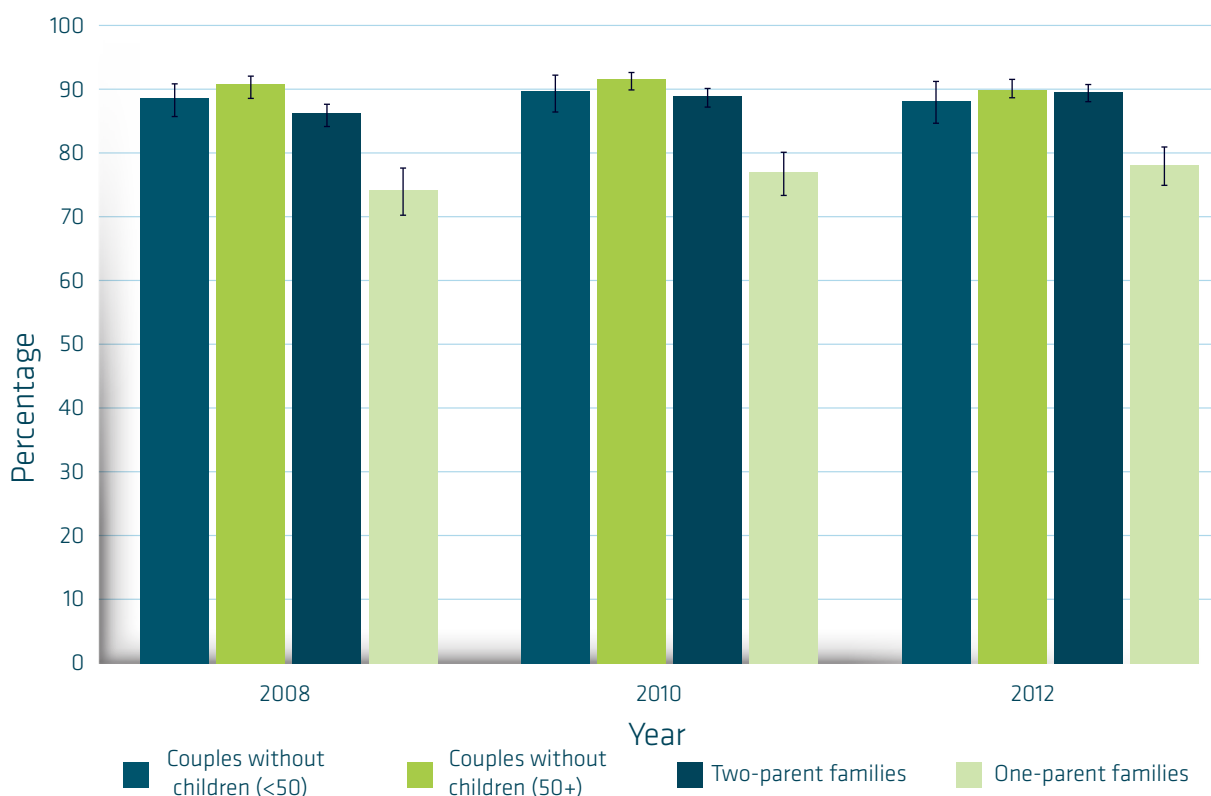
Only statistically significant differences are discussed in this section (unless otherwise stated).

Before looking at each domain, this section first looks at overall life satisfaction. Again, the findings are from the perspective of the individual respondent. However, as shown, there is some variation in how this is distributed across the four family types.

Overall life satisfaction

The GSS asks: How do you feel about your life as a whole right now? Figure 3.1 below shows relatively high levels of overall life satisfaction across all four family types⁹, and across each of the three survey waves, although somewhat lower for *one-parent families*. *One-parent families* recorded percentages in the mid-70s, and remained around 10 to 12 percentage points lower in 2012 than the other family types.

Figure 3.1 Satisfied/very satisfied with life as a whole



Generally, overall life satisfaction is higher for older people, with those in the *65 and over* age group noticeably more likely to be satisfied with their lives than those in other age groups. As might be expected, the percentage *satisfied* or *very satisfied* generally increased with income for all family types, and similar patterns were evident for those with higher levels of education and/or for those in paid employment.

⁸ This means that there is a 95 percent probability that the true score will lie within these bounds.

⁹ New Zealand scores above the OECD average on overall life satisfaction, and is comparable to Australia, the United Kingdom and Canada.

3.3.1 Physical safety and health

Summary

- › While overall perception of good or excellent health generally declines with age, *younger couples without children* and *two-parent families* are most likely to report very good or excellent health.
- › In 2008, *older couples without children* were more likely than other family types to report having felt calm and peaceful most or all of the time, although this difference was not statistically significant in either 2010 or 2012.
- › Nearly one-third of *one-parent families* were regular smokers, compared to less than one-fifth for the other family types.
- › With the exception of *older couples without children*, between 80 and 90 percent of families reported that their physical health did not limit their work or daily activities.
- › *Older couples without children* were consistently the most likely not to have experienced crime; 89.1 percent in 2012.
- › In 2012, *one-parent families* were the least likely to feel safe; 55.7 percent in 2012, compared to around 70 percent of the other family types.

The 'Physical safety and health' domain is the first of the four domains of the Family Wellbeing Framework, and states that "families function better in a physically safe and healthy environment, and enjoy optimal physical and mental health".

Physical and emotional health are examined using four questions from the GSS, while 'safety' is discussed from the perspective of whether or not the respondent experienced crime and their overall perception of personal safety.

Health

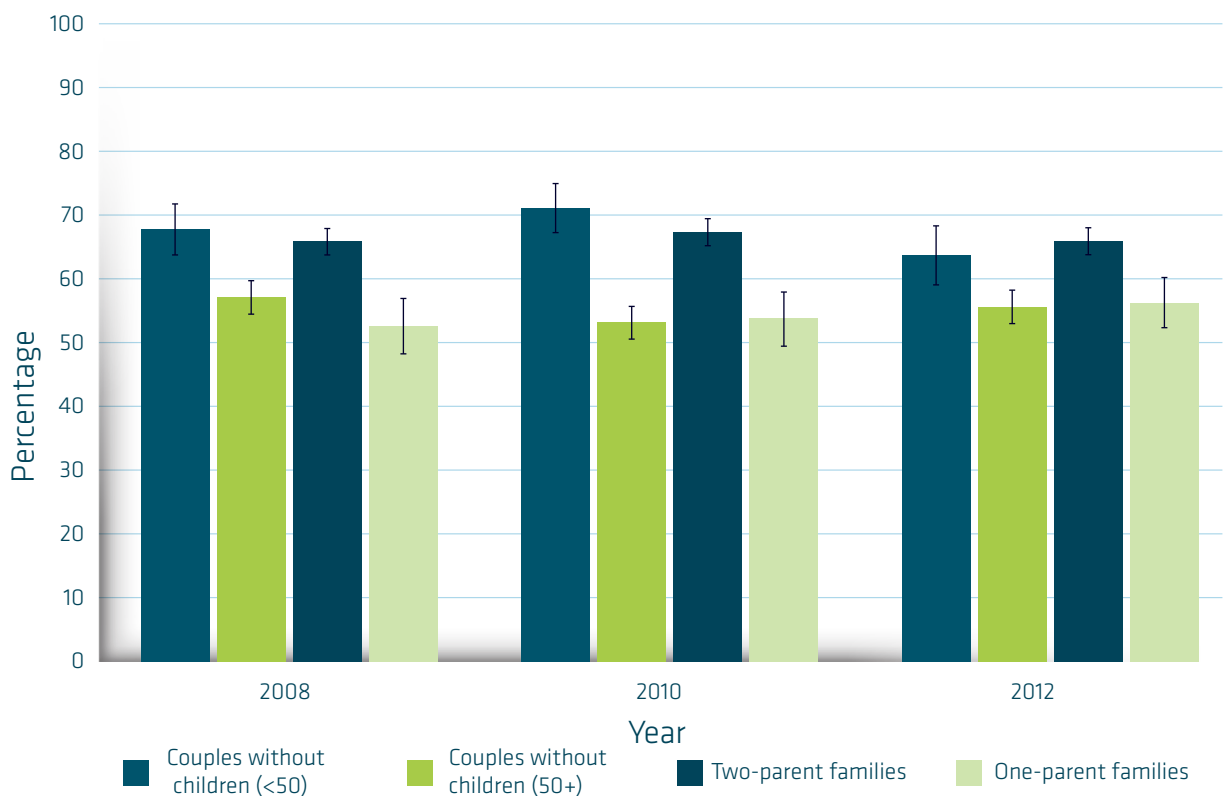
Three perception questions (perceptions of overall health and emotional health, and whether or not physical health was believed to limit daily activities) are discussed first, before looking at one objective measure of 'health'; namely, whether or not the respondent is a regular smoker. These questions provide a broad overview of health status and, as shown, there is some variation by family type.

As discussed above, all four of these questions relate to the perceptions or behaviour of the individual respondent. The Commission is interested to know to what extent these questions can be used to inform our understanding of overall family wellbeing. While differences by family type might be explained more by other factors such as age, ethnicity, levels of income and employment status, it is still important to understand how these variations are distributed across the four family types.

Perceptions of overall health

The subjective measure of overall health asks respondents to categorise their own general health as *excellent*, *very good*, *good*, *fair* or *poor*. As shown in Figure 3.2, *younger couples without children* and *two-parent families* were generally the most likely to report *very good* or *excellent* health; 63.8 percent and 66.1 percent in 2012 respectively (see Figure 3.2). *Older couples without children* were much less likely than their younger counterparts to report *very good* or *excellent* health, with the absolute difference being just over 10 percentage points in 2008 and rising to almost 20 percent in 2010. Just over half of *one-parent families* reported *very good* or *excellent* health across the three survey waves.

Figure 3.2 Very good or excellent general health



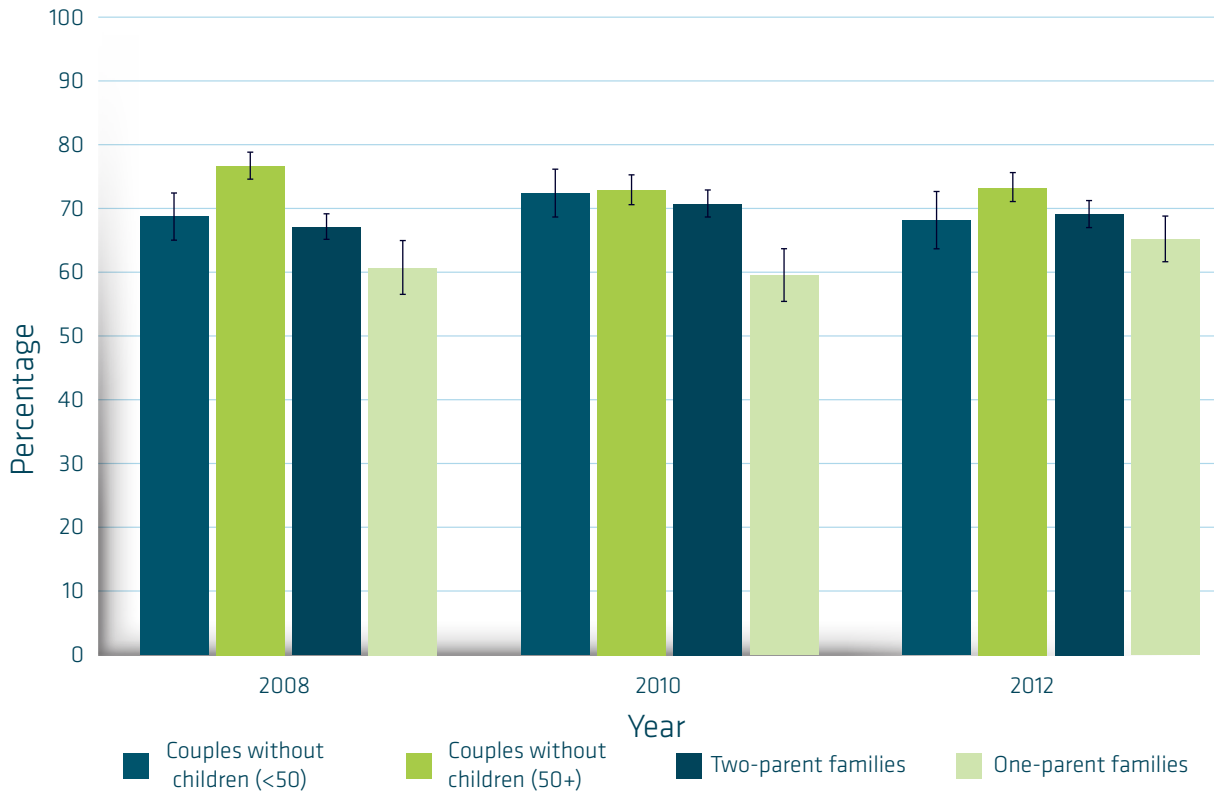
As might be expected, the percentage reporting *very good* or *excellent* health declined with age for all family types in each of the survey waves, while the reverse was true with increasing levels of income and education, and for those in paid employment.

Perceptions of emotional problems

The GSS asks questions about the respondent's moods and emotions, and how their emotional health might interfere with their everyday life activities. Respondents are asked about different states of mind: how often they had felt *calm and peaceful*, *full of energy*, and *downhearted and depressed*. In this section, we look at the percentages that *felt calm and peaceful most or all of the time in the last four weeks* (prior to the survey).¹⁰

Figure 3.3 shows that in 2008 *older couples without children* were more likely to report having felt calm and peaceful most or all of the time, although this difference was not statistically significant in either 2010 or 2012. *One-parent families* did not reach 70 percent in any survey year, with only 65.1 percent feeling calm and peaceful most or all of the time in 2012. There was an absolute difference of 16 percentage points between them and *older couples without children* in 2008 but this had halved to 8 percentage points in 2012.

Figure 3.3 Felt calm and peaceful most or all of the time in the last four weeks



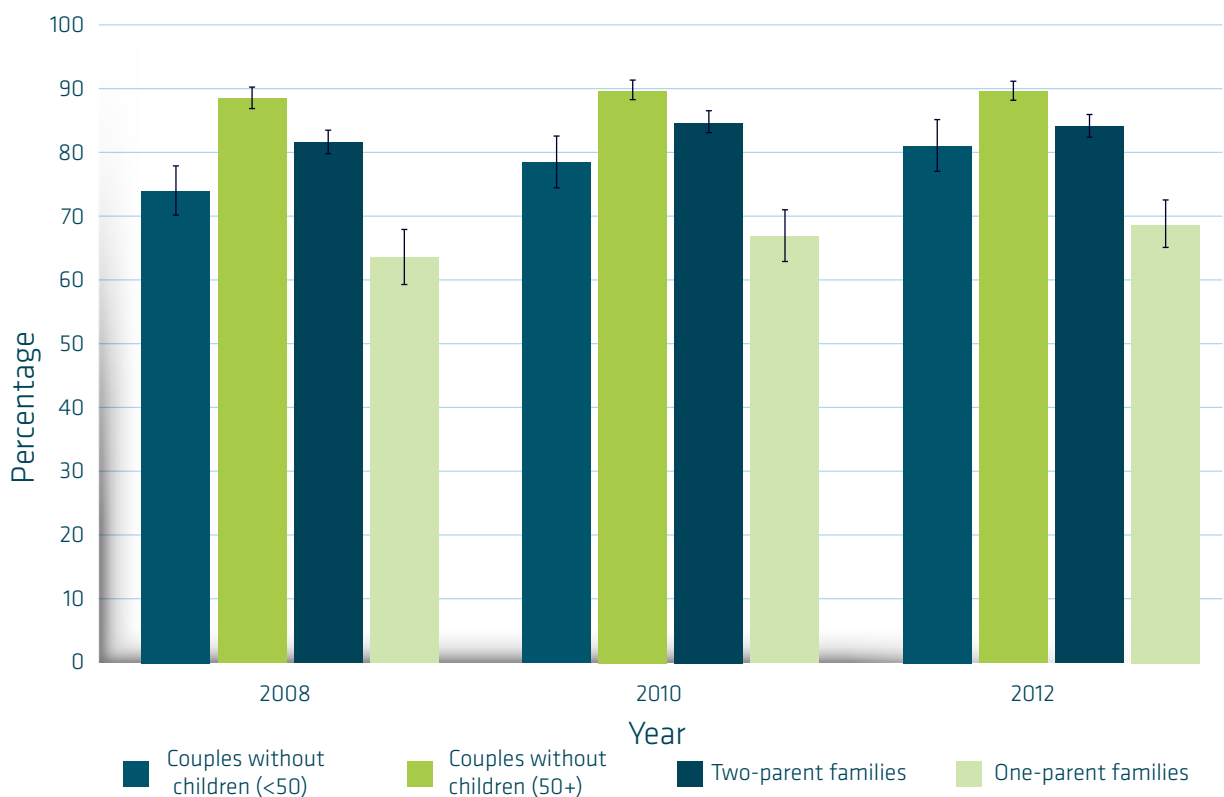
¹⁰ This question is part of the SF12 health index which produces a mental health and physical health score between 0-100.

Smoking

Respondents are asked if they regularly smoke more than one cigarette per day at the time of the survey. While not statistically significant, Figure 3.4 shows that the percentage of non-smoking respondents increased between 2008 and 2012 for all family types. This is consistent with national trends in smoking rates.

The largest absolute percentage increases in non-smokers were seen by *younger couples without children* (7.1 percentage points) and *one-parent families* (5.2 percentage points). By 2012, more than 80 percent of *younger couples without children* were non-smokers, compared with just over two-thirds of *one-parent families*.

Figure 3.4 Not a regular smoker



Around nine in 10 *older couples without children* are shown to be non-smokers. *Two-parent families* were much more likely than *one-parent families* to be non-smokers, although the absolute difference fell slightly over the four-year period.

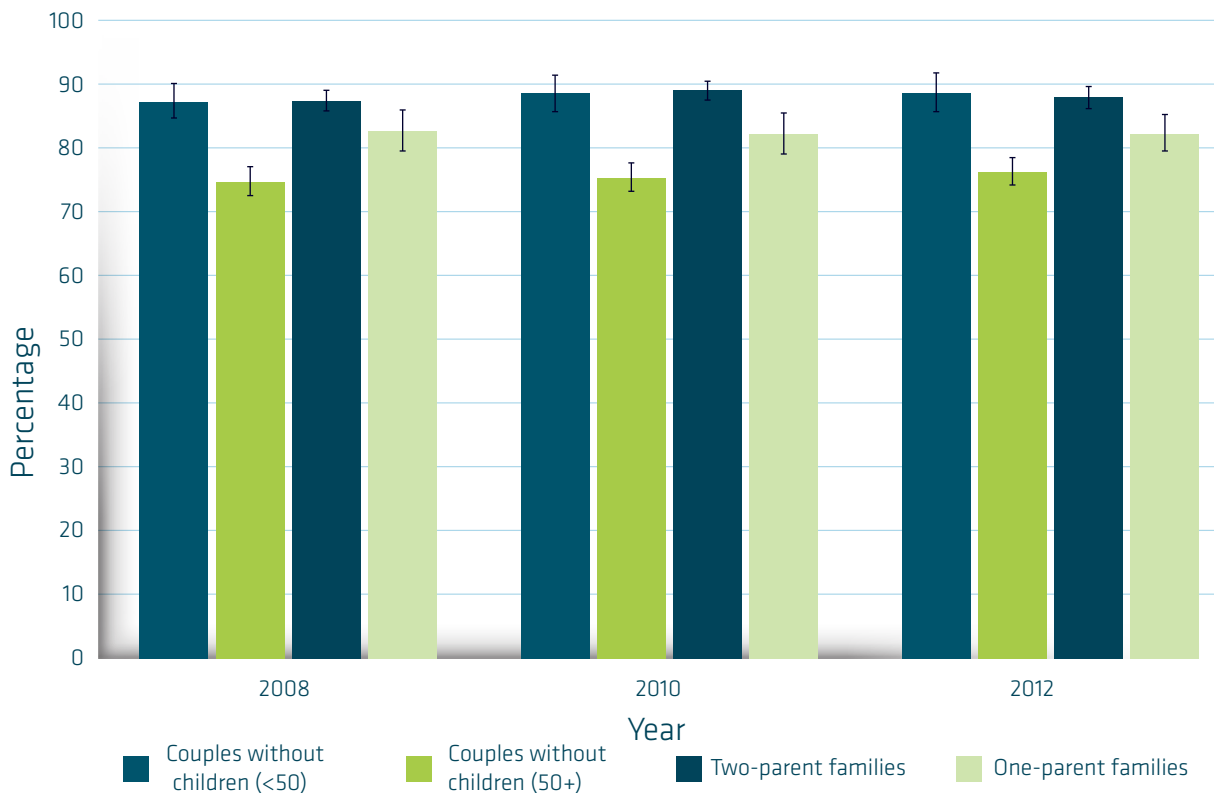
Asian families are most likely to be non-smokers, accounting for more than 90 percent of all family types in 2012. The proportion of non-smokers tends to increase with age, income and those with a post-secondary school qualification.

Health limiting daily activities

The GSS asks a number of questions about situations in which the physical health of the respondent might have limited their daily activities. This is summarised in Figure 3.5 which shows the percentage for each family type of those whose physical health limited them in their work or other regular daily activities only *a little* or *none of the time* in the four weeks prior to the survey. Physical health limitations can impact negatively on family functioning, particularly in terms of caring responsibilities, and with regard to the economic security of families.

Younger couples without children and *two-parent families* are shown to be the least likely to be limited in their daily activities by their physical health, although more than 80 percent of *one-parent families* across all three survey waves also reported not being limited in their daily activities. Not surprisingly, *older couples without children* were around 13 percentage points less likely than their *younger* counterparts not to have their physical health limit their daily activities.

Figure 3.5 Physical health limited work or daily activities only a little or not at all



Those reporting being limited only *a little* or *none of the time* by their physical health decreased as age increased.

Safety

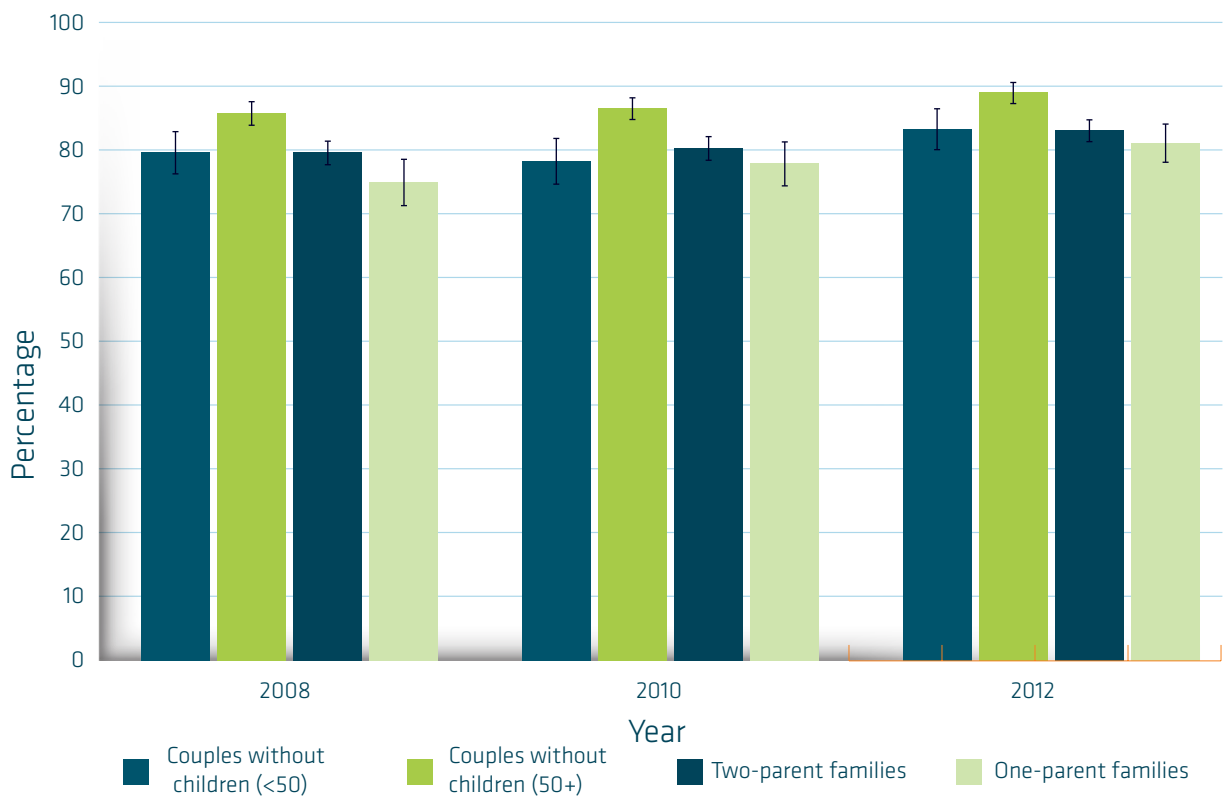
As mentioned above, 'safety' is discussed from the perspective of experience of crime and overall perceptions of personal safety.

Experience of crime

As part of the safety and security section of the GSS, respondents are asked whether or not they had any crimes committed against them in the 12 months prior to the survey. If they had, they were then asked about the number of crimes, the involvement of violence and injuries and other consequences resulting from the crimes. As an overall summary, we look at the percentages of people who had not been the victim of any crime in the previous 12 months.

Older couples without children were consistently the most likely not to have experienced crime; 85.9 percent in 2008 and 89.1 percent in 2012 (see Figure 3.6). Around four-fifths of the other family types did not experience crime across the three survey waves.

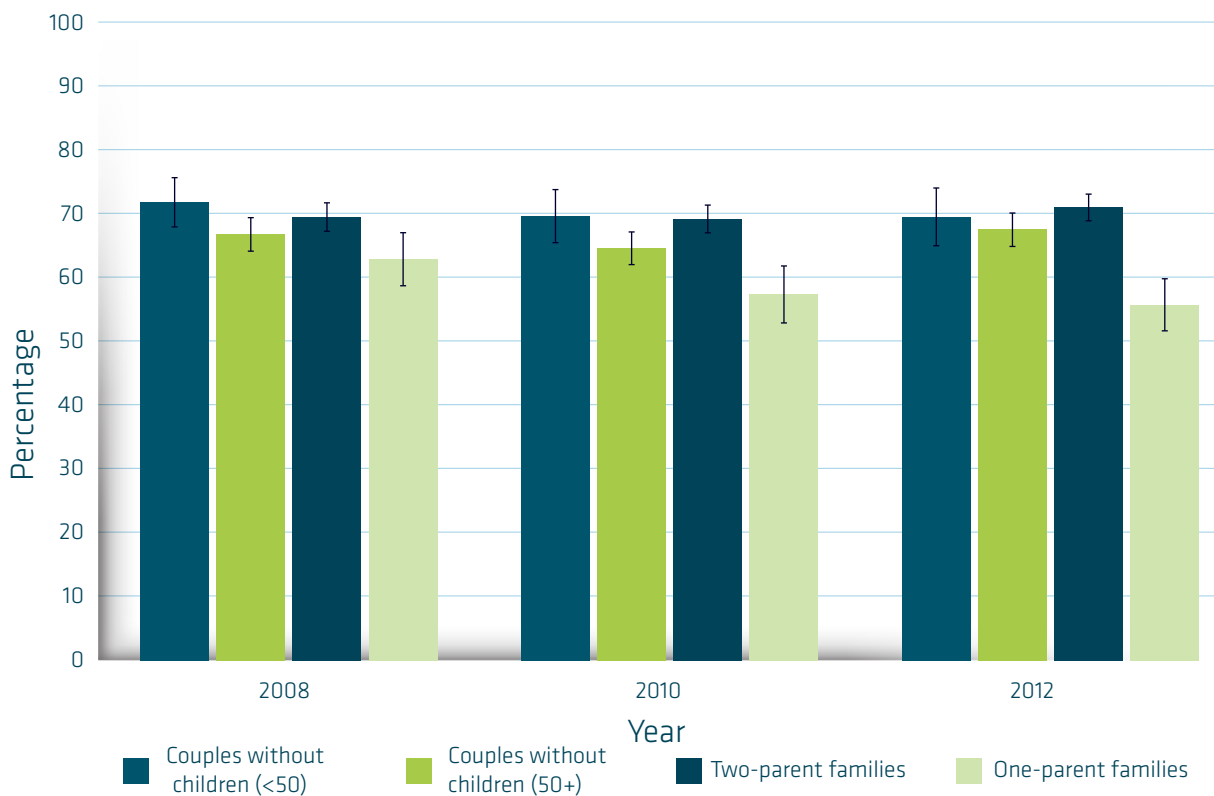
Figure 3.6 Not the victim of any crime in the last 12 months



Perceptions of safety

Respondents are asked several questions related to how safe they feel in different life activities: *walking alone during the day and at night, working, waiting for public transport during the day and at night*. In this section, we look at those who felt safe walking alone in the neighbourhood at night. In 2012, *one-parent families* were the least likely to feel safe; 55.7 percent in 2012, compared to around 70 percent of the other family types (see Figure 3.7).

Figure 3.7 Felt safe walking alone in the neighbourhood at night



While not statistically significant, the proportion of *one-parent families* who are victims of crime appears to be declining over the three survey waves, while the perception of safety is also shown to be falling. This is in line with other research findings (see, for example, Lovasi et al, 2014).

The proportion of respondents feeling safe walking in the neighbourhood at night decreased as age increased, but increased with income and/or level of education for all family types.

3.3.2 Supportive family relationships

Summary

- › *Older couples without children* were most likely to give financial support to family members not living with them in 2012 (47.7 percent).
- › Slightly more families provide non-financial support, compared to financial support, to family members not living with them.
- › Four-fifths of *older couples without children* believed that they had the right amount of contact with non-resident family members, compared with around 70 percent for the other family types.

The second domain of the Family Wellbeing Framework focuses on the nature of family relationships, and states that “families function better when they have supportive relationships among family members, including those living elsewhere”.

The GSS is interested in the provision of support across households between family members; specifically, whether or not the respondents give support, in various forms, to non-resident family members, children and/or family or relatives (under 18/18–24/25–64/65+). In the analysis below, this is summarised as financial support¹¹ and non-financial support¹² to non-resident family of any age. In addition, the GSS asks about the nature of contact with non-resident family members.

While this type of support and contact with non-resident family members is important, clearly these questions cannot fully describe or explain the overall quality of family relationships. This is a good example of the limitations of having to rely on one information source, and particularly using proxy measures, and highlights the need for better quality and more extensive data on family relationships.¹³

¹¹ Includes paying for things like groceries or clothing, help with bills or debts, child support payments.

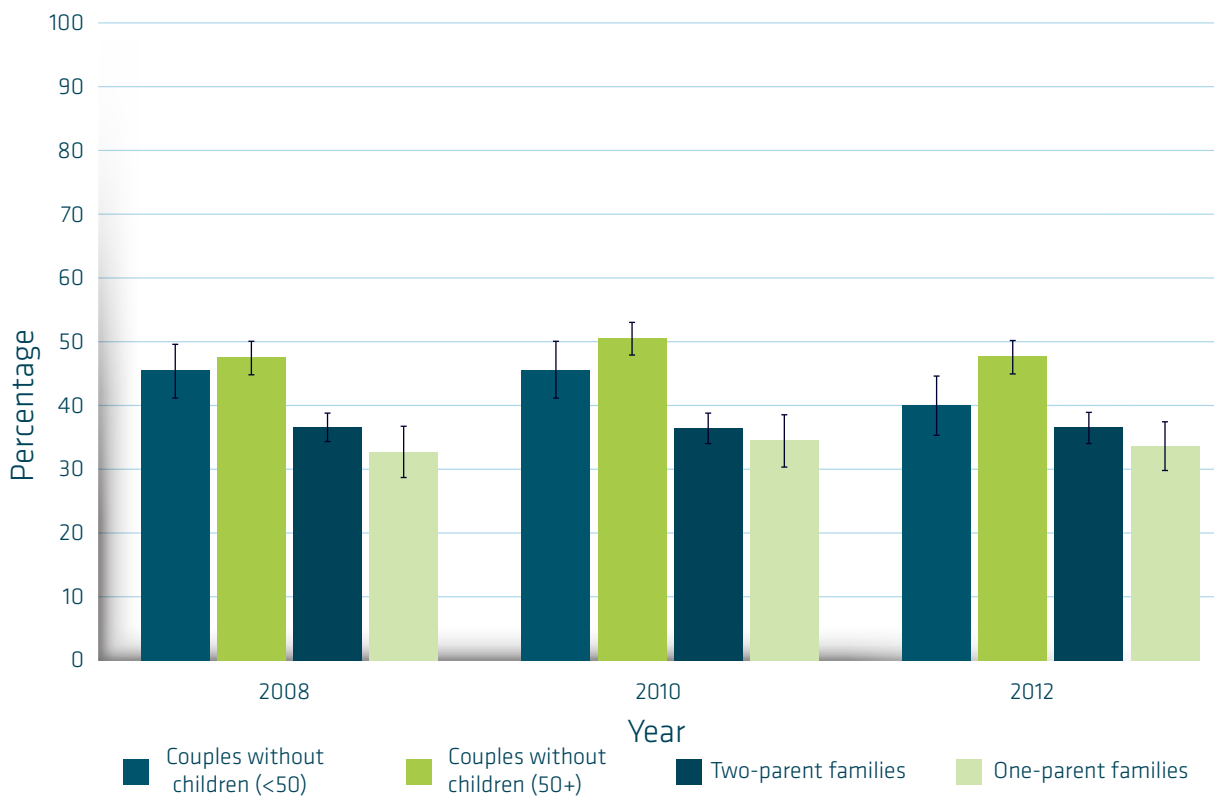
¹² Includes providing childcare or childminding, care for children who are ill or disabled, help around the house (cleaning/gardening) or help with regular transport.

¹³ The 2014 GSS does include more questions on family relationships.

Financial support

Generally, less than half of families provided financial support to family members not living with them between 2008 and 2012 (see Figure 3.8) and, with the possible exception of *younger couples without children*, the proportion that did remained fairly consistent. It will be interesting to see what happens to the proportion providing financial support as the New Zealand economy continues to strengthen, following the downturn brought about by the global financial crisis (that is, while the ability of families to provide support might increase, the need to do so might decrease).

Figure 3.8 Gave financial support to family not living with them

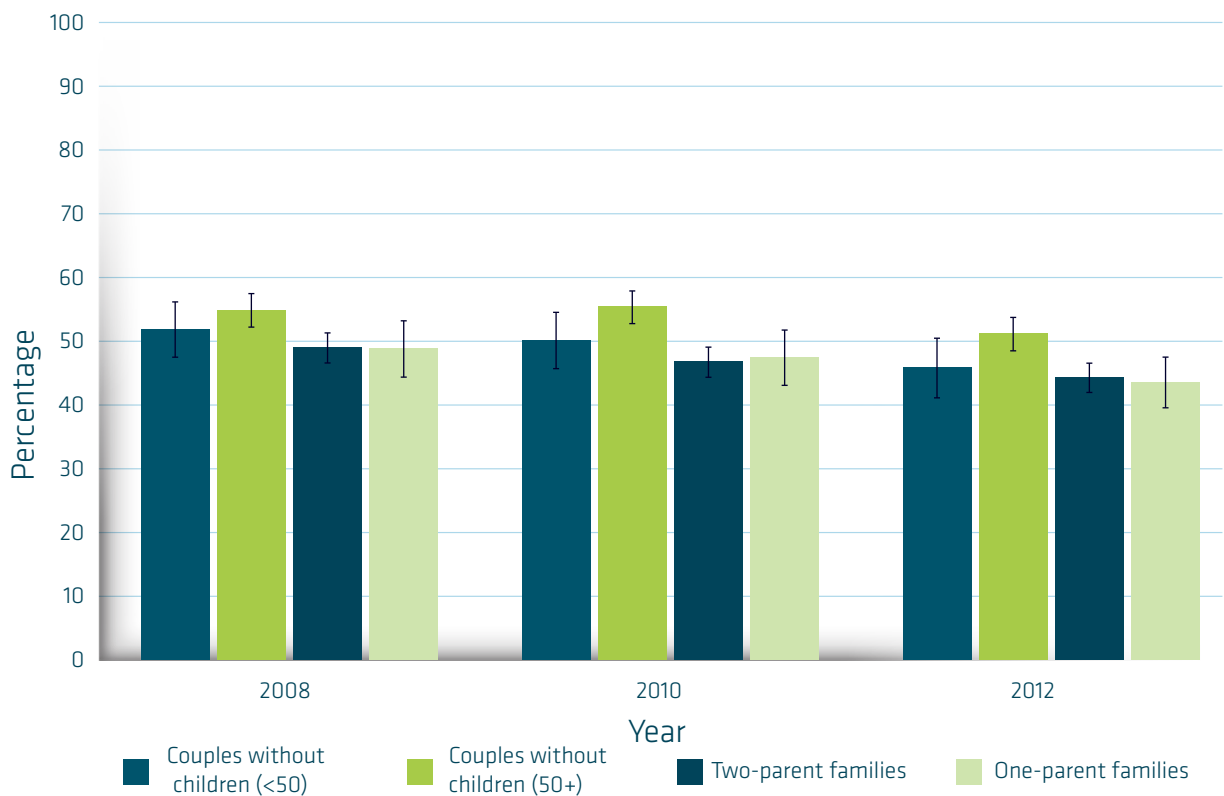


These findings tend to highlight the broader function of families and the importance of the extended family, and that families are not always confined to a single household. Further, the nature of family relationships changes with life stages and so it is not surprising that *older couples without children* were the most likely to provide financial support to non-resident family members in 2012 (47.7 percent in 2012), although the proportion doing so was similar to their younger counterparts in both 2008 and 2010.

Non-financial support

Families were generally more likely to give some form of non-financial support to non-resident family members (see Figure 3.9), with 51.2 percent of *older couples without children* providing non-financial support in 2012, followed by *younger couples without children* (45.8 percent), *two-parent families* (44.2 percent) and *one-parent families* (43.5 percent).

Figure 3.9 Gave non-financial support to family not living with them

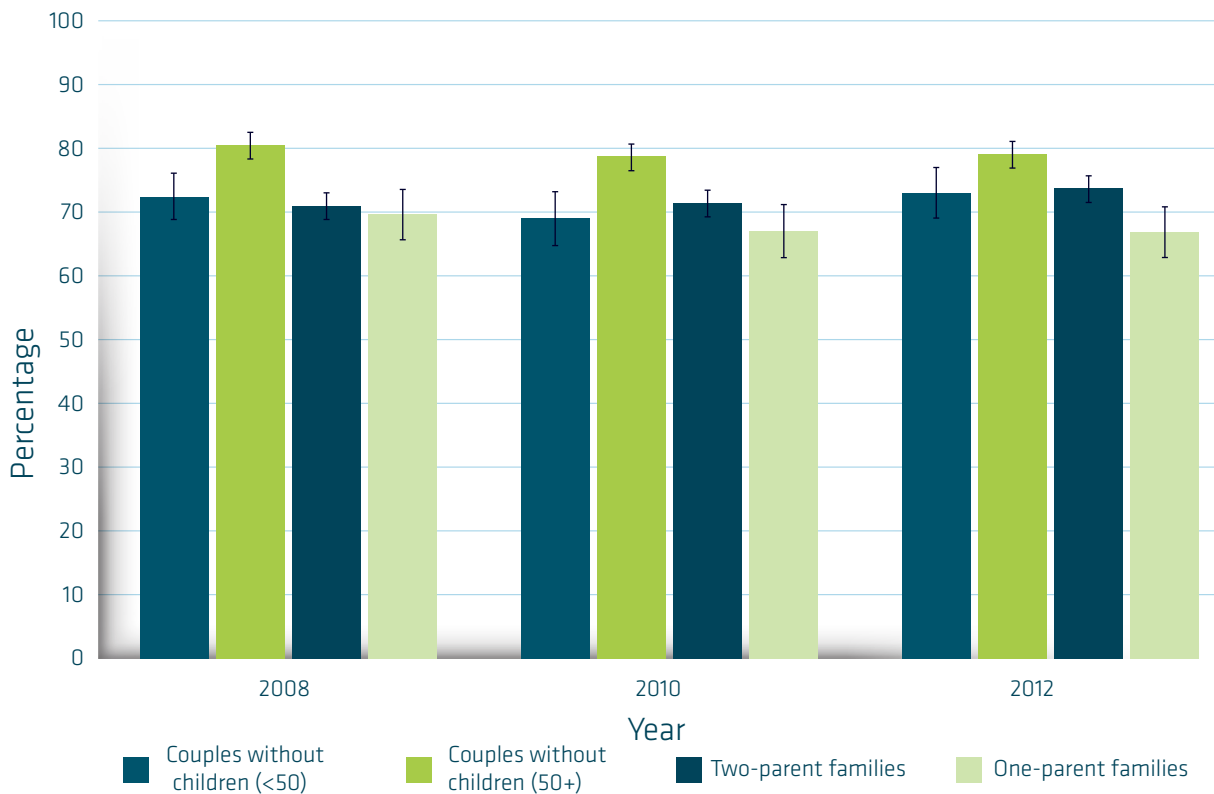


As shown in Figures 3.8 and 3.9, the gap between those giving financial support and non-financial support was, however, fairly small. This might in part be explained by the increasing proportion of families having to move away from their extended family, possibly to secure employment. More research is required to understand why this is the case.

Contact with non-resident family

In the *social connectedness* module of the GSS questionnaire, respondents are asked if they had seen any non-resident family members in the last four weeks. They are then asked how often and about the type of contact, including face-to-face contact, and finally what they think about the amount of contact they had had (that is, was it too much, too little or just right?). Figure 3.10 shows those who said they had the right amount of contact with non-resident family members.

Figure 3.10 The right amount of contact with non-resident family members



Older couples without children were most likely to believe that they had the right amount of contact, with nearly 80 percent, compared with around 70 percent for the other family types. As can be seen, the percentages remain fairly stable over the three survey waves. Clearly, what is perceived to be the *right* amount of contact will vary for each individual family.

3.3.3 Economic security

Summary

- › In 2012, around 30 percent of *one- and two-parent families* were in study or training.¹⁴
- › In 2012, less than one-quarter (23.1 percent) of *one-parent families* had a post-secondary school qualification, less than half that for *younger couples without children* (47.6 percent).
- › Although lowest for *one-parent families* (in 2010 and 2012), generally more than 80 percent of families were satisfied with their knowledge, skills and abilities.
- › Around 70 percent of *younger couples without children* and *two-parent families* had gross annual household incomes greater than \$70,000, three times that for *one-parent families*.
- › *Younger couples without children* were consistently the most likely to have at least one family member in paid employment, at around 90 percent.
- › Four-fifths of *older couples without children* reported no major problems with their housing, compared to 50 to 60 percent for the other family types.
- › *One-parent families* were consistently less likely to be satisfied with their standard of living, around 25 percentage points lower than that for *older couples with children*.

The third domain of the Family Wellbeing Framework relates to economic security, and states that families function better when they are financially secure, and live in economic security and independence.

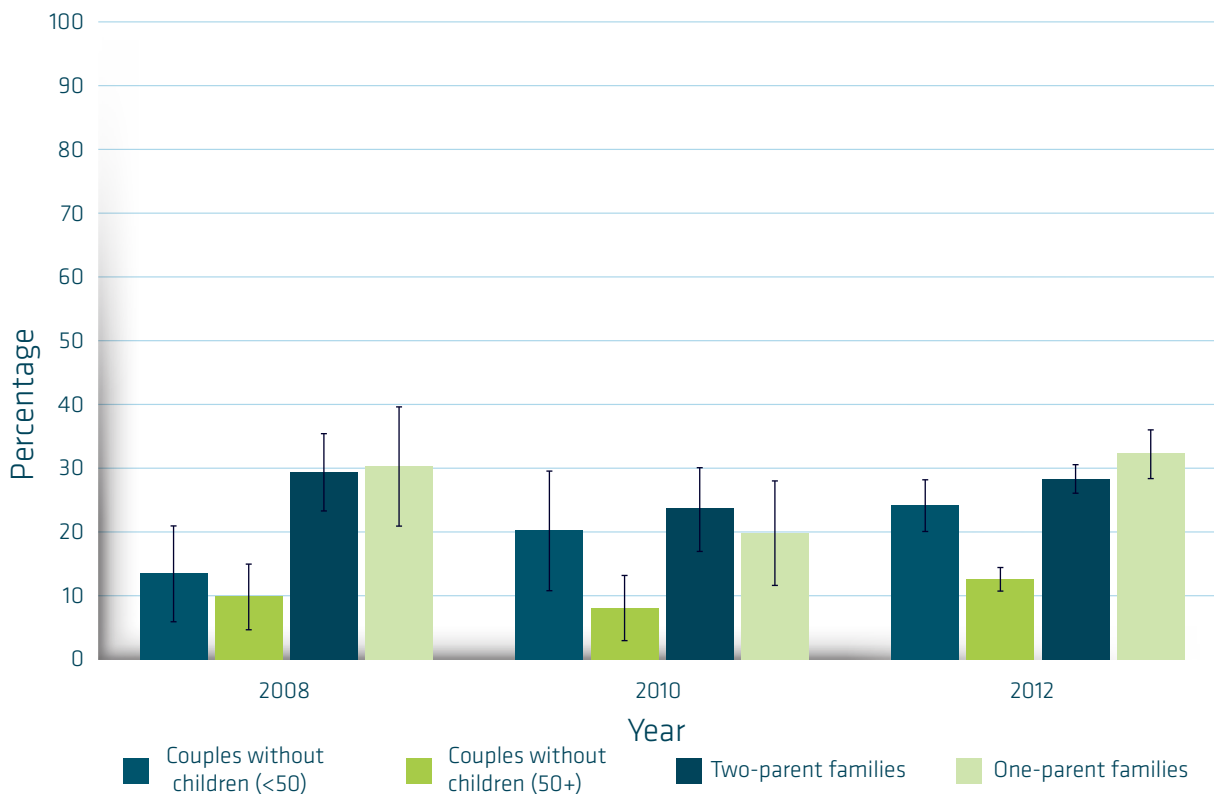
In this section we examine three questions about education and training; specifically, whether or not the respondent was currently involved in study or training, had a post-secondary school qualification and whether or not the respondent was satisfied with their current knowledge, skills and abilities. A further three questions look at financial circumstance – the level of household income, whether or not in paid employment and the perceived quality of housing. This section finishes with a discussion about the respondent's level of satisfaction with their overall standard of living.

¹⁴ In 2008 and 2010, this question was only asked of those who were not satisfied with their knowledge, skills and abilities, while in 2012 it was asked of all respondents.

Participation in study or training

Respondents are asked whether or not they are currently involved in study or training. Figure 3.11 shows that *older couples without children* were the least likely to be in study or training in 2012; 12.6 percent compared to 24.2 percent for *younger couples without children*. Around 30 percent of *one- and two-parent families* were in study or training.

Figure 3.11 Currently involved in study or training

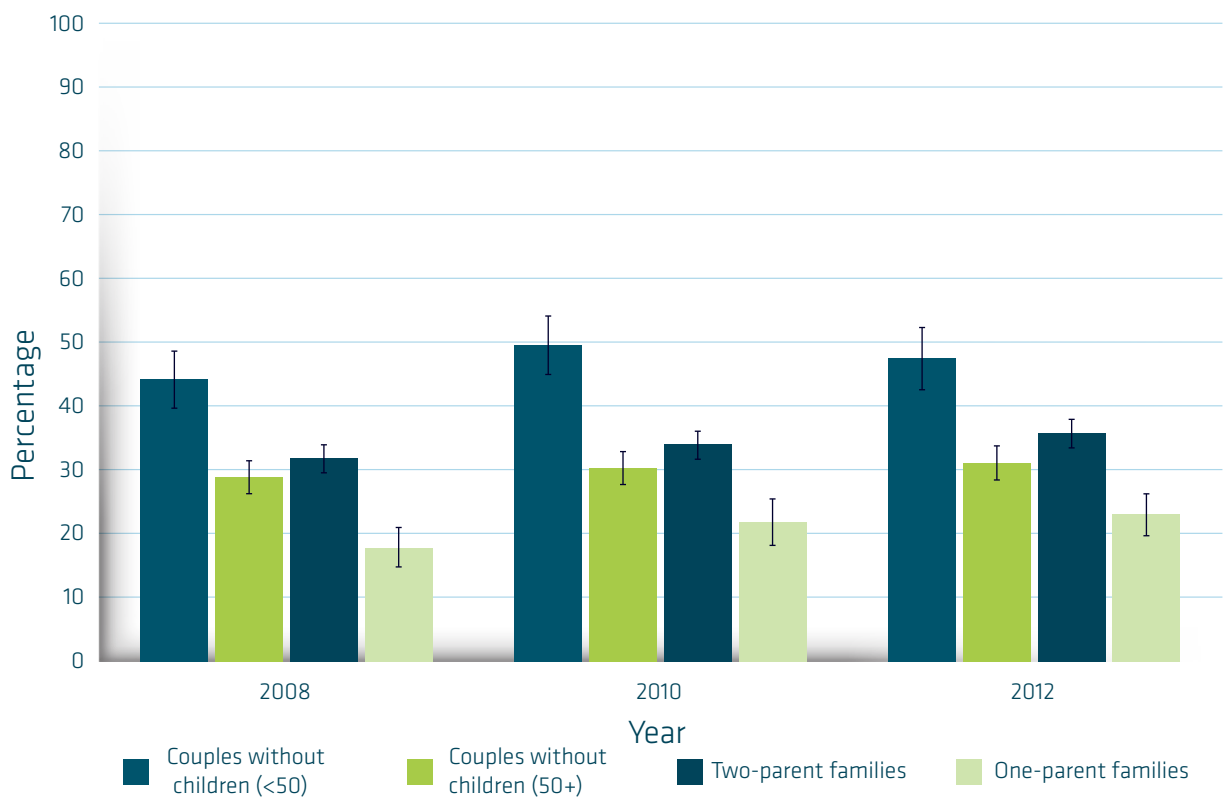


Further analysis is required to understand why families with children (both one- and two-parent families) are more likely than couples without children to have at least one family member in study or training. For example, such families contain not only children (15 or older) who may be students but also younger parents who may be in study or training.

Post-secondary school qualifications

Respondents from *younger couples without children* families were consistently the most likely to have a post-secondary qualification; between 40 and 50 percent across the three survey waves (see Figure 3.12). Around 30 percent of respondents from *older couples without children* had a post-secondary qualification.

Figure 3.12 Has some kind of post-secondary school qualification



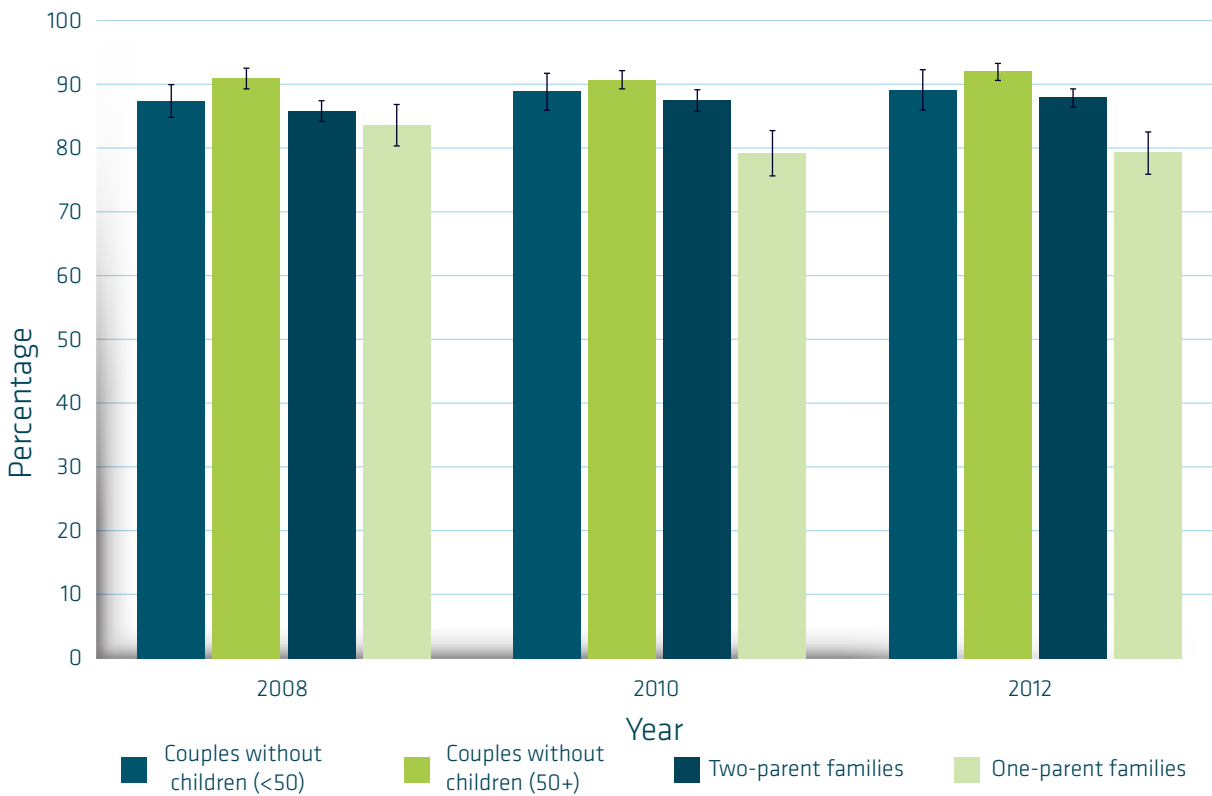
In 2012, more than one-third of respondents from *two-parent families* had a post-secondary school qualification (35.8 percent); while the corresponding figure for those in *one-parent families* was one-quarter (23.1 percent).

Respondents who were *in paid employment* were more likely to have a post-secondary qualification than those who were *not in paid employment*. Generally, younger adults tend to have a post-secondary qualification.

Knowledge and skills

The GSS asks how satisfied respondents are with their knowledge, skills and abilities. As can be seen from Figure 3.13, generally between 80 and 90 percent of all families reported that they were satisfied or very satisfied. *One-parent families* were the least likely to be satisfied/very satisfied with their knowledge, skills and abilities; just below 80 percent in 2012.

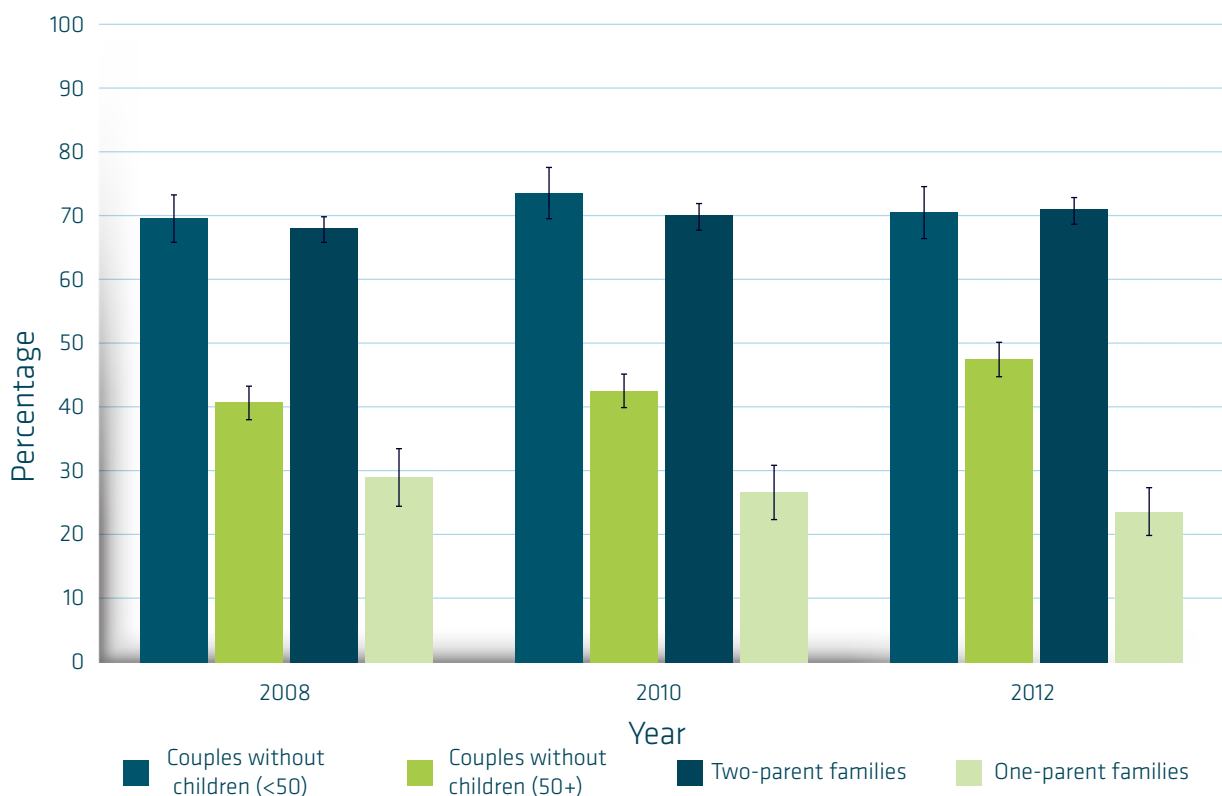
Figure 3.13 Satisfied/very satisfied with knowledge, skills and abilities



Household income

Respondents are asked about their level of income as part of the *core personal information* section of the GSS. Information about both personal income and household income is collected. This section focuses only on gross annual household income.¹⁵ Figure 3.14 shows those families with household incomes greater than \$70,000. While household income is an important descriptive variable, Figure 3.14 shows absolute income only and does not account for the size of the family.

Figure 3.14 Household income greater than \$70,000



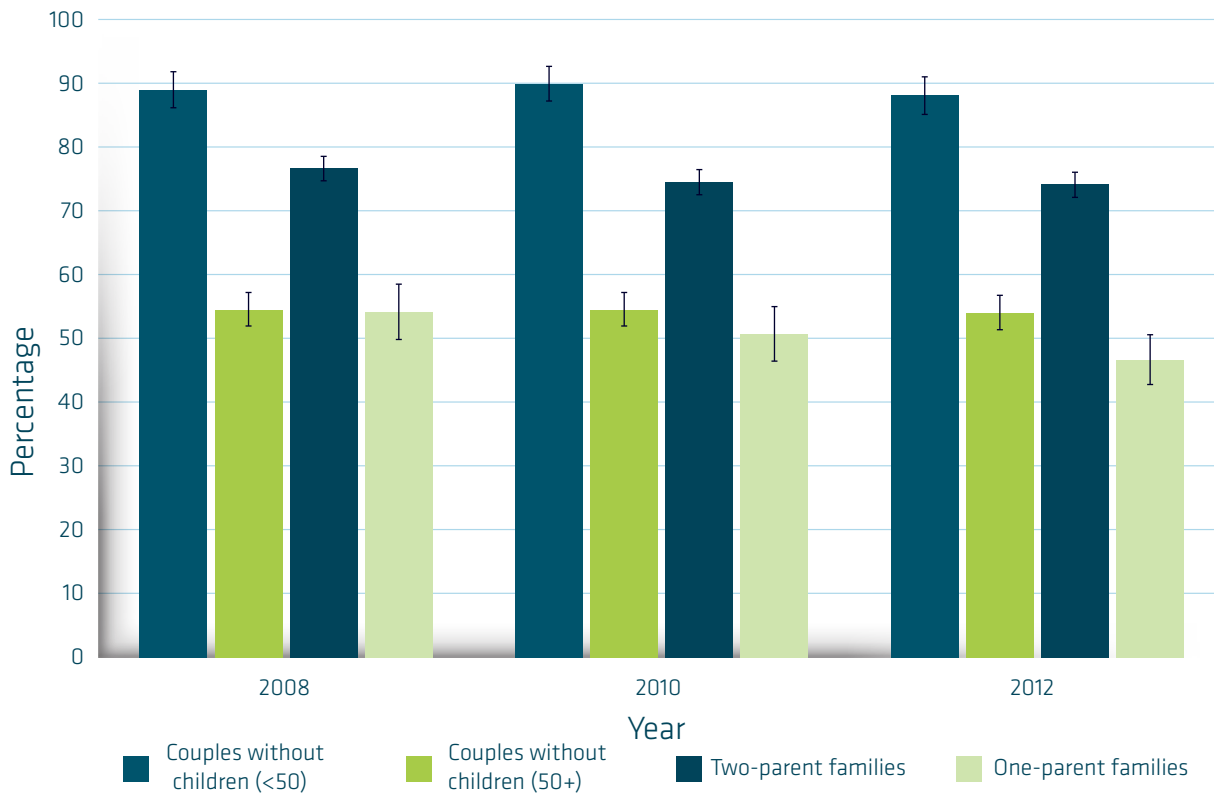
Around 70 percent of *younger couples without children* and *two-parent families* are shown to have gross household incomes greater than \$70,000 across all three survey waves. This is significantly higher than that for *older couples without children* and nearly three times higher than that for *one-parent families* in 2012.

¹⁵ Gross annual income includes income from paid employment, interest, dividends, rent, other investments, regular payments from ACC or a private work accident insurer, NZ Superannuation or Veterans Pension, state benefits, student allowance.

Labour force status

Figure 3.15 shows that *younger couples without children* were consistently the most likely to have at least one family member in paid employment, at around 90 percent, significantly higher than that for their *older* counterparts. In 2012, around three-quarters of *two-parent families* had at least one family member in paid employment compared to less than a half of *one-parent families*.

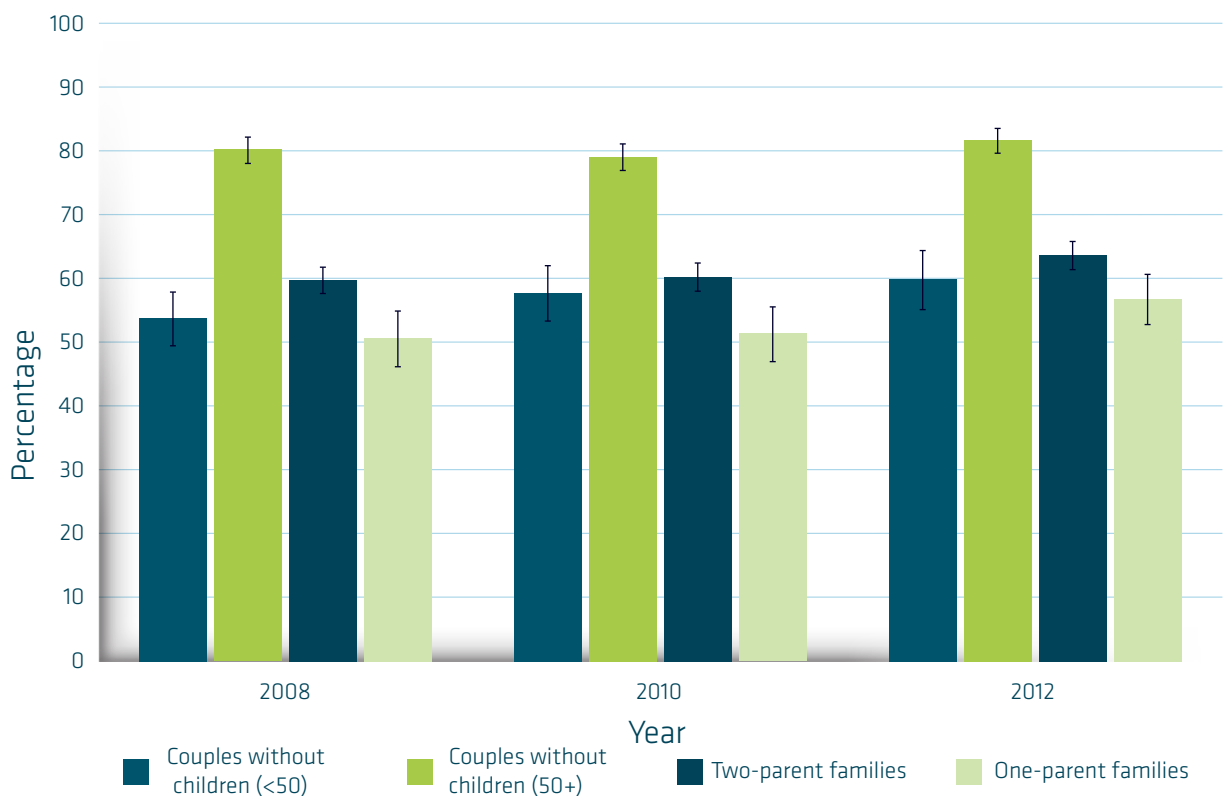
Figure 3.15 In paid employment



Problems with housing

In the *housing* section of the GSS, respondents were asked about how they feel about where they were living, including various questions about potential problems they might have with their house or flat – *size, access, dampness, cold, pests, cost* or simply *poor condition*. To summarise this, we examined the proportion of families who did not have any of these problems. As shown in Figure 3.16, around 80 percent of *older couples without children* report no problems with their home, significantly higher than that for the other family types.

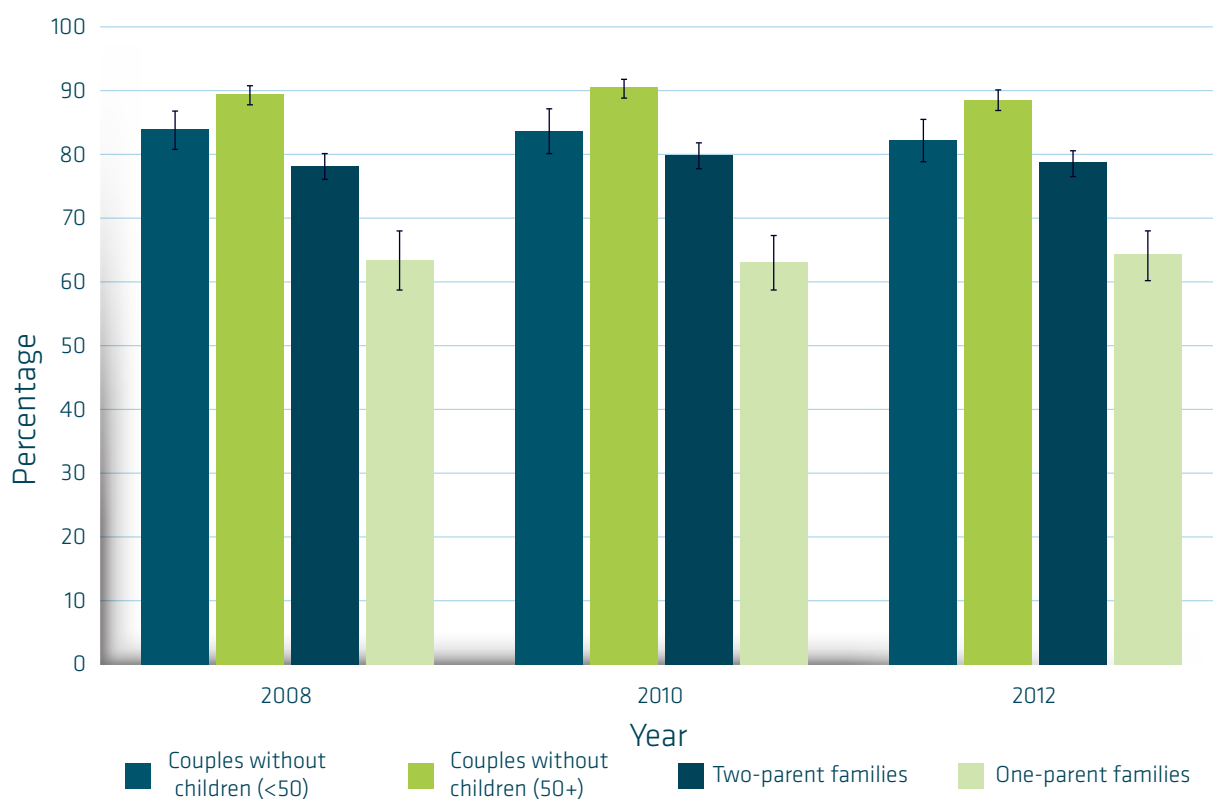
Figure 3.16 No major problems with house/flat



Satisfaction with standard of living

Finally, in this section, we consider overall standard of living. The *economic living standard* section of the GSS asks respondents about the presence or not of various items in their household, including the telephone, a washing machine, a personal computer, and then, if they are not present, why this is the case. Respondents are then asked to rate their standard of living on a 5-point scale, and then say how satisfied they are. Figure 3.17 shows the percentages by family type that are either *satisfied* or *very satisfied* with their standard of living.

Figure 3.17 Satisfied/very satisfied with standard of living



As can be seen, around 90 percent of *older couples without children* were satisfied with their standard of living, compared to around 80 percent for their *younger* counterparts and *two-parent families*. *One-parent families* were the least satisfied with their standard of living; at least 15 percentage points lower than that for the other family types.

3.3.4 Outside social connections

The final domain of the Family Wellbeing Framework looks at outside social connections, and states that *families function better when they are well connected to support networks, and have social connections outside of the family, including in the local community*.

This section draws on three questions from the GSS with regard to doing voluntary work, whether or not the respondent felt that they belonged to New Zealand and whether or not they could ask someone for support in a time of crisis.

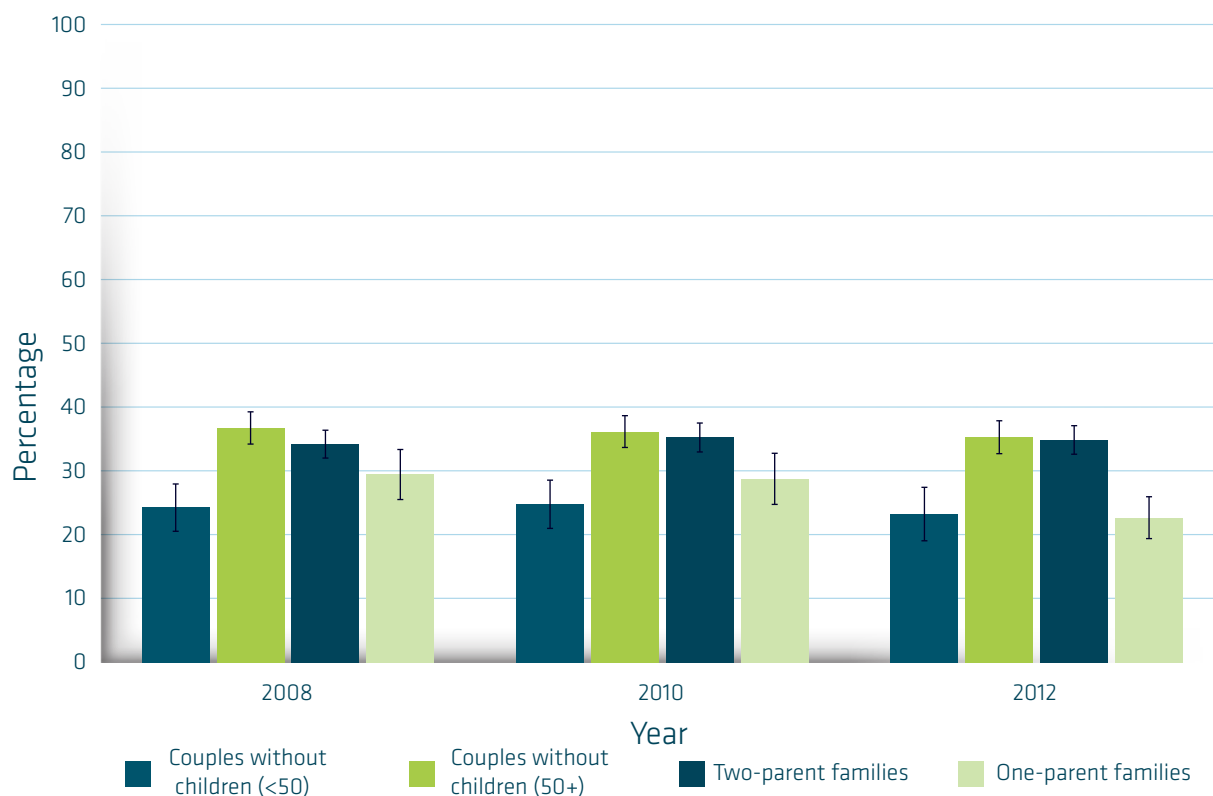
Summary

- In both 2010 and 2012, *younger couples without children* and *one-parent families* were the least likely to do voluntary work for a group or organisation.
- *Younger couples without children* were less likely than their older counterparts to say that they felt strongly that they belonged to New Zealand.
- Almost all (more than 90 percent) family types have someone they could turn to in a time of crisis.

Voluntary work

Figure 3.18 shows the proportion doing voluntary work for a group or organisation in the four weeks before the survey. As can be seen, *younger couples without children* and *one-parent families* were least likely in 2012 to be involved in voluntary work; 23.3 and 22.7 percent respectively. In contrast, *older couples without children* and *two-parent families* were generally the most likely to do voluntary work; around 10 percentage points higher than that for *younger couples without children*.

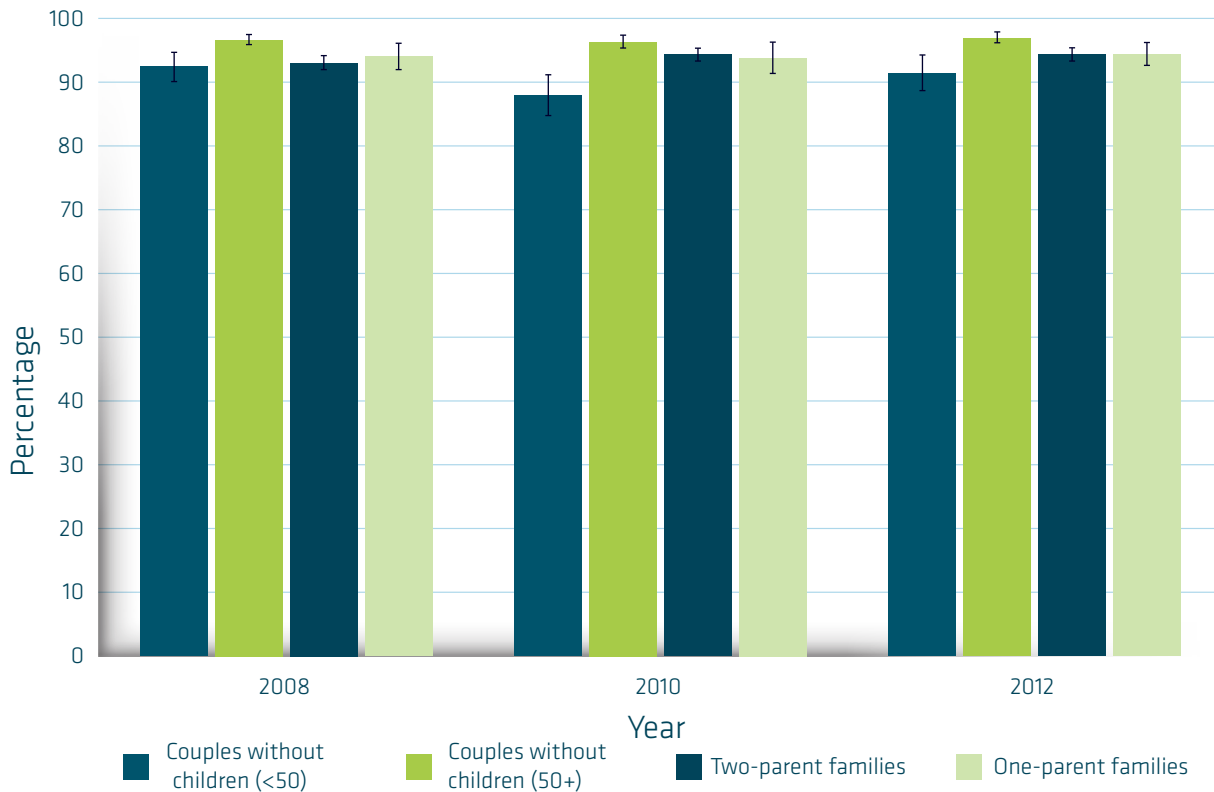
Figure 3.18 Did voluntary work for a group or organisation in last four weeks



Sense of belonging

In the *culture and identity* section of the GSS, respondents are asked if they feel that they belong to New Zealand. Figure 3.19 shows that *younger couples without children* were less likely than their older counterparts to feel that they belong, but the differences are marginal.

Figure 3.19 Feel strongly/very strongly that they belong to New Zealand



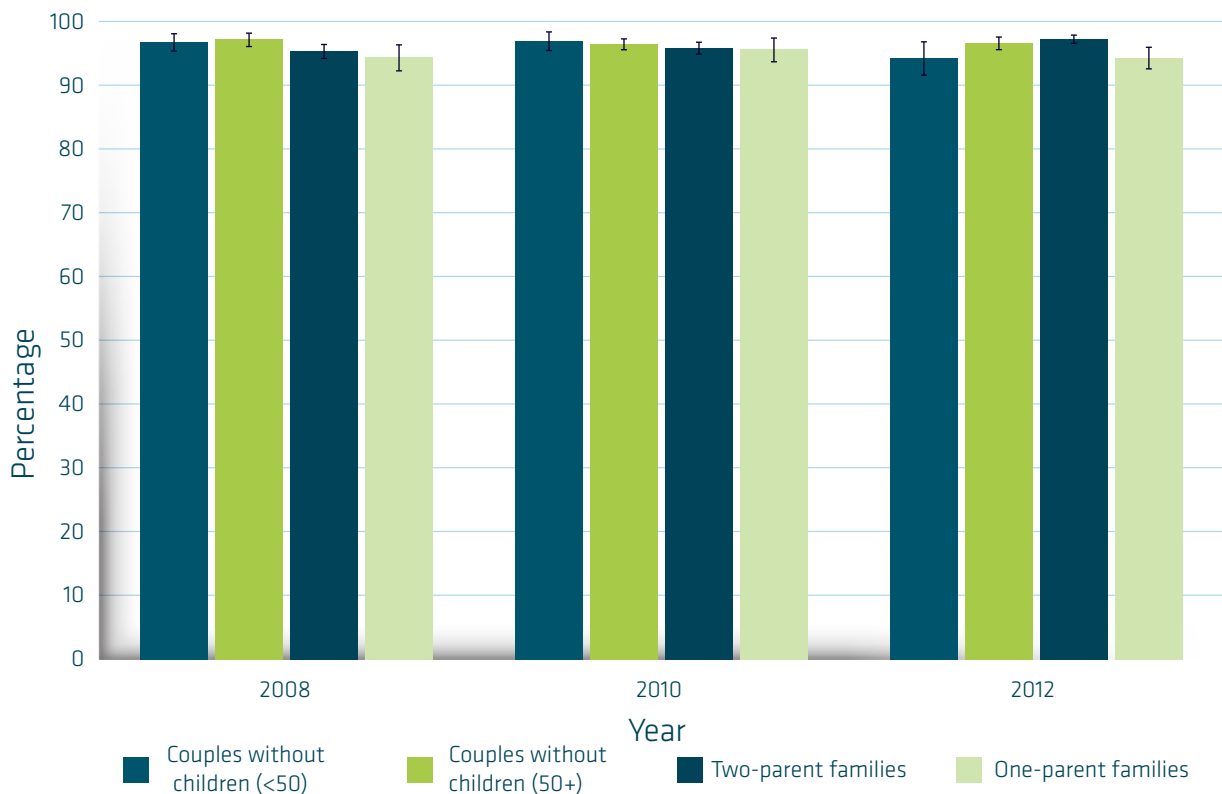
Older people were more likely to feel that they belonged to New Zealand, as did those on higher incomes, with higher levels of education and/or in paid employment.

Access to support

In the social connectedness section of the GSS, respondents are asked: *Is there anyone you could ask to do small favours?* and *Is there anyone you could ask for support in a time of crisis?* Responses to the latter question are set out in Figure 3.20.

As can be seen, almost all family types (more than 90 percent) have someone they could turn to in a time of crisis, with little change over time, and no difference by ethnicity.

Figure 3.20 Have access to support in times of crisis



3.4 Summary and conclusions

Despite limitations of the GSS for understanding changes in family wellbeing, compared to individual wellbeing, this chapter has shown significant differences among the four family types. The analysis started by showing how those individuals who were *satisfied* or *very satisfied with their life as a whole* varied by family type. While nearly nine in ten of those in *couples without children* and *two-parent families* were *satisfied* or *very satisfied with their life as a whole*, the satisfaction levels of those in *one-parent families* did not reach 80 percent between 2008 and 2012, and remained 12 percentage points lower than that for other families in 2012. This difference between *one-parent families* and the other family types is shown to be fairly consistent across multiple aspects of wellbeing.

With regard to changes over time (between 2008 and 2012), the analysis does show some emergent trends – for example, individuals in all four family types were slightly less likely to *experience crime*, more likely to be *non-smokers* and slightly less likely to report any *major problem with their housing*. *One-parent families* were also shown to be increasingly more likely to be *satisfied with their life as a whole* (although still the lowest of the four family types) and to hold a *post-secondary school qualification* over the three survey waves, but generally less likely to have *felt safe walking alone at night in their neighbourhood*, have a *household income greater than \$70,000* and be *in paid employment*.

Table 3.1 summarises the key findings by the four family types. *One-parent families* are shown to fare poorly across a number of questions, while the opposite is generally true of *younger and older couples without children*. This pattern tends to reflect strengths or weaknesses across specific domains of the Family Wellbeing Framework – for example, *older couples without children* seem to do rather well with regard to ‘Supportive family relationships’, while one-parent families do less well with regard to ‘Physical health and safety’ and ‘Economic security’. The latter is particularly important to the upbringing of children, given that, as discussed in detail in Chapter 6, over a third of children spend part of their childhood in a *one-parent family*. The 2015 Status Report will examine these patterns in more detail and seek to draw out the key messages for policy development and delivery (for example, type of support needed for *one-parent families*).

More investigation is needed of the GSS questions used in this chapter, as well as other potential data sources, to ensure that the process for selecting indicators for the Family Wellbeing Framework is robust. At the end of Chapter 1, the insert ‘*Wellbeing in the New Zealand General Social Survey*’ (p. 15) highlights the strong relationship for individuals between a number of aspects of life and overall life satisfaction (for example, health status, adequate income, not feeling lonely and housing quality).

The above analysis, while highlighting key differences between the family types, is limited in the extent to which the analysis can accurately explain trends over time and allow more in-depth investigation of the data. While the GSS is a large nationally representative sample survey, it was not designed to support detailed examination of wellbeing by family type (for example, ethnicity by family type).

It is also evident that, with the exception of ‘Economic security’, the questions selected for the other domains are limited in both their breadth and depth. Further, other socio-economic characteristics, such as age of the respondent, are more important in explaining the apparent differences by family type. There is also limited information available about how families function, especially with regard to the nature of relationships *within* the family unit – between partners and in terms of how parents seek to raise their children. These issues, as well as others, will be considered by the Commission in seeking to identify a final set of family wellbeing indicators.

Finally, this analysis shows the importance of the Commission investing in its own family and whānau research work programme (Chapter 8). While the Commission intends to undertake further analysis of the GSS (for example, multivariate analysis¹⁶, ‘pooling’ two survey waves to boost the sample size), some of the challenges experienced in undertaking analysis presented above are likely to be repeated with other datasets. Therefore, it is likely that the indicators selected to support the Family Wellbeing Framework will only ever provide a partial understanding of how different types of families are faring in New Zealand. However, the analysis will provide some direction to further research needs (for example, in understanding the differences in family contact and support). Targeted research will be needed to support the indicators, and to improve our understanding of the domains and how they relate to effective family functioning.

¹⁶ A statistical technique to examine multiple dimensions while taking into account the effects of all variables on the responses of interest.

Table 3.1 Differences by family types in 2012

Younger couples without children	Older couples without children
<ul style="list-style-type: none"> › high percentage with a <i>post-secondary school qualification</i> (47.6 percent) › high proportion with a <i>household income greater than \$70,000</i> (70.5 percent) › nearly nine in 10 in <i>paid employment</i> (88.1 percent) › among the least likely to do <i>voluntary work for a group or organisation</i> (23.3 percent) 	<ul style="list-style-type: none"> › nine in 10 did not <i>smoke cigarettes regularly</i> (89.1 percent) › nearly one-quarter <i>limited in their daily activities by their physical health</i> (24.8 percent) › <i>older couples without children</i> were less likely to have <i>experienced crime</i> (89.1 percent) › most likely to give <i>financial support to non-resident family members</i> (47.7 percent) › among the most likely to give <i>non-financial support to non-resident family members</i> (51.1 percent) › among the most likely to believe that they had the <i>right amount of contact with non-resident family members</i> (79.0 percent) › less likely to be <i>involved in study or training</i> (12.6 percent) › less likely to report a <i>major problem with their housing</i> (81.6 percent) › consistently more likely to be <i>satisfied with their standard of living</i> (88.5 percent) › nearly all felt that they <i>belonged to New Zealand</i> (96.9 percent)
Two-parent families	One-parent families
<ul style="list-style-type: none"> › two-thirds said that they were in <i>very good or excellent health</i> (66.1 percent) › more than a third with a <i>post-secondary school qualification</i> (35.8 percent) › high proportion with a <i>household income greater than \$70,000</i> (70.9 percent) › nearly three-quarters in <i>paid employment</i> (74.2 percent) › more than a third did <i>voluntary work for a group or organisation</i> (34.8 percent) 	<ul style="list-style-type: none"> › less likely to have felt <i>satisfied with their life as a whole</i> (77.8 percent) › generally less likely to have felt <i>calm and peaceful</i> (66 percent) › nearly a third were <i>regular smokers</i> (31.3 percent) › fewer felt <i>safe walking alone at night in their neighbourhood</i> (55.7 percent) › relatively high participation in <i>study or training</i> (32.3 percent) › less than one-quarter hold a <i>post-secondary school qualification</i> (23.1 percent) › less likely to be <i>satisfied with their knowledge, skills and attitude</i> (79.5 percent) › significantly less likely to have an <i>annual household income of greater than \$70,000</i> (23.6 percent) › much less likely to be <i>involved in paid employment</i> (46.7 percent) › consistently less likely to be <i>satisfied with their standard of living</i> (64.3 percent) › among the least likely to do <i>voluntary work for a group or organisation</i> (22.7 percent)

Reference

Lovasi, G., Goh, C., Pearson, A., & Breetzke, G. (2014). 'The independent associations of recorded crime and perceived safety with physical health in a nationally representative cross-sectional survey of men and women in New Zealand'. *British Medical Journal*. open, 4(3), e004058.



4. WHĀNAU WELLBEING – FRAMEWORK AND TRENDS

This chapter sets out the purpose and structure of the proposed Whānau Wellbeing Framework, including preliminary analysis of trends in wellbeing – drawing on available data, such as the Census (to 2006), the GSS and administrative datasets.

Key messages

The Framework has drawn on the capabilities dimensions used in the Māori Statistics Framework. Applying the whānau rangatiratanga (whānau empowerment) principles to these dimensions of wellbeing creates a Māori 'lens' for the values and concepts important to whānau wellbeing.

Significant challenges arise in measuring whānau wellbeing. Data are collected at the individual level and there is a lack of high-quality information on whānau wellbeing.

While the trend analysis shows some improvements in wellbeing for some whānau types, this is not universal:

- › **One-parent families** showed improvements in education and employment but faced challenges relative to other family types in terms of economic self-determination (particularly housing and income) and in relation to overall life-satisfaction.
- › Of all the family types, **couple-only families** experienced the highest overall levels of whānau wellbeing.
- › **Multi-family households** were the most likely of all family types to contain at least one Māori speaker. Their educational status and income has improved over the last two decades.
- › **Couples with children families** were the most equipped to be economically self-determining and reported the highest overall levels of wellbeing.

“Because all Māori belong to a whānau, the potential of whānau for charting lifestyles and, if necessary, modifying lifestyles is high. The exercise of leadership and wise management is critical to effective whānau functioning.” (Professor Sir Mason Durie, 2003, p. 70)

The Whānau Wellbeing Framework presented in this chapter, incorporates a Māori 'lens' through which to view trends in whānau wellbeing over time. In doing so, it draws on whānau rangatiratanga principles within Te Ao Māori (the Māori world) to support whānau in charting and modifying their lifestyles.

In 2013, the Families Commission published the first *Families and Whānau Status Report: Towards measuring the wellbeing of families and whānau*. In that report, the chapter, 'A framework towards measuring whānau wellbeing', introduced key definitions of whānau and whānau wellbeing, and presented a draft Whānau Wellbeing Framework (the Framework). The Framework was the first attempt to identify dimensions of whānau wellbeing that are important to Māori, and which could be used to measure and monitor changes in wellbeing over time.

The purpose of this chapter is to show how the Framework can be used to examine different aspects of whānau wellbeing, drawing on existing data sources – including the New Zealand Population Census (1981–2006), the General Social Survey (GSS, 2008, 2010, 2012) and Ministry of Education administrative data (1992–2012). As with Chapter 3, 'Trends in Family Wellbeing – analysis of selected questions from the General Social Survey', the analysis is preliminary, because, at the time of writing this report, access to the full Census (2013) and Te Kupenga (the Māori Social Survey, 2013) datasets was not possible. The 2015 Status Report will provide a more comprehensive analysis of whānau wellbeing.

First, however, it is important to summarise the main components of the Framework, and then highlight the challenges in developing a measurement framework for whānau wellbeing.

4.1 The Framework

This section briefly looks at the central underpinnings of the Framework as well as its main components. For more detail, please refer to the 2013 Status Report.

The development of the draft Framework was informed by a Whānau Wellbeing Experts Group that was drawn together by the Commission. The group includes a number of experts in Māori statistics and demographics, and Mātauranga Māori (Māori knowledge) from the National Institute of Demographic and Economic Analysis, at the University of Waikato, the Mira Szászy Research Centre for Māori and Pacific Economic Development, at The University of Auckland, Statistics New Zealand and Te Puni Kōkiri.

Based on previous research into wellbeing of the Māori population, a range of potential approaches to developing a Whānau Wellbeing Framework was considered (see Table 4.1).

Table 4.1 Potential approaches to understanding whānau wellbeing

Sector approach	Te Puni Kōkiri's <i>Closing the Gaps</i> report (1999) took a sector approach to measuring Māori wellbeing, structured around the sectors of education, health, housing, employment.
Four wellbeings approach	The Independent Māori Statutory Board's Māori Plan for Tamaki Mākaaurau (Tamaki Plan) ¹ adopts a four wellbeings approach, based on the dimensions of cultural, social, economic and environmental wellbeing.
Outcomes approach	In 2010, the Taskforce of Whānau-Centred Initiatives identified an outcomes approach, focusing on a key set of outcomes: self-managing; living healthy lifestyles; participating fully in society; confidently participating in Te Ao Māori; economically secure and successfully involved in wealth creation; and cohesive, resilient and nurturing.
Capabilities approach	The Māori Statistics Framework (2001) takes a capabilities approach to measuring Māori wellbeing, including the dimensions of sustainability of Te Ao Māori, social capability ² , human resource potential, economic self-determination, environmental sustainability and empowerment and enablement.

Of the four potential approaches outlined above, the Commission adopted the 'capabilities approach' to measuring the dimensions of whānau wellbeing. In the report, *The Parameters of Whānau Wellbeing*, Durie et al (2005) argue that indicators of wellbeing should be closely aligned with whānau capacities – human capacity, resource capacity and the capacity to undertake certain functions (functional capacity). This is broadly consistent with the Māori Statistics Framework.

The capabilities approach focuses on opportunities, potential and the capabilities to achieve one's own aspirations (Sen, 2001; Wereta, 2001). It is a robust and widely followed approach internationally that has grown out of development theory.

The Framework took the capabilities dimensions used in the Māori Statistics Framework and has refined them so that they can be applied to the measurement of whānau wellbeing – that is, collective as opposed to individual wellbeing (Table 4.2). It draws on both Sen (2001) and Wereta (2001) to determine the wellbeing dimensions in terms of whānau and whānau members living the types of lives that they choose to live. Within the context of Te Ao Māori, these wellbeing dimensions are used to develop desired outcomes for each dimension presented in the Framework. The outcomes will guide the development of wellbeing measures in each of those dimensions.

¹ The Independent Māori Statutory Board was established under the Local Government (Auckland City Council) Act 2009 to ensure Auckland Council takes the view of Māori in Tāmaki Makaurau (the Auckland region) into account when making decisions.

² Wereta (2001) argued that 'capital' is a word that Māori would not use in relation to people and social relations (that is, social and human capital) and that the words social *capability* and human resource *potential* were more appropriate measures of whānau wellbeing.

Table 4.2 Dimensions of wellbeing within the context of whānau

<p>Sustainability of Te Ao Māori A secure cultural identity and freedom of cultural expression.</p>	<p>Cultural institutions and knowledge that are distinctive to Māori, including mātauranga (Māori knowledge), whakapapa (genealogy), tikanga (culture) and te reo Māori (Māori language). This includes practices such as performance of rituals by experts and physical representations, such as marae or recorded knowledge. It also includes identification of whānau members with tribal institutions.</p>
<p>Social Capability Strong connections and ties in the Māori and mainstream community (internal and external social cohesion).</p>	<p>People, social relations and networks, including whānaungatanga through extended family and tribal structures. In terms of potential this includes enablers and barriers to social interact as Māori and as whānau on marae as well as in wider society. It also includes demographic structures and characteristics of whānau.</p>
<p>Human Resource Potential Having the opportunity to live a long and healthy life; and having the knowledge, skills and competencies to achieve the kind of life one chooses to live.</p>	<p>People and whānau capabilities such as health, labour, skills, knowledge and education. This includes distribution of knowledge, skills and competencies within whānau and within the wider population.</p>
<p>Economic Self-Determination Having a level of income that enables one to achieve the kind of life one chooses to live.</p>	<p>The ability of whānau to productively use resources for the benefit of whānau. This includes making choices to improve economic capacities through housing conditions, improved education and job preferences. It also includes business ownership, productivity and profitability.</p>

In order to incorporate Te Ao Māori into the Framework, the Commission drew on the Māori Statistics Framework and the Independent Māori Statutory Board’s (IMSB) Māori Plan for Tāmaki Makaurau (Auckland), as well as earlier work by the Commission.³ Both the Commission and the IMSB identified rangatiratanga, manaakitanga, wairuatanga as central concepts of importance to individual and whānau wellbeing respectively. The key points of difference were that whānau rangatiratanga included reference to whakapapa and kotahitanga (collective unity), whereas the Tamaki Plan included reference to kaitiakitanga and whānaungatanga.

For the purposes of the Commission’s Whānau Wellbeing Framework, the Whānau Rangatiratanga principles have been defined as:

- › Whakapapa – principles associated with descent (including kinship, the essence of whānau, hapū and iwi)
- › Manaakitanga – principles associated with duties and expectations of care and reciprocity (including acknowledgement of the mana of others, reciprocal obligations and responsibilities to other whānau and to those not connected by whakapapa, and accountability to others)
- › Kotahitanga – principles associated with collective unity (including unity as Māori as whānau, and supporting whānaungatanga, leadership and resilience)
- › Wairuatanga – principles associated with a spiritual embodiment (including religion, spiritual wellbeing, capacity for faith and wider communion, relationship with environment and ancestors, and the state of connectedness with the wider world)
- › Rangatiratanga – principles associated with governance, leadership and the hierarchal nature of traditional Māori society (including governance, leadership, authority and control, and whānau empowerment).

The application of the whānau rangatiratanga principles to the dimensions creates a Māori ‘lens’ for the values and concepts important to Māori whānau, in order to meet the needs of whānau.

³ The Whānau Rangatiratanga Outcome Strategy work stream, which had focused on Kaupapa Māori research and models to support whānau rangatiratanga.

For example, the overarching principle of rangatiratanga means we need to view governance and leadership from the perspective of leadership and participation in Māori society as well as in New Zealand society as a whole. With regard to Māori language capacity, the overarching principle of whakapapa means we need to view Māori language capacity of whānau through the lens where the important role played by whānau in the intergenerational transmission and nurturing of te reo Māori is recognised.

The incorporation of these whānau rangatiratanga principles recognises the understandings, values, priorities and aspirations of Māori. This approach is consistent with the United Nations Permanent Forum on Indigenous Issues approach to developing indicators of wellbeing, which seeks to highlight areas of importance from an Indigenous perspective, and therefore places great significance on cultural issues (Jordan et al, 2010).

The Commission's draft Whānau Wellbeing Framework incorporates both the capability dimensions identified in the Māori Statistics Framework and the whānau rangatiratanga principles identified by the Commission (see Figure 4.1). It is expected that the draft Framework will be refined over time based on feedback from Māori stakeholders, and after further consideration about how a comprehensive and quantitatively robust framework can be developed.

The Framework also includes 'areas of interest' or 'factors' that contribute to or influence whānau wellbeing (for example, 'strength of whānau identity'). A similar approach has been used by the Family Wellbeing Framework (see Chapter 2). Figure 4.1 also shows the potential data sources that can be used to develop a final set of indicators for the Whānau Wellbeing Framework.

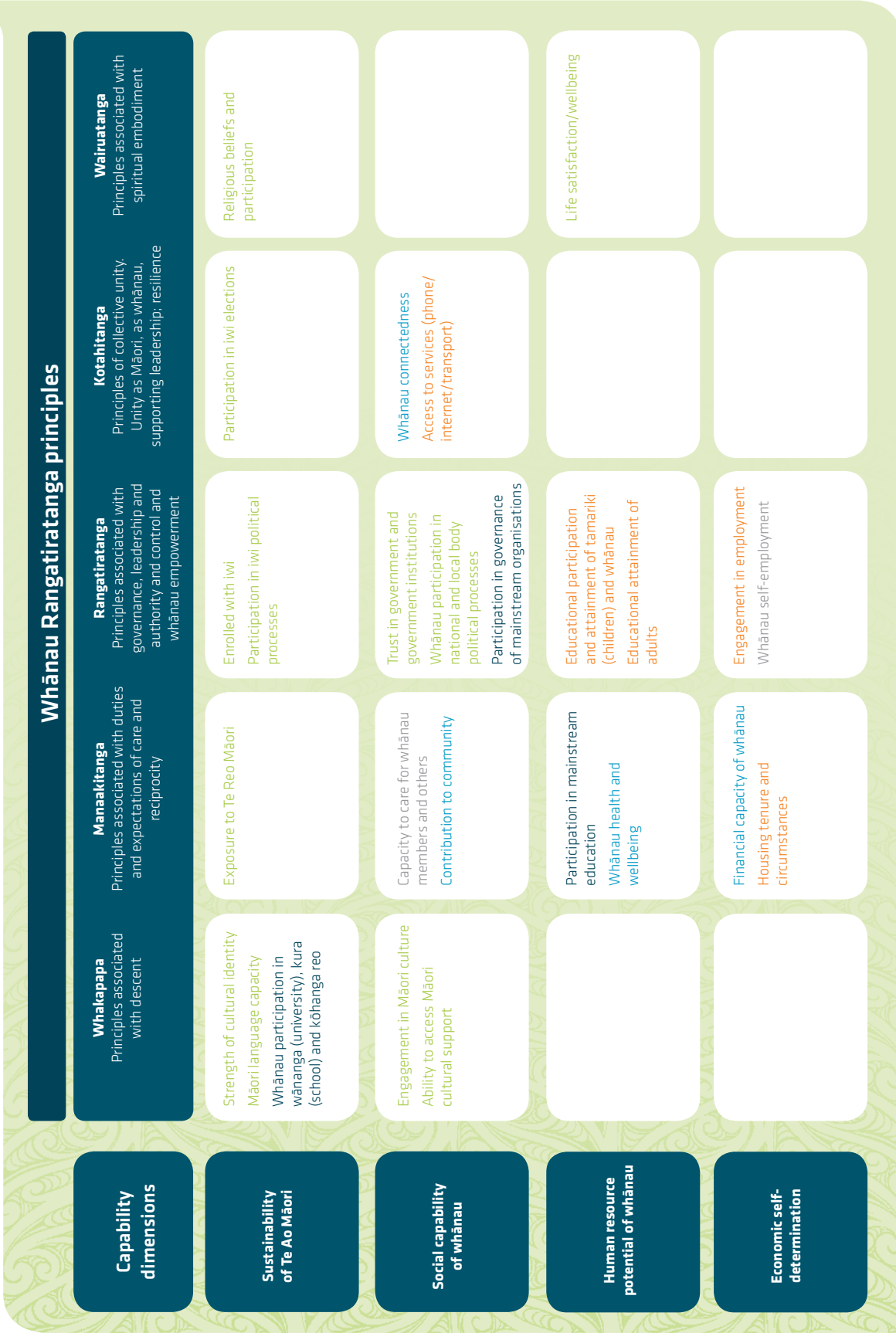
The colour coding in Figure 4.1 shows those factors where relevant data already exist (for example, the Census, GSS) as well as where relevant data will soon become available (for example, Te Kupenga).

Some cells in the Framework identify more factors than others, while some relating to the principles of whakapapa and wairuatanga are more sparsely populated. This reflects key knowledge gaps and where further research is required. Many of the factors identified in the draft Framework reflect outcomes that are generally accepted as having an impact on the wellbeing of individuals such as education; health and housing status (see, for example, The Social Report, 2010). As with the Family Wellbeing Framework, a key assumption has been made that these outcomes are also important determinants of whānau wellbeing.

In relation to the sustainability of Te Ao Māori, the identified factors reflect unique aspects of cultural wellbeing that are recognised as unique to Māori; for example, such as strength of Māori identity, knowledge of Te Reo, engagement with Te Ao Māori and contribution to community.

The Framework helps the Commission to identify potential measures of whānau wellbeing, as well as inform the collection of data on whānau wellbeing over time. A final set of whānau wellbeing indicators will be selected by the end of 2014.

Figure 4.1 Draft framework to measure progress towards Whānau Rangatiratanga



Note: colour denotes data source (Census / General Social Survey / Administrative data / Te Kupenga / To be determined)

4.2 Measuring whānau wellbeing

In agreeing the analytical approach for this chapter, the Commission gave consideration to whether the experience of Māori whānau should be compared to other ethnic groups or to the New Zealand population as a whole. Internationally and within New Zealand, monitoring frameworks that compare the social and economic outcomes of Indigenous peoples to the majority population, or ethnic subgroups, have been criticised as overlooking Indigenous peoples' needs and aspirations:

“By focusing solely on gaps with mainstream majority populations, [these frameworks] implicitly downplay the significance of unique Indigenous priorities and world views.”
(Jordan et al, 2010, p. 339; after Taylor, 2008)

“A widespread practice is to compare Māori wellbeing with the wellbeing of other population groups such as Pākehā, Pacific, and Asian. While such comparisons are useful, their utility is confined to the measurement of universal aspects of wellbeing (such as disease prevalence, educational attainment). However, holistic assessments of Māori wellbeing do not readily lend themselves to cross-population comparisons because they are largely linked to Māori-specific measurements...As an alternative to population comparisons, however, comparisons of Māori with Māori at different periods of time might be more indicative of progress.”
(Durie, 2005, pp. 14–15)

On the other hand, commentators have cautioned that frameworks that engage with alternative development paradigms (and don't consider the socio-economic wellbeing of Indigenous peoples relative to other ethnic groups) run the risk of having limited impact on public policy (see, for example Jordan et al, 2010).

In keeping with the capabilities approach, this chapter focuses the analysis on the development and progress of Māori whānau over time. Particular attention is given to exploring the diversity of experience and outcomes of different whānau types.

The capabilities approach taken in this chapter is not intended to mask the persistent social and economic disadvantage faced by many Māori, particularly in those areas where the Government has a role in contributing to equitable outcomes such as education, health and employment. These historical disparities have been well documented (for example, in the 'Closing the Gaps' report, 'The Social Reports'). By applying a Māori lens to the Framework, and focusing on capabilities as opposed to deficits, the approach taken in this chapter is intended to introduce policy-makers to Māori perspectives on whānau wellbeing aspirations and, in turn, provide insights into how social and economic equity could be more effectively promoted by policy-makers, programme developers, funders and practitioners. The preliminary indicators that are examined in this chapter generally reflect the desired states of wellbeing within each outcome dimension rather than the undesired states. So, for example, in relation to economic self-determination, the proportion of households where an adult is employed is presented as opposed to the proportion where an adult is unemployed.

4.2.1 Challenges

In seeking to measure whānau wellbeing, we have encountered a number of challenges. These are discussed below.

Definition of whānau

Perhaps one of the most challenging aspects of measuring whānau wellbeing is the tension between statistical definitions of family and a Māori world-view on the concept of whānau. Cram and Kennedy (2010) state that whānau is about kinship and non-kinship relationships that extend beyond the walls of a single dwelling.

Due to the constraints of current official statistics, the analysis presented here is necessarily limited by the narrow statistical definition of families that may not adequately capture the depth and breadth of the concept of whānau. The statistical standard for family defines a 'family nucleus' as:

“a couple, with or without children, or one-parent and their child(ren) usually resident in the same dwelling. The children do not have partners or children of their own living in the same household.”⁴

It is anticipated that Te Kupenga will enable more in-depth exploration of how official statistics can better reflect the concept of whānau.

The analysis presented later in this chapter uses four broad categories of family type. These are outlined in Table 4.3, along with the combinations of household composition.

Table 4.3 Family type	
Family types	Usual household composition
Couple only households	Couple only
Single-parent family households	One-parent family One-parent family plus others
Couples with children households	Couple with children Couple with children plus others Couple only plus others
Multi-family households	Two two parent families with or without children Two-parent plus one-parent family Two one-parent families Three or more families

Source: Kiro, C., von Randow, M., & Sporle, A. (2010, p. 16).

The GSS definition of family type is based on the statistical standard for family, with measurement based on Level 1 of the New Zealand Classification of Family Types 1999 (see Table 4.4).

⁴ <http://www.stats.govt.nz/Census/about-2006-census/information-by-variable/family-type.aspx#1>

Table 4.4 Level 1 classification of family type

Level 1 classification	Definition
Couple without children	A couple without children usually living together in a household.
Couple with children	A couple with child(ren), all of whom have usual residence together in the same household. The children do not have a partner or child(ren) of their own living in the household.
One-parent with children	One-parent with child(ren), all of whom have usual residence together in the same household. The children do not have partners or children of their own living in the household.

Readers should note that the small Māori sample size within the GSS precluded standardisation of GSS data with the Census household categories.⁵ Where Census data are used in this chapter the classification in Table 4.3 is used, and where GSS data are used the classification in Table 4.4 is used. For simplicity, in the analysis we refer to the percentage of: *couple-only families, couples with children families, one-parent families and multi-family households.*

A portion of the Census analysis presented in this chapter is based on the data published in the 'Trends in Wellbeing for Māori Families Report 1981–2006'⁶ (Kiro et al, 2010). For the purpose of that research, and adopted in the analysis of GSS data, a Māori household was defined as a household where at least one of the adults identified as Māori.⁷

Data sources

Statistics New Zealand identified that the statistical needs of Māori at times differ from the rest of the population, noting that, while successive governments have collected statistics on the Māori population since the late 1850s, the purpose was to assist government departments in developing and monitoring Māori policy. Rarely was the question asked: *What are the statistical needs of the Māori population?*

Internationally, there has been similar criticism levelled at the use of frameworks, such as Overcoming Indigenous Disadvantage or the Human Development Index framework, that overlook Indigenous needs and aspirations (Taylor, 2008). The criticism is that the conventional measures tend to compare Indigenous with mainstream populations thereby measuring "Indigenous ill being" not "wellbeing" (Jordan et al, 2010). These issues were highlighted by Statistics New Zealand in the paper presented to the UN Forum Meeting on Indigenous Peoples and Indicators of Wellbeing (Wereta & Bishop, 2004, p. 4) noting that:

"Most Māori statistics were and still are being collected as a by-product of the information that is collected for the mainstream population, and very rarely, were or are any of these statistics collected specifically to meet the needs of Māori."

Three further challenges with existing data sources also need to be recognised:

- › As stated in Chapter 3, data collected through the GSS pertain only to the single respondent and not the experience of the whānau as a collective. Given the lack of whānau-level measures, these individual measures will need to serve as proxies for whānau-level measures.

⁵ Over the three survey waves, the total sample size for all respondents was 8,721, 8,550 and 8,462. The number of respondents with Māori ethnicity was 975, 947 and 1,114.

⁶ Kiro, C., von Randow, M., & Sporre, A. (2010). *Trends in Wellbeing for Māori Families Report, 1981–2006, Ngā Pae o te Māramatanga*. This research was undertaken as part of the Family Whānau and Wellbeing Project (FWWP) supported by the Foundation for Research, Science and Technology (FRST). The goal of this programme was to develop ways to examine and monitor the social and economic determinants of family and whānau wellbeing and how these changed over the 1981–2006 period.

⁷ Which is the same definition used in Te Hoe Nuku Roa (the longitudinal study of Māori households running since 1994).

- › Time series of available data varies across sources. The Census data span the period 1981–2006 (for some but not all indicators), while only three waves of the GSS have been undertaken (2008–12). Ministry of Education administrative data also span different periods, with some datasets starting from the early 1990s.
- › Data presented in this report will exclude Māori children living with a non-Māori parent or caregiver; for example, a child whose father is Māori but who resides with a non-Māori mother. Secondly, the data will also not include whānau who are residing together in the same household if there is not a Māori parent present (for example, siblings in a flatting situation).

In addressing some of these challenges, the 2015 report will draw on Te Kupenga, the Māori Social Survey of 5,500 Māori respondents. For the first time, a survey has asked Māori questions about their whānau as opposed to individuals or even households. This will mean we will be able to provide analysis on whānau-level measures⁸, as opposed to the use of individual data as proxies for whānau. At the time of writing this report, Statistics New Zealand released headline findings from Te Kupenga⁹, which show that 98 percent of Māori said that their whānau included people who did not live with them and for 12 percent their whānau included friends and others (and not just family members).

Te Kupenga:

- › measures engagement in Te Ao Māori (the Māori world) for the Māori population and groups within it (including traditional and modern ways of engaging)
- › measures general wellbeing outcomes for (groups within) the Māori population
- › measures overall subjective wellbeing and whānau wellbeing for the Māori population and groups within it
- › allows analysis of how engagement in Te Ao Māori relates to general wellbeing outcomes
- › allows analysis of the interrelationships between engagement in Te Ao Māori and general wellbeing outcomes, and subjective wellbeing and whānau wellbeing.

Selection of preliminary indicators

Statistics New Zealand states that a “sound statistical framework gives transparency to a statistical system by bringing to light the values that have gone into shaping it” (Wereta & Bishop, 2004, p. 5). The Commission notes that the development of the Whānau Wellbeing Framework from a Māori World View, encounters many challenges that arise from the values shaping the collection and development of data sources.

For example, conventional criteria for selection of indicators include ‘consistent over time’ and ‘timely’, both of which pose challenges to the measurement of whānau wellbeing. This is because the lack of high-quality information on whānau wellbeing is an issue that has been identified in previous attempts to measure whānau wellbeing.

Further, as Te Kupenga has its first release in 2014, it clearly cannot meet conventional criteria. Consequently, the Commission has adopted the position that, in the short term, we will include data sources that can provide insight into matters of interest to whānau wellbeing.

Going forward, the Commission will work with Statistics New Zealand and Te Puni Kōkiri in responding to these challenges, and in agreeing selection criteria for whānau wellbeing indicators.

⁸ Although this is based on the perception of one individual in the household.

⁹ Statistics New Zealand website, downloaded 6 May 2014.

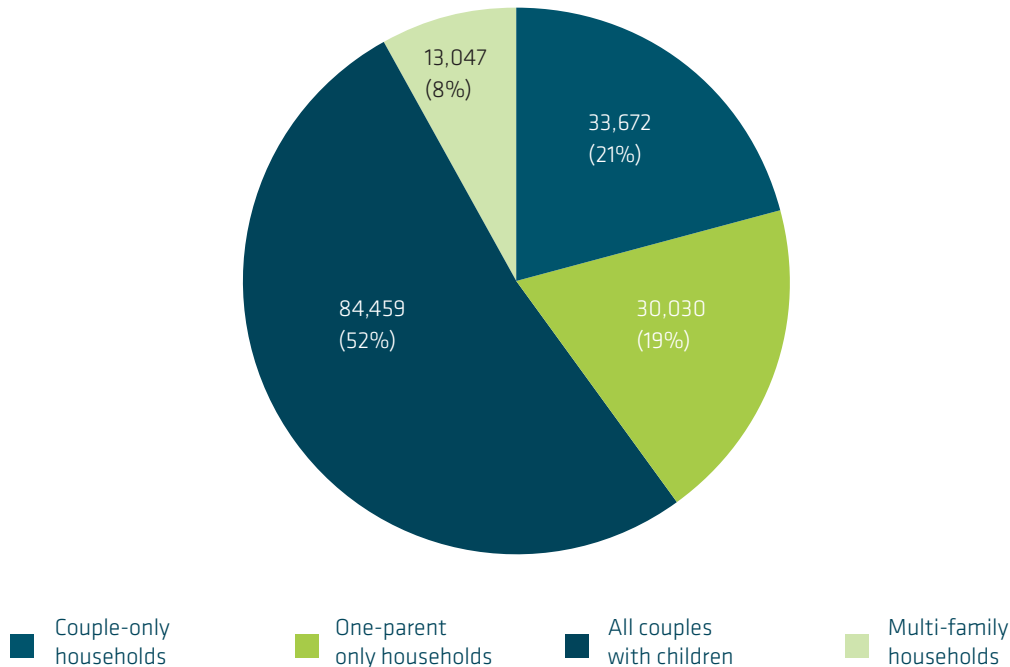
4.3 Trends analysis

Preliminary analysis of aspects of wellbeing are examined within this section, looking at similarities and differences among family types, and over time. However, first it is important to look at the composition of Māori households and how this has changed.

4.3.1 Composition of families' households

In the 2006 Census, there were 161,208 Māori households.¹⁰ As shown in Figure 4.2, the largest family type was all *couples with children households* comprising 52 percent of all families; followed by *couple only households* (21 percent); *one-parent only households* (19 percent) and *multi-family households* (8 percent).

Figure 4.2 Number of Māori households by family types, 2006



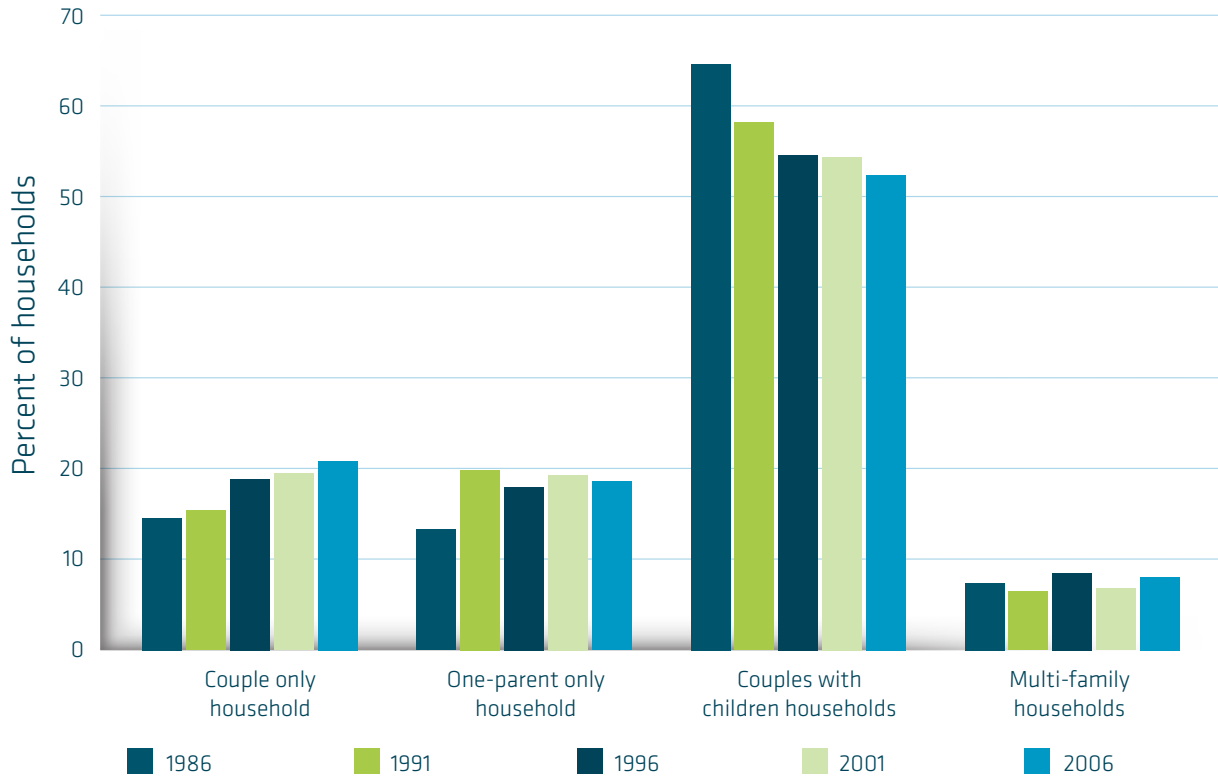
Source: Statistics New Zealand Census of Population and Dwellings

All *couples with children households* consist of couples with children, couples with children plus others and couples-only plus others. The latter family type (couples-only plus others) makes up only a small proportion of this category (6.4 percent in 2006). Therefore, for the purpose of this report, the category *all couples with children households* is referred to as *couples with children*.

Figure 4.3 shows that since the mid-1980s the percent of *couples with children households* has declined (from 65 percent to 52 percent) but that this still remains the most common whānau type. Conversely, the proportion of *couple only households* has increased from 15 percent to 21 percent and *one-parent families* from 13 percent to 19 percent. The percent of *multi-family households* has remained stable over the period. As explained in Appendix 1, while a range of factors explain these trends, population ageing and the narrowing gap in male and female life expectancy are important contributing factors.

¹⁰ As stated above, a Māori household is defined as a household where at least one of the adults identified as Māori.

Figure 4.3 Percent of whānau households by whānau type, 1986–2006



Source: Statistics New Zealand Census of Population and Dwellings

4.3.2 Sustainability of Te Ao Māori

Summary of key trends

- › Between 1996 and 2006 there was a slight decline across all family types in the proportion of Māori households where at least one person speaks Māori (37.1 percent to 34.7 percent).
- › Multi-family households, followed by one-parent families, were most likely to contain at least one Māori speaker (52.4 percent and 38.6 percent, respectively).
- › In multi-family households, family members of all ages are more likely to be Māori speakers.

Desired outcome

Whānau have a strong sense of cultural identity and experience freedom of cultural expression.

Within the context of whānau rangatiratanga, the sustainability of Te Ao Māori encompasses the potential of whānau to protect, nurture and pass on to future generations the values, knowledge and practices that capture the essence of what it is to be Māori. This includes whānau knowledge of their whakapapa, mātauranga Māori, tikanga Māori and Te Reo Māori.

However, at the time of writing this report, available data was limited to Māori language speakers by household; which has been asked in the Census since 1996. While Ministry of Education administrative data do show trends in participation in Māori education, in particular tamariki enrolled in Māori medium education, this information is only available at the individual level and not by family type.

Data from Te Kupenga will allow more in-depth exploration of concepts relating to the sustainability of Te Ao Māori, including the extent of whānau exposure to Te Reo, the extent to which whānau are enrolled with iwi, participation in iwi political processes, and religious beliefs and participation.

Table 4.5 Preliminary indicators of the sustainability of Te Ao Māori.

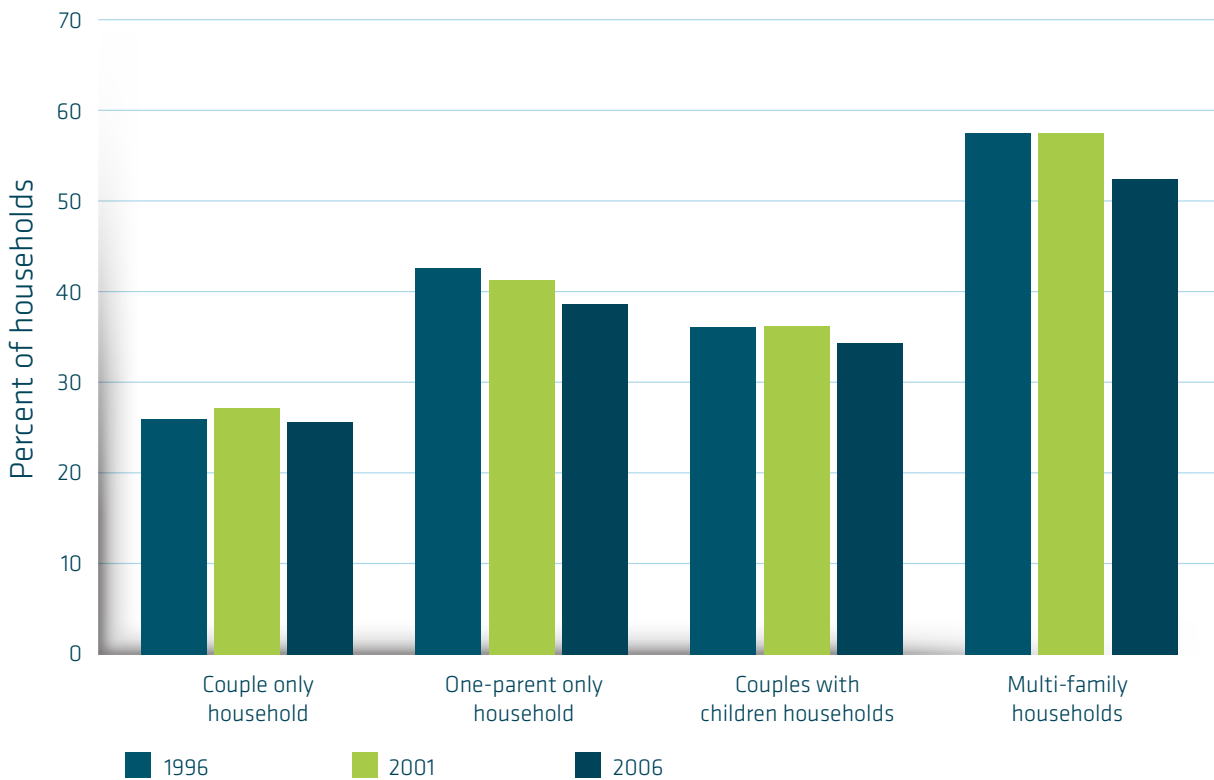
Domain/Whānau rangatiratanga principle	Measure	Indicator	Source
Māori language capacity of whānau (Whakapapa)	Māori language speakers within households	Households where at least one person speaks Māori	Census

Māori language capacity of whānau

Decisions by whānau to enrol their tamariki in Māori medium education contribute directly to the sustainability of Te Ao Māori. After peaking in the early- to mid-1990s, the number of tamariki enrolled in Te Kōhanga Reo declined from around 14,000 to around 8,500 in 2001, and has remained at around this level since then. Since their inception in the early 1990s, the number of enrolments in Kura Kaupapa Māori and Kura Teina has steadily increased to around 6,564 in 2013. This represents an increase from 3.7 percent of all Māori students aged 5–12 years in 1997 to 5.8 percent in 2013.

It has become increasingly recognised that Māori whānau also have a key role in revitalising the Māori language in homes and communities (Te Puni Kōkiri, 2008). However, between 1996 and 2006, the proportion of Māori households with at least one Māori speaker declined slightly from 37.1 percent to 34.7 percent. As shown in Figure 4.4, between 2001 and 2006, this decline was experienced by all family types.

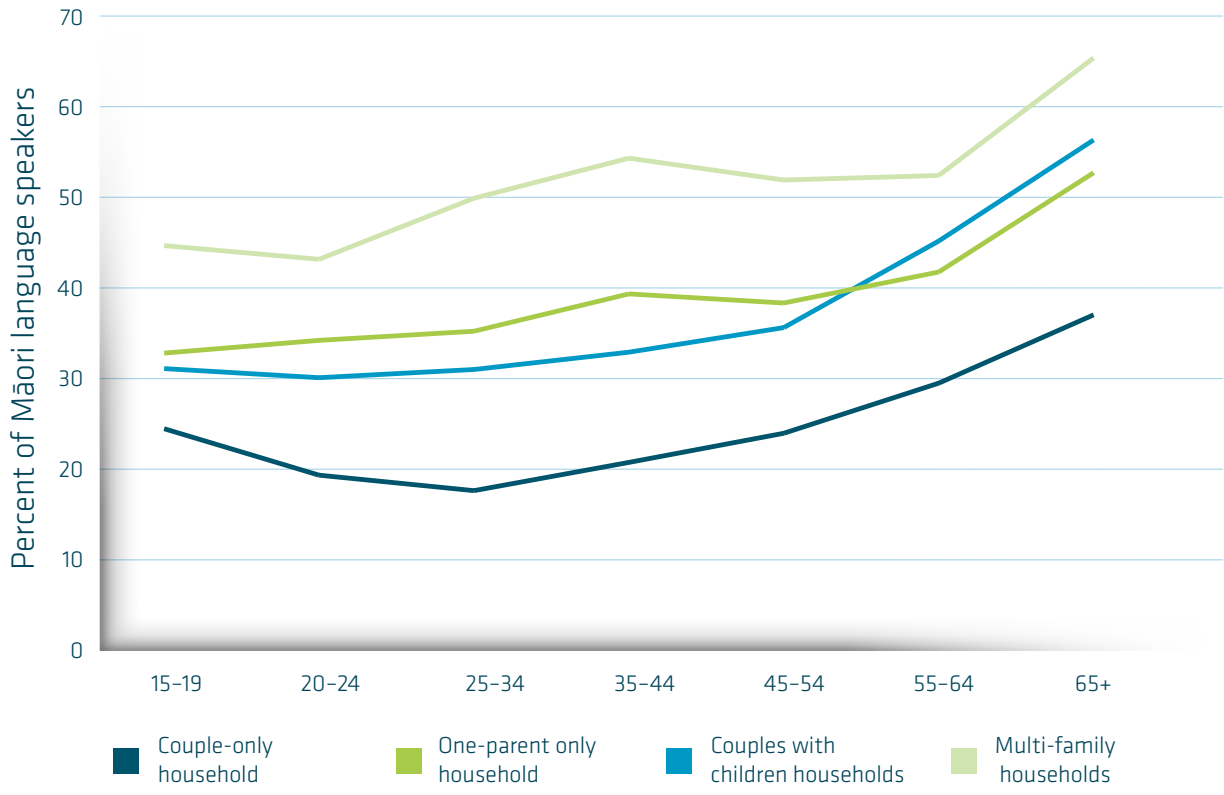
Figure 4.4 Māori households where at least one person speaks Māori, 1996–2006



Source: Statistics New Zealand Census of Population and Dwellings

Multi-family households were most likely to have at least one Māori speaker, followed by one-parent families. Since 1996, more than half of multi-family households have had a Māori speaker compared to around one-quarter of couple-only families.

Figure 4.5 Māori language speakers by family type and age, 2006



Source: Statistics New Zealand Census of Population and Dwellings

Figure 4.5 shows that in the multi-family households family members of all ages were more likely to speak Māori than other whānau types. Interestingly, in one-parent families, family members up to age 54 years are more likely to speak Māori than in couples with children families. Couple-only families, regardless of age, were the least likely to contain a Māori language speaker.

4.3.3 Social capability of Whānau

Key trends

- › The vast majority (at least 88 percent) of Māori families were in contact with family and friends.
- › In 2008, couple-only families were more likely not to feel isolated than couples with children and one-parent families.
- › In 2012, over 60 percent of all family types had at least one family member who had undertaken unpaid work for someone living in another household.
- › In 2012, between 23.4 percent and 34.7 percent of Māori families had at least one member who undertook voluntary work for a group or organisation in the previous four weeks.
- › In 2006, one-parent families were less likely than other family types to have internet access (29.5 percent).

Desired outcome

Whānau have strong connections and ties within Te Ao Māori and Te Ao Hurihuri (the global world).

The dimension of social capability of whānau recognises the importance of whānau having positive social relations and networks, and feeling a sense of connection both to Te Ao Māori and the wider community. The focus of this section is on conventional measures of social cohesion (collected primarily through the GSS) including: the adequacy of contact with family and friends; the extent to which whānau feel isolated; engagement in voluntary and unpaid work; and the degree of access to telecommunications.

Te Kupenga will allow more in-depth exploration of concepts relating to social capability. This will include connectedness within the context of hapū and iwi as measured by such indicators as enrolment with iwi and the ability to access Māori cultural support. Insight will also be gained into the level of engagement with mainstream political processes (such as participation in national and local body elections, participation in the governance of mainstream organisations and trust in government institutions).

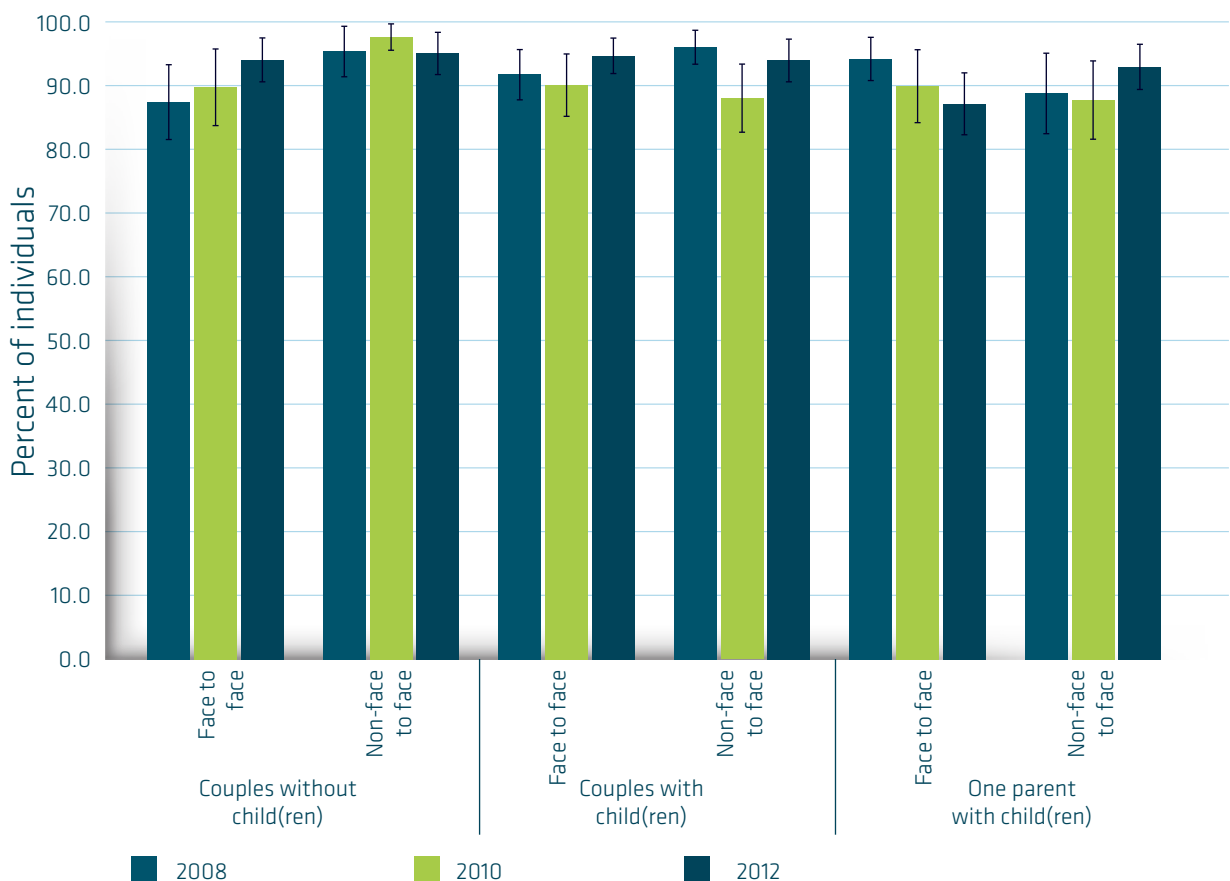
Table 4.6 Preliminary indicators of social capability of whānau.

Domain/Whānau	Measure	Indicator	Source
Rangatiratanga principle			
Connectedness to whānau and friends (Kotahitanga)	Contact with family	Percent who had contact with family in the last four weeks.	GSS
	Contact with friends	Percent who had contact with friends in the last four weeks.	GSS
	Sense of isolation	Percent who felt isolated in the last four weeks.	GSS
Contribution to community (Manaakitanga)	Unpaid work	Percent who had undertaken unpaid work for someone living in another household in the last four weeks.	GSS
	Voluntary work	Percent who had undertaken voluntary work for a group or organisation in the last four weeks.	GSS
Access to telecommunications (Kotahitanga)	Access to telephone and internet	Percent with telephone and internet access in the home, 2001 and 2006.	Census

Connectedness to whānau and friends

Results from the GSS indicate that all family types were well connected to family and friends. Figure 4.6 shows that, over the four-year survey period, between 80–90 percent of Māori families had contact with family and friends (both face-to-face and non-face-to-face contact).

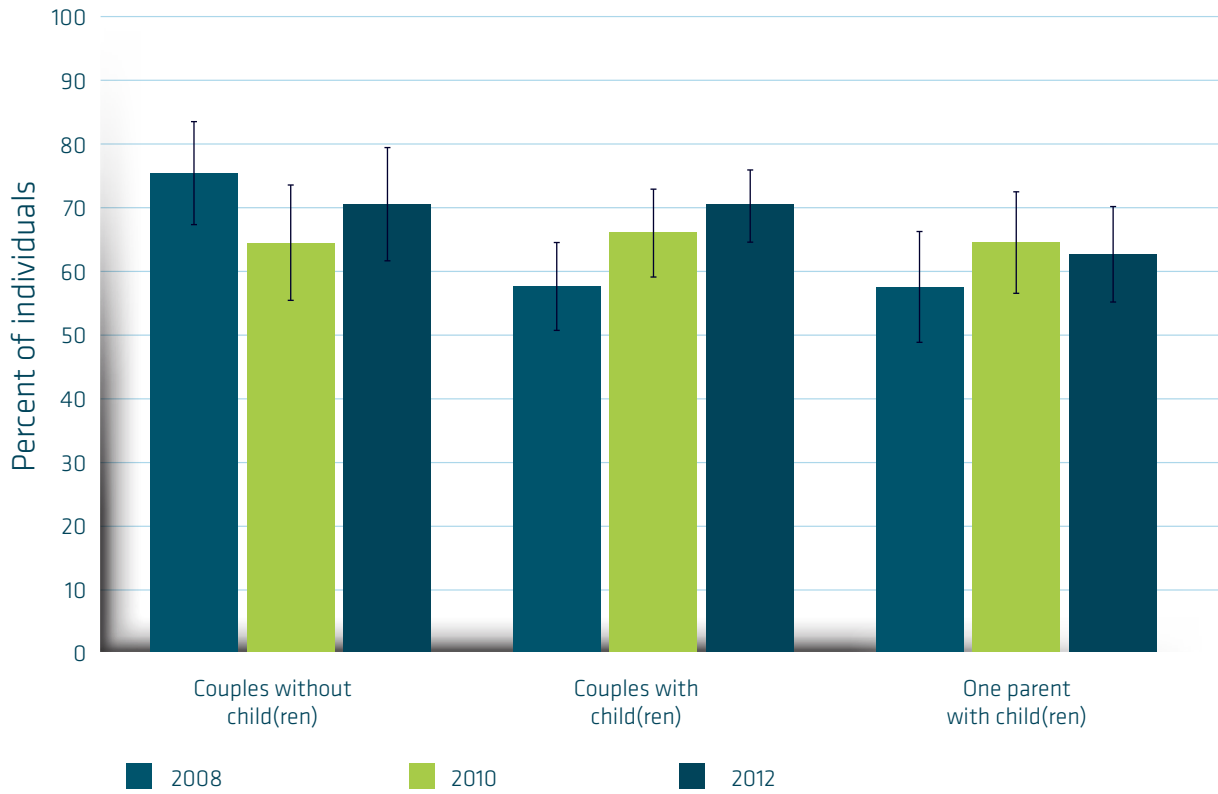
Figure 4.6 Contact with friends or family living in another household, 2008–12



Source: General Social Survey 2008, 2010 and 2012

In 2012, around two-thirds (68.4 percent) of individuals, in each family type, reported not feeling isolated from others (in the four weeks prior to the survey). Figure 4.7 shows that in 2008 couple-only families were more likely not to feel isolated than couples with children and one-parent families, although this difference was not repeated in either 2010 or 2012.

Figure 4.7 Māori households with at least one member who did not feel isolated, 2008-12



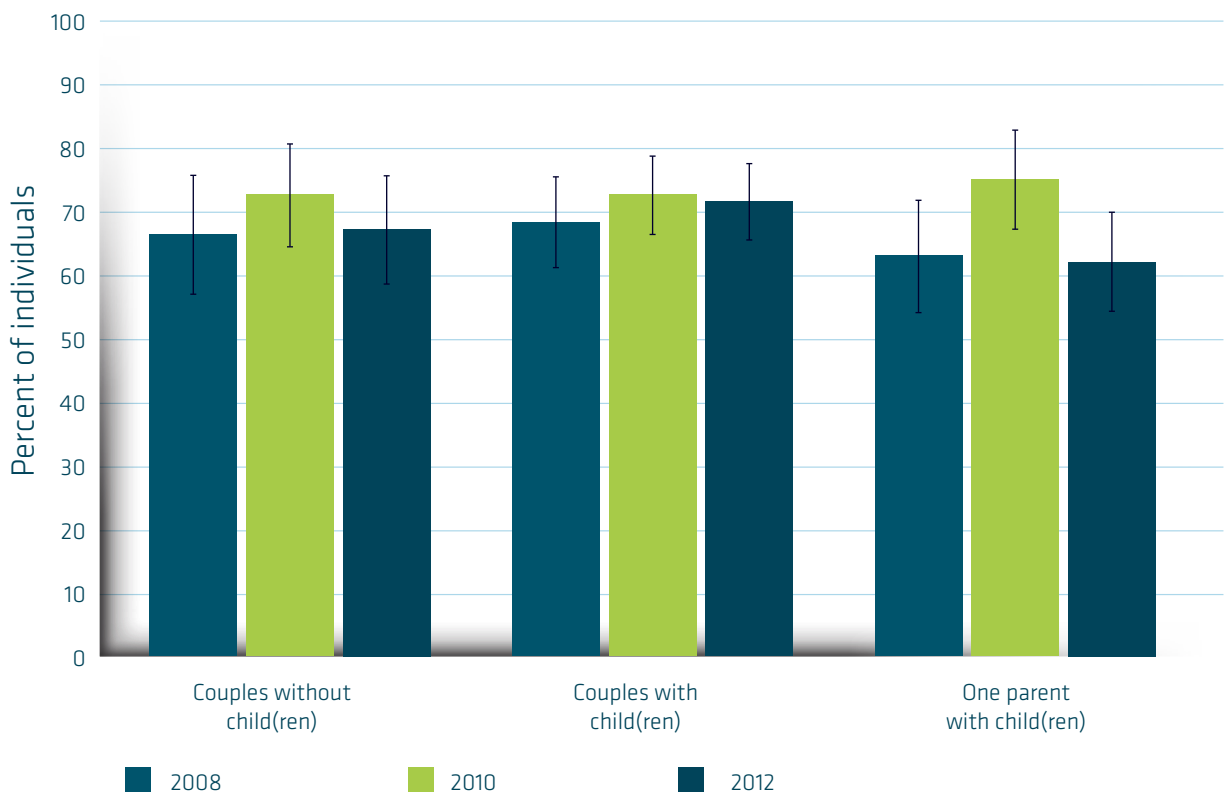
Source: General Social Survey 2008, 2010 and 2012

As can be seen, both of these questions about social connectedness fail to show any clear trend or pattern between family type and thus their use as potential indicators might have limited value to our understanding of whānau wellbeing.

Contribution to community

In terms of contribution to the wider community, the GSS asks about individuals doing unpaid work for someone living in another household and voluntary work for a group or organisation. As shown in Figure 4.8, in 2012 over 60 percent of respondents in all family types had undertaken unpaid work for someone living in another household in the previous four weeks.

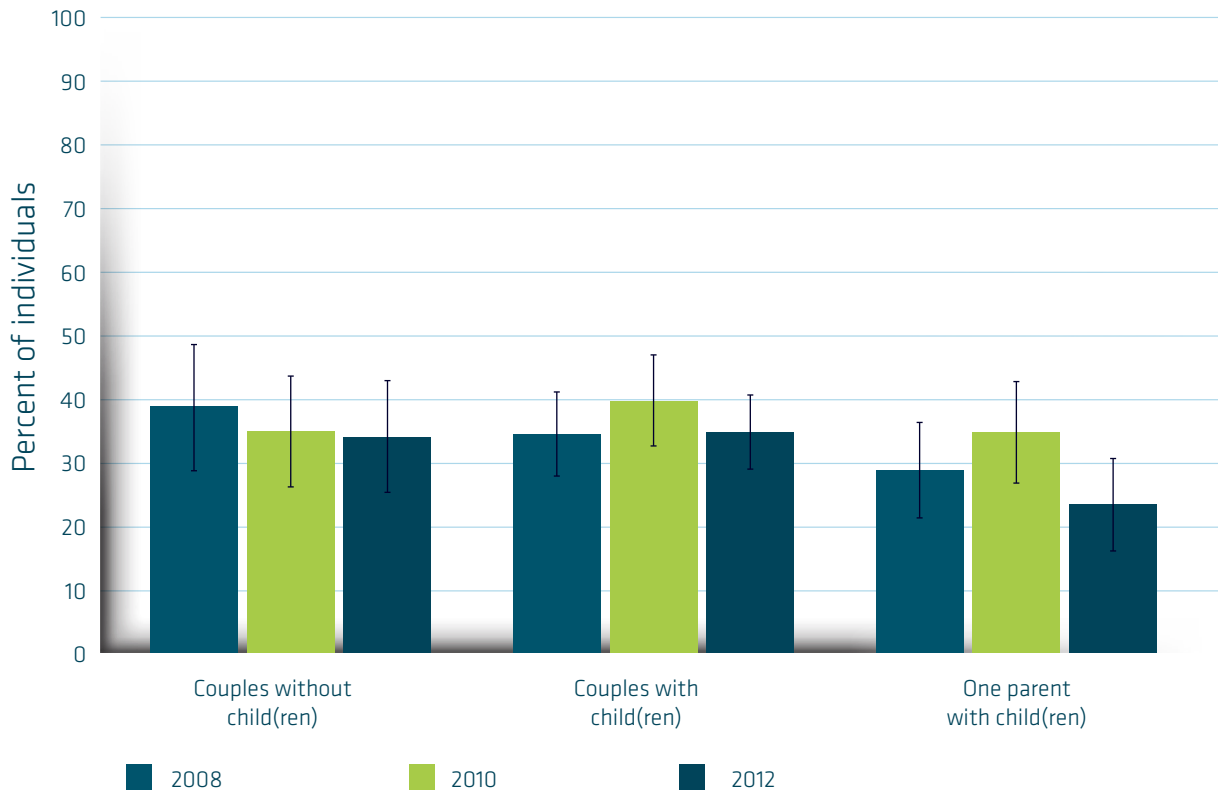
Figure 4.8 Doing unpaid work for someone living in another household, 2008-12



Source: General Social Survey 2008, 2010 and 2012

The proportion of individuals doing unpaid work for someone living in another household was higher than those doing voluntary work for a group or organisation, across all family types (see Figure 4.9). As might be expected, one-parent families are shown to be slightly less likely than couple-only or couples with children families to have a member engaged in voluntary work for a group or organisation, and this was consistent across the three survey waves.

Figure 4.9 Doing voluntary work for a group or organisation, 2008-12

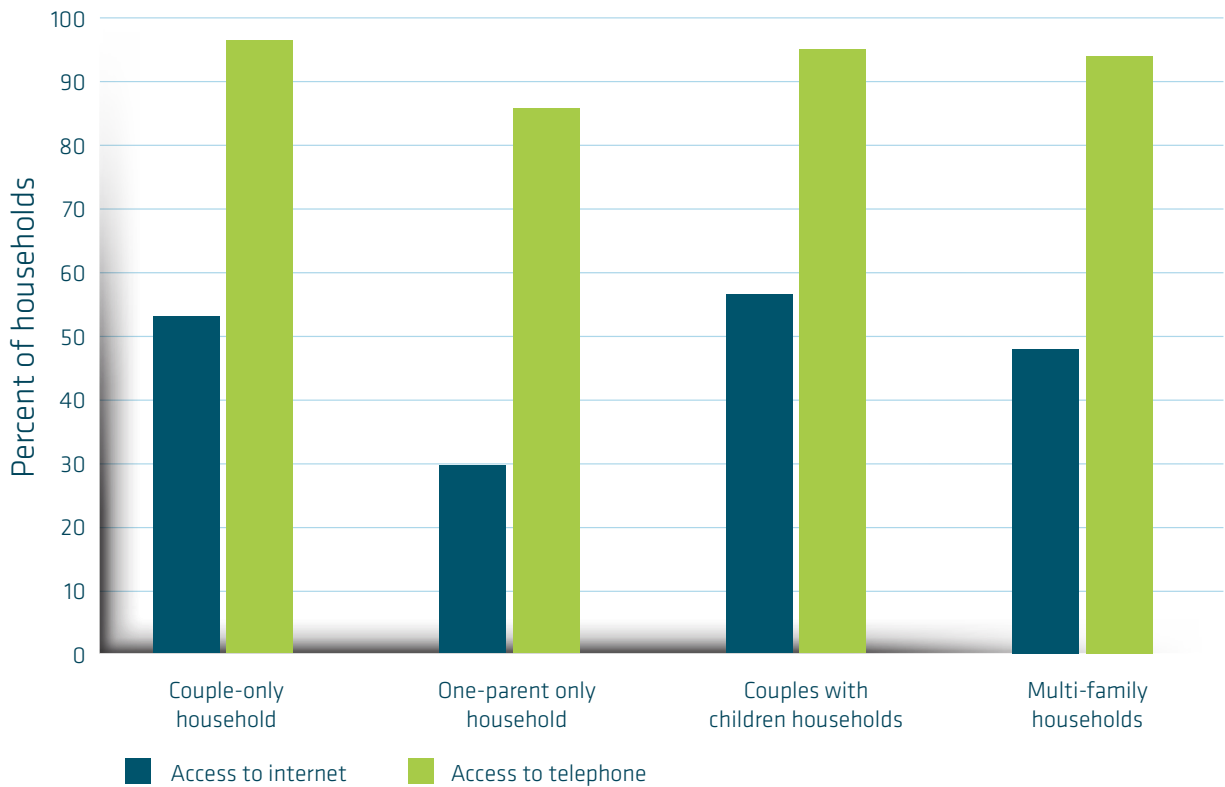


Source: General Social Survey 2008, 2010 and 2012

Access to telecommunications

Since 1996, the majority of Māori families have had access to a telephone in the home, increasing from 85.1 percent in 1996 to 93.6 percent in 2006. Between 2001 and 2006, the percentage of Māori families with access to internet in the home has grown from just over one-quarter (27.4 percent) to half of all family types (50.1 percent). As shown in Figure 4.10, telecommunications were least accessible to one-parent families in 2006, where 29.5 percent had access to internet in 2006, compared to over half of couple-only and couples with children families.

Figure 4.10 Access to telecommunications, 2006



Source: Statistics New Zealand Census of Population and Dwellings (2006)

4.3.4 Human resource potential of whānau

Key trends

- › Between 1986 and 2006, the proportion of Māori families where no adult had any qualification fell from 40.1 percent to 20.8 percent .
- › Over the same period, the percent of Māori families where an adult had a Bachelor degree or above increased from 1.7 percent to 13.9 percent.
- › One-parent families recorded a tenfold increase in the proportion with at least one member had a tertiary qualification, from 0.7 percent to 7.1 percent.
- › In 2012, between 50 and 60 percent of Māori families self-assessed their health positively.
- › All family types recorded a significant reduction in the proportion with a Māori adult who regularly smoked cigarettes.
- › Multi-family households were at least twice as likely as the other family types to experience household crowding.
- › One-parent families are shown to be more likely than other family types to have had a major housing problem in 2008, but not in 2010 and 2012.

Desired outcome

That whānau actively nurture and support their members to live long and healthy lives, and foster the development of knowledge, skills and competencies amongst their members so that they are well placed to live the kind of life they choose to live as individuals and as collectives.

The dimension of human resource potential encompasses capabilities such as skills, knowledge and education achievement within whānau, as well as levels of whānau health and wellbeing.

Ministry of Education administrative data show that:

- › between 2000 and 2013, the proportion of tamariki starting school who had participated in early childhood education increased steadily from 83.1 percent to 90.9 percent
- › in 2012, two-thirds of rangatahi (66.1 percent) had stayed on at school to age 17 years, up from 62.7 percent in 2009
- › between 2003 and 2012, the proportion of Māori school leavers with NCEA Level 2 or above has nearly doubled (from 28.8 percent to 54.6 percent).

The above statistics highlight important and positive trends in educational participation and achievement.

Ideally, we would examine education participation and achievement of tamariki, rangatahi (youth) and Māori adults by family type. Unfortunately, such data are only available for Māori adults (for example, the Census, GSS). The Commission will work with the Ministry of Education to investigate the practicality of accessing this type of information for tamariki and rangatahi. With this in mind, analysis of skills, knowledge and educational achievement in this section focuses on the educational achievement of Māori adults.

Table 4.7 Preliminary indicators for the human resource potential dimension.

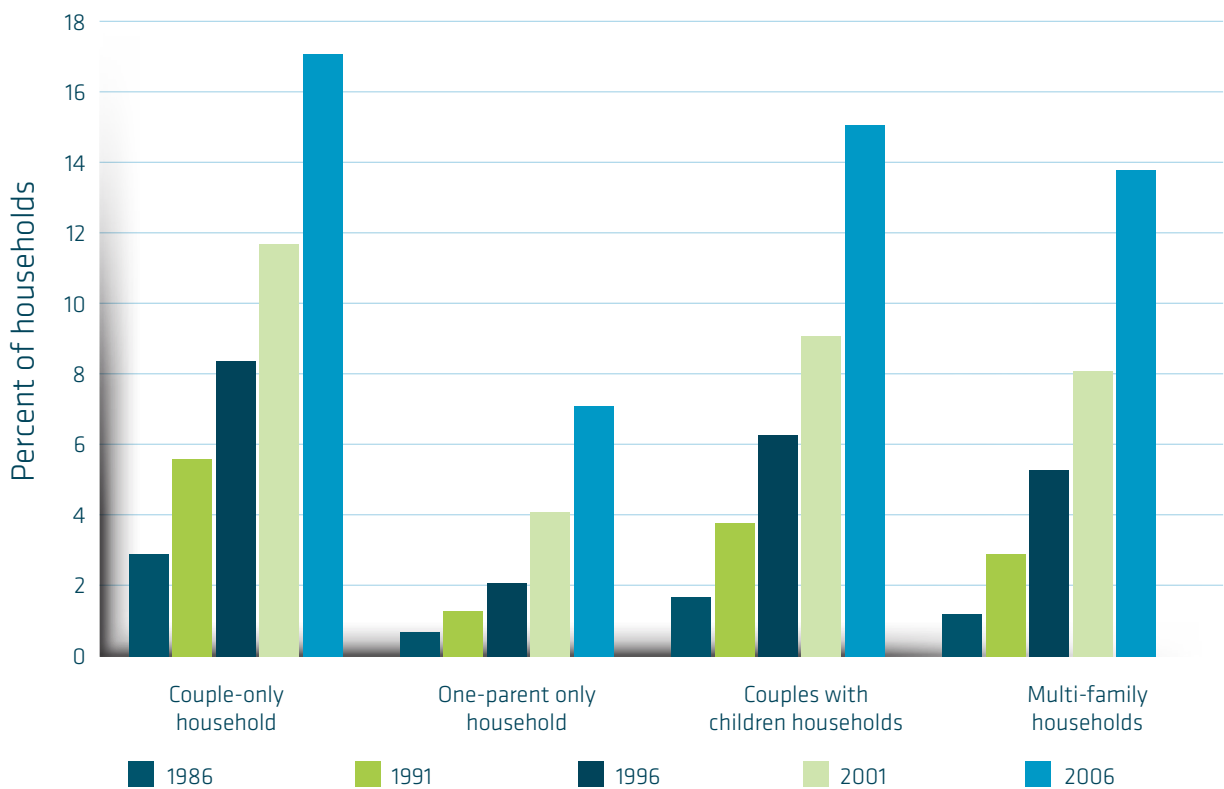
Domain/Whānau Rangatiratanga principle	Measure	Indicator	Source
Educational attainment of adults (Rangatiratanga)	Adult educational attainment	Households with at least one person with a Bachelor degree or above.	Census
Whānau health and wellbeing (Manaakitanga/ Wairuatanga)	Self-assessed overall life satisfaction	Subjective assessment of an individual's overall life satisfaction.	GSS
	Self-assessed health	Subjective assessment of an individual's physical, mental and emotional health.	GSS
	Prevalence of households with no adult smoker	The proportion of all households with no adult regularly smoking cigarettes.	Census
	Household crowding	The proportion of whānau living in dwellings that require at least one additional bedroom to meet the sleeping needs of the household.	Census
	Household quality	The proportion of families who do not have a major problem with the house.	GSS

Educational attainment of adults

Between 1986 and 2006, Māori educational achievement improved substantially, with the proportion of Māori families where no adult member had any qualification falling from 40.1 percent to 20.8 percent. Likewise, the proportion of Māori families where at least one adult member had a tertiary-level qualification increased from 1.7 percent to 13.9 percent, with the most significant gains occurring between 2001 and 2006.

Figure 4.11 shows that the increase in the proportion of Māori families where at least one adult member had a tertiary qualification occurred for all family types. One-parent families recorded a tenfold increase in the proportion with at least one adult member had a tertiary qualification, from 0.7 percent to 7.1 percent, a higher rate of increase than that for other family types. However, by 2006, one-parent families were only half as likely as the other family types to have an adult member with a tertiary qualification.

Figure 4.11 Households with at least one person with a Bachelor degree or above, 1986–2006



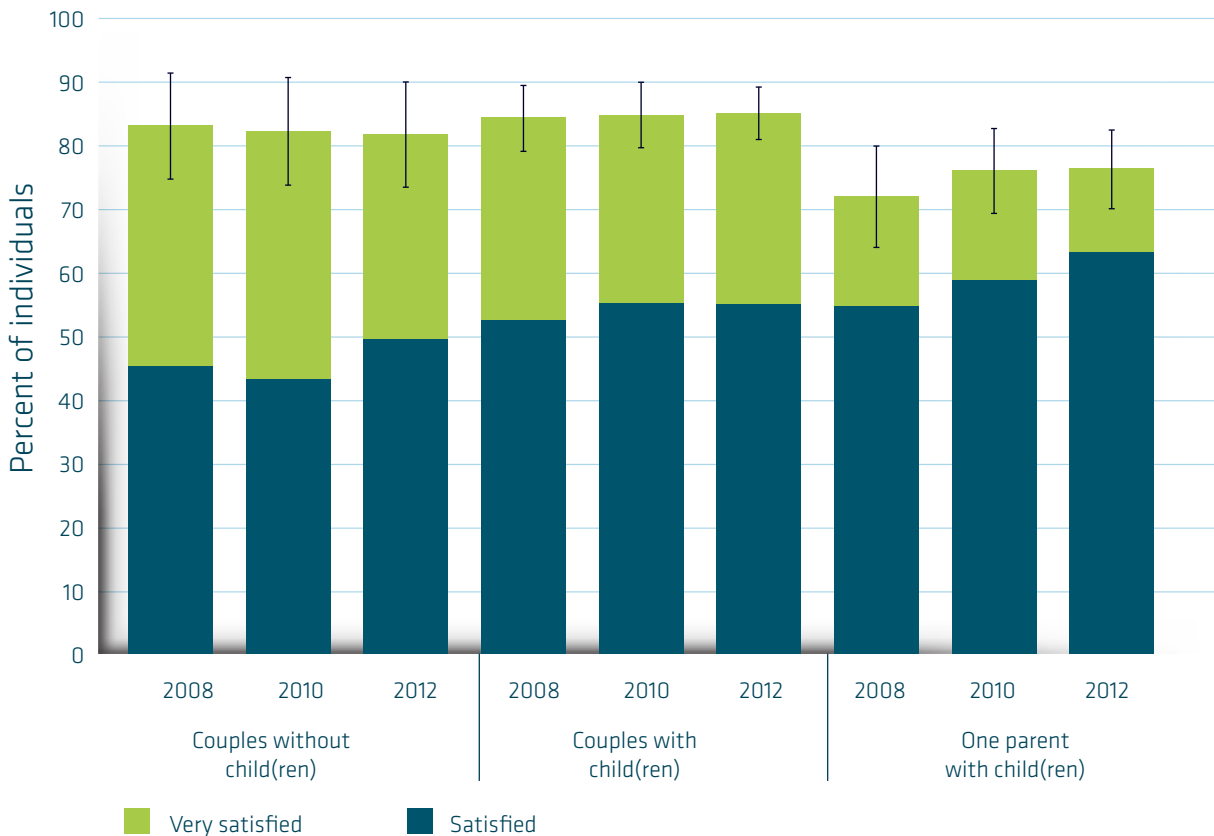
Source: Statistics New Zealand Census of Population and Dwellings

Whānau health and wellbeing

Analysis of health and wellbeing draws on the self-assessment of life and health satisfaction, together with the proportion of non-smoking whānau and the extent of household crowding. The Commission will seek to complement our understanding of health and wellbeing by looking at information about the deliberate actions that whānau can take to promote good health status, such as the level of physical activity, knowledge of nutrition and the uptake of immunisations/ screening programmes.

In terms of overall life satisfaction, Figure 4.12 shows that generally more than three-quarters of individuals in each of the three family types were satisfied or very satisfied with their overall life. The proportions also remained stable across the three survey waves.

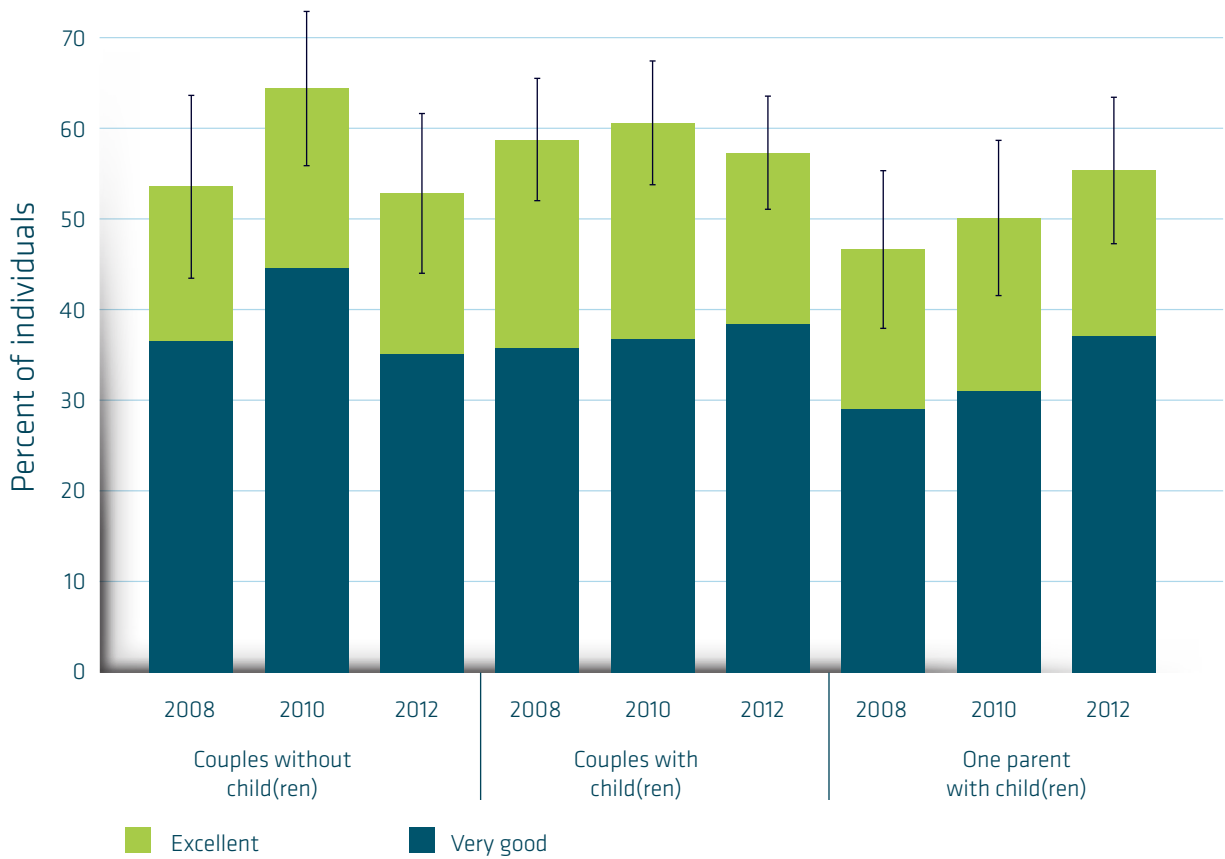
Figure 4.12 Satisfied/very satisfied with life as a whole, 2008-12



Source: General Social Survey 2008, 2010 and 2012

The GSS also asks respondents to rate their overall health. However, as can be seen from Figure 4.13, there is no clear pattern of response and differences between the three family types are not statistically significant. Nonetheless, generally between half and two-thirds of individuals across the three family types perceived their overall health to be very good or excellent.

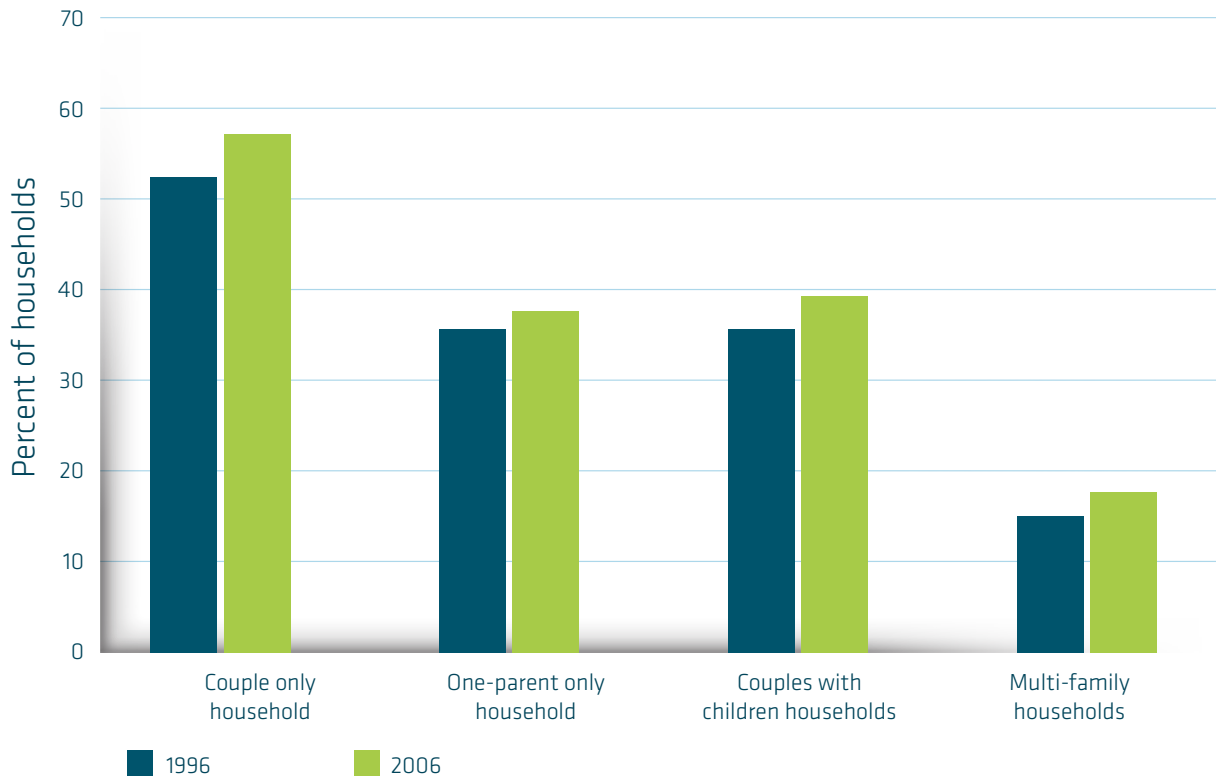
Figure 4.13 Very good /excellent general health, 2008-12



Source: General Social Survey

Tobacco smoking is a leading cause of preventable death for Māori in New Zealand (Blakely et al, 2006), with approximately 800 Māori dying every year of smoking-related diseases (Peto et al, 2006). In 2009, the smoking rate was 44 percent for both males and females (Ministry of Health, 2011).

Figure 4.14 Households with no adult who regularly smokes cigarettes, 1996–2006



Source: Statistics New Zealand Census of Population and Dwellings

As shown in Figure 4.14, all family types recorded a significant increase in the proportion with no Māori adult who regularly smoked cigarettes. In 2006, 57.2 percent of couple-only families were smoke-free, compared to only 17.7 percent for multi-family households. The corresponding figures for one-parent and couples with children families were 37.6 percent and 39.3 percent, respectively.

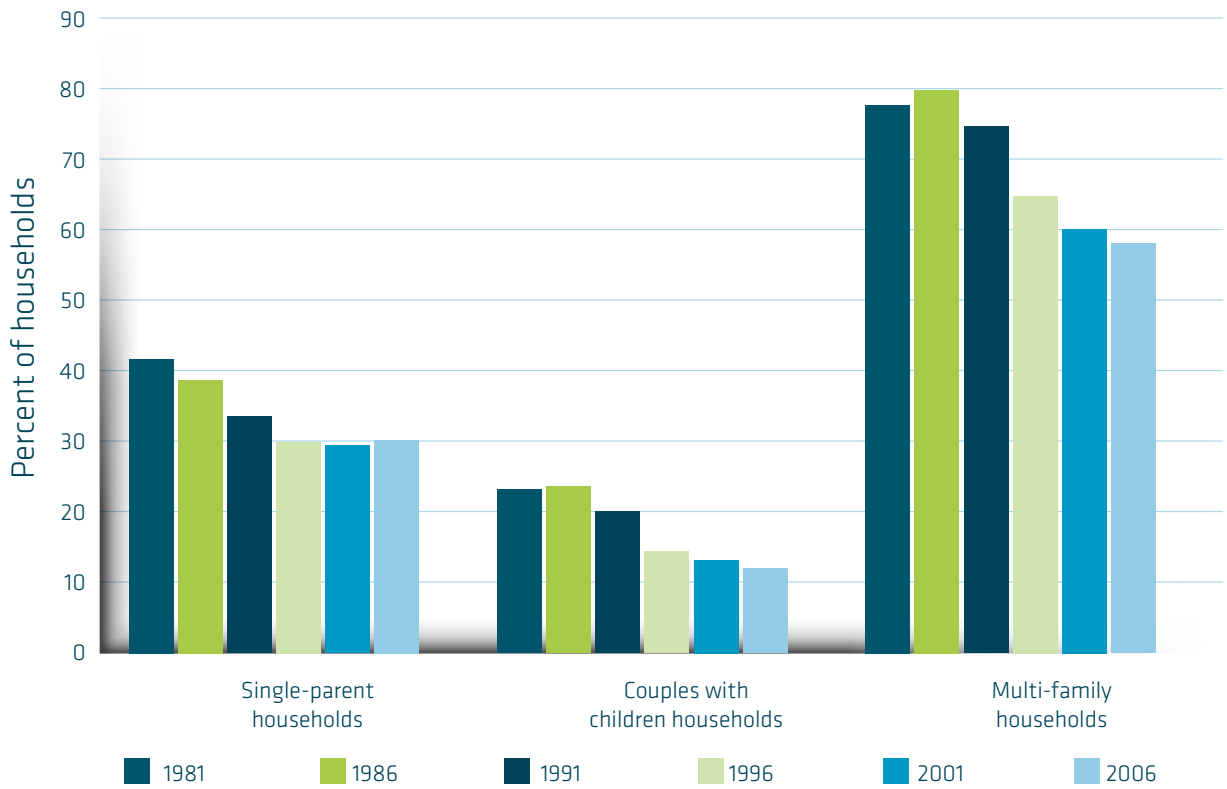
Household crowding

A number of studies have shown the link between housing quality and health outcomes.¹¹ Household crowding is an important risk factor for infectious diseases, including meningococcal disease, rheumatic fever and tuberculosis, which are disproportionately prevalent among Māori whānau (Baker et al, 2013). For New Zealand as a whole, including Māori, the proportion of people in crowded households has reduced since 1986 (Ministry of Social Development, 2010).

Figure 4.15 shows that, historically, multi-family households have been almost twice as likely as the other family types to experience household crowding. For all family types, the sharpest declines in household crowding occurred between 1986–1996. Since then, declines for multi-family households and couples with children families have been more gradual, while there has been no change for one-parent families.

¹¹ See for example, Maani, Vaithianathan and Wolfe, 2006.

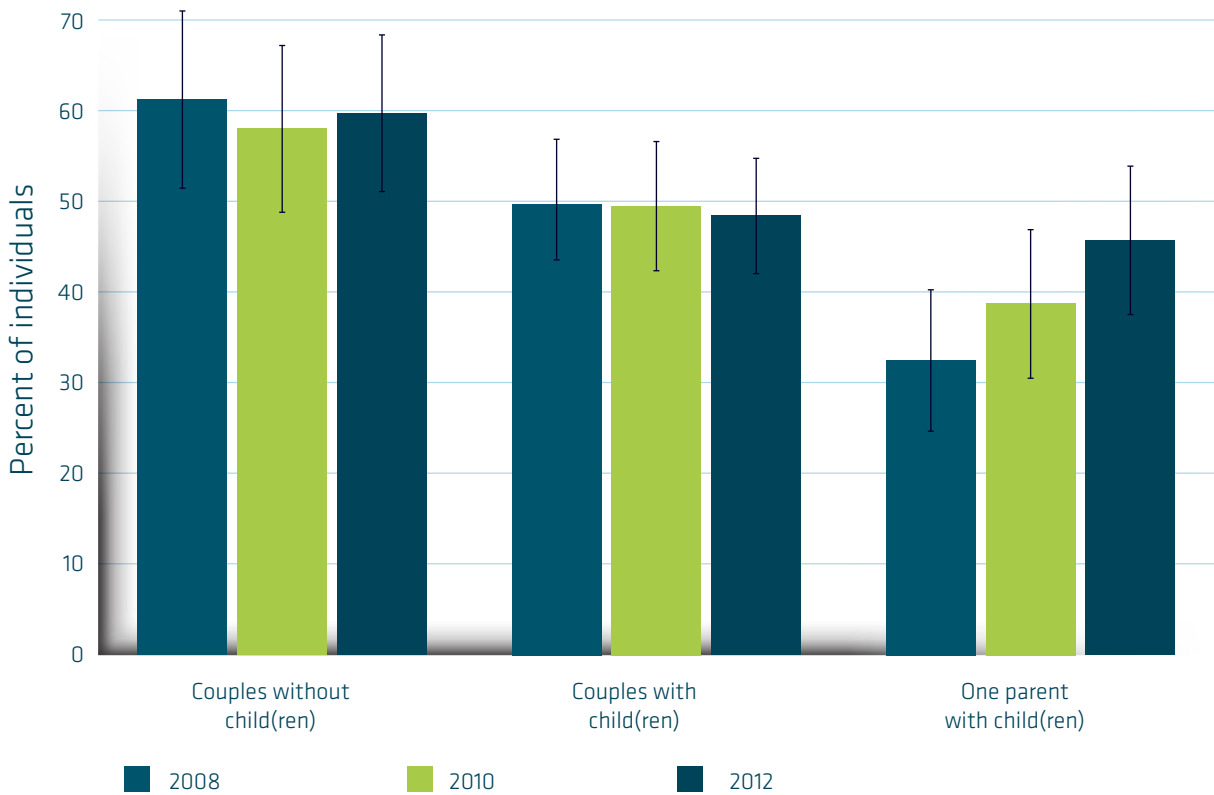
Figure 4.15 Dwellings that required at least one additional bedroom, 1981–2006



Source: Statistics New Zealand Census of Population and Dwellings; after Kiro et al, 2010

The GSS asks respondents whether or not they have any problems with their house or flat. Those reporting no major problem with their house or flat are shown in Figure 4.16, by family type. One-parent families are shown to be more likely than other family types to have had a major housing problem in 2008, but not so in either 2010 or 2012. The proportion of one-parent families that had no major problem with their house or flat increased from 32.5 percent to 45.7 percent.

Figure 4.16 No major problem with the house or flat, 2008-12



Source: General Social Survey

4.3.5 Economic self-determination

Key trends

- Between 1991 and 2006, all family types have recorded an increase in households where at least one adult was in paid employment, with the sharpest increases for one-parent and multi-family households.
- Between 1981 and 2006, all family types experienced increases in median equivalised incomes, although most notably for couples with children families and multi-family households.
- In 2012, 20.7 percent of one-parent families assessed their income as either 'enough' or 'more than enough' to meet their everyday needs, compared to 44.5 percent of couples with children families and 59.2 percent of couple only families.
- Between 1991 and 2006, all family types were less likely to own their own home, with one-parent families the least likely to own their own home and to have experienced the sharpest fall in home ownership rates (from 41.2 percent in 1991 to 25.7 percent in 2006).
- Between 1996 and 2006, the proportion of households experiencing low rental affordability has declined for all family types, but still remains above the level recorded in 1991.

Desired outcome

That whānau have the financial capacity to exercise choice, to adequately support their members and to achieve their collective aspirations.

The economic self-determination dimension of the Whānau Wellbeing Framework encompasses participation in income-generating activities (including employment, self-employment and investments) as well as the accumulation of assets such as the ownership of properties (either for personal use or as investments). Whānau who participate in these activities will be more likely to achieve financial independence and in turn exercise self-determination as a whānau.

This section first looks at whānau engagement in paid employment, before discussing the financial capacity of whānau as collectives and then housing tenure. These are key factors that impact on the ability of whānau to provide stable living conditions and an adequate standard of living for their members. As with the rest of the chapter, Census 2013 data were not available at the time of writing this report. Accordingly, the analysis in this section is limited and does not cover the period of the global financial crisis, generally considered to be between 2007 and 2012. The 2015 Status Report will examine in detail the impact of this most recent period of economic downturn on employment and financial circumstance on whānau.

Table 4.8 Preliminary indicators of economic self-determination.

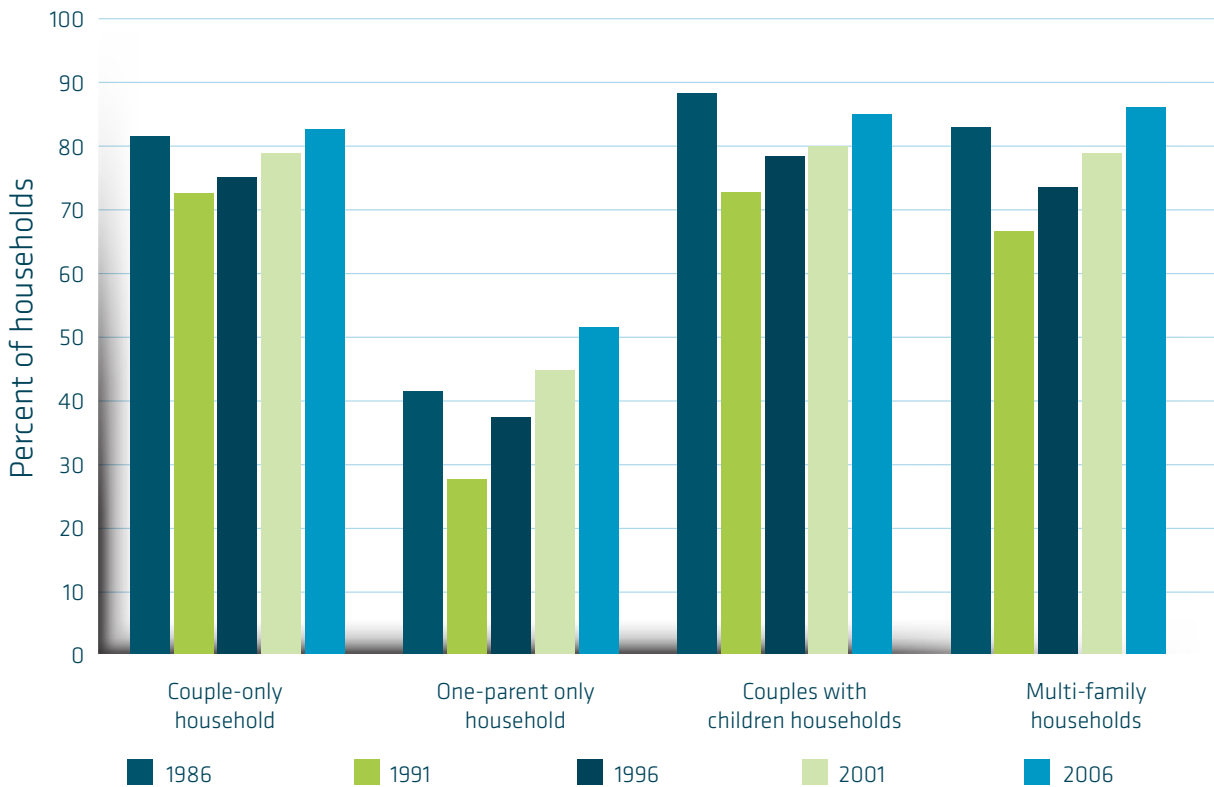
Domain/Whānau Rangatiratanga principle	Measure	Indicator	Source
Engagement in employment (Rangatiratanga)	Adult employment within households	The proportion of all households with at least one adult in formal paid employment.	Census
Financial capacity of whānau (Manaakitanga)	Median equivalised income	Median gross income adjusted for household composition using the Revised Jensen Scale (Jensen, 1988) and expressed in 1999 dollars using the March quarter CPI (base 1999) for the relevant year (Statistics New Zealand, 2005).	Census
	Self-assessed adequacy of income	The proportion of individuals who consider their personal income to be adequate to meet everyday needs for such things as accommodation, food, clothing and other necessities.	GSS
Housing tenure and circumstances (Manaakitanga)	Home ownership	The proportion of whānau living in owner-occupied dwellings.	Census
	Rental affordability	The proportion of whānau in rented dwellings whose weekly rent is greater than 25 percent of their weekly gross equivalised household income.	Census

Engagement in employment

The economic downturn in the mid-1980s to early 1990s impacted severely on the employment status of Māori households, with more than 25,000 Māori losing their jobs (Department of Labour, 2004). In 1992, the total Māori unemployment rate reached 26 percent, and between 1986 and 1991, the proportion of Māori households where at least one adult was in paid work reduced from 80.7 percent to 63.3 percent. It took almost two decades for the proportion of Māori households where at least one adult was in paid work to reach similar levels as in 1986. In 2006, 78.4 percent of Māori households had at least one adult in paid employment.

As shown in Figure 4.17, all family types have recorded improvements between 1991 and 2006 in the proportion of households where at least one adult was in paid work. The largest increase has been in one-parent families, rising from 27.5 percent in 1986 to 51.4 percent in 2006. In 2006, multi-family households had the highest proportion with at least one person in paid employment (86.1 percent).

Figure 4.17 In paid employment, 1986–2006

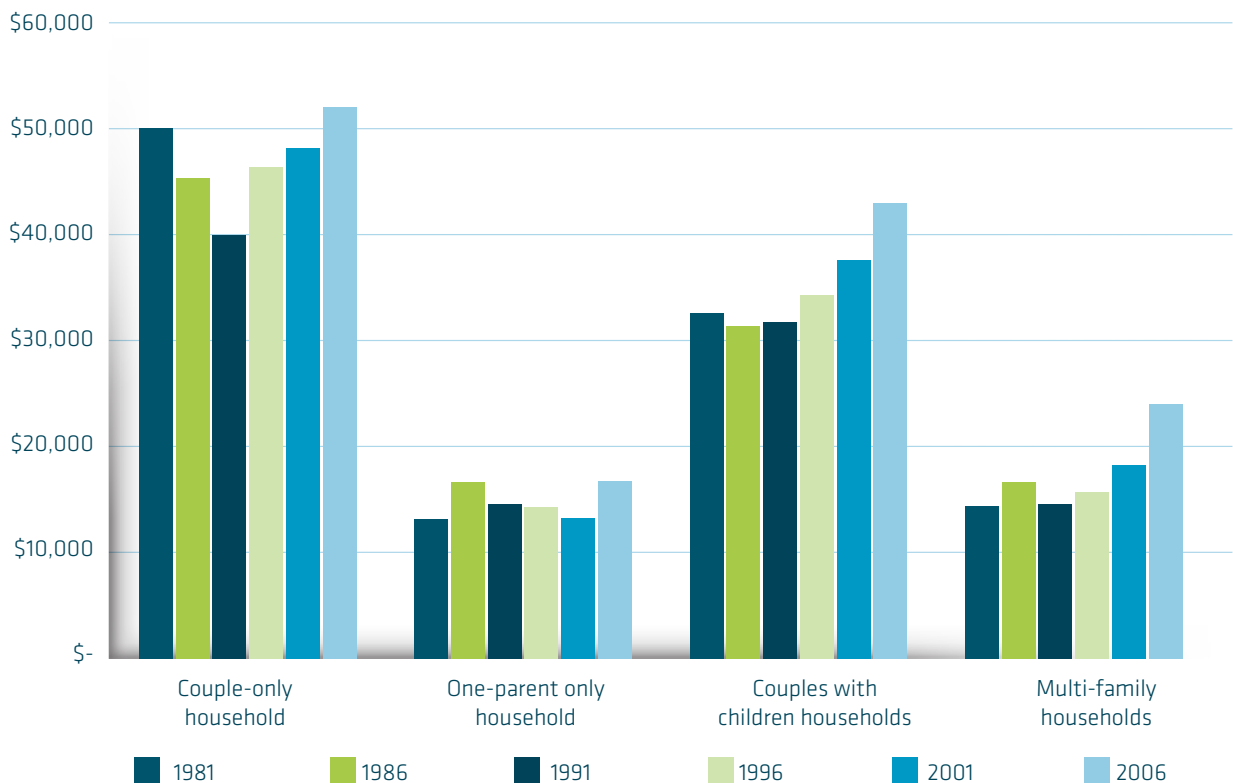


Source: Statistics New Zealand Census of Population and Dwellings

Financial capacity of whānau

Between 1981 and 2006, all family types experienced increases in median equivalised gross annual incomes. Throughout this period, the median equivalised incomes for one-parent families and multi-family households were much lower than those for couple-only and couples with children families, and the rate of increase for one-parent families was much lower relative to other family types.

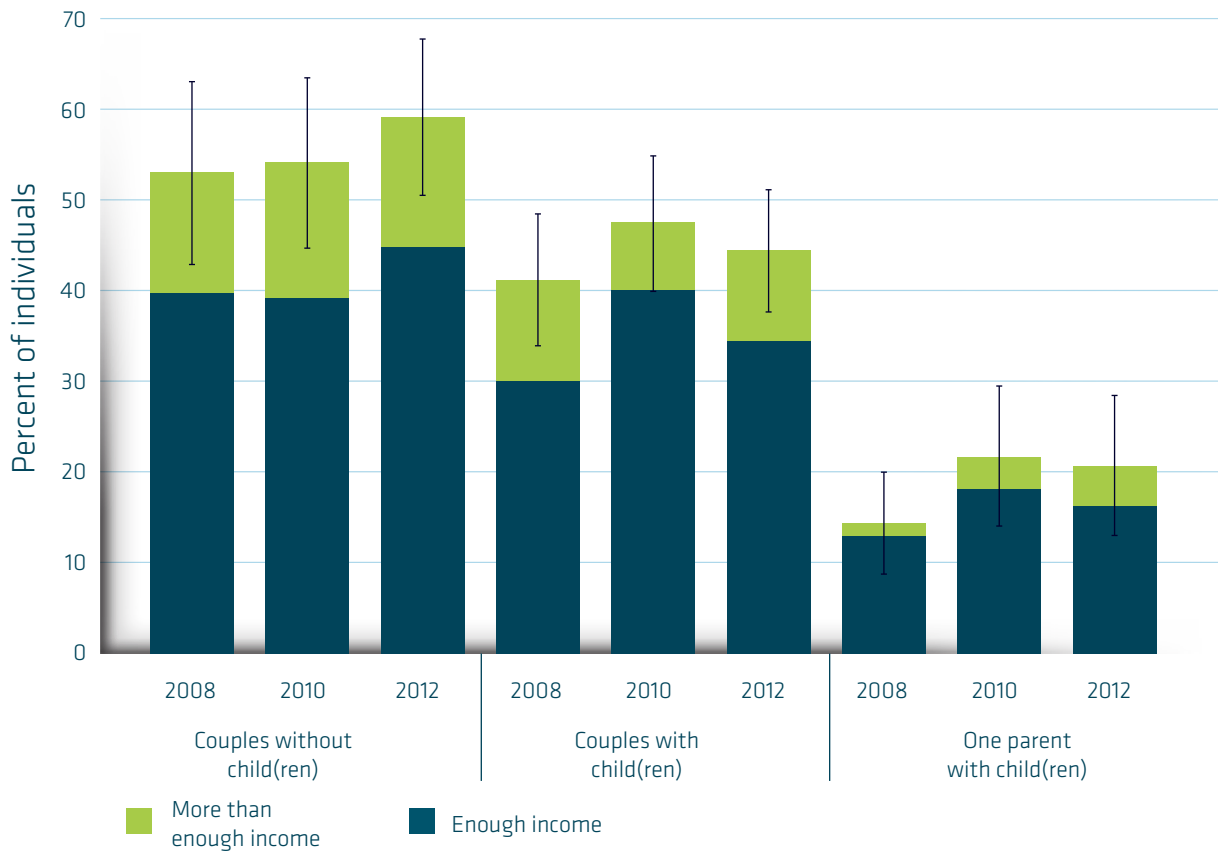
Figure 4.18 Median equivalised income, 1981–2006



Source: Statistics New Zealand Census of Population and Dwellings, in Kiro et al, 2010

The GSS shows that, in 2012, 9.8 percent of Māori self-assessed their personal income as being 'more than enough' to meet every day needs for things such as accommodation, food, clothing and other such necessities, while a further 32.6 percent felt they had 'enough' to do so. However, self-assessed adequacy of income is shown to vary markedly across family types (see Figure 4.19). For example, in 2012, 20.7 percent of individuals in one-parent families assessed their personal income as either 'enough' or 'more than enough' to meet their everyday needs, compared to 44.5 percent of individuals in couples with children families and 59.2 percent of individuals in couple only families. This pattern of response across family types was evident for the period 2008–12. While not statistically significant, perceptions of income adequacy appear to have improved for all three family types between 2008 and 2012.

Figure 4.19 Self-assessment of adequacy of income, 2008-12



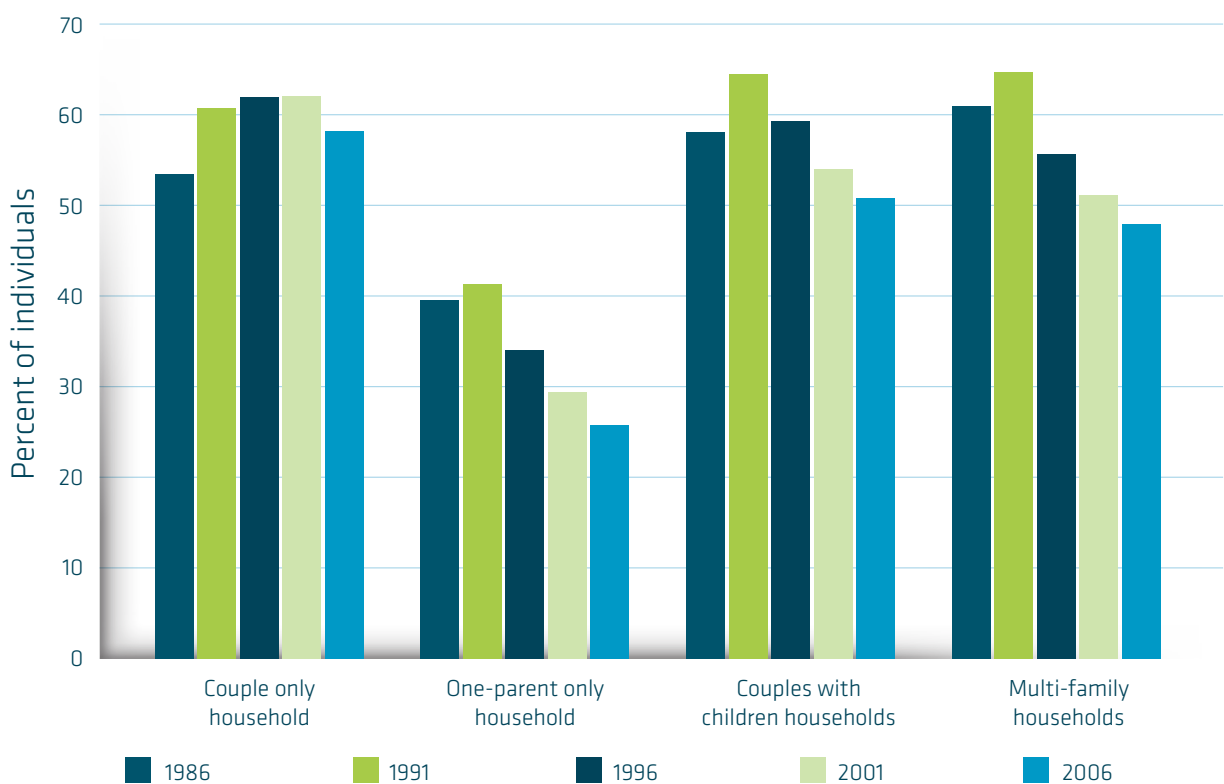
Source: General Social Survey

Housing tenure and circumstances

Home ownership rates for the total Māori population have been on the decline since the latter half of the 20th century. The Census shows that between 1986 and 2006 the proportion of whānau who owned their own home fell from 59.1 percent to 47.3 percent.

One-parent families were the least likely to own their own home and, as shown in Figure 4.20, one-parent families also experienced the sharpest fall in home ownership rates, from 39.5 percent in 1991 to 25.7 percent in 2006. Home ownership rates also declined for couples with children families and multi-family households over the same period.

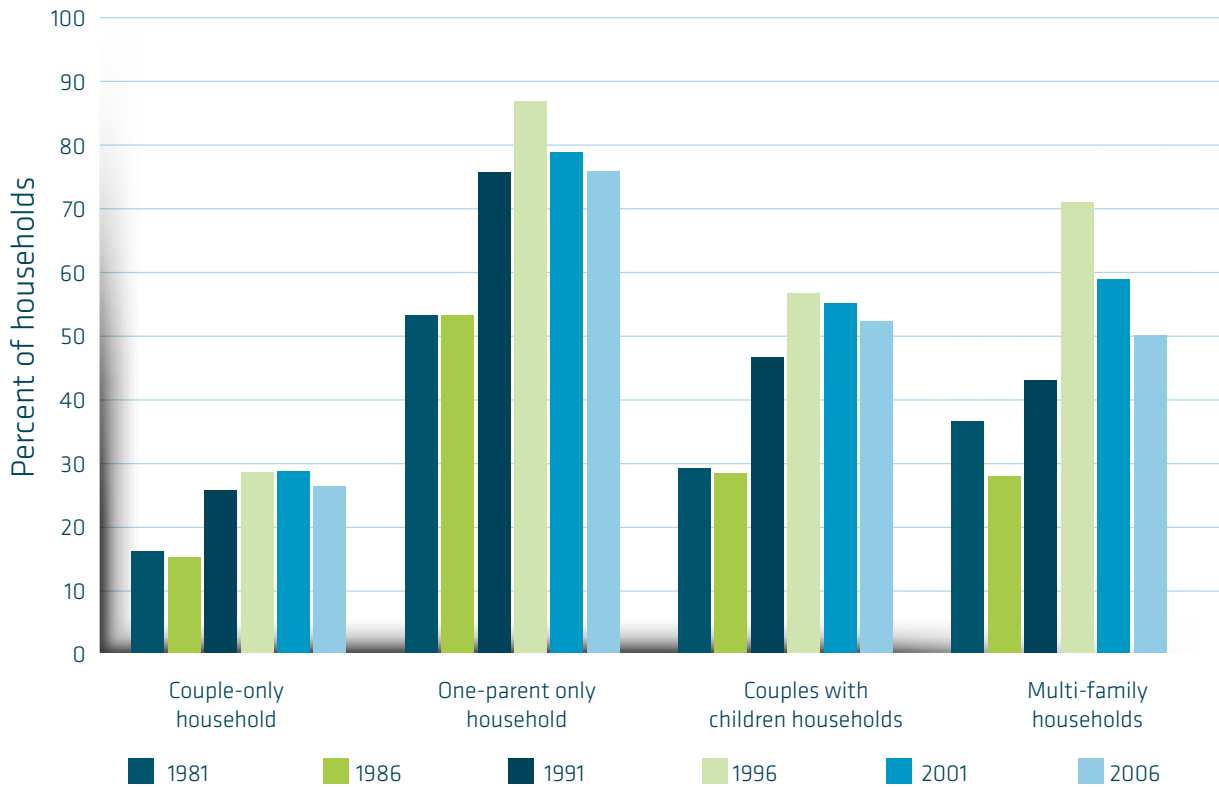
Figure 4.20 Owner-occupied dwellings, 1986–2006



Source: Statistics New Zealand Census of Population and Dwelling

Couple-only families recorded gradual increases in home ownership rates up to 2001, but they recorded a decrease since 2001 (from 62 percent to 58.1 percent).

Figure 4.21 Low rental affordability, for Māori households living in rented dwellings 1981–2006



Source: Statistics New Zealand Census of Population and Dwellings (1981–2006)

Between 1986 and 1996 all family types living in rental accommodation experienced a sharp increase in the percent who were experiencing low rental affordability (where the weekly rent was greater than 25 percent of the weekly gross equivalised household income). Since then, the proportion of Māori households experiencing low rental affordability has declined, but still remains above the level recorded in 1991 (Figure 4.21). One-parent families, followed by multi-family households, have been the most likely to experience low rental affordability.

4.4 Summary and conclusions

While the analysis in this chapter shows that there are improvements for some family types, this is not universal. Further, improvements in some key areas such as education do not necessarily mean better outcomes for whānau overall. For example, one-parent families show improvements in education and employment, but they still have the lowest household income and lowest self-assessed income adequacy, as well as the steepest decline in home ownership.

The different family types are shown to experience different outcomes with regard to specific aspects of wellbeing. This is summarised in Table 4.9 which aggregates those points highlighted in the summaries above, and is discussed in greater detail below.

- › One-parent families – are more likely than couple-only or couple with children families to have a family member who speaks Te Reo Māori. One-parent families are also shown to have made some gains in relation to the knowledge and skills components of human resource potential. Since the early 1990s, there has been an upward trend in the proportion of one-parent families with higher educational qualifications.

It is the dimension of economic self-determination where one-parent families face the biggest challenges relative to other family types. While there has been an upward trend in the proportion of one-parent families who are in paid employment, they record the lowest levels of household income and home ownership, and are more likely than couples with children families to experience issues with rental affordability and household crowding.

- › Couples with children families – compare more favourably than one-parent families and multi-family households in relation to social capability, human resource potential and economic self-determination. For example, their educational status is improving, with 15 percent holding a tertiary qualification in 2006 compared to two percent in 1986. The majority (85 percent) were also satisfied or very satisfied with their life as a whole and nearly three-fifths (57 percent) self-assessed their overall health as either very good or excellent. However, despite declines since the mid-1990s, half of these households still had a regular smoker.

Sustainability of Te Ao Māori is the only dimension where couples with children families compare less favourably to one-parent and multi-family households. In 2006, just over one-third of couples with children families had a Māori speaker.

- › Couple-only families – of all the family types, couple-only households experience the highest overall levels of whānau wellbeing. Relative to other Māori households, couple-only families are better able to be economically self-determining. They record the highest rates of employment, have the highest equivalised household income and are most likely to consider their income to be adequate. They are most likely to hold a tertiary qualification (17 percent in 2006 up from 12 percent in 2001), and compare favourably in the areas of health and wellbeing (including highest proportion of non-smokers).

The only area where couple-only families compare less favourably to other family types is in relation to sustainability of Te Ao Māori, where they are shown to be least likely to have a Māori speaker in the household.

Table 4.9 Differences by whānau type

Couple only families	One-parent families
<ul style="list-style-type: none"> › less likely to have a household member who speaks Māori (25.6 percent in 2006) › more likely in 2008 not to feel isolated (but not so in 2010 and 2012) › more likely not to have a regular smoker as member of household (57.2 percent in 2006) › more likely to hold a tertiary qualification (17.1 percent in 2006) › a high proportion assessed their income as either 'enough' or 'more than enough' to meet their everyday needs (59.2 percent) 	<ul style="list-style-type: none"> › nearly two-fifths contain at least one member who speaks Māori (38.6 percent) › less likely to do voluntary work for a group or organisation (23.4 percent in 2012) › in 2006, one-parent households were less likely to have internet access (29.5 percent) › tenfold increase in the proportion of one-parent families where at least one adult had a tertiary qualification, from 0.7 percent to 7.1 percent › more likely to have had a major housing problem in 2008, although the proportion that had no major problem increased to 45.7 percent by 2012 › among the sharpest increases in households where at least one adult was in paid employed (between 1991 and 2006) › least likely to have assessed their income as either 'enough' or 'more than enough' to meet their everyday needs (20.7 percent) › least likely to own their own home (39.5 percent in 1991, falling to 25.7 percent in 2006)
Couples with children families	Multi-family households
<ul style="list-style-type: none"> › among the largest increases in median equivalised incomes between 1981 and 2006 	<ul style="list-style-type: none"> › most likely to contain at least one member who speaks Māori (52.4 percent in 2006) › less likely to have adults who do not smoke regularly (17.7 percent in 2006) › five times as likely as couples with children families to experience household crowding (58 percent in 2006) › among the sharpest increases in households where at least one adult was in paid employed (between 1991 and 2006) › among the largest increases in median equivalised incomes between 1981 and 2006

› Multi-family households – a unique feature of multi-family households is that they are the most likely of all whānau types to have a Māori speaker, and this is true at every age group. The educational status of multi-family households has improved over the past two decades with these households having similar proportions with tertiary qualifications as couples with children families in 2006. However, in terms of health and wellbeing, multi-family households are most likely to have at least one member who smokes regularly. Household crowding is also an issue for multi-family households, with rates more than four times that of couples with children families in 2006.

The equivalised median income of multi-family households is comparable to one-parent families and half that of couple-only families. In relation to living circumstances, the home ownership rate among multi-family households has declined and this family type also experienced significant issues with rental affordability.

These trends and differences suggest that whānau policy needs to be able to be responsive to different family types. The increasing numbers of Treaty settlements and the growth in the number of partnership initiatives that recognise the importance of whānau as central to Māori economic growth and development create a significant challenge for government. This may require a more comprehensive approach in how government policy conceptualises whānau, with whānau regarded as partners and enablers of the future.

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5. HE AWA WHIRIA - BRAIDED RIVERS

Key messages

The Braided Rivers (He Awa Whiria) model is one approach to reconciling 'Western Science' and Kaupapa Māori perspectives. This model is used to explore how the Families Commission will use Family and Whānau Wellbeing Frameworks to provide a broader understanding of wellbeing.

There are three important elements of the Braided Rivers model.

- › the streams start separately, within their own knowledge frameworks (Western Science and Kaupapa Māori)
- › at various points their tributaries come together to exchange knowledge and findings
- › the two streams come together for a consensus based on knowledge acquired from both streams.

The Family and Whānau Wellbeing Frameworks have many elements in common and, in practice, both frameworks will often measure similar factors and use similar data sources. However, how the results are interpreted is likely to be a function of the respective frameworks.

Discussion of ethnic differences in relation to Māori will be included in the analyses of family wellbeing, while analyses of whānau wellbeing will focus on differences within Māori communities. An important element in the analysis will be the identification of the differences in experiences of those living in different family, whānau and household arrangements.

This chapter outlines how we intend to draw upon our two Frameworks (the Family and Whānau Wellbeing Frameworks) in order to improve understanding of the wellbeing of New Zealand families and whānau. It provides a brief description of the 'Braided Rivers' approach to drawing on both 'Western Science'-generated knowledge and Kaupapa Māori knowledge, and how these two knowledge streams will be used in future reports.

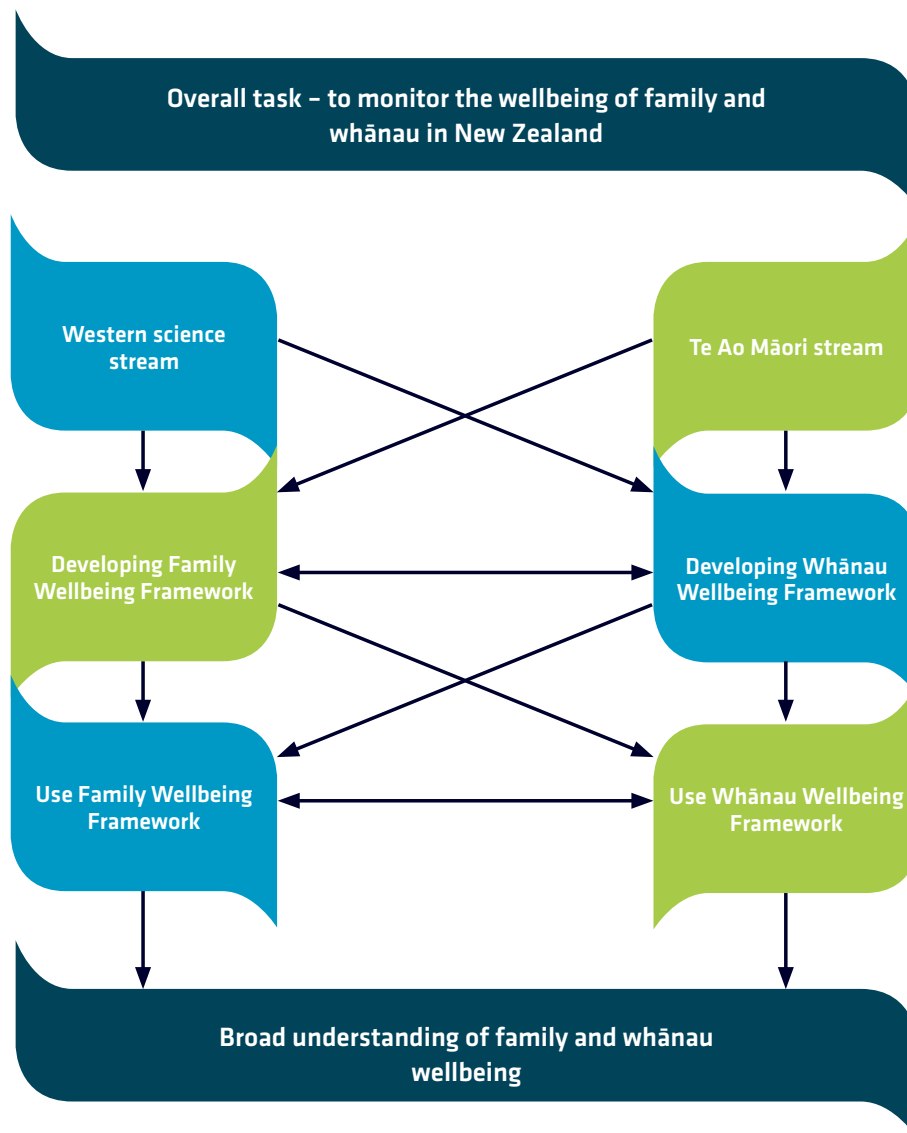
5.1 Western Science and Kaupapa Māori knowledge

Over the past 30 years there has been much debate about how to approach research on issues of concern to Māori (for example, Durie, 2005; Smith, 1998). Different approaches have been advocated and these have helpfully been summarised by Cunningham (2001). More recently, MacFarlane et al (2011) has proposed a model that involves drawing on parallel streams of 'Western Science' and Kaupapa Māori knowledge. The model has been termed the 'Braided Rivers' (He Awa Whiria) model in recognition of its South Island origins. As MacFarlane (2011) states, the model is:

“...based on the analogy of a braided river (he awa whiria) in which there are two main streams representing western science and kaupapa Māori models which are interconnected by minor tributaries with the two streams reaching a point of convergence.” (p. 63)

This is portrayed in Figure 5.1 (adapted from MacFarlane 2011).

Figure 5.1 Family and whānau wellbeing – applying the Braided Rivers (He Awa Whiria) model



The Braided Rivers approach seeks to draw upon both ‘Western Science’ and Kaupapa Māori approaches to knowledge generation, in order to provide a more comprehensive understanding of an issue and its possible solutions. To date, the model has mainly been used to consider issues of programme selection and evaluation (Gluckman, 2011), and clinical and educational practice (MacFarlane et al, 2011).

This approach has been gaining increasing support. For example, the recent report from the Prime Minister’s Chief Science Advisor on adolescent transitions (2011) concluded:

“It is the consensus position of this report that Western Science and Kaupapa Māori perspectives should not be seen in tension, rather an approach which encourages partnership and cooperation between these perspectives should be taken.” (p. 276)

There are three important elements of the Braided Rivers approach.¹ Firstly, the streams start separately, within their own knowledge frameworks (Western Science and Kaupapa Māori). At various points in the project their tributaries come together to exchange knowledge and findings. Finally, the two streams or strands come together for a consensus based on the knowledge acquired from both streams.

5.2 Rationale for two frameworks

The two Frameworks were developed in order to better understand what is valued by Māori and non-Māori, and acknowledge that the terms of 'family' and 'whānau' should not be used interchangeably. The respective frameworks draw on the two separate streams of knowledge about families or whānau – 'Western Science' (for example, family research) and 'Kaupapa Māori' knowledge.

Research indicates that there is a cultural dimension to assessments of subjective wellbeing (Diener, 2009). Although some factors are common across cultures, what is valued and the degree to which it is valued can vary by culture. A New Zealand example would be the value placed on language as a transmitter of cultural worldviews. The use of Te Reo is very highly valued in Māori society and would be regarded as an integral aspect of whānau wellbeing. The active use of the Māori language plays a central role in the transmission of culture and the Māori worldview. On the other hand, language has less prominence in the Family Wellbeing Framework, although aspects of language can be subsumed within the educational domain in the Family Wellbeing Framework.

The Frameworks also acknowledge the different roles that family and whānau play in their respective cultural groups. As many scholars have pointed out, the concept of whānau does not translate directly into that of family, or even extended family (Metge, 1995; Te Aho Lawson, 2010). Dame Joan Metge has written of the many meanings of whānau and of its central importance in Māori society. Whānau, along with hapū and iwi groupings, are key components of Māori society, providing a structure through which relationships are managed and decisions are made. This is perhaps most visible to New Zealanders through the Treaty of Waitangi settlement processes, where iwi, hapū and whānau involvement is fundamental to the settlement process. While family may also play such a role in European society, the more individualistic and less formal nature of family decision-making makes it qualitatively different from the central role that whānau play in Māori society.

5.3 Comparing the Frameworks

The 2013 Status Report outlined our general approach to developing the two Frameworks. Both Frameworks have been developed through the use of expert advisory groups. These groups have drawn on the collective knowledge of their members, most of whom have considerable experience in research with family and whānau. As discussed in Chapters 2 and 4 of this report, the Commission has also drawn on previous thinking and research on wellbeing generally.

Although there are important differences between family and whānau wellbeing, there are important issues in common. As Dame Metge (2001) has pointed out, many of the factors that impact on whānau wellbeing also impact on family wellbeing. For example, economic resources and the health of members impact on both family and whānau wellbeing. The common experiences shaping family wellbeing across cultures has also been identified in relation to the impact of globalisation on family life (Trask, 2010). The recent global financial crisis has been felt by families, of whatever form, across the world through changes in employment and incomes.

¹ The model does not explicitly refer to the formulation of the overall goal or task that is to be informed by the two streams. This perhaps reflects its use in the context of programme evaluation.

As outlined in Chapter 2, the Family Wellbeing Framework is based on the degree to which families are able to fulfil their basic functions within society and explicitly includes the wider factors that promote or hinder positive family functioning. The core functions have been identified as:

- › promotion of human and social capital
- › management of resources and support
- › provision of identity and a sense of belonging
- › nurture, care and socialisation.

In turn, the Family Wellbeing Framework identifies a number of factors that potentially impact on family wellbeing, with these factors organised into four broad domains:

- › physical safety and health
- › supportive family relationships
- › economic security
- › outside social connections.

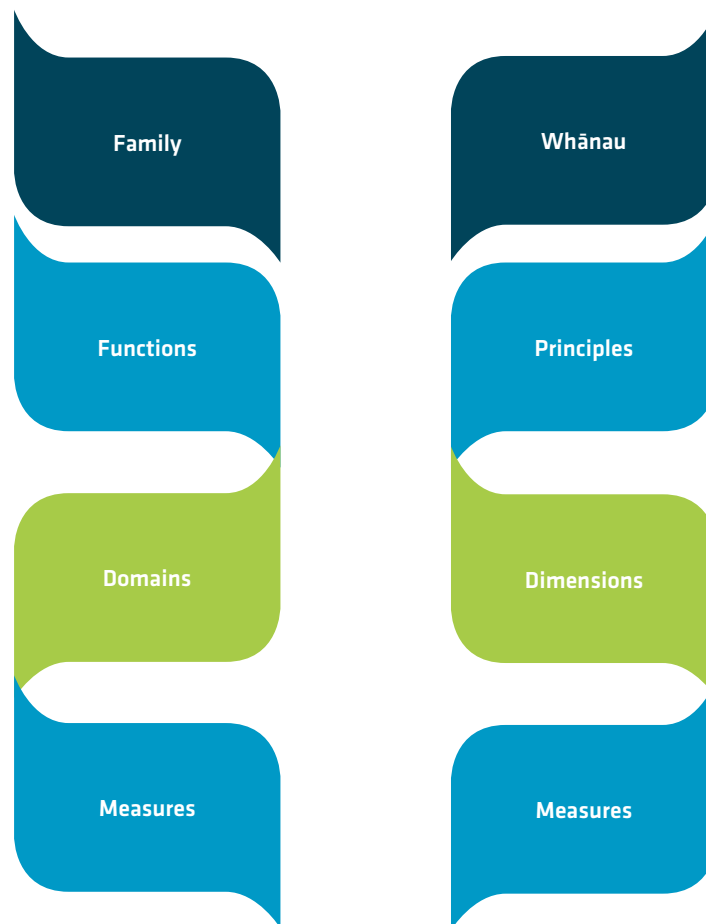
The Whānau Wellbeing Framework has elements in common with the capabilities approach (Sen, 2001), which has been expressed as “the capability of Māori individuals and collectives to live the kind of life that they want to live” (Wereta, 2001 p. 6), and is based on four dimensions of wellbeing:

- › sustainability of Te Ao Māori (the Māori world)
- › social capability of whānau
- › human resource potential
- › economic self-determination.

The Whānau Wellbeing Framework also includes explicit reference to the principles of whānau rangatiratanga. These are:

- › Whakapapa – principles associated with descent
- › Manaakitanga – principles associated with duties and expectations of care and reciprocity
- › Kotahitanga – principles associated with collective unity
- › Wairuatanga – principles associated with spiritual embodiment
- › Rangatiratanga – principles associated with governance, leadership and the hierarchal nature of traditional Māori society.

Figure 5.2 Comparing the Family and Whānau Wellbeing Frameworks



While the Frameworks adopt different approaches, close examination suggests that there is similarity in the content of the family wellbeing domains and the whānau dimensions (Figure 5.2). In the Family Wellbeing Framework the factors identified within the domains have an influence on family functioning and, through this, on family wellbeing. In the Whānau Wellbeing Framework the dimensions serve, along with the principles, to guide the measurement of whānau wellbeing.

The ability of whānau to ‘live the kind of life they want to’ is similar to the notion that families are able to carry out their core functions for the betterment of their members. The kind of life whānau want is one that benefits its members, and the principles of whānau rangatiratanga outline the basic elements of healthy whānau functioning. Both Frameworks identify a range of factors that then potentially impact on family and whānau wellbeing. Many of these factors are similar – for example, education, income and employment – but others are unique to either one of the Frameworks. An example is the importance of Māori language use and involvement in Māori education within the Whānau Wellbeing Framework.

The Whānau Wellbeing Framework includes the principles of whānau rangatiratanga and, while some aspects might map onto aspects of the Family Wellbeing Framework (for example, care and reciprocity, relationships based on descent), other principles have no clear equivalent in the Family Wellbeing Framework. For example, spiritual wellbeing plays an important role in the Whānau Wellbeing Framework, as does governance and leadership, reflecting the role of whānau in traditional Māori society. As discussed above, the latter role is seen as more of an individual attribute within modern Western society, with involvement in political decision-making being based on the individual rather than the family.

In practice, both Frameworks will often measure similar factors and use similar data sources. How the measures are analysed is also likely to be similar since the influence of factors such as income, employment and health are likely to be the same for Māori and non-Māori. It is assumed that positive trends will be beneficial to both Māori and non-Māori, provided they occur for both groups. However, how the results are interpreted will be a function of the respective Frameworks. This can be seen in the preceding chapters (3 and 4), where the GSS has been used in the preliminary analyses of family and whānau wellbeing.

From 2015, the Status Report will be structured to present data and analyses based on aspects of wellbeing that are common to both Frameworks (Table 5.1). As can be seen, the economic security domain and the economic self-determination dimension have content in common (apart from education). The supportive family relationships and outside social connections domains in the Family Wellbeing Framework have been combined and aligned with the social capability of whānau dimension. The physical safety and health domain (with some elements of the economic security domain) has been aligned with the human resource potential of whānau. Finally, the sustainability of Te Ao Māori dimension does not include an equivalent domain from the Family Wellbeing Framework and will stand alone.

The interpretation of the data will then be presented in a summary chapter, where the implications of the trends identified by the analyses will be discussed. This discussion will use the Family and Whānau Wellbeing Frameworks to guide the interpretation.

Table 5.1 Mapping of family domains and whānau dimensions

	Domain	Dimension
Family and Whānau Economic (security and self-determination) Wellbeing	Economic Security	Economic self-determination
	Employment Income adequacy Housing Education	Employment Income Home ownership
Family and Whānau Social (relationships and connections) Wellbeing	Supportive Family Relationships, Outside Social Connections	Social capability of whānau
	Closeness between members Values promoting human/social capital Support for members Care for family members	Connectedness to whānau and friends Access to telecommunications Contribution to community
	Outside social connections	
	Community participation Access to support Belonging Social contact	
Family and Whānau Human Resources (education) and Wellbeing (health)	Physical Safety and Health; aspects of Economic Security	Human resource potential of whānau
	Safety Physical health Mental health Protection of health	Educational participation Educational attainment Health Life satisfaction Smoking Crowding Household quality
Family and Whānau		Sustainability of Te Ao Māori
	No equivalent in the family wellbeing framework	Māori language Engagement in Māori education

5.4 Using the Frameworks

We have now developed the two Frameworks and have begun the process of trialling the use of the Frameworks. Within the Braided Rivers model, we are at a point where knowledge from each stream is brought together (see Table 5.1). As part of the consultation on the Frameworks we will seek examples of the use of the 'Braided Rivers' approach in similar projects, in order to better understand how the separate knowledge streams can be brought together to improve our understanding of family and whānau wellbeing.

The Family Wellbeing Framework will be used as a generic framework for all New Zealanders. While recognising the diversity of New Zealand's population, developing separate wellbeing frameworks for other ethnic groups is not practicable. The sample sizes of the main household surveys are not sufficiently large or robust to enable analysis for smaller ethnic groups. Further, it can also be argued that it is not legitimate to use categories such as Pacific or Asian families, since such groups are made up of peoples from a range of cultures. In order to explore the diversity of cultural experience of wellbeing, future Status Reports will seek to examine the wellbeing of different ethnic groups within New Zealand, by commissioning specific research projects or using specific datasets (such as the Pacific Islands Families Study, as discussed in Chapter 7). This is reflected in the current report, with Chapter 7 drawing on the Pacific Islands Families Study to discuss issues of wellbeing within the Pacific community.

There are still significant gaps in the measures available to both Frameworks. They are both reliant on the standard Statistics New Zealand classification of family type, with only limited ability to explore non-residence (household)-based concepts of family or whānau. We have relatively little data on family and whānau relationships, or the degree of identification with family and whānau collectives. Both Frameworks face the same issue in the lack of appropriate measurement at the family and whānau level. Most of the questions in the GSS are about an individual person or from the perspective of an individual rather than the family as a whole. Surveys do not generally include exploration of important Māori concepts, such as Wairuatanga (spiritual health). To date, the Frameworks have had to draw on the same data sources, although Te Kupenga will provide unique insight into whānau wellbeing.²

In presenting data for the Family Wellbeing Framework, we will include analyses by ethnicity, where sample sizes are sufficient. Discussion of ethnic differences in relation to Māori will be included in the analyses of family wellbeing, while analyses of whānau wellbeing will focus on differences within Māori communities. An important element in the analyses will be the identification of the differences in experiences of those living in different family, whānau and household arrangements.

The respective Frameworks will also be used in other ways. By making explicit the relationship between wellbeing and the factors that contribute to wellbeing, the Frameworks can be used to identify research needs and knowledge gaps (Chapter 8). The Frameworks will be used to identify priority research needs, both to populate the Frameworks with measures, and also to elucidate the relationships between aspects of the Frameworks. Given the different Frameworks it is likely that knowledge gaps and research priorities may be different for family compared to whānau.

The analyses will provide valuable insights into the trends affecting families and whānau, and identify factors that need to be considered when developing and implementing policy. The further development and use of the Frameworks will also enable examination of the likely impacts of policy directed at changing the factors supporting family and whānau wellbeing. Again, it is likely that at least some of these impacts will differ for Māori and non-Māori.

As set out in Table 5.1, through this work and over time, the two streams of 'Western Science' and Kaupapa Māori will improve our collective understanding of family and whānau wellbeing.

² Only headline information from Te Kupenga was available at the time of writing this report.

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SECTION B





6. INVESTIGATION OF FAMILY
TRANSITIONS USING DATA
FROM THE SURVEY OF FAMILY,
INCOME AND EMPLOYMENT

Access to the data used in this study was provided by Statistics New Zealand under conditions designed to give effect to the security and confidentiality provisions of the Statistics Act 1975. The results presented in this study are the work of the author, not Statistics New Zealand.

Key messages

Previous research has shown that multiple transitions in living arrangements in a short space of time can be stressful and have an adverse effect on the wellbeing of families.

The Survey of Family, Income and Employment (SoFIE) is a longitudinal survey that followed a cohort of adults and children for eight years from 2003 to 2010.

A large proportion of adults (57 percent) stayed in the same living arrangements over the eight years of the survey.

A further 12 percent experienced one or more transitions from **independent child → single adult → couple → couple with children**.

A further 8.6 percent experienced transitions involving parenting alone* and 13.8 percent had other transitions involving children (such as changing from couple with children to couple only).

Approximately one in 10 adults (11 percent) experienced parenting alone at some point in the survey period, and parenting alone was present in all age groups.

Women were more likely to be involved in parenting alone roles overall. Approximately two-fifths of those who started the survey period parenting alone continued to do so for the whole period.

Approximately a third of dependent children lived with one parent only at some stage during the eight years of the SoFIE survey. Other research has indicated that children who experience multiple transitions are at greater risk of poorer outcomes.

The increasing diversity of family forms and instability of relationships means that children potentially face more family transitions across the course of their lives than in the past.

* Parenting alone means that within their household the adult is parenting without a partner.

6.1 Introduction

Families are dynamic. Changes in family circumstances are a normal part of life. Children leave the family home, partnerships are formed, children are born, partnerships dissolve and new partnerships are formed. All these events require adjustment and can affect the wellbeing of individuals and families, in both positive and negative ways.

These life events can be associated with other changes, such as a change of address or moving children to a different school. The effects of life events are likely to be influenced by other factors, such as those identified in the Family and Whānau Wellbeing Frameworks (such as access to effective support networks, socio-economic resources, coping skills and recent exposure to other difficult or unfavourable events). Previous research has shown that multiple transitions in a short space of time can be stressful and have an adverse effect on the wellbeing of families (Formby & Cherlin, 2007).

However, relatively little is known about how the living arrangements of New Zealanders change over time. All families will experience changing living arrangements over their lifetime, but cross-sectional datasets, such as the Census, present a static picture of families. They tell us how many families at a particular point in time are two-parent families, one-parent families or couple-only families.

In reality, many people move through multiple family types during their lifetime. For example, the number of people in a one-parent family at any one time will be lower than the number of people who actually spend time in a one-parent family during their lifetime. For some people, life in a one-parent family situation may be relatively short, while others may spend a long time or multiple periods in this family type.

SoFIE followed a cohort of individuals over an eight-year period, showing how their living arrangements changed over time.

This chapter presents new analysis of SoFIE data. First, an overview of living arrangements for the eight years of SoFIE is presented, together with a brief discussion of the most common living arrangements. The analysis then looks at transitions by age, noting that many transitions will follow typical life stages (for example, independent child to single adult, single adult to couple). Finally, this chapter briefly examines the living arrangements of dependent children, including those who become independent (defined in Section 6.3) and what happened to them over the survey period.

6.2 About SoFIE

First, it is important to discuss the design and limitations of SoFIE.

SoFIE was a longitudinal survey that followed adults and children for eight years from 2003 to 2010.¹ The data provide information on the way their living arrangements changed over the eight-year period. Some of these changes reflect historical patterns. For some decades now a 'normal' life would be seen to involve a child living with parents until adulthood, leaving the family home to marry and go on to raise their own children. There may have been a period of independent living before marriage, and other life patterns existed outside this 'norm'.

In more recent times a much wider variety of living arrangements have been accepted as common life stages, including relationships forming and breaking up, parenting alone and moving back in with parents after living independently.²

The target population for SoFIE in the first year was the usual resident population of New Zealand living in private dwellings. Just under 30,000³ people were interviewed in the first year from 11,500 households, including 22,200 adults and 7,500 children aged under 15 years. Those interviewed were then re-interviewed each year over the survey period. Those who moved households in subsequent years were followed up and interviewed in their new circumstances.

From the second year of the survey onwards, people who had died, moved overseas or moved into institutions were no longer eligible for the survey.

By 2010 the SoFIE sample represented the usual resident population of New Zealand living in private dwellings near the end of 2003 who remained eligible until the end of the survey. We would expect this longitudinal population in 2010 to differ from the 2010 New Zealand population. In particular, it does not include those who moved overseas or immigrants to New Zealand who arrived during the period of the survey.⁴ The analysis in this chapter relates to this 2010 longitudinal SoFIE population and therefore cannot be generalised to the 2010 New Zealand population.

An important aspect of SoFIE is the ability to quantify the numbers of people experiencing changing living arrangements in the wider population. Although some percentages may appear small for a particular transition, the number of adults and children affected may be in the thousands.

¹ The actual dates were October 2002 to September 2010.

² The *Families and Whānau Status Report 2013* noted that "diversification of family forms and living arrangements is likely to continue and may even accelerate".

³ In subsequent years, some people were lost from the sample due to attrition. By wave 8, the retention rate was 74 percent.

⁴ SoFIE user documentation.

It is also possible to examine the living circumstances and transitions of dependent children. In the SoFIE dataset, dependent children have been in the survey for eight years. Consequently, these dependent children were generally in the age range from seven to 17 years at the end of the survey.

Limitations of SoFIE data

Although SoFIE is an extensive survey, there are some limitations in the data gathered:

- › Eight years is a relatively short segment of most adults' lives – it is likely that for most people this time span will not cover the range of transitions that they will experience in their lifetimes.
- › SoFIE explains an individual's living arrangements only within the context of the household – as discussed in earlier chapters in this report, family exists beyond the household.
- › The variables that describe the family structure do not capture the full range of extended living arrangements – this may be particularly relevant to Māori and families from some other ethnic groups.
- › SoFIE does not distinguish biological relationships from non-biological – transitions involving step-families are not readily distinguished from the equivalent transitions involving biological relationships.

6.3 Overview of adults' living arrangements

This section focuses on the living arrangements of adults. Each adult is described as one of the following:

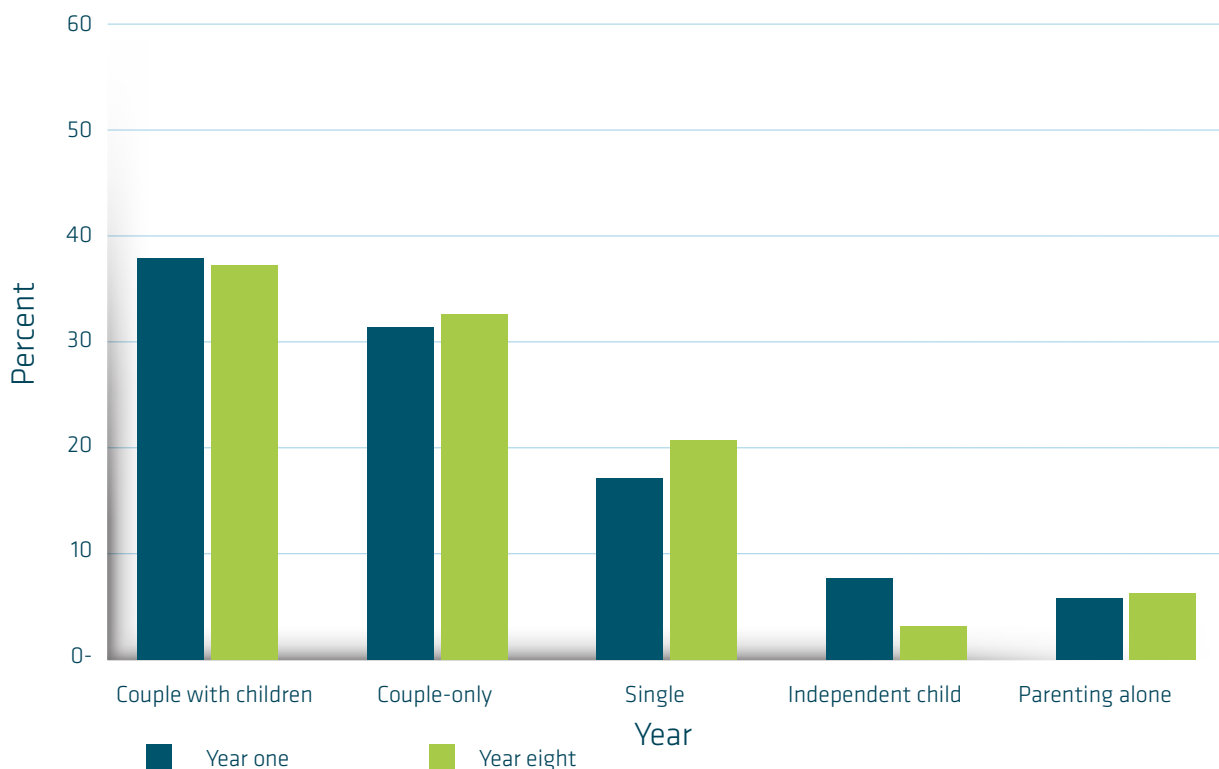
- › an independent child (living with one or both parents)
- › a single person
- › living as couple only
- › living as couple with children (with dependent and/or independent children)
- › parenting alone (with dependent and/or independent children).

An independent child is defined as one who is living in a child role, with at least one parent present, aged 18 years or over, or aged 15–17 years and working 30 or more hours per week.

Parenting alone means that within their household the adult is parenting without a partner. It does not always mean that they are the sole caregiver for their children. For example, the children may spend time with their other parent in another household.

The living arrangements of individuals can be examined at the start and end of the eight years (Figure 6.1). As the cohort ages, the main difference in the living arrangements of adults is an increase in the proportion that live as single adults and a decrease in the proportion of independent children.

Figure 6.1 Adult living arrangements at year 1 and year 8



Overall, very little difference in the living arrangements of adults is shown. However, as discussed above, the strength of SoFIE is its ability to follow individuals through the eight years of the survey. In doing this, the analysis reveals many details about the transitions that take place.

6.4 Common living arrangements and transitions

This section briefly discusses the most common living arrangements of adults, including those parenting alone, before examining how the living arrangements of adults change *within* the survey period.

Table 6.1 shows the various circumstances of the adults throughout the survey period. The first section of the table shows those people who did not have any change at all over the eight years, followed by those who experienced one or more transitions. Transitions are indicated by an arrow, for example: **couple only** → **couple with children**.⁵

More than half (57 percent) of the adult SoFIE sample are shown to have stayed in the same living arrangement over the eight years of the survey.

The number living as a **couple with children** for the whole period of the survey accounted for a quarter of adults, or nearly 600,000. As might be expected, most of those who are identified as couple with children over the whole period tended to be in the latter half of their 30s through to their 50s at the end of the survey (late 20s through to early 40s at the beginning). Approximately three-quarters of people in this group had dependent children at the end of the survey period.

⁵ This means that these respondents made one change at some point during the eight-year period, transitioning from couple only to couple with children.

There were some notable ethnicity differences in this group.⁶ There were relatively high proportions of Pasifika (8 percent) and Asian (10 percent) adults compared to their respective proportions for those who were not in this group (4 percent and 6 percent for adults not living as a couple with children). There was a lower proportion of European respondents in the couple with children group (74 percent compared to 83 percent for those not in this group).

Those adults living as **couples only** for the whole survey period accounted for nearly one-fifth of adults (18 percent, or 427,500). The majority of this group were in the latter half of their 50s through to their 70s at the end of the survey period. This is consistent with couples being on their own after their children have left home.

The proportions of Māori, Pasifika and Asian adults were relatively lower in the couple only group, being 6 percent, 1 percent and 3 percent respectively (compared to 12 percent, 6 percent and 8 percent for those not in this group). The proportion of Europeans was higher at 91 percent (compared to 78 percent for other groups). This may reflect the older age structure of the European group compared to the other ethnic groups.

⁶ The reader should be cautious in interpreting differences between different ethnic groups. In particular, different ethnic groups often have different age structures. Therefore, apparent differences between ethnic groups may be due to their different age structures.

Table 6.1 Living arrangements of adult⁷, percent and number

	% of adults	Number of adults
Those with no change in the eight years		
Couple with children	24.6	596,700
Couple only	17.6	427,500
Single	9.9	239,500
Parenting alone	2.4	59,200
Independent child (living with parent/s)	2.0	49,000
Sub-total	56.5	1,371,900
Common transitions up until having children		
Couple only → couple with children	4.5	108,200
Single → couple only	1.8	44,300
Independent child → single	1.6	38,100
Single → couple only → couple with children	1.1	27,600
Other common transitions up until having children	2.6	63,900
Sub-total	11.6	282,100
Other transitions involving children⁸		
Couple with children → couple only	5.9	143,000
Complex combinations of couple only and couple with children	1.3	31,500
Couple only → couple with children → couple only	1.1	27,800
Other transitions involving couple with children (but not parenting alone)	5.5	133,000
Sub-total	13.8	335,300
Transitions involving parenting alone		
Couple with children → parenting alone	1.6	38,800
Parenting alone → single	0.9	21,800
Parenting alone → couple with children	0.9	20,800
Other parenting alone transitions	5.2	126,000
Sub-total	8.6	207,400
Other		
Couple only → single	3.1	74,000
Couple only → single → couple only	1.8	43,600
Other transitions involving independent child, single or couple only	4.5	108,400
Sub-total	9.4	226,000
Total	100	2,422,700

Note: Percentage may not sum to 100 due to rounding.

⁷ 'Adults' is used here to mean 18 years and over and includes independent children who are 18 and over and living with their parents.

⁸ But not parenting alone.

Adults who remained single over the whole SoFIE period (10 percent or 239,500) covered a broad range of ages but the majority were in the older age group (50 and over). Women were far more prevalent in this group than men. Over all age groups, the proportion of single women was 60 percent compared to 40 percent for men.

Māori, Pasifika and Asian respondents all had lower proportions in this group at 7 percent, 2 percent and 4 percent (compared to 11 percent, 5 percent and 7 percent in the adult SoFIE sample). In this group, 87 percent were European respondents, compared to 80 percent in all other groups. Again, this may reflect the older age structure of Europeans compared to other ethnic groups.

Parenting alone⁹ accounted for a relatively large proportion of adults, with 11 percent (266,600) parenting alone in at least one of the eight years of the survey. Given that this is a living arrangement or transition that has significant potential impacts, this is now discussed in some detail. Table 6.2 provides further detail on those who were parenting alone at the beginning of the survey. Overall, 84 percent (118,300) of those parenting alone at the beginning of the survey were women and 23,300 were men. This is consistent with women being more likely to take on the single-parenting role.

For those who were parenting alone at the beginning of the survey, the most common trend was for them to continue doing so for the whole survey period: 44 percent for women and 30 percent for men.

For women, the next most common pattern was to become either a couple with children (16 percent) or single (14 percent). For women, the transition from parenting alone → couple with children was mostly (58 percent) concentrated in the middle age group of 35–49 years and to a lesser extent (34 percent) the younger age group of 24–34 years. This is consistent with women re-partnering. Those women who transitioned from parenting alone → single were mostly (that is, 80 percent) in the 50 and over age group. This is consistent with children leaving home.

At least 17 percent of women parenting alone experienced two or more transitions (20,200), including 6 percent (7,300) who changed from parenting alone → couple with children → parenting alone.

For men who transitioned out of parenting alone, the most common changes were to become single (20 percent), or become part of a couple with children (10 percent). The patterns for different age groups were relatively similar to the women. A large proportion (49 percent) of men who became a couple with children were in the middle age group (35–49 years), and those becoming single were mostly (76 percent) in the 50 and over age group.

⁹ Figures on one-parent living arrangements should be treated with caution. The nature of the survey may have led to one-parent households being more likely to have been interviewed for the survey. Those in one-parent living arrangements may also have been more likely to stay in the survey population but less likely to have been tracked and interviewed over time.

Table 6.2 Transitions from parenting alone, by sex

Women	% by sex	Number of adults
Parenting alone	44.2	52,300
Parenting alone → couple with children	15.7	18,500
Parenting alone → single	14.4	17,000
Parenting alone → couple with children → parenting alone	6.2	7,300
Parenting alone → single → parenting alone	3.6	4,200
Parenting alone → single → parenting alone → single	2.9	3,400
Parenting alone → couple with children → parenting alone → couple with children	2.9	3,400
Parenting alone → couple with children → couple only	1.6	1,900
Other transitions that are too small to report on	8.5	10,300
Sub-total	100	118,300
Men		
Parenting alone	29.7	6,900
Parenting alone → single	20.3	4,700
Parenting alone → couple with children	9.7	2,300
Parenting alone → single → parenting alone → single	5.4	1,300
Other transitions that are too small to report on	34.9	8,100
Sub-total	100	23,300
Total		141,600

The transitions experienced by the remainder of the adults can be divided into three general types: common transitions associated with developmental milestones or life stages up to the point of having children; transitions involving parenting roles; and ‘other’ transitions (that have not been classified in either of the above categories).

The terminology used here is somewhat problematic, given the increasing diversity of the family lifecycle. This has meant the ‘nuclear family’ norm and associated pathway of marriage, childrearing and living as a couple after the children have left home, may no longer be considered the ‘normal’ pathway. A more relevant distinction may be the degree to which transitions are expected, planned for and how disruptive they are to those involved.

The common transitions up until the point of having children accounted for 11.6 percent of adults, and includes:

- › leaving the family home
- › entering into a relationship
- › couples having children
- › forming a partnership and having children.

As might be expected, an individual's age¹⁰ was associated with the nature of the transitions they experienced. The proportion of people coded as single, or transitioning into becoming single at the end of the survey period, increased with age (with the exception of those transitioning from independent child to being single). Also, those who lived as a couple only for the whole period, or who transitioned from couple with children → couple only, were mostly in the 50 and over age group.

Transitions that broadly relate to changing parenting circumstances¹¹ account for 22.4 percent of the adult SoFIE sample. As shown in Table 6.1, these transitions have been divided into two main groups: those involving couples (13.8 percent) and those involving sole-parents (8.6 percent). A large part of the former group is made up of the transition: couple with children → couple only. These transitions may be related to couples whose children leave home, but is also consistent with a relationship breakup followed by re-partnering. This group has a lower proportion of Māori (8 percent compared to 11 percent of Māori not in this group).

6.5 Transitions by age

As noted earlier, living arrangement transitions can be seen in the context of normal life events. Table 6.3 shows the number of transitions that people in the adult SoFIE sample experienced throughout the survey.

As noted in Table 6.1, 57 percent made no change at all over the eight years. However, it is important to remember that eight years is a relatively short period of time in terms of life stages so it is to be expected that there would be a large proportion of people in this category.

Other than those who didn't change, there is a relatively high proportion (35 percent) who made one or two changes, while there are much fewer (less than 10 percent) with three or more changes over the period.

Number of transitions	% of adults	Number of adults
0	44.2	1,371,900
1	15.7	559,500
2	14.4	279,900
3	6.2	145,100
4	3.6	49,500
5+	2.9	16,700

Table 6.4 shows the number of transitions by age. In general, the younger age group (25–34) appears to have a higher proportion with a greater number of transitions than the other two age groups. In each of the other age groups, more than 60 percent experienced no changes.

¹⁰ SoFIE age group data for adults are split into three groups: 25–34 (younger), 35–49 (middle) and 50 and over (older). References to these age groups throughout the chapter mean the ages at the end of the survey.

¹¹ With the exception of the 'common' transitions ending in couple with children.

Table 6.4 Number of transitions, by age group

Number of transitions	25–34 (18–27)		35–49 (28–42)		50+ (43+)	
	% of adults	Number of adults	% of adults	Number of adults	% of adults	Number of adults
0	26.5	106,800	61.2	486,400	63.6	778,700
1	32.3	130,400	21.8	172,800	20.9	256,200
2	21.4	86,300	10.4	82,600	9.1	110,900
3	12.4	50,200	5.0	39,600	4.5	55,300
4	5.6	22,500	1.3	10,100	1.4	16,900
5+	1.8	7,100	0.4	2,900	0.5	6,700
Total	100	403,300	100	794,400	100	1,224,700

Notes: Percentage may not sum to 100 due to rounding.
Age is at survey year eight (age at year one is in brackets).

A more detailed examination by age group, which shows some of the life events that have been experienced, is provided in Appendix 6.1. Some key findings from SoFIE include:

- › Approximately 70 percent of the younger 25–34 age group were either in non-parenting situations or following what might be considered to be a *common* transition up to the point of having children; for example: independent children → couple only → couple with children.
- › Parenting dominates those in the middle 35–49 age group, and is largely made up of those parenting as a couple for the whole survey period or those following a common transition that ended with parenting as a couple.
- › Parenting alone accounted for a moderate proportion of all age groups (12 percent in the 25–34 age group, 15 percent in the 35–49 age group and 8 percent in the 50 and over age group).
- › Most of the older 50 and over age group is made up of those who either lived as a couple only for the whole period or transitioned couple with children → couple only.
- › There were higher proportions of women in the older age group living as single for the whole period, or transitioning from couple only or parenting alone into being single. This is in part explained by the longer life expectancy of women and the tendency for men to marry younger women.

6.6 Dependent children

The increasing diversity of family forms and instability of relationships mean that children potentially face more family transitions across the course of their lives than in the past. There is mounting evidence from international studies that these family transitions have an impact on children (Pryor & Rogers, 2001). They can affect parenting, the resources available to the family, housing and the school that the child attends. There is evidence to suggest that the effect of multiple transitions is cumulative, and that children who experience multiple transitions are at greater risk of poorer outcomes (Formby & Cherlin, 2007).

The analysis above of parenting alone is from the perspective of the adult, but it is also important to look at this issue in terms of the children involved. This section briefly examines those who were dependent children for the whole survey period. These dependent children were generally in the age range from seven to 17 years at the end of the survey.

Table 6.5 shows those dependent children who remained living as part of a couple with children and those who lived with one parent, together with those who experienced transitions over the eight-year period.

Circumstances experienced	% of dependant children ¹²	Number of dependent children
No change: living with couple	67.7	386,800
No change: living with one parent	11.5	65,900
Transitions between living with a couple and one parent (or the reverse)	20.7	118,300

Note: Percentage may not sum to 100 due to rounding.

While most dependent children (68 percent) are shown to have lived with two adults throughout the eight years, almost a third (32 percent, or 184,200) experienced some time living with only one parent.¹³ More than a third (36 percent) of those who experienced living with only one parent did so for the whole survey period, while the majority experienced one or more transitions into, or out of, a one-parent situation.

The proportion of dependent children who experienced living with only one parent is noticeably higher for Māori (50 percent) and lower for Asian (19 percent) children. There are no notable differences by age or sex of the child.

Table 6.6 summarises the number of transitions dependent children experienced over the eight years. Overall, a large proportion (79 percent) experienced no change (that is, they were parented by a couple or one parent for the whole time), while one in eight (13 percent) experienced one transition.

There was a diminishing proportion of dependent children who experienced more than one transition. Given that these dependent children are being parented in some way, this must be either by one parent or by a couple. Therefore all dependent children who experienced change will have made a transition that includes those two types of arrangements.

Number of transitions	%	Estimate
0	79.3	452,700
1	12.7	72,700
2	5.5	31,600
3	2.0	11,700
4	0.2	1,400
5+	0.2	1,000

Note: Percentage may not sum to 100 due to rounding.

¹² Who were dependent over the whole survey period.

¹³ As noted earlier, figures for one-parent living arrangements should be treated with some caution.

As highlighted by the recent report of the Prime Minister's Chief Science Advisor (Gluckman, 2011) the transition from childhood to adulthood is associated with a number of challenges, including achieving independence from parents. Table 6.7 shows those who moved from being dependent to independent in the first two years of the survey, and shows the living arrangement they were in at the first year they became independent (that is, year two) and then again six years later. As noted above, an independent child is defined as one who is living in a child role, with at least one parent, aged 18 years or over, or aged 15–17 years and working 30 or more hours per week.

Table 6.7 Children transitioning from dependent to independent

Situation as an independent person	Year 2		Year 8	
	% of transitioned children	Number of transitioned children	% of transitioned children	Number of transitioned children
Independent child	70	26600	32.7	12,400
Single	21.7	8300	33.1	12,600
Couple	4.6	1700	18.8	7,100
Couple with children	S	S	11.1	4,200
Sole parent	S	S	4.4	1,700
Undefined	3.5	1300		

S - suppressed.

Note: Percentage may not sum to 100 due to rounding.

We see that in the year they became independent, 70 percent of the children remained as an independent child at home. Six years later a third of this group are still living as independent children at home, while another third are single¹⁴, 19 percent are living with a partner and 11 percent go on to have children of their own.

6.7 Conclusion

Analysis of SoFIE data indicates relative stability in the living arrangements of New Zealanders over the survey period, and that many of the transitions experienced were consistent with what one would expect as a common life change. There are, however, relatively small but notable groups who were involved in parenting alone or who experienced a large number of transitions. Furthermore, a relatively high proportion of children experienced life in a household with only one parent, over the eight-year period.

Unplanned and multiple transitions can have negative effects for those concerned. The next phase of this research will examine the links between living arrangement transitions and the impact on employment, income and health.

While the analysis presented here provides a new insight into the living arrangements of New Zealanders, SoFIE only provides a relatively short eight-year window into the lives of individuals and families. This means that the living arrangements shown in the SoFIE data will only cover a part of the arrangements that individuals experience. The 'linked Census' initiative, which proposes to merge the five-yearly Census datasets to provide a longitudinal view, will provide a longer-term picture of the changing living arrangements and family structures of New Zealanders and their families.

¹⁴ Due to small numbers involved, no further analysis of these data was feasible.

References

Fomby, P., & Cherlin, A. J. (2007). 'Family instability and child well-being'. *American Sociological Review*, 72(2): 181-204.

Gluckman, P. (2011). *Improving the Transition – Reducing Social and Psychological Morbidity During Adolescence*. A report from the Prime Minister's Chief Science Advisor, Office of the Prime Minister's Science Advisory Committee, Wellington.

Pryor, J., & Rodgers, B. (2001). *Children in Changing Families: Life after Parental Separation*. Blackwell Publishing. Oxford.

Appendix 6.1 Transition by Age

Living arrangements and transitions by age group

A.1 Age group 25–34

Age group 25–34, no transitions

In the age group 25–34, approximately a quarter had made no change over the eight years of SoFIE. This group is largely made up of couples with children, independent children living at home with parents or single adults (Table A.1). Relatively small proportions were parenting alone or in a couple with no children.

Number of transitions	% of adults	Number of adults
Independent child	30.9	33,000
Single	22.6	24,200
Couple only	7.4	7,900
Couple with children	31.0	33,100
Parenting alone	8.0	8,600
Total		106,800

Note: Percentage may not sum to 100 due to rounding.

Age group 25–34, one or two transitions

Those in the 25–34 age group with one or two changes included three notable groups of interest:

- i. Common transitions up until having children
Within the 25–34 year age group with one or two transitions we see the following events that we could call common transitions:
 - couple only → couple with children
 - independent child → single
 - single → couple only
 - single → couple only → couple with child
 - independent child → couple only → couple with children
 - independent child → couple only
 - independent child → single → couple only
 - single → couple with children
 - independent child → couple with children
 - independent child → single → couple with children.

All these transitions are consistent with what we would consider to be a progression through *common* life stages for that age group. Collectively, all the transitions identified above make up 65 percent (141,300) of the 25–34 age group making one or two transitions.

ii. Other transitions not including parenting
 Also in this younger age group with one or two transitions, we see some other transitions that do not include parenting and are not considered to be *common* transitions. The most common include the following:

- **couple only → single → couple only**
- **independent child → single → independent child**
- **single → independent child → single**
- **single → couple only → single**
- **couple only → single.**

These changes could indicate younger people testing out different living situations. For example, an independent child may try a flatting situation but find it financially difficult and move back home. Or a single person may move into a de facto relationship that breaks up and become single again. While these transitions are normal life events in the modern context, they have been kept separate from the more linear *common* transitions discussed above.

Collectively, this group of transitions make up 19 percent (41,800) of the 25–34 age group making one or two transitions.

iii. Parenting alone transitions
 Within the 25–34 year age group with one or two changes we also see transitions involving parenting alone. Together, these transitions make up 13 percent (28,600) of the 25–34 age group making one or two transitions. The following two transitions are the most common transitions for this group and collectively make up 5 percent of the younger age group with one or two changes:

- **couple with children → parenting alone**
- **parenting alone → couple with children.**

A.2 Age group 35–49

Age group 35–49, no transitions

In the age group 35–49, by far the largest proportion (61 percent) had no transitions during the survey period. Three-quarters of this group is made up of couples with children, with the other circumstances being much less common, as shown in Table A.2

Number of transitions	% of adults	Number of adults
Independent child	2.5	11,900
Single	9.0	43,700
Couple only	6.9	33,500
Couple with children	75.2	365,500
Parenting alone	6.5	31,700
Total		486,300

Note: Percentage may not sum to 100 due to rounding.

This large proportion of couples with children is consistent with the stage of life that we might expect this age group to be going through. As with the 25–34 age group, we see relatively small proportions of parents parenting alone or in couple only situations over the whole eight years.

Perhaps consistent with the expectations of this group, the proportion who are single for the whole period is lower than with the younger age group. Also, not surprisingly, the proportion of independent children living with their parents over the whole period is much lower for the middle age group.

Age group 35–49, one or two transitions

Examining those with one or two changes, there are three groups of interest:

- i. Common transitions up until having children
This middle age group shows some of the same common transitions as in the younger age group; that is, transitions that could be part of the progression:

independent child → single → couple only → couple with children.

However, in the 35–49 age group the proportions with these types of transitions are smaller than in the 25–34 age group. They make up 42 percent (107,700) of the middle age group with one or two transitions (65 percent for the 25–34 age group). Four-fifths of this 42 percent were those with transitions that ended the SoFIE period as a couple with children. This is consistent with the age group being dominated by parenting.

- ii. Parenting alone transitions
It is also common to see transitions involving parenting alone (mainly by women). Overall, 28 percent (71,600) of the 35–49 age group with one or two transitions were in this category. The most common transitions of this type were:

- **couple with children → parenting alone**
- **parenting alone → couple with children**
- **couple with children → parenting alone → couple with children.**

- iii. Other couple with children transitions
Twenty percent (51,000) of the age group with one or two transitions involved couple with children (but were not categorised as common transitions or parenting alone transitions discussed above). Once again, given that this age group tends to be associated with parenting, it is not surprising to see a large group in this category. The most common transitions in this group (collectively these make up just over half of the 20 percent) are the following two transitions:

- **couple with children → couple only** (consistent with children leaving home)
- **couple with children → single** (mainly men).

A.3 Age group 50 and over

Age group 50 and over, no transitions

For nearly two-thirds of those 50 and over (64 percent) there were no transitions over the course of the survey. Those with no changes were largely made up of couples only, followed by couples with children and single. Table A.3 provides more details of the no transitions group.

Table A.3 Age 50 and over, no transitions, by circumstances

Number of transitions	% of adults	Number of adults
Independent child	0.5	4,000
Single	22.0	171,600
Couple only	49.6	386,100
Couple with children	25.4	198,000
Parenting alone	2.4	18,900
Total		778,600

Note: Percentage may not sum to 100 due to rounding.

Age group 50 and over, one or two transitions

- i. Couple with children → couple only
For those 50 and over who had one or two transitions, the largest proportion (34 percent or 123,300) were those who made the transition: **couple with children → couple only**. This is consistent with parents whose children left home.
- ii. Other transitions not including children
Another relatively large group (26 percent, or 93,500) were those who made transitions that did not involve parenting and that are not classified as *common* transitions. This group is largely made up of the following two transitions:
 - **couple only → single**
 - **couple only → single → couple only.**
- iii. Parenting alone transitions
Various parenting alone transitions make up 16 percent (56,800) of those aged 50 and over with one or two transitions. The most common transitions were:
 - **parenting alone → single**
 - **couple with children → parenting alone.**

The first of these may be associated with children leaving home.

A.4 All age groups – three or more transitions

Of those with three or more transitions, 69 percent (145,800) involved parenting in some way (that is, the transition involves couple with children or parenting alone). This percentage increases from 54 percent for those in the 25–34 year age group through to 83 percent for the older age group. Transitions involving parenting alone range from 16 percent in the younger age group up to approximately a third and a quarter in the two older age groups respectively.



7. PACIFIC FAMILIES' WELLBEING

Pacific Islands Study Team, based within the Centre of Pacific Health and Development Research and the National Institute for Public Health and Mental Health Research, Auckland University of Technology.



The Pacific Islands Families Study is a longitudinal study of Pacific children and parents in New Zealand, and is specifically focused on exploring the health and wellbeing of Pacific mothers, fathers and children, and the cultural nuances that impact on family wellbeing.

Key messages

This chapter includes high-level key findings with regard to relationships and healthy behaviours, parenting practices, resources and cultural identity, including:

- › Nearly all mothers and fathers described themselves as very happy or somewhat happy and reported their health as being good or fair.
- › Although most PIF parents rated their relationships as very happy or somewhat happy, intimate partner violence was common among Pacific parents.
- › A strong traditional Pacific cultural identity is significantly associated with decreased levels of severe inter-partner violence among Pacific mothers.
- › The high percentage of traditional gift giving among Pacific families, and the level of financial stress associated with such practices, may play a role in reducing the financial security for some of these Pacific families.
- › Individuals raised by grandparents often enjoy a special status within their family, and are frequently privy to special or intricate knowledge of family traditions or tikanga.
- › Mothers with strong alignment to Pacific culture had significantly better infant and maternal risk factor outcomes than those with weak cultural alignment.

7.1 The Pacific Islands Family Study

The Families Commission will use the Family and Whānau Wellbeing Frameworks (the Frameworks) to improve general understanding of how all New Zealand families are faring, as well as to inform ongoing research and to highlight key knowledge gaps. It is evident that the structure and dynamics of families vary by ethnicity, as do those factors that influence and contribute to family wellbeing. For this reason, the Commission has developed the Frameworks.

Since 2000, the Pacific Islands Families (PIF) Study has been an important source of ongoing information about the health and overall wellbeing of Pacific Islands families. This chapter will discuss the scope and design of the PIF Study, and highlight key areas where it can provide some insights into family wellbeing.

A list of key publications from the study can be found at the end of this chapter.

7.2 Context

Before looking at the PIF findings it is important to briefly consider the broader context in which Pacific Islands' families are currently living in New Zealand.

According to the 2013 Census, 295,944 people (7.4 percent of the New Zealand population) identified as being of Pacific ethnicity. The seven largest Pacific ethnic groups in New Zealand are Samoans (49 percent), Cook Islands Māori (21 percent), Tongans (20 percent), Niueans (8 percent), Fijians (5 percent), Tokelauans (2 percent) and Tuvaluans (1 percent). This ethnic diversity is manifest in differing cultures, languages, strength of acculturation and corresponding access to (and utilisation of) health and social services.

Auckland has the largest population of Pacific people in New Zealand and is home to one of the largest Pacific populations in the world. The Pacific population is very youthful, with 45 percent aged less than 20 years (compared to 26 percent for European ethnicity). Census 2006 data showed that 34 percent of the Pacific population were living in an extended family arrangement compared with just 10 percent in the national population (Statistics New Zealand, 2007).

Pacific people in New Zealand are a dynamic and diverse group that make a strong contribution to the community, the arts, religion, academic, sports, politics and education. However, compared with the population as a whole, Pacific people are under-represented in professional and managerial occupations and have higher rates of unemployment. In terms of living standards, a Ministry of Social Development (MSD) report (Perry, 2013) concluded that Pacific peoples, on average, had the lowest living standards of all New Zealanders.

To address the inequities experienced by Pacific families in New Zealand, it is necessary to examine the underlying facets of successful educational achievement, career choices and standard of living for Pacific families, as well as identify the barriers and support mechanisms necessary to improve these. In addition, strong cultural links and relationships with peers, family and the wider community may also be instrumental in improving resilience in the face of adversity, and cultivating the potential for successful outcomes. Examining these facets of social connectedness is essential to supporting Pacific families to be successful, and to lead fulfilling and productive lives.

7.3 The PIF Study

The lack of availability of culturally specific data, upon which to base appropriate health and wellbeing policies for Pacific families, led to the initiation of the longitudinal PIF Study in 2000. The PIF birth group study is a unique longitudinal study of Pacific children born in Auckland, and includes their mothers and fathers, something that has been rarely undertaken in previous longitudinal studies of this nature.

The PIF Study Team, based within the Centre for Pacific Health and Development Research, and the National Institute for Public Health and Mental Health Research at Auckland University of Technology (AUT), is the only group worldwide with an established relationship with a group of Pacific families.

The Growing Up in New Zealand (GUINZ) Study, which commenced in 2008, follows a cohort of around 7,000 mothers and 4,400 fathers, across all ethnicities (17 percent and 13.3 percent, respectively, are from Pacific peoples communities), to provide a "...population picture of what it is like to be a child growing up in New Zealand in the 21st century" (Morton & Bandara, 2013). GUINZ will follow children from before they were born through to young adulthood. It is expected that this study will be able to provide further insights into family life within Pacific communities.

The PIF Study is specifically focused on exploring the health and wellbeing of Pacific mothers, fathers and children, and the cultural nuances that impact on family wellbeing. The PIF Study provides a platform for building Pacific research postgraduate scholarship within the research programme to provide a valuable resource for Pacific stakeholders and policy-makers in the future.

The aims of the PIF Study are to:

1. identify and characterise those individuals and families experiencing both positive and negative health outcomes
2. understand the mechanisms and processes shaping the pathways to those outcomes
3. make empirically-based strategic and tactical recommendations to improve the wellbeing of Pacific children and families, and thereby benefit New Zealand society as a whole.

7.3.1 Study design

Participants: the PIF Study recruited 1,376 mothers of a cohort of 1,398 Pacific infants (22 pairs of twins) born at Middlemore Hospital (a large tertiary hospital) in South Auckland between 15 March and 19 December 2000. An infant was deemed eligible for the study if at least one of their parents identified themselves as being of a Pacific ethnicity and was a permanent resident of New Zealand. The cohort was recruited from Middlemore Hospital because its maternity division has the largest number of Pacific births in New Zealand.

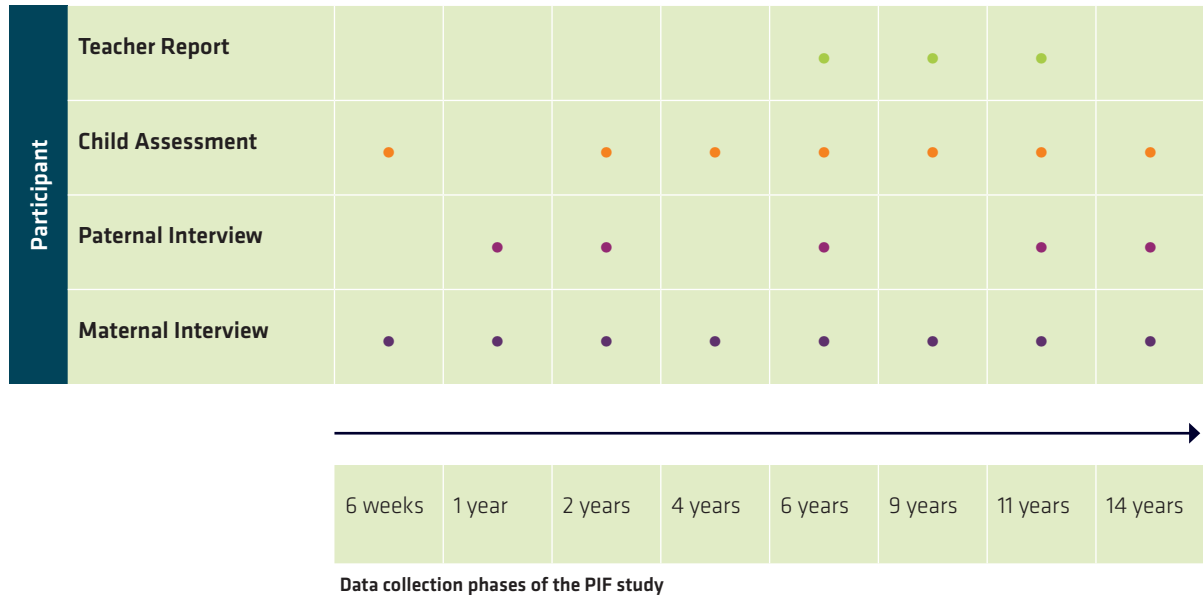
A high response rate of 93 percent was achieved upon confirmation of eligibility criteria and since then regular contact has been maintained with a majority of the cohort (with only 6 percent attrition at the last study phase in 2011). While the composition of individual families has changed over time, adult participation in the study has always been determined by who the child's main caregivers are at any given phase (their mother or primary caregiver and father or secondary caregiver), as it is these adults who typically have the greatest influence on the child's development, health and wellbeing. Attempts to contact all families are conducted at every phase, resulting in a fluctuating response rate, with most non-contacts occurring due to families moving outside the Auckland region. Information gathered at each phase confirms the current family structure and documents any changes that have taken place between phases.

Theoretical framework: drawn from a life-course approach to understand the biological, behavioural and psychosocial pathways to Pacific families' wellbeing and health within the New Zealand context (Ben-Shlomo & Kuh, 2002; Mrazek & Heggarty, 1994). Physical and social exposures over time are measured within a socio-ecological context (Lynch, 2000; Stokols, 1992). This integrated approach provides a broad, yet culturally appropriate, modelling structure to understand the way external factors impact on the wellbeing, health and development of Pacific families. Specifically, this approach provides insights into the central role of parents, the supporting roles performed by family and peers during childhood and adolescence and the influence of institutions such as schools and health services on the health and development of the family.

Documenting the timing, duration and context of exposures to success and disadvantage is important for designing optimal interventions that promote healthy outcomes. Implicit to this approach is the notion of the clustering of risks (Graham, 2002). Accumulated success or disadvantage across time predicts a range of interpersonal circumstances and health and wellbeing outcomes throughout life (Poulton et al, 2002). These models recognise that development is not simply a process of progressively building on what has gone before (Rutter, 1996), with changes in individual trajectories being important for identifying the pathways and the markers that predict outcomes. Such transition points are regarded as the key time for effective policy intervention (Saunders, 1995). The longitudinal research methodology of the PIF Study enables linkages to extensive data already obtained for modelling pathways to successful adaptation.

Data collection: the PIF Study primarily collects self-reported data through structured interviews with mothers and fathers in their homes and with children in their schools. Children and their families have been visited when the children were aged six weeks, and 1, 2, 4, 6, 9 and 11 years (Figure 7.1), providing valuable data at key transition points (for example, 'Transition to School' and 'Towards Adolescence').

Figure 7.1 PIF Study data collection phases and participant involvement at each phase



Maternal and child measures of psychosocial and physical health outcomes have comprised the core measures completed at every time point (for example, general health; child behaviour; growth and development; peer, family and community relationships; acculturation; physical health), while paternal and teacher assessments have occurred at regular intervals. Further follow-ups are planned for 14 and 16 years of age.

Figure 7.2 Examples of measurement scales used during different phases of the PIF Study

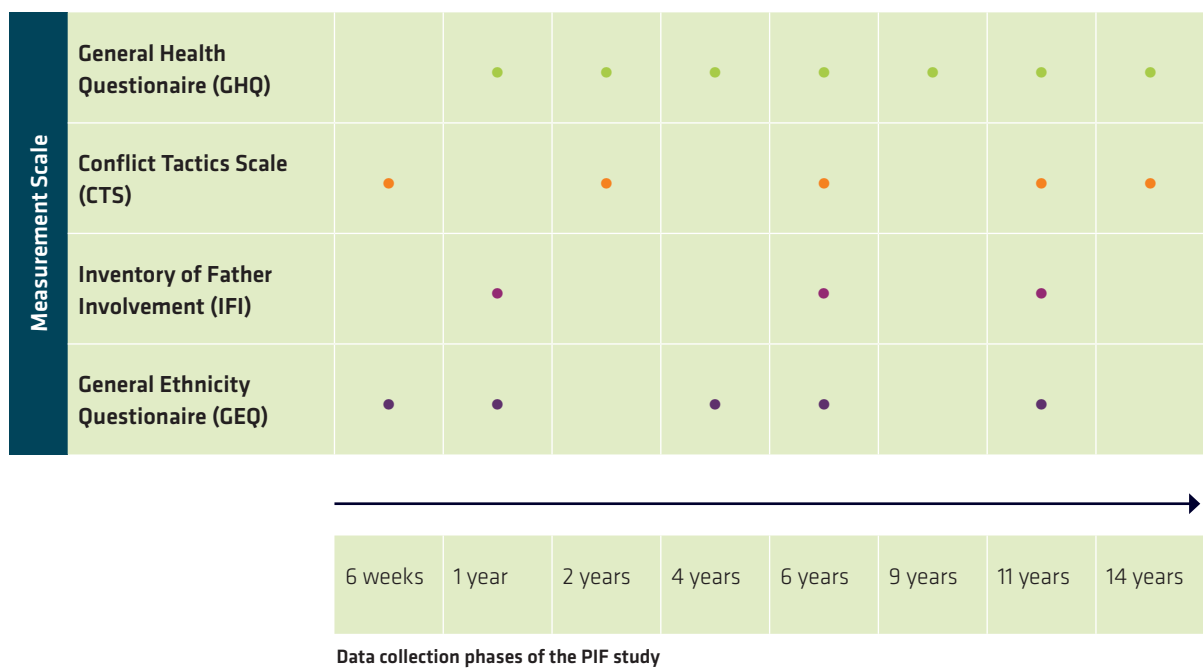


Figure 7.2 highlights specific measurement scales that have been utilised during the PIF Study and the different measurement waves during which they have been administered. This highlights the longitudinal nature of the data and the ability to look at trends and changes in these phenomena throughout the life-course development of the participants.

The specific dimensions and instruments employed in the main PIF Study have been described elsewhere (Paterson et al, 2008).

7.4 Selected findings

This section focuses on selected findings that relate to the Family Wellbeing Framework, in terms of family functioning and the four domains of social and human capital, management of resources and support, membership and family formation, and nurturance, education and socialisation. It is suggested that these domains apply regardless of the structure of the family group.

The importance of the family has been described as the basis for individual and social wellbeing (Bogenschneider & Corbett, 2010). Individuals benefit from the emotional and financial support of their family, and families fulfil a range of functions that benefit society. The role of caring for children and providing education and socialisation for the next generation represents the cornerstone of a society in which individuals flourish (Coleman & Ganong, 2004). However, family wellbeing is impacted by a complicated range of factors.

7.4.1 Wellbeing and healthy relationships

Findings in this section briefly look at the general health and happiness, psychological wellbeing and lifestyle factors that lead to health outcomes for Pacific parents. In addition, this section examines family dynamics and intimate partner violence. Such violence poses a significant threat to family wellbeing in New Zealand (Ministry of Health, 2000), and the reduction of such violence in Pacific families has been identified by Pacific communities and government agencies as a priority issue (Ministry of Social Development, 2002).

The health and safety of family members is one of the most valued aspects of family wellbeing. In the PIF cohort, nearly all mothers and fathers described themselves as very happy or somewhat happy and reported their health as being good or fair (at least 96 percent, see Table 7.1).

Table 7.1 Maternal and paternal self-reported happiness and general health status

	Baseline (1376 mothers and 833 fathers)	Year 2 (1140 mothers and 761 fathers)	Year 6 (991 mothers and 601 fathers)	Year 11 (1025 mothers and 794 fathers)
Happy (very or somewhat)				
Mothers	96%	96%	97%	96%
Fathers	99%	99%	98%	96%
General health (good or fair, vs. poor)				
Mothers	99%	99%	99%	96%
Fathers	99%	99%	98%	97%

Note: Confidence intervals extend no more than 1.2 percent either side of estimates.

The PIF Study has numerous findings about the lifestyle of Pacific children and their families which include food security, body size, physical activity and nutrition (Oliver et al, 2013; Rush et al, 2010).

Table 7.2 provides information on the proportion of PIF mothers and fathers that smoke and/or drink alcohol. Very few Pacific adults reported drinking alcohol, with nearly all mothers (98 percent) and 92 percent of fathers drinking alcohol less than once a week (Schluter et al, 2013). While there is evidence to suggest that there are proportionally more Pacific abstainers than in the general

New Zealand population, data from the 2012/13 Health Survey show that Pacific people are slightly more likely to drink to a hazardous level than the overall population (17.8 percent and 15.4 percent respectively) but are much less likely than Māori to do so (30.9 percent). The difference in these findings might reflect the specific nature of the PIF Study sample, which is not representative of the Pacific people as a whole.

Smoking remains an ongoing issue among both Pacific mothers and fathers, with at least one in three smoking at Year 11 of the study. On a positive note, at Year 11, 80 percent of smoking fathers indicated that they were interested in quitting, while 72 percent of smoking fathers indicated that government legislated tax increases had been effective in causing them to reduce their smoking. While these findings are encouraging, almost half of the PIF children live in a home where either their father or mother is a smoker.

Table 7.2 Maternal and paternal lifestyle choices				
	Baseline	Year 2	Year 6	Year 11
Alcohol (at least weekly)				
Mothers	1%	1%	2%	2%
Fathers	4%	5%	8%	7%
Smoker				
Mothers	25%	31%	33%	33%
Fathers	41%	45%	38%	37%

Note: Confidence intervals extend no more than 2 percent (alcohol) or 3.6 percent (smoking) either side of estimates.

The quality of relationships between family members is a fundamental element of family functioning and a major influence on the wellbeing of parents and children, and the extended family. Psychological wellbeing was measured using the General Health Questionnaire (Goldberg & Williams, 1988). As shown in Table 7.3, the majority of PIF mothers and fathers described themselves as high in feelings of wellbeing. For men it has remained high over the first 11 years of the study, over 90 percent, while for women it has fluctuated but remained above 80 percent.

Table 7.3 Maternal and Paternal psychological wellbeing and inter-partner relationships				
	Baseline	Year 2	Year 6	Year 11
Psychological wellbeing				
Mothers	84%	90%	94%	83%
Fathers	97%	94%	93%	92%
Victim of minor physical intimate-partner violence over the last 12 months				
Mothers	22%	25%	6%	16%
Fathers	–	8%	9%	10%
Victim of severe physical intimate-partner violence over the last 12 months				
Mothers	12%	15%	4%	8%
Fathers	–	4%	4%	4%

Note: The Conflict Tactics Scale was not used with fathers at baseline. Confidence intervals extend no more than 2.5 percent.

Although most PIF parents rated their relationships as very happy or somewhat happy, intimate-partner violence (IPV) was common among Pacific parents.

The Conflict Tactics Scale (Strauss, 1990), a brief self-report measure, has been used to examine IPV in the PIF Study. While there are a number of different measures of intimate-partner relationships that have been used in other research contexts, the Conflict Tactics Scale is useful for assessing IPV in large epidemiological studies. However, it is not able to substitute for comprehensive interview assessments which can take into account the context of IPV incidents.

Within the PIF group, participants report on their behaviour towards their partner (perpetration) and about their partner's behaviour towards them (victimisation) over the past 12 months. The Minor Physical IPV sub-scale includes three items (for example, throw an object; slap) and the subscale of Severe Physical IPV includes six items (for example, hit with an object; choke-strangle).

The PIF findings are consistent with those reported in other New Zealand groups (Magdol et al, 1977), and revealed that mothers were just as likely as fathers to perpetrate and be victims of severe IPV. Mothers were asked about IPV (either as a perpetrator or victim) at six weeks, two years, six years and 11 years.

Table 7.3 shows that between 4 percent and 15 percent of mothers reported severe physical IPV at some point during the PIF phases, while 16 percent reported minor physical IPV at Year 11 of the study. However, for both minor and severe IPV, the findings for mothers are shown to move around somewhat and no clear trend is apparent. At six weeks, victims of severe physical IPV were significantly more likely than non-victims to be New Zealand-born, unmarried, have low household income, have consumed alcohol since the birth of their child and/or exhibit an 'integrationist' acculturation pattern¹ (Paterson et al, 2007; Schluter, Paterson, & Feehan, 2007).

A more focused examination of the role of acculturation (Borrows et al, 2011) indicates that a strong traditional Pacific cultural identity is significantly associated with decreased levels of severe IPV among Pacific mothers.

Other PIF findings have revealed that some Pacific fathers have suffered from psychological distress, which increased over time, from the birth of their child until to at least six years afterwards. The quality of marital relationship was a statistically significant predictor of psychological distress, with those who were separated or single being more likely to develop mental disorder, than those who were in married or stable relationships.

These findings highlight the importance of stable relationships between parents, both following the birth of the child and throughout the child's growth and development. Pacific families living in New Zealand may not have access to their extended support structures present in their home islands, and could subsequently be more vulnerable to negative effects of psychological distress. These issues are likely to impact on the health of the child, and compromise the health of the overall family unit as well.

7.4.2 Nurturing healthy Pacific children and families

The PIF Study examined the nurturing and disciplinary practices used with children at 12 months of age (Cowley-Malcolm et al, 2009). The Parenting Behaviour Checklist (PBC) was used to measure parenting practices, specifically nurturing and discipline (Fox, 1994). Playing and praise were found to be common among mothers but the provision of books was relatively uncommon, and reading to the child was uncommon among fathers. Relatively high levels of nurturing parenting behaviours for mothers were associated with Samoan ethnicity and higher education, while relatively low levels were associated with alcohol consumption, gambling and symptoms of postnatal depression.

Among mothers, relatively high levels of harsh discipline were associated with Tongan ethnicity, while among fathers it was associated with having a partner, being a gambler, gambling and harmful alcohol consumption. Using the PBC, it was shown that one year, two years and four years after childbirth the prevalence of smacking among mothers was 21.5 percent, 52.0 percent and 77.1 percent respectively (Schluter et al, 2007).

¹ Acculturation is discussed in more detail in Section 7.4.4.

The level of father involvement in the family has a significant effect on child outcomes. At six years of age, associated child behaviour (CBCL) scores were collected and father involvement examined. Findings indicated that children of fathers with higher levels of involvement were less likely to exhibit symptoms of both externalising and internalising problem behaviour,² as compared with children of fathers with low levels of involvement. Father involvement was characterised by such things as supporting mothers in childcare, providing basic necessities, school encouragement, developing talents for the future and/or attentiveness to their child's needs.

7.4.3 Resources and support in building Pacific family wellbeing

This section looks at a number of different aspects of the resources and support available to or needed by PIF Study families, including home ownership and household size, traditional gift giving, support needed to help PIF fathers be good fathers and support provided by the wider family.

Income and financial circumstances have an impact on the wellbeing of families. Those on low incomes have limited ability to pay for quality housing, for transport to and from work, to social activities, childcare and medical appointments, as well as for food and other basic necessities. The price of housing can be a significant barrier to home ownership, while rental affordability can lead to families living in substandard or overcrowded housing. Where family members are unable to obtain secure employment, their ability to provide a stable environment for their family is severely constrained.

Recent findings have revealed a slightly increased rate of home ownership above the baseline of 18 percent at the 6-weeks measurement phase. At the beginning of the PIF Study these families were relatively young, but now 13 years later more families have built up the resources to buy their own home. However, household size is high and is likely to have a significant impact on household finances, with 85 percent of Pacific families living in a household of five or more people, and 31 percent with eight or more people (Table 7.4).

The high percentage of traditional gift giving among Pacific families, and the level of financial stress associated with such practices, may play a role in reducing the financial security for some of these Pacific families. There is growing evidence that younger, New Zealand-born, Pacific people are becoming less committed to traditional gift giving to churches and other cultural obligations. Pacific leaders have a role to play in assisting Pacific families to manage their financial resources both within the New Zealand context and in terms of their remittances to the Pacific Islands.

Table 7.4 Household characteristics at baseline and after 2, 6 and 11 years

	Baseline (1376 families)	Year 2 (1144 families)	Year 6 (1001 families)	Year 11 (1029 families)
Home ownership				
Own home	18%	19%	24%	22%
Household size				
2 to 4	21%	26%	19%	14%
5 to 7	50%	52%	52%	54%
8 or more	29%	22%	29%	31%

Note: Confidence intervals extend no more than 3 percent either side of estimates.

² Externalising problem behaviour can include disobedience, physical aggression, vandalism and threatening others, while internalising problem behaviour can include self-harm (eating too much or too little, abusing substances and cutting) and feeling depressed.

Tautolo (2010) highlighted challenges Pacific fathers face in providing economic security and being a good father. The PIF Study, through follow-on qualitative research, has shown that Samoan and Cook Islands' fathers were enthusiastic about their fathering role and wished to be competent and involved fathers.

These fathers also reported that provisions concerning flexible work hours and improved availability of information and fathering support services are needed to help them fulfil their role effectively. The fathers expressed their simultaneous and somewhat contradictory ambition to be a good provider (necessitating working long hours), and yet spend more time with their children. The participants suggested that if strategies are implemented to address these needs, Pacific father involvement and engagement would increase, leading to better outcomes for Pacific children.

Evidence suggests that the ability to access support in times of crisis can also increase the confidence of families to weather financial, emotional or practical setbacks. Tautolo (2010) found that there was often a combination of family members contributing financially to the household, or helping with raising the children, depending on the situation or circumstances at the time.

Hakaoro (2003) suggests that being raised by grandparents or other family members is a customary practice amongst Pacific cultures, particularly within the Cook Islands culture. Within the Pacific Islands community, individuals raised by grandparents often enjoy a special status within their family, and are frequently privy to special or intricate knowledge of family traditions or tikanga. Vai'imene (2003) contends that it was often the role of grandparents to educate their grandchildren about the traditions and customs of their culture, the roles and responsibilities of children and adults, genealogies and histories of land entitlements, and numerous other protocols associated with being a Cook Island Māori. Conceivably, this model of communal or shared child-rearing is beneficial in sharing the burden as well as providing a network of people who look after and protect the child, and who the child can turn to when they need help or support. However, as noted by Vai'imene (2003) changes in lifestyle, employment and travel separate the child from frequent contact with their grandparents. Thus, many children now grow up knowing very little of their cultural heritage.

7.4.4 Role of cultural alignment and identity in maintaining wellbeing

Quantitative findings from the PIF Study suggest the retention of strong cultural links among Pacific families is likely to have positive health and wellbeing benefits. Cultural orientation was measured with a modified version of the General Ethnicity Questionnaire (Tsai, Ying, & Lee, 2000) and has been used at regular intervals from the beginning of the PIF Study. The measure is based on the widely used concept of acculturation, the process used to refer to the changes that groups and individuals undergo when they come into continuous contact with another culture (Berry, 2008).³

Maternal acculturation, and its association with infant and maternal health risk indicators, was investigated. The findings revealed that mothers with strong alignment to Pacific culture had better infant and maternal risk factor outcomes than those with weak cultural alignment (Borrows et al, 2011). The children of mothers who possess a strong link to their Pacific culture are also significantly less likely to experience clinical-range internalising and externalising behavioural problems across early childhood compared to children of mothers with other acculturation patterns, suggesting a protective effect of retention of Pacific cultural practices.

³ The measure is based on Berry's (2008) bi-directional model that identified four different acculturation strategies that can be adopted by non-dominant cultural groups: assimilation, integration, separation and marginalisation.

Significantly different patterns of acculturation were found between immigrant and New Zealand-born Pacific mothers. Length of time in New Zealand was, on average, linearly and positively associated with increased alignment to New Zealand mainstream culture. Pacific mothers generally maintain their strong Pacific cultural alignment for approximately 12 years after arriving in New Zealand, after which time the strength of this alignment decreases and approaches the level observed by mothers who have lived their lives entirely in New Zealand (Schluter, Tautolo, & Paterson, 2011). This is consistent with international findings (Berry, 2008).

7.5 The future of the PIF Study

The PIF Study provides extensive quantitative and qualitative data on the risk and protective factors that affect individual and family wellbeing. But there are many key questions about Pacific family wellbeing that need more in-depth exploration. Over the last year, focus groups with 13-year-old Pacific children were undertaken to examine children's aspirations for the future, and their participation in their community and in the digital world. In March 2014, the 14-year phase of the PIF Study examined new culture-specific data from Pacific adolescents as they underwent dramatic intellectual and psychosocial development leading to sexual and social maturity. In 2015, a qualitative follow-up study will ask Pacific mothers and fathers about how they describe a successful family.

7.6 Conclusion

Findings from the PIF Study highlight the importance of family environment to child development. Healthy and well-functioning families contribute to healthy and happy children.

The PIF team plans to work with the Families Commission more closely to improve our overall understanding of the wellbeing of Pacific families. This collaborative approach will ensure that PIF findings will continue to bring Pacific issues to the fore, equip Pacific groups with the tools to improve their own outcomes and lobby for policy and organisational change and arm the Families Commission with robust pragmatic knowledge to promote family health and wellbeing for Pacific Peoples in New Zealand.

7.6.1 Technical note

Findings have been utilised by numerous stakeholders such as the Ministry of Pacific Island Affairs (MPIA; used to provide policy advice to Government), Le Va (for example, mental health findings informing practice), Ministry of Social Development (MSD; partner violence, food security), the Ministry of Health (MOH; Food and Nutrition Guidelines), Counties Manukau District Health Board (CMDHB; Let's Beat Diabetes), TAHA (Pacific maternal and infant wellbeing services such as breastfeeding and infant bed-sharing) and the National Heart Foundation (Pacific Heartbeat - Nutrition and Bodysize). The findings have also informed the promotion of earlier screening of otitis media with effusion, Action on Smoking and Health and TalaPasifika smoking cessation interventions and interventions and practice for improving the rate of physical growth and obesity-related outcomes. The generalisability of potential outcomes of PIF research to migrant populations in other countries is an important potential contribution to international research in health and related areas.

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SECTION C





8. THE WAY FORWARD

In Section A of this report, the proposed Family and Whānau Wellbeing Frameworks are discussed, along with some preliminary analysis of trend data and guidance with regard to how the Families Commission intends to use the Frameworks. Specific issues of interest – namely, changing family structures and transitions (Chapter 6) and the wellbeing of Pacific Islands families (Chapter 7) – are examined in Section B.

The Commission regards this report as another step towards improving our understanding of family and whānau wellbeing. The aim of the report is to stimulate critical thinking and ongoing discussion about how to define and measure family and whānau wellbeing, and what this means for the development of policy and the delivery of programmes and services aimed at increasing the wellbeing of families and whānau. As discussed in Chapter 1, the nature of families is changing and with new pressures being placed on families and whānau, the Status Report will review how well they are standing up to changing economic and social circumstances, expectations and values.

This chapter sets out how the Commission proposes to take forward work on the Family and Whānau Wellbeing Frameworks (the Frameworks), with regard to:

- › consultation on the Frameworks
- › identifying and selecting indicators
- › implementing an ongoing family and whānau research work programme.

8.1 Consultation

To ensure that there is a broad base of support, it is important that the Commission undertakes a consultation on the proposed Frameworks and the He Awa Whiria – Braided Rivers approach we propose using to draw on the two Frameworks. The publication of this report is the first step in that process.

Following publication of the report, the Commission will host three technical briefings in Auckland, Wellington and Christchurch. A broad range of policy-makers, researchers, academics and practitioners will be invited to attend these briefings to discuss the Frameworks, and how the Commission proposes to use them, including the identification and selection of indicators, and the Commission's proposed family and whānau research work programme.

These briefings will be held in July and August 2014, with the outcome of the consultation published on the Commission's website by the end of September 2014. Given the conceptual and definitional challenges in developing the Family and Whānau Wellbeing Frameworks the Commission expects the Frameworks to evolve over time, especially as our understanding of the factors that contribute to and influence family and whānau wellbeing improves, and with improvements in the availability of family- and whānau-level data.

8.2 Defining and selecting indicators

By December 2014, the Commission will finalise the selection of an initial set of indicators for both Frameworks. This report has discussed the challenges in identifying appropriate indicators of family and whānau wellbeing, and in Chapters 3 and 4 we have shown how existing data can be used to examine trends in how different types of family and whānau are faring. The Commission therefore expects that the quality and breadth of the initial set of indicators will improve over time.

The Commission has already started to map and assess a broad range of government administrative and survey datasets to determine whether or not they can provide useful information about family and whānau wellbeing. This is not a static process as the availability of information changes, in terms of changes to existing surveys and/or the launch of new surveys (for example, Te Kupenga), and with regard to data currently, and planned to be, available in Statistics

New Zealand's Integrated Data Infrastructure (IDI).¹ The IDI increases the potential value of separate administrative and survey datasets by linking them together.

The Commission expects to work closely with Statistics New Zealand, and other government departments, in making full use of the IDI. This will include:

- › investigating how to use the IDI's address history and relationship information to define and create family-level information
- › using the potential of linked data and family information to look at topics that help to understand family dynamics and their impact on family and whānau wellbeing
- › examining the inter-relationships of income and family relationships, and how this changes over the family lifecycle, to identify income indicators
- › using health information (primarily from the Ministry of Health's annual health survey), when linked with other data, to provide improved family health indicators
- › using linked Census datasets to track changes in family structures and circumstances over time.

This programme of work will be carried out over the long term, and the Commission will use the consultation to help identify early priorities.

A number of key datasets have already been identified for further analysis, including:

- › the Family Benefit and Income dataset, jointly developed by the Inland Revenue Department and the Ministry of Social Development, which includes information about 1.2 million families (singles and couples) who have had contact with the Working for Families tax credit system since 2003
- › the Ministry of Social Development's Integrated Child Dataset, which may be useful to help understand family functioning in relation to the most vulnerable children in New Zealand
- › the 2009/10 Time Use Survey², which includes detailed family information and asked respondents about the nature of support and care provided to family members (and others) inside and outside the household.

Analysis of these, and other, datasets will help to identify potential family and whānau wellbeing indicators, as well as provide useful contextual information about how families are faring and improve our understanding of what factors contribute to and influence family and whānau wellbeing.

The Commission will also make full use of recently released Census 2013 and Te Kupenga data. Census 2013 data provide important cross-sectional information on all individuals and households in New Zealand, while, as discussed in Chapter 4, Te Kupenga, the Māori Social Survey, will allow analysis of the inter-relationships between engagement in Te Ao Māori and general wellbeing outcomes, together with subjective wellbeing and whānau wellbeing.

An important issue for identifying and selecting indicators is the extent to which we should use individual-level measures, given the lack of family- and whānau-level data. A key question is whether the use of such individual-level data is relevant in the context of family and whānau wellbeing.

One argument in favour of the use of individual-level measures (for example, mother's education) is that they have been strongly linked to other family members' wellbeing or to overall family wellbeing (Office for National Statistics, 2012). There has been an increasing body of research on factors associated with individual wellbeing³, but relatively little that focuses on family wellbeing. Existing research does, however, provide some basis for the selection of potential family and whānau wellbeing indicators – for example, the quality of relationships is consistently identified as being strongly associated with subjective wellbeing.

¹ The IDI is a linked longitudinal dataset about individuals, households and businesses that contains both administrative and survey data. For more information, see http://www.stats.govt.nz/browse_for_stats/snapshots-of-nz/integrated-data-infrastructure/introduction-idi-2013.aspx

² Statistics New Zealand carried out the 2009/10 Time Use Survey among New Zealanders aged 12 years and above, and asked respondents to complete a two-day time use diary. The survey provides important information to assess New Zealanders' standard of living.

³ For example: Diener, E., & Suh, E. (1997). 'Measuring quality of life: Economic, social and subjective indicators.' *Social Indicators Research*, 40: 189-216; Dolan, P., Peasgood, T., & White, M. (2008). 'Do we really know what makes us happy? A review of the economic literature on the factors associated with subjective wellbeing.' *Journal of Economic Psychology*, 29: 94-122.

8.3 Towards a family and whānau research work programme

The Commission recognises that no one set of indicators will be able to provide a comprehensive overview of family and whānau wellbeing. The Commission therefore intends to develop and implement an ongoing annual research work programme that examines family trends, attitudes and aspirations, and will seek to work closely with other government agencies to influence their own research and evaluation activities that relate to families and whānau wellbeing.

As discussed above, the Commission has already started to map the availability of existing administrative and survey datasets to help inform the selection of potential wellbeing indicators, as well as to identify initial research priorities. The Commission does expect that the annual research work programme will include a series of projects that use existing secondary data to examine specific aspects of family functioning and/or those factors that contribute to and influence family and whānau wellbeing. In addition, the Commission will continue to report on changing demographic trends, and what is driving this and what this means for family and whānau wellbeing.

A primary research work programme will also be required. Not least because it will be important to ask New Zealand families and whānau directly about how they are faring and to ensure that the Frameworks represent what matters most to families and whānau. This is likely to include both quantitative and qualitative research, in order to gather real-life experiences and stories from New Zealand families and whānau.

At the time of writing this report, the Commission had commissioned a methodological review of options for undertaking primary research with families. It is clear that there is no general consensus about how to undertake research at the level of the family and whānau, although Te Kupenga represents an important advance with regard to whānau-level research. Research into family and whānau wellbeing will also address complex and inter-related issues, covering multiple dimensions and subjective as well as objective components. It is important that any research undertaken by the Commission understands these technical challenges.

This report has identified potential areas for further research, but a more comprehensive process for mapping and prioritising this research will be undertaken, including liaison with other government agencies and other key stakeholders to identify their own research plans. However, an early priority will be to investigate the use of indicators of individual wellbeing in measuring family and whānau wellbeing. Research is also needed to collect more in-depth information on the core family functions, as well as with regard to those areas of the Frameworks where there are significant knowledge gaps.

The Commission will outline and discuss with the Family and Whānau Experts Groups key research questions and seek to prioritise these into an ongoing annual research work programme. The research work programme will be published and updated on the Commission's website.

Reference

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APPENDIX:
DEMOGRAPHIC
TRENDS UPDATE

Introduction

This brief demographic profile presents a broad overview of the make-up of the New Zealand family in 2013 and identifies trends over the past few decades. The aim is to provide background demographic information on significant aspects of family life, such as marriage and fertility. There are dangers in simplifying demographic trends that often vary for different groups (eg ethnic, geographical or socio-economic), but more detailed studies of New Zealand family and whānau are available for those interested.¹ These studies offer a more complete picture of family trends and the factors contributing to family change.

This appendix mainly uses data collected and published by Statistics New Zealand, including recently released Census 2013 data and updated annual statistics on births, marriages and divorces². As the full Census data is not yet available some analysis covers the period up to the 2006 Census. Additional information comes from the Ministry of Social Development's 'Social Report'³. To avoid excessive referencing, data comes from these primary sources, unless stated otherwise in the text.

New Zealand's population

New Zealand's population has grown steadily over the last 30 years and was 4.24 million as at the 2013 Census.

While the rate of natural growth has been steady the contribution of migration to population growth has varied. In some years there has been a net flow out of New Zealand (eg the mid 1980's) and in some years an inward flow (eg since 2002, with the exception of 2012). Immigration and the higher birth rates, and the younger age profile of Asian, Māori and Pacific Peoples is resulting in an increasingly diverse cultural mix for New Zealand.⁴ In the latest Census a quarter of the resident population reported being born overseas, with almost a third of this group being born in Asia.

Like many 'developed' countries, New Zealand's population is aging. For example, the median age of the population has increased from 26.4 years in 1976 to 38 years in 2013. The proportion of the population who are children has fallen, while the proportion in the 65 years plus age group has risen. This aging of the population is likely to result in fewer working-age New Zealanders supporting an increasing number who have retired.⁵

Where New Zealanders live within New Zealand has also undergone significant change. There has been greater growth in urban areas and the North, with Auckland, Hamilton and Tauranga experiencing greater than average population growth. In 2006, 86 percent of the population was living in urban areas, with almost a third of New Zealanders living in Auckland.

Who do people live with?

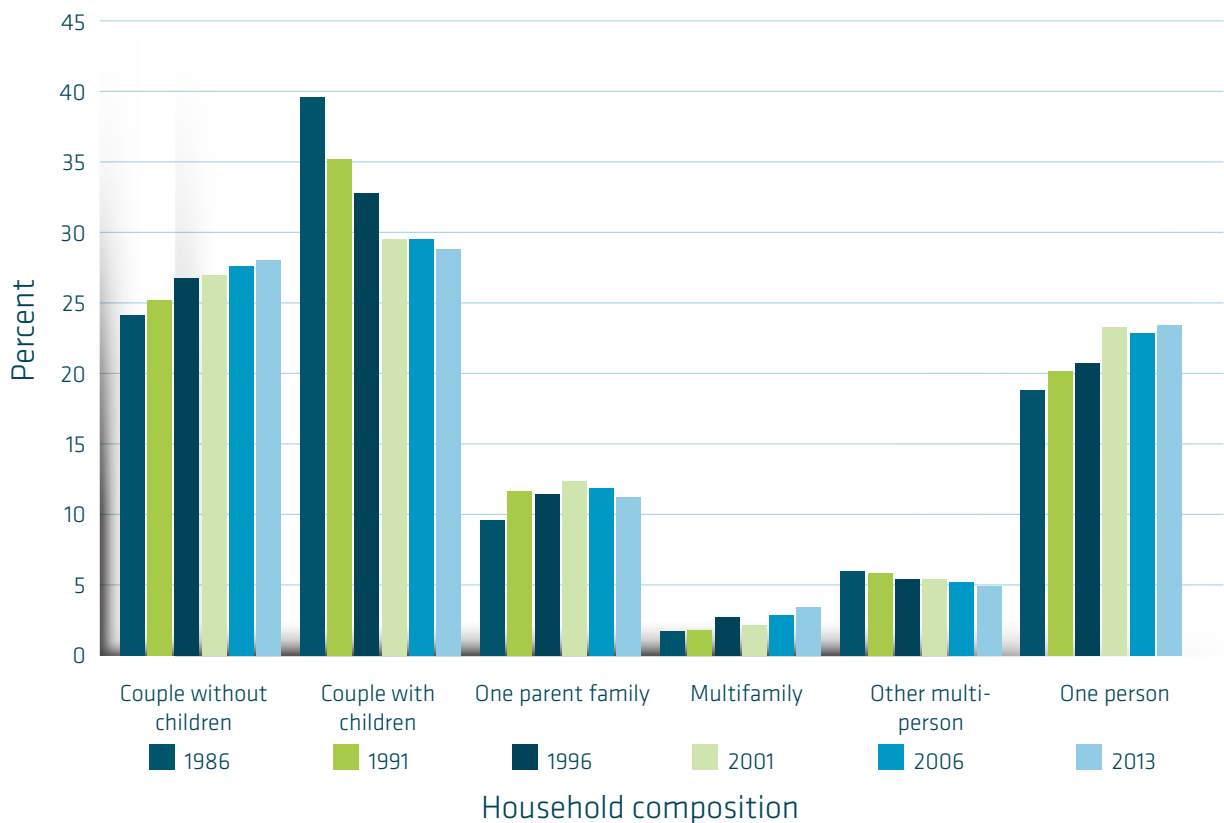
Most New Zealanders live in households with other people, to whom they may or may not be biologically related.

When statistics are collected in the Census, people are categorised as living in households and, where relevant, in families. A household can contain one or more families, or a person living alone, or a group of unrelated adults (eg students flatting together). Families are categorised in terms of the relationships between household members (eg a couple with or without children). Over time there may be changes in both the composition of households and in the main types of family.

Households

Households usually contain only one family unit, either a single person living alone or a couple with or without children. In 2013, only 3 percent of households contained multi-family units, although this is more common among Asian, Pacific and Māori households.⁶ Figure 1 shows how the composition of households has changed since 1986.

Figure 1 Distribution of households, by household composition, census 1986–2013



Source: Statistics New Zealand

Household composition: Statistics New Zealand (1998) 1996 Census: Families and Households, Table 1; Statistics New Zealand (2002) 2001 Census of Population and Dwellings: National Summary, Table 36; Statistics New Zealand (2006) 2006 Census, Classification Counts, Table 55.

Couples with children have accounted for around 30 percent of households since 2001, having fallen from 40 percent in 1986. Over the past 27 years, couple-only and one-person households have become more common, while the proportion of one-parent households remain at around 1991 levels. Population aging and the narrowing gap in male and female life expectancy are factors contributing to this change (eg there are more couples whose adult children have left home). However declining fertility, delayed marriage, relationship breakdown, changing values and attitudes to partnering are also likely to have contributed to these changes.

Families with dependent children

Despite the apparent stability of one-parent households this analysis is complicated by the changing nature of the population (eg more one-person and couple-only households). A different picture emerges if families with dependent children are considered over time.

Since 1976 there has been a decrease in the share of families with dependent children who are in two-parent families, from 89.6 percent in 1976 to 71.9 percent in 2006, and an increase in one-parent families, from 10 percent to 28 percent over the same time period.⁷ The proportion of one-parent families headed by fathers has increased slightly over the same period, to 17 percent of one-parent families in 2006. Recent analysis indicates that the rate of growth in the proportion of families headed by a sole parent is levelling off.⁸ The increase in the proportion of one-parent families mirrors overseas trends, although New Zealand's rate is relatively high by international (OECD) standards. It is important to note that while at any one time just over one-in-four families with dependent children contain only one resident parent, the chances of a child ever living in a one-parent family are higher, with an earlier New Zealand study estimating that a third of children in their study lived in a sole mother family by age 17⁹ – although this may be higher now. Recent Growing up in New Zealand data indicates that many of these one-parent families with young children are living in households with other adults (eg with relatives such as grandparents).

Partnerships

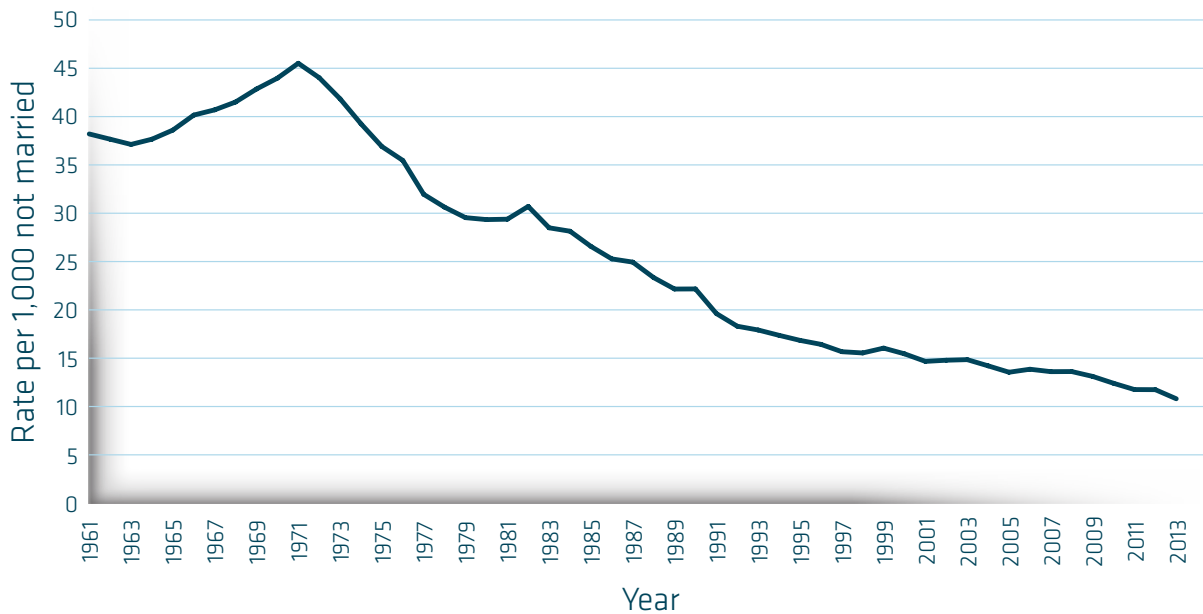
In 2013, 51 percent of all adults aged 15 to 44 years were living with a partner, whether married or in a de facto relationship.¹⁰ There are an unknown number of couples who would consider themselves to be in a committed partnership, but who through circumstances (eg work and study) do not live together (often referred to as LAT or Living Apart but Together couples). Since 1986 there has been a slight decrease in the proportion of the 15–44 years age group who are partnered, but a significant increase in the proportion living as a de facto couple.

In 1996, about one-in-four men and women aged 15–44 years who were in partnerships were in de-facto relationships.¹¹ By 2013, this figure had increased to more than one third (35 percent). Other New Zealand research¹² indicates that each generation has seen a greater proportion cohabit with a partner, rather than marry, as their first relationship. It is now the norm for de-facto cohabitation to be the first form of relationship and for those who marry to have time in a de-facto relationship before marrying.

Figure 2 shows the marriage rate for the last 50 years. Since the early 1970s there has been an almost uninterrupted decline in the general marriage rate (number of marriages per 1,000 not-married population aged 16 years and over). At 10.9 in 2013, the rate is currently almost a quarter of the peak of 45.5 marriages per 1,000 non-married, recorded in 1971. Many factors have contributed to the fall in the marriage rate, including the growth in de-facto unions, a general trend towards delayed marriage and increasing numbers of New Zealanders remaining single.

Evidence that some people are delaying marriage is seen in the increasing median age of those who marry. For example, the median age of men who married for the first time in 2013 was 30 years, about seven years older than the median age of those who married for the first time in 1971. The median age of women who married for the first time has risen by a similar margin, from 20.8 years in 1971 to 28.6 years in 2013. Women still tend to marry men older than themselves, but the gap between their median ages at first marriage has narrowed. In 1971, the gap was 2.1 years, but by 2012 it had narrowed to 1.5 years.

Figure 2 Marriage rates, 1961–2013



Source: Statistics New Zealand. Demographic Trends (2012)

Rate per 1,000 mean not-married estimated population aged 16 years and over.

The proportion of people who marry for a second time has been increasing. In 1971, just 16 percent of marriages involved the remarriage of one or both partners, but by 2013 it was 30 percent. These remarriages do not always involve dependent children, as the previous marriage may have been childless or the children may now be adults. Remarriage figures do not capture individuals who may have had children with a previous de-facto partner (ie was not previously married). For this reason remarriage rates do not provide an indication of the numbers of stepfamilies (often also referred to as blended families).

Stepfamilies form when a couple enter a partnership and one or both adults have a child from a previous relationship (either marriage or de facto). We do not have national estimates of the proportion of children living in stepfamilies in New Zealand. However the rates are likely to be at least as great as in Australia (7 percent)¹³ and England (9.5 percent).¹⁴ One estimate is that as many as 20 percent of children in New Zealand will have the experience of living with a step-parent before they turn 17 years.¹⁵

The Civil Unions Act 2004 came into force on 26 April 2005, and the first ceremonies were celebrated on 29 April 2005. By 31 December 2013, there had been a total of 3,214 civil unions registered. Of these, 2,548 (79 percent) were same-sex civil unions.¹⁶

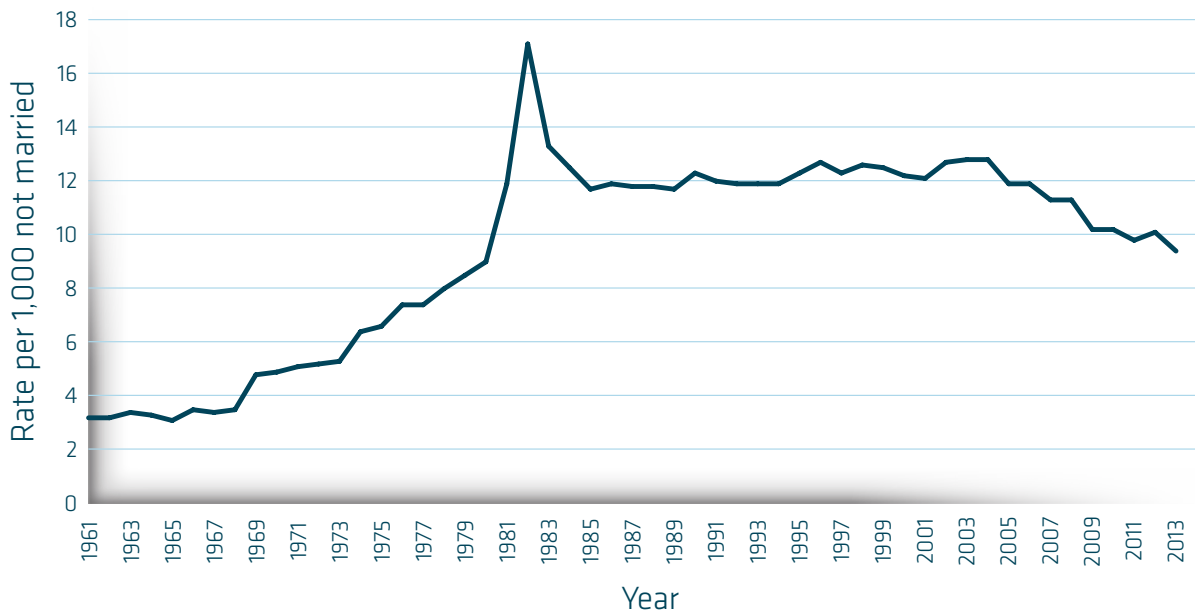
Divorce

Figure 3 shows the divorce, or dissolution, rate for the last 50 years. In 1981, there was a sharp increase in divorces following the passing of the Family Proceedings Act 1980, which allowed for the dissolution of marriage on the grounds of irreconcilable differences rather than fault. This resulted in a record high divorce rate in 1982, partly due to the backlog of people who had separated in the past but had not divorced under the pre-1982 law. After 1982 both the number and rate of marriage dissolutions dropped. The trend was then for a gradual increase in the divorce rate until the mid-2000s when the rate declined again.

However, annual divorce statistics do not give a complete picture of the chance of a marriage ending in divorce. Analysis of divorce statistics by year of marriage shows that just over one-third of New Zealanders who married in 1985 had divorced before their silver wedding anniversary (25 years of marriage). For those married in 1975 and 1970, the corresponding figures were 30 and 28 percent divorced, respectively.

In line with the increased age at first marriage, age at divorce is also increasing. The median age at divorce in 2013 was 46.4 years for men and 43.8 years for women, compared to 40.6 years and 37.8 years respectively in 1996.

Figure 3 Divorce rates, 1961–2013



Source: Statistics New Zealand. Demographic Trends (2011)

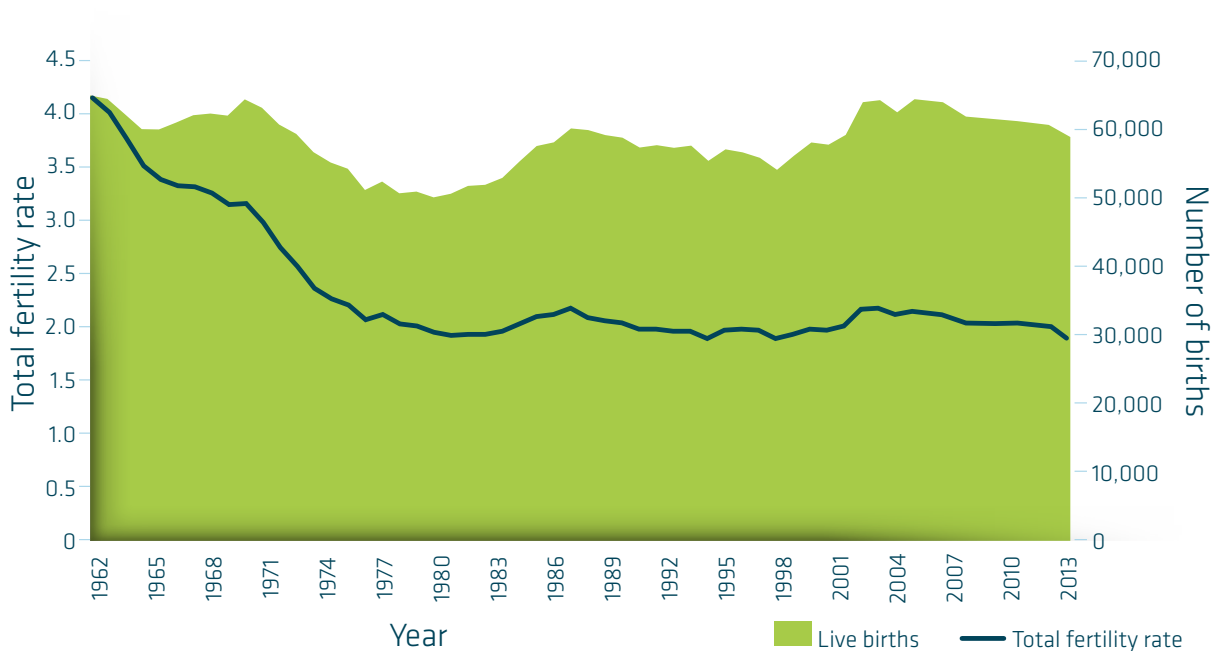
Rate of orders for dissolution of marriage granted in New Zealand per 1,000 estimated existing marriages.

Having children

Latest figures indicate that New Zealand women are currently giving birth to 1.95 children on average (Total Fertility Rate). This is less than half the high of 4.3 births per woman recorded in 1961, when there was early and near-universal marriage, and early childbearing (Figure 4). The level of fertility required by a population to replace itself in the long term, without migration, is 2.1 births per woman. New Zealand's fertility rate has hovered around this figure since the late 1970's. New Zealand's total fertility rate of 2.15 in 2010 was higher than many of the comparable countries; US (1.93), Australia (1.89), United Kingdom (1.98), Japan (1.39) and Switzerland (1.54).¹⁷ Some countries are concerned about their below replacement fertility and some have taken active measures to increase fertility (eg payments to new mothers).¹⁸

There has also been an increase in the number of women who remain childless.¹⁹ Using Census data, Statistics New Zealand analysis indicates that in 2006 15 percent of women aged 40–44 years were childless, compared to 12 percent in 1996 and 9 percent in 1981. This rate of childlessness is very similar to that in Australia (16 percent in 2006).²⁰

Figure 4 Number of live births and total fertility rates, 1962–2013



Source: Statistics New Zealand. Demographic Trends (2011) and Births & Deaths: Year ended Dec 2013

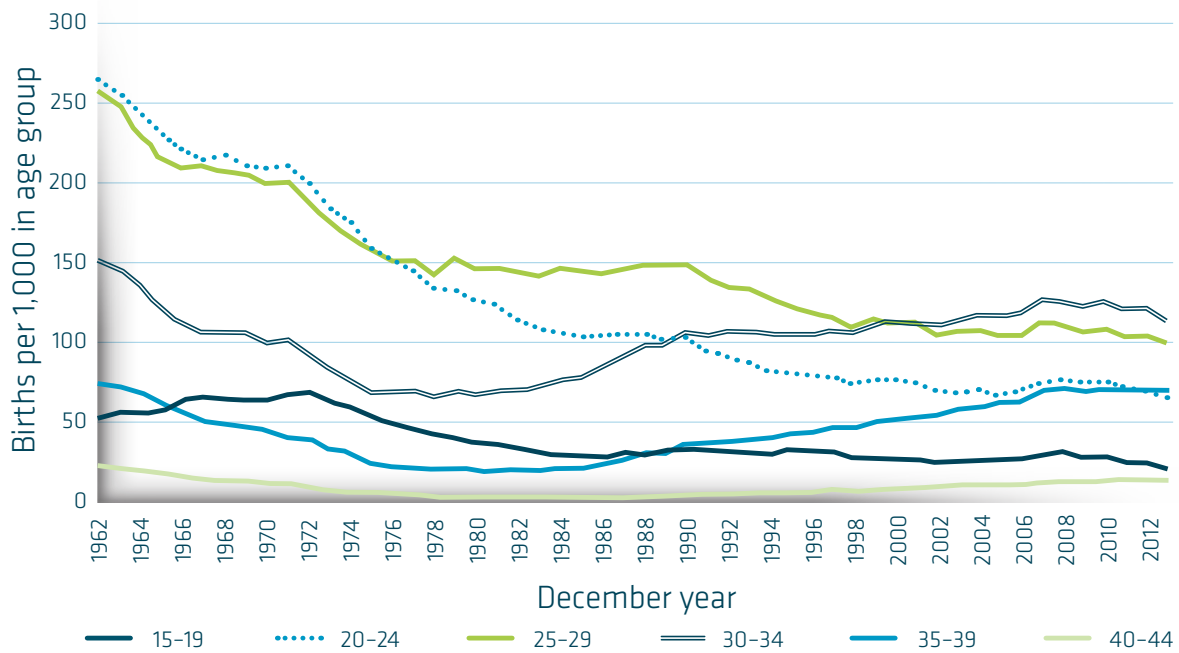
The total fertility rate is the average number of births a woman would have during her life if she experienced the age-specific fertility rates of a given period (usually a year).

Age of parents

Age-specific fertility rates measure the number of live births 1,000 women in a particular age group have in a given period (usually a year). Age-specific fertility rates (Figure 5) show a big drop in births to women in their 20s, especially from the early 1960s to the late 1970s. Since 2002 women aged 30–34 years have had the highest fertility rate. From the chart it can also be seen that fewer New Zealand women in their teens are having a child compared with the 1960s. The birth rate for women aged 15–19 years was 69 per 1,000 in 1972, before dropping to 22 per 1,000 in 2013. Although the teen birth rate is lower than the US (34 in 2010) it is still high by international standards. For example, Australia (15.5 in 2011), England and Wales (22.1 in 2011), France (7.2 in 2010), Denmark (4.6 in 2011) and Switzerland (2.8 in 2010) have lower teen birth rates.

The median age of New Zealand women giving birth is now 30 years, compared with 26 years in the early 1960s. It has been relatively stable at around 30 years of age over the past decade. The median age of fathers has also increased over this period.

Figure 5 Age specific fertility rates, 1962–2013



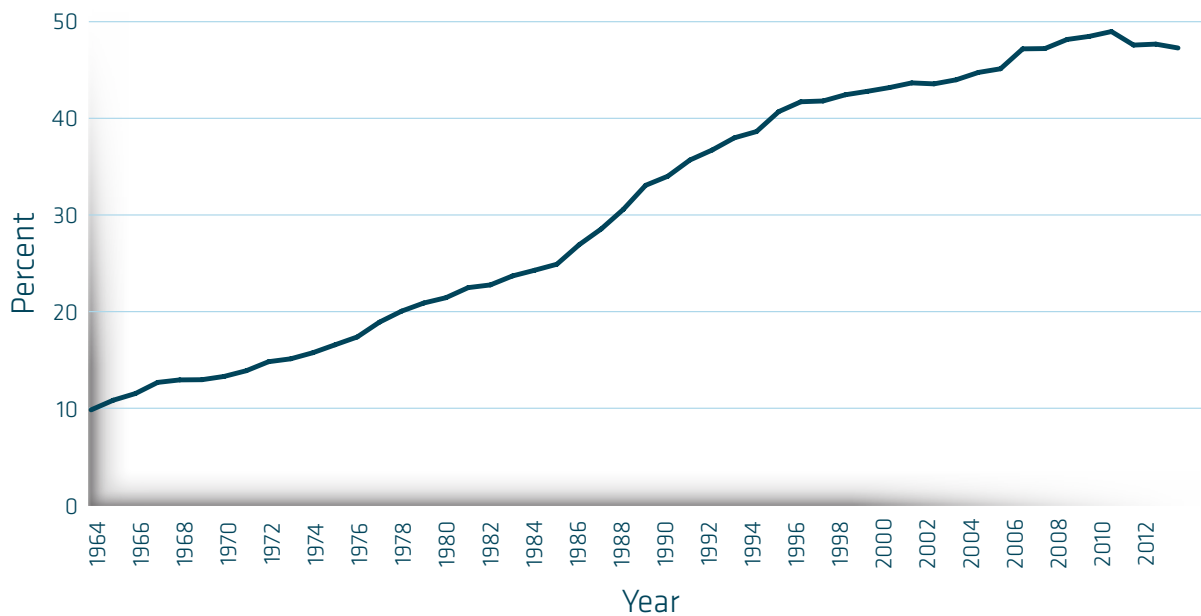
Source: Statistics New Zealand. Demographic Trends (2011) and Births & Deaths: Year ended Dec 2013

Ex-nuptial births

As the rate of cohabitation has risen, so has the proportion of births to women who are not married to the child's father (referred to as ex-nuptial births). While just under 10 percent of births were to unmarried women in 1964, nearly a quarter of all births were by the early 1980s and nearly 50 percent of all births in 2013 (Figure 6). In 2007, the New Zealand rate of ex-nuptial births (48 percent) was comparable to that in the UK (45 percent), but higher than in Australia (34 percent) and the US (41 percent).

Most of the increase in ex-nuptial births has been due to the growth in the number of children born to cohabiting couples. These cohabiting couples may go on to marry, although US and UK data suggests that increasingly many do not.²¹

Figure 6 Ex-nuptial births as percentage of live births, 1964–2013

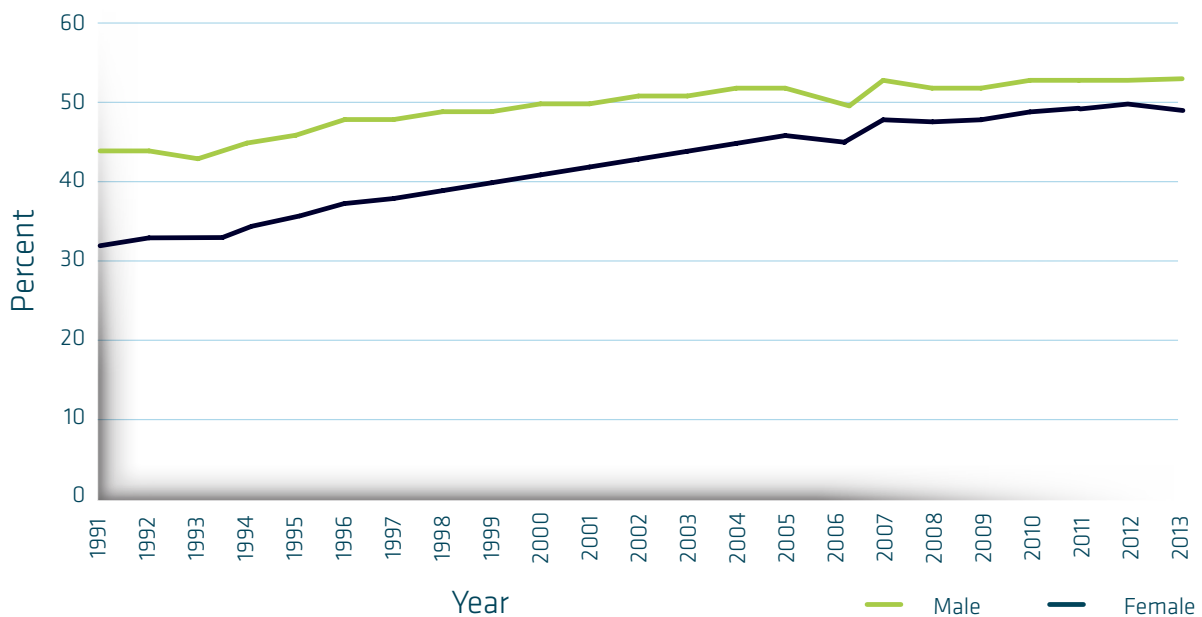


Source: Statistics New Zealand. <http://www.teara.govt.nz/en/families-a-history/7/2> and Statistics New Zealand

Trends in educational attainment

Educational achievement has been increasing over the past 20 years (Figure 7), with the gender gap also steadily closing – from 12 percentage points in 1991 to 4 percentage points in 2013. Between 1991 and 2013, the proportion of women holding a post-school qualification increased from 32 percent to almost 50 percent (44 percent to 53 percent for men).

Figure 7 Percent of people aged 15 years and over with post-school qualifications, by gender, 1991–2013



Source: Statistics New Zealand. Quarterly Household Labour Force Survey

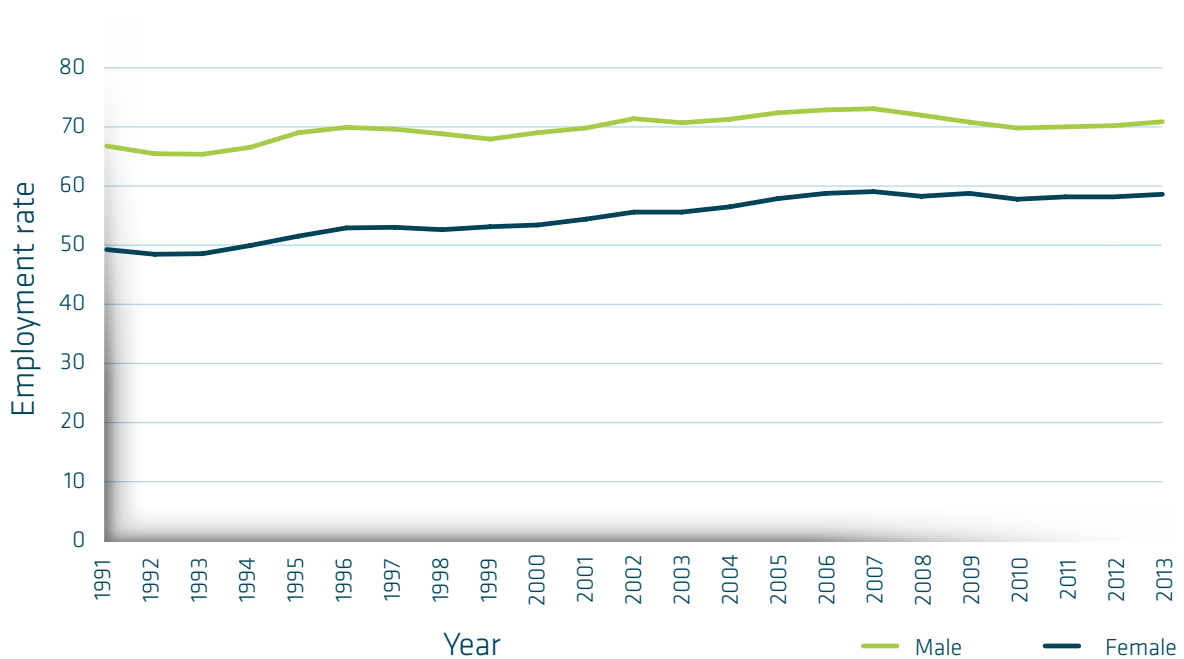
Employment

The participation of women in the labour force has also been steadily increasing over time (Figure 8).²² Between 1991 and 2013, women's labour force participation increased from 49 percent to 59 percent. Although women's participation in the labour force still remains lower than that for men, the gap has closed from 18 percentage points in 1991 to 12 percentage points in 2013. Women are more likely than men to be working part-time. More than one-third (35 percent) of employed women worked part-time in 2013, compared with 12 percent of men. Nearly three-quarters (72 percent) of part-time employees in 2013 were women.

Figure 10 shows the increase in participation in the labour force for all women. These trends are mirrored in the increase in labour force participation of mothers with dependent children. Census data²³ from 2006 indicated that 66 percent of all mothers were in employment in 2006 (in Australia the comparable figure was 63 percent in 2009). In comparison, in 1976 40 percent of mothers were in employment. As might be expected, participation also increases with the age of the youngest child (eg in 2009, 49 percent of mothers with a youngest child aged 0–2 years were employed, compared to 84 percent of mothers with a youngest child aged 14 years and older).²⁴

The employment rate for fathers has been fairly consistent at about 90 percent, so almost two-thirds of couple families with dependent children have both parents in employment.

Figure 8 Employment rate, by gender, 1991–2013



Source: Statistics New Zealand. Quarterly Household Labour Force Survey

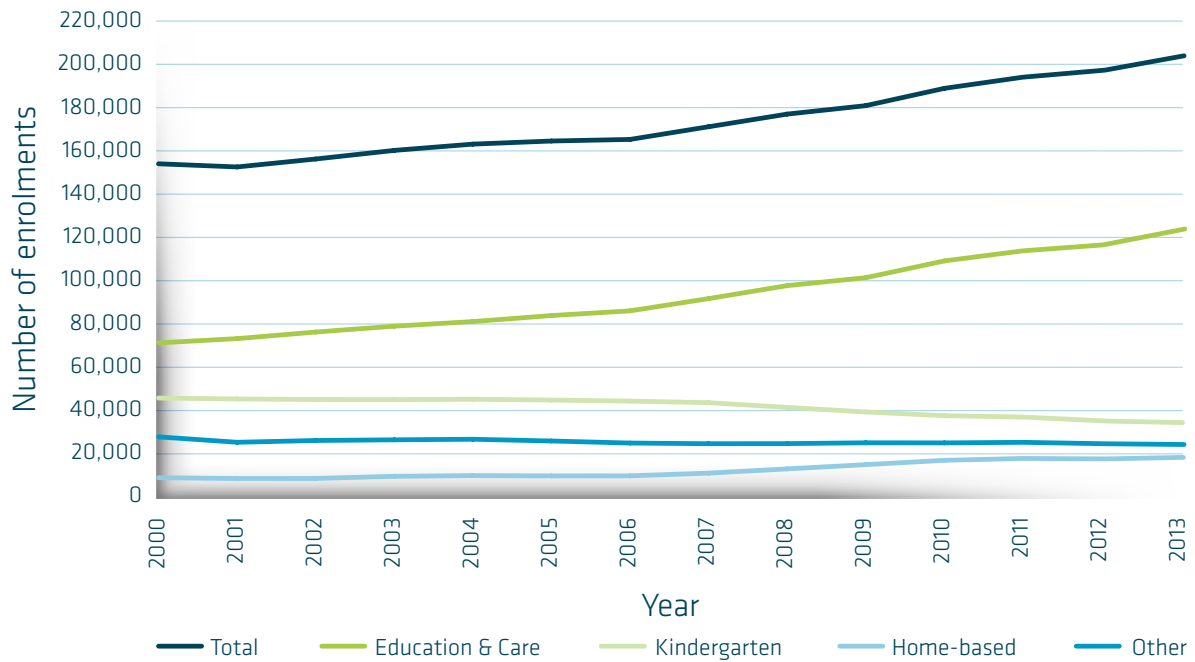
Child care

Increasing employment of mothers of dependent children and increased joint work hours for couples has contributed to an increased need for childcare.

It is likely that both informal (eg grandparents, friends and neighbours) and formal care (eg childcare centres, in home care services)²⁵ is being used to meet these childcare needs, and that flexibility in work arrangements is important to couples.²⁶ Figure 9 shows the increased use of formal early childhood education (ECE) services over the past 13 years, with a particular increase in the use of education and care centres and home-based care services. In recent years the greatest increase in enrolment rates has come for those aged one, two and three years of age.²⁷ The average hours spent in ECE is 22 hours for both older (3 and 4 year olds) and younger (2 years and under) age groups.

For school-aged children, most parents provide before – and after-school care themselves during school terms (56 percent) or during school holidays (57 percent).²⁸ Less than one in 10 report using formal before – or after-school services or holiday programmes. The remainder of the gap in childcare for school-aged children is usually met by grandparents or other family members.

Figure 9 Number of enrolments in licensed ECE services by service type, 2000-2013



Source: Ministry of Education Annual Summary

Endnotes

- ¹ Pool, I., Dharmalingam, A., & Sceats, J. (2007). *The New Zealand family from 1840: A demographic history*. Auckland University Press, Auckland; Families Commission (2008) *The Kiwi Nest; 60 years of change in New Zealand families*. Families Commission, Wellington; Families Commission (2011) *Whānau Yesterday, Today, Tomorrow*. Families Commission, Wellington; Te Puni Kōkiri (2011) *Māori: Demographic dividend for economic return*. Te Puni Kōkiri, Wellington; Te Puni Kōkiri and FC report on Māori demographics.
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- ³ Ministry of Social Development (2010). *The Social Report*. Ministry of Social Development, Wellington.
- ⁴ Ministry of Social Development (2010). *The Social Report*. Ministry of Social Development, Wellington. See also the recent *Growing Up in New Zealand* study, Morton, S. et al. (2010). *Growing up in New Zealand: A longitudinal study of New Zealand children and their families. Report 1: Before we are born*. Auckland: Growing up in New Zealand.
- ⁵ Jackson, N. (2001). *The policy-maker's guide to population ageing: key concepts and issues*. Policy Research Paper No. 13. Department of Family and Community Services, Canberra.
- ⁶ Statistics New Zealand (2008). *Housing Indicators: Indicator six multi-family households*. Statistics New Zealand, Wellington.
- ⁷ It should be noted that the term 'one-parent family/household' is used to refer to the situation where only one parent is living in a child's usual residence. In most cases the other parent is still fulfilling a parenting role and children often spend time living in this other parents household (for a discussion of this issue see Callister, P. & Birks, S. (2006). *Two Parents, Two Households: New Zealand Data Collections, Language and Complex Parenting*, Blue Skies Fund research, Families Commission).
- ⁸ Centre for Social Research and Evaluation (2010). *Sole parenting in New Zealand: An update on key trends and what helps reduce disadvantage*. Ministry of Social Development, Wellington.
- ⁹ Dharmalingam, A., Pool, I., Sceats, J. & Mackay, R. (2004). *Raising Children in New Zealand, Patterns of Family Formation and Change in New Zealand*. Ministry of Social Development: Wellington.
- ¹⁰ Families Commission (2008). *The Kiwi Nest; 60 years of change in New Zealand families*. Families Commission, Wellington.
- ¹¹ Earlier data is not strictly comparable but suggests that in 1986 only a little over 1 in ten partnered were in a de facto relationship.
- ¹² Dharmalingam, A., Pool, I., Sceats, J. & Mackay, R. (2004). *Raising Children in New Zealand, Patterns of Family Formation and Change in New Zealand*. Ministry of Social Development: Wellington.
- ¹³ *Family Characteristics survey 2009–2010*, Australian Bureau of Statistics: Canberra.
- ¹⁴ *Focus on Families (2007)*. Office National Statistics, London.
- ¹⁵ Dharmalingam, A. et al. (2004). *Ibid*.
- ¹⁶ Statistics New Zealand (2014). *Marriages, Civil Unions and Divorces: Year ended December 2013*.
- ¹⁷ *OECD Factbook 2013: Economic, Environmental and Social Statistics*.
- ¹⁸ McDonald, P. (2005). *Fertility and the State: the efficacy of policy*. Paper presented at the XXV International Population Conference of the International Union for the Scientific Study of Population, 18–23 July, Tours, France.
- ¹⁹ Statistics New Zealand. *Population Mythbusters: More women are remaining childless*. Statistics New Zealand, Wellington.
- ²⁰ Hayes, A., Weston, R., Qu, L. & Gray, M. (2010). *Families then and now 1980–2010*. Australian Institute of Family Studies, Melbourne.
- ²¹ Beaujouan, E. & Ni Bhrolchain, M. (2011). *Cohabitation and marriage in Britain since the 1970s*. *Population Trends*, 145, Office of national Statistics, London.
- ²² Ministry of Women's Affairs (2009). *Mothers' Labour force participation*. Ministry of Women's Affairs, Wellington.
- ²³ This measure differs from that obtained by the Household Labour Force survey, shown in Figure 10, and so figures may differ.
- ²⁴ Centre for Social Research and Evaluation (2010). *Sole parenting in New Zealand: An update on key trends and what helps reduce disadvantage*. Ministry of Social Development, Wellington.

²⁵ Families Commission (2011). Caring for Kids: Parents' views on out-of-school services and care. Families Commission, Wellington.

²⁶ Families Commission (2009). Finding Time: Parents' long working hours and the impact on family life. Families Commission, Wellington.

²⁷ Participation in early childhood education (2013) (www.educationcounts.govt.nz)

²⁸ Families Commission (2011). Caring for Kids: Parents' views on out-of-school services and care. Families Commission, Wellington.

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