

A photograph of two young girls. The girl on the left, with blonde hair in a ponytail, is holding a pink rose and offering it to the girl on the right, who has dark hair. The image is overlaid with a light blue tint.

2006

the social report

te pūrongo oranga tangata
2006

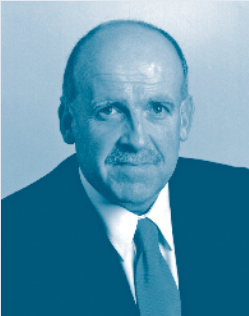
indicators of social wellbeing in
New Zealand

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Ministerial Foreword



The Government welcomes the publication of the fifth report charting changes in New Zealanders' social wellbeing and quality of life.

The Social Report 2006 is rich with information about what matters for New Zealanders – the things that make a difference to our lives.

The Government has three priorities for the next decade: economic transformation, families – young and old, and national identity. Economic transformation is about creating a knowledge-based high-income economy that has opportunities for everyone. Families – young and old is about supporting families to be strong and safe for their members. National identity is about all New Zealanders taking pride in who we are.

This year's social report shows the progress we're making towards these themes: a growing economy, with its positive impact on unemployment, incomes and living standards; gains in health and education; pride in our rich culture and unique identity; protection of our environment; improved safety at work and elsewhere; enjoyment of sport and active leisure; and building a nation from an increasingly diverse population.

The Social Report 2006 looks at how New Zealanders have fared over the past 20 years, and shows that we're enjoying improved wellbeing. Although there are still disparities between Europeans and other ethnicities, the report shows real gains for these other groups. Working for Families will further improve the circumstances of low and middle income families over the next few years.

The inclusion of regional and territorial authority level indicators in last year's social report expanded its usefulness for organisations that focus on local issues, particularly councils. I'm pleased to see that this information has been updated and expanded this year. This is valuable information for local councils' community outcomes processes as well as for local organisations wanting more relevant information for their planning and monitoring.

This Government knows that economic and social wellbeing are equally important. A strong economy will deliver the living standards, services and quality of life that people deserve. In turn, a strong economy requires healthy, well educated and highly motivated people. I look forward to seeing our continued progress reflected in future social reports.

A handwritten signature in black ink, appearing to read 'David Benson-Pope', with a long horizontal line extending to the right.

David Benson-Pope

Minister for Social Development and Employment

Chief Executive's Preface



The Social Report 2006 is a vital resource of information for social development. It presents a comprehensive picture of New Zealanders' social and economic wellbeing, and shows how social conditions are changing over time.

Each year, the social report draws together information from across the social sector to chart New Zealanders' progress in areas like employment, health, education, and income. Producing a social report each year enables us to monitor social changes and trends, and respond to problems and opportunities as they emerge.

We are continually seeking to improve the value of the social report to the thousands of organisations and individuals who use it. Last year we included, for the first time, significant information on regional social wellbeing. This year we've updated the regional data, made it available on the website www.socialreport.msd.govt.nz and we are publishing it in companion books to *The Social Report 2006*.

We regularly review what we're measuring and how we measure it, to ensure that the social report continues to be relevant and uses the most up-to-date data. This year, the social report draws together data from the early 1980s to provide a picture of how the social conditions of New Zealanders today compare with conditions before the economic reforms of the 1980s and 1990s.

The high quality of *The Social Report 2006* is due to the hard work of many Ministry of Social Development staff, and the support and advice we get from across the government and community sectors. Since the first social report was published in 2001, it has made a valuable contribution to informed discussion about national and regional social policy and social development. I hope that *The Social Report 2006* will be of great interest and use to many readers.

A handwritten signature in black ink, consisting of a large, stylized 'P' followed by 'eter Hughes'.

Peter Hughes
Chief Executive
Ministry of Social Development

Introduction

The Social Report 2006

The social report is an annual publication that monitors the wellbeing of New Zealanders

The social report uses a set of statistical indicators to monitor trends across 10 “domains”, or areas of people’s lives. Together these domains provide a picture of wellbeing and quality of life in New Zealand.

The Social Report 2006 is the fifth in the annual series. It builds on the social monitoring framework first established by *The Social Report 2001* and uses the same outcome domains and indicators as last year’s report. This year’s report contains additional information on trends in social wellbeing since the mid-1980s.

The regional and territorial authority information provided for the first time last year has been updated on the social report website (www.socialreport.msd.govt.nz). This regional information has also been published in companion books to *The Social Report 2006 (The Social Report 2006 Regional Indicators)*. This year, in addition to providing the most recent data for regions and territorial authorities, we have included time series information where it is available. This will allow councils and others working locally to assess progress over time and to compare themselves with other regions. The regional information has become a core part of the social report and will continue to be updated regularly.

Purpose of the social report

The social report has four key aims:

- to provide and monitor over time measures of wellbeing and quality of life that complement existing economic and environmental indicators
- to compare New Zealand with other countries on measures of wellbeing
- to provide greater transparency in government and to contribute to better informed public debate
- to help identify key issues and areas where we need to take action, which can in turn help with planning and decision making.

The report enables us to examine the current level of wellbeing in New Zealand, how this has changed over time, and how different groups in the population are faring. It helps us to identify adverse trends in social outcomes at an early stage. While the report cannot always illuminate what is driving these trends, it can point to the need for further research to understand what is happening and what actions need to be taken to address them.

Government policy, as well as individuals, families, communities, businesses and international factors, influence the outcomes we report on. The cross-cutting nature of many social issues means the social report is not a tool for evaluating the effectiveness of specific government policies.

Social wellbeing

Social wellbeing comprises those aspects of life we care about as a society

To get a sense of the level of wellbeing in New Zealand and how it has changed over time, we first need to identify what is meant by the notion of wellbeing.

“Wellbeing”, in the context of this report, means those aspects of life that society collectively agrees are important for a person’s happiness, quality of life and welfare.

Many of the constituent components of wellbeing will be common to all New Zealanders. For example, Professor Mason Durie, Assistant Vice-Chancellor (Māori) and Professor of Māori Research and Development, Massey University, has noted that important outcomes for Māori are likely to include outcomes relevant to the rest of society such as good health and a high standard of living.¹ However, the needs and aspirations of different people and communities will also vary in important ways. For example, for people who get comfort and strength from their religion, an important outcome could be spiritual wellbeing, and this might mean having access to a place of worship. The social report focuses on those aspects of wellbeing most people hold in common.

The New Zealand Royal Commission on Social Policy (1988) is a useful source of research on what New Zealanders agree constitutes wellbeing and a decent quality of life. The Commission concluded that:

[New Zealanders] have said that they need a sound base of material support including housing, health, education and worthwhile work. A good society is one which allows people to be heard, to have a say in their future, and choices in life ... [they] value an atmosphere of community responsibility and an environment of security. For them, social wellbeing includes that sense of belonging that affirms their dignity and identity and allows them to function in their everyday roles.²

The Social Report 2006 identifies 10 discrete components of wellbeing. We refer to these components as “desired social outcomes”, and these are listed in Table IN1 on pages 8 and 9. Nine of these domains were used in the prototype *The Social Report 2001*. A number of changes were made to these domains in subsequent reports as a result of stakeholder consultation on the content of the report in 2002. The most significant amendment was the addition of a new leisure and recreation domain in the 2004 report. We have not made any changes this year to the outcomes framework.

The outcome domains are interconnected. Doing well or poorly in one domain is often likely to impact upon performance in another outcome domain. For example, participation in leisure and recreation is a good thing in itself, but it may also lead to improved physical and mental health, and better social networks.

Social indicators

Progress towards the desired outcomes within each domain is measured using a set of social indicators

Social indicators are signposts that help measure progress towards a desired outcome. Indicators are chosen because they measure the outcome of interest directly (for example, the unemployment rate in the Paid Work domain) or because they are known to be a good predictor of, or are associated with, that outcome (for example, smoking in the Health domain).

The use of social indicators means we can measure trends over time by compressing the sizeable body of statistical information in an outcome domain to a few high-level measures. For example, we use five indicators to represent the desired outcomes in the Knowledge and Skills domain. Though the indicators do not describe the state of knowledge and skill acquisition in New Zealand in detail, they provide important summary information on outcomes in that domain (for example, educational attainment of the adult population) or they act as key predictors of future outcomes (for example, participation in early childhood education).

One of the key features of a social indicator is that any change can be interpreted as progress towards, or a movement away from, the desired outcome. This distinguishes social indicators from some social statistics that cannot be interpreted in this way. For example, while a change in the average age at which New Zealand women give birth to their first child is an important social statistic, it cannot be said to be necessarily “good” or “bad” for social wellbeing.

Indicators have been selected against the following criteria, first established in *The Social Report 2001*:

- **relevant to the social outcome of interest** – the indicator should be the most accurate statistic for measuring both the level and extent of change in the social outcome of interest, and it should adequately reflect what it is intended to measure
- **based on broad support** – ideally there should be wide support for the indicators chosen so they will not be changed regularly
- **grounded in research** – there should be sound evidence on key influences and factors affecting outcomes
- **able to be disaggregated** – it should be possible to break the data down by age, sex, socio-economic status, ethnicity, region and, where possible, to the individual (or smallest group possible), so we can compare outcomes for different groups
- **consistent over time** – the usefulness of indicators is related directly to the ability to track trends over time, so indicators should be consistent over time
- **statistically sound** – the measurement of indicators needs to be methodologically rigorous
- **timely** – data needs to be collected and reported regularly and frequently to ensure that indicators are providing up-to-date information
- **allow international comparisons** – as well as reflecting the social goals of New Zealanders, indicators need to be consistent with those used in international programmes so we can make comparisons.

As some indicators perform well against some criteria and poorly against others, trade-offs are necessary. For example, we base most of the Economic Standard of Living indicators on Household Economic Survey data, rather than data from the Income Supplement Survey of the Household Labour Force Survey. We do this because it provides a more accurate measure of annual income and is hence a more relevant indicator to the outcome of interest. As a result, however, we are only able to update these indicators every three years rather than every year, and the sample size is smaller.

In some outcome domains, such as Health, there is an abundance of good data from which to draw appropriate indicators. In other outcome domains, in particular Physical Environment and Cultural Identity, there is less good-quality, relevant data available, resulting in fewer indicators in these domains.

Disaggregation of social report indicators

Data limitations restrict the extent of disaggregation

Ideally, it would be possible to break down each indicator by sub-populations of interest, such as age, sex, ethnicity, socio-economic status, disability status and regional and local authority. Most indicators can be broken down by sex and ethnicity.³ However, the majority of the indicators rely on data sources that do not allow us to disaggregate by socio-economic status or disability status because this type of information is not collected, or sample sizes are too small to allow this form of disaggregation.

For some indicators (eg unemployment and employment) detailed disaggregations are possible. However, the two-page format for each indicator in the report precludes the inclusion of more information than is currently provided.

There is an increasing demand for information on social wellbeing at a regional and local authority level. This largely results from the introduction of the Local Government Act 2002, which requires regional and local authorities to monitor community outcomes. In response to this demand, last year we disaggregated those social report indicators for which there was subnational data to regional and territorial authority boundaries. This information was intended to help local authorities identify areas of comparative strength and weakness within their communities, as well as to assist central government agencies in their work at a local level.

We have updated these indicators this year where more recent data is available and we have added some new indicators. We have also provided time series information where historical data is available. The regional and local authority indicators are in the regional section of the social report website (www.socialreport.msd.govt.nz). Information for the 16 regions only is also available in hardcopy books that complement the social report.

Indicators for *The Social Report 2006*

There are 42 indicators in this year's report

There have been no major changes to the indicators or outcome domains in this year's report. However, we are using a revised measure of participation in sport and active leisure to reflect Sport and Recreation New Zealand's 2005 continuous monitoring. We have added Māori and Prime television data to the indicator of local content programming on New Zealand television. Because we are no longer able to obtain information on participation in family/whānau activities, the second indicator in the Social Connectedness domain measures only regular contact with family/friends. We have reordered the indicators in the Knowledge and Skills domain, to reflect typical learning patterns through a person's life. We have also redefined the drinking water quality indicator to measure the total population receiving compliant water. A full summary of the changes is provided in Appendix 1.

Twenty-five of the 42 indicators in the report have been updated this year. Those that have not been updated are either based on surveys that are not repeated annually or new data was not available in time for it to be included in this report.

The indicators for *The Social Report 2006* are set out on the following pages. The indicators that have been updated are highlighted in bold. Technical details about indicator construction are in Appendix 2.

Table IN1 **The Social Report 2006 outcome domains and indicators** (updated indicators in bold)

Health

DESIRED OUTCOME STATEMENT

Everybody has the opportunity to enjoy a long and healthy life. Avoidable deaths, disease, and injuries are prevented. Everybody has the ability to function, participate and live independently or appropriately supported in society.

INDICATORS

1. Health expectancy
 - 2. Life expectancy**
 - 3. Suicide**
 - 4. Cigarette smoking**
 5. Obesity
-

Knowledge and Skills

DESIRED OUTCOME STATEMENT

Everybody has the knowledge and skills needed to participate fully in society. Lifelong learning and education are valued and supported.

INDICATORS

- 6. Participation in early childhood education**
 - 7. School leavers with higher qualifications**
 - 8. Participation in tertiary education**
 - 9. Educational attainment of the adult population**
 10. Adult literacy skills in English
-

Paid Work

DESIRED OUTCOME STATEMENT

Everybody has access to meaningful, rewarding and safe employment. An appropriate balance is maintained between paid work and other aspects of life.

INDICATORS

- 11. Unemployment**
 - 12. Employment**
 - 13. Median hourly earnings**
 - 14. Workplace injury claims**
 15. Satisfaction with work-life balance
-

Economic Standard of Living

DESIRED OUTCOME STATEMENT

New Zealand is a prosperous society, reflecting the value of both paid and unpaid work. Everybody has access to an adequate income and decent, affordable housing that meets their needs. With an adequate standard of living, people are well-placed to participate fully in society and to exercise choice about how to live their lives.

INDICATORS

- 16. Market income per person**
 17. Income inequality
 18. Population with low incomes
 - 19. Population with low living standards**
 20. Housing affordability
 21. Household crowding
-

Civil and Political Rights

DESIRED OUTCOME STATEMENT

Everybody enjoys civil and political rights. Mechanisms to regulate and arbitrate people's rights in respect of each other are trustworthy.

INDICATORS

- 22. Voter turnout**
 - 23. Representation of women in government**
 - 24. Perceived discrimination**
 - 25. Perceived corruption**
-

Cultural Identity

DESIRED OUTCOME STATEMENT

New Zealanders share a strong national identity, have a sense of belonging and value cultural diversity. Everybody is able to pass their cultural traditions on to future generations. Māori culture is valued and protected.

INDICATORS

- 26. Local content programming on New Zealand television**
- 27. Māori language speakers
- 28. Language retention

Leisure and Recreation

DESIRED OUTCOME STATEMENT

Everybody is satisfied with their participation in leisure and recreation activities. They have sufficient time to do what they want to do and can access an adequate range of opportunities for leisure and recreation.

INDICATORS

- 29. Satisfaction with leisure time
- 30. Participation in sport and active leisure**
- 31. Participation in cultural and arts activities

Physical Environment

DESIRED OUTCOME STATEMENT

The natural and built environment in which people live is clean, healthy and beautiful. Everybody is able to access natural areas and public spaces.

INDICATORS

- 32. Air quality**
- 33. Drinking water quality**

Safety

DESIRED OUTCOME STATEMENT

Everybody enjoys physical safety and feels secure. People are free from victimisation, abuse, violence and avoidable injury.

INDICATORS

- 34. Intentional injury child mortality**
- 35. Criminal victimisation
- 36. Perceptions of safety
- 37. Road casualties**

Social Connectedness

DESIRED OUTCOME STATEMENT

People enjoy constructive relationships with others in their families, whānau, communities, iwi and workplaces. Families support and nurture those in need of care. New Zealand is an inclusive society where people are able to access information and support.

INDICATORS

- 38. Telephone and internet access in the home**
 - 39. Regular contact with family/friends**
 - 40. Trust in others
 - 41. Loneliness
 - 42. Contact between young people and their parents
-

Structure of the report

The remainder of this report is divided into three sections. The first, the People section, provides background and contextual information on the size and composition of the New Zealand population.

The second section is the core of the report and is organised around the 10 outcome domains listed earlier. The outcome domains contain a two-page summary of each indicator.

The final section, the Conclusion, looks across the report and summarises how social wellbeing has changed over time and how different population subgroups are faring.

The future

A comprehensive social statistics programme will enable us to develop new indicators and to update more of the current set of indicators annually

Statistics New Zealand has led a major review of its social survey programme that should, in the long term, lead to the more regular collection of a wider set of social statistics. Statistics New Zealand is also leading the “Linked Indicators” project, one of the aims of which is to identify a common set of indicators across the social, economic, environmental and cultural domains. Progress on this work can be found on the Statistics New Zealand website www.stats.govt.nz. Statistics New Zealand is also developing a complementary set of more detailed indicators targeted at community outcomes. These will also be available on the website.

The Ministry of Social Development is looking at ways to continue to make the social report more useful at a subnational level. As well as providing subnational disaggregations of social report indicators on the social report website, we are working with the “Big Cities” group to improve the alignment of outcomes and indicators of social wellbeing at a national and subnational level.⁴

As previously noted, we currently produce the social report on an annual basis. We will continue to refine the desired social outcomes and indicators, and we welcome your feedback and suggestions as to how you think this might be done. Comments can be made to:

The Social Report Project Manager
Ministry of Social Development
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New Zealand

email: socialreport@msd.govt.nz

The social report monitors outcomes for the New Zealand population. This section contains background information on the size and characteristics of the population to provide a context for the indicators that follow.

People

Population size and growth

New Zealand's resident population reached 4 million in April 2003 and was estimated to be 4.12 million at the end of December 2005.

During 2005, the population grew by 37,000 or 0.9 percent. This was a lower rate of growth than that recorded in 2004 (44,500 or 1.1 percent) and lower than the average annual increase during the 10-year period to December 2005 (41,400 or 1.1 percent).

Under 2004-based medium population projection assumptions, the population is expected to grow by an average of 0.8 percent per year between 2005 and 2011. Natural increase (births minus deaths) will account for four-fifths of this growth, and net migration the remaining fifth. Assuming net migration of 10,000 people per year after that, the growth rate is expected to slow to 0.7 percent per year for the next 15 years. Such a growth rate would add around 634,000 people to the population between 2005 and 2026.⁵

Figure P1 **Estimated and projected resident population, 1991–2026**



Source: Statistics New Zealand

Note: All three projections assume medium mortality. The medium projection series assumes medium fertility and a long-term annual net migration gain of 10,000

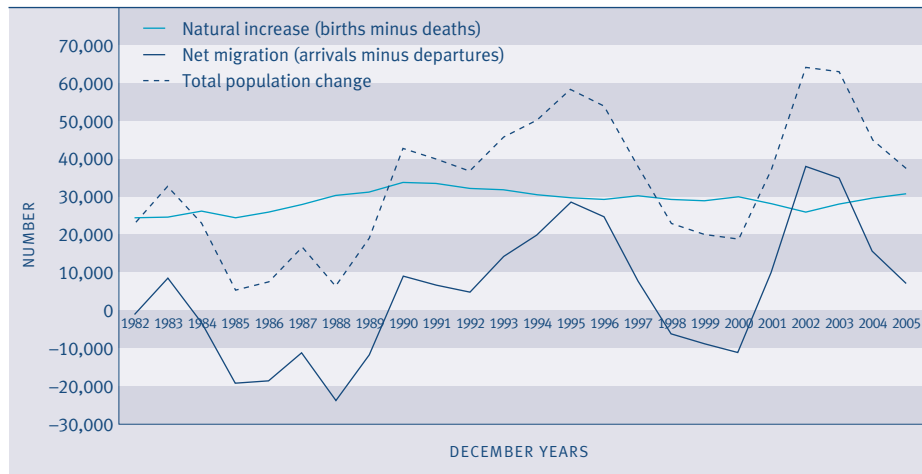
Components of population change

Changes in national population size are driven by two factors: natural increase (births minus deaths) and net external migration.

Births exceeded deaths by 30,700 in the December 2005 year, an increase from 29,700 in 2004. Historically, natural increase has been the main component of population growth in New Zealand, but its contribution is set to decline gradually as the population ages and fertility remains stable. By 2020, natural increase is projected to be about 20,000 a year.

The number of people coming to live in New Zealand in 2005 exceeded those leaving the country to live elsewhere by 7,000, less than half the net migration gain of 2004 (15,100). In the December 2005 year, the net gain from permanent and long-term migration accounted for 18 percent of population growth, down from 34 percent in 2004.

Figure P2 **Components of population change, 1982–2005**



Source: Statistics New Zealand

Note: Before 1991, estimated population change was based on the de facto population concept. From 1991 onwards, population change was based on the resident population concept

Almost 70 percent of New Zealand nationals returning home in 2005 after a long-term absence came from either the United Kingdom or Australia. These two countries were also the most popular destinations for New Zealand citizens departing for a permanent or long-term absence.

The net inflow of non-New Zealand citizens more than doubled between 2000 and 2002 (from 26,600 to 54,900), then fell to 32,000 in 2005. The main contributing countries in 2005 were the United Kingdom (10,000), Fiji (2,500), India (2,000), Japan (1,700), Germany (1,400), South Africa (1,200) and China (1,200). Most new migrants settle in Auckland.

In the decade to 2005, New Zealand had a net gain of 110,700 migrants. Two age groups contributed most of this gain: adults aged 25–49 years (62 percent) and children aged under 15 years (29 percent).

Fertility

Fertility rates for the year 2005 indicate that New Zealand women average 2.00 births per woman. This is marginally lower than the rate of 2.01 in 2004 and below the level required by any population to replace itself without migration (2.1 births per woman). Sub-replacement fertility is a feature of most developed countries, including France (1.9 births per woman), Australia, Denmark and Finland (1.8), England and Wales, the Netherlands, and Sweden (1.7), Canada (1.5) and Japan (1.3), but is less of an issue in the United States (2.0). The comparatively high rate in New Zealand reflects the higher fertility rates of Māori (2.62 births per woman in 2005) and Pacific women (2.94 in 2000–2002, the latest period for which Pacific fertility rates are available). In 2001, Māori and Pacific women together made up over a fifth (22 percent) of women in the reproductive ages.

Since 1985, the median age of New Zealand women giving birth has risen from 27 years to 30 years. The median age of Māori women giving birth is younger but is also increasing (from 25 years in 1996 to 26 years in 2005).

New Zealand has a relatively high rate of childbearing at young ages compared with most other developed countries. At 27.7 births per 1,000 females aged 15–19 years in 2005, the New Zealand teenage birth rate is similar to the rate in the United Kingdom (26.7 per 1,000 in 2004) but considerably lower than that of the United States (41.2 per 1,000 in 2004). However, the trend has been downward in recent years. The birth rate for women aged 15–17 years was 18.0 per 1,000 females in 1996, and 14.5 per 1,000 in 2005. The rate for young Māori is higher but has fallen faster over the same period (from 48.3 to 37.9 births per 1,000 15–17 year old females). The birth rate for Pacific females under 18 years declined from 28.2 to 22.9 per 1,000 between 1995–1997 and 2000–2002.

Distribution of the population

Over three-quarters (76 percent) of the population live in the North Island, and nearly a third (32 percent) in the Auckland region.

Reflecting the impact of migration, the population growth in the Auckland region accounted for just over two-thirds (68 percent) of the total population growth between the 1996 and 2001 censuses.

The Māori population is heavily concentrated in the North Island (88 percent), but only 24 percent of Māori live in the Auckland region.

The New Zealand population is highly urbanised. At the 2001 Census, 86 percent of the population was living in an urban area. This includes 71 percent living in main urban areas (population of 30,000 or more), 6 percent living in secondary urban areas (10,000–29,999) and 8 percent living in minor urban areas (1,000–9,999).

There are marked ethnic differences in urbanisation, with the vast majority of Pacific, Asian and Other ethnic groups living in main urban areas and very few in rural areas.

Table P1 **Urban and rural residence (%), by ethnic group, 2001**

	European	Māori	Pacific	Asian	Other	Total
Main urban area (30,000+)	69	64	92	94	92	71
Secondary urban area (10,000–29,999)	7	7	3	2	2	6
Minor urban area (1,000–9,999)	9	13	2	2	2	8
Total urban	84	84	98	98	97	86
Rural	16	16	2	2	3	14
Total	100	100	100	100	100	100

Source: Statistics New Zealand, 2001 Census, Ethnic Groups, Table 5a

Ethnic composition of the population

The New Zealand population is becoming more ethnically diverse.

While the European ethnic group category still has the largest share (80 percent) of the total population, the number of people identifying as European increased by only 3 percent between 1991 and 2001. Over the same period, the number who identified as Māori increased by 21 percent, the Pacific peoples ethnic group increased by 39 percent, and the number of Asian people increased by 138 percent.

Table P2 **Ethnic distribution of the population, 1991 and 2001**

Ethnic group	1991	%	2001	%
European	2,783,025	83.2	2,868,009	80.0
Māori	434,847	13.0	526,281	14.7
Pacific peoples	167,070	5.0	231,801	6.5
Asian	99,756	3.0	237,459	6.6
Other	6,693	0.2	24,924	0.7
Total with ethnicity specified	3,345,813		3,586,731	

Source: Statistics New Zealand, 2001 Census, National Summary, Table 8

Note: The ethnicity data in this table allows up to three responses per person. Where a person reported more than one ethnic group, they have been counted in each applicable group. Totals therefore do not add up to 100 percent

In 2001, Māori made up 15 percent of the population compared with 13 percent in 1991. More people belonged to an Asian ethnic group than a Pacific peoples ethnic group in 2001. Ethnic groups other than European, Māori, Asian or Pacific made up less than 1 percent of the population in 2001. By 2021, the Māori share of the population is projected to be 17 percent, the Pacific peoples share 9 percent and the Asian share 15 percent.⁶

Ethnic diversity varies by age: among those under 25 years at the 2001 Census, 74 percent were European, 22 percent were Māori, 10 percent were Pacific peoples, 8 percent were Asian and 1 percent were Other ethnic groups. Among those aged 65 years and over, Europeans made up 93 percent, Māori 4 percent, Pacific peoples and Asian each made up 2 percent and Other ethnic groups 0.2 percent.

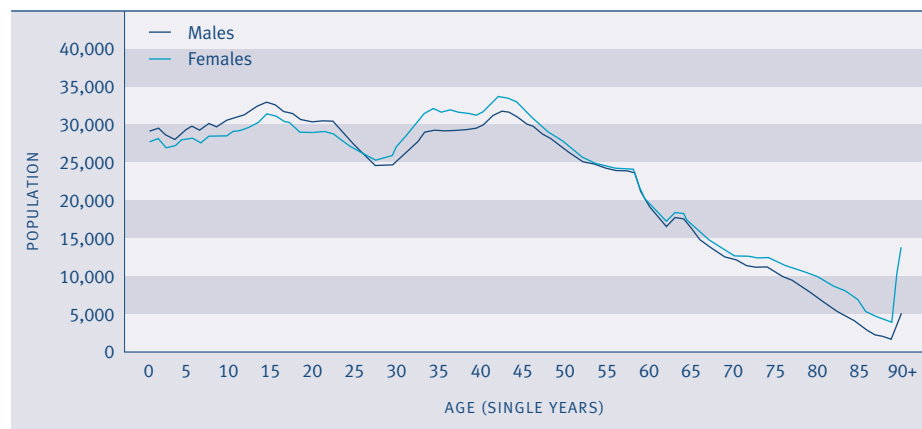
The number of people with multiple ethnic identities is increasing. In 2001, 91 percent of the population identified with only one ethnicity, down from 95 percent in 1991. Having multiple ethnic identities is particularly common among Māori. Of those who said they belong to the Māori ethnic group in 2001, 44 percent also identified with at least one other ethnicity. Younger people are far more likely to be identified with more than one ethnicity than older people. Birth registration data for 2004 shows that 22 percent of babies were identified with more than one ethnicity, compared with 11 percent of mothers.⁷

The figures for the ethnic distribution used in this section are based on the number of people identifying with each ethnicity. Because people can identify with more than one ethnicity, the total number of ethnic responses may be greater than the number of people. Elsewhere in the report, the approach to measuring ethnicity varies with the data source used.

Age and sex structure of the population

Just over half the New Zealand population (51 percent) is female. Males outnumber females among children and youth, but females predominate among adults. More males are born than females, but males have higher mortality rates than females at all ages, particularly at ages 20–29 years. The imbalance in the middle years is partly an outcome of sex differences in net migration. At older ages, the difference reflects higher male mortality rates.

Figure P3 **Population, by age and sex, 2005**



Source: Statistics New Zealand

The New Zealand population is ageing: the median age of the population was 36 years in 2005, and is expected to rise to 39 years by 2015, then rise more slowly to reach 41 years in 2025.⁸

The proportion of the population under 15 years of age has declined from 25 percent in 1985 to 22 percent in 2005 and is expected to fall to 19 percent by 2015. The population aged 65 years and over has increased from 10 percent of the total population in 1985 to 12 percent in 2005 and will reach 15 percent by 2015 and 19 percent in 2025, assuming medium fertility, medium mortality and an annual net migration gain of 10,000 from 2009.

Population ageing within the working-age group (15–64 years) will be partly offset over the next decade by the entry of the “baby blip” – the relatively large generation of babies born around 1990 – into the young adult age groups. By 2015, the 15–24 years age group is expected to be 5 percent larger than it was in 2005. Over the same period, there will be a slight decline (of 4 percent) in the number of people aged 25–44 years, and an increase of 22 percent in the population aged 45–64 years. By 2015, 45–64 year olds will make up 40 percent of the working-age population, compared with 35 percent in 2005.

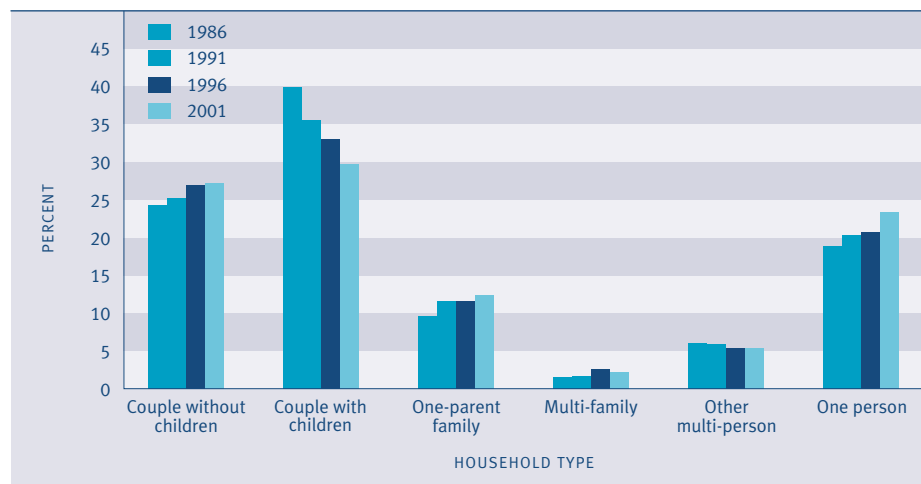
Age structure varies by ethnic group. In 2001, the European ethnic group population was the oldest, with a median age of 37 years, followed by Asians (28 years), Other ethnic groups (26 years), Māori (22 years) and Pacific peoples (21 years). By 2021, half of all Māori will be older than 26 years and half of all Pacific peoples older than 24 years. Over the same period, the median age of European and Asian New Zealanders is expected to have risen to 44 years and 36 years, respectively.⁹

Households

A household may contain a single person living alone, or two or more people who usually live together and share facilities, either as families (couples, parents with children) or as groups of individuals flatting together. There were 1.3 million households in New Zealand at the 2001 Census, an increase of 23 percent over the number recorded in 1986.

Twenty-seven percent of households had couples without children in 2001, 30 percent contained two-parent families with children, 12 percent were one-parent family households, 2 percent contained more than one family, 5 percent comprised a group of individuals and 23 percent were one-person households.

Figure P4 **Distribution of households, by household type, 1986–2001**



Source: Statistics New Zealand

Couple-only and one-person households are the fastest growing household types and are projected to increase the most over the next 15 years. Population ageing is the major factor behind both of these changes. But declining fertility and the closing gap between male and female life expectancy are also contributing to the rising number of couples without children, while delayed marriage, divorce and changing lifestyle preferences are contributing to the growing number of one-person households.

Families with children

In 2001, there were 590,700 families with children living within New Zealand households, 81 percent of which contained dependent children (aged under 18 years and not in full-time employment).¹⁰

The number of families with dependent children increased by 6.6 percent in the decade to 2001, compared with an increase of just 1.5 percent in the previous decade. The most significant change in families in the past two decades has been the shift from two-parent to one-parent families. This was more pronounced in the 1980s, when the share of one-parent families increased from 14 to 24 percent, than in the 1990s, when it rose to 29 percent. One-parent families are expected to continue to increase, but at a slower rate. Family projections based on trends since 1986 suggest that, by 2021, one-parent families are projected to make up around 35 percent of all families with dependent children. For many of these families there will be parents living in another household who are actively involved in the care and upbringing of the children.

Table P3 **Families with dependent children, by family type, 1976–2001**

	1976	1981	1986	1991	1996	2001
Number						
Two-parent family	398,772	380,886	363,489	339,681	346,086	339,159
One-parent family	46,296	62,280	82,632	110,055	126,585	140,178
<i>Mother only</i>	39,153	52,938	71,388	92,028	107,394	117,018
<i>Father only</i>	7,143	9,342	11,244	18,024	19,191	23,163
Total families	445,068	443,166	446,121	449,736	472,671	479,337
Percentage distribution						
Two-parent family	89.6	85.9	81.5	75.5	73.2	70.8
One-parent family	10.4	14.1	18.5	24.5	26.8	29.2
<i>Mother only</i>	8.8	11.9	16.0	20.5	22.7	24.4
<i>Father only</i>	1.6	2.1	2.5	4.0	4.1	4.8
Total families	100.0	100.0	100.0	100.0	100.0	100.0

Source: Statistics New Zealand, published and unpublished census data

Note: The census definition of child dependency has changed over time. From 1996, a dependent child is a person in a family aged less than 18 years who is not in full-time employment. For earlier years, a dependent child is a person in a family under 16 years or aged 16–18 and still at school

New Zealand has a relatively high proportion of families with children under 18 years headed by sole parents (29 percent), second only to the United States (31 percent in 2001) and higher than the United Kingdom (22 percent), Australia and Canada (both 21 percent).

New Zealanders experiencing disability

One in five New Zealanders experiences disability.¹¹ The *New Zealand Disability Survey 2001* found that 743,800 New Zealanders had some level of disability. This included an estimated 107,200 Māori and 28,100 Pacific peoples with a disability.

Just over half of New Zealanders with disabilities require disability support services. In 2001, an estimated 432,100 people required some form of disability support. Of these, about 110,700 people received or needed daily help with tasks such as preparing meals, shopping, housework, bathing or dressing (including 22,600 people who lived in residential facilities). A further 321,400 people used or needed an assistive device or equipment and/or help with heavier or more difficult household tasks (including 4,400 people who lived in residential facilities).¹²

Disability increases with age. The prevalence of disability ranges from 11 percent of children (0–14 years) to 54 percent of people aged 65 years and over.

Table P4 **Number and prevalence rate of people experiencing disabilities (total population residing in households and residential facilities), by age group and sex, 2001**

Age group (years)	Males		Females		Total	
	Number	Rate (%)	Number	Rate (%)	Number	Rate (%)
0–14	54,200	13	35,700	9	90,000	11
15–44	88,600	12	114,000	14	202,600	13
45–64	115,800	27	94,800	23	210,600	25
65+	100,300	51	140,300	56	240,600	54
Total	358,900	20	384,900	20	743,800	20

Source: Statistics New Zealand (2001a) Tables 1.01a, 1.02a

Many New Zealanders experiencing disability face barriers to full participation in society. The *New Zealand Disability Survey 2001* found that 39 percent of disabled adults aged 15 years and over living in households had no educational qualification, compared to 24 percent of non-disabled adults. More than half (56 percent) of adults aged 15 years and over with disabilities had a gross personal income of less than \$15,000, compared to 40 percent of non-disabled adults. Fifty-seven percent of 15–64 year olds with a disability were employed, compared with 71 percent of non-disabled 15–64 year olds.¹³

Gay, lesbian, bisexual and transgender people

There is little information available about gay, lesbian, bisexual, fa'afafine, takatāpui, intersex, transgender and transsexual people in New Zealand, or the size of this group of people in relation to the total population.

Some information about same-sex couples who share a residence was collected in the 1996 and 2001 population censuses. The 2001 Census recorded just over 10,000 adults living with a partner of the same sex, making up 0.6 percent of all adults living in couples. This is a larger number than the 6,500 recorded in the 1996 Census, when they made up 0.4 percent of all couples. However, it is difficult to know whether the change in numbers represents a real increase in the number of same-sex couples living together, or a greater willingness on their part to report living arrangements and partnership status. According to Statistics New Zealand, it is likely that the figures understate the actual number of same-sex couples because of the inconsistent way people have responded to the census question.

DESIRED OUTCOMES

Everybody has the opportunity to enjoy a long and healthy life. Avoidable deaths, disease and injuries are prevented. Everybody has the ability to function, participate and live independently or appropriately supported in society.

Health

INTRODUCTION

Good health is critical to wellbeing. Without good health, people are less able to enjoy their lives to the fullest extent, their options are limited and their general levels of contentment and happiness are likely to be reduced.

Good health has two core dimensions: how long people live and the quality of their lives. The desired outcomes recognise both aspects. As well as enjoying long lives, people want to be free from the pain, suffering and incapacity that result from injury or illness.

The desired outcomes also acknowledge that not everybody can live a fully independent life. For some people, illness or disability means they need support from families, government agencies or other networks to overcome barriers to their participation in society. Getting this support is an important part of social wellbeing.

People with injuries or illness (both mental and physical) may experience barriers to participating in education, training and employment, thus reducing their economic standard of living. These barriers can also reduce people's ability to participate in other areas of life, such as family life, socialising with friends, joining community activities and taking part in recreation and leisure pursuits, which can lead to feelings of frustration and isolation.

A range of factors affect and are affected by health outcomes, including genetic predisposition, behaviour, the physical and social environment and the availability of health services. Increasing attention is being paid to the interaction between socio-economic and health outcomes. People with low incomes, poor housing and few qualifications are likely to have disproportionately poorer health.¹⁴

INDICATORS

Five indicators are used in this chapter. Together they provide a picture of the current state of the nation's health and the likely trends in the future. They cover the length and quality of life and include both physical and mental health. The indicators are: health expectancy, life expectancy, suicide, cigarette smoking and obesity.

The first three indicators are relevant to the current state of the nation's health. Together, they directly measure the desired outcomes relating to long and healthy lives, and people's ability to participate in society. The last two indicators are strong predictors of future health outcomes.

Health expectancy refers to the number of years a person can expect to live independently, ie free of any disability requiring the assistance of another person or complex assistive device. This is a summary measure of population health integrating both fatal (life expectancy) and non-fatal (disability requiring assistance) health outcomes.

Life expectancy measures the survival experience of the population: how long people live. It is an indicator of fatal health outcomes.

The suicide rate serves as a proxy for the mental health status and social wellbeing of the population. Though the indicator covers the suicide rate for society as a whole, it includes details for subsets of the population. New Zealand's suicide rates are trending down, but our youth suicide rates remain high compared with other OECD countries.

The links between cigarette smoking and poor health are widely recognised. For example, cigarette smoking (active and passive) is a risk factor for many cancers and respiratory and cardiovascular diseases, and has been linked with low birth weight, Sudden Infant Death Syndrome, and other adverse child health outcomes. Obesity is linked with poor health outcomes, such as an increased risk of heart attacks, strokes, type 2 diabetes and some cancers.¹⁵

Health expectancy

DEFINITION

The number of years a person could expect to live in good health if current mortality and morbidity rates persist.

The particular measure of health expectancy used here is the number of years a person could expect to live independently, ie live without any functional limitation requiring the assistance of another person or complex assistive device. Hence it is also described as independent life expectancy.

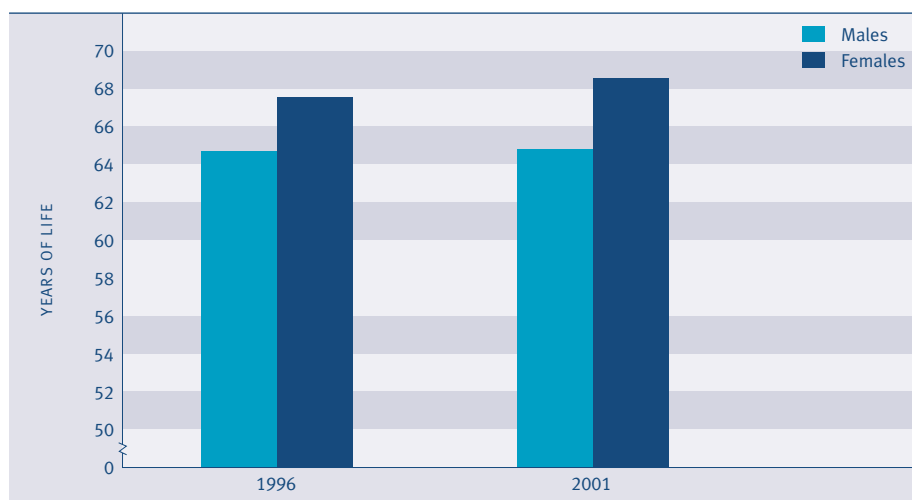
RELEVANCE

Health expectancy is a summary measure of population health that captures both the “quantity” and “quality” of life dimensions of physical and mental health. Independent life expectancy at birth is a positive measure, capturing expectations of a life free from functional limitation that requires assistance. Improvements in health expectancy reflect changes in social and economic conditions, lifestyle changes, medical advances and better access to health services.

CURRENT LEVEL AND TRENDS

In 2001, males had an independent life expectancy at birth of 64.8 years. The figure for females was 68.5 years, a difference of 3.7 years. For the total population, independent life expectancy at birth has improved for females since 1996 (67.5 years) but not for males (64.7 years). This has resulted in an increase of almost one year in the overall sex gap in independent life expectancy at birth.

Figure H1.1 Independent life expectancy at birth, by sex, 1996 and 2001



Source: Ministry of Health, revised data

ETHNIC DIFFERENCES

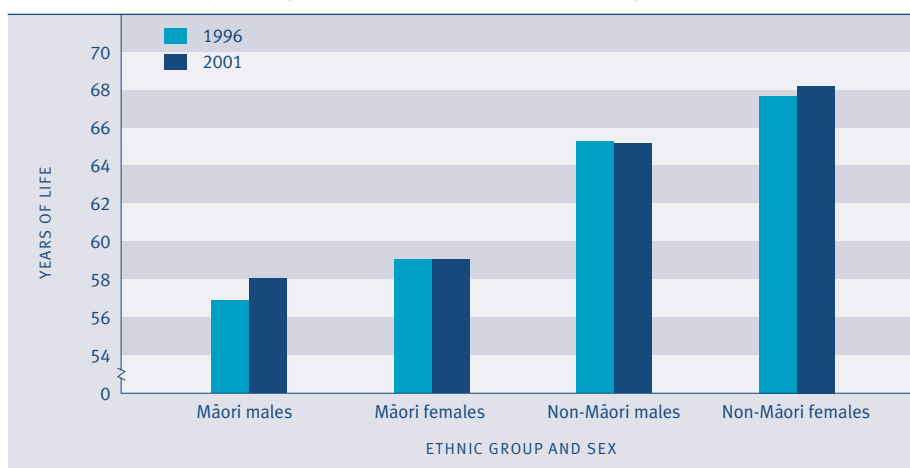
Only partial (0–85 years) independent life expectancy can be estimated for ethnic comparisons because of the small number of Māori aged over 85 years. These ethnic-specific statistics are not comparable with those for the total population.

There are large differences between Māori and non-Māori in their probability of living a long and healthy life. Revised estimates for 2001 show a newborn Māori male had a partial (0–85 years) independent life expectancy of 58.0 years, compared to 65.2 years for a non-Māori male, a gap of 7.2 years. The difference is greater for females: a Māori female born in 2001 could expect to have a partial independent life expectancy 9.2 years less than her non-Māori counterpart (59.0 years, compared to 68.2 years for non-Māori females).

Between 1996 and 2001, partial (0–85 years) independent life expectancy improved marginally for Māori males and non-Māori females, but there was no change for non-Māori males and Māori females.

The sex gap in independent life expectancy at birth for Māori narrowed between 1996 and 2001.

Figure H1.2 **Independent life expectancy at birth, Māori and non-Māori, by sex, 1996 and 2001**



Source: Ministry of Health, revised data

Note: These Māori/non-Māori comparisons in independent life expectancy are based on estimates for the 0–85 years age group because of the small number of Māori over 85 years of age

INTERNATIONAL COMPARISON

In June 2000, the World Health Organisation (WHO) introduced a new health expectancy measure, now called “healthy life expectancy” (HLE). Unlike independent life expectancy, which uses a single disability threshold, HLE uses a continuous scale that includes all levels of disability. The necessary health-state valuations required to construct this measure are not yet available for New Zealand. When these become available, the Ministry of Health intends to replace the independent life expectancy indicator with HLE.

Life expectancy

DEFINITION

Life expectancy at birth indicates the total number of years a person could expect to live, based on the mortality rates of the population at each age in a given year or period.

RELEVANCE

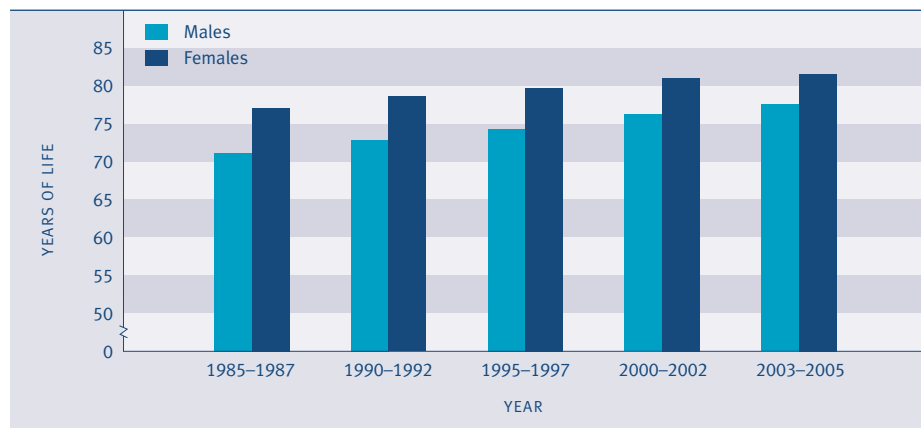
Life expectancy at birth is a key summary indicator of fatal health outcomes, ie the survival experience of the population.

CURRENT LEVEL AND TRENDS

Based on the mortality experiences of New Zealanders in the period 2003–2005, life expectancy at birth was 77.5 years for males and 81.7 years for females. Since the mid-1980s, gains in longevity have been greater for males than for females. Between 1985–1987 and 2003–2005, life expectancy at birth increased by 6.4 years for males and 4.6 years for females. As a result, the sex gap in life expectancy decreased from 6 years to 4.2 years over this period.

With the decline in the infant mortality rate (from 11.2 deaths per 1,000 live births in 1986 to 5.1 per 1,000 in 2005), the impact of infant death on life expectancy has lessened. The gains in life expectancy since the mid-1980s can be attributed mainly to reduced mortality in the middle-aged and older age groups (45–84 years). Reduced mortality rates are due to better living standards and improved public and personal health care.

Figure H2.1 **Life expectancy at birth, by sex, selected years, 1985–1987 to 2003–2005**



Source: Statistics New Zealand

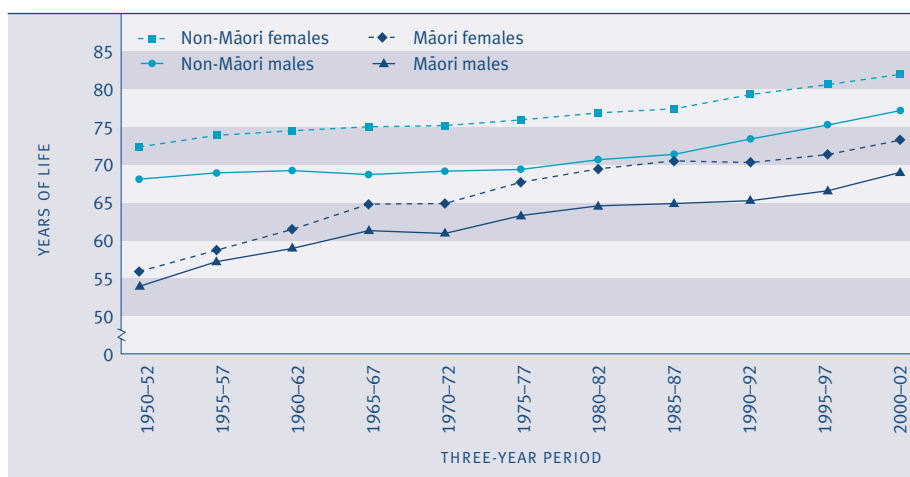
ETHNIC DIFFERENCES

There are marked ethnic differences in life expectancy. In 2000–2002, male life expectancy at birth was 77.2 years for non-Māori and 69.0 years for Māori, a difference of 8.2 years. Female life expectancy at birth was 81.9 years for non-Māori and 73.2 years for Māori, a difference of 8.8 years.

The pace of improvement in life expectancy has varied by ethnic group. For non-Māori, there was a fairly steady increase in life expectancy at birth over the period from 1985–1987 to 2000–2002, males gaining 5.8 years and females 4.5 years. For Māori, there was little change during the 1980s, but a dramatic improvement in the five years to 2000–2002. While the gain in Māori life expectancy over the whole period 1985–1987 to 2000–2002 (4.1 years for males, 2.7 years for females)

was less than that for non-Māori, Māori gained more than non-Māori in the latter five-year period. As a result, the gap in life expectancy at birth between non-Māori and Māori, which widened by 2.4 years between 1985–1987 and 1995–1997, reduced by 0.6 years in the five years to 2000–2002.

Figure H2.2 **Life expectancy at birth, by ethnic group and sex, selected years, 1950–1952 to 2000–2002**



Sources: Statistics New Zealand; Ministry of Health

Note: Figures for 1981–1996 have been adjusted for undercount, using Statistics New Zealand's estimate of Māori life expectancy for 1996

SOCIO-ECONOMIC DIFFERENCES

There is an association between life expectancy and the level of deprivation in the area where people live. In 1998–2000, males in the least deprived 10th of small areas in New Zealand could expect to live 9.5 years longer than males in the most deprived 10th of small areas. For females, the difference was smaller, but still substantial, at 5.6 years. These figures illustrate the links between socio-economic status and health.¹⁶

INTERNATIONAL COMPARISON

In 2000–2002, New Zealanders' life expectancy at birth was 81.1 years for females and 76.3 years for males. This was equivalent to the OECD median of 81.1 years for females and close to the median of 75.5 years for males for the period 2002/2003. New Zealand was ranked 15th equal out of 30 countries for females, and 10th for males. New Zealand's ranking was higher than this in 1960 (sixth for males, seventh for females). Over the 1970s and 1980s, longevity improved faster in other OECD countries than in New Zealand. In the 1990s, faster-than-average gains in life expectancy in New Zealand improved its relative position. In 2002/2003, life expectancy at birth was highest for females in Japan (85.3 years) and highest for males in Iceland (79 years). For females, life expectancy was slightly higher in Australia (82.8) and Canada (82.1) than in New Zealand, similar in the United Kingdom (80.7 years) and slightly lower in the United States (79.9 years). The pattern was similar for males: Australia (77.8 years), Canada (77.2 years), the United Kingdom (76.2 years) and the United States (74.5 years).¹⁷

Suicide

DEFINITION

The number of suicide deaths per 100,000 population.

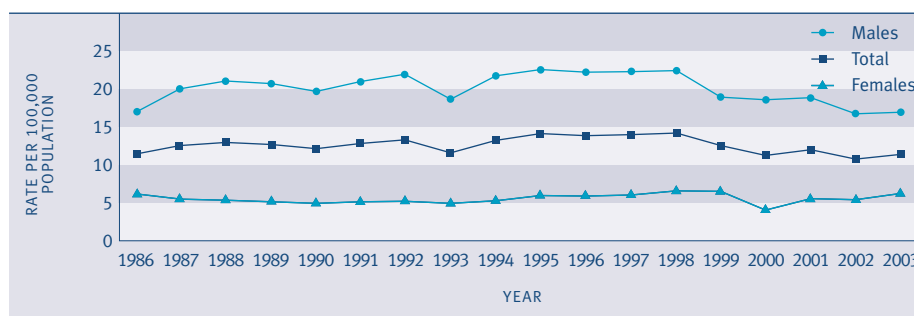
RELEVANCE

Suicide is an indicator of the mental health and social wellbeing of society and a major cause of injury-related death in the population.

CURRENT LEVEL AND TRENDS

In 2003, 515 people died by suicide, an increase from 465 in 2002.¹⁸ The age-standardised¹⁹ suicide death rate was 11.5 per 100,000 population in 2003, compared with 10.8 per 100,000 in 2002. Over the 1980s and 1990s there was an upward trend in the suicide death rate, which reached a peak of 14.3 per 100,000 in 1998. Since then the rate has fallen and the 2003 rate was the same as the 1986 rate of 11.5 per 100,000.

Figure H3.1 **Age-standardised suicide death rate, by sex, 1986–2003**

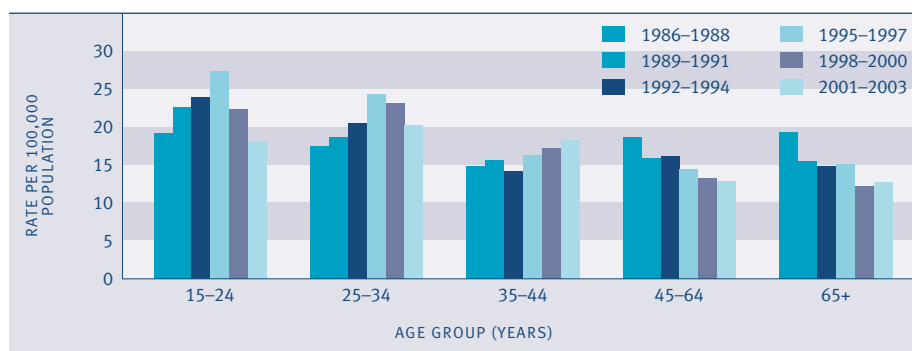


Source: Ministry of Health, New Zealand Health Information Service
Notes: (1) 2002 and 2003 figures are provisional (2) Age-standardised to Segi's world population

AGE DIFFERENCES

People aged 25–34 years had the highest suicide death rate for 10-year age groups in 2003 (18.5 per 100,000 population, or 101 deaths), followed by people aged 15–24 years (16.5 per 100,000, with 95 deaths).

Figure H3.2 **Suicide death rates, by age, 1986–1988 to 2001–2003**



Source: Ministry of Health, New Zealand Health Information Service
Notes: (1) Three-year average rates for 10-year age groups calculated by the Ministry of Social Development (2) 2002 and 2003 figures are provisional

For many decades, the suicide rate was consistently highest at ages 65 years and over but this changed in the late 1980s during a steep increase in youth (15–24 year olds) suicide. The youth suicide rate peaked at 28.7 per 100,000 in 1995 and has fallen by

42 percent since then, but is still higher than the 1986 rate of 15.6 per 100,000. The pattern is similar for 25–34 year olds. Suicide rates have been falling among people aged over 45 years. These age patterns may reflect, in part, cohort effects.

SEX DIFFERENCES

Males have a much higher rate of death by suicide than females, with 16.9 deaths per 100,000 males in 2003, compared with 6.2 deaths per 100,000 females. The male suicide rate increased sharply in the late 1980s, declined after 1998, and in 2003 was just below the 1986 rate of 17 deaths per 100,000 males. In comparison, the female rate has been relatively stable, fluctuating at around 5–6 per 100,000. Because of the small numbers involved, it is more reliable to consider the trend over several years.

While the suicide death rate is higher for males, more females than males are hospitalised for intentional self-harm. In 2002/2003, the female–male rate ratio for intentional self-harm in New Zealand was 2.1 female hospitalisations to every male hospitalisation per 100,000 population. Females more commonly choose methods that are less likely to be fatal.²⁰

ETHNIC DIFFERENCES

In 2003, there were 87 Māori deaths from suicide, accounting for 17 percent of all suicides in that year. The age-standardised rate of suicide death was 13.5 per 100,000 population for Māori, compared to 10.7 for non-Māori. The suicide rate for Māori youth in 2003 was 28.6 per 100,000, compared with the non-Māori rate of 13.7 per 100,000. Suicide deaths for both Māori and non-Māori were lower in 2000–2002 than in 1997–1999. Because of the small numbers, trends in Māori suicide rates should be treated with caution.

Table H3.1 **Age-standardised suicide rates and number of suicide deaths, Māori and non-Māori, 1996–2003**

Year	Age-standardised rate per 100,000		Number	
	Māori	Non-Māori	Māori	Non-Māori
1996	17.5	12.9	95	445
1997	17.5	13.1	103	458
1998	19.2	13.1	112	465
1999	12.1	12.2	78	438
2000	13.1	10.7	80	378
2001	12.7	11.6	79	428
2002	12.8	10.2	80	385
2003	13.5	10.7	87	428

Source: Ministry of Health, New Zealand Health Information Service

Notes: (1) 2002 and 2003 figures are provisional; 2001 rates have been revised (2) Age-standardised to Segi's world population

INTERNATIONAL COMPARISON

A comparison of age-standardised suicide rates in 13 OECD countries for the years 2001–2003 shows that New Zealand's rate was the sixth highest for males (17.1 per 100,000 males) and the fourth highest for females (6.2 per 100,000 females).²¹ Finland had the highest male suicide rate (26.2 per 100,000 in 2003), while Japan had the highest female rate (8.4 per 100,000 in 2002). Australia (17.5) had a slightly higher rate of male suicide than New Zealand, while Canada (15.8) and the United States (15) had slightly lower rates. The United Kingdom had the lowest male suicide rate (9.2). Australia and Canada (each 4.5), the United States (3.5) and the United Kingdom (2.5) all reported lower female suicide rates than New Zealand.

New Zealand had the third highest male youth suicide rate, after Finland and Ireland, and the highest female youth suicide rate. New Zealand is one of a small number of countries which have higher suicide rates at younger ages than at older ages.²²

Cigarette smoking

DEFINITION

The proportion of the population aged 15 years and over who currently smoke cigarettes.

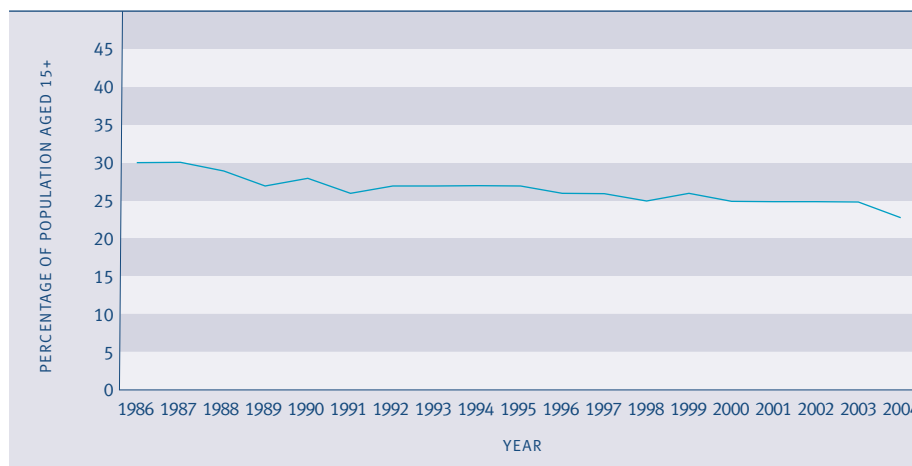
RELEVANCE

Tobacco smoking is a well-recognised risk factor for many cancers and for respiratory and cardiovascular diseases. In addition, exposure to environmental tobacco smoke (particularly maternal smoking) has been identified as a major risk factor for Sudden Infant Death Syndrome (SIDS) and respiratory problems in children. Internationally, smoking has been identified as the major cause of preventable death in OECD countries.²³

CURRENT LEVEL AND TRENDS

In 2004, 23 percent of New Zealanders aged 15 years and over were cigarette smokers, a decrease from 2003 when the rate was 25 percent.²⁴ It is too early to determine whether this change represents a downward trend, however. Smoking has declined from 30 percent in 1986, with most of the decline occurring between 1987 and 1991.

Figure H4.1 Cigarette smoking, 1986–2004



Source: Ministry of Health (2005) Table A2

AGE AND SEX DIFFERENCES

Smoking rates for females and males have been similar since the mid-1980s. Over the 1990s, both sexes became less likely to smoke. In 2004, 24 percent of males and 22 percent of females smoked. Females are slightly more likely than males to smoke at ages 15–34, but those aged 35 years and over are less likely to smoke than males.

Smoking is most prevalent among people aged 25–34 years, followed by those aged 15–24 years and those aged 35–54 years. People aged 55 years and over are much less likely to smoke and have experienced the greatest decline in smoking prevalence over the past 20 years. Between 2002 and 2004, however, the biggest drop in smoking was among those aged 15–24 years. Smoking levels in this age group fell from 32 percent to 25 percent for young men, and from 33 percent to 29 percent for young women.

ETHNIC DIFFERENCES

Māori women have the highest smoking rates (48 percent), followed by Māori men (39 percent). Among Pacific peoples, smoking is more prevalent among men (32 percent) than among women (22 percent).

Since 1990, smoking prevalence has declined by five percentage points for European and Other ethnic groups and by four and three percentage points for Māori and Pacific peoples respectively.²⁵

Table H4.1 **Age-standardised prevalence of cigarette smoking, by sex and ethnicity, 2004**

	Percentage in each ethnic group who smoke cigarettes			
	Māori	Pacific	European/Other	Total
Male	39.5	32.0	22.6	25.2
Female	47.6	22.4	19.5	23.8
Total	44.0	26.9	21.0	24.5

Source: Ministry of Health (2005) Table 1

Note: Rates are age-standardised using the WHO world population

SOCIO-ECONOMIC DIFFERENCES

Smoking is more prevalent among those with lower incomes, beneficiaries and those living in the most deprived areas. An analysis of 1996 Census data shows that the proportion of smokers in the most deprived (decile 10) areas is two to three times the proportion of smokers in the least deprived (decile 1) areas for all age groups, and for both sexes.²⁶

INTERNATIONAL COMPARISON

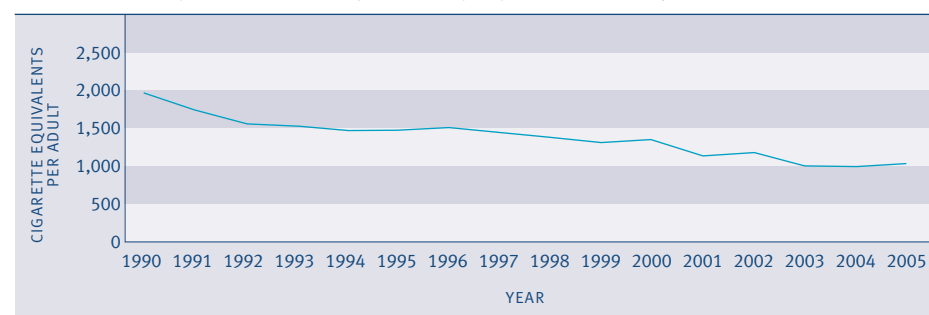
In a 2003 comparison of adult smoking, New Zealand had a rate of 25 percent, compared with an OECD median of 27 percent.²⁷ New Zealand ranked 11th highest out of 28 OECD countries. Smoking prevalence was highest in Greece (35 percent in 2000). New Zealand's rate was slightly better than that of the United Kingdom (26 percent), but considerably worse than those of Australia (20 percent in 2001), the United States (18 percent) and Canada (17 percent). Compared to other developed countries, New Zealand's smoking levels are relatively low for males and relatively high for females.²⁸

TOBACCO CONSUMPTION

Tobacco consumption, measured from customs data or tobacco company returns, complements the smoking prevalence data above to provide a different perspective on tobacco use. In 2005, tobacco consumption was 1,033 cigarette equivalents per person aged 15 years and over, up from 999 in 2004.

Since 1990, tobacco consumption has decreased from 1,971 cigarette equivalents per person, or by 48 percent. Over this period, the drop in tobacco consumption has been more rapid than the drop in smoking prevalence.

Figure H4.2 **Tobacco consumption, cigarette equivalents per person aged 15 years and over, 1990–2005**



Source: Ministry of Health

Obesity

DEFINITION

The proportion of the population aged 15 years and over who are obese.

Obesity is defined as having a Body Mass Index (BMI) greater than 30 for European and Other ethnicities, or greater than 32 for Māori and Pacific peoples. For the population aged under 15 years, the measure is the proportion of children aged 5–14 years whose BMI meets internationally defined thresholds of obesity.²⁹

RELEVANCE

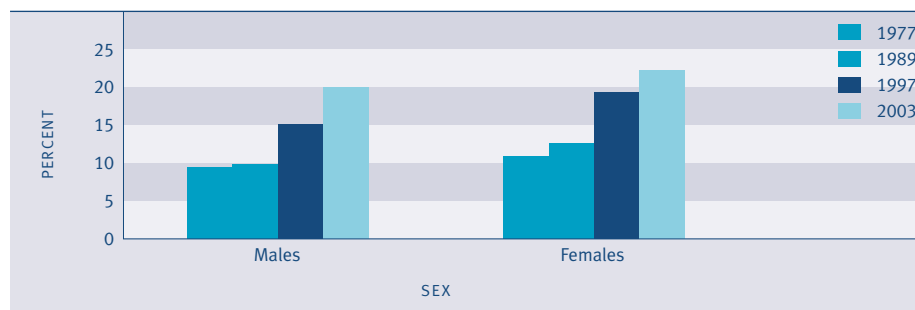
Obesity is associated with heart disease, diabetes, strokes, high blood pressure and some cancers. The increase in the prevalence of obesity has been identified as a major cause of the projected increase in diabetes.³⁰

CURRENT LEVEL AND TRENDS

In 2003, 21 percent of adults aged 15 and over were obese, an increase from 17 percent in 1997. In 2002, 10 percent of children aged 5–14 years were obese.

Between 1977 and 1989, there was a small increase in the prevalence of obesity among New Zealand adults aged 15–74. However, between 1989 and 2003, male obesity doubled from 10 to 20 percent, and female obesity increased from 13 to 22 percent.³¹ The major drivers of the increase in obesity rates have been changing dietary and physical activity patterns, reflecting an environment that promotes the over-consumption of energy-dense foods and drinks and limits the opportunities for physical activity.³²

Figure H5.1 **Prevalence of obesity, total population aged 15–74 years, by sex, 1977–2003**



Source: Ministry of Health (2004b) Table 19, p 89

AGE AND SEX DIFFERENCES

Age-standardised prevalence rates for 2003 showed no significant sex difference in the proportion of adults who were obese (males, 19 percent; females, 21 percent). Obesity increased with age up to the 55–64 years age group (males, 29 percent; females, 31 percent), then declined in the older age groups. This age pattern may reflect in part a cohort effect.³³ Among children aged 7–14 years in 2002, females were more likely than males to be obese.

Table H5.1 **Prevalence (%) of obesity, population aged 15 and over, by age group and sex, 2003**

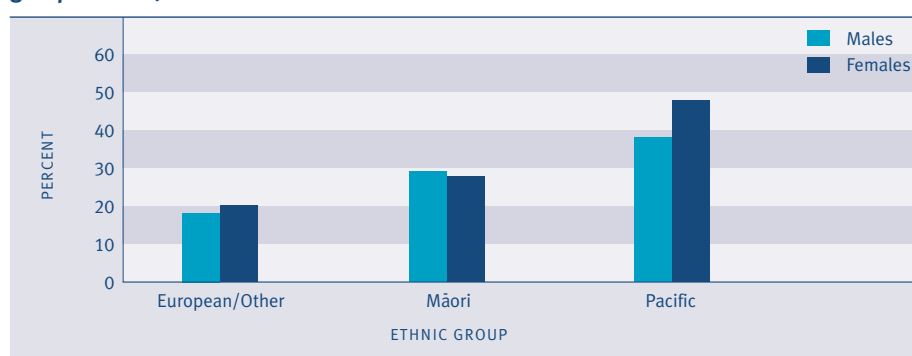
	15–24	25–34	35–44	45–54	55–64	65–74	75+	Total 15+
Males	9.7	16.1	21.0	26.1	29.0	24.0	19.4	19.2
Females	12.4	20.7	22.0	24.6	30.9	27.2	17.1	21.0

Source: Ministry of Health (2004a) pp 85–86

ETHNIC DIFFERENCES

Obesity is more prevalent among Pacific peoples and Māori than other ethnic groups. Among adults in 2002/2003, the age-standardised obesity prevalence rate was 48 percent for Pacific females and 38 percent for Pacific males. For Māori adults, the figures were 28 percent for females and 29 percent for males. This compares with 20 percent for European/Other females and 18 percent for European/Other males. Among children aged 5–14 years in 2002, there was a similar pattern (Pacific children: 31 percent and 26 percent for females and males respectively; Māori children: 17 percent, 16 percent; European/Other: 6 percent, 5 percent).

Figure H5.2 **Age-standardised prevalence of obesity, population aged 15 years and over, by ethnic group and sex, 2002–2003**



Source: Ministry of Health (2004a) Tables 13 and 14, pp 103–104
Note: Rates are age-standardised using the WHO world population

Obesity has increased for all groups since 1989, but there was little change in the rates for Māori between 1997 and 2003.³⁴

SOCIO-ECONOMIC DIFFERENCES

The association between socio-economic status and female obesity has been found consistently over time and using different measures of socio-economic status. For example, in 2003, while 28 percent of females living in quintile 5 small areas (the most disadvantaged fifth of small areas in New Zealand) were obese, only 16 percent of those in quintile 1 were obese. However, the link between male obesity and socio-economic status is less well-established.³⁵

INTERNATIONAL COMPARISON

New Zealand has a relatively high prevalence of obesity compared with other OECD countries, with a rate of 21 percent in 2003, compared to an OECD median of 13 percent. New Zealand ranked 23rd out of 29 countries reporting obesity prevalence in 1999–2003. However, most countries use the self-reporting method to measure obesity whereas New Zealand and three other countries use actual measurements recorded by an interviewer. New Zealand's rate was lower than the other three countries: the United States (with the highest rate of obesity, at 31 percent in 2002); the United Kingdom (23 percent in 2003) and Australia (22 percent in 1999). Of all countries, Korea had the lowest prevalence of obesity (3 percent in 2001).³⁶

DESIRED OUTCOMES

Everybody has the knowledge and skills needed to participate fully in society. Lifelong learning and education are valued and supported.

Knowledge and Skills

INTRODUCTION

Knowledge and skills enhance people's ability to meet their basic needs, widen the range of options open to them in every sphere of life, and enable them to influence the direction their lives take. The skills people possess can also enhance their sense of self-worth, security and belonging.

We live in a society where access to information and proficiency with technology are becoming more important. An inclusive society will increasingly require everybody to have high levels of knowledge and skills.

Knowledge and skills include education and training, as well as abilities gained through daily life. The experiences of very young children within their families affect their acquisition and use of knowledge and skills, and influence their capacity to learn. Adults acquire skills through their work and non-work activities – for example, parenting skills or skills relevant to recreation or leisure activities.

For many people, the acts of learning and mastering new skills are important in themselves. Possession of knowledge and skills can be integral to a person's sense of belonging and self-worth: many people define themselves by what they can "do", not only in employment but elsewhere in life.

Knowledge and skills relate directly to employment decisions and to career choices. Those with relatively few educational qualifications are more likely to be unemployed and, on average, have lower incomes when in work. This affects people's economic standard of living as well as their security and ability to make choices about their lives. Knowledge and skills are important for gaining access to services and for understanding and exercising civil and political rights.

INDICATORS

Five indicators are used in this chapter. Each provides a snapshot of New Zealanders' acquisition of knowledge and skills at a particular stage in their lives, from early childhood to school-leaving age to adulthood. They are: participation in early childhood education, school leavers with higher qualifications, participation in tertiary education, the educational attainment of the adult population and adult literacy skills in English. The focus of four of the five indicators is on formal education and training. This reflects the importance of formal education and training and also the availability of data – there is little data that captures the contribution of informal, on-the-job training to acquiring knowledge and skills.

The indicators are relevant to current and future social wellbeing. Participation in early childhood education contributes significantly to a child's later development. Going to a kindergarten, kōhanga reo or some other early childhood service prepares children for further learning, helps equip them to cope socially at school and develops their bodies and minds to better prepare them for adult life. Quality early childhood programmes can help narrow the achievement gap between children from low-income families and more advantaged children.³⁷

Students who obtain higher qualifications at school tend to have more options for tertiary education and future employment. Those who leave school early have a greater risk of unemployment or low incomes.³⁸

Participation in tertiary education opens up career opportunities and improves the skills people need to participate in society. This has become particularly important with the increasing dependence on "knowledge" industries that require well-educated, highly skilled workforces. It also captures aspects of lifelong learning through the participation of adults in tertiary education.

Educational attainment of the adult population provides a broad picture of New Zealanders' possession of knowledge and skills. It is influenced by factors not measured in the other indicators, such as adults gaining new qualifications and new migrants arriving with qualifications.

Literacy is a fundamental skill. A good level of literacy in English, including numeracy and the ability to understand documents and tables, is vital in the workplace and in everyday life.

Participation in early childhood education

DEFINITION

The number of enrolments of children aged 3 and 4 years in early childhood centres or home-based education programmes as a proportion of all 3 and 4 year olds.

The measure includes all forms of organised and sustained centre and home-based programmes designed to foster learning and emotional and social development in children. The measure overestimates participation because children enrolled in more than one early childhood centre will be double-counted. Information from an alternative measure which avoids double counting – the proportion of Year One students who participated in early childhood education – is also included.

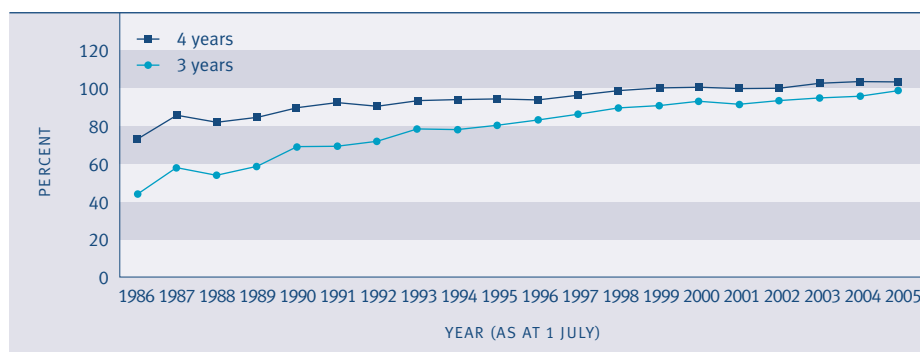
RELEVANCE

Evidence from New Zealand and international research shows that the early childhood years are vital to a child’s development and future ability to learn.³⁹ Quality early childhood programmes prepare young children socially, physically and academically for entry into primary education and can help narrow the achievement gap between children from low-income families and those from more advantaged families.

CURRENT LEVEL AND TRENDS

As at 1 July 2005, the “apparent” early childhood education participation rate was 98 percent for 3 year olds and 103 percent for 4 year olds, confirming that some children attend more than one service. These figures represent a substantial increase from 43 percent and 73 percent respectively in 1986. Much of the growth in participation in early childhood education occurred in the five years between 1986 and 1991, with slower growth in subsequent years.

Figure K1.1 **Early childhood education “apparent” participation rate, 3 and 4 year olds, 1986–2005**



Sources: Ministry of Education; Ministry of Social Development

Note: These figures overestimate the true participation rate. Rates in excess of 100 percent are possible because children can be enrolled in more than one service

In July 2005, 94 percent of all Year One students had attended some form of early childhood education service before starting school, the same proportion as in the previous two years. This compares with 91 percent of Year One students in 2000.

ETHNIC DIFFERENCES

There are marked ethnic differences in the proportion of Year One students who have attended an early childhood education service, with European students being the most likely to have attended: 98 percent compared with 90 percent of Māori and 85 percent of Pacific Year One students in 2005. However the gap in ethnic participation rates has narrowed in recent years as a result of a faster growth in attendance by Pacific and Māori children.

Table K1.1 **Early childhood education attendance by Year One students, by ethnic group, as at 1 July 2000–2005**

	European	Māori	Pacific	Asian	Other	Total
2000	95.4	84.8	76.1	89.2	83.0	91.0
2001	96.0	85.3	76.3	89.8	84.1	91.3
2002	96.6	86.5	79.4	92.1	86.6	92.3
2003	97.4	88.4	83.4	92.4	88.9	93.6
2004	97.6	89.3	84.7	94.1	89.4	94.1
2005	97.7	89.9	84.5	95.1	89.9	94.3

Source: Ministry of Education

Note: These figures exclude cases for which attendance was unknown. Total figures for 2003 and 2004 have been revised by the Ministry of Education

PARTICIPATION BY TYPE OF EARLY CHILDHOOD EDUCATION SERVICE

In 2005, childcare centres (41 percent) and kindergartens (39 percent) had the largest number of enrolments of 3 and 4 year olds in early childhood education. Much smaller numbers of children were enrolled in playcentres (6 percent) and kōhanga reo (5 percent).

School leavers with higher qualifications

DEFINITION

The proportion of secondary school leavers who leave school with qualifications higher than National Certificate of Educational Attainment (NCEA) Level 1.

RELEVANCE

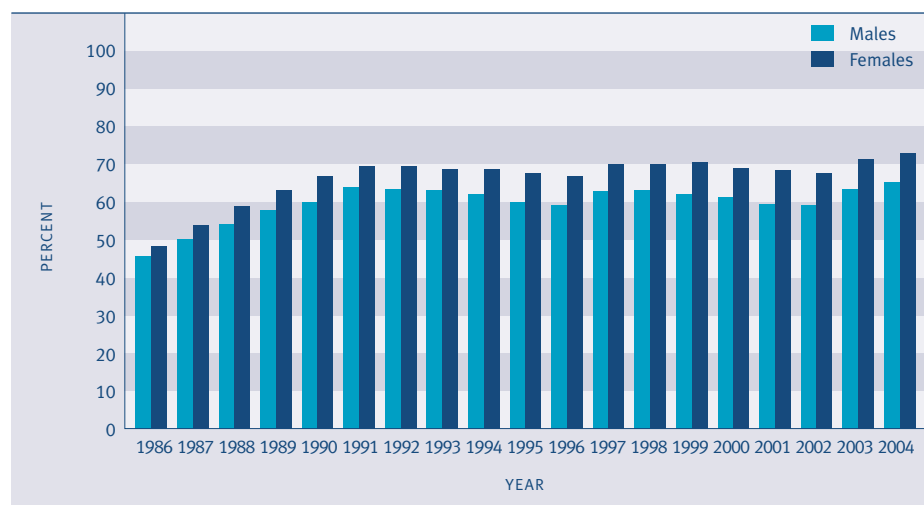
Upper secondary education serves as the foundation for higher (post-secondary) learning and training opportunities as well as the preparation for direct entry into the labour market. Those who leave school early with few qualifications are at a much greater risk of unemployment or vulnerability in the labour force and of having low incomes.⁴⁰

CURRENT LEVEL AND TRENDS

In 2004, 69 percent of school leavers (38,000) left school with qualifications higher than NCEA Level 1, an increase from 67 percent in 2003. This proportion has increased considerably from 47 percent in 1986. However, most of the increase occurred in the late-1980s. Since 1990, the proportion has fluctuated between 63 percent and 69 percent.

The lack of sustained growth in the proportion of school leavers with higher qualifications since the early-1990s may be explained, in part, by an increase in employment and training opportunities for those without higher qualifications.

Figure K2.1 **Proportion of school leavers with qualifications higher than NCEA Level 1, by sex, 1986–2004**



Source: Ministry of Education

Note: Before 2004, these included Sixth Form Certificate, Higher School Certificate, Entrance Qualification and University Bursary. From 2004, the equivalent qualifications are: 30 or more credits at NCEA Level 2, NCEA Level 2, 30 or more credits at NCEA Level 3, and NCEA Level 3 or higher

SEX DIFFERENCES

In 2004, 73 percent of female school leavers had qualifications higher than NCEA Level 1, compared to 65 percent of males. Between 1986 and 2004 the proportion of school leavers with higher qualifications improved at a faster rate for females than for males.

Table K2.1 **Proportion (%) of school leavers with qualifications higher than NCEA Level 1, by sex, selected years, 1986–2004**

	Males	Females
1986	45.2	48.1
1991	63.5	69.2
1996	59.0	66.5
2001	59.4	68.1
2002	59.0	67.6
2003	63.2	71.2
2004	65.0	72.8

Source: Ministry of Education

Note: Before 2004, these included Sixth Form Certificate, Higher School Certificate, Entrance Qualification and University Bursary. From 2004, the equivalent qualifications are: 30 or more credits at NCEA Level 2, NCEA Level 2, 30 or more credits at NCEA Level 3, and NCEA Level 3 or higher

ETHNIC DIFFERENCES

The proportion of Māori school leavers with qualifications higher than NCEA Level 1 increased from 45 percent in 2003 to 47 percent in 2004. Among Pacific school leavers, the proportion with higher qualifications increased from 59 percent in 2003 to 61 percent in 2004. However, these improved outcomes for Māori and Pacific students had little effect on ethnic differences in school attainment because there were also increases in the proportion of European and Asian school leavers with higher qualifications between 2003 and 2004 (from 72 to 74 percent for European students and from 86 to 87 percent for Asian students).

Table K2.2 **Proportion (%) of school leavers with qualifications higher than NCEA Level 1, by ethnic group, selected years, 1996–2004**

	European	Māori	Pacific	Asian	Other	Total
1996	68.9	37.4	53.7	81.5	60.0	62.7
2001	68.5	40.6	54.7	84.7	63.7	63.6
2002	68.4	38.9	53.5	84.4	67.7	63.3
2003	71.6	45.0	58.9	86.4	70.7	67.1
2004	73.6	47.4	61.5	86.9	73.2	68.8

Source: Ministry of Education

Note: Before 2004, these included Sixth Form Certificate, Higher School Certificate, Entrance Qualification and University Bursary. From 2004, the equivalent qualifications are: 30 or more credits at NCEA Level 2, NCEA Level 2, 30 or more credits at NCEA Level 3, and NCEA Level 3 or higher

SOCIO-ECONOMIC DIFFERENCES

Young people from schools that draw their students from low socio-economic communities are less likely than other young people to attain higher school qualifications. In 2004, only 54 percent of school leavers from deciles 1–3 schools (in the most disadvantaged communities) attained qualifications higher than NCEA Level 1, compared with 67 percent of those leaving deciles 4–7 schools and 81 percent of those leaving deciles 8–10 schools.

REGIONAL DIFFERENCES

The Marlborough region had the highest proportion (78 percent) of 2004 school leavers with qualifications higher than NCEA Level 1, followed by Nelson and Otago (each 75 percent), Southland (74 percent), Auckland and Wellington (each 73 percent). Tasman and Northland had the lowest proportions (each 58 percent), followed by the West Coast (59 percent) and the Bay of Plenty (61 percent).

Participation in tertiary education

DEFINITION

The proportion of the population aged 15 years and over enrolled on 31 July in formal tertiary education leading to a recognised New Zealand qualification.

Tertiary education providers include public institutions (universities, polytechnics, colleges of education, wānanga), and private tertiary education providers receiving government funding or approval, or registered with the New Zealand Qualifications Authority. Qualifications range from certificates and diplomas to bachelor and post-graduate degrees.

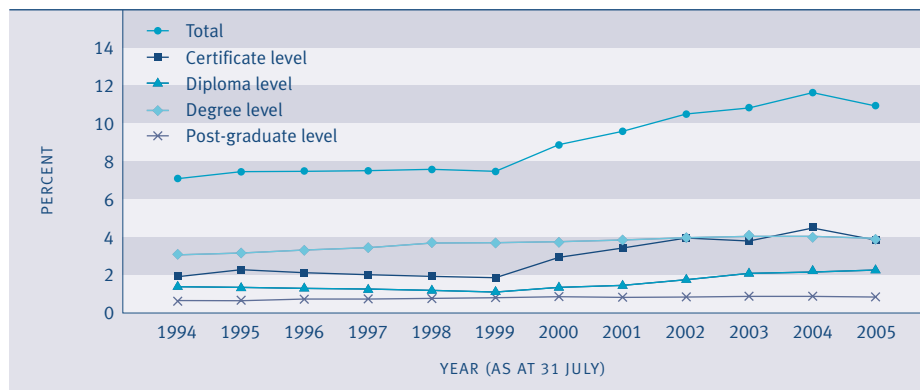
RELEVANCE

The acquisition of a tertiary qualification provides individuals with skills and knowledge to participate in society and in the economy.

CURRENT LEVEL AND TRENDS

In July 2005, 11 percent of the population aged 15 years and over (350,853 people) was enrolled in formal tertiary education, a decline from 12 percent (368,000 people) in July 2004. Most of this decline was due to a fall in the number of people taking certificate level courses. Long-term trend data is only available for public tertiary education institutions. In 1986, 4 percent of the population aged 15 years and over was enrolled in public tertiary education institutions, compared to 10 percent in July 2004 and 9 percent in July 2005.

Figure K3.1 **Tertiary education participation rate, by qualification level, 1994–2005**



Sources: Ministry of Education; Ministry of Social Development
 Note: Includes students enrolled in private training establishments from 1999

Enrolments for courses that lead to qualifications below the level of a bachelor's degree have risen faster than enrolments at degree level or above in recent years. In July 2005, 6 percent of the population aged 15 years and over was enrolled in sub-degree tertiary education courses, compared with 5 percent enrolled in degree and post-graduate courses.

AGE AND SEX DIFFERENCES

Tertiary education participation is highest among 18–24 year olds (37 percent in 2005). This age group had the largest rise in participation rates between 1999 and 2004 (6 percentage points), but also the largest fall in participation between 2004 and 2005 (almost 2 percentage points).

Since the mid-1990s, women have been more likely than men to participate in tertiary study at ages 18 years and over. In July 2005, the tertiary participation rate for females aged 18–24 years was 7 percentage points higher than for males.

There is little difference between males and females in their level of tertiary study. Of all tertiary students enrolled in mid-2005, 37 percent of females and 36 percent of males were enrolled in degree courses, while 8 percent of females and 7 percent of males were enrolled in post-graduate courses.

Table K3.1 **Tertiary participation rates (%), by age and sex, selected years, 1996–2005**

Sex, year	15–17 years	18–24 years	25–39 years	40+ years	Total
Males					
1996	4.7	26.3	7.0	1.7	7.0
2001	9.0	32.7	9.1	2.4	8.5
2004	9.0	34.5	11.0	3.5	9.9
2005	9.8	33.1	10.1	3.3	9.5
Females					
1996	4.6	28.4	8.3	2.7	7.9
2001	8.5	37.3	12.4	4.0	10.6
2004	8.3	42.4	16.0	5.9	13.1
2005	9.0	40.2	14.3	5.6	12.2

Sources: Ministry of Education; Ministry of Social Development

Note: From 1999 includes participation in both public and private tertiary education institutions

ETHNIC DIFFERENCES

In July 2005, the age-standardised tertiary education participation rate for Māori was 15 percent, almost double the rate in 1999 (9 percent). In comparison, non-Māori participation increased from 9 percent in 1999 to 11 percent in 2005. The age-standardised rate has been higher for Māori than for non-Māori since 2001.⁴¹

Māori participation in tertiary education is higher than non-Māori participation among those aged under 18 years and over 25 years, but considerably lower than non-Māori participation at the core tertiary education ages of 18–24 years. However, Māori participation in this age group has grown since 1999. In 2005, 24 percent of Māori aged 18–24 years were enrolled in tertiary education, compared with 20 percent in 1999. The non-Māori participation rate for 18–24 year olds was 35 percent in 1999 and 39 percent in 2005. The fall in participation rates between 2004 and 2005 was greater for Māori than for non-Māori.

Table K3.2 **Tertiary participation rates (%), by age and sex, Māori and non-Māori, 2005**

Age group	Māori %			Non-Māori %		
	Males	Females	Total	Males	Females	Total
15–17	11.9	13.1	12.5	9.3	7.8	8.6
18–24	18.9	30.0	24.5	36.2	42.5	39.3
25–39	11.5	22.3	17.1	9.9	12.8	11.4
40+	7.3	15.0	11.3	2.9	4.6	3.8
Total	11.3	19.8	15.7	9.2	11.1	10.2

Sources: Ministry of Education; Ministry of Social Development

Māori and Pacific students are less likely to be enrolled in degree-level courses than students from the European, Asian or Other ethnic groups.

INTERNATIONAL COMPARISON

There are no robust measures of tertiary participation across OECD countries. Some indication of New Zealand's relative standing can be gained from the proportion of the population enrolled in education at various ages. In 2003, 29 percent of 20–29 year olds (the age group more likely to be enrolled in tertiary than secondary education) were enrolled in education, placing New Zealand eighth out of 28 countries. This was above the OECD median of 24 percent. The New Zealand rate was higher than those of the United Kingdom (26 percent) and the United States (22 percent) but below the rate for Australia (33 percent).⁴²

Educational attainment of the adult population

DEFINITION

The proportion of adults aged 25–64 years with an educational attainment of at least upper secondary school level.

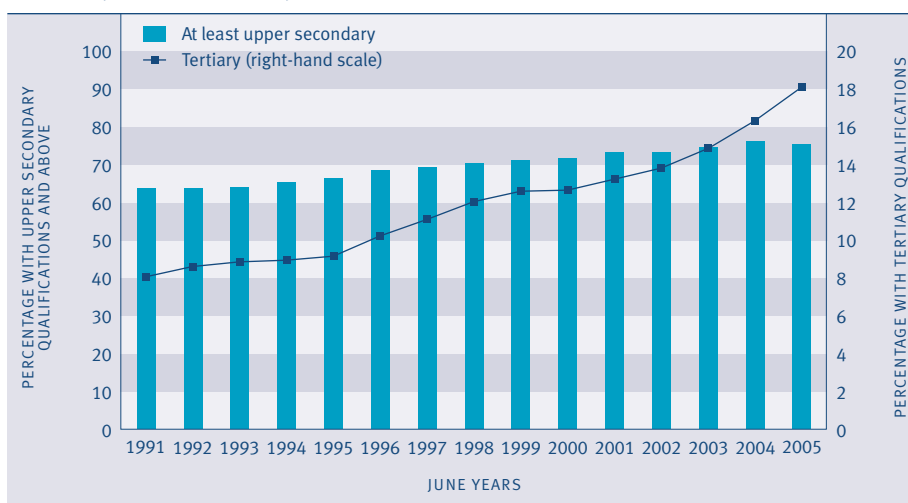
RELEVANCE

The educational attainment of the adult population is an indicator of the skills available in the economy. The level of formal educational qualifications in the population is a commonly used proxy for the stock of “human capital”, ie the skills available in the population and labour force.

CURRENT LEVEL AND TRENDS

In the year ended June 2005, 76 percent of the population aged 25–64 years (1.6 million people) had attained an educational qualification at upper secondary level or above, the same proportion as in 2004 and an increase from 64 percent in 1991. Over the same period the proportion of adults with a bachelor’s degree or higher qualification had risen from 8 percent to 18 percent (382,000).

Figure K4.1 **Proportion of adults aged 25–64 years with an educational attainment of at least upper secondary level and tertiary level, 1991–2005**



Source: Statistics New Zealand, Household Labour Force Survey
 Notes: (1) Tertiary equals bachelor's degree or higher (2) Figures prior to 2005 have been revised

AGE AND SEX DIFFERENCES

Younger adults aged 25–34 years are much more likely to have at least upper secondary school qualifications than adults aged 55–64 years (82 percent, compared to 63 percent). Similarly, young adults are more likely than older people to have a bachelor’s degree or higher (24 percent, compared to 10 percent).

Sex differences in educational attainment have narrowed over time. In 2005, women were more likely than men to have higher educational qualifications at ages 25–34. In contrast, at older ages men are much more likely than women to have higher educational qualifications.

Table K4.1 **Proportion (%) of population aged 25–64 years with higher qualifications, by age and sex, 2005**

	25–34	35–44	45–54	55–64	Total 25–64
At least upper secondary					
Males	81.2	79.9	77.5	68.0	77.3
Females	82.4	77.9	72.1	58.3	73.9
Total	81.8	78.9	74.7	63.1	75.5
Tertiary					
Males	22.4	20.6	18.5	12.4	18.9
Females	24.9	19.2	14.9	8.0	17.4
Total	23.7	19.8	16.7	10.1	18.1

Source: Statistics New Zealand, Household Labour Force Survey

Notes: (1) Tertiary equals bachelor's degree or higher (2) Figures prior to 2005 have been revised

ETHNIC DIFFERENCES

Māori and Pacific adults are much less likely than adults in the European and Other ethnic groups to have higher qualifications. In the year ended June 2005, 62 percent of Māori and 50 percent of Pacific adults aged 25–64 years held at least upper secondary qualifications, compared with 79 percent of Europeans. Similarly, just 7 percent of Māori and 6 percent of Pacific adults held a tertiary qualification at bachelor's degree level or above, compared with 18 percent of Europeans. However, since 1991, growth in the proportion of adults with at least upper secondary qualifications was faster for Māori and Pacific adults than for Europeans. The Other ethnic group has consistently had the highest proportion of adults with a tertiary qualification, more than double that of Europeans.

Table K4.2 **Proportion (%) of population aged 25–64 years with higher qualifications, by ethnic group, selected years, 1996–2005**

	European	Māori	Pacific	Other	Total
At least upper secondary					
1996	72.8	48.1	38.5	60.2	68.6
2001	77.0	58.6	56.2	66.2	73.4
2004	79.2	64.7	61.2	71.2	76.1
2005	79.4	62.1	49.8	70.9	75.5
Tertiary					
1996	10.4	2.4	2.1	27.2	10.2
2001	13.2	4.7	5.3	30.6	13.2
2004	15.8	6.1	7.2	37.3	16.3
2005	17.6	6.8	6.1	39.5	18.1

Source: Statistics New Zealand, Household Labour Force Survey

Notes: (1) Other in this data includes the Asian population (2) Tertiary equals bachelor's degree or higher (3) Figures prior to 2005 have been revised

INTERNATIONAL COMPARISON

In 2003, 78 percent of New Zealand adults had at least upper secondary level qualifications, compared with an OECD median of 66 percent.⁴³ New Zealand ranked 11th out of 30 OECD countries. New Zealand ranked 14th equal (with Finland and Ireland) in the proportion of adults who have bachelor's degrees or higher, with a rate of 16 percent (the same as the OECD median). Countries which had higher proportions of adults with qualifications at this level included the United States and Norway (each 29 percent – the highest rate), Canada (22 percent), Australia (20 percent), and the United Kingdom (19 percent). New Zealand is among the two-thirds of OECD countries in which females aged 25–34 are more likely than males of that age to have tertiary qualifications to bachelor's degree or higher.

Adult literacy skills in English

DEFINITION

The proportion of the population aged 16–65 years with literacy skills in English (defined as prose, document and quantitative skills at Level 3 or above), as measured in the 1996 International Adult Literacy Survey (IALS).

Level 3 is a “suitable minimum for coping with the demands of everyday life and work in a complex, advanced society. It denotes roughly the skill level required for successful secondary school completion and college entry”.⁴⁴ Prose literacy is the ability to understand and use information from texts, including editorials, news stories, brochures and instruction materials. Document literacy is the ability to locate and use information contained in formats, including maps, tables and job application forms. Quantitative literacy is the ability to apply arithmetic operations to numbers embedded in printed materials, such as balancing a cheque book or completing an order form.

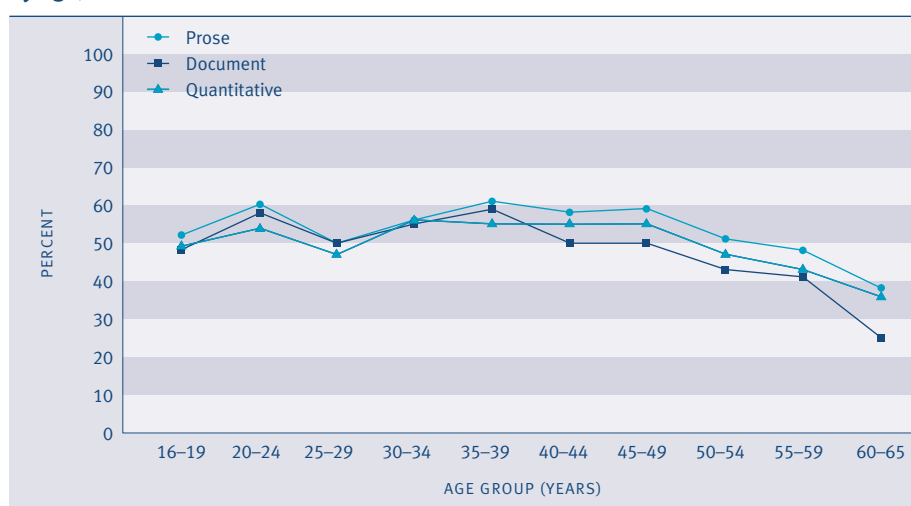
RELEVANCE

The increasing complexity of our society and the need for a more flexible and highly educated workforce mean individuals need to be able to understand and apply information of varying difficulty from a range of sources to function effectively at work and in everyday life. The IALS was designed to measure adult literacy skills in English by assessing proficiency levels, using test materials derived from specific contexts within countries.

CURRENT LEVEL

Results from the first international literacy survey in 1996 show that 54 percent of New Zealand’s population aged 16–65 years had prose literacy skills at Level 3 or above, 50 percent had document skills at Level 3 or above and 51 percent had quantitative skills at Level 3 or above.

Figure K5.1 **Proportion of adults aged 16–65 years with higher literacy skills (Level 3 or above), by age, 1996**



Source: Ministry of Education (2001b)

AGE DIFFERENCES

Across all three domains, the proportion of people with literacy skills at Level 3 or above was broadly similar for people aged 16–49 years but then declined with age for people aged over 50 years. Poorer literacy levels among those aged over 50 years may be due either to differences in the education received by older people or to a decline in these skills as people age.

SEX DIFFERENCES

Women performed better than men in prose literacy (58 percent at Level 3 or above compared with 50 percent for men). The reverse was true in respect of quantitative skills: 55 percent of men had quantitative literacy skills at Level 3 or above, compared with 47 percent of women. Differences between men and women in respect of document literacy skills at those levels were negligible.

ETHNIC DIFFERENCES

Across all three domains, over half of all Europeans had literacy skills at Level 3 or above. Pacific peoples consistently had the smallest proportions at this level (less than a third in each domain). Māori had a larger proportion than other non-European ethnic groups in prose literacy at Level 3 or above but a smaller proportion in the document and quantitative literacy domains. Among Māori and Pacific adults, there were considerable sex differences favouring males in the document and quantitative domains that were not evident among European adults. For example, only 18 percent of Pacific females were at Level 3 or above for quantitative literacy compared with 42 percent of Pacific males. The sex disparity was not as great among Māori but was still substantial, with 26 percent of females at Level 3 or above for quantitative literacy compared with 36 percent of males.⁴⁵

Table K5.1

Proportion (%) of adults aged 16–65 years with higher level literacy skills (Level 3 or above), 1996

	Prose literacy	Document literacy	Quantitative literacy
European	61	56	57
Māori	36	30	30
Pacific	27	25	28
Other	32	34	37
Total	54	50	51

Sources: Ministry of Education (2001b); OECD (2000)

INTERNATIONAL COMPARISON

New Zealand's prose literacy rate of 54.2 percent was close to the OECD median of 53.5 percent, and placed New Zealand seventh out of 17 OECD countries.⁴⁶ The top prose literacy performer in the OECD was Sweden with 72.1 percent. Outcomes for other countries included Canada (57.8 percent), Australia (55.8 percent), the United States (53.5 percent) and the United Kingdom (47.9 percent). New Zealand had a document literacy score of 49.5 percent, slightly lower than the OECD median of 52.9 percent. This placed New Zealand 13th in the OECD for document literacy. Scores for other countries included Canada (57.2 percent), Australia (55.1 percent), the United States (50.4 percent) and the United Kingdom (49.6 percent). For quantitative literacy, New Zealand scored 50.6 percent. This was significantly lower than the OECD median of 57 percent and ranked New Zealand at 12th place. Other countries' outcomes included Canada (57 percent), Australia (56.8 percent), the United States (53.8 percent) and the United Kingdom (49 percent).⁴⁷

DESIRED OUTCOMES

Everybody has access to meaningful, rewarding and safe employment. An appropriate balance is maintained between paid work and other aspects of life.

Paid Work

INTRODUCTION

Paid work has an important role in social wellbeing. It provides people with incomes to meet their basic needs and to contribute to their material comfort, and gives them options for how they live their lives. Paid work is also important for the social contact and sense of self-worth or satisfaction it can give people.

The desired outcomes highlight four aspects of paid work: access to work, the financial return from work, the safety of the working environment and the balance between work and other areas of life.

For most people, income from paid work is the main factor determining their material standard of living. On average, about two-thirds of total household income is derived directly from labour market income, and the figure is substantially greater for most households.⁴⁸ Income saved during their working life contributes to the standard of living of many retired people.

The social and personal dimensions of paid work are both important. Ideally, work should not only be materially rewarding but it should contribute to other aspects of wellbeing. Meeting challenges at work can contribute to a sense of satisfaction and self-worth. Paid work is more likely to be satisfying where people can find employment to match their skills and abilities.

Social contact is an important part of wellbeing. For many people, much of their social contact is through their jobs. People often gain a sense of belonging or identity from their jobs, recognising themselves and others because of the organisation they work for or the type of work they do.

Conversely, unemployment can isolate people from society and cause them to lose self-confidence. Unemployment is associated with poorer mental and physical health, and lower levels of satisfaction with life.⁴⁹

The quality of work is critically important. A meaningful job can enhance people's satisfaction with their work. An unsafe job, on the other hand, places people's wellbeing at risk.

Work can also be stressful. People may be required to work longer hours than they want to or need to. The desired outcomes acknowledge that wellbeing is best served by maintaining a balance between paid work and other aspects of life, though where that balance lies will differ from person to person.

INDICATORS

Five indicators are used in this chapter. They are: unemployment, employment, median hourly earnings, workplace injury claims and satisfaction with work-life balance.

Together, these indicators present a picture of people's access to employment, the financial rewards from employment, the safety of employment and the balance between work and other areas of life.

The first indicator is the unemployment rate. The unemployment rate measures the proportion of people who are out of work and who are actively seeking and available to take up paid work. This is a relatively narrow measure of unemployment but it accords closely with the OECD standard measure, allowing international comparisons. Information about long-term unemployment is also provided.

The second indicator is the employment rate. The employment rate provides an alternative picture of people's access to paid work. It is influenced not only by the amount of work available but also by trends in people making themselves available to work. The indicator measures the proportion of working-age people employed for one hour or more a week. Information is provided on the breakdown between full-time and part-time employment. The employment rate complements the unemployment rate as an indicator. Changes in the employment rate will reflect changes in the number of discouraged workers who are not employed, but who are not actively seeking work.

Both the unemployment and the employment rates are affected by several factors, including economic conditions, migration flows, people's qualifications and abilities, and their decisions on whether to undertake paid work.

The third indicator measures median hourly earnings from waged and salaried employment. The level of financial return from paid employment independent of the number of hours worked is central to the quality of paid work.

The fourth indicator is the rate of workplace injury claims per 1,000 full-time equivalent employees. Workplace safety is important in its own right, but may also be a proxy for the quality of employment. Jobs should not pose an unreasonable risk to people's lives or physical wellbeing.

The final indicator measures the proportion of the population in paid employment who are satisfied with their work-life balance.

Unemployment

DEFINITION

The number of people aged 15 years and over who are not employed and who are actively seeking and available for paid work, expressed as a percentage of the total labour force.

The labour force is defined as the population aged 15 years and over who are either employed or unemployed (not employed but actively seeking and available for paid work).

RELEVANCE

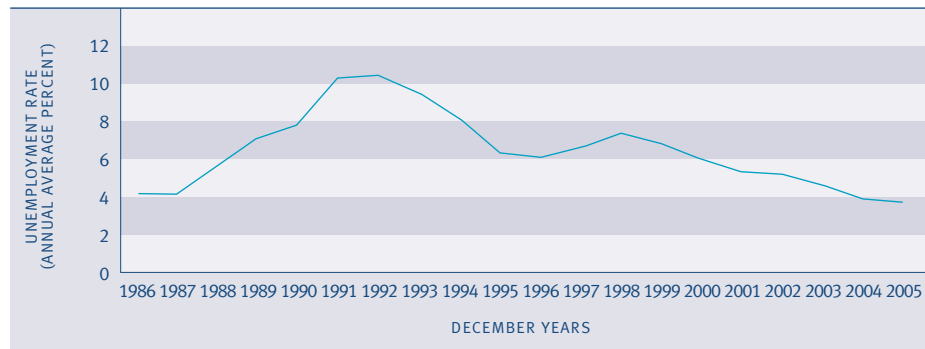
This is a key indicator of labour market outcomes and the lack of access to employment. The unemployment rate is an important reflection of overall economic conditions and gives some sense of the ease with which people are able to move into employment.

CURRENT LEVEL AND TRENDS

In 2005, 3.7 percent of the labour force (or 79,000 people) were unemployed and actively seeking work. The unemployment rate has declined steadily since 1998 and is considerably lower than the peak rate of 10.4 percent in 1992 (176,000 people unemployed). The 2005 unemployment rate was lower than the rate of 4.1 percent in 1986 when records began (70,000 people unemployed).

In 2005, 22 percent of the surveyed unemployed who specified their duration of unemployment had been unemployed for a continuous period of six months or more, a decline from 23 percent in 2004. The 2005 level of long-term unemployment was just under that recorded in 1986 (23 percent) and substantially lower than the peak of 53 percent in 1992.

Figure PW1.1 **Unemployment rate, 1986–2005**



Source: Statistics New Zealand, Household Labour Force Survey

AGE AND SEX DIFFERENCES

Unemployment rates among different age groups have followed similar trends but the level among those aged 15–24 years (9.4 percent in 2005) has been consistently more than twice the rate for older groups. This group made up 44 percent of all unemployed in 2005. Rates were higher for males than females in the peak years of unemployment but, more recently, females have had slightly higher unemployment rates than males.

Table PW1.1 **Unemployment rates (%), by age and sex, selected years, 1986–2005**

Year	15–24	25–44	45–64	Total 15+	Males	Females
1986	7.9	3.1	1.8	4.1	3.6	4.8
1996	11.8	5.2	3.9	6.1	6.1	6.1
2001	11.8	4.5	3.4	5.3	5.3	5.3
2004	9.3	3.2	2.3	3.9	3.5	4.4
2005	9.4	2.9	2.1	3.7	3.4	4.0

Source: Statistics New Zealand, Household Labour Force Survey

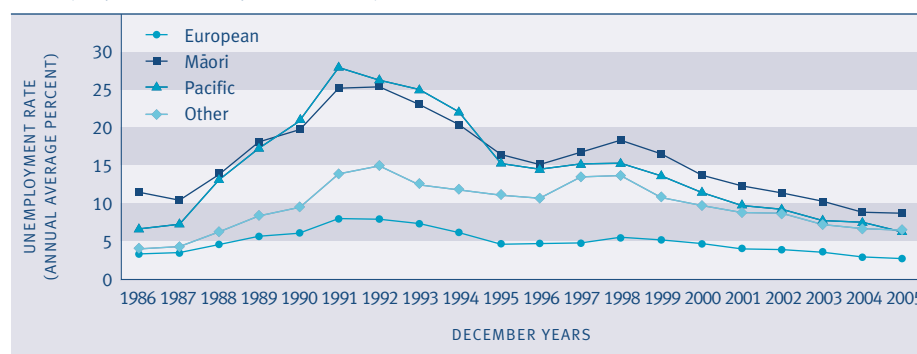
Note: Average for December years

ETHNIC DIFFERENCES

For European, Māori and Pacific peoples, unemployment rates in 2005 were the lowest recorded since 1986.

The Māori unemployment rate rose from 11.3 percent in 1986 to a peak of 25.4 percent in 1992 and had fallen to 8.6 percent by 2005. Between 1986 and 1991, the unemployment rate for Pacific peoples rose from 6.6 percent to 28 percent, the highest rate for any ethnic group. The Pacific peoples' unemployment rate has declined more than that of Māori since the mid-1990s and was 6.1 percent in 2005, lower than the rate in 1986.

The unemployment rate is lowest among people of European ethnicity. Their unemployment rate rose from 3.3 percent in 1986 to a peak of 7.9 percent in 1992 and had dropped to 2.6 percent by 2005. The unemployment rate of the Other ethnic group category (made up mainly of Asians, but includes many recent migrants) increased from 3.7 percent in 1986 to 14.8 percent in 1992, and was still relatively high at 6.4 percent in 2005.

Figure PW1.2 **Unemployment rate, by ethnic group, 1986–2005**

Source: Statistics New Zealand, Household Labour Force Survey

Note: Other includes Asian

INTERNATIONAL COMPARISON

In 2005, out of 26 OECD countries, New Zealand ranked first equal (with South Korea) with a standardised unemployment rate of 3.7 percent, compared with the OECD average of 6.6 percent. Since the mid-1980s, New Zealand's unemployment rate relative to other OECD countries has ranged from one of the lowest (fifth in 1986 with a rate of 4.1 percent) to one of the highest (17th in 1992 with a rate of 10.3 percent). The New Zealand unemployment rate in 2005 was lower than those of Japan (4.4 percent), the United Kingdom (4.7 percent), the United States and Australia (each 5.1 percent) and Canada (6.8 percent).⁵⁰ In 2004, New Zealand ranked sixth in terms of the proportion of the unemployed who had been unemployed for six months or longer.⁵¹

Employment

DEFINITION

The proportion of the population aged 15–64 years who are in paid employment for at least one hour per week.

RELEVANCE

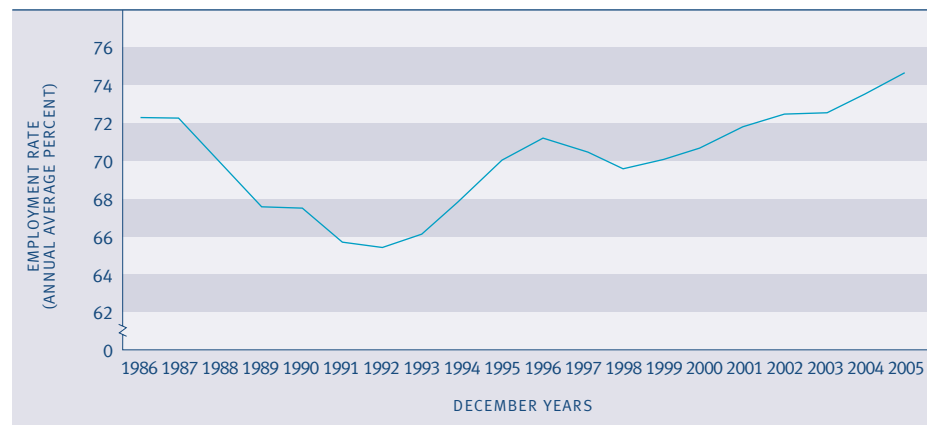
The employment rate is the best available indicator of the prevalence of paid employment. It is affected by trends in both unemployment and labour force participation (the proportion of the working-age population either employed or unemployed).

CURRENT LEVEL AND TRENDS

In 2005, 74.6 percent of 15–64 year olds (2.019 million people) were employed for one hour or more per week. This was higher than the rate recorded in 1986 (72.3 percent). The employment rate has been rising since 1992, except during the economic downturn in 1997 and 1998. The increase from 65.4 percent in 1992 to 74.6 percent in 2005 corresponds to a rise of 515,200 in the number of employed people aged 15–64 years. Over the same period, the number of people aged 15–64 years increased by 406,200.

The full-time employment rate declined sharply between 1986 (60.4 percent) and 1992 (51.5 percent), and had almost recovered to the mid-1980s level by 2005 (58.7 percent). The part-time employment rate increased throughout the period, from 11.9 percent in 1986 to 15.9 percent in 2005. Although the part-time rate has almost doubled for men since 1986, women (23.8 percent) continue to have a higher part-time employment rate than men (7.7 percent).

Figure PW2.1 **Employment rate, 1986–2005**



Source: Statistics New Zealand, Household Labour Force Survey
Note: Based on population aged 15–64 years

AGE AND SEX DIFFERENCES

The fall in the employment rate between 1987 and 1992 affected all age groups but was most pronounced for young people aged 15–24 years. Youth employment rates have remained relatively low during the period of employment growth since 1992, possibly due to a growth in their participation in tertiary education and training. Conversely, employment rates for people aged 45–64 years have grown strongly since 1992, driven mainly by the phasing in of the higher age of eligibility for New Zealand Superannuation, rising employment among women, and an increase in the demand for labour.

The employment rate for women is significantly lower than that for men, although the gap has narrowed substantially since the mid-1980s. This is mainly because women spend more time on childcare and other unpaid household work, and are more likely than men to undertake some form of study or training.

Table PW2.1 **Employment rates (%), by age and sex, selected years, 1986–2005**

Year	15–24	25–44	45–64	65+	Males 15–64	Females 15–64	Total 15–64
1986	68.7	79.3	64.8	8.8	84.6	60.2	72.3
1996	59.5	77.3	70.2	6.6	79.0	63.4	71.1
2001	55.8	77.9	73.5	8.6	79.1	64.8	71.8
2004	56.8	79.3	76.8	11.1	80.8	66.5	73.5
2005	56.9	80.9	78.0	11.5	81.5	68.0	74.6

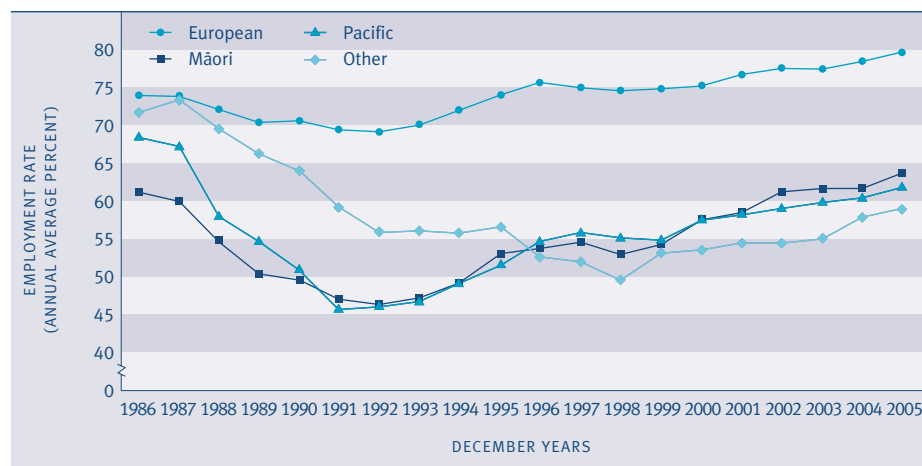
Source: Statistics New Zealand, Household Labour Force Survey
Note: Average for December years

ETHNIC DIFFERENCES

The employment rates for Māori and Pacific peoples showed the steepest fall between 1987 and 1992, but have also shown the strongest recovery since then. In 2005, the Māori employment rate, at 63.8 percent, had surpassed the 1986 level (61.2 percent). However, Pacific peoples were still less likely to be employed in 2005 (61.8 percent) than in 1986 (68.4 percent).

The European ethnic group, with the highest employment rate, has also surpassed the level of the mid-1980s (79.7 percent employed in 2005, compared with 73.8 percent in 1986). The employment rate for the Other ethnic category has fallen from being the second highest in the late-1980s to the lowest since the mid-1990s (59 percent in 2005).

Figure PW2.2 **Employment rate, by ethnic group, 1986–2005**



Source: Statistics New Zealand, Household Labour Force Survey
Notes: (1) Based on population aged 15–64 years (2) Other includes Asian

INTERNATIONAL COMPARISON

In 2004, New Zealand was ranked fifth highest of 30 OECD countries with an employment rate of 73.5 percent for people aged 15–64 years. This was well above the OECD average of 65.3 percent. Iceland had the highest employment rate in 2004 (82.8 percent). The New Zealand rate in 2004 was equal to Sweden's, similar to those of the United Kingdom (72.7 percent) and Canada (72.6 percent) and higher than those of the United States (71.2 percent) and Australia (69.5 percent). New Zealand had a higher female employment rate than the United States and Australia in 2004.⁵²

Median hourly earnings

DEFINITION

Real median hourly earnings from all wages and salaries for employees earning income from wage and salary jobs, as measured by the New Zealand Income Survey.

RELEVANCE

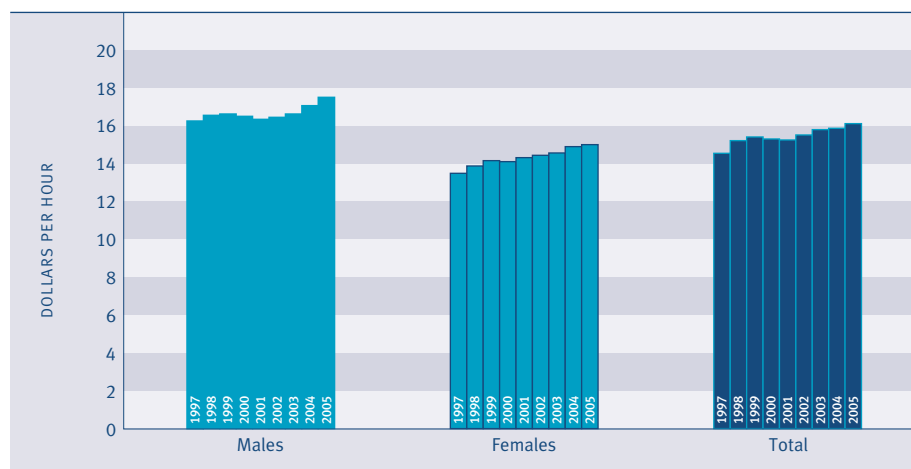
Median hourly earnings from wage and salary jobs is an indicator of the financial return from paid employment, independent of the number of hours worked.

CURRENT LEVEL AND TRENDS

In June 2005, half of all people employed in wage and salary jobs earned more than \$16.10 an hour. The median hourly wage for male employees was \$17.50, while for female employees it was \$15.

Real median hourly earnings increased by \$1.58 per hour or 11 percent in the eight years to June 2005. The increase over this period was greater for female employees (11 percent) than for male employees (8 percent). The ratio of female to male median hourly earnings rose from 83 percent in June 1997 to 88 percent in June 2002, but fell slightly to 86 percent by June 2005.

Figure PW3.1 **Median hourly earnings from wage and salary jobs (in June 2005 dollars), by sex, June 1997 to June 2005**



Source: Statistics New Zealand, New Zealand Income Survey

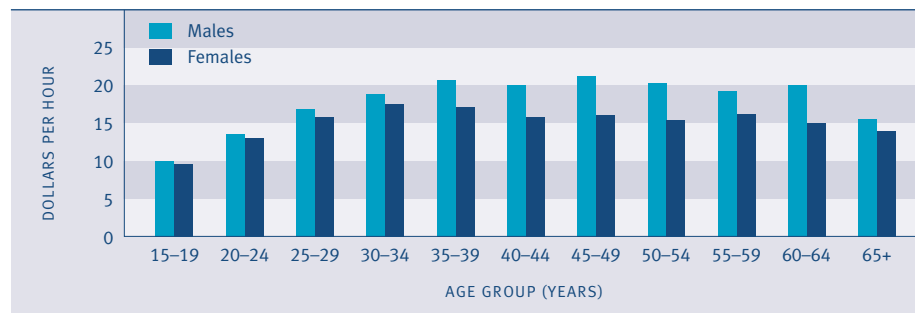
AGE DIFFERENCES

In 2005, median hourly earnings from wage and salary jobs were highest at ages 35–39 years (\$18.80 an hour). This compares with \$10 for 15–19 year olds. The increase in real median hourly earnings between 1997 and 2005 was smaller for 15–24 year old employees (6 percent) than for older workers (10 percent for those aged 25–64 years, 17 percent for those aged 65 and over).

SEX DIFFERENCES

In 2005, there was little difference between the sexes in median hourly earnings for wage and salary earners under 35 years. In all older age groups, the median hourly wage of employed men was considerably higher than that of employed women. In 2005, the difference between the sexes was greatest at ages 45–64 years, where the ratio of female to male median earnings for employees was 78 percent.

Figure PW3.2 **Median hourly wage and salary earnings, by age and sex, June 2005**



Source: Statistics New Zealand, New Zealand Income Survey

ETHNIC DIFFERENCES

In June 2005, Europeans had the highest median hourly earnings for wage and salary earners at \$17 an hour. This was \$2 an hour higher than the Māori and Other ethnic groups. Median hourly earnings were lowest for Pacific peoples (\$13.79 an hour).

Over the eight years to June 2005, increases in inflation-adjusted median hourly earnings from wage and salary jobs were higher for Māori, at 18 percent, than for Pacific peoples or Europeans (each 13 percent). Employees from the Other ethnic group experienced the lowest increase in real median hourly earnings from wage and salary jobs (4 percent).

REGIONAL DIFFERENCES

In 2005, workers in Auckland had substantially higher earnings than those in other regions. The median hourly wage for wage and salary earners was \$17.44 in Auckland, \$16.30 in Wellington, and \$16.15 in Canterbury. Median wages were lowest in Southland, Tasman/Nelson/Marlborough/West Coast and Gisborne (all \$15). Over the period 1998–2005, real median hourly wages increased most in Manawatu-Wanganui and Northland. They declined slightly in Wellington and Southland.

Workplace injury claims

DEFINITION

The number of workplace accident insurance claims reported to the Accident Compensation Corporation (ACC) per 1,000 full-time equivalent employees, excluding those employees who received accident and emergency treatment only.

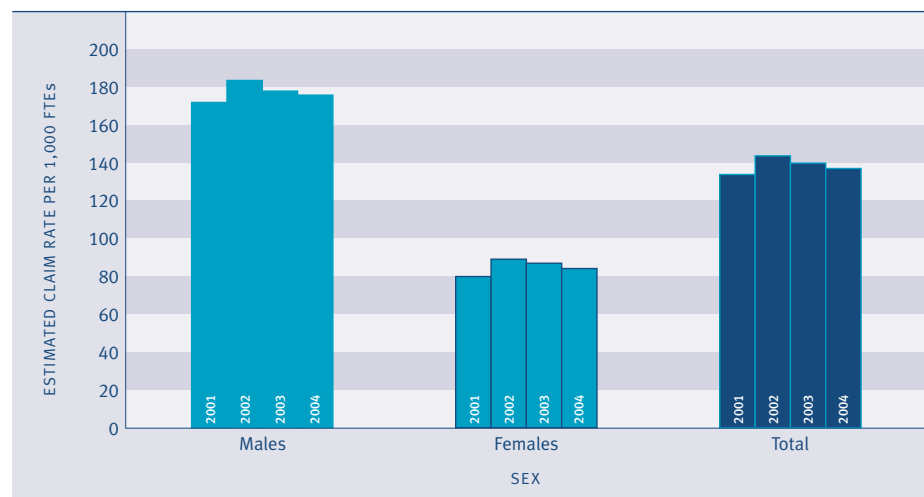
RELEVANCE

Safety at work is an important contributor to wellbeing and the risk of work-related accidents or illness can be seen as one component of the quality of work. The best currently available measure of the incidence of workplace injuries comes from the database of claims made to the ACC.

CURRENT LEVEL AND TRENDS

Provisional data for the 2004 calendar year shows 245,200 work-related injury claims had been reported to the ACC by 31 March 2005. This was an increase of 4,700 (2 percent) on the year ended December 2003 with a similar reporting cut-off. This represents a rate of 137 claims per 1,000 full-time equivalent employees (FTEs), slightly lower than the previous year (a rate of 140 per 1,000 FTEs). The majority of claims were for medical treatment only (ie not including weekly compensation). Eighty-two percent of the claims were for employees, and people who employed others in their own business. The other 18 percent were for the self-employed who did not employ others in their business. The incidence rate for self-employed not employing others was much higher than for the rest of the workforce, as defined above (216 per 1,000 FTEs compared with 127 per 1,000 FTEs).

Figure PW4.1 **Estimated claim rate per 1,000 FTEs, by sex, 2001–2004**



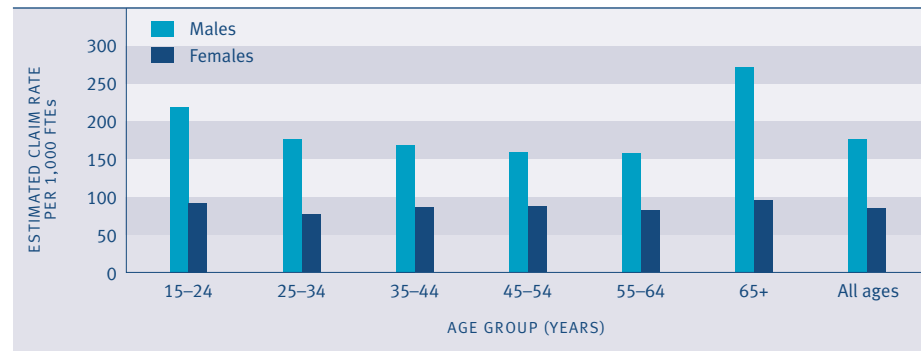
Source: Statistics New Zealand (2005a)

Injury claims reported by March 2005 for the year ended December 2004 included 73 work-related fatalities, 10 fewer than in 2003. This is likely to be an underestimation of the final number of fatalities, because some workers may have died later from injuries in the period, and not all fatal work-related accidents result in a claim to the ACC. In 2004, construction accounted for 23 percent of work-related fatalities, followed by manufacturing (18 percent) and agriculture (15 percent).

AGE AND SEX DIFFERENCES

Males are more than twice as likely as females to suffer workplace injuries involving a claim to the ACC (176 per 1,000 FTEs for males compared with 84 per 1,000 FTEs for females). This reflects in part a male predominance in relatively dangerous occupations (eg elementary occupations and plant and machine operating and assembly occupations, where the injury incidence rates are 275 and 259 per 1,000 FTEs respectively). The highest injury claim rate for males was for those aged 65 years and over followed by those aged under 25 years. Age differences in the injury claim rate for females were less pronounced.

Figure PW4.2 **Estimated claim rate per 1,000 FTEs employed, by age and sex, 2004**



Source: Statistics New Zealand (2005a)

ETHNIC DIFFERENCES

Workplace injury claim rates are higher for Māori (190 per 1,000 FTEs) than for other ethnic groups. In 2004, the next highest rate was for Pacific peoples (154 per 1,000 FTEs), followed by Europeans (124 per 1,000 FTEs). The Other ethnic group has the lowest accident claim rate (112 per 1,000 FTEs).

Table PW4.1 **New workplace injury claims, by ethnicity, 2004**

Ethnic group	Number of claims	Rate per 1,000 FTEs
European	174,200	124
Māori	30,800	190
Pacific	12,600	154
Other	15,500	112
Total	245,200	137

Source: Statistics New Zealand (2005a)
Note: Total includes ethnicity not specified

REGIONAL DIFFERENCES

The highest work-related injury incidence rates were in Northland and Gisborne/Hawke's Bay, with rates of 191 and 187 claims per 1,000 FTEs, respectively. Wellington had the lowest rate of 77 claims per 1,000 FTEs (the only region with an incidence rate below 100). These figures reflect the main industries and occupations in these regions.

INDUSTRY DIFFERENCES

Injury incidence rates are highest in the primary industries of mining (237 claims per 1,000 FTEs), hunting and fishing (228 per 1,000 FTEs) and agriculture (184 per 1,000 FTEs). However, there are also relatively high injury incidence rates in manufacturing and in construction, which together employ about a quarter of all FTEs. Both these industries have injury incidence rates of 172 per 1,000 FTEs. The lowest injury incidence rate is for people working in finance and insurance (26 per 1,000 FTEs).

Satisfaction with work-life balance

DEFINITION

The proportion of employed people who are “satisfied” or “very satisfied” with their work-life balance, as reported in the *Quality of Life in New Zealand’s Largest Cities Survey 2004*.

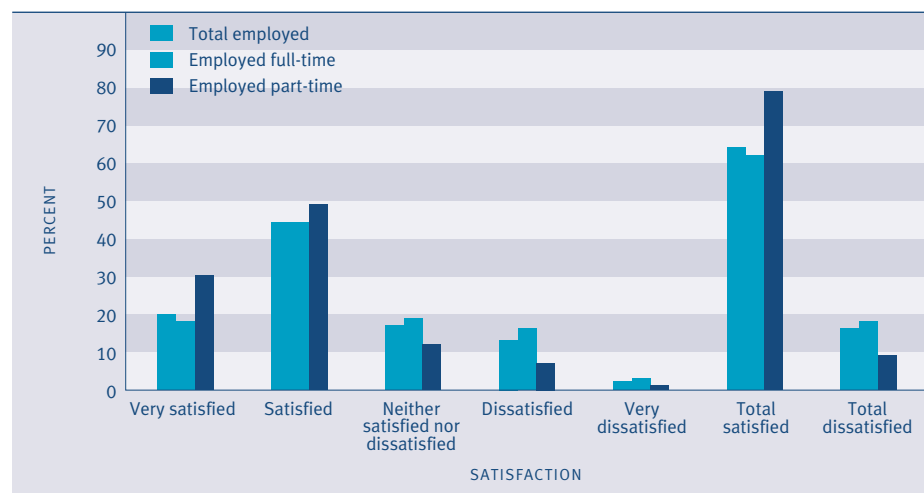
RELEVANCE

It is important that people find a balance between paid work and other aspects of their lives. When this balance is not found, people may suffer from stress or anxiety. Long working hours or non-standard working hours (eg night shifts) may compromise work-life balance.

CURRENT LEVEL

Results from the *Quality of Life in New Zealand’s Largest Cities Survey 2004* show most employed New Zealanders (66 percent) are “satisfied” or “very satisfied” with their work-life balance. People in part-time employment (79 percent) are more likely to be “satisfied” or “very satisfied” with their work-life balance than people in full-time employment (62 percent).

Figure PW5.1 **Satisfaction with work-life balance, by employment status, 2004**



Source: Auckland City Council et al (2005) *Quality of Life in New Zealand’s Largest Cities Survey 2004*

AGE DIFFERENCES

Those least likely to be satisfied with their work-life balance are people aged 15–24 years (65 percent) and those aged 25–49 years (64 percent).

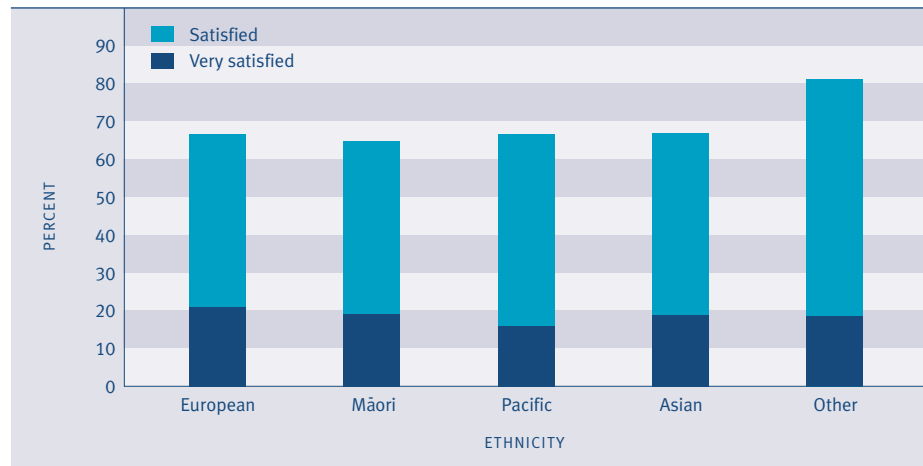
SEX DIFFERENCES

Females (69 percent) are more likely to report being satisfied with their work-life balance than males (64 percent). This difference partly reflects the fact females are more likely than males to be in part-time work. Among full-time workers, males (63 percent) and females (62 percent) report similar levels of satisfaction with their work-life balance.

ETHNIC DIFFERENCES

Those of the Other ethnic groups (excluding Asians) report the highest levels of satisfaction with work-life balance (81 percent). There is little difference between the remaining ethnic groups, with 66 percent of European, Pacific peoples and Asians and 64 percent of Māori reporting satisfaction with work-life balance.

Figure PW5.2 **Satisfaction with work-life balance, by ethnicity, 2004**

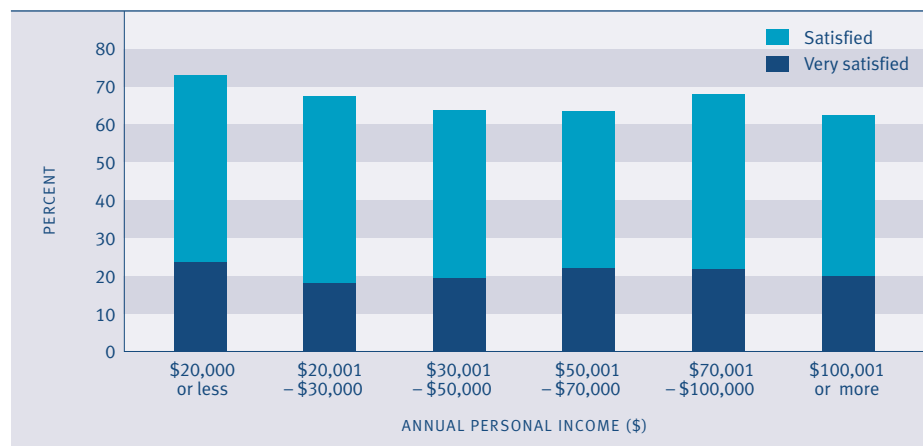


Source: Auckland City Council et al (2005) Quality of Life in New Zealand's Largest Cities Survey 2004

SOCIO-ECONOMIC DIFFERENCES

Employed New Zealanders whose personal incomes are \$20,000 or less are the most likely to be satisfied overall with their balance of work and life (73 percent). This group includes many women who work part-time.

Figure PW5.3 **Satisfaction with work-life balance, by personal income, 2004**



Source: Auckland City Council et al (2005) Quality of Life in New Zealand's Largest Cities Survey 2004

REGIONAL DIFFERENCES

Satisfaction with work-life balance varies across cities. Those people with the highest levels of satisfaction live in Wellington (70 percent). Auckland City and Hamilton recorded the lowest levels of satisfaction (62 percent).

DESIRED OUTCOMES

New Zealand is a prosperous society, reflecting the value of both paid and unpaid work. Everybody has access to an adequate income and decent, affordable housing that meets their needs. With an adequate standard of living, people are well-placed to participate fully in society and to exercise choice about how to live their lives.

Economic Standard of Living

INTRODUCTION

Economic standard of living concerns the physical circumstances in which people live, the goods and services they are able to consume and the economic resources they have access to. It is concerned with the average level of resources in New Zealand as well as the distribution of those resources across New Zealand society.

Basic necessities such as adequate food, clothing and housing are fundamental to wellbeing. The 1972 Royal Commission on Social Security agreed that a useful standard for adequacy was a level of resources that allowed individuals not just to survive but also to participate. They defined participation as meaning “no-one is ... so poor that they cannot eat the sort of food that New Zealanders usually eat, wear the same sort of clothes, [and] take a moderate part in those activities which the ordinary New Zealander takes part in as a matter of course”.⁵³

The desired outcomes statement points to the importance of not only everyone enjoying a decent standard of living, but also of our society being as prosperous as possible. Such prosperity gives people choice over how to live their lives.

INDICATORS

Six indicators are used in this chapter to provide information on different aspects of economic standards of living. They are: market income per person, income inequality, the population with low incomes, the population with low living standards, housing affordability and household crowding.

The focus is largely on objective measures of economic living standards, though one indicator (the population with low living standards) takes into account people's subjective perceptions about how well off they are. Together, the indicators provide information about overall trends in living standards, levels of hardship and how equitably resources are distributed. All are relevant to the adequacy of people's incomes and their ability to participate in society and make choices about their lives.

The first three indicators focus on incomes, while the remaining three are more direct measures of the material living standards people can achieve. This recognises that the same level of income can produce different living standards, depending on factors such as people's coping skills, their health and the assets they own.

Market income per person gives an indication of the average level of income and therefore the overall material quality of life available to New Zealanders. This is an internationally-recognised measure, allowing comparisons between New Zealand and other countries. We also provide an estimate of the economic value of unpaid work.

Income inequality is measured by comparing the incomes of the top 20 percent of households with the incomes of the bottom 20 percent. High levels of inequality are associated with lower levels of social cohesion and personal wellbeing, even when less well-off people have adequate incomes to meet their basic needs.

The proportion of the population with low incomes also provides information about how equitably resources are distributed and how many people are likely to be on incomes that do not allow them to participate fully in society.

The population with low living standards takes into account the extent people do without things and do not engage in social activities because of the cost, as well as measuring whether people feel their incomes are satisfactory.

Housing affordability measures the proportion of the population spending more than 30 percent of their income on housing. Housing costs have a major impact on overall material living standards.

The final indicator measures the number of people living in overcrowded houses. Housing is a basic need, and this indicator provides a direct measure of the adequacy of housing people can afford.

Market income per person

DEFINITION

The total value of goods and services available to New Zealanders, expressed in inflation-adjusted dollars, per head of population, also known as real gross national disposable income (RGNDI) per person.

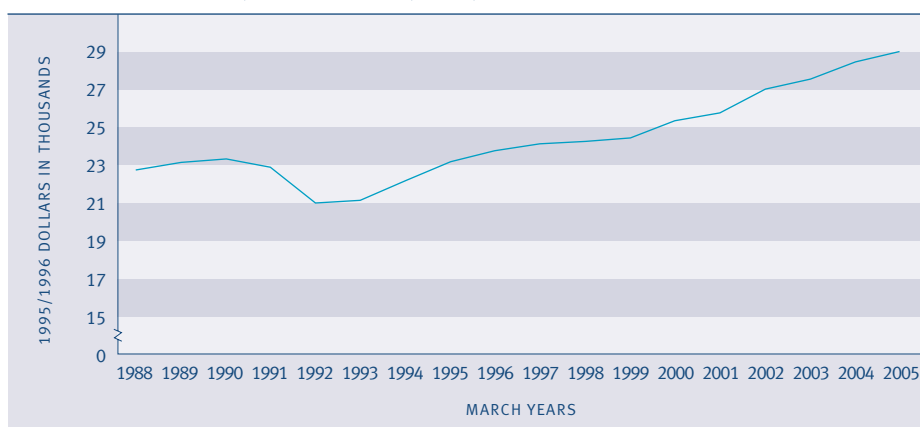
RELEVANCE

Per capita RGNDI measures the average income available to New Zealanders. A nation with a rising per capita RGNDI will have a greater capacity to deliver a better quality of life and standard of living to the population.

CURRENT LEVEL AND TRENDS

In the year to March 2005, RGNDI per person was \$28,998 in constant 1995/1996 dollars compared with \$22,735 in 1988. The average annual growth rate between 1988 and 2005 was 1.4 percent. RGNDI grew slowly between 1988 and 1990 and fell sharply between 1990 and 1992. Since 1992, there has been uninterrupted though variable growth, reflecting labour productivity gains, increasing labour force participation and declining unemployment.

Figure EC1.1 **Real gross national disposable income per capita, 1988–2005**



Source: Statistics New Zealand

INTERNATIONAL COMPARISON

Comparisons with other OECD countries are available for a related measure: gross domestic product (GDP) per person compared by using purchasing power parities (PPP). By this measure, New Zealand was ranked 21st out of 30 OECD countries in 2004, the same ranking as in the previous four years. By way of comparison, New Zealand was the 18th most prosperous out of 26 countries in 1986, and the ninth most prosperous in 1970. Between 1986 and 2004, real GDP per person, using US dollars and PPPs for the year 2000, grew by 27 percent in New Zealand compared with an OECD average of 41 percent.

ECONOMIC VALUE OF UNPAID WORK

RGNDI does not take into account the value of unpaid work such as looking after one's own children, cooking meals at home, fixing the car, doing home maintenance, or doing voluntary work in the community. Using data from the 1998/1999 Time Use Survey, the value of unpaid work in 1999 was estimated to be \$39,637 million (1998/1999 dollars), equivalent to 39 percent of GDP, or \$10,333 per capita.⁵⁴

Income inequality

DEFINITION

The extent of disparity between high and low incomes.

The measure used here is the ratio of the 80th percentile to the 20th percentile of the equivalised household disposable income distribution (ie the ratio of a high household income to a low household income, after adjustment for household size and composition). The higher this ratio, the greater the level of inequality.

RELEVANCE

The degree of income inequality is often regarded as an important aspect of the fairness of the society we live in. A high level of income inequality may also be detrimental to the level of social connectedness across society.

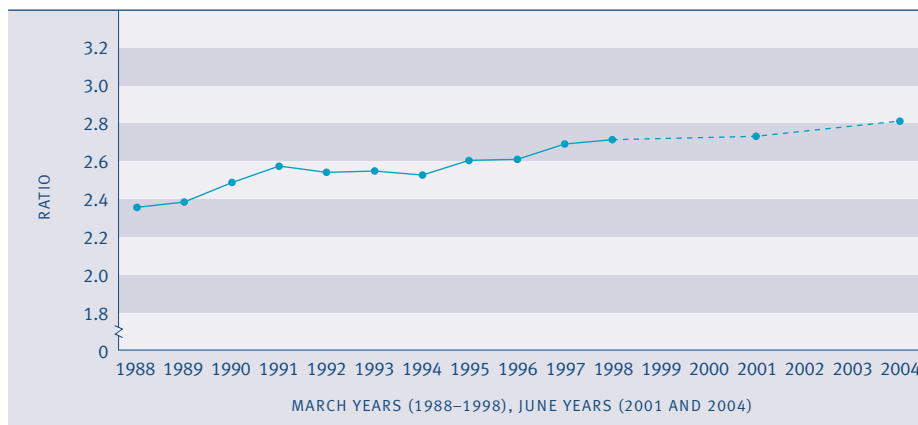
CURRENT LEVEL AND TRENDS

In 2004, the equivalised disposable income of a household at the 80th percentile was 2.8 times larger than the income of a household at the 20th percentile, a slight increase from 2.7 times larger in 2001. In 1988, the ratio was 2.4. Income inequality rose between 1988 and 1991, then plateaued, and has been rising since 1994.

Most of the observed increase in income inequality has been due to a larger overall rise in incomes for those in the top 20 percent of incomes than for those in the bottom 20 percent of incomes. Since 1988, incomes of those in the bottom 20 percent of all incomes have only increased a little, once adjustments for inflation are made, whereas those in the top 20 percent of incomes have climbed by more than a third. Incomes for the middle 60 percent have climbed more overall for those closer to the top 20 percent than for those closer to the bottom 20 percent.

Between 1998 and 2001, changes in average incomes were uniformly low for all income groups. Between 2001 and 2004, average incomes grew most for those with incomes in the middle 60 percent and less for those with incomes in the top 20 percent after inflation is taken into account. On average, there was relatively little change for those with incomes in the lowest 20 percent after adjusting for inflation. Year to year changes for these figures need to be treated with caution because many of the changes may be within the margin of error for their estimates.

Figure EC2.1 **Ratio of the 80th percentile of equivalised disposable household income to the 20th percentile of equivalised disposable household income, 1988–1998, 2001 and 2004**



Source: Derived from Statistics New Zealand's Household Economic Survey (1988–2004), by the Ministry of Social Development
 Notes: (1) Since 1998, the Household Economic Survey has been conducted on a three-yearly basis, rather than annually
 (2) This measure adjusts for household size and composition

INTERNATIONAL COMPARISON

Comparisons with other OECD countries are available using a different measure, the Gini coefficient.⁵⁵ Gini coefficients measure income inequality, with a score of 100 indicating perfect inequality and a score of 0 indicating perfect equality. Around the year 2000, New Zealand's score of 33.9 indicated higher inequality than the OECD median (30.1) and a ranking of 18th out of 25 countries. Northern European countries had the least income inequality, with Denmark having the lowest Gini coefficient of 22.5. New Zealand's score was slightly higher than those for Canada (30.1), Australia (30.5) and the United Kingdom (32.6), and lower than that for the United States (35.7).⁵⁶ The 2004 figure for New Zealand was 33.5.

Population with low incomes

DEFINITION

The proportion of the population in economic family units with equivalent disposable income net-of-housing-cost below three thresholds (low, medium and high).

The measures take account of incomes, housing costs and family size and are adjusted for inflation and taxes. The thresholds are 40 percent, 50 percent and 60 percent of the 1998 median equivalent net-of-housing-cost family incomes.

RELEVANCE

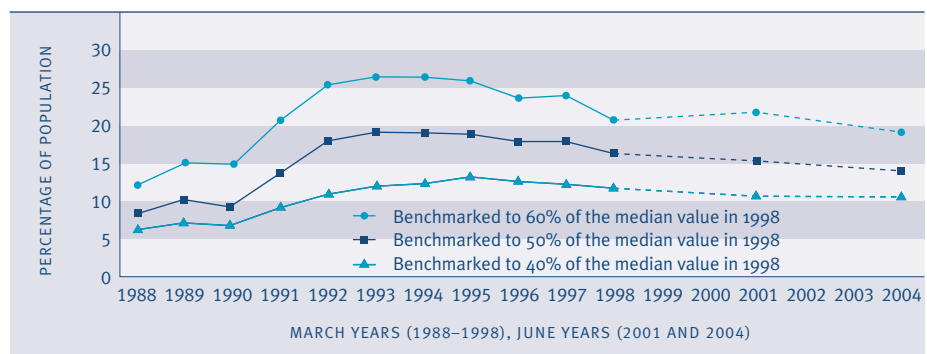
Insufficient economic resources limit people's ability to participate in, and belong to, their community and wider society and otherwise restrict their quality of life. Furthermore, long-lasting low family income in childhood is associated with negative outcomes, such as lower educational attainment and poor health.

CURRENT LEVEL AND TRENDS

In the year to June 2004, 19 percent of the population was living below the 60 percent threshold, down from the proportion in the previous survey year to June 2001 (22 percent). On all three measures (low, medium and high), the proportion of the population with low incomes increased sharply in the early-1990s, reached a peak in the mid-1990s and dropped over the latter half of the decade. However, in 2004, the proportion of the population living below these thresholds was still substantially higher than it had been in 1988.

The increase in the proportion of the population with low incomes through the early-1990s is attributable to high rates of unemployment and declines in the level of social assistance. The recent improvement in this measure may reflect more robust economic (and income) growth, and the steady decline in unemployment, as well as the increase in housing assistance for those at the low end of the income distribution.

Figure EC3.1 **Proportion of population with net-of-housing-cost incomes below thresholds, 1988–1998, 2001 and 2004**



Source: Derived from Statistics New Zealand's Household Economic Survey (1988–2004), by the Ministry of Social Development

POPULATION GROUP DIFFERENCES

In 2004, 21 percent of dependent children were in economic family units below the 60 percent line (benchmarked to the 1998 median). This represents a decline from 27 percent in 2001 and is substantially below the peak of 34 percent in 1994. However, the proportion of children in low-income families remains higher than it was in 1988 (14 percent). The most striking change between 2001 and 2004 is the fall in the proportion of children in sole-parent families below the 60 percent line, from 61 percent to 43 percent.

In the population aged 15 years and over, just under a fifth (19 percent) lived in low-income economic family units in 2004. There was no difference between males and females.

Economic family units most likely to have low incomes are families who rely on income-tested benefits, sole-parent families, families with at least one adult belonging to an ethnic group other than European, families in rented dwellings and families with three or more dependent children. The situation improved for most of these family types between 2001 and 2004. However, there was no change for Pacific families, and there was an increase in the proportion of families with at least one adult belonging to Other ethnic groups (including Asian) who fell below the 60 percent benchmark line.

Table EC3.1 **Proportion of population with net-of-housing-cost incomes below the 60 percent line (benchmarked to 1998 median), selected years, 1988–2004**

	1987–1988	1992–1993	1997–1998	2000–2001	2003–2004
Total population	12.3	26.5	20.9	21.8	19.3
Population aged 15 and over	11.6	23.8	19.3	20.0	18.6
Males aged 15 and over	11.5	23.0	18.7	19.0	18.6
Females aged 15 and over	11.8	24.5	19.9	21.0	18.7
Total dependent children	13.5	33.9	24.4	26.7	20.6
Children in sole-parent families	15.4	63.3	51.0	60.7	43.3
Children in two-parent families	13.1	27.0	16.8	18.4	14.6
Total economic family units	13.8	27.9	22.8	23.1	21.7
<i>By number of children and family type</i>					
With one dependent child	10.3	29.2	24.0	25.2	18.8
With two dependent children	11.1	30.4	22.8	25.0	16.4
With three or more dependent children	16.8	40.6	26.1	30.6	27.4
Sole-parent families	13.9	59.6	47.1	55.1	39.8
Two-parent families	11.9	24.2	16.1	17.1	12.9
Total families with dependent children	12.3	32.7	24.2	26.4	20.1
<i>By ethnic group</i>					
With any Māori adult	13.5	41.8	30.3	31.5	23.6
With any Pacific adult	23.4	50.0	43.6	41.1	40.2
With any Other ethnic group adult	24.0	42.1	53.7	35.2	46.8
With any European adult	12.5	23.2	18.1	18.6	15.7
<i>By main source of income</i>					
New Zealand Superannuation	7.5	9.5	10.6	7.1	7.6
Income-tested benefit	25.1	75.1	60.5	61.2	51.2
By housing tenure (households with one family unit)					
Rented	na	44.3	35.9	33.7	28.7
Owned with mortgage	na	22.5	14.5	15.9	10.7
Owned without mortgage	na	5.1	3.8	5.7	5.3

Source: Derived from Statistics New Zealand's Household Economic Survey (1988–2004), by the Ministry of Social Development
Note: Revised data (see technical details in Appendix 2)

INTERNATIONAL COMPARISON

Based on a different measure used by the OECD – 50 percent of median equivalent disposable household income and not taking housing costs into account – 9.8 percent of New Zealanders in 2000 were living in households with incomes below the low-income threshold.⁵⁷ This figure places New Zealand in the middle of the OECD ranking, with a rate similar to Canada (10.3 percent), slightly below Australia (11.2 percent) and the United Kingdom (11.4 percent), and well below the United States (17 percent). Denmark has the lowest proportion of the population with low incomes (4.3 percent). By 2004, the New Zealand rate was 10.8 percent.

Population with low living standards

DEFINITION

The proportion of the population with a standard of living characterised by “severe hardship”, “significant hardship” and “some hardship”: Levels 1–3 of the Economic Living Standard Index (ELSI), as measured in the New Zealand Living Standards Surveys.

RELEVANCE

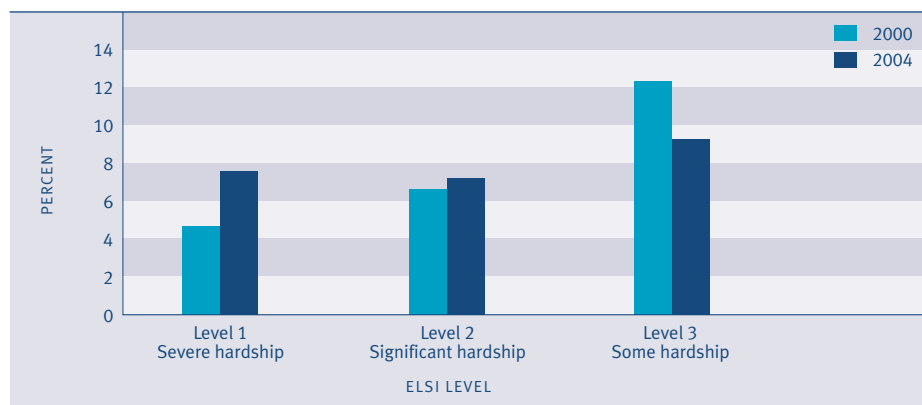
ELSI is an indicator of how people are living in terms of their possessions and activities and how they get by financially. Having a low living standard limits a person’s ability to participate in the wider society, curtails their quality of life, and can have negative long-term consequences across a wide range of social and economic outcomes.

CURRENT LEVEL AND TRENDS

In 2004, around one-quarter of the population (24 percent) had living standards in the bottom three levels of the ELSI scale. This was the same proportion as in 2000. However, within the three levels, there was a movement towards the lower level over the period. Between 2000 and 2004, there was an increase of 3 percentage points in the proportion of the population experiencing severe hardship and a drop of 3 percentage points in the proportion experiencing some hardship. The proportion experiencing significant hardship did not change between 2000 and 2004.

The ELSI measure is a relatively new tool and there is still more to be understood about some of its properties. It is not a final product and ongoing scrutiny and analysis are expected to lead to improvements.

Figure EC4.1 Proportion of the population with low living standards, 2000 and 2004



Sources: Ministry of Social Development (2003b); Ministry of Social Development (2006)

POPULATION GROUP DIFFERENCES

In 2004, some population groups were more likely than others to experience low living standards, including dependent children and families with dependent children (particularly those with three or more children), sole-parent families, Pacific families, beneficiaries and those living in Housing New Zealand rented dwellings.

The probability of having low living standards declines with age, except for a slight increase during peak child-rearing years.

Table EC4.1

Proportion of population and economic families with low living standards (ELSI Levels 1–3), 2000 and 2004

	Percent	
	2000	2004
Total population	24	24
Males	23	23
Females	24	25
Dependent children (under 18 years)	36	38
18–24 years	19	22
25–44 years	25	24
45–64 years	18	17
65 years and over	7	8
Total economic families	20	21
<i>By number of children and family type</i>		
With one dependent child	31	32
With two dependent children	31	30
With three or more dependent children	42	43
Sole-parent families	55	60
Two-parent families	25	23
<i>By ethnic group</i>		
With any Māori members	34	33
With any Pacific members	49	54
With any European members	16	17
With any Other ethnic group members	25	22
<i>By main source of income</i>		
New Zealand Superannuation	7	8
Income-tested benefits	47	51
Market income	16	17
<i>By housing tenure</i>		
Rented – Housing New Zealand	61	61
Rented – Private	31	34
Owned with mortgage	19	16
Owned without mortgage	8	7

Sources: Ministry of Social Development (2003b); Ministry of Social Development (2006)

Notes: (1) The New Zealand Living Standards 2000 data has been re-weighted and differs from previously published data
(2) None of the changes between 2000 and 2004 reported in the table above are statistically significant

Housing affordability

DEFINITION

The proportion of households and the proportion of people within households spending more than 30 percent of their income on housing.

RELEVANCE

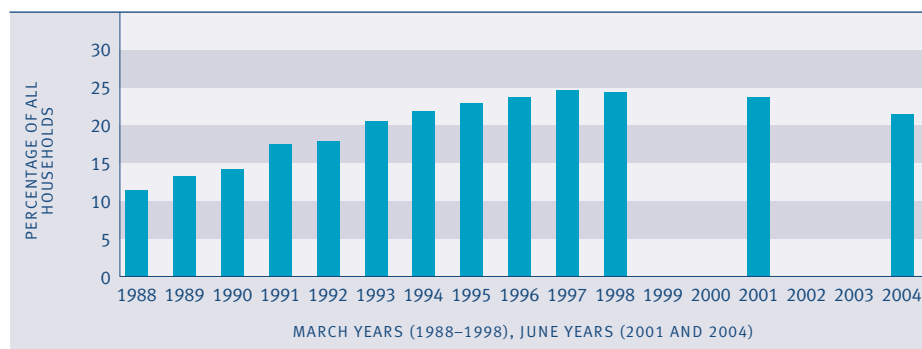
Affordable housing is an important factor in people's wellbeing. For lower-income households especially, high housing costs relative to income are often associated with severe financial difficulty, and can leave households with insufficient income to meet other basic needs such as food, clothing, transport, medical care and education. High outgoings-to-income ratios are not as critical for higher-income households, as there is still sufficient income left for basic needs.

CURRENT LEVEL AND TRENDS

In 2004, 22 percent of New Zealand households spent more than 30 percent of their income on housing costs, a decline from 24 percent in 2001.

Since the late-1980s, there has been a substantial increase in the proportion of households spending more than 30 percent of their income on housing. Between 1988 and 1997, the proportion rose from 11 percent to 25 percent of households, before levelling off.

Figure EC5.1 **Proportion of households with housing cost outgoings-to-income ratio greater than 30 percent, 1988–1998, 2001 and 2004**



Source: Derived from Statistics New Zealand's Household Economic Survey (1988–2004), by the Ministry of Social Development

High housing costs relative to household income are of more concern in respect of low-income households. The proportion of households in the lowest 20 percent of the equivalised household income distribution spending more than 30 percent of their income on housing rose from 16 percent in 1988 to reach a peak of 49 percent in 1994 before levelling off at 41–42 percent over the period 1996–2001. In 2004, this proportion had fallen to 35 percent.⁵⁸ While this represents a substantial improvement, the proportion of low-income households spending more than 30 percent of their income on housing is still over twice as high as it was in 1988.

AGE AND SEX DIFFERENCES

In 2004, 29 percent of children under 18 years lived in households with housing costs exceeding 30 percent of income. This was a considerable decline from 35 percent in 2001 but is still more than double the proportion in 1988.

Adult females were as likely as adult males (20 percent) to be living in households spending more than 30 percent of their income on housing in 2004.

Table EC5.1 **Proportion (%) of the population in households with housing cost outgoings-to-income ratio greater than 30 percent, selected years, 1988–2004**

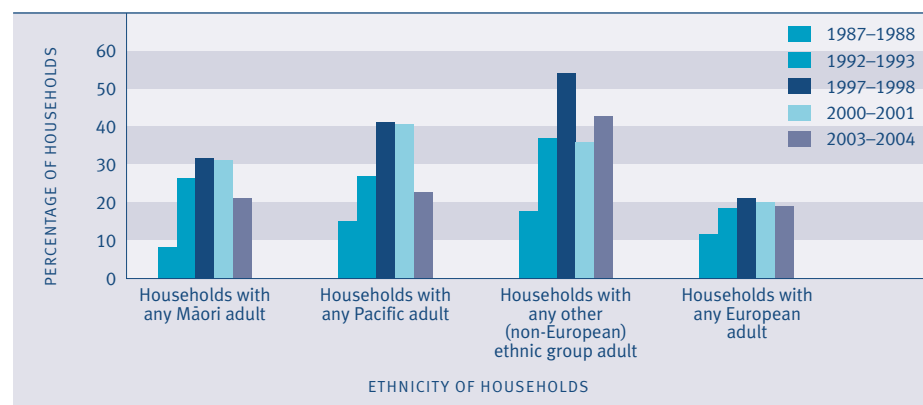
	1987–1988	1992–1993	1997–1998	2000–2001	2003–2004
Total population	10.6	20.6	24.9	23.6	21.4
Population aged 15 and over	9.9	19.0	21.9	20.9	19.7
Males aged 15 and over	10.3	18.8	21.0	19.9	20.0
Females aged 15 and over	9.5	19.3	22.7	21.9	19.5
Age groups					
Under 18 years	11.9	27.1	37.1	34.2	29.2
18–24 years	12.4	24.6	26.1	28.6	29.0
25–44 years	14.7	26.3	31.1	28.0	25.0
45–64 years	5.0	12.2	13.8	15.5	15.4
65 years and over	3.2	4.0	7.1	7.1	5.9

Source: Derived from Statistics New Zealand's Household Economic Survey (1988–2004), by the Ministry of Social Development

ETHNIC DIFFERENCES

Housing costs in excess of 30 percent of income are more common in households that include at least one non-European adult. For households with at least one Māori adult, the proportion increased from 8 percent in 1988 to peak at 36 percent in 1997, fell slightly to 31 percent in 2001, then dropped sharply to 21 percent in 2004. For those households with at least one Pacific adult, the changes have been more dramatic, the proportion increasing from 15 percent in 1988 to 48 percent in 1997, falling to 41 percent in 1998 and 2001, then almost halving to 23 percent in 2004. Only non-European households other than Māori and Pacific households showed an increase in the proportion with housing costs greater than 30 percent between 2001 and 2004, from 36 percent to 42 percent. This may reflect, in part, the changing composition of a group that has many new migrants.

Figure EC5.2 **Proportion of households with housing cost outgoings-to-income ratio greater than 30 percent, by ethnic group, selected years, 1988–2004**



Source: Derived from Statistics New Zealand's Household Economic Survey (1988–2004), by the Ministry of Social Development

Household crowding

DEFINITION

The proportion of the population living in crowded housing (ie requiring one or more additional bedrooms, as defined by the Canadian Crowding Index).

The Canadian Crowding Index is a proxy measure to monitor the incidence of “crowding” in the population.

RELEVANCE

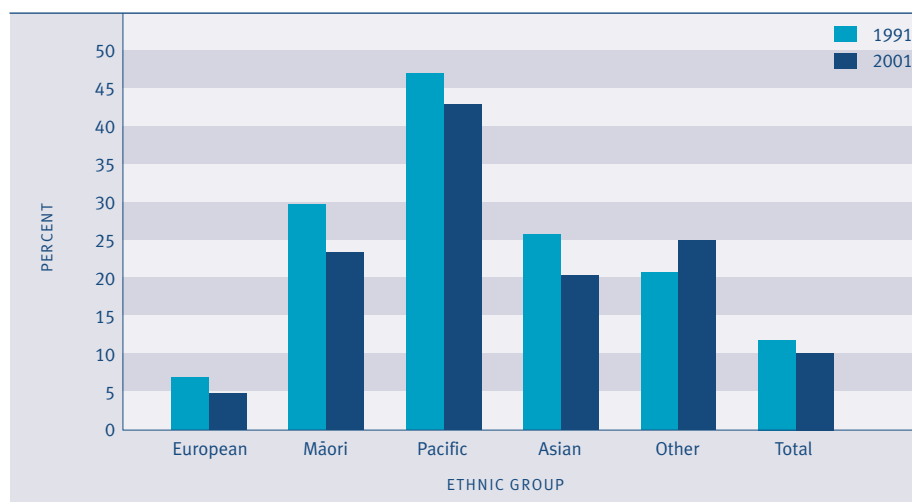
Housing space adequate to the needs and desires of a family is a core component of quality of life. National and international studies show an association between the prevalence of certain infectious diseases and crowding⁵⁹ as well as between crowding and poor educational attainment. Crowding can also contribute to psychological stress for people in the households concerned.

CURRENT LEVEL AND TRENDS

In 2001, 348,400 people, or 10 percent of the New Zealand resident population, lived in households requiring one or more additional bedrooms to adequately accommodate household members, based on the criteria in the Canadian Crowding Index (see Appendix 2). The number of people in crowded households has reduced since 1991, when 379,900 people or 12 percent of the population were living in crowded conditions.

The Canadian Crowding Index also shows how many people live in houses where two or more bedrooms are required. In 2001 there were 109,000 people or 3.2 percent of the usually resident population in this situation, compared to 113,000 or 3.5 percent in 1991.

Figure EC6.1 **Proportion of population living in households requiring at least one additional bedroom, by ethnic group, 1991 and 2001**



Source: Statistics New Zealand

AGE AND SEX DIFFERENCES

Household crowding is more likely to be experienced by younger people than by older people. In 2001, 17 percent of children under the age of 10 years lived in households requiring at least one more bedroom, compared to 15 percent of 10–14 year olds. Among all adults aged 15 years and over, 8 percent lived in crowded households but this ranged from 16 percent of 15–24 year olds, to 9 percent of 25–44 year olds, 5 percent of 45–64 year olds and just 2 percent of those aged 65 years and over.

Between 1991 and 2001 there was a decrease, from 17 percent to 16 percent, in the proportion of children under the age of 18 years living in crowded households, defined as needing one or more additional bedrooms. However, there was no change in the proportion of this age group living in more severe crowding levels where at least two more bedrooms were required (5 percent in both 1991 and 2001).

There is very little difference by sex in the likelihood of living in crowded households.

ETHNIC DIFFERENCES

Pacific peoples are far more likely to be living in crowded households than other ethnic groups. In 2001, a total of 43 percent of Pacific peoples lived in households requiring extra bedrooms. People in the Other ethnic group were the next most likely, with 25 percent requiring at least one extra bedroom, followed by Māori (23 percent) and Asians (20 percent). Partly reflecting their older age profile, only 5 percent of European New Zealanders were living in houses that met the definition of crowding used here. The Other ethnic group was the only ethnic group to have an increased incidence of crowding between 1991 and 2001. One possible explanation for this trend is that recent migrants, common in this ethnic group, are more likely to live in crowded households.⁶⁰

The largest group of those living in households requiring at least one extra bedroom were those who identified as European (38 percent), followed by Māori (34 percent), Pacific peoples (28 percent), Asian (14 percent) and the Other ethnic group (just 2 percent).⁶¹ However, of those living in more severe crowding situations (households requiring two or more bedrooms), Pacific peoples and Māori made up the largest groups (41 percent and 38 percent, respectively).

Cultural attitudes and economic circumstances are two primary factors that account for the extreme variation in crowding levels between ethnic groups. The variance in population age structures is also a factor: the Māori and Pacific peoples ethnic groups both have younger age structures than the European population.

SOCIO-ECONOMIC DIFFERENCES

Unemployed people are more likely to be living in crowded households than those with full-time jobs (20 percent and 6 percent, respectively). Other groups with crowding levels above the average adult level of 8 percent include people with no qualifications (10 percent) and people who receive income support (16 percent).⁶²

There is a clear correlation between levels of income and levels of crowding: in 2001, 6 percent of households in the bottom quartile of equivalised household income required one or more bedrooms, compared with 2 percent of those in the top income quartile.

Households in rental accommodation were more likely to be crowded (11 percent) than those in dwellings owned with a mortgage (4 percent) or mortgage-free (2 percent).

REGIONAL DIFFERENCES

Household crowding varies considerably across the country. Whether measured by population or household, Manukau City has by far the highest level of household crowding (24 percent of people and 13 percent of households required one or more bedrooms in 2001). The next highest levels were in Opotiki District and Porirua City, where almost one in five people, and one in 10 households, required at least one more bedroom. Other local authority areas with relatively high levels of crowding were Auckland City and the Far North, Wairoa and Kawerau Districts. All of the South Island local authorities had lower than average levels of household crowding.

DESIRED OUTCOMES

Everybody enjoys civil and political rights. Mechanisms to regulate and arbitrate people's rights in respect of each other are trustworthy.

Civil and Political Rights

INTRODUCTION

The enjoyment of civil and political rights is crucial to people's ability to participate in society, make choices about their lives and live with dignity.

Civil and political rights fall into two broad categories. The first requires that people are protected from interference or abuse of power by others. The second requires that society is organised in a way that enables all people to develop to their full potential.⁶³

Rights are defined in various international treaties and in domestic legislation. The New Zealand Bill of Rights Act 1990 sets out many rights New Zealanders enjoy. These include rights to life and security, voting rights, and rights to freedom of expression, peaceful assembly, association, thought, conscience, religion and belief. They also include rights to freedom from discrimination, and various rights relating to justice and criminal procedures. Other laws, such as the Privacy Act 1993, also provide protection for specific rights.

The relationship between Māori and the Crown is guided by the Treaty of Waitangi.

New Zealand has also signed six core United Nations treaties, covering: civil and political rights; economic, social and cultural rights; the elimination of racial discrimination; the elimination of discrimination against women; the rights of children; and protection against torture and other cruel, inhuman or degrading treatment and punishment.

Civil and political rights are important for wellbeing in many ways. At a fundamental level, they protect people's lives and their physical wellbeing (eg by recognising rights to freedom from torture and arbitrary arrest).

Wellbeing depends on people having a sense of choice or control over their lives, and on being reasonably able to do the things they value. This is only possible if people can exercise the many rights referred to above.⁶⁴ People's ability to take part in society, and their senses of belonging and identity, also depend on the exercise of these rights.

INDICATORS

New Zealand is internationally recognised as having an excellent human rights record.⁶⁵ The court system is independent and courts can enforce the rights affirmed in the New Zealand Bill of Rights Act 1990, although there is no power to strike down legislation inconsistent with the Act. Other institutions exist to protect people from government power (examples include the Privacy Commissioner and the Ombudsmen) or to help people resolve issues of unlawful discrimination (such as the Human Rights Commission and the Human Rights Review Tribunal). New Zealand regularly reports to the United Nations on its record of protecting rights.

However, the direct measurement of civil and political rights is not a simple matter.

This chapter uses four indicators to show how New Zealand's formal commitments to civil and political rights are reflected in reality. They are: voter turnout, the representation of women in government, perceived discrimination and the absence of perceived corruption.

A fundamental right in any democracy is the right to vote. Voter turnout figures provide an indication of the confidence the population has in, and the importance the population attaches to, the nation's political institutions. High voluntary voter turnout rates show people see these institutions as relevant and meaningful to them, and they believe their individual vote is important.

An effective and relevant political system should broadly reflect the society it represents. The second indicator measures the proportion of women in elected positions in government.

Equality before the law and freedom from unlawful discrimination are fundamental principles of democratic societies. According to the Human Rights Commission, discrimination occurs when a person is treated differently from another person in the same or similar circumstances, although not all forms of discrimination are unlawful.⁶⁶ Measuring the extent to which New Zealanders actually experience discrimination is problematic. Research suggests a significant proportion of people who experience discrimination will not make a complaint.⁶⁷ Perceived discrimination is a subjective measure of people's views about the level of discrimination against different groups in New Zealand society.

Corruption undermines the democratic process and the rule of law. It is difficult to measure levels of corruption by reference to the number of prosecutions or court cases as this will, to some extent, be driven by the efficient functioning of the justice system. The fourth indicator measures the level of perceived corruption among politicians and public officials.

Voter turnout

DEFINITION

General elections: The proportion of the estimated voting-age population (aged 18 years and over) who cast a valid vote in general elections.

Local authority elections: The proportion of all enrolled electors (both resident and ratepayer) who cast a vote in contested local authority elections.

RELEVANCE

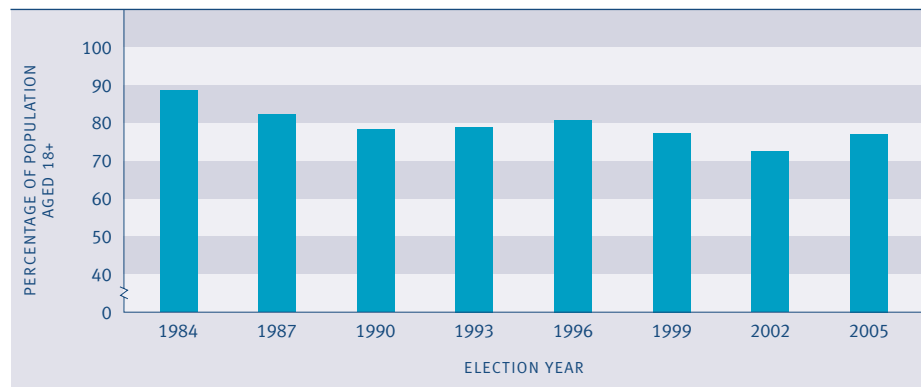
Voter turnout rates are an indicator of the extent to which citizens participate in the political process, and the confidence the population has in, and the importance they attach to, political institutions.

CURRENT LEVEL AND TRENDS

1. General elections

Voter turnout of the eligible population in 2005 was 77 percent. Voter participation in general elections declined sharply from 89 percent in 1984 to 78 percent in 1990, increased slightly to 81 percent in 1996, then declined again to a new low of 72.5 percent in 2002. In 2005 the turnout recovered to the level recorded in the 1999 election.

Figure CP1.1 **Proportion of estimated voting-age population who cast votes, 1984–2005**



Sources: Electoral Commission (2002); Electoral Commission (2005)
Note: 1984 and 2005 figures calculated by the Ministry of Social Development

AGE, SEX, ETHNIC AND SOCIO-ECONOMIC DIFFERENCES

Because of the nature of the secret ballot, information on differences in participation rates among various sectors of the New Zealand population is not directly available. Nevertheless, results from New Zealand election surveys over a number of years show non-voters are more likely to be people on lower incomes, younger people and members of Māori or Pacific ethnic groups. There are few differences in voter turnout rates between men and women.

REGIONAL DIFFERENCES

There are few discernible differences in voter turnout rates between rural and urban voters, although non-voting tends to be lowest in provincial cities.

INTERNATIONAL COMPARISON

In 2005, New Zealand ranked eighth out of 30 OECD countries with a voter turnout rate, defined as the proportion of the registered population who voted, of 81 percent.⁶⁸ The New Zealand rate was higher than the OECD median of 70 percent for recent elections, but lower than that of Australia, where voting is compulsory (92 percent in 2004). Countries with lower voter turnout rates than New Zealand included Canada (65 percent in 2006), the United Kingdom (62 percent in 2005), and the United States (60 percent in 2004).

CURRENT LEVEL AND TRENDS

2. Local authority elections

Voter turnout in the 2004 local authority elections was 46 percent. This was the lowest turnout since 1989 and the first time since then that overall turnout has fallen below 50 percent. A major restructuring of local government in 1989 was initially accompanied by a noticeable increase in voter turnout, peaking at 61 percent in 1992. Since then voter turnout has declined steadily, with the exception of the 1998 elections.

The drop in turnout between 2001 and 2004 was relatively constant across all types of local authorities. However, district councils registered the greatest decline, with the average turnout dropping from 57 percent in 2001 to 51 percent in 2004.

In 2004, there were 251 elected local authorities in New Zealand: 12 regional councils, 21 district health boards (established 1 January 2001), 16 city councils, 58 district councils and 144 community boards.

Table CP1.1

Voter turnout (%) in local authority elections, 1989–2004

	1989	1992	1995	1998	2001	2004
Regional councils	56	52	48	53	49	45
District health boards	–	–	–	–	50	46
Territorial authorities						
City councils	52	48	49	51	45	43
City mayors	50	48	49	51	45	43
District councils	67	61	59	61	57	51
District mayors	67	61	59	59	56	52
Community boards	54	49	50	50	46	42

Source: Department of Internal Affairs (2006) Table 3.3

The 2004 election results continued the trend of previous local authority elections, with small and South Island communities tending to register a higher voter turnout across all election types. The highest voter turnout in regional council elections was for the West Coast Regional Council (68 percent), followed by the Otago and Southland Regional Councils (each 56 percent). In all but two North Island regions less than half the population voted. The exceptions were Manawatu-Wanganui (54 percent) and Taranaki (55 percent). The regional council with the lowest voter turnout was Auckland (42 percent).

Local authority voter turnout is highest for district councils, with their more rural population base, especially those in the South Island. In the 2004 district council elections, turnout in the South Island was 57 percent, compared with 50 percent in the North Island. Smaller regional councils and small district health boards also attracted a higher turnout than larger local authorities. Voter turnout ranged from 58 percent for small district councils to 42 percent for large city councils.

Representation of women in government

DEFINITION

The proportion of elected Members of Parliament (MPs) and local government bodies who are women.

RELEVANCE

The representation of women in government can be seen as an indicator of political representation more generally. Representative political institutions engage a wide range of communities in the political process, draw on the talents and skills of the broadest group of people, and provide checks and balances on the use of political power.

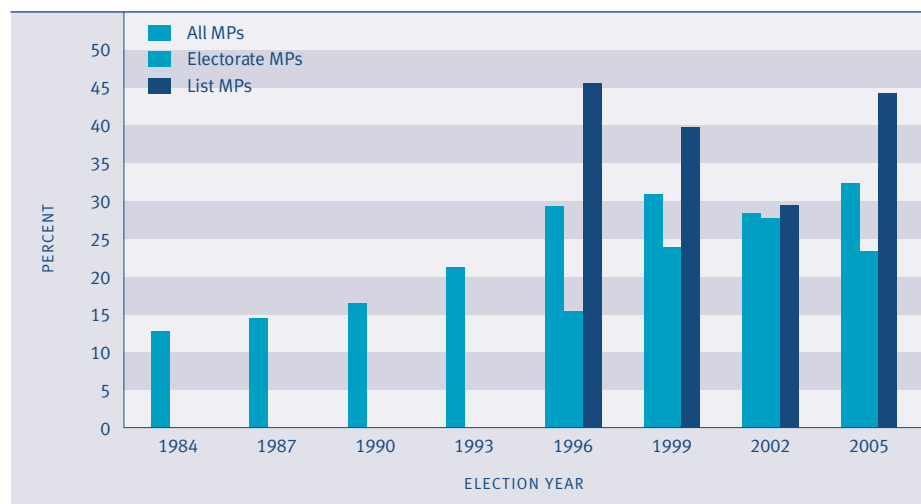
CURRENT LEVEL AND TRENDS

1. General elections

As a result of the 2005 general election, women hold 39 of the 121 seats in Parliament, or 32 percent. This was up from 28 percent in 2002. Under the first-past-the-post electoral system, women's representation in Parliament increased from 13 percent in 1984 to 21 percent in 1993, then rose sharply to 29 percent in the first mixed-member-proportional election held in 1996. There was a further small rise to 31 percent in 1999, followed by a decline to 28 percent in 2002.

In 2005, women made up a far higher proportion of list MPs (44 percent) than electorate MPs (23 percent). In the 2002 election, the female proportions were similar in both categories.

Figure CP2.1 **Women as a proportion of elected Members of Parliament, 1984–2005**



Sources: Electoral Commission (2002), p 176; Electoral Commission (2006)

The majority of women elected to Parliament in 2005 were list MPs (59 percent). The proportion of female electorate MPs increased from 29 percent in 1996 to 56 percent in 2002, but fell to 41 percent in 2005.

INTERNATIONAL COMPARISON

At 32 percent in 2005, the percentage of women in New Zealand's Parliament is considerably higher than the OECD median of 22 percent in recent years.⁶⁹ New Zealand ranks 10th out of 30 OECD nations. Sweden has the highest proportion of women MPs with 45 percent, followed by Norway and Finland (each 38 percent), Denmark and the Netherlands (each 37 percent), and Spain (36 percent). Australia (25 percent), Canada (21 percent), the United Kingdom (20 percent) and the United States (15 percent) all have much lower female representation in national government than New Zealand.

CURRENT LEVEL AND TRENDS

2. Local authority elections

In the 2004 local government elections, 566 women were elected to local authorities.⁷⁰ This represented 30 percent of elected members. The proportion of women elected increased from 25 percent in 1989 to 31 percent in 1998 and remained at around that level in the two subsequent elections. In the 1980s, women were more highly represented in local government than in national government but this was reversed in the 2005 general election.

Female candidates were more likely than male candidates to be elected in each election year from 1989 to 1998, but this was reversed in 2001, when 41 percent of women candidates were elected, compared with 44 percent of men. In 2004, 48 percent of female candidates were elected, compared with 49 percent of male candidates.

In 2004, women's representation was highest on district health boards (43 percent), followed by city councils (34 percent) and community boards (32 percent). Between 2001 and 2004, the share of women remained about the same in all local authorities except city councils, where it fell from 39 to 34 percent.

The number of women elected to city council mayoral positions has remained steady at four (out of 16) for most election years since 1989. In contrast, the number of women mayors in district councils increased rapidly from six (out of 59) in 1989 to 15 in 1998, fell sharply to eight in 2001 and rose slightly to 10 in 2004.

Table CP2.1

Proportion (%) of members who were women, by type of local body, 1989–2004

	1989	1992	1995	1998	2001	2004
Regional councils	22	25	29	28	26	25
District health boards	–	–	–	–	44	42
City councils	35	35	33	36	39	34
District councils	19	23	26	27	26	26
Community boards	29	32	33	35	31	32
Licensing and land trusts	–	–	–	–	–	30

Source: Department of Internal Affairs (2006) Table 6.4

Note: District Councils 2001 revised by Department of Internal Affairs

Table CP2.2

Women mayors, 1989–2004

	1989	1992	1995	1998	2001	2004
City councils	4/14	4/15	3/15	4/15	4/15	4/16
District councils	6/59	9/59	12/59	15/59	8/58 ⁽¹⁾	10/58 ⁽²⁾

Source: Department of Internal Affairs (2006) Table 6.5

Notes: (1) There was no election in Rodney District in 2001 (2) Tauranga became a city council in 2004

Perceived discrimination

DEFINITION

The proportion of people aged 18 years and over who perceived selected groups as being the targets of “some” or a “great deal” of discrimination, as reported in surveys commissioned by the Human Rights Commission.

RELEVANCE

The freedom from unlawful discrimination is a core principle of democratic societies. Surveys on perceived discrimination towards groups of people provide one indication of the level and type of discrimination in New Zealand. As they do not measure actual levels of discrimination, it is not possible to conclude whether levels of discrimination have increased or decreased.

CURRENT LEVEL AND TRENDS

In February 2006, just under three-quarters (72 percent) of respondents to the Human Rights Commission Survey 2006 thought Asian people were subject to a “great deal” or “some” discrimination, the highest proportion for any group. This was followed by recent immigrants (70 percent), refugees and people on welfare (both 63 percent). Perceived discrimination against all these groups has decreased since January 2004: by 6 percentage points for Asians, 2 percentage points for recent immigrants, 7 percentage points for refugees and 3 percentage points for people on welfare.

Table CP3.1 **Proportion (%) of survey respondents who perceived selected groups as being subject to a “great deal” or “some” discrimination, December 2000–February 2006**

Group	Dec 2000	Dec 2001	Jan 2003	Jan 2004	Feb 2006
Asians	73	73	79	78	72
Recent immigrants	–	68	77	72	70
Refugees	–	68	72	70	63
People on welfare	75	70	68	66	63
People who are overweight	72	65	65	68	59
Gays and lesbians	74	65	61	58	57
Pacific peoples	71	65	65	57	54
People with disabilities	61	55	53	55	53
Māori	70	62	57	53	51
Older people	53	48	49	46	44
Women	50	44	41	38	38
Men	–	–	–	–	30

Source: Human Rights Commission (2006)

Around 60 percent of survey respondents in 2006 thought overweight people and people on welfare were the target of a “great deal” or “some” discrimination. More than half thought gays and lesbians, Pacific peoples, people with disabilities and Māori were discriminated against.

Between December 2001 and February 2006, the perception that different groups were subject to “some” or a “great deal” of discrimination fell for all groups, except recent migrants. However, there was a decline for this group over each of the last three years. The biggest falls in perceived discrimination were for Māori and Pacific peoples, both declining by 11 percentage points between 2001 and 2006. There was also a big drop over the period in the perception that gays and lesbians and people on welfare were subject to discrimination.

Perceived corruption

DEFINITION

The perceived level of corruption – defined as “the abuse of public office for private gain” – among New Zealand politicians and public officials, on a scale of 0 (highly corrupt) to 10 (highly clean).

A country’s score in the Corruption Perceptions Index is derived by Transparency International from a number of different surveys of business people and country analysts.

RELEVANCE

Corruption undermines democracy and the rule of law and threatens domestic and international security. Corruption also has adverse social and economic consequences for a country. The Corruption Perceptions Index is a good proxy indicator of the values and norms that underpin public institutions.

CURRENT LEVEL AND TRENDS

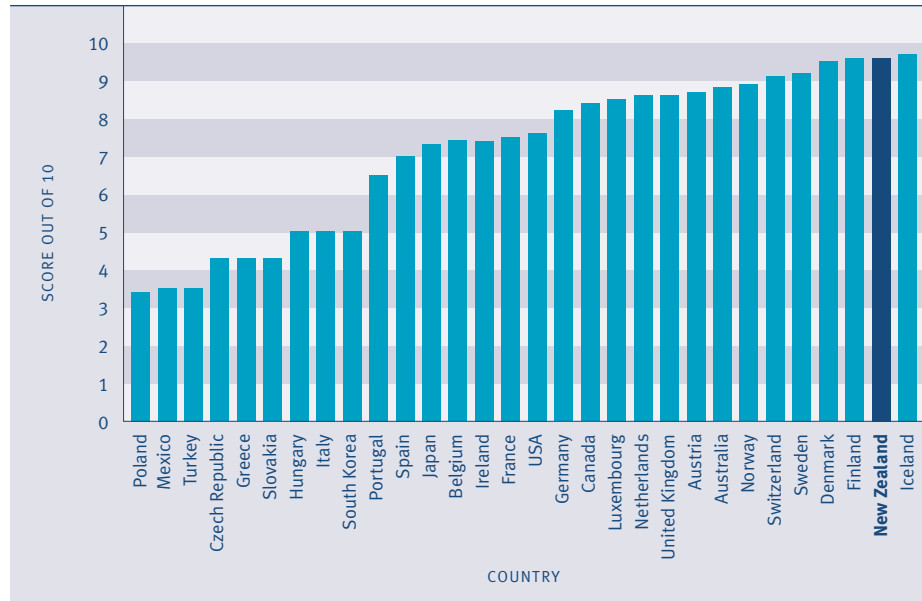
New Zealand’s score in the Corruption Perceptions Index 2005 was 9.6, the same score as in 2004. Since the index was first developed in 1995, New Zealand has consistently scored well, with more than 9 out of a possible 10 in each period reported.

INTERNATIONAL COMPARISON

In the Corruption Perceptions Index 2005, New Zealand was ranked with Finland as the second equal least corrupt nation in the OECD. Iceland was perceived as the least corrupt country. Since 1995, New Zealand has consistently been among the top four OECD nations perceived as highly clean.

New Zealand scored higher in the perceived corruption index than Australia (eighth, 8.8), the United Kingdom (10th, 8.6), Canada (13th, 8.4) and the United States (15th, 7.6).

Figure CP4.1 **Corruption Perceptions Index scores (0=highly corrupt, 10=highly clean), OECD countries, 2005**



Source: Transparency International (2005)

DESIRED OUTCOMES

New Zealanders share a strong national identity, have a sense of belonging and value cultural diversity. Everybody is able to pass their cultural traditions on to future generations. Māori culture is valued and protected.

Cultural Identity

INTRODUCTION

Culture refers to the customs, practices, languages, values and world views that define social groups such as those based on nationality, ethnicity, region or common interests. Cultural identity is important for people's sense of self and how they relate to others. A strong cultural identity can contribute to people's overall wellbeing.

Cultural identity based on ethnicity is not necessarily exclusive. People may identify themselves as New Zealanders in some circumstances and as part of a particular culture (eg Māori, Chinese or Scottish) in other circumstances. They may also identify with more than one culture.

The desired outcomes recognise it is important for people to feel a sense of national identity and also to be able to belong to particular social or ethnic groups. They recognise New Zealand is a multicultural society, while also acknowledging that Māori culture has a unique place. Under the Treaty of Waitangi, the Crown has an obligation to protect the Māori language.

Defining a national identity is not simple. New Zealand is a diverse nation, made up of many cultural groups, with many different customs and traditions. While people may describe themselves as "New Zealanders", how they define their "New Zealand-ness" will vary from person to person. For example, some people might see a New Zealand identity in aspects of New Zealand history or in New Zealand achievements in sporting, artistic or other endeavours, while others might see it through a sense of national characteristics or traits, or through national symbols and icons. Māori culture may form one aspect of national identity, since it is both unique to New Zealand and a part of our identity in the outside world.

Cultural identity is an important contributor to people's wellbeing. Identifying with a particular culture makes people feel they belong and gives them a sense of security. It also provides access to social networks, which provide support and shared values and aspirations. Social networks can help to break down barriers and build a sense of trust between people – a phenomenon sometimes referred to as social capital. However, excessively strong cultural identity can also contribute to barriers between groups. An established cultural identity has also been linked with positive outcomes in areas such as health and education.⁷¹

Conversely, members of minority cultures can feel excluded from society if the majority of those in authority obstruct, or are intolerant of, their cultural practices. This happened to the Māori language and culture through much of New Zealand's history.

Culture can also play a part in promoting social wellbeing in other ways. A strong national culture or identity, and strength in creative endeavours, can be a source of economic strength and higher material standards of living.

INDICATORS

Three indicators are used in this report. They are local content programming on New Zealand television, people identifying as Māori who can speak in Māori, and the retention of their first language (other than English and Māori) by identified ethnic groups.

While these indicators cannot provide an exhaustive picture of New Zealand's cultural identity, they do provide snapshots of the health of particular aspects of it. There is a strong focus on the health of Māori culture.

The first indicator, the amount of New Zealand content programming on television, provides one way of measuring the strength of New Zealanders' sense of national identity.

The second indicator measures the current health of the Māori language. Language is a central component of culture and a necessary skill for full participation in Māori society.

The final indicator, the proportion of people who can speak a first language (other than English and Māori) of their ethnic group, is an indicator of the degree to which people are able to retain their culture and traditions and to pass them on to subsequent generations.

Local content programming on New Zealand television

DEFINITION

The number of hours of local content screened on New Zealand television channels during prime-time (6pm to 10pm), as a proportion of the total prime-time schedule.

Local content is generally defined as material both predominantly made in New Zealand and reflective of New Zealand's identity and culture. In 2005, for the first time, the indicator includes information from Māori Television and Prime Television, in addition to the core channels of TV One, TV2 and TV3.

RELEVANCE

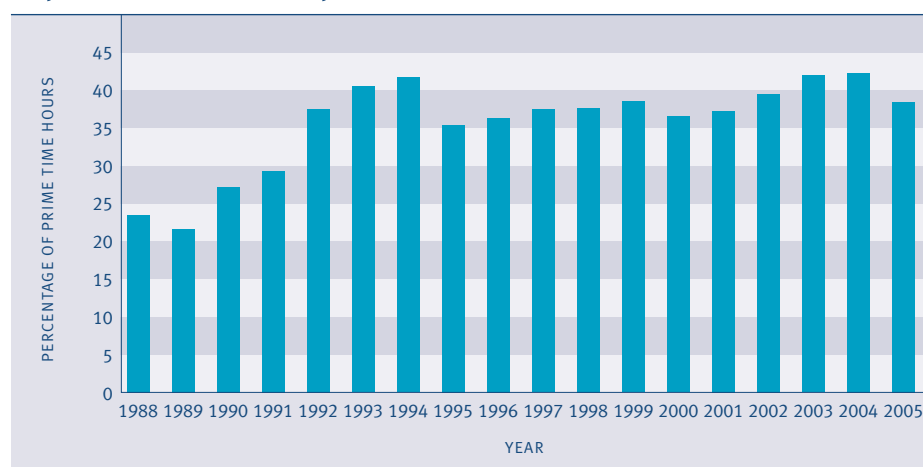
Television is the dominant cultural medium for most New Zealanders. The 1998/1999 *Time Use Survey* showed New Zealanders spend almost two hours per day watching television or videos.⁷² Ninety-eight percent of New Zealand households have at least one television set.⁷³ For many people, television is a major source of news, information and entertainment. It strongly influences their sense of local and national identity. A local content measure reflects the extent we see our culture reflected through this medium.

CURRENT LEVEL AND TRENDS

In 2005, the local content on five national free-to-air television channels made up 38 percent of the prime-time schedule. In 2004, when the three main television channels only were included, local content made up 42 percent of the prime-time schedule. The drop in local content coverage between 2004 and 2005 is mainly attributable to the inclusion of Prime Television which has low levels of local content. The proportion of local content in the three main free-to-air channels rose from 24 percent in 1988 to a peak of 42 percent in 1994, before dropping to 35 percent in 1995. It reached 42 percent again in 2003 and 2004.

The percentage of local content in prime-time transmission hours in 2005 differs across the channels: TV One: 61 percent, TV2: 26 percent, TV3: 46 percent, Prime: 9 percent and Māori: 50 percent.

Figure CI1.1 **Proportion of local content on prime-time television, 1988–2005**



Source: NZ On Air

Notes: (1) Up to 2004, the figures are for prime-time (6pm–10pm) local content on TV One, TV2 and TV3 only (2) 2005 figures include Prime Television and Māori Television

Three programme types accounted for over half of the local content hours in 2005: news and current affairs (31 percent), information programmes (15 percent) and entertainment (13 percent). Because two new channels have been added, it is not possible to compare information from 2005 with 2004.

Table CI.1.1 **Percentage share of total hours of local content by programme type, selected years, 1988–2005**

Programme type	1988	1990	1995	2000	2001	2002	2003	2004	2005
News, current affairs	26	23	21	30	33	29	32	34	31
Information	10	5	8	17	21	18	19	17	15
Sports	24	39	31	20	13	18	14	14	11
Entertainment	14	12	9	7	9	10	8	9	13
Children's	15	13	15	10	8	8	10	8	8
Drama/comedy	2	1	7	6	6	6	6	6	5
Māori	6	3	3	6	6	5	6	6	9
Documentaries	2	3	5	4	4	5	5	6	7
Total New Zealand content hours	2,112	4,249	5,018	6,185	6,190	7,201	6,526	6,423	9,306

Source: NZ On Air

Notes: (1) Information on types of local programmes in prime-time hours was not published before 2005 (2) These figures relate to a 24-hour period up to 2002. From 2003 onwards, figures relate to 18 hours (6am to midnight)

INTERNATIONAL COMPARISON

International comparisons are difficult due to inconsistencies in measurement approaches by different countries. However, in 1999, local content accounted for 24 percent of total transmission time in New Zealand, a smaller proportion than in 10 other surveyed countries. This was compared to the United States (90 percent), the United Kingdom (BBC only, 78 percent), Canada (60 percent), Norway (56 percent), Finland (55 percent), Australia (which mandates a local content transmission quota of 55 percent on all free-to-air commercial networks) and Ireland (RTE only, 41 percent).⁷⁴ This was a measure of total air-time programming rather than prime-time programming, which is the measure this indicator is based on.

Māori language speakers

DEFINITION

The number of Māori who reported in the 2001 Census they could hold a conversation about everyday things in Māori, as a proportion of the Māori population.

RELEVANCE

As a central component of Māori culture, Māori language is an important aspect of participation and identity. Māori language forms part of the broader cultural identity and heritage of New Zealand and in 1987 was recognised as an official New Zealand language.⁷⁵

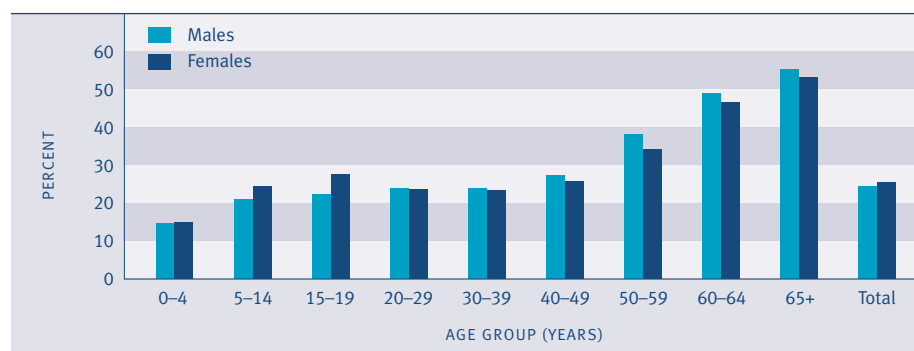
CURRENT LEVEL AND TRENDS

One-quarter of all Māori (25 percent or 130,482) and 28 percent of Māori aged 15 years and over (91,809) reported in the 2001 Census that they could hold a conversation in Māori about everyday things. Māori accounted for 81 percent of the total number of Māori language speakers (160,500). The 1996 Census also showed that the proportion of Māori who spoke te reo was around 25 percent.

The proportion of Māori who were fluent Māori speakers declined markedly over the last century, particularly following the rapid urbanisation of the Māori population in the 1950s and 1960s. The first national Māori language survey in 1973 estimated the proportion of fluent speakers had fallen to 18 percent.

Information on the fluency of Māori speakers is available from the survey of the health of the Māori language, conducted in 2001. This showed that more people could understand Māori than speak it. Fifty-nine percent of Māori aged 15 years and over or 190,209 could understand it, but only 42 percent or 136,600 could speak it. While 42 percent of Māori could speak some Māori, only 9 percent could speak Māori “well” or “very well”, 11 percent could speak Māori “fairly well”, and 22 percent could speak Māori but “not very well”. Similarly, while 59 percent of Māori could understand Māori, only 15 percent could understand Māori “well” or “very well”, 18 percent could understand Māori “fairly well”, and 25 percent could understand Māori but “not very well.”⁷⁶

Figure C12.1 **Proportion of Māori speakers, in the Māori population, by age and sex, 2001**



Source: Statistics New Zealand, 2001 Census

AGE DIFFERENCES

Older Māori are considerably more likely than younger Māori to be able to converse about everyday things in Māori. In the 2001 Census, more than half of Māori aged 65 years and over (54 percent) reported having conversational fluency in the Māori language, compared with less than one-quarter (22 percent) of Māori aged under 40 years.

SEX DIFFERENCES

Sex differences in the proportion of Māori language speakers among Māori were also apparent. From age 40 years onwards, males were more likely than females to speak Māori, while for those younger than 20 years a higher proportion of females than males could speak Māori.

Among non-Māori, the proportion of Māori language speakers was higher in the younger ages. Females were also more likely to be Māori language speakers than males.

ETHNIC DIFFERENCES

The 2001 Census showed that 4.5 percent of the total population could hold a conversation in Māori. After Māori, Pacific peoples had the highest proportion who could speak Māori (5.8 percent), followed by Europeans (1.7 percent) and Asians (0.8 percent).⁷⁷

REGIONAL DIFFERENCES

Māori who live in areas with a high proportion of Māori residents are the most likely to be Māori language speakers. The regions with the highest proportion of people with conversational Māori skills were Gisborne (35 percent), the Bay of Plenty (32 percent), Northland (30 percent), Waikato (28 percent) and Hawke's Bay (27 percent).

Language retention

DEFINITION

The proportion of people who can speak a “first language” (excluding English) of their ethnic group, for ethnic groups (other than Māori) with an established resident population in New Zealand, as recorded in the 2001 Census.

The ability to speak a language is defined as being able to hold an everyday conversation in that language. “First language” refers to an indigenous language associated with a given ethnicity, as opposed to the first language of a person. Sign language is not treated as a “first language” for the purposes of this indicator.

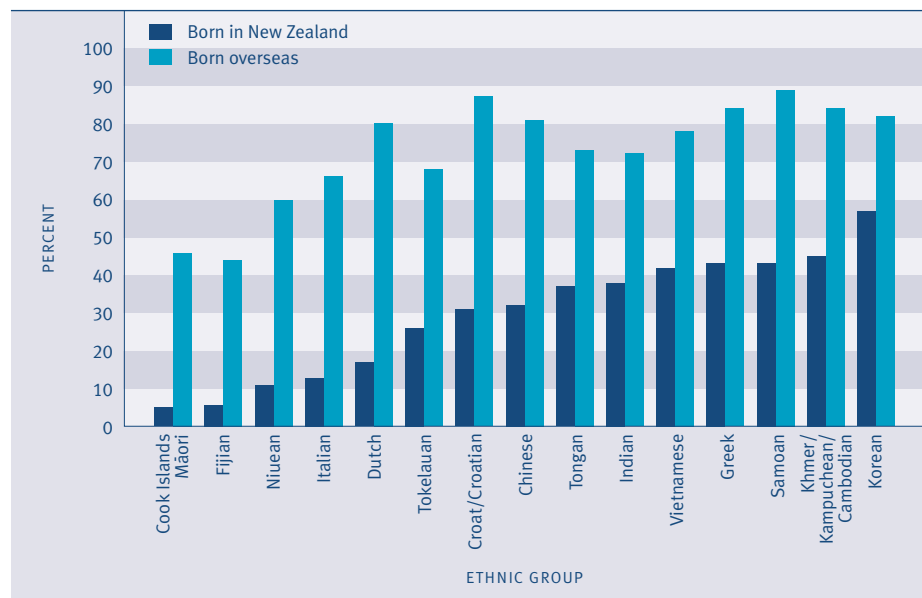
RELEVANCE

The ability to speak the language of one’s identified ethnicity is an indicator of the ability to retain and pass on one’s culture and traditions to future generations. Language is a central component of cultural identity.

CURRENT LEVEL

In 2001, the proportion of people who could hold an everyday conversation in the “first language” of their ethnic group varied widely between ethnic groups, from 17 percent of Cook Islands Māori to 81 percent of Koreans. For all ethnic groups, those who were born in New Zealand were less likely to be able to speak the “first language” than those who were born overseas.

Figure CI3.1 **Proportion of people who could speak a “first language” of their ethnic group, by birthplace, 2001**



Source: Statistics New Zealand (2004a)

AGE AND SEX DIFFERENCES

In all ethnic groups, young people were less likely than older people to be able to hold an everyday conversation in a “first language” of their ethnic group. The proportions were similar for males and females.

Table CI3.1 **Proportion (%) of people in selected ethnic groups who can speak a “first language” of their ethnic group, by age group and sex, 2001**

	Age (years)			Sex		Total
	0–24	25–49	50+	Males	Females	
Pacific						
Samoaan	50	75	89	61	64	62
Cook Islands Māori	7	26	53	16	18	17
Tongan	44	66	73	53	54	54
Tokelauan	27	57	76	38	43	40
Niuean	13	38	61	24	27	26
Fijian (except Fiji Indian/ Indo-Fijian)	14	36	50	26	26	26
Asian						
Indian	50	70	74	61	63	62
Chinese	59	75	82	67	71	69
Khmer/Kampuchean/ Cambodian	67	85	87	73	79	76
Vietnamese	60	82	84	69	74	72
Korean	78	84	84	80	82	81
European						
Dutch/Netherlands	21	63	81	59	60	59
Greek (incl. Greek Cypriot)	27	73	89	64	61	63
Croat/Croatian	41	70	81	66	63	65
Italian	13	44	70	39	35	37

Source: Statistics New Zealand, 2001 Census, unpublished data

DESIRED OUTCOMES

Everybody is satisfied with their participation in leisure and recreation activities. They have sufficient time to do what they want to do and can access an adequate range of opportunities for leisure and recreation.

Leisure and Recreation

INTRODUCTION

Leisure and recreation are both crucial components of a balanced and healthy lifestyle. Leisure time is a time when people can do what they want to do, away from work and other commitments.

Recreation and leisure play an important role in social wellbeing by providing people with a sense of identity and personal autonomy. Involvement in leisure-time activities adds meaning to individual and community life and contributes to people's overall quality of life. Recreation can encourage personal growth and self-expression and provide increased learning opportunities, satisfying needs not met in people's non-leisure time.

For many people, participation in leisure and recreation improves their physical and mental health. Recreation often involves a physical activity or sport. Research clearly shows increased physical activity can lead to fewer health problems and higher productivity at work, especially when combined with a balanced diet and a healthy lifestyle.

The benefits for mental health are equally important. Several studies have demonstrated links between regular physical activity and a reduction in the symptoms of mild or moderate depression, stress and anxiety. Passive leisure also has benefits for mental health, by providing an outlet for the mind. It may provide physical rest, tension release and opportunities to enjoy nature and escape from the daily routine.

Participation in leisure and recreation activities can also have social benefits. It creates opportunities for socialisation and contributes to social cohesion by allowing people to connect and network with others. It can also contribute to family bonding as families do things together in their leisure time.

INDICATORS

Three indicators are used in this chapter. They are: satisfaction with leisure time, participation in sport and active leisure and participation in cultural and arts activities. Together, these indicators present a picture of how people feel about their leisure time and also what they do in their leisure time.

The first indicator is satisfaction with leisure time. This measures how people feel about both the quantity and quality of leisure time available to them.

The second indicator measures people's participation in sport and active leisure. Moderate physical activity can improve a number of health outcomes, risk factors and diseases. This indicator gives us a sense of how active New Zealanders are.

The final indicator measures people's involvement in cultural and arts activities. Cultural activities contribute to individual growth and provide opportunities for social cohesion and passing on cultural traditions.

Satisfaction with leisure time

DEFINITION

The proportion of people aged 15 years and over who are “satisfied” or “very satisfied” with their leisure time as reported in the *Quality of Life in New Zealand’s Largest Cities Survey 2004*.

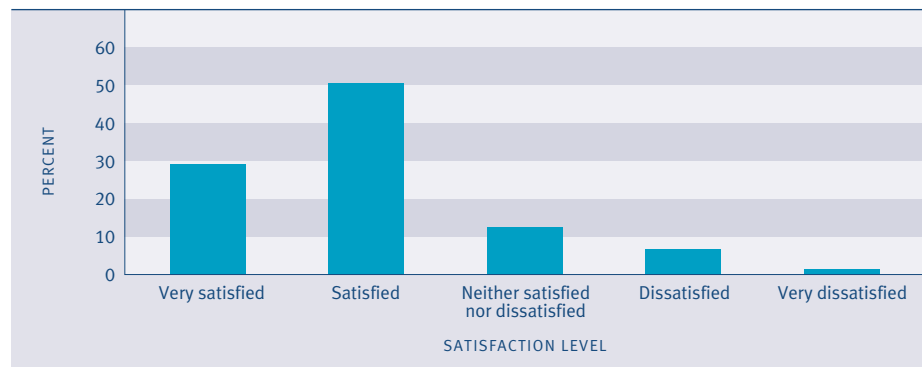
RELEVANCE

Leisure time is a crucial component of a balanced and healthy lifestyle. It is a time when people can do what they want to, separate from work and other commitments.

CURRENT LEVEL

According to the *Quality of Life in New Zealand’s Largest Cities Survey 2004*, four in five New Zealanders (80 percent) were satisfied overall with their leisure time. Of these, 51 percent were “satisfied” and 29 percent were “very satisfied”.

Figure L1.1 **Satisfaction with leisure time, people aged 15 years and over, 2004**

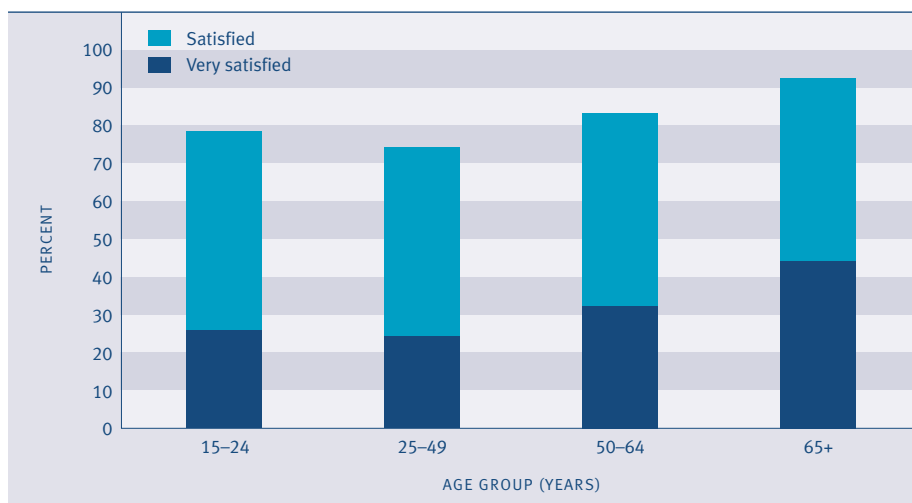


Source: Auckland City Council et al (2005) *Quality of Life in New Zealand’s Largest Cities Survey 2004*

AGE DIFFERENCES

While the majority of New Zealanders were satisfied with their leisure time, those aged 25–49 years were less satisfied overall (74 percent). This age group tends to have larger work and family commitments than other groups, which may impinge on the time available for leisure. In comparison, those aged 15–24 years and those aged 50–64 years were more likely to report being satisfied with their leisure time, with total satisfaction levels of 78 percent and 83 percent respectively. People aged 65 years and over reported the highest levels of overall satisfaction with their leisure time (92 percent).

Figure L1.2 Satisfaction with leisure time, by age, 2004



Source: Auckland City Council et al (2005) Quality of Life in New Zealand's Largest Cities Survey 2004

SEX DIFFERENCES

There was only a small difference between the sexes in reported satisfaction with leisure time. Eighty percent of men and 79 percent of women reported they were "satisfied" or "very satisfied" with their leisure time.

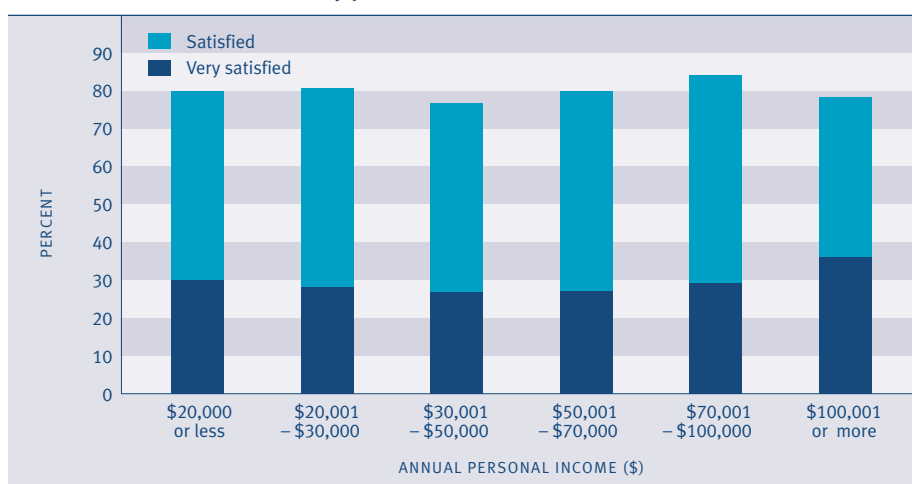
ETHNIC DIFFERENCES

Most New Zealanders, regardless of their ethnicity, were satisfied with their leisure time. The European ethnic group reported the highest level of total satisfaction (81 percent), followed by Māori and those of Other (excluding Asian) ethnicities (both 77 percent), and Pacific peoples (73 percent). The Asian ethnic group reported the lowest level of satisfaction (71 percent).

SOCIO-ECONOMIC DIFFERENCES

People's levels of satisfaction with their leisure time varied slightly by the levels of their personal income, but not in a consistent way. In 2004, satisfaction with leisure time was highest for people with a personal income between \$70,001 and \$100,000 per year, with 84 percent of the people in this income range saying they were either "very satisfied" or "satisfied" with their leisure time. Two income groups had below average levels of satisfaction – those with a personal income of between \$30,001 and \$50,000 (76 percent), and those with an income over \$100,000 (78 percent).

Figure L1.3 Satisfaction with leisure time, by personal income, 2004



Source: Auckland City Council et al (2005) Quality of Life in New Zealand's Largest Cities Survey 2004

Participation in sport and active leisure

DEFINITION

The proportion of adults aged 15 years and over who were physically active, as measured by the Sport and Recreation New Zealand (SPARC) Continuous Monitoring Survey 2005.

Being physically active means they took part in at least 2.5 hours of physical activity and did five or more sessions (half an hour or more) in the seven days before being interviewed.

RELEVANCE

Participation in sport and active leisure is a source of enjoyment and has positive benefits for people's physical and mental health. It can also contribute to personal growth and development and is a good way to meet new people.

CURRENT LEVEL

Seventy-one percent of adults aged 15 years and over were reported to be physically active in 2005 and nearly half (47 percent) of these were highly active. Highly active means doing some vigorous physical activity during the week, in addition to the requirements for being rated as physically active.

Table L2.1 **Activity level (%) of adults, by sex, 2005**

Activity level	Adults 15 years and over		
	Males	Females	All
Sedentary	4	7	5
Insufficiently active	19	24	22
Sufficiently active	19	28	24
Highly active	56	38	47
Don't know	2	3	2
Active	75	66	71
Inactive	23	31	27

Source: Sport and Recreation New Zealand (2006)

AGE DIFFERENCES

In 2005, activity levels declined with age. The most active age group was 15–24 year olds (78 percent) and the least active was the 65 years and over group (55 percent). The rates for the 25–34 years, 35–49 years and 50–64 years age groups were 75 percent, 73 percent and 70 percent respectively.

SEX DIFFERENCES

Men were more likely than women to be physically active in 2005. Three-quarters of men did at least 2.5 hours of activity and five or more sessions per week, compared to two-thirds of women. Men were also much more likely to be highly active, with 56 percent in this category compared with 38 percent of women.

ETHNIC DIFFERENCES

There was little difference in the activity levels of three of the four main ethnic groups. Māori adults had an activity level of 74 percent, Europeans 72 percent and Pacific peoples 71 percent. The activity level of the Other ethnic group was 67 percent.

Table L2.2 **Activity level (%) of adults, by ethnicity, 2005**

	European	Māori	Pacific	Other
Sedentary	6	6	5	5
Insufficiently active	21	19	19	27
Sufficiently active	25	20	16	26
Highly active	47	54	55	41
Don't know	1	1	5	1
Active	72	74	71	67
Inactive	27	25	24	32

Source: Sport and Recreation New Zealand (2006)

SOCIO-ECONOMIC DIFFERENCES

Activity levels rise with household income. People living in households with an annual household income (adjusted for the number of children and adults in the household) of \$20,000 or less had the lowest levels of activity (64 percent). People in income groups above \$30,000 had activity levels about 10 percentage points higher than this. People in the two top income groups (above \$50,000) were more likely to be highly active than those in the lower income groups.

Table L2.3 **Activity level (%) of adults, by adjusted household income, 2005**

	\$20,000 or less	\$20,001 –\$30,000	\$30,001 –\$50,000	\$50,001 –\$70,000	\$70,001 or more
Sedentary	8	4	5	5	5
Insufficiently active	26	25	20	21	20
Sufficiently active	27	26	27	20	22
Highly active	37	44	47	53	52
Don't know	2	1	1	1	1
Active	64	70	74	73	74
Inactive	34	29	25	26	25

Source: Sport and Recreation New Zealand (2006)

REGIONAL DIFFERENCES

Activity levels were lower in the seven local authorities in the Auckland area (67 percent) than in the rest of New Zealand (72 percent). There was little variation in activity levels between the broad regions outside Auckland – north and central New Zealand and the South Island.

Participation in cultural and arts activities

DEFINITION

The proportion of the population aged 15 years and over who had experienced one or more of the cultural activities included in the *2002 Cultural Experiences Survey*.

Respondents were asked to report on activities they experienced over either a 12-month period (for goods and services accessed or experienced relatively infrequently) or a four-week recall period (for activities experienced on a more regular basis).

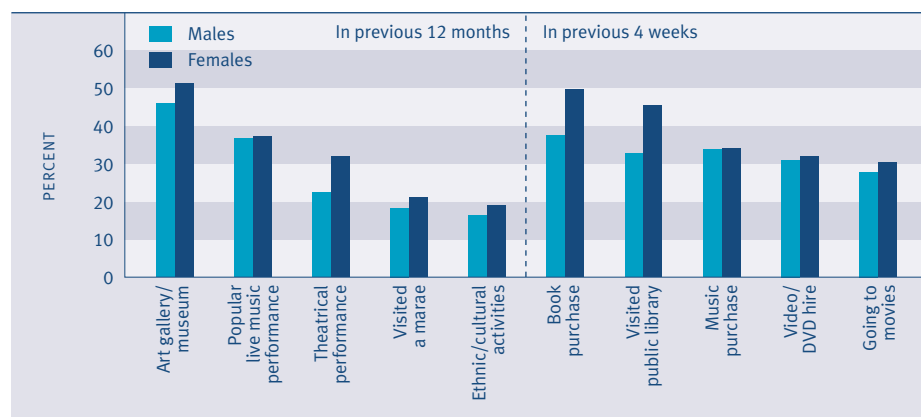
RELEVANCE

Cultural activities are an integral part of leisure and recreation. People participate in cultural activities for a wide variety of reasons: for enjoyment and entertainment, for personal growth and development, as a means of expression, to learn new skills, to meet new people and to pass on cultural traditions.

CURRENT LEVEL

Ninety-three percent or 2.6 million people aged 15 years and over experienced one or more of the cultural activities included in the *2002 Cultural Experiences Survey*. The most popular activities (those undertaken in the four weeks before the survey) were purchasing books (43 percent) and visiting a public library (39 percent). Of the less popular activities (those experienced over the past year) the most preferred were visiting an art gallery or museum (48 percent) and attending a popular live music performance (37 percent). A lack of time and cost were the main barriers to experiencing cultural activities more often, or at all.

Figure L3.1 **Proportion of the population aged 15 years and over who experienced cultural activities, by activity type and sex, 2002**



Source: Statistics New Zealand (2002a)

AGE DIFFERENCES

Younger people were more likely to experience at least one of the cultural activities than people in older age groups. In 2002, 98 percent of 15–24 year olds and 96 percent of 25–44 year olds took part in one or more of the surveyed activities. Participation was lowest among people aged 65 years and over (81 percent). Popular activities among younger people included hiring a video or DVD (53 percent) and purchasing music (49 percent). Older people (65 years and over) were more likely to visit a public library than other age groups, with 46 percent reporting this activity.

SEX DIFFERENCES

Women were slightly more likely to experience one or more of the cultural activities included in the survey than men (95 percent compared with 92 percent). More women than men purchased a book, visited a library and went to a theatrical performance. There was no difference in the proportion of men and women who had purchased music.

ETHNIC DIFFERENCES

Māori were more likely to have participated in at least one of the cultural activities included in the survey than European or Pacific peoples (Māori 97 percent; European 93 percent; Pacific peoples 92 percent). Popular activities experienced by Māori included visiting a marae (69 percent) and attending a popular live music performance (40 percent). European New Zealanders were more likely to report visiting an art gallery or museum than other groups (51 percent), while Pacific peoples had the highest rate of participation in community-based ethnic or cultural activities (39 percent).

Table L3.1 **Proportion (%) of population aged 15 years and over who had participated in cultural activities, by activity type and ethnic group, 2002**

	Māori	Pacific	European
In the previous 12 months			
Art gallery/museum	42	27	51
Popular live music performance	40	27	39
Theatrical performance	18	19	30
Visited a marae	69	22	14
Ethnic/cultural activities	20	39	14
In the previous four weeks			
Book purchase	40	29	45
Visited public library	34	31	39
Music purchase	32	33	34
Video/DVD hire	39	26	31
Going to movies	23	21	30
Any cultural activity	97	92	93

Source: Statistics New Zealand (2002a)

REGIONAL DIFFERENCES

In 2002, 94 percent of people living in urban areas experienced one or more of the cultural activities included in the survey, compared to 93 percent of people living in secondary urban areas and 91 percent of those living in minor urban and rural areas. The Wellington Regional Council area had the highest proportion of people who experienced at least one of the surveyed activities (97 percent), while Taranaki had the lowest level of participation (87 percent).

DESIRED OUTCOMES

The natural and built environment in which people live is clean, healthy and beautiful. Everybody is able to access natural areas and public spaces.

Physical Environment

INTRODUCTION

The physical environment includes land, air, water, plants and animals, buildings and other infrastructure, and all of the natural resources that provide our basic needs and opportunities for social and economic development.

A clean, healthy environment is important for people's physical and emotional wellbeing. At a fundamental level, elements such as clean air and good quality drinking water are vital for people's physical health. Other environmental factors such as noise pollution can cause both physical harm and psychological stress.

The cleanliness and beauty of the environment is also important for people's sense of wellbeing. For many people, access to an attractive physical environment contributes to their contentedness with life. A healthy environment provides recreational opportunities, allowing people to take part in activities they value. For New Zealanders, the "clean, green" environment is an integral part of national identity, and guardianship of the land and other aspects of the physical environment is seen as an important part of social wellbeing.⁷⁸ This image is also vital for the health of New Zealand's economy. It is a key contributor in attracting tourists and it underpins the nation's success as an exporter of primary products.

Harm to the environment can reduce the quality of life not only for people alive today but also for those born many years in the future. The concept of sustainability is an important aspect of social wellbeing. It acknowledges that social and economic developments need to take place in ways that do not harm present and future wellbeing by damaging the natural environment, and do not harm future wellbeing by using natural resources in unsustainable ways.

INDICATORS

Two indicators are used in this chapter: air quality and drinking water quality. Both measure important aspects of the environment that have a direct impact on individual wellbeing. Because of a lack of adequate data, there is no direct measure of people's access to natural areas and public spaces.

The two indicators provide an insight into current and future wellbeing. They relate to the health, cleanliness and beauty of the environment. Pollution in the air or water can have significant adverse effects on people's health, as well as being detrimental to the beauty of the environment.

The first indicator measures the levels of fine particles in the air at certain sites. Fine particles are known to have a harmful effect on people's health. Prolonged exposure to elevated levels has been linked with the aggravation of existing respiratory and cardiovascular diseases and premature death.

The second indicator measures the percentage of the population receiving drinking water that complies with the 2000 Drinking Water Standards. Poor-quality drinking water can create health risks from water-borne diseases and contaminants. It is also likely to be associated with poor-quality sewerage infrastructure and electricity supply.

Air quality

DEFINITION

The average annual PM₁₀ levels in selected sites above the ambient PM₁₀ guidelines.

PM₁₀ is particulate matter that is less than 10 microns in diameter. The New Zealand ambient air quality guideline for PM₁₀ is 20 micrograms per cubic metre (20µg/m³), averaged annually.

RELEVANCE

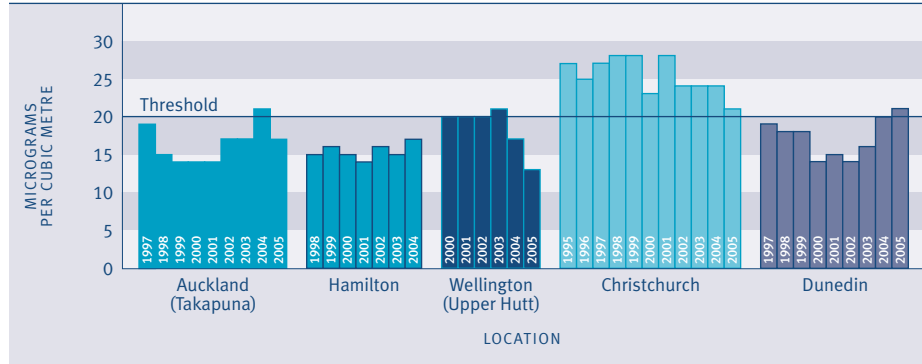
Good air quality is an important component in maintaining our quality of life, the appeal of New Zealand as a tourist destination, and the health of our people, plants and animals. PM₁₀ is the primary contaminant of concern in New Zealand and it is known to adversely affect the health of many people. Health effects associated with this contaminant include increased premature mortality, the aggravation of existing respiratory and cardiovascular diseases, hospital admissions and emergency department visits, school absences, lost work days and restricted activity days.

CURRENT LEVEL AND TRENDS

Figure EN1.1 shows the average annual PM₁₀ levels in the air at selected monitoring sites in the five major cities. At the Christchurch site, average annual PM₁₀ levels were above the ambient guideline for all years between 1995 and 2005. The Auckland site exceeded the guideline in 2004 but has otherwise been below the guideline. The Wellington site exceeded the guideline in 2003, but has been below the threshold for the last two years. Air quality at the Dunedin site remained below the guideline until reaching the threshold level in 2004 and exceeding it in 2005. Recorded PM₁₀ levels at the Hamilton site have been consistently below the New Zealand annual guideline. Due to equipment breakdown, there was insufficient data to produce an annual average for Hamilton for 2005.

Poor air quality in New Zealand is typically associated with urban areas and is a product of vehicle emissions (Auckland) and domestic home heating (nationally). Industrial and agricultural emissions are lesser sources of PM₁₀, as are dust pollens and sea spray, which are natural sources of small particles. The annual data presented here should not be confused with daily average PM₁₀ concentrations. In September 2005, new air quality standards were introduced based on daily average PM₁₀ concentrations. Regional and unitary authorities declared 42 "airsheds" where air quality may, or is known to, exceed the standards for PM₁₀. When sufficient data is available, we will report against these standards.

Figure EN1.1 **PM₁₀ concentration in selected sites, 1995–2005**



Source: Ministry for the Environment, 2006, unpublished analysis

Note: Data is unavailable for: Wellington before 2000, Hamilton before 1998 and for 2005, and Dunedin and Auckland before 1997

INTERNATIONAL COMPARISON

Ambient air quality is entirely location-specific and it is not possible to compare countries. For example, it is possible to compare annual PM₁₀ in Auckland with annual PM₁₀ in Los Angeles, but a comparison between New Zealand and the United States or other OECD countries cannot be calculated. New Zealand’s urban air quality is, however, broadly comparable with or better than the air quality in a number of urban areas in OECD countries.

Drinking water quality

DEFINITION

The proportion of the total population whose drinking water complies with the 2000 Drinking Water Standards of New Zealand relating to *E. coli* and *Cryptosporidium*.

RELEVANCE

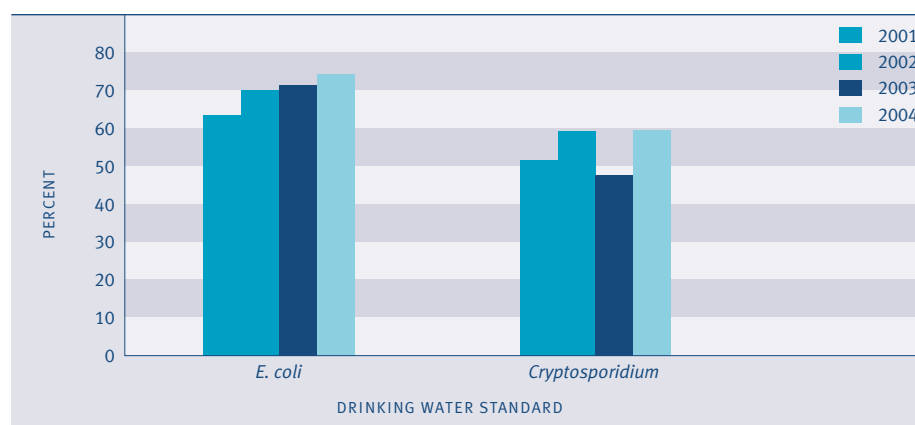
Maintaining good drinking water quality is critical for human health and quality of life outcomes. The health risk to consumers from water-borne diseases in drinking water supplies comes from two main types of microorganisms: bacteria (such as faecal coliforms and *E. coli*) and parasites (such as *Giardia* and *Cryptosporidium*). Improvements in this indicator suggest less of the population is at risk of water-borne diseases and other microbiological contaminants.

CURRENT LEVEL AND TRENDS

Most New Zealanders are supplied with drinking water that complies with the microbiological standards. However, many smaller communities are supplied with microbiologically non-compliant drinking water. The proportion of the total population whose drinking water, measured at the tap, complies with the 2000 Drinking Water Standards for *E. coli* has improved over the past four years, from 63 percent in 2001, to 70 percent in 2002, to 72 percent in 2003, and to 74 percent in 2004. Most water supplies serving large population areas are fully compliant with the 2000 standards. A significant reason for non-compliance is inadequate monitoring rather than the actual contamination of drinking water.

Compliance with the 2000 Drinking Water Standards for *Cryptosporidium* is assessed at the water treatment plant rather than at the tap. *Cryptosporidium* compliance rates have fluctuated over this period, from 52 percent in 2001, to 59 percent in 2002, to 48 percent in 2003, and to 60 percent in 2004. The drop in the compliance rate from 2002 to 2003 is largely due to non-compliance at the Waitakere plant, which has since been resolved.

Figure EN2.1 **Proportion of the total population served with water that meets the 2000 Drinking Water Standards, 2001–2004**



Source: Water Information New Zealand Database, May 2006

REGIONAL DIFFERENCES

Groundwater sources supply drinking water for approximately 40 percent of the New Zealand population; about 60 percent of people are supplied from surface water. Most water in catchment headwaters is of good quality. Lower down the catchment, where farming and intensive land use occurs (eg intensive livestock farming), water quality deteriorates. Problems with the quality of some groundwater sources have also been identified.

There is considerable regional variation in the population served with drinking water that is fully compliant with the 2000 Drinking Water Standards for *E. coli* and *Cryptosporidium*. In 2004, only 4 percent of the population in the Marlborough region was served with drinking water that fully complied with the 2000 Drinking Water Standards for *E. coli*. The West Coast and Tasman regions also had low compliance rates, with 35 percent and 43 percent of the population respectively supplied with drinking water that was fully compliant. Compliance was highest in the Nelson region (95 percent), followed by the Auckland and Wellington regions (90 percent each).

In 2004, none of the population in the Marlborough region was supplied with drinking water that fully met the 2000 Drinking Water Standards for *Cryptosporidium*. Only 1 percent of the population in the Northland region and the West Coast region was supplied with fully-compliant water. Compliance was highest in the Nelson region (95 percent), followed by the Auckland region (87 percent) and the Wellington region (75 percent).

Where drinking water quality is affected, the agricultural sector is seen as the most significant source of contamination.⁷⁹

INTERNATIONAL COMPARISON

Overall, the quality of New Zealand's water is comparable with other developed countries. New Zealand's water supplies are free of many of the pathogens that result in sickness and death in other countries. However, the incidence of *Giardia* infection in New Zealand is 85 per 100,000 people, which is considered high compared to the reported rates for other western countries.⁸⁰ The contribution of contaminated drinking water to the incidence of giardiasis is not known.

DESIRED OUTCOMES

Everybody enjoys physical safety and feels secure. People are free from victimisation, abuse, violence and avoidable injury.

Safety

INTRODUCTION

Safety is fundamental to wellbeing: violence and avoidable injuries, at their most extreme, threaten life itself. In other cases, they reduce the quality of life for the victim and other people in various ways.

Both safety and security are important. Safety is freedom from physical or emotional harm, while security is freedom from the threat or fear of harm or danger. The desired outcomes recognise threats come in many forms, ranging from deliberate violence to accidental injury.

Violence and injury corrode quality of life in many ways. Physical injury causes pain and incapacity, reducing victims' enjoyment of life and their ability to do things that are important to them.

Property crime, such as burglary, also affects people's wellbeing. In addition to the direct losses associated with crime of this sort, evidence suggests the threat of burglary is a more significant worry for many people than the threat of violence.⁸¹

Psychological effects are often as important as the physical ones. Victims of violence or injury often retain emotional scars long after their physical wounds have healed. They may suffer from depression or face other mental health issues.

Crime affects not only individuals but also society as a whole. The victim's family and friends are likely to suffer grief and anger. They may have to care for someone who is temporarily or permanently incapacitated and who may lose their livelihood. Crime and the fear of crime may also reduce social cohesion within communities.

Crime may restrict people's choices about how to live their lives. For example, they may stay away from certain areas or avoid going out because of a fear of crime.

The costs to society as a whole range from the expense of hospital care and law enforcement to the loss of the victim's input into their work and community. Children who grow up surrounded by violence may themselves become violent adults, perpetuating a negative cycle.

INDICATORS

Four indicators are used in this chapter: intentional injury child mortality, criminal victimisation, perceptions of safety, and road casualties. The first three indicators provide a picture of the level and impact of violence in the community.

Child maltreatment, or child abuse and neglect, causes physical and psychological harm that is often long-lasting.⁸² Child maltreatment varies in its nature and severity. The most severe form of child maltreatment is violence against children that leads to a fatality. The indicator of child maltreatment used in this chapter is the intentional injury child mortality rate.

Measuring criminal victimisation from police records is difficult, as many crimes are not reported to the police. This is particularly true of domestic violence, sexual violence and child abuse. The second indicator uses survey results to give a more comprehensive picture of the level of criminal victimisation in society, including the level of violence.

The third indicator is perceptions of safety. Feeling unsafe harms people's quality of life by producing anxiety and reducing their options in life. However, there is some evidence that fear is not necessarily linked to the actual risk of becoming a crime victim. For example, people may feel unsafe and have their quality of life reduced even when the actual likelihood of their being victimised is relatively small.

People should also be able to live in a society free from the risk of avoidable death or injury. The leading cause of avoidable injury and death is motor vehicle crashes. In economic terms, the social cost of motor vehicle crashes has been estimated at \$3.1 billion annually.⁸³ The final indicator is road casualties.

Workplace accidents are another form of avoidable injury. They are discussed in the chapter on Paid Work.

Intentional injury child mortality

DEFINITION

The number of children under 15 years of age who have died as a result of an intentional injury, per 100,000 children under 15 years.

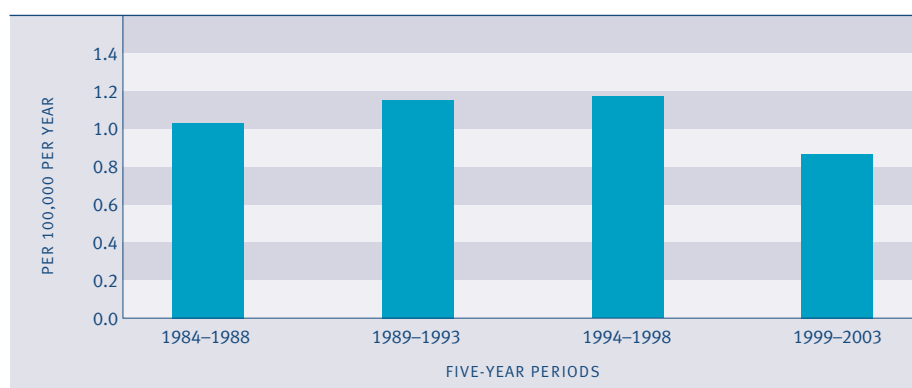
RELEVANCE

Children and young people have a need for, and an entitlement to, safety and security in which to grow and develop. Abuse or violence is the ultimate failure to provide this. This indicator measures violence against children leading to death.

CURRENT LEVEL AND TRENDS

In the five years to 2003, 38 children under 15 years of age died as a result of maltreatment, a decline from 50 in the previous five-year period. The five-year average annual rate increased slightly over the period 1984–1988 to 1994–1998 (from 1.0 to 1.2 per 100,000), and declined to 0.9 per 100,000 in 1999–2003. However, it should be noted that trends are difficult to discern, as rates based on very small numbers are volatile, even when averaged over five years.

Figure SS1.1 **Five-year average annual maltreatment mortality rates for children under 15 years, 1984–1988 to 1999–2003**



Source: Ministry of Health, New Zealand Health Information Service (ICD-9 codes E960–E969, ICD-10 codes X85–Y09); Statistics New Zealand, mean resident population estimates for years ended December

Notes: (1) Causes of death include fight, brawl, rape, corrosive or caustic substances, poisoning, hanging and strangulation, submersion (drowning), firearms and explosives, cutting and piercing instruments, child maltreatment and other assault
(2) Rates are based on small numbers and should be interpreted with caution

AGE AND SEX DIFFERENCES

Rates of death from maltreatment are higher for children under 5 years of age than for older children. In the five years to 2003, the rate for children under five years was 1.7 deaths per 100,000, more than three times higher than the rate for 5–14 year olds (0.5 per 100,000).

There is little difference between the sexes in overall maltreatment death rates.

Table SS1.1 **Five-year average annual maltreatment mortality rates for children under 15 years, by age and sex, 1994–1998 and 1999–2003**

Five-year period	0–4 years			5–9 years			10–14 years		
	Males	Females	Total	Males	Females	Total	Males	Females	Total
1994–1998	1.7	2.5	2.1	0.7	0.7	0.7	1.3	0.0	0.7
1999–2003	2.2	1.2	1.7	0.1	1.0	0.5	0.3	0.5	0.4

Source: Ministry of Health, New Zealand Health Information Service

ETHNIC DIFFERENCES

In the five years from 1999 to 2003, Māori children died from maltreatment at an average annual rate of 1.5 per 100,000 children. Over the same period, non-Māori children died at an average annual rate of 0.7 per 100,000 children.

INTERNATIONAL COMPARISON

A UNICEF study of child maltreatment deaths in rich nations in the 1990s reported that New Zealand had the third highest child maltreatment death rate (1.2 per 100,000), behind only the United States and Mexico (both 2.2 per 100,000). This finding should be treated with caution because, in a small country like New Zealand, the very small numbers involved produce highly volatile rates. In addition, although the figures come from the same data source (the World Health Organisation) and use the same international classification of death by cause, there may be differences between countries, and within countries over time, in the classification of death by intention.

Criminal victimisation

DEFINITION

The proportion of the population aged 15 years and over who had been a victim of one or more incidents of criminal offending as measured by the *New Zealand National Survey of Crime Victims 2001*.

RELEVANCE

The criminal victimisation rate provides a broad measure of personal safety and wellbeing. Surveys of criminal victimisation generally provide a more comprehensive picture of victimisation than police data, as not all offending is reported or recorded.

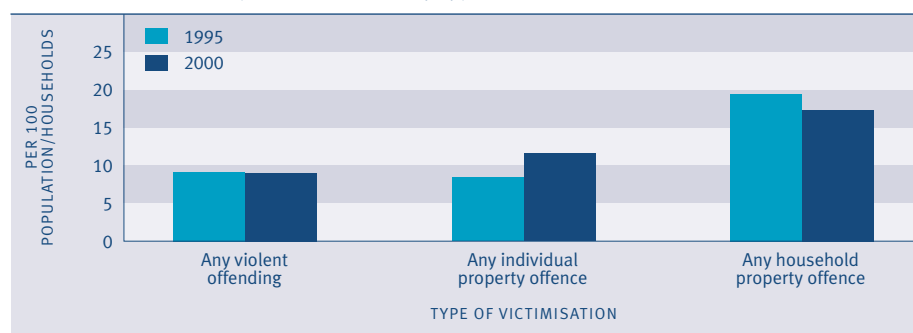
CURRENT LEVEL AND TRENDS

The survey data shows that 30 percent of New Zealand adults aged 15 years and over experienced victimisation during 2000. This is similar to the level in 1995 (31 percent).

A breakdown by the type of offence shows that 9 percent of the adult population reported they were the victim of violent offending in 2000, the same level as in 1995. A small number of people accounted for the vast majority of violent victimisations. Less than 2 percent of the adult population were victims of violence five or more times, but they experienced 55 percent of the violent victimisations. Violent victimisations made up slightly less than half of the total volume of victimisations disclosed for the 2001 survey.

Eleven percent of all people reported they were the victim of an individual property offence, such as theft or wilful damage. This was up from 8 percent in 1995. The proportions of all households which were the victim of a household property offence were 19 percent in 1995 and 17 percent in 2000.

Figure SS2.1 **Criminal victimisation prevalence rate, by type of victimisation, 1995 and 2000**



Source: Morris et al (2003) Tables 2.6, 2.8 and revised 1995 figures

Note: Violent offending and individual property offences are rates per 100 people; household property offences are rates per 100 households

AGE DIFFERENCES

Young adults are more likely than older adults to be victims of crime. In the 2001 survey, 46 percent of 15–24 year olds had experienced victimisation compared with 33 percent of those aged 25–39 years, 28 percent of the 40–59 years age group and 13 percent of those aged 60 years and over. People aged 15–24 years were more than twice as likely to be a victim of violent crime as the 25–39 years age group, the next closest group. Young adults were also more likely than older people to experience an individual property offence, though the difference by age was less pronounced than for violent offences.

Table SS2.1 **Criminal victimisation rate, by major offence type and age, 2000**

Offence type	Rate per 100 persons in each age group				
	15–24	25–39	40–59	60+	Total
Any violent offending (including sexual assault)	23.5	9.5	5.6	1.3	9.0
Any individual property offence	18.3	13.2	10.3	5.0	11.5
Any victimisation (including household victimisation)	45.9	32.9	28.2	12.7	29.5

Source: Morris et al (2003) Tables 2.6, 2.8, 2.13 and additional data

SEX DIFFERENCES

The overall rate of victimisation did not vary by sex. Thirty percent of women and 29 percent of men reported they had experienced victimisation in 2000. This is similar to 1995 when 31 percent of women and 32 percent of men experienced victimisation. While men and women were equally as likely to report being the victim of violence, more men than women disclosed violence by someone not well known to them (12 percent compared with 8 percent).

The survey information on partner violence shows that more than one in four women (26 percent) and just under one-fifth of men (18 percent) had been abused or threatened with violence by a partner at some time in their adult life. Changes in methodology between the 1996 and 2001 surveys on criminal victimisation mean it is not possible to compare changes in partner victimisation over time.⁸⁴

Women's lifetime experience of sexual interference or assault was considerably higher than men's (19 percent compared with 5 percent).

ETHNIC DIFFERENCES

In 2000, Māori were considerably more likely to be victims of crime (41 percent) than Pacific peoples (28 percent) and Europeans (29 percent). The difference was greatest for violent victimisation, with one-fifth of Māori experiencing offending of this type, compared with 11 percent of Pacific peoples and 8 percent of Europeans. Māori were also more likely to experience individual property offences, though the difference was less marked than for violent offending. Pacific peoples were the least likely of any group to be victims of individual property offences.

The proportion of women who had been abused or threatened with violence by a partner at some time during their adult life was markedly higher for Māori women (49 percent) than for European women (24 percent) and Pacific women (23 percent).

Table SS2.2 **Criminal victimisation rate, by major offence type and ethnicity, 2000**

Offence type	Rate per 100 persons aged 15+			
	European	Māori	Pacific	Other
Any violent offending (including sexual assault)	8.4	19.5	11.3	2.6
Any individual property offence	11.5	14.7	8.2	11.9
Any victimisation (including household victimisation)	28.9	40.9	28.3	26.4

Source: Morris et al (2003) Table 2.14

Perceptions of safety

DEFINITION

The proportion of people who reported they felt unsafe walking alone in their neighbourhood at night as measured by the *New Zealand National Survey of Crime Victims 2001*.

People who said they did not walk alone at night were asked how they thought they would feel.

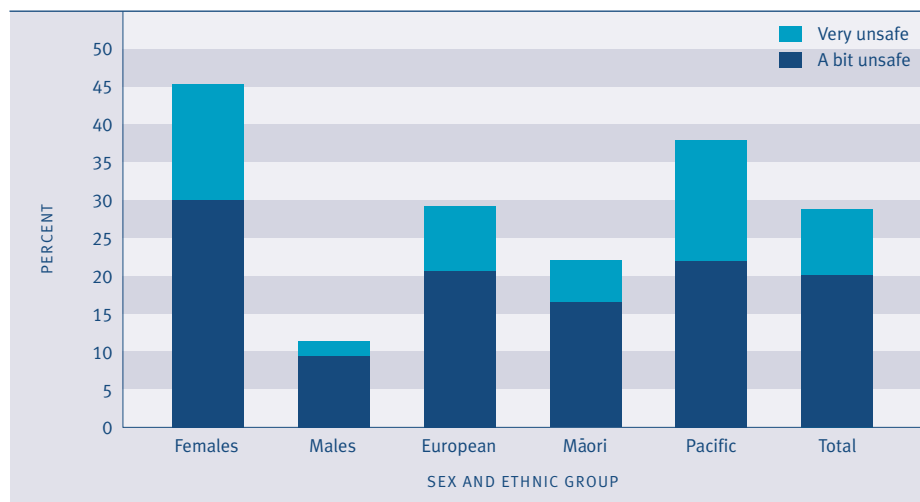
RELEVANCE

Feeling safe is fundamental to wellbeing. Anxiety and worries about victimisation detract from wellbeing, and may cause people to alter their behaviour to avoid being victimised. This limits people's options and can reduce their freedom. However, people's subjective perceptions about safety do not always reflect the actual risk of becoming a crime victim.

CURRENT LEVEL

In 2001, 29 percent of New Zealanders reported feeling unsafe walking alone in their neighbourhood at night. A fifth (20 percent) reported feeling only "a bit unsafe", while 9 percent felt "very unsafe".

Figure SS3.1 **Proportion of the population who felt unsafe walking alone in their neighbourhood after dark, 2001**



Source: Morris et al (2003)

People's perceptions varied widely according to their behaviour. Of people who reported they did not walk alone at night, 30 percent reported feeling it would be "a bit unsafe" and 16 percent said they felt walking alone was "very unsafe". People who reported they walked alone at night were much less likely to feel unsafe. Only 10 percent felt "a bit unsafe" and 1 percent felt "very unsafe".

AGE AND SEX DIFFERENCES

Women were considerably more likely than men to report feeling unsafe about walking alone after dark (45 percent for females and 11 percent for males). Women were over three times more likely than men to report feeling "a bit unsafe" and over eight times more likely to report feeling "very unsafe".

Just over a third (34 percent) of those aged 60 years and over said they felt it would be unsafe to walk alone in their neighbourhood after dark. This compares with 27 percent of people aged 15–24 years. At all ages, women felt less safe than men.

Table SS3.1 **Proportion (%) of adults aged 15 years and over who felt unsafe walking alone in their neighbourhood after dark, by age groups and sex, 2001**

	Age group					Sex	
	15–16	17–24	25–39	40–59	60+	Males	Females
A bit unsafe	17.7	19.6	22.0	18.0	21.5	9.5	30.1
Very unsafe	8.8	7.3	8.0	7.2	12.4	1.7	15.1
Total (a bit unsafe or very unsafe)	26.5	26.9	30.0	25.2	33.9	11.1	45.2

Source: Morris et al (2003)

ETHNIC DIFFERENCES

Pacific peoples were more likely than other ethnic groups to report feeling unsafe about walking alone in their neighbourhood after dark. Over a third (38 percent) of Pacific peoples said they would “feel unsafe”, compared to 29 percent of the European and the Other ethnic groups. The difference is greatest for the proportion of people who felt “very unsafe”. Māori, by way of contrast, generally felt safer than other ethnic groups. Just over one-fifth (22 percent) of Māori said they would “feel unsafe” walking alone after dark in their neighbourhood, while 6 percent stated they would feel “very unsafe”.

Women were more likely than males to report “feeling unsafe” walking alone in their neighbourhood after dark for all ethnic groups. Pacific men were more than twice as likely as European and Māori men to report “feeling unsafe”. In contrast, a similar proportion of Pacific and European women reported they felt unsafe, while the proportion among Māori women was much lower. Pacific women, however, were considerably more likely to report feeling “very unsafe” compared to other groups.

Table SS3.2 **Proportion (%) of adults aged 15 years and over who felt unsafe walking alone in their neighbourhood after dark, by ethnicity and sex, 2001**

	European	Māori	Pacific	Other
A bit unsafe				
Males	9.1	7.9	16.5	12.3
Females	31.2	24.2	27.0	33.5
Total	20.5	16.3	21.9	22.8
Very unsafe				
Males	1.7	1.2	5.1	0.4
Females	15.2	9.7	26.0	13.1
Total	8.6	5.5	15.9	6.7
A bit unsafe or very unsafe				
Males	10.8	9.1	21.6	12.7
Females	46.4	33.9	53.0	46.6
Total	29.1	21.8	37.8	29.5

Source: Morris et al (2003)

Road casualties

DEFINITION

The number of people killed or injured in motor vehicle crashes as a proportion (per 100,000) of the total population.

RELEVANCE

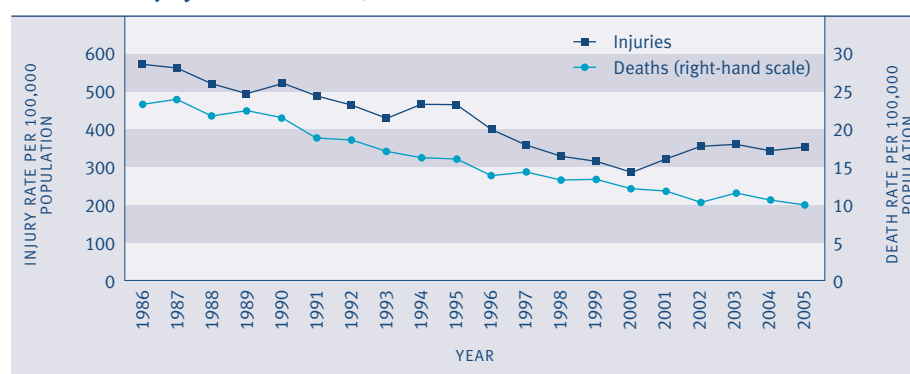
Road deaths are a major cause of premature death, especially among young adults. Deaths, injuries and disability resulting from motor vehicle crashes inflict considerable pain and suffering on individuals, families and communities, as well as on other road users, emergency service providers, health workers and others.

CURRENT LEVEL AND TRENDS

In 2005, 405 people died as a result of motor vehicle crashes, a rate of 9.9 deaths per 100,000 population. A further 14,427 people were injured, a rate of 352 injuries per 100,000 population.⁸⁵ Deaths and injuries from motor vehicle crashes have declined substantially since 1986, when the rates were 23.1 and 569.6 per 100,000, respectively. The number of people killed in motor vehicle crashes was 47 percent lower in 2005 than it was in 1986. Although the number of people injured has risen since 2000, there were 24 percent fewer people injured in 2005 than in 1986.

There is no conclusive evidence on the reasons for the reduction in road casualties since 1986. Better roads and better vehicles, as well as legislation, enforcement and education aimed at reducing road casualties, may all have contributed to an improvement in drivers' attitudes and behaviour.

Figure SS4.1 Road traffic injury and death rates, 1986–2005



Sources: Ministry of Transport (2005); Ministry of Transport, 2006 – forthcoming
Note: 2005 injury data is provisional

AGE AND SEX DIFFERENCES

Young people aged 15–24 years are at a far higher risk of injury or death from motor vehicle crashes than any other age group. Death and injury rates for 15–24 year olds are more than double those of the population as a whole (22 deaths and 794 injuries per 100,000 in 2005). The risk of dying is relatively low in middle age, then increases sharply at older ages, partly because of the increasing fragility of the very old.

Males are much more likely than females to be injured or killed in motor vehicle crashes. In 2005, the injury rate was 406 per 100,000 for males and 295 per 100,000 for females; the death rate was 14.5 per 100,000 for males and 5.4 per 100,000 for females.

Table SS4.1 **Road casualty rates, by age and sex, 2005**

Age	Rate per 100,000 population in each group					
	Reported injury rate			Death rate		
	Males	Females	Total	Males	Females	Total
Under 15	145.3	112.9	130.3	4.6	2.3	3.5
15–24	925.9	652.9	793.6	33.5	10.7	22.3
25–34	519.3	348.7	432.1	15.2	2.5	8.7
35–44	397.5	289.7	342.2	12.3	5.6	8.8
45–54	316.9	234.6	275.4	13.3	5.8	9.5
55–64	253.5	209.6	231.4	8.3	4.3	6.3
65–74	230.9	207.8	219.7	14.8	4.4	9.4
75+	246.8	191.2	213.6	19.3	9.4	13.4
Total	406.2	295.4	352.0	14.5	5.4	9.9

Source: Ministry of Transport, 2006 – forthcoming, Table 5, rates derived by the Ministry of Social Development
 Note: 2005 injury data is provisional

ETHNIC DIFFERENCES

Māori are much more likely than other ethnic groups to die in motor accidents, with an age-standardised death rate of 17 per 100,000 population in 2001. In comparison, the death rate for European and Other ethnic groups was 11 per 100,000 in 2001 and for Pacific peoples, 12 per 100,000. Because of a change in the classification of injury deaths, data for 2000 and 2001 is not comparable with earlier years.

Table SS4.2 **Land transport accident death rates, by ethnicity, 1996–2001**

Year	Age-standardised rate per 100,000 population			
	Māori	Pacific	European and Other	Total
1996	26	14	12	14
1997	25	10	12	14
1998	21	12	12	13
1999	19	8	12	13
2000	22	12	11	13
2001	17	12	11	12

Source: Ministry of Health, New Zealand Health Information Service
 Note: The injury mortality classification changed in 2000

Māori and Pacific peoples are less likely to drive than Europeans, but they are at a greater risk of injury and death from motor vehicle crashes. A 1998 survey showed that, per distance driven, the risk of being hospitalised as a result of a crash was more than three times as high for Māori drivers, and only slightly less than three times as high for Pacific drivers, compared to European drivers.⁸⁶

INTERNATIONAL COMPARISON

In 2003, New Zealand was ranked 17th equal among 29 OECD countries, with a road death rate of 11.5 per 100,000 people.⁸⁷ This was above the OECD median of 10.5 deaths per 100,000. Sweden had the lowest road death rate (5.9 per 100,000), followed closely by Norway and the United Kingdom (each 6.1 per 100,000). The New Zealand road death rate was lower than that of the United States at 14.7 per 100,000, but higher than those of Canada (8.7 per 100,000) and Australia (8.2 per 100,000).

DESIRED OUTCOMES

People enjoy constructive relationships with others in their families, whānau, communities, iwi and workplaces. Families support and nurture those in need of care. New Zealand is an inclusive society where people are able to access information and support.

Social Connectedness

INTRODUCTION

Social connectedness refers to the relationships people have with others.

Social connectedness is integral to wellbeing. People are defined by their social roles, whether as partners, parents, children, friends, caregivers, teammates, staff or employers, or a myriad of other roles. Relationships give people support, happiness, contentment and a sense they belong and have a role to play in society.⁸⁸ They also mean people have support networks in place they can call on for help during hard times.

Social connectedness also refers to people joining together to achieve shared goals that benefit each other and society as a whole – this may range from working together as part of a business to contributing to their communities through voluntary groups.

One of the most important aspects of social connectedness is the relationship people have with a spouse or a partner. Studies have consistently found having a partner contributes to a person's reported level of wellbeing.⁸⁹

Several studies have demonstrated links between social connectedness and the performance of the economy and positive outcomes for individual health and wellbeing.⁹⁰

Social connectedness is fostered when family relationships are positive, and when people have the skills and opportunities to make friends and to interact constructively with others. Good health, employment, and feeling safe and secure all increase people's chances of developing positive relationships.

There can be many barriers to social connectedness. The tendency to make connections outside the family varies between cultures and communities. Factors such as language differences, high levels of inequality and tensions between members of different ethnic groups can create barriers between people.

INDICATORS

Five indicators are used to measure New Zealand's levels of social connectedness. These are: telephone and internet access, regular contact with family/friends, trust in others, the proportion of the population experiencing loneliness and contact between young people and their parents.

Together, the five indicators measure the opportunities for and the actual levels of connection between people, both within their immediate social groups and within the wider community. Access to the internet is significant. It improves people's ability to access information and, as a consequence, provides more opportunity to engage in society. Both the phone and the internet enable people to keep in touch without seeing each other face to face. This means social connectedness can be maintained when people are in different cities or even in different countries. It also means new social networks can be opened up between people who may never have met, crossing geographical boundaries.

For most people, social networks centre on family and friends. The second indicator measures the proportion of people who keep in touch with family and friends by having them over for a meal at least once a month.

Trust in others, the third indicator, measures the extent to which people expect others to act fairly and honestly towards them. High levels of trust enhance wellbeing by facilitating co-operative behaviour among people who otherwise do not know each other. Trust also enhances people's ability to develop positive relationships with others.

The fourth indicator measures levels of loneliness. Feelings of isolation and loneliness undermine overall wellbeing and can be detrimental to people's physical and emotional health, resulting in stress, anxiety or depression.

The final indicator, the proportion of young people who report getting enough time each week with their parents, is a measure of the extent to which people in need of care and nurturing receive that support.

Telephone and internet access in the home

DEFINITION

The proportion of the population with telephone and internet access in the home, as measured by the New Zealand Living Standards Surveys.

RELEVANCE

Being able to communicate and interact easily in the absence of frequent face-to-face contact helps maintain social connectedness. Access to telephones and access to communication via the internet, especially emails, are particularly relevant as social indicators because mail services are almost universal and fax use is principally by businesses. The internet also makes it easier to access a significant and growing repository of information and knowledge.

CURRENT LEVEL AND TRENDS

In 2004, 96 percent of households had access to a telephone, a similar proportion to that in 2001 (97 percent). While there has been little change in telephone access, there has been a big increase in the proportion of the population with internet access at home. In 2004, almost two-thirds of adults (65 percent) had access to the internet, compared with 37 percent in 2000.

Table SC1.1 **Proportion (%) of the population with telephone and internet access in the home, by population characteristics, 2000 and 2004**

	Telephone access		Internet access	
	2000	2004	2000	2004
Population estimates				
Total adult population 18 years and over	96.6	95.6	36.5	65.1
Dependent children	94.7	91.3	38.8	66.0
Age groupings				
Adults 18–64 years	96.2	94.9	40.9	70.6
Adults 65 years and over	99.2	99.5	11.4	33.6
Economic family ethnicity				
Māori economic family	90.4	83.7	26.9	45.5
Pacific economic family	82.2	89.0	11.0	39.5
European economic family	98.0	96.9	36.8	63.1
Other economic family	98.3	96.4	50.5	79.6
Families with dependent children				
One-parent with dependent children	89.3	88.7	22.8	50.2
Two parents with dependent children	97.4	94.9	46.5	77.7
All families with dependent children	95.1	93.0	39.7	69.4
Family employment/income status				
18–64 year olds, main income earner in full-time employment	97.7	95.4	42.6	73.5
18–64 year olds, main income earner not in full-time employment	92.0	92.1	32.5	59.0
65 year olds and over, with employment or other income (in addition to New Zealand Superannuation)	99.3	100.0	20.5	54.2
65 year olds and over, with little or no other income (in addition to New Zealand Superannuation)	98.9	99.1	9.1	30.6

Sources: Ministry of Social Development (2003b); Ministry of Social Development (2006)

Note: Revisions to the weights of the New Zealand Living Standards 2000 data mean that data in this table will not agree with data published previously

AGE AND SOCIO-ECONOMIC DIFFERENCES

People aged 65 years and over were more likely than those aged 18–64 years to have a telephone. However, adults under 65 years were more likely to have internet access in their home (71 percent compared with 34 percent for those 65 years and over). Older people with no income other than New Zealand Superannuation had the lowest level of internet access in the home (31 percent). However, the fastest growth in internet access levels between 2000 and 2004 was experienced by older people with employment or other income above New Zealand Superannuation (increasing from 21 percent in 2000 to 54 percent in 2004).

Where the main earner in the family was not in full-time employment, telephone and internet access in the home was lower than average. The difference was particularly striking for internet access (74 percent when the main earner was in full-time employment compared with 59 percent when they were not).

ETHNIC DIFFERENCES

People living in Pacific economic families (those with any Pacific member) had the lowest level of internet access in the home (39 percent) in 2004. However, they had strong growth in access between 2000, when only 11 percent had internet access, and 2004. People living in European and Other economic families experienced similar growth rates. People living in Māori economic families had the lowest rate of growth in internet access. Twenty-seven percent had access in 2000 and 45 percent in 2004. The highest level of internet access in the home in 2004 was among people living in Other economic families (80 percent).

Telephone access rates in 2004 were lowest among people living in Māori economic families (84 percent) and highest in European economic families (97 percent). Between 2000 and 2004, levels of telephone access dropped slightly in all economic family types except Pacific, where the rate rose from 82 percent to 89 percent over the period.

DIFFERENCES BY FAMILY TYPE

Overall, families with dependent children were more likely than average to have internet access in the home. However, sole-parent families were less likely than two-parent families to have either internet access or a telephone (50 percent compared to 78 percent for internet access and 89 percent compared to 95 percent for a telephone).

INTERNATIONAL COMPARISON

New Zealand compares relatively favourably with other countries for internet access. In 2003, 53 out of every 100 New Zealanders were internet subscribers, compared with an OECD median of 39 percent. New Zealand ranked eighth out of 30 OECD countries, lower than Australia (57 percent) and the United States (55 percent), but higher than Canada (48 percent) and the United Kingdom (42 percent). New Zealand ranked fifth in terms of growth in internet access between 1999 and 2003.⁹¹

Regular contact with family/friends

DEFINITION

The proportion of the population who had family or friends over for a meal at least once a month, as measured by the New Zealand Living Standards Surveys.

RELEVANCE

The extent to which people are in regular contact with family and friends is an important reflection of social connectedness.

CURRENT LEVEL AND TRENDS

Seventy percent of adults aged 18 years and over had friends or family over for a meal at least once a month in 2004. This was about the same level as in 2000 when 69 percent had family or friends over for a meal.

Table SC2.1 **Proportion (%) of the population having family/friends over for a meal, 2000 and 2004, by population characteristics**

	Have family/friends over for a meal	
	2000	2004
Population estimates		
Total population aged 18 and over	68.6	70.0
Age groupings		
Adults aged 18–64 years	70.0	71.1
Adults 65 years and over	60.2	63.7
Economic family ethnicity		
Māori economic family	70.2	73.3
Pacific economic family	79.5	69.9
European economic family	65.8	65.8
Other economic family	68.2	78.0
Families with dependent children		
One-parent with dependent children	64.8	64.8
Two parents with dependent children	70.8	73.4
All families with dependent children	69.1	70.8
Family employment/income status		
18–64 year olds, main income earner in full-time employment	69.4	72.4
18–64 year olds, main income earner not in full-time employment	67.7	62.9
65 year olds and over, with employment or other income (above New Zealand Superannuation)	75.3	79.7
65 year olds and over, with little or no other income (above New Zealand Superannuation)	56.5	61.8

Sources: Ministry of Social Development (2003b); Ministry of Social Development (2006)

AGE AND SOCIO-ECONOMIC DIFFERENCES

People aged 65 years and over who had employment income or other income in addition to New Zealand Superannuation were the group most likely to have friends or family over for a meal (80 percent). In contrast, those in the age group with little income above New Zealand Superannuation were the least likely to have people over for a meal (62 percent). Similarly, among adults under 65 years, families where the main earner in the family was not in full-time employment were less likely than those with the main earner in full-time employment to have people over for dinner (63 percent compared with 72 percent).

ETHNIC DIFFERENCES

According to the *2004 New Zealand Living Standards Survey*, people living in Other economic families were the most likely to have friends or family over for a meal at least once a month (78 percent). Māori were also slightly more likely than average to do this (73 percent). Those living in European families had below-average levels of having people over for a meal (66 percent), while Pacific families had average levels (70 percent). Between 2000 and 2004, the biggest increase in the proportion of families having friends or family over for a meal was among Other families (up 10 percentage points) and the biggest decrease was among Pacific families (down 10 percentage points).

DIFFERENCES BY FAMILY TYPE

Sole-parent families were less likely than two-parent families to have friends or family over for a meal (65 percent compared to 73 percent). Two-parent families were slightly more likely to have friends or family over for a meal in 2004 than in 2000, but there was no change for sole-parent families.

Trust in others

DEFINITION

The proportion of the population aged 15 and over reporting that people can “almost always” or “usually” be trusted, as reported in the *Quality of Life in New Zealand’s Largest Cities Survey 2004*.

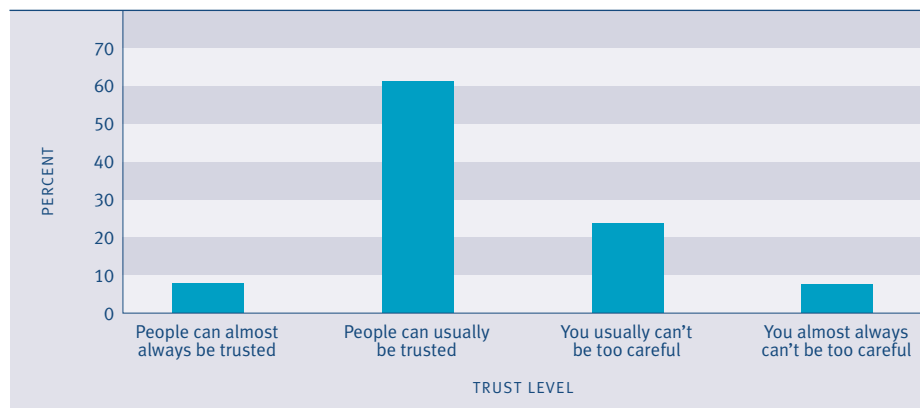
RELEVANCE

Trust in others is an important indicator of how people feel about members of their community. High levels of trust facilitate co-operative behaviour among people and contribute to people’s ability to develop positive relationships with others.

CURRENT LEVEL

In 2004, 69 percent of New Zealanders said they believed people can be trusted, with 8 percent reporting “people can almost always be trusted” and 61 percent reporting “people can usually be trusted”.

Figure SC3.1 **Levels of trust in other people, 2004**



Source: Auckland City Council et al (2005) Quality of Life in New Zealand’s Largest Cities Survey 2004

AGE AND SEX DIFFERENCES

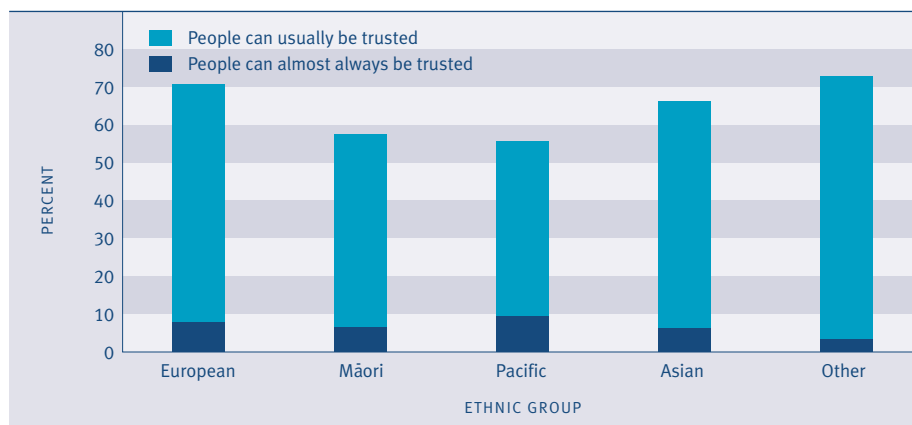
The proportion of those reporting that people can be trusted was the same for both males and females (69 percent). Eight percent of females and 7 percent of males agreed “people can almost always be trusted” and 61 percent of both females and males responded “people can usually be trusted”.

Those reporting people can “almost always” or “usually” be trusted ranged from 65 percent at ages 15–24 years to 70 percent for 25–49 year olds.

ETHNIC DIFFERENCES

People in the Other ethnic group (excluding Asians) reported the highest overall level of trust in others with 73 percent responding people could “almost always” or “usually” be trusted, followed by Europeans (71 percent) and Asians (66 percent). Māori (57 percent) and Pacific peoples (56 percent) had the lowest proportions who felt people could be trusted.

Figure SC3.2 **Proportion of people reporting that people can “almost always” or “usually” be trusted, by ethnic group, 2004**

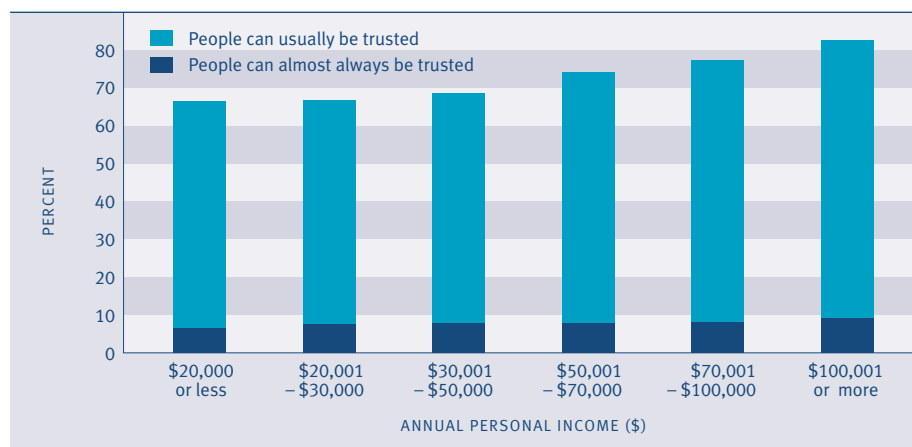


Source: Auckland City Council et al (2005) Quality of Life in New Zealand's Largest Cities Survey 2004

SOCIO-ECONOMIC DIFFERENCES

Across all income levels, a majority of New Zealanders indicated people could “almost always” or “usually” be trusted. Reported trust increased with personal income levels. People with incomes over \$100,000 reported the highest overall levels of trust (82 percent). Those with incomes of \$30,000 or less reported lower levels of trust, with only 66 percent thinking people could be trusted “almost always” or “usually”.

Figure SC3.3 **Proportion of people reporting that people can “almost always” or “usually” be trusted, by personal income, 2004**



Source: Auckland City Council et al (2005) Quality of Life in New Zealand's Largest Cities Survey 2004

REGIONAL DIFFERENCES Across all Big Cities, a majority of New Zealanders indicated people could “almost always” or “usually” be trusted. Reported levels of trust were highest in Wellington (78 percent) and lowest in Manukau (61 percent).

INTERNATIONAL COMPARISON

New Zealanders' level of trust in other people in 2004 compares well with those of people within European Union countries in 2005, and to that of people in Canada in 2003. New Zealand had the seventh highest reported level of trust in other people (“almost always trust” or “usually trust”) out of 25 OECD countries.⁹² New Zealand's reported level of trust in other people, 69 percent, is above the OECD median of 56 percent. Norway had the highest reported levels of trust in people (87 percent) followed by Denmark and Sweden (both 84 percent). Canada (53 percent) and the United Kingdom (55 percent) reported lower levels of trust in other people than New Zealand.

Loneliness

DEFINITION

The proportion of people aged 15 years and over who reported feeling lonely “sometimes”, “most of the time” or “always” during the previous 12 months, in the *Quality of Life in New Zealand’s Largest Cities Survey 2004*.

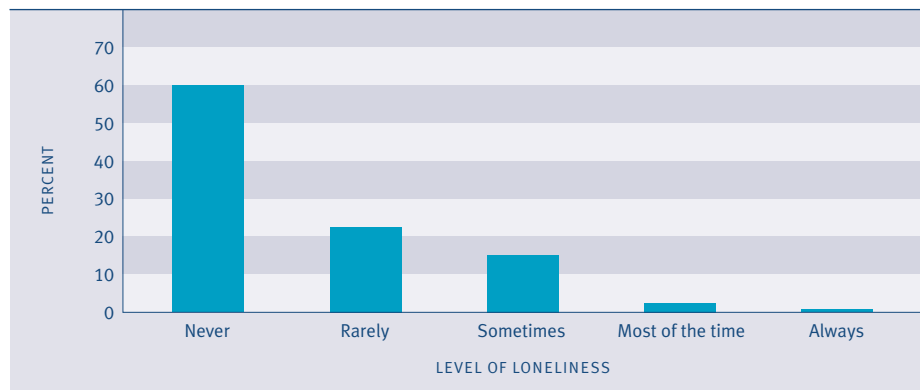
RELEVANCE

Social contact is fundamentally important to people: humans are social creatures. Self-assessed loneliness is a proxy indicator of whether people are happy with the amount and quality of social contact they have. As well as being an undesirable state in itself, loneliness may also contribute to poor outcomes in other areas, including adverse health problems such as stress, anxiety or depression.

CURRENT LEVEL

In 2004, 18 percent of New Zealanders reported feeling lonely during the last 12 months: 15 percent said they felt lonely “sometimes”, 2 percent said they were lonely “most of the time” and fewer than 1 percent said they “always” felt lonely. Unemployed people and people without a partner were more likely than other New Zealanders to report feeling lonely (31 percent and 32 percent, respectively).

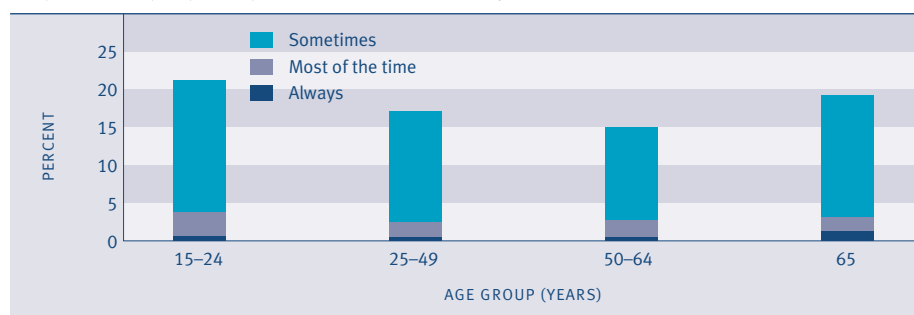
Figure SC4.1 **Proportion of people experiencing loneliness, 2004**



Source: Auckland City Council et al (2005) *Quality of Life in New Zealand’s Largest Cities Survey 2004*

AGE DIFFERENCES

Loneliness is most prevalent among people aged 15–24 years, followed by those aged 65 years and over. Twenty-one percent of 15–24 year olds and 19 percent of those aged 65 years and over experienced feelings of loneliness “sometimes”, “most of the time”, or “always”. Levels of loneliness were lower among those aged 25–49 years (17 percent) and lowest among 50–64 year olds (15 percent).

Figure SC4.2 **Proportion of people experiencing loneliness, by age, 2004**

Source: Auckland City Council et al (2005) Quality of Life in New Zealand's Largest Cities Survey 2004

SEX DIFFERENCES

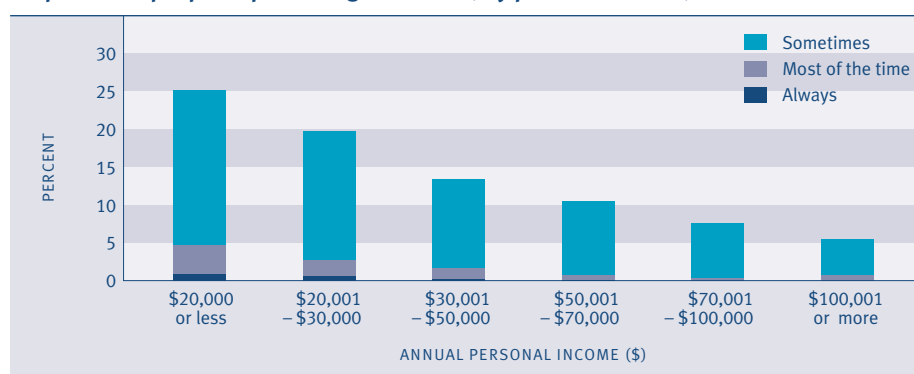
Females (20 percent) were more likely to have reported feeling lonely “sometimes”, “most of the time” or “all of the time” during the last 12 months than males (15 percent). Seventeen percent of females said they were lonely “sometimes” compared to 13 percent of males.

ETHNIC DIFFERENCES

Europeans reported the lowest rate of loneliness with 15 percent reporting they were lonely “sometimes”, “most of the time” or “always”. Twenty-two percent of Māori and 25 percent of Pacific peoples reported they were “sometimes”, “most of the time” or “always” lonely. Asian peoples and people in Other ethnic groups (excluding Asians) reported the highest rates of loneliness (both 36 percent).

SOCIO-ECONOMIC DIFFERENCES

Experiencing loneliness declines as personal income rises. People with personal incomes of \$20,000 or less reported higher rates of loneliness than people with larger incomes: 25 percent said they felt lonely “sometimes”, “most of the time” or “always” in the past 12 months. This compares with a loneliness rate of only 5 percent for those with a personal income over \$100,000.

Figure SC4.3 **Proportion of people experiencing loneliness, by personal income, 2004**

Source: Auckland City Council et al (2005) Quality of Life in New Zealand's Largest Cities Survey 2004

REGIONAL DIFFERENCES

People living in Manukau City had the highest reported incidence of loneliness with 21 percent reporting they felt lonely “always”, “most of the time” or “sometimes”. Those living in the Rodney District had the lowest reported incidence of loneliness (14 percent).

Contact between young people and their parents

DEFINITION

The proportion of secondary school students aged 12–18 years who were able to spend enough time with Mum and/or Dad (or someone who acts as Mum and/or Dad) most weeks, as reported in *Youth2000 – New Zealand Youth: A Profile of their Health and Wellbeing*.

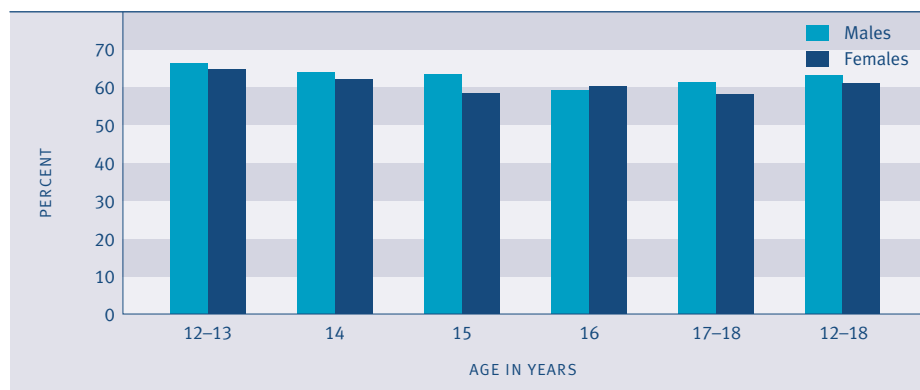
RELEVANCE

Healthy relationships are built through both the quantity and quality of time spent together. Young people having enough time with their parents is a proxy indicator of the extent to which those in need of care and nurturing receive appropriate support.

CURRENT LEVEL

In 2001, 63 percent of male secondary school students and 61 percent of female secondary school students reported that most weeks they were able to spend enough time with at least one parent.

Figure SC5.1 **Students reporting they spent enough time with their parent(s), by age and sex, 2001**



Source: Adolescent Health Research Group (2003a)

AGE DIFFERENCES

Girls at 15 years of age reported less often than younger boys and girls (12–13 years) that most weeks they were able to spend enough time with Mum and/or Dad.

SEX DIFFERENCES

There were no significant differences by sex in the proportion of students reporting they spent enough time with at least one parent.

ETHNIC DIFFERENCES

Fifty-five percent of Māori students and 65 percent of European students reported that most weeks they were able to spend enough time with Mum and/or Dad. The difference was statistically significant after adjusting for age, sex and socio-economic differences between the two ethnic groups. Pacific students (60 percent), Asian students (65 percent) and students of Other ethnic groups excluding Asians (60 percent) showed no statistically significant difference from European students after adjusting for age, sex and socio-economic differences.

Conclusion

This section summarises the indicators we have updated in this year's social report. It also compares outcomes from the mid-1980s with recent outcomes and highlights changes within those periods for the population as a whole and for different population subgroups.

Changes in social wellbeing over time

Social wellbeing in New Zealand continues to improve

We have new data for 25 of the 42 indicators used in this year's report. The patterns of change shown by the updated indicators broadly reflect the trends shown in *The Social Report 2005*. The Health indicators, with the exception of suicide, have improved. Despite a small drop in participation in tertiary education (largely due to a decline in participation in certificate level courses), the Knowledge and Skills outcomes were generally better. The Paid Work indicators have all improved. In the Economic Standard of Living domain, market income per person has gone up. While there was little change in the proportion of the population with low living standards, there was an increase in the prevalence of severe hardship.

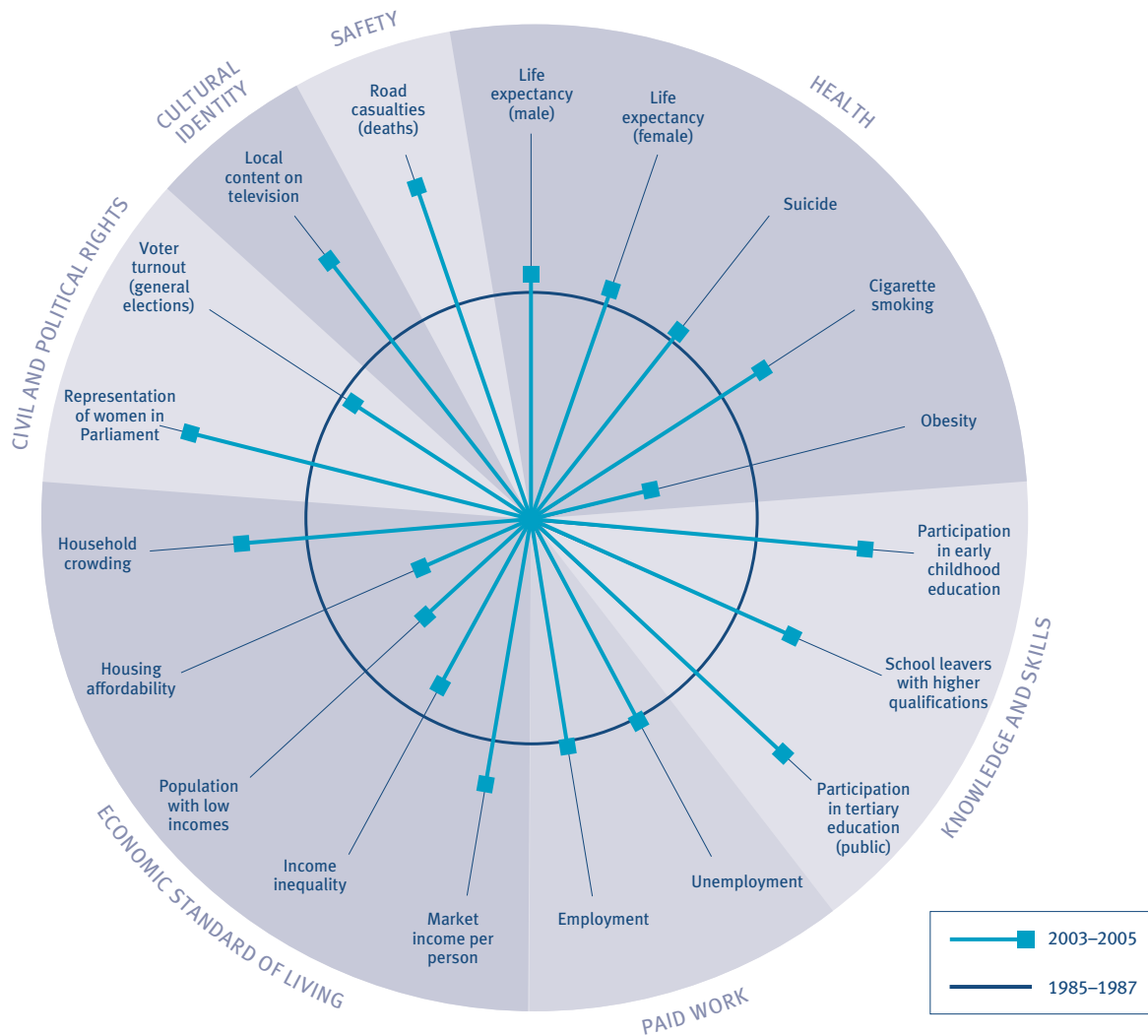
In the Civil and Political Rights domain, changes were mixed. Voter turnout in the 2005 general election increased against a long-term downward trend, and more women were elected to Parliament. Turnout in the 2004 local authority elections declined, and a similar proportion of women as previously were elected to local authorities. People perceived there was less discrimination against most groups. New Zealand continues to be a world leader in terms of perceived corruption. In the Cultural Identity domain, we added Prime Television and Māori Television to the local content programming on New Zealand television indicator. As Prime screens low levels of local content, the proportion of local content dropped between 2004 and 2005. In the Physical Environment domain, both the air and drinking water quality indicators have improved. In the Safety domain, intentional injury child mortality improved, road deaths declined but road injuries went up. The telephone access and the contact with family/friends indicators in the Social Connectedness domain remained similar to previous measures, but internet access increased substantially.

Most aspects of wellbeing have improved since the 1980s but some economic outcomes have not recovered to mid-1980s levels

In previous reports we have compared recent outcomes with those of the mid-1990s. This year we are looking back over 20 years to compare recent outcomes with those from before most of the restructuring and reforms of the 1980s and early-1990s took place.

Outcomes stagnated or even declined across a number of domains in the late-1980s and early-1990s. Since then, outcomes have overtaken the mid-1980s levels in most of the domains we monitor, including Health, Knowledge and Skills, Paid Work and Safety. However, three of the five outcomes for which we have data in the Economic Standard of Living domain have not recovered to mid-1980s levels. Outcomes in the Civil and Political Rights domain are mixed.

Figure CO1 **Changes in social wellbeing, 1985–1987 to 2003–2005**



Interpreting “Changes in social wellbeing, 1985–1987 to 2003–2005”

The circle ○ represents average performance against each indicator between 1985 and 1987, and the spokes —■ represent the most recent performance, where possible averaged over the most recent three years (to smooth fluctuations). Where a spoke falls outside the circle, this means outcomes have improved since the mid-1980s; the further from the circle, the greater the improvement. Where a spoke falls inside the circle, outcomes in this area have

deteriorated since the mid-1980s; the further the spoke is from the circle the more pronounced this effect. There are, however, some important limitations on this style of presentation. In particular, we cannot directly compare the size of changes for different indicators. The absence of trend data for some indicators also means we can show only 18 of the 42 indicators used in *The Social Report 2006*.

Health outcomes have generally improved since the mid-1980s

From 1985–1987 to 2003–2005, life expectancy at birth increased by 6.4 years for males and 4.6 years for females. Suicide rates worsened in the late-1980s but began to improve towards the end of the 1990s. The 2003 suicide rate was the same as the 1986 rate of 11.5 per 100,000 population. Cigarette smoking has dropped by 7 percentage points from 30 percent in 1986. Only the obesity outcomes have deteriorated. Reflecting changes in diet and physical activity, obesity doubled from 10 to 20 percent between 1989 and 2003 for adult men. Obesity almost doubled for adult women, increasing from 13 to 22 percent over the same period.

Knowledge and Skills outcomes are also considerably better now

Since the mid-1980s there have been substantial increases in participation in early childhood and tertiary education and more school leavers have higher qualifications. The “apparent” early childhood education participation rate was 98 percent for 3 year olds and 103 percent for 4 year olds in 2005 compared with 43 percent and 73 percent respectively in 1986. Much of this growth was in the five years between 1986 and 1991, with slower growth in the subsequent years. In 1986, 4 percent of the population aged 15 years and over was enrolled in public tertiary education institutions, compared to 10 percent in July 2004 and 9 percent in July 2005.

The proportion of school leavers with higher qualifications has increased substantially from 47 percent in 1986 to 69 percent in 2004. Most of this increase occurred in the late-1980s, with the level fluctuating between 63 percent and 69 percent since 1990. The greater availability of employment and training opportunities for young people without higher qualifications may explain some of the lack of continued growth in this area.

Paid Work outcomes are also more favourable

The unemployment rate increased between the late-1980s and early-1990s, peaking at 10.4 percent in 1992. It has declined steadily since 1998. In 2005, 3.7 percent of the labour force was unemployed compared with 4.1 percent in 1986. In 2005, the proportion of unemployed people who had been unemployed for more than six months was just under that recorded in 1986 (23 percent) and substantially lower than the peak of 53 percent in 1992.

Employment rates fell sharply between 1986 and 1992. Apart from declines during the economic downturn in 1997 and 1998, the rate has been rising since 1992. The rate in 2005 was 74.6 percent, compared with 72.3 percent in 1986. The part-time employment rate increased throughout the period, from 11.9 percent in 1986 to 15.9 percent in 2005.

Three of the Economic Standard of Living outcomes are worse now than in the mid-1980s

The market income per person, income inequality, population with low incomes, and housing affordability indicators all deteriorated between the late-1980s and early-1990s. However, despite improvements since then, income inequality, population with low incomes, and housing affordability are still worse than they were in the mid-1980s. Market income per person is well above mid-1980s levels and household crowding improved steadily between 1986 and 2001.⁹³

In the year to March 2005, market income per person was \$28,998 in constant 1995/1996 dollars compared with \$22,735 in 1988. After growing slowly between 1988 and 1990, market income per person fell sharply between 1990 and 1992. Since then it has been increasing steadily, reflecting labour productivity gains, increasing labour force participation and declining unemployment.

Income inequality has increased since 1988; the equivalised disposable income of a household at the 80th percentile was 2.8 times that of a household at the 20th percentile in 2004, compared with 2.4 times in 1988. Most of the observed increase in income inequality has been due to a larger overall rise in incomes for those in the top 20 percent of incomes than for those in the bottom 20 percent of incomes. Since 1988, incomes of those in the bottom 20 percent of all incomes have increased only a little, once adjustments for inflation are made, whereas those in the top 20 percent of incomes have climbed by more than a third.

The proportion of the population with low incomes was substantially higher in 2004 than in 1988. In that year, 12 percent of the population was living below the 60 percent threshold compared with 19 percent in 2004. The proportion of the population with low incomes increased sharply in the early-1990s, in part reflecting high rates of unemployment and cuts in the level of social assistance. After reaching a peak in the mid-1990s, the proportion of people with low incomes declined over the latter half of the decade and has continued to improve since then.

There has been a substantial increase in the proportion of households spending more than 30 percent of their income on housing since the late-1980s. Between 1988 and 1997 the proportion rose from 11 percent to 25 percent of households, before levelling off at 24 percent in 1998 and 2001 and falling to 22 percent in 2004. The proportion of households in the lowest 20 percent of the equivalised household income distribution spending more than 30 percent of their income on housing rose from 16 percent in 1988 to reach a peak of 49 percent in 1994 before levelling off at 41 to 42 percent over the period 1996–2001. In 2004, this proportion had fallen to 35 percent. While this represents a substantial improvement since the mid-1990s, the proportion of low-income households spending more than 30 percent of their income on housing is still over twice as high as it was in 1988.

Changes in the Civil and Political Rights domain are mixed

The number of women elected to Parliament has gone up since the mid-1980s, but voter turnout has declined. In 1984, under the first-past-the-post system, 13 percent of the Members of Parliament were women. This climbed sharply to 29 percent in the first mixed-member-proportional election held in 1996. Following fluctuations in the subsequent two elections, women now make up 32 percent of the 121 MPs. The percentage of women on local boards and councils increased from 18 percent in 1986 to 30 percent in 1995, and remained at this level in 2004.

Voter turnout of the eligible population in the 1984 general election was 89 percent. Following falls in all subsequent elections, reaching a low point of 73 percent in 2002, turnout recovered to 77 percent in 2005. A major restructuring of local government in 1989 was initially accompanied by a noticeable increase in voter turnout at the local authority elections, peaking at 61 percent in 1992. Since then voter turnout has declined steadily, with the exception of the 1998 elections. The 46 percent voter turnout in 2004 was the lowest since 1989 (57 percent).

Outcomes in the Cultural Identity and Safety domains have improved

The proportion of local content screened on New Zealand television channels during prime-time is higher now than it was in 1988. In 2005, local content made up 38 percent of the prime-time schedule compared with 24 percent in 1988.

Deaths and injuries from motor vehicle accidents have fallen substantially since 1986, possibly because of better vehicles and safer roads, as well as the impact of legislation, enforcement and education. Fatalities dropped by 47 percent between then and 2005 and there were 24 percent fewer injuries.

Changes in wellbeing for different population subgroups

MĀORI

Outcomes for Māori have improved over the last two decades against most of the indicators for which we have time series data

During the period of New Zealand's economic reforms in the 1980s and early-1990s, outcomes for Māori deteriorated or stagnated across many domains. The subsequent improvements in outcomes for Māori have, in many cases, been at a faster rate than for Europeans. However, despite the improvements, average outcomes for Māori still tend to be poorer than average outcomes for Europeans.

Māori life expectancy has increased, with a dramatic improvement in the five years to 2000–2002 following little change during the 1980s and 1990s. Life expectancy for Māori males was 69 years in 2000–2002 compared with 64.9 years in 1985–1987, while that for females was 73.2 years compared with 70.5 years. Obesity has increased among Māori, as it has for all groups since 1989, but there was little change in the rates for Māori between 1997 and 2003.⁹⁴

Unemployment and employment rates for Māori have also improved. The Māori unemployment rate was 11.3 percent in 1986. It rose steadily to peak at 25.4 percent in 1992, but has been falling since then. It was 8.6 percent in 2005. However, this is still higher than for other ethnic groups. The Māori employment rate fell from 61.2 percent in 1986 to a low of 46 percent in 1992. Since then it has improved, at a faster rate than for Europeans, reaching 64 percent in 2005.

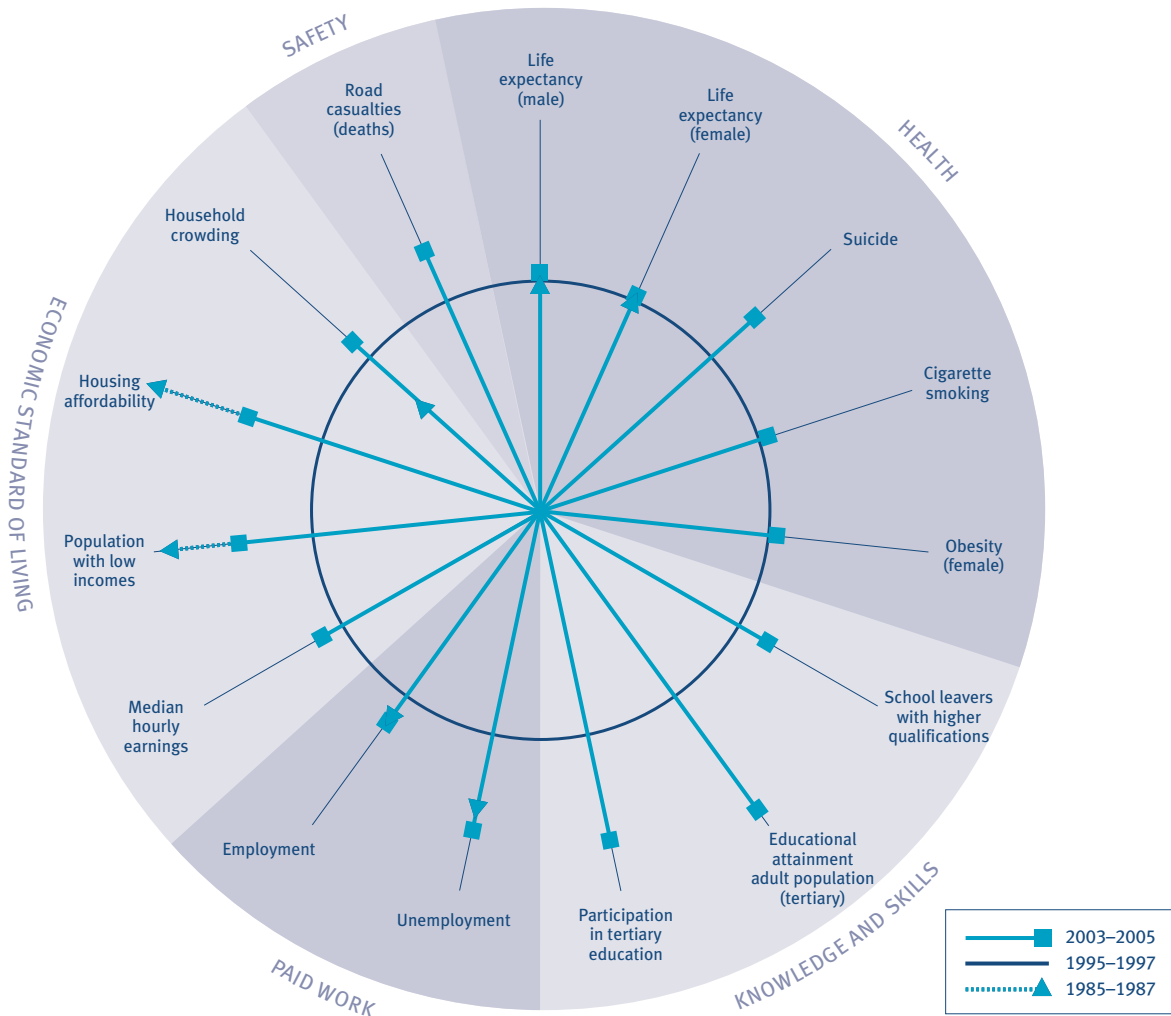
The proportion of Māori families with low incomes rose from 14 percent in 1988 to 42 percent in 1993, but dropped to 24 percent in 2004. The proportion spending more than 30 percent of their income on housing costs increased from 8 percent in 1988 to peak at 36 percent in 1997, fell slightly to 31 percent in 2001, then dropped sharply to 21 percent in 2004. Household crowding has improved since 1986.⁹⁵

For the remaining indicators, data dates from the 1990s. Suicide rates for Māori have fallen since their peak in 1998, as they have for non-Māori. The percentage of Māori smoking cigarettes has dropped from 51 percent in 1990 to 47 percent in 2004. But Māori still have the highest rates of cigarette smoking of all ethnic groups.^{96, 97}

There has been an increase in the participation of Māori children in early childhood education. While Māori participation is still lower than that for European children, the difference is reducing. The proportion of Māori school leavers with higher qualifications has also increased. Although Māori adults are less likely than European adults to have higher qualifications, the growth in the proportion of adults with at least upper secondary qualifications was faster for Māori than for Europeans. There has also been a sharp increase in Māori participation in tertiary education.

Increases in inflation-adjusted median hourly earnings from wage and salary jobs were higher for Māori over the eight years to June 2005 than they were for any other ethnic group. However, earnings were still \$2 an hour lower than those for Europeans. Māori have a higher rate of workplace injury claims than other ethnic groups, reflecting higher Māori representation in more dangerous industries. Māori are also more likely than other ethnic groups to be killed in motor vehicle accidents, though the rate has improved since 1996.

Figure C02 **Changes in social wellbeing for Māori**



Interpreting “Changes in social wellbeing for Māori”

The circle ○ represents average outcomes for Māori against each indicator between 1995 and 1997. The spokes —■ represent the most recent performance averaged, where possible, over the most recent three years. Where a spoke falls outside the circle, this means outcomes for Māori are better now than they were in the mid-1990s; the further from the circle, the greater the improvement. Where a spoke falls inside the circle, outcomes for Māori are worse now than they were in the mid-1990s; the further the spoke is from the circle the more pronounced this effect.

The triangles▲ on the spokes show outcomes for Māori for the mid-1980s. Where the triangle is closer to the centre of the circle than the end of the spoke, outcomes are better now than they were in the mid-1980s. Where the triangle is further away from the centre of the circle than the end of the spoke, outcomes are worse now than they were in the mid-1980s. There are, however, some important limitations on this style of presentation. In particular, we cannot directly compare the size of changes for different indicators.

PACIFIC PEOPLES

Outcomes for Pacific peoples are improving but are still relatively poor

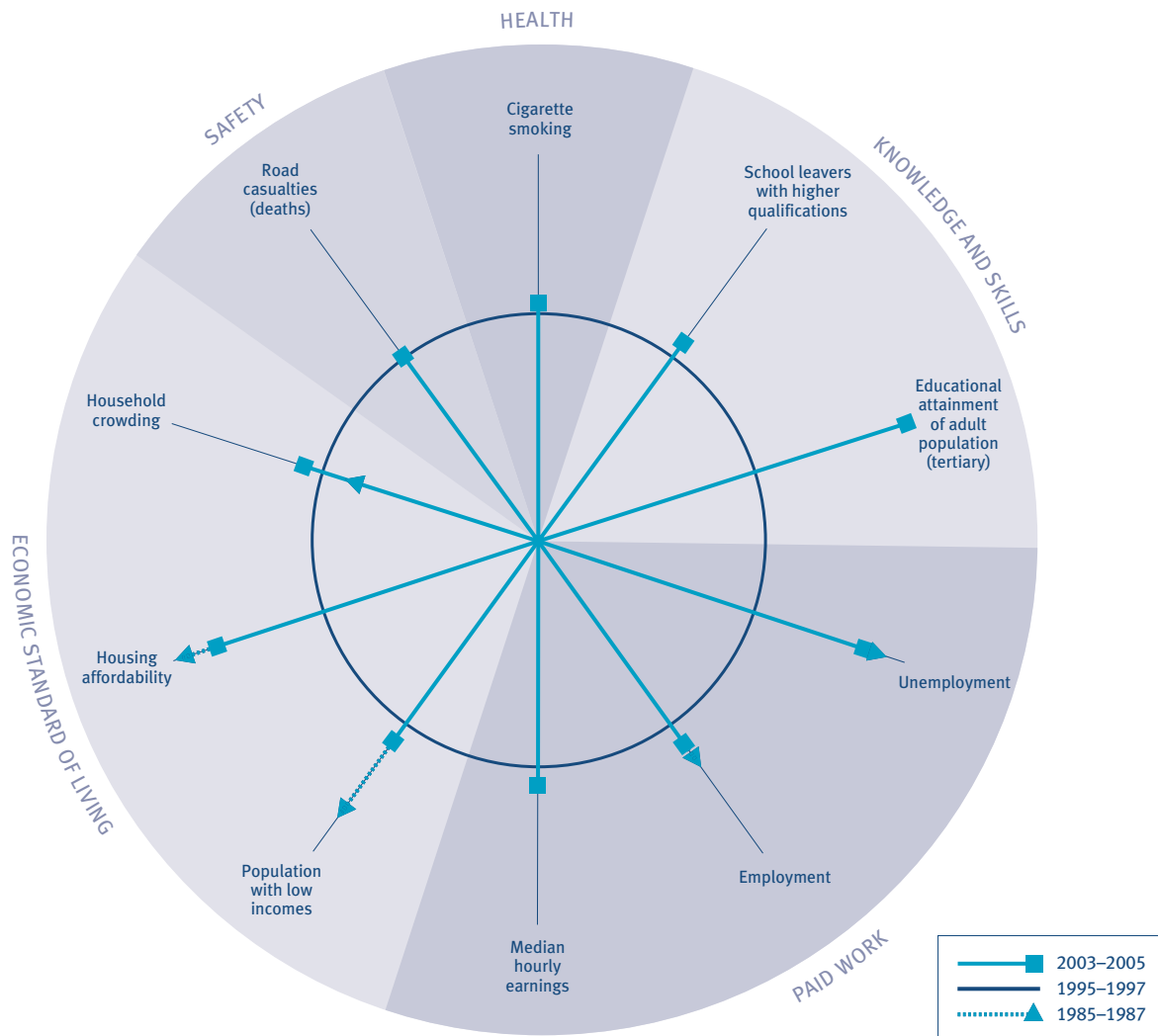
We have data for Pacific peoples dating back to the mid-1980s for two indicators in the Paid Work domain and three indicators in the Economic Standard of Living domain. These, and the remaining indicators dating from the 1990s, show there have been improvements in outcomes for Pacific peoples, but their outcomes are still relatively poor against the large majority of indicators. In some cases, outcomes are worse than they were 20 years ago.

In 1986, the unemployment rate for Pacific peoples was 6.6 percent. By 1992 it had risen to 28 percent, the highest rate for any ethnic group. By 2005, following a steady decline since the early-1990s, it had fallen to 6.1 percent. Employment rates for Pacific peoples fell steeply from 68.4 percent in 1986 to 46 percent in 1992. They have recovered strongly since then. However, with an employment rate of 61.8 percent in 2005, Pacific peoples are still less likely to be employed than they were in 1986.

The proportion of Pacific families with low incomes rose from 23 percent in 1988 to 50 percent in 1993. Their position had improved to 40 percent in 2003/2004, but was still double that of the total population. The proportion of Pacific families who spend more than 30 percent of their income on housing costs increased dramatically from 15 percent in 1988 to 48 percent in 1997, fell to 41 percent in 1998 and 2001, then almost halved to 23 percent in 2004. Household crowding has improved since 1986, but Pacific peoples are still more likely than other ethnic groups to be living in crowded houses.⁹⁸

There has been a big increase in the proportion of Pacific school leavers with higher qualifications (from 52 percent in 1991 to 61 percent in 2004). Although Pacific adults are less likely than European adults to have higher qualifications, the growth in the proportion of adults with at least upper secondary qualifications was faster for Pacific peoples than for Europeans. The proportion of Pacific peoples who smoke cigarettes has fallen from 32 percent in 1990 to 29 percent in 2004, after fluctuating between 30 and 35 percent during the 1990s and early 2000s.^{99, 100} Pacific peoples have the second highest rate of workplace injury claims and the second highest rate of death from motor vehicle accidents.

Figure C03 **Changes in social wellbeing for Pacific peoples**



Interpreting “Changes in social wellbeing for Pacific peoples”

The circle ○ represents average outcomes for Pacific peoples against each indicator between 1995 and 1997. The spokes —■ represent the most recent performance averaged, where possible, over the most recent three years. Where a spoke falls outside the circle, this means outcomes for Pacific peoples are better now than they were in the mid-1990s; the further from the circle, the greater the improvement. Where a spoke falls inside the circle, outcomes for Pacific peoples are worse now than they were in the mid-1990s; the further the spoke is from the circle the more pronounced this effect.

The triangles▲ on the spokes show outcomes for Pacific peoples for the mid-1980s. Where the triangle is closer to the centre of the circle than the end of the spoke, outcomes are better now than they were in the mid-1980s. Where the triangle is further away from the centre of the circle than the end of the spoke, outcomes are worse now than they were in the mid-1980s. There are, however, some important limitations on this style of presentation. In particular, we cannot directly compare the size of changes for different indicators.

OTHER ETHNICITIES

There is a mixed pattern of performance for people who identify with ethnicities other than European, Māori or Pacific peoples

Ethnicities other than European, Māori and Pacific peoples are referred to as Other. The limited number of indicators for this ethnic group show a mixed picture. Very few of these indicators date back to the 1980s. This and the fact the composition of this group has changed over the last 20 years, makes it difficult to compare outcomes over time.

This ethnic group had the second highest rate of employment in the mid-1980s (72 percent), but since the mid-1990s this group (partly through the inclusion of foreign students studying in New Zealand) has had the lowest rate of employment of any ethnic group. In 2005, the group's rate was 59 percent, almost 3 percent lower than that for Pacific peoples and over 20 percent lower than that for Europeans. Their unemployment rate was the second lowest behind Europeans in 1986, at 4 percent. In 2005, at 6.4 percent, it was lower than that for Māori, but higher than the rate for Pacific peoples and Europeans. Median hourly earnings are the same as for Māori, but lower than for Europeans. Over the last eight years, employees in the Other ethnic group have experienced the lowest increase in real median hourly earnings.

Families with an adult of Other ethnicity was the only group to experience an increase in the proportion of people with low incomes and an increase in the proportion of people spending more than 30 percent of their income on housing between 2001 and 2004. Outcomes for this group are now worse for these two indicators than for any other ethnic group. However, the Other ethnic group performs well across the social connectedness indicators.

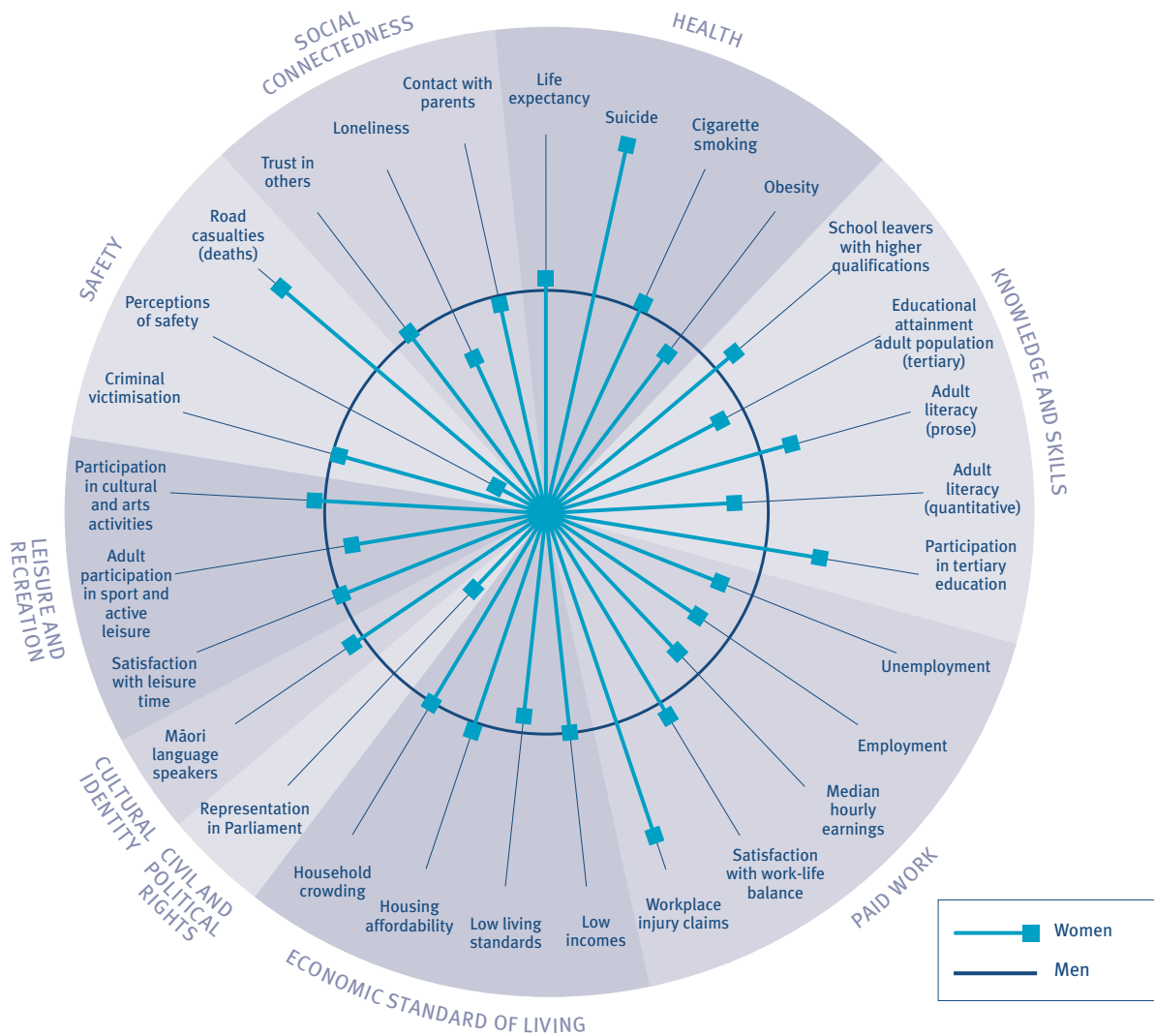
WOMEN AND MEN

While women's and men's outcomes are similar across many domains, women's Health and Knowledge and Skills outcomes are better than men's, but men have better outcomes in Paid Work

The patterns of change in the Health domain over the last 20 years have been similar for both sexes, with improvements in life expectancy and cigarette smoking rates, a rise then fall in suicide rates, and a deterioration in obesity levels. Between 1985–1987 and 2003–2005, the gap in life expectancy between females and males reduced from 6 to 4.2 years. Over a similar period, the proportion of men smoking cigarettes fell from 30 to 24 percent and the proportion of women smoking fell from 30 to 22 percent. The prevalence of obesity increased between 1989 and 2003 from 10 to 20 percent for males and from 13 to 22 percent for females. Suicide rates for males and females increased between 1986 and 1998, rising from 6.1 per 100,000 population for females, and 17 per 100,000 population for males to 6.5 and 22.3 respectively. However, while the rate for males has dropped steadily since the late-1990s to reach 16.9 per 100,000 in 2003, the rate for females has fluctuated, dropping to 4 in 2000 but increasing again to 6.2 in 2003.

Female outcomes in the Knowledge and Skills domain are now generally better than those for men. Females are more likely than males to leave school with a qualification higher than NCEA Level 1. Since 1986, the proportion of school leavers with higher qualifications has improved at a faster rate for females than for males. In 1986, 45 percent of male school leavers and 48 percent of female school leavers had higher qualifications. In 2004, the proportions had increased to 65 percent for males and 73 percent for females. While women in the 25–34 years age group are more likely than men to have a higher educational qualification, in older age groups men are more likely than women to have higher qualifications.

Figure CO4 **Social wellbeing for women, relative to men, 2003–2005**



Interpreting “Social wellbeing for women, relative to men”

The circle ○ represents average outcomes for men over the most recent period for which we have data, averaged where possible over the last three years. The spokes —■ represent the most recent performance for women, averaged, where possible, over the most recent three years. A spoke falling outside the circle means the outcome is better for women than for men; the further from the circle, the greater the difference in that outcome for women compared with

men. A spoke falling inside the circle means the outcome is worse for women than for men; the further the spoke is from the circle the more pronounced this effect. There are, however, some important limitations on this style of presentation. In particular, we cannot directly compare the size of difference in outcomes for men and women across different indicators.

Male participation in tertiary education has increased from 7 percent in 1994 to 10 percent in 2005. Over the same period, female participation has increased from 7 percent to 12 percent.

The gap in outcomes for men and women in the Paid Work domain has narrowed over the last 20 years, but women's outcomes are still worse than those for men. In 1986, the rate of unemployment for males was 3.6 percent, compared with 4.8 percent for females. While both rates worsened over the next five years, the rate for men deteriorated more than that for women. In 1991, 10.9 percent of males and 9.6 percent of females were unemployed. However, the men's rate has also recovered more than the women's rate since then. In 2005, the rate for women was 4 percent compared with 3.4 percent for men.

The gap between men's and women's rates of employment has narrowed substantially since the mid-1980s, from 24 to 14 percentage points. In 1986, the rate of employment for men was 84.6 percent compared with 60.2 percent for women. Both men's and women's rates of employment dropped through to 1991. While both have improved since then, men's employment at 81.5 percent in 2005 is lower than it was in 1986. Women's employment at 68 percent in 2005 is higher than it was in 1986. The lower rates of unemployment and considerably lower rates of employment for women than for men reflect the time women spend on childcare and other unpaid work. Although the part-time rate has almost doubled for men since 1986, women are still more likely to be employed part-time than men.

Women's median hourly earnings have been consistently lower than men's. In 2005, women's median hourly earnings were \$15 compared with \$17.50 for men.

In the Civil and Political Rights domain, although the number of women in Parliament and in local authorities has improved since the mid-1980s, women are still more poorly represented in political institutions than men. Women now make up 32 percent of all MPs, compared with 13 percent in 1984, and 30 percent of local government board and council members are women, compared with 18 percent in 1986.

Summary of indicators

Indicators	Current level of indicator (most recent year) and change since <i>The Social Report 2005</i> ☺ better ☹ same ☹ worse ⓪ not updated	Longer term change	Variation within the population	Comparison with the OECD
HEALTH				
Health expectancy	⓪ Males 64.8 years Females 68.5 years (2001)	Improved for females	Lower for males and Māori	No comparison available
Life expectancy	☺ Males 77.5 years Females 81.7 years (2003–2005)	Improved, faster for males than females	Lower for males, Māori and those living in deprived areas	Average for both males and females
Suicide	☹ 11.5 per 100,000 (age-std rate for all ages) Youth 15–24 years, 16.5 per 100,000 (2003)	Improved since 1998	Suicide deaths higher for males, youth, young adults and Māori; attempted suicide higher for females	Average for all ages, poor for youth
Cigarette smoking	☺ 23 percent of population aged 15 years and over (2004)	Improved to 1991, steady since	Higher rates among young people, Māori, Pacific peoples and those living in deprived areas	Good for males, poor for females
Obesity	⓪ 21 percent of population 15 years and over (2003) 10 percent of children 5–14 years (2002)	Prevalence of obesity doubled between 1989 and 2003	Higher for Pacific peoples, Māori, and females in deprived areas	Poor
KNOWLEDGE AND SKILLS				
Participation in early childhood education	☺ “Apparent” participation rate: 98 percent for 3 year olds and 103 percent for 4 year olds (2005)	Improved	Māori and Pacific rates lower than European	No robust comparison available
School leavers with higher school qualifications	☺ 69 percent (2004)	Improved to 1991, fluctuated since	Proportions lower for males, Māori and Pacific school leavers	No comparison available
Participation in tertiary education	☹ 11 percent of population aged 15 years and over enrolled in tertiary education institutions (2005)	Improved	Lower rates for males, students from deprived areas; higher for Māori under 18 and over 25 years	No direct comparison available for total population aged 15 and over, average for 20–29 year olds
Educational attainment of the adult population	☺ Upper secondary qualification 76 percent (2005) ☺ Tertiary (bachelor degree +) 18 percent (2005)	Improved	Proportions lower for older people, women, Māori and Pacific peoples; Other adults highest proportion with tertiary qualification	Good for upper secondary, average for tertiary
Adult literacy skills in English	⓪ Prose 54 percent Document literacy 50 percent Quantitative literacy 51 percent (1996)	No trend available	Literacy levels lower among older people, Māori, Pacific peoples and Other ethnic groups	Average for prose literacy, below average for document and quantitative
PAID WORK				
Unemployment	☺ 3.7 percent of the labour force (2005)	Improved since 1998, almost to mid-1980s levels	Higher rates for young people, Māori, Pacific peoples and Other ethnic groups	Very good
Employment	☺ 74.6 percent of the population aged 15–64 years (2005)	Improved since 1998 to above mid-1980s levels	Lower rates for young people, women, Māori, Pacific peoples and Other ethnic groups	Good
Median hourly earnings	☺ \$16.10 per hour for wage and salary earners (\$17.50 for males; \$15 for females) (2005)	Improved	Lower for Māori, Other, Pacific peoples, youth and females over 35 years	No comparison available
Workplace injury claims	☺ 137 claims per 1,000 full-time equivalent employees (2004)	Improved but still worse in 2004 than 2001	Higher rates for men, Māori and Pacific peoples	No comparison available
Satisfaction with work-life balance	⓪ 66 percent of employed people reported satisfaction with their work-life balance (2004)	No data	Men are less likely to be satisfied with their work-life balance	No comparison available

Indicators	Current level of indicator (most recent year) and change since <i>The Social Report 2005</i> ☺ better ☹ same ☹ worse ⓪ not updated	Longer term change	Variation within the population	Comparison with the OECD
ECONOMIC STANDARD OF LIVING				
Market income per person	☺ RGNDI of \$28,998 per capita (in constant 1995/1996 dollars) (2005)	Improved	Not measured	Poor
Income inequality	⓪ The household in the 80th percentile has an income 2.8 times that of the household in the bottom 20th percentile (2004)	Worsened slightly	Not relevant	Higher inequality than OECD median around 2000
Population with low incomes	⓪ 19 percent of population lives in economic family units with incomes below 60 percent of median (2004)	Improved since mid-1990s	Higher rates among children, large families, sole parents, Māori, Pacific and Other families, families who rely on income-tested benefits and families in rented dwellings	Average
Population with low living standards	☹ 24 percent of the total population with low living standards (ELSI Levels 1–3), but small increased severity of hardship (2004)	No change between 2000 and 2004	As for population with low incomes	No comparison available
Housing affordability	⓪ 22 percent of households spend more than 30 percent of income on housing (2004)	Improved since 1998	Higher proportions among low-income households, Māori, Pacific peoples and Other ethnic groups	No comparison available
Household crowding	⓪ 10 percent of individuals live in households requiring one or more additional bedrooms (2001)	Improved	More common among families with young children, youth, people in rental housing, Māori and Pacific peoples and people in Manukau City	No comparison available
CIVIL AND POLITICAL RIGHTS				
Voter turnout (general elections)	☺ General election 77 percent (2005)	Fallen	Non-voters more likely to be on lower incomes, younger people, Māori or Pacific peoples	Above average for general election
Voter turnout (local authority elections)	☹ Local authority elections 46 percent (2004)	Fallen		
Representation of women in government	☺ 32 percent of seats in Parliament (2005)	Improved	Not relevant	Very good for central government
	☹ 30 percent of elected members (2004 local authority elections)	Deteriorated slightly		
Perceived discrimination	☺ 72 percent of respondents thought Asian people were subject to a “great deal” or “some” discrimination (2006)	Improved	Since 2001, perceptions of discrimination lower for all groups except recent immigrants	No comparison available
Perceived corruption	☹ New Zealand ranked second least corrupt nation with a Corruption Perceptions Index score of 9.6 (2005)	Steady	Not relevant	Very good
CULTURAL IDENTITY				
Local content programming on New Zealand television	☹ 38 percent of the prime-time schedule (2005)	Improved	Not relevant	Below average
Māori language speakers	⓪ 25 percent of Māori reported conversational fluency in Māori (2001)	No trend available	Fluent speakers more likely to be older	Not relevant
Language retention	⓪ Varied from 17 percent of Cook Islands Māori to 81 percent of Koreans (2001)	No trend available	Not relevant	No comparison available

Indicators	Current level of indicator (most recent year) and change since <i>The Social Report 2005</i> 😊 better 😊 same 😞 worse 🔄 not updated	Longer term change	Variation within the population	Comparison with the OECD
LEISURE AND RECREATION				
Satisfaction with leisure time	🔄 80 percent of the population reported satisfaction with their leisure time (2004)	No trend available	Those aged 25–49 years reported lower satisfaction rates	No comparison available
Participation in sport and active leisure	71 percent of adults 15 years and over were physically active (2005) Data not comparable with previous survey data	No trend available	Women and older people were less likely to be physically active than men and young people	No comparison available
Participation in cultural and arts activities	🔄 93 percent of adult population took part in cultural activities (2002)	No trend available	Higher participation rates among young people	No comparison available
PHYSICAL ENVIRONMENT				
Air quality	😊 Auckland below threshold (2005) 🔄 Hamilton below threshold (2004) 😊 Wellington below threshold (2005) 😊 Christchurch above threshold (2005) 😞 Dunedin above threshold (2005)	Steady	Not reported	No comparison available
Drinking water quality	😊 <i>E. coli</i> 74 percent (2004) 😊 <i>Cryptosporidium</i> 60 percent (2004)	Improved between 2001 and 2004 Fluctuated between 2001 and 2004	Not reported	No comparison available
SAFETY				
Intentional injury child mortality	😊 In the five years to 2003, 38 children died as a result of maltreatment, an average rate of 0.9 per 100,000 per year (2003)	Trends are difficult to discern with small numbers	Higher for children under 5 years	Poor
Criminal victimisation	🔄 30 percent were victims of criminal offending (2000)	Similar to 1995 level	Younger people and Māori more likely to have been a victim of crime	No reliable comparison available
Perceptions of safety	🔄 29 percent of population reported feeling unsafe walking alone in their neighbourhood after dark (2001)	No trend available	Perceptions more negative among females and Pacific peoples	No comparison available
Road casualties	😊 9.9 deaths per 100,000 population (2005) 😞 352 injuries per 100,000 population (2005 provisional)	Improved Improved since mid-1980s	High rates among men, young people, Māori and those aged 65 years and over	Average for road deaths

Indicators	Current level of indicator (most recent year) and change since <i>The Social Report 2005</i> ☺ better ☹ same ☹ worse ⓪ not updated	Longer term change	Variation within the population	Comparison with the OECD
SOCIAL CONNECTEDNESS				
Telephone and internet access in the home	☺ Telephone 96 percent (2004) ☺ Internet access 65 percent (2004)	Big improvement for internet access	Access less likely among Māori and Pacific families, families with unemployed adults and sole-parent families	Above average for internet
Regular contact with family/friends	☺ 70 percent of adults had family or friends over for dinner at least once a month in the previous year (2004)	Steady	Sharing a meal at home less common among those not in full-time employment, older people, sole parents and Europeans	No comparison available
Trust in others	⓪ 69 percent of people aged 15 years and over reported that people can be trusted (2004)	No trend available	Māori, Pacific peoples and those with incomes less than \$20,000 reported lower levels of trust	Good
Loneliness	⓪ 18 percent of people aged 15 years and over reported having felt lonely in the past 12 months (2004)	No trend available	People of Other ethnicity, young people, people whose incomes are less than \$20,000, unemployed people, unpartnered people and people living in Manukau City reported higher levels of loneliness	No comparison available
Contact between young people and their parents	⓪ 63 percent of male students and 61 percent of female students spent enough time with Mum and/or Dad (2003)	No trend available	Māori students more likely to report not getting enough time with their Mum and/or Dad	No comparison available

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Changes to *The Social Report 2006*

There have been only minor changes to the outcome domains and indicators used in this year's edition of the social report.

Table AP1 **Changes to the indicators in *The Social Report 2006***

Outcome Domain	Change
Knowledge and Skills	The indicators have been reordered to reflect the typical progress of learning throughout a person's life
Cultural Identity	The relevant hours for Māori Television and Prime Television have been added to the indicator Local content programming on New Zealand television
Leisure and Recreation	The Participation in sport and active leisure indicator has been changed to pick up information from SPARC's Continuous Monitoring Survey 2005
Physical Environment	The Drinking water quality indicator has been redefined to cover the total population whose drinking water complies with the 2000 Drinking Water Standards of New Zealand relating to <i>E. coli</i> and <i>Cryptosporidium</i>
Social Connectedness	The information on family/whānau activities is no longer being collected, so the second indicator in the domain focuses only on regular contact with family and friends

FUTURE WORK

Although there have been no major changes to the outcome domains or indicators in this year's social report, a number of areas were identified during consultation as needing further work. These areas will be investigated as resources are available as part of the ongoing social report work programme.

The Health domain currently has no robust indicator of mental health. While suicide captures some aspects of mental health, and is an important negative outcome in its own right, it is not necessarily strongly correlated with the overall prevalence of mental health issues. A key area for further work will be to identify a better measure of mental health.

The current indicator of perceived corruption is based on surveys from international sources rather than reflecting how New Zealanders feel about their government. Because it is primarily an international ranking, in which New Zealand is consistently at the top, it is not particularly useful for tracking changes over time. An indicator of trust in government may have value in place of, or in addition to, the indicator of perceived corruption.

The Cultural Identity domain currently captures very little information about cultural groups other than those defined primarily by ethnicity. For example, the distinct linguistic and cultural group of people who are deaf and who use New Zealand Sign Language as their first or preferred language is not captured by the social report's existing cultural identity indicators. A priority for work in this domain is to investigate options for a more robust and inclusive indicator of the cultural vitality of different population groups.

The Leisure and Recreation outcome domain was introduced as part of *The Social Report 2004*. There is only a limited range of information available to provide indicators for this domain, and the scope of the domain has not been reviewed since it was introduced. Further work could usefully review the scope of the domain and investigate new indicators in this area.

Technical details

People

Limitations of data: The family data presented in this report relates to families within households. In official statistics, a family is defined as two or more people living in the same household who comprise either a couple, with or without children, or one parent and their children. The children do not have partners or children of their own living in the same household. People who were temporarily away from home on census night are included as part of the family. There is no data available on parents and children who live in different households.

Data sources:

Population size and growth: *Statistics New Zealand, National Population Estimates Information Release; Census of Population and Dwellings; National Population Projections, 2004 (base), mid-range Series 5, assuming medium fertility, medium mortality, long-term annual net migration gain of 10,000, Series 6 (low fertility), Series 6 (high migration); External Migration Information Release, INFOS series VTBA.SJT (natural increase) and EMIQ.S3E (net migration).*

Fertility: *Statistics New Zealand (2006a): Births, Additional Tables (Age-specific Fertility Rates by Single Year of Age for Māori, Non-Māori, Total, Ethnic groups); international comparison from Demographic Trends 2005, Table 2.12, latest years available; teenage fertility rates: UK, Office for National Statistics, Social Trends 36: 2006 edition, Table 2.16; US, National Vital Statistics Reports, Vol 54 No 8, December 29, 2005, Table 1.*

Geographic and ethnic distribution of the population: *Statistics New Zealand, 2001 Census of Population and Dwellings; Ethnic Population Projections, 2004 (base).*

Age and sex structure of the population: *Statistics New Zealand, National Population Estimates by single year of age, mean for the year ended December, National Population Estimates Information Release.*

Household structure: *Statistics New Zealand, 1996 Census: Families and Households, Table 1; 2001 Census: National Summary, Table 36.*

Families with dependent children: *Table P3: Families with dependent children, by family type, 1976 to 2001; Statistics New Zealand, 1976, 1981, 1986, unpublished census data; 1991 Census: New Zealanders at Home, Tables 16, 17; 1996 Census: Families and Households, Tables 16, 21, 26; 2001 Census: Families and Households, Tables 13, 24; international comparison data: UK: Office for National Statistics (2002) Social Trends 32: 2002 edition, Table 2.17, Families with dependent children headed by lone parents; US: Census Bureau (2001) America's Families and Living Arrangements, Table FG7, Family groups with own children under 18; Australia: Australian Bureau of Statistics, 2001 Census, Cat. 6203, Families with dependent children under 18; Canada: Statistics Canada, 2001 Census, Cat. No 95F0316XCBo1004, Families with children under 18.*

People with disability: *Statistics New Zealand (2001a) Disability Counts, Tables 1.01a, 1.02a; Ministry of Health (2004c) Living with Disability in New Zealand, Tables 4.29, 5.25.*

Same-sex couples: *Statistics New Zealand 2001 Census: Families and Households, Tables 7, 11.*

Health

H1 HEALTH EXPECTANCY

Definition/formulae: The total number of years a newborn can expect to live without any self-reported functional limitation requiring the assistance of another person or a complex assistive device.

Notes:

- 2001 estimates have been revised following the official release of 2000–2002 complete life tables in March 2004.
- Independent life expectancy estimates for 1996 have been revised slightly, reflecting changes to the smoothing method required for the 2001 data and the release of 2000–2002 complete life tables.
- Māori and non-Māori rates are based on estimates for ages 0–85 years because of the small number of Māori aged over 85 years, and are referred to here as “partial” independent life expectancies.

Limitations of data: The ability to monitor health expectancy on a regular basis depends on the availability of information about disability and levels of disability.

This measure of health expectancy (titled independent life expectancy in *The Social Report 2003*) has inherent limitations as a population health indicator. An indicator that included all levels of disability – not just a single dependency threshold – would provide a more precise measure of health (ie a health-adjusted life expectancy). The social preferences (disability weights) needed to construct such an indicator are still under development in New Zealand.

Data source: Ministry of Health, revised data.

H2 LIFE EXPECTANCY

Definition/formulae: The expected number of years a person would live if they were subject throughout their lives to the current age-specific mortality rates.

Note: Ethnic-specific estimates for the period 1980–1982 to 1995–1997 have been adjusted for undercounting in the ethnic mortality statistics using census ethnic definitions and were revised after the official release of the 2000–2002 complete life tables in March 2004. The figures differ from those published by Statistics New Zealand for the same period and are not comparable with earlier estimates.

The analysis associating life expectancy with levels of deprivation is based on NZDep96, a small-area index of deprivation based on a principal-component analysis of nine socio-economic variables from the 1996 Census. The index has been converted to a scale ranging from 1 to 10, where 1 represents the least deprived 10 percent of small areas, and 10 represents the most deprived 10 percent. The small areas are about the size of a census meshblock and have populations of at least 100 people.

Limitations of data: Available annually from abridged life tables for the total population only. Official Māori/non-Māori data is only available five-yearly from complete life tables based on a three-year period around census years.

Data sources: Statistics New Zealand (2006f) *New Zealand Abridged Life Table: 2003–2005 abridged life tables*: <http://www.stats.govt.nz/tables/abridged-life-tables.htm>; Statistics New Zealand (2004c) *New Zealand Life Tables: 2000–2002, Table 1*; Statistics New Zealand (2006b) *Information Release, Deaths December 2005* (www.stats.nz). Ministry of Health (ethnic-specific data for 1985–1987, 1990–1992); Ministry of Health (1999a) *Our Health, Our Future: Hauora Pakari, Kōiora Roa, The Health of New Zealanders 1999, Chapter 2*. Tobias and Cheung (2003) *Monitoring Health Inequalities: Life Expectancy and Small Area Deprivation in New Zealand, Table 3*. OECD (2005c) *OECD Health Data 2004, Table 1*.

H3 SUICIDE

Definition/formulae: The age-standardised rate of suicide deaths per 100,000 population.

Age-standardised to Segi's world population.

Note: The figures for 2003 are provisional and subject to revision.

Limitations of data: Because suicide is a relatively rare event in statistical terms, rates of suicide can vary markedly from year to year. Any interpretation of trends requires an examination of rates over several years. Deaths by suicide are subject to a coroner's inquiry and can only be officially deemed suicide once an inquest is complete. This means there can be a considerable delay in the publication of the final statistics.

Data on the rates of suicide for geographical regions and cities may be of little value for reporting comparisons because of the low numbers, and hence highly variable suicide rates. For example, where populations are small, the rate of suicide can be greatly inflated by one or two deaths.

Data on attempted suicide is only available for those admitted to hospital as inpatients or day patients for self-inflicted injury. Those cared for in hospital but not admitted and those cared for by primary or community care services are not reported. Therefore, the actual rate of attempted suicide is likely to be much higher than that reported in official statistics.

Comparability over time is affected by a change in the population concept in 1991 (from de facto to resident), and the change in the ethnicity classification in 1995. Ethnic-specific mortality data is also subject to some uncertainty due to the differences in collection across different providers.

A comparison of international trends in suicide is problematic due to the differences in the methods used to classify suicide. The New Zealand age-standardised rate in the international comparison data has been calculated in a manner consistent with

the international figures available, and may differ slightly from the rates presented elsewhere (Ministry of Health, 2006, p 13).

Data sources: Ministry of Health, *New Zealand Health Information Service (unpublished tables)*; Ministry of Health (2006) *Suicide Facts: Provisional 2003 Statistics (all ages)*.
Beautrais (2000) *Restricting Access to Means of Suicide in New Zealand: A Report Prepared for the Ministry of Health on Methods of Suicide in New Zealand*.
World Health Organisation (2004).

H4 CIGARETTE SMOKING

Definition/formulae: The proportion of the population aged 15 years and over who ever smoke any ready-made cigarettes or roll-your-own tobacco cigarettes. Information on smoking prevalence was collected from quarterly surveys conducted by ACNielsen Ltd and reported by the Ministry of Health.

Ethnic rates are age-standardised using the WHO world population.

Limitations of data: The international comparison is affected by differences in the collection and classification of the data. The classification of ethnicity information changed from 1997 onwards. Therefore, ethnic-specific data before and after 1997 may not be comparable.

The 2004 data was collected from people aged 18 years and over.

Data sources: Ministry of Health (2005) *Tobacco Facts 2005*.
OECD (2005c) *OECD Health Data 2005, Frequently requested data: Tobacco consumption: % of daily smokers among adult population*.

H5 OBESITY

Definition/formulae: Obesity is defined as the accumulation of excess body fat to the extent that health is adversely affected (WHO 2000). It is measured using a Body Mass Index (BMI) which is calculated by dividing weight (in kilograms) by height (in metres) squared. Adults with a BMI greater than 30 kg/m² are classified as obese. In the 1997 National Nutrition Survey and the 2002/2003 New Zealand Health Survey, the cut-off for Māori and Pacific peoples was set slightly higher, at 32 kg/m². For children, the measure is the proportion of 5–14 year olds whose BMI (weight/height²) meets the international definition of obesity established by Cole et al (2000). The definition adapts the widely used cut-off point for adults (30kg/m²) to produce age- and sex-specific cut-offs for children and youth aged 2–18 years.

Information on obesity is based on the 2002/2003 New Zealand Health Survey, the 1997 National Nutrition survey, the 2002 National Children's Nutrition Survey, the 1989/1990 Life in New Zealand (LINZ) Study, and the 1977 National Diet Survey. Although there was some variation in survey design and response rates, as well as in height and weight measurement methods, these surveys are considered to be reasonably comparable.

Limitations of data: The cut-off level is arbitrary and does not necessarily correspond to levels of health risk. There is some debate about whether a separate cut-off for Māori and Pacific peoples is warranted. The 1989/1990 data for Māori should be viewed with caution as the number of Māori in the survey was small.

Data sources: Ministry of Health (2004a) *A Portrait of Health: Key Results of the 2002/2003 New Zealand Health Survey*; Ministry of Health (2004b) *Tracking the Obesity Epidemic: New Zealand 1977–2003*; Ministry of Health (2002) *An Indication of New Zealanders' Health*; Ministry of Health (1999b) *NZ Food: NZ People*; Ministry of Health (2003c) *NZ Food, NZ Children: Key results of the 2002 National Children's Nutrition Survey*.
OECD (2005c) *OECD Health Data 2005, Frequently requested data: Obesity*.

Knowledge and Skills

K1 PARTICIPATION IN EARLY CHILDHOOD EDUCATION

Definition/formulae: The number of children aged 3 and 4 years enrolled in early childhood education (ECE) programmes as a proportion of the estimated population aged 3 and 4 years. ECE programmes include: licensed ECE services (kindergartens, playcentres, education and care services, home-based services, casual education and care (no regular roll), correspondence school and te kōhanga reo); licence-exempt ECE services (early childhood development funded playgroups, Pacific peoples early childhood groups, and playcentres); and licence-exempt kōhanga reo.

Limitations of data: Rates of participation are only “apparent” because children may be enrolled in more than one ECE centre. The rates may therefore be inflated. The measure does not provide information on the length of participation or on the quality of the programmes, both of which are relevant to positive educational outcomes.

Data sources: Ministry of Education, *Early Childhood Education Statistics, Participation in early childhood education*, <http://educationcounts.edcentre.govt.nz/datacube/engagement/dsau11.html>; *Prior participation in early childhood education: new entrants*, <http://educationcounts.edcentre.govt.nz/indicators/engagement/dsau16.html>; Ministry of Education (various years) *Education Statistics of New Zealand, Education Statistics News Sheet, v 10, no 1, March 2001; unpublished tables.*

K2 SCHOOL LEAVERS WITH HIGHER QUALIFICATIONS

Definition/formulae: The number of students leaving school with qualifications higher than National Certificate of Educational Attainment (NCEA) Level 1, as a proportion of the total number of school leavers during the year. Before 2004, these qualifications included Sixth Form Certificate, Higher School Certificate, Entrance Qualification and University Bursary. From 2004, the equivalent qualifications are: 30 or more credits at NCEA Level 2, NCEA Level 2, 30 or more credits at NCEA Level 3, and NCEA Level 3 or higher.

Note: The definition of this indicator was changed in the 2005 edition of this report to reflect the introduction of the National Certificate of Educational Attainment in 2002. In 2003, Sixth Form Certificate was being phased out and was offered for the last time in 2004.

Limitations of data: Policy changes relating to qualifications affect comparability over time. A full description of changes to qualifications over the period 1970–2001 is available at this webpage: <http://www.nzqa.govt.nz/qualifications/ssq/changes.html>

From 2002, the school leaver data collection was changed as a result of the introduction of NCEA in 2002. School leaver data is now based on the concept of achievement, where students are required both to participate and to achieve credits in order to be counted as having a qualification. Before 2002, school leaver data was based on the concept of participation. For example, if a student sat School Certificate, they were deemed to have School Certificate regardless of their grade. This change means there is discontinuity with the data for earlier years.

The available data on school leavers’ highest qualifications does not allow a breakdown by the number of subjects passed or the grades achieved.

Data source: Ministry of Education (various years) *Education Statistics of New Zealand; Ministry of Education website*, [http://www.minedu.govt.nz/School Leaver Statistics](http://www.minedu.govt.nz/School%20Leaver%20Statistics); 2004 data from <http://educationcounts.edcentre.govt.nz/statistics/schooling/hp-school-leavers.html>

K3 PARTICIPATION IN TERTIARY EDUCATION

Definition/formulae: Participation in tertiary education is calculated by: the number of students aged 15 years and over enrolled with a tertiary education provider (see below) at 31 July in formal qualifications (or programmes of study) of greater than 0.03 Equivalent Full-time Tertiary Study (EFTS). The data excludes all non-formal learning, on-job industry training and private training establishments which neither received tuition subsidies nor were approved for student loans and allowances.

Modern Apprenticeship students who are studying courses that fit into the above definition are included in the statistics (typically, doing block courses at a polytechnic). If their learning is totally on the job they will not be included.

Community education courses are excluded from the statistics.

Public tertiary education institutions include: universities, polytechnics, colleges of education, and wānanga. Private tertiary education consists of: private providers receiving a tuition subsidy, private providers with qualifications approved for loans and allowances, private providers receiving a Ministry of Education grant, and other private providers registered with the New Zealand Qualifications Authority.

The Māori and non-Māori total tertiary participation rates in this section have been age-standardised to the estimated total resident population aged 15 years and over, as at 30 June 2005.

Limitations of data: Changes in the number of institutions, the status of institutions, and the types of courses offered affect comparisons over time.

Data sources: Ministry of Education website, <http://www.minedu.govt.nz>; Tertiary Statistics; Ministry of Education (2002a) *Participation in Tertiary Education*, August 2002; *Education Statistics of New Zealand for 2001*; 2005 data supplied by Ministry of Education. OECD (2005a) *Education at a Glance 2005*, Table C1.2.

K4 EDUCATIONAL ATTAINMENT OF THE ADULT POPULATION

Definition/formulae: The proportion of adults aged 25–64 years with educational attainment of at least upper secondary school level, defined in the International Standard Classification of Education (ISCED 97) as Level 3 and above.

ISCED 3 includes: local polytechnic certificate or diploma, trade certificate or advanced trade certificate, University Bursary, Scholarship, Higher School Certificate, Sixth Form Certificate, University Entrance in one or more subjects, School Certificate in one or more subjects, other school qualification.

ISCED 4 includes: technician's certificate, New Zealand certificate or diploma.

ISCED 5B includes: university certificate or diploma, teacher's certificate or diploma, nursing certificate or diploma, other tertiary qualification.

ISCED 5A/6 includes: post-graduate degree, certificate or diploma, bachelor's degree.

Limitations of data: There are substantial differences in the typical duration of ISCED 3 programmes between countries, ranging from two to five years of secondary schooling.

Statistical weights used to rate sample data up to population estimates are updated every five years following each population census, requiring a revision of historical data. In mid-2004, the Household Labour Force Survey was revised back to the start of the survey (March 1986). As a result, some figures published in this report may not match figures published in earlier editions of the social report.

Data sources: Statistics New Zealand, *Household Labour Force Survey*. OECD (2005a) *Education at a Glance 2005*, Tables A1.2a, A1.3a, <http://dx.doi.org/10.1787/684518581842>

K5 ADULT LITERACY SKILLS IN ENGLISH

Definition/formulae: Respondents in the International Adult Literacy Survey were asked to carry out various everyday tasks. “Prose literacy” refers to the knowledge and skills required to use information from texts, such as editorials, news stories, poems and fiction; “document literacy” refers to the knowledge and skills required to locate and use information contained in various formats such as job applications, payroll forms, transportation timetables, maps, tables and graphics; and “quantitative literacy” refers to the knowledge and skills required to apply arithmetic operations such as balancing a cheque book, completing an order form or determining the amount of interest on a loan. The achievement attained on each of the literacy domains is grouped into one of five “skill levels”. Level 1 represents the lowest ability range and level 5 the highest. Level 3 is considered a suitable minimum for coping with the demands of everyday life and work in a complex, advanced society. It denotes roughly the skill level required for successful secondary school completion and university entry. Like higher levels, it requires the ability to integrate several sources of information and solve more complex problems.

Limitations of data: The first international adult literacy survey was conducted in 1994/1995; the New Zealand survey took place in 1996.

Data sources: Ministry of Education (2001b) *More than Words: The New Zealand Adult Literacy Strategy*.
OECD (2000) *Literacy in the Information Age: Final Report of the Adult Literacy Survey*, p 137.

Paid Work

PW1 UNEMPLOYMENT

Definition/formulae: The proportion of the labour force (aged 15 years and over) that is unemployed. The labour force is the sum of those defined as employed and those defined as unemployed. Hence the unemployment rate is defined as unemployed / (employed and unemployed). The unemployed are defined in the Household Labour Force Survey as those who are without a paid job (or unpaid work in a relative’s business) and who have actively sought work in the four weeks before the survey and who are available to take work. “Actively seeking” includes any actions such as contacting an employer, asking friends and relatives and contacting an employment agency or Work and Income but excludes those who have only checked newspaper advertisements.

Standardised unemployment rates used for international comparison are seasonally-adjusted rates.

Limitations of data: Data is based on a sample survey and is therefore subject to sampling error. The definition of the unemployed excludes some people who regard themselves as unemployed, including the “discouraged unemployed” – those not meeting the “actively seeking work” criterion. This group is classified in the “not in the labour force” category. The unemployment rate also excludes those who have part-time employment but who are seeking to work more hours.

Data sources: Statistics New Zealand (2006d), *Household Labour Force Survey*. The Household Labour Force Survey figures were rebased using the latest census information in the June 2004 quarter. The data for all quarters was revised and therefore there may be some differences between the numbers in this report and those published in earlier editions.
OECD (2005b) *OECD Employment Outlook, 2005, Statistical Annex*, Table A p 237, Table G p 258; OECD (2006b) *Main Economic Indicators*, May 2006, p 17: Standardised Unemployment Rates.

PW2 EMPLOYMENT

Definition/formulae: The proportion of the population aged 15–64 years employed for at least one hour per week. The employed are those who worked for pay or profit for one hour or more in the week before the survey or who worked unpaid in a relative's business or who have a job but did not work that week because of leave, sickness or industrial disputes. The definition used here relates to the population aged 15–64 years, rather than to those aged 15 years and over; otherwise results are skewed by differences in the proportions of the sub-populations over 65 years, particularly when comparing males with females and comparing different ethnic groups.

Limitations of data: As above, data is subject to sampling error. The definition of employment includes those working one hour or more per week, so this will include some people who are likely to regard their status as closer to unemployment than to employment. For example, people on the unemployment benefit and searching for work but working a few hours a week will be counted as employed.

Data sources: Statistics New Zealand (2006d), *Household Labour Force Survey*. The Household Labour Force Survey figures were rebased using the latest census information in the June 2004 quarter. The data for all quarters was revised and therefore there may be some differences between the numbers in this report and those published in earlier editions. OECD (2005b) *OECD Employment Outlook, 2005, Statistical Annex, Table B pp 238–240*.

PW3 MEDIAN HOURLY EARNINGS

Definition/formulae: Median hourly earnings for employees earning income from wage and salary jobs as measured by the New Zealand Income Survey, an annual supplement to the Household Labour Force Survey.

Limitations of data: The final data set consists of approximately 28,000 valid person records including 4,000 imputed person records. Hourly earnings relate to the number of hours usually worked and the usual income rather than the number of hours actually worked and the actual income. Proxy interviewing may be used to collect data on income under certain circumstances. Estimates from sample surveys are subject to error.

Data sources: Statistics New Zealand (2006g), *New Zealand Income Survey, Hot Off the Press, June 1997 to June 2004 (revised), June 2004, June 2005, Table 10, and unpublished data derived by the Ministry of Social Development*.

PW4 WORKPLACE INJURY CLAIMS

Definition/formulae: The number of work-related accident claims reported to the ACC per 1,000 full-time equivalent employees (one part-time employee = 0.5 full-time employee).

Full-time equivalent employee data is as estimated by Statistics New Zealand's Household Labour Force Survey.

Limitations of data: The data does not include workplace accidents where no claim was made to ACC. In some cases, there are also delays between when the accident happened and the claim being reported to the ACC. For example, there were 240,500 injuries reported for the 2003 calendar year by March 2004, and 246,600 by March 2005, an increase of 3 percent.

Information on workplace injuries for 2004 is based on a new set of indicators developed by Statistics New Zealand. Comparable figures are available for 2001–2003 but information from these years is not directly comparable with previous figures on workplace injuries. The data for 2003 was revised by Statistics New Zealand in 2005.

Data sources: Statistics New Zealand (2005a) *Injury Statistics – Work-related claims, 2004, Information Release*.

PW5 SATISFACTION WITH WORK-LIFE BALANCE

Definition/formulae: The proportion of employed people who are "satisfied" or "very satisfied" with their work-life balance according to the *Quality of Life in New Zealand's Largest Cities Survey 2004*.

Limitations of data: Subjective measures of wellbeing reflect people's perceptions of their own situation, which may differ from their objective status. The survey had a low response rate (22 percent) which means care should be taken in interpreting the data.

Note: Ethnicity is based on multiple responses and is sourced from unpublished tables produced by the Ministry of Social Development.

Data source: Auckland City Council et al (2005) *Quality of Life in New Zealand's Largest Cities*. The survey was commissioned by 12 of New Zealand's cities and districts, in partnership with the Ministry of Social Development, to monitor trends in wellbeing. The total (national) sample size in the 2004 survey was 7,800, which has a maximum margin of error of +/- 1.1 percent at the 95 percent confidence interval. Interviews were conducted to meet gender, ethnicity, age and ward/region quotas to ensure the sample was representative of the New Zealand population as a whole.

Economic Standard of Living

EC1 MARKET INCOME PER PERSON

Definition/formulae: Real Gross National Disposable Income (RGNDI) measures the real purchasing power of the net income of New Zealand residents from both domestic and overseas sources after taking account of income resulting from international transfers. GNDI is Gross National Income (GNI), previously called Gross National Product (GNP), plus net international transfers. Real Gross Domestic Product (GDP) per person (as used in the OECD comparisons) is real income produced inside the New Zealand national boundary, excluding the international transfers included in GNDI.

Derivation of RGNDI: In the published tables, RGNDI is calculated as follows: constant price gross domestic product (production-based measure) plus constant price trading gain/loss plus constant price total net income and transfers. Constant price trading gain/loss is defined as current price exports divided by the imports implicit price index less constant price exports. Constant price total net income and transfers equals investment income credits less investment income debits plus transfers credits less transfers debits, all divided by the imports implicit price index.

Limitations of data: Major limitations to the use of RGNDI as an indicator of wellbeing include its failure to include non-marketed (and, therefore, non-priced) activities (barring the exception of imputed rentals on owner-occupied dwellings). RGNDI provides no information on income distribution. Finally, evidence suggests monetary measures have a very weak cross-sectional and limited time series correlation with self-assessed measures of wellbeing.

Note: The use of real GDP for OECD comparisons may over-state New Zealand's relative position because of New Zealand's growing and high per capita net external debt.

Data sources: Statistics New Zealand, *Real GNDI per capita, INFOS series SNCA.S6RBo6NZ*; Statistics New Zealand (2001c) *Measuring Unpaid Work in New Zealand 1999 Table 1 p 15, Table 4 p 17*. OECD (2006a) *Annual National Accounts, Main Aggregates, Volume 1, 1993–2004, Comparative Tables B based on PPPs*.

EC2 INCOME INEQUALITY

Definition/formulae: The ratio of the 80th percentile of equivalised disposable household income to the 20th percentile of equivalised disposable household income. This indicator takes into account household size and composition. For international comparisons, we have compared GINI co-efficients.

Adjustment for family size was made by means of a per capita equivalisation process based on the 1988 Revised Jensen Equivalence Scale.

Limitations of data: International comparisons have been made with data from years around 2000.

Data sources: *Household Economic Survey*. Access to the data used in this study was provided by Statistics New Zealand under conditions designed to give effect to the confidentiality provisions of the Statistics Act 1975. The results presented in this study are the work of the Ministry of Social Policy/Ministry of Social Development. Forster M and d'Ercole M M (2005) *Income Distribution and Poverty in OECD Countries in the Second Half of the 1990s, OECD Social, Employment and Migration Working Papers No 22*.

EC3 POPULATION WITH LOW INCOMES

Definition/formulae: The measures have been constructed using economic family units as the base unit of analysis. An economic family is operationally defined as:

- financially independent single adult (not married nor living as married, not caring for dependent children)
- sole-parent family – ie financially independent single adult (not married nor living as married) caring for one or more dependent children
- couple (married or living as married, not caring for dependent children)
- two-parent family – ie couple (married or living as married) caring for one or more dependent children.

All young adults are considered financially independent at 18 years of age; 16 and 17 year olds are also considered financially independent if they are receiving a benefit in their own right or if they are employed for 30 hours or more per week.

Conceptually, an economic family is a group of co-resident people whose financial affairs are common or have been merged to the extent the people are substantially interdependent (with an individual not part of such a group being considered to constitute an economic family in its minimal form).

Housing costs have been apportioned to economic family units. Account was taken of the housing costs of the economic family unit by subtracting its housing cost from its after-tax income. The resulting amounts were inflation-adjusted using the Consumers Price Index (CPI) for all groups, excluding housing.

The adjustment for family size was made by means of a per capita equivalisation process based on the 1988 Revised Jensen Equivalence Scale. The resulting amount – Housing-adjusted Equivalised Disposable Income (HEDY) – can be regarded as an income-based proxy measure of standard of living. The HEDY is the metric on which the low thresholds are specified.

Changes from 1988 to 2004 have been tracked in terms of the proportion of economic families with HEDY values below 40 percent, 50 percent and 60 percent of the median HEDY in 1998. This definition means the measures are based on constant-value benchmarks. The three measures are referred to as the 40 percent line, the 50 percent line

and the 60 percent line. For the purpose of this analysis, the self-employed have been included.

Note: While technical analysis done to date indicates the measurement approach is well-grounded and robust, future work may point to the use of other thresholds as more informative for social monitoring.

The methodology used to calculate the figures used in the international comparison section follows that used by the OECD: the income concept is equivalised household disposable income; the equivalence scale is the square root scale (ie equivalence scale elasticity = 0.5); equivalent household income is attributed to all individuals in the household; individuals are ranked by their attributed equivalent disposable income to get the median for that year; the thresholds are set at 60 percent of this (contemporary) median.

Limitations of data: The HEDY metric is an imperfect indicator of living standards, which are influenced by factors other than income and housing cost. People with the same income level can have greatly different standards of living as a result of their lifecycle stage (youth, middle age, older people), their ownership of assets, the extent to which they receive assistance from others, and the extent to which they have atypical expenditure commitments (eg unusually high medical costs, debt repayments, transport costs and electricity costs). People who experience a lengthy period of substantial restriction are likely to have different life outcomes to those who experience only a transient episode.

Family ethnicity is defined in this indicator by the presence of an adult of a particular ethnic group. The figures for families defined in this way are not mutually exclusive.

Housing costs is the sum of annualised accommodation expenditure codes (includes mortgage payments (principal and interest), payments to local authorities, property rent, rent of a private dwelling, boarding house, student accommodation not paid with formal fees). In this indicator the Accommodation Supplement is counted as income.

Note: The weightings used for the Household Economic Survey were revised for all years in 2001. Some figures in the 2003 and 2004 editions of this report may therefore differ from those presented in *The Social Report 2001*.

In 2005, it was discovered the method used previously to convert household accommodation costs to economic family housing costs attributed higher costs to dependent children aged 15–17 years than should have been the case. The effect of this was to artificially depress the after-housing-cost income for some family units with dependent children in this age range. This had the flow-on effect of slightly raising the number of economic family units that appeared to have after-housing-cost incomes below the HEDY low-income threshold. The revision that has been applied removes this distortion and slightly reduces the numbers of economic family units falling below the threshold as a result.

Data sources: Derived from the Household Economic Survey by the Ministry of Social Policy/Ministry of Social Development. Forster M and d'Ercole M M (2005) *Income Distribution and Poverty in OECD Countries in the Second Half of the 1990s*, OECD Social, Employment and Migration Working Papers No 22.

EC4 POPULATION WITH LOW LIVING STANDARDS

Definition/formulae: The Economic Living Standard Index (ELSI) is a direct measure of material standard of living. It is based on information on the extent to which respondents economise on consumption because of cost; have ownership restrictions because of cost; have social participation restrictions because of cost; people's own rating of their standard of living; and people's rating of the adequacy of their incomes to meet day-to-day needs. The ELSI scale has seven reporting levels for living standards: level 1 "severe hardship", level 2 "significant hardship", level 3 "some hardship", level 4 "fairly comfortable", level 5 "comfortable", level 6 "good", level 7 "very good". Lower living standards encompass the bottom three categories (levels 1–3) of the ELSI scale.

The ELSI measure is a relatively new tool and there is still more to be understood about some of its properties. It is not a final product and ongoing scrutiny and analysis are expected to lead to improvements.

See EC3 Population with low incomes for an operational definition of "economic families".

Family ethnicity is defined in this indicator by the presence of an adult of a particular ethnic group. The figures for families defined in this way are not mutually exclusive.

Limitations of data: Measures only material wellbeing not quality of life generally.

Data source: Ministry of Social Development 2004 and revised 2000 Standard of Living Survey, unpublished analysis results produced by the Ministry of Social Development; see also *Living Standards 2004 report* (Ministry of Social Development (2006)) for more detail on the topic.

EC5 HOUSING AFFORDABILITY

Definition/formulae: The proportion of households and the proportion of people within households with housing cost outgoings-to-income ratio greater than 30 percent.

Household incomes have been equivalised using the 1988 Revised Jensen Equivalence Scale.

Housing costs are the sum of annualised accommodation expenditure codes (includes mortgage payments (principal and interest), payments to local authorities, property rent, rent of a private dwelling, boarding house and student accommodation not paid with formal fees). In this indicator the Accommodation Supplement is counted as income.

Limitations of data: Measures of housing affordability do not shed light on the issues of housing quality, suitability or sustainability, nor do they explain why affordability problems may exist, or the extent to which inadequate housing is occupied to avoid affordability problems. Furthermore, marginally-housed families are often hidden from official statistics and therefore are not counted among those with an affordability problem.

Household ethnicity is defined in this indicator by the presence of an adult of a particular ethnic group. The figures for households defined in this way are not mutually exclusive.

Data source: Derived from the Household Economic Survey by the Ministry of Social Development.

EC6 HOUSEHOLD CROWDING

Definition/formulae: The Canadian National Occupancy standard sets the bedroom requirements of a household according to the following compositional criteria:

- there should be no more than two people per bedroom
- parents or couples share a bedroom
- children under five years, either of the same or of the opposite sex, may reasonably share a bedroom
- children under 18 years of the same sex may reasonably share a bedroom
- a child aged 5–17 years should not share a bedroom with one under five of the opposite sex
- single adults 18 years and over and any unpaired children require a separate bedroom.

Limitations of data: There is no contemporary official statistic or index of household crowding in New Zealand. There are many frameworks or models used in many countries for analysing the incidence of crowding. It is unlikely any single measure of crowding could adequately summarise such a complex and multi-faceted issue as crowding.

There is no definitive evidence crowding leads to negative social outcomes, but there are associations between living in crowded circumstances and negative outcomes. The mechanisms by which these outcomes result are not clear.

The Canadian Crowding Index is not an objective index of crowding. The extent to which household members will perceive themselves as living in crowded circumstances is dependent on many factors including social and cultural expectations. Furthermore, it cannot be assumed households requiring one or more additional bedrooms (based on the Canadian index) will suffer negative social outcomes.

The Canadian Crowding Index is used here as it is both sensitive to household size and composition. The measure sets a bedroom requirement for households based on precise criteria.

Data sources: Statistics New Zealand (1998) *New Zealand Now – Housing*, pp 56–63; Statistics New Zealand, unpublished data from the 2001 Census. Ministry of Social Policy (2001) *Definitions of Crowding and the Effects of Crowding on Health: A Literature Review, Research Series Report 1*, p 4.

Civil and Political Rights

CP1 VOTER TURNOUT

Definition/formulae: The total number of votes cast is divided by the estimated number of people who would have been eligible to vote (voting-age population) on election day, and expressed as a percentage. To be eligible to vote, a person must be at least 18 years old and meet residential and certain other criteria.

Limitations of data: The voting-age population is based on population estimates that are subject to revision. The 1984 figure is based on the estimated de facto population aged 18 years and over, as at 30 June 1984.

Data sources: Electoral Commission (2005) www.electionresults.govt.nz
Statistics New Zealand, *estimated de facto population by age*.
Department of Internal Affairs (2006) *Local Authority Election Statistics 2004*.
Inter-Parliamentary Union (2006a), *PARLINE Database, Last election*.

CP2 REPRESENTATION OF WOMEN IN GOVERNMENT

Definition/formulae: The proportion of elected Members of Parliament and local government bodies who are women.

Data sources: Electoral Commission (2002) *The New Zealand Electoral Compendium, 3rd edition*.
Department of Internal Affairs (2006) *Local Authority Election Statistics 2004*.
Inter-Parliamentary Union (2006b) *Women in National Parliaments, Situation as of 28 February 2006*.

CP3 PERCEIVED DISCRIMINATION

Definition/formulae: The proportion of people aged 18 years and over who perceived selected groups as being the targets of discrimination (ie subject to “some discrimination” or “a great deal of discrimination”).

Limitations of data: Surveys on perceived discrimination do not measure actual levels of discrimination against groups.

The margin of error for a 50 percent figure at the “95 percent confidence level” is 3.6 percent.

Data source: Human Rights Commission *Omnibus Results (Feb 2006)*.

CP4 PERCEIVED CORRUPTION

Definition/formulae: The degree of corruption perceived to exist among New Zealand politicians and public officials according to surveys of business people, academics and risk analysts is used by Transparency International to construct the Corruption Perceptions Index. Corruption is defined as the “abuse of public office for private gain”. Scores range from 0 (highly corrupt) to 10 (highly clean).

The index is based on a three-year rolling average of pooled survey results. The Corruption Perceptions Index 2004 was based on survey data provided between 2002 and 2004 and was drawn from 18 different polls and surveys from 12 independent institutions. The New Zealand data was drawn from nine surveys and the overall score of 9.6 was within a confidence range of 9.4–9.6.

Limitations of data: The Corruption Perceptions Index score is a subjective measure; there is no hard empirical data on levels of corruption that can be used for cross-country comparison. It was not designed to provide comparisons over time, since each year the surveys included in the index vary. The index is a relative measure: New Zealand’s ranking depends not only on perceptions of corruption in New Zealand but also on perceptions of corruption in the other countries surveyed. If comparisons with earlier years are made, they should be based on a country’s score, not its rank.

Data source: Transparency International *Corruption Perceptions Index 2005*.

Cultural Identity

CI1 LOCAL CONTENT PROGRAMMING ON NEW ZEALAND TELEVISION

Definition/formulae: The hours of local content broadcast on TV One, TV2, TV3, Prime Television and Māori Television in prime-time, expressed as a percentage of the total prime-time schedule. New Zealand programming includes first runs and repeats across all five channels.

Limitations of data: The number of local content hours broadcast on other free-to-air or pay channels is not included in the data presented here. Up until 2002 the hours data in table CI 1.1 was measured over 24 hours; from 2003 onwards it was measured over 18 hours (6am to midnight).

Data sources: *NZ On Air (2006) Local Content, New Zealand Television, 2005, NZ On Air (1999) Local Content and Diversity: Television in Ten Countries, NZ On Air: Wellington.*

CI2 MĀORI LANGUAGE SPEAKERS

Definition/formulae: Māori language speakers as a proportion of the Māori ethnic group. Māori language speakers are defined as those able to hold a conversation about everyday things in Māori.

Limitations of data: The data relies on self-reporting rather than measuring the actual level of fluency in the population. More detailed information on the level of fluency among Māori language speakers is available from a nationwide survey done in 1995. This data is not directly comparable with the census data because different definitions were used.

Data sources: *Statistics New Zealand (2002b) New Zealand Census of Population and Dwellings: Māori. Te Puni Kōkiri (2001) Provisional results of the 2001 Survey of the Health of the Māori Language.*

CI3 LANGUAGE RETENTION

Definition/formulae: The proportion of people who can speak the “first language” (excluding English) of their ethnic group, for ethnic groups (other than Māori) with an established resident population in New Zealand, as recorded in the 2001 Census. The ability to speak a language is defined as being able to hold an everyday conversation in that language. First language refers to an indigenous language associated with a given ethnicity rather than the first language of an individual.

Several criteria were used to identify ethnic groups with an established resident population in New Zealand. These included total population size, years since the group’s arrival in New Zealand and the age distribution and birthplace (overseas and within New Zealand) of group members. These variables provide a measure of the influence of time and of the demographic characteristics of the groups. Each variable was applied independently to a large list of ethnic groups from which 15 were selected under the broad categories of Pacific peoples, Asian and European. To be selected, a group needed to have: a New Zealand resident population of over 2,000 people; a broad age distribution to investigate the impact of age on language retention; and sufficient numbers born in New Zealand to make meaningful comparisons with overseas-born residents.

Limitations of data: While a direct link can usually be made between a language and an ethnic group, this is not always the case. Some ethnicities are associated with several languages and one language can span several ethnicities. While English is an official language of some groups selected in these tables, the 2001 Census does not distinguish between different varieties of the English language. English has therefore been excluded as a first language within these tables. Because both the census variables ethnic group and language spoken allow more than one response, there may be some individuals who appear in more than one ethnic group category.

Data source: *Statistics New Zealand (2004a) Concerning Language.*

Leisure and Recreation

L1 SATISFACTION WITH LEISURE TIME

Definition/formulae: The proportion of people aged 15 and over who are “satisfied” or “very satisfied” with their leisure time, according to the *Quality of Life in New Zealand’s Largest Cities Survey 2004*.

Limitations of data: For more information see PW5 Satisfaction with work-life balance.

Data source: Auckland City Council et al (2005) *Quality of Life in New Zealand’s Largest Cities*. For more information see PW5 Satisfaction with work-life balance.

L2 PARTICIPATION IN SPORT AND ACTIVE LEISURE

Definition/formulae: The proportion of adults (15 years and over) who were physically active as defined by the *Sport and Recreation Continuous Monitoring Survey 2005*.

Being physically active means people took part in at least 2.5 hours of physical activity and did five or more sessions (half an hour or more) in the seven days before being interviewed. Physically active people are either “sufficiently active” or “highly active”. Highly active means doing some vigorous physical activity during the week in addition to the requirements for being rated as physically active. Sufficiently active people meet the basic criteria for being physically active. The other categories of physical activity measured in the survey are “sedentary”, defined as doing no physical activity per week, and “insufficiently active”, defined as doing less than 2.5 hours per week or doing fewer than five sessions per week.

The regions used in the indicator are defined as follows:

- *Auckland region includes the following councils:* Rodney District, North Shore City, Waitakere City, Auckland City, Manukau City, Papakura District, Franklin District
- *North includes:* Far North District, Whangarei District, Kaipara District, Thames-Coromandel District, Hauraki District, Waikato District, Matamata-Piako District, Hamilton City, Waipa District, Otorohanga District, South Waikato District, Waitomo District, Taupo District, Western Bay of Plenty District, Tauranga District, Rotorua District, Whakatane District, Kawerau District, Opotiki District, Gisborne District, Wairoa District, Ruapehu District

- *Central includes:* Hastings District, Napier City, Central Hawke’s Bay District, New Plymouth District, Stratford District, South Taranaki District, Wanganui District, Rangitikei District, Manawatu District, Palmerston North City, Tararua District, Horowhenua District, Kapiti Coast District, Porirua City, Upper Hutt City, Lower Hutt City, Wellington City, Masterton District, Carterton District, South Wairarapa District
- *South covers:* the whole of the South Island, excluding the Chatham Islands.

Limitations of data: The sampling errors associated with the continuous monitoring survey mean the ethnicity data needs to be treated with caution.

Data source: *Overcoming Obstacles to Action: Report commissioned by Sport and Recreation New Zealand giving results of Continuous Monitoring Survey (2006)*.

L3 PARTICIPATION IN CULTURAL AND ARTS ACTIVITIES

Definition/formulae: The proportion of the population aged 15 years and over who experienced a cultural activity as measured in the *2002 Cultural Experiences Survey*. Respondents were asked to report on activities they experienced over either a 12-month period (for goods and services accessed or experienced relatively infrequently) or a four-week recall period (for activities experienced on a more regular basis). The survey was undertaken as a supplement to the 2002 March-quarter *Household Labour Force Survey*.

Limitations of data: This was an ad hoc survey, and is not comparable with the indicator in *The Social Report 2001*. The focus of this survey was on experience/consumption; it did not include participation such as acting or performing.

Data source: Statistics New Zealand (2002a) *2002 Cultural Experiences Survey*.

Physical Environment

EN1 AIR QUALITY

Definition/formulae: The level of ambient concentrations of PM₁₀ averaged annually are reported for five major urban centres in New Zealand. These levels are compared with the government's PM₁₀ guideline value of 20 mg/m³ (20 micrograms per cubic metre) averaged annually. PM₁₀ is particulate matter that is less than 10 microns in diameter.

Limitations of data: Data is reported only at specific sites in the five major cities and therefore does not always represent the pollution levels that will be experienced over an entire town or city. The data, being so location-specific, cannot be compared with an OECD median. In September 2005, new air-quality standards based on daily average PM₁₀ concentrations were introduced. Regional and unitary authorities declared 42 "airsheds" where air quality may, or is known to, exceed the standards for PM₁₀. When sufficient data is available, we will report against these standards also.

Some PM₁₀ monitoring methods can be subject to "volatile loss" causing an under-estimation of PM₁₀ levels. Any data used in this report that may be subject to volatile loss has been adjusted by regionally-determined factors, or generic factors where regional factors were not available.

Data source: Ministry for the Environment unpublished data 2006.

EN2 DRINKING WATER QUALITY

Definition/formulae: The 2000 Drinking Water Standards for New Zealand (DWSNZ) requires that all water leaving the treatment plant must be free of both faecal coliform bacteria (including *E. coli*) and *Cryptosporidium*. Additionally, adequate monitoring and the use of a registered laboratory are required to demonstrate full compliance with this standard. The indicator is the proportion of the total population whose water supply complies with the 2000 DWSNZ for *E. coli* and *Cryptosporidium*.

Limitations of data: Drinking water rated not fully compliant may be the result of failing one of the two microbiological criteria, of failing to adequately demonstrate compliance by using a non-registered laboratory, or of no or inadequate monitoring.

Data source: Water Information New Zealand Database May 2006.

Safety

SS1 INTENTIONAL INJURY CHILD MORTALITY

Definition/formulae: The number of children under 15 years of age who have died as a result of an intentional injury, per 100,000 children under 15 years. (ICD-9 codes E960–E969, (up to 1999); ICD-10 codes X85–Y09 (from 2001)).

Limitations of data: Because of the changes in the classification of ethnicity in death-registration data since September 1995, ethnicity data for 1996 and later years is not comparable with data from before 1996.

Data sources: Ministry of Health Mortality and Demographic Data 2002 and 2003, New Zealand Health Information Service, Tables 3, 3a, M2; Ministry of Health Mortality and Demographic Data 1996, New Zealand Health Information Service, Table 4 p 58, Table 4a p 67; Ministry of Health Mortality and Demographic Data 1997, New Zealand Health Information Service, Table 4 p 55, Table 4a p 63; Ministry of Health Mortality and Demographic Data 1998, New Zealand Health Information Service, Table 4 p 55, Table 4a p 63; Ministry of Health Mortality and Demographic Data 1999, New Zealand Health Information Service, Table 4 p 61, Table 4a p 71, Table 5a p 78. UNICEF (2003) "A League Table of Child Maltreatment Deaths in Rich Nations", Innocenti Report Card, No 5 Table 1(a) p 4; Statistics New Zealand, mean resident population estimates for years ended December.

SS2 CRIMINAL VICTIMISATION

Definition/formulae: The number of individuals who have been the victims of one or more incidents of criminal offending over the 2000 year as a proportion of the population aged 15 years and over, as measured by the 2001 National Survey of Crime Victims. The survey includes all behaviour reported by the respondents which falls within the legal definition of criminal offending. This provides a fuller picture of crime in New Zealand than that collected from police records.

Criminal victimisation prevalence rates for 1995 have been revised slightly.

Limitations of data: The survey includes a wide range of behaviour with varying degrees of seriousness, but excludes offences such as shoplifting and tax evasion as well as victimless crimes such as drug abuse. Many of the reported behaviours may not be regarded as a crime by the victims and they may not regard the incident as requiring police intervention.

Differences in the method of collection and in the questionnaire may affect the comparability of the results from the 2001 and 1996 surveys.

The 2001 survey had a response rate of 62 percent and the 1996 survey had a response rate of 57 percent. The response rates for Māori and Pacific peoples were much lower. The differences in the response rates between the surveys, and the low response rates among Māori and Pacific peoples, may have impacted on both the validity of comparisons between the two surveys and the reliability of the findings of the 2001 survey, especially with respect to Māori and Pacific peoples.

Previous studies suggest sexual offending and domestic abuse are substantially under-reported in criminal victimisation surveys. The results, therefore, should be treated with some caution.

Data source: Morris et al (2003) New Zealand National Survey of Crime Victims 2001, Ministry of Justice, customised tables.

SS3 PERCEPTIONS OF SAFETY

Definition/formulae: The proportion of people who reported they felt unsafe walking alone in their neighbourhood at night, as measured by the 2001 National Survey of Crime Victims. People who said they did not walk alone at night were asked how they thought they would feel.

Limitations of data: People's subjective perceptions about safety are not always linked to the actual risk of becoming a crime victim.

Data source: Morris et al (2003) New Zealand National Survey of Crime Victims 2001, Ministry of Justice.

SS4 ROAD CASUALTIES

Definition/formulae: Number of deaths caused by motor vehicles per 100,000 population. Number of injured persons resulting from motor vehicle crashes as reported to the police, per 100,000 population. Pedestrians or cyclists killed or injured by motor vehicles are included.

The data was drawn from the following International Classification of Diseases codes: ICD-9, 810–819 (1996–1999); ICD-10, V01–V89 (2000).

Limitations of data: The collection of ethnicity data changed during 1995 for both mortality and hospitalisation data. For mortality data, the basis of ethnicity has changed from a biological concept to a concept of self-identification; in mid-1995 hospitalisation data recorded multiple ethnic groups, whereas previously only one ethnic group could be recorded. Consequently, a comparison of 1996 ethnic-specific data with previous years is misleading: 1996 is the start of a new time series for ethnic-specific data.

Because of a revision of the International Classification of Diseases, 2000 rates are not comparable with rates for 1996–1999.

Data sources: Ministry of Transport; Land Transport New Zealand; New Zealand Health Information Service; New Zealand Travel Surveys; Statistics New Zealand; International Road Traffic and Accident Database (OECD), Issued September 2005. Road casualty data comes from two main sources: injury data from the Traffic Crash Reports completed by police officers who attend the fatal and injury crashes; and mortality and hospitalisation data from the New Zealand Health Information Service (NZHIS). Ethnic-specific rates of death or hospitalisation are only available from NZHIS. The New Zealand Travel Survey 1997/1998 was based on a sample of approximately 14,000 people and the survey report compared results from a similar survey conducted in 1989/1990.

Social Connectedness

SC1 TELEPHONE AND INTERNET ACCESS IN THE HOME

Definition/formulae: The proportion of the population with telephone and internet access in the home, as measured by the 2000 and 2004 New Zealand Living Standards Surveys.

The 2000 survey was in two parts: one of 3,060 people aged 65 years and over and the other of 3,682 working-age adults (18–64 years). Both surveys involved face-to-face interviews with nationwide representative samples. The 2004 survey was a nationally representative sample of 4,989 respondents answering on behalf of their economic family.

For further details, see notes for EC4 Population with low living standards. See EC3 Population with low incomes for an operational definition of “economic families”.

Family ethnicity is defined in this indicator by the presence of an adult of a particular ethnic group. The figures for families defined in this way are not mutually exclusive.

Data sources: Ministry of Social Development 2004 and revised 2000 Living Standard Surveys, unpublished analysis results produced by the Ministry of Social Development.
International comparison: Statistics New Zealand (2005) NZ in the OECD.

SC2 REGULAR CONTACT WITH FAMILY/FRIENDS

Definition/formulae: The proportion of the population who had family or friends over for a meal at least once a month, as measured by the 2000 and 2004 New Zealand Living Standards Surveys.

The 2000 survey was in two parts: one of 3,060 people aged 65 years and over and the other of 3,682 working-age adults (18–64 years). Both surveys involved face-to-face interviews with nationwide representative samples. The 2004 survey was a nationally representative sample of 4,989 respondents answering on behalf of their economic family.

For further details, see notes for EC4 Population with low living standards. See EC3 Population with low incomes for an operational definition of “economic families”.

Family ethnicity is defined in this indicator by the presence of an adult of a particular ethnic group. The figures for families defined in this way are not mutually exclusive.

Data source: Ministry of Social Development 2004 and revised 2000 Living Standards Surveys, unpublished analysis results produced by the Ministry of Social Development.

SC3 TRUST IN OTHERS

Definition/formulae: The proportion of the population who report people can “almost always” or “usually” be trusted, as reported in the *Quality of Life in New Zealand’s Largest Cities Survey 2004*.

Limitations of data: For more information see PW5 Satisfaction with work-life balance.

Data source: Auckland City Council et al (2005) *Quality of Life in New Zealand’s Largest Cities*. For more information see PW5 Satisfaction with work-life balance and United Kingdom Performance and Innovation Unit (2002).

SC4 LONELINESS

Definition/formulae: The proportion of the population who are lonely “all of the time”, “often”, or “some of the time”, in the *Quality of Life in New Zealand’s Largest Cities Survey 2004*.

Limitations of data: For more information see PW5 Satisfaction with work-life balance.

Data source: *Auckland City Council et al (2005) Quality of Life in New Zealand’s Largest Cities. For more information see PW5 Satisfaction with work-life balance.*

SC5 CONTACT BETWEEN YOUNG PEOPLE AND THEIR PARENTS

Definition/formulae: The percentage of secondary school students who reported in 2001 that most weeks they got enough time to spend with Mum and/or Dad (or someone who acts as Mum and/or Dad).

Limitations of data: Estimates from sample surveys are subject to error. The achieved sample size for the Youth2000 survey was 9,699 students, 4 percent of the total 2001 New Zealand secondary school roll.

Data sources: *Adolescent Health Research Group (2003a) New Zealand Youth: A Profile of their Health and Wellbeing, Auckland: University of Auckland, Table on p 46; Adolescent Health Research Group (2003a) New Zealand Youth: A Profile of their Health and Wellbeing: Regional reports (2003b).*

Endnotes

INTRODUCTION

- 1 Durie (2001)
- 2 Royal Commission on Social Policy (1988), vol II p 472
- 3 Disaggregation by ethnicity is problematic. Definitions of ethnicity are inconsistent across data sources and change over time. The way in which we present the data is constrained by the way in which it has been collected
- 4 The “Big Cities” group comprises 12 major metropolitan territorial local authorities: Auckland, Rodney, North Shore, Waitakere, Manukau, Tauranga, Hamilton, Wellington, Porirua, Hutt, Christchurch and Dunedin. The group jointly commissions the *Quality of Life in New Zealand’s Largest Cities Survey* which collects comparable information on social, economic and environmental outcomes within each of the urban areas. In 2004, the survey was done in partnership with the Ministry of Social Development and the survey now provides a national sample as well as city samples

PEOPLE

- 5 Statistics New Zealand (2006e)
- 6 Statistics New Zealand (2005b)
- 7 Statistics New Zealand (2006a) p 33
- 8 These figures are based on 2004-based “medium” projections (series 5), assuming medium fertility, medium mortality and a long-term annual net migration gain of 10,000
- 9 These figures are based on “medium” projections (series 6), assuming medium fertility, medium mortality, medium inter-ethnic mobility and medium long-term annual net migration of -2,500 for Māori (from 2002), 500 for Pacific peoples (from 2002), -5,000 for Europeans (from 2005) and 14,000 for the Asian population (from 2009). There are no projections for the other ethnic groups, which together made up less than 1 percent of the population in 2001
- 10 The family data relates to families within households. In official statistics, a family is defined as two or more people living in the same household who comprise either a couple,

with or without children, or one parent and their children. The children do not have partners or children of their own living in the same household. People who were temporarily away from home on census night are included as part of the family. There is no data available on parents and children who live in different households

- 11 Disability is defined as any restriction or lack (resulting from impairment) of ability to perform an activity in the manner or within the range considered normal for a human being. People were not considered to have a disability if an assistive device (such as glasses) completely eliminated their limitation. A concept of time was also introduced as a filter – the limitation must have lasted for, or be expected to last for, at least six months or more. See Ministry of Health (2004c) p 55
- 12 Ministry of Health (2004c)
- 13 In part, these figures reflect the older age distribution of people with disabilities and that older people tend to be more poorly qualified, and to be on low incomes

HEALTH

- 14 Howden-Chapman and Tobias (2000)
- 15 Ministry of Health (1999a) p 351
- 16 Tobias and Cheung (2003)
- 17 OECD (2005c)
- 18 2002 figures have been revised and are still provisional; 2003 data is also provisional
- 19 Age-standardised rates are rates that have been adjusted to take account of differences in the age distribution of the populations being compared
- 20 Ministry of Health (2006) p 14
- 21 Ministry of Health and World Health Organisation (2004)
- 22 World Health Organisation (2004)
- 23 Ministry of Health (1999a) p 344
- 24 Data for 2003 is based on the population aged 18 years and over
- 25 Ministry of Health (2005) Table A2 p 21
- 26 Howden-Chapman and Tobias (2000) p 54

- 27 OECD (2005c)
- 28 Ministry of Health (2003b) p 16
- 29 Cole et al (2000)
- 30 Ministry of Health (2002) p 12
- 31 Ministry of Health (2004b) p 14
- 32 Ministry of Health (2004b) p 77
- 33 Ministry of Health (2004b) p 36
- 34 It is difficult to establish trends on only a small number of surveys with limited comparability
- 35 Ministry of Health (2004a), Figure 57 p 88
- 36 OECD (2005c)

KNOWLEDGE AND SKILLS

- 37 See, for example, Wylie (1999)
- 38 OECD (2005a)
- 39 Wylie (1999) and Boocock (1995)
- 40 OECD (2005a)
- 41 The Māori and non-Māori total tertiary participation rates in this section have been age-standardised to the estimated total resident population aged 15 years and over, as at 30 June 2005
- 42 OECD (2005a)
- 43 OECD (2005a)
- 44 Ministry of Education (2001b)
- 45 Ministry of Education (2001b)
- 46 For the purposes of calculating New Zealand's performance relative to the OECD median, Switzerland's score was excluded as it had three separate entries – French, Italian, and German
- 47 OECD (2000)

PAID WORK

- 48 This includes wages and other payments to employees and entrepreneurial income, 1999 Statistics New Zealand data, cited in Department of Labour (1999)
- 49 Wilson (1999)
- 50 OECD (2006b) p 17
- 51 OECD (2005b) p 258
- 52 OECD (2005b) pp 238–240

ECONOMIC STANDARD OF LIVING

- 53 Royal Commission on Social Security in New Zealand (1972)
- 54 Statistics New Zealand (2001c) Table 1 p 15, Table 4 p 17. Per capita value calculated by the Ministry of Social Development
- 55 For a description of the Gini co-efficient, see Statistics New Zealand (1999) p 118
- 56 Forster M and d'Ercole M M (2005) pp 61–62 (with corrections for New Zealand after publication)
- 57 Taken from Figure 6 p 22 in Forster and d'Ercole (2005) using corrected New Zealand data released after the publication of the source document
- 58 Robust data is not available for low-income households by household characteristics (such as ethnicity)
- 59 Baker et al (2000)
- 60 Statistics New Zealand (2003b) p 33
- 61 Percentages do not add to 100 as some people identified with more than one ethnic group
- 62 Persons who received income support in the 12 months before the census. Excludes those who received ACC or New Zealand Superannuation

CIVIL AND POLITICAL RIGHTS

- 63 Ministry of Foreign Affairs and Trade (1998)
- 64 The 1988 Royal Commission on Social Policy found that New Zealanders felt wellbeing was strongly associated with the ability to make choices and to not have choices imposed on them. Royal Commission on Social Policy (1988)
- 65 For example, see the section on New Zealand in the United States State Department Bureau of Democracy, Human Rights and Labour 2003 Country Reports on Human Rights Practices <http://www.state.gov/g/drl/rls/hrrpt/2003/27783.htm>
- 66 Human Rights Commission (2006)
- 67 Marsh and Sahin-Dikmen (2002) pp 40–41
- 68 Inter-Parliamentary Union, PARLINE database, Last election
- 69 Inter-Parliamentary Union, Women in National Parliaments

70 These figures exclude Licensing and Land Trusts

CULTURAL IDENTITY

71 Durie et al (2002) and Durie (1999)

72 Statistics New Zealand (2001b)

73 ACNielsen (2005)

74 NZ On Air (1999) p 3

75 All those who identified as Māori in the census are counted as part of the Māori ethnic group in this indicator

76 “Well” or “very well” refers to being able to talk naturally and confidently in Māori about domestic or community subjects without making errors. “Fairly well” refers to being able to communicate their ideas in Māori most of the time but they may make some grammatical errors. “Not very well” refers to being able to give simple instructions in Māori and maintain basic question and answer sequences

77 The census question is a total-response question and the high proportion of Pacific peoples who can speak Māori may reflect the high proportion of people who identified with both ethnic groups in the last census. This is also the case for the European ethnic group

PHYSICAL ENVIRONMENT

78 The 1988 Royal Commission on Social Policy identified “guardianship of the physical resource” as a major part of the “safe prospect” aspect of social wellbeing

79 Statistics New Zealand (1993) p 83

80 Statistics New Zealand (1993)

SAFETY

81 Morris et al (2003) pp 222–224

82 National Research Council (1993)

83 National Road Safety Committee (2000)

84 Morris et al (2003) p 145

85 2005 injury data is provisional

86 Land Transport Safety Authority (2000)

87 International Road Traffic and Accident Database (OECD), September 2005

SOCIAL CONNECTEDNESS

88 Spellerberg (2001)

89 Donovan and Halpern (2002) p 27

90 Noll and Berger-Schmitt (2000)

91 OECD (2006c)

92 Statistics Canada (2004) and European Commission (2005)

CONCLUSION

93 Trends from 1986 are based on census data for households requiring additional bedrooms as we do not have data for the proportion of the population requiring additional bedrooms from 1986

94 It is difficult to establish trends on only a small number of surveys with limited comparability

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