2005

# the social report

te pūrongo oranga tangata

2005

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# 2005 the social report

te pūrongo oranga tangata

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indicators of social wellbeing in New Zealand

# contents

# Ministerial Foreword

The Government welcomes the publication of *The Social Report 2005*. The social report sets out a framework for considering social wellbeing in New Zealand and provides us with important information about what is happening to the quality of life of New Zealanders. With the addition in the report of new data on wellbeing at a regional authority level, we can also see how different parts of the country are faring. This type of information helps to identify, at both a national and subnational level, areas where progress is being made and areas where further attention may be needed.

*The Social Report 2005* not only confirms the ongoing pattern of improvement in the health, knowledge and skills and paid work domains illustrated in previous reports, but it also shows striking improvements in the living standards of New Zealanders since 2001. Providing better support to low-income families, through for example the introduction of income-related rents, has been a priority for this Government since we first came to office in 1999, and it is exciting to see these policies beginning to pay dividends. The marked reduction in child poverty rates is something that I am particularly pleased to see. This Government is confident there will be further improvements in the circumstances of low and middle income families over the next few years with the progressive roll-out of our Working for Families programme and the initiatives announced in the 2005 Budget.

The Government is committed to improving the quality of life of New Zealanders and to creating a more prosperous and inclusive society. The social report will continue to help monitor progress towards the achievement of this vision.

**Steve Maharey**
Minister for Social Development and Employment

# Chief Executive's Preface

*The Social Report 2005* provides us with a dynamic picture of social wellbeing in New Zealand. It does this by looking at how social conditions are changing over time and how different communities are faring. The social report is updated annually to ensure we have the most up-to-date and relevant information on social wellbeing in New Zealand.

The social report collects together information from across a wide spectrum of social policy concerns. The combined picture makes a vital contribution to the development of integrated social policies that are capable of addressing the often complex and interrelated causes of social problems.

This year, in response to the needs of the local government sector for regional information to monitor community outcomes, we have expanded the content of the report. For the first time, we have collected together significant information on regional social wellbeing, and I hope that this will help local government to assess where they are now and how they might plan for the future. This information will also assist the Ministry of Social Development to better understand how social conditions vary between communities. This information can be found on the social report website (www.socialreport.msd.govt.nz).

The high quality of the report and its importance across the social sector is due to the hard work of many staff from within the Ministry of Social Development and the ongoing support and advice that we receive from across the government sector and the wider community.

I commend *The Social Report 2005* to you. The report has an important contribution to make to informed discussion about social policy priorities at both a national and local level across New Zealand. It will be of great use and interest to a wide range of readers.

**Peter Hughes**
Chief Executive
Ministry of Social Development

# Introduction

## *The Social Report 2005*

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

*The Social Report 2005* uses a set of statistical indicators to monitor trends across 10 "domains", or areas of people's lives. These 10 domains together provide a picture of overall wellbeing and quality of life in New Zealand.

*The Social Report 2005* is the fourth in an annual series of reports on wellbeing in New Zealand and builds on the social monitoring framework first established by *The Social Report 2001*. The 2005 report contains additional information on social wellbeing across different parts of the country. Disaggregations of some social report indicators to regional boundaries are, for the first time, provided on the social report website (www.socialreport.msd.govt.nz).

## 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 assess how New Zealand compares 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. The social report helps us to identify adverse trends in social outcomes at an early stage. The report itself cannot illuminate what is driving these trends but it can point to the need for further research to better understand what is happening and to what actions need to be undertaken to address them.

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

# Social wellbeing

**Social wellbeing comprises those aspects of life that 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 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 Ministry of Social Development is currently undertaking research on models of social wellbeing employed in different ethnic communities.

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 2005* identifies 10 discrete components of wellbeing. We refer to these components as "desired social outcomes", and these are listed in Table IN1. 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 consequence 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. This year, no changes have been made 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 to measure progress towards a desired outcome. Indicators are selected because they either directly measure the outcome of interest (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, the prevalence of 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 within 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 in detail the state of knowledge and skill acquisition in New Zealand, they either provide important summary information on outcomes in that domain (for example, educational attainment of the adult population) or 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 in an indicator can be interpreted as either progress towards or a movement away from the desired outcome. This distinguishes social indicators from some social statistics that do not lend themselves easily to such an interpretation. For example, a change in the average age at which New Zealand women give birth to their first child, while an important social statistic, 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 regularly changed
- ***grounded in research*** – there should be sound evidence on key influences and factors affecting outcomes
- ***able to be disaggregated*** – the data needs to be broken down by age, sex, socio-economic status, ethnicity, and region 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 reporting up-to-date information
- ***allow international comparisons*** – indicators need to reflect the social goals of New Zealanders but also need to be consistent with those used in international indicator programmes so we can make comparisons.

Inevitably some indicators perform well on some criteria and poorly against others. Trade-offs are necessary as a consequence. 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, because it provides a more accurate measure of annual income and is hence a more relevant indicator to the outcome of interest. As a consequence, however, we are only able to update these indicators on a three-yearly rather than an annual basis, and we have to rely on a survey with a smaller sample size.

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

## Disaggregation of social report indicators

**Additional information on social wellbeing at a subnational level is available on the social report website**

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/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 either this type of information is not collected or sample sizes are too small to permit this form of disaggregation.

There is an increasing demand for information on social wellbeing at a regional and local authority level. In large part this is a consequence of the introduction of the Local Government Act 2002 which requires regional and local authorities to monitor community outcomes. In response to this demand, we have, for the first time, disaggregated all of those social report indicators for which there is subnational data to regional boundaries. This information should help regional authorities to identify areas of comparative strength and weakness within their communities, and it will also assist central government agencies in their work at a regional level. The data on social wellbeing at a subnational level is provided on the social report website (www.socialreport.msd.govt.nz) in both tabular and map formats. Indicators for which more detailed subnational information is provided are marked in Table IN1 with an asterisk (*). Some level of subnational data is provided for 19 of the 42 indicators. In order to disaggregate some of these indicators to subnational boundaries we have had to use different data sources from those used to derive the national figures for this report. Hence, in some instances, the regional rates on the website are not directly comparable with the national rates. More detail on this can be found on the social report website.

Some regional analysis is also provided in the indicator section of this report, and there is a discussion of regional variance in social wellbeing in the Conclusion. More data on social wellbeing at a subnational level for the Big Cities[4] group, sometimes using alternative data sources and indicators to those used in the social report, can also be found on the Quality of Life website (www.bigcities.govt.nz).

Analysis by population subgroup or by subnational boundaries highlights the differences between group averages. In most cases, however, the differences between members of any one group will be much greater than the differences between group averages. For example, reporting on social wellbeing at an Auckland regional boundary level masks the wide variation in outcomes that occurs within that region.

# Indicators for *The Social Report 2005*

**There are 42 indicators in this year's report**

The key change from the 2004 report is the deletion of an indicator of "disability requiring assistance". We are also using revised measures of child abuse and neglect, satisfaction with leisure and hourly earnings. A full summary of the changes is provided in Appendix 1.

Of the 42 indicators included in the report, 17 cannot be updated this year because they are based on surveys that are not repeated annually or because new data was not available in time for it to be included in this report. However, additional time-trend information has been provided in the report for some of the indicators that have not been updated.

The indicators for *The Social Report 2005* are set out on the following pages. The indicators that have been updated are highlighted in bold. Where an indicator is marked with an asterisk (*), more detailed subnational data can be found on the social report website. Technical details about indicator construction can be found in Appendix 2.

Table IN1 ***The Social Report 2005*** **outcome domains and indicators**

## Health

DESIRED OUTCOME STATEMENT

All people have the opportunity to enjoy long and healthy lives. Avoidable deaths, disease, and injuries are prevented. All people have the ability to function, participate and live independently or appropriately supported in society.

INDICATORS

1. Health expectancy
2. **Life expectancy***
3. **Suicide**
4. Prevalence of cigarette smoking*
5. **Obesity**

## Knowledge and Skills

DESIRED OUTCOME STATEMENT

All people have the knowledge and skills they need to participate fully in society. Lifelong learning and education are valued and supported. All people have the necessary skills to participate in a knowledge society.

INDICATORS

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

## Paid Work

DESIRED OUTCOME STATEMENT

All people have 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. All people have access to adequate incomes 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

All people enjoy 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. All people are 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

All people are satisfied with their participation in leisure and recreation activities. All people have adequate time in which they can do what they want to do, and can access an adequate range of different 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. All people are able to access natural areas and public spaces.

INDICATORS

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

## Safety

DESIRED OUTCOME STATEMENT

All people enjoy physical safety and feel 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. Participation in family/whānau activities and 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. Within each outcome domain, there is a two-page summary for each indicator.

The final section, the Conclusion, looks across the report to summarise how social wellbeing has changed over time and how different population subgroups are faring. It also discusses how social wellbeing varies across different parts of the country.

## 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 which should, in the long term, lead to the more regular collection of a wider set of social statistics.

The Ministry of Social Development is looking at ways to continue to make the social report of more use 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. 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 at the Statistics New Zealand website (www.stats.govt.nz).

As previously noted, we currently produce the social report on an annual basis. Work 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
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**website:** www.socialreport.msd.govt.nz
**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

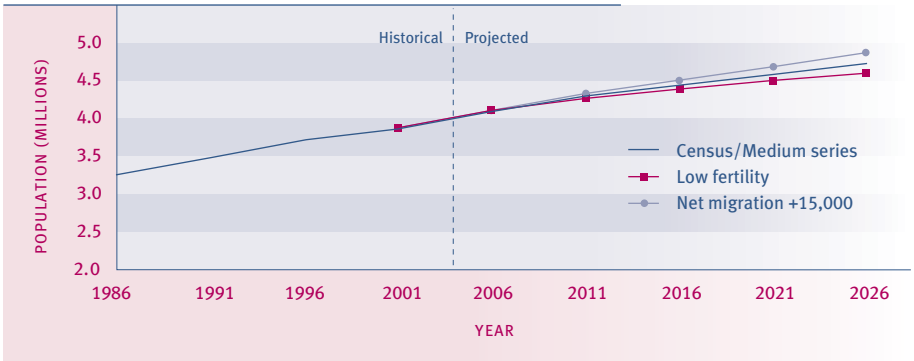
## Population size and growth

New Zealand's resident population reached 4 million in April 2003 and was estimated to be 4.08 million at the end of December 2004.

During the 2004 year, the population grew by 44,800 or 1.1 percent. This was a lower rate of growth than that recorded in 2003 (63,500 or 1.6 percent) but still marginally higher than the average annual increase during the 10-year period to December 2004 (43,600 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 2004 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 669,000 people to the population between 2004 and 2026.[5]

Figure P1 **Historical and projected resident population, 1986–2026**




*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*

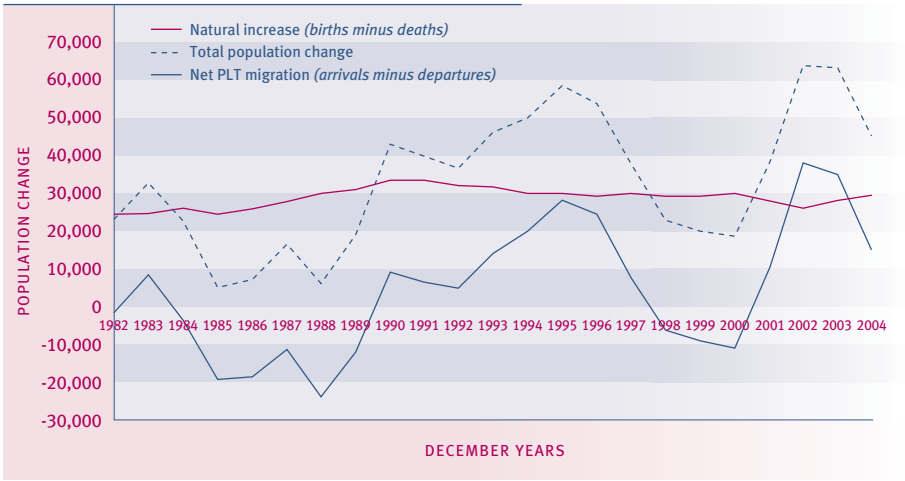
# Components of population change

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

Births exceeded deaths by 29,700 in the December 2004 year, an increase from 28,600 in 2003. Historically, natural increase (births minus deaths) has been the main component of population growth in New Zealand, but its contribution is slowly declining as the population ages and fertility declines.

The number of people coming to live in New Zealand in 2004 exceeded those leaving the country to live elsewhere by 15,100, less than half the net migration gain of 2003 (34,900). In the December 2004 year, the net gain from permanent and long-term migration accounted for 34 percent of population growth, down from 55 percent in 2003.

Figure P2 **Components of population change, 1982–2004**




*Source: Statistics New Zealand*
*Note: Prior to 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 2004 after a long-term absence came from either Australia or the United Kingdom. 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 46,100 in 2003 and to 33,200 in 2004. The main contributing countries in 2004 were the United Kingdom (9,100), China (2,900), India (2,500), Japan (2,100), Australia (1,900) and Fiji (1,800). Auckland is the destination of the largest group of new migrants.

## Fertility

Provisional fertility rates for the year 2004 indicate that New Zealand women average 2.01 births per woman, an increase from 1.95 in 2003 but still below the level required by any population to replace itself without migration (2.10 births per woman). Sub-replacement fertility is a feature of most developed countries, including France (1.9 births per woman), Australia and Denmark (1.8), England and Wales, the Netherlands, Finland and Sweden (1.7), 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 (2.65 births per woman in 2004) and Pacific women (2.94 in 2000–2002). In 2001, Māori and Pacific together made up over a fifth (22 percent) of women in the reproductive ages.

Since 1992, the median age of New Zealand women giving birth has risen from 28 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 2004).

New Zealand has a relatively high rate of childbearing at young ages compared with other developed countries, but the trend has been downward in recent years. The birth rate for women under 18 years was 18.0 per 1,000 females aged 15–17 years in 1996 and 14.9 per 1,000 in 2004. The rate for young Māori is higher but has fallen faster over the same period (from 48.3 to 40.1 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, the latest period for which Pacific fertility rates are available.

## 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 over the period 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 were 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), the number of people identifying as European increased by 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 ethnic 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 had a European ethnicity, 22 percent were Māori, 10 percent were Pacific peoples, 8 percent were Asian and 1 percent other ethnic groups. Among those aged 65 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.

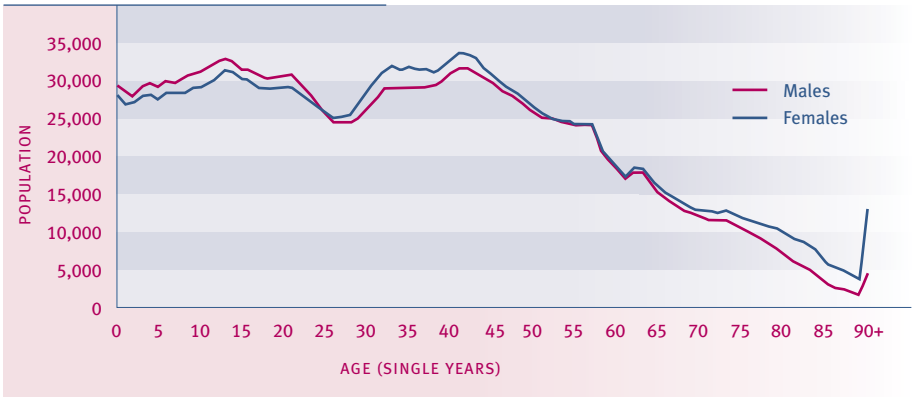
The number of people with multiple ethnic identities is increasing. In 2001, 91 percent of the population identified with one ethnicity, down from 95 percent in 1991. Having multiple ethnic identities is particularly common among Māori. Of those who said they belong to the Māori ethnic group in 2001, 44 percent also identified with at least one other ethnicity. Younger people are far more likely to identify with more than one ethnicity than older people. Birth registration data for 2003 shows that about one in five babies was identified with more than one ethnicity, compared to one in 10 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, particularly from the late twenties to the late forties, and from the early sixties onwards. More males are born than females, but males have higher mortality rates than females at all ages, particularly at ages 15–29 years. The imbalance in the middle years is largely an outcome of sex differences in net migration (there were more males than females in the net migration loss between 1999 and 2001, and more females than males in the net migration gain of the previous five years). At older ages it reflects higher male mortality rates.

Figure P3 **Population, by age and sex, 2004**




*Source: Statistics New Zealand*

The New Zealand population is ageing: the median age of the population was 35 years in 2004, and is expected to rise to 39 years by 2014, then rise more slowly to reach 41 years in 2024.[8]

The proportion of the population under 15 years of age has declined from 25 percent in 1984 to 22 percent in 2004 and is expected to fall to 19 percent by 2014. The population aged 65 and over has increased from 10 percent of the total population in 1984 to 12 percent in 2004 and will reach 15 percent by 2014 and 19 percent in 2024, assuming medium fertility, medium mortality and an annual net migration gain of 10,000 from 2009.

Population ageing within the working-age group 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 2014, the 15–24 age group is expected to be 6 percent larger than it was in 2004. Over the same period, there will be a slight decline (of 5 percent) in the number of people aged 25–44, and an increase of 23 percent in the population aged 45–64 years. By 2014, 45–64 year olds will make up 40 percent of the working-age population, compared with 35 percent in 2004.

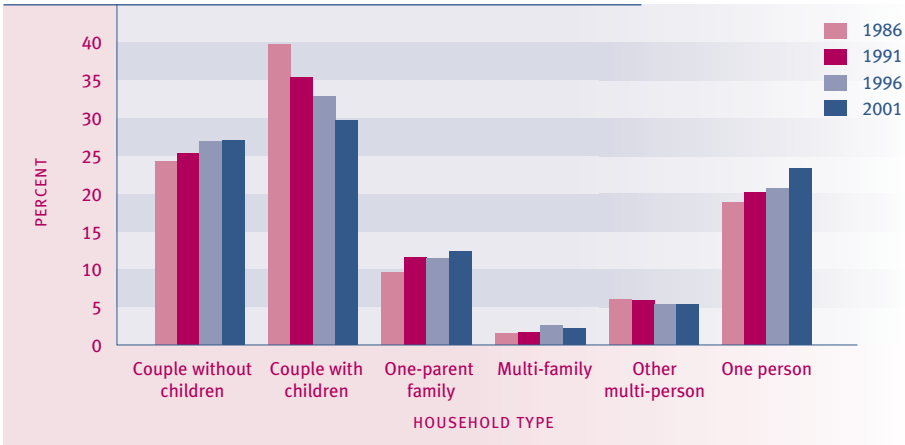
Age structure varies by ethnic group. In 2001, the European ethnic group population was the oldest, with a median age of 37 years, followed by Asians (28 years), other ethnic groups (26 years), Māori (22 years) and Pacific peoples (21 years). By 2021, half of all Māori will be older than 26 years and 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 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 contained 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 |
| *Mother only* | *39,153* | *52,938* | *71,388* | *92,028* | *107,394* | *117,018* |
| *Father only* | *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 |
| *Mother only* | *8.8* | *11.9* | *16.0* | *20.5* | *22.7* | *24.4* |
| *Father only* | *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 |

*Sources: 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 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 found that 743,800 New Zealanders had some level of disability in 2001. This included an estimated 107,200 Māori and 28,100 Pacific peoples with a disability.

Just over half of New Zealanders with disabilities require some form of 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) | Male | | Female | | 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 2001 New Zealand Disability Survey found that 39 percent of disabled adults aged 15 years and over 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

All people have the opportunity to enjoy long and healthy lives. Avoidable deaths, disease and injuries are prevented. All people have 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 injury and illness bring.

The desired outcomes also acknowledge that not all people can live fully independent lives. For some, 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 their participation in education, training and employment, leading to reduced economic standards 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. Taken together, they provide an overall picture of the current state of the nation's health and the likely trends in the future. They cover both the length and quality of life and include both physical and mental health. The indicators are: health expectancy, life expectancy, suicide, the prevalence of 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 functional limitation 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.

The next indicator, 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 last two indicators are strong predictors of future health outcomes. 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 living 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

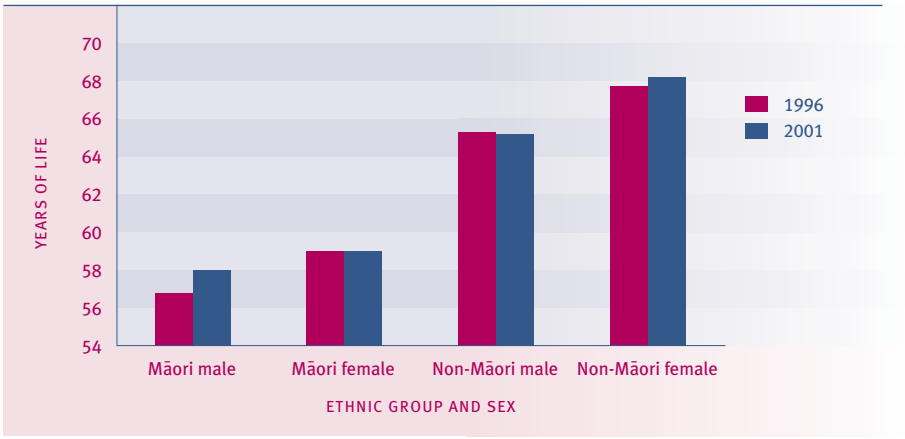
Only partial (0–85 years) independent life expectancy can be estimated for ethnic comparisons because of the small number of Māori aged over 85 years. These ethnic-specific statistics are not comparable with those for the total population.

There are large differences between Māori and non-Māori in their probability of living a long and healthy life. Revised estimates for 2001 indicate 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 year 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.

## RELEVANCE

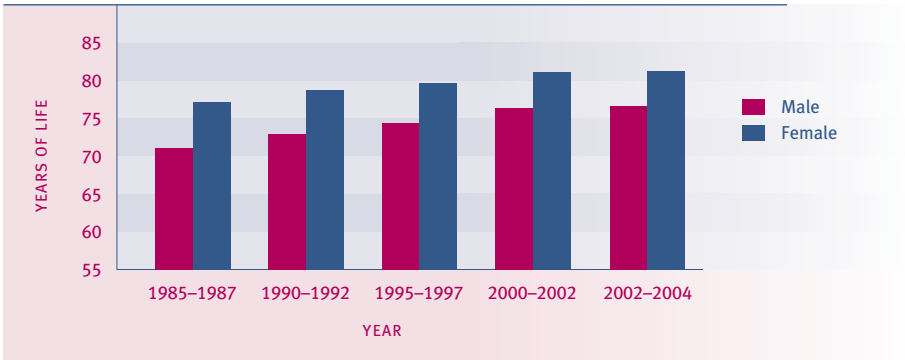
Life expectancy at birth is a key summary indicator of fatal health outcomes, ie the survival experience of the population.

## CURRENT LEVEL AND TRENDS

Based on the mortality experiences of New Zealanders in the period 2002–2004, life expectancy at birth was 77.0 years for males and 81.3 years for females. Since the mid-1980s, gains in longevity have been greater for males than for females. Between 1985–1987 and 2002–2004, life expectancy at birth increased by 5.9 years for males and 4.2 years for females. As a result, the sex gap in life expectancy decreased from 6 years to 4.3 years over this period.

With the decline in the infant mortality rate (from 11.2 deaths per 1,000 live births in 1986 to 5.6 per 1,000 in 2004), 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 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 2002–2004**




*Source: Statistics New Zealand*

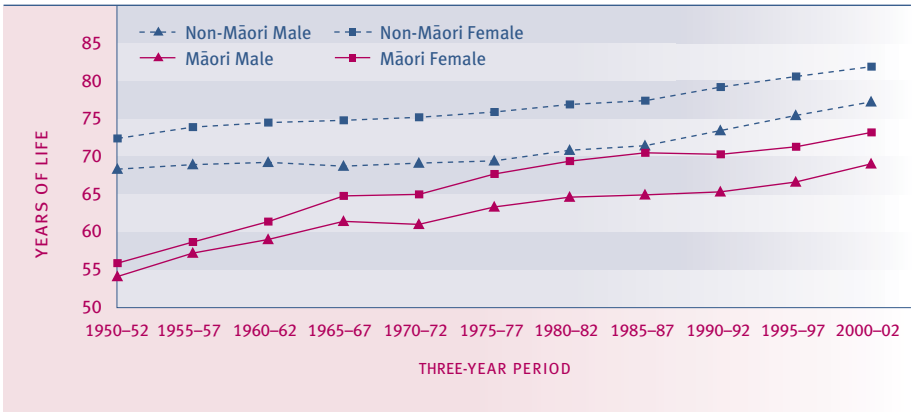
## ETHNIC DIFFERENCES

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 most recent 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**




*Source: Statistics New Zealand, Ministry of Health*
*Note: Figures for 1981–1996 have been adjusted for undercount, using Statistics New Zealand 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 2001, New Zealanders' life expectancy at birth was 80.9 years for females and 76.0 years for males. This was close to the OECD medians of 80.8 years for females and 75.5 years for males. New Zealand was ranked 15th out of 30 countries for females, and ninth for males. New Zealand's ranking was more favourable 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 2001, life expectancy at birth was best for females in Japan (84.9 years) and best for males in Iceland (78.3 years). For females, life expectancy was slightly higher in Canada (82.2) and Australia (82.4) than in New Zealand, similar in the United Kingdom (80.4 years) and slightly lower in the United States (79.8 years). The pattern was similar for males: Australia (77 years), Canada (77.1 years), the United Kingdom (75.7 years) and the United States (74.4 years).[17]

# Suicide

## DEFINITION

The number of suicide deaths per 100,000 population.

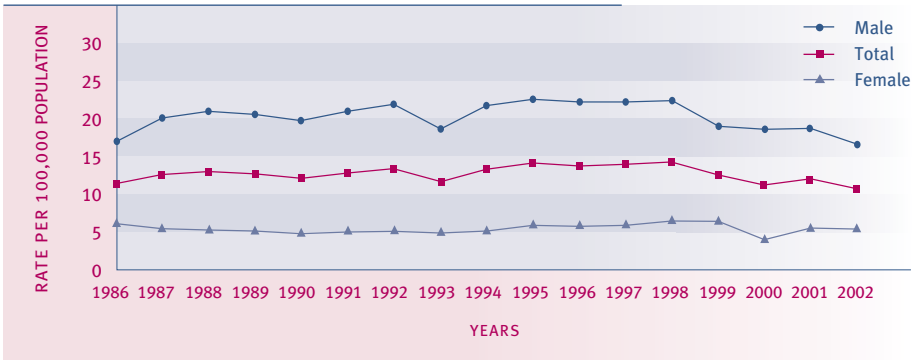
## RELEVANCE

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 2002, 460 people died by suicide, a decline from 507 in 2001.[18] The age-standardised[19] suicide death rate was 10.7 per 100,000 in 2002, compared with 12.0 per 100,000 in 2001. 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 by 25 percent and the 2002 rate was below the 1986 rate of 11.5 per 100,000.

Figure H3.1 **Age-standardised suicide death rate, by sex, 1986–2002**




*Source: Ministry of Health, New Zealand Health Information Service*
*Notes: [1] 2001 and 2002 figures are provisional*
*[2] Age-standardised to Segi's world population*

## SEX DIFFERENCES

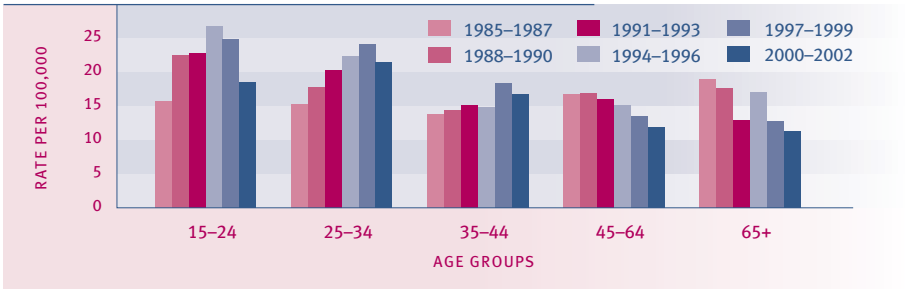
Males have a much higher rate of death by suicide than females, with 16.6 deaths per 100,000 males in 2002, compared with 5.2 deaths per 100,000 females. One of the major factors in the higher male suicide rate is choice of methods.[20] The male suicide rate increased sharply in the late 1980s, declined after 1998, and in 2002 was just below the 1986 rate of 17 deaths per 100,000 males. In comparison, the female rate has been relatively stable, apart from a slight increase during 1996–1999 and a fall in the rate in 2000. Because of the small numbers involved, it is more reliable to consider the trend over several years.

While males account for the most suicide deaths (76 percent in 2002), females account for the majority of recorded suicide attempts (66 percent in 2001/2002).

## AGE DIFFERENCES

People aged 25–34 years had the highest suicide death rate for 10-year age groups in 2002 (19.6 per 100,000, or 107 deaths), followed by people aged 15–24 years (17.0 per 100,000, with 94 deaths). For many decades, the rate of suicide was consistently highest at ages 65 and over but this changed in the late 1980s during a steep increase in youth suicide. The youth suicide rate peaked at 28.7 per 100,000 in 1995 and has fallen by 41 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 over 45 years. These age patterns may reflect, in part, cohort effects.

Figure H3.2 **Suicide death rates, by age, 1985–1987 to 2000–2002**




*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] 2001 and 2002 figures are provisional*

## ETHNIC DIFFERENCES

In 2002, there were 78 Māori deaths from suicide, accounting for 17 percent of all suicides in that year. The age-standardised rate of suicide death was 12.6 per 100,000 for Māori, compared to 10.1 for non-Māori. The suicide rate for Māori youth in 2002 was 31.2 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 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, 1996–2002**

| 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 | 13.4 | 11.5 | 79 | 428 |
| 2002 | 12.6 | 10.1 | 78 | 382 |

*Source: Ministry of Health, New Zealand Health Information Service*
*Notes: [1] 2001 and 2002 figures are provisional and the 2001 figures for non-Māori 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 1999–2002 shows that New Zealand's rate was the sixth worst for both males (16.4 per 100,000) and females (5.2 per 100,000).[21] Finland had the worst male suicide rate (26.5 per 100,000 in 2002), while Japan had the worst female rate (8.8 per 100,000 in 2000). Australia (17.5) had a slightly higher rate of male suicide than New Zealand, while Canada (15.6) and the United States (14.6) had slightly lower rates. The United Kingdom (9.9) fared considerably better. In regards to females, Australia and Canada (each 4.5), the United States (3.4) and the United Kingdom (2.6) all reported better results than New Zealand.

Comparing youth suicide rates in the same 13 OECD countries, New Zealand had the third worst male youth suicide rate, after Finland and Ireland, and the worst female youth suicide rate. New Zealand is one of a small number of countries which have higher suicide rates at the younger ages.[22]

# Prevalence of cigarette smoking

## DEFINITION

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

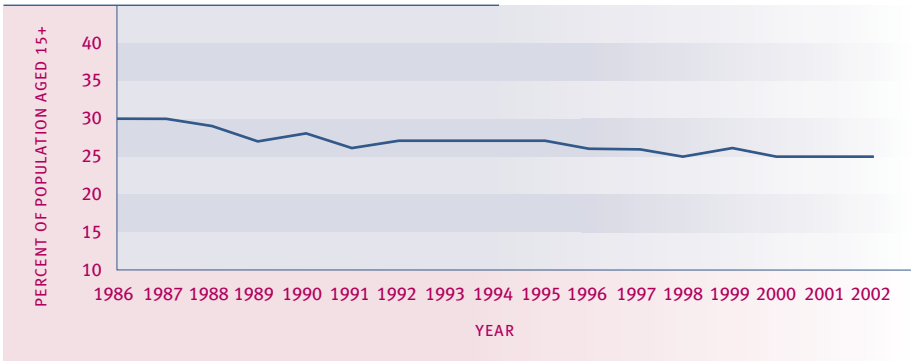
## RELEVANCE

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 2002, 25 percent of New Zealanders aged 15 years and over were cigarette smokers. The prevalence of smoking has declined from 30 percent in 1986, with most of the decline occurring between 1987 and 1991.

Figure H4.1 **Prevalence of cigarette smoking, 1986–2002**




*Source: Ministry of Health (2003b), Appendix 1, Table 11*

## AGE AND SEX DIFFERENCES

Smoking is most prevalent among people aged 25–34 years, followed by those aged 15–24 years and those aged 35–54. Older people aged 55 and over are much less likely to smoke and have experienced the greatest decline in smoking prevalence over the past 15 years.

Smoking prevalence has been similar for both sexes since the mid-1980s. In 2002, the rate was 25 percent for males and 24 percent for females. Females are slightly more likely than males to smoke at ages 15–34, but for those aged 35 and over, smoking has generally been more prevalent among males; over the 1990s, both sexes became less likely to smoke.

## ETHNIC DIFFERENCES

Māori women have the highest smoking prevalence (52 percent), followed by Māori men (39 percent). Among Pacific peoples, smoking is more prevalent among men (35 percent) than among women (29 percent).

Since the early 1990s, smoking prevalence has declined by about three percentage points for European/Other ethnic groups but has remained relatively unchanged for Māori and Pacific peoples.[24]

Table H4.1 **Age-standardised prevalence of cigarette smoking, by sex and ethnicity, 2002**

| | Percentage in each ethnic group who smoke cigarettes | | | |
|---|---|---|---|---|
| | Māori | Pacific peoples | European/Other | Total |
| Male | 39.3 | 34.6 | 23.8 | 26.2 |
| Female | 51.9 | 28.5 | 20.6 | 25.5 |
| Total | 46.4 | 31.9 | 22.1 | 25.8 |

*Source: Ministry of Health (2003b), 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.[25]

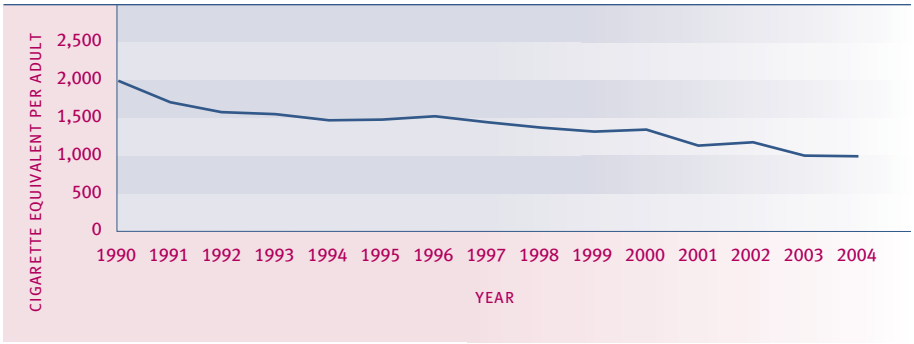
## INTERNATIONAL COMPARISON

In a 2001 comparison of the prevalence of adult smoking, New Zealand had a rate of 25 percent, compared with an OECD median of 27 percent.[26] New Zealand ranked eighth best out of 17 OECD countries. Smoking prevalence was worst in the Netherlands (34 percent). New Zealand's rate was slightly better than that of the United Kingdom (27 percent), but considerably worse than those of Australia (19.8 percent), the United States (18.5 percent) and Canada (18.0 percent). When compared to other developed countries, New Zealand smoking levels are relatively low for males and relatively high for females.[27]

## TOBACCO CONSUMPTION

Tobacco consumption can be measured from customs data or tobacco company returns. This complements the information on smoking prevalence outlined above, so providing a more comprehensive assessment of tobacco use. When expressed as cigarette equivalents per person aged 15 years and over per year, there has been a decrease of 26 percent in tobacco consumption over the last five years, from 1,352 to 999 cigarette equivalents per person. The drop in tobacco consumption has been more rapid than the drop in smoking prevalence.

Figure H4.2 **Tobacco consumption, cigarette equivalent per person aged 15 years and over, 1990–2004**




*Source: Ministry of Health*

# Obesity

## DEFINITION

The proportion of the population aged 15 and over who are obese. Obesity is defined as having a Body Mass Index (BMI) greater than 30 for European/Other ethnicities, or greater than 32 for Māori and Pacific peoples.[28] For the population aged under 15, the measure is the proportion of children aged 5–14 years whose BMI met internationally defined thresholds of obesity.[29]

## RELEVANCE

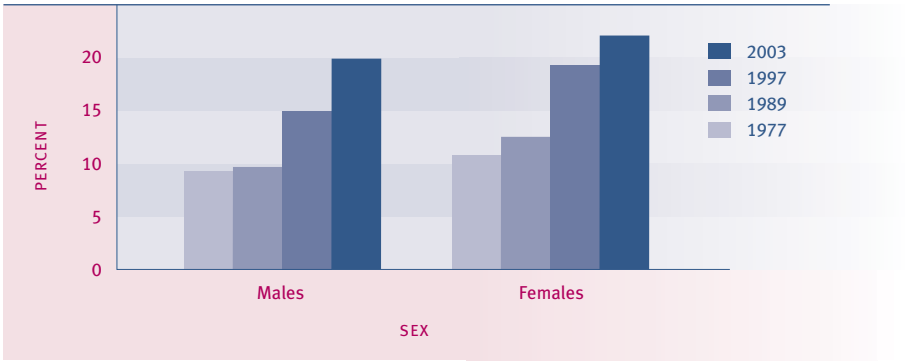
Obesity is associated with heart disease, diabetes, stroke, high blood pressure and some cancers. The increase in the prevalence of obesity has been identified as a major cause of the projected increase in diabetes.[30]

## 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.

The prevalence of obesity among New Zealand adults aged 15–74 years doubled between 1977 and 2003, from 9 to 20 percent in males and from 11 to 22 percent in females.[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 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, p89*

## 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 year 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**

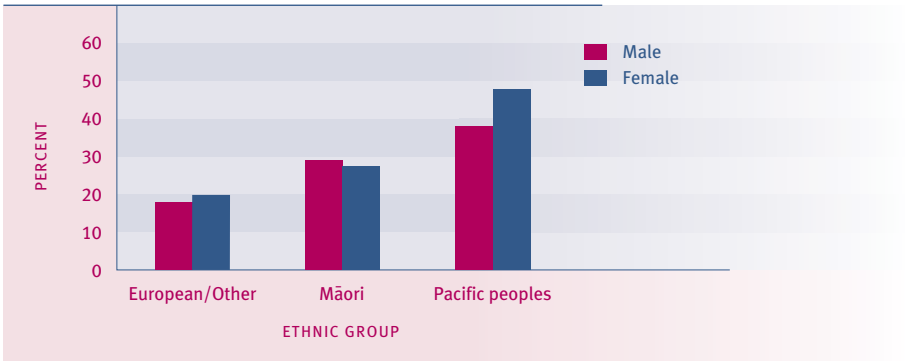
| | 15–24 | 25–34 | 35–44 | 45–54 | 55–64 | 65–74 | 75+ | Total 15+ |
|---|---|---|---|---|---|---|---|---|
| Males | 9.7 | 16.1 | 21.0 | 26.1 | 29.0 | 24.0 | 19.4 | 19.2 |
| Females | 12.4 | 20.7 | 22.0 | 24.6 | 30.9 | 27.2 | 17.1 | 21.0 |

*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 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 and over, by ethnic group and sex, 2002/2003**




*Source: Ministry of Health (2004a), Tables 13 and 14, pp103–104*
*Note: Rates are age-standardised using the WHO world population*

Obesity levels have been increasing over time, but from 1997 to 2003 among the Māori population there was a substantial slowing of the rate of change, compared to the total population. The prevalence of obesity for Māori males remained steady over the period at approximately 27 percent and there was a slight decline for Māori females, from 27.9 to 26.5 percent. Between 1997 and 2003 the obesity rate for the total population increased for both males (from 15 to 20 percent) and females (from 19 to 22 percent).

## 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.[34]

## 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 poorly at 22nd out of 27 countries reporting obesity prevalence in 1999–2003. However, only three other countries base their estimates on actual measurements and New Zealand ranked better than these: the United States (with the worst rate of obesity, at 31 percent in 2002); the United Kingdom (22 percent in 2002) and Australia (22 percent in 1999). Of all countries, Korea had the lowest prevalence of obesity (3 percent in 2001).[35]

DESIRED OUTCOMES

All people have the knowledge and skills they need to participate fully in society. Lifelong learning and education are valued and supported. All people have the necessary skills to participate in a knowledge society.

# 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 people's sense of self-worth, security and belonging.

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

Knowledge and skills include not only education and training, but also abilities gained though work and daily life – for example, parenting skills or skills relevant to recreation or leisure activities.

For many people, the acts of learning and of 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 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 not only the economic standard of living people are able to enjoy, but also 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, the educational attainment of the adult population, adult literacy skills in English and participation in tertiary education. The focus of four of the five indicators is on formal education and training. This reflects both 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 knowledge and skill acquisition.

The indicators are relevant to both current and future social wellbeing. Participation in early childhood education is included because it 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 and helps to equip them to cope socially at school. Quality early childhood programmes can help narrow the achievement gap between children from low-income families and more advantaged children.[36]

Students who attain higher qualifications at school tend to have a wider range of options for higher education and future employment. Those who leave school early are at a greater risk of unemployment or having low incomes.[37]

Educational attainment of the adult population provides a broad picture of New Zealanders' overall attainment 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 tertiary education opens up career opportunities and provides people with the skills they 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.

# 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.

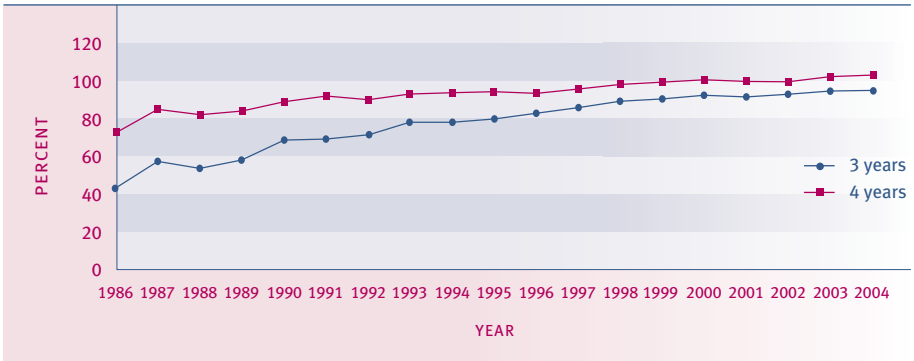
## RELEVANCE

Evidence from New Zealand and international research shows that the early years of childhood are vital to a child's development and future ability to learn.[38] 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 2004, the "apparent" early childhood education participation rate was 95 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, 1986–2004**




*Source: 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*

A new measure of early childhood education participation, which avoids the problem of double-counting, comes from information collected when children are in Year One at school. This shows that, as at July 2004, 94 percent of all Year One students had attended some form of early childhood education service before starting school. 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 had attended an early childhood education service, with European students being the most likely to have attended: 98 percent compared with 89 percent of Māori and 85 percent of Pacific Year One students in 2004. However the gap in participation rates has narrowed in recent years.

Table K1.1 **Early childhood education attendance by Year One students, by ethnic group, as at 1 July 2000–2004**

| | 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 | 93.5 |
| 2004 | 97.6 | 89.3 | 84.7 | 94.1 | 89.4 | 94.0 |

*Source: Ministry of Education*
*Note: These figures exclude cases for which attendance was unknown and differ from those published in* The Social Report 2003

## PARTICIPATION BY TYPE OF EARLY CHILDHOOD EDUCATION SERVICE

In 2004, childcare centres (40 percent) and kindergartens (39 percent) catered for the largest group of enrolments of 3 and 4 year olds in early childhood education. Much smaller proportions were enrolled in play centres (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. These include Sixth Form Certificate, NCEA Level 2, Higher School Certificate, Entrance Qualification and University Bursary.

## RELEVANCE

Upper secondary education serves as the foundation for higher (post-secondary) learning and training opportunities as well as 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.[39]

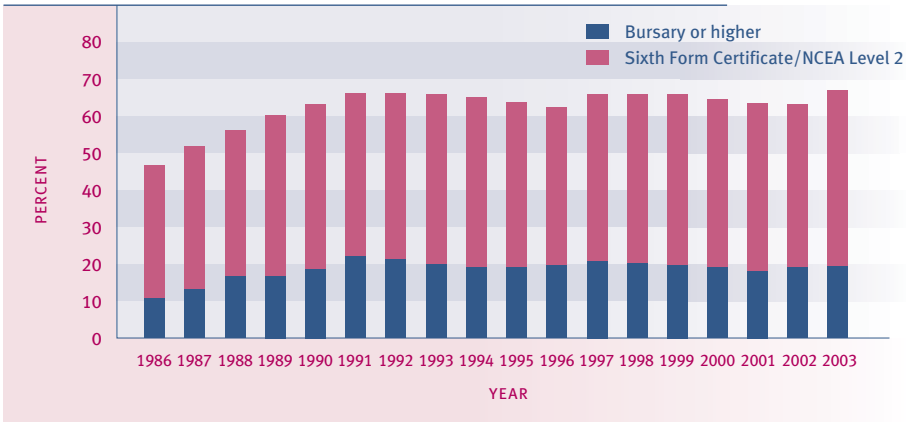
## CURRENT LEVEL AND TRENDS

In 2003, 67 percent of school leavers (36,000) left school with qualifications higher than NCEA Level 1, an increase from 63 percent in 2002. The proportion of school leavers with at least Sixth Form Certificate or NCEA Level 2 qualifications 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 67 percent.

The proportion of school leavers attaining an A or B Bursary or Scholarship also increased during the period 1986–1991 and has remained around 18–22 percent over the past decade. In 2003, 20 percent of school leavers (10,500) had attained an A or B Bursary, an increase from 19 percent in 2002.

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 higher qualifications, 1986–2003**




*Source: Ministry of Education*
*Notes: [1] Bursary or higher includes: A or B Bursary, Scholarship (to 1989) and National Certificate Level 3 or above (from 1996)*
*[2] Sixth Form Certificate/NCEA Level 2 includes Higher School Certificate and Entrance Qualification*

## SEX DIFFERENCES

In 2003, 71 percent of female school leavers had qualifications higher than NCEA Level 1, compared to 63 percent of males. Between 1986 and 2003 the proportion of school leavers with at least Sixth Form Certificate/NCEA Level 2 or Bursary improved at a faster rate for females than for males.

Table K2.1 **Proportion (%) of school leavers with higher qualifications, by sex, selected years, 1986–2003**

| | Sixth Form Certificate/NCEA Level 2 or higher | | Bursary or higher | |
|---|---|---|---|---|
| | Male | Female | Male | Female |
| 1986 | 45.2 | 48.1 | 11.6 | 10.0 |
| 1991 | 63.5 | 69.2 | 21.1 | 23.4 |
| 1996 | 59.0 | 66.5 | 17.8 | 22.0 |
| 2001 | 59.4 | 68.1 | 15.8 | 21.2 |
| 2002 | 59.0 | 67.6 | 16.7 | 21.5 |
| 2003 | 63.2 | 71.2 | 17.5 | 21.9 |

*Source: Ministry of Education*
*Notes: [1] Bursary or higher includes: A or B Bursary, Scholarship (to 1989) and National Certificate Level 3 or above (from 1996)*
*[2] Sixth Form Certificate/NCEA Level 2 or higher includes Higher School Certificate and Entrance Qualification*

## ETHNIC DIFFERENCES

The proportion of Māori school leavers with qualifications higher than NCEA Level 1 increased sharply between 2002 and 2003, from 39 percent to 45 percent. Among Pacific school leavers, the proportion with higher qualifications increased from 54 percent in 2002 to 59 percent in 2003. 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 2002 and 2003 (from 68 to 72 percent for Europeans and from 84 to 86 percent for Asians).

There is also a substantial difference between ethnic groups in the proportions leaving school with Bursary or similar higher qualifications. In 2003, 4 percent of Māori and Pacific school leavers gained an A or B Bursary or National Certificate at Level 3 or above, compared with 23 percent of European and 42 percent of Asian school leavers. There has been little change in these proportions over the decade to 2003.

Table K2.2 **Proportion (%) of school leavers with higher qualifications, by ethnic group, selected years, 1991–2003**

| | European | Māori | Pacific | Asian | Other | Total |
|---|---|---|---|---|---|---|
| **Sixth Form Certificate/ NCEA Level 2 or higher** | | | | | | |
| 1991 | na | 37.4 | 52.2 | na | na | 66.3 |
| 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 |
| **Bursary or higher** | | | | | | |
| 1991 | na | 5.1 | 7.4 | na | na | 22.3 |
| 1996 | 23.7 | 4.1 | 5.8 | 41.7 | 18.8 | 19.9 |
| 2001 | 21.2 | 4.0 | 4.7 | 42.2 | 20.5 | 18.4 |
| 2002 | 22.2 | 3.9 | 4.2 | 41.3 | 21.1 | 19.1 |
| 2003 | 22.7 | 4.5 | 4.4 | 41.9 | 20.4 | 19.7 |

*Source: Ministry of Education*
*Notes: [1] Bursary or higher includes: A or B Bursary, Scholarship (to 1989) and National Certificate Level 3 or above (from 1996)*
*[2] Sixth Form Certificate/NCEA Level 2 or higher includes Higher School Certificate and Entrance Qualification*

## 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 2003, only 52 percent of school leavers from decile 1–3 schools (in the most disadvantaged communities) attained NCEA Level 2 or higher qualifications, compared with 64 percent of those leaving decile 4–7 schools and 79 percent of those leaving decile 8–10 schools.

# Educational attainment of the adult population

## DEFINITION

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

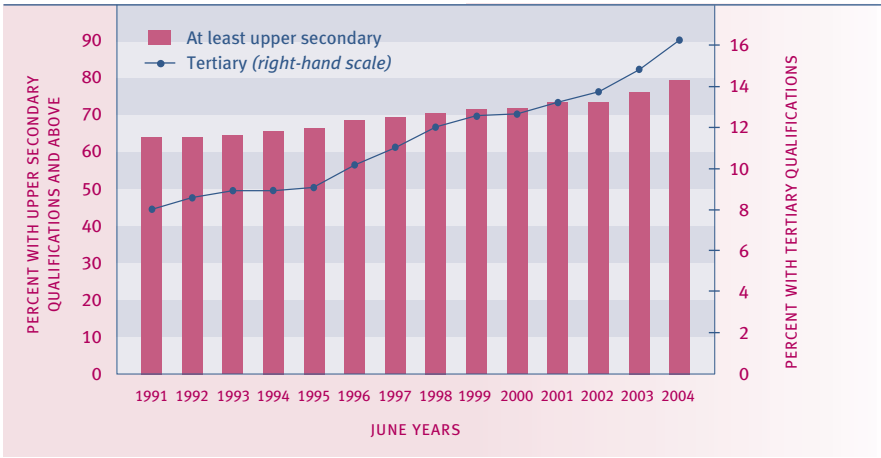
## RELEVANCE

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 2004, 79 percent of the population aged 25–64 years (1.7 million people) had attained an educational qualification of upper secondary level or above. This proportion has steadily increased from 64 percent in 1991. Over the same period the proportion of adults with a bachelor's degree or higher qualification has risen from 8 percent to 16 percent (338,000). While some of the increase is due to adults gaining additional qualifications, most of the upward trend is due to new entrants to the 25–64 age group (young people and migrants) being better qualified on average than people reaching retirement age.

Figure K3.1 **Proportion of adults aged 25–64 with educational achievement of at least upper secondary level and tertiary level, 1991–2004**




*Source: Statistics New Zealand, Household Labour Force Survey (1991–2004)*
*Note: Tertiary equals bachelor's degree or higher*

## 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 (86 percent, compared to 67 percent). Similarly, young adults are more likely than older people to have tertiary qualifications (21 percent, compared to 9 percent).

Sex differences in educational attainment have narrowed over time. In 2004, 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 K3.1 **Proportion (%) of population aged 25–64 with higher qualifications, by age and sex, 2004**

| | 25–34 | 35–44 | 45–54 | 55–64 | Total 25–64 |
|---|---|---|---|---|---|
| **At least upper secondary** | | | | | |
| Males | 85.4 | 82.1 | 79.7 | 71.5 | 80.3 |
| Females | 86.9 | 82.6 | 76.5 | 63.1 | 78.6 |
| Total | 86.1 | 82.4 | 78.1 | 67.3 | 79.4 |
| **Tertiary** | | | | | |
| Males | 20.0 | 19.3 | 16.4 | 11.9 | 17.3 |
| Females | 22.8 | 15.7 | 13.1 | 7.1 | 15.3 |
| Total | 21.4 | 17.5 | 14.7 | 9.5 | 16.3 |

*Source: Statistics New Zealand, Household Labour Force Survey (2004)*
*Note: Tertiary equals bachelor's degree or higher*

## ETHNIC DIFFERENCES

Māori and Pacific adults are much less likely than European and "Other" ethnic groups to have higher qualifications. In the year ended June 2004, 65 percent of Māori and 70 percent of Pacific adults aged 25–64 held at least upper secondary qualifications, compared to 81 percent of Europeans. Similarly, just 6 percent of Māori and 7 percent of Pacific adults held a tertiary qualification at bachelor's degree level or above, compared to 16 percent of Europeans. However, since 1991, growth in the proportion of adults with at least upper secondary qualifications was faster among Māori and Pacific adults than among Europeans.

Table K3.2 **Proportion (%) of population aged 25–64 with higher qualifications, by ethnic group, selected years, 1991–2004**

| | European | Māori | Pacific | Other | Total |
|---|---|---|---|---|---|
| **At least upper secondary** | | | | | |
| 1991 | 67.9 | 41.0 | 30.4 | 58.4 | 64.0 |
| 1996 | 72.8 | 48.1 | 38.5 | 60.2 | 68.6 |
| 2001 | 77.0 | 58.6 | 56.2 | 66.2 | 73.4 |
| 2004 | 81.1 | 64.9 | 69.8 | 86.7 | 79.4 |
| **Tertiary** | | | | | |
| 1991 | 8.4 | 1.3 | ..s | 19.6 | 8.0 |
| 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 |

*Source: Statistics New Zealand, Household Labour Force Survey (1991–2004)*
*Notes: [1] "Other" in this data includes the Asian population [2] Tertiary equals bachelor's degree or higher*
*[3] ..s equals sampling error too high for publication*

## REGIONAL DIFFERENCES

Regional variations in the proportion of adults with higher qualifications reflect in part the location of tertiary education institutions and tertiary sector employment. In 2004, Auckland and Wellington had the highest proportion of adults with tertiary qualifications (22 percent) and Southland had the lowest proportion (5 percent).

## INTERNATIONAL COMPARISON

In 2002, 76 percent of New Zealand adults had at least upper secondary level qualifications, compared with an OECD median of 69 percent.[40] New Zealand ranked 12th out of 30 OECD countries. New Zealand ranked 16th in the proportion of adults who have completed tertiary qualifications to bachelor's degree or higher, with a rate of 15 percent (the same as the OECD median). Countries which had higher proportions of adults with tertiary qualifications at this level included the United States (29 percent – the highest rate), Canada (21 percent), Australia (20 percent), and the United Kingdom (19 percent).

# Adult literacy skills in English

## DEFINITION

The proportion of the population aged 16–65 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".[41] 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 chequebook or completing an order form.

## RELEVANCE

The increasing complexity of our society and the need for a more flexible and highly educated workforce mean that 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 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 K4.1 **Proportion of adults aged 16–65 years with higher literacy skills, 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 but then declined with age for people aged over 50. Poorer literacy levels among those aged over 50 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 Europeans. 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.[42]

Table K4.1 **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 |

*Source: Ministry of Education (2001b); OECD (2000a)*

## 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.[43] 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. Concerning quantitative literacy, New Zealand scored 50.6 percent. This was significantly lower than the OECD median of 57.0 percent and ranked New Zealand at 12th place. Other countries' outcomes included Canada 57.0 percent, Australia 56.8 percent, the United States 53.8 percent and the United Kingdom 49.0 percent.[44]

# Participation in tertiary education

## DEFINITION

The proportion of the population aged 15 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.

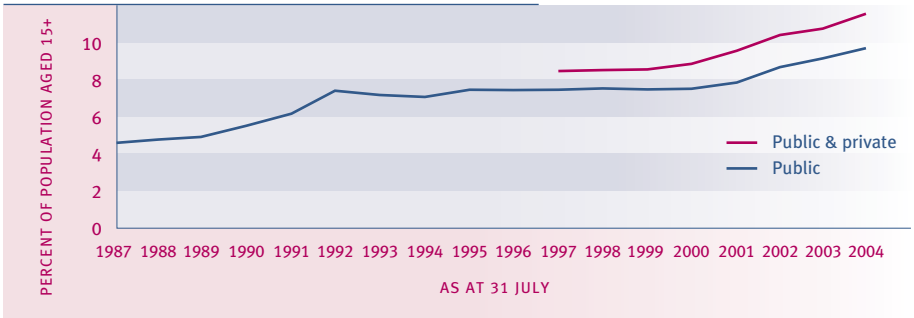
## RELEVANCE

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

## CURRENT LEVEL AND TRENDS

In July 2004, 12 percent of the population aged 15 and over (368,000 people) were enrolled in formal tertiary education, an increase from 11 percent (337,000 people) in 2003. Long-term trend data is only available for public tertiary education institutions. In 1986, 4 percent of the population aged 15 and over were enrolled in public tertiary education, compared to 10 percent in July 2004.

Figure K5.1 **Tertiary education participation rate, 1987–2004**




*Source: Ministry of Education; Ministry of Social Development*

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 2004, 7 percent of the population aged 15 and over were enrolled in sub-degree tertiary education courses, an increase from 3 percent in 1994. In comparison, 5 percent of the population were enrolled in degree and post-graduate courses in 2004, a rise from 4 percent in 1994.

## AGE AND SEX DIFFERENCES

Tertiary education participation is highest among 18–24 year olds. Recent increases in tertiary participation rates have been greatest at ages 25 and over, while the participation rate for those under 18 years has fluctuated.

Women are increasingly more likely than men to participate in tertiary study at ages 18 and over. The difference is greatest in the high-incidence age group of 18–24 year olds, where the difference in male and female rates of participation increased from one to eight percentage points between 1994 and 2004. There is little difference between males and females in the level of tertiary study at which they are enrolled. Of all tertiary students enrolled in mid-2004, 35 percent of

students of both sexes were enrolled in degree courses and 8 percent were enrolled in post-graduate courses.

Table K5.1 **Tertiary participation rates (%), by age and sex, selected years, 1994–2004**

| Sex, year | 15–17 years | 18–24 years | 25–39 years | 40+ years | Total |
|---|---|---|---|---|---|
| **Males** | | | | | |
| 1994 | 4.4 | 25.7 | 6.5 | 1.6 | 6.8 |
| 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 |
| **Females** | | | | | |
| 1994 | 3.6 | 26.6 | 7.2 | 2.4 | 7.3 |
| 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 |

*Source: Ministry of Education; Ministry of Social Development*
*Note: From 1997 includes participation in both public and private tertiary education institutions*

## ETHNIC DIFFERENCES

Māori participation in tertiary education has increased sharply in recent years. In July 2004, the age-standardised tertiary education participation rate for Māori was 16 percent, almost double the rate in 1999 (9 percent). In comparison, non-Māori participation increased from 9 percent in 1999 to 11 percent in 2004. The age-standardised rate has been higher for Māori than for non-Māori since 2001.[45]

Māori participation in tertiary education is higher than non-Māori participation among those under 18 and over 25, but considerably lower than non-Māori participation at the core tertiary education ages of 18–24 years. However, participation in this age group has been growing. In 2004, 27 percent of Māori aged 18–24 were enrolled in tertiary education, compared with 20 percent in 1999. The non-Māori participation rate at 18–24 years was 35 percent in 1999 and 41 percent in 2004.

Table K5.2 **Tertiary participation rates (%), by age and sex, Māori and non-Māori, 2004**

| Age group | Māori % | | | Non-Māori % | | |
|---|---|---|---|---|---|---|
| | Male | Female | Total | Male | Female | Total |
| 15–17 | 12.0 | 13.3 | 12.6 | 8.2 | 6.9 | 7.5 |
| 18–24 | 20.0 | 34.5 | 27.3 | 37.5 | 44.1 | 40.7 |
| 25–39 | 13.0 | 26.0 | 19.8 | 10.6 | 14.1 | 12.4 |
| 40+ | 8.0 | 16.0 | 12.2 | 3.0 | 4.9 | 4.0 |
| Total | 12.3 | 22.3 | 17.5 | 9.6 | 11.8 | 10.7 |

*Source: Ministry of Education; Ministry of Social Development*

There are marked ethnic differences in the level at which tertiary students are enrolled, with Māori and Pacific students being less likely to be enrolled in degree -level courses than students from European, Asian or "Other" ethnic groups.

## INTERNATIONAL COMPARISON

There are currently 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. Taking the 20–29 year age group, who are more likely to be enrolled in tertiary than secondary education, in 2002, New Zealand ranked 12th out of 27 countries with a rate of 25 percent – the same as the OECD median. The New Zealand rate was about the same as that of the United States but below the rates for Australia (33 percent) and the United Kingdom (27 percent).[46]

DESIRED OUTCOMES

All people have 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 by providing people with incomes to meet their basic needs and to contribute to their material comfort, as well as by giving 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 of 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.[47] 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 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 which matches 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.[48]

The quality of work is of critical importance. 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 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 from all wages and salaries, the number of workplace injury claims and the proportion of the population in paid employment who are satisfied with their work-life balance.

Together, these indicators present a picture of people's access to employment, how financially rewarding employment is, the level of safety of employment and the balance between work and other areas of life.

The first two indicators relate to the quantity of paid work on offer and taken up. This is affected by several factors, including economic conditions, migration flows, people's qualifications and abilities, and their decisions on how much time to allocate to paid work.

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, as it is influenced not only by the amount of work available but also by trends in labour force participation. 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 are not actively seeking 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 official unemployment rate is the number of people aged 15 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 and over who are either employed or unemployed (not employed but actively seeking and available for paid work).

## RELEVANCE

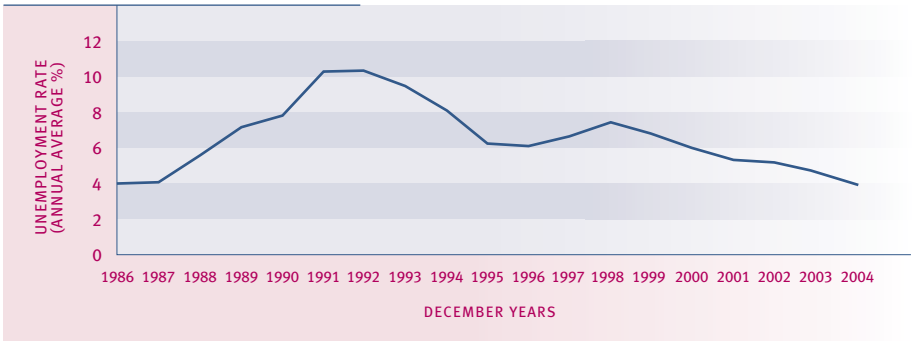
This is a key indicator of labour market outcomes and the lack of access to employment. The unemployment rate is an important reflection of overall economic conditions and may give some sense of the ease with which people are able to move into employment.

## CURRENT LEVEL AND TRENDS

In 2004, 3.9 percent of the labour force (or 82,000 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 2004 unemployment rate was just under the rate of 4.1 percent in 1986 when records began (70,000 people unemployed).

In 2004, 23 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 27 percent in 2003. The 2004 level of long-term unemployment was the same as that recorded in 1986 and substantially lower than the peak of 53 percent in 1992.

Figure PW1.1 **Unemployment rate, 1986–2004**



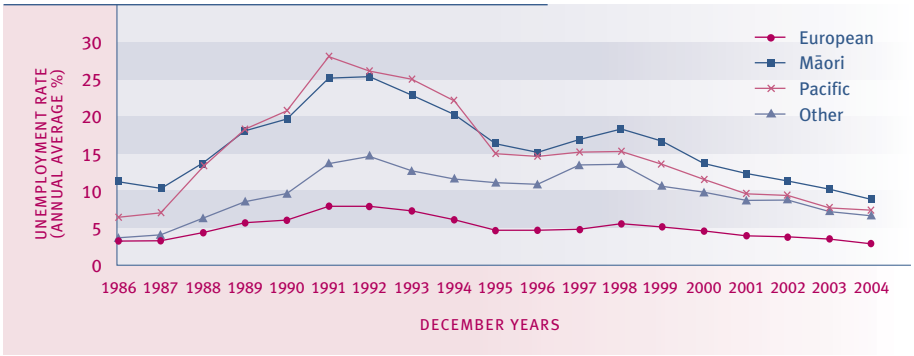

*Source: Statistics New Zealand, Household Labour Force Survey (1986–2004)*

## ETHNIC DIFFERENCES

Substantial differences in unemployment rates persist for different ethnic groups. Māori unemployment rose from 11.3 percent in 1986 to a peak of 25.4 percent in 1992 but had fallen to 8.8 percent by 2004, the lowest rate recorded since the Household Labour Force Survey began. Between 1986 and 1991, the unemployment rate for Pacific peoples rose from 6.6 percent to 28.0 percent, the highest rate for any ethnic group. Pacific peoples' unemployment rate has declined more than that of Māori since the mid-1990s and was 7.4 percent in 2004. Pacific unemployment is still higher than it was 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 declined to 2.8 percent by 2004. The unemployment rate of the "Other" ethnic group category (which comprises predominantly people of Asian ethnicity and includes many recent migrants) increased from 3.7 percent in 1986 to 14.8 percent in 1992, and was still relatively high at 6.6 percent in 2004.

Figure PW1.2 **Unemployment rate, by ethnic group, 1986–2004**




*Source: Statistics New Zealand, Household Labour Force Survey (1986–2004)*
*Note: "Other" includes Asian*

## AGE AND SEX DIFFERENCES

Unemployment rates among different age groups have followed similar trends but the level among those aged 15–24 (9.3 percent in 2004) has been consistently more than twice the rate for older groups. This group comprised 42 percent of all unemployed in 2004. Unemployment rates were higher for males than females in the peak years of unemployment. However, the pattern has reversed in recent years, with females having slightly higher unemployment rates than males.

Table PW1.1 **Unemployment rates (%), by age and sex, selected years, 1986–2004**

| Year | 15–24 | 25–44 | 45–64 | Total 15+ | Males | Females |
|---|---|---|---|---|---|---|
| 1986 | 7.9 | 3.1 | 1.8 | 4.1 | 3.6 | 4.8 |
| 1991 | 18.8 | 8.8 | 6.1 | 10.3 | 10.9 | 9.6 |
| 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 |

*Source: Statistics New Zealand, Household Labour Force Survey (1986–2004)*
*Note: Average for December years*

## REGIONAL DIFFERENCES

In 2004, regional unemployment rates were highest in Bay of Plenty and Gisborne-Hawke's Bay (each 4.8 percent) and Northland (4.5 percent) and lowest in Tasman-Nelson-Marlborough-West Coast (2.5 percent). The fall in the unemployment rate between 1992 and 2004 was greatest in the Northland region. Regional unemployment rates are closer now than they have ever been since the survey began in 1986. In 2004 the spread from the highest to the lowest unemployment rate was 2.3 percentage points, compared with a spread of 4.5 percentage points a year earlier. The difference in unemployment rates among the regions was greatest in 1994 (6.9 percentage points).

## INTERNATIONAL COMPARISON

In 2004, New Zealand ranked second out of 27 OECD countries with a standardised unemployment rate of 3.9 percent, compared with the OECD average of 6.9 percent. Since the mid-1980s, New Zealand's unemployment rate relative to other OECD countries has ranged from one of the lowest (ranked fifth in 1986 with a rate of 4.1 percent) to one of the highest (ranked 17th in 1992 with a rate of 10.3 percent) to a more favourable position in recent years. South Korea had the lowest unemployment rate in 2004 (3.7 percent). The New Zealand unemployment rate in 2004 was lower than those of the United Kingdom (4.6 percent), Japan (4.7 percent), the United States (5.5 percent), Australia (5.5 percent) and Canada (7.2 percent).[49] In 2003, New Zealand ranked sixth best in terms of the proportion of the unemployed who had been unemployed for six months or longer.[50]

# Employment

## DEFINITION

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

## RELEVANCE

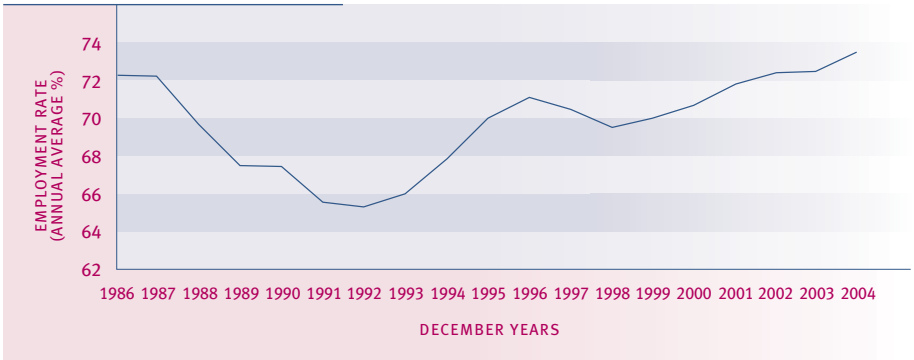
The employment rate is the best available indicator of the prevalence of paid employment. It is affected by trends in both unemployment and labour force participation (the proportion of the working-age population either employed or unemployed).

## CURRENT LEVEL AND TRENDS

In 2004, 73.5 percent of 15–64 year olds (1.966 million people) were employed for one hour or more per week. This was slightly above 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 73.5 percent in 2004 corresponds to a rise of 462,400 in the number of employed people aged 15–64. Over the same period, the number of people aged 15–64 increased by 374,400.

Full-time employment rates declined between 1986 (60.4 percent) and 1992 (51.5 percent) and have yet to recover to 1986 levels for men. Part-time employment rates have increased for both sexes over the period (from 11.9 percent in 1986 to 15.8 percent in 2004), almost doubling for men. However, women (23.3 percent) continue to have higher part-time employment rates than men (8.1 percent).

Figure PW2.1 **Employment rate, 1986–2004**




*Source: Statistics New Zealand, Household Labour Force Survey (1986–2004)*
*Note: Based on population aged 15–64*

## AGE AND SEX DIFFERENCES

The employment rate decline between 1987 and 1992 affected all age groups but was most pronounced for young people aged 15–24. Youth employment rates have remained relatively low during the period of employment growth since 1992, possibly due to a growth in participation in tertiary education and training. Conversely, employment rates for people aged 45–64 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.

Women's employment rate is significantly lower than that for men, owing mainly to the fact that women spend more time on childcare and other unpaid household work, and are more likely than men to be undertaking some form of study or training. The gap has, however, narrowed substantially since the mid-1980s, from 24 to 14 percentage points.

Table PW2.1 **Employment rates (%), by age and sex, selected years, 1986–2004**

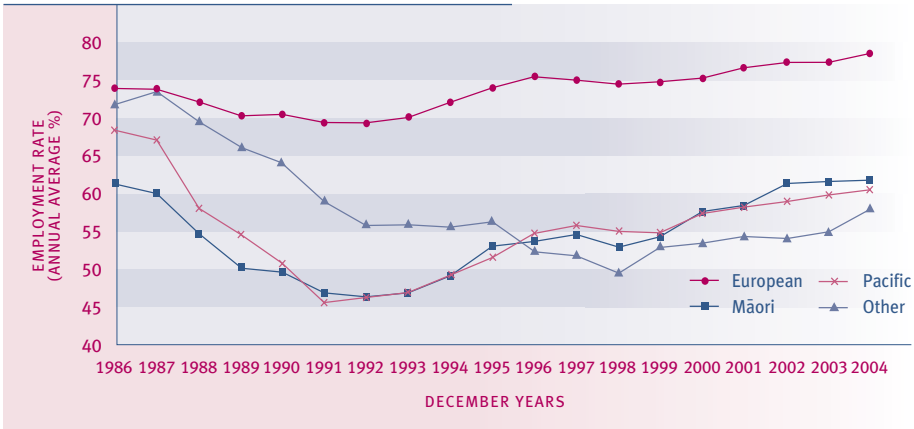
| Year | 15–24 | 25–44 | 45–64 | 65+ | Males 15–64 | Females 15–64 | Total 15–64 |
|---|---|---|---|---|---|---|---|
| 1986 | 68.7 | 79.3 | 64.8 | 8.8 | 84.6 | 60.2 | 72.3 |
| 1991 | 55.0 | 74.0 | 61.5 | 6.0 | 74.0 | 57.5 | 65.7 |
| 1996 | 59.5 | 77.3 | 70.2 | 6.6 | 79.0 | 63.4 | 71.1 |
| 2001 | 55.8 | 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 |

*Source: Statistics New Zealand, Household Labour Force Survey (1986–2004)*
*Note: Average for December years*

## ETHNIC DIFFERENCES

The proportions of the European, Māori and Pacific peoples working-age populations in employment all fell between 1987 and 1992 and have risen since then. The only ethnic group to have higher employment rates in 2004 than in the mid-1980s was the European group (78.4 percent employed in 2004, compared with 73.8 percent in 1986). The Māori employment rate, at 61.7 percent in 2004, had recovered to 1986 levels (61.2 percent), but Pacific peoples were still much less likely to be employed (68.4 percent in 1986, 60.5 percent in 2004). 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.

Figure PW2.2 **Employment rate, by ethnic group, 1986–2004**




*Source: Statistics New Zealand, Household Labour Force Survey (1986–2004)*
*Notes: [1] Based on population aged 15–64 [2] "Other" includes Asian*

## REGIONAL DIFFERENCES

In 2004, employment rates were highest in Southland (78.0 percent) and Canterbury (77.7 percent) and lowest in Northland (69.2 percent) and Manawatu-Wanganui (70.6 percent).

## INTERNATIONAL COMPARISON

In 2003, the New Zealand employment rate of 72.5 percent for people aged 15–64 years was well above the OECD average of 65.0 percent and ranked seventh highest out of 28 OECD countries. New Zealand's position has improved from 13th place in 1990, almost entirely due to the recovery in male employment rates. Switzerland had the highest employment rate in 2003 (77.8 percent). The New Zealand rate in 2003 was similar to those of the United Kingdom (72.9 percent) and Canada (72.1 percent) and higher than those of the United States (71.2 percent) and Australia (69.3 percent). Of those countries, the United States and Australia had lower female employment rates than New Zealand in 2003.[51]

# 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

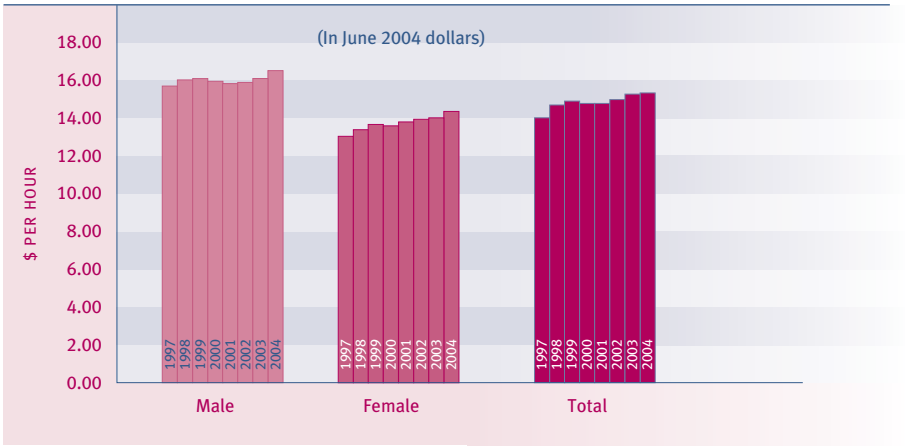
Median hourly earnings from wage and salary jobs is an indicator of the financial return from paid employment, independent of the number of hours worked.

## CURRENT LEVEL AND TRENDS

In June 2004, half of all people employed in wage and salary jobs earned more than $15.34 an hour. The median hourly wage for male employees was $16.50 while for female employees it was $14.40.

Real median hourly earnings increased by $1.29 per hour or 9 percent in the seven years to June 2004. The increase over this period was greater for female employees (10 percent) than for male employees (5 percent). As a result, the ratio of female to male real median hourly earnings has risen from 83 percent in June 1997 to 87 percent in June 2004.

Figure PW3.1 **Median hourly earnings from wage and salary jobs, by sex, June 1997 to June 2004**



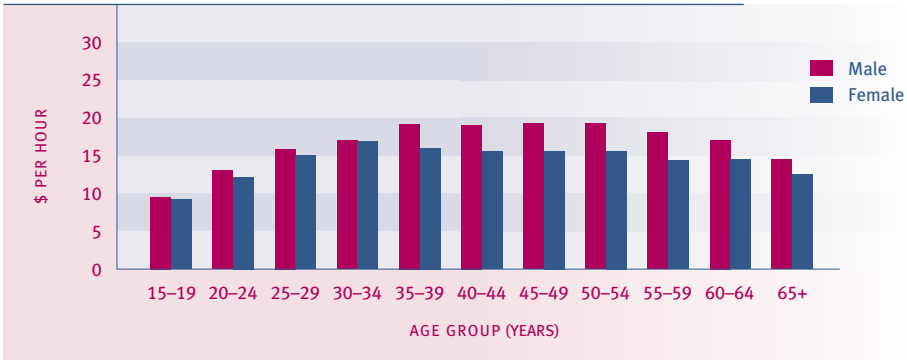

*Source: Statistics New Zealand, New Zealand Income Survey (1997–2004)*

## AGE AND SEX DIFFERENCES

In 2004, median hourly earnings from wage and salary jobs were highest at ages 35–54 years ($17–18 an hour). This compares with $9.50 for 15–19 year olds. The increase in real median hourly earnings between 1997 and 2004 was smaller for 15–24 year old employees (3 percent) than for older workers (8 percent for those aged 25–64 years, 11 percent for those aged 65 and over).

In 2004, there was little sex difference in median hourly earnings among 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. The sex difference was greatest at ages 45–64 years. However, the ratio of female to male real median hourly earnings for employees in this age group improved from 75 percent to 80 percent over the period 1997–2004.

Figure PW3.2 **Median hourly wage and salary earnings, by age and sex, June 2004**




*Source: Statistics New Zealand, New Zealand Income Survey (2004)*

## ETHNIC DIFFERENCES

In June 2004, half of Māori in wage and salary jobs earned more than $13.76 an hour, a lower median hourly wage than that of European/Pākehā ($16.00 an hour) but slightly higher than that of Pacific peoples ($12.98 an hour). The median hourly earnings of wage and salary earners from the "Other" ethnic group was $14.68.

Over the seven years to June 2004, increases in inflation-adjusted median hourly earnings from wage and salary jobs were higher for Māori, at 12 percent, than for Pacific peoples (10 percent) or Europeans/Pākehā (9 percent). Employees from the "Other" ethnic group experienced the lowest increases in real median hourly earnings from wage and salary jobs (5 percent).

## REGIONAL DIFFERENCES

Workers in Wellington and Auckland have substantially higher earnings than those in other regions. In 2004, the median hourly wage for wage and salary earners was $17.00 in Wellington and $16.48 in Auckland. Median wages were lowest in Otago ($14.00). Over the period 1998–2004, real median hourly wages increased most in Northland and Manawatu-Wanganui and actually declined slightly in Otago 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

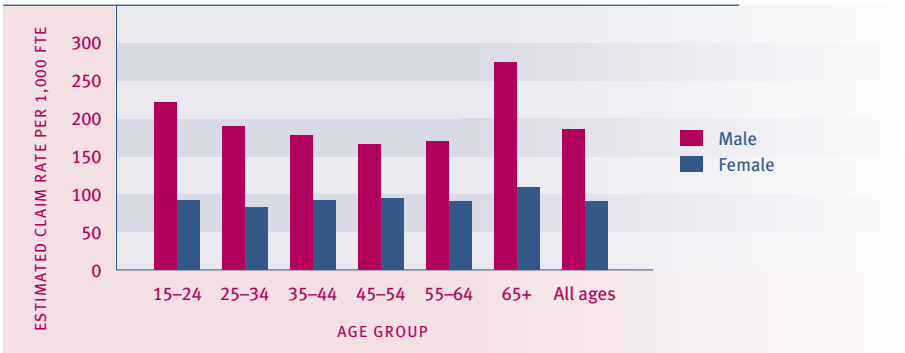
Safety at work is an important contributor to wellbeing and the risk of work-related accidents or illness can be seen as one component of the quality of work. The best currently available measure of the incidence of workplace injuries comes from the database of claims made to the ACC.

## CURRENT LEVEL AND TRENDS

Provisional data for the 2003 calendar year shows that 247,500 work-related injury claims had been reported to the ACC by 31 March 2004, an increase of 10,500 (4 percent) on the year ended December 2002 with a similar reporting cut-off. This represents a rate of 146 claims per 1,000 full-time equivalent employees (FTEs), about the same as the previous year (a rate of 143 per 1,000 FTEs). The majority of claims were for medical treatment only (ie not including weekly compensation). Eighty-two percent of claims were in respect of employees, and people who employed others in their own business. The remainder were the self-employed who did not employ others in their business. The incidence rate for the self-employed not employing others was almost twice that of the rest of the workforce, as defined above (233 per 1,000 FTEs compared with 134 per 1,000 FTEs).

Information on workplace injuries for 2003 is produced by Statistics New Zealand and output was based, for the first time, on a calendar year rather than a financial year. These figures have been backdated to 2001 but are not directly comparable with previous figures on workplace injuries.

Figure PW4.1 **Estimated claim rate per 1,000 FTE employed, by age and sex, 2003**




*Source: Statistics New Zealand (2004d)*

Injury claims for the year ending December 2003, that had been reported by March 2004, included 87 work-related fatalities. This is likely to be an underestimate of the final number of fatalities, because some deaths may have occurred subsequently from injuries in that period, and not all fatal work-related accidents result in a claim to ACC. Construction accounted for 23 percent of work-related fatalities, followed by agriculture (13 percent) and manufacturing (11 percent).

## AGE AND SEX DIFFERENCES

Males are more than twice as likely as females to suffer workplace injuries involving a claim to ACC (186 per 1,000 FTEs for males compared with 91 per 1,000 FTEs for females). This reflects in part a male predominance in relatively dangerous occupations. Among males, the highest injury claim rate was for those aged 65 and over followed by those aged under 25. Among females, age differences in the injury claim rate were less pronounced.

## ETHNIC DIFFERENCES

Workplace injury claim rates are higher for Māori (190 per 1,000 FTEs) than for other ethnic groups. This is likely to reflect the fact that Māori are disproportionately employed in industries and occupations that have high injury rates, such as forestry. In 2003, the next highest rate was that for Pacific peoples (157 per 1,000 FTEs), followed by Europeans (134 per 1,000 FTEs). The "Other" (including Asian) ethnic group has the lowest accident claim rate (112 per 1,000 FTEs).

Table PW4.1 **New workplace injury claims, by ethnicity, 2003**

| Ethnic group | Number of claims | Rate per 1,000 FTEs |
|---|---|---|
| European | 177,700 | 134 |
| Māori | 31,200 | 190 |
| Pacific | 12,300 | 157 |
| Other (including Asian) | 13,900 | 112 |
| Total | 247,500 | 146 |

*Source: Statistics New Zealand (2004d)*

## REGIONAL DIFFERENCES

The highest incidence rates occurred in Gisborne-Hawke's Bay and Northland, with rates of 203 and 202 claims per 1,000 FTEs, respectively. Wellington had the lowest rate of 82 claims per 1,000 FTEs. These figures reflect the main occupations in these regions.

## INDUSTRY DIFFERENCES

The variation in injury rates for different industries underlies many of the differences in injury rates for males and females, and ethnic and age groups. The highest injury rates are in hunting and fishing (257 per 1,000 FTEs), mining (235 per 1,000 FTEs), agriculture (197 per 1,000 FTEs) and manufacturing (196 per 1,000 FTEs).

Table PW4.2 **New workplace injury claims, by industry, 2003**

| Industry | Number of claims | Rate per 1,000 FTEs |
|---|---|---|
| Hunting and fishing | 1,000 | 257 |
| Mining | 1,000 | 235 |
| Agriculture | 24,200 | 197 |
| Manufacturing | 52,100 | 196 |
| Construction | 23,700 | 181 |
| Forestry | 1,800 | 176 |
| Electricity, gas and water supply | 1,100 | 136 |
| Transport and storage | 9,300 | 126 |
| Communication services | 2,700 | 94 |
| Wholesale and retail trade | 27,400 | 92 |
| Health and community services | 10,700 | 75 |
| Property and business services | 12,400 | 71 |
| Education | 7,700 | 61 |
| Accommodation, cafes and restaurants | 4,500 | 60 |
| Finance and insurance | 1,600 | 32 |

*Source: Statistics New Zealand (2004d)*

# 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*.

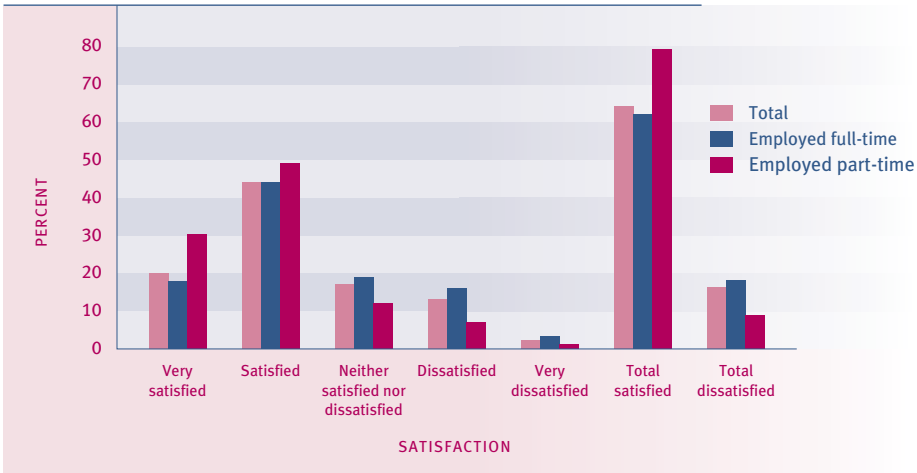
## RELEVANCE

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

## CURRENT LEVEL AND TRENDS

Results from the *Quality of Life in New Zealand's Largest Cities Survey 2004* indicate that 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

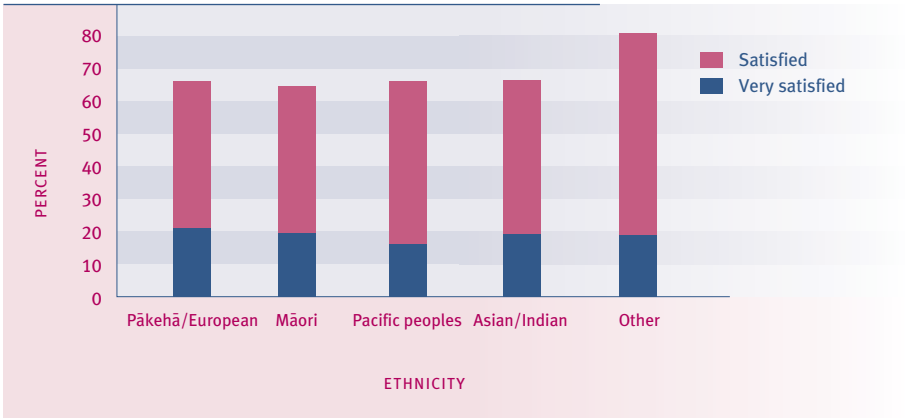
## AGE AND SEX DIFFERENCES

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). 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 "Other" ethnic groups 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 Pākehā/European, Pacific peoples and Asian/Indians and 64 percent of Māori reporting satisfaction with work-life balance.

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

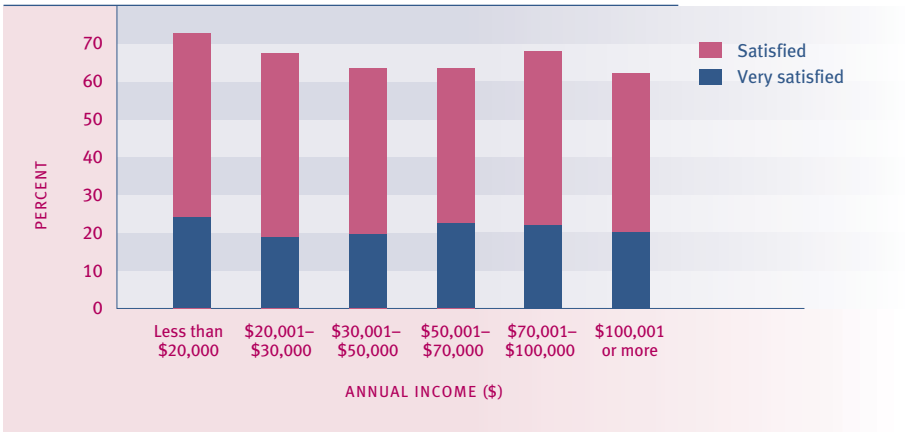



*Source: Auckland City Council et al (2005)* Quality of Life in New Zealand's Largest Cities

## PERSONAL INCOME DIFFERENCES

Employed New Zealanders whose personal incomes are less than $20,000 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

## REGIONAL DIFFERENCES

Satisfaction with work-life balance varies across cities. Those with the highest levels of satisfaction lived 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. All people have access to adequate incomes 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 both 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".[52]

The desired outcome 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, each providing 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 focus of the first three is 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 status 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 nations. An estimate of the economic value of unpaid work is also provided.

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 full participation 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

Real gross national disposable income (RGNDI) per person is a measure of the total value of goods and services available to New Zealanders, expressed in inflation-adjusted dollars, per head of population.

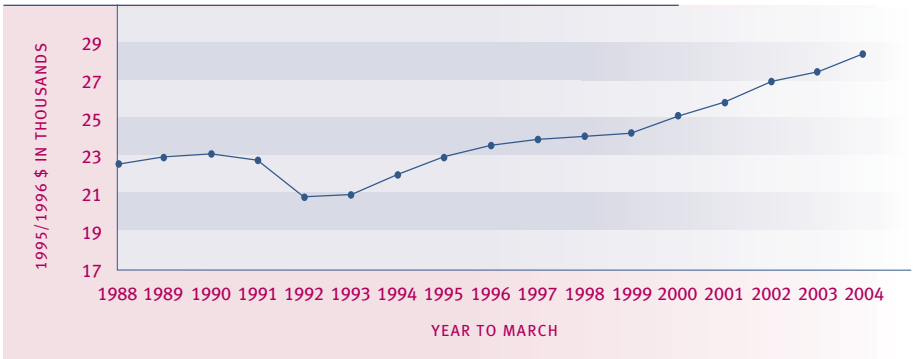
## RELEVANCE

Per capita RGNDI measures the average income available to New Zealanders. A nation with 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 2004, RGNDI per person was $28,360 in constant 1995/1996 dollars compared with $22,573 in 1988. The average annual growth rate over the whole period 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. Post-1992 growth reflects labour productivity gains, increasing labour force participation and declining unemployment.

Figure EC1.1 **Real gross national disposable income per capita, 1988–2004**




*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 ranked 21st out of 30 OECD countries in 2003, the same ranking as in the previous two years. By way of comparison, New Zealand was the 18th most prosperous out of 26 countries in 1986, and the 9th most prosperous in 1970. Between 1986 and 2003, real GDP per person, using US dollars and PPPs for the year 2000, grew by 23 percent in New Zealand compared with an OECD average of 37 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.[53]

# Income inequality

## DEFINITION

Income inequality refers to 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.

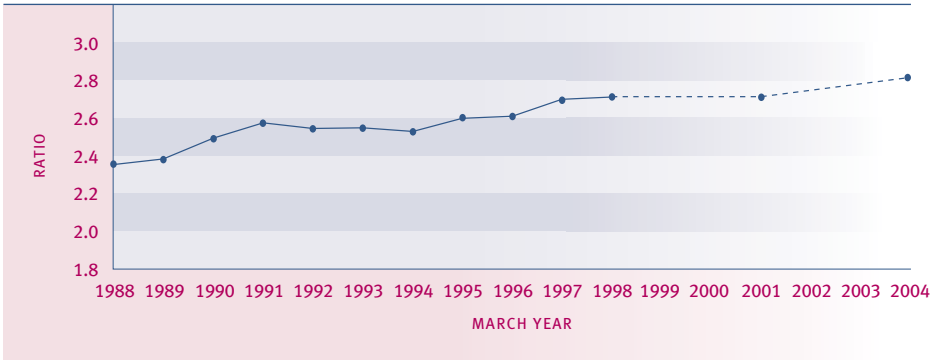
## CURRENT LEVEL AND TRENDS

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 has occurred 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 have grown 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 to the incomes of people in the lowest 20 percent after adjusting for inflation. Some caution needs to be kept in mind when looking at year to year changes for these figures 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*
*Note: This measure adjusts for household size and composition*

## INTERNATIONAL COMPARISON

Comparisons with other OECD countries are available using a different measure, the Gini coefficient.[54] 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, Denmark ranking lowest with a Gini coefficient of 22.5. New Zealand's score was slightly higher than Canada (30.1), Australia (30.5) and the United Kingdom (32.6), and lower than the United States (35.7).[55] 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 1998 median equivalent net-of-housing-cost family incomes.

## RELEVANCE

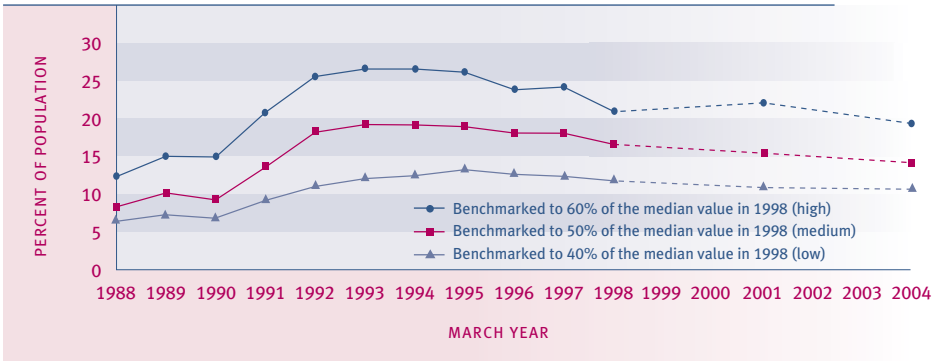
Insufficient economic resources limit people's ability to participate in, and belong to, their community and wider society and otherwise restrict their quality of life. Furthermore, long-lasting low family income in childhood is associated with negative outcomes, such as lower educational attainment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

## CURRENT LEVEL AND TRENDS

In the year to June 2004, 19 percent of the population were living below the 60 percent threshold, a decline on 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 declined 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 likewise 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 and over, just under a fifth (19 percent) lived in low-income economic family units in 2004 and there was no difference between males and females.

Economic family units most likely to be living with 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 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 |
| *By number of children and family type* | | | | | |
| 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 |
| *By ethnic group* | | | | | |
| 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/Pākehā adult | 12.5 | 23.2 | 18.1 | 18.6 | 15.7 |
| *By main source of income* | | | | | |
| 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 | n.a. | 44.3 | 35.9 | 33.7 | 28.7 |
| Owned with mortgage | n.a. | 22.5 | 14.5 | 15.9 | 10.7 |
| Owned without mortgage | n.a. | 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.[56] 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), and well below the United States (17.0 percent). Denmark has the lowest proportion of population on 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 "somewhat restricted", "restricted" and "very restricted" standard of living: Levels 1–3 of the Economic Living Standard Index (ELSI).

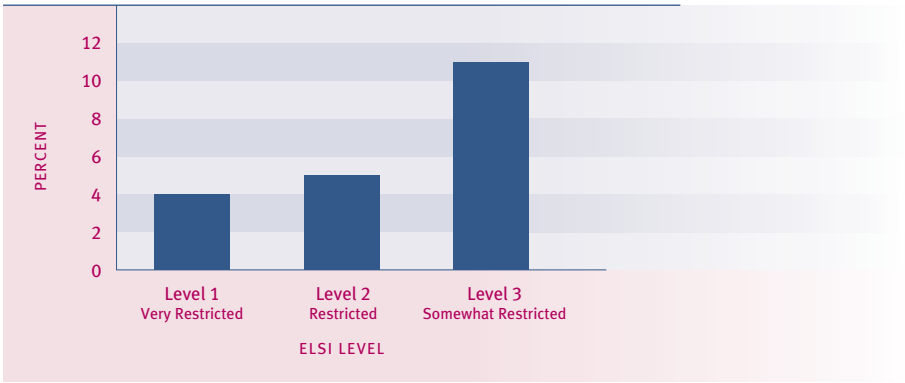
## RELEVANCE

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

In 2000, 4 percent of the total population had "very restricted" living standards, 5 percent had "restricted" living standards and a further 11 percent had "somewhat restricted" living standards. In total, 20 percent of the population had living standards in the bottom three levels of the ELSI scale.

Figure EC4.1 **Proportion of the population with lower living standards, 2000**




*Source: Krishnan et al (2002) p40*

## POPULATION GROUP DIFFERENCES

Groups with a higher-than-average prevalence of low living standards include sole-parent families (51 percent), families who rely on income-tested benefits (57 percent), families with dependent children (particularly larger families), Māori and Pacific peoples (39 percent and 42 percent, respectively), and those living in rented dwellings. Dependent children are more at risk of low living standards than the population average. 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

| | Percent |
|---|---|
| **Total population** | **20** |
| Males | 18 |
| Females | 21 |
| Dependent children (under 18 years) | 29 |
| 18–24 years | I6 |
| 25–44 years | 19 |
| 45–64 years | 16 |
| 65 years and over | 7 |
| | |
| **Total economic families** | **18** |
| *By number of children and family type* | |
| With one dependent child | 25 |
| With two dependent children | 24 |
| With three or more dependent children | 35 |
| Sole-parent family | 51 |
| Two-parent family | 18 |
| *By ethnic group* | |
| With any Māori members | 39 |
| With any Pacific members | 42 |
| With any European/Pākehā members | 15 |
| With any "Other" ethnic group members | 22 |
| *By main source of income* | |
| New Zealand Superannuation | 7 |
| Income-tested benefits | 57 |
| Market income | 14 |
| *By housing tenure* | |
| Rented – Housing New Zealand | 63 |
| Rented – Private | 33 |
| Rented – Local Authority | 30 |
| Owned with mortgage | 22 |
| Owned without mortgage | 8 |

*Source: Krishnan et al (2002)*

# 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

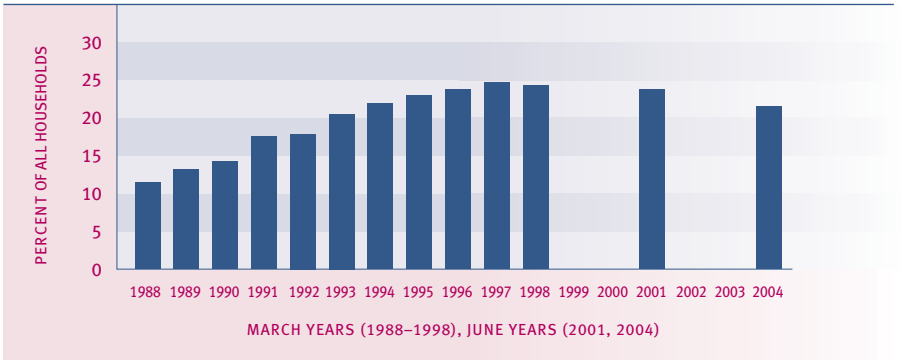
Affordable housing is an important factor in people's wellbeing. For lower-income households especially, high housing costs relative to income are often associated with severe financial difficulty, and can leave households with insufficient income to meet other basic needs such as food, clothing, transport, medical care and education. For higher-income households, high outgoings-to-income ratios are not as critical 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 at 24 percent in 1998 and 2001.

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*
*Note: Since 1998, the Household Economic Survey has been conducted on a three-yearly basis, rather than annually*

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.[57] 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 about 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**

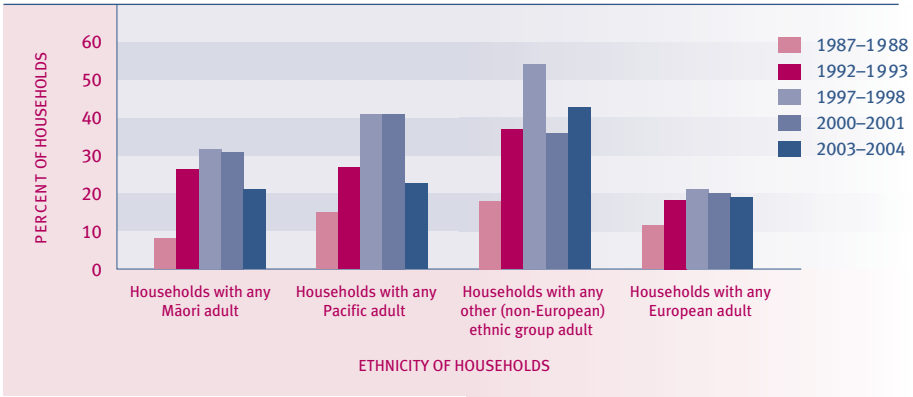
| | 1987–1988 | 1992–1993 | 1997–1998 | 2000–2001 | 2003–2004 |
|---|---|---|---|---|---|
| **Total population** | 10.6 | 20.6 | 24.9 | 23.6 | 21.4 |
| Population aged 15 and over | 9.9 | 19.0 | 21.9 | 20.9 | 19.7 |
| Males aged 15 and over | 10.3 | 18.8 | 21.0 | 19.9 | 20.0 |
| Females aged 15 and over | 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 containing at least one Pacific adult the changes have been more dramatic, 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 which contains 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

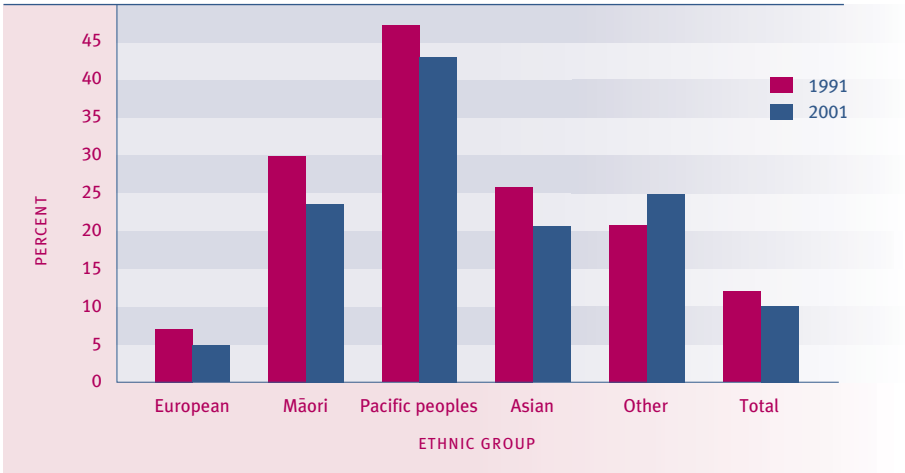
Housing space adequate to the needs and desires of a family is a core component of quality of life. National and international studies indicate an association between the prevalence of certain infectious diseases and crowding[58] as well as between crowding and poor educational attainment. Crowding can 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 accommodate household members adequately, 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 usual residents 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 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 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 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 living in crowded households, defined by needing one or more additional bedrooms. However, there has been 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.[59]

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).[60] 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 conditions are two primary factors which 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.

## REGIONAL DIFFERENCES

There is a considerable variation across the country in household crowding. Whether measured by population or household, Manukau City has by far the worst level of household crowding (24 percent of people, 13 percent of households required one or more bedrooms in 2001). The next worst 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.

## 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 those with no qualifications (10 percent) and those who receive income support (16 percent).[61]

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).

DESIRED OUTCOMES

All people enjoy 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.[62]

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 (for example, 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 things they value, all of which are impossible without the exercise of the many rights referred to above.[63] 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.[64] The court system is independent and courts can enforce the rights affirmed in the New Zealand Bill of Rights Act, 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 prevent and deal with instances of 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, direct measurement of civil and political rights is not a simple matter.

This chapter uses four indicators to provide some picture of 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. The inclusion of voter turnout figures provides 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 are an indication 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, though not all forms of discrimination are unlawful.[65] Measuring the extent to which New Zealanders actually experience discrimination is problematic. Research suggests that a significant proportion of people who experience discrimination will not make a complaint.[66] 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 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

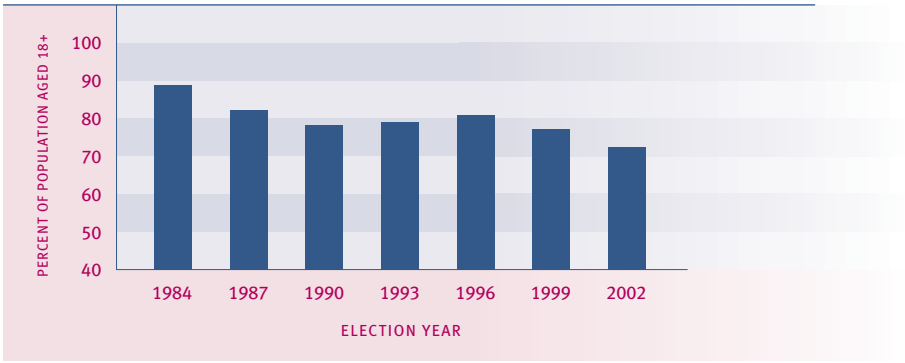
Voter turnout rates are a measure of political participation. They can be seen as an indicator of the extent to which citizens are a part of the political process, and the confidence the population has in, and the importance they attach to, political institutions.

## CURRENT LEVEL AND TRENDS

### 1. General elections

Voter turnout of the eligible population was 72.5 percent in 2002. 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 in 2002.

Figure CP1.1 **Proportion of estimated voting-age population who casts votes, 1984–2002**




*Source: Electoral Commission (2002) p174. 1984 figure calculated by the Ministry of Social Development*

## COMPARISONS BETWEEN GROUPS

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 associate several social, demographic and occupational characteristics with impacts on the voter turnout rate. 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 voting turnout rates between men and women.

## REGIONAL DIFFERENCES

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

## INTERNATIONAL COMPARISON

New Zealand's voter turnout rate in 2002 was 72.5 percent, compared to an OECD median of 71 percent over 1997–2002.[67] This placed New Zealand 15th out of 30 OECD countries. Greece had the highest voter turnout at 89 percent. Voter turnout was higher in Australia (sixth, 82 percent) than New Zealand, but lower in the United Kingdom (23rd, 58 percent), Canada (26th, 55 percent) and the United States (29th, 47 percent).

## CURRENT LEVEL AND TRENDS

### 2. Local authority elections

There are 253 elected local authorities in New Zealand: 12 regional councils, 21 district health boards (established 1 January 2001), 15 city councils, 59 district councils and 146 community boards. There was a major restructuring of local government in 1989.

Voter turnout in the 2001 local authority elections was the lowest since 1989 for all, except regional councils, which had the second lowest since then.

Table CP1.1 **Voter turnout (%) in local authority elections, 1989–2001**

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

*Source: Department of Internal Affairs (2003), Table 7.1*
*Note: There was no election held for Rodney District in 2001*

Local authority voter turnout is generally highest for district councils, with their more rural population base, for smaller city councils and for councils in the South Island. These councils all had a majority turnout in 2001, while among large city councils and North Island city councils, fewer than half of the eligible electors voted. Voter turnout ranged from 65 percent for district councils in the South Island to 43 percent for city councils in the North Island.

In large regional councils, there was an upward trend in voter turnout between 1995 and 2001. However, the average turnout was still higher among small regional councils. Similarly, voter turnout was highest on average among the smaller district health boards.

# 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

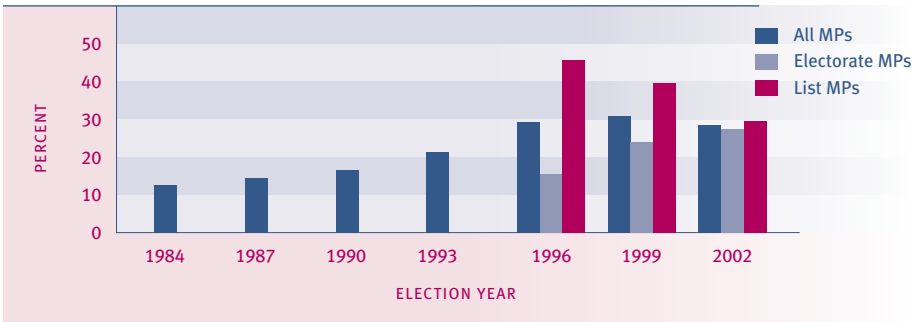
### 1. General elections

As a result of the 2002 general election, women hold 34 of the 120 seats in Parliament, or 28 percent. Under the first-past-the-post electoral system, women's representation in Parliament increased from 13 percent in 1984 to 21 percent in 1993. In the first mixed-member-proportional election held in 1996, this rose sharply to 29 percent. There was a further small rise to 31 percent in 1999, followed by a decline to 28 percent in 2002.

In 1996, women made up a far higher proportion of list MPs than electorate MPs (46 percent, compared to just 15 percent of electorate MPs). However, in 2002, the female proportions were similar in both categories.

The majority of women elected to Parliament in 2002 were electorate MPs (56 percent). The proportion of women MPs who were electorate MPs has increased from 29 percent in 1996 and 43 percent in 1999.

Figure CP2.1 **Women as a proportion of elected Members of Parliament, 1984–2002**




*Source: Electoral Commission (2002) p176*

## INTERNATIONAL COMPARISON

In 2003, the percentage of women in New Zealand's Parliament was 28 percent, compared to an OECD median of 20 percent.[68] New Zealand was ranked 11th out of 30 OECD nations, with Sweden ranking first place with 45 percent. Other countries with higher representation of women include Denmark and Finland (38 percent), the Netherlands (37 percent) and Norway (36 percent). Australia (25 percent), Canada (21 percent), the United Kingdom (18 percent) and the United States (14 percent) all have lower percentages of women represented in Parliament than New Zealand.

CURRENT LEVEL AND TRENDS

## 2. Local government elections

In the 2001 local government elections, 615 women were elected to local authorities and they made up 31 percent of elected members. The representation of women among those elected increased from 25 percent in 1989 to 32 percent in 1998, then fell slightly to 31 percent in 2001. In the 1980s, women were more highly represented in local government than in national government but the difference has narrowed over time.

Women 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 40 percent of women candidates were elected, compared to 43 percent of men.

In 2001, women's representation was highest on district health boards (44 percent), followed by city councils (39 percent) and community boards (31 percent). City councils were the only local authorities to see an increased share of women elected in 2001.

The number of women elected to city council mayoral positions has remained steady at four (out of 15) 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, then fell sharply to eight in 2001.

Table CP2.1 **Proportion (%) of members who were women, by type of local body, 1989–2001**

| | 1989 | 1992 | 1995 | 1998 | 2001 |
|---|---|---|---|---|---|
| Regional councils | 22 | 25 | 29 | 28 | 26 |
| District health boards | – | – | – | – | 44 |
| City councils | 35 | 35 | 33 | 36 | 39 |
| District councils | 19 | 23 | 26 | 27 | 25 |
| Community boards | 29 | 32 | 33 | 35 | 31 |

*Source: Department of Internal Affairs (2003) Table 5.4*

Table CP2.2 **Women mayors, 1989–2001**

| | 1989 | 1992 | 1995 | 1998 | 2001 |
|---|---|---|---|---|---|
| City councils | 4/14 | 4/15 | 3/15 | 4/15 | 4/15 |
| District councils | 6/59 | 9/59 | 12/59 | 15/59 | 8/58* |

*Source: Department of Internal Affairs, (2003) Table 5.5*
*Note: There was no election in Rodney District in 2001*

# Perceived discrimination

## DEFINITION

The proportion of people aged 18 and over who perceived selected groups as being the targets of "some" or a "great deal" of discrimination.

## 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. They do not measure actual levels of discrimination and therefore it is not possible to conclude whether actual levels of discrimination have increased or decreased.

## CURRENT LEVEL AND TRENDS

In January 2004, more than three-quarters (78 percent) of respondents to the Human Rights Commission Survey 2004 thought Asian people were subject to a "great deal" or "some" discrimination, the highest proportion for any group. This was followed by recent immigrants (72 percent) and refugees (70 percent). Perceived discrimination against these groups has increased since December 2001, from 73 percent for Asians and from 68 percent for recent immigrants and refugees.

Table CP3.1 **Proportion (%) of survey respondents who perceived selected groups as being subject to a great deal or some discrimination, December 2000–January 2004**

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

*Source: Human Rights Commission (2004)*

Approximately two-thirds of survey respondents in 2004 thought people who are overweight 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 subjected to such discrimination.

Women, older people, Māori, Pacific peoples, people who are overweight, people on welfare, people with disabilities and gays and lesbians were all less likely to be considered the targets of some or a great deal of discrimination in January 2004, compared to December 2000.

# 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

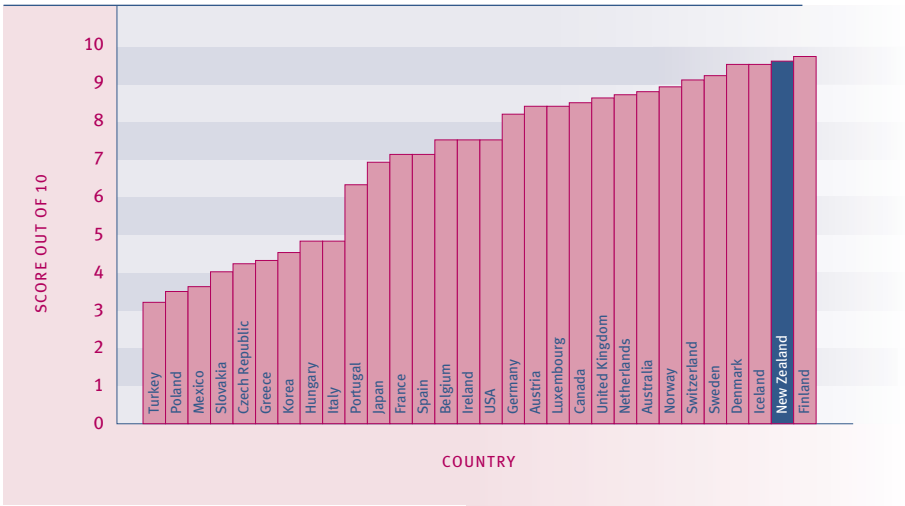
New Zealand's score in the Corruption Perceptions Index 2004 was 9.6. Since the index was first developed in 1995, New Zealand has consistently scored well, with more than 9 out of a possible 10 in each period reported.

## INTERNATIONAL COMPARISON

In the Corruption Perceptions Index 2004, New Zealand was ranked the second least corrupt nation in the OECD after Finland. Since 1995, New Zealand has consistently ranked favourably in this index, being among the top four OECD nations perceived as highly clean.

New Zealand scored better in the perceived corruption index than Australia (eighth, 8.8), the United Kingdom (10th, 8.6), Canada (11th, 8.5) and the United States (15th, 7.5).

Figure CP4.1 **Corruption Perceptions Index scores *(0=Highly corrupt, 10=Highly clean)*, OECD countries, 2004**




*Source: Transparency International (2004)*

## DESIRED OUTCOMES

New Zealanders share a strong national identity, have a sense of belonging and value cultural diversity. All people are 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 – Māori, Chinese or Scottish, for example – 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 as 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 a simple matter. 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" may vary from person to person. For example, they might see a New Zealand identity in aspects of New Zealand history, in New Zealand achievements in sporting, artistic or other endeavours, 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 unique to New Zealand and is part of our identity in the outside world.

Cultural identity is an important contributor to people's wellbeing. Identifying with a particular culture gives people feelings of belonging and security. It also provides people with access to social networks which provide support and shared values and aspirations. These can help break down barriers and build a sense of trust between people – a phenomenon sometimes referred to as social capital – although 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.[69]

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, as 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 artistic 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, Māori language speakers who identify as Māori and the language retention of first languages (other than English and Māori) from 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 the 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, between 1988 and 2004. Local content is generally defined as material that is both predominantly made in New Zealand and reflective of New Zealand identity and culture.

## RELEVANCE

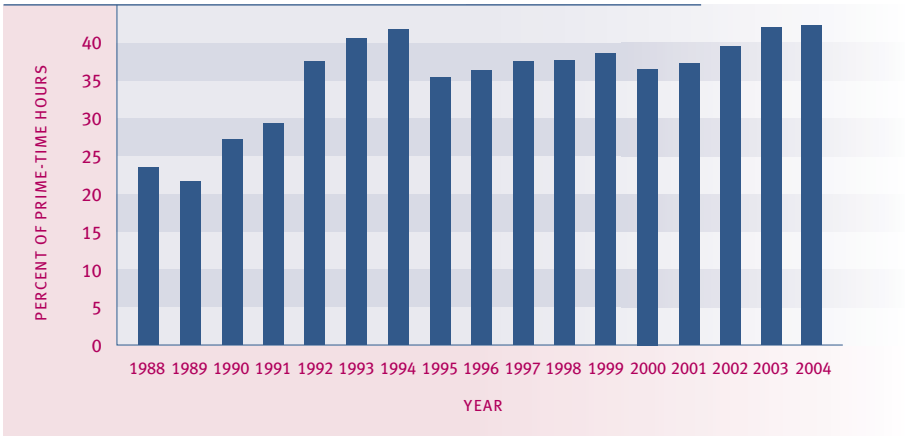
Television is the dominant cultural medium for most New Zealanders. The *1998/1999 Time Use Survey* indicated that New Zealanders spend almost two hours per day watching television or videos.[70] Ninety-eight percent of New Zealand households have at least one television set.[71] For many people, television is a major source of news, information and entertainment and strongly influences their sense of local and national identity. A local content measure reflects the extent to which we see our culture reflected through this medium.

## CURRENT LEVEL AND TRENDS

In 2004, local content on the three main television channels comprised 42 percent of the prime-time schedule, the same level that was reported in 2003. The proportion of local content rose from 24 percent in 1988 to a peak of 42 percent in 1994, before dropping to 35 percent in 1995.

The percentage of local content in prime-time transmission hours differs across the three main channels: TV One: 59 percent (60 percent in 2003), TV2: 30 percent (25 percent in 2003), and TV3: 39 percent (41 percent in 2003).

Figure CI1.1 **Proportion of local content on prime-time television, 1988–2004**




*Source: NZ On Air (2005)*
*Note: These figures are for prime-time (6pm–10pm) local content on TV One, TV2 and TV3 only*

Since 1988, other free-to-air broadcasters (including Prime, a number of regional channels and the Māori Television Service) as well as pay-television channels, Sky (satellite) and Saturn (cable), have joined the three national television channels.

Three programme types accounted for two-thirds of the local content hours in 2004: news and current affairs (34 percent), information programmes (17 percent), and sports (14 percent). The hours of children's content fell by 21 percent and information programmes by 13 percent between 2003 and 2004. Over the same period the hours of documentaries rose by 17 percent.

Table CI1.1 **Percentage share of total hours of local content by programme type, selected years, 1988–2004**

| Programme type | 1988 | 1990 | 1995 | 2000 | 2001 | 2002 | 2003 | 2004 |
|---|---|---|---|---|---|---|---|---|
| News, current affairs | 26 | 23 | 21 | 30 | 33 | 29 | 32 | 34 |
| Information | 10 | 5 | 8 | 17 | 21 | 18 | 19 | 17 |
| Sports | 24 | 39 | 31 | 20 | 13 | 18 | 14 | 14 |
| Entertainment | 14 | 12 | 9 | 7 | 9 | 10 | 8 | 9 |
| Children's | 15 | 13 | 15 | 10 | 8 | 8 | 10 | 8 |
| Drama/comedy | 2 | 1 | 7 | 6 | 6 | 6 | 6 | 6 |
| Māori | 6 | 3 | 3 | 6 | 6 | 5 | 6 | 6 |
| Documentaries | 2 | 3 | 5 | 4 | 4 | 5 | 5 | 6 |
| Children's drama | 1 | 1 | 1 | 0 | 0 | 0 | 0 | 0 |
| Total New Zealand content hours | 2,112 | 4,249 | 5,018 | 6,185 | 6,190 | 7,201 | 6,526 | 6,423 |

*Source: NZ On Air (2000) Appendix 3, p29; NZ On Air (2005) Figure 2, p8*
*Note: Information on types of local programmes in prime-time hours is not published. 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. In 1999, local content accounted for 24 percent of total transmission time in surveyed countries, and New Zealand had the smallest proportion of local content. 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).[72] Note that this is a measure of total air-time programming, rather than prime-time programming, which is the measure the indicator in this report is based on.

# Māori language speakers

## DEFINITION

The number of Māori who reported in the 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 language of New Zealand.[73]

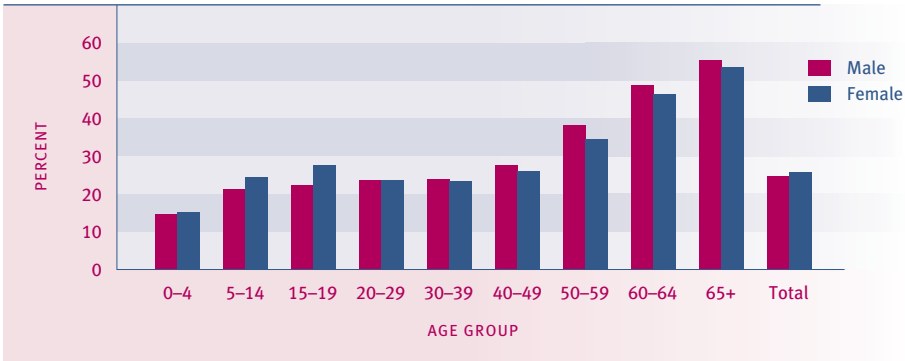
## CURRENT LEVEL AND TRENDS

The 2001 Census showed that one-quarter of all Māori (25 percent or 130,482) and 28 percent of Māori aged 15 and over (91,809) stated 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 that 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. The survey showed that more people could understand Māori (59 percent of Māori aged 15 years and over, or 190,209) than speak it (42 percent, or 136,600). In terms of proficiency, 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".[74]

Figure CI2.1 **Proportion of Māori speakers, in the Māori population, by age and sex, 2001**




*Source: Statistics New Zealand, 2001 Census*

## AGE AND SEX 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 and over (54 percent) reported having conversational fluency in the Māori language, compared with less than one-quarter (22 percent) of Māori under 40.

Sex differences in the proportion of Māori language speakers were also apparent. From age 40 years onwards, males were more likely than females to be Māori language speakers, while at younger ages (below 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).[75]

## REGIONAL DIFFERENCES

Māori who live in areas with a high proportion of Māori residents are the most likely to be Māori language speakers. Regions with the highest proportion of people with conversational Māori skills were Gisborne (35 percent), 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.

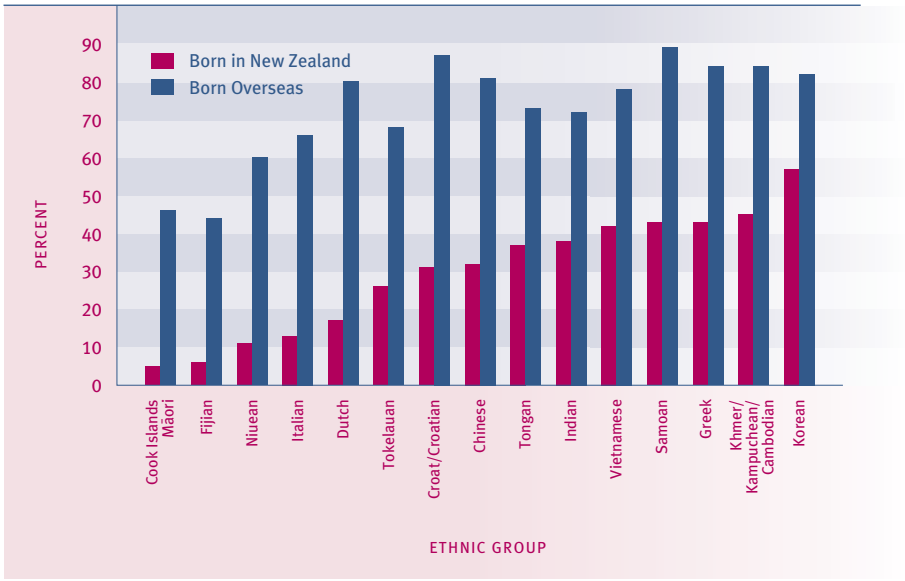
## RELEVANCE

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. In 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 the "first language" of their ethnic group, by birthplace, 2001**




*Source: Statistics New Zealand (2004g)*

## 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 the "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 the "first language" of their ethnic group, by age group and sex, 2001**

| | Age (years) | | | Sex | | Total |
|---|---|---|---|---|---|---|
| | 0–24 | 25–49 | 50+ | Males | Females | |
| **Pacific peoples** | | | | | | |
| Samoan | 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

All people are satisfied with their participation in leisure and recreation activities. All people have adequate time in which they can do what they want to do and can access an adequate range of different opportunities for leisure and recreation.

# Leisure and Recreation

## INTRODUCTION

Both leisure and recreation are crucial components of a balanced and healthy lifestyle. Leisure time is a time when people can do what they want, separate 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 gives greater meaning to individual and community life and contributes to people's overall quality of life. Recreation can encourage personal growth, self-expression and increased learning opportunities, satisfying needs not met in people's non-leisure time.

For many people, participation in leisure and recreation improves physical and mental health. Recreation often involves a physical activity or sport. Increased physical activity can lead to fewer health problems and higher productivity at work, especially when combined with a balanced diet and 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, participation in cultural and arts activities, measures people's involvement in cultural activities. Cultural activities contribute to individual growth, as well as provide opportunities for social cohesion and the passing on of cultural traditions.

# Satisfaction with leisure time

## DEFINITION

The proportion of people aged 15 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*.

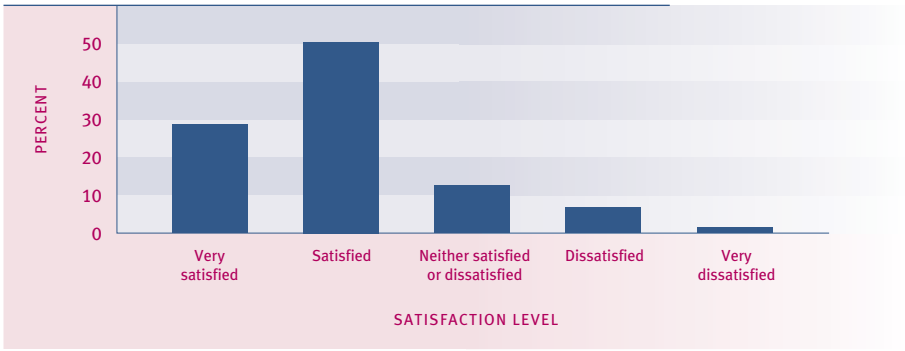
## RELEVANCE

Leisure time is a crucial component of a balanced and healthy lifestyle. It is a time when people can do what they want, separate from work and other commitments. New Zealanders' subjective feelings about their leisure time provide information on how people feel about both the quality and quantity of their leisure.

## CURRENT LEVEL AND TRENDS

According to the *Quality of Life in New Zealand's Largest Cities Survey 2004*, four in five New Zealanders (80 percent) are satisfied overall with their leisure time. Specifically, 51 percent are "satisfied" and 29 percent are "very satisfied".

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




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

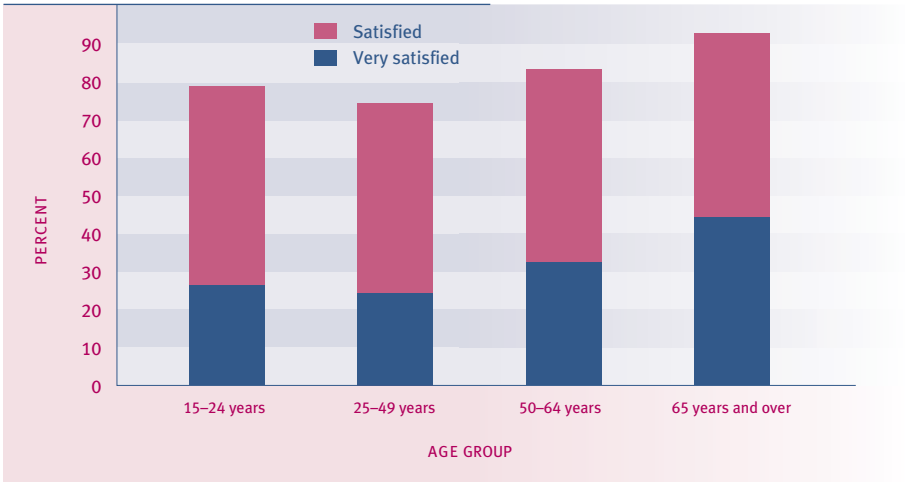
## SEX DIFFERENCES

There are minimal differences between the sexes in reported satisfaction with leisure time. Eighty percent of men and 79 percent of women report they are "satisfied" or "very satisfied" with their leisure time.

## AGE DIFFERENCES

While the majority of New Zealanders are satisfied with their leisure time, those aged 25–49 years are 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 they have available for leisure. In comparison, those aged 15–24 years, and those aged 50–64 years are more likely to report being satisfied with their leisure time with total satisfaction levels of 78 percent and 83 percent respectively. Those aged 65 years and over report 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

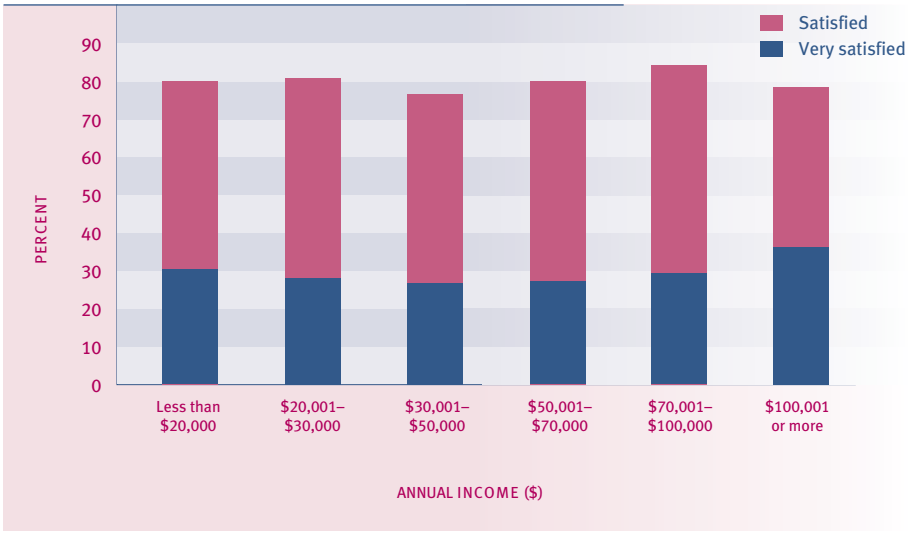
## ETHNIC DIFFERENCES

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

## PERSONAL INCOME DIFFERENCES

Levels of satisfaction with leisure time vary slightly by the level of 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 – they were those with a personal income of between $30,001 and $50,000 (76 percent) and over $100,001 (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

# Participation in sport and active leisure

## DEFINITION

The proportion of adults aged 18 years and over and young people aged 5–17 years who were physically active, as measured by the Sport and Physical Activity Surveys of 1997/1998, 1998/1999 and 2000/2001. Being physically active means they took part in at least 2.5 hours of sport and/or leisure-time physical activity in the seven days before being interviewed.

## RELEVANCE

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

## CURRENT LEVEL AND TRENDS

Seventy percent of adults aged 18 years or over and 66 percent of young people aged 5–17 years were reported to be physically active in 2000/2001.

More adults were physically active in 2000/2001 than in 1997/1998 (67 percent). Over the same period there was no significant change in the proportion of young people who were active. However young people who were sedentary (who had done no activity in the past two weeks) increased from 8 percent to 13 percent.

Table L2.1 **Activity level (%) of adults and young people, by sex, 2000/2001**

| Activity level | Young people 5–17 years | | | Adults 18 years and over | | |
|---|---|---|---|---|---|---|
| | Boys | Girls | All | Men | Women | All |
| Sedentary | 11.6 | 14.1 | 12.8 | 8.9 | 9.6 | 9.3 |
| Relatively inactive | 17.9 | 23.4 | 20.7 | 21.0 | 20.7 | 20.9 |
| Inactive | 29.5 | 37.6 | 33.5 | 30.0 | 30.4 | 30.2 |
| Relatively active | 20.9 | 26.1 | 23.5 | 13.3 | 18.3 | 15.9 |
| Highly active | 49.6 | 36.3 | 43.0 | 56.7 | 51.4 | 54.0 |
| Active | 70.5 | 62.4 | 66.5 | 70.0 | 69.6 | 69.8 |

*Source: Sport and Recreation New Zealand (2003a)*

## SEX DIFFERENCES

Men and women were equally likely to be physically active in 2000/2001. This resulted from an increase in the proportion of women who were physically active, from 65 percent in 1997/1998 to 70 percent in 2000/2001. In each of the survey years, men were more likely than women to be highly active (five hours or more in the seven days before the interview).

In 2000/2001, a smaller proportion of girls (62 percent) were physically active than boys (70 percent) and boys were much more likely to be highly active than girls. An increase in the proportion doing no physical activity at all in the past two weeks occurred for boys and girls between 1997/1998 and 2000/2001.

## AGE DIFFERENCES

Adults aged 65 or over became the most active adult age group in 2000/2001 (76 percent), with the proportion of active adults of this age increasing from 67 percent in 1997/1998. Smaller but significant increases were also apparent for 50–64 year olds and 35–49 year olds.

Comparing across all age groups, 16–17 year olds were the least likely to be active (49 percent in 2000/2001). The proportion of young people aged 13–15 years old that were active fell from 74 percent in 1997/1998 to 62 percent in 2000/2001.

## ETHNIC DIFFERENCES

European adults were more likely to be physically active than adults of other ethnic groups in 2000/2001. In that year the proportion of Europeans who were physically active reached 72 percent, an increase from 68 percent in 1997/1998.

Young Māori and Pacific peoples were much less likely to be physically active in 2000/2001 than in 1997/1998. The proportion of young Pacific people who were sedentary (did no activity in the two weeks before the interview) rose from 6 percent in 1997/1998 to 33 percent in 2000/2001. The proportion of young Māori who were sedentary rose from 6 percent to 18 percent over this period.

Table L2.2 **Activity level (%) of young people aged 5–17 years, by ethnic group, 2000/2001**

| Activity level | European | Māori | Pacific | Other |
|---|---|---|---|---|
| Sedentary | 9.3 | 18.4 | 32.9 | 7.1 |
| Relatively inactive | 21.7 | 15.9 | 19.8 | 24.0 |
| Inactive | 31.0 | 34.3 | 52.7 | 31.1 |
| Relatively active | 23.8 | 18.4 | 21.7 | 38.0 |
| Highly active | 45.2 | 47.3 | 25.6 | 30.9 |
| Active | 69.0 | 65.7 | 47.3 | 68.9 |

*Source: Sport and Recreation New Zealand (2003b)*

Table L2.3 **Activity level (%) of adults aged 18 years and above, by ethnic group, 2000/2001**

| Activity level | European | Māori | Pacific | Other |
|---|---|---|---|---|
| Sedentary | 7.8 | 14.8 | 9.5 | 21.0 |
| Relatively inactive | 19.8 | 20.9 | 28.2 | 30.0 |
| Inactive | 27.6 | 35.7 | 37.7 | 51.1 |
| Relatively active | 16.1 | 13.4 | 14.8 | 19.3 |
| Highly active | 56.4 | 50.9 | 47.5 | 29.6 |
| Active | 72.4 | 64.3 | 62.3 | 48.9 |

*Source: Sport and Recreation New Zealand (2003b)*

# Participation in cultural and arts activities

## DEFINITION

The proportion of the population aged 15 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).

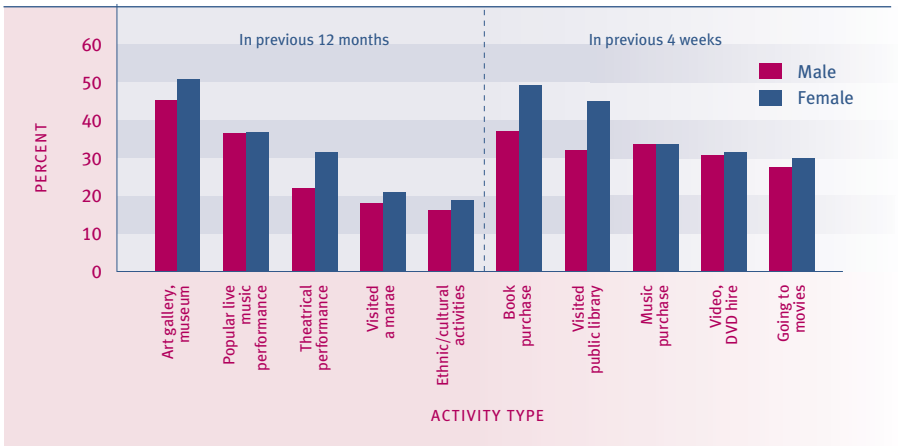
## RELEVANCE

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 AND TRENDS

The vast majority of New Zealanders aged 15 and over (93 percent or 2.6 million people) experience one or more of the cultural activities included in the *2002 Cultural Experiences Survey*. The most popular of the less frequent activities included in the survey (those experienced over the past year) were visiting an art gallery or museum (48 percent) and attending a popular live music performance (37 percent). The most popular activities undertaken in the previous four weeks were purchasing books (43 percent) and visiting a public library (39 percent). 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 and over who experienced cultural activities, by activity type and sex, 2001/2002**




*Source: Statistics New Zealand (2002a)*

## SEX AND AGE DIFFERENCES

Women (95 percent) were slightly more likely to experience one or more of the cultural activities included in the survey than men (92 percent). Activities with a much higher proportion of women than men participating included purchasing a book, visiting a library, and going to a theatrical performance. There was no difference in the proportion of men and women who had purchased music.

Younger people were more likely to experience at least one of the cultural activities included in the survey than people in the older age groups. In 2002, virtually all 15–24 year olds (98 percent) 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.

## 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 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 and over who had participated in cultural activities, by activity type and ethnic group, 2001/2002**

| | Māori | Pacific peoples | 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. Comparing across regional council areas, Wellington 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. All people are 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, factors 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 also provides recreational opportunities, allowing people to take part in activities they value. For New Zealanders, the "clean, green" environment is also an integral part of their national identity, and guardianship of the land and other aspects of the physical environment is seen as an important part of social wellbeing.[76] This image is also vital for the health of New Zealand's economy, as it is a key factor in both attracting tourists and underpinning the nation's success as an exporter of primary products.

Harm to the environment can reduce the quality of life not only for people living today but also for 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. Both measure important aspects of the environment that have a direct impact on individual wellbeing. The indicators are: air quality and drinking water quality. No direct measure of people's access to natural areas and public spaces is included due to a lack of adequate data.

The two indicators provide an insight into both current and future wellbeing. They relate to the health, cleanliness and beauty of the environment. Pollution in either air or water can have significant detrimental 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 an adverse 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 disease and contaminants. It is also likely to be associated with poor-quality sewerage infrastructure and electricity supply.

# Air quality

## DEFINITION

The average annual $PM_{10}$ levels in selected sites above the ambient $PM_{10}$ guidelines. $PM_{10}$ is particulate matter that is less than 10 microns in diameter. The New Zealand ambient air quality guideline for $PM_{10}$ is 20 micrograms per cubic metre (20µg/$m^3$) averaged annually.

## RELEVANCE

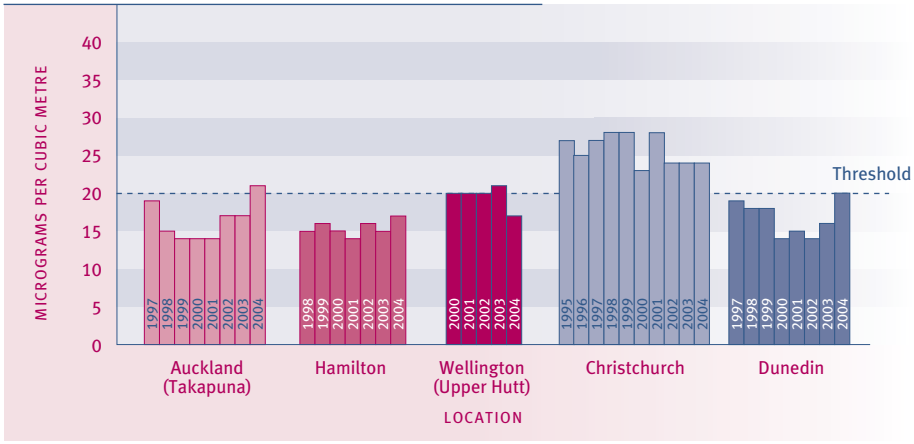
Good air quality is an important component in maintaining our quality of life, the appeal of New Zealand as a tourist destination, and the health of people, plants and animals. $PM_{10}$ is the primary contaminant of concern in New Zealand and it is known to affect many people with adverse health effects. 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 $PM_{10}$ levels in the air at selected monitoring sites in the six major cities. At the one Christchurch site used in Figure EN1.1, average annual $PM_{10}$ levels were above the ambient guideline for all years between 1995 and 2004. Since 2002 there have been signs of an improvement, with the levels stabilising, though still at a level above the guidelines. The Auckland site exceeded the guideline in 2004 and appears to be on the rise. The Wellington site exceeded the guideline in 2003, but was below the threshold in 2004. The Dunedin site reached the threshold level in 2004. Recorded $PM_{10}$ levels at the Hamilton site have been consistently below the New Zealand annual guideline.

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 also lesser sources of $PM_{10}$, as are dust pollens and sea spray, which are natural sources of small particles. Annual data presented here should not be confused with daily average $PM_{10}$ concentrations, which are known to exceed health-based guidelines in 28 urban centres in New Zealand. In September 2005, new air quality standards will be introduced that are based on daily average $PM_{10}$ concentrations.

Figure EN1.1 **$PM_{10}$ concentration in selected sites, 1995–2004**




*Source: Ministry for the Environment (2005) unpublished analysis*
*Note: Data is unavailable for: Wellington before 2000, Hamilton before 1998 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 $PM_{10}$ in Auckland with annual $PM_{10}$ in Los Angeles, but an OECD median cannot be calculated. The air quality in New Zealand's urban areas is, however, broadly comparable with or better than a number of OECD countries.

# Drinking water quality

## DEFINITION

The percentage of the surveyed population who receive their water from community water supplies, whose drinking water complies with the *2000 Drinking Water Standards of New Zealand* relating to E. coli and Cryptosporidium. About 87 percent of the New Zealand population drink water from community supplies.[77]

## RELEVANCE

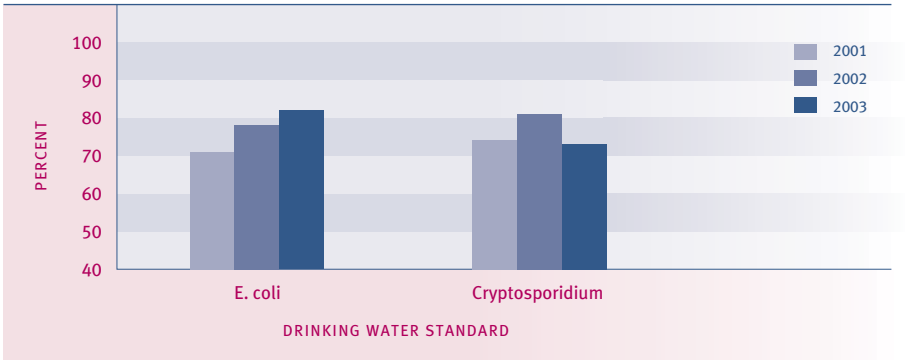
Maintaining good drinking water quality is critical for human health and quality of life outcomes. The health risk to consumers from water-borne disease in drinking water supplies comes from two main types of microorganisms: bacteria (such as faecal coliforms and E. coli) and parasites (such as Giardia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

## CURRENT LEVEL AND TRENDS

The majority of New Zealanders are supplied with community drinking water that complies with the microbiological standards. However, many smaller communities are supplied with microbiologically non-compliant drinking water. The surveyed proportion whose drinking water, measured at the tap, complies with the 2000 drinking water standards regarding E. coli has increased over the past three years, from 71 percent in 2001, to 78 percent in 2002, to 82 percent in 2003. 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 measured at the water treatment plant rather than at the tap. Cryptosporidium compliance has fluctuated over this period, from 74 percent in 2001, to 81 percent in 2002, to 73 percent in 2003. The decrease in compliance 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 surveyed population served with water that meets the 2000 drinking water standards, 2001–2003**




*Source: Ministry of Health (2005b)*
*Note: Previous editions of the social report used the, now out-dated, 1995 Drinking Water Standards of New Zealand, rather than the 2000 Drinking Water Standards of New Zealand*

## REGIONAL DIFFERENCES

Groundwater sources supply drinking water for approximately 40 percent of the New Zealand population, while about 60 percent of people are supplied from source (catchment) water. Most water in catchment headwaters is of good quality. Lower down the catchment where farming and intensive land use occurs (for example horticulture), 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. In 2003, only 1 percent of the population in Marlborough was served with drinking water that fully complied with the 2000 drinking water standards. Otago and the Wairarapa also had low compliance rates, with 25 percent and 27 percent of the population covered. Compliance was highest in the Manawatu (94 percent), followed by Auckland (85 percent), South Canterbury (81 percent) and Tauranga (80 percent). A major reason for non-compliance is inadequate monitoring, rather than actual contamination.

Where drinking water quality is affected, the agricultural sector is seen as the most important source of water quality problems.[78]

## INTERNATIONAL COMPARISON

Overall, the quality of New Zealand water is high by international standards. New Zealand's water supplies are free of many of the diseases that result in sickness and death in other countries. However, the incidence of infection from Giardia in water supplies is 85 per 100,000 people, which is considered high compared to the reported rates for other western countries.[79]

## DESIRED OUTCOMES

All people enjoy physical safety and feel secure. People are free from victimisation, abuse, violence and avoidable injury.

# Safety

## INTRODUCTION

Safety is fundamental to wellbeing: at their most extreme, violence and avoidable injuries threaten life itself. In other cases, they reduce the quality of life for the victim and other people in a multitude of 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 that 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.[80]

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 may suffer from loss of 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 avoid certain areas or avoid going out because of a fear of crime.

Costs to society as a whole range from the costs 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. They are: intentional injury child mortality, criminal victimisation, perceptions of safety and road casualties. The first three indicators combine to provide a picture of the level and impact of violence in the community. Together, the indicators directly address the question of how free New Zealanders are from victimisation, abuse, violence and avoidable injury.

Child maltreatment, or child abuse and neglect, causes physical and psychological harm which is often long-lasting.[81] Child maltreatment varies in both its nature and degree of severity. One of the most severe forms 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 burglary, domestic 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 quality of life by producing anxiety and reducing people's options in life. However, there is some evidence fear is often not 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 where they are 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.[82] 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.

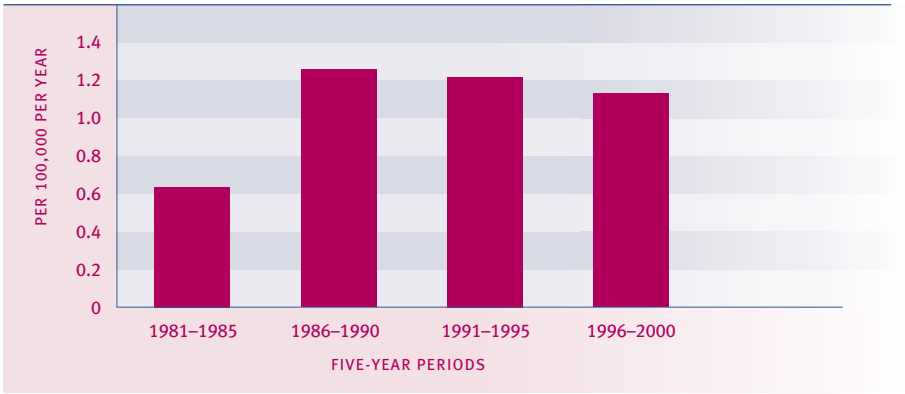
## RELEVANCE

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 directly measures violence against children leading to death and acts as a proxy for non-fatal forms of child maltreatment.

## CURRENT LEVEL AND TRENDS

In the five years to 2000, 49 children under 15 years of age died as a result of maltreatment. On a population basis, this represented an average of one child per 100,000 each year. The five-year average annual rate almost doubled in the late 1980s and has changed very little since then.

Figure SS1.1 **Five-year average annual maltreatment mortality rates for children under 15 years, 1981–1985 to 1996–2000**




*Source: Ministry of Health, New Zealand Health Information Service (ICD–9 codes E960–E969, ICD–10 codes X85–Y09)*
*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 2000, more than two children per 100,000 under 5 year olds died each year as a result of maltreatment, compared with less than one per 100,000 5–14 year olds each year.

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, 1991–1995 and 1996–2000**

| Five-year period | 0–4 years | | | 5–9 years | | | 10–14 years | | |
|---|---|---|---|---|---|---|---|---|---|
| | Males | Females | Total | Males | Females | Total | Males | Females | Total |
| 1991–1995 | 1.9 | 2.4 | 2.1 | 0.6 | 0.6 | 0.6 | 1.5 | 0.2 | 0.8 |
| 1996–2000 | 2.8 | 2.0 | 2.4 | 0.4 | 0.8 | 0.6 | 0.6 | 0.1 | 0.4 |

*Source: Ministry of Health, New Zealand Health Information Service*

## ETHNIC DIFFERENCES

In the five years from 1996 to 2000, Māori children died from maltreatment at an average annual rate of two per 100,000 children. Over the same period, non-Māori children died at an average annual rate of one 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 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 and over who had been a victim of one or more incidents of criminal offending as measured by the *2001 National Survey of Crime Victims*.

## 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

Survey data shows that 30 percent of New Zealand adults aged 15 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 had been 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 comprised slightly less than half of the total volume of victimisations disclosed by the 2001 survey.

Eleven percent of all people reported they had been subject to an individual property offence, such as theft or wilful damage, up from 8 percent in 1995. The proportion of all households which were the victim of a household property offence was 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 a victim of crime. In the 2001 survey, 46 percent of the 15–24 year age group had experienced victimisation compared with 33 percent of those aged 25–39, 28 percent of the 40–59 year age group and 13 percent of those aged 60 and over. People aged 15–24 years were more than twice as likely to be a victim of violent crime as the 25–39 year 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, with 30 percent of women and 29 percent of men reporting 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).

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.[83]

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 a victim 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 Māori women who had been abused or threatened with violence by a partner at some time during their adult life was markedly higher (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. People who said they did not walk alone at night were asked how they thought they would feel.

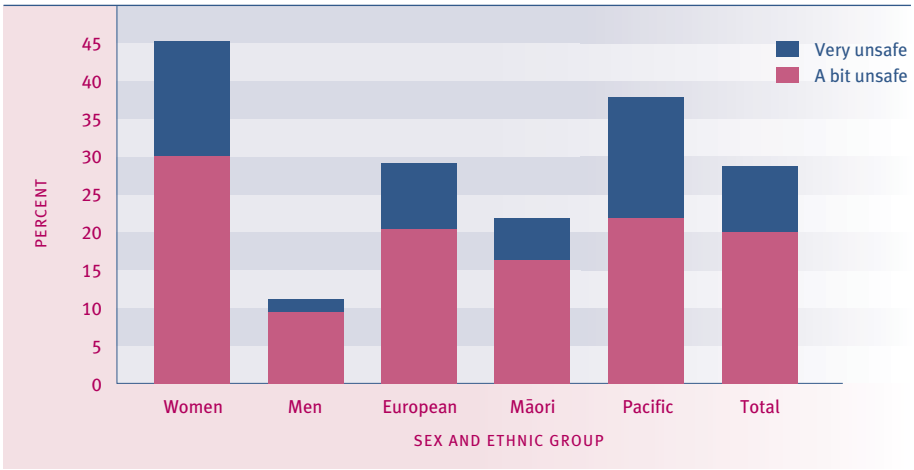
## RELEVANCE

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. People's subjective perceptions about safety are not always linked to 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".

## SEX AND AGE 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 as likely to report feeling "very unsafe".

Just over a third (34 percent) of those aged 60 and older 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. At all ages, women felt less safe than men.

Table SS3.1 **Proportion (%) of adults aged 15 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+ | Male | Female |
| 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 with regard to 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 to report "feeling unsafe" walking alone in their neighbourhood after dark than males 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 and over who felt unsafe walking alone in their neighbourhood after dark, by ethnicity and sex, 2001**

| | European | Māori | Pacific peoples | Other |
|---|---|---|---|---|
| **A bit unsafe** | | | | |
| Male | 9.1 | 7.9 | 16.5 | 12.3 |
| Female | 31.2 | 24.2 | 27.0 | 33.5 |
| Total | 20.5 | 16.3 | 21.9 | 22.8 |
| **Very unsafe** | | | | |
| Male | 1.7 | 1.2 | 5.1 | 0.4 |
| Female | 15.2 | 9.7 | 26.0 | 13.1 |
| Total | 8.6 | 5.5 | 15.9 | 6.7 |
| **A bit unsafe or very unsafe** | | | | |
| Male | 10.8 | 9.1 | 21.6 | 12.7 |
| Female | 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

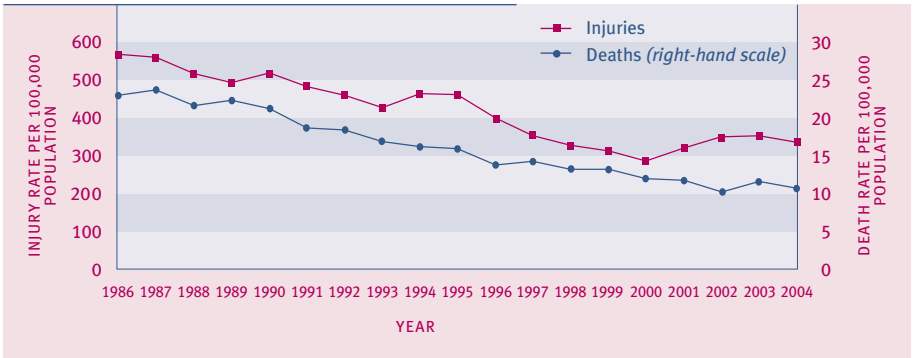
Road deaths are a major cause of premature death, especially among young adults. Deaths, injuries and disability resulting from motor vehicle crashes inflict considerable pain and suffering on individuals, families and communities, as well as on other road users, emergency service providers, health workers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

## CURRENT LEVEL AND TRENDS

In 2004, 436 people died as a result of motor vehicle crashes, a rate of 10.7 deaths per 100,000 population.[84] A further 13,814 people were injured, a rate of 340.1 injuries per 100,000 population. 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 43 percent lower in 2004 than it was in 1986. Although the number of people injured has risen since 2000, there were 27 percent fewer people injured in 2004 than in 1986.

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

Figure SS4.1 **Road traffic injury and death rates, 1986–2004**




*Source: Land Transport Safety Authority (2004) Table 1*
*Note: 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, with death and injury rates more than double those of the population as a whole (23 deaths and 752 injuries per 100,000 in 2004). The risk of dying is relatively low in middle age, then increases sharply at older ages, partly because of increasing fragility among the very old.

Males are much more likely than females to be injured or killed in motor vehicle crashes. In 2004, the injury rate was 390 per 100,000 for males and 286 per 100,000 for females; the death rate was 14.6 per 100,000 for males and 7.0 per 100,000 for females.

Table SS4.1 **Road casualty rates, by age and sex, 2004**

| | Rate per 100,000 population in each group | | | | | |
|---|---|---|---|---|---|---|
| | Reported injury rate | | | Death rate | | |
| Age | Males | Females | Total | Males | Females | Total |
| Under 15 | 142.5 | 96.6 | 121.2 | 3.1 | 2.6 | 2.8 |
| 15–24 | 875.1 | 621.2 | 752.3 | 30.7 | 15.3 | 23.2 |
| 25–34 | 512.9 | 335.2 | 422.6 | 15.2 | 6.8 | 10.8 |
| 35–44 | 374.3 | 268.0 | 319.9 | 14.9 | 4.0 | 9.3 |
| 45–54 | 297.0 | 236.6 | 267.5 | 10.2 | 5.5 | 7.8 |
| 55–64 | 248.0 | 204.3 | 226.5 | 13.6 | 7.9 | 10.7 |
| 65–74 | 208.8 | 210.7 | 211.0 | 13.6 | 8.2 | 10.8 |
| 75+ | 247.1 | 204.2 | 221.2 | 23.4 | 8.8 | 14.6 |
| Total | 390.3 | 286.0 | 340.1 | 14.6 | 7.0 | 10.7 |

*Source: Land Transport Safety Authority (2004)*
*Note: 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 22 per 100,000 in 2000. In comparison, the death rate for European and "Other" ethnic groups was 11 per 100,000 in 2000 and for Pacific peoples, 12 per 100,000. Because of a change in the classification of injury deaths, 2000 data is not comparable with earlier years.

Table SS4.2 **Land transport accident death rates, by ethnicity, 1996–2000**

| | Age-standardised rate per 100,000 | | | |
|---|---|---|---|---|
| Year | Māori | Pacific peoples | 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 |

*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 Europeans.[85]

## INTERNATIONAL COMPARISON

In 2002, New Zealand was ranked 14th among 28 OECD countries with a road death rate of 10.3 per 100,000 people.[86] This was below the OECD median of 11.3 deaths per 100,000. Sweden and the United Kingdom had the best outcomes in the OECD in 2002, each with a road death rate of 6.0 per 100,000. The New Zealand road death rate was better than that of the United States at 14.9 per 100,000 but worse than those of Canada at 9.3, and Australia at 8.7.

## 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.[87] They also mean people have support networks in place that they can call on for help during hard times.

Social connectedness also refers to people joining together to achieve shared goals which benefit each other and society as a whole – this may range from working together as part of a business and paid employment 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 that having a partner contributes to a person's reported level of wellbeing.[88]

Several studies have demonstrated links between social connectedness and the performance of the economy as well as positive outcomes for individual health and wellbeing.[89]

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 ethnic groups can create barriers between people.

## INDICATORS

Five indicators are used to measure New Zealand's levels of social connectedness. Together, the five indicators measure opportunities for and the actual levels of connection between people, both within people's immediate social groups and within the wider community. The indicators 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.

Access to the internet is significant because it gives people more access to information and, as a consequence, 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 even 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 the vast majority of people, social networks centre on family and friends. The second indicator measures the proportion of people who take part in family activities and have family or friends 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 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.

Levels of loneliness are measured in the fourth indicator. 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 *2000 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 access to mail services is 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

Access to a telephone at home is almost universal in New Zealand, at 97 percent overall. Internet access at home is also relatively high at 41 percent, considering the relatively recent introduction of this communication technology.

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

| | Telephone | Internet access |
|---|---|---|
| **Population estimates** | | |
| Total population | 97.3 | 40.6 |
| Dependent children | 96.4 | 44.3 |
| **Age groupings** | | |
| Adults aged under 65 | 97.3 | 44.2 |
| Adults 65 and over | 99.2 | 11.8 |
| **Family ethnicity** | | |
| Māori economic family | 92.3 | 28.3 |
| Pacific economic family | 88.1 | 16.4 |
| European economic family | 99.2 | 44.3 |
| Other economic family | 96.9 | 50.7 |
| **Families with dependent children** | | |
| One parent with dependent children | 88.9 | 25.3 |
| Two parents with dependent children | 98.3 | 49.6 |
| All families with dependent children | 96.8 | 45.6 |
| **Family employment/income status** | | |
| 18–64 year olds, main income earner in full-time employment | 98.8 | 49.0 |
| 18–64 year olds, main income earner not in full-time employment | 91.6 | 29.2 |
| 65 year olds and over, with employment or other income (above New Zealand Superannuation) | 99.5 | 18.2 |
| 65 year olds and over, with little or no other income (above New Zealand Superannuation) | 98.8 | 5.4 |

*Source: Ministry of Social Development (2003b)*

## ETHNIC DIFFERENCES

People living in Pacific economic families (those with any Pacific member) have the lowest level of telephone and internet access in the home (88 percent and 16 percent, respectively), followed by people living in Māori economic families (92 percent and 28 percent). The highest level of internet access in the home was among people living in other non-European economic families (51 percent).

## AGE GROUP AND EMPLOYMENT OR INCOME DIFFERENCES

Adults 65 years and over are more likely than adults under 65 to have a telephone, but much less likely to have internet access in their home (12 percent compared to 44 percent among adults under 65). Older people with no income other than New Zealand Superannuation have the lowest level of internet access in the home (5 percent).

Among adults under 65, telephone and internet access in the home is lower than average where the main earner in the family is not in full-time employment, the difference being more striking in the case of internet access (29 percent compared to 49 percent).

## DIFFERENCES BY FAMILY TYPE

Overall, families with dependent children are more likely than average to have internet access in the home. However, sole-parent families are half as likely as two-parent families to have internet access (25 percent compared to 50 percent) and less likely than two-parent families to have a telephone (89 percent compared to 98 percent).

## INTERNATIONAL COMPARISON

New Zealand compares relatively favourably with other countries for access to the internet. In 2000, 14 out of every 100 New Zealanders were internet subscribers, compared with an OECD median of 11. New Zealand ranked ninth out of 26 OECD countries.[90]

# Participation in family/whānau activities and regular contact with family/friends

## DEFINITION

The proportion of the population who participated in family/whānau activities and the proportion of the population who had family or friends over for a meal at least once a month, as measured by the *2000 Living Standards Surveys*. Family/whānau activities were not specified in the surveys; respondents interpreted them in their own ways.

## RELEVANCE

An important reflection of social connectedness is found in the extent to which people are in regular contact with family and friends, and the extent to which they participate in family/whānau activities.

## CURRENT LEVEL

A high proportion of the population say they take part in family/whānau activities (87 percent) and more than two-thirds (71 percent) report having family or friends over for a meal at least once a month.

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

| | Participation in family activities | Have family/friends over for a meal |
|---|---|---|
| **Population estimates** | | |
| Total population | 86.8 | 70.5 |
| **Age groupings** | | |
| Adults aged under 65 | 86.5 | 72.0 |
| Adults aged 65 and over | 80.4 | 60.5 |
| **Family ethnicity** | | |
| Māori economic family | 90.9 | 68.9 |
| Pacific economic family | 86.1 | 79.6 |
| European economic family | 87.6 | 70.0 |
| Other economic family | 71.8 | 70.3 |
| **Families with dependent children** | | |
| One parent with dependent children | 87.4 | 65.4 |
| Two parents with dependent children | 90.0 | 72.6 |
| All families with dependent children | 89.6 | 71.4 |
| **Family employment/income status** | | |
| 18–64 year olds, main income earner in full-time employment | 89.0 | 73.4 |
| 18–64 year olds, main income earner not in full-time employment | 83.4 | 66.9 |
| 65 year olds and over, with employment or other income (above New Zealand Superannuation) | 85.5 | 69.3 |
| 65 year olds and over, with little or no other income (above New Zealand Superannuation) | 75.4 | 51.8 |

*Source: Ministry of Social Development (2003b)*

## ETHNIC DIFFERENCES

According to the surveys, people living in Māori economic families are the most likely to take part in family/whānau activities (91 percent), while Pacific and European people have average levels of participation (86 and 88 percent, respectively). Those living in other economic families are much less likely than average to take part in such activities (72 percent), perhaps reflecting the fact this group may include many new migrants whose families live overseas. Sharing meals in the home is more common among Pacific peoples (80 percent) than among people of "Other" ethnic groups (70 percent).

## AGE GROUP AND EMPLOYMENT OR INCOME DIFFERENCES

Adults over 65 years are less likely to engage in family activities (80 percent) and considerably less likely to have people over for a meal (61 percent), particularly those with no income other than New Zealand Superannuation (52 percent).

Among adults under 65, participation in family activities and sharing meals is somewhat lower than average where the main earner in the family is not in full-time employment (83 percent and 67 percent).

## DIFFERENCES BY FAMILY TYPE

Not surprisingly, families with dependent children are more likely than average to participate in family/whānau activities, and there is little difference between sole-parent and two-parent families on this measure of social connectedness. However, sole-parent families are less likely than two-parent families to have friends or family over for a meal (65 percent compared to 73 percent).

# 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*.

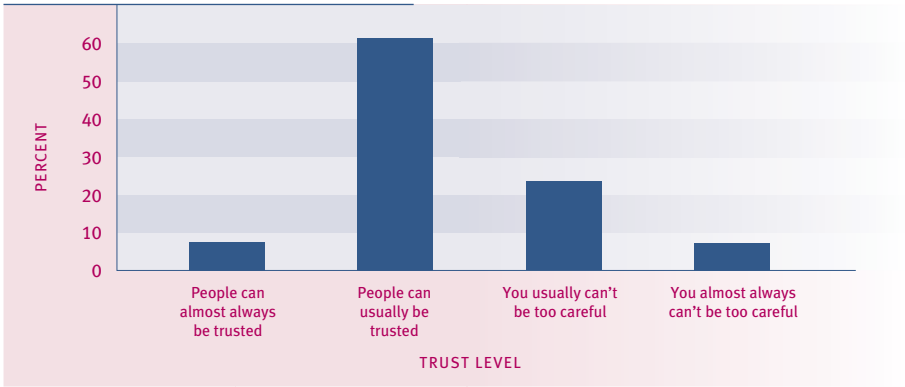
## RELEVANCE

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

## SEX AND AGE DIFFERENCES

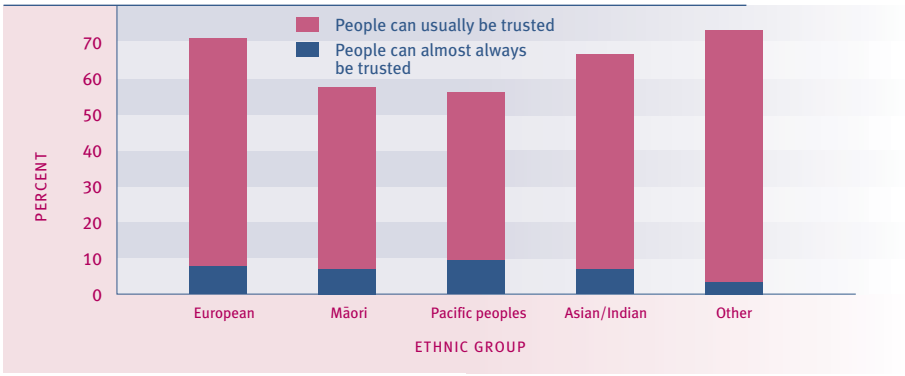
The proportion of those reporting that people can be trusted was the same for both males and females, at 69 percent. Eight percent of females and 7 percent of males support the statement "people can almost always be trusted". Both sexes have the same proportion of supporters (61 percent) for the statement "people can usually be trusted".

Levels of trust ranged from 65 percent at ages 15–24 years to 70 percent at 25–49 years.

## ETHNIC DIFFERENCES

People in the "Other" ethnic group reported the highest overall level of trust in others with 73 percent responding that people could "almost always" or "usually" be trusted, followed by European at 71 percent and Asian/Indians at 66 percent. Māori (57 percent) and Pacific peoples (56 percent) had the lowest proportions who felt that people could be trusted.

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

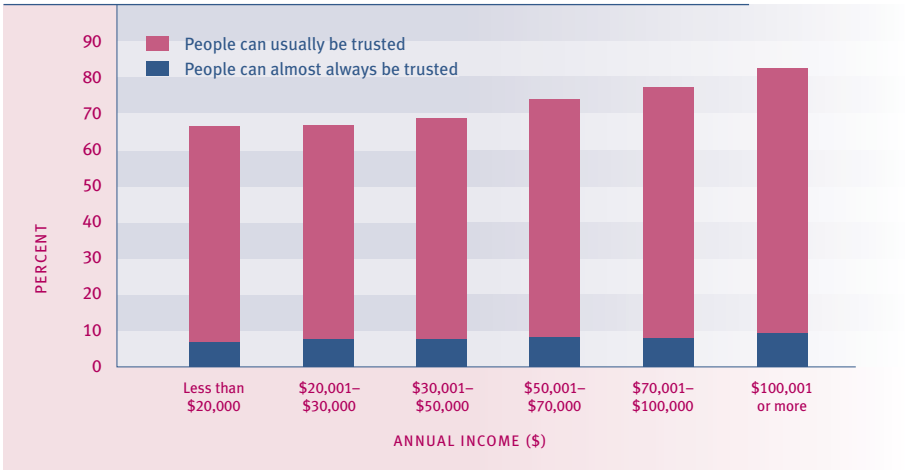



*Source: Auckland City Council et al (2005)* Quality of Life in New Zealand's Largest Cities

## PERSONAL INCOME DIFFERENCES

Across all income levels a majority of New Zealanders indicated that people could "almost always" or "usually" be trusted. Trust in others tends to increase as personal income levels increase. New Zealanders with personal incomes over $100,001 reported the highest overall levels of trust (82 percent). Those with incomes of $30,000 or less reported lower levels of trust overall, with only 66 percent indicating that they thought people could be trusted "almost always" or "usually".

Figure SC3.3 **Proportion of respondents 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

## REGIONAL DIFFERENCES

Across all Big Cities a majority of New Zealanders indicated people could "almost always" or "usually" be trusted. Those living in Wellington reported the highest levels of trust, with 78 percent indicating people could be trusted "almost always" or "usually". Those living in Manukau reported the lowest level of trust in others, with 61 percent reporting people could "almost always" or "usually" be trusted.

## INTERNATIONAL COMPARISON

In 1998, 49 percent of New Zealanders said most people can be trusted. This was high compared to an OECD median of 38 percent in 1995/1996. New Zealand ranked sixth out of 26 OECD countries. Norway had the best outcome in the OECD, with 65 percent of Norwegians stating most people can be trusted. Outcomes for other countries include Canada at fifth, with 52 percent, Australia at 13th, with 40 percent, the United States at 14th, with 36 percent, and the United Kingdom at 18th, with 31 percent.[91]

# Loneliness

## DEFINITION

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

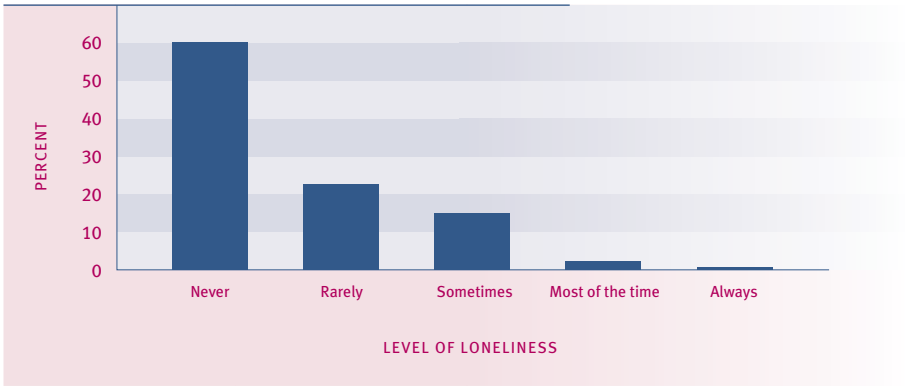
## RELEVANCE

Social contact is of fundamental importance 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 get. 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 having felt lonely over the last 12 months. Fifteen percent said they felt lonely "sometimes", while a small group of people reported feeling lonely more frequently. Two percent said they were lonely "most of the time" and fewer than 1 percent said they "always" feel lonely. Unemployed people and people without a partner were more likely than New Zealanders as a whole 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

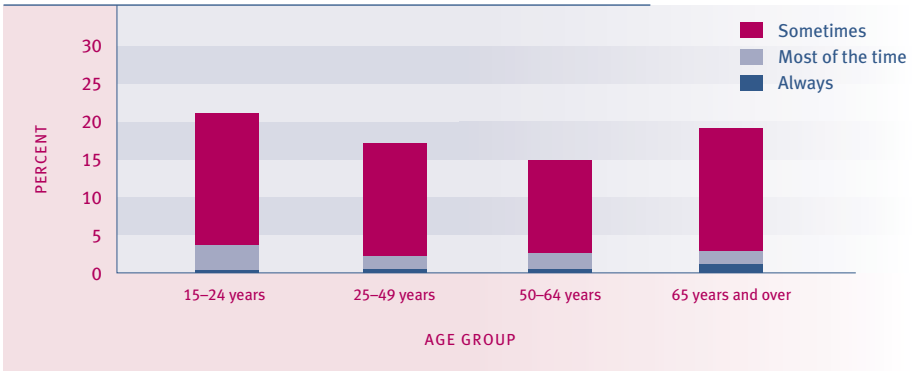
## SEX DIFFERENCES

Overall, females (20 percent) were more likely to report having felt lonely "sometimes", "most of the time" or "all of the time" in the last 12 months than males (15 percent). Seventeen percent of females said they were "sometimes" lonely compared to 13 percent of males.

## AGE DIFFERENCES

Loneliness is most prevalent among those aged 15–24 years, followed by people aged 65 and over: 21 percent of people aged 15–24 and 19 percent of those aged 65 and over experienced feelings of loneliness "sometimes", "most of the time", or "always". Levels of loneliness were somewhat lower among those aged 25–49 (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

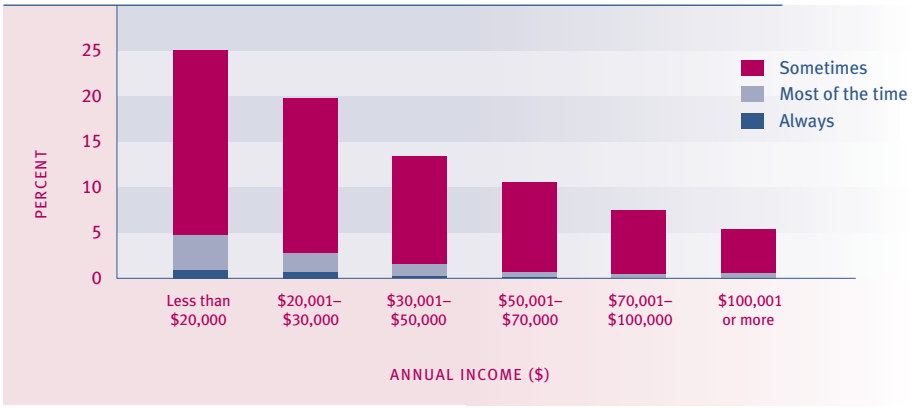
## ETHNIC DIFFERENCES

Europeans reported the lowest rate of loneliness with 15 percent reporting they are lonely "sometimes", "most of the time", or "always". Twenty-two percent of Māori and 25 percent of Pacific peoples reported they are "sometimes", "most of the time", or "always" lonely. Asian/Indian peoples (36 percent) and people in "Other" ethnic groups (36 percent) reported the highest rates of loneliness.

## PERSONAL INCOME 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 higher 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 $100,001.

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

## 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 experiencing loneliness (14 percent).

# Contact between young people and their parents

## DEFINITION

The proportion of secondary school students aged 12–18 years who reported that most weeks they were able to spend enough time with Mum and/or Dad (or someone who acts as Mum and/or Dad).

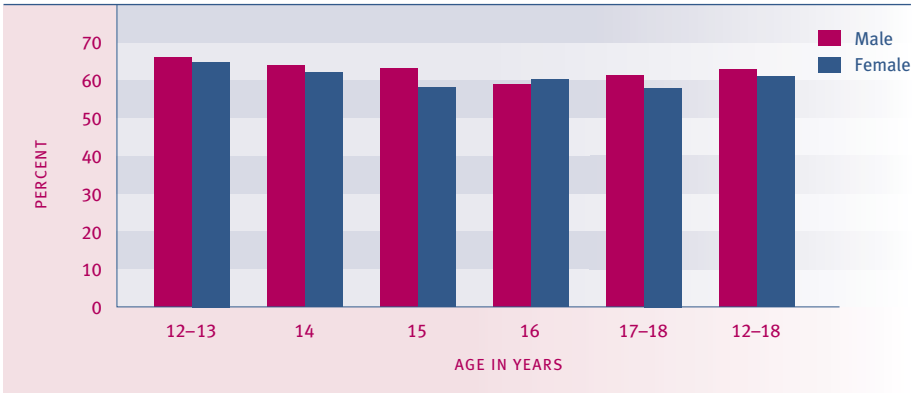
## RELEVANCE

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 students and 61 percent of female 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 AND SEX DIFFERENCES

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

## 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 (60 percent) showed no statistically significant difference from New Zealand European students after adjusting for age, sex and socio-economic differences.

# Conclusion

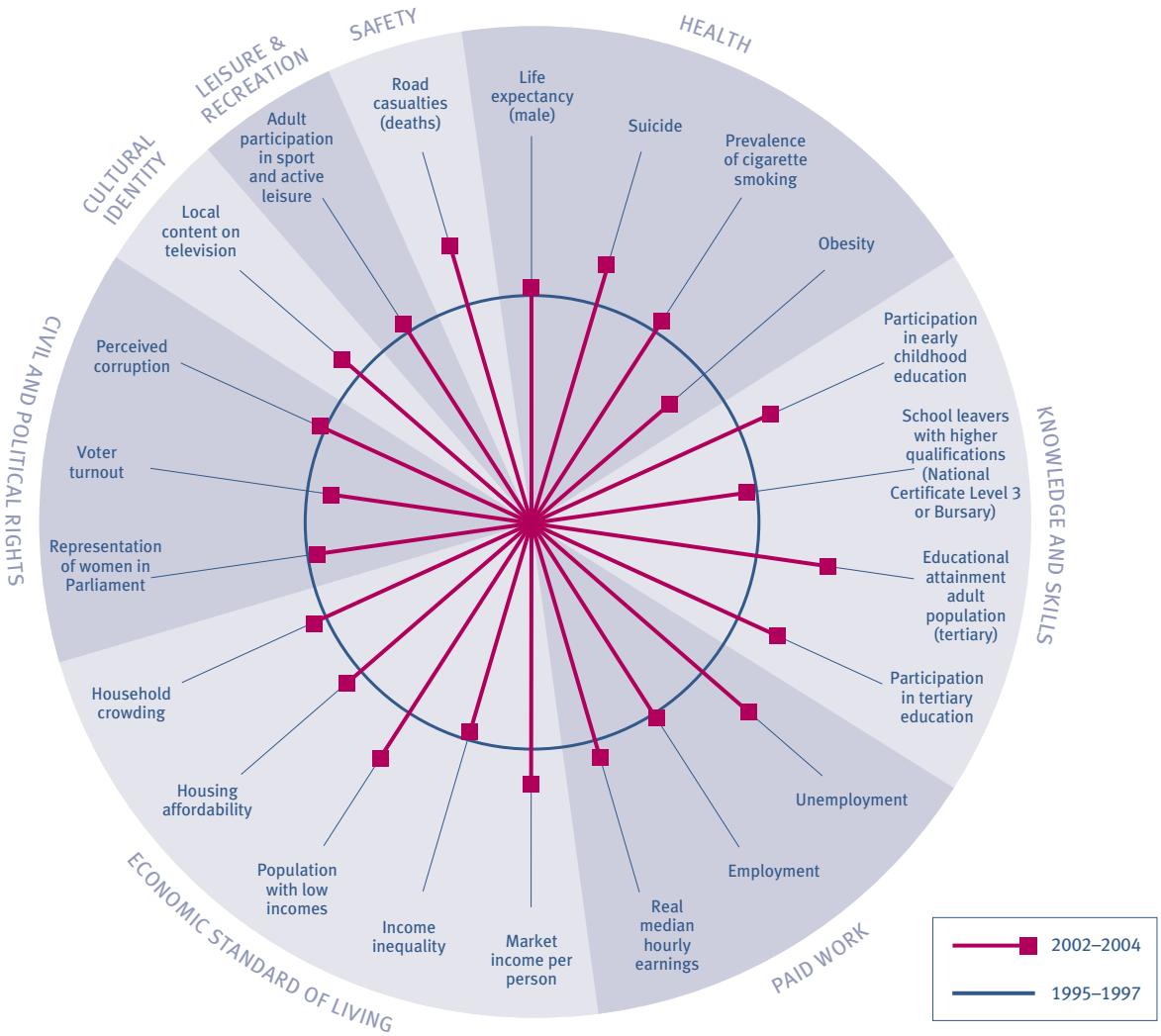
This section summarises how social wellbeing is changing over time in New Zealand and how social wellbeing is distributed across different population subgroups. For the first time, we also draw some tentative conclusions about how social wellbeing varies across different parts of the country.

## Changes in social wellbeing over time

We have new data for 25 of the 42 indicators used in this year's edition of the report. The pattern of change shown in the report is broadly consistent with the picture revealed by *The Social Report 2004*. The key addition to the 2005 report is new data showing what has happened to indicators of economic living standards since 2001. This shows an overall decline in the proportion of the population on low incomes, an overall decline in the proportion of households spending more than 30 percent of their income on housing costs, and a slight increase in overall income inequality.

Figure CO1 compares the most recent figures with those of the mid-1990s to show how wellbeing has changed over the past decade. Sixteen of the 22 indicators for which we have comparable data have shown some improvement, three have deteriorated slightly, and three show no significant change.

Figure CO1 **Changes in social wellbeing, 1995–1997 to 2002–2004**




## Interpreting "Changes in social wellbeing, 1995–1997 to 2002–2004"

The circle represents average performance against each indicator between 1995 and 1997, and the spokes represent the most recent performance, where possible averaged over the most recent three years. Where a spoke falls outside of the circle, this means outcomes have improved since the mid-1990s; the further from the circle it falls, the more significant the improvement. Where a spoke falls within the circle, outcomes in this area have deteriorated since the mid-1990s; the further the spoke is from the circle, the more pronounced the deterioration. 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 only show 22 of the 42 indicators used in *The Social Report 2005*.

Time-series data going back to the mid-1980s is also available for a smaller number of indicators. This data, in combination with the data used in Figure CO1, shows three main patterns of change over the past two decades.

**One group of indicators has improved consistently, or remained strong, since the mid-1980s**

As shown in previous editions of the social report, indicators of life expectancy, cigarette smoking, participation in early childhood and tertiary education, the educational attainment of the adult population and road casualties have improved on a fairly consistent basis since the mid-1980s.

The representation of women in Parliament steadily increased between the mid-1980s and 1999, though it declined marginally in the 2002 election. New Zealand has consistently demonstrated very low levels of perceived corruption since surveys began in 1997.

**Another group of indicators – many of them in the Paid Work and Economic Standard of Living domains – worsened during the late-1980s and early-1990s, but have improved since then**

Market income per person, unemployment, employment, housing affordability, the proportion of the population on low incomes, income inequality and suicide all deteriorated between the late-1980s and early-1990s.

Market income per person has been steadily increasing since the mid-1990s. Employment, unemployment and low incomes began to recover in the mid-1990s, plateaued or deteriorated slightly towards the end of the 1990s, and have been improving steadily since then. Housing affordability began to improve towards the end of the 1990s.

Market income per person, unemployment and employment have all now returned to, or are better than, levels recorded in the mid-1980s. However, neither the proportion of the population on low incomes nor housing affordability has returned to the levels of the mid-1980s.

The proportion of people living in crowded housing has also decreased since the early-1990s but we do not have trend data to show how this compares with the mid-1980s. Real median hourly earnings have increased since 1997 when the New Zealand Income Survey began.

Suicide rates began to improve towards the end of the 1990s and are now lower than they were in the mid-1980s.

**A small group of indicators appear to be in long-term decline or to be static**

Voter turnout, obesity and income inequality have all worsened since the mid-1980s. The growth in income inequality since the mid-1990s has occurred despite a decline in the proportion of the population on low incomes over that same period. This suggests that, while incomes at the lower end of the income distribution have grown, growth at the middle and upper ends of the distribution has been stronger.

Child maltreatment deaths almost doubled between the mid to late-1980s and there has been very little change since then.

There was little change in the proportion of school leavers with higher qualifications from the early 1990s through to 2002. 2003 data shows an increase against this indicator.

## Variation in social wellbeing across the country

In this section we draw some conclusions about the distribution of social wellbeing across regions. Due to space constraints, it is not possible for *The Social Report 2005* to include full subnational data for each of the indicators. However, the additional information upon which this section is based is provided on the social report website (www.socialreport.msd.govt.nz).

Variations in social wellbeing will, to some extent, be driven by the different demographic profiles of communities, and in particular their age distributions. For example, regions with disproportionately youthful populations will be more likely to perform poorly for those indicators against which children and young people tend to do poorly.

Reporting on the average level of wellbeing in a region will also obscure variation in outcomes within that region. Therefore, while the 16 regions we report on contain a diverse range of communities with a diverse range of outcomes, this will not be apparent from the data on average regional outcomes.

We have some regional data for 19 of the report's 42 indicators.[92] It is important to emphasise that the picture of social wellbeing presented here is only a partial one because of the limited size of the indicator set for which we have comparable data. However, the indicator set does include a number of key indicators, including life expectancy, cigarette smoking, participation in early childhood education, school leavers with higher qualifications, adult educational attainment, unemployment, median hourly earnings, low incomes, household crowding, participation in sport and active leisure, and telephone and internet access.

Canterbury, Wellington and Nelson are in the top quartile for at least half of the 18 indicators[93], and are in the lower quartile for no more than two indicators. Northland, Gisborne and the West Coast are in the lower quartile for more than half of the 18 indicators.

We can draw tentative conclusions about how indicators of social wellbeing vary across the regions in only some of the social report outcome domains.

In the Health domain, Auckland, Canterbury and Wellington perform well for life expectancy. Conversely, life expectancy is lowest in Gisborne, Northland and Southland. Wellington, Auckland and Canterbury have smoking rates below the national average of 25 percent. Northland, the West Coast, Gisborne and the Bay of Plenty have higher than average rates.

In the Knowledge and Skills domain, early childhood participation is consistently high across all of the seven South Island regions. For both the proportion of school leavers with higher qualifications and the educational attainment of their adult populations, Auckland, Wellington, Canterbury and Otago perform well. All of these regions have large universities within their boundaries. The levels of these indicators are not as high for the West Coast and Northland. There is a wide variation in outcomes for the proportion of school leavers with higher qualifications, ranging from 75 percent in Otago through to 51 percent in the West Coast.

In the Paid Work domain there was relatively little variation in regional unemployment rates in 2004, and they are low by both historical and international standards across all of the 16 regions. There is a larger degree of variation in regional employment rates, ranging from a high of 78 percent in Southland, to 69 percent in Northland. The South Island regions (with the exception of Otago) do particularly strongly for indicators of both employment and unemployment.

Median hourly earnings are the highest in Wellington and Auckland and the lowest in Otago, and the combined area of Tasman, Nelson, Marlborough and the West Coast. There is a considerable degree of variation in workplace injury rates across the regions. This reflects the higher concentration of workers in higher-risk industries (such as agriculture and forestry) in regions such as Gisborne, Northland, the Hawke's Bay and the Bay of Plenty. Workplace injuries are lowest in urban areas where workers are more concentrated in lower-risk white-collar jobs.

In the Economic Standard of Living domain, the proportion of the population with low incomes ranges from a low of 20 percent in Wellington to 29 percent in Gisborne. Other regions with relatively high proportions of people with low incomes are Northland, Otago and the West Coast. There are relatively low rates of household crowding across all seven South Island regions. Household crowding is most prevalent in Auckland, Northland and Gisborne.

# The distribution of social wellbeing in New Zealand

**Most of the indicators for which we have time-series data show that outcomes have improved for Māori and Pacific peoples since the mid-1990s**

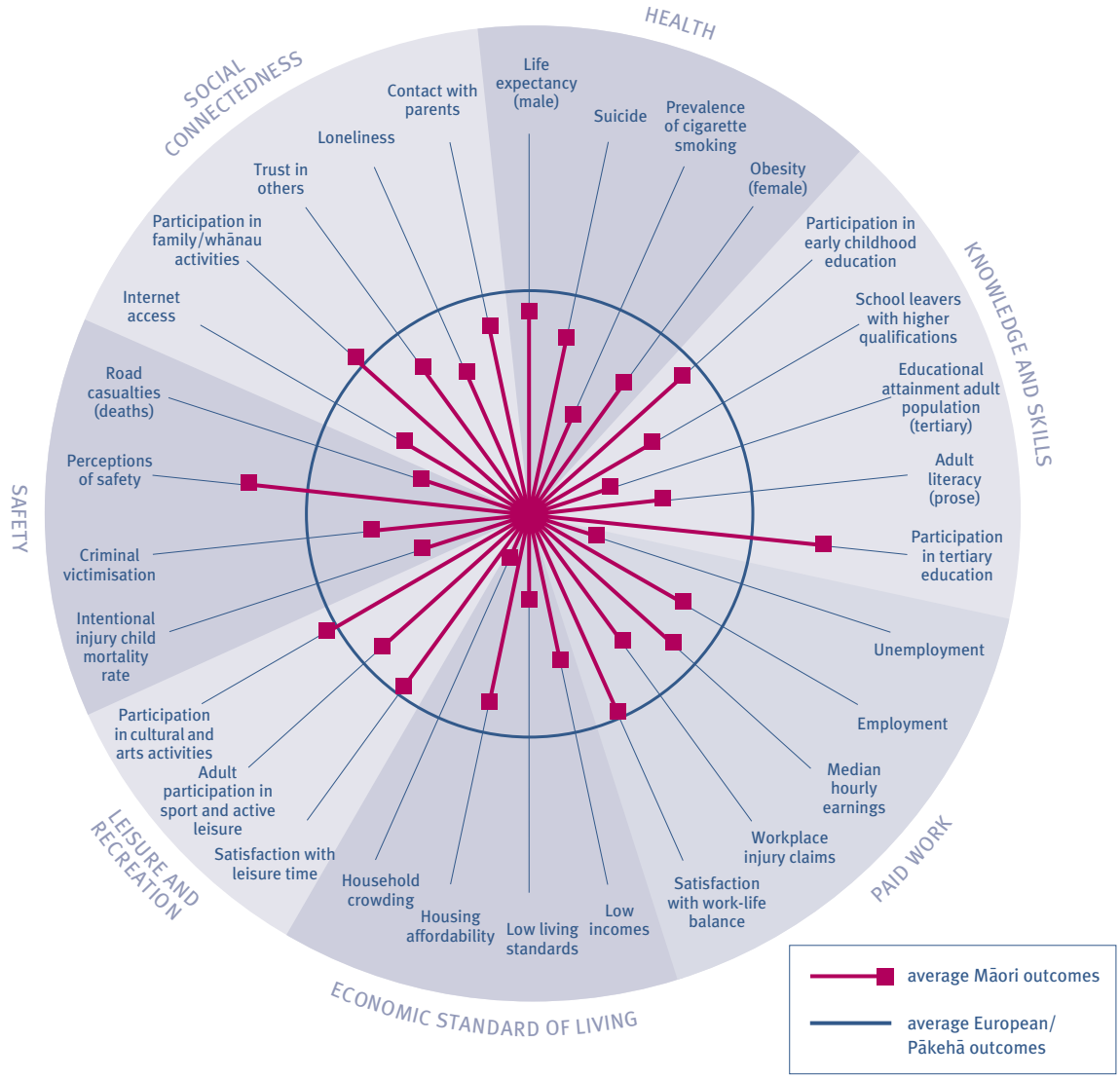
Outcomes for Māori and Pacific peoples have improved since the mid-1990s against most of the indicators for which we have time-series data. This includes longer life expectancy, reduced rates of suicide (data for Māori population only), and higher rates of participation in early childhood and tertiary education. Unemployment and employment rates have also improved.

The proportion of families with a Māori adult with low income dropped from 32 percent in 2001 to 24 percent in 2004, and the proportion spending more than 30 percent of their income on housing costs declined from 32 percent to 21 percent over the same period. While the proportion of families with a Pacific adult with low income has changed little since 2001, the proportion spending more than 30 percent of their income on housing costs has dropped sharply from 41 percent to 23 percent.

As with the rest of the population, rates of obesity have grown since 1997, and there has been no improvement in the number of child maltreatment deaths (data for Māori population only).

Against many of these indicators, improvements for Māori have been greater than for Europeans/Pākehā. This includes indicators of life expectancy, suicide, participation in early childhood and tertiary education, school leavers with higher qualifications, employment, unemployment, low incomes and housing affordability. While the effect of this has been to reduce the disparity in outcomes between the Māori and Pākehā/European populations, indicators of wellbeing for Māori are still relatively poor in a number of areas, and in particular Health, Paid Work and Economic Standard of Living. This is illustrated in Figure CO2 on the next page.

Figure CO2 **Social wellbeing for Māori, relative to Europeans/Pākehā**



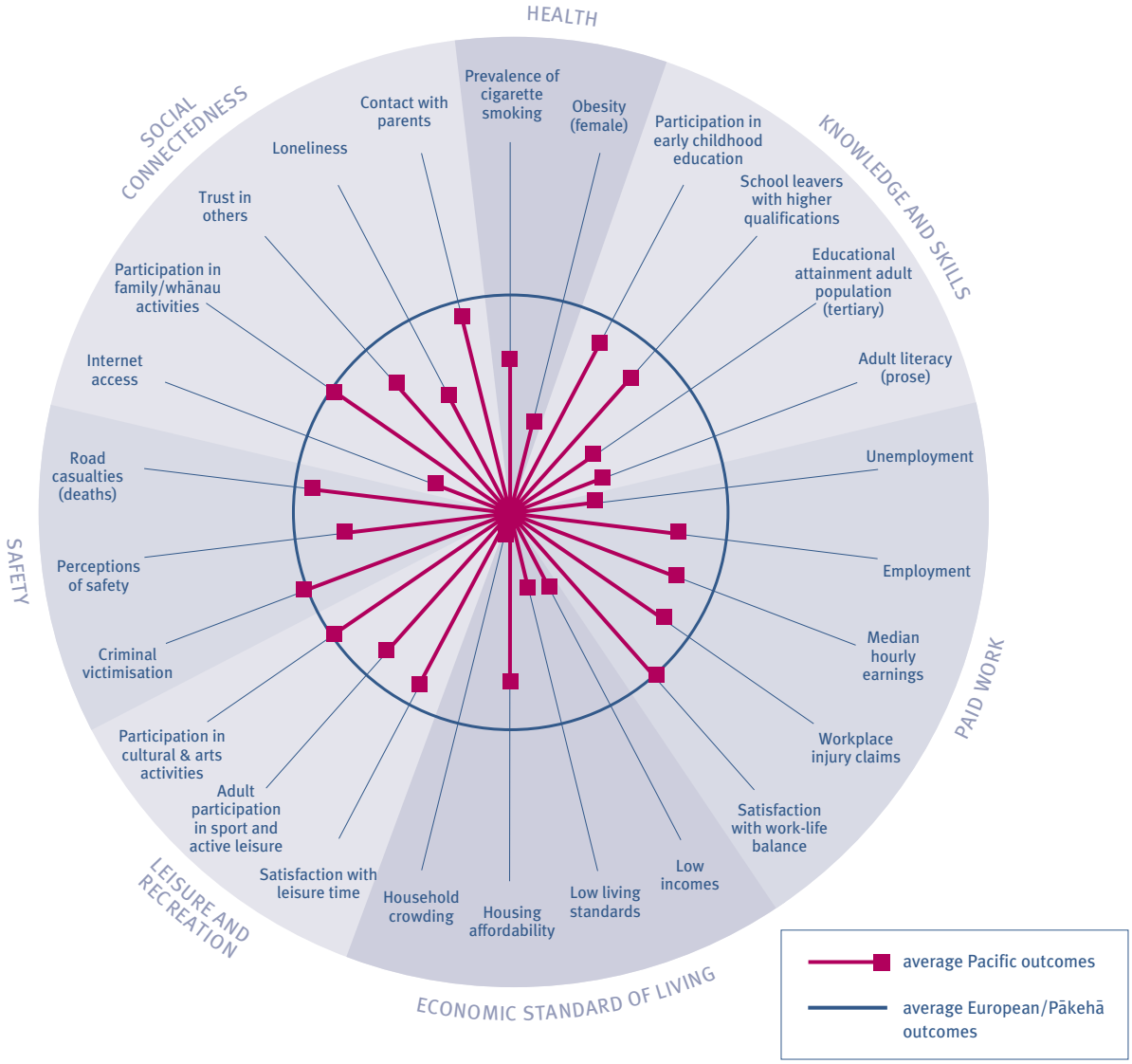

## Interpreting "Social wellbeing for Māori, relative to Europeans/Pākehā"

The circle represents average outcomes for Europeans/Pākehā against each indicator and the spokes represent outcomes for Māori. Where a spoke falls outside of the circle this means outcomes for Māori are better than for Europeans/Pākehā; the further the spoke is from the circle the more pronounced the difference.

Where a spoke falls within the circle, outcomes for Māori are worse than for Europeans/Pākehā; 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.

Improvements for Pacific peoples have been greater than for Europeans/Pākehā for a smaller number of indicators, including housing affordability, median hourly earnings, and participation in early childhood education. However, as shown in Figure CO3, outcomes for Pacific peoples are still relatively poor against the large majority of indicators.

Figure CO3 **Social wellbeing for Pacific peoples, relative to Europeans/Pākehā**




### Interpreting "Social wellbeing for Pacific peoples, relative to Europeans/Pākehā"

The circle represents average outcomes for Europeans/Pākehā against each indicator and the spokes represent outcomes for Pacific peoples. Where a spoke falls outside of the circle this means outcomes for Pacific peoples are better than for Europeans/Pākehā; the further the spoke is from the circle the more pronounced the difference.

Where a spoke falls within the circle, outcomes for Pacific peoples are worse than for Europeans/Pākehā; 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.

**There is a mixed pattern of performance for people who identify with ethnicities other than European/Pākeha, Māori, or Pacific peoples**

The limited set of indicators that enables us to look at the outcomes for people who identify with ethnicities other than European/Pākehā, Māori or Pacific peoples show a mixed picture.

People who identify with an ethnic group other than European/Pākehā, Māori or Pacific peoples tend to perform well on average in the area of Knowledge and Skills, and have relatively low rates of smoking. While employment, unemployment and median hourly earnings outcomes for people in this group are better than for the Māori and Pacific populations, they are not as good as for Pākehā/Europeans.

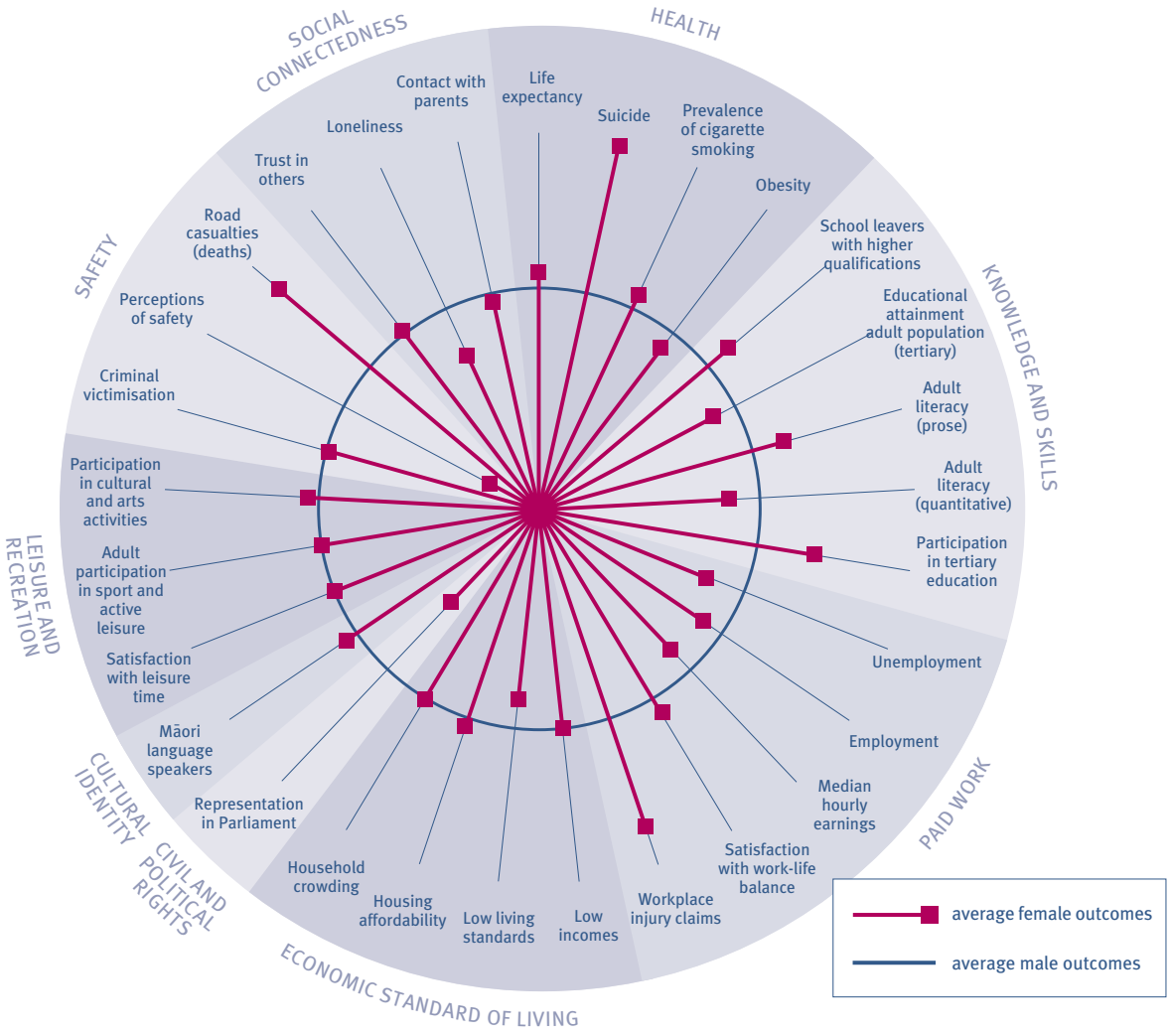
Families with an adult of "Other" ethnicity were the only group to experience an increase in the proportion of people on low incomes and in the proportion of people spending more than 30 percent of their income on housing between 2001 and 2004. Outcomes for this group are now worse for these two indicators than for any other ethnic group.

**While differences by sex remain across a number of areas, the disparity in outcomes has narrowed for some key indicators**

Women have significantly lower representation in Parliament than men and are less likely than men to feel safe in their communities. Unemployment rates are slightly higher among women than men, and women are more likely to have low living standards and lower median hourly earnings. However, growth in real median hourly earnings since 1997 for women has been double the growth rate experienced by men. Since the mid-1990s, the employment rate gap between males and females has narrowed. While between the mid-1990s and 2001 women were slightly more likely than men to be on low incomes and to be spending more than 30 percent of their income on housing costs, by 2004 these differences in outcomes had virtually disappeared. Rates of obesity are higher among the female population, but this gap has narrowed due to a growth in male obesity rates since 1997.

Men have higher rates of suicide and lower life expectancy and health expectancy than women. The sex gap in outcomes for life expectancy and suicide has narrowed since the mid-1990s, but has increased for health expectancy. Men are more likely than women to experience a workplace or road traffic injury, and are less likely than women to leave school with higher qualifications or to participate in tertiary study. The gap in outcomes for these last two indicators has widened over the past decade.

Figure CO4 **Social wellbeing for women, relative to men**




### Interpreting "Social wellbeing for women, relative to men"

The circle represents average outcomes for men against each indicator and the spokes represent outcomes for women. Where a spoke falls outside of the circle this means outcomes for women are better than for men; the further the spoke from the circle the more pronounced the difference.

Where a spoke falls within the circle outcomes for women are worse 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 changes for different indicators.

**Outcomes for children and young people have improved against some key indicators but remain relatively poor in a number of areas**

The proportion of children living in low-income families declined from 27 percent in 2001 to 21 percent in 2004. Child poverty rates are still higher, however, than for the rest of the population (19 percent) and other indicators show children are more likely than adults to live in families with low living standards, families that are spending more than 30 percent of their incomes on housing, and families living in crowded housing.

Younger people are considerably more likely to experience criminal victimisation and road casualties, and are more than twice as likely as older age groups to be unemployed.

People aged 65 and over have relatively good outcomes in the Economic Standard of Living domain. They also have lower rates of obesity, smoking and suicide than young people. However, older people are less likely to have higher qualifications, to participate in family activities, or to participate in cultural activities.

| Indicators | Current overall level of indicator (most recent year) | Variation within the population | Is this aspect of the quality of life improving overall? | How does this aspect of the quality of life compare with the OECD? |
|---|---|---|---|---|
| **Health** | | | | |
| **Health expectancy** | 64.8 years for males and 68.5 years for females (2001) | Lower for males and Māori | Improved for females | No comparison available |
| **Life expectancy** | 77.0 years for males and 81.3 years for females (2002/2004) | Lower for males, Māori and Pacific peoples and those living in deprived areas | Improving, faster for males than females | Average for both males and females |
| **Suicide** | 10.7 per 100,000 (age-std rate for all ages); youth 15–24 years, 17.0 per 100,000 (2002) | Suicide deaths higher for males, youth, young adults and Māori; attempted suicide higher for females | Improved since 1998 | Average for all ages, poor for youth |
| **Prevalence of cigarette smoking** | 25 percent of population aged 15 years and over smoke cigarettes (2002) | Higher rates among young people, Māori, Pacific peoples and those living in deprived areas | Improved to 1991, steady since | Good for males, poor for females |
| **Obesity** | 21 percent of population 15+ (2003); 10 percent of children 5–14 years (2002) | Higher for Pacific peoples, Māori and females in deprived areas | Prevalence of obesity doubled between 1977 and 2003 | Poor |

| Indicators | Current overall level of indicator (most recent year) | Variation within the population | Is this aspect of the quality of life improving overall? | How does this aspect of the quality of life compare with the OECD? |
|---|---|---|---|---|
| **Knowledge and skills** | | | | |
| **Participation in early childhood education** | "Apparent" participation rate of 95 percent for 3 year olds and 103 percent for 4 year olds (2004) | Māori and Pacific rates lower than non-Māori | Improving | No robust comparison available |
| **School leavers with higher school qualifications** | 67 percent of school leavers with at least NCEA Level 2 (2003) | Proportions lower for males, Māori and Pacific school leavers | Improved to 1991, slight decline since 1998, but increased in last year | No comparison available |
| **Adult literacy skills in English** | 54 percent of people aged 15–65 have a level of prose literacy in English needed to meet the complex demands of everyday life and work; 50 percent meets the same standard for document literacy; 51 percent for quantitative literacy (1996) | Literacy levels lower among older people, Māori, Pacific peoples and "Other" ethnic groups | No trend available | Average for prose literacy but below average for document and quantitative |
| **Educational attainment of the adult population** | 79 percent of the population aged 25–64 years with at least an upper secondary qualification; 16 percent of the population aged 25–64 years with tertiary (bachelor degree+) qualifications (2004) | Proportions lower for older people, women, Māori and Pacific peoples | Improving | Good for upper secondary and average for tertiary |
| **Participation in tertiary education** | 12 percent of population aged 15 and over enrolled in tertiary education institutions (2004) | Lower rates for males, students from deprived areas; higher for Māori at ages under 18 and over 25 | Improving | No direct comparison available for total population aged 15 and over. Average for 20–29 year olds |

| Indicators | Current overall level of indicator (most recent year) | Variation within the population | Is this aspect of the quality of life improving overall? | How does this aspect of the quality of life compare with the OECD? |
|---|---|---|---|---|
| **Paid Work** | | | | |
| **Unemployment** | 3.9 percent of the labour force (2004) | Higher rates for young people, Māori, Pacific and "Other" ethnic groups | Improving since 1998 almost to mid-1980s levels | Very good |
| **Employment** | 73.5 percent of the population aged 15–64 years (2003) | Lower rates for young people, women, Māori, Pacific peoples and "Other" ethnic groups | Improved since 1998 to above mid-1980s levels | Good |
| **Median hourly earnings** | $15.34 per hour for wage and salary earners ($16.50 for males; $14.40 for females) (2004) | Lower for Māori, Pacific peoples, youth and females over 30 | Improving | No comparison available |
| **Workplace injury claims** | 146 claims per 1,000 full-time equivalent employees (2003) | Higher rates for men and Māori | No change over past year | No comparison available |
| **Satisfaction with work-life balance** | 66 percent of employed people say they are satisfied with their work-life balance (2004) | Men, Māori, people of "Other" ethnicity and people whose personal incomes are more than $60,000 are less likely to be satisfied with their work-life balance | No data | No comparison available |

| Indicators | Current overall level of indicator (most recent year) | Variation within the population | Is this aspect of the quality of life improving overall? | How does this aspect of the quality of life compare with the OECD? |
|---|---|---|---|---|

## Economic Standard of Living

| | | | | |
|---|---|---|---|---|
| **Market income per person** | RGNDI of $28,360 per capita (in constant 1995/1996 dollars) (2004) | Not measured | Improving | Poor |
| **Income inequality** | The household in the 80th percentile has an income 2.8 times that of the household in the bottom 20th percentile (2004) | Not relevant | Worsening slightly | Poor in the mid-1990s |
| **Population with low incomes** | 19 percent of population lives in economic family units with incomes below 60 percent of median (2004) | Higher rates among children, large families, sole parents, Māori or Pacific families, families from "Other" ethnic groups, families who rely on income-tested benefits and families in rented dwellings | Recent improvement | Better than OECD median in mid-1990s |
| **Population with low living standards** | 20 percent of the total population with restricted living standards (ELSI Levels 1–3) (2000) | As for population with low incomes | No trend data available | No comparison available |
| **Housing affordability** | 22 percent of households spend more than 30 percent of income on housing (2004) | Higher proportions among Māori, Pacific peoples or "Other" ethnic groups | Worsened to 1998 then stable | No comparison available |
| **Household crowding** | 10 percent of individuals live in households requiring one or more additional bedrooms (2001) | More common among families with young children, youth, people in rental housing, Māori and Pacific peoples and in South Auckland | Some improvement | No comparison available |

| Indicators | Current overall level of indicator (most recent year) | Variation within the population | Is this aspect of the quality of life improving overall? | How does this aspect of the quality of life compare with the OECD? |
|---|---|---|---|---|

## Civil and Political Rights

| | | | | |
|---|---|---|---|---|
| **Voter turnout (general elections)** | 72.5 percent of the population eligible to vote (2002) | Non-voters more likely to be on lower incomes, younger people, Māori or Pacific peoples | Worsened | Above average |
| **Representation of women in government** | 28 percent of seats in Parliament (2002 general election); 31 percent of elected members (2001 local authority elections) | Not relevant | Improvement, then marginal decline in latest year | Good |
| **Perceptions of discrimination** | Asians most common group perceived to be subject to discrimination (2004) | Not relevant | Deteriorated for people who are overweight, people with disabilities | No comparison available |
| **Perceived corruption** | New Zealand ranked second least corrupt nation with a Corruption Perceptions Index score of 9.6 (2004) | Not relevant | Steady | Very good |

| Indicators | Current overall level of indicator (most recent year) | Variation within the population | Is this aspect of the quality of life improving overall? | How does this aspect of the quality of life compare with the OECD? |
|---|---|---|---|---|

## Cultural Identity

| | | | | |
|---|---|---|---|---|
| **Local content programming on New Zealand television** | 42 percent of the prime-time schedule (2004) | Not relevant | Steady | Below average |
| **Māori language speakers** | 25 percent of Māori report conversational fluency in Māori (2001) | Fluent speakers more likely to be older | No trend available | Not relevant |
| **Language retention** | Varied from 17 percent of Cook Islands Māori to 81 percent of Koreans (2001) | Not relevant | No trend available | No comparison available |

| Indicators | Current overall level of indicator (most recent year) | Variation within the population | Is this aspect of the quality of life improving overall? | How does this aspect of the quality of life compare with the OECD? |
|---|---|---|---|---|
| **Leisure and Recreation** | | | | |
| **Satisfaction with leisure time** | 80 percent of the population are satisfied overall with their leisure time (2004) | Those aged 25–49 years and Asian/Indian people report lower satisfaction rates | No trend available | No comparison available |
| **Participation in cultural and arts activities** | 93 percent of adult population took part in cultural activities (2001/2002) | Higher participation rates among young people | No trend available | No comparison available |
| **Participation in sport and active leisure** | 70 percent of adults 18 and over, 66 percent of young people 5–17 years were physically active (2000/2001) | Girls, Pacific young people and Māori and Pacific adults were less likely to be physically active | Overall improvement, particularly for older adults; deterioration for Māori and Pacific young people | No comparison available |
| **Physical Environment** | | | | |
| **Air quality** | Average annual $PM_{10}$ levels were above guidelines in Christchurch in 2004. Auckland exceeded the guideline in 2004. Wellington was below the threshold in 2004. Dunedin reached the threshold level in 2004. Hamilton has been consistently below the New Zealand annual guideline | Not reported | Steady | No comparison available |
| **Drinking water quality** | E. coli compliance increased from 71 percent in 2001 to 82 percent in 2003. Cryptosporidium compliance fluctuated from 74 percent in 2001, to 81 percent in 2002, to 73 percent in 2003 | Not reported | Steady | No comparison available |

| Indicators | Current overall level of indicator (most recent year) | Variation within the population | Is this aspect of the quality of life improving overall? | How does this aspect of the quality of life compare with the OECD? |
|---|---|---|---|---|
| **Safety** | | | | |
| **Intentional injury child mortality** | In the five years to 2000, 49 children died as a result of maltreatment, an average of one child per 100,000 children per year | Higher for children under 5 years | Improving slightly | Poor |
| **Criminal victimisation** | 30 percent of population aged over 15 years were victims of criminal offending, either as individuals or members of households (2000) | Younger people and Māori more likely to have been a victim of crime | Similar to 1995 level | No reliable comparison available |
| **Perceptions of safety** | 29 percent of population felt unsafe walking alone in their neighbourhood after dark (2001) | Perceptions more negative among females and Pacific peoples | No trend available | No comparison available |
| **Road casualties** | 10.7 deaths per 100,000 population (2004, provisional) | High rates among men, young people, Māori, and those aged 65 and over | Improvement since 1986 | Average |

| Indicators | Current overall level of indicator (most recent year) | Variation within the population | Is this aspect of the quality of life improving overall? | How does this aspect of the quality of life compare with the OECD? |
|---|---|---|---|---|
| **Social Connectedness** | | | | |
| **Telephone and internet access in the home** | 97 percent of adult population have access to telephone and 41 percent to internet in their homes (2000) | Access less likely among Māori and Pacific families, families with unemployed adults and sole-parent families | No trend available | Above average for internet |
| **Participation in family/whānau activities and regular contact with family/friends** | 71 percent of adults had family or friends over for dinner at least once a month in the previous year and 87 percent engage in family/whānau activities (2000) | Older people and Europeans less likely to be involved in family activities | No trend available | No comparison available |
| **Trust in others** | 69 percent of people aged 15 and over report that people can be trusted (2004) | Women, Māori, Pacific peoples and those with incomes less than $20,000 report lower levels of trust | Improving | Good |
| **Loneliness** | 18 percent of people aged 15 and over report having felt lonely in the past 12 months (2004) | People of "Other" ethnicity, young people, people whose incomes are less than $20,000, unemployed people and unpartnered people report higher levels of loneliness | No trend available | No comparison available |
| **Contact between young people and their parents** | 63 percent of male and 61 percent of female students spent enough time with Mum and/or Dad (2003) | Māori students more likely to report not getting enough time with their Mum and/or Dad | No trend available | No comparison available |

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APPENDIX 1

# Changes to *The Social Report 2005*

No changes have been made to the outcome domains used in this year's edition of the social report. Three key changes have been made to the indicators used in the report and these are detailed in Table AP1.1.

Table AP1.1 **Changes to the indicators in *The Social Report 2005***

| Change | Rationale |
|---|---|
| **"Disability requiring assistance" deleted from the Health domain** | "Disability requiring assistance" was included in previous reports as a proxy measure of non-fatal health outcomes. This information is already captured, however, under the "health expectancy" indicator which is a combined measure of fatal and non-fatal health outcomes. The New Zealand Disability Strategy also encourages a focus on the societal barriers faced by people with impairments, rather than the impairment itself. Note that information on the prevalence of disability, and the outcomes of people with disabilities relative to the non-disabled population, is provided in the People section of the report. |
| **"Average hourly earnings" in the Paid Work domain replaced with an indicator of "median hourly earnings"** | "Median hourly earnings" is a better measure of the experience of the middle-ranked earner as it is less subject to movements that are specific to the upper and lower ends of the earning distribution. |
| **"Confirmed notifications of child abuse and neglect" in the Safety domain replaced with an indicator of "intentional injury child mortality rate (five-year average)"** | "Confirmed notifications" is based on the number of children assessed as abused or neglected following a notification to the Department of Child, Youth and Family Services. Changes in this indicator do not necessarily reflect changes in the underlying rate of child abuse. They could, instead, reflect changes in the level of resourcing for the Department, changes in public attitudes to the reporting of child abuse, or changes in administrative recording practices. |

A number of other minor changes have been made to the report.

The "absence of corruption" indicator has been re-named "perceived corruption" to better reflect what it actually measures, but no change has been made to the indicator itself.

Four of the indicators in *The Social Report 2004* were based on data from the Ministry of Social Development's Social Wellbeing Survey 2004 ("satisfaction with work-life balance", "satisfaction with leisure time", "trust in others" and "loneliness"). For the 2005 report we have used data from the *Quality of Life in New Zealand's Largest Cities Survey 2004* to report on these indicators. We have also re-named the indicator "satisfaction with leisure" to "satisfaction with leisure time" to better reflect what is actually asked of survey respondents.

In *The Social Report 2004*, the "drinking water quality" indicator was based on the 1995 *Drinking Water Standards of New Zealand*. These standards were revised in 2000, and have been used in the 2005 report as the basis for reporting on water quality.

These modifications build on a series of incremental changes that were introduced in previous editions of the social report. Most notable was the addition to the 2004 report of both a Leisure and Recreation domain, and a number of new indicators based on people's perceptions of their own lives.

APPENDIX 2

# 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 (2005d): Population Monitor, Births, Additional Tables (Age-specific Fertility Rates by Single Year of Age for Māori, non-Māori, Total, Ethnic groups); international comparison from Demographic Trends 2004, Table 2.12, latest years available.

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 and 24.

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 and 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.

Note:

1. 2001 estimates have been revised following the official release of 2000–2002 complete life tables in March 2004.
2. 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.
3. Māori and non-Māori rates are based on estimates for ages 0–85 years because of the small number of Māori aged over 85, 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 2003 edition of the social report) 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.

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**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.

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**Data sources:** Statistics New Zealand (2005b) New Zealand Abridged Life Table: 2002–2004 abridged life tables: http://www.stats.govt.nz/tables/abridged-life-table, Statistics New Zealand (2004e) New Zealand Life Tables: 2000–2002, Table 1. Statistics New Zealand (2005d) Population Monitor, Deaths December 2004 (www.stats.nz).
Ministry of Health (ethnic-specific data for 1985–1987, 1990–1992). Tobias and Cheung (2003) Monitoring Health Inequalities: Life Expectancy and Small Area Deprivation in New Zealand, Table 3. OECD (2004c) OECD Health Data 2004, Table 1.
Ministry of Health (1999a) Our Health, Our Future: Hauora Pakari, Koiora Roa, The Health of New Zealanders 1999, Chapter 2.

## 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 2001 and 2002 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 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, 2005a, p13).

**Data sources:** Ministry of Health, New Zealand Health Information Service (unpublished tables).
Ministry of Health (2005b) Suicide Facts: Provisional 2002 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) http://www.who.int/mental_health/prevention/suicide/country_reports/en/ [May 2005].

## H4 Prevalence of cigarette smoking

**Definition/formulae:** The proportion of the population aged 15 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 ACNielson 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.

**Data sources:** Ministry of Health (2003b) Tobacco Facts 2003.
OECD (2003b) OECD Health Data 2003, Frequently asked data, Table 19: Tobacco consumption: Percentage of population who are daily smokers,
http://www.oecd.org/document/16/0,2340,en_2649_37407_2085200_1_1_1_37407,00.html [16 June 2004].

## 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 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) met 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 (2002a) An Indication of New Zealanders' Health.
Ministry of Health (1999d) NZ Food: NZ People.
Ministry of Health (2003c) NZ Food, NZ Children: Key results of the 2002 National Children's Nutrition Survey.
OECD (2004c) OECD Health Data 2004, 3rd edition, released 24 September 2004.

# 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); and 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 the quality of the programmes, both of which are relevant to positive educational outcomes.

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**Data sources:** Ministry of Education, Early Childhood Education Statistics, published on website www.minedu.govt.nz.
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. Higher qualifications include: Sixth Form Certificate in at least one subject (irrespective of grade awarded); National Certificate Level 2 (12 or more credits at Level 2 or above from 1998–2001; 14 credits or above from 2002); Higher School Certificate (or 12–39 credits at Level 3 or above); Entrance Qualification (or 40 or more credits at Level 3 or above from 1998–2001; 42 credits or above from 2002 ); University Bursary, A or B grade (or National Certificate Level 3); University Scholarship (up to 1989).

Note: The definition of this indicator has been changed 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 to both participate and 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.

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**Data source:** Ministry of Education (various years) Education Statistics of New Zealand.
Ministry of Education website, http://www.minedu.govt.nz: School Leaver Statistics.

## K3 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 (HLFS) 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.

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**Data sources:** Statistics New Zealand, Household Labour Force Survey.
OECD (2004d) Education at a Glance: OECD Indicators, 2004 edition, Tables A2.2, A3.3.

## K4 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.

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**Data sources:** Ministry of Education (2001b) More Than Words: The New Zealand Adult Literacy Strategy.
OECD (2000a) Literacy in the Information Age: Final Report of the Adult Literacy Survey, p137.
http://www1.oecd.org/publications/e-book/8100051e.pdf [May 2005].

### K5 Participation in tertiary education

**Definition/formulae:** Participation in tertiary education is calculated by: the number of students aged 15 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, providers receiving a Ministry of Education grant (OTEPs), 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 and over, as at 30 June 2004.

**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.
OECD (2004d) Education at a Glance, 2004 edition, Table C1.2.

# Paid Work

### PW1 Unemployment

**Definition/formulae:** The proportion of the labour force (aged 15 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 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 are seeking to work more hours.

**Data sources:** Statistics New Zealand, Household Labour Force Survey.
OECD (2004b) OECD Employment Outlook, 2004, Statistical Annex, Table A p293, Table G, p315.
OECD (2005b) Main Economic Indicators, May 2005, p16: Standardised Unemployment Rates.
http://www.oecd.org/dataoecd/41/13/18595359.pdf [May 2005].
The Household Labour Force Survey (HLFS) 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.

## PW2 Employment

**Definition/formulae:** The proportion of the population aged 15–64 that is 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, rather than to those aged 15 and over, because otherwise results are skewed by differences in the proportions of the sub-populations over 65, 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 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 per week will be counted as employed.

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**Data sources:** Statistics New Zealand, Household Labour Force Survey.
OECD (2004b) OECD Employment Outlook, 2004, Statistical Annex, Table B, pp294–296.
The Household Labour Force Survey (HLFS) 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.

## 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.

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**Data sources:** Statistics New Zealand, New Zealand Income Survey, Hot Off the Press, June 1997 to June 2004 (revised), June 2004, 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 the occurrence of the accident and the claim being reported to the ACC. To see the effect of this, there were 237,000 injuries reported for the 2002 calendar year by March 2003, and 277,200 by March 2004, an increase of 17 percent.

Information on workplace injuries for 2003 is based on a new set of indicators developed by Statistics New Zealand. Comparable figures are available for 2001 and 2002 but information from these years is not directly comparable with previous figures on workplace injuries.

At the time of printing the data series this indicator was derived from is under review by Statistics New Zealand. We understand that this review may result in some revision to the 2003 figures cited here.

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**Data sources:** Statistics New Zealand (2004c) Injury Statistics – Work-related claims, 2003, Information Release.
Statistics New Zealand (2004d) Injury Statistics 2003 – Claims for Work-Related Injuries (2003) – Report.
Statistics New Zealand (2003a) Injury Statistics 2001/2002: Work-related injuries, Statistics New Zealand: Wellington.

## 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.

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**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 GNI (previously called GNP) plus net international transfers. Real 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 that 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.

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**Data sources:** Statistics New Zealand, Real GNDI per capita, INFOS series SNCA.S6RB06NZ.
OECD (2005a) Annual National Accounts, Main Aggregates, Volume 1, 1962–2003, Comparative Tables B.
Statistics New Zealand (2001c) Measuring Unpaid Work in New Zealand 1999 Table 1 p15 Table 4 p17.

## 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 comparison purposes 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.

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**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 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 that 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 obtain 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 private dwelling, boarding house, student accommodation not paid with formal fees). In this indicator the accommodation supplement is counted as income.

Note that 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.*

Note for the 2005 edition: It was discovered that 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, 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: level 1 "very restricted", level 2 "restricted", level 3 "somewhat restricted", level 4 "fairly comfortable", level 5 "comfortable", level 6 "good", level 7 "very good" living standards. Lower living standards encompass the bottom three categories (levels 1–3) of the ELSI scale.

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.

**Data source:** New Zealand Living Standards 2000, Ministry of Social Development (2003b), Ministry of Social Development: Wellington.

### 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 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 that 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, pp56–63.
Ministry of Social Policy (2001b) Definitions of Crowding and the Effects of Crowding on Health: A Literature Review, Research Series Report 1 p 4.
Statistics New Zealand, unpublished data from the 2001 Census.

# 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 and over, as at 30 June 1984.

**Data sources:** Electoral Commission (2002) The New Zealand Electoral Compendium, 3rd edition.
Statistics New Zealand, estimated de facto population by age.
Department of Internal Affairs (2003) Local Authority Election Statistics 2001.
International Institute for Democracy and Electoral Assistance http://www.idea.int

## 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 (2003) Local Authority Election Statistics 2001.
International Parliamentary Union Women in National Parliaments, Situation as at 30 April 2004, http://www.ipu.org/wmn-e/classif.htm.

### CP3 Perceived discrimination

**Definition/formulae:** The proportion of people aged 18 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 (January 2004).

### 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 2004, http://www.transparency.org.

# Cultural Identity

## CI1 Local content programming on New Zealand television

**Definition/formulae:** The hours of local content broadcast on TV One, TV2 and TV3 in prime-time, expressed as a percentage of the total prime-time schedule. TV3 commenced in November 1989. New Zealand programming includes first runs and repeats across all three 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 (2005) Local Content, New Zealand Television, 2004, http://www.nzonair.govt.nz/images/media/about/local04low.pdf [May 2005].
NZ On Air (2004) Local Content, New Zealand Television, 2003, http://www.nzonair.govt.nz/images/media/about/local-content-2003.pdf [May 2005].
NZ On Air (2001) Local Content, New Zealand Television, 2000, http://www.nzonair.govt.nz/images/media/about/local_content_2000.pdf [May 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 undertaken 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 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 (2004g) 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.

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**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 (18 years and over) and young people (5–17 years) who were physically active as defined by the Sport and Physical Activity Surveys of 1997/1998, 1998/1999 and 2000/2001.

Being "physically active" means being either "relatively active" or "highly active". "Relatively active" means the respondent took part in at least 2.5 hours but less than five hours of sport/leisure-time physical activity in the seven days before the interview. Highly active means the respondent took part in five hours or more of sport/leisure-time physical activity in the seven days prior to the interview.

**Limitations of data:** Information on the activity of children was collected from parents with help from the children if they were present. This approach relied on the parents being well-informed about their children's involvement in sport and leisure-time physical activity.

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**Data sources:** Sport and Recreation New Zealand (2003a) SPARC Facts Series (1997-2001), retrieved 7 April 2004 from http://www.sparc.org.nz/research/sparcfacts-3.php.
Sport and Recreation New Zealand (2003b) SPARC Trends: Trends in Participation in Sport and Active Leisure 1997-2001, retrieved 7 April 2004 from http://www.sparc.org.nz/research/pdfs/Trends_Report.pdf.

## L3 Participation in cultural and arts activities

**Definition/formulae:** The proportion of the population aged 15 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 March 2002 quarter Household Labour Force Survey (HLFS).

**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.

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**Data source:** Statistics New Zealand (2002a) 2002 Cultural Experiences Survey.

# Physical Environment

## EN1 Air quality

**Definition/formulae:** The level of ambient concentrations of $PM_{10}$ averaged annually are categorised for five major urban centres in New Zealand. These levels are compared with the government's $PM_{10}$ guideline value of 20 $mg/m^3$ (20 micrograms per cubic meter) averaged annually. $PM_{10}$ is particulate matter that is less than 10 microns in diameter.

**Limitations of data:** Ambient air quality sites where data on $PM_{10}$ levels are publicly available are few in number and tend to represent urban areas where "worst case" $PM_{10}$ concentration levels are to be found. The monitoring sites are mainly located in residential areas where air pollution problems are anticipated or have already been confirmed. The sites do not therefore 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 $PM_{10}$ concentrations will be introduced.

**Data source:** Ministry for the Environment (2005).

## 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 percentage of the population who are served by community water supplies and whose water supplies comply with the 2000 DWSNZ in respect of E. coli and Cryptosporidium.

**Limitations of data:** Drinking water rated not fully compliant may be the result of failing one of three of the microbiological criteria, of the use of a non-registered laboratory, or of inadequate monitoring, rather than being actually contaminated. Compliance with the DWSNZ 2000 standards regarding Cryptosporidium is measured at the treatment plant rather than at the tap, so there is a possibility of contamination between the treatment plant and the point of consumption.

**Data source:** Ministry of Health (2005b) Annual Review of Drinking Water Quality in New Zealand 2003.

# Safety

## SS1 Intentional injury child mortality rate

**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-Y05 (2000)).

**Limitations of data:** Because of 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 previous years.

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**Data sources:** Ministry of Health (1999) Mortality and Demographic Data 1996, New Zealand Health Information Service, Table 4 p58 Table 4a p67.
Ministry of Health (2000) Mortality and Demographic Data 1997, New Zealand Health Information Service, Table 4 p55 Table 4a p63.
Ministry of Health (2001) Mortality and Demographic Data 1998, New Zealand Health Information Service, Table 4 p55 Table 4a p63.
Ministry of Health (2003) Mortality and Demographic Data 1999, New Zealand Health Information Service, Table 4 p61 Table 4a p71 Table 5a p78.
UNICEF (2003) "A League Table of Child Maltreatment Deaths in Rich Nations", Innocenti Report Card, No. 5 Table 1(a) p4.

## 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 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.

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**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, 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).
http://www.bast.de/htdocs/fachthemen/irtad/english/we2.html, Issued March 2005.
Land Transport New Zealand (LTSA) derives its data 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). LTSA does not report on ethnic-specific rates of death or hospitalisation; this data comes directly 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 Living Standards Surveys*.

The data is derived from responses to two Ministry of Social Policy surveys of living standards conducted in 2000, one of 3,060 older people (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.

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.

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**Data sources:** Statistics New Zealand 2001 Census of Population and Dwellings.
Ministry of Social Development (2003b) New Zealand Living Standards Surveys 2000.

## SC2 Participation in family/whānau activities and 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, and the proportion who had participated in family/whānau activities, as measured by the *2000 Living Standards Surveys*. Family/whānau activities were not specified in the surveys; respondents interpreted them in their own ways.

The data is derived from responses to two Ministry of Social Policy surveys of living standards conducted in 2000, one of 3,060 older people (65+ years) and the other of 3,682 working-age adults (18–64 years). Both surveys involved face-to-face interviews with nationwide representative samples.

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.

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**Data source:** Ministry of Social Development (2003b) New Zealand Living Standards Surveys 2000.

## SC3 Trust in others

**Definition/formulae:** The proportion of the population who report that 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.

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**Data sources:** 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). http://www.strategy.gov.uk/downloads/seminars/social_capital/socialcapital.pdf [June 2005].

## 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.

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**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.

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**Data sources:** Adolescent Health Research Group (2003b) New Zealand Youth: A Profile of their Health and Wellbeing Auckland: University of Auckland Table on p46.
Adolescent Health Research Group (2003a) New Zealand Youth: A Profile of their Health and Wellbeing: Regional reports (2003).

# Endnotes

## Introduction

1 Durie (2001)

2 Royal Commission on Social Policy, vII p472

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" survey which collects comparable information on social, economic and environmental outcomes within each of the urban areas. In 2004, the survey was undertaken 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 (2004f)

6 Statistics New Zealand (2005a)

7 Statistics New Zealand (2004b) p33

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) p55

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) p351

16 Tobias and Cheung (2003)

17 OECD (2004a) Table 1

18 2001 figures have been revised and are still provisional

19 Age-standardised rates are rates in which there has been an adjustment to take account of differences in the age distribution of the populations being compared

20 Beautrais (2000), cited in Ministry of Health (2003a) p6

21 New Zealand Health Information Service and World Health Organisation http://www.who.int/mental_health/prevention/suicide/country_reports/en/ [May 2005]

22 World Health Organisation, op cit

23 Ministry of Health (1999a) p344

24 Ministry of Health (2003b) p12

25 Howden-Chapman and Tobias (2000) p54

[26] OECD (2003b)

[27] Ministry of Health (2003b) p12

[28] The use of different cut points for ethnic groups is under review by the Ministry of Health

[29] Cole et al (2000)

[30] Ministry of Health (2002a) p12

[31] Ministry of Health (2004b) p14

[32] Ministry of Health (2004b) p77

[33] Ministry of Health (2004b) p36

[34] Ministry of Health (2004a), Figure 57 p88

[35] OECD (2004a)

### Knowledge and Skills

[36] See, for example, Wylie (1999)

[37] OECD (2000b) p294

[38] Wylie (1999) and Boocock (1995)

[39] OECD (2000b) p294

[40] OECD (2004d)

[41] Ministry of Education (2001b)

[42] Ministry of Education (2001b)

[43] 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

[44] OECD (2000a)

[45] The Māori and Non-Māori total tertiary participation rates in this section have been age-standardised to the estimated total resident population aged 15 and over, as at 30 June 2003

[46] OECD (2004d)

### Paid Work

[47] This includes wages and other payments to employees and entrepreneurial income, 1999 Statistics New Zealand data, cited in Department of Labour (1999)

[48] Wilson (1999)

[49] OECD (2004b) p315 and OECD (2005b) p16

[50] OECD (2004b) p315

[51] OECD (2004b) pp294–296

### Economic Standard of Living

[52] Royal Commission on Social Security in New Zealand (1972)

[53] Statistics New Zealand (2001c) Table 1 p15 and Table 4 p17. Per capita value calculated by MSD

[54] For a description of the Gini co-efficient, see Statistics New Zealand (1999) p118

[55] Forster M and d'Ercole M M (2005) pp61–62 (with corrections for New Zealand after publication)

[56] Taken from Figure 6 p22 in Forster and d'Ercole (2005) using corrected New Zealand data released after the publication of the source document

[57] Robust data is not available for low-income households by household characteristics (such as ethnicity)

[58] Baker et al (2000)

[59] Statistics New Zealand (2003b) p33

[60] Percentages do not add to 100 as some people identified with more than one ethnic group

[61] 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

[62] Ministry of Foreign Affairs and Trade (1998)

[63] 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)

[64] 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 [May 2005]

[65] Human Rights Commission http://www.hrc.co.nz/index.php?p=403#3 [June 2005]

[66] Marsh and Sahin-Dikmen (2002) pp40–41

[67] International Institute of Democracy and Electoral Assistance http://www.idea.int [16 June 2004]

68 Inter-Parliamentary Union http://www.ipu.org.wmn-e/world [16 June 2004]

### Cultural Identity

69 Durie et al (2002) and Durie (1999)

70 Statistics New Zealand (2001b)

71 ACNielsen (2005)

72 NZ On Air (1999) p3

73 All those who identified as Māori in the census are counted as part of the Māori ethnic group in this indicator

74 "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

75 The census 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

76 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

77 Ministry of Health (2005b)

78 Statistics New Zealand (1993) p83

79 Statistics New Zealand (1993)

### Safety

80 Morris et al (2003) pp222–224

81 National Research Council (1993)

82 National Road Safety Committee (2000)

83 Morris et al (2003) p145

84 2004 injury data is provisional

85 Land Transport Safety Authority (2000)

86 International Road Traffic and Accident Database (OECD) March 2005 http://www.bast.de/htdocs/fachthemen/irtad/english/we2.html [March 2005]

### Social Connectedness

87 Spellerberg (2001)

88 Donovan and Halpern (2002) p27

89 Noll and Berger-Schmitt (2000)

90 OECD (2001)

91 Knack and Keefer (1997) cited in United Kingdom Performance and Innovation Unit (2002) http://www.strategy.gov.uk/downloads/seminars/social_capital/socialcapital.pdf [June 2005]

### Conclusion

92 The indicators for which we have comparable data are: life expectancy, smoking, participation in early childhood education, school leavers with higher qualifications, adult educational attainment, unemployment, employment, median hourly earnings, workplace accidents, population with low incomes, household crowding, voter turnout, representation of women in government, Māori language speakers, language retention, adult participation in sport and active leisure, road casualties, internet access and contact with parents

93 The regional comparisons discussed here exclude contact with parents as this information is available for only some regions

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