2007

the social report

te pūrongo oranga tangata

2007

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2007 the social report

te pūrongo oranga tangata 2007

indicators of social wellbeing in New Zealand

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Ministerial Foreword

The Government welcomes the publication of the sixth report charting changes in social wellbeing. *The Social Report 2007* allows us to measure our progress towards our goals of an inclusive society where everyone can share in the benefits of our strong economy, and allows us to see the results of our social investments.

As Acting Minister for Social Development and Employment, my focus is on improving the quality of life of all New Zealanders. Social investment means investing in our families – young and old. This underpins the social policies that are at the heart of this Government.

Families are the building blocks of our communities and our nation. This Government is committed to ensuring New Zealand families thrive and are safe, healthy and financially secure.

Over the past year, additional assistance has been provided to families through the Working for Families package, primary health care costs have been reduced and three and four year olds are able to receive 20 hours of free early childhood education. We look forward to the improvements these investments will bring to the lives of New Zealanders.

On behalf of the Government I'd like to thank non-government organisations whose hard work and commitment drives the improvement of our social indicators. We look forward to continuing to work collaboratively with you all.

Steve Maharey
Acting Minister for Social Development and Employment

Chief Executive's Preface

The Social Report 2007 provides a comprehensive picture of social wellbeing in New Zealand. It shows how social conditions are changing over time, how different regions and communities are faring, and how we compare to other countries.

The report is an important source of information for social development. Each year, in this publication, we bring together information from across the social sector to chart New Zealand's progress across a range of important indicators of wellbeing. This allows us to monitor social changes and trends over time. The social report shows us where we are doing well and alerts us to areas where we need to take action. We review our indicators each year to ensure we present the best available information on social conditions in New Zealand.

The information provided here enables many groups to access data that is vital to their own planning. This year we are proud to include, in the people section, New Zealand Sign Language as one of New Zealand's official languages.

Since 2005, we have also published information on social wellbeing at both the regional and territorial authority level. This information allows councils and others working locally to monitor progress over time and compare their progress with other regions. It also helps us, at the Ministry of Social Development, to customise our services to the needs of specific areas and communities. This year, new census data has allowed us to update the majority of regional and territorial authority indicators. Information is available on the website www.socialreport.msd.govt.nz and we are publishing it in companion books to *The Social Report 2007*.

The high quality of *The Social Report 2007* is due to the hard work of many Ministry of Social Development staff, and the support and advice we get from across the government and community sectors. Since the first social report was published in 2001, it has made a valuable contribution to informed discussion about national and regional social policy and social development. I am sure that, as with previous editions, *The Social Report 2007* will be of great use to all those who are interested in social wellbeing.

Peter Hughes
Chief Executive
Ministry of Social Development

Introduction

The Social Report 2007

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

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

The Social Report 2007 is the sixth in the annual series. It builds on the social monitoring framework first established by *The Social Report 2001* and uses the same domains as those used last year.

The regional and territorial authority information, provided for the first time in 2005, has been updated on the social report website (www.socialreport.msd.govt.nz). The regional information is also published in companion books to *The Social Report 2007 (The Social Report 2007 Regional Indicators)*. As well as providing the most recent data for regions and territorial authorities, we include time series information where it is available. This allows councils and others working locally to assess progress over time and to compare themselves with other regions. The regional information is a core part of the social report and we will continue to update it.

Purpose of the social report

The social report has four key aims:

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

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

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

Social wellbeing

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

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

In the context of this report, "wellbeing" means those aspects of life that society collectively agrees are important for a person's happiness, quality of life and welfare.

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

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

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

The Social Report 2007 identifies 10 discrete components of wellbeing. We refer to these components as "desired social outcomes", and they are listed in Table IN1 on pages 8 and 9. Nine of these domains were used in the prototype *The Social Report 2001*. We made a number of changes to these domains in subsequent reports as a result of stakeholder consultation on the content of the report in 2002. The most significant amendment was the addition of a new leisure and recreation domain in the 2004 report. We have not made any changes to the outcomes framework this year.

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

Social indicators

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

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

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

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

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

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

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

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

We use the most recently published data available. This has the advantage of accuracy, as the numbers have been verified, but it means some of the data is two or three years old. Outcomes may have changed in the intervening time due to the impact of policy changes or for other reasons. We provide references to the original sources of all information used.

Disaggregation of social report indicators

Data limitations restrict the extent of disaggregation

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

For some indicators (for example, unemployment and employment) detailed disaggregations are possible. However, the social report's two-page format means we cannot include more information than we currently provide.

There is an increasing demand for information on social wellbeing at a regional and local authority level. This largely results from the introduction of the Local Government Act 2002, which requires regional and local authorities to monitor community outcomes. In response to this demand, since 2005, we have disaggregated those social report indicators for which there is subnational data to regional and territorial authority boundaries. This information is intended to help local authorities identify areas of comparative strength and weakness within their communities, as well as to assist central government agencies in their work at a local level.

This year, we have updated those indicators where more recent data is available, we have added a new indicator at the regional level of recorded offences and we have provided data on self-harm hospitalisations to supplement the regional suicide data. Time series information is provided where historical data is available. The regional and territorial authority indicators are in the regional section of the social report website (www.socialreport.msd.govt.nz). Information for the 16 regions only is published in companion books to the social report.

Domains and indicators for *The Social Report 2007*

There are 40 indicators in this year's report

There have been no changes to the outcome domains in this year's report, but there have been changes to some indicators. The indicator of school leavers with higher qualifications now reports on the proportion of secondary school leavers who left school with a qualification at National Certificate of Educational Achievement (NCEA) Level 2 or above. The population with low incomes indicator has been altered to bring it into line with international best practice. The intentional injury child mortality indicator has been replaced with an indicator of assault mortality which covers the whole population. The perceptions of safety indicator has been replaced with an indicator of fear of crime. The adult literacy skills in English indicator and the population with low living standards indicator have been removed from the report. Minor changes have also been made to five further indicators. A full summary of the changes is provided in Appendix 1.

Twenty-seven of the 40 indicators in the report have been updated this year. Those that have not been updated are either based on surveys that are not repeated annually or new data was not available in time for it to be included in this report.

The indicators for *The Social Report 2007* are set out on the following pages, with the updated indicators highlighted in bold. Technical details about indicator construction are in Appendix 2.

Table IN1 ***The Social Report 2007* outcome domains and indicators** *(updated indicators in bold)*

Health

DESIRED OUTCOME STATEMENT	INDICATORS
Everybody has the opportunity to enjoy a long and healthy life. Avoidable deaths, disease, and injuries are prevented. Everybody has the ability to function, participate and live independently or appropriately supported in society.	Health expectancy **Life expectancy** **Suicide** **Cigarette smoking** Obesity

Knowledge and Skills

DESIRED OUTCOME STATEMENT	INDICATORS
Everybody has the knowledge and skills needed to participate fully in society. Lifelong learning and education are valued and supported.	**Participation in early childhood education** **School leavers with higher qualifications** **Participation in tertiary education** **Educational attainment of the adult population**

Paid Work

DESIRED OUTCOME STATEMENT	INDICATORS
Everybody has access to meaningful, rewarding and safe employment. An appropriate balance is maintained between paid work and other aspects of life.	**Unemployment** **Employment** **Median hourly earnings** **Workplace injury claims** **Satisfaction with work-life balance**

Economic Standard of Living

DESIRED OUTCOME STATEMENT	INDICATORS
New Zealand is a prosperous society, reflecting the value of both paid and unpaid work. Everybody has access to an adequate income and decent, affordable housing that meets their needs. With an adequate standard of living, people are well-placed to participate fully in society and to exercise choice about how to live their lives.	**Market income per person** Income inequality Population with low incomes Housing affordability **Household crowding**

Civil and Political Rights

DESIRED OUTCOME STATEMENT	INDICATORS
Everybody enjoys civil and political rights. Mechanisms to regulate and arbitrate people's rights in respect of each other are trustworthy.	Voter turnout Representation of women in government Perceived discrimination **Perceived corruption**

Cultural Identity

DESIRED OUTCOME STATEMENT	INDICATORS
New Zealanders share a strong national identity, have a sense of belonging and value cultural diversity. Everybody is able to pass their cultural traditions on to future generations. Māori culture is valued and protected.	**Local content programming on New Zealand television** **Māori language speakers** Language retention

Leisure and Recreation

DESIRED OUTCOME STATEMENT	INDICATORS
Everybody is satisfied with their participation in leisure and recreation activities. They have sufficient time to do what they want to do and can access an adequate range of opportunities for leisure and recreation.	**Satisfaction with leisure time** **Participation in physical activity** Participation in cultural and arts activities

Physical Environment

DESIRED OUTCOME STATEMENT	INDICATORS
The natural and built environment in which people live is clean, healthy and beautiful. Everybody is able to access natural areas and public spaces.	**Air quality** **Drinking water quality**

Safety

DESIRED OUTCOME STATEMENT	INDICATORS
Everybody enjoys physical safety and feels secure. People are free from victimisation, abuse, violence and avoidable injury.	**Assault mortality** **Criminal victimisation** **Fear of crime** **Road casualties**

Social Connectedness

DESIRED OUTCOME STATEMENT	INDICATORS
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.	Telephone and internet access in the home Regular contact with family/friends **Trust in others** **Loneliness** Contact between young people and their parents

Structure of the report

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

The second section is the core of the report and is organised around the 10 outcome domains listed earlier. The outcome domains contain a two-page summary of how well New Zealanders are doing in each of the indicators.

The final section, the Conclusion, looks across the report and summarises how social wellbeing has changed over time and how different population subgroups are faring. This year's report focuses on the wellbeing of New Zealand women and men over time.

The future

A comprehensive programme of social statistics will enable us to develop new indicators and to update more of the current indicators on a more regular basis

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

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

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

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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 4.17 million at the end of December 2006.

During 2006, the population grew by 45,100 or 1.1 percent. This rate of growth was higher than that recorded in 2005 (36,700 or 0.9 percent) and higher than the average annual increase during the 10-year period to December 2006 (40,300 or 1.0 percent).

Under 2004-based medium population projection assumptions, the population is expected to grow by an average of 0.8 percent per year between 2006 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 an average of 0.7 percent per year for the next 15 years. Such a growth rate would add around 603,400 people to the population between 2006 and 2026.[5]

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

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

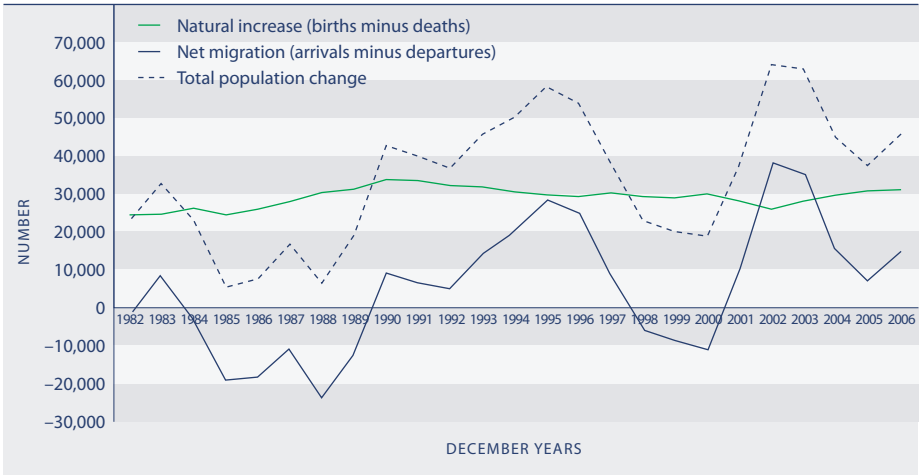
Components of population change

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

Births exceeded deaths by 30,400 in the December 2006 year, an increase from 29,700 in 2005. Historically, natural increase has been the main component of population growth in New Zealand, but its contribution is set to decline gradually as the population ages and fertility remains stable. By 2020, natural increase is projected to be about 20,000 a year.

The number of people coming to live in New Zealand in 2006 exceeded those leaving the country to live elsewhere by 14,600, more than twice the net migration gain of 7,000 in 2005. In the December 2006 year, the net gain from permanent and long-term migration accounted for 32 percent of population growth, up from 19 percent in 2005.

Figure P2 **Components of population change, 1982–2006**



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

Almost 70 percent of New Zealand nationals returning home in 2006 after a long-term absence came from either the United Kingdom or Australia. These two countries were also the most popular destinations for New Zealand citizens departing for a permanent or long-term absence.

The net inflow of non-New Zealand citizens more than doubled between 2000 and 2002 (from 26,600 to 54,900), fell to 32,000 in 2005, then rose to 38,200 in 2006. The main contributing countries in 2006 were the United Kingdom (10,900), the Philippines (2,400), Fiji (2,300), and India (2,100). Most new migrants settle in Auckland.

In the decade to 2006, New Zealand had a net gain of 110,500 migrants. Two age groups contributed most of this gain: adults aged 25–49 years (61 percent) and children aged under 15 years (28 percent).

People born overseas

Overseas-born people make up an increasing proportion of the New Zealand population. At the time of the 2006 Census there were 879,500 overseas-born people living in New Zealand, making up 23 percent of the country's population compared with 19 percent in 2001 and 17 percent in 1996.

The composition of New Zealand's overseas-born population is also changing, reflecting changes in New Zealand's immigration patterns. The United Kingdom and Ireland – historically the major sources of New Zealand's immigrants – still account for the largest share of New Zealand's overseas-born population, but at 29 percent in 2006 this is considerably lower than the 1996 figure of 38 percent. Over the same period there were also falls in the proportion of overseas-born residents who were born in Australia, the Pacific Islands and the other countries of North-West Europe.

The largest growth was in the North-East Asia category. This was mainly because of an increase in the number of people born in the People's Republic of China from 19,500 to 78,100 between 1996 and 2006. The Southern and Central Asia category also increased markedly, reflecting a more-than-threefold increase in the Indian-born population from 12,807 to 43,341. The largest proportionate increase was in the sub-Saharan Africa group, largely the result of an almost fourfold increase in the South African born population, from 11,334 to 41,676.

Table P1 **Birthplaces of the overseas-born population, 1996 and 2006**

	Census year			
	1996		2006	
Birthplace	**Number**	**Percent**	**Number**	**Percent**
Australia	54,711	9.0	62,742	7.1
Pacific Islands	99,258	16.4	135,852	15.4
United Kingdom and Ireland	230,049	38.0	251,688	28.6
North-West Europe	39,168	6.5	44,103	5.0
Southern and Eastern Europe	16,431	2.7	23,964	2.7
North Africa and the Middle East	7,245	1.2	16,533	1.9
South-East Asia	37,332	6.2	58,266	6.6
North-East Asia	61,179	10.1	135,168	15.4
Southern and Central Asia	19,410	3.2	57,699	6.6
The Americas	22,629	3.7	34,383	3.9
Sub-Saharan Africa	17,439	2.9	59,118	6.7
Total with overseas birthplace specified	**604,851**	**100.0**	**879,516**	**100.0**

Source: Statistics New Zealand (2007j) Table 7

Significant proportions of New Zealand's immigrant population are relatively recent arrivals in the country. In 2006, almost a third (32 percent) of overseas-born residents had lived here less than five years, while a further 17 percent had lived here between five and nine years.

New Zealand's immigrant population is disproportionately concentrated in the Auckland region. In 2006, over half (52 percent) of the overseas-born population lived in Auckland, which was home to 32 percent of the country's total population. People born in Pacific and Asian countries had particularly high concentrations in Auckland (73 percent and 66 percent respectively). Overseas-born people were under-represented in all other regions with the exception of Wellington, which was home to 11 percent of both the overseas-born and the total populations.

Fertility

Fertility rates for the year 2006 indicate that New Zealand women average 2.05 births per woman. This is marginally higher than the rate of 2.00 births per woman in 2005 and just under the level required by any population to replace itself without migration (2.1 births per woman). Sub-replacement fertility is a feature of most developed countries, including France (1.9 births per woman),

Australia, Denmark, England and Wales, Finland and Norway (1.8), the Netherlands and Sweden (1.7), Canada (1.5) and Japan (1.3), but is less of an issue in the United States (2.1). The comparatively high rate in New Zealand reflects the higher fertility rates of Māori (2.70 births per woman in 2006) and Pacific women (2.94 in 2000–2002, the latest period for which fertility rates for Pacific women are available).

Since 1985, the median age of New Zealand women giving birth has risen from 27 years to 30 years. The median age of Māori women giving birth is younger but is also increasing (from 25 years in 1996 to 26 years in 2006).

New Zealand has a relatively high rate of childbearing at young ages compared with most other developed countries. At 28.7 births per 1,000 females aged 15–19 years in 2006, the New Zealand teenage birth rate is slightly higher than the rate in the United Kingdom (26.3 per 1,000 in 2005) but considerably lower than that of the United States (40.4 per 1,000 in 2005). New Zealand teenage birth rates have risen slightly in recent years but are below the rates of a decade ago. The birth rate for women aged 15–17 years was 18.0 births per 1,000 females in 1996, and 15.9 per 1,000 in 2006. The rate for young Māori is higher but has fallen faster over the same period (from 48.3 to 39.6 births per 1,000 15–17 year old females). The birth rate for Pacific females under 18 years declined from 28.2 to 22.9 per 1,000 between 1995–1997 and 2000–2002.

Distribution of the population

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

Reflecting the impact of migration, the population growth in the Auckland region accounted for half (50 percent) of the total population growth between the 2001 and 2006 censuses.

The Māori population is heavily concentrated in the North Island (87 percent), but only 24 percent of Māori live in the Auckland region.

The New Zealand population is highly urbanised. At the 2006 Census, 86 percent of the population was living in an urban area. This includes 72 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 peoples, Asian and Other ethnic groups living in main urban areas and very few in rural areas.

Table P2 **Urban and rural residence (%), by ethnic group, 2006**

	European	Māori	Pacific peoples	Asian	Other	Total
Main urban area (30,000+)	69	65	92	94	91	72
Secondary urban area (10,000–29,999)	7	7	3	2	2	6
Minor urban area (1,000–9,999)	9	13	2	2	3	8
Total urban	84	84	97	98	96	86
Rural	16	16	2	2	4	14
Total	**100**	**100**	**100**	**100**	**100**	**100**

Source: Statistics New Zealand, 2006 Census, unpublished data
Note: New Zealander is included in European

Ethnic composition of the population

The ethnic diversity of the New Zealand population continues to increase.

While the European ethnic group still has the largest share (78 percent) of the total population, the number of people identifying as European increased by only 8 percent in the 15 years between 1991 and 2006. Over the same period, the number who identified as Māori increased by 30 percent, the Pacific peoples ethnic group increased by 59 percent, and the number of Asian people increased by 255 percent. While people of all other ethnicities still make up less than 1 percent of the population, they grew in number faster than any of the major ethnic groups (by 440 percent).

Table P3 **Ethnic distribution of the population, 1991–2006**

Ethnic group [1]	1991	%	1996	%	2001	%	2006	%
European [2]	2,783,028	83.2	2,879,085	83.1	2,871,432	80.1	2,997,051	77.6
Māori	434,847	13.0	523,374	15.1	526,281	14.7	565,329	14.6
Pacific peoples	167,070	5.0	202,233	5.8	231,798	6.5	265,974	6.9
Asian	99,759	3.0	173,502	5.0	238,176	6.6	354,549	9.2
Other	6,597	0.2	15,804	0.5	24,885	0.7	36,237	0.9
Total people with ethnicity specified	**3,345,741**		**3,466,515**		**3,586,641**		**3,860,163**	

Source: Statistics New Zealand (2007j), Table 1; and unpublished 2006 Census data (for European/New Zealander and Other)

Notes: (1) Includes all of the people who stated an ethnic group, whether as their only ethnic group or as one of several ethnic groups. 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 (2) Before the 2006 Census, people who specified their ethnicity as "New Zealander" were included in the European ethnic group. The 429,429 people who identified as "New Zealander" in 2006 have been included in the European ethnic group to maintain consistency over time (3) Up to three responses were used for 1991 and 1996; up to six for 2001 and 2006. Previous social reports used data based on up to three ethnicity responses for 1991, 1996 and 2001, therefore the 2001 count for ethnic groups in the table above is slightly higher than that published in previous social reports

In 2006, Māori made up 15 percent of the total New Zealand population compared with 13 percent in 1991. At 9 percent, the Asian ethnic group is now the third largest group, ahead of Pacific peoples (7 percent). According to 2001-based medium population projections, 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 aged under 25 years at the 2006 Census, Europeans made up 72 percent, Māori 22 percent, Pacific peoples and Asians each 11 percent, and people of all other ethnicities 1 percent. Among those aged 65 years and over, Europeans made up 91 percent, Māori 5 percent, Asians 3 percent, Pacific peoples 2 percent and people of other ethnicities 0.2 percent.

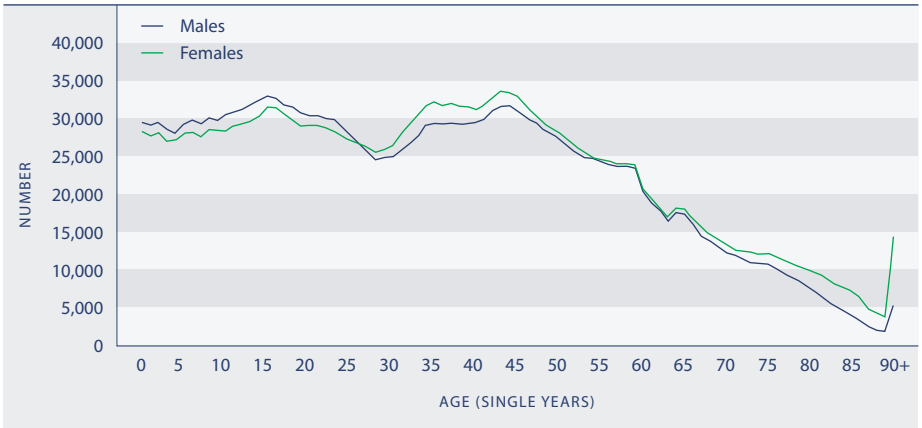
The number of people with multiple ethnic identities is increasing. In 2006, 90 percent of the population identified with only one ethnicity, down from 95 percent in 1991. Younger people are far more likely to identify with more than one ethnicity than older people, with 19.7 percent of children under 15 years reported as belonging to two or more ethnic groups in 2006, compared with 3.5 percent of people aged 65 years and over. Birth registration data for 2005 shows that 22 percent of babies were identified with more than one ethnicity, compared with 11 percent of mothers.[7] Having multiple ethnic identities is most common among Māori: 62 percent of Māori children born in 2005 had more than one ethnicity, compared with 48 percent of Pacific babies and 28 percent each of European and Asian babies.

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

Age and sex structure of the population

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

Figure P3 **Population, by age and sex, 2006**



Source: Statistics New Zealand

The New Zealand population is ageing: the median age of the population was 36 years in 2006, and is expected to rise to 39 years by 2016, then rise more slowly to reach 41 years in 2026.[8]

The proportion of the population under 15 years of age has declined from 25 percent in 1985 to 22 percent in 2006. The population aged 65 years and over has increased from 10 percent of the total population in 1985 to 12 percent in 2006.

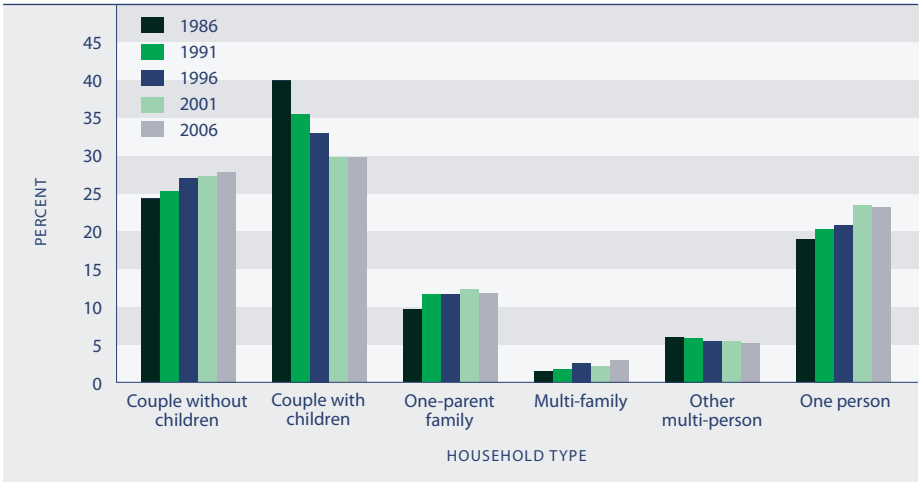
Age structure varies by ethnic group. In 2006, the European ethnic group population was the oldest, with a median age of 38 years, followed by Asians (28 years), Other ethnic group (26 years), Māori (23 years) and Pacific peoples (21 years). By 2021, half of all Māori will be older than 26 years and half of all Pacific peoples will be older than 24 years. Over the same period, the median age of European and Asian New Zealanders is expected to have risen to 44 years and 36 years, respectively.[9]

Households

A household may contain a single person living alone, or two or more people who usually live together and share facilities, either as families (couples, parents with children) or as groups of individuals flatting together. There were 1.45 million households in New Zealand at the 2006 Census, an increase of 8 percent over the number recorded in 2001 and 34 percent higher than the number in 1986.

Twenty-eight percent of households contained couples without children in 2006, 30 percent contained two-parent families with children, 12 percent were one-parent family households, 3 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, 1986–2006**



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. Delayed marriage, divorce and changing lifestyle preferences are other factors contributing to the growing number of one-person households.

Housing tenure

Most New Zealand householders own their own home but they are less likely to do so than in the past. Between 1991 and 2001, the proportion of New Zealand households owning their dwellings either with or without a mortgage or in a family trust fell from 74 percent to 68 percent. Since 2001 the decline has been less marked, with a fall from 68 percent to 67 percent in 2006.[10] Between 2001 and 2006, there was a decline in home ownership among all age groups from 25–74 years but it was most marked among those aged between 35–54 years. The proportion of 35–44 year olds who owned or partly owned their own dwellings fell from 65 percent to 61 percent over the five years, while among 45–54 year olds the figure fell from 76 percent to 72 percent. The only age group to experience a significant increase in home ownership was the 75 years and over age group.

Families with children

In 2006, there were 641,500 families with children living within New Zealand households. Of these families, 515,800 (80 percent) had dependent children (aged under 18 years and not in full-time employment).[11]

The number of families with dependent children increased by 8 percent in the five years to 2006, the largest increase since the census count of families began in 1976. The number of two-parent families with dependent children grew faster

than the number of one-parent families (9 percent, compared with 3 percent). As a result, the proportion of families with dependent children headed by one parent fell slightly, from 29 percent in 2001 to 28 percent in 2006. 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 P4 **Families with dependent children, by family type, 1976–2006**

	1976	1981	1986	1991	1996	2001	2006
				Number			
Two-parent family	398,772	380,886	363,489	339,681	346,086	339,159	370,809
One-parent family	46,296	62,280	82,632	110,055	126,585	140,178	145,032
Mother only	*39,153*	*52,938*	*71,388*	*92,028*	*107,394*	*117,018*	*120,996*
Father only	*7,143*	*9,342*	*11,244*	*18,024*	*19,191*	*23,163*	*24,036*
Total families	**445,068**	**443,166**	**446,121**	**449,736**	**472,671**	**479,337**	**515,841**
				Percentage distribution			
Two-parent family	89.6	85.9	81.5	75.5	73.2	70.8	71.9
One-parent family	10.4	14.1	18.5	24.5	26.8	29.2	28.1
Mother only	*8.8*	*11.9*	*16.0*	*20.5*	*22.7*	*24.4*	*23.5*
Father only	*1.6*	*2.1*	*2.5*	*4.0*	*4.1*	*4.8*	*4.7*
Total families	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

Source: Statistics New Zealand, published and unpublished census data

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

New Zealand has a relatively high proportion of families with children under 18 years headed by sole parents (28 percent), second only to the United States (33 percent in 2006) and higher than the United Kingdom (25 percent in 2004), Australia (21 percent in 2005) and Canada (21 percent in 2001).

Official languages

New Zealand has three official languages: English, Māori (from 1987) and New Zealand Sign Language (from April 2006). The 2006 Census recorded that 96 percent of people could speak English, 4 percent of people could speak Māori, and 0.6 percent could converse in New Zealand Sign Language.[12]

In 2006, eight out of 10 people (79 percent) spoke English as their only language while a further 17 percent spoke English along with at least one other language. Of the 4 percent of New Zealanders who could not speak English, almost half (49 percent) were children under the age of five, most of whom would still be learning to speak. There were also relatively high proportions of non-English speakers in some ethnic groups: 16 percent of people belonging to the Asian ethnic group could not speak English, along with 14 percent of people of Middle-Eastern, Latin American or African ethnicity and 10 percent of Pacific peoples.

The number of people able to converse in New Zealand Sign Language was 24,090 in 2006, a decline from 27,285 in 2001. This fall of 12 percent followed an increase of 3 percent between the 1996 and 2001 censuses. In 2006, 9 percent or 2,223 of those people who were able to converse in New Zealand Sign Language indicated it was their only language. A further 89 percent were also able to converse in English, 26 percent in Māori and 25 percent in other languages (either alone or in combination).

New Zealanders experiencing disability

One in five New Zealanders experiences disability.[13] The New Zealand Disability Survey 2001 found that 743,800 New Zealanders had some level of disability. This included an estimated 107,200 Māori and 28,100 Pacific peoples with a disability.

Just over half of New Zealanders with disabilities require disability support services. In 2001, an estimated 432,100 people required some form of disability support. Of these, about 110,700 people received or needed daily help with tasks such as preparing meals, shopping, housework, bathing or dressing (including 22,600 people who lived in residential facilities). A further 321,400 people used or needed an assistive device or equipment and/or help with heavier or more difficult household tasks (including 4,400 people who lived in residential facilities).[14]

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 P5 **Number and prevalence (%) of people experiencing disabilities (total population residing in households and residential facilities), by age group and sex, 2001**

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

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

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

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 has been collected in censuses since 1996. The 2006 Census recorded just over 12,300 adults living with a partner of the same sex, making up 0.7 percent of all adults living in couples. This is an increase from the 10,000 recorded in the 2001 Census when they made up 0.6 percent of all couples and 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 responded to the census question.

DESIRED OUTCOMES

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

Health

INTRODUCTION

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

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

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

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

A range of factors affect and are affected by health outcomes, including genetic predisposition, behaviour, the physical and social environment and the availability of health services. Increasing attention is being paid to the interaction between socio-economic and health outcomes. People with low incomes, poor housing and few qualifications are likely to have disproportionately poorer health.[16]

INDICATORS

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

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

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

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

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

The links between cigarette smoking and poor health are widely recognised. For example, cigarette smoking (active and passive) is a risk factor for many cancers and respiratory and cardiovascular diseases, and has been linked with low birth weight, Sudden Infant Death Syndrome, and other adverse child health outcomes. Obesity is linked with poor health outcomes, such as an increased risk of heart attacks, strokes, type 2 diabetes and some cancers.[17]

Health expectancy

DEFINITION

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

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

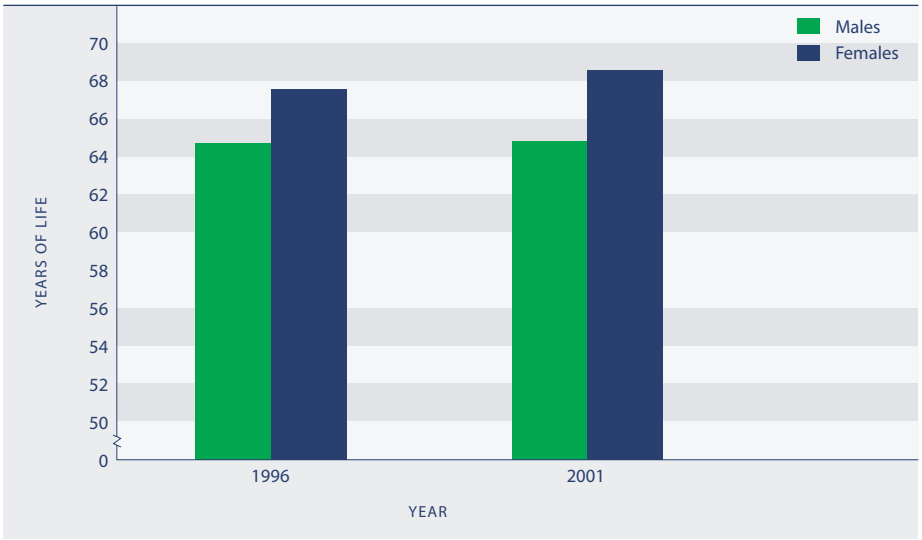
RELEVANCE

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

CURRENT LEVEL AND TRENDS

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

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



Source: Ministry of Health, revised data

ETHNIC DIFFERENCES

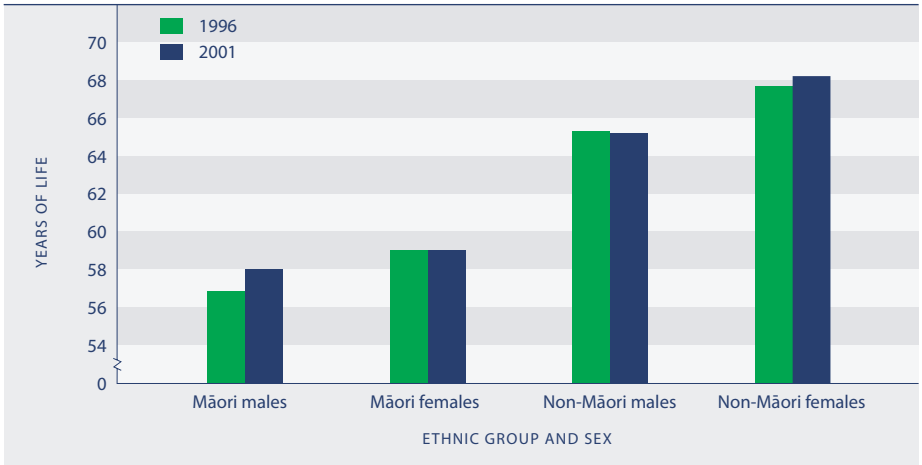
Only partial (0–85 years) independent life expectancy can be estimated for ethnic comparisons because of the small number of Māori aged over 85 years. These ethnic-specific statistics are not comparable with those for the total population.

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

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

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

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



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

Life expectancy

DEFINITION

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

RELEVANCE

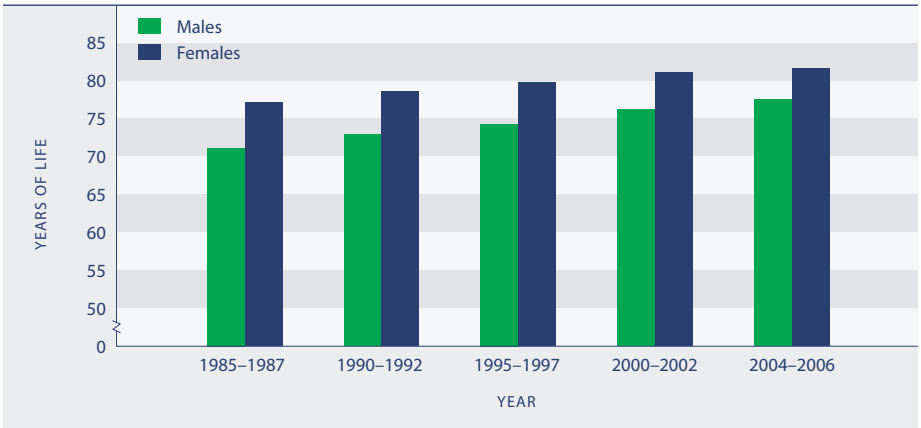
Life expectancy at birth is a key summary indicator of fatal health outcomes, ie the survival experience of the population.

CURRENT LEVEL AND TRENDS

Based on the mortality experiences of New Zealanders in the period 2004–2006, life expectancy at birth was 77.9 years for males and 81.9 years for females. Since the mid-1980s, gains in longevity have been greater for males than for females. Between 1985–1987 and 2004–2006, life expectancy at birth increased by 6.8 years for males and 4.8 years for females. As a result, the sex gap in life expectancy decreased from 6 years to 4 years over this period.

With the decline in the infant mortality rate (from 11.2 deaths per 1,000 live births in 1986 to 5.1 per 1,000 in 2006), the impact of infant death on life expectancy has lessened. The gains in life expectancy since the mid-1980s can be attributed mainly to reduced mortality in the middle-aged and older age groups (45–84 years).

Figure H2.1 **Life expectancy at birth, by sex, selected years, 1985–1987 to 2004–2006**



Source: Statistics New Zealand

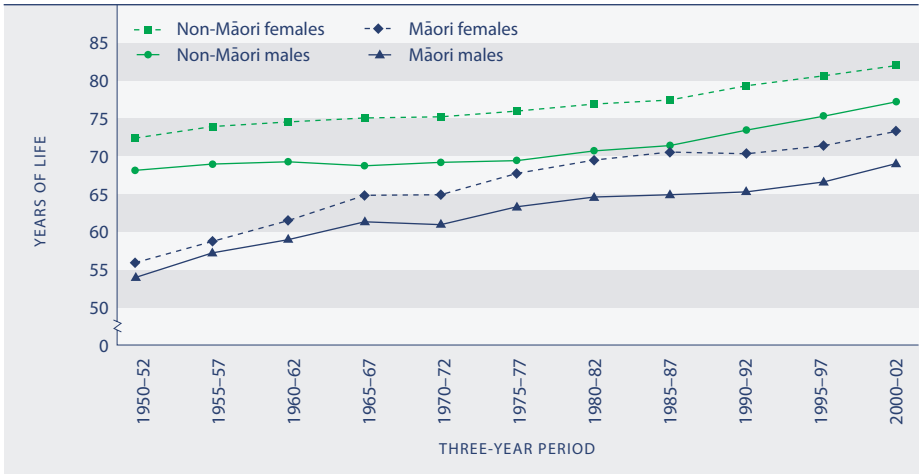
ETHNIC DIFFERENCES

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, with males gaining 5.8 years and females 4.5 years. For Māori, there was little change during the 1980s, but a dramatic improvement in the five years to 2000–2002. While the gain in Māori life expectancy over the whole period 1985–1987 to 2000–2002 (4.1 years for males, 2.7 years for

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

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



Sources: Statistics New Zealand; Ministry of Health
Note: Figures for 1981–1996 have been adjusted for undercount, using the New Zealand Census – Mortality Study

SOCIO-ECONOMIC DIFFERENCES

There is an association between life expectancy and the level of deprivation in the area where people live. In 2000–2002, males in the least deprived 10th of small areas in New Zealand could expect to live 8.9 years longer than males in the most deprived 10th of small areas (79.9 versus 71.0 years). For females, the difference was smaller, but still substantial, at 6.6 years (83.8 versus 77.2 years). These figures illustrate the links between socio-economic status and health.[18]

INTERNATIONAL COMPARISON

In 2003–2004, New Zealanders' life expectancy at birth was 81.3 years for females and 77.0 years for males. This was about the same as the OECD median of 81.4 years for females and slightly above the median of 76.1 years for males in 2003–2004. New Zealand was ranked 17th out of 30 countries for females, and ninth for males. New Zealand's ranking was higher than this in 1960 (sixth for males, seventh for females). Over the 1970s and 1980s, longevity improved faster in many 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 2003–2004, life expectancy at birth was highest for females in Japan (85.6 years) and highest for males in Iceland (79.2 years). Compared to New Zealand, female life expectancy was higher in Australia (83.0) and Canada (82.4), but lower in the United Kingdom (80.7 years) and the United States (80.1 years). Male life expectancy was higher in Australia (78.1 years), similar in Canada (77.4 years), and lower in the United Kingdom (76.2 years) and the United States (74.8 years).[19]

Suicide

DEFINITION

The number of suicide deaths per 100,000 population, expressed as a three-year moving average age-standardised rate, for the population aged 5 years and over.

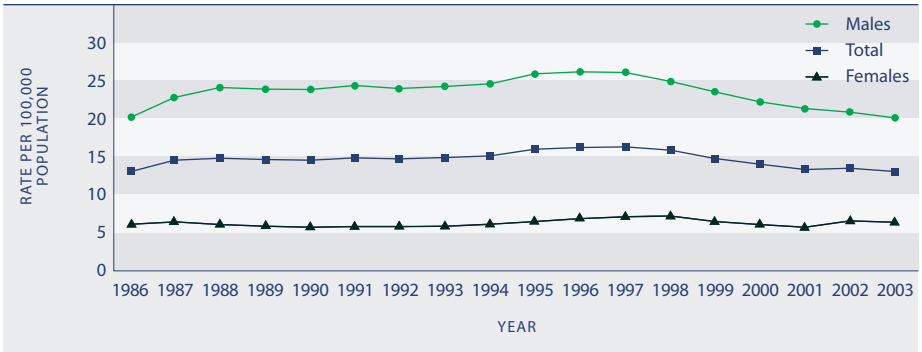
RELEVANCE

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 2004, 486 people died by suicide, a decline from the 517 people who died in 2003.[20] The three-year moving average age-standardised[21] suicide death rate was 13.1 per 100,000 population in 2002–2004, compared with 13.5 per 100,000 in 2001–2003. Over the 1980s and 1990s there was an upward trend in the suicide death rate, which reached a peak of 16.3 per 100,000 in 1995–1997 and 1996–1998. Since then the rate has fallen and the 2002–2004 rate was the same as the 1985–1987 rate of 13.1 suicide deaths per 100,000 people.

Figure H3.1 **Age-standardised suicide death rate, three-year moving average, by sex, 1985–2004**

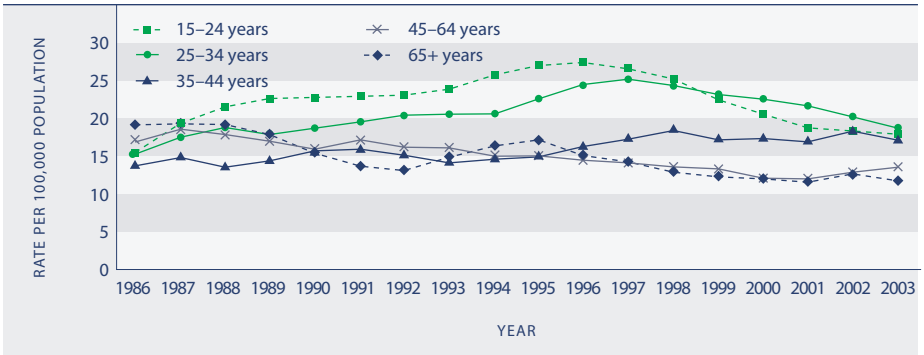


Source: Ministry of Health, New Zealand Health Information Service
Notes: (1) The three-year moving average rates are plotted on the mid-point year (eg 2003 is the mid-point year of 2002–2004) (2) 2004 figures are provisional (3) Age-standardised to WHO standard population

AGE DIFFERENCES

People aged 25–34 years had the highest three-year moving average suicide death rate in 2002–2004 (18.5 per 100,000 population, with 94 deaths in 2004), followed by people aged 15–24 years (17.7 per 100,000, with 112 deaths in 2004).

Figure H3.2 **Suicide death rate, three-year moving average, by age, 1985–2004**



Source: Ministry of Health, New Zealand Health Information Service
Notes: (1) Age-specific three-year moving average rates, plotted on the mid-point year (eg 2003 is the mid-point year of 2002–2004) (2) 2004 figures are provisional

For many decades, the suicide death rate was consistently highest at ages 65 years and over but this changed in the late 1980s during a steep increase in youth (15–24 year olds) suicide. The youth suicide death rate peaked at 27.2 per 100,000 people aged 15–24 years in 1995–1997. It has fallen by 35 percent since then, but is still higher than the 1985–1987 rate of 15.8 per 100,000. The pattern is similar for 25–34 year olds. Suicide death rates have been falling among people aged 45 years and over. These age patterns may reflect, in part, cohort effects.

SEX DIFFERENCES

Males have a much higher rate of death by suicide than females, with 20.1 deaths per 100,000 males in 2002–2004, compared with 6.4 deaths per 100,000 females.[22] The male suicide rate increased sharply in the late 1980s, declined after 1996–1998, and in 2004 was almost the same as the 1985–1987 rate of 20.3 deaths per 100,000 males. In comparison, the female rate has been relatively stable over the last 20 years. Because of the small numbers involved, it is more reliable to consider the trend over several years.

While the suicide death rate is higher for males, more females than males are hospitalised for intentional self-harm. In 2005, the female–male rate ratio for intentional self-harm in New Zealand was 2.0 female hospitalisations to every male hospitalisation per 100,000 population. Females more commonly choose methods that are less likely to be fatal.[23]

ETHNIC DIFFERENCES

In 2004, there were 110 Māori deaths from suicide, accounting for 23 percent of all suicide deaths in that year. The three-year moving average age-standardised rate of suicide deaths in 2002–2004 was 17.1 per 100,000 population for Māori, compared to 12.0 for non-Māori. The suicide death rate for Māori youth (15–24 year olds) in 2002–2004 was 32.3 per 100,000, compared with the non-Māori rate of 14.3 per 100,000. Suicide death rates for both Māori and non-Māori – all ages and youth – were lower in 2002–2004 than in 1996–1998. Because of the small numbers, trends in Māori suicide rates should be treated with caution.

INTERNATIONAL COMPARISON

A comparison of the latest age-standardised suicide death rates in 14 OECD countries between 2001 and 2004 shows New Zealand's (2003) rate was the fourth highest for males (21.0 per 100,000 males) and the fourth highest for females (7.5 per 100,000 females).[24] Finland had the highest male suicide death rate (31.1 per 100,000 in 2004), while Japan had the highest female rate (10.4 per 100,000 in 2004). Australia (17.6) had a lower rate of male suicide deaths than New Zealand, as did Canada (18.4) and the United States (18.0). The United Kingdom had the lowest male suicide death rate (10.8). Canada (5.3), Australia (4.8), the United States (4.2) and the United Kingdom (3.2) all reported lower female suicide death rates than New Zealand.

New Zealand had the third highest male youth (15–24 years) suicide death rate, after Finland and Ireland, and the highest female youth suicide death rate. New Zealand is one of a small number of countries which have higher suicide rates at younger ages than at older ages.[25]

Cigarette smoking

DEFINITION

The proportion of the adult population who currently smoke cigarettes. Up to 2005, the survey population was people aged 15 years and over (ACNielsen survey). From 2006, the survey population is people aged 15–64 years (New Zealand Tobacco Use Survey).

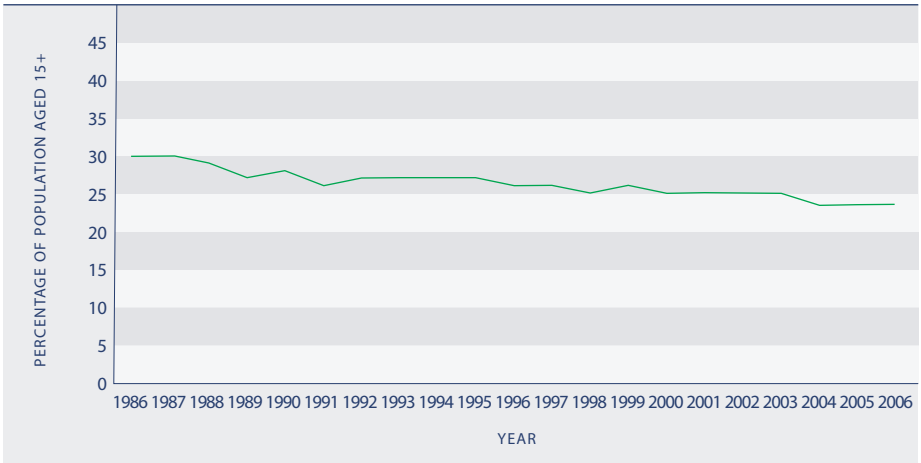
RELEVANCE

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.[26]

CURRENT LEVEL AND TRENDS

In 2006, 24 percent of New Zealanders aged 15–64 years were cigarette smokers. This prevalence estimate is the same as that derived from the ACNielsen survey for 2005, although it is important to note the estimates from the two data sources are not strictly comparable. Smoking has declined from 30 percent in 1986, with most of the decline occurring between 1987 and 1991.

Figure H4.1 **Cigarette smoking, 1986–2006**



Source: Ministry of Health (2006c) Tables B1, C2
Notes: (1) Data not standardised for age (2) 1986–2005: population aged 15+ years; 2006: population aged 15–64 years

AGE AND SEX DIFFERENCES

Smoking rates for females and males have been similar since the mid-1980s. Over the 1990s, both sexes became less likely to smoke. In 2006, 25 percent of males and 23 percent of females smoked.

Smoking is most prevalent among people aged 20–29 years, followed by those aged 15–19 years and those aged 30–39 years. People aged 50 years and over are much less likely to smoke than younger people and have experienced the greatest decline in smoking prevalence over the past 20 years. However, the biggest decrease in smoking between 2002 and 2006 occurred among those aged 15–24 years.

ETHNIC DIFFERENCES

Māori women have the highest smoking rate (50 percent in 2006), followed by Māori men (40 percent). Among Pacific peoples, smoking is more prevalent among men (41 percent) than among women (34 percent). Asian men (19 percent) and women (5 percent) have the lowest smoking rates and the biggest difference between the sexes.

Since 1990, smoking prevalence has declined by five percentage points for the European/Other and Māori ethnic groups, while it has increased for Pacific peoples. Time series data for the Asian population alone is not available.[27]

Table H4.1 **Age-standardised prevalence (%) of cigarette smoking, by sex and ethnicity, 2006**

	Percentage in each ethnic group who smoke cigarettes				
	Māori	Pacific	Asian	European/Other	Total
Male	40.0	41.3	18.6	21.3	24.6
Female	50.0	33.8	4.7	20.0	23.3
Total	**45.2**	**37.4**	**12.3**	**20.6**	**24.0**

Source: Ministry of Health (2006c) 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 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.[28]

INTERNATIONAL COMPARISON

In a 2003 comparison of daily adult smoking, New Zealand had a rate of 22 percent, compared with an OECD median of 25 percent.[29] New Zealand ranked eighth lowest out of 30 OECD countries. Smoking prevalence was highest in Greece (39 percent in 2004) and lowest in Canada (15 percent). New Zealand's rate was lower than that of the United Kingdom (25 percent), but considerably higher than those of Australia (18 percent) and the United States (17 percent). Compared to other developed countries, New Zealand's smoking levels are relatively low for males and relatively high for females.[30]

TOBACCO CONSUMPTION

Tobacco consumption, measured from customs data or tobacco company returns, complements the smoking prevalence data above and provides a different perspective on tobacco use. In 2006, tobacco consumption was 1,016 cigarette equivalents per person aged 15 years and over, down slightly from 1,033 in 2005.

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

Figure H4.2 **Tobacco consumption, cigarette equivalents per person aged 15 years and over, 1990–2006**

Sources: Ministry of Health (2006c) Table D1; Statistics New Zealand (2007a)

Obesity

DEFINITION

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

Obesity is defined as having a Body Mass Index (BMI) greater than 30 for European and Other ethnicities, or greater than 32 for Māori and Pacific peoples. For the population aged under 15 years, the measure is the proportion of children aged 5–14 years whose BMI meets internationally defined thresholds of obesity.[31]

RELEVANCE

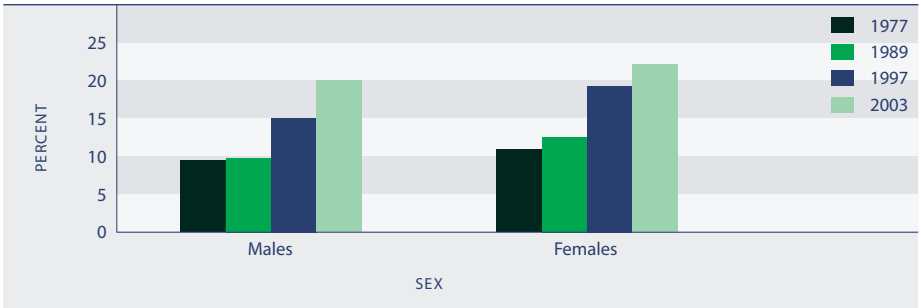
Obesity is associated with heart disease, diabetes, strokes, high blood pressure and some cancers. The increase in the prevalence of obesity has been identified as a major cause of the projected increase in diabetes.[32]

CURRENT LEVEL AND TRENDS

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

Between 1977 and 1989, there was a small increase in the prevalence of obesity among New Zealand adults aged 15–74 years. Between 1989 and 2003, male obesity doubled from 10 percent to 20 percent, and female obesity increased from 13 percent to 22 percent.[33] The major drivers of the increase in obesity rates have been changing dietary and physical activity patterns, reflecting an environment that promotes the over-consumption of energy-dense foods and drinks and limits the opportunities for physical activity.[34]

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



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

AGE AND SEX DIFFERENCES

Age-standardised prevalence rates for 2003 showed no significant sex difference in the proportion of adults who were obese (males, 19 percent; females, 21 percent). Obesity increased with age up to the 55–64 years age group (males, 29 percent; females, 31 percent), then declined in the older age groups. This age pattern may reflect in part a cohort effect.[35] 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**

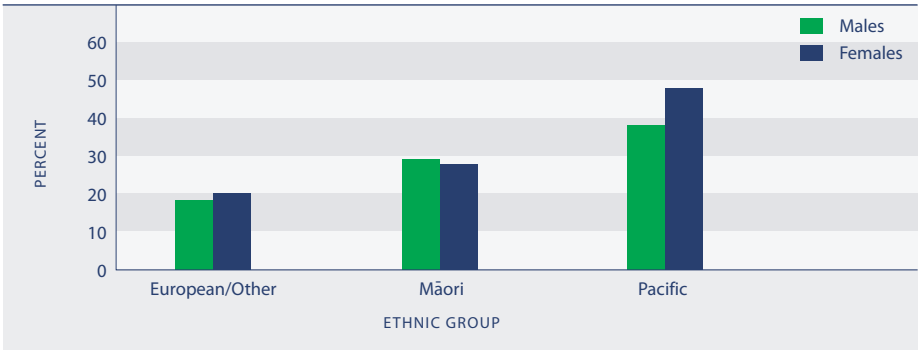
	15–24	25–34	35–44	45–54	55–64	65–74	75+	Total 15+
Males	9.7	16.1	21.0	26.1	29.0	24.0	19.4	19.2
Females	12.4	20.7	22.0	24.6	30.9	27.2	17.1	21.0

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

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



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

Obesity has increased for all groups since 1989, but there was little change in the rates for Māori between 1997 and 2003.[36]

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, 28 percent of females living in quintile 5 small areas (the most disadvantaged fifth of small areas in New Zealand) were obese, while only 16 percent of those in quintile 1 areas were obese. The link between male obesity and socio-economic status is less well-established.[37]

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 24th out of 30 countries reporting obesity prevalence in 1999–2004. However, most countries use the self-reporting method to measure obesity whereas New Zealand and four other countries use actual measurements recorded by an interviewer. New Zealand's rate was lower than the other four countries: the United States (with the highest rate of obesity, at 32 percent in 2004); the United Kingdom (23 percent in 2004), Canada (22 percent in 2004) and Australia (22 percent in 1999). Of all countries, Japan and Korea had the lowest prevalence of obesity (3 percent in 2003 and 2001, respectively).[38]

DESIRED OUTCOMES

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

Knowledge and Skills

INTRODUCTION

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

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

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

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

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

INDICATORS

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

The indicators are relevant to current and future social wellbeing. Participation in early childhood education contributes significantly to a child's later development. Going to a kindergarten, kōhanga reo or some other early childhood service prepares children for further learning, helps equip them to cope socially at school and develops their bodies and minds to better prepare them for adult life. Quality early childhood programmes can help narrow the achievement gap between children from low-income families and children from more advantaged families.[39]

Students who obtain higher qualifications at school tend to have more options for tertiary education and future employment. Those who leave school early have a greater risk of unemployment or low incomes.[40]

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

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

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 1 students who participated in early childhood education, is also included.

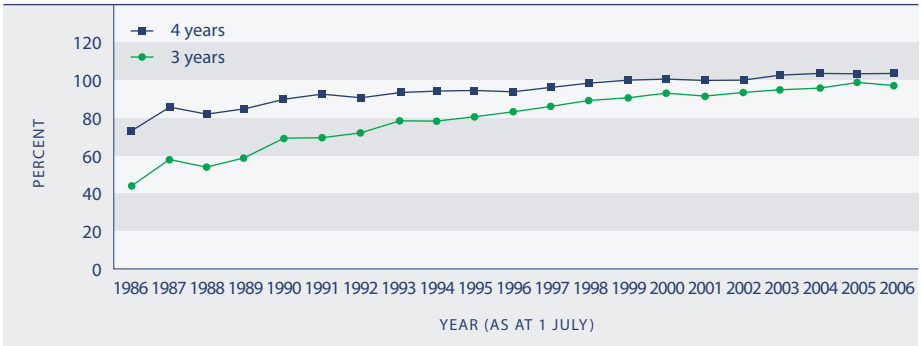
RELEVANCE

Evidence from New Zealand and international research shows that the early childhood years are vital to a child's development and future ability to learn.[41] 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 2006, the "apparent" early childhood education participation rate was 97 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, 1986–2006**



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

SEX DIFFERENCES

Participation in early childhood education does not appear to vary by sex: boys make up just over half (51 percent) of all enrolments, the same proportion as in the population at that age.

PARTICIPATION BY TYPE OF SERVICE

In 2006, childcare centres (42 percent) and kindergartens (39 percent) had the largest number of enrolments of 3 and 4 year olds in early childhood education. Much smaller numbers of children were enrolled in playcentres (6 percent) and kōhanga reo (4 percent).

PRIOR PARTICIPATION BY YEAR 1 STUDENTS

The percentage of new school entrants who have participated in early childhood education services has increased over the last seven years, from 91 percent in July 2000 to 95 percent in July 2006.

ETHNIC DIFFERENCES

New Zealand European children are the most likely to have attended an early childhood education service before entering primary school: 98 percent compared with 90 percent of Māori and 84 percent of Pacific Year 1 students in 2006. From 2000–2004, the prior participation rate for both Māori and Pacific new entrants increased faster than the rate for New Zealand European new entrants, narrowing the difference between these groups. However, between 2004 and 2006, the prior participation rate for Māori new entrants levelled off, and there was a slight decline in the rate for Pacific new entrants.

Table K1.1 **Early childhood education attendance (%) by Year 1 students, by ethnic group, as at 1 July 2000–2006**

	European	Māori	Pacific	Asian	Other	Total
2000	95.4	84.8	76.1	89.2	83.0	91.0
2001	96.0	85.3	76.3	89.8	84.1	91.3
2002	96.6	86.5	79.4	92.1	86.6	92.3
2003	97.4	88.4	83.4	92.4	88.9	93.6
2004	97.6	89.3	84.7	94.1	89.4	94.1
2005	97.7	89.9	84.5	95.1	89.9	94.3
2006	98.0	89.9	84.2	96.0	91.7	94.5

Source: Ministry of Education
Note: These figures exclude cases for which attendance was unknown

SOCIO-ECONOMIC DIFFERENCES

Year 1 children in low decile schools (those that draw their students from communities with the highest degree of socio-economic disadvantage) are much less likely to have attended an early childhood education service than children in high decile schools. In 2006, only 83 percent of new entrants in decile 1 schools had previously attended early childhood education services, compared with 97 percent in decile 6 schools and 99 percent in decile 10 schools.

REGIONAL DIFFERENCES

In 2006, prior participation in early childhood education by Year 1 students was highest in the Canterbury and Otago regions (both 98 percent), and lowest in Northland (89 percent), Auckland and Gisborne (both 92 percent).

School leavers with higher qualifications

DEFINITION

The proportion of secondary school leavers who left school with a qualification at National Certificate of Educational Achievement (NCEA) Level 2 or above.

RELEVANCE

Upper secondary school qualifications serve as the foundation for higher (post-secondary) learning and training opportunities as well as the preparation for direct entry into the labour market. Those who leave school early with few qualifications are at a much greater risk of unemployment or vulnerability in the labour force and of having low incomes.[42]

CURRENT LEVEL AND TRENDS

In 2006, 60 percent of school leavers (34,000 students) left school with a qualification at NCEA Level 2 or above, an increase from the 2005 figure of 57 percent (33,000 students).[43] Because of changes in the qualification structure, it is not possible to compare exactly the attainment of upper secondary school students who left school before 2003 with those who left school later. To illustrate trends in higher school attainment over the long term, Figure K2.1 includes Higher School Certificate and above for the years 1986 to 2002.

Figure K2.1 **Proportion of school leavers with Higher School Certificate or above, 1986–2002, and NCEA Level 2 or above, 2003, 2005–2006**

Source: Ministry of Education
Notes: (1) A direct comparison cannot be made between rates up to and including 2002 with rates for 2003 on, due to the change in the qualification structure (see Appendix 2 for details) (2) Because of methodological changes, 2004 is not comparable with other years and has been omitted

SEX DIFFERENCES

Female students are more likely than male students to leave school with an upper secondary school qualification. Between 2005 and 2006, the proportion of school leavers with NCEA Level 2 or above increased for both sexes but there was a slightly larger increase for males than for females. As a result, the sex difference in school attainment narrowed slightly between 2005 and 2006, from 10 percentage points to 9 percentage points.

Table K2.1 **Proportion (%) of school leavers with NCEA Level 2 or above, by sex, 2003, 2005–2006**

	Males	Females
2003	47.6	57.9
2005	52.0	62.3
2006	55.8	64.5

Source: Ministry of Education

Note: Because of methodological changes, 2004 is not comparable with other years and has been omitted

ETHNIC DIFFERENCES

The proportion of school leavers with upper secondary school qualifications varies widely by ethnic group. Asian students who left school in 2006 had the highest proportion with NCEA Level 2 or above, followed by European school leavers, then Pacific and Māori school leavers. Between 2005 and 2006, there was an increase for all ethnic groups in the proportion of students leaving with a qualification at NCEA Level 2 or above. The increase was greater for Māori and Pacific students than for European and Asian students.

Table K2.2 **Proportion (%) of school leavers with NCEA Level 2 or above, by ethnic group, 2003, 2005–2006**

	European	Māori	Pacific peoples	Asian	Other	Total
2003	57.4	28.8	42.3	75.1	54.2	52.6
2005	63.0	32.7	45.3	79.9	55.8	57.1
2006	65.4	36.7	49.6	82.2	63.5	60.2

Source: Ministry of Education

Note: Because of methodological changes, 2004 is not comparable with other years and has been omitted

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 2006, only 43 percent of school leavers from deciles 1–3 schools (in the most disadvantaged communities) attained qualifications at NCEA Level 2 or above, compared with 57 percent of those leaving deciles 4–7 schools and 74 percent of those leaving deciles 8–10 schools.

REGIONAL DIFFERENCES

The Nelson region had the highest proportion (70 percent) of 2006 school leavers with qualifications at NCEA Level 2 or above, followed by Otago (67 percent), Auckland (66 percent), Wellington and Canterbury (each 63 percent). The West Coast had the lowest proportion (35 percent), followed by Gisborne (48 percent) and Tasman (51 percent).

Participation in tertiary education

DEFINITION

The proportion of the population aged 15 years and over enrolled at any time during the year 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. Domestic students only are included.

RELEVANCE

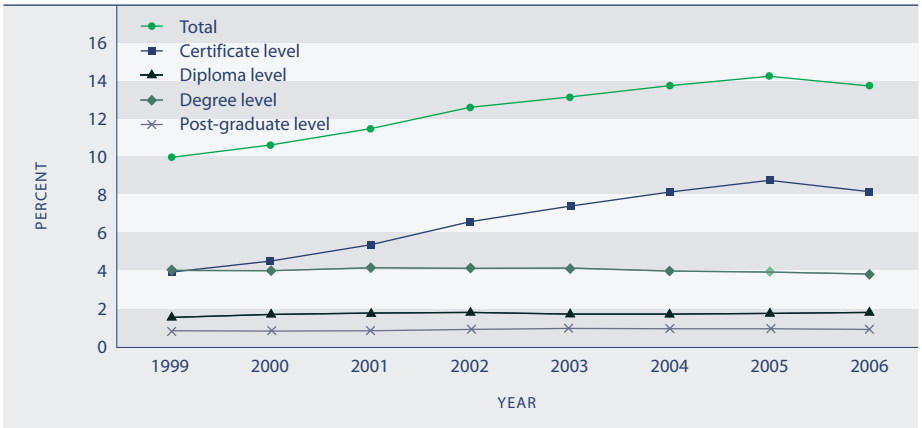
The acquisition of a tertiary qualification provides individuals with additional skills and knowledge to participate in society and in the economy.

CURRENT LEVEL AND TRENDS

During 2006, 13.7 percent of people aged 15 years and over (448,000 people) were enrolled in formal tertiary education, a slight decline from 14.2 percent (457,000 people) in 2005. This slight decline could be attributable in part to the strong labour market encouraging people into employment rather than further education.

Most of the decline in tertiary education participation between 2005 and 2006 was due to a fall in the number of people taking Levels 1–3 certificate courses. The rate of participation in certificate level courses as a whole (ie Levels 1–4) grew strongly between 1999 and 2005 (from 4.0 percent to 8.8 percent), then fell to 8.1 percent in 2006. In total, 10 percent of people aged 15 years and over were enrolled in sub-degree tertiary education courses in 2006, up from 6 percent in 1999. In comparison, the proportion enrolled in degree and post-graduate courses remained fairly steady at around 5 percent over the period 1999–2006.

Figure K3.1 **Tertiary education participation rate, by qualification level, 1999–2006**



Source: Ministry of Education

AGE AND SEX DIFFERENCES

Tertiary education participation is highest among 18–24 year olds (36.5 percent in 2006), followed by 25–39 year olds (16.6 percent). The participation rate for 18–24 year olds changed little between 1999 and 2006. In contrast, the rate for people aged 40 years and over and people aged 25–39 years increased substantially over that period.

Since the mid-1990s, women have been more likely than men to participate in tertiary study at ages 18 years and over. However, as females accounted for all of the decline in enrolments between 2005 and 2006, the sex gap has narrowed slightly. In 2006, there was no sex difference in the proportion enrolled in

sub-degree courses (10 percent of males and females), but females were more likely than males to be enrolled in degree and post-graduate courses (6 percent and 4 percent, respectively).

Table K3.1 **Tertiary participation rates (%), by age and sex, selected years, 1999–2006**

	15–17	18–24	25–39	40+	Total
Males					
1999	9.2	32.3	10.0	2.7	9.1
2001	11.0	34.0	12.0	3.5	10.2
2005	14.6	33.2	15.1	6.7	12.9
2006	10.8	33.5	14.8	7.1	12.8
Females					
1999	8.3	35.7	12.8	4.4	10.8
2001	11.2	38.9	15.8	5.5	12.7
2005	12.3	39.6	19.6	8.5	15.4
2006	9.4	39.6	18.3	8.1	14.6

Source: Ministry of Education

ETHNIC DIFFERENCES

In 2006, the age-standardised tertiary education participation rate was highest for Māori at 18 percent, followed by the Asian ethnic group (15 percent), Europeans (13 percent) and Pacific peoples (12 percent). The increase in the age-standardised rate between 1999 and 2006 was higher than average for the Asian and Māori ethnic groups. The slight fall in the age-standardised rate between 2005 and 2006 occurred across all ethnic groups but was larger than average for Māori, Pacific peoples and Asian ethnic groups.

At the core tertiary education age group 18–24 years, the European ethnic group had the highest participation rate in 2006 (37 percent), while the rate for the Asian ethnic group (32 percent) was slightly above that of Māori and Pacific peoples (each 31 percent). Between 2002 and 2006, the participation rate of 18–24 year olds remained steady for the European ethnic group, declined for Māori, and increased for the Pacific peoples and Asian ethnic groups.

At older ages, Māori had the highest tertiary participation rates in 2006, followed by the Asian, Pacific peoples and European ethnic groups.

Table K3.2 **Tertiary participation rates (%), by age and ethnic group, 2006**

Age group	European	Māori	Pacific peoples	Asian
15–17	9.2	12.7	8.1	5.3
18–24	37.2	30.9	31.1	32.4
25–39	14.4	22.6	15.2	17.0
40+	6.1	15.6	7.5	12.2
Total	**11.6**	**20.3**	**14.6**	**17.6**

Source: Ministry of Education

Māori and Pacific students are less likely to be enrolled in degree-level courses than students from the European or Asian ethnic groups. Almost 90 percent of the decline in Māori enrolments between 2005 and 2006 was due to fewer Māori taking Levels 1–3 certificate courses.

INTERNATIONAL COMPARISON

There are no robust measures of tertiary participation across OECD countries. Some indication of New Zealand's relative standing can be gained from the proportion of people enrolled in education at various ages. In 2004, 30 percent of 20–29 year olds (the age group more likely to be enrolled in tertiary than secondary education) were enrolled in education, placing New Zealand seventh out of 28 countries. This was above the OECD median of 25 percent. The New Zealand rate was higher than those of the United Kingdom (28 percent) and the United States (23 percent) but below the rate for Australia (33 percent).[44]

Educational attainment of the adult population

DEFINITION

The proportion of adults aged 25–64 years with an educational attainment of at least upper secondary school level, defined in the International Standard Classification of Education (ISCED 1997) as Level 3 and above, and including tertiary qualifications at bachelor's degree and above (Level 5A/6).

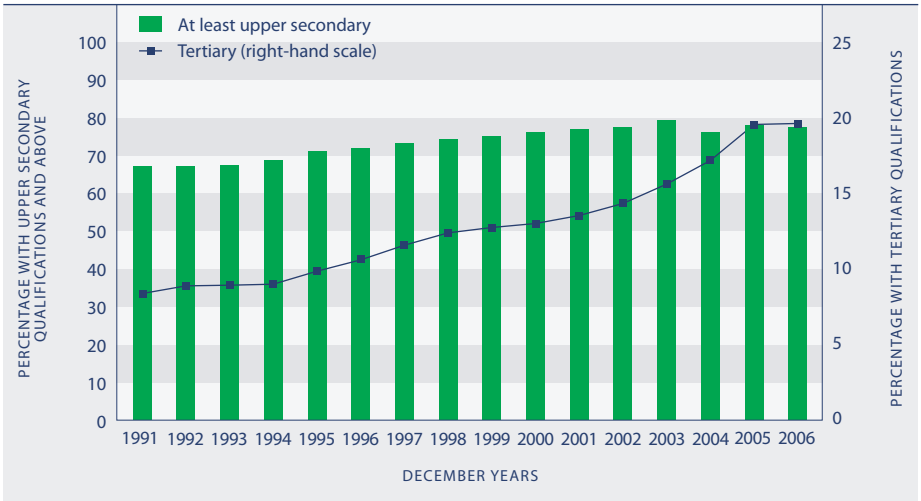
RELEVANCE

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 December 2006, 77 percent of the population aged 25–64 years (1.65 million people) had attained an educational qualification at upper secondary level or above, slightly lower than in 2005 (78 percent) but a substantial increase from 67 percent in 1991. Over the same period the proportion of adults with a bachelor's degree or higher qualification had risen from 8 percent to almost 20 percent (418,000 people). The slight decline in educational qualifications at upper secondary level or above could be attributable in part to the strong labour market encouraging people into employment rather than into further education.

Figure K4.1 **Proportion of adults aged 25–64 years with an educational attainment of at least upper secondary level and tertiary level, 1991–2006**



Source: Statistics New Zealand, Household Labour Force Survey
Notes: (1) Tertiary equals bachelor's degree or higher (2) This measure has been revised – see Appendix 2 for details

AGE AND SEX DIFFERENCES

Younger adults aged 25–34 years are much more likely to have at least upper secondary school qualifications or a bachelor's degree or higher than adults aged 55–64 years.

Sex differences in educational attainment have narrowed over time. For younger age groups, women are more likely than men to have higher qualifications.

Table K4.1 **Proportion (%) of population aged 25–64 years with higher qualifications, by age and sex, 2006**

	25–34	35–44	45–54	55–64	Total 25–64
At least upper secondary					
Males	82.5	80.8	78.2	68.5	78.1
Females	85.0	80.8	75.4	60.0	76.4
Total	**83.8**	**80.8**	**76.8**	**64.2**	**77.2**
Tertiary					
Males	22.5	20.8	18.5	15.2	19.5
Females	29.1	21.4	16.5	8.9	19.6
Total	**25.9**	**21.1**	**17.4**	**12.0**	**19.5**

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

Notes: (1) Tertiary equals bachelor's degree or higher (2) This measure has been revised – see Appendix 2 for details

ETHNIC DIFFERENCES

Māori and Pacific adults are much less likely than adults in the European and Other ethnic groups to have higher qualifications. In the year ended December 2006, 61 percent of Māori and 54 percent of Pacific adults aged 25–64 years held at least upper secondary qualifications, compared with 80 percent of Europeans. Similarly, just 9 percent of Māori and 7 percent of Pacific adults held a tertiary qualification at bachelor's degree level or above, compared with 19 percent of Europeans. The proportion of adults with at least upper secondary qualifications grew faster for Māori and Pacific adults than for Europeans up to 2003, but fell in the three years to 2006. The Other ethnic group (which includes Asians) has consistently had the highest proportion of adults with a tertiary qualification, more than double that of the European ethnic group.

Table K4.2 **Proportion (%) of population aged 25–64 years with higher qualifications, by ethnic group, selected years, 1996–2006**

	European	Māori	Pacific	Other	Total
At least upper secondary					
1996	75.3	48.4	45.1	79.4	71.8
2001	78.8	59.9	65.8	85.1	76.8
2005	80.6	62.4	55.3	81.6	77.8
2006	80.1	60.7	53.5	83.5	77.2
Tertiary					
1996	10.8	2.5	1.9	27.4	10.6
2001	13.2	5.0	5.6	32.0	13.4
2005	18.6	8.1	7.0	42.1	19.5
2006	18.9	8.5	7.1	39.0	19.5

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

Notes: (1) In this data, Other includes Asian ethnic groups (2) Tertiary equals bachelor's degree or higher (3) This measure has been revised – see Appendix 2 for details

INTERNATIONAL COMPARISON

In 2004, 78 percent of New Zealand adults had at least upper secondary level qualifications, compared with an OECD average of 67 percent.[45] New Zealand ranked 12th equal (with Finland) out of 30 OECD countries. New Zealand also ranked 12th equal (with Switzerland and Ireland) in the proportion of adults who have bachelor's degrees or higher, with a rate of 18 percent (just below the OECD average of 19 percent). Countries which had higher proportions of adults with qualifications at this level included the United States (30 percent – the highest rate), Canada and Australia (each 22 percent), and the United Kingdom (20 percent). New Zealand is among the two-thirds of OECD countries in which females aged 25–34 years are more likely than males of that age to have tertiary qualifications to bachelor's degree or higher.

DESIRED OUTCOMES

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

Paid Work

INTRODUCTION

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

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

For most people, income from paid work is the main factor determining their material standard of living. On average, about two-thirds of total household income is derived directly from labour market income, and the figure is substantially greater for most households.[46] Income saved during their working life contributes to the standard of living of many retired people.

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

Social contact is an important part of wellbeing. For many people, much of their social contact is through their jobs. People often gain a sense of belonging or identity from their jobs, identifying 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.[47]

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

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

INDICATORS

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

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

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

The second indicator is the employment rate. The employment rate provides an alternative picture of people's access to paid work. It is influenced not only by the amount of work available but also by trends in 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. The employment rate can be affected by factors including changes in the number of discouraged workers who are not employed but who are not actively seeking work and changes to the working-age population.

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

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

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

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

Unemployment

DEFINITION

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

The labour force is defined as the population aged 15 years and over who are either employed or unemployed.

RELEVANCE

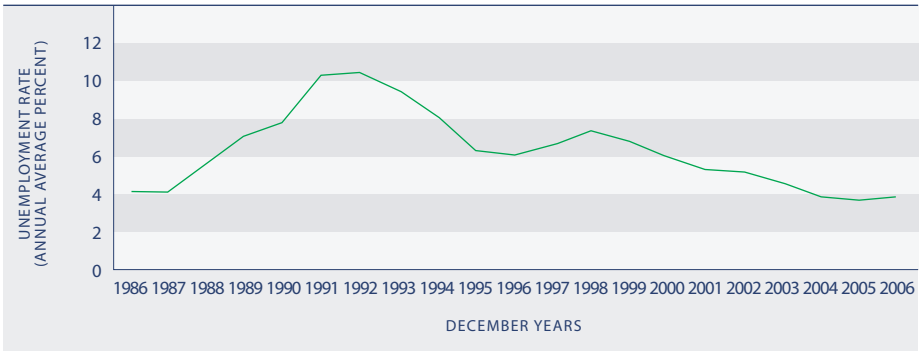
This is a key indicator of labour market outcomes and the lack of access to employment. The unemployment rate is an important reflection of overall economic conditions and gives some sense of the ease with which people are able to move into employment.

CURRENT LEVEL AND TRENDS

In 2006, 3.8 percent of the labour force (or 82,600 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 2006 unemployment rate was lower than the rate of 4.1 percent in 1986 when records began (70,000 people unemployed).

In 2006, 20 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 22 percent in 2005. The 2006 level of long-term unemployment was below that recorded in 1986 (23 percent) and substantially lower than the peak of 53 percent in 1992.

Figure PW1.1 **Unemployment rate, 1986–2006**



Source: Statistics New Zealand, Household Labour Force Survey

AGE AND SEX DIFFERENCES

Unemployment rates among different age groups have followed similar trends. The unemployment rate for 15–24 year olds has, in every year, been greater than that for older age groups because those with fewer skills and less experience take longer to find suitable employment. The unemployment rate is not specifically a measure of youth who are inactive or at risk of poor transitions into work or higher education. Unemployment rates were higher for males than females in the peak years of unemployment but, since 2002, females have had slightly higher unemployment rates than males.

Table PW1.1 **Unemployment rates (%), by age and sex, selected years, 1986–2006**

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
2005	9.4	2.9	2.1	3.7	3.4	4.0
2006	9.6	2.9	2.0	3.8	3.5	4.1

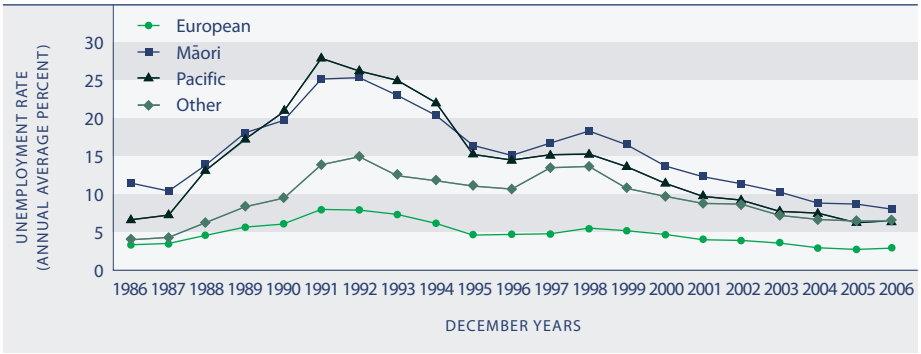
Source: Statistics New Zealand, Household Labour Force Survey
Note: Average for December years

ETHNIC DIFFERENCES

The Māori unemployment rate rose from 11.3 percent in 1986 to a peak of 25.4 percent in 1992. It had fallen to 7.9 percent by 2006, the lowest rate since the survey began. Between 1986 and 1991, the unemployment rate for Pacific peoples rose from 6.6 percent to 28 percent, the highest rate for any ethnic group. Since the early-1990s, the Pacific peoples' unemployment rate has declined more than that of Māori and was 6.4 percent in 2006. This was lower than the rate in 1986.

The unemployment rate is lowest among people of European ethnicity. Their unemployment rate rose from 3.3 percent in 1986 to a peak of 7.9 percent in 1992 and had dropped to 2.7 percent by 2006. The unemployment rate of the Other ethnic group category (made up mainly of Asians, but includes many recent migrants) increased from 3.7 percent in 1986 to 14.8 percent in 1992, and was still relatively high at 6.2 percent in 2006.

Figure PW1.2 **Unemployment rate, by ethnic group, 1986–2006**



Source: Statistics New Zealand, Household Labour Force Survey
Note: Other includes Asian

INTERNATIONAL COMPARISON

In 2006, out of 27 OECD countries, New Zealand ranked third (after South Korea and Norway) with a standardised unemployment rate of 3.8 percent, compared with the OECD average of 6.0 percent. Since the mid-1980s, New Zealand's unemployment rate relative to other OECD countries has ranged from one of the lowest (fifth in 1986 with a rate of 4.1 percent) to one of the highest (17th in 1992 with a rate of 10.3 percent). The New Zealand unemployment rate in 2006 was lower than those of Japan (4.1 percent), the United States (4.6 percent), Australia (4.9 percent), the United Kingdom (5.3 percent), and Canada (6.3 percent).[48] In 2005, New Zealand ranked fifth in terms of the proportion of the unemployed who had been unemployed for six months or longer.[49]

Employment

DEFINITION

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

RELEVANCE

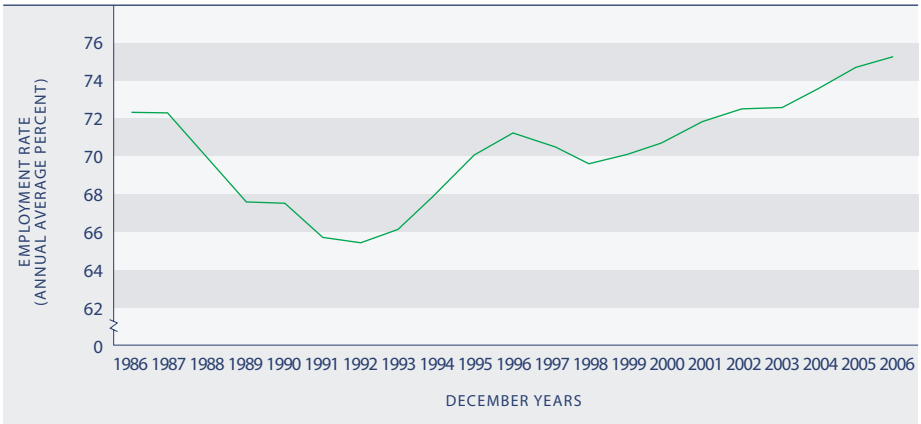
The employment rate is the best available indicator of the prevalence of paid employment. It is affected by trends in both unemployment and labour force participation (the proportion of the working-age population either employed or unemployed).

CURRENT LEVEL AND TRENDS

In 2006, 75.2 percent of 15–64 year olds (2.057 million people) were employed. This was an increase from 74.6 percent in 2005 and higher than the rate recorded in 1986 (72.3 percent). The employment rate has been rising since 1992, except during the economic downturn in 1997 and 1998. The increase from 65.4 percent in 1992 to 75.2 percent in 2006 corresponds to a rise of 553,000 in the number of employed people aged 15–64 years. Over the same period, the number of people aged 15–64 years increased by 436,800.

The full-time employment rate for 15–64 year olds declined sharply between 1986 (60.4 percent) and 1992 (51.5 percent), and had almost recovered to the mid-1980s level by 2006 (59.4 percent). The part-time employment rate increased throughout the period, from 11.9 percent in 1986 to 15.7 percent in 2006. Although the part-time rate has almost doubled for men since 1986, women continue to have a higher part-time employment rate than men (23.5 percent compared with 7.7 percent in 2006).

Figure PW2.1 **Employment rate, 1986–2006**



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

AGE AND SEX DIFFERENCES

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

The employment rate for women is significantly lower than that for men. This is mainly because women spend more time on childcare and other unpaid household work, and are more likely than men to undertake some form of study or training. The sex gap in the employment rate is narrowing as female employment grew at a more rapid pace than male employment between 1992 and 2006.

Table PW2.1 **Employment rates (%), by age and sex, selected years, 1986–2006**

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
2005	56.9	80.9	78.0	11.5	81.5	68.0	74.6
2006	58.8	80.7	78.7	12.5	82.1	68.4	75.2

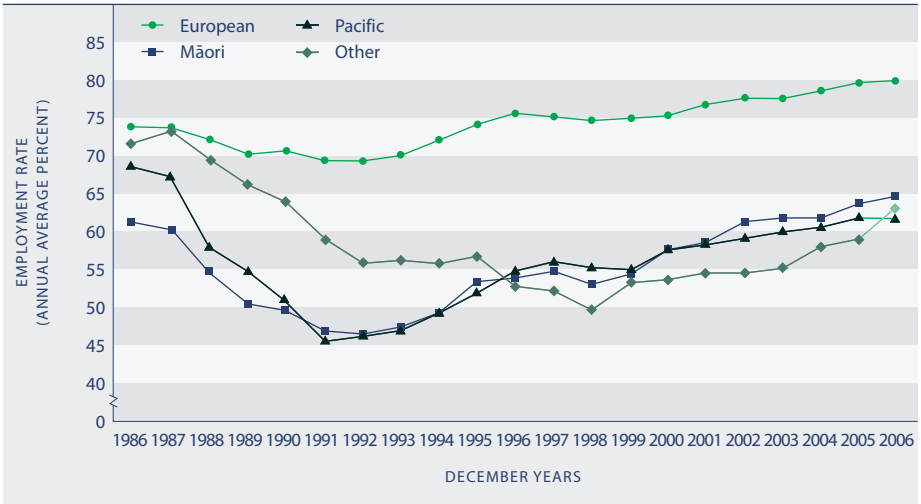
Source: Statistics New Zealand, Household Labour Force Survey
Note: Average for December years

ETHNIC DIFFERENCES

The employment rates for Māori and Pacific peoples showed the steepest fall between 1987 and 1992, but have also shown the strongest recovery since then. In 2006, the Māori employment rate, at 64.6 percent, had surpassed the 1986 level (61.2 percent). However, Pacific peoples were still less likely to be employed in 2006 (61.6 percent) than in 1986 (68.4 percent).

The European ethnic group, with the highest employment rate, has also surpassed the level of the mid-1980s (79.9 percent employed in 2006, compared with 73.8 percent in 1986). The employment rate for the Other ethnic group fell from being the second highest in the late-1980s to being the lowest over recent years. However, in 2006 their employment rate (63.2 percent) rose to be just above that of Pacific peoples.

Figure PW2.2 **Employment rate, by ethnic group, 1986–2006**



Source: Statistics New Zealand, Household Labour Force Survey

INTERNATIONAL COMPARISON

In 2005, New Zealand was ranked fifth highest of 30 OECD countries with an employment rate of 74.6 percent for people aged 15–64 years. This was well above the OECD average of 65.5 percent. Iceland had the highest employment rate in 2005 (84.4 percent). The New Zealand rate in 2005 was higher than those of Sweden (73.9 percent), the United Kingdom (72.6 percent), Canada (72.5 percent), Australia (71.6 percent) and the United States (71.5 percent). New Zealand had a higher female employment rate than the United Kingdom, the United States and Australia in 2005.[50]

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

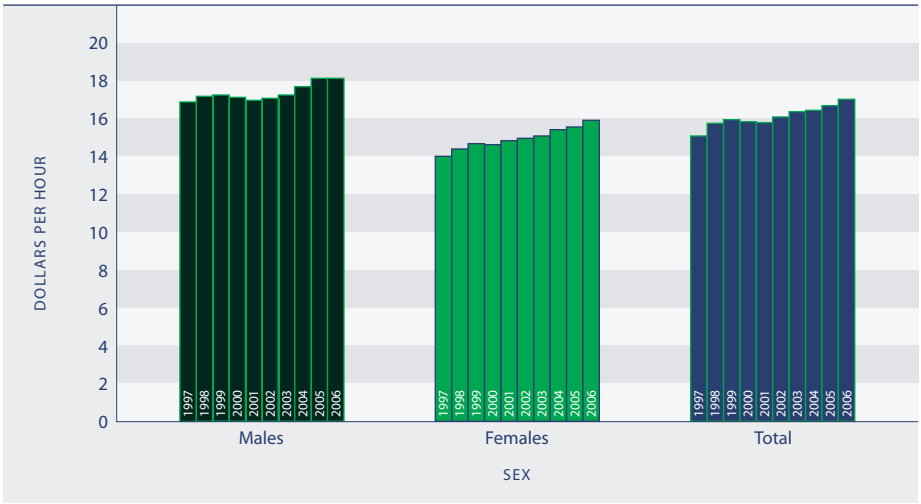
Median hourly earnings from wage and salary jobs is an indicator of the financial return from paid employment, independent of the number of hours worked.

CURRENT LEVEL AND TRENDS

In June 2006, half of all people employed in wage and salary jobs earned more than $17.00 an hour. The median hourly wage for male employees was $18.13, while for female employees it was $15.88.

Real median hourly earnings increased by $1.93 an hour or 13 percent in the nine years to June 2006. The increase over this period was greater for female employees (14 percent) than for male employees (8 percent). The ratio of female to male median hourly earnings rose from 83 percent in June 1997 to 88 percent in June 2006.

Figure PW3.1 **Median hourly earnings from wage and salary jobs (in June 2006 dollars), by sex, June 1997 to June 2006**



Source: Statistics New Zealand, New Zealand Income Survey

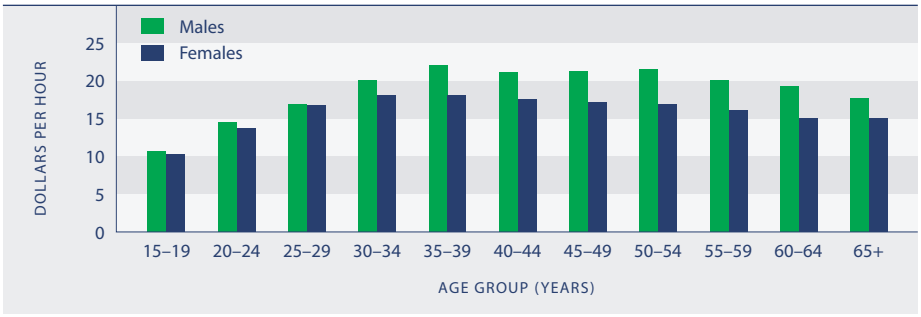
AGE DIFFERENCES

In 2006, median hourly earnings from wage and salary jobs were highest at ages 35–39 years ($19.35 an hour). This compares with $10.50 for 15–19 year olds. The increase in real median hourly earnings between 1997 and 2006 was smaller for 15–24 year old employees (5 percent) than for older workers (11 percent for those aged 25–44 years, 9 percent for those aged 45–64 years and 20 percent for those aged 65 years and over).

SEX DIFFERENCES

In 2006, the difference between the sexes in median hourly earnings for wage and salary earners was most evident in age groups over 30 years. The gap was greatest at ages 50–54 years, where the ratio of female to male median earnings for employees was 78 percent. There was little difference between the earnings of men and women in age groups under 30 years.

Figure PW3.2 **Median hourly wage and salary earnings, by age and sex, June 2006**



Source: Statistics New Zealand, New Zealand Income Survey

ETHNIC DIFFERENCES

In June 2006, Europeans had the highest median hourly earnings for wage and salary earners at $17.74 an hour. This was $2.59 and $2.18 an hour higher than the earnings of Māori and the Other ethnic group respectively. Median hourly earnings were lowest for Pacific peoples ($14.50 an hour).

Over the nine years to June 2006, increases in inflation-adjusted median hourly earnings from wage and salary jobs were highest for Māori and Pacific peoples (both 15 percent), followed by Europeans (13 percent). Employees from the Other ethnic group experienced the lowest increase in real median hourly earnings from wage and salary jobs (4 percent).

REGIONAL DIFFERENCES

In 2006, workers in Wellington had substantially higher earnings than those in other regions. The median hourly wage for wage and salary earners was $18.75 in Wellington, $17.90 in Auckland, and $16.67 in Canterbury and Southland. Median hourly wages were lowest in Northland and Manawatu-Wanganui (both $15). Over the period 1998–2006, real median hourly wages increased most in Canterbury and Nelson/Tasman/Marlborough/West Coast. All regions experienced positive growth in real hourly wages over the period.

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.

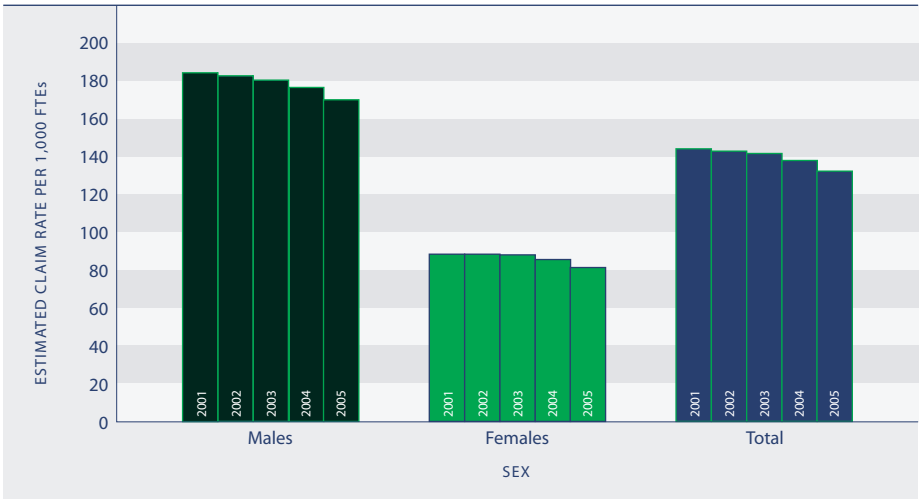
RELEVANCE

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 2005 calendar year shows 242,600 work-related injury claims had been reported to the ACC by 31 March 2006. This represents a rate of 132 claims per 1,000 full-time equivalent employees (FTEs), lower than the rate in the previous year (138 per 1,000 FTEs). The majority of claims were for medical treatment only (ie not including weekly compensation). Eighty-three percent of the claims were for employees, and people who employed others in their own business. The other 17 percent were for the self-employed who did not employ others in their business. The injury claim rate for self-employed not employing others was much higher than for the rest of the workforce (203 per 1,000 FTEs compared with 123 per 1,000 FTEs).

Figure PW4.1 **Estimated claim rate per 1,000 FTEs, by sex, 2001–2005**



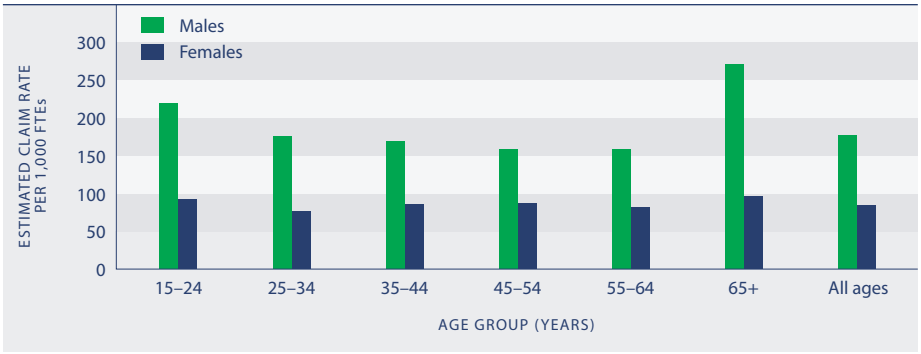
Source: Statistics New Zealand (2006a)
Note: 2005 data is provisional and subject to change

Injury claims reported by March 2006 for the year ended December 2005 included 86 work-related fatalities, 8 fewer than the 94 reported in 2003.[51] This is likely to be an underestimation of the final number of fatalities, because some workers may have died later from injuries in the period, and not all fatal work-related accidents result in a claim to the ACC. In 2005, construction and agriculture each accounted for 23 percent of work-related fatalities, followed by manufacturing (19 percent) and transport and storage (16 percent).

AGE AND SEX DIFFERENCES

Males are more than twice as likely as females to suffer workplace injuries involving a claim to the ACC (170 per 1,000 FTEs for males compared with 81 per 1,000 FTEs for females). This reflects in part a male predominance in relatively dangerous occupations (eg elementary occupations and plant and machine operating and assembly occupations, where the injury claim rates are 287 and 245 per 1,000 FTEs, respectively). The highest rate for males was for those aged 65 years and over followed by those aged under 25 years. Age differences in the injury claim rate for females were less pronounced.

Figure PW4.2 **Estimated claim rate per 1,000 FTEs, by age and sex, 2005**



Source: Statistics New Zealand (2006a)
Note: 2005 data is provisional and subject to change

ETHNIC DIFFERENCES

Workplace injury claim rates are higher for Māori (182 per 1,000 FTEs) than for other ethnic groups. In 2005, the next highest rate was for Pacific peoples (158 per 1,000 FTEs), followed by Europeans (119 per 1,000 FTEs). The Other ethnic group has the lowest accident claim rate (114 per 1,000 FTEs).

Table PW4.1 **Workplace injury claims, by ethnicity, 2005**

Ethnic group	Number of claims	Rate per 1,000 FTEs
European	169,300	119
Māori	30,700	182
Pacific peoples	12,700	158
Other	18,800	114
Total	**242,600**	**132**

Source: Statistics New Zealand (2006a)
Notes: (1) Data is provisional (2) Other includes Asian (3) Total includes ethnicity not specified

REGIONAL DIFFERENCES

The highest work-related injury claim rates were in the Bay of Plenty and Gisborne/Hawke's Bay, with rates of 197 and 180 claims per 1,000 FTEs, respectively. Wellington had the lowest rate of 74 claims per 1,000 FTEs (the only region with an incidence rate below 100).

INDUSTRY DIFFERENCES

Injury claim rates are highest in the primary industries of mining (198 claims per 1,000 FTEs), and in agriculture, forestry and fishing (190 per 1,000 FTEs). However, there are also relatively high rates in manufacturing (169 per 1,000 FTEs) and in construction (167 per 1,000 FTEs), which together employ about a quarter of all FTEs. The lowest injury claim rate is for people working in finance and insurance (22 per 1,000 FTEs).

Satisfaction with work-life balance

DEFINITION

The proportion of employed people who are "satisfied" or "very satisfied" with their work-life balance, as reported in the Quality of Life Survey 2006.

RELEVANCE

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

CURRENT LEVEL

Results from the Quality of Life Survey 2006 show most employed New Zealanders (75 percent) are satisfied or very satisfied with their work-life balance. People in part-time employment (83 percent) are more likely to be satisfied or very satisfied with their work-life balance than people in full-time employment (71 percent).

Figure PW5.1 **Satisfaction with work-life balance, by employment status, 2006**

Source: Quality of Life Survey 2006

AGE DIFFERENCES

Those least likely to be satisfied with their work-life balance in 2006 were employed people aged 25–49 years (71 percent). Those aged 65 years and over (84 percent) were the most satisfied age group.

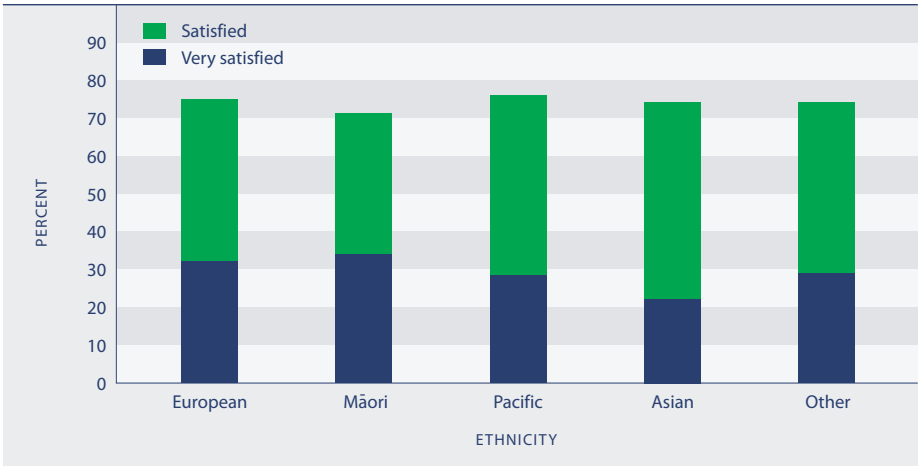
SEX DIFFERENCES

Employed females (74 percent) have similar rates of satisfaction with work-life balance to employed males (76 percent). Among full-time workers, however, males (74 percent) are more likely to be satisfied or very satisfied with their work-life balance than females (67 percent). Work-life balance satisfaction rates are highest for both male and female part-time workers (both 83 percent).

ETHNIC DIFFERENCES

Employed people in the different ethnic groups have similar rates of work-life balance satisfaction. For employed Pacific peoples the rate was 76 percent in 2006, for Europeans 75 percent and the Asian and Other ethnic groups both had work-life balance satisfaction rates of 74 percent. Employed Māori had the lowest rate of satisfaction with work-life balance (71 percent).

Figure PW5.2 **Satisfaction with work-life balance, employed people, by ethnic group, 2006**

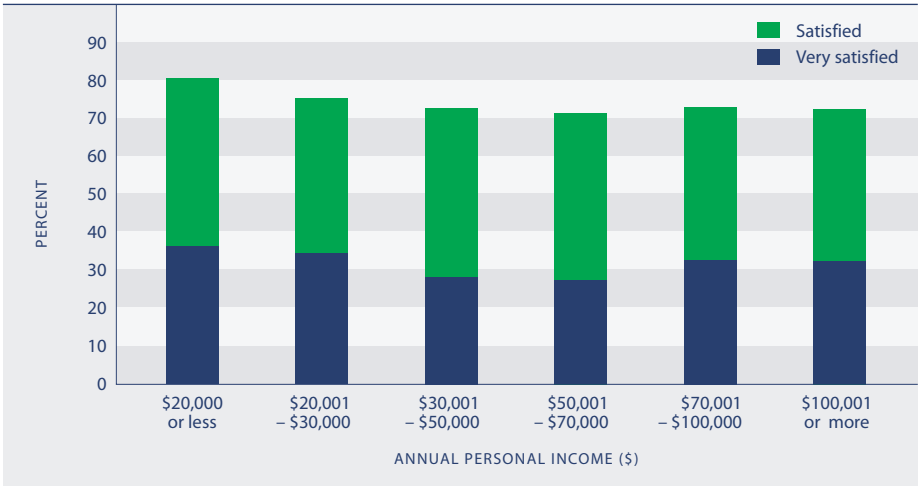


Source: Quality of Life Survey 2006

SOCIO-ECONOMIC DIFFERENCES

Employed New Zealanders whose personal incomes are $20,000 or less are the most likely to be satisfied overall with their balance of work and life (80 percent). This group includes many women who work part-time.

Figure PW5.3 **Satisfaction with work-life balance, employed people, by personal income, 2006**



Source: Quality of Life Survey 2006

REGIONAL DIFFERENCES

Satisfaction with work-life balance among employed people varies across cities. Those people with the highest levels of satisfaction live in Porirua and Auckland (both 77 percent). Manukau City and North Shore recorded the lowest levels of satisfaction (both 69 percent).

DESIRED OUTCOMES

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

Economic Standard of Living

INTRODUCTION

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

Basic necessities such as adequate food, clothing and housing are fundamental to wellbeing. The 1972 Royal Commission on Social Security agreed that a useful standard for adequacy was a level of resources that allowed individuals not just to survive but also to participate. They defined participation as meaning "no-one is ... so poor that they cannot eat the sort of food that New Zealanders usually eat, wear the same sort of clothes, [and] take a moderate part in those activities which the ordinary New Zealander takes part in as a matter of course".[52]

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

INDICATORS

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

The focus is largely on objective measures of economic living standards. 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.

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

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

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

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

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

Market income per person

DEFINITION

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

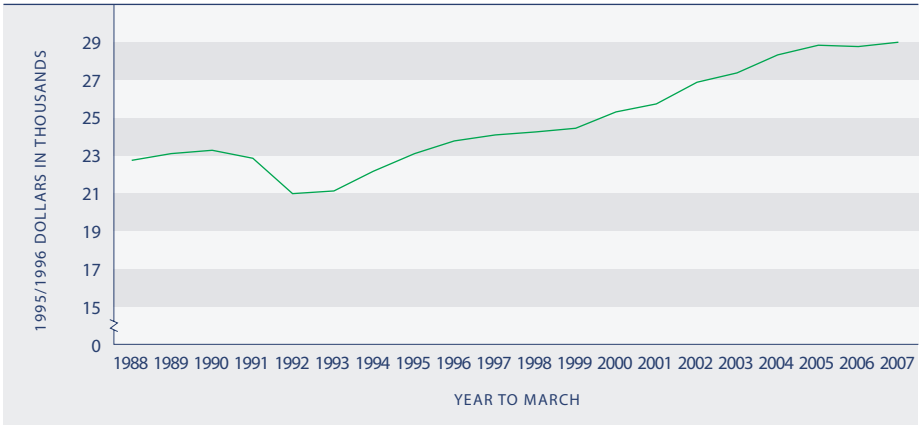
RELEVANCE

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

CURRENT LEVEL AND TRENDS

In the year to March 2007, RGNDI per person was $29,037 in constant 1995/1996 dollars. This was marginally above the previous year's income ($28,794 per person). Slower economic growth combined with an increase in net borrowing from overseas by New Zealanders contributed to this result, along with population growth. RGNDI grew slowly from $22,747 in 1988 to $23,288 in 1990 and fell sharply to a low of $20,943 in 1992. From 1992, growth in RGNDI per person was variable but uninterrupted until the year to March 2006, when it levelled off. The average annual growth rate over the whole period from 1988 to 2007 was 1.3 percent.

Figure EC1.1 **Real gross national disposable income per capita, 1988–2007**



Source: Statistics New Zealand

INTERNATIONAL COMPARISON

While gross domestic product (GDP) per capita is the measure most commonly used to compare income levels between countries, gross national income (GNI) per capita more closely corresponds to the measure used in this indicator. To facilitate comparison, both measures are expressed in US dollars at current prices and current purchasing power parities (PPPs). By either measure, New Zealand was ranked 22nd out of 30 OECD countries in 2005, the same ranking as in the previous five years.[53] Using GDP per capita, New Zealand was the 18th most prosperous out of 26 countries in 1986 and the ninth most prosperous in 1970. Using GNI per capita, the rankings for New Zealand were 19th in 1986 and eighth in 1970.

Between 1986 and 2005, real GDP per person (using US dollars and PPPs for the year 2000), grew by 27 percent in New Zealand compared with an OECD average of 43 percent.

ECONOMIC VALUE OF UNPAID WORK

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

Income inequality

DEFINITION

The extent of disparity between high and low incomes.

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

RELEVANCE

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

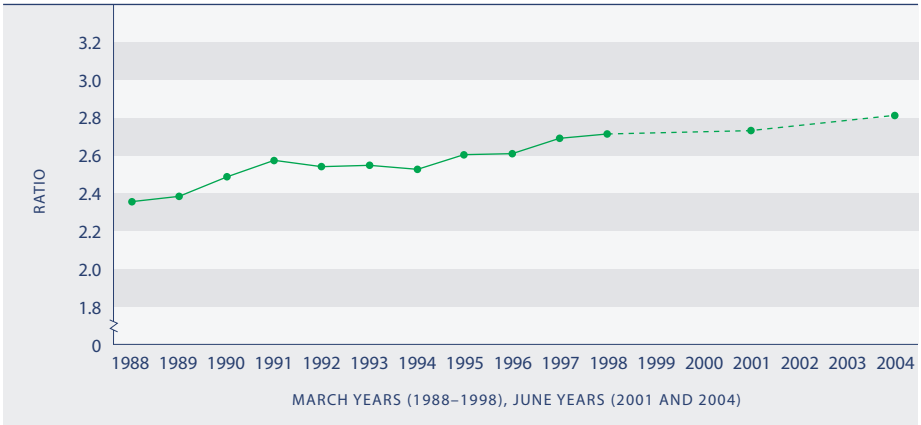
CURRENT LEVEL AND TRENDS

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

Most of the observed increase in income inequality was due to a larger overall rise in incomes for those in the top 20 percent of incomes than for those in the bottom 20 percent of incomes. Between 1988 and 2004, incomes of those in the bottom 20 percent of all incomes increased only a little, once adjustments for inflation are made, whereas those in the top 20 percent of incomes climbed by more than a third. Incomes for the middle 60 percent climbed more overall for those closer to the top 20 percent than for those closer to the bottom 20 percent.

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

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



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

INTERNATIONAL COMPARISON

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

Population with low incomes

DEFINITION

The proportion of the population in households with equivalent disposable income net-of-housing-cost below two thresholds.

Incomes are after-tax (disposable) and after deducting housing costs, and the incomes are adjusted for household size and composition. The thresholds are set at 50 percent and 60 percent of the 1998 household disposable income median, with 25 percent deducted to allow for average housing costs. The thresholds are adjusted for inflation to keep them fixed in real terms.

RELEVANCE

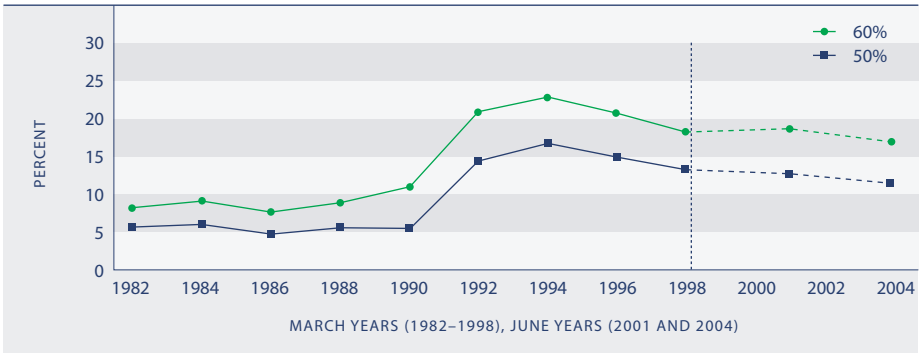
Insufficient economic resources limit people's capability to participate in and belong to their community and wider society and otherwise restrict their quality of life. Furthermore, long-lasting low family income in childhood is associated with negative outcomes, such as lower educational attainment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

CURRENT LEVEL AND TRENDS

In the year to June 2004, 17 percent of the population was living below the 60 percent threshold, down from 19 percent in the previous survey year to June 2001. The proportion of the population with low incomes rose sharply from 1990, reached a peak in the mid-1990s and has been declining generally since then. However, in 2004, the proportion was still substantially above what it had been in the 1980s.

The increase in the proportion of the population with low incomes through the early 1990s is attributable to declining household incomes arising from high rates of unemployment and reduced levels of social assistance. The improvement in this measure since the mid-1990s reflects more robust economic (and income) growth, the steady decline in unemployment and the increase in housing assistance for those at the low end of the income distribution. Rates remain higher in 2004 than in the 1980s in part because housing costs for low-income households rose significantly as a proportion of their household incomes over that period.

Figure EC3.1 **Proportion of population with net-of-housing-cost household incomes below thresholds, 1982–1998, 2001 and 2004**



Source: Derived from Statistics New Zealand's Household Economic Survey (1982–2004), by the Ministry of Social Development

AGE AND SEX DIFFERENCES

In 2001 and 2004, there is a clear decrease across age groups in the proportion below the 60 percent threshold. The relatively low rates for older New Zealanders reflect the high rate of mortgage-free home ownership for this group. The relative position of the 18–24 years age group deteriorated in the first half of the 1990s and had not recovered by 2004.

In 2004, 23 percent of dependent children were in households with incomes below the 60 percent line, a decline from 29 percent in 2001. The 2004 rate was

substantially below the peak of 35 percent in 1994, but was still above the levels of the mid-1980s (11 percent).

Rates for females aged 15 years and over have been a little higher than for males, although the gap closed in 2004.

Table EC3.1 **Proportions (%) in low-income households (60 percent threshold), by age and sex, selected years, 1986–2004**

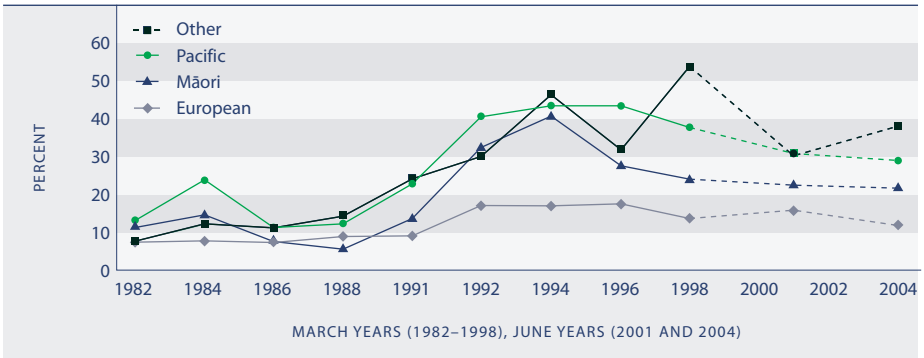
Year	Children	18–24	25–44	45–64	65+	Males 15 +	Females 15+	Total
1986	11	5	8	5	4	5	7	8
1990	16	8	12	6	6	8	9	11
1994	35	20	23	15	8	17	20	23
1998	28	16	18	12	9	13	16	18
2001	29	21	18	14	7	14	17	19
2004	23	22	17	13	7	15	15	17

Source: Derived from Statistics New Zealand's Household Economic Survey (1986–2004), by the Ministry of Social Development

ETHNIC DIFFERENCES

Proportions below the 60 percent threshold fell from 1994 to 2004 for all ethnic groups (Māori, Pacific peoples, European and Other), with Māori recording the largest proportional fall of close to 50 percent. In 2004, those of Pacific and Other ethnicity had the highest proportions under the threshold (29 percent and 38 percent respectively), and Europeans the lowest (12 percent). Māori rates fell between the two (22 percent).

Figure EC3.2 **Proportion of the population with net-of-housing-cost household incomes below the 60 percent threshold, by ethnic group, 1982–1998, 2001 and 2004**



Source: Derived from Statistics New Zealand's Household Economic Survey (1982–2004), by the Ministry of Social Development

HOUSEHOLD AND FAMILY TYPE DIFFERENCES

Since the mid-1990s, the proportion of people in sole-parent families below the 60 percent threshold has been two to three times that of those in two-parent families (42 percent and 16 percent respectively in 2004). Households with three or more children have a higher proportion under the 60 percent threshold than those with only one or two children (28 percent and 16 percent respectively in 2004). There has been a substantial rise in the proportion of those under 65 years in one-person households who are below the threshold. The rate rose to 30 percent in the early 1990s and it remained relatively high (27 percent) in 2004.

INTERNATIONAL COMPARISON

Based on the measure used by the OECD – 50 percent of median equivalent disposable household income and not taking housing costs into account – 9.8 percent of New Zealanders in 2000 were living in households with incomes below the low-income threshold.[57] This figure places New Zealand in the middle of the OECD ranking, with a rate similar to Canada (10.3 percent), slightly below Australia (11.2 percent) and the United Kingdom (11.4 percent), and well below the United States (17.0 percent). Denmark has the lowest proportion with low incomes (4.3 percent). By 2004, the New Zealand rate was 10.8 percent.

Housing affordability

DEFINITION

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

RELEVANCE

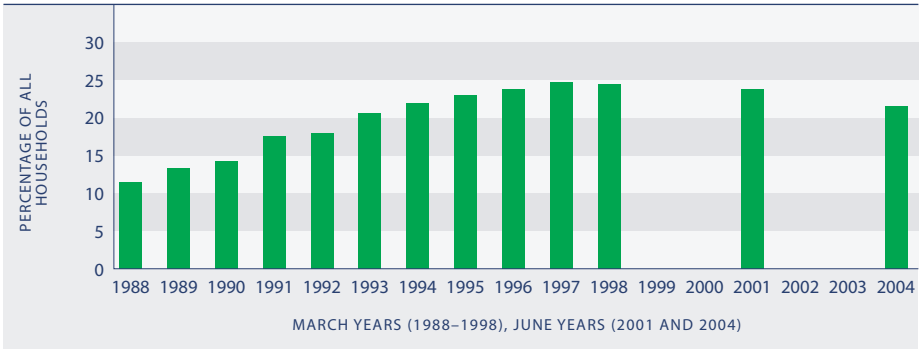
Affordable housing is an important factor in people's wellbeing. For lower-income households especially, high housing costs relative to income are often associated with severe financial difficulty, and can leave households with insufficient income to meet other basic needs such as food, clothing, transport,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

CURRENT LEVEL AND TRENDS

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

Since the late-1980s, there has been a substantial increase in the proportion of households spending more than 30 percent of their income on housing. Between 1988 and 1997, the proportion rose from 11 percent to 25 percent of households, before levelling off at 24 percent in 1998 and 2001.

Figure EC4.1 **Proportion of households with housing cost outgoings-to-income ratio greater than 30 percent, 1988–1998, 2001 and 2004**



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

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

AGE AND SEX DIFFERENCES

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

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

Table EC4.1 **Proportion (%) of the population in households with housing cost outgoings-to-income ratio greater than 30 percent, selected years, 1988–2004**

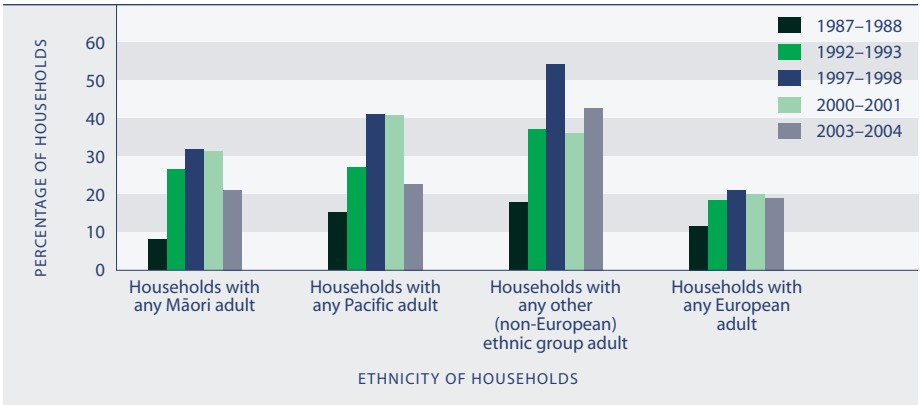
	1987–1988	1992–1993	1997–1998	2000–2001	2003–2004
Total population	**10.6**	**20.6**	**24.9**	**23.6**	**21.4**
Population aged 15 and over	9.9	19.0	21.9	20.9	19.7
Males aged 15 and over	10.3	18.8	21.0	19.9	20.0
Females aged 15 and over	9.5	19.3	22.7	21.9	19.5
Age groups					
Under 18 years	11.9	27.1	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 with at least one non-European adult. For households with at least one Māori adult, the proportion increased from 8 percent in 1988 to peak at 36 percent in 1997, fell slightly to 31 percent in 2001, then dropped sharply to 21 percent in 2004. For those households with at least one Pacific adult, the changes have been more dramatic, the proportion increasing from 15 percent in 1988 to 48 percent in 1997, falling to 41 percent in 1998 and 2001, then almost halving to 23 percent in 2004. Only non-European households other than Māori and Pacific households showed an increase in the proportion with housing costs greater than 30 percent between 2001 and 2004 (from 36 percent to 42 percent of households). This may reflect, in part, the changing composition of a group that has many new migrants.

Figure EC4.2 **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
Note: Data is for March years in 1988, 1993 and 1998 and June years in 2001 and 2004

Household crowding

DEFINITION

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

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

RELEVANCE

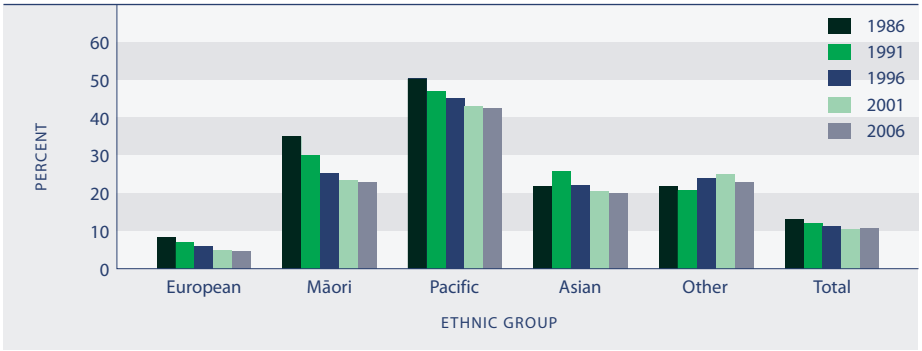
Housing space adequate to the needs and desires of a family is a core component of quality of life. National and international studies show an association between the prevalence of certain infectious diseases and crowding[59] as well as between crowding and poor educational attainment. Crowding can also contribute to psychological stress for people in the households concerned.

CURRENT LEVEL AND TRENDS

In 2006, 389,600 people, or 10 percent of the New Zealand resident population, lived in households requiring one or more additional bedrooms to adequately accommodate household members, based on the criteria in the Canadian Crowding Index (see Appendix 2). This was similar to the level of crowding in 2001. The proportion of people in crowded households has reduced since 1986, when 13 percent of the population were living in crowded conditions (392,700 people).

The Canadian Crowding Index also shows how many people live in houses where two or more bedrooms are required. In 2006, there were 131,100 people or 3.5 percent of the usually resident population in this situation, compared to 118,700 people (3.9 percent) in 1986.

Figure EC5.1 **Proportion of population living in households requiring at least one additional bedroom, by ethnic group, 1986–2006**[60]



Source: Statistics New Zealand

AGE AND SEX DIFFERENCES

Household crowding is more likely to be experienced by younger people than by older people. In 2006, 17 percent of children under the age of 10 years lived in households requiring at least one more bedroom, compared to 15 percent of 10–14 year olds. Among all adults aged 15 years and over, 9 percent lived in crowded households but this ranged from 17 percent of 15–24 year olds, to 10 percent of 25–44 year olds, 5 percent of 45–64 year olds and just 3 percent of those aged 65 years and over.

Between 1986 and 2006 there was little change in the proportion of children under the age of 15 years living in crowded households, defined either as needing one

or more additional bedrooms (17 percent in both years) or as needing at least two more bedrooms (just over 5 percent in 1986 and just under 6 percent in 2006).

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 2006, 43 percent of Pacific peoples lived in households requiring extra bedrooms. Māori and those in the Other ethnic group were the next most likely, with 23 percent of each group requiring at least one extra bedroom, followed by Asians (20 percent). Partly reflecting their older age profile, only 4 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 1986 and 2006 (from 22 to 23 percent). One possible explanation for this trend is that recent migrants, common in this ethnic group, are more likely to live in crowded households.[61]

The largest group of those living in households requiring at least one extra bedroom were those who identified as European (32 percent), followed by Māori (30 percent), Pacific peoples (27 percent), Asian (17 percent) and the Other ethnic group (just 2 percent).[62] Of those living in more severe crowding situations (households requiring two or more bedrooms), Pacific peoples and Māori made up the largest groups (37 percent and 32 percent, respectively).

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

SOCIO-ECONOMIC DIFFERENCES

Unemployed people are more likely to be living in crowded households than those with full-time jobs (20 percent and 7 percent, respectively). Seventeen percent of people who receive income support were living in crowded households in 2006, up slightly from 16 percent in 2001.[63]

There is a clear correlation between levels of income and levels of crowding: in 2006, 5 percent of households in the bottom quartile of equivalised household income required one or more bedrooms, compared with less than 1 percent of those in the top income quartile.

Households in rental accommodation were more likely to be crowded (10 percent) than those in dwellings owned with a mortgage (4 percent) or mortgage-free (2 percent).

REGIONAL DIFFERENCES

Household crowding varies considerably across the country. Manukau City has by far the highest level of household crowding, with 14 percent of households requiring one or more extra bedrooms in 2006. The next highest levels were in Opotiki District where 10 percent required at least one more bedroom, followed by Auckland City, Porirua City and Kawerau District (all 9 percent). In all of the South Island local authorities, levels of household crowding were lower than average.

DESIRED OUTCOMES

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

Civil and Political Rights

INTRODUCTION

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

Civil and political rights fall into two broad categories. The first requires that people are protected from interference or abuse of power by others. The second requires that society is organised in a way that enables all people to develop to their full potential.[64]

Rights are defined in various international treaties and in domestic legislation. The New Zealand Bill of Rights Act 1990 sets out many of the 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 the things they value. This is only possible if people can exercise the many rights referred to above.[65] 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.[66] The court system is independent and courts can enforce the rights affirmed in the New Zealand Bill of Rights Act 1990, although there is no power to strike down legislation inconsistent with the Act. Other institutions exist to protect people from government power (examples include the Privacy Commissioner and the Ombudsmen) or to help people resolve issues of unlawful discrimination (such as the Human Rights Commission and the Human Rights Review Tribunal). New Zealand regularly reports to the United Nations on its record of protecting rights.

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

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

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

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

Equality before the law and freedom from unlawful discrimination are fundamental principles of democratic societies. According to the Human Rights Commission, discrimination occurs when a person is treated differently from another person in the same or similar circumstances, although not all forms of discrimination are unlawful.[67] Measuring the extent to which New Zealanders actually experience discrimination is problematic. Research suggests a significant proportion of people who experience discrimination will not make a complaint.[68] Perceived discrimination is a subjective measure of people's views about the level of discrimination against different groups in New Zealand society.

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

Voter turnout

DEFINITION

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

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

RELEVANCE

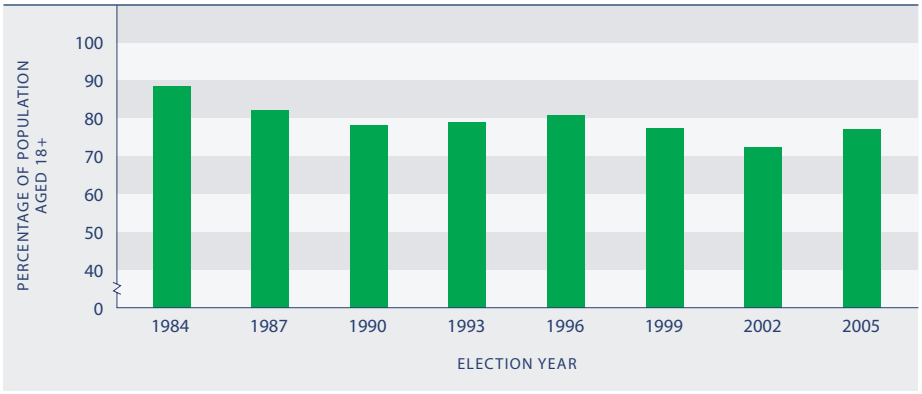
Voter turnout rates are an indicator of the extent to which citizens participate in the political process, and the confidence the population has in, and the importance they attach to, political institutions.

CURRENT LEVEL AND TRENDS

1. General elections

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

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



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

AGE, SEX, ETHNIC AND SOCIO-ECONOMIC DIFFERENCES

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

REGIONAL DIFFERENCES

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

INTERNATIONAL COMPARISON

Using a different definition of voter turnout (the proportion of the registered population who voted), New Zealand was ranked eighth out of 30 OECD countries with a voter turnout rate of 81 percent in 2005.[69] The New Zealand rate was higher than the OECD median of 71 percent for recent elections, but lower than that of Australia, where voting is compulsory (92 percent in 2004). Countries with lower voter turnout rates than New Zealand included Canada (65 percent in 2006), the United Kingdom (62 percent in 2005), and the United States (60 percent in 2004).

CURRENT LEVEL AND TRENDS

2. Local authority elections

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

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

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

Table CP1.1 **Voter turnout (%) in local authority elections, 1989–2004**

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

Source: Department of Internal Affairs (2006) Table 3.3
Note : DHBs were established in 2001

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

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

Representation of women in government

DEFINITION

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

RELEVANCE

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

CURRENT LEVEL AND TRENDS

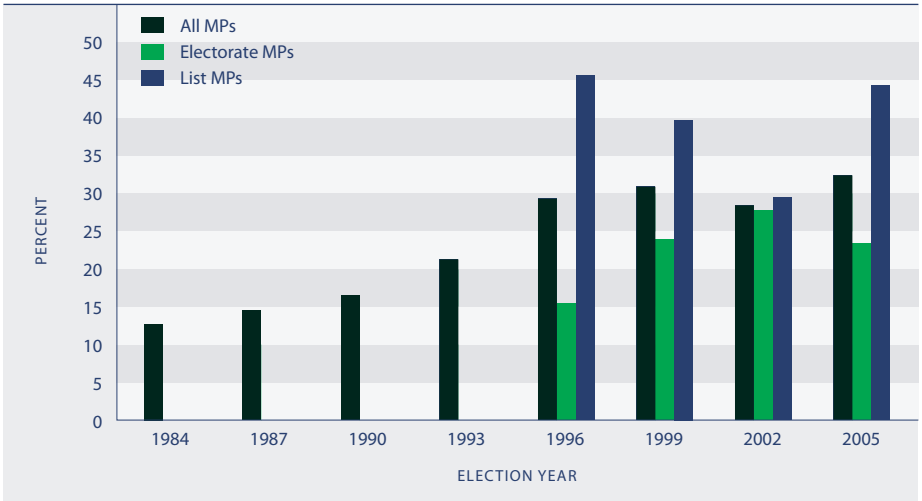
1. General elections

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

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

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

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



Sources: Electoral Commission (2002) p176; Electoral Commission (2006)

INTERNATIONAL COMPARISON

At 32 percent in 2005, the percentage of women in New Zealand's Parliament is considerably higher than the OECD median of 22 percent in recent years.[70] New Zealand ranks 9th equal out of 30 OECD nations. Sweden has the highest proportion of women MPs with 47 percent, followed by Finland (42 percent), Norway (38 percent), Denmark and the Netherlands (each 37 percent), and Spain (36 percent). Australia (25 percent), Canada (21 percent), the United Kingdom (20 percent) and the United States (16 percent) all have much lower female representation in national government than New Zealand.

CURRENT LEVEL AND TRENDS

2. Local authority elections

In the 2004 local government elections, 566 women were elected to local authorities.[71] This represented 30 percent of elected members. The proportion of women elected increased from 25 percent in 1989 to 31 percent in 1998 and remained at around that level in the two subsequent elections. In the 1980s, women were more highly represented in local government than in national government, but this was reversed in the 2005 general election.

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

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

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

Table CP2.1 **Proportion (%) of members who were women, by type of local body, 1989–2004**

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

Source: Department of Internal Affairs (2006) Table 6.4
Note: District councils 2001 revised by Department of Internal Affairs

Table CP2.2 **Women mayors, 1989–2004**

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

Source: Department of Internal Affairs (2006) Table 6.5
Notes: (1) There was no election in Rodney District in 2001 (2) Tauranga became a city council in 2004

Perceived discrimination

DEFINITION

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

RELEVANCE

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

CURRENT LEVEL AND TRENDS

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

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

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

Source: Human Rights Commission (2006)

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

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

Perceived corruption

DEFINITION

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

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

RELEVANCE

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

CURRENT LEVEL AND TRENDS

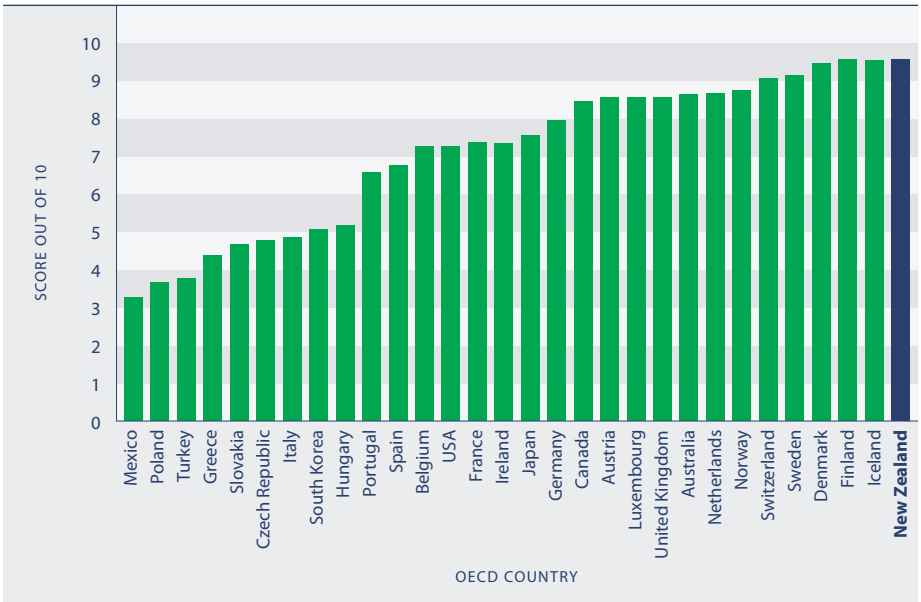
New Zealand's score in the Corruption Perceptions Index 2006 was 9.6, the same score as in 2004 and 2005. Since the index was first developed in 1995, New Zealand has consistently scored well, with more than 9 out of a possible 10 in each period reported.

INTERNATIONAL COMPARISON

In the Corruption Perceptions Index 2006, New Zealand was ranked first equal with Finland and Iceland as the least corrupt nations in the OECD. Since 1995, New Zealand has consistently been among the top four OECD nations perceived as highly clean.

New Zealand scored higher in the perceived corruption index than Australia (eighth equal, 8.7), the United Kingdom (10th equal, 8.6), Canada (13th, 8.5) and the United States (18th equal, 7.3).

Figure CP4.1 **Corruption Perceptions Index scores (0=highly corrupt, 10=highly clean), OECD countries, 2006**



Source: Transparency International (2006)

DESIRED OUTCOMES

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

Cultural Identity

INTRODUCTION

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

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

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

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

Cultural identity is an important contributor to people's wellbeing. Identifying with a particular culture makes people feel they belong and gives them a sense of security. It also provides access to social networks, which provide support and shared values and aspirations. Social networks can help to break down barriers and build a sense of trust between people – a phenomenon sometimes referred to as social capital. However, strong cultural identity expressed in the wrong way can contribute to barriers between groups. An established cultural identity has also been linked with positive outcomes in areas such as health and education.[72]

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

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

INDICATORS

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

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

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

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

The final indicator, the proportion of people who can speak 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.

Local content is generally defined as material that is both predominantly made in New Zealand and reflective of New Zealand's identity and culture. In 2005, the indicator included for the first time information from Māori Television and Prime Television, in addition to the core channels of TV One, TV2 and TV3. In 2006, it included information from C4 for the first time.

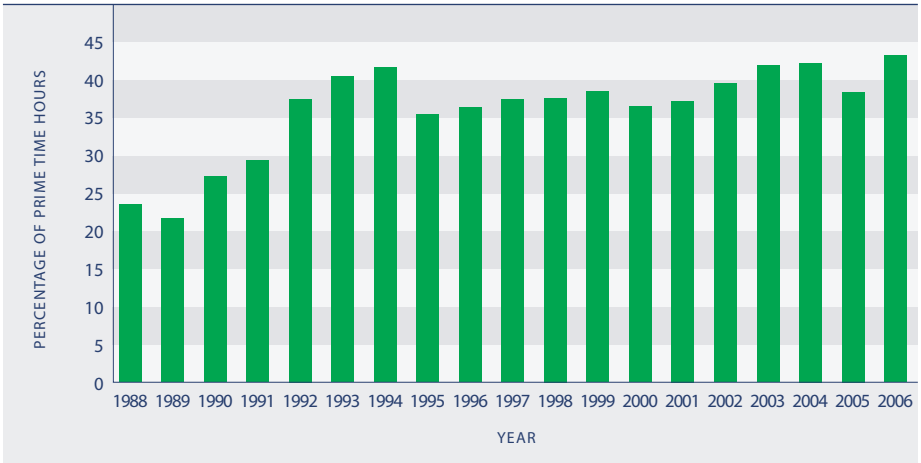
RELEVANCE

Television is the dominant cultural medium for most New Zealanders. The 1998/1999 Time Use Survey indicated that New Zealanders spend almost two hours a day watching television or videos.[73] Ninety-eight percent of New Zealand households have at least one television set.[74] 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 2006, local content on six national free-to-air television channels made up 43 percent of the prime-time schedule – higher than at any time over the period from 1988 to 2006. The proportion of local content on the three main free-to-air channels rose from 24 percent in 1988 to a peak of 42 percent in 1994, before dropping to 35 percent in 1995. It reached 42 percent again in 2003 and 2004. The fall to 38 percent in 2005 was mainly attributable to the inclusion of Prime Television which had a low level of local content. The subsequent addition of more local sport to Prime's schedule and to those of other free-to-air channels, along with the inclusion of C4's local entertainment programming, have been important factors behind the measured increase of local content programming in 2006.

Figure CI1.1 **Proportion of local content on prime-time television, 1988–2006**



Source: NZ On Air
Notes: (1) Up to 2004, the figures are for prime-time (6pm-10pm) local content on TV One, TV2 and TV3 only (2) 2005 includes Prime Television and Māori Television (Māori Television figure derived by the Ministry of Social Development) (3) 2006 includes C4

The percentage of local content in prime-time transmission hours in 2006 differs across the channels: TV One 60 percent, TV2 22 percent, TV3 42 percent, Prime 15 percent, Māori 62 percent, and C4 58 percent.

Four programme types accounted for over three-quarters of the local content hours in 2006: news and current affairs (27 percent), sports and entertainment (both 17 percent) and information programmes (15 percent). The figures for 2005 and 2006 include data from new channels. This must be taken into account when comparing recent results with earlier years.

Table CI1.1 **Percentage share of total hours of local content by programme type, selected years, 1988–2006**

Programme type	1988	1990	1995	2000	2001	2002	2003	2004	2005	2006
News, current affairs	26	23	21	30	33	29	32	34	31	27
Information	10	5	8	17	21	18	19	17	15	15
Sports	24	39	31	20	13	18	14	14	11	17
Entertainment	14	12	9	7	9	10	8	9	13	17
Children's	15	13	15	10	8	8	10	8	8	8
Drama/comedy	2	1	7	6	6	6	6	6	5	6
Māori	6	3	3	6	6	5	6	6	9	4
Documentaries	2	3	5	4	4	5	5	6	7	6
Total New Zealand content hours	**2,112**	**4,249**	**5,018**	**6,185**	**6,190**	**7,201**	**6,526**	**6,423**	**9,306**	**10,255**

Source: NZ On Air

Notes: (1) Information on types of local programmes in prime-time hours was not published before 2005 (2) These figures relate to a 24-hour period up to 2002; from 2003 onwards, figures relate to 18 hours (6am to midnight) (3) Up to 2004, the figures are for TV One, TV2 and TV3 only; 2005 includes Prime Television and Māori Television (Māori Television figure derived by the Ministry of Social Development); 2006 includes C4

INTERNATIONAL COMPARISON

International comparisons are difficult due to inconsistencies in measurement approaches by different countries. However, in 1999, local content accounted for 24 percent of total transmission time in New Zealand, a smaller proportion than in 10 other surveyed countries. This was compared to the United States (90 percent), the United Kingdom (BBC only, 78 percent), Canada (60 percent), Norway (56 percent), Finland (55 percent), Australia (which mandates a local content transmission quota of 55 percent on all free-to-air commercial networks) and Ireland (RTE only, 41 percent).[75] Note this is a measure of total air-time programming, rather than prime-time programming, which is the measure this indicator is based on.

Māori language speakers

DEFINITION

The number of Māori who reported in the five-yearly population census they could hold a conversation about everyday things in the Māori language (te reo Māori), as a proportion of the Māori population.[76]

RELEVANCE

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

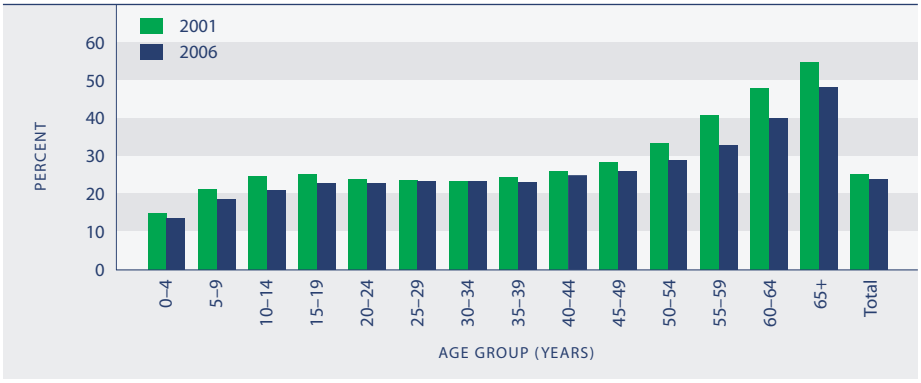
CURRENT LEVEL AND TRENDS

Almost one-quarter of all Māori (24 percent, or 131,600 people) reported in the 2006 Census they could hold a conversation in Māori about everyday things. Of the 157,100 people (or 4 percent of the total New Zealand population) who could speak Māori in 2006, 84 percent were Māori.

The proportion of Māori who were fluent Māori speakers declined markedly over the last century, particularly following the rapid urbanisation of the Māori population in the 1950s and 1960s. The first national Māori language survey in 1973 estimated the proportion of fluent speakers had fallen to 18 percent. By the 1996 Census, the proportion of Māori who could hold a conversation in te reo Māori had risen to 25 percent and was still at that level in 2001. Although around 1,100 more Māori could speak Māori in 2006 than in 2001, the Māori population had grown by a greater number (39,000 people) and so the proportion of Māori language speakers recorded in the census declined slightly, from 25 percent in 2001 to 24 percent in 2006.

Information is also available from the two surveys on the health of the Māori language, conducted in 2001 and 2006. These show that the proportion of Māori aged 15 years and over with some level of speaking proficiency increased from 42 percent in 2001 to 51 percent in 2006. The increase was greatest at the higher proficiency levels, particularly among younger adults. In 2006, 14 percent of all Māori adults could speak Māori "well" or "very well", up from 9 percent in 2001. The proportion of younger adults (those aged 15–24 years and 25–34 years) with a high proficiency more than doubled. The data is not directly comparable with census data because of differences in the way the information is collected and because the survey is designed to measure proficiency in te reo, rather than simply asking whether people can converse in the language.[77]

Figure CI2.1 **Proportion of Māori speakers in the Māori population, by age, 2001 and 2006**



Source: Statistics New Zealand, 2001 and 2006 Censuses

AGE DIFFERENCES

Older Māori are considerably more likely than younger Māori to be able to converse about everyday things in Māori. In the 2006 Census, almost half (49 percent) of Māori aged 65 years and over and more than one-third (36 percent) of Māori aged 55–64 years reported being able to converse in the Māori language, compared with less than one-fifth (18 percent) of Māori aged under 15 years.

The decline of te reo speakers recorded in the census between 2001 and 2006 occurred among young and older Māori but was most pronounced at ages 55–64 years.

Table CI2.1 **Proportion (%) of Māori speakers in the Māori population, by age group and sex, 2001 and 2006**

	Under 15	15–24	25–44	45–54	55–64	65+	Total
Males							
2001	18.9	22.9	24.5	31.7	45.2	55.3	24.6
2006	17.2	21.5	23.7	28.0	37.8	49.6	23.1
Females							
2001	21.2	26.0	23.7	29.2	42.5	53.5	25.7
2006	18.9	24.5	24.0	27.1	34.3	47.9	24.4
Total							
2001	**20.0**	**24.5**	**24.1**	**30.4**	**43.8**	**54.3**	**25.2**
2006	**18.1**	**23.0**	**23.9**	**27.5**	**36.0**	**48.7**	**23.7**

Source: Statistics New Zealand, 2001 and 2006 Censuses

SEX DIFFERENCES

Sex differences in the proportion of Māori language speakers among Māori were also apparent, with females being slightly more likely to be able to converse in Māori than males. However, the difference varied by age. From age 45 years onwards, Māori males were more likely than Māori females to speak Māori. For those younger than 25 years, a higher proportion of females than males could speak Māori.

ETHNIC DIFFERENCES

After Māori, Pacific peoples had the highest proportion who could speak Māori (4 percent), followed by Europeans (1.6 percent), the Other ethnic group (1.1 percent) and Asians (0.5 percent).[78] In contrast to Māori, the ability to speak te reo Māori was higher at younger ages than at older ages in these ethnic groups.

REGIONAL DIFFERENCES

Māori who live in areas with a high proportion of Māori residents are the most likely to be Māori language speakers. In 2006, the regions with the highest proportions of people with conversational Māori skills were Gisborne (32 percent), the Bay of Plenty (31 percent), Northland (28 percent), and Waikato and Hawke's Bay (each 26 percent).

Language retention

DEFINITION

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, as opposed to the first language of a person. Sign language is not treated as a first language for the purposes of this indicator.

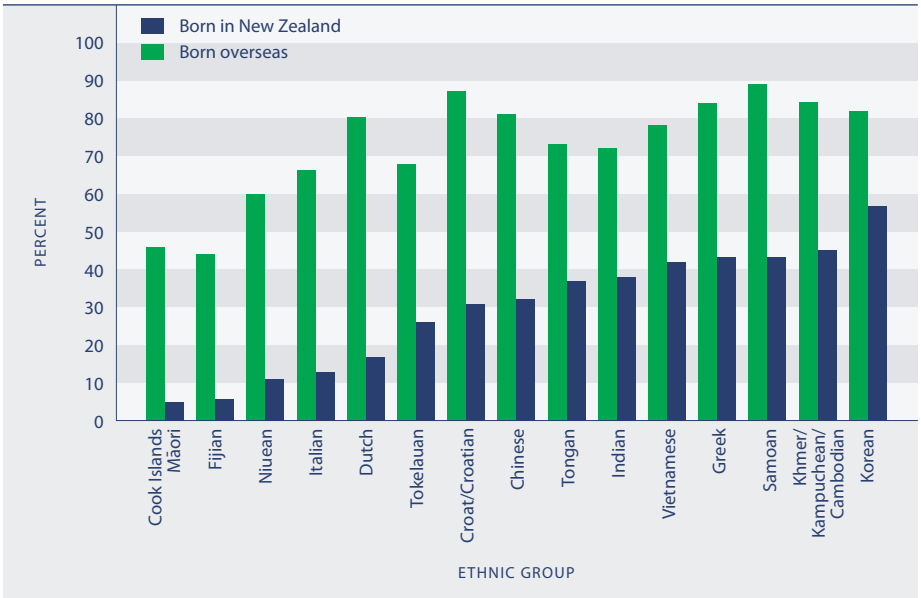
RELEVANCE

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

CURRENT LEVEL

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

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



Source: Statistics New Zealand (2004a)

AGE AND SEX DIFFERENCES

In all ethnic groups, young people were less likely than older people to be able to hold an everyday conversation in 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						
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

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

Leisure and Recreation

INTRODUCTION

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

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

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

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

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

INDICATORS

Three indicators are used in this chapter. They are: satisfaction with leisure time, participation in physical activity 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 physical activity. It gives us a sense of how active New Zealanders are. Moderate physical activity can improve a number of health outcomes.

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

Satisfaction with leisure time

DEFINITION

The proportion of people aged 15 years and over who are "satisfied" or "very satisfied" with their leisure time as reported in the Quality of Life Survey 2006.

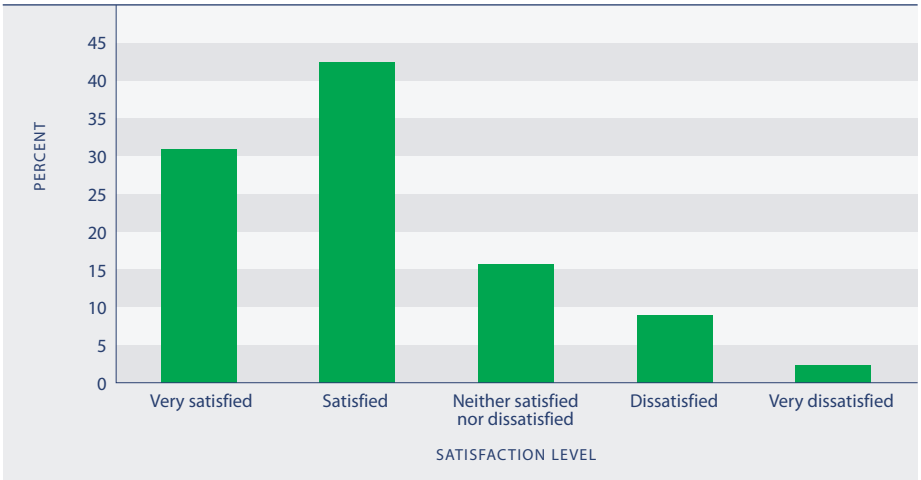
RELEVANCE

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

CURRENT LEVEL

According to the Quality of Life Survey 2006, almost three-quarters of New Zealanders (73 percent) were satisfied overall with their leisure time. Of these, 42 percent were satisfied and 31 percent were very satisfied.

Figure L1.1 **Satisfaction with leisure time, people aged 15 years and over, 2006**

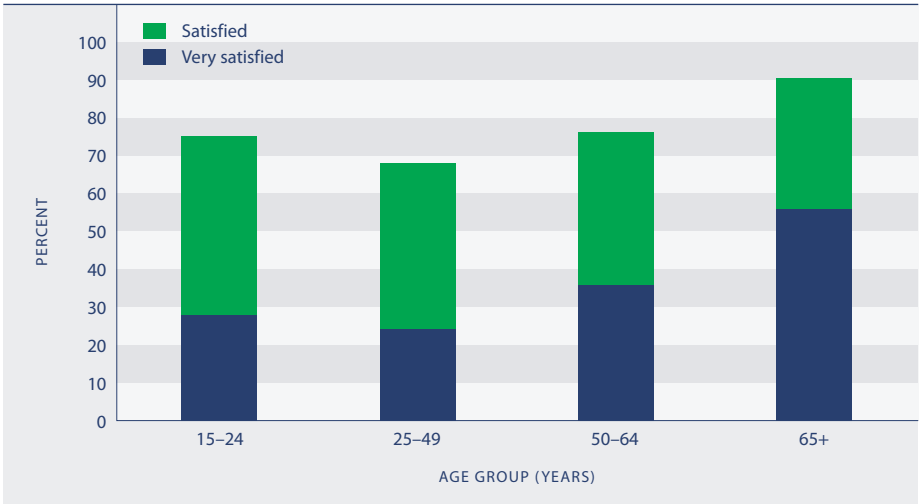


Source: Quality of Life Survey 2006

AGE DIFFERENCES

While the majority of New Zealanders were satisfied with their leisure time, those aged 25–49 years were less satisfied overall (67 percent). This age group tends to have larger work and family commitments than other groups, which may impinge on the time available for leisure. In comparison, those aged 15–24 years and those aged 50–64 years were more likely to report being satisfied with their leisure time, with total satisfaction levels of 75 percent and 76 percent respectively. People aged 65 years and over reported the highest levels of overall satisfaction with their leisure time (90 percent).

Figure L1.2 **Satisfaction with leisure time, by age, 2006**



Source: Quality of Life Survey 2006

SEX DIFFERENCES

There was little difference between the sexes in reported satisfaction with leisure time. Seventy-four percent of men and 72 percent of women reported they were satisfied or very satisfied with their leisure time.

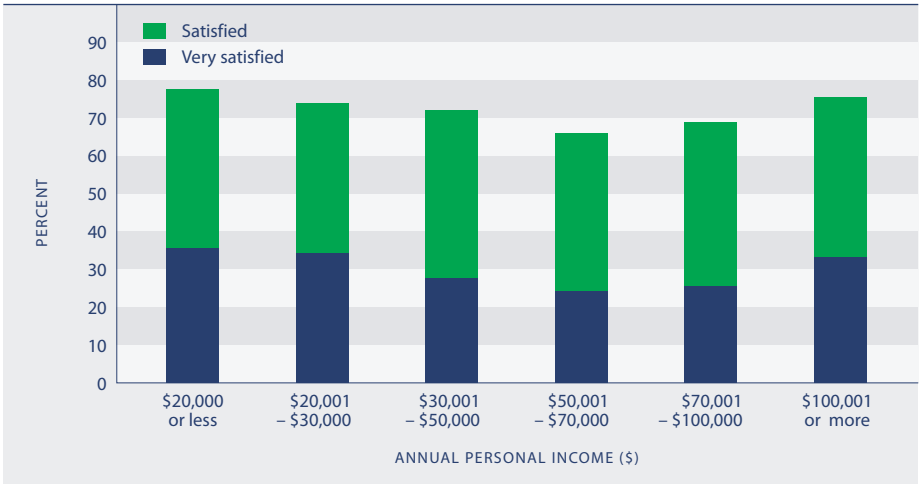
ETHNIC DIFFERENCES

Most New Zealanders, regardless of their ethnicity, were satisfied with their leisure time. In 2006, the European ethnic group (75 percent) and Pacific peoples (73 percent) had higher levels of satisfaction with their leisure time than Māori (68 percent) or Asian New Zealanders (63 percent). The small remaining group of people from the Other ethnic group reported the highest level of total satisfaction (76 percent).

SOCIO-ECONOMIC DIFFERENCES

People's levels of satisfaction with their leisure time varied slightly by the levels of their personal income, but not in a consistent way. In 2006, satisfaction with leisure time was highest for people with an annual personal income of $20,000 or less, with 77 percent of the people in this income range saying they were either very satisfied or satisfied with their leisure time. Two income groups had below average levels of satisfaction – those with a personal income between $50,001 and $70,000 (66 percent), and those with an income between $70,001 and $100,000 (69 percent).

Figure L1.3 **Satisfaction with leisure time, by personal income, 2006**



Source: Quality of Life Survey 2006

Participation in physical activity

DEFINITION

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

Being sufficiently active means they took part in at least 2.5 hours of physical activity and did five or more sessions (half an hour or more) in the seven days before being interviewed. Highly active means doing some vigorous physical activity during the week in addition to the requirements for being rated as sufficiently active.

RELEVANCE

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

CURRENT LEVEL

Seventy-two percent of adults aged 15 years and over were reported to be sufficiently active in 2006. This was similar to the figure in 2005 (71 percent). Nearly half (46 percent) were rated as highly active.

Table L2.1 **Activity level (%) of adults, by sex, 2006**

Activity level	Adults 15 years and over		
	Males	Females	All
Sedentary	5	6	6
Insufficiently active	17	24	21
Sufficiently active	23	28	26
Highly active	53	39	46
Don't know	2	2	2
Active	76	67	72
Inactive	22	30	27

Source: Sport and Recreation New Zealand (2007)

SEX DIFFERENCES

Men were more likely than women to be sufficiently active in 2006. Seventy-six percent of men did at least 2.5 hours and five or more sessions of physical activity a week, compared to 67 percent of women. Men were also much more likely to be highly active (53 percent) compared with women (39 percent).

AGE DIFFERENCES

Activity levels tend to decline with age. In 2006, the percentage of people categorised as either sufficiently active or highly active was highest for 15–24 year olds (84 percent), followed by those aged 25–34 years (74 percent), those in the 35–49 and 50–64 years age groups (both 70 percent) and those aged 65–74 (64 percent). Those aged 75 years and over had the lowest activity rate (56 percent).

ETHNIC DIFFERENCES

There was some variation in the activity levels of the main ethnic groups. In 2006, the percentage of people categorised as either sufficiently active or highly active was highest for adults of European ethnicity (74 percent) followed by Māori (72 percent), Pacific peoples (66 percent) and Asian (65 percent) adults. Māori and Pacific peoples were the most likely to be highly active, with more than half of each ethnic group in this category (54 percent and 51 percent respectively).

Table L2.2 **Activity level (%) of adults, by ethnicity, 2006**

	New Zealand European	Māori	Pacific peoples	Asian
Sedentary	5	5	8	7
Insufficiently active	19	21	23	28
Sufficiently active	28	18	15	22
Highly active	46	54	51	43
Don't know	2	2	3	0
Active	74	72	66	65
Inactive	24	26	31	35

Source: Sport and Recreation New Zealand (2007)

SOCIO-ECONOMIC DIFFERENCES

Activity levels rise with household income. People living in households with an annual household income (adjusted for the number of children and adults in the household) of $20,000 or less had the lowest levels of activity, with 66 percent being sufficiently active or highly active. Those in the top two income brackets of $70,001 and over and $50,001–$70,000 had the highest levels of activity (77 percent and 76 percent respectively). These two groups were also the most likely to be highly active (54 percent and 49 percent respectively).

Table L2.3 **Activity level (%) of adults, by adjusted household income, 2006**

	$20,000 or less	$20,001–$30,000	$30,001–$50,000	$50,001–$70,000	$70,001 or more
Sedentary	7	6	5	6	3
Insufficiently active	24	24	24	18	17
Sufficiently active	30	31	24	27	23
Highly active	36	38	46	49	54
Don't know	3	2	1	0	2
Active	66	69	70	76	77
Inactive	31	30	29	22	20

Source: Sport and Recreation New Zealand (2007)

REGIONAL DIFFERENCES

Activity levels were lower in the seven local authorities in the Auckland area (68 percent) than in the rest of New Zealand (74 percent). People in the South Island reported higher activity levels (76 percent) than people in either the central or southern North Island (both 72 percent). See Appendix 2 for local authorities included in each region.

Participation in cultural and arts activities

DEFINITION

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

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

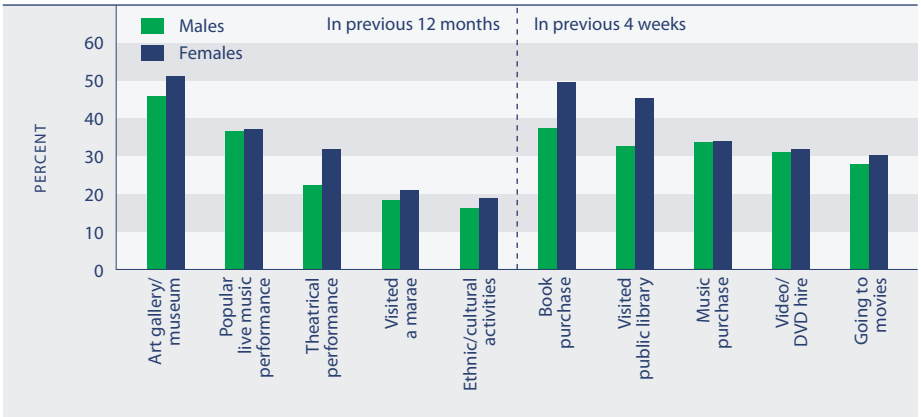
RELEVANCE

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

CURRENT LEVEL

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

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



Source: Statistics New Zealand (2002a)

AGE DIFFERENCES

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

SEX DIFFERENCES

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

ETHNIC DIFFERENCES

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

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

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

Source: Statistics New Zealand (2002a)

REGIONAL DIFFERENCES

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

DESIRED OUTCOMES

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

Physical Environment

INTRODUCTION

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

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

The cleanliness and beauty of the environment is also important for people's sense of wellbeing. For many people, access to an attractive physical environment contributes to their contentedness with life. A healthy environment provides recreational opportunities, allowing people to take part in activities they value. For New Zealanders, the "clean, green" environment is an integral part of their national identity. They see guardianship of the land and other aspects of the physical environment as an important part of social wellbeing.[79] This image is also vital for the health of New Zealand's economy. It is a key contributor in attracting tourists and it underpins the nation's success as an exporter of primary products.

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

INDICATORS

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

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

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

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

Air quality

DEFINITION

The average annual 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 our people, plants and animals. PM_{10} is the primary contaminant of concern in New Zealand and it is known to adversely affect the health of many people. Health effects associated with this contaminant include increased premature mortality, the aggravation of existing respiratory and cardiovascular diseases, hospital admissions and emergency department visits, school absences, lost work days and restricted activity days.

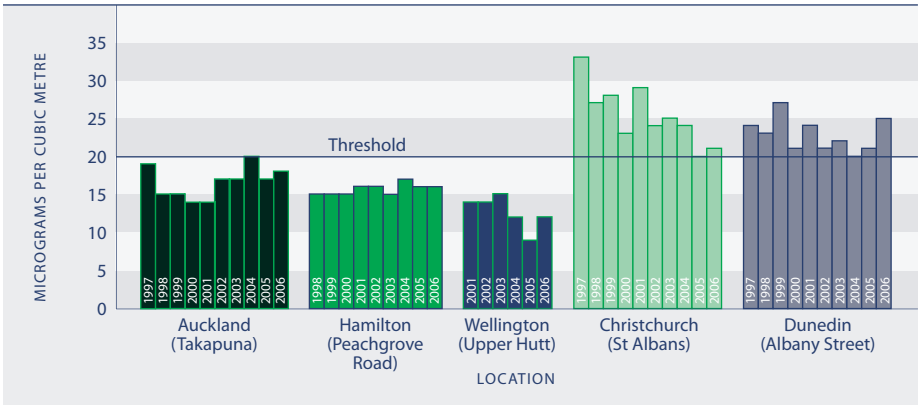
CURRENT LEVEL AND TRENDS

Figure EN1.1 shows the average annual PM_{10} levels in the air at selected monitoring sites in the five major cities. At the Christchurch and Dunedin sites, average annual PM_{10} levels were above the ambient guideline for all years we have data except in 2005 in Christchurch and 2004 in Dunedin when the guideline was met. The Auckland site was at or below the guideline in all years for which we have data. Recorded PM_{10} levels at the Hamilton and Wellington sites were consistently below the New Zealand annual guideline.

Poor air quality in New Zealand is typically associated with urban areas and is a product of domestic home heating (nationally) and vehicle emissions (Auckland). Lesser sources of PM_{10} are industrial and agricultural emissions and the natural sources of small particles, dust pollens and sea spray.

The annual data presented here should not be confused with daily average PM_{10} concentrations. In September 2005, new air quality standards were introduced based on daily average PM_{10} concentrations. To date regional and unitary authorities have declared 69 "airsheds" where air quality may, or is known to, exceed the standards for PM_{10} or may require management in the future. When sufficient data is available, we will report against these standards.

Figure EN1.1 **PM_{10} concentration in selected sites, 1997–2006**



Source: Collated from regional council publications by the Ministry for the Environment up to 2005
Notes: (1) 2006 data is provisional (2) Data unavailable for Wellington before 2001 and Hamilton before 1998

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 a comparison between New Zealand and the United States or other OECD countries cannot be calculated. New Zealand's urban air quality is, however, broadly comparable with or better than the air quality in a number of urban areas in OECD countries.

Drinking water quality

DEFINITION

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

RELEVANCE

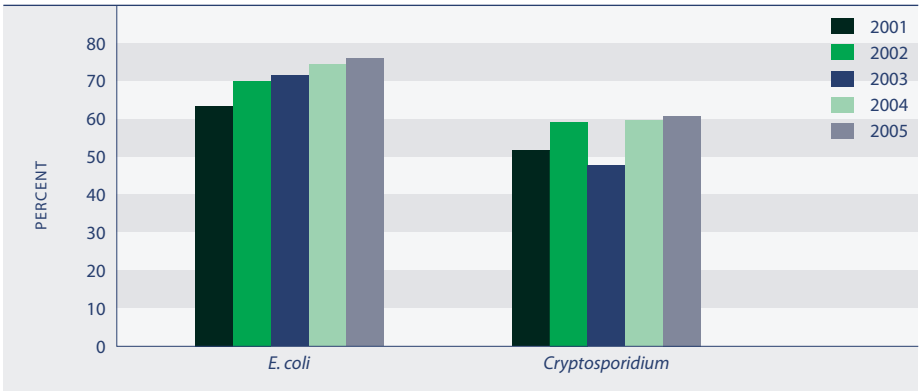
Maintaining good drinking water quality is critical for human health and quality of life outcomes. The health risk to consumers from water-borne diseases in drinking water supplies comes from three main types of microorganisms: bacteria (such as *Campylobacter* and pathogenic *E. coli*), parasites (such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

CURRENT LEVEL AND TRENDS

Most New Zealanders are supplied with drinking water that complies with the microbiological standards. However, many smaller communities are supplied with microbiologically non-compliant drinking water. In 2005, the proportion of the total population whose drinking water, measured at the tap, complied with the 2000 Drinking Water Standards for *E. coli* was 76 percent. This was an increase from 74 percent in 2004 and a considerable improvement from 63 percent in 2001. 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 proven contamination of drinking water.

Compliance with the 2000 Drinking Water Standards for *Cryptosporidium* is assessed at the water treatment plant rather than at the tap. In 2005, the *Cryptosporidium* compliance rate was 61 percent.[80] This was slightly up on the 2004 rate of 60 percent and an improvement on the 2001 rate of 52 percent. Compliance rates fluctuated between 48 percent and 61 percent over the 2001–2005 period. The drop in the compliance rate from 2002 to 2003 was largely due to non-compliance at the Waitakere plant, which has since been resolved.

Figure EN2.1 **Proportion of the total population served with water that meets the 2000 Drinking Water Standards, 2001–2005**



Source: Water Information New Zealand Database, March 2007

REGIONAL DIFFERENCES

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

There is considerable regional variation in the population served with drinking water that is fully compliant with the 2000 Drinking Water Standards for *E. coli* and *Cryptosporidium*. In 2005, only 5 percent of the population in the Marlborough region was served with drinking water that fully complied with the 2000 Drinking Water Standards for *E. coli*. The Northland and the West Coast regions also had low compliance rates, with 28 percent and 35 percent of the population respectively supplied with drinking water that was fully compliant. Compliance was highest in the Nelson region (92 percent), followed by the Auckland region (91 percent) and the Wellington region (85 percent).

In 2004, none of the population in the Marlborough region was supplied with drinking water that fully met the 2000 Drinking Water Standards for *Cryptosporidium*. Less than 1 percent of the population both in the West Coast and Gisborne regions were supplied with fully-compliant water. Compliance was highest in the Nelson region (92 percent), followed by the Auckland region (88 percent) and the Hawke's Bay region (82 percent).

Where drinking water quality is affected, the agricultural sector is seen as the most significant source of contamination.[81]

INTERNATIONAL COMPARISON

Overall, the quality of New Zealand's water is comparable with other developed countries. New Zealand's water supplies are free of many of the pathogens that result in sickness and death in other countries. However, the incidence of *Giardia* infection in New Zealand is 85 per 100,000 people, which is considered high compared to the reported rates for other western countries.[82] The contribution of contaminated drinking water to the incidence of giardiasis is not known.

DESIRED OUTCOMES

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

Safety

INTRODUCTION

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

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

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

Property crime, such as burglary, also affects people's wellbeing. In addition to the direct losses associated with crime of this sort, evidence suggests the threat of burglary is a more significant worry for many people than the threat of violence.[83]

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

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

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

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

INDICATORS

Four indicators are used in this chapter: assault mortality, criminal victimisation, fear of crime and road casualties. The first three indicators provide a picture of the level and impact of violence in the community.

Assault mortality provides a picture of intentional violence across society. Reducing interpersonal violence in families and communities is critical to social and personal wellbeing. This indicator measures deaths resulting from violence, the tip of the violence pyramid. Young children and youth are particularly vulnerable.

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

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

People should also be able to live in a society free from the risk of avoidable death or injury. The leading cause of avoidable injury and death is motor vehicle crashes. In economic terms, the social cost of motor vehicle crashes has been estimated at $3.1 billion annually.[84] The final indicator is road casualties.

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

Assault mortality

DEFINITION

The number of people who have died as a result of assault or intentional injury, per 100,000 population.

RELEVANCE

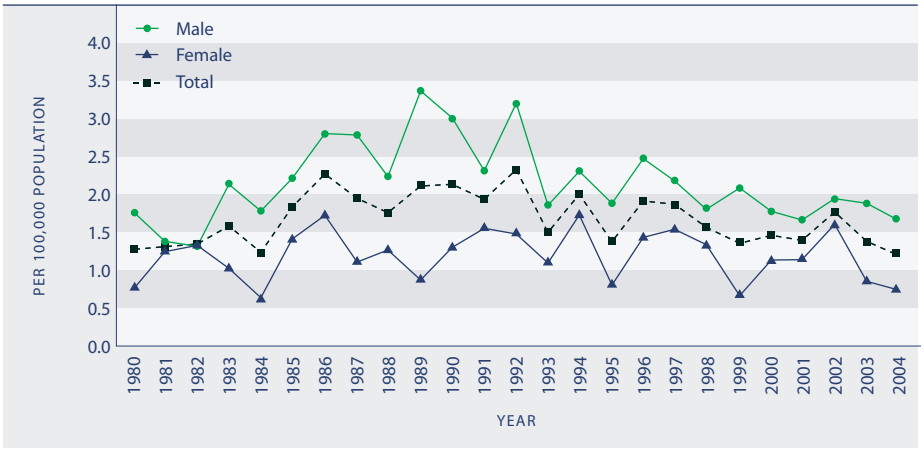
Reducing interpersonal violence in families and communities is critical to social and personal wellbeing. This indicator measures deaths resulting from violence, the tip of the violence pyramid. Young children and youth are particularly vulnerable.

CURRENT LEVEL AND TRENDS

In the five years to 2004, 279 people died as a result of assault or intentional injury, a decline from 293 people in the previous five-year period and from 347 people in 1990–1994.

The provisional age-standardised assault mortality rate for 2004 was 1.2 per 100,000 people, down from 1.4 per 100,000 in 2003. In the early 1980s, the assault mortality rate was around 1.5 per 100,000. It increased to around 2.0 per 100,000 between 1986 and 1992, and fell back to around 1.5 per 100,000 between 1998 and 2003. It should be noted that rates based on small numbers are volatile, and trends can be difficult to discern over the short term.

Figure SS1.1 **Age-standardised assault mortality rate, by sex, 1980–2004**



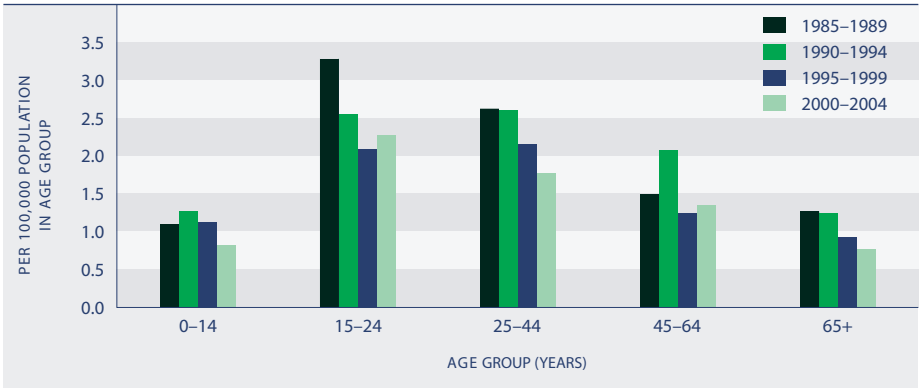
Source: Ministry of Health, New Zealand Health Information Service
Note: 2004 data is provisional

AGE AND SEX DIFFERENCES

Five-year average annual assault death rates for the period 2000–2004 were highest among youth aged 15–24 years (2.3 deaths per 100,000 population), followed by adults aged 25–44 years (1.8 per 100,000) and those aged 45–64 years (1.3 per 100,000). Older people aged 65 years and over and children under 15 years had the lowest rates (0.8 per 100,000 for each age group). For children, the risk of dying from assault or intentional injury is highest at younger ages. In the five years to 2004, the assault death rate for children under 5 years was 1.6 deaths per 100,000, four times higher than the rate for 5–14 year olds (0.4 per 100,000). In all age groups, rates were lower in the period 2000–2004 than they were in the late 1980s.

Males are more likely than females to die from assault or intentional injury. The provisional 2004 age-standardised death rate was 1.7 per 100,000 for males, more than double the rate of 0.7 per 100,000 for females. The rise in the assault mortality rate in the late 1980s and early 1990s was the result of an increase in the male rate over that period.

Figure SS1.2 **Five-year average annual assault mortality rates, by age group, 1985–1989 to 2000–2004**



Source: Ministry of Health, New Zealand Health Information Service
Note: 2004 data is provisional

ETHNIC DIFFERENCES

Māori are considerably more likely than non-Māori to die as a result of assault or intentional injury. In 2004, the age-standardised rate for Māori was 2.9 deaths per 100,000 compared with 0.8 per 100,000 for non-Māori. The age-standardised rate for Māori males (4.7 deaths per 100,000) was almost four times higher than the rate for Māori females (1.2 per 100,000).

In the five years from 2000 to 2004, Māori children under 15 years died from assault or intentional injury at an average annual rate of 1.4 deaths per 100,000 children. Over the same period, non-Māori children died at an average annual rate of 0.6 per 100,000 children.

INTERNATIONAL COMPARISON

OECD homicide rates are standardised to the 1980 OECD population and differ from the rates shown in this indicator. In 2002, the OECD average homicide death rate was 2.0 deaths per 100,000 for males and 1.0 per 100,000 for females. The New Zealand homicide rates were lower than the OECD average for males (1.8 per 100,000) and higher than average for females (1.1 per 100,000). Australia and Canada had higher male homicide rates than New Zealand (2.0 and 2.1 per 100,000, respectively), while the United Kingdom had a lower male rate (1.2 per 100,000). The United Kingdom and Canada had lower female homicide rates than New Zealand (0.5 and 0.8 deaths per 100,000, respectively), while the Australian rate for females was the same (1.1 per 100,000). Death rates from homicide are highest in the United States; the rate for males in 2002, at 11 per 100,000, was five times greater than the OECD average, while the female rate of 3.2 per 100,000 was three times greater.

International comparison information for child maltreatment deaths is not available on an annual basis. Results of a 2003 UNICEF study of child maltreatment deaths in rich countries in the 1990s showed that New Zealand had the third highest child maltreatment death rate (1.2 deaths per 100,000 children under the age of 15 years).

Criminal victimisation

DEFINITION

The proportion of the population aged 15 years and over who had been victims of one or more incidents of criminal offending in 2005 as measured by the New Zealand Crime and Safety Survey 2006.

RELEVANCE

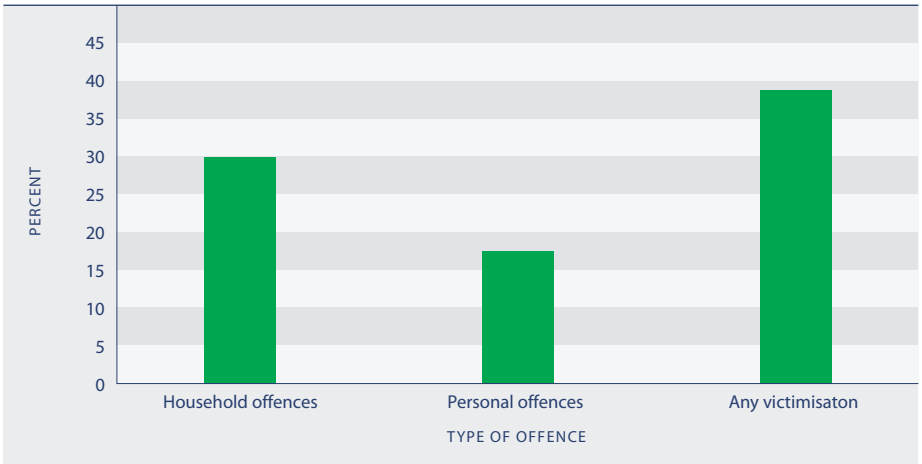
The criminal victimisation rate provides a broad measure of personal safety and wellbeing. Surveys of criminal victimisation generally provide a more comprehensive picture of victimisation than police data, as not all offending is reported to or recorded by the police.

CURRENT LEVEL

The survey data shows 39 percent of New Zealand adults aged 15 years and over experienced some form of criminal victimisation in 2005. Comparisons with data from earlier surveys are not possible owing to changes in the survey design.[85]

Thirty percent of households had been victims of some kind of household crime in 2005. The most common offences were burglaries (14 percent) and vandalism to household property (9 percent). Over the same period, 18 percent of individuals had been victims of some type of personal offence, the most common being assaults and threats (both 9 percent). A relatively small number of people accounted for the majority of victimisations: just 6 percent of people had been victimised five or more times during the survey period but they experienced 51 percent of all victimisations.

Figure SS2.1 **Criminal victimisation prevalence rate, by type of victimisation, 2005**



Source: Mayhew and Reilly (2007) Table 3.1

AGE AND SEX DIFFERENCES

Young adults are more likely than others to be victims of crime, and the likelihood of being victimised decreases with age. Among people in the 15–24 years age group, 55 percent were victims of either personal or household offences in 2005. This compares with 46 percent of 25–39 year olds, 37 percent of 40–59 year olds and 20 percent of those aged 60 years and over. Young adults aged 15–24 years also had the highest rates of victimisation for confrontational offences: 13 percent were

victims of confrontational offences committed by partners, 10 percent were victimised by people who were well known to them, and 16 percent by other offenders.

The overall rate of victimisation did not vary by sex, with 39 percent of both men and women experiencing some form of criminal victimisation in 2005. The pattern of victimisation by age was also similar for both sexes. With confrontational offences, men were as likely as women to have been victimised at least once by a partner (6 percent compared with 7 percent for women). However, women experienced more offences than men did (26 incidents per 100 women, compared with 18 incidents per 100 men).[86] Prevalence rates did not differ by sex for offences committed by people well known to the victim (5 percent for both men and women), but men were more likely than women to be victims of confrontational offences by people who were not known to them (9 percent compared with 6 percent).

Women were around twice as likely as men to be the victims of sexual offences (4 percent compared with 2 percent), with the highest rate experienced by women aged 15–24 years (12 percent). Over a third of sexual offences were committed by the victims' current partners.

Table SS2.1 **Criminal victimisation prevalence rate (%), by age and sex, 2005**

	Rate per 100 persons in each group		
Age group	Men	Women	Total
15–24	53	56	55
25–39	44	47	46
40–59	36	37	37
60+	21	19	20
Total	**39**	**39**	**39**

Source: Mayhew and Reilly (2007) Table C3

ETHNIC DIFFERENCES

The likelihood of being a victim of crime varies by ethnicity. Among both Māori and Pacific peoples, 47 percent of adults had experienced some form of criminal victimisation in 2005. This compared with 43 percent of Asians and 37 percent of Europeans. The high rates for Māori and Pacific peoples are likely to be due, at least in part, to these populations having a high incidence of other risk factors associated with victimisation – for instance they are more likely to be young, to be unemployed, to be sole parents and to live in more socio-economically deprived areas.

Māori had a relatively high rate of victimisation for confrontational offences: 14 percent for offences committed by partners, and 11 percent both for offences committed by people well known to them and for offences committed by other offenders. For Māori women, the risk of being assaulted or threatened by a partner was three times the average (18 percent compared with 6 percent for all respondents). Comparable figures for Pacific peoples are not reliable owing to the small size of the sample.

OTHER GROUPS AT RISK

Other groups reporting a high level of victimisation included sole parents with children (60 percent had experienced some form of criminal victimisation in 2005), students and people living with flatmates (57 percent and 54 percent, respectively), people who were single or in de facto relationships (50 percent and 49 percent), people who rented their homes either from private landlords or public agencies (49 percent and 45 percent), those who were unemployed and/or on benefits (48 percent), and those who lived in the most deprived fifth of New Zealand areas (45 percent). Many of these characteristics are closely inter-related.

Fear of crime

DEFINITION

The proportion of the population aged 15 years and over who said fear of crime had a moderate or high impact on their quality of life (scoring its effect at 4 or higher on a scale from 0–10, where 0 is no effect and 10 is total effect on quality of life), as measured by the New Zealand Crime and Safety Survey 2006.

RELEVANCE

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.

CURRENT LEVEL

In 2005, 40 percent of New Zealanders said that fear of crime had a moderate or high impact on their quality of life, scoring its effect at 4 or higher on a 0–10 scale. A third (33 percent) scored its effect at 4–7, while 7 percent scored it at 8–10. People who had been a victim of any crime were more likely than average to report that fear of crime affected their quality of life.

AGE AND SEX DIFFERENCES

Women were more likely than men to report that fear of crime had a moderate or high impact on their quality of life, with 45 percent of females and 34 percent of males scoring its effect at 4 or above on the impact scale. Thirty-seven percent of females and 28 percent of males reported a moderate impact (scoring it at 4–7), while 8 percent of females and 6 percent of males reported a high impact on their quality of life (scoring it at 8–10).

People aged 25–39 years were the most likely to report that fear of crime affected their quality of life, while people aged 60 years and over were the least likely to do so. In all age groups, women were more likely than men to say fear of crime had an impact on their quality of life.

Table SS3.1 **Proportion (%) of adults aged 15 years and over who reported that fear of crime had a moderate or high impact on their quality of life, by age and sex, 2005**

Age group	Males			Females		
	High impact (score of 8–10)	Moderate impact (score of 4–7)	Moderate or high impact (score of 4–10)	High impact (score of 8–10)	Moderate impact (score of 4–7)	Moderate or high impact (score of 4–10)
15–24	4	32	36	8	39	47
25–39	8	31	39	10	44	54
40–59	7	27	33	9	34	43
60+	4	24	29	6	31	37

Source: Mayhew and Reilly (2007, forthcoming)

Note: Combined scores may not add up because of rounding

ETHNIC DIFFERENCES

At 60 percent, Asian people were far more likely than other ethnic groups to report that fear of crime affected their quality of life, either moderately or a great deal. Europeans were the least likely to do so (36 percent), while Māori and Pacific peoples fell in the middle of the range, at 47 percent. Asians also had the largest proportion of any group rating the impact of fear of crime on their quality of life as high (18 percent). In each ethnic group, women were more likely than men to report that fear of crime affected their quality of life.

Table SS3.2 **Proportion (%) of adults aged 15 years and over who reported that fear of crime had a moderate or high impact on their quality of life, by ethnic group, 2005**

	High impact (score of 8–10)	Moderate impact (score of 4–7)	Moderate or high impact (score of 4–10)
European	5	31	36
Māori	10	37	47
Pacific	13	33	47
Asian	18	43	60

Source: Mayhew and Reilly (2007, forthcoming)
Note: Combined scores may not add up because of rounding

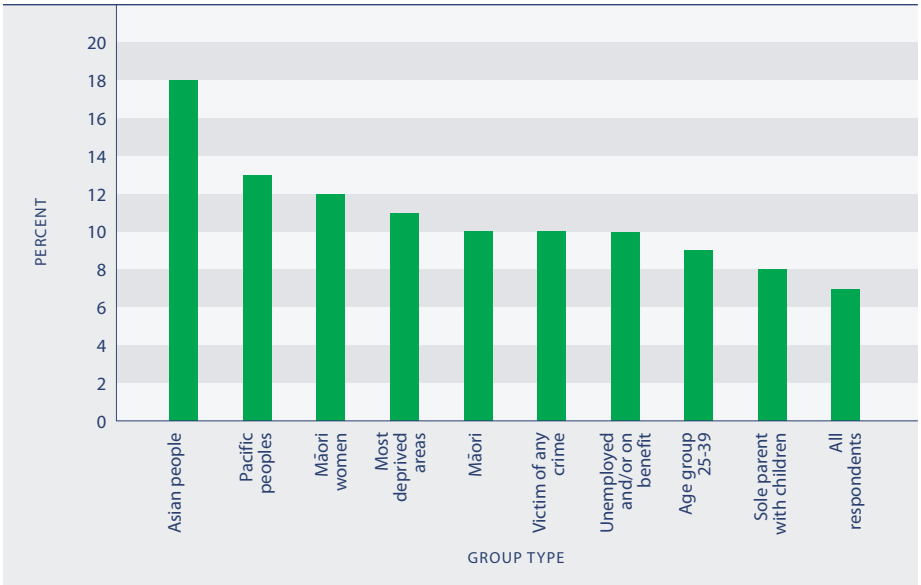
SOCIO-ECONOMIC DIFFERENCES

People living in the most deprived areas of New Zealand were much more likely to report that fear of crime affected their quality of life (49 percent) than those living in the least deprived areas (33 percent). People in deprived areas were more than twice as likely as those in the least deprived areas to score the effect of fear of crime on their quality of life at the high end of the scale (11 percent and 5 percent, respectively).

DIFFERENCES BY HOUSEHOLD COMPOSITION

Among households, sole parents living with their children had the highest proportion reporting that fear of crime affected their quality of life (46 percent), followed by couples with children (44 percent). People living alone (38 percent) and couples without children (34 percent) were less likely than average to say fear of crime affected their quality of life.

Figure SS3.1 **Groups whose quality of life is highly affected (score of 8–10) by fear of crime, 2005**



Source: Mayhew and Reilly (2007, forthcoming)

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

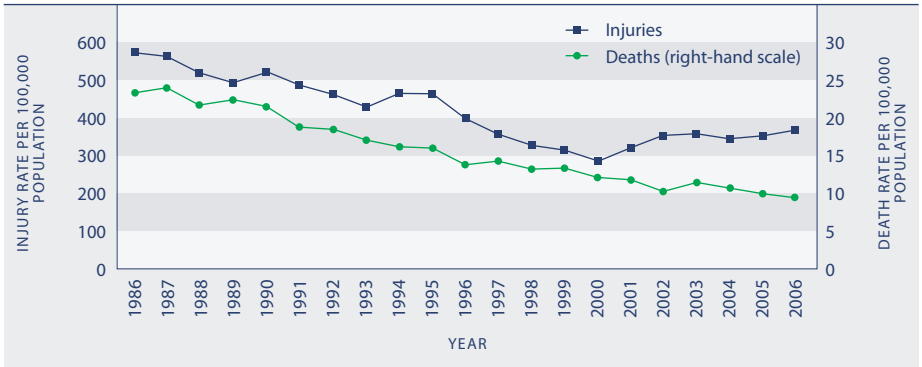
Motor vehicle crashes are a major cause of premature death, especially among young adults. Deaths, injuries and disability resulting from motor vehicle crashes inflict considerable pain and suffering on individuals, families and communities, as well as on other road users, emergency service providers,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

CURRENT LEVEL AND TRENDS

In 2006, 391 people died as a result of motor vehicle crashes, a rate of 9.4 deaths per 100,000 population. A further 15,174 people were injured, a rate of 367 injuries per 100,000 population.[87] Deaths and injuries from motor vehicle crashes have declined substantially since 1986, when the rates were 23.1 and 570 per 100,000 population, respectively. The number of people killed in motor vehicle crashes was 49 percent lower in 2006 than it was in 1986. Although the number of people injured has risen since 2000 (partly because of better recording by police), there were 20 percent fewer people injured in 2006 than in 1986.

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

Figure SS4.1 **Road traffic injury and death rates, 1986–2006**



Source: Ministry of Transport

AGE AND SEX DIFFERENCES

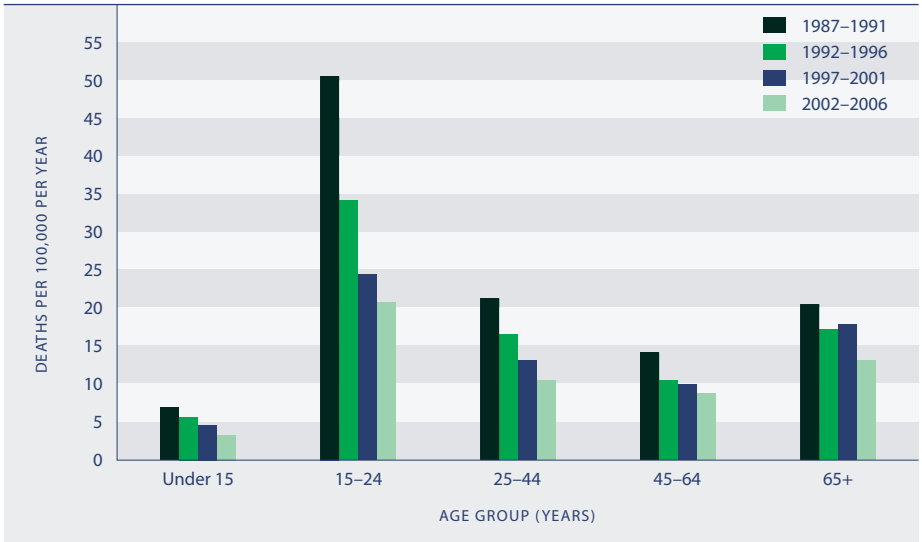
Young people aged 15–24 years are at a far higher risk of death from motor vehicle crashes than any other age group. Death rates for 15–24 year olds are more than double those of the population as a whole. The risk of dying in a crash is relatively low in middle age, then increases at older ages, partly because of the increasing fragility of the very old.

The death rate for all age groups has fallen steadily over the period since 1986. The decline has been particularly marked among 15–24 year olds, who had an average annual rate of 21 deaths per 100,000 in the period 2002–2006, a big improvement on the average annual rate of 50 deaths per 100,000 for the 1987–1991 period.

Males are much more likely than females to be killed in motor vehicle crashes. Between 2002 and 2006, the average annual death rate for males was 14 deaths

per 100,000 males, while the rate for females was 6 deaths per 100,000 females. For both sexes this was considerably lower than the average annual rate for the 1987–1991 period (31 deaths per 100,000 for males and 13 per 100,000 for females).

Figure SS4.2 **Five-year average annual road death rates, by age, 1987–1991 to 2002–2006**



Source: Ministry of Transport, rates derived by the Ministry of Social Development

ETHNIC DIFFERENCES

Māori are much more likely than other ethnic groups to die in motor accidents, with a provisional age-standardised death rate of 20 per 100,000 population in 2004. In comparison, the provisional death rate for the European and Other ethnic group in 2004 was 9 per 100,000 and for Pacific peoples, 7 per 100,000.

Table SS4.1 **Land transport accident death rates, by ethnicity, 2000–2004**

	Age-standardised rate per 100,000 population			
Year	Māori	Pacific peoples	European and Other	Total
2000	22	12	11	13
2001	17	12	11	12
2002	20	12	10	12
2003	24	9	11	12
2004	20	7	9	11

Source: Ministry of Health, New Zealand Health Information Service
Note: The injury mortality classification changed in 2000 and, as a result, data from earlier years is not comparable

Māori and Pacific peoples are less likely to drive than Europeans, but when they do they are at a greater risk of injury and death. A 1998 survey showed that, per distance driven, the risk of being hospitalised as a result of a crash was more than three times as high for Māori drivers, and only slightly less than three times as high for Pacific drivers, compared to European drivers.[88]

INTERNATIONAL COMPARISON

In 2005, New Zealand was ranked 17th out of 27 OECD countries, with a road death rate of 9.9 per 100,000 people.[89] This was just above the OECD median of 9.1 deaths per 100,000. The Netherlands had the lowest road death rate (4.6 per 100,000), followed closely by Norway and Sweden (each 4.9 per 100,000). The New Zealand road death rate was lower than that of the United States at 14.7 per 100,000, but higher than those of Canada (9.1 per 100,000), Australia (8.1 per 100,000) and the United Kingdom (5.5 per 100,000). New Zealand's road death rate for youth aged 15–24 years (22.4 per 100,000 in 2005) ranked 25th, just below the United States (25.9 per 100,000) but considerably higher than the OECD median of 16.4 per 100,000 people aged 15–24 years.

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

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

One of the most important aspects of social connectedness is the relationship people have with a spouse or a partner. Studies have consistently found having a partner contributes to a person's reported level of wellbeing.[91]

Several studies have demonstrated links between social connectedness and the performance of the economy and positive outcomes for individual health and wellbeing.[92]

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

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

INDICATORS

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

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

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

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

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

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

Telephone and internet access in the home

DEFINITION

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

RELEVANCE

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

CURRENT LEVEL AND TRENDS

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

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

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

Sources: Ministry of Social Development (2003b); Ministry of Social Development (2006)
Note: Revisions to the weights of the New Zealand Living Standards 2000 data mean that data in this table will not agree with data published in The Social Report 2005

AGE AND SOCIO-ECONOMIC DIFFERENCES

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

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

ETHNIC DIFFERENCES

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

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

DIFFERENCES BY FAMILY TYPE

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

INTERNATIONAL COMPARISON

New Zealand compares relatively favourably with other countries for internet access, with 61 percent of households having access to the internet in 2006. New Zealand ranked tenth out of 30 OECD countries and above the OECD median of 54 percent, based on data for the years 2003–2006. New Zealand ranked about the same as Canada (60 percent in 2004), above Australia (56 percent in 2004), the United Kingdom (56 percent in 2005) and the United States (55 percent in 2003).[93]

Regular contact with family/friends

DEFINITION

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

RELEVANCE

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

CURRENT LEVEL AND TRENDS

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

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

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

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

AGE AND SOCIO-ECONOMIC DIFFERENCES

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

ETHNIC DIFFERENCES

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

DIFFERENCES BY FAMILY TYPE

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

Trust in others

DEFINITION

The proportion of the population aged 15 years and over reporting people can "almost always" or "usually" be trusted, as reported in the Quality of Life Survey 2006.

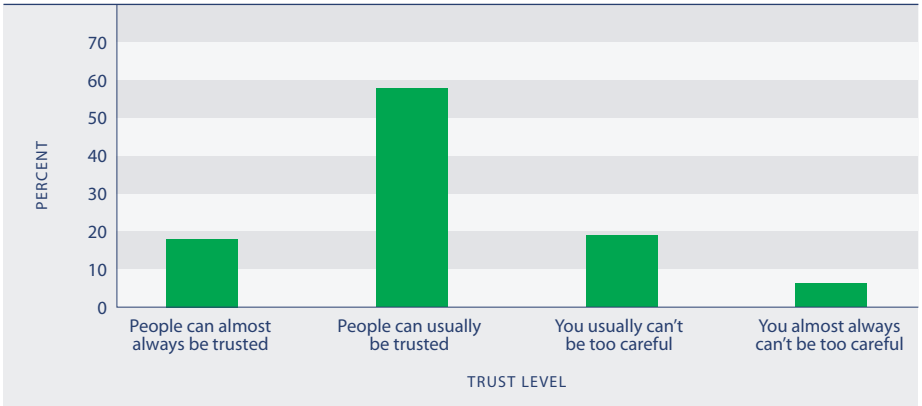
RELEVANCE

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 2006, 76 percent of New Zealanders said they believed people can be trusted, with 18 percent reporting people can almost always be trusted and 58 percent reporting people can usually be trusted.

Figure SC3.1 **Levels of trust in other people, 2006**



Source: Quality of Life Survey 2006

AGE AND SEX DIFFERENCES

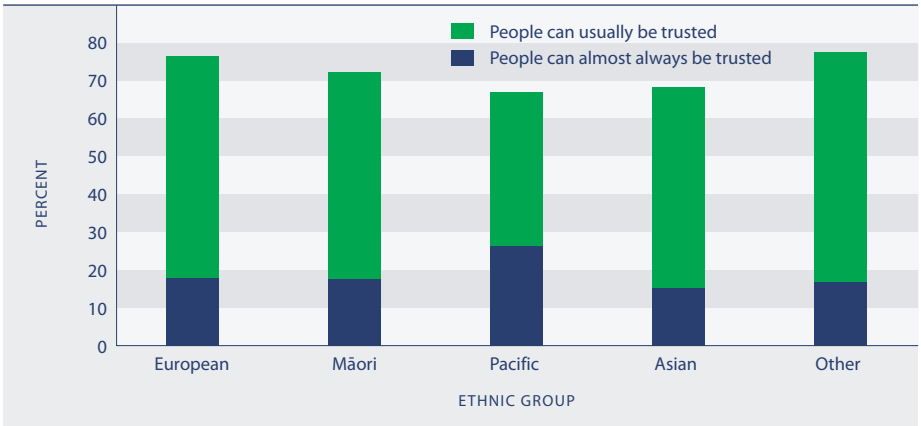
The proportion of those reporting people can be trusted was similar for males (75 percent) and females (76 percent). Nineteen percent of males and 17 percent of females agreed people can almost always be trusted and 56 percent of males and 59 percent of females responded people can usually be trusted.

Those reporting that people can almost always or usually be trusted ranged from 72 percent at ages 15–24 years to 78 percent for 50–64 year olds.

ETHNIC DIFFERENCES

People in the European and Other (excluding Asian) ethnic groups reported a slightly higher level of trust in people (each 77 percent) than Māori (72 percent). Asian and Pacific peoples had the lowest proportions who felt people could be trusted (68 percent and 67 percent, respectively).

Figure SC3.2 **Proportion of people reporting that people can almost always or usually be trusted, by ethnic group, 2006**

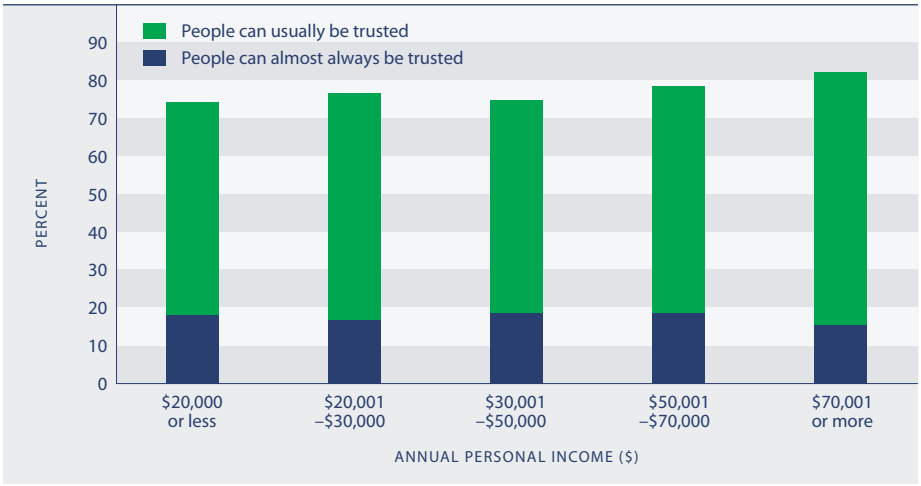


Source: Quality of Life Survey 2006

SOCIO-ECONOMIC DIFFERENCES

Across all income levels, a majority of New Zealanders indicated people could almost always or usually be trusted. Reported trust increased with personal income level. People with incomes over $70,000 reported the highest overall level of trust (82 percent), while people with incomes of $20,000 or less reported the lowest level (74 percent).

Figure SC3.3 **Proportion of people reporting that people can almost always or usually be trusted, by personal income, 2006**



Source: Quality of Life Survey 2006

REGIONAL DIFFERENCES

Across all New Zealand's largest cities, a majority of New Zealanders indicated people could almost always or usually be trusted. Reported levels of trust were highest in Wellington and Dunedin (both 84 percent) and lowest in Waitakere (66 percent) and Manukau (68 percent).

INTERNATIONAL COMPARISON

New Zealanders' level of trust in other people in 2004 compares well with those of people in European Union countries in 2005, and to that of people in Canada in 2003. New Zealand had the seventh highest reported level of trust in other people (almost always trust or usually trust) out of 25 OECD countries.[94] New Zealand's reported level of trust in other people (69 percent) is above the OECD median of 56 percent. Norway had the highest reported level of trust in people (87 percent) followed by Denmark and Sweden (both 84 percent). Canada (53 percent) and the United Kingdom (55 percent) reported lower levels of trust in other people than New Zealand.

Loneliness

DEFINITION

The proportion of people aged 15 years and over who reported feeling isolated or lonely "sometimes", "most of the time" or "always" during the previous 12 months, in the Quality of Life Survey 2006.

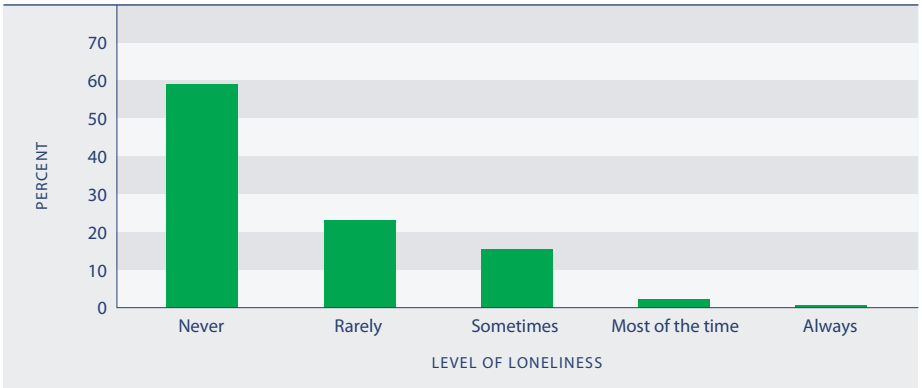
RELEVANCE

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

CURRENT LEVEL

In 2006, 18 percent of New Zealanders reported feeling lonely during the last 12 months. Fifteen percent said they felt lonely sometimes, 2 percent said they were lonely most of the time and fewer than 1 percent said they always felt lonely. Feelings of isolation or loneliness are strongly associated with self-rated quality of life. Those who rated their quality of life as "extremely good" or "good" were far less likely to have felt isolated in the past 12 months (8 percent and 19 percent, respectively) than those who rated their quality of life as "poor" (60 percent).[95]

Figure SC4.1 **Proportion of people experiencing loneliness, 2006**

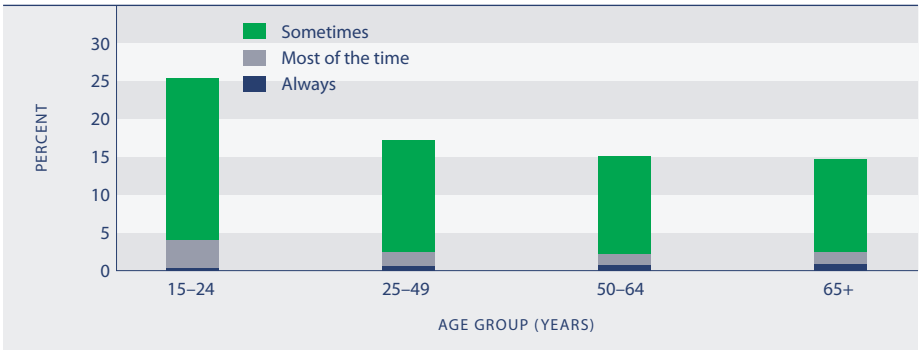


Source: Quality of Life Survey 2006

AGE DIFFERENCES

Loneliness is most prevalent among people aged 15–24 years, followed by those aged 25–49 years. Twenty-five percent of 15–24 year olds and 17 percent of those aged 25–49 years reported feeling lonely sometimes, most of the time, or always. Levels of loneliness were lower among those aged 50–64 years and 65 years and over (both 15 percent).

Figure SC4.2 **Proportion of people experiencing loneliness, by age, 2006**



Source: Quality of Life Survey 2006

SEX DIFFERENCES

Females (20 percent) were more likely than males (16 percent) to have reported feeling lonely during the last 12 months. Seventeen percent of females said they were lonely sometimes compared to 14 percent of males.

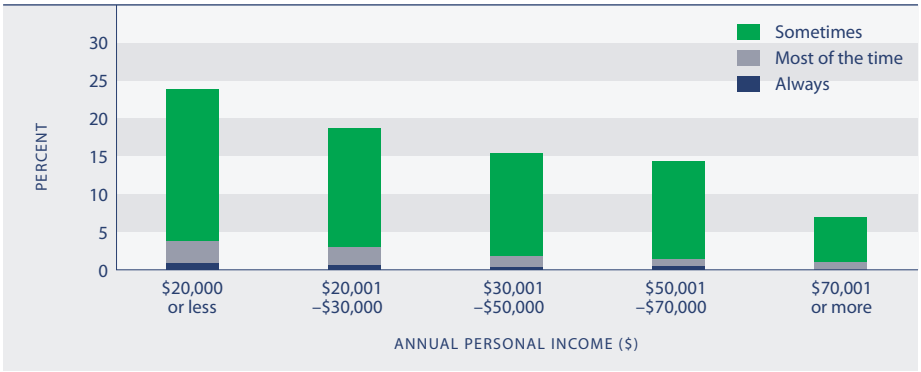
ETHNIC DIFFERENCES

Europeans reported the lowest rate of loneliness with 16 percent reporting they were lonely sometimes, most of the time or always. Eighteen percent of Māori, 22 percent of people in the Other (excluding Asian) ethnic group and 23 percent of Pacific peoples reported they were sometimes, most of the time or always lonely. Asian peoples (27 percent) reported the highest rates of loneliness.

SOCIO-ECONOMIC DIFFERENCES

Experiencing loneliness declines as personal income rises. People with personal incomes of $20,000 or less reported higher rates of loneliness than people with higher incomes: 24 percent said they felt lonely sometimes, most of the time or always in the past 12 months. This compares with a loneliness rate of 7 percent for those with a personal income over $70,000.

Figure SC4.3 **Proportion of people experiencing loneliness, by personal income, 2006**



Source: Quality of Life Survey 2006

REGIONAL DIFFERENCES

People living in Manukau City had the highest reported incidence of loneliness with 21 percent reporting they felt lonely sometimes, most of the time or always. Those living in Dunedin had the lowest reported incidence of loneliness (12 percent).

Contact between young people and their parents

DEFINITION

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

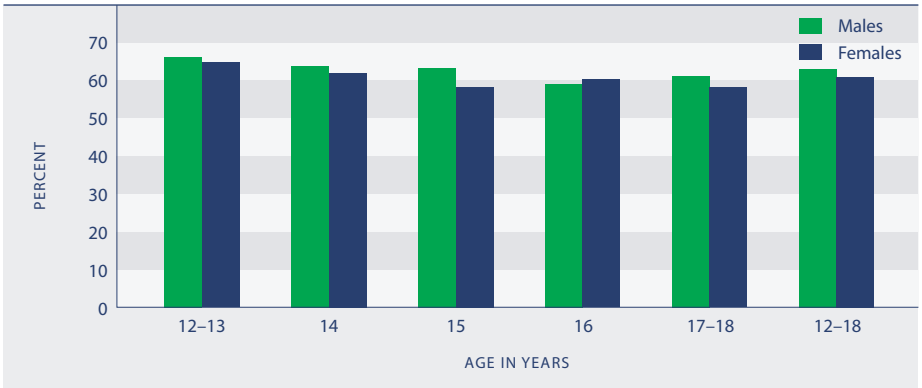
RELEVANCE

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

CURRENT LEVEL

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

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



Source: Adolescent Health Research Group (2003a)

AGE DIFFERENCES

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

SEX DIFFERENCES

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

ETHNIC DIFFERENCES

Fifty-five percent of Māori students and 65 percent of European students reported that most weeks they were able to spend enough time with Mum and/or Dad. The difference was statistically significant after adjusting for age, sex and socio-economic differences between the two ethnic groups. Pacific students (60 percent), Asian students (65 percent) and students of the Other ethnic group (60 percent) showed no statistically significant difference from European students after adjusting for age, sex and socio-economic differences.

Conclusion

In this section, we summarise the changes in social outcomes for New Zealanders over the longer term, based on the updated indicators, and we compare New Zealanders' wellbeing with that of people living in other countries. We feature the changes in social outcomes for men and women over time. We also summarise the changes for the Māori, Pacific peoples, Asian and Other ethnic groups relative to the European population.

Changes in social wellbeing over time

This report shows social outcomes have improved strongly since the mid-1990s, as did previous reports. Most of the indicators for which 10-year trends are available show improvements. Suicide, road casualties, unemployment, population with low incomes, participation in tertiary education, and the educational attainment of the adult population (tertiary) have all improved markedly. Only the obesity, income inequality and voter turnout indicators have deteriorated over this period.

We have new data for 27 of the 40 indicators used in this report. Overall, New Zealanders have a good level of social wellbeing and our wellbeing continues to improve across a number of domains. Most of the updated indicators in the Health and Paid Work domains show improved outcomes, and the road death rate has improved in the Safety domain.

However, some outcomes have levelled off following improvements in past years. In particular, a number of indicators in the Knowledge and Skills and the Economic Standard of Living domains are static or show small declines. Some of these are indicators that measure several components, so changes cannot always be interpreted unequivocally as being good or bad for social outcomes. For example, the fall in participation in tertiary education was almost all in Levels 1–3 certificate courses rather than in courses at bachelor's degree level or higher, reflecting an emphasis on improving the quality of tertiary qualifications.

In the Economic Standard of Living domain, after several years of steady growth, market income per person levelled off in the year to March 2006 and increased slightly in the year to March 2007.

The indicator of local content programming on New Zealand television in the Cultural Identity domain shows an improvement, but the proportion of Māori language speakers has declined slightly. In the Leisure and Recreation domain, participation in physical activity has been steady.

The most recent changes in the Physical Environment domain are mixed. In the Social Connectedness domain most New Zealanders reported they believed people can be trusted, but nearly one-fifth reported they sometimes felt lonely or isolated.

Social wellbeing in New Zealand compared to OECD countries

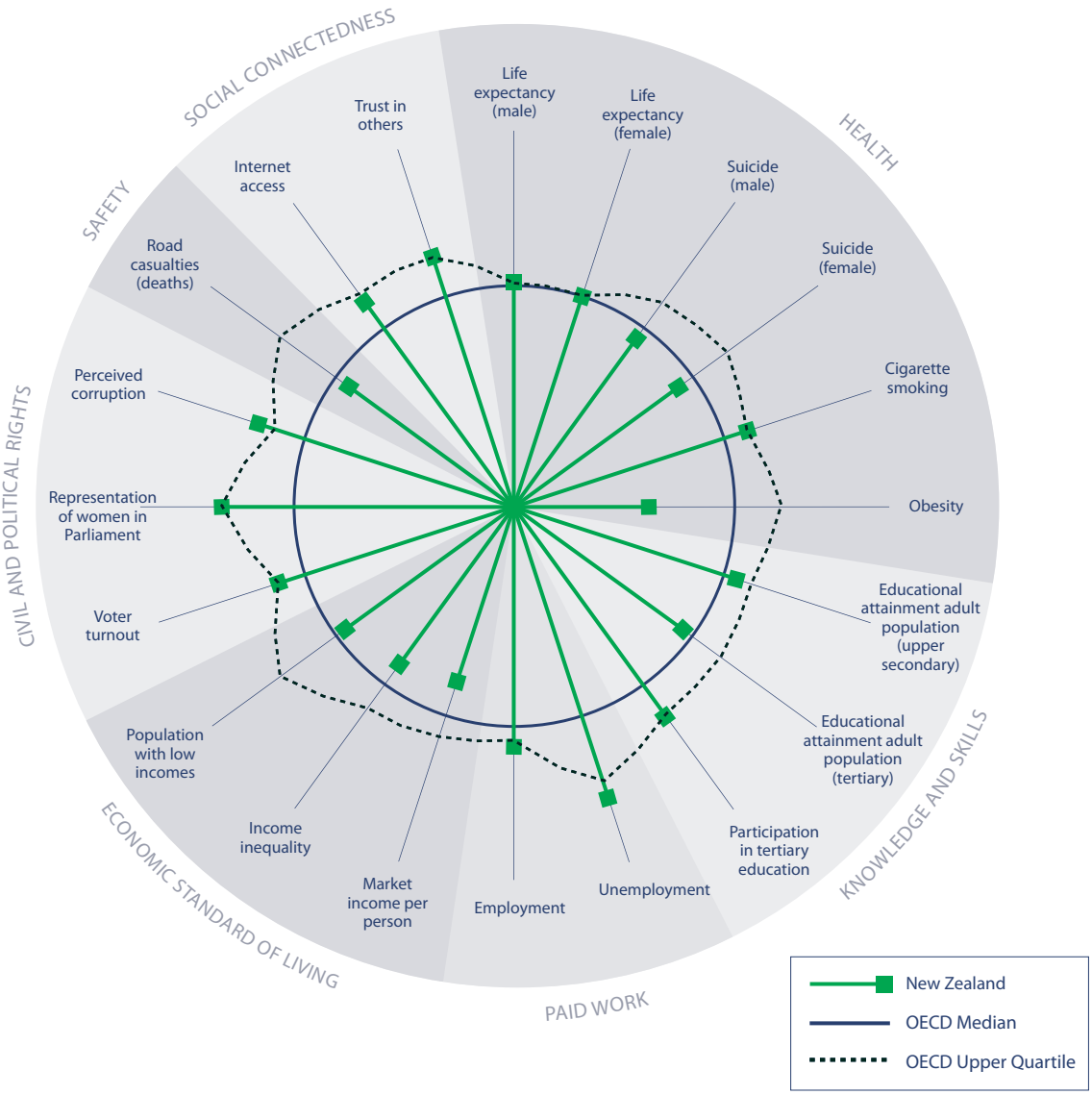
Internationally, we compare favourably for many social indicators. New Zealand is at or above the OECD median for two-thirds of the 20 indicators for which we have internationally comparable data.

New Zealand performs extremely well in the area of Civil and Political Rights. In 2006, New Zealand had the lowest equal level of perceived corruption in the OECD. We also perform strongly in the area of Paid Work, with a low unemployment rate and a high employment rate. New Zealanders have a high level of trust in others and a high level of internet access in the home. In terms of Knowledge and Skills, New Zealand is above the OECD median for the proportion of adults who had at least upper secondary qualifications and for participation in tertiary education, and around the OECD median for the proportion of adults who have a bachelor's degree or higher.

New Zealand is also around the OECD median for the majority of our Health indicators. Our life expectancy is similar to the median life expectancy of the OECD, but we have better outcomes than the OECD median for cigarette smoking. Our suicide death rates and our obesity rates though, are worse than the OECD median.

New Zealand is below the OECD median for market income per person, population with low incomes and income inequality. New Zealand's rate of road deaths is also slightly worse than the OECD median.

Figure CO1 **Social wellbeing in New Zealand, relative to the OECD**



Interpreting "Social wellbeing in New Zealand, relative to the OECD"

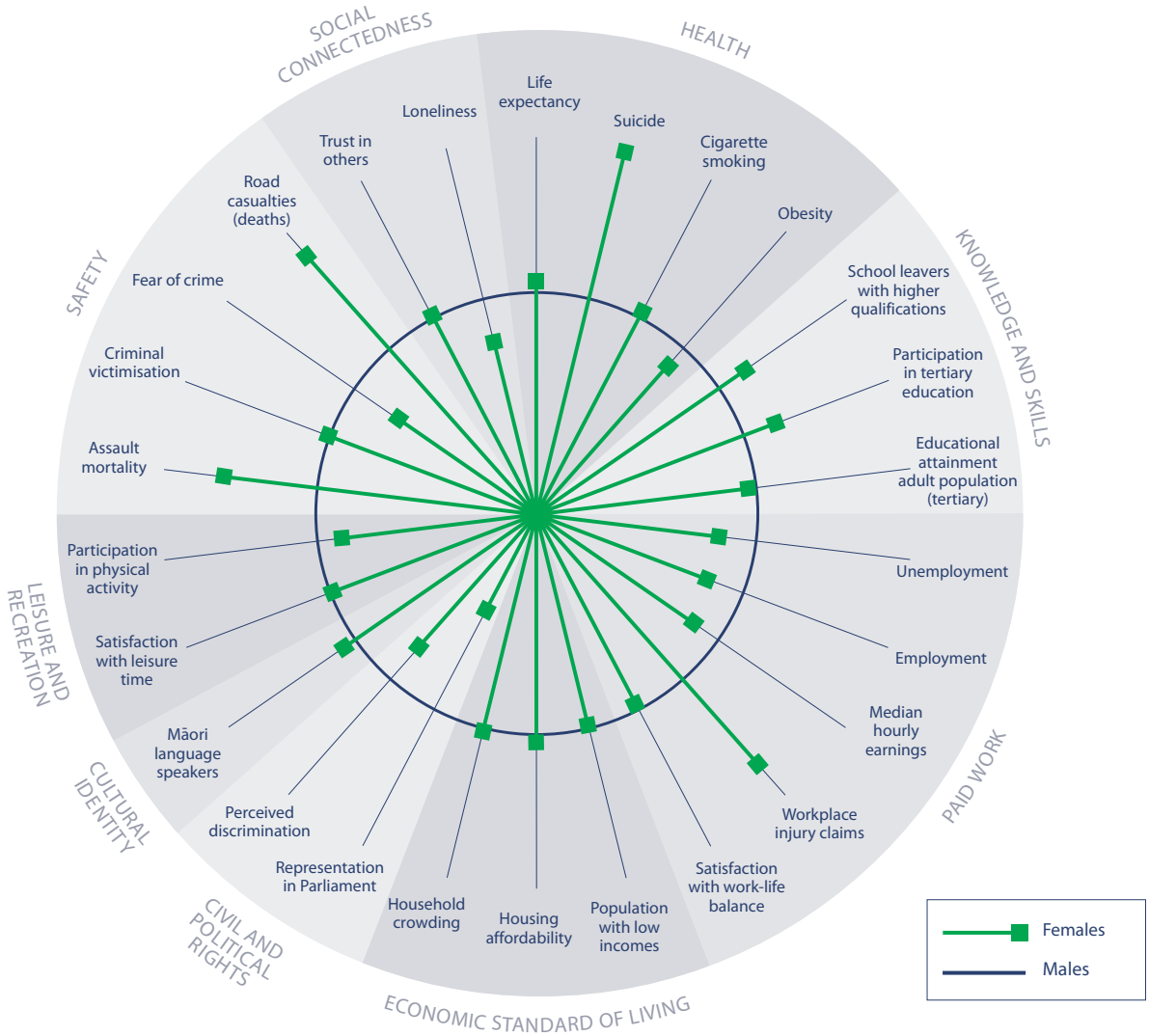
This figure shows New Zealanders' social wellbeing relative to the OECD for 20 indicators. The circle ○ represents the OECD median for each indicator, and the spokes —■ represent New Zealand's outcomes relative to the OECD median. The irregularly shaped line - - - - outside the OECD median circle represents outcomes of the OECD upper quartile relative to the OECD median. Where a spoke falls inside the circle, New Zealand is in the bottom half of the OECD. Where the spoke falls outside the circle, outcomes in New Zealand are better than the OECD median.

Where a spoke falls past the irregularly shaped line, New Zealand is in the top quarter of OECD outcomes. For each indicator, the most recent data has been used where possible. Most of the data comes from between 2003 and 2006, but the population with low incomes and income inequality data comes from 1999–2002. SOME CAUTION IS REQUIRED WITH THIS DATA: international comparisons are difficult to interpret because of the different methods countries use to collect, classify and record social data.

Changes in social wellbeing for females and males

Over the last 40 years, New Zealand has experienced significant social and demographic changes, many of which have impacted differently on men and women. In this section we look at how the outcomes we measure differ between males and females, on average, and how these sex differences have changed over time. It should be noted we are reporting only on average outcomes, when there can be large variations within outcomes.

Figure CO2 **Social wellbeing for females, relative to males, 2004–2006**



Interpreting "Social wellbeing for females, relative to males"

The circle ○ represents average outcomes for males. The spokes —■ represent average outcomes for females. Where a spoke falls outside the circle, the outcome for females is better than for males. The further the spoke is from the circle, the better the outcome for females relative to males. Where a spoke falls inside the circle, the outcome for females is worse than for males. There are, however, some important limitations on this style of presentation. In particular, we cannot directly compare the size of changes for different indicators. Where possible, the data represents three-yearly averages. Most of the data is from 2004–2006 except for: obesity (2003), suicide (2002–2004) and assault mortality (2002–2004).

Although women on average are healthier and are increasingly better educated than men, they lag behind men in outcomes for Paid Work. Outcomes for men and women in the Economic Standard of Living domain are generally similar. In the Safety domain, males face a higher risk of injury or death than females, although fear of crime has a higher impact on the quality of life of females. Improvements for males in Health and improvements for women in Paid Work mean the gaps are narrowing in these domains. In other areas sex differences are less pronounced, although men continue to outnumber women as Members of Parliament.

Although female Health outcomes are generally better, the gap is closing

On average females live longer than males but between 1996 and 2005 the sex gap in life expectancy decreased from 5.3 years to 4 years, reflecting greater gains for males. Between 1996 and 2001 the number of years a female could expect to live in good health (not requiring the assistance of a person or complex device) increased by one year, but there was no real improvement for males. This suggests the increase in life expectancy for males over the period 1996–2001 was in years of relatively poor health. Females gained fewer years, but the time gained was in relatively good health.

Between 1989 and 2003, obesity increased markedly for both males and females, doubling from 10 to 20 percent for men, and increasing from 13 to 22 percent for women. Females and males have shared very similar rates of cigarette smoking since the 1980s. Rates for both sexes have fallen from 30 percent in 1985 to 25 percent for males and 23 percent for females in 2006.

There is a marked sex gap in the suicide death rate. The male suicide rate is over twice that of females, but females make more suicide attempts than males. Since the mid-1980s, the male suicide death rate increased and then declined whereas the female suicide death rate has remained fairly stable.

Knowledge and Skills outcomes are improving faster for females than males

In 2006, 65 percent of females compared with 56 percent of males left school with NCEA Level 2 or above. The sex gap in school leavers with higher qualifications increased from the late 1980s and reached a peak in 2001. From 2003 to 2006, the gap in attainment of NCEA Level 2 or above decreased from 10 percentage points to 9 percentage points. Although women are more likely than men to participate in tertiary education (14.6 percent compared with 12.8 percent of men in 2006), the recent decline in participation between 2005 and 2006 was greater for women than for men.

Men still have a higher rate of educational attainment than women across the population as a whole. In 2006, 78 percent of men and 76 percent of women had attained an educational qualification at upper secondary level or above. This reflects the fact that males aged 45 years and over (and particularly those aged 55–64 years) are more likely to have a higher level of educational attainment than their female contemporaries. This gap is narrowing as younger cohorts of women achieve higher educational outcomes than men. Between 1991 and 2006, the educational attainment of men at upper secondary level or above increased by 8 percentage points compared with 13 percentage points for women.

Men generally have better Paid Work outcomes than women, though the gap has narrowed

In 2006, 3.5 percent of men and 4.1 percent of women were unemployed and actively seeking work. The unemployment rate for women has been higher than that for men since 2002. During New Zealand's peak years of unemployment in the early 1990s, rates of unemployment were higher for men than for women.

Men are also more likely to be employed than women, although the female employment rate is increasing. In 2006, 82 percent of men aged 15–64 years were employed compared to 68 percent of women. While the employment gap between the sexes is substantial, it has narrowed – from 24 percentage points in 1986 to 14 percentage points in 2001, at which point it plateaus.

Men have higher median hourly earnings than women across all ages, although the gap has narrowed over time and is small at younger ages. In 2006, median hourly earnings for males were $18.13 an hour. Female earnings were $2.25 an hour lower at $15.88. The ratio of female to male median hourly earnings fluctuated between 1997 and 2006, but was higher at the end of the period. In 2006, median hourly earnings were about the same for both sexes in the 25–29 years age group. Women are concentrated in a narrower range of jobs than men, are under-represented in higher-level positions, and are more likely to be responsible for a greater share of unpaid work and caring responsibilities. These factors in part contribute to lower female hourly earnings.

Men are more than twice as likely as women to suffer workplace injuries involving a claim to ACC, but the gap has narrowed. In 2005, there were 170 claims per 1,000 full-time equivalents (FTEs) for males compared with 81 per 1,000 FTEs for females. This reflects in part a male predominance in relatively dangerous occupations. Between 2001 and 2005, there was a greater improvement for males in the rate of workplace injuries than for females.

Employed men and women have similar rates of satisfaction with work-life balance. Among full-time workers, men are more likely to be satisfied with their work-life balance than women.

Outcomes for men and women in the Economic Standard of Living domain are generally similar

Since 1986, females have been slightly more likely than males to be living in households with low incomes, reflecting in part the higher proportion of female sole parents, although the gap closed in 2004. Women are also more likely than men to be in lower paid jobs. There is little difference between males and females in housing-related outcomes.

There are still considerably more men than women in Parliament

Despite improvements from the mid-1980s, women are still considerably under-represented in Parliament. In 1984, under the first-past-the-post electoral system, 13 percent of the Members of Parliament were women. This increased sharply to 29 percent under the first mixed-member-proportional election in 1996. Following fluctuations in the next three elections, women now make up 32 percent of the 121 Members of Parliament. In the 1980s, women were more highly represented in local government than in national government, but this was reversed in the 2005 general election. In the 2004 local government elections, 30 percent of elected members were women.

Men are more physically active than women

Surveys over the last two years by Sport and Recreation New Zealand show men are more likely to be physically active than women.

Males face a higher risk of injury or death than females although fear of crime has a higher impact on the quality of life of females

Males are more likely than females to die from assault or intentional injury (1.7 deaths per 100,000 males in 2004, compared with the female rate of 0.7 deaths per 100,000 females). They are also more likely to be injured or killed in motor vehicle accidents. Although road deaths have declined substantially for both sexes since the mid-1980s, the male road death rate has remained double that for females.

The New Zealand Crime and Safety Survey 2006 shows males and females are equally likely to experience some form of criminal victimisation. Although females were twice as likely as males to be the victims of sexual offences, males were more likely to be the victims of confrontational offences by people they did not know.

Despite having the same criminal victimisation rate, females affected by partner violence were the victims of more incidents per person on average than males affected by partner violence.[96] Women were also more likely than men to report that fear of crime impacted on their quality of life.

Social Connectedness outcomes are mixed

Men and women reported a similar level of trust in others in 2006, but women were more likely than men to have felt lonely during the past 12 months.

Changes in wellbeing for Māori relative to Europeans

Māori have poorer outcomes than Europeans, but the gap is closing in many areas

Over recent years there have been considerable improvements in outcomes for Māori across a number of domains, in many cases at a faster rate than for Europeans. Among the improving outcomes for Māori have been increasing life expectancy, greater participation and attainment in education, declining unemployment and rising incomes. However, in these areas and others the average outcomes for Māori still tend to be poorer than those for Europeans.

It is important to note the risk of poor outcomes often varies by age. For example, young adults have higher rates of unemployment, suicide death, road casualties and criminal victimisation, and lower incomes than older adults. For ethnic groups with a young age profile, such as Māori and Pacific peoples, this means that poor outcomes relative to those of other ethnic groups may be partly attributable to the different age structures of the groups. This should be kept in mind when comparing outcomes between ethnic groups for indicators where the data has not been age standardised.

Māori have experienced greater gains in life expectancy than non-Māori over recent years, but Māori still have a shorter life expectancy than Europeans. Māori women have the highest smoking rates of any ethnic group (50 percent) followed by Māori men (40 percent). Since 1990, smoking prevalence has declined by five percentage points for Māori, the same as for the European/Other ethnic group. Māori also have a higher suicide death rate than non-Māori and are more likely to be obese than those in the European/Other ethnic group.

Considerable gains in Māori educational participation over a number of years have narrowed the gaps between Māori and Europeans in the Knowledge and Skills domain. The participation rate of Māori children in early childhood education grew faster than that for European children from 2000–2004, but it levelled off in 2005 and 2006 at 90 percent, compared with a participation rate for European children of 98 percent. Māori attainment of higher school qualifications in 2006 (37 percent) was considerably lower than for Europeans (65 percent). There have also been considerable increases in Māori participation in tertiary education and in 2006 the rate of Māori participation at tertiary level was the highest of all the major ethnic groups at 20 percent. However, in the core tertiary education age group of 18–24 years the Māori participation rate was lower than that of Europeans. As a result of increasing tertiary participation, the proportion of Māori holding a qualification at bachelor's degree level or above has also increased over the last 10 years.

The Māori unemployment rate halved between 1995 and 2006, and is now the lowest since the Household Labour Force Survey began. The gap between the unemployment rates of Māori and Europeans narrowed from 12 percentage points to 5 percentage points over that period. The employment rate for Māori has been increasing at a faster rate than that for Europeans since the early 1990s, although at 65 percent in 2006 it remains well below the European rate of 80 percent. The ratio of Māori to European median hourly earnings fluctuated between 1997 and 2006, and was slightly higher at the end of the period although it dropped from 2005 to 2006.

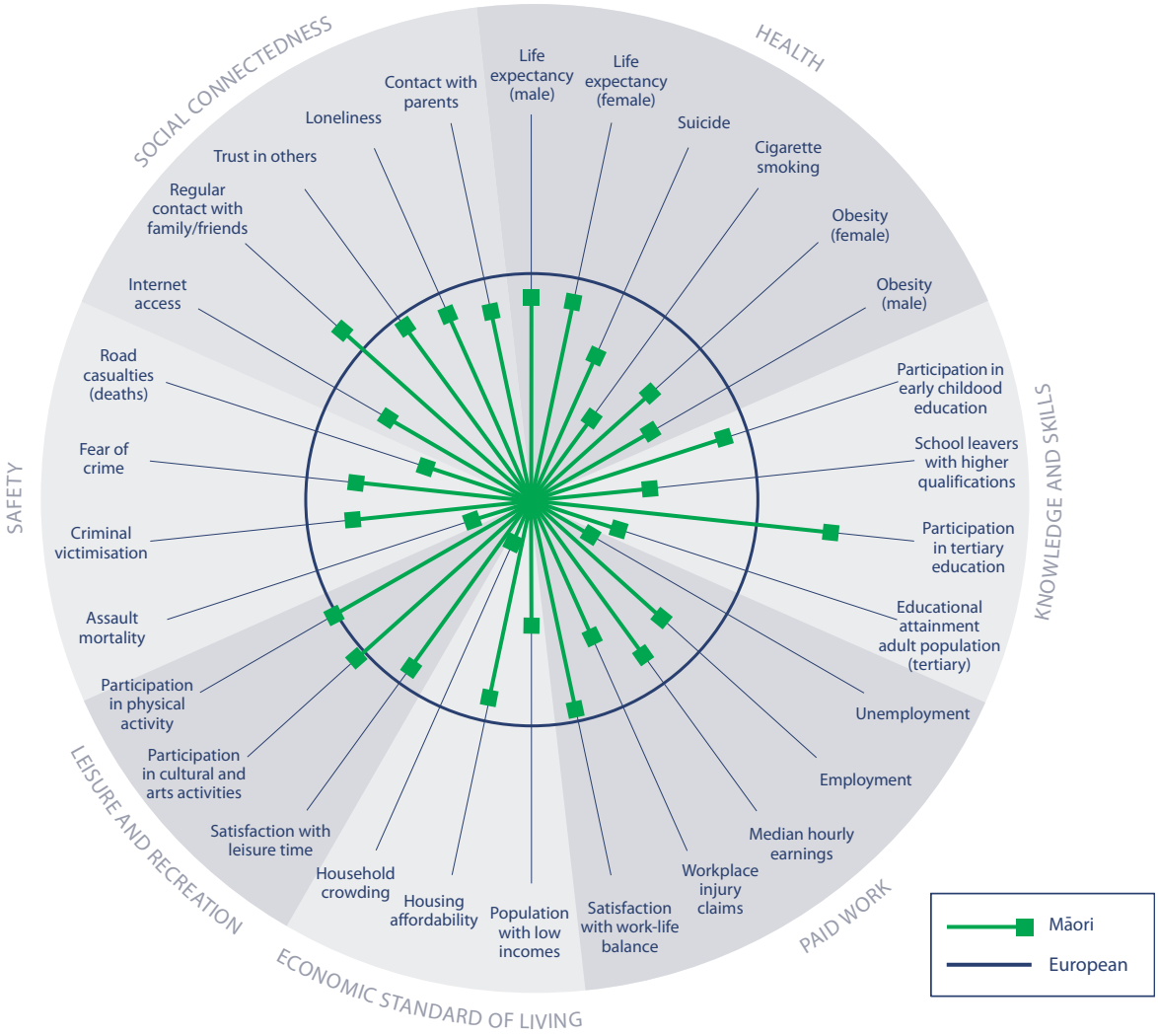
Workplace injury claim rates are higher for Māori than those for other ethnic groups (182 per 1,000 FTEs compared with 119 per 1,000 FTEs for Europeans in 2005). The higher claim rate for Māori is likely to reflect their relatively greater concentration in high-risk industries and occupations.

The proportion of Māori living in households with low incomes has fallen in recent years. After rising from 11 percent in 1982 to 41 percent in 1994, the figure dropped to 22 percent in 2004, narrowing the gap between outcomes for Māori and Europeans living in low income households.

On average, Māori have worse outcomes in the Safety domain. Māori are about twice as likely as other ethnic groups to die in motor vehicle accidents, and considerably more likely than non-Māori to die as a result of assault or intentional injury. In the five years to 2004, the rate of death from assault or intentional injury for Māori children under 15 years was 1.4 per 100,000 children, compared with 0.6 per 100,000 for non-Māori. Māori adults are also more likely to be victims of crime (47 percent compared with 37 percent for Europeans). While 36 percent of Europeans reported that crime affected their quality of life, 47 percent of Māori reported this.

The number of speakers of te reo Māori increased by 1,100 between 2001 and 2006. The 2006 Census shows a slight decrease in the proportion of Māori who speak Māori since 2001, while the 2006 Survey on the Health of the Māori Language shows an increase over this same period. It is not clear whether the proportion of Māori who speak Māori has declined slightly or increased.

Figure CO3 **Social wellbeing for Māori, relative to Europeans, 2004–2006**



Interpreting "Social wellbeing for Māori, relative to Europeans"

The circle ○ represents average outcomes for Europeans. The spokes —■ represent average outcomes for Māori. Where a spoke falls outside the circle, the outcome for Māori is better than for Europeans. The further the spoke is from the circle, the better the outcome for Māori relative to Europeans. Where a spoke falls inside the circle, the outcome for Māori is worse than for Europeans. There are, however, some important limitations on this style of presentation.

In particular, we cannot directly compare the size of changes for different indicators. Where possible, the data represents three-yearly averages. Most of the data is from 2004–2006 except for: life expectancy (2000–2002), obesity (2003), suicide (2002–2004), participation in cultural and arts activities (2002), assault mortality (2002–2004), road deaths (2002–2004) and contact with parents (2001).

Changes in wellbeing for Pacific peoples relative to Europeans

Although outcomes are improving for Pacific peoples, they are still comparatively poor in a number of areas

Like Māori, Pacific peoples have also experienced improving outcomes in a number of areas including education, employment and living standards. However, some indicators show a slowing of earlier improvements and considerable gaps remain between the outcomes of Pacific peoples and those of Europeans.

Pacific peoples were more likely to smoke cigarettes in 2006 (37 percent) than Europeans/Others (21 percent) and Asians (12 percent), but were less likely to do so than Māori (45 percent). Pacific peoples have the highest prevalence of obesity of any ethnic group.

Knowledge and Skills outcomes for Pacific peoples have generally improved over the long term but recent changes are more mixed. As was the case with Māori, the participation rate of Pacific children in early childhood education increased faster than the rate for European children between 2000 and 2004, but participation rates declined slightly over the next two years. Pacific children have the lowest rate of attendance of any ethnic group. Pacific peoples' attainment of higher school qualifications in 2006 (50 percent) was lower than for Europeans (65 percent).

The increase in the proportion of Pacific adults with qualifications at upper secondary level or above between 1996 and 2003 was the largest of any ethnic group, but between 2003 and 2006 the proportion declined. The proportion of Pacific adults who hold a qualification at bachelor's degree level or above has increased since 1996.

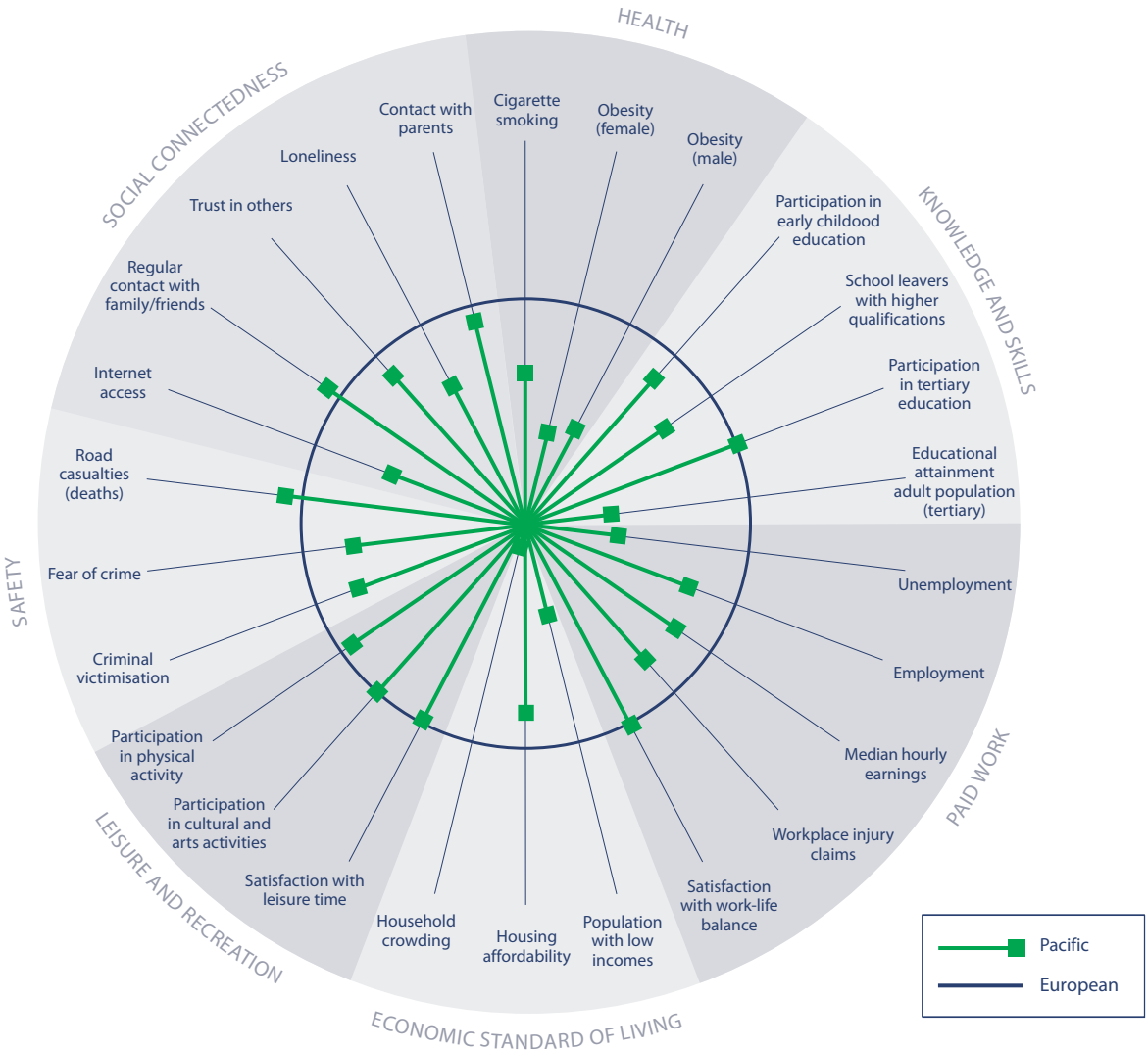
The unemployment rate for Pacific peoples, like that of Māori, has fallen markedly over recent years. In 2006, Pacific peoples had an unemployment rate of 6.4 percent – lower than the Māori rate but higher than that for Europeans. Unemployment peaked at 28.0 percent in 1991 for Pacific peoples, the highest rate for any ethnic group, and 20.1 percentage points higher than the European unemployment rate. In 2006, this gap had reduced to 3.7 percentage points. Pacific unemployment reached a record low of 6.1 percent in 2005. Employment rates for Pacific peoples fell steeply from 68.4 percent in 1986 to 45.6 percent in 1991. They have recovered strongly since then. However, with an employment rate of 61.6 percent in 2006, Pacific peoples are still less likely to be employed than they were in 1986.

The ratio of Pacific peoples' median hourly earnings to Europeans' earnings has fluctuated over the past nine years. The ratio is now slightly higher than it was in 1997.

The proportion of Pacific peoples living in households with low incomes has fallen markedly in recent years. After rising from 13 percent in 1982 to 44 percent in 1994, it dropped to 29 percent in 2004. The proportion of Pacific families spending more than 30 percent of their income on housing costs has been higher than that for European or Māori families over the past decade to 2004, but the gap narrowed between 2001 and 2004. Pacific peoples are far more likely to live in crowded households than other ethnic groups. The level of household crowding improved for Pacific peoples between 1986 and 2006.

In 2005, 47 percent of Pacific peoples were victims of crime compared with 37 percent of Europeans. Pacific peoples were also more likely than Europeans to report that fear of crime had an impact on their quality of life.

Figure CO4 **Social wellbeing for Pacific peoples, relative to Europeans, 2004–2006**



Interpreting "Social wellbeing for Pacific peoples, relative to Europeans"

The circle ○ represents average outcomes for Europeans. The spokes —■ represent average outcomes for Pacific peoples. Where a spoke falls outside the circle, the outcome for Pacific peoples is better than for Europeans. The further the spoke is from the circle, the better the outcome for Pacific peoples relative to Europeans. Where a spoke falls inside the circle, the outcome for Pacific peoples is worse than for Europeans. There are, however, some important limitations on this style of presentation.

In particular, we cannot directly compare the size of changes for different indicators. Where possible, the data represents three-yearly averages. Most of the data is from 2004–2006 except for: obesity (2003), participation in cultural and arts activities (2002), assault mortality (2002–2004), road deaths (2002–2004) and contact with parents (2001).

Other ethnicities

Outcomes for ethnic groups other than European, Māori and Pacific peoples are mixed

Indicators for ethnic groups other than European, Māori and Pacific peoples are limited. Some surveys used in this report provide separate data on Asians and on those people of other ethnicities. In other cases, data on Asians and on those of other ethnicities are combined. This, along with the diverse make-up of the Other category, probably contributes to the mixed outcomes evident for this group.

After European children, Asian children are the most likely to have attended an early childhood service before attending primary school, followed by children of the Other ethnic group. The rate of attendance for Asian children and children of the Other ethnic group grew faster than the rate for European children between 2000 and 2006. The Asian group has the highest level of school leavers with higher school qualifications, followed by Europeans. Adults from the Other (including Asian) ethnic group are the most likely to have at least upper secondary qualifications and to have tertiary qualifications at bachelor's degree level or above.

The Other (including Asian) ethnic group has the second lowest rate of unemployment, behind Europeans (6.2 percent compared with 2.7 percent for Europeans in 2006). The unemployment rate of this group has been consistently below the unemployment rates of Māori and Pacific peoples since 1986. Between the mid-1990s and 2005, partly through the inclusion of international students studying in New Zealand, the Other ethnic group had the lowest rate of employment of any ethnic group. In 2006, the employment rate of the Other ethnic group was higher than that for Pacific peoples. Median hourly earnings for the Other ethnic group have consistently been second highest, behind European median hourly earnings over the period since 1997. However, employees from the Other ethnic group experienced the lowest percentage increase (4 percent) in real median hourly earnings from wage and salary jobs over the nine years to June 2006.

The proportion of Other (including Asian) ethnic families with low incomes increased from 8 percent in 1982 to a peak of 54 percent in 1998. It decreased to 38 percent in 2004, but was the highest of any ethnic group. Households with an adult of Other ethnicity were more likely to spend more than 30 percent of their income on housing costs than any other group, and to experience an increase in the proportion with housing costs greater than 30 percent between 2001 and 2004 (from 36 percent to 42 percent). After Pacific peoples and Māori, those in the Other (excluding Asian) ethnic group were the most likely to be living in a crowded household, followed by Asians. The Other ethnic group was the only ethnic group to have an increased incidence of crowding between 1991 and 2001.

Summary of indicators

Indicators	Current level of updated indicators (most recent year) and the change from the previous result ☺ better ☹ worse ⊖ not comparable 😐 same ⊘ not updated	Longer term change	Variation within the population	Comparison with the OECD
HEALTH				
Health expectancy	⊘ Males 64.8 years Females 68.5 years (2001)	Improved for females	Lower for males and Māori	No comparison available
Life expectancy	☺ Males 77.9 years Females 81.9 years (2004–2006)	Improved, faster for males than females	Lower for males, Māori and those living in deprived areas	Average for both males and females
Suicide	☺ 13.1 deaths per 100,000 (three-year moving average age-standardised rate for all ages, 2002–2004) Youth 15–24 years, 17.7 deaths per 100,000 (three-year moving average 2002–2004)	Improved since 1998	Suicide deaths higher for males, youth, young adults and Māori; attempted suicide higher for females	Average for all ages, poor for youth
Cigarette smoking	😐 24 percent of population aged 15–64 years (age-standardised rate 2006)	Improved to 1991, steady since	Higher rates among young people, Māori, Pacific peoples and those living in deprived areas	Good for males, poor for females
Obesity	⊘ 21 percent of population 15+ years (2003) 10 percent of children 5–14 years (2002)	Prevalence of obesity doubled between 1989 and 2003	Higher for Pacific peoples, Māori, and females in deprived areas	Poor
KNOWLEDGE AND SKILLS				
Participation in early childhood education	😐 "Apparent" participation rate: 97 percent for 3 year olds and 103 percent for 4 year olds (2006)	Improved	Māori and Pacific rates lower than European	No robust comparison available
School leavers with higher qualifications	☺ 60 percent of school leavers with NCEA Level 2 or above (2006)	No comparable trend available	Proportions lower for males, Māori and Pacific school leavers	No comparison available
Participation in tertiary education	☹ 13.7 percent of population aged 15 years and over enrolled in tertiary education institutions (2006)	Improved	Lower rates for males, higher for Māori at ages under 18 and over 25	No direct comparison available for total population aged 15 years and over, good for 20–29 year olds
Educational attainment of the adult population	😐 77 percent of the population aged 25–64 years with at least an upper secondary qualification (2006) 😐 20 percent of the population aged 25–64 years with tertiary (bachelor degree+) qualifications (2006)	Improved	Proportions lower for older people, women, Māori and Pacific peoples; Other adults had the highest proportion with tertiary qualifications	Good for upper secondary and average for tertiary
PAID WORK				
Unemployment	☹ 3.8 percent of the labour force (2006)	Improved since 1998, almost to mid-1980s levels	Higher rates for young people, Māori, Pacific peoples and Other ethnic groups	Very good
Employment	☺ 75.2 percent of the population aged 15–64 years (2006)	Improved since 1998 to above mid-1980s levels	Lower rates for young people, women, Māori, Pacific peoples and Other ethnic groups	Very good
Median hourly earnings	☺ $17.00 per hour for wage and salary earners ($18.13 for males; $15.88 for females) (2006)	Improved	Lower for Māori, Pacific peoples, youth and females over 30	No comparison available

Indicators	Current level of updated indicators (most recent year) and the change from the previous result ☺ better ☹ worse ⊖ not comparable 😐 same ⃠ not updated	Longer term change	Variation within the population	Comparison with the OECD
PAID WORK CONT.				
Workplace injury claims	☺ 132 claims per 1,000 full-time equivalent employees (2005 – provisional)	Improvement since 2001	Higher rates for men, Māori and Pacific peoples	No comparison available
Satisfaction with work-life balance	⊖ 75 percent of employed people say they are satisfied with their work-life balance (2006)	Data not comparable	Māori and people aged 25–49 are less likely to be satisfied with their work-life balance	No comparison available
ECONOMIC STANDARD OF LIVING				
Market income per person	😐 RGNDI of $29,037 per capita (in constant 1995/1996 dollars) (2007)	Improved	Not measured	Poor
Income inequality	⃠ 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 (2004)	Worsened slightly	Not relevant	Higher inequality than OECD median around 2000
Population with low incomes	⃠ 17 percent of population lives in households with incomes below 60 percent of the median (2004)	Improved since mid-1990s	Higher rates among children, large families, sole-parent families, Māori, Pacific peoples and Other ethnic groups	Average
Housing affordability	⃠ 22 percent of households spend more than 30 percent of income on housing (2004)	Improved since 1998	Higher proportions among low-income households, Māori, Pacific peoples or Other ethnic groups	No comparison available
Household crowding	😐 10 percent of individuals live in households requiring one or more additional bedrooms (2006)	Improved	More common among families with young children, youth, people in rental housing, Māori and Pacific peoples and in South Auckland	No comparison available
CIVIL AND POLITICAL RIGHTS				
Voter turnout (general elections) Voter turnout (local authority elections)	⃠ 77 percent of the population eligible to vote (2005) ⃠ Local authority elections 46 percent (2004)	Fallen Fallen	Non-voters more likely to be on lower incomes, younger people, Māori or Pacific peoples	Above average for general election
Representation of women in government	⃠ 32 percent of seats in Parliament (2005 general election) ⃠ 30 percent of elected members (2004 local authority elections)	Improved Deteriorated slightly	Not relevant	Very good for central government
Perceived discrimination	⃠ Asians most common group perceived to be subject to discrimination (2006)	Improved	Since 2001, perceptions of discrimination lower for all groups except recent immigrants	No comparison available
Perceived corruption	😐 New Zealand ranked first equal as least corrupt nation with a Corruption Perceptions Index score of 9.6 (2006)	Steady	Not relevant	Very good

Indicators	Current level of updated indicators (most recent year) and the change from the previous result ☺ better ☹ worse ⊖ not comparable 😐 same ⃠ not updated	Longer term change	Variation within the population	Comparison with the OECD
CULTURAL IDENTITY				
Local content programming on New Zealand television	☺ 43 percent of the prime-time schedule (2006)	Improved	Not relevant	Below average
Māori language speakers	☹ 24 percent of Māori report ability to converse in Māori (2006)	Slightly lower in 2006 than in 1996	Speakers more likely to be older	Not relevant
Language retention	⃠ Varied from 17 percent of Cook Islands Māori to 81 percent of Koreans (2001)	No trend available	Not relevant	No comparison available
LEISURE AND RECREATION				
Satisfaction with leisure time	⊖ 73 percent of the population are satisfied overall with their leisure time (2006)	No trend available	Those aged 25–49 years report lower satisfaction rates	No comparison available
Participation in physical activity	😐 72 percent of adults 15 years and over were physically active (2006)	Steady	Women and older people were less likely to be physically active than men and young people	No comparison available
Participation in cultural and arts activities	⃠ 93 percent of adult population took part in cultural activities (2001/2002)	No trend available	Higher participation rates among young people	No comparison available
PHYSICAL ENVIRONMENT				
Air quality	☹ Auckland below guideline (2006) 😐 Hamilton below guideline (2006) ☹ Wellington below guideline (2006) ☹ Christchurch above guideline (2006) ☹ Dunedin above guideline (2006)	Fluctuating Steady Improved Improved Fluctuating	Not reported	No comparison available
Drinking water quality	☺ *E. coli* compliance 76 percent (2005) ☺ *Cryptosporidium* compliance 61 percent (2005)	Improved Improved	Not reported Not reported	No comparison available No comparison available
SAFETY				
Assault mortality	☺ All ages: Age-standardised rate of 1.2 deaths per 100,000 people (2004) Children under 15: five-year average annual rate of 0.8 per 100,000 (2000–2004)	Improved since early 1990s	Highest among males, people aged 15–24 and Māori	Below average for males, above average for females
Criminal victimisation	⊖ 39 percent of population aged 15 and over were victims of criminal offending, either as individuals or members of households (2005)	No trend available	Younger adults, Māori and Pacific peoples more likely to have been a victim of crime	No reliable comparison available
Fear of crime	⊖ 40 percent of adults said that fear of crime had a moderate or high impact on their quality of life (2005)	No trend available	Fear higher among females, Māori, Pacific peoples and those in socio-economically deprived areas	No comparison available
Road casualties	☺ 9.4 deaths per 100,000 population (2006) ☹ 367 injuries per 100,000 population (2006)	Improved Improved since mid-1980s	High rates among men, young people, Māori and those aged 65 and over	Average for road deaths

Indicators	Current level of updated indicators (most recent year) and the change from the previous result ☺ better ☹ worse ⊖ not comparable 😐 same ⃠ not updated	Longer term change	Variation within the population	Comparison with the OECD
SOCIAL CONNECTEDNESS				
Telephone and internet access in the home	⃠ Telephone 96 percent (2004) ⃠ Internet access 65 percent (2004)	Big improvement for internet access	Access less likely among Māori and Pacific families, families with unemployed adults and sole-parent families	Above average for internet
Regular contact with family/friends	⃠ 70 percent of adults had family or friends over for dinner at least once a month in the previous year (2004)	Steady	Sharing a meal at home less common among those not in full-time employment	No comparison available
Trust in others	⊖ 76 percent of people aged 15 years and over reported that people can be trusted (2006)	No trend available	Māori, Pacific peoples and those with incomes less than $20,000 reported lower levels of trust	Good
Loneliness	⊖ 18 percent of people aged 15 and over reported having felt lonely in the past 12 months (2006)	No trend available	People of Other ethnicity, young people, people whose incomes are less than $20,000, unemployed people, and people living in South Auckland reported higher levels of loneliness	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)	No trend available	Māori students more likely to report not getting enough time with their Mum and/or Dad	No comparison available

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Changes to *The Social Report 2007*

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

Table AP1 **Changes to the indicators in *The Social Report 2007***

Outcome Domain	Change
Knowledge and Skills	The school leavers with higher qualifications indicator now reports on the proportion of secondary school leavers who left school with a qualification at National Certificate of Educational Achievement (NCEA) Level 2 or above, rather than higher than NCEA Level 1. This aligns the indicator more closely to the qualifications framework for upper secondary schools. The adult literacy skills in English indicator has been removed from the report as the data is old and not able to be updated frequently.
Economic Standard of Living	The income-sharing unit which forms the basis of the population with low incomes indicator has been changed from the "economic family unit" to the "household". This change brings the base methodology for the indicator into line with international best practice. The population with low living standards indicator has been removed from the report. The Ministry of Social Development's review of the population with low living standards indicator, following the publication in 2006 of New Zealand Living Standards 2004, has shown the indicator is not suitable for tracking living standards over time. This is due to the interpretation of any changes being complicated by the fact that the indicator reflects changing expectations about consumption, not just changes in consumption itself.
Safety	An indicator of assault mortality that covers the whole population has replaced the intentional injury child mortality indicator. While the new indicator retains information about child assault deaths, it provides a broader picture of intentional violence across society. An indicator on fear of crime has replaced the perceptions of safety indicator. This is a broader indicator of the effect fear of crime has on wellbeing and quality of life.

A number of other minor changes have been made to some indicators.

The suicide indicator is now expressed as a three-year moving average, which removes the fluctuations apparent with the small numbers associated with suicide statistics.

The cigarette smoking indicator now reports on people aged 15–64 years rather than 15 years and over as previously, because it is based on a new survey.

The participation in tertiary education indicator has been changed to include only domestic students and to measure students enrolled at any time during the year, not at mid-year as in previous social reports.

The participation in sport and active leisure indicator has been re-named "participation in physical activity", to better reflect what the indicator is measuring.

Modifications have been made to the air quality data, particularly in Dunedin, where a central monitoring site is now used.

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), assuming medium mortality and net migration gain of 10,000, Series 6 (high migration), assuming medium fertility and mortality; External Migration Information Release, INFOS series VTBA.SJT (natural increase) and EMIQ.S3E (net migration).*

Overseas-born: *Statistics New Zealand (2007) QuickStats About Culture and Identity, 2006 Census, Tables 6, 7, 12, and 13.*

Fertility: *Statistics New Zealand (2007a) Birth Tables: Age-specific Fertility Rates for the Total and Māori Populations. International comparison for total fertility rate and teenage (under 20) fertility rate: Demographic Trends 2006, Table 2.12, latest years available; 2005 England and Wales data from UK Office for National Statistics (2006) Birth Statistics, 2005, Tables 1.4 and 3.1.*

Geographic and ethnic distribution of the population: *Statistics New Zealand (2002) 2001 Census: Regional Summary, Table 2; Statistics New Zealand (2006) 2006 Census Regional Summary Tables 1, 2; Ethnic Population Projections, 2004(base). Urban/rural distribution: Statistics New Zealand, 2006 Census, unpublished data.*

Age and sex structure of the population: *Statistics New Zealand, National Population Estimates by single year of age, mean for the year ended December 2006, National Population Estimates Information Release. Median age by ethnic group: Statistics New Zealand, 2006 Census, unpublished data.*

Household structure: *Statistics New Zealand, 1996 Census: Families and Households, Table 1; 2001 Census: National Summary, Table 36; 2006 Census, Classification Counts, Table 55.*

Housing tenure: *Statistics New Zealand (2002) 2001 Census National Summary, Tables 20, 41; Statistics New Zealand (2006) QuickStats About New Zealand's Population and Dwellings, 2006 Census; and unpublished 2006 Census data.*

Families with dependent children: *Table P4: Families with dependent children, by family type, 1976 to 2006; Statistics New Zealand, 1976, 1981, 1986, unpublished census data; 1991 Census: New Zealanders at Home, Tables 16, 17; 1996 Census: Families and Households, Tables 16, 21, 26; 2001 Census: Families and Households, Tables 13, 24; 2006 Census, unpublished data. International comparison data: UK: Office for National Statistics (2005) Focus on Families, Table 1.2: Families: by type and presence of children, 2004 (families with dependent children); US: Census Bureau (2007) Current Population Survey Reports, 2006 March CPS, America's Families and Living Arrangements, Table FG7, Family groups with own children under 18; Australia: Australian Bureau of Statistics, Australian Social Trends, 2006, Family and Community: National Summary, Living Arrangements (families with children under 15); Canada: Statistics Canada, 2001 Census, Cat. No 95F0316XCB01004, Families with children under 18.*

Official languages: *Statistics New Zealand (2007) QuickStats About Culture and Identity, 2006 Census, Tables 15, 17, 19, 22 and 23.*

People with disability: *Statistics New Zealand (2001a) Disability Counts, Tables 1.01a, 1.02a. Ministry of Health (2004c) Living with Disability in New Zealand, Tables 4.29, 5.25.*

Same-sex couples: *Statistics New Zealand 2001 Census: Families and Households, Tables 7, 11; Statistics New Zealand (2006) 2006 Census, Classification Counts, Table 63. Note: The number of adults has been derived by multiplying the number of couples by two.*

Health

H1 HEALTH EXPECTANCY

Definition/formulae: The total number of years a newborn can expect to live without any self-reported functional limitation requiring the assistance of another person or a complex assistive device.

Notes:

1 The 2001 estimates have been revised following the official release of the 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 the 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 years, and are referred to here as "partial" independent life expectancies.

Limitations of data: The ability to monitor health expectancy on a regular basis depends on the availability of information about disability and levels of disability (ie the post-census disability survey).

This measure of health expectancy (called independent life expectancy in The Social Report 2003) has inherent limitations as a population health indicator. An indicator that included all levels of disability – not just a single dependency threshold – would provide a more precise measure of health (ie a health-adjusted life expectancy). The social preferences (disability weights) needed to construct such an indicator are not available for New Zealand.

Data source: *Ministry of Health, revised data.*

H2 LIFE EXPECTANCY

Definition/formulae: The expected number of years a person would live if they were subject throughout their lives to the current age-specific mortality rates.

Note: Ethnic-specific estimates for the period 1980–1982 to 1995–1997 have been adjusted for undercounting in the ethnic mortality statistics by linking census to mortality records. They 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 the NZDep2001, a small-area index of deprivation based on a principal-component analysis of nine socio-economic variables from the 2001 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 approximately 100 people.

Limitations of data: Available annually only for the total population. Official Māori/non-Māori data is available five-yearly only, based on a three-year period around census years.

Data sources: *Statistics New Zealand (2007f) New Zealand Abridged Life Table: 2004–2006 abridged life tables: http://www.stats.govt.nz/tables/abridged-life-tables.htm; Statistics New Zealand (2004c) New Zealand Life Tables: 2000–2002, Table 1; Statistics New Zealand (2007b) Information Release, Births and Deaths: December 2006 quarter (www.stats.nz). Ministry of Health (ethnic-specific data for 1985–1987, 1990–1992); Ministry of Health (1999a) Our Health, Our Future: Hauora Pakari, Koiora Roa, The Health of New Zealanders 1999, Chapter 2. Tobias and Cheung (2003) Monitoring Health Inequalities: Life Expectancy and Small Area Deprivation in New Zealand, Table 3. OECD (2006c) OECD Health Data 2006, Frequently requested statistics.*

H3 SUICIDE

Definition/formulae: The number of suicide deaths per 100,000 population, expressed as a three-year moving average age-standardised rate, for the population aged 5 years and over.

Age-standardised to the World Health Organization standard population.

Note: The figures for 2004 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 available only for those admitted to hospital as inpatients or day patients for self-inflicted injury. Those cared for in hospital but not admitted and those cared for by primary or community care services are not reported. Therefore, the actual rate of attempted suicide is likely to be much higher than that reported in official statistics.

Comparability over time is affected by a change in the population concept in 1991 (from de facto to resident). Because of a change in the ethnicity classification in 1995, comparable data is available only from 1996 onwards. 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 different 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, 2006a, p 15).

Data sources: *Ministry of Health (2006a) Suicide Facts: 2004–2005 data; Ministry of Health, New Zealand Health Information Service (unpublished tables); Ministry of Health (2006b) Suicide Facts: Provisional 2003 Statistics (all ages); Beautrais (2000) Restricting Access to Means of Suicide in New Zealand: A Report Prepared for the Ministry of Health on Methods of Suicide in New Zealand. World Health Organization (2004).*

H4 CIGARETTE SMOKING

Definition/formulae: The proportion of the population aged 15 years and over who ever smoke any ready-made cigarettes or roll-your-own tobacco cigarettes. Up until 2005, information on smoking prevalence was collected from quarterly surveys conducted by ACNielsen Ltd and reported by the Ministry of Health. The historic rates are all crude rates. In 2006 the data came from the New Zealand Tobacco Use Survey (NZTUS) which was run for the first time in the first quarter of 2006.

Ethnic rates are age-standardised using the WHO world population.

Limitations of data: The international comparison is affected by differences in the collection and classification of the data. The classification of ethnicity information changed from 1997 onwards. Therefore, ethnic-specific data before and after 1997 may not be comparable.

The 2003 data was collected from people aged 18 years and over and adjusted for the expected proportion of smokers 15–24 years of age.

Data sources: *Ministry of Health (2006c) Tobacco Trends 2006: Monitoring tobacco use in New Zealand. OECD (2006c) OECD Health Data 2006, Frequently requested data: Tobacco consumption: % of daily smokers among adult population. Statistics New Zealand (2007) Alcohol and Tobacco Available for Consumption, Year Ended December 2006, Information Release; Statistics New Zealand, Estimated resident population, mean year ended December.*

H5 OBESITY

Definition/formulae: Obesity is defined as the accumulation of excess body fat to the extent that health is adversely affected (WHO 2000). It is measured using a Body Mass Index (BMI) which is calculated by dividing weight (in kilograms) by height (in metres) squared. Adults with a BMI greater than 30 kg/m^2 are classified as obese. In the 1997 National Nutrition Survey and in the 2002/2003 New Zealand Health Survey, the cut-off for Māori and Pacific peoples was set slightly higher, at 32 kg/m^2. For children, the measure is the proportion of 5–14 year olds whose BMI (weight/height^2) meets the international definition of obesity established by Cole et al (2000). The definition adapts the widely used cut-off point for adults ($30kg/m^2$) to produce age- and sex-specific cut-offs for children and youth aged 2–18 years.

Information on obesity is based on the 2002/2003 New Zealand Health Survey, the 1997 National Nutrition survey, the 2002 National Children's Nutrition Survey, the 1989/1990 Life in New Zealand (LINZ) Study, and the 1977 National Diet Survey. Although there was some variation in survey design and response rates, as well as in height and weight measurement methods, these surveys are considered to be reasonably comparable.

Limitations of data: The cut-off level is arbitrary and does not necessarily correspond to levels of health risk. There is some debate about whether a separate cut-off for Māori and Pacific peoples is warranted. The 1989/1990 data for Māori should be viewed with caution as the number of Māori in the survey was small.

Data sources: *Ministry of Health (2004a) A Portrait of Health: Key Results of the 2002/2003 New Zealand Health Survey; Ministry of Health (2004b) Tracking the Obesity Epidemic: New Zealand 1977–2003; Ministry of Health (2002) An Indication of New Zealanders' Health; Ministry of Health (1999b) NZ Food: NZ People; Ministry of Health (2003c) NZ Food, NZ Children: Key results of the 2002 National Children's Nutrition Survey. OECD (2005c) OECD Health Data 2006, Frequently requested data: Obesity.*

Knowledge and Skills

K1 PARTICIPATION IN EARLY CHILDHOOD EDUCATION

Definition/formulae: The number of children aged 3 and 4 years enrolled in early childhood education (ECE) programmes as a proportion of the estimated population aged 3 and 4 years. ECE programmes include: licensed ECE services (kindergartens, playcentres, education and care services, home-based services, casual education and care (no regular roll), correspondence school and te kōhanga reo); licence-exempt ECE services (early childhood development funded playgroups, Pacific peoples early childhood groups, and playcentres); and licence-exempt kōhanga reo.

Limitations of data: Rates of participation are only "apparent" because children may be enrolled in more than one ECE centre. The rates therefore may be inflated. The measure does not provide information on the length of participation or on the quality of the programmes, both of which are relevant to positive educational outcomes. The methodology used for dealing with licence-exempt ECE groups that did not provide data has changed for 2006. As a result, enrolment figures for 2006 are not directly comparable with 2005 for licence-exempt ECE groups.

Data sources: *Ministry of Education, Early Childhood Education, Licensed Services and Licence-Exempt Groups 2006, http://www.educationcounts.edcentre.govt.nz/statistics/ece/ece-licence-exempt2006.html; Ministry of Education, Prior participation in early childhood education: new entrants, http://www.educationcounts.edcentre.govt.nz/indicators/engagement/dsau16.html; Ministry of Education (various years) Education Statistics of New Zealand, Education Statistics News Sheet, v 10, no 1, March 2001; unpublished tables.*

K2 SCHOOL LEAVERS WITH HIGHER QUALIFICATIONS

Definition/formulae: The proportion of secondary school leavers who left school with a qualification at National Certificate of Educational Achievement (NCEA) Level 2 or above.

In Figure K2.1, the data up to 2002 includes school leavers with:

- National Certificate Level 4
- A or B Bursary/National Certificate Level 3
- Entrance Qualification/42 or more credits National Certificate Level 3 or above/Accelerated Christian Education Certificate or overseas award at Year 13 Level
- Higher School Certificate/14–41 credits National Certificate Level 3 or above
- National Certificate Level 2/1–13 credits National Certificate Level 3 or above.

The data for 2003 also includes leavers who attained NCEA Level 2.

The data for 2005 and 2006 includes qualifications at NCEA Level 2 or above.

Limitations of data: School leaver data collection was changed as a result of the introduction of NCEA in 2002. A direct comparison cannot be made between rates up to and including 2002 with rates for 2003 on, due to the change in the qualification structure. Previous qualifications, such as School Certificate, were awarded to students if they had completed the assessment and met attendance requirements, independent of the grade awarded. The new qualification structure is designed to award students credits when they have met achievement rather than participation criteria.

Data sources: *Ministry of Education (various years) Education Statistics of New Zealand; Ministry of Education website, http://www.minedu.govt.nz, School Leaver Statistics; Ministry of Education, Education Counts website, School Leaver statistics, http://educationcounts.edcentre.govt.nz/statistics/schooling/hp-school-leavers.html; Ministry of Education (2006) School leavers with NCEA Level 2 or above http://www.educationcounts.edcentre.govt.nz/indicators/edachievmnt/simu23.html; unpublished data from the Ministry of Education.*

K3 PARTICIPATION IN TERTIARY EDUCATION

Definition/formulae: Participation in tertiary education is calculated by the number of students aged 15 years and over enrolled with a tertiary education provider (see below) at any time during the year 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-the-job industry training and private training establishments that did not received tuition subsidies or were not approved for student loans and allowances. Domestic students only are included.

Modern Apprenticeship students who are studying courses that fit into the above definition are included in the statistics (typically, doing block courses at a polytechnic). If their learning is totally on the job, they will not be included.

Community education courses are excluded from the statistics.

Public tertiary education institutions include: universities, polytechnics, colleges of education, and wānanga. Private tertiary education consists of: private providers receiving a tuition subsidy, private providers with qualifications approved for loans and allowances, private providers receiving a Ministry of Education grant, and other private providers registered with the New Zealand Qualifications Authority.

Limitations of data: The data in this report relates to students enrolled at any time during the year (from 1994). In previous social reports, it related to students enrolled at 31 July in each year. Therefore, the data in this indicator is not comparable with that in previous social reports.

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; Ministry of Education (2007), Tertiary Education Enrolments – 2006; Ministry of Education, Education Counts EdCentre (2007) Provider-based enrolments, Tables ENR2, ENR4, ENR5, ENR9; Participation Rates, Tables PPN1, PPN5, PPN7, downloaded from http://www.educationcounts.edcentre.govt.nz/ on 15 May 2007. OECD (2006a) Education at a Glance 2006, Table C1.2.*

K4 EDUCATIONAL ATTAINMENT OF THE ADULT POPULATION

Definition/formulae: The proportion of adults aged 25–64 years with an educational attainment of at least upper secondary school level, defined in the International Standard Classification of Education (ISCED 1997) as Level 3 and above, and including tertiary qualifications at bachelor's degree and above (Level 5A/6).

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, and other specified tertiary (the latter was previously included in 5B).

ISCED 5B includes: university certificate or diploma, teacher's certificate or diploma, nursing certificate or diploma.

ISCED 5A/6 includes: post-graduate degree, certificate or diploma, bachelor's degree.

Limitations of data: The data for this indicator is different from that shown in previous social reports because it refers to December years (previously it was for June years). This change was made to align the indicator with other indicators based on data from the Household Labour Force Survey.

Statistical weights used to rate sample data up to population estimates are updated every five years following each population census. This requires a revision of historical data. The latest revision was in June 2004.

Statistics New Zealand has recently recoded "other specified tertiary" from Level 5B to Level 4. This change should not have affected the data in this indicator.

The international comparison of the adult population with "at least upper secondary education" should be viewed with caution. There are substantial differences in the typical duration of ISCED 3 programmes between countries, ranging from two to five years of secondary schooling. The Tertiary Level A (bachelor's degree and above) comparison is more robust.

Data sources: *Statistics New Zealand, Household Labour Force Survey, unpublished tables. OECD (2006a) Education at a Glance 2006, Tables A1.2a, A1.2b, A1.2c (at least upper secondary education) and A1.3a, A1.3b, A1.3c (Tertiary-type A and advanced research programmes), downloaded from the internet 24 April 2007, http://www.oecd.org/document/6/0,2340,en_2649_37455_37344774_1_1_1_37455,00.html*

Paid Work

PW1 UNEMPLOYMENT

Definition/formulae: The proportion of the labour force (aged 15 years and over) that is unemployed. The labour force is the sum of those defined as employed and those defined as unemployed. Hence the unemployment rate is defined as unemployed/(employed and unemployed). The unemployed are defined in the Household Labour Force Survey as those who are without a paid job (or unpaid work in a relative's business) and who have actively sought work in the four weeks before the survey and who are available to take work. "Actively seeking" includes any actions such as contacting an employer, asking friends and relatives and contacting an employment agency or Work and Income but excludes those who have only checked newspaper advertisements.

Standardised unemployment rates used for international comparison are seasonally-adjusted rates.

Limitations of data: Data is based on a sample survey and is therefore subject to sampling error. The definition of the unemployed excludes some people who regard themselves as unemployed, including the "discouraged unemployed" – those not meeting the "actively seeking work" criterion. This group is classified in the "not in the labour force" category. The unemployment rate also excludes those who have part-time employment but who are seeking to work more hours.

Data sources: *Statistics New Zealand (2007d) Household Labour Force Survey. OECD Frequently Requested Statistics, Standardised Unemployment Rate, downloaded from www.oecd.org on 9 May 2007; OECD (2006b) OECD Employment Outlook, 2006, Statistical Annex, Table G p 267.*

PW2 EMPLOYMENT

Definition/formulae: The proportion of the population aged 15–64 years employed for at least one hour per week. The employed are those who worked for pay or profit for one hour or more in the week before the survey or who worked unpaid in a relative's business or who have a job but did not work that week because of leave, sickness or industrial disputes. The definition used here relates to the population aged 15–64 years, rather than to those aged 15 years and over; otherwise results are skewed by differences in the proportions of the sub-populations over 65 years, particularly when comparing males with females and comparing different ethnic groups.

Limitations of data: As above, data is subject to sampling error. The definition of employment includes those working one hour or more per week, so this will include some people who are likely to regard their status as closer to unemployment than to employment. For example, people on the unemployment benefit and searching for work but working a few hours a week will be counted as employed.

Data sources: *Statistics New Zealand (2007d) Household Labour Force Survey. The Household Labour Force Survey figures were rebased using the latest census information in the June 2004 quarter. The data for all quarters was revised and there may be some differences between the numbers in this report and those published in earlier editions. OECD (2006b) OECD Employment Outlook, 2006, Statistical Annex, Table B pp 248–250.*

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 to the number of hours actually worked and the actual income. Proxy interviewing may be used to collect data on income under certain circumstances. Estimates from sample surveys are subject to error.

Data sources: *Statistics New Zealand (2006g) New Zealand Income Survey, Hot Off the Press, June 1997 to June 2003 (revised), June 2004 to June 2006 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 the ACC. In some cases, there are also delays from when the accident happened to when the claim is reported to the ACC. For example, there were 240,500 injuries reported for the 2003 calendar year by March 2004, and 246,600 by March 2005, an increase of 3 percent.

Information on workplace injuries for 2005 is based on a new set of indicators developed by Statistics New Zealand. Comparable figures are available for 2001–2004 but information from these years is not directly comparable with previous figures on workplace injuries. The data for 2002–2004 was revised by Statistics New Zealand in 2006.

Data source: *Statistics New Zealand (2006a) Injury Statistics – Claims for Work-Related Injuries (2005), Information Release.*

PW5 SATISFACTION WITH WORK-LIFE BALANCE

Definition/formulae: The proportion of employed people who are "satisfied" or "very satisfied" with their work-life balance according to the Quality of Life Survey 2006.

Limitations of data: Subjective measures of wellbeing reflect people's perceptions of their own situation, which may differ from their objective status. The survey had a low response rate (22 percent) which means care should be taken in interpreting the data.

Note: Ethnicity is based on multiple responses and is sourced from unpublished tables produced by the Ministry of Social Development.

Data source: *Quality of Life Survey 2006. 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 2006 survey was 7,720, which has a maximum margin of error of +/- 1.1 percent at the 95 percent confidence interval. Interviews were conducted to meet gender, ethnicity, age and ward/region quotas to ensure the sample was representative of the New Zealand population as a whole.*

Economic Standard of Living

EC1 MARKET INCOME PER PERSON

Definition/formulae: Real Gross National Disposable Income (RGNDI) measures the real purchasing power of the net income of New Zealand residents from both domestic and overseas sources, after taking account of income resulting from international transfers. GNDI is Gross National Income (GNI), previously called Gross National Product (GNP), plus net international transfers. Real Gross Domestic Product (GDP) per person (as used in the OECD comparisons) is real income produced inside the New Zealand national boundary, excluding the international transfers included in GNDI.

Derivation of RGNDI: In the published tables, RGNDI is calculated as follows: constant price gross domestic product (production-based measure) plus constant price trading gain/loss plus constant price total net income and transfers. Constant price trading gain/loss is defined as current price exports divided by the imports implicit price index less constant price exports. Constant price total net income and transfers equals investment income credits less investment income debits plus transfers credits less transfers debits, all divided by the imports implicit price index.

Limitations of data: Major limitations to the use of RGNDI as an indicator of wellbeing include its failure to include non-marketed (and, therefore, non-priced) activities (barring the exception of imputed rentals on owner-occupied dwellings). RGNDI provides no information on income distribution. Finally, evidence suggests monetary measures have a very weak cross-sectional and a limited time series correlation with self-assessed measures of wellbeing.

Note: The use of real GDP for OECD comparisons may over-state New Zealand's relative position because of New Zealand's growing and high per capita net external debt.

Data sources: *Statistics New Zealand, Real GNDI per capita, INFOS series SNCA.S6RB06NZ; Statistics New Zealand (2001c) Measuring Unpaid Work in New Zealand 1999 Table 1 p 15, Table 4 p 17. OECD (2007a) National Accounts of OECD Countries, Main Aggregates, Volume 1, 1994–2005, Part III, Comparative Tables based on PPPs, Table B5: Gross domestic product per head at current prices and current PPPs (US dollars), and Table B7: Gross domestic product per head at the price levels and PPPs of 2000 (US dollars); OECD (2007) OECD Factbook 2007: Economic, Environmental and Social Statistics, Gross national income per capita, time series table from Statlink on p 29.*

EC2 INCOME INEQUALITY

Definition/formulae: The ratio of the 80th percentile of equivalised disposable household income to the 20th percentile of equivalised disposable household income. This indicator takes into account household size and composition. For international comparisons, we have compared Gini co-efficients.

Adjustment for family size was made by means of a per capita equivalisation process based on the 1988 Revised Jensen Equivalence Scale.

Limitations of data: International comparisons have been made with data from years around 2000.

Data sources: *Statistics New Zealand 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 income measure used is equivalised disposable household income after deducting housing costs. Equivalised disposable household income is the total income from all sources for all individuals in the household, after deducting tax, and adjusting for household size and composition.

The adjustment for household size and composition is based on the 1988 Revised Jensen Equivalence Scale.

Housing costs is the sum of annualised accommodation expenditure (includes mortgage payments (principal and interest), payments to local authorities, property rent, rent of a private dwelling, boarding house, and student accommodation not paid with formal fees). In this indicator the Accommodation Supplement is counted as income.

Individuals are ranked by their household's equivalised disposable income (after deducting housing costs).

The two low-income thresholds used are of the "fixed line" type, set at 50 percent and 60 percent of the 1998 median household disposable income, less 25 percent to allow for average housing costs. The two thresholds are held constant in real terms by an adjustment using the CPI. (See Perry (2007) for further detail – especially Appendices 4 and 5.)

Individuals are grouped according to selected individual, family or household characteristics for the different analyses. For this indicator, family means one or two parent families with dependent children, whether living in a separate household or with others in a wider household.

The ethnicity of individuals aged 15 years and over is as reported by the individual. Children under 15 years are attributed with the ethnicity of the survey respondent.

The methodology used to calculate the figures used in the international comparison section follows that used by the OECD: the income concept is equivalised household disposable income; the equivalence scale is the square root scale (ie equivalence scale elasticity = 0.5); equivalent household income is attributed to all individuals in the household; individuals are ranked by their attributed equivalent disposable income to get the median for that year; the threshold is set at 50 percent of this (contemporary) median, a "moving line" approach. There is no adjustment for housing costs.

Limitations of data: The equivalised disposable income measure (whether before or after deducting housing costs) is taken as an indicator of a household's access to economic resources or of its potential living standards, all else being equal. The measure is an imperfect indicator of actual living standards, which are influenced by factors other than current income and housing cost. People with the same current income level can have different standards of living as a result of their different net 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 very low income are likely to have different life outcomes to those who experience only a transient episode.

Note: The measures have been constructed using the household as the income-sharing unit, in line with international best practice. Previous social reports used the "economic family unit" as the income-sharing unit. The figures used in The Social Report 2007, therefore, differ a little from those in previous editions, although trends over time remain unchanged.

Data sources: *Statistics New Zealand 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 Development (see Perry B (2007) Household incomes in New Zealand: trends in indicators of inequality and hardship, 1982 to 2004).) 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 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 (includes mortgage payments (principal and interest), payments to local authorities, property rent, rent of a private dwelling, boarding house and student accommodation not paid with formal fees). In this indicator the Accommodation Supplement is counted as income.

Limitations of data: Measures of housing affordability do not shed light on the issues of housing quality, suitability or sustainability; nor do they explain why affordability problems may exist, or the extent to which inadequate housing is occupied to avoid affordability problems. Furthermore, marginally-housed families are often hidden from official statistics and 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 Statistics New Zealand Household Economic Survey by the Ministry of Social Development.*

EC5 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 5 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 5 of the opposite sex
- Single adults 18 years and over and any unpaired children require a separate bedroom.

Limitations of data: There is no contemporary official statistic or index of household crowding in New Zealand. There are many frameworks or models used in many countries for analysing the incidence of crowding. It is unlikely any single measure of crowding could adequately summarise such a complex and multi-faceted issue as crowding.

There is no definitive evidence crowding leads to negative social outcomes, but there are associations between living in crowded circumstances and negative outcomes. The mechanisms by which these outcomes result are not clear.

The Canadian Crowding Index is not an objective index of crowding. The extent to which household members will perceive themselves as living in crowded circumstances is dependent on many factors including social and cultural expectations. Furthermore, it cannot be assumed households requiring one or more additional bedrooms (based on the Canadian index) will suffer negative social outcomes.

The Canadian Crowding Index is used here as it is both sensitive to household size and composition. The measure sets a bedroom requirement for households based on precise criteria.

Data sources: *Statistics New Zealand (1998) New Zealand Now – Housing, pp 56–63; Statistics New Zealand, unpublished data from the 1986, 1991, 2001 and 2006 population censuses.*

Civil and Political Rights

CP1 VOTER TURNOUT

Definition/formulae: The total number of votes cast is divided by the estimated number of people who would have been eligible to vote (voting-age population) on election day, and expressed as a percentage. To be eligible to vote, a person must be at least 18 years old and meet residential and certain other criteria.

Limitations of data: The voting-age population is based on population estimates that are subject to revision. The 1984 figure is based on the estimated de facto population aged 18 years and over, as at 30 June 1984.

Data sources: *Electoral Commission (2005) www.electionresults.govt.nz Statistics New Zealand, estimated de facto population by age. Department of Internal Affairs (2006) Local Authority Election Statistics 2004. Inter-Parliamentary Union (2006a) PARLINE Database, Last election.*

CP2 REPRESENTATION OF WOMEN IN GOVERNMENT

Definition/formulae: The proportion of elected Members of Parliament and local government bodies who are women.

Data sources: *Electoral Commission (2002) The New Zealand Electoral Compendium, 3rd edition. Department of Internal Affairs (2006) Local Authority Election Statistics 2004. Inter-Parliamentary Union (2007b) Women in National Parliaments, Situation as of 31 March 2007.*

CP3 PERCEIVED DISCRIMINATION

Definition/formulae: The proportion of people aged 18 years and over who perceived selected groups as being the targets of discrimination (ie subject to "some discrimination" or "a great deal of discrimination").

Limitations of data: Surveys on perceived discrimination do not measure actual levels of discrimination against groups.

The margin of error for a 50 percent figure at the 95 percent confidence level is 3.6 percent.

Data source: *Human Rights Commission Omnibus Results (Feb 2006).*

CP4 PERCEIVED CORRUPTION

Definition/formulae: The degree of corruption perceived to exist among New Zealand politicians and public officials according to surveys of business people, academics and risk analysts is used by Transparency International to construct the Corruption Perceptions Index. Corruption is defined as the "abuse of public office for private gain". Scores range from 0 (highly corrupt) to 10 (highly clean).

Due to a small change in methodology, the index no longer reflects a three-year rolling average of pooled survey results, but now uses only two years of data. The reason for this change was to improve topicality; it may enable individual country assessments to reflect recent developments without lowering measurement precision.

The Corruption Perceptions Index 2006 was based on data from 2005 and 2006 drawn from 12 different polls and surveys from nine independent institutions. The New Zealand data was drawn from seven 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. The index 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 2006.*

Cultural Identity

CI1 LOCAL CONTENT PROGRAMMING ON NEW ZEALAND TELEVISION

Definition/formulae: The hours of local content broadcast on TV One, TV2, TV3 (to 2004), Prime Television, Māori Television (from 2005) and C4 (from 2006) in prime time, expressed as a percentage of the total prime-time schedule. New Zealand content programming includes first runs and repeats across all six 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 CI1.1 was measured over 24 hours; from 2003 onwards it was measured over 18 hours (6am to midnight).

Data sources: *NZ On Air (2007) Local Content, New Zealand Television, 2006 [May 2007]; NZ On Air (1999) Local Content and Diversity: Television in Ten Countries.*

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-assessment rather than measuring the actual level of fluency in the population. The census data comes from a single question about conversational language ability. More detailed information on the level of fluency among Māori language speakers is available from two nationwide surveys done in 2001 and 2006. This data is not directly comparable with the census data because of differences in the samples and methodology. For example, the Māori language surveys used face-to-face interviews, asked a range of questions about language skill, and asked respondents to place themselves on a five-category proficiency scale.

Data sources: *Statistics New Zealand (2002b) New Zealand Census of Population and Dwellings: National Summary, Table 13a; Statistics New Zealand (2006) QuickStats National Highlights: Census 2006, Tables 1, 9, 10; Statistics New Zealand (2007) QuickStats About Māori: Census 2006, Tables 9, 10; Statistics New Zealand (2007) QuickStats About Culture and Identity: Census 2006, Table 19; and unpublished data from the 2006 Census. Te Puni Kōkiri (2001) Provisional results of the 2001 Survey of the Health of the Māori Language; Te Puni Kōkiri (2007) The Māori Language Survey Fact Sheet.*

CI3 LANGUAGE RETENTION

Definition/formulae: The proportion of people who can speak the "first language" (excluding English) of their ethnic group, for ethnic groups (other than Māori) with an established resident population in New Zealand, as recorded in the 2001 Census. The ability to speak a language is defined as being able to hold an everyday conversation in that language. First language refers to an indigenous language associated with a given ethnicity rather than the first language of an individual.

Several criteria were used to identify ethnic groups with an established resident population in New Zealand. These included total population size, years since the group's arrival in New Zealand and the age distribution and birthplace (overseas and within New Zealand) of group members. These variables provide a measure of the influence of time and of the demographic characteristics of the groups. Each variable was applied independently to a large list of ethnic groups from which 15 were selected under the broad categories of Pacific peoples, Asian and European. To be selected, a group needed to have: a New Zealand resident population of over 2,000 people; a broad age distribution to investigate the impact of age on language retention; and sufficient numbers born in New Zealand to make meaningful comparisons with overseas-born residents.

Limitations of data: While a direct link can usually be made between a language and an ethnic group, this is not always the case. Some ethnicities are associated with several languages and one language can span several ethnicities. While English is an official language of some groups selected in these tables, the 2001 Census does not distinguish between different varieties of the English language. English has therefore been excluded as a first language within these tables. Because the census variables for both ethnic group and language spoken allow more than one response, there may be some individuals who appear in more than one ethnic group category.

Data source: *Statistics New Zealand (2004a) Concerning Language.*

Leisure and Recreation

L1 SATISFACTION WITH LEISURE TIME

Definition/formulae: The proportion of people aged 15 years and over who are "satisfied" or "very satisfied" with their leisure time, according to the Quality of Life Survey 2006.

Limitations of data: For more information see PW5 Satisfaction with work-life balance.

Data source: *Quality of Life Survey 2006. For more information see PW5 Satisfaction with work-life balance.*

L2 PARTICIPATION IN PHYSICAL ACTIVITY

Definition/formulae: The proportion of adults aged 15 years and over who were sufficiently physically active, as defined by the Sport and Recreation Continuous Monitoring Survey. Being sufficiently physically active means they took part in at least 2.5 hours of physical activity and did five or more sessions (half an hour or more) in the seven days before being interviewed. Highly active means doing some vigorous physical activity during the week in addition to the requirements for being rated as sufficiently physically active.

While based on the validated face-to-face administered New Zealand Physical Activity Questionnaire (Short Form NZPAQ-SF), the Continuous Monitor is a telephone administered survey of New Zealanders aged 15 years and over.

Limitations of data: The Continuous Monitor administers the NZPAQ-SF by telephone and is self reported. Self-report methods typically result in overestimated levels of activity. Furthermore, telephone administered surveys appear to overestimate overall activity levels more than other survey types (eg face-to-face surveys). However, irrespective of the method used, differences reported between groups (eg sex, age and ethnicity) are the same.

Data source: *Sport and Recreation New Zealand (May 2007) Overcoming Obstacles to Action 2006.*

L3 PARTICIPATION IN CULTURAL AND ARTS ACTIVITIES

Definition/formulae: The proportion of the population aged 15 years and over who experienced a cultural activity as measured in the 2002 Cultural Experiences Survey. Respondents were asked to report on activities they experienced over either a 12-month period (for goods and services accessed or experienced relatively infrequently) or a four-week recall period (for activities experienced on a more regular basis). The survey was undertaken as a supplement to the 2002 March-quarter Household Labour Force Survey.

Limitations of data: This was an ad hoc survey, and is not comparable with the indicator in The Social Report 2001. The focus of this survey was on experience/consumption; it did not include participation such as acting or performing.

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

Physical Environment

EN1 AIR QUALITY

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

Limitations of data: Data is reported only at specific sites in the five major cities and does not always represent the pollution levels that will be experienced over an entire town or city. The data, being so location-specific, cannot be compared with an OECD median. In September 2005, new air quality standards based on daily average PM_{10} concentrations were introduced. Regional and unitary authorities have declared 69 "airsheds" where air quality may, or is known to, exceed the standards for PM_{10} or may require management in the future. When sufficient data is available, we will report against these standards also.

Any data used in this report that may be subject to volatile loss has been adjusted by a regionally-determined factor, where available.

Data source: *Collated by the Ministry for the Environment from regional council publications.*

EN2 DRINKING WATER QUALITY

Definition/formulae: The 2000 Drinking Water Standards for New Zealand (DWSNZ) requires that all water leaving the treatment plant must be free of both faecal coliform bacteria (including *E. coli*) and *Cryptosporidium*. Additionally, adequate monitoring and the use of a registered laboratory are required to demonstrate full compliance with this standard. The indicator is the proportion of the total population whose water supply complies with the 2000 DWSNZ for *E. coli* and *Cryptosporidium*.

Limitations of data: Drinking water rated not fully compliant may be the result of failing one of the two microbiological criteria, of failing to adequately demonstrate compliance by using a non-registered laboratory, or of no or inadequate monitoring.

Data source: *Water Information New Zealand Database March 2007.*

Safety

SS1 ASSAULT MORTALITY

Definition/formulae: The number of people who have died as the result of assault or intentional injury, per 100,000 population.

The data was drawn from the following International Classification of Diseases codes: ICD-9, E960–E969 (up to 1999); ICD-10, X85–Y09 (from 2000).

Limitations of data: Because of the changes in the classification of ethnicity in death-registration data since September 1995, ethnicity data for 1996 and later years is not comparable with data from before 1996.

Data sources: *New Zealand Health Information Service, Deaths from Homicide and injury purposely inflicted by other persons (Assault mortality data in ICD-10), 1948–2003 and provisional data for 2004. UNICEF (2003) A League Table of Child Maltreatment Deaths in Rich Nations, Innocenti Report Card, No 5 Table 1(a) p 4. OECD (2005) OECD Health Data 2005, StatLink to Data for Chart 1.19, p 29.*

SS2 CRIMINAL VICTIMISATION

Definition/formulae: The proportion of the population aged 15 years and over who had been victims of one or more incidents of criminal offending in 2005 as measured by the New Zealand Crime and Safety Survey 2006 (NZCASS). The survey covers people in private households. It does not cover commercial victimisation, "victimless" crimes (such as drug or alcohol abuse), or crimes against people less than 15 years old.

Limitations of data: Changes in survey design limit the comparisons that can be made between NZCASS and the two earlier surveys, the 1996 and 2001 New Zealand National Survey of Crime Victims.

The overall response rate in the 2006 NZCASS was 59 percent in the main sample and 56 percent in the Māori booster sample. The respective figures in the 2001 survey were 65 percent and 57 percent and in the 1996 survey, 56 percent and 66 percent. In the authors' view, it is difficult to say how the small drop in the response rate in the 2006 NZCASS has affected risk estimates (Mayhew and Reilly, p 23).

Victimisation surveys are subject to a number of methodological limitations such as selective recounting and differences between groups in willingness to report offences, particularly offences of a sexual or domestic nature where the offender is known. There are also limitations in asking people to remember victimisation incidents and to locate them accurately in time.

A victimisation survey will give a higher count of crime because it counts unreported crime. A third of all NZCASS offences became known to the police. Offences regarded as serious were more likely to be reported, but there was a wide variation between offence types, with 84 percent of vehicle thefts being reported compared with 9 percent of sexual offences (Mayhew and Reilly, p 35).

Data source: *Mayhew, P and Reilly, J (2007) New Zealand Crime and Safety Survey 2006: Key Findings.*

SS3 FEAR OF CRIME

Definition/formulae: The proportion of people who reported that fear of crime had a moderate or high impact on their quality of life (scoring its effect at 4 or higher on a scale from 0–10, where 0 is no effect and 10 is total effect), as measured by the New Zealand Crime and Safety Survey 2006 (NZCASS).

The data comes from the survey question "How much is your own quality of life affected by fear of crime, on a scale from 0 to 10, where 0 is no effect and 10 is total effect on your quality of life?" The overall response rate in the 2006 NZCASS was 59 percent in the main sample and 56 percent in the Māori booster sample.

Limitations of data: The question elicits a subjective assessment of the extent to which fear of crime affects respondents' quality of life, which is also subjectively defined. While the question demonstrates an ability to differentiate between groups, it is not a reliable measure of the actual status of respondents. Also, although the results reflect people's perceptions of their own situation in a general and ongoing way, they may be influenced by significant events and subject to fluctuation over time.

Data source: *Mayhew, P and Reilly, J (forthcoming) New Zealand Crime and Safety Survey 2006: Community Safety.*

SS4 ROAD CASUALTIES

Definition/formulae: Number of deaths caused by motor vehicles per 100,000 population. Number of persons injured as a result of motor vehicle crashes as reported to the police, per 100,000 population. Pedestrians or cyclists killed or injured by motor vehicles are included.

The data was drawn from the following International Classification of Diseases codes: ICD-9, 810–819 (1996–1999); ICD-10, V01–V89 (2000).

Limitations of data: The collection of ethnicity data changed during 1995 for both mortality and hospitalisation data. For mortality data, the basis of ethnicity has changed from a biological concept to a concept of self-identification; in mid-1995 hospitalisation data recorded multiple ethnic groups, whereas previously only one ethnic group could be recorded. Consequently, a comparison of 1996 ethnic-specific data with previous years is misleading: 1996 is the start of a new time series for ethnic-specific data.

Because of a revision of the International Classification of Diseases, rates for 2000 are not comparable with rates for 1996–1999.

Data sources: *Ministry of Transport; Land Transport New Zealand; New Zealand Health Information Service; New Zealand Travel Surveys; Statistics New Zealand; International Road Traffic and Accident Database (OECD), Issued September 2005. Road casualty data comes from two main sources: injury data from the traffic crash reports completed by police officers who attend the fatal and injury crashes; and mortality and hospitalisation data from the New Zealand Health Information Service (NZHIS). Ethnic-specific rates of death or hospitalisation are only available from NZHIS. The New Zealand Travel Survey 1997/1998 was based on a sample of approximately 14,000 people and the survey report compared results from a similar survey conducted in 1989/1990.*

Social Connectedness

SC1 TELEPHONE AND INTERNET ACCESS IN THE HOME

Definition/formulae: The proportion of the population with telephone and internet access in the home, as measured by the 2000 and 2004 New Zealand Living Standards Surveys.

The 2000 survey was in two parts: one of 3,060 people aged 65 years and over and the other of 3,682 working-age adults (18–64 years). Both surveys involved face-to-face interviews with nationwide representative samples. The 2004 survey was a nationally representative sample of 4,989 respondents answering on behalf of their economic family.

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.

Note: The data in the international comparison section of this indicator differs from that included in The Social Report 2006 due to a revision of the data.

Data sources: *Ministry of Social Development 2004, and revised 2000, Living Standards Surveys, unpublished analysis results produced by the Ministry of Social Development. International comparison: OECD (2007) OECD Factbook 2007: Science and Technology, Computer and Internet Access by Households, p51, http://miranda.sourceoecd.org/pdf//fact2007pdf//07-02-03.pdf*

SC2 REGULAR CONTACT WITH FAMILY/FRIENDS

Definition/formulae: The proportion of the population who had family or friends over for a meal at least once a month, as measured by the 2000 and 2004 New Zealand Living Standards Surveys.

The 2000 survey was in two parts: one of 3,060 people aged 65 years and over and the other of 3,682 working-age adults (18–64 years). Both surveys involved face-to-face interviews with nationwide representative samples. The 2004 survey was a nationally representative sample of 4,989 respondents answering on behalf of their economic family.

Family ethnicity is defined in this indicator by the presence of an adult of a particular ethnic group. The figures for families defined in this way are not mutually exclusive.

Data source: *Ministry of Social Development 2004, and revised 2000, Living Standards Surveys, unpublished analysis results produced by the Ministry of Social Development.*

SC3 TRUST IN OTHERS

Definition/formulae: The proportion of the population who report people can "almost always" or "usually" be trusted, as reported in the Quality of Life Survey 2006.

Limitations of data: For more information see PW5 Satisfaction with work-life balance.

Data source: *Quality of Life Survey Team (2007) Quality of Life Survey 2006 (data analysis by the Ministry of Social Development). For more information see PW5 Satisfaction with work-life balance and United Kingdom Performance and Innovation Unit (2002).*

SC4 LONELINESS

Definition/formulae: The proportion of the population who are lonely "sometimes", "most of the time", or "always", as reported in the Quality of Life Survey 2006.

Limitations of data: For more information see PW5 Satisfaction with work-life balance.

Data source: *Quality of Life Survey Team (2007) Quality of Life Survey 2006 (data analysis by the Ministry of Social Development). For more information see PW5 Satisfaction with work-life balance.*

SC5 CONTACT BETWEEN YOUNG PEOPLE AND THEIR PARENTS

Definition/formulae: The percentage of secondary school students who reported in 2001 that most weeks they got enough time to spend with Mum and/or Dad (or someone who acts as Mum and/or Dad).

Limitations of data: Estimates from sample surveys are subject to error. The achieved sample size for the Youth2000 survey was 9,699 students, 4 percent of the total 2001 New Zealand secondary school roll.

Data sources: *Adolescent Health Research Group (2003a) New Zealand Youth: A Profile of their Health and Wellbeing, Table on p 46; Adolescent Health Research Group (2003b) New Zealand Youth: A Profile of their Health and Wellbeing: Regional reports.*

Endnotes

INTRODUCTION

1 Durie (2001)

2 Royal Commission on Social Policy (1988), vol II p 472

3 Disaggregation by ethnicity is problematic. Definitions of ethnicity are inconsistent across data sources and change over time. The way in which we present the data is constrained by the way in which it has been collected.

4 The Big Cities group comprises 12 major metropolitan territorial local authorities: Auckland, Rodney, North Shore, Waitakere, Manukau, Tauranga, Hamilton, Wellington, Porirua, Hutt, Christchurch and Dunedin. The group jointly commissioned the Quality of Life in New Zealand's Largest Cities Surveys which collected comparable information on social, economic and environmental outcomes within each of the urban areas. From 2004, the Quality of Life Survey has been done in partnership with the Ministry of Social Development. The survey now provides a national sample as well as city samples.

PEOPLE

5 Statistics New Zealand (2004c)

6 Statistics New Zealand (2005a)

7 Statistics New Zealand (2007f) p 33

8 These figures are based on 2004-based medium projections (series 5), assuming medium fertility, medium mortality and a long-term annual net migration gain of 10,000.

9 These figures are based on medium projections (series 6), assuming medium fertility, medium mortality, medium inter-ethnic mobility and medium long-term annual net migration of -2,500 for Māori (from 2002), 500 for Pacific peoples (from 2002), -5,000 for Europeans (from 2005) and 14,000 for the Asian population (from 2009). There are no projections for the other ethnic groups, which together made up less than 1 percent of the population in 2001.

10 Comparability between 2001 and 2006 data may be affected by a change in the census question. Before 2006, the census asked whether anyone who lived in the dwelling owned it with or without a mortgage. The 2006 Census included an additional question on whether any of the occupants held the dwelling in a family trust. People who did hold the dwelling in a trust in 2006 have been counted as owning the dwelling. In previous years, some people in this category may have simply said they did not own the dwelling and would not have been counted as homeowners. Consequently, the actual decline in home ownership between 2001 and 2006 may have been slightly greater than the census figures indicate.

11 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.

12 More information on speakers of te reo Māori is provided in the Māori language speakers indicator.

13 Disability is defined as any restriction or lack (resulting from impairment) of ability to perform an activity in the manner or within the range considered normal for a human being. People were not considered to have a disability if an assistive device (such as glasses) completely eliminated their limitation. A concept of time was also introduced as a filter – the limitation must have lasted for, or be expected to last for, at least six months or more. See Ministry of Health (2004c) p 55.

14 Ministry of Health (2004c)

15 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

16 Howden-Chapman and Tobias (2000)

17 Ministry of Health (1999a) p 351

18 Tobias and Cheung (2003)

19 OECD (2006c)

20 2003 figures have been revised; 2004 data is provisional

21 Three-year moving average age-standardised rates are the average age-standardised rates for rolling three-year periods; that is, 1985–1987, 1986–1988, 1987–1989, etc. The three-year moving averages are plotted on the mid-point year. For example, the 2002–2004 three-year moving average is plotted on the year 2003. Rates based on individual years can show a lot of variation when numbers are small. By using the three-year moving average this variation is "smoothed" so the underlying trends over time can be more clearly shown. Age-standardised rates are rates that have been adjusted to take account of differences in the age distribution of the populations being compared. The reference population used has changed from

Segi's world standard population to the World Health Organization world standard population. This reflects a change in the best practice standard used by the Ministry of Health's Public Health Intelligence group who published Suicide Facts: 2004–2005.

22 These are three-year moving average age-standardised rates.

23 Ministry of Health (2006b) p 14

24 The international rates are annual rates and were calculated by Public Health Intelligence (Ministry of Health) using the data available from the World Health Organization. These rates are therefore different to those used elsewhere in this chapter and more recent than most of those published in Suicide Facts: 2004–2005 Data. The rates refer to the following years: Finland, Germany, Japan, Norway, Netherlands and the UK: 2004; Australia, Canada, France, New Zealand: 2003; Sweden, US: 2002; Denmark: 2001.

25 World Health Organization (2004)

26 Ministry of Health (1999a) p 344

27 Ministry of Health (2006c) Table C2 p 39

28 Howden-Chapman and Tobias (2000) p 54

29 OECD (2006c)

30 OECD (2006c)

31 Cole et al (2000)

32 Ministry of Health (2002) p 12

33 Ministry of Health (2004b) pp 24, 25, 45

34 Ministry of Health (2004b) p 77

35 Ministry of Health (2004b) p 36

36 It is difficult to establish trends on only a small number of surveys with limited comparability.

37 Ministry of Health (2004a), Figure 57 p 88

38 OECD (2006c)

KNOWLEDGE AND SKILLS

39 See, for example, Wylie (1999)

40 OECD (2006a)

41 Wylie (1999) and Boocock (1995)

42 OECD (2006a)

43 Due to methodological changes in the allocation of attainment levels in 2004, the percentage of leavers with qualifications higher than NCEA Level 1 in 2004 is not comparable with other years and has been omitted. See Ministry of Education (2006) School leavers with NCEA Level 2 or above, p 2.

44 OECD (2006a)

45 OECD (2006a)

PAID WORK

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

47 Wilson (1999)

48 OECD (2007b)

49 OECD (2006d) p 267 (excludes Iceland, for which there was no 2005 figure at the time of publication)

50 OECD (2006d) pp 248–250

51 2003 figures have been revised by Statistics New Zealand

ECONOMIC STANDARD OF LIVING

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

53 Revised data has moved Greece ahead of New Zealand, lowering New Zealand's ranking from 21st to 22nd for the years 2000–2005.

54 Statistics New Zealand (2001c) Table 1 p 15, Table 4 p 17. Per capita value calculated by the Ministry of Social Development

55 For a description of the Gini co-efficient, see Statistics New Zealand (1999) p 118

56 Forster M and d'Ercole M M (2005) pp 61–62 (with corrections for New Zealand after publication)

57 Taken from Figure 6 p 22 in Forster and d'Ercole (2005) using corrected New Zealand data released after publication of the source document

58 Robust data is not available for low-income households by household characteristics (such as ethnicity).

59 Baker et al (2000)

60 The trend in household crowding for the total population cannot be inferred from the trends for the ethnic groupings because some census respondents did not provide ethnicity data.

61 Statistics New Zealand (2003b) p 33

62 Percentages do not add to 100 as some people identified with more than one ethnic group.

63 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

64 Ministry of Foreign Affairs and Trade (1998)

65 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).

66 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

67 Human Rights Commission (2006)

68 Marsh and Sahin-Dikmen (2002) pp 40–41

69 Inter-Parliamentary Union, PARLINE database, Last election

70 Inter-Parliamentary Union, Women in National Parliaments

71 These figures exclude Licensing and Land Trusts.

CULTURAL IDENTITY

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

73 Statistics New Zealand (2001b)

74 ACNielsen (2005)

75 NZ On Air (1999) p 3

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

77 "Very well" refers to being able to talk about almost anything in Māori. "Well" refers to being able to talk about many things in Māori. "Fairly well" refers to being able to talk about some things in Māori. "Not very well" refers to only being able to talk about simple/basic things in Māori.

78 The census ethnicity question is a multiple-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. In this section, "New Zealanders" have been included with the European ethnic group, using customised data that counts individuals once only.

PHYSICAL ENVIRONMENT

79 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.

80 In the Ministry of Health's Annual Review of Community Drinking Water Quality in New Zealand 2005 the compliance rate for *Cryptosporidium* with the 2000 Drinking Water standards is 71 percent, which is 10 percent higher than the compliance rate reported in The Social Report 2007. The data used in the social report has had the "double counting" caused by communities sometimes being serviced by more than one drinking water treatment plant removed. This results in a lower compliance rate. The Ministry of Health will use the same approach as the social report in future annual reviews of drinking water quality.

81 Statistics New Zealand (1993) p 83

82 Statistics New Zealand (1993)

SAFETY

83 Morris et al (2003) pp 222–224

84 National Road Safety Committee (2000)

85 Mayhew and Reilly (2007) pp 24–26

86 Mayhew and Reilly (2007) p 54. The incidence figure for men for this type of offence [confrontational offences committed by partners] has a relative standard error between 15 percent to 25 percent and should be viewed with caution.

87 2005 injury data has been revised

88 Land Transport Safety Authority (2000)

89 OECD (2007) International Road Traffic and Accident Database, at 20 May 2007

SOCIAL CONNECTEDNESS

90 Spellerberg (2001)

91 Donovan and Halpern (2002) p 27

92 Noll and Berger-Schmitt (2000)

93 OECD (2007c)

94 Statistics Canada (2004) and European Commission (2005)

95 TNS Quality of Life Survey 2006, National Report One (2007) Figure 6.5.6 p 224

CONCLUSION

96 Mayhew and Reilly (2007) p 54. The incidence figure for men for this type of offence [confrontational offences committed by partners] has a relative standard error between 15 percent to 25 percent and should be viewed with caution.

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