

FAMILIES AND WHĀNAU STATUS REPORT

TOWARDS MEASURING THE WELLBEING OF FAMILIES AND WHĀNAU

The Families Commission was established under the Families Commission Act 2003 and commenced operations on 1 July 2004. Under the Crown Entities Act 2004, the Commission is designated as an autonomous Crown entity.

Our main role is to act as an advocate for the interests of families generally (rather than individual families).

Our specific functions under the Families Commission Act 2003 are to:

- › encourage and facilitate informed debate about families
- › increase public awareness and promote better understanding of matters affecting families
- › encourage and facilitate the development and provision of government policies that promote and serve the interests of families
- › consider any matter relating to the interests of families referred to us by any Minister of the Crown
- › stimulate and promote research into families; for example, by funding and undertaking research
- › consult with, or refer matters to, other official bodies or statutory agencies.

Our specific functions under the Whānau Strategic Framework (2009–2012, p. 5) are to develop an operating environment which is regarded by whānau, Māori, iwi and key stakeholders as representative of an organisation that:

- › listens to the voice of whānau
- › has regard to the needs, values and beliefs of Māori as tangata whenua, as required under Section 11(a) of the Families Commission Act 2003
- › promotes and maintains whānau strength and resiliency
- › promotes whānau ora through the activities of advocacy, engagement, policy development and research.

Extract from the Families Commission Amendment Bill 2012 currently before parliament, requires the Families Commission to: “prepare and publish an annual Families Status Report that measures and monitors the wellbeing of New Zealand families”.

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Families Commission
Public Trust Building
Level 5, 117-125 Lambton Quay
PO Box 2839
Wellington 6140

Telephone: 04 917 7040
Email: enquiries@nzfamilies.org.nz
www.nzfamilies.org.nz

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Foreword

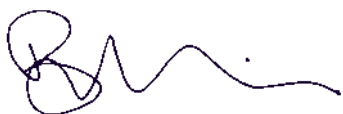
It is my pleasure to present the first *Families and Whānau Status Report* prepared and published by the Families Commission. This first report sets the scene for future annual reports on the wellbeing of New Zealand families and whānau.

Part One looks at the impact of demographic changes on families and whānau and their relevance to future policy development, and includes ideas and perspectives from diverse contributors. Part Two highlights the need to design broader ways of evaluating the overall success or otherwise of policy changes that take a family perspective on issues. There are many things we need to know more about.

While there are many competing social issues and priorities, it is critical that New Zealand doesn't lose sight of families and the vital role they play in nurturing, caring for and socialising future generations. Families continue to be the most fundamental unit in our society. Their wellbeing forms the cornerstone of healthy communities and a healthy country.

Drawing on the observations of all the authors in this report, as well as the contributions of other experts in this field, a set of possible implications for policy and practice are emerging, which are both cross-cutting and long term in their approach to addressing many of the challenges facing government, researchers, businesses and the public. We need to be better at establishing the connections between policy initiatives and better outcomes.

I thank the Families Commission staff for their work in developing this report and for the active engagement with the wider sector. We look forward to making further progress on understanding the wellbeing of New Zealand families and whānau.



Belinda Milnes
Chief Commissioner

Executive summary

This report seeks to explore the practicality of developing and agreeing on a coherent and readily understandable framework for measuring, monitoring and reporting on how well families and whānau are faring and what more can be done to support them.

Empowered and resilient families and whānau are fundamental in nurturing and raising the next generations. We look to families and whānau to provide physical and emotional wellbeing, socialisation, and the intergenerational transmission of value, life skills, and knowledge (*Families Commission Statement of Intent 2013–16*). This report is the first in a series that aims to enrich our understanding of family and whānau wellbeing.

We expect that this report will stimulate critical thinking and on-going discussion about how to define family and whānau wellbeing, the different models and frameworks (with an emphasis on ways of measuring), help identify areas for further research or policy development, and provide insights into future challenges for the wellbeing of families and whānau.

This report is divided into two parts. Part One of the report opens with a brief overview from Len Cook who was the Acting Chief Executive of the Families Commission during the early stages of the report's preparation. This overview draws together key themes from the various papers and draws out some implications for policy and practice in this area.

Part 1: Setting the Context – The importance of a demographic overview, explores the demographic trends impacting families and whānau. If New Zealand is to design policies and programmes that are effective in supporting family and whānau wellbeing it is important to understand these trends, their impacts, and their implications.

This part of the report contains four feature articles written by several well-known social science experts. These articles aim to draw upon some of the leading thinking and expertise available around the demographics of families and whānau. Each article has its own unique voice and together they build a picture of New Zealand families and whānau from the past, the present and into the future.

- ▶ Chapter 2 discusses demographic changes and family wellbeing. It analyses family formation, housing, family dynamics, material wellbeing, diversification, rural-urban differences, transitional differences, and the socio-economic context, from 1876 to the present day.
- ▶ Chapter 3 provides a demographic profile of New Zealand families and maps the broad demographic changes seen over the past 20 to 30 years. It shows that there is a diversity of family forms in New Zealand which needs to be taken into account when developing policies and practices if they are to be effective.
- ▶ Chapter 4 provides a demographic and statistical profile of whānau and the issues that confront them from within a kaupapa Māori framework. It documents the main demographic and socio-economic changes experienced by Māori families and households between 1976 and 2006.¹
- ▶ Chapter 5 uses data from the *Growing Up in New Zealand* longitudinal study to provide insight into the situation of children (and their families) growing up in Auckland, Counties Manukau and Waikato today.

¹ This chapter was first published in 2011, when the latest census data was 2006. Since then the 2011 census was cancelled due to the Christchurch earthquake.



Part 2: Towards Measuring Family and Whānau Wellbeing, presents a starting point for thinking about a conceptual framework for measuring family wellbeing. It also presents a proposed conceptual framework for thinking about measuring whānau wellbeing. In thinking about these frameworks, the Commission has adopted the Braided River approach that supports the view that knowledge in New Zealand emanates from two separate streams, the Western Science stream and the Te Ao Māori (Māori world) stream. This approach has resulted in two distinct frameworks, one for thinking about family wellbeing and one for whānau wellbeing. This has allowed the different frameworks to come from, and sit within, their relevant cultural and values systems.

The thinking around these frameworks will be further refined and developed based on on-going discussions with stakeholders. Conceptual frameworks are complex and their development is typically iterative. This first report therefore presents insights and initial thinking around what is required to enable the Commission to engage in measuring family and whānau wellbeing. Therefore, it does not report 'scores' of family and whānau wellbeing measures.

- › Chapter 1 considers how family is defined; what is meant by family wellbeing; conceptual approaches to thinking about family wellbeing; the development of indicators that enable measurement of family wellbeing; and the challenges that arise in doing this, and next steps in developing a model of family wellbeing.
- › Chapter 2 presents a draft Whānau Wellbeing Framework. It discusses options for defining a whānau; how the Commission conceptualises whānau wellbeing; key principles; and next steps in measuring wellbeing.

Going forward

Over the next year we will engage and promote debate with stakeholders to further develop the conceptual frameworks which will provide a basis for the selection of domains² and indicators.³ We will refine a working definition of family and whānau for measurement purposes that aligns with the needs and interests of the Commission in its role of advocating for the interests of family and whānau.

We will discuss with relevant agencies how data can be collected from a family and whānau perspective. We will analyse new family and whānau related data sources as they become available eg Census data 2006–2013, the Survey of Working Life, Te Kupenga⁴; and the general social survey. In order to cover issues for families and whānau, there is a need to include data from a range of different sources, as there is no one readily available source that has comprehensive wellbeing data for families and whānau.

The potential for better data on family and whānau wellbeing to inform decision-making and policy development has been identified by stakeholders in a range of policy areas. This has highlighted a need for more effort to continue to collect more robust data to inform research and improve the evidence base for effective policy-making.

² A sphere of activity, concern or function.

³ An indicator is a summary measure related to a key issue or phenomenon that can be used to show positive or negative change.

⁴ In 2013, Statistics New Zealand will carry out Te Kupenga (formerly known as the Māori Social Survey), their first survey of Māori wellbeing. Statistics from Te Kupenga will give an overall picture of the social, cultural, and economic wellbeing of Māori in New Zealand.



PART ONE: SETTING THE CONTEXT

THE IMPORTANCE OF A DEMOGRAPHIC OVERVIEW

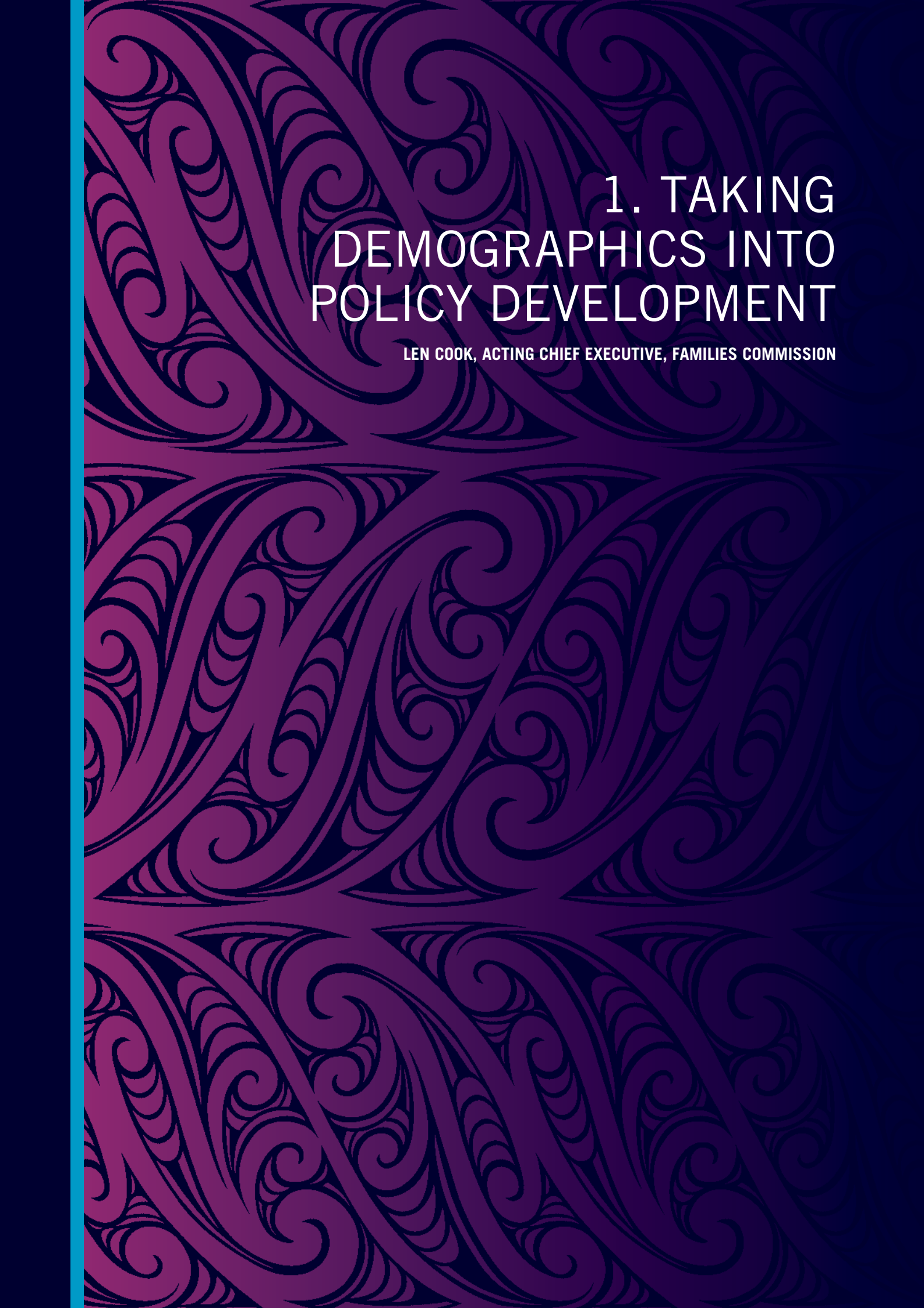
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1. TAKING DEMOGRAPHICS INTO POLICY DEVELOPMENT

LEN COOK, ACTING CHIEF EXECUTIVE, FAMILIES COMMISSION

1.1 Why this report matters

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

Understanding these patterns, vulnerabilities and family dynamics is a prerequisite to designing effective policies and programmes to support family wellbeing.

The discussion of conceptual frameworks for measuring family and whānau wellbeing presented in this report are a significant contribution to fresh thinking on the information we need about families and whānau in New Zealand.

The demographic studies present information and enable all to benefit from the extraordinary knowledge of New Zealand's leading population experts, and their insights into what matters for families and whānau.

In this report, we have pointed to several aspects of programme management and delivery that need to more effectively reflect the nature of the New Zealand population.

1.2 The place of family

The importance of family as a focal point for policy and research has long been reflected in public policy, whether on housing, taxation, health or welfare, and this has continued, although the form and make-up is continually evolving. The wellbeing of families and whānau is the focus of many community organisations, and they have had to recognise and anticipate changes in families and whānau. The purpose of this report is to provide evidence that is now available to help recognise and quantify the nature of families we now have, and the particular changes that are underway.

Family and whānau dynamics in New Zealand are strongly anchored in the continuing fertility levels of each generation of potential mothers, and reinforced by strong but volatile flows of new New Zealanders. Although family sizes have fallen, birth numbers remain as strong as they were during the post-war baby-boom decades, to a more significant extent than any other industrialised country. Immigrant flows are significant for retaining the demographic vibrancy of some ethnic groups, but they also reflect a wider valuing of New Zealand as a good place to grow up in, given the net gain in children that migration brings.

1.3 Fertility levels are a competitive advantage, as are immigrant flows

Given the continued strength of New Zealand's population of potential mothers, the New Zealand population at a national level will have vitality from fertility that is second to none of the industrialised countries, although followed closely by the USA and Australia. This gives most of New Zealand a significant comparative advantage in being able to maintain a flow of labour force entrants to offset retirement numbers over the next few decades. Unlike many industrialised countries, the labour force in New Zealand is projected to keep growing over the next three decades, albeit at a slower rate than in the previous three decades. Families and whānau will determine how far this extraordinary demographic dividend can be developed into a competitive workforce and strong society, supported by diverse public programmes, community initiatives and the opportunities generated by economic enterprise.

1.4 Migration changes the age and ethnic mixture, and family dynamics

Competition for talented immigrants is likely to grow as the difficulty of maintaining workforce levels in many Asian and European countries becomes increasingly severe. The concentration of New Zealand emigrants in the 20-to-35-year age group has influenced the age and family distribution in all New Zealand places beyond Auckland, accelerating the inevitable ageing of almost all other population centres. Emigrant flows have generally reflected differences in economic prospects, either short or long term, but the larger share of Māori who migrate to Australia has had a disproportionate influence on the dispersion of whānau.

1.5 Smaller family sizes and their consequences

The capacity of families to nurture and develop children has changed with smaller family size, which results not only from a thinning out of the share of women who usually form families, but a reduction in the extended family group traditionally formed by cousins, aunts and uncles. Continuing deferral of the age of starting families has meant that, while grandparents now live longer, they are also older when their first grandchildren arrive. We now see the numbers of couples without children growing at both ends of the age distribution. The likelihood that a child will spend all its formative years with the same siblings and parents is now significantly less than 40 years ago. At that time, some 85 percent of women were married with two children and probably starting home ownership, by the time they were aged 25 years. Any continuing sense of a single typical family form based on this pattern dissipated some three decades ago.

1.6 Family and whānau engagement with the community

Women who are mothers now usually work throughout most of their adult lives before reaching pension age, so the care and development of children has become more varied. This is in terms of the economic capacity needed to obtain care, as well as having time to engage with others outside the family. This includes the time for all of the different forms of families to build connections with the wider community which contributes to the care and development of children – schools, health services, clubs and community organisations, neighbours, formal childcare organisations and extended families. In the case of one-parent working families, this is often very difficult and fraught.

The rate of changes of address has accelerated over the past decade, as has the formation and dissolution of partnerships bringing up children. This shift makes the connections with community and public services, such as education and health, more difficult to sustain. This is a particularly serious issue for programmes targeted at families and whānau who are likely to be highly mobile.

1.7 Family and whānau as instruments of policy

Past homogeneity in household and family formation made the family not only a critical target, but also a good instrument of policy, directly providing and redistributing and accumulating wealth through home ownership. The diversity, complexity and transience in family arrangements that we have seen since has complicated the capacity for government transfers, as has higher levels of mobility among families. Consequently, elements of the family and whānau have increasingly become the targets of policy rather the family, whether they be parents or children. Whānau Ora and Working for Families are exceptions to this.

The monitoring of take-up rates needs to become a critical element of all forms of family and whānau support initiatives, as does the capacity of the state to retain contact with family and whānau who move regularly. Eligibility criteria for gaining access to services need to give weight to retaining contact with mobile households. Mobility among households and whānau is now at such a level that programmes assuming long-term stability of residence in any tests of eligibility for access to services

may need to rethink the relevance of such tests. Legislative constraints on sharing information should reflect the practical consequences of household mobility, so that renewing or retaining needed contact with community and public services is not unnecessarily complicated, where it is in the interests of families. The most mobile families are the least likely to inform public policy, as they miss out on being included in official statistics, administrative systems and registration processes to an unknown degree. The absence of good knowledge affects the focus and comparative priority of community and government programmes, as they are less likely to be able to recognise such families in their design and evaluation, including eligibility criteria, even though concern about such families may have led to policy decisions that were intended to influence their wellbeing.

1.8 Employment and the economic capacity of families and whānau

This shift from public transfers and public provision has occurred at a time of growing inequalities when the community and extended family can do less, and the rewards from employment have narrowed for most. Ironically, the capacity to engage may be inversely proportional to the desirability and breadth of engagement. The overwhelming majority of families depend on the labour market for income. Wages and salaries are now less than half of gross national income. Other trends have reduced the economic capacity of families while reducing their time for other family-related contributions.

The distribution of income has become more unequal in New Zealand, as in all other industrialised countries, only more so in New Zealand, partly, but not only, because of the concentration of Māori and Pacific peoples in the lower income groups. While this increase in inequality has been similar in Australia, there the lowest income groups have experienced an increase in purchasing power of some 10 percent over the past 25 years, while in New Zealand purchasing power of the lowest deciles has yet to return to the levels of 25 years ago. The lion's share of government support for families is now by way of transfers that enable beneficiaries to purchase goods and services from any provider, but there is almost no government attention to or oversight of the often localised constraints on the markets that deliver such goods. This is of most noticeable concern in the markets for rental housing and short-term finance.

1.9 Older families and population ageing

Over this coming period, more than two-thirds of the growth of one million expected in the New Zealand population will result from people who are already born, living longer than they would have lived in the past. There will be considerable growth in the number of older families, disproportionately so in cities other than Auckland. Except for the Southern Lakes district, in all other places outside Auckland, the balance of old and young will shift significantly, so providing care, support and services to persons and families over 65 will play a large part in local economies. While this is occurring, most parts of Auckland will see an expansion in all forms of family, and a growing share of births will be concentrated in Auckland. The differences between the number and share of children in most of the communities of Auckland and most other places will become more marked.

Although both men and women live longer, there will be a larger increase in women living at the oldest ages compared to men, with a consequent increase in people living alone.

1.10 Broader consequences of population change with implications for families

For society and the economy as a whole, the consequences of shifts in population structure, dynamics and location on future policy choices will be immense and wide-ranging. In particular, we are already beginning to see:

- › the impact of baby-boomer retirements on replacement needs in key occupations, such as nursing
- › a shift in the capacity of the tax base
- › rising levels of investment in regional infrastructure needed to match the needs of fast-growing populations in a few areas of New Zealand
- › a need for a strengthened capacity to manage change in resource needs, including schools, housing, utilities and health services, of regions in decline, and those growing fast
- › a high risk of unplanned urbanisation, and unfocused urban economies
- › a higher level of integration of market, community and household economies
- › a larger skill diaspora, leading to constraints on talent pools
- › pressures on social cohesion, as the diversity of the population extends beyond the metropolis of Auckland, mitigated by a high rate of intermarriage between cultures.

1.11 The value of research and evaluation studies about family and whānau

The scale, duration and social impact of population change on the size, form, formation and dissolution of families and whānau cannot be influenced by policy, except at the margin, and this is usually inadvertent. On the other hand, these same population changes will have a huge impact on policy, whether policy seeks to complement, reinforce, counter or dilute how communities, family and whānau respond.

Not only do studies of income distributions highlight a rise in inequalities over the past 25 years, but comparisons with similar trends in Australia suggest that the increased inequality in New Zealand has not been easily reversible compared to Australia, despite various policy initiatives. While income distribution studies provide regular snapshots of inequalities in income, they do not provide evidence of the comparative cumulative lifetime benefits of alternative programmes in response to inequalities. How the poor end up in a state of poverty is not just a matter of income, but also about the capacity to obtain quality goods and services. This is influenced by the strength of family and whānau, the connectedness with community, the range and accessibility of public services, the scope for informal markets and capacity for self-help.

Research studies that do show the long-term benefits of programmes that reduce inequalities usually need to be designed to identify cross-sectoral effects, such as those of improved housing on health outcomes, improved health screening and treatment on educational outcomes, better educational outcomes on employment and higher incomes on housing affordability. Both the past fragmented organisation of government and the consequent compartmentalisation of information management generally make it difficult to establish the connections between policy initiatives and improved outcomes, where there is a very long lag between cost and benefit, and benefits are mainly obtained in sectors other than the one that bears the costs.

Consequently, unless there are explicit research programmes to identify and quantify the importance of such connections, and the conditions where they are of most relevance, it is difficult to direct programmes where they have the most long-term relevance in the face of the more immediate benefits of single-sector-only programmes.

This report and successive annual status reports will aim to enrich our understanding of change in families and whānau and draw on available studies, statistics and fresh insights that could lead to more effective focus for actions by central and local government, community organisations and family and whānau themselves to build better lives for New Zealanders in the future.





2. THE WELLBEING OF NEW ZEALAND FAMILIES AND WHĀNAU: DEMOGRAPHIC UNDERPINNINGS⁵

IAN POOL, JANET SCEATS, NATALIE JACKSON⁶

⁵ Unless otherwise specified, the text here and the supporting evidence come from the book Pool, I., Dharmalingam, A., & Sceats, J. (2007). Auckland. As its bibliography shows (pp. 421–446), it summarises and refers to many other New Zealand studies in support of points it is arguing. Over most of the remainder of this article, no further reference is made to that book, but we do refer to it occasionally, as Pool et al (2007) when some statement seems technical or potentially contentious.

⁶ Ian Pool is Emeritus Professor of the National Institute of Demographic and Economic Analysis at The University of Waikato; Dr Janet Sceats is a Research Associate at The University of Waikato; Professor Natalie Jackson is Director of NIDEA and Professor of Demography, The University of Waikato.

2.1 The family and the demographic transition

Since the end of the 18th century the world has gone through demographic changes that have affected every aspect of its societies, economies and populations. This ‘demographic transition’ is arguably the most cataclysmic set of changes to strike humankind since people first evolved. It affects both family life and the population as a whole. In this review we do not simply summarise what is known about the family of today and its antecedents; we also provide the context behind the central research question:

Whether or not the demographic transition and concomitant family changes have irrevocably altered the way that families perform their roles and are able to carry out their functions.

As we will argue below, these functions are fundamental for the survival and wellbeing of the wider society. Wellbeing is both a determinant and a consequence of the population’s demographic underpinnings.

Other factors affect the demographic underpinnings of families; some are demographic in nature (such as geographic mobility), but others are due more to changes, sometimes short term, in the policy environment and the way the market is organised. This review focuses largely on the demographic factors.

As Māori and Pākehā comprised more than 90 percent of the population until the 1970s, the first part of this history looks only at family changes among these two groups. After 1976 we broaden our horizon to include Asian and Pasifika. Space and the limited availability of relevant data do not permit us to look at other minority groups, but the diversity of their family forms and structures is significant for the wider New Zealand society.

2.1.1 The demographic transition

The demographic transition has involved a four-stage shift, from high to low rates of both fertility and mortality, with two different intermediate stages between these.

The transition began with an initial phase of high fertility and high mortality, which almost cancelled each other out. This produced slow and fluctuating growth because of elevated death rates due largely to epidemics. It ended with levels of fertility and mortality that were extremely low and again almost cancelled each other out. Fertility levels are typically at or below replacement (seen as 2.1 births per woman). ‘Replacement’ means a birth to replace each adult in a couple, and a small margin (in a low-mortality society) to allow for child deaths.

Fertility in this report is defined, according to social science usage, as live births. (In health studies, the term relates to conceptions and gestation.) The Pākehā population has experienced the classic demographic transition and Māori a delayed transition.

Between its start and finish, the transition passed through two intermediate stages: the first of these was a stage when mortality declined and population growth accelerated; the next stage was when fertility declined and population growth decelerated. When mortality levels are high, the force of the death rates falls on the child population and survival through childhood ages is low. When mortality is low, almost all the deaths are among the elderly. This is the situation we know today in New Zealand.

When fertility is high and mortality declining, both the family and the population have high numbers of young dependents. For Māori this was as recently as the 1950s and 1960s, while for Pākehā this was the situation in the 1870s. It affected family life, but was somewhat mitigated for the population as a whole by large numbers of single adult male immigrants. The return to higher fertility by Pākehā in the baby-boomer years increased family and population dependency ratios; that is, young and old

in relation to the working-age population (the baby boom was very much a Pākehā phenomenon). The ratios rose to levels we will not see again until the population well and truly ages in the middle of this century. These differences have a significant impact on family structures, as well as on the structure of the population as a whole.

A demographic transition has thus unrolled, at different times, for every New Zealand cultural group. All the major groups (that is, Pākehā, Māori and Pasifika) are well into the last stage. This is also true for recent migrants, apart from some of the smaller groups. This is not surprising, as most recent arrivals have come from societies where fertility is also around replacement level.

2.1.2 Other types of demographic change

Families are affected by other demographic changes beyond fertility and mortality. Three are of significance here:

- › the so-called mobility transition, which covers all movements from short-term workforce migrations to the diasporas (that is, internationally scattered populations) we are witnessing today
- › the industrial labour force's sectoral transformation and its concomitants (examples include changing percentages of youth undertaking tertiary education, and shifts in female labour-force participation)
- › the increasingly multicultural family life in New Zealand, both within families and in society as a whole.

When we look at the effects of diasporas on families, we should not forget that diasporas go in two directions. We talk a lot about emigration from New Zealand, but need to remember that immigration to New Zealand is a result of other countries' diasporas (such as South Africa). These encompass all populations entering New Zealand since pre-historic times.

Some inflows are so recent that they strongly affect family structures and dynamics. One only has to think of Pasifika, who are now mainly born in New Zealand, but whose age and family structures still carry the effect of their immigration in the 1970s and 1980s. In contrast, the Asian inflows, where family migrations often involve older members, are more recent. Yet their childbearing is later and their family and age structures older.

Even in the inter-war years, the structures and dynamics of most Pākehā families were still strongly affected by the massive inflows of families in the family-centred Vogel migration policies. (Julius Vogel enacted the Immigration and Public Works Act in 1870.) There were also inflows in later years (the early 1900s, and the early 1970s). Like the Vogel scheme, the Dutch migrant scheme after World War II was also family-centred.

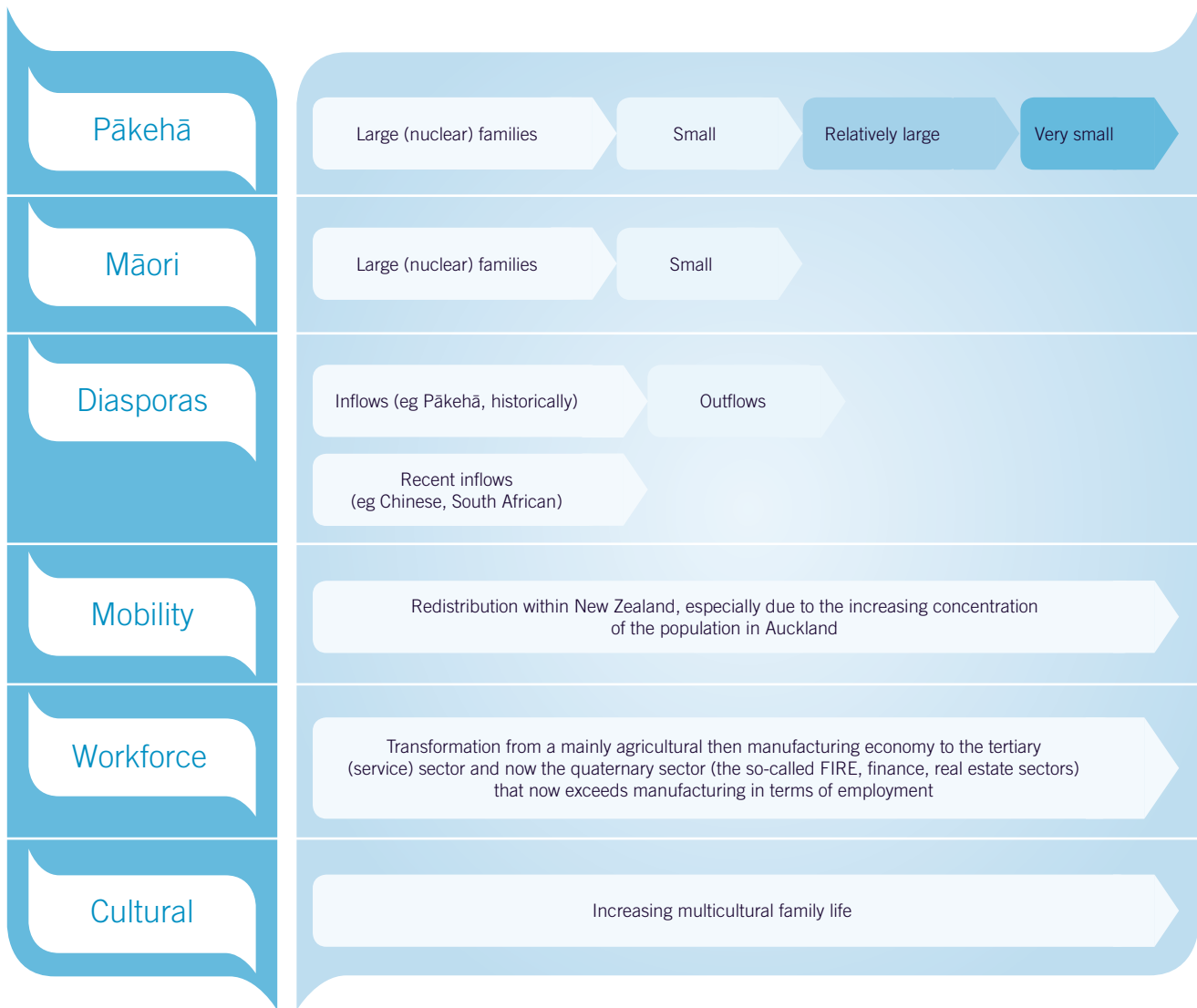
New Zealand is in the fortunate position of being able to chart all these inflows – not only their volumes, but where migrants came from. Thus we know the streams that make up our cultural mixture, which includes a rich tapestry of religion and nationality as well as ethnicity.

These opening remarks highlight the fact that family structures and dynamics drive the demographic transition. But, equally, the unfolding of the demographic transition has had major impacts on family life. Demographic changes are tangible and measurable – unlike the values, mores and norms that are also significant elements of family life. Whether norms, values and mores adapt to meet changing demography, however, or drive the demographic changes, is a moot point beyond the scope of this review.

2.1.3 Drivers of family transitions

The remainder of this report focuses on the family transitions that drove and were affected by demographic, mobility, workforce and cultural transitions. The central elements of these are shown in Figure 1.

Figure 1 Drivers of family transitions



2.2 The New Zealand family/whānau, population and society

The family or whānau in Aotearoa New Zealand in 2013 inherits two long-term mega trends that are almost polar in direction and implications. The first constitutes the continuities in family life that we feel familiar with, and which shape our values. The second trend shows the emerging patterns that are delivering to many 'the shock of the new'.

2.2.1 Continuities in New Zealand family life

The modern New Zealand family fulfils roles and functions that families have always carried out for society and the economy. Through the processes of family formation (entering one or more unions; family planning and childbearing; leaving one or more unions), the family is the main determinant of a population's size and structure. New Zealand sees itself as a migrant society. Yet natural increase (that is, births minus deaths) has outrun net migration as a factor of growth in every census period, except for the earliest post-Waitangi period: 1840–1875.⁷ Socially, economically and demographically, no other institution has a more important place in society. The roles and functions the family performs, and the processes of family formation and dissolution, are the continuities in our story.

Some aspects of family life that seem to have suddenly appeared among the radical changes of the last few decades have antecedents far back in history. Sex before marriage and pre-marital conception are often viewed as factors of the modern family, yet both were commonplace in Māori and Pākehā traditional life.

This review is not the place to describe the family across history in Europe, Asia and Polynesia, from where most New Zealanders and their ancestors have come; but we will make brief mention of 'the family' in New Zealand's history. This is because the Aotearoa family of today is very much the great-great-grandchild of the 19th century Māori or Pākehā family/whānau. There are, of course, major differences, but there are also major continuities.

There are still people living among us, born in the first two or three decades of the 20th century, whose parents were children during the major changes of the 19th century. For Māori, these changes included the trauma of the New Zealand Wars and the Native Land Court. Both took the territory in which their whānau and hapū had lived for perhaps 500 years. For Pākehā, who might have arrived as family migrants under the Vogel schemes of the early 1870s, changes included leaving behind generations of family associations.

The family notices pages of today's newspapers show the rich variety of family histories among people, overwhelmingly old people, whose deaths are recorded there. The features are often there to see – how many children, mokopuna, grand-mokopuna, even great- and great-great-mokopuna they leave behind, where those descendants live and their ethnic, religious or cultural attributes. But the back-stories to those notices reflect the reality of family life: the differences in family support systems and networks these listings imply. Were their children retired and living in Queensland, or living near them? How many children or grandchildren might have shared the responsibility of looking after Grandma or Grandpa? Were they in London or Wellington? Were there step-children and grandchildren? Was Grandma or Grandpa involved in looking after the mokopuna?

2.2.2 Post-1970s: unique trends

While the 21st century family of Aotearoa is cradled by history, it has undergone unprecedented shifts since the 1970s, in common with other developed nations. Because of this recent revolution we will spend much of this review looking at the five decades from the 1970s. These will continue to fashion patterns of family life, the society, the economy and the population for the foreseeable future.

⁷ This figure includes estimates of Māori natural increase as well as counts of Pākehā natural increase and migration. Māori estimates are by Ian Pool, added to the official figures that exclude vital Māori data until after 1913.

A review of the recent past, and especially its unique elements with regard to families in Aotearoa, presents some difficulties. A major problem is that popular understanding of recent trends often confounds high-profile behaviours with those that have a lower profile, at least in the public's mind.

An example is the decline in family size. This has remained at a low level continuously since the 1970s and has major implications for society, but it does not attract much attention or provoke debate.

The changes that have a high profile tend to cluster around family forms such as marriage, separation, divorce, ex-nuptial conception and/or birth and teenage childbearing. The two latter aspects are often further confounded in public perception. Ex-nuptial birth means births outside of marriage, the majority of which today are to mothers in their thirties. Teenage childbearing means births to teenagers, and today concerns less than 3 percent of all teenagers. All of these family forms have occurred historically, so present-day behaviours are simply echoes of the past, rather than being historically unique. They have their antecedents among the continuities noted above.

Attitudes and values vs reality

These shifts in forms are nevertheless important in that they may be contrary to prevailing attitudes about family life. The attitudes, in turn, are framed according to values that dominate at any one time, but typically become accepted eventually by the wider society. The problem is that values and mores themselves go through mutations as underlying attitudes shift. In any case they can also be relatively permeable.

An example is that, over the centuries, “the Church [of England] held that children born to couples who married were legitimate whether or not their birth took place after their parents’ marriage”. In contrast, the more Calvinist of the Presbyterians were rigid and less accepting of premarital conception, often forcing the mother to have an ex-nuptial birth. Thus 19th century England and Scotland had very different ex-nuptial birth rates.⁸ We stress that, while changes in family forms have some implications for the functions and roles families perform, they are not pre-conditions for their achievement.

Attitudes to early childbearing

An area around which attitudes have shifted over time is early childbearing (say under 25 years), especially teenage childbearing.

In developed countries the minimum age at marriage is now about 16 years or higher, but this was not always the case. Conception, the corollary to early exposure to sex and thus the risk of conception (within or outside marriage), is very much a demographic behaviour. But whether it is considered desirable or not depends on the values operating at any period. As shifts back and forth from early to later childbearing have been a major factor of Pākehā family life, it is necessary to develop this point further.

As recently as the early 1970s, relatively young childbearing by both Māori and Pākehā was very much the norm. Incidence rates were more than double what they are today. For Māori, early childbearing seems to have followed tradition, and may reflect an indigenous model that favours early childbearing.⁹

8 Wrigley, A. (1981). 'Marriage, Fertility and Population Growth in 18th Century England'. In R. Outhwaite (Ed), *Studies in the Social History of Marriage* (pp. 137–185). London; Pool et al (2007): 66.

9 Johnstone, K. (2011). 'Indigenous Fertility Transitions in Developed Countries'. *New Zealand Population Review, Special Edition, Festschrift for Ian Pool* (T. Kukutai and N. Jackson, Eds), 37: 105–124.

For Pākehā, the early childbearing baby boom from 1943–45 until the 1970s contrasted with older childbearing, which was the norm from the 1880s until World War II. From early colonial settlement until the 1880s, however, early childbearing had been a Pākehā norm. But this represented a break with long tradition in the British Isles, including at the time Pākehā were first migrating to New Zealand in large numbers.

The acceptability of early conception depends not on its overall demographic, biomedical or social desirability, but on how the outcomes fit the values of society at the time. In the baby boom, the pregnant teenage woman was often rushed into marriage and had a birth in the first few months of marriage, or she did not marry but clandestinely adopted out her baby. Both these options accorded with the latent if not the manifest societal values of the period.

Civil unions have already formalised and legitimised longer-term cohabitation, once derided as ‘living in sin’. Recent legislative changes relating to same-sex marriage have legitimised forms of unions that have always been present. These unions were clandestine in the past because they were illegal, and their participants were often subject to extreme sanctions. The debate around this is the most recent manifestation of society deciding whether or not to accommodate in a de jure way new, but existing, de facto family forms.

2.2.3 Recent changes in family structures

In contrast to the high-profile changes, some recent trends have a lower profile and tend to be historically new to family life. Yet they all have far more fundamental and radical implications for family life, especially its functions and roles. This is because they cluster around family structures, size (especially the number of children a woman will have) and the age at which a woman bears children. Other trends are the shifts in patterns of geographic proximity of couples to the wider family through job mobility and diasporas, and the increasing multicultural nature of families. This last change occurs because recent migrant streams have enriched the variety of family forms and structures seen in New Zealand, and because more and more New Zealand couples are in bi- or multi-cultural relationships.

The rest of this review addresses these issues. It is essentially chronological. The historical sections focus on how the demography of family life has changed, and how this in turn has affected societal, economic and population trends. For the period since 1976 the review looks at both the high- and low-profile changes. It recognises that the manifest, high-profile changes are the ones that confront our systems of values – sometimes offending the values systems of large segments of the population. We also look at how more latent trends may have long-term effects as they shift the structural foundations. These are the foundations on which the capacities of families to perform their functions for the wider society are built.

These structural changes have been very radical, so they require particularly careful interpretation. They are without historical precedent, so policy-makers have no models on which to formulate social policy strategies to meet the new challenges. The changes have not been transitory.

The most important shift – the decline in family size to around replacement – has persisted for 40 years. This is far longer than the New Zealand baby boom, which lasted from about 1943 to 1973 – only 30 years.

Yet the baby boom still dominates our thinking on social policy. We tend to forget that it was the so-called ‘baby bust’ that changed the population structures by decreasing the proportions at younger ages. The baby bust refers to the rapid decline in fertility rates over the 1970s. To reinforce this point further, the consequent trend for lower fertility rates has lasted longer than the baby boom did.

The popular perception that ageing is because of improved survivorship at old ages is also not entirely correct. As a cause of population ageing it is surpassed by the actual numbers born during the baby bust. (Birth numbers refer to the product of births per woman times the number of women at reproductive age.) There are two real drivers of baby-boom ageing. The first is the ratio between the numbers born during both the baby boom and the baby bust. The second is the very high proportions of these cohorts surviving childhood and adult ages to reach retirement. Less important are any further improvements in survivorship at old age.

There are now momentum effects coming from what families do as probably their most central function: reproduction. As a result of many families doing this at any one time, en masse they produce birth cohorts (that is, people born about the same time) of varying sizes. These cohorts flow sequentially through each life-cycle stage, an inexorable and thus deterministic process – the cohort flows cannot be turned around as they age, and their size is changed only by migration, and eventually by death. As the cohorts pass through each life-cycle stage this affects age structures: the numbers at each age group and its size relative to other age groups. In turn, this process has an impact on policy and markets, and on demand for services. For example, the demand for schooling is caused directly by the size of cohorts at childhood ages; the size of future birth cohorts is a direct result not just of fertility rates but of the number of men and women reaching parenting ages; the size of cohorts at old age, and thus population ageing, is not just dependent on how many people survive long enough to reach those ages, but how many were born 65 or more years ago.¹⁰

2.3 The family, its roles and functions, and some definitions

Any review of the family and whānau is obliged to start with a series of truisms:

1. That the family is the most basic unit in society. Today we tend to see it as a unit of social organisation, performing the roles we will mention next. But it is also society's most basic economic unit. The family is the basic unit of consumption, and of savings and investment, without which the core economy would not exist. It is also in many contexts a unit of production: the family-owned and operated dairy farm is (or has been) a good example in the New Zealand context. As Diane Macunovich says, the population operating through mechanisms which are centred in the family, drives the economy:

Sometimes we lose sight of the fact that an economy is just people – working, playing, eating, sleeping, loving, learning, and dying – because of our tendency to focus on mergers, acquisitions, IPOs, dot coms, and the stock market. But what would happen to stock prices if the population were suddenly halved – or doubled? An economy is ultimately a mechanism for satisfying the wants of a population, and its performance in the long run will be a direct function of that population – its size and composition... Population change may be neither a necessary nor a sufficient condition for the events discussed. Nevertheless, it keeps emerging as a theme, as an undercurrent running through many of the baffling changes [the United States] experienced as a society and an economy during the twentieth century and even earlier. Perhaps demographic change tends to be omitted from economic models precisely because it is so ubiquitous: we take it for granted.¹¹

The corollary to this first truism is that, unless families maintain certain minimal standards of wellbeing, they will not be a viable economic unit in terms of consumption, savings, investment and production. The wider economy will be at risk if this happens.

2. That the family performs a series of functions essential for the wider society:
 - a. It ensures the replacement, demographically, of each adult generation through childbearing.
 - b. It enables the socialisation and integration of each new generation through childrearing.

¹⁰ Pool, I. (2009). 'Age-Structural Transitions in Industrialized Countries'. In S. Tuljapurkar, N. Ogawa, & A. Gauthier (Eds), *Ageing in Advanced Industrialized Countries: Riding the Age-Waves – Volume 3* (pp. 3–22). Dordrecht, Netherlands.

¹¹ Macunovich, D. (2002). *Birth Quake: The baby boom and its aftershocks* (p. ix). Chicago University Press, Chicago.



- c. It is the primary unit of transfers and exchanges of material and other factors of wellbeing through its intra-family support systems and networks. The family in turn depends on networks and support systems, of which those it builds and maintains itself are the most important.
 - d. It is the most basic collective unit in the society and thus ensures that the society maintains its cohesion.
3. That the capacity to perform these functions comes from attributes that are demographic in nature. These include family size, age distribution of family members, age at childbearing, geographic mobility and workforce histories. Changes in the family, particularly its size, are a fundamental cause of societal and economic change. Charting demographic change and patterns also allows the researcher to deal with issues of wellbeing, for wellbeing is both a determinant and a consequence of the demographic underpinnings.
 4. That the social and demographic profiles of families and whānau/fono vary between New Zealand's different cultural groups. As is true in all societies, the use of the word 'family' is extensive. One meaning refers to a nuclear unit of parents and their children – biological, adopted or blended and reconstituted (where the parents have left a first union and started another). The meanings range to include extended family – that is, grandparents, uncles, aunts, cousins and beyond. In New Zealand we call the Māori extended family whānau, and the Pasifika family fono.¹² Both Māori and Pasifika families frequently operate on a day-to-day basis as extended units. Yet many Pākehā also have extended families that may be very interactive, and some Asian groups are disproportionately made up of multigenerational, co-residing family units.

It will be clear that most aspects of marriage, reproduction and the family will be governed by core, common values. This is true in both a bicultural society (New Zealand until the 1970s) and a multicultural one (New Zealand since then). But these values will be interpreted differently, especially for the forms of families and the wider structures encompassed in the word whānau.

The word whānau is more than a way of describing the formal demographic structures of units. It incorporates a values system that favours whanaungatanga,¹³ or a sense of shared family experience.¹⁴ For the sake of efficiency we will refer here to families, but stress that the word can encompass whānau and fono. Also, many persons who are neither Māori nor Pasifika may have daily experiences of units that are driven by whanaungatanga values. Here we will mainly be focusing on nuclear family units and on households.

5. That beyond the nuclear/extended/whānau/fono differences, there are also differences in the living arrangements of families. Statistics New Zealand distinguishes between two arrangements. One is a family, which they see very much as a nuclear unit. The other is a household in which one or more of these units, in various mixtures (by generation; by type of relationship; by size; by number of sub-units), may live together. While there are cultural differences in the prevalence of households with more than one unit, this situation again spans all ethnic groups.
6. That families and households vary in the way they locate when a new family is formed. This means where they live when a couple or individual sets up a new family that is separate from the one in which they were brought up. At one extreme is neo-location. An example is the type of unit the immigrant Pākehā settlers established when they left kith and kin to come to New Zealand. Another is the type of unit that very much typified the Pākehā baby boom and produced the prototypical suburbs – the so-called 'Nappy Valleys'. Other cultures take a different approach, with a young couple joining one partner's parents – which one they join often depends on cultural values. The recent economic downturn has seen more couple-parent shared households in a wide variety of forms, including couples who are LATs (living-apart-togethers). These people are separate as if single, yet intermittently sharing the house of either

¹² Te Aka Online Dictionary.

¹³ Refer Chapter 10 Towards Whānau Wellbeing for further discussion of these issues.

¹⁴ Te Aka Online Dictionary.

her or his or both parents. In 1995, about 20 percent of women aged 20 to 24 years were LATs, and a further 27 percent were cohabiting.¹⁵

7. That views about family forms, structures, roles and functions are among the most firmly held and widely debated. This is because of the importance of the family for society and the economy, and because almost everyone has some experience of family life. But the interplay between what is empirically observable and what enters the policy debate is often moulded by personal values and interpretations. These do not necessarily fit with what is actually occurring in the wider society.
8. Finally, some aspects of family life follow deterministic paths. For example, a first marriage must precede a second one and there cannot be a divorce until a couple has married. A further example is that someone cannot be a solo parent until he or she has had at least one child. This determinism has further impact today, when typically first birth is at older ages. This means, for example, that solo parenting most commonly occurs among persons who are at older child-rearing ages. This is also why popular perceptions about solo-parenting rates at young ages are misinformed.

2.4 A history of the New Zealand family

2.4.1 Historical trends: Analytical issues

It is useful to take 1876 as a reference date for the history of the New Zealand family and then divide the subsequent period into four: 1876 to 1900; 1900 to 1946; 1946 to 1976; and 1976 to the present.¹⁶ Each section discusses the following issues:

- › family formation
- › housing the family
- › family dynamics
- › family material wellbeing
- › family diversification
- › rural–urban differences
- › transitional differences
- › the socio-political context.

Family formation

This is the most basic determinant of family structure (factors such as size and age distribution) and it significantly affects how families function. The key factors in family formation are fertility, marriage and other types of union formation, and contraception and other means of family limitation and child spacing. Other factors are the mortality of family members, in terms of both child survivorship and adult deaths that dissolve unions. Child survivorship is important, for childhood deaths played a major role in Māori family life until after World War II. Fifty percent of Māori girls born in the 1890s would not have passed their seventh birthday, whereas today most not only reach adulthood, but survive to retirement. In the 21st century, the issues of survival and longevity have, as for Pākehā, shifted to elderly family members.

¹⁵ Dharmalingam, A., Pool, I., Sceats, J., & Mackay, R. (2004). *Patterns of Family Formation and Change in New Zealand* (p. 19). Wellington.

¹⁶ For more details on both data and trends, for Māori and Pākehā, see Pool et al (2007): Chapter Three. Fragmentary population level data are available before that date, but become systematic only then and only for Pākehā. But it seems that, for civilian Pākehā who were not goldminers, family patterns before then resembled those later: early and almost universal marriage for women, and large families. Māori family sizes were smaller as they were still being affected by newly introduced pathogens, but by century's end, as natural resistance to disease grew, this changed.

Housing the family

Housing issues include tenure, type of dwelling and where couples live, either in new locations, or with their parents. There are also the effects of diasporas. The inflows are those that saw young 19th century Pākehā couples separated from their families in Europe as they set up in New Zealand. The outflows are seen today as younger people migrate overseas, leaving their parents and families behind.

Family dynamics

These are affected by shifts in gender differences in education, labour-force participation and child-rearing responsibilities.

Family material wellbeing

This is sustained by work, income and economic factors.

Family diversification

This is illustrated by the family structures characterising people from different birthplaces and ethnic groups, and by cross-national and inter-ethnic family formation. For recent decades there are data on some aspects of other types of diversification, such as same-sex unions.

Rural–urban differences

These are not just in family formation rates, but also in terms of the ensuing structures (especially of age and occupation, both of which affect family support systems).

Transitional differences

When introducing this review, we noted that there were at least two demographic transitions: a ‘classical’ one represented by Pākehā, and a ‘delayed’ one represented by Māori. A more detailed analysis shows that:

- ▶ Pākehā went through a transition that was a subset of the classical or West European model, but typified settler societies. This means significantly higher fertility than in Europe and a rapid fertility decline starting in the late 19th century, followed by a more extreme baby boom. Now there is maintenance of sub-replacement fertility at higher levels (just on 2.0 births per woman) than is true in much of Europe.
- ▶ Māori have experienced a delayed transition that fits a model seen in other indigenous minority populations.¹⁷
- ▶ The European demographers refer to a ‘second demographic transition’; a subdivision of the fertility transition into two distinct stages. The first involves a fall in fertility to replacement level or below. The second involves the maintenance of fertility at super-low levels as the result of late childbearing and diminished levels of partnering. This two-stage model addresses the drivers of very low fertility, exemplified in the ‘low-fertility trap’ theory outlined by a number of European writers. Pākehā, Māori and Pasifika represent at the high end of fertility regimes in developed countries, so the dialogue on the ‘second transition’ is – at least presently – of limited application in the New Zealand context.¹⁸

The socio-political context

This is the environment in which these changes have occurred.

¹⁷ Johnstone, K. (2011). *Ibid.*

¹⁸ Van der Kaa, D. (1987). ‘Europe’s Second Demographic Transition’. *Population Bulletin*. Population Reference Bureau, Washington DC; Lesthaeghe, R. (1991). ‘The Second Demographic Transition in Western Countries: An interpretation’. *Interuniversity Working Papers in Demography*, Brussels; Lutz, W. (2007). ‘The Future of Human Reproduction: Will birth rates continue to decline or recover?’ *Ageing Horizons*. *Oxford University Institute of Ageing, Special Issue on Fertility Decline*, 7: 15–21; Coleman, D. (2007). ‘The Road to Low Fertility’. *Ageing Horizons*, *ibid.*: 7–14 www.ageing.ox.ac.uk/ageinghorizons/

2.4.2 Historical trends 1876 to 1900

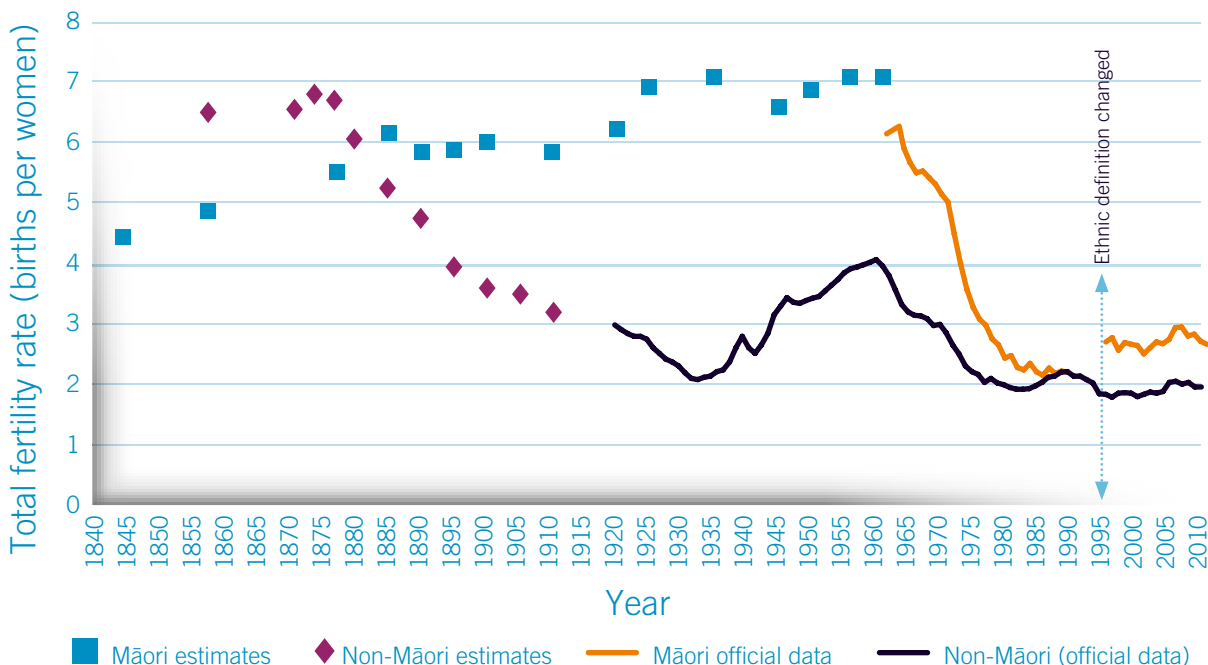
Both Māori and Pākehā families are covered in this review, but in this first period we focus on Pākehā. This is because what information we have suggests that Māori family structures and forms remained relatively unchanged over that period, although there were improvements in child survivorship and thus age structures within Māori families.

The fragmentary data available for Pākehā suggest that family sizes were large in the period dating from the first stages of colonisation in 1840, and certainly from the onset of mass immigration. The first major inflow, however, circa 1860, was disproportionately composed of men joining the gold rushes, many of whom moved on to the next strike, wherever that was heralded. This situation greatly affected sex ratios (higher masculinity: there were more men) into the 20th century.

Better data are available from the 1870s. This coincided with the second large immigration wave which was much more family-oriented, under the schemes enacted in Julius Vogel's Immigration and Public Works Act 1870. The schemes effectively populated New Zealand with Pākehā immigrants, who soon 'swamped' Māori.¹⁹ From the mid-1870s, however, swamping came not from immigration, but from natural increase (much higher birth than death rates), at which these Pākehā colonists excelled. By contrast, Māori mortality rates were then so high that rates of natural increase were negative.

Until about 1880, Pākehā fertility rates were very high, at 7.0 live births per woman, and almost 9.0 per married woman. Elsewhere, we have called this 'hyper-fertility', which is close to biological extremes. This can be seen in Figure 2, which graphs total fertility rates (TFR) for Māori and Pākehā. The reason Pākehā fertility was so high was that marriage among Pākehā was almost universal and occurred at relatively early ages. The age of marriage was not as young as it would become in the baby boom, however, which can also be seen in Figure 2.

Figure 2 Total fertility rates, 1840–2012, for Māori and non-Māori



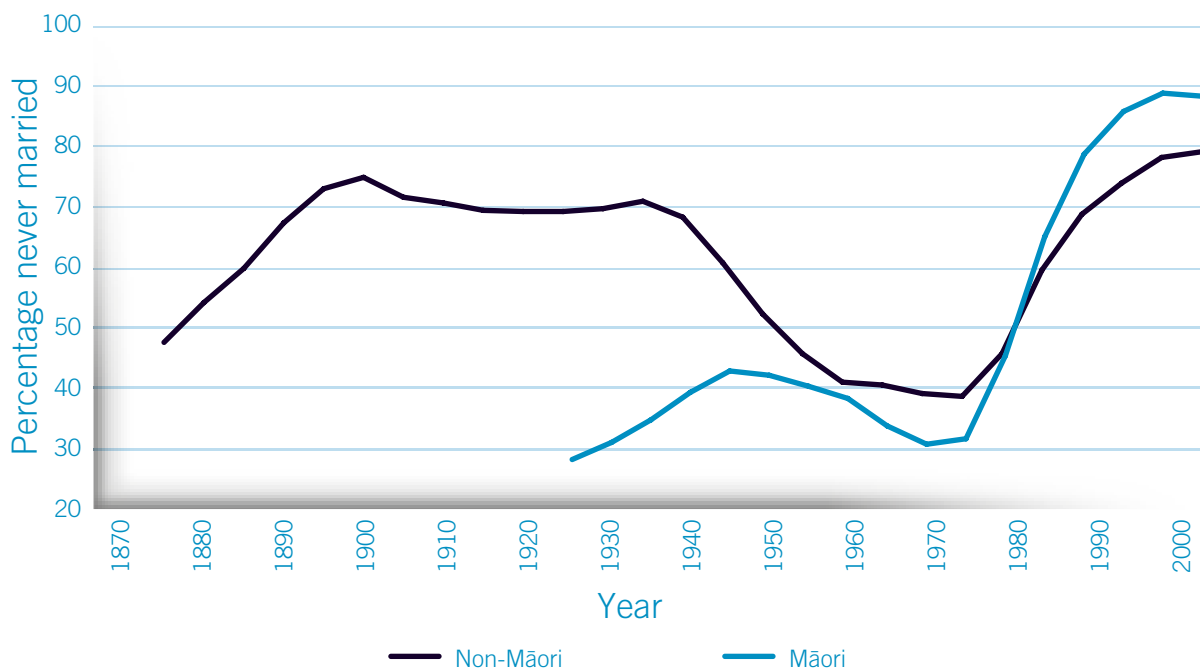
Source: Pool *et al.* (2007). *The New Zealand Family from 1840 – A Demographic History*. Auckland; Auckland University Press. (Data updated from Statistics New Zealand/Infoshare, 2002 onwards)

19 Belich, J. (1996). *Making Peoples: A history of the New Zealanders from first settlement until the 1880s*. Passim, Auckland.

Figure 3 graphs the percentage of people at each census who were never married at 20 to 24 years of age. In the 1870s only a minority at that age were still single – most were already married. This differed greatly from what occurred in the British Isles. There, a significant minority of women remained celibate, marriage was at later ages and fertility was much lower (around 5.0 births per woman at the time of settlement). Even at its peak (1801 to 1825), English fertility has only been around 6.0 since the Reformation. English rates were higher in the 19th century than Scottish or Irish.

The settlers were not drawn selectively from regions in the ‘Mother Country’ with higher fertility. If anything, given the importance of south-eastern England and Scotland as source areas, they came from low-fertility regions. The high masculinity rates were also not a reason for high fertility. New Zealand regions with the highest masculinity ratios had the lowest fertility and high masculinity rates persisted well after fertility levels dropped. It was not just elevated levels of Pākehā fertility that were critical. Child survivorship levels were also very high – perhaps the highest in the world at that time. Eighty-five percent of Pākehā children born alive would reach the age of five years. In sum, Pākehā reproduction was very efficient.

Figure 3 Percentage of women never married at age-group 20–24 years, Māori and non-Māori, 1876–2001



Source: Pool et al. (2007). *The New Zealand Family from 1840 - A Demographic History*. Auckland; Auckland University Press.

By 1900 Pākehā had gone through a rapid fertility decrease, from 7.0 down to 3.0 births per woman (as shown in Figure 2). The immediate cause of this decline in fertility had little to do with contraception, as modern methods had not yet been developed. Pākehā women were late learning about the emerging barrier methods which had started being used in Europe (largely for reasons of distance). Undoubtedly, there were major changes in patterns of abstinence within marriage. These included avoiding intercourse for a long period after a birth, or terminating sex altogether. Detailed analyses of mortality data indicate that women did not widely resort to abortion.

The proximate causes of fertility decline in New Zealand were overwhelmingly due to radical shifts in marriage patterns. Between the 1870s and 1900 a significant minority of women remained celibate and those who did marry, married late. These are similar to patterns found in Europe. This trend shows up dramatically in Figure 3.

The indirect determinants of this change are less precisely documented, but rest with the high levels of childhood survivorship already achieved by the 1870s. Recognising that most of their offspring would reach adulthood, couples became disposed to reduce family size. Major shifts in the availability of employment for women at that time also played a major role. They had always contributed to the family workforce, but normally without pay. The advent of dairying from the 1880s, for example, saw the rise of the dairy maid, who was typically single and financially independent; while the dairy factories were mechanised, milking was not.

The fertility declines that followed had a feedback effect on childhood mortality rates. The decline in childhood mortality occurred through several mechanisms: less overcrowding and sharing of beds; more family income per child, and thus improved nutrition; and dramatic declines in childhood deaths through injury. This was also affected by a shift from care by older siblings to parents, as shown in the dramatic decrease in childhood accidental death rates between 1876 and 1901.²⁰

Through force of circumstances, Pākehā settler families were typically neo-local in residence, although anecdotally genealogists report many cases where grandparents and other relatives joined the colonists. Nevertheless, neo-location plus rural settlement led to “a minimally organised society ... people severed from their associations in metropolitan society”. Contrary to nostalgia, they were lacking community support networks. It was also a very transient society, and this mobility affected support networks.²¹

The polar opposite to this was Māori family life. Displacement through land loss and mobility from the need to seek casual work were disruptive features. But most Māori were in kāinga where extended kin lived as whānau. Many kāinga had been lived in for generations; others were recent and a result of government stabilisation policies. The important issue for the present study is that these sites have often survived until today and become the location for multigenerational Māori families.

Māori family sizes were affected by lower fertility than Pākehā: 5.0 to 6.0 births per woman in the late 19th century. The reasons for lower fertility were biomedical, not social. Culturally, Māori women followed custom. Most married, and at young ages, often after a tomo (arranged betrothal), or a trial relationship.²² Māori customs relating to pre-marital relationships were liberal, as was the case elsewhere in eastern Polynesia. In Aotearoa, as in Tahiti and the Cook Islands, the missionaries had limited impact on traditions.

The factors favouring fertility were counteracted by venereal disease, which was introduced by Pākehā and, as is normally the case in such circumstances, took on a virulent form. The Māori population was also ravaged by other introduced diseases and malnutrition, all of which negatively affect reproduction.

2.4.3 Historical trends: 1900 to 1946

This second period can be dealt with more summarily. Both Māori and Pākehā were affected by two signal events that collapsed into one another: World War I and the 1918 influenza pandemic. The ‘flu had a peculiar age–sex selectivity with the greatest impact on young men, who, of course, had also suffered high death rates in World War I.²³ The net result was that marriages were broken up by widow- and widower-hood: some 12 percent in the case of Māori from the ‘flu alone.

By 1900 Pākehā New Zealand was 50 percent urban, so the locus of family formation was moving to the boroughs and towns and away from the farm. As milking machines were installed, dairy maids were no longer needed on farms in such great numbers and they moved off into the emerging manufacturing and tertiary industries (such as retail and clerical work). But sanctions, even regulations, in teaching and other public sector jobs forbade women from combining marriage and paid employment. So for some women, celibacy and childlessness with an independent source of income became the career choice.

²⁰ Pool et al (2007): Chapter Three, citing Pool, I., & Cheung, J. (2005). ‘Why Were New Zealand’s Levels of Life-Expectation so High at the Dawn of the Twentieth Century’. *Genus*, LXVI(2): 9–33; and Pool, I., & Cheung J. (2003). ‘A Cohort History of Mortality in New Zealand’. *New Zealand Population Review*, 29(2): 107–138.

²¹ Fairburn, M. (1989). *The Ideal Society and its Enemies* (pp. 130–131). Auckland. 191.

²² Te Aka Online Dictionary.

²³ Dunstan, K., Howard, A., Cheung, J., Didham, R., & Boddington, B. (2006). *A History of Survival in New Zealand*, Statistics New Zealand, Wellington, gives authoritative data for each birth cohort.



The first available data on housing tenure show that the majority of Pākehā households in 1916 were owner-occupied, with or without a mortgage. The percentage was higher, however, in rural (58 percent) than in urban (47 percent) New Zealand. By 1926, the figure was 62 percent, but it dropped in the 1930s Depression (49 percent) and again during World War II (56 percent).

Pākehā fertility continued to drift slowly downwards through this period. By 1935–36 the TFR briefly touched exact replacement: 2.0 to 2.1 births per woman. In a less extreme way than some European populations, Pākehā New Zealand was exposed to the first shocks of below-replacement fertility. This was a rate low enough to excite a moral panic among both conservatives and would-be eugenicists, who became concerned about the decline of the ‘white races’. Both groups saw barrier methods of contraception as inherently evil.

The situation resulted in parliamentary concern and a commission of inquiry under Dr McMillan. This formulated a compassionate response: universal family benefits so families had no need to avoid childbearing. The proximate causes of low fertility remained late marriage and, among a minority, celibacy. Barrier methods of contraception were also improving and having some impact.

Despite deep concern about abortion, which in the public mind was confounded with contraception, the McMillan Committee’s estimate gave an abortion rate that was not exceptionally high. The less direct causes of fertility decline related to the Depression: poorer singles avoided marriage. Those among them who had been engaging in pre-marital intercourse and conceived, however, rushed to marriage, so that birth rates in the early months of marriage went up. Married couples who had already had one or more births avoided increasing the sizes of their families.

Also showing up on Figures 2 and 3 above is the short-lived spurt of Pākehā births at the outbreak of World War II, as the troops left to go overseas and couples rushed to marry before departure.

From 1943, as troops started to return home, permanently or on furlough, incipient trends that were to become the baby boom were evident. Even in 1939–40, and certainly by 1943, the age at marriage for women was dropping. Older sisters married the men they had put off marrying in the Depression, while younger sisters married their soldier boyfriends.

This family-building pattern picked up at the end of the War, when reuniting couples resuming normal relationships had children. Some of these people had delayed marriage because of the Depression and the War, and others were in new relationships. Women at both older and younger reproductive ages joined in. This was almost a baby boom overture, but from 1946–47 peacetime conditions set in and the baby boom symphony had truly entered its first movement.

For Māori this was a period in which many aspects of family life remained largely unchanged. The lingering effects of the biomedical constraints noted above had decreased, and Māori fertility rates increased gradually to reach high levels (Figure 2).

The effect of the universal family benefit

World War II had an effect on family sizes, but another factor totally confounded the official statistics. In 1946 and 1947, births from as far back as the 1930s were registered as births of those years, so that the children could obtain the newly introduced universal family benefit. Māori were equally eligible for the wide range of welfare measures in the 1938 Social Security Act, but the bureaucratic processes involved thwarted many applicants. Fortunately, officials recorded correct dates for the late birth registrations in 1946. The unadjusted crude birth rate for that year was 57 per 1,000, a rate that would be biologically improbable. The adjusted rate, eliminating the artefact of late registration but allowing for the troops-returning effect, was 49 per 1,000 – about as high as rates can go. The rate in the two adjacent years (when troops were also returning but in smaller numbers) was 46, again a realistic rate only about one or two points per 1,000 above the norm for that period.²⁴

²⁴ Pool, I. (1977). *The Māori Population of New Zealand, 1769–1971*: Table 4.2. Auckland.

2.4.4 Historical trends: 1946 to 1976

High fertility – the baby boom

The period 1946 to 1976 covers the baby boom, which ran from 1943 to 1973. Or, if we accept the idea that there was an ‘overture’ before the boom, then it ran from 1947 to 1973. New Zealand’s baby boom lasted 26 to 30 years, and was entirely a Pākehā phenomenon. Pākehā fertility rose and then eventually declined, whereas Māori fertility was high before and during the (Pākehā) baby-boom era, but began to decline near the end of it.

The baby boom was extremely important demographically for two reasons. Firstly, the Pākehā baby boom and the subsequent baby bust have together introduced extreme fluctuations into both the population and family-age structures. The flows coming from the large baby-boom birth cohorts will affect all aspects of our economy and society into the 2040s. Almost as many babies were born in 1969 as in 2009, when the total New Zealand population was almost 60 percent larger than it was in the latter part of the baby boom. Structural ageing – the growing percentage at old age – is mainly the result of the rapid fertility decline which followed the baby boom, not the baby boomers themselves. The baby bust resulted in smaller proportions at younger ages, causing the proportions at older ages to increase – well before the ‘boomers’ began arriving at those ages (the first did not reach 65 years of age until 2008).

Secondly, the era has developed its own persona that affects all views about social processes. For example, the ‘baby boomers’ have become a generation whose spectre hangs over us with respect to the ageing of the population. But there is another side to that spectre: many commentators hark back to the baby boom when they talk about the ‘good old days’. These mythical times were when families were tightly knit and pathologies largely absent. They contrast this, implicitly at least, with the present, when the family is alleged to be breaking down and social pathologies such as family violence abound. These commentators forget that the period was aberrant because:

- › this ‘iconic period’ lasted a shorter time than the low fertility eras before and after it (the baby boom was a 30-year period not only of higher fertility but also of younger childbearing, either side of which were over half a century of lower fertility and an older age of childbearing)
- › the spacing of births (the duration between them) was very short during the baby boom, but it has become longer since (and probably was before)
- › the high propensity to marry – for women it was almost universal – was at levels last seen in the 1870s before a fertility decline began
- › the very young age of marriage and rapid childbearing were closely linked. Over 90 percent of women not only married, but had a first pregnancy and then quickly went on to a second. Neither before nor since has such intensive parity progression been evident. This was the first generation of early-marrying women who also had access to free high-quality obstetric care and hospitalisation. Perinatal and maternal death rates have declined since, but for both Māori and Pākehā these were already low in the baby boom. As Figure 3 shows, at the 1961 and 1971 censuses, the proportions of women never married at 20 to 24 years were well below even the figures for the 1874 and 1878 censuses – the era of hyper-fertility.

The New Zealand and American experiences

Unfortunately, to add to the urban myths typical of this era, the character of New Zealand’s baby boom has not been defined according to the New Zealand experience. Through the power of marketing and the derivative nature of much of our culture, it has been defined around the American baby boom, yet ours was very different. As a result it has, and will continue to have, very different consequences for all aspects of policy and planning. Our boom was longer than the American one, fertility rates were higher – the Pākehā TFR exceeded 4.0 births per woman at its peak – and birth spacing was shorter. Pākehā women were more likely than their American counterparts to go on to a third or fourth birth. These were often deemed a ‘surprise child’, or an ‘afterthought’, when the first two were already approaching teen ages. Some couples had even larger numbers of children, bringing the TFR up to 4.0.

Moreover, the turbulence the baby boom injected into family and overall age structures has been more pronounced than that which the Americans experienced. This is because our boom was bi-modal (that is, it had two peaks). Well over 60,000 births were recorded in 1960 to 1963 and again in 1969 to 1972, of whom 7,000 to 8,000 were Māori. Numbers of births – the most important metric for all planning and policy – climbed to the first peak, dipped, climbed again and then dropped rapidly. This is an important point for policy development, because the baby boom was technically defined in terms of the birth rate per woman, not the actual number of births. It is the number of births, however, which gives rise to future demand – such as for schooling – and later for supply, as in labour market entrants.

Positives and negatives of the baby boom

The Pākehā baby boom was the great era also of neo-localisation (young couples moving to their own dwellings), assisted by welfare-state policies. Young couples in urban areas were more able than any generation before them to set up their own homes. This was due to state rentals and low-interest mortgages, offered in particular by the State Advances Corporation. In 1966, 70 percent of all Pākehā dwellings were owner-occupied, 71 percent in urban New Zealand.

There were other positive and negative aspects of the baby boom. A positive feature was the way that couples were supported financially through a meaningful family benefit. Part-way through the baby boom, legislation was passed allowing families to capitalise on this for each child and direct the money to a down payment on a house (capitalising meant a lump-sum payment in advance to cover each child until 16 years, instead of a monthly allowance over the 16 years). Conservatives at the time and since have seen this as a pro-natalist measure, but, in fact, it correlated over time with a decrease in fertility.²⁵

This was also an era in which the gender division of labour was marked – in some ways it might be seen as one in which there was a short-term reversal of the march towards gender equality.

Given that early pregnancy and rapid progression to a subsequent child occurred at very young ages, the chances of women completing their education and working for some reasonable period were limited. Typically, women worked briefly then left the paid labour force. But childbearing was often over by 25 years, and intensive child rearing by 40 to 45 years of age. Many of these women were therefore able to re-enter the labour force in their late 30s, 40s and 50s when their children had left home. This occurred in the 1970s and 1980s, after the baby boom was over.²⁶ If they returned to work early their offspring were sometimes labelled negatively as ‘latch-key’ children.

Later patterns of marriage breakdown

These patterns of early marriage and childbearing sowed the seeds for later increases in conjugal breakdown. Both early marriage and early conception (whether pre- or post-marital) were linked to the rapid increase in divorce seen well after the baby boom had passed. True cohort analyses and other exhaustive studies have shown this clearly. Couples who had conceived and married 20 to 30 years earlier drove the conjugal breakdown statistics in the 1980s and 1990s.

Changes in divorce laws were not the cause, as they merely recognised the pressures that were already there. The laws worked by liberalising the conditions under which a divorce could occur, shortening the period of separation and, eventually, attempting to allocate marital property more fairly. The related issue of the Domestic Purposes Benefit (1973), to aid solo parents with dependent children, simply brought support for them into line with that for widowed parents. Widows’ benefits had been first legislated for in 1911 by the Liberal Government. They were then extended in various measures, including for deserted wives by the Labour Government, between 1935 and 1949.

²⁵ Pool et al (2007): 202.

²⁶ Davies, L., with N. Jackson. (1993). *Women's Labour Force Participation: The past 100 years, A Women's Suffrage centenary project*. Wellington.

Māori did not go through a baby boom, and from the late 1960s their fertility was starting to drop from the very high levels achieved in the 1950s and early 1960s. Māori rates of natural increase at 4 percent per annum reached biological maxima, achieved by very few other national populations. This level was due to high fertility but, by world standards, also to low mortality. In common with other high-fertility populations, Māori also went through a slight burst of high fertility before the onset of decline. The decrease really gained momentum only in the 1970s, so we will return to the issue later.

Major changes for Māori

Māori families were also undergoing major structural changes in this period. The most obvious was the rural exodus, which was extremely rapid in comparison with other populations urbanising before the 1970s. Its direct effects on Māori whānau and hapū have been described by the anthropologist Ngapare Hopa as the “torn whariki (tissue)”.²⁷

Undoubtedly, this migration had many negative effects, but it also had some positive ones. At the same time, Māori material wellbeing, as measured by health, housing, education and income, improved rapidly. The overall policy objective, spelt out by leading government officials of the day, was to ensure that Māori could have access to economic areas where employment was growing, particularly in manufacturing.

In the words of Noel Woods (a senior official in the Department of Labour in the 1960s): “It would appear imperative that overseas migration should not hinder or substitute for Māori migration.”²⁸ This was why successive governments supported these policies of the 1950s and 1960s and implemented a range of incentive measures, such as support for housing, and Māori apprenticeship schemes.

Parenthetically, similar policies with similar objectives, applied to New Zealand’s Polynesian territories, brought in large waves of Pasifika migrants in the 1950s and 1960s. In subsequent decades there were fewer systematic, as against sector-specific, attempts to bring about convergence with Pākehā. For both Māori and Pasifika, economic restructuring policies introduced in the late 1980s and early 1990s undermined to a great extent the gains made 20 years or so earlier.

By the early 1970s, a far more latent effect on Māori family structures came from the improved wellbeing achieved in the baby boom era, particularly for Māori health. Māori early childhood survivorship improved significantly. It went from 86 percent reaching age five years for the cohorts born about 1945 to 92 percent by around 1970. In comparison, 97 percent of Pākehā children would have reached five years around 1945, increasing to 98 percent by about 1970.

Until 1945, 16 to 17 percent of Māori were aged zero to four years; by 1961 this had increased to 20 percent. Conversely, the survival rates of older people were declining. While 10 percent were over 60 years in the 1890s, this was down to around 5 percent in 1945, and to just 3 percent by 1961. A similar age-structural change – the Māori population becoming younger – would have been seen within whānau. The intergenerational dynamics of the Māori population and families thus changed dramatically in that period.

²⁷ Hopa, N. (1996). ‘The Torn Whariki’. In A. Smith & N. Taylor (Eds), *Supporting Children and Parents Through Family Change* (pp. 53–60). Dunedin.

²⁸ Hunn, J. (1961). Report on the Department of Māori Affairs, Wellington; Woods, N. (1960). ‘Immigration and the Labour Force’, Industrial Development Conference, June, Background paper # 26, Wellington.

2.4.5 New Zealand's contraceptive revolutions²⁹

A major change in contraceptive technology is an issue that reaches on from the latter part of the baby boom, the 1960s and 1970s. From about 1960, contraception became efficient and effective as 'the pill' became available. This was followed a decade later by less invasive methods of sterilisation, permitting couples and women to adopt more reliable reproductive regulation strategies. These included improved timing, by being able to avoid a pregnancy until they decided to conceive, while simultaneously being exposed to intercourse from early adulthood onwards; better spacing between pregnancies; and, with sterilisation, more certain means of limiting family size.

This technological advance has, however, had other unforeseen consequences. While contraceptive technologies now give relatively secure protection from conception, the inverse – the decision to conceive – is far less guaranteed. This issue has become more apparent as generations who had avoided and delayed conception from their teen ages into their 30s look to start their families.

The advent of the contraceptive pill around the time of the first peak of the New Zealand baby boom (1961) completely changed the means used to achieve family-formation strategies. It is untrue to say that the pill produced low fertility. As we have shown earlier, by the 1890s and through to World War I, this was achieved without modern contraceptive technologies, although the condom and other barrier methods did have some impact. The first barrier methods, plus coitus interruptus and similar techniques, were adopted in what is termed the first contraceptive revolution. These methods were already in use by the baby boom, at first early in marriage to delay first conception, and later in the reproductive span to attempt to terminate childbearing. According to family planning pioneer Dr Margaret Sparrow, however, the condoms available in the baby boom were of inferior quality and often perished during shipping from the northern hemisphere.³⁰

It was the pill that brought about the second contraceptive revolution. The third revolution, particularly tubal ligations and male sterilisation, but also the new generations of more user-friendly and safer condoms, will be discussed later, as these options only became available on a mass scale in the 1970s.

About the same time, at the start of the 1960s, a modern intra-uterine device began to be used in mass family-planning programmes in the Third World. It was also used in developed countries, but less frequently than the pill. The pill was subject to pharmaceutical patent regulations and thus its wider use in poorer countries depended initially on the financial capacity of consumers. In New Zealand this cost constraint was reduced by Health Ministry subsidies – although initially there was some resistance to its prescription to young and unmarried women.

The pill had two levels of demographic and social impact of importance to this review. At a micro-level, it allowed couples a far more efficient way not only to delay or limit births, but also to space them. The second contraceptive revolution was thus a significant step forward in terms of contraceptive efficiency and effectiveness. Its impact at the level of popular culture was to change attitudes about all aspects of fertility regulation. This opened the way for acceptance of the third revolution. The use of modern methods of contraception became the norm for couples not only in developed countries, but across most of the world. This was a macro-level cultural shift, initiated by the pill and carried forward in the third contraceptive revolution. It may have altered what until then had been the complete interaction of marriage and procreation. As we discuss below, these two vital family functions have now become virtually separate.³¹

²⁹ This draws heavily on Pool, I., Dickson, J., Dharmalingam, A., Hillcoat-Nalletamby, S., Johnstone, K., & Roberts, H. (1999). *New Zealand's Contraceptive Revolutions*. Hamilton.

³⁰ Discussed in greater detail in Pool et al (2007): 196 and Pool et al (1999): 86.

³¹ This was first predicted, as far as we know, by Santow, G. (1989). 'A Sequence of Events in Fertility and Family Formation', International Union for the Scientific Study of Population: International Population Conference, Delhi, Liege: V 3, 217–229.

2.5 The family of today (1970s to the present)

The exact end of the baby boom and the start of the most recent period are difficult to calibrate. The 1976 census is a useful point of reference simply because it provides us with data. But the baby boom probably finished about two or three years earlier, while the 1971 census was still in the baby boom. It may be useful to remember that the baby boom and the baby bust periods overlapped by several years. The key issues here relate to how the continuities in the recent period sit alongside trends that are historically unique. There are no models from which to project and plan policy responses to these trends. One thing is certain: that the period between the early 1970s and 2013 has seen major changes in family life.

Some observers see the family as 'breaking down' taking the wider society with it, while others see the family as under pressure.³² In both cases, the causes are either endogenous (coming from actions on the part of the family), or exogenous (from forces external to the family). The endogenous causes typically take the form of the changes in family form noted earlier. These lead some people to conclude that the family, by changing form (marriage versus cohabitation, divorce, ex-nuptial childbearing, same-sex marriage), is the author of its own decline. People who pursue this argument give less attention to the accompanying structural changes, such as family size.

Our argument takes a different direction. What we will show is that the structural changes have been major, and affect the capacity of families to carry out the functions they have previously performed on the part of society. Family structures form the architecture on which support networks are built, and these are themselves props for family life. But these internal structural changes have occurred at the same time as external drivers have shifted. These shifts have come from both the policy environment and market factors, and they have removed many of the props families could previously draw on to sustain their basic requirements.

Some of the trends are fundamental to all of family life, and through it to the wider society: we will examine these trends in the next section of this review. The criterion for assessing whether or not they can be rated 'fundamental' is their impact on family support networks. Without support networks, and props that are exogenous to it, the family cannot adequately perform its roles.

The 'fundamental' trends share one further attribute: they have a surprisingly low profile. They occur all around us and most people recognise this when it is pointed out. But these trends are less evident in public discourse, and their consequences are generally not widely discussed.

Three of the structural changes to be covered in the next section of this review – ageing; the diaspora, particularly to Australia; and inflows of immigrants – do receive more attention, but their implications for family life and the functions of the family get less exposure than more immediate economic consequences. The housing market in Auckland, for example, gets a far higher coverage in the press than more fundamental, long-term issues.

2.5.1 Factors of family formation driving radical shifts in family structures

Rapid fertility decline – the baby bust

In the 1970s both main population groups went through a rapid decline – the 'baby bust'. As Figure 2 above shows, Pākehā TFRs since then have been close to replacement, while Māori have been above that but well below 3.0 births per woman. That said, Māori rate series for this period are difficult to compute because of major definitional changes in the 1990s in both their numerators (births) and their denominators (population), and the two sets of definitions have not yet been perfectly reconciled.

In this prolonged period of low fertility, now approaching a half-century since the TFR began to fall, New Zealand's rate has hovered around replacement – generally slightly below. This is a historical first. While replacement fertility rates occurred for a year or so during the Great Depression of the

³² Morgan, P. (2004). *Family Matters: Family breakdown and its consequences in New Zealand*. Wellington.

1930s, a long period of this sort has never occurred before. But it fits with what is occurring across the developed countries and even in some recently and rapidly industrialising countries (Singapore, China, Hong Kong, Taiwan and South Korea). That said, New Zealand rates are not as low as those in most other developed countries. The United States and Iceland hover around the New Zealand level, as do France, Ireland, England and Wales, and several Scandinavian countries. But most developed countries, including Australia, fall below this, and much lower rates are found elsewhere in Europe and Japan.³³

Within New Zealand, there are differences by ethnicity, as the data in Table 1 show for 2006. Nevertheless, the picture is fairly clear. Asian and Pākehā populations have lower fertility and delayed childbearing; Māori and Pasifika have different reproductive regimes: higher fertility rates and younger ages of childbearing. These results are affected by definitional changes noted above, and ethnic time series are difficult to compute. But a detailed analysis suggests that Māori regimes are gradually converging towards those of Pākehā, with small decreases in rates at younger ages and increases at older ages.³⁴ Both Māori and Pasifika rates have declined since the 1980s.

	Māori	Pasifika	Asian	Pākehā	Total
TFR	2.78	2.95	1.52	1.92	2.5
% TFR < 25 years	40	31	13	22	25
% TFR 30+ years	34	42	58	52	49

Source: Statistics New Zealand. Births based on ethnicity of the mother. Multiple count enumeration.

The shift to later childbearing

Accompanying this trend has been yet another historic first – the shift to delayed childbearing alluded to above. As recently as 1970, the maternal age for childbearing was still peaking at 20 to 24 years; today it is 30 to 34 years. Since 2002, fertility rates at 30 to 34 years have exceeded those at 25 to 29 years. Historically, the modal age for childbearing was 25 to 29 years, except during the baby boom, when the mode was 20 to 24 years.

This late childbearing shows up in Table 2 which, for selected years, gives two indices. The first is the number of children a woman would bear between 30 years of age and the end of her reproductive span. The second is the ratio between very early childbearing (teenage) and late childbearing (35 to 39 years). As noted earlier, the baby bust occurred during the 1970s. Comparative data for the mid-point of the actual baby-bust period, 1976, are also provided. The year 1976 is very useful in another way: the census that year provides data on the state of families at the end of the baby boom, which, by some measures, came in about 1973; censuses from 1981 on began to reflect the baby bust and from 1986 the new regimes of childbearing shown in Table 2 for 2011.³⁵

Late childbearing has always occurred. The previous section referred to the ‘surprise births’ of the baby boom, and these occurred even in the inter-war years when fertility dipped down towards replacement. At that time, a significant minority of Pākehā women never married and never had children; some married and had only two births or fewer. But there were also those with large families – three to six children – some of whom would be born late in their mother’s reproductive life. Birth control strategies in those days focused on limitation, in part because the available technologies only allowed that, so abstention from sex after a particular birth-order baby had been born was not uncommon. But the situation is totally different today: the birth to an older mother is normally a first birth. Couples have successfully employed the available efficient methods of contraception to bring about this delay.

³³ These cross-national rates are published annually by Statistics New Zealand, and in further detail by OECD and in the United Nations Demographic Yearbook.

³⁴ Pool et al (2007): Table 8.2.

³⁵ Pool et al (2007): Chapters Five to Seven; for a detailed analysis about the baby boom and its demise, see Pool, I. (2007). ‘The Baby Boom in New Zealand and Other Western Developed Countries’. *Journal of Population Research*, 24(2): 141–161.

Table 2 Childbearing late in the reproductive span (1) and ratio of teenage to late 30s (35 to 39 years) age-specific rates (2), 1971 and 2011 compared with 1976, total and Māori populations

	Total fertility rate 30+ Years (1)*		Ratio, rate 15–19: rate 35–39 (2)	
	Total	Māori	Total	Māori
1971	0.8	1.5	1.7	1.6
2011	1.0	0.9	0.4	1.0
(1976)	(0.5)	(0.7)	(2.2)	(2.7)

* = Sum age-specific rates, 30+ years = Number of children per woman born from 30–49 years.

The data for the total population mainly represent Pākehā trends. They show a clear increase in late childbearing, plus a major decrease in the ratio between teenage and late childbearing. For Māori, the trends are more complex: late childbearing has decreased. This is a function of the rapid limitation of Māori family sizes, achieved by declines in births at older ages and by fewer total births per mother, and fewer mothers reaching higher parities (four or more).³⁶ Yet there has also been an upward shift in parenting, so that the force of later childbearing is now almost equal to that at teenage years.

Data for the mid-point of the baby-bust period, 1976, show that for both Pākehā and Māori there was a hiatus due to the shifts that were taking place. Many couples were adopting family-building strategies that meant that they were no longer giving birth at young ages, but were delaying their childbearing. These births would occur some years later when they reached 30 years and over. The data in Table 2 show that those who were giving birth in 1976 still represented the old regime and were more likely to have them at younger ages. The importance of this hiatus is that it occurred when the Christchurch Longitudinal Survey was being initiated.³⁷ The results of this have played a major role in the formulation of social policy. Thus, the cohort being followed by that survey represents the older, not the emerging regime. That older regime, with its early conception and marriage, played a significant role in marital dynamics, including marriage breakdown in the 1980s and 1990s.

There is another side to delayed childbearing: difficulties conceiving when people decide to have a child at an older age. This has led to the development of a range of assisted reproduction techniques (ARTs), of which IVF is one of the better known. There are few data on this issue for New Zealand. But in the early 2000s, European data suggest that perhaps 1.6 percent of all births came from the use of these techniques. A side effect that is far more than an urban myth is the incidence of multiple births. These are not only caused by ARTs. New Zealand's levels of multiple births are about 16 per 1,000 live births, a figure which is higher than that for France (which has very good records).³⁸

Late childbearing has been accompanied by delayed age at first marriage and increases in the probability of never marrying formally. This means that although younger men and women are being exposed to intercourse, they are less likely to cohabit. This is a new trend. Pre-marital intercourse has always occurred, at least among a minority of couples. But in the inter-war years when fertility was very low, marriage was also delayed. A small proportion of young people did have intercourse, and, in those days of inefficient contraception, some fell pregnant ex-nuptially.

Today, only a very small proportion of first unions involve marriage, so those marrying at younger ages (below 26 or 27 years) constitute a self-selected subset of couples starting unions. If cohabiting couples conceive, whether by accident or design, they may decide to marry, but more commonly they will have the birth ex-nuptially (see below). They may still decide to marry later, even after they have the number of children they wish, or even when they are at post-reproductive ages.

³⁶ In demographic usage, which we follow here, parity relates to live births; in medical usage it refers to pregnancies.

³⁷ Fergusson, D. (1998). 'The Christchurch Health and Development Study: An overview and some key findings'. SPJNZ, 10: 154–175.

³⁸ Pool et al (2007): 323–326.

Late childbearing is not universal. As a result, family-formation strategies are polarising between the relatively small minority of women still giving birth before age 25 years, and the much higher proportion giving birth between 30 and 39 years. In 2011, New Zealand women on average had borne 0.5 children before age 25, but 1.0 between ages 30 and 39. This contrasts with the situation in 1971 where the figures were totally opposite – 1.4 children by age 25, and 0.7 from 30 to 39 years.

Fertility differentials are opening up with social segmentation within Māori and Pākehā society increasingly coming from labour-force participation, combined with education and income. A particularly sensitive indicator is the level of childlessness among women aged 30 to 34 years. Levels are much higher for women who work full-time, regardless of occupation, compared with those who work part-time or who are outside the paid labour force. Levels are highest among full-time professional and managerial women. These women, both Māori and Pākehā, tend to cluster in central city areas, such as Auckland and Wellington.

TFRs are therefore lowest there, while levels of childlessness at 30 to 34 years are highest. For Māori in the Auckland metropolitan area, there is a similarly marked difference between Auckland Central and the North Shore, and South Auckland.³⁹

Associated with these shifts has been a radical decline in rates of teenage childbearing, as shown in Table 3. In 2011, less than 3 percent of teenage women gave birth (26 per 1,000). Yet the ‘urban myth’ of high levels of teenage childbearing prevails. It is still regularly confounded with ex-nuptial childbearing and has a high negative profile. (Ex-nuptial childbearing today is highest at 30–34 years.) The decline in teenage childbearing has been associated with a radical decrease in the proportions of women who conceive ex-nuptially but marry quickly after conception. This was the modal response back around 1970. Most teenage childbearing now occurs at the older ages of 18 and 19 years.

Table 3 Teenage (15–19 years) fertility rates (per 1,000)

	Total	Māori
Peak teenage (1971–72)	69	134
2011	26	63
2011/1971–72	0.4	0.5

These changes in reproductive strategies have been due mainly to the new contraceptive technologies. To a far lesser extent they are due to abortion, following law changes in 1977 and 1978. The pill continues to be a major efficient method of contraception, especially for the timing of the first pregnancy and for spacing. It is joined today by sterilisation – the normal means of family limitation. New greatly improved condoms play an increasing role, especially among the young and others who are not exposed to regular intercourse. Their role as a preventive measure against sexually transmitted diseases, including HIV/AIDS, has also become significant. Again, this is particularly among those having sex irregularly or with people they do not know well. A number of other methods including ‘morning-after pills’, injectables and various forms of IUDs are also used.

³⁹ Pool et al (2007): 333.

The role of induced abortion

Abortion plays a minor but significant role as a back-up when unintended pregnancy occurs. Induced abortion became a notifiable procedure in 1976. Rates then fell dramatically immediately following the passage of the Contraception, Sterilisation and Abortion Act in 1977, and many women went to Australia to obtain terminations. This situation continued until 1981.⁴⁰ Rates have increased over time, especially for women conceiving at young ages. But since 1996 New Zealand's general abortion rate has fluctuated within a narrow range. Our data are probably more complete than those available for some other jurisdictions as there is little indication of terminations occurring illegally and thus outside the notification system. The data suggest that rates in New Zealand are similar to those of a number of other developed countries. Abortion is also sometimes used when counter-indications are found about the viability of the foetus or the long-term health or impairment risks of the child, should it be born alive.

Abortion ratios (abortions/abortions + stillbirths + live births) seem to be much higher for New Zealand's Asian population than for other ethnic groups, but there are two confounding factors.⁴¹ First, the ratio is computed for 'known pregnancies', but reflects changes in the denominator (number of pregnancies) as much as in the numerator (number of abortions). The abortion rate, for which we have no ethnic-specific data, is a more accurate measure. Secondly, the Asian female population includes many students, far in excess of the resident Asian population, who may have been among the numerators (that is, have had abortions), but were not in the denominators (women at risk).

Changing attitudes to adoption

A further confounding effect came from major changes in attitudes towards adoption. From the early 1970s, increasing numbers of young mothers decided not to give up their newborn babies for adoption. The reduction in babies available for adoption has often been mistakenly attributed to abortion. But work by Janet Sceats on the 1970s and 1980s, and later work by Sceats and Angelique Parr (1995) found that there is now more financial and social support for a woman to continue with the pregnancy and keep the baby.⁴²

The rise in conjugal mobility

Another aspect of change in family formation has come about through conjugal 'mobility'. Rates for this – as measured by rates of divorce, separation and termination of consensual unions, and by reconstituted families – seem to have increased. Unfortunately, the only hard data available are on the termination of registered marriage, and these rates have plateaued or decreased, after a rapid increase until about 1990. This trend was determined primarily by a past history of high levels of first conception and marriage at young ages, and the more recent divorce law reforms which responded to demand. But these data are not as meaningful as they might seem.

Not only are marriage rates decreasing, but those marrying are doing so increasingly at older and older ages, frequently by transforming a consensual union into a marriage. Ironically, those remaining with the same partner increase the termination rates for the consensual unions they have left, in converting them to a formal marriage. For divorce and separation, data are needed for real cohorts – on individuals who marry and later separate or divorce. The only direct sources are the surveys on New Zealand women carried out in 1995 and 2001 by the Population Studies Centre (PSC) at the University of Waikato (now the National Institute of Demographic and Economic Analysis – NIDEA). Official data sources do give separation and divorce data for cohorts. But the results are again confounded, this time by people who marry in New Zealand but separate overseas, and by those who have married elsewhere and separate in New Zealand.⁴³

40 Sceats, J. (1988). *Abortion in a Low-Fertility Country: New Zealand, a case study*. Unpublished PhD thesis, University of London.

41 Statistics New Zealand, *Population Mythbusters*. For Asians the ratio was 397, to 248 overall; among teenagers it was Asian 740, 478 overall. Pākehā teenagers (526) were second to Asians, Pasifika, 390 and Māori 312.

42 Sceats, J., & Parr, A. (1995, June). *Induced Abortion: National trends and a regional perspective*. Paper presented to Abortion Providers' Conference, Wellington. (Published as a discussion paper, Health and Disability Analysis Unit, Midland Health, Hamilton.)

43 Dharmalingam et al (2004).

Blended families on the increase

Separation (or divorce) often leads to the formation of another blended or reconstituted family. There are few data on these forms of union except from the surveys just noted. As in the case of sole parenting (discussed below), the blended family is increasing in prevalence, but is still not very common. It involves about 18 percent of all mothers. Most such families were 'partially blended' (16 percent) rather than fully blended (3 percent).⁴⁴ From the standpoint of family functions, blending clearly has both advantages and disadvantages. It reconstitutes a family and may ideally extend the size of support networks. The disadvantages, however, are the pressures this may put on the newly constituted family unit.

The results of changes in family age distributions

The age distribution of family members has changed significantly. Parents are older on average, but the percentage of extended family members at older ages has also increased because of the twin effects of lower fertility and improved survivorship and longevity.

These trends affect, or are affected by, all aspects of family functioning. The function of replacement has declined, although from another perspective it could be said to be becoming more efficient.⁴⁵ Certainly, as most children born alive will now reach adulthood, and maternal and peri-natal mortality rates have declined, there are efficiency gains. These free women for other forms of production.

The shifts in age patterns of reproduction have a range of implications, beginning with medical events (pregnancy and childbirth). The shifts also interact with parental career development, whether for both parents in a two-parent family, or for a solo parent. Work-life balance has become more pressured. This is a factor that has major implications for the timing of first births and equally major implications for whether there will be a second.

Perhaps most importantly, the child-rearing function is changing because there has been a decrease in the size of support systems. Parents rearing first and second children are now much older. They will have fewer children and they themselves will on average have fewer siblings – aunts and uncles for their children. Support systems have thus decreased in size. Ironically, however, child support is increasingly coming from grandparents. Older members are living longer and in better health than was true historically, although many of them are also working longer than in the past.

Ageing in the family is a double-edged sword. On the one hand, grandparents are increasingly giving family support, both monetary and in the provision of services such as childcare, meeting children after school, and so on. On the other hand, as the grandparents age further, they have more need for support systems themselves, including physical care and advocacy when faced with administrative structures in health and residential care. This support may be increasingly difficult to find within the smaller family that has succeeded them. Remember that the current elderly are the parents of the baby boom, and thus have on average more children to call on than either their own parents had, or their children will have.

According to a new genre of research, national transfer accounts (NTA), these intergenerational effects are very important. In many countries (but not New Zealand) analyses show that intergenerational, intra-family supports, in kind (such as unpaid childcare) and materially (loans or advances for major capital projects, for example), far surpass inter-family tax-based supports (public policy-generated). Where non-monetary supports can be translated into monetised values, the intra-family supports are even greater. The supports are in two directions – from younger family members to older, and from older to younger, depending on capacity (physical, material and financial). In a number of countries (such as Japan) the flows from older to middle-aged family members exceed those from middle-aged to older members. But the transfers may well go in the other direction as dependency increases in the older generation.

44 Dharmalingam et al (2004): Chapters 3 and 6.

45 MacInnes, J., & Pérez, J. (2005). *The Reproductive Revolution and the Sociology of Reproduction*. Paper presented at the XXV Conference of the International Union for the Scientific Study of Population (IUSSP), Session 94, Tours.

2.5.2 Echoes of the past

We have focused on the new aspects of New Zealand family life, but our society has also inherited from the past. The most important echo of the past is that most New Zealand families of today continue to perform the major functions that the family has always taken on, and with the same degree of care and diligence. They may have fewer children and be having them at older ages, but they try to raise their children in ways families always have. They try to imbue the children with similar ambitions, aims, values and objectives to those their parents had for them.

At the same time, they may face greater demands to support elderly family members than was the case for past generations of families. This is in spite of universal superannuation for all those over age 65 years – an important prop for a high proportion of the elderly. A critical issue is that these functions are now often achieved without some of the props that families of the past had at their disposal – uppermost among them being large families, typically living nearby.

Four other 'echo' features of family life are often incorrectly seen as being new. They are generally viewed as undesirable trends, and have a particularly high profile. The trends are:

- › teenage parenting
- › ex-nuptial conception
- › sole parenting
- › working mothers.

Teenage pregnancy

This is a high-profile subject in the media, yet the fact that levels are less than half what they were in the 1970s is never mentioned.

Ex-nuptial conception

Ex-nuptial conception is a far-from-modern phenomenon. As Table 4 indicates, what is new is a major upward shift in the age of ex-nuptial childbearing. This shift is primarily a function of delayed marriage and childbearing (which increases the 'risk' of an ex-nuptial birth at older ages), and the increasing separation of marriage and procreation. Historically, whichever occurred first (conception or marriage) was a pre-condition for the other. But today, couples marry for a wide range of reasons, often after they have had one or more children. Consequently, this has altered both the levels of ex-nuptial childbearing, which no longer attracts the shame it once did, and the age of parents having ex-nuptial births. This has shifted from the teens and early 20s to the late 20s and 30s.

By 2012 the highest ex-nuptial rate was at 30 to 34 years. Some view these trends as contributing to decreased fertility, yet the evidence is confused at best. A review of populations with low fertility (Mediterranean Europe), marriage before childbearing is the norm. In others with higher fertility (Scandinavia, France and New Zealand), not only is the average age at marriage older, but high proportions of women who have already born children are not married.

Table 4 Age distribution (%) of ex-nuptial childbearing, 1978 and 2003

	Under 20 years	20–29 years*	30+ years	Total
1978	44	47	9	100
2003	15	52	33	100

* There was a shift within this age group from the lower to the higher 5-year age group. In 1978, 72 percent of ex-nuptial births were to women aged <25 years; in 2003 it was 62 percent at 25+.

Sole parenting

This has also always been a feature of family life, historically involving widowhood. Increasingly, the reason has become separation and divorce. Just on two-thirds of sole-parent occupiers in 2006 had been married or in a civil union.⁴⁶ Sole-parent occupiers in 2006 had a median age of 43 years, slightly older than their two-parent household counterparts. It is important to stress that sole parenting is a situation, not a status: people move into and out of sole parenting.

Despite media and political commentary implying that we know a lot about the topic, it is very complex and we have few New Zealand data to look at it. The only population-based sources are the surveys on New Zealand women by the Population Studies Centre in 1995 and 2001. There do seem to have been increases in the incidence of sole parenting among all women who have ever been mothers. Life-table analyses suggest that the cumulative probability of being a solo mother increases with age, from one in five mothers aged less than 25 years to almost one in two by age 50. This varies by birth cohort of the mother, being more common among younger cohorts. Sole parents, however, do not remain in this situation forever: after five years as solo mothers, 60 percent will have entered another union.

The PSC study found that reasons for both entering and leaving sole parenthood were complex, but most showed weak relationships when other factors were considered. One factor that does seem to be important is whether the prior union was a marriage or cohabitation. This confirms other data from that study which show that cohabitation is less stable than marriage.⁴⁷

Working mothers

Women have always worked, whether in the household, on a family farm or production unit, or in the formal paid workforce outside the home. What has changed is the way that contribution is now formally acknowledged. More important for most families is the fact that women now typically work some distance from the home through most of their child-rearing years.

Working mothers now include an increasing number of solo mothers. In 2006, wages and salaries accounted for 50 percent of income sources for sole parents (household occupiers), up from 46.5 percent in 2001. The Domestic Purposes Benefit (DPB) accounted for only one-third of income sources, down from 42 percent in 2001.⁴⁸ Both situations pose major issues of work–family life balance and childcare. They are of particular salience for sole parents, who must single-handedly juggle work hours with school hours.

2.6 Props for family support in the early years of the 21st century

The props on which families have depended in order to fulfil their functions for the wider society have been broadly categorised in two ways. They are either endogenous (intra-family, often cross-generational) or exogenous (support from outside, most typically through the transfers generated by public policy measures, and the forces exerted by markets).

2.6.1 Endogenous factors

The endogenous forces that have most effect are the structural changes noted above.

46 Hutt, R. (2012). 'New Zealand's Sole Parents and their Marital Status: Updating the last decade'. *New Zealand Population Review*, 38: 77–93. At the 2006 census, 13 percent of sole-parent occupiers were widowed, 20.4 percent were separated, 23.8 percent were divorced and 8.2 percent were still married (not officially separated).

47 Dharmalingam et al (2004): Chapter 5.

48 Hutt (2012), *ibid*.

Size of family and age of parenting

The decrease in the size of families and the increase in the ages of parents have two principal effects. The trend to smaller families is placing pressure on child-rearing, but also on other support systems the family has traditionally afforded. There will be fewer descendants to look after the elderly and the inter-generational durations have altered significantly. By contrast, many of the elderly today are likely to have had larger families and to have come from larger families themselves, and thus potentially have a wider support network.

The following example models the latent but very important effect on family networks of increases in the age at first (and later) childbearing. It is included here purely for illustrative purposes as the data are now somewhat dated.⁴⁹

The modal age for first childbearing for baby-boom mothers (let us call them 'grandmothers') was 20 to 24 years. We will reference their relationships with the subsequent generations down a female line. This means that grandmothers, who were childbearing in the baby boom (say 1960s), are about 20 to 24 years older on average than their own daughters. The daughters were childbearing in the baby bust (late 1980s to 1990s). Modally these daughters had their children at perhaps 28 to 35 years, but increasingly at older ages – as we have shown, the late 30s is not uncommon. So the age gap between a grandmother and her grandchildren could be 48 to 60 years, if the daughter was at a modal age for childbearing for her generation; 55 to 65 years if the daughter delayed. Under this pattern, many grandparents may be able to provide childcare and other support for young grandchildren.

Let us now assume that for any parent the peak ages for child-rearing costs are the youth ages (15 to 24 years). The daughters will be in their mid-to-late 50s when the grandchildren are 15 to 24 years, and the grandmothers in their late 70s or into their 80s if the daughters delayed childbearing. The increasing generation gap may place some daughters in a severe 'sandwich situation': facing peak costs for the grandchildren, but also perhaps increasing need for support from the grandmother. The daughters are likely to have fewer siblings to share this, and will also be saving for their own retirement.

Diaspora and mobility effects

Families are highly mobile both within New Zealand and overseas, with couples living far from where they may have been raised or where their parents are. The effects of this on support systems are marked for all families. This is true whether they are New Zealand-born couples living overseas with older family members back home, or migrants who have obligations to family in Asia and the Pacific, for example. The particular issues for Māori are the whanaungatanga and hapū obligations, such as maintenance of marae and attendance at and assistance with hāngī and tangi.

Multicultural family structures

A further effect of growing mobility and interactions with increasingly wider ranges of people, living in different countries, is that more and more families face obligations in performing family functions that may place competing claims on them. These may vary from jurisdiction to jurisdiction. Some of these are so formal that they are subject to international treaties relating to the rights of children and to the access of parents to children, and may be accorded different legal statuses in different countries. Other obligations may involve more informal or culturally sanctioned issues of family functioning.

⁴⁹ Sceats, J. (1988). 'Implications of Changes in New Zealand Family Formation and Household Structure'. In C. Crothers & R. Bedford (Eds), *The Business of Population*. The New Zealand Demographic Society, Wellington.

Socio-economic effects

Families have varying levels of access to education, income and material wealth, such as housing. These all affect their wellbeing. While there is an endogenous dimension to this, exogenous factors (such as the availability of employment and minimum wage regulations) also exert a strong influence.

2.6.2 Exogenous factors

Exogenous factors are extremely complex and are typically seen as the subject of public policy measures, but are only a part of the reality faced by families. Some of the changes in exogenous public policy props have involved changes to welfare-state measures: universal family benefits, low-interest State Advances-type housing loans and free GP visits. Others are a result of modern life becoming more complex: for example, the additional expenses of school uniforms, stationery and field trips faced by children in the public education system. Families have other costs when members have to travel away for care in the high-quality tertiary hospitals that, appropriately, have taken over functions that in the past were carried out closer to home in local secondary facilities. Even something as worthwhile as legislated safer car seats for children involves costs which families in the past did not face.

Market forces

Market forces are also important and cannot be ignored. One example is price increases to meet a company's obligations to shareholders rather than to consumers and employees. Another is bank housing-loan policies whose 'available income' principles may prevent those with student loans taking out a mortgage. A further example is the retail pricing of junk food compared to food with a higher nutritional value.

The neo-liberal arguments favouring casualisation, contracting, outsourcing and labour-market flexibility typically result in extra pressures on families. These include increased hours of work, unemployment and lower wages, or disrupted family life. Lack of tenure and certainty may reduce the eligibility of young couples who would otherwise seek a mortgage and home ownership. The cost of childcare, both pre-school and after school (or school holidays), can absorb much of one parent's earnings. Career development can be impeded by conflicting family responsibilities. That even a two-child family today needs a double income to succeed makes these pressures more intense. Unsurprisingly, home ownership rates are dropping, especially for would be first time owner-occupiers in major urban areas.

Pressures on the labour force

Even more fundamental have been the shift-shares in the sectoral distribution of gross domestic product (GDP) and thus the labour force. The tertiary (service) sector has long been dominant in New Zealand and other developed countries, but recently what is called the quaternary sector has become very important: the so-called financial and real estate (FIRE) sector noted earlier in Figure 1. This sector has demanded a young, highly skilled, typically newly graduated, labour force, which has clustered in cities that are major financial centres. In New Zealand this has been Auckland and Wellington; Wellington also attracts a parallel workforce, with similar skills, into the public service. That said, there is a disjunction between unemployment, especially in lower-skilled jobs, whatever the sector, and recruitment into the FIRE and public service sectors. Many New Zealanders in these sectors have joined the diaspora and sought employment overseas.

There are other factors beyond the labour force and population-geographic ramifications of this change. The career demands are probably more severe in these sectors than in some others – education and training to enter them is prolonged, and this is followed by a struggle up the career

ladder. These constraints are particularly important for work–life balance and are implicated in the increasing delays in family-building, especially for women. As we have shown, TFRs in central Auckland and Wellington are very low – in fact they resemble those in the low-fertility regions of Europe.

Every policy is a population policy

Essentially, the family is buffeted by these factors, often as unintended consequences of policy or by market concerns that seem to be distant from the day-to-day concerns of families. Demographers often say that every policy is a population policy, in that it has demographic effects. Measures taken in, say, fiscal or service ministries to resolve pressing issues or to make tax-takes more ‘efficient’ may have an immediate and severe impact on families.

Tax law is a very good example: GST involves a shift of progressive tax away from individuals to a flat tax paid by everyone regardless of their income level and capacity. It has had a major impact on low-income families. This was accompanied in New Zealand’s case by decreases in the top rates of personal income tax, which further exacerbated inequalities in income in the community.

2.7 The family between now and 2025

This section looks at some of the factors noted above, and their likely intensification because of demographic changes between now and 2025. The debates about the future of fertility change around the developed world and the convergence of fertility patterns are relevant for New Zealand.⁵⁰ One of the questions being asked overseas is how low fertility can go below replacement. Alternatively, could levels recuperate towards replacement, and, if so, how – through policy measures? Is there a convergence, a commonality of below-replacement experience? These debates erupted in particular after a thoughtful paper by John Caldwell and Thomas Schindlmayr provoked a robust response. We have summarised that debate elsewhere and looked at its implications for New Zealand (see below, Family structures).⁵¹

2.7.1 Family forms

The diversification of family forms and living arrangements is likely to continue and may even accelerate. Sole-parent, single-sex, blended, couple-only (including ‘empty nest’), LATs, and multicultural families are all likely to become more common as society and social values change. There are likely to be more people living on their own. Whether this is by choice or circumstance, these people are also still family members and may both require and provide familial support. As noted below, the children of the ‘elderly’ may well be in their 60s and 70s themselves – a feature already showing up for the earliest baby boomers.

Marriage and procreation may increasingly be undertaken for different, but not mutually exclusive reasons. The passage of the Marriage Equality Act 2013 has probably strengthened that trend. In the debate surrounding it, proponents argued that marriage was about values such as ‘love, comfort and support’. The argument that same-sex marriages are contrary to family values has also been countered.

For example, Waikato journalist Denise Irvine suggested that “same-sex couples actually are family ... someone’s much-loved sons, daughters, siblings and cousins”.⁵² This raises debate far beyond the scope of this review: the role of marriage as a social construct and not a bio-social prerequisite

⁵⁰ Lutz, W. (2007); Coleman, D. (2007); McDonald, P. (2007). ‘Low Fertility and Policy’. *Ageing Horizons, Oxford University Institute of Ageing, Special Issue on Fertility Decline*, 7: 22–27 www.ageing.ox.ac.uk/ageinghorizons/

⁵¹ Caldwell, J., & Schindlmayr, T. (2003). ‘Explanation of the Fertility Crises in Modern Societies: A search for commonalities’. *Population Studies*, 57(3): 241–264; see also the responses in the next issue of *Population Studies*; summarised Pool et al (2007): 315–317.

⁵² Irvine, D. (2013). ‘Marriage an Institution for All New Zealanders’. *Waikato Times*, April 20: B5.

to procreation. This in turn raises other questions, such as whether continuing to record data on the nuptial status of birth mothers is still relevant.⁵³ More immediately for this review, a high incidence of ex-nuptial births, or marital status changes such as those incorporating same-sex couples, probably have little or no demographic effects, yet socially and legally they may be very significant.

2.7.2 Family structures

The major changes in family structures that have already occurred, such as small family size, are unlikely to be reversed. But they may not be quite as dramatic in the future. The impact on national fertility levels of immigration by working-age adults and families may be limited. This is because inflows from some of our major migration sources are from the low-fertility countries in Europe and Asia (not just East Asia, but also southern India).

There is limited enthusiasm in New Zealand for choosing to have only one child, or no children, although these are valid options.⁵⁴ Older parenting is likely to continue and perhaps become entrenched and multigenerational. Reversal of this trend would require major socio-economic changes in areas such as education, training and the workforce, as well as in social attitudes. These might act to counteract forces that could otherwise bring fertility below replacement. This trend would be reinforced if Māori and Pasifika rates converged towards those for Pākehā – that is, downwards in level, with childbearing at older ages. There are almost no hints that rates could drop to the very low levels seen in Mediterranean Europe or East Asia. The numbers of births could decline, however, even if rates remain at high sub-replacement levels, if there is a continued diaspora among people at young working and parenting ages.

Consequences of later childbearing include the increased need for recourse to ART (assisted reproductive technologies) as women delay childbearing until the upper range of their reproductive span. This delay in having children may result in involuntary childlessness for some women and couples. In the near future there may be increasing polarisation in family structures. Given the small families of today, childlessness in the next generation may mean that some people may not become grandparents at all, and some family lines may die out. By contrast, a baby-boom mother at 21 whose daughter had a first birth in her early 20s could be a grandmother in her 40s. She could be a great-grandmother in her 60s or 70s and, if she is long-lived, a great-great-grandmother. In such families there may be wide familial support networks – so long as family members remain in New Zealand, close at hand.

Multigenerational older parenting will widen the gap between generations. While four-generation families are common today, there are likely to be fewer great-grandparents in the future. Some people may not live long enough even to see grandchildren if the gap between generations becomes 35 to 40 years. The decline in family size may be particularly poignant for Māori. They may have expectations of their old age surrounded by many mokopuna, as their parents and grandparents were, but find that there will be far fewer of them.

2.7.3 Family functions

Smaller families, older parenting, structural ageing resulting in more people at older ages, and widening generation spans will have serious effects on the caring capacity of families. One example is the provision of care of dependants, particularly of young children, by third parties. This is likely to increase if families continue to require two incomes to maintain an adequate standard of living. This raises the issue that one of the core family functions, the care and socialisation of the very young, is occurring more and more outside the family. Care of the elderly is also now often done outside the family, although once it was a core family function.

The use of extended family or whānau members to provide these services may require additional support (see below). It may also need a broadening of gender roles with more men taking on the care of their children or their elderly parents. Leave to look after elderly whānau may become as much a factor in work–life balance as parental leave is now. The very old may be dependent for

⁵³ This was raised and debated at a seminar at the Families Commission, 26 March 2013.

⁵⁴ Sceats, J. (2006). *Low Fertility and Reproductive Polarisation: The perspective from within the family*. Seminar, Sub-replacement fertility: Is this an issue for New Zealand? Institute of Policy Studies, Wellington.

physical and other support on their ageing children – 90-plus-year-olds with retired 65-plus children. Pressures on the ‘sandwich’ generations are likely to grow. Households of unrelated persons who may share responsibilities for care of each other will perform some of the functions of families. Special needs populations who live in the community are also ageing, and they will require particular support services.

2.7.4 Diaspora and mobility

If current patterns of immigration and emigration continue, a number of issues affecting the family will arise. There is a continuous outflow of young New Zealanders to Australia and elsewhere at prime family-formation ages. This raises the question of whether our stock of potential parents and whānau is increasingly living overseas. Many will form unions with nationals of other countries. Some will come home with their foreign-born partners and children, and some will not, but may still consider themselves members of New Zealand families.

The New Zealand family is likely to be increasingly multicultural and not necessarily New Zealand-based. Implicit in this is a potential tension in trying to meet family obligations over physical and cultural distances. Multigenerational immigration and cross-national parenting also raises the issue of New Zealand citizenship for non-residents. They may feel they are New Zealanders but may not meet current eligibility criteria.

The diaspora is not limited to international migration, but also includes migration within New Zealand as the young move to areas where employment is available. In doing so, they leave behind older family or whānau in rural and provincial areas. This outflow of the young also reduces the available caring workforce which might supplement the family support system.

For Māori, the continuation of the diaspora, national and international, raises further concerns about the maintenance by whānau of factors of cultural identity such as marae, te reo and knowledge of whakapapa.

2.7.5 Public policy and intra-family transfers

All this raises a major issue. At present, as noted, the national transfer accounts done overseas point to the seminal importance of within-family assistance (financial or in kind) and networks. We assume that the results would also apply to New Zealand. But do the changes noted above presage the need to increase public assistance through formal, non-family support systems?

If grandparents are too elderly and frail, they may not be able to provide care for their grandchildren. With their longer life expectancy they may need to guard their financial resources, particularly if the public benefits system increases financial inputs by clients (for residential care, for example). In addition to smaller family size, the diaspora, domestic and international, will obviously reduce the physical presence element critical for some forms of intra-family transfer. Examples include care for the frail or terminally ill elderly. As the ageing of the workforce progresses, this issue will become ever more visible.



3. NEW ZEALAND FAMILIES TODAY: A BRIEF DEMOGRAPHIC PROFILE (2012)

3.1 Introduction

This brief demographic profile presents a broad overview of the make-up of the New Zealand family in 2012 and identifies trends over the past few decades.

The aim is to make available to the general public the latest information on New Zealand families, and in doing so, make them better informed of the diversity of family life. There are dangers in simplifying demographic trends that often vary for different groups (eg ethnic, geographical or socio-economic), but more detailed studies of New Zealand family and whānau are available for those interested.⁵⁵ These studies offer a more complete picture of family trends and the factors contributing to family change.

Historical studies of the family⁵⁶ show that there has never been a period that might serve as the 'norm', as the nature of family relationships has changed throughout history. Until recently we tended to compare current family forms with the 'nuclear family' model of the 1950s and 1960s (eg mum, dad and the kids). This brief shows that this model no longer serves to describe the variety of family forms in New Zealand today, if indeed it ever did.

This report mainly uses data collected and published by Statistics New Zealand⁵⁷ with additional information from the Ministry of Social Development's 'Social Report'.⁵⁸ With the delay of the 2011 Census until 2013, the most recent Census data is from the 2006 Census, unless figures are based on other data sources.⁵⁹ To avoid excessive referencing, data comes from these primary sources, unless stated otherwise in the text.

3.2 New Zealand's population

New Zealand's population has grown steadily over the last 30 years and was estimated as 4.44 million as at 30 June 2012.⁶⁰

While the rate of natural growth has been steady the contribution of migration to population growth has varied. In some years there has been a net flow out of New Zealand (eg the mid 1980's) and some years an inward flow (eg since 2002). Immigration and the higher birth rates, and younger age profile, of Asian, Māori and Pacific peoples is resulting in an increasingly diverse cultural mix for New Zealand.⁶¹

Like many 'developed' countries, New Zealand's population is aging. For example, the median age of the population has increased from 26.4 years in 1976 to 35.8 years in 2006, and is estimated as being 37 years in 2012. The proportion of the population who are children has fallen, while the proportion in the 65 years plus age group has risen. This aging of the population is likely to result in fewer working-age New Zealanders supporting an increasing number who have retired.⁶²

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

55 Pool, I., Dharmalingam, A., & Sceats, J. (2007). *The New Zealand family from 1840: A demographic history*. Auckland University Press, Auckland; Families Commission (2008) *The Kiwi Nest; 60 years of change in New Zealand families*. Families Commission, Wellington; Families Commission (2011) *Whānau Yesterday, Today, Tomorrow*. Families Commission, Wellington; Te Puni Kōkiri (2011) *Māori: Demographic dividend for economic return*. Te Puni Kōkiri, Wellington; Te Puni Kōkiri and FC report on Māori demographics.

56 Coontz, S. (2005). *Marriage, a History*. Penguin; New York.

57 Statistics New Zealand (2012). *Demographic Trends 2011*. Census.

58 Ministry of Social Development (2010). *The Social Report*. Ministry of Social Development, Wellington.

59 For example, the Household Labour Force Survey or occasional specific topic surveys.

60 *Demographic Trends 2011*, New Zealand resident population.

61 Ministry of Social Development (2010). *The Social Report*. Ministry of Social Development, Wellington. See also the recent *Growing Up in New Zealand* study, Morton, S. et al. (2010). *Growing up in New Zealand: A longitudinal study of New Zealand children and their families. Report 1: Before we are born*. Auckland: Growing up in New Zealand.

62 Jackson, N. (2001). *The policy-maker's guide to population ageing: key concepts and issues*. Policy Research Paper No. 13. Department of Family and Community Services, Canberra.



3.3 Who do people live with?

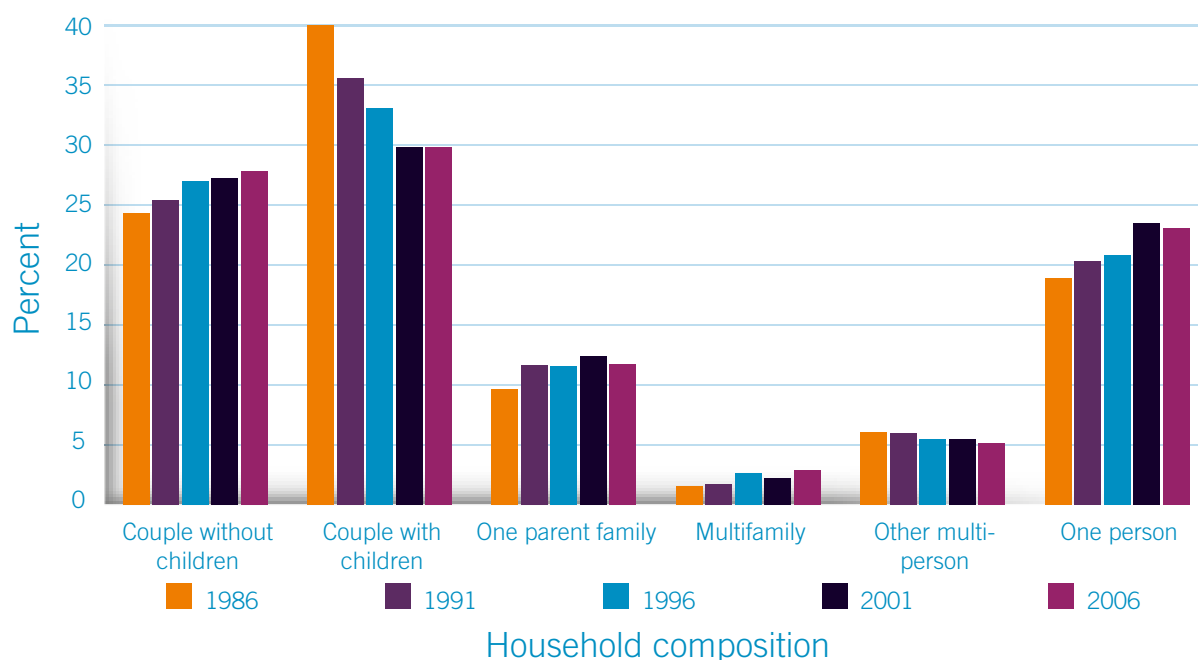
Most New Zealanders live in households with other people, to whom they may or may not be biologically related.

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

Households

Households usually contain only one family unit, either a single person living alone or a couple with or without children. In 2006 only 3 percent of households contained multi-family units, although this is more common among Asian, Pacific and Māori households.⁶³ Figure 1 shows how the composition of households has changed over 20 years.

Figure 1 Distribution of households, by household composition, 1986–2006



Source: Statistics New Zealand

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

Although couples with children are the most common household type, at just under a third of households, they have been a decreasing proportion of households. Over the past 20 years, couple-only and one-person households have become more common. Population aging and the lessening difference in male vs female life expectancy are factors contributing to this change (eg there are more couples whose adult children have left home). However declining fertility, delayed marriage, relationship breakdown, changing values and attitudes to partnering are also likely to have contributed to these changes.

⁶³ Statistics New Zealand (2008) Housing indicators, indicator six multi-family households, http://www.stats.govt.nz/browse_for_stats/people_and_communities/housing/housing-indicators.aspx

Families with dependent children

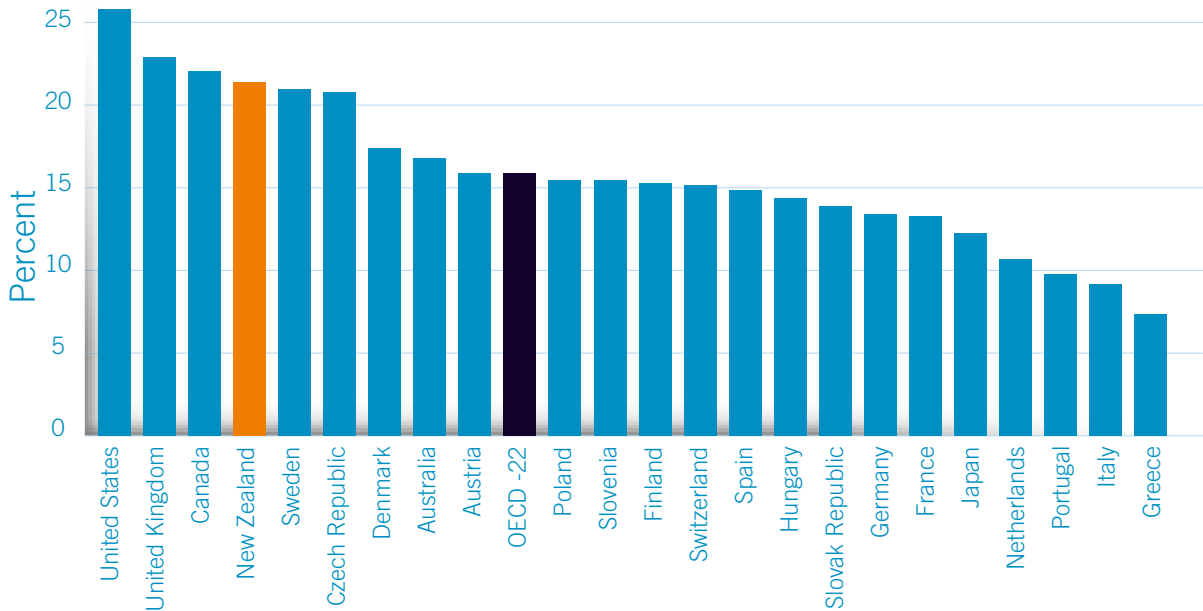
While households may contain a couple living with their adult children, where children are present in a household they are usually aged under 18 years of age (dependent children). Table 1 shows the changes in family type, for those families with dependent children, between 1976 and 2006.

Table 1 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 resident	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
Percent							
Two-parent family	89.6	85.9	81.5	75.5	73.2	70.8	71.9
One-parent resident	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	100	100	100	100	100	100

Source: The Social Report (2010)

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

Figure 2 Proportion of children aged 0–14 years in sole parent households for OECD countries, around 2007



Source: OECD Family Database (www.oecd.org/els/social/family/database).

Since 1976 there has been a decrease in the share of families with dependent children who are in two-parent families, from 89.6 percent in 1976 to 71.9 percent in 2006, and an increase in sole parent families,⁶⁴ from 10.4 percent in 1976 to 28.1 percent in 2006. Recent analysis indicates that the rate of growth in the proportion of families headed by a sole parent is levelling off.⁶⁵ It is relevant to note that in 1981 the Family Proceedings Act (1980) came into force, doing away with fault-based divorce and seeing a significant increase in divorce (see p. 8). The increase in the proportion of sole parent families mirrors overseas trends, although New Zealand’s rate is relatively high by international standards (Figure 2). It is important to note that while at any one time just over one-in-four families with dependent children contain only one resident parent, the chances of ever living in a sole parent family are higher, with an estimated third of children having lived in a sole mother family by age 17.⁶⁶

64 It should be noted that the term ‘sole parent family/household’ is used to refer to the situation where only one parent is living in a child’s usual residence. In most cases the other parent is still fulfilling a parenting role and children often spend time living in this other parents household (for a discussion of this issue see Callister, P. & Birks, S. (2006). Two Parents, Two Households: New Zealand Data Collections, Language and Complex Parenting, Blue Skies Fund research, Families Commission).

65 Centre for Social Research and Evaluation (2010). Sole parenting in New Zealand: An update on key trends and what helps reduce disadvantage. Ministry of Social Development, Wellington.

66 Dharmalingam, A., Pool, I., Sceats, J. & Mackay, R. (2004). Raising Children in New Zealand, Patterns of Family Formation and Change in New Zealand. Ministry of Social Development: Wellington.

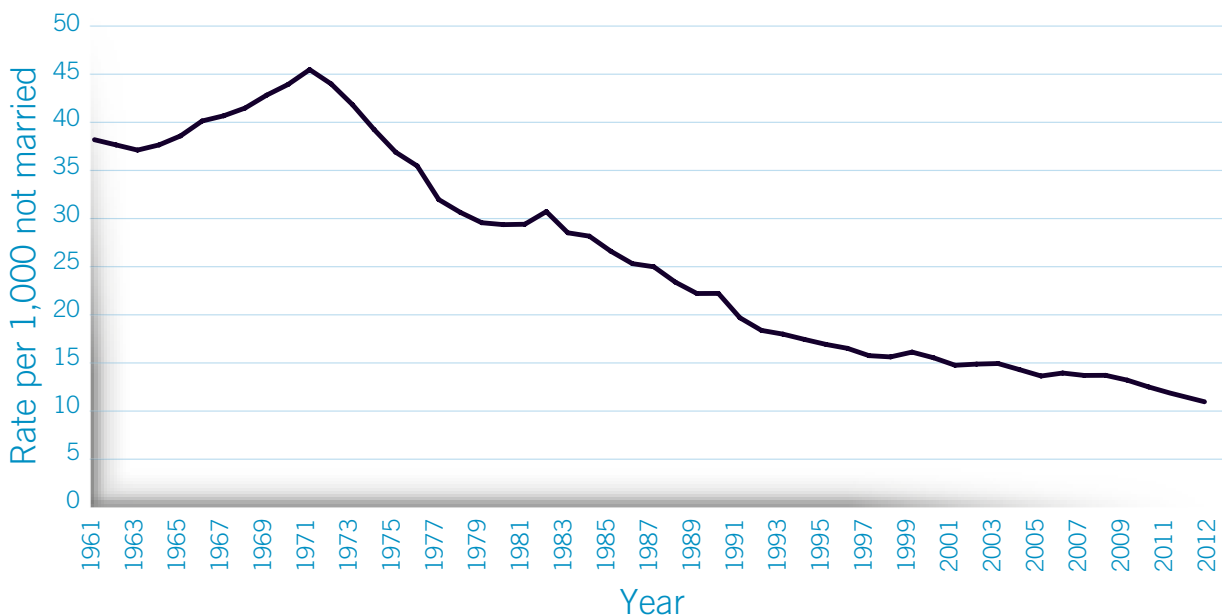
Partnerships

In 2006 57 percent of all adults aged 16 and over were living with a partner. The majority of those who were partnered were married (76 percent) with the remainder in de-facto, or cohabiting, partnerships.⁶⁷ There are also an unknown number of couples who would consider themselves to be in a committed partnership, but who through circumstances (eg work and study) do not live together (often referred to as LAT or Living Apart but Together couples). The proportion of adults who are partnered has declined over the past 20 years with 23 percent living alone in 2006, up from 19 percent in 1986. This may partly be a result of the aging of the population, but could also be due to people delaying cohabitation.

Figure 3 shows the marriage rate for the last 50 years. Since the early 1970s there has been an almost uninterrupted decline in the general marriage rate (number of marriages per 1,000 not-married population aged 16 years and over). At 13.2 in 2009, the rate is currently less than one-third of the peak of 45.5 marriages per 1,000 non-married, recorded in 1971. Many factors have contributed to the fall in the marriage rate, including the growth in de-facto unions, a general trend towards delayed marriage, and increasing numbers of New Zealanders remaining single.

Evidence that some people are delaying marriage is seen in the increasing median age of those who marry. For example, the median age of men who married for the first time in 2012 was 30 years, about seven years older than the median age of those who married for the first time in 1971. The median age of women who married for the first time has risen by a similar margin, from 20.8 years in 1971 to 28.5 years in 2012. Amongst all marriages (first and remarriages) the median age for men in 1971 was 23.5 rising to 32.3 years in 2012, and 21.2 years for women, rising to 30.2 years. Women still tend to marry men older than themselves, but the gap between their median ages at first marriage has narrowed. In 1971, the gap was 2.1 years, but by 2012 it had narrowed to 1.5 years.

Figure 3 Marriage rates, 1961–2012



Source: Statistics New Zealand. Demographic Trends (2012)

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

⁶⁷ Families Commission (2008). The Kiwi Nest; 60 years of change in New Zealand families. Families Commission, Wellington.

However the increasing age at marriage does not mean individuals have been foregoing either relationships or partnering. As indicated above, a growing proportion of New Zealanders now live together without legally formalising their relationship, similar to trends in Australia, North America, and Europe. The five-yearly Census is the primary source of information on de facto unions, since, unlike marriage or civil unions individuals don't have to register a de-facto relationship. In 1996, about one-in-four men and women aged 15–44 years who were in partnerships were in de-facto relationships. By 2006, this figure had increased to almost two-in-five. Other New Zealand research⁶⁸ indicates that each generation has seen a greater proportion cohabit with a partner, rather than marry, as their first relationship. It is now the norm for de-facto cohabitation to be the first form of relationship and for those who marry to have time in a de-facto relationship before marrying.

Divorce rates have increased until recently (see p. 8) and the proportion of people who marry for a second time has been increasing. In 1971 just 16 percent of marriages involved the remarriage of one or both partners, but by 2011 it was 31 percent. These remarriages do not always involve dependent children, as the previous marriage may have been childless or the children may now be adults. Remarriage figures do not capture individuals who may have had children with a previous de-facto partner (ie was not previously married). For this reason remarriage rates do not provide an indication of the numbers of stepfamilies (often also referred to as blended families).

Stepfamilies form when a couple enter a partnership and one or both adults have a child from a previous relationship (either marriage or de facto). We do not have national estimates of the proportion of children living in stepfamilies in New Zealand. However the rates are likely to be at least as great as in Australia (7 percent)⁶⁹ and England (9.5 percent).⁷⁰ One estimate is that as many as 20 percent of children in New Zealand will have the experience of living with a step-parent before they turn 17 years.⁷¹

The Civil Unions Act 2004 came into force on 26 April 2005, and the first ceremonies were celebrated on 29 April 2005. By 31 March 2012, there had been a total of 2,745 civil unions registered to New Zealand residents. Of these, 2,195 (80 percent) were same-sex civil unions.⁷²

Divorce

Figure 4 shows the divorce, or dissolution, rate for the last 50 years. In 1981, there was a sharp increase in divorces following the passing of the Family Proceedings Act 1980, which allowed for the dissolution of marriage on the grounds of irreconcilable differences rather than fault. This resulted in a record high divorce rate in 1982, partly due to the backlog of people who had separated in the past but had not divorced under the pre 1982 law. After 1982 both the number and rate of marriage dissolutions dropped. The trend was then for a gradual increase in the divorce rate until the mid 2000s when the rate declined again.

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

In line with the increased age at first marriage, age at divorce is also increasing. The median age at divorce in 2011 was 45.4 years for men and 42.8 years for women, compared to 40.6 years and 37.8 years respectively in 1996.

68 Dharmalingam, A., Pool, I., Sceats, J. & Mackay, R. (2004). Raising Children in New Zealand, Patterns of Family Formation and Change in New Zealand. Ministry of Social Development: Wellington.

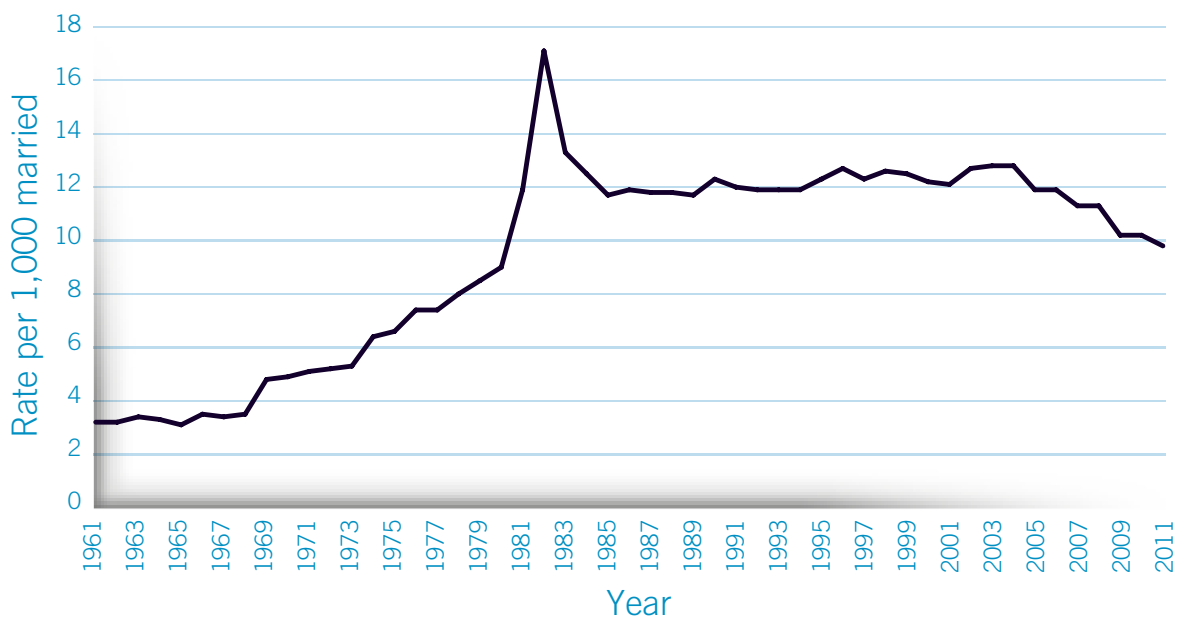
69 Family Characteristics survey 2009-2010, Australian Bureau of Statistics: Canberra.

70 Focus on Families (2007). Office National Statistics, London.

71 Dharmalingam, A. et al. (2004). Ibid.

72 Statistics New Zealand (2012). Provisional civil unions and marriages.

Figure 4 Divorce rates, 1961–2011



Source: Statistics New Zealand. Demographic Trends (2011)

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

3.4 Having children

New Zealand women are giving birth to 2.1 children on average.

This is about half the high of 4.3 births per woman recorded in 1961, when there was early and near-universal marriage, and early childbearing (Figure 5). For comparison, 40 years earlier in 1921, the total fertility rate was 3.1 births per woman.

The level of fertility required by a population to replace itself in the long term, without migration, is 2.1 births per woman. The total fertility rate for the year ended December 2012 was 2.0.

New Zealand's fertility rate has hovered around this figure since the late 1970's. New Zealand's total fertility rate of 2.18 in 2008 was higher than many of the comparable countries; US (2.08), Australia (1.97), England and Wales (1.97), Canada (1.68), Japan (1.37) and Switzerland (1.48). Some countries are concerned about their below replacement fertility and some have taken active measures to increase fertility (eg payments to new mothers).⁷³

There has also been an increase in the number of women who remain childless.⁷⁴ Using Census data, Statistics New Zealand analysis indicates that in 2006 15 percent of women aged 40–44 years were childless, compared to 12 percent in 1996 and 9 percent in 1981. This rate of childlessness is very similar to that in Australia (16 percent in 2006).⁷⁵

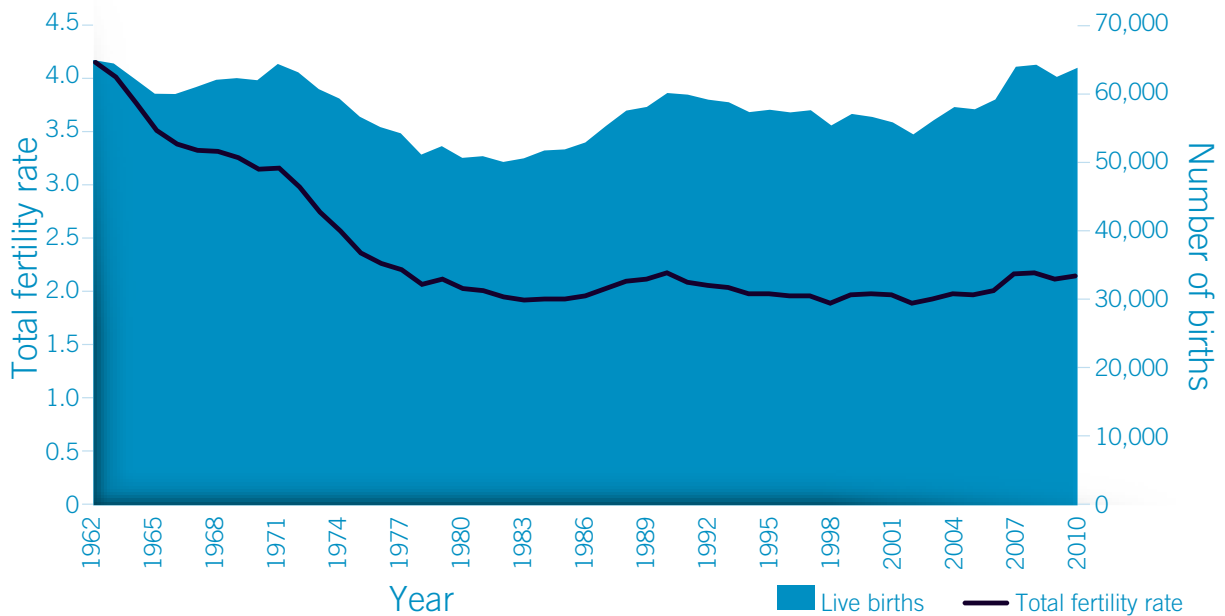
⁷³ McDonald, P. (2005). Fertility and the State: the efficacy of policy. Paper presented at the XXV International Population Conference of the International Union for the Scientific Study of Population, 18-23 July, Tours, France.

⁷⁴ Statistics New Zealand. http://www.stats.govt.nz/browse_for_stats/population/mythbusters/more-women-remain-childless.aspx

⁷⁵ Hayes, A., Weston, R., Qu, L. & Gray, M. (2010). Families then and now 1980-2010. Australian Institute of Family Studies, Melbourne.



Figure 5 Number of live births and total fertility rates, 1921–2010



Source: Statistics New Zealand. Demographic Trends (2011)

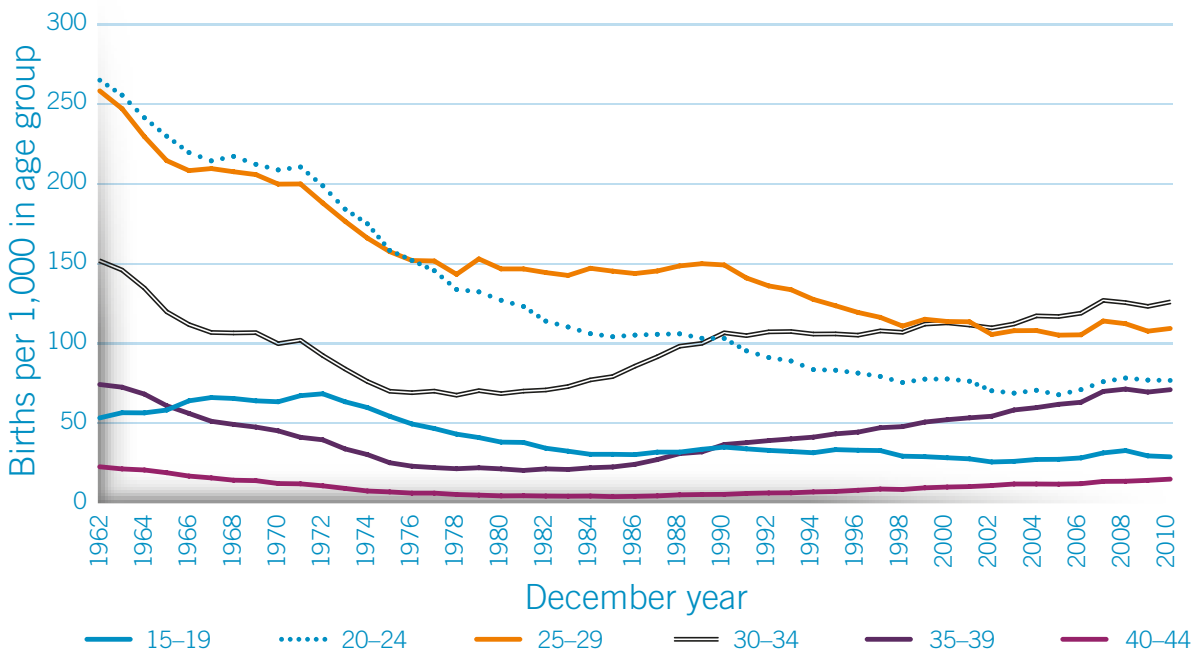
The total fertility rate is the average number of births a woman would have during her life if she experienced the age-specific fertility rates of a given period (usually a year).

Age of parents

Age-specific fertility rates measure the number of live births 1,000 women in a particular age group have in a given period (usually a year). Age-specific fertility rates (Figure 6) show a big drop in births to women in their 20s, especially from the early 1960s to the late 1970s. In the December 2010 year, women aged 30–34 years had the highest fertility rate. From the chart it can also be seen that fewer New Zealand women in their teens are having a child compared with the 1960s. The birth rate for women aged 15–19 years was 69 per 1,000 in 1972, before dropping to 30 per 1,000 in 1984. It has hovered around 31 per 1,000 ever since. Although the teen birth rate is lower than the US (39.1) it is still high by international standards. For example, Australia (16.7), England and Wales (24.2), France (7.3), Denmark (5.1) and Switzerland (2.8) have lower teen birth rates.

Reflecting these changes, the median age of New Zealand women giving birth is now 30 years, compared with 26 years in the early 1960s. The median age dropped to just under 25 years in the early 1970s. Although there has been a significant increase in the median age since the 1970s, it has been relatively stable at around 30 years in the past decade. The median age of fathers has also increased over this period.

Figure 6 Age specific fertility rates, 1962–2010



Source: Statistics New Zealand. Demographic Trends (2011)

Ex-nuptial births

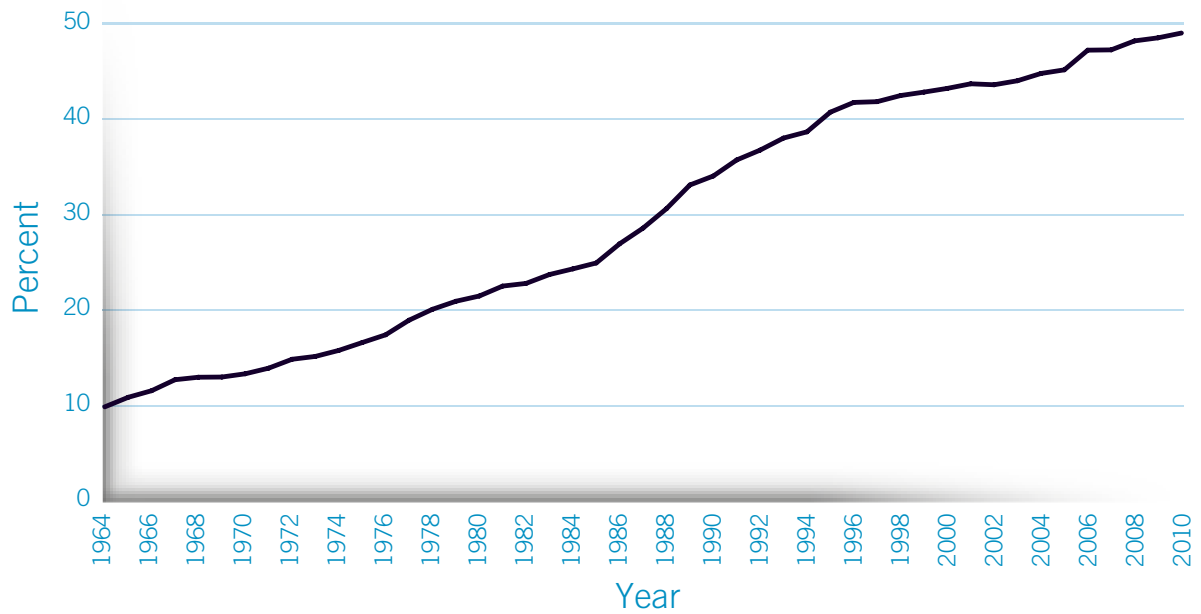
As the rate of cohabitation has risen, so has the proportion of births to women who are not married to the child's father (referred to as ex-nuptial births). While just under 10 percent of births were to unmarried women in 1964, nearly a quarter of all births were by the early 1980s and nearly 50 percent of all live births in 2010 (Figure 7). However it is estimated⁷⁶ that in the 1960s almost a quarter of births were conceived before the marriage date. Most of these conceptions led to marriage before the birth. Most of the increase in ex-nuptial births has been due to the growth in the number of children born to cohabiting couples. These cohabiting couples may go on to marry, although US and UK data suggests that increasingly many do not.⁷⁷

⁷⁶ Pool et al (2007) *ibid.*

⁷⁷ Beaujouan, E. & Ni Bhrolchain, M. (2011). Cohabitation and marriage in Britain since the 1970s. *Population Trends*, 145, Office of national Statistics, London.



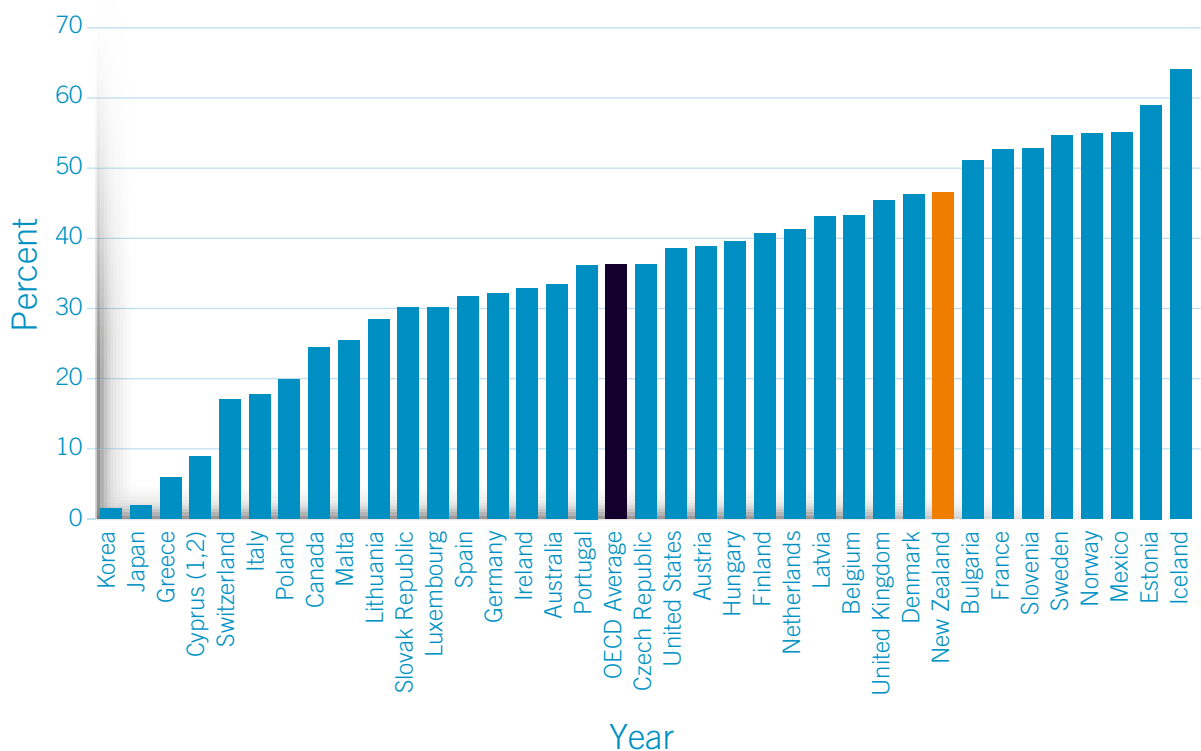
Figure 7 Ex-nuptial births as percentage of live births, 1964–2010



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

International comparisons are shown in Figure 8. The New Zealand rate of ex-nuptial births (48 percent) is comparable to that in the United Kingdom (45 percent), but higher than in Australia (34 percent) and the US (41 percent).

Figure 8 OECD comparisons of ex-nuptial births, around 2007



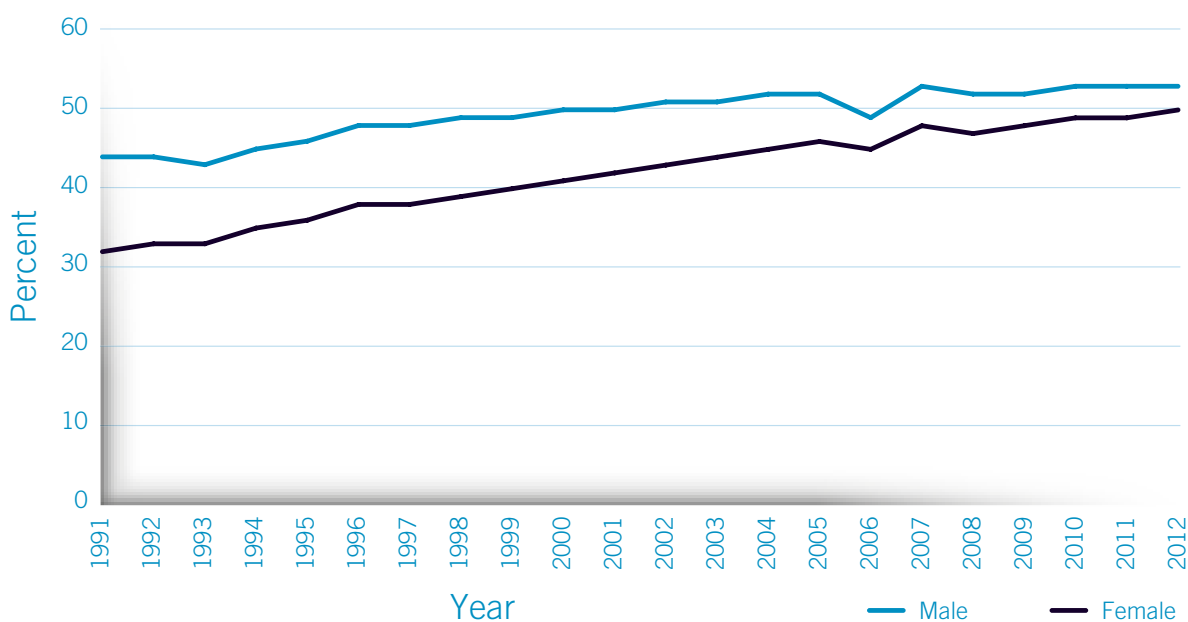
Source: OECD Family Database (www.oecd.org/els/social/family/database)

3.5 Trends in educational attainment

Educational achievement has been increasing over the past 20 years (Figure 9).

While this has been the case for both men and women, the gap in achievement has been closing. Between 1991 and 2012, the proportion of women holding a post-school qualification increased from 32 percent to 50 percent. Men are still more likely than women to hold a post-school qualification, with 53 percent of men holding a qualification at this level in 2012. The gender gap has been steadily closing – from 12 percentage points in 1991, to 3 percentage points in 2012.

Figure 9 Percent of people aged 15 years and over with post-school qualifications, by gender, 1991–2012



Source: Statistics New Zealand. Quarterly Household Labour Force Survey

3.6 Employment

The participation of women in the labour force has also been steadily increasing over time (Figure 10).

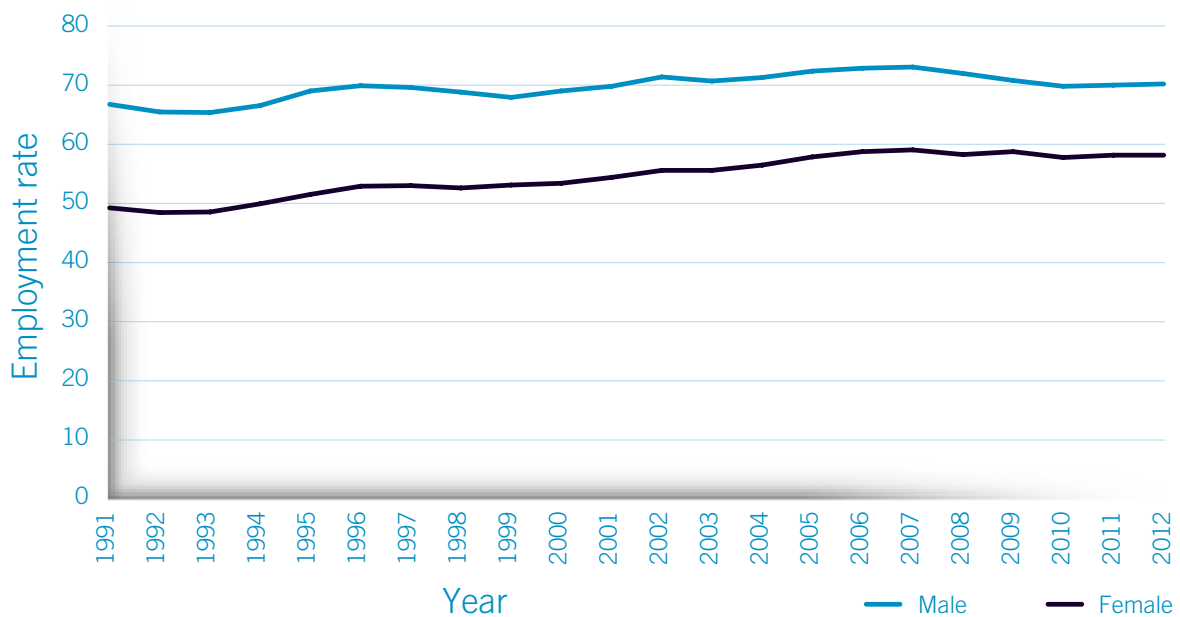
Between 1991 and 2011, women's labour force participation increased from 49 percent to 58 percent. Although women's participation in the labour force still remains lower than men's, the gap has closed from 18 percentage points in 1991 to 12 percentage points in 2011. Women are more likely than men to be working part-time. More than one-third (35.1 percent) of employed women worked part-time in 2008, compared with 11.8 percent of men. Nearly three-quarters (72.4 percent) of part-time employees in 2008 were women.⁷⁸

⁷⁸ Ministry of Women's Affairs (2009). Mothers' Labour force participation. Ministry of Women's Affairs, Wellington.

Figure 10 shows the increase in participation in the labour force for all women. These trends are mirrored in the increase in labour force participation of mothers with dependent children. Census data⁷⁹ from 2006 indicated that 66 percent of all mothers were in employment in 2006 (in Australia the comparable figure was 63 percent in 2009). In comparison, in 1976 40 percent of mothers were in employment. As might be expected, participation also increases with the age of the youngest child (eg in 2009, 49 percent of mothers with a youngest child aged 0–2 years were employed, compared to 84 percent of mothers with a youngest child aged 14 years and older).⁸⁰

Fathers' employment rates have been fairly consistent at about 90 percent, so almost two-thirds of couple families with dependent children have both parents in employment.

Figure 10 Labour force participation rate, by gender, 1991–2012



Source: Statistics New Zealand. Quarterly Household Labour Force Survey

3.7 Child care

With the falling cost of ECE for three and four year olds, increasing employment of mothers of dependent children and increased joint work hours for couples there is potentially an increased need for childcare.

It is likely that both informal (eg grandparents, friends and neighbours) and formal care (eg childcare centres, in home care services)⁸¹ is being used to meet these childcare needs, and that flexibility in work arrangements is important to couples.⁸² Figure 11 shows the increased use of formal early childhood education (ECE) services over the past 10 years, with a particular increase in the use of education and care centres and home-based care services. In 2010 53.9 percent of preschool children attended formal ECE, and 44.1 percent attended informal care, and 80.9 percent of children aged 3 to 5 years who attended formal ECE used 20 hours ECE.

For school-aged children, most parents provide before- and after-school care themselves during school terms (56 percent) or during school holidays (57 percent).⁸³ Less than one in 10 report currently using formal before- or after-school services or holiday programmes. The remainder of the gap in childcare for school-aged children is usually met by grandparents or other family members.

⁷⁹ This measure differs from that obtained by the Household Labour Force survey, shown in Figure 10, and so figures may differ.

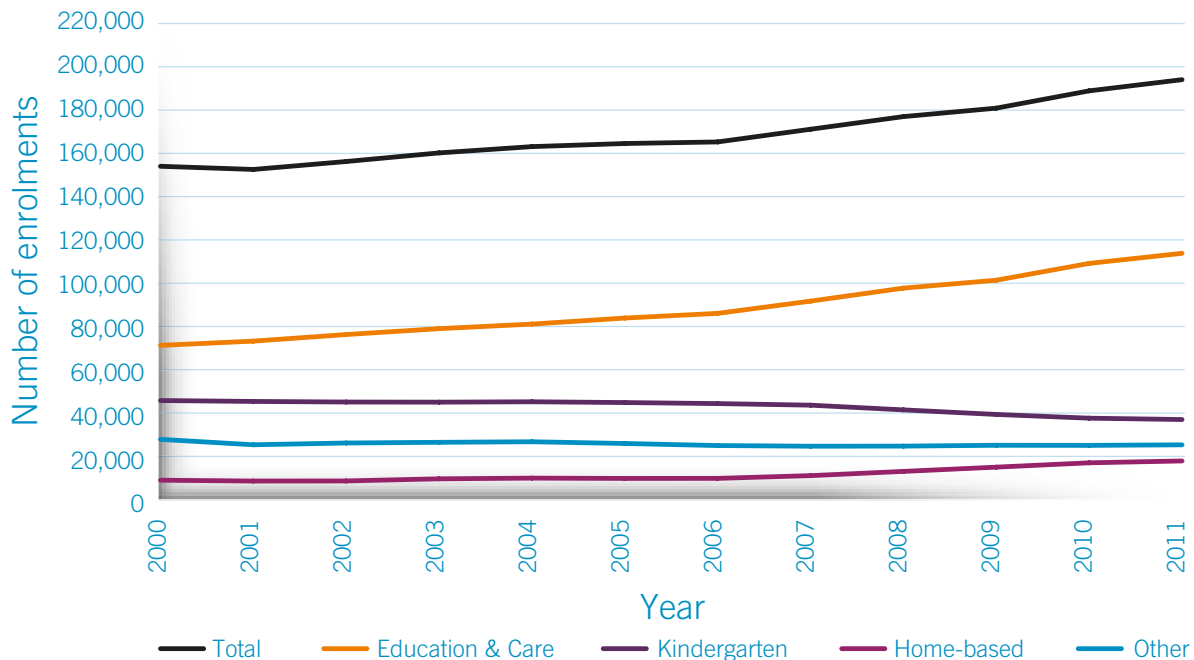
⁸⁰ Centre for Social Research and Evaluation (2010). Sole parenting in New Zealand: An update on key trends and what helps reduce disadvantage. Ministry of Social Development, Wellington.

⁸¹ Families Commission (2011). Caring for Kids: Parents' views on out-of-school services and care. Families Commission, Wellington.

⁸² Families Commission (2009). Finding Time: Parents' long working hours and the impact on family life. Families Commission, Wellington.

⁸³ Families Commission (2011). Caring for Kids: Parents' views on out-of-school services and care. Families Commission, Wellington.

Figure 11 Number of enrolments in licensed ECE services by service type 2000–2011



Source: Ministry of Education Annual Summary

3.8 Conclusion

As indicated in the introduction to this brief demographic profile of New Zealand families, its purpose is to map the broad demographic changes over the past 20 to 30 years.

Inevitably such an approach raises many questions: What impact do these changes have on family wellbeing? What is ‘driving’ these changes? How are these changes in family life related to one another? Where is the family heading in the future?

It is clear that there have been major changes in the sequencing and timing of significant ‘life’ events – education, employment, partnering, child-bearing, marriage, child rearing, divorce, remarriage etc. There has been much academic⁸⁴ and popular debate about what is driving family structural changes. It is clear, however, that family and whānau still remain a basic unit of society. Marriage is still popular and, whether married or cohabiting, couples perform perhaps the most important role in society – the care and nurturance of children. What is missing from the above picture, and from our statistical data collections, is the place of the parents within the wider context of extended family and whānau relationships.⁸⁵

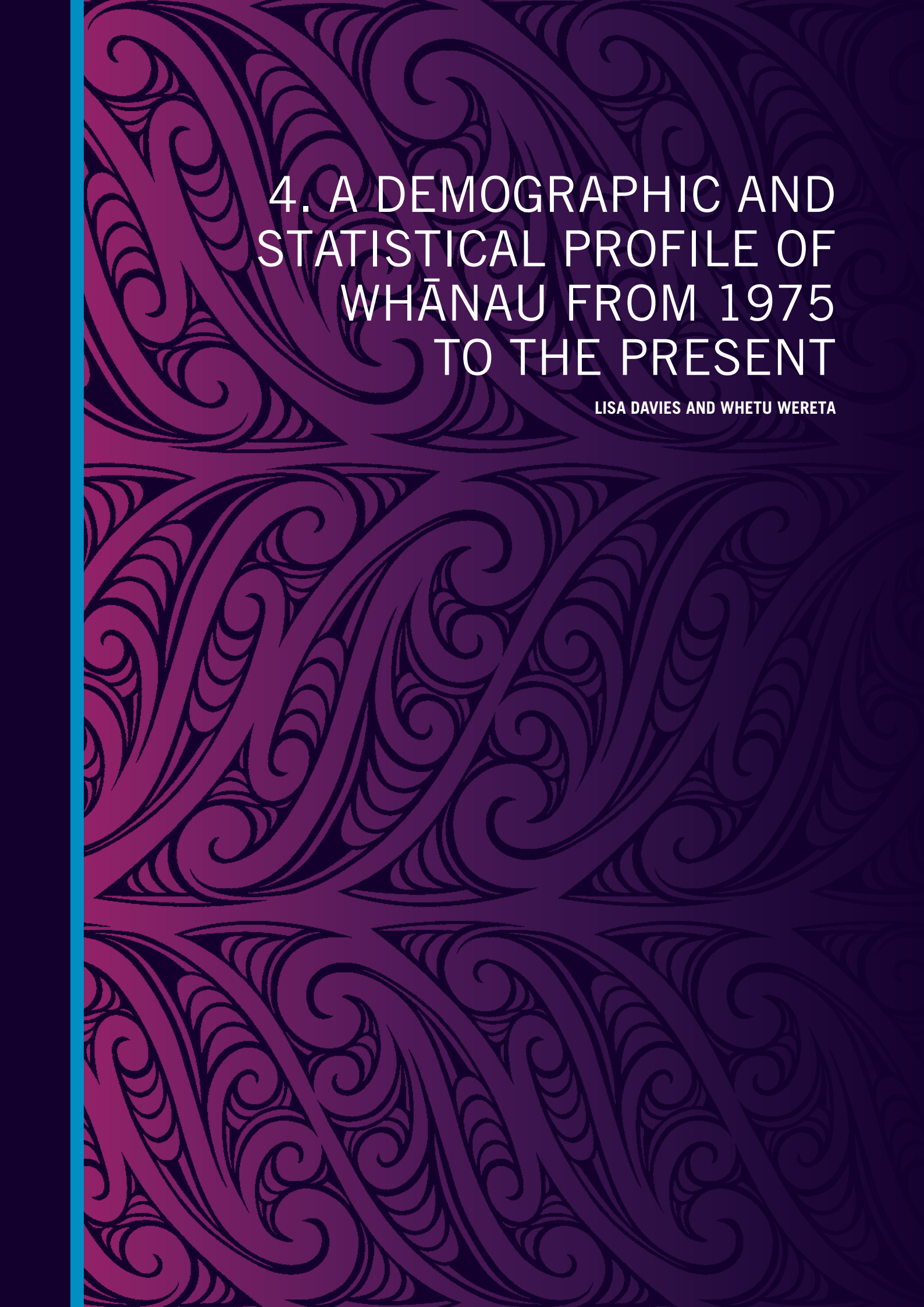

As to the future, there are some trends that are clearly emerging and predictable, such as population aging. Other trends, such as decreasing rates of marriage, may reverse. For example, after many years of increase the divorce rate has in recent years begun to fall. However it is unlikely that we will return to the situation of 1960’s, particularly as attitudes towards cohabitation and marriage have changed so much since then.⁸⁶ As the above data show, there is a diversity of family forms in New Zealand.

84 For example Pool, I., Dharmalingam, A., & Sceats, J. (2007). *The New Zealand family from 1840: A demographic history*. Auckland University Press, Auckland; Coontz, S. (2005). *Marriage, a History*. Penguin; New York; Cherlin, A. (2009). *The marriage-go-round: the state of marriage and the family in America today*. Alfred A Knopf, New York.

85 For example see the following for a discussion of the lack of information on whānau relationships. Families Commission (2011). *Whānau Yesterday, Today, Tomorrow*. Families Commission, Wellington.

86 Thornton, A., & Young-DeMarco, L. (2001). Four decades of trends in attitudes toward family issues in the United States. *Journal of Marriage and Family*; Nov 2001; 63(4); pp 1009-1037.





4. A DEMOGRAPHIC AND STATISTICAL PROFILE OF WHĀNAU FROM 1975 TO THE PRESENT

LISA DAVIES AND WHETU WERETA

4.1 Introduction

Purpose

This demographic and statistical profile will look at whānau and the issues that confront them from within a kaupapa Māori framework.

Despite the subject matter and approach of this report, this profile is not about whānau as Māori would understand the term, but about the families and households that constitute the whānau. We had to shift our focus because of a lack of whānau-relevant statistical information – existing statistics only capture relationships between households in a haphazard, fragmentary way.

Structure of the profile

The profile documents the main demographic and socio-economic changes that Māori families and households underwent between 1976 and 2006. It uses tables, graphs and commentaries to show the changes. But we do not attempt to analyse them in depth, partly because of issues with the available data and partly because of time and resource constraints.

Section 3.3 attempts to compensate for this lack of depth by identifying and discussing the key population factors associated with the changes that have taken place and with the current position of Māori families and households. This section provides an overview of size of the population, the regional and sub-regional distribution of the population, the age structure and the mobility of the population.

Section 3.4 examines trends in family formation. It covers the formation and dissolution of unions, both marital and de facto, and draws secondary analyses of data gathered in the New Zealand Women: Family, Education and Employment (NZW:FEE) Survey 1995⁸⁷ to investigate separation and remarriage among Māori women. It also covers fertility levels, childbearing patterns and family size. In the third section, the profile describes changes in family forms and structure.

Section 3.5 examines whānau interactions, drawing on information from the few surveys that have included questions about social connectedness. The data are about individuals rather than households and, because of the limited range and fragmentary nature of the data, it is difficult to get a clear picture of the extent and nature of interactions between individuals and their whānau.

Section 3.6 examines trends in family wellbeing, covering household and family income, parent(s)' work status, parent(s)' education and housing.

The final section uses data about individuals to examine advances in cultural revitalisation. This section deals with language, knowledge of iwi and participation in Te Ao Māori.

4.2 Definitions and technical notes

Māori population

Before the 1986 Census, a Māori was defined as a person of half or more Māori blood. From 1986, a Māori has been defined as a person who identifies with the Māori ethnic group on the basis of cultural affiliation. With the exception of iwi statistics, all data presented in this profile are based on the Māori ethnic group population.

Statistics on Māori ancestry have been collected since the 1991 Census, mainly for electoral and other matters affecting Crown-Māori relationships; for example, Waitangi Tribunal claims inquiries and negotiations. Those people who report that they have Māori ancestry are asked to state their iwi affiliations. Thus the base population for iwi statistics is the Māori ancestry population (643,977 at the 2006 Census).

⁸⁷ The NZW:FEE Survey was conducted by the Population Centre of Waikato University using a representative sample of women aged 20–59. Māori women were over-sampled to ensure numbers were adequate for detailed statistical analysis.

Family/family nucleus

A family is defined for statistical purposes as a couple with or without child(ren) or one parent with child(ren), all of whom usually live together in the same household. The children do not have partners or children of their own living in the same household.

Household

A household is one or more people usually resident in the same dwelling who share living facilities. A household can contain one or more families or no families at all; for example, one person or two or more unrelated persons (flatmates, etc).

Māori family and Māori households

For statistical purposes, ethnicity is an individual characteristic, which cannot be applied to a collective such as a family or a household. By what criteria, then, should a Māori family or household be identified? Should it be by the ethnicity of the occupier (as was the case up to 1986); the presence of at least one Māori member (used, for example, by Statistics New Zealand for measuring housing adequacy after the 2001 Census); the ethnicity of the majority of the members; or, should all members be Māori?

For the purposes of this report, we rely heavily on secondary data derived from successive Censuses by Waikato University's Population Studies Centre and by the Pathways to Positive Outcomes for Families and Whānau or, as it is more commonly known, the Family and Whānau Wellbeing Project (FWWP).⁸⁸ The former uses the ethnicity of the occupier or the person who fills in the dwelling form on Census night to identify Māori households. The latter project uses families where at least one parent is Māori as the unit of observation.

Data consistency and comparability over time

Please note that different data sources and reference points have been used in the analyses and that the trends presented are not always strictly comparable. The data source and issues of comparability are highlighted in the body of the profile or in footnotes to the relevant sections.

Benchmarks

Whilst Māori demographic, social and economic changes over time tend to reflect changes that have already occurred in the Pākehā population, a deliberate effort has been made to avoid using Māori/non-Māori or Māori/other ethnic group comparisons to benchmark Māori progress. This is because of the deficit connotation inherent in such analyses. As far as possible, Māori are compared against Māori over time, against the total New Zealand population or they are observed in the context of their over- or under-representation relative to the percentage they make up of the total New Zealand population. However, since Māori/non-Māori comparisons are so widespread in official and non-official quantitative analysis of Māori development and many of the surveys the data used have been drawn from are one-off exercises, it has not always been possible to avoid using Māori/non-Māori comparisons.

On a more technical note, Crothers (2005, p. 7) observes that the mere reporting of "ethnic correlations is unduly simplistic, since the comparisons are seldom entirely valid". Rather, apparent ethnic differences should always be investigated further using multivariate techniques to determine how far other differences might account for the observed results. Using a similar approach, Dharmalingam, Pool, Sceats and Mackay (2004) show that, in many cases, differences between Māori and non-Māori in respect of family formation and family forms apparent at the bivariate level of analysis disappear when other differences (demographic, education, employment, etc) are controlled for.

⁸⁸ The Pathways to Positive Outcomes for Families and Whānau was a five-year programme supported from the Social Sciences funding pool of the Foundation for Research, Science and Technology. The main goal of the programme was to examine and monitor the social and economic determinants of family and whānau wellbeing and how these changed between 1981 and 2001.

4.3 Population characteristics associated with family change

Population size

At the 1976 Census, there were 356,847 Māori people living in New Zealand. By 2006, the number had grown to 565,329. The increase over the period was about 58 percent, which was substantially lower than the three-fold increase recorded in the previous 30 years. However, although the rate of growth fell, the number of Māori has continued to increase at a faster rate than the number of all New Zealanders. As a result, the proportion of Māori in the total population rose from 11 percent to nearly 15 percent between 1976 and 2006.

Māori population size is influenced mainly by the number of Māori births less the number of Māori deaths (natural increase). About a quarter of all children registered as Māori are born to mothers who are not Māori (Statistics New Zealand, 2005, p. 5). In spite of a declining fertility rate, the number of babies being registered remained high enough and the number of deaths low enough to offset losses to the population through emigration.

Geographic distribution

Māori families' access to jobs, services and other opportunities can be strongly affected by where they live. Some of the regions in which Māori are concentrated are dependent on only a few industries, some of which are particularly sensitive to economic cycles of growth and recession. The range of front-line education, health and other services on offer are also limited, with people having to travel some distance to access alternatives. How Māori families are distributed and concentrated geographically can therefore affect the social and economic outcomes of Māori at the national level.

However, the regions in which Māori are concentrated are the very regions in which Māori values, institutions and traditions are still strong. For Māori parents in these regions, access to the support of a strong kin-based whānau, and the opportunities for their children to learn and speak Māori and to absorb mātauranga Māori may well outweigh any material advantages that relocation might bring. Therefore, the geographical distribution and concentration of Māori families can also affect the cultural outcomes of Māori at a national level.

In 2006, 61 percent of the Māori population lived in upper North Island regions (Gisborne to Northland), 29.5 percent lived in lower North Island regions and the rest lived in the South Island. Nearly one in four Māori (137,136) lived in the Auckland region.

However, as Table 1 shows, while Auckland may well have had the greater number of Māori living within its boundaries, those 137,136 living there made up just 10.5 percent of the total population of the region. Compared to the percentage of Māori in the total New Zealand population (14.8 percent), Māori are under-represented in Auckland. But they are heavily over-represented in Gisborne, Northland, the Bay of Plenty and Hawke's Bay. They are also over-represented, although not to the same extent, in all other North Island regions except Wellington.

Table 1 Māori as percentage of total regional population 1986–2006

Region	1986	2006
Northland	25.0	29.3
Auckland	11.2	10.5
Waikato	17.5	20.0
Bay of Plenty	25.1	26.3
Gisborne	37.6	44.4
Hawke's Bay	19.6	22.7
Taranaki	11.3	15.2
Manawatu-Whanganui	14.3	19.0
Wellington	10.4	12.3
West Coast	5.6	9.3
Canterbury	4.6	7.0
Otago	3.8	6.3
Southland	8.3	11.5
Nelson-Tasman	3.8	7.6
Marlborough	7.1	10.0
Total	12.4	14.8

Source: Statistics New Zealand, Census of Population and Dwellings 1986–2006

Urban–rural location

For many Māori, urbanisation did not involve a shift from a predominantly rural region to a highly urbanised region, such as Auckland or Wellington. It simply entailed a move to the nearest large town or city, or, in cases such as Tauranga, the incorporation of Māori communities as a part of urban expansion. This tends to be overlooked in high-level discussions about urban issues.

According to the urban–rural classification used in successive Censuses, 84 percent of the Māori population was urban and 16 percent was rural. Table 2 using data customised by Statistics New Zealand for a report produced following the 2006 Census (Statistics New Zealand c2009) presents a different picture of the urban–rural distribution of the Māori population. It shows that more than a third of all Māori live outside of the main urban areas. Māori are most heavily concentrated in satellite urban, independent urban areas, independent urban communities and rural areas with low urban influence.

Urban–rural area	Number of Māori	Percent of all Māori	Percent of total population in area
Main urban area	365,604	64.7	13.2
Satellite urban area	23,757	4.2	19.3
Independent urban area	88,038	15.6	20.7
Rural area with high urban influence	13,452	2.4	11.3
Rural area with moderate urban influence	23,415	4.1	15.9
Rural area with low urban influence	39,504	7.0	18.9
Highly rural/remote area	11,487	2.0	19.0
Total, New Zealand	565,257	100.0	14.6

Source: Statistics New Zealand Census of Population and Dwellings 2006

Analyses of the population in the different types of urban/rural areas on a region by region basis show that areas with a high proportion of Māori in the population (for example, independent urban communities) were among the most deprived when measured by the New Zealand Index of Social Deprivation⁸⁹ (Statistics New Zealand, 2009, p. 75).

Age structure

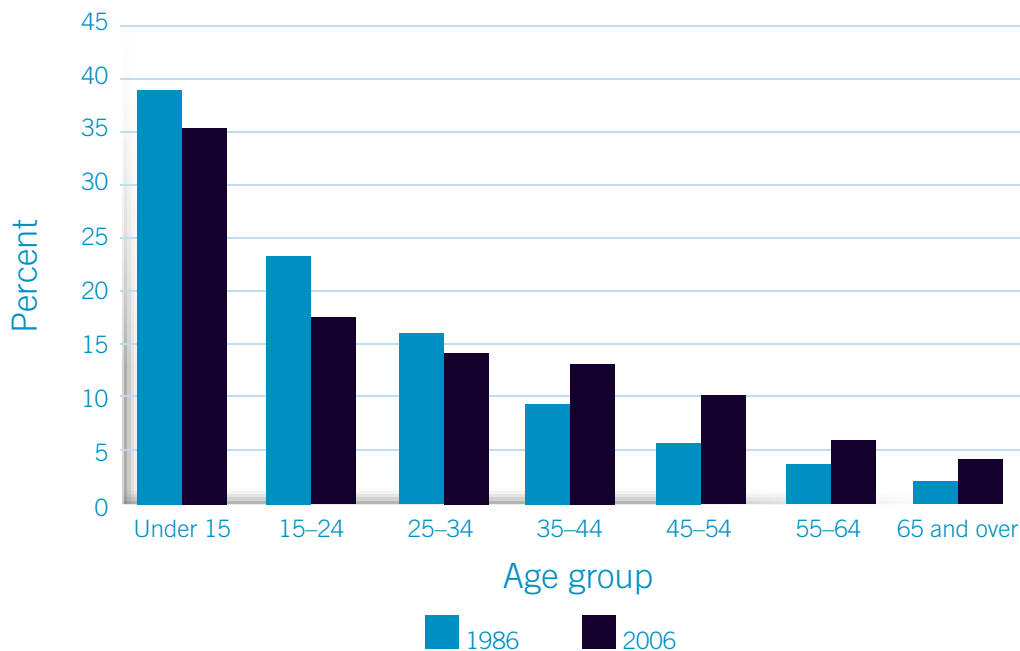
The age structure of a population should always be considered in the study of families and households. It is a factor in the proportions of men and women who are married or partnered; fertility and mortality rates, family forms and structure; and the distribution of the population by households or living arrangements (such as the incidence of people living on their own, as couples without children, etc).

With a median age of 22.7 years in 2006, the Māori population is relatively youthful. In line with the falling fertility rate, however, it has been slowly ageing. This is reflected in the drop in the proportion of children (down from 39 percent to 35.3 percent between 1986 and 2006) and the growth in the proportion of elderly (up from 2.3 percent to 4.2 percent). The rise in the proportion of elderly represents an increase in numerical terms of nearly 8,000.

⁸⁹ The New Zealand Deprivation Index (NZDep) measures socio-economic deprivation over geographic units defined by Statistics New Zealand. Assessment variables include income, home ownership, family support, employment, educational qualifications, crowding, communications and transport. (See Salmond, Crampton & Atkinson, 2007 for further information.)



Figure 1 Changes in age structure of Māori population 1986–2006



Source: Statistics New Zealand, Census of Population and Dwellings 1986, 2006

Ageing can be expected to accelerate in the future as the Māori fertility rate continues its slow decline. As a result, further changes can be expected in the processes of family formation and family forms and structures.

Mobility

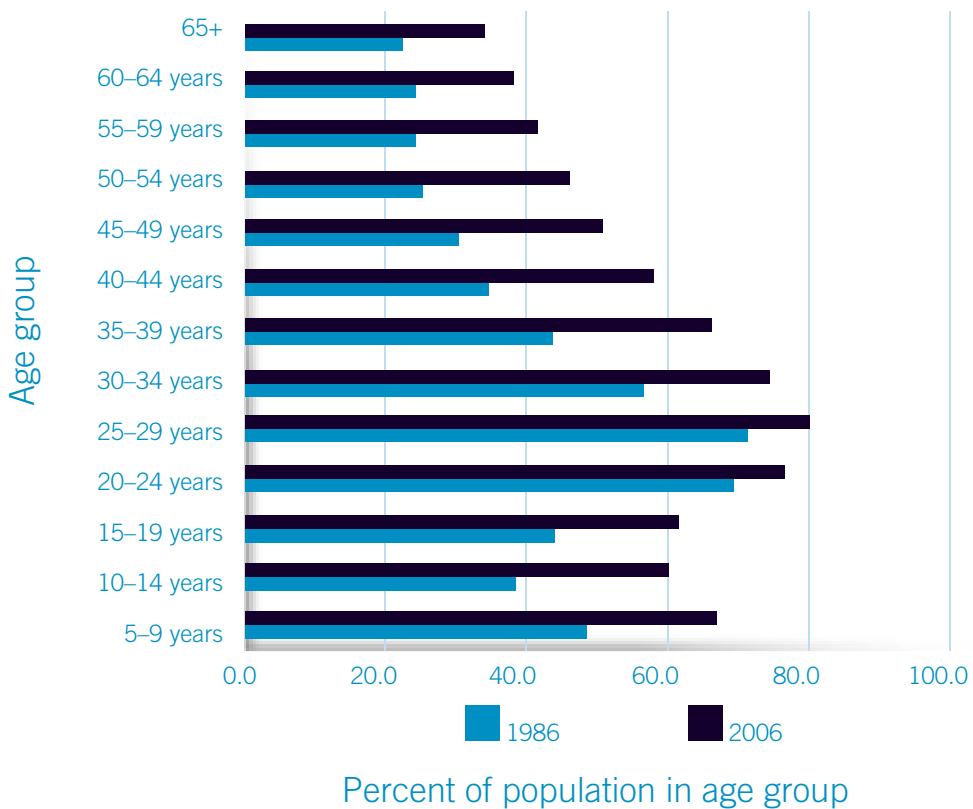
The Māori population has become increasingly mobile over the past 20 years. In 1986, 46.6 percent of all Māori aged five years and over reported that they had lived somewhere else in the country five years earlier. By 2006, the proportion had risen to 60.3 percent (Table 3). Increases in mobility, as Figure 2 shows, occurred across all age groups.

Address five years ago	1986	1991	1996	2001	2006
Percent Māori population					
Same as usual address	51.7	45.8	44.5	40.2	37.3
Elsewhere in country	46.6	52.5	53.3	57.9	60.3
Overseas	1.7	1.7	2.2	1.9	2.4
Total	100.0	100.0	100.0	100.0	100.0

Source: Statistics New Zealand, Census of Population and Dwellings 1986–2006

Figure 2 also shows that between 2001 and 2006, mobility was at its highest at ages 20–34 years. Seventy-six percent of 20–24-year-olds, 80 percent of 25–29-year-olds and 75 percent of 30–34-year-olds had shifted at least once in the five years between 2001 and 2006. As these are the ages at which Māori are usually parenting, it is not surprising to find that movement was also high among children aged 5–14 years. More than two-thirds (68 percent) of all five- to nine-year-olds and 60 percent of all 10- to 14-year-olds had moved at least once between 2001 and 2006.

Figure 2 Proportion of Māori who had moved within previous five years by age groups 1986 and 2006



Source: Statistics New Zealand, Census of Population and Dwellings 2006

Most movers in 2006 had moved within the same regional council area. During the five-year period, 44 percent of the population shifted to somewhere else within the same region and 18 percent moved between regions. The rest had not moved. The Survey of Dynamics and Motivations for Migration in New Zealand 2007 conducted by Statistics New Zealand found that Māori move mainly for social reasons like wanting to live closer to whānau. However, economic reasons were also important and, among the latter, housing-related needs were common (Housing New Zealand Corporation, 2009, p. 15).

4.4 Family formation

Marriage and de-facto relationships

Marriage is much less common among Māori today than it was 30 years ago. In 2001, 30.5 percent of Māori aged 16 years and over were legally married compared with 62.4 percent in 1976.

As Table 4 shows, this drop was compensated for by an increase in the proportion of Māori adults who had been but were no longer married and in the proportion who had never been married.

Table 4 Percentage legal marital status for Māori aged 16 and over 1976–2001

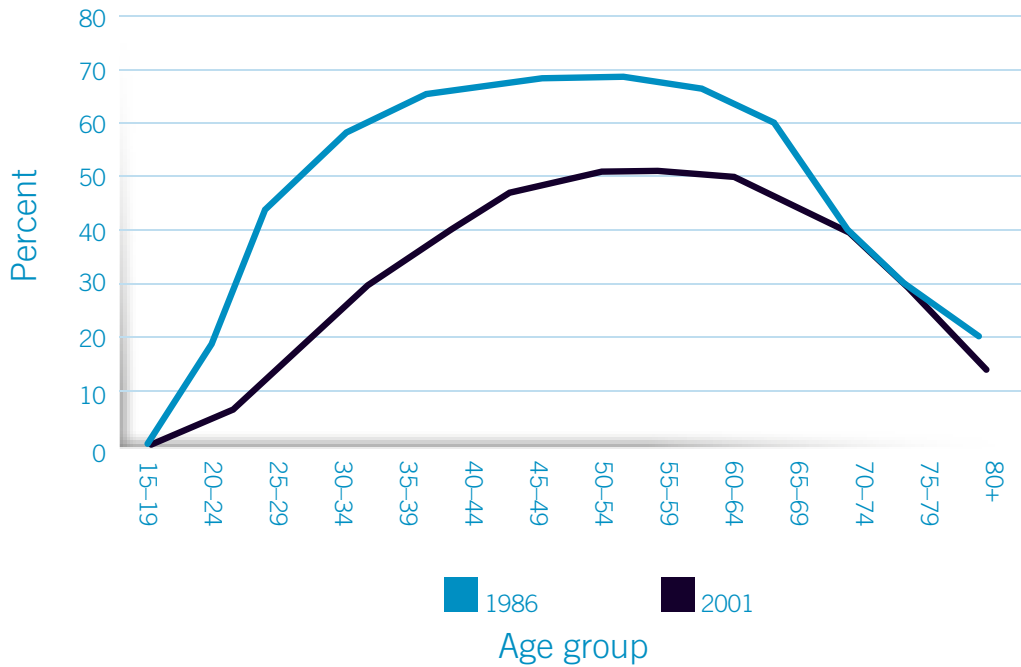
Legal Marital Status	1976	1986	1996	2001
Married (not separated)	62.4	41.7	34.9	30.5
Never married	29.4	43.2	50.1	53.5
Separated	2.5	6.9	5.4	5.7
Divorced	1.0	3.7	5.5	6.1
Widowed	4.7	4.5	4.1	4.2
Total	100.0	100.0	100.0	100.0

Source: Statistics New Zealand, Census of Population and Dwellings 1976–2001

The downward trend in marriage has been accompanied by an upward trend in de-facto unions. There was little change in the proportion of Māori living with a partner between 1976 and 2001 (50.9 percent in 1976 and 51.1 percent in 2001). Of those who were partnered, however, the proportion living with a spouse dropped from 39.2 percent in 1986 to 29.4 percent in 2001 whilst the proportion living with a de-facto partner increased from 11.6 percent to 21.7 percent.

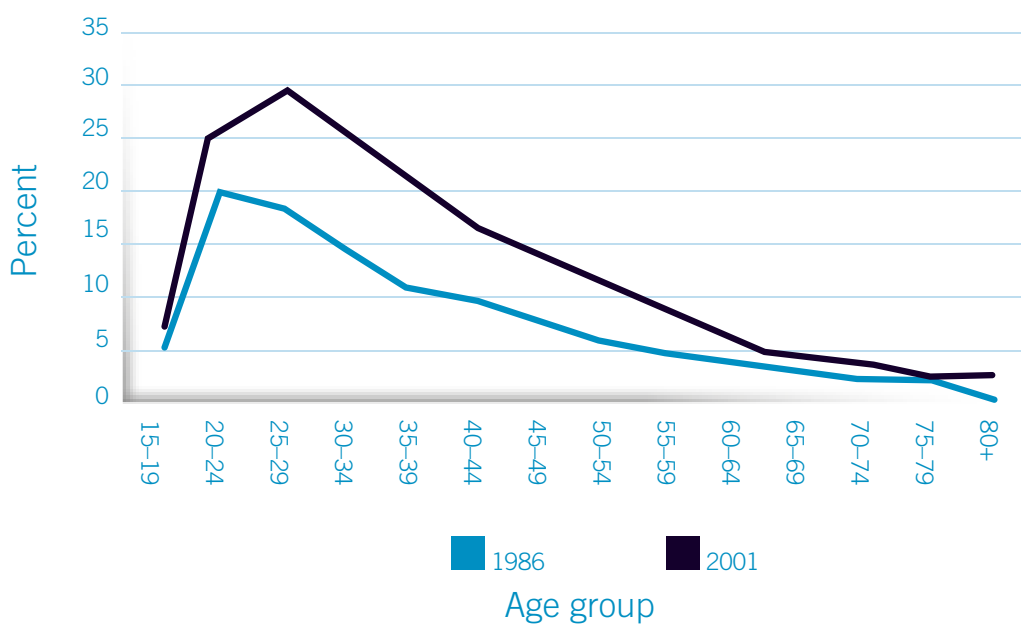
Figure 3 shows that the proportion of Māori adults living with a spouse fell at all ages between 1986 and 2001 (age-related data from the 2006 Census are not available for Māori) and that the falls were at their most marked in the late-twenties and early-thirties. At ages 25 to 29, 16.7 percent were living with a spouse in 2001 compared with 43 percent in 1986. At ages 30 to 34, 27.9 percent were living with a spouse in 2001 compared with 58.2 percent in 1986. Figure 4 shows that the trend toward de-facto unions has been most pronounced in these same age groups. The proportion of 25- to 29-year-olds living with a de-facto partner increased from 18.1 percent in 1986 to 29.1 percent in 2001 whilst among 30- to 34-year-olds, the proportion rose from 13.8 percent to 25.1 percent.

Figure 3 Proportion of Māori in each age group who were living with a spouse 1986–2001



Source: Statistics New Zealand, Census of Population and Dwellings 1986, 2001

Figure 4 Proportion of Māori in each age group who were living with a de-facto partner 1986–2001



Source: Statistics New Zealand, Census of Population and Dwellings 1986, 2001

Contrary to the impression that these trends might convey, Māori who lived with a partner in 2001 were more likely to be married to that partner than not married. At the Census conducted in that year, 57.5 percent of all partnered Māori aged 15 years and over were living with a spouse.

Māori are not identified separately in the registration data that marriage and divorce statistics are derived from. As a result, there are no official statistics on Māori first marriages, marriage dissolution or remarriages. However, Census data on legal marital status show that separation and divorce among Māori have increased since 1976 (see Table 6) and this finding is supported by the results of the NZW:FEE Survey.

The survey found that a New Zealand woman's chances of separation doubled after 1970 and continued to increase until the 1990s when there was a levelling off. The survey also found that about one in five Māori women in a first marriage separated within five years and one in four within 10 years (p. 35). Age at marriage was an important predictor of separation, as was prior cohabitation. The older the woman was at marriage the less likely she was to separate but women who had cohabited prior to first marriage were 35 percent more likely to separate than those who did not (Dharmalingam et al, 2004, pp. 30–32, 34–36).

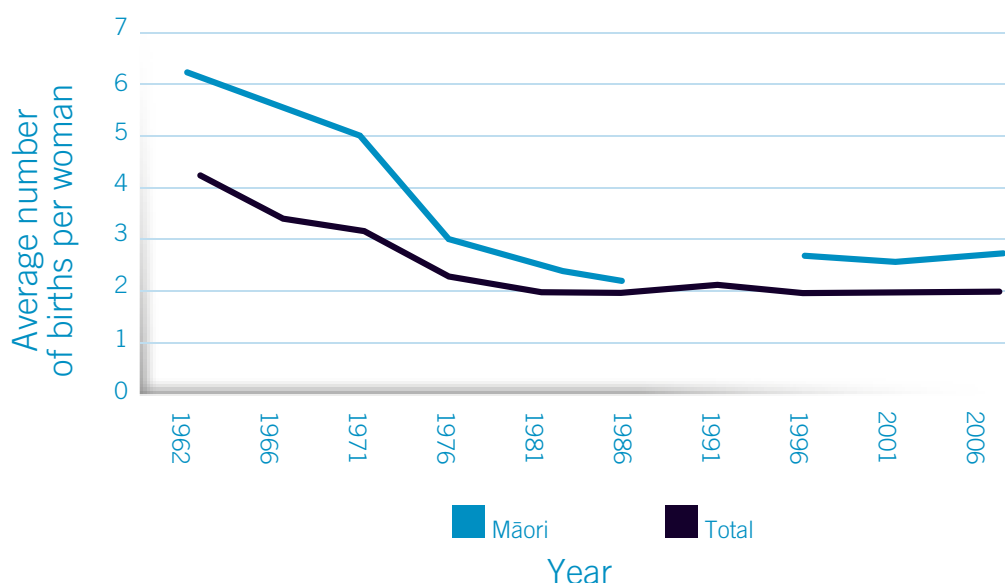
Seventy-five percent of Māori women who had separated from a first marriage had re-partnered within 10 years of the marriage ending. Age at separation and duration of separation were significant factors in re-partnering. A woman's chances of re-partnering were highest if she had separated before the age of 30 years and had been separated for less than two years. Thirty percent of Māori women who had separated from a first marriage had re-partnered within two years of separation and 60 percent within five years (Dharmalingam et al, 2004, pp. 32–34, 38–41).

There was some evidence to suggest that cohabiting relationships may be less stable than marriage but further research is needed to confirm the hypothesis. Twenty-nine percent of first-time cohabiting relationships involving Māori women who had never been in a union were either dissolved or converted into marriage within one year, 49 percent within two years and 80 percent within five years. Within 10 years, 91 percent of these relationships had been either dissolved or converted into marriage (Dharmalingam et al, 2004, p. 31).

Fertility

By 1976, the beginning of the reference period for this profile, the Māori fertility rate had been falling for more than 10 years. However, the sharpest drop occurred between 1970 and 1980 when the total fertility rate (the average number of children a Māori woman could expect to bear in her lifetime at the fertility levels current at the time) fell from 5.2 to 2.4 births per woman. This means that the completed size of Māori families, as implied by the total fertility rate, fell by nearly three children in the space of just 10 years.

Figure 5 Total Fertility Rate for Māori and Total 1962–2006



Source: Statistics New Zealand, Demographic Trends Report 1962–2006

Although the rate fluctuated after 1980, the overall downward trend continued until 1990 when the publication of data ceased, pending the introduction of a new birth registration form. After the introduction of the new form in 1995 and the resumption of the series, the rate was found to be higher than expected (2.7 births per woman). This led Statistics New Zealand to observe in its briefing for the 2005 Hui Taumata that there may have been an understatement of Māori fertility, “at least from the late-1970s” (Statistics New Zealand, 2005, p. 6). Between 1996 and 2006, the rate fluctuated between 2.5 and 2.7 but, by 2008, was closer to 3.

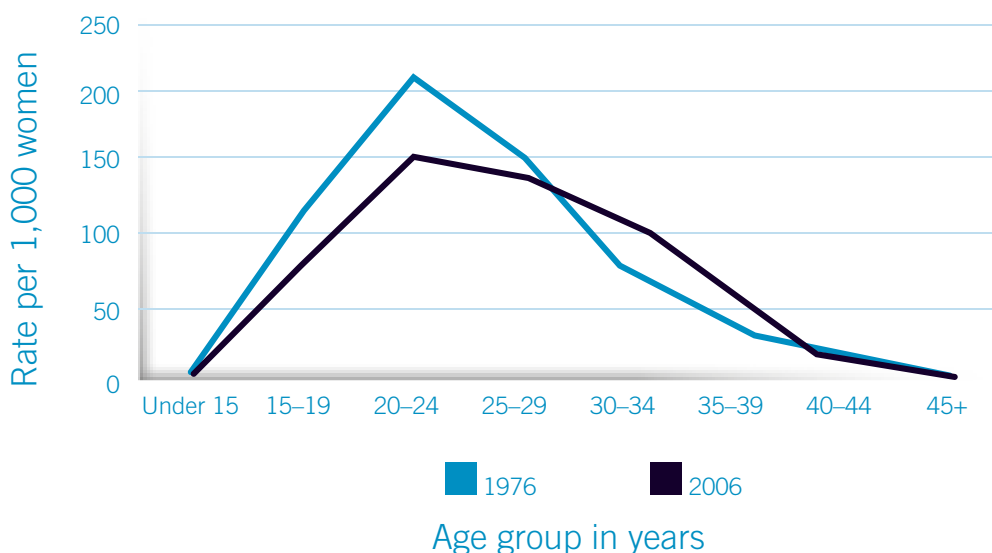
Despite its downward trajectory, the Māori fertility rate has remained consistently higher than that of the total New Zealand population throughout the entire period. With the exception of short periods in the 1990s and the past two or three years of this decade, New Zealand fertility levels have been tracking below the level needed for a population to replace itself (an average of 2.1 births per woman) since the 1980s. In 2008, the rate stood at 2.18, only slightly higher than the replacement level.

Childbearing patterns

Figure 6 shows that in 1976 fertility levels were at their highest among women aged 20–24. However, during the 30-year period, fertility rates for women under 30 years of age dropped significantly. The largest decrease occurred among women aged 20–24 (down from 203 to 147 births per 1,000) followed by women aged 15–19 (down from 113 to 69 births per 1,000). Decreases of a somewhat smaller *magnitude* were recorded in the youngest (under 15 years), the two oldest (40–44 and 45 years and over) and in the 25- to 29-year age groups. In contrast, rates for women aged 30–39 increased (up from 85 to 109 births per 1,000 for women aged 30–34 and up from 41 to 60 births per 1,000 for women aged 35–39). The net result of these changes has been a converging of the fertility levels of women at ages 20–24 and 25–29, signifying a transition to 25–29 as the peak childbearing years for Māori women.

On average, Māori women now have children a little over three years later than their counterparts in the mid-1970s. The median age of women giving birth in 2006 was 25.9 years compared with 22.7 years in 1976.

Figure 6 Age-specific fertility rates for Māori women 1976–2006



Source: Statistics New Zealand, Demographic Trends Report 1976–2006

Childlessness is also increasing among Māori women at reproductive ages and this trend is evident in all but the oldest age group. The biggest increases between 1981 and 1996 occurred among women in the 20 to 24 age group (up 18 percentage points), the 25 to 29 age group (up 15 percentage points) and the 30 to 34 age group (up seven percentage points). (The question on fertility is not asked at every Census and data from the 2006 Census are not easily accessible.)

Māori childbearing trends and patterns tend to mirror changes that have already taken place among New Zealand women as a whole. Coinciding with them have been changes in Māori women’s participation in tertiary study and increasing participation in the labour force. In 1997, 18.6 percent of 18- to 19-year-old and 13.9 percent of 20- to 24-year-old women were enrolled in tertiary institutions. By 2006, the proportions had risen to 39.2 percent and 34.8 percent respectively. In respect of the labour force, in 1991, 39.6 percent and 55.5 percent of 15- to 19- and 20- to 24-year-olds respectively were in the labour force. By 2006, the proportions had risen to 55 percent and 65 percent respectively.

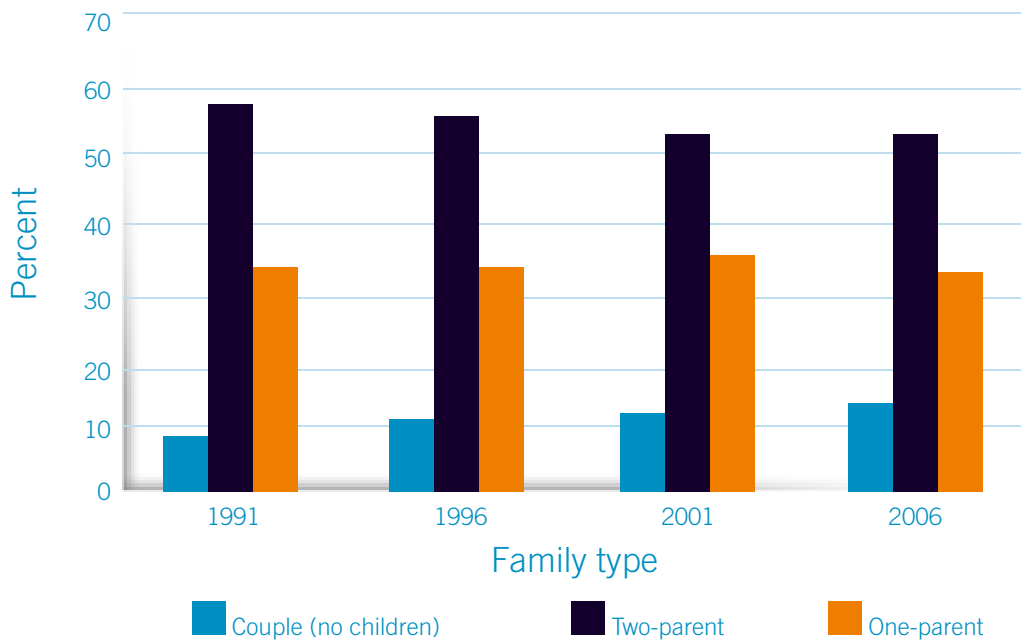
4.5 Families and households

The combined effects of changes in the age structure of the population and in family formation patterns are evident in the changes that occurred between 1976 and 2006 in the distribution of Māori across different family and household types. The data sources for the analysis in this part of the profile are mainly successive Censuses and the secondary statistics derived from successive Censuses by the FWWP and Waikato University’s Population Studies Centre.

Families

Whilst the proportion of Māori living as a part of a family remained relatively stable between 1991 and 2006 (80.5 percent and 80.7 percent respectively), the distribution of the population across the different family types continued to change. In 2006, 51.3 percent of Māori living in a family lived in a two-parent family (down from 58.6 percent in 1991) and 12.6 percent lived as a couple without children (up from 8.6 percent in 1991). The proportion living in one-parent families continued to rise until 2001 (up from 32.8 percent to 35.3 percent) and then dropped back to 34.2 percent in 2006. The drop was compensated for not by a rise in the proportion of the population in a two-parent family (which remained relatively steady during the period – 53.2 percent in 2001 and 53.1 percent in 2006), but by an increase in the proportion living as couples without children (up from 11.5 percent in 2001).

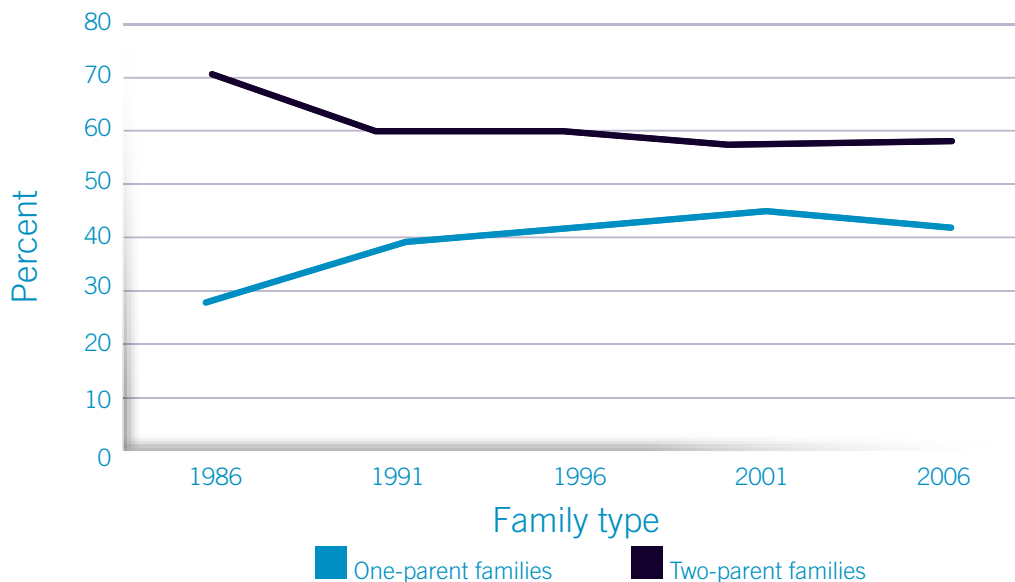
Figure 7 Distribution of Māori population living in families by family type 1991–2006



Source: Statistics New Zealand, Census of Population and Dwellings 1991–2006.

The proportion of Māori children under 15 years living with one parent increased between 1986 and 2001; rising sharply at first (from 28.2 percent to 39.4 percent between 1986 and 1991) and then more slowly until 2001. Between 2001 and 2006, the proportion dropped (down from 43.9 percent to 42.6 percent). Corresponding to the upward movement in the proportion of children living in a one-parent family, the proportion in a two-parent family declined (falling from 71.8 percent to 56.1 percent between 1986 and 2001) and then rose. In 2006, 57.4 percent of Māori children living as a part of a family lived in a two-parent family.

Figure 8 Distribution of Māori children under 15 years of age by family type 1986–2006



Source: Statistics New Zealand, Census of Population and Dwellings 1986–2006

It is too early to tell whether or not the recent drop in the percentage of all Māori in a one-parent family marks the reversal of the established trends. However, it is clear that the rise in the proportion of Māori in a one-parent family tells only part of the story of the declining proportion in two-parent families. Māori living as a couple without children have been increasing as a proportion of all Māori living in families at least since 1991, and this increase has been a contributing factor to the declining proportion of Māori in a two-parent family (Pool, Baxendine, Cochrane, & Lindop, 2005a).

Māori separation and re-partnering patterns mean that sole-parenthood is not necessarily a permanent state. The NZW:FEE Survey found that in 1995, 39 percent of Māori women became sole-parents before the age of 25 and 50 percent before the age of 30. However, 63 percent of Māori sole-mothers had ceased to be a sole-parent within five years, either because of re-partnering or children leaving home (Dharmalingam et al, 2004, pp. 60, 62). As a result, blended families were fairly common among Māori.

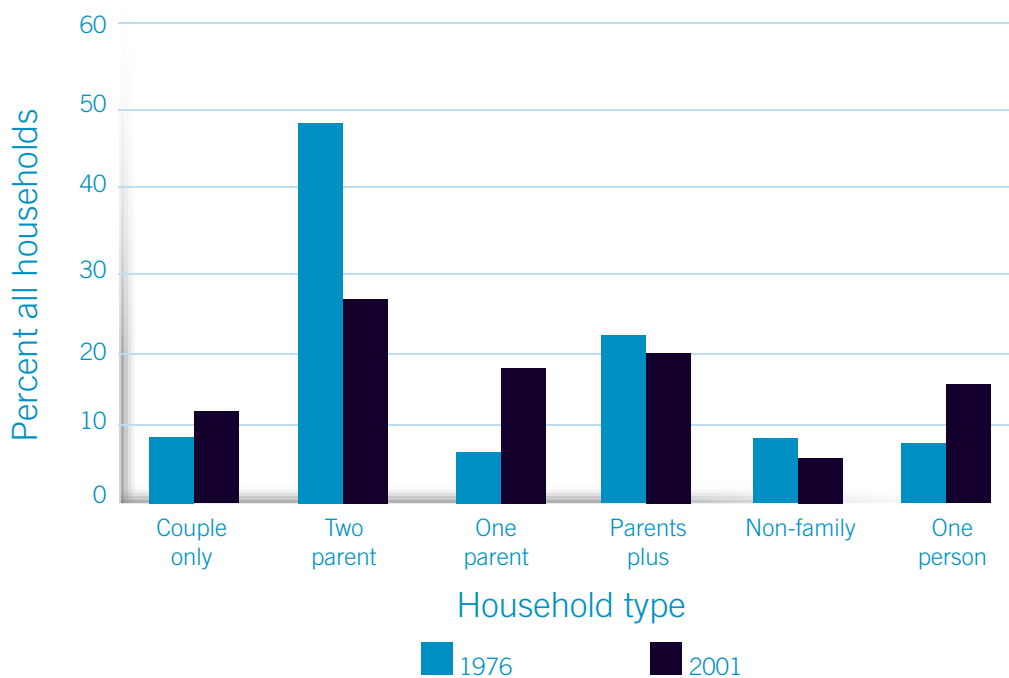
In 1995, it was estimated that nearly one in four Māori women aged 20 to 59 who had had a child had parented in a blended family. Nearly a third of these women had done so before the age of 30 (Dharmalingam et al, 2004, p. 78). It was estimated that 14 percent of Māori children had experienced living in a blended family by the time they were five years old and 22 percent by the time they were 10 years old. For 47 percent of children in this situation, their blended family had come to an end within five years, either because the family broke up or because they left home (Dharmalingam et al, 2004, pp. 79–80). The study also found that children living in blended families, irrespective of their ethnicity, tended to leave home earlier than other children.

Statistics New Zealand (2009a) also found that Māori aged 15 to 24 tended to leave their families of origin at an earlier age than other young New Zealanders and that this was the case across all ages between 1991 and 2006. Whilst there was little change in the proportion of 15- to 19-year-olds still living at home (64 percent and 65 percent respectively), the proportion of 20- to 24-year-olds in the same position rose from 23 percent to 25.5 percent. For both age groups the proportions still living at home by age 24 were 45 percent in 1991 and 48.5 percent in 2006.

Households

Shifts in the distribution of family types among Māori resulted in marked changes in the distribution of Māori households by household type between 1976 and 2001. Whilst two-parent households continued to retain the dominant share, their proportion dropped markedly – from 48 percent to 27 percent. Very small decreases were also recorded in the proportions of parents plus others (households consisting of more than one family) and non-family households (down from 22 percent to 20 percent and 7 percent to 6 percent respectively). The decreases in these three types were compensated for by a substantial increase in the proportion of one-parent households (up from 7 percent to 19 percent), a moderate increase in the proportion of one-person households (up from 7 percent to 16 percent) and a more modest increase in the proportion of couple-only households (up from 8 percent to 12 percent). Figure 9 graphs these changes.

Figure 9 Distribution of households with a Māori occupier by household type 1976–2001



Source: Population Studies Centre of Waikato University

Between 1976 and 2001, couple-only and one-person households together increased by 13 percentage points (from 15 percent to 28 percent) and one-parent households by 12 percentage points. This suggests that the decline in households consisting of two parents and children was as much a function of the increase in the proportion of the two former household types as it was a function of the increase in households consisting of one parent with children (Baxendine, Cochrane, Lindop, & Pool, 2005b).

The upward movement in the proportion of couple-only households is associated at the younger end of the age range, with earlier entry into partnerships combined with delayed childbearing and, at the older end, with children leaving home (the empty-nest phenomenon). Increases in the proportion of one-person households can be attributed to dissolution of partnerships (through separation, divorce or widowhood) and the ageing of the Māori population. As ageing is expected to accelerate over the next 10 to 20 years, the proportion of couple-only and one-person households will probably continue to increase and may, in the short term at least, be at the expense of two-parent households.

Failure to consider the shifts in household types other than one-parent households and their effects on two-parent households contributes to the rather distorted picture of sole-parents in the popular press over the past 30 years. Public concern for the increasing proportion of one-parent households is not misdirected; one-parent households are particularly disadvantaged in material wellbeing. However, there are many more one-parent families than there are one-parent households. Those not living in a one-parent household are 'nested' in households that consist of two one-parent families, a two-parent family and a one-parent family, two-parent families or parents and people who are not themselves members of the family (Baxendine, Cochrane, Lindop, & Pool, 2005c). In 2001, two in every five Māori sole-parents were living in this type of household. How many of these households could be described as extended family households is not known but it is interesting to note that, in 2006, one in every five Māori dependent children was living in an extended family, the most common being the three-generation family.

4.6 Changes in the socio-economic circumstances of families and households

The positive association between educational qualifications, occupation, income level, housing quality and standards of living has been well established. There is also evidence that household income, more particularly family income, is both an outcome of parent(s)'s past educational experience, past and current employment status and housing history and an important influence in children's life chances and their economic wellbeing as adults.

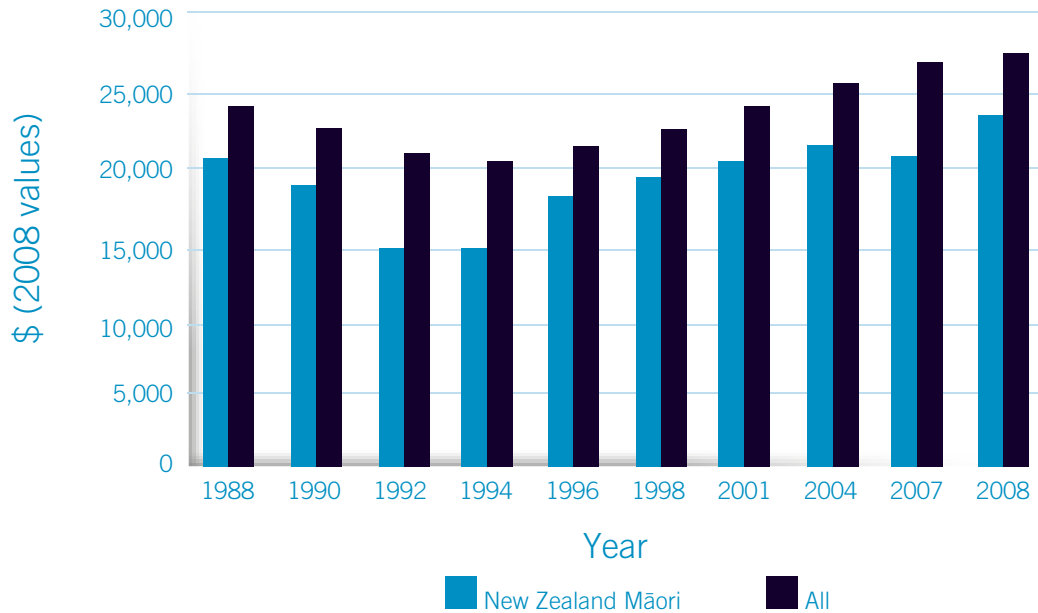
This section looks at Māori material living standards using household and family income as proxy indicators. It discusses the changes that have occurred in living standards in the context of what has been happening to Māori families and individuals in work, education and housing domains. The section relies heavily on statistics derived from Censuses dating back to 1981 by the FWWP. These statistics relate to "families with at least one Māori parent". This report will focus on only two of the family types identified by the project. These are couples with dependent children and one parent with dependent children. Except where stated, we will use the terms 'one-parent family' and 'two-parent family' to mean one- and two-parent families with dependent children where at least one parent was Māori.

Household income

Figure 10 shows real equivalised household disposable income (before housing costs are deducted) for Māori and all New Zealanders from 1988 to 2008. Equivalised household disposable income is after-tax cash income for the previous 12 months adjusted for household size and composition. It serves as a proxy indicator of material living standards and economic wellbeing of New Zealanders generally and of sub-groups within the population (Perry, 2009).

Figure 10 shows the median household income for Māori falling from \$20,800 in 1988 to a low of \$15,300 in 1992 (a drop of 26 percent) followed by a period of recovery that continued until 2001, when it was finally restored to the level it was at in 1988. Apart from a dip in 2007, which may have been due to sampling issues, the median household income for Māori has grown consistently and strongly, rising by 56.5 percent between 1994 and 2008, compared to 37.8 percent for the total population.

Figure 10 Real equivalised median household disposable income for Māori 1988–2008 (BHC)

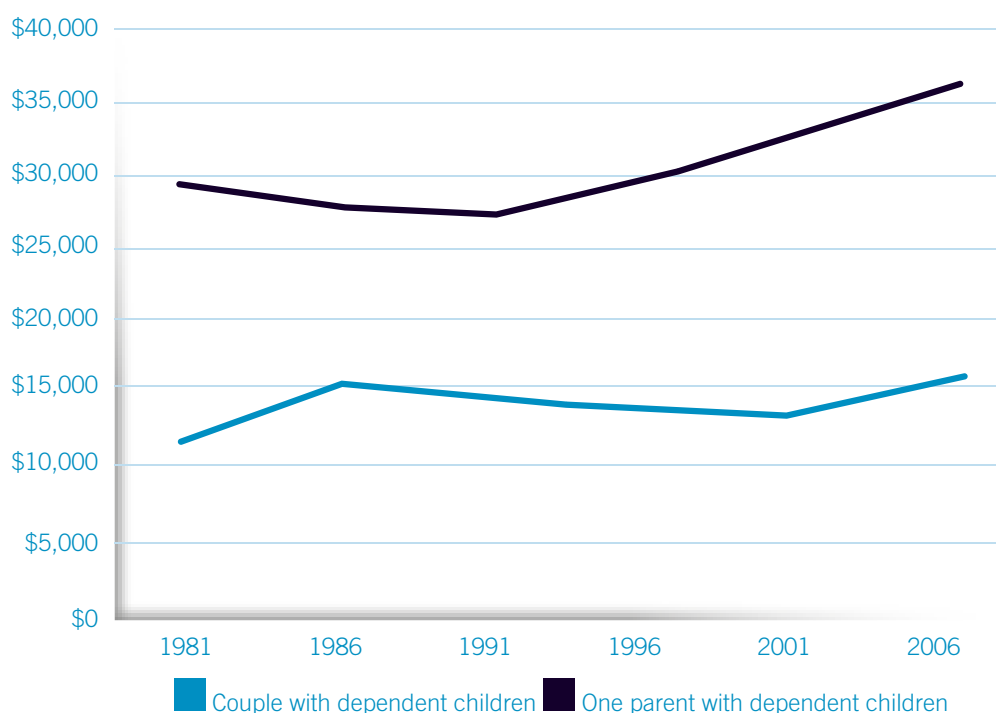


Source: Perry (2009), derived from Statistics New Zealand's Household Economic Survey (HES) 1988–2008

A similar measure has been used by FWWP to monitor trends in family income over time. Instead of disposable income, it utilises gross income adjusted for family composition (the Revised Jensen Scale) and expressed in 1999 dollar values.

On this measure, couples and one-parent families with dependent children were better off in 2006 than they were in 1981. During the period, the median equivalised gross income of couples with dependent children increased from \$11,500 to \$15,950. However, the trend lines in the graph (Figure 11) show that the recession and economic restructuring of the late 1980s and early 1990s impacted differently on the two family types. The events of those years set in train a long decline in the median income of one-parent families which was not reversed until 2006. Despite stronger growth over the period in the median incomes of one-parent families (39 percent as opposed to 24 percent for couples with dependent children), the income gap between the two family types widened from \$17,300 in 1981 to \$19,650 in 2006.

Figure 11 Jensen median real (1999), gross, equivalised family income by family type for families with at least one Māori parent 1981–2006



Source: FWWP 2008 derived from Statistics New Zealand Census of Population and Dwellings 1981–2006

The findings are consistent with movements in the personal incomes of Māori. Real median income for all Māori aged 15 years and over rose by 42 percent between 1991 and 2006. In 2006, the median level was \$20,900 as against \$14,700 in 1991. Male and female incomes rose at different rates; male incomes by 49 percent and female incomes by 33 percent. The greater propensity for women to work part-time and to move in and out of the labour force are two of the factors that ought to be considered in accounting for the difference.

Figure 12 and the graphs that follow highlight, in a very stark way, the parlous position of one-parent families with dependent children. There was little change in their standard of living during the period. The proportion with a median gross equivalised family income that fell below 60 percent of the median equivalised gross income for all families and households (one of the yardsticks by which hardship or poverty is identified) hovered around the three in every four mark throughout the entire 25-year period. Couples, however, experienced an overall decrease in the likelihood of falling below the threshold, the proportion dropping from 32 percent to 24.5 percent between 1981 and 2006.

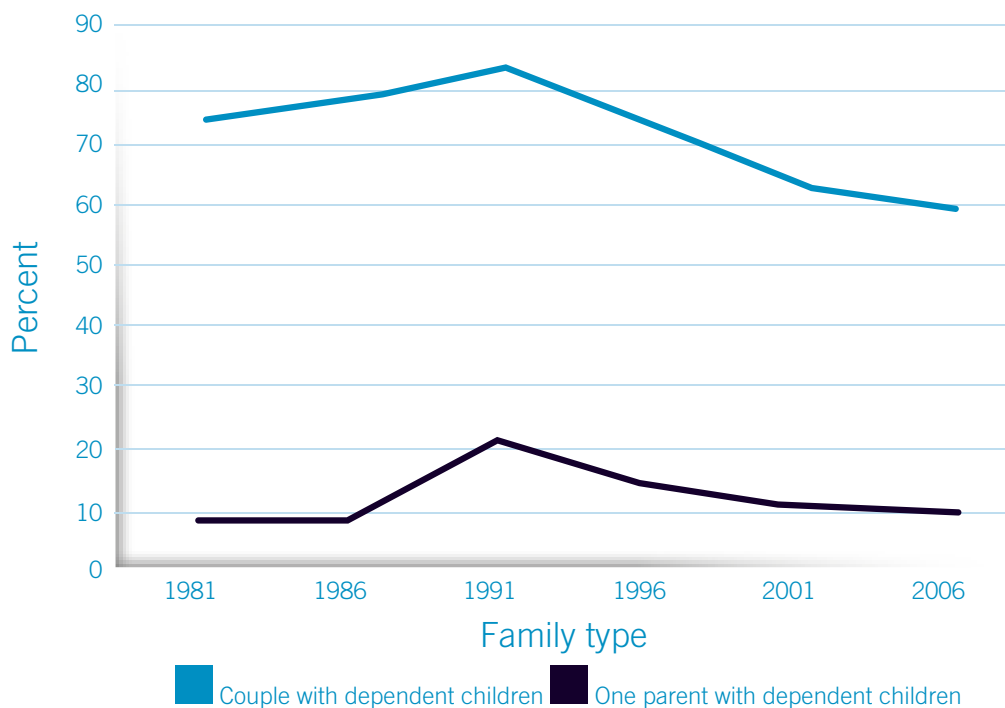
Further information on Māori in poor households is provided by Perry using a different measure. In 2009, one in five Māori aged 15 years and over was estimated to be living in households with incomes that fell below the poverty line used in the Ministry of Social Development’s Social Report⁹⁰ (ie, 60 percent of the median household income after deducting housing costs). In actual numbers, 20 percent represents about 120,000 people. For Māori dependent children (aged 0 to 17 years), the proportion living in low-income households was estimated to be about 33 percent (or one in three), which equates to about 80,000 in numerical terms. The high proportion of Māori children in poverty is accounted for by “the high proportion of Māori children living in sole-parent beneficiary families and households (eg, in June 2009 43 percent of DPB recipients were Māori)” (Perry, 2010, pp. 11, 96).

⁹⁰ The Social Report uses a set of indicators to measure the overall social health and wellbeing of New Zealand society. Results are published annually by the Ministry of Social Development.

Work

Lack of paid employment among two-parent and one-parent families with at least one Māori parent rose after the 1981 Census and peaked in 1991. In 1981, 21.8 percent of two-parent families and 82.8 percent of one-parent families had no parent in paid employment. From then on, the proportion of one-parent families in this situation continued to drop, reaching a low of 59 percent in 2006. The proportion of two-parent families, however, recorded decreases at the two consecutive Censuses and a slight increase in 2006. In 2006, therefore, one-parent families were much more likely to have a parent in paid employment than they were in 1981. Two-parent families were slightly less likely to have a parent in paid employment than they were in 1981.

Figure 12 Lack of paid employment by family type for families with at least one Māori parent 1981–2006



Source: FWWP 2008, derived from Statistics New Zealand Census of Population and Dwellings 1981–2006

One- and two-parent families with at least one parent in paid employment, however, worked longer hours in 2006 than their counterparts in 1981. During this period, the proportion of two-parent families with at least one parent in paid employment who worked more than 48 hours per week rose from 24.1 percent to 35.2 percent whilst the proportion of one-parent families in this situation rose from 2.3 percent to 5.4 percent.

The improvement in the first of the two indicators is supported by other data from the Census. Between 1981 and 2006, the number of Māori in the labour force increased from 123,600 to nearly 225,400, an overall increase of 82 percent. From a high point of just over 68.8 percent of Māori aged 15 years and over in 1986, the labour force participation rate dropped to a low of 56.4 percent in 1991 and then took another 15 years to recover. At the end of the period, it was slightly higher than the 1986 level (69.2 percent). The improvement, especially from 1991, occurred among both men and women and at all ages.

However, one of the most notable developments in the work domain has been the rapid growth in the number of Māori managers, administrators, legislators, professionals and technicians, and associated professionals. During the 15-year period, workers in these jobs increased by 41,000, compared to a 30,500 increase in the number of workers in jobs requiring little or no skill

(agriculture and fisheries workers, plant and machine operators/assemblers and general labourers). As a result of these differential rates of growth, the occupational structure of the Māori workforce has been changing. Workers in managerial, professional and technical-type jobs are an increasing proportion of the Māori workforce (having risen from 20 percent to nearly 29 percent between 1991 and 2006) and workers in unskilled and semi-skilled jobs are a declining proportion (having fallen from 42 percent to 31 percent during the same period).

Table 5 Percentage occupational structure of Māori workforce 1991–2006

Occupation group	1991	1996	2001	2006
Legislators, administrators and managers	5.6	6.2	7.0	9.0
Professionals	7.2	7.2	9.0	9.5
Technicians and associate professionals	7.3	8.0	9.1	10.3
Clerks	12.0	11.4	11.1	9.6
Service and sales workers	13.8	15.8	15.4	14.7
Agriculture and fisheries workers	8.2	9.2	8.0	6.3
Trades workers	9.0	8.0	7.0	7.6
Plant and machine operators and assemblers	19.0	14.5	15.1	13.9
Elementary occupations	14.7	12.2	10.4	10.7
Not adequately defined	3.2	7.6	8.0	8.3
Total	100.0	100.0	100.0	100.0

Note: Numbers don't necessarily total 100 due to rounding
Source: Statistics New Zealand, Census of Population and Dwellings 1991–2006

Also worth noting is the growing number of Māori employers and self-employed (ie, the number of Māori with their own businesses). Although they form a relatively small proportion of the Māori workforce (6.5 percent in 1986 and 9.3 percent in 2006), their number has more than doubled during the period, rising from 9,400 to 21,100.

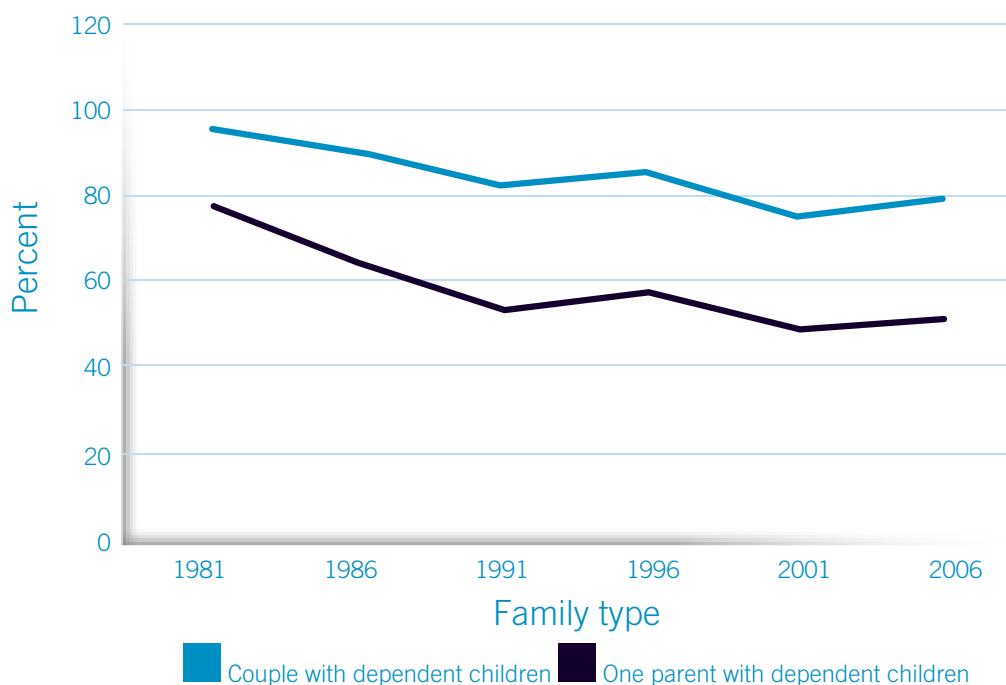
In terms of hours of work, comparing the 2001 Census to the 1996 Census (2006 data are not immediately available) suggests that the proportion of Māori workers working more than 40 hours per week may have declined slightly during the five years. However, there seems to be a general trend in New Zealand and other Western countries toward longer working hours and, whilst it has been found that it is people with the highest qualifications who work the longest hours, the largest group of long hours workers was identified among those with no qualifications.

Education

As might be expected from the rise in the number of Māori workers in professional and highly skilled occupations, considerable progress has been made in education and this is reflected in the educational profile of one- and two-parent families with at least one Māori parent. In 1981, 55.8 percent of two-parent families had no parent with any form of educational qualification. By 2006, the proportion had fallen back to 20.7 percent. During the same period, the proportion of one-parent families with a Māori parent having no qualification also dropped, from 82.7 percent to 48.1 percent.

Further evidence of improvement is provided by the decreases that have occurred in the percentages of families with a Māori parent where no parent had a post-secondary qualification. For two-parent families, the proportion dropped from 77.3 percent to 50.2 percent during the reference period whilst for one-parent families, it decreased from 95.4 percent to 78.7 percent.

Figure 13 Lack of post-secondary educational attainment by family type for families with at least one Māori parent 1981–2006



Source: FWWP 2008 derived from Statistics New Zealand Census of Population and Dwellings 1981–2006

The educational qualifications, work and income status of families, along with housing conditions, are closely related to educational experiences and the opportunities and outcomes of children. If this is the case, an improvement in the number of children entering school with early childhood education, in students being retained beyond the compulsory school-leaving age, in young people enrolling in tertiary institutions and in those completing degree-level qualifications are the outcome of improvements in the situation of Māori families.

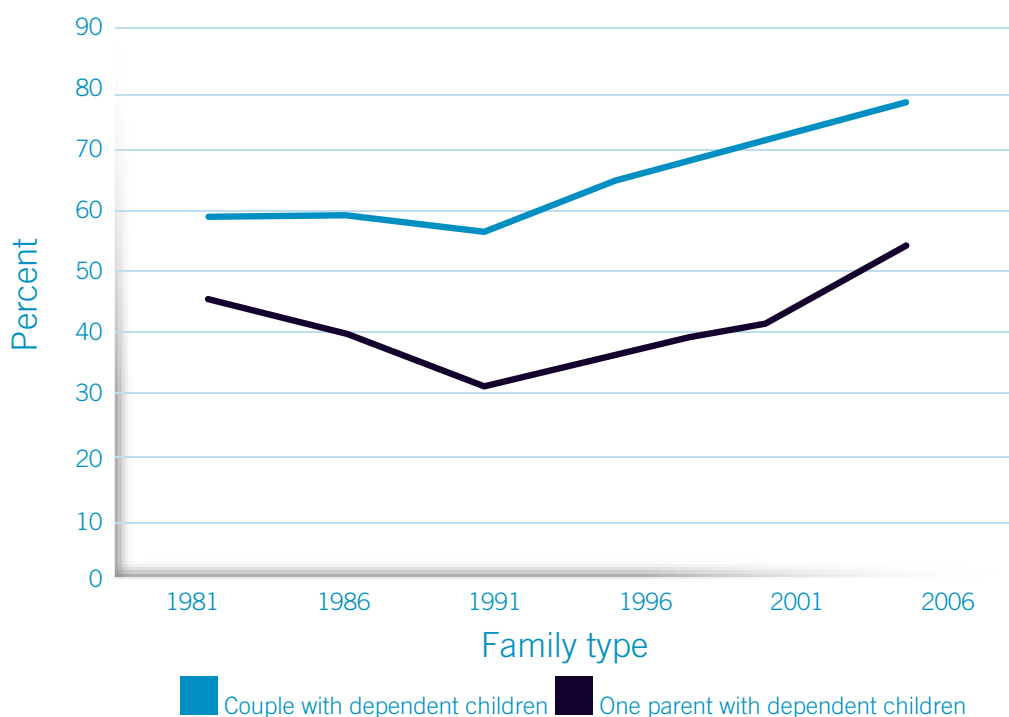
Between 2000 and 2009, the proportion of new entrants with early childhood experience increased from 85 percent to 91 percent. Retention rate figures (the percentage of students staying at school to 17 years) seem to vary according to the document consulted (especially when it comes to long-term trends) but it seems to have been around 66 percent in 2009. By 2007, the proportion of Māori school-leavers qualified to attend university stood at more than twice the level it was in 1993 (18.5 percent compared to 7.5 percent). All Māori tertiary participation rates at degree level and above increased between 1994 and 2008 (in the Bachelor's category, from 18.2 percent to 28.2 percent per 1,000 of the population). The number of Māori completing a qualification between 2001 and 2008 rose from 12,000 to 21,000 and the proportion of the Māori population aged 15 with a tertiary qualification (degree, etc) increased from 22 percent to 39 percent between 1991 and 2008. During the same period, the proportion with a Bachelor's degree or higher rose from 1 percent to 6 percent.

In spite of these gains, there is considerable room for improvement. Māori continue to have the lowest school retention rates, the highest rates of course attrition at tertiary level and the lowest completion rates when compared to other ethnic groups. Whilst tertiary participation rates are high, most Māori are studying at certificate level. However, as those who are succeeding at higher degree and vocational levels achieve parenthood, the proportion of qualifications among Māori aged 15 and over ought to continue to rise.

Housing

The picture that emerges from the housing domain is less encouraging. Over the past 25 years the most striking trend in Māori housing has been the ongoing decline of home ownership rates. Since 1991 the proportion of families with at least one Māori parent who do not own their own home has risen from 46 percent to 53.8 percent in the case of two-parent families and from 59.2 percent to 78.4 percent in the case of one-parent families (Figure 14).

Figure 14 Proportion of families with at least one Māori parent who do not live in owner-occupied dwellings 1981–2006

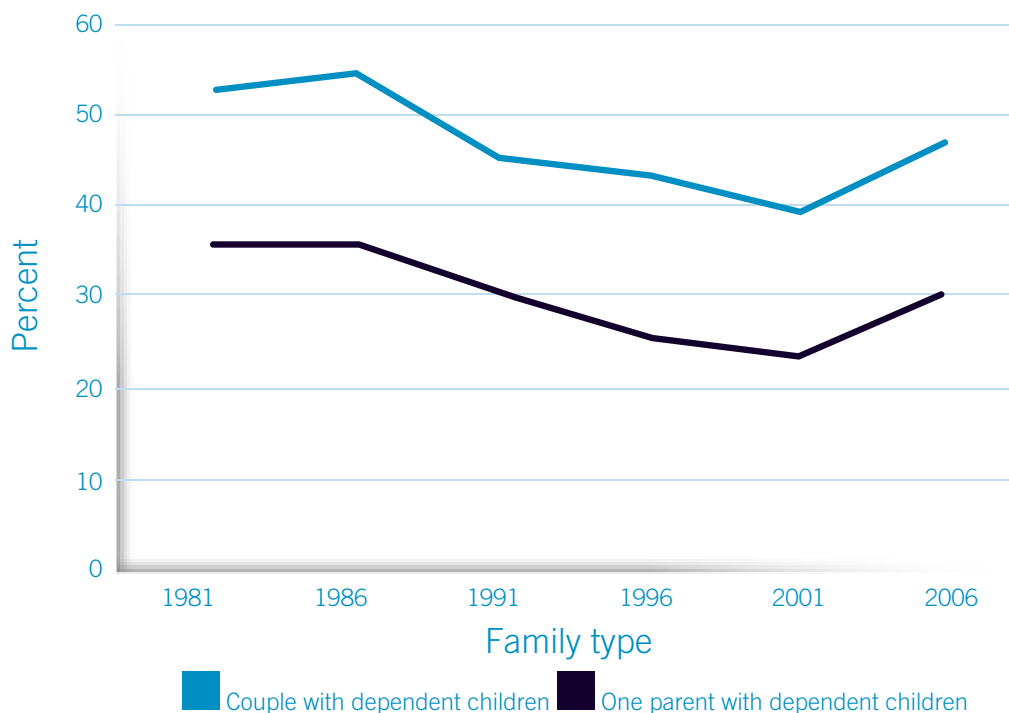


Source: FWFP 2008 derived from Statistics New Zealand Census of Population and Dwellings 1981–2006

During the same period, the proportion of families who lived in rented homes and whose weekly rent amounted to more than 25 percent of their gross equivalised household income rose from 30.9 percent to 52.7 percent for two-parent families and from 54.4 percent to 74.8 percent for one-parent families. It is interesting to note that housing-related issues figured prominently among the reasons that respondents in the migration survey gave for moving. More than 9 percent of movers indicated that they had moved from their previous address because they had been given notice by the landlord or their lease had expired and nearly 10 percent said the main reason they had moved was to secure more affordable housing.

Figure 15 shows that the proportion of one- and two-parent families living in crowded homes (ie, homes that require at least one additional bedroom) tracked consistently downward to reach a low point in 2001. By then, the proportion of two-parent families in crowded homes had fallen from 35.3 percent to 23.2 percent, and the proportion of one-parent families from 52.5 percent to 39.1 percent. By 2006, the proportion of two-parent families living under these circumstances was close to the level it was at in 1991 whilst the proportion of one-parent families living in these same circumstances had risen above the level it was at in 1991.

Figure 15 Proportion of families with at least one Māori parent who live in overcrowded homes 1981–2006



Source: FWWP 2008 derived from Statistics New Zealand Census of Population and Dwellings 1981–2006

Referring to the whole population, Perry (2009) points out that one in three sole-parent families (and here he is referring to economic family units⁹¹) live in wider households with others (the Population Studies Centre’s ‘parents plus’ household category) and that these families tend to have lower poverty rates than those living on their own. Having access to the collective resources and support of a wider household is of course a positive aspect of this type of living arrangement. The propensity toward overcrowding and stress, however, is one of the negative aspects of the arrangement.

4.7 Whānau connectedness

As discussed in the introduction, there is little quantitative information available on connectedness to, and participation in, the wider whānau group or, for that matter, in the wider Māori community.

The Time Use Survey conducted in 1999 by Statistics New Zealand documents the unpaid work that Māori do outside of the home. This work is classified into formal and informal activities. The informal activities include caring for and helping people outside the household. From the diaries kept as part of the survey, Māori women were found to spend an average of 23 minutes per day on informal unpaid work and Māori men an average of 18 minutes per day, which was considerably more time than that spent by non-Māori women and men. Statistics New Zealand surmised in the report that the greater participation by Māori in informal unpaid work may reflect “the traditional and ongoing role of the whānau in caring for children, sick or elderly people outside of the home” (Statistics New Zealand/Ministry of Women’s Affairs, 2001 p. 59).

⁹¹ A person who is financially independent, or a group of persons who reside together and are financially interdependent. An economic family can comprise a couple, a couple with dependent children, one parent with dependent children or one person on their own. For example, in a household consisting of a couple with a dependent child who also lives with one of the couple’s siblings, there are two economic families: a one-person economic family (the sibling) as well as the couple and their child who comprise the other economic family.

The Survey of Older Māori conducted for the Ministry of Social Development in 2004 may support this contention. The survey found that 66 percent of individuals and 45 percent of couples had whānau help in maintaining their car or house, and/or help with household chores; 35 percent of individuals and 19 percent of couples had whānau provide transport. By the same token, 14 percent of single old people and 23 percent of couples had given money to whānau to help them out in the previous year. Forty percent of single people and 50 percent of the partnered saw their family and friends at least once a day and 37 percent and 40 percent respectively saw them once a week (Cunningham et al, 2002).

Other surveys conducted since 2001 suggest that whānau interaction is important to Māori, irrespective of their age. In 2001, it was estimated that 91 percent of Māori participated in whānau activities and 69 percent had had family or friends in for a meal at least once a month. There was very little difference in the degree of contact with whānau between one- and two-parent families (Ministry of Social Development, 2001). Moreover, 56 percent of people in the fourth wave of the Hoe Nuku Roa study⁹² who said they were a part of a whakapapa whānau consisting of three or more generations, saw one or more whānau members at least once a day, 17 percent weekly and 27 percent monthly. Of those who said they were members of a two-generation whānau, 46 percent saw others daily and 29 percent, from time to time (Cunningham, Stevenson, & Tassell, 2005).

The importance of whānau in the lives of Māori families is also highlighted in the migration survey referred to earlier. The survey found that Māori most commonly identified social reasons as the main reasons for moving (either from their last residence or to their current residence). Among the social reasons given, proximity to family – wanting to live close to or with family – was the main reason for leaving a previous residence or for moving to the current address. Moreover, wanting or needing to live with or close to family was the single largest social reason for not moving (17.4 percent) (Statistics New Zealand, 2007a).

Cultural revitalisation

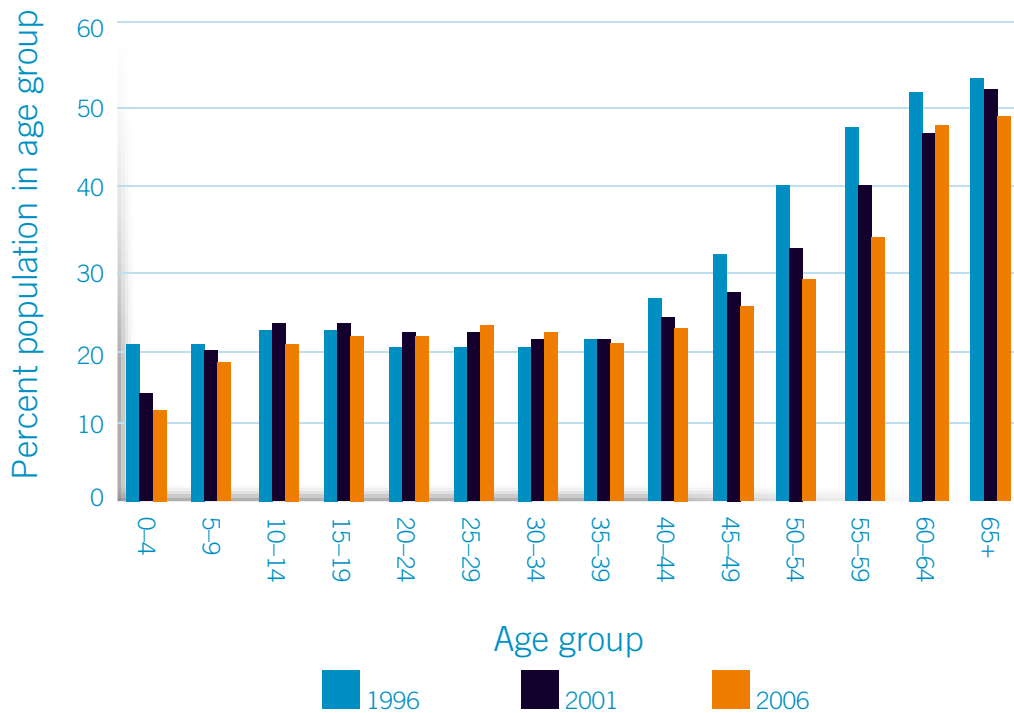
Information to assist Māori monitor the efforts put in to revitalising their culture during the Māori renaissance is scarce. Apart from information about iwi affiliation and Māori language speakers, much of the available data come from one-off surveys not designed to collect data about Māori cultural issues and for which the sample of Māori is too small to offer anything other than high-level individualised measures. As a result, much of the information is sketchy.

Te reo Māori

Statistics on Māori language speakers have been collected in the census since 1996. A comparison of the results shows that the proportion of Māori people able to converse in Māori about a lot of everyday things has decreased at each of the following two Censuses. In 1996, 26 percent of all Māori spoke Māori; in 2001, 24 percent; and in 2006, 23 percent. Figure 16 shows that the decreases in the proportion of Māori people able to converse in Māori occurred at all ages up to 20 years and at all ages after 35 years. However, the decreases were on a lesser magnitude at younger ages than they were between ages 45 and 59.

⁹² The Hoe Nuku Roa Best Outcomes for Māori study began in 1994. Led by iwi and Massey University, it aims to give a longitudinal picture of Māori households. This will enable cultural, economic and personal factors to be correlated.

Figure 16 Percentage of Māori speakers in age groups 1996–2006



Source: Statistics New Zealand Census of Population and Dwellings 1996–2006

These results may disturb Māori leaders, whānau and parents who have put a lot of effort into revitalising the Māori language, especially since the mid-1970s. But Te Puni Kōkiri draws on the actual numbers of speakers recorded in 2006 to present an alternative and, from our perspective, a more rewarding view. The following table and comment are taken from its report on the Māori language survey conducted in 2006.

Age grouping	No. of people with Māori language competencies	Total population size	Māori language rate	Proportion of all Māori with Māori language competencies
0–14	35,148	199,920	18%	27%
15–34	40,965	178,869	23%	31%
35–54	33,324	131,967	25%	25%
55+	22,182	54,567	41%	17%
Total				100%

Source: Statistics New Zealand, Census of Population and Dwellings 2006

Using 2006 Census data, for those people aged up to 55 the Māori speaking rate is 21 percent, whereas for those people 55 or older the rate is 41 percent. While the older generation records the highest proportion of people with Māori language competencies, this generation is actually a small cohort of 54,600 people. Because of the smaller size of this group, there are actually more Māori speakers in each of the younger age groupings, as is shown [in the above] table.

Te Puni Kōkiri, 2008, p. 19

The number of language-competent children and parents of the present generation is promising for the future of Te Reo.

A substantial proportion of children and adults under age 35 would have acquired Māori through the education system. From 1992, the number of Māori enrolled in Māori-medium programmes at both primary and secondary levels increased from 17,400 to reach a peak of 27,000 in 2004 before falling back to 25,300 in 2009. In 2004, when enrolments peaked, Māori children enrolled in Māori medium constituted 16.9 percent of all Māori children in school. The majority of these children were enrolled in bilingual classes. However, since 1992 the number of children enrolled in kura kaupapa Māori rose from 470 in 13 schools to 6,121 in 68 schools by 2007.

Te Puni Kōkiri (2008, p. 25) notes that Ministry of Education statistics suggest that between 2001 and 2005 more than 100,000 learners (Māori and others) engaged in Māori language studies at tertiary level and that the increases from 2001 onwards have been significantly higher than they were before that year. The influence of the three wānanga, especially Te Wānanga o Aotearoa, is evident in these increases. However, the numbers may have fallen back since 2006 due to changes in tertiary funding in the mid-2000s.

Ancestry and iwi

Information about Māori ancestry and iwi affiliation was collected for the first time in the 1991 Census. The Māori ancestry question was included to meet the requirements of the Electoral Amendment Act (1993) but the Māori ancestry population is a whakapapa-based question that identifies the tangata whenua of New Zealand. The iwi question is asked only of those who clearly indicate that they are the descendants of Māori.

As Table 7 shows, the proportion of New Zealanders recording Māori ancestry has remained relatively stable since 1991. Numerically, however, the Māori ancestry population increased by 132,700 (or 26 percent) between that Census and the most recent one.

Table 7 Māori ancestry and knowledge of iwi 1991–2006

Māori ancestry and knowledge of iwi	1991	1996	2001	2006
Total population	3,373,929	3,618,303	3,737,277	4,027,947
Māori ancestry population	511,278	579,714	604,110	643,977
% Māori ancestry	15.0	16.0	16.1	16.0
Māori ancestry population who:				
Know iwi	370,248	425,745	454,479	512,325
Don't know iwi	143,985	112,566	111,810	102,363
% Māori ancestry population who know iwi	72.4	73.4	75.2	79.6

Source: Statistics New Zealand, Census of Population and Dwellings 1991–2006

There seems also to have been a growing awareness of and willingness to record iwi affiliations among those of Māori ancestry. During the 15-year period, the proportion of the Māori ancestry population that gave at least one iwi affiliation in response to the iwi question rose from 72.4 percent to nearly 80 percent. This represents, in numerical terms, an increase of 142,077 (38.4 percent).

Participation in cultural maintenance activities

The Time Use Survey also found that Māori spend more time on religious, cultural and civic participation than non-Māori. These activities included: religious practice; attendance at weddings, funerals and other ceremonies; participation in rituals or ceremonies specific to Māori; civic responsibilities; and attending meetings of community or interest groups. The difference in time spent was largely accounted for by participation in rituals and ceremonies specific to Māori culture. People who have lived in Māori communities know that Māori tend to participate in these activities as whānau rather than as individuals, and this is confirmed by qualitative research findings (Benton, 2002).

The survey questioned participants on their level of participation in activities that might help to maintain Māori culture, in the four weeks prior to the survey. The following table shows the results.

Type of activity	Total		Female		Male	
	No.	%	No.	%	No.	%
Worked at hui for some purpose relevant to Māori	61,123	15.4	38,684	17.9	22,439	12.3
Maintenance of marae grounds and/or buildings, or managed Māori land (eg, as part of a land trust)	29,575	7.4	14,506	6.7	15,069	8.3
Participated in a Māori event	81,773	20.6	48,069	22.3	33,703	18.5
Worked on issues associated with land, resources, claims, Treaty of Waitangi	30,148	7.6	17,861	8.3	12,287	6.7
Held a conversation in te reo Māori	60,482	15.2	36,163	16.8	24,319	13.4
Taught or learnt te reo Māori	67,032	16.9	40,444	18.8	26,588	14.6
Taught or learnt the skills of Māori cultural activities	68,560	17.2	42,536	19.7	26,024	14.3
Participated in other activities which help to maintain Māori culture	55,332	13.9	36,365	16.9	18,966	10.4
None of these	256,758	64.6	132,105	61.3	124,653	68.5
TOTAL	397,660		215,561		182,099	

Note: Percentages do not add to 100 as the numbers include respondents who participated in more than one cultural activity.

Source: Statistics New Zealand Time Use Survey 1999

An interesting feature of the responses was the number of non-Māori who had participated in one or more of these activities. Forty-one thousand had participated in a Māori event, close to 39,000 had taught or learnt te reo Māori, nearly 40,000 had taught or learnt Māori cultural skills and more than 56,000 had participated in other activities that help to maintain Māori culture.

Two further surveys were conducted in the late 1990s and early 2000s. The first, by Creative New Zealand in association with the Hillary Commission, focused on Māori arts (Creative New Zealand, 2001). The second survey, by Statistics New Zealand, dealt with cultural experiences (Statistics New Zealand, 2003). The Māori arts participation survey 1997–98 found that, during a year, 45 percent of Māori take part, on average, in four different activities. In a four-week period, 35 percent participate in an average of 3.3 different activities. The top five Māori arts activities were waiata (32 percent of those involved), karakia (29 percent), Te Reo (26 percent), kapa haka (18 percent) and poi (12 percent). Smaller proportions participated in karanga, whaikōrero, pūrākau, waka ama, mau rākau and Māori decorative arts activities.

Māori women were more likely to be involved than men, and in a wider range of activities. Participation was similar across all adult age groups, and home and marae were the most common venue for cultural activity. Seventy-six percent of those who were involved with the arts participated with whānau and the main reasons for participation given were, firstly, to maintain or pass on a tradition/skill and, secondly, for pure enjoyment (Creative New Zealand, 2001).

The Cultural Experiences Survey 2002 found that more than one million New Zealanders (37 percent of the total population) had experienced one or more activities classified under the heading of Taonga Tuku Iho. Among them were nearly 211,000 Māori (77 percent of all Māori adults). There are four categories under the heading of Taonga Tuku Iho – visiting marae, visiting wāhi taonga (places of historical significance to Māori), attending exhibitions of taonga and mātauranga Māori (learning about traditional Māori customs, practices, history or beliefs).

As expected, Māori were more likely than New Zealanders generally to have experienced these activities. More than two in every three Māori had been to a marae in the previous 12 months and most had been at least three times. Marae visits were more common in regions where there was a relatively large Māori population (Northland, Bay of Plenty, Gisborne/Hawke's Bay, for example) and in minor urban and rural areas, reflecting perhaps the strength of identification with iwi, hapū and marae in these areas. Māori, however, were more likely to encounter barriers to participation in Māori cultural activities than New Zealanders generally. Those most frequently reported were: no links to any marae; no links to local marae; no invitation to visit a marae; lack of time (to visit marae and to experience other activities); transport problems (if exhibitions, etc were not available locally); lack of information; and costs.

Another finding of significance is that Māori were more interested than people from other ethnic groups in New Zealand content. Their level of interest was higher for all types of activity, but particularly for attending performances of popular music written by New Zealanders, attending exhibitions with a New Zealand theme, attending theatrical performances written by New Zealanders and attending opera, musicals and other musical theatre written by New Zealanders (Statistics New Zealand, 2003).

4.8 Conclusion

Māori in 2006 were just as likely as they were in 1976 to be partnered and whilst the numbers cohabiting increased and the numbers married decreased, marriage continued as the most common form of partnership. Māori in 2006 tended to have fewer children than their counterparts in 1976 and, during the 30-year period, had them progressively later. Since 2006, the modal age for childbearing has been in transition from the early to the late 20s.

Māori are now just as likely to be living as a part of a family as they were in 1976. Moreover, in spite of increases in the proportions living in couple-only and one-parent families and decreases in the proportions living in two-parent families, the two-parent family continued as the most common type of Māori family. Whilst Māori children today are much less likely to live in two-parent families and are considerably more likely to live in one-parent families than 30 years ago, more than half of all Māori children continue to live in two-parent families.

Māori today are also more likely to separate and re-partner than in the past and so blended families appear to be more common than they were 30 years ago. Due to the lack of recognition in official data, nothing appears to be known about other family types that are known, anecdotally, to be fairly common among Māori; for example, families with grandparent(s), or siblings or other relatives, such as aunts and uncles, in the parenting role.

Regarding living arrangements, the most common household has been and continues to be the two-parent family household followed by the parents-plus household in which many Māori sole-parent families are embedded. However, Māori are now more likely to be living on their own or as couples without children than in 1976. As the population continues to age and couples delay having children, the proportion of these types of households is expected to increase.

The economic reforms of the 1980s and 1990s impacted severely on Māori families and households, especially on Māori sole-parent households. Recovery from the set-backs experienced during those years has been slow. Nevertheless, as more Māori participate in tertiary education, they are emerging with the qualifications necessary to secure well-paid jobs. As a result, there has been a shift in the occupational structure of the workforce toward professional, technical and managerial-type jobs. Personal and household incomes have improved but it was not until relatively recently that real equivalised household income rose above the 1988 level. However, there is evidence of a growing gap in the income distribution of Māori, a significant proportion of whom fall below the poverty line.

Qualitative studies have found that whānau continues to be an important institution in Māori society but estimates on individual involvement – drawn from little quantitative research on the subject – tend to vary widely. In part, the variations are due to differences in the interests of the surveying authority and/or in the way that whānau involvement is conceptualised and measured. Nevertheless, the surveys tend to confirm that whānau is important to a significant proportion of Māori.

In spite of the socio-economic hardships that many Māori endured during the late 1980s–early 1990s, cultural resurgence has continued. Enrolments in te kōhanga reo rose during the period and peaked in the mid-1990s. Enrolments in Māori-medium classes and in kura kaupapa Māori continued to rise and the proportions of Māori claiming to be able to converse in Māori increased before falling slightly in more recent years. Increasing numbers of New Zealanders are acknowledging Māori ancestry, and those of Māori ancestry in 2006 were more likely to know their iwi than they were in 1991. One-off surveys conducted in the late 1990s and early 2000s found a high level of involvement in Māori community activities and in Māori cultural activities. These surveys found, moreover, that a high proportion of those participating in these activities did so in company with members of their immediate family or wider whānau.



5. THE STATUS OF OUR FAMILIES: EVIDENCE FROM *GROWING UP IN NEW ZEALAND*

ASSOCIATE PROFESSOR DR SUSAN MORTON,
DR POLLY ATATOA CARR AND DINUSHA BANDARA⁹³

5.1 Introduction

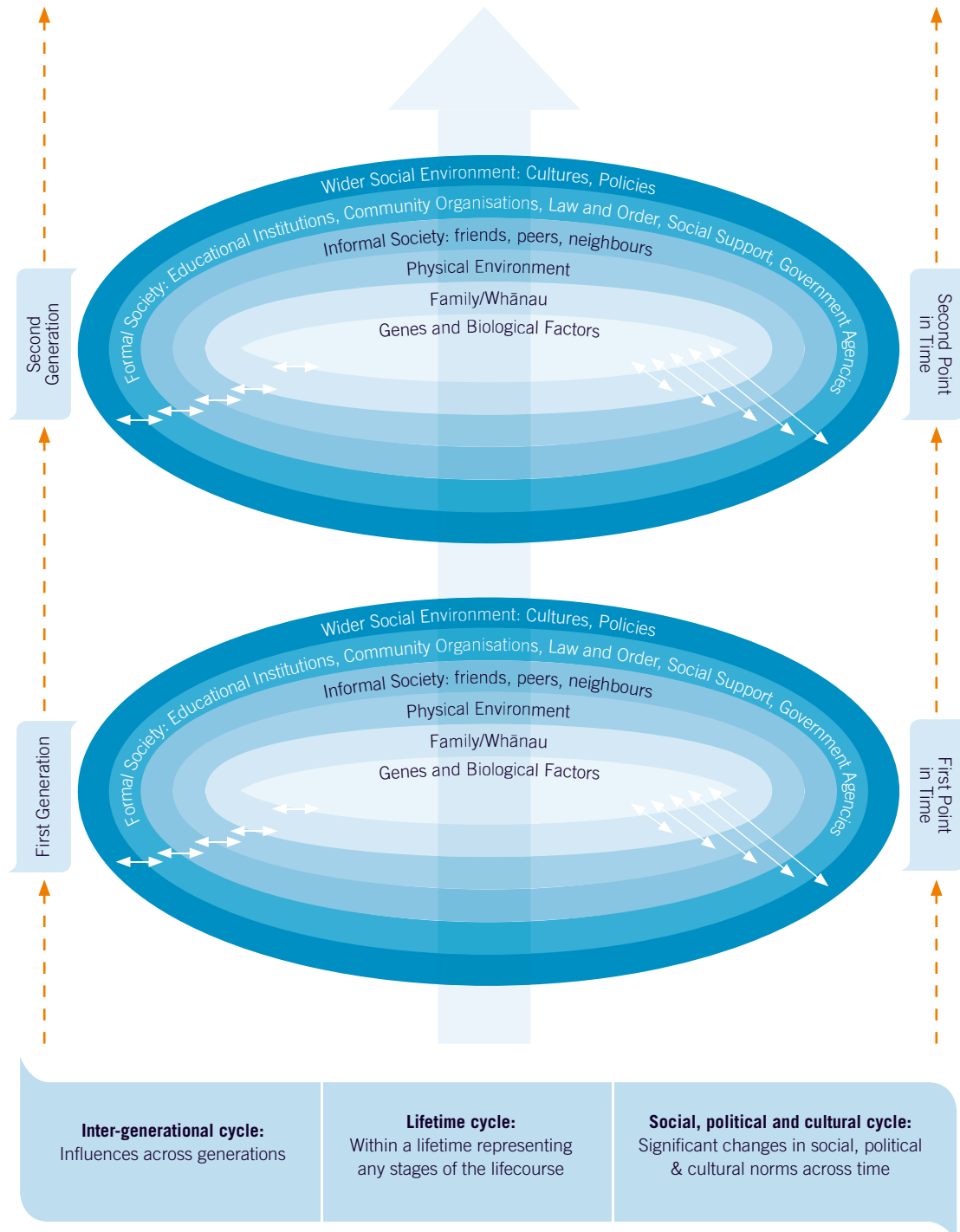
Growing Up in New Zealand is a longitudinal study that was established to provide an up-to-date, population-relevant picture of what it is like to be a child growing up in New Zealand in the 21st century. *Growing Up in New Zealand* has been explicitly designed to follow children from before birth until they are young adults, to understand 'what works' for children and families, to consider pathways of development in multiple domains of influence and to provide evidence to inform the current policy context and future policy development.

The four main research objectives that drive the development and implementation of *Growing Up in New Zealand* are:

- › to map the developmental trajectories of a cohort of New Zealand children as a group and within Māori, Pacific and Asian subgroups in particular, in order to identify the main causal pathways, and the links between them, on multiple levels of influence (political, social, cultural, intergenerational, familial and individual) for outcomes in key social, developmental and health domains across the life course
- › to provide a description of cross-sectional outcomes (in several domains) at key points in the life course of the developing child to enable comparisons between subgroups and within Māori, Pacific and Asian subgroups, and with international populations
- › to focus on factors and trajectories, on multiple levels of influence, that confer resilience and optimise development, rather than focusing solely on risk factors for poor outcomes
- › to determine critical or sensitive periods in development, and levels of influence, that will allow the development of policy directed at optimising the development of every child born in New Zealand.

The *Growing Up in New Zealand* approach to longitudinal research builds on the demonstrated values and lessons learnt from earlier New Zealand longitudinal studies, and additionally reflects the significant scientific and demographic changes that have occurred since these studies began in the 1970s. This new longitudinal study acknowledges the increased understanding in recent decades of the importance of the antenatal period and early years of life for shaping future developmental pathways for children. It applies a life course approach (Kuh & Ben-Shlomo, 1997; Lynch & Smith, 2005), which recognises that development occurs as a result of the dynamic interactions between children and their proximal and distal environments, from their immediate family environments to their wider societal context, over time (Figure 1).

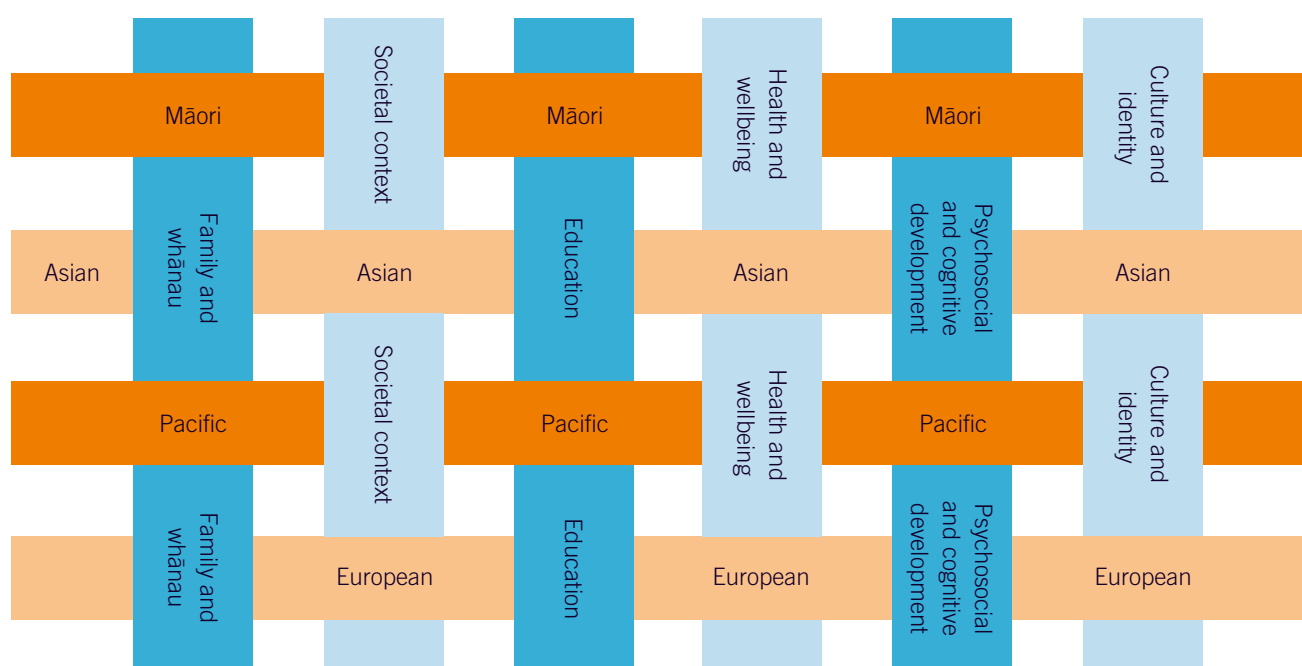
Figure 1 Conceptual framework for understanding child development in *Growing Up in New Zealand*



5.2 Longitudinal information collected from the *Growing Up in New Zealand* families

Each data collection wave of *Growing Up in New Zealand* seeks information from six inter-connected domains of influence on development: family and whānau; societal context and neighbourhood; education; health and wellbeing; psychological and cognitive development; and culture and identity (Figure 2).

Figure 2 The domains and themes* for data collection in *Growing Up in New Zealand*



* The domains are represented vertically and the themes horizontally.

Each cross-sectional data collection wave is planned according to a balance of age-appropriate information from all the domains, in the context of the overarching longitudinal research objectives, while being as policy-relevant as possible. Attention is also given to ensuring that the methods utilised to collect domain-specific evidence acknowledge the unique New Zealand population and environmental context (Morton et al, 2012b). The integration of the Māori theme and experts in the Kaitiaki group ensure that *Growing Up in New Zealand* provides a unique opportunity to examine the factors that contribute to the wellbeing of tamariki Māori and their whānau in New Zealand in the 21st century.

Four data collection waves have been carried out with the *Growing Up in New Zealand* cohort to date. The first was a face-to-face Computer Assisted Personal Interview (CAPI) with the pregnant mother (most often in the last trimester of her pregnancy) and with her partner independently, completed in late 2010 (Morton et al, 2010). The second face-to-face CAPI with mothers and partners was undertaken when the *Growing Up* children were nine months old in 2010 and 2011 (Morton et al, 2012a). Linkage to perinatal health records (mothers and children) was completed in 2012. The two-year data collection wave (completed in 2012) also involved CAPI, as well as direct observations and developmental and anthropometric assessments of the child participants. These data are currently being collated for longitudinal analyses up to two years.

In between the face-to-face CAPI data collection waves, a number of brief telephone interviews (CATI) have been conducted with the mothers of the *Growing Up in New Zealand* cohort.

These occurred when the children were approximately six weeks, 35 weeks, 16 months, 23 months and 31 months, and are underway at 45 months old. These brief CATI have involved questions about age-appropriate developmental information and access to services and specific questions to assist with cohort retention.

A brief summary of the high-level constructs measured across the domains of interest at each data collection is provided in Table 1. The longitudinal information collected from this diverse set of families provides a unique picture of the environments that will nurture our future generation and how they are shaped and, critically, how they change and evolve over time.

Table 1 Summary of the *Growing Up in New Zealand* construct map up to two years of age

Domain	Constructs include	Antenatal		Perinatal			9 months			2 years			
		M	P	CP	M	CP	CP	CP	M	P	CP	M	P
Health and wellbeing	Growth; diet and nutrition; activity and exercise; child health; parental health; family health; stress and hardship; biomarkers/biological sampling; availability and access to health services and info; microbiological environment	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓
Psychosocial and cognitive development	Motivation and emotion; social; conduct and behaviour; parenting practices; parental lifestyle; mental health; sense of self; general cognitive functioning; general intelligence; language; quantitative knowledge; sensory skills; sensorimotor functions; executive functioning	✓	✓					✓	✓	✓	✓	✓	✓
Education	Transitions between educational settings; qualities and attributes of learning environments; choice and utilisation of educational services; childcare use and policies; motivation and academic competence; parent-child interactions; conceptions of achievement; cognition; mother-child relationship							✓	✓	✓		✓	✓
Family and whānau	Parent-child relationship; inter-parental relationship; family relationships; family structure; parenting	✓	✓		✓		✓		✓	✓		✓	✓
Culture and identity	Family; ethnicity; culture; attitudes about others; religiosity/spirituality; community	✓	✓		✓				✓	✓	✓	✓	✓
Social context, neighbourhood and environment	Household amenities; access to non-household resources; social capital; engagement with neighbourhood; institutions; economic capital; cultural capital; household socio-economic status; exposure to TV and other media	✓	✓		✓				✓	✓	✓	✓	✓

M – mother | P – partner | CP – child proxy

5.3 Introducing the *Growing Up in New Zealand* families

For the purposes of this chapter, key characteristics of the families caring for the new generation of children are provided. Information is detailed from the time of pregnancy and when the children reached nine months of age. The focus is on the characteristics of the children's parents, their families and the environments in which children are growing up in New Zealand. The early characteristics of the *Growing Up in New Zealand* children themselves are described in more detail elsewhere (Morton et al, 2012a; Morton et al, 2012b).

Recruitment and retention

Growing Up in New Zealand recruited pregnant women with an expected delivery date between 25 April 2009 and 25 March 2010. A geographical recruitment strategy was used (Morton et al, 2012c) in the three contiguous District Health Boards (DHBs) of Auckland, Counties Manukau and Waikato. These three DHB areas were assessed in the developmental phase of the study as being able to provide a cohort of children and families that would be broadly generalisable to all contemporary New Zealand births, in particular with respect to ethnic and socio-economic diversity. The cohort also needed to be of sufficient size to provide adequate statistical power for complex analyses of developmental trajectories over time across the whole cohort of children and families, as well as within important subgroups (as defined by ethnicity or deprivation, for example).

When mothers enrolled their children in *Growing Up in New Zealand* they consented for information to be collected from before their birth, and into their early adulthood. Mothers were also asked to provide details of their current partners so they could also be invited to participate from the beginning of the study. Not all pregnant women had a current partner or were able to provide their partner's contact details.

Growing Up in New Zealand recruited 6,822 pregnant women and 4,401 of their partners with an additional 200 families in an earlier group (recruited in late 2008), described as our 'Leading Lights' or 'Roopu Piata'. Ninety-nine percent of the partners who were recruited identified themselves as the biological fathers of the cohort children. The children and families enrolled provide a group who are broadly generalisable to all families currently having children in New Zealand in the 21st century.⁹⁴ The size and diversity of the recruited cohort is unprecedented in New Zealand's history (Morton et al, 2012b; Morton et al, 2012c).

Retention of the *Growing Up in New Zealand* cohort to date is recognised internationally as high compared to other contemporary longitudinal studies (Shulruf, Morton, Goodyear-Smith, O'Loughlin, & Dixon, 2007). Information was collected from 94 percent of the recruited mothers at the nine-month interview. This corresponded to 95 percent of all the children because of the retention of twins and triplets (Morton et al, 2010; Morton et al, 2012a). Retention rates at the two-year contact point are over 93 percent.

Parental age

The mothers of the *Growing Up in New Zealand* cohort were aged between 15 and 47 years in late pregnancy. The average age of mothers was 30 years (matching that for all current births (Ministry of Health, 2012), and the median was 31 years (Table 1).⁹⁵ The age of mothers giving birth in New Zealand has increased over the last few decades. Approximately 5 percent of mothers were aged between 15 and 19 years at the time of their pregnancy. The partners' ages ranged from 16 to 64 years at the antenatal data collection point, with the average age of partners being 33 years (Table 2).

⁹⁴ Note that there are slightly fewer young mothers, that is, less than 20 years (specifically less than 18 years because of consent issues) – 5 percent versus 7 percent nationally. Over 43 percent of mothers in the cohort were first-time mothers.

⁹⁵ GuiNZ includes first and subsequent births.

Parental ethnicity

Mothers and partners were asked to state their own ethnicity and to respond at the most detailed level possible. Ethnicity response options at Levels 3 and 4 (Statistics New Zealand hierarchies) were recorded and multiple ethnic groups for each participant were collected and analysed. Parents identified as New Zealand European most frequently (just over half of the mothers and 58 percent of the partners), with Māori the second most commonly identified ethnicity. Ethnicities within the Pacific and Asian Level 1 groupings were the next most frequently identified. Nearly a quarter of mothers and partners identified with more than one ethnic group, with the majority of this group nominating two ethnicities and fewer than 4 percent reporting three or more (Table 1).⁹⁶ Parents were also asked which ethnic group they considered to be their main ethnicity.

Parental education

Over a third of all the parents of the *Growing Up in New Zealand* children have tertiary-level educational qualifications, with very little gender difference between the highest level of achieved education for mothers and partners (Table 2). The average maternal age at the time of first pregnancy, however, varied considerably with highest completed education. In general, the higher the attained education the later the age of first birth, with more than half of all mothers with tertiary qualifications (and over 70 percent of mothers with higher degrees) having their first child after the age of 30 years.

Table 2 Parental characteristics

	Mother (N = 6,822) n (%)	Partner (N = 4,401) n (%)
Age groups*		
<20 years	329 (4.8)	84 (1.9)
20–24 years	998 (14.6)	322 (7.3)
25–29 years	1,666 (24.4)	840 (19.1)
30–34 years	2,122 (31.1)	1,366 (31.1)
35–39 years	1,420 (20.8)	1,144 (26.0)
40+ years	287 (4.2)	644 (14.6)
Ethnicity (total responses) ¹		
European	4,210 (61.7)	2,963 (67.3)
Māori	1,260 (18.5)	649 (14.8)
Pacific peoples	1,160 (17.0)	586 (13.3)
Asian	1,092 (16.0)	638 (14.5)
MELAA**	169 (2.5)	108 (2.5)
Other	29 (0.4)	12 (0.3)
New Zealander	114 (1.7)	150 (3.4)
Number of identified ethnicities		
One	5,292 (77.7)	3,399 (77.3)
Two	1,276 (18.7)	848 (19.3)

⁹⁶ Note: GUINZ data were collected during face-to-face interviews in late pregnancy, while all New Zealand data come from a self-complete form by parents several weeks after birth. This is likely to have contributed to differences in total population figures of the 14 percent (2010) of mothers who identified with two or more ethnic groups.

Table 2 Parental characteristics <i>continued</i>		
	Mother (N = 6,822)	Partner (N = 4,401)
	n (%)	n (%)
Three	191 (2.8)	119 (2.7)
More than three	55 (0.8)	31 (0.7)
Self-prioritised ethnicity		
European	3,608 (53.0)	2,655 (60.5)
Māori	950 (14.0)	435 (9.9)
Pacific peoples	1,001 (14.7)	497 (11.3)
Asian	1,003 (14.7)	588 (13.4)
MELAA**	145 (2.1)	89 (2.0)
Other	13 (0.2)	9 (0.2)
New Zealander	83 (1.2)	116 (2.6)
Education		
No secondary school qualification	491 (7.2)	300 (6.8)
Secondary school qualification /NCEA 1–4 or NCEA 5–6	1,627 (23.9)	897 (20.4)
Diploma or trade certificate	2,082 (30.6)	1,606 (36.5)
Bachelor's degree	1,539 (22.6)	837 (19.0)
Higher degrees	1,064 (15.6)	756 (17.2)

* Age at the antenatal interview.

** Middle Eastern, Latin American, African ethnic grouping.

1 Includes multiple response(s) and will total to more than 100%.

Parental relationship status

The conceptual framework behind *Growing Up in New Zealand* (as seen in Figure 1) reminds us how children grow up in dynamic interaction with the environments around them, and their earliest interactions, in general, are with their parents and their families. The relationship between the child's parents is therefore extremely important as one of the earliest environments provided for children after birth and throughout their early years.

Just over 5 percent of mothers were not in any relationship in late pregnancy, with an average age of 26 years, compared to the average age of 30 years for the whole cohort. Nearly 63 percent of mothers were either married or in a civil union, a further 28 percent were living with their partner and 4 percent were in a relationship but not co-habiting. Approximately 90 percent of mothers reported that their relationship had not changed during the course of their pregnancy, but for 10 percent there had been a change within this nine-month period. Just over half of this change was the result of couples separating and the remainder due to partners moving in together, becoming engaged or marrying during the pregnancy.

When the *Growing Up in New Zealand* children were nine months old, most partnerships had again remained unchanged since pregnancy (Table 2). There had been a change in parental relationship status for 5 percent of the cohort children, with approximately 4 percent reporting a separation over this time and 1 percent of these mothers reporting having a new partnership when their children were nine months old (compared to in pregnancy). Overall, around one in 12 of the mothers of the cohort children reported not having a partner when their children were nine months old (Table 3).

Table 3 Comparison of partnership status for mothers between antenatal and nine month data collection waves

Partnership status – antenatal n (%)	Partnership status – 9 months n (%)		Total
	Mother without a partner	Mother with a partner	
Mother without a partner	232 (4.0)	57 (1.0)	289 (5.0)
Mother with a partner	225 (3.9)	5,230 (91.1)	5,455 (95.0)
Total	457 (8.0)	5,287 (92.0)	5,744 (100.0)

N = 5,744 for complete information from antenatal and nine-month interviews.
Agreement (diagonal) = 95.1% (95%CI: 94.5–95.6).

Although there was a low likelihood of a change in parental relationship status from late pregnancy to when the child was aged nine months for the whole cohort, the likelihood of this change was greater for some groups of mothers, typically those who might already be identified as facing significant challenges. For example, one in four mothers of cohort children who were teenagers at the time their child was nine months had experienced a change in their relationship status between the antenatal and nine-month interview points, in comparison to approximately seven mothers in the 20 to 29 age group, 2 percent in the 30 to 39 age group and 2 percent of those over 40 years. The likelihood of a relationship change was also greatest for mothers and families living in the most deprived geographic areas: 9 percent of those living in the most deprived areas experienced change, compared to 2 percent of those living in the least deprived areas (Morton et al, 2012a).

Over the course of *Growing Up in New Zealand*, changes in parental relationship status are tracked (along with other changes in family structure and dynamics) to determine the association of these changes with trajectories of the children’s development and wellbeing over time.

Parental country of origin

New Zealand’s population has undergone much demographic change over the last three decades as a result of immigration, the different age structures of our population subgroups and differential fertility rates across these groups. These changes are reflected in the increasing numbers of children being born to parents who were themselves born outside of New Zealand. While all of the *Growing Up in New Zealand* children were born in New Zealand, this compares to approximately two-thirds of their mothers and the partners who were themselves born in New Zealand (Table 3). Of the mothers born elsewhere, the time they had lived in New Zealand before their pregnancy varied according to their own place of birth, as did their average age at pregnancy. Asia was the most commonly reported birthplace for mothers (791) and partners (451) not born in New Zealand (Table 4).

Table 4 Birthplace, age (years) at the interview and number of years in New Zealand

Place of Birth	Mother*			Partner		
	n (%) (N = 6,815)	Current age mean (95% CI)	Numbers of years in NZ Mean (95% CI)	n (%) (N = 6,815)	Current age mean (95% CI)	Numbers of years in NZ Mean (95% CI)
New Zealand	4,374 (64.1)	29.6 [29.5–29.8]	n/a	2,844 (64.6)	32.8 [32.6–33.1]	n/a
Birth outside New Zealand						
Australia	121 (1.8)	30.9 [29.8–31.9]	18.1 [15.9–20.3]	86 (2.0)	32.0 [30.6–33.3]	17.2 [14.6–19.7]
Other Oceania	713 (10.5)	29.8 [29.4–30.2]	11.6 [10.9–12.3]	393 (8.9)	32.0 [31.3–32.7]	11.7 [10.8–12.7]
Asia	791 (11.6)	30.3 [30.0–30.6]	6.7 [6.3–7.1]	451 (10.3)	32.8 [32.3–33.3]	7.7 [7.1–8.2]
Europe	458 (6.7)	33.0 [32.5–33.4]	11.0 [10.0–12.0]	378 (8.6)	35.6 [35.0–36.2]	12.2 [11.0–13.4]
Africa	181 (2.7)	30.6 [29.8–31.4]	7.7 [6.6–8.7]	137 (3.1)	33.9 [32.8–35.0]	8.4 [7.1–9.7]
The Americas	119 (1.7)	32.3 [31.3–33.3]	8.0 [6.6–9.4]	73 (1.7)	34.5 [33.1–36.0]	11.1 [8.4–13.8]
Middle East	57 (0.8)	28.6 [27.2–30.0]	7.2 [5.6–8.8]	37 (0.8)	35.2 [32.3–38.1]	7.5 [5.9–9.2]

n/a = not available/not applicable. * One mother reported 'other' birth place.

Given the diverse backgrounds of the parents of the *Growing Up in New Zealand* generation, it was not surprising that a wide variety of languages are being spoken in their home. While almost all mothers and their partners can have an everyday conversation in English (approximately 97 percent of each), 80 percent stated that this was the primary language used in their homes when they were expecting their *Growing Up in New Zealand* child. The most frequent non-English languages spoken in the homes at this time were Samoan, Hindi, Tongan or Mandarin (2 to 3 percent for each), with one in 12 homes primarily conversing in one of more than 30 other languages. When asked in pregnancy about their language use and fluency, just over 5 percent of mothers and 3 percent of partners stated that they could converse in te reo Māori. The majority of those able to converse in te reo Māori identified themselves as being Māori, but 20 percent belonged to other ethnic groups (Morton et al, 2010).

When the children were nine months old, 95 percent of their parents named English as a language they used to speak to their baby. Interestingly, the next most common language reported as being spoken to the *Growing Up in New Zealand* babies was te reo Māori – this was used by 16 percent of mothers and 12 percent of partners. The next most common languages spoken to the children were Samoan, Tongan, Hindi and Mandarin (used by 3 to 7 percent of mothers and partners).

Information is now being gathered about the languages used by the children themselves. Language proficiency, languages spoken at home and language development and use in formal childcare (and school) settings will be important information to include when considering the context of the children's outcomes.

Parental living arrangements

Overall, in pregnancy 3.5 percent of all mothers in *Growing Up in New Zealand* were living alone (without other adults, but often with other children), 65.5 percent were with their partner (and other children, where applicable), 25.7 percent were living with extended family (and partner where applicable) and 5.4 percent were living with non-kin (and partner or extended family where applicable). The likelihood of mothers living alone, with partners, with family or with non-kin was patterned by age and ethnicity (Table 5). The mothers living with extended family tended to be the youngest group of mothers, with an average age of almost 27 years. Mothers living with non-relatives were a slightly older group (average age of 28 years), with those living alone (average age 30 years) and living with partners (average age 32 years) the oldest groups.

Table 5 Mothers' living arrangements by main ethnicity (in pregnancy)

	N	Parent alone ¹ row % (95% CI)	Two parents ¹ row % (95% CI)	Parent(s) with extended family ² row % (95% CI)	Parent(s) with non-kin ³ row % (95% CI)
European	4,210	116 (2.8)	3,214 (76.3)	670 (15.9)	210 (5.0)
Māori	1,259	86 (6.8)	624 (49.6)	476 (37.8)	73 (5.8)
Pacific peoples	1,160	12 (1.1)	649 (59.4)	324 (29.7)	107 (9.8)
Asian	1,092	67 (5.8)	398 (34.3)	662 (57.1)	33 (2.8)
MELAA*	169	8 (4.7)	123 (72.8)	32 (18.9)	6 (3.6)
Other	29	3 (2.6)	87 (76.3)	16 (14.0)	8 (7.0)
New Zealander	114	2 (6.9)	20 (69.0)	5 (17.2)	2 (6.9)

1 (no other adults); 2 (& partner if applicable); 3 (& partner/extended family if applicable).

* Middle Eastern, Latin American, African ethnic grouping.

Where fewer than 10 cases have been reported, CIs have not been calculated.

When the children were nine months of age, most households' structures had remained unchanged over the previous 12-month period. The number of households where *Growing Up in New Zealand* children were living with a sole parent had more than doubled to 7.4 percent between pregnancy and when the child was nine months of age, however, while the number of two-parent households (with no other adult) decreased slightly from 66 percent to 63 percent (Table 6).

Table 6 Household structure at antenatal and nine-month data collection waves

Mother reported – antenatal n (%)	Mother reported – 9 months n (%)				Total
	Parent alone	Two parents alone	Parent(s) with extended family	Parent(s) with non-kin	
Parent alone	175 (2.8)	12 (0.2)	11 (0.2)	1 (0.0)	199 (3.2)
Two parents alone	202 (3.2)	3,866 (61.5)	81 (1.3)	16 (0.3)	4,165 (66.3)
Parent(s) with extended family	79 (1.3)	46 (0.7)	1,447 (23.0)	10 (0.2)	1,582 (25.2)
Parent(s) with non-kin	7 (0.1)	21 (0.3)	12 (0.2)	298 (4.7)	338 (5.4)
Total	463 (7.4)	3,945 (62.8)	1,551 (24.7)	325 (5.2)	6,284 (100.0)

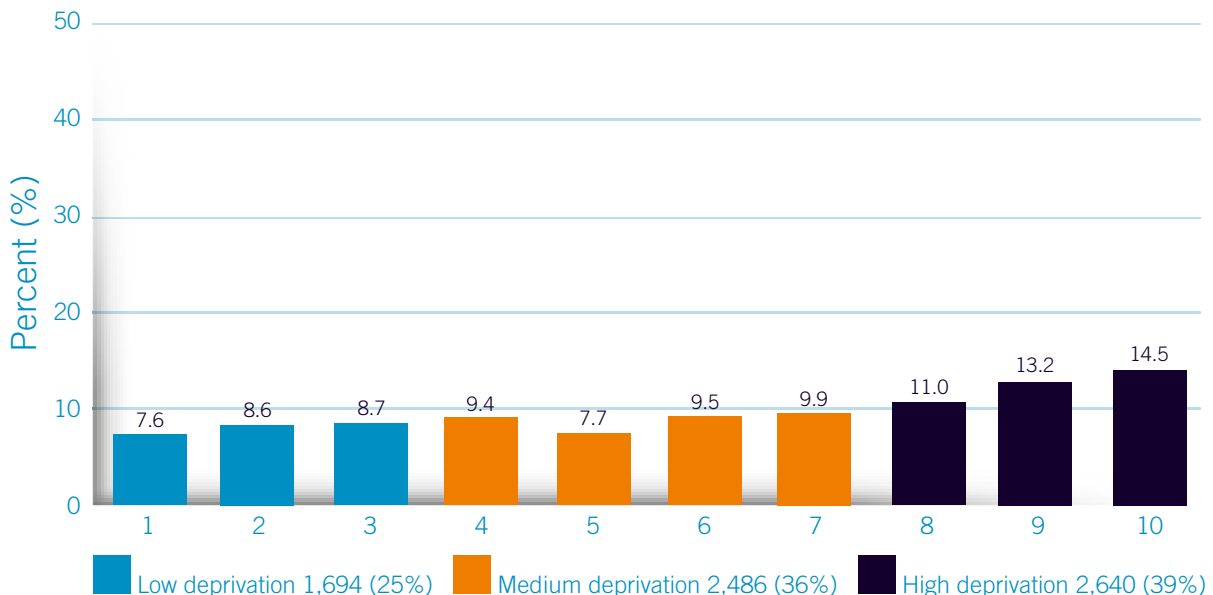
N = 6,284 for complete information from antenatal and nine-month interviews.

Agreement (diagonal) = 92.1% (95%CI: 91.4–92.7).

During late pregnancy, most families lived in urban areas, either in major cities (85.4 percent) or satellite (4.4 percent) or independent (3.3 percent) urban areas, while 7 percent lived in rural or remote areas. This is comparable to the distribution of all families in the recruitment area with respect to urban or rural neighbourhoods (Morton et al, 2010).

The families with children in *Growing Up in New Zealand* were distributed unevenly across the New Zealand area level deprivation deciles (Salmond, Crampton, & Atkinson, 2007) just before their children were born. *Growing Up in New Zealand* families were over-represented in the three most deprived deciles (deciles 8 through 10) and under-represented in the most advantaged deciles compared to the population as a whole (Figure 2). This distribution is very similar to that seen for all New Zealand families with infants (Morton et al, 2010). At the 2006 census, 14.3 percent of New Zealand births were to mothers living in the least deprived areas (deciles 1 and 2) and 29.5 percent were to mothers living in the most deprived areas (deciles 9 and 10) (Ministry of Health, 2010). Of the families of the *Growing Up in New Zealand* cohort during late pregnancy, 16 percent lived in deciles 1 and 2 and 28 percent lived in deciles 9 and 10 (Figure 3).

Figure 3 Area level deprivation of the *Growing Up in New Zealand* families (NZDep2006 categories)

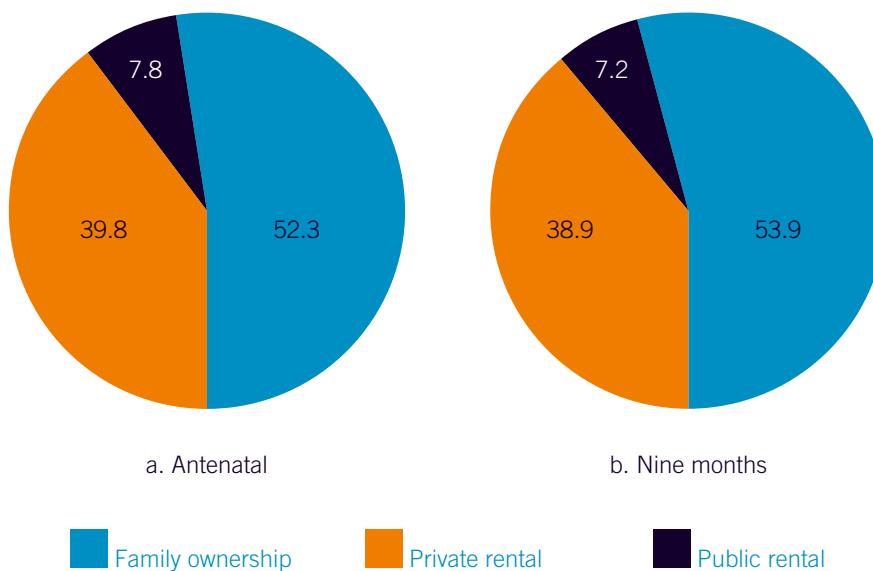


The *Growing Up in New Zealand* families are highly mobile in comparison to New Zealanders of all ages and in comparison to families with children internationally. Only 15 percent had lived in the same dwelling for the five years prior to the *Growing Up in New Zealand* cohort child's pregnancy. A further 22 percent had moved once and nearly two-thirds of all families (63 percent) had moved twice or more in the five years before their pregnancy. Approximately a quarter (26 percent) of the *Growing Up in New Zealand* families also moved between the time of their antenatal and nine-month interviews. Of the 1,625 families that had moved, 84 percent (1,362) had moved once, 12 percent (201) had moved twice and the remaining 4 percent (62) had moved three or more times between data collection waves.

When considering family structure, the highest mobility was seen by mothers living with non-relatives during their pregnancy, followed by mothers living alone. Those with current partners or living with extended families had been the most settled in the five years prior to pregnancy. Those families where the *Growing Up in New Zealand* child was their first child were more likely to have moved in the five years before their pregnancy compared to families with older children. This increased likelihood of mobility for families where the *Growing Up in New Zealand* child was their first child compared to families with older children was also found in the time period between data collection waves (OR = 1.5, 95%CI 1.4–1.7).

The high level of family mobility has not affected household tenure type over time. The overall proportions of families who either rented (privately or publicly), or owned their own dwelling (usually with a mortgage), remained similar in this 12-month period (Figure 4).

Figure 4 Household tenure for families in late pregnancy and when their children are nine months old



At both the antenatal and nine-month data collection waves, just over 50 percent of families were living in their own home, over one-third in private rental and around 7 percent in public rental properties; hence nearly half of the *Growing Up in New Zealand* families continue to live in rented accommodation once their child is born, the majority of which is private rental. Families were most likely to have moved between the antenatal and nine-month data collection points if they were in private rental properties during their pregnancy, with the majority moving to another rental property rather than into their own home. An important aspect of the data being collected over time relates to the quality of the housing that the *Growing Up in New Zealand* families are living in during their children’s early years, and the neighbourhoods and physical environments in which they live. Information is sought about household crowding, heating and dampness as well as the physical condition of the house and its surrounds (Morton et al, 2012a).

The distribution and mobility of families across deprivation areas continues to be tracked over time. Information about the household environment is also regularly updated so that the changes in or stability of these characteristics can be evaluated for their importance in determining children’s wellbeing over time.

5.4 Introducing the new generation of New Zealanders

The 6,846 *Growing Up in New Zealand* babies (3,526 boys and 3,320 girls) were born between March 2009 and May 2010. Sixty percent of all the mothers reported that these children had been born after a planned pregnancy, with around 10 percent of those mothers reporting that they had received additional assistance to become pregnant, most commonly through IVF. Mothers who reported that their pregnancy was planned tended to be older than those who reported that their pregnancy was not planned (average age of 32 years compared to 28 years) and have higher educational qualifications: those whose pregnancy was planned were almost three times as likely to have a tertiary degree (bachelor or higher) compared to those whose pregnancy was unplanned.

The majority of the *Growing Up in New Zealand* children (55 percent) were born into families with at least one older sibling. Nearly one in five (18 percent) were born into families with three or more older siblings. Of the 6,846 live-born children, there were 184 who were either twins or triplets.

Over three-quarters (5,351, 78 percent) of the cohort were born in the Auckland, Middlemore or Waikato Hospitals and 15 percent (1,110) were born in birthing centres or other hospitals within the three DHB recruitment regions. Approximately 3 percent of the babies were born at home. Most babies were born at term (91 percent), with just over 6 percent born pre-term (before 37 weeks' gestation) and 2.5 percent born at more than 42 weeks gestational age. The distribution of birth weight in the cohort ranged from 575 to 5,850 grams (average birth weight of 3,481 grams), with 80 percent of all the babies weighing between 2,500 and 4,000 grams (Morton et al, 2012a). These distributions of size and maturity at birth are comparable to all current New Zealand births (Ministry of Health, 2012).

At the antenatal and nine-month interviews, parents were asked to describe the ethnicity or ethnicities they expected their child to identify with. At each time point, approximately two-thirds of mothers reported they expected their children to identify as European (majority, 96 percent New Zealand European), 24 percent were expected to identify as Māori, 21 percent as Pacific, 16 percent as Asian, 3 percent as Middle Eastern, Latin American or African and 0.2 percent as 'other' ethnicities. There were 431 children (7 percent) expected to identify as New Zealanders according to their mothers in pregnancy, and 254 (4 percent) identified as New Zealanders by their mothers when they were nine months of age. The diversity of ethnic identities expected for the children from before their birth is considerably greater than the ethnic identities of the parents themselves. At nine months, multiple ethnicities were given for 43 percent of the children, with 31 percent expected to identify with two ethnicities and 12 percent with three or more ethnicities. This suggests an increasing ethnic diversity in this generation of children and for the New Zealand population in general over the next few decades as the children become adults. Partners who provided this information had similar expectations about the future identity of their children although, interestingly, mothers and partners did not always agree with respect to their children's expected ethnicities.

As the children grow up, we will be able to ask them directly which ethnic groups they identify with (and why), and consider this information in the context of early expectations, their parents' background and their social, cultural and broader environment and experience.

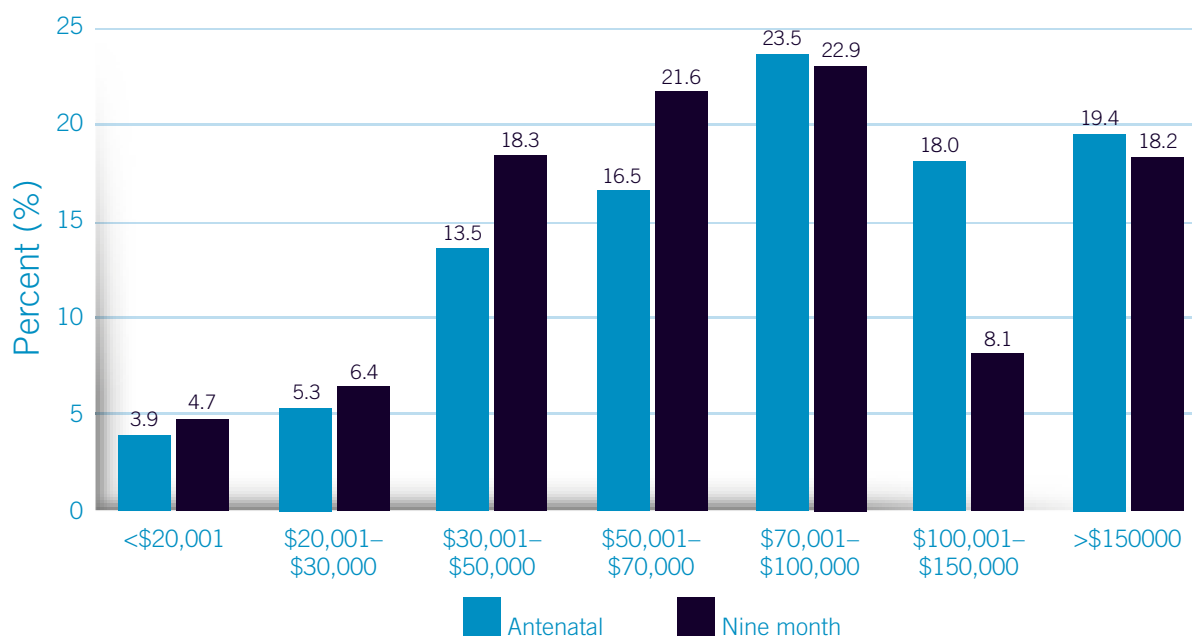
Resources for families in early life

As well as information on the immediate family environment of the *Growing Up in New Zealand* children, this study is able to explore the specific resources (including those that relate to their social, learning, economic and cultural environment) that families access in order to support their children. Importantly, evidence is also building in this study about the changes in resources for families over time and over key developmental transitions. For the more vulnerable, this information also gives an insight into how we can support families in order to achieve better population outcomes and equity.

Household income

The distribution of household income changed in a non-systematic way between late pregnancy and over the first nine months of the *Growing Up in New Zealand* children's lives. In late pregnancy the median household annual gross income band was \$70,001 to \$100,000, with higher incomes seen in those households having their first children compared to subsequent children. Approximately one in three families had an annual household income in the \$30,000 to \$70,000 bracket. When the *Growing Up in New Zealand* babies were nine months old, 40 percent of families were in this low household income bracket. In pregnancy, 18 percent of families were in households that earned \$100,001 to \$150,000, but by the time the babies were nine months old, this had dropped to 8 percent of households. The percentage of families earning \$30,000 or less remained similar over time (10 percent and 11 percent). The percentage of households in the top income bracket (over \$150,000 per annum) was also similar in the antenatal period and when the babies were nine months old (Figure 5).

Figure 5 Changes in gross household income (per annum)



The sources of family income were diverse in the first nine months postnatally and many households received income from multiple sources. When the cohort children were nine months old, over 80 percent of households had received income from wages or salaries, 45 percent had received paid parental leave payments and 43 percent (2,719) had received family tax credits (such as Working for Families) in the time since their child was born. Nearly a quarter (23 percent) had received income through self-employment, and 19 percent had received income from investments. Just under one in five (18 percent) had received income from an Unemployment, Sickness, Invalid or Domestic Purposes Benefit. A further 6 percent of households received child support payments. Households also reported receiving income from ACC, other insurers, superannuation, pensions or student allowances. Very few had received no income since the birth of their baby.

An unexpected finding was the number of income sources on which the households were reliant during the first nine months of their child's lives. Only 14 percent received income from a single source; 38 percent received income from two sources, 31 percent from three, 13 percent from four sources and over 5 percent received income from five or more sources (Morton et al, 2012a). More than half of all families also reported that they had experienced at least one measure of hardship since their child was born (Salmond, King, Crampton, & Waldegrave, 2005), including 50 percent reporting that they had been forced to buy cheaper food in order to afford other necessities, and nearly one in five reporting 'putting up with feeling cold' to save on heating costs. A small number (5.3 percent) of *Growing Up in New Zealand* families had received help in the form of basic necessities from community organisations, and 13 percent reported having used food grants or food banks. Just over one in four families (27 percent) reported two or more of these specific indicators of hardship (Morton et al, 2012a).

Family health

The health and wellbeing of parents is a key component of the environment provided for growing children. Between late pregnancy and when their children were nine months of age, the proportion of mothers of the *Growing Up in New Zealand* children who rated their overall health as either very good or excellent increased from 56 percent (3,785) to 64 percent (4,054), whereas the relatively low proportion who rated their health as poor was similar at both time points (2.2 percent in pregnancy and 1.7 percent at nine months). The proportion of mothers who rated their health as fair

or good over the same time period decreased from 42 percent (2,871) to 35 percent (2,218). A similar pattern of change in self-reported wellbeing was seen for partners (Morton et al, 2012a).

The Edinburgh Depression Inventory (EDI) was used to assess maternal mental wellbeing at the antenatal and nine-month time points, with a score of 12 or more on the EDI scale being suggestive of depressive symptoms in 16 percent of *Growing Up in New Zealand* mothers in pregnancy and 11 percent when their children were nine months old (Table 7). One of the key strengths of this study is the ability to track changes in and out of particular states (health or environmental). This is demonstrated in Table 7, where change in the EDI for mothers is described over time (between the antenatal and nine-month data collection waves). In the perinatal period, the EDI measure indicated that 11 percent of mothers had moved from having symptoms suggestive of depression to an improved mental health status. There were 4.7 percent of mothers with EDI scores that suggested their depressive symptoms had persisted over time, and 5.8 percent of the mothers at nine months had evidence of new depressive symptoms (Table 7). The detail behind and between each cross-sectional estimate of child development and family resilience provides a critical opportunity to effectively define and support vulnerable families.

Self-reported EDI – antenatal n (%)	Self-reported EDI – 9 months n (%)		
	EDI score < 12	EDI score 12+	Total
EDI score <12	4,517 (78.4)	335 (5.8)	4,852 (84.3)
EDI score 12+	635 (11.0)	272 (4.7)	907 (15.8)
Total	5,152 (89.5)	607 (10.5)	5,759 (100.0)

N = 5,759 for complete information from antenatal and nine-month interviews.
Agreement (diagonal) = 83.2% (95%CI: 82.2–84.1).

A mother's self-perceived wellbeing is an important influence on her own perception of her infant's health (Morton, 2012a). In general, a large majority of the mothers (88 percent) described their infants' health status as either excellent or very good when they were nine months of age. Some 12 percent (763) of infants were reported to be in good or fair health and very few babies (0.5 percent) were reported by their mothers to be in overall poor health. As expected, if a mother perceived her own wellbeing as less than excellent she was more likely to also rate her infant's health as less than excellent (Morton, 2012a). Over 600 of the cohort children were reported to have a specific doctor-diagnosed health and developmental problem by the time they were nine months old.

Family engagement with the broader social context in which they live, work and play

The new generation of *Growing Up in New Zealand* children are being born into families that have undergone significant change in terms of traditional roles over the last several decades. More mothers are actively engaged in the labour force throughout their pregnancies and intend to return soon after. Fathers are more likely to take on the primary caregiver roles than in any other generation, and paid parental leave has been introduced to support parents in the first weeks after their child is born. Childcare options have expanded greatly and early childhood education has taken on increased importance (and policy focus) for many families of current New Zealand pre-schoolers. Families are also utilising extended family living and care arrangements to manage the childcare demands of a young family.

The information provided by families in *Growing Up in New Zealand* is uniquely positioned to describe how contemporary New Zealand families are meeting these challenges, how they manage to accommodate the different roles that family members adopt, how policies to support families operate in reality and, importantly, how all of these factors affect the wellbeing of children over time, as well as the equity of outcomes for children and their families.

Labour-force participation and parental leave

Over half (56.3 percent) of the *Growing Up in New Zealand* mothers and 80 percent of the partners were in employment in the latter stages of the *Growing Up in New Zealand* child's pregnancy. The majority of mothers not in employment were either out of the workforce by choice (28.2 percent), studying (7.1 percent) or actively seeking employment (8.4 percent). First-time mothers were more likely to be in employment during this pregnancy than mothers with older children. While mothers having second or subsequent children were more likely than first-time mothers to not be in the workforce by choice, almost half of these women having their second or subsequent child were in the workforce towards the end of this current pregnancy. Only 2 percent of partners reported not being in the workforce by choice; 12.7 percent were students and 5.3 percent stated they were actively seeking employment.

Before their children were born, 95 percent of the 3,671 mothers who were working at that time indicated that they intended to take parental leave. On average, these mothers anticipated taking eight to nine months' leave (with a range of one week to some years). Almost nine out of 10 (89 percent) partners who were working during the pregnancy expected to also take parental leave, although they anticipated a much shorter duration of leave (two to three weeks on average). Of those parents who intended to take parental leave, 92 percent of mothers (Table 8) and 90 percent of partners actually took leave after their baby was born.

Table 8 Comparison of maternal antenatal intentions and actual leave taken

Antenatal leave intentions n (%)	9-month leave n (%)		Total
	Took leave either before or after the baby was born	Did not take leave	
Intend to take leave	2,976 (89.0)	245 (7.3)	3,221 (96.3)
Do not intend to take leave	41 (1.2)	82 (2.5)	123 (3.7)
Total	3,017 (90.2)	327 (9.8)	3,344 (100.0)

N = 3,344 for complete information from antenatal and nine-month interviews.
Agreement (diagonal) = 91.4% (95%CI: 90.5–92.4).

By the time the *Growing Up in New Zealand* children were born, over 80 percent of mothers who had had a paid job at any time during their pregnancy had taken leave before or after their babies were born. The most common type of leave taken by mothers was paid parental leave (87 percent of mothers who had taken leave). Over one-third of mothers who had taken leave took a combination of two types of leave, and over one in five of these mothers took a combination of three or more types of leave. There were 1,056 women (30 percent of those who had taken leave) who took only paid parental leave.

Over 1,000 mothers in this study were still on leave by the time their babies were nine months old, representing 30 percent of those who had taken any leave around the time their babies were born. The full analysis of the length of leave actually taken by the parents in the *Growing Up in New Zealand* cohort is therefore currently underway, utilising data gathered from all of the cohort families up to the time the children are two years of age.

By the time the children were nine months of age, around 35 percent of mothers and 85 percent of partners had returned to the workforce. On average the *Growing Up in New Zealand* children were between four and five months of age when mothers returned to work, whereas partners tended to be back at work by the time their children were two to three weeks old (Morton et al, 2012a). For those *Growing Up in New Zealand* parents who were not in work when their children were nine months of age, the most common reasons were family-related, including providing childcare. Occasionally, mothers reported issues with finding suitable or affordable childcare as a reason for not working outside the home when their children were nine months old.

Parents' return to employment and reasons for this (or not) will continue to be explored through the parents of the *Growing Up in New Zealand* cohort. Over time this will provide comprehensive information about the ability of New Zealand families to balance employment, training and the care and needs of their children, as well as tracking the effects these choices have on children's development beyond the pre-school years.

Family engagement with formal and informal early childhood education and care

In New Zealand, education policy recommends participation in early childhood education to encourage development in the early years. The current priority in early childhood education policy is to improve the participation of Māori and Pacific children, and children living in low socio-economic areas (Ministry of Education, 2008, 2010; Ministry of Social Development, 2008, 2010). *Growing Up in New Zealand* is able to track the use of different forms of early childcare, including both formal and informal care, and ascertain the impact of a range of forms of early care and education at various points in the pre-school years. Currently, the information described relates to care provided in the first nine months of life. The patterns of use of early childhood education and other types of care are expected to undergo significant change as the *Growing Up in New Zealand* children move through their pre-school years.

Commonly, the *Growing Up in New Zealand* children were regularly cared for by their father when the mother was not doing so (2,291, 39 percent). In a small number of cases fathers were the sole caregivers for the cohort child. For those families who had regularly used other non-parental formal and informal childcare providers in the first nine months (35 percent of the cohort families), diverse care arrangements were used.

The most common reason for children being looked after regularly (for more than 20 hours a week) at the age of nine months by someone other than their parents was because their parents had returned to work or study.

Of those in regular childcare (2,200 children), 40 percent attended an early childcare centre (including daycare and *kōhanga reo*), 32 percent were being looked after by their grandparents and 6 percent were being looked after by another relative (Morton et al, 2012a).

Early differences in choices and patterns of childcare were already evident from the non-representative subset of families using regular childcare in the first nine months of the cohort children's lives. For example, daycare centres were used mostly by New Zealand European mothers (43 percent of those using childcare at nine months), compared to 37 percent of Māori and 24 percent and 21 percent of Pacific and Asian mothers respectively. By contrast, grandparents were the main carers for 61 percent of Asian mothers and 41 percent of Pacific mothers using regular childcare. This compared to 28 percent of Māori mothers and 23 percent of New Zealand European. Similarly, when the use of in-home care and nannies was considered, these forms of non-parental care were more likely to be the main childcare type used by families living in the least deprived quintile compared to those in the most deprived quintile. The families living in the most deprived quintile were more likely to have their infants looked after by grandparents as their main form of childcare. Childcare provided by other relatives (not grandparents) was also more frequent for families living in more deprived areas compared to those in the least deprived areas.

The types of care used by the families in the *Growing Up in New Zealand* cohort when their children are very young are influenced by many non-independent factors, including family factors such as current financial resources, parental employment situations, extended family availability and their parents' values and cultural beliefs. These are similarly influenced by factors associated with the care itself (such as accessibility, flexibility, location, quality and cost). More information will be

collected about use of childcare as more parents return to the workforce and more families use formal early childhood education. As further information becomes available about the contextual factors associated with the use of care, longitudinal analyses will be possible to consider how these multiple factors interact and how early childcare choices are made, as well as what effects different choices have on children's developmental trajectories over time. These further analyses will include information about the perceived quality of childcare, and the reason for particular choices of care for the *Growing Up in New Zealand* cohort families. This will provide contemporary New Zealand evidence about the effects of early childhood education to add to the body of research on pre-school care that currently describes both positive and negative outcomes associated with care for different populations and contexts.

Family support and engagement with other services

During pregnancy, mothers and partners were asked independently to consider where they expected their informal support (partner, family and friends) to come from after their child's birth and to estimate how helpful they expected each source of support to be. Both mothers and partners were most likely to expect their partners to be their most important support in the postnatal period. Mothers had lower expectations of their partner's level of support, however, than their partners had of them. Further, both mothers and partners expected that their parents would provide support once their grandchild was born, with mothers particularly favouring their own parents over their partner's parents.

In terms of more formal support, both mothers and partners had high expectations that health professionals (family doctors and Plunket nurses specifically) would be a good source of support postnatally. Daycare (which included kindergarten and *kōhanga reo*) ranked equally highly on the expected support for both mothers and partners, with formal parenting programmes, books and the internet also being seen as important sources of support and advice (Morton et al, 2010).

The information gathered in the *Growing Up in New Zealand* study also allows measurement of engagement with other services whose primary purpose is to provide support for families with young children. These include health services such as Well Child/Tamariki Ora and interaction with primary healthcare providers, as well as other services in the social, education, community and justice sectors.

Growing Up in New Zealand will be able to track the continuity of service provision over time for this cohort, allowing in particular the identification of those factors that facilitate optimal, timely and equitable access and engagement. The effectiveness of service provision, and the impact that different patterns of service use have on family resilience and children's developmental outcomes in the short and long term will also be assessed. This evidence will help to inform policies and practices to optimise service provision for all children in New Zealand, including facilitating ways to ensure the integration of health and social services through initiatives such as *Whānau Ora*.

Capturing the hopes and intentions of families

Recruiting and interviewing mothers and partners in pregnancy allowed *Growing Up in New Zealand* to gather information about postnatal expectations for their children. These included intentions regarding breastfeeding, immunisation, changes to labour-force status, support for their family and support for the learning environment for their children. The longitudinal nature of the study means that we can now follow up with the families to see if these expectations became reality – if so, what enabled them, and if not, what the barriers were to making them reality.

In addition, during pregnancy, parents were asked to describe their hopes and dreams for their unborn children, and when the cohort were nine months old their parents expressed what had been the biggest highlights as well as the biggest challenges. Despite the diversity of the families, there was a great deal of commonality in the expectation and hopes that all parents had for their children before they were born, as well as some common themes in the early challenges postnatally.

Overwhelmingly, parents wished to see their children grow up happy and healthy. They also hoped that their children would get a 'good education' so they would grow into adults with 'good careers'.

Alongside wishes for their children to be healthy, happy, well-educated and employed, many parents also expressed the general hope that their children might engage in a range of activities and have a breadth of experiences as they grew up. Occasionally they were more explicit, hoping that their child would take part in specific sports, or that they might enjoy New Zealand's outdoor activities and experience rural lifestyles. Hopes and dreams for how the children would identify with their cultural and family backgrounds were also important for many parents. Many expressed a desire for their children to learn to speak the languages that their parents spoke when they were growing up, and to know about their family backgrounds (especially for those families from outside of New Zealand); they hoped that their children would have an understanding of more than one culture, and value cultural diversity. Parents also explicitly hoped that their children would know about their own culture, in addition to knowing about being a New Zealander (Morton et al, 2010).

Many parents expressed the hope that their children would contribute to their local community and to New Zealand more generally, so that the world would be a better place for their being in it. These aspirations for their own children were frequently accompanied by a parallel hope that the society and world their children would grow up in would allow this. Specifically, these comments ranged from the hope that their children would grow up in good neighbourhoods and communities, to the hope that their children's lives would be free of war and conflict. Often parents hoped that New Zealand would be a place that could support their children in their own aspirations. Overall, the *Growing Up in New Zealand* parents aspired to raise children who would be able to realise their own dreams, and who would make New Zealand a better place to live in for themselves and for others (Morton et al, 2010).

Postnatally, both mothers and partners generally expressed positive feelings about being a parent, suggesting that having a new baby in their life provided different priorities, had made them 'better people' and made them feel 'needed'. However, while re-prioritising their lives was seen as a highlight for many, it was also described as a challenge by some, with many parents commenting on the lack of time they now had as a couple, or the lack of time they had because of a new child (Morton et al, 2012a).

5.5 Looking ahead

The characteristics of the families described in this chapter are relevant to the new generation of children being born in New Zealand in the 21st century. The *Growing Up in New Zealand* study is able to describe in detail the families into which our newest New Zealanders are being born and the environments that will nurture our future generations. Such an understanding of the family context is critical to consider the effectiveness of services that provide support to families during their children's early years. This chapter has provided a snapshot of the detail on the status of families of contemporary infants available from *Growing Up in New Zealand*.

The additional information from both parents and the children themselves collected recently at the two-year data collection wave, which will soon be available, will provide further evidence to assess how effective interventions, policies and support might best be delivered for today's families. As the children grow and future data collection waves are completed, this study will add life course evidence about the influences on developmental trajectories for New Zealand children, not available from any other source.

When the cohort were nine months old, parents commonly said that they were looking forward to their children achieving new milestones, including walking and talking, developing their personalities and becoming more sociable (Morton et al, 2012a), because they would be able to understand their child's wants and needs better. We are also looking forward to utilising the precious information provided by all our diverse families to understand the wants and needs of our current child population. We acknowledge each and every one of our participants, and thank them for their ongoing commitment. We value the privileged position that we have in their lives and will continue to cherish and safeguard their information so that we can provide evidence to develop environments that optimise family strength and healthy development for our new generation of New Zealanders.

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PART TWO: TOWARDS MEASURING FAMILY AND WHĀNAU WELLBEING

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1. A FRAMEWORK TOWARDS MEASURING FAMILY WELLBEING

DR JEREMY ROBERTSON

1.1 Introduction

The Families Commission has been asked to annually monitor the wellbeing of New Zealand families. To do this the Commission will need to consider the meaning of a number of terms, including what is meant by family; what is meant by family wellbeing; and how family wellbeing, however conceptualised, might then be measured. This chapter discusses these issues, reviewing previous attempts to define these terms and develop family wellbeing frameworks. It then describes a potential approach that will serve as the basis for further consultation and development.

While there have been a number of attempts to measure individual wellbeing at a national level (including the Social Report), or to provide indicators of child wellbeing (eg State of Worlds Children), there are few international examples of reports charting changes in family wellbeing. This perhaps reflects the challenges of developing a family wellbeing framework.

1.2 The role and importance of family

It is generally agreed that 'the family' constitutes an important social institution, promoting individual and social wellbeing (Bogenschneider & Corbett, 2010). For example, individuals can benefit from the emotional and financial support of their family. Society as a whole benefits through families fulfilling a range of functions, such as the care, protection and nurturing of children. The family plays an important role in educating and socialising the next generation and ensuring optimal child development (Coleman & Ganong, 2004).

A range of benefits therefore accrue to individuals and society if families are able to carry out these basic functions. If families are not functioning well, as in the case of child maltreatment or neglect, then the state is often called upon to take on these functions, at not insignificant cost. So family wellbeing is important, both to individuals and to society. A concern with monitoring and measuring wellbeing is justified if it can lead to actions that improve family wellbeing.

1.3 Defining family

It has proved difficult, if not impossible, to arrive at a universally agreed definition of the family. The Families Commission legislation defines a family as 'a group of people related by marriage, civil union, blood, or adoption, an extended family, two or more persons living together as a family, and a whānau or other culturally recognised family group'.

Family is defined in different ways in different contexts and between and within different academic disciplines. For example, in a demographic context family has tended to be defined by household membership. Statistics New Zealand constructs a measure of family type that is tied to usual residence. However, with increasing rates of relationship breakdown families have become increasingly diverse (Pool et al. in this report; Cherlin, 2009). Many children now live in more than one household and would find it difficult to choose only one of these residences as constituting their family.

Definitions of family also vary by policy or legislative context. For example, families are defined differently when considered in tax law compared to the more inclusive definition used in the child welfare legislation (eg Children, Young Persons and their Families Act).

Defining 'the family' for the purposes of measuring family wellbeing is problematic. To reflect the diversity of family structures in modern New Zealand it will be necessary to choose a more inclusive definition. However, when it comes to measurement, the variety of operational definitions of 'family' will require using different, often non comparable, family measures.

Despite problems of obtaining a universally agreed, inclusive definition, it is clear that families exist as a collection of related individuals (either through biology or choice). The family might be seen as simply the sum of its individual members, and family wellbeing the sum of their individual wellbeing. On the other hand the importance of the mutually interacting relationships between family members might suggest it is more than the sum of its parts. What happens to one individual in a family unit

may affect others, for example illness of one member usually calls for a response by other family members. In particular the wellbeing of adults is likely to be particularly important to child wellbeing, given children's greater dependence. The wellbeing of adults is also influenced, both positively and negatively, by the wellbeing of their children. For example, parents' wellbeing can be challenged when their child has a severe impairment.

1.4 Family wellbeing

While there have been a number of approaches taken to measuring individual wellbeing, it is only relatively recently that consideration has been given to measuring national levels of family wellbeing (Wollny, 2010; Cotterell et al, 2008). The recent theorising about measuring family wellbeing has yet to result in an agreed approach, or in a comprehensive set of indicators. A number of theoretical and non-theoretical approaches or frameworks have been suggested. Wollny et al, in their 2010 paper *Can Government Measure Family Wellbeing? A literature review* provide a summary of the various approaches that have been put forward. A discussion of the concept of wellbeing is provided in Appendix 1. Approaches to conceptualising family wellbeing are summarised in Appendix 2.

In their review, Wollny et al conclude that given the complexity of the concept of family wellbeing one overall framework may not be achievable but suggest that 'if there is ever to be an overall family wellbeing framework, it should observe an ecological model' (2010: 49). They also note that even when using this approach, it is valuable to draw on other models as well.

The ecological model, originally formulated by Uri Bronfenbrenner (1979) in the context of studying individual development, is widely used when considering the role of the family. Within this model the family is an important influence on individual development, but is itself influenced by wider environmental factors (eg community, economic and cultural), Figure 1. Our review of the literature, and our consultations with New Zealand experts in this area, has led us to frame our consideration of family wellbeing within the ecological (or more recently termed social-ecological) model. Our review and consultations also suggest that family wellbeing be considered as the ability of families to carry out those functions that lead to increased individual and societal wellbeing.

If families are able to successfully carry out their basic functions (such as caring, socializing and protecting) then they might be said to contribute to positive individual and social outcomes. Viewing family wellbeing as the ability of families to fulfill their basic functions then requires that those basic functions are identified and agreed. Unfortunately there is no definitive list of core functions, although there is some agreement on what a list might include. There is also debate over the extent to which some of the traditional functions of the family are now no longer the sole preserve of the family (Bengtson, 2001). The development of a conceptual framework will need to be guided both by research evidence (eg historical, anthropological and sociological) and by public discussion of just what families do.

The ability of families to carry out these functions is likely to be influenced by a range of factors. As set out in Appendix 2, a number of models have been developed in order to conceptualise the range and variety of influences on individuals, families and communities. The ecological model locates the family as a significant influence on the individual, but as also being itself influenced by family members and a wider range of economic, community and societal factors. This model suggests that the family sits within a set of interconnected spheres, each of which has an influence on, and is influenced by, the others.

If we consider the ecological framework outlined above it is clear that family wellbeing is going to be impacted by a range of factors at these different levels. Research also indicates that some factors make more of an impact on wellbeing than others. In terms of individual wellbeing, the quality of relationships between family members has consistently been shown to predict subjective wellbeing. Having sufficient income is also important to individual wellbeing, although increasing income has diminishing returns on subjective wellbeing (Diener & Seligman, 2004).

1.5 Measuring family wellbeing

Having conceptualised family wellbeing, it will be necessary to identify relevant domains of interest and select indicators that measure key components and dimensions of the model. As with the development of the conceptual framework, this stage will be challenging. The complex nature of family wellbeing will make the development and selection of appropriate and meaningful indicators that measure the concept in question difficult. Pragmatic decisions will be required.

Key considerations include:

- › The multifaceted nature of family wellbeing, reflecting the range of functions families have. Any measures should relate to one of the range of constructs/functions making up family wellbeing (eg care and protection, socialisation and identity formation). However it may be difficult to find reliable measures of the degree to which families are currently carrying out some of their functions, especially if these concern concepts such as family cohesion and commitment.
- › Measurement of the factors that promote or detract from optimal family functioning. As some factors will be more influential than others it will be necessary to draw on the research literature to identify the most important individual, economic, community and societal factors.
- › Whether it is useful to measure family wellbeing in both a subjective (eg through measures of individual members wellbeing or ratings of family functioning) and objective (eg income or presence of illness) sense. The subjective judgments measure how individuals are feeling about their family life while the objective measures provide an indication of the degree to which the family is able to draw upon various resources to support family members and carry out its basic functions.
- › The need, or otherwise, to capture the collective wellbeing of individual family members and that part of family wellbeing that concerns the wellbeing of the entity itself over and above the wellbeing of individual family members.
- › The need to monitor family wellbeing over time which will require indicators that are collected periodically and consistently, in order to provide accurate measurement of underlying change.
- › Data limitations such as the limited number of data sources that look at families rather than households or individuals. This means that it will often be necessary to use individual or household indicators as proxies of family ones. In addition most data sources struggle to accommodate families that don't live in the same household and available data sources may not be regularly collected (eg the five-yearly Census).

Given the difficulty with selecting a suite of indicators that adequately measure all aspects of family wellbeing we propose to use a mixed approach that combines the use of indicators and in-depth analyses that tell the story of key aspects of family wellbeing. Our selection of the areas of interest will be driven by our conceptual model and by the availability of new data sources such as the next General Social Survey.

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Appendix 1: Wellbeing

Interest in measuring social wellbeing began in the 1970s but languished during the 1980s, due in part to the lack of a theoretical basis, in part to issues of measurement and in part to difficulty in achieving agreement on what constitutes a good or bad indicator (Cotterell and Crothers 2011). A renewal of interest in the 1990s was based on the growing recognition that wellbeing is determined by a range of individual and social factors, as well as by the economic factors that have traditionally been used to measure wellbeing.

The concept of 'wellbeing' has been used by economists, psychologists, planners and health professionals, who each focus on different facets of it, so it is not surprising that Wollny et al (2010) identify at least six different approaches to understanding wellbeing. They variously propose that wellbeing is based on:

- › the fulfilment of human needs
- › the achievement of human capabilities
- › the availability of resources
- › the realisation of social and political values and goals
- › research evidence
- › quality of life measures (Wollny et al 2010).

The fulfilment of human needs

Clarke (2005) has proposed an assessment of wellbeing based on Maslow's hierarchy of needs, which classified human needs into several categories including basic, safety, belonging and self-esteem needs. The highest level of need is self-actualization, which is predicated on the attainment or fulfillment of the lower level needs. Clarke argues that self-actualization is analogous to Sen's concept of capabilities (see below) and to Doyal and Gough's (1991) concept of social and critical participation. He therefore defines wellbeing as a function of the extent to which society facilitates the attainment or fulfillment of the ultimate hierarchical need: self-actualization. Such an approach is obviously better suited to assessing individual rather than family wellbeing.

Capability perspective

The capability perspective proposed by Sen (1992, 2001) in the context of welfare economics and development theory has contributed significantly to the debate, particularly in recognizing the different 'functions' that contribute to wellbeing. Anand et al (2005) note that Sen defined capabilities as:

What people are able to do or able to be—the opportunity they have to achieve various lifestyles and as a result, the ability to live a good life. He differentiates this from what he calls functionings—the things a person actually does and experiences. Functionings may vary from the elementary, such as being adequately nourished and being free from avoidable disease, to complex activities or personal states, such as taking part in the life of the community and having self-respect. Anand et al 2005:11

Sen suggested that an assessment of wellbeing could be based either 'on realized functionings (what a person is actually doing) or the set of alternatives s/he has (their real opportunities)'. The set of feasible alternative functionings is called the capability set. While a person's wellbeing clearly depends on the functionings actually achieved, the capability set can be regarded as constituting the person's freedom to have well-being (Sen 1992:40)

The availability of resources

Different versions of the resources approach have been used by economists and the Treasury has based its Living Standards Framework on this model (Gleisner et al 2011). The Framework comprises four types of capital that are integral to current and future living standards: financial and

physical capital; human capital; social capital and natural capital. Gleisner et al explain that these stocks create flows of goods and services that contribute to living standards. The effects of the flows may be positive or negative and they may be distributed unevenly across current and future generations.

A resources approach has also been used in developing countries to identify what resources are valued, who can access them and how they are used. White and Ellison (2006) warn that the availability and value of resources and access to them will vary:

There may indeed be universal determinants of wellbeing, and conventional indicators of human development such as maternal or infant mortality may offer shorthand indices to these. However, such 'hard' statistics need to be held lightly, as probable indicators of factors which promote or inhibit wellbeing, rather than 'the thing itself.' For ultimately the meanings of wellbeing will differ, like resources, according to the cultural context, purposes, agency, and social identities of the people concerned. White and Ellison 2006:23

Meeting social and political goals

White and Ellison's concern is part of a much wider discussion. In 1992, Brandon made the point that the community as a whole, rather than solely economists or other academics, needs to be involved in deciding what is important to their wellbeing:

The prime reason for a conceptual framework [for measuring wellbeing] is to ensure that we are measuring the right thing, that we are focusing on the dimensions of wellbeing valued by children and families, and by the community at large. Appropriate policy interventions can only be derived from a clear picture of what they are ultimately intended to achieve. Brandon 1992:1

This approach underpinned the findings of the Royal Commission on Social Policy (1988) in New Zealand and informed the development of the *Social Report* series (MSD 2001 onwards). The Royal 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.... (t)hey value an atmosphere of community responsibility and an environment of security. For them, social well-being includes that sense of belonging that affirms their dignity and identity and allows them to function in their everyday roles. MSD 2001:8

Ten years later, an OECD (2011) report confirmed that while data on GDP provide a partial perspective on the broad range of factors that matter to people's lives, "at the core of policy action must be the needs, concerns and aspirations of people and the sustainability of our societies".

Quality of life

Some authors use the term "quality of life" interchangeably with the term 'wellbeing'; others see the two concepts as separate but related. Wollny et al (2010) note that the definition and application of the term 'quality of life' are inconsistent, depending to a large degree on research purposes and context. Studies typically rely on the measurements they have chosen to provide an implied definition specific to the particular piece of research. While the debate continues, there is general agreement that like wellbeing, 'quality of life' usually includes both objective and subjective measures. For example, the OECD 'quality of life' dimension covers health status; work and life balance; education and skills; civic engagement and governance; social connections; environmental quality; personal security and subjective wellbeing.

Definitional and measurement issues

Dodge et al (2012) draw attention to the difference between the ‘description’ of a construct such as wellbeing and its ‘definition’:

As interest in the measurement of wellbeing grows, there is a greater necessity to be clear about what is being measured and how the resulting data should be interpreted, in order to undertake a fair and valid assessment. Therefore, any new definition must go beyond an account or description of wellbeing itself, and be able to make a clear and definite statement of the exact meaning of the term. Dodge et al 2012:222

They apply this criticism to a strand of thinking that links wellbeing to a “flourishing” society. It began with work by Keyes (2002) and Shah and Marks (2004) and has continued in work of the New Economic Foundation (NEF). A recent NEF report, for example, argues that a successful or flourishing society is one in which people have high levels of wellbeing which is sustained over time:

People are ‘flourishing’ when they are functioning well in their interactions with the world and experience positive feelings as a result. A flourishing life involves good relationships, autonomy, competence and a sense of purpose, as well as feelings of happiness and satisfaction. NEF2011:2

Dodge et al (2012) believe that this statement is more a description of wellbeing than a definition. However, their own definition of wellbeing as the balance point between an individual’s resource pool and the challenges they face also seems fraught with operational problems, even at the individual level. They state that:

In essence, stable wellbeing is when individuals have the psychological, social and physical resources they need to meet a particular psychological, social and/or physical challenge. When individuals have more challenges than resources, the see-saw dips, along with their wellbeing, and vice-versa. Dodge et al 2012:231

Points of agreement

Despite the lack of agreement on an approach to or definitions of wellbeing, there are some areas of general agreement. They are that:

- measures of wellbeing need to be multi-dimensional
- measures need to cover both objective (material) and subjective aspects of wellbeing
- wellbeing encompasses people’s ability to pursue their goals and aspirations
- wellbeing needs to be sustainable over time
- wellbeing is culturally determined.

The growing interest in subjective wellbeing has led to researchers recommending that national statistical agencies collect and publish measures of subjective wellbeing (Stiglitz et al, 2009), and to the OECD publishing guidelines on doing this (OECD, 2013).

The concept of sustainable wellbeing has also attracted attention. According to Stiglitz et al (2009) wellbeing will only become sustainable when stocks of capital that matter for our lives (natural, physical, human and social) are preserved and passed on to future generations. At present, data on sustainability is limited, and what there is tends to focus on individuals rather than families or even households. In the OECD’s *How’s Life? Report* (2011), for example, data on sustainability is limited to environmental sustainability and selected aspects of human capital. The report attributes this to data availability and unresolved conceptual issues and identifies sustainability of wellbeing as an area where more work is needed.

The lack of agreement on the components of individual wellbeing and inconclusive efforts to develop sets of universal wellbeing domains have led some to conclude that wellbeing frameworks will always be context-dependent. If that is true for individuals from different cultures, it is even more likely to be true for families.

Appendix 2: Family wellbeing – models and approaches

Wollny et al (2010) identify three theoretical models and three non-theoretical approaches that have been used as a base for family wellbeing frameworks.

Ecological theory

Ecological theory takes account of the different systems that impact on or contribute to family wellbeing, such as economic security, physical safety and health, supportive family relationships and outside social connections (Families Australia 2006). The Families Commission also favours an ecological model with families at the centre of inter-related systems that impact on them (Families Commission 2005, Fletcher 2007). These closely match the four systems identified by Families Australia.

Resource theory

Resource theory uses six types of resources (love, services, goods, money, information and status), to guide the definition of the content of family life. It also links the concept of ‘personal needs’ being met through resources that in turn produce ‘life satisfactions’ (Wollny et al 2010).

The Australian Social Inclusion Board (2012) uses a resource-based approach for its conceptual framework for measuring social inclusion at the individual but not the family level. It notes that ‘being socially included means that people have the resources, opportunities and capabilities they need to:

- › learn (participate in education and training)
- › work (participate in employment, unpaid or voluntary work including family and carer responsibilities)
- › engage (connect with people, use local services and participate in local, cultural, civic and recreational activities) and
- › have a voice (influence decisions that affect them).’

The resources people may access include individual resources (eg life and work skills, education, income social network, aspirations and motivation), family resources (housing, family health and background, home environment and parental employment) and community resources such as transport, infrastructure and social cohesion.

Pryor (2007) draws on social capital theory to develop a model of family wellbeing in which family strengths and family functions and practices contribute to family social capital, which she defines as “the ability to generate and use resources, including social good will, upon which individuals may draw for collective or personal objectives.” This in turn may lead to family wellbeing, although she acknowledges that more evidence is needed to support this hypothesis.

Family systems theory

Family systems theories view a family as an organised hierarchy of subsystems, including individuals, subsets of individuals (eg couples or parent-child dyads) and the overall combination of family members (Bonomi et al. 2005). In these approaches, whether a family system is ‘well’ or not is determined by these elements of its internal functioning.

Family functioning

The term ‘family functioning’ is used in many conceptualisations of family wellbeing, but it is often not clearly defined. Researchers’ decisions about the dimensions of family functioning that should be assessed depend very much on their particular area of interest. Ooms (1996) suggests four broad categories of family functioning, which are relevant to social policy and programmes:

- › membership and family formation
- › economic support
- › nurturance, education and socialisation
- › protection of vulnerable members.

Pryor (2007) adds “providing support and succour” to this list.

Ooms (1996: 6) believes using a functions-based framework is useful for two reasons: ‘(1) functional analysis is relatively value free and serves as a useful starting point for discussion and debate; and (2) it helps clarify the public interest in promoting strong families, since society benefits when families perform their functions well and incurs substantial costs when they falter or fail’.

In developing a family statistics framework, the Australian Bureau of Statistics (ABS) takes a broader view. They see family wellbeing as being composed of four elements, of which family functioning is only one. The others, family structures, family transitions and family transactions within the family and with the wider community, are also relevant. Family wellbeing is also a function of the resources available to the family to optimise its wellbeing. These include personal resources (e.g. time, skills, income and education) and community resources (eg neighbourhood environment and resources) (Linacre, 2007).

Domain-based frameworks

Research on family wellbeing is often underpinned by models that describe a number of relevant domains, based explicitly or implicitly on ‘family needs’ and ‘resources’. For example, the Child Trends 2013 report is based on four groups of indicators in the domains of family structure, family socioeconomics, family process, and family culture.

Domains can be based on core family functions once these have been clearly defined, and may include contextual or culturally specific factors.

Data-derived models

Data-driven models use an inductive approach based on the findings of data analysis. The findings will always be restricted to the constructs selected by other researchers, which may exclude significant factors, simply because they are difficult to measure.

Conclusion

As yet, there is ‘no widely accepted framework that focuses specifically on family and takes a comprehensive approach which can guide research, policy development, resource allocation and evaluation’ (Families Australia 2006). Wollny et al (2010) conclude that, given the importance of the family as a “cornerstone of society, fulfilling major functions such as the provision of care to the most vulnerable members of society and the transmission of values and norms to the next generation”, there is a growing need for family wellbeing data that is representative, comprehensive and consistent. However, realistically, instead of having a single framework, they believe that a more achievable goal might be to develop a suite of linked frameworks for the conceptualisation and study of family wellbeing.



2. A FRAMEWORK TOWARDS MEASURING WHĀNAU RANGATIRATANGA

LISA DAVIES AND JONATHAN KILGOUR

2.1 Introduction

Under the Families Commission Act (the Act) the Commission is required to have regard for the needs, values and beliefs of Māori as tangata whenua (s11(a)). To inform decisions about how the Commission could give effect to this obligation, the Commission developed the Whānau Strategic Framework 2009–2012. The Whānau Strategic Framework set the goal to support whānau to achieve a state of whānau ora or total wellbeing. Consultation with whānau, hapū and iwi about the strategic direction resulted in four key messages:

- › whānau ora is a non-negotiable outcome
- › listen to the voices of whānau
- › speak out for vulnerable whānau
- › inform best practice (Families Commission, 2009a, pp. 6–7).

This chapter presents a draft Whānau Wellbeing Framework. It begins by discussing briefly the options for defining a whānau and how the Commission conceptualises whānau wellbeing. It then outlines a range of potential approaches to developing the measurement framework.

A capabilities approach is recommended as the preferred approach to underpin the draft Whānau Wellbeing Framework. In addition, it is proposed that the principles of whānau rangatiratanga that have been identified by the Commission also be incorporated into the framework.

The draft framework is intended as a starting point to promote discussion about how to measure progress towards whānau wellbeing. It is expected that it will be refined through feedback from Māori stakeholders and further consideration by the Commission about how a comprehensive and quantitatively robust framework can be developed over time.

Finally, the chapter sets out the next steps required to measure the wellbeing of whānau, including refining a definition of whānau for measurement purposes; determining a set of indicators of whānau wellbeing; identifying existing data that relates to the indicators; and implementing a strategy to identify new indicators of whānau wellbeing and address the limitations of existing data collections; and where required propose how new data on whānau wellbeing may be collected.

2.2 Defining whānau and whānau wellbeing

The meaning of the term ‘whānau’ has been the subject of consideration by a number of Māori commentators. Durie (1994) observed that potentially there are multiple definitions of whānau including: whānau as kin; whānau as shareholders-in-common; whānau as friends; whānau as a model of interaction; whānau as neighbours; whānau as households; and virtual whānau. He also emphasised that whānau are “more than simply an extended family network, rather it is a diffuse unit based on a common whakapapa, descent from a shared ancestor, and with which certain responsibilities and obligations are maintained”. Durie uses the term ‘kaupapa whānau’ to describe those whānau not based on whakapapa relations.

More recently Te Aho-Lawson (2010) also made the distinction between whakapapa whānau and kaupapa whānau. Whakapapa whānau are generally described as a collective of people who have a common ancestor whereas kaupapa whānau may be a collective of people who associate for a common purpose. While their construction of identity may be different, they are not mutually exclusive. Te Aho-Lawson explains that whakapapa whānau are “the more permanent and culturally authentic form of whānau” (p. 9). It is recommended that the first *Families and Whānau Status Report* focus be confined to whakapapa whānau.

From consultation with whānau and relevant literature, the Commission has recently learned that the desired outcome for whānau is *whānau rangatiratanga* or whānau empowerment. To develop a broader insight into the term ‘whānau rangatiratanga’, the Commission held three wānanga with key stakeholders. From these wānanga, the following five key principles of whānau rangatiratanga were decided: whakapapa; manaakitanga; kotahitanga; wairuatanga; and rangatiratanga (that is, the principles of descent; duties and expectations of care and reciprocity; collective unity; spiritual embodiment; and governance, leadership and the hierarchal nature of traditional Māori society, respectively). The report from these wānanga, *Drivers of Whānau Rangatiratanga* (Workman, 2013) is currently in draft.

2.3 Dimensions of Māori whānau wellbeing

In developing the dimensions for a whānau wellbeing framework a range of potential approaches, based on previous research into the wellbeing of the Māori population, were considered, including:

- › a sector approach
- › a four-wellbeings approach
- › an outcomes approach
- › a capabilities approach.

Te Puni Kōkiri’s *Closing the Gaps* report (1999) took a *sector approach* to measuring Māori wellbeing. Structured around the education, health, housing and employment sectors, it was intended to inform the then government’s Closing the Gaps policy.

The Independent Māori Statutory Board’s (IMSB’s) Māori Plan for Tāmaki Makaurau (the Tāmaki Plan) adopts a *four-wellbeings approach*.⁹⁷ It presents a wellbeing framework anchored by the dimensions of cultural, social, economic and environmental wellbeing. These dimensions align with the IMSB’s statutory purpose in section 81 of the Local Government (Auckland Council) Amendment Act 2012, and the framework provides a tool for measuring progress against the statutory purpose of the IMSB.

The Government’s current Whānau Ora programme aims to strengthen whānau capabilities and provide an integrated approach for government to engage whānau services. In 2010, the Taskforce of Whānau-Centred Initiatives listed a key set of outcomes sought by Whānau Ora, including that whānau are:

- › self-managing
- › living healthy lifestyles
- › participating fully in society
- › confidently participating in te ao Māori
- › economically secure and successfully involved in wealth creation
- › cohesive, resilient and nurturing.

In the future, an *outcomes approach* is likely to be taken to measuring the impact of the Whānau Ora programme on Māori whānau wellbeing – that is, the outcomes listed above will form the basis for measurement dimensions (Te Puni Kōkiri, 2013).

The Māori Statistics Framework (2001) takes a *capabilities approach* to measuring Māori wellbeing. According to this approach, Māori wellbeing is viewed as a “function of the capability of Māori individuals and collectives to live the kind of life that they want to live” (Wereta, 2001, p. 5).

97 Developed in 2011 and 2012, the Tāmaki Plan and subsequent framework were informed by significant engagement with Mana Whenua (tribal groups whose tribal territories are traditionally the Auckland area), Maataawaka (those who have moved to Auckland from other tribal areas) and rangatahi Māori over a period of six months. This included 23 hui with Mana Whenua and Maataawaka and 10 with rangatahi Māori. In addition, a Facebook site, an online survey and community events were also used to gather feedback from rangatahi Māori (Independent Māori Statutory Board, 2012, p. 13).

The Māori Statistics Framework employs the following capability dimensions to guide the measurement of Māori wellbeing:

- › sustainability of te ao Māori
- › social capability⁹⁸
- › human resource potential
- › economic self-determination
- › environmental sustainability
- › empowerment and enablement.

Proposed approach to dimensions

Of the four potential approaches outlined above, it is proposed that the Whānau Wellbeing Framework utilises a capabilities approach to measuring the dimensions of whānau wellbeing. In the development of the Māori Statistics Framework, Wereta (2001) noted that the strength of this approach is that it:

- › takes account of individual and collective perspectives of development and the synergies between the two perspectives
- › includes empowerment, participation, security and freedoms, which are often neglected in other frameworks
- › is rights-based rather than needs-based
- › is pluralistic toward wellbeing rather than universal and prescriptive
- › acknowledges the complexity and fluidity of Māori realities.

These considerations apply equally to the measurement of whānau wellbeing (as opposed to individual wellbeing). The adoption of this approach also has other merits:

- › It is consistent with international literature on development theory.
- › It is consistent with Māori thinking on wellbeing (for example, Durie et al, 2005; Henare et al, 2011) and tino rangatiratanga (Whitehead & Annesley, 2005).
- › It is consistent with the Māori Statistics Framework, which is endorsed by Statistics New Zealand as leader of official statistics and is internationally recognised.
- › The framework will be more durable as it will be more likely than other approaches to withstand shifts in Māori development policies and programmes.

The capabilities approach focuses on opportunities, potential and the capabilities to achieve one's own aspirations (Sen, 2001; Wereta, 2001). It is a robust and widely-followed approach internationally that has grown out of development theory. It focuses on freedoms to develop rather than a narrower view of development (productivity, for example). Productivity (in terms of incomes, industrialisation, technological advance and social modernisation) is important as a means for developing freedoms. The capabilities approach sees it as a means to an end, however (Sen, 2001; Stiglitz et al, 2010). Other determinants are seen as important to development and wellbeing, such as education, healthcare and political rights (Sen, 2001).

Henare et al (2011) applied the same arguments to the Māori context, arguing that measures such as GDP are a product of 18th and 19th-century thinking and welfareism. They argue that other tools or frameworks, such as the Human Development Index (a single index of wellbeing that has grown out of the capabilities approach), would provide a more relevant way of measuring Māori wellbeing.

Consistency with Māori thinking on wellbeing: Previous Māori development scholarship on the measurement of whānau wellbeing has also promoted a capability or capacities approach. For example, in a report on *The Parameters of Whānau Wellbeing*, Durie et al (2005) argued that indicators of wellbeing should be closely aligned with whānau capacities – human capacity, resource

⁹⁸ Wereta (2001) argued that "capital" is not a word that Māori would use in relation to people and social relations (ie social and human capital) and that the words social capability and human resource potential were more appropriate measures of whānau wellbeing.

capacity and the capacity to undertake certain functions (functional capacity). These are broadly consistent with the capabilities utilised in the Māori Statistics Framework.

Durability of the capabilities approach: An additional advantage of a capabilities approach is that because the dimensions are not directly linked to the Government's policy it has the potential to be more durable over time. A framework based on sector, wellbeings or outcomes approaches would be more susceptible to shifts in the Government's Māori development strategy and policies, investment priorities and programme or intervention objectives.

Applying capability dimensions to the whānau context

Table 1 takes the capabilities dimensions used in the Māori Statistics Framework and attempts to refine them so that they might be applied to the measurement of whānau wellbeing (that is, collective as opposed to individual wellbeing) It draws on both Sen (2001) and Wereta (2001) to determine the wellbeing dimensions in terms of whānau and whānau members living the types of lives that they choose to live.

Table 1 Wellbeing dimensions within the context of whānau

Sustainability of te ao Māori

- › A secure cultural identity and freedom of cultural expression.
- › Could include indicators relating to: cultural institutions and knowledge that is distinctive to Māori, including mātauranga, whakapapa, tikanga and te reo Māori. This includes practices such as performance of rituals by experts and physical representations such as marae or recorded knowledge. It also includes identification of whānau members with tribal institutions.

Social capability

- › Strong connections and ties in the Māori and mainstream community (internal and external social cohesion).
- › Could include indicators relating to: people, social relations and networks, including whanaungatanga through extended family and tribal structures. In terms of potential this includes enablers of and barriers to social interacting as Māori and as whānau on marae as well as in wider society. It also includes demographic structures and characteristics of whānau.

Human resource potential

- › Having the opportunity to live a long and healthy life; and having the knowledge, skills and competencies to achieve the kind of life one chooses to live.
- › Could include indicators relating to: people and whānau capabilities such as health, labour, skills, knowledge and education. This includes distribution of knowledge, skills and competencies within whānau and within the wider population.

Economic self-determination

- › Having a level of income that enables one to achieve the kind of life one chooses to live.
- › Could include indicators relating to: the ability of whānau to productively use resources for the benefit of whānau. This includes making choices to improve economic capacities through housing conditions, improved education and job preferences. It also includes business ownership, productivity and profitability.

2.4 Incorporating a Māori world view of whānau wellbeing

While many wellbeing measurement frameworks are one-dimensional (that is, guided purely by one set of measurement dimensions), the Tāmaki Plan took the unique approach of incorporating Māori values into the measurement framework.⁹⁹ This dual axis approach resulted in a framework that plots the four wellbeing measurement dimensions (social, cultural, economic and environmental) against Māori principles (rangatiratanga, manaakitanga, wairuatanga, kaitiakitanga and whanaungatanga). Interestingly, these principles align closely with the principles named by the Commission in its working definition of whānau rangatiratanga.

Both the Commission and the IMSB identified rangatiratanga, manaakitanga and wairuatanga as central concepts of importance to individual and whānau wellbeing. The key points of difference were that whānau rangatiratanga included reference to whakapapa and kotahitanga, whereas the Tāmaki Plan included reference to kaitiakitanga and whanaungatanga.

In order to reflect a Māori world view, it is proposed that the Whānau Wellbeing Framework incorporates both the **capabilities dimensions** in the Māori Statistics Framework and the principles of **whānau rangatiratanga** outlined by the Commission's Whānau Reference Group.

While adding to the complexity of the measurement framework, this dual-dimension approach adds value because it provides insight into the essence of what it is to be Māori. Table 2 provides more detail on each of the principles of whānau rangatiratanga.

Table 2 Definition of five whānau rangatiratanga principles

Principle	Scope
Whakapapa	Principles associated with descent. Kinship, which can be diverse: medically manufactured or blended whānau; the essence of whānau, hapū and iwi.
Manaakitanga	Principles associated with duties and expectations of care and reciprocity. Acknowledgement of the mana of others; reciprocal obligations and responsibilities to other whānau and to those not connected by whakapapa; accountability to others.
Kotahitanga	Principles associated with collective unity. Unity as Māori as whānau and supporting whanaungatanga; leadership; resilience.
Wairuatanga	Principles associated with a spiritual embodiment. Religion; spiritual wellbeing; capacity for faith and wider communion; relationship with environment and ancestors; state of connectedness with the wider world.
Rangatiratanga	Principles associated with governance, leadership and the hierarchal nature of traditional Māori society. Governance, leadership, authority and control; whānau empowerment.

⁹⁹ Independent Māori Statutory Board, 2012.

2.5 Draft Whānau Wellbeing Framework

Table 3 sets out a draft Whānau Wellbeing Framework that incorporates both the capability dimensions of the Māori Statistics Framework and the whānau rangatiratanga principles of the Commission. The draft framework should be viewed as a starting point for discussion about how to measure progress towards whānau wellbeing. It is expected that the draft framework will be refined over time on the basis of feedback from Māori stakeholders and further consideration about how a comprehensive and quantitatively robust framework can be developed.

As a first step, the framework has been populated with areas of interest (for example, 'strength of whānau identity'). Readers will note that some cells in the framework name more areas of interest than others. For example, a number of areas of interest have been listed in relation to the principles of manaakitanga, rangatiratanga and, to a lesser extent, kotahitanga, whereas the cells relating to the principles of whakapapa and wairuatanga are more sparsely populated.

This is because the areas of interest have been based to some extent on data collections that already exist (such as the census) or data collections that are underway (such as Te Kupenga, the Māori Social Survey). The empty cells signal dimensions or principles where further conceptual work is required to refine areas of interest and develop new indicators and data collections.

A further caution is that the process of identifying and placing areas of interest in the framework is a matter of judgement. The draft report (Workman, 2013) acknowledges the interrelationship of the principles with each other, and that there is no one right answer in respect of Māori realities.

The Commission welcomes debate and feedback about the appropriateness of the areas of interest and their placement in the framework. Similarly, feedback on additional areas of interest that would add value to the framework will help to refine the framework as it evolves.

Many of the areas of interest in the draft framework reflect outcomes that are generally accepted as having an impact on the wellbeing of individuals, such as education, health and housing status (see, for example, The Social Report (Ministry of Social Development, 2010)). An assumption has been made that these outcomes will also be important determinants of whānau wellbeing.

In relation to the dimensions of sustainability of te ao Māori, the areas of interest have been identified in consultation with Te Uepu¹⁰⁰, and through the Commission's research. They have been selected because they reflect unique aspects of cultural wellbeing that are recognised as unique to Māori, such as strength of Māori identity, knowledge of te reo, engagement with te ao Māori and contribution to community.

¹⁰⁰ Families Commission Māori staff network.



Table 3 Draft framework to measure progress towards whānau rangatiratanga

Whānau rangatiratanga principles					
	Whakapapa	Manaakitanga	Rangatiratanga	Kotahitanga	Wairuatanga
Capability dimension	<i>Principles associated with descent</i>	<i>Principles associated with duties and expectations of care and reciprocity</i>	<i>Principles associated with governance, leadership and authority and control, and whānau empowerment</i>	<i>Principles of collective unity as Māori, as whānau, supporting leadership; resilience</i>	<i>Principles associated with spiritual embodiment</i>
Sustainability of te ao Māori	Strength of whānau identity Participation in te ao Māori	Whānau competency in and exposure to te reo Whānau contribution to the maintenance of te reo and culture	Participation in governance/ leadership of Māori organisations Whānau participation in kura and kōhanga reo	Contribution to iwi Contribution to te ao Māori	Religious participation
Social capability of whānau	Promotion of healthy homes and lifestyles Uptake of immunisation and screening services Access to health services Capacity to care for whānau members and others	Whānau participation in national and local body elections Participation in governance of mainstream organisations Trust in public institutions	Whānau connectedness Access to phone and internet Access to transport and public facilities		
Human resource potential of whānau	Participation in mainstream education Arrangements for care and maintenance of whānau	Educational attainment of whānau members Whānau participation in education Whānau with access to internet			
Economic self-determination	Engagement in employment Financial capacity of whānau Housing tenure and circumstances	Whānau self-employment			

2.6 Next steps

Beyond refinement of the draft Whānau Wellbeing Framework, the next steps the Commission will take towards measuring whānau wellbeing will be to:

- › refine a working definition of whānau for measurement purposes that aligns with the needs and interests of the Commission in its role of advocating for the interests of whānau
- › select a set of indicators that align with the areas of interest set out in the draft Whānau Wellbeing Framework
- › identify existing data related to the selected indicators of the Whānau Wellbeing Framework
- › as appropriate, develop additional indicators of whānau wellbeing and a strategy to collect information relating to these indicators.

Defining whānau for statistical purposes

To date, official statistical concepts and definitions have not been designed to capture the concept of whānau. Instead they have been based on individual unit level and household data as a proxy for whānau, and these may not necessarily align with the concept of whānau.

Te Kupenga (the Māori Social Survey to be undertaken 2013) is unique in that it allows individuals to self-define who their whānau is (as opposed to a definition based on which households they reside in). The preliminary results to emerge from the field test of the survey suggest that:

- › whānau are big – the median size of whānau in the field test was 12.
- › whakapapa is an important part of whānau.

As noted in Davies and Wereta (2011), ethnicity for statistical purposes is an individual characteristic, which cannot be applied to a collective such as a family or a household. Thus, in data collections such as the census, respondents indicate which ethnic group they belong to, which then enables analysis of outcomes for Māori individuals.

When it comes to whānau, however, within one whānau, members may identify with a range of ethnic groups. For example, one parent (or in some cases two parents) may not identify as Māori, making the task of defining the ethnicity of a whānau more complex.

So that data related to whānau wellbeing can be collated at a whānau level, the Commission will need to develop a statistical definition of whānau for measurement purposes. It is important to note that there is currently no agreed statistical definition of whānau. Previous attempts to examine aspects of whānau wellbeing have employed various definitions.

Up until 1986, a Māori household was identified by Statistics New Zealand, and more latterly the Waikato University's Population Studies Centre, according to the ethnicity of the 'occupier', the person who fills in the dwelling form on census night. After the 2001 census, when measuring housing adequacy, Statistics New Zealand defined a Māori household as any household with the presence of at least one Māori member.

More recently, the Family and Whānau Wellbeing Project (FWWP) defined a Māori household as one "where at least one parent is Māori".¹⁰¹ Arguably, other definitions could be employed; for example, that the ethnicity of the majority of the household members is Māori, or that all household members are Māori.

In its role of advocating for the interests of whānau, the Commission will consider options for a working definition of whānau that best aligns with the way in which it conceptualises what constitutes a whānau.

¹⁰¹ The FWWP was a five-year research programme established by the University of Auckland with funding support from the Social Science Funding Pool of the Foundation for Research, Science and Technology. The aim of FWWP was to develop ways of examining and monitoring the economic and social determinants of family and whānau wellbeing, using data from Censuses 1976 through to 2006.

Selecting indicators of whānau wellbeing

Once a working definition of whānau has been established, the Commission will select a set of indicators for each of the areas of interest in the Whānau Wellbeing Framework. In the short term at least, this selection process will be limited to indicators for which data are readily available. The lack of high-quality information on whānau wellbeing is an issue that has been raised in previous attempts to measure whānau wellbeing.

As the empty cells in the framework signal, conventional data sources will only go some way towards informing the breadth and depth of the framework. So, for example, while information on human resource potential (such as education outcomes) and economic self-determination (such as household incomes) can be accessed at a whānau level through collections such as the census, information on the sustainability of te ao Māori may be more fragmented, if it is available at all.

A further issue for consideration by the Commission will be the criteria that it uses to determine which potential indicators are selected for inclusion in the report. Status reports usually adopt a conventional set of criteria against which to assess the relative merits of potential indicators. The criteria of 'consistent over time' and 'timeliness' are likely to pose challenges to the measurement of whānau wellbeing.¹⁰²

In addition to census data, a range of data collections undertaken previously, potentially provide useful insights into the richness of whānau wellbeing, such as the Māori Language Survey, the Time Use Surveys and the General Social Survey. Because these surveys have not been routinely administered, however, or comparable data collected on aspects of whānau wellbeing across surveys, the potential indicators would not meet the criteria for selection.

In addition, there is likely to be some administrative data held by agencies, such as the Ministry of Education, that could provide insight into matters of interest to whānau wellbeing, such as the participation of tamariki and rangatahi in Māori-medium education. However, these data are not available at a whānau level.

The Commission will therefore consider the feasibility of developing a set of refined criteria. The aim would be to ensure a systematic and robust approach to the selection of indicators that also recognises that currently, the range of data available that meet conventional selection criteria falls short of the range of areas that are likely to be of interest in considering whānau wellbeing. If the conventional selection criteria are retained, the range of indicators will be confined to data that are available from the census, which will provide only a limited slice of the dimensions and principles in the framework (particularly the aspects relating to the sustainability of te ao Māori).

During this scoping process, the Commission may also consider the feasibility of developing a Māori whānau wellbeing index, either as a substitute for or alongside the selected suite of indicators.

Developmental work

Previous attempts to measure whānau wellbeing have noted:

the paucity of whānau-relevant statistical information – a deficiency that arises out of the failure of existing statistics to capture relationships between households in anything other than a haphazard and fragmentary way. (Davies & Wereta, 2011, p. 40)

In the absence of robust and timely time-series data that reflect Māori values relating to whānau wellbeing, there is a risk that the measurement of whānau rangatiratanga will default to a business-as-usual approach. While this may be partially mitigated by the use of the Whānau Wellbeing Framework, which incorporates Māori principles, there is a risk the actual measurements may end up looking very similar to those used in existing mainstream reports (such as The Social Report).

¹⁰² Other criteria typically employed include: grounded in research; statistically sound; nationally significant; able to be disaggregated; and internationally comparable.

To address this issue, a developmental programme is required to refine concepts of whānau rangatiratanga for which there are currently no definitions or indicators, and to set out a strategy to ensure that existing collections are refocused to collect information of relevance to whānau wellbeing and new data collection mechanisms are put in place to do so.

Te Kupenga (a face-to-face survey of the wellbeing of Māori New Zealanders) may go some way towards addressing the paucity of whānau-relevant information. It will ask 5,000 Māori a wide range of questions that relate to Māori wellbeing in 2013, including:

- › how satisfied they are with their life overall
- › how they think their whānau is doing
- › who they consider as their whānau
- › how much contact they have with their whānau who live elsewhere
- › how they rate their material standard of living, and their health
- › whether or not they are employed
- › whether they engage with key aspects of Māori culture, including speaking te reo Māori, visiting their marae tupuna and knowing and connecting with their iwi.

In addition, given that there is a census transformation programme currently underway within Statistics New Zealand and inter-agency initiatives to integrate administrative data, consideration should be given to how administrative data might be fruitfully employed to measure and monitor whānau wellbeing in the future.

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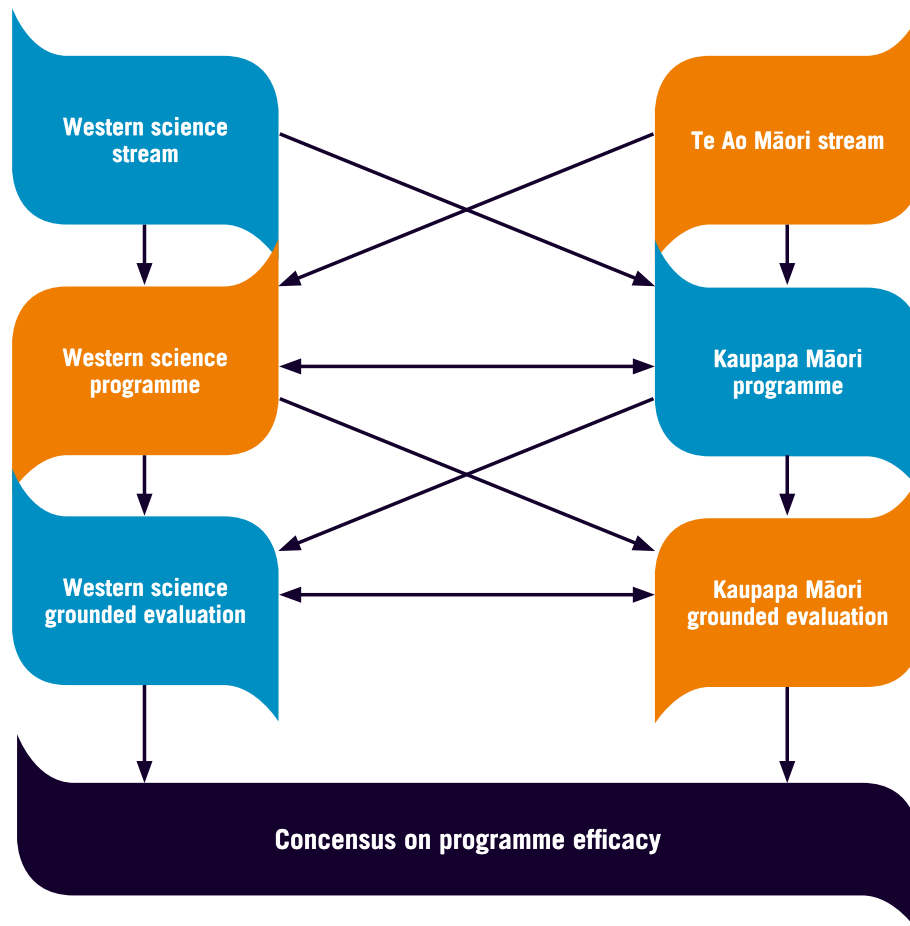




APPENDICES

Appendix 1: He Awa Whiria

In 2011, the Prime Minister's Chief Science Advisor, Professor Sir Peter Gluckman, released the report *Improving the Transition: Reducing Social and Psychological Morbidity During Adolescence*. The report included a chapter by Fergusson, McNaughton, Hayne and Cunningham that discussed the need for models of policy and programme development, implementation and evaluation to embrace Māori ways of being and knowing.



Reproduced from Figure 22.2 Parallel streams model of Western science and kaupapa Māori programme development and evaluation proposed by MacFarlane, in Fergusson et al (2011, p. 295).

In this model, both 'streams' have their distinct sources; yet knowledge from the kaupapa Māori stream influences the development of Western science programmes and vice versa. There is much to be mined and learned at the 'crossover' points, culminating in the acceptance of relying on consensus-based knowledge from both streams. The report notes that:

It is the consensus position of this report that Western science and kaupapa Māori perspectives should not be seen in tension, rather, an approach which encourages partnership and cooperation between these perspectives should be taken in order to show that both perspectives are distinct in their own right. (Fergusson et al, 2011, p. 294)

Appendix 2: Data sources

Census

The census is the official count of population and dwellings in New Zealand, providing a snapshot of New Zealand society. It is a unique source of detailed demographic, social and economic data relating to the entire population at a single point in time. The census collects information on population structure, location, ethnicity and culture, education and training, work, income, families and households, housing, health and disability, through personal and household questionnaires.

While typically the census is taken every five years, it was not held in March 2011 as scheduled because of the earthquake in Christchurch on 22 February. At that time the 2011 Census could not have been successfully completed, given the national state of emergency and the probable impact on census results.

In this report, data from the 2001 and 2006 censuses will be used as 2013 census data are not yet available.

General Social Survey

The General Social Survey (NZGSS) provides information on the wellbeing of New Zealanders aged 15 years and over. The first NZGSS was carried out in 2008 and it has been conducted every two years since. It covers a wide range of social and economic outcomes and shows how people are faring. In particular, the survey provides a view of how wellbeing outcomes are distributed across different groups within the New Zealand population.

Members of the selected sample of households who are 15 years and older complete the household questionnaire, and one randomly selected eligible person completes the personal questionnaire. Each survey begins with the household questionnaire, which collects information about members of the household such as sex, age, ethnicity and uses a set of rules to determine which household members are eligible to take part in the NZGSS (who is 'in scope' and who is available during the interview period). The person selected to answer the personal questionnaire is surveyed on 14 different topic modules, each of varying lengths:

- › core personal questionnaire
- › overall life satisfaction
- › health
- › knowledge and skills
- › paid work
- › economic standard of living
- › housing
- › physical environment
- › safety and security
- › support across households
- › social connectedness
- › leisure and recreation
- › culture and identity
- › human rights.

Time Use Survey

The first Time Use Survey in New Zealand was run as a joint project with the Ministry of Women's Affairs in 1998 and 1999. A second survey, conducted from September 2009 to August 2010, was run by Statistics New Zealand and was designed to be comparable with the 1998–99 survey.

Time use statistics provide information about how New Zealand residents aged 12 years and over spend their time. This includes details about the amount of time people spend on paid and unpaid work, education, leisure and personal care; what time of day these activities occur; who they are done with; and for whom unpaid work was done. A large number of characteristics of the people doing the activities are collected, including age, sex, ethnicity and labour-force status.

A representative sample for New Zealand of approximately 8,500 households was selected at random for the most recent survey. Data were collected by a combination of face-to-face computer-assisted interviewing by trained interviewers, and self-administered questionnaires.

Other data sources for analysis – Surveys from Statistics New Zealand

- › 2013 Census (December 2013) (five-yearly)
- › General Social Survey (since 2009, two-yearly)
- › Time Use Survey (since 1996)
- › Childcare Survey
- › Māori Social Survey (delayed)
- › Disability survey (delayed)
- › Household Labour Force Survey (since 1985)
- › Second Survey of Working Life in New Zealand (SoWL)
- › Income Survey (HLFS supplement since 1997)
- › Household Economic Survey (since 1973, income annually and expenditure every three years)
- › Administrative statistics (such as births, deaths, marriage and divorce).

Other surveys

- › Programme for International Student Assessment Survey (Education)
- › World Values Survey
- › OECD How's Life? Measuring Wellbeing
- › Youth survey 2000, 2007, 2012 (Auckland)
- › Quality of Life Survey – a partnership between eight Quality of Life Project Cities. It has been conducted every two years since 2004 and measures the perceptions of over 6,000 residents living in the country's largest cities and districts
- › Living Standards Survey (2000, 2004, 2008)
- › New Zealand Crime and Safety Survey (Justice – 2006) and National Survey of Crime Victims (1996 and 2001)
- › New Zealand Health Survey (Ministry of Health)
- › Adult Literacy and Life Skills Survey (Ministry of Education)
- › Dunedin Longitudinal Study
- › Growing Up in New Zealand longitudinal study.

Appendix 3: Construction of the Crowding Index

The crowding index is calculated using the equivalised crowding index, which is used by Statistics New Zealand. It takes into account the number of bedrooms in a dwelling and the household composition. The formula weights each individual in a couple relationship as one half, as well as children aged under 10 years. All other members of the household are given a weight of one.

This gives an equivalised number of people per bedroom. The formula is:

$$\frac{[(1/2 \text{ number of children under 10 years}) + (\text{number of couples}) + (\text{all other people aged 10 years and over})]}{\text{number of bedrooms}}$$

Any value in excess of 1 represents a measure of crowding (Statistics New Zealand, 2007b).

Appendix 4: Construction of the Revised Jensen Scale

Median gross household income is not a suitable indicator of the relative standard of living of a household compared with other households, because it does not take into account household composition. For example, a one-adult household with a median annual household income of \$45,000 is likely to have access to a higher standard of living than a two-adult, three-child household with the same income. In order to compare income across a range of household types, a transformation – called an equivalence scale – is used to equate gross income, taking into account important differences in household composition.

The equivalence scale used for this study is the Revised Jensen Scale (RJS), which is a New Zealand scale derived by John Jensen of the Ministry of Social Development. Its reference point is a two-adult, couple-only household, which is given a value of 1. The equivalised income of all other household types is expressed relative to that of the reference two-adult household, with adjustments made for the number of adults and the age and number of children. The scale contains adjustments that take into account the fact that children typically need less income than adults in order to maintain a comparable standard of living. Gross equivalised household income is calculated by dividing annual gross household income by the appropriate value for the household on the RJS.

For example, a two-adult household with an annual income of \$40,000 would have an annual income equivalised with the RJS of \$40,000, since its rating on the Jensen scale is 1. However, if an eight-year-old child was added to the household, its Jensen Scale Rating would change to 1.19, and therefore its equivalised income would be $\$40,000/1.19 = \$33,613$.

Appendix 5: Relevant work under development

2013 Census

The New Zealand Census of Population and Dwellings was carried out in 2013. Statistics New Zealand notes that in 2013 they collected over 5.6 million individual and dwelling forms. They report that at the 2006 Census, there were 4.03 million people usually resident in New Zealand. The first results from the 2013 Census will be released in December this year. Statistics New Zealand further notes that, following the release of their December information, there will be regular releases over the following 18 months.

2013: Te Kupenga: Māori Social Survey

In the middle of 2013, Statistics New Zealand will carry out a post-2013-Census face-to-face survey of over 5,000 Māori on a wide range of questions relating to Māori wellbeing. Statistics New Zealand notes that Te Kupenga will:

- › offer new insights in to Māori social, cultural and economic wellbeing
- › provide a useful picture of how wellbeing outcomes vary between different subgroups of the Māori population, such as rangatahi, pakeke and kaumātua; people with different incomes; those who know their iwi and those who do not; and people living in different regions
- › explore how outcomes in one area (such as experience of whānau wellbeing) might relate to outcomes in another (income, for instance).

The key areas this survey explores include:

- › Māori perceptions of health, satisfaction with their own life, how much control they feel they have over their life, and how they think their whānau is doing
- › Māori employment, educational qualifications, income and standards of living
- › Māori involvement in their culture, including time spent with whānau, visits to marae tīpuna (ancestral marae), sense of tūrangawaewae (ancestral belonging to a place or space like an ancestral marae), involvement in tribal matters and proficiency in the Māori language.

While individuals are still the main focus for the survey, Māori participants will be asked specific questions about the wellbeing of their whānau.

Te Kupenga takes an innovative approach by enabling Māori individuals to define whānau and whānau wellbeing. This could overcome some of the inherent difficulties in developing whānau measures. The survey began in June 2013, with results planned to be available from December 2013. It will examine key aspects of Māori culture and society, including whānau, using quantitative methods. Statistics New Zealand notes that it will produce a series of releases of key data from the survey from the end of 2013 onwards.

Te Hoe Nuku Roa

Te Hoe Nuku Roa is a longitudinal study of Māori households, funded by the Public Good Science Fund (through the then Foundation for Research, Science and Technology). Planning for the study began with the Department of Māori Studies, Massey University, where in 1992 it was recognised that there was a need for a longitudinal study of Māori households that would investigate and correlate a wide range of cultural, economic and personal factors. The study officially began in 1994 and to date four waves of data have been collected, with a fifth wave currently underway.

While Te Hoe Nuku Roa does not use whānau as a unit of analysis, it:

- › uses a Māori-relevant framework to gauge both personal and family development
- › attempts to objectify the context in which Māori families and individuals exist
- › proposes an integrated and holistic approach to personal and family development
- › includes a longitudinal component that offers an opportunity to chart the natural history of Māori individuals and families
- › has collected information about Māori families and households across the following domains:
 - ethnic identity and culture
 - lifestyle
 - health status and service use
 - education
 - economic situation
 - housing.

While it is beyond the scope of this report to discuss or interpret results from different waves of Te Hoe Nuku Roa, the overview provided above does highlight that indicators based on longitudinal data from the study may be able to be developed for a number of domains and, as an intermediate step, provide a proxy for whānau wellbeing until such time as whānau-level data can be reliably reported on.

Whānau Ora Cross-Sector Policy Programme

Whānau Ora is an inclusive approach to providing services and opportunities to all families in need across New Zealand. It empowers whānau as a whole – rather than focusing separately on individual family members and their problems – and requires multiple government agencies to work together with families rather than separately with individual relatives.

Jointly implemented by the Ministry of Māori Development, Te Puni Kōkiri and the Ministries of Social Development and Health, Whānau Ora is about a transformation of whānau, with whānau setting their own direction. It is driven by a focus on outcomes: that whānau will be self-managing; living healthy lifestyles; participating fully in society; confidently participating in te ao Māori; economically secure and successfully involved in wealth creation; and cohesive, resilient and nurturing.

Māori in Australia Studies

Since 2007 there has been research interest in Māori in Australia. Hamer (2007, 2009, 2011) and more recently Kukutai (in draft) have utilised Australian census data to estimate numbers of Māori in Australia to be around 140,000 to 170,000, most of them located in Western Australia and Queensland. It would be useful, therefore, to include an indicator or indicators relating to whānau living in Australia. Hamer (2009) argued that Māori in Australia can be a comparator population for Māori living in New Zealand, particularly in testing assumptions about the relationship between connection or disconnection from culture or tūrangawaewae, and individual or whānau wellbeing.

As in many other Western countries, interest in social indicators and social reporting developed in New Zealand during the 1970s, with a renewal of interest in the late 1990s (Cotterell & Crothers, 2011). This led to four new government-sponsored projects:

- ▶ *The Social Report*, published annually from 2001 to 2010 by the Ministry of Social Development, is indicator-based and incorporates both subjective and objective indicators. One of its four purposes is “to provide and monitor over time measures of wellbeing and quality of life that complement existing economic indicators and environmental indicators” (Ministry of Social Development, 2008).
- ▶ *The Big Cities Quality of Life Project*, which measures the perceptions of residents living in most of New Zealand’s major cities, draws on a biennial survey and census data. It began with councils in the six largest cities measuring quality of life in their cities, then expanded to include 12 local authorities. (With the amalgamation of Auckland local authorities, the number of participants will change again.) The project uses a mix of subjective and objective indicators to assess the state of each city.
- ▶ *The Family Whānau and Wellbeing Project*, a one-off project, which used census data to construct objective indicators of family wellbeing (using the census definition of family, which includes only family members living in one household). Its main goal was to develop ways to use census data to monitor the social and economic determinants of family and whānau wellbeing and how these changed between 1981 and 2001.
- ▶ Statistics New Zealand’s *Framework for Measuring Sustainable Development*, was developed in 2008 and has three dimensions: environmental responsibility, economic efficiency and social cohesion. The last dimension covers aspects that are relevant to family wellbeing, including living conditions, ability to participate in society, social connectedness and cultural aspects.

- ▶ The Salvation Army has produced five annual 'State of the Nation' reports (see The Salvation Army, 2012). All state of the nation reports are based on a conceptual framework that seeks to bring together indicators across a range of sectors but, to date, most reports have focused on indicators at the household or individual level.

Other projects have looked at particular sectors, such as the environment or health, specific population groups, such as women, Māori, older people, children and youth, or at community-level data. All take an indicator approach.

The Children's Social Health Monitor is an example. It was developed during 2009 to monitor the impact of the economic downturn on child wellbeing, and collects data on five economic and four health and wellbeing indicators. All rely on objective data. (See www.nzchildren.co.nz)

The Ministry of Health uses census data to create the Atlas of Socioeconomic Deprivation in New Zealand (White et al, 2008). The New Zealand Health Survey (2008) explored family cohesion through a single question, which captured one parent's opinion of how well their family members interact. The report recognises that family cohesion is not the sole determinant of family wellbeing but "simply one dimension of many that has an impact on the way a family functions". The definition of family referred to "immediate family members that live in the same household".

The Household Incomes Report (Perry, 2012) is produced annually by the Ministry of Social Development to record trends in inequality and hardship. It uses household after-tax cash income, adjusted for household size and composition, as a measure of a households' material wellbeing or living standards. The reports recognise:

The increasing acceptance internationally that in addition to income-based measures, non-income measures are needed to provide a more comprehensive and accurate picture of the material wellbeing of households. Income-based measures can be seen as indicators of 'command over resources' or as proxies for the 'inputs' into material wellbeing. Non-income measures focus on the actual living conditions ('outcomes') such as access to household durables, the ability to keep warm, have a good meal each day, keep oneself adequately clothed, repair or replace basic appliances as required, visit the doctor, pay the utility and rent/ mortgage bills on time, pursue hobbies and other interests, and so on. (Perry, 2012, p. 159)

Families Commission
PO Box 2839
Wellington 6140
New Zealand
Telephone: 04 917 7040
Email: enquiries@nzfamilies.org.nz
www.nzfamilies.org.nz

If you would like any information about the work of the Families Commission, contact enquiries@nzfamilies.org.nz

Wellington office

Public Trust Building, Level 5
117–125 Lambton Quay
PO Box 2839, Wellington 6140
Phone 04 917 7040
Fax 04 917 7059

Auckland office

AMI House, Level 5
63 Albert Street, Auckland 1010
Phone 09 985 4106
Fax 09 985 4109

Email

enquiries@nzfamilies.org.nz

Commission website

www.nzfamilies.org.nz



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