



MINISTRY OF  
SOCIAL DEVELOPMENT  
*Te Manatū Whakahiato Ora*

# **Children and Young People: Indicators of Wellbeing in New Zealand 2008**

## **Summary findings**

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## Summary findings

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This section summarises wellbeing outcomes for New Zealand children and young people and how they have changed over recent years, particularly since the mid-1990s. It includes a comparison of New Zealand outcomes with those of other countries. Changes over time for Māori, Pacific, Asian and Other ethnic group children and young people are also presented.

### Changes in child and youth wellbeing over time

Overall, this report shows that wellbeing outcomes for New Zealand children and young people are generally positive and are improving. Of the 36 indicators for which there is trend data, 22 show improvement, while a further 11 have changed little or not at all. For the remaining three indicators there has been some deterioration in recent years, although in one of these (Te reo Māori speakers), other measures of language use show improvement over the same period.

Figure SU1 shows changes in wellbeing for the 24 indicators which have data for the mid-1990s and can be compared over a decade.

### Health

In the health domain, most indicators show improving outcomes. Infant mortality has more than halved since the late 1980s. The proportion of 14–15 year olds who regularly smoke cigarettes has more than halved since 1999. The youth suicide rate has fallen since the mid-1990s, but is still higher than it was in the mid-1980s. Immunisation coverage at two years has improved substantially since the early 1990s but is still below the target level of 95 percent required to prevent the outbreak of diseases such as measles. Hearing test failure at school entry has also improved since the early 1990s. The proportion of children born with a low birth weight has improved since 2002 and was lower in 2006 than it was a decade earlier.

There has been little change in oral (dental) health since the early 1990s. In 2006, just over half of five year olds were caries free, while 12 year olds had, on average, 1.6 decayed, missing or filled teeth. There was no change in child obesity or youth physical activity over the five years to 2007. The 2006/2007 New Zealand Health Survey found that 8 percent of children aged 5–14 years were obese. Among 15–24 year olds, just over half (55 percent) met physical activity guidelines.

### Care and support

The care and support domain includes two indicators for which there is no time series information yet.<sup>1</sup> They provide measures of wellbeing from the perspective of young people themselves. Most secondary school students said they had positive relationships with their parents but many reported not getting enough time with at least one of them. Half of the students had seen adults in their home yelling or swearing at other adults or children. One in 20 had seen adults physically hurting other adults, and around one in six had witnessed adults hitting or physically hurting children.

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<sup>1</sup> These indicators are drawn from the Youth2000 survey, conducted in 2001. Results from a repeat survey, Youth2007, were not available in time for this report.

Early childbearing is the third indicator in this domain. The birth rate for females under 20 years has generally followed a downward trend over the long term. Between 1997 and 2002, it fell from 33.2 births per 1,000 females to 25.8 per 1,000, but this decline was almost reversed in the five years to 2007, when it reached 31.6 per 1,000.

## Education

Outcomes in the education domain that have improved include the proportion of children living with parents with no qualifications, which more than halved between 1986 and 2006. Participation in early childhood education at ages three and four years has increased continuously since the late 1980s, while the proportion of school leavers with National Certificate of Educational Achievement (NCEA) Level 2 or above has increased since 2003, reaching 66 percent in 2007.<sup>2</sup>

Reading literacy and mathematical literacy at age 15 did not change between 2003 and 2006; there was no trend data for scientific literacy. On each of these indicators, New Zealand students perform very well, on average. However, for reading and scientific literacy, the wide spread of scores indicates a relatively high level of disparity between high and low achievers. The proportion of students staying on at school to age 17.5 years fluctuated over the decade and in 2007 it was similar to the level in 1992.

For 18–24 year olds, both the tertiary education participation rate and the tertiary qualification completion rate have increased since 1999, though there has been little change in recent years. In 2007, over a third of 18–24 year olds (37 percent) were enrolled in tertiary education. In 2006, 8 percent of 18–24 year olds completed a qualification at a tertiary education institute.

The only indicator to deteriorate in this domain was the school truancy rate, which increased slightly between 2004 and 2006.

## Economic security

Outcomes have improved for four of the five indicators in the economic security domain. The proportion of children under 15 years with no parent employed fell from 25 percent in 1991 to 17 percent in 2006, but was still higher than it had been in 1986 (14 percent). The proportion of children living in low-income households more than halved between 1994 and 2007 (from 35 percent to 16 percent), but was still above the 1986 rate of 11 percent. The unemployment rate for 15–24 year olds declined from 14.6 percent in 1998 to 9.7 percent in 2007, while real median hourly earnings for this age group have increased since 1997, particularly for 15–19 year olds. These improved economic outcomes broadly coincide with trends for the adult population over the same period.<sup>3</sup>

The employment rate for 15–24 year olds has remained steady over the last decade, in part because of higher levels of participation in education.

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<sup>2</sup> The National Certificate of Educational Achievement was introduced in 2002. A direct comparison cannot be made with higher secondary school qualifications in earlier years.

<sup>3</sup> See Ministry of Social Development (2008) *The Social Report 2008*.

## **Safety**

For the three indicators in the safety domain that can be monitored over time, the trends are mainly positive. For children under 15 years, the rate of death from unintentional injuries fell by one quarter in the decade to 2005. The child assault death rate was lower in the five-year period 2001–2005 than in 1996–2000. However, the assault death rate for 15–24 year olds increased slightly over the same period.<sup>4</sup>

Road safety has improved substantially for children and young people over the last twenty years. Since the mid-1990s, the road death rate for children under 15 years has almost halved, while the rate for 15–24 year olds has fallen by one third.

There is no trend data for the remaining three safety indicators, which each reflect young New Zealanders' own perceptions of safety. Almost a third of secondary school students reported in 2001 that they had been bullied at school in the last 12 months. Just over half of 15–24 year olds experienced some form of criminal victimisation in 2005, while 41 percent said that fear of crime had a moderate or high impact on their quality of life.

## **Civil and political rights**

The single indicator in the civil and political rights domain showed improvement. Estimated voter turnout among registered 18–24 year olds was higher in the 2005 general election than in any of the previous six elections.

## **Justice**

Recent improvements were evident in the justice domain. The police apprehension rate for 14–16 year olds declined between 2003 and 2006, while the rate of cases proved in the Youth Court was lower in 2006 than in 2004.<sup>5</sup>

## **Culture and identity**

One of the two indicators in the culture and identity domain deteriorated while the other showed little or no change. Between 2001 and 2006, there was a slight decline in the proportion of Māori children and young people who could hold a conversation about everyday things in Māori, as measured by the five-yearly population census. However, the Māori Language Survey, which measured language proficiency, found an increase in the proportion of Māori aged 15–24 with some level of speaking proficiency over the same period.

For ethnic groups other than Māori, most experienced little change between 2001 and 2006 in the proportion of children and young people who could hold a conversation about everyday things in their first language.

## **Social connectedness**

Both indicators in this domain showed improvement. Children and young people were more likely to live in households with telephone access in 2006 than in 2001, and much more likely to have Internet access at home.

## **Environment**

Children under 18 years were less likely to be living with at least one parent who regularly smokes in 2006 than in 1996.

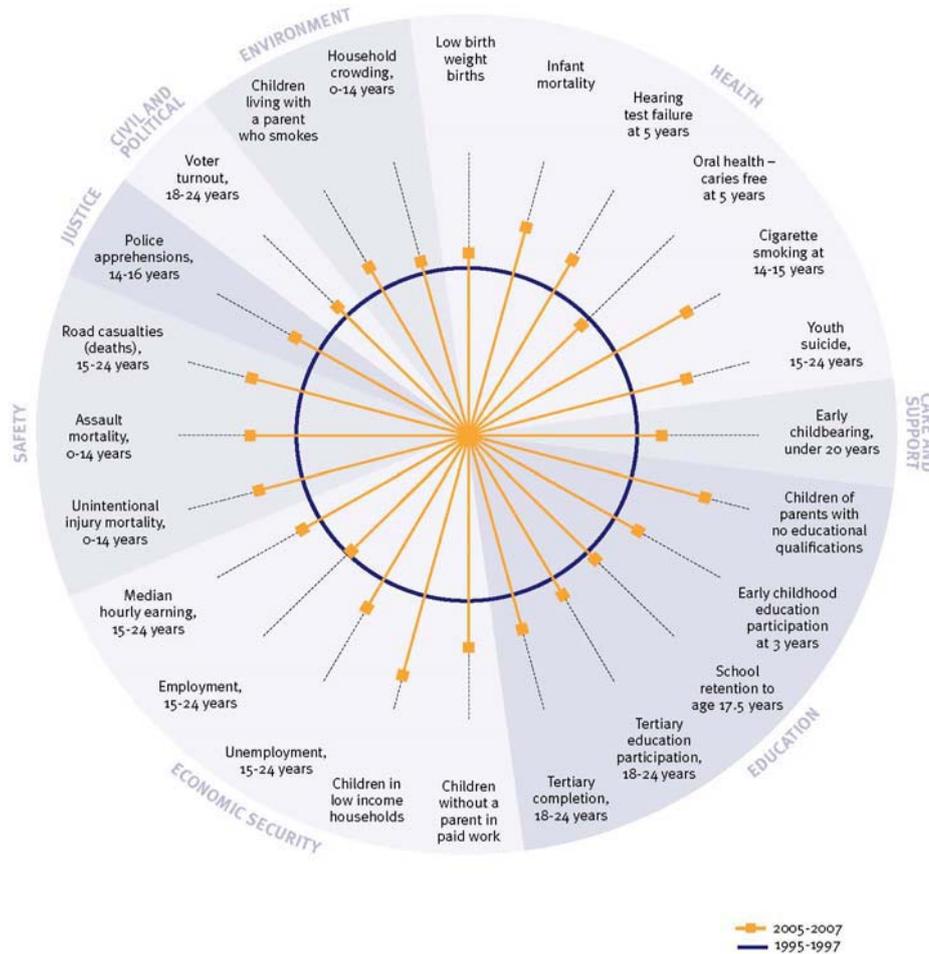
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<sup>4</sup> These apparent trends in both child and youth assault mortality rates should be interpreted with caution because they are based on very small numbers.

<sup>5</sup> The introduction of a new system for recording cases in 2004 precludes longer time trends.

The proportion of children under 15 years living in crowded housing remained fairly steady over the twenty years from 1986 to 2006. Over the same period, 15–24 year olds became less likely to be living in crowded housing, although the proportion in this situation increased slightly between 2001 and 2006.

Figure SU1 **Changes in child and youth wellbeing, 1995–1997 to 2005–2007**



**Interpreting “Changes in child and youth wellbeing, 1995–1997 to 2005–2007”**

The circle represents average outcomes for each indicator between 1995 and 1997, and the spokes represent outcomes between 2005 and 2007. Where possible, the data is averaged over the three years in these two time periods. Where a spoke falls outside of the circle, this means outcomes have improved since the mid-1990s; the further from the circle it falls, the more substantial the improvement. Where a spoke falls within the circle, the outcome for this indicator has deteriorated since the mid-1990s; the further the spoke is from the circle, the more pronounced the deterioration.

There are some important limitations on this style of presentation. In particular we cannot directly compare the size of changes for different indicators. The absence of trend data for some indicators limits the number of indicators displayed above to 24. Most of the latest data is for 2005–2007, with the exception of suicide (2003–2005) and assault mortality (2001–2005). The earlier period is 1995–1997 for all indicators except cigarette smoking, tertiary education participation and tertiary completion (1999 for each of these), and assault mortality (1996–2000).

For fuller information on trends over time, see the Current Level and Trends sections of the indicators.

## International comparisons

Of the 42 indicators in this report, 17 include internationally comparable data on child or youth outcomes. For nine of these indicators, New Zealand outcomes were better than the median outcome for the 30 countries of the Organisation for Economic Cooperation and Development (OECD), while for seven indicators they were worse. For the remaining indicator, New Zealand outcomes were similar to those of other countries.<sup>6</sup> The comparisons are based on the latest OECD data available and New Zealand data for the same period is used, even where more recent data is available.

New Zealand compared very well with other OECD countries in the education domain. Participation in early childhood education is relatively high, with New Zealand ranking sixth among OECD countries in 2004. New Zealand 15 year olds performed strongly in the OECD Programme for International Student Assessment (PISA) study in 2006, scoring significantly above the OECD average on assessments for reading, mathematical and scientific literacy. New Zealand 18–24 year olds have a relatively high rate of participation in tertiary education at diploma and degree level, ranking seventh among OECD countries in 2005.

There were two positive results for youth in the economic security domain. New Zealand 15–24 year olds had the seventh highest employment rate in the OECD and the 12th lowest youth unemployment rate in 2007. For children under 18 years, the only internationally comparable indicator in this domain was children living in households with low incomes. In 2004, the New Zealand outcome for this indicator was somewhat less favourable than the OECD median (50 percent threshold) for that year. More recent New Zealand data (2007) shows very little change on this measure. Using a 60 percent of median threshold, New Zealand's rate was above the European Union average in 2004 and had fallen to the EU average by 2007.

In the social connectedness domain, New Zealand 15 year olds have a relatively high level of access to the internet at home compared to their OECD counterparts.

In the health domain, New Zealand compared favourably on low birth weight births, which were less prevalent in New Zealand than in most OECD countries. However, this finding is difficult to interpret across countries with different ethnic distributions because average birth weight varies by ethnicity.

For other indicators in the health domain, New Zealand outcomes were less favourable when compared to other countries. New Zealand's infant mortality rate was higher than the OECD median, while its youth suicide rates were among the highest. Immunisation coverage of New Zealand children at age two years was lower than the OECD average for four of the five main early childhood vaccinations. In oral health, New Zealand 12 year olds were more likely to have decayed, missing or filled teeth than children of that age in other OECD countries.

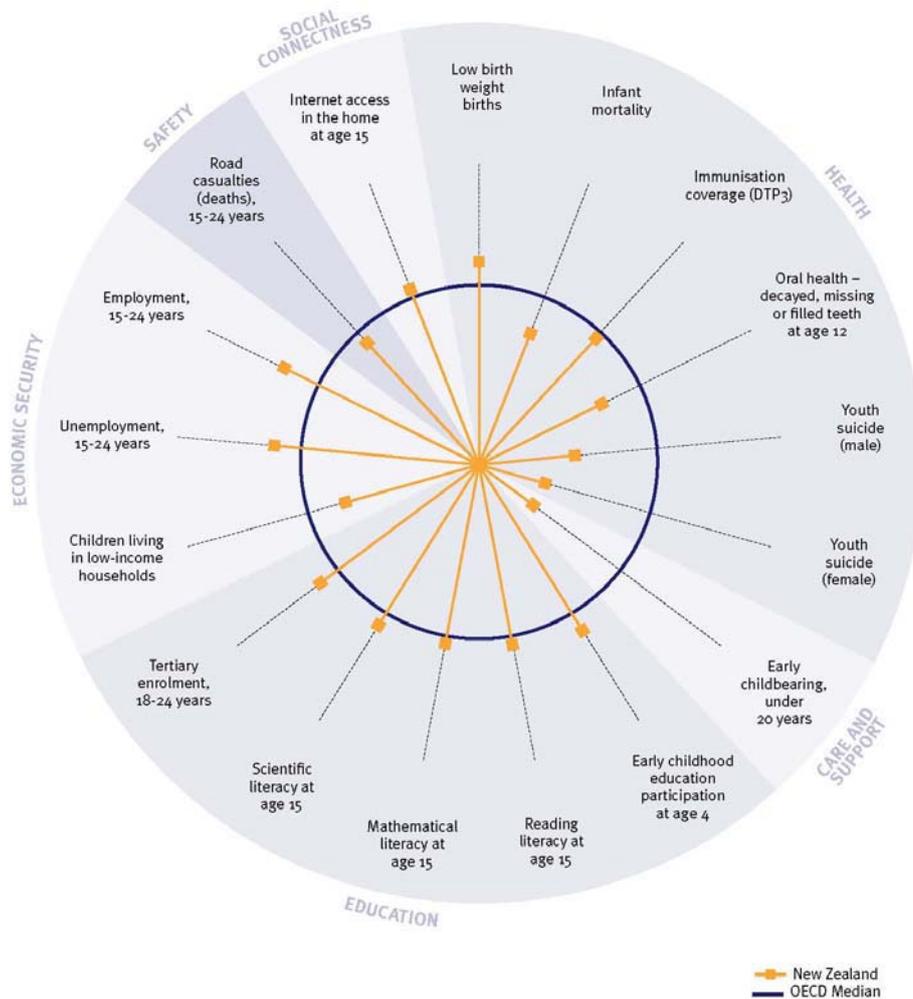
In the care and support domain, New Zealand's teenage birth rate was well above the OECD median, ranking fourth highest in the OECD.

In the safety domain, results for New Zealand were similar to those of other countries. New Zealand's road death rate for 15–24 year olds was just above the OECD median in 2006. New Zealand secondary school students were about as likely as students of a similar age in European countries to experience bullying at school.

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<sup>6</sup> One of these two, bullying at school, is not included in the figure below because international data was not available in a suitable summary form.

Figure SU2 **Child and youth wellbeing in New Zealand relative to the OECD**



**Interpreting “Child and youth wellbeing in New Zealand, relative to the OECD”**

This figure shows New Zealand child and youth wellbeing relative to the OECD for 15 indicators (counting the two spokes for suicide as one indicator). The circle represents the OECD median for each indicator, and the spokes represent New Zealand’s outcomes relative to the OECD median. Where a spoke falls inside the circle, New Zealand is in the lower half of the OECD. Where the spoke falls outside the circle, outcomes in New Zealand are better than the OECD median.

For each indicator, the most recent data has been used where possible. Most of the data is for years between 2005 and 2007. Exceptions are: children living in low-income households (2004), oral health (2003), and suicide (2002–2005). Bullying at school is not shown in the figure as international data is not available in a suitable summary form. For immunisation, DTP3 has been used to represent the results of the indicator, in which five different vaccinations are compared. Tertiary enrolment at 18–24 years refers to enrolments at diploma/degree level only.

**SOME CAUTION IS REQUIRED WITH THIS DATA:** international comparisons can be difficult to interpret because of the different methods countries use to collect, classify and record social data. Problems of comparability are less likely where the data comes from OECD surveys or where it is based on international standards like those developed by the International Labour Organization or the World Health Organization.

## **Māori children and young people**

The report shows that most outcomes for Māori children and young people have changed for the better within the last decade. Of the 27 indicators with data for Māori over time, 16 show improvement, five have remained steady and six show some deterioration.

In the health domain, a number of indicators show improvement. The proportion of low birth weight babies declined between 2001 and 2006, although it was relatively unchanged from a decade ago. The infant mortality rate fell by 42 percent between 1996 and 2005. There have also been improvements in hearing test failure rates and rates of cigarette smoking among 14–15 year-olds have fallen dramatically since 1999, by 43 percent for males and 34 percent for females. The only indicator in the health domain to show recent deterioration for Māori was the youth suicide rate which, after falling between the periods 1996–1998 and 1999–2001, increased by nearly as much in the years up to 2003–2005.

Despite the improvements, health outcomes for Māori generally compare unfavourably against those for the total population: Māori have a higher proportion of low birth weight babies, higher infant mortality, lower immunisation rates, poorer hearing and oral health, higher rates of obesity and cigarette smoking and higher rates of youth suicide. The only health indicator on which they compare favourably with the total population is the proportion of youth meeting physical activity guidelines.

In the care and support domain the only indicator which can be monitored over time is early childbearing, which shows that the teenage birth rate for Māori fell by 26 percent between 1997 and 2002 before increasing by a similar amount between 2002 and 2007. Just over half of all women who have children in their teens are Māori. In terms of their relationships with parents, the proportion of Māori secondary school students who felt that their parents cared about them a lot was similar to the figure for the total population at around 90 percent in 2001. However, young Māori were slightly less likely than others to report that they felt close to their parents most of the time or spent enough time with them. Māori secondary school students were also more likely than students in general to have witnessed an adult hitting or hurting a child or another adult in their home in the last 12 months.

There have been gains in Māori educational participation and achievement in recent years, from early childhood through to tertiary level. Māori children are much more likely than in the past to have parents with educational qualifications – the proportion living without parents with formal educational qualifications fell from 51 percent to 25 percent between 1986 and 2006. Māori children are increasingly likely to have attended early childhood education before starting school and are more likely to leave school with higher qualifications. The proportion of Māori school leavers with NCEA level 2 or above increased from 29 percent to 44 percent between 2003 and 2007, the largest improvement of any ethnic group. On the other hand, there has been a slight fall in the proportion of Māori staying on at school to the age of 17.5 years since the early 1990s and an increase in school truancy among Māori since 2004. At tertiary level, the proportion of 18–24 year old Māori females participating in tertiary education increased markedly between 2001 and 2002 but fell by a similar amount from 2004 to 2007, while over the whole period from 2001 there was a small increase in tertiary education participation for Māori males. The proportion of Māori completing tertiary education qualifications increased between 1999 and 2003 and fell back in subsequent years, although over the whole period there was an improvement in this outcome for Māori, particularly for Māori females.

Despite some positive trends, educational indicators for Māori generally compare unfavourably with those for the total population. Māori still have lower rates of participation in early childhood education, higher truancy rates, and lower mean scores for reading, mathematical and scientific literacy. They are also considerably less likely to stay on at school to the age of 17.5 years and to leave school with higher qualifications. At tertiary level, participation rates for Māori 18–24 year olds are not much below those of the total population in that age group (31 percent compared with 37 percent in 2007) but there is more of a gap in the proportion of this age group who completed qualifications (6 percent compared with 8 percent for the total population in 2006).

Indicators in the economic security domain paint a far more positive picture for young Māori than they did in the late 1980s and early 1990s. The proportion of Māori children whose parents were not in paid work fell from 48 percent to 30 percent between 1991 and 2006. Young Māori in the 15–24 year age group are themselves much more likely to be in paid employment than they were in the early 1990s, thanks largely to a dramatic decline in the unemployment rate for this age group, which fell from 39 percent in 1991 to 17 percent in 2007. However, by comparison with the total population aged 15–24 years, unemployment rates for Māori youth are still relatively high and employment rates relatively low. There is little difference in median hourly earnings between Māori and the total population aged 15–24 (\$12.36 for Māori compared with \$12.50 for the total population in 2007) but there has been no significant increase in real median hourly earnings for young Māori since the late 1990s.

In the safety domain, recent trends for Māori children and young people are mixed. The likelihood of dying from assault was lower in 2001–2005 than it had been in the previous five-year period for both under-15 year olds and 15–24 year olds. Deaths of under-15 year olds from unintentional injury are lower than they were in the late 1990s. Road deaths for Māori under the age of 25 increased between 2001 and 2005. By comparison with the total population under 25 years, young Māori are at greater risk of dying from assault, unintentional injury and motor vehicle accidents. Although 15–24 year old Māori are not significantly more likely to experience criminal victimisation, they are more likely to be victims of confrontational offences such as assaults, threats or robbery, and to report that fear of crime affects their quality of life. Similarly, although Māori secondary school students were less likely than New Zealand European students to report having been bullied at school, those who had been bullied were more likely to regard it as severe, and more likely to avoid school because of fear of bullying.

Young Māori are also over-represented in youth justice statistics, accounting for almost half of all police apprehensions of 14–16 year olds and over half of all cases proved in the Youth Court involving 14–16 year olds.

In other domains the trends for young Māori are generally positive. While census results show a slight fall between 2001 and 2006 in the proportion of young Māori who can hold a conversation in te reo Māori, a survey on the health of the Māori language shows that the proportion of 15–24 year olds with a high proficiency level in the language more than doubled over the same period. Between 2001 and 2006 the proportion of Māori children and young people living in households with access to telephones increased while the proportion living in households with internet access almost doubled, although in both cases Māori are less likely than the total child and youth population to have access. The proportion of Māori children living with parents who are regular smokers has fallen over the last decade, as has the proportion of children and youth living in crowded households, although again the rates for Māori remain considerably higher than for children and youth generally.

## **Pacific children and young people**

Outcomes for Pacific children and young people have improved within the last decade for most of the 22 indicators for which there is trend data: 15 have changed for the better, while seven showed little or no change.

In the health domain, the picture is mixed. The proportion of Pacific babies with a low birth weight, which is relatively low compared to other ethnic groups, declined slightly between 2000 and 2006, although it changed little over the decade. On the other hand, the Pacific infant mortality rate is relatively high and has fluctuated since 1996, with no clear pattern of improvement over the period as a whole. At school entry, Pacific children are more likely than others to fail the hearing test, although their failure rates have declined since 2001/2002. Rates of cigarette smoking among 14–15 year-old Pacific students have fallen substantially since 1999, by 41 percent for males and 45 percent for females. Like Māori, Pacific children have poorer oral health outcomes than children of other ethnic groups. Obesity prevalence was highest among Pacific children and did not change between 2002/03 and 2006/07. Pacific youth were not significantly less likely than youth generally to meet physical activity guidelines and there was no change in this outcome between 2002/03 and 2006/07. Suicide rates for Pacific youth were not statistically different from the national average rate for 15–24 year olds in the period 2000–2005.

In the care and support domain, the teenage birth rate for Pacific women declined between 2001 and 2006. Pacific students, along with New Zealand European students, were more likely than other students to report positive relationships with their parents. However, like Māori, Pacific students were more likely than other students to report witnessing adults in the home hurting other adults or children.

Several gains for Pacific children and young people are evident in the education domain. There was a substantial fall in the proportion of Pacific children living with parents without educational qualifications between 1986 and 2006, from 47 percent to 23 percent. Since 2000, improvements in early childhood education participation have been greater for Pacific children than for the total population, although Pacific children still have the lowest rate. At the other end of schooling, since 1998, Pacific students have been more likely than secondary students generally to stay on at school to age 17.5 years. The proportion of Pacific school leavers with NCEA Level 2 or above increased from 42 percent in 2003 to 56 percent in 2007. Tertiary education participation has increased for Pacific 18–24 year olds since 2001, particularly for females. Other education outcomes are less favourable: Pacific students have relatively high school truancy rates and had the lowest mean scores for reading, mathematical and scientific literacy.

Similarly, in the economic security domain there have been some substantial gains, such as the dramatic fall since 1991 in the proportion of Pacific children without a parent in paid work (from 45 percent to 29 percent in 2006). For 15–24 year old Pacific youth, the unemployment rate has fallen since 1999, while the employment rate has increased over the same period. However, there was no significant increase in median hourly earnings for Pacific youth over the decade to 2007.

In the safety domain, there is no clear trend between 2001 and 2005 in the road death rate for Pacific children and young people under 25 years of age, although the rates for young Pacific people were lower than the national average from 2003. Pacific youth aged 15–24 years were not significantly more likely than youth of other ethnic groups to experience criminal victimisation, and they were less likely than New Zealand European students to report being bullied at school. However, those who had been bullied were more likely to regard it as severe.

In the justice domain, the police apprehension rate for Pacific youth, while higher than that of the New Zealand European and other category (including Asian), is lower than the rate for the total population aged 14–16 years. Pacific young people accounted for 11 percent of cases proved in the Youth Court, the same proportion as they made up of the population aged 14–16 years.

In the culture and identity domain, the proportion of the population under 25 years who could speak the first language of their ethnic group declined slightly between 2001 and 2006 for those of Samoan, Niuean and Cook Island Māori ethnicity and remained steady for Tongans. Pacific children and young people born in New Zealand are less likely to be able to speak the first language of their ethnic group than those born overseas, and the proportion varies widely between Pacific ethnic groups, ranging from 6 percent of Cook Island Māori to 46 percent of Samoans.

Outcomes in the social connectedness and environment domains were generally positive. Between 2001 and 2006 there was an increase in the proportion of Pacific people under 25 years with household access to a telephone, while the proportion living in households with internet access almost doubled. However, in both cases Pacific people are less likely than the national average to have access. The proportion of Pacific children living with parents who are regular smokers has declined slightly since 1996, but only for those living in two-parent families. Parental smoking remains much higher for Pacific children than for children generally. Pacific people under 25 years are far more likely than those of other ethnic groups to be living in crowded households, but there was an improvement in this outcome between 1986 and 2006, particularly for 15–24 year olds.

## **Asian children and young people**

Twenty-six indicators in this report provide separate information for Asian children and young people. In a further three indicators, those of Asian ethnicity are included, along with ethnic groups other than European, Māori, Pacific peoples, in a category referred to here as Other (including Asian).

Of the 15 indicators with trend data for Asian children and young people, 11 showed improvement within the last decade, three remained steady, while one deteriorated slightly.

Health outcomes for Asian children and youth are mostly very favourable. At age two, Asian children have relatively high levels of immunisation coverage, similar to those of New Zealand European children. At school entry, Asian children consistently have the lowest rates of hearing test failure and at ages 5–14 years, they have lower than average rates of obesity. At secondary school, Asian 14–15 year olds, particularly females, have the lowest regular cigarette smoking rates and these have declined substantially since 1999 (by 40 percent for males and 62 percent for females). For the period 2000–2005, Asian youth had a significantly lower youth suicide rate than the national average, in both the 15–19 and 20–24 age groups. Physical activity was the only health outcome in which Asian young people performed poorly; they were the least likely among 15–24 year olds to have met physical activity guidelines in the previous week, with no significant change since 2002/03.

In the care and support domain, Asian secondary school students, with New Zealand Europeans, were more likely than other students to report that most weeks they get enough time with their Mum and/or Dad. They were more likely than New Zealand European students, but less likely than Māori or Pacific students, to report witnessing an adult in their home hitting or hurting another adult. The teenage birth rate for Asian women is the lowest of all ethnic groups and it declined between 2001 and 2006.

Asian children and young people do particularly well in the education domain. In 2006, only 8 percent of Asian children under 18 years lived with parents without educational qualifications, the proportion having fallen from 29 percent in 1986. Asian children have the second highest rate of participation in early childhood education and it has improved since 2000. Asian school students have the lowest school truancy rate. Asian 15 year olds had the highest mean score in mathematical literacy in 2006, and the second highest mean scores, after European students, in reading and scientific literacy. In 2006, an estimated 92 percent of Asian students had stayed at school to their 17th birthday, compared to 71 percent of all students.<sup>7</sup> Asian students who left school in 2007 had the highest proportion with NCEA Level 2 or above. Only at tertiary level was the picture less positive. The tertiary education participation rate for Asian 18–24 year olds fell sharply between 2001 and 2003 and had almost recovered by 2007, when it stood at 32 percent, just above the rates of Māori and Pacific peoples.

There is limited information for Asian people in the economic security domain because most of the indicators are based on survey data which does not yet report separate data for the Asian ethnic group. The five-yearly population census shows that the proportion of Asian children under 18 year without a parent in paid work has fallen since 1996 and at 19 percent in 2006, it was just above the national average (17 percent). In the median hourly earnings indicator, Asians are included in the Other ethnic group. There were no statistically significant differences between the median hourly earnings of Other (including Asian) 15–24 year olds and those of other youth in 2007, and no significant changes in median hourly earnings for these youth over time.

In the safety domain, Asian youth aged 15–24 years were not significantly more likely than youth of other ethnic groups to experience criminal victimisation, and they were less likely than New Zealand European students to report being bullied at school. However, those who had been bullied were more likely to regard it as severe.

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<sup>7</sup> School retention to age 17.5 years, the measure used for change over time, is not available for Asian students.

Outcomes in the justice domain were favourable for Other (including Asian) youth. In 2006, 14–16 year olds in this group had relatively low rates of apprehension by police, and were under-represented in cases proved in the Youth Court.

In the culture and identity domain, people under 25 years who identified with Asian ethnic groups were more likely than those identifying with Pacific or European ethnic groups to be able to hold everyday conversations in the first language of their ethnic group. For most Asian ethnic groups, the proportion increased slightly between 2001 and 2006.

Outcomes in the social connectedness were positive. Almost all Asian people under 25 years live in households with access to a telephone. Among children under 18 years, Asians (with Europeans) have the highest proportion with access to the internet at home, while among 18–24 year olds, Asians have by far the highest proportion with access.

In the environment domain, Asian children under 18 were the least likely of all ethnic groups to be living with parents who regularly smoked and the proportion fell between 1996 and 2006. On the other hand, Asian children and young people are more likely than children generally to be living in crowded households. For Asian youth aged 15–24 years, the proportion in living in crowded housing declined between 1986 and 2006 but for children under 15 there was little change.

### **Other (excluding Asian) children and young people**

There is limited separate information for the Other (excluding Asian) category, a group which makes up just over 1 percent of the population under 25 years. Most of these children and young people identify with various ethnic groups from the Middle Eastern, Latin American or African regions. The diverse and changing composition of this group makes it difficult to interpret results and trends. Their small numbers mean they are not well represented in sample surveys.

For most of the 12 indicators that have separate information for the Other (excluding Asian) group, outcomes are similar to, or better than, the national average. These include the proportion of children under 18 living with parents without educational qualifications; the early childhood education participation rate; the proportion of school leavers with NCEA Level 2 or above; positive relationships with parents, witnessing family violence, and the proportion of secondary school students who reported being bullied at school. Children and young people in this group have higher than average household access to a telephone, but lower than average access to cellphones. Their access to the internet at home has increased and is similar to that of children generally for those under 18 years, and higher than average for those aged 18–24 years. The proportion of children under 18 living with a parent who regularly smokes is lower than average and has declined since 1996.

Less favourably, children in Other (excluding Asian) ethnic group category, along with Māori, have a relatively low immunisation coverage at age two years. In contrast to children and young people in all other ethnic groups, those in the Other (excluding Asian) group were more likely to live in crowded housing in 2006 than in 1986, particularly those aged 15–24 years.