Children and Young People: Indicators of Wellbeing in New Zealand

MINISTRY OF
SOCIAL DEVELOPMENT
Te Manatū Whakahiato Ora

Children and Young People: Indicators of Wellbeing in New Zealand

Acknowledgements

The Ministry of Social Development wishes to acknowledge the contributions of the following agencies in helping to produce this report:

Auckland City Council
Barnardos New Zealand
Christchurch City Council
Department of Child, Youth and Family Services
Department of Prime Minister and Cabinet
Faculty of Medical and Health Science at Auckland University
Housing Corporation of New Zealand
Local Government New Zealand
Ministry of Education
Ministry of Health
Ministry of Justice
Ministry of Women's Affairs
Ministry of Youth Development
New Zealand Council of Christian Social Services
New Zealand Plunket Society
Office of the Commissioner for Children
Office for Disability Issues
Office of Ethnic Affairs
Statistics New Zealand
Te Puni Kōkiri
The Centre for Youth Health, Counties-Manakau District Health Board
The Paediatric Society of New Zealand
The Treasury
UNICEF New Zealand
Wellington City Council
Waikato District Health Board

Published by:

Ministry of Social Development Te Manatū Whakahiato Ora
Bowen State Building, Bowen Street
PO Box 12 136, Wellington
New Zealand

Telephone: +64 4 916 3300
Facsimile: +64 4 918 0099
Website: www.msd.govt.nz

ISBN 0-478-18349-6

Contents

Preface

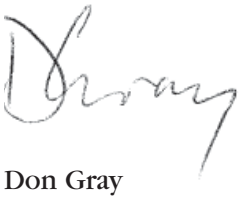
The wellbeing of children and young people is something that is very important to the Government and the people of New Zealand. It is a very high priority for my department and for the many other agencies that work in policy and service delivery for children and young people.

Through its *Agenda for Children*, the Government has endorsed a "whole child" approach to the development of policy that affects children. Strategies such as the *Youth Development Strategy Aotearoa* and the "Investing in Child and Youth Development" component of the *Sustainable Development for New Zealand Programme of Action* signal that the Government has placed the current and future wellbeing of children and young people high on its agenda.

This report on indicators of wellbeing for children and young people is the first in an ongoing programme of monitoring high-level outcomes for this vulnerable group. *The Social Report 2004* showed that children and young people have poorer outcomes than older people across a number of social indicators. This report provides a valuable addition to the knowledge base that informs the development of policies and services aimed at improving social wellbeing. It will help us to focus on the problems and issues facing children and young people and to tackle these issues head-on.

I would like to acknowledge the work done in the Ministry of Social Development to produce this report. I would also like to acknowledge the contribution of data, comments and ideas from many other government and non-government agencies and from people in the wider community. I thank them all for their contribution.

It is intended that the indicators presented in this report be maintained and developed in the future. I welcome feedback on both the report content and its value and relevance to readers.



Don Gray
Deputy Chief Executive, Social Development Policy and Knowledge
Ministry of Social Development

Summary

This report presents 35 indicators of the social wellbeing of children and young people in New Zealand. The indicators capture different aspects of the 10 selected social outcome domains,[1] which in turn represent key dimensions of social wellbeing.

An indicator report aims to focus on a few carefully selected normative measures. Each measure captures a unique aspect of a domain and provides a sound basis for monitoring change over time in the situation of the population of interest.

Demographic characteristics of the New Zealand population under 25 years of age are presented in the first section. This is followed by the indicators, and a summary table of key data completes the report. The indicators in this report have been selected against a set of criteria that includes relevance and statistical soundness. The selection method and consultation process are outlined in the appendices, along with technical details on the data used.

Some key results from the indicators are provided below.

In recent years, some improvement can be seen in the health situation of children and young people. The infant mortality rate halved in the 10 years to 1998 and fewer five year olds are failing the school entry hearing screening test. For teenagers, the prevalence of daily smoking has declined. Births to teenage mothers have also declined, particularly amongst young Māori women.

Despite these improvements, the situation remains poor for some subgroups of children and young people.

- Young males are far more likely than young females to succeed in taking their own life.
- Māori babies are more likely to be born with a low birth weight and, along with Pacific babies, more likely to die in infancy than babies of other ethnic groups.
- The rate of births to young mothers remains high, particularly for Māori and Pacific peoples.
- At five years of age, Māori and Pacific children are more likely to fail the school entry hearing screening test than other groups.
- High rates of obesity amongst young people place future health outcomes at risk, as do the high rates of smoking by young Māori females and by young people in low socio-economic areas.

The economic circumstances in which children and young people live have shown some improvement in recent years but wide disparities remain. Since the mid-1990s, the proportion of children living in low-income families has declined but more than one in four children still lived in this situation in 2001, nearly twice the level of the late 1980s. A similar proportion of children are in a family with a restricted standard of living. Children in sole-parent families are particularly

[1] See Appendix 1.

affected, with two out of three having low incomes. In addition, one in five households with children reported that they could only sometimes afford to eat properly. Households with Māori and Pacific children, families living in deprived areas and large families are more likely to experience less than desirable economic circumstances.

Young people are better able to find work now than in the early 1990s, and much improved unemployment rates reflect this. Those making the transition to work at 15–19 years are more affected by unemployment than 20–24 year olds, and rates for Māori and Pacific young people remain higher than for other groups despite sharing in the improvements over the past 12 years.

Children and young people are a little less likely to live in crowded households than they were in 1991, although the situation still remains poor for Pacific households, with nearly one out of every two children under 18 living in a crowded household.

Participation in early childhood education has increased over the past decade, with particularly rapid improvements in attendance by Pacific children.

New Zealand students at about nine years of age have demonstrated high average rates of reading achievement on international tests. Girls perform better, on average, than boys, and Māori and Pacific children have lower average scores than other children.

At 15 years of age, young people in New Zealand also perform well, on average, in international tests of reading, mathematics and science literacy. Students in high-decile schools perform significantly better, on average, on all three literacy tests than those in lower-decile schools, and European and Asian students perform better, on average, than Māori and Pacific students.

Despite these achievements, one out of every six young people continues to leave school with no qualification. This situation has remained largely unchanged since 1989. Māori and Pacific school leavers and students leaving low-decile schools are more likely than other school leavers to end their schooling with no qualifications. During their time at school, Māori and Pacific children and those from low-decile schools are also more likely to have unjustified absences from school.

In recent years, there has been a rapid increase in the proportion of young Māori gaining a tertiary qualification.

Deaths of children from unintentional injury have almost halved in the last 20 years. Children under five and Māori children remain at most risk. Deaths and injuries from motor vehicle crashes have declined substantially since 1986.

The rate at which children are dying from intentional injury in this country shows no improvement. Younger children and Māori children are at greatest risk. There has also been no change in rates of abuse and neglect of children over the last six years. Rates are higher for Māori children, and females aged 14–16 are more likely to be abused than males of the same age.

Children are particularly worried about intimidation at school. Younger children have reported being bullied more often than older children, and boys are more affected by frequent bullying than girls. One out of every 10 children reported being seriously bullied.

Young people are more likely to be victims of both violent and property crime than they were in the mid-1990s. Many feel unsafe when walking alone in their neighbourhood after dark, particularly women. One out of four women aged 17–24 also reported that they had experienced sexual interference or sexual assault at some point in their lives.

Children and young people benefit from feeling that they are valued and that they can make a positive contribution to the community in which they live. Indicators on culture and identity, social connectedness, justice and civil rights help to demonstrate the extent to which this occurs.

Almost all students at secondary school felt that their parents cared for them a lot. Two in five students said they would like to spend more time with their parents.

Young people are less likely to be registered on the electoral roll and are less likely to cast a vote at a general election than older people.

One-quarter of Māori aged 15–24 are able to hold a conversation in te reo Māori about a lot of everyday things. The proportion of children and young people able to speak te reo Māori increases with age and is higher in areas in which a higher proportion of Māori live.

The apprehension of 14–16 year olds by Police for non-traffic offences rose sharply in the early 1990s and numbers have remained relatively unchanged. A similar increase occurred in the number of cases proved in the Youth Court. Young males and young Māori people are more likely to be involved with the justice system in this way.

A decline in the participation of 5–17 year olds in sport and active leisure was most apparent for Pacific young people and for those aged 13–15 years. Pacific young people and 16–17 year olds now have the lowest rates of participation in these activities, with consequences for their level of social interaction outside of school and family. The internet can provide young people with an alternative way to interact with others, and almost one in two children lives in a household with internet access at home. Māori children and those in one-parent families are less likely to have access to the internet in their home.

Introduction

In June 2002, the Government released the publication *New Zealand's Agenda for Children: Making life better for children*. The focus of the *Agenda for Children* was on the Government's role but importantly it took a "whole child" approach and looked at how life for children growing up in New Zealand could be better, not just in health, education and welfare, but in all aspects of children's lives.

The *Agenda for Children* is closely related to the *Youth Development Strategy Aotearoa*, which looks at how Government and society can help and support young people to develop the right skills and attitudes to be active and positive contributors to society.

The *Agenda for Children* strategy set out a number of "action areas" as a means to take the agenda forward. These action areas were:

- promoting a whole child approach
- increasing children's participation
- an end to child poverty
- addressing violence in children's lives, with a particular focus on reducing bullying
- improving central government structures and processes to enhance policy and service effectiveness for children
- improving local government and community planning for children
- enhancing information, research and research collaboration relating to children.

Purpose of this report

This publication on indicators of wellbeing for children and young people primarily focuses on addressing the last action area in the *Agenda for Children* strategy. It was specifically stated that the information and research dimension of the *Agenda for Children* was developed to meet the need for a solid base of information for cross-sector policy development work for children, and the *Agenda for Children* noted what was currently happening in this area.

New work areas identified by the *Agenda for Children* strategy included a number of new research themes to help close information gaps in research relating to children. Among these were: children and their environment; social exclusion; the impact of family dynamics and transitions; the impact of parenting; violence, child abuse and neglect; child poverty; and participation in society.

Also noted was the need for reporting on indicators of children's wellbeing. Specifically, it was noted that:

> Every five years, the Ministry of Social Development (in consultation with SPEaR) will produce a report on the things that contribute to children's wellbeing. This will align and help with reporting under UNCROC [United Nations Committee on the Rights of the Child]. It will also produce an interim report which will detail how New Zealand children are doing on issues such as living standards and poverty, health and development, education, offending, safety and adjustment and self esteem.[2]

In January 2003, the Government published the *Sustainable Development for New Zealand Programme of Action* report. This programme covers four action areas: fresh water; energy; sustainable cities; and investing in child and youth development. In this programme, the Government committed to the goal of:

> All children and young people having the opportunity to participate, to succeed and to make contributions that benefit themselves and others, now and in the future.[3]

The programme of action consists of two initiatives: an indicators framework on child and youth wellbeing, and development of an investment framework for child and youth development.

This report on indicators of child and youth wellbeing contributes to these important initiatives identified by the Government to provide better information on the wellbeing of children and young people in New Zealand.

[2] Ministry of Social Development (2002) *New Zealand's Agenda for Children*, p. 31.

[3] Department of Prime Minister and Cabinet (2003) *Sustainable Development for New Zealand Programme of Action*, p. 23.

The wellbeing of children and young people in New Zealand

Good social outcomes for the young are desirable in their own right and also provide a strong foundation for future improvements in social outcomes across the whole population.

Social outcomes in New Zealand have been improving over the last five years. As *The Social Report 2003* has noted, the quality of life in New Zealand has improved, on average, over the last five years across a number of social outcomes. New Zealanders are living longer and our society is more prosperous, safer and better educated.

This report documents a number of areas in which children and young people in New Zealand have experienced real improvement. In many aspects of education, New Zealand measures up very well, on average, compared with other countries. Aspects of health and safety have improved, including the mortality rate for young children from unintentional injury. Among young adults, rates of smoking and early childbearing have improved steadily, and the road casualty rate has improved substantially.

The Social Report 2003 also noted that children and young people are among those groups in society whose outcomes, on average, are poor relative to the population as a whole. Young New Zealanders are more likely than the general population to have poor outcomes in the areas of safety, paid work and economic standard of living.

Children who are raised in poorer socio-economic circumstances face a greater struggle to secure outcomes comparable with those achieved by the population as a whole. Māori and Pacific peoples also have a higher likelihood of poor outcomes, particularly when they also have low standards of living. Therefore, on average, the children and young adults of these ethnic groups face diminished prospects in life compared with other children.

Evidence suggests that poor outcomes while young affect outcomes later in life. The cumulative impact of low incomes during childhood can be linked to poorer outcomes as an adult.[4] This implies that current poor outcomes for youth could have significant policy implications for New Zealand in the future. Youth suicide, youth unemployment and children living in families with low incomes do not bode well for the skills and resilience of New Zealand's future workforce. One of the best ways to prepare for New Zealand's future is to invest in the young.

This report will help us to identify key issues in the life outcomes of our children and young people that warrant further research, analysis and policy response. As a high-level outcomes monitoring report, it cannot provide definitive analysis of complex issues.

[4] S Mayer (2002) *The Influence of Parental Income on Children's Outcomes.*

This is a first report designed to help address some of the issues identified in the *Agenda for Children*, *Youth Development Strategy Aotearoa* and *Sustainable Development Programme of Action*. It presents a framework for organising relevant information in the form of indicators of wellbeing. Future reports like this one will continue to monitor the wellbeing of our children and young people. As experience in social monitoring increases and as more data become available, we will gradually fill in the gaps that currently exist in our picture of social outcomes for children and young people.

Structure of the report

The indicators are organised by social outcome domain. Each domain represents a key dimension of social wellbeing and has a clear desirable outcome identified. The process for selection of the indicators presented in each domain included specific criteria on issues such as relevance and statistical soundness. Inherent in the design of the framework is a flexibility that will allow for additional appropriate and robust indicators to be included as they become available. In some domains, additional indicators are already noted and these will be developed as the data become available. The framework will be used for ongoing reporting on the wellbeing of children and young people so that changes over time can be monitored.

The approach adopted in this report has been used in a number of countries for presenting indicators on a range of issues, and particularly around measures of children's wellbeing. Wide consultation was carried out in deciding on the indicators to include, with input from representatives of both government and non-government agencies. Among the many possible indicators that could be considered, those presented are the ones that best met the criteria for selection. This included consideration of the interests and information needs of users. Further discussion and explanation on the methodology used in developing the indicator framework and selection is set out in Appendix 1.

The report opens with a demographic profile of children and young people in New Zealand. For each of the 10 outcome domains that follow, there is a short introduction and the indicators are then presented in a standard format. The report concludes with a summary table presenting key statistics and findings from the indicators. The bibliography and two appendices (on methodology and technical notes) help to further inform the reader about the indicators.

This first government report on indicators on the wellbeing of children and young people in New Zealand is intended to provide the basis for periodic reporting into the future. Updates to these indicators and the addition of new or additional indicators will assist the implementation of the *Agenda for Children* strategy, the reporting to UNCROC, and the initiatives coming out of the "Investing in Child and Youth Development" component of the *Sustainable Development for New Zealand Programme of Action*.

Feedback on this report on indicators of wellbeing for children and young people in New Zealand is welcomed. Any comments or suggestions on how you think the report could be improved should be sent to:

Team Manager
Social Monitoring and Reporting Team
Ministry of Social Development
PO Box 12 136
Wellington
New Zealand

Population overview: a profile of children and young people

Number of children and young people

At the time of the 2001 Census, there were just over one million children under 18 years and over 340,000 young people aged 18–24 years living in New Zealand, a total of 1.35 million people under 25 years. These young New Zealanders made up over a third (36 percent) of the total New Zealand population.

The population under 25 years declined slightly (by two percent) in the 15 years between 1986 and 2001, but is expected to increase a little over the next few years, reaching a peak of 1.47 million in 2006–2007. Under medium population projection assumptions, the number of children and young people under 25 is then expected to fall gradually to 1.39 million by 2021.

While their number may be growing at present, children and young people are a shrinking proportion of the New Zealand population: in 1986, 42 percent of New Zealanders were aged under 25 years; by 2021, this share will have fallen to around 31 percent.

Table P1: Historical and projected number of children and young people, by age group, 1986–2021

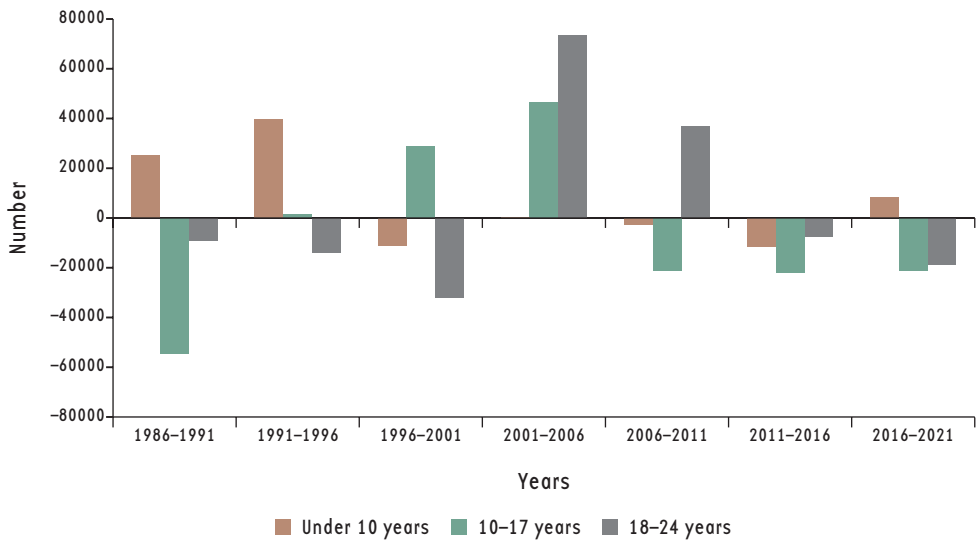
Age group (years)	Historical (Census)				Projected			
	1986	1991	1996	2001	2006	2011	2016	2021
0–4	249,072	277,149	279,603	270,801	269,590	258,120	258,080	266,300
5–9	254,019	251,178	288,291	286,200	287,480	271,640	260,200	260,190
10–14	291,888	255,318	264,186	290,739	304,770	291,960	276,140	264,740
15–17	184,149	166,182	158,535	160,641	193,170	184,960	178,690	169,130
Total under 18 years	979,128	949,827	990,615	1,008,381	1,055,010	1,006,680	973,110	960,360
18–19	115,950	118,806	104,445	104,640	125,560	132,660	126,200	119,990
20–24	282,894	271,095	271,758	239,784	292,080	321,890	320,880	308,240
Total 18–24 years	398,844	389,901	376,203	344,424	417,640	454,550	447,080	428,230
Total under 25 years	1,377,972	1,339,728	1,366,818	1,352,805	1,472,650	1,461,230	1,420,190	1,388,590
Total NZ population	3,263,283	3,373,926	3,618,300	3,737,280	4,109,300	4,248,300	4,378,600	4,505,900
% of total under 25	42	40	38	36	36	34	32	31

Source: Statistics New Zealand, *New Zealand Census of Population and Dwellings*, usually resident population; Resident population projections (2001-base), assuming medium fertility, medium mortality and long-term migration gain of 5,000 (total population).

Changes in age groups

Changes in the size of different age groups have been more dramatic than the overall change in the population of children and young people. This will continue over the next decade or so as a result of past fluctuations in annual birth numbers and net migration change. Between 1986 and 1996, the number of children under 10 years increased by almost 65,000, or 13 percent, largely as a result of an increase in births in the late 1980s and early 1990s (the "baby blip"). Most of these children were young adolescents in 2001 and many will be entering the labour market over the next decade.

Figure P1: Five-yearly change in the number of children and young people, 1986–2001, and projected five-yearly change to 2021

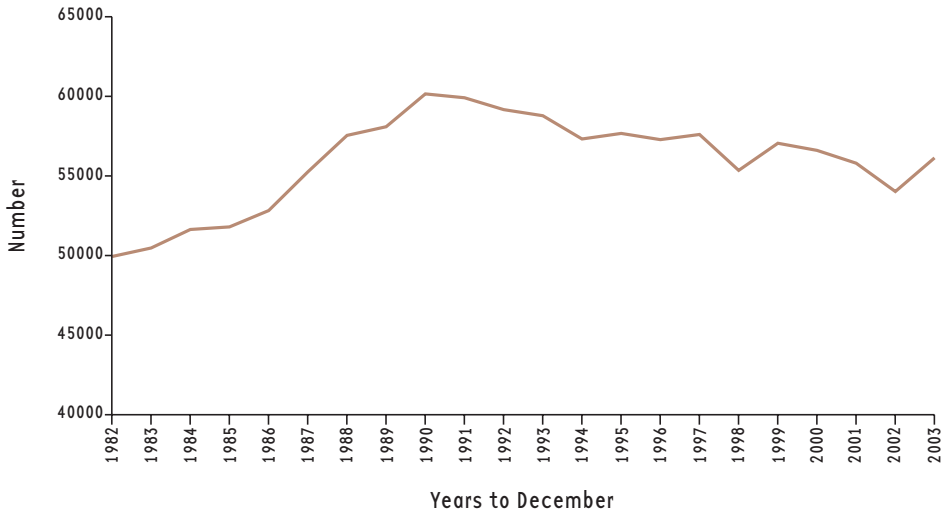


Source: Statistics New Zealand, *New Zealand Census of Population and Dwellings*, usually resident population; Resident population projections (2001-base), assuming medium fertility, medium mortality and long-term net migration gain of 5,000 (total population).

The contribution of migration

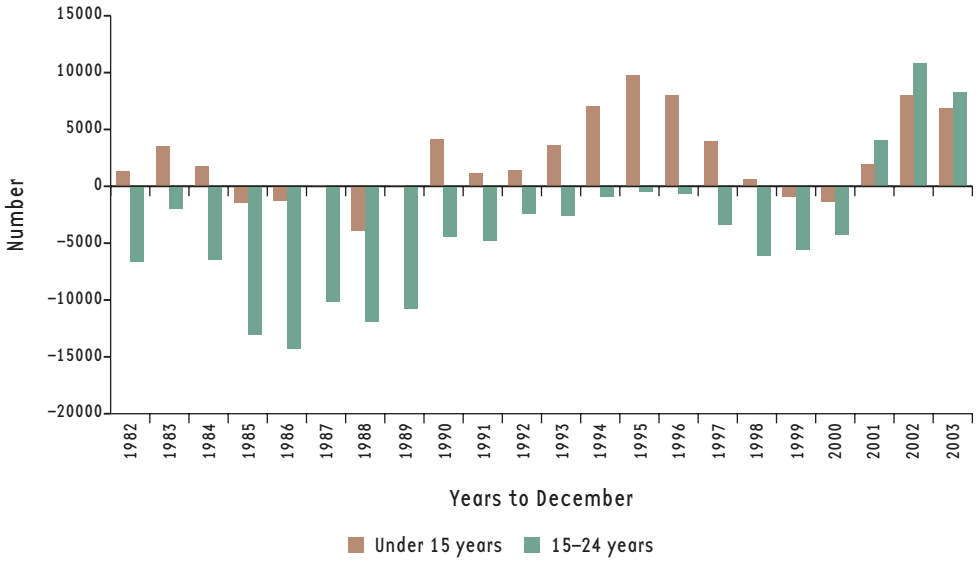
Between 1986 and 2003, New Zealand gained nearly 50,000 children aged under 15 years through migration, most of them during the mid-1990s. Over the same period, the country experienced a net loss of almost 60,000 young people aged 15–24 years. Most of the outflow of 15–24 year olds occurred in the late 1980s, when unemployment was rising. Between 2001 and 2003, there was a net gain from migration in this age group, largely as a result of a sharp increase in the number of young people – mostly from China and Korea – who come to New Zealand to study for a year or more. These patterns are strongly influenced by changes in migration policy.

Figure P2: Number of births 1982–2003



Source: Statistics New Zealand, birth registration data (based on resident population from 1991 onwards, de facto population prior to 1991).

Figure P3: Net migration of children and young people 1982–2003



Source: Statistics New Zealand, permanent and long-term (PLT) external migration data.
Net migration = PLT arrivals minus PLT departures.

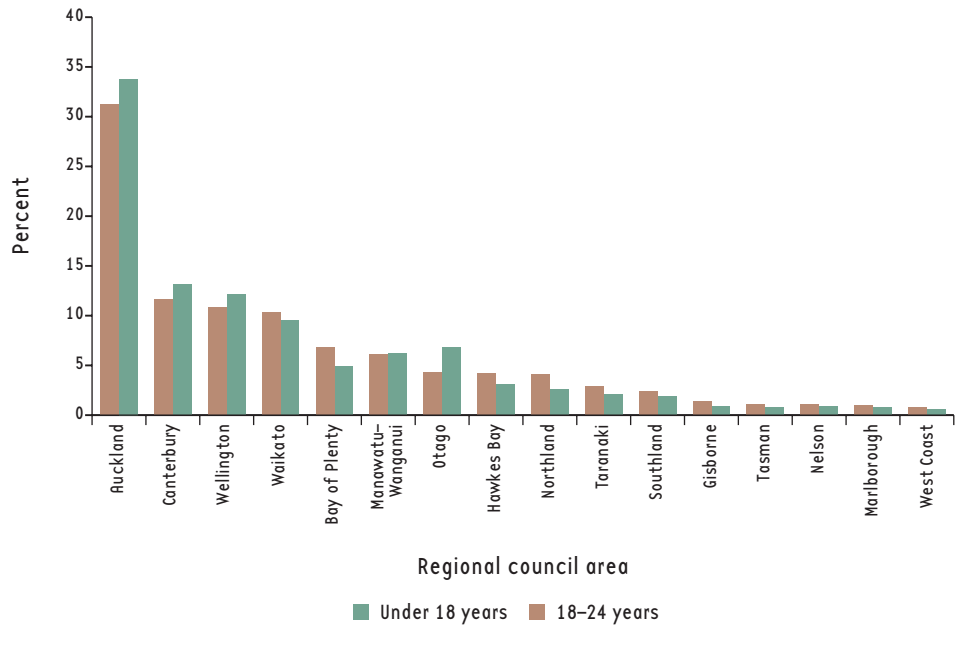
Children and young people born overseas

An increasing proportion of children living in New Zealand were born overseas. At the time of the 2001 Census, nine percent of children aged under 15 years and 18 percent of 15–24 year olds were recorded as overseas born, an increase from six percent and 11 percent, respectively, in 1991. Of the overseas-born population under 25 counted in 2001, about half were recent arrivals (ie they were not living in New Zealand five years before the Census). The largest groups of recent arrivals were born in Asian countries (32 percent of those under 15 and 52 percent of those aged 15–24). Sizeable groups of recently arrived children aged under 15 years were born in the Pacific Islands (13 percent), Australia (12 percent), and the United Kingdom or Ireland (11 percent).

Regional distribution

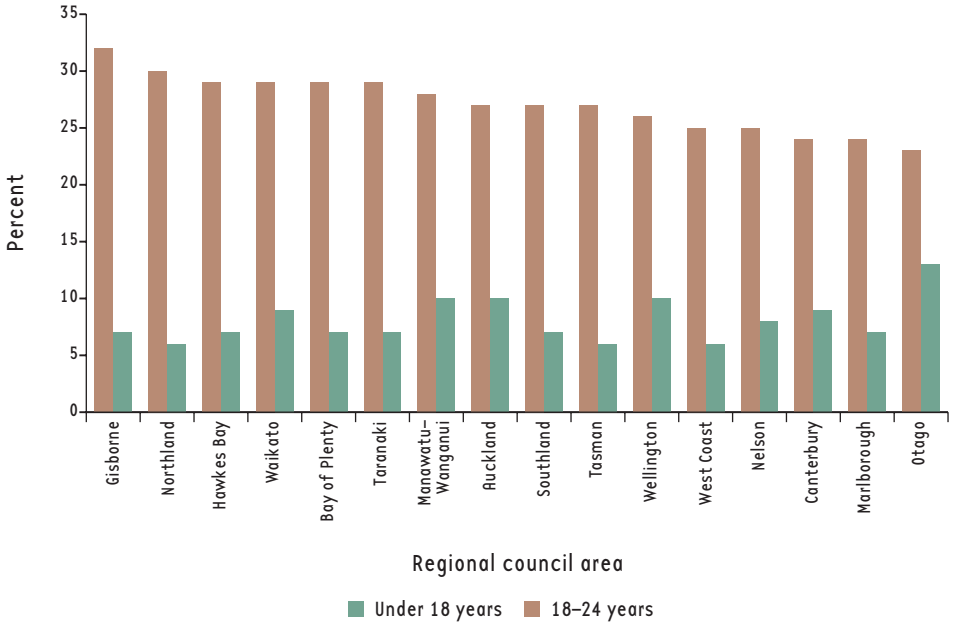
The Auckland region is home to the largest proportion of children and young people – around one-third – with another third fairly evenly distributed between the Canterbury, Wellington and Waikato regions. The geographical distribution of 18–24 year olds is similar to that of children under 18 years, except that there are higher proportions living in regions containing large tertiary education institutions.

Figure P4: Distribution of children and young people by region, 2001



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

Figure P5: Children and young people as a proportion of total population, by region, 2001



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

The share of children in the population varies by region. In 2001, the Gisborne region had the highest concentration of children under 18 (32 percent) and Otago the lowest (23 percent). In Otago, Auckland, Wellington and Manawatu-Wanganui, 18–24 year olds made up a higher proportion of the population (10–13 percent) than in New Zealand as a whole (nine percent).

Urban–rural distribution

The majority of children and young people live in major urban centres with populations of 30,000 or more (in 2001: 69 percent of children aged under 15 years; 77 percent of 15–24 year olds). Another 15 percent and 12 percent, respectively, lived in secondary or minor urban areas. Only 16 percent of children aged under 15 years and 11 percent of 15–24 year olds lived in rural areas of New Zealand in 2001.

Gender distribution

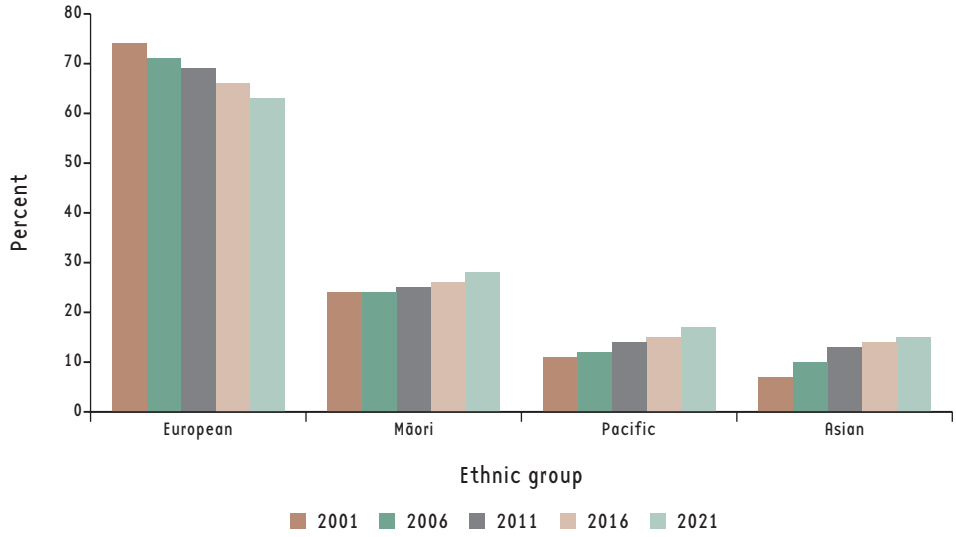
There is a slight predominance of males among children under 18 (51 percent), and this pattern has been stable since 1986. The same pattern holds for 18–19 year olds. However, among 20–24 year olds, there has been a slight decline in the proportion of males over time, from 50.6 percent in 1986 to 49.5 percent in 2001.

Ethnic distribution

In 2001, 24 percent of children under 18 identified as Māori, an increase from 20 percent in 1991. Pacific children accounted for 11 percent, up from seven percent in 1991. The proportion of Asian children in the child population more than doubled over the decade, from three percent in 1991 to seven percent in 2001. The share of children from all other ethnic groups (mainly Middle Eastern and African ethnic groups) multiplied fivefold, from 0.2 percent in 1991 to one percent in 2001. The pattern of increasing diversity was similar among 18–24 year olds.

The growing ethnic diversity among children and young people is expected to continue. Medium population projections suggest that, by 2021, Māori children will make up 28 percent of the population under 18, Pacific children 17 percent and Asian children 15 percent. The proportion of children identifying as European is expected to fall from 74 percent in 2001 to 63 percent in 2021.

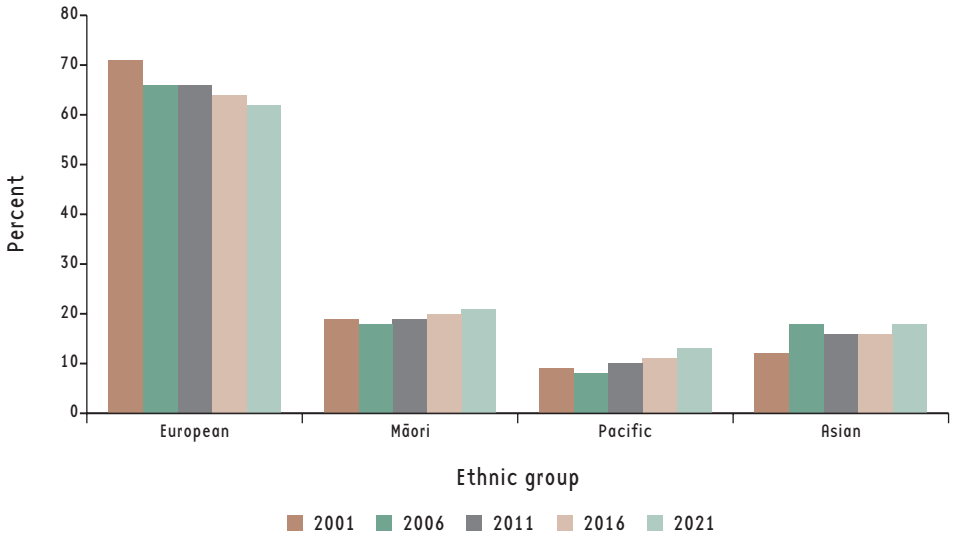
Figure P6: Ethnic distribution of children under 18 in 2001 and projected distribution 2006–2021



Source: Statistics New Zealand, Resident population projections (2001-base) medium series.

Note: Percentages do not add to 100 as some individuals are identified with more than one ethnic group in the data on which the projections are based.

Figure P7: Ethnic distribution of 18–24 olds in 2001 and projected distribution 2006–2021



Source: Statistics New Zealand, Resident population projections (2001-base) medium series.

Note: Percentages do not add to 100 as some individuals are identified with more than one ethnic group in the data on which the projections are based.

Ethnic diversity varies by region. In 2001, Māori children made up a relatively high proportion of children under 18 in Gisborne (57 percent), Northland (43 percent), Bay of Plenty (40 percent) and Hawkes Bay (35 percent), but less than 20 percent of the child population in South Island regions. In Auckland, Pacific children made up a larger share of children under 18 (22 percent) than Māori (17 percent). Among 18–24 year olds in Auckland, Asians made up a higher proportion (19 percent) than either Pacific (16 percent) or Māori (14 percent) young people. Both Pacific and Asian children and young people are far more likely than Māori to live in large urban areas.

Children's family circumstances

Most dependent children under 18 live with both of their parents. However, the proportion living in two-parent families has declined over time, from 84 percent in 1986 to 73 percent in 2001. Based on observed trends from 1986 to 2001, this proportion is likely to decline further, to around 68 percent, by 2021.[5]

Over the 15 years to 2001, the proportion of dependent children living with a sole mother rose from 14 percent to 23 percent, while the proportion living with a sole father doubled, from two percent to four percent. In total, 27 percent of New Zealand children under 18 were living in a one-parent family in 2001. Longitudinal studies give a better indication than point-in-time measures of the

[5] Statistics New Zealand (2003) *National Family and Household Projections*, Series 4B. Note: This figure includes non-dependent children of any age. Two-parent families with dependent children are projected to account for 64 percent of families with dependent children in 2021, down from 71 percent in 2001.

time children spend in a one-parent family during the course of their childhood. For example, the Christchurch Health and Development Study found that 36 percent of children born in Christchurch in 1977 had spent a period of time in a one-parent family by the age of 16. The majority (79 percent) of children who had spent time in a one-parent family had done so as a result of parental separation and divorce.[6]

Changes in family structure have been more pronounced for Māori and Pacific children than for European children, particularly in the late 1980s. While the proportion of all children living with one parent increased from 16 percent to 21 percent between 1986 and 1991, it rose more sharply – from 28 percent to 39 percent – for Māori children and from 19 percent to 28 percent for Pacific children. Over the following decade, the upward trend continued, but at a slower rate. In 2001, 44 percent of Māori children, 31 percent of Pacific children and 20 percent of European children were living in one-parent families.

The rise in the proportion of Asian children living with one parent between 1991 and 2001 (from 11 percent to 18 percent) was more pronounced than that for Māori, Pacific or European children, while for children of other ethnic groups, there was a decline (from 21 percent to 18 percent).

Figure P8: Dependent children under 18 living with one parent, by ethnic group, 1986–2001

Source: Statistics New Zealand, New Zealand Census of Population and Dwellings (unpublished data).

6 DM Fergusson (1998) "The Christchurch Health and Development Study: An Overview and Some Key Findings", *Social Policy Journal of New Zealand*, 10:158.

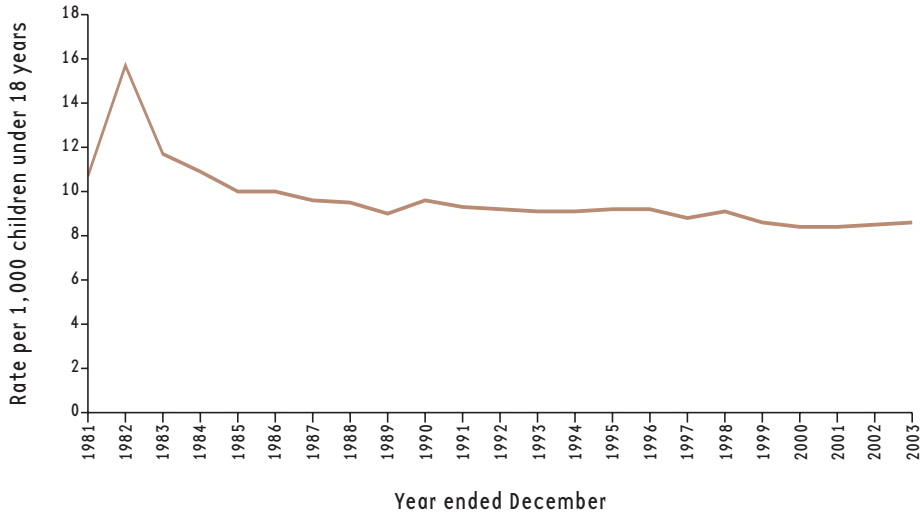
Children involved in divorce

Just under half (46 percent) of all marriages that dissolved in 2003 involved people with children under 18 years. The number of children involved totalled 9,121 in 2003, a rate of 8.6 per 1,000 children under 18 years. The rate at which children were involved in divorce peaked at 15.7 in 1982, the first year after the Family Proceedings Act 1980 came into effect, introducing "no fault" divorce. By the end of the 1980s, the rate had fallen to less than 10 per 1,000 and has remained relatively steady since.

Children aged 10–17 years are more likely than younger children to experience their parents' divorce. In 2003, the rate for 10–17 year olds was 10.0 per 1,000, compared with 7.4 per 1,000 children aged under 10 years.[7]

It is difficult to measure the rate at which couples with children separate because there are no records kept of changes in living arrangements. Divorce statistics are an inadequate measure of family change because they exclude the breakdown of relationships between cohabiting couples. Moreover, dissolutions are generally not recorded until some time after separation.

Figure P9: Proportion of children whose parents divorced during the year, 1981–2003



Source: Statistics New Zealand/Ministry of Social Development.

Access to private transport

The vast majority of children and young people live in households with access to a motor vehicle, but the level of access varies by ethnic group. In 2001, 15 percent of Pacific children under 18, 14 percent of Māori children and 11 percent of children from other non-European ethnic groups lived in a

[7] Ethnicity data is not collected when people apply for a marriage certificate or make an application for a marriage dissolution. The only information collected about children involved in divorce is the number aged 0–9 years and 10–17 years.

household with no motor vehicle. The comparable proportion for both European and Asian children was four percent. The pattern was similar for 18–24 year olds, with 16 percent of Māori, 14 percent of Pacific peoples and 13 percent of those from other ethnic groups living without household access to private transport, compared with nine percent of Asian and seven percent of European young people of that age.

Parental employment

In 2001, three in 10 dependent children under 18 living in two-parent families had both parents in full-time employment (for at least 30 hours per week). Only one in four children in two-parent families had a father in full-time employment and a mother not employed, a gender division of labour that was more prevalent in earlier decades. These proportions were similar across ethnic groups. However, European children in two-parent families were more likely than other children to have a father in full-time employment and a mother in part-time employment. Pacific, Māori and Asian children were much more likely than European children to live in families where neither parent was employed.

Table P2: Dependent children in two-parent and one-parent families by parental employment status, for European, Māori, Pacific, Asian and Total New Zealand dependent children, 2001

Family type and parental employment status	European	Māori	Pacific	Asian	Total
Two-parent families					
Both parents full-time	30	29	30	32	30
Father full-time, mother part-time	33	20	12	14	28
Father full-time, mother not employed	26	25	26	25	25
Father part-time or not employed, mother employed	6	10	11	9	7
Father part-time, mother not employed	1	2	3	3	2
Neither parent employed	4	13	18	17	8
Total	**100**	**100**	**100**	**100**	**100**
One-parent families					
Father full-time	62	40	46	46	53
Father part-time	8	9	8	8	9
Father not employed	30	51	46	46	38
Total	**100**	**100**	**100**	**100**	**100**
Mother full-time	25	18	21	20	23
Mother part-time	25	17	14	14	21
Mother not employed	50	65	65	66	57
Total	**100**	**100**	**100**	**100**	**100**

Source: Statistics New Zealand, New Zealand Census of Population and Dwellings 2001 (unpublished data).

Notes:

1. Total includes only those cases in which the labour force status of both parents was recorded.
2. Ethnicity refers to the ethnicity of the child and is based on a total count (some children will be counted in more than one ethnic group).
3. Dependent children are defined in the Census as those who are aged under 18 years and are not in full-time employment.

Children and young people with disabilities

In 2001, 11 percent of children aged 0–14 years living in private households (an estimated 90,000 children) had a disability that limited their activities. Chronic health problems and sensory disabilities were common types of disabilities for children, each being reported by over one-third of children with disabilities. Psychiatric or psychological disabilities affected 25 percent of children with disabilities, and intellectual disabilities affected 14 percent. Forty-one percent of children with disabilities reported that their disabilities had existed from birth.

Boys were more likely to have a disability than girls – 13 percent of boys reported a disability, compared with nine percent of girls.

The disability rate for Māori children was 15 percent, which was higher than the national rate for all children (11 percent). The disability rate for Pacific children was lower than average, at eight percent. In both ethnic groups, boys were more likely than girls to have a disability.

Table P3: Disability rate, children aged under 15 years, by gender and ethnic group, 2001

	Māori	Pacific	Total
Male	16	10	13
Female	13	6	9
Total	**15**	**8**	**11**

Source: Statistics New Zealand (2002) *Disability Counts: 2001*, Tables 1.01a, 7.01, 8.01.

Health

Low birth weight births

Infant mortality rate

Hearing failure at school entry

Prevalence of obesity

Prevalence of smoking at 14–15 years

Under-18 birth rate

Youth suicide rate

Desired outcomes

All children and young people enjoy good physical and mental health with access to good-quality health care.

Introduction

Children and young people in good health are better able to enjoy life to the full and more likely to grow up happy, confident and optimistic about the future.

The desired outcomes recognise that good health encompasses both physical and mental health as well as the importance of access to quality health care if good health is to be maintained.

A range of factors affect health outcomes, including genetic predisposition, behaviour, the physical and social environment, and the availability of health services. Increasing attention is being paid to the role of socio-economic factors in influencing health.[8] People with low incomes, poor housing and few qualifications are likely to have disproportionately poorer health,[9] and children growing up in such environments risk being caught in a cycle of similar circumstances in their own adult lives.

Indicators

Twelve ideal indicators have been chosen for this domain. Together, they provide an overall picture of the present state of the health and wellbeing of children and young people, and of trends that have emerged over recent times. Several of the indicators relate specifically to key transition points in young people's lives – birth, school entry or adolescence – and one is concerned with a leading cause of death while young.

Data are not currently available for five of the 12 indicators. The seven presented in this report are:

- low birth weight births
- infant mortality rate
- hearing failure at school entry
- prevalence of obesity
- prevalence of smoking at 14–15 years
- under-18 birth rate
- youth suicide rate.

8 Ministry of Social Development (2003) *The Social Report 2003*.

9 P Howden-Chapman and M Tobias (eds) (2000) *Social Inequalities in Health: New Zealand 1999*.

Low birth weight is associated with infant mortality and, among survivors, poor health outcomes. Infant deaths are linked to wider issues of social wellbeing through their association with maternal health, access to quality medical care, socio-economic conditions and public health practices.

Hearing failure at school entry is associated with children's health status during the pre-school years. Hearing loss can interfere with the development of speech and language, with the potential to affect a child's social and educational outcomes.

The prevalence of obesity among children provides another important field of information for early intervention. Obesity in childhood increases the risk of obesity in adulthood and is associated with diabetes, cardiovascular disease and premature death.

The links between cigarette smoking and poor health are widely recognised. Cigarette smoking is a strong predictor of future health outcomes, with particular risks for young females because of its potential impact on their children.

Childbearing while in adolescence has been associated with a number of negative outcomes for both mother and child, including low birth weight and increased risk of child mortality. For adolescent girls, early motherhood can also impact negatively on educational attainment and employment options.

Closely linked to issues of mental health, suicide is the second-highest cause of death for young New Zealanders aged 15–24 years. Youth suicide prevention is an important policy priority.

Of the remaining five indicators, two *(immunisation coverage at two years* and *oral health at school entry)* will be prepared when robust national data are available in 2005. The other three *(prevalence of regular marijuana use*, *quantity of alcohol consumed on a typical occasion* and *prevalence of significant symptoms of depression)* will use data from the national Mental Health Prevalence Survey when they become available.

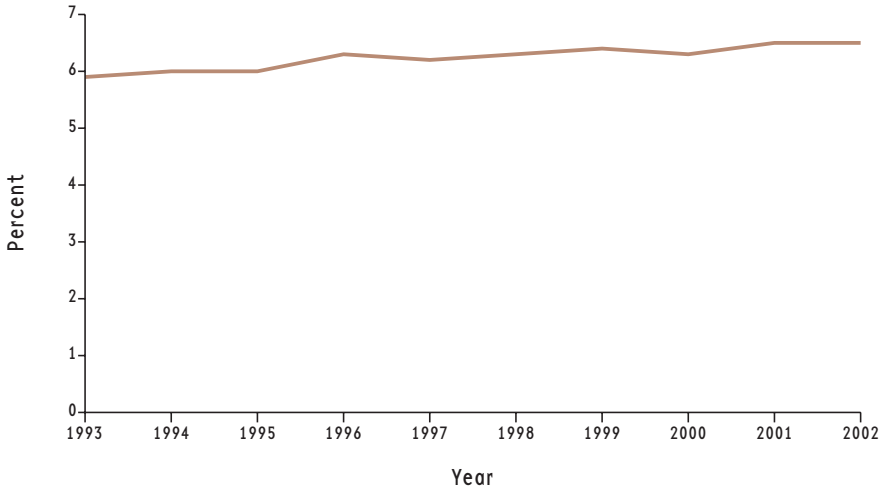
H1 Low birth weight births

Definition: The number of children who weighed less than 2,500 grams at birth, per 100 live births.

Rationale: Low birth weight is correlated with infant mortality and is associated with poor health outcomes. Low birth weight is more common for younger and older mothers, and first-time mothers. Other risk factors include low socio-economic status, multiple births, cigarette smoking, alcohol consumption, and the nutritional status of pregnant women.[10]

[10] Ministry of Health (2002) *An Indication of New Zealanders' Health*, p. 52.

Figure H1: Low birth weight births, 1993–2002



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

Current level and trends

In 2002, there were 3,537 births registered with a birth weight of less than 2,500 grams, accounting for 6.5 percent of all live births registered in that year. The proportion of low birth weight births has generally increased over the last decade – in 1993, the proportion was 5.9 percent.

Ethnic differences

A relatively high proportion of Māori babies have a low birth weight. In 2002, 7.4 percent of Māori babies registered weighed less than 2,500 grams, compared with 4.5 percent of Pacific babies and 6.5 percent of babies of Other (mainly European) ethnic groups.

Regional differences

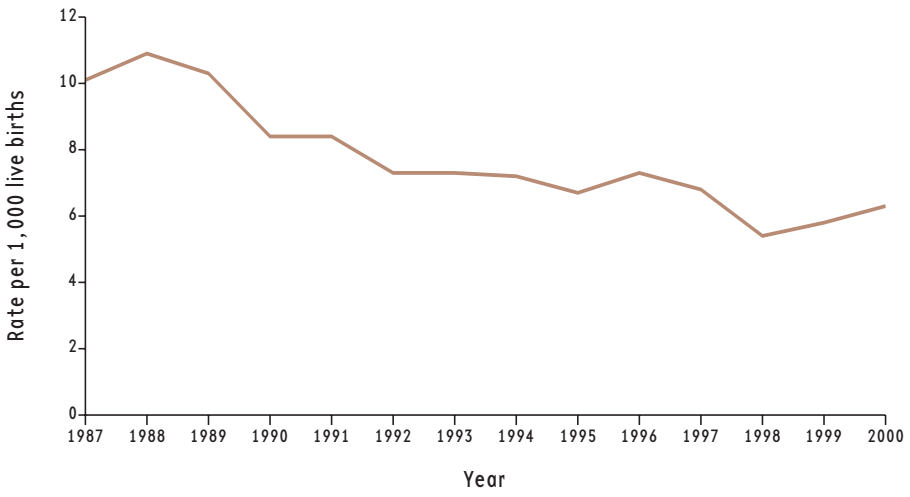
Hospital discharge data by district health board shows that, in 2001/2002, the West Coast had the highest proportion of low birth weight births (8.2 percent), followed by Taranaki (7.7 percent), Tairawhiti (7.5 percent), MidCentral (7.4 percent) and Capital and Coast (7.1 percent). Health boards recording the lowest proportions of low birth weight births were South Canterbury (2.9 percent), Nelson-Marlborough (4.1 percent) and Northland (4.9 percent).

H2 Infant mortality rate

Definition: The annual number of deaths of infants aged less than one year, per 1,000 live births in that year.

Rationale: The infant mortality rate is an important measure of the wellbeing of infants, children and pregnant women because it is associated with a variety of factors, such as maternal health, quality of and access to medical care, socio-economic conditions, and public health practices.[11]

Figure H2: Infant mortality rate 1987–2000



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

Current level and trends

There were 359 infant deaths recorded in 2000, a rate of 6.3 per 1,000 live births.

The total infant death rate more than halved between 1988 and 1998, falling from 10.9 per 1,000 in 1988 to 5.4 per 1,000 in 1998, but this decline was not sustained in 1999 and 2000.

Gender and ethnic differences

Male infants are slightly more likely than female infants to die in their first year of life. In 2000, the infant mortality rate for males was 6.9 per 1,000 and the rate for females was 5.6 per 1,000.

[11] JC Kleinman and JL Kiely (1991) "Infant Mortality", *Healthy People Statistical Notes*, 1(2), National Center for Health Statistics, cited in Federal Interagency Forum on Child and Family Statistics (2003) *America's Children: Key National Indicators of Well-being 2003*.

Although infant mortality rates have declined for all ethnic groups over time, Māori and Pacific rates remain relatively high. In 2000, the death rate for children under one year was 8.5 per 1,000 for Māori infants and 10.2 per 1,000 for Pacific infants, compared with 4.6 per 1,000 for Other (mainly European) infants.

Table H2: Infant mortality rate per 1,000 live births, by gender and ethnic group, 2000

	Māori	Other	Pacific	Total
Male	9.4 (1.8)	5.2	10.2 (2.0)	6.9
Female	7.6 (1.9)	3.9	10.3 (2.6)	5.6
All	**8.5 (1.8)**	**4.6**	**10.2 (2.2)**	**6.3**

Source: New Zealand Health Information Service.

Note: Figures in brackets refer to the ratio of Māori or Pacific rates to Other (mainly European) rates.

Socio-economic differences

The infant mortality rate generally increases with increasing deprivation for both male and female infants. In 1996–1998, the 20 percent of male and female infants living in the most deprived areas of New Zealand had an infant mortality rate 2.2 and 2.4 times that of infants born into the least deprived quintile.[12]

Regional differences

District health board regions with infant mortality rates considerably higher than the national average of 6.3 per 1,000 in 2000 included Lakes (10.8 per 1,000), Whanganui (9.1), Northland and Counties-Manukau (each 8.5), Taranaki (8.4), Wairarapa (8.1) and South Canterbury (8.0).

H3 Hearing failure at school entry

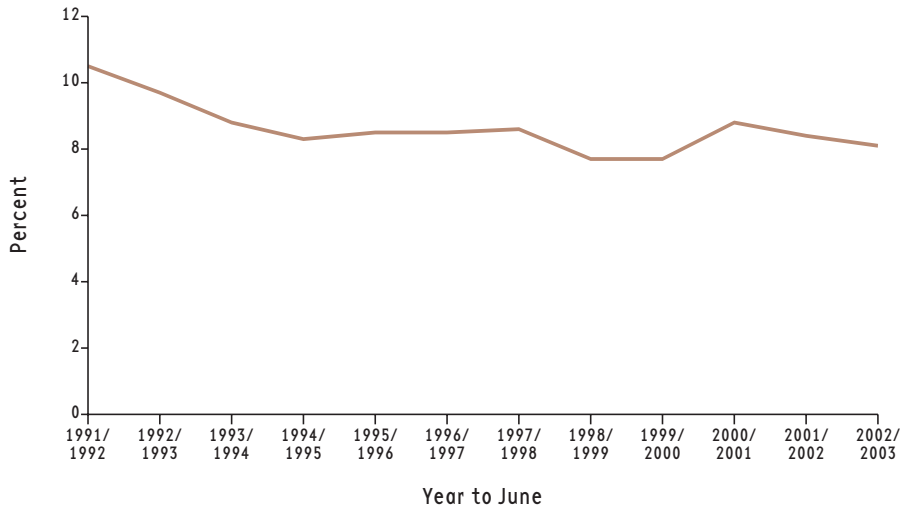
Definition: The percentage of five-year-old children failing the school entry hearing screening test.

Rationale: Hearing loss in early childhood can interfere with the development of speech and language, potentially affecting social and educational outcomes. Hearing loss in children is often caused by persistent "glue ear" (*otitis media* with effusion). Glue ear is associated with the common cold and other causes of nasal congestion, exposure to second-hand smoke, low rates of breastfeeding, overcrowding, and attendance at childcare centres.[13]

[12] Ministry of Health (2002) *An Indication of New Zealanders' Health*, p. 50.

[13] Public Health Commission (1995) *Preventing Child Hearing Loss: Guidelines for Public Health Services*, cited in Ministry of Health (2002) *An Indication of New Zealanders' Health*, p. 67.

Figure H3: Hearing screening test failure rate 1991/1992 to 2002/2003



Source: National Audiology Centre, Ministry of Health.

Current level and trends

In 2002/2003, 8.1 percent of primary school entrants (children aged five) failed the hearing screening test. There has been some improvement over the decade: in 1991/1992, 10.5 percent of children failed the hearing screening test.

Ethnic differences

In 2002/2003, Pacific school entrants had the highest level of failure of the hearing screening test (16.1 percent), followed by Māori school entrants (12.6 percent). School entrants from Other (mainly European) ethnic groups had a much lower failure rate (5.6 percent).

Regional differences

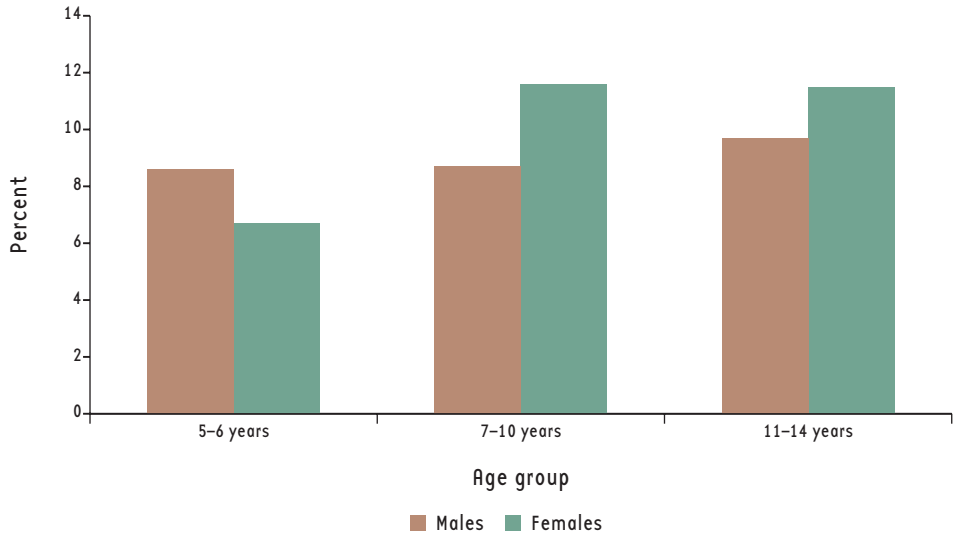
In 2002/2003, rates of failure of the school entry hearing screening test were highest in the district health board regions of Counties-Manukau (14.2 percent) and Northland (12.8 percent), with West Coast (10.9 percent), Tairawhiti (10.8 percent), Taranaki (10.5 percent), Southland and Bay of Plenty (both 10.0 percent) and Hawkes Bay (9.9 percent) also well above the national rate of 8.1 percent.

H4 Prevalence of obesity

Definition: The proportion of children aged 5–14 whose Body Mass Index met an international definition of obesity in the 2002 National Children's Nutrition Survey.[14]

Rationale: Obesity in childhood increases the risk of obesity in adulthood, which is associated with heart disease, diabetes, stroke, high blood pressure and some cancers. Internationally, increasing levels of obesity are related to societal changes, including less time spent in physical activity and easier access to diets high in fat and energy.[15]

Figure H4: Proportion of children who are obese by age and gender, 2002



Source: Ministry of Health (2003) *NZ Food, NZ Children: Key Results of the 2002 National Children's Nutrition Survey*, Table E2, p. 185.

Current level

The 2002 National Children's Nutrition Survey of children aged 5–14 found that 9.8 percent were obese, according to international cut-off levels.

Age and gender differences

In 2002, obesity levels were slightly higher for females (10.7 percent) than for males (nine percent). There was little difference by age in the proportion of males who were obese. In contrast, older female children were much more likely than young female children to be obese. This may be partly due to the earlier onset of puberty among females.

[14] TJ Cole, MC Bellizzi, KM Flegal and WH Dietz (2000) "Establishing a standard definition for child overweight and obesity worldwide: international survey", *British Medical Journal*, 320(7244):1240, cited in Ministry of Health (2003) *NZ Food, NZ Children: Key Results of the 2002 National Children's Nutrition Survey*, p. 176.
The article is also available at: www.pubmedcentral.nih.gov/articlerender.fcgi?artid=27365

[15] Ministry of Health (2002) *An Indication of New Zealanders' Health*, p. 12.

Ethnic differences

Using the international cut-offs established by Cole et al (2000), obesity levels were highest for Pacific females (31 percent) and males (26.1 percent), followed by Māori females (16.7 percent) and males (15.7 percent). The prevalence of obesity among New Zealand European and Other ethnic groups was six percent for females and 4.7 percent for males.[16]

Table H4: Proportion of children aged 5–14 who are obese, 2002

	Māori %	Pacific %	New Zealand European/ Other %	Total %
Male				
5–6 years	18.3	21.3	3.2	8.6
7–10 years	16.1	26.0	4.0	8.7
11–14 years	14.0	28.8	6.1	9.7
Total	**15.7**	**26.1**	**4.7**	**9.0**
Female				
5–6 years	14.7	23.4	1.3	6.7
7–10 years	16.3	30.8	7.7	11.6
11–14 years	18.2	35.0	6.5	11.5
Total	**16.7**	**31.0**	**6.0**	**10.7**

Source: Ministry of Health (2003) *NZ Food, NZ Children: Key Results of the 2002 National Children's Nutrition Survey*, Table E2, p. 185.

Note: There is a continuing debate about the appropriateness of using the international cut-off values for the different ethnic groups in New Zealand.

Socio-economic differences

Rates of obesity generally increase with increasing deprivation. In 2002, male children living in the most deprived areas (NZDep01-V) were three times as likely as those in the least deprived areas (NZDep01-I) to be obese (16.1 percent, compared with 5.1 percent). Among females, the difference by deprivation quintile was more pronounced (19.5 percent, compared with 4.3 percent).

H5 Prevalence of smoking at 14–15 years

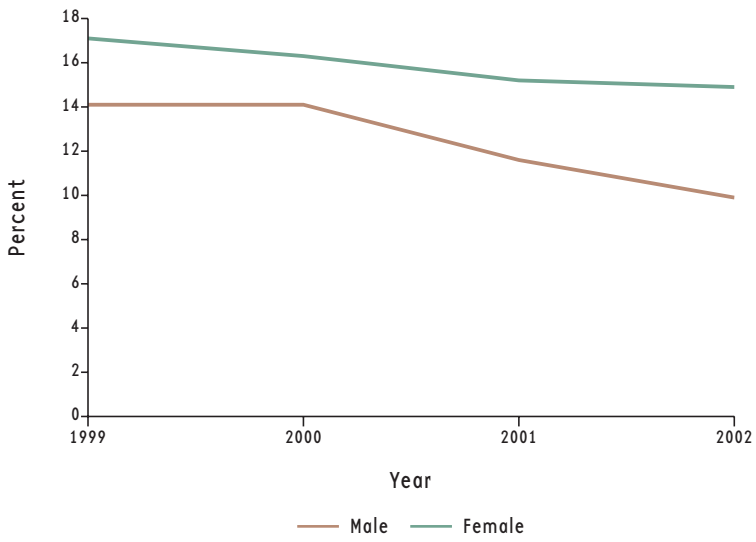
Definition: The percentage of 14–15-year-old/Year 10 secondary school students who smoke daily or at least weekly.

Rationale: Tobacco smoking is by far the leading cause of preventable deaths in New Zealand. Because of the addictive properties of tobacco, smoking in young people is a major influence on levels of smoking among adults. Smoking among young women is of particular concern, not only because of the impact on their own health but also potentially the impact on the health of their children.

[16] Ministry of Health (2003) *NZ Food, NZ Children: Key Results of the 2002 National Children's Nutrition Survey*, p. 177.

Maternal smoking is a preventable risk to children dying of sudden infant death syndrome (SIDS).[17]

Figure H5: Prevalence of daily smoking at 14–15 years by gender, 1999–2002



Source: ASH National Fourth Form Survey/Ministry of Health.

Current level and trends

In 2002, a national survey of 14–15 year olds found that 14 percent of males and 21 percent of females smoked at least weekly, while 10 percent of males and 15 percent of females were daily smokers.

The prevalence of daily smoking by 14–15 year olds declined between 1999 and 2002, from 14 to 10 percent for males and from 17 to 15 percent for females.

Age and gender differences

Young females are more likely to smoke than young males. Of 14-year-old students surveyed in 2002, 19 percent of females and 12 percent of males smoked at least weekly. Smoking rates were higher for 15 year olds: 22 percent of females and 15 percent of males smoked at least weekly.

[17] Ministry of Health (2003) *Tobacco Facts 2003*, p. 24.

Table H5.1: Prevalence of daily and at least weekly smoking by New Zealand secondary school students, by age and gender, 2002

	14 years		15 years	
	Male %	Female %	Male %	Female %
Daily smoking	8.3	13.5	11.2	16.2
At least weekly smoking	11.6	19.1	15.1	22.2

Source: ASH National Fourth Form Survey, cited in Ministry of Health, *Tobacco Facts 2003*, Table 14.

Ethnic differences

Young Māori females have particularly high smoking rates – 42 percent of 14–15-year-old Māori females reported smoking at least weekly in 2002, compared with 23 percent of Pacific females and 17 percent of European females. Smoking rates were lowest among Asian youth, the only ethnic group with a higher rate for males than for females.

Table H5.2: Prevalence of daily and at least weekly smoking by 14–15 year olds, by gender and ethnicity, 2002

	Māori		Pacific		Asian		European		Total	
	Male %	Female %	Male %	Female %	Male %	Female %	Male %	Female %	Male %	Female %
Daily smoking	16.8	34.3	10.8	17.6	7.5	3.9	8.6	10.8	9.9	14.9
At least weekly smoking	21.4	41.8	13.8	22.6	9.5	6.1	12.3	16.7	13.5	20.7

Source: ASH National Fourth Form Survey, cited in Ministry of Health, *Tobacco Facts 2003*, Table 4.

Socio-economic differences

In 2002, male and female students at schools in the lowest socio-economic quintile (the lowest fifth of schools by socio-economic status) had smoking levels that were 2.5 and 4.2 times the daily smoking rate of students at schools in the highest quintile.[18]

Regional differences

Over the period 1999–2002, smoking prevalence was highest for males in the Wairarapa Health and Public Health South public health unit regions, and highest for females in the Good Health Wanganui and Tairawhiti public health unit regions.

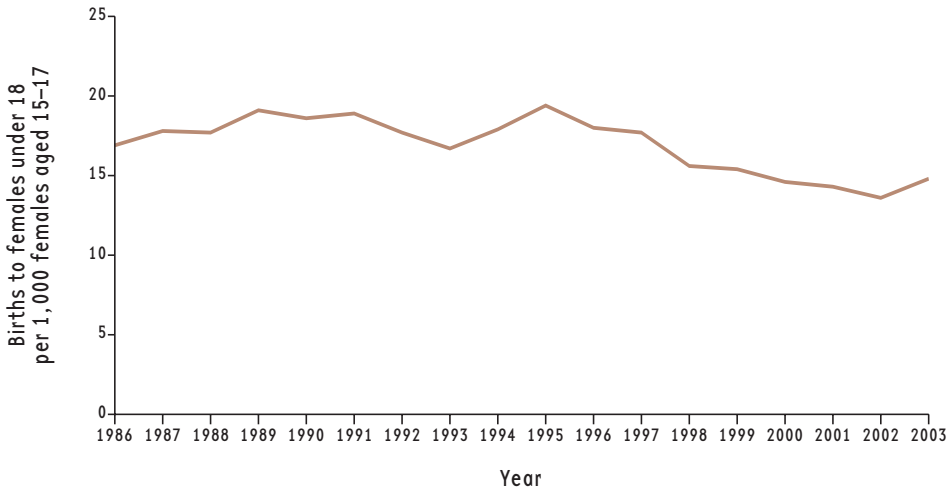
[18] Ministry of Health (2003) *Tobacco Facts 2003*, p. 22.

H6 Under-18 birth rate

Definition: The number of live births to females under 18 years of age, per 1,000 females aged 15–17 years.

Rationale: Childbearing among young adolescents has been associated with a number of negative outcomes for both the mother and the child. Various studies have linked an early maternal age at first birth to a low birth weight and an increased risk of infant mortality,[19] as well as unemployment and low educational achievement.[20] Reducing teenage births offers an opportunity to reduce the likelihood of poverty and its perpetuation from one generation to the next.[21]

Figure H6: Under-18 birth rate, 1986–2003



Source: Statistics New Zealand.

Current level and trends

In 2003, there were 1,280 births to females under 18 years of age, representing a rate of 14.8 births per 1,000 females aged 15–17 years. The vast majority of these births (98 percent) occurred to 15–17 year olds. Births to females under 18 years accounted for 2 percent of all births in 2003.

Between 1972 and 1982, the under-18 birth rate halved, from 38.1 per 1,000 to 19.1 per 1,000. This sharp downward trend stalled in the 1980s and early 1990s but has resumed in recent years, falling fairly steadily from a peak of 19.4 per 1,000 in 1995 to 13.6 per 1,000 in 2002. While the under-18 birth rate increased slightly in 2003, to 14.8 births per 1,000 females, it was still below the 1986 rate of 16.9 per 1,000.

[19] Ministry of Health (2002) *An Indication of New Zealanders' Health*, p. 80.

[20] S Jaffee, A Caspi, T Moffitt, J Belsky and P Silva (2001) "Why Are Children Born to Teen Mothers at Risk for Adverse Outcomes in Young Adulthood?: Results from a 20 Year Longitudinal Study", *Development and Psychopathology*, 13(2):377–397.

[21] UNICEF (2001) "A League Table of Teenage Births in Rich Nations", *Innocenti Report Card*, Issue No. 3, July, p. 2.

Ethnic differences

Māori and Pacific females under 18 years of age have relatively high birth rates but these have also declined over time. The rate for Māori females aged 15–17 years fell from 48.3 per 1,000 in 1996 to 35.3 per 1,000 in 2002. In 2003, both the Māori and non-Māori under-18 birth rate rose slightly but remained lower than they had been in 1996. Most of the change in the total under-18 birth rate since 1996 is due to the steeper decline in the Māori rate.

Table H6: Births to females under 18 years, Māori, Non-Māori, Total, 1996–2003

	Number			Rate per 1,000 females aged 15–17		
Year	Māori	Non-Māori	Total	Māori	Non-Māori	Total
1996	811	620	1,431	48.3	9.9	18.0
1997	869	546	1,415	52.9	8.6	17.7
1998	744	501	1,245	46.0	7.9	15.6
1999	714	510	1,224	44.3	8.0	15.4
2000	670	505	1,175	40.3	7.9	14.6
2001	669	500	1,169	38.7	7.7	14.3
2002	638	507	1,145	35.3	7.7	13.6
2003	744	536	1,280	39.4	7.9	14.8

Source: Statistics New Zealand.

The birth rate for young Pacific females fell from 28.2 births per 1,000 females aged 15–17 in 1995–1997 to 22.9 per 1,000 in 2000–2002.[22]

Regional differences

The rate of childbearing among young adolescents varies widely by region. While the three-year average under-18 birth rate for 2000–2002 was 14.2 per 1,000 for New Zealand as a whole, it ranged from a high of 27.4 per 1,000 in the Gisborne regional council area to 5.1 per 1,000 in Tasman. The rate for the Auckland region was 13.6 per 1,000. However, the largest number of births to young teens occurs in Auckland (an average of 340 births per year over the period 2000–2002, compared to just 31 births in Gisborne).

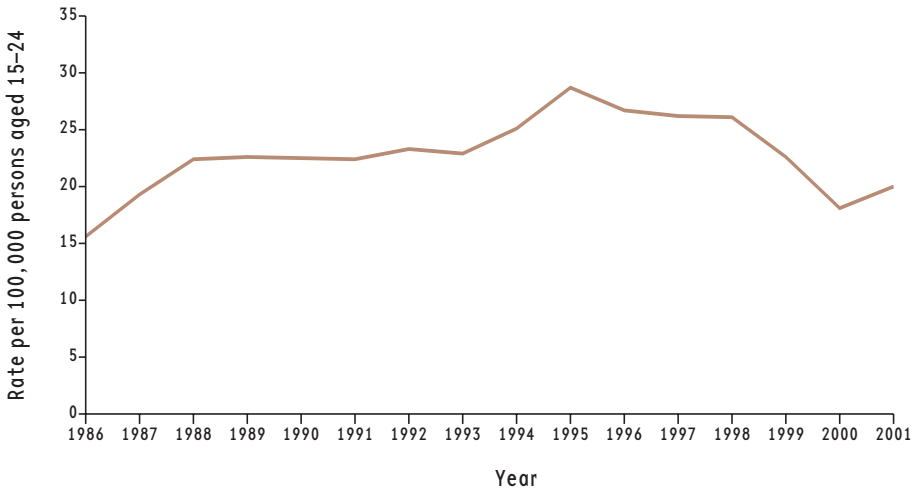
[22] Ministry of Social Development (2003) *The Social Report 2003*, p. 19; Statistics New Zealand, *Age-specific Fertility Rates by Ethnicity, 2000–2002*, retrieved 2 April 2004 from: www.stats.govt.nz/domino/external/web/prod_serv.nsf/20092edeb76ed5aa6bcc256afe0081d84e/cabce9edc504e196cc256b430015287c?OpenDocument

H7 Youth suicide rate

Definition: The number of suicide deaths of persons aged 15–24 years as a proportion (per 100,000) of the population in that age group.

Rationale: Suicide is a leading cause of death among young people and an indicator of mental health in the youth population. Risk factors for suicide and attempted suicide among youth include childhood adversity and trauma, socio-economic and educational disadvantage, mental health disorders and exposure to recent stress or life difficulty. Factors that have been suggested as playing a potentially protective role against suicidal behaviour include good coping skills and problem-solving behaviours, positive beliefs and values, feelings of self-esteem and belonging, connections to family or school, secure cultural identity, supportive family/whānau, hapū and iwi, responsibility for children, social support and holding attitudes against suicide.[23]

Figure H7: Youth suicide rate, 1986–2001



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

Current level and trends

In 2001, there were 107 deaths from suicide among young people aged 15–24, a rate of 20 per 100,000 in that age group. This was a slight increase from the previous year, when 96 young people died by suicide, a rate of 18.1 per 100,000. Annual changes must be interpreted with caution as the numbers involved are small.

[23] Ministry of Health (2004) *Suicide Facts: Provisional 2001 Statistics (all ages)*, pp. 19–20.

The youth suicide rate reached a peak of 28.7 deaths per 100,000 in 1995. The rate dropped every year until 2000, but is still higher than the rate in 1986 (15.6 per 100,000).

Youth aged 15–24 years have the highest hospitalisation rates for intentional self-harm of any age group (186.5 cases per 100,000, or 931 cases, in 2002).

Gender differences

Males have a much higher rate of death by suicide than females, with 31.1 deaths per 100,000 males aged 15–24 in 2001 compared with the female rate of 8.7 per 100,000. Research suggests that the difference is associated with choice of methods, with males choosing more lethal means of self-injury.[24] The youth suicide rate increased for both males and females between 2000 and 2001.

Most of the change in the youth suicide rate since 1986 was due to a rise and fall in the male youth suicide rate, which reached a peak of 44.1 per 100,000 in 1995 and had declined to 29.9 per 100,000 by 2000. The female suicide death rate more than doubled from 1993 to 1999 (from 5.9 per 100,000 to 14.2 per 100,000), then fell sharply to 5.8 per 100,000 in 2000.

Males account for most youth suicide deaths (79 percent in 2001). However, females account for the majority of recorded suicide attempts that do not result in death. In 2002, there were 243 hospitalisations of young males for intentional self-harm (a rate of 97.2 per 100,000) and 688 hospitalisations of young females (a rate of 277.0 per 100,000).

Table H7.1: Youth suicide rate and number of suicides, by gender, 1986, 1991, 1996–2001

	Rate per 100,000 aged 15–24			Rate per 1,000 females aged 15–17			
	Male	Female	Total	Male	Female	Total	% Male
1986	22.9	8.0	15.6	68	23	91	75
1991	38.7	5.8	22.4	109	16	125	87
1996	39.1	14.3	26.7	105	38	143	73
1997	41.1	10.8	26.2	113	29	142	80
1998	38.5	13.3	26.1	105	35	140	75
1999	30.6	14.2	22.6	83	37	120	69
2000	29.9	5.8	18.1	81	15	96	84
2001	31.1	8.7	20.0	84	23	107	79

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

[24] A Beautrais (2000) *Restricting access to means of suicide in New Zealand: a report prepared for the Ministry of Health on methods of suicide in New Zealand*, cited in Ministry of Health (2004) *Suicide Facts: Provisional 2001 Statistics (all ages)*, p. 7.

Ethnic differences

In 2001, 29 young Māori aged 15–24 years died from suicide, accounting for 27 percent of all youth suicides in that year. In comparison, at the time of the 2001 Census, Māori made up 18 percent of all 15–24 year olds.

Youth suicide rates for Māori are subject to considerable annual fluctuation because of small numbers, so trends over time are difficult to interpret. However, the rate of suicide among young Māori appears to be consistently higher than for non-Māori. In 2001, the youth suicide rate for Māori was 28.0 per 100,000 compared with 18.1 for non-Māori.[25]

Table H7.2: Youth suicide rate, Māori and non-Māori, 1996–2001

	Rate per 100,000 aged 15–24		Number		
Year	Māori	Non-Māori	Māori	Non-Māori	% Māori
1996	36.0	23.7	38	105	27
1997	33.9	24.3	36	106	25
1998	40.3	22.6	43	97	31
1999	30.6	20.5	33	87	28
2000	25.7	16.2	28	68	29
2001	28.0	18.1	29	78	27

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

[25] Ministry of Health (2004) *Suicide Facts: Provisional 2001 Statistics (all ages)*, p. 10.

Care and support

Youth positive relationships with parents

Child abuse and neglect

Desired outcomes

All children and young people enjoy secure attachment to parents and caregivers in a nurturing relationship where they are valued, respected and supported.

Introduction

To grow up healthy and happy, children need to have their basic physical needs met and to feel loved and cared for. All children need physical care, including good food, adequate clothing, enough sleep and age-appropriate supervision.

All children need emotional care and support in the form of affection and approval. They also need mental and emotional stimulus in order to grow. They need a wide and varied range of age-appropriate experiences to develop language, social and emotional skills, and they need interaction with others.

A nurturing and supportive relationship between parents and their children will have clear boundaries. Within these boundaries, the child will be encouraged to explore and act alone, and will learn to set his or her own limits. This will help build skills, competence and independence.

Parents want to see their child grow up to be happily and healthily independent. A child who grows up in a nurturing, supportive and stimulating environment will more likely enter adolescence with confidence, strong family and social values, and respect for themselves and others.

Indicators

Two indicators are used in this chapter. They provide an indication of the quality of care children and young people enjoy within their home environment. Such care may be delivered primarily by the biological parent or parents, family members or other caregivers. Regardless of its source, child care and support entails provision of both physical and non-physical things within the context of close primary human relationships. One of the indicators records a positive dimension of the nurturing of children and young people, the other a negative dimension.

Feeling loved and cared for is fundamental to one's ability to care for and establish healthy relationships with others. The first indicator measures positive relationships between young people and their parents. It focuses on secondary school students aged 12–18 who report how close they feel their relationships are with their parents or caregivers. It also suggests how young people value the time spent with their parents or caregivers.

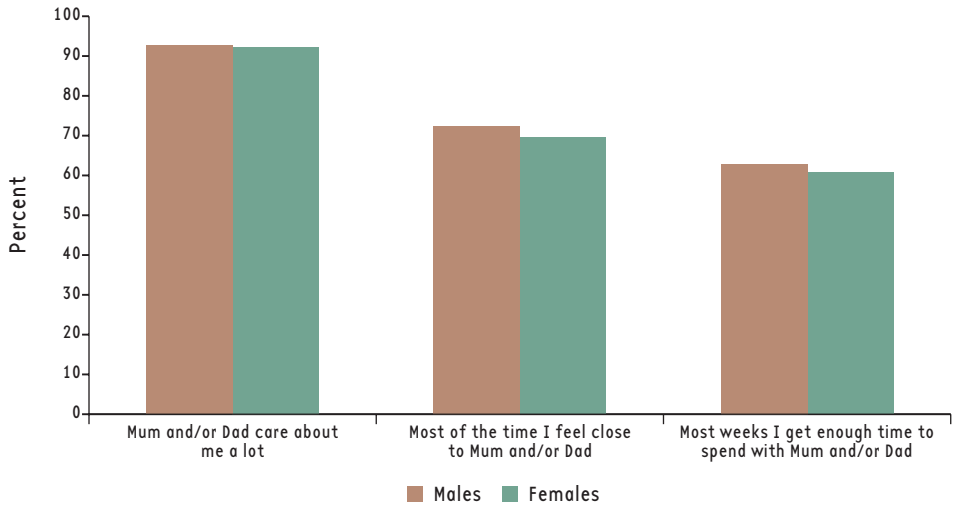
The second indicator, child abuse and neglect, is of children who have been assessed by the Department of Child, Youth and Family Services (CYF) as abused or neglected. Child neglect is the failure to meet a child's essential needs through inadequate parenting and lack of responsibility. Abuse or violence can seriously damage a child's physical and psychological health, with negative consequences that can extend well into adulthood. Protecting the health and lives of young people is a critical component of improving social wellbeing in New Zealand.

CS1 Youth positive relationships with parents

Definition: The proportion of secondary school students aged 12–18 years who reported that their Mum and/or Dad (or someone who acts as Mum and/or Dad) cares a lot about them, that they feel close to Mum and/or Dad most of the time, and that they are able to spend enough time with Mum and/or Dad.

Rationale: When children and young people have strong positive relationships with their parents, they are better able to cope with challenges and changes in their lives. They may also achieve better at school and have healthier and happier relationships with others.[26]

Figure CS1: Proportion of students reporting positive relationships with their parents by gender, 2001



Source: Adolescent Health Research Group (2003).

[26] Adolescent Health Research Group (2003) *New Zealand Youth: A Profile of Their Health and Wellbeing*.

Current level and trends

More than 90 percent of students surveyed in 2001 reported that their Mum and/or Dad cared about them a lot. The majority of students (around 70 percent) also reported that most of the time they felt close to Mum and/or Dad. Fewer students (around 60 percent) reported that most weeks they got enough time to spend with Mum and/or Dad. In other words, around 40 percent of students would like to spend more time with one or both of their parents.

Gender and age differences

There were no significant differences by age or gender in the proportion of students who reported that Mum and/or Dad cared about them a lot. Older boys and 15-year-old girls reported less often than younger students of the same sex that they felt close to Mum and/or Dad most of the time. Sixty-six percent of 12–13-year-old boys reported that they get to spend enough time with Mum and/or Dad most weeks compared with 58 percent of 17–18-year-old girls.

Table CS1: Young people (12–18 years) reporting positive relationships with parents by age and gender, 2001, with 95% confidence intervals below

	Mum and/or Dad care about me a lot		Most of the time I feel close to Mum and/or Dad		Most weeks I get enough time to spend with Mum and/or Dad	
Age in years	Males %	Females %	Males %	Females %	Males %	Females %
12–13	91.6 89.7,93.6	92.4 90.9,94.0	77.2 74.5,80.0	76.3 68.0,78.3	66.1 62.6,69.5	64.8 61.6,68.0
14	93.1 91.6,94.7	91.9 90.3,93.4	72.1 69.6,74.6	71.0 68.0,73.9	63.8 60.6,66.9	61.9 59.1,64.8
15	92.3 90.9,93.8	91.9 90.3,93.6	71.0 67.6,74.5	63.6 60.5,66.6	63.2 59.7,66.8	58.1 55.1,61.1
16	93.3 91.3,95.4	91.2 89.4,92.9	70.3 67.1,73.6	68.6 65.4,71.2	58.9 54.4,63.5	60.1 56.9,63.4
17–18	94.0 92.0,96.0	95.0 93.1,96.9	69.5 64.9,74.1	68.1 64.6,71.6	61.1 56.9,65.3	58.0 53.2,62.6
All	**92.7** **91.6,93.7**	**92.3** **91.4,93.2**	**72.4** **70.8,73.9**	**69.6** **68.1,71.0**	**62.9** **60.9,64.8**	**60.8** **59.2,62.4**

Source: Adolescent Health Research Group (2003).

Ethnic differences

Ninety percent of Māori students thought that their parents cared about them a lot compared with 94 percent of New Zealand European students. Māori were also less likely than New Zealand European students to feel close to Mum and/or Dad most of the time or to spend enough time with Mum and/or Dad. The differences were significant after adjustment for age, sex and socio-economic differences between the two ethnic groups. No significant differences were found between Pacific students and New Zealand European students.

Table CS2: Young people (12–18 years) reporting positive relationships with parents by ethnic group, 2001

Ethnic group	Mum and/or Dad care about me a lot	Most of the time I feel close to Mum and/or Dad	Most weeks I get enough time to spend with Mum and/or Dad
	%	%	%
Māori	90	66	55
Pacific	92	73	60
Asian	92	66	65
Other	92	69	60
NZ/European	94	74	65

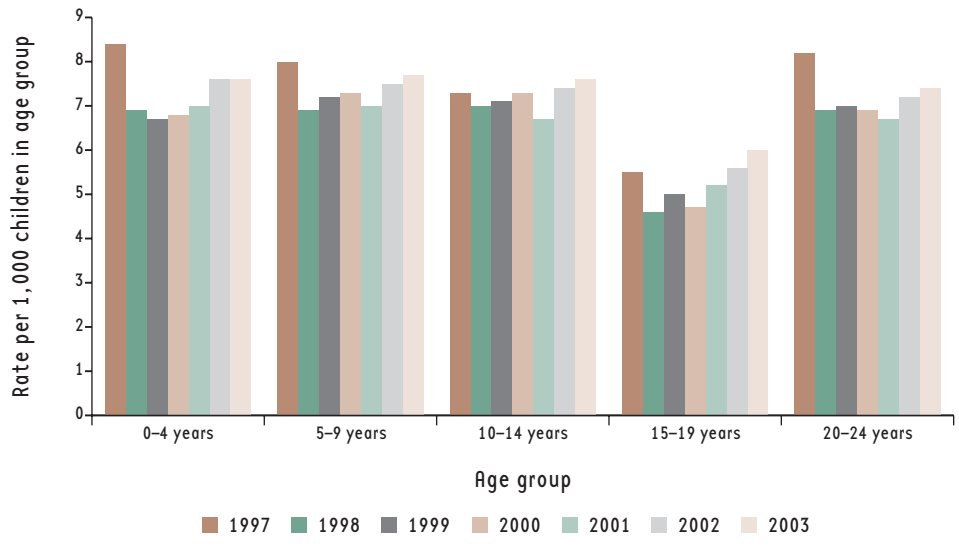
Source: Adolescent Health Research Group (2003).

CS2 Child abuse and neglect

Definition: The number of children aged 0–16 assessed as abused (physically, emotionally, sexually) or neglected following a notification to CYF, per 1,000 children under 17 years of age.

Rationale: Abuse or violence can seriously damage a child's physical and psychological health, with the consequences often experienced well into adolescence and adulthood. Protecting the lives and health of children by reducing child abuse is a critical component of improving social wellbeing in New Zealand.

Figure CS2: Rate of substantiated child abuse and neglect by age group, June years 1997–2003



Source: Ministry of Social Development, SWIS (1997–2000), CYRAS (2001–2003).

Note: The rate is based on individual children who were assessed as abused (physically, emotionally, sexually) or neglected. 2001 and 2002 rates have been revised.

Current level and trends

In the year to June 2003, 7,361 children were assessed by CYF as abused or neglected. This was a substantiated child abuse rate of 7.4 children for every 1,000 children under 17 years of age, similar to the rate of 7.2 per 1,000 children in the year to June 2002. Annual fluctuations in these figures do not necessarily reflect changes in the prevalence of child abuse. They may be influenced by the level of resources made available and by changes in administration and reporting patterns.

Age and gender differences

There is little gender difference in rates of abuse among children under 10 years old but, at age 14–16 years, females are much more likely to be abused than males. In 2003, the rate of substantiated child abuse among 14–16-year-old females was 8.0 per 1,000, over twice the rate for males (3.9 per 1,000). These age and gender differences have been consistent over the last six years.

Table CS2.1: Substantiated cases of child abuse or neglect, by age and gender, in the years ended 30 June 2002 and 2003

	Rate per 1,000 children					
	2002			2003		
Age group	Male	Female	Total	Male	Female	Total
0–4 years	7.5	7.3	7.6	7.2	7.5	7.6
5–9 years	7.3	7.6	7.5	7.4	7.9	7.7
10–13 years	6.4	8.3	7.4	6.6	8.4	7.6
14–16 years	3.7	7.4	5.6	3.9	8.0	6.0
Total	**6.5**	**7.7**	**7.2**	**6.5**	**8.0**	**7.4**

Source: Ministry of Social Development, CYRAS.

Ethnic differences

Māori children are more likely than non-Māori children to be assessed as abused or neglected. In 2003, the rate per 1,000 was 11.9 for Māori and 5.9 for non-Māori. While the corresponding rates are not available for Pacific children, they are not overrepresented among children assessed as abused, accounting for 12 percent of such children in 2003, about the same representation as they have in the child population.

Table CS2.2: Substantiated cases of child abuse or neglect, Māori and non-Māori ethnicity and gender, 1998–2003.

	Rate per 1,000 children aged 0–16					
	Māori			Non-Māori		
Year to June	Male	Female	Total	Male	Female	Total
1998	11.8	13.9	13.0	4.6	5.5	5.1
1999	12.3	14.3	13.4	4.5	5.5	5.0
2000	11.1	13.2	12.3	4.7	5.6	5.3
2001	9.4	10.9	10.2	4.9	6.1	5.6
2002	9.7	11.4	11.8	5.5	6.5	5.7
2003	10.8	12.5	11.9	5.1	6.5	5.9

Source: Ministry of Social Development, CYRAS.

Economic security

Children living in low-income families

Children and young people with low living standards

Food security

Youth unemployment rate

Hourly earnings from wage and salary jobs

Desired outcomes

All children and young people enjoy a secure standard of living that means they can fully participate in society. All young people achieve the transition to economic independence.

Introduction

Economic security requires that children and young people be able to live and grow in adequate and appropriate physical circumstances, with confidence that these circumstances will be maintained.

The economic security of children depends on the economic circumstances of their parents and caregivers, including their access to appropriate housing, essential goods and services, and discretionary income. For young people, their own access to economic resources becomes an important factor in establishing an economically independent and secure future for themselves.

The desired outcomes for children and young people emphasise two aspects of general social wellbeing: participation in society; and economic independence.

Participation is about being able to take part in and contribute to all of the spheres of life that children and young people value, and within which they may seek to learn and develop – family, social and community life, education and training, leisure and work. Participation has been defined as meaning "no-one is … so poor that they cannot eat the sort of food that New Zealanders usually eat, wear the same sort of clothes, [and] take a moderate part in those activities which the ordinary New Zealander takes part in as a matter of course".[27]

The second dimension of economic security is the development of independence. Fundamental to wellbeing is having a sense of control over one's life. Part of a growing sense of control is the transition to economic independence. This transition spans the course of childhood and adolescence, beginning from the moment a child is granted a limited ability to command his or her own economic resources. The transition is achieved as the young adult enters employment and is remunerated sufficiently to meet the needs of themselves and, if necessary, their dependants. It is one measure of success in life that young people have sufficient material resources to provide for themselves and their families.

Indicators

Together, the five indicators in this domain provide a picture of the degree of economic security in which children and young people are living and growing. They also cast light on changes in these circumstances over time.

[27] Royal Commission on Social Security in New Zealand (1972) *Social Security in New Zealand.*

Three indicators relate to the household and family environment in which children and young people live, and two are concerned with the contribution young people make to their economic wellbeing.

The indicators are:

- children living in low-income families
- children and young people with low living standards
- food security
- youth unemployment rate
- hourly earnings from wage and salary jobs.

A sixth indicator, youth inactivity rate, was also selected for inclusion in this domain. It provides a measure of the proportion of young people who, at a point in their lives when they have a great capacity to learn and apply their skills, are engaged in neither study nor employment. This is an important indicator of lost economic and social opportunity, in both a personal and national sense. Data on the youth inactivity rate are not yet available.

The first three indicators of economic circumstances recognise that the same level of income can produce different living standards, depending on factors such as family size, housing costs, personal characteristics of the earner(s), and external factors affecting the social wellbeing of family members.

The proportion of children living in low-income households provides information about how equitably resources are distributed in the wider society. This indicator acknowledges that living in a low-income household has a negative impact on the young, restricting their capacity to participate in society as fully as those who are better off.

Closely associated with this is the second indicator, which measures the proportion of children living in households with low living standards. This measure takes into account the extent that people do without things and do not engage in social activities because of the cost, as well as measuring whether people feel they have sufficient income.

The third indicator is a subjective survey measure of parents' and caregivers' feelings about the adequacy of food supply for their household with young dependants. A good, regular and sufficient supply of nutritious food is fundamental to child health and development.

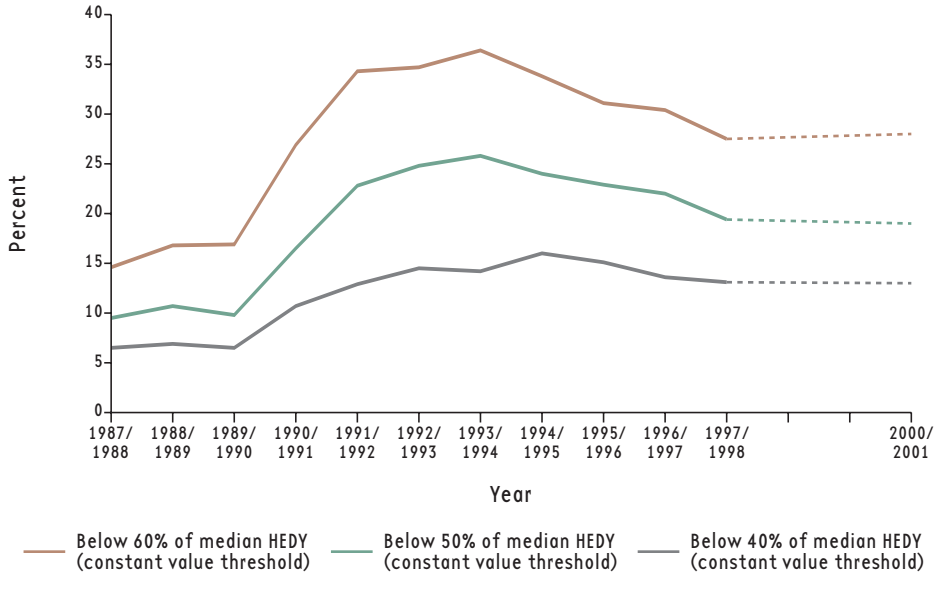
Youth unemployment is the focus of the fourth indicator in this domain. Paid work has an important role in social wellbeing. Income from paid work is the main factor determining people's material standards of living. Income from employment allows people to meet their basic needs, create a comfortable environment for living and explore options for how to live their lives. Importantly, paid work also provides people with social contact, a sense of self-worth and the satisfaction of contributing to a productive society. Levels of hourly earnings by young people in wage and salary jobs are provided in the final indicator of this domain.

ES1 Children living in low-income families

Definition: The proportion of dependent children aged under 18 years who were living in economic family units receiving an equivalent income, net of housing costs, below the low-income threshold. The measure takes account of income, housing costs and family size, and is adjusted for inflation and taxes. The low-income threshold used in this measure is 60 percent of the 1998 median equivalent disposable family income net of housing costs.

Rationale: The quality of life is restricted when there are insufficient economic resources in the family, which limits the ability of children and young people to participate in their community and in wi der society. Furthermore, research literature has consistently shown that low family income in childhood, if it is long lasting, is associated with negative outcomes such as lower educational attainment and poor health.[28]

Figure ES1.1: Proportion of children aged under 18 years living in low-income families, 1987/1988–1997/1998, 2000/2001



Source: Statistics New Zealand, Household Economic Survey, unpublished data; Ministry of Social Development.

Note: Data shown for 2000/2001 is for the year ended 30 June 2001. Earlier years are for the year ended March.

[28] Ministry of Social Development (2003) *The Social Report 2003*, p. 66.

Current level and trends

In 2001, 29 percent of children were living in families with incomes below 60 percent of the 1998 median equivalent disposable family income net of housing costs. This was similar to the proportion of children who were living in low-income families in 1998, but lower than the proportions from 1992 to 1997.

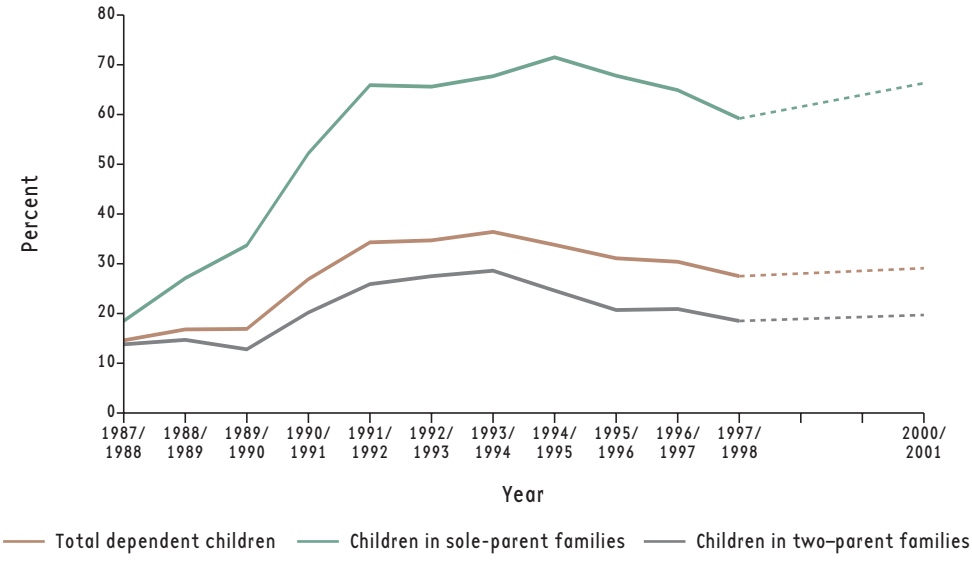
A sharp increase in the early 1990s in the proportion of children living in low-income families reached a peak in 1994. Since then, the proportion of children living in low-income families has decreased, but it remains above the level achieved in the late 1980s.

If the threshold for low income were reduced to 50 percent (of the 1998 median equivalent disposable family income net of housing costs), 18 percent of children were living in low-income families in 2001.

Differences by family type

Children living with one parent are much more likely than those living with two parents to be living in families receiving low incomes. In 2001, 66 percent of children living in sole-parent families were living in families receiving an income below the 60 percent threshold, compared with 20 percent of those living in two-parent families.

Figure ES1.2: Proportion of dependent children aged under 18 years living in low-income families, by family type, 1987/1988–1997/1998, 2000/2001



Source: Statistics New Zealand, Household Economic Survey, unpublished data; Ministry of Social Development.

Notes: Low-income families are those with inflation-adjusted equivalised disposable family incomes, excluding housing costs, that are below 60 percent of the 1998 median.
Data shown for 2001 is for the year ended 30 June 2001. Earlier years are for the year ended March.

ES2 Children and young people with low living standards

Definition: The proportion of dependent children aged under 18 years and young people aged 18–24 years living in economic family units with a low standard of living. A family unit with a low standard of living is one with a "somewhat restricted", "restricted" or "very restricted" standard of living as measured by the Economic Living Standards Index (ELSI).[29]

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

Current level

In 2000, 29 percent of children aged under 18 and 16 percent of young people aged 18–24 had a low standard of living.

Table ES2.1: Proportions of children and young people with a low standard of living, by ELSI rating of living standard, 2000

Level of living standard	Children aged under 18 %	Young people aged 18–24 %
Somewhat restricted	16	9
Restricted	7	6
Very restricted	6	1
Total with low living standards	29	16

Source: Krishnan, Jensen and Ballantyne (2002) *New Zealand Living Standards 2000*, Centre for Social Research and Evaluation, Ministry of Social Development, p. 42.

Gender and ethnic differences

In 2000, Pacific children (50 percent) and Māori children (49 percent) were more likely to be living in families with low living standards than European children (19 percent). Young Māori aged 18–24 were also more likely than young people from other ethnic groups to have low living standards.

There was no gender difference in the prevalence of low living standards among children. However, at age 18–24 years, young women (23 percent) were much more likely than young men (10 percent) to have low living standards.

[29] V Krishnan, J Jensen and S Ballantyne (2002) *New Zealand Living Standards 2000.*

Table ES2.2: Proportions of children and young people with a low standard of living, by gender and ethnic group, 2000

	Children aged under 18 %	Young people aged 18–24 %
Gender		
Female	28.6	22.5
Male	28.7	9.9
Ethnic group		
Māori	49.1	33.3
Pacific	50.2	18.7
European	19.2	13.4
Other	29.9	5.3
Total	**28.6**	**16.3**

Source: Ministry of Social Development, 2000 Standard of Living Survey, unpublished data.

Differences by family characteristics

In 2000, sole-parent families were more likely than two-parent families to have low living standards. Fifty-one percent of sole-parent families with dependent children had low living standards, compared with 18 percent of two-parent families with dependent children.

Families with three or more children were also more likely than other families with children to have low living standards. Thirty-five percent of families of three or more children had low living standards, compared with 24 percent of families with two children and 25 percent of families with one child.

Table ES2.3: Proportion of families with dependent children aged under 18 years with low standards of living, by family type and number of children, 2000

	Families %
Family type	
Sole-parent	51
Two-parent	18
No. of dependent children	
One	25
Two	24
Three or more	35

Source: Krishnan, Jensen and Ballantyne (2002) *New Zealand Living Standards 2000*, Centre for Social Research and Evaluation, Ministry of Social Development, pp. 111, 115.

ES3 Food security

Definition: The proportion of households with children aged 5–14 years for which an adult in the household responded *always* to the statement "We can afford to eat properly" in the 2002 National Children's Nutrition Survey.

Rationale: According to the World Food Summit, food security exists when all people, at all times, have physical and economic access to sufficient, safe and nutritious food to meet their dietary needs and food preferences for an active, healthy life. While the experience of "hunger" is relatively uncommon in most developed nations, some groups of people can, at some stages of their lives, experience "food insecurity".

Current level and trends

In 2002, 78 percent of households with children aged 5–14 reported that they had *always* been able to afford to eat properly during the previous 12 months. Twenty percent of households with children reported that they could only *sometimes* afford to eat properly during that period.

Ethnic differences

Households with Pacific children were least likely to state that they could *always* afford to eat properly (47 percent) compared with households with Māori children (64 percent) and households with children of European or Other ethnic groups (86 percent).

Across all ethnic groups, households with seven or more members were less likely to state that they could *always* afford to eat properly than those with fewer than seven members. Just 40 percent of large (more than five children) Pacific households reported that they could *always* afford to eat properly.

Socio-economic differences

The proportion of households reporting that they could *always* afford to eat properly increases with rising socio-economic status of the area in which they live. Sixty percent of households in the lowest socio-economic quintile reported that they could *always* afford to eat properly, compared with 94 percent of households in the highest socio-economic quintile.

Table ES3: Proportion of households with children reporting that they could afford to eat properly, by number of children, ethnicity and socio-economic status, 2002

Characteristics of households with children	Always %	Sometimes %
Number of children		
One or two	83.4	15.1
Three or four	81.5	16.7
Five or more	58.7	37.3
Ethnic group		
Māori	64.3	33.6
Pacific	46.6	47.9
New Zealand European or Other	86.1	12.1
Socio-economic status		
NZDep01 Level I (highest)	94.0	5.5
NZDep01 Level II	88.2	9.8
NZDep01 Level III	82.2	14.9
NZDep01 Level IV	72.0	24.3
NZDep01 Level V (lowest)	59.5	37.5
All households with children	77.8	20.1

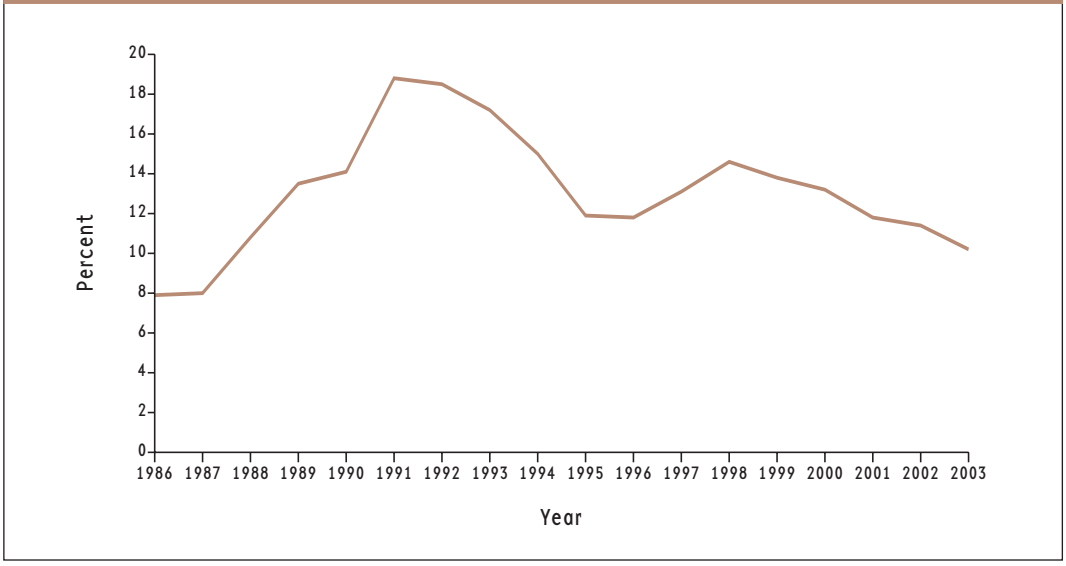
Source: Parnell et al (2003) *NZ Food, NZ Children: Key Results of the 2002 National Children's Nutrition Survey*, Table B6, p. 121.

ES4 Youth unemployment rate

Definition: The number of 15–24 year olds in the labour force who are not employed but are actively seeking and available for paid work, expressed as a percentage of 15–24 year olds in the labour force.

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

Figure ES4: Youth unemployment rate, 1986–2003



Source: Statistics New Zealand, Household Labour Force Survey.

Note: Rates are annual averages for the calendar year.

Current level and trends

The annual average youth unemployment rate in 2003 was 10.2 percent. The youth unemployment rate has declined steadily from 14.6 percent in 1998 but is still higher than it was in 1986 (7.9 percent) and substantially higher than the total unemployment rate (4.7 percent in 2003).

Gender differences

Youth unemployment rates show no difference by gender in 2002 and 2003. Young men were more affected than young women by high rates of unemployment during the peaks in youth unemployment in 1991 and 1998.

Table ES4.1: Youth unemployment rate, by gender, selected years 1986–2003

Gender	1986 %	1991 %	1996 %	2001 %	2002 %	2003 %
Female	7.9	16.8	11.2	11.5	11.3	10.4
Male	7.9	20.6	12.4	12.1	11.5	10.1
Total	**7.9**	**18.8**	**11.8**	**11.8**	**11.4**	**10.2**

Source: Statistics New Zealand, Household Labour Force Survey.

Note: Rates are annual averages for the calendar year.

Age differences

Young people aged 15–19 years have higher rates of unemployment that those aged 20–24 years. In 2003, the unemployment rate for 15–19 year olds was 14.2 percent, almost double the rate for 20–24 year olds (7.2 percent).

Table ES4.2: Youth unemployment rate, by age group, selected years 1986–2003

Age group	1986 %	1991 %	1996 %	2001 %	2002 %	2003 %
15–19 years	11.4	21.8	15.8	15.6	15.4	14.2
20–24 years	4.9	16.6	9.1	8.9	8.3	7.2
Total	**7.9**	**18.8**	**11.8**	**11.8**	**11.4**	**10.2**

Source: Statistics New Zealand, Household Labour Force Survey.

Note: Rates are annual averages for the calendar year.

Ethnic differences

Unemployment rates remain higher for young Māori (aged 15–24 years) than for young Pacific peoples and young Europeans. In 2003, 17.5 percent of young Māori and 13.3 percent of Pacific young people were unemployed, compared with 8.3 percent of young Europeans.

Pacific young people were more affected than young Māori and young Europeans by the deterioration in youth unemployment in the late 1980s. Since 1999, all three ethnic groups have seen an improvement in youth unemployment rates.

Table ES4.3: Youth unemployment rate, by ethnic group, selected years 1986–2003

Ethnic group	1986 %	1991 %	1996 %	2001 %	2002 %	2003 %
Māori	17.0	39.3	24.0	21.3	19.7	17.5
Pacific	7.2	37.1	19.4	18.4	17.9	13.3
New Zealand European	6.5	14.8	9.1	9.1	9.0	8.3
Total	**7.9**	**18.8**	**11.8**	**11.8**	**11.4**	**10.2**

Source: Statistics New Zealand, Household Labour Force Survey.

Note: Rates are annual averages for the calendar year.

Regional differences

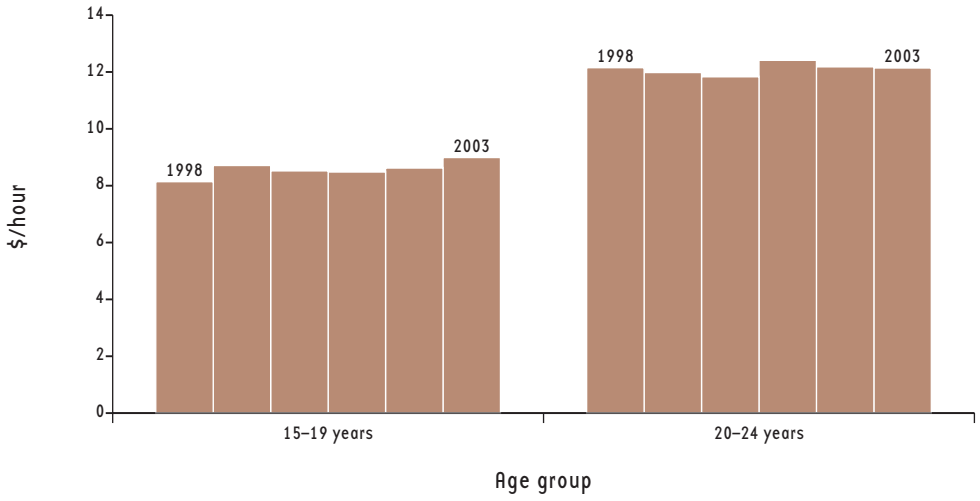
In the year ended 31 December 2003, youth unemployment rates were highest (at 18 percent) in Northland and lowest (at eight percent) in Waikato, Nelson/Tasman and Canterbury. Over the period 1995–2003, the rate of youth unemployment has been highest in the Northland, Bay of Plenty and Gisborne/Hawkes Bay regions and lowest in Auckland and Nelson/Tasman.

ES5 Hourly earnings from wages and salaries

Definition: Median hourly earnings from all wage and salary jobs for employees aged 15–24 years and earning wage and salary income, as measured by the New Zealand Income Survey.

Rationale: Earning their own wage or salary from employment is an important step towards financial independence for young adults.

Figure ES5.1: Median hourly earnings from wage and salary jobs, June 1998 to June 2003



Source: Statistics New Zealand, New Zealand Income Survey.

Current level and trends

In June 2003, half of all young people aged 15–19 years with income from a wage and/or a salary earned more than $9.00 an hour from all wage and salary jobs. Half of all 20–24-year-old employees earned more than $12.15 an hour from wage and salary jobs.

In the five years to June 2003, there was no change in the inflation-adjusted median hourly earnings of young people aged 20–24 years. An 8.5 percent increase in the median hourly earnings of this age group between June 1998 and June 2003 was offset by inflation of 8.6 percent.

For 15–19 year olds, an increase in median hourly earnings of 20 percent over the same five-year period more than compensated for the effects of inflation, leaving 15–19 year olds with a 10 percent increase in their inflation-adjusted wage and salary earnings. In March 2001, the age of eligibility for the adult minimum wage was lowered from 20 to 18 years and the minimum wage for 16–17 year olds was raised from 60 to 70 percent of the adult minimum wage. In March 2002, the minimum wage for 16–17 year olds was raised to 80 percent of the adult minimum wage.

Gender and ethnic differences

In June 2003, there was no significant gender gap in the median hourly earnings of young people aged 15–24. There were also no significant differences between the median hourly earnings of different ethnic groups.

Table ES5.1: Median hourly earnings of young people from wage and salary jobs by gender and ethnic group, June 2003

Characteristics of young people aged 15–24 years	Median hourly earnings $
Gender	
Males	11.00
Females	10.50
Ethnic group	
European/Pākehā	11.00
Māori	10.00
Pacific	10.90
Other	10.00

Source: Statistics New Zealand, New Zealand Income Survey.

Safety

Unintentional injury mortality rate

Intentional injury mortality rate

Intimidation at school

Youth criminal victimisation

Youth perceptions of safety

Youth road casualties

Desired outcomes

All children and young people enjoy personal safety, and are free from abuse, victimisation, violence, and avoidable injury and death.

Introduction

All other factors contributing to child health and wellbeing are dependent, in the first instance, upon being safe. The infant or child remains dependent on others for his or her physical and emotional safety. The adolescent, likewise, has a need for, and entitlement to, security and protection from harm, and will increasingly take responsibility for his or her own safety. The quality of life of a child or young person, and their future, rests on them being kept safe from harm. At their most extreme, violence and avoidable injury threaten life itself.

Society as a whole pays a high price for the maltreatment, injury or death of children and young people. Beyond the costs of medical and ongoing care, law enforcement and administration of criminal justice, the physical and emotional damage or impairment inflicted on young people undermines the very quality of future society.

Indicators

Injury is the leading cause of death for children under 15 years,[30] and three of the six indicators in this chapter focus on injury to children and young people. The first two indicators cover deaths resulting from unintentional and intentional injuries, while the final one covers death and injury in motor vehicle crashes.

The six indicators are:

- unintentional injury mortality rate
- intentional injury mortality rate
- intimidation at school
- youth criminal victimisation
- youth perceptions of safety
- youth road casualties.

Every child is entitled to feel safe from intimidation and harm at school. Attendance at school is compulsory and a child must feel safe, confident and supported within the school environment to make the most of the opportunities to learn and grow that school presents. The third indicator gives secondary school children's views of how much they are affected by bullying.

[30] Ministry of Health (2002) *An Indication of New Zealanders' Health*, p. 74.

The extent to which young people are victims of crime provides a broad measure of their personal safety and wellbeing. The fourth indicator in this chapter uses survey results to give a picture of the level of criminal victimisation against later adolescents and young adults, including both violent and property offences.

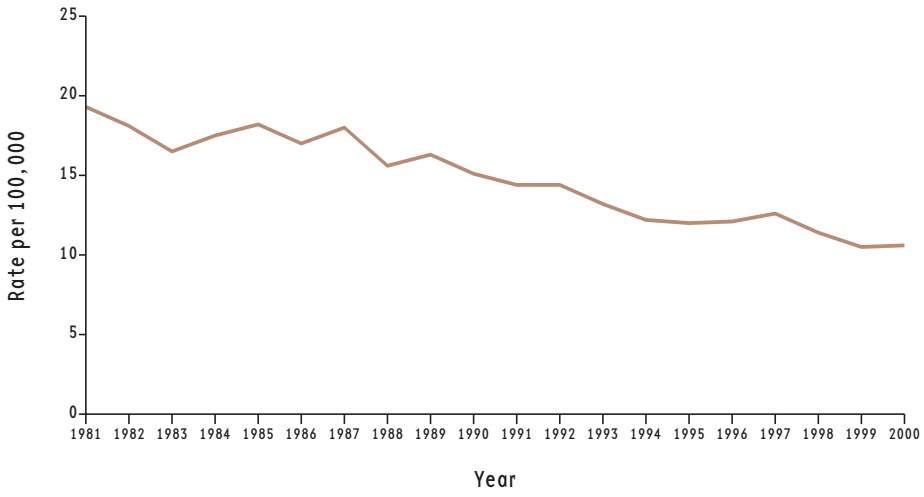
The health and wellbeing of young people depends as much on their *feeling* safe as *being* safe. The quality of life of children and young people is compromised by feelings of fear and anxiety about their own safety or the safety of those they care about. The fifth indicator allows us to hear about how safe young people feel in their own neighbourhood.

S1 Unintentional injury mortality rate

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

Rationale: Childhood injuries are a major cause of death and children are developmentally more vulnerable to injury than adults. Children are dependent on adults for their safety and often their environment has been designed to meet the needs of adults rather than those of children.[31] Most injuries in childhood are to some extent preventable through public health measures, environmental safety, and safe parenting practices.

Figure S1: Rate of mortality at 0–14 years of age as a result of unintentional injury, 1981–2000



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

[31] A D'Souza and E Wood (2003) *Making New Zealand Fit for Children*, p. 60.

Current level and trends

In 2000, 93 children under 15 years of age died as a result of an unintentional injury. On a population basis, this represented 11 children per 100,000 aged 0–14 years, the same rate as recorded in 1999. The rate of child deaths from unintentional injury has almost halved since 1981, when it stood at 19 per 100,000.

Age and gender differences

Rates of unintentional injury mortality are consistently higher for males than for females. In 2000, just over 12 per 100,000 males under 15 years of age were fatally injured, compared with nine per 100,000 females.

Rates of unintentional injury mortality are higher for children under five years of age than for older children. In 2002, 17 per 100,000 children under five years of age were fatally injured, compared with seven per 100,000 5–9 year olds and nine per 100,000 10–14 year olds.

Table S1.1: Rate of unintentional injury mortality at 0–14 years per 100,000 children, by age group and gender, 1991–2000

	0–4 years			5–9 years			10–14 years		
Year	Male	Female	Total	Male	Female	Total	Male	Female	Total
1991	23.1	12.8	18.1	12.8	9.5	11.2	20.4	6.3	13.5
1992	19.3	17.5	18.4	10.4	14.1	12.2	15.1	8.7	12.0
1993	29.0	20.9	25.0	8.0	2.3	5.2	9.7	6.3	8.1
1994	26.2	16.0	21.2	12.0	7.4	9.8	6.7	2.4	4.6
1995	22.9	15.3	19.2	9.6	6.5	8.1	11.0	5.4	8.3
1996	23.6	13.3	18.7	6.6	5.5	6.1	12.3	10.7	11.5
1997	31.3	17.0	24.3	7.7	6.8	7.2	8.5	3.8	6.2
1998	20.1	12.8	16.6	10.8	4.7	7.8	15.3	4.4	10.0
1999	16.3	13.7	15.0	7.0	4.7	5.9	13.0	8.6	10.8
2000	19.2	13.8	16.6	5.1	8.2	6.6	12.7	4.9	8.9

Source: New Zealand Health Information Service, Ministry of Health. Statistics New Zealand.

Ethnic differences

Māori children are more likely than non-Māori children to die as a result of an unintentional injury. In 2002, the rate per 100,000 children aged 0–14 years was 17 for Māori and eight for non-Māori.

Table S1.2: Rate of unintentional injury mortality at 0–14 years per 100,000 children by ethnicity, 1996–2000

Year	Māori	Other	Total
1996	20.8	9.5	12.1
1997	31.3	7.0	12.6
1998	20.4	8.7	11.4
1999	18.6	7.9	10.5
2000	17.4	8.4	10.6

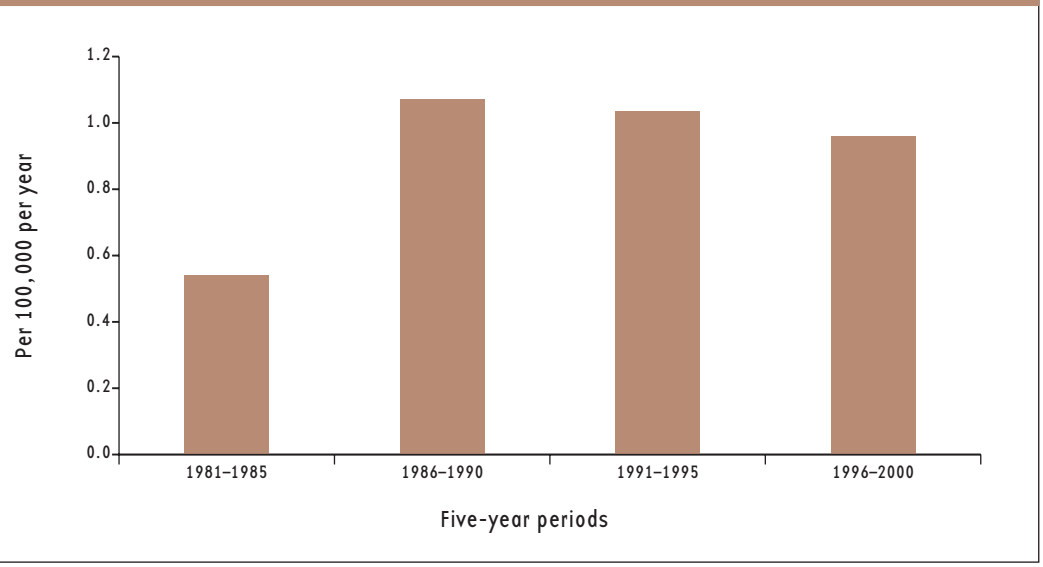
Source: New Zealand Health Information Service, Ministry of Health. Statistics New Zealand.

S2 Intentional injury mortality rate

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

Rationale: The child and the adolescent have a need for, and entitlement to, safety and security in which to grow and develop. Abuse or violence leading to death is the ultimate failure to provide this. Protecting the lives and health of children by reducing and ending child deaths by intentional injury is a critical component of improving social wellbeing in New Zealand.

Figure S2: Five-year average annual rate of mortality from intentional injury for children aged 0–14 years, 1981–1985, 1986–1990, 1991–1995, 1996–2000



Source: New Zealand Health Information Service, Ministry of Health (ICD-9 codes E960-E969, ICD-10 codes X85-Y09).

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

Current level and trends

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

Age and gender differences

Rates of death from intentional injury are higher for children aged under five years than for older children. In the five years to 2000, more than two per 100,000 children aged under five years died each year as a result of intentional injury, compared with less than one per 100,000 5–14 year olds each year.

There is little gender difference in intentional injury death rates.

Table S2: Five-year average annual intentional injury death rates per 100,000 children, by age and gender, 1991–1995, 1996–2000

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

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

Ethnic differences

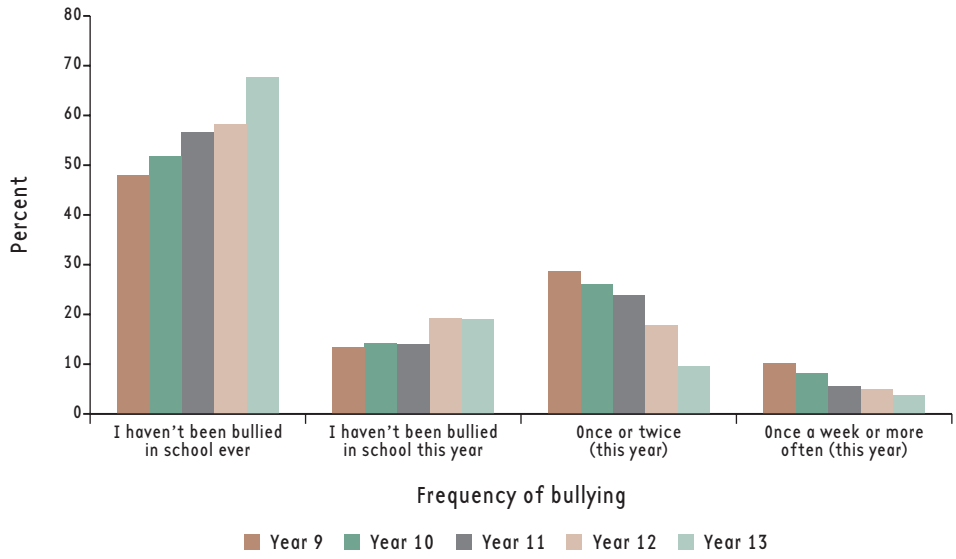
In the five years from 1996 to 2000, Māori children died from intentional injury at an average annual rate of two per 100,000 children. Over the same period, non-Māori children died at an average annual rate of one per 100,000 children.

S3 Intimidation at school

Definition: The percentage of secondary school students aged 12–18 years reporting that they had been bullied or felt unsafe at school in the Youth2000: A National Secondary School Youth Health Survey.

Rationale: Feeling safe at school is fundamental to wellbeing, in terms of both personal safety and educational performance. Bullying can deplete students' self-esteem and can lead to an avoidance of school.

Figure S3: Frequency of students reporting being bullied at school, 2001



Source: Adolescent Health Research Group (2003).

Current level

Thirty percent of secondary school students surveyed in 2001 reported having been bullied at school in the last 12 months, seven percent reported that they had been bullied at least once a week, and 23 percent said that bullying had occurred only once or twice in the last year.

Of the students who had been bullied, 28 percent perceived the bullying to be "not bad", 41 percent thought it was "a little bad", and 31 percent (10 percent of all students surveyed) thought it was "pretty bad", "really bad" or "terrible".

Age differences

Year 9 students were more likely to be bullied at school than any other age group, with 39 percent reporting having been bullied in 2001. This compares with 29 percent of Year 11 students, and 13 percent of Year 13 students. Year 9 students were also bullied most frequently. Ten percent reported being bullied once a week or more in 2001 compared with six percent of Year 11 students and four percent of Year 13 students.

Gender differences

Being bullied once or twice in the last year was an equally common experience for male and female students. However, significantly more male students (nine percent) experienced frequent bullying (once a week or more often) than female students (five percent). Male and female students reported similar views on the severity of bullying they had experienced.

Six percent of male students and four percent of female students reported that they did not feel safe at school, either "mostly not" safe or "not at all" safe. Five percent of both male and female students reported avoiding going to school because they felt unsafe either at school or on their way to or from school.

Table S3: Proportion of students who avoided going to school in the last month because they felt unsafe, by year of schooling, 2001, with 95% confidence intervals below

Year at school	Males %	Females %
Year 9	5.1 3.9,6.2	5.9 4.4,7.4
Year 10	5.7 4.1,7.2	6.6 5.3,8.0
Year 11	4.9 3.4,6.4	5.0 3.8,6.3
Year 12	4.0 2.7,5.4	3.7 2.4,5.1
Year 13	2.0 0.5,3.5	1.3 0.4,2.2
All	**4.7** **3.9,5.5**	**5.0** **4.2,5.8**

Source: Adolescent Health Research Group (2003).

Ethnic differences

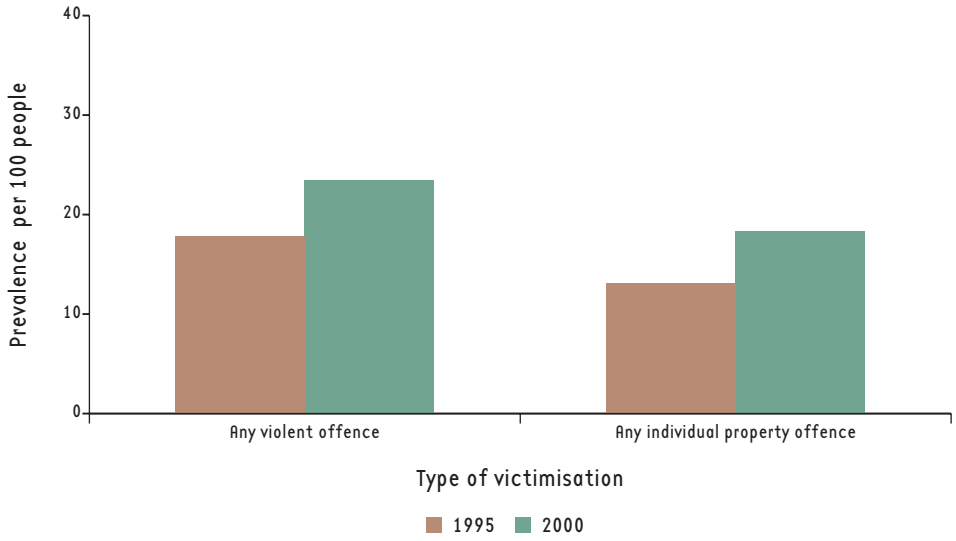
Seventy-six percent of Māori students and 72 percent of Pacific students reported that they felt safe at school most of the time or all of the time. This compares with 81 percent of New Zealand European students, 73 percent of Asian students and 74 percent of students of other ethnic groups. After adjusting for age, sex and socio-economic differences, Māori and Pacific students were just as likely to feel safe at school as New Zealand European students. However, Asian students were significantly less likely to feel safe at school than New Zealand European students.

S4 Youth criminal victimisation

Definition: The proportion of the population aged 15–24 who have been the victim of one or more incidents of offending as measured by the 2001 National Survey of Crime Victims.

Rationale: Being safe and feeling safe are fundamental to wellbeing. The criminal victimisation rate of young people provides a broad measure of personal safety and wellbeing.

Figure S4: Type of personal victimisation of 15–24 year olds, 1995 and 2000



Source: Morris et al (2003) *New Zealand National Survey of Crime Victims*, Table 2.11, p. 81.

Current level and trends

Forty-six percent of 15–24 year olds experienced victimisation in 2000. The most common type of victimisation was violence against the victim: 24 percent of people in this age group reported that they had been the victim of violent offending in 2000, a higher rate than the 18 percent in 1995. Almost two in 10 (18 percent) reported that they had been subject to an individual property offence, such as theft or wilful damage, up from 13 p ercent in 1995.

Table S4.1: Prevalence of victimisation of 15–24 year olds, by type of victimisation, 2000

Type	Prevalence per 100 people
Sexual assault/interference (women)	1.5
Sexual assault/interference (men)	0.3
Assault	16.5
Threats	12.3
Any violence	23.5
Other theft	5.9
Damage	7.1
Any individual property	18.3

Source: Morris et al (2003) *New Zealand National Survey of Crime Victims*, Table 2.13, p. 85.

Note: The category of Assault does not include grievous assaults; the Other theft category does not include theft from the person and bicycle theft (all these prevalence rates are very low).

Gender and age differences

Females aged 15 and 16 were most likely to have experienced victimisation (52 percent of this group), followed by males aged 15 and 16 (50 percent). Young people aged 17–24 were slightly less likely to have experienced victimisation (45 percent of males and 43 percent of females).

Additionally, young people aged 15–24 were the group most likely to include repeat victims of violent offences, assaults and individual property offences. In particular, those most likely to be repeat victims were females aged 17–24 (3.46 instances of victimisation per victim) and males aged 15–16 (3.34 instances of victimisation per victim).

Over a quarter (26 percent) of females aged 17–24 years reported that they had experienced sexual interference or sexual assault. For 14 percent of females, these experiences had happened before the age of 17 years.

Table S4.2: Lifetime prevalence of sexual interference or sexual assault, by gender

	17–24 years %
Female	
Lifetime experience	25.6
Before age 17	14.3
Male	
Lifetime experience	4.5
Before age 17	2.9

Source: Morris et al (2003) *New Zealand National Survey of Crime Victims*, Table 6.1, p. 166.

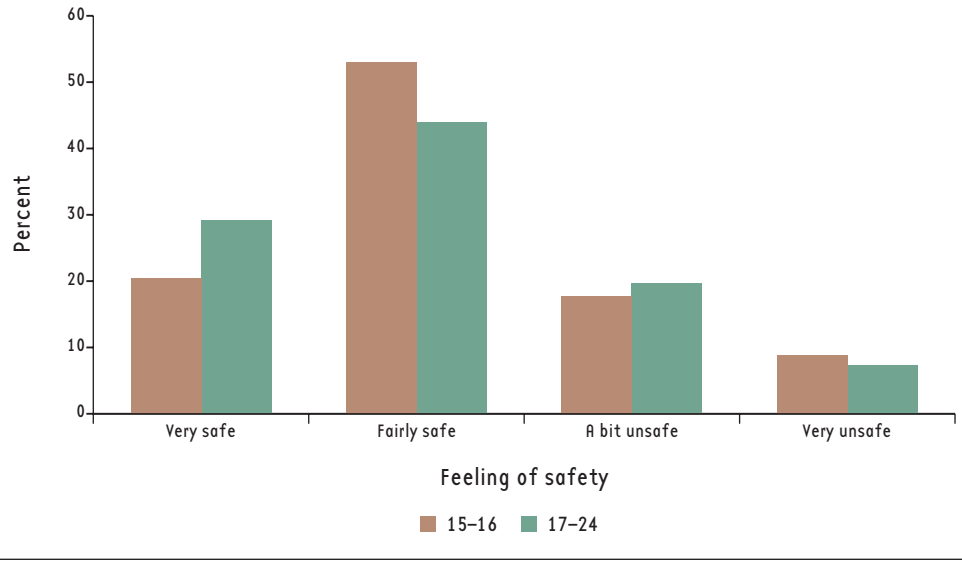
In 2000, two percent of 15- and 16-year-old females and three percent of 17–24-year-old females were sexually interfered with or assaulted. No males aged 15–24 years reported any incidence of sexual interference or sexual assault in 2000.

S5 Youth perceptions of safety

Definition: The proportion of young people aged 15–24 years who reported that they felt unsafe walking alone in their neighbourhood at night or, if they did not walk alone at night, reported that they would feel unsafe doing so.

Rationale: Perceptions of safety are important because they are not always related to the actual risk of becoming a crime victim. Anxiety and worries about victimisation may cause young people to alter their behaviour to avoid being victimised. This limits young people's options and can reduce their freedom.

Figure S5: Youth perceptions of safety while walking alone in their neighbourhood after dark, 2001



Source: Morris et al (2003) *New Zealand National Survey of Crime Victims*, Table A9.3b, p. 272.

Current level

In 2001, 27 percent of 15–24 year olds said they felt (or would feel) unsafe walking alone in their neighbourhood after dark. Of the 15 and 16 year olds, 18 percent reported that they felt (or would feel) "a bit unsafe" and nine percent felt "very unsafe". Of 17–24 year olds, 20 percent reported feeling "a bit unsafe" and seven percent felt "very unsafe".

The types of victimisation 15 and 16 year olds were most worried about were being sexually assaulted/raped (38 percent), being in a traffic accident caused by a drunk driver (33 percent), being attacked and robbed (29 percent), and being assaulted by strangers (29 percent). The types of victimisation 17–24 year olds were most worried about were being sexually assaulted/raped (28 percent), being in a traffic accident caused by a drunk driver (24 percent), having some of their belongings stolen (26 percent), having their car deliberately damaged or broken into (26 percent), and being attacked and robbed (26 percent).

Table S5: Proportion of people worried about victimisation, by age group and type of victimisation, 2001

Type of victimisation	Very worried		Very worried and fairly worried combined	
	15–16 years %	17–24 years %	15–16 years %	17–24 years %
Being in a traffic accident caused by a drunk driver	32.9	24.2	59.9	61.8
Having your house burgled	19.7	24.7	51.0	62.2
Being attacked and robbed	29.3	26.1	48.8	44.5
Being sexually assaulted/raped	37.6	28.0	45.6	42.1
Having your car deliberately damaged or broken into	14.5	26.3	38.1	53.4
Having some of your belongings stolen	10.1	26.4	53.0	62.9
Having your car stolen	15.2	23.1	35.1	51.3
Having your house or property damaged by vandals	20.0	21.1	46.2	47.1
Being assaulted by strangers	29.2	23.0	52.1	45.1
Being assaulted by people you know	14.3	11.9	27.6	22.2
Being assaulted because of your race	13.6	11.7	31.1	23.9

Source: Morris et al (2003) New Zealand National Survey of Crime Victims, Table 9.7, p. 226.

Gender differences

Females were more likely than males to report that they felt (or would feel) "a bit unsafe" or "very unsafe" walking alone in their neighbourhood after dark. Of 15- and 16-year-old females, 40 percent reported that they felt (or would feel) "a bit unsafe" or "very unsafe", compared with just 16 percent of 15- and 16-year-old males.

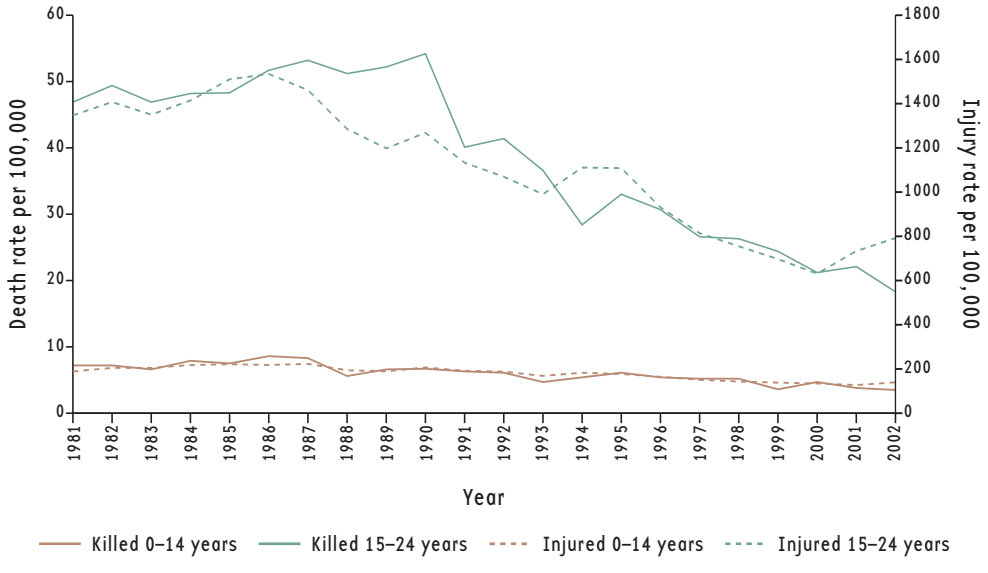
S6 Youth road casualties

Definition: The number of children and young people under 25 years who died or were injured in motor vehicle crashes, as a proportion (per 100,000) of all children and young people under 25.

Rationale: Road deaths are a major cause of premature death, especially among young adults. Deaths, injuries and disability resulting from motor vehicle crashes inflict considerable pain and suffering on individuals, families and communities, as well as on other road users, emergency service providers, health workers and others.[32]

[32] Ministry of Social Development (2003) *The Social Report 2003*, p. 106.

Figure S6: Road casualty rate, children and young people, by age group, 1981–2002



Source: Land Transport Safety Authority. Statistics New Zealand.

Current level and trends

In 2002, 132 children and young people under 25 years of age died as a result of motor vehicle crashes, a rate of nine deaths per 100,000. A further 5,602 children and young people were injured, a rate of 391 injuries per 100,000.

Deaths and injuries from motor vehicle crashes have declined substantially since the late 1980s. In 1986, the death rate was three times higher (27 per 100,000) than it was in 2002, and the injury rate was twice as high (774 injuries per 100,000).

Age and gender differences

In 2002, young people aged 15–24 years (old enough to hold a driver licence) were more than four times as likely to be killed in a motor vehicle crash as those under 15 years (18 per 100,000 compared with four per 100,000 for under-15 year olds). They were also nearly six times more likely than children under 15 years to be injured (792 per 100,000 and 140 per 100,000 respectively).

Males are much more likely than females to be killed or injured as a result of motor vehicle crashes. In 2002, the death rate was 13 per 100,000 for males and six per 100,000 for females, while the injury rate was 453 per 100,000 for males and 323 per 100,000 for females.

Table S6.1: Road casualty rates, by age and gender, 2002

Age group (years)	Rate per 100,000 population in each group					
	Death rate			Reported injury rate		
	Males	Females	Total	Males	Females	Total
0–4	2.1	3.7	2.9	82.5	61.5	72.2
5–9	2.0	3.5	2.7	149.7	111.8	131.3
10–14	6.4	3.3	4.9	249.6	163.3	207.5
15–19	27.2	10.0	18.8	989.5	743.3	869.4
20–24	27.0	8.4	17.7	844.4	556.3	701.4
Total under 25	**12.6**	**5.7**	**9.2**	**453.4**	**322.7**	**389.5**

Source: Land Transport Safety Authority. Statistics New Zealand.

Ethnic differences

Young Māori (under 25 years) are much more likely than other ethnic groups to die in motor vehicle accidents, although their death rate declined from 20.9 per 100,000 in 1996 to 16.0 per 100,000 in 1999. In comparison, the death rate for young people from other ethnic groups was 15.7 per 100,000 in 1996 and 10.9 per 100,000 in 1999.

Table S6.2: Motor vehicle death rate per 100,000 for under-25 year olds by ethnicity, 1996–1999

Year	Māori	Non-Māori	Total
1996	20.9	14.9	16.2
1997	22.9	11.1	13.6
1998	20.1	12.0	13.7
1999	15.4	10.5	11.6

Source: New Zealand Health Information Service, Ministry of Health (ICD-9 codes E810-E819). Statistics New Zealand.

Education

Early childhood education attendance at ages 3–4 years

Reading achievement at Year 5

Reading literacy of 15 year olds

Mathematical literacy of 15 year olds

Scientific literacy of 15 year olds

School truancy rate

School leavers with no qualifications

Tertiary qualification completion rate

Desired outcomes

All children and young people obtain the knowledge and skills to enable them to be full participants in society.

Introduction

Education provides children and young people with the knowledge and skills they need in order to grow, learn and mature. The knowledge and skills acquired through education equip young people to create and pursue opportunities in life.

The ability to access and apply knowledge and skill is essential to living in today's world. If New Zealand is to be an inclusive and just society, all its citizens must be able to access, interpret and use information in order to participate meaningfully in economic and social life. From a young age, people need to develop key literacies along with technological proficiency if they are to fulfil their potential and play a full role in society.

Critical social knowledge and skills are also gained as young people learn to "grow up". Merely by participating in education, they are required to take action, interact with peers and others, learn responsibilities, exercise choice, form judgements and make decisions.

Warning bells ring when a student fails to engage in education. Those who disengage from the learning process are in danger of failing to achieve the knowledge and skills required to proceed in life and to thrive in adulthood. Maintaining the active engagement and retention of young people in education is thus the first step toward securing a literate, socially and technologically skilled society.

Indicators

The eight indicators in this chapter provide an overall picture of young people's participation and achievement in learning and its outcomes. They include: participation in early childhood education; how well New Zealand children and young people, on average, achieve relative to those in other countries in key learning areas while at school; the prevalence of disengagement from schooling in the form of truancy; the prevalence of failure to secure school-based qualifications; and, on the positive side, the proportion of young people who complete education at a tertiary level. The indicators are:

- early childhood education attendance at ages 3–4 years
- reading achievement at Year 5
- reading literacy of 15 year olds
- mathematical literacy of 15 year olds

- scientific literacy of 15 year olds
- school truancy rate
- school leavers with no qualifications
- tertiary qualification completion rate.

These indicators highlight key points in the 20 years or so that typically span a young person's growth from infancy to economic independence in adulthood. Their focus ranges from the point of entry into a structured form of learning to the point where some are educated at a relatively advanced level. Together, these indicators provide a snapshot of how New Zealand's young people acquire and apply knowledge and skills.

Participation in early childhood education is significant because early childhood is vital to a child's later development. Going to kindergarten, kōhanga reo or some other pre-school institution prepares children for further learning and helps equip them to cope socially at school. Quality early childhood programmes can help narrow the achievement gap between children from low-income families and more advantaged children.[33]

Seven of the eight indicators focus on formal education and training. This reflects both the importance of formal education and training and the availability of data. As New Zealand's qualifications framework develops, these indicators will change.

The first indicator within the period of compulsory schooling is of reading achievement in Year 5 (age 9–10 years), reflecting the extent to which children have developed early foundations in reading as a result of both their early childhood education and early schooling.

Understanding and interpreting new information and applying our knowledge – especially in language, mathematics and science – are fundamental skills in modern life. These skills are measured in three indicators on the reading, mathematical and scientific literacy of 15 year olds.

Participation in education is fundamental to student achievement. Two indicators of disengagement from education are truancy and leaving school without qualifications. Truancy rates are included here as a key indicator of that proportion of students whose learning is jeopardised and futures are at risk as a consequence of their absence from school, whether it be repeated and prolonged or intermittent. Another indicator tracks the proportion of students who leave school without qualifications, and are therefore at greater risk than others of unemployment or having low incomes.[34]

The final indicator in this chapter measures the proportion of 18–24 year olds achieving tertiary qualifications, suggesting the degree to which young people value advanced education as a means to secure a wider range of life choices, better prospects of economic security, and continuing personal satisfaction through higher learning.

[33] See, for example, C Wylie (1999).

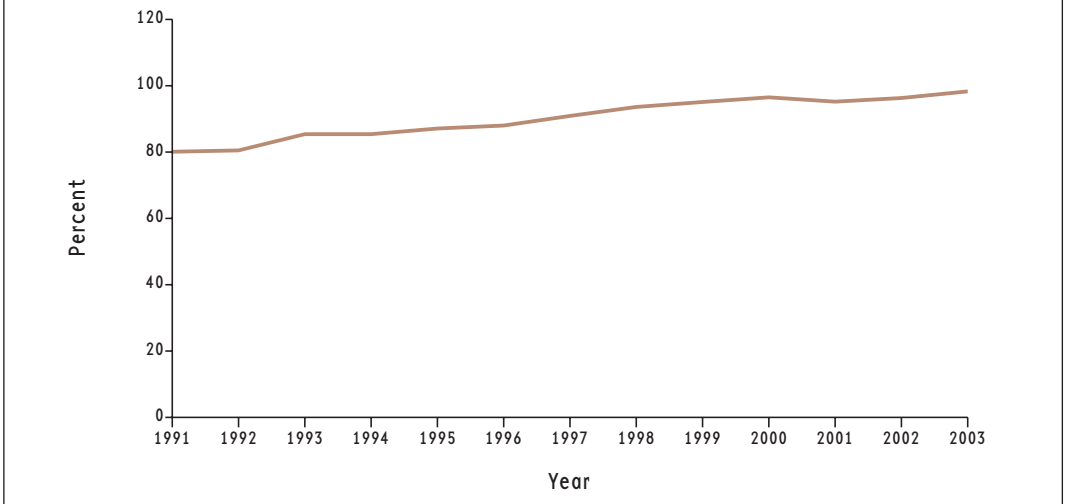
[34] OECD (2000b), p. 294.

E1 Early childhood education at ages 3–4 years

Definition: The number of enrolments of children aged 3–4 years in early childhood education services, as a proportion of all 3–4 year olds. This measure overestimates participation because children enrolled in more than one early childhood centre will be double-counted; therefore it is referred to as an "apparent" rate. It is currently the only measure available that will show trends over time. A recently developed measure, the proportion of Year 1 students who had attended early childhood education, is also included in this indicator.

Rationale: Evidence from New Zealand and international research shows that the early years of childhood are vital to a child's development and future ability to learn. Quality early childhood programmes prepare young children socially and academically for entry into primary education and can help narrow the achievement gap separating children from low-income families from more advantaged children.[35]

Figure E1: Early childhood education "apparent" participation rate at ages 3–4 years, 1991–2003



Source: Ministry of Education; Ministry of Social Development.

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

Current level and trends

In mid-2003, the apparent early childhood education participation rate for 3–4 year olds combined was 98 percent, an increase from 96 percent in 2002.

[35] Ministry of Social Development (2003) *The Social Report 2003*, p. 40.

Over the 1990s, there was a steady upward trend in the early childhood education apparent participation rate, which stood at 80 percent in 1991.

A new measure of early childhood education experience shows that the vast majority of children entering school have had early childhood education. In 2003, 94 percent of Year 1 students had attended an early childhood education service.

Ethnic differences

There are marked ethnic differences in the proportion of Year 1 students who have attended early childhood education services. In 2003, while almost all European (97 percent) students had done so, Asian students (92 percent), Māori students (88 percent) and Pacific students (83 percent) were less likely to have had this pre-school experience. However, Pacific children have had the greatest increase in participation rates in the three years to 2003.

Table E1: Early childhood education attendance by Year 1 students, by ethnic group, as at 1 July 2000–2003

	European	Māori	Pacific	Asian	Other	Total
2000	95.4	84.8	76.1	89.2	83.0	91.0
2001	96.0	85.3	76.3	89.8	84.1	91.3
2002	96.6	86.5	79.4	92.1	86.6	92.3
2003	97.4	88.4	83.4	92.4	88.9	93.5

Source: Ministry of Education.

Note: These figures exclude cases for which attendance was unknown.

Regional differences

Regions with lower than average proportions of Year 1 students who had attended early childhood education included Northland (86 percent), Gisborne (90 percent), Auckland (91 percent) and Waikato (93 percent).

E2 Reading achievement at Year 5

Definition: The mean score in reading literacy achievement for New Zealand Year 5 students (aged around 9–10 years) who took part in the 2001 Progress in International Reading Literacy Study (PIRLS-01). Two main types of reading were measured: reading for literary experience; and reading to acquire and use information. The survey will be repeated in 2005. The measure of trends in reading literacy achievement used here is the mean score of (a different group of) Year 5 students who took part in the PIRLS 10-Year Trends Study.

Rationale: Reading and understanding written text is fundamental to learning and to effective participation in society and the workforce. Written language is a vital medium for communication, accessing information, developing cultural, social and personal identity, and understanding other perspectives. The reading achievement indicator reflects the extent to which students have developed early foundations in reading as a result of both their early childhood education and early schooling.[36]

Current level and trends

The mean reading score for New Zealand Year 5 students who took part in PIRLS-01 was 529. This was significantly higher than the international mean of 500.

The range of scores for New Zealand students was large in comparison with most other high-performing countries. The difference between the lowest-achieving students (the bottom five percent) and the highest-achieving students (the top five percent) was 308 scale score points.

Seventeen percent of New Zealand students scored above the international top 10 percent benchmark of 615 points. A relatively large proportion (16 percent) of New Zealand's low-achieving students did not reach the international Lower Quarter (bottom 25 percent) benchmark.

As measured by the 10-Year Trends Study, New Zealand students' overall performance in reading literacy was virtually the same in 2001 (502) as it was in 1990 (498).[37]

Gender differences

In New Zealand, as in all other 34 countries included in PIRLS-01, girls were consistently better readers than boys. New Zealand girls (542) generally scored well above the international mean for girls (510). New Zealand boys (516) typically scored above both the international mean for boys (490) and the overall international mean (500).

Table E2.1: Mean reading achievement score of students aged around 10 years, New Zealand compared with international score, by gender, 2001

	Mean scale score			
	All students	Girls	Boys	Gender difference
International (35 countries)	500	510	490	20
New Zealand	529	542	516	27

Source: Mullis et al (2003) *PIRLS 2001 International Report: IEA's Study of Reading Literacy Achievement in Primary Schools in 35 Countries.*

Notes: Some totals may appear inconsistent due to rounding. International means include New Zealand.

[36] Ministry of Education (2002) *Education Indicators 2002: A report on the health of the New Zealand education system.*

[37] Ministry of Education (2003) *Reading Literacy in New Zealand. Final Results from the Progress in International Reading Literacy Study (PIRLS) and the Repeat of the 1990–1991 Reading Literacy Study (10-Year Trends Study) for Year 5 students.*

Ethnic differences

In every ethnic group, there was a wide range of performance, including both high- and low-achieving students.

The mean scores for Pākehā/European (552) and Asian (540) students were significantly higher than the international mean (500). The mean scores for Māori (481) and Pacific (481) students were significantly below the international mean. European and Māori students generally performed better on literary texts than on informational texts, while the opposite was the case for Pacific and Asian students.

European and Asian boys (539 and 526 respectively) generally scored well above the international mean for boys. Māori and Pacific boys (466 and 465 respectively) tended to achieve scores well below the international mean for boys.

Similarly, European and Asian girls (567 and 560 respectively) generally performed well above the international girls' mean, while Māori and Pacific girls (495 and 500 respectively) scored around the overall international average but below the international mean for girls.

Girls generally performed better than boys in all ethnic groups, with the biggest gender difference observed for Pacific and Asian students.

Table E2.2: Mean reading achievement score of New Zealand Year 5 students, by gender and ethnic group, 2001

	Mean scale score			
	Total	Girls	Boys	Gender difference
Pākehā/European	552	567	539	28
Māori	481	495	466	29
Pacific	481	500	465	35
Asian	540	560	526	34
All students	529	542	516	27

Source: Ministry of Education (no date) *Progress in International Reading Literacy Study (PIRLS): A Summary of New Zealand's Year 5 Student Achievement 2001.*

Notes: Some totals may appear inconsistent due to rounding. All students includes students from "other" ethnic groups.

E3 Reading literacy of 15 year olds

Definition: The mean scores for 15-year-old New Zealand students based on the international reading literacy scales set by the Programme for International Student Assessment (PISA) study in 2000. The overall reading literacy scale is derived from three separate scales that measure relative performance in retrieving information, interpreting texts, and "reflection and evaluation" (the ability of students to relate what they have read to their knowledge, experience and ideas).

Rationale: PISA defines reading literacy as "the ability to understand, use and reflect on written texts in order to achieve one's goals, to develop one's knowledge and potential, and to participate effectively in society".[38] Mean performance scores are typically used to measure the quality of education systems, while the distribution of scores is an important indicator of the equality of educational outcomes.[39]

Current level

In 2000, the combined mean reading literacy score for 15-year-old New Zealand students was 529, significantly higher than the OECD mean of 500.

New Zealand had one of the widest distributions of scores, with a gap of 147 points between scores at the 25th and 75th percentiles, compared with the OECD average gap of 136 points. New Zealand had the highest proportion of its students at Level 5, the top level of proficiency (19 percent, compared with the OECD average of nine percent). At the other end of the scale, 14 percent of New Zealand students scored at Level 1 or below, compared with an average of 18 percent across all countries in the study.

Most of the variation in scores in New Zealand is explained by differences in performance within schools, rather than between schools. This means that schools will generally be working with a diverse range of student ability.[40]

New Zealand students scored higher on retrieving information (535) than on reflection and evaluation (529) or interpreting texts (526).

Table E3.1: Mean scores for reading scales, New Zealand compared with the OECD, 2000

	Mean scale score			
	Retrieving information	Interpreting texts	Reflection and evaluation	Combined reading literacy
New Zealand	535	526	529	529
OECD mean	498	501	502	500

Source: Ministry of Education (2002) *PISA 2000: The New Zealand Context*, Table 3.1.

Gender differences

Girls scored higher than boys on all three reading literacy scales. The combined reading literacy score was 553 for girls and 507 for boys, a difference of 46 points. A much higher proportion of boys performed at Level 1 or below (18 percent, compared with eight percent of girls).

The gender difference was larger for the reflection and evaluation scale (57) than for the interpreting text (43) and retrieving information (39) scales.

[38] OECD (2001) *Knowledge and Skills for Life: First Results from the OECD Programme for International Student Assessment (PISA) 2000*, p. 21.

[39] OECD (2001) *Knowledge and Skills for Life: First Results from the OECD Programme for International Student Assessment (PISA) 2000*, p. 54.

[40] Ministry of Education (2001) *Assessing Knowledge and Skills for Life: NZ Summary Report*, pp. 7–10.

Table E3.2: Mean scores for reading scales, by gender, 2000				
	Mean scale score			
	Retrieving information	Interpreting texts	Reflection and evaluation	Combined reading literacy
Girls	555	549	559	553
Boys	516	506	502	507
Gender difference	39	43	57	46

Source: Ministry of Education (2002) *PISA 2000: The New Zealand Context*, Table 3.2.

Ethnic differences

Pākehā (European) students scored significantly higher, on average, than students from other ethnic groups, with an overall reading literacy score of 554. Asian students (513) scored significantly higher than Māori students (482), who in turn scored higher than Pacific students (462).

The gender difference was large within all ethnic groupings except Pacific students.

Table E3.3: Mean scores for reading scales, by ethnic group and gender, 2000				
	Mean scale score			
	Total	Girls	Boys	Gender difference
Pākehā (European)	554	577	532	45
Māori	482	505	459	45
Pacific	462	479	445	34
Asian	513	541	485	56

Source: Ministry of Education (2002) *PISA 2000: The New Zealand Context*, Tables 3.3, 3.7.

Note: Because results are rounded to the nearest whole number, some differences may appear inconsistent.

Socio-economic differences

Mean scores varied by the socio-economic status and ethnic mix of the school community, as indicated by the Ministry of Education's Targeted Funding for Educational Achievement Index (TFEA).[41] Students attending high-decile schools (schools with the lowest proportion of students from low socio-economic communities) scored, on average, significantly higher (567) than students in medium-decile schools (519), who in turn scored significantly higher than students in low-decile schools (479).

[41] A school's decile ranking indicates the extent to which the school draws its students from low socio-economic communities. Decile 1 schools are the 10% of schools with the highest proportion of students from low socio-economic communities, whereas decile 10 schools are the 10% of schools with the lowest proportion of these students. In this indicator: "high-decile" schools are those in deciles 8–10; "medium-decile" schools are those in deciles 4–7; and "low-decile" schools are those in deciles 1–3.

E4 Mathematical literacy of 15 year olds

Definition: The mean scores for 15-year-old New Zealand students based on the international mathematics literacy scale set by the Programme for International Student Assessment (PISA) study in 2000. In this study, mathematical literacy is scored on a single scale.

Rationale: Mathematical literacy is defined in PISA as the capacity to identify, understand and engage in mathematics, and to make well-founded judgements about the role that mathematics plays in an individual's current and future private life, occupational life, social life with peers and relatives, and life as a constructive, concerned and reflective citizen. As with reading literacy, the definition revolves around the wider use of mathematics in people's lives rather than being limited to mechanical operations.[42]

Current level

In 2000, the mean performance in mathematical literacy for 15-year-old New Zealand students overall was 537 score points, significantly above the OECD average score of 500.

New Zealand was one of many countries that show a wide distribution of scores, indicating a significant gap between the most and least mathematically literate students. However, the gap between the 25th and 75th percentiles (135 points) was similar to the OECD average (136 points).

Gender differences

The difference between girls (539) and boys (536) was very small and not statistically significant.

Ethnic differences

On average, Pākehā (European) and Asian students performed significantly better than Māori and Pacific students. The difference between the scores for European and Asian students was not statistically significant; this was also the case for the difference between the scores for Māori and Pacific students.

Within ethnic groups, there were no significant differences between genders.

[42] OECD (2001) *Knowledge and Skills for Life: First Results from the OECD Programme for International Student Assessment (PISA) 2000*, p. 22.

Table E4: Mean performance for mathematical literacy by ethnic group and gender, 2000

	Mean scale score			
	Total	Girls	Boys	Gender difference
Pākehā (European)	557	556	558	2
Māori	498	502	495	7
Pacific	471	467	475	8
Asian	547	556	537	18
Total	537	539	536	3

Source: Ministry of Education (2002) *PISA 2000: The New Zealand Context*, Tables 4.1, 4.2, 4.3.

Note: Because results are rounded to the nearest whole number, some differences may appear inconsistent.

Socio-economic differences

Mean scores varied by the socio-economic status and ethnic mix of the school community, as indicated by the Ministry of Education's Targeted Funding for Educational Achievement Index (TFEA).[43] Students in high-decile schools (575) scored significantly higher, on average, than students in medium-decile schools (525), who in turn scored significantly higher, on average, than students in low-decile schools (493).

E5 Scientific literacy of 15 year olds

Definition: The mean scores for 15-year-old New Zealand students based on the international scientific literacy scale set by the Programme for International Student Assessment (PISA) study in 2000. Scientific literacy in PISA is defined as "the capacity to use scientific knowledge, to identify questions and to draw evidence-based conclusions in order to understand and help make decisions about the natural world and the changes made to it through human activity".[44] The assessment examined five scientific processes: the recognition of scientific questions; the identification of evidence; the drawing of conclusions; the communication of these conclusions; and the demonstration of understanding of scientific concepts.

Rationale: Scientific literacy relates to the ability to think scientifically in a world in which science and technology shape lives. Scientific literacy is considered a key outcome of education by age 15 for all students, whether or not they continue to learn science thereafter. Scientific thinking is required by citizens, not just scientists.[45]

[43] See footnote 41.

[44] OECD (2001) *Knowledge and Skills for Life: First Results from the OECD Programme for International Student Assessment (PISA) 2000*, cited in Ministry of Education (2002) *PISA 2000: The New Zealand Context*, p. 59.

[45] OECD (2001) *Knowledge and Skills for Life: First Results from the OECD Programme for International Student Assessment (PISA) 2000*, p. 23.

Current level and trends

The mean performance in scientific literacy for 15-year-old New Zealand students overall was 528 score points, significantly above the OECD average score of 500.

Similar to that for reading and mathematical literacy, there was a wide spread of scores among New Zealand students, with a gap of 141 points between the 25th and 75th percentiles. The gap was the same as the OECD average.

Gender differences

The difference between girls (535) and boys (523) was small and not statistically significant.

Ethnic differences

On average, Pākehā (European) and Asian students performed significantly better than Māori and Pacific students. There was no statistically significant difference between the overall scores of Māori and Pacific students. Only Pākehā students (553) scored significantly higher than the international mean of 500.

Pākehā girls scored significantly higher, on average, than Pākehā boys. Within other ethnic groups, there were no significant gender differences.

Table E5: Mean performance for scientific literacy by ethnic group and gender, 2000

	Mean scale score			
	Total	Girls	Boys	Gender difference
Pākehā (European)	553	560	546	13
Māori	483	487	479	7
Pacific	463	468	457	10
Asian	517	525	509	16
Total	528	535	523	12

Source: Ministry of Education (2002) *PISA 2000: The New Zealand Context*, Tables 4.8, 4.9, 4.10.

Note: Because results are rounded to the nearest whole number, some differences may appear inconsistent.

Socio-economic differences

Mean scores varied by the socio-economic status and ethnic mix of the school community, as indicated by the Ministry of Education's Targeted Funding for Educational Achievement Index (TFEA).[46] Students in high-decile schools (568) scored significantly higher, on average, than students in medium-decile schools (519), who in turn scored significantly higher, on average, than students in low-decile schools (472).

E6 School truancy rate

Definition: The average (mean) daily number of unjustified absences and intermittent unjustified absences from school per 100 students enrolled, as measured in the Survey on Attendance, Absences and Truancy 2002. Unjustified absences are defined as those that are not explained, or not explained to the satisfaction of the school. Intermittent unjustified absences occur when a student is absent for part of a morning (or afternoon) or part of a period, without justification. There is some variation between schools in what is regarded as an unjustified absence.

Rationale: Levels of participation in education have a direct relationship to student achievement. Educational achievement is a strong contributor to wellbeing.

Current level

In 2002, the truancy rate in New Zealand schools was 2.9 percent. The truancy rate was highest on Mondays and Fridays (3.2 percent) and lowest on Wednesdays (2.6 percent).

Age and gender differences

In general, truancy rates for boys and girls were very similar until students reached secondary school level. From Year 9, girls were slightly more likely to truant than boys, whether for whole or part days.

For both boys and girls, the rate of intermittent unjustified absences (skipping classes) was higher among secondary school students than among younger students. At senior secondary school, skipping classes was reported at higher levels for boys than for girls.

The overall truancy rate in 2002 was slightly higher for girls (2.8 percent) than for boys (2.6 percent).

[46] See footnote 41.

Ethnic differences

Ethnicity was a significant factor with regard to truancy, with Māori and Pacific students having double the truancy rate of New Zealand European and Asian students. Unjustified absence for whole days was the main contributor to the high truancy rates for Māori and Pacific students. There was little difference between ethnic groups in their propensity to skip classes.

Within ethnic groups, there was little gender difference in truancy rates. However, Māori girls had a truancy rate (4.8 percent) slightly higher than that for Māori boys (4.3 percent), while the opposite was the case for Asian students (boys: 2.5 percent; girls: 1.9 percent).

Table E6: Truancy rates by ethnic group and gender, 2002

	Males	Females	Total
European	1.7	1.8	1.8
Māori	4.3	4.8	4.8
Pacific	3.6	3.7	4.0
Asian	2.5	1.9	2.4

Source: Cosgrave et al (2003) *Attendance and Absence in New Zealand Schools in 2002*, derived from Tables 7 and 8. Retrieved 2 April 2004 from www.minedu.govt.nz/index.cfm?layout=document&documentid=8788&data=l

Socio-economic differences

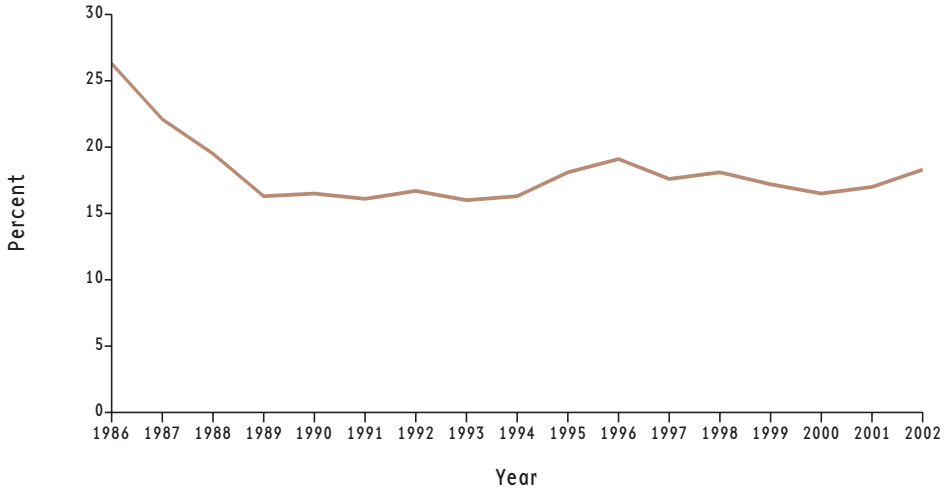
There was a clear gradient by socio-economic decile of school, with schools in the lowest three deciles (those with the highest proportion of students from low socio-economic communities) having truancy rates over four times those of the highest-decile schools. Unjustified absence was the main factor accounting for this difference.

E7 School leavers with no qualifications

Definition: The number of secondary school students who left school with no formal educational qualifications, as a proportion of all secondary school leavers.

Rationale: Young people who leave school with no qualifications are a group at risk of poor social and economic outcomes. They are less likely to engage in tertiary training and will be less likely to obtain sustainable employment.

Figure E7: Proportion of school leavers with no school qualifications, 1986–2002



Source: Ministry of Education.

Note: The school leaver data collection changed in 2002 with the introduction of NCEA, leading to a discontinuity in the series. See Appendix 2 for further details.

Current level and trends

Of the 52,540 students who left secondary school in 2002, 18 percent had gained no school qualifications. This was a slight increase on the proportion of students who left with no qualifications in 2001 (17 percent).

The proportion of school leavers with no qualifications fell sharply in the late 1980s, from 26 percent in 1986 to 16 percent in 1989, but has fluctuated between 16 percent and 19 percent over the decade to 2002.

Gender differences

Male students are more likely than female students to leave school without any qualifications. In 2002, just over one-fifth of male school leavers (21 percent) and around one-sixth of female school leavers (16 percent) had no school qualifications.

Ethnic differences

Māori continue to leave school less qualified than other ethnic groups. Over one-third (35 percent) of Māori students who left school in 2002 had no formal qualifications, compared with 26 percent of Pacific students, 14 percent of European/Pākehā students and nine percent of Asian students who left school that

year. In all ethnic groups, male school leavers were more likely than female school leavers to have no qualifications, although the gender difference for Asian students was small.

Table E7: Proportion of school leavers with no formal qualifications, by ethnic group and gender, 2002

	Males %	Females %	Total %
European/Pākehā	16	11	14
Māori	38	32	35
Pacific	30	22	26
Asian	10	8	9
Other	26	18	22
Total	**21**	**16**	**18**

Source: Ministry of Education.

Socio-economic differences

In 2002, students leaving low-decile schools (those that draw a high proportion of students from low socio-economic communities) were much more likely than those leaving high-decile schools to have no qualifications (31 percent of those from schools in deciles 1–3, compared with 10 percent of those from schools in deciles 8–10).

Regional differences

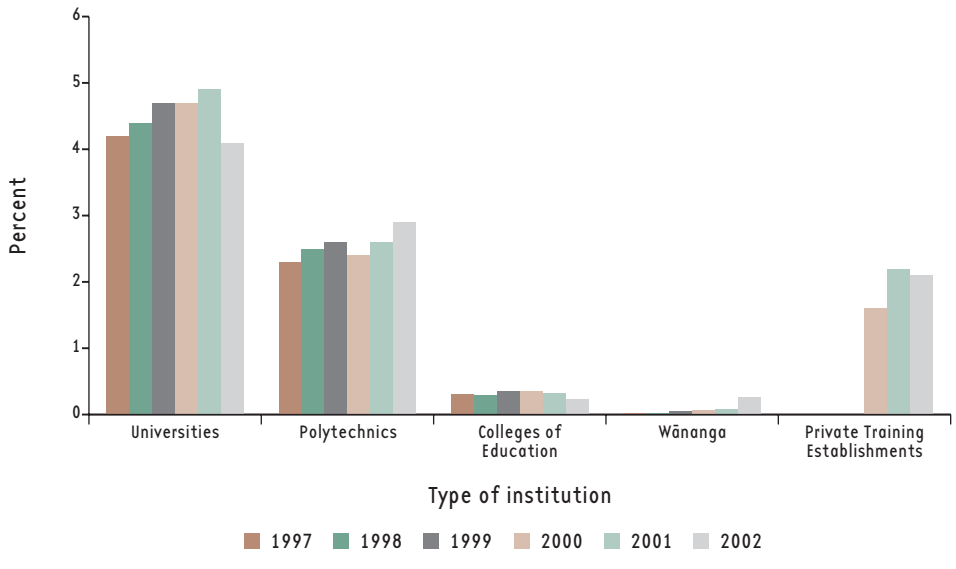
Areas with higher than average proportions of school leavers without qualifications in 2002 were Tasman (31 percent), West Coast (30 percent), Northland (25 percent), Gisborne (24 percent), Waikato (22 percent), Hawkes Bay (21 percent), Manawatu/Wanganui and Bay of Plenty (both 20 percent). Auckland and Wellington had the same proportion (16 percent), while Otago had the lowest proportion (13 percent).

E8 Tertiary qualification completion rate

Definition: The number of 18–24 year olds who graduated or completed a qualification at a tertiary education institute, as a proportion of all 18–24 year olds.

Rationale: Young people participating in tertiary education are equipped with skills and knowledge that help them to be active participants in society.

Figure E8: Proportion of 18–24 year olds who completed a tertiary qualification, 1997–2002



Source: Ministry of Education
www.minedu.govt.nz/web/downloadable/dl7116_v1/7116-timeseries-97-02.xls

Current level and trends

In 2002, 36,340 students aged 18–24 years graduated or completed a qualification at a tertiary education institute. This represents 9.6 percent of all 18–24 year olds.

There was a steady increase in the proportion of 18–24 year olds completing a tertiary education qualification between 1997 and 2001 (from 6.9 percent, or 26,200, to 10.1 percent, or 36,800). Course completions at private tertiary establishments accounted for most of the increase between 2000 and 2001. In July 2001, a moratorium was imposed, limiting access to government funding by private tertiary institutions. However, most of the decline in tertiary completion rates in 2002 was the result of a drop in the university graduation rate of 18–24 year olds.

Differences by type of institution

Despite the growing diversity of tertiary institutions, young people are still more likely to gain qualifications from a university than from other types of tertiary institution. In 2002, 4.1 percent of all 18–24 year olds completed university qualifications, 2.9 percent completed qualifications at polytechnics, and 2.1 percent graduated from private tertiary establishments. Less than one percent of 18–24 year olds graduated from colleges of education and wānanga (Māori tertiary education institutions). More young people completed certificates (4.7 percent) than degrees (3.2 percent), diplomas (1.3 percent) or postgraduate degrees (0.5 percent).

Gender differences

Young females have higher tertiary completion rates than young males (11 percent, compared with eight percent, in 2002). This has been the case throughout the period 1997–2002 and the pattern is the same across all tertiary institutions and award levels.

Table E8.1: Proportion of 18–24 year olds who completed a tertiary qualification, by gender and year of completion, 1997–2002

Year of completion	Female %	Male %	Total %
1997	8.0	5.8	6.9
1998	8.4	6.1	7.2
1999	9.0	6.4	7.7
2000	10.8	7.6	9.2
2001	11.5	8.6	10.1
2002	11.1	8.1	9.6

Source: Ministry of Education.

Ethnic differences

Tertiary completion rates have risen faster for young Māori than for non-Māori in recent years, and, in 2002, the non-Māori rate (8.5 percent) was only slightly higher than the Māori rate (7.2 percent).

Table E8.2: Proportion of 18–24 year olds who completed a tertiary qualification, Māori and non-Māori, gender and year of completion, 1997–2002

	Māori			Non-Māori		
Year of completion	Female %	Male %	Total %	Female %	Male %	Total %
1997	4.4	3.1	3.7	8.1	6.0	7.0
1998	4.7	3.4	4.1	6.9	5.1	6.0
1999	4.9	3.7	4.3	9.1	6.4	7.7
2000	6.1	4.5	5.3	10.7	7.6	9.1
2001	6.7	5.3	6.0	11.0	8.0	9.5
2002	9.0	5.4	7.2	9.8	7.3	8.5

Source: Ministry of Education.

Māori are more likely than non-Māori to achieve certificates in tertiary education, while non-Māori have higher rates of achievement of degrees and diplomas. A large increase in the number of Māori females completing certificates accounts for much of the rise in Māori completion rates between 2001 and 2002.

Table E8.3: Proportion of 18–24 year olds who completed a tertiary qualification, Māori and non-Māori, by award type and gender, 2002

	Māori			Non-Māori		
Award level	Female %	Male %	Total %	Female %	Male %	Total %
Postgraduate degree	0.2	0.1	0.1	0.6	0.4	0.5
Degree	1.3	0.7	1.0	4.2	2.6	3.4
Diploma	1.3	0.7	1.0	1.4	1.0	1.2
Certificate	6.2	3.9	5.1	3.7	3.3	3.5

Source: Ministry of Education.

Civil rights

Young people voting in national elections

Desired outcomes

All children and young people enjoy fundamental human, civil and political rights, free from discrimination and exploitation. Children and young people are given the opportunity to participate in decisions that affect them.

Introduction

Human, civil and political rights protect the lives and wellbeing of young people. They also allow young people to make choices about both their own lives and the society in which they live.

Rights are defined in various international treaties and in domestic legislation. The New Zealand Bill of Rights Act 1990 sets out many rights that New Zealanders enjoy. These include rights to life and security, voting rights, and rights to freedom of expression, peaceful assembly, association, thought, conscience, religion and belief. They also include the right to freedom from discrimination and various rights relating to justice and criminal procedures. Other laws, such as the Privacy Act 1993, also provide protection for specific rights.[47]

New Zealand has also signed six core United Nations treaties, which cover: civil and political rights; economic, social and cultural rights; the elimination of racial discrimination and discrimination against women; the rights of children; and protection against torture and other cruel, inhuman or degrading treatment.[48]

The wellbeing of children and young people depends on them having a sense of choice or control over their lives, and on being reasonably able to do things they value.[49] Only when rights are exercised freely can children and young people take part in society and fully develop a sense of belonging and identity.

Indicators

In helping to determine political representation and government, young voters make a choice to enter into positive participation in the democratic process. In this report, the single indicator of civil rights for children and young people is the proportion of 18–24 year olds registered on the electoral roll and voting in national elections. Voter registration is mandatory in New Zealand, but voting is not. Voter turnout rates are therefore a measure of voluntary participation in political processes.

A young person's decision to vote shows that they perceive they can influence decision making, and are acting on that perception. Voter turnout rates can also be seen as a measure of the extent to which citizens feel a part of the political process and as an indicator of the level of trust in political institutions. For young

[47] Ministry of Social Development (2003) *The Social Report 2003*, p. 74.

[48] Ministry of Social Development (2003) *The Social Report 2003*, p. 74.

[49] Royal Commission on Social Policy (1988) *The April Report*.

people, participation in the political process and trust in political institutions reflect confidence in the political processes and institutions that they are inheriting.

CR1 Young people voting in national elections

Definition: The proportion of young people aged 18–24 years who indicated that they cast a vote in a New Zealand general election, and the proportion of young people who are registered on the electoral roll and are eligible to vote.

Rationale: Voter registration is mandatory in New Zealand, but voting is not. Voter turnout rates are therefore a measure of voluntary political participation. They can also be seen as a measure of the extent to which citizens feel a part of the political process and as an indicator of the level of trust in political institutions.[50]

Current level

In the 2002 New Zealand Election Study, 62 percent of 18–24 year olds indicated that they had voted in the 2002 general election. This was somewhat lower than the overall proportion of respondents who said they voted in that election (76 percent).[51]

The relatively low proportion of voters among young people is partly the result of their lower electoral enrolment rate. At the time of the 2002 election, an estimated 86 percent of 18–24 year olds were registered on the electoral roll, compared with 95 percent of the population aged 25 and over.[52]

Enrolment rates have been lower for adults under 30 years than for older adults at each election from 1987 to 2002, although the difference reduced in the last two elections.

Table CR1: Proportion of age-eligible population enrolled on polling day, General Elections 1987–2002

Election year	18–29 years %	30+ years %	Difference %
1987	82	97	15
1990	85	94	10
1993	86	95	10
1996	83	94	12
1999	84	93	9
2002	90	95	5

Source: Electoral Enrolment Centre.

[50] Ministry of Social Development (2003) *The Social Report 2003*, p. 76.

[51] Vowles et al (2004) *Voters' Veto: The 2002 Election in New Zealand and the Consolidation of Minority Government*, Appendix, Table 2.1, p. 201.

[52] Electoral Enrolment Centre, unpublished data.

People of Māori descent have the option of enrolling on either the general electoral roll or the Māori electoral roll. In August 2003, an estimated 69 percent of 18–24 year olds were enrolled on the general electoral roll and 10 percent were enrolled on the Māori electoral roll. Reflecting the younger age profile of the Māori population of voting age, 18–24 year olds were twice as likely as people over 40 to be enrolled on the Māori roll (10 percent and five percent, respectively).

Regional differences

In August 2003, estimated voter registration rates varied widely by electorate. The lowest proportions of 18–24 year olds registered to vote were in Auckland Central, Dunedin North, Ilam, Hamilton East, Mt Albert, Wigram, Christchurch Central, Palmerston North, Mt Roskill and New Lynn (all under 70 percent). In contrast, over 90 percent of 18–24 year olds were registered to vote in Aoraki, Coromandel, Wairarapa, New Plymouth, Clutha-Southland, Invercargill, Whangarei, Kaikoura, Nelson, West Coast-Tasman, Tukituki and Otaki.

Justice

Police apprehensions of 14–16 year olds

Cases proved in the Youth Court

Desired outcomes

All children and young people take growing responsibility for their actions, and have access to fair and equitable treatment within the justice system.

Introduction

Social cohesion requires all members of society, regardless of age, to live within accepted codes and conventions, and to take responsibility for their actions if they infringe them.

Children and young people aged 10–16 are at a formative stage in their life. Within this age range, they may be prosecuted within the youth justice system if they offend against society's laws. The problems that young offenders commonly face in their lives can either contribute to or be a consequence of their offending. It is critical to address such problems while those young people are still amenable to change and before their offending becomes an entrenched part of their adult lives.

Children (ie those aged under 14) and young people (ie those aged 14–16 inclusive) who offend are dealt with by the criminal justice system differently from older people. The main objectives of the Children, Young Persons, and Their Families Act 1989 include ensuring that young offenders are held accountable for their actions. The Act states that "... unless the public interest requires otherwise, criminal proceedings should not be instituted against a child or young person if there is an alternative means of dealing with the matter" (s. 208).

The Act represented the first legislated example of a move towards a restorative justice approach to offending that recognises and seeks the participation of all involved in the offending and focuses on repairing harm, reintegrating offenders and restoring the balance within the community affected by the offence. Approximately 80 percent of young people who are apprehended are dealt with by the Police Youth Aid Section and are given a warning or diversion. Only a minority is referred to a family group conference or prosecuted in the Youth Court.

Indicators

This chapter contains two indicators relating to the judicial system. Together, they provide an overall picture of the proportion of young people who, in mid-adolescence, are known to have offended against the law. Both indicators focus on 14–16 year olds. The indicators are: Police apprehensions; and, reflecting a more serious level of offending, cases proven in the Youth Court.

The number of 14–16 year olds apprehended by the Police since 1994 gives an indication of trends in offending by young people.

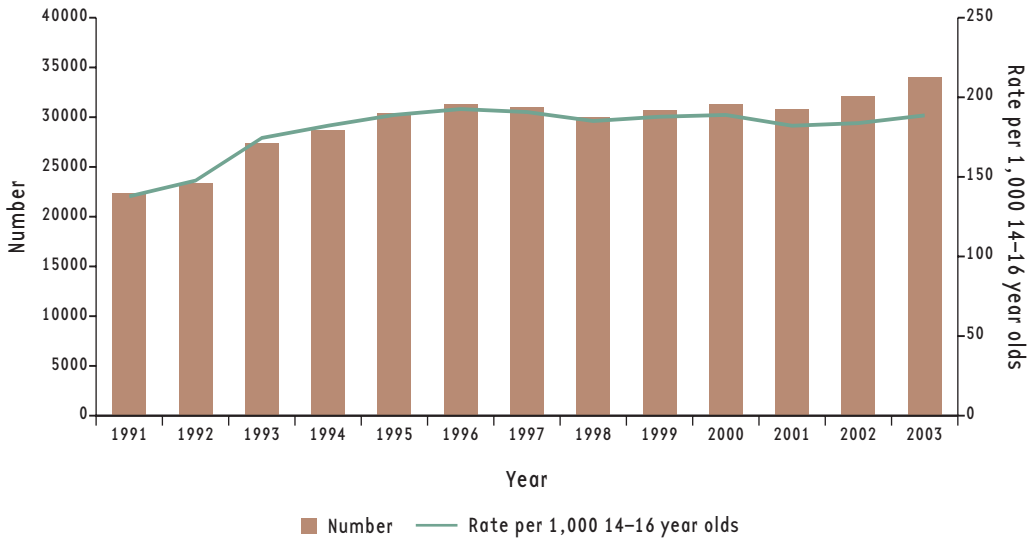
The Youth Court statistics presented in the second indicator do not give an accurate picture of overall trends in offending by young people as the majority of cases, and particularly the less serious cases, involving young people are not dealt with by formal proceedings in court. However, analysis of cases proven in the Youth Court provides a measure of the extent to which society holds those young people who have been involved in more serious offending accountable for their actions.

J1 Police apprehensions of 14–16 year olds

Definition: The number of Police apprehensions of 14–16 year olds for all offences except non-imprisonable traffic offences, as a proportion of all 14–16 year olds. This measure overstates the true rate of apprehensions of youth of this age, because some individuals may have been apprehended for more than one offence.

Rationale: The involvement of young people in offending has a negative impact on their wellbeing. Aside from minor traffic offences, offending by young people may also indicate exposure to a range of other risky behaviours or to the risk of violence.

Figure J1: Number of non-traffic apprehensions and non-traffic apprehension rate, 14–16 year olds, 1991–2003



Source: P Spier (2001) *Conviction and Sentencing of Offenders in New Zealand: 1991 to 2000*, Table 7.1; P Spier (2002) *Conviction and Sentencing of Offenders in New Zealand: 1992 to 2001*, Table 7.1; Ministry of Justice, unpublished data. Numbers and rates for 2002 and 2003 are provisional.

Current level and trends

Provisional data for the year ended December 2003 indicate that there were 33,994 Police apprehensions of 14–16 year olds for non-traffic offences in that year, a rate of 189 apprehensions per 1,000 14–16 year olds.

The non-traffic apprehension rate for 14–16 year olds rose sharply in the early 1990s, from 138 per 1,000 in 1991 to a peak of 193 per 1,000 in 1996. The rate has remained relatively unchanged since the mid-1990s, fluctuating from 180 to 190 per 1,000.

Types of offences

The majority of apprehensions involving 14–16 year olds over the period 1994–2003 were for property offences – mainly theft, burglary, wilful damage and car conversion.[53]

In 2003, the youth apprehension rate for theft was 45.4 per 1,000. Theft-related apprehension rates have generally been lower in recent years than in the period 1994–1996, when they were just over 50 per 1,000. Apprehension rates for motor vehicle conversion have also declined slightly, from 13 per 1,000 in 1994 to 10 per 1,000 in 2003.

Rates of apprehension for burglary (20 per 1,000) and wilful damage (21 per 1,000) were similar in 2003. Apprehension rates for burglary have declined from 25 per 1,000 in 1994, while those for wilful damage have risen from 16 per 1,000.

Offences against good order were the basis for another large group of apprehensions, with a rate of 25 per 1,000 14–16 year olds in 2003. In 1994, the rate was 20 per 1,000.

The rate of apprehension for violent offences was 15 per 1,000 in 1994 and fluctuated around 16–18 per 1,000 from 1995–2003. Assaults account for the majority of violent offences, with minor assaults slightly outnumbering more serious assaults over the period.

Youth apprehension rates for drug offences increased from seven per 1,000 in 1994 to 12 per 1,000 in 1997 and have fallen slightly since 2000 (10 per 1,000 in 2003).

Apprehension rates for offences against justice more than trebled between 1994 and 2001 (from just over two per 1,000 to almost eight per 1,000), possibly because of a greater focus by Police on compliance with bail conditions.[54] The provisional 2003 apprehension rate for this type of offence was seven per 1,000.

[53] Based on the Ministry of Justice classification of offences in P Spier (2002), Table 7.1. Youth apprehension data classified this way are not available prior to 1994.

[54] P Spier (2002) *Conviction and Sentencing of Offenders in New Zealand: 1992 to 2001*, section 7.2.

Gender differences

The majority of young people who are apprehended by the Police are male (77 percent in 2000).[55]

Ethnic differences

Young Māori are overrepresented in Police apprehensions. Since the early 1990s, almost half of all Police apprehensions of young people have involved young Māori. Pacific youth are not overrepresented, except for apprehensions involving violent offences.[56]

J2 Cases proved in the Youth Court

Definition: The number of cases proved in the Youth Court, excluding cases involving non-imprisonable traffic offence cases, as a proportion of all 14–16 year olds.

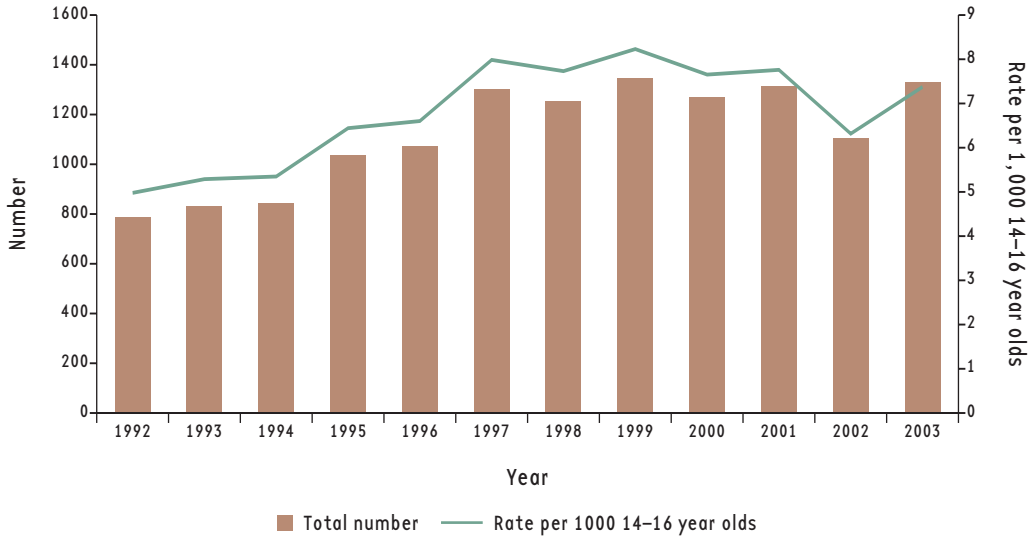
Rationale: The Children, Young Persons, and Their Families Act 1989 states that "… unless the public interest requires otherwise, criminal proceedings should not be instituted against a child or young person if there is an alternative means of dealing with the matter" (s. 208). Most young people (about 80 percent) who are apprehended are dealt with by the Police Youth Aid Section and are given a warning or diversion. Only a minority of young people apprehended are referred to a family group conference or are prosecuted in the Youth Court.

This indicator measures only those cases brought to the Youth Court that are "proved". Cases proved in the Youth Court represent offences that are brought to the Youth Court because they are too serious to be managed through community-based measures such as diversion and for which a young person is held accountable. These cases are not recorded as convictions.

[55] Ministry of Justice/Ministry of Social Development (2002) *Youth Offending Strategy*, p. 52.

[56] Ministry of Justice/Ministry of Social Development (2002) *Youth Offending Strategy*, p. 52.

Figure J2: Number of non-traffic cases proved in the Youth Court and rate of cases proved per 1,000 14–16 year olds, 1992–2003



Source: P Spier (2002) *Conviction and Sentencing of Offenders in New Zealand: 1992 to 2001*, Table 7.2; Ministry of Justice, unpublished data. Numbers and rates for 2002 and 2003 are provisional.

Current level and trends

In 2003, 1,329 non-traffic cases were proved in the Youth Court, a rate of 7.4 cases for every 1,000 14–16 year olds in New Zealand.

The rate of non-traffic cases proven in the Youth Court per 1,000 14–16 year olds increased substantially between 1992 and 1997 (from five per 1,000 to eight per 1,000) and has fluctuated around that level in subsequent years.

Over the decade to 2003, the majority of proved cases against young offenders have involved property offences, with burglaries accounting for over half of these. Violent offences have accounted for about a quarter of the proved cases involving young people.

Age differences

Sixteen year olds accounted for the largest proportion (46 percent) of cases involving young people where the final outcome in 2003 was case proved, followed by 15 year olds (25 percent). Those aged 17 years (at the time of sentencing) accounted for 20 percent, while 14 year olds accounted for just nine percent. A few cases (one percent) involved people aged 18 or over, who were under 17 when they offended.

Gender differences

Males make up the vast majority of cases brought for prosecution in the Youth Court and this is reflected in their share of cases proved (87 percent in 2003). Of all young people prosecuted in the Youth Court in 2001, males were more likely than females to have a final outcome of case proved in 2001: 32 percent, compared with 23 percent of females. Expressed as a rate per 1,000 14–16 year olds, in 2003, there were 12.6 cases involving males for every 1,000 males aged 14–16, and 1.9 cases involving females for every 1,000 females aged 14–16, in which the final outcome was case proved.

Ethnic differences

Māori are highly overrepresented in Youth Court prosecutions. In 2003, 55 percent of cases proved involved a young Māori. In comparison, in the 2001 Census, 21 percent of the population aged 14–16 years was Māori.

Pacific young people accounted for 11 percent of cases proved in 2003, about the same proportion as they made up of the population aged 14–16 years in 2001 (nine percent).

European young people were underrepresented, accounting for 36 percent of prosecutions, 33 percent of cases proved and 75 percent of the population aged 14–16.

Young people of all other ethnicities were also underrepresented, making up just one percent of cases proved but nine percent of 14–16 year olds in the population.

Culture and identity

Young Māori who can speak te reo Māori

Desired outcomes

All children and young people are able to participate in the culture and values important to them and their families and to feel secure with their identity.

Introduction

"Culture" refers to the customs, practices, languages, values and world views that define social groups such as those based on ethnicity, region or common interests.[57] Because cultural identity is important for people's sense of self and how they relate to others, learning and living within one's own cultural framework is an important dimension of child development.

Cultural identity is not exclusive. People may identify themselves as New Zealanders in some circumstances and as part of a particular culture – eg Māori, Samoan, Chinese or Scottish – in other circumstances. They may also identify with more than one culture.[58]

Cultural identity provides a common ground for sharing values and aspirations, which contributes to young people's development of security, confidence, optimism and determination to pursue their chosen goals.

Having strength in one's cultural identity can help break down barriers and build a sense of trust between different groups of people – a phenomenon sometimes referred to as social capital – although excessively strong cultural identity can also contribute to barriers between groups.[59] An established cultural identity has also been linked with positive outcomes in areas such as health and education.[60]

Indicators

The single indicator used in this report for matters relating to the culture and identity of children and young people focuses on young Māori. It measures the proportion of Māori children and young people who can speak te reo Māori.

Te reo Māori is the central support – the pou tokomanawa – of Māori culture and identity. It is the foundation on which Māori children build their knowledge of their own culture and develop their cultural identity, and is a necessary skill for full participation in Māori society. Only as speakers of te reo Māori will today's Māori youth be fully equipped to pass their cultural traditions on to future generations.

[57] Ministry of Social Development (2003) *The Social Report 2003*, p. 82.

[58] Ministry of Social Development (2003) *The Social Report 2003*, p. 82.

[59] Ministry of Social Development (2003) *The Social Report 2003*, p. 82.

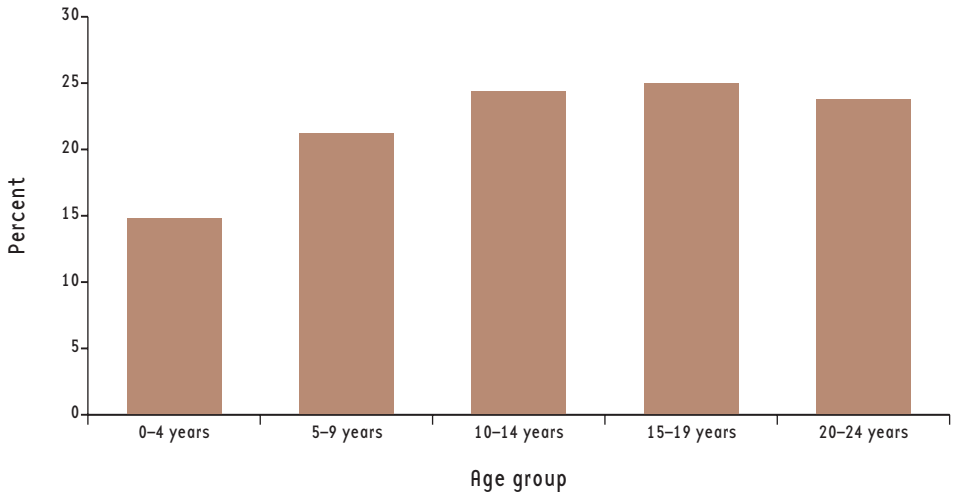
[60] Durie (1997) *Puahou: A Five Point Plan for Improving Māori Mental Health*; National Health Committee (1998) *The Social, Cultural and Economic Determinants of Health in New Zealand*, p. 33.

CI1 Young Māori who can speak te reo Māori

Definition: The proportion of Māori children under 15 years and Māori young people aged 15–24 who can speak te reo Māori, as recorded in the *New Zealand Census of Population and Dwellings 2001*. The ability to speak te reo Māori is defined in the Census as being able to hold a conversation about a lot of everyday things in the Māori language.

Rationale: Māori language is a central component of Māori culture and an important aspect of participation and identity. The Māori language also forms part of the broader cultural identity and heritage of New Zealand and, in 1987, was granted the status of an official language of New Zealand.[61]

Figure CI1: Proportion of Māori children and young people who can speak te reo Māori, by age group, 2001



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

Current level

In the 2001 Census, 20 percent of Māori under 15 years, and 25 percent of Māori aged 15–24, reported that they are able to hold a conversation in te reo Māori.

In total, 22 percent of Māori aged under 25 were able to speak te reo Māori in 2001, compared with 28 percent of Māori aged 25 and over.

[61] Ministry of Social Development (2003) *The Social Report 2003*, p. 86.

Gender differences

Young Māori females were slightly more likely than young Māori males to be able to speak te reo Māori in 2001. This gender difference was apparent across all age groups. Of all Māori under 25 years, 23 percent of females were able to speak te reo Māori, compared with 20 percent of males.

Age differences

The proportion of young Māori able to hold a conversation in te reo Māori in 2001 increased with age, from 15 percent of those under five years to 25 percent of those aged 15–19. However, at ages 20–24, the proportion was slightly lower, at 24 percent.

Table CI1: Proportion of Māori children and young people who can speak te reo Māori, by age group and gender, 2001

	0–4 years	5–9 years	10–14 years	15–19 years	20–24 years	Under 25 years
Males	14.6	20.3	22.0	22.3	23.6	20.1
Females	15.1	22.1	26.8	27.7	24.0	22.8
Total	**14.8**	**21.2**	**24.4**	**25.0**	**23.8**	**21.5**

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

Regional differences

Young Māori who lived in areas with high proportions of Māori residents were the most likely to be able to converse in te reo Māori. Regions with higher than average proportions of Māori under 25 years of age with conversational Māori language skills were Gisborne (29 percent), Bay of Plenty (28 percent), and Hawkes Bay, Waikato and Northland (all 24 percent).

Social connectedness

Internet access in the home

Participation in sport and active leisure

Desired outcomes

All children and young people enjoy friendships and social, cultural and recreational activities that build confidence and security, promote healthy relationships, and encourage civic and social responsibility.

Introduction

Social connectedness refers to the relationships people have with others and the benefits these bring to individuals and society.[62] Links have been demonstrated between social connectedness and the performance of the economy as well as positive outcomes for individual health and wellbeing.[63]

Positive relationships with others provide children and young people with support and a sense of belonging. Their happiness and contentment depend on this, as does a sense of personal and social security. The skills and opportunities to make friends and to interact constructively with others enhance young people's chances of developing positive relationships.

When children and young people achieve shared goals or contribute to group performance, a sense of satisfaction and pride can be established with lasting benefits for social participation in later life.

There can be many barriers to social connectedness. The tendency to make connections outside the family varies between cultures and communities, and factors such as language differences, high levels of inequality, and tensions between ethnic groups can create barriers between people.[64]

Indicators

Two indicators of social connectedness are provided in this chapter. Together, they suggest the degree to which children and young people participate in activities that today provide key channels of social communication. The indicators are: the availability of internet access at home; and levels of participation in sport and/or active leisure pursuits.

Access to the internet at home allows children and young people to maintain and open up new social networks, often crossing geographical boundaries. Email has become a core mode of communication and the internet plays an important role in the dissemination of information. Unlike many traditional sources, the internet can provide unprecedented access to information from outside one's own social sphere.

The second indicator measures the participation of children and young people in sport and active leisure. As well as supporting physical health and development,

[62] Ministry of Social Development (2003) *The Social Report 2003*, p. 108.

[63] H Noll and R Berger-Schmitt (2000) *Conceptual Framework and Structure of a European System of Social Indicators.*

[64] Ministry of Social Development (2003) *The Social Report 2003*, p. 108.

participation in sport and active leisure can provide children and young people with access to social networks outside of their school and family.

SC1 Internet access in the home

Definition: The number of children under 18 years and young people aged 18–24 years living in households with access to the internet, as a proportion of all children and young people.

Rationale: Being able to communicate and interact easily in the absence of frequent face-to-face contact helps maintain social connectedness. Access to communications via the internet, especially through emails, is particularly relevant as a social indicator because access to physical mail services is almost universal and fax use is principally by businesses. The internet also makes it easier to access a significant and growing repository of information and knowledge.[65]

Current level

At the 2001 Census, 46 percent of children under 18 years and 42 percent of young people aged 18–24 lived in households with access to the internet.

Gender differences

Among children under 18, household internet access did not vary by gender. However, at ages 18–24, males (44 percent) were slightly more likely than females (40 percent) to have internet access at home.

Table SC1.1: Proportion of children and young people living in homes with access to the internet, by gender, 2001

Gender	Under 18 years %	18–24 years %
Female	45.4	40.0
Male	45.5	43.5
Total	**45.5**	**41.7**

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

Age differences

Older children are more likely than younger children to have household access to the internet. In 2001, 53 percent of 15–17 year olds and 50 percent of 10–14 year olds lived in homes with access to the internet, compared with 44 percent of children aged 5–9 years and 38 percent of children aged under five years.

[65] Ministry of Social Development (2003) *The Social Report 2003*, p. 110.

On the other hand, 18–19 year olds (45 percent) were more likely to have household access to the internet than those aged 20–24 (41 percent).

Table SC1.2: Proportion of children and young people living in homes with access to the internet, by age group, 2001

Age group	%
0–4 years	38.4
5–9 years	43.9
10–14 years	49.7
15–17 years	53.2
Total under 18	**45.5**
18–19 years	44.6
20–24 years	40.5
Total 18–24	**41.7**

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

Ethnic differences

Asian and European children, and children from Other ethnic groups, were more likely than Māori and Pacific children to live in households with access to the internet. The same pattern was apparent among young people aged 18–24.

Table SC1.3: Proportion of children and young people living in households with access to the internet, by ethnic group, 2001

Ethnic group	Children under 18 %	Young people 18–24 %
Māori	25.1	22.9
Pacific	18.6	21.5
Asian	60.9	65.2
European	52.5	45.3
Other	53.2	52.1
Total	**45.5**	**41.7**

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

Differences by family type

Children in two-parent families are more likely than those in one-parent families to have internet access at home. In an analysis of Household Economic Survey data for the year to June 2001, 55 percent of two-parent households were connected to the internet, compared with 30 percent of one-parent households. However, when income was standardised, the proportion of connected one-parent households increased to 36 percent. Thus, although household income influences connectivity

levels, one-parent households were still less likely to have access to the internet when differences in income were removed. This suggests that their limited uptake of this technology was not simply a reflection of lower incomes.[66]

SC2 Participation in sport and active leisure

Definition: The proportion of children and young people aged 5–17 years and 18–24 years who participated in sport and active leisure, as measured by the Sport and Physical Activity Surveys of 1997/1998, 1998/1999 and 2000/2001. For the 5–17 years age group, the reference period for participation was the previous two weeks; for the 18–24 years age group, it was the previous 12 months.

Rationale: Participation in sport and active leisure has exercise and health benefits. In addition, participation in sport and active leisure provides opportunities for social interaction and, in part, reflects a willingness of children and young people to take part in activities outside of family or school.

Current level and trends

In 2000/2001, 88 percent of children and young people aged 5–17 years were reported to have participated in sport and active leisure in the previous two weeks. This was a statistically significant decline from the proportion recorded in 1997/1998 (93 percent). The overall pattern of declining participation occurred both at school and outside school hours.

Almost all 18–24 year olds (99 percent) had participated in at least one sport or leisure-time physical activity in the previous 12 months. There was no significant change in the proportion of 18–24 year olds who participated.

Gender differences

Overall participation rates in sport and active leisure were similar for males and females aged 5–17 years. The decline in participation rates between 1997/1998 and 2000/2001 occurred for both sexes, falling from 95 percent to 90 percent for males and from 91 percent to 87 percent for females.

[66] Statistics New Zealand (2004) *The Digital Divide 2004*, p. 8.

Age differences

Children aged 9–12 years had the highest levels of participation in sport and active leisure. Young people aged 16–17 were much less likely than other age groups to participate in these types of physical activities.

Table SC2.1: Proportion of children and young people who participated in sport and leisure-time physical activities in the previous two weeks, by age group, 2000/2001

Age group	Participation %
5–8 years	91
9–12 years	93
13–15 years	88
16–17 years	74
All under 18	**88**

Across age groups, the only significant changes in levels of activity between 1997/1998 and 2000/2001 occurred for 13–15 year olds. The proportion of young people in this age group who participated in sport and active leisure fell from 94 percent to 88 percent over that time.

Ethnic differences

In 1997/1998, Māori and Pacific children and young peop le had the highest levels of participation in sport and active leisure (95 percent for both groups). By 2000/2001, these levels had fallen significantly – to 84 percent and 73 percent, respectively. There was no significant change in participation for European children or children from Other ethnic groups.

Table SC2.2: Proportion of children under 18 years who participated in sport and leisure-time physical activities in the previous two weeks, by ethnic group, 2000/2001

Ethnic group	Participation %
Māori	84
European	92
Pacific	73
Other	94
All groups	**88**

Environment

Household crowding

Desired outcomes

All children and young people live in, and have access to, healthy natural and built environments.

Introduction

Housing space adequate to the needs and desires of a family is a core component of quality of life. National and international studies indicate an association between the prevalence of certain infectious diseases and crowding,[67] as well as between crowding and poor educational attainment. Crowding can also contribute to psychological stress for people in the households concerned.

The youngest members of the household are the most vulnerable to the negative impacts of crowded living conditions. Infants and young children need space and fresh air if they are to develop strong immune systems and maintain good health. They also need quiet sleeping quarters to support good sleeping patterns. By school age, all children require dedicated quiet space for quality learning while at home. If socio-economic or other circumstances of the household preclude regular outdoor activity to balance the impact of living in close quarters, the risks associated with crowded living will not be ameliorated.

Having "a place of one's own", even within a large household of extended family or whānau, can contribute to a young person's feelings of personal security and wellbeing. The ability to spend time alone can support the development of personal interests and the growth of healthy independence during the transition to adulthood. These in turn contribute to the development of a healthy lifestyle balance between social and other obligations, personal pursuits and leisure.

Indicators

A single indicator of the physical environment is used in this chapter: the proportion of children and young people living in crowded households. The Canadian Housing Index used here is a proxy measure to monitor incidence of "crowding" in the population. The indicator provides an overall picture of the extent to which our young people are growing up in physical conditions that fall short of the ideal in terms of supporting their healthy and safe development.

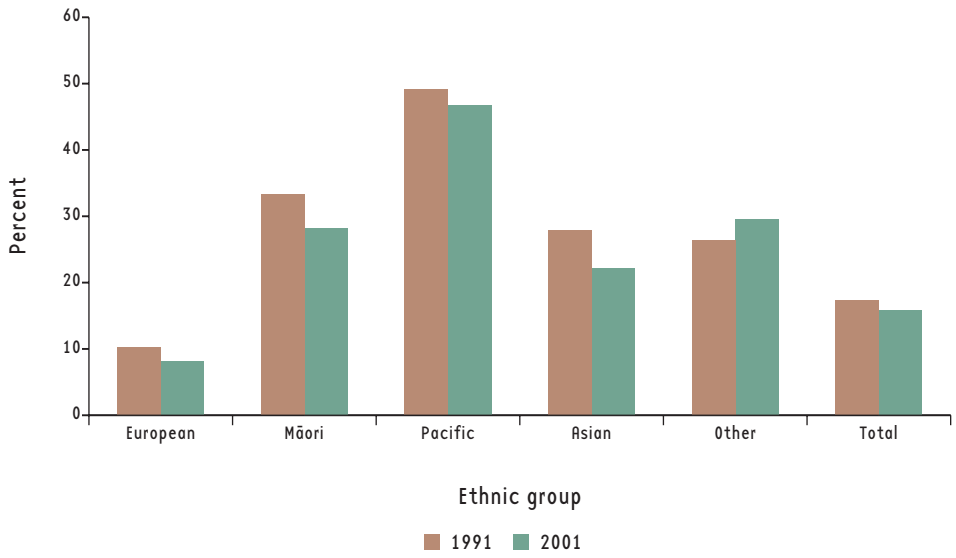
EN1 Household crowding

Definition: The proportion of children under 18 years and young people aged 18–24 years living in crowded households. A crowded household is defined as a household that requires one or more additional bedrooms, as defined by the Canadian National Occupancy Standard.

[67] Baker et al (2000) *Household Crowding: A Major Risk Factor for Epidemic Meningococcal Disease in Auckland Children.*

Rationale: Housing space adequate to their needs is a core component of quality of life and wellbeing for children and young people. National and international studies indicate an association between crowding and the prevalence of certain infectious diseases, as well as poor educational attainment. Crowding can also contribute to psychological stress for people in the households concerned.[68]

Figure EN1: Proportion of children under 18 years living in crowded households, by ethnic group, 1991, 2001



Source: Statistics New Zealand, *New Zealand Census of Population and Dwellings.*

Current level and trends

In 2001, 16 percent of children under 18 years (153,200 children) and 17 percent of young people aged 18–24 years (51,500) were living in crowded households.

Levels of household crowding were somewhat lower in 2001 than they were in 1991, when 17 percent of children under 18 (159,800) and 20 percent of 18–24 year olds (72,300) lived in crowded households.

Age and gender differences

Children and young people are more likely than older New Zealanders to be living in crowded conditions. In 2001, 16 percent of the population under 25 years of age lived in households requiring one or more bedrooms, compared with seven percent of the population aged 25 years and over.

[68] Ministry of Social Development (2003) *The Social Report 2003*, p. 72.

Children under 10 years (17 percent) were slightly more likely than older children and young people (15–16 percent) to be living in crowded households in 2001.

There were almost no gender differences in the propensity of children and young people to be living in crowded households in 2001.

Table EN1.1: Proportion (%) of children and young people living in crowded households, by age and gender, 2001

	Age group					
Gender	0–4 years	5–9 years	10–14 years	15–19 years	20–24 years	Total under 25
Males	17.2	17.2	14.7	15.5	15.6	16.0
Females	17.1	17.1	14.9	16.0	15.8	16.2
Total	**17.1**	**17.1**	**14.8**	**15.7**	**15.7**	**16.1**

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

Ethnic differences

Pacific children and young people are far more likely than those of other ethnic groups to be living in crowded households. For example, in 2001, 47 percent of Pacific children under 18 years lived in crowded households, compared with 28 percent of Māori children, 22 percent of Asian children and eight percent of European children. The pattern was similar among 18–24 year olds.

Levels of crowding improved between 1991 and 2001 for European, Māori, Pacific and Asian children and young people. However, for those ethnic groups combined into the Other category[69], the proportion living in crowded housing increased (from 26 percent to 30 percent for those under 18 years; from 30 percent to 34 percent for those aged 18–24).

Table EN1.2: Proportion (%) of children and young people living in crowded households, by age and ethnic group, 1991, 2001

	Ethnic group					
Age group, year	European	Māori	Pacific	Asian	Other	Total
Under 18 years						
1991	10.3	33.3	49.1	27.9	26.4	17.3
2001	8.1	28.2	46.7	22.2	29.6	15.9
18–24 years						
1991	13.4	36.4	55.8	34.9	30.2	20.0
2001	9.0	27.5	48.1	24.4	34.2	16.7

Source: Statistics New Zealand, *New Zealand Census of Population and Dwellings*.

[69] The "Other" ethnic group category includes Arabs, Iranians, Somalis and Latin Americans.

Regional differences

Levels of household crowding vary widely across New Zealand, with the highest levels in Manukau City (southern Auckland). In 2001, 34 percent of children under 18 years and 33 percent of 18–24 year olds living in Manukau City lived in crowded households, compared with just four percent and five percent, respectively, of children and young people in the South Island district of Selwyn. Other territorial authorities with high proportions of children and young people living in crowded households included Opotiki (30 percent; 28 percent); Porirua (25 percent; 29 percent); Kawerau (24 percent for both age groups); Auckland City (25 percent, 24 percent); Wairoa and the Far North (26 percent for both age groups in both areas). The same areas had the highest levels of crowding in 1991.

Summary table of indicators

Indicator	Current level of the indicator (most recent year)	Variation within the population	Is this aspect of the quality of life for children and young people improving overall?
Health			
Low birth weight births	3,537 registered births at less than 2,500 grams, 6.5 percent of live births (2002)	Higher percentage of Māori births and lower percentage of Pacific births are low birth weight; regional differences	Proportion of low birth weight births increased slightly over the last decade
Infant mortality rate	356 infant deaths, 6.1 per 1,000 live births (2000)	Higher rate for Māori and Pacific infants; higher rate in deprived areas; slightly higher rate for males; regional differences	Improved in 10 years to 1998, not sustained
Hearing failure at school entry	8.4 percent of primary school entrants failed hearing screening test (2001/2002)	Higher rate for Māori and Pacific children; regional differences	Some improvement over the last decade
Prevalence of obesity	9.8 percent of 5–14 year olds are obese (2002)	Higher percentage of Pacific and Māori children and older females; higher in deprived areas	No trend data
Prevalence of smoking at 14–15 years	10 percent of 14–15-year-old males and 15 percent of 14–15-year-old females smoke daily (2002)	Higher percentage of females, young Māori females and young people at schools in low socio-economic quintile; some regional differences	Improved between 1999 and 2002 as the proportion of 14–16 year olds smoking daily declined
Under-18 birth rate	1,280 births to females under 18 years; 14.8 per 1,000 females aged 15–17 years (2003)	Higher rates for Māori and Pacific women under 18 years; wide regional differences	Improving, with rate falling steadily since 1995. Slight increase 2002–2003
Youth suicide rate	107 deaths by suicide among 15–24 year olds; 20 per 100,000 (2001)	Much higher suicide rate for males and for Māori; higher attempted suicide rate for females	Improved since 1995 but still worse than in 1986. Slight increase 2000–2001
Care and support			
Youth positive relationships with parents	About 92 percent of students reported that Mum and Dad cared for them a lot (2003)	Māori less likely; no differences by gender; minor differences by age	No trends available
Child abuse and neglect	7,361 children under 17 years were assessed by CYF as abused or neglected (year to June 2003); 7.4 per 1,000	Higher rates for Māori children, those under 14 years and females aged 14–16	Little change since 1998
Economic security			
Children living in low-income families	29 percent of children (under 18 years) live in families with low incomes (2000/2001)	Children living with one parent are more likely to be living with low income	Similar to 1997/1998 but lower than proportion in 1993/1994; not as low as late 1980s
Children and young people with low living standards	29 percent of children (under 18 years) and 16 percent of young people (18–24 years) have low living standards (2000)	Māori and Pacific children, children in one-parent families and young females (18–24 years) are more likely to have low living standards	No trend data available

Indicator	Current level of the indicator (most recent year)	Variation within the population	Is this aspect of the quality of life for children and young people improving overall?
Food security	20 percent of households with children (5–14 years) could only "sometimes" afford to eat properly in 12 months prior (2002)	Low socio-economic status, Māori and Pacific households and those with five or more members reported less often that they could "always" afford to eat properly	No trend data available
Youth unemployment rate	The youth unemployment rate was 10.2 percent in 2003	Higher rates for 15–19 year olds and for young Māori and Pacific peoples; regional differences	Improved since 1998
Hourly earnings from wage and salary jobs	Half of employees aged 15–19 earned more than $9.00 per hour and half of employees aged 20–24 earned more than $12.15 per hour (2003)	No differences by sex or ethnic group	Improved for 15–19 year olds in the last five years
Safety			
Unintentional injury mortality rate	11 children per 100,000 under 15 years died as a result of an unintentional injury (2000)	Higher rate for males and for children under five years; higher rates for Māori children	Much improved since 1981
Intentional injury mortality rate	In 1996–2000, 49 children died as result of maltreatment; one child per 100,000 per year	Higher for under-five year olds and Māori children	Changed little since the late 1980s
Intimidation at school	30 percent of secondary school students reported that they were bullied at school; most students feel safe at school at least most of the time (2001)	Younger students more likely to be bullied at school; regional differences in students' experience of feeling safe at school	No trend data available
Youth criminal victimisation	46 percent of 15–24 year olds were victims of crime (2000)	Females aged 15–16 years experienced most crime but differences are not great by age or gender	Violent crime and property offences higher in 2000 than in 1995
Youth perceptions of safety	Of 15–24 year olds walking in their neighbourhood at night, around 27 percent reported feeling unsafe	Females are more likely to report feeling unsafe walking through their neighbourhood at night than males	No trend data available
Youth road casualties	Nine children and young people per 100,000 under 25 years died and 391 per 100,000 were injured (2002)	Higher rates for males and for 15–24 year olds; Māori more likely to die on the roads than other ethnic groups	Substantial improvement since 1986
Education			
Early childhood education attendance at 3–4 years	"Apparent" participation rate of 98 percent for 3–4 year olds (2003); 94 percent of Year 1 students had attended ECE (2003)	Lower participation among Pacific and Māori children	Improved since 1991
Reading achievement at Year 5	Mean reading score of 529 (2001)	Lower mean scores for Māori, Pacific and male students	No change since 1990
Reading literacy of 15 year olds	Combined mean reading literacy score of 529 (2000)	Lower mean scores for Māori, Pacific and male students, and those from low-decile schools	No trend data available

Indicator	Current level of the indicator (most recent year)	Variation within the population	Is this aspect of the quality of life for children and young people improving overall?
Mathematical literacy of 15 year olds	Mean score in mathematics literacy of 537 (2000)	Lower scores for Māori and Pacific students, and those from low-decile schools	No trend data available
Scientific literacy of 15 year olds	Mean score in science literacy of 528 (2000)	Lower scores for Māori and Pacific students, and those from low-decile schools	No trend data available
School truancy rate	Truancy rate of 2.9 percent (2000)	Higher rates for females, Māori and Pacific students, and those from low-decile schools	No trend data available
School leavers with no qualifications	18 percent of school leavers in 2002	Higher proportions for Māori, Pacific and male students, and those from low-decile schools	No improvement since late 1980s
Tertiary qualification completion rate	9.6 percent of 18–24 year olds in 2002	Higher for females; has risen faster for Māori in recent years	Improved 1996–2001
Civil rights			
Young people voting in national elections	62 percent of 18–24 year olds voted in the 2002 election; 86 percent of 18–24 year olds were registered on the electoral roll at 2002 election	Voter registration by young people varied widely by region	Registrations improved since 1987
Justice			
Police apprehensions of 14–16 year olds	33,994 apprehensions, a rate of 189 per 1,000 14–16 year olds (2003)	Males and Māori overrepresented	Peaked in 1996, little change since
Cases proved in the Youth Court	1,329 cases proved, a rate of 7.4 per 1,000 14–16 year olds (2003)	Males and Māori overrepresented	Increased from 1992 to 1997, then fluctuated
Culture and identity			
Young Māori who can speak te reo Māori	20 percent of Māori under 15 years and 25 percent of Māori aged 15–24 years able to speak te reo Māori (2001)	Increases with age for younger children and levels out at around one in four for Māori over 10 years of age; regional differences	No trend data available
Social connectedness			
Internet access in the home	46 percent of children under 18 years and 42 percent of 18–24 years olds have access to the internet at home (2001)	Higher for young Asian and European people; lower for children in one-parent families	No trend data available
Participation in sport and active leisure	88 percent of children (5–17 years) participated in sport or active leisure in past two weeks (2000/2001)	Lower for Pacific children and those aged 16–17 years	Declined since 1998/1999
Environment			
Household crowding	16 percent of children and 17 percent of young people were living in crowded households (2001)	Pacific people much more likely to live in crowded households; regional differences	Slight improvement since 1991

Bibliography

Adolescent Health Research Group (2003) *New Zealand Youth: A Profile of their Health and Wellbeing*. University of Auckland, Auckland.

Beautrais, A (2000) *Restricting access to means of suicide in New Zealand: a report prepared for the Ministry of Health on methods of suicide in New Zealand*. Cited in Ministry of Health (2004) *Suicide Facts: Provisional 2001 Statistics (all ages)*.

Caygill, R and M Chamberlain (2004) *Progress in International Reading Literacy (PIRLS): New Zealand's Year 5 Student Achievement 2001*. Ministry of Education, Wellington.

Cole, TJ, MC Bellizzi, KM Flegal and WH Dietz (2000) "Establishing a standard definition for child overweight and obesity worldwide: international survey", *British Medical Journal*, 320(7244):1240. Cited in Ministry of Health (2003) *NZ Food, NZ Children: Key Results of the 2002 National Children's Nutrition Survey*, p. 176.

Cosgrave, R, F Bishop and N Bennie (no date) *Attendance and Absence in New Zealand Schools in 2002*. Research Division, Ministry of Education, Wellington. Retrieved 2 April from: www.minedu.govt.nz/index.cfm?layout=document&documentid=8788&data=l

Department of Prime Minister and Cabinet (2003) *Sustainable Development for New Zealand Programme of Action*. Department of Prime Minister and Cabinet, Wellington.

D'Souza, A and E Wood (2003) *Making New Zealand Fit for Children. Promoting a National Plan for Action for New Zealand (Healthy Lives Section)*. UNICEF New Zealand, Wellington.

Durie, M (1997) *Puahou: A Five Point Plan for Improving Māori Mental Health*. Māori Mental Health Summit.

Fergusson, DM (1998) "The Christchurch Health and Development Study: An Overview and Some Key Findings", *Social Policy Journal of New Zealand*, 10:158.

Howden-Chapman, P and M Tobias (eds) (2000) *Social Inequalities in Health: New Zealand 1999*. Ministry of Health, Wellington.

Jaffee, S, A Caspi, T Moffitt, J Belsky and P Silva (2001) "Why Are Children Born to Teen Mothers at Risk for Adverse Outcomes in Young Adulthood? Results from a 20 Year Longitudinal Study", *Development and Psychopathology*, 13(2):377–397.

Kleinman, JC and JL Kiely (1991) "Infant Mortality", *Healthy People Statistical Notes*, 1(2), National Center for Health Statistics, cited in Federal Interagency Forum on Child and Family Statistics (2003) *America's Children: Key National Indicators of Well-being 2003*.

Krishnan, V, J Jensen and S Ballantyne (2002) *New Zealand Living Standards 2000*. Centre for Social Research and Evaluation, Ministry of Social Development, Wellington.

Land Transport Safety Authority (2003) *Motor Crashes in New Zealand, 2002*. Land Transport Safety Authority, Wellington.

Land Transport Safety Authority (2002) *Motor Accidents in New Zealand, 2001*. Land Transport Safety Authority, Wellington.

Land Transport Safety Authority (2001) *Motor Accidents in New Zealand, 2000*. Land Transport Safety Authority, Wellington.

Land Transport Safety Authority (2000) *Motor Accidents in New Zealand, 1999*. Land Transport Safety Authority, Wellington.

Martin, MO, IVS Mullis, EJ Gonzalez, TA Smith and DL Kelly (1999) *School Contexts for Learning and Instruction: IEA's Third International Mathematics and Science Study (TIMSS)*. TIMSS International Study Center, Boston College, Chestnut Hill, MA.

Mayer, S (2002) *The Influence of Parental Income on Children's Outcomes*. Ministry of Social Development, Wellington.

Ministry of Education (various years) *Education Statistics of New Zealand*. Ministry of Education, Wellington.

Ministry of Education (2004) *School Leavers (2002)*. Retrieved 2 April 2004 from: www.minedu.govt.nz/index.cfm?layout=document&documentid=6894&indexid=6851&indexparentid=5611

Ministry of Education (2003) *Graduates and Qualification Completions*. Retrieved 2 April 2004 from: www.minedu.govt.nz/index.cfm?layout=document&documentid=7116&indexid=6141&indexparentid=1051

Ministry of Education (2003) *Reading Literacy in New Zealand: Final Results from the Progress in International Reading Literacy Study (PIRLS) and the Repeat of the 1990–1991 Reading Literacy Study (10-Year Trends Study) for Year 5 Students*. Ministry of Education, Wellington.

Ministry of Education (2002) *PISA 2000: The New Zealand Context*. Ministry of Education, Wellington.

Ministry of Education (2002) *Education Indicators 2002: A report on the health of the New Zealand education system*. Ministry of Education, Wellington.

Ministry of Education (2001) *Assessing Knowledge and Skills for Life: NZ Summary Report*. Ministry of Education, Wellington.

Ministry of Education (2001) *Progress in International Reading Literacy Study (PIRLS): A Summary of New Zealand's Year 5 Student Achievement 2001*. Ministry of Education, Wellington.

Ministry of Health (2003) *Mortality and Demographic Data 1999*. New Zealand Health Information Service, Wellington.

Ministry of Health (2003) *NZ Food, NZ Children: Key Results of the 2002 National Children's Nutrition Survey*. Ministry of Health, Wellington.

Ministry of Health (2003) *Suicide Facts: Provisional 2001 Statistics (all ages)*. Ministry of Health, Wellington.

Ministry of Health (2003) *Tobacco Facts 2003*, Public Health Intelligence Report No. 20. Ministry of Health, Wellington.

Ministry of Health (2002) *An Indication of New Zealanders' Health*. Ministry of Health, Wellington.

Ministry of Health (2001) *Mortality and Demographic Data 1998*. New Zealand Health Information Service, Wellington.

Ministry of Health (2000) *Mortality and Demographic Data 1997*. New Zealand Health Information Service, Wellington.

Ministry of Health (1999) *Mortality and Demographic Data 1996*. New Zealand Health Information Service, Wellington.

Ministry of Justice/Ministry of Social Development (2002) *Youth Offending Strategy*. Ministry of Justice and Ministry of Social Development, Wellington.

Ministry of Social Development (2004) *The Social Report 2004*. Ministry of Social Development, Wellington.

Ministry of Social Development (2003) *The Social Report 2003*. Ministry of Social Development, Wellington.

Ministry of Social Development (2002) *New Zealand's Agenda for Children*. Ministry of Social Development, Wellington.

Morris, A, J Reilly, S Berry and R Ransom (2003) *New Zealand National Survey of Crime Victims*. Ministry of Justice, Wellington.

Mullis et al (2003) *PIRLS 2001 International Report: IEA's Study of Reading Literacy Achievement in Primary Schools in 35 Countries*. Boston College, Chestnut Hill, MA.

National Health Committee (1998) *The Social, Cultural and Economic Determinants of Health in New Zealand: Action to Improve Health*. National Advisory Committee on Health and Disability, Wellington.

New Zealand Health Information Service (2004) *Fetal and Infant Deaths 2000*. New Zealand Health Information Service, Wellington.

Noll, H and R Berger-Schmitt (2000) *Conceptual Framework and Structure of a European System of Social Indicators*, EUReporting Working Paper No 9. Centre for Survey Research and Methodology (ZUMA), Social Indicators Department, Mannheim.

OECD (2003) *Education at a Glance: OECD Indicators* (2003 edition). OECD, Paris.

OECD (2003) *OECD Health Data 2003*. OECD, Paris.

OECD (2003) *OECD in Figures 2003*. OECD, Paris.

OECD (2001) *Knowledge and Skills for Life: First Results from the OECD Programme for International Student Assessment (PISA)* 2000. OECD, Paris.

Parnell, W, R Scragg, N Wilson, D Schaaf and E Fitzgerald (2003) *NZ Food, NZ Children: Key Results of the 2002 National Children's Nutrition Survey*. Ministry of Health, Wellington.

Public Health Commission (1995) *Preventing Child Hearing Loss: Guidelines for Public Health Services*. Cited in Ministry of Health (2002) *An Indication of New Zealanders' Health*, p. 67.

Royal Commission on Social Policy (1988) *The April Report*. Royal Commission on Social Policy, Wellington.

Royal Commission on Social Security in New Zealand (1972) *Social Security in New Zealand*. Royal Commission on Social Security in New Zealand, Wellington.

Russell, D, W Parnell and N Wilson (1999) *NZ Food, NZ People: Key Results of the 1997 National Nutrition Survey*. Ministry of Health, Wellington.

Sport and Recreation New Zealand (2003) *SPARC Facts Series (1997–2001)*. Retrieved 7 April 2004 from: www.sparc.org.nz/research/sparcfacts_3.php

Sport and Recreation New Zealand (2003) *SPARC Trends: Trends in Participation in Sport and Active Leisure 1997–2001*. Retrieved 7 April 2004 from: www.sparc.org.nz/research/pdfs/Trends_Report.pdf

Spier, P (2002) *Conviction and Sentencing of Offenders in New Zealand: 1992 to 2001*. Ministry of Justice, Wellington.

Spier, P (2001) *Conviction and Sentencing of Offenders in New Zealand: 1991 to 2000*. Ministry of Justice, Wellington.

Statistics New Zealand (2004) *Demographic Trends 2003*. Statistics New Zealand, Wellington.

Statistics New Zealand (2004) *The Digital Divide 2004*. Statistics New Zealand, Wellington.

Statistics New Zealand (2003) *What is the extent of crowding in New Zealand? An analysis of crowding in New Zealand households 1986–2001*. Statistics New Zealand, Wellington.

Statistics New Zealand (2003) *National Family and Household Projections*. Statistics New Zealand, Wellington.

Statistics New Zealand, *Age-specific Fertility Rates by Ethnicity, 2000–2002*. Retrieved 2 April 2004 from: www.stats.govt.nz/domino/external/web/prod_serv.nsf/20092edeb76ed5aa6bcc256afe0081d84e/cabce9edc504e196cc256b430015287c?OpenDocument

Statistics New Zealand (2002) *New Zealand Census of Population and Dwellings 2001: National Summary*. Statistics New Zealand, Wellington.

Statistics New Zealand (2002) *New Zealand Census of Population and Dwellings 2001: Māori*. Statistics New Zealand, Wellington.

Statistics New Zealand (1986–2003) *Household Labour Force Survey*. INFOS, Statistics New Zealand, Wellington.

Statistics New Zealand (1998–2003) *New Zealand Income Survey*. INFOS, Statistics New Zealand, Wellington.

Statistics New Zealand (1998–2003) *Consumer Price Index*. INFOS, Statistics New Zealand, Wellington.

UNICEF (2003) "A league table of child maltreatment deaths in rich nations", *Innocenti Report Card*, no. 5, September. UNICEF Innocenti Research Centre, Florence.

UNICEF (2001) *A League Table of Teenage Births in Rich Countries*. www.unicef-icdc.org/publications/pdf/repcard3e.pdf

Vowles, J, P Aimer, S Banducci, J Karp and R Miller (eds) (2004) *Voters' Veto: The 2002 Election in New Zealand and the Consolidation of Minority Government*. Auckland University Press, Auckland.

World Health Organisation (2003), www.who.int/mental_health/prevention/suicide/country_reports/en/

Wylie, C (1999) *Eight Years Old and Competent, The Third Stage of the Competent Children Project: A summary of the Main Findings*. New Zealand Council for Educational Research, Wellington.

Appendix 1: Methodology

The wellbeing of children and young people is assessed in this report against a number of desired outcomes or "outcome domains". Within each outcome domain, indicators of wellbeing have been selected using a set of established criteria.

Rather than presenting a comprehensive description of the sub-population of interest, indicators provide a set of key measures that allow an assessment to be made of the extent to which the desired outcomes are achieved.

Outcome domains

Ten outcome domains have been selected for inclusion in an indicators framework for the wellbeing of children and young people. These are listed below with the desired outcome statements for each domain.

Health	All children and young people enjoy good physical and mental health with access to good-quality health care.
Care and support	All children and young people enjoy secure attachment to parents and caregivers in a nurturing relationship where they are valued, respected and supported.
Economic security	All children and young people enjoy a secure standard of living that means they can fully participate in society. All young people achieve the transition to economic independence.
Safety	All children and young people enjoy personal safety, and are free from abuse, victimisation, violence, and avoidable injury and death.
Education	All children and young people obtain the knowledge and skills to enable them to be full participants in society.
Civil rights	All children and young people enjoy fundamental human, civil and political rights, free from discrimination and exploitation. Children and young people are given the opportunity to participate in decisions that affect them.
Justice	All children and young people take growing responsibility for their actions, and have access to fair and equitable treatment within the justice system.
Culture and identity	All children and young people are able to participate in the culture and values important to them and their families and to feel secure with their identity.
Social connectedness	All children and young people enjoy friendships and social, cultural and recreational activities that build confidence and security, promote healthy relationships, and encourage civic and social responsibility.
Physical environment	All children and young people live in, and have access to, healthy natural and built environments.

The identification and selection of the 10 outcome domains involved extensive consultation with government and non-government organisations with an interest in the wellbeing of children and young people.

Criteria for selection of indicators

Forty-one indicators of wellbeing were selected, 35 of which are included in this report. The criteria used to select the indicators are set out in the table below.

Relevant	There is broad agreement in New Zealand society that the outcome being measured is a desired outcome for children and young people. There is well-established evidence in the research literature that the indicator is related to child wellbeing. The indicator is based on children and young people rather than families.
Nationally significant	The indicator reflects progress at a national level and is not confined to particular areas or specific groups of children or young people.
Able to be disaggregated	The indicator should be capable of finer breakdown to show variation by age, sex, ethnic group, family status, region and socio-economic status wherever feasible.
Valid	The indicator accurately represents the phenomenon in question and is sensitive to changes over time.
Statistically sound	The indicator is derived from high-quality data and is statistically and methodologically sound.
Replicable	The indicator should be able to be defined and measured consistently over time to enable accurate monitoring of trends.
Interpretable	The indicator should be readily understandable to a broad audience. It should have a clear, normative interpretation so that change clearly represents an improvement or deterioration in what is being measured.
Internationally comparable	Wherever feasible, the measure should be consistent with international indicators to enable comparison.

A number of other considerations were taken into account when selecting the indicators, eg:

- it is listed as an issue of concern in the *Sustainable Development for New Zealand Programme of Action* report
- it is more relevant to sustainable development than other available indicators
- it is the only indicator available for an essential domain.

The following factors can also be considered to have some impact on the selection of possible indicators.

- **Size of the problem**: the problem affects a large number of people, or smaller numbers of people are commonly and severely affected.
- **Proportionate impact of this area on other negative outcomes**, particularly in adulthood: ie positive outcomes in this area are very important for outcomes in later life, eg school readiness at age five years and later learning; or a negative outcome imposes large social and personal costs over the life course or is linked to other poor outcomes, eg antisocial behaviour in childhood leading to later increased risks of crime, substance abuse, etc. This criterion relates to the prognostic significance of the problem/outcome in longitudinal, developmental terms, rather than its size.
- **Urgency**: ie it is likely to become a major problem, or lead to other major problems or poor outcomes in the future, unless action is taken now, eg obesity in children.

- **Trend over time in New Zealand**: eg exhibits a deteriorating trend or is likely to deteriorate given other influences already under way.
- **Unfavourable international comparison**: ie New Zealand's performance is poor when considered against comparable countries.
- **Knowledge**: ie sufficient evidence is available on its causes and potential interventions to make a focus worthwhile analytically.
- Extent of variation within the total population and **impact on inequalities** in adult wellbeing.
- **Impact on subgroups of the population** known to be particularly disadvantaged in other ways or severe impact on particular subgroups in the population.
- **Balance between economic, health, cognitive/educational and psycho-social domains of wellbeing**.
- **Relevant to success in negotiating the major transitions in the life course** between birth and age 25 years, eg birth, entry to primary school, puberty and adolescence, transition from school to work, partnering and family formation.

Indicators of wellbeing for children and young people

Forty-one indicators were selected using these criteria. They are listed in the table below by domain.

Health	Low birth weight births Infant mortality rate Hearing failure at school entry Prevalence of obesity Prevalence of smoking at 14–15 years Under-18 birth rate Youth suicide rate Immunisation coverage at two years Oral health at school entry Prevalence of regular marijuana use Quantity of alcohol consumed on typical occasion Prevalence of significant symptoms of depression
Care and support	Youth positive relationships with parents Child abuse and neglect
Economic security	Children living in low-income families Children and young people with low living standards Food security Youth unemployment rate Hourly earnings from wage and salary jobs Youth activity rate
Safety	Unintentional injury mortality rate Intentional injury mortality rate Intimidation at school Youth criminal victimisation Youth perceptions of safety Youth road casualties
Education	Early childhood education attendance at ages 3–4 years Reading achievement at Year 5 Reading literacy of 15 year olds Mathematical literacy of 15 year olds Scientific literacy of 15 year olds School truancy rate School leavers with no qualifications Tertiary qualification completion rate
Civil rights	Young people voting in national elections
Justice	Police apprehensions of 14–16 year olds Cases proved in the Youth Court
Culture and identity	Young Māori who can speak te reo Māori
Social connectedness	Internet access in the home Participation in sport and active leisure
Environment	Household crowding

Appendix 2: Technical notes

Health

H1 Low birth weight births

Definition/formulae: The number of births registered with a birth weight of less than 2,500 grams, as a percentage of all live births registered in a calendar year for which birth weight was recorded. Regional rates are based on public hospital discharge data for the year ended 30 June.

Limitations of data: Birth weight data was not available for a large number of births registered in 1998 and there was a slightly lower rate of registration in that ye ar.

Data sources: New Zealand Health Information Service; Ministry of Health; *OECD Health Data 2003*.

H2 Infant mortality rate

Definition/formulae: The annual number of deaths of infants aged less than one year, per 1,000 live births in that year. Infant deaths consist of neonatal deaths (deaths occurring within 28 days of birth) and post-neonatal deaths (after 28 days and before one year).

Limitations of data: Infant mortality rates published by the Ministry of Health are based on total births and deaths, and therefore differ slightly from the rates published by Statistics New Zealand, which are based on the resident population concept. Because of changes in the classification of ethnicity in birth and death registration data since September 1995, ethnicity data for 1996 and later years are not comparable with data from previous years.

Data sources: New Zealand Health Information Service (2003) *Fetal and Infant Deaths 1999*; Ministry of Health (2002) *An Indication of New Zealanders' Health*, pp. 49–51; *OECD Health Data 2003*: www.oecd.org/document/16/0,2340,en_2649_37407_2085200_1_1_1_37407,00.html

H3 Hearing failure at school entry

Definition/formulae: The percentage of school entrants (five-year-old children) who failed the hearing screening test administered by the National Audiology Centre.

Data sources: Ministry of Health; National Audiology Centre.

H4 Prevalence of obesity

Definition/formulae: The proportion of children aged 5–14 whose Body Mass Index (weight/height^2) met the international definition of obesity established by Cole et al (2000) in the 2002 National Children's Nutrition Survey. The definition adapts the widely used cut-off point for adults (30kg/m^2) to produce age- and gender-specific cut-offs for children and youth aged 2–18 years.

Limitations of data: The Survey report (p. 176) cites a forthcoming paper (Rush et al) that refers to the limitations of using these internationally recognised cut-off values. These include: lack of evidence that they are associated with increased metabolic risk; inappropriateness for individual children; and possible inappropriateness for the different ethnic groups in New Zealand.

Data source: Ministry of Health (2003) *NZ Food, NZ Children: Key Results of the 2002 National Children's Nutrition Survey*.

H5 Prevalence of smoking at 14–15 years

Definition/formulae: The percentage of 14–15-year-old/Year 10 secondary school students who smoke regularly (daily or at least weekly), as measured by the ASH National Fourth Form Survey conducted for the Ministry of Health.

Limitations of data: The survey began in 1992 but was not nationally representative until 1999.

Data sources: ASH National Fourth Form Survey, Ministry of Health. Surveys of Year 10 (fourth form) students (14–15 year olds), with participation of around three-quarters of all schools, have been conducted in November of 1999, 2000, 2001 and 2002, with approximately 30,000 students responding each year. Anonymous questionnaires were distributed to schools and completed by students supervised by school staff (Ministry of Health (2003) *Tobacco Facts*, p. 18).

H6 Under-18 birth rate

Definition/formulae: The number of live births to females under 18 years of age, per 1,000 females aged 15–17 years.

Limitations of data: At the subnational level, the small numbers involved can lead to considerable volatility in rates and thus difficulty in interpreting regional differences and trends over time. Because of changes in the classification of ethnicity in birth registration data since September 1995, ethnicity data for 1996 and later years are not comparable with data from previous years.

Data sources: Statistics New Zealand, *Age-specific Fertility Rates (final data for 1962–2002, provisional data for 2003), for Total, Māori and non-Māori females*; and *Age-specific Fertility Rates by ethnic group 2000–2002*, retrieved 2 April 2004 from www.stats.govt.nz, Population Monitor. Statistics New Zealand (2004) *Demographic Trends 2003*, Part 2: Fertility, Tables 2.09, 2.14. UNICEF (2001) *A League Table of Teenage Births in Rich Countries*, Figure 3, p. 7. Statistics New Zealand, regional fertility data and population estimates (unpublished).

H7 Youth suicide rate

Definition/formulae: The number of suicide deaths of persons aged 15–24 years as a proportion (per 100,000) of the population in that age group.

Limitations of data: Because suicide is a relatively rare event in statistical terms, rates of suicide can vary markedly from year to year. Any interpretation of trends requires an examination of rates over several years. Deaths by suicide are subject to a coroner's inquiry and can only be officially deemed suicide once an inquest is complete. This means there can be a considerable delay in publication of the final statistics. The 2001 data is provisional and will become official when published by the New Zealand Health Information Service in the annual publication series *Mortality and Demographic Data*.

Hospitalisation for intentional self-harm is a measure of the number of people who were admitted to hospital for intentional self-harm, whether they survived or not. People who intentionally harm themselves and eventually die in hospital are included, but people who intentionally harm themselves but are not admitted to hospital are not included. While the figures may include cases of deliberate harm where the intent was not death, they are generally accepted as a proxy measure for attempted suicide.

Because of changes in the classification of ethnicity in death registration data since September 1995, ethnicity data for 1996 and later years are not comparable with data from previous years.

Data sources: Ministry of Health (2004) *Suicide Facts: Provisional 2001 Statistics (all ages)*; World Health Organisation (2003), www.who.int/mental_health/prevention/suicide/country_reports/en/

Care and support

CS1 Youth positive relationships with parents

Definition/formulae: Percentage of secondary school students who reported that Mum and/or Dad cared about them a lot; percentage of secondary school students who reported that most of the time they felt close to Mum and/or Dad; and percentage of secondary school students who reported that most weeks they got enough time to spend with Mum and/or Dad.

Limitations of data: Estimates from sample surveys are subject to error. The achieved sample size for the Youth 2000 survey was 9,699 students, four percent of the total 2001 New Zealand secondary school roll.

Data source: Adolescent Health Research Group (2003) *New Zealand Youth: A Profile of their Health and Wellbeing*, Tables 1–3, p. 46.

CS2 Child abuse and neglect

Definition/formulae: The number of children who were assessed as abused (physically, emotionally, sexually) or neglected, following a notification to the Department of Child, Youth and Family Services as a proportion (per 1,000) of all children under 17 years of age.

Limitations of data: Notifications of child abuse and neglect, and hence the number of children assessed as abused, can be affected by the level of resources made available, by administrative changes, and by changes in the likelihood of people reporting suspected abuse.

Between June 1994 and June 1995, there was a change in the notification categories used, and notifications not directly related to care and protection (which came under the heading of "general welfare enquiries") were subsequently excluded from the statistics. This contributed to the sharp drop in the number of notifications between 1994 and 1995.

Data sources: Ministry of Social Development (SWIS and CYRAS data); Statistics New Zealand, estimated resident population, mean for the year ended 30 June; Ministry of Social Development, *The Social Report 2003*.

Economic security

ES1 Children living in low-income families

Definition/formulae: This measure uses economic families as the base unit of analysis. Conceptually, an economic family is a group of co-resident people whose financial affairs are common or have been merged to the extent that the people concerned are substantially interdependent. An individual not part of such a group is considered to constitute an economic family in its minimal form.

An economic family unit is operationally defined as:

- financially independent single adult: not in a de jure or de facto marriage, and not caring for dependent children
- sole-parent family: financially independent single adult (not in a de jure or de facto marriage), and caring for one or more dependent children
- couple: couple (in a de jure or de facto marriage) not caring for dependent children
- two-parent family: couple (in a de jure or de facto marriage) caring for one or more dependent children.

All young adults are considered financially independent at 18 years of age. Young adults aged 16–17 years are also considered financially independent if they are receiving a benefit in their own right, or are working for 30 hours or more per week.

Housing costs have been apportioned to economic family units. Account was taken of the housing costs of the economic family unit by subtracting its housing costs from its after-tax income. The resulting amounts were inflation adjusted using the CPI for all groups excluding housing.

Adjustment for family size was made by means of a per-capita equivalisation process based on the Revised Jensen Equivalence Scale. The resulting amount – Household Equivalised Disposable Income (HEDY) – can be regarded as an income-based proxy measure of standard of living. The HEDY is the metric on which the low thresholds are specified.

Changes over the period 1988–2001 have been tracked in terms of the proportion of economic families with HEDY values below 60 percent of the median HEDY in 1998. This definition means that the measure is based on constant-value benchmarks. For the purposes of this analysis, the self-employed have been excluded.

Note: While technical analysis to date indicates that the measurement approach is well grounded and robust, future work may point to the use of other thresholds as more informative for social monitoring.[70]

Limitations of data: The indicator does not fully measure living standards, which reflect factors other than income and housing costs. People with the same income level can have significantly different living standards as a result of their stage in the life cycle (young people, middle-aged, elderly), ownership of assets, assistance received from others, the extent to which they have unusually high expenditures (eg medical costs, debt repayments), and whether they have experienced substantial restriction of incomes in the past.

Housing costs are the sum of annualised accommodation expenditure, including mortgage repayments (principal and interest), payments to local authorities, property rent, rent of private dwellings, boarding house charges, and student accommodation not paid with normal fees. In this indicator, the Accommodation Supplement is counted as income.[71]

The data in this section are based on survey estimates of the numbers of children living in economic families that are receiving low incomes. All survey estimates are subject to sampling error.

Note that weights for the Household Economic Survey were revised for all years in 2001.

Data sources: Statistics New Zealand, Household Economic Survey; Ministry of Social Development; Ministry of Social Development, *The Social Report 2003*.

ES2 Children and young people with low living standards

Definition/formulae: The Economic Living Standards Index (ELSI) used in the New Zealand Living Standards Survey (2000) is a direct measure of material standard of living, based on information on:

- the extent to which respondents economise on consumption because of cost, have ownership restrictions because of cost, or have social participation restrictions because of cost

[70] Ministry of Social Development (2003) *The Social Report 2003*, p. 147.

[71] Ministry of Social Development (2003) *The Social Report 2003*, p. 147.

- respondents' own ratings of their standard of living and of the adequacy of their income to meet their day-to-day need.

The ELSI scale reports seven levels of living standards:

1 – very restricted
2 – restricted
3 – somewhat restricted
4 – fairly comfortable
5 – comfortable
6 – good
7 – very good.

Lower living standards encompass the bottom three levels of the ELSI scale.

Limitations of data: The ELSI only measures material wellbeing. Adults were reporting living standards information on behalf of the household.

The data in this section are based on survey estimates of the numbers of children in economic families with low living standards. All survey estimates are subject to sampling error.

Data sources: Ministry of Social Development, *New Zealand Living Standards Survey 2000*, unpublished data; V Krishnan, J Jensen and S Ballantyne (2002) *New Zealand Living Standards 2000*.

ES3 Food security

Definition/formulae: The proportion of households with children aged 5–14 years for which an adult in the household responded "Always" to the statement "We can afford to eat properly" in the 2002 National Children's Nutrition Survey.

The 2002 National Children's Nutrition Survey is based on a nationally representative sample of children aged 5–14, of whom 3,275 participated with personal and parental consent. Whenever an adult member of the child's household was available at the time of the child's interview, they were asked to respond to statements about food security on behalf of the child's household.

The full statement and question used to collect data used in the indicator is as follows.[72]

> First of all, we know that some people cannot afford to eat properly and we are interested in whether you think your household has enough money to eat properly. It's what you think eating properly is – not what I think or anyone else thinks.
>
> We can afford to eat properly.
>
> How often has this been true for your household over the past year?
>
> Always
> Sometimes
> Never
> Don't know

[72] W Parnell et al (2003) *NZ Food, NZ Children: Key Results of the 2002 National Children's Nutrition Survey.*

The 2002 National Children's Nutrition Survey defines socio-economic status according to the New Zealand Index of Deprivation (NZDep01). The index is based on eight dimensions of deprivation: income, access to a car, living space, home ownership, employment, qualifications, support and access to a telephone. The usual NZDep01 consists of a principal components score, scaled to a mean of 1,000 with a standard deviation of 100, out of which are broken 10 equal categories. For the 2002 National Children's Nutrition Survey, these categories have been collapsed into quintiles. Quintile I is defined as children living in the least deprived areas and quintile V as children living in the most deprived areas.[73]

Limitations of data: The indicator addresses only one aspect of food security. Other factors in security of household food supplies include:

- availability of some form of food
- quantities and serving sizes available
- variety of foods available
- the need to use food banks or Special Needs Grants to obtain food
- ability to provide desired food for social occasions.

The indicator carries an implied judgement by the respondent on what constitutes "eating properly". Different respondents may emphasise different aspects of the household food supply (eg variety, quantity, nutritional value, frequency of meals).

A single response about food security in the household as a whole does not necessarily indicate whether children in that household experience food security. Decisions about food distribution within the household may mean that children in the household were able to eat properly all the time while adult members of the household only ate properly "sometimes".

The data in this section are based on survey estimates. All survey estimates are subject to sampling error.

Data source: Parnell et al (2003) *NZ Food, NZ Children: Key Results of the 2002 National Children's Nutrition Survey*, Table B6, p. 121; Russell et al (1999) *NZ Food, NZ People: Key results of the 1997 National Nutrition Survey*, Table D8, pp. 122–123.

ES4 Youth unemployment rate

Definition/formulae: The youth unemployment rate is the percentage of 15–24 year olds in the labour force who are unemployed and actively seeking work.

The labour force is defined as the sum of those who are employed and those who are unemployed.

The unemployed are defined in the Household Labour Force Survey as those who:

- are without a paid job or unpaid work in a relative's business
- have actively sought work in the four weeks before completing the survey

[73] W Parnell et al (2003) *NZ Food, NZ Children: Key Results of the 2002 National Children's Nutrition Survey.*

- are available to take work.

The employed are those who:

- worked for pay or profit for one hour or more in the week before the survey
- worked unpaid in a relative's business
- have a job, but did not work in the week before the survey because of leave, sickness or industrial dispute.

"Actively seeking work" includes actions such as contacting an employer, asking friends or relatives about work opportunities, contacting an employment agency or contacting Work and Income. It excludes checking newspaper advertisements.

Limitations of data: Data are based on a sample survey and are therefore subject to sampling error. The definition of the unemployed excludes some people who regard themselves as unemployed, including the "discouraged unemployed" – those not meeting the criterion of "actively seeking work". This group is classified as not being in the labour force.

The unemployment rate also excludes those who are currently employed part time but who are seeking to work more hours.

Data source: Household Labour Force Survey, Statistics New Zealand; *OECD in Figures 2003*, Statistics on the Member Countries, OECD Observer 2003, Supplement 1, pp. 20–21.

ES5 Hourly earnings from wage and salary jobs

Definition/formulae: Median hourly earnings from all wage and salary jobs for employees aged 15–24 years and earning income from wage and salary jobs as measured by the New Zealand Income Survey, an annual supplement to the Household Labour Force Survey. Inflation is measured using the CPI All Groups plus Interest series for June quarters.

Limitations of data: The final data set consists of 29,000 valid person records, including 4,000 imputed person records. Hourly earnings relate to the number of hours usually worked and the usual income rather than the number of hours actually worked and the actual income. Proxy interviewing may be used to collect data on income under certain circumstances. Estimates from sample surveys are subject to error.

Data source:
Statistics New Zealand, New Zealand Income Survey, *Hot off the Press*, June 1998 to June 2003 Table 10. CPI All Groups plus Interest series for June quarters.
Ministry of Social Development: unpublished data from NZIS data set, June 2003.

Safety

S1 Unintentional injury mortality rate

Definition/formulae: The number of children and young people under 15 who have died as a result of an unintentional injury.

Limitations of data: Because of changes in the classification of ethnicity in death registration data since September 1995, ethnicity data for 1996 and later years are not comparable with data from previous years.

Data sources:
1981–1995, 2000 data from New Zealand Health Information Service (NZHIS)
Ministry of Health (1999) *Mortality and Demographic Data 1996*, NZHIS, Table 4, pp. 56–58.
Ministry of Health (2000) *Mortality and Demographic Data 1997*, NZHIS, Table 4, pp. 53–55.
Ministry of Health (2001) *Mortality and Demographic Data 1998*, NZHIS, Table 4, pp. 53–55.
Ministry of Health (2003) *Mortality and Demographic Data 1999*, NZHIS, Table 4, pp. 60–61.
Statistics New Zealand: mean population estimates for year ended December 1991–2002.

S2 Intentional injury mortality rate

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

(ICD-9 codes E960-E969, ICD-10 codes X85-Y05).

Limitations of data: Because of changes in the classification of ethnicity in death registration data since September 1995, ethnicity data for 1996 and later years are not comparable with data from previous years.

Data sources:
Ministry of Health (1999) *Mortality and Demographic Data 1996*, New Zealand Health Information Service, Table 4, p. 58; Table 4a, p. 67.
Ministry of Health (2000) *Mortality and Demographic Data 1997*, New Zealand Health Information Service, Table 4, p. 55; Table 4a, p. 63.
Ministry of Health (2001) *Mortality and Demographic Data 1998*, New Zealand Health Information Service, Table 4, p. 55; Table 4a, p. 63.
Ministry of Health (2003) *Mortality and Demographic Data 1999*, New Zealand Health Information Service, Table 4, p. 61; Table 4a, p. 71; Table 5a, p. 78.
UNICEF (2003) "A league table of child maltreatment deaths in rich nations", *Innocenti Report Card*, no. 5, Table 1(a), p. 4.

S3 Intimidation at school

Definition/formulae: The percentage of secondary school students aged 12–18 who feel safe at school.

Limitations of data: Estimates from sample surveys are subject to error. The achieved sample size for the Youth 2000 survey was 9,699 students, four percent of the total 2001 New Zealand secondary school roll. International data: note that Australia, Canada, France and the United States did not satisfy one or more guidelines for sample participation rates, age/grade specifications, or classroom sampling procedures.

Data sources: Adolescent Health Research Group (2003) *New Zealand Youth: A Profile of their Health and Wellbeing*, Tables 1–4, p. 53; MO Martin, IVS Mullis, EJ Gonzalez, TA Smith and DL Kelly (1999) *School Contexts for Learning and Instruction: IEA's Third International Mathematics and Science Study (TIMSS)*, Table 6.2, p. 92; Table 6.3, p. 93.

S4 Youth criminal victimisation

Definition/formulae: The proportion of the population aged 15–24 who have been the victim of one or more incidents of criminal offending in 2000 as measured by the 2001 National Survey of Crime Victims. The survey includes all behaviour reported by respondents that falls within the legal definition of criminal offending. This is a broader measure than that collected from Police records.[74]

Limitations of data: The survey includes a wide range of behaviour with varying degrees of seriousness but excludes offences such as shoplifting and tax evasion as well as victimless crimes such as drug abuse. Many of the reported behaviours may not be regarded as a "crime" by the victims and they may not regard the incident as requiring Police intervention.

Differences in the method of collection and in the questionnaire may affect the comparability of the results from the 2001 and 1996 surveys. The 2001 survey had a response rate of 62 percent and the 1996 survey had a response rate of 57 percent. The difference in the response rate may have impacted on both the validity of the comparisons between the two surveys and on the reliability of the findings of the 2001 survey.

Previous studies suggest that sexual offending and domestic abuse are substantially underreported in criminal victimisation surveys. The results, therefore, should be treated with some caution.[75]

There was no information on ethnicity by age group in the report of the New Zealand National Survey of Crime Victims 2001, the source of the data on youth criminal victimisation.

Data source: A Morris, J Reilly, S Berry and R Ransom (2003) *New Zealand National Survey of Crime Victims* (Ministry of Justice), Table 2.11, p. 271; Table 2.11, p. 81; Table 2.13, p. 85; Table 6.1, p. 166; Table 6.3, p. 169.

[74] Ministry of Social Development (2003) *The Social Report 2003*, p. 153.

[75] Ministry of Social Development (2003) *The Social Report 2003*, p. 153.

S5 Youth perceptions of safety

Definition/formulae: The proportion of 15–24 year olds who reported that they felt unsafe walking alone in their neighbourhood at night, as measured by the 2001 National Survey of Crime Victims. People who said they did not walk alone at night were asked how they thought they would feel.

Limitations of data: People's subjective perceptions of safety are not always linked to the actual risk of becoming a crime victim.[76]

Data source: Morris et al (2003) *New Zealand National Survey of Crime Victims 2001* (Ministry of Justice), Table A9.3b, p. 272; Table 9.7, p. 226.

S6 Youth road casualties

Definition/formulae: Number of deaths caused by motor vehicles, per 100,000 population. Number of injured persons resulting from motor vehicle crashes as reported to the Police, per 100,000 population. Pedestrians or cyclists killed or injured by motor vehicles are included.

Limitations of data: The collection of ethnicity data changed during 1995 for both mortality and hospitalisation data. For mortality data, the basis of ethnicity has changed from a biological concept to a concept of self-identification, in mid-1995 hospitalisation data recorded multiple ethnic groups, whereas previously only one ethnic group could be recorded. Consequently, ethnic-specific data for 1996 and later years are not comparable with data for previous years.

Data source:
Land Transport Safety Authority (LTSA); New Zealand Health Information Service (NZHIS). The LTSA derives its data from two main sources: injury data from the Traffic Crash Reports completed by Police officers who attend fatal and injury crashes, and mortality and hospitalisation data from the NZHIS. The LTSA does not report on ethnic-specific rates of death or hospitalisation; these data come directly from NZHIS.
LTSA, *Motor accidents in New Zealand*, Table 5 (1999–2002).
LTSA, *Motor crashes in New Zealand*, Table 3, Table 5 (2003).
Additional LTSA data from LTSA.
NZHIS Mortality and Demographic Data 1996–1999 (Tables 4 and 4a), ICD-9 codes E810-E819.

[76] Ministry of Social Development (2003) *The Social Report 2003*.

Education

E1 Early childhood education attendance at ages 3–4 years

Definition/formulae: The number of children aged 3–4 years enrolled in early childhood education (ECE) programmes as a proportion of the estimated population aged 3–4 years. ECE programmes include: licensed ECE services (kindergartens, playcentres, education and care services, home-based services, casual education and care [no regular roll], correspondence school and kōhanga reo); licence-exempt ECE services (early childhood development funded playgroups, Pacific peoples' early childhood groups, and playcentres); and licence-exempt kōhanga reo.

Limitations of data: Rates of participation are only "apparent" because children may be enrolled in more than one ECE centre. The rates may therefore be inflated. Neither of these measures provides information on the length of participation or the quality of the programmes, both of which are relevant to positive educational outcomes. The OECD comparison data should be viewed with caution because of variation between countries in the measure used.

Data sources: Ministry of Education (various years) *Education Statistics of New Zealand*; Education Statistics News Sheet, 10(1), March 2001; customised tables; OECD (2003) *Education at a Glance: OECD Indicators*, 2003 edition, Table C1.2; Ministry of Social Development, *The Social Report 2003*.

E2 Reading achievement at Year 5

Definition/formulae: The mean score in reading literacy achievement for New Zealand Year 5 students who took part in the 2001 Progress in International Reading Literacy Study (PIRLS-01).

Co-ordinated by the International Association for the Evaluation of Educational Achievement, PIRLS is a comparative study of reading achievement that is part of a regular cycle of international student assessments. The first survey was carried out in countries including New Zealand in 2001, and the next assessment in New Zealand is scheduled for November 2005.

Middle primary school is an important transition point in a child's reading development. Therefore, children in Grade 4 (or Year 5 in New Zealand) were selected as the focus of the survey. In New Zealand, the average age of the students who took part in PIRLS was 10.1 years, slightly younger than the average age of students in most countries – 10.3 years.

Limitations of data: School starting ages and pre-primary education practices differ considerably across countries.

Data source: Ministry of Education (no date) *Progress in International Reading Literacy Study (PIRLS): A Summary of New Zealand's Year 5 Student Achievement 2001*, retrieved 2 April 2004 from www.minedu.govt.nz/web/downloadable/dl4349_v1/pirls-16-12-03.doc; Ministry of Education (2003) *Reading Literacy in New Zealand: Final Results from the Progress in International Reading Literacy Study (PIRLS) and the Repeat of the 1990–1991 Reading Literacy Study (10-Year Trends Study) for Year 5 Students*.

E3 Reading literacy of 15 year olds

Definition/formulae: The mean scores for 15-year-old New Zealand students based on the international reading literacy scales set by the Programme for International Student Assessment (PISA) study in 2000. The overall reading literacy scale is derived from three separate scales that measure relative performance in retrieving information, interpreting texts, and "reflection and evaluation" (the ability of students to relate what they have read to their knowledge, experience and ideas).

Background: In 2000, New Zealand took part in the international PISA study that assessed the skills and knowledge of 15-year-old students in three key areas of knowledge and skill: reading literacy, mathematical literacy and scientific literacy. The study was commissioned by the OECD. New Zealand was one of 32 countries that took part. Twenty-eight of these countries are members of the OECD. PISA was first administered in each participating country in 2000 and, from now on, it will be administered every three years. Although each area of knowledge and skill is assessed on each occasion, the focus of the study changes. In 2000, the focus was on reading literacy and, in 2003, on mathematical literacy. In 2006, the focus will be on scientific literacy. The main focus on reading literacy means that, as well as looking at how students performed on average, the different levels of proficiency they achieved in this assessment can also be examined.[77]

School deciles: A school's decile ranking indicates the extent to which the school draws its students from low socio-economic communities, as defined in the Ministry of Education's Targeted Funding for Educational Achievement Index. Decile 1 schools are the 10% of schools with the highest proportion of students from low socio-economic communities, whereas decile 10 schools are the 10% of schools with the lowest proportion of these students. (www.minedu.govt.nz: Frequently Asked Questions about Deciles and the Review Process)

In the three indicators on the literacy achievement of 15 year olds, "high decile" schools are those in deciles 8–10, "medium decile" schools are those in deciles 4–7, and "low decile" schools are those in deciles 1–3.

Limitations of data: The response rate from schools in the Netherlands was particularly low and, as a result, achievement results for that country were not reported in the first international report.

[77] OECD (2001) *Knowledge and Skills for Life: First Results from PISA 2000*, cited in Ministry of Education (2002) *PISA 2000: The New Zealand Context*, p. 59.

Data source: Ministry of Education (2001) *Assessing Knowledge and Skills for Life: NZ Summary Report*; Ministry of Education (2002) *PISA 2000: The New Zealand Context*.

E4 Mathematical literacy of 15 year olds

Definition/formulae: The mean scores for 15-year-old New Zealand students based on the international mathematics literacy scale set by the Programme for International Student Assessment (PISA) study in 2000. In this study, mathematical literacy is scored on a single scale.

Background: See E3 Reading literacy of 15 year olds.

Data source: Ministry of Education (2001) *Assessing Knowledge and Skills for Life: NZ Summary Report*; Ministry of Education (2002) *PISA 2000: The New Zealand Context*.

E5 Scientific literacy of 15 year olds

Definition/formulae: The mean scores for 15-year-old New Zealand students based on the international scientific literacy scale set by the Programme for International Student Assessment (PISA) study in 2000.

Scientific literacy in PISA is defined as "the capacity to use scientific knowledge, to identify questions and to draw evidence-based conclusions in order to understand and help make decisions about the natural world and the changes made to it through human activity".[78] The assessment examined five scientific processes: the recognition of scientific questions; the identification of evidence; the drawing of conclusions; the communication of these conclusions; and the demonstration of understanding of scientific concepts.

Background: See E3 Reading literacy of 15 year olds.

Data source: Ministry of Education (2001) *Assessing Knowledge and Skills for Life: NZ Summary Report*; Ministry of Education (2002) *PISA 2000: The New Zealand Context*.

E6 School truancy rate

Definition/formulae: The average (mean) daily number of unjustified absences and intermittent unjustified absences from school per 100 students enrolled, as measured in the Survey on Attendance, Absences and Truancy 2002. Unjustified absences are defined as those that are not explained, or not explained to the satisfaction of the school. Intermittent unjustified absences occur when a student is absent for part of a morning (or afternoon) or part of a period, without justification.

Limitations of data: There is some variation between schools in what is regarded as an unjustified absence.

[78] OECD (2001) *Knowledge and Skills for Life: First Results from PISA 2000*, cited in Ministry of Education (2002) *PISA 2000: The New Zealand Context*, p. 59.

Data source: R Cosgrave, F Bishop and N Bennie (no date) *Attendance and Absence in New Zealand Schools in 2002*, retrieved 2 April 2004 from www.minedu.govt.nz/index.cfm?layout=document&documentid=8788&data=l.

E7 School leavers with no qualifications

Definition/formulae: The number of secondary school students who left school with no formal educational qualifications, as a proportion (percent) of all secondary school leavers.

Limitations of data: School leaver attainment statistics are greatly influenced by policy changes over time. The school leaver data collection in 2002 was changed as a result of the introduction of NCEA in 2002. School leaver data is now based on the concept of achievement, where students have to both participate and achieve credits in order to be counted as having a qualification. Prior to 2002, school leaver data was based on the concept of participation — if a student sat School Certificate, they were deemed to have School Certificate regardless of their grade. This change in the way that school leavers are measured has led to a discontinuity in the time series, with the calculation of students with no qualifications in 2002 counting a different group of students than previously.[79]

Data source: Ministry of Education (various years) *Education Statistics of New Zealand*; Ministry of Education (2004) *Statistical Tables on School Leavers in 2002*, retrieved 2 April 2004 from www.minedu.govt.nz/web/downloadable/dl6894_v1/6894-leavers-02.xls

E8 Tertiary qualification completion rate

Definition/formulae: The number of 18–24 year olds who graduated or completed a qualification at a tertiary education institution in the year, as a percentage of all 18–24 year olds as at 30 June of that year.

Limitations of data: In 2000, Wellington Polytechnic became part of Massey University and Auckland Institute of Technology changed status from polytechnic to university. Private tertiary establishments are included only from 2000 onwards.

Data source: Ministry of Education (2003) *Graduates and Qualification Completions*, retrieved 2 April 2004 from www.minedu.govt.nz/index.cfm?layout=document&documentid=7116&indexid=6141&indexparentid=1051; Table: Key indicators and time series. Statistics New Zealand: resident population estimates, as at 30 June; Ministry of Education, unpublished data. Ministry of Education, *Graduate and Qualification Completion Key Statistics and Indicators 1997–2002*, retrieved 2 April 2004 from www.minedu.govt.nz/web/downloadable/dl7116_v1/'1'!A1.

[79] Ministry of Education (2004) *School Leavers (2002)*.

Civil rights

CR1 Young people voting in national elections

Definition/formulae: The proportion of 18–24 year olds who reported that they voted in the 2002 general election in the 2002 New Zealand Election Study; and the proportion of young people who were eligible to vote because they had registered on the electoral roll.

Limitations of data: The voter turnout estimate in this indicator has been derived from the percentage of respondents who had not voted in the 2002 election from the New Zealand Election Study 2002. Survey estimates are subject to sampling error.

In the August 2003 enrolment statistics, the general enrolment figures refer to the number of electors registered on the general electoral roll for that electorate. The Māori enrolment figures refer to the number of electors registered on the Māori electoral roll who live within each general electorate. There are no separate statistics for the Māori electorates as these have been included with the corresponding general electorate statistics.

Data source: J Vowles, P Aimer, S Banducci, J Karp and R Miller (eds) (2004) *Voters' Veto: The 2002 Election in New Zealand and the Consolidation of Minority Government*; Elections New Zealand, Enrolment Statistics, retrieved on 6 April 2004 from www.elections.org.nz/elections/pandr/ages.html; Electoral Enrolment Centre, *Age Breakdown of Enrolled Electors Compared With Eligible Electors as at Polling Day, 1987–2002* (unpublished table).

Justice

J1 Police apprehensions of 14–16 year olds

Definition/formulae: The number of Police apprehensions of 14–16 year olds for all offences except non-imprisonable traffic offences, as a proportion of all 14–16 year olds. An apprehension for an offence indicates a formal contact between a young person and the Police in relation to an offence that has occurred. Apprehension in relation to an offence is not the same as being charged with or convicted for that offence.

Limitations of data: This measure overstates the true rate of apprehensions of youth of this age, because some individuals may have been apprehended for more than one offence.

Data source: P Spier (2001) *Conviction and Sentencing of Offenders in New Zealand: 1991 to 2000*, Table 7.1; P Spier (2002) *Conviction and Sentencing of Offenders in New Zealand: 1992 to 2001*, Table 7.1; Ministry of Justice, unpublished provisional data for 2002 and 2003; Ministry of Justice/Ministry of Social Development (2002) *Youth Offending Strategy*.

J2 Cases proved in the Youth Court

Definition/formulae: The number of cases proved in the Youth Court, excluding cases involving non-imprisonable traffic offence cases, as a proportion of all 14–16 year olds.

Limitations of data: The rate overstates the propensity of 14–16 year olds to have a case proved in the Youth Court because the numerator includes some young people who are aged over 16 at the time of sentencing, although they were aged between 14 and 16 years at the time of the offence. Also, individuals who have had more than one case proved in the same year will be counted more than once.

Data source: P Spier (2002) *Conviction and Sentencing of Offenders in New Zealand: 1992 to 2001*; Ministry of Justice, unpublished provisional data for 2002 and 2003.

Culture and identity

CI1 Young Māori who can speak te reo Māori

Definition/formulae: The proportion of Māori children and young people who were recorded in the 2001 Census as able to hold a conversation in te reo Māori about everyday things.

Limitations of data: The data do not measure the actual level of fluency among Māori children and young people. More detailed information on the fluency of Māori language speakers is available from a survey undertaken in 1995. Data from this survey, however, are not directly comparable with the Census data because different definitions were used.

Data source: Statistics New Zealand (2002) *New Zealand Census of Population and Dwellings 2001: National Summary*, Table 13a; Statistics New Zealand, *New Zealand Census of Population and Dwellings 2001: Māori,* Table 17.

Social connectedness

SC1 Internet access in the home

Definition/formulae: The number of children under 18 years and young people aged 18–24 living in households with access to the internet, as a proportion of all children and young people.

Limitations of data: The data does not indicate whether the children or young people in the household use the internet, or (if so) what they use it for. The capacity of the internet to promote social connectedness depends on how the child or young person uses the internet (to contact others, to find information, to play games, for private entertainment).

The data excludes information about the access of children and young people to the internet through means other than an internet connection in the household (eg via mobile phone, internet cafe, university or school). It is therefore not a complete indicator of the access children and young people have to the internet.

The information on whether there is internet access in the household relies on self-reporting by the person completing the dwelling questionnaire for the Census.

Data source: Statistics New Zealand, *New Zealand Census of Population and Dwellings 2001*, published and unpublished data; Statistics New Zealand (2004) *The Digital Divide 2004*.

SC2 Participation in sport and active leisure

Definition/formulae: The proportion of children and young people aged 5–17 years and 18–24 years who participated in sport and active leisure, as measured by the Sport and Physical Activity Surveys of 1997/1998, 1998/1999 and 2000/2001. For the 5–17 years age group, the reference period for participation was the previous two weeks; for the 18–24 year age group, it was the previous 12 months. Some information in this indicator combines data from the three surveys.

Limitations of data: The information about children's participation was collected from the adult who was interviewed, with the young person's help if they were present. There are some limitations to this approach as it relies on parents' knowledge of their children's involvement in sport and active leisure.

Data source: Sport and Recreation New Zealand (2003) *SPARC Facts Series (1997–2001)*, retrieved 7 April 2004 from www.sparc.org.nz/research/sparcfacts_3.php; Sport and Recreation New Zealand (2003) *SPARC Trends: Trends in Participation in Sport and Active Leisure 1997–2001*, retrieved 7 April 2004 from www.sparc.org.nz/research/pdfs/Trends_Report.pdf.

Environment

EN1 Household crowding

Definition/formulae: The proportion of children under 18 years and young people aged 18–24 years living in crowded households. A crowded household is defined as a household that requires one or more additional bedrooms, using the Canadian National Occupancy Standard.

The Canadian National Occupancy Standard sets the bedroom requirements of a household according to the following compositional criteria:

- there should be no more than two people per bedroom
- parents or couples share a bedroom
- children under five years, either of the same sex or of the opposite sex, may reasonably share a bedroom

- children under 18 years of the same sex may reasonably share a bedroom
- a child aged 5–17 years should not share a bedroom with a child under five years of the opposite sex
- single adults 18 years or over, and any other unpaired children, require a separate bedroom.

Limitations of data: There is no contemporary official statistic or index of household crowding in New Zealand. There are many frameworks or models used in many countries for analysing the incidence of crowding. It is unlikely that any one single measure of crowding could adequately summarise such a complex and multi-faceted issue as household crowding.

The Canadian Housing Index is used here as it is sensitive to both household size and composition. The measure sets a bedroom requirement for households based on precise criteria. It is useful not only for ascertaining crowding levels but also to identify the extent of bedroom under-utilisation.

There is no clear evidence that household crowding leads to negative social outcomes. There are associations between living in crowded housing and negative outcomes. The mechanisms by which these outcomes result, however, are not clear.

The Canadian Housing Index is not an objective index of crowding. The extent to which household members will perceive themselves as living in crowded circumstances depends on many factors, including social and cultural expectations. Furthermore, it cannot be assumed that households requiring two or more additional bedrooms (based on the Canadian Housing Index) will suffer negative social outcomes.

Data source: Statistics New Zealand, *New Zealand Census of Population and Dwellings*, 1991, 2001, unpublished data; Ministry of Social Development (2003) *The Social Report 2003*; Statistics New Zealand (1998) *New Zealand Now – Housing*; Statistics New Zealand (2003) *What is the extent of crowding in New Zealand? An analysis of crowding in New Zealand households 1986–2001*.

MINISTRY OF
SOCIAL DEVELOPMENT
Te Manatū Whakahiato Ora

ISBN 0-478-18349-6