

# Tamariki Māori ki Tāmaki Makaurau. A Study of Auckland Māori Children Under Five and their Whānau

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Tamariki Māori ki Tāmaki Makaurau.

# A Study of Auckland Māori Children Under Five and their Whānau

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# Executive summary

The focus of this report is the wellbeing and resilience of tamariki Māori (tamariki) under the age of five years and their wider whānau living in Tāmaki Makaurau/ Auckland. The starting point is the assumption that the wellbeing of tamariki is intricately related to that of the whānau who are collectively involved in raising them. Improving the wellbeing of tamariki and their whānau contributes to the goals and vision expressed in both the Auckland Plan and the Māori Plan for Tāmaki Makaurau.

This report explores key trends in demography, wellbeing, education and employment by adapting the 'Flourishing Whānau' framework developed by Te Kani Kingi et al. (2014). This framework locates six markers identified as significant domains of whānau wellbeing. The six markers are:

- Heritage
- Wealth and standard of living
- Capacities
- Cohesion
- Connectedness
- Resilience.

Each of these markers have been used to locate the available data and to provide an appropriate frame for analysis.

The main sources of data used are Statistics New Zealand, the Ministry of Health, the Ministry of Education, the Ministry of Business, Innovation and Employment and the Ministry of Social Development. Included here is an analysis of data from the Census of Population and Dwellings and Te Kupenga, the survey of Māori wellbeing.

The 2013 Census found 17,535 tamariki under five years of age who identified as Māori residing in Auckland. This represents 18 per cent of children of this age group in the city. Tamariki Māori are living across Auckland with concentrations in the South and West, with the highest proportions found in Papakura, Manurewa and Henderson-Massey local board areas. The majority of tamariki Māori in Auckland are growing up in two-parent families, as defined by Statistics New Zealand. Most Māori residing in Auckland reported that their whānau included 10 people or less.

## I. Whānau Heritage

The heritage domain of flourishing whānau captures the degree of access that tamariki and their whānau have to a rich and dynamic Māori cultural heritage. Four out of five tamariki Māori in Auckland aged under 15 years know their iwi affiliation and over half of Māori in Auckland with preschool-aged children in their homes speak some te reo at home. Most Māori with children in their households in Auckland report that they value Māori culture, that they have access to cultural support if they need it and that they have been to a marae at least once in the year preceding the Te Kupenga survey. Most households are engaged in some way in Māori culture with the most common methods being watching Māori television, discussing family history or whakapapa and singing a waiata, performing a mihi or taking part in Māori arts and crafts.

## II. Whānau Wealth and Standard of Living

The wealth and standard of living marker addresses the degree of hardship faced by tamariki and their whānau in Auckland. While the whānau of most tamariki Māori are able to maintain a good standard of living, the data suggests that income and housing are nonetheless areas of vulnerability for a significant portion of them, particularly in light of the increasing costs of housing in Auckland. The majority of Māori in Auckland earn their income through employment, self-employment or a business enterprise. A large number of tamariki Māori are growing up in low-income households. According to the 2013 Census, 10,893 Auckland children aged under 15 years of age who identified as Māori were living in households with before tax incomes of \$40,000 or less. The Te Kupenga data suggests that almost three quarters (73%) of parents

in couples and nearly two thirds (65%) of single parents managed to pay their utility bills in the year prior to the survey being carried out. Half of Māori in Auckland live in areas with high levels of deprivation. Just under a quarter of Māori in Auckland own or partly owned their home in Auckland. According to the Te Kupenga survey, for parents of dependent-aged tamariki, a quarter of those in couples and 28 per cent of single parents reported that their homes were crowded.

### III. Whānau Capacities

The capacities marker explores the extent to which tamariki and their whānau have the capacity to flourish in society in terms of their health, education and access to employment. Along with the data in the previous section, this section highlights areas of vulnerability for tamariki and their whānau. The vast majority of Māori parents reported that their children were in good health and most tamariki under five are making use of the health system by enrolling in a general practice, receiving B4 School Checks, the nation-wide free health and development examination for four years olds, and through immunisation. Most Māori in Auckland with children keep their homes smoke-free and most tamariki are a healthy weight. Māori infant mortality and life expectancy at birth is improving overall, although still lags behind that of the non-Māori population. Tamariki Māori in Auckland face higher rates of preventable hospitalisations compared to other groups. These are hospitalisations that are the result of diseases that are known to be related to social determinants of health, including income disparities.

The vast majority of tamariki in Auckland are benefitting from Early Childhood Education (ECE), and the proportion has been on the rise since 2010. One in 10 tamariki Māori taking part in ECE are enrolled in kōhanga reo, and therefore benefitting from total immersion Māori language programming.

Gendered and ethnic inequalities in the labour market contribute to the financial hardships faced by whānau. Māori workers are hit hard by economic downturns, including the most recent recession following the global financial crisis, and take longer than other groups to recover. This is partly explained by the lower levels of qualifications of Māori in comparison to other groups, although the education levels are improving. It is also because Māori workers are found in higher proportions in industries that are sensitive to downturns. At the 2013 Census, Māori men were more likely to be employed in construction, manufacturing and transport, postal and warehousing industries while Māori women were found most often in health care and social assistance, education and training and retail trade. Ethnic and gender-based discrimination also contributes to below average labour market outcomes for both Māori men and women. Women, especially those with young children and who are sole-parents, are at high risk of unemployment and more likely to face the insecurity of temporary contracts and low wages.

### IV. Whānau Cohesion

The whānau cohesion marker explores the extent to which whānau are cohesive and able to foster positive intergenerational transfers. The Te Kupenga data reveals that the majority of tamariki Māori in Auckland are being raised by whānau who are doing well and whose members get along well with one another. Most Māori in Auckland report feeling satisfied or completely satisfied with their lives. Just under a third of Māori in Auckland expected things to improve for their whānau in the future and only 11 per cent expected things to get worse. While most tamariki are loved, nurtured and treated well, Māori are over-represented in family violence statistics and there are a disproportionate number of Māori tamariki in the care of Child Youth and Family (CYF). This is an area of concern as a 2016 review of this agency concluded that those in statutory care have significantly worse outcomes than other children. Māori are over-represented in the justice system in New Zealand and a study has shown that this has detrimental effects on the tamariki and wider whānau of prisoners. Institutional discrimination, defined by the States Services Commission as “when an entire network of rules and practices disadvantage less empowered groups while serving at the same time to advantage the dominant group” (cited in Human Rights Commission, 2012: 3) has been identified as a potential factor contributing to the over-representation of children in the care of CYF and that of Māori amongst prison populations.



## V. Whānau Connectedness

This section explores the connectedness and inclusion of whānau in Auckland to wider society- both as individuals and as Māori. It explores their degree of trust in social institutions as well as their civic engagement and sense of being fairly treated in society. According to Te Kupenga, 54 per cent of Māori in Auckland reported a relatively high level of trust in the health system, 52 per cent reported trust in the police, 49 per cent in the courts and in the education system, 25 per cent in the system of government and 16 per cent in the media. Just under a quarter of Māori in Auckland reported that they experienced discrimination in the year prior to the survey. The section also addresses the civic engagement and social capital of Māori through the voluntary contributions Māori are making to their communities. Māori in Auckland are contributing their voluntary labour to their communities by providing help without pay for, or through a school, church, sports club, or other organisation. Māori with dependent children in their households in Auckland are more likely than others to volunteer through their marae, hapū and iwi. The data reported in this section suggest that 'whānau connectedness' is a complex and multifaceted issue. Future progress in this area is related to the extent to which social institutions, including important public service organisations, are able to understand and address any institutional discrimination and to reflect and respond to Māori values and aspirations.

## VI. Whānau Resilience

The final marker of flourishing whānau identified is resilience. This marker serves to capture the future outlook for whānau and includes their capacity to demonstrate leadership, to anticipate future needs and to transmit values and knowledge across generations. The Māori Plan for Tāmaki Makaurau is a good example of evidence of the capacity to plan for the future. To some extent, the resilience of Māori whānau in Auckland is reflected in the improvements over time documented in the previous five markers of flourishing whānau.

The report concludes that to achieve a more holistic picture of the wellbeing of tamariki and their whānau, and especially the future potential of whānau in Auckland as social collectives, a different approach to data collection will be necessary. Ideally, the data collected and the indicators monitored in the future will specifically address collective wellbeing, rather than relying on the mainly individual level socio-economic data that forms the basis of the analysis in much of this report. The future development of appropriate individual and collective indicators should ideally be carried out in partnership with Māori to ensure that the flourishing of whānau is measured with data that is trusted and meaningful from Māori's perspective.

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## 1.0 Introduction

The focus of this report is the wellbeing and resilience of tamariki Māori (tamariki) under the age of five years living in Tāmaki Makaurau/ Auckland. The starting point is the assumption that the wellbeing of tamariki is intricately related to that of the whānau who are collectively involved in raising them (Māori Affairs Committee, 2013). As a result, this report explores indicators of the health and wellbeing of tamariki as well as their wider whānau.

Strengthening whānau wellbeing is an important priority identified in the Māori Plan for Tāmaki Makaurau. The Māori Plan was created by the Independent Māori Statutory Board (IMSB) to identify the priorities and aspirations of Mana Whenua (Māori with tribal affiliations within the Auckland region) and Mataawaka (understood by the IMSB to be Māori living in Auckland with tribal affiliations outside the Auckland region) across cultural, social, economic and environmental domains. Improving the wellbeing of tamariki and their whānau also contributes to achieving the shared vision set out in The Auckland Plan. The Auckland Plan expresses a commitment to enable Māori aspirations through recognition of Te Tiriti o Waitangi/Treaty of Waitangi and Customary Rights. It also seeks a transformational shift to significantly lift Māori social and economic wellbeing.

This report presents an overview of key trends in demography, wellbeing, education and employment in relation to tamariki Māori and their whānau. In most cases in this report, Māori have been identified based on their self-reported ethnicity rather than by descent<sup>1</sup>. When possible, the data reports specifically on the situation of tamariki under five years. If this is not possible, information is presented on tamariki under 14 years, or other age ranges, as dictated by the constraints of existing data. In general, references to 'tamariki' refer to Māori children, unless otherwise specified.

Many tamariki and whānau in Auckland are thriving. However, too many are growing-up in households facing economic hardship. The social determinants of health have been clearly established (Simpson et al, 2015). That is, income inequalities faced by Māori whānau are putting tamariki at risk of a range of negative health and wellbeing outcomes. The financial hardships experienced by Māori whānau have emerged as a consequence of a range of historical and contemporary factors including land and resource alienation, and the subsequent loss of an economic and cultural base (Anderson et al, 2015; Expert Advisory Group on Solutions to Child Poverty, 2012; Ministerial Advisory Committee on Māori Perspectives, 1988). The ability of Māori to utilise their ancestral land as an economic base was compromised initially by settler encroachment, and then further through the environmental degradation that ensued. In addition, Māori have endured intense pressure to assimilate into Pākehā society. The cumulative effects of the stress placed on Māori through government institutions and policies were also significant.

An inability to appreciate the collective nature of whānau, hapū and iwi groups and adequately recognise Māori rights to self-determination inevitably contributed to the loss of cultural identity, the fragmentation of families and weakened Māori's traditional mechanisms of support. The Post World War II government policies further encouraged mass Māori migration to urban centres and placed immense strain on the social structures of Māori whānau by scattering them throughout the cities, and by discouraging the use of te reo in schools and workplaces (Ryks et al, 2016). Over the past 30 years, Māori whānau have been at the sharp end of the rise of inequality and poverty observed more widely in New Zealand. This is linked to the detrimental effects of economic recessions on Māori employment levels, the increasing costs of housing, and the consequences of

<sup>1</sup> For data on Māori identified based on descent in Auckland, please see the IMSB's forthcoming Māori Report.

changes to social benefit provisions (Kiro et al, 2010). The cumulative effects of historic and contemporary factors are reflected in the social, health and economic inequalities faced by Māori in Auckland and elsewhere.

This report aims to better elucidate and expand on many of these issues by examining the available data and casting a lens that is able to inform Māori cultural perspectives on whānau wellbeing. To achieve this, it draws on the work of Te Kani Kingi and his team and the framework they have developed called 'Te Puawaitanga o Ngā Whānau, Flourishing Whānau' (2014). This framework was selected because it was developed by leading Māori scholars in the field. The framework is informed by evidence from primary research as well as an international literature review. The framework is used to make sense of a wide range of available data in a manner that is informed by Māori perspectives and takes into consideration the priorities and characteristics that may be unique to Māori whānau.

The flourishing whānau framework locates six markers identified as significant domains of whānau wellbeing. After reviewing the demographic profile of tamariki and their whānau in Auckland, the geography of where they live and how they themselves define their whānau, the report explores the six domains of flourishing whānau as a starting point towards understanding and measuring the wellbeing of tamariki and their whānau in the Auckland context. The six markers are:

- Heritage
- Wealth and standard of living
- Capacities
- Cohesion
- Connectedness
- Resilience.

Each of these markers have been used to help locate the available data and to provide an appropriate frame for analysis.

The first marker, *Heritage*, pertains to the degree of access that tamariki in Auckland have to a rich cultural heritage. This may centre on both traditional and contemporary cultural constructs - the opportunity to speak te reo, or engagement with marae. However, the emphasis is on heritage as it relates to the realities of whānau themselves and the identification of factors that are meaningful, positive, and that ultimately support the whānau to flourish.

The second marker, *Wealth*, captures the living standards and degree of hardship faced by tamariki in Auckland. Wealth indicators are known to play a determining role in a range of health and wellbeing outcomes, and therefore represent an area of risk or resilience, depending on the whānau situation.

The *Capacity* marker explores the extent to which tamariki and their whānau have the capacity to flourish in society in terms of their health, education and access to meaningful employment. These indicators are tightly linked to those in the previous section and are therefore also important in determining the overall wellbeing and resilience of tamariki and their whānau.

The fourth marker, *Cohesion*, captures another potential source of support and resilience for tamariki: the extent to which their whānau are cohesive and able to foster positive intergenerational transfers. Indicators in this section include how well Māori consider their whānau in Auckland to be faring overall and the extent to which they get along well with one another.

The fifth marker, *Connectedness*, captures the strength of the relationships between the whānau and broader society. Tamariki and their whānau benefit from full inclusion and empowerment in

relation to the wider society in which they live. As noted by Durie (2006), the whānau can ideally serve the function of empowerment, as it ‘facilitates the entry of members of the whānau into the wider community, as individuals and as Māori’ (4). This section explores the degree of trust that Māori have in various public institutions. Data on the levels of discrimination experienced by Māori is used here as an indication of the possible risk of social exclusion faced by Māori. Also falling within this domain are the contributions made by Māori whānau to their communities and wider society through voluntary efforts. This domain offers important insights on the degree of inclusion and empowerment of Māori whānau in Auckland. At the same time, it is also an indication of the extent to which social institutions, including important public service organisations, are able to address systemic inequalities and to reflect and respond to Māori values and aspirations.

The final marker refers to whānau *Resilience*. It draws together improvements observed in whānau outcomes and achievements discussed in previous sections as potential evidence of the resilience of Māori whānau.

The main sources for the data used in this report are Statistics New Zealand, the Ministry of Business, Innovation and Employment (MBIE), Ministry of Health (MoH), Ministry of Education (MoE), and Ministry of Social Development (MSD). For the MoH data, the report assembles the data for three District Health Boards that coincide most closely with Auckland’s boundaries: Auckland, Counties Manukau and Waitematā. The report includes analysis of the Census of Population and Dwellings as well as Te Kupenga, the Statistics New Zealand survey of Māori wellbeing.

The Te Kupenga survey data is the only available data that offers a glimpse of Māori perspectives on whānau wellbeing. Undertaken in 2013, it is the first national survey of Māori wellbeing, offering an overview of social, cultural and economic wellbeing of those who identify as Māori and/or who have Māori ancestry. It includes a sizeable weighted sample of Māori who reside in Auckland. Of the 5548 weighted sample for New Zealand, 1419 were Auckland residents. Of these, 674 said that they were living in households with a dependent-aged child or children. In addition, the Auckland sample includes 470 parents in couples and 204 single parents, allowing for comparisons to be made between these groups.

Identifying individuals who are parents of dependent-aged children and those who include dependent-aged children in their households does not fully capture all individuals who include tamariki in their whānau. This excludes those who have tamariki in their whānau but who are not themselves a parent, and who do not live in the same household as tamariki. Unfortunately, none of the data used in this report was able to identify such individuals. As will be discussed in the conclusion, this is an example of the limitations of the currently available data with regards to reporting on the wellbeing of whānau.

## 2.0 Background

### 2.1 Māori in Auckland are a heterogeneous group

Māori living in Auckland are a heterogeneous group (Ryks et al, 2016). As explained in the Māori Plan, Auckland Council's current boundaries are an 'overlay over traditional tribal boundaries' (16). The Mana Whenua, that is, the iwi (tribes) or hapū (sub-tribes) with territorial affiliations to the Auckland area that are recognised by the Local Government (Auckland Council) Amendment Act 2010 are listed in Table 2-1. These groups have specific rights and responsibilities in relation to natural resources within Auckland's boundaries.

Table 2-1: Mana Whenua in Auckland

Iwi/hapū recognised by the Local Government (Auckland Council) Amendment Act 2010	
Ngāi Tai Ki Tāmaki	Ngāti Whātua o Kaipara
Ngāti Manuhiri	Ngāti Whātua o Orākei
Ngāti Maru	Ngāti Whānaunga
Ngāti Paoa	Te Ahiwaru
Ngāti Rehua	Te Akitai
Ngāti Tamaoho	Te Kawerau a Maki
Ngāti Tamaterā	Te Patukirikiri
Ngāti Te Ata	Te Uri o Hau
Ngāti Wai	Waikato-Tainui
Ngāti Whātua	

Source: IMSB, The Māori Plan, 16

In addition to Mana Whenua, there are also Māori from other tribes and their descendants who migrated to Auckland from other parts of the country, referred to as Mataawaka in the Māori Plan. Mataawaka may also include those that do not actively connect with their ancestral iwi/hapū (Ryks et al, 2016). The migration of Māori populations to urban centres, including Auckland, was particularly accentuated after World War II as a result of government policies that encouraged Māori to join the urban labour force to contribute to industry (Ryks et al., 2016). The movement away from tribal lands has had an impact on Māori social structures, including whānau. As Ryks et al. (2016: 28) explain, the same set of government policies that promoted migration to cities through incentives of accommodation, employment and social assistance also 'had the effect of dispersing Māori families among other urban migrants and further discouraging Māori from speaking their own language in schools and workplaces. Such policies also resulted in the atrophy of traditional Māori social structures such as whānau...and led to a profound degradation of cultural, social and physical living environment'.

The 2013 Census found 142,770 individuals who identify as Māori living in Auckland, 17,535 of whom were tamariki under five years old. This represents 18 per cent<sup>2</sup> of Auckland children under the age of five. It also means that approximately a quarter of all tamariki in New Zealand, who are aged under five, live in Auckland. According to Kukutai (2004), those who identify as Māori in New Zealand are almost always the descendants of a Māori ancestor. However, not all of those who

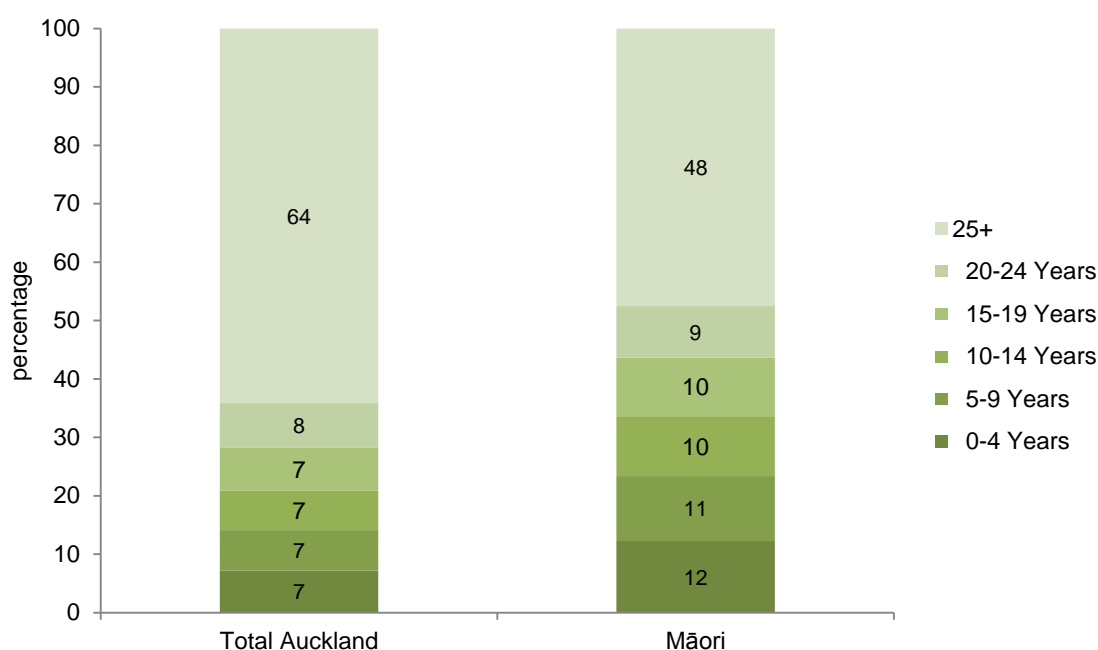
<sup>2</sup> This percentage is calculated based on the total for this age group who reported an ethnicity only and therefore excludes from the calculation those who did not do so.

have Māori ancestry identify as members of the Māori ethnic group, and therefore the number of Māori identified according to ethnicity is lower than the overall population with Māori ancestry.

## 2.2 Tamariki under five make up 12 per cent of Māori population in Auckland

Overall, the Māori population in Auckland is comparatively youthful, as it is in the rest of New Zealand. At the 2013 Census, the median age of people identifying as Māori in Auckland was 23.5 years compared to 35.1 years for Auckland as a whole. Those aged under five years make up 12 per cent of the Māori population in Auckland. This is almost double the proportion of Auckland's overall population aged under five years, which is only 7 per cent (see Figure 1 below).

Figure 1: Proportion of group who were children and young people, Māori compared with overall population of Auckland, 2013 (%)



Source: Statistics New Zealand, Census of Population and Dwellings, 2013

Māori fertility rates have declined since the 1960s, however they remain above replacement level and are still above that of the general population (Superu, 2015b). The overall birth rate for Māori in 2014 was 2.34 per woman compared with 1.92 for women in New Zealand overall. The annual average of Māori births in Auckland based on District Health Board (DHB) data is 4899 (see Table 2-2 below).

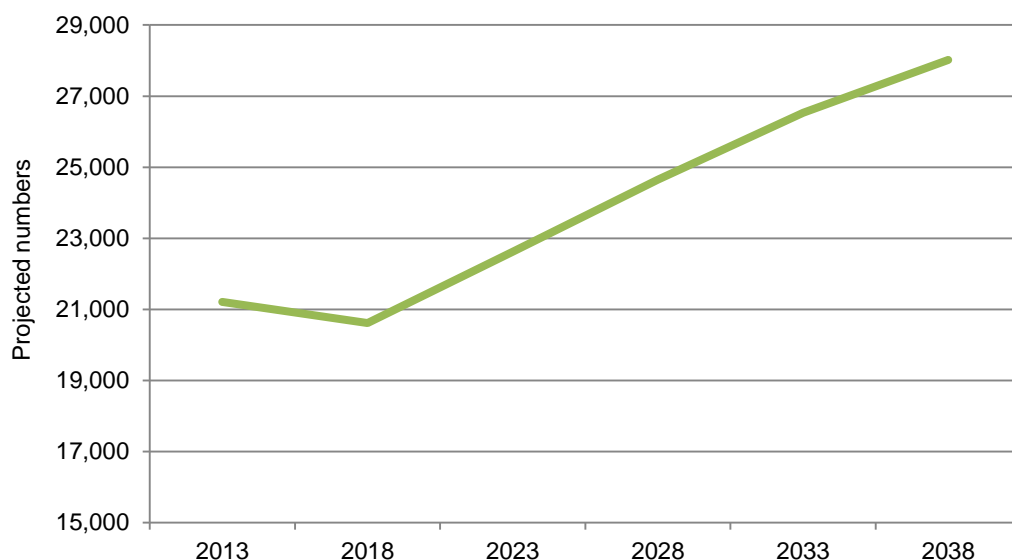
Table 2-2 Live birth rates by District Health Board

District Health Board (DHB)	Annual average of Māori births	Māori births as a % of all live births in the DHB
Counties Manukau	2422	28
Waitematā	1561	20
Auckland	916	14

Source: Robson et al., 2015 a,b,c

The number and proportion of children identifying as Māori is expected to increase in the future due to the higher fertility rate and younger age structure of Māori compared with the Auckland population overall. According to the medium level projection for the under- five age group, the population is expected to reach 22,620 in 2023 and 28,020 in 2038. Tamariki are projected to make up 22 per cent of the total population aged five and under living in Auckland by 2038.

Figure 2: Projected number of tamariki Māori (aged 0 to 4), 2013 to 2038 (medium level projection)



Source: Statistics New Zealand, Subnational ethnic population projections, by age and sex, 2013(base)-2038.



## 2.3 Tamariki under five found across Auckland with concentrations in the south and west

Table 2-3 presents the number and proportion of the total population aged 0-4 who identify as Māori by local board area. The local boards with the highest proportion of tamariki under five are Papakura, Manurewa and Henderson-Massey.

Table 2-3 Children aged 0-4yrs identified as being of Māori ethnicity, by local board area, 2013 (%)

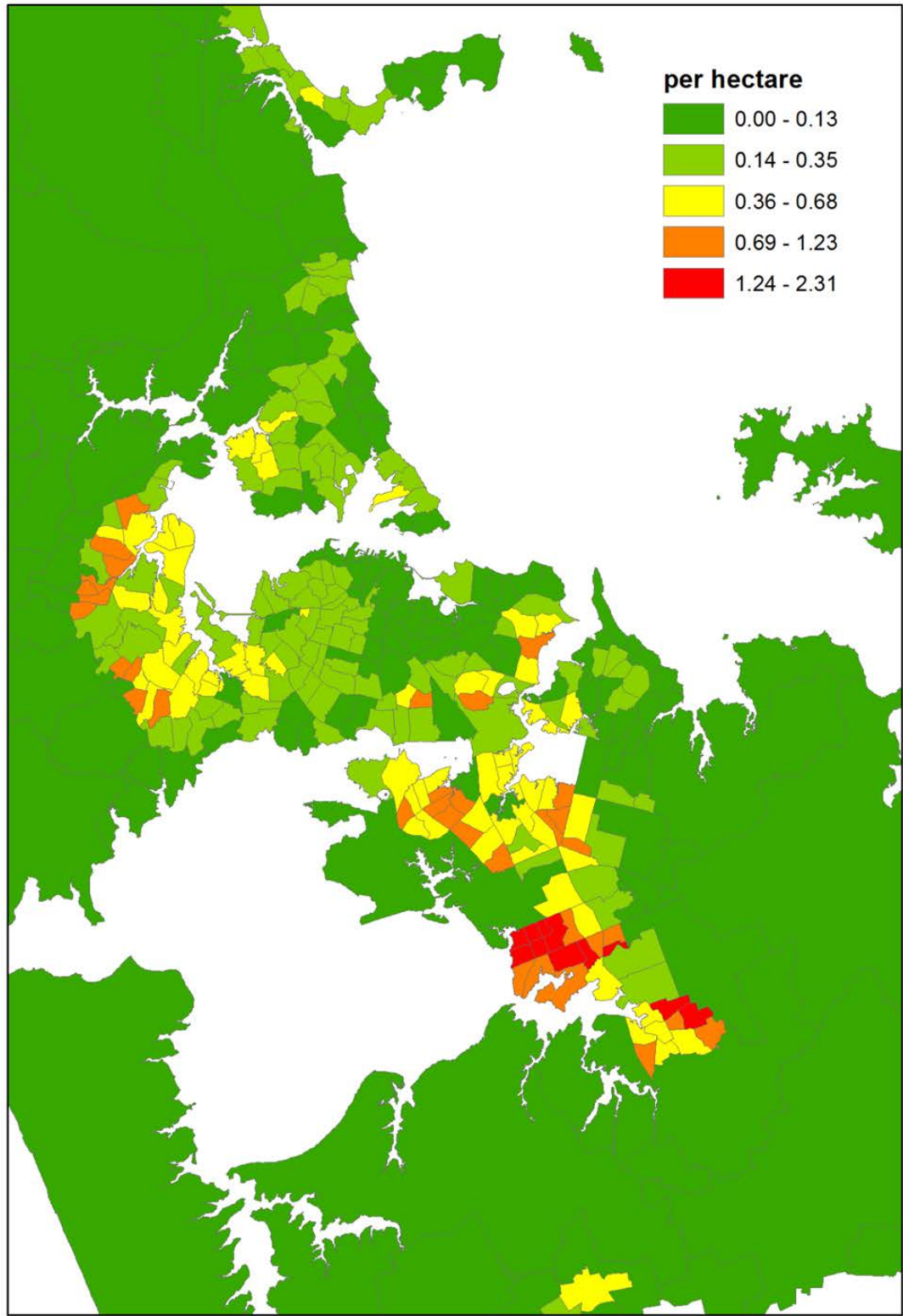
Local Board	Number	% of Total 0-4yrs Population
Papakura	1671	43
Manurewa	2541	35
Henderson-Massey	2241	25
Franklin	1011	24
Ōtara-Papatoetoe	1389	22
Waiheke	102	20
Rodney	624	20
Māngere-Ōtāhuhu	1296	20
Maungakiekie-Tāmaki	1071	19
Waitākere Ranges	669	19
Whau	777	15
Great Barrier	6	14
Kaipatiki	804	13
Hibiscus and Bays	630	13
Waitematā	270	10
Albert-Eden	522	9
Devonport-Takapuna	294	9
Upper Harbour	297	9
Howick	678	9
Puketāpapa	291	9
Ōrākei	354	8
Auckland	17,535	18

Source: Statistics New Zealand, Census of Population and Dwellings 2013

Figure 3 below reveals the location of tamariki in Auckland according to 2013 Census data. It shows that the census area units (CAUs) with the densest populations of tamariki were found in the south of the city, within the boundaries of the two local board areas with the highest proportions of young tamariki: Papakura and Manurewa. Within Papakura, there are two CAUs with a high

density of tamariki under five: Papakura East and Papakura North East. Within Manurewa the CAUs with the highest density of tamariki under five are Burbank, Hyperion, Homai West, Rowandale, Clendon South, Clendon North, Leabank, Beaumont and Homai East. Finally, within Henderson-Massey, the CAU with the highest density of tamariki under five is Urlich.

Figure 3: Population of tamariki Māori aged 0 to 4 year olds per hectare, 2013

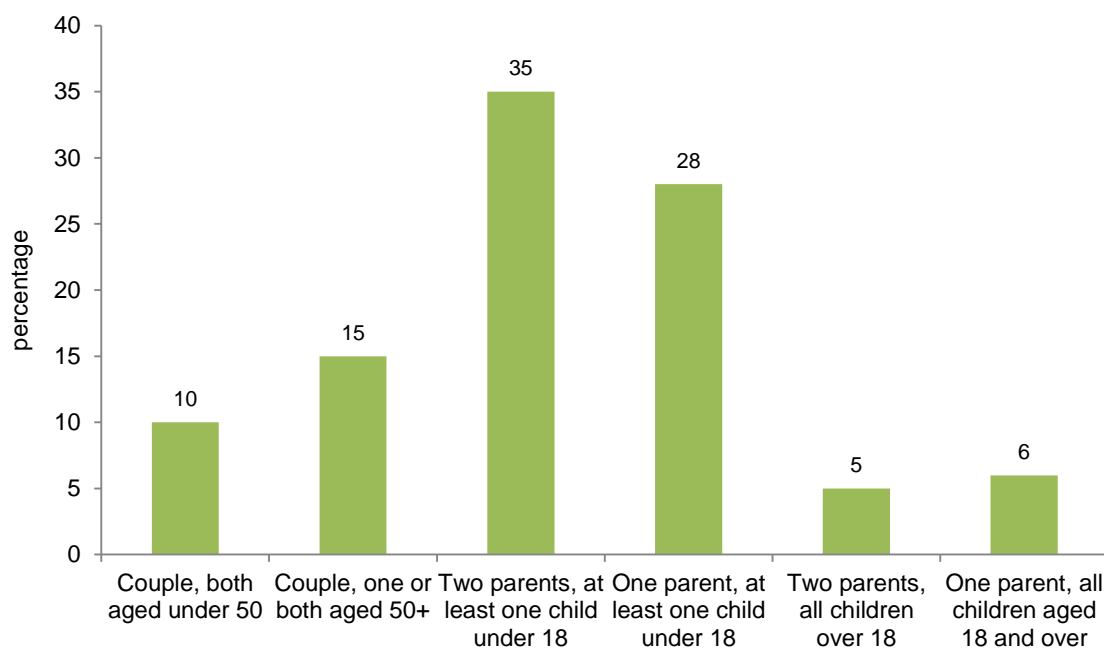


Source: Statistics New Zealand, Census of Population and Dwellings 2013

## 2.4 More than half of tamariki Māori under 18 in two-parent families

‘Family’, as defined by Statistics New Zealand is two or more people who live in the same household, and excludes parents and children who live in separate households. According to the 2013 Census, about 35 per cent of families in New Zealand that include at least one member who identifies as Māori is a two-parent family with at least one child under 18. Another 28 per cent of Māori families in New Zealand with dependent children are sole-parent families (see Figure 4).

Figure 4: Family type for families with at least one member who identified as Māori, 2013 (%)



Source: Statistics New Zealand, Census of Population and Dwellings 2013, reported in Superu 2015a, p. 6.

## 2.5 Most Māori with tamariki describe their whānau as including 10 people or less

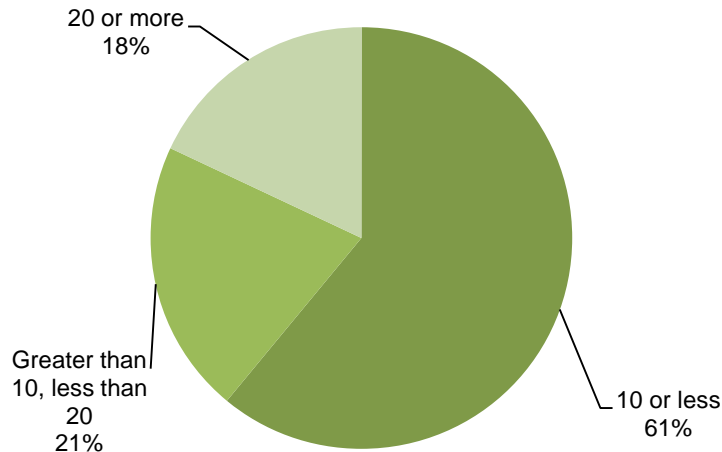
The concept of ‘family’ as reported in the Census is not equivalent to the term whānau. A person might include in their whānau tamariki who do not live in the same household and who are not their direct dependents. Examples of this might be grandparents including their grandchildren in their whānau. The Te Kupenga survey explored how Māori understood and defined their whānau. Respondents were asked to estimate the number of people they included in their whānau, as well as describe the relationship between whānau members.

Māori respondents in Auckland were more likely to report having 10 members or fewer in their whānau (58% versus 52%), and slightly less likely to have a whānau that consisted of more than 20 members (20% versus 25%) when compared to Māori living in the rest of New Zealand.

For respondents with dependent-aged tamariki living in their Auckland households, 61 per cent reported that their whānau was made up of 10 people or fewer, not including themselves. A further 21 per cent reported that the size of their whānau was greater than 10 but smaller than 20. The remaining 18 per cent reported their whānau as consisting of 20 or more members (see Figure 5).

Individuals who were part of couples with tamariki in Auckland were more likely than single parents to have 10 members or fewer in their whānau: 64 compared to 54 per cent.

Figure 5: Size of whānau of Māori Aucklanders with dependent-aged Tamariki, 2013 (%)



Source: Statistics New Zealand, Te Kupenga, 2013

Table 2-4 below shows who is considered part of the whānau for Auckland Māori who have dependent-aged children in their households. The vast majority of this group, 91 per cent, interpreted the concept to include their immediate family members and their in-laws. A significant portion, 39 per cent, included grandparents and grandchildren. Just under a third (32%) considered aunts and uncles, nephews and nieces and other in-laws in their whānau. Finally, 8 per cent considered their close friends to be part of their whānau.

Table 2-4 Who is included in the whānau of Māori Aucklanders with dependent-aged children, from their perspective

Included in whānau group	Māori respondents living with dependent children in their household (%)
Parents, partner/spouse, brothers and sisters, brother/sister/parents-in-law, children.	91
My grandparents, my grandchildren.	39
Aunts and uncles, cousins, nephews and nieces, other in-laws.	32
Close friends, others.	8

Source: Statistics New Zealand, Te Kupenga, 2013

## 3.0 Whānau Heritage

*'Whānau will flourish when they are strengthened by a distinctive heritage'. (Kingi et al, 2014: 35)*

This section explores Whānau Heritage, the first of the six markers of flourishing whānau. It considers access to, and participation in, Māori cultural knowledge and practice. It explores tamariki and whānau tribal knowledge through their awareness of their iwi group and their capacity in te reo Māori. It also considers their involvement in marae and in contemporary Māori cultural practices. Taken as a whole, there is evidence that the majority of tamariki growing up in Auckland are being raised in whānau that are engaging in their dynamic cultural heritage in a range of ways. Along with socio-economic factors, the strength of the Māori cultural context is a determining factor of the wellbeing of tamariki and their whānau (Superu, 2015b).

### 3.1 Most tamariki under 15 know their iwi affiliation

For those aged under four, the knowledge of their iwi group reflects their parents' knowledge of iwi, since their parents would have filled out their census form. Approximately four out of five tamariki aged 0 to 14 in Auckland know their iwi group.

Table 3-1 provides the most frequently reported iwi group affiliations for tamariki aged under 15 years in Auckland based on the 2013 Census. The iwi group with the largest proportion affiliations for tamariki aged 0 to 14 years was Ngāpuhi, at 33.9 per cent. This was followed by 8.7 per cent identifying as members of Waikato, 8.6 per cent with Ngāti Porou and 5.3 per cent Ngāti Maniapoto. Only 1 per cent listed their descent as 'hapū affiliated to more than one iwi'.

Table 3-1 Māori descent of 0 to 14 year olds usually resident in Auckland, 2013

Iwi	0-14 years (number)	0-14 years (%)
Ngāpuhi	17,721	33.9
Waikato	4566	8.7
Ngāti Porou	4506	8.6
Ngāti Maniapoto	2793	5.3
Ngāti Whātua	2643	5.1
Tūhoe	2445	4.7
Te Rarawa	2283	4.4
Ngāti Tūwharetoa	2091	4.0
Ngāi Tahu / Kāi Tahu	2016	3.9
Tainui	1710	3.3
Te Arawa	1602	3.1
Ngāti Awa	1299	2.5
Ngāti Kahu	1260	2.4
Remaining groups combined	18,360	35.1
Hapū Affiliated to More Than One Iwi	540	1.0
Don't know	10,563	20.2
Total stated	52,236	100.0

Source: Statistics New Zealand, 2013 Census of Population and Dwellings.

### 3.2 Over half of Māori with preschool-aged children speak some te reo at home

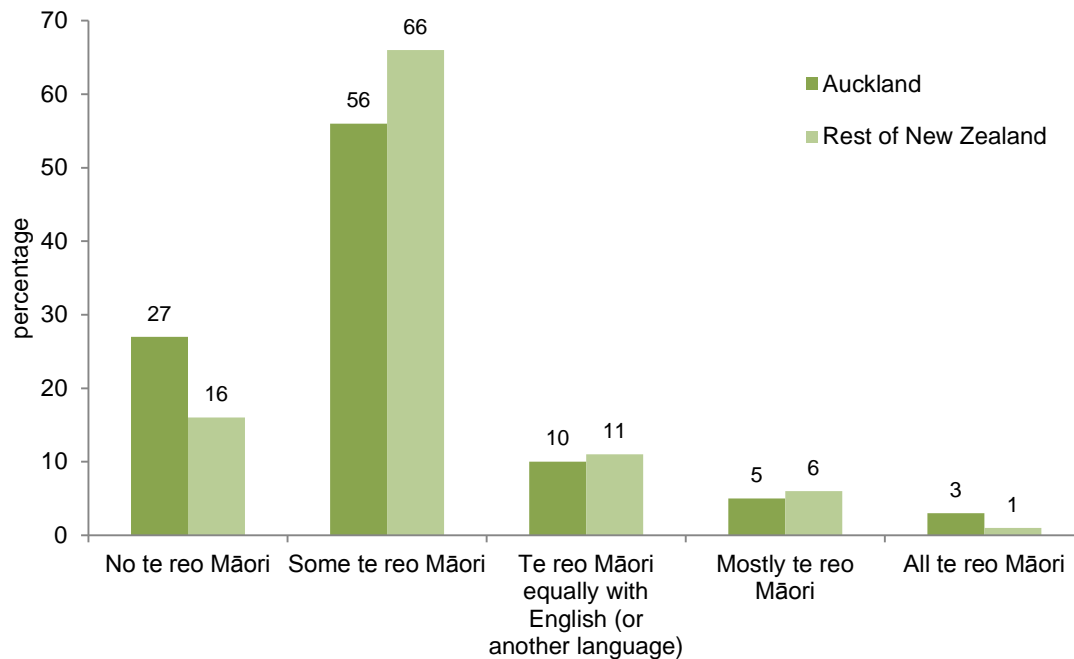
The 2013 Census data suggests that approximately 13 per cent of Auckland children aged 0 to 14 years who identify as Māori (as their sole ethnic group, or as one of two or more ethnic groups) speak te reo Māori. This amounts to 6207 children in this age group. The most frequent ethnic groups to report speaking te reo Māori amongst young people after Māori themselves are those who identify as Europeans/Pākehā and Pacific Peoples in their reported single or multiple ethnicity.

The Te Kupenga survey found that one in five Māori respondents living in Auckland with dependent children speaks te reo Māori as a primary or a secondary language at home. This is a higher rate than those who do not have dependent children in their household, of whom 16 per cent report using te reo at home. The high rates of te reo Māori spoken in households with children are particularly interesting because only 7 per cent of Auckland resident Māori respondents with dependent children in their households reported that their first language was te reo Māori.

The Te Kupenga survey also asked respondents to report specifically how much te reo Māori they speak to pre-school children in their household (see Figure 6). A significant proportion of

respondents reported speaking at least some te reo Māori with pre-school aged children in their households: 56 per cent of Auckland respondents spoke some, while 10 per cent spoke te reo Māori equally with English or another language and five per cent spoke mostly te reo Māori. Importantly, Auckland respondents were more likely than those in the rest of the country to report that they spoke no Māori with children of this age in their households.

Figure 6: Amount of te reo spoken inside the home to preschool aged child/children, Māori in Auckland compared to the rest of New Zealand, 2013 (%)



Source: Statistics New Zealand, Te Kupenga, 2013

### 3.3 Most Māori have access to cultural support

The majority (69%) of Māori in Auckland reported in the Te Kupenga survey that if required, it would be easy for them to find someone to help them with Māori cultural practices such as going to a tangi, speaking at a hui, or blessing a taonga. Single parents in Auckland were even more likely to report that this was the case than parents who were in couples (74% compared to 65% respectively).

### 3.4 Most tamariki are growing up in households involved in marae

The majority of Māori in Auckland with dependent children in their households (70%) reported that they knew their marae tipuna or ancestral marae, although of these, only five per cent lived within a 30 minute drive of that ancestral marae. The vast majority of this group (89%) had been to their ancestral marae at least once in their lives, and even more (95%) had visited a marae, although not necessarily their ancestral one, in their life time. In addition, 61 per cent of Māori living in Auckland with dependent children in their households had been to a marae in the 12 months prior to completing the Te Kupenga survey. This suggests that it is extremely likely that tamariki in Auckland are growing up in households where at least one member is aware of their ancestral marae and has visited a marae. In addition, it is likely that more than half of households with

tamariki have at least one household member who has visited a marae at least once prior to completing the Te Kupenga survey.

Turning now to Māori parents of tamariki in Auckland, the majority had visited a marae in the previous year, and this was slightly more likely to have been the case for single parents. That is, 59 per cent of parents in couples compared to 65 per cent of single parents had visited a marae in the previous year. For parents who reported that they had visited a marae in the previous year, Table 3-2 reports on the frequency with which they had done so. Just over half of all parents who had been to a marae the previous year, had attended once or twice. In comparison, 24 per cent of parents in couples and 22 per cent of single parents had attended six times or more.

Table 3-2: Frequency of marae visits among parents of tamariki Māori in Auckland, 2013 (%)

Frequency of marae visits in previous year	Parents in couples (%)	Single parents (%)
Once	27	28
Twice	24	23
3-5 times	25	28
6-10 times	12	14
11-20 times	6	3
More than 20 times	6	4

Source: Statistics New Zealand, Te Kupenga, 2013

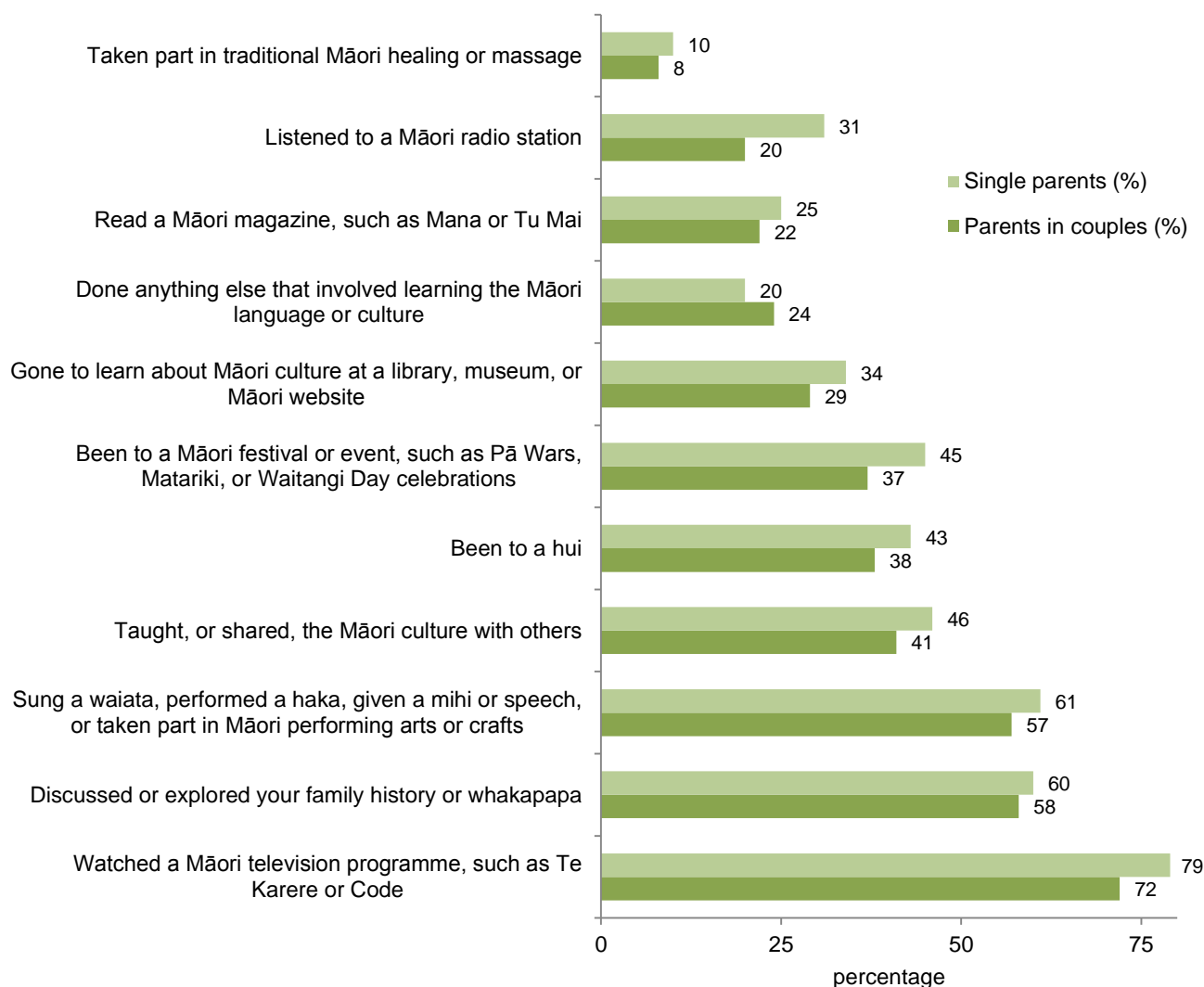
### 3.5 Most tamariki growing up in households involved in Māori culture

The Te Kupenga survey explored the extent of respondents' engagement in a range of forms of Māori culture.

Figure 7 shows the proportion of Māori parents in Auckland who reported taking part in a range of relatively time or resource-intensive cultural practices. Amongst the ones listed in the table below, the majority of Māori parents in Auckland in the year prior to the survey had watched a Māori television programme (72% of parents in couples and 79% of single parents), discussed or explored their family history or whakapapa (58% of parents in couples, 60% of single parents), sung a waiata, performed a haka or given a mihi or speech, or taken part in Māori performing arts or crafts (57% of parents in couples and 61% of single parents). This suggests it is likely that the majority of tamariki Māori in Auckland are exposed to these aspects of contemporary Māori culture through their parents.



Figure 7: Involvement in contemporary Māori culture among Māori parents in Auckland in the previous 12 months, 2013 (%)

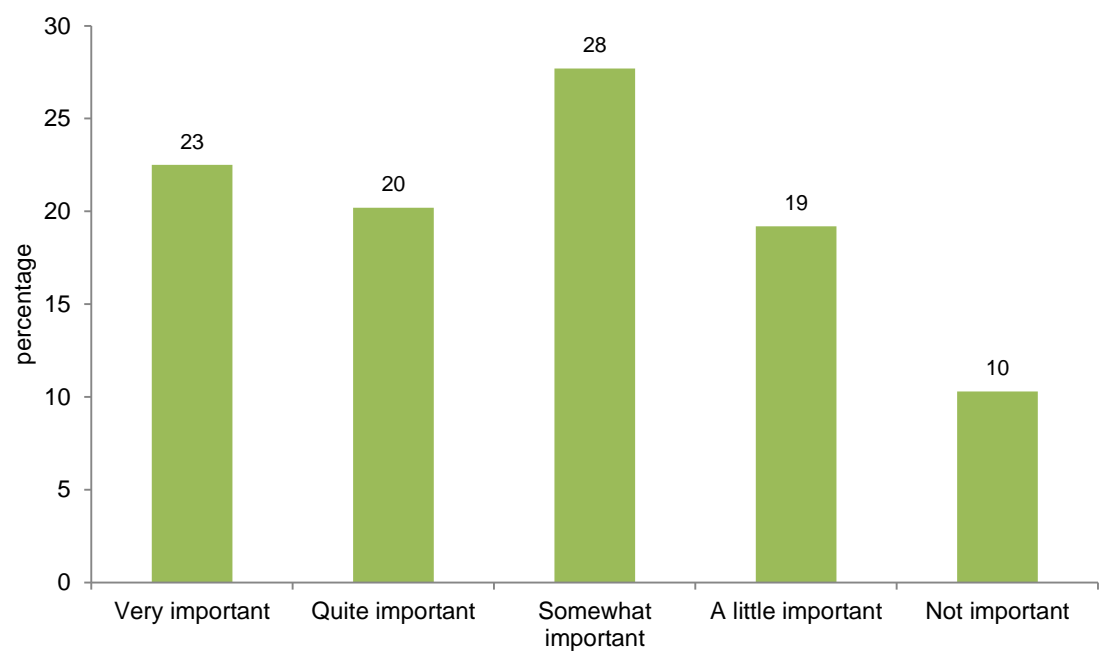


Source: Statistics New Zealand, Te Kupenga, 2013

### 3.6 Most tamariki growing up in households that value Māori culture

The Te Kupenga survey asked respondents the following question: ‘thinking about your life as a whole, how important is it for you to be involved in things to do with Māori culture?’. For Auckland respondents with dependent children in their households, 71 per cent viewed it as important to be involved in things to do with Māori culture. Only 10 per cent said that involvement in things to do with Māori culture was not important. See Figure 8 for further details. The responses of those with dependent tamariki in their households were very similar to those of Māori in Auckland overall and the rest of the New Zealand.

Figure 8: Rating of importance to be involved in things to do with Māori culture, among Māori Aucklanders with dependent-aged tamariki in their households, 2013 (%)



Source: Statistics New Zealand, Te Kupenga, 2013

## 4.0 Whānau Wealth and Standard of Living

*'Whanāu will flourish when they have sufficient wealth to enable high standards of living.'*  
(Kingi et al., 2014: 35)

This section addresses the second marker within the flourishing whānau framework: Whānau Wealth and Standard of Living. It includes indicators relating to the income and housing situations of households with tamariki in Auckland. While the whānau of most tamariki are able to maintain decent living standards, the data suggests that income and housing are nonetheless areas of vulnerability for a significant portion of them. This group of tamariki are growing up in households facing scarcity, in neighbourhoods that are in the more deprived parts of the city, and in homes that are rented, crowded and poorly maintained compared to other children in Auckland. Many tamariki are growing up in whānau with low levels of formal qualifications and skills and whose employment is found in sectors that have been hit hard during economic recessions. The employment profile and labour market challenges faced by Māori in Auckland are further discussed in the section that follows which addresses 'Whānau Capacities'.

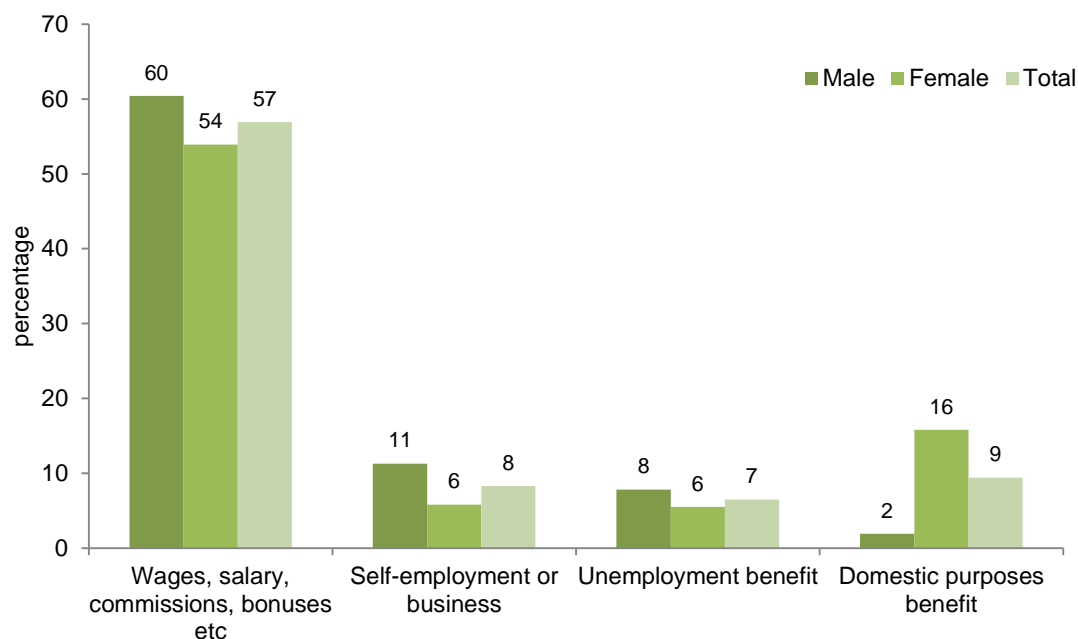
The material deprivation described in this section is a determining factor in most health and wellbeing indicators for tamariki. The financial hardships experienced by Māori are in part due to the alienation of land and resources and early loss of an economic base as a result of colonisation and assimilation policies (Anderson et al, 2015; Ministerial Advisory Committee on a Māori Perspective, 1988). The effects of this persist today and are reflected in the social and economic inequalities faced by Māori in Auckland and elsewhere. This section will also discuss the implications of Treaty settlements that relate to Mana Whenua in the Auckland area.

### 4.1 Most Māori earn their income through employment

According to 2013 Census data, the majority of Māori (65.2%) earn their income through employment, self-employment or a business enterprise. The proportion is higher for men than for women, 71.7 per cent compared to 59.7 per cent. At the last census 6.5 per cent of Māori reported that they received the unemployment benefit, with the proportion for males (7.8%) higher than that for females (5.5%). The proportion who received the Domestic Purpose (now Sole Parent Support) benefit in 2013 was 9.4 per cent. Women were more likely than men to receive this form of support due to their higher rate of caregiving responsibilities as sole-parents. In 2013, 15.8 per cent of women compared to 1.9 of men received this form of support.

In June 2014, the welfare system in New Zealand underwent reforms. After this change, the proportion of children in households reliant on benefit was highest amongst those aged under five, compared to children of other ages (Simpson et al, 2015: 22).

Figure 9: Select sources of personal income among Māori in Auckland, 2013



Source: Statistics New Zealand, Census of Population and Dwellings, 2013.

## 4.2 Most Māori households with children are able to make ends meet

The Te Kupenga survey reveals that most Māori parents in Auckland are able to pay their utility bills, with 73 per cent of parents in couples and 65 per cent of single parents reporting being able to do so in the year prior to the survey. However, 27 per cent of parents in couples and 35 per cent of single parents reported that they were unable to pay their utility bills due to a shortage of money at least once in the previous year.

The majority of Auckland Te Kupenga respondents who have dependent tamariki in their households (81%) reported that they do not need to go without fresh fruit and vegetables to keep costs down. The proportion of single parents who said that they could always afford fresh fruit and vegetables was 73 per cent, compared to 85 per cent of parents in couples. Nearly one fifth of single parents (19%) sometimes cut back on fruit and vegetable purchases and 9 per cent were often doing so, in order to cut down on costs.

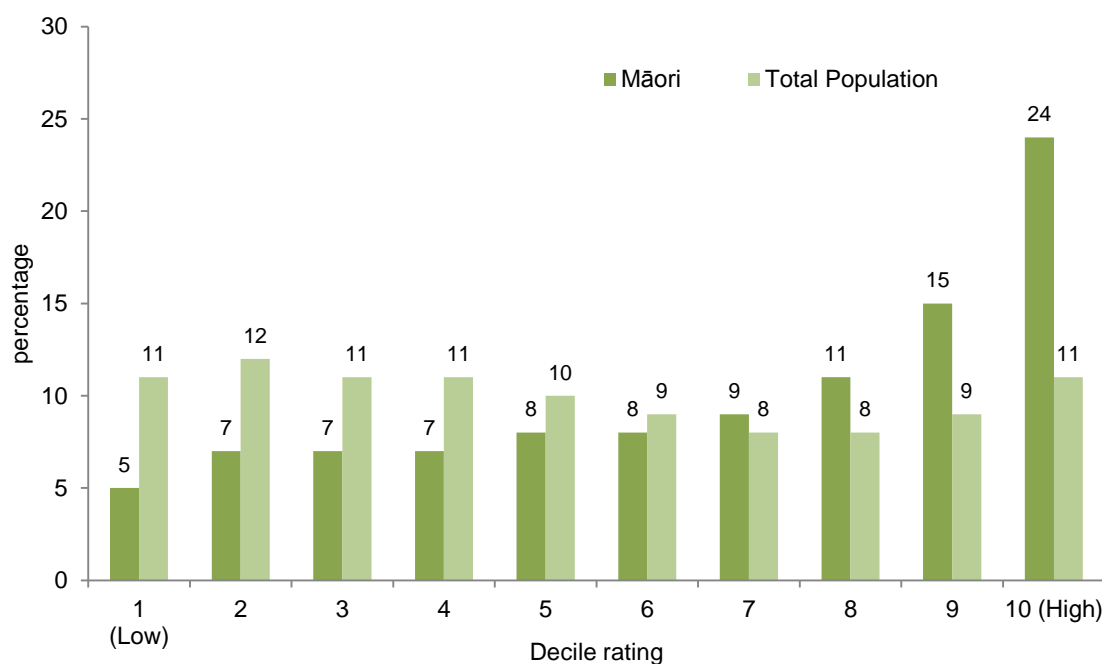
According to the 2013 Census, 10,893 Auckland children aged 0 to 14 years who identified as Māori were living in households with before tax incomes of \$40,000 or less. A further 26,385 children of this age who identified as Māori lived in households with incomes above \$40,000. The household income for a further 9513 children was unstated. This means that 23 per cent of tamariki aged 0 to 14 were living in households with annual incomes of less than \$40,000, compared to 16 per cent for Auckland children of all ethnicities in this age category overall.

## 4.3 Half of Māori in Auckland live in areas with high levels of deprivation

After Pacific Peoples, those who identify as Māori are most likely to live in areas with the highest levels of deprivation in Auckland. The 2013 New Zealand Deprivation Index (NZDep2013) combines nine variables from the 2013 Census that reflect eight dimensions of deprivation:

communication (internet access), income, employment, qualifications, home ownership, support, living space and transport. The deprivation scale ranges from 1 to 10, where 1 represents the areas with the least deprived scores and 10 the areas with the most deprived scores. As shown in Figure 10 below, 50 per cent of Māori live in meshblocks of the city with high levels of deprivation (deprivation indices calculated at 8, 9 or 10) compared to 28 per cent of the total population of Auckland. Furthermore, 24 per cent of Māori live in meshblocks with the highest levels of deprivation (level 10), compared to 11 per cent of the total population in Auckland.

Figure 10: Proportion of Māori (ethnicity) living in meshblocks with the given NZ Deprivation Index, 2013 (%)



Source: Statistics New Zealand, Census of Population and Dwellings, 2013

#### 4.4 Māori less likely to be home owners than Aucklanders overall

Over the last 25 years, house prices in Auckland have increased at a greater rate than household incomes, making it increasingly difficult for those on lower incomes to own homes (The Auckland Plan). Māori living in Auckland are less likely to own their homes compared to other New Zealanders. According to the 2013 Census, 23.7 per cent of Māori in Auckland owned or partly owned their home compared to 43.4 per cent of the total population of Auckland. Furthermore, home ownership for Māori in Auckland has shown a decrease since 2016 of 2.1 per cent. Houkamau and Sibley's (2015) research suggests that a contributing factor to the relatively lower rates of Māori home ownership is bias faced by Māori in accessing mortgages: 'results from a large national probability sample of Māori indicate that the more Māori you look, the less 'mortgage worthy' you are' (13). The Human Rights Commission (2012) also identifies another barrier faced by Māori in securing loans: 'not being able to provide papakāinga (multiple-owned) land as collateral to banks' (16).

An analysis of Te Kupenga data on Māori parents of tamariki in Auckland suggests that housing tenure is a particular vulnerability for single parents. Just over half (51%) of those in couples reported that they owned their homes or that it was held in a family trust, while only 21 per cent of single parents reported that this was the case.

Māori households are experiencing high levels of mobility and the associated challenges of securing suitable and affordable housing. This is mostly associated with those who rent. In the 2013 Census, only one in five Māori had lived at their place of usual residence for 10 years or more. Māori whānau with tamariki have even higher rates of residential mobility. According to the 2013 Census, 40.3 per cent of tamariki aged under 15 years in Auckland had changed residences in the five years preceding the census. Just under a third (29.0%) of tamariki of this age had lived in their current residence for less than a year.

High rates of residential mobility are even more evident in families with very young tamariki. The birth of children and the potential associated changes in parental labour market status, as well as the general desire to reorganise family and household arrangements at this stage, contribute to the higher rates of mobility found in young families (Morton et al, 2014). However, not all moves are the same. In some cases, moving can be a stressful and disruptive experience related to whānau upheaval or economic constraints, while for others, moving can represent a positive and desired change that improves housing circumstances.

## **4.5 Most Māori households are not crowded, but disparities remain**

Household crowding is more likely in the Auckland area in comparison to other parts of New Zealand. After Pacific Peoples, Māori households in Auckland have higher rates of crowding compared to that of Aucklanders overall (Ministry of Health, 2014). According to 2013 Census data, 25 per cent of Māori households compared to 16 per cent overall were found to be crowded, using the Canada National Occupancy Standard (CNOS). The rate of Māori households that were found to be crowded in the three district health boards in Auckland were as follows: Waitematā DHB 22.4 per cent, Auckland DHB 26.5 per cent and Counties Manukau DHB 35.0 per cent (Ministry of Health, 2014). This is further supported by the Te Kupenga survey that asks respondents to assess their living areas and report if they are too small. For parents of dependent-aged tamariki, 25 per cent of those in couples and 28 per cent of single parents reported that this was a problem they faced.

Te Kupenga also offers a glimpse into other housing problems faced by Māori parents in Auckland. Just over half of single parents (52%) and over a third (37%) of parents in couples reported that their houses or flats were hard to keep warm. Similarly, just under half (48%) of single parents and under a third of parents in couples (28%) reported that their houses or flats have a problem with dampness.

Housing is a key determinant of wellbeing for tamariki and warm and affordable housing is crucial to ensure that they grow up in good health. Cold, damp houses lead to a higher prevalence of health issues, particularly respiratory diseases. Living in unhealthy homes can also affect the health of tamariki in the long term, leaving them more susceptible to conditions such as asthma and glue ear. In turn, these illnesses can affect their learning and emotional wellbeing.

## **4.6 Progress being made on Treaty settlements**

Historic and more recent processes of land alienation have eroded the assets and undermined the economic base supporting whānau. These processes have contributed to the deprivation revealed in the indicators in this section to date. Several major Treaty of Waitangi related claims have been settled in the past two decades. While the deeds of settlement will often differ in their detail, they will typically include an apology and acknowledgements of wrong-doing, the transfer of crown-owned land parcels to claimants, financial compensation and often arrangements for joint management of taonga and significant sites. Land can be transferred as either cultural or

commercial redress. Commercial redress is for the purpose of creating an economic base for the claimants. A number of iwi and hapū in Auckland have settled and still others are in various stages of negotiations. According to Auckland Council's evaluation report for the Proposed Unitary Plan, it is anticipated that up to 16 claims will be settled by 2016.

The settlements of relevance to the Auckland Council region include both collective and individual claims (Hutton, 2015), as follows:

- Tāmaki Collective/Maunga Authority
- Ngā Mana Whenua o Tāmaki Makaurau Collective Redress Act 2014
- 13 iwi/hapū participate (Ngāti Whātua, Marutūāhu, Waiohū / Tāmaki groupings)
- Vesting of 14 Maunga in Collective – held in trust for the common benefit of the iwi and people of Auckland
- Co-governance regime ("Maunga Authority") with council
- Vesting and vest-back of 4 motu (islands)
- Right of first refusal (RFR) for Crown land.

Settlements in the Auckland region:

- Orakei Act 1991 (Ngāti Whātua Ōrākei)
- Ngāti Whātua Ōrākei – Railways lands deed 1993
- Waikato Raupatu Settlement Act 1995
- Te Uri o Hau Claims Settlement Act 2002
- Ngāti Manuhiri Claims Settlement Act 2012
- Ngāti Whātua o Kaipara Claims Settlement Act 2013
- Ngā Mana Whenua o Tāmaki Makaurau Collective Redress Act 2014
- Te Kawerau ā Maki Claims Settlement Act 2015
- Ngāi Tai ki Tāmaki deed of settlement 2015.

It should be noted that these settlements, as well as others across the country, may not have an impact on the future economic prospects of Māori whānau in Auckland for two reasons. The first is that they may not directly benefit Māori who do not maintain ties with historic lands and iwi groups (Ryks et al, 2016). The second reason is that economic improvements experienced by iwi may not translate into gains for whānau. Durie (2005) observes that 'many whānau were left quite untouched by iwi economic gains, not because they were unaware of tribal links or affiliations but because tribal priorities lay outside the parameters of whānau need' (4).

## 5.0 Whānau Capacities

*Whānau will flourish when they have the capacities needed to participate fully in society.  
(Kingi et al., 2014: 36)*

The third marker of flourishing whānau is 'Whānau Capacities.' This marker addresses the health status of tamariki, as an important indicator of their current and future capacity to flourish and participate in society. This data is largely drawn from the Ministry of Health's Well Child/ Tamariki Ora Quality Improvement Framework. It is reported here in the same way that it is done in its original source documents, that is, by examining how health outcomes for Māori compare with non-Māori. This is with the aim of identifying structural factors that are contributing to inequities in health and access to health services. This section also addresses the capacities of whānau more broadly to support their tamariki financially, including whānau education achievements and employment. Research suggests that recessions hit Māori populations harder than other groups, and that the impacts of recession last longer (Blakely and McLeod, 2009 in Kiro et al., 2010). This is because they have lower rates of formal qualifications and are more likely to be employed in occupational groups that are less secure and more affected by recession. Having children, particularly for single-parents, also poses challenges to labour market participation. Furthermore, the challenges faced by Māori in the labour market may also be linked to employment discrimination (Robson et al, 2007; Statistics New Zealand, 2012).

Along with the data in the previous section, this section highlights important areas of vulnerability for tamariki and their whānau. The majority of parents report that their tamariki are in good health. However, the data also suggests that tamariki face a disproportionate burden of certain illnesses, hospitalisations and preventable injuries compared to Aucklanders overall. The MoH identifies the need for effective primary care to continue to improve the health outcomes for tamariki. They note that poor living standards and notably, unhealthy and inadequate housing, are determinants of these negative health outcomes. In addition to socio-economic status, there is evidence that the experience of racism is associated with a weakening of health outcomes (Barnes et al, 2013; Human Rights Commission, 2012). This is indicative of how the outcomes reported within certain markers of flourishing whānau are often highly interconnected, in other words, they can be determined or determining of, outcomes that are registered in other markers.

### 5.1 Tamariki lag behind in some health indicators

#### 5.1.1 The majority of Tamariki are making use of the health system

Data from the Ministry of Health provides an indication of the use of the health system by tamariki under five years (see Table 5-1). Between 58 and 69 per cent of Māori new-borns living within the three District Health Boards (DHBs) in Auckland are enrolled with a general practice by three months of age. It is estimated that the majority of tamariki in Auckland (79-94%, depending on the DHB) are receiving a B4 School Check, the nation-wide free health and development check for 4 year olds. The proportion of tamariki enrolled with child oral health services in the three Auckland region DHBs ranges from 62 to 65 per cent.



Table 5-1: Tamariki use of health services by DHB

Well child/tamariki ora indicators for Tamariki Māori	Auckland DHBs	% of Māori	% of total Population
New-borns are enrolled with a general practice by three months (Second Quarter, 2014-15)	Auckland	58	57
	Counties Manukau	63	60
	Waitematā	69	58
Four-year-olds receive a B4 School Check (Estimated 2014-15)	Auckland	87	93
	Counties Manukau	79	91
	Waitematā	94	93
Children are enrolled with child oral health services (December 2013)	Auckland	62	75
	Counties Manukau	65	76
	Waitematā	66	81

Source: Ministry of Health, 2015

### 5.1.2 Most Māori parents report their tamariki are in good health

Overall, the vast majority of Māori parents in Auckland are reporting that their tamariki aged 0 to 14 years were in good, very good or excellent health in 2011-2014. The rates of positive parent-rated health across the district health boards in Auckland range from 94.7 per cent in Auckland, 96.8 per cent in Waitematā and 97.1 per cent in Counties Manukau (MoH, 2015b). There was not a significant difference in the parental rating of children's health between Māori and non-Māori.

### 5.1.3 Māori infant mortality and sudden unexpected death in infants improving

According to the Ministry of Health, Māori infant mortality and sudden unexpected death in infants (SUDI) rates are improving at the national level, but they continue to fare less well than the non-Māori population (Robson et al., 2015abc).

Table 5-2: Birth-weight and gestation for Māori infants by DHB, 2009-2013

District Health Board (DHB)	% of Low birth-weight	% High birth-weight	Preterm
Counties Manukau	7.2	2.2	8.9
Waitematā	5.6	2.6	7.2
Auckland	6.1	2.2	8.3

Source: Robson et al., 2015abc

#### 5.1.4 Māori still face lower life expectancy at birth than other Aucklanders

The overall life expectancy at birth for Māori in the Auckland region between 2012-2014 was 77.8 years for females (6.8 years lower than for non-Māori females) and 73.7 years for males (7.4 years lower than for non-Māori) (Robson et al., 2015abc).

#### 5.1.5 The majority of Māori infants are exclusively breastfed at two weeks

The MoH recommends that infants be fed only breast milk for the first six months of their lives. Table 5-3 presents available data on Māori breastfeeding rates in the Auckland area DHBs. The data shows that, as per the recommendations, the great majority of Māori infants in Auckland are exclusively breastfed at two weeks (74-80%). At the six month point, between 47 and 65 per cent of Māori babies are still receiving the benefits of breast milk, although these rates appear to be lower than that of the overall population.

Table 5-3: Breastfeeding rates for Māori infants by DHB

	DHB	% of Māori	% of Auckland total population
Infants are exclusively or fully breastfed at two weeks (1 Jan-30 June 2014)	Auckland	80	84
	Counties Manukau	74	75
	Waitematā	79	81
Infants are exclusively or fully breastfed at six weeks (on discharge from LMC care) (1 Jan-30 June 2014)	Auckland	79	82
	Counties Manukau	73	76
	Waitematā	55	79
Infants are exclusively or fully breastfed at three months (July-December 2014)	Auckland	54	59
	Counties Manukau	38	46
	Waitematā	52	60
Infants are receiving breast milk at six months (July-December 2014)	Auckland	65	76
	Counties Manukau	47	60
	Waitematā	61	71

Source: Ministry of Health, 2015

#### 5.1.6 Tamariki's mental health is supported

The Strengths and Difficulties Questionnaire (SDQ) is a brief behavioural screening survey which is used to help identify children with behavioural and mental health difficulties. The questionnaire explores emotional symptoms, conduct problems, hyperactivity/inattention issues, peer relationship problems and pro-social behaviour. The vast majority of tamariki Māori, in line with other Aucklanders, fall within the 'normal' range on this test.

Table 5-4: Strengths and Difficulties Questionnaire (SDQ) scores for tamariki Māori by DHB

	Auckland DHBs	% of Māori	% of Auckland Total Population
Child mental health is supported (normal SDQ-P score)	Auckland	97	98
	Counties Manukau	95	96
	Waitematā	97	97

Source: Ministry of Health, 2015

### 5.1.7 Tamariki face higher rates of preventable hospitalisations

Hospital admissions for tamariki Māori in Auckland aged 0-14 years for middle ear disease requiring grommet insertions, serious skin infections and acute rheumatic fever were significantly higher than for non-Māori children across all three DHBs (Robson et al, 2015abc). The only exception was for hospitalisation due to acute rheumatic fever in the Auckland DHB, where the difference was not found to be significant.

Potentially preventable hospitalisations are those that result from diseases preventable through population-based health promotion strategies and those related to the social determinants of health, including the reduction in income disparities (Robson et al., 2015 abc). From 2011-2013, for children aged 1 month to 14 years, potentially preventable hospitalisations were significantly higher for tamariki in Auckland (see Table 5.5). In addition to effective primary care, the MoH emphasise that addressing the factors that drive the underlying burden of disease such as housing or second hand smoke is also important (Robson et al., 2015abc).

Table 5-5: Potentially avoidable hospitalisations for children aged 1 month to 14 years by DHB, 2011-13

Auckland DHBs	Māori Rate per 100,000	Non-Māori Rate per 100,000	Māori/Non-Māori ratio
Auckland	5,780.0	4,872.0	<b>1.19</b>
Counties Manukau	5,496.8	5,195.6	<b>1.06</b>
Waitematā	5,312.0	4,061.9	<b>1.31</b>

Note: **Bold** indicates statistically significant difference.

Source: Robson et al., 2015abc

### 5.1.8 The majority of tamariki are immunised by the time they are five

In general, immunisation rates of tamariki lag behind those of non-Māori infants, although the extent to which this is the case varies from milestone age and across DHBs. The difference is pronounced for immunisations conducted by 6 months of age, where the gap between Māori and non-Māori rates of completion is 16 to 20 per cent across Auckland's three DHBs. The immunisations recommended by 18 months are also notably lower for tamariki in Waitematā DHB (13 per cent less) and Counties Manukau DHB (16 per cent less), although at that age in the Auckland DHB the difference is relatively smaller at 6 per cent. At five years of age, 68 to 76 per cent of tamariki were fully immunised, depending on the DHB.

Table 5-6: Children fully immunised by the milestone age by DHB, October – December 2014

Milestone Age	Auckland DHBs	% of Māori	% of Non-Māori
6 months	Auckland	69	85
	Counties Manukau	63	82
	Waitematā	62	82
8 months	Auckland	88	94
	Counties Manukau	87	95
	Waitematā	89	92
12 Months	Auckland	94	96
	Counties Manukau	92	96
	Waitematā	93	93
18 months	Auckland	83	90
	Counties Manukau	73	89
	Waitematā	73	86
24 months	Auckland	94	95
	Counties Manukau	90	96
	Waitematā	92	93
5 years	Auckland	76	82
	Counties Manukau	68	74
	Waitematā	74	79

Source: National Immunisation Register in Robson et al, 2015abc

### 5.1.9 Tamariki have higher rates of dental caries compared to others

By the time tamariki Māori reach five years of age, they have higher rates of cavities compared to the rest of the population. In 2013, between 39 and 53 per cent of tamariki aged five were found to be cavity-free compared to 51 to 67 per cent of the overall population of the relevant DHBs (see Table 5-7).

The mean number of decayed, missing or filled teeth was higher for tamariki compared to non-Māori five year olds in 2013: 1.9 compared to 1.6 in Auckland DHB, 2.0 compared to 1.2 in Waitematā DHB and 2.7 compared to 2.1 in Counties Manukau.

Table 5-7: Oral health indicators for tamariki

Well child/tamariki ora indicators for tamariki Māori	Auckland DHBs	% of Māori	% of Auckland's total population
Children/tamariki are cavity-free at 5 years (2013)	Auckland	51	62
	Counties Manukau	39	51
	Waitematā	53	67

Source: Ministry of Health, 2015

### 5.1.10 The majority of Māori with children aged four kept their homes smoke-free

The 2013 Census finds that Māori in Auckland report much higher rates of regular smoking than the population of Auckland overall. The smoking rate among Māori men is 29 per cent compared to 15 per cent for men overall, and for Māori women, 32 per cent compared to 11 per cent for women overall. This translates into higher exposure to second-hand smoke for tamariki. Data from the DHBs suggests that most Māori mothers in Auckland report that they are smoke free two weeks after the birth of a child (66-78%). The majority of Māori in Auckland with children aged four years old also reported that they kept their homes smoke-free: 86 to 97 per cent.

Table 5-8: Exposure to smoking for tamariki by DHB

Well child/tamariki ora indicators for tamariki	Auckland DHBs	% of Māori	% of Auckland's Total Population
Mothers are smoke free at two weeks postnatal (1 Jan-30 June 2014)	Auckland	78	96
	Counties Manukau	66	88
	Waitematā	77	94
Children/tamariki live in smoke-free homes (age four years) (July-December 2014)	Auckland	86	94
	Counties Manukau	96	98
	Waitematā	97	99

Source: Ministry of Health, 2015.

### 5.1.11 Most tamariki are of a healthy weight

Most Māori parents reported that their tamariki aged 2 to 14 years had eaten breakfast at home every day in the week prior to completing the New Zealand Health Survey between 2011 and 2014 (MoH, 2015b). In the Auckland DHB, 81.4 per cent of the parents of tamariki reported that this was the case, in Waitematā, 85.6 per cent did so and in Counties Manukau, it was 72.1 per cent. It is only for Māori in the Counties Manukau DHB that tamariki were significantly less likely than non-Māori children to have had a regular breakfast at home. These low rates may be due to the existence of breakfast in schools programs in this area of Auckland.

While only about half of tamariki aged 2-14 years are reported to be meeting their age-specific vegetable requirements and just over two thirds were meeting their fruit requirements, there was not found to be a significant difference between these rates and those of non-Māori children.

Between 11.1 and 20.7 per cent of tamariki aged 2 to 14 years were reported to be obese, and between 21.5 and 31.4 per cent of this age group were reported as overweight but not obese in the

three DHBs in Auckland. The variation between Māori and non-Māori obesity and overweight tamariki/children was only found to be statistically significant for rates of obesity in the Auckland DHB, where tamariki were found to be more likely to be obese than non-Māori children.

Table 5-9 Nutrition data for tamariki 2 to 14 years by DHB, 2011-2014

	Auckland DHBs	% of Māori	% of non-Māori
Breakfast at home every day for previous week	Auckland	81.4	90.4
	Counties-Manukau	72.1	83.7
	Waitematā	85.6	90.5
Meets age-specific vegetable intake guidelines	Auckland	51.1	45.6
	Counties Manukau	46.1	39.1
	Waitematā	58.0	50
Meets age-specific fruit intake guidelines	Auckland	66.7	71.5
	Counties Manukau	67.2	62.5
	Waitematā	72.7	70.4
Obesity	Auckland	13.7	8.3
	Counties Manukau	20.7	16.8
	Waitematā	11.1	6.4
Overweight but not obese	<b>Auckland</b>	<b>31.4</b>	<b>17.4</b>
	Counties Manukau	24.7	20.4
	Waitematā	21.5	18.5

Note: **Bold** indicates the difference between Māori and non-Māori is statistically significant.

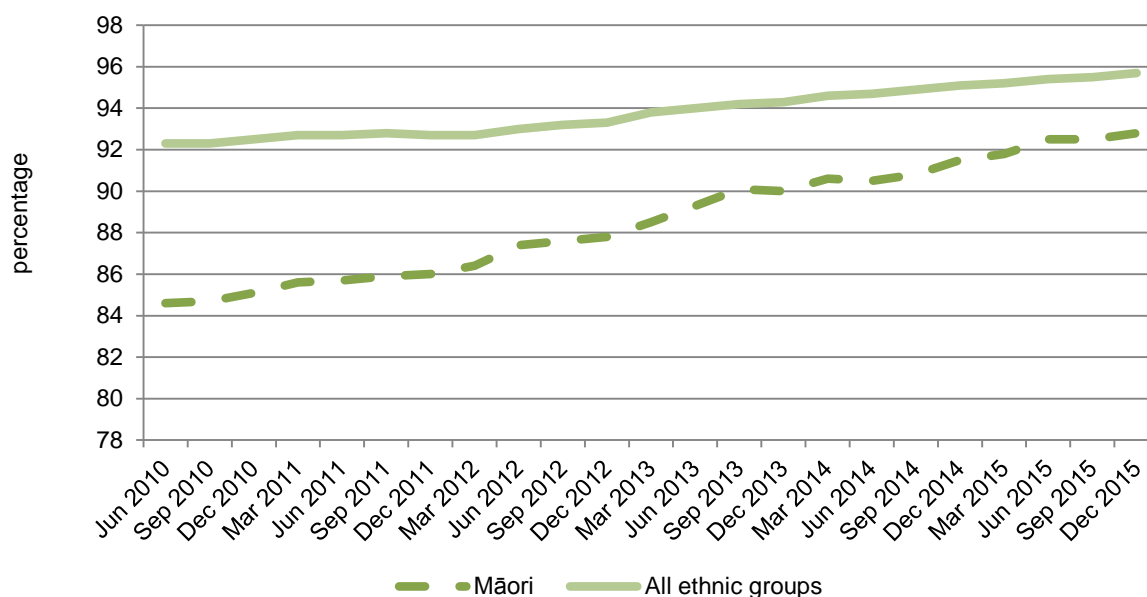
Source: Ministry of Health, 2015b

## 5.2 Majority of tamariki benefit from Early Childhood Education (ECE)

### 5.2.1 Increasingly high rates of tamariki participation in ECE

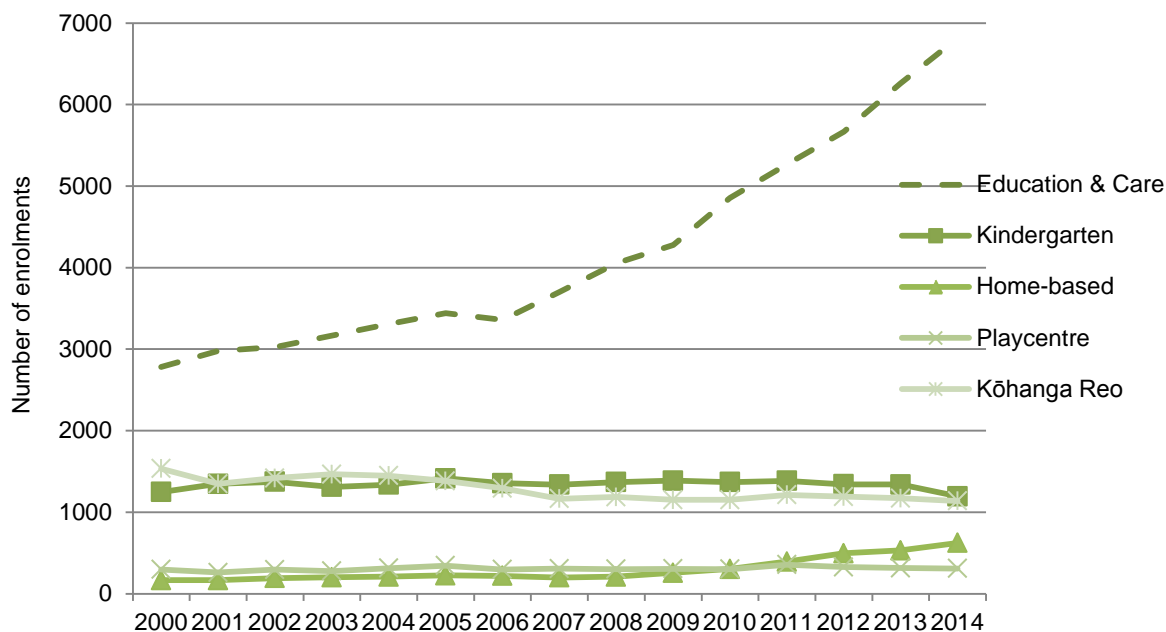
The proportion of tamariki who take part in early childhood education (ECE) in Auckland has been increasing (see Figure 11). According to the Ministry of Education, 93 per cent of tamariki participated in ECE prior to starting school in December 2015. The gap between Māori and other ethnic groups with respect to participation in ECE has also been closing.

Figure 11: Prior participation in early childhood education of children starting school for Auckland, 2010-2015



Source: Ministry of Education, Education Counts, 2016

Figure 12: Prior participation in early childhood education of children starting school for Auckland, 2010-2015



Source: Ministry of Education, Education Counts, 2016

### 5.2.2 One in 10 tamariki enroled in ECE are in kōhanga reo in Auckland

At the end of June 2014, there were 10,079 tamariki enrolled in licenced ECE services in Auckland. Of these, 11 per cent were enrolled in kōhanga reo, a total immersion Māori language family programme for young children from birth to 6 years of age. As described by the kōhanga reo website,

- Kōhanga Reo is not an early childhood service, it is concerned with the survival of the Māori language and whānau social development through te reo, tikanga and āhuatanga Māori.
- Kōhanga Reo is not only a journey for the child but the whole family. Kōhanga Reo offers courses for parents, through whānau learning as well as professional development for Kaiako (teachers), kaimahi and parents. (Te kōhanga reo, 2016)

The remaining tamariki were enrolled in education and care, kindergarten, home-based care or play centres (see Table 5-10).

Table 5-10: Number of enrolments of tamariki in licensed ECE services in Auckland: year ending June 2014

Type of licenced ECE service	Number of tamariki	% of total in licenced ECE
Education and care	6814	67.6
Kōhanga reo	1137	11.3
Kindergarten	1194	11.8
Home-based	624	6.2
Play centre	310	3.1
<b>Total</b>	<b>10,079</b>	<b>100</b>

Source: Ministry of Education, Education Counts, 2016

## 5.3 Māori gaining higher levels of qualifications but disparities remain

### 5.3.1 Māori workers have lower levels of qualifications in comparison to Auckland's workers overall

Māori workers have disproportionately low levels of qualifications in comparison to Aucklanders overall. According to MBIE data, in 2015, 41.6 per cent of all Māori in Auckland's labour force had school qualifications and 16.6 per cent had NCEA Level 4 or higher qualifications. The proportion of Māori achieving post-school qualifications was lower than that for all ethnic groups. In addition, Māori were about half as likely as other ethnic groups to hold a bachelors degree or higher (MBIE 2015).

### 5.3.2 Māori women more likely to have a higher qualification than men

Educational attainment patterns differ for Māori men and women in Auckland. Table 5-11 provides data on the highest qualification achieved by Māori men and women aged 15 and above from both the 2006 and 2013 censuses. This data shows that in 2013, 31 per cent of men and 28 per cent of women had no qualification. It also reveals that Māori women are more likely than men to pursue university education. In 2013, 11.8 per cent of Māori in Auckland overall held university qualifications. The proportion of men in 2013 with a university education was 9.2 per cent, while for women it was 13.9 per cent. The data also shows that the overall level of qualifications held by Māori in Auckland has increased since 2006.



Table 5-11 Highest qualification for Māori aged 15 and over in Auckland, by gender , 2006 and 2013 (%)

Highest Qualification	2006 Total (%)	2013 Total (%)	2006 Male (%)	2013 Male (%)	2006 Female (%)	2013 Female (%)
No Qualification	38.5	30.9	41.4	34.0	36.1	28.3
Level 1 Certificate	16.8	16.0	15.9	15.7	17.6	16.3
Level 2 Certificate	11.7	12.9	10.9	12.8	12.3	13.0
Level 3 Certificate	10.2	12.8	8.8	11.2	11.3	14.2
Level 4 Certificate	8.1	8.4	10.9	11.1	5.6	6.2
Total Level 5 and 6 Diploma	6.1	6.6	4.8	5.5	7.2	7.5
Bachelor Degree and Level 7 Qualification	6.2	8.8	5.1	6.7	7.2	10.5
Post-graduate and Honours Degree	0.8	1.5	0.6	1.1	1.0	1.9
Masters Degree	0.8	1.2	0.8	1.1	0.9	1.2
Doctorate Degree	0.2	0.3	0.2	0.3	0.1	0.3
Overseas Secondary School Qualification	0.6	0.6	0.6	0.7	0.5	0.6

Note: Includes all those who stated Māori ethnicity, whether as their only ethnicity or as one of several ethnic identities.

Source: Statistics New Zealand, Census of Population and Dwellings 2013.

## 5.4 Māori workers face disadvantage in the labour market

Gender and ethnic inequalities in the labour market contribute to the financial hardships faced by whānau. The lower levels of educational attainment discussed in the previous section have an impact on the position of Māori workers in the labour market. In addition, gendered societal norms and expectations that influence the types of training and employment pursued, as well as the distribution of caring responsibilities in the home, are shaping labour market outcomes for all Aucklanders, including Māori. These realities intersect with ethnic and gender-based discrimination to contribute to the below average labour market outcomes for both Māori men and women. Women, especially those with young children and those who are sole-parents, are at a higher risk of unemployment and are more likely to face the insecurity of temporary contracts and of low wages (Flynn and Harris, 2015).

### 5.4.1 Māori workers are hit hard by recessions and recover more slowly

Research suggests that recessions hit Māori populations harder than other groups, and that the impacts of recessions endure for longer (Blakely and McLeod, 2009 in Kiro et al., 2010). This is because they have lower levels of formal qualifications and are more likely to be employed in occupations that are less secure and more likely to face difficulties during recessions. MBIE reports that while Māori employment figures have increased overall between 2010 and 2015, they have fluctuated and they lag behind the gains experienced by Auckland workers overall since the recession. In 2015 there were 68,700 Māori in the labour force, adding up to approximately 8 per cent of the total labour force for the region. This represents a decrease of 11.3 per cent for the

region from the previous year, although it still reflects a 3.4 per cent increase in the Māori labour force over the past five years (MBIE, 2015). Between 2014 and 2015, there was also a fall detected in total employment in the Auckland region for Māori of 9.1 per cent. Here again, the five year trend is more positive, as it indicates an increase of 8.8 per cent in number of people employed since 2010 (MBIE, 2015).

#### 5.4.2 Women with tamariki have lower rates of labour market participation

In New Zealand, as elsewhere, labour market participation follows different patterns for men and women. An important factor in gendered patterns of employment is the impact of having children, especially young ones, on women's participation in paid employment as well as their rates of unemployment (Flynn and Harris, 2015). Flynn and Harris (2015) analyse the experience of women aged 15-49 in the New Zealand labour market. They find that women with children tend to have lower rates of labour market participation and higher rates of unemployment than women without children. As the age of the youngest dependent child increases, mothers' rates of employment increases and their rates of unemployment decreases (Flynn and Harris, 2015). The effects of motherhood on labour market outcomes for women were most pronounced for sole mothers in comparison to those in partnerships (Flynn and Harris 2015).

This trend is likely to have a higher impact on Māori women's participation in work due to the higher rates of fertility experienced by this group. 2013 Census data confirms that overall, Māori males are participating in the labour force at a higher rate than Māori females, as about 37 per cent of Māori females were not in the labour force, compared to 28 per cent of Māori males (see Figure 13). Figure 13 also shows that Māori females have a slightly higher rate of unemployment than men.

Figure 13: Work and labour force status of Māori aged 15 years and over, Auckland, 2013 (%)



Note: Includes all those who stated Māori ethnicity, whether as their only ethnicity or as one of several ethnic identities.

Source: Statistics New Zealand, Census of Population and Dwellings 2013.

### 5.4.3 Biggest industries of employment for Māori: construction, manufacturing and health care and social assistance (but differ by gender)

According to MBIE (2015), in 2015, there were more Māori working in goods-producing industries and fewer in the service industries, compared to Auckland workers overall. The biggest employers of Māori in the Auckland region were construction (7700 workers), followed by manufacturing (6800 workers) and health care and social assistance (6500 workers).

The top industries of employment for Māori men are different than those for women. According to the 2013 Census, the top industries for men were Construction, Manufacturing, and Transport, Postal and Warehousing (See Table 5-12). For women, these were Health Care and Social Assistance; Education and Training and Retail (See Table 5-13).

Table 5-12: Employment by industry, Māori males aged 15 and over, 2013

Industry	Number	%
Construction	4500	16.8
Manufacturing	3336	12.5
Transport, Postal and Warehousing	2451	9.2
Wholesale Trade	1827	6.8
Professional, Scientific and Technical Services	1749	6.5
Retail Trade	1704	6.4
Public Administration and Safety	1431	5.3
Education and Training	1047	3.9
Administrative and Support Services	1017	3.8
Other Services	930	3.5
Accommodation and Food Services	915	3.4
Health Care and Social Assistance	867	3.2
Financial and Insurance Services	741	2.8
Information Media and Telecommunications	642	2.4
Rental, Hiring and Real Estate Services	600	2.2
Arts and Recreation Services	576	2.2
Agriculture, Forestry and Fishing	417	1.6
Electricity, Gas, Water and Waste Services	291	1.1
Mining	42	0.2
Not elsewhere included	1686	6.3
Total	26,769	100.0

Note: Includes all those who stated Māori ethnicity, whether as their only ethnicity or as one of several ethnic identities.

Source: Statistics New Zealand, Census of Population and Dwellings 2013

Table 5-13: Employment by industry, Māori females aged 15 and over, 2013

Industry	Number	%
Health Care and Social Assistance	3552	13.5
Education and Training	3327	12.6
Retail Trade	2454	9.3
Professional, Scientific and Technical Services	1815	6.9
Manufacturing	1665	6.3
Accommodation and Food Services	1521	5.8
Public Administration and Safety	1470	5.6
Transport, Postal and Warehousing	1467	5.6
Wholesale Trade	1260	4.8
Administrative and Support Services	1221	4.6
Financial and Insurance Services	1167	4.4
Other Services	1050	4.0
Arts and Recreation Services	723	2.7
Information Media and Telecommunications	705	2.7
Construction	603	2.3
Rental, Hiring and Real Estate Services	585	2.2
Agriculture, Forestry and Fishing	225	0.9
Electricity, Gas, Water and Waste Services	123	0.5
Mining	3	0.0
Not Elsewhere Included	1401	5.3
Total	26,337	100.0

Note: Includes all those who stated Māori ethnicity, whether as their only ethnicity or as one of several ethnic identities.

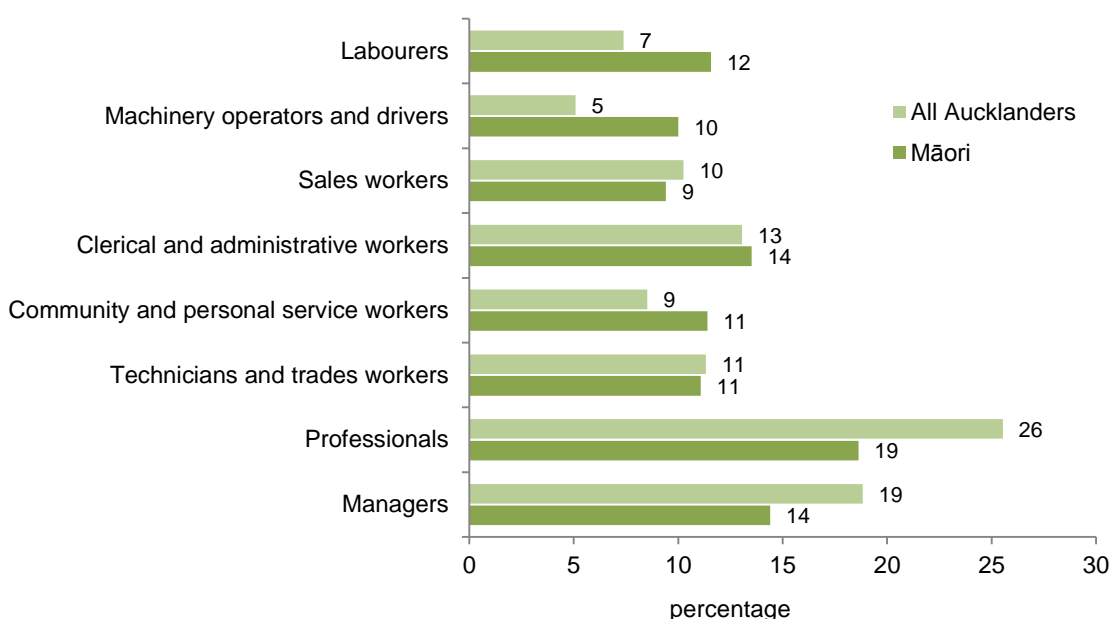
Source: Statistics New Zealand, Census of Population and Dwellings 2013

#### 5.4.4 Most common occupations for Māori: professionals, clerks and technicians and trade workers

In 2015, the most common occupations for Māori workers were professionals (21.3%), clerks (15.1%), and technicians and trade workers (12.3%) (MBIE 2015).

Figure 14 provides the figures for occupations of Māori in Auckland compared to those of Aucklanders overall based on the 2013 Census. This reveals that Māori are over-represented as machinery operators and drivers, as labourers and as community and service workers, and under-represented as professionals and managers, when compared to Auckland's workers overall.

Figure 14: Occupation, Māori aged 15 and over, compared to all Aucklanders aged 15 and over, 2013



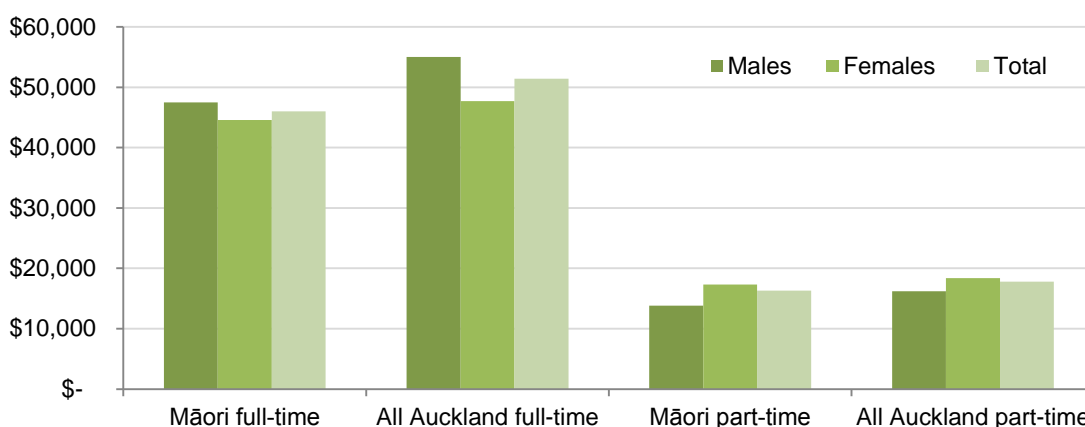
Note: Includes all those who stated Māori ethnicity, whether as their only ethnicity or as one of several ethnic identities.

Source: Statistics New Zealand, Census of Population and Dwellings 2013.

#### 5.4.5 Māori workers' wages lag behind those of Aucklanders overall

Figure 15 reveals the gaps in personal income between Māori workers and Auckland workers overall. It also explores the gendered nature of these gaps, and how gender and ethnicity intersect. Māori women in full-time employment have a lower median personal income than Māori men, as well as Auckland male and female workers overall. Māori women in part-time employment fare better than all men, but fall slightly behind all women in Auckland in part-time employment.

Figure 15: Median personal income for Māori compared to all Aucklanders, by gender, 2013



Note: Includes all those who stated Māori ethnicity, whether as their only ethnicity or as one of several ethnic identities.

Source: Statistics New Zealand, Census of Population and Dwellings 2013.

## 6.0 Whānau Cohesion

*‘Whānau will flourish when they are cohesive, practice whānaungatanga<sup>3</sup>, and are able to foster positive intergenerational transfers.’ (Kingi et al., 2014: 36).*

The fourth marker of flourishing whānau is ‘Whānau Cohesion’. In this section, whānau cohesion will be explored through the Te Kupenga survey (2013) data relating to the overall wellbeing of Māori whānau in Auckland, the quality of relationships within whānau and the level of connection to whānau members outside of the household. An analysis of this data reveals that the majority of tamariki living in Auckland are being raised by whānau who are doing well and whose members get along well with one another. However, single parents were more likely than other groups to express concerns about the wellbeing of their whānau. This section also discusses some contextual factors contributing to family and whānau vulnerability. While most tamariki are being raised in caring and nurturing whānau, whānau violence is an issue that concerns tamariki and their families disproportionately. In addition, tamariki who are removed from their homes and placed in state-provided care and the challenges faced by tamariki with a parent in prison are also discussed.

### 6.1 The majority of Māori report that they and their whānau are doing well

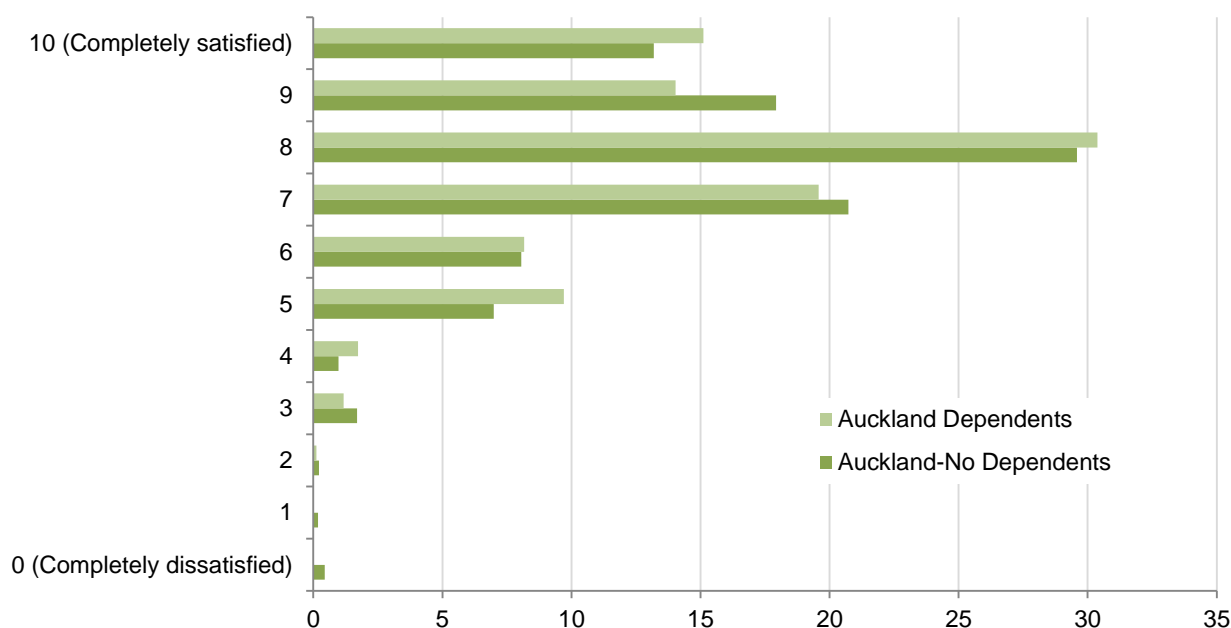
#### 6.1.1 Most Māori report satisfaction with their lives

The Te Kupenga survey asks respondents to rate how they feel about their lives overall on a 10 point scale, with zero representing complete dissatisfaction and ten representing complete satisfaction. Figure 16 presents the results for participants in Auckland with, and without, dependent tamariki in their household. On the whole, the majority of Māori in Auckland (80 per cent) report feeling satisfied to completely satisfied with their lives (7 to 10 on the scale), in line with the results for the rest of Māori New Zealanders of 81 per cent. For those with dependent tamariki, just under 80 per cent (79%) reported that they were satisfied to very satisfied with their lives as a whole. Just under 20 per cent were neutral (4 to 6) and 1 per cent were unsatisfied with their lives (0-3).

Single parents in Auckland were less likely to rate their lives positively than parents in couples: 68 compared to 84 per cent. Single parents were, however, not more likely to rate their lives negatively. The difference was made up for in the proportion of single parents who rated themselves as in the middle (4 to 6), where 30 per cent of single parents do so compared to 15 per cent of parents in couples.

<sup>3</sup> ‘Expressing relationships built on common ancestry and featuring interdependence, reciprocal obligations, support and guidance within rūpū tuku iho’. (Kingi et al, 2014: 14)

Figure 16: Rating of satisfaction with life as a whole, for Māori in Auckland with dependents and with no dependents, 2013 (%)



Source: Statistics New Zealand, Te Kupenga, 2013.

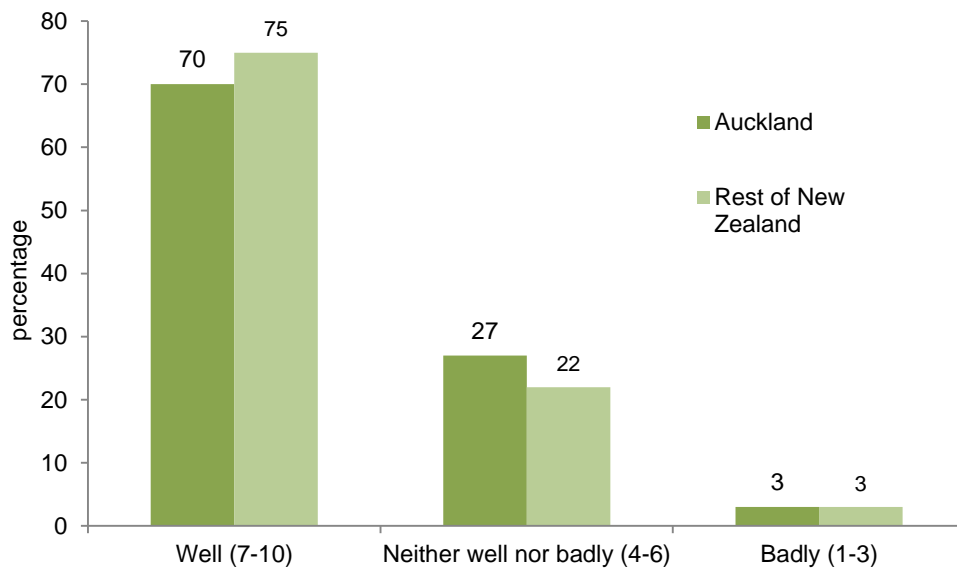
### 6.1.2 Most Māori experience a sense of agency over their lives

Te Kupenga respondents were asked to rank on a 10 point scale the degree of control they feel over the way their life turns out. The responses did not vary much between individuals with and without dependent tamariki in their households in Auckland: 82 per cent reported that they felt they had control over their lives, 17 per cent were neutral on the matter and one per cent reported feeling low levels to no control over their lives.

### 6.1.3 Most Māori report their whānau are doing well and get along well with one another

Te Kupenga respondents were asked to rate how their whānau was doing on a scale of zero to 10, where zero means extremely badly and 10 means extremely well. Figure 17 presents the results for this question for Māori in Auckland in comparison to those living in other parts of New Zealand. Overall, 70 per cent reported their whānau were well or extremely well, 27 per cent reported that they were doing neither well nor badly, while only 3 per cent described their whānau as doing badly or extremely badly. The results for Auckland were slightly less positive than for the rest of New Zealand. In Auckland, single parent respondents were less likely to report that their families were doing well or extremely well in comparison to those in couples: 65 per cent compared to 75 per cent.

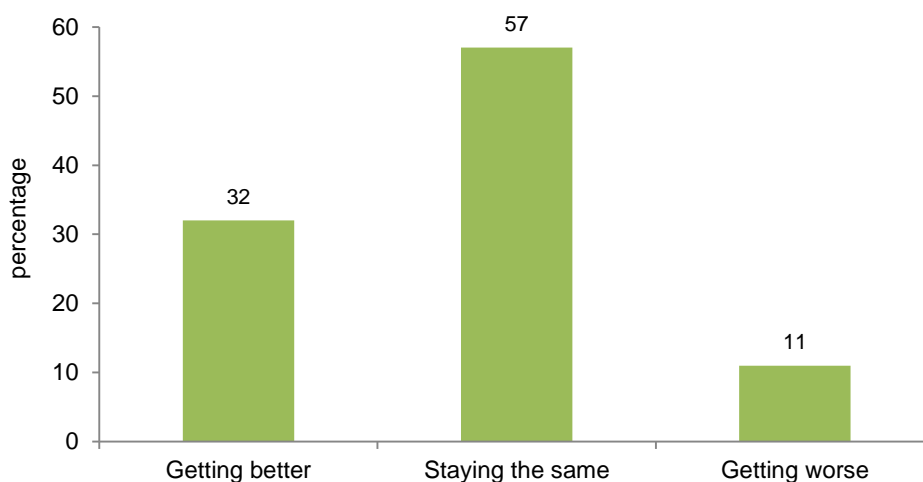
Figure 17: Rating of how well their whānau are doing, Māori in Auckland compared to rest of New Zealand, 2013 (%)



Source: Statistics New Zealand, Te Kupenga, 2013

In line with the rest of Māori in New Zealand, 32 per cent of Māori in Auckland felt that things were staying the same and 11 per cent viewed things as getting worse (see Figure 18). Single parents in Auckland were more likely to report that their situation of their whānau was declining compared to parents in couples: 17 compared to 9 per cent. Similarly, single parents were also less likely to view things as improving for their whānau: 29 compared to 36 per cent.

Figure 18: Rating of future outlook for their whānau, Māori in Auckland, 2013 (%)

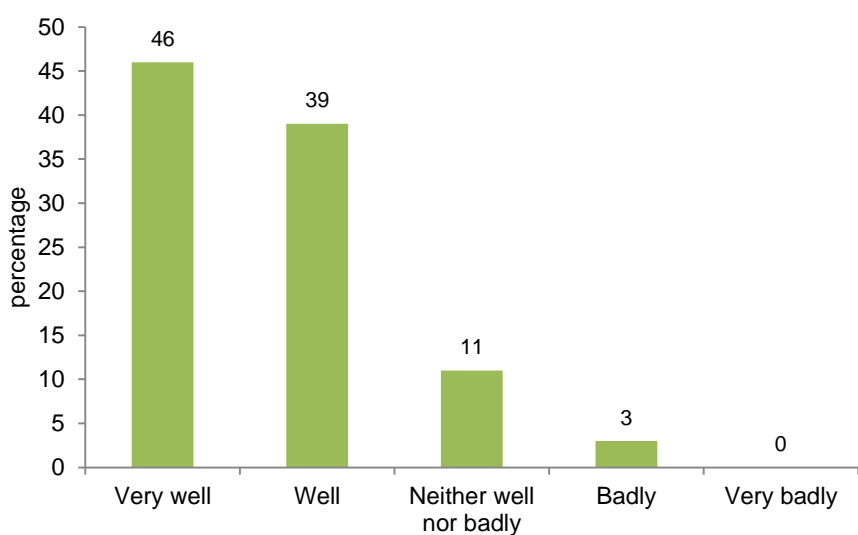


Source: Statistics New Zealand, Te Kupenga, 2013



When asked to rate how well their whānau get along with one another, the majority of Māori in Auckland (85%) report that they get along well or very well. This is in line with Māori in other parts of New Zealand (see Figure 19). Participants with dependent tamariki in their households were more likely than those who did not live with tamariki to report that their whānau got along well: 89 compared to 82 per cent. Parents in couples were more likely than single parents to report that their whānau got along well to very well: 91 compared to 84 per cent.

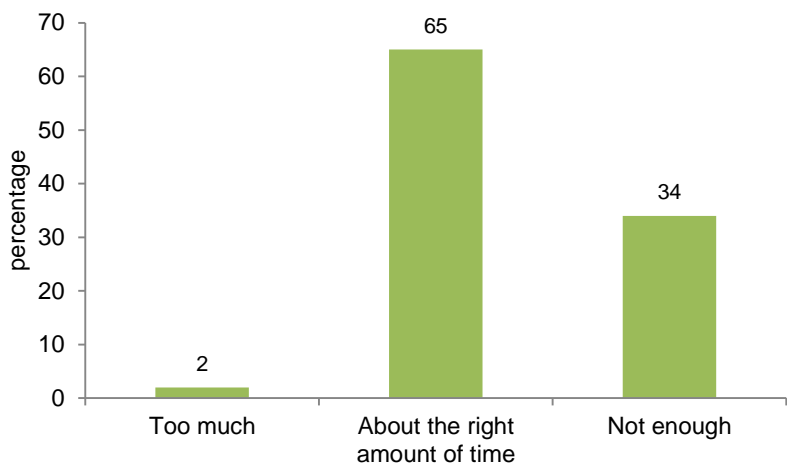
Figure 19: Rating of how well whānau get on with each other overall, Māori in Auckland, 2013 (%)



Source: Statistics New Zealand, Te Kupenga, 2013

Finally, as shown in Figure 20, the majority (65%) of Māori respondents residing in Auckland reported that they had the right level of contact with whānau who don't live with them, while 34 per cent felt that they did not have enough contact and 2 per cent would prefer less contact. These proportions were similar for those living in the rest of New Zealand, and for parents or people with dependent tamariki in their households.

Figure 20: Level of contact with whānau not living with them, Māori in Auckland, 2013 (%)



Source: Statistics New Zealand, Te Kupenga, 2013

## 6.2 Māori are over-represented as victims of family and whānau violence

The majority of tamariki are loved and nurtured and do not face maltreatment. However, Māori are over-represented in family violence statistics as both victims and perpetrators (Cram, 2012; Dobbs and Eruera, 2014). For example, a report published by New Zealand Child and Youth Epidemiology Service and the University of Otago reports that:

In New Zealand during 2000–2013, hospital admissions for injuries arising from assault, neglect, or maltreatment were consistently higher for Māori and Pacific children than for European/Other and Asian/Indian children. While rates for European/Other children declined during this period, rates for Tamariki Māori increased during the early-to-mid 2000s, but declined during 2010–2013 (Simpson et al., 2014: 388).

In addressing the problem of family violence, a differentiation can be made between family violence and whānau violence, where the latter encompasses a wider range of issues (Te Puni Kōkiri, 2010). Whānau violence is defined as ‘the compromise of te ao Māori values and can be understood as an absence or disturbance of tikanga and transgressions against whakapapa’ (Wehipeihana et al., 2003 in Te Puni Kōkiri, 2010:4). The significance of this definition of whānau violence is that it allows the problem to be addressed from within a Māori cultural worldview. Mainstream approaches to addressing family violence have been found to be ill-suited for indigenous communities, globally and in New Zealand. This is partly due to the failure to recognise the impact of colonisation on whānau, hapū and iwi and the lack of recognition of the limitations of emphasising the individual or the nuclear family, rather than more relevant social units, including the whānau (Dobbs and Eruera, 2014). The utilisation of Māori knowledge in developing approaches to addressing violence is recognised as important for improving outcomes (Te Puni Kōkiri, 2010).

The causes of whānau violence are complex and can be attributed both to historic and contemporary factors. Dobbs and Eruera (2014: 23) highlight the following factors, linked to colonisation, which may contribute to the relatively higher rates of whānau violence: ‘loss of cultural identity, isolated and fragmented family systems, weakened traditional mechanisms for support, loss of land, language and self-determination’.

In addition, while family violence occurs across all socio-economic groups, the likelihood of being affected by family violence increases with social and economic disadvantage. The disproportionate disadvantage evident in Māori incomes, employment, health, education and housing are major contributing factors to the high rates of family violence. For tamariki who have been exposed to family violence, there is a further risk of intergenerational cycles of violence.

## 6.3 Disproportionate number of Māori tamariki in the care of the Child, Youth and Family

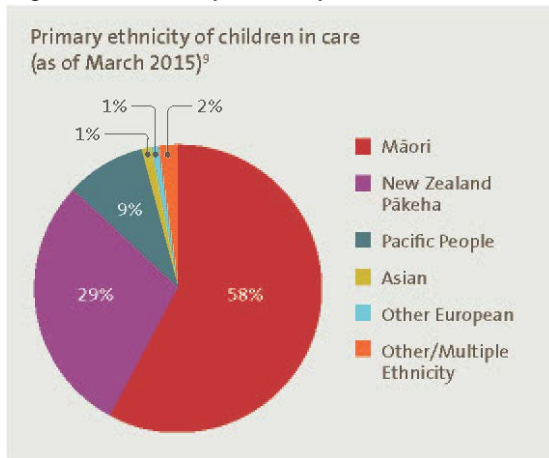
Tamariki/children who are identified as at significant risk of harm at the time of assessment or in the future, and/or who face complex needs are taken into custody by Child, Youth and Family<sup>4</sup> (CYF) who become their legal parent/guardian. At any given time, there are around 5000 children in New Zealand in the care of CYF<sup>5</sup>, of whom more than half (58%) identify as Māori (see Figure 21). Tamariki also make up 68 per cent of all young people in CYF residences (Ministry of Social

<sup>4</sup> A service of the Ministry of Social Development (MSD).

<sup>5</sup> The legal term for this is ‘in the custody of the Chief Executive’.

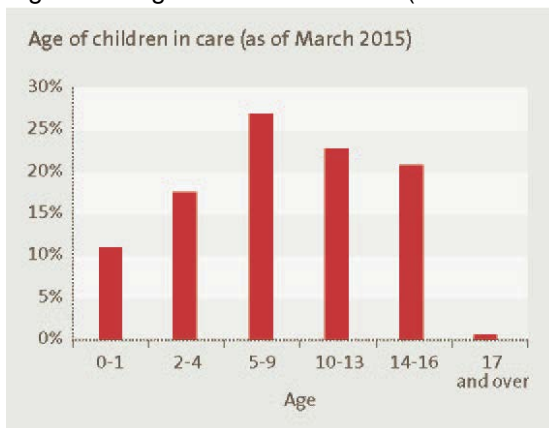
Development, 2015). Approximately a quarter of the 5000 children are under the age of five years (see Figures 21 and 22).

Figure 21: Primary ethnicity of children in care (as of March 2015)



Source: Office of the Children's Commissioner, 2015, 10

Figure 22: Age of children in care (as of March 2015)



Source: Office of the Children's Commissioner, 2015, 10

Tamariki in the care of CYF may live with whānau carers, non-family foster carers, in CYF residences, or in other supported accommodation. Older tamariki might live independently, or have returned home but remain in CYF custody. CYF aims to return children to their own parents or caregivers when it is safe to do so, and prefers to place children with family/whānau carers when it is not.

The tables below provide an overview of tamariki and other children in the care of CYF.

Table 6-1: Children and young people in state care, nationwide, 2011-2015

Primary Ethnic Group	2011	2012	2013	2014	2015
Māori	2,488	2,607	2,711	2,882	2,969
New Zealand Pākehā	1,982	1,830	1,650	1,610	1,446
Pacific Peoples	383	385	400	457	422
Asian	49	55	69	77	60
Other European	28	44	34	33	48
Other / Multiple Ethnicity	90	58	96	129	81
National	5,020	4,979	4,960	5,188	5,026

Source: Ministry of Social Development, 2015

Table 6-2: Children and young people in state custody by age group, nationwide, 2011-2015

Age Group	June 2011	June 2012	June 2013	June 2014	June 2015
Age 0 – 1	525	549	569	596	552
Age 2 – 4	772	809	810	892	887
Age 5 – 9	1,212	1,218	1,268	1,356	1,363
Age 10 - 13	1,267	1,226	1,194	1,210	1,151
Age 14 and over	1,244	1,177	1,119	1,134	1,073
National	5,020	4,979	4,960	5,188	5,026

Source: Ministry of Social Development, 2015

Table 6-3: Children and young people in state custody, by region, 2011-2015

Region	June 2011	June 2012	June 2013	June 2014	June 2015
Te Tai Tokerau	222	256	264	306	317
Auckland	1,365	1,399	1,408	1,516	1,537
Midlands	1,000	1,006	1,056	1,092	1,059
Central	946	995	1,003	1,139	1,143
Southern	1,483	1,321	1,227	1,132	968
Contact Centre / Adoptions	4	2	2	3	2
National	5,020	4,979	4,960	5,188	5,026

Source: Ministry of Social Development, 2015

Table 6-4: Admissions to care and protection residences, nationwide, 2011-2015

Primary Ethnic Group	2011	2012	2013	2014	2015
Māori	62	73	78	92	83
New Zealand Pākehā	59	60	60	39	42
Pacific Peoples	S	S	8	S	6
Asian	0	0	0	S	S
Other European	S	S	S	S	0
Other / Multiple Ethnicities	S	S	S	S	S
Care and protection residences total admissions	132	141	149	141	134

Source: Ministry of Social Development, 2015.

The Modernising Child, Youth and Family expert panel published their review of the performance of CYF in April 2016. The high proportions of tamariki Māori in care is a cause of concern because this review finds that those in statutory care have significantly worse outcomes than other children (The Modernising Child, Youth and Family Expert Panel, 2016). The panel found that ‘the performance of the current system, as measured by the outcomes it is achieving, is clearly well below what New Zealanders want for our most vulnerable children’ (Ibid:7), noting that children in care have poor long term outcomes in health, education, employment and living crime free lives. In this report, they identify likely reasons for the higher representation of Māori children in the care of CYF: ‘higher levels of deprivation in Māori families, conscious and unconscious bias in the system, and a lack of strong, culturally appropriate models for strengthening families and child development’ (Ibid: 7).

The panel suggests that previous reviews of CYF have failed to result in any tangible improvements to the circumstances of Māori children and young people in care. They advocate for ambitious targets to be set to reduce the disproportionate representation of Māori children in the care system. In addition, they also recommend ‘the establishment of a partnership foundation between Māori and non-Māori academics, social service providers, iwi and the future department to build a common agenda around improving life outcomes for Māori children and their whānau through better programmes and services’ (Ibid: 59).

Frustration with the ways in which the social welfare system engages with Māori whānau is not new. In 1988, a landmark publication entitled Pūao-te-ata-tū (Daybreak) the Ministerial Advisory Committee on a Māori perspective for the Department of Social Welfare had as its first recommendation to address cultural racism in New Zealand. The report defines cultural racism as ‘negative attitudes to the culture and lifestyle of a minority culture or the domination of that culture and its efforts to define itself by a power culture’ (Ibid:19). The report also identified institutional racism as a problem affecting the Department as well as other social institutions in New Zealand. It defined institutional racism as ‘the outcome of monocultural institutions which simply ignore and freeze out the cultures of those who do not belong to the majority’ (Ibid: 19). It pointed to how social welfare institutions that prioritised a Pākehā cultural viewpoint at the expense of the values and lifestyles of other groups, and resulted in ‘a profound misunderstanding or ignorance of the place of the child in Māori society and its relationship with whānau, hapū, and iwi structures’ (1988: 7). Its second recommendation was to ‘attack and eliminate deprivation and alienation’ (Ibid: 7). Other recommendations included institutional reforms that would result in better accountability, including to Māori tribal authorities, the inclusion of and consultation with whānau/hapū/iwi in the placement of children, and further efforts to recruit Māori staff.

## **6.4 Māori imprisonment has consequences on tamariki and whānau**

Māori are over-represented in the criminal justice system in New Zealand but there remains a dearth of sustained research to examine the reasons for this and its consequences for affected children and wider whānau (Gordon and MacGibbon, 2011; Workman, 2011). According to an exploratory report prepared by the Department of Corrections (2007) there are two explanations for this that are not mutually exclusive:

- that bias operates within the criminal justice system, such that any suspected or actual offending by Māori has harsher consequences for those Māori, resulting in an accumulation of individuals within the system; and
- that a range of adverse early-life social and environmental factors result in Māori being at greater risk of ending up in patterns of adult criminal conduct. (Department of Corrections, 2007: 4)

A research report prepared in 2009-10 by Pillars, a community organisation that supports the families of prisoners, explores the impact of imprisonment on the children of prisoners (see Gordon and MacGibbon 2011). Their findings of relevance are drawn from the results of a subgroup of the survey sample which included 129 men and 88 women Māori prisoners, of whom 74 per cent were parents with an average of 3.4 children each. In addition, in depth interviews were carried out with caregivers and children of prisoners.

The results of this research suggest that current rates of incarceration of Māori have a range of negative consequences on their children, wider whānau and communities. The results support the argument 'that prison strips Māori communities of their young men, often for extended periods.' (Gordon and MacGibbon, 2011: 3). This is because almost half of the male prisoners interviewed had been to prison four or more times at the time of the research. The study also points to 'intergenerational recidivism' among the Māori respondents, as two-thirds of this group had a person in their household go to prison when they were a child. Importantly, the research finds very little evidence to show that prison was normalised for these individuals when they were young since fewer than six individuals had been exposed to the culture of prison life before themselves serving their first term. Instead, the research suggests that a number of social and economic factors contribute to the high rates of incarceration across generations, including the disruptive impact of the imprisonment of a family member on children.

The negative impacts of parental imprisonment documented in the research are numerous. The major issues of concern were the negative financial impact on whānau, the increased incidence of children moving house and often schools, as well the likelihood of parental imprisonment resulting in bigger families being broken up and siblings being separated. For the prisoners in this research, the person to take care of children after they went to prison was typically the other parent, grandparents, or 'aunties', and some of the children were split up across the wider whānau. In all but one case, the children's carers were women. Most of the mothers with partners in prison were left leading single-parent families. The issues faced by women in securing meaningful work in the labour market, particularly in the case of those who are sole-parents/carers has been discussed above, in Section 5.3.

The Pillars' study also brought to light the extra costs faced by families with a member in prison including those incurred through the charges of phone calls to children and prison visits. The report highlights the emotional impacts of parental imprisonment on children and the fact that very few receive good quality counselling or treatment. The impact of the trauma of the actual arrest on children was also raised. Of those surveyed, two out of five parents had been arrested in front of some, or all, of their children. The imprisonment of a parent appears to have a negative impact on children's access to adequate health care and to disrupt children's schooling, with significant long-term consequences. According to the authors of this report, 'community engagement, more effective health and education interventions and a justice system that is mindful of the needs of the children, can go a long way towards reducing intergenerational imprisonment' (Ibid: 7) .

## 7.0 Whānau Connectedness

*'Whānau will flourish when their connections beyond the whānau lead to empowerment.'* (Kingi et al., 2014: 36)

The fifth marker of flourishing whānau is 'Whānau Connectedness'. This section explores the connectedness and inclusion of whānau in Auckland to wider society. A range of data presented in other sections contributes to understanding whānau connectedness. In Section 5, tamariki enrolment in ECE and use of the health care system was presented. The data suggests that the majority of tamariki are increasingly drawing support from these important societal institutions. Here data is presented that explores the levels of trust of Māori in Auckland in public institutions such as the education and health system. The level of trust that Māori have in public institutions bears some relation to the extent to which these institutions are perceived as fair and non-discriminatory. While available data on perceptions of discrimination is reported here, it must be considered alongside the issue of institutional discrimination (sometimes referred to as structural discrimination) which has been raised in this report as a potential factor in relation to barriers faced by Māori in obtaining mortgages (section 4.4), the over-representation of tamariki Māori in the care of CYF (section 6.2), as well the disproportionate number of Māori involved in the justice system (section 6.4) and may be relevant in other societal institutions (Human Rights Commission, 2012). Institutional discrimination is defined by the State Services Commission as "when an entire network of rules and practices disadvantages less empowered groups while serving at the same time to advantage the dominant group" (cited in Human Rights Commission, 2012: 3). It is more systemic and therefore more insidious than interpersonal discrimination, which is the racist, or discriminatory, attitudes or actions of individuals (Advisory Committee on a Māori Perspective for the Department of Social Welfare, 1988). Finally, this section also explores whānau connectedness as emerging through community engagement and social capital. It therefore explores the extent to which Māori in Auckland report that they are contributing to their communities through the voluntary efforts.

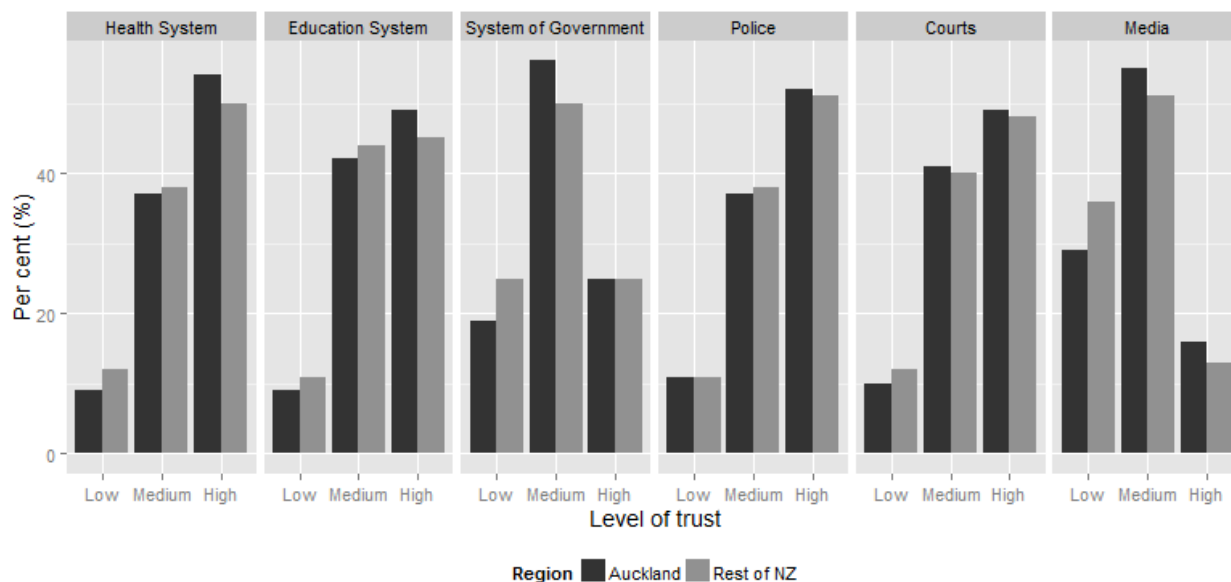
Taken together, these various indicators of whānau connectedness suggest that it is a complex and multifaceted issue. Future progress in this area would involve strengthening community engagement of Māori in Auckland and also fostering increased levels of confidence in important public institutions. Achieving these goals will likely require understanding and addressing any existing institutional racism while at the same time as eliminating interpersonal racism. In addition, building Māori whānau trust in institutions may require public institutions to better reflect and respond to Māori values and aspirations.

### 7.1 Māori have mixed levels of trust in public institutions

The Te Kupenga survey asked respondents to report their level of trust in various public institutions using a scale in which zero represents 'not at all' trusting and 10 represents completely trusting. Figure 23 below presents a summarised set of data for this question, comparing the responses of Māori in Auckland to those in the rest of the country. The response to this question from Māori in Auckland was similar to that of Māori living elsewhere. Overall, 54 per cent of Auckland respondents reported a relatively high degree of trust (7-10) in the health system, 52 per cent reported trust in the police, 49 per cent in the courts and in the education system, 25 per cent in the system of government and 16 per cent in the media. The responses of Māori with dependent-aged tamariki in their households were similar to those without dependents in Auckland. The one exception was that respondents with dependents report higher levels of trust in the education

system than those without. In addition, overall, single parents reported lower levels of trust in comparison to parents in couples in Auckland.

Figure 23: Māori in Auckland versus those in the rest of New Zealand's level of trust in public institutions, 2013



Source: Statistics New Zealand, Te Kupenga, 2013

## 7.2 Māori contribute to their communities

The Te Kupenga survey explored the types of voluntary contributions Māori are making to their communities. The proportion of Māori living in Auckland who provide voluntary assistance tended to be lower than for Māori in the rest of the country. The survey finds that for Māori in Auckland, the most widespread form of unpaid work is helping to take care of children under 14 who live with the respondent (37% reported doing so).

Close to a third of Māori respondents in Auckland (31%) provide help without pay for, or through a school, church, sports club, or other group or organisation. The proportion of Māori in Auckland who contribute to community organisations is higher for those with dependent-aged children in their households (38% compared to 26%). Over a quarter (27%) reported helping someone outside of their household with household tasks.

In Auckland, 15 per cent of Māori respondents reported that they volunteer for or through their marae, hapū and iwi. For households with dependent-aged tamariki, the proportion rises very slightly to 17 per cent. See Table 7-1 for further details.



Table 7-1 Contributions to community, 2013

Voluntary Service	Māori in Auckland (%)	Māori in rest of New Zealand (%)
Provided help without pay for, or through, a marae, hapū, or iwi	15	19
Provided help without pay for, or through, a school, church, sports club, or other group or organisation	31	43
Looked after a child under 14 years of age, who lives in the same household as you.	37	47
Looked after someone aged 14 years or more, who lives in the same household as you, who needed special care because of illness, disability, or old age.	11	11
Looked after a child under 14 years of age, who doesn't live in the same household as you.	22	35
Looked after someone aged 14 years or more, who doesn't live in the same household as you, who needed special care because of illness, disability, or old age.	7	11
Helped with cooking, cleaning, gardening, repairs, or any other housework for someone who doesn't live in the same household as you.	27	39
Do anything else without pay for someone who doesn't live in the same household.	17	28

Source: Statistics New Zealand, Te Kupenga, 2013

### 7.3 Under a quarter of Māori experienced discrimination in the past year

The Te Kupenga survey asks respondents whether they had experienced any discrimination in the previous 12 months. Approximately a quarter of all respondents to the survey indicated that they had experienced discrimination in the past year. Respondents in Auckland were a little less likely to report that this was the case (23% compared to 27% for the rest of New Zealand).

## 8.0 Conclusion: Tamariki and Whānau Resilience

*'Whānau will flourish when they are able to overcome adversity and adapt to changing circumstances.'* (Kingi et al, 2014: 36)

The sixth and final marker of flourishing whānau was developed by Kingi et al (2014) to capture the future outlook for whānau: 'Whānau Resilience'. It focuses on the overall capacity of whānau to demonstrate leadership, to anticipate future needs and to transmit values and knowledge across generations. The Māori Plan is a good example of evidence of the capacity of Māori populations in Auckland to plan for the future. To some extent, the resilience of Māori whānau is partially reflected in the improvements over time documented in the previous five markers of flourishing whānau reported in earlier sections of this report.

To sum, the key findings from the previous markers of flourishing whānau:

- **Whānau Heritage:** there is ample evidence that most tamariki Māori growing up in Auckland are raised in whānau who are engaging in a range of ways with their dynamic cultural heritage, including speaking te reo, being involved in marae as well as engaging in contemporary Māori culture.
- **Whānau Wealth and Standard of Living:** while most Māori parents in Auckland are managing to cover their living expenses, a minority of tamariki Māori are growing up in whānau that are struggling to make ends meet and to secure decent housing.
- **Whānau Capacities:** while most parents are reporting that their tamariki Māori are in good health, and improvements are evident in terms of Māori infant mortality, tamariki Māori are lagging behind Aucklanders overall in terms of preventable hospitalisation rates and immunisation rates. Increasingly, most tamariki are reaping the advantages of early childhood education, and a number amongst them are further benefiting from the culturally specific services of Kōhanga Reo. More broadly, the capacities of whānau in terms of education levels are showing improvements over time, yet Māori workers still find themselves disproportionately in jobs that are less well paid and more sensitive to economic downturn than other groups.
- **Whānau Cohesion:** most tamariki are being raised in caring and nurturing whānau that get along well. Just under a third of Māori in Auckland expect things to improve for their whānau in the future. However, family and whānau violence remains an area of concern for a minority of families. In addition, tamariki Māori are disproportionately placed in the care of Child, Youth and Family Services.
- **Whānau Connectedness:** reported levels of trust in a number of public institutions by Māori in Auckland was variable, with higher rates of trust for the health system, police and the courts, and lower levels for the government and the media. Overall, however, no institutions inspired the trust of more than 54 per cent of Māori in Auckland. Furthermore, close to one in four Māori in Auckland had experienced discrimination in the year prior to the Te Kupenga survey. These figures suggest more work needs to be done to earn the trust and guarantee the fair treatment of Māori in wider New Zealand society.

To conclude, it should be noted that the data reported on here remains only a first step towards achieving a better understanding of the functioning, and especially of the actual future potential, of whānau, as social collectives. For a more comprehensive understanding of whānau it will be necessary to collect and monitor data on indicators of collective wellbeing in addition to the individual socio-economic indicators upon which much of this report has relied. Furthermore, only the Te Kupenga data set was explicitly developed to reflect a Māori worldview. Further progress in

documenting the wellbeing and resilience of Māori whānau will benefit from Māori ownership and involvement in the co-development of research questions, in the identification of the data required to answer them, and in the interpretation of the findings and the assessment of their implications. The future development of appropriate wellbeing indicators will ideally be done in partnership with Māori communities to ensure that the flourishing of whānau is measured with data that is trusted and meaningful to Māori.

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