

Families and Whānau Status Report 2018

RESEARCH SUMMARY

We measure wellbeing against two frameworks: the Family Wellbeing Framework, which identifies four core family functions and the factors that influence and contribute to the ability of families to function well, and the Whānau Rangatiratanga Framework, which takes a Māori world view. This framework uses tikanga Māori principles and capability dimensions to frame our approach to measures of whānau wellbeing. You can read more about the frameworks at the back of this summary.

HOW THE FAMILY AND WHĀNAU WELLBEING PROGRAMME WORKS

Frameworks

Ongoing development of our families and whānau wellbeing frameworks: They guide our development, use and analysis of family and whānau wellbeing data.

Research

Growing the evidence base: Includes a growing range of quantitative and qualitative evidence.

Application

Evidence to action: Show how evidence can support the development of policies and programmes that focus on the wellbeing of families and whānau.



This research summary is an overview of the Families and Whānau Status Report 2018. You can get a copy of the report from: thehub.superu.govt.nz

KEY FINDINGS FROM THE 2018 RESEARCH

Health is a key focus for improving the wellbeing of sole parent families

Sole parents continue to be a group of concern with high rates of psychological distress, smoking, obesity and asthma. They also struggle with food security: 40% cannot always eat properly and over a quarter rely on others or food banks to provide food when they don't have enough money to meet their needs.

Poor mental health is more prevalent for families with one adult than for coupled families. We found a quarter of older people living alone¹ and nearly a third of younger people living alone have been diagnosed with a mental health condition. Additionally, young people living alone have high rates of psychological distress, nearly double that of all adults.

Unhealthy behaviours and risk factors are highest among sole parents, young people living alone and those not in a family nucleus (for example, flatting).

Sole parents continue to be a group of concern with high rates of psychological distress, smoking, obesity and asthma.

Having children at a younger age is associated with experiencing multiple disadvantage for sole parents

Sole parents who are younger, have young children, are of Māori or Pacific ethnicity, are female or have more than three children are more likely to experience multiple disadvantage. Age of the sole parent and age of the youngest child were the characteristics associated with the greatest likelihood of facing multiple disadvantage. Having children at a younger age is also associated with a higher likelihood of experiencing multiple disadvantage.

In particular, sole parents who had their first child below the age of 20 were nearly two and a half times as likely to experience multiple disadvantage as sole parents who had their first child aged 25 to 35. The size of this effect is notable, with one in five sole parents having their children under the age of 20, and 84% of those parents experiencing multiple disadvantage at the time of taking the General Social Survey (GSS).²

Low income and housing were the most common disadvantages for sole parents with multiple disadvantage, irrespective of their age, gender and ethnicity. Nearly four out of five sole parents facing multiple disadvantage had a low income, and nearly two thirds were facing problems with their housing condition and/or overcrowding.



¹ Individuals living on their own or groups living together without a couple relationship or a child are not usually included in our Status Reports. As these groups account for nearly 20% of the adult population and their health outcomes are of interest for this work, we have included them in some chapters of this year's report.

² The GSS is one of the sources of data for the Families and Whānau Status Reports.

Sole parent families do not have adequate access to income and housing

The types of disadvantage faced by different kinds of sole parent families were relatively similar, with income and housing being the two most common disadvantages faced by sole parents.

Our research found that over half (55%) of Māori sole parent families faced multiple disadvantage. Income and housing were two of the most common types of disadvantage faced. Among sole parent Māori households, the two major problems were having a house that was hard to heat (24%) and having a house that was damp (17%).

Previous analyses of Te Kupenga data (Superu 2015) have also highlighted that Māori living in sole parent households with one or more children under 18 years have the lowest home ownership rates among all whānau types and experience high levels of economic insecurity, with only 36% thinking they have enough income to meet their everyday needs.

The significance of the housing disadvantage findings for whānau needs to be set against the background of historic economic and social inequalities that entrenched Māori housing poverty and intergenerational disadvantage. When viewed through this lens, it is not surprising that Māori families are most likely to experience significant and multiple disadvantage.

While interventions that universally target disadvantage in income and housing are likely to result in positive outcomes for most sole parent families, they must be appropriate and accessible for a diverse range of families.

Prevalence of multiple disadvantage across regions differs but the types of disadvantage are broadly the same

At a national level, the prevalence of multiple disadvantage is 16.9% of families, with this figure ranging from 14.1% for Wellington to 26.2% for Northland. Education and health are generally the two areas where disadvantage affects the highest proportion of adults in each region. The exception is Otago (income is the largest issue followed by education) and Auckland (housing is the second-largest issue behind health).

Adults in Māori and Pacific families have higher rates of multiple disadvantage than those in European and Asian families

Overall, higher proportions of adults in Māori (27.7%) and Pacific (31.6%) families face multiple disadvantage compared to those in Asian (13.7%) and European (14.4%) families.

The largest differences between ethnic groups were in the prevalence of disadvantage in housing and material wellbeing. Almost half of adults in Pacific families (47%) and a third of those in Māori (34%) families face disadvantage in housing compared to a quarter of those in Asian families (25%) and a sixth of those in European families (17%).

Adding family type to the New Zealand Health Survey brings research benefits.

Superu worked with Stats NZ and the Ministry of Health to add family type to the New Zealand Health Survey (NZHS). This has allowed us to analyse data on health outcomes, health behaviours and access to health services by family type for the first time. The computer code created by the project team can be used to add family type to any survey that has the appropriate data. With family type added, we took the opportunity to do a broad analysis of the 2015/16 NZHS to examine the health outcomes, health behaviours and access to health services for adults and children across family type. This research is included in the 2018 Status Report.

A tailored approach to supporting families is needed

The health challenges facing families vary by family type. For example, poor mental health was found to be more prevalent for families with one adult than for coupled families.

These differences are likely to have an impact on how families are supported. For example, the level of support available from friends and family is likely to look different for adults living on their own compared to adults with a spouse, partner or adult child who can assist with their care.

This means that families are likely to differ in their overall resilience and in the level of resilience they have to overcome challenges. Policy makers will therefore need to consider not just the type of support required by families facing disadvantage, but the way in which families can most effectively receive this support and how it should be prioritised.

Average government expenditure increases with the number of disadvantages faced

Using linked GSS and Integrated Data Infrastructure (IDI) data, we calculated the average government expenditure for respondents to the 2014 GSS in the year after the date they took the survey. Average government expenditure ranges from around \$3,000 for those with no life domains in disadvantage to around \$15,000 for those with five or more. Superannuation payments tend to account for a greater proportion of spending for those with fewer disadvantages while income support spending forms a greater proportion for groups with higher levels of disadvantage.

A significant minority of adults facing multiple disadvantage receive relatively low levels of government spending

A significant minority of adults facing multiple disadvantage have either no spending attributable to them, or spending of \$3,000 or less – \$3,000 being the average level of spend for someone with no domains in disadvantage. This is concerning as it suggests agency spending may not be reaching many of those it is intended to help.

Before we make too much of this finding, however, it is important to point out that there are several other reasons why someone might appear not to have any government spending attributed to them individually in the IDI. For example, only the data of the adult respondent was linked and not that of other members of their family or household. We were unable to consider in our analysis the spending attributable to other family members.

The relative lack of support could be caused by many different factors, including issues with the way in which services are attempting to engage with families or issues with the criteria that must be met for services to be provided to families. Whatever the case, our results indicate the need for further thinking and research into how social services effectively provide the type and level of support needed by families who face challenges.





A range of drivers continues to shape the measurement of whānau wellbeing

Significant political, developmental, economic, cultural, social and methodological drivers have shaped Māori population scholarship and measurement, and continue to do so. Consequently, the development of whānau wellbeing measures is more than an exercise in research and scholarship. It is a lived reality for whānau who need to be assured that:

- > data and information collected about whānau is relevant to and meets the needs of priorities required by whānau, hapū, iwi and Māori
- > whānau data and information is collected, interpreted, used and protected in the interests of whānau and whānau development
- > new data and information about whānau wellbeing will be used to better inform policies and programmes that impact on whānau.

These issues highlight why it is so important that te ao Māori measurement frameworks continue to frame a strategic and culturally authentic approach to measures in whānau wellbeing.

Research, policies and programmes that impact Māori have a dual purpose

As an Indigenous Peoples and Treaty partner, Māori have travelled in very different cultural, social, economic and environmental directions to those of non-Māori. They have come from near annihilation as a population at the beginning of the twentieth century, coped with the erosion of Māori culture, identity, language and land, and been forced to assimilate with Pākehā society, including through housing policies. Whānau Māori today are grounded in this history. Therefore, research, policies and programmes aimed at the wellbeing of Māori need to be based on two distinct pathways:

- > to support Māori wellbeing research and development priorities
- > to enable both the Treaty partners to determine how well Māori are faring, compared with Māori over time, and with New Zealand as a whole.

Both types are needed. This is an ‘and’ plus ‘and’ research and evidence story.

The ‘kāinga home space’ is a key enabler of whānau wellbeing

Housing for Māori is much more than the physical dwelling. Applying a tikanga Māori lens to policy and research on housing opens further opportunities for growing and designing communities that nurture whānau. This in turn creates new definitions and measures of housing quality and adequacy to support whānau wellbeing. As Kukutai, Sporle and Rata note (p.144):

It is important to avoid unintentionally embedding Eurocentric norms about Māori housing priorities by ignoring aspects of housing that whānau Māori consider important to their wellbeing.

Māori housing is not an ‘add on’ to mainstream housing policies

Traditionally and today, in places where whānau kept alive the ancestral fires of occupation that signify hapū and tribal territories, the existence of kāinga is inextricably interwoven with whakapapa, identity and land.

How whānau conceive of ‘home’ is so fundamental to Māori wellbeing and development that whānau-centred housing research, policies and programmes need to be central to all social policies that focus on Māori health and wellbeing. In order to do so effectively, researchers and policy makers need to fully appreciate the diverse pathways that whānau have travelled since the signing of the Treaty of Waitangi.

Māori housing is a complex interplay of historic and existing factors

The 2018 research explores associations between socio-demographic variables, housing quality, and self-rated individual and whānau wellbeing. Housing issues are commonplace, with nearly half reporting two or more problems with housing quality.

After controlling for demographic characteristics and area level deprivation, self-assessed income adequacy is the factor most closely connected to having a major housing problem. All things being equal, those with 'just enough' income were 9% more likely than those with 'enough' income to have two or more housing problems, while those with 'not enough' income were 14% more likely to have two or more housing problems.

When controlled for socio-demographic indicators, the association between housing quality and physical health was particularly strong, as having a major housing issue was more strongly associated with poor physical health than any other indicator variable in our model (including age, area level deprivation and income adequacy).

This research needs to be set against the circumstances of whānau Māori, who are disproportionately affected by food poverty, fuel poverty and housing poverty. These multiple and intersecting issues, many of which are influenced by underlying structural determinants, constrain housing choices and the capacity of Māori to freely exercise whānau rangatiratanga, to the detriment of individual and whānau wellbeing.

The Whānau Rangatiratanga Framework highlights whānau narratives as evidence

The application of the Whānau Rangatiratanga Framework to the E Tū Whānau initiative³ highlights the significance of whānau narratives and voice as whānau contextualise their world. In this they use familiar concepts and processes to describe and define their own day-to-day experiences.

The Whānau Rangatiratanga Framework provides key insights for an on-going evaluation of E Tū Whānau. When the whānau narratives were directly mapped to the Whānau Rangatiratanga Framework, we were able to develop potential indicator areas. This means that the whānau narratives are directly informing any evaluation of the E Tū Whānau programme.



³ E Tū Whānau is a movement for positive change developed by Māori for Māori. It's about taking responsibility and action in your community and supporting whānau to thrive.

Data development is a key priority so we can better understand families and whānau

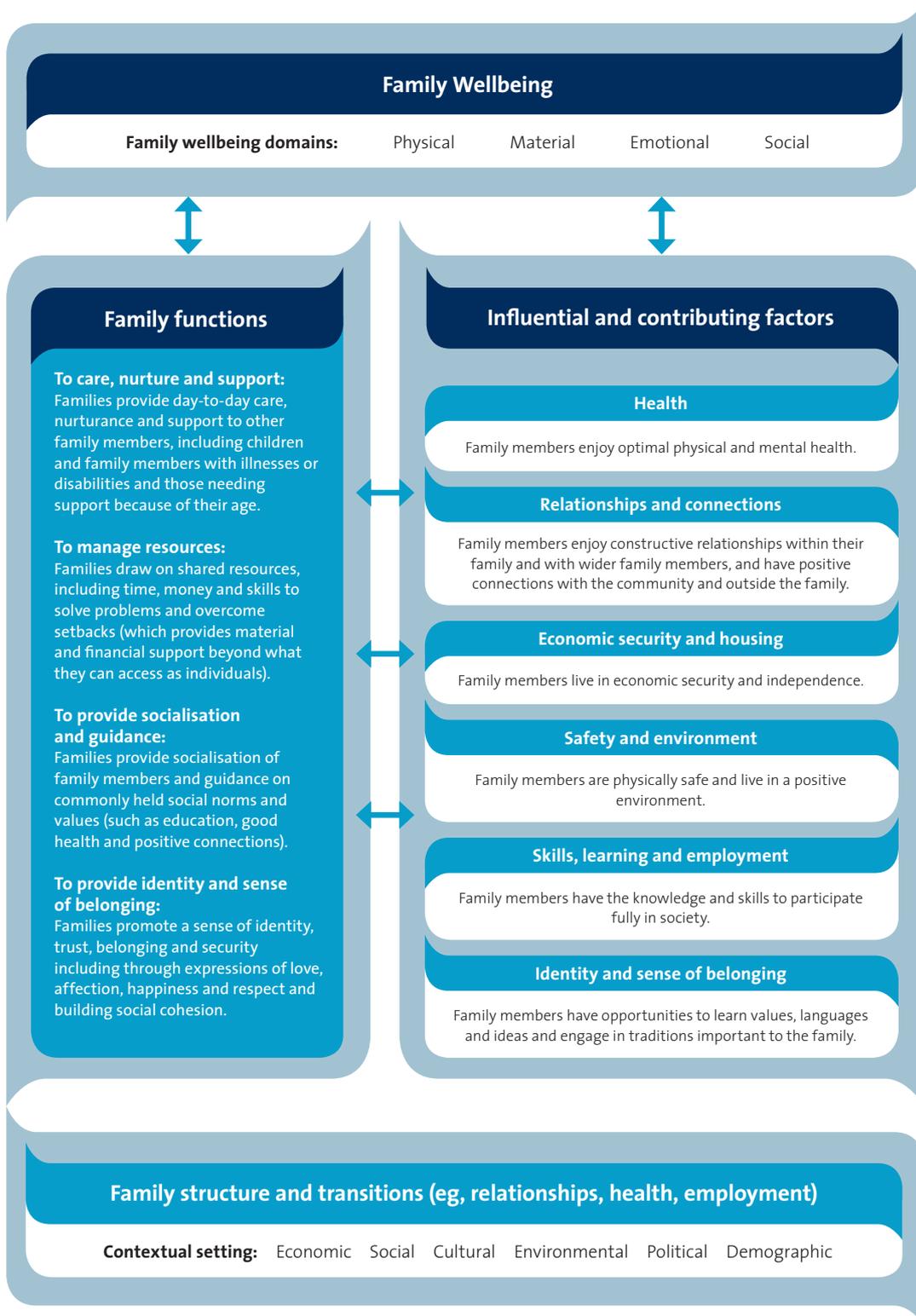
More and better data on families is required	The importance of growing whānau wellbeing data
<ul style="list-style-type: none"> > Better quality data on families in New Zealand is needed. Recent improvements in the amount of data about wellbeing that can be analysed by family type include the development of the General Social Survey (GSS) – we still have a long way to go before this information is comprehensive enough to adequately capture the diverse structure of families and the wide range of factors that contribute to overall family wellbeing. > It is vital that a robust and comprehensive source of information on family wellbeing is developed, potentially by increasing the GSS sample, content or rotation. Having access to comprehensive wellbeing data on a large sample of families is important for ensuring that research on factors that cause or contribute to fluctuations in family wellbeing is able to be conducted. > The Integrated Data Infrastructure (IDI) has the potential to meet some of these data needs, and is a valuable resource in terms of the breadth of information included. However, we believe that the IDI still requires significant further development to reach its full potential. As our research on service matching showed, there are still large gaps in information about some of the key functions of social services in supporting family wellbeing. There are also issues with fully capturing the complexity of families using the IDI. Steps towards this are able to be achieved by incorporating information sources such as the GSS or the New Zealand Health Survey into the IDI. 	<ul style="list-style-type: none"> > Statistical evidence about whānau in government data systems is limited. Consequently, there is a lack of statistical evidence about whānau, and about how definitions and measures of wellbeing from within a Māori world view can lead to different outcomes. > Not only is there a lack of longitudinal data on whānau wellbeing, but also a significant gap in culturally informed measures of whānau wellbeing. This includes Māori definitions and measures of wellbeing, including housing, to inform housing quality and adequacy. > We need whānau wellbeing data that can respond to the aspirations of whānau Māori. At the same time, we need to continue tracking how well Māori are doing in comparison with New Zealand as a whole. > New data developments in themselves, for example the IDI, present further opportunities as well as challenges in relation to how government data systems can respond to the research, evidence and development needs of both Treaty partners.

The future of the families and whānau work programme is in good hands

With Superu’s disestablishment on 30 June 2018, the families and whānau work programme will continue at the Ministry of Social Development.

Family Wellbeing Framework

The Family Wellbeing Framework provides a comprehensive structure for understanding family wellbeing. It identifies four core family functions and six factors that influence the ability of families to fulfil these core functions, which contribute to family wellbeing across the domains. There is a complex interplay between the functions, factors and domains.



Whānau Rangatiratanga Conceptual Framework

The Whānau Rangatiratanga Framework provides a platform and a guide – from within a Māori world view – for collecting, analysing and using data about whānau wellbeing.

The conceptual framework shows that analysis of data about whānau wellbeing needs to be framed from within te ao Māori. The framework presents key tikanga Māori principles and capability dimensions. Collectively, the principles and capabilities frame our approach to the measures of whānau wellbeing.

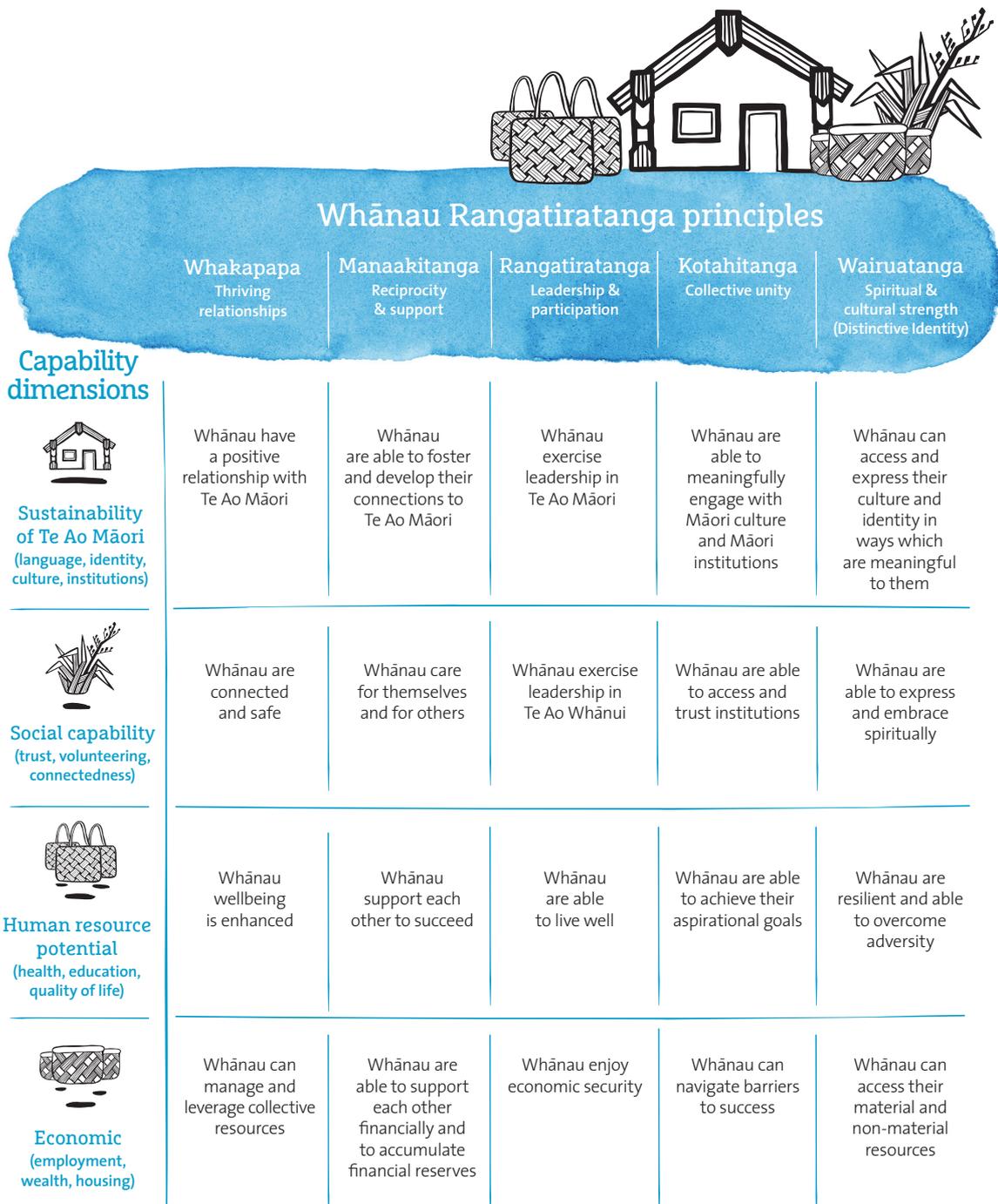


4 This development is more fully described in the 2016 Research Summary: *The Whānau Rangatiratanga Frameworks: Approaching whānau wellbeing from within Te Ao Māori*.

The Whānau Rangatiratanga Measurement Framework

This framework was developed to frame our approach to Māori-specific domains, indicators and measures. It provides a tool with which to guide the identification of measures of whānau wellbeing and the systematic collection of data about whānau wellbeing over time.

The whānau rangatiratanga principles and the capability dimensions of the conceptual framework are portrayed as a dual-axis measurement framework. The framework has been further refined through developing an initial set of aspirational outcome statements which will evolve as this work progresses. The importance of this framework is that the Whānau Rangatiratanga principles provide the overall context for interpreting and understanding data about whānau wellbeing.



Our purpose

The purpose of the Social Policy Evaluation and Research Unit (Superu) was to increase the use of evidence by people across the social sector so that they could make better decisions – about funding policies or services – to improve the lives of New Zealanders and New Zealand’s communities, families and whānau.

Due to Superu’s disestablishment on 1 July 2018, the families and whānau work programme is now managed by the Ministry of Social Development (MSD). The report that this summary is based on was prepared by MSD under delegation from Superu.

 Download the full report: thehub.superu.govt.nz

For more information contact research@msd.govt.nz
