

# **Social Policy Journal of New Zealand**

**Te Puna Whakaaro**

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**Children's Perceptions of Violence**

**Cultural Identity and Pregnancy/Parenthood by Age 20**

**"Boot Camps?" –The Limited Service Volunteers Programme**

**School and Youth Offending**

**The Influence of the 1988 Royal Commission on Social Policy**

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**Rural Families, Industry Change and Social Capital**

**Perceptions of Poverty and Income Inequalities**

**Refugee Groups and Public Health**

**Families with Alcohol and other Drug Addiction**

**Social Indicators and Social Reporting**

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## **FOREWORD**

Issue 37 of the *Social Policy Journal of New Zealand* comprises research papers on a wide range of topics with implications for policy across the social sector.

Research relating to children is always of interest as policies increasingly focus on early interventions. The article by Janis Carroll-Lind, James Chapman and Juliana Raskauskas discusses the findings of a national survey of children's perceptions of violence experienced or witnessed at home, school and in the community, including the extent to which they used violence in their own interpersonal relationships.

Three of the articles in this issue explore research relating to young people: the correlates of early pregnancy, a programme for long-term unemployed and the factors in youth offending. Dannette Marie, David M. Fergusson and Joseph M. Boden report on findings from the longitudinal Christchurch Health and Development Study on the associations between ethnic identity and pregnancy/parenthood by age 20. Robert Maxwell's article is about the outcomes of a programme called Limited Service Volunteers run by the Army at Burnham Military Camp that provides motivational intervention for the unemployed. In the course of Alison Sutherland's research, she spoke at length with serious young offenders about their perceptions of their school experience, concluding that schools might have a real opportunity to break off a young person's trajectory towards youth offending by identifying it early on and intervening in a timely fashion.

Social policy, social capital and citizenship make up another theme for this issue. In an analysis of the Report of the Royal Commission on Social Policy, over two decades since its publication in 1988, Jo Barnes and the late Paul Harris find the document has had a significant impact on policy and debate in New Zealand. Louise Humpage reviews a 20-year span of New Zealanders' attitudes towards social rights of citizenship, and finds evidence that – despite a period of neo-liberal reform and the current tendency to favour tax cuts over redistribution and wage controls – New Zealanders are not willing to sacrifice social spending on health, education and targeted social assistance. In a paper that explores some similar ideas, Penelope Carroll, Sally Casswell, John Huakau, Philippa Howden-Chapman and Paul Perry look at public perceptions of poverty and inequality in New Zealand, how these ideas influence what kinds of assistance they are willing to spend their tax money on, and the implications of this for health and social outcomes. Kaylene Sampson, Colin Goodrich and Ruth McManus study the significant changes affecting New Zealand's rural economy and rural communities, and the buffering role of social capital. Their article focuses on the experiences of 12 families trying to resolve the dilemmas accompanying local industry change.

Health issues are addressed in two pieces of research. Annette Mortensen explores the situation of refugees in New Zealand, finding that they are prioritised to come here because of their high health and social needs, and that this is proving a challenge to health institutions. Gabriele Schäfer's research explores the impact of alcohol and other drug addiction on families and communities through in-depth interviews with residents and ex-residents of a rehabilitation facility, finding painful and traumatic childhoods in their families-of-origin as well as disrupted current familial relationships.

Gerard Cotterell and Charles Crothers review the use of social indicators in New Zealand, focusing on the increased capacity and value to be found in recent developments. In an article addressing environmental issues, Karen Witten, John Huakau and Suzanne Mavoa discuss the findings of a travel survey, focusing on the implications of household travel for social purposes (visiting family and friends) and recreation – travel which is less amenable to the demand management strategies used in work and school settings

I hope you will agree with me that Issue 37 provides something of interest to everyone, and find this issue to be an enjoyable and stimulating read.

Sue Mackwell  
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# **CHILDREN'S PERCEPTIONS OF VIOLENCE: THE NATURE, EXTENT AND IMPACT OF THEIR EXPERIENCES**

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## **Abstract**

This paper reports on a study that examined children's perceptions of the prevalence, incidence and impact of violence experienced or witnessed by them, and factors that mitigated and reduced its impact. A national survey was undertaken of New Zealand children aged 9 to 13 years, with a representative sample of 2,077 children from 28 randomly selected schools of various sizes, geographic areas and socio-economic neighbourhoods. A questionnaire was developed for children to report the nature and extent of physical, sexual and emotional violence (including bullying) experienced at home, school and in the community. To assess the impact of this violence, as well as children's perceptions of school, their coping experiences and the extent to which they used violence in their own interpersonal relationships, analyses of data examined frequencies, bivariate correlations, t-tests and multiple regressions. Results showed a high prevalence of physical, emotional and sexual violence. The study also examined the ethical considerations and philosophy underpinning research that involves children. Guided by Article 12 of the United Nations Convention on the Rights of the Child, the findings support the controversial ethical decision to adopt a passive consent procedure and demonstrated children's competence to express the ways in which violence has affected them.

## **INTRODUCTION**

Perceptions of increased rates of violence worldwide have heightened the need to understand what children think about their experiences as victims or witnesses of violence (Amaya-Jackson et al. 2000, Finkelhor et al. 2005, Garbarino 2001, Ghatge 2000, Osofsky 1999, Wolfe et al. 2003). Much has been written about children and violence, but less has been written from the viewpoint of the children themselves (Mason and Falloon 2001). However, there is increasing recognition of the value of research that examines the direct experience and perceptions of children (Christensen and James 2000, Lloyd-Smith and Tarr 2000, Smith et

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al. 2000). The meanings that children attach to their experiences are not necessarily those shared by adults because their conceptions are informed by the impact these events have on them rather than by legislation or research (Lloyd-Smith and Tarr 2000, Maxwell and Carroll-Lind 1998). As argued by Anderson et al. 1994:

... it is only through trying to understand young people's own views of their experiences as victims and witnesses that we can confront the problem in a way that is meaningful and acceptable to them: that is, in a manner which recognises both the reality of those experiences and the legitimacy of their strategies for dealing with them. (p. 66)

Consideration of children's expressed experiences of violence is consistent with Article 12 of the 1989 United Nations Convention on the Rights of the Child (UNCROC). Article 12 acknowledges that children are people who have a right to be heard, and it underscores the importance of children having opportunities to express their feelings and views. Therefore, guided by Article 12, this study (Carroll-Lind 2006) aimed to examine children's perceptions of the prevalence, incidence and impact of violence experienced or witnessed by them, and to explore the factors that might mitigate or reduce its impact.

## METHOD

A national survey was undertaken of New Zealand children aged 9 to 13 years, with a representative sample of 2,077 children from 28 randomly selected schools of various sizes, geographic areas and socio-economic neighbourhoods. Using the passive consent procedure<sup>2</sup> facilitated the right of children to report on their experiences of violence. The Ethics Committee carefully weighed and gave credence to the issue of children's rights to protection, and acknowledged and confirmed Article 12 of the UNCROC that grants children the right to speak on matters that concern them. Active consent could have compromised both of these rights. The view was held that protecting the rights of children was more important than parental rights to privacy regarding abuse in the home. As Perry (1997) suggests, violence and abuse are not private issues; they are social issues. The choice of a passive consent procedure proved to be effective in obtaining a high participation rate (93% overall) and enabled children the right to choose for themselves whether or not they wanted to participate.

A questionnaire, *Children's Experiences of Violence* (CEVQ) was developed for children to report their perceptions of the nature, extent and impact of physical, sexual and emotional violence (including bullying) within the context of their own environments (home, school and the community). The questionnaire was also used to gather data on children's perceptions of their coping experiences, the characteristics of their schools, and the extent to which they used violence in their own interpersonal relationships. Analyses of the data examined frequencies, bivariate correlations, t-tests and multiple regressions. Qualitative data are also included in the form of quotes to describe the children's experiences. The quotes support the quantitative data and help to extend understanding of the violent events experienced by the children.

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<sup>2</sup> Passive consent requires only that parents who do *not* give their permission for their child to participate sign and return the consent form. Parents who do not return the form are deemed to have given consent.

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## RESULTS

First, the data were analysed to reveal the number of children who had ever been victimised (prevalence) and the number of violent or traumatic incidents that had happened to them within the last year (incidence). The types of violence experienced by the children are categorised as physical, sexual or emotional (which, if it happened at school, could also be defined as bullying).

Not all 2,077 participants answered every question. It was emphasised to each group of students before they began that they did not have to answer any questions they did not want to. In other cases they did not need to answer each question. For example, if children answered: "No it has never happened to me", then the following questions: How often did it happen?; Who did it?; How bad was it?; were not applicable. So because the numbers of respondents vary for each question, percentages are based on the number of students who answered each particular question.

Examining prevalence extends understanding of how common and widespread children's experiences of violence are and provides an estimate of the extent to which these forms of violence may occur in New Zealand. The participating children were asked whether or not they had either directly or indirectly experienced physical, sexual or emotional violence at some time in their lives. Children were asked whether, within the past year, the violence happened to them and whether they had witnessed violence against others. The latter are events in which the violence was not directed at them, but was directed at others in their presence (e.g. family members, friends, peers, or others within their own communities). The children were also asked about their exposure to violence in the media, such as television, videos and movies.

To determine incidence rates, children who reported experiences of either physical, sexual or emotional violence were asked to indicate in the frequency ("ever happened") columns how many times they had experienced this form of direct or indirect violence within the last year. For example, if they had experienced two events, they wrote "2" in this column. If it had happened to them more than 10 times within the last year, they wrote "L", meaning "lots", in this same column to indicate their high number of experiences involving that particular form of violence.

The data, by their very nature, are skewed because the number of students who reported no direct or indirect involvement varied according to the type of violence (physical, sexual or emotional). For example, many children had not experienced any form of sexual violence. Rather than reporting the measures of central tendency, where the real average of the children who experienced violence will be deflated, the results for all single-response answers are presented as frequencies and valid percentages.

The participating children were asked whether or not they had ever experienced a variety of events that were or might have been harmful to them, and in particular, their experiences of direct and indirect physical, emotional and sexual violence. Their violent experiences were categorised according to: "Who did it?" (that is, whether the violence was committed by an adult or another child); "Where did it happen?" (whether the events occurred at home, school or in the community), and whether the events had "happened since Christmas" (that is, within the last year). The children rated the impact of these events on their lives.



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This paper only reports on the children who said they had been exposed to some form of violence. The results showed high prevalence rates of physical, sexual and emotional violence experienced by New Zealand children within their homes, schools and communities.

### Physical Violence

In the questionnaire, physical violence was defined as “being punched, kicked, beaten or hit, or getting into a physical fight (punch-up)”. Sixty-three percent of children reported having directly experienced physical violence at some time in their lives. Two-thirds reported having witnessed physical violence directed at other children, and nearly 90% reported having seen violence in the media. Although less common, still more than a quarter of the children (27%) reported witnessing violence against adults. (A later questionnaire item provided the participants with an opportunity to self-report their experiences as a perpetrator.)

The participants reported a range of direct experiences of physical violence. Some children simply described what happened to them (“I’ve been punched, grabbed by the throat and hung over a trellis and then thrown on the concrete”; “I have been hit by a steel bar”; “I get hidings all the time and some people hurt me”). When recounting their victimisation, some children identified adults as the perpetrators (“Kicked by somebody I don’t know because my dog went on their land”; “My family start to shout at me and beat me more if I don’t finish my homework”; “I got into a fight with my Mum and I hit her. Then she hit me with the broom and kicked me out of the house”). Others described being victimised by other children (“A boy that is at [name of school] beats me up on the way home”; “Some kids tease me and do wrestling moves on me and I’m getting scabs and bruises”).

These quotes illustrate the nature of the participants’ direct experiences of physical violence. The prevalence of direct violence was high, but the rates for witnessing physical violence in the media and against other children were even higher. While witnessing physical violence against adults was the least prevalent form of violence, the nature of that form of violence was severe, as described by a number of children. For example, “I saw people having a fight. Blood on walls and carpet. Screaming and yelling.”

Much of the witnessed physical violence against adults involved family members. Indicative comments were: “My Mum and her boyfriend always get in arguments and I’ve seen heaps of things get smashed”, and “I watched my Aunty and my Dad fighting with knives inside at night”. The majority of witnessed violence occurred in the children’s homes, but some children did describe witnessing family violence elsewhere. For example, “My Dad hurt Mum in town and made her mouth bleed”. The following quote reflects how children describe such events from a child’s perspective:

“In the Christmas holidays my family went away with our friends, but Dad wasn’t allowed to come because Mum had a something order out on him. But on the third day we were there Dad came because he needed to talk to Mum, and Dad and my Dad’s friends got in a big fight with me, all my sisters and the rest of the camp watching.”

New Zealand’s Domestic Violence Act (1995) defines hearing violence as a form of child abuse, and a number of children reported hearing rather than observing the violence that occurred. For example, one child wrote, “I woke up and heard fighting and banging the walls. I thought my Mum’s boyfriend was beating her up.” Another child said, “When my Mum and Step-Dad broke up they started hitting each other. I was in my room in bed.”

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The most prevalent form of physical violence was watching violence on television, videos or movies. A prevalence of 90% suggests that most children living in New Zealand have witnessed violence on television, videos or movies. Most children simply described what they had watched: "I have seen someone get killed by a gun on TV", "Watching people on TV who are dying in hospital [from violence]", "Seeing people on TV drinking and being stupid and crashing". Movies specifically depicting family violence were frequently mentioned: "Well I watched 'Once Were Warriors' when Jake Heke had beaten Beth up and gave her a black eye and bruised her face." The children's developmental age was sometimes reflected in their descriptions of the movies: "When the Germans killed Jews in the war on TV. When you say candyman four times, he comes and kills you with a hook."

Children were also asked to report on the incidence of their direct and indirect experiences of physical violence within the past year. Incidence represents the number of times the children reported their experiences of physical violence "since Christmas" by either witnessing or directly experiencing it themselves. The data indicate that the majority of children had been exposed to either a small amount, or a lot of, physical violence, with the most frequent amount of exposure being in the "1 to 2 times" range (except for witnessing media violence). Witnessing physical violence on television, videos or movies was by far the most common form, with 66% of children reporting they had watched physical violence in the media more than 10 times within the past year.

Some children who reported experiences of physical violence also reported experiencing a range of different types of violent events. These events ranged from physical ("I've been hit with metal or any objects my parents pick up. My Dad abused my Mum when I was young") and sexual violence ("When I got beaten up and when I got chased by a man. When my sister got beaten up by my Dad and when my sister got raped"), to potential kidnapping ("Dad coming and trying to kidnap me. Mum and Dad fighting"). These children all described more than one victimisation, but some children reported multiple experiences:

"I have been followed by a man six times. I got taken off my Dad. Dad went to jail for beating my Step-Mum and assaulting her. I got punched by someone in my family. But I am not telling who. And my Mum is having a bad time at the moment at home."

The children knew their perpetrators in all except 3% of cases, involving strangers (e.g. when reporting violence that happened in the community). Most perpetrators were reported to be in the children's home or school environment, but other known adults, perhaps extended family members or family friends, perpetrated 15% of the violence against children. Siblings were the most frequent perpetrators of physical violence against children (29%). However, when "friends", "classmates", "other children" and "siblings" were combined into a single group representing all children, children committed 81% of physical violence against other children. These findings are consistent with the children's responses that 77% of the violence occurred either at home (36%) or school (41%).

### Sexual Violence

In the questionnaire sexual violence was defined as "having unwanted sexual touching or being asked to do unwanted sexual things". The prevalence of sexual violence was much lower than for either physical or emotional violence. Of the children who answered this question, 192 children (11%) said they had directly experienced sexual violence in some form, 7% reported witnessing sexual violence against adults and 10% reported that they observed other children being asked to perform unwanted sexual activities or having

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unwanted sexual touching. Most children's experiences of sexual violence were reported as being witnessed on television, videos or movies.

Children's descriptions of sexual violence mainly included reference to their direct victimisation ("My granddad was trying to kiss me but I pushed him away", "Me getting touched down there, being raped"). Sometimes other children were involved ("This man said if we don't run he will rape me. And getting a hiding"). Fewer comments were made about indirect (witnessing) of sexual violence, although one girl wrote: "When I had to watch my best friend made to drop her pants in front of a man and have him smash a beer bottle in her face". These quotes describe serious incidents of sexual abuse. Unlike physical and emotional violence, more adults (41%) were identified as perpetrators of sexual violence against children, with "other known adults" being the largest group of offenders at 19%, followed by strangers (13%) and parents and caregivers (9%).

For the children who directly experienced sexual violence, "once or twice" was the most frequently reported incidence, with 43% reporting a single incident within that year of data collection. A smaller minority (15%) reported experiencing sexual violence on a number of occasions ("lots").

### Emotional Violence

Emotional violence was defined as being threatened, called names, ganged up on, left out, not spoken to, narked on, gossiped about, and "having tales told about me". First, children were asked whether emotional violence had ever happened to them as well as whether they had witnessed emotional violence against others. The data yielded high rates of prevalence for direct experience as well as for witnessing emotional violence against other children and witnessing emotional violence in the media. In this study, 88% of the participants reported witnessing emotional violence against other children and 80% reported directly experiencing emotional violence themselves. While not so prevalent, almost a quarter of the sample did report witnessing emotional violence against adults.

The participating children expressed a number of comments that support the quantitative data on emotional abuse. Their quotes could be categorised according to the types of emotional violence described in the CEVQ definition. First, children reported being threatened: "A boy is saying he is going to get me and my friends back for telling on him. He has hurt us before." Some of the threats were made by telephone (e.g. "I got a phone call and they said some scary stuff and they knew my name because they asked for me") or followed up by letter ("My friend rang me up and said mean things to me. Then she sent me a horrible letter that said I was a big show off"). Children also reported sexually explicit threats ("A boy threatened to rape me and threatened to kill me"). These quotes demonstrate the serious nature of some of the threats made against children.

Children predominantly described bullying-type incidents perpetrated by other children. Name-calling was a very common occurrence. Indicative comments included: "People tease me because I shake when I am nervous and they call me Shivery Shake"; "In my class there is a boy. He has been calling me names since last year"; "When my friend said I was a chicken by not climbing a tree"; "When I was playing basketball someone said that I suck". There were also instances of racial bullying: "A girl wouldn't let me sit by her because she said you are an Indian. I am an Indian. When I was with my friends and she said I am a piece of dirt."

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Other children reported feeling ganged up on (“When I catch the High School bus they repeatedly trip me up because they like to see me hurt and all because I go to a different school”; and “When some boys in my class have been mean to me. They take my things and will not give it back to me”). Most of the comments applied to the school context, although the following quote reflects being ganged up on at home: “My brother’s friend shut me in a room and only he was in there”.

More often children reported being excluded in the playground (e.g. “Left out when I want to play games”, and “Name calling; nobody wants to play with me”). The term *relational aggression* defines many of the “ganged up on”, “left out” and “gossiped about” comments (“When my friends be nice to me one day and the next day they fight me or hurt my feelings”). Some comments were particularly abusive: “Being left out and being told that flies were hanging around me.”

The last phrase in the CEVQ definition of emotional violence comprised being gossiped about and the target of rumours. Children described a variety of reasons for why other children gossiped about them: “People get mean to me because my Mum goes out with heaps of men”; “My friends turned against me and are being very mean. They always have something to tease me about – like my teeth, what I look like, my reactions and who I hang around with”; “A girl spread it around the school that I liked a boy when I didn’t because she was jealous of me.” Less frequently, the emotional violence involved adults. Indicative comments to illustrate this form of emotional violence included: “Dad’s girlfriend yells at me and swears at me when Dad isn’t around for no reason”, and “People said I would be traded for a dog”.

An important finding is the high number of children ( $n = 608$ ) who said they had experienced emotional violence more than 10 times in the last year, compared to the next highest number of children ( $n = 204$ ) who said they had experienced emotional violence only once. Even when the numbers are combined to indicate children experiencing emotional violence once or twice within the last year ( $n = 402$ ), more children experienced “lots” of emotional violence rather than one or two incidents. Recurrent episodes of emotional violence also occurred with children’s reporting of witnessing emotional violence, whether it was watching it happen to children, adults or in the media. More children reported witnessing over 10 incidents of emotional violence, with the next highest frequency being watching it happen just once. For example, 60% reported watching emotional media violence “lots”, compared to 21% who said they only watched it once or twice. Similarly, 45% of children reported witnessing emotional violence against other children more than 10 times within the last year, compared to 31% who witnessed this happen once or twice. When children described their own direct experiences, they reported that the majority (86%) of emotional violence was perpetrated by children (40% by friends and classmates, 31% by other children and 15% by their siblings).

### Impact of Violence on Children

Children who experienced violent events were asked to rate the impact of those violent experiences. For all forms of violence (physical, sexual and emotional) a 1 to 5 Likert-type scale was used to measure the impact, with 1 indicating little or no impact and 5 indicating the highest level of impact. It is likely that children are affected by their experiences differently, and so are likely to rate the impact of similar events differently. To explore the impact of physical, sexual and emotional violence on children, t-tests determined whether

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there were significant differences between the means of the impact variables (“happened to me”, “watched happening to other children”, “watched happening to adults” and “watched on TV, videos, or movies”). Similarly, t-tests were the most appropriate statistical test for comparing the impact of the different forms of violence.

All types of witnessing physical violence (against children, against adults and in the media) had more impact on children than their own direct experience of violence. Witnessing physical violence against adults and in the media both had more impact on children than witnessing physical violence against other children. Witnessing violence against adults, however, had more impact than witnessing physical violence in the media. The summary of the physical violence t-tests indicates that physical violence involving adults had the most impact on children. Most described the impact of family violence: “I have watched my Mum and Dad fight and I have been scared that they might break up and it is very frightening for me and my sisters”; “When my aunty’s boyfriend beats her it makes me afraid if I am watching”; “People screaming. I was scared when my Mum and her girlfriend were fighting and her girlfriend was hitting my Mum.”

While most reported feeling afraid, some children described how violent behaviour affected them in other ways, such as not being able to sleep or to get the incident out of their minds. For example:

“When my Mum and Dad had a fight and my Dad wouldn’t stop beating my Mum up and I can’t stop thinking about it, but they don’t do that any more and when my Dad yells at my brother and the way he speaks.”

Sometimes witnessing violence that involved the adults they love most posed a dilemma for children, as in the case of the child who said, “I’ve been scared when my Mum and Dad fight because I don’t know who to go to.”

Similarly to physical violence, witnessing emotional violence in the media and against adults had more impact on children than direct exposure to emotional violence. While witnessing emotional violence against adults and in the media also had more impact than witnessing it against children, witnessing emotional violence against adults had more impact than watching it in the media.

Sexual violence elicited some different results. Children reported their direct experiences of sexual violence as having more impact (in contrast to physical and emotional violence). Real-life sexual violence had more impact on children than watching it in the media. When comparing the different types of violence, the results indicate that while emotional violence was related to higher impact on children than physical violence, sexual violence had the most impact of all three forms of violence. Often disclosure about sexual violence involved the breaking up of the family unit. One girl wrote:

“I have been sexually abused and just had it sorted out and I had to move away from all my friends and family. My brothers always hurt me by calling me names about my weight and size.”

Another said, “My Dad went to jail for raping me.”

All types of violence involving adults were rated higher in terms of impact than violence involving children. When adults were involved in the event, it not only had more impact on

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the child but also affected their coping strategies and decisions about disclosure. In most measures of impact, witnessing violence had more effect on children than direct exposure to violence. In all cases, witnessing the different forms of violence against adults had the most impact. Except for sexual violence, even watching violence on television, videos or movies had a greater impact than direct exposure to physical and emotional violence.

The regressions predicted different relationships, depending on the type of violence being analysed. More occurrences of physical and emotional violence increased its impact, but this was not significant in relation to the impact of sexual violence. Physical and emotional violence had more impact on younger children, whereas age was not a predictor for sexual violence. With the coping variables, the only significant predictor was that thinking they might have stopped it or made a difference increased the impact of physical violence. Slight relationships were found between the witnessing of violence and children's self-reporting of their own antisocial behaviour.

Contrary to expectation, the regressions found no relationships between children's experiences of physical, sexual or emotional violence and the decile rating of their school. This is an important finding because it indicates that school factors other than socio-economic ones can interact with children's experiences to reduce the impact of violence on children.

## DISCUSSION

Comparison of the three types of violence revealed emotional violence to be the most prevalent form of both direct and indirect violence. Witnessing violence was more prevalent than direct violence, and a key finding was that, with the exception of sexual victimisation, witnessing violence against others was perceived by children to have more impact than violence directed at them. Even witnessing violence in the media was found to have a negative effect on children.

The reasons that children rated the impact of witnessing violence against others as greater than the impact of their own victimisation are difficult to explain. It is possible that children who had never experienced violence themselves were more upset when they witnessed violent events (even on television) and consequently rated it highly for its impact on them. Just as plausible, however, is the explanation that children rated very highly the impact of witnessing violence against someone they love. Thirdly, it is possible that violence witnessed against adults may have had a higher impact because this violence would have been exclusively perpetrated by adults, whereas the violence experienced by children was overwhelmingly perpetrated by other children. Thus the power of adult violence, in comparison to that wielded by children, may have strongly influenced the higher impact ratings.

The finding that witnessing media violence had more impact than witnessing violence against other children was contrary to expectations. It was thought "real life" violence would be considered more serious, in the same way that children perceived the impact of witnessing violence against adults. However, some children described their turmoil of feeling powerless to intervene when witnessing bullying, perhaps for fear of the bullies turning on them. As stated by this boy, "My friend got body slammed before my eyes and I was too weak to help him get up."

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Apart from the small percentage of children who reported emotional violence perpetrated by adults (with indicative comments such as “Mum said she didn’t love me. I was sad”; and “Mum has been quite a witch, spelt with a B, and started screaming at me. I’ve tried suicide two times because of her”), the majority of the emotional victimisation could be described as bullying perpetrated by other children. Witnessing relational aggression among their social peer groups was a common form of bullying among these participants. Perhaps the level of impact was high because children were worried it would happen to them next time. Although witnessing emotional violence or bullying had more impact on children than direct experiences of bullying, many children also rated the impact of their own victimisation as high. For example:

“My friend said I was going to get a bash from a fifth former in College. It has been going on for ages but I’m still afraid. It’s stopped now but still I’m scared.”

The impact of emotional violence was increased if it happened at school and underscores the effect that school bullying has on children. This finding has important implications for teachers and schools, who have a legal responsibility to provide a safe learning environment, particularly when the impact of witnessing emotional violence was found to be associated with children’s perceptions of their school in relation to bullying and school safety.

Of the three types of violence, sexual violence was the least prevalent type experienced by children but stood out for being rated decisively higher on its impact. Incidence rates revealed a bimodal distribution, in that most children had either experienced a one-off event or many violent events (i.e. happening more than 10 times within the year of data collection. This finding raised the possibility that for some children the abuse was ongoing at the time of data collection and perpetrated by people they knew.

### Implications for Policy and Practice

This study identified a number of implications for children and their families, schools and policy. These implications guide the following recommendations. First, violence in society has many sources and requires systematic attention at many levels to reduce its prevalence and incidence. Media violence is the most prevalent form of violence in children’s lives. However, it is also the easiest to address and perhaps the main type of violence that can be prevented. Therefore the implications arising from this study are that parents should monitor what their children watch in the media, and policy makers should examine the types of programmes accessible to children. This conclusion stems from the finding that witnessing violence was a common experience of children, and one that was reported to have a significant impact.

The participating children reported high rates of both direct and indirect violence. Children should feel safe in their homes, in their communities and in their schools. Emotional violence was the most prevalent form of both direct and indirect violence. For many children in New Zealand, the conclusion can also be drawn that bullying is part of their childhood. This form of emotional violence was found to have a negative impact on their lives. Children rated the impact of emotional violence higher than that of physical violence, which suggests that the negative effect of emotional or psychological abuse has implications for schools in relation to bullying.

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The study found that all violence involving adults had the greatest impact. This finding serves as a salutary reminder that children should not be placed in situations where they witness arguments and fights between adults. Witnessing violence involving adults also has more impact on children than violence directed at them. This finding highlights, in particular, the adverse effect of family violence.

Policies and programmes that could safeguard children are often based on statistical data that imply a particular need or reason to be concerned about the safety of children. But the number of children involved in family and domestic violence is masked, because it is seldom recorded statistically and, if reported, is usually only recorded in terms of broader family incidences. More accurate data (based on the findings of this study) that reflect the prevalence of children affected by violence could mean that positive government policies and programmes would be implemented to reduce children's experiences of violence. This study addresses these issues of prevalence and incidence of violence against children and provides a valid base from which parents, schools, communities, and professional and government agencies can work together to raise awareness of the impact of violence on children and make decisions about ways to protect them.

The level of children's exposure to violence in this country is relatively high. While the study revealed high prevalence and incidence rates, contextual factors often associated with violence were found to be of minimal practical importance in this study. The study revealed, however, that some of the participating children who experienced violence did not feel they had been well supported by adults. Children who were sexually victimised often chose not to disclose this. Friends were found to be the first line of support for children who did disclose their victimisation. Schools may therefore need to include a more formalised arrangement of peer support. By providing an empathetic and supportive environment, children may be more likely to seek support from adults instead of mainly confiding in their friends.

There is an immediate need for teachers and schools to confront the pervasive issue of bullying in New Zealand schools. Anti-bullying efforts will also be important for providing safe learning environments. Furthermore, as likely witnesses of bullying, peers should be taught to voice their disapproval and intervene. Findings indicate that negative peer interactions can worsen the impact of bullying, so children must be taught to respond appropriately. Schools may be able to intervene effectively to reduce violence if they acknowledge the problem and adopt school-wide philosophies.

While these suggestions make a difference in the lives of children, the study does not provide all of the answers to reducing and mitigating the effects of violence. There are no simple solutions because multi-faceted solutions are required. Government legislative change concerning the use of physical discipline of children, reductions in the portrayal of media violence, providing safe schools with supportive cultures, adult and child education programmes as well as all the other recommendations are not in and of themselves enough to significantly reduce violence against children. Nor can schools and the people who care for children be responsible for all of the ills of society. The challenge now is for the findings of this research study to inform the decision-making of policy makers, which is not easy with research involving children. Children have a different perspective and experience life differently from adults. This difference does not negate the validity of their perspectives and experiences, but as Jamison and Gilbert (2000) stated:



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The problem for policy makers is how to understand and give recognition to children's experience of life – including family, school, and other aspects of public life that have an impact on them. This requires a commitment to involving children, learning about ways to involve them, and recognising both real and perceived barriers to their active participation in policy and decision-making processes. (p. 185)

The findings indicate a need to examine the complex interactions of variables that may buffer or exacerbate the negative effects of victimisation, and the literature highlights a variety of protective factors.

## CONCLUSION

This study gained valuable insight into children's experiences through procedures that encapsulate children's perspectives about the nature and extent of violent events in their lives. The results acknowledge and support the controversial ethical decision to adopt a passive consent procedure and demonstrate the children's competence to understand the research requirements and their ability to express the ways in which violence has affected their lives. Sanctioned by the University Ethics Committee, the passive consent procedure employed in this study allowed more children to report their experiences of violence, and this procedure is recommended for future studies involving children. Valuing children's perspectives and recognising that they hold the most valid perception of their experiences as recipients and witnesses of violence may mean that adults are able to confront the problem in a way that is meaningful and acceptable to the children who have experienced violence.

The level of children's exposure to violence in this country is relatively high, and New Zealand appears to be a more violent country for children than was previously realised. The perceptions of the children in this study were that their experiences had a notable impact on their wellbeing. Furthermore, observation of violent events was rated as having a more powerful impact on children than their own victimisation. For many children the conclusion can be drawn that bullying is part of their childhood. Reporting the effects of their violent experiences highlighted the special vulnerability of children. Adults must assume responsibility to reduce our children's exposure to violence because New Zealand cannot afford the devastating effects of failing to protect its children.

## REFERENCES

- Amaya-Jackson, L., R.R.S. Socolar, W. Hunter, D.K. Runyan and R. Colindres (2000) "Directly questioning children and adolescents about maltreatment: A review of survey measures used" *Journal of Interpersonal Violence*, 15(7):725–759.
- Anderson, S., R. Kinsey, I. Loader and C. Smith (1994) *Cautionary Tales: Young People, Crime and Policing in Edinburgh*, Avebury, Aldershot.
- Carroll-Lind, J. (2006) *Children's Perceptions of Violence: The Nature, Extent and Impact of their Experiences*, doctoral thesis, Massey University, Palmerston North.
- Christensen, P. and A. James (2000) "Researching children and childhood: Cultures of communication" in P. Christensen and A. James (eds.), *Research with Children: Perspectives and Practices*, Falmer Press, London.
- Finkelhor, D., R. Ormrod, H. Turner and S.L. Hamby (2005) "The victimization of children and youth: A comprehensive, national survey" *Child Maltreatment*, 10(1):5–25.
- Garbarino, J. (2001) "An ecological perspective on the effects of violence on children" *Journal of Community Psychology*, 29(3):361–378.

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- Ghate, D. (2000) "Family violence and violence against children" *Children and Society*, 14:395–403.
- Lloyd-Smith, M. and J. Tarr (2000) "Researching children's perspectives: A sociological dimension" in A. Lewis and G. Lindsay (eds.), *Researching Children's Perspectives*, Open University Press, Buckingham.
- Mason, J. and J. Falloon (2001) "Some Sydney children define abuse: Implications for agency in childhood" in L. Alanen and B. Mayall (eds.), *Conceptualizing Child-Adult Relations*, RoutledgeFalmer, London.
- Maxwell, G. and J. Carroll-Lind (1998) "Distorted childhoods: The meaning of violence for children" *Social Policy Journal of New Zealand*, 10:177–189.
- Osofsky, J.D. (1999) "The impact of violence on children" *Domestic Violence and Children*, 9(3):33–49.
- Perry, B.D. (1997) "Incubated in terror: Neurodevelopmental factors in the 'cycle of violence'" in J.D. Osofsky (ed.), *Children in a Violent Society*, Guilford Press, New York.
- Smith, A.B., N.J. Taylor and M.M. Gollop (eds.) (2000) *Children's Voices: Research, Policy and Practice*, Pearson Education New Zealand, Auckland.
- United Nations (1989) *The United Nations Convention on the Rights of the Child*, United Nations, Geneva, [www.unicef.org/crc/fulltext.htm](http://www.unicef.org/crc/fulltext.htm).
- Wolfe, D.A., C.V. Crooks, V. Lee, A. McIntyre-Smith and P.G. Jaffe (2003) "The effects of children's exposure to domestic violence: A meta-analysis and critique" *Clinical Child and Family Psychology Review*, 6(3):171–187.

# **CULTURAL IDENTITY AND PREGNANCY/PARENTHOOD BY AGE 20: EVIDENCE FROM A NEW ZEALAND BIRTH COHORT**

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## **Abstract**

Ethnic differences in fertility and timing of role transition to parenthood have been the focus of extensive research. The present study examined the associations between ethnic identity and pregnancy/parenthood by age 20 among a longitudinal birth cohort of New Zealanders born in 1977. Those participants of sole Māori identity reported higher rates of both early pregnancy and parenthood than either non-Māori or those of Māori/other ethnic identity. Control for a range of socio-economic and family functioning factors reduced the magnitude of the associations between ethnic identity and pregnancy/parenthood. However, even after controlling for socio-economic and family functioning factors, sole Māori individuals were still at greater risk of pregnancy/parenthood by age 20. Similar results were found for an alternative measure of the extent of Māori identity. It was concluded that higher rates of early pregnancy/parenthood among Māori are associated with factors relating to cultural identity. However, the mechanisms by which cultural identity may be linked to early pregnancy/parenthood are unclear.

## **INTRODUCTION**

In recent years there has been considerable interest in ethnic differences in fertility rates in industrialised nations (Kollehlon 2003, Lindstrom 2003, Kaufman et al. 2007), with research showing that fertility rates and timing of role transition to parenthood by ethnic minorities are often at variance with those of the majority population (Coley and Chase-Lansdale 1998, Higginbottom et al. 2006, Whitley and Kirmayer 2008). Further research has examined the role of early age of parenting and parenthood in contributing to ethnic disparities between groups in industrialised nations (Singh et al. 2001, Hobcraft and Kiernan 2001, Robson and Berthoud 2006).

In New Zealand it has been well documented that women of Māori ethnicity are more likely to become parents at an earlier age than non-Māori women (Dickson et al. 2000, Woodward et al. 2001, Mantell et al. 2004, Statistics New Zealand 2004, Khawaja et al. 2006). For

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example, rates of teen pregnancy among young Māori are approximately four times higher than those of their non-Māori peers (Dickson et al. 2000, Bean 2005, Statistics New Zealand 2005, Ministry of Social Development 2008b). Between the years 2001 and 2003 half of all Māori women who gave birth were under the age of 26, with the 20 to 24 years age group having a fertility rate 2.7 times that of non-Māori women. Furthermore, data show that the median age of childbirth in 2003 was 26.2 years for Māori women and 30.1 years for non-Māori women (Ministry of Social Development 2008a, 2008b; Statistics New Zealand 2005, 2008). In addition, while non-Māori women over the past few decades have increasingly chosen to delay reproduction, a trend seen in other industrialised nations, there has been no increase in childbearing among Māori women over the age of 30 (Bean 2005, Ministry of Social Development 2008b).

In contrast to females, less is known about the demographic profile and parenthood experiences of Māori males who father children at an early age. International research suggests, however, that adolescent fathers often share a similar profile to that of adolescent mothers, with adolescent fathers also having lower levels of educational attainment, and exposure to socio-economic deprivation and family adversity in childhood (Coley and Chase-Lansdale 1998, Quinlivan and Condon 2005, Tan and Quinlivan 2006). Although a number of New Zealand studies have investigated the sexual and reproductive health of young Māori males, these generally report on early age of onset of sexual initiation (Fenwick and Purdie 2000), contraceptive use (Clark et al. 2006) and sexual health status (Ministry of Health 2001).

The earlier age of first parenthood among Māori is likely to be one of the factors that contributes to the higher rate of socio-economic disadvantage experienced by Māori, leading to continuing ethnic disparities between Māori and other New Zealanders (Statistics New Zealand 2007b, Ministry of Social Development 2008b). This view is supported by international and New Zealand-derived research showing that early age of parenthood is related to lower educational achievement, higher rates of welfare receipt and lower income levels, leading to an elevated risk of experiencing poverty and material deprivation (Klepinger et al. 1995, Moore et al. 1995, Coley and Chase-Lansdale 1998, Hofferth et al. 2001, Singh et al. 2001, Hobcraft and Kiernan 2001, Robson and Berthoud 2006, Woodward et al. 2006, Boden et al. 2008). For these reasons, understanding early pregnancy and parenting by Māori is of significant theoretical and public policy importance. Broadly speaking, there are three theoretical perspectives that may explain the higher rates of early onset of pregnancy and parenthood by Māori.

The first perspective is based on the fact that, on a wide range of indices, Māori are subject to greater socio-economic disadvantage than non-Māori (Poata-Smith 1997, Chapple et al. 1997, Chapple 2000, Statistics New Zealand 2007, Ministry of Social Development 2008b). There is also considerable evidence to suggest that individuals from socially disadvantaged backgrounds become parents at an earlier age (Coley and Chase-Lansdale 1998, Woodward et al. 2001, Boden et al. 2008). Therefore, it may be that the earlier age of parenthood among Māori reflects the relative socio-economic positioning of Māori in New Zealand.

A second perspective regarding the differences between Māori and non-Māori in early pregnancy rates involves an ecological “at risk” model of familial adversity (Ramey and Landesman Ramey 1998, Repetti et al. 2002). Research indicates that, separate from economic disadvantage, Māori have greater exposure to negative childhood and related experience when compared to non-Māori (Fergusson 1998, Ministry of Social Development

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2008a, 2008b, Fanslow et al. 2007). Exposure to family adversity in childhood has also been linked to early parenthood (Coley and Chase-Lansdale 1998, Quinlivan and Condon 2005, Tan and Quinlivan 2006).

A third perspective is based on the culture concept. Within New Zealand it is commonly held that Māori and non-Māori hold different normative value systems involving alternative conceptions of the character and role of gender relations and family (Metge 1990, Durie 1994). In recent years, Māori culture revitalisation has been actively promoted across a broad spectrum of fields, with emphasis being directed towards strengthening the cultural identity of individuals, families and tribal groupings (Greenland 1991, Durie 1995, 1998, Webster 1998, Rata 2005, Marie et al. 2008). It could therefore be suggested that Māori and non-Māori hold different values regarding the optimum timing of human reproduction. Specifically, it is possible that some Māori may place a premium on early reproduction, whereby early pregnancy and parenthood has become institutionalised, via its normalisation, as a contemporary marker of strength of Māori cultural identity.

Against this background, the present study uses data from a longitudinal study of a birth cohort of New Zealand-born children in order to examine the associations between ethnic identity and early parenthood. Early parenthood and parenting is defined here as occurring before the age of 20 years. In the present paper, the term “ethnic identity” is used to denote Māori identity or non-Māori identity, while “cultural identity” denotes subgroups (sole Māori; Māori/other identity) within Māori ethnic identity. The specific aims of this study were to examine:

- differences in the rates at which Māori and non-Māori became parents before the age of 20 (this analysis included data for both females and males)
- the extent to which ethnic and differences in early parenthood could be explained by socio-economic factors, family factors and cultural identity.

## METHODS

The data were gathered during the course of the Christchurch Health and Development Study (CHDS), a birth cohort of 1,265 children (635 males, 630 females) born in the Christchurch (New Zealand) urban region in mid-1977, which has been studied at birth, 4 months, 1 year and annually to age 16 years, and again at ages 18, 21 and 25 years. Information from a variety of sources has been used, including: parental interviews, teacher reports, self-reports, psychometric assessments, and medical and other record data (Fergusson and Horwood 2001, Fergusson et al. 1989). The analyses reported here were based on the 992 study participants (78% of the original sample) for whom information was available concerning pregnancy and parenthood outcomes to age 20. All study information was collected on the basis of signed and informed consent from study participants.

### Ethnic and Cultural Identity

At age 21 years respondents were asked about their ancestry, cultural identification, level of participation in Māori cultural domains and proficiency in the Māori language (Broughton et al. 2000). On the basis of this questioning, 11.1% of sample members self-identified as New Zealand Māori. A further break-down of this group showed 45.9% reporting sole Māori identity and 54.1% reporting Māori ethnic identity and identity with another ethnic group. For the purposes of the present analyses, those reporting sole Māori identity were classified as having a sole Māori cultural identity, while those reporting both Māori identity and

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another ethnic identity were classified as having Māori/other cultural identity. All other participants were classified as being non-Māori. The descriptors “sole Māori”, “Māori/other cultural identity” and “non-Māori” were originally recommended by Pomare et al. (1995) in their analyses examining ethnic trends in public health epidemiology.

Comparisons of the sole Māori and Māori/other group showed consistent differences between the groups in terms of participation in eight different domains of Māori culture, spanning language and engagement with traditional cultural practices ( $p < .05$ ). For the purposes of the present investigation, the responses to each of the eight individual cultural items were summed to create a measure of the extent to which each cohort member was involved in Māori culture. The continuous measure was then dichotomised by splitting the group at its median, creating two groups: those high in Māori cultural identity ( $n = 66$ ) and those low in Māori cultural identity ( $n = 48$ ). The two groups were then combined with the non-Māori group in order to create a three-group classification of the extent to which cohort members indicated participation in Māori cultural activities.

### Pregnancy and Parenthood to Age 20

At each assessment from age 15 onwards cohort members were asked about their history of pregnancy/parenthood since the previous assessment. Specifically, female cohort members were asked whether they had become pregnant, while male cohort members were asked whether they had got a partner pregnant. In addition, both female and male cohort members were asked whether they had become a parent. These data were used to form two dichotomous measures of pregnancy/parenthood to age 20: the percentage of those reporting having got pregnant / having got a partner pregnant at least once by age 20, and the percentage of those reporting becoming a biological parent at least once by age 20. By age 25, 17.1% of the cohort reported having got pregnant / got a partner pregnant, and 8.0% reported having become a parent.

### Covariate Factors

***Socio-economic background.*** The socio-economic background of cohort members was assessed using several indicator measures chosen from the database of the study, as follows.

- Maternal age: this was assessed at the survey child’s birth.
- Maternal age at first childbirth: this was assessed at the survey child’s birth.
- Maternal and paternal education (at birth): this was assessed at the time of the survey child’s birth using a three-point scale, which reflected the highest level of educational achievement attained. This scale was: 1 = parent lacked formal educational qualifications; 2 = parent had secondary-level educational qualifications; 3 = parent had tertiary-level qualifications.
- Average family income (0–10 years): to provide a measure of the average level of income available to each family over the period from the child’s birth to age 10 years, income estimates for each year to age 10 were first re-coded into decile categories, and the resulting measures were then averaged over the 10-year period to produce a measure of the family’s averaged income decile rank.

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- Family socio-economic status (at birth): this was assessed at the time of the survey child's birth using the Elley-Irving scale (Elley and Irving 1976) of socio-economic status for New Zealand. This scale classifies socio-economic status into six levels on the basis of paternal occupation, ranging from 1 = professional occupations to 6 = unskilled occupations.
  - Family living standards (0–10 years): at each year a global assessment of the material living standards of the family was obtained by means of an interviewer rating. Ratings were made on a five-point scale that ranged from “very good” to “very poor”. These ratings were summed over the 10-year period and divided by 10 to give a measure of typical family living standards during this period.

***Family functioning and individual factors.*** Measures of family functioning and individual adjustment were also chosen from the study database. These measures included the following.

- Parental illicit drug use, alcohol problems, and criminality (0–15 years): when sample members were aged 11, information was obtained from parents as to whether any parent had a history of either illicit drug use or criminal offending. At age 15 parental alcohol problems were assessed via parental report. This information was used to construct a series of three dichotomous measures reflecting whether the young person had been exposed to parental illicit drug use, parental criminality or parental alcohol problems.
- Childhood sexual abuse: at ages 18 and 21 years sample members were questioned about their experience of sexual abuse during childhood (< 16 years) (Fergusson et al. 1996). Questioning spanned an array of abusive experiences, from episodes involving non-contact abuse (e.g. indecent exposure) to episodes involving attempted or completed intercourse. Using this information, a four-level scale was devised reflecting the most extreme form of sexual abuse reported by the young person at either age. This classification was: no sexual abuse; non-contact abuse only; contact sexual abuse not involving attempted or completed intercourse; attempted/completed oral, anal or vaginal intercourse.
- Exposure to harsh/abusive physical punishment (childhood physical abuse; 0–16 years): at ages 18 and 21 sample members were asked to describe the extent to which their parents used physical punishment during childhood (Fergusson and Lynskey 1997). Separate questioning was conducted for mothers and fathers. This information was used to create a four-level scale reflecting the most severe form of physical punishment reported for either parent: parents never used physical punishment; parents rarely used physical punishment; at least one parent used physical punishment on a regular basis; at least one parent used physical punishment too often or too severely, or treated the respondent in a harsh or abusive manner.
- Inter-parental violence (0–16 years): at the age of 18, sample members were questioned concerning their experience of inter-parental violence during their childhood (prior to age 16 years) using a series of eight items derived from the Conflict Tactics Scale (CTS: Straus 1979). Separate questioning was conducted for both father-initiated and mother-initiated inter-parental violence. An overall measure was created by summing the responses for both father- and mother-initiated violence.

- Family adversity measure (0–15 years): a measure of family adversity was calculated using a count measure of 38 different measures of family disadvantage during the period 0–15 years, including measures of disadvantaged parental background, poor prenatal health practices and perinatal outcomes, and disadvantaged child-rearing practices (Fergusson et al. 1994).
- Child conduct problems (7–9 years): when sample members were aged 7–9 years, information on child behaviour problems was obtained from parental and teacher report. Parental reports were obtained from the child’s mother using items from the Rutter et al. (1970) and Conners (1970) parental questionnaires. The child’s class teacher was asked to complete a combined version of the Rutter et al. (1970) and Conners (1969) teacher questionnaires. Factor analysis of the item-level report data showed that it was possible to select items from these reports that formed uni-dimensional scales reflecting the extent of parent-reported and teacher-reported conduct problems in three domains of behaviour (Fergusson and Horwood 1993, Fergusson et al. 1991). The parent and teacher reports were summed and the resulting scores averaged over the three-year period to produce a scale score measure reflecting the child’s tendencies to conduct problems at ages 7–9 ( $\alpha = .97$ ).

### Statistical Analyses

The associations between ethnic/cultural identity and both (a) pregnancy by age 20 and (b) parenthood by age 20 were modelled in several steps using logistic regression methods with design variates representing the three groups (sole Māori; Māori/other identity; non-Māori). In the first step, tests of pair-wise statistically significant differences between the three groups on both outcomes were obtained using Wald chi-square tests derived from logistic regression models. The parameter estimates provided by the models were also used to calculate odds ratios (ORs) and 95% confidence intervals (CIs) for the sole Māori and Māori/other identity groups relative to non-Māori. Then, in order to examine whether the associations between ethnic/cultural identity and pregnancy/parenthood differed according to gender, the associations between the identity design variates and the measures of pregnancy and parenthood were estimated for each gender group by fitting a series of nested logistic regression models of the form:

$$\text{Logit}(Y_i) = B_0^k + B_1^k X_{1j} + B_2^k X_{2j} \quad \text{EQ1}$$

where  $\text{logit}(Y_i)$  was the log odds of pregnancy or parenthood by age 25,  $X_{1j}$  was a design variate scored 1 if the individual was sole Māori and 0 otherwise, and  $X_{2j}$  was a design variate scored 1 for those of Māori/other identity and 0 otherwise. In this model, the intercept parameters  $B_0^k$  and slope parameters for predictor  $B_1^k$  and  $B_2^k$  were permitted to vary with gender  $k$  ( $k = 1, 2$ ). The parameters  $B_0^k$  thus represent the main effects of gender, and the parameters  $B_j^k$  represent the effect of cultural identity within levels of gender. Tests of gender equality were based on the test of the null hypothesis that  $H_0: B_j^1 = B_j^2$ .

In the second step of the analyses, the associations between identity and (a) childhood socio-economic factors and (b) family functioning and individual factors were modelled using logistic and multiple regression methods, again with design variates representing the three identity groups (sole Māori; Māori/other identity; non-Māori). Tests of pair-wise statistically



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significant differences between the three groups on each measure were obtained using Wald chi-square tests derived from logistic regression models and F tests from multiple regression models.

In the third step of the analyses, in order to control for potentially confounding factors related to childhood socio-economic adversity, the logistic regression models fitted in the first step were extended to include the measures of socio-economic background described above, using forward and backward methods of variable elimination to arrive at stable and parsimonious models. The parameters of the fitted models were used to calculate adjusted ORs and 95% CIs, and adjusted rates of pregnancy and parenthood were calculated using the method described by Lee (1981). Then, tests of gender equality were performed using nested logistic regression models as described above.

In the fourth step of the analyses, potential confounding factors relating to family functioning and individual factors (described above) were entered into the models, again using methods of forward and backward variable elimination to arrive at stable models, with adjusted ORs and adjusted rates of pregnancy and parenthood being calculated on the basis of the fitted model parameters. Nested logistic regression models were once again used to obtain tests of gender equality.

Finally, in order to examine the extent to which pregnancy/parenthood prior to age 20 was associated with an alternative measure of cultural identity based on the extent to which cohort members indicated their participation in Māori cultural activities, the analyses above were repeated after substituting the original cultural identity measure with the alternative measure.

## RESULTS

### Associations between Ethnic/Cultural Identity and Pregnancy/Parenthood Outcomes by Age 20

Table 1 shows the sample classified into three groups on the basis of cultural/ethnic identification reported at age 21: sole Māori identity ( $n = 52$ ), Māori/other identity ( $n = 63$ ), and non-Māori ( $n = 877$ ). For each group the table shows rates of pregnancy and parenthood outcomes to age 20 years; separate results are presented for females and males, and for the total sample. The table also reports on pair-wise tests of significance. Inspection of the table shows the following.

1. By age 20 sole Māori had significantly increased ( $p < .05$ ) rates of pregnancy and parenthood relative to both those of Māori/other identity and non-Māori. This was true for both females and for the overall measure; for males, sole Māori and those of Māori/other identity had rates of pregnancy that did not differ significantly. Sole Māori had odds of pregnancy that were 4.97 times (95% CI: 2.79–8.83) those of non-Māori, while participants of Māori/other identity had rates of pregnancy that were 2.19 times (95% CI: 1.22–3.94) those of non-Māori. Also, sole Māori had rates of parenthood by age 20 that were 7.73 times (95% CI: 4.06–14.69) those of non-Māori, while participants of Māori/other identity had rates of pregnancy that were 3.43 times (95% CI: 1.69–6.97) those of non-Māori.
2. Although the reported rates of pregnancy/parenthood were higher for females than for males in all groups, the relative risk (odds) of pregnancy/parenthood for the sole Māori

and Māori/other groups relative to non-Māori were generally very similar for males and females. These impressions were confirmed by fitting a nested logistic regression model to the data for males and females (see Methods). This analysis showed that: (a) females had significantly higher ( $p < .05$ ) rates of pregnancy and parenthood than males; and (b) the associations between Māori identity and pregnancy/parenthood were not significantly different between males and females.

**Table 1** Associations between Ethnic/Cultural Identity and Pregnancy/Parenthood Outcomes by Age 20

Outcome	Ethnic/cultural identity		
	Sole Māori	Māori/other identity	Non-Māori
Females	(n = 23)	(n = 37)	(n = 455)
% pregnant by age 20	60.9 <sup>a</sup>	29.7 <sup>b</sup>	19.6 <sup>b</sup>
OR (95% CI)	6.40 (2.68–15.25)	1.74 (0.83–3.65)	1 –
% became a parent by age 20	43.4 <sup>a</sup>	21.6 <sup>b</sup>	8.4 <sup>c</sup>
OR (95% CI)	8.44 (3.47–20.53)	3.03 (1.29–7.09)	1 –
Males	(n = 29)	(n = 25)	(n = 422)
% partner pregnant by age 20	34.5 <sup>a</sup>	24.0 <sup>a</sup>	9.7 <sup>b</sup>
OR (95% CI)	4.88 (2.13–11.18)	2.93 (1.11–7.73)	1 –
% became a parent by age 20	24.1 <sup>a</sup>	12.0 <sup>b</sup>	3.4 <sup>c</sup>
OR (95% CI)	9.04 (3.34–24.42)	3.87 (1.04–14.38)	1 –
Overall	(n = 52)	(n = 63)	(n = 877)
% pregnant/partner pregnant by age 20	46.2 <sup>a</sup>	27.4 <sup>b</sup>	14.7 <sup>c</sup>
OR (95% CI)	4.97 (2.79–8.83)	2.19 (1.22–3.94)	1 –
% became a parent by age 20	32.7 <sup>a</sup>	17.7 <sup>b</sup>	5.9 <sup>c</sup>
OR (95% CI)	7.73 (4.06–14.69)	3.43 (1.69–6.97)	1 –

Notes: The results of pair-wise comparisons of the rate of each outcome across the three groups are indicated by the superscripts. Different superscripts (<sup>a</sup>, <sup>b</sup>, <sup>c</sup>) indicate that the groups were significantly different ( $p < .05$ ) in their rates of pregnancy/parenthood. Similar superscripts indicate that groups were not significantly different in their rates of pregnancy/parenthood; Wald chi-square from logistic regression.

### Associations between Ethnic/Cultural Identity and Covariate Factors

Table 2 shows the associations between ethnic/cultural identity and measures of: (a) family socio-economic background; and (b) family functioning and individual factors. The associations were tested for significance using multiple regression models for continuous measures and logistic regression models for dichotomous measures. The table shows the following.

**Table 2** Associations between Ethnic/Cultural Identity and: (a) Family Socio-economic Factors in Childhood; (b) Family Functioning and Individual Factors; and (c) Measures of Sexual Behaviour and Contraception

Measure	Ethnic/cultural Identity		
	Sole Māori (n = 52)	Māori/other identity (n = 63)	Non-Māori (n = 877)
<b>Measures of family socio-economic factors</b>			
Mean (SD) maternal age	23.1 <sup>a</sup> (4.3)	23.6 <sup>a</sup> (4.2)	26.3 <sup>b</sup> (4.8)
Mean (SD) maternal age at first childbirth	21.0 <sup>a</sup> (3.4)	21.8 <sup>a</sup> (3.9)	24.1 <sup>b</sup> (4.2)
% mother lacked formal educational qualifications	72.0 <sup>a</sup>	61.0 <sup>a</sup>	46.4 <sup>b</sup>
% father lacked formal educational qualifications	67.4 <sup>a</sup>	60.0 <sup>a</sup>	44.3 <sup>b</sup>
Mean (SD) family living standards ages 0–10 <sup>2</sup>	3.2 <sup>a</sup> (0.41)	3.0 <sup>b</sup> (0.44)	2.8 <sup>c</sup> (0.45)
Mean (SD) family socio-economic status at birth <sup>2</sup>	4.5 <sup>a</sup> (1.31)	4.1 <sup>a</sup> (1.38)	3.5 <sup>b</sup> (1.41)
Mean (SD) family income decile rank ages 0–10	3.7 <sup>a</sup> (2.1)	4.7 <sup>b</sup> (1.9)	5.3 <sup>c</sup> (2.1)
<b>Measures of family functioning and individual factors</b>			
% parental history of illicit drug use	33.2 <sup>a,b</sup>	41.7 <sup>a</sup>	22.1 <sup>b</sup>
% parental history of alcohol problems	20.7 <sup>a,b</sup>	25.4 <sup>a</sup>	10.6 <sup>b</sup>
% parental history of criminal offending	30.2 <sup>a</sup>	27.6 <sup>a</sup>	11.1 <sup>b</sup>
% exposed to childhood contact sexual abuse	5.8 <sup>a</sup>	9.7 <sup>a</sup>	6.0 <sup>a</sup>
% exposed to regular or severe physical punishment	42.3 <sup>a</sup>	25.8 <sup>b</sup>	15.6 <sup>b</sup>
Mean (SD) exposure to inter-parental violence	10.8 <sup>a</sup> (3.5)	9.8 <sup>b</sup> (3.3)	9.1 <sup>b</sup> (2.1)
Mean (SD) family adversity score	12.2 <sup>a</sup> (6.4)	11.0 <sup>a</sup> (6.0)	6.6 <sup>b</sup> (4.9)
Mean (SD) conduct problems score ages 7–9	52.0 <sup>a</sup> (8.1)	52.3 <sup>a</sup> (10.7)	49.4 <sup>b</sup> (7.2)

Notes: 1. The results of pair-wise comparisons of the rate of each outcome across the three groups are indicated by the superscripts. Different superscripts (<sup>a, b, c</sup>) indicate that the groups were significantly different ( $p < .05$ ) in their rates of pregnancy/parenthood. Similar superscripts indicate that groups were not significantly different in their rates of pregnancy/parenthood.

2. Higher numbers correspond to increasing disadvantage.

1. For the measures of family socio-economic status in childhood, pair-wise tests of significance showed that those in the sole Māori and Māori/other identity groups had

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significantly greater likelihood of being exposed to socio-economic adversity than non-Māori ( $p < .05$ ). In addition, those of sole Māori identity had significantly ( $p < .05$ ) greater likelihood of being exposed to lower family living standards and a lower family income than those in the Māori/other identity group.

2. Across most of the measures of family functioning and individual factors, pair-wise tests showed that those in the sole Māori and Māori/other identity groups had a significantly greater likelihood of being exposed to adverse personal and family circumstances than non-Māori ( $p < .05$ ). In addition, those of sole Māori identity had significantly ( $p < .05$ ) greater likelihood of being exposed to regular or severe physical punishment and exposure to inter-parental violence than those in the Māori/other identity group. However, there were no significant differences between groups on the measure of exposure to childhood sexual abuse ( $p > .05$ ).

### Adjustments for Socio-Economic Factors and Childhood/Family Factors

To examine the extent to which differences among ethnic/cultural identity groups for pregnancy and parenthood could be explained by potentially confounding socio-economic factors and social learning processes detailed in Table 2, the associations between identity and pregnancy and parenthood were adjusted for socio-economic and childhood factors using a two-stage regression approach.

The first-stage model fitted to the data controlled the associations for measures of socio-economic status, including maternal age, paternal education, socio-economic status at birth, average family living standards to age 10, and average family income to age 5 (see Methods). In the second stage of the analysis, the first-stage model was extended to include a series of childhood and family functioning factors, including exposure to childhood sexual and physical abuse, exposure to inter-parental violence, parental alcohol problems, parental criminal offending, parental illicit drug use, childhood conduct disorder, and a measure of family adversity (see Methods).

The results of this analysis are shown in Table 3, which reports adjusted rates and ORs for the associations between ethnic/cultural identity and the overall measures pregnancy/parenthood by age 20 after adjustment for (a) socio-economic factors and (b) socio-economic and childhood/family factors. The table shows the following.

1. After adjustment for socio-economic factors, the associations between identity and pregnancy/parenthood by age 20 were reduced in magnitude. However, examination of the pair-wise tests of significance suggests that individuals in the sole Māori group still had significantly elevated rates of pregnancy and parenthood by age 20 relative to both the Māori/other identity and non-Māori groups. Sole Māori had odds of pregnancy that were 2.77 (95% CI: 1.44–5.31) times those of non-Māori after adjustment for socio-economic factors, and odds of parenthood that were 3.47 (95% CI: 1.62–7.43) times those of non-Māori. However, participants of Māori/other identity did not differ significantly from non-Māori after adjustment for socio-economic factors, with odds of pregnancy that were 1.47 (95% CI: 0.77–2.82) times those of non-Māori, and odds of parenthood that were 1.93 (95% CI: 0.86–4.31) times those of non-Māori. For both pregnancy and parenthood by age 20, statistically significant ( $p < .05$ ) covariate factors included maternal education level, family income to age 10, and family living standards to age 10.

2. Adjustment for both socio-economic factors and childhood/family functioning factors further weakened the magnitude of the associations between identity and pregnancy/parenthood by age 20. Again, however, examination of the pair-wise tests of significance suggested that individuals in the sole Māori group still had significantly ( $p < .05$ ) elevated rates of pregnancy and parenthood by age 25 relative to both the Māori/other identity and non-Māori groups. Sole Māori had odds of pregnancy that were 2.56 (95% CI: 1.20–5.49) times those of non-Māori after adjustment for socio-economic and family functioning factors, and odds of parenthood that were 3.43 (95% CI: 1.39–8.45) times those of non-Māori. However, participants of Māori/other identity did not differ significantly from non-Māori after adjustment for socio-economic and family functioning factors, with odds of pregnancy that were 1.00 (95% CI: 0.48–2.10) times those of non-Māori, and odds of parenthood that were 1.40 (95% CI: 0.57–3.40) times those of non-Māori. For both pregnancy and parenthood by age 20, statistically significant ( $p < .05$ ) covariate factors included family adversity score and exposure to childhood sexual abuse. However, tests of gender equality using nested logistic regression techniques (see Methods) showed that differences in pregnancy and parenthood by age 20 between females and males in the sole Māori group were not statistically significant ( $p > .60$ ).

**Table 3** Associations between Ethnic/Cultural Identity and Pregnancy/Parenthood Outcomes by Age 20, after Adjustment for (a) Socio-economic Factors, and (b) Both Socio-economic and Family Functioning Factors

Outcome	Ethnic/cultural Identity		
	Sole Māori	Māori/other identity	Non-Māori
<b>(a) Adjusted for socio-economic factors</b>			
% pregnant/partner pregnant by age 25	32.4 <sup>a</sup>	20.7 <sup>b</sup>	15.2 <sup>b</sup>
Adjusted OR (95% CI)	2.77 (1.44–5.31)	1.47 (0.77–2.82)	1 –
% became a parent by age 25	17.6 <sup>a</sup>	11.2 <sup>b</sup>	6.4 <sup>b</sup>
Adjusted OR (95% CI)	3.47 (1.62–7.43)	1.93 (0.86–4.31)	1 –
<b>(b) Adjusted for socio-economic factors and family functioning</b>			
% pregnant/partner pregnant by age 25	29.4 <sup>a</sup>	15.4 <sup>b</sup>	15.4 <sup>b</sup>
Adjusted OR (95% CI)	2.56 (1.20–5.49)	1.00 (0.48–2.10)	1 –
% became a parent by age 25	16.1 <sup>a</sup>	8.2 <sup>b</sup>	6.2 <sup>b</sup>
Adjusted OR (95% CI)	3.43 (1.39–8.45)	1.40 (0.57–3.40)	1 –

Note: The results of pair-wise comparisons of the rate of each outcome across the three groups are indicated by the superscripts. Different superscripts (<sup>a</sup>, <sup>b</sup>, <sup>c</sup>) indicate that the groups were significantly different ( $p < .05$ ) in their rates of pregnancy/parenthood. Similar superscripts indicate that groups were not significantly different in their rates of pregnancy/parenthood; Wald chi-square from logistic regression.

## SUPPLEMENTARY ANALYSES

The analyses above focused on the associations between pregnancy and parenthood by the age of 20 and cultural identity as nominated by cohort members. To examine whether the

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results were robust to other conceptualisations of cultural identity, the data were re-analysed using the three category measure of the extent to which cohort members reported participating in Māori cultural activities (see Methods). The following results were obtained.

1. Pair-wise tests of significance showed that, before adjustment for confounding factors, those in the high Māori cultural identity group had rates of pregnancy and parenthood prior to age 20 that were significantly ( $p < .05$ ) greater than both those in the low Māori cultural identity group and non-Māori. In addition, those in the low Māori cultural identity group had rates of pregnancy and parenthood before age 20 that were significantly ( $p < .05$ ) greater than those for non-Māori. Those in the high Māori cultural identity group had odds of pregnancy prior to age 20 that were 5.80 times (95% CI: 3.47–9.72) those of non-Māori, whereas those in the low Māori cultural identity group had odds of pregnancy prior to age 20 that were 1.16 times (95% CI: 0.53–2.53) those of non-Māori. Those in the high Māori cultural identity group also had odds of parenthood prior to age 20 that were 7.36 times (95% CI: 4.10–13.20) those of non-Māori, whereas those in the low Māori cultural identity group had odds of parenthood prior to age 20 that were 2.69 times (95% CI: 1.16–6.27) those of non-Māori.
2. After adjustment for both confounding factors related to family socio-economic status and family functioning, pair-wise tests of significance showed that those in the high Māori cultural identity group had rates of pregnancy and parenthood prior to age 20 that were significantly ( $p < .05$ ) greater than those in the low Māori cultural identity group and non-Māori. However, there were no significant differences between those in the low Māori cultural identity group and non-Māori ( $p > .05$ ). After adjustment, those in the high Māori cultural identity group had odds of pregnancy prior to age 20 that were 2.76 times (95% CI: 1.43–5.31) those of non-Māori, whereas those in the low Māori cultural identity group had odds of pregnancy prior to age 20 that were 0.53 times (95% CI: 0.17–1.59) those of non-Māori. Further, after adjustment, those in the high Māori cultural identity group also had odds of parenthood prior to age 20 that were 2.83 times (95% CI: 1.27–6.28) those of non-Māori, whereas those in the low Māori cultural identity group had odds of parenthood prior to age 20 that were 1.29 times (95% CI: 0.41–4.07) those of non-Māori. Tests of gender equality using nested logistic regression techniques (see Methods) showed that differences in pregnancy and parenthood by age 20 between females and males in the high Māori cultural identity group were not statistically significant ( $p > .60$ ).

## DISCUSSION

This research has used data gathered over the course of a longitudinal study to examine ethnic and cultural differences in rates of early pregnancy and parenthood in a New Zealand birth cohort. The central concern of this analysis was to examine the relative contributions of cultural, socio-economic and family functioning factors to the higher rates of early pregnancy and parenthood among Māori. The analysis focused on pregnancy and parenthood before the age of 20, because pregnancy and parenthood before this age have been linked with a range of adverse outcomes (e.g. Boden et al. 2008).

Two major findings emerged from these analyses. First, respondents having a sole Māori cultural identity had odds of early pregnancy and parenthood that were over seven times higher than those of non-Māori, while those of Māori/other cultural identity had odds of early pregnancy and parenthood that were over three times higher than non-Māori. These results

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were evident for both males and females. Also, those of sole Māori cultural identity had rates of pregnancy and parenthood that were significantly ( $p < .05$ ) greater than those of Māori/other cultural identity. Similar findings were obtained using an alternative method of classifying Māori identity. These findings are consistent with the view that cultural identity plays an important role in ethnic differences, since rates of early pregnancy/parenthood increased steadily with increasing Māori cultural identity.

Further analysis suggested that, in part, the associations between cultural identity and early pregnancy/parenthood were due to socio-economic and family-related factors. After adjustment for these factors, those of sole Māori identity had rates of early pregnancy and parenthood that were more than three times higher than those of non-Māori and those of Māori/other identity. Again, similar results were found for males and females, and these findings were replicated in a supplementary analysis using an alternative measure of Māori identity.

Collectively these findings suggest that the higher rates of early pregnancy and parenthood among Māori are a consequence of a combination of socio-economic, family and cultural factors that combine to place young Māori at significantly increased risks of early pregnancy and parenthood. The implications of these conclusions are discussed below.

Although it has been argued that early parenting has been constructed as a problem by the health profession (e.g. Barker 1998), there is evidence that draws links between early age of pregnancy and greater likelihood of negative outcomes for offspring and parents (Coley and Chase-Lansdale 1998, Fergusson and Woodward 1999, Singh et al. 2001, Hobcraft and Kiernan 2001, Mantell et al. 2004, Ministry of Social Development 2008a, Robson and Berthoud 2006, Woodward et al. 2006, Boden et al. 2008). The results of the present study suggest that Māori, and in particular individuals of sole Māori cultural identity, are at increased risk of early pregnancy/parenthood. It could therefore be argued that at least some of the social disadvantage experienced by Māori in New Zealand may be due in part to increased rates of early pregnancy/parenthood among those of sole Māori cultural identity.

For example, evidence suggests that the children of young mothers may be predisposed to early parenting themselves, and in under-resourced family environments this association may lead to perpetuating a cycle of inter-generational disadvantage (Coley and Chase-Lansdale 1998, Ellis et al. 2003). The association between cultural identity and early pregnancy/parenthood may also have implications for child health outcomes. Evidence suggests that delaying first parenthood increases the likelihood of healthy child development and greater adult self-sufficiency (Fergusson and Woodward 1999), implying that the children of young Māori parents may be at greater risk of poorer developmental and health outcomes. The potential links between early parenting by Māori and continuing ethnic disparities between Māori and other New Zealanders requires further in-depth investigation.

As mentioned previously, there is a notable gap in the literature regarding the role of Māori men in parenting. The results of the present study suggest that the factors that predicted pregnancy and parenthood for males were the same as those for females, suggesting that the effects of family background, socio-economic circumstances and cultural identity are similar for males and females. Further research is required to examine the role of fathers in terms of the life outcomes of children among Māori.

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Although the results of the present study suggest a link between Māori cultural identity and early pregnancy/parenthood, it is unclear what factors associated with cultural identity are responsible for increased rates of pregnancy and parenthood among young people of sole Māori identity. For example, it may be possible that there is a link between Māori cultural identity and sexual and reproductive decision making by young Māori. While recent evidence suggests that a large proportion of young Māori who are sexually active use contraception regularly (Clark et al. 2006), evidence also suggests that young Māori may be at greater risk than non-Māori of contracting sexually transmitted infections (Rose et al. 2005), implying that young Māori may differ from other New Zealanders in terms of their use of contraceptives. Also, some suggest that because family life is regarded differently in Māori culture, it may be possible that earlier pregnancy and parenthood are valued and expected behaviours in contemporary Māori society (e.g. Metge 1990, Durie 1994). On the other hand, it could be argued that the increased rates of pregnancy/parenthood among sole Māori reflect reduced levels of pregnancy and parenthood among the majority culture, suggesting that demographic trends towards delayed parenthood are not reflected among sole Māori (Shirley et al. 1997). However, further research is needed to examine the specific aspects of Māori cultural identity that may influence earlier pregnancy and parenthood.

The present findings are subject to a number of caveats. In particular, the findings are based on a particular cohort born in a specific geographic region and studied over a specific time period. The extent to which the findings can be generalised to other cohorts, times and regions is not known. In particular, although the cohort is representative of the Māori population of Canterbury at the time at which the data were collected, the extent to which the cohort is representative of the Māori population as a whole is unclear. A further limitation of the study is that the measurement of cultural identity was limited and that a more comprehensive assessment may have produced different results. It could also be argued that the findings of the present study may have been affected by historical trends, such as changes in overall fertility rates (Ministry of Social Development 2008b) that affected pregnancy and birth rates among the cohort during the period to age 20 years.

However, three strengths of the study should also be acknowledged. First, as stated previously, the sample of Māori involved in this research is generally representative of the Māori population in the region in which the data have been collected. Second, it is the first study, to our knowledge, to report on young Māori male contributions to childbearing. Third, the study reports on early parenting and parenthood among Māori in the context of contemporary Māori cultural revitalisation.

## REFERENCES

- Barker, K.K. (1998) "A ship upon a stormy sea: The medicalization of pregnancy" *Social Science and Medicine*, 47(8):1067–1076.
- Bean, C. (2005) "Causes of delayed childbearing in New Zealand and Western societies" *New Zealand Population Review*, 31(2):73–90.
- Boden, J.M., D.M. Fergusson and L.J. Horwood (2008) "Early motherhood and subsequent life outcomes" *Journal of Child Psychology and Psychiatry*, 49(2):151–160.
- Broughton, J., D.M. Fergusson, C. Rimene, L.J. Horwood and A. Sporle (2000) *Nga Tini Aho o te Ao Hou: The Many Strands of Contemporary Māori Society: Māori Ethnicity and Identity in the Christchurch Health and Development Study*, NTMHRU, Dunedin.
- Chapple, S. (2000) "Māori socio-economic disparity" *Political Science*, 52(2):101–115.



- 
- Chapple, S., R. Jefferies and R. Walker (1997) *Māori Participation and Performance in Education: A Literature Review and Research Programme*, Ministry of Education, Wellington.
- Clark, T., E. Robinson, S. Crengle and P. Watson (2006) "Contraceptive use by Māori youth in New Zealand: Associated risk and protective factors" *New Zealand Medical Journal*, 119(1228):U1816.
- Coley, R.L. and P.L. Chase-Lansdale (1998) "Adolescent pregnancy and parenthood: Recent evidence and future directions" *American Psychologist*, 53(2):152–166.
- Conners, C.K. (1969) "A teacher rating scale for use in drug studies with children" *American Journal of Psychiatry*, 126(6):884–888.
- Conners, C.K. (1970) "Symptom patterns in hyperkinetic, neurotic and normal children" *Child Development*, 41(3):667–682.
- Dickson, N., A. Sporle, C. Rimene and C. Paul (2000) "Pregnancies among New Zealand teenagers: Trends, current status and international comparisons" *New Zealand Medical Journal*, 23:241–245.
- Durie, M. (1994) *Whaiora*, Oxford University Press, Auckland.
- Durie, M. (1995) "Te Hoe Nuku Roa Framework: A Māori identity scale" *Journal of the Polynesian Society*, 104(4):461–471.
- Durie, M. (1998) *Te Mana, te Kawanatanga: The Politics of Māori Self Determination*, Oxford University Press, Auckland.
- Elley, W.B. and J.C. Irving (1976) "Revised socio-economic index for New Zealand" *New Zealand Journal of Educational Studies*, 11(1):25–36.
- Ellis, B.J., J.E. Bates, K.A. Dodge, D.M. Fergusson, L.J. Horwood, G.S. Pettit et al. (2003) "Does father absence place daughters at special risk for early sexual activity and teenage pregnancy?" *Child Development*, 73(3):801–821.
- Fanslow, J.L., E.M. Robinson, S. Crengle and L. Perese. (2007) "Prevalence of child sexual abuse reported by a cross-sectional sample of New Zealand women" *Child Abuse and Neglect*, 31:935–945.
- Fenwicke, R. and G. Purdie (2000) "The sexual activity of 654 fourth form Hawke's Bay students" *New Zealand Medical Journal*, 113:460–464.
- Fergusson, D.M. (1998) "The Christchurch Health and Development Study: An overview of some key findings" *Social Policy Journal of New Zealand*, 10:154–176.
- Fergusson, D.M. and L.J. Horwood (1993) "The structure, stability and correlations of the trait components of conduct disorder, attention deficit and anxiety/withdrawal reports" *Journal of Child Psychology and Psychiatry*, 34(5):749–766.
- Fergusson, D.M. and L.J. Horwood (2001) "The Christchurch Health and Development Study: Review of findings on child and adolescent mental health" *Australian and New Zealand Journal of Psychiatry*, 35(3):287–296.
- Fergusson, D.M., L.J. Horwood and M. Lloyd (1991) "A latent class model of child offending" *Criminal Behaviour and Mental Health*, 1:90–106.
- Fergusson, D.M., L.J. Horwood and M.T. Lynskey (1994) "The childhoods of multiple problem adolescents: A 15-year longitudinal study" *Journal of Child Psychology and Psychiatry and Allied Disciplines*, 35(6):1123–1140.
- Fergusson, D. M., L.J. Horwood, & M.T. Lynskey (1996). "Childhood sexual abuse and psychiatric disorder in young adulthood: II. Psychiatric outcomes of childhood sexual abuse". *Journal of the American Academy of Child & Adolescent Psychiatry*, 35(10), 1365-1374.
- Fergusson, D.M., L.J. Horwood, F.T. Shannon and J.M. Lawton (1989) "The Christchurch Child Development Study: A review of epidemiological findings" *Paediatric and Perinatal Epidemiology*, 3(3):278–301.

- 
- Fergusson, D.M. and M.T. Lynskey (1997) "Physical punishment/maltreatment during childhood and adjustment in young adulthood" *Child Abuse and Neglect*, 21(7):617–630.
- Fergusson, D.M. and L.J. Woodward (1999) "Maternal age and educational and psychosocial outcomes in early adulthood" *Journal of Child Psychology and Psychiatry*, 40:479–489.
- Greenland, H. (1991) "Māori ethnicity as ideology" in: P. Spoonley, D. Pearson and C. Macpherson (eds.) *Nga Take: Ethnic Relations and Racism in Aotearoa/New Zealand* (pp. 90–107), Dunmore Press, Palmerston North.
- Higginbottom, G.M.A., N. Mathers, P. Marsh, M. Kirkham, J.M. Owen and L. Serrant-Green. (2006) "Young people of minority ethnic origin in England and early parenthood: Views from young parents and service providers" *Social Science and Medicine*, 63:858–870.
- Hobcraft, J. and K. Kiernan (2001) "Childhood poverty, early motherhood and adult social exclusion" *British Journal of Sociology*, 52(3):495–517.
- Hofferth, S.L., L. Reid and F.L. Mott (2001) "The effects of early childbearing on schooling over time" *Family Planning Perspectives*, 33(6):259–267.
- Kaufman, J. Desserich, C.K. Big Crow, B. Holy Rock, E. Keane and C.M. Mitchell. (2007) "Culture, context, and sexual risk among Northern Plains American Indian youth" *Social Science and Medicine*, 64:2152–2164.
- Khawaja, M., B. Boddington and M. Ryan (2006) "Sub-replacement fertility, delayed parenthood and regional differentials in New Zealand" *New Zealand Population Review*, 32(2):1–20.
- Klepinger, D.H., S. Lundberg and R.D. Plotnick (1995) "Adolescent fertility and the educational attainment of young women" *Fertility Planning Perspectives*, 27:23–28.
- Kollehlon, K.T. (2003) "Ethnicity and fertility in Nigeria" *Social Biology*, 50(3–4):201–221.
- Lee, J. (1981) "Covariance adjustment of rates based on the multiple logistic regression model" *Journal of Chronic Diseases*, 34(8):415–426.
- Lindstrom, D.P. (2003) "Rural-urban migration and reproductive behavior in Guatemala" *Population Research and Policy Review*, 22(4):351–372.
- Mantell, C.D., E.D. Craig, A.W. Stewart, A.J. Ekeroma and E.A. Mitchell (2004) "Ethnicity and birth outcome: New Zealand trends 1980–2001: Part 2. Pregnancy outcomes for Māori women" *Australian and New Zealand Journal of Obstetrics and Gynaecology*, 44:537–540.
- Marie, D., D.M. Fergusson and J.M. Boden (2008) "Ethnic identification, social disadvantage, and mental health in adolescence/young adulthood: Results of a 25 year longitudinal study" *Australian and New Zealand Journal of Psychiatry*, 42(4):293–300.
- Metge, J. (1990) "Te rito o te harakeke: Conceptions of the whanau" *Journal of the Polynesian Society*, 99(1):55–92.
- Ministry of Health (2001) *Sexual and Reproductive Health Strategy*, Ministry of Health, Wellington.
- Ministry of Social Development (2008a) *Children and Young People: Indicators of Wellbeing in New Zealand*, Ministry of Social Development, Wellington.
- Ministry of Social Development (2008b) *The Social Report*, Ministry of Social Development, Wellington.
- Moore, K.A., D.R. Morrison and D.A. Gleib (1995) "Welfare and adolescent sex: The effects of family history, benefit levels, and community context" *Journal of Family and Economic Issues*, 16:207–237.

- Poata-Smith, E.T.A. (1997) "The political economy of inequality between Māori and Pakeha" in: C. Rudd and B. Roper (eds.) *The Political Economy of New Zealand* (pp. 160–179), Oxford University Press, Auckland.
- Pomare, E., V. Keefe-Ormsby, C. Ormsby, N. Pearce, P. Reid, B. Robson et al. (1995) *Hauora: Māori Standards of Health: A Study of the Years 1970-1991*, Te Rōpū Rangahau Hauora a Eru Pōmare / Eru Pōmare Māori Health Research Centre, Wellington.
- Quinlivan, J.A. and J. Condon (2005) "Anxiety and depression in fathers in teenage pregnancy" *Australian and New Zealand Journal of Psychiatry*, 39(10):915–920.
- Ramey, C. and S. Landesman Ramey (1998) "Early intervention and early experience" *American Psychologist*, 53(2):109–120.
- Rata, E. (2005) "Rethinking biculturalism" *Anthropological Theory*, 5(3):267–284.
- Repetti, R.L., S.E. Taylor and T.E. Seeman (2002) "Risky families: Family social environments and the mental and physical health of offspring" *Psychological Bulletin*, 128(2):330–366.
- Robson, K. and R. Berthoud (2006) "Age at first birth and disadvantage among ethnic groups in Britain" *Ethnic and Racial Studies*, 29(1):153–172.
- Rose, S., B. Lawton, S. Brown, F. Goodyear-Smith and B. Arroll. (2005) "High rates of Chlamydia in patients referred for termination of pregnancy: Treatment, contact tracing, and implications for screening" *New Zealand Medical Journal*, 118(1211):U1348.
- Rutter, M., J. Tizard and K. Whitmore (1970) *Education, Health and Behaviour*, Longmans, London.
- Shirley, I., P. Koopman-Boyden, I. Pool and S. St. John. (1997) "New Zealand" in S.B. Kamerman and A.J. Kahn (eds.) *Family Change and Family Policies in Great Britain, Canada, New Zealand, and the United States* (pp. 207–304), Oxford University Press, London.
- Singh, S., J.E. Darroch and J.J. Frost (2001) "Socioeconomic disadvantage and adolescent women's sexual and reproductive behavior: The case of five developed countries" *Family Planning Perspectives*, 33(6):251–258.
- Statistics New Zealand (2004) *Fertility of New Zealand Women by Ethnicity*, Statistics New Zealand, Wellington.
- Statistics New Zealand (2005) *Māori Population: Looking out to 2021*, Statistics New Zealand, Wellington.
- Statistics New Zealand (2007a) "Facts for mothers' day" *Corporate Communications*, [www.stats.govt.nz/products-and-services/media-releases/corporate-communications/facts-mothers-day.htm](http://www.stats.govt.nz/products-and-services/media-releases/corporate-communications/facts-mothers-day.htm) [accessed 22 May 2007].
- Statistics New Zealand (2007b) *QuickStats about Māori*, [www.stats.govt.nz/~media/Statistics/Publications/Census/2006-Census-reports/QuickStats-About-A-Subject/Maori/qstats-about-maori-2006-census.ashx](http://www.stats.govt.nz/~media/Statistics/Publications/Census/2006-Census-reports/QuickStats-About-A-Subject/Maori/qstats-about-maori-2006-census.ashx) [accessed 20 October 2009].
- Statistics New Zealand (2008) *Demographic Trends, 2007*, [www.stats.govt.nz/~media/statistics/publications/population/demographic-trends-2007/demo-trends-07-full-report.aspx](http://www.stats.govt.nz/~media/statistics/publications/population/demographic-trends-2007/demo-trends-07-full-report.aspx) [accessed 20 October 2009].
- Straus, M. (1979) "Measuring intrafamily conflict and violence: The conflict tactics (CT) scale" *Journal of Marriage and the Family*, 41:75–88.
- Tan, L.H. and J.A. Quinlivan (2006) "Domestic violence, single parenthood and fathers in the setting of teenage pregnancy" *Journal of Adolescent Health*, 38:201–207.
- Webster, S. (1998) *Patrons of Māori Culture*, University of Otago Press, Dunedin.

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- Whitley, R. and L.J. Kirmayer (2008) "Perceived stigmatisation of young mothers: An exploratory study of psychological and social experience" *Social Science and Medicine*, 66:339–348.
- Woodward, L.J., D.M. Fergusson and L.J. Horwood (2001) "Risk factors and life processes associated with teenage pregnancy: Results of a prospective study from birth to 20 years" *Journal of Marriage and the Family*, 63:1170–1184.
- Woodward, L.J., D.M. Fergusson and L.J. Horwood (2006) "Gender differences in the transition to early parenthood" *Development and Psychopathology*, 18:275–294.

# **“WHAT DO BOOT CAMPS REALLY ACHIEVE?”: A MEANS-END ANALYSIS OF THE LIMITED SERVICE VOLUNTEERS PROGRAMME**

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## **Abstract**

This article identifies participants’ perceptions of the outcomes from Limited Service Volunteers at Burnham Military Camp, a programme that provides motivational intervention for the unemployed. Means-end theory has been used to examine the relationships between the activities (the “means”) and the resulting values (the “ends”). This article describes the most important outcomes, as perceived by participants during the Limited Service Volunteers programme. Means-end interviews were conducted with 85 participants of the October 2006 intake. Analysis of the data is represented in ladder maps, illustrating the links between individual activities and the associated outcomes. Demographic variables of age, gender and ethnicity highlight the variances of outcomes between these subgroups. A second set of means-end interviews was conducted with 28 participants by phone six months after the course, highlighting the outcomes that had a lasting impression on the participants. The results demonstrate the positive and lasting outcomes of the Limited Service Volunteers programme, and thus can be used to show the effects and enhance the design and delivery of the programme.

## **INTRODUCTION**

At the time of this study there were 30,925 people in New Zealand who were unable to secure employment, forcing them to be dependent on taxpayer-funded benefits (Ministry of Social Development 2007). Unemployment has the effect of lowering an individual’s sense of self-efficacy and motivation, with downstream consequences including higher incidences of crime, family violence and social disconnection (Feather 1992, Ministry of Social Development 1994). Therefore, programmes that intervene in this decline in the unemployed person’s motivation and self-efficacy are an important step in enabling them to re-engage with the workforce.

Unfortunately, until now motivational interventions conducted in the outdoor environment have not produced significant results (de Boer 2003, Swindells 1998), and therefore I have chosen to explore motivational interventions in an attempt to understand what practical steps can be undertaken to improve the effectiveness of such programmes.

The Limited Service Volunteers (LSV) programme aims to develop participants’ motivation, confidence and skills in order to increase the number of young New Zealanders entering employment or further training. It was the original motivational intervention programme, beginning operation in 1993, providing a service to the Ministry of Social Development’s

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unemployed clients. The programme is run by the New Zealand Defence Force, and involves a combination of outdoor adventure activities, physical training and various employment-related lessons, conducted within a military environment.

An evaluation of 85 LSV participants was conducted in October 2006 in order to uncover what outcomes participants perceive they gain from participation on the course and what course components are important factors to achieving these outcomes. Participant interviews were conducted at the end of the course, and again by phone interviews with 28 participants at six months post-course. Means-end theory was used to demonstrate the links between course activities (attributes) and the effects on the participants' values (outcomes). The results are visually presented through the use of hierarchical value maps.

This article first outlines motivational interventions in the New Zealand context. The means-end theory used to undertake this research is presented, followed by an explanation of the data collection procedures. The data are then presented, with a breakdown of the participants' demographics, followed by analysis of the data and presentation of the outcomes through graphical representation. The article concludes with a discussion of the significant findings and the implications from this research.

### MOTIVATIONAL INTERVENTION

Motivational intervention programmes were developed by the Ministry of Social Development in response to the fact that the motivation of long-term unemployed to look for work decreases as the term of unemployment increases, as does their level of self-esteem and -confidence (Swindells 1998, Winefield 1995). There was also recognition that there is a need to rebuild the skills, morale and motivation of the long-term unemployed (Regier et al. 1984). Motivational intervention programmes aim to increase the confidence and skills of job seekers so as to improve their chances of finding work (Anderson 1998).

All job seekers registered with Work and Income are eligible to attend motivational intervention training, although there is a focus on the long-term unemployed (those out of work for 26 weeks or more), and job seekers that are at risk of becoming long-term unemployed (Ministry of Social Development 2001). The study presented here was conducted at LSV, and is part of a larger study of motivational intervention programmes conducted by the author as part of his PhD study.

This study was undertaken to increase our knowledge of what the students perceive they are gaining from participation in motivational intervention programmes. While there is much research on experiential education and adventure-based learning (Hattie et al., 1997, Luckner and Nadler 1997, Neill 1999), there has been limited research in the area of experiential education within the context of motivational intervention programmes for the unemployed. The research that is available provides a tenuous link between the two major providers of motivational intervention (LSV and Outward Bound) and its immediate outcomes, in terms of motivation and self-esteem (Swindells 1998) and employment outcomes (Johri et al. 2004). Hence, there is a need to address the gap in the research and to outline the processes of motivational intervention programmes for the unemployed.

Means-end theory was the method adopted to undertake this study, with the intention of connecting course components to outcomes; i.e. what specifically increases or decreases motivation, self-confidence, goal-setting, etc. Studying the outcomes from the components of

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the courses links the *attribute* to the *consequence* to the *value*. For example: rock climbing (attribute), leading to determination and perseverance (consequence), leading to an increase in self-confidence (value).

## STUDY SETTING

The participants for this research study attended the October 2006 intake of Limited Service Volunteers (LSV), course number 02/07, at Burnham army camp, 40 km south of Christchurch, New Zealand. Participants are referred, and operational funding is provided by the Ministry of Social Development, with facilities and staffing by the New Zealand Defence Force, utilising the New Zealand Army protocol. LSV is the original provider of residential motivational training in New Zealand, with personnel drawn from the New Zealand Army, Navy and Air Force.

All participants entering the programme were unemployed and identified by their Work and Income case manager as in need of increasing their motivation in order to enhance their chances of entering employment or further training. Participants, who choose to attend LSV, do so strictly voluntarily.

At the base the participants underwent a rigorous six-week military/outdoor adventure-training programme. LSV participants are subject to military law, but no martial or combat training is provided. The participants reside on the base for the duration of the course. The LSV company is split into platoons one, two and three, with approximately equal numbers and a mix of male and female participants. Each platoon is further divided, when the need arises, into four sections, consisting of 8 to ten participants. Lessons are primarily conducted at the platoon level, but occasionally at the company or section level.

Following is a basic outline of the programme.

Weeks 1–2: Imposed discipline (*dependence*)

Military law and rights, barracks routine, drill, physical training, goal-setting, drug and alcohol awareness, first aid training, rock climbing, health awareness.

Weeks 3–4: Development of self and team (*interdependence*)

Introduction to the outdoor environment, rafting, team challenge activities, high ropes activity, New Zealand police presentation, Ministry of Social Development presentation (drill and physical training continue).

Weeks 5–6: Self-discipline and team membership (*independence*)

50 km hike, job searching techniques, grooming, graduation parade (drill and physical training continue).

Course components are delivered by LSV company staff, non-company staff and external providers. Non-company military staff provide lessons in specific areas such as health, cooking and physical training; external providers deliver lessons in goal-setting, first aid, family planning, budgeting, rock climbing and ropes courses. Upon completion of the course, those who have successfully completed the first aid course receive a comprehensive first aid certificate from Red Cross.

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Company staff deliver lessons in their particular area of expertise, while platoon corporals accompany the platoon to each lesson, ensuring discipline and timing are adhered to. Each platoon is supervised 24 hours a day by one of four corporals assigned to that platoon. Platoon corporals instruct drill, which is practised throughout the course, developing participants' skill and precision, culminating in the march-out parade on the final day.

## MEANS-END THEORY

Means-end theory is focused on how the benefits and outcomes are related to participants' individual values (Goldenberg et al. 2005). This goes beyond the outcome research undertaken on outdoor education programmes, showing what benefit participants gain from participation on courses. Using means-end theory we can not only learn what benefits and outcomes individuals receive from participating on motivational intervention programmes, but also discover what personal values individuals perceive as being important with respect to the course components (Goldenberg et al. 2005). This information can then be used to enhance programme design and facilitate a greater understanding of the internal processes in the course. Means-end theory looks at the outcomes of course components, linking the attribute to the consequence to the value.

### What is an Attribute?

In this context, attributes are the course activities or aspects of the course the participants credit as being the cause of their change during a course. Examples of attributes on motivational intervention programmes are: rock climbing, hiking, physical training and interactions, or course aspects such as time management and teamwork.

### What is a Consequence?

Consequences are the effects and outcomes that occur to the individual from the course activities (attributes). Consequences can occur directly from the course activity, or indirectly, and can be either positive or negative (Klenosky et al. 1993). Consequences may also be physiological (satisfying hunger, thirst or other physiological needs), psychological (self-esteem, improved outlook on the future) or sociological (enhanced status, group membership) (Gutman 1982). Examples of consequences from motivational intervention programmes include relationships with others, teamwork, leadership, goal-setting and achievement.

### What is a Value?

“A value is what a participant wants in life or sees as a better way of living or existence over another” (McAvoy 2001:1). Values vary from one individual to another and are viewed as being highly abstract (Goldenberg et al. 2005). Examples of values that participants on motivational intervention programmes may have are: self-confidence, self-reliance and achievement of a personal goal.

Means-end theory data were collected by the author through interviews with participants at course end, utilising a qualitative methodology called “laddering” (Reynolds and Gutman 1988). Laddering involves first asking the participant what outcomes (consequence) they think they gained from participating on the course, then asking the participant what activity (attribute) led to that consequence. Open-ended questions are then asked about why they think the outcome was important to them; this process is repeated in a step-wise fashion,



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asking the “Why was that important?” question until the participant is unable to come up with an answer. Each successive answer to the “Why was that important?” question should be a step away from the concrete activity towards the more abstract value level (Klenosky et al. 1993).

This method of questioning, starting at the participation in activities or attributes and leading to consequences and their associated personal values, is a type of knowledge structure called a means-end chain (Gutman 1982, Klenosky et al. 1993) (Figure 1).

Figure 1 The Means-end Chain



## DATA COLLECTION PROCEDURES

Before commencing data collection the ethics of the study needed to be considered due to the fact that participants may have felt compelled to take part in the study. This was addressed by making the students aware that there were no consequences of not taking part in the research. This information, along with an assurance that the results would be anonymous and would have no effect on their Work and Income benefit, was communicated to them verbally prior to their decision to participate in the study. Participants were also made aware that they could withdraw from the study at any time. The study meets the requirements outlined in the Massey University Ethics Guidelines (2003).

Participant interviews were conducted verbally, because the long-term unemployed population group is acknowledged as generally having a low literacy level (OECD and Human Resources Development Canada 2000, Statistics New Zealand 1995). Interviews were conducted away from the other group members to encourage the participant to give unbiased answers. Responses were initially written on a means-end interview form, then entered into a computer program that allowed interview content to be coded as soon as possible after the interviews, thus enabling accurate coding of the data. At the start of the interview each participant was asked their permission to be included in the research. Interviews were conducted during the last four days of the course, at times convenient to the participants.

The interview included questions on:

- participant variables: age, gender, ethnicity, and which region they were from
- what outcomes they observed from the course (consequence)
- why each answer was important to them, until clarification of the resulting value was achieved or until the participant could not verbalise an answer (value)
- the activities or parts of the course that led to that outcome (activity).

Upon conclusion of the course, participants were asked if they would like to participate in a follow-up phone interview six months post-course. Sixty participants were interested and their contact phone numbers were collected.

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Six months after the course finished participants were contacted by phone for the six-month post-course means-end data collection. A total of 28 participants (33% response rate) were successfully contacted and interviewed via telephone for this part of the study. The questioning was the same as for the initial means-end interviews.

## ANALYSIS AND RESULTS

### Participant Demographics

At the course's end the participant demographics were analysed. Ages ranged from 17 to 25 years, with a mean of 18.9 years. The gender split was males 78.1% and females 21.9%. The ethnicity of the participants was Māori 55.2%, European 34.3%, Pacific people 7.6%, and Other 2.9%.

### Data Analysis

Participant interview results were coded by the researcher and then entered into the computer program *Laddermap* (Gengler and Reynolds 1995), and coded into the following attributes, consequences and values. The data produced a total of 34 content codes, comprising 13 attributes, 10 consequences and 11 values, as shown in Table 1. Of the attributes that were mentioned, *marching* was listed most frequently (6.2%), followed by *time management* (6.0%), *physical training* (5.9%) and *interactions* (4.7%). The consequences mentioned most often were *achievement* (6.8%), followed by *relationships with others* (4.6%), *determination/perseverance* (3.4%) and *teamwork* (3.3%). Of the values mentioned, *self-awareness/improvement* (7.1%) had the highest frequency, followed by *transference in general* (5.4%), *self-confidence/esteem* (5.3%) and *transference to work* (4.6%).

**Table 1 Frequency of Content Codes in LSV Respondents' Means-End Chains**

<b>Attributes</b>	<b>Frequency concept mentioned</b>	<b>Percentage of total concepts mentioned</b>
Marching	67	6.2
Time management	65	6.0
Physical training	63	5.9
Interactions	51	4.7
Teamwork	36	3.3
Lessons	32	3.0
Instruction	30	2.8
Course overall	29	2.7
Rock climbing	26	2.4
New experiences	17	1.6
Hiking	5	0.5
Leadership opportunities	3	0.3
White-water	2	0.2
<b>Consequences</b>		
Achievement	73	6.8
Relationships with others	49	4.6
Determination/perseverance	37	3.4
Teamwork	35	3.3
Personal growth/challenges	31	2.9
Physical fitness	30	2.8
Knowledge/awareness	24	2.2
Efficiency	15	1.4
Goal-setting	6	0.6
Job skills	4	0.4
<b>Values</b>		
Self-awareness/improvement	76	7.1
Transference in general	58	5.4
Self-confidence/esteem	57	5.3
Transference to work	49	4.6
Warm relationships with others	32	3.0
Fun and enjoyment of life	18	1.7
Self-respect	17	1.6
Sense of accomplishment	13	1.2
Sense of belonging	11	1.0
Self-reliance	9	0.8
Achievement of a personal goal/value	6	0.6
<b>Total</b>	<b>1,076</b>	<b>100%</b>

## MEANS-END RELATIONSHIPS

To visually represent the means-end relationships between the attributes, consequences and values, hierarchical value maps (HVMs) were created (see Figure 2), which characterise key meanings within particular domains (Klenosky et al. 1993).

The resulting HVMs show the associations between the attributes, located near the base of the map, which are the starting point of the ladder (represented with all lower-case text). Above are the consequences (Initial Capital Only), and the resulting values are found towards the top of the map (ALL UPPER CASE). The attributes, consequences and values are represented by circles of various sizes, depending on the number of times the particular concept was mentioned, and this is also indicated by the value "n". The HVM includes small circles representing concepts that have not been mentioned often, and larger circles

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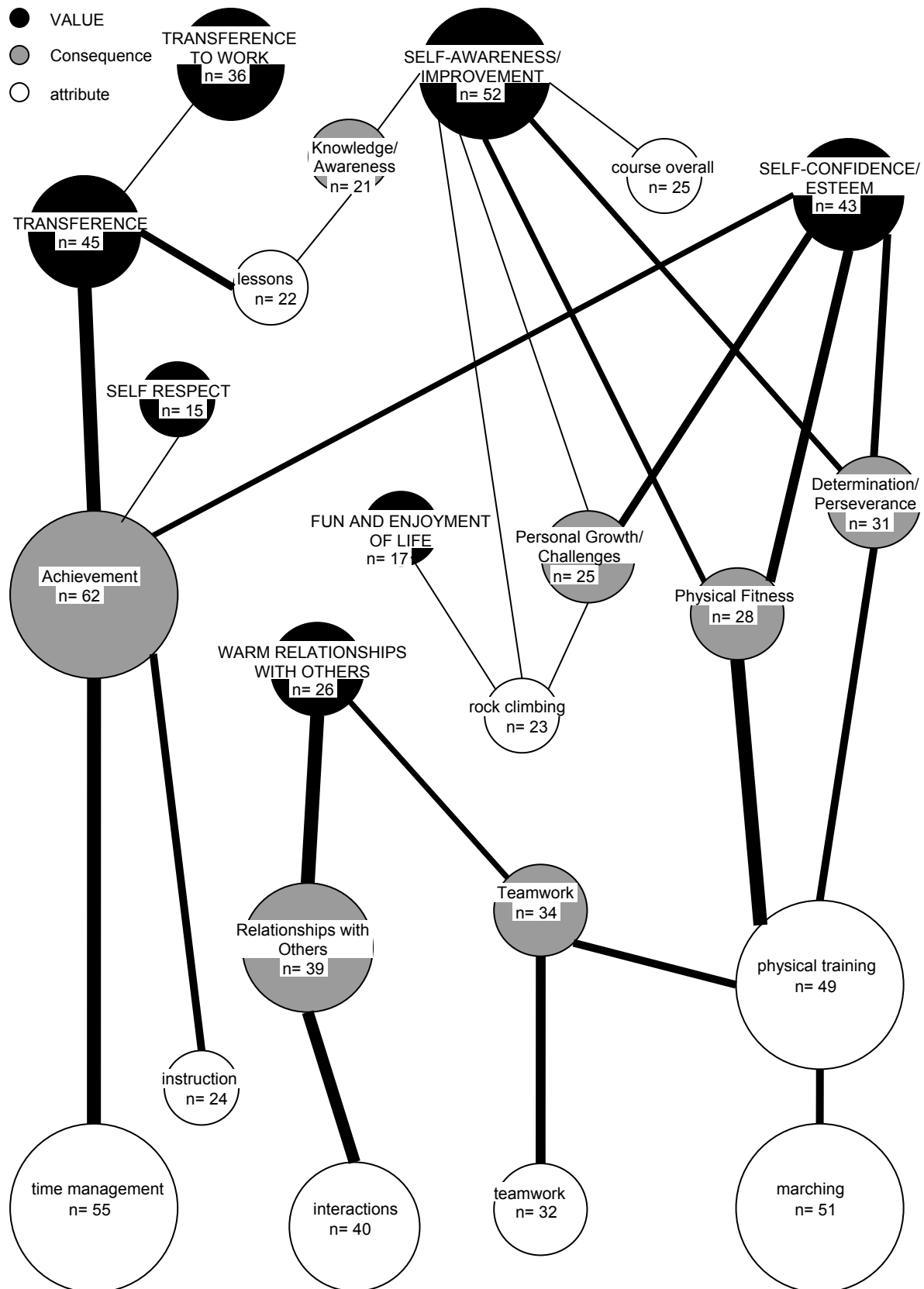
representing concepts that have been mentioned frequently. The thickness of the lines linking concepts is proportional to the frequency of links between concepts, with thick lines representing strong links between two concepts. The placement of the concepts has no particular meaning other than for clarity within the diagram.

Figure 2 summarises the concepts from the 85 participants from the first part of the study. For clarity, a cut-off level of seven was used, and so only associations that were mentioned by at least seven respondents are shown in the resulting HVM. It can be observed that the predominant attributes / course components are time management, marching and physical training, and interactions. Other course components represented on the HVM include teamwork, the course overall, instruction, rock climbing and lessons. The consequences/outcomes that were mentioned most frequently were achievement and relationships with others. Other notable outcomes were teamwork, determination/perseverance, personal growth/challenges, physical fitness, and knowledge/awareness. The values most often mentioned were self-awareness/improvement, transference in general (in the HVM transference in general is labelled *Transference*, due to space constraints), self-confidence/esteem and transference to work. Additional values include warm relationships with others, fun and enjoyment of life, self-respect and a sense of belonging.

It is notable that several of the participants linked time management to a sense of achievement and the importance of being able to transfer that sense of achievement back to life in general, and to work. It is also interesting to note that the physical training aspect of marching was an important step in the resulting values of self-awareness/improvement and self-confidence/esteem. Another observation from the HVM was the strong links between interactions, teamwork and the resulting value of warm relationships with others, which shows that as the participants work through the course they form close friendships with each other. The most important values of self-awareness/improvement, self-confidence/esteem and transference in general show that the course helps the participants realise their own abilities, and that they believe they have the confidence to apply this back in their home or future work environment.

It is clear that the most important aspect of the course is the environment and structure of the course rather than the individual activities such as hiking, rafting, rock climbing and field training exercises. This shows the importance of having an enforced structure for the participants, while supporting the social interactions within the group environment.

**Figure 2 Hierarchical Value Map for Limited Service Volunteers Course Participants: All Respondents (n = 85)**



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In addition to the summary HVM shown in Figure 1, separate HVMs were developed to provide a view of the outcomes associated with the separate demographic characteristics of gender, age and ethnicity, and six-month post-course data. HVMs were also produced for the individual course activities of marching, time management, physical training, interactions, teamwork, lessons, instruction, course overall, rock climbing and new experiences. Due to space restraints these HVMs have not been included but are available from the author.

## DISCUSSION

The purpose of this study was to gain a better understanding of the outcomes the participants perceive as resulting from motivational intervention programmes. Using means-end theory and participant interviews, data collected from a sample of 85 LSV course participants provided an insight into what the participants perceive as being the outcomes associated with this type of motivational intervention programme. Also uncovered are the means-end links that help explain how and why these outcomes are important to the participants.

Analysis of the data for all respondents at course end revealed a number of key outcomes and personal values. One significant outcome is that several of the participants linked time management to a sense of achievement, and the importance of being able to transfer that sense of achievement back to future work and life in general. The physical training aspect of marching is an important step in the resulting values of self-awareness/improvement and self-confidence/esteem. There were also strong links between interactions, teamwork and the resulting value of warm relationships with others. This shows that as the participants work through the course they form close friendships with each other. The most important values of self-awareness/improvement, self-confidence/esteem and transference in general show that the course helps the participants to realise their own abilities, and that they have the confidence to apply this back in their home or future work environment.

Analysis of the demographic variables of gender, age and ethnicity indicates that there are variations between subgroups. In terms of gender, for males the physical training aspect of the course had a simple, direct relationship to an increase in physical fitness and teamwork, whereas the physical side of the course for the females had many outcomes for them. The increase in physical fitness was a more important consequence for the males than for the females, and the females placed a higher emphasis on teamwork than the males. The other main difference between genders was that the physical aspect of marching was not as important for the females as for the males. The resulting values for both genders are largely similar.

In terms of age, the results show that social interaction is more important for the younger participants and teamwork is more important for the older participants. Transference to work is a more valued outcome for the older participants than the younger ones, and physical training has more of an impact for the older participants.

Differences between ethnic groups indicate that Māori participants place higher value on warm relationships with others than the European participants. Another difference is that while the two subgroups placed similar value on transference to work, the European participants showed more links to transference to work than the Māori participants.

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The marching activity has a strong link to a sense of achievement, and to the values of self-awareness/improvement, self-confidence/esteem and transference in general. This shows that marching is an important aspect of the course for the participants: it is a new activity for them and requires skill to become proficient. Participants felt a large sense of achievement from being able to perform marching by the end of the course, as marching is a skill that was initially difficult for many of them. This in turn led to participants becoming aware that they were able to do much more than they initially thought they could do, and they also felt good about themselves, increasing their self-esteem and confidence. The skills developed from marching were thought to be valuable and transferable back to their home and future work environments.

Time management was a significant aspect of the course, revealing that participants felt a sense of achievement by course end in terms of being able to manage their time well, which led to the value of self-awareness and improvement. Time management was also believed to be able to be transferred back to their home and future work environment. For many participants, keeping to a typical work timeline of getting up early in the morning, having regular meal times, and going to bed at a time that enabled them to have eight hours' sleep was vastly different from their pre-course home routine.

The results for physical training are as would be expected: by increasing their physical fitness, participants' levels of self-confidence and esteem also increased. Again, this aspect of the course was different to many of the participants' home environments, where many live a sedentary life, which can have a detrimental effect on their physical and mental health.

The social interactions on the course were another important aspect for the participants. Being introduced to a new group of people in a drug- and alcohol-free environment, and being given challenges that require teamwork while being supported by the staff at LSV, led them to develop positive and supportive relationships, and to foster a sense of belonging within the group.

The results at six months post-course differ from the results at course end in that at post-course the respondents were less likely to identify individual activities that had an effect on them. The course as a whole was the significant attribute, combining the major course elements such as the course structure, the outdoor adventure and military aspects of the course, and including a few individual activities such as marching and hiking. The two individual attributes that were able to be identified as being significant at six months post-course were physical training and interactions. This reiterates the importance of these aspects of the course in producing positive outcomes for the participants.

The results at six months confirm that the values at course end do have a lasting effect on increasing participants' self-esteem and self-confidence, and that there had been a transference of skills and knowledge from the course, which had a positive affect on both their home environment and in the workforce. The increased number of links connecting to transference to work at six months post-course, indicates that participants perceived that the course still had a positive effect on their employment prospects at that time.

It is clear that the most important aspect of the course was the environment or structure of the course, rather than the individual activities such as hiking, rafting, rock climbing and field-training exercises. This shows the importance of having a well-defined structure for the participants, along with supporting positive social interactions within the group environment.

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Although some of the individual course components do not have a great effect on the perceived outcomes of the course, they are still an important aspect for marketing the course. Activities such as rock climbing and rafting, while not having a great effect on the outcomes, attract potential participants to attend the course. These high-impact activities also assist with persistence on the course because they are enjoyable.

Overall, this study highlights the importance of the course structure and setting to increase participants' self-efficacy. The course structure revolves around a typical work-day schedule, with regular meals, physical activity and engaging in social interactions. This structure, as well as the military setting, places the participant in an unfamiliar environment, which is also important to achieving course outcomes (Gass 1993, Walsh and Golins 1976).

It is acknowledged that the group studied is not representative of the wider population of long-term unemployed. Participants volunteered to attend the course, and went through a selection process that meant that the selected participants were those candidates most likely to succeed on the course.

## IMPLICATIONS AND CONCLUSION

Analysis of the demographic variables of gender, age and ethnicity indicate that there are variations between subgroups, and these variations should be acknowledged for each individual course intake. This, in addition to the increased knowledge of outcomes associated with specific course activities, can be used at the course design stage. For example, if an intake has a large number of younger participants, then social interactions should have a higher priority than the physical training aspect of the course. Alternatively, the physical training could be focused more on team sports rather than individual physical training (like running,) thus promoting interactions between participants while still increasing their physical fitness.

The present findings have a number of important implications for policies directed at reducing the occurrence of long-term unemployment. First, providers of motivational intervention should balance providing high-impact activities (which have little effect on outcomes, but have a role to play in recruitment and course persistence) and programme structure, which is significant in facilitating participants' post-course employment prospects.

Second, these results should be discussed within the Ministry of Social Development to see where motivational interventions can best fit within the case management framework to ensure optimal outcomes. This could be achieved by, for example, timing motivational interventions immediately prior to commencing employment, to facilitate the transition from the unstructured daily routine of unemployment to the structured work-day arrangement. Previous research highlighting the importance of effective goal-setting on motivational intervention courses (Maxwell 2008) should also be taken into account. Service delivery of case management that includes the support of various agencies should consider the goals that clients can develop during motivational interventions to empower them beyond the programme, by actively involving them in the goal-setting process.

Finally, policies relating to motivational interventions should be shaped to maximise outcomes for participants by supporting providers to deliver more effective programmes. This can be achieved by providing access to research, such as that presented in this article and the



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work done on how to reduce early departures from courses (Maxwell et al. 2008), and by providing expert support to progress the design and delivery of motivational interventions in New Zealand.

Further research could be undertaken to understand the links between the outcomes of this research and employment outcomes for the participants. A longitudinal study for perhaps two years post-course could establish how persistent the effects of this programme are. Motivational interventions in New Zealand currently lack inter-industry knowledge sharing. It is hoped that this article takes a step towards dispersing knowledge to other providers of motivational intervention in order to benefit both providers and the unemployed participants of such courses.

The stated aims of the programme are to increase participants' motivation, confidence and skills to enter employment or study. The results presented here indicate that participants' confidence is increased, and that they believe that the course outcomes can be transferred to future work situations. Previous research on the goal-setting aspect of the LSV programme (Maxwell 2008) indicates that the motivational outcome from LSV is linked to the effective delivery of the goal-setting aspect of the course, and as a result the goal-setting component of LSV has been restructured. In order to achieve significant, lasting increases in post-course outcomes of employment and study uptake, it is the view of the author that the LSV programme needs to be an integral part of a larger sequence of support, focused on the individual's specific situation.

In conclusion, this research revealed that the LSV programme produces many positive immediate outcomes to the participants. Course components such as marching, time management, physical training and interactions produce a heightened sense of achievement, improved relationships with others, improved determination, perseverance and teamwork. This results in positive course outcomes, which include increases in self-esteem, awareness, improvement and confidence. These outcomes have an immediate effect on the participants, are also transferred back into their post-course environment, and are persistent six months after the course ends.

## REFERENCES

- Anderson, D. (1998) *What Have We Learned and Where to Next?: A Review of Evaluations of Employment Programmes and Interventions, 1992–97*, Department of Labour, Wellington.
- de Boer, M. (2003) *Estimating the Impact of Employment Programmes on Participants' Outcomes*, Centre for Social Research and Evaluation, Ministry of Social Development, Wellington.
- Feather, N.T. (1992) "Expectancy-value theory and unemployment effects" *Journal of Occupational and Organizational Psychology*, 65(4):315.
- Gass, M.A. (1993) *Adventure Therapy: Therapeutic Applications of Adventure Programming*, Kendall/Hunt, Dubuque, Iowa.
- Gengler, C., and T.J. Reynolds (1995) *LadderMap* [computer software], Camden, New Jersey.
- Goldenberg, M., L. McAvoy and D.B. Klenosky (2005) "Outcomes from the components of an Outward Bound experience" *Journal of Experiential Education*, 28(2):123–146.
- Gutman, J. (1982) "A means-end chain model based on consumer categorization processes" *Journal of Marketing*, 46(2):60–72.

- 
- Hattie, J., H.W. Marsh, J.T. Neill and G.E. Richards (1997) "Adventure education and Outward Bound: Out-of-class experiences that make a lasting difference" *Review of Educational Research*, 67(1):43–87.
- Johri, R., M. De Boer, H. Pusch, S. Ramasamy and K. Wong (2004) *Evidence to Date on the Working and Effectiveness of ALMPs in New Zealand*, Ministry of Social Development, Wellington.
- Klenosky, D.B., C. Gengler and M. Mulvey (1993) "Understanding the factors influencing ski destination choice: A means-end analytic approach" *Journal of Leisure Research*, 25(4):362–379.
- Luckner, J.L., and R.S. Nadler (1997). *Processing the Experience: Strategies to Enhance and Generalize Learning* (2nd ed.), Kendall/Hunt, Dubuque, Iowa.
- Maxwell, R.J. (2008) "'Sticking the boot in' – The role of goal setting in motivational intervention programmes" *Social Policy Journal of New Zealand*, 33:15-31.
- Maxwell, R.J., A.J. Martin and M. Perry (2008) "An evaluation of dropouts from Outward Bound programs for the unemployed" *Journal of Experiential Education*, 30(3):223–235.
- McAvoy, L. (2001) *Understanding Means-End Theory for Wilderness Inquiry Trips*, www.wildernessinquiry.org [accessed Sept. 2006].
- Ministry of Social Development (1994) *Employment: The Issues*, Prime Ministerial Task Force on Employment, Ministry of Social Development, Wellington.
- Ministry of Social Development (2001) *Guidelines for Employment Programmes and Services*, Ministry of Social Development, Wellington.
- Ministry of Social Development (2007) *The Statistical Report*, Ministry of Social Development, Wellington.
- Neill, J.T. (1999) "Personal development outcomes of outdoor education programs" paper presented at the *11th Australasian Human Development Conference*, University of Sydney, Australia.
- OECD and Human Resources Development Canada (2000) *Literacy in the Information Age: Final Report of the International Adult Survey*, OECD, Paris.
- Regier, D. A., D.K. Myers, M. Kramer, L.N. Robins, D.G. Blazer, R.L. Hough, et al. (1984) "The NIMH epidemiologic catchment area program: Historical context, major objectives, and study population characteristics" *Archives of General Psychiatry*, 14(10):934–941.
- Reynolds, T.J. and J. Gutman (1988) "Laddering theory, method, analysis, and interpretation" *Journal of Advertising Research*, 28(1):11–31.
- Statistics New Zealand (1995) *Unemployment Rate, IALS 1994-1998: By Level of Literacy Proficiency on the Prose Scale*, retrieved March 16, 2007 from www.stats.govt.nz.
- Swindells, J. (1998) *Residential Motivational Training (RMT) Programme*, Centre for Operational Research and Evaluation, Department of Work and Income, Wellington.
- Walsh, V. and G. Golins (1976) *The Exploration of the Outward Bound Process*, Colorado Outward Bound School, Denver, CO.
- Winefield, A.H. (1995) "Unemployment: Its psychological costs" in C.L. Cooper and I.T. Robertson (eds.) *International Review of Industrial and Organisational Psychology*, Wiley, Chichester, UK.

# **THE RELATIONSHIP BETWEEN SCHOOL AND YOUTH OFFENDING**

Alison Sutherland<sup>1</sup>

## **Abstract**

The purpose of this research, conducted with a sample of young people in three New Zealand youth justice residential facilities, was to explore the compulsory school experience as perceived by young people who went on to commit serious criminal offences. By listening to their stories I hoped to identify the risk factors, if any, that schools contribute to the developmental pathways towards criminal offending. A significant finding was that although the school experience does not cause a young person to commit crimes, the cumulative effect of negative school experiences can result in a student's alienation from the education system, aggravating pre-existing risk factors that lead a vulnerable person towards chronic criminal offending. What also emerged was the unique opportunity that schools provide to interrupt the pathway to youth offending through a process of early identification and timely intervention.

## **YOUNG OFFENDERS IN NEW ZEALAND – AOTEAROA**

Although most young New Zealanders make significant, positive contributions to their families/whānau, peer groups, schools and communities, many children and young people offend at some stage while they are growing up. The majority do so in a limited way, committing only minor offences infrequently that may not come to the attention of the police. In 2007 there were 1,540 police apprehensions of 14- to 16-year-olds per 10,000 of the population for non-traffic offences, the majority of which were offences against property (see Figure 1). A significant number of these offences, according to New Zealand primary youth court judge Andrew Becroft, are committed by a small group of young people, a high proportion of whom are Māori (Becroft 2003, 2004a).

## **INFLUENCES ON YOUNG PEOPLE TO OFFEND**

There are a number of factors that contribute to the trajectory towards youth offending, including being born into a family that values antisocial behaviour or lacks effective parenting skills (Lashlie 2002), peer group influence (Fagan and Najman 2003), neighbourhood and community factors, and low socio-economic status (Lipsey and Derzon 1998). However, it is not just the external environment that negatively affects some children. There is evidence to suggest that some people may be predisposed towards antisocial behaviour and criminal offending. This may be through personal characteristics that lean towards aggressive and impulsive behaviour, or because of neurological damage and cognitive impairment, possibly as a result of prenatal exposure to drugs and/or alcohol (Loeber and Farrington 1998). There is also a link between young people offending and non-engagement with the school system (Becroft 2004a, Gottfredson 2001). We know that many young offenders were out of school at the time of their offending, but there is limited

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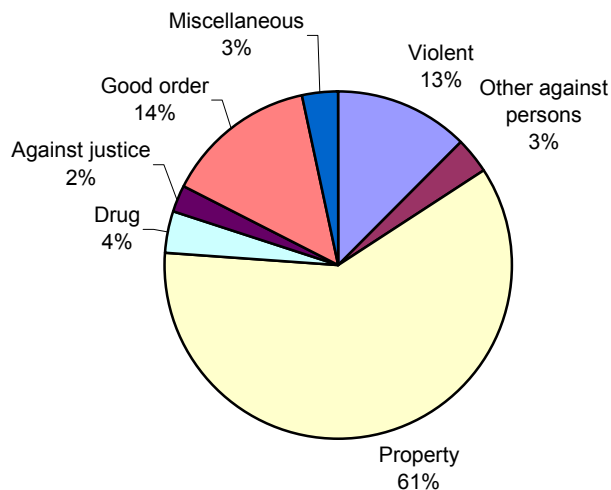
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information on why these youth became alienated from the school system: did they leave school to offend or offend because they were out of school? There is even less information on the role schools may play in the pathway to youth offending.

**Figure 1 Types of Offences, 14- to 16-year-olds, 2007**



Source: Ministry of Justice 2009

## THE ROLE OF SCHOOLS IN YOUTH OFFENDING

Substantial research has gone into identifying the risk factors that cause a young person to offend, but despite the thousands of hours that students spend in school there is little information on the role of schools in youth offending. From the research data that does exist it is clear that educational success and school attachment are key protective factors in preventing offending by young people (Gottfredson 2001, Hirschi 1969, Maughan 1994, Spratt et al. 2000). However, schools have also been implicated in contributing to young people's risk of criminal offending (Rutter et al. 1979). These "education-created" risk factors can be placed into seven categories.

### 1. Inadequate Transition to School, and from Primary to Secondary School

All school transitions – including entry into primary from preschool, intermediate from primary school, or secondary school from intermediate – present developmental challenges that rely on the previous acquisition of essential social skills, and each brings its own unique risk factors (Kellam et al. 1998). These risk factors include adapting to an unfamiliar classroom environment, new teacher relationships and the reconstruction of the peer group. Children have to adapt to a range of new demands and expectations from previously unknown adults, negotiate new roles for themselves, form new relationships with peers, and incorporate new dimensions into their self-evaluations (Reinke and Herman 2002).

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The transition from primary to secondary school is particularly challenging because it involves the movement from one teacher to multiple teachers, a few subjects taught in one classroom by one teacher to multiple subjects taught by a number of teachers in different classrooms, differing teacher styles, greater and more complex academic demands, and greater demands for self-monitoring and self-reliance, with the need to move around several classrooms (Kellam et al. 1998, Wasserman and Miller 1998). This transition period is especially risky for girls, who are more likely than boys to experience pubertal maturity at the same time as they experience the transition from primary to secondary school (Caspi et al. 1993, Marcotte et al. 2002, Pepler and Craig 2005).

## 2. An Unhealthy School Climate

An unhealthy school climate is linked with a poorly organised, malfunctioning school that has a prevalent sense of despondency among students and staff, accompanying high rates of teacher and student absenteeism, and a higher incidence of school mobility (McEvoy and Welker 2001). Such schools are characterised by teachers who are routinely late to class and students being left unsupervised and vulnerable; cramped classrooms and overcrowding; poor physical condition and appearance of school buildings and grounds; high student–teacher ratios; and insufficient teacher training on effective behaviour management (Akin-Little and Little 2003, Kashani et al. 2001, Leone et al. 2003). An unhealthy school climate not only contributes to academic failure, leading to a lack of school attachment, school drop-out and criminal offending, but can also contribute to aggressive students' violent behaviour (Edwards 2001, Loeber and Farrington 2000, Reinke and Herman 2002).

## 3. Schools' Contribution to Academic Failure

A number of longitudinal studies demonstrate that children who are struggling academically are more likely to turn to crime than those who are performing adequately or well (e.g. Dishion et al. 1991, Elliot and Voss 1974, Flannery 2000, Seydlitz and Jenkins 1998). This is supported by evidence that the intellectual functioning of young offenders is at the low-average to average range and that they have significant deficits in reading, maths, and written and oral language compared to their non-offending peers (Leone et al. 2003). There is New Zealand evidence that contributions to academic failure, other than low intelligence, lack of student interest and behavioural problems, include ineffective and inappropriate teaching methods, and a school personnel's belief that students from lower socio-economic, disadvantaged families and minority groups have only limited potential and do not require consideration or extension (Macfarlane 2004). It has also been argued that examinations, testing and class grouping are biased, with children from lower socio-economic homes being less likely to be placed into classes that will lead them to university, and that some schools have been or are racially segregated, to the detriment of students' educational attainment (Seydlitz and Jenkins 1998).

## 4. Anti-social Peer Relationships Formed at School

Because they assemble together large numbers of at-risk youth, schools can become breeding grounds for the development of criminal offending, especially where there is little adult supervision (Cohen and Felson 1979). Both inside and outside the classroom, students develop social hierarchies and groups that have a significant influence on their performance and play a large role in shaping both their appropriate and inappropriate behaviours (Hann and Boek 2001, Reinke and Herman 2002). Particularly at risk are children who exhibit

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verbally and physically aggressive behaviours, especially those who display non-normative forms of aggression such as relationally aggressive boys and overtly aggressive girls (Bloomquist and Schnell 2002).

Once rejected, these children remain isolated from “normal” peers, even after interventions have been implemented to improve their social behaviour. This peer rejection deprives a child of the socialising experiences that he or she may obtain from pro-social peers and sets the stage for him or her to become involved with an antisocial peer group (Church 2003, Gardner et al. 2004). This process of peer rejection spiralling to disruptive behaviours and youth offending begins in the primary school years and accelerates during the intermediate and high school years, becoming more serious, more frequent and more covert as the children mature (Church 2003, McMahon and Forehand 2003, Reinke and Herman 2002). New Zealand’s detention system, whereby students being punished for school misconduct are grouped together during lunch periods, after school and on the occasional Saturday, can become breeding grounds for discontented, embittered and alienated students to mix with like-minded peers.

### 5. Negative Relationships between Students and School Personnel

Research evidence verifies that a teacher’s style, attitude and expectations can adversely affect students’ educational and social outcomes (e.g. Kennedy and Kennedy 2004, McEvoy and Welker 2001). Where the teacher–student relationship is characterised by high levels of conflict and negative interactions, a vicious cycle can be set in motion in which there is an escalation in the student’s antisocial responses to the teacher’s requests, a punitive reaction to this response from the teacher, and an intensification of negative behaviour as a reply from the student. Instead of allowing that the child’s behaviours are escalating as a response to their own treatment of the child, teachers are more likely to blame the student’s challenging behaviours on his or her unwillingness to be cooperative, or on some other external factor such as the child’s dysfunctional upbringing (Hyman and Winchell 2000). When teachers cannot cope with the stress and frustration associated with working with these difficult students, they react to minor problems with irritability, fear, counter-aggression and negative thinking, which often escalates the frequency and severity of the child’s aggressive behaviours (Morrison and Skiba 2001, Reinke and Herman 2002). Church (2003) attributes the ambivalence to working with difficult, time-consuming children to the teachers’ lack of knowledge about how to work with defiant and antisocial students.

### 6. Mistreatment by School Personnel

Halkias et al. (2003) and Piekarska (2000) identify two categories in the student–school personnel relationship that traumatise students: deliberate versus unintentional maltreatment, the difference being determined by the adult’s intent to cause harm to the student while seeking compliance. Deliberate maltreatment involves punitive disciplinary strategies and control techniques that are based on fear and intimidation; for example, verbal assaults, sarcasm and ridicule, isolating a student from his or her peers, allowing or ignoring peer humiliation, sexual harassment, humiliating in front of peers in relation to their learning difficulties, calling them liars and criminals, and personal attacks regarding their appearance, family and choice of friends. Unintentional maltreatment is demonstrated by involuntary provision of a low quantity and quality of human interaction, and providing limited opportunities for students to develop self-worth. At the extreme end of teacher abuse is the use of corporal punishment, the purposeful infliction of pain or confinement as a penalty for

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an offence (Halkias et al. 2003), and racism or other forms of prejudice directed at students who are already marginalised within the school setting (Cunningham 2003, Puketapu-Andrews 1997).

## 7. School Policy Abuse

Senior management in schools, supported by their board of trustees, can victimise students by using legitimised but inappropriate punitive disciplinary practices to deter students' behaviours (Morrison and Skiba 2001). Intolerant, zero-tolerance policies such as school stand-downs, suspension, exclusion and early school exemptions provide opportunities for at-risk, alienated youth to associate, unsupervised, with deviant peers (Leone et al. 2003, Morrison and Skiba 2001). In general, zero-tolerance practices are only effective in immediately stopping undesirable behaviour in the school setting simply because the antisocial student is removed from the school grounds and transferred out into the community (Hyman and Snook 1999).

### RESEARCH AIM

In comparison to the substantial research focusing on identifying the risk factors that cause a young person to offend, there is a scarcity of qualitative research investigating how young offenders perceive their mainstream school experience. It was the aim of this research study, through the stories of young people who have committed serious criminal offences, to better understand the role the school experience plays, if any, in the pathway to criminal offending.

### RESEARCH METHODOLOGY

The paradigm or basic set of beliefs that guided the research study is epistemological subject practice (Denzin and Lincoln 2000). I chose to work from this paradigm because of my belief that social interaction should be examined from the participants' perspective. My choice of strategy of inquiry is constructivist theory, based on my conviction that we come to know what has happened partly in terms of what others reveal as their social experience through their stories; that knowledge is socially constructed (Janesick 2000).

The design for the research centred on individual interviews with 25 young people held on "remand" or on "supervision with residence" at one of New Zealand's three Child, Youth and Family residential youth justice facilities. Through conversations and informal interviews, supported by a pack of "memory-jogging" cards, volunteers were invited to share stories about their primary and secondary school experiences. Each conversation and informal interview was face-to-face, audio-taped with a cassette note-taker that was in reach of the participant, and lasted between 40 minutes and 2 hours. Interviews finished at the request of each individual participant.

### The Participants

Of the 25 volunteers who were interviewed for the study, 19 were male and 6 were female. While not deliberately contrived, this percentage closely resembles New Zealand's statistics for gender differences in youth offending (Becroft 2003). The age of the young people ranged from 14 years 5 months to 16 years 11 months. The average age was 15 years 9 months and was slightly higher for the girls (16 years 1 month) than the boys (15 years 8 months), which was not statistically significant given the small number interviewed.

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Twelve of the males identified themselves as Māori, three as European/Māori, three as Pacific and one as New Zealand European. Of the six girls interviewed, two identified themselves as Māori, two as New Zealand European (although one mentioned her father was part Māori), one as Pacific and one as Māori/Pacific. These figures correspond with earlier studies that ethnic minorities are disproportionately represented in the youth offending population (Becroft 2004b), with Māori youth being three times more likely to be apprehended, prosecuted and convicted than non-Māori youth (Curtis et al. 2002).

Demographically, the young people had attended schools throughout the whole of New Zealand, from as far south as Invercargill to the north of Auckland. Although more of the participants were from the North Island (13 boys and 5 girls) than the South Island (6 boys and 1 girl), this is representative of the density of the New Zealand population. According to the 2001 Census,<sup>2</sup> 76.6% of young people aged from 10 to 19 years resided in the North Island and 23.4% resided in the South Island. Although all were living in urban areas at the time of apprehension, several of the participants migrated there from rural or semi-rural areas, either because they were following or seeking the lifestyle of their antisocial peers, or because they were sent there by family because of school dropout, exclusion and/or family disharmony.

### Memory-Jogging Cards

To encourage a sense of choice and to reduce leading direction by the researcher, a selection of 54 memory-jogging cards was created based on school-related topics. When offered to each participant, the memory-jogging cards were shuffled and presented face down. Each young person was invited to use the cards or not, as they wished. It was equally acceptable if the young person chose not to use the cards but preferred to talk at random about their school experience.

I created the laminated cards to focus the participants' attention on their school experience. The cards also proved useful in that they gave the young people something physical to handle, drawing their attention away from the researcher and the audiotape. The colours of the cards were chosen at random: green, pink, cream, purple, white and grey. Two colours associated with gang membership – red and blue – were deliberately avoided. Where I felt it was an appropriate match to the word, a picture was added to the card. The purpose behind the pictures was to make the cards more attractive and friendly to the participants, and as “face-saving” prompts allowing for the possibility that a young person may have difficulty with the written word.

All of the young people opted to use the memory-jogging cards. They did this in a variety of ways: some flicked a card over, spoke to the topic, set it aside and took the next card; others created two piles, one they spoke to, the other they ignored; several shuffled the cards and spoke to them at random; and some of the young people put them into different piles, grouping them in colours or categories that made sense to them. One young person asked me to read the cards out loud. An unexpected use of the cards by several young people was to flick the next one over when they wanted to stop dialogue about the previous subject area; the card became their way of communicating to the researcher that they no longer wanted to carry on with that particular line of conversation.

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<sup>2</sup> Statistics New Zealand, Sex by Age Group for Census Usually Resident Population Count.



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The pictures on the memory-jogging cards proved useful as association prompts, sometimes evoking a memory of school that was unrelated to the word on the card. Two cards, “touching” and “seeing”, were discarded following the first three interviews because they caused some confusion and directed the stories towards the participants’ charges rather than focusing their attention on their school experiences.

During one of the first interviews, after all the memory-jogging cards had been considered, the conversation naturally flowed to a discussion about how the young person would change the school if he were the principal. Apparently not in a hurry to exit the interview, the participant continued with suggestions as to how he would like school to be for his own children. While recognising that this strayed from the philosophical foundation of phenomenology, because the idea derived from a participant, and because of the subsequent richness of the data that came from the spontaneous conversation, I concluded subsequent interviews with what I refer to as the “magic wand” questions: “If you were the principal and you had a magic wand, how would you change the school?” and “How would you like school to be for your children?”

The use of the memory-jogging cards, combined with the flexibility of the research methodology, resulted in a rich collection of stories about the young people’s school experiences.

## RESULTS

### Emergent Themes

The primary messages that emanated from the young people’s stories were “I cannot do it”, “I do not fit”, “I cannot sit and be quiet the way that the other kids can”, “I cannot survive in this system unless I self-medicate”, “In this school environment, it is not safe to be me; it is not me to sit and be quiet and do my work”. To many of the participants there was an overwhelming sense of unfairness, of victimisation that led to frustration and a search for ways to get out of their school life-world. It was their perspective that having to attend school was imposed on them. They did not want to attend school; it was never their choice. They describe feeling alienated from the school system and from their pro-social peers. Many found learning difficult, especially towards the end of primary school. The majority were bored with classroom routine and behavioural expectations and used this to justify their antisocial, impulsive and aggressive behaviours. They had little desire to comply with teachers’ instructions, and while there was an expectation that other students should follow the school rules, they did not accept that the rules applied to themselves. Truancy, a symptom of their alienation, was routine. Discipline, detentions, stand-downs, suspension and exclusions were common occurrences. But perhaps the most dominant theme was that school personnel treated them unfairly.

### School Personnel

In general, the principal was someone they perceived as deserving of their respect: someone they would like to take an interest in them and their achievements in school, and whom they

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expected would treat them fairly. Even when the principal was applying zero tolerance, Jace<sup>3</sup> perceived he had his interests at heart:

“The principal told me to find another school because he didn’t want to expel me. He just ... instead of expelling me he just let me go. He was just being polite, putting it in a polite way. Rather than expelling me. Making my records look bad.”

By treating them fairly the young people meant listening to their explanation of an incident before determining that they were at fault, and taking appropriate punitive action not only against them but also against others who were involved in the incident, whether they were teachers or their peers. An exception to this was Terry, who felt his principal “targeted” him and others:

“I didn’t like the principal cause he didn’t like me. I was always in, always on his list. His top ten list. Top ten bad ones.”

While most saw the principal as someone trying to be fair, the participants’ perception of their deputy principals was that they were unfair, authoritarian and punitive:

“Went to [deputy principal’s] office again and got suspended, my first three weeks and got suspended twice. And had enough, just walked out of school.” (Alan)

Almost uniformly they perceived that the deputy principal did not like them. Two of the young people explained:

“Worst memory of school is my deputy principal ... This was at intermediate. She’s just a person that, well, everyone used to say she was racist and that was about it. I used to always get ... she used to always suspend me.” (Ania)

“Each time I got kicked out of our class, like for being disruptive, we had to go to him [deputy principal] and I was, yeah, like in there every day.” (Alan)

Unable or unwilling to differentiate the role of school disciplinarian with the person, both the male and the female respondents’ negative reaction to the deputy principal increased with the telling of each adverse encounter. Their feelings intensified when the young person sharing the story was Māori and the deputy principal was not. Matai appeared quite traumatised by his encounter with the deputy principal at his college, whom he described as “white”:

“This deputy principal, she used to be pretty racist and didn’t like me. And she used to go, ‘Don’t hang out with this guy, he’s a drug dealer,’ to my mates ... Not much students at that school liked her anyway. That’s why I stopped school. Dropped out of school because of her. They were going to stand me down but I just left before they had a chance.”

## Teachers

The participants’ stories about their teachers could be separated into the teachers they preferred and the teachers they disliked. According to the female participants, their preferred teacher was female, listened to their personal issues and concerns, offered mutual respect, was kind, sensitive and flexible, and looked beyond their behaviour to see what was troubling them. Ania loved one of her teachers:

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<sup>3</sup> Pseudonyms have been used for all participants and any person named in the data

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“Oh, I loved her, she was the best teacher you could think of. She respected us in a way, if you gave her respect she would respect you back, and when we wanted to do programmes and you was listening and that, you were like being all right at school, in class, she’d do, do what you asked her. I just liked her cause of that.”

Siara talked about two teachers she liked: one was in primary school, the other was at intermediate. They shared a common language:

“They related to us as if they were teenagers. They could talk to us like teenagers and like, if you get aggro, you know, they’ll just give it back to you and understand what, you know, what you’re doing to them ... It was easy to talk to them, like you could talk to them about anything, like anything, like boyfriends and stuff or anything about school and they were always there to listen.”

Secondary to their need for a nurturing teacher was a teacher with skills and techniques that enabled them to learn; teachers that made the effort to explain:

“She always explained everything so you wouldn’t get laughed at, and she would explain it to the class and then if you had a problem you’d put up your hand and she would come and explain it properly.” (Elle)

In contrast, the male participants’ preferred teacher would support them in the classroom and provide them with a sense of accomplishment in an environment that lacked conflict. Secondary to the teacher’s ability to promote their learning, they appreciated someone who related to them as individuals, showed them respect, kindness and understanding, and was flexible in his or her classroom behaviour management skills. Lee and Terry described their best teacher as follows:

“She was awesome. She was always easy going, understood what was on, understood that people needed time out, they could have time out ... Yeah she taught pretty good. I passed, got good reports. Passed all my exams, or whatever.” (Lee)

“He’d let me push the boundaries but as far as he wanted them to go, but other teachers wouldn’t. As soon as I’d done something just hop on it right away and give me detentions and stuff. But my English teacher was like, he’d let stuff go by and then tell me when to stop and when enough was enough.” (Terry)

Wayne’s story illustrates how the teacher may not even know she or he is having a positive influence:

“Best teacher. Just 4th form because all the naughty boys went to his class because he was a bit of a hard dude, but he wasn’t, he was cool. Just a cool fella. If we didn’t finish our work he’d let us finish it in our own time. Like take it home for homework or something. If we didn’t finish it he’d help us out, tell us what to do. He was just too much. Probably didn’t even know I liked him.”

The positive stories the participants shared about their teachers were far exceeded by the negative stories, supporting existing research evidence that teachers’ style, attitude and expectations adversely affect students’ educational and social outcomes (e.g. Hyman and Snook 2000, Piekarska 2000). All but one of the participants reported negative relationship issues involving personal conflict with teachers. Poto saw teachers as people trying to do a difficult job:

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"I reckon all the teachers are just doing their job, and they just, like some classes I'll go in I'll be good, and like other people will try and, the teacher is trying to say something and she's stressing out and she's trying to take on whole 30, 30 students in the class. I don't know how they do it now, but those places I just blend in."

For both genders, the fundamental characteristics of their worst teacher was one who used his or her position to hurt, harass, shame or humiliate them in front of their peers, who punished them unfairly, harassed them for minor misdemeanours and who was perceived as being unable to teach:

"She was this mean as teacher. Like you could be in a big assembly, right, and you're all sitting there, you are just telling your mates to move over, she'll shame you out in front of a hundred and something people that go to your school. You stand! Ow." (Ania)

The only gender difference was when the girls talked about a teacher favouring other girls, or isolating them from their friends:

"I didn't like the teacher cause she was bossy. She used to always put me with these people I didn't like. Made me sit with them and I wasn't allowed to sit with my mates. Because my friends are disruptive." (Sina)

Perceiving that the teacher was picking on her and her friends for minor transgressions, Siara concluded that this preference was racially motivated:

"She's a real racist. I knew it. I knew it was because I was Māori ... she's just real racist. Walked up the hallway, something's wrong with your uniform. She'd just pick it up just like that but all the white girls, oh no, pretty little angels."

Other attributes of ineffective teachers as identified by the female participants included moodiness and being insensitive to their needs, focusing on their negative rather than their positive qualities, being overly authoritarian, and delivering boring, uninteresting lessons. Conversely, the boys expressed concern if the teacher focused attention on them; this was interpreted as being "picked on", as Pat explained:

"Worst teacher! Always he had a go at my face, always. We didn't like each other. Not one bit. I think the first day I did a bad impression and he didn't like me from then ... He always used to just give me detentions. Even the nicest bits, and I'd get on without talking, he goes, 'Did you say something, Pat?' and I'd say, 'Nah, nah' then 'Five minutes detention, Pat'."

The boys also disliked teachers whom they considered to be unhelpful, were difficult to understand, were overly strict and punitive, or who yelled or used excessive physical force to gain compliance:

"She was an Indian and she couldn't speak English properly and she couldn't write, like we couldn't understand her language and writing. Science was just a bit hard for me, too. It didn't help with her being the science teacher." (Terry)

Unlike several boys who reported being manhandled by male teachers, none of the girls reported physical abuse, although one girl's story illustrated how public humiliation during assembly could alienate a student, and Siara experienced what she perceived as ongoing emotional abuse from a female teacher that she had for over two years in high school:

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"I'd just sit there and draw. Stick to my room, sit there, tag on my book or something. Just ignore her. And she'd always do things which excluded me, you know, oh no, it's Siara, go away, or hang on, here's Siara, let's give her a detention ... I took it. After a while I didn't care. I tried to be transferred to different classes but they wouldn't let me."

Several boys talked about incidents that could be interpreted as corporal punishment:

"We used to get a smack on the bottom with ah, this was the first time at school, smack on the bottom with a fly, fly smacker. [She] used to smack us. It sat up on the computer."  
(Lee)

A few of the male participants also shared stories that were indicative of subversive, physical aggression being used by teachers to gain compliance or to punish troublesome behaviour:

"At high school I was being real naughty one day, he grabbed my undies and wedgied me." (Robbie)

"I like PE, but this guy's a psycho. One day he tried to strangle me. Because we'd just finished the beep test and then he sent me, we all had to do push-ups and I said no, I couldn't be bothered, and he grabbed me around my neck and tried to choke me."

According to the participants, the fear of a teacher's anger, the lack of support from school management and the threat of ongoing punishment created a hostile environment that provoked their own aggressive response. The excessive use of what the young people saw as management-condoned punishments, including being shouted at, harassed for misdemeanours, long periods spent in time out, and zero-tolerance policies such as stand-downs, were also traumatic for the young people, particularly the boys.

### Their Role in School

Friendships played a major role in the school life-world of the participants, and it soon became evident in their stories that rather than being rejected by pro-social peers and left with little alternative but to mix with, and be negatively influenced by, their antisocial peers, it was the participants who rejected their pro-social peers, seeking out friends who shared similar interests such as cigarette smoking, truanting, drinking alcohol and using drugs at school.

These relationships with antisocial peers proved to be particularly toxic for the female participants, who attached themselves to older or same-age boys at school, not as boyfriend and girlfriend but as role models – people they wanted to be like:

"That's where I got my cheeky mouth from, my intermediate. My boy mates. If a girl would get smart to us, I'd ... say something real stupid, but we all thought it was funny, so I'd just get real cheeky. So I was so used to, you know, just not being scared of girls at all, you know. I was like if you want a fight, bring it on." (Siara)

"I like basketball and rugby. Because like, in school I don't, I don't hang around with girls. Cause I'm used to hanging around with heaps of boys." (Sina)

Sporting and academic achievement at school has been identified as a protective factor for youth offending, primarily because success within the educational arena is considered to strengthen the attachment to school. Several of the young people achieved success in school sports:

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“I got quite a lot of awards from school. Mostly for P.E.; sports. I love sport. That’s my best. That’s my goal, to be a rugby player.” (Albert)

However, like attachment to positive teachers and friendships with pro-social friends, participating in sports was not sufficient to stop the young person from serious offending. This may be because participation and success in school sports is only a protective factor when connected with some other component, such as a supportive home environment and a parent or parents who actively encourage pro-social activities.

It is also possible that academic rather than sporting achievement is a stronger protective factor against – or, conversely, a lack of academic success due to severe behavioural problems is a more accurate predictor of – criminal offending. None of the participants reported gaining success in any external or significant school examinations and several connected underachieving academically and their behavioural problems at school, although there was some confusion as to whether their behaviour caused them to underachieve or their lack of ability led to their antisocial behaviour:

“When I nearly got kicked out of school they realised I couldn’t do the work. I had dyslexia or whatever they call it. Because I wasn’t doing work and I was getting into trouble at school.” (Nick)

Some participants reported having learning difficulties, but most of these attributed their lack of academic success on a “disability”. Thom explained:

“I don’t really like writing. I can’t write like good. I tried but it’s just something I can’t do. I think it’s just another one of my disabilities.” (Thom)

Nick blamed his lack of academic achievement on inadequate teachers:

“Teachers just don’t know what they’re doing. Yeah, at high school, they just don’t have no idea what they’re doing. They don’t know how to teach properly. Screaming at the top of your lungs, just getting other people’s attention and if you say you don’t know how to do the work they ... just kick us out of the class ... They never taught me anything at high school. That was the worst school I ever went to.”

### Moral Reasoning

This blaming of others rather than taking responsibility for their own behaviours permeated the participants’ stories. It was their perception that they were victims of an unfair system and therefore were justified in breaking the school rules. All antisocial behaviours exhibited in school by the participants had an explanation. For example, unlike bullying or physical aggression, fighting was just playing, done in self-defence or to gain or maintain a place in the social hierarchy. Poto saw fighting at school as a leisure activity:

“Lunch times. Oh I used to just play, just going off for games, or probably get into fights. Mostly fights or, lunch times I, missed, missed those days ... Got expelled cause I just, too much fighting.”

Bullying was retaliation for perceived insults, or because they had been bullied in the past, or their victims deserved it because of their diversity or relationship with teachers:

“I used to pick on Chinese, um Indians ... because they would get smart to me and they would come to school like, wear this bandanna or something, on their head.” (Poto)

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"I just beat them up. Cause they're ugly [or] because they're teacher's pet, a teacher's pet. Someone that licks the teacher's bum." (Ford)

Physical aggression and assaults were blamed on their own anger and frustrations. Smoking, drinking alcohol and using drugs in school was acceptable because it was part of their "out-of-school" life-world; they resented the expectation that they should act in a different way, be different people from who they were in their home setting:

"When I was 10 I still kept taking it [drugs] at school. I don't stop things when I go to school. I'm not like, I'm one person here and then I'm one person at school. I'm always the same person." (Georgie)

Despite contrary evidence that taking drugs contributes to academic and behavioural problems, the young people claimed that it relaxed them, made them more compliant, and therefore better students in the classroom:

"Sometimes when I was taking dope it made school more better for me. It would calm me down, and I'd just sit by myself and talk to no one and do my work. I'd rather get stoned than do my work and go in straight, because I'm all hyped." (Wayne)

They saw vandalism of school property as a way of venting anger, a method of communicating among like-minded adolescents, or a form of social currency that provided the young person with an identity and status among his or her peers:

"Tag to get famous. To make memories. Like if you go somewhere, you just take a nap there and then you go out and we just do that, people that have been here and all of that ... it just goes around and all that, and when you meet ... you'll go, and you'll meet them and they'll go, 'Ohh, what's your name?' and we say our tag. Because we, because every time we introduce our names, we introduce by our tag, and they go, 'Ahh, I've seen, I've seen your tag,' like that." (Sina)

### Their Ideal School

If the young people had the power in the school they would primarily focus on supporting students who have difficulty with their learning. They would achieve this by employing teachers whom the students can understand and respect, provide more meaningful subjects, offer more opportunities for success, put incentives in place to motivate the reluctant learner, and alter the teaching styles of teachers so that they are more compatible with the learning styles of struggling students. They would encourage and support teachers to design more interesting lessons, allow students to work in groups, have more time to share with friends, and put fun back into the classroom. Having established positive and inviting learning environments, some of the participants believe that this would reduce the behavioural problems in school, including the use of drugs. In response to the "magic wand" question, Nick became very animated:

"Oh, I'd do heaps. I'd change the classrooms, change the way the teachers teach, just always be there when someone's in trouble and tell them to keep on doing, I don't know, good things. I hope they'll do their best because I hate to see them stop their work and doing drugs at school."

While recognising the need for a disciplinary process, they would improve the detention system so that it is fairer as well as being more productive and meaningful. To reduce

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stealing and bullying in school they would meet the economic needs of their students, providing food at appropriate times and offering monetary incentives to reduce the effects of socio-economic inequality. They also suggested reducing the cultural gap between family and school values by increasing the line of communication between home and school.

Safety in school was a concern for some of the participants. Elle recommended the designation of “safe areas” within the school grounds that are closely monitored by adults, not only during unsupervised lunch and interval breaks but also for students who are sent to, or require, “time out” so they can calm down:

“I would have an area for the um, the handicaps and the people that got picked on so that they wouldn’t get picked on and they would be alright at school.”

The changes the participants would make to their children’s school were similar to what they would implement for themselves. Because the majority want their children to experience academic success within the education system, and they perceive this to be achieved through effective staff, they would focus on the teachers. The teachers they would select for their children would be kind, committed adults who are good role models, trustworthy, sensitive to their children’s needs, have no preconceived prejudices, and who treat all students equally. They also wanted teachers who offered diverse teaching styles that would complement their children’s learning styles, and teachers who communicated in ways the children could understand.

## DISCUSSION

Although a positive bond with a teacher can act as a protective factor for at-risk children (Sprott et al. 2000), there was no evidence in this study to suggest that attachment to a teacher reduced or even paused the antisocial behaviour of the young person on the developmental trajectory towards criminal offending. The participants’ stories indicated that the primary benefits of teacher attachment for the young person at high risk of offending was a temporary increase in self-esteem, a higher level of academic achievement than might otherwise have been mastered, and positive stories of the school experience to share with their own children which might help them to make the transition into the school system.

Many of the participants’ memories of their school experience involved negative incidents with school personnel. Frequently punished for their behaviours, the young people perceived they were unfairly treated by individual teachers and by the school’s senior management team. It became apparent that this sense of “unfairness” extended to the expectation that they attend school. Forced to be educated against their will, they were offered what to them were meaningless subjects that had no relevance to their real life-world. The imposition of compulsory attendance was aggravated by a lack of academic success, having to mix with peers they could not relate to, and having teachers they perceived had authority over them. These feelings of victimisation grew to become an energising force that they used to fuel their escape from the compulsory school system, justifying their acts of non-compliance, verbal and physical aggression, truancy and use of illegal drugs. The school system – under-resourced and ill-equipped to tolerate severe, often aggressive behaviours that disrupt the learning process and endanger teachers and other students – applies zero-tolerance policies that include stand-downs, suspension, exclusion and expulsion. Freed from the obligation to attend school, the ejected students turn to their out-of-school community, rejoining other disenchanted, antisocial peers and family. With no legitimate means to satisfy their needs,



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these youth, many of whom are already involved in criminal activity, continue on their pathway towards serious offending.

It became apparent as I listened to their stories that the participants brought pre-existing risk factors into the school environment with them. These included conflicting values and expectations between the home and school environment, poor parenting, historical physical and/or emotional abuse, family relationship problems, antisocial peer relationships, and other out-of-school traumatic experiences. Many had been raised in lower socio-economic neighbourhoods, and the majority, who were Māori and second-generation Pacific people, carried the negative effects of what Ogbu (1991) describes as “involuntary minority ethnic status”.<sup>4</sup> When these children with multiple, complex problems enter the school system, they are exposed to the school-based risk factors. Although a negative school experience does not cause a young person to commit crimes, the cumulative effect of negative school experiences advance an already vulnerable young person towards truancy and school dropout, which have been identified as major risk factors for youth offending.

Given the emotion demonstrated as the participants told their stories, the effects of negative school experiences do not diminish with consequences or time; instead, they fester inside the young person, with each traumatic experience adding to existing feelings of resentment, frustration and anger. Repeated throughout their stories are feelings of boredom, unfairness, humiliation and favouritism; excessive use of physical force; being yelled at, harassed and misunderstood; and racism. As each additional injurious event is added to the student’s portfolio of negative school experiences, the damage accumulates and feelings of hostility intensify until the student is completely alienated from the school system. It is this sense of alienation, sometimes accompanied by a final confrontation with an adult, that gives the young person the opportunity to break the imposed umbilical cord between him or her and the compulsory school system. Some adolescents walk away from the educational system while others require a volatile altercation. If the ensuing explosive outburst does not result in the desired indefinite stand-down or exclusion, the student keeps repeating the process until it has the desired effect. I refer to this as the “tsunami effect”.

### The “Tsunami Effect”

The first and most crucial wave of the “tsunami effect” is the foundation of critical risk factors the child brings to the school setting: familial risk factors, low socio-economic status, involuntary minority ethnic status, and association with criminally minded friends and associates. Added to and entwined with the pre-existing risk factors is the second wave: the negative school experiences that fester and build up resentment, frustration and anger in the young person. These may include a negative transition into a new school; a detrimental, despondent school climate; academic failure with few opportunities to achieve success; anti-social friendships formed at school; negative student–teacher relationships; deliberate or unintentional mistreatment by school personnel; and excessive use of punitive disciplinary practices.

The “tsunami effect” is not an invisible process: symptoms of the young person’s alienation from the school system become apparent through their attitude towards school and school personnel, and the problematic behaviours they display within the school setting, including

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<sup>4</sup> Involuntary minorities, Ogbu contends, are people who are brought to a society against their will, unlike voluntary immigrants who willingly enter a country with the option of returning to their homeland.

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persistent expressions of boredom and hostility towards teachers, increased truanting, and substance abuse during school hours. The degree of a student's reaction to minor disciplinary consequences may also be an indicator of the scale of their alienation from school, as is the lengths they will go to avoid being apprehended when truanting from school. What became apparent through the young people's stories was that the less they cared about being caught by school personnel, the greater their alienation from the school system. What was also revealed was the positive influence that some teachers had on the participants' school experience. Teachers who took the time to explain things to them, who cared about their wellbeing, who spoke a common language and demonstrated a mutual respect were remembered with affection.

## CONCLUSION

Through the stories of young people convicted or on remand for serious offences, the research set out to identify the risk factors, if any, the compulsory school experience contributes to the pathway to youth offending. The findings show that the majority of the participants exhibited severe, aggressive behaviours in the school setting and carried negative memories of their compulsory educational experience from an early age. Although there was no evidence to suggest that the school experience influences a young person to offend, it is possible that an accumulation of negative school experiences exacerbates pre-existing risk factors that place a vulnerable young person on the pathway to criminal offending. What also emerged was the unique opportunity that schools provide to identify children who are most at risk of serious offending.

## REFERENCES

- Akin-Little, A. and S.G. Little (2003) "Conduct disorder in girls: Diagnostic and intervention issues" *Psychology in the Schools*, 40(2):183–192.
- Becroft, A. (2003) "Youth justice begins at infancy (or earlier!)" paper presented at Parliamentary Breakfast, 9 April, Wellington.
- Becroft, A. (2004a) "Issues facing the education sector from the perspective of the Youth Court of New Zealand" paper presented at the *New Zealand Secondary Principals' Conference*, 21 May, Rotorua.
- Becroft, A. (2004b) "Youth justice in New Zealand: Future challenges" paper presented at the *New Zealand Youth Justice Conference*, 17–19 May, Wellington.
- Bloomquist, M.L. and S.V. Schnell (2002) *Helping Children with Aggression and Conduct Problems: Best Practices for Intervention*, The Guilford Press, New York.
- Caspi, A., D. Lynam, T. Moffitt and P. Silva (1993) "Unraveling girls' delinquency: Biological, dispositional, and contextual contributions to adolescent misbehaviour" *Developmental Psychology*, 29(1):19–30.
- Church, J. (2003) *The Definition, Diagnosis and Treatment of Children and Youth with Severe Behaviour Difficulties: A Review of Research*, Ministry of Education, Wellington.
- Cohen, L.E. and M. Felson (1979) "Social change and crime rate trends: A routine activity approach" *American Sociological Review*, 44:588–608.
- Cunningham, J. (2003) "A 'Cool Pose': Cultural Perspectives on Conflict Management" *Reclaiming Children and Youth*, 12(2):88–92.
- Curtis, N., K. Ronan, N. Heiblum, M. Reid and J. Harris (2002) "Antisocial behaviours in New Zealand youth: Prevalence, interventions and promising new directions" *New Zealand Journal of Psychology*, 31(2):53–58.

- 
- Denzin, N.K. and Y.S. Lincoln (2000) "The art and practices of interpretation, evaluation, and representation" in N.K. Denzin and Y.S. Lincoln (eds.) *Handbook of Qualitative Research* (2nd edition) (pp. 870–875), Sage Publications, Thousand Oaks, CA.
- Dishion, T., G. Patterson, M. Stoolmiller and M. Skinner (1991) "Family, school, and behavioral antecedents to early adolescent involvement with antisocial peers" *Developmental Psychology*, 27:172–180.
- Edwards, C.H. (2001) "Student violence and the moral dimensions of education" *Psychology in the Schools*, 38(3):249–257.
- Elliott, D.S. and H. Voss (1974) *Delinquency and Dropout*, Heath and Co., Lexington, MA.
- Fagan, A.A. and J.M. Najman (2003) "Sibling influences on adolescent delinquent behaviour: An Australian longitudinal study" *Journal of Adolescence*, 26:547–559.
- Flannery Jr., R.B. (2000) *Preventing Youth Violence*, Continuum, New York.
- Gardner, F., E. Lane and J. Hutchings (2004) "Chapter 3: Three to eight years" in C. Sutton, D. Utting and D. Farrington (eds.) *Support from the Start* (pp. 43–56), Department for Education and Skills, London.
- Gottfredson, D.C. (2001) *Schools and Delinquency*, Cambridge University Press, New York.
- Halkias, D., F. Fakinos, I. Hyman, I. Cohen, D. Akrivos and M. Mahon (2003) "Victimization of children in Greek schools: Stress and trauma symptoms related to school bullying" paper presented at the *9th Panhellenic Conference in Psychological Research*, 21 May, Rhodes, Greece.
- Hann, D.M. and N. Boek (2001) *Taking Stock of Risk Factors for Child/youth Externalizing Behavior Problems*, National Institute of Mental Health, Bethesda, MD, [www.nimh.nih.gov/childhp/takingstock.pdf](http://www.nimh.nih.gov/childhp/takingstock.pdf).
- Hirschi, T. (1969) *Causes of Delinquency*, University of California Press, Berkeley, CA.
- Hyman, I. and K. Winchell (2000) "Systematic eclectic consultation: A multidimensional approach to resistance" paper presented at the *108th Annual Convention of the American Psychological Association*, 7 August, Washington, D.C.
- Hyman, I.A., and P.A. Snook (1999) *Dangerous Schools: What We Can Do about the Physical and Emotional Abuse of our Children*. Jossey-Bass Inc., San Francisco, CA.
- Janesick, V.J. (2000) "Strategies of inquiry" in N.K. Denzin and Y.S. Lincoln, *The Art and Practices of Interpretation, Evaluation, and Representation. Handbook of Qualitative Research* (2nd edition) (pp. 371–389), Sage Publications, Thousand Oaks, CA.
- Kashani, J.H., M. Jones, K.M. Bumby and L. Thomas (2001) "Youth violence: Psychosocial risk factors, treatment, prevention, and recommendations" in H.M. Walker and M.H. Epstein (eds.) *Making Schools Safer and Violence Free: Critical Issues, Solutions, and Recommended Practices* (pp. 39–49), PRO-ED Inc., Austin, TX.
- Kellam, S., X. Ling, R. Merisca, C. Brown and N. Ialongo (1998) "The effect of the level of aggression in the first grade classroom on the course and malleability of aggressive behavior into middle school" *Development and Psychopathology*, 10:165–185.
- Kennedy, J.H. and C.F. Kennedy (2004) "Attachment theory: Implications for school psychology" *Psychology in the Schools*, 41(2):247–259.
- Lashlie, C.. (2002) *The Journey to Prison*, HarperCollins, Auckland.
- Leone, P., C. Christle, M. Nelson, R. Skiba, A. Frey and K. Jolivette (2003) *School Failure, Race, and Disability: Promoting Positive Outcomes, Decreasing Vulnerability for Involvement with the Juvenile Delinquency System*, National Center on Education, Disability, and Juvenile Justice (EDJJ), University of Maryland, MD.
- Lipsey, M.W. and J.H. Derzon (1998) "Predictors of violent or serious delinquency in adolescence and early adulthood" in R. Loeber and D. Farrington (eds.) *Serious and Violent Juvenile Offenders: Risk Factors and Successful Interventions* (pp. 86–105), SAGE Publications, London.

- 
- Loeber, R. and D. Farrington (1998) *Serious and Violent Juvenile Offenders: Risk Factors and Successful Interventions*, SAGE Publications, Thousand Oaks, CA.
- Loeber, R. and D.P. Farrington (2000) "Young children who commit crime: Epidemiology, developmental origins, risk factors, early interventions, and policy implications" *Development and Psychopathology*, 12(4):737–762.
- Macfarlane, A. (2004) *Getting them Early*, University of Waikato, Hamilton, New Zealand.
- Marcotte, D., L. Fortin, P. Potvin and M. Papillon (2002) "Gender differences in depressive symptoms during adolescence: Role of gender-typed characteristics, self-esteem, body image, stressful life events, and pubertal status" *Journal of Emotional and Behavioral Disorders*, 10(1):29–42.
- Maughan, B. (1994) "School influences" in M. Rutter and D.F. Hay (eds.) *Development Through Life: A Handbook for Clinicians* (pp. 134–158), Blackwell Scientific Publications, London.
- McEvoy, A. and R. Welker (2001) "Antisocial behavior, academic failure, and school climate: A critical review" in H.M. Walker and M.H. Epstein (eds.) *Making Schools Safer and Violence Free: Critical Issues, Solutions, and Recommended Practices* (pp. 28–38), PRO-ED Inc., Austin, TX.
- McMahon, R. and R. Forehand (2003) *Helping the Noncompliant Child: Family Based Treatment for Oppositional Behavior*, The Guilford Press, New York.
- Ministry of Justice (2009) *Child and Youth Offending Statistics in New Zealand: 1992 to 2007*, Ministry of Justice, [www.justice.govt.nz](http://www.justice.govt.nz).
- Morrison, G.M. and R. Skiba (2001) "Predicting violence from school misbehaviour: Promises and perils" *Psychology in the Schools*, 38(2):173–182.
- Ogbu, J.U. (1991) *Minority Status and Schooling*, Garland Publishing Co., New York.
- Pepler, D.J. and W.M. Craig (2005) "Aggressive girls on troubled trajectories: A developmental perspective" in D. Pepler, K. Madsen, C. Webster and K. Levene (eds.) *The Development and Treatment of Girlhood Aggression* (pp. 3–28), Lawrence Erlbaum Associates, Hillsdale, NJ.
- Piekarska, A. (2000) "School stress, teachers' abusive behaviours, and children's coping strategies" *Child Abuse and Neglect*, 24(11):1443–1449.
- Puketapu-Andrews, G. (1997) "Korero awhina: Counselling: Part II" in P. Te Whaiti, M. McCarthy and A. Durie (eds.) *Mai i Rangiatea: Maori Wellbeing and Development* (pp. 60–74), Auckland University Press, Auckland.
- Reinke, W.M. and K.C. Herman (2002) "Creating school environments that deter antisocial behaviors in youth" *Psychology in the Schools*, 39(5):549–559.
- Rutter, M., B. Maughan, P. Mortimore, J. Ouston and A. Smith (1979) *Fifteen Thousand Hours: Secondary Schools and Their Effects on Children*, Harvard University Press, Cambridge, MA.
- Seydlitz, R. and P. Jenkins (1998) "The influence of families, friends, schools, and community on delinquent behaviour" in T. Gullotta, G.R. Adams and R. Montemayor (eds.) *Delinquent Violent Youth* (pp. 53–97), SAGE Publications, London.
- Sprott, J., J. Jenkins and A. Doob (2000) "Human resources development Canada" in *Early Offending: Understanding the Risk and Protective Factors of Delinquency*, HRDC Publications Centre, Ottawa.
- Sutherland, A. (2006) *From Classroom to Prison Cell: Young Offenders' Perception of their School Experience*, PhD thesis, Victoria University of Wellington, Wellington.
- Sutherland, A. (2007) *Classroom to Prison Cell*, Stead & Daughters, Wanganui.
- Wasserman, G.A. and L.S. Miller (1998) "The prevention of serious and violent juvenile offending" in R. Loeber and D. Farrington (eds.) *Serious and Violent Juvenile*

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*Offenders: Risk Factors and Successful Interventions* (pp. 197–247), SAGE Publications, London.

**STILL KICKING?  
THE ROYAL COMMISSION ON SOCIAL POLICY, 20 YEARS ON**

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**Abstract**

In 1988 the report of the Royal Commission on Social Policy was published. This massive five-book opus included an extremely wide range of issues within its definition of social policy. The report was controversial and highly criticised at the time and has continued to arouse criticism since. In this paper we consider both the content of the report and its impact on a number of areas of continuing social policy significance. We find that, within those areas, a surprisingly high number of the proposals and recommendations have been put into practice, to a greater or lesser extent. Accordingly, we conclude that the report deserves to be evaluated in a more positive light than has often been the case.

**INTRODUCTION**

The evil that men do lives after them,  
The good is oft interred with their bones.  
(Mark Anthony in *Julius Caesar*)

The purpose of this paper is to consider what effects the Royal Commission on Social Policy has had 20 years after its 1988 report. The content of the report was controversial at that time and much of it was criticised or dismissed. Our interest is in trying to establish what influences, if any, the report's findings have had on social policy developments since 1988. To put it more simply, we wish to investigate the extent to which the Commission was either a waste of time, energy and money or, on the contrary, a relevant and valuable contribution to debates on, and the development of, social policy.

**THE CONTEXT OF THE REPORT**

The basis for social security, social welfare and social policy in New Zealand through the mid-to-late 20th century was laid down in 1938 by the (then) Labour Government's Social Security Act, which established a comprehensive modern welfare state funded by general taxation (Knutson 1998). In 1972 a Royal Commission on Social Security reviewed the benefits-related aspects of social security, concentrating on the extent, adequacies and levels of various benefits available to those deemed to be in need. Its report was written in what

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Sadly, Paul Harris passed away in December 2010.

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later proved to be the quite exceptional circumstances of the long boom that followed the Second World War. This boom in the developed industrialised democracies saw rising productivity levels, which were the basis of continuing low inflation, economic growth and increased social spending (Marglin and Schor 1990, Glynn et al. 1992, Royal Commission of Inquiry 1972:6–7). In those circumstances, the Commission’s recommendations that there should be a substantial increase in the benefit system as a whole, which would allow beneficiaries to enjoy a standard of living “much like” that of the rest of the community and which would enable them to participate in and belong to the community (Royal Commission of Inquiry 1972:65), was both socially acceptable and fiscally affordable.

Unfortunately, shortly after the Commission released its report, the golden age came to an end. What followed at the global level for Western democracies was a prolonged period of recession, characterised by “continuing inflation and stagnant business activity, together with an increasing unemployment rate” (Conte and Karr 2001:n.p.). For New Zealand, “The period from 1973 to 1984 saw deteriorating terms of trade, declining balance of payments, increasing inflation, rising unemployment and minuscule or negative economic growth rates” (Knutson 1998:16). New Zealand was engulfed in the same stagflationary recession that was blighting all the major industrialised democracies. From 1975 to 1984 the government, under the leadership of Prime Minister Muldoon, increasingly intervened in the economy to try to resolve this crisis. When a snap election was called in 1984, sufficient former National supporters voted for a “free market” New Zealand Party, newly established by property investor Bob Jones, to enable Labour to win the election comfortably (Kelsey 1995).

## LABOUR, ECONOMIC CHANGE AND SOCIAL POLICY

The new government chose to deal with the crisis by implementing a series of radically neo-liberal economic policies, a move unprecedented in the Labour Party’s own history and in the history of social democratic parties in the developed nations (Kelsey 1995, Castles et al. 1996, Easton 1997). The government deregulated, liberalised and privatised at a rapid pace. Its approach was popularised as “Rogernomics”, in recognition of the key role played by free marketeer Finance Minister Roger Douglas. His political agenda for change was backed by the intellectual support of Treasury and the leaders of those major corporations affiliated to the Business Roundtable (Kelsey 1995, Harris and Twiname 1998).

Within the maelstrom of successive New Right economic reforms and the heated debates about them, in 1986 the government established a Royal Commission on Social Policy. Why did it do so? It can be argued that it was an attempt by Prime Minister Lange to salvage some of Labour’s social democratic heritage and to ring-fence social policy from the more extreme elements within neo-liberalism who wanted to restructure the welfare state on US lines (Easton 1997, O’Brien 2008). Treasury opposed the establishment of the Commission (Kelsey 1995), and it has been argued that the Commission was to be “hindered by Treasury at every stage of its deliberations” (Castles and Shirley 1996:99, Cheyne et al. 2005:11–12)

The remit given by the warrant to the Commission was both extremely wide-ranging and at the same time highly constrained. Its terms of reference “were in two parts. The first half set out what was to be investigated, the second set out the standards of a fair society and the principle of the social and economic foundations of New Zealand” (Easton 1997:135). The standards and foundations contained a number of “non-negotiables”; for example, adherence to the principles of the Treaty of Waitangi but also acceptance of a “mixed economy” and the “responsibility of all people to be self reliant” (Cheyne et al. 2005:49). Within this

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framework, the Commission was to determine what policy changes were needed to “secure a fairer, humanitarian, consistent, efficient and economical social policy” and thereby “achieve a more just society” (Royal Commission on Social Policy [RCSP] 1988 I:v).

The potential conflicts and contradictions within that list of policies and goals were enormous. For example, it does not necessarily follow that a “more fair” society is also a “more just” one, as political philosophers have long been well aware (see, e.g., Rawls 1972). And a fairer and more humanitarian policy might well be in contradiction to one that is efficient and economical. The Commission was left with a difficult task, to say the least.

The Commission was meant to submit its report in September 1988. Its warrant also instructed it to consult widely and to adopt procedures “which encourage people to participate in your proceedings” (RCSP 1988 I:vii). In response it constructed an elaborate mechanism of public and interest group consultation that generated approximately 6,000 submissions. It held meetings throughout the nation, many of which took place on marae (McClure 1998, RCSP 1987). But its deliberations seem to have been undermined by other activities of the government.<sup>2</sup> In December 1987 the government established 17 task forces to enquire into social policy issues, and also introduced an “economic package” that covered relevant social policy issues such as taxation, income maintenance and superannuation (RCSP 1988 I:721–722). These were in addition to the investigating committees into hospitals, education and social security administration which the government had previously established (Easton 1997:135). It is difficult not to conclude that this Commission was set up to fail.

Facing the prospect of its report being marginalised and all the work that it had done being made irrelevant (O’Brien 2008), the Commission decided to issue an “interim” report in April 1988. Published under the title *The April Report*, it was intended to be its “first Report” (RCSP 1988 I:722), but it was to be the final document produced by the Commission. The 1972 Royal Commission’s report was contained within a single volume, but *The April Report* comprised four volumes in five separate and lengthy books.

The report incurred, or has since gathered, criticism for a range of reasons. For instance, Easton (1997:135) characterised the report as comprising “four volumes and 4,004 pages ... of essays of varying quality – many mediocre, some downright embarrassing and a few of merit”, and goes on to criticise it because it “almost entirely ignored poverty” (as a deciding theme of social policy) “covering the topic in a brief two (out of four thousand) pages”. Shirley (2005) accused the Commission of having failed to provide a coherent framework for addressing social issues. McClure claims that the report was in fact used as a doorstep at the Commission’s farewell celebration party, that it was presented in an unwieldy form, that it failed to tackle the issue of social policy funding at a time of budget deficit, that “few read it” and that it was “easily ignored by public servants and politicians” (1998:227–228).

There have also been more positive comments on the report. Kelsey (1995), for example, locates the values it identified (such as support for public spending on and provision of education and health services) as being important to New Zealanders as a core element of what they thought of as being a “good society”. Cheyne et al. (2005:11, 50) argue that the Commission interconnected “physical, human, spiritual and cultural dimensions of life” in its attempt to define social policy in a fair and just society and pushed the boundaries out in

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<sup>2</sup> Labour was re-elected in 1987.



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determining which policy areas should be considered when making social policy. James (1992), Higgins (1999), Duncan (2004), McClelland and St John (2006) and O'Brien (2008) note the continuity between the Commission's report and that of the 1972 Royal Commission in seeking to promote a sense of citizenship, of participation and belonging within the community. McClure also found the Commission to have been hampered by "almost unmanageable" terms of reference, despite which it produced a report that "echoed the views of ordinary people", expressed "generous ideals" and sought to revive the "spirit of enabling people to 'belong and participate'" (1998:227–228).

## THE REPORT AND SOCIAL POLICY

One major problem in assessing the impact of the report on social policy is that it is very difficult to determine precisely what the Royal Commission advocated. The references to the report's ideals and its spirit made by McClure (1998) reflect this problem. The broad principles upheld by the Commission are to be found in the introduction to Volume II of the Report. Therein (RCSP 1988 II:3–23), the Commission endorsed a number of standards and foundations for a fair society, such as that resources should be allocated justly, that individuals, families and communities should have self-determination, and that society should adhere to the principles of the Treaty of Waitangi. There is nothing here that is inconsistent with the traditions of social liberalism, social democracy and one-nation conservatism<sup>3</sup> that have played such a significant role in shaping New Zealand society and its social policies. In 1988, few players in the political arena would have found serious fault with those sentiments.

But what did those sentiments mean in practice? Or, by what particular measures did the Commission recommend that its perspectives be transformed into policies? For anyone analysing it, this is where a number of deficiencies in *The April Report* become apparent. For example, there is no particular order in which the issues covered by the report are addressed and there is a tendency to repeat themes across Volumes II to IV. The fact that none of the volumes has an index makes it extremely difficult to track the themes and compare material across volumes. There is no executive summary to the report, nor is there any list of policy recommendations, which places major obstacles before anyone seeking to comprehend the Commission's policy approach. At various points the report contains proposals or states principals or actually makes recommendations, but it does not weigh these according to any scale of significance or values (e.g. a recommendation might outweigh a proposal). The report does note that "all social goals cannot be achieved overnight. A ranking must be made and priorities set" (RCSP 1988 II:23), but it does not attempt this task with regard to its own content.

Another problem is that the Commission cast its net very widely. Few areas of everyday life in New Zealand or of governmental policy were excluded from its very broad definition of social policy. Among those few were defence and foreign policy. But the Commission argued that "social policy is about people" (RSCP 2:3), and there is no apparent reason why those two areas should have been excluded, nor, indeed, why virtually any policy should have been included, given that it is hard to envisage any policy that does not, in one way or another – as workers, or consumers, or clients, or customers – involve people. Also, as an unedited set of volumes, drawing upon a wide range of providers and authors, the Report is politically and ideologically uneven and diverse. It gives expression to, for example, feminist, Māori, neo-liberal and social democratic voices. Anyone who is prepared to dismiss the Report as simply

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<sup>3</sup> Exemplified, perhaps, by Seddon, Savage and Holyoake, respectively.

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“liberal” or “right” or “left” wing has not read it carefully, or perhaps has not read it at all. It is the diversity of viewpoints within its many pages that, for us at least, constitutes one of its most attractive elements and helps to explain its continuing relevance to current social policy debates.

It is possible to say the Report broadened what issues could be considered as social policy as well as influencing the development of later, more holistic, approaches to social policy. For example, the first *Social Report*, produced in 2001 (Ministry of Social Development 2001), recognised the importance of the Royal Commission’s work in contributing to debates on the quality of life in this country (p.3). The *Social Reports* produced annually since 2003 have included issues such as civil liberties and the environment as being important in the determination of social wellbeing.

### SOME PROPOSALS/RECOMMENDATIONS AND THE RESPONSES TO THEM

What we wish to do next is to identify what we consider to be some of the more significant proposals/recommendations the Commission made in what we would call “mainstream” areas of social policy in this country. Because the Commission cast its net so widely, to attempt to follow through on all the areas in which it had proposals or recommendations would take this exercise beyond the permissible word length of any academic journal. Consequently, we will concentrate on the Commission’s policy viewpoints on the reasonably well-specified and currently still relevant areas of Māori and te Tiriti o Waitangi (the Treaty of Waitangi), women and equity, deinstitutionalisation, benefits, superannuation and the Accident Compensation Corporation.

### MĀORI AND TE TIRITI

The Commission argued for electoral reform and an increase in the number of Māori seats in Parliament. It called for the establishment of a senate divided between Māori and non-Māori, for a Bill of Rights entrenching Te Tiriti, that Te Tiriti should become the constitution, and that all legislation should be compatible with the principles of Te Tiriti (RCSP 1988 II:77). Further, a Treaty of Waitangi Commission should be established “to give consistent attention to the implications of the Treaty for the full range of social and economic policies” (RSCP 1988 II:78). It went on to argue for official bilingualism, for Māori gaining control of kōiwi tangata (human remains) in museums, and for a Māori community college, staffed mainly by Māori, in order to achieve a genuine bicultural partnership (RCSP 1988 III:79–220).

There has been mixed progress on these demands. Politically, a senate was not established and there seems to be little or no support for a second House. New Zealand has not adopted a constitution nor a Bill of Rights entrenching the Treaty of Waitangi, nor a Treaty of Waitangi Commission. But with the adoption of MMP (a Mixed Member Proportional electoral system), the increased Māori electoral roll has seen the number of Māori seats increase from four in 1988 to seven today. Since 1999, Labour-led governments sought to ensure that relevant legislation was compatible with the principles of the Treaty. The government, via the Ministry of Justice, issued Cabinet-approved guidelines for how and in what context official statements are to be made on Treaty policies and obligations and, interestingly, these included “those recommendations of the 1988 Royal Commission on Social Policy which the Government has approved” (Ministry of Justice 2006). However, from about 2006 onwards questions were raised about the status and meaning in practice of Treaty principles, and references to the Treaty became relatively rare after then.

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The Maori Language Act 1987 had previously made Māori one of the two official languages. A number of museums did take steps to involve Māori as partners in decision making over koiwi tangata (Gillies and O'Reagan 1994, Butts 2003). Rather than a community college, in 1993 Te Wananga o Aotearoa was established under the Education Amendment Act 1990 (Ministry of Justice 1999).

## WOMEN AND EQUITY

In the mid- and late 1980s the interrelated issues of equal opportunities and pay/employment equity were being articulated and canvassed by women's organisations and (although not exclusively) female-dominant trade unions (Department of Labour 2008a). The Commission considered the issues within the context of its extensive exploration of social wellbeing, economic policy, work, paid and unpaid labour, and labour market inequalities that occupy pages 449–597 of Volume II.

The Commission reached certain conclusions about the need to recognise the value of unpaid labour and to enable people to better combine paid and unpaid labour.<sup>4</sup> The Report stated that there was an urgent need to develop adequate measures of unpaid work, that certain work that was unpaid should be paid (specifically, there should be a carer's allowance for those doing unpaid caring work), and that the state should enable people to combine paid and unpaid work and be able to work without suffering discrimination (RCSP 1988 II:480). It supported legislation to help combat discrimination in the workplace and to promote pay equity to reduce the gender wage gap. It endorsed an "uncomplicated" system of pay equity that could be used in the context of employer–union collective bargaining. Further, in pursuit of eliminating inequalities, it supported paid parental leave and a policy for those with disabilities.

These sets of conclusions/recommendations were to have a mainly negative future, with some of them eventually being put into practice only a decade or more after the Report. With reference to the conclusions, we would argue that the only substantive effort to develop a nationally adequate measure of unpaid labour was the Time Use Survey that was commissioned by the Ministry of Women's Affairs and carried out by Statistics New Zealand from June 1998 to June 1999 (Murphy and Satherly 2000). New Zealand did not develop a specific carer's allowance, although provision for carers has been made within the confines of specific social benefit categories. For example, within its accident compensation portfolio, in the 2008 Budget the current government increased the rates of payment to non-agency providers of home-based support for injured people (Street 2008). It has also committed itself to developing a carer's allowance as part of its carers' strategy and action plan (Ministry of Social Development 2008). The recommendation for an improvement in people's ability to combine paid and unpaid labour seems not to have led to any particular policy, but it can be seen to be contained within the broader concept of promoting a better work–life balance – an objective to which the current government, Business New Zealand and the New Zealand Council of Trade Unions all subscribe – though not necessarily for the same reasons nor to the same degree (e.g. New Zealand Council of Trade Unions 2004, Business New Zealand 2006, Department of Labour 2008b).

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<sup>4</sup> For reasons of space, we cannot deal with the related Report discussions and conclusions on labour market flexibility, the minimum wage and associated matters.

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For those with disabilities, the 1993 Human Rights Act included disability as one of a wide number of grounds on which it was illegal to discriminate in the workplace (Human Rights Act 1993 Part II). In 2000 the Government appointed the first Minister of Disability Issues; it adopted a disability strategy in 2001, and in 2002 an Office of Disability Issues was established within the Ministry of Social Development (Office of Disability Issues 2008a, 2008b).

Actions to counter discrimination against, and to promote the interests of, people with disabilities proved to be far less controversial and less open to reversal than those intended to further equal opportunities and to facilitate the delivery of pay equity. In the 1988 State Sector Act the government had required the state sector to be an equal opportunities employer (State Sector Act 1988, Section 58). This requirement remains in effect. In 1990, through the Employment Equity Act, equal opportunities policies were made mandatory for large-scale private sector employers, and a statutory pay equity system was introduced. These provisions were repealed by the National government in 1991 (Department of Labour 2008a). Currently, equal opportunities remain optional for the private sector, and although the previous government promoted pay equity in the state sector, the current National-led government might well have different objectives.

## DEINSTITUTIONALISATION

*The April Report* carried two individually authored chapters that incorporated and advocated a humanist policy of deinstitutionalisation for the intellectually and psychologically handicapped/impaired (i.e. of releasing people from the institutions, in which they were contained) – and for their “normalisation” as members of the community (Blaszczyk 1988, McKinlay 1988). This line of thought was more in keeping with the deinstitutionalising discourse of Ivan Illich (e.g. Illich 1971, 1976, 1977) and with Foucault’s (1965) critique of the archaeology of, and societal systemisation of, “madness” as a “disease” and the “institutional” response to “madness”. By the 1970s, deinstitutionalisation had become an established practice (for people with intellectual disabilities in particular) in many European nations and in the United States (Hudson 1991, Hamlin and Oakes 2008), while Australia was a later starter. (Young et al. 1996).

Durie (1999) argues that the deinstitutionalisation of New Zealand patients with psychological illnesses began in a small way in the 1970s. What appears to have facilitated deinstitutionalisation after the Royal Commission report was that it was also highly resonant with the then prevalent New Right discourse of reducing the role of the state and the extent of its involvement in both our economy and society. For the psychologically ill, the Mental Health (Compulsory Treatment and Assessment) Act 1992, which endorsed the concept that “community care is best”, smoothed the way for deinstitutionalisation (Kearns and Joseph 2000).

This Mental Health Act needs locating in the broader framework of a series of health sector reforms during the tenure of the 1990–1993 National Government that, *inter alia*, included having non-government and community organisations take a greater role, on a contractual basis, as service providers (Ashton 1999, Gauld 2001). The “contract state”, of which mental health and disability services were a part, saw a significant decline in the share of mental health spending as a percentage of all public spending on health (Kearns and Joseph 2000:161). It has been argued that in the name of “deinstitutionalization, individual self-reliance, and community care, the government proposed transferring its services to the private

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market of the community” (Cheyne et al. 2005:40), from which the cynical conclusion could be drawn that deinstitutionalisation was not embraced on moral but on cost-cutting grounds.

It is quite correct to argue, as Andréasson does, that “Community mental health services in Aotearoa ... emerged partly as a response to growing economic and humanitarian problems posed by the large psychiatric institutions” (2006:17). The subsequent debate has been over whether New Right economic or old Right and Left humanitarian perspectives prevailed. The harshest criticism of deinstitutionalisation comes from those involved with or commenting on the psychologically ill. Durie is scathing about the process, stating that the process of deinstitutionalising Māori with psychological illnesses was characterised by

barriers based on stigma, discrimination, inadequate social functioning and limited financial means. Further, left to the unsympathetic forces of the market, ghettos developed in most communities and the ongoing shortage of appropriate residential accommodation ... meant that homelessness was to become a significant problem for the mentally ill. (Durie 1999:7)

More positive accounts can be found of the deinstitutionalisation of the intellectually handicapped. The then service provider body Midland Health, which obviously had a bias in its own favour, strongly denied that its closure of Tokanui Hospital was a cost-cutting measure and stressed the support available for the former patients with an intellectual disability (Midland Health 1996). More objectively, a private sector research body investigated the effects of the deinstitutionalisation of people with intellectual disabilities from the Templeton Centre in Christchurch and found that, within a year or two of the process having occurred, there was overwhelming support for it from the families of those who were deinstitutionalised (Mirfin-Veitch et al. 2000). Although these different outcomes might be explained in different ways, the Commission’s wish for deinstitutionalisation was granted, although not necessarily with the outcomes it desired. It might have been the case that the left and liberal deinstitutionalists had entered the room bearing the trophy, but that the New Right cost-cutters walked away with the prize.

### BENEFITS, SUPERANNUATION AND ACC

The Commission’s comments on, and proposals for, the social security system as a whole – that is, on its funding, provisions, coverage and delivery – are scattered throughout the report, though two extremely lengthy contributions can be found in Volume II, pages 657–811, and Volume III, part two, pages 407–702. There is a great deal of overlap in the content of these two sections of the report. The starting point of the Commission’s approach was explained in one short and pertinent sentence: “We are satisfied that the social security system has served this country well for 50 years” (RCSP 1988 II:747). The Commission, therefore, rejected the neo-liberal demand to abolish or to privatise social security, just as it also rejected – on the grounds of cost – radical calls for the replacement of all benefits by a guaranteed minimum income for all people (RCSP 1988 II:741-742, III(2):439–440.). It wanted to improve the system and consequently made eight major recommendations:

- 1) Income tested benefits should be divided into short-term – sickness and unemployment – and long-term – domestic purposes, invalids and widows – benefits.
- 2) The abatement of benefits for other income should be less restrictive for long-term benefits than for short-term ones.
- 3) The present levels of benefit should not be eroded.
- 4) The level of unemployment benefit for adults without children should be brought to the same level as other benefits.

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- 5) Benefit levels should be regularly adjusted in accordance with movements in after-tax wage levels.
  - 6) Widows and domestic purposes beneficiaries who at some point cease to have the care of dependent children should be catered for by other benefits for which they are eligible.
  - 7) There should be a standard individual rate of benefit at half the married couple rate plus an additional 20 per cent of the benefit for persons living alone.
  - 8) The basis of entitlement for two-adult families should move to individual entitlement. (RCSP 1988 III(2):491–492)

In analysing those recommendations, we can say that numbers 4, 5, 6 and 8 have not eventuated, nor has 7, although adult single unemployed people do get a higher benefit than a married adult or one living in a *de facto* relationship. The Commission failed to provide a convincing explanation of why it thought that unemployment and sickness were necessarily short-term conditions while solo parenthood and widowhood were necessarily long term. No short-term / long-term distinction on that basis has ever come to pass. The hope that existing benefit levels would not be eroded was dashed by the drastic cuts to benefit levels made in 1991 by the National government of the day (Kelsey 1995), and benefits in real terms remain below what they were before those cuts. The 1972 Royal Commission had tried to establish a “bottom line” poverty level below which no one’s income should be allowed to fall. National’s cuts meant that almost all social security benefits were driven well below what was then the equivalent income level (Easton 1997, Stephens 1999).

O’Brien (2008) argues that although the Labour-led governments since 1999 have represented a move away from “the punitive, hard workfare and controlling focus of the 1990’s” (2008:201), they nonetheless also represent a move away from the citizenship focus of both the 1972 and 1988 Royal Commissions. In this perspective, “in the work of both the 1972 and 1988 Royal Commissions was an approach to citizenship and to social rights informed by social democratic arguments in which social citizenship was central” (O’Brien 2008:225), whereas in today’s policy framework the 1972/1988 focus on participation has been “firmly and finally replaced by a focus on participation on paid work” in which “Beneficiaries are treated as the undeserving poor” (O’Brien 2008:217). There is plenty of scope for disagreement about the validity of those statements/findings, such as the assumption that social democratic arguments seem to be *de facto* superior to other arguments, but they are outside the scope of this discussion.

The Commission’s major recommendation for superannuation met with as little success as its proposals on benefits. It recommended that there be a two-tier system (RCSP 1988 II:767–769, III(2):617–651). Persons aged 65 and over would get a pension at the same level as other benefits. At age 68 they would get a “top up” second tier, worth half the first tier rate. This change should be phased in from 1995 to 2007. This concept failed to gain support from Labour or National and has subsequently not been taken up by any of the parliamentary parties.

The Commission’s views on the accident compensation scheme were to be much more fruitful during the 1990s. Unlike its views on the benefit system, its approach to accident compensation both reflected the position of – and would have brought joy to – those who took a neo-liberal position on the topic. Its major recommendations are found in Volume II, page 759–760, and Volume III(2), page 573–607. It believed that the system was under financial stress due to cost increases involved in paying earnings-related compensation, lump-sum payments for non-economic loss, and medical and hospital costs. Furthermore, the accident compensation scheme was discriminatory in its effects against the sick and the

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disabled, hence more support was needed for the “long-term sick” and the disabled, and this “differential treatment cannot be allowed to continue” (RCSP 1988 II: 760–761). The Woodhouse Report, on which the ACC system was based, had stated, “It may be asked how incapacity arising from sickness and disease can be left aside. In logic there is no answer ... the proposals now put forward for injury leave the way entirely open for sickness to follow whenever the relevant decision is taken” (Royal Commission of Inquiry 1967:26), but that decision was not to be forthcoming.

The Royal Commission recommended that the pause period before earnings-related compensation (ERC) to accident victims be extended from one to four weeks. After two years, ERC should be succeeded by a “generous” flat-rate benefit, and compensation for non-economic loss in relation to pain and suffering and loss of enjoyment of life should be abolished (RCSP 1988 II:759–760, III(2):583–594). The National government in 1992 abolished lump-sum payments for pain, suffering and enjoyment of life, and it also abolished those payments for loss of physical faculty. An allowance of “miserly proportions” replaced it, and non-earning women thereby lost any entitlement to lump-sum compensation, as did women who were traumatised victims of rape or sexual abuse (St John 1999:162–163).

The above changes that negatively affected women followed from what the Commission had recommended. But the Commission had supported its own truncated vision of the scheme, and the decision made in 1998 by the then government to, in essence, privatise the Accident Compensation Corporation (ACC) was not what the Commission had wanted. This move lasted only a short time, as the incoming Labour–Alliance coalition government moved quickly to restore ACC’s “monopoly” on accident insurance and lump-sum payments for physical impairment (ACC 2008).

## CONCLUSION

*The April Report* of the Royal Commission on Social Policy was a rushed, mammoth, convoluted, in some places repetitive and in other places contradictory, poorly organised and – then and ever since – frequently criticised, ignored or rubbished document. Yet by its very nature it retains an attraction for us, because it does exist as a vehicle for the often discordant voices of 1988: neo-liberals, social democrats, men, women, Māori, Pākehā and Pacific peoples, for example. Although the Commission can be seen as picking up on ideas and issues that were already underway and might well have become policy without its ever having existed, it broadened the scope of what could be considered as social policy, and added a consultative dimension to ideas of how the process of social policy might take place. Many of its proposals did become policy and/or law, while many of its ideas continue to inform contemporary debate and discourse on social policy. It might well have had a more positive and continuing impact on our society than its detractors believe.

## POSTSCRIPT

In March 2010 the New Zealand Cabinet approved a document from the Hon. Paula Bennett, the Minister for Social Development and Employment, establishing a Welfare Working Group that would focus on addressing long-term welfare dependency (Minister for Social Development and Employment 2010). The Group has since commenced its activities; for example, by holding a two-day forum in June 2010 in Wellington (Welfare Working Group 2010). Thus, the nation has embarked on its third major post-war investigation into its welfare system. As we have noted, the first such investigation was made at a time of

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economic boom. The Royal Commission did its work at a time of significant economic and institutional restructuring. The Working Group finds itself in a far different environment: one of continuing global recession, which has seen some developed nations go bankrupt or fall deeply into debt (e.g. Greece, Iceland, Ireland). As a result, many EU countries are making major changes to their social policies. It is against this background that it must manage its remit. To what extent the legacy of the Royal Commission is sustained or challenged by the findings of the Working Group remains to be seen.

## REFERENCES

- ACC (Accident Compensation Corporation) (2008) *History of ACC*, [www.acc.co.nz/about-acc/WCM001275](http://www.acc.co.nz/about-acc/WCM001275).
- Andréasson, J.H.L. (2006) *You're Always Stuck in the System*, thesis for the degree of Master of Social Science in Psychology, University of Waikato, Hamilton.
- Ashton, T. (1999) "The health reforms: To market and back?" in J. Boston, P. Dalziel, S. St John (eds.) *Redesigning the Welfare State in New Zealand: Problems, Policies, Prospects*, Oxford University Press, Auckland.
- Blaszczyk, M.J. (1988) "The world we have gained" in Royal Commission on Social Policy (ed.) *The April Report* (Volume III(1), pp. 471–480), The Royal Commission on Social Policy, Wellington.
- Business New Zealand (2006) *Business Supports Voluntary Approach to Workplace Flexibility*, media release, 24 July 2006, [www.businessnz.org.nz/doc/1062/Businesssupportsvoluntaryapproachtoworkplaceflexibility](http://www.businessnz.org.nz/doc/1062/Businesssupportsvoluntaryapproachtoworkplaceflexibility).
- Butts, D.J. (2003) *Māori and Museums: The Politics of Indigenous Recognition*, thesis for the degree of Doctor of Philosophy in Museum Studies, Massey University, Palmerston North.
- Castles, F., R. Gerritsen, J. Vowles (eds.) (1996) *The Great Experiment*, Auckland University Press, Auckland.
- Castles, F.G., I.F. Shirley (1996) "Labour and social policy: Gravediggers or refurbishers of the welfare state" in F. Castles, R. Gerritsen, J. Vowles (eds.) *The Great Experiment*, Auckland University Press, Auckland.
- Cheyne, C., M. O'Brien, M. Belgrave (2005) *Social Policy in Aotearoa New Zealand*, Oxford University Press, Melbourne.
- Conte, C., A.R. Karr (2001) *An Outline of the US Economy*, US Department of State, Washington, <http://usinfo.state.gov/products/pubs/oecon/> [accessed 5 November 2007].
- Department of Labour (2008a) *History of Pay and Employment Equity in New Zealand*, [www.dol.govt.nz/services/PayAndEmploymentEquity/resources/fact-sheets/fact-sheet-4.asp](http://www.dol.govt.nz/services/PayAndEmploymentEquity/resources/fact-sheets/fact-sheet-4.asp)
- Department of Labour (2008b) *Work–Life Balance In New Zealand*, [www.dol.govt.nz/worklife/index.asp](http://www.dol.govt.nz/worklife/index.asp).
- Duncan, G. (2004) *Society and Politics*, Pearson Education, Auckland.
- Durie, M. (1999) "Mental health and Māori development" *Australian and New Zealand Journal of Psychiatry*, 33:5–12.
- Easton, B. (1997) *The Commercialization of New Zealand*, Auckland University Press, Auckland.
- Foucault, M. (1965) *Madness and Civilization*, Pantheon Books, New York.
- Gauld, R. (2001) *Revolving Doors: New Zealand's Health Reforms*, Victoria University of Wellington, Wellington.



- 
- Gillies, K., G. O'Reagan (1994) "Murihiku resolution of koiwi tangata management" *New Zealand Museums Journal*, 24(1):30–31, [www.nzarchaeology.org/elecpublications/koiwi.html](http://www.nzarchaeology.org/elecpublications/koiwi.html).
- Glynn, A., A. Hughes, A. Lipietz, A. Singh (1992) "The rise and fall of the golden age" in S. Marglin, J. Schor (eds.) *The Golden Age of Capitalism*, Oxford University Press, Oxford.
- Hamlin, A., P. Oakes (2008) "Reflections on deinstitutionalization in the United Kingdom" *Journal of Policy and Practice in Intellectual Disabilities*, 5(1):47–55.
- Harris, P., L. Twiname (1998) *First Knights: An Investigation of the New Zealand Business Roundtable*, Howling at the Moon, Auckland.
- Higgins, J. (1999) "From welfare to workfare" in J. Boston, P. Dalziel, S. St John (eds.) *Redesigning the Welfare State in New Zealand*, Oxford University Press, Auckland.
- Hudson, R. (1991) "Deinstitutionalisation: What went wrong" *Disability & Society*, 6(1):21–36.
- Illich, I. (1971) *Deschooling Society*, Calder and Boyers, London.
- Illich, I. (1976) *Medical Nemesis*, Pantheon Books, New York.
- Illich, I. (1977) *Disabling Professions*, Marron Boyers, London.
- James, C. (1992) *New Territory*, Bridget Williams Books, Wellington.
- Kearns, R.A. and J.E. Joseph (2000) "Contracting opportunities: Interpreting post-asylum geographies of mental health care in Auckland, New Zealand" *Health & Place*, 6(3):159–169.
- Kelsey, J. (1995) *The New Zealand Experiment*, Auckland University Press / Bridget Williams Books, Auckland.
- Knutson, D. (1998) *Welfare Reform in New Zealand*, Ian Axford New Zealand Fellowship, Wellington.
- Marglin, S., J. Schor (1990) *The Golden Age of Capitalism*, Clarendon Press, New York; Oxford University Press, Oxford.
- McClelland, A., S. St John (2006) "Social policy responses to globalisation in Australia and New Zealand, 1980–2005" *Australian Journal of Political Science*, 41(2):177–191.
- McClure, M. (1998) *A Civilised Community*, Auckland University Press, Auckland.
- McKinlay R. (1988) "The negative mirror" in Royal Commission on Social Policy (ed.) *The April Report* (Volume III(1), pp. 483–488, The Royal Commission on Social Policy, Wellington.
- Mirfin-Veitch, B., N. Ross, A. Bray (2000) *Templeton Resettlement Family Experiences Project: Progress Report: Phase Two*, Donald Beasley Institute Inc., Dunedin.
- Midland Health (1996) *From Institution to Independence*, Midland Health, Hamilton.
- Minister for Social Development and Employment (2010) *Welfare Working Group*, <http://ips.ac.nz/WelfareWorkingGroup/Downloads/Welfare%20Working%20Group%20Cabinet%20paper.pdf> [accessed 25 June 2010].
- Ministry of Justice (1999) *Directory of Official Information: Te Wananga o Aotearoa*, [www.courts.govt.nz/pubs/reports/1999/dir\\_of\\_info/list\\_t/te\\_wananga\\_o\\_aotearoa.html](http://www.courts.govt.nz/pubs/reports/1999/dir_of_info/list_t/te_wananga_o_aotearoa.html).
- Ministry of Justice (2006) *Crown–Māori Relationship Instruments: Guidelines and Advice for Government and State Sector Agencies*, Appendix 3, Cabinet Approved Treaty Statements, [www.justice.govt.nz/pubs/reports/2006/cmri/index.html](http://www.justice.govt.nz/pubs/reports/2006/cmri/index.html)
- Ministry of Social Development (2001) *The Social Report 2001*, Ministry of Social Development, Wellington.
- Ministry of Social Development (2003) *The Social Report 2003*, Ministry of Social Development, Wellington.

- 
- Ministry of Social Development (2008) *Caring for the Carers – He Atawhai i te Hunga Ngākau Oha o Aotearoa*, [www.msd.govt.nz/work-areas/cross-sectoral-work/carers-strategy/](http://www.msd.govt.nz/work-areas/cross-sectoral-work/carers-strategy/)
- Murphy, B., P. Satherley (2000) *New Zealand Time Use Survey 1999*, Statistics New Zealand: Key Statistics April 2000, 7–12, [www.stats.govt.nz/products-and-services/Articles/timeusesurvey1999.htm](http://www.stats.govt.nz/products-and-services/Articles/timeusesurvey1999.htm).
- New Zealand Council of Trade Unions (2004) *It's About Time! A Union Guide to Work–Life Balance*, [http://union.org.nz/sites/union/files/about\\_time.pdf](http://union.org.nz/sites/union/files/about_time.pdf).
- O'Brien (2008) *Poverty, Policy and the State: Social Security Reform in New Zealand*, Policy Press, Bristol.
- Office of Disability Issues (2008a) *History of the Office*, [www.odi.govt.nz/about-us/office-history.html](http://www.odi.govt.nz/about-us/office-history.html).
- Office of Disability Issues (2008b) *New Zealand Disability Strategy*, [www.odi.govt.nz/nzds/i](http://www.odi.govt.nz/nzds/i).
- Rawls, J. (1972) *A Theory of Justice*, Oxford University Press, Oxford.
- RCSP (Royal Commission on Social Policy) (1987) *A Fair and Just Society*, The Royal Commission on Social Policy, Wellington.
- RCSP (Royal Commission on Social Policy) (1988) *The April Report*, Volumes I to IV, The Royal Commission on Social Policy, Wellington.
- Report of the Royal Commission of Inquiry (1967) *Compensation for Personal Injury in New Zealand* [familiarily known as the Woodhouse Report], Government Printer, Wellington.
- Report of the Royal Commission of Inquiry (1972) *Social Security in New Zealand*, Government Printer, Wellington.
- Shirley, I. (2005) *AUT Professor Calls for Social Policy Overhaul*, media release, 27 January, Auckland University of Technology, Auckland.
- St John, S. (1999) “Accident compensation in New Zealand: A fairer scheme?” in J. Boston, P. Dalziel, S. St John (eds.) *Redesigning the Welfare State in New Zealand: Problems, Policies, Prospects*, Oxford University Press, Auckland.
- Stephens, R. (1999) “Poverty, family finances and social security” in J. Boston, P. Dalziel, S. St John (eds.) *Redesigning the Welfare State in New Zealand*, Oxford University Press, Auckland.
- Street, M. (2008) *\$46 Million More for Injured New Zealanders*, media release, 8 May 2008, [www.beehive.govt.nz/release/46+million+more+injured+new+zealanders](http://www.beehive.govt.nz/release/46+million+more+injured+new+zealanders)
- Welfare Working Group (2010) *Welfare Working Group Forum*, <http://ips.ac.nz/WelfareWorkingGroup/Forum/Index.html> [accessed 25 June 2010].
- Young, L., J. Sigafos, J. Suttie, A. Ashman, P. Grevell (1996) “Deinstitutionalisation of persons with intellectual disabilities: A review of Australian studies” *Journal of Intellectual & Developmental Disability*, 23(2):155–170.

**NEO-LIBERAL REFORM AND ATTITUDES  
TOWARDS SOCIAL CITIZENSHIP:  
A REVIEW OF NEW ZEALAND PUBLIC OPINION DATA 1987–2005**

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**Abstract**

It is often assumed that neo-liberal reform has had a significant and negative impact on public support for social citizenship rights. This paper tests such an assumption by reviewing New Zealand public attitudes associated with social rights of citizenship across two decades. While acknowledging the issues that make it difficult to draw comparisons with the past, the paper argues that there is no overwhelming evidence that neo-liberal reform has resulted in a paradigmatic shift away from supporting social citizenship. For instance, New Zealanders now favour tax cuts over redistribution and wage controls, but there is evidence that they are not willing to sacrifice social spending on health, education and, to a lesser degree, targeted social assistance. Given the notoriously problematic nature of public opinion data, however, the paper contends that qualitative research is needed to further unpack these ambiguities and ambivalences in public attitudes towards social citizenship.

**NEW ZEALAND: A UNIQUE CASE?**

There is little doubt that New Zealand's economic and social institutions were rapidly and significantly reformed during the late 1980s and early 1990s (Boston et al. 1999, Kelsey 1993). Indeed, evidence suggests that the reform of New Zealand's Keynesian-welfarist institutions was faster and more extreme than elsewhere, including other "liberal welfare states" like Australia or Britain (Ramia and Wailes 2006, Vis 2007). For instance, in 1975 New Zealand ranked 34 out of 54 countries on a range of indicators for "economic freedom" (many of which are associated with neo-liberal policies), but by 1995 it had jumped to 3rd out of 141, with the biggest increase occurring in the latter decade (Gwartney and Lawson 2007).

Although the deregulation, liberalisation and privatisation associated with neo-liberal economics was often in tension with the fourth Labour government's (1984–1990) social agenda, this was not the case under National governments in the 1990s, whose economic and social reforms were more consistently "neo-liberal" (Humpage and Craig 2008). Their discursive focus on individual culpability was perhaps not as persistent as seen in the United States or Australia, but it was used to justify early and significant benefit cuts and the abolition of the universal Family Benefit in 1991, when unemployment was at record levels. Despite rejecting the work-for-the-dole scheme, which National established in 1998, and offering a more personalised case management approach, Labour-led governments in the 2000s further extended work obligations for benefit recipients to a wider range of groups

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(including the sick and disabled) and explicitly situated work as the first arm of welfare in the Social Security Amendment Act 2007 (Humpage and Craig 2008).

The international theoretical literature predicts that such fundamental and rapid policy shifts will have had a negative impact on public attitudes to social citizenship, which in the post-war period guaranteed a basic level of economic and social welfare for all citizens through rights to decent work, education, health care and assistance for the needy (Marshall 1950). With the introduction of “user-pays” charges in health and education, greater targeting of social assistance and a neo-conservative focus on “welfare dependency” and “personal responsibility”, neo-liberal reforms are said to have created a more market-based and coercive model of citizenship. This is thought to have altered the expectations citizens hold of one another and the state generally and, with fewer citizens perceiving themselves as having contact with the welfare state, made them less likely to support funding for this key mechanism for pursuing social rights (Brook 1998, Gilens 2000). In particular, the repositioning of obligations over rights in the neo-liberal era is said to have threatened the traditional notions of equality and solidarity, which have formed the basis of support for welfarist institutions (Brodie 2002, Shaver 2004).

This paper tests these theoretical assumptions by asking: Did New Zealand’s arguably unique experiences of neo-liberal reform significantly affect public attitudes towards the social rights of citizenship? It is acknowledged that this is not an unproblematic task. First, such theoretical concerns about the effect of neo-liberalism on public attitudes tend to assume that political reforms alter public attitudes, not vice versa (Stimson 1999). However, the speed of reform, along with less governmental interest in invoking public approval to legitimise change, appears to have made New Zealanders less accepting of reform than citizens of other countries (Vowles and Aimer 1993, Schmidt 2002), and New Zealand’s shift to Mixed Member Proportional Representation after overwhelming public support for change in a 1993 referendum suggests public attitudes can certainly influence the reform process (Karp and Bowler 2001).

International empirical evidence also indicates that concern about support for social rights diminishing may be overstated, with public opinion showing that citizens have adjusted to some of the newer neo-liberal arrangements while at the same time still considering social rights to be important (e.g. Svallfors and Taylor-Gooby 1999, Wilson et al. 2005). These contradictions are not necessarily the result of “illogical” thinking but rather demonstrate how “the public” draw on conflicting sets of traditions and moral repertoires when thinking about political issues (Dean and Melrose 1999, Dwyer 2002). Indeed, mixed repertoires may reflect the tensions between neo-liberal theory, which decries welfare dependency, and political reality, which has seen politicians loath to completely dismantle the welfare state due to its role in legitimising governments and capitalism more broadly (Hartman 2005).

Finally, there are methodological difficulties in attempting to review New Zealand attitudes to social citizenship. The paper uses existing public opinion data from the few regular data sources available to map changes in attitudes towards economic protectionism and the welfare state:

- the New Zealand Election Study (NZES)
- the New Zealand Values Study (NZVS)
- the International Social Survey Programme (ISSP)
- the 1987 New Zealand Attitudes and Values Survey (NZAVS), commissioned by the Royal Commission on Social Policy (RCSP 1988).

In addition to the widely documented limitations of public opinion polling (see Crothers 1988, Vowles and Aimer 1993), it is important to note three specific caveats regarding the data presented in this paper.

- They are not always completely comparable across (or even within) surveys due to slight differences in the questions asked, so variances are noted where relevant.
- A lack of data prior to the late 1980s hinders our ability to fully assess the impact of neo-liberal reform.
- Poor and inconsistent data on the age, education, ethnicity and gender of respondents mean that the paper considers only the attitudes of “New Zealanders” generally, possibly blurring a polarisation in views between those who may have lost or gained from the reform process.

It is acknowledged that these factors may contribute to any ambiguity found in New Zealand public opinion.

Nonetheless, the available data are sufficient to begin mapping how public attitudes have changed over time and how neo-liberal reform may have affected public understandings of social citizenship in New Zealand. The paper does this by briefly reviewing attitudes towards economic protectionism, and then considering three more traditional areas of the welfare state: tax and redistribution, health and education, and targeted social assistance. Given Vowles et al.’s (1995) argument that New Zealanders have always been rather ambivalent towards the welfare state, the evidence suggests that no paradigmatic shift in public attitudes is evident and highlights the need for more in-depth, qualitative research so that we might better understand this apparent challenge to theoretical predictions about the impact of neo-liberalism.

## ECONOMIC PROTECTIONISM

Arbitrated minimum employment conditions and industry protections have always been important to the New Zealand “wage-earners’ welfare state” (Castles 1996), so economic protectionism is a good place to start when considering social citizenship. Under the Keynesian welfare model adopted by New Zealand, work was considered a social right and government took responsibility for ensuring that decent work was available through subsidies, import controls and centralised award-setting from the 1930s until the 1970s. After 1984, rapid financial and trade deregulation saw New Zealand go from being one of the most protected to one of the least protected economies in the world. The labour market was also transformed by the 1991 Employment Contracts Act, which replaced compulsory arbitration and collectivism with voluntarism and individualism. This offered employers greater flexibility but reduced employee security at a time of high unemployment and benefit cuts (Boston et al. 1999, Ramia and Wailes 2006).

Perhaps more than one might expect, Table 1 shows that support for issues relating to economic protectionism remained significant in all areas except wage control in 2005. For instance, when offered a list of policies that “might help solve New Zealand’s economic problems”, slightly more people supported import controls in 2005 (54%) than in 1990 (51%). Although the changed wording of the question might explain the recent rise, support for import controls in some form remained quite steady and significant, never dropping below 42%. This would seem to go against the deregulatory, free-trade mantra that has been central to neo-liberal economic policy since the late 1980s.

Support for the idea that trade unions are necessary to protect workers was also much the same in 2005 (65%) as 15 years earlier (66% in 1990), although support peaked in the early 1990s (when the Employment Contracts Act was introduced), dropped in the late 1990s, and then rose again in the 2000s, perhaps as a result of the Act being replaced with legislation less restrictive of unionism in 2001 (Cheyne et al. 2005). This is the case even though support for repealing the Employment Contracts Act decreased quite rapidly (from 48% in 1993 to 39% in 1999). Support for the idea that wages should be controlled by legislation also experienced a rapid decline from 30% in 1990 to 14% in 2002. It had risen slightly by 2005, possibly reflecting the emphasis Labour-led governments placed on improving minimum wage levels or, conversely, the Opposition's significant political rhetoric highlighting that wages were much higher in Australia than in New Zealand (Humpage and Craig 2008, Key 2005).

**Table 1 Support for Economic Protectionism (%)\***

	1990	1993	1996	1999	2002	2005
Increase import controls**	51	46	42	49	42	54
n	1,879	1,996	3,951	2,363	4,625	3,648
Big business is too powerful	70	70	64	63	51	49
n	2,027	2,219	4,026	1,982	4,639	3,668
Control wages by legislation	30	24	19	19	14	19
n	1,869	2,251	4,007	5,548	4,105	3,743
Unions necessary to protect workers	66	70	67	56	58	65
n	1,893	2,050	4,031	2,393	4,667	3,774
Employment Contracts Act should be repealed	–	48	42	39	–	–
n	–	2,027	4,893	5,606	–	–

Sources: NZES 1990, 1993, 1996, 1999, 2002, 2005.

\* All data are unweighted data and recalculated from a 5-point scale as a percentage.

\*\* In 1990 and 1993 respondents were asked about increasing import controls, in 1996 about their "support" for them, and from 1999 to 2005 about the introduction of import controls.

The only measure where support continued to decrease in 2005 was that concerning the power of big business. Supplementary data suggest that significant numbers of respondents in the 1990s may have believed big business was too powerful because they were resistant to foreign ownership of business, rather than to business in general (see Heylen Research Centre 1988, Vowles et al. 1995). Although far fewer NZES respondents considered big business too powerful in 2005, this argument might still have some resonance given the purported public antipathy to a Canadian bid to buy a significant share of Auckland airport, which led to the Labour-led government's 2008 decision to protect the country's "strategic assets" (Gaynor 2008).

In summary, New Zealand's sweeping and rapid deregulatory and industrial relations reforms from the late 1980s appeared to affect attitudes to work as a social right, to be protected by import/wage controls and strong unionism during the 1990s, but by 2005 support began to rise again: about half supported import controls and remained suspicious of big business, a significant majority supported unionism, and almost a fifth still supported wage controls. Despite an increasing tolerance for big business, these results collectively suggest that by the 2000s New Zealanders were in line with – or at least had had their attitudes shifted by – the Labour-led government's attempt to modify some of the harsher aspects of economic liberalism from 1999.

## TAX AND REDISTRIBUTION

The Keynesian welfare state's focus on material equality favoured not only economic protectionism but also progressive taxation and redistributive policies that shifted income from the wealthy to the poor. Neo-liberal theory regards individuals as self-interested and rational actors, and inequality as the result of poor choices; as such, it promotes reductions in personal and business taxes over redistributive policies. These ideas framed major reform of the New Zealand tax system in the 1980s, making it one of the flattest and simplest in the developed world (Roper 2008). In addition, redistributive policies were pared back with benefit cuts in 1990 and 1991 and greater targeting of social assistance, which now aimed to encourage self-reliance and personal responsibility rather than economic equality. There was no significant tax reform after 1996, but the political right promoted tax cuts as an important election issue in the 2000s, while Labour-led governments offered a renewed, if limited, focus on redistribution from 1999 (Liebschutz 1999, Cheyne et al. 2005).

With such a policy history one might expect a clear shift from support for redistribution towards a greater preference for tax cuts. Table 2 illustrates that about a third (36%) of respondents supported tax cuts as a means of solving New Zealand's economic problems in 1993. The 1963 Voting Study (cited in Crothers 1988) reported a similar level of support, suggesting that tax cuts were a low priority for New Zealanders before the mid-1990s. By 2005, support for reduced tax had grown to 69%, implying that neo-liberal concerns about tax and personal responsibility had become embedded in the public consciousness. But it was not until 2002 that a clear majority favoured tax cuts, and even then 30% were happy with the status quo, or at least indifferent to change. In addition, 60% of ISSP (2000) respondents still supported progressive taxation in 1999, which is in tension with the regressive tax policies usually promoted by neo-liberal advocates. It is thus possible that "bracket creep", whereby inflation pushes salaries/wages into a higher tax bracket, may be a major factor in the increase in support for tax cuts.

**Table 2 Reduce Taxes to Help Solve New Zealand's Economic Problems (%)**

	1993	1996*	1999	2002	2005
Agree	36	47	42	51	69
Disagree	27	19	31	19	10
Neither**	37	31	27	30	21
n	1,968	4,911	2,350	4,638	2,761

Sources: NZES 1993, 1996, 2002, 2005.

\* Unweighted data.

\*\* Includes "indifferent" or "neutral" and "don't know".

Importantly, when NZES respondents were asked whether "government should reduce taxes and people should pay more for own health and education", support in New Zealand grew only from a steady 19% in the 1990s to 23% in 2002, and then to 30% by 2005. The fact that less than half the number of 2005 respondents agreed with this question, compared to that referring to the economy, suggests that the desire for tax cuts remained conditional on social concerns, as the next section demonstrates.

Nonetheless, Table 3 shows diminished support (from 49% to 29%) for redistribution of income and wealth between 1993 and 2005, with a correlating increase in the number of respondents disagreeing with redistribution over the same period. It is notable that only half (49%) supported greater redistribution, even in 1993, perhaps indicating weak support historically. However, between one-third and one-fifth of respondents were neutral about this

issue, and in 2002 this group were about equal with both those who agreed and those who disagreed. This suggests that, in a context of low unemployment and more redistributive policies being implemented, many people were happy with the status quo, although their happiness diminished as the 2000s wore on – possibly influenced by the Opposition’s increased political rhetoric about tax cuts (see Humpage and Craig 2008).

Despite the significant number of neutral answers, there was a significant shift away from supporting greater redistribution, even during the 1990s when there was high unemployment and much media coverage of poverty and inequality. Although the Ministry of Social Development (2008) indicates that actual income inequality increased rapidly during the 12-year period depicted in Table 3, further data show the number of people agreeing that New Zealand was an unequal society decreased slightly, from 68% in 1984 to 60% in 1999 (Crothers 1988, ISSP 2000). It is difficult to ascertain whether this was the result of slightly different questions being asked, a growing tolerance of inequality influenced by neo-liberal rhetoric focused on self-reliance and welfare dependency, or whether the public genuinely believed equality had improved as the economy regained its strength. But the fact that almost a third of ISSP (2000) respondents (30%) in 1999 also believed that large differences in income were necessary for New Zealand’s prosperity suggests that neo-liberal discourses did have some impact.

**Table 3 Government Should Redistribute Income and Wealth from Rich to Ordinary People (%)\***

	1993	1996	1999	2002	2005
Agree	49	48	44	32	29
Neutral	21	21	22	36	26
Disagree	19	26	29	33	36
Don't know	11	5	5	0	9
n	1,939	4,050	1,961	4,621	3,654

Sources: NZES 1993,1996,1999, 2002, 2005.

\* Data are unweighted and recalculated as a percentage from an original 7-point scale.

In contrast to the more mixed support for economic protectionism, attitudes towards tax and redistribution thus changed quite significantly. Support for reduced taxes as a means of fixing the New Zealand economy steadily increased in New Zealand to 69% in 2005, perhaps reflecting the fact that New Zealanders had not benefited from recent and extensive tax cuts offered elsewhere, including nearby Australia. Furthermore, the number of people agreeing that New Zealand was an unequal society decreased during the 1990s, and less than a third (29%) of 2005 respondents supported redistribution. This suggests that New Zealand grew more tolerant of inequality, a characteristic of neo-liberal thinking, and that this affected support for redistributive policies.

## HEALTH AND EDUCATION

The Keynesian welfare model promoted (largely) free and universal health and education systems with the aim of achieving equality of opportunity while ensuring the steady supply of healthy and well-educated workers needed for a productive economy. In the neo-liberal era the New Zealand health system was transformed along commercial lines through radical decentralisation, cost efficiencies and user-pays charges for all but the neediest. Similar, but less rapid and radical, reforms were undertaken in education, particularly at the tertiary level (Easton 1999, Cheyne et al. 2005).



As the costs of health and education became framed as the responsibility of citizens, we might expect that fewer New Zealanders would regard them as social rights. However, Table 4 shows continuing and significant public support for increased government spending on health, even when respondents were aware of the tax cost. Indeed, the same number of people wanted increased spending on health in 1993 as in 2005. Significant fluctuations in the intervening years may be due to the prevailing economic conditions, although when the unweighted NZVS data from 1998 and 2004 are excluded, the trend looks steadier. The number favouring less spending was negligible (around 1%) in most years. Table 4 also indicates that fewer respondents agreed that government should be responsible for providing or ensuring “free health care for all” than supported increased health spending, with a rapid drop of support (10%) between 1993 and 1996. From then on support remained steady and a clear majority (65%) still favoured free health care in 2005 after more than a decade of neo-liberal “user-pays” rhetoric and reality.

**Table 4 Government Spending on Health (%)**

	1989	1990	1993	1996	1998	1999	2002	2004	2005
Increase spending on health	83*	71	79	84	92*	82	86	92*	79
n	1000	1865	2020	5094	1201	1959	4705	954	2770
Govt should provide free health care	–	–	76	66	–	66	64	–	65
n	–	–	2,017	4,731	–	1,979	4,657	–	2,743

Sources: NZES 1990, 1993, 1996, 1999, 2002, 2005; NZVS 1989 (cited in Perry and Webster 1993), 1998, 2004 (cited in Perry, postal survey).

\* Unweighted data.

Table 5 shows that most respondents (at least 63%) also supported increased spending on education, even if it might require a tax increase to pay for it, over the entire 16-year period presented. NZVS data indicate that support peaked at 90% in 1998, but when 1993 data are compared to those from the NZES for the same year, this study appears less reliable than the longer-established and more regular NZES, whose data suggest fairly consistent support (75–81%), with the exception of 1990. The number of NZES respondents favouring less spending in education remained negligible (1% since 1990), but support for “free education from preschool to tertiary” also dropped from 81% in 1990 to 75% in 1993, then further fell to 68% in 2005.

**Table 5 Government Spending on Education (%)\***

	1989**	1990	1993	1996	1998**	1999**	2002	2004	2005
Increase	78	63	75	79	90	76	81	89	70
Same	15	32	22	19	9	20	18	10	27
Decrease	5	1	1	1	1	1	1	1	1
n	1,000	1,865	1,999	5,051	1,201	1,946	4,683	918	2,748

Sources: NZES 1990, 1993, 1999, 2002, 2005; NZVS 1989 (cited in Perry and Webster 1993), 1998, 2004 (cited in Perry, postal survey).

\* “Don’t know” has been excluded, so figures do not necessarily add up to 100%.

\*\* Unweighted data.

Calls for increased spending suggest that New Zealanders continued to regard health and education as a government responsibility in 2004/05, and although fewer people saw free access to health or education as either possible or advisable, a substantial majority still supported this idea. These findings are in tension with growing support for tax cuts, although, as noted, such support is much weaker when directly associated with greater user pays in

social spending. The continued desire for increased spending in health and education may reflect the ever-escalating costs associated with them, especially the former. However, it is also possible that the significant cuts in social spending generosity which accompanied rapid and market-driven reform – again, particularly in health – personally affected a large number of New Zealanders and encouraged them to maintain strong support for health and education as social rights of citizenship.

## TARGETED SOCIAL ASSISTANCE

Despite continuing support for universal aspects of the welfare state, New Zealand has long favoured targeted, selective social programmes whereby the elderly and the sick and disabled have been considered more “deserving” than low-income families (especially sole parents) and the unemployed, with the former thus garnering more consistent support from the public (Cheyne et al. 2005). Nonetheless, the Keynesian model saw a definite role for government in ensuring those in need had a decent standard of living. Job creation schemes provided work for the unemployed during high unemployment, while a Domestic Purposes Benefit (DPB) was established in 1973 to support sole parents caring for children. From the late 1980s, however, the introduction of work-activation programmes increasingly framed joblessness as the personal responsibility of the unemployed person. DPB recipients also became targets of this concern with welfare dependency (Cheyne et al. 2005, Ramia and Wailes 2006).

Table 6 shows that support for providing the elderly with decent living standards remained consistently high across the 1990s and into the 2000s, while that for the unemployed was not only significantly lower but also appeared to be more dependent on contextual factors such as unemployment rates (see Ministry of Social Development 2008). The fact that support was highest in the mid- to late 1990s, when welfare dependency rhetoric was strongest and work activation was being extended, counters expectations that support for the unemployed would diminish in such a context.

**Table 6** Agree it is Government’s Responsibility to Provide and Ensure Decent Living Standards for the Elderly and Unemployed (%)

	1990*	1993	1996	1999*	2002	2005
Elderly	94	94	92	94	93	94
n	1,865	2,029	4,860	2,401	4,686	2,765
Unemployed	59	70	65	68	56	54
n	1,873	2,005	4,789	1,967	4,637	2,734

Sources: NZES 1990, 1993, 1996, 1999, 2002, 2005.

\* Unweighted data.

Table 7 illustrates that the number of New Zealanders who agreed government should be responsible for providing jobs dropped from 86% in 1987 to 60% in 2005, with minor fluctuations that saw the lowest support in the mid-1990s. However, because the 1987 NZAVS question was slightly different to that asked in the other surveys, it is difficult to tell whether the significant drop between 1987 and 1990 was due to data inconsistencies or changed perceptions about the role (or ability) of government in ensuring decent work. The fact that support between 1990 and 2005 remains fairly stable (and is broadly consistent with that for government ensuring a decent standard of living for the unemployed, presented in Table 6) suggests the former might be the case.

Table 7 also shows support for increased spending on job assistance and training for the unemployed (even if it might mean more tax), which appears to have increased significantly

in the early 1990s (when unemployment rates skyrocketed) and then to have dropped again as these improved. This further suggests that opinion on this issue is highly contingent on the current economic context. Certainly, the fact that between 54% and 60% of respondents by 2004/05 still regarded government as responsible for providing the unemployed with jobs, a decent standard of living and job training/assistance implies that the neo-liberal framing of unemployment as a personal responsibility was not fully adopted.

**Table 7 Agree\* It Should Be Government's Responsibility to Provide a Job for Everyone Who Wants One and to Increase Spending on Job Training/Assistance (%)**

	1987	1989	1990	1993	1996	1997	1998	1999	2002	2004	2005
To provide a job for everyone who wants one	86	–	60**	57	57**	54	–	65**	59**	–	60**
n	1,524		1,880	2,020	4,669	1,206		1,957	4,625		3,633
To increase spending on job training/assist	–	61	–	74	–	–	63**	–	–	57**	–
n		1,000		1,249			1,169			912	

Sources: ISSP 1997; NZAVS Survey 1987 (cited in RCSP 1988); NZES 1990, 1993, 1996, 2002, 2005; NZVS 1989, 1993 (cited in Perry and Webster 1993), 1998, 2004 (cited in Perry, postal survey).

\* Agree combines “definitely should be” and “probably should be”. Note that questions asked in different surveys were worded slightly differently (see sources for details).

\*\* Unweighted data.

To illustrate this point further, Table 8 shows that although only a minority of New Zealanders have ever supported increased spending on the DPB if it might mean a rise in taxes, support for this almost doubled between 1989 and 1993. Although dropping again, support during 1998–2004 was higher than in 1989 and there was also significant support (between 39% and 48% across the 15-year period) for spending to remain the same. This is the case even though DPB beneficiaries were targeted by the welfare dependency rhetoric accompanying welfare reform from the early 1990s, resulting in their being subject to work-planning activity requirements between 1997 and 2002 (Cheyne et al. 2005). Although the three-way question asked does not allow us to determine whether support reflected a desire to assist sole parents or their dependent children more specifically, solid support for keeping spending the same and a surge of support for increased spending in 1993 suggest that New Zealanders did not completely buy the welfare dependency rhetoric and were concerned during the 1990s with the social impacts of neo-liberal reform, especially on families and children. This argument is backed up by the strong public resistance to National's proposed Code of Family and Social Responsibility in 1998 (Humpage and Craig 2008).

**Table 8 Government Spending on the Domestic Purposes Benefit (%)\***

	1989	1993	1998	2004
Increase	13	24	18	17
Same	39	45	48	46
Decrease	45	27	30	37
n	1,000	1,249	1,156	890

Sources: NZVS 1989, 1993 (cited in Perry and Webster 1993), 1998, 2004 (cited in Perry, postal survey).

\*Unweighted data.

The fact that support for spending on the unemployed and sole parents appears to have grown in difficult economic conditions is in tension with further data demonstrating a hardening of attitudes towards those in need. While NZAVS 1987 data indicate that large majorities saw the causes of unemployment to be structural prior to neo-liberal welfare reform, almost two-thirds (63%) believed some unemployed people “don’t try hard enough to get jobs” (Royal Commission on Social Policy 1988). Table 9 shows that the number of New Zealanders blaming individuals for their circumstances grew between 1989 and 2004, with a 35% overall increase (from 38% to 73%) in those who regarded laziness or lack of willpower as the cause of need. Support then dropped back to 60% in 2005. Respondents were offered a different number of reasons in 1989, requiring us to be wary of comparing it with other years, while methodological differences pose some difficulties in comparing 2004 and 2005. It is nonetheless clear that since 1998 New Zealanders have increasingly believed that individuals are to blame for their poor circumstances, even if such a belief may be subject to some rather rapid fluctuations (as seen in 2005).

**Table 9 Reasons Why People Who Live in Need Are Poor (%)**

	1989	1998*	2004*	2005
Lazy	38	37**	73**	60
Injustice	30	36**	27**	40
Unlucky	17	–	–	–
Other	15	–	–	–
n	1,000	1,144	653	1,226

Sources: NZVS 1989 (cited in Gold and Webster 1993), 1998, 2004 (cited in Perry, postal survey), 2005 (telephone survey, cited in Rose et al. 2005).

\* “Don’t know” answers have been excluded.

\*\* Unweighted data.

Given the strongly held belief that laziness is the major cause of poverty, it makes sense that NZES 1996 and 2002 data indicate support for the idea that “the unemployed should have to work for their benefits” increased from 68% in 1998, when New Zealand’s “Community Wage” work-for-the-dole programme was introduced, to 73% in 2002 (a year after it was abolished). Yet, surprisingly, there was no corresponding growth in support for people taking greater responsibility for themselves. NZVS data show that in 1993, 40% of respondents agreed that people should take more responsibility (Perry and Webster 1993). This dropped to 33% in 1998, before rising to 37% in 2004 (postal survey, Perry, personal communication), perhaps due to resistance to greater governmental interest in regulating social behaviour from 1999 (for instance, the repeal of section 59 of the Crimes Act, which restricted physical punishment of children). Only 3% fewer respondents wanted more personal responsibility in 2004 than 11 years earlier. If we assume that notions of self-reliance and personal responsibility are understood to be similar, this increase may have been bigger, for 68% of the NZAVS 1987 respondents agreed that “people should be more self-reliant” (Royal Commission on Social Policy 1988). However, the NZVS 2004 telephone survey found that 43% of respondents were happy with the current balance between government and personal responsibility (Rose et al. 2005).

By the mid-2000s, then, New Zealanders expressed mixed attitudes towards targeted social assistance. Although they had supported increased social spending for sole parents and job training and assistance during troubled economic conditions, they continued to believe that the unemployed were less deserving than the elderly, and, with need thought to be caused by individual more than structural factors, wanted them subjected to more work obligations. Yet there was only minority support for increased personal responsibility, possibly because the

public did not see these two things as the same. In this way, New Zealanders appeared to apportion greater blame for poverty in good economic conditions, but retained some sympathy with unemployed people and sole parents in harder times. They thus continued to see a role for government in providing an income and helping people find work while they looked for a job.

### CONCLUSION: TEASING APART AMBIGUITY

This review has found no paradigmatic shift in thinking about social citizenship rights in New Zealand since the implementation of neo-liberal reforms from 1984, although some significant changes are evident. New Zealand's rapid deregulatory and industrial relations reforms appear to have had an early impact on attitudes to work as a social right, but by the mid-2000s many seemed to support Labour-led government attempts to manage some of the harsher aspects of economic liberalism with increased support for import controls, unionism and wage controls. In social policy, support for redistribution had diminished by 2005, while tax cuts rapidly gained favour, but these trends were offset by a strong desire for increased spending in health and education. Support for those groups considered less deserving, including sole parents and the unemployed, was weaker but spending on the DPB and unemployment training and assistance gained favour during the early 1990s, contradicting expectations that neo-liberal attacks on welfare dependency would turn public opinion overwhelmingly against groups stigmatised as welfare dependent. Similarly, increased support for the idea that need and poverty emerge from individual laziness and for work-activation policies was countered by resistance to encouraging greater personal responsibility.

Importantly, despite weakening confidence in politicians, the majority of New Zealanders in the mid-2000s still saw a significant role for government intervention, albeit more in social policy areas, such as health and education, than in the economy. This indicates that they actively distinguished between the economic and social roles of the state, although fluctuations in attitudes according to the economic cycle suggest they did not completely disaggregate the two. By no accounts did the New Zealand public appear to adopt neo-liberal ideology with the same fervour as their political leaders and business élites (Vowles and Aimer 1993). At times, public attitudes appear to have mirrored political rhetoric about tax and welfare dependency (although it is difficult to determine whether attitudes reflected or changed politics), but at other times they sat in tension with policy shifts, such as the extension of user pays in education and health. In this way, New Zealanders demonstrated attitudes as mixed and contradictory as those reported in other liberal welfare states (see Humpage 2008a).

But the data available do not allow us to determine whether the ambivalent results presented reflect a polarisation of opinion between the different individuals and categories of New Zealanders surveyed at different times. It is also difficult to tease apart if and when the answers respondents offered to survey questions reflected their values and beliefs, their particular experiences of the neo-liberal reform, or their susceptibility to the political debates and discourses articulated by the political élite via the mass media (Vowles et al. 1995). Finally, it is impossible to tell if the ambivalence demonstrated is the result of a broader new political preference, as noted by Perry and Webster (1999), for a middling political ground where freedom and individualism are balanced by government responsibility.

These uncertainties, along with early work on a qualitative project concerned with current understanding of social citizenship in New Zealand and perceptions of change in social

citizenship rights over time (Humpage 2008b), support international evidence that we need to further analyse the discourses used to frame opinions to understand two things: how one individual can draw on multiple discourses (including those embodied within neo-liberalism) when discussing social citizenship; and how age, ethnicity and gender result in different social groups drawing on different traditions and repertoires to do so. This additional data will allow us to unpack the tensions found here to explore whether the ambiguities towards social citizenship represent a continued historical ambivalence about the welfare state (see Vowles et al. 1995) or, instead, are more directly associated with the radical and rapid neo-liberal reforms New Zealand has experienced over the past two decades.

## REFERENCES

- Boston, J., P. Dalziel and S. St John (eds.) (1999) *Redesigning the Welfare State in New Zealand: Problems, Policies, Prospects*, Oxford University Press, Auckland.
- Brodie, J. (2002) "Citizenship and solidarity: Reflections on the Canadian way" *Citizenship Studies*, 6(4):377–394.
- Brook, L. (1998) "What drives support for higher public spending" in P. Taylor-Gooby (ed.) *Choice and Public Policy*, Macmillan, London.
- Castles, F. (1996) "Needs-based strategies of social protection in Australia and New Zealand" in G. Esping-Andersen (ed.) *Welfare States in Transition: National Adaptations in Global Economies* (pp. 88–115), Sage, London.
- Cheyne, C., M. O'Brien and M. Belgrave (2005) *Social Policy in Aotearoa New Zealand: A Critical Introduction*, 3rd edition, Oxford University Press, Melbourne.
- Crothers, C. (1988) *Public Views of the Welfare State: The Overseas Literature and Local Studies*, unpublished paper written for the Royal Commission on Social Policy.
- Dean, H. and M. Melrose (1999) *Poverty, Riches and Social Citizenship*, Macmillan, Basingstoke.
- Dwyer, P. (2002) "Making sense of social citizenship: Some user views on welfare rights and responsibilities" *Critical Social Policy*, 22(2):273–299.
- Easton, B. (1999) *The Whimpering of the State: Policy after MMP*, Auckland University Press, Auckland.
- Gaynor, B. (2008) "Govt could intervene again on assets" *New Zealand Herald*, 19 April: A13.
- Gilens, M. (2000) *Why Americans Hate Welfare: Race, Media, and the Politics of Antipoverty Policy*, University of Chicago Press, Chicago.
- Gold, H. and A. Webster (1989) *New Zealand Values Today: The Popular Report of the November 1989 New Zealand Values Study*, Alpha Publications, Palmerston North.
- Gwartney, J. and R. Lawson (2007) *Economic Freedom of the World: 2007 Annual Report*, The Fraser Institute, Vancouver.
- Hartman, Y. (2005) "In bed with the enemy: Some ideas on the connections between neo-liberalism and the welfare state" *Current Sociology*, 53(1):57–73.
- Heylen Research Centre (1988) *Corporatisation and Privatisation: A Summary of Public Opinion*, Heylen Research Centre, Wellington.
- Humpage, L. (2008a) "Radical change or more of the same? Public attitudes towards social citizenship in New Zealand since neo-liberal reform" *Australian Journal of Social Issues*, 43(2):215–230.
- Humpage, L. (2008b) "Talking about citizenship in New Zealand" *Kōtuitui: New Zealand Journal of Social Sciences Online*, 3(2):121–134.

- Humpage, L. and D. Craig (2008) "From welfare to welfare-to-work" in M. O'Brien, N. Lunt and B. Stephens (eds.) *New Welfare, New Zealand* (pp. 41–48), Cengage Press, Melbourne.
- ISSP (International Social Survey Programme) (1997) *The Role of Government and Work Orientation*, Department of Marketing, Massey University, Palmerston North.
- ISSP (International Social Survey Programme) (2000) *Social Inequality in New Zealand*, Department of Marketing, Massey University, Palmerston North.
- Karp, J. and S. Bowler (2001) "Coalition government and satisfaction with democracy: An analysis of New Zealand's reaction to proportional representation" *European Journal of Political Research*, 40:57–79.
- Kelsey, J. (1993) *Rolling Back the State: Privatisation of Power in Aotearoa/New Zealand*, Bridget Williams, Wellington.
- Key, J. (2005) *National is Serious about Growing Wage Rates*, speech, 16 April, [www.national.org.nz/Article.aspx?ArticleID=4084](http://www.national.org.nz/Article.aspx?ArticleID=4084).
- Liebschutz, D. (1999) *The Impact of the Tax and Benefit Systems on Low-income New Zealanders*, Ian Axford (New Zealand) Fellows Office, Wellington.
- Marshall, T.H. (1950, reprinted 2000) "Citizenship and social class" in C. Pierson and F. Castles (eds.) *The Welfare State Reader* (pp. 32–41), Polity Press, Cambridge.
- Ministry of Social Development (2008) *The Social Report*, Ministry of Social Development, Wellington.
- New Zealand Election Study [computer files], New Zealand Social Science Data Service, Auckland (1990, 1993, 1996, 1999, 2002, 2005).
- Perry, P. and A. Webster (1993) *Value Changes from 1989 to 1993 in New Zealand: A Research Note*, Massey University, Palmerston North.
- Perry, P. and A. Webster (1999) *New Zealand Politics at the Turn of the Millennium: Attitudes and Values about Politics and Government*, Alpha Publications, Auckland.
- Perry, P. (personal communication) Data from the 1998 and 2004 New Zealand Values Studies, postal survey.
- Ramia, G. and N. Wailes (2006) "Putting wage-earners into wage earners' welfare states: The relationship between social policy and industrial relations in Australia and New Zealand" *Australian Journal of Social Issues*, 41(1):49–68.
- Roper, B. (2008) "The welfare state: Origins, development, crisis and redesign" in N. Lunt, M. O'Brien and R. Stephens (eds.) *New Zealand, New Welfare* (pp. 10–18), Cengage Press, Melbourne.
- Rose, E., J. Huakau, P. Sweetsur and S. Casswell (2005) *Social Values: A Report from Economic Values Part of the New Zealand Values Study 2005*, Centre for Social and Health Outcomes Research and Evaluation and Te Ropu Whariki, Auckland.
- RCSP (Royal Commission on Social Policy) (1988) "Attitudes and Values Survey" in *New Zealand Today: Report of the Royal Commission on Social Policy* (pp. 415–610), Volume I, Royal Commission on Social Policy, Wellington.
- Schmidt, V. (2002) "Does discourse matter in the politics of welfare state adjustment?" *Comparative Political Studies*, 35(168):168–193.
- Shaver, S. (2004) "Welfare, equality and globalisation: Reconceiving social citizenship" in K. Horton and H. Patapan (eds.) *Globalisation and Equality*, Routledge, London.
- Stimson, J. (1999) *Public Opinion in America: Moods, Cycles and Swings*, Westview Press, Boulder.
- Svallfors, S. and P. Taylor-Gooby (eds.) (1999) *The End of the Welfare State? Responses to State Retrenchment*, Routledge, London.
- Vis, B. (2007) "States of welfare or states of workfare? Welfare state restructuring in 16 capitalist democracies, 1985–2002" *Policy and Politics*, 35(1):105–122.

- Vowles, J. and P. Aimer (1993) *Voters' Vengeance: The 1990 Election in New Zealand and the Fate of the Fourth Labour Government*, Auckland University Press, Auckland.
- Vowles, J., P. Aimer, H. Catt, J. Lamare and R. Miller (1995) *Towards Consensus?: The 1993 General Election in New Zealand and the Transition to Proportional Representation*, Auckland University Press, Auckland.
- Wilson, S., G. Meagher, R. Gibson, D. Denmark and M. Western (eds.) (2005) *Australian Social Attitudes: The First Report*, University of New South Wales Press, Sydney.



# **RURAL FAMILIES, INDUSTRY CHANGE AND SOCIAL CAPITAL: SOME CONSIDERATIONS FOR POLICY**

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## **Abstract**

Rural communities are an important part of New Zealand society, and the New Zealand economy is highly dependent on rural-based activities. Substantial changes occurring in the rural economy have the potential to significantly affect local communities. This study has taken a social capital perspective to examine how 12 rural families have attempted to resolve dilemmas that have arisen as a consequence of local industry change. This change included the loss of the forestry industry, and growth in the tourism and dairy sectors. The social responses observed highlight the strong presence and substantial buffering role of social capital in assisting rural people to balance family, work and community life. We suggest that the level of self-determination afforded to the community and control over the processes required to amass social capital are fundamental to successfully fostering it. Agencies taking approaches that embrace the norms inherent in social capital itself, such as trust, reciprocity and mutuality, will be advantaged in their capacity to “bring along” families and community. These insights will be discussed in terms of their social policy implications.

## **INTRODUCTION**

In New Zealand’s Westland District the closure of the local indigenous timber industry alongside rapid growth of the dairy and tourism sectors has produced dilemmas for families and communities as they attempt to adjust to the social consequences of rapid industry change. Drawing on a social capital perspective and a case study of 12 Westland families, this project examines how rural families bring balance to aspects of the three actions defined by Arendt as being essential to “the human condition”: family, work and community life. The findings reveal significant insights into how social capital is effectively reproduced in times of change. These insights are discussed in terms of their social policy implications.

Fifty years ago Hannah Arendt (1958) published *The Human Condition*. In this work she contended that there are three types of action required to be “fully human”. The first two of these actions, *engagement in family life* and *paid work*, are necessary for human existence in contemporary society. The third action she called *vita activa*, or public life: a life that is actioned within jointly built civil spaces. Within these spaces we are capable of debate, we share actions and we resolve collective dilemmas (Arendt 1958). Arendt reminds us that the absence of, or over-attention to, any one aspect of the human condition is likely to be problematic.

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### <sup>1</sup> **Acknowledgements**

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A half a century on from Arendt's original thesis, public policy continues to debate aspects of *vita activa* and democratic governments still seek to engage *vita activa* in economically and socially productive ways. Working out the shifting balance between family life, paid work and *vita activa* is a crucial aspect of responding effectively to significant social change, be it local issues (such as natural disaster relief) or meeting the challenges that arise as a consequence of external or global forces (such as the loss of a core industry). The concept of social capital has been used as a way to recognise and gauge *vita activa* (Cox 1995).

The term "social capital" originated, in part, in an attempt to understand how "those features of social organisation, such as trust, norms and networks can improve the efficiency of society by facilitating coordinated actions" (Putnam 1993). Voluntary or joint social actions provide the opportunity to resolve collective dilemmas. Individuals achieve this through the development and use of social bonds and networks as resources to facilitate productive activity (Coleman 1988). By maintaining the social relationships and structures necessary for collective activity, individuals, families *and* communities are able to realise some of these benefits, and in doing so can resolve some of the issues they face in common.

Collective social activity relies upon networks made up of social ties. Close friends (strong ties) have frequent and overlapping contact within the social cluster or group, forming a "densely knit clump of social structure" (Granovetter 1983:202). On the other hand, acquaintances (weak ties) are often diverse and heterogeneous in experiences and social location. They are not known by all within one's social circle, and the level of engagement with them is often much less (Granovetter 1983). Both types of ties are important for co-operative social action. Weak ties allow access to a different set of resources, ideas or people that may be necessary to address issues or resolve problems. Strong ties provide networks imbued with social memories of successful past collaboration, which function as a kind of "cultural template" for future collective action (Putnam 1995). Strong bonding ties allow individuals to "get by", while weak bridging ties enable them to "get ahead" (Woodhouse 2006:86).

The networks that are drawn on to enable response to shared dilemmas are generally qualified in terms of the extent to which trust and reciprocity characterise them and guide the actions of individuals. The social norm of trust describes the willingness on the part of the individual to "take risks in a social context based on a sense of confidence that others will respond as expected and will act in mutually supportive ways" (Onyx and Bullen 2000:24). High levels of trust enable co-operative action, and this in turn facilitates the expectation of mutuality. Thus, in this model, high levels of those constituent parts of social capital generate increasing "amounts" of social capital. In short, social capital feeds on its own success.

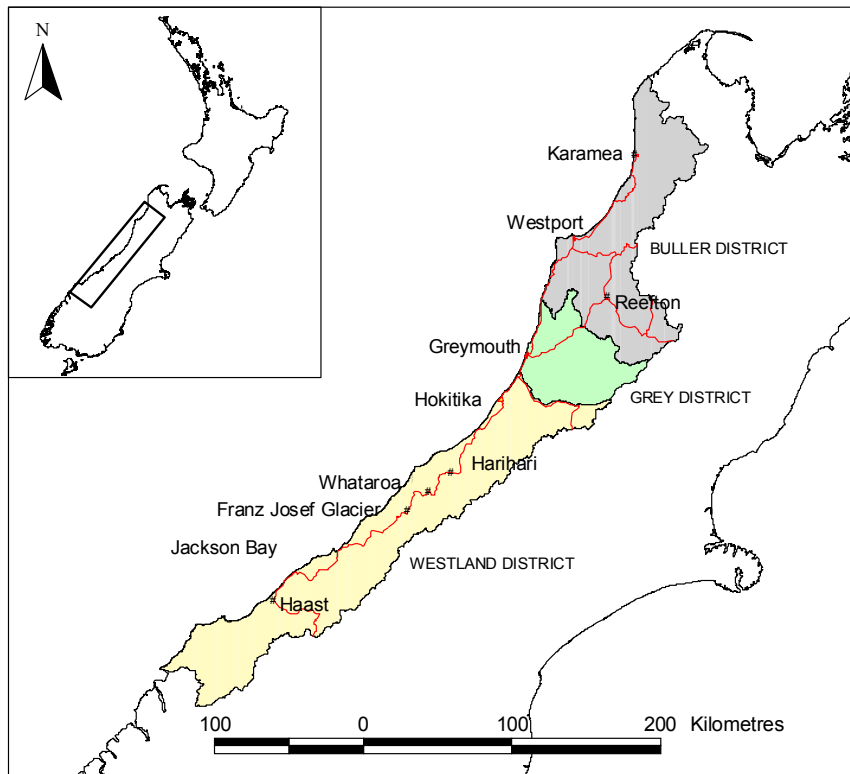
As a conceptual tool, social capital focuses explicitly on the interstices of family, work and community in ways that can reveal policy-relevant insights about how communities, both rural and urban, effectively cope with New Zealand's rapidly shifting socio-economic environment.

## THE CONTEXT OF INDUSTRY CHANGE

The communities of interest to this study are Whataroa (pop. 405 in 2006) and Hari Hari (pop. 351 in 2006). They are situated on the South Island's West Coast, just north of the tourist destination of Franz Josef Glacier (see Figure 1). The area has a history built largely upon timber and dairy farming. Both communities remained small (around 400 people) until

the 1950s, when the sawmilling industry expanded and the New Zealand Forest Service (NZFS) extended its presence in the area, providing increased employment opportunities and encouraging steady population growth. The post-World War II housing boom meant that Whataroa and Hari Hari were well positioned to receive a good share of forestry prosperity.

**Figure 1 The West Coast Region**



However, from the 1970s through the 1980s, rationalisation of timber processing and state sector restructuring resulted in the loss of the NZFS and considerable forestry jobs from the area (Pawson and Scott 1992). By the mid-1990s both townships had lost their timber-processing mills, workers were laid off, and local communities were forced to find ways of absorbing the ongoing effects of timber industry decline. A proportion of workers moved on, but many stayed, mainly taking up lower-paid jobs in the growing tourism and farming sectors (Sampson et al. 2007). Finally, in 2002, came the complete cessation of logging from nearby Crown-owned land, as its status was shifted from production to conservation management. By the time the decision was implemented fewer than 20 people were directly employed in a timber felling, hauling or processing capacity (Sampson 2003), a far cry from the vibrant timber industry operating in Westland in the 1970s and 1980s.

As forestry has declined, dairy farming and tourism have become pivotal to the local economy. The growing economic significance of dairying and tourism for this rural West Coast area directly reflects the importance of these industries to the national economy: tourism and dairying compete with each other as the country's leading export earners (Statistics New Zealand 2009). Alongside forestry decline, the farming sector underwent considerable change and growth. Drystock farming has almost entirely ceased, with many farms converted to more lucrative dairy units. The number of dairy units in the area has increased markedly. There are currently 33 dairy farms in Hari Hari and 30 in Whataroa, an

increase of around 20 farms since 1970.<sup>2</sup> While this number has increased steadily, in the last five years the rate of increase has slowed, with the addition of only three new units. Despite this, milk production figures indicate more intensive farming practice. Since 2002 production has increased by about 25% per dairy unit per day. This growth has been marked by farm conversions to dairy, farm amalgamations, increased herd size and intensification of production. These changes have generated the need for more labour units, both seasonal and year round. The farming community reports that these changes have necessitated working longer hours.

Tourism in the region has also steadily grown. Tourist figures show that visitor numbers have risen steadily since the 1960s (Narayan 1995), with significant increases in tourists since the 1990s (Simmons and Fairweather 2001). Total visits by travellers to West Coast Regional Tourism Organisations are forecast to rise from 2.32 million in 2008 to 2.53 million in 2015 – an increase of 9.1% (212,100) or 1.3% p.a. (Ministry of Tourism 2009). Figures supplied by the Department of Conservation of the numbers who walk the Franz Josef Glacier<sup>3</sup> access track show an increase of 26% between 2001 and 2007, with almost 460,500 walkers recorded in 2007.<sup>4</sup> Although it is not known what proportion of tourists visiting the region walk the track, the Department of Conservation considers that these numbers reflect an overall increase in visitor numbers in the area.

This increase in visitors has created both seasonal opportunities and costs. Opportunities include drawing tourist dollars into accommodation and passing trade and provision, and associated employment. However, the costs include increased seasonal pressure on infrastructure, and an increase in younger transient workers required to service this growth. In the context of wider industry change, this industry has also contributed to the shifting demographic profile of the area, not only in population size but also in composition.

The loss of key industries and the rise in new industries have placed shifting sets of demands on local family and community resources. This is a common scenario in many rural areas in New Zealand and presents the intractable policy problem of how to improve communities' capacities to cope effectively with economic transition. There have been a range of government initiatives to support rural communities undergoing significant change. These include an increasing concern in government with "joined up government and joint working between agencies and across sectors in order to address 'wicked' social problems and improve policy outcomes" (Walker 2004:1). Nationwide policy initiatives include Heartland Services and the Working for Families package. Infrastructure support includes e-government initiatives to raise the profile and accessibility of existing social services through Ministry websites.<sup>5</sup> More targeted support includes the West Coast Economic Development Fund. However, as existing policy strategies, these have tended to focus on the provision of *formal* social services and economic support as a means to support the reproduction of social capital. An appreciation of the ways in which social capital is *informally* reproduced at the nexus of

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<sup>2</sup> All details regarding the dairy industry were provided by Westland Milk Products Manager, personal communication, 2 May 2007.

<sup>3</sup> It is assumed that virtually all of the tourists who visit Franz Josef pass through Hari Hari and Whataroa.

<sup>4</sup> Ian Singleton, Department of Conservation, Franz Josef, personal communication, 17 November 2007.

<sup>5</sup> The impact of e-technologies on rural social networks was not mentioned by respondents and so cannot be regarded as a significant component of their social networking. Nevertheless, as an emerging issue it would benefit from more specific exploration.

family, paid work and community participation in a context of shifting economic contexts is sadly missing.

In terms of the New Zealand-focused social capital literature, an enduring “wicked problem” has been the lack of fit between values and legislation (see, for instance, Robinson and Williams 2001). Robinson and Williams’s discussion of the different ways in which voluntary activity, giving and sharing are understood in Māori and non-Māori society highlights the fact that there are culturally distinct differences in how community participation is practised and understood. This can cause difficulties when initiatives and legislation are developed out of one cultural perspective, which is then laid over all cultures within the land. This is relevant to the current discussion because it makes the point that it is crucial to know how people understand and practise social capital.

In response, relatively recent research suggests that policy initiatives that seek to bridge the gap between policy and community value-based practices through collaborative and devolved decision-making do have a positive impact on social capital (see, for instance, Casswell 2001, Taylor 2004, Walker 2004). Yet no New Zealand research has (until now) attempted to decipher how rural communities effectively reproduce social capital through times of economic upheaval. This study focuses directly on how 12 rural families living in adjacent rural communities have attempted to resolve this dilemma, and so it directly engages with this “wicked” policy problem.

## RURAL SOCIAL CAPITAL – BETWEEN FAMILIES AND COMMUNITIES

In general, a rural setting tends to intensify the need for and prevalence of social capital. Strong differences have been found in the patterns of responses between rural and urban centres and the nature of social capital generated (Onyx and Bullen 2000). Rural communities generally have higher levels of participation in the voluntary sector than urban communities (Taylor et al. 2007, Ryan et al. 2005), and social capital is also generally stronger in rural settings than in an urban context (Hofferth and Iceland 1988). Relationships in rural places are also embedded in dense networks of close ties, which have been shown to foster greater levels of social capital, linked with successful rural community development (Woodhouse 2006). As already noted, these Westland rural communities are excellent places in which to examine social capital because they face the consequences of social change more intensely and, arguably, with less effective government support than their urban compatriots. At the same time, the literature suggests that rural people are more likely to successfully manage significant socio-economic change precisely because of their levels and forms of social capital. If that is the case for these Westland families, it will provide valuable insight into what makes rural social capital so effective and, by extension, what may help other struggling rural and urban communities around New Zealand.

Families have a significant, though often overlooked, place in any analysis of social capital. Studies have tended to focus on how social capital is generated and then deployed *within* the family unit for family wellbeing. For example, Offer and Schneider (2007) examined the role of children in the generation of social capital for the family, concluding that children can act as potential conduits in the wider community in the building of networks upon which parents may eventually draw. Furstenburg and Kaplan (2004) and Furstenburg (2005) explore how social capital is generated and accumulated *within* families. They identify the improved long-term social welfare of children as a consequence of growing up in “social capital rich” families.

Our interest, however, is in the factors alluded to by Stewart-Weeks and Richardson (1998); namely, how families amass shared “social goods” in the spaces *between* families and communities. We agree with Cox (1995), who argues that families are the building blocks of communities. Akin to the way that mortar holds together bricks in a wall, our focus is on the way in which social capital becomes the “social glue” that holds communities together, so that families, as the building blocks of community, can function in optimum social health. Rural families are of particular value here because, as Hofferth and Iceland (1998) indicate, rural families in many instances benefit from strong kinship ties but may suffer from a deficit of weaker (wider) ties that provide wider social network opportunities afforded to urban family units.

Stewart-Weeks and Richardson (1998) undertook a qualitative examination of the role of social capital to the wellbeing of 12 Australian families living in a variety of social and physical locations. They draw an important distinction regarding the purpose of participating in the accrual of social capital. On the one hand, they suggest social capital-generating behaviours are engaged in directly to improve the prospects of the family unit. On the other hand, individuals may concentrate their civic activities with the intention of amassing shared public “social goods” for the good of all, from which families (and individuals) will invariably derive benefits (Stewart-Weeks and Richardson 1998).

## METHODS

Data used in this study were gathered through in-depth, semi-structured interviews over two field work periods during 2007. We used a combination of snowball and purposive sampling to recruit families.<sup>6</sup> From these we chose 12 “typical” families for their capacity to reflect the breadth of community composition and to encapsulate the aspects of social capital explored in this study. This is in line with standard qualitative practice of the “deliberate selection of theoretically important units” (Tolich and Davidson 1999:35).

The first field visit involved systematic semi-structured interviews. “Gap searching” and preliminary analysis occurred prior to the second field visit at the “mid-point” of data collection. The second field visit allowed us to systematically follow up on any issues that arose during the first round of interviews and to fill gaps identified in the data. The analytical framework used was based on grounded theory (Corbin and Strauss 1990), where concept indicators are compared across cases in order to establish core concepts. We acknowledge the potential for homogeneity in the local narrative in small, relatively isolated rural communities, so we probed respondents to get behind the “standard” rhetoric. Constant comparison and repetition of response helps to confirm and validate concepts. The two-part process of data gathering particularly enhanced this analytic framework. The themes discussed in this paper have emerged from the narratives of the 12 families interviewed.

## THE 12 PARTICIPATING FAMILIES

The following table provides summary details about the 12 families included in this study. It covers household size, the presence of extended kin living locally, the nature of employment, and our assessment of their level of civic participation or engagement based on interview data.

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<sup>6</sup> We generally interviewed husband and wife together.

**Table 1 Family Types Included in This Study**

Family type	Children in h'hold	Total in h'hold	Extended kin local	Employment – main breadwinner	Level of civic participation
Middle aged	3	5	No	Timber	Medium
Young township	2	5	Yes	Construction	Medium
Rural empty nesters	0	2	Yes	Service	Medium
Ex-forestry	3	5	Yes	Unskilled labour	Low
Middle-aged township	2	4	Yes	Trades/service	High
Single mother	1	2	Yes	Unskilled	Low
Township empty nesters	0	2	No	Timber	Medium
Newcomer young	3	5	No	Farming	Medium
Older farming	0	2	No	Farming	High
Younger farming	2	4	Yes	Farming	High
Retired	0	2	No	Retired	Low
Mid-life entrepreneurs	0	2	Yes	Retail/service	Low

## CENTRAL THEMES EMERGING FROM THE STORIES

### Families' Use of Networks and Ties

Our respondents commonly expressed the extent to which their families are able to access and utilise networks with varying degrees of success. The *older farming family* originally came from outside the region and demonstrates the usefulness of wider, weaker ties. This family is currently involved in around 16 or so formal associations and organisations, ranging from high-level engagement at the wider regional (and in one instance, national) level to involvement and participation at the local level. The kinds of projects this couple become involved in have clearly benefited from the extensive networks the family has actively developed over 30 years. This level of civic participation means they easily identify the need to draw on a wide array of social connections to address community issues. As a consequence they are seen as people who can be relied on to get things done:

“We are accepted because people know we don't sit on the fence. People who are not close to us will ring up and ask us for help with problems, and they thank us.”

During the mid-1980s the main breadwinner of the *middle-aged township family* was made redundant from an occupation that had afforded him the opportunity to build extensive bonding and bridging ties. He shifted into forestry, working in a small timber-processing operation until he was made redundant again. However, the local knowledge regarding his skills coupled with the extensive wider networks throughout the district have ensured employment offers have continued to come his way. He remarks that as tourism has continued to grow, so too have the demands for services in the area, giving him some continued job security. He tells us that resolving issues of employment was made considerably easier as a consequence of drawing on his wider bridging social networks.

In relation to resolving the effects of industry and occupation loss, access to networks was shown to be a critical factor in the capacity of families to effectively respond to change. With sufficient ties to resolve their own issues the *mid-life entrepreneurs* used wider social networks to secure employment immediately after the husband lost his job in the forestry industry. Later, as they began to build their own business, they drew heavily on both their

local social connections and wider bridging ties (outside the region) to generate sufficient custom necessary for the success of the business. On the other hand, the *retired family* also had redundancy thrust upon them following the loss of forestry. Their excess of strong bonding ties, in this case mostly kin ties, have provided this family with a block of land and stock that have effectively allowed them to remain in the area. However, they have done little else. Their options have been confined to those available within their rather homogeneous and immediate social world. She told us:

“If you need something done, and you wanted voluntary help, you would have to probably ask a lot of people. You’d usually have to pay now to get things done.”

Consistent with Woodhouse’s argument, in the presence of sufficient bridging ties the *midlife entrepreneurs* have been able to “get ahead” while the *retired family’s* excess of bonding ties has allowed them to simply “get by” (Woodhouse 2006).

Newcomers’ responses highlight the importance of networks to community. Newcomers typically arrive in the community with very few or no bonding ties. Establishing networks early becomes critical in a family’s ability to gain acceptance and move into the community. When the *township empty nesters* arrived over 40 years ago, she recalled how important it was to build social connections:

“I just had to work hard at doing things in the local community in order to try to deal with the costs of loneliness and isolation.”

The *newcomer young family* demonstrates the utility of ties; firstly to move into a community and later to bring about co-operative social action. Immediately after arriving two years ago, the wife joined the local play group, where she quickly developed some strong friendships with other mothers. Later these ties became critical to the success of establishing a new sporting club, something she wanted to do, both for her children and for her community. These ties allowed her to rapidly link into other networks as a source of willing participation and support for the club. This enabled a co-ordinated and collective community action that benefits local families and children.

### Trust and Families in Community

All families in this study generally indicated having high levels of trust in their communities. We were constantly reminded that “most people can be trusted”. Almost every household indicated that they could trust the community with their assets and leave the house unlocked. Most people also suggested having high levels of trust regarding the safety and wellbeing of their children. The *middle-aged township family* pointed out:

“I can always trust that someone is watching out for my kids. One of the advantages of living here, if your kids get up to no good, someone, somewhere, will be looking out. It’s like a big neighbourhood watch.”

High levels of trust serve a useful purpose for families in the social monitoring of children, and illustrate a supplementing role of community for family wellbeing. Interestingly, this social monitoring was seen to serve a wider parental function that both kept their children safe while noting any of the children’s transgressions. According to the *ex-forestry family*:



“Everyone looks out for everyone else’s kids. If someone does something [if a child misbehaves] parents will actually contact each other. And as parents we thank each other for keeping that going.”

Despite demonstrably high levels of trust and feelings of safety regarding family wellbeing, the recent influx of newcomers and seasonal workers that has accompanied industry change has challenged this trust. The *rural empty nesters* echo commonly held sentiments: they point out that the constantly changing population base has made them reconsider their own behaviour around trust and the way in which they approach newcomers.

Caution towards strangers reinforces notions of community maintenance. Cohen (1985) argues that community is a relational idea, whereby outside differences, or “oppositional otherness”, reinforce the social norms and bonding ties of those within the community. Put simply, this is a “them and us” scenario, where the attitudes and actions held and performed by “them” are constantly visited to illustrate the worth of the things that “we” (us) hold dear. Hence there exists a paradox. While the community rhetoric is one of “treating people you don’t know with suspicion”, there is little value in terms of community cohesion in maintaining mistrust of “outsiders” when they are living among you.

These communities recognise they are small and express a dependence upon the entry of “new blood”. The wife of the *young township family* described the way in which new workers, or the “drifters”, fit in. Like many, she reminded us that in a small and tightly bonded community, where “there is not a big pool of people”, the notion of acceptance is important. The *middle-aged family* detailed their own efforts to support newcomers by hosting a lunch for “those people in the community who don’t have family nearby”. Maintaining mistrust would perpetuate social faction and divide, something that almost all our families told us was ill affordable in small rural communities. According to the wife in the *newcomer young family*, fitting in requires tolerance and acceptance of people for how they are: “there is a need to fit in”. There is limited adaptive value in closing community boundaries and excluding newcomers.

### Reciprocity and the Family

A constant theme in the families’ stories is the expression of the need to give something back to other families and the wider community and to return favours. Irrespective of the nature of the networks to which the families were connected, participants indicated a strong commitment to reciprocation. However, many respondents indicated that industry change has reduced the amount of time available for people to “give” back to, and/or be involved with, the community. There is little doubt that many are working harder and longer, but it is manifest that some very busy people are still making time for mutual assistance. Almost without exception, all families indicated a strong commitment to reciprocity. As the *younger farming family* reminded us:

“If things are really big around here, you don’t even need to ask. They just step in and help ... Even though one might not get on with everyone, there is recognition that in times of need, they’ll all help and if things are done you just pay it back.”

This respondent was very clear that the capacity of the community to assist “makes here a great place to live”.

Competing demands on time forced the *middle-aged family* to prioritise their contributions by distinguishing between local-level contributions and the kind of actions that might not directly benefit locals. He suggested that a call-out to assist the ambulance to cut a tourist out of a car wreck might not feel urgent, yet:

“when I am called on by a neighbour or a friend to contribute in any capacity toward something going on around town, I really am almost always happy to contribute.”

Central to this is the strong notion of mutual support. Ideas like “people look after one another and they know I’m here and vice-versa” and “it’s the right thing to do and you hope others would reciprocate if it were you” (in need) run through many of the stories. Nonetheless, there were expressions of concern about the impact of increased time pressures being detrimental to building the kind of communities seen as favourable places in which to bring up families.

### ALIGNING THE NEEDS OF WORK, FAMILY AND COMMUNITY

Recent industry changes have challenged the capacity of families to engage in some aspects of the formation of social capital. Such things as sporadic employment, the need to seize casual opportunities when they arise, and shifting or uncertain working hours hinder the ability of many families to engage in formal voluntary participation, despite indicating a willingness to do so. The *rural empty nesters* stated:

“We can ask people for things if we need to, but everyone is actually really busy ... mainly cos of dairying and tourism ... everyone is just flat out working.”

The *middle-aged family* father rationalised his use of time for contributing to community and the building of social capital. He highlighted the considerable drain and level of commitment involved in volunteering for such things as the ambulance. Service in this organisation may take one far from home, only to be providing assistance to strangers. Others raised the question as to whether membership of such organisations is really about putting something back into the local community or more about an unpaid service to the tourism industry. In contrast, he pointed out that contributing to local families “is almost always possible”. A further example lay in the story of the *middle-aged township family*. Time pressures for the husband, coupled with odd working hours, impede his ability to get fully involved, despite having a strong conviction of the importance of staying involved. They both agreed that his wife is the “main contributor” to building social capital on the part of this family through her work in the community.

The nature of many women’s investment in social capital illustrates one of the stronger mechanisms whereby community can be maintained and reproduced alongside the demands of family, as children become a conduit into community (Furstenberg 2005). As demonstrated by the *newcomer young family*, establishing the local sports club met the needs of the mother’s own children, in terms of after-school activity, as well as enabling her to fill a perceived need for others. As a newcomer family, the substantial contribution made by this mother has given her own family an excellent opportunity to build social ties. Similarly, the mother of the *middle-aged township family* identified that an after-school activity she was instrumental in establishing, while principally done for her own children, met a need for more activities for other non-sports-minded children in the community.

We are not trying to diminish the substantial contributions men make to the building of social capital. Rather, we are arguing that the *nature* of women's contributions, in particular, frequently aligns the needs of family *and* community – a useful strategy in the context of diminished time. Moreover, common in our discussions with women was the elevated status of the demands of both family and community, frequently over the building of careers. In closely aligning these two objectives it was clear that for many they could do for themselves as and when they did for community.

In summary, this case study shows that these rural families worked their balancing acts between work, family and community commitments in ways that built and shared in the “accumulated wealth of public goods”. They did this by drawing on different types of community networks depending on the need:

- strong bonding ties were drawn upon to “get by”
- weak bridging ties were drawn upon to “get ahead”.

They did this by using trust to:

- generate reciprocity between community members (shared social monitoring)
- strengthen notions of mutual support that can be relied on
- be open to “strangers” and engage bridging social capital as a strategy to bring newcomers into the community.

They did this by being flexible as life circumstances changed, which involved:

- rationing the division of effort between family, work and community
- changing levels of commitment and involvement as circumstances dictated (e.g. children in the house, retirement, employment changes).

They did this by being strategic and selective with time.

- There was a division of labour within the family over community responsibilities – mostly along gender lines, where women would focus energy on community projects that would benefit the whole family.
- Effective and efficient use was made of time spent on community projects – people would initiate and get behind community projects that met their own pressing family or personal demands.

The findings from this study highlight the degree to which the *vita activa* is self-generating. They also highlight the character of effective and continued *vita activa*: people are better able to continually engage in community activities if that engagement can be flexible, strategic and selective. *Vita activa* is most powerful when it is self-determined.

This research has uncovered the core values and practices associated with community participation on the West Coast. Participation works when it can be self-directed and flexible, because it is precisely these characteristics that enable people to respond effectively to shifting socio-economic imperatives in ways that foster, rather than undermine, social capital.

## IMPLICATIONS FOR POLICY

This paper has examined social capital and community response to industry adjustment and change within the rural sector. Rural communities and families are an important part of New Zealand society, and the New Zealand economy is highly dependent on rural-based activities.

When significant changes have an impact on rural economic activities, the communities they support will inevitably be affected.

The research has raised a number of issues, both for policy makers and for the future implementation of social capital policy initiatives.

- It is worth focusing on social capital as a site of policy intervention because when effectively reproduced it helps generate a sense of belonging and wellbeing, even in contexts of economic flux.
- It is worth supporting informal community-determined initiatives. These are likely to be effective and therefore to support rural communities in times of change.
- This kind of support needs to be given in a way that best fits people's own existing and evolving community participation practices.

A sense of ownership and pride is critical in effecting meaningful action. As we have seen, developing social ties and bonds with others in the community is a critical precursor for participation in the accrual of social capital. Social networks that are open and can tolerate the ideas of others, including those new to the community, stand a greater chance of co-ordinating and facilitating reciprocity, mutuality and community mindedness at both the formal and informal levels, down to the level of the street, the neighbours, and the family household.

We strongly suggest that for social capital to work well it has to emerge from the "bottom up" and that policy initiatives must be developed with this in mind. Moreover, these need to speak to shared assumptions regarding appropriate resolutions for collective dilemmas. The jointly built civil spaces referred to by Arendt (1958), in which *vita activa* is actioned, are the property of all within the community. As a resource of the collective, social capital is expressed within the everyday lives of individuals, families and communities. Hence, effective policy directives should facilitate access to resources through the fostering of bridging opportunities and the provision of financial and technical/advisory support. Policy initiatives that embrace the norms inherent in social capital itself, such as trust, reciprocity and mutuality, will be advantaged in their capacity to "bring along community".

## REFERENCES

- Arendt, H. (1958) *The Human Condition*, Chicago University Press, Chicago.
- Casswell, S. (2001) "Community capacity building and social policy: What can be achieved?" *Social Policy Journal of New Zealand* 17:22–35.
- Cohen, A.P. (1985) *The Symbolic Construction of Community*, Tavistock Publications, Chichester.
- Coleman, J.S. (1988) "Social capital in the creation of human capital" *American Journal of Sociology*, 94:95–120.
- Corbin, J. and A. Strauss (1990) "Grounded theory research: Procedures, cannons and evaluative criteria" *Qualitative Sociology*, 13(1):3–21.
- Cox, E. (1995) "A truly civil society" *Boyer Lecture Series*, Australian Broadcasting Commission, Sydney.
- Furstenburg, F.F. (2005) "Banking on families: How families generate and distribute social capital" *Journal of Marriage and Family*, 67(4):809–821.
- Furstenburg, F.F. and S.B. Kaplan (2004) "Social capital and the family" in J.L. Scott, J. Treas and M. Richard (eds.) *The Blackwell Companion to the Sociology of Families*, Blackwell Publishing, Oxford.

- Granovetter, M. (1983) "The strength of weak ties: A network theory revisited" *Sociological Theory*, 1:201–233.
- Hofferth, S.J. and J. Iceland (1998) "Social capital in rural and urban communities" *Rural Sociology*, 63(4):574–598.
- Ministry of Tourism (2009) *New Zealand Regional Tourism Forecasts 2009-2015 West Coast RTO*, Ministry of Tourism, [www.tourismresearch.govt.nz](http://www.tourismresearch.govt.nz), [www.tourismresearch.govt.nz/Documents/RTO%20Forecasts/2009/West%20Coast%202009.pdf](http://www.tourismresearch.govt.nz/Documents/RTO%20Forecasts/2009/West%20Coast%202009.pdf) [accessed November 2009].
- Narayan V. (1995) *Tourism and Tourism Impacts – The West Coast*, West Coast Regional Council, Greymouth.
- Offer, S. and B. Schneider (2007) "Children's role in generating social capital" *Social Forces*, 85(3):1125–1142.
- Onyx, J. and P. Bullen (2000) "Measuring social capital in five communities" *Journal of Applied Behavioral Science*, 36(1):23–42.
- Pawson, E. and G. Scott (1992) "The regional consequences of economic restructuring: The West Coast New Zealand (1984–1991)" *Journal of Rural Studies*, 8(4):373–386.
- Putnam, R. (1993) *Making Democracy Work: Civic Traditions in Modern Italy*, Princeton University Press, Princeton, NJ.
- Putnam, R. (1995) "Bowling alone: America's declining social capital" *Journal of Democracy*, 6(1):65–78.
- Robinson, D. and T. Williams (2001) "Social capital and voluntary activity" *Social Policy Journal of New Zealand*, 17:52–71.
- Ryan, V.R., K.A. Agnitsch, L. Zhao and R. Mullick (2005) "Making sense of voluntary participation: A theoretical synthesis" *Rural Sociology*, 70(3):287–313.
- Sampson, K. (2003) *Industry Adjustment and Community Change: Impacts of the Cessation of Indigenous Production Forestry in Rural Resource Communities of South Westland, New Zealand*, unpublished master's thesis, University of Canterbury, Christchurch.
- Sampson, K.A., C.G. Goodrich and C.N. Taylor (2007) "A social assessment of community response to forest policy change in South Westland, New Zealand" *Society and Natural Resources*, 20:199–212.
- Simmons, D.G. and J.R. Fairweather (2001) *Tourism in Westland: Challenges for Planning and Recommendations for Management*, No. 29, Tourism Recreation Research and Education Centre, Lincoln.
- Statistics New Zealand (2009) *Global New Zealand International Trade, Investment and Travel Profile Year ended December 2008*, <http://www.stats.govt.nz/~media/statistics/publications/bus-perform-energy-ag/global-nz-dec08/global-nz-dec-2008.aspx> [accessed November 2009].
- Stewart-Weeks, M. and C. Richardson (1998) *Social Capital Stories: How 12 Australian Households Live Their Lives*, Policy Monograph 42, The Centre for Independent Studies, Alken Press, Smithfield.
- Taylor, L. (2004) "Building social capital through devolved decision making: The Stronger Communities Action Fund" *Social Policy Journal of New Zealand*, 21: 67–82.
- Taylor, N., G. Fitzgerald, N. Robertson and W. McClintock (2007) "Labour market changes, livelihoods and social capital: Some issues for social policy" paper prepared for the *Social Policy Research Evaluation (SPRE) Conference*, Wellington, April 2007.
- Tolich, M. and C. Davidson (1999) *Starting Fieldwork: An Introduction to Qualitative Research in New Zealand*, Oxford University Press, Auckland.
- Walker, A. (2004) "Understanding social capital within community/government policy networks" *Social Policy Journal of New Zealand*, 22:1–18.

Woodhouse, A. (2006) “Social capital and economic development in regional Australia: A case study” *Journal of Rural Studies*, 22:83–94.

**THE WIDENING GAP:  
PERCEPTIONS OF POVERTY AND INCOME INEQUALITIES AND  
IMPLICATIONS FOR HEALTH AND SOCIAL OUTCOMES**

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**Abstract**

This paper looks at New Zealand perceptions of poverty and inequality and the implications for health and social outcomes. Changes in economic and social policies have contributed to increased economic and social inequalities in Aotearoa New Zealand over the past 20 years. Research shows that such inequalities have strong implications for health and social outcomes. The New Zealand Values Survey data (collected by computer-assisted telephone interviewing from New Zealanders 18 years and over in two random samples [n = 1,226 and n = 1,272] from December 2004 to March 2005, and later fused into one data set) provide insights into how New Zealanders feel about inequalities and what they are prepared to do about them. The majority of respondents stated they were prepared to pay increased taxes to provide better health services and a better standard of living for the elderly and the disabled. However, less than half were in favour of increased taxes for subsidised mortgages or government-owned houses for those in housing need, or to reduce student debt. Around two-thirds believed people were poor because of personal deficits and they were generally not in favour of any increase in government assistance to the poor. These findings have implications for government policies aimed at reducing underlying inequalities to achieve more equitable health and social outcomes.

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## INTRODUCTION

How well and how long one lives one's life is powerfully shaped by one's place in the hierarchies built around occupation, education and income. (Graham 2000:3)

Socio-economic factors are widely acknowledged as important determinants of health and social outcomes (Public Health Association of New Zealand 1992, Macintyre 1997, Crampton 1998, Howden-Chapman 1999, Graham 2000, Howden-Chapman and Tobias 2000, Lynch et al. 2000, Ministry of Health 2000, Tobias et al. 2009).

This article is concerned with New Zealanders' perceptions of the socio-economic circumstances feeding into inequalities and government responsibilities in responding to disparities. In a democracy, government policies are to some extent reliant on public opinion. The previous Labour-led Government had a stated aim to reduce underlying inequalities to achieve a more equitable distribution of overall outcomes within society (Ministry of Social Development et al. 2007); the current National-led Government has not yet made it clear whether it is a policy priority for them or not. Do New Zealanders want a more level playing field? Is there a willingness to pay increased taxes to reduce socio-economic inequalities in order to improve health and social outcomes?

There has been plenty of evidence of socio-economic differences in health and social outcomes since the mid-nineteenth century (Dew and Kirkman 2002, Graham 2000, Regidor 2004). These historical insights about the importance of relative social and economic position to the health of individuals and the wellbeing of society have been rediscovered across the OECD (Dew and Kirkman 2002, Galobardes et al. 2006a, 2006b, Graham 2000, Howden-Chapman and Tobias 2000, Mackenbach et al. 1997, Regidor 2004).

Although life expectancy has been improving in New Zealand across all socio-economic groups, the socio-economic and ethnic gap in population health has remained, with systematic differences between sectors of the population (Blakely et al. 2007, 2008, Crampton 1998, Howden-Chapman and Tobias 2000). Those with higher socio-economic status (SES) continue to have lower morbidity and mortality rates than those with lower SES (Blakely et al. 2004). Inequalities in mortality between Māori and non-Māori persist within socio-economic strata (Ministry of Health 2006). Furthermore, geographical inequalities in health, along with inequalities in area-based social and economic deprivation, increased in the period up to 2001 (Salmond and Crampton 2002, Pearce and Dorling 2006). There is some indication that between 2001 and 2007 the ethnic inequalities may be slowing or reversing (Tobias et al. 2009).

“SES” is an umbrella term for a range of interacting socio-economic indicators of health status and social outcomes (Galobardes et al. 2006a). Indicators such as insufficient money for medical care or adequate food (Cheer et al. 2002, Waldegrave et al. 2004), or educational opportunities and neighbourhood characteristics (Crampton et al. 1997, Ellaway et al. 2001, Lochner et al. 2003, McCulloch 2001), may affect health and social outcomes directly (for instance, there are higher rates of hospitalisation among people living in more deprived areas [Crampton 1998]) or indirectly; while household conditions such as cold and damp (Howden-Chapman et al. 2007) or overcrowding (Baker et al. 2000, McNicholas et al. 2000) may affect health directly and social outcomes indirectly.



If SES is key to understanding inequalities in health and social outcomes (Galobardes et al. 2006b), income level is the key SES indicator. As Howden-Chapman et al. (2002) noted, the most pronounced indicator of social inequality in New Zealand over the preceding two decades was the growth in income inequality.

There is contested evidence that in addition to absolute levels of income, relative differences are also important determinants of inequalities in health and social outcomes and that these have cumulative effects throughout the life course (Kaplan et al. 1996, Kawachi and Kennedy 1997, Wilkinson 1997a, 1997b, Lynch et al. 2000, Osler et al. 2002). Adverse living conditions in childhood, and particularly the effects of inadequate income, are strong indicators of adult illness, irrespective of adult SES (Coggon et al. 1993, Dedman et al. 2001, Dewilde 2003, Galobardes et al. 2006b, Wadsworth 1997). Countries that minimise economic inequalities are societies where children are more likely to be able to develop to their full potential. These factors are essential prerequisites for greater prosperity for the country as a whole (Howden-Chapman et al. 2002).

Kawachi and Kennedy (1997) suggest that it is the lack of social cohesion / social capital (cooperative social interaction among individuals, groups and institutions (Spoonley et al. 2005) that is the mediating factor between income inequality and poorer health and social outcomes. Studies have shown that high levels of social cohesion are associated with lower mortality rates, and higher mortality rates with less social cohesion (Lindstrom et al. 2002, Reidpath 2003, Wilkinson 1999). Although there is evidently an interaction between material and psychosocial factors (Szreter and Woolcock 2004, Veenstra 2002, Wilkinson 1997a, 1997b), material factors such as adequate income and affordable, warm housing remain crucial for good health and social outcomes (Lynch et al. 2000, Smith 1996). Socially cohesive societies thrive because people are well housed, well fed and well educated, as well as not belittled, cowed or made to feel inadequate (Wilkinson 1999).

Whatever the mediating factors, it would appear that socio-economic inequalities have an adverse impact on population health and social outcomes. It is also clear that, by definition, these inequalities are at least in part socially produced. As such, they are potentially avoidable (Whitehead 2007). For instance, an increase in income inequality is not the inevitable consequence of social and economic change (Szreter and Woolcock 2004); in countries with redistributive fiscal and social policies (progressive taxation and social security benefits pegged to average incomes), poverty and inequality have not increased inexorably with the rise in unemployment (Graham 2000).

In New Zealand, income inequalities have increased since the neo-liberal reforms and benefit cuts of the late 1980s and 1990s, although the rate has slowed this decade (Blakely et al. 2007, Ministry of Social Development 2006, Ministry of Social Development 2007). The New Zealand Living Standards 2004 report showed a million New Zealanders living in some degree of hardship, with a quarter of these in severe hardship. Despite the buoyant economy and falls in unemployment levels, not only was there a slight increase in the overall percentage of those living in poverty between 2000 and 2004, but those with the most restricted living standards had slipped deeper into poverty (poverty defined as exclusion from the minimum acceptable way of life in one's own society because of inadequate resources) (Ministry of Social Development 2006, 2007).

Analysis of Census data presented in November 2006 at the Sociological Association of New Zealand Conference by a team of sociologists from the University of Auckland also showed

that over the past 20 years high income-earning families were better off while the real wages of low and median-income earners had either been static or had fallen (Collins 2006, Peter Davis, Director of Social Statistics Research Group, University of Auckland, personal communication, December 2006). While more people were in employment, it was often low-paid employment, and benefit levels have not recovered in real terms from the cuts of the late 1980s and 1991. Lower wage earners have also been disadvantaged by inflation when this has moved them into a higher tax bracket (Collins 2006, Peter Davis, personal communication 2006).

In 2004, the top 20% of New Zealand household incomes were five times higher than the bottom 20% while households at the 80th percentile had an income distribution 2.8 times greater than those at the 20th percentile (2007). In 2008 the ratio was 2.6, the first drop in 25 years, due to the Working For Families (WFF) package (Perry 2009). In 1988, 16% of households in the lowest quintile spent more than 30% of their income on housing. By 2004 this had risen to 35% (after peaking at 49% in 1994), despite the countering effects of income-related rents for some low-income families (Ministry of Social Development 2007). In 2008, 39% of households in the lowest quintile spent more than 30% of their income on housing (Perry 2009).

This greater income inequality has seen New Zealand move into 18th place out of 25 in the OECD in terms of income inequality from 1982 to 2004 (Ministry of Social Development 2007). Over the preceding two decades New Zealand experienced the largest growth in inequalities in the OECD (2000 figures), moving from 2 Gini coefficient points below the OECD average to 3 Gini points above (Ministry of Social Development 2007:45–46). One indication of the impact of these inequalities has been that relative poverty rates, including child poverty rates, have increased.

What might make a difference? Government policies can influence some of the variables affecting poverty and inequalities. The policy response has been to focus on reducing unemployment rather than maintaining or increasing welfare benefits. While there have been minimal increases in benefits or tax breaks for the lower paid in recent budgets, moves to lessen inequalities have included increasing both the minimum wage for employees aged 18 and the youth minimum wage and training rate; moves in the direction of wider access to affordable housing; and the WFF package. Progressively introduced from 2004, WFF is expected to put an additional \$1.6 billion into mainly low- and middle-income families, and mainly those in employment. This targeted assistance was expected to have a large impact on income poverty rates, especially for children (Ministry of Social Development 2007).

Such policies are always contested. There is debate over the best policies to reduce inequalities. Are targeted measures such as WFF or universal programmes encompassing all citizens the most efficient? A study of welfare systems in industrialised countries has shown that universal, as opposed to targeted, programmes were more efficient at reducing poverty and income inequalities (Whitehead 2007). In this paper we examine data from the New Zealand Values Survey 2005 (part of a wider World Values Survey on social, cultural and political values in over 80 countries) in order to find out how New Zealanders felt about poverty and reducing inequalities, through their responses to questions about social problems, government spending and social justice.

# THE NEW ZEALAND VALUES SURVEY

## Design

The New Zealand Values Survey data were collected by a computer-assisted telephone interviewing (CATI) system from New Zealanders aged 18 years and over, living in private residential dwellings with a connected landline telephone, including households with both listed and unlisted numbers. Respondents were asked a large number of questions, including their views on families, communities and society, the role of the government, taxation, the economy, the environment and social justice. Due to the large size of the questionnaire it was split into two versions. The two versions included some overlap in important questions but mostly contained unique question items. The two questionnaire survey sample sizes were  $n = 1226$  and  $n = 1272$ . Data collection took place from 9 December 2004 to 24 March 2005.

## Sampling

For each sample, telephone numbers were initially selected using random-digit dialling. Using randomly generated phone numbers has the advantage of including both listed and unlisted numbers so as to gain greater coverage than using non-randomly generated listed telephone numbers. Phone numbers in each sample were distributed in proportion to the usually resident population across 33 area strata which, when combined, cover the whole country. Each number was called at least 10 times at different times and days of the week, or until contact was made.

## Respondent Selection

The number of eligible people living in each household was established and listed so that the data collection software could select one respondent at random. Each eligible person within a household was thus given an equal chance of being selected. A proportion of households containing only one person were excluded, with a fixed probability of 0.5 to reduce the design effect.

## Response Rate

The response rate is the number of completed interviews as a proportion of the number of telephone numbers dialled that would or did produce an eligible participant. The response rate for both surveys was 51%.

The reliability of the findings from a survey depends on the response rate achieved, and decreasing survey response rates are a growing concern in research globally (Kypri et al. 2004). Decreased response rates may result in biased prevalence estimates due to systematic non-response. However, there is international evidence to suggest that the response rates currently achieved do not affect the representativeness or the validity of survey results that measure attitudes and values (Keeter et al. 2000).

## Data Fusion

As noted above, two versions of the questionnaire were used. These had a few selected questions in common, but most of the substantive questions only appeared in one version.

Data from the variables unique to each version were fused onto the other half-sample, creating a synthetic data set with complete data for all questions.

Data fusion (Gilula et al. 2004, Kamakura and Wedel 1997) was conducted using an unconstrained nearest neighbour matching algorithm, based on a weighted city-block distance, with penalties applied iteratively to minimise heavy donor usage. Weights for the matching variables were roughly proportional to their predictive power, based on classification trees for most of the unique variables. Specifically, the total size of all nodes split by each common variable was taken as the measure of their predictive power.

Calculating weighted means, proportions and other statistics from the fused data set is straightforward. However, standard software for analysing complex surveys will underestimate the variability of the results. This has been adjusted for here by increasing the estimated variances by a factor of 1.2848, which accounts for the increased effective weight applied to each respondent due to its use as a donor in the fusion process.

### Analysis

Various individual question items describing views on poverty, inequality and social justice were analysed for this article. These included questions about perceptions of levels of poverty, why people were poor and if it was possible for them to escape poverty, areas of government responsibility, areas where government should or should not increase spending on social services, what respondents were prepared to pay increased taxes for, and views on collective versus individual responsibility.

Important aspects of the sample design and weighting procedures were accounted for using the SUDAAN software package (Research Triangle Institute 2004). SUDAAN procedures, Descript and Rlogistic, were called from within SAS 8.2 to calculate the mean proportion of respondents who answered the question items analysed from the survey.

## RESULTS

### Proportion of People in Need

Fifty-five per cent of respondents thought there were more people living in need than 10 years ago; 24% thought it was the same and 21% thought there were fewer. The youngest group of respondents (18–24 years) were more likely to believe the proportion of people living in need was smaller, compared to older people aged 45–54 and those over 65.

### Causes of Poverty

When asked whether people were living in need because of “laziness”, “lack of will power” or because “society treats them unfairly”, 60% of respondents considered people were poor because of laziness and lack of will power. There was no overall significant difference between the age groups, although tertiary-educated respondents were more likely to state that people were poor because society treated them unfairly than those with no formal schooling or secondary education (but not those who only had primary school education). When interpreting these results, it is important to note that a relatively significant proportion of respondents were uncertain about how to respond to these two questions compared to other questions in the survey. Seven per cent stated they did not know how many people were

living in need, 8% stated they did not know why people lived in need and 6% refused to answer the latter question.

### Possibility of Change?

More than three-quarters of respondents (77%) thought most poor people have “a chance of escaping their poverty” while only 20% believed there was very little chance of escape. Only 2% of respondents gave a “don’t know” answer and 1% refused to answer the question.

### Government Responsibility

Forty-three per cent of respondents considered government assistance to people in need was “about right”, a third (34%) that it was “too little”, while almost a quarter (23%) thought the government was doing “too much”.

In a question about the responsibilities of central government, more than 80% of respondents thought it should be, or probably should be, the government’s role to guarantee a decent standard of living for the old (97%), provide housing (90%) and control prices (83%); 79% thought it was the government’s responsibility to provide jobs, and 62% thought it was the government’s responsibility to reduce income differences between rich and poor.

### Government Spending

The majority of respondents thought the government should increase to “some extent”, or “greatly increase”, spending on health services (87%), education (87%), pensions (66%), job training and assistance for the unemployed (65%) and assistance for people on lower incomes (53%). When it came to government spending on the Domestic Purposes Benefit, however, a majority of respondents thought benefit levels should remain the same (55%), with 24% stating they should be “increased” or “greatly increased” and 22% stating they should be “cut” or “greatly cut”. Similarly, in terms of assistance for new migrants, 53% felt the spending level should remain the same and 26% thought it should be “cut” or “greatly cut”.

### Willingness to Pay More Taxes

In a separate question, respondents were asked if they would be prepared to pay higher taxes for specific items. A majority said they would pay higher taxes for better health services (82%), a higher standard of living for the elderly (75%) and to assist disabled people to live better (also 75%). However, a majority were not in favour of paying increased taxes either for subsidised mortgages or government-owned housing for those who could not afford it (55%), or for reducing student debt (65%).

### Valuing the New Zealand lifestyle

In terms of why people chose to live in New Zealand, a good public health system (63% “very important” and 33% “important”) and good public education for children (66% “very important” and 27% “important”) topped the list, along with a high-quality natural environment, a good balance between work and home life and low crime rates. Of those committed to living in New Zealand, low poverty was also “important” or “very important” for 80% and high employment for 83%.

## Individual versus Collective Responsibility

In terms of where New Zealanders placed themselves on a 1–10-point continuum between “incomes should be more equal” and “we need larger income differentials as incentives for individual effort”, the overall average score across all ages was 5.5. This means New Zealanders on average were fairly equally divided between believing there should be greater income equality and believing there should be greater income inequality. When it came to a 1–10-point continuum between “the government should take responsibility to make sure everyone is provided for” and “people should take more responsibility to provide for themselves” the overall score across all ages was 6.5, showing slightly more leaning towards individual responsibility than collective responsibility.

## Redistributing Income?

In response to a question on whether government should redistribute income and wealth in favour of the less well off, 46% were either “strongly in favour” or “in favour”, with 24% either “against” or “strongly against”, while 30% were neutral.

## DISCUSSION

What are the implications of these findings? Is there a mandate for the kinds of policies that would reduce socio-economic inequalities in order to improve population health and wellbeing? How could this be achieved? As Whitehead states, “When decisions are taken that something must be done about a problem, the nature of the proposed action will depend on prevailing notions of what is causing the problem” (Whitehead 2007:473).

The results show there is a majority perception that poverty has increased in the past decade and that, as *New Zealand Herald* economics editor Brian Fallow has commented, “The Poor get poorer and poorer” (Fallow 2007:Business 2). However, a clear majority of those surveyed prefer to blame the poor for their position and believe they can get out of poverty if they try, rather than blaming underlying structural inequalities. Nonetheless, when asked about particular policy options, most respondents were clearly committed to increasing universal health and education spending, continuing to assist those in need such as the elderly and the disabled, and continuing to assist the unemployed into jobs. Although there was no clear mandate to actively decrease inequalities through redistributing income, only 24% of respondents were strongly opposed.

The reality of politics is that governments have a political agenda to stay in power. This means government policies must to some extent reflect electorate opinion, or the government must persuade the public that relatively unpopular policies are necessary, either by appealing to the public on the grounds of fairness and social justice or on the grounds of long-term self-interest. The arguments explored in this case are the cost effectiveness of spending money now on decreasing socio-economic inequalities in order to ensure better health and social outcomes, and thus in theory less drain on the economy in the future. Reducing inequalities is about fairness *and* self-interest (Woodward and Kawachi 2000).

There is a clear mandate for increasing spending on the universal provision of health services and education. These are important underpinnings to lessen social inequalities. Indeed, as Goodin and Le Grand (1987) and others have pointed out, policies that address the concerns of “not only the poor” are more likely to be effective, as well as politically sustainable. There

would also appear to be a clear mandate for adequate earnings-related benefits, at least for the “deserving” poor, such as the elderly and the disabled. Given that studies show universal programmes encompassing all citizens (with generous earnings-related benefits for those in need) appear to be more efficient at reducing poverty and tackling social inequalities than a minimal safety net and/or targeted programmes focusing exclusively on those at the bottom of the social scale (Whitehead 2007), this is positive in terms of support for government initiatives towards strategic investment in improving living conditions via more equitable distribution of public and private resources (Lynch et al. 2000).

A clear majority also believe that those who are unemployed should receive training and assistance to get jobs. Whether this is because of a belief that able-bodied people should not be allowed to languish on benefits (“[People] are poor because of laziness and lack of will power”), or because of an understanding of the advantages to the individual of being in employment, is unclear. Whatever the reasons, support and training for the unemployed to assist them into employment can be seen as an important measure, both in terms of access to better monetary resources and participation within the community. Given that these survey responses were given during an economic boom, it is possible that the expectations around the balance of responsibility for active labour market policies during an economic recession could have shifted.

Given the far-reaching effects on health and wellbeing of child poverty, and the fact that children living in sole-parent households are more likely than those in two-parent or other family households to be living in poverty (Ministry of Social Development 2007), it is significant that 55% of respondents thought Domestic Purposes Benefit levels should not be raised, while 22% felt they should be cut. The WFF package only partially covers children whose parents are not in paid employment, and while it is undoubtedly helping many struggling families, the package currently discriminates against these poorest children (St John 2007).

Overall the survey findings are consistent with the continuation of a strong safety net and government provision of social services to help those who are disadvantaged. However, the findings are ambiguous in terms of the government having a specific mandate for increased redistribution of resources to lessen the trend of the two decades to 2004 towards increasing inequalities. Less than half of respondents wanted a redistribution of wealth in favour of the less well off (although 30% were neutral, with only a quarter of respondents opposed). However, in a separate question, most people (62%) thought government *should* be responsible for reducing income differences. Living in a country with a low rate of poverty was also an important factor for 80% of those committed to living in New Zealand; and while there was a slight bias towards individual over collective responsibility, less than a quarter of respondents believed the Government was doing too much for people living in need.

In order to realise the aim of reducing inequalities to achieve more equitable outcomes the electorate will need to continue to support the idea that both individual agency *and* a focus on reducing structural socio-economic inequalities are important. On-going research monitoring the consequences of income inequalities for health, social outcomes and productivity is vital. Political decisions that are made about social investments will have significant intergenerational economic, social and health effects. The outcomes of this decade’s policies are important, not just for welfare recipients, but for New Zealand as a whole.

## REFERENCES

- Baker, M.A., N. McNicholas, N. Garrett, J. Jones, V. Stewart, N. Koberstein, et al. (2000) "Household crowding a major risk for meningococcal disease in Auckland children" *Pediatric Infectious Disease Journal*, 19:983–90.
- Blakely, T., J. Fawcett, J. Atkinson, M. Tobias and J. Cheung (2004) *Decades of Disparity II: Socioeconomic Mortality Trends in New Zealand 1981–1999*, Ministry of Health, Wellington.
- Blakely, T., M. Tobias, J. Atkinson, L.-C. Yeh and K. Huang (2007) *Tracking Disparity: Trends in Ethnic and Socioeconomic Inequalities in Mortality, 1981–2004*, Public Health Intelligence Occasional Bulletin 38, Ministry of Health, Wellington.
- Blakely T, M. Tobias and J. Atkinson (2008) "Inequalities in mortality during and after restructuring of the New Zealand economy: Repeated cohort studies" *British Medical Journal*, 336:371-375.
- Cheer, T., R. Kearns, L. Murphy (2002) "Housing policy, poverty and culture: Discounting decisions among Pacific peoples in Auckland, New Zealand" *Environment and Planning C: Government and Policy*, 20:497–516.
- Coggon, D., D.J.P. Barker, H. Inskip and G. Wield (1993) "Housing in early life and later mortality" *Journal of Epidemiology and Community Health*, 47:345–348.
- Collins, S. (2006) "Families no better off than 20 years on" *New Zealand Herald*, 25 November: News.
- Crampton, P., C. Salmond and F. Sutton (1997) "The NZDep91 Index of Deprivation" in *Socioeconomic Inequalities and Health*, Institute of Policy Studies, Wellington, pp.149-156.
- Crampton, P. (1998) "Measuring deprivation and socioeconomic status: Why and how?" *New Zealand Public Health Report*, 5(11/12):81–84.
- Dedman, D.J., D. Gunnell, G. Davey Smith and S. Frankel (2001) "Childhood housing conditions and later mortality in the Boyd-Orr Cohort" *Journal of Epidemiology and Community Health*, 55:10–15.
- Dew, K. A. and Kirkman (2002) *Sociology of Health in New Zealand*, Oxford University Press, Auckland.
- Dewilde, C. (2003) "A life-course perspective on social exclusion and poverty" *British Journal of Sociology*, 54:109–128.
- Ellaway, A., S. Macintyre and A. Kearns (2001) "Perceptions of place and health in socially contrasting neighbourhoods" *Urban Studies*, 38:2299–2316.
- Fallow, B. (2007) "Poor get poorer and poorer" *New Zealand Herald*, 26 July:Business 2.
- Galobardes, B., M. Shaw, D. Lawlor, J.W. Lynch and G. Davey Smith (2006a) "Indicators of socio-economic position (part 1)" *BMJ*, 60: 7–12.
- Galobardes, B., M. Shaw, D.A. Lawlor, J.W. Lynch and G. Davey Smith (2006b) "Indicators of socio-economic position (part 2)" *BMJ*, 60:95–101.
- Gilula, Z., R. McCulloch and P. Rossi (2004) "A direct approach to data fusion" *University of Chicago Graduate School of Business and Marketing Workshop for 4th October*, <http://gsbwww.uchicago.edu/kilts/research/workshop/WorkshopPapers/Rossi.pdf>
- Goodin, R.E. and J. Le Grand (1987) *Not Only the Poor: The Middle Classes and the Welfare State*, Allen and Unwin, London.
- Graham, H. (2000) *Understanding Health Inequalities*, Oxford University Press, Buckingham.
- Howden-Chapman, P. (1999) "Socioeconomic inequalities and health" in P. Davis and K. Dew (eds.) *Health and Society*, Oxford University Press, Melbourne.



- Howden-Chapman, P., T. Blakely, A.J. Blaiklock and C. Kiro (2002) "Closing the health gap" *New Zealand Medical Journal*, 113(1114):301–302.
- Howden-Chapman, P., A. Matheson, J. Crane, H. Viggers, M. Cunningham, T. Blakely, et al. (2007) "Effect of insulating existing houses on health equality: Cluster randomised study in the community" *BMJ* doi:10.1136/bmj.39070.573032.80.
- Howden-Chapman, P. and M. Tobias (2000) *Social Inequalities in Health: New Zealand 1999*, Ministry of Health, Wellington.
- Kamakura, W. and M. Wedel (1997) "Statistical data fusion for cross-tabulation" *Journal of Marketing Research*, 34:485–498.
- Kaplan, G.A., E.R. Pamuk, J.W. Lynch, R.D. Cohen and J.L. Balfour (1996) "Inequality and income mortality in the United States: Analysis of mortality and potential pathways" *BMJ*, 312:999–1003.
- Kawachi I. and B. Kennedy (1997) "Socioeconomic determinants of health: Health and social cohesion: why care about income inequality?" *BMJ*, 314:1037.
- Keeter, S., C. Miller, A. Kohut, R. Groves, S. Presser (2000) "Consequences of reducing nonresponse in a national telephone survey" *Public Opinion Quarterly*, 64:125–148.
- Kypri, K., S. Stephenson and J. Langley 2004 "Assessments of nonresponse bias in an internet survey of alcohol use" *Alcoholism: Clinical and Experimental Research*, 28:630–634.
- Lindstrom, M., J. Merlo and P.-O. Ostergren (2002) "Individual and neighbourhood determinants of social participation and social capital: A multilevel analysis of the city of Malmo, Sweden" *Social Science and Medicine*, 54:1779–1791.
- Lochner, K.A., I. Kawachi, R.T. Brennan and S.L. Buka (2003) "Social capital and neighbourhood mortality rates in Chicago" *Social Science and Medicine*, 56:1797–1805.
- Lynch, J.W., G. Davey Smith, G.A. Kaplan and J.S. House (2000) "Income inequality and mortality: Importance to health of individual income, psychosocial environment, or material conditions" *BMJ*, 320:1200–1204.
- McCulloch, A. (2001) "Social environments and health: Cross sectional national survey" *BMJ*, 323:208–209.
- Macintyre, S. (1997) "The Black Report and beyond: What are the issues?" *Social Science and Medicine*, 44: 723–745.
- Mackenbach, J.P., A.E. Kunst, A.E. Cavelaars, F. Groenhouf and J.J. Geurts, (1997) "Socioeconomic inequalities in morbidity and mortality in western Europe: The EU Working Group on Socioeconomic Inequalities in Health" *Lancet*, 349:1655–1659.
- McNicholas, A., D. Lennon and P. Crampton (2000) "Overcrowding and infectious diseases: When will we learn the lessons of our past?" *New Zealand Medical Journal*, 113:453–454.
- Ministry of Health (2000) *Reducing Inequalities in Health*, Ministry of Health, Wellington.
- Ministry of Social Development (2006) *New Zealand Living Standards Report 2004*, Ministry of Social Development, Wellington.
- Ministry of Social Development (2007) *Household Incomes in New Zealand: Trends in Indicators of Inequality and Hardship 1982–2004*, Ministry of Social Development, Wellington.
- Ministry of Social Development, D. Bromell and M. Hyland (2007) *Social Inclusion and Participation: A Guide for Policy and Planning*, Ministry of Social Development, Wellington.
- Osler, M., E. Prescott, M. Gronbaek, U. Christensen, P. Due and G. Engholm (2002) "Income inequality, individual income, and mortality in Danish adults: Analysis of pooled data from two cohort studies" *BMJ*, 324:13.

- Pearce, J. and D. Dorling (2006) "Increasing geographical inequalities in health in New Zealand, 1980–2001" *International Journal of Epidemiology*, 35:597–603.
- Perry, Bryan (2009) *Household Incomes in New Zealand: Trends in Indicators of Inequality and Hardship 1982 to 2008*, Ministry of Social Development, Wellington.
- Public Health Association of New Zealand (1992) *The Impact of Economic and Social Factors on Health*, Report prepared by the Public Health Association of New Zealand for the Department of Health, Public Health Association of New Zealand, Wellington.
- Regidor, E. (2004) "Measures of health inequalities: part 1" *Journal of Epidemiology and Community Health*, 58:858–861.
- Reidpath, D.D. (2003) "Love thy neighbour it's good for your health: A study of racial homogeneity, mortality and social cohesion in the United States" *Social Science and Medicine*, 57: 253–261.
- Research Triangle Institute (2004) *SUDAAN Instalation Guide Release 9.00. SAS 8-Callable Individual User Version*, Research Triangle International, North Carolina.
- Smith, G.D. (1996) "Income inequality and mortality: Why are they related?" *BMJ*, 312:987–988.
- St John, S. (2007) "Plight of most vulnerable unchanged by tax credits" *New Zealand Herald*, 13 April: News 13.
- Salmond, C. and P. Crampton (2002) *NZDep2001 Index of Deprivation*, Department of Public Health, Wellington School of Medicine, Wellington.
- Spoonley, P., R. Peace, A. Butcher, D. O'Neill (2005) "Social cohesion: A policy and indicator framework for assessing immigrant and host outcomes" *Social Policy Journal of New Zealand*, 24:85–110.
- Szreter, S. and M. Woolcock (2004) "Health by association?: Social capital, social theory, and the political economy of public health" *International Journal of Epidemiology*, 33:650–667.
- Tobias, M., T. Blakely, D. Matheson, K. Rasanathan and J. Atkinson (2009) "Changing trends in indigenous inequalities in mortality: Lessons from New Zealand" *International Journal of Epidemiology*, (advance access).
- Veenstra, G. (2002) "Social capital and health (plus wealth, income inequality and regional health governance" *Social Science and Medicine*, 34:849–868.
- Wadsworth, M. (1997) "Health inequalities in the life course perspective" *Social Science and Medicine*, 44:859–869.
- Waldegrave, C., P. King and R. Stephens (2004) "Changing housing policies, poverty and health" in P. Howden-Chapman and P. Carroll (eds.) *Housing and Health: Research, Policy and Innovation*, Steele Roberts, Wellington.
- Whitehead, M. (2007) "A typology of actions to tackle social inequalities in health" *Journal of Epidemiology and Community Health*, 61:473–478.
- Wilkinson, R.G. (1997a) "Commentary: Income inequality summarizes the health burden of individual relative deprivation" *BMJ*, 314:1727.
- Wilkinson, R.G. (1997b) "Socioeconomic determinants of health: Health inequalities: relative or absolute material standards?" *BMJ*, 314:591–594.
- Wilkinson, R.G. (1999) "Income inequality, social cohesion and health: Clarifying the theory: a reply to Mutaner and Lynch" *International Journal of Health Services*, 29:525–543.
- Woodward, A. and I. Kawachi (2000) "Why reduce health inequalities" *Journal of Epidemiology and Community Health*, 54:923–929.

# **PUBLIC HEALTH SYSTEM RESPONSIVENESS TO REFUGEE GROUPS IN NEW ZEALAND: ACTIVATION FROM THE BOTTOM UP**

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## **Abstract**

From 1987 onwards the New Zealand Government has offered resettlement places to the most vulnerable refugees in refugee camps. These include women at risk, those with medical conditions and disabilities, and those categorised by the United Nations High Commission for Refugees (UNHCR) as having “poor integration potential”; for instance, those who are pre-literate, women-led households with large numbers of children and long-stayers in refugee camps. The changes to refugee resettlement policy have significantly increased the number, dependency and cultural, religious and ethnic diversity of the refugees settled since 1992. However, while specifically prioritising refugees with high health and social needs, New Zealand has not yet developed the institutional means to include diverse ethnic groups in policy, strategy and service planning. This article looks at the role of public institutions in New Zealand, in this case the public health system, in the integration of refugees. The study shows that, for refugee groups, the health sector has developed responses to local needs and demands in highly specific health care settings that are often poorly resourced. Of interest in the study are the interactions between the health practitioners and provider organisations advocating for better services for refugee groups, and the institutional responses to the issues raised by health providers.

## **INTRODUCTION**

New Zealand does not bar any refugees or asylum seekers on the grounds of medical conditions or disabilities (UNHCR 1998:126). Quota refugees are New Zealand residents on arrival and have the same entitlements as all New Zealanders to publicly provided health and disability services, and to subsidised primary health care (Minister of Health 2003). However, for refugees, entitlement to health and disability services does not mean these services are being accessed. A study of health and disability services in the Auckland region, conducted between 2002 and 2006, shows that in practice access for refugee groups is limited and inequitable.

The findings of the qualitative field study indicate that the public health system needs to be “activated” (Penninx 2004) from the “top down” in order to provide accessible and equitable services for refugees, and for their first- and second-generation ethnic communities. The concept of activation is used in the sense that public institutions are important actors in the integration of refugee groups. Penninx’s (2004:4) theoretical perspective on the role of institutional “opportunity structures” provides a means of analysing refugee participation in

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the health system. In this view, public institutions determine the nature and quality of refugee integration through social, cultural, religious and linguistic accommodations.

The public institutions of receiving societies strongly determine the settlement outcomes for refugee groups by either promoting opportunities to participate, or limiting access and equal outcomes for refugee groups. The study draws on theoretical models of newcomer integration in order to promote the development of a more inclusive public health system for refugees. In health and related social policy, the issue of including refugee groups must take into consideration cultural and religious diversity on the one hand, and socio-economic inequality on the other.

## BACKGROUND

In 1987 the New Zealand Government undertook a comprehensive review of the Refugee Quota Programme and increased the number of refugees arriving to an annual quota of 750 places. The review authorised the Minister of Immigration to set numbers for specific high health and social needs categories within the quota (Department of Labour and New Zealand Immigration Service 1994). The review removed preferences for specific national, ethnic and religious groups. In the last two decades the refugee groups settled in New Zealand have come from Iran, Iraq, Afghanistan, Sri Lanka, Bosnia, Kosovo, Somalia, Eritrea, Ethiopia, the Sudan, Burma, Bhutan, Burundi, Rwanda, the Democratic Republic of Congo, Brazzaville, Sierra Leone, Zimbabwe, Palestine, Algeria and Colombia. The profile of refugees settled in New Zealand from 1987 has been characterised by ethnic, cultural and religious diversity, and by the number of complex health, disability and psycho-social cases requiring specialised intervention and management.

Approximately 1,500 refugees are settled in New Zealand every year, 60% of whom will reside in the Auckland region (New Zealand Immigration Service 2004:44). This number includes the annual quota of 750 refugees, family reunion members, and convention refugees (former asylum seekers). The Auckland District Health Board (ADHB) estimated in 2002 that a population of 40,000 people from refugee backgrounds was resident in the greater Auckland region (ADHB 2002b). While these are small numbers, refugee groups present cumulatively significant high-health-needs populations. Refugee groups demonstrate health disparities and a unique set of health needs in New Zealand health populations (Ministry of Health 2001, Solomon 1999). Poor health on arrival in New Zealand reflects the population health patterns of countries of origin; the refugee experience of trauma, flight and deprivation; the conditions in refugee camps; and little or no previous access to health care (Hamilton et al. 2001, Hobbs et al. 2002, McLeod and Reeve 2005, Ministry of Health 2001). In the longer term, the indications are that the same patterns of poor health that are occurring in other low socio-economic groups, particularly those of Pacific peoples, are being replicated in refugee groups, including diabetes, obesity, cardiovascular disease, poor mental health and oral health, and high smoking rates (Solomon 1997, 1999).

## METHODOLOGY

The study, which was undertaken between 2002 and 2006, used a qualitative research methodology. A critical social theoretical approach was taken to the interpretation of the data used in the study. The method of analysis used is critical hermeneutics. The study takes a multi-method approach, using historical and social policy analysis to set the structural context for the interpretation of data from participant interviews. A variety of empirical materials

informed the study, including the findings of quantitative and qualitative research studies, historical material, health and social policy, interviews, media analysis and personal observations.

### Study Participants

Because over 60% of the refugees settled in New Zealand are resident in the Auckland region, it was decided to focus this study on health and disability services in this region. During field work, 28 in-depth semi-structured interviews were conducted with service providers in community, primary and secondary health care sectors, in both governmental and non-governmental agencies. The services approached were either known to have significant numbers of clients from refugee backgrounds, or to be located in areas where refugee communities were settled. The services that participated in the study included: primary health, child and family health, public health, disability support services, mental health, women's health, HIV/AIDS services, drug and alcohol services, hearing and vision services, health promotion providers and not-for-profit community care agencies. Those interviewed included nurses, doctors, midwives, health educators and health promoters, nutritionists, social workers, community health workers, hearing/vision testers, reception staff and managers. In addition, three focus groups were held: two for those working in child health services and one for a health promotion service. The study received ethics approval in December 2002 from the Massey Human Ethics Committee, the Auckland Health and Disability Ethics Committee, and the Plunket Society Ethics Committee. (When participants are quoted in this paper, pseudonyms are used.)

### Data Analysis

The process of analysis used to interpret data in the study is called the "hermeneutical circle" (Kincheloe and McLaren 2005). The critical hermeneutic tradition holds that in qualitative research there is only interpretation. The hermeneutic act of interpretation involves making sense of what has been observed in a way that communicates understanding. In this, researchers seek the historical and social dynamics that shape textual interpretation and "engage in the back and forth of studying parts in relation to the whole and the whole in relation to parts" (Kincheloe and McLaren 2005:286–287).

Using constant comparative analysis, from the beginning transcripts of recorded interviews were compared and recurring concepts identified, which were then organised into themes and sub-themes. The processes of data collection (including interviews with health and disability service providers, and review of relevant literature and governmental policies and strategies) and data analysis occurred simultaneously. During data analysis, the macro-dynamics of the structural forces that were identified in the operation of the New Zealand public health system were connected to the micro-dynamics of the everyday interactions between health care workers and refugees.

## THE ROLE OF PUBLIC INSTITUTIONS IN THE INTEGRATION OF REFUGEE GROUPS

The successful integration of refugee groups as effective social, cultural and economic members of society in first and second generations depends on the availability of appropriate institutional structures and processes in their countries of settlement. The process of integration takes place not only at the level of the individual refugee in terms of gaining

employment, housing and education; accessing health care; and making social and cultural adaptations. It also takes place at the collective level of the refugee group. In this sense, refugee groups and their associations may also integrate; that is, they can become a potential partner in the provision of health services and programmes, and can mobilise communities to engage with health promotion and prevention campaigns. Penninx (2005:1) clearly defines the role of public institutions in the integration of immigrants as:

the process of becoming an accepted part of society. There are two parties involved in integration processes: the immigrants, with their particular characteristics, efforts and adaptation and the receiving society with its reactions to newcomers. The interaction between the two determines the direction and the ultimate outcome of the integration process. They are, however, unequal partners. The receiving society, its institutions, structures and the ways it reacts to newcomers is much more decisive for the outcome of the process.

The sociological concept of an institution is “a standardized, structured and common way of acting in a socio-cultural setting” (Penninx 2004:13). The functioning of the public institutions of receiving societies, such as public health systems, is supposed to serve all citizens equally. However, public institutions may hinder access or equal outcomes for refugee groups and their descendants in two ways. First, they may partially exclude refugee groups; for example, their health and welfare systems may offer unequal or restricted access to services (Penninx 2004). Second, even if access for all residents is in principle guaranteed, such institutions may in practice hinder access and/or equal outcomes for refugee groups; for instance, by not offering interpreting services. This may occur because of the institution’s historically and culturally determined ways of operating, or by not taking into account the specific cultural, linguistic and psycho-social characteristics of refugee groups. The functioning of public institutions and their ability to make cultural and linguistic accommodations is instrumental for refugee integration. Institutional arrangements will also determine, to a great extent, the opportunities and scope for action for non-governmental organisations, including refugee organisations. Institutions, such as the public health system, and organisations together create the structure of opportunities and limitations for individual refugees and their ethnic communities.

## RESPONSIVENESS IN THE NEW ZEALAND PUBLIC HEALTH SYSTEM

The following sections of this paper summarise the findings of the study. The results are grouped into three levels of responsiveness in the public health system:

- responsiveness at a national level
- responsiveness at a regional level
- responsiveness at a local level.

### Responsiveness at a National Level

In New Zealand at an institutional level there is ambiguity and ambivalence surrounding the inclusion of refugees and their ethnic groups as health populations into the public health system. At the “top-down” level the health system has been largely unresponsive to refugee groups and their ethnic communities. In the study there were few signs that health planners and strategists at a national level are attempting to grapple structurally with the disparities in the health and social status of refugee groups. The national policy environment gives inconsistent directions on the inclusion of refugee groups (ADHB 2002b), and the study revealed the tension between national and local strategic health goals. In the next section this

tension is demonstrated when District Health Board health needs analysis for the populations in its region identified substantial unmet health need in refugee groups. The District Health Board's ability to act was limited because refugee groups were not recognised as a priority group in national health policy and reducing inequalities strategies, or in a population-based funding formula.

### Responsiveness at a Regional Level

Significantly, there is evidence of strategic responses to refugee groups from District Health Boards. District Health Boards are required to conduct health needs assessments for their local populations. For example, the ADHB identified the following issues for the refugee groups in their *Strategic Plan 2005–2010* (ADHB 2005:35–36).

- There is a lack of comprehensive demographic data on migrants and refugees. There is limited knowledge of health status and current and future needs. There is a lack of data to identify where these communities live.
- The health needs of migrants and refugees are not recognised in national policy and health strategies. The absence of long-term planning between Ministries at the policy level fragments approaches.
- There are few dedicated resources to meet projected increases in the migrant and refugee populations. Available services are not well linked across Auckland between DHBs, PHOs, public health efforts, other government agencies and non-government organisations.
- Many refugees and migrants have major and multiple health issues and very high health needs. There is limited planning for long-term management of migrants with disabilities, chronic conditions and high and complex health needs. These issues particularly affect people who have had a refugee experience.
- Although the Auckland DHB provider arm provides interpreters for over 155 different languages, there is little or no access to interpreter services within primary health care or other health and support services provided outside the Auckland DHB arm.
- Non-English speaking migrants and refugees have limited access to, and knowledge of, primary health services, including disability and mental health services in the community.
- There is little information about services and how to access them written in people's own languages. There is limited access to written health promotion and prevention materials.
- Health professionals have limited knowledge and skills to provide culturally relevant care for some migrant and refugee groups. There are significant mental health issues within the refugee and migrant communities.

The ADHB had limited capacity to address these identified health needs because there were no national policy frameworks, resources or funding available for refugee groups.

### Responsiveness at a Local Level

This section demonstrates at a service level the tensions between national- and local-level responsiveness to refugee groups. Refugees and their ethnic groups are systemically overlooked in health policy, ethnicity data collection systems, population-based funding formulas, health research and reducing inequalities strategies. The following examples demonstrate the impacts on service providers and their refugee client groups.

Hauora o Puketapapa or Roskill Union and Community Health Centre (HoP/Roskill) is a general practice in central Auckland, established in 2002, which was chosen through a process of identifying population groups that were medically under-served (Lawrence and Kearns 2005). When HoP/Roskill was established, an analysis of the most recent data indicated that the Mt Roskill area had significantly fewer general practices available per head of population compared to other Auckland suburbs. The analysis showed that the population comprised Europeans/Pākehā (38.2%), Pacific peoples (25.9%), Asian groups (18.6%), Māori (11.2%) and Others (6.1%) (Exeter et al. 1999). The “Others” comprised refugee families from Afghanistan, Ethiopia, Iran, Iraq and Somalia, who had been settled in the area since 1992, and who had not been recorded in health or demographic studies as anything other than “Other”. In 2003, 46% of HoP/Roskill’s enrolled population were from refugee backgrounds (Lawrence and Kearns 2005). When interviewed, a practice nurse working at HoP/Roskill stated that when the health centre started they were not prepared for refugee families. They were expecting to see:

“completely different demographics and it wasn’t until a few months later that we realised [that a significant proportion of the clients were refugees] and we didn’t have the resources, any knowledge ... cultural, the whole thing.” (Jane)

The health service was funded on a fixed capitation rate based on standard consultation times of 15 minutes. A significant proportion of the case load was non-English speaking, the practice was not funded for interpreters, and many client consultations involved complex health and psychosocial issues. The manager of the service at the time stated that funding levels were in no way adequate to cover the costs of providing primary health care for refugees and asylum seekers. National population-based funding formulas, which do not prioritise refugee groups, had presented financial constraints on the level of service that could be provided. The manager of the service stated that:

“Within the PHO formula, there is no acknowledgment of the high needs of migrant, refugee populations, other than on a deprivation basis, so if they happened to live in the right [low decile] street, they get the money, if they happened to live in the next street across, which is not [low] decile ... they miss out on any specific funding load, based on deprivation. It is a huge issue.” (Kate)

In another example, in 2000 the Plunket Society was given additional funding to improve child health in high-need areas of the Auckland region. One area chosen on the basis of the New Zealand Deprivation Index (NZDep) was Owairaka (a suburb in Mt Albert). Again, the area is home to high numbers of Somali, Ethiopian, Afghan and other families from refugee backgrounds. The Plunket nurses in the area described setting up Whanau Awhina, a project for more intensive care for families in areas of poverty. The socio-demographic data used as the basis for allocating the additional child health funding was the NZDep96 (Salmond et al. 1998), which indicated that areas such as Mt Roskill, Owairaka and Avondale are areas of poverty. However, the data did not reveal that many of the families were from refugee backgrounds. Plunket subsequently adapted the project to work more intensively with refugee families in the area. Although services such as Plunket had specific funding for high-needs families, nurses’ workloads were calculated nationally on the average time needed for appointments with English-speaking clients. For Plunket nurses working in areas such as Owairaka and Mt Roskill, this meant unmanageable case loads because a high proportion of clients were non-English-speaking:



“We have got this target each day of seeing six or seven core contacts a day. In my area I only have 20 per cent European, so it takes me an hour at most people’s houses if I am going to make a difference. I can’t maintain that rate.” (Lisa-May)

Plunket service managers said that when negotiating contracts with national funders, attempts to gain recognition for the additional costs of services for refugee groups were rejected. The experience was that:

“being funded nationally ... there are no considerations given to the fact of where the nurses work, what they have to deal with here, so it does make it difficult. It puts extra stress on staff.” (Sue)

Organisations described being caught in a double bind of having to either ignore the additional needs of refugee groups, or to provide services without the funding to do so. This situation was summarised by a service manager, who said:

“I have some very good staff who are very committed and would like to be giving extra time [to refugee families], but you are caught in this Catch-22 situation really [between front-line staff and] ... the Ministry of Health who fund us and also people wanting us to meet targets.” (Sue)

## LOCAL SIGNS OF ACTIVATION

The research did discover that at the local level of service provision there were signs of “activation” (Penninx 2004:4); i.e. approaches that had been developed by health practitioners to improve the quality and accessibility of services to refugee groups. The examples that follow are the result of the “bottom-up” efforts of the front-line staff in services located in areas where there were sizeable refugee populations.

### Health Promotion

A programme that did recognise the specific needs of refugee groups nationally was the Ministry of Health-funded New Zealand HIV/AIDS Refugee Health Education Programme (RHEP), started in 2002 (Worth et al. 2003). By the end of 2002, 134 people of African ethnicities had been diagnosed with HIV, representing 22% of all new HIV diagnoses since 1996 (Mills et al. 2002). The project resulted from considerable lobbying from front-line staff, including infectious disease physicians, HIV/AIDS service providers, researchers, academics and non-government organisations. The Refugee Health Education Programme provides culturally appropriate HIV/AIDS, safer sex health promotion activities, trained health educators from refugee communities, and community support networks for refugees with HIV/AIDS. The programme works as a collaboration between communities, community leaders, elders, religious leaders, and the HIV/AIDS community educators employed by the New Zealand AIDS Foundation, who are from diverse African backgrounds.

In other national health promotion strategies, such as Healthy Eating – Healthy Action (Ministry of Health 2003), refugee groups were not included as priority populations. The nutritionists interviewed in the study had conducted their own needs analysis with Muslim, African and Middle Eastern communities, undertaken literature reviews and community consultations, and developed resources in Arabic, Farsi and African languages, because in their words, “You had to start somewhere” (Rose).

The adaptation of health promotion resources had required more than a simple translation of messages, such as “eat more fruit and vegetables”. To be meaningful to the African and Middle Eastern groups, resources needed to recognise traditional diets and cultural and religious requirements, such as halal dietary guidelines. For Muslim, Middle Eastern and African groups who are at risk of Vitamin D deficiency, the national SunSmart campaign gave the wrong messages (Wishart et al. 2007). As a nutritionist explained, keeping out of the sun:

“is the message you would give to the mainstream population. The message, if you look at all the risk factors [for African peoples], the dark skin, the anaemia, the iron deficiency, probably been breastfed by a mother who is vitamin D deficient, the need instead [is] for exposure to sunshine.” (Rose)

The nutritionist had produced Vitamin D fact sheets in Arabic, Farsi and Somali and had promoted the recognition and treatment of Vitamin D deficiency in general practice in the Auckland region.

### Mental Health Services

In the study, the refugee-focused services that were occurring provided important models but were characteristically short-term, small-scale, stand-alone pilots. These services had been developed because agencies had identified gaps and advocated for the funding of targeted projects. One example was On TRACC, a trans-cultural care service for children and young people from refugee backgrounds who have high and complex needs. On TRACC was an intersectoral mental health, educational and social service, which started in central Auckland in 2003. The project was funded by the national High and Complex Needs Unit (High and Complex Needs Unit 2005). The service brought together the Kari Centre (ADHB Child, Adolescent and Family Mental Health Service), Central Auckland Special Education Services and Royal Oak Child Youth and Family services, to provide a co-ordinated and culturally appropriate service for refugee children with severe behaviours, mental health and/or care and protection needs (Manchester 2004, Shaw et al. 2005). There had been significant barriers to refugee families accessing these services prior to the establishment of the service because, in the words of the manager of the service (Shaw et al. 2005: 25):

“The refugee population typically does not fit neatly into one category of referral and their needs spread across a number of services. This can be both challenging for the workers and confusing for the refugees, who have often come from cultures where there is no ‘service’.”

The pilot scheme developed effective service delivery practices for working with families and provided workforce development programmes in health, education and social service sectors in the Auckland region. On TRACC had been a finalist in 2006 for the New Zealand Health Innovation Awards, where it was reported that refugee children with problems were now benefiting from an integrated trans-cultural service in Auckland (Ministry of Health and Accident Compensation Commission 2006). An evaluation of the service showed that the benefits for children referred to the service included improved mental health, improved participation and achievement in education, and more appropriate management of the care and protection issues for children in refugee families. The pilot had improved the responsiveness of the participating government agencies to refugee groups. However, funding for the pilot was discontinued in September 2006 and the service was closed.

A sustainable example of the inclusion of refugee populations in mental health service provision was the setting up in 2004 of the Transcultural Mental Health Team to resource the ADHB Community Mental Health Centres (ADHB 2004). The service is for adult clients from refugee or migrant backgrounds who have a mental illness and significant trans-cultural issues that affect their ability to access or participate in clinical mental health services. Members of the Transcultural Mental Health Team are skilled in working with clients from culturally diverse backgrounds, and act as consultants to clinical staff within the Community Mental Health Centre teams in the ADHB.

### Community-based Health Services

Community-based health services have a key role in reaching refugee families. Refugee women readily accepted:

“a service that meets them in their own home ... and listens to them ... we don't have any trouble being accepted, being European or whatever.” (Sue)

Many women for a number of reasons were unwilling or unable to visit community-based clinics. The way to ensure that these families were linked to child health services was to visit them in their homes, as explained by this health worker:

“I never ever get them to [come to the] clinic because I know that they are never going to come ... there are some out there that will, but the majority of my Afghani and Pakistani families, I home visit permanently because I have to see them, so I might as well see them in their own home where they are comfortable.” (Lisa-May)

Plunket nurses in mobile caravans in the Auckland region had successfully used a “door-to-door” approach to access refugee families. In some areas where there were large numbers of new arrivals, nurses and community health workers would target a whole street:

What she would do is go out first and do a leaflet drop into absolutely every house in that street, saying exactly when she was going to come back and then she would go back in and then working with the health workers they go and knock on the doors. Once things become established they start becoming like a little clinic ... people will come in for all sorts of problems and queries and ... sick children and everything, they just present. Very, very labour intensive and hard to get the “numbers”, but often the cases are quite complex, we have a range of scenarios from housing to abuse to poor nutrition and unimmunised children, so that would be across the spectrum of cultures. (Sue)

Public health nursing services in schools were also an important means of providing health care for refugee children. Families who were newly arrived, particularly family reunion members:

“don't know where to go and ... fortunately the links within school will pick things up and know to refer to us ... so we can help enable them to get those services ... children needed glasses so I was able to access some glasses from the system, because they don't know.” (Sue)

In other examples community health services had recognised the value of employing people from refugee backgrounds to provide support for refugee families. For example, the ADHB (2002a) Community Child Health and Disability Service had employed refugee community health workers to specifically address the needs of the refugee families referred to them. The services included early childhood, child development, child and youth, nutrition, social work

and child disability care teams. Staff in the service reported significant improvements in the acceptability of the service to refugee families:

“I think it has made a huge difference ... [refugee] communities are much more willing to be honest and open [because] someone has been working that is one of them, been there, done that and really knows how it feels ... It has been good.” (Jill)

However, such examples were characteristically discrete, service-led initiatives in specific health settings.

### Cultural Diversity Training

Waitemata District Health Board alone had recognised the need for cultural diversity training and as an “organisation has made a huge commitment to ... diversity training ... We all have to go, all managers have to attend” (Mary 1). In total, there were very few health programmes in the Auckland region targeted at refugee groups. Those that had been developed were generally one-off, short-term or pilot projects. Significantly, what the study did show was the sustained local efforts by front-line practitioners to “activate” the health sector. However, the service-led developments were not necessarily integrated into service planning at the regional District Health Board level, and were almost entirely neglected at the national health and disability policy and strategy level.

### CONCLUSION

The study revealed that at a local level there are some signs of activation in the health sector, but that overall the “opportunity structures” in the public health system are restricted. The services that were available to refugees had developed in response to health providers identifying health needs and initiating specific projects to address these locally. Many such projects had been funded through voluntary fundraising, charitable grants, or out of baseline health agency budgets. These activities are significant because they signal potential openings in the health structure for accommodating refugee groups and their ethnic communities. However, what is required to achieve a more responsive public health system are national changes to the ethnicity classification system used in health, an overarching framework for addressing cultural diversity, and the instruments and resources (such as policy and funding formulas) that recognise high needs in refugee groups.

### REFERENCES

- ADHB (2002a) *Refugee Community Workers*, Community Child Health and Disability Team, Auckland District Health Board, Auckland, [www.refugeehealth.govt.nz](http://www.refugeehealth.govt.nz) [accessed 16/10/04].
- ADHB (2002b) *The Strategic Plan for Auckland District Health Board 2002–2007*, Auckland District Health Board, Auckland.
- ADHB (2004) *Terms of Reference: Community Mental Health Services, Transcultural Service*, Community Mental Health Services, Auckland District Health Board, Auckland, [www.refugeehealth.govt.nz](http://www.refugeehealth.govt.nz) [accessed 16/10/04].
- ADHB (2005) *Auckland District Health Board Strategic Plan 2005–2010*, consultation document, Auckland District Health Board, Auckland
- Department of Labour, New Zealand Immigration Service (1994) *Refugee Women: The New Zealand Refugee Quota Programme*, Department of Labour, Wellington.

- Exeter, D., D. Collins and R. Kearns (1999) *Identifying Potential Clinic Sites in Auckland for New HCA-affiliated Clinics*, Department of Geography, University of Auckland, Auckland.
- Hamilton, R.J., A. Anderson, K. Frater-Mathieson, S. Loewen and D.W. Moore (2001) *Interventions for Refugee Children in New Zealand Schools: Models, Methods, and Best Practice*, Research Centre for Interventions in Teaching and Learning (RCITL), University of Auckland, Auckland, [www.minedu.govt.nz](http://www.minedu.govt.nz) [accessed 16/11/02].
- High and Complex Needs Unit (2005) *Intersectoral Strategy for Children and Young People with High and Complex Needs*, High and Complex Needs Unit, Wellington, [www.hcn.govt.nz/](http://www.hcn.govt.nz/) [accessed 22/8/05].
- Hobbs, M., C. Moor, T. Wansbrough and L. Calder (2002) "The health status of asylum seekers screened by Auckland Public Health in 1999 and 2000" *New Zealand Medical Journal*, 115(1160).
- Kincheloe, J.L. and P.L. McLaren (2005) "Rethinking critical theory and qualitative research" in N.K. Denzin and Y.S. Lincoln (eds.) *Handbook of Qualitative Research* (pp. 303–343), Sage Publications, Thousand Oaks, California.
- Lawrence, J. & R. Kearns (2005) "Exploring the 'fit' between people and providers: refugee health needs and health care services in Mt Roskill, Auckland, New Zealand" *Health and Social Care in the Community*, 13(5):451–461.
- Manchester, A. (2004) "Many refugee children face major mental health problems" *Kai Tiaki, Nursing New Zealand*, September:24.
- McLeod, A. & M. Reeve (2005) "The health status of quota refugees screened by New Zealand's Auckland Public Health Service between 1995 and 2000" *New Zealand Medical Journal*, 118(1224), [www.nzma.org.nz/journal/118-1224/1702](http://www.nzma.org.nz/journal/118-1224/1702) [accessed 28/10/05].
- Mills, G., A-M.Yardley, M. Thomas, T. Blackmore, A. Pithie, B. Schroeder, et al. (2002) "New Zealand's HIV infected population under active follow-up during 2000" *New Zealand Medical Journal*, 115(1152):173–176.
- Minister of Health (2003) *2003 Direction of the Minister of Health Relating to Eligibility for Publicly Funded Personal Health and Disability Services in New Zealand*, Ministry of Health, Wellington, [www.moh.govt.nz](http://www.moh.govt.nz) [accessed 24/3/03].
- Ministry of Health (2001) *Refugee Health Care: A Handbook for Health Professionals*, Ministry of Health, Wellington, [www.moh.govt.nz](http://www.moh.govt.nz) [accessed 24/3/01].
- Ministry of Health (2003) *Healthy Eating – Healthy Action: Oranga Kai – Oranga Pumau: A Strategic Framework*, Ministry of Health, Wellington [www.moh.govt.nz/healthyeatinghealthyaction](http://www.moh.govt.nz/healthyeatinghealthyaction) [accessed 20/6/03].
- Ministry of Health and Accident Compensation Corporation (2006) *On TRACC – Transcultural and Intersectoral Care Centre*, Ministry of Health and Accident Compensation Corporation, Wellington, [www.healthinnovationawards.co.nz](http://www.healthinnovationawards.co.nz) [accessed 26/8/08].
- Mortensen, A.C. (2008) *Refugees as "Others": Social and Cultural Citizenship Rights for Refugees in New Zealand Health Services*, PhD thesis, Massey University, Albany, New Zealand.
- New Zealand Immigration Service (NZIS) (2004) *Refugee Voices: A Journey Towards Resettlement*, Department of Labour, Wellington [accessed 3/9/04]
- Penninx, R. (2004) *Integration of Migrants: Economic, Social, Cultural and Political Dimensions*, Background paper for the UNECE conference 12–14 January 2004, European Population Forum, Geneva, [www.international.metropolis.net](http://www.international.metropolis.net) [accessed 10/2/06].

- Penninx, R. (2005) "Introduction" *UNESCO–MOST Multicultural Policies and Modes of Citizenship in European Cities (MPMC) Project*, Institute for Migration and Ethnic Studies, [www.international.metropolis.net](http://www.international.metropolis.net) [accessed 25/5/05].
- Salmond, C., P. Crampton and F. Sutton (1998) *NZDep 96 Index of Deprivation*, Research Report No. 8, Health Services Research Centre, Wellington.
- Shaw, P., J. Henderson and K. Fielding (2005) "The story so far", *Social Work Now*, 31:24–27, [www.cyf.govt.nz/documents/swn31.pdf](http://www.cyf.govt.nz/documents/swn31.pdf) [accessed 22/8/05].
- Solomon, N. (1997) *The Cost of Health Services for Refugees and Asylum-Seekers: A Comprehensive Report*, A report commissioned by North Health, a division of the Transitional Health Authority, Hygeia Health Services Consultancy, Auckland.
- Solomon, N. (1999) *Refugees and Asylum Seekers in New Zealand: Directions for Public Health*, A report commissioned by the Public Health Operating Group of the Northern Regional Health Authority, Hygeia Health Services, Auckland.
- United Nations High Commissioner for Refugees (1998) *UNHCR Resettlement Handbook (Revised)*, Resettlement Section (HQRS00), Division of International Protection UNHCR Headquarters, Geneva.
- United Nations High Commissioner for Refugees (2002) *UNHCR Resettlement Handbook (Revised) New Zealand Country Chapter* (pp. 1–14), Resettlement Section (HQRS00), Division of International Protection, UNHCR Headquarters, Geneva.
- Wishart, H.D., A.M.F. Reeve and C.C. Grant (2007) "Vitamin D deficiency in a multinational refugee population" *Internal Medicine Journal*, 37(12):792–797.
- Worth, H., N. Denholm and J. Bannister (2003) "HIV and the African Refugee Education Programme in New Zealand" *AIDS Education and Prevention: An Interdisciplinary Journal*, 15(4): 346–356.

# **FAMILY FUNCTIONING IN FAMILIES WITH ALCOHOL AND OTHER DRUG ADDICTION**

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## **Abstract**

Alcohol and other drug addiction, a societal problem that is steadily growing, contributes to the destruction of families and communities. Research has identified a strong connection between disrupted family relationships and alcohol and other drug addiction. Individual in-depth interviews were undertaken with 12 participants who were residents and ex-residents in the Higher Ground Alcohol and Drug Rehabilitation Trust, Auckland, New Zealand. These interviews were analysed using a qualitative framework. The findings are discussed in the context of a broad range of academic research on addiction and its effects on families. The results show that the majority of participants had experienced painful and traumatic childhoods in their families of origin, which contributed to their subsequent addictive behaviour and which they felt had affected their current familial relationships. All participants and their families had suffered from various forms of family disruption, such as loss of custody of their children, loss of employment, marital breakdown, physical and psychological abuse, depression and ill health. Some participants had also committed drug-related crimes and experienced accidents as a result of their addictions, which also affected their relationships with their families.

## **INTRODUCTION**

Alcohol and other drug misuse is an increasing social problem that contributes to the destruction of individuals, families and communities (see Rossow 2001, Vetere and Henley 2001). National statistics in the United States show that between 18,000 and 19,000 automobile fatalities each year can be traced to alcohol consumption (Brake 1994), and a disproportionate number of deaths from drowning, fires, violent crimes, and suicides are alcohol-related (Brake 1994, Rivers 1994). It is estimated that there are about 1 million heroin addicts and about 2.4 million crack and cocaine addicts in the United States (Holloway 1991).

Substance abuse results in enormous costs to the abuser, his or her family and the community. With respect to the New Zealand situation, the social costs of alcohol misuse have been estimated as being between \$1.5 billion and \$2.4 billion annually. This estimate includes direct costs such as hospital expenses, accident compensation payments and justice system costs. Indirect costs include lost production resulting from premature death and illness, lost working efficiency and excess unemployment (ALAC and Ministry of Health 2001). Jones and his colleagues (1995) estimated that alcohol-related lost productivity among the working population of New Zealand amounted to \$57 million per year. Each year between 7,000 and 22,000 alcohol-affected patients are treated at each of the country's three

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busiest emergency units – Auckland City, Middlemore and Christchurch hospitals. Hospital emergency departments estimate that 10 to 30% of their work is alcohol related.<sup>2</sup>

According to Rutter (2002), the pathway to drug misuse is complex and determined by multiple biological, psychological, cultural and environmental protective and risk factors that interact with each other and change over time, from conception to adulthood. One of the most popular theories of alcoholism, and addiction in general, has been termed the disease model.<sup>3</sup> This conceives of alcoholism and other drug addiction as a progressive and predictable disease (Chan 2003). However, according to Chan, over time a fundamental transformation has taken place whereby the focus on the individual as the identified person with the addiction continued, but the family began to be seen as either being the cause of alcoholism or as partly responsible for its maintenance. A large body of research suggests that family members often play an important role in the lives of those who abuse alcohol and other drugs (see Berry and Sellman 2001, Blum 1972, Coyer 2001, Kaufman 1985, O'Farrell and Fals-Stewart 1999, Rossow 2001, Stanton 1985, Velleman 1992, Velleman et al. 2005, Vimpani 2005).

Researchers focusing on the role of family relationships in the creation and maintenance of alcohol and other drug-related problems have identified a strong connection between disrupted family relationships and alcohol and other drug addiction (Stanton et al. 1984, Stanton and Shadish 1997, Velleman 1992). Some research highlights the potential relations between alcohol-related coping behaviours and both psychological and relationship distress (Kahler et al. 2003). Issues related to alcohol and drug abuse colour all behaviour within a family system (Lederer 1991). Lederer suggests some markers that distinguish alcoholic families from other families, including reciprocal extremes of behaviour between family members, lack of a model of normalcy, and power imbalances in family organisation. According to Nace and his colleagues (1982), some psychological factors that affect the alcoholic and their family include the stigma associated with alcoholism, emotional withdrawal, guilt and craving. Velleman (1992) also writes about the impact of drinking on family roles, communication, social life and finances; for example, finances that are limited through expenditure on alcohol, family gatherings that are spoiled because of drunken behaviours, and roles that have to be allocated because the addicted family member is unable to carry out daily tasks.

This study explores the effects of alcohol and other drug addiction on the family system for people with severe substance use disorders who were residents or ex-residents of Higher Ground in Auckland, New Zealand. Higher Ground was established in 1989 in Auckland and provides a 25-bed, four-month residential therapeutic community for people with severe substance dependency on drugs and alcohol. The disease model and the 12-step philosophy of Alcoholics Anonymous are used in individual as well as group therapy throughout the treatment.

## METHODOLOGY

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<sup>2</sup> *New Zealand Herald*, 3 June 2006.

<sup>3</sup> In 1956 the American Medical Association recognised alcoholism as a bona fide disease, which was a precursor to the 1970 Comprehensive Alcohol and Alcoholism Prevention Rehabilitation Act (revised in 1976). Through this legislation, alcoholism was socially and legally designated as a disease in the United States.



One of the purposes of this research was to find out what kinds of family dynamics operate in families with alcohol and other drug addiction. The University of Auckland Human Subjects Ethics Committee and the Auckland University of Technology Human Ethics Committee approved the study. All names and other identifiers have been changed to ensure confidentiality of participants and people referred to in the interviews.

### The Participants

Three women and nine men who identified as New Zealanders of European descent participated in the study.<sup>4</sup> The women and six of the men were current residents of Higher Ground; the remaining three men were ex-residents. All participants were part of the Multiple Family Group (MFG) treatment programme in Higher Ground, whereby residents and their families come together on a weekly basis for group family therapy sessions. During July to August 2001 the staff members facilitating the MFG alerted participants in the MFG to the research project. Higher Ground also arranged a poster at strategic places at the facility, inviting participants to contact the researcher. Apart from the ex-residents, who were approached and invited to participate in the research, all of the residents approached the clinical director and let him know that they wanted to take part in the study. The ages of the participants ranged from early 20s to early 50s.

### Data Collection and Analysis

The research took the form of in-depth semi-structured interviews of approximately one hour. With the permission of the participants, the interviews were recorded on audiotape and transcribed. It was my aim to understand the connections between family interactions and experiences of addiction. The interview material discussed here does not claim to be representative of a wider population.

With respect to the qualitative analysis, once the interviews had been transcribed, the resulting data were processed via a descriptive thematic analysis technique with an emphasis on the qualitative evaluation of the data (see Glesne and Peshkin 1992). "Thematic analysis is a method for identifying, analyzing and reporting patterns (themes) within data" (Braun and Clarke 2006:79). This involved multiple readings of the data and identifying connections, patterns, and themes. Braun and Clarke discuss what constitutes the prevalence of a theme and emphasise that there is no right or wrong method for determining prevalence, but that authors need to let the reader know how they analysed their data. In this study prevalence was counted across the entire data set. Each theme consists of accounts of the majority of participants, but only a few representative extracts are presented. The findings, which are presented in the results section, are then discussed in the context of a broad range of academic theories and research about addiction and family functioning.

## RESULTS

Four main themes were identified in the interview data. The most salient finding of the research was that all participants felt they had been unable to develop functional relationships

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<sup>4</sup>At the time of the research there were no Māori or Pacific clients resident at the Higher Ground. I had hoped to interview Māori and Pacific residents alongside Pākehā (New Zealand Europeans) clients because they often have different family structures and may also have differing experiences of substance abuse.

with either their family of origin or their current family members. They identified a strong connection between these dysfunctional family relationships and their substance use.

## Theme 1. Traumatic Childhood and Adolescent Experiences

The majority of the resident participants had experienced physical and sexual abuse and personal neglect in their childhood and said they had tried to cope with these experiences by taking alcohol and other drugs. In some cases the parents had left home and abandoned them to others' care, and some had never met either their mother or father. The majority of participants said that their parents were addicted to alcohol and other drugs, and they had some belief that this caused them (the participants) to be addicted to alcohol and other drugs as well.

*Female resident B:* And I come from a long line of addicts, so I have a strong addictive trait. I sort of grew up with a lot of resentment from my siblings. I woke up when I was eight years old one morning and my mother had cleared out in the middle of the night. A couple of months down the track I'd see her and I'd chase after her and I'd catch up with her and instead of, "Oh, I've missed you, I love you", I'd get, "Oh, you found me" and "Fuck off" from her.

### **New interview**

*Interviewer:* So what happened to your parents?

*Female resident A:* I only just found my dad two years ago and he lives in Whangarei, and he's got about seven kids, and I went to stay with him for a week, and his kids didn't really appreciate a newcomer coming along, and so I just distanced myself from him I think. And my mum she disowned me when I fell pregnant.

*Interviewer:* So you have no contact with her?

Female resident A: No.

*Interviewer:* Was she aware of your drug use?

*Female resident A:* Yeah. And she's an addict herself and she still is.

The majority of the residents were physically and sexually abused as children and adolescents. One female resident became pregnant because her stepfather sexually abused her, and her mother blamed her for the subsequent marriage break-up.

*Interviewer:* So can you talk a little bit more about your relationship with your mum?

*Female resident B:* When I was 15 she disowned me because she didn't want me to have a nigger baby, and I went over there a few years ago to make amends with her and mend some bridges. I just wanted her to admit that I was sexually abused from her husband and things like that and to get it all out in the open before 2000 and start fresh. She just totally denied it all and she blamed me for her marriage break-up. I just couldn't understand it because I was only a kid when I was sexually abused, so I just said to her I could never forgive her for saying that to me. She just said, well she didn't really give a fuck and I just said to her well remember what you said to me when I was 15 years old and I was carrying Anna [name was changed], how you disowned me. I said well it's my turn to do that to you and I've come up here to mend some bridges and you're not even prepared to meet me half way so it's my turn to do that to you.

### **New Interview**

*Male ex-resident H:* Um, I've always had a very deep sense of loss that I hold about my family. I'm one of five children, my mother died when I was seven, I was moved around from several relatives throughout my childhood. I was physically abused. I was sexually abused, um, emotionally neglected. My father was an alcoholic. Um, he was not, when my mother died, he had five children all under the age of 10. And um, you know it's only now in my recovery that I can see how devastating that sense of loss must have been for him. Um, at the time, all I really focused on was that I had been abandoned. My father was not emotionally available to us and even less so financially. We lived in a very poor, impoverished kind of a way; it was very, very difficult.

Another ex-resident experienced trauma within his family of origin, as a teenager, because they did not accept his homosexuality. His parents took him to an exorcist in the Church in order to "cure" him of his homosexuality, but the Church ended up expelling him, further straining his familial relationships. He felt that his parents never really accepted him because of his sexuality.

*Interviewer:* So your parents told you that you would go to Hell because you are gay?

*Male ex-resident G:* That's right, yeah. I mean, because they took me to an exorcist, you know? When I came out they bypassed the psychologist and the psychiatrist, which would have been bad enough, and took me straight to an exorcist [laughs], with the messages that reinforced about how bad I was. Not just about what I'd done, which is guilt, but the shame stuff, feeling bad about who I am, you know, that intrinsically I am bad, and it was so reinforced by having to go to an exorcist.

## Theme 2. Family of Origin Relationships During Their Adulthood

As mentioned above, the majority of the participants had experienced abusive and difficult relationships with their parents throughout their childhoods. During adulthood most of those interviewed still experienced highly conflictual and difficult relationships with members of their family of origin. Two of the female participants mentioned that they had loyalty conflicts with their parents, particularly with emotionally unavailable mothers.

*Female resident B:* I always had loyalty problems towards my mum. She had such a bad life – I would have felt bad for her if I would have been really happy.

An ex-resident said that his family is "littered" with alcoholism and that one of his brothers had died as the result of a drug overdose. He described his mother as "a controlling woman" who "enabled him to use drugs" in his adulthood and felt that his father had been and still was "emotionally unavailable to him".

*Male ex-resident I:* I have two brothers. My parents, white middle class, brought up on the North Shore, not alcoholics. My family is littered with alcoholism and my two brothers were alcoholics. The dynamics: I guess we had the pretty standard common neuroses for dysfunction for sixties, seventies kids. My father is a workaholic. My mother is a very controlling, very controlling, angry woman. Was there for us, well, certainly, I was the youngest of the family and I was brought up different from my two elder brothers. My two elder brothers were beaten up, and I think I was like mollycoddled up. So I think that as far as my mother was concerned, she saw that beating them up didn't work. So she went to the other extreme with me. And so as a consequence of that I was enabled right through my life. I never had to take responsibility for anything because mum would fix it. Yeah, and Dad he was kind of there, but he wasn't there. Just like I kind of was like that with my kids: I was there, but I wasn't there.

Several participants had committed crimes such as drug-dealing, physical assault and stealing before they came into Higher Ground, having a further negative impact on their familial relationships.

*Interviewer:* So how did you come to that point of making that shift to become clean?

*Resident B:* Because nothing was working for me. I was just in a rut and I could see what I was doing to my parents, I could see the hurt on my mother and father, so I decided as much for them as for myself, because I was crazy. I was crazed.

*Interviewer:* What was the point of no return?

*Resident B:* Well that day when I went to shoot a person and I'd go back to my parents house and my mother said to me she doesn't know who her son was and that really hurt me and I realised I was going to end up in jail forever. So I decided then and there ... oh and the police came and raided me again to see what I was doing, what I was up to, and I was so close to getting caught again for drug dealing and I realised enough is enough.

Most of the participants felt that they had no self-esteem when they were in "active addiction", and two residents became suicidal as a result.

*Male resident B:* The thing my family was most shocked about was my suicide attempt. Everything else was second to that. Because once you're dead, like my dad said to me, 'Once you're dead, you're dead', and that's where my biggest shame was around. I mean, being a drug dealer I can live with that. That's something I did, I chose to do that, but trying to take my own life is something I still have trouble with. How did I get so low?

Other residents did not know how to talk to their family members about their addiction and had consciously created emotional and physical distance to avoid contact with them. Residents said that because of their past behaviours such as lying, drug dealing, stealing and in some cases physically abusing others, they felt too ashamed to get in touch with their families, although in some cases their families tried to help them. When they did spend time with them they often felt like they were "wearing masks" in order to maintain their secret addiction. Several participants felt that they were in denial about their own addiction so were unable to use their families as a resource to help them overcome it because of this.

*Male resident B:* Prior to coming into Higher Ground? I would have to lie, so I tried to rush. When I'd go to my mum and dad's house I'd put up my humour mask and I'd just be very funny, but always having to lie about what I was doing for a job. So I tended not to spend as much time as I normally would have.

*Interviewer:* So you were hiding from them?

*Male resident B:* Yeah I was always hiding, yeah – always hiding behind a mask.

### **New interview**

*Male resident E:* In my mind as long as I wasn't close to them I couldn't hurt them. But realistically if I wasn't close to them the things I had done to others and myself did not hurt me as much. It wasn't so much in my face how my behaviour impacted on their lives. I lied, I stole, drunk far too much. For my living I lived far too much outside my means, and, yeah, having a champagne taste, with a generally very good income. But when that good income disappeared through my drinking and smoking I didn't stop. I could not stop and did not quite realise that then. I certainly did not know how to explain it to family and friends. And it's the lying, the denial of what I was doing.

### **New interview**

*Interviewer:* How did you experience your relationships with your family prior to coming to Higher Ground? What were the dynamics?

*Male ex-resident G:* Um, I showed them the bits I thought that they wanted, so the good boy, successful businessperson, that sort of thing, and manipulated the bits that I could. So for years and years they didn't get to see my addiction or the effects of my addiction. It always looked like I had it together. So there's quite a bit of distance, really, in terms of intimacy.

## **Theme 3. Problematic Psychological Dynamics in Intimate Couple Relationships**

Most of the residents felt they had brought their negative relationship patterns from their family of origin into their intimate couple relationships. They felt they had not learnt from their families how to resolve conflict constructively or how to communicate their feelings clearly and that this directly translated across to their relationships with their partners. Several female residents feared their partners' violence and control over them and said that their drug use was an attempt to escape the reality of these violent relationships. Other participants' intimate relationships failed because their partners got sick of their substance abuse and left them. In contrast, a number of residents reported that they were able to keep their intimate relationships together either because they kept their drug addiction a secret from their partners, or their partners "went into denial" around the drug use and "chose not to leave".

Most of those interviewed had lost their employment and experienced financial difficulties as a result of their substance use, which had a direct negative impact on their couple relationships and families.

*Interviewer:* What were the dynamics in your relationship at that time?

*Male ex-resident I:* Um, I guess as a consequence of the drug use there was no communication. There was no rapport between my wife and I, plus my focus was not on them or the kids. I mean, in hindsight I can see now I was completely obsessed about getting and using drugs, and anything that got in my way got swept aside . . .

*Interviewer:* So did your wife leave you because of your drug addiction or were there other issues?

*Male ex-resident I:* Well, I guess there were other issues but mainly my drug abuse, my drug addiction. I was there physically but the rest of me was completely gone. You know, I was there as a body really, but I mean, there were car accidents, fires. I was a danger to myself ... my family and myself.

### **New interview**

*Female resident A:* I just thought the more drugs I took, the sooner I'd die instead of living life. But I came to realise that there's more to life than drugs and living in fear. I was just basically living in fear and I was scared of his [her partner's] affiliation with gangs. If I went out, I'd get spotted and it'd get back to him and I just didn't want to get the hidings. I was just living in fear.

### **New interview**

*Interviewer:* So did he [his partner] ever find out that you were taking drugs?

*Male resident G:* Yes he did. I mean, the thing is he was in denial about it. I remember that I'd started vanishing from home for days at a time, and he'd want to know where I'd gone and all that sort of thing and I'd make up stories, you know, like really impossible stories [laughs]. But he stuck around, you know? It wasn't very healthy, really. I mean, if he'd been really emotionally healthy himself he would have left. And if I'd been emotionally healthy while I was using I would have finished the relationship earlier than that. Um, but I mean, he'd find syringes and bags of powder and I'd tell him it was my brother or someone who was visiting must have left it, you know, just that sort of stuff. And, he bought it for a while, but then he started opening up my bank statements and doing, like, covert investigations and I was, like, really angry when I found out, you know? That he was doing that stuff to try and find out what was going on.

#### Theme 4. Destructive Parenting Styles

Some residents said they had neglected and abused their own children as a result of “unresolved issues from their family of origin”. They also expressed fear that their children might follow in their footsteps: having witnessed their addictive behaviours for years they were concerned that the children might come to “model” the very same behaviours in the future. They also expressed shame and guilt about their “abusive parenting” while they were in “active addiction”. One male participant’s wife left him, so he temporarily lost access to his children, and two female participants lost custody of their children because of their substance abuse, and they felt very guilty and ashamed of this. Both of these women had male partners who had physically and emotionally abused them and their children.

*Interviewer:* So you sort of said before that you love your children but you don't act like that? Can you talk about that?

*Female resident B:* I don't know how to love them properly. I don't know how to tell them about their good things. All I know how to do is to break them, run them down. I would scream at them and I would emotionally abuse them, mentally as well. “Don't cry”, I'd say to them, you know? “What are you fucking crying for? Don't cry. Don't you fucking cry!”

*Interviewer:* So when you said these things to your children, or you're hiding in the bathroom with your syringes, what was the feeling you had about yourself?

*Female resident B:* That I was just a bitch. My main thing was I just didn't want to lose my kids. I didn't want my kids to come in the bathroom and see me overdose, or I didn't want to walk into my kids' room and find them playing with my syringes and things like that, but they nearly had. I'd never, ever let them get a hold of them but there might be a day when I lapse and they do get a hold of them. They deserve a mother that's there and will come outside and roll down the hill with them, or run around and chase a ball, instead of a mother who's like, “No, fuck off, go away”.

#### **New interview**

*Interviewer:* So in terms of your role as a mother, how did you see your role before you came here?

*Female resident A:* Pretty slack mum. I wouldn't get out of bed and I just wouldn't go out with her [her daughter] and do things with her like I should do. I did it when my ex was in jail. She had her friends staying and all that, but once he got out of jail and the violence started again it just all stopped, and I just basically said to her that her friends couldn't come over anymore. Later on I didn't like her boyfriend that she was with and we just drifted apart really.

#### **New interview**

*Male ex-resident 1:* ... so I mean I was verbally abusive, and emotionally abusive, to the kids as well, I mean I wasn't emotionally there for the kids.

## DISCUSSION

The most salient finding of the research was that all participants felt they had been unable to develop functional relationships with either family-of-origin or current family members. They identified a strong connection between these dysfunctional family relationships and their subsequent substance abuse. Alcohol and other drug addiction affected all areas of the lives of those interviewed, including their health, employment, finances, family-of-origin relationships, and intimate and current family relationships. The findings of this study resonate with the existing literature about the effects of substance abuse on the family and in general.

Research shows that those who suffer from substance abuse usually experience family disruption (Kaufman and Kaufman 1979, Velleman 1992), family violence (Bushman and Cooper 1990, Coleman and Strauss 1983, Kaufman et al. 1989), loss of employment and financial instability (Liddle et al. 1995, Velleman 1992), marital breakdown (Kosten et al. 1983), and physical and psychological abuse (Bushman and Cooper 1990, Kaufman et al. 1989, Rossow 2001). Participants in this study experienced all of the above.

Kaufman and Pattison (1981) suggest that alcoholism can adversely affect the family system and that dysfunctional family systems can promote, and maintain, alcoholism. According to Bennett and Wolin (1990:197), "alcoholism is very much a family illness. ... When alcoholism is diagnosed for one family member, the chances are very good that it has previously appeared in prior generations and that it will surface again in the next generation." Family studies show that first-degree relatives of alcoholics are three to five times more likely to develop alcoholism than the general population (Schukit 1999). Children of parents who are alcoholics face a higher risk of alcoholism, even when adopted into a non-alcoholic family, suggesting a genetic component to alcoholism as well (Hesselbrock 1995, Cadoret et al. 1985). Seilhamer (1991:181) states that "there is a general consensus that children of alcoholics are more likely to experience a host of psychosocial difficulties, as well as an increased risk for adult mental health problems, such as depression, substance abuse, and antisocial behaviour."

It is probably impossible to determine how much a genetic predisposition is a contributing factor to familial transmission of alcoholism and drug addiction and how much is caused by particularly unhealthy family dynamics and other socio-cultural factors such as poverty. However, social factors that affect early development within the family – such as a lack of mutual attachment, ineffective parenting and a chaotic home environment – have been shown to be crucially important indicators of risk (Coyer 2001, NIDA 1997). The strongest social predictor of alcohol and other drug abuse has been shown to be misuse by parents and friends (Challier et al. 2000). Glick et al. (2000:535) argue that "child abuse is most likely to occur in a context of alcohol and high stress."

The majority of the participants experienced abusive childhoods and explained that alcohol and other drugs were a direct cause of abusive behaviour from their parents, who were stressed because of their own addiction, poverty and abusive relationships. Some of the participants also believed – possibly through being exposed to the disease model in Higher

Ground – that they had inherited their alcohol and/or drug addiction from their parents. On the other hand, some of those interviewed had family members addicted to alcohol and other drugs who they felt had modelled addictive behaviour to them. Hence residents utilised socio-biological genetic explanations as well as social and contextual explanations in order to understand and explain their own alcohol and other drug addiction. The results of this study suggest that inter-generational transmission of substance abuse is an important factor in the lives of both female and male participants.

It appears that optimal family influences are important factors in protecting against the development of adolescent alcohol abuse (Foxcroft and Lowe 1992), and that destructive family influences can create the opposite effect (Catalano et al. 1999, Rossow and Lauritzen 2001). According to Jesse (1989), children from alcoholic/addictive families are often victims of physical and sexual abuse, neglect, and ongoing family problems. They are more vulnerable to substance abuse (see Kumpfer 1987). Berry and Sellman (2001) found in their study with 80 alcohol- and/or drug-dependent women that a sizeable percentage of the women came from backgrounds characterised by parental conflict and alcohol and drug problems. Within their first 15 years 51% were subjected to sexual abuse and 39% were exposed regularly to physical abuse perpetrated by their parents or a parental figure. Two female participants of this study had been sexually abused, one by her stepfather. Her mother never believed that he abused her and blamed her for her marriage break-up. Both participants felt they had to “do drugs” in order to cope with the trauma and stress of their lives.

Berry and Sellman (2001) also found that half of the women in their study reported that they rated emotional abuse as being “very distressing”. This was also the case for two of the female participants in this study. However, some of the male residents also experienced sexual and physical abuse and emotional neglect and were deeply affected by these experiences as adults. For example, a gay ex-resident had difficulties with his parents because they wanted to “cure” him of his homosexual orientation and resorted to a Christian exorcist. Not surprisingly, this procedure did not work and he was expelled from the Church. Consequently he lost both his family and his social networks, which were very important to him, and started to misuse drugs. In his and probably many other cases, societal factors such as homophobia can also be a factor for the misuse of drugs.

Minuchin (1979) contends that communication strategies can become fixed in stereotyped patterns of interaction, which can reduce the degree of openness in a family system. He argues that these families could become closed systems where coping mechanisms no longer function. This seems to be the case in the familial relationships of those interviewed. All of the participants stressed that communication with their families was either difficult or impossible. A study by Prest and Storm (1988) examining the relationships between 10 adult compulsive drinkers and their spouses (and comparing these with compulsive eaters’ relationships with their spouses) showed that these couples were frequently unable to process feelings and resolve conflicts. In order to cope with the resulting feelings and distance created, they engaged in compulsive behaviours, according to the authors. Velleman and his colleagues (2005) also point out that high levels of family conflict can increase the risk of substance misuse. The residents interviewed in this study felt that the dynamics in their families were so dysfunctional that they had resulted in permanently unresolved conflicts, denial, break-down of open communication and mutual caring, which then became a further trigger for substance abuse.



A gender-specific theory of addiction, according to O'Connor et al. (2002), is that women who grow up in drug-addicted families may develop the belief that to be loyal to their addicted family members they too must use drugs, which can make them vulnerable to psychopathology, including addiction and depression.<sup>5</sup> Two of the female participants experienced loyalty conflicts with their family members. One woman felt that she had no right to be happy because her mother had such a difficult life. This delayed her process of recovery for many years.

Intimate couple relationships were also highly conflictual for many of those interviewed, with two female participants saying they became suicidal as a result of ongoing physical and emotional abuse from their male partners. The bulk of research indicates that domestic violence and alcohol or other substance abuse are strongly associated (see Flanzer 1993, Kyriacou et. al. 1999 cited in Glick et al. 2000:533). O'Connor et al. (2002:79), in their study of the role of socio-cultural factors in women's addiction patterns, argue that "a lack of voice or power in society can lead disenfranchised women to seek out men with social power in the neighbourhood, often drug dealers and pimps." They also found that some women turn to illegal activities to support themselves, including drug dealing and prostitution, which is what two of the female participants in this study had done. Both participants said they had limited economic and social conditions when they grew up, and reported being physically and emotionally abused by their parents before taking up with abusive partners themselves. They felt that their mothers, who had also been abused by their spouses, did not support them in any way, and noted that they had little education and unsatisfying careers, making them relatively powerless in society at large. Both of these women also felt powerless in their lives and suggested that they had attracted partners to them who reinforced what they had experienced in their childhood and adolescence (one of their partners was a drug dealer; the other was a gang member). According to these women, their addiction was a desperate attempt to cope with hopeless and painful situations in their lives.

However, the participants with children did not just experience themselves as the victims of alcoholic or drug-addicted families. All of the parents among the participants explained that they also abused their own children to a degree that two of the female residents lost custody of them and one resident did not see his children for an extended period of time. Research shows that drug-addicted mothers often lose custody of children who have been neglected and abused (Hughes et al. 1995) and that they experience low self-esteem, difficulty developing a maternal identity, isolation from friends and family, and chronic life stress (Coyer 2001). All participants with children feared the long-term effects their actions might have on them. They also experienced a lot of shame and guilt as a result of their parenting, which, according to Isaacson (1991), is a typical dynamic in families with alcohol and drug addiction. As already outlined above, most of the participants experienced conflictual and difficult relationships with their family of origin as adults. Some participants felt "enmeshed" with their family members. There is a body of literature that focuses on "codependence" as one of the major patterns in families with alcohol and drug addiction (see Koffinke 1991). Koffinke (1991:201) argues that a codependent "feels compelled to fix the problems that result from the chemical dependence and to protect the addict from its consequences." Some participants mentioned that their parents, siblings and intimate partners did try to fix the problems for them for quite a long time before they realised that they could not help them any longer. This caused distance in the family system because some family members cut themselves off from the person with the addiction out of disappointment and hurt. In some

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<sup>5</sup> For a more in-depth discussion on gender differences in drinking, see Holmila and Raitasalo 2005.

cases the residents distanced themselves because they were too ashamed to face their families.

Individuals with serious substance abuse disorders often commit drug-related crimes and experience accidents (Brake 1994, Coleman and Strauss 1983, Greenberg 1981, Lipsitt and Vandeboss 1992) that further impact negatively on their family relationships. There is also a co-occurrence of drug problems with clinical disorders such as antisocial personality disorders, conduct disorders in adolescents, and depression (see Liddle et al. 1995, Kumpfer 1987), all of which have effects on family relationships as well. Most of those interviewed reported that they stole from family and friends because of the high prices of illicit drugs and felt a lot of shame about their behaviour. Some of the participants were drug dealers and came into Higher Ground because the police caught them. Several participants became violent through their drug misuse and lost their intimate relationships as a result of their behaviour. Participants also caused car accidents and fires, which had a negative effect on their familial relationships.

A number of participants reported that they were suicidal because their situation seemed so hopeless. This is also something that has been identified in research. For example, Rossow and Lauritzen (2001) found that self-reported suicidal behaviour and ideation among drug addicts are highly prevalent. In their study 38% of the participants reported having attempted suicide once or several times. The proportion was higher among those who had had various traumatic experiences during childhood (sexual or violent assaults, bullying, parents' alcohol abuse, parents' psychiatric problems, school adjustment problems and own psychiatric problems), and increased with the number of such negative childhood experiences. The participants in this study who were suicidal experienced a number of the adverse factors mentioned above, such as parents' alcohol abuse, and felt they could not cope without drugs. It was also difficult for them to ask for help and they felt isolated.

According to Allen and Britt (1986:149), there is a strong correlation between class and the prevalence of symptoms of psychological disorders. Several of the participants experienced poverty in their childhoods. Together with other contributing factors such as parental drug addiction and physical abuse and neglect, this caused them to become depressed, suicidal and addicted to drugs in their adult life. Several found that both taking drugs and dealing drugs – which, they noted, were ways of socialising with their peers – were appealing ways of escaping the painful reality of their everyday lives. According to O'Connor et al. (2002), most drugs function at the beginning to reduce shame and guilt and other negative effects. However, over time, drugs that serve to alleviate these symptoms stop working and instead cause the symptoms to escalate, which is what all of the participants experienced.

Socio-cultural factors such as poverty, racism, sexism, homophobia and the generational transmission of negative family patterns can have significant impacts on an individual's likelihood of becoming addicted to alcohol and other drugs (see Vimpani 2005). The developers of both social policy and therapeutic treatment programmes need to take these socio-cultural factors into account so that individuals who experience alcohol and other drug addiction do not become individually pathologised and stigmatised by a society that creates conditions that greatly contribute to substance abuse in the first place. In New Zealand there are already a number of effective strategies for addressing alcohol and other drug abuse. With respect to policy development, the change in the New Zealand Sale of Liquor Act in 1999 was a step in the right direction. This Act reduced the minimum purchase age for alcohol but

provided better access prevention for those below the legal minimum purchase age by simplifying the legislation and specifying proof-of-age documents.

In 1976 a Royal Commission into the Sale of Liquor resulted in the formation of the Alcoholic Liquor Advisory Council (ALAC) in 1977. Their statutory mandate is to promote moderation and facilitate treatment, prevention and research into alcohol problems. ALAC has established a Māori problem prevention and treatment programme, which supports strategies to promote moderation and introduce responsibility guidelines to reinforce traditional practices for looking after visitors on marae (meeting houses). This initiative, and others such as Whānau Ora (which will be discussed later), are very important because research demonstrates that considering cultural factors in the treatment of Māori is essential. One study shows that Māori believe that a sense of belonging to iwi (tribes), identifying as a Māori and having pride in being Māori are very important for the recovery process (Huriwai et al. 2000).

The Ministry of Education and ALAC funded a Community Action on Youth and Drugs (CAYAD) project, which was implemented in five localities. The workers in this project developed specific strategies to reduce school suspension for cannabis use. There are also a number of different community initiatives such as Whānau Ora, which is a health promotion and disease prevention programme that, among other issues, addresses alcohol and other drug abuse. This programme strives to improve and enhance whānau (extended family) wellbeing by taking a holistic approach. Another community action project, a collaboration with two Māori trusts, tried to develop and implement strategies to reduce drunkenness in environments in which Māori drink. One of their objectives was to develop and implement a marae-focused programme aimed at increasing support among Māori for culturally appropriate strategies to prevent alcohol-related traffic crashes (Casswell 2001). An evaluation of this programme found evidence of enhanced social cohesion in the local communities, especially in terms of the perception by Māori communities of the police, who had become active partners in this initiative, and of Māori by the police (Moewaka Barnes 2000).<sup>6</sup> Residential treatment centres for people suffering from substance abuse disorders, such as Higher Ground and Odyssey House, have included the family in their treatment of clients who suffer from addiction to alcohol and other drugs. I was part of developing the Multiple Family Groups in Higher Ground, and these have operated successfully since 1997.<sup>7</sup>

## CONCLUSION

This study was based on interviews with 12 residents and ex-residents of Higher Ground in Auckland, New Zealand. The small sample size presents some limitations with regard to the applicability of the findings to the population in general, and there is a need for more quantitative and qualitative studies on this complex topic in order to test their applicability. Further investigation into this topic within the New Zealand context should also include the participation of Māori and Pacific people who experience problems with substance abuse, in order to explore whether their sometimes-differing family structures compared to New Zealanders of European descent have any effect on their experience of the relationship between addiction and family dynamics.

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<sup>6</sup> For a more in-depth discussion on approaches to preventing alcohol-related problems, see Casswell 2001, Stewart 1997 and Vimpani 2005.

<sup>7</sup> For a review of the literature on family-involved treatment for alcohol misuse, see O'Farrell and Fals-Stewart 2001 and Vetere and Henley 2001.

Despite these limitations, this study has provided a glimpse into how residents and ex-residents at Higher Ground experience their relationships with their family of origin, with their intimate partners, and with their children. There is also a need to recognise the great diversity and complexity of psychological dynamics within addicted families, and how these are often a reflection of increasingly pluralistic societies which create the social conditions that provide fertile breeding grounds for addictions to take hold.

## REFERENCES

- Allen, L.R. and D.W. Britt (1986) "Social class, mental health, and mental illness: The impact of resources and feedback" in R.D. Felsner, L.A. Jason, J.N. Moritsugu and S.S. Farber (eds.) *Preventive Psychology: Theory, Research and Practice* (pp. 149–161), Pergamon Press, New York.
- Bennett, L.A. and S.J. Wolin (1990) "Family culture and alcoholism transmission" in R.L. Collins, E.L. Kenneth and J.S. Searles (eds.) *Alcohol and the Family: Research and Clinical Perspectives* (pp. 194–220), The Guilford Press, London.
- Berry, R. and D. Sellman (2001) "Childhood adversity in alcohol- and drug-dependent women presenting to out-patient treatment" *Drug and Alcohol Review*, 20(4):361–367.
- Blum, R.H. (1972) *Horatio Alger's Children*, Jossey Bass, San Francisco, CA.
- Brake, M. (1994) "Needed: A license to drink" *Newsweek*, 14 March: 11.
- Braun, V. and V. Clarke (2006) "Using thematic analysis in psychology" *Qualitative Research in Psychology*, 3:77–101.
- Bushman, B.J. and H.M. Cooper (1990) "Effects of alcohol on human aggression: An integrative research review" *Psychological Bulletin*, 107:341–345.
- Cadore, R.J., T.W. O'Gorman, E. Troughton and E. Heywood (1985) "Alcoholism and antisocial personality: Interrelationships, genetic, and environmental factors" *Archives of General Psychiatry*, 42:161–167.
- Casswell, S. (2001) "Community capacity building and social policy" *Social Policy Journal of New Zealand*, 17:22–35.
- Catalano, R.E., J.D. Hawkins, E.A. Wells, J. Miller and D. Brewer (1999) "Evaluation of the effectiveness of adolescent drug abuse treatment: Assessment of risks for relapse, and promising approaches for relapse prevention" *International Journal of Addictions*, 25:1085–1140.
- Challier, B., N. Chau, R. Predine, M. Choquet and B. Legras (2000) "Associations of family environment and individual factors with tobacco, alcohol and illicit drug use in adolescents" *European Journal of Epidemiology*, 16(1):33–42.
- Chan, J.G. (2003) "An examination of family-involved approaches to alcoholism" *The Family Journal: Counselling and Therapy for Couples and Families*, 11(2):129–138.
- Coleman, D.H. and M.A. Strauss (1983) "Alcohol abuse and family violence" in E. Gottheil, K.A. Duley, T.E. Skolada and H.M. Waxman (eds.) *Alcohol Drug Abuse and Aggression* (pp. 104–124), Charles C. Thomas, Springfield, Illinois.
- Coyer, S.M. (2001) "Mothers recovering from cocaine addiction: Factors affecting parenting skills" *Journal of Obstetric, Gynecologic, and Neonatal Nursing*, 30(1):71–79.
- Flanzer, J.P. (1993) "Alcohol and other drugs are key causal agents of violence" in R.J. Gelles (ed.) *Current Controversies on Family Violence* (pp. 171–182), Sage, Newbury Park, CA.
- Foxcroft, D.R. and G. Low (1992) "The role of the family in adolescent alcohol abuse: Socialization and structural influences" *Journal of Adolescent Chemical Dependency*, 2(2):75–91.

- Glesne, C. and A. Peshkin (1992) *Becoming Qualitative Researchers: An Introduction*, Longman, White Plains, NY.
- Glick, I.R., E.M. Berman, J.E. Clarkin and S.R. Douglas (2000) *Marital and Family Therapy*, American Psychiatric Press, London.
- Greenberg, S.W. (1981) "Alcohol and crime: A methodological critique of the literature" in J.J. Collins (ed.) *Drinking and Crime: Perspectives on the Relationships between Alcohol Consumption and Criminal Behaviour* (pp. 70–106), Guilford Press, New York.
- Hesselbrock, B. (1995) "The genetic epidemiology of alcoholism" in H. Begleiter and B. Kissin (eds.) *The Genetics of Alcoholism* (pp. 42–61), Oxford University Press, New York.
- Holloway, M. (1991) "Rx for addiction" *Scientific American*, 264(3):94.
- Holmila, M. and K. Raitasalo (2005) "Social change and gendered drinking: A symposium in honour of Ludek Kubicka" *Addiction*, 100(12):1763.
- Hughes, P.H., S.D. Coletti, R.L. Neri and C.F. Urmann (1995) "Retaining cocaine-abusing women in a therapeutic community" *American Journal of Public Health*, 85(1):1–8.
- Huriwai, T., J.D. Sellman and T.L. Potiki (2000) "Optimal treatment for Maori with alcohol and drug-use-related problems: An investigation of cultural factors in treatment" *Substance Use Misuse*, 35(3):281–300.
- Isaacson, E. (1991) "Chemical addictions: Individuals and family systems" in E.B. Isaacson (ed.) *Chemical Dependency: Theoretical Approaches and Strategies Working with Individuals and Families* (pp. 7–39), The Haworth Press, New York.
- Jesse, R. (1989) *Children in Recovery*, Norton, San Diego.
- Jones, S., S. Casswell and J. Zhang (1995) "The economic costs of alcohol-related absenteeism and reduced productivity among the working population of New Zealand" *Addiction*, 90:1455.
- Kahler, C.W., B.S. McCrady and E.E. Epstein (2003) "Sources of distress among women in treatment with their alcoholic partners" *Journal of Substance Abuse Treatment*, 24(3):257–265.
- Kaufman, E. (1985) "Family systems and family therapy of substance abuse: An overview of two decades of research and clinical experience" *International Journal of the Addictions*, 20:897–916.
- Kaufman, E., G. Kantor and M.A. Strauss (1989) "Substance abuse as a precipitant of wife abuse victimizations" *American Journal of Drug and Alcohol Abuse*, 15(2):173–189.
- Kaufman, E. and P. Kaufmann (1979) "Multiple family therapy with drug abusers" in E. Kaufman and P. Kaufmann (eds.) *Family Therapy of Drug and Alcohol Abuse* (pp. 81–94), Allyn and Bacon, Boston, MA; Gardner Press, New York.
- Kaufman, E. and E.M. Pattison (1981) "Differential methods of family therapy in the treatment of alcoholism" *Journal of Studies on Alcohol*, 42(11): 951–971.
- Koffinke, Carol (1991) *I'll Never Do That to My Kids: The Parenting Traps of Adult Children*, Deaconess Press, Minneapolis, Minnesota.
- Kosten, T.R., B. Jalali, I. Hogan and H.D. Klebber (1983) "Family denial as a prognostic factor in opiate addict treatment outcome" *Journal of Nervous and Mental Disease*, 171:611–616.
- Kyriacou, D.N., D. Anglin and E. Taliaferro (1999) "Risk factors for injury to women from domestic violence" *New England Journal of Medicine*, 341:1892–1898.
- Kumpfer, K.L. (1987) "Special populations: Etiology and prevention of vulnerability to chemical dependency in children of substance abusers" in B.S. Brown and A.R. Mills (eds.) *Youths at High Risk for Substance Abuse* (pp. 1–71), NIDA, Rockville, MD.

- Lederer, G.S. (1991) "Alcohol in the family system" in F. Brown (ed.) *Reweaving the Family Tapestry: A Multigenerational Approach to Families* (pp. 219–241), Family Institute of Westchester, Mount Vernon, WA.
- Liddle, H.A., G.A. Dakof and A. Gayle (1995) "Efficacy of family therapy for drug abuse: Promising but not definitive" *Journal of Marital and Family Therapy*, 21(4):1–44.
- Lipsitt, L. and S. Vandeboss (1992) "Foreword" in M. Glantz and R. Pickens (eds.) *Vulnerability to Drug Abuse*, American Psychological Association, Washington, DC.
- Minuchin, S. (1979) "Constructing a therapeutic reality" in E. Kaufman and P. Kaufmann (eds.) *Family Therapy of Drug and Alcohol Abuse* (pp. 5-18), Gardner Press, New York.
- Moewaka Barnes, H. (2000) "Collaboration in community action: A successful partnership between indigenous communities and researchers" *Health Promotion International*, 15:17–25.
- Nace, E.P., M. Dephoure, M. Goldberg and C. Cammarota (1982) "Treatment priorities in a family-oriented alcoholism program" *Journal of Family and Marital Therapy*, 8(1):143–150.
- ALAC (Alcohol Advisory Council of New Zealand) and Ministry of Health (2001) *National Alcohol Strategy 2000–2003*, Alcohol Advisory Council of New Zealand and Ministry of Health, Wellington.
- NIDA (National Institute on Drug Abuse) (1997) "Preventing drug use among children and adolescents: A research-based guide" *National Institute of Health Publication*, 97:4212.
- O'Connor, L.E., M. Esherick and C. Vieten (2002) "Drug- and alcohol-abusing women" in S.L. Ashenberg Straussner and S. Brown (eds.) *The Handbook of Addiction Treatment for Women* (pp. 73–227), Jossey-Bass, San Francisco, CA.
- O'Farrell, T. J. and W. Fals-Stewart (1999) "Treatment models and methods: Family models" in B.S. McCrady and E.E. Epstein (eds.) *Addictions: A Comprehensive Guidebook* (pp. 287–305), Oxford University Press, Boston, MA.
- O'Farrell, T. J. and W. Fals-Stewart (2001) "Family-involved treatment: An update" *Recent Developments in Alcoholism*, 15:329–56.
- Prest, L.A. and C. Storm (1988) "The codependent relationships of compulsive eaters and drinkers: Drawing parallels" *American Journal of Family Therapy*, 16(4):339–350.
- Rivers, P.C. (1994) *Alcohol and Human Behaviour: Theory, Research, and Practice*, Prentice Hall, Englewood Cliffs, NJ.
- Rossow, I. (2001) "Alcohol and homicide: A cross-cultural comparison of the relationship in 14 European countries" *Addiction*, 96:965–2140.
- Rossow, I. and G. Lauritzen (2001) "Shattered childhood: A key issue in suicidal behavior among drug addicts?" *Addiction*, 96(2):227.
- Rutter, M. (2002) "The interplay of nature, nurture, and developmental influences: The challenge ahead for mental health" *Archives of General Psychiatry*, 59:996–1000.
- Schuckit, M.A. (1999) "New findings in the genetics of alcoholism" *Journal of the American Medical Association*, 281:1875–1876.
- Seilhamer, R. A. (1991) "Effects of addiction on the family" in D.C. Daley and M.S. Raskin (eds.) *Treating the Chemically Dependent and their Families* (pp. 172-194) Sage Publications, Newbury Park, California.
- Stanton, M.D. (1985) "The family and drug abuse: Concepts and rationale" in T. Bratter and G. Forrest (eds.) *Alcoholism and Substance Abuse: Strategies for Clinical Interventions* (pp. 33–46), Family Process, New York.

- Stanton, D. and W. Shadish (1997) "Outcome, attrition and family-couples treatment for drug abuse: A meta-analysis and review of the controlled, comparative studies" *Psychological Bulletin*, 122(2):170–191.
- Stanton, M.D., E. Steier, L. Cook and T.C. Todd (1984) *Narcotic Detoxification in a Family and Home Context: Final Report 1980–1983*, unpublished manuscript.
- Stewart, L. (1997) "Approaches to preventing alcohol-related problems: The experience of New Zealand and Australia" *Drug and Alcohol Review*, 16(4):391–399.
- Velleman, R. (1992) "'Oh my drinking doesn't affect them': Families of problem drinkers" *Clinical Psychology Forum*, 48:6–10.
- Velleman, R.B., L.J. Templeton and A.G. Copello (2005) "The role of the family in preventing and intervening with substance use and misuse: A comprehensive review of family interventions, with a focus on young people" *Drug and Alcohol Review*, 24:93–109.
- Vetere, A. and M. Henley (2001) "Integrating couples and family therapy into a community alcohol service: A pantheoretical approach" *Journal of Family Therapy*, 23:85–101.
- Vimpani, G. (2005) "Getting the mix right: family, community and social policy interventions to improve outcomes for young people at risk of substance misuse" *Drug and Alcohol Review*, 24:111–125.

**SOCIAL INDICATORS AND SOCIAL REPORTING IN NEW ZEALAND,  
AND THE POTENTIAL CONTRIBUTION OF  
THE FAMILY WHĀNAU AND WELLBEING PROJECT**

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**Abstract**

Along with other Western countries, New Zealand began developing a social indicators programme during the 1970s, but this early period of progress was followed by a languishing of interest in their use that lasted until the turn of the century. The recent renewal of interest in the use of social indicators and social reporting has led to the development of a range of indicator and social reporting exercises. As well as providing a greater range of measurements, these more recent developments promise greater time-depth and analytical purchase. This paper reviews earlier developments but is particularly concerned with over-viewing the increased capacities arising from more recent developments and the extent to which these can overcome potential threats to further social monitoring work.

**INTRODUCTION**

As in many other Western countries, interest in social indicators and social reporting developed in New Zealand during the 1970s. This interest peaked in the early 1980s with the release of the results from the Department of Statistics' Social Indicators Survey (1984). Following this, the use of social indicators became less prominent in research and policy until a renewal of interest occurred in the late 1990s. The outcome of this renewed interest has been the launch of a raft of social indicator and social reporting initiatives. Of primary interest among the recent projects are the Big Cities "Quality of Life" (BCQOL)<sup>2</sup> project, developed by a consortium of big cities in New Zealand; the Ministry of Social Development's *Social Report*; and The University of Auckland's Family Whānau and Wellbeing Project (FWWP).<sup>3</sup>

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<sup>2</sup> Auckland City Council et al. various years

<sup>3</sup> COMPASS See: <http://www.compass.auckland.ac.nz/pages/index.php>



This paper<sup>4</sup> first looks at early developments in the use of social indicators, both overseas and in New Zealand, and then briefly considers the reasons for the decline in use of these indicators. The substantive part of the paper examines the renewed interest in social indicators and social reporting in New Zealand before discussing the range of new initiatives, with a particular focus on the ways in which the newer programmes increase the descriptive and analytical capabilities of social indicator programmes. The paper concludes by discussing the issues facing these current developments in social indicators and social reporting.

## ORIGINS AND DEVELOPMENT OF THE SOCIAL INDICATORS MOVEMENT OVERSEAS

The social indicators literature typically points to the 1960s as the starting point of what is sometimes described as the “social indicators movement”. However, like many developments in the social science arena, the actual starting point is contested, and some commentators argue that there is evidence of the early use of social indicators in the 1920s and 1930s in the United States (Noll and Zapf 1994), and in the 1950s by the United Nations (Davey 2000).

Growth in interest in social indicators was rapid during the 1970s. The Organisation for Economic Cooperation and Development (OECD) had started work on a social indicator programme in 1970 (Noll and Zapf 1994), and in 1974 the *Social Indicators Research* journal was first published. Several European countries had begun publishing social reports (Great Britain in 1970, France in 1973, the Netherlands and Spain in 1974, Denmark in 1976 and Austria in 1977), and the United States produced three social indicator reports during the 1970s. In addition, by the end of the 1970s the social indicators movement held:

regularly scheduled presentations at national and international professional meetings ... and there was continuing debate within a broad implicit agreement regarding many of the life quality concerns that should be represented in a social indicators system. (Andrews 1990:402)

This widespread and growing interest was attributed to a range of factors. These included a realisation that the technological and economic progress of the 1950s, 1960s and 1970s had come at a social cost that was not well understood or measured; and a desire on the part of some to “measure” the “social” sector in a manner similar to how the System of National Accounts and other well-institutionalised economic indicators were used to measure the size and performance of national economies.

## SOCIAL INDICATORS AND SOCIAL REPORTING IN NEW ZEALAND – THE EARLY YEARS

Paralleling the overseas events, interest in social indicators and social reporting in New Zealand developed through the 1970s (Davey 2000). The Social Development Council was established alongside the Department of Social Welfare in 1971, and it “developed a set of social objectives centred on the goals of increased opportunity, more equality and greater social well-being” (Davey 2000:52). In order to assess the extent to which these goals were

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<sup>4</sup> This paper is an update and extension of Cotterell (2002) and Crothers (2006). We would like to thank the reviewers for assisting us to clarify the paper.

being met, the Council recommended that measures be developed. The Department of Statistics established a Social Indicators Unit in 1976 and published *Social Trends in New Zealand* (1977), which, as noted in its introduction, was intended to be a regular publication. The information was gathered from a wide range of sources and organised into nine areas of interest: demographic patterns, housing and households, education, health and medical services, social welfare and social security, crime and law enforcement, leisure, labour-force participation and incomes.

Beginning in 1980, the Department of Statistics conducted a Social Indicators Survey. This was a substantial stand-alone survey with a sample of nearly 7,000, and data were collected in eight domains or areas of interest: health, education and learning, employment and quality of working life, time and leisure, command over goods and resources, physical environment, social environment, and personal safety. The survey was based closely on work being carried out by the OECD and was intended to fill gaps in officially collected data (Davey 2000).

The second major development in New Zealand in this early phase was the work of the New Zealand Planning Council's Social Monitoring Group. This group published a feasibility study for social monitoring, which included advice on indicator selection before its first report, *From Birth to Death*, was published in 1985. This was intended to be "a broad overview of current and emergent social trends, documenting change over time and differences between groups in society" (New Zealand Planning Council 1985:5). As the title intimates, the report used a "life event approach" to structure information and data from a wide range of sources, including the five-yearly Department of Statistics Census of Population and Dwellings, the Social Indicators survey and the Department of Statistics Household Survey.

The Social Monitoring Group published a second report in 1989 using a more rigorous statistical basis, with Census data from 1976, 1981 and 1986, analysed by age ranges, which formed the structure of the report. Despite the abolishment of the Planning Council in 1992, a third report was published in 1993, a fourth in 1998 and the fifth in the series in 2003 (Davey 1993, 1998, 2003).

There were other uses of social indicators in the 1970s and 1980s in New Zealand, primarily "from geographers who were then interested in urban and also rural indicators of social well-being" (Crothers 2006), and in several social impact assessment exercises.

## THE DECLINE AND LATER REVIVAL IN INTEREST

Towards the end of the 1980s there was a downturn in interest in social indicators and social reporting, with "a levelling off of the social indicator movement [and] in some countries, as well as for the OECD, statistical programs were terminated" (Vogel 1994:249). The decline in interest is ascribed to a variety of reasons, including methodological and theoretical issues, and a change in the political climate in most Western countries. Bulmer identified three primary theoretical and methodological difficulties at the heart of deficiencies in the development of social indicators. The first, Bulmer argues, is that:

There are no general theories, in sociology, political science or social psychology, which provide the basis on which a set of social indicators could possibly begin to be constructed. (Bulmer 1990:408)

This lack of a theoretical basis did not preclude indicator development, but it did mean that those indicators that were constructed often had no clear conceptual justification. The second issue lay in the lack of a common system of measurement, because, unlike economic indicators, many of which used money as their system of measurement, the social indicators arena lacked a clear measure due to the complexity and variety of subject areas being measured, and the need to disaggregate social effects for sub-groupings. The final area of difficulty lay in the question of values; that is, the difficulty in achieving agreement on what constitutes good and bad indicators, and therefore the provision of rationales for the direction of indicator measurements. Andrews adds a fourth issue: the perceived inability of the developers of social indicators to demonstrate the usefulness of their product to policy makers (Andrews 1990:403).

Also significant in the downturn in interest was the changed political and economic environment of the late 1970s and the 1980s. The onset of economic downturns in most Western countries heralded the end of the Keynesian era, with its focus on an enhanced role for the state, and consequential planning and monitoring. In many countries the election to power of right-wing governments signalled the beginning of a period of economic reform. During the extensive economic restructurings that followed, concern with the measurement of the social impacts of the changes via social indicators was neglected in many countries, though one could well argue that this was when it was most needed. In New Zealand there was some development of local-level social impact and poverty monitoring studies, but nothing systematic at the national level (Crothers 2006).

However, despite the decline in interest in the indicators area, publication of the international journal *Social Indicators Research* continued, along with the production of a quarterly newsletter *Social Indicator Research News* (Andrews 1990). In addition, some countries, such as the United Kingdom, continued to publish information on social trends, and in Europe, especially in the Nordic countries, there was ongoing collection of both objective and subjective social indicators.

A renewed international interest developed in the late 1990s (discussed by Reed 2000 and Cobb and Rixford 1998). Reasons for this interest stemmed from long-term concerns, aggravated by the social damage caused by the partial abandonment of the public sphere under the neo-liberalism of the 1980s and 1990s. There has been a realisation of the growing complexity and the inter-relationships between various sectors of economic and social life. Alongside this has been a concern about the slippage of some of the master economic indicators and the reality they purport to measure. For example, growing overall prosperity seems associated with growing deprivation in some pockets, and is not associated with growing happiness. There has also been a rising interest in concerns about sustainability. These various concerns have had particular effects on indicator development, beyond a very aggressive broad renaissance. One has been a wider range of developments, often focused at the community level, such as those indicator developments shaped by quality of life, the “healthy cities” programme and the environment. Another outcome has been the development of “hybrid” measures with more sensitivity to the complexities and subjectivities.

## THE LATE 1990S – THE SOCIAL INDICATOR REVIVAL IN NEW ZEALAND

There was a renewal of interest in social indicators and social reporting in New Zealand in the early 2000s. During the middle-to-late 1990s there had been increasing awareness that the social costs of the economic reforms were high and that these costs had not been well monitored, along with the publication of a number of studies that noted the increased levels of poverty occurring. In addition, the newly elected Labour Government signalled its preference for evidence-based policy, which indicated that enhanced monitoring of social outcomes was needed. Crothers further suggests the renewed interest was due to the:

confluence of influence between government ideology, contemporary public administrative practice and with some support from the social science community. (Crothers 2006:1)

The renewed interest triggered a number of social indicator and social reporting projects. First was a paper by Crothers titled “Monitoring the changing social conditions of New Zealanders”, in which he advanced “An agenda for developing a systematic, comprehensive and coherent set of annual social indicators using available statistics” (Crothers 2000:102). Crothers constructed a set of 65 indicators based on existing data available on an annual basis, which allowed for regular monitoring of any change. Indicators were chosen on the basis of their potential for being disaggregated into population subgroups of policy interest. To enhance the theorisation of the model, Crothers mapped the potential relationships between the domains, noting the potential for “reciprocating influences, joint effects and, of course, feedback loops” (Crothers 2000:109). He also correlated data in the indicators time series “against several key variables (using Pearson’s product-moment correlation): year, political party in power, economic growth and CPI change” (Crothers 2000:111).

Crothers’s study makes a significant contribution to the development of the social indicator field in New Zealand because he:

- examines the conceptual issues involved, thus setting up a strong base for his work
- investigates the potential relationships between the domains of interest that underpin his framework
- attempts to measure the strength of the relationships between each of the indicators and selected key variables
- uses data that allow (in most cases) changes over a time period of approximately 20 years to be examined.

On the other hand, perhaps the main limitation is the lack of indicators in some areas of concern (noted by the author), such as cultural outcomes and political conditions, and the presence of too many indicators in other areas, such as economic conditions. Furthermore, the large number of indicators overall, means that monitoring change would be laborious.

### The Social Report

The most significant and prominent of the new developments is the publication by the Ministry of Social Development of its annual *Social Report*, with the first being published in 2001. The report was originally commissioned by the Minister of Social Services and

Employment, the Hon. Steve Maharey, and was published by the Ministry of Social Development. The inspiration for the report came, according to Crothers (2006), after Maharey visited Britain in 2000 and was impressed by the systems of indicators being developed there.

In the foreword to the first report, Maharey noted it was “a first step to establishing a regular reporting programme to assess the social state of the nation” (Ministry of Social Development 2001:3). The report has four main purposes:

- to provide and monitor over time measures of wellbeing and quality of life that complement existing economic indicators and environmental indicators
- to compare New Zealand with other countries on measures of wellbeing
- to provide greater transparency in government and to contribute to better informed public debate
- to help identify key issues and areas where we need to take action, which can in turn help with planning and decision-making. (Ministry of Social Development 2008)

The report uses a definition of social indicators from the Australian Bureau of Statistics: “measures of social well-being which provide a contemporary view of social conditions and monitor trends in a range of areas of social concern over time” (Ministry of Social Development 2001:10). Indicators for the report were chosen on the basis that it:

should always be possible to interpret changes in indicators quite clearly as an improvement or deterioration in the quality of life ... [and] ... should focus on the outcomes of social processes or policies, rather than inputs. (Ministry of Social Development 2001:10)

Over the lifespan of the report the indicators and data have been expanded, where possible, although a key feature of successive editions of the report has been to restrict the number of indicators to about 40 to encourage focused attention. The 2001 report contained data on 36 indicators organised into nine domains or areas of interest: health, knowledge and skills, safety and security, paid work, human rights, culture and identity, economic standard of living, social connectedness, and the environment. By the 2006 report this had expanded to 42 indicators in 10 domains of interest, with the additional domain being leisure and recreation, which was added in 2004. In 2008 there were 41 indicators (30 of which had been updated to the current time period). Where the data permit, a time series for each indicator from earlier periods to the present is shown,<sup>5</sup> broken down by the limited set of standard social background variables: age, ethnicity, gender and region. Change of indicators occurs when more robust suitable measures become available.

The strengths of *The Social Report* include its specification of a framework for the compilation of indicators, its provision of definitions of and methodological commentary on each indicator, the inclusion of a time series where data are available, and the easily understandable manner in which the data are presented. A further strength is the ongoing work to update and improve indicators (including an early extensive review with users, see Gray 2001) and the increased links between this work and the Big Cities project (considered below), which improves comparability and consistency of the chosen indicators and enhances

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<sup>5</sup> The starts of time series vary: life expectancy (1950/52), participation in early childhood education (1986), unemployment and employment (1986), voter turnout (1984), representation of women in government (1984), local content on New Zealand television (1988), assault mortality (1980), and road injuries and deaths (1986).

the availability of sub-national data. The availability of the work on an annual basis provides opportunities for assessing social outcomes and enhances public debate about these. Finally, the extent of change in the key indicators, the differences among groups, and international comparisons are easily assessed due to the manner in which the data are presented in compelling visual summary diagrams (spider charts).

The major limitation of the report is that a few of the indicators chosen are available only on a one-off basis (albeit with the intention to update when further information becomes available<sup>6</sup>), and data for some of the indicators are somewhat dated. This is shown in the 2006 report, where only 25 of the 42 indicators were updated with more recent information, and data for some indicators were becoming dated. For example, the information used in the social connectedness domain for the indicator of “contact between young people and their parents” was obtained in 2001. Similarly, the “perceptions of safety” indicator was based on 2001 data. For a range of other indicators, data from the Census are used. Another weakness is the lack of indicators in some desired outcome areas, such as civic and political rights, and the environment.

### The Big Cities Quality of Life Project

Regular regional social reporting has been provided by the councils of the six largest cities in New Zealand, which began a project to measure the quality of life in their respective cities in 1999. The group has since expanded to include 12 territorial authorities. (Some additional assistance from the Ministry of Social Development has ensured that “the rest of New Zealand” has been covered in some related survey and then indicator work.) The project was a response to the growing pressures on these urban communities, and to concerns about the impacts of urbanisation and its effects.

The framework for selecting indicators incorporated aspects of three models: goal-based, sector-based and pressure-state-response. The terms “quality of life” and “wellbeing” were used to describe the concepts underlying the project. The groupings used to organise the indicators were: demographics, housing, health, education, employment and economy, safety, urban environment, community cohesion, and democracy. The development team took around two years to identify the relevant mix of subjective and objective indicators and “began with the objective of selecting a set of key indicators to measure change in social conditions” (Six Cities Project 2001:3).

Problems with the unavailability of data impinged on the indicators selected, including data being unavailable for the geographic regions specified, issues with different agencies having different regional boundaries, the lack of consistent definitions between councils, and problems with the timeliness of data. These issues combined to result in a considerable reliance on data from each five-yearly Census. However, the project now uses a survey of residents to obtain data that are not available elsewhere. Reports were published in 2001, 2003 and 2007. The residents’ survey was conducted in 2003, 2004, 2006 and 2008, with the survey results included in the full *Quality of Life Report* and also made available separately.<sup>7</sup>

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<sup>6</sup> In particular, information sourced from some irregular surveys is not so readily updateable; for example, on voluntary organisation activity, “Contact between young people and their parents” (updated in the 2009 report) and “Participation in cultural and arts activities”.

<sup>7</sup> To see the results from the project, visit <http://www.bigcities.govt.nz/index.htm>.

The Big Cities project uses a mix of subjective and objective indicators to paint a comprehensive picture of the state of each of the cities. The predominant limitation in the project is its use of a large number of indicators, which will preclude any easy analysis of changes and also limits disaggregation other than in spatial terms. Examining differences across so many cities is another analytical challenge.

### The Family Whānau and Wellbeing Project (FWWP)

FWWP was part of a five-year research programme supported by the Social Science funding pool of the Foundation for Research, Science and Technology.<sup>8</sup> The principal goal was to develop ways to use Census data to examine and monitor the social and economic determinants of family and whānau wellbeing and how these changed over the period 1981–2006. Indicators of family wellbeing were constructed using information from the Census (see Milligan et al. 2006, Cotterell et al. 2007). This focus on the family level contrasts with most other indicator work, which focuses on the individual level, partly because consistent retrieval of family data is methodologically more difficult to achieve.

The use of Census data to construct indicators of wellbeing has three main advantages (see Milligan et al. 2006:21–38, 168). First, using the Census allows for an assessment of societal patterns over a long segment of time (20–25 years), in contrast with previous New Zealand research using wellbeing indicators, which has generally examined much shorter time periods. (The project was constrained in pushing back historically by the lack of availability of unit-record data from New Zealand Censuses prior to 1981.)

Second, information obtained from the Census covers (almost) all members of the population (rather than just a small sample of the population, as in most other indicator work), which allows for the examination of the wellbeing of all New Zealanders, and provides information down to highly disaggregated small population groupings at the family and household levels. In fact, the whole range of other Census variables is available for disaggregation. A further fillip is that with the control over the data possible in this project, cohort analysis is possible, not at an individual level but in terms of following the populations in various five-year age groups through successive Censuses to ascertain their changing fates in terms of wellbeing.

Third, although the Census does not collect information on the subjective elements of wellbeing, many of the core outcomes (good jobs, adequate income, education and health) identified by New Zealanders are (largely) based on objective living conditions, which are in turn intrinsically related to people's command over resources, and so to their quality of life. Thus, in many instances, a strong link exists between the objective measures of wellbeing and the subjective measures of wellbeing (see Crothers 2007, which reports correlation coefficients of the order of .3 to .4 on average). Therefore, although the Census provides little direct information on the subjective intangible aspects of wellbeing, it can nonetheless provide some indirect insights into these.

The limitations of using Census data to construct indicators and measure family wellbeing are the trade-offs among broad coverage, consistency of information and the depth or richness of detail the information provides, and the frequency of Census data collection at five-yearly

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<sup>8</sup> See: <http://www.compass.auckland.ac.nz/pages/viewproject.php?projectid=103>

intervals. First, the selection of indicators is constrained by the information available through Census data. Family and household wellbeing may be influenced by other factors (e.g. the perceived quality of family/household relationships), for which no Census data are available.

Second, a lack of data availability may constrain time-series analysis, as some Census questions that may be relevant to family/household wellbeing are no longer asked (e.g. housing insulation), while other Census questions (e.g. smoking) are not asked in every Census, and therefore cannot be used in monitoring.

Third, a lack of in-depth information may place limits on interpreting change in some indicators: for example, because income data are collected in bands rather than discrete amounts, indicator construction requires some estimation.

Fourth, the Census definition of “family” has limitations: for example, it only incorporates those family members that live within one household. Thus Census wellbeing measures may be particularly poor indicators for families whose members do not all reside within the one household: in particular, parents who usually share custody of their children, and children who live across two households.

### Relations among Indicator Projects

Table 1 summarises the key characteristics of the three indicator programmes discussed above. Further discussion about the relationships among these projects takes place below.

**Table 1 Key Characteristics of Social Indicator Projects in New Zealand**

Project	Objective indicators	Subjective indicators	Concepts used	Time-depth	Extent of disaggregation	Frequency of publication	Number of indicators
<b>Monitoring Social Conditions</b>	Yes	No	Quality of life	Long	None	One-off	66
<b>Big Cities Quality of Life</b>	Yes	Yes	Quality of life, social wellbeing	Short	Spatial	5-yearly	Approx. 95
<b>The Social Report</b>	Yes	Yes	Quality of life, wellbeing	Short to medium	Standard disaggregations	Annual	Approx. 40
<b>Family Whānau &amp; Wellbeing Project</b>	Yes	No	Wellbeing	Long	Multiple disaggregations	5-yearly	17

### Other Indicator Exercises in New Zealand

In addition, a range of government departments, local authorities and other groups also began work on developing sets of indicators. These supplement – and are often linked to – one of the main indicator efforts, and especially *The Social Report*. For 2003, the Statistics New Zealand website lists 24 central government indicator projects (some of which are economic indicators) and eight local government indicator initiatives.<sup>9</sup> Many of these are only broadly indicator projects and few have become institutionalised.

<sup>9</sup> For the full list, see <http://www.stats.govt.nz/reports/analytical-reports/govt-indicator-report.aspx>



The other indicator projects tend to take one of three directions:

- extending indicators in terms of the four-level set of environmental, economic, social and cultural reporting (which meshes nicely with the triple or quadruple “bottom-line” approach now favoured generally in government circles)
- covering particular population subgroups
- endeavouring to provide community-level indicators.

Among the first-listed type of development is work by the Ministry for the Environment to develop appropriate indicators to monitor environmental trends and track progress towards stated objectives and policy goals (see Ministry for the Environment 2007, 2009). Other government efforts include work by:

- the Ministry for Economic Development on economic development indicators and regional economic growth indicators (Ministry for Economic Development 2007, New Zealand Institute of Economic Research 2005)
- Statistics New Zealand housing indicators (n.d.a)
- the Ministry of Education with schooling indicators
- the Ministry of Health (2007) on a key set of health indicators
- the Ministry of Culture and Heritage (in association with Statistics New Zealand) on cultural indicators (Statistics New Zealand 2006).

Perhaps the largest gap, ironically (given that the earliest development of indicators was for the economic realm), is still in the area of economic indicators, although both Treasury and the Parliamentary Library issue monthly reviews, and other information can be found on the Ministry for Economic Development and Reserve Bank websites.

Various agencies responsible for policy in relation to particular population subgroups have made attempts to develop indicator frameworks, including:

- the Ministry of Social Development in relation to youth, the elderly and the poor (respectively Ministry of Social Development 2008, 2007, Perry 2005<sup>10</sup>)
- the Ministry of Women’s Affairs (2008)
- Te Puni Kōkiri (2007; also Durie et al. 2002)
- youth issues (Hill, 2003).

In relation to subpopulations, particular care needs to be taken to ensure the indicators deployed are appropriate.

Especially given local authority reform and the legislated need to carry out community-level planning and monitoring, there has been a considerable impetus to develop lower-level indicators, with Statistics New Zealand setting up a dedicated exercise to encourage this: Statistics New Zealand (2007). Experience in this aspect of indicator work has recently been reviewed by Memon and Johnston (2008). Indicator work has also been attractive to community groups, and Anew NZ (n.d.) has endeavoured to harvest this interest and extend it in useful directions. However, this area of indicator work has yet to be adequately consolidated (for an attempt to develop a “one-stop shop” see Economic and Social Statistics Unit AUT n.d.). Table 2 documents part of this difficulty in relation to the “linked indicator” data set that was developed: the proportion of indicators available sub-nationally is much lower than that available nationally.

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<sup>10</sup> See also other more academic studies such as Podder and Chatterjee (2002).

In a bid to assist with the production of meaningful, high-quality indicators, Statistics New Zealand has produced a set of guidelines for selecting and working with indicators.<sup>11</sup> It has also worked on a broader “sustainable” framework, which would house the full array of different domains of indicators, drawing on more focused indicator exercises as appropriate.

**Table 2 Coverage of Linked Indicators**

Wellbeing domain	Total number of indicators	Percentage available nationally	Percentage available sub-nationally
Culture	5	80	60
Economy	14	100	50
Environment	11	45	27
Society	13	100	100

Source: Statistics New Zealand 2005

## ISSUES AND DEVELOPMENTS

The recent social indicator and social reporting initiatives in New Zealand face similar issues, the most important of which are those of data availability and timeliness. In addition, there are the interlinked issues of indicator proliferation and threats to the long-term viability of such initiatives, but there is still the promise of explanatory analyses that will pin down the “drivers” or causes of changes in indicator results (cf. New Zealand Institute of Economic Research, 2004).

The issue of availability refers to having data available so that valid indicators of change can be constructed. In comparison with other countries such as Australia, Canada, the United Kingdom and most European countries, official social statistics in New Zealand are underdeveloped. The statistics are fragmented and there are significant gaps in the existing bodies of data. As a result, the available statistics do not provide a firm basis for institutionalising a set of social indicators in New Zealand, and report writers have mentioned this.

The issue of data timeliness relates to the availability of up-to-date information. For example, the 2006 *Social Report* notes that “Twenty-five of the 42 indicators in the report have been updated this year” (Ministry of Social Development 2006); the remaining 17 indicators (approximately 40%) were not being updated due to lack of new data to do so. For the indicators projects output to be useful to the analyses of outcomes, data need to be as up-to-date as possible.

The lack of timely data is being addressed in two ways. First, the Big Cities project and the Ministry of Social Development’s *Social Report* have jointly commissioned further surveys to gather needed data and are working together to produce common survey data sets. Second, Statistics New Zealand recently conducted a review of the social statistics collected in New

<sup>11</sup> See [http://www.stats.govt.nz/methods\\_and\\_services/user-guides/indicator-guidelines.aspx](http://www.stats.govt.nz/methods_and_services/user-guides/indicator-guidelines.aspx)

Zealand and has published the results from its General Social Survey (GSS),<sup>12</sup> which will provide much-needed data to insert into indicator frameworks.

The issue of the long-run viability of various social indicator and social reporting initiatives has two aspects. The first relates to the question of potential political interference in their production. For example, an incoming government may not be keen to measure outcomes in some areas, especially if they are reporting the negative effects of policy introduced by that government, and may cease their publication. For example, Crothers (2006:5) notes the existence of disquiet among the opposition National Party when the Labour Government used material from the 2005 *Social Report* prior to the general election to promote its policy choices. In turn, political and other support are required to ensure an adequate flow of funding.

The second aspect refers to the proliferation of indicator and reporting projects. As indicated earlier, there are multiple social indicator and social reporting initiatives underway in New Zealand, which calls into question the financial viability of such projects, which tend to be resource intensive.

A third concern involves the extent to which indicator projects overlap and reinforce each other while jointly ensuring that the fullest range of areas of concern is covered. Table 3 details the domains of interest covered by each of the major studies, while Appendix 1 lists the domains and specific indicators of each of the reports covered. (Crothers 2000 provides a useful indication of the array of available data in New Zealand. See also Woodley 2006 and an AUT University website developed to guide community-level social monitoring: Social and Economic Statistics Unit, n.d.)

**Table 3 Comparison of Domains**

Domains	Social Report	Big Cities Quality of Life	Family Whānau and Wellbeing Project
Context: people	*	X	*
Health	X	X	X
Knowledge and skills	X	X	X
Paid work	X	X	X
Economic development		X	
Economic standard of living	X	X	X
Housing	X	X	X
Civil and political rights	X	X	
Cultural identity	X		
Leisure and recreation	X	X	
Physical environment	X		

<sup>12</sup> Statistics New Zealand intends to carry out the GSS every two years using face-to-face interviewing with a large sample of people. In particular, it will provide subjective and objective data related to the domains covered in the main New Zealand indicator projects. These include the following modules:

- overall life satisfaction
- health
- knowledge and skills
- paid work
- economic standard of living
- housing
- physical environment
- safety and security
- leisure and recreation
- culture and identity
- human rights
- social connectedness
- support across households.

Natural environment		X	
Built environment		X	
Safety	X	X	
Social connectedness	X	X	X

Key: X = coverage of that domain. \* = included, although external to the indicator framework.

So far New Zealand indicator work has been tipped in the direction of the objective rather than subjective indicators, in part because subjective indicators require specially collected survey data. One published study by Morrison (2007) explored the relationship between happiness and the city people live in, drawing on Big City QOL data, and controlling for other influences on feelings of wellbeing. In a more wide-ranging paper, Crothers (2007) explored various New Zealand survey sources for subjective data and carried out analyses of how closely paired subjective/objective variables are correlated.

Analysis of the causes or drivers of changes in indicators or their social distributions is not far advanced. A Ministry of Social Development commissioned unpublished paper by New Zealand Institute of Economic Research (2004) attempted to develop some analyses, but this was a preliminary effort. Given its academic context, FWWP is better able to adduce comments from the literature, overseas studies and cognate New Zealand studies, but these remain hypotheses rather than being empirically tested.

In turn, especially if some causal mechanisms can be identified, there is a key policy implication of indicators. Beyond alerting policy makers and the public to social problems that might be arising from deleterious trends, there is some possibility of social forecasting.

Of the 12 domains to be covered, *The Social Report* and the Big Cities QOL cover each, whereas FWWP covers only half the range. The 17 indicators deployed by FWWP contrast with the 40–45 or so in *The Social Report* and the very wide array of indicators mobilised by the Big Cities QOL.

The promise of the developing capacities of the social indicator projects is that they are increasingly able to provide, if not explanatory analyses, at least very detailed descriptions of change over time. The increasing use of survey (and Census) data greatly increases the ability of analyses to examine relationships among indicators (in particular, the extent to which particular people or families suffer multiple deprivations). As a result, levels and cumulations of deprivation can be examined. Survey (and Census) data also include a range of social background variables (in practice the set in the Census is very wide), which allow the characteristics of the people/families suffering deprivation to be quite precisely described. Once the characteristics of the more deprived people/families have been pinpointed, informed speculation can point to some of the causes of the deprivation. It is particularly the over-time (relative) consistency of the Census-based project that allows the most detailed examination of the changing fates of subgroups, because particular cohorts can be traced through time.

## CONCLUSIONS

Although earlier indicator work in New Zealand foundered on a plethora of difficulties, the raft of social indicator and social reporting initiatives currently underway suggests that the future of such projects is assured. However, these projects face the issues of data availability,

data quality and the uncertainty of long-term funding. Several developments are helping to reduce these risks and to consolidate the resources needed for continued work. In particular, the analytical capability of social indicator work has been enhanced. This allows the social indicators not only to measure change but also to ascertain, in great detail, where it is occurring and from this foundation to point to the drivers of the change. In turn, such closely calibrated indicators should allow the development of policy and programmes to overcome the deprivations found.

APPENDIX 1: COMPARISON OF INDICATORS

Note: X = An Indicator is available for this Cell of the Table

Domains	Social Report	Big Cities QOL	FWWP
<i>Contextual</i>			
Population growth		X	
Ethnicity		X	X
Age		X	X
Family and households		X	X
<i>Health</i>		Mental health & wellbeing Modifiable risk factors Low birth weights Teenaged parents Infant mortality Access to GPs Health status Diseases	
Health expectancy	X		
Life expectancy	X	X	
Suicide	X		
Cigarette smoking	X		Current cigarette smoking status
Obesity	X		
<i>Education</i>		Suspensions & stand-downs School decile ratings Community education	
Participation in early childhood education	X	X	
School leavers with higher qualifications	X		
Participation in tertiary education	X		
Educational attainment of the adult population	X	X	Secondary educational attainment Post-secondary educational attainment
Adult literacy skills in English	X		
<i>Economic development</i>		Growth in businesses Building consents Economic growth Retail sales Tourism	
Unemployment	X		Unemployment
Employment	X	X	Hours worked

Domains	Social Report	Big Cities QOL	FWWP
Median hourly earnings	X		
Workplace injury claims	X		
Satisfaction with work–life balance	X		
		Household expenditure	
		Social deprivation	
		Income	
		Costs	
Market income per person	X		Equivalised family income (CPI-adjusted)
			Income source
Income inequality	X		Income inequality
Population with low incomes	X		Proportion of families with low equivalised incomes
Population with low living standards	X		
<i>Housing</i>		Government housing provision	
		Urban housing intensification	
Household tenure		X	Tenure
Housing affordability	X	X	Rental affordability
Household crowding	X	X	X
Habitability			Dwelling type
			Fuels used to heat the dwelling
<i>Civic/political rights</i>		Involvement in decision making	
Voter turnout	X	X	
Representation of women in government	X	X	
Perceived discrimination	X		
Perceived corruption	X		
Local content programming on New Zealand television	X		
Māori-language speakers	X		
Language retention	X		
Satisfaction with leisure time	X		
Participation in sport and active leisure	X		
Participation in cultural and arts activities	X		

Domains	Social Report	Big Cities QOL	FWWP
<i>Natural environment</i>		Waste management and recycling Beach, stream & lake water Biodiversity	
<i>City/built environment</i>		Look and feel of the city Traffic and transport City green space Public transport Noise pollution Graffiti	
Air quality	X	X	
Drinking-water quality	X	X	
<i>Safety</i>		Child safety Crime levels	
Intentional injury child mortality	X		
Criminal victimisation	X		
Perceptions of safety	X	X	
Road casualties	X	X	
<i>Social connectedness</i>		Community strength & spirit Quality of life Diversity	
Telephone and internet access in the home	X	X	Motor vehicle access Telephone access Internet access
Regular contact with family/friends	X	X	
Trust in others	X	X	
Loneliness	X	X	
Contact between young people and their parents	X		

## REFERENCES

- Andrews, F. (1990) "The evolution of a movement" *Journal of Public Policy*, 9(4):401–405.
- Anew (n.d.) *Progress Indicators*, [www.anewnz.org.nz/page.asp?id=28](http://www.anewnz.org.nz/page.asp?id=28).
- Auckland City Council, Christchurch City Council, Manukau City Council, North Shore City Council, Waitakere City Council and Wellington City Council, (various years) *Quality of Life in New Zealand's Largest Cities*, Quality of Life Project, New Zealand.
- Big Cities Quality of Life Project (n.d.) [www.bigcities.govt.nz](http://www.bigcities.govt.nz)
- Bulmer, M. (1990) "Problems of theory and measurement" *Journal of Public Policy*, 9(4):407–412.
- Cobb, C. and C. Rixford (1998) "Lessons learned from the history of social indicators" *Redefining Progress*. 36pp.  
<http://www.rprogress.org/publications/1998/SocIndHist.pdf>



- Cotterell, G. (2002) "Social indicator use in New Zealand: History and current developments" paper presented at the *XVth ISA World Congress of Sociology*, Brisbane, Australia.
- Cotterell, G., M. Wheldon and S. Milligan (2007) "Measuring changes in family wellbeing in New Zealand 1981 to 2001" *Social Indicators Research*, 86(3):453–467.
- Crothers, C. (2000) "Monitoring the changing social conditions of New Zealanders" *Social Policy Journal of New Zealand*, 15:102–120.
- Crothers, C. (2006) "The development of indicators in New Zealand: Indicatorisation" paper presented at the *International Sociological Association*, Durban [conference CD-ROM].
- Crothers, C. (2007) *The Interrelations between Objective and Subjective Measures of Satisfaction Report*, School of Social Sciences, AUT, Auckland.
- Davey, J. (1993) *From Birth to Death III*, Institute of Policy Studies, Victoria University of Wellington, Wellington.
- Davey, J. (1998). *Tracking Social Change in New Zealand: From Birth to Death IV*, Institute of Policy Studies, Victoria University of Wellington, Wellington.
- Davey, J. (2000) "From Birth to Death: A social monitoring framework from New Zealand" *Social Indicators Research*, 49:51–67.
- Davey, J. (2003) *Two Decades of Change in New Zealand: From Birth to Death V*, Institute of Policy Studies, Victoria University of Wellington, Wellington.
- Department of Statistics (1977) *Social Trends in New Zealand*, Department of Statistics, Wellington.
- Department of Statistics (1984). *Report on the Social Indicators Survey, 1980–81*, Department of Statistics, Wellington.
- Durie, M., E. Fitzgerald, T.K. Kingi, S. McKinley and B. Stevenson, Te Pūtahi a Toi, School of Māori Studies, Massey University (2002) *Māori Specific Outcomes and Indicators*, Te Puni Kōkiri Ministry of Māori Development, Wellington.
- Economic and Social Statistics Unit, AUT (n.d.) *AUT Community Profiling Service*, [www.ipp.org.nz/cps.htm](http://www.ipp.org.nz/cps.htm).
- Gray, A (2001) *Review of the Social Report*. Unpublished report, Ministry of Social Development, Wellington.
- Hill, J. (2003) *Young People Not in Education, Training or Employment: Key Indicators*, Youth Transitions Report Series, Ministry of Social Development, Wellington.
- Memon, A. and K. Johnston (2008) "Institutional barriers to developing community indicators in New Zealand: A preliminary assessment" *Commonwealth Journal of Local Governance*, 1: 61-91.
- Milligan, S.; A. Fabian; P. Coope and C. Errington (2006) *Family Wellbeing Indicators*, Statistics New Zealand, Wellington.
- Ministry for Economic Development (2007) *The Growth and Innovation Indicator Approach*, [www.med.govt.nz/templates/MultipageDocumentPage\\_\\_\\_1870.aspx](http://www.med.govt.nz/templates/MultipageDocumentPage___1870.aspx)
- Ministry for the Environment (2007) *Environment New Zealand 2007*, Ministry for the Environment, Wellington.
- Ministry for the Environment (2009) *Reporting on New Zealand's Environment: How the National Environmental Reporting Programme Works*, Ministry for the Environment, Wellington.
- Ministry of Health (2007) *An Indication of New Zealanders' Health*, Ministry of Health, Wellington.
- Ministry of Social Development (2001 onwards) *The Social Report*, Ministry of Social Development, Wellington.
- Ministry of Social Development (2005 onwards) *Regional Indicators*, [www.socialreport.msd.govt.nz/regional/t-authorities](http://www.socialreport.msd.govt.nz/regional/t-authorities).

- Ministry of Social Development (2007) *Positive Ageing Indicators – Ministry of Social Development*, Ministry of Social Development, Wellington.
- Ministry of Social Development (2008) *Children and Young People: Indicators of Wellbeing in New Zealand 2008*, Ministry of Social Development, Wellington.
- Ministry of Women's Affairs (2008) *Indicators for Change: Tracking the Progress of New Zealand Women*, [www.mwa.govt.nz/news-and-pubs/publications/indicators-for-change](http://www.mwa.govt.nz/news-and-pubs/publications/indicators-for-change)
- Morrison, P. (2007) "Subjective Wellbeing and the City" *Social Policy Journal Of New Zealand*, 31: 74–103
- New Zealand Institute of Economic Research (2004) *Drivers of Changes in Indicators* unpublished report, Ministry of Social Development, Wellington.
- New Zealand Institute of Economic Research (2005) *New Zealand's Regional Economic Performance*, Ministry of Economic Development, [http://www.med.govt.nz/templates/ContentTopicSummary\\_\\_\\_\\_\\_2325.aspx?&MSHiC=65001&L=0&W=regional+economic+performance+&Pre=%3Cb%3E&Post=%3C%2fb%3E](http://www.med.govt.nz/templates/ContentTopicSummary_____2325.aspx?&MSHiC=65001&L=0&W=regional+economic+performance+&Pre=%3Cb%3E&Post=%3C%2fb%3E)
- New Zealand Planning Council (1985) *From Birth to Death: The First Report of the Social Monitoring Group*, New Zealand Planning Council, Wellington.
- Noll, H.-H. and W. Zapf (1994) "Social indicators research: Societal monitoring and social reporting" in I. Borg and P. Mohler (eds.) *Trends and Perspectives in Empirical Social Research*, Walter de Gruyter, Berlin.
- Parliamentary Library (various years) *Monthly Economic Review*.
- Perry, B. (2005) *Social Report Indicators for Low Incomes and Inequality: Update from the 2004 Household Economic Survey*, Ministry of Social Development, Wellington.
- Podder, N. and S. Chatterjee (2002) "Sharing the national cake in post reform New Zealand: Income inequality trends in terms of income sources" *Journal of Public Economics*, 86:1–27.
- Reed, P. (2000) *Developing Civic Indicators and Community Accounting in Canada*, [www.cedworks.com/benchmarks.html](http://www.cedworks.com/benchmarks.html).
- Six Cities Project (2001) Later referred to as Big Cities Quality of Life Project
- Smith, C. (2004) *Social Wellbeing in New Zealand and the Correlates of Life Satisfaction*. Unpublished report, Ministry of Social Development, Wellington.
- Statistics New Zealand (2001) "Environmental indicators: Monitoring the state of our environment" *Key Statistics*, December:9–12.
- Statistics New Zealand (2003) *Review of the Monitoring Progress Towards a Sustainable New Zealand Report*. <http://www.stats.govt.nz/publications/nationalaccounts/review-of-the-monitoring-progress-towards-a-sustainable-nz-report.aspx>
- Statistics New Zealand (2005) *Linked Indicators*, [www.stats.govt.nz/analytical-reports/linked-indicators/default.htm](http://www.stats.govt.nz/analytical-reports/linked-indicators/default.htm).
- Statistics New Zealand (2006) *Cultural Indicators for New Zealand: 2006*, <http://www.stats.govt.nz/reports/analytical-reports/cultural-indicators-06.aspx>
- Statistics New Zealand (2007) "Developing indicators for local communities: The New Zealand experience" paper for the *Istanbul World Forum – Measuring and Fostering the Progress of Societies*, Istanbul, June 2007.
- Statistics New Zealand (n.d.a) *Housing Indicators Project*, <http://www.stats.govt.nz/publications/standardofliving/housing-statistics-programme.aspx#project>
- Statistics New Zealand (n.d.b) *Monitoring Progress Towards a Sustainable New Zealand*, <http://www.stats.govt.nz/reports/analytical-reports/monitoring-progress-towards-sustainable-nz.aspx>

- Te Puni Kōkiri (2007) *Quality of Life Indicators for Māori: Discussion Document*, Te Puni Kōkiri, Wellington.
- Treasury (various years) *Monthly Economic Indicators*, The New Zealand Treasury, Wellington.
- Vogel, J. (1994) "Social indicators and social reporting" *Statistical Journal of the United Nations*, 11:241–260.
- Woodley, A. (2006) *Northcote Child and Youth Project: Indicator List*, [http://search.msd.govt.nz/search?q=cache:s3-trkEGzm8J:www.msd.govt.nz/documents/about-msd-and-our-work/work-programmes/initiatives/northcote-child-youth-project/northcote-indicator-list-06.doc+northcote&access=p&output=xml\\_no\\_dtd&ie=UTF-8&client=prod\\_msd&site=prod\\_msd&proxystylesheet=prod\\_msd&oe=UTF-8](http://search.msd.govt.nz/search?q=cache:s3-trkEGzm8J:www.msd.govt.nz/documents/about-msd-and-our-work/work-programmes/initiatives/northcote-child-youth-project/northcote-indicator-list-06.doc+northcote&access=p&output=xml_no_dtd&ie=UTF-8&client=prod_msd&site=prod_msd&proxystylesheet=prod_msd&oe=UTF-8)

# **SOCIAL AND RECREATIONAL TRAVEL: THE DESTINATIONS, TRAVEL MODES AND CO<sub>2</sub> EMISSIONS OF NEW ZEALAND HOUSEHOLDS**

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## **Abstract**

Road transport has been a major contributor to New Zealand's increasing rate of CO<sub>2</sub> emissions over the past 15 years. New Zealand Travel Survey (NZTS) data show that 29% of the kilometres travelled by households are for social and recreational purposes. These trips are less amenable to the travel demand management strategies applied in work and school settings (such as increasing public transport, parking restrictions and travel plans) because they occur at all times of the day and all days of the week, and trips are taken to an unlimited number of destinations. To understand the characteristics of social and recreational travel, an analysis of the destinations of the 18,299 social and recreational trips recorded in the 2003–2006 NZTS was undertaken. Transport mode use for the most common trip destinations was compared and differences in trip patterns by gender, age, ethnicity and neighbourhood deprivation were examined. It was found that trips to visit family and friends and recreational trips to open spaces such as beaches, lakes and parks are the most common destination categories and those least often made on foot. The potential and limitations of virtual mobility and urban design to reduce CO<sub>2</sub> emissions from household social and recreational travel are discussed.

## **BACKGROUND**

As evidence of global climate change and its anthropogenic basis accumulates (HM Treasury 2006, IPCC 2007), sources of New Zealand's greenhouse gas emissions have come under increasing scrutiny. Strategies to reduce emissions and the likely social implications of decarbonisation policies are also being examined (Boston 2007, Chapman and Boston 2007).

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In 2005 transport contributed 18% of New Zealand's CO<sub>2</sub>-equivalent (CO<sub>2</sub>-e) emissions and road transport represented 89% of these emissions (Ministry for the Environment 2007). A striking feature of transport emissions has been their rapid growth, with road transport emissions increasing 65% between 1990 and 2005. At this level road transport has been a major contributor to New Zealand's overall rate of emissions increase: 25% over the 15-year period (Ministry for the Environment 2007).

New Zealand has one of the highest rates of car ownership internationally, relatively low-density urban development and poor public transport infrastructure, all factors that have contributed to making us an auto-dependent nation. The same factors will make reducing CO<sub>2</sub> emissions from domestic travel particularly challenging. The trend in New Zealanders' transport behaviour has been one of increasing annual distances travelled by car (as both drivers and passengers) and decreasing distances using active transport modes (walking and cycling) (Ministry of Transport 2007a). A comparison of national annual estimates (NAEs) of the total distance driven by New Zealanders in the 1997/98 and 2003–06 household travel surveys indicates an increase of 16% between the surveys. In the same time period the population increased by 7%.

Social and recreational trips are a major component of domestic travel. Data from the 1997/98 survey showed that work-related trips (24%) and social and recreational trips (29%) made the highest contribution to the annual tally of kilometres travelled by vehicle drivers.<sup>2</sup> The significance of social and recreational travel is also underscored by data from the New Zealand Time Use Survey. An analysis of average minutes per day spent travelling for different purposes indicates that social and recreational travel consumes more time than work-related travel, for both men and women (Statistics New Zealand 2000). Women averaged 18 minutes a day travelling for social entertainment and sporting purposes and 12 minutes on labour-force participation. For men the equivalent times were 20 and 19 minutes, respectively.

Travel behaviour patterns, including mode use, differ depending on the purpose of a trip (Handy 1996). A comparison of mode use for work-related and social and recreational trips using 1997/98 survey data indicates that 72% of work-related trips were made as a vehicle driver compared to 38% of social and recreational trips; passenger trips comprised 7% of work-related trips and 35% of social and recreational trips; and walking trips were 15% of work and 22% of social and recreational trips (Land Transport Safety Authority 2000). Work-related trips are generally to a specific place, for a standard time period on set days of the week. Social and recreational trips are infinitely more flexible. They can occur at any time of the day, any day of the week and to an unlimited number of destinations.

Trips to work and school contribute to Monday to Friday peak-hour congestion so they have been extensively studied (Cairns et al. 2002). As a consequence, travel demand management (TDM) strategies, such as workplace and school travel plans, have been developed and are being implemented to ease congestion in larger urban areas (e.g. Auckland Regional Transport Authority 2007). By contrast, little attention has been given to understanding the characteristics of social and recreational travel. However, if a policy objective is to reduce CO<sub>2</sub> emissions, all kilometres travelled contribute to emissions irrespective of trip purpose.

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<sup>2</sup> Percentages based on driver kilometres travelled excluding "home" trips and "work – main job" and "work – other job" combined.

Social and recreational travel is often described as “discretionary” whereas work-related and education-related trips are cast as “essential” (Frank et al. 2007, Loukopoulos et al. 2006). However, this categorisation is at odds with the importance placed on social inclusion within social policy in New Zealand and elsewhere (Miller 2007, Spoonley et al. 2005, Statistics New Zealand 2006). Mobility enables individuals and households to meet needs, aspirations and obligations that involve participation in activities that occur beyond the home. A change in transport behaviour that restricts participation in various life domains can contribute to social exclusion (Lucas 2004). This relationship has been observed in local studies of the impacts of poor access to transport on the lives of older people and people with disabilities (Davey 2004, Human Rights Commission 2005). Maintaining social ties and networks requires investments of time, and face-to-face contact can seldom be entirely replaced by virtual contact (Loukopoulos et al. 2006).

There are few situations where the effect of withdrawing access to private vehicles on the travel behaviour of the broader population can be observed. A rare example was the introduction of the carless day scheme to New Zealand in 1979 in the face of fuel price and supply fluctuations. The strategies people adopted to maintain their household activities varied by trip purpose (Elliot et al. 1980). Work-related trips on a nominated carless day, 84% of which were undertaken by car prior to the introduction of carless days, continued to be taken primarily by car (62%), either through the use of an exempt or second car or by car sharing. Mode shift occurred mainly through car pooling (5% to 19%) and to a lesser extent by increased bus (2% to 7%), motorbike (2% to 7%) and bicycle (7% to 12%) use. Shopping trips, car-based for 88% of trips prior to the carless day scheme, also continued to be primarily a car-based activity (55%), with mode shift favouring bicycle (3% to 15%) and walking (9% to 20%).

The response to social and recreational trips was somewhat different. Again car use for these trips was high before (88%) and after the introduction of carless days (66%) through the use of a second car or car pooling, but there was scant evidence of mode shift. Rather, 33% of trips were postponed (Elliot et al. 1980). The authors concluded that “The absence of non car modes suggests that personal [equivalent to NZTS social and recreational categories] trips are strongly linked to car use, and that carless days may be having a significant social impact” (p. 23). Mode shift was most common for regular trips (work) and to destinations that were geographically proximate (shopping).

An individual’s travel patterns can be described as a series of trajectories in time and space (Miller 2007). Time is allocated to activities such as work, home, shopping and recreation, as well as time to move between these activities, as they generally take place at different geographic locations. Transport modes and information and communication technologies are then used to trade time for space as we schedule at a personal or household level how we can participate in various activities. Everyone has a finite time budget: an amount of time to allocate to a range of activities over a day or week or other prescribed time period (Huisman 2005). A person with access to a private vehicle can expand their activity space and respond to opportunities in narrower time windows than a person reliant on walking or public transport. Space–time activity analysis has highlighted differences in activity patterns and constraints on activities for people of different gender, age, socio-economic status and life stage (Kwan 1999). In sprawling, auto-dependent urban environments and rural areas where activity locations are widespread, limited access to a car can result in spatio-temporal exclusion: an inability to participate in activities, obtain resources or benefit from opportunities (Miller 2007). Land-use changes that increase the dwelling density and

decrease distances between work, home and play are strategies designed to shrink individual activity spaces and reduce travel demand.

Taken collectively, the social networks to which people belong interact with transport demand and transport systems. Axhausen (2006) has investigated the expanding geographies of social networks as a function of labour market specialisation and dispersion and residential mobility. Low-cost travel has been integrated into people's social lives, enabling what Axhausen (2006) describes as a strong preference for people to "maintain the existing social capital of their group or family", even where these networks are spatially dispersed (p. 162). In the New Zealand context many Māori, both urban and rural, regularly travel long distances to maintain whānau connections and links to marae.

Dravitzki et al. (2006) suggest that the impetus for the rapid uptake of car ownership in New Zealand may have been the opportunity a car provides for social and recreational travel. Although 87% of our population dwell in urban areas (Ministry for the Environment no date), high cultural value is placed on an outdoor lifestyle and on access to natural environments. A private vehicle is the only way to access many of these amenities. Dravitzki et al. (2006) also suggest that the outdoor nature of the recreational pastimes of many New Zealanders may influence the size of vehicles in the New Zealand fleet, with the occasional use for recreational purposes such as towing a boat or off-road trips determining the size of vehicle purchased.

This paper presents descriptive analyses of data collected by the NZTS 2003–06 on social and recreational trips (Ministry of Transport 2007b). Travel data were gathered from 12,700 people residing in 5,650 households between March 2003 and June 2006. All trips made by participants over a two-day period using all modes of transport were recorded. The types of trips categorised as social in the survey included all forms of entertainment at public and private venues, visits to private homes and non-private dwellings (e.g. hospitals) and preschool activities. Recreational activities were divided into active and passive participation in sporting activities, where the main purpose of the activity was exercise and travel to sporting or recreational activities (Land Transport New Zealand 2006). The Ministry of Transport provided data relating to the 18,299 social and recreational trips collected in the survey with linked spatial, demographic and temporal variables. A breakdown of the common destinations of New Zealanders' social and recreational travel has not been previously undertaken.

The research was undertaken as part of a project funded by the Foundation for Research, Science and Technology entitled Reduced CO<sub>2</sub> from Sustainable Household Travel. An aim of the programme is to understand the social impacts of reduced household fuel use. The paper describes the first stage of an investigation into the meaning of social and recreational travel to New Zealanders.

## METHODS

Data and weightings from the NZTS 2003/06 were used to estimate the annual distance travelled by New Zealanders for social and recreational trips and the number of social and recreational trips taken in a year.<sup>3</sup> Text data recorded by survey interviewers to describe the

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<sup>3</sup> The NZTS records "trip legs" as follows: a trip leg is a single segment of non-stop travel by a single mode. A reported stop or a change of mode ends a trip leg. For example, driving to a friend's place via a stop at the shops is two trip legs. In the data set on which this analysis is based, only the last trip

destinations of participants' social and recreational trips were imported into Microsoft Access. Destination descriptions were examined by the authors (SM and KW) and 11 major categories of social and recreational destinations were identified. SQL queries were used to assign a category to each trip leg based on text in the destination description field. These queries allowed like destinations to be grouped (e.g. café, restaurant, bar, club) and the inclusion of trips where the destination was described by a common misspelling (e.g. friend, freind, frien, friends, firend etc.). Adequate information was available to categorise 81% of the 18,299 social and recreational trips in the NZTS 2003–06.

For the 11 social and recreational trip destination categories, trip leg and distance estimates were calculated in SAS 8.2 using the survey weighting. NAEs of trip legs are in millions of trips per year and estimates of distance in millions of kilometres per year. Differences in trip-leg numbers and distances for all social and recreational trips and major trip categories were investigated by day of the week, gender, age, ethnicity and neighbourhood deprivation. For reliable NAEs of trip-leg numbers and distances to be made, only cells with over 120 cases were included in an analysis (L. Povey, personal communication).

The sampling in the survey used a stratified cluster design. The sample was stratified by region of residence and by an urban–rural variable. Households were clustered within meshblocks. Variance estimation and statistical testing were done using SUDAAN 9.0 to account for the stratified cluster design of the survey. Due to the skewed<sup>4</sup> nature of the trip distance data, significance testing for distances travelled was done on the natural logarithm scale, and so we refer to the geometric mean rather than the arithmetic mean when describing differences. Most trip and distance figures in the tables are rounded to two significant figures. CO<sub>2</sub>-e emissions were estimated using the fuel combustion emission factors (transport fuels) for 2006 (Ministry for the Environment 2008).

## RESULTS

The distance travelled by New Zealanders for social and recreational trips was estimated as 10,500 (standard deviation [s.d.] 500) million kilometres annually and the estimated total number of social and recreational trips taken in a year as 1,050 million trips. The CO<sub>2</sub>-e emitted by the kilometres travelled was estimated at 2,500 million kg.<sup>5</sup>

Table 1 lists the most common types of social and recreational destinations and national annual estimates (NAEs) of distance travelled for social and recreational trips to specific destinations.<sup>6</sup> Twenty-five per cent of the distance travelled was on trips to visit family or friends. Journeys to open spaces such as rivers, lakes and beaches made up a further 12% of the distances travelled. The three recreational categories (open spaces, sporting and non-sporting recreational activities) collectively accounted for approximately 25% of all estimated kilometres travelled for social and recreational purposes. A further 9% of distances travelled comprised trips to locations where food and drink are consumed, such as restaurants and bars.

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leg in a change mode series is considered as a possible social or recreational trip leg (any preceding ones will be coded as purpose or destination "Change Mode"). Trips and trip legs are used interchangeably when referring to NZTS data.

<sup>4</sup> Trip data are skewed due to a small proportion of trips being very-long-distance trips.

<sup>5</sup> The default value of .241 kg CO<sub>2</sub>-e/km was used because engine size was unknown.

<sup>6</sup> Only categories with 120 or more trip legs allocated are listed. Known destinations with fewer than 120 recorded trip legs are included in the "other" category.



**Table 1 Common Social and Recreational Destinations: National Annual Estimates of Distances Travelled**

Trip leg destination	NAE in million km (s.d.)	Mean (arithmetic) trip distance in km (s.e.)	Mean (geometric) trip distance in km (s.e.)	Percentage of NAE by destination
Friends and family	26,000 (190)	11 (1)	6 (1)	25
Recreation – open spaces	1,200 (150)	15 (2)	8 (1)	12
Food and drink	900 (140)	14 (2)	7 (1)	9
Recreation – sporting activities	900 (160)	11 (2)	6 (1)	8
Recreation – non-sporting	500 (80)	11 (2)	6 (1)	5
Accommodation	500 (130)	50 (10)	13 (1)	5
Education facility-based activity	200 (40)	8 (1)	5 (1)	2
Window shopping <sup>a</sup>	200 (40)	11 (2)	6 (1)	2
Hospital – retirement village	200 (70)	15 (6)	6 (1)	2
Mobile destination <sup>b</sup>	80 (20)	10 (3)	7 (1)	1
Cinema	30 (10)	6 (1)	5 (1)	0
Other	1,200 (140)	13 (1)	6 (1)	12
Unknown	2,000 (230)	13 (1)	7 (1)	19

a. Only window shopping is categorised as a social trip.

b. Mobile destination captures recreational trips where the main purpose is to walk, cycle or drive.

The NZTS records the transport mode used for all trip legs, but distances travelled are not recorded for walking trip legs. NAEs of the number of social and recreational trips made using different modes in the 2003–06 survey indicate that 45% of trips were undertaken as a vehicle driver and 32% as a car passenger, 19% by foot and 2% by bicycle. Trip numbers are adequate for reliable estimates to be made for driver, passenger and walking modes only for the six social and recreational destination categories listed in Table 2.

**Table 2 Common Social and Recreational Trips: National Annual Estimates of Number of Trips to Destinations and to Destinations by Mode**

Trip leg destination	NAE of trip numbers (millions) (s.d.)	Percentage of social and recreational trips, by destination category (s.e.)	Percentage of trips, by mode, for destination categories		
			Driver	Passenger	Walk
Friends and family	280 (15)	27 (1)	51	35	11
Recreation – open spaces	110 (10)	10 (1)	38	34	23
Food and drink	90 (10)	8 (1)	37	35	25
Recreation – sporting activities	80 (5)	8 (0.4)	53	33	9
Recreation – non-sporting	50 (5)	5 (0.4)	46	36	14
Education facility-based activity	40 (3)	4 (0.3)	39	38	20

As indicated in Table 2, 27% of all social and recreational trips were visits to friends and family, and of these, 86% of trips were made by vehicle (51% by a driver, 35% by a passenger) and 11% were walking trips. Although driving is the most common travel mode for all social and recreational destinations, there was variation in the modal breakdown for different destinations. A higher percentage of recreational trip legs to open spaces and social trips to eating and drinking venues were made on foot than trips to sporting activities and visits to friends and family.

**Table 3 National Annual Estimates of Social and Recreational Travel (Trip Number and Distances), by Day of Week**

Day of week	NAE of trip leg numbers (million) (s.d.)	Percentage of trips (s.e.)	NAE of distance of trip legs, in million km (s.d.)	Percentage of distance	Mean (geometric) distance (s.e.)
Sunday	200 (12)	19 (1)	2,500 (280)	24	7(1)
Monday	120 (8)	11 (1)	1,000 (160)	10	6(1)
Tuesday	120 (9)	11 (1)	800 (100)	8	6(1)
Wednesday	130 (8)	12 (1)	1,000 (120)	10	5(1)
Thursday	130 (8)	13 (1)	1,400 (150)	13	7(1)
Friday	140 (8)	13 (1)	1,400(140)	13	6(1)
Saturday	220 (15)	21 (1)	2,400 (220)	23	7(1)

Not surprisingly, both distances travelled and numbers of social and recreational trip legs vary by day of the week, with more trip legs and longer distances being travelled on the weekend. Forty per cent of social and recreational trips and 47% of the distance travelled occurred on the weekend. The mean (geometric) distance travelled on Sundays is significantly higher than on all other days of the week (Table 3). In terms of specific destinations, numbers of trip legs and distances travelled were higher on Sundays for visits to family and friends and open spaces compared to most other days of the week, but the differences were not all statistically significant. Similarly, more trips were made to eating and drinking venues on Fridays and Saturdays than on other days of the week, but again not all pair-wise differences between these and other days of the week were statistically significant.

**Table 4 National Annual Estimates of Social and Recreational Travel (Trip Numbers and Distances), by Gender**

Gender	NAE of trip leg numbers, million (s.d.)	NAE distance, million km (s.d.)	Mean (arithmetic) trip leg distance, km (s.e.)	Mean (geometric) trip leg distance, km (s.e.)
Female	550 (18)	5,300 (270)	12 (1)	6 (1)
Male	500 (18)	5,300 (290)	13 (1)	7(1)

Men and women travel similar distances, but NAEs indicate that women make approximately 10% more social and recreational trip legs than men, although the trip-leg mean distance is shorter (Table 4). Key differences in the travel patterns of men and women relate to trip destinations. The destination for 29% of women's trips was family or friends, compared to 25% for men (t-stat = 3.57, p-value = 0.0006). A higher percentage of men's trips than women's were to recreational destinations. Open-spaces trips accounted for 11% of men's trips compared to 9% of women's trips, and sporting activities comprised 9% of men's trips and 7% of women's trips (t-stat = 2.97, p-value = 0.0057; and t-stat = 3.46, p-value = 0.0006, respectively). The mean (geometric) trip distance for men was greater than for women (t-stat = 3.07, p-value = 0.0024).

**Table 5 National Annual Estimates of Social and Recreational Travel (Trip-leg Numbers), by Age**

Trip-leg destination	Percentage of national annual estimates of trip legs, by age in years						
	0–14	15–24	25–44	35–44	45–54	55–64	65 and over
Friends and family							
Recreation – open spaces	30	38	27	26	23	20	19
Food and drink	13	7	9	13	11	11	8
Recreation - sporting activities	4	9	11	8	9	10	7
Recreation – non-sporting	10	8	8	7	7	5	7
Education facility-based activity	5	3	4	5	6	6	8
Friends and family	8	3	3	3	2	2	2

NAEs of trip-leg numbers could be calculated for seven age groups for six social and recreational destinations after taking account of the data per cell requirements for analysis, as noted above. Table 5 reports on the percentage of all social and recreational trips taken by a specific age group to six destinations. Standard errors of the percentages vary from around 1% to around 5%. In pair-wise comparisons between destinations by age group, a higher percentage of trips taken were to educational facilities and sporting activities by 0–14-year-olds and fewer trips to eating and drinking venues compared to all other age groups, and 15–24-year-olds made significantly more trips to visit family and friends than all other age groups.

Mean (geometric) trip-leg distance of social and recreational trips varied by ethnic group, with Pacific people travelling the shortest mean distance (6 km) and people of Asian ethnicities the furthest (8 km). However, only the Asian mean (geometric) trip distance was significantly different from other ethnic groups, being significantly higher than for Europeans ( $p = 0.015$ ), Māori ( $p = 0.033$ ) and Pacific people ( $p = 0.0161$ ).

The relationship between the deprivation level of the meshblock in which survey respondents lived, based on the New Zealand Deprivation Index 2006 (Salmond et al. 2007), and the mean (geometric) trip-leg distance travelled were also examined. Mean (geometric) distance of social and recreational trip legs increased as deprivation level decreased. The mean (geometric) distance travelled by those in the lowest deprivation quintile (7 km) was significantly higher than the mean distance of 6 km travelled by those in the highest deprivation quintile ( $p = 0.032$ ).

## DISCUSSION

Social and recreational travel makes up a large proportion of the distance travelled by New Zealand households and a correspondingly high proportion of domestic CO<sub>2</sub>-e emissions. It is also likely that the NAEs reported above for social and recreational distances travelled are an underestimate – a consequence of the convention used to code trip-leg purpose in the NZTS.

For example, a holiday trip from Auckland to Rotorua with a stop en route for food and petrol would be recorded as two trip legs, but only the final trip leg would be recorded as social or recreational in purpose. The earlier trip leg would be recorded as purpose “shopping”, even though the final social destination could not be reached without the first trip leg in the chain.

Visits to family and friends account for a quarter of all kilometres travelled, and recreational trips to sporting venues and beaches, lakes and other open spaces account for a further fifth of all social and recreational trips. Such trips are quintessential aspects of the New Zealand way of life and are important to health and wellbeing. They will not be relinquished easily in the face of rising fuel costs or in response to policies designed to reduce emissions.

The TDM strategies used to counter private vehicle use for the trip to work – such as improving public transport options, parking restrictions, workplace travel plans and congestion charging – have limited potential to affect social and recreational trips. These trips lack the regularity of timing, people volumes or common destinations that underpin the rationale for the success of TDM strategies. Although it may be theoretically possible in urban areas to replace car-based social or recreational trips with a combination of walking, cycling and public transport, the time involved in getting to a destination may make the trip unattractive, or even unfeasible. Time costs largely determine transport choices (Strazdins and Loughrey 2007). Public transport services are more intermittent on weekends when social and recreational trips are more common, a factor that makes trip planning more critical and the time penalty of missing a connection even higher for weekend than weekday trips.

The potential to curb the CO<sub>2</sub> emissions associated with social and recreational trips by adapting travel and life-style patterns is likely to vary for different types of destinations (Loukopoulos et al. 2006). Trips to visit family and friends, 86% of which were made as a vehicle driver or passenger, will be particularly difficult to reduce. The motivation to maintain these trips will be strong, and, short of a reverse trend that sees families relocating to be in closer proximity to one another or trips becoming unaffordable, they are likely to continue. An earlier New Zealand study investigating the potential impacts of an increase in the cost of private vehicle ownership suggested that, for some households, food and housing quality would be compromised before families would forgo car ownership. A car provides security that essential trips, including visits to family and health services, can be made (Witten et al. 2005). Such trips were not considered discretionary (Frank et al. 2007).

Social isolation is a possible outcome if mobility constraints limit a person’s opportunities to spend time with family and friends. Under the carless days regime in 1979 many New Zealanders responded by postponing social and recreational travel. If a similar strategy were adopted now, the social consequences could be more severe as car reliance has increased in the intervening years. Māori households may be disproportionately affected by this scenario: under high fuel cost scenarios, retaining employment in urban areas while sustaining rural family/whānau connections will be particularly difficult. Similar limitations to maintaining face-to-face contact will confront those with networks of family/whānau and friends who are dispersed internationally.

Recreational trips to open spaces and to eating and drinking destinations may be more amenable to changes that reduce fuel use. Opting for a destination closer to home will often be feasible. This is evident in the NZTS data in that 23% of trips to open spaces and 25% of eating/drinking trips were made on foot. Many of the walking trips to open spaces were to parks and reserves. New Zealanders have very good access to parks and reserves: a local,

regional or national park can be reached within 2.4 minutes by car from three out of four New Zealand neighbourhoods (Witten et al. in press) and many of these parks could be reached on foot. Distances travelled by car by households in a Danish study were lower on weekdays and weekends where a green recreational area of 10 hectares or more was located within a kilometre of the dwelling (Naess 2006). Sponsored events and the provision of attractive amenities for public use in parks are likely to increase their use as local social and recreational destinations. Also, the burgeoning of New Zealand's so-called "coffee culture" has created a huge increase in local cafés as common social and recreational destinations (New Zealand Tourism Online 2008). While trips to local parks and cafés could increase if emission reduction strategies curtail longer-distance social and recreational travel, there could be a corresponding decrease in the frequency of weekend or holiday trips to a bach or beach house, another common feature of the Kiwi lifestyle dependent on private vehicle use.

Mode use for trips to sporting destinations was more akin to family and friend visits than to recreational trips to open spaces. Only 9% of trips were walking trips and 53% were made as a vehicle driver. Sporting activities often take place at specialised venues that are less numerous and more geographically dispersed than parks and reserves. Further, team sports often involve inter-club competitions that necessitate relatively long journeys, although car pooling may have the potential to reduce CO<sub>2</sub>-e emissions in this situation. As rates of obesity are rising and physical activity levels falling (Ministry of Health 2003), care will be needed to ensure interventions designed to reduce CO<sub>2</sub> emissions do not indirectly discourage sporting participation.

Although TDM strategies are generally less useful for social and recreational travel, other approaches to reducing transport-related CO<sub>2</sub> emissions, such as the use of smaller-engine cars, more fuel-efficient cars, alternative fuels and electric vehicles, are equally effective for social and recreational trips as for other trips. Virtual mobility, using information and communication technologies, and certain approaches to urban design have also been promoted as useful strategies for lowering transport-related CO<sub>2</sub> emissions, but again they may not be as useful for social and recreational travel as for other types or travel. Although virtual mobility can substitute for trips to destinations such as banks and supermarkets, it is not considered an adequate replacement for face-to-face interaction with friends and family (Greenaway et al. in press), and may even increase rather than decrease demand for face-to-face contact (Adams 2005, Miller 2007).

Land-use changes that increase the dwelling density and decrease distances between work, home and play are strategies designed to shrink individual and household activity spaces and reduce travel demand (Cervero and Duncan 2006, Ewing et al. 2003). Changes in social and recreational travel patterns could follow if intensification is associated with better provision of recreational amenities, the location of major services and amenities (such as hospitals and retirement villages) on public transport routes, and improvements in public transport services in non-work hours. Locating regional sporting stadiums close to public transport routes and the provision of well-advertised occasion-specific public transport for events held at locations that are not near transport networks have been effective strategies to decrease the use of private vehicles. Unfortunately most social and recreational trips are not of this nature.

A compact urban form and easy access to a range of amenity destinations near where people live may increase walking trips (Saelens and Handy 2008), but there is no certainty that overall travel or CO<sub>2</sub> emissions will decrease accordingly. Handy (1996) investigated the relationship between urban form and travel behaviour in the San Francisco Bay area and

found higher accessibility – in terms of shorter trip distances and greater choice of destinations – was associated with *more* travel. The relationship was particularly marked for supermarkets and convenience store access. Trip frequency increased with choice of destinations, although a higher proportion of the trips were walking trips. Examining both local and non-local travel, a Norwegian study of energy use in eight residential areas in Oslo found that higher-density living reduced energy use for everyday travel but increased leisure-time travel. The investigators, Holden and Norland (2005), questioned whether high leisure-related energy use could be a long-term indirect effect of high-density living.

Economic and psychological explanations for the phenomenon of compensatory travel have been suggested. An escape hypothesis, whereby city dwellers seek contact with nature that is unavailable in the city, underpins the psychological explanation, and an economic argument suggests that a reduction in everyday intra-urban travel generates time and money savings that can be redistributed to weekend leisure travel (Naess 2006). Naess's investigation of travel behaviour in the Copenhagen region found weak evidence of compensatory weekend travel, but the overall weekly distances travelled by inner-city households were still lower than those of households in smaller urban areas.

Our study has a number of limitations. The destinations information available was not sufficient to categorise 19% of social and recreational trips in the NZTS database, and for those trips that were categorised the numbers of trips were only adequate for analyses of private vehicle and walking modes to be undertaken. Trip numbers were also too few for a comprehensive analysis of trip patterns by ethnicity or neighbourhood deprivation. Nevertheless, it has provided new information on the nature of social and recreational travel. In another phase of the research, travel data were gathered for nine consecutive days from residents living in diverse Auckland households. Subsequent in-depth interviews with participants enabled the meanings of their social and recreational trips to be explored as well as the essential versus discretionary nature of specific trips and the extent to which virtual communication could have been a feasible alternative to face-to-face contact. The findings of this work are reported elsewhere (Greenaway et al. in press).

Increasing affluence and relatively cheap access to private vehicles and, until very recently, cheap fuel have been associated with rising aspirations for mobility. However, if the overall costs of travel rise significantly in response to diminishing oil reserves and climate change, the size of people's social geographies are likely to shrink, and it will take time for people to reconfigure their social networks and adapt their travel patterns. As Axhausen points out, ultimately a new equilibrium is likely to be reached "which reflects the [evolved] infrastructures and fixed investments of society (housing, buildings in general, underground utilities, etc)" (Axhausen 2006:163).

## REFERENCES

- Adams, J. (2005) "Hypermobility: A challenge to governance" in K. Lyall and J. Tait (eds.) *New Modes of Governance: Developing an Integrated Policy Approach to Science, Risk and the Environment*, Ashgate, Aldershot.
- Auckland Regional Transport Authority (2007) *Sustainable Transport Plan*, Auckland Regional Transport Authority, Auckland.
- Axhausen, K.W. (2006) "Social factors in future travel: An assessment" *IEE Proceedings Intelligent Transport Systems*, 153(2):155–166.

- Boston, J. (2007) "Stern lessons on climate change: Stabilisation targets and emission reductions" *Policy Quarterly*, 3(1):11–19.
- Cairns, S., A. Davis, C. Newson and C. Swiderska (2002) *Making Travel Plans Work: Research Report*, Department of Transport United Kingdom, London.
- Cervero, R. and M. Duncan (2006) "Which reduces vehicle travel more: jobs–housing balance or retail–housing mix?" *Journal of the American Planning Association*, 72(4):475–490.
- Chapman, R. and J. Boston (2007) "The social implications of decarbonising the New Zealand economy" *Social Policy Journal of New Zealand*, 31:104–136.
- Davey, J.A. (2004) *Coping Without a Car*, Office for Senior Citizens, Wellington.
- Dravitzki, V., T. Lester and D. Walton (2006) "Household transport trends in New Zealand, 1960–2005" in *Proceedings of the 41st Annual Conference of the Canadian Transport Research Conference Quebec City*, 28–31 May, Quebec.
- Elliot, J., I. Fletcher and G. Lauder (1980) *The Impact of the Carless Days Scheme on the Behavioural and Attitudinal Aspects of Car-usage in Christchurch*, report presented to the Ministry of Energy, Wellington
- Ewing, R., T.L. Schmid, R. Killingsworth, A. Zlot and S. Raudenbush (2003) "Relationship between urban sprawl and physical activity, obesity and morbidity" *American Journal of Health Promotion*, 18:47–57.
- Frank, L., B.E. Saelens, K. Powell and J. Chapman (2007) "Stepping towards causation: Do built environments or neighborhood and travel preferences explain physical activity, driving, and obesity?" *Social Science and Medicine*, 65:1898–1914.
- Greenaway, S., T. McCreanor and K. Witten "Transport related social exclusion: New Zealand evidence" *Kotuitui*, in press.
- Handy, S. (1996) "Understanding the link between urban form and nonwork travel behavior" *Journal of Planning Education and Research*, 15:183–198.
- HM Treasury (2006) *Stern Review on the Economics of Climate Change*, [www.hm-treasury.gov.uk/independent\\_reviews/stern\\_review\\_economics\\_climate\\_change/sternreview\\_index.cfm](http://www.hm-treasury.gov.uk/independent_reviews/stern_review_economics_climate_change/sternreview_index.cfm) [accessed 10/1/08].
- Holden, E. and T. Norland (2005) "Three challenges for the compact city as a sustainable urban form: Household consumption of energy and transport in eight residential areas in the Greater Oslo Regions" *Urban Studies*, 42(12):2145–2166.
- Huisman, O. (2005) *A Conceptual and Operational Definition of Accessibility: Report for Objective 3 Milestone 2 – Reduced CO<sub>2</sub> from Sustainable Household Travel*, Centre for Social and Health Outcomes Research and Evaluation (SHORE) and Te Ropu Whariki, Massey University, Auckland.
- Human Rights Commission (2005) *The Accessibility Journey: Report of the Inquiry into Accessible Public Land Transport*, Human Rights Commission, Auckland.
- IPCC (2007) *Climate Change 2007: The Physical Science Basis: Contribution of Working Group I to the Fourth Assessment Report of the Intergovernmental Panel on Climate Change*, Cambridge University Press, Cambridge.
- Kwan, M. (1999) "Gender and individual access to urban opportunities: A study using space-time measures" *Professional Geographer*, 51(2):210–227.
- Land Transport New Zealand (2006) *Ongoing New Zealand Travel Survey: Interviewers' Manual Version H*, Land Transport New Zealand, Wellington.
- Land Transport Safety Authority (2000) *Travel Survey Report: Increasing the Understanding of New Zealanders' Travel Behaviour 1997/98*, Land Transport Safety Authority, Wellington.

- Loukopoulos, P., C. Jakobsson, T. Garling, S. Meland and S. Fujii (2006) "Understanding the process of adaptation to car-use reduction goals" *Transportation Research Part F*, 9:115–127.
- Lucas, K. (2004) "Conclusions from the UK experience" in K Lucas (ed.) *Running on Empty: Transport, Social Exclusion and Environmental Justice*, Policy Press, Bristol.
- Miller, H. (2007) "Social exclusion in space and time" in K.W. Axhausen (ed.) *Moving Through Nets: The Physical and Social Dimensions of Travel – Selected Papers from the 10th International Conference on Travel behaviour Research*, Elsevier, Oxford.
- Ministry for the Environment (2007) *New Zealand Green House Gas Inventory*, [www.mfe.govt.nz/publications/climate/greenhouse-gas-inventory-overview-jul07/html/index.html](http://www.mfe.govt.nz/publications/climate/greenhouse-gas-inventory-overview-jul07/html/index.html) [accessed 14/1/08].
- Ministry for the Environment (2008) *Guidance for Voluntary, Corporate Greenhouse Gas Reporting: Data and Methods for the 2006 Calendar Year*, Ministry for the Environment, Wellington.
- Ministry for the Environment (no date) *Urban Issues*, [www.mfe.govt.nz/issues/urban/index.html](http://www.mfe.govt.nz/issues/urban/index.html) [accessed 12/1/08].
- Ministry of Health (2003) *Healthy Eating – Healthy Action: A Background*, Ministry of Health, Wellington.
- Ministry of Transport (2007a) *Comparing Travel Modes: Household Travel Survey* [v1.2, revised May 2007], Ministry of Transport, Wellington.
- Ministry of Transport (2007b) *Ongoing Household Travel Survey 2003-2006 Datasets*, Ministry of Transport, Wellington.
- Naess, P. (2006) "Are short daily trips compensated by higher leisure mobility?" *Environment and Planning B: Planning and Design*, 33:197–220.
- New Zealand Tourism Online (2008) *Café Culture*, [www.tourism.net.nz/attractions-and-activities/arts-and-culture/cafe-culture/](http://www.tourism.net.nz/attractions-and-activities/arts-and-culture/cafe-culture/) [accessed April 2008].
- Saelens, B. and S. Handy (2008) "Built environment correlates of walking: A review" *Medicine and Science in Sports and Exercise*, 40(7 Suppl.):S550–566.
- Salmond, C., P. Crampton and J. Atkinson (2007) *NZDep2006 Index of Deprivation*, Department of Public Health, University of Otago, Wellington.
- Spoonley, P., R. Peace, A. Butcher and D. O’Neill (2005) "Social cohesion: A policy and indicator framework for assessing immigrant and host outcomes" *Social Policy Journal of New Zealand*, 24:85–110.
- Statistics New Zealand (2000) *New Zealand Time Use Survey 1999*, [www2.stats.govt.nz/domino/external/pasfull/pasfull.nsf/0/4c2567ef00247c6a4c256887000d77fc/\\$FILE/tusFtables.xls](http://www2.stats.govt.nz/domino/external/pasfull/pasfull.nsf/0/4c2567ef00247c6a4c256887000d77fc/$FILE/tusFtables.xls) [accessed 14/3/08].
- Statistics New Zealand (2006) *Sustainable Development: Social Cohesion*, [www.stats.govt.nz/analytical-reports/monitoring-progress/social-cohesion/default.htm](http://www.stats.govt.nz/analytical-reports/monitoring-progress/social-cohesion/default.htm) [accessed April 2008].
- Strazdins, L. and B. Loughrey (2007) "Too busy: Why time is a health and environmental problem" *NSW Public Health Bulletin*, 18(11-12):219–221.
- Witten, K., R. Hiscock, J. Pearce and T. Blakely "Neighbourhood access to open spaces and the physical activity of residents: A national study." *Preventive Medicine*, in press.
- Witten, K., E. Rose and T. McCreanor (2005) *Vehicle Fleet Emission Testing: Social and Economic Impact Assessment: Report on Focus Group Discussions March 2005*, prepared for COVEC and the Ministry of Transport, Centre for Social and Health Outcomes Research and Evaluation and Te Ropu Whariki, Massey University, Auckland.