



ENGAGING ALL NEW ZEALANDERS BENCHMARK SURVEY REPORT

Children in New Zealand Communities

FINAL

08 September 2017

ACKNOWLEDGMENTS

This report was produced by Nielsen on behalf of the Ministry for Vulnerable Children, Oranga Tamariki.

Nielsen and Oranga Tamariki acknowledge and thank the 2,928 New Zealanders who gave their time to take part in this survey.

We would also like to thank all the external experts who contributed to the project: Nan Wehipeihana and the team at Integrity Professionals Limited, including Catherine Poutasi and Odette Frost-Kruse.



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INTRODUCTION

The Children in New Zealand Communities Survey provides information about the attitudes and behaviours of the New Zealand public towards children and young people 'at risk' of not thriving. This survey was a nationwide, mixed methods (self-completion) survey of New Zealand residents aged 18 years and over. A total of 2,928 adults completed this survey between 24 May and 29 June 2017. Detailed information about the survey approach and sample profile can be found in the appendix of this report.

BACKGROUND

In 2015, the Minister for Social Development established an Expert Advisory Panel to undertake a comprehensive review of Child, Youth and Family (CYF). The final report from this panel identified *Engaging all New Zealanders* as a building block for the new system of care and protection of vulnerable children.

The purpose of *Engaging all New Zealanders* is to raise awareness and create a sense of responsibility, to shift attitudes and social norms and to encourage everyone to take action for the wellbeing of vulnerable children and young people.

To achieve this, the (now) Ministry for Vulnerable Children Oranga Tamariki aims to improve its understanding of New Zealanders' beliefs, opinions, attitudes and behaviours regarding child and youth vulnerability.

The survey reported here follows on from the formative research undertaken in March 2017 by EY Sweeney. It provides a benchmark measure against which change can be measured going forward. It also provides and will complement, other evidence to guide the development and implementation of strategies, support and communications pertaining to how we care for our children and young people.

Engaging all New Zealanders programme

The engagement strategy for Engaging all New Zealanders has three key areas of focus...

- Raise awareness and create a sense of responsibility
- Shift attitudes and social norms
- Encourage New Zealanders to take action to support vulnerable children and young people.

OBJECTIVES

The Children in New Zealand Communities survey aims to:



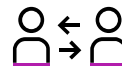
Measure and understand public awareness around the current state of child wellbeing in New Zealand (do people think we have a problem or not?)



Measure public awareness of what child and youth vulnerability (and wellbeing) looks like



Measure public attitudes and understanding around the causes and implications of child vulnerability



Understand and measure who is perceived to be responsible for the wellbeing of children and young people



Identify barriers and motivations to acting



Understand how widespread action-taking behaviours are to support wellbeing and/or prevent vulnerability.

NOTES TO THE REPORT

A few points to bear in mind when reading this report:

Overall response rate (Main approach):

27.4%

Māori response rate (Main approach): **19.9%**

Face-to-face response rate (Supplementary approach):

47.1%

MARGIN OF ERROR

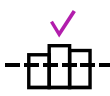
- Total sample: $\pm 1.8\%$
- Māori: $\pm 5.1\%$
- Pacific: $\pm 6.9\%$

Survey limitations:

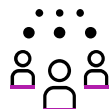
It should be noted that all sample surveys are subject to different types of response and non-response bias. For example, only those who are motivated in some way to complete this survey would have done so. As such, all results are considered 'estimates'.



The findings in this report have been weighted to the total New Zealand population according to region, age, gender and ethnicity using 2013 Census statistics.



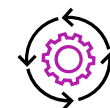
All subgroup differences mentioned in this report are statistically significant at a 95% confidence level. This means there is a 95% chance the difference is a true difference in the population and not due to random variation due to sampling.



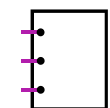
When subgroup differences are mentioned, the results discussed are always in comparison with the overall/total result (that is, all those who answered the question) unless stated otherwise.



'Don't know' responses have been included where relevant (when they are valid responses and add value to the findings). Please refer to the base descriptions on each page for more information.



Rounding: In some cases, NET percentages may not add up exactly to the individual response categories due to rounding. For example for question 2, the NET total of 'getting worse' and 'getting much worse' is 34%. However, the individual response categories getting worse (31%) and getting much worse (2%) add to 33%.



KEY DEFINITIONS

- **Community:** Was defined in the survey as any key group that a child or young person is involved with and has something in common with (e.g. neighbourhood where they live, church community, sports community, a marae, an online community)
- **Parent:** Was defined in the survey as a person who is a child's mother or father, or acts as the child's mother or father (this includes foster parents, permanent caregivers etc.)
- **Children and Young people:** These terms were respondent defined in the survey. The Ministry considers children and young people to be all those up to and including those aged 24 years old
- **Complete survey:** ("Completes"): Complete survey's were those where respondents completed questions up to and including Q21 (Q31) (ethnicity).
- **Vulnerable children:** Throughout the questionnaire, the concept of vulnerability was positioned as 'at risk' of not thriving.



For information about the research approach including the sample profile, see the appendix at the end of this report.

NOTES TO THE REPORT

SUB-GROUP DIFFERENCES NOTED IN REPORT

There are many demographic sub-groups that could be looked at to answer the question “who is more or less likely to...”

For clarity, these key variables have been focused on in this report.

Given the richness and extent of the data available, additional analysis at sub-group level would best be carried out with specific research questions or hypotheses in mind.

Correlation between variables:

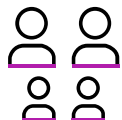
It should be noted that some sub-groups will be highly correlated. For example, Māori and Pacific tend to have younger populations, while the New Zealand European population tends to be older in its make up.



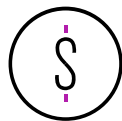
Ethnicity: The Ministry currently has a recruitment focus among those who identify as Māori. It also wants to attract an increasingly diverse group of caregivers. As such, ethnicity is one of the variables considered in this report. Ethnicity has been grouped at the highest level and includes the categories: New Zealand European, Māori, Pacific, Asian and Other.



Gender: Attitudes and behaviours frequently differ depending on gender. Differences between male and female responses have been identified and discussed where relevant.



Age: As with ethnicity, the Ministry aims to engage **all** New Zealanders but has a focus on those in an age-range where they may be more likely to be able to help children and young people in care. Attitudes and behaviours also frequently differ depending on age.



New Zealand Deprivation Index: This is an area-based measure of socioeconomic deprivation in New Zealand. Quintile 1 represents people living in the least deprived 20 percent of areas while Quintile 5 represents those living in the most deprived 20 percent.



Proximity to (contact with) 'at risk' families/children: The formative research identified proximity as a key variable in influencing attitudes and behaviours with regards to vulnerable children. As an indicator of proximity, survey respondents were asked how much personal contact or involvement they had with families, children or young people experiencing problems that might put them 'at risk'.

NB: 62% of people had at least a little contact with 'at risk' families/children, including 13% who indicated that they had 'a lot' of contact.





KEY FINDINGS

DO WE HAVE A PROBLEM OR NOT?

Responses indicate that New Zealanders acknowledge that there is considerable room for improvement in how we care for our children and young people.

ARE WE AWARE OF THE CONTRIBUTORS TO VULNERABILITY?

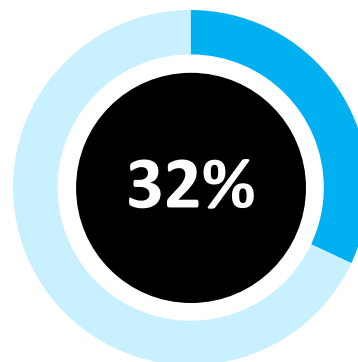
There is reasonable awareness of the contributors to vulnerability. While people spontaneously identify 2-3 factors that they feel are the main contributors, the most prevalent theme relates to poor parenting/dysfunctional home environment.

ARE WE AWARE OF THE CONTRIBUTORS TO WELLBEING?

This research confirms that people understand and acknowledge that multiple factors are important for the wellbeing of children and young people. All 22 factors considered were perceived as important. Being loved, having a safe, stable home environment and having basic needs met were most acknowledged as being of **extreme** importance. Relative to other factors, connections with community and with culture/heritage were perceived as less critical.

ARE WE AWARE OF THE IMPACT OF 'SOLVING' VULNERABILITY?

There is almost universal acknowledgement that helping all children and young people to thrive would greatly benefit New Zealand in future.



Think we're
getting
better at
caring for
our children
and young
people



KEY FINDINGS



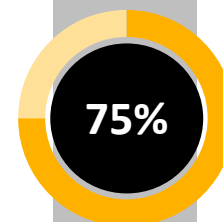
Agree that **everyone has a responsibility to care for children and young people in their community**

DO WE ACCEPT AND SHARE THIS VISION?

For the most part, we accept and share this vision. The great majority acknowledge the importance of a caring community outside of own family for children and young people despite the fact that, relative to other factors, community connections are seen as less critical than other aspects contributing to wellbeing. Three quarters agree that everyone in a community has a responsibility to care for its children and young people.



Agree they **feel a personal responsibility to support the children and young people in their communities that they don't know personally**



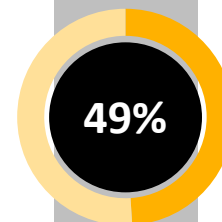
DO WE ACCEPT PERSONAL RESPONSIBILITY?

Almost everyone feels a responsibility towards children and young people they know personally. However, this is not the case for children and young people in the community who are not personally known.

WHERE DOES COMMUNITY RESPONSIBILITY SIT RELATIVE TO PARENTAL RESPONSIBILITY AND GOVERNMENT RESPONSIBILITY?

Responses confirm that New Zealanders place considerable onus on parents to properly care for their children. Nearly three quarters agree people should not have children if they can't properly care for them. The majority also see parents as being ultimately responsible for the care of their children and should not need to depend on others to be able to care for them.

Attitudes relating to whether the Government should be taking more responsibility for caring for children and young people are less consistent than attitudes to community responsibility. Opinion is also split on whether or not the authorities can be trusted to do the best for children and young people in their care.





KEY FINDINGS

WHAT ARE PEOPLE'S ATTITUDES IN RELATION TO THE PARENT-CHILD RELATIONSHIP?

While many adhere to the more traditional view that children should always obey their parents, these are balanced by a prevailing attitude that it is not just parents' business how they deal with their children. In other words, the majority do not agree that parents have licence to deal with their children as they wish.

Nearly four in ten people living with their own children indicate they would feel shame or embarrassment if someone offered support or care for their child.

WHAT ARE PEOPLE'S ATTITUDES TOWARDS YOUNG PEOPLE WHO HAVE BEEN IN TROUBLE WITH THE LAW AND MAY HAVE A CRIMINAL PAST?

Overall, the balance of opinion appears to be in favour of harsher penalties but that, once the punishment is served, it should not affect future opportunities. However, opinions vary in terms of the best combination of these two stances.



I feel the questions relating to whether previous criminal histories for those under 18 should be considered is very complicated. I am a big fan of clean slate and a second chance in a majority of circumstances - mostly because I want people to be rehabilitated rather than causing young people to become serial offenders.



(Female, 30-39 years, New Zealand European)



KEY FINDINGS

WHAT ARE THE BARRIERS THAT MIGHT PREVENT PEOPLE FROM TAKING ACTION?

The two most prevalent barriers appear to be concern that taking action might worsen the child's situation and concern that you might be wrong about the situation. These barriers are even more prevalent when the child or the family is unknown.

DO PEOPLE ANTICIPATE THAT THEY WOULD TAKE ACTION?

Even when considering hypothetical situations of a child potentially 'at risk', many people are unwilling to even conceive that barriers may stop them from taking action.

HAVE PEOPLE TAKEN ACTION WHEN THEY HAVE BEEN IN A POSITION TO DO SO?

Most of those who have been in a situation where they were worried about a child (other than their own) have done something and/or spoken to someone about it. The most common situations have involved doing something to help a child reach his/her full potential and helping a child or whānau in practical ways such as providing food.



KEY FINDINGS

DO WE WANT TO DO MORE TO HELP?

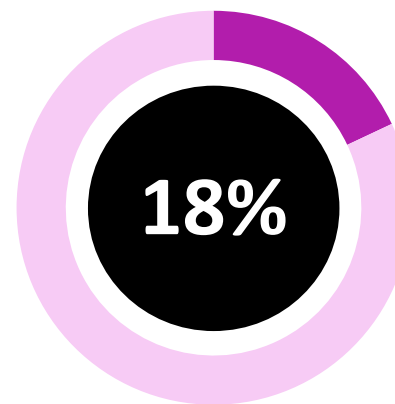
Close to six in ten would like to do more to help children and young people who need support. This spans both groups rather than being specific to one; in other words, if a person would like to do more for children, they would also like to do more for young people and vice versa.

WOULD WE CONSIDER HELPING A CHILD UNDER THE CARE OF MVCOT?

When the broader definition of care and the range of possible ways of helping is explained, one in five say they would consider helping a child or young person under the care of MVCOT and only a minority indicate there is no possibility now or in the future of providing care.

DOES CONSIDERATION INCREASE FOR CERTAIN TYPES OF CARE?

As would be anticipated, considerably more people will be open to providing shorter-term care to children, especially those aged 5-12 years, than to providing longer-term care.



Said 'yes' they would consider helping a child or young person who is under the care of Oranga Tamariki



KEY FINDINGS

ARE WE NOTICING INFORMATION OR COMMENTARY RELATING TO VULNERABLE CHILDREN?

Most New Zealanders are aware of recent content relating to vulnerable children.

WHAT MESSAGES ARE WE RECEIVING?

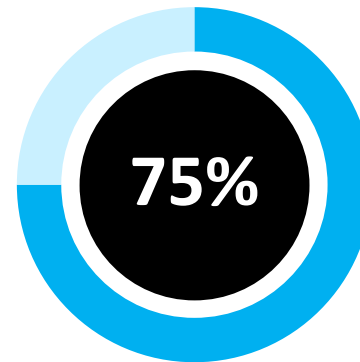
Almost all the current messaging recalled (in the context of 'anything to do with children or young people in New Zealand who are 'at risk' of not thriving') is negative messaging. The most prevalent themes relate to poverty, basic needs not being met such as food and adequate shelter, and abuse and neglect.

THROUGH WHAT CHANNELS ARE WE RECEIVING THESE MESSAGES?

News and current events dominates, followed at some distance by word of mouth and social media.

HAS WHAT PARENTS AND CAREGIVERS SEEN OR HEARD RESULTED IN THEM TRYING TO PROVIDE BETTER CARE TO THEIR CHILDREN?

Nearly half indicate that what they have seen or heard has influenced them to try and do better.



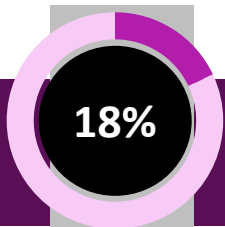
**Remembered
seeing, hearing
or reading
something to do
with children or
young people in
New Zealand
who were 'at
risk' of not
thriving over the
3 months prior
to the survey.**

SUMMARY OF KEY MEASURES

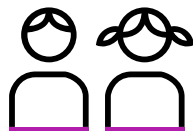
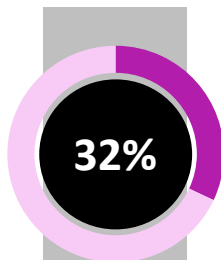
The proportion of New Zealanders that...



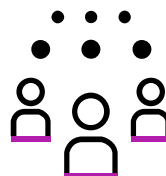
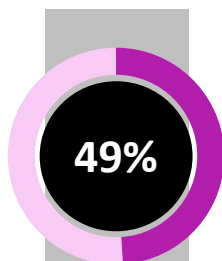
Said 'yes' they would consider helping a child or young person who is **under the care of Oranga Tamariki**



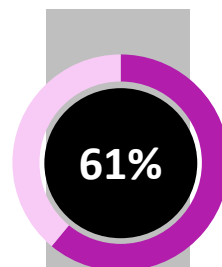
Think we're getting better at caring for our **children** and young people



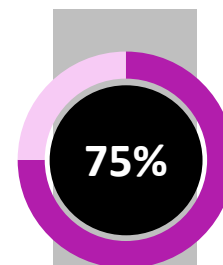
Agree they **feel a personal responsibility to support the children** and young people in their communities that **they don't know personally**



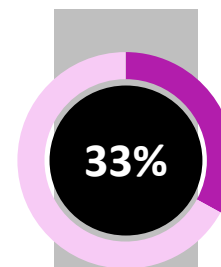
Agree they **would like to do more** for the **children** in their community who need support, while **59%** agree they would like to do more for **young people**.



Agree that **everyone has a responsibility to care for children** and young people **in their community**



Disagree that they **would feel embarrassed or ashamed if someone offered support or care for their child**



FOCUS AREA ONE: RAISING AWARENESS

RAISING AWARENESS



Qualitative findings:

- New Zealanders have a high degree of knowledge and understanding of wellbeing with respect to children and young people
- It is conceptualised as the needs required for wellbeing, including love and connection, basic life necessities, safety and education. Wellbeing is a multidimensional and interdependent concept
- Personal proximity to children and young people's vulnerability shaped an understanding of the issue.

The first stage of the strategy is to raise awareness of vulnerable children and young people, of the factors that contribute to vulnerability and to wellbeing, and of the benefit to all New Zealand of reducing vulnerability.

We obtained benchmark measures in each of the following areas:

- **Do we have a problem or not?** Respondents indicated whether or not they thought we (as a nation) were already doing a good job caring for our children and young people and whether or not we were getting better or worse at this over time
- **Are we aware of the contributors to vulnerability?** Respondents wrote down in their own words what they felt were the main things resulting in some children and young people in New Zealand not thriving as much as they should
- **Are we aware of the contributors to wellbeing?** Respondents indicated the extent to which they felt each of 22 factors was important in helping children and young people to thrive
- **Are we aware of the impact of 'solving' vulnerability?** Respondents indicated the extent to which they agreed helping all children to thrive would greatly benefit New Zealand in future.



KEY FINDINGS

DO WE HAVE A PROBLEM OR NOT?

Responses indicate that New Zealanders acknowledge that there is considerable room for improvement in how we care for our children and young people.

ARE WE AWARE OF THE CONTRIBUTORS TO VULNERABILITY?

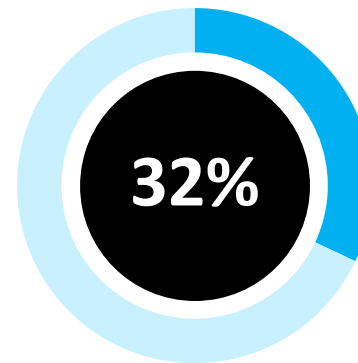
There is reasonable awareness of the contributors to vulnerability. While people spontaneously identify 2-3 factors that they feel are the main contributors, the most prevalent theme relates to poor parenting/dysfunctional home environment.

ARE WE AWARE OF THE CONTRIBUTORS TO WELLBEING?

This research confirms that people understand and acknowledge that multiple factors are important for the wellbeing of children and young people. All 22 factors considered were perceived as important. Being loved, having a safe, stable home environment and having basic needs met were most acknowledged as being of **extreme** importance. Relative to other factors, connections with community and with culture/heritage were perceived as less critical.

ARE WE AWARE OF THE IMPACT OF 'SOLVING' VULNERABILITY?

There is almost universal acknowledgement that helping all children and young people to thrive would greatly benefit New Zealand in future.



Think we're
getting
better at
caring for
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and young
people

DO PEOPLE THINK NEW ZEALAND IS DOING A GOOD OR BAD JOB OVERALL?



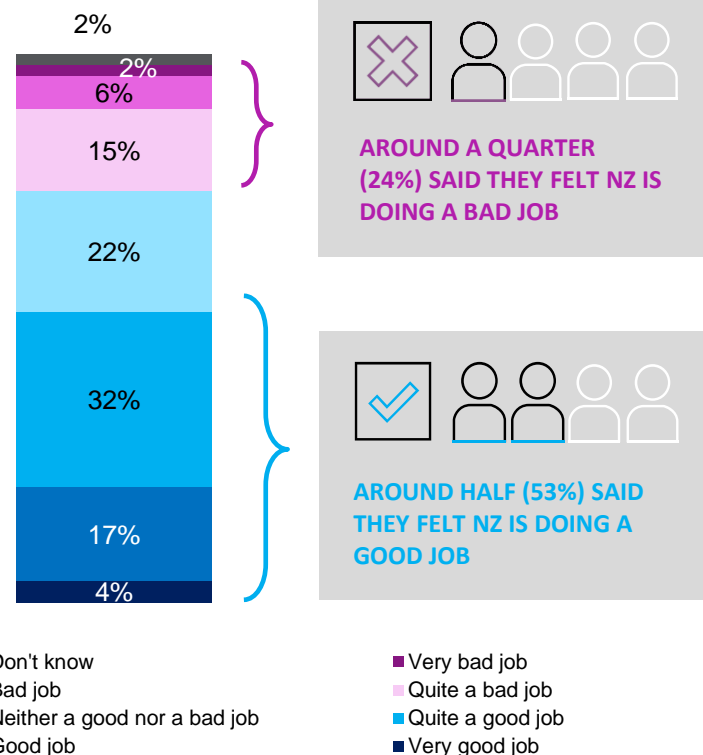
Overall, opinion is divided, with 53% thinking we're doing a good job when it comes to caring for our children and young people and 47% thinking we're doing either a bad job or doing neither a good nor bad job. Just 4% think we are doing a very good job.

Māori were more likely to think New Zealand is doing a bad job, 34% compared with 24% overall. This is probably related to the finding that more Māori have contact with vulnerable children, with 79% saying they had had at least a little personal contact with 'at risk' families/children.

Personal contact with families, children and/or young people who are experiencing problems that might put them 'at risk' also impacts on a person's perception of how well we are doing as a country. Those who have at least a little contact with 'at risk' families/children are more likely to say we are doing a bad job (27%) compared with those who have had no contact with 'at risk' families/children (18%).

THOSE MORE LIKELY TO FEEL WE'RE DOING A GOOD JOB ARE:

- Asian (67%)
- Aged 70 years and over (63%)
- No contact with 'at risk' families (58%)
- Living in NZDep Quintile 1 areas (56%).



Base: All respondents (n=2913)

Q1 (Q1). Overall, some people feel that New Zealand is doing a good job when it comes to caring for our children and young people, while others feel that we are doing a bad job.

PROXIMITY TO VULNERABILITY

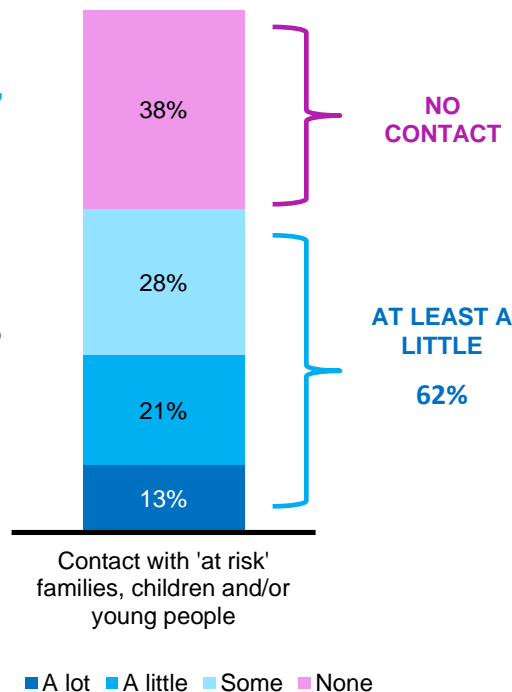
The formative research concluded that personal 'proximity' to vulnerability shapes attitudes and behaviours. Personal proximity was defined as either personal experience, or exposure through, other family members or people in their community. Therefore, it was important in this survey to compare and contrast the attitudes of those with exposure to vulnerability to those without exposure. This was captured as follows:

Contextual introduction given to respondents:

Some things that might put a child or young person 'at risk' include a family struggling to pay for basic needs such as food and housing, an unhappy or unstable home environment, or serious health or learning problems that are not being properly dealt with...

Overall, around **6 in 10 respondents** feel they have **had** at least **a little contact** or involvement **with families, children or young people** experiencing these or some other problems that might put them **'at risk'**.

Māori (23%) and Pacific (27%) were more likely to have had **a lot** of contact with 'at risk' families/children. Those who identified as New Zealand European were more likely to have had **a little** contact (31% cf. 28%) while those who identify as Asian were more likely to **not have had any** contact (61% cf. 38% overall).



Other differences of interest include -

THOSE MORE LIKELY TO HAVE HAD **NO CONTACT** WERE:

- Aged 70 years and over (57%)
- Male (43%)
- Living in less deprived areas, NZDep Quintile 1 (41%) or Quintile 2 (43%).

THOSE MORE LIKELY TO HAVE HAD **AT LEAST A LITTLE CONTACT** WERE:

- Māori (79%) and/or Pacific (86%)
- Female (67%)
- Younger, 18-24 (68%) or 50-59 years (71%)
- Living in NZDep Quintile 5 areas (72%).

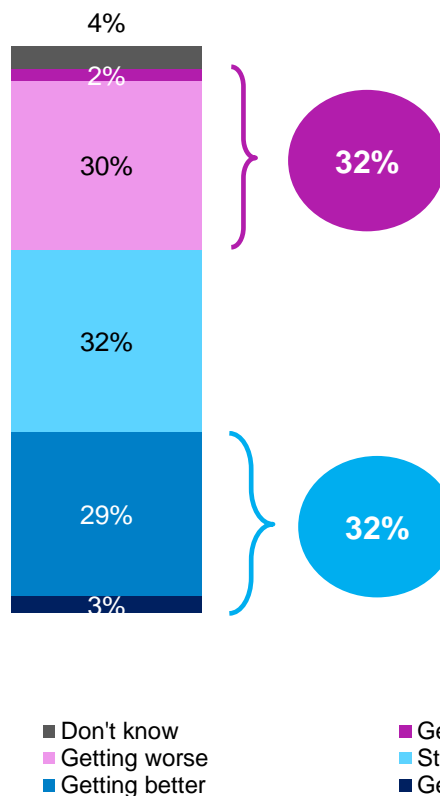
THOSE MORE LIKELY TO HAVE HAD **A LOT OF CONTACT** WERE:

- Female (15%)
- Living in NZDep Quintile 5 areas (20%).

DO PEOPLE THINK NEW ZEALAND IS GETTING BETTER OR WORSE AT CARING FOR OUR CHILDREN?

Opinion is very polarised when it comes to feelings about whether we're getting better, worse or not changing when it comes to caring for our children and young people.

Combining responses from perceptions of whether we are doing a good or bad job and whether we are getting better or worse, we find that:



THOSE MORE LIKELY TO FEEL WE'RE GETTING WORSE WERE:

- Those who had a lot (46%) or at least a little (37%) contact with 'at risk' families/children
- 40-49 years (40%), 50-59 years (39%)
- Māori (39%) and/or New Zealand European (36%)
- Female (36%).

THOSE MORE LIKELY TO FEEL WE'RE GETTING BETTER WERE:

- Younger or older, 18-24 years (45%) and 70+ (38%)
- Asian (45%) and/or Pacific (43%)
- Male (37%).

Base: All respondents (n=2910)

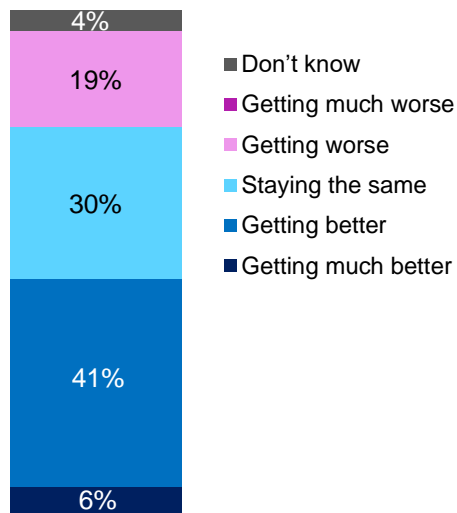
Q2 (Q2). While you may or may not feel New Zealand is doing a good job at present, overall, do you feel we are getting better or getting worse in terms of how we are caring for our children and young people?

POSITIVE AND NEGATIVE OUTLOOK

While overall feelings were divided about whether we are getting better or worse (when it comes to caring for our children and young people) - when we look at those who thought New Zealand is doing a good job, we find that they were generally more positive about our progress in this area (i.e. they were more likely to think we were getting better). On the other hand, those who thought we were doing a bad job were more likely to think we were getting worse.



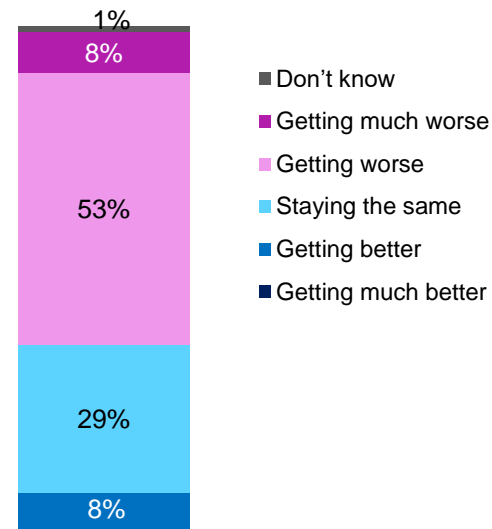
Of the people who felt New Zealand was doing a **good job** (53%), almost half (46%) said we were **getting better** or much better.



Base: Those that said New Zealand is doing a good job overall at Q1 (Q1) (n=1503)



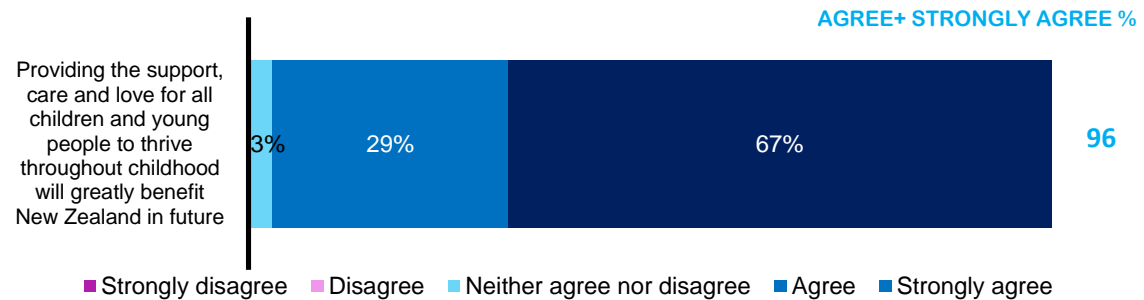
Of the people who felt New Zealand was doing a **bad job** (24%), six in ten (61%) said we were **getting worse** or much worse.



Base: Those that said New Zealand is doing a bad job overall at Q1 (Q1) (n=712)

AWARENESS OF IMPACT OF CARING FOR ALL CHILDREN AND YOUNG PEOPLE

Almost everyone agrees that providing the support, care and love for all children and young people to thrive throughout childhood will greatly benefit New Zealand in the future. In other words, there is almost universal acceptance in principle of the concept that having young people thrive now will greatly benefit the country as a whole going forward.



Base: All respondents excluding not applicable (n=2902)

Q10 (Q14/Q15). How strongly do you agree or disagree with each of the following statements

CONTRIBUTORS TO VULNERABILITY

When asked, unprompted, almost everyone (96%) could spontaneously identify at least one factor they thought contributed to children and young people not thriving as much as they should.

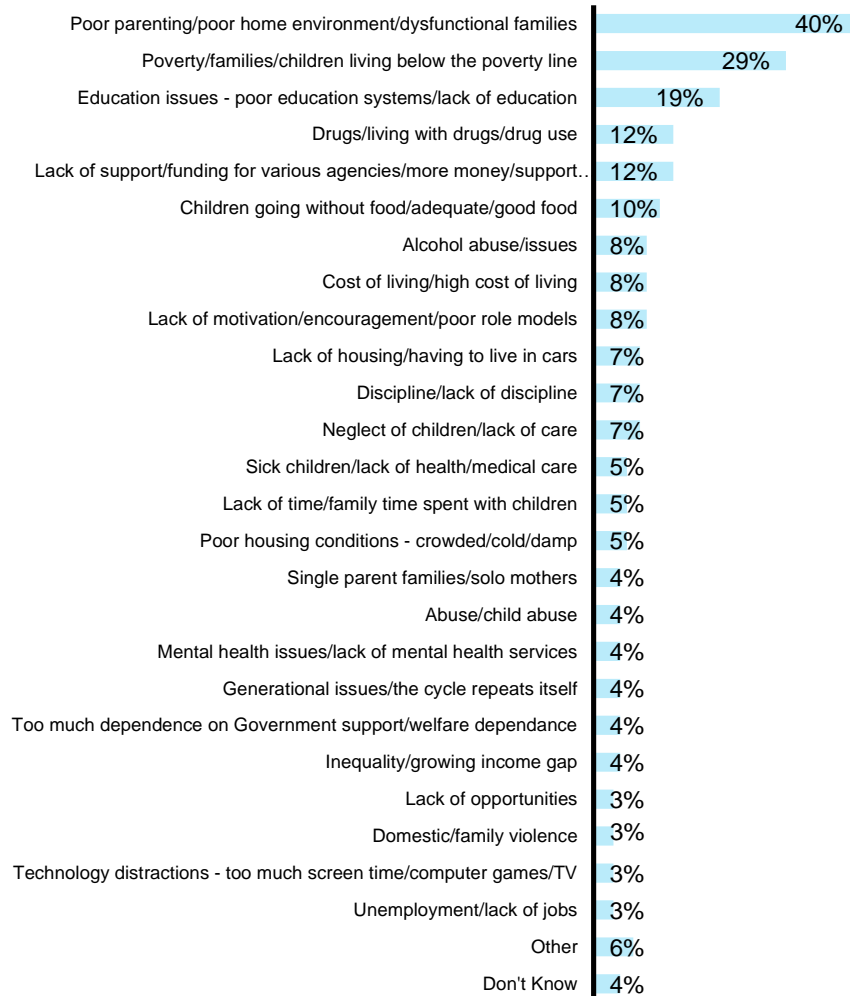
On average, people spontaneously identified two to three factors that they felt were the main contributors.

The most prevalent theme relates to poor parenting/dysfunctional home environment, followed by poverty and by education-related issues.

“ I think it comes down to the parenting. If the whānau unit is healthy and strong, children will thrive - regardless of income status, although [money] helps... However, if the whānau unit are not stable e.g. Drugs / alcohol / violence & they have no help available or tools to help them (the parents), then the children do suffer. ”

(Female, 30-39 years, New Zealand European)

DETAILED BREAKDOWN



Base: All respondents (n=2867)
Q3 (Q3). What do you think are the main things that result in some children and young people in New Zealand not thriving as much as they should? (Respondents wrote down comments verbatim – these have been coded into themes)

CONTRIBUTORS TO VULNERABILITY

As might be expected, those who have a lot of contact with 'at risk' children or their families appear to have a broader understanding of contributors to vulnerability and were more likely to cite factors such as poverty, poor education and lack of funding/support in addition to parenting/home environment issues.

Those who have no contact with 'at risk' children were more likely to cite reasons that place the responsibility more on the parent, such as 'poor parenting' rather than on external elements.

“The cost of everything going up. The cost of housing and rent is huge. People don't seem to have a lot of opportunities due to these financial restraints. Families struggling to provide; may not have enough to give their children to eat during the day, or be able to provide a safe and happy home.”

(Female, 30-39 years, European)

MAIN CONTRIBUTORS (sub-themes grouped into over-arching themes)



40% cited **poor parenting**, poor home environment, and/or dysfunctional families.



36% cited **poverty**-related reasons: Poverty/families/children living below the poverty line, high cost of living and inequality/growing income gap



13% cited different types of **abuse** : Abuse/child abuse/harm, sexual abuse, domestic violence, child neglect



12% cited **lack of housing and/or poor housing conditions** (over crowding, cold and/or damp)



12% cited **substance abuse** issues : Alcohol abuse and/or drug use



10% gave reasons related to **lacking basic needs**: Going without food/adequate/good food and/or lack of clothing/warm clothing/shoes



8% gave **health** related reasons: Sick children/lack of health/medical care and/or mental health issues/lack of services, support etc..



8% cited **lack of work** as a reason: Welfare dependency and/or unemployment/lack of jobs.

CONTRIBUTORS TO WELLBEING: WHAT IS NEEDED FOR CHILDREN AND YOUNG PEOPLE TO THRIVE?

Respondents rated how important they thought each of 22 factors was in affecting how well children and young people thrive.

As anticipated, all aspects were considered important to some extent by the great majority. Therefore, to obtain a view of the aspects seen as of greater degrees of importance, this analysis focuses on aspects seen to be of **extreme** importance.

Being loved, having a safe, stable home environment, having basic needs met and being healthy mentally and emotionally were most frequently acknowledged as being of **extreme** importance.

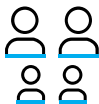
Having strong connections to their communities had the lowest proportion of respondents rating it as extremely important.

MOST IMPORTANT ASPECTS



83%

Said having parents, family or whānau that make them feel **loved, wanted and valued** was *extremely* important



82%

Said having a **safe and stable home** environment was *extremely* important



76%

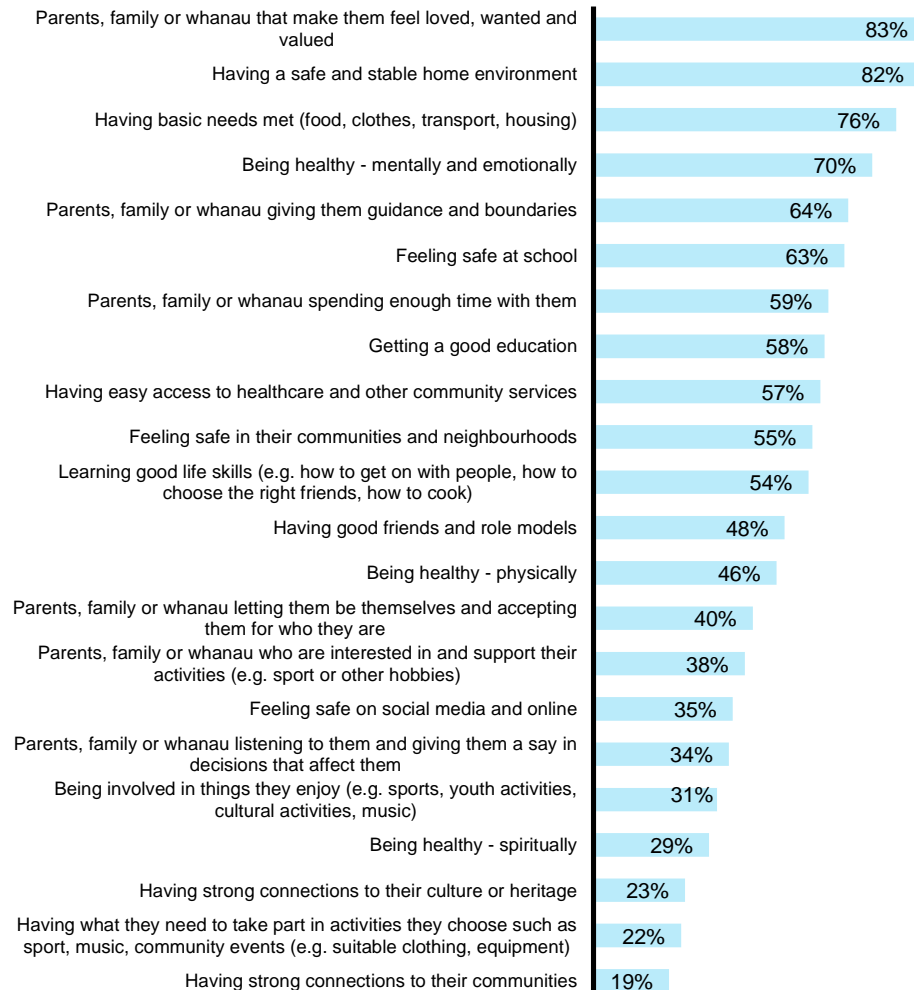
Said having **basic needs met** (food, clothes, transport, housing) was *extremely* important



70%

Said being **healthy – mentally and emotionally** was *extremely* important

EXTREMELY IMPORTANT



Base: All respondents (n=2895-2915)

Q4 (Q4/Q5). Here is a list of some things that can affect how well children and young people thrive. You might think everything on this list is important but we want to know which ones you think are the most important.

WHAT ARE THE MOST IMPORTANT THINGS NEEDED TO HELP OUR CHILDREN THRIVE?

The following section provides greater detail around how important people think each element is when it comes to helping our children and young people thrive.

The 22 aspects have been grouped into seven themes

In general, there are some groups that consistently rate most aspects as *extremely important*:

- Women are more likely than men to say things were *extremely important*.
- People who identified as either Māori and/or Pacific
- People living in the most deprived areas (NZDep Quintile 5 areas) and those living in larger households
- People who have had at least a little contact with children or families who might be considered 'at risk'.

There is overlap between various demographic factors; for example, some ethnic groups are more likely to live in larger households. Therefore, it is not always possible to be definitive about whether a difference in attitude is related more to cultural factors or to other factors such as deprivation or household composition.

“

It seems obvious but investment in children is an investment in our future. This is not entirely Oranga Tamariki's job of course. Teachers should be paid a lot more and our curriculum needs to be reviewed again. We need to focus on creating safe households by addressing issues of drugs, alcohol, and family violence; and not by locking people up, as removing important parental figures only worsens the situation. Oranga Tamariki needs to be working on with MSD, ME and MJ amongst others to create a combined strategy that tackles poverty and abuse in New Zealand. Every single child requires a warm and dry roof over their head, adequate clothing and food, equal opportunities and a safe and loving environment to foster their growth. I cannot stress how much that blame and guilt is not a factor here, the only reason we should be asking who's fault it is to work out where to best apply our resources to tackle the problem. Whether we like it or not we live in a collective society, all our actions affect one another. We are collectively responsible for our children and their future, it is the only way to ensure this community's success for centuries to come.

”

(Female, 20-29 years, New Zealand European)

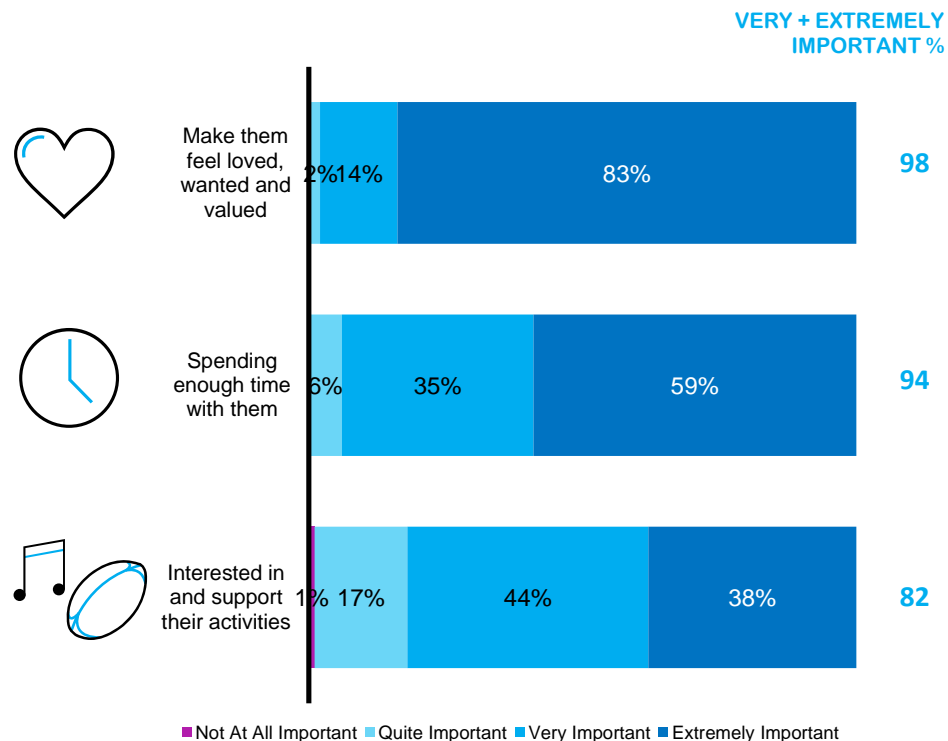
LOVE AND SUPPORT FROM FAMILY

The great majority felt that having parents, family or whānau that make children and young people feel loved, wanted and valued was extremely important when it comes to affecting how well children and young people thrive. Feeling loved and valued was rated as relatively more important than spending time and showing interest and support for activities.

Pacific (69%), those living in the most deprived (NZDep Quintile 5 areas) (67%) and young people, 25-29 years (66%) were more likely to say that spending enough time with children was extremely important.

On the other hand, Māori (87%) and those living in more affluent neighbourhoods (NZDep Quintile 1 areas) (88%) were more likely to think 'making them feel loved, wanted and valued' was extremely important.

The proportion saying that 'being interested in and supporting their activities' was extremely important is relatively low (38%) when compared with some other statements asked. Pacific (53%), Māori (46%) and those living in NZDep Quintile 5 areas (46%) were more likely to say this was extremely important.



Base: All respondents (n=2908-2915)

Q4 (Q4/Q5). Here is a list of some things that can affect how well children and young people thrive. You might think everything on this list is important but we want to know which ones you think are the most important.

NURTURE AND STABILITY

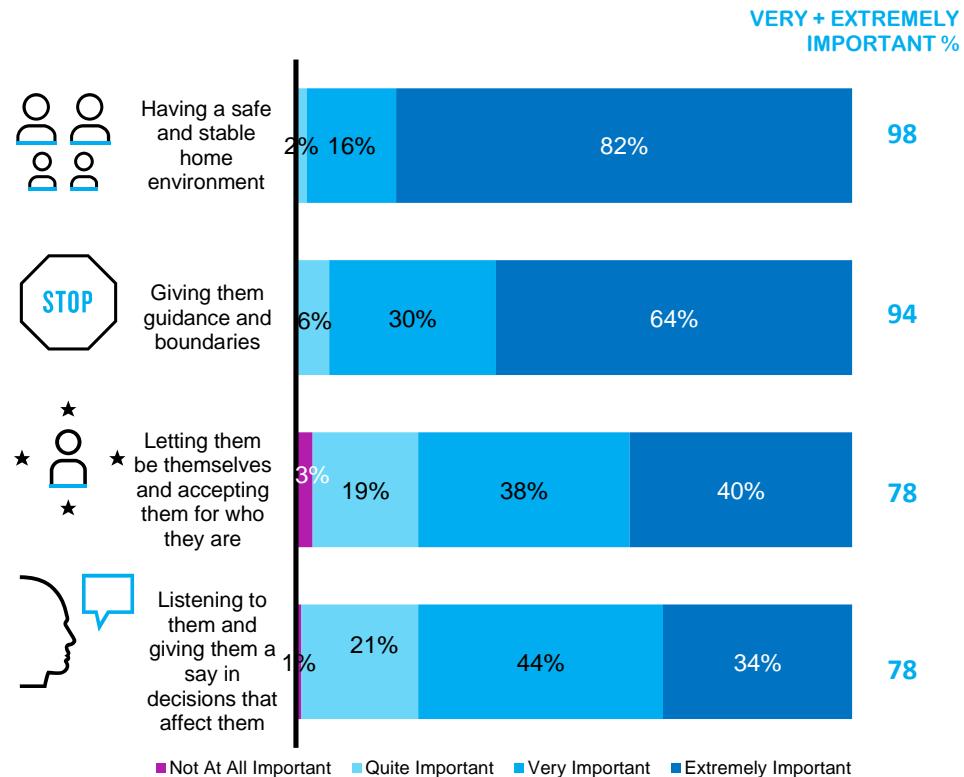
Having a safe and stable home environment was the most important element in this set of statements, with 82% rating it as extremely important. Relatively, guidance and boundaries were perceived as more important than 'letting them be themselves and accepting them for who they are' and 'listening to them and giving them a say in decisions that affect them'.

When it comes to how important different aspects around nurture and stability are, there are indications of a generational divide.

Younger people (those aged 18-24 years) were more likely to say that 'letting them be themselves and accepting them for who they are' (60% cf. 40% overall) and 'listening to children and young people and giving them a say in decisions that affect them' (41% cf. 34%) were extremely important. On the other hand, older people (those aged 50-59 and 60-69 years) were more likely to think that giving children and young people guidance and boundaries was extremely important (70% and 69% respectively, cf. 64% overall).

Māori (87%) were more likely to think that having a safe and stable home environment was extremely important.

Pacific peoples were more likely to say that 'letting them be themselves and accepting them for who they are' (53%) and 'listening to children and young people and giving them a say in decisions that affect them' (45%) were extremely important.



Base: All respondents (n=2895-2912)

Q4 (Q4/Q5). Here is a list of some things that can affect how well children and young people thrive. You might think everything on this list is important but we want to know which ones you think are the most important.

ACCESS TO NECESSITIES

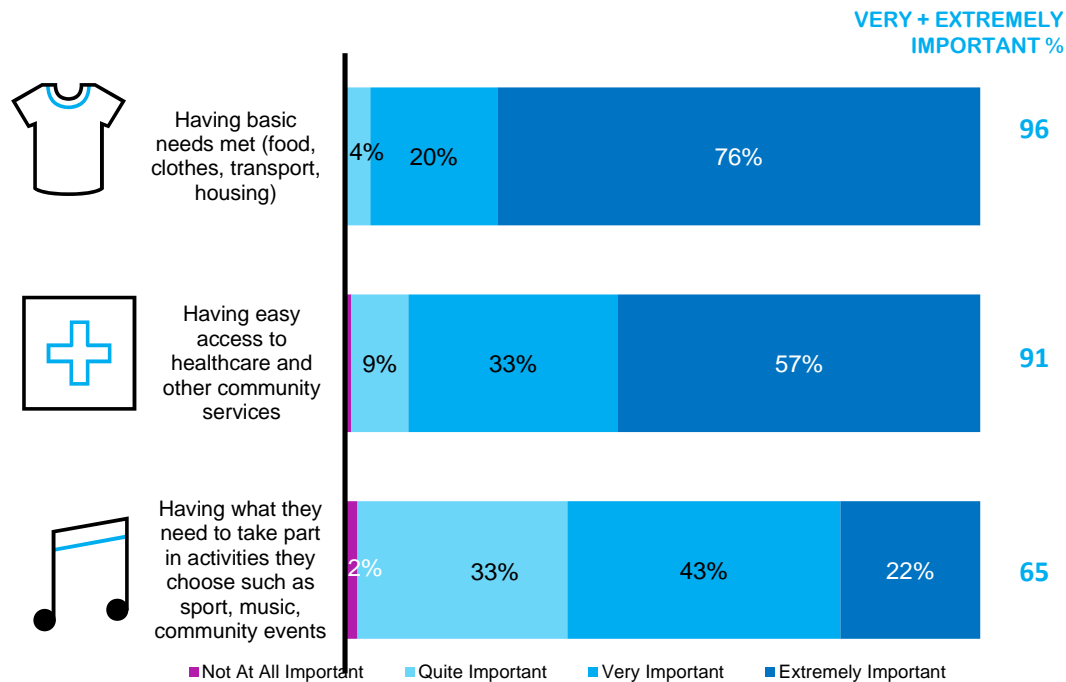
Having basic needs met (such as food, clothes, transport and housing) was seen as extremely important by 76%, while 57% rated easy access to healthcare and community services in this way. Having what was needed to take part in activities of choice was considerably less likely to be seen as critical.

However, those living in more deprived areas (New Zealand Dep Quintile 5 areas) were more likely to say 'having easy access to healthcare and community services' (64%) and 'having what they need to take part in activities they choose' (30%) were extremely important.

Those identifying as Māori and/or Pacific were also more likely to rate the following as extremely important:

- Easy access to healthcare etc...: Māori (64%) and Pacific (64%)
- Having what they need to take part in activities: Māori (30%) and Pacific (38%).

Younger people (aged 18-24) were more likely than average to think all of these aspects were extremely important.



Base: All respondents (2902-2915)

Q4 (Q4/Q5). Here is a list of some things that can affect how well children and young people thrive. You might think everything on this list is important but we want to know which ones you think are the most important.

HEALTH AND WELLBEING

More people, particularly young people rated mental and emotional health as something of extreme importance rather than physical health.

Mental and emotional health was more likely to be rated as extremely important by Māori (77%), Pacific (79%), those who were younger – aged 18-24 (75%) or 25-29 (78%) and those living in the most deprived areas (New Zealand Dep Quintile 5 areas, 75%).

A higher proportion of Pacific (60%) and Asian (54%) people rated physical health as extremely important compared with the national average (46%).

Being healthy spiritually was one of the few aspects that some people rated as of no importance when it comes to affecting how well children and young people thrive. With this element, there were a number of differences by ethnicity with Māori (35%), Pacific (47%) and Asian (43%) being more likely to say this was extremely important and New Zealand Europeans saying it was of less or no importance.

Those living in more deprived areas (New Zealand Dep Quintile 5 areas) were also more likely to say being healthy spiritually was extremely important (45% cf. 29% overall).



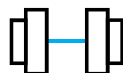
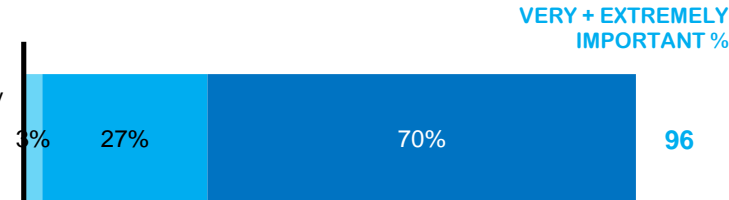
High stress levels, especially in teenage years. Bullying, health problems like depression which in many cases ends up with self-harming and girls having children at quite a young age.



(Female, Māori, 25-29 years old)



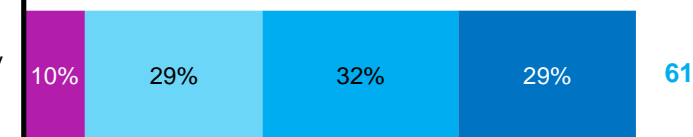
Being healthy – mentally and emotionally



Being healthy – physically



Being healthy – spiritually



■ Not At All Important ■ Quite Important ■ Very Important ■ Extremely Important

Base: All respondents (n=2898-2905)

Q4 (Q4/Q5). Here is a list of some things that can affect how well children and young people thrive. You might think everything on this list is important but we want to know which ones you think are the most important.

EDUCATION AND LIFE SKILLS

The levels of importance given to 'ensuring children and young people get a good education' and that they 'learn good life skills (e.g. how to get on with people, how to choose the right friends, how to cook)' were relatively similar, with nine in ten saying they were either very or extremely important.

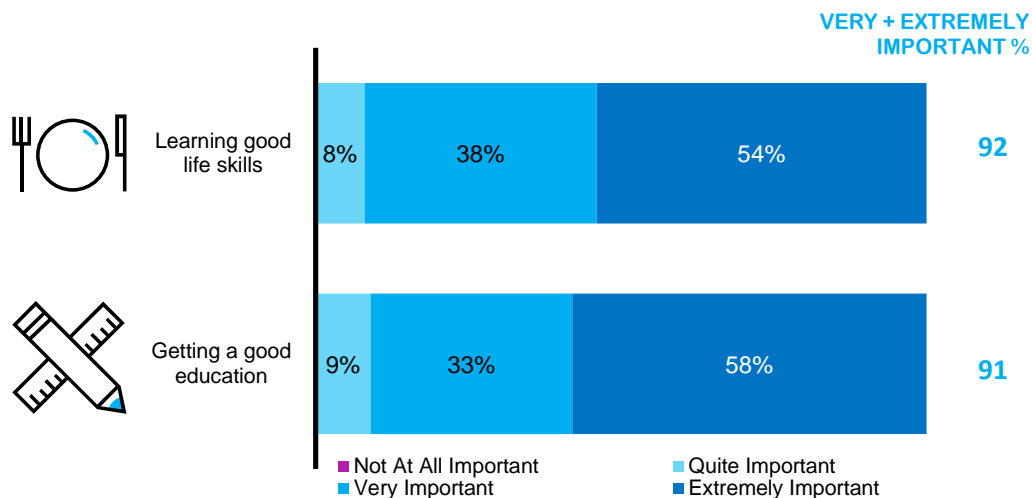
Getting a good education was the only element where both men and women had the same views about importance (as discussed previously, in most cases women were more likely to say each aspect considered was extremely important).

Māori (61%), Pacific (63%) and those living in more deprived areas (NZDep Quintile 5 areas, 61%) were more likely to say learning good life skills was extremely important.

Younger people (18-24 year olds) were more likely to rate getting a good education as extremely important (69% cf. 58% overall).

“Lack of access to education. Children need to have a safe and comfortable environment to learn reading, writing, mathematics and so on. This is incredibly important for how children, young people and the whole of New Zealand will do in the future. Can not emphasise this enough!! The quality of education should also be equal, meaning there should not be better education and thus better opportunities for people who happen to have more money or happen to live in a certain location...”

(Female, 18-24 years, European)



“...there tends to be a very "one size fits all" approach to education when everyone is different and learns in different ways. Those children that don't do well in the classroom become easily written off.”

(Male, 18-24 years, European)

Base: All respondents (n=2909-2904)

Q4 (Q4/Q5). Here is a list of some things that can affect how well children and young people thrive. You might think everything on this list is important but we want to know which ones you think are the most important.

FEELING SAFE

Having a safe and stable home environment is seen as one of the critical aspects when it comes to ensuring children and young people thrive.

After a safe home, safety at school was rated as relatively more important than safety in the community.

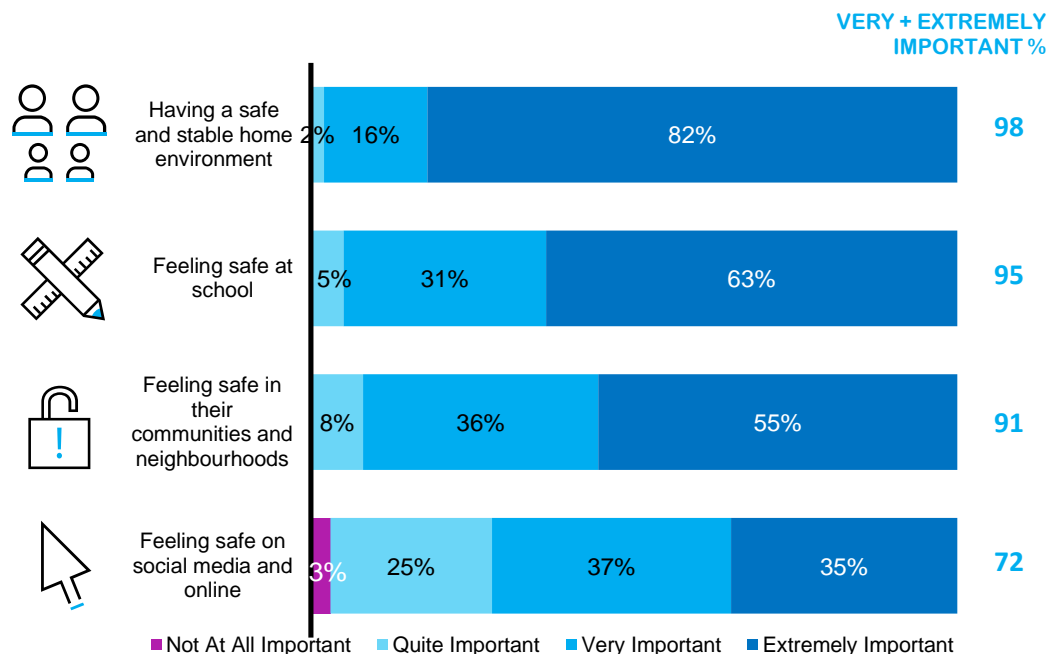
While less likely to be rated as extremely important, online safety was acknowledged by 72% as at least very important in ensuring our children and young people thrive.

As with the other questions asked in this section, women, those who identified as Māori or Pacific and those living in NZDep Quintile 5 areas were generally more likely to rate each of these things as extremely important.

	Māori	Pacific
Safe at school	Not significantly higher	70%
Safe in communities	61%	72%
Safe online	Not significantly higher	51%

Base: All respondents (2903-2910)

Q4 (Q4/Q5). Here is a list of some things that can affect how well children and young people thrive. You might think everything on this list is important but we want to know which ones you think are the most important.



Social media pressure is enormous on our young people and we have to stop the bullying culture in our schools and communities. Violence is NOT okay and we have to teach this to our very young children so they know from an early age that it is not okay to use violence to solve issues. We need more mental health support for our teenage children. Access to counselling and mental health services is vital as the family unit may not always be in a position to provide this support.



(Female, 40-49 years, New Zealand European)

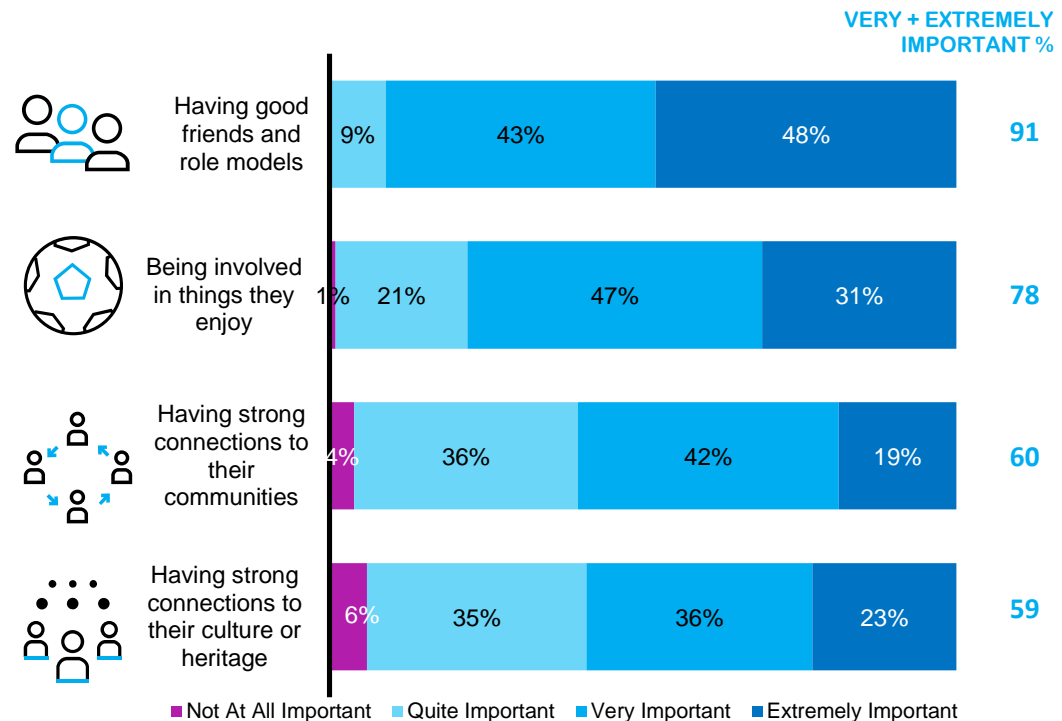
CONNECTIONS AND INVOLVEMENT

As shown earlier in the overview to this section, having strong connections to communities and to culture and heritage were two of the aspects less likely to be rated as extremely important.

However, there are notable differences by ethnicity with Māori and Pacific people more likely to view having strong connections as extremely important:

- Having strong connections to communities (Pacific, 36% cf. 19% overall)
- Connections to culture or heritage (Māori, 37% and Pacific, 50% cf. 23% overall).

Younger people (18-24 years) were more likely to rate 'having good friends and role models' as extremely important (56% cf. 48% overall).



Base: All respondents (n=2901-2910)

Q4 (Q4/Q5). Here is a list of some things that can affect how well children and young people thrive. You might think everything on this list is important but we want to know which ones you think are the most important.

FOCUS AREA ONE: CREATING A SENSE OF RESPONSIBILITY

CREATE A SENSE OF RESPONSIBILITY



Qualitative findings:

- Responsibility lies with multiple parties (parents, government, organisations such as schools and churches, and community members)
- Parents are seen as ultimately responsible
- However, there is acknowledgement that all New Zealanders play a role
- Benefits of stronger communities are implicitly understood.

The first stage of the strategy also involves creating a sense of responsibility among all New Zealanders, that we all have a part to play in contributing to the wellbeing of our children and young people.

We obtained benchmark measures in each of the following areas:

- **Do we accept and share this vision?** Respondents indicated whether they felt having a caring community outside of their own families was important for children and young people. They also indicated whether they felt everyone had a responsibility to care for children and young people in their communities
- **Do we accept personal responsibility?** Respondents indicated whether they personally felt a responsibility for the children and young people in their communities (those they knew personally as well as those they didn't)
- **Where does community responsibility sit relative to parental responsibility and government responsibility?** Respondents rated the extent to which they viewed parents as ultimately responsible and whether or not they considered the government should be taking more responsibility for caring for children and young people.



KEY FINDINGS



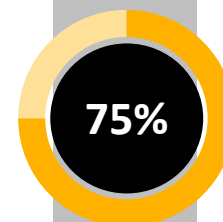
Agree that **everyone has a responsibility to care for children and young people in their community**

DO WE ACCEPT AND SHARE THIS VISION?

For the most part, we accept and share this vision. The great majority acknowledge the importance of a caring community outside of own family for children and young people despite the fact that, relative to other factors, community connections are seen as less critical than other aspects contributing to wellbeing. Three quarters agree that everyone in a community has a responsibility to care for its children and young people.



Agree they **feel a personal responsibility to support the children** and young people in their communities that **they don't know personally**



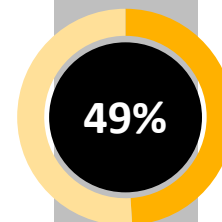
DO WE ACCEPT PERSONAL RESPONSIBILITY?

Almost everyone feels a responsibility towards children and young people they know personally. However, this is not the case for children and young people in the community who are not personally known.

WHERE DOES COMMUNITY RESPONSIBILITY SIT RELATIVE TO PARENTAL RESPONSIBILITY AND GOVERNMENT RESPONSIBILITY?

Responses confirm that New Zealanders place considerable onus on parents to properly care for their children. Nearly three quarters agree people should not have children if they can't properly care for them. The majority also see parents as being ultimately responsible for the care of their children and should not need to depend on others to be able to care for them.

Attitudes relating to whether the Government should be taking more responsibility for caring for children and young people are less consistent than attitudes to community responsibility. Opinion is also split on whether or not the authorities can be trusted to do the best for children and young people in their care.



WHO IS RESPONSIBLE?

As part of this survey, people were asked how strongly they agreed or disagreed with a range of statements – including a series of statements about who is responsible for the care and wellbeing of children and young people.



Nine in ten agree that they **feel personal responsibility** when the **child** or young person is **known** to them



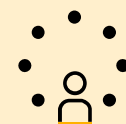
Three quarters agree that **everyone has a responsibility** to care for children and young people in their community



Six in ten agree that **parents** should take **full responsibility** for the care of their children and not depend on others



Half agree that **the government should take more responsibility** for the care of our children and young people



Half agree that they **feel personal responsibility** when the **child** or young person is **unknown** to them



COMMUNITY RESPONSIBILITY

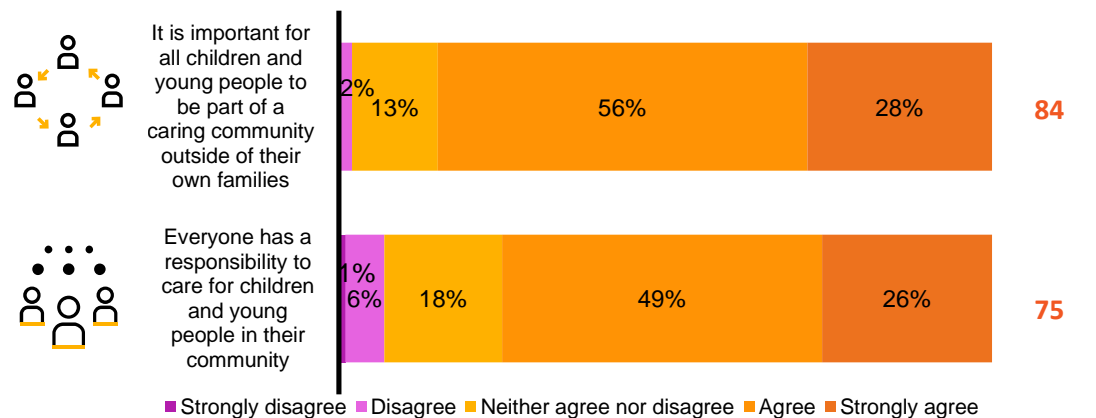
The great majority (84%) acknowledged the importance of children and young people being part of a caring community outside their own families.

Three in four agreed that everyone has a responsibility to care for children and young people in their community.

Pacific people were more likely to agree that everyone has a responsibility to care for children and young people in their community (88% cf. 75% overall).

Women and those with contact with 'at risk' families/children were also more likely to agree with both of these statements.

Those living in more deprived areas were also more likely to agree that everyone has a responsibility to care for children and young people in their community (80% cf. 75% overall).



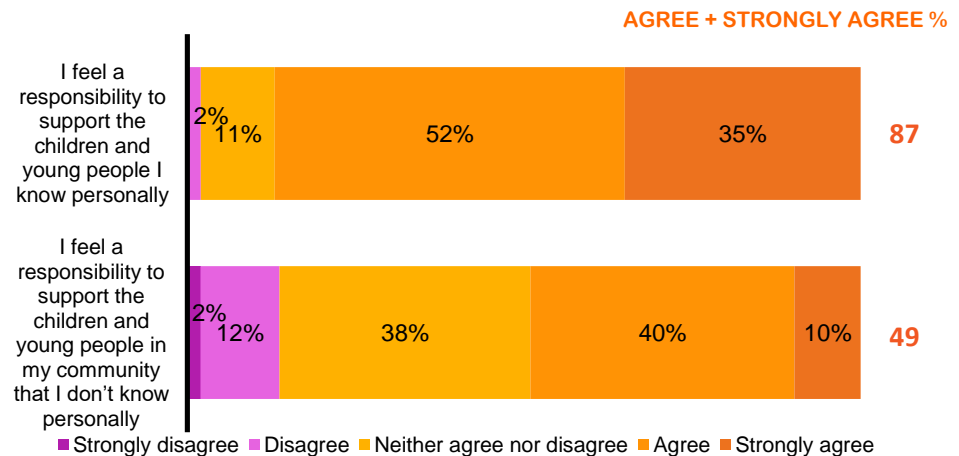
“ Too much disconnect. The sense of community, especially in cities, is not as apparent as I believe it once was... ”

(Male, 25-29 years, Māori)

PERSONAL RESPONSIBILITY

Even though three in four people agreed that everyone has a responsibility to care for children and young people in their community when asked if they personally felt a responsibility to support the children and young people in their communities, there was a notable difference depending on whether the child or young person was known or unknown to them. While almost nine in ten felt a responsibility to support children they knew, just half felt a responsibility when the child was unknown.

Māori (56%) and Pacific peoples (67%) were more likely to agree that they felt a responsibility for children in their communities that were personally unknown to them.



For both of the statements above, women and those who had 'at least a little' contact with 'at risk' families/children were more likely to say they agree or strongly agree.

PARENTAL RESPONSIBILITY

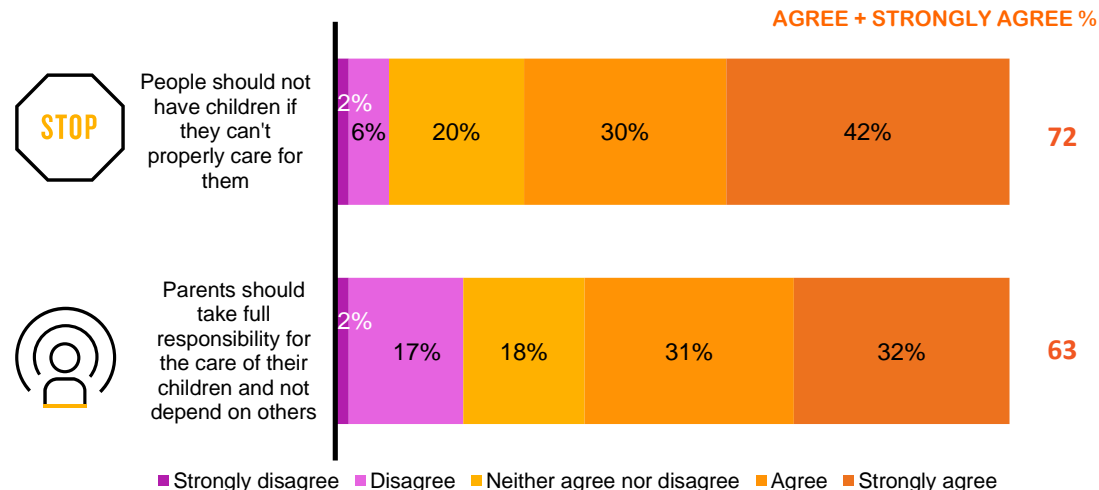
Responses indicate that most put a very strong onus on parents as ultimately responsible for caring for their own children. Over seven in ten agreed that people should not have children if they can't properly care for them and 63% agreed that parents should take full responsibility for the care of their children and not depend on others.

These were the only attitudinal statements where men were more likely to agree than women. Over three quarters (76%) of men agreed that people should not have children if they can't care for them (cf. 69% of females) and almost seven in ten (68%) agreed that parents should take full responsibility and not depend on others (cf. 58% of females).

While a relatively small proportion of people disagreed that people should not have children if they can't care for them, Māori were more likely to give this response (12% cf. 8% overall).

Those who had no contact with 'at risk' children or families were more likely to agree with both of these statements, with 77% of people who hadn't any contact saying that people shouldn't have children if they can't properly care for them and 70% saying parents should take full responsibility and not depend on others.

Pacific (74%) and Asian (82%) people were also more likely to agree that parents should take full responsibility for the care of their children and not depend on others (cf. 63% overall).



GOVERNMENT RESPONSIBILITY

Just over half (55%) believe that the government should take more responsibility for the care of our children and young people. While 49% indicated that they trusted the authorities to do their best for children and young people in care, 24% disagreed with this statement.

Those less likely to agree they trust authorities to do their best for children and young people in care were women, those living in more affluent areas (NZDep Quintile 1 areas, 43%), NZ Europeans (46%) and those aged 40-59 years (44%).

Those more likely to express distrust in authorities (by disagreeing with this statement) were Māori (30% disagreement) and those who have 'a lot' of contact with 'at risk' children or families (37%).

On the other hand, those more likely to agree they trust the authorities were Pacific (64%), Asian (65%) and those who were older (70+) (61%).

Those more likely to agree that the government should take more responsibility than it does now are Pacific (72%), Māori (63%) and Asian (66%). They also tend to be female (58%), living in NZDep Quintile 5 areas (66%) and in the younger age groups: 18-24 (67%), 25-29 (63%) or 30-39 (63%).



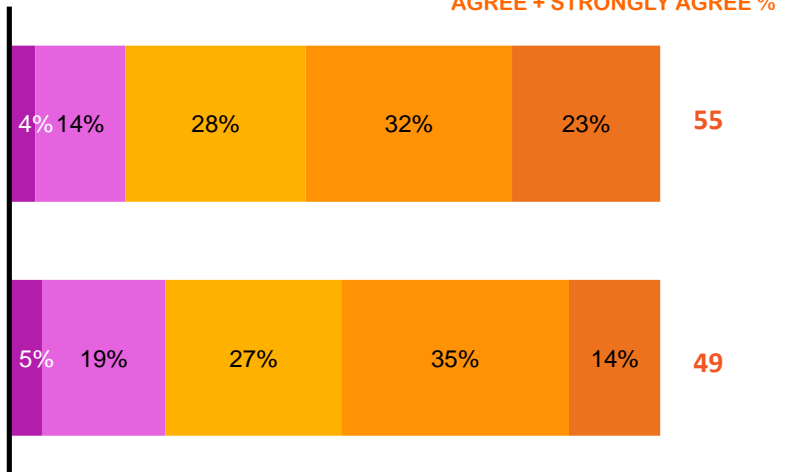
The wider community needs to take ownership of the problems that have affected our young and not put the blame on Government when things go wrong all the time. There needs to be a bit of give and take - not all one sided as there seems to be when people seem to blame people in authority and not themselves. Two heads are better than one I think, people need to stop blaming government and we would get better results.



(Female, 50-59 years, Māori)




The government should take more responsibility than it does now for the care of our children and young people




■ Strongly disagree ■ Disagree ■ Neither agree nor disagree ■ Agree ■ Strongly agree

Base: All respondents excluding not applicable (n=2887-2889)

Q10 (Q14/Q15). How strongly do you agree or disagree with each of the following statements



I believe it really comes down to culture, attitude and education. I am currently in what would be classed as the low socioeconomic demographic (being a single mother on student allowance), however, I make sure that my children's needs are met before mine. I know the struggle of having a low income but I just cannot see how I would not be able to provide shoes or food for my children when New Zealand provides so much help for people in my situation. Providing food for my children is a priority. It comes before everything. If people responsible for raising our children and young people put their focus on their children's needs first instead of their own, perhaps we wouldn't have such a problem. Parenting and budgeting skills also play a big part. Parenting skills are not always naturally built into some people. Some people have had poor role models to learn from. I don't think parenting and general life skills is part of school curriculum. Why? Budgeting is also a life skill that I do not think it taught in schools. I firmly believe that the "hands out" culture needs changing. Instead, people could learn to stand on their own two feet no matter what the situation is. Be thankful. New Zealand is not down to earth anymore. It is materialistic and is becoming superficial like America. There's also a sense of entitlement in parts of the NZ culture. Why aren't we appreciative of the amazing country we live in and the support the country gives its people? The other issue I want to address in regards to parenting is the low self-esteem that is being bred into our young people. Our children need to be lifted up. I think the schools have a poor system in place that only encourages high achievers instead of providing encouragement to each individual and their personal milestones. Streaming in a school sets up children to think they are "dumber" than others. I could write a thesis on this question but I will stop here...



(Female, 30-39 years, NZ European/Asian)

FOCUS AREA TWO: SHIFTING ATTITUDES AND SOCIAL NORMS

ATTITUDES AND SOCIAL NORMS



Qualitative findings:

Attitudes to young offenders was not covered in the formative research. In relation to parental authority:

- Barriers to action discussed were politeness, awkwardness and fear of intruding in private matters, not wanting to be seen to be judgemental and not wanting to offend.

The second stage of the strategy is to shift attitudes and social norms around the way we care for and relate to children and young people, including those in care and in (or that have been in) the criminal justice system.

As the strategy evolves, it is likely that there will be a coordinated set of campaigns that address the social norms and expectations of the wellbeing of children and young people, that support prevention of harm and encourage intervention where required, and provide opportunities for individuals and communities to contribute positively. The strategy recommends a sequenced set of campaigns under an over-arching social norm of 'children as taonga' with each campaign having a specific purpose and call to action.

As this survey is repeated in future, the questions will be adapted to measure the specific attitudes and calls to action these campaigns are targeting.

In the interim, benchmark measures were obtained in the following areas:

- **What are people's attitudes in relation to the parent-child relationship?** Do these attitudes point to acceptance of the over-arching social norm of children as taonga? Respondents indicated how strongly they agreed or disagreed that children should always be obedient, how people care for their children is entirely the parents' own business and whether they would be ashamed or embarrassed if someone offered to help care for their child.
- **What are people's attitudes towards young people who have been in trouble with the law and may have a criminal past?** Do these attitudes point to acceptance of the over-arching social norm of young people as taonga? Respondents indicated how strongly they agreed or disagreed that a young person's criminal convictions should affect their future and that there should be harsher penalties for young people under 18 years old who break the law.



KEY FINDINGS

WHAT ARE PEOPLE'S ATTITUDES IN RELATION TO THE PARENT-CHILD RELATIONSHIP?

While many adhere to the more traditional view that children should always obey their parents, these are balanced by a prevailing attitude that it is not just parents' business how they deal with their children. In other words, the majority do not agree that parents have licence to deal with their children as they wish.

Nearly four in ten people living with their own children indicate they would feel shame or embarrassment if someone offered support or care for their child.

WHAT ARE PEOPLE'S ATTITUDES TOWARDS YOUNG PEOPLE WHO HAVE BEEN IN TROUBLE WITH THE LAW AND MAY HAVE A CRIMINAL PAST?

Overall, the balance of opinion appears to be in favour of harsher penalties but that, once the punishment is served, it should not affect future opportunities. However, opinions vary in terms of the best combination of these two stances.



I feel the questions relating to whether previous criminal histories for those under 18 should be considered is very complicated. I am a big fan of clean slate and a second chance in a majority of circumstances - mostly because I want people to be rehabilitated rather than causing young people to become serial offenders.



(Female, 30-39 years, New Zealand European)

ATTITUDES TO PARENTAL AUTHORITY AND AUTONOMY

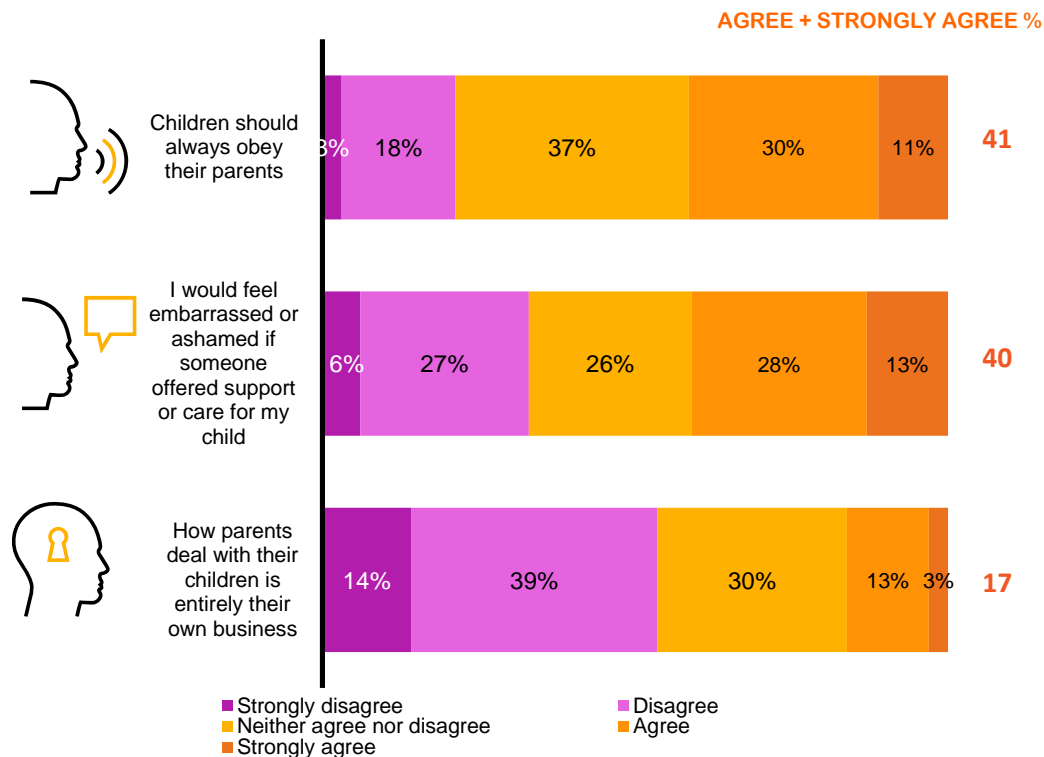
Overall, the lowest level of agreement across all the attitudes tested in this survey, was in response to: 'how parents deal with their children is entirely their own business' (only 17% of people agree). However, there was also stigma for some people in accepting help or support caring for their children, with 40% agreeing this could create feelings of shame or embarrassment.

Those identifying as Pacific were more likely than average to agree with statements reflecting parental authority and autonomy:

- 70% agreed that children should always obey their parents
- 38% agreed that how parents deal with their children is entirely their own business.

NOTE: While this statement included a 'not applicable/I don't have children' option, some of those without children did answer this question either thinking about hypothetical situations 'if they had children, how would they feel' or past situations 'when they had young children, how would they have felt if...'.

Those who are older (aged 70 and over) were more likely to agree with each of these statements: Should obey (57% cf. 41% overall), would feel embarrassed (53% cf. 40% overall) and it's entirely the parents' business (21% cf. 17% overall).



Base: All respondents excluding not applicable (n=2268-2891)

Q10 (Q14/Q15). How strongly do you agree or disagree with each of the following statements

ATTITUDES TO YOUTH JUSTICE

While 47% agreed with harsher penalties, an almost identical proportion felt criminal convictions should not affect future opportunities.

Agreement with harsher penalties does not always translate to feeling the slate should not be wiped clean; 18% felt there should be harsher penalties but also that convictions should not affect future opportunities.



18%

Harsh but forgiving: believed in harsher penalties but that it shouldn't affect the future.



16%

Lenient and forgiving: didn't believe in harsher penalties and didn't think it should affect the future.



15%

Harsh and unforgiving: believed in harsher penalties and thought it should affect the future.

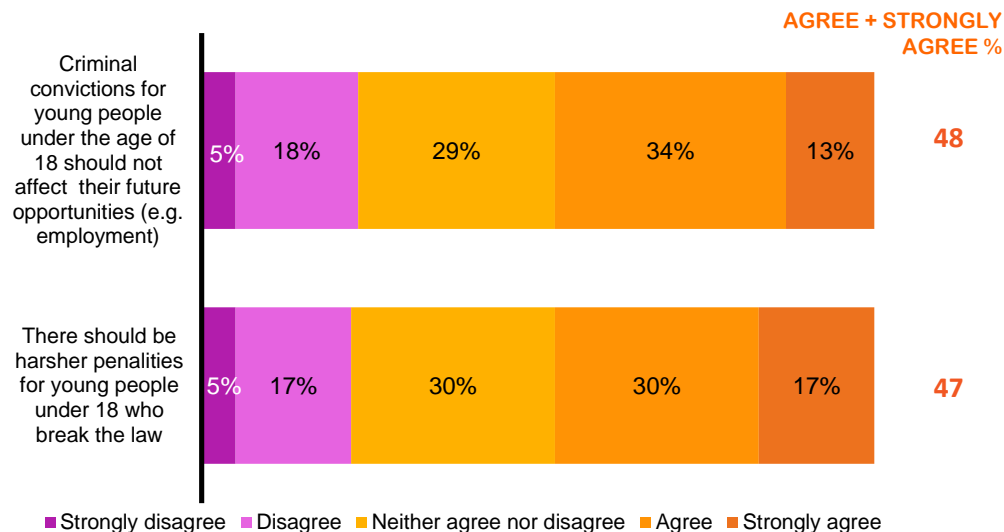


3%

Lenient but unforgiving: didn't believe in harsher penalties and but thought it should affect the future.

Men were more likely to say they disagree that criminal convictions for young people under the age of 18 should not affect their future (26% cf. 23% overall). This seems to be in line with some of the harder attitudes towards parenting that men have (as discussed previously). As might be expected, those more likely to disagree that there should be harsher penalties for young people under 18 who break the law, tended to be younger themselves, 18-24 years (29% cf. 23% overall).

Those who had not had any contact with 'at risk' children or their families also tended to have harder attitudes towards youth justice, as they tended to disagree that criminal convictions should affect people's futures and agree that there should be harsher penalties.



Base: All respondents excluding not applicable (n=2888-2880)
Q10 (Q14/Q15). How strongly do you agree or disagree with each of the following statements

FOCUS AREA THREE: TAKING ACTION

TAKING ACTION



Qualitative findings:

- New Zealanders have broadly positive attitudes towards taking action to support vulnerable children and young people
- Barriers identified included contextual barriers (e.g. concern for personal safety), perceived consequences of intervening (e.g. loss of friendship with family), personal ability/skills/confidence, social and cultural factors (e.g. it is not my business) and community support for intervention (e.g. it's not what we do)
- The threshold of when a person will act will differ depending on the individual's personal experience and context. Taking action is ultimately guided by judgements about risk and safety.

The third stage of the strategy is that New Zealanders do what they can to support children and young people. We will develop clear pathways for people to act and build knowledge and understanding of pathways to care

We obtained measures in each of the following areas:

- **What are the barriers that might prevent people from taking action?** Respondents were presented with four scenarios and asked to indicate what might deter them from doing something in each scenario
- **Do people anticipate that they would take action?** Respondents were asked whether or not they believed they would take action under each of these scenarios
- **Have people taken action when they have been in a position to do so?** Respondents indicated whether they personally had been in situations where they were worried about a child and young person and, if so, whether they actually took any action.



KEY FINDINGS

WHAT ARE THE BARRIERS THAT MIGHT PREVENT PEOPLE FROM TAKING ACTION?

The two most prevalent barriers appear to be concern that taking action might worsen the child's situation and concern that you might be wrong about the situation. These barriers are even more prevalent when the child or the family is unknown.

DO PEOPLE ANTICIPATE THAT THEY WOULD TAKE ACTION?

Even when considering hypothetical situations of a child potentially 'at risk', many people are unwilling to even conceive that barriers may stop them from taking action.

HAVE PEOPLE TAKEN ACTION WHEN THEY HAVE BEEN IN A POSITION TO DO SO?

Most of those who have been in a situation where they were worried about a child (other than their own) have done something and/or spoken to someone about it. The most common situations have involved doing something to help a child reach his/her full potential and helping a child or whānau in practical ways such as providing food.

WHAT DO PEOPLE THINK THEY WOULD DO IN DIFFERENT SITUATIONS?

Understanding how people would react and what action they would take if they found themselves in particular situations is challenging on several levels:

- Every situation and context is unique, with a range of factors impacting whether or not a person takes action and the type of action they would take
- Some people have never been in a situation involving a child or young person 'at risk' and, therefore, are responding hypothetically rather than from past experience
- People often respond in the way that reflects how they would like to think they would react, rather than how they actually would.

MEASURING BARRIERS TO TAKING ACTION

To obtain an understanding of barriers to taking action, two hypothetical situations were posed:

The situations were based on those used in the 'Engaging all New Zealanders Formative Research' and aimed to provide one situation that was slightly more ambiguous and one that was slightly less ambiguous.

Both situations were asked about 'a child' (rather than a young person) and both aimed to have sufficient detail to ensure a respondent could answer questions without being overwhelmed with detail.

Each situation had two variations to understand how actions might differ depending on whether a child/family was known or unknown to the respondent personally.

After each situation, two questions were asked:

- What, if anything, might stop you from personally doing something in this situation?
- In this situation... do you think you would do something?

Situation:

1. A nine year old child whose family you [know personally/don't know personally] doesn't seem to be well taken care of. The child looks unhappy, sometimes looks cold without the right clothes or shoes for the weather and has been seen asking strangers for money. The child is often seen in the park without being supervised, until late at night...

2. A boy about seven whose family you [know personally/don't know personally], often has bruises. You know there is often a lot of yelling from the house he lives in. One day you see the boy has a new black eye...

WHAT ARE THE BARRIERS TO ACTION?

Across both situations and regardless of whether the child was known or unknown, the most commonly chosen barriers to action were either worry/fear-based (e.g. that they might be wrong about the situation) or concern about a lack of knowledge or confidence.

Positively –

In both situations a very low proportion of people said that they didn't think anything needed to be done with no difference depending on whether the child was known or unknown (only 1% of people in all cases).

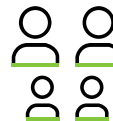
TOP BARRIERS TO ACTION



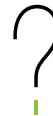
...that they **could make it** worse for the child



...that they **might be wrong** about the situation



...that it **could cause problems** for the respondent or their family



Not knowing what to do (more of an issue for situation 1)



Being **too nervous** or uncomfortable

TOP BARRIERS TO ACTION BY SITUATION



Barriers to action are relatively consistent with the following general observations:

- Not knowing what to do is a stronger barrier with regards to the possible neglect scenario
- It is others' responsibility is a slightly greater barrier when the child/family is unknown
- Potential to be wrong about a situation is more of a barrier when the child/family is unknown

Situation 1: Possible 'neglect'

KNOWN



Could make it worse
for the child (24%)



Might be wrong about
the situation (20%)



Might upset the
parents/family (18%)



Could cause
problems for me or
my family (16%)



Too nervous or
uncomfortable (14%)



Wouldn't know what
to do (13%)



Up to others to do
something (9%)

UNKNOWN



Might be wrong about
the situation (28%)



Could make it worse
for the child (25%)



Wouldn't know what
to do (18%)



Could cause
problems for me or
my family (16%)



Too nervous or
uncomfortable (16%)



Might upset the
parents/family (16%)



Up to others to do
something (16%)

Situation 2: Possible 'abuse'

KNOWN



Could make it worse
for the child (22%)



Might be wrong about
the situation (14%)



Could cause
problems for me or
my family (12%)



Too nervous or
uncomfortable (10%)



Wouldn't know what
to do (8%)



Might upset the
parents/family (8%)



Up to others to do
something (6%)

UNKNOWN



Could make it worse
for the child (26%)



Might be wrong about
the situation (20%)



Could cause
problems for me or
my family (15%)



Too nervous or
uncomfortable (13%)



Wouldn't know what
to do (12%)



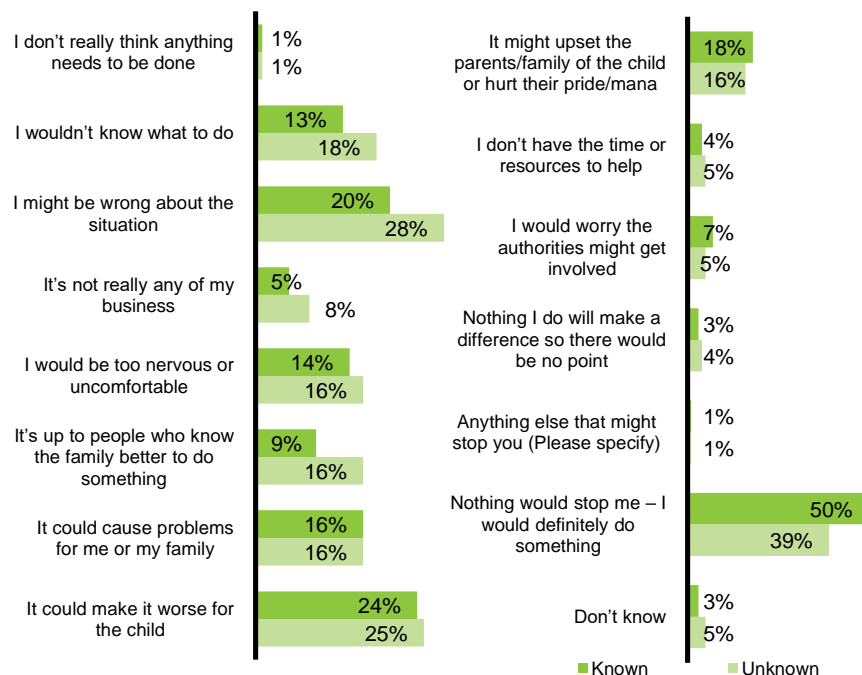
Up to others to do
something (12%)



Might upset the
parents/family (9%)

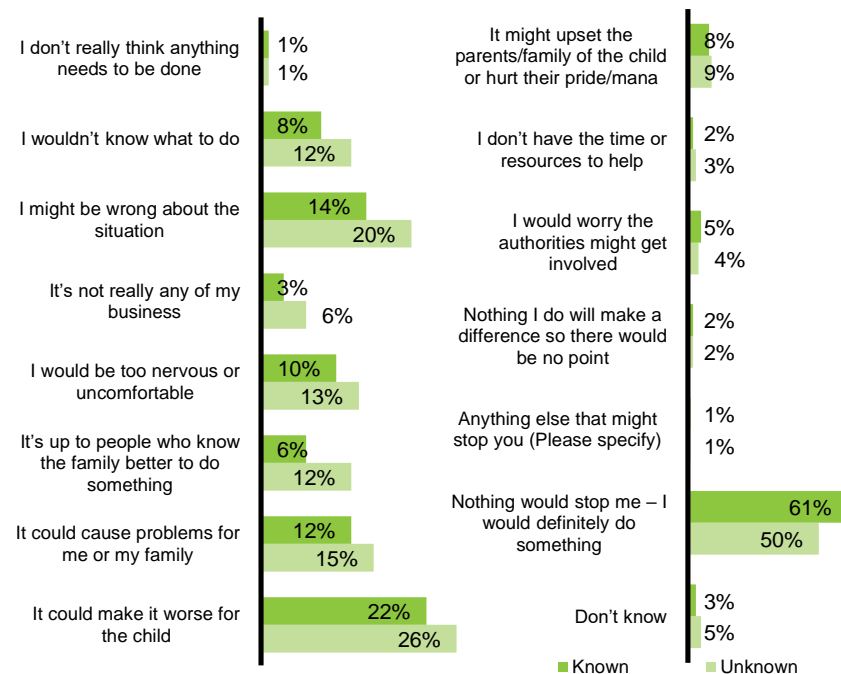
FULL LIST OF BARRIERS TO ACTION

1. A nine year old child whose family you [know personally/don't know personally] doesn't seem to be well taken care of. The child looks unhappy, sometimes looks cold without the right clothes or shoes for the weather and has been seen asking strangers for money. The child is often seen in the park without being supervised, until late at night...



Base: All respondents (Known n=2915, Unknown n=2912)
 Qx1 (Q6).(Known), Qx3 (Q8).(Unknown)
 What, if anything, might stop you personally from doing something in this situation?

2. A boy about seven whose family you [know personally/don't know personally], often has bruises. You know there is often a lot of yelling from the house he lives in. One day you see the boy has a new black eye...



Base: All respondents (Known n=2905, Unknown n=2903)
 Qx5 (Q10).(Known), Qx7 (Q12) Unknown
 What, if anything, might stop you personally from doing something in this situation?

DO BARRIERS VARY BY SUB-GROUP?

ATTITUDINAL DIFFERENCES appear to have a consistent influence on barriers to action.

Those who don't feel a personal responsibility to support the children or young people in their communities (regardless of whether they know the children or not) and don't want to do more for the children in their communities who need support are over-represented on most of the barriers discussed.

Likewise, those who believe people should not have children if they can't care for them properly and those who would be embarrassed or ashamed if someone offered support or care for their child were more likely to identify a barrier that would deter them from taking action.

PROXIMITY to children and young people at risk also impacts on perceived barriers: people who currently have no contact with children and young people at risk perceive more barriers to action than those in high contact.

When it comes to the specific barriers we generally find that:



Men were consistently more likely to say the following would be barriers to action:

- It's not any of their business
- It's up to people who know the family better to do something
- It could cause problems for them or their family
- They don't have the time or resources to help.



Those who identify as Asian were consistently more likely to say the following would be barriers to action:

- They would be too nervous or uncomfortable
- It might upset the parents/family of the child or hurt their pride/mana
- They don't have the time or resources to help
- They would be worried the authorities would get involved.

Those who were older (aged 50-69), or who were Māori and/or Pacific, were generally more likely to say that nothing would stop them – they would definitely do something in each situation considered.



I have reported worries about a child to CYFS in the past. The case manager (she was known and had been put into foster care before) told the child's mother who then confronted me at school... I would like to think I would always do something but the worry it might, again, be ignored worries me...



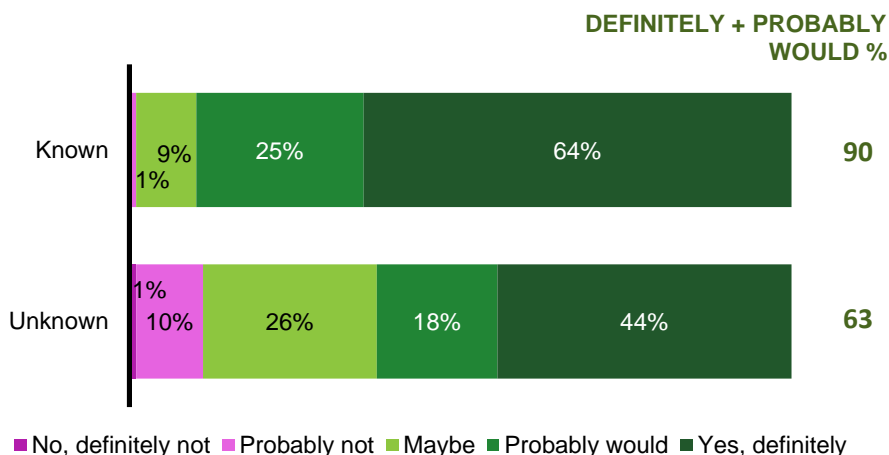
(Female, 40-49 years, Māori/New Zealand European)

HYPOTHETICAL SITUATIONS: WOULD PEOPLE TAKE ACTION?

Of the four situations, the highest proportion felt they would take action in the possible 'abuse' situation when the child/family was known to them.

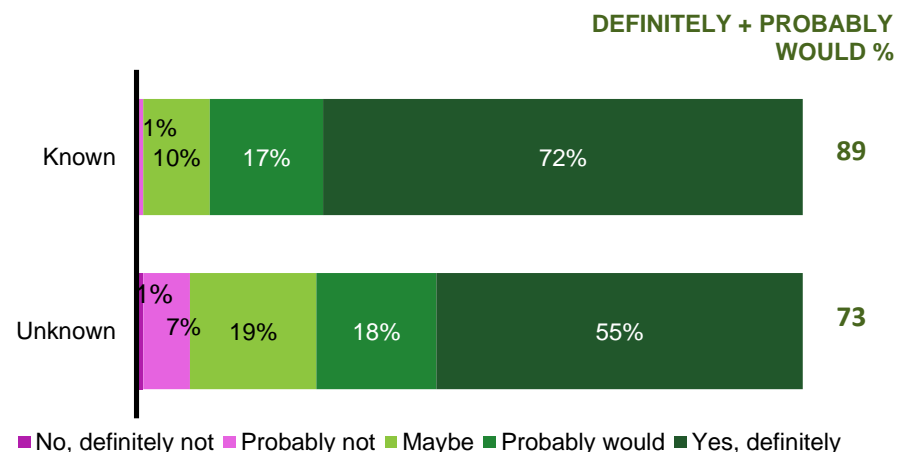
Consistent throughout the survey, there was a notable difference depending on whether the child (and/or their family) was known. In both situations, the proportion saying that they would **definitely** do something when the child was known was significantly higher than when the child was unknown.

1. A nine year old child whose family you [know personally/don't know personally] doesn't seem to be well taken care of. The child looks unhappy, sometimes looks cold without the right clothes or shoes for the weather and has been seen asking strangers for money. The child is often seen in the park without being supervised, until late at night...



Base: All respondents (n=2917-2920)
 Qx2 (Q7).(Known), Qx4 (Q9).(Unknown)
 So, in this situation involving a child you know personally, do you think you would do something?

2. A boy about seven whose family you [know personally/don't know personally], often has bruises. You know there is often a lot of yelling from the house he lives in. One day you see the boy has a new black eye...



Base: All respondents (n=2912-2913)
 Qx6 (Q11).(Known), Qx8 (Q13).(Unknown)
 So, in this situation involving a child you know personally, do you think you would do something?

ACTUAL BEHAVIOUR: HAVE PEOPLE TAKEN ACTION WHEN IN A SITUATION TO DO SO?

Information from the hypothetical situations discussed so far give us an indication of how people think they *might* react in some scenarios and help us to identify people who may have a propensity to act.

Over time, we want to be able to measure actual behaviour in relation to specific initiatives that will be implemented as part of the Engaging All New Zealanders Strategy. In the interim, a series of more general behaviour-based questions were included to obtain a benchmark of action taken.

MEASURING PREVIOUS ACTION

We asked the following questions:

- Have you **ever** talked to someone, or done anything for a child or young person (who was not your own child), because you were worried about them and wanted to help?
- In the **past 3 months**, have you talked to someone, or done anything for a child or young person (who was not your own child), because you were worried about them and wanted to help?
- **(If yes to the above question relating to the past 3 months):** Which of the following have you done (a list of six specific actions were outlined)?

* This question was preceded by an introduction that outlined some types of situations that a child or young person might experience.

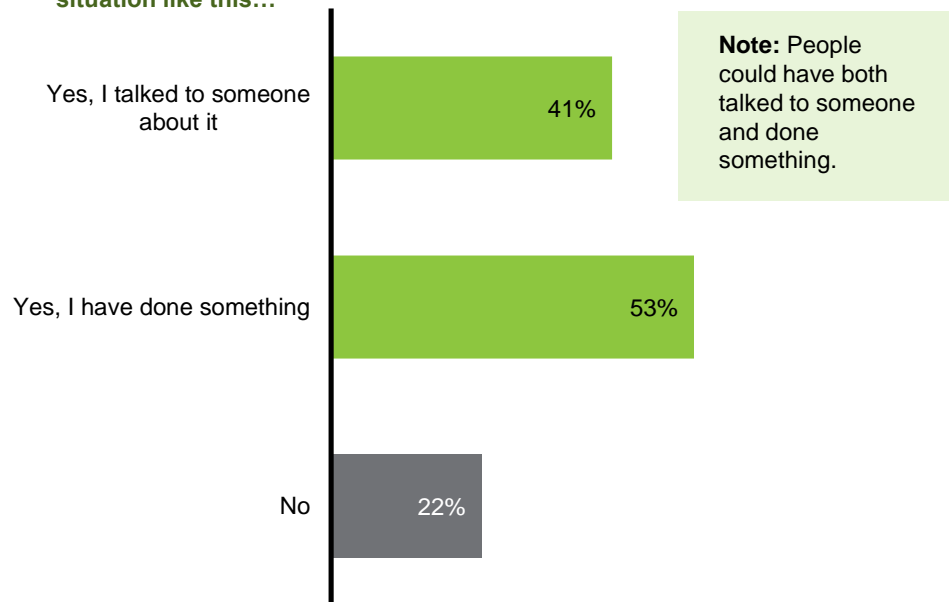
HAVE PEOPLE TAKEN ACTION IN THE PAST?



66% had been in a situation where they were worried about a child or young person at some point in the past while 34% said they had never been in a situation like this.

Of the 66% of people who had been in a situation, 78% said they had said or done something while 22% said 'no' they hadn't talked to someone about it or done anything.

Of those who had ever been in a situation like this...



Base: All respondents (n=2910)

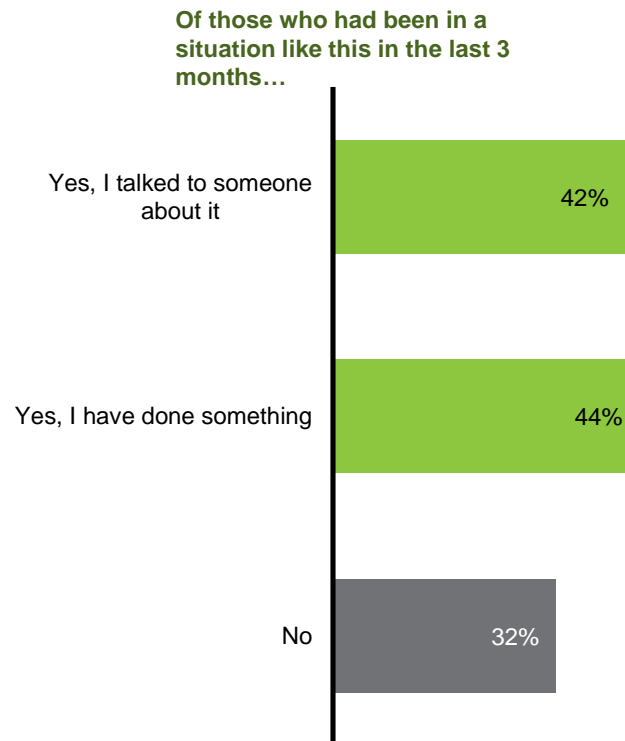
Q8 (Q19). Have you ever talked to someone, or done anything for a child or young person (who was not your own child), because you were worried about them and wanted to help?

68% OF THOSE IN A SITUATION IN PAST 3 MONTHS HAD DONE SOMETHING

Of the 35% of people who had been in a situation in the past three months where they had been worried about a child or young person (other than their own) and wanted to help, 68% had talked to someone about it and/or done something.

Of the people who had been in a situation like this in the past 3 months, those more likely to say they **hadn't done anything** were males (39% cf. 27% females), 70 years or older (44%) and Asian (40%). These groups also generally cited more barriers to helping/taking action in the hypothetical situations discussed earlier.

Māori (77%) and Pacific (82%) were more likely to say that they had done something and/or talked to someone about a situation in the last 3 months (cf. 68% overall).



Note: People could have both talked to someone and done something.

Base: All respondents (n=1538)
Q100 (Q20). In the past 3 months, have you talked to someone, or done anything for a child or young person (who was not your own child), because you were worried about them and wanted to help?

WHAT ARE THE MOST PREVALENT SITUATIONS AND DO PEOPLE TAKE ACTION?

Of the 68% who had said or done something in the past 3 months, 64% said they had done something specifically to help a child or young person reach their potential. Similarly, 64% said they had helped in practical ways such as providing food, clothing, shelter, transport or money.

Very few people said they were in a position to do one of these things but didn't.

35%

Had been in a situation in the last 3 months where they were worried...

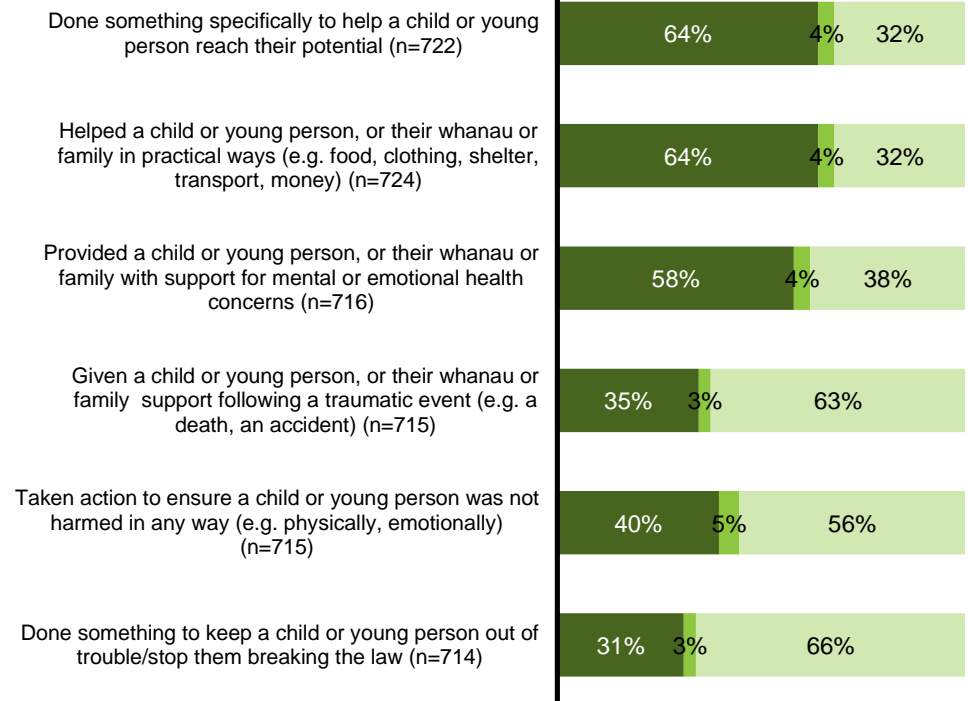


68%

Of these said or done something as a result of being in the situation...



What did people do?



- Yes, I did this in the past 3 months
- No, I could have but didn't
- Doesn't apply, I haven't been in this situation in the past 3 months

FOCUS AREA THREE: TAKING ACTION

(OPENNESS TO HELPING CHILDREN UNDER CARE)

OPENNESS TO HELPING CHILDREN UNDER CARE



Qualitative findings:

The motivators and barriers towards becoming a foster carer were not specifically explored in this formative research. However, the following observations were made

- The main motivation is a desire to provide love, care and support to a child or young person who needed things they could provide
- The main barriers related to the child or young person's likely support needs and the impact their presence may have on other family members.

The third stage of the strategy also seeks to build knowledge and understanding of the pathways to care.

The first campaign underway for MVCOT will be a caregiver recruitment campaign. MVCOT's aim is to increase the number of available quality long-term caregivers to provide stable, loving environments. However, there is also a need for other types of care.

We obtained benchmark measures in each of the following areas:

- **Do we want to do more to help?** Respondents indicated whether they felt they would like to do more to help the children and young people in their communities who need support
- **Would we consider helping a child under the care of MVCOT?** Respondents indicated whether they were open to considering this possibility, either now or in the future
- **Does consideration increase for certain types of care?** Respondents who expressed at least some possibility of considering helping children or young people under care identified the levels of care they might be interested in providing and the groups of children/young people they might consider being involved with.



KEY FINDINGS

DO WE WANT TO DO MORE TO HELP?

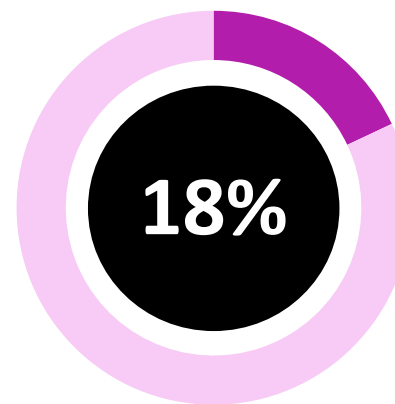
Close to six in ten would like to do more to help children and young people who need support. This spans both groups rather than being specific to one; in other words, if a person would like to do more for children, they would also like to do more for young people and vice versa.

WOULD WE CONSIDER HELPING A CHILD UNDER THE CARE OF MVCOT?

When the broader definition of care and the range of possible ways of helping is explained, one in five say they would consider helping a child or young person under the care of MVCOT and only a minority indicate there is no possibility now or in the future of providing care.

DOES CONSIDERATION INCREASE FOR CERTAIN TYPES OF CARE?

As would be anticipated, considerably more people will be open to providing shorter-term care to children, especially those aged 5-12 years, than to providing longer-term care.

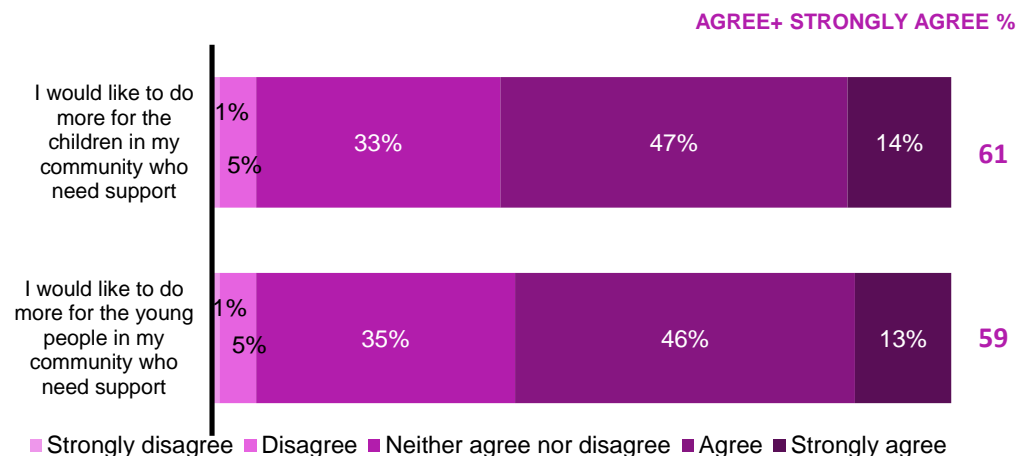


Said 'yes' they would consider helping a child or young person who is under the care of Oranga Tamariki

WILLINGNESS TO HELP - ATTITUDINAL

Overall, 61% expressed a desire to do more to help the children in their community who need support, while a very similar proportion indicated they would like to do more for the young people in their communities. Approximately one in seven expressed a *strong* wish to help more.

Those who would like to do more to help *children* are also those who would like to do more to help *young people*, and vice versa. In other words, very few people express a desire **only** to do more for children and not young people.



For both of the statements above, women, those aged 18-24 years, those living in the most deprived areas, those who had contact with 'at risk' families/children and Māori and Pacific were more likely to say they would like to do more

WILLINGNESS TO CONSIDER HELPING A CHILD OR YOUNG PERSON UNDER MVCOT' S CARE

CONTEXT PROVIDED TO RESPONDENTS:

Some children and young people come under the care of the Ministry for Vulnerable Children Oranga Tamariki. This could be for a variety of reasons; for example, parents needing a break from looking after a child or young person with high needs, or who is not safe at home.

These children, young people or their families and whānau need some additional support or care and this is often provided by other people in the community. There are a number of ways to help; from taking a child out for a few hours to having a child or young person in your home permanently.

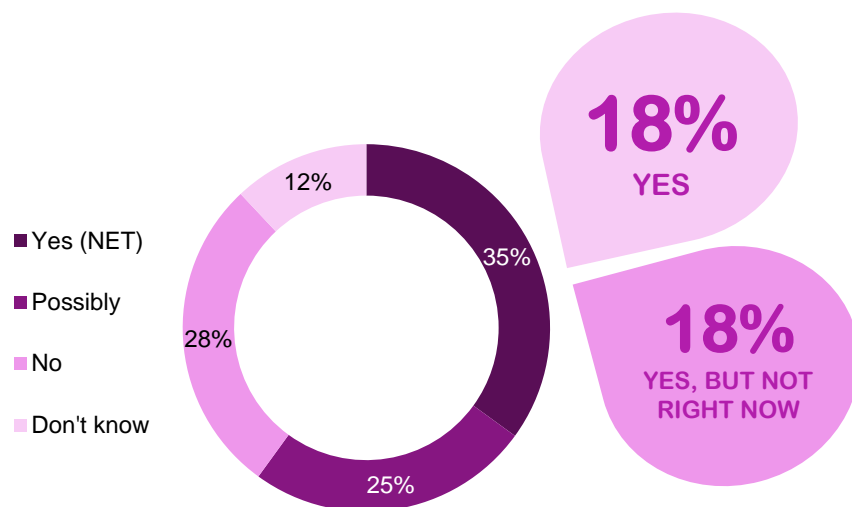
Two in ten people say they would ever consider helping a child or young person who is under the care of the Ministry, with a further 18% indicating they would do so but not right now.

As might be expected, there is a relationship between consideration of helping and life stage. Those aged 18-24 years are more likely to consider helping at some time in the future, while those who are slightly older and of an age where people tend to have families (25-29 and 40-49 years) are more likely to say 'yes' (24% and 22% respectively). As people age they become less likely to say yes, with those 60 years and over being more likely to say 'no'.

Base: All respondents (n=2881)

Q18a (Q26). Would you ever consider helping a child or young person who is under the care of the Ministry for Vulnerable Children, Oranga Tamariki?

Māori (31%) and Pacific (25%) were more likely to say 'yes' they would consider helping (cf. 18% overall) while those identifying as New Zealand European were more likely to say 'no' (31% cf. 28% overall).



The profile of the 18% who said 'yes' they would consider helping a child or young person in care -

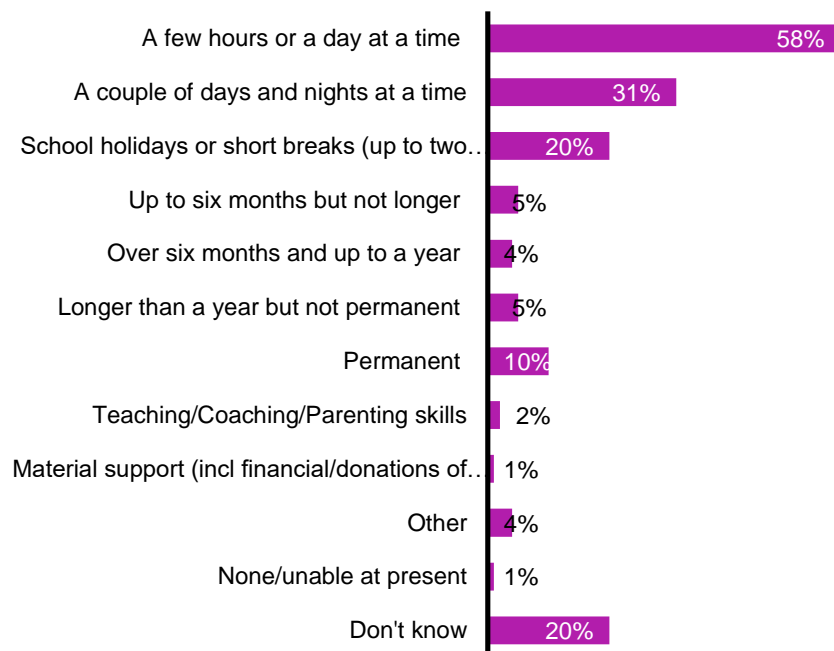
- 58% were women and 41% were men.
- 13% were 18-24, 11% were 25-29, 20% were 30-39 and 24% were 40-49 years old, 19% were 50-59 while 14% were 60 years old and over.
- 63% of those who said 'yes' were New Zealand European, 21% were Māori and 7% were Pacific.

WHAT TYPES OF HELP ARE PEOPLE WILLING TO CONSIDER GIVING?

Of those who said they might consider helping a child or young person in care, the majority said they might be interested in helping for a few hours or a day at a time. One in ten people said they would might consider permanent care.

Māori (17%) and Pacific (17%) people were more likely than average to say they would consider permanent care. Pacific people were also more likely to consider helping with any of the options listed below compared with the average overall.

Of the 60% who said they would (or possibly would just not right now) consider helping a child, 10% indicated they would consider a permanent placement (this equates to around 6% of the total population).

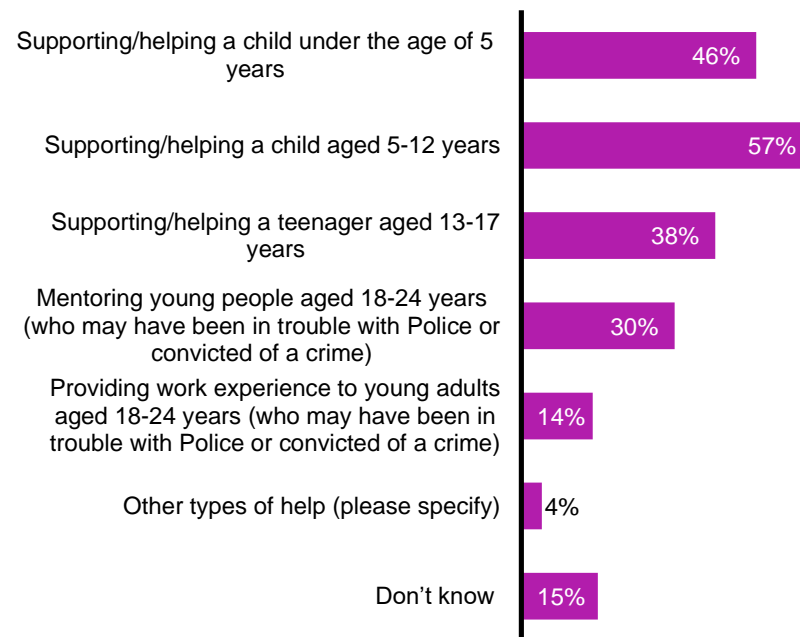


Base: Respondents who would ever consider or possibly consider helping a child or young person who is under the care of MVCOT (n=1741)

Q18b (Q27). What types of help might you be interested in providing?

Of those who said they might consider helping a child or young person in care, helping a child aged 5-12 years was the most frequently mentioned age group that people said they might consider helping.

Māori were more likely than average to say they would consider supporting/helping a teenager aged 13-17 years (50% cf. 38% overall).



Base: Respondents who would ever consider or possibly consider helping a child or young person who is under the care of MVCOT (n=1741)

Q18c (Q28). What types of help might you be interested in providing?

MĀORI

INTRODUCTION

In the report so far we have looked at differences between the total population and Māori where relevant. This section looks at results within the Māori population and aims to explore specific questions around barriers to action for Māori and their willingness to assist in different care arrangements.

This section explores the following:

- What Māori believe are the contributors to vulnerability
- What Māori believe are the most important things for children and young people to thrive
- Who Māori believe is responsible for the care of our children and young people
- What the key barriers to action are for Māori
- How willing Māori are to consider helping children/young people in the care of the Ministry and who those people are
- Of those who would consider helping children/young people in the care of the Ministry, what types of care would they consider and what types of children would they consider helping.



Marae, churches, mosques etc... need to be involved in future discussions on how better to help all tamariki, being responsible & accountable for our tamariki's health, wellbeing and future.



(Female, 40-49 years, Māori)

In considering results for Māori it is important to take different aspects of culture and heritage into account.

Many of the results coming through in this survey reflect common cultural Maori principles and philosophies. Specifically:

- **A holistic notion of wellbeing:** is where all aspects of the 'human experience' are taken into account and need to be in balance – cultural, spiritual, physical, emotional, environmental and economic.
- **Collective responsibility:** Māori society is based on the social units of whānau, hapū and iwi (descended from a common ancestor) and individual identity and rights are derived from membership of those groups. Māori principles emphasise the wellbeing of the group (whānau, hapū or iwi) with individual rights (being a lesser priority) to the collective wellbeing.
- **Whānau/whanaungatanga - family connectedness:** is an integral part of Māori identity and culture. The cultural values, customs and practices that organise around the whānau and collective responsibility are a necessary part of Māori survival and achievement.
- **Ngā matatini Māori – diverse Māori realities:** It is important to remember that Māori live in diverse cultural worlds. There is no one reality nor is there a single definition which encompasses all Māori lifestyles, beliefs and values. Some Māori are highly connected to cultural values and activities and other Māori less so.

NOTES AND PROFILE OF MĀORI

As part of this benchmark survey, the 'Māori descent' flag on the Electoral Roll was used to identify potential respondents who were more likely to identify either fully or in part as Māori. In total, 370 completed surveys were received from Māori respondents.



55% of Māori responses were made online (compared with 56% among the general population).



60% of Māori respondents said that they would be happy to be re-contacted for further research.

Gender: Within the weighted Māori survey population 53% were women and 46% were men.

Age: The Māori population has a younger age profile than the rest of the New Zealand population. After weighting, the **age profile** of Māori respondents in this survey is shown here:

Living in a home owned or partially owned by the household - among Māori was estimated at 44% according to the 2013 Census. In this survey a higher proportion (57%) of Māori lived in a house owned (with or without a mortgage) by the household.

New Zealand Deprivation Index Quintiles:

NZDep Quintile 1 areas are the least deprived areas in New Zealand while NZDep Quintile 5 areas are the most deprived. The following table shows the proportion of Māori in the survey who lived in each Quintile compared with that of the total New Zealand Māori population. In general, Māori are over represented in Quintile 5 areas however, Māori respondents appear to be skewed towards more affluent areas.

Age group	Proportion of Māori in Survey (Weighted)
18-24 years	20%
25-29 years	10%
30-39 years	19%
40-49 years	20%
50-59 years	16%
60-69 years	9%
70 years +	5%

NZDep Quintile	% of Māori in Survey (Weighted)	% of total NZ Māori population
Quintile 1	17%	9%
Quintile 2	17%	12%
Quintile 3	16%	16%
Quintile 4	20%	23%
Quintile 5	30%	40%

SUMMARY OF HOW MĀORI COMPARE WITH OVERALL RESULTS

WHAT IS MOST DIFFERENT?



How is New Zealand doing?

Māori appear more evenly split when it comes to how well they think we're doing when it comes to caring for our children and young people, with 39% think we're doing a good job and 34% think we're doing a bad job (compared with the total population where 53% think we're doing a good job and 24% think we're doing a bad job). Māori are also more likely to say we are doing a bad job (34% cf. 24% overall).

While New Zealand as a whole appears to be polarised on whether we are getting better or worse (32% respectively), Māori are more likely to think we're getting worse (39% compared with 32% overall) and only 28% think we're getting better.



What is causing this vulnerability?

When asked what people thought were the main things that resulted in some children and young people not thriving as much as they should, around 40% of the total population gave reasons relating to poor parenting, poor home environments and/or family dysfunction and 29% gave reasons related to poverty. Among Māori, the top three (grouped) reasons given were the same as the total population:

- Poor parenting/poor home environment/family dysfunction (37%)
- Poverty related (33%)
- Education issues (25%).



What are the things that help children to thrive?

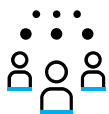
People were asked to rate how important they thought a range of things were when it comes to ensuring that our children and young people thrive. Overall, Māori tended to rate in similar ways to the total New Zealand population. Particularly for statements around the importance of: Love and support of family/whānau, having basic needs met, being healthy physically, having parents who set boundaries, accept children for who they are and listening to them.

Māori were more likely to say aspects relating to mental, emotional and spiritual wellbeing are extremely important, see life skills as extremely important and say that feeling safe in communities was extremely important. Māori were also more likely to say they think that connections and involvement were extremely important when compared with the total population.

The increased emphasis that Māori have on different aspects of wellbeing (compared with some other groups) is understandable given the more holistic cultural notion of Whānau Ora which is achieved when all aspects of peoples living experience – cultural, spiritual, physical, emotional, environmental and economic – are in balance (Bolton & Gifford, 2014).

SUMMARY OF HOW MĀORI COMPARE WITH OVERALL RESULTS - CONTINUED

WHAT IS MOST DIFFERENT?



Whose responsibility is it?

As with the total population, Māori agree it is important to have a caring community for a child to thrive. Māori believe slightly more strongly than the general population that everyone has a responsibility for the children in their community (although this difference is not statistically significant, 77% cf. 75% overall). They also strongly feel a personal responsibility to support children and young people they know personally, and to a lesser extent, to support those they don't know personally.

This strong sense of community responsibility is an intrinsic part of Māori culture with membership to whānau, hapū and iwi conferring both benefits and responsibilities. The wellbeing of the whānau, hapū and iwi is at the forefront with individual rights being of lesser importance compared with collective wellbeing.



Attitudes to Youth Justice

Māori had very similar attitudes to the total population when it comes to views about Youth Justice. Specifically, 46% of Māori agreed that 'Criminal convictions for young people under the age of 18 should not affect their future opportunities (e.g. employment)' (24% disagree) and 44% agree that 'There should be harsher penalties for young people under 18 who break the law' (24% disagree)



Actions taken to help vulnerable children

In the different hypothetical situations asked about, Māori were more likely than the general population to say they would definitely do something – regardless of the situation (potential 'neglect' or 'abuse' situation) and regardless of whether the child was known or unknown to them.

Māori were also more likely to have been in situations where they had the opportunity to help/intervene (either ever, or in the last 3 months) and in these actual situations, they were also more likely to report that they had taken action.



Willingness to help

Compared with the total population, Māori were more likely to report being open to helping more. They were more likely to agree that they'd like to do more to help children (69% cf. 61%) and young people (70% cf. 59%) in their communities. They were also more likely to say 'yes' when asked if they would consider helping a child in the Ministry's care (31% cf. 18% overall).

CONTRIBUTORS TO VULNERABILITY

When asked unprompted for the main things that result in some children and young people not thriving as much as they should, results for Māori are very similar to the overall New Zealand population.

For example, as with the total population, poor parenting/poor home environment/dysfunctional families is the most commonly cited reason (37%) by Māori, followed by poverty related reasons (33%) and education issues (25%)

Māori were more likely to say they thought 'Education issues – poor education/lack of education' was one of the main things that resulted in some children not thriving (25% compared with 19% for the total population).

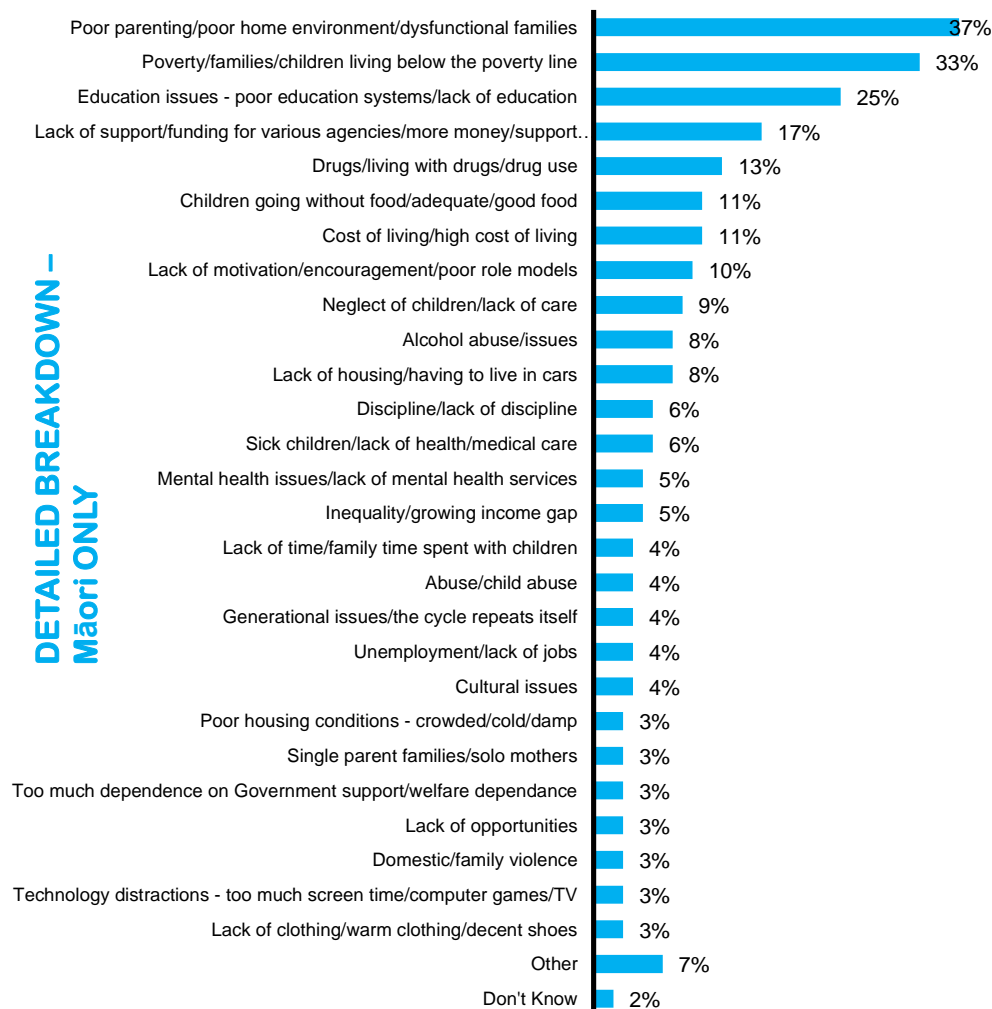
“ Education, I see heaps of young kids not at kura when they should be.

(Female, 25-29 years, Māori)

Education system doesn't work for everyone, but [there is] no easily accessible alternative. Lack of parenting skills.

(Female, 40-49 years, Māori/New Zealand European)

DETAILED BREAKDOWN – Māori ONLY



Base: All Māori respondents (n=366)
Q3 (Q3). What do you think are the main things that result in some children and young people in New Zealand not thriving as much as they should? (Respondents wrote down comments verbatim – these have been coded into themes)

CONTRIBUTORS TO WELLBEING: WHAT IS NEEDED FOR CHILDREN AND YOUNG PEOPLE TO THRIVE?

The things that Māori thought were most important when it comes to how well children and young people thrive, were consistent with the overall population. However, Māori were in most cases more likely to rate each of these things as 'extremely important'.

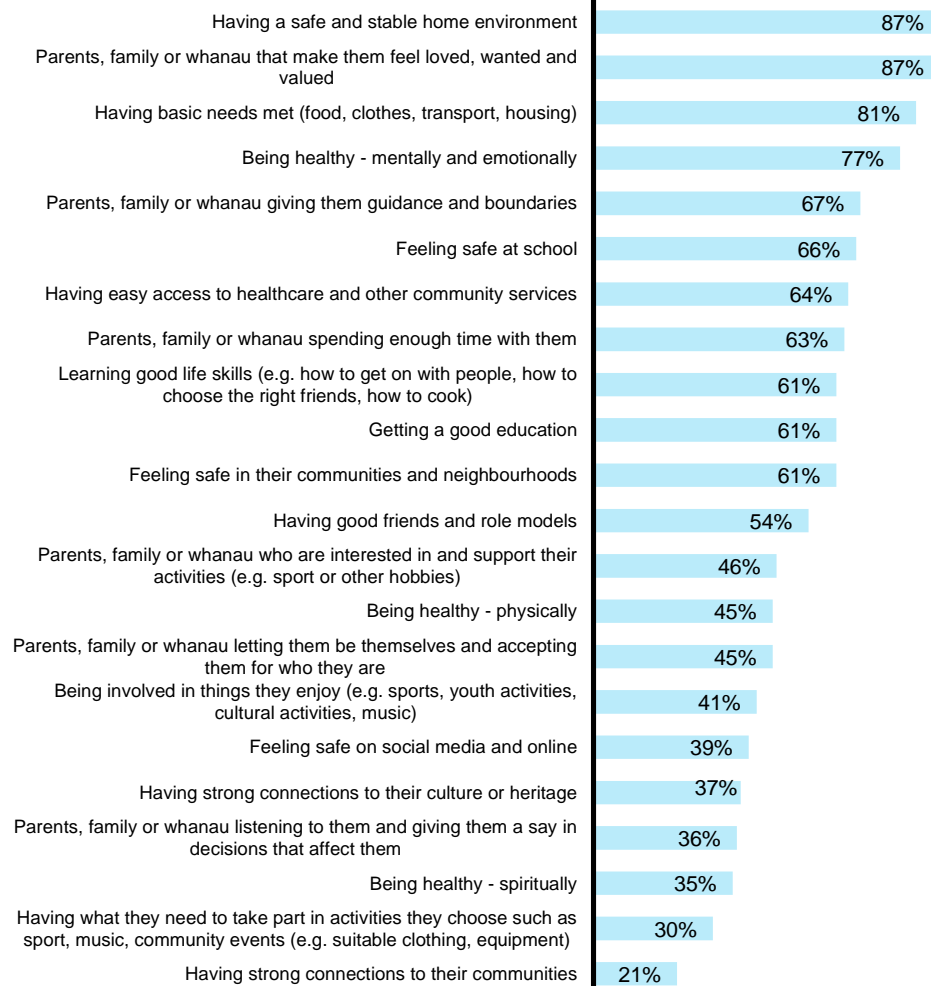
While the top six elements are the same for Māori, 'having easy access to healthcare and other community services' is higher on the list of important things when compared with the total population, as is 'learning good life skills'.

'Having strong connections to culture and heritage' is also higher on the list with Māori being more likely to rate this aspect as extremely important (compared with the total population).

“ Our society is lacking in good male role models, too many broken families with no dads especially for our boys. Our country has a very high suicide rate for our boys. That's where sports community connections and good role models come in. ”

(Female, 40-49 years, Māori)

EXTREMELY IMPORTANT



Base: All Māori respondents (n=366-370)
Q4 (Q4/Q5). Here is a list of some things that can affect how well children and young people thrive. You might think everything on this list is important but we want to know which ones you think are the most important.

WHO IS RESPONSIBLE?

While less than half of the total population (49%) agreed they felt a personal responsibility when the child or young person was unknown to them, over half (56%) of Māori agreed with this statement.

“Caring for children or young people is not easy whether they are known to you or not. I don't have children of my own and have found that providing help to whānau in need can be met with praise but mostly resentment. Sadly the results of that help are mostly mediocre. It would seem that people/parents would prefer to be self-sufficient rather than rely on others known to them. When they (people/parents) rely on authorities however, it's somehow easier to become disconnected, and gratitude or motivation is replaced with complacent expectation and entitlement. I do believe that most parents try to do the best for their children but some parents have no idea about what it takes to be a good person let alone a good parent. Perhaps the school curriculum should place a greater emphasis on health, self-discipline, social and life skills to prepare children and young people for adulthood. The emphasis should not just be for future employment and a career; but for a good, healthy and purposeful life.”

(Female, 50-59 years, Māori)



Nine in ten agreed (89%) that they **feel personal responsibility when the child** or young person is **known** to them.



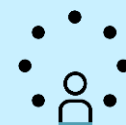
Over three quarters of people (77%) agree that **everyone has a responsibility** to care for children and young people in their community.



Six in ten agree (61%) that **parents** should take **full responsibility** for the care of their children and not depend on others.



Six in ten people (63%) agreed that **the government should take more responsibility** for the care of our children and young people.



Over half of people (56%) agreed that they **feel personal responsibility when the child** or young person is **unknown** to them.



TOP BARRIERS TO ACTION BY SCENARIO



Barriers to action among Māori are relatively consistent with the following general observations:

- Worry that it might upset the parents or family is more of a barrier in the first situation relating to 'possible neglect' while it's lower down the list of barriers in the 'possible abuse' situation.
- Worry about the implications of acting were higher up the list of barriers where the child was unknown in the 'possible neglect situation' compared with the overall population.

Situation 1: 'Possible neglect'

KNOWN



Could make it worse
for the child (19%)



Might be wrong about
the situation (17%)



Might upset the
parents/family (17%)



Could cause
problems for me or
my family (13%)



Up to others to do
something (12%)



Too nervous or
uncomfortable (11%)



Wouldn't know what
to do (11%)

UNKNOWN



Might be wrong about
the situation (27%)



Could make it worse
for the child (18%)



Could cause
problems for me or
my family (18%)



Might upset the
parents/family (13%)



Wouldn't know what
to do (13%)



Too nervous or
uncomfortable (12%)



Up to others to do
something (12%)

Situation 2: 'Possible abuse'

KNOWN



Could make it worse
for the child (17%)



Might be wrong about
the situation (9%)



Could cause
problems for me or
my family (8%)



Too nervous or
uncomfortable (7%)



Might upset the
parents/family (6%)



Up to others to do
something (6%)



Wouldn't know what
to do (5%)

UNKNOWN



Could make it worse
for the child (17%)



Might be wrong about
the situation (14%)



Could cause
problems for me or
my family (13%)



Wouldn't know what
to do (10%)



Too nervous or
uncomfortable (9%)



Up to others to do
something (7%)

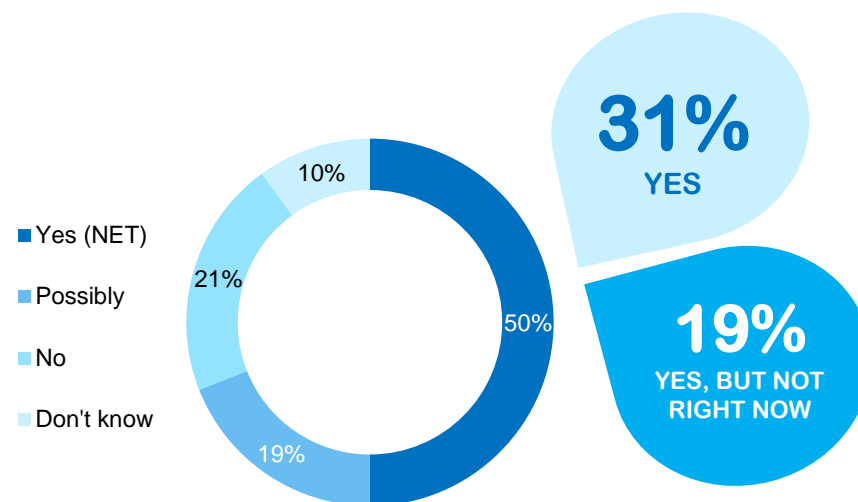


Might upset the
parents/family (6%)

WILLINGNESS TO CONSIDER HELPING A CHILD OR YOUNG PERSON UNDER MVCOT' S CARE?

Māori who were more likely to say 'yes' they would consider helping a child or young person in care were female (35%) and/or had a lot of contact with 'at risk' families (48%).

When we look specifically at Māori who said 'yes' they would consider helping, we find that just under half (48%) were living in less deprived areas (NZDep Quintiles areas 1, 2 or 3) and 41% were aged 30-49 years old (i.e. in life stages where they are more likely to be more mature and stable).



The profile of the 31% of Māori who said 'yes' they would consider helping a child or young person in care -

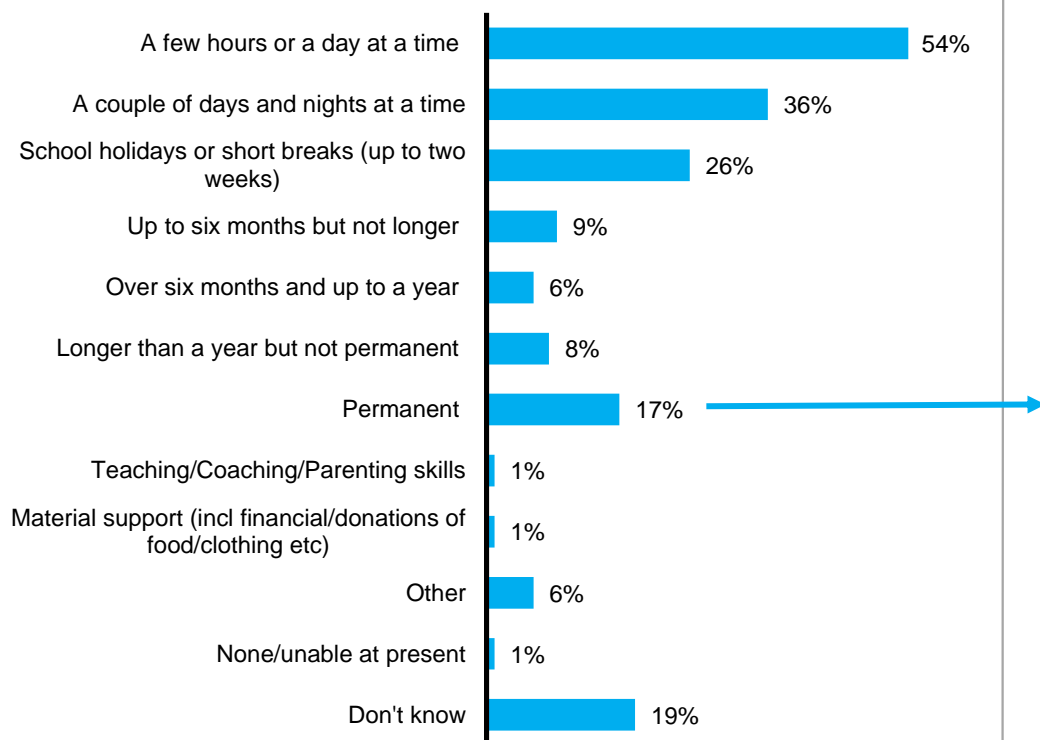
- 59% were women and 40% were men.
- 20% were 18-24, 15% were 25-29, 23% were 30-39 and 18% were 40-49 years old, 17% were 50-59 while 8% were 60 years old and over.
- 19% were living in more affluent areas (NZDep Quintile 1), 13% were in NZDep Quintile 2 areas, 16% were in NZDep Quintile 3 areas, 25% were in NZDep Quintile 4 areas and 27% were in the most deprived areas (NZDep Quintile 5 areas).

Base: All Māori respondents (n=367)

Q18a (Q26). Would you ever consider helping a child or young person who is under the care of the Ministry for Vulnerable Children, Oranga Tamariki?

WHAT TYPES OF HELP ARE PEOPLE WILLING TO CONSIDER GIVING?

Māori were more likely to say they would be interested in providing most types of help compared with the New Zealand population overall. This was particularly noticeable in relation to permanent care (17% cf. 10% for the total population).



Base: Māori respondents who would ever consider or possibly consider helping a child or young person who is under the care of MVCOT (n=262)
Q18b (Q27). What types of help might you be interested in providing?

PERMANENT CARE

Of the 17% of Māori who said they would consider permanent care, 38% of those lived in less deprived areas of New Zealand (NZDep Quintile areas 1, 2 or 3), 50% were aged 30-49 years old and 54% were living in their own home (with or without a mortgage).

The profile of the 17% of Māori who said they would consider permanent care -

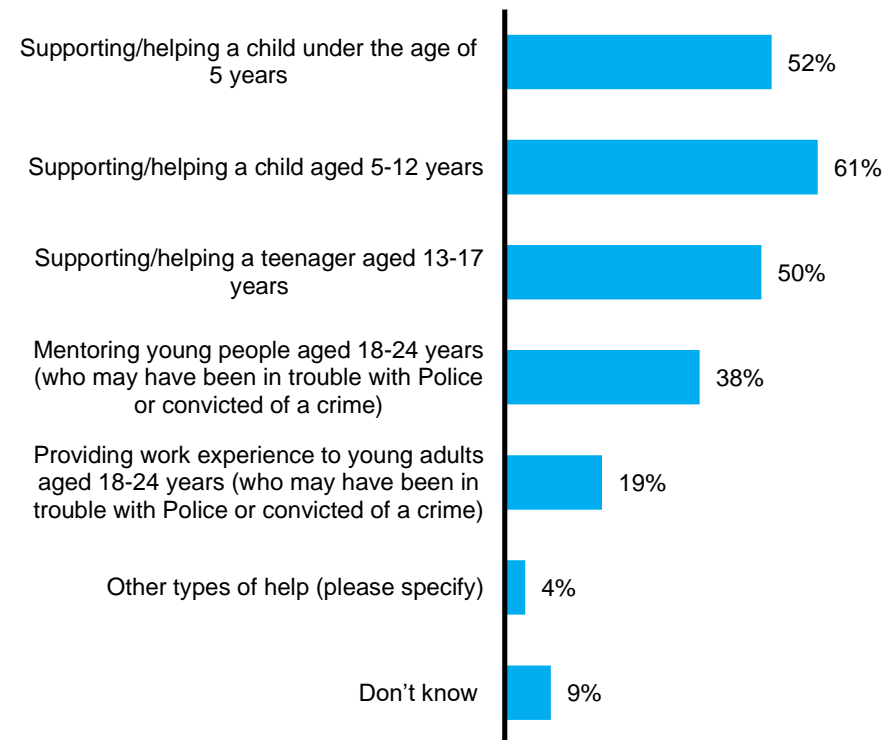
- 35% male and 65% female
- 18-24 years (9%), 20-25 years (26%), 30-39 years (27%), 40-49 years (23%), 50-59 years (11%), 60-69 years (4%)
- 29% were living in a home rented from a private person or trust, 7% were living in social housing, 54% were living in the own home (either with or without a mortgage)
- 16% were living in the least deprived areas (Quintile 1), 12% were in NZDep Quintile 2 areas, 10% were in Quintile 3 areas, 28% were in Quintile 4 areas and 34% were living in the most deprived areas (NZDep Quintile 5).

Examples of 'Other types of help' that Māori said they would consider providing:

- Te Reo and doing activities with them, Waka Ama.... Dream board & goal setting...
- Swimming lessons either learn to swim or individual lessons
- listening and sharing life's experiences
- Role modelling - matching mentors with [those who] need [one].

WHAT TYPES OF HELP ARE PEOPLE WILLING TO CONSIDER GIVING?

When it comes to who Māori would consider helping, the pattern is similar to that of the overall population however, there are particularly noticeable differences in the proportion of Māori saying they would be interested in helping young people aged 13-17 years old (50% cf. 38% of the total population) and mentoring those who had been in trouble with Police or convicted of a crime (38% cf. 30% of the total population).



Base: Māori respondents who would ever consider or possibly consider helping a child or young person who is under the care of MVCOT (n=261)
Q18c (Q28). What types of help might you be interested in providing?

PACIFIC

KEY FINDINGS



KEY FINDINGS

CONNECTEDNESS IS IMPORTANT

Connections to culture or heritage are important for Pacific. It is clear that Pacific people have a greater sense of responsibility for children/families and others in their community. Like Māori, Pacific also have a collective responsibility to their wider fanau, village and community. This can be seen in the early immigration and settlement processes where the majority of Pacific people established churches and lives were built around churches and church groups in Aotearoa. Results are not surprising considering the religious and moral values associated with Christianity.

WELLBEING IS A HOLISTIC CONCEPT

Like Māori, Pacific have a holistic sense of wellbeing with the the pillars of wellbeing which cover all aspects of experience: physical, spiritual, mental/emotional and 'other' (which includes identity aspects such as sexual/gender/age/socio-economic status). According to the Fonofale model (Pulotu-Endemann, 1995) these pillars are built on the foundation of 'family' and constitute Pacific culture in the context of time and the environment.

WOULD WE CONSIDER HELPING A CHILD UNDER THE CARE OF MVCOT?

Yes. Pacific are happy to help when they can and are more likely than some other ethnicity groups to say they would consider helping a child or young person in the care of the Ministry.

BARRIERS

While many of the barriers to action for Pacific are consistent with the overall population and Māori, 'Worry that the authorities might get involved' when a child or their family is known, is a key barrier for Pacific that does not come through quite as strongly overall or for Māori.

INTRODUCTION

This section of the report considers Pacific responses to key survey topics, to understand key differences in attitudes and actions.

In considering the results for Pacific it is important to take account of Pacific People's cultural heritage.

Traditionally Pacific children are shared around the wider extended family in a more communal way than within the general New Zealand population. Where families are unable to care for a child, the child may be informally 'whangai'd out, either short term or longer term. Hence, it is not surprising that Pacific have strong agreement that everyone in the community is responsible for the children in their community, and to be more willing than the general population to say they will consider helping a child or young person in care.

A strong Christian influence underpins Pacific life and values. Church and state (government) are often perceived to be the head of state in the Pacific Islands, for example, and can be perceived to know best.



I think we have a lot of services, supports funding available for families however we fail to utilise them to the maximum. We are quick with short-term resolutions (fixes). We need to focus on long term solutions i.e. reconnecting families to spiritual & cultural identity.



(Female, Samoan, 40 to 49 years)



208 Pacific respondents age 18 years and over completed the survey. This represented 69% of the Pacific target of 300 interviews.

The mix of Pacific ethnicities was consistent with Statistics New Zealand data. In the survey 2% of respondents were Samoan, 1% were Cook Island, 1% were Tongan and the rest were other Pacific ethnicities.

Compared with the population of Pacific peoples, the sample achieved over-represented some sub-groups. Data were weighted to correct for these.

- Women were over represented (70%). Weighted to 52%.
- Auckland based Pacific were over-represented (91%). Weighted to 66%.
- New Zealand Deprivation Index: Pacific who fell within Quintile 5 were slightly over-represented (67%). Weighted to 61% (cf. 16% of the general population). (But the proportion living in social housing was a good match to population.)



29% of Pacific responses were made online compared with 46% among the general population.

48% of Pacific responses were provided in a face to face setting



52% of Pacific respondents said that they would be happy to be re-contacted for further research.

*Note: Pacific Peoples are generally referred to as 'Pacific' in this section.

SUMMARY OF HOW PACIFIC COMPARE WITH OVERALL RESULTS - WHAT IS MOST DIFFERENT?



Attitudes

Nearly three in five Pacific (49%) think New Zealand is doing a good job with our children and young people, while one in three (16%) think we are doing a bad job.

Pacific tend to have a more optimistic view about whether New Zealand is getting better in terms of how it is caring for our children and young people, compared with the general population or Māori. 43% of Pacific say things are getting better, compared with only 22% saying things are getting worse (compared with 32% getting better and 32% getting worse among the general population).



Those who identify with one or more of the Pacific ethnicities hold a stronger belief that children should obey their parents (70% cf. 41% among general population) and are more likely to agree that criminal convictions for under 18 year olds should not affect their future (61% cf. 48% among general population).

There is a more strongly held perception among Pacific that the government should take more responsibility for care of our children and young people (72% cf. 63% among the general population).

Pacific also have a stronger sense of responsibility when a child unknown to them (67% cf. 50% among the general population) and were also more likely to agree that they would like to do more for young people in the community (85% cf. 59% overall).



Actions

Pacific are as likely as the general population to say they have talked to someone or done something for a child because they were worried about them. The reported incidence of action was higher for providing practical support, supporting a child, young person or whānau after a traumatic event, or doing something to keep a child or young person out of trouble than among the general population.

Pacific people were more likely than the general population to think they have done something to be a better parent or caregiver because of something they have seen, heard or read (73% vs 46% among the general population).



Contact with children

Pacific were more likely than the general population to have had contact with children generally, regularly, or through unpaid or voluntary work. They were also more likely to have had contact with 'at risk' families (27% having had a lot and 86% having had at least 'a little' contact compared with 62% of the general population having at least a little contact and 13% a lot of contact).

CONTRIBUTORS TO VULNERABILITY

Pacific perceptions of the key factors that result in some children and young people in New Zealand not thriving as much as they should are similar to the overall New Zealand population, with the same top three emerging, and at similar levels of mention:

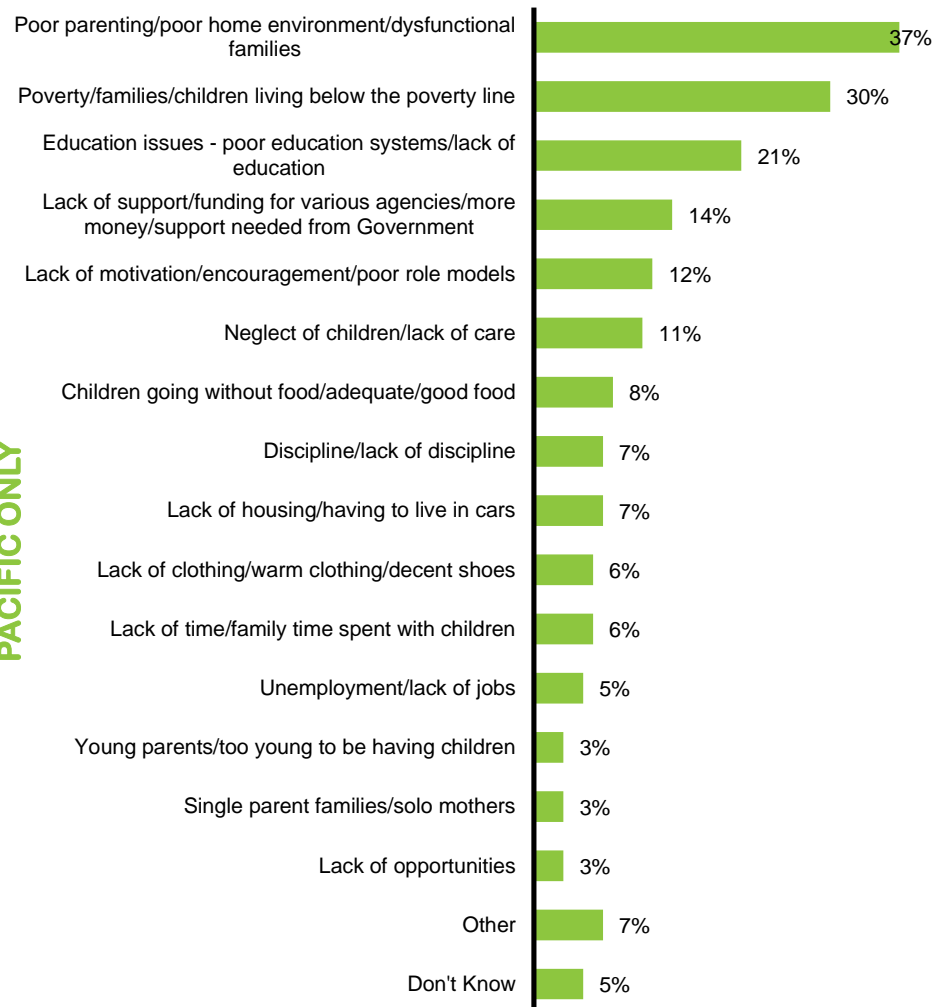
- **Poor parenting / poor home environment**
- **Poverty / living below the poverty line**
- **Poor education.**

Drug and alcohol abuse issues are **not** considered key issues by Pacific. Whereas drugs ranked 4th (12%) and alcohol abuse ranged 7th (8%) among the general population, only 2% of Pacific mentioned these things (ranked 16th or lower).

Two contributors - lack of motivation/poor role models and neglect of children - ranked higher among Pacific (5th and 6th respectively) than among the general population (9th and 12th respectively), but the difference in percentage mention was not statistically different.

Nearly all Pacific (95%) could mention at least one contributor spontaneously, although they mentioned slightly fewer each than the general population (2.1 compared with 2.5).

DETAILED BREAKDOWN - PACIFIC ONLY



Base: All Pacific respondents (n=202)
Q3 (Q3). What do you think are the main things that result in some children and young people in New Zealand not thriving as much as they should? (Respondents wrote down comments verbatim – these have been coded into themes)

CONTRIBUTORS TO WELLBEING: WHAT IS NEEDED FOR CHILDREN AND YOUNG PEOPLE TO THRIVE?

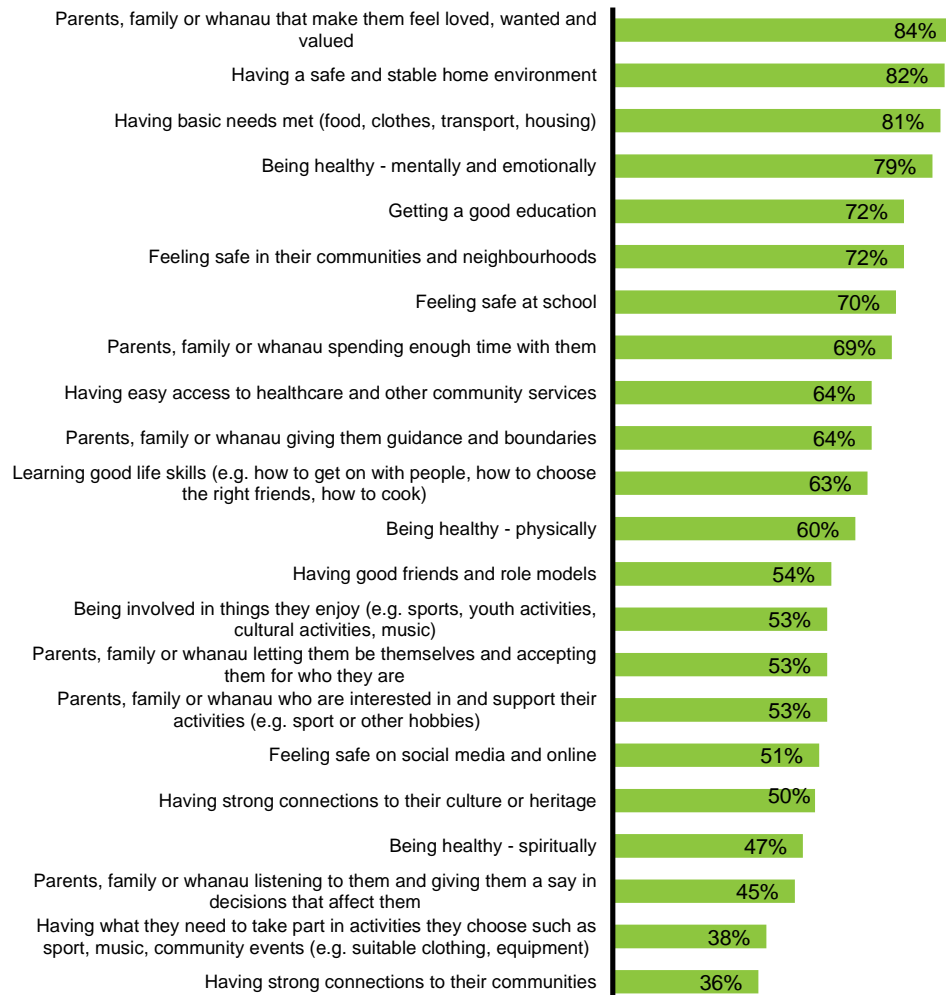
Pacific identify the same top four factors as being very important to help children and young people thrive.

However, Pacific attach greater importance than the general population to:

- **getting a good education**: ranked 5th equal (8th among the general population), and 72% very important cf. 58% among the general population.
- **feeling safe in their communities**: ranked 5th equal (10th among the general population, and 72% very important cf. 55% among the general population.

It is unsurprising that Pacific value education so highly given the intrinsic values and beliefs of most Pacific families are communities are that if you get a good education, you will get a good job, have a good income and be able to in turn, help your family.

EXTREMELY IMPORTANT



Base: All Pacific respondents (n=204-208)

Q4 (Q4/Q5). Here is a list of some things that can affect how well children and young people thrive. You might think everything on this list is important but we want to know which ones you think are the most important.

WHO IS RESPONSIBLE?

When asked who is responsible in a series of scenarios, Pacific had higher levels of agreement on all dimensions than the level of agreement among the general population.

The biggest differences to emerge were as follows:

- Belief that everyone has a responsibility to care for children and young people in their community is very widely held (88% among Pacific cf. 75% overall).
- Belief that the government should take more responsibility for care of our children and young people is more widely held among Pacific than the general population (72% cf. 55% overall).
- But Pacific also have a more widely held belief that parents should take full responsibility for the care of their children (74% cf. 63% overall).
- Pacific also have a stronger sense of personal responsibility for an unknown child (67% cf. 49% overall).

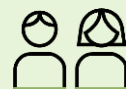
It is unsurprising that Pacific have such strong views that 'everyone has a responsibility to care for children and young people' given that Pacific believe social responsibility is held by everyone and tend to adopt a more holistic approach to childrearing than some other cultures.



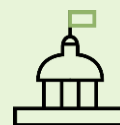
Over nine in ten agreed (93%) that they **feel personal responsibility when the child** or young person is **known** to them.



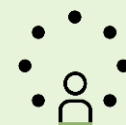
Almost nine in ten agree (88%) that **everyone has a responsibility** to care for children and young people in their community.



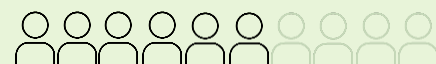
Three quarters agree (74%) that **parents should take full responsibility for the care of their children** and not depend on others.



Over seven in ten agree (72%) that **the government should take more responsibility** for the care of our children and young people.



Two in three agree (67%) that they **feel personal responsibility when the child** or young person is **unknown** to them.



TOP BARRIERS TO ACTION BY SCENARIO



The main barriers to action among Pacific differ slightly from the overall population and from Māori. Thinking that it's 'not really any of my business' and 'worry that the authorities might get involved' (particularly in the scenario in which the child is known to them) emerge as stronger obstacles to action.

Situation 1: 'Possible neglect'

KNOWN



Up to others to do something (15%)



Might upset the parents/family (14%)



Could make it worse for the child (13%)



Might be wrong about the situation (11%)



Could cause problems for me or my family (9%)



Worry the authorities might get involved (8%)



Not really any of my business (7%)

UNKNOWN



Could make it worse for the child (19%)



Might be wrong about the situation (17%)



Might upset the parents/family (15%)



Too nervous or uncomfortable (15%)



Up to others to do something (15%)



Could cause problems for me or their family (12%)



Wouldn't know what to do (9%)

Situation 2: 'Possible abuse'

KNOWN



Could make it worse for the child (17%)



Might be wrong about the situation (12%)



Too nervous or uncomfortable (11%)



Could cause problems for me or my family (8%)



Might upset the parents/family (7%)



Worry the authorities might get involved (6%)



Wouldn't know what to do (6%)

UNKNOWN



Could make it worse for the child (17%)



Might be wrong about the situation (15%)



Could cause problems for me or my family (13%)



Not really any of my business (12%)



Too nervous or uncomfortable (11%)



Might upset the parents/family (11%)



Wouldn't know what to do (10%) and/or
Up to others to do something (10%)

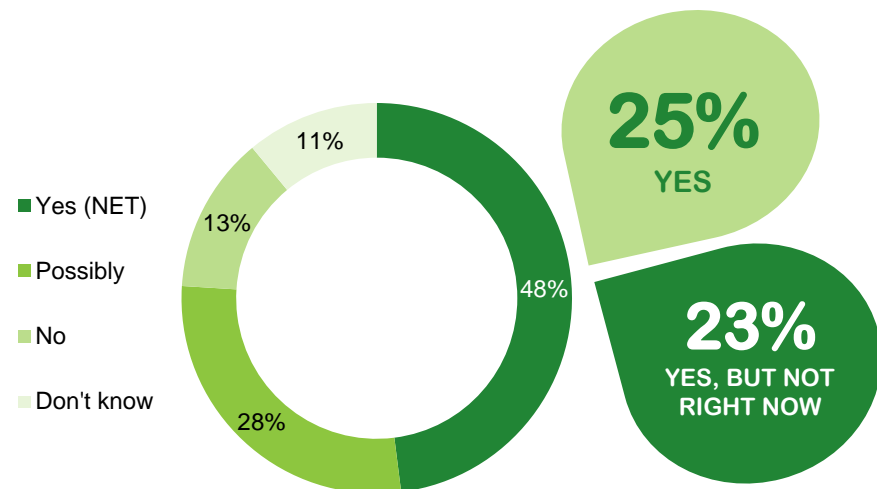
WILLINGNESS TO CONSIDER HELPING A CHILD OR YOUNG PERSON UNDER MVCOT' S CARE?

Compared with the general population, Pacific people were more likely to say they would ever consider helping a child or young person who is under the care of the Ministry (25% vs 18% general population), with a further 23% (18% general population) indicating they would do so but not right now.

Pacific are also more likely to have been in situations where they had the **opportunity to help or intervene** (either ever or in the last three months).

“ I believe we can make a better system for the young kids who are leading in the wrong path and getting arrested. Actually caring about how their future is going to go.. And young parents who are starting out, create a better system to help them out. Just generally helping those in need, instead of always pointing the finger, just finding a better solution for our people. So we can grow and become better! ”

(Female, Samoan, 18 to 24 years.)



The profile of the 25% of Pacific who said 'yes' they would consider helping a child or young person in care -

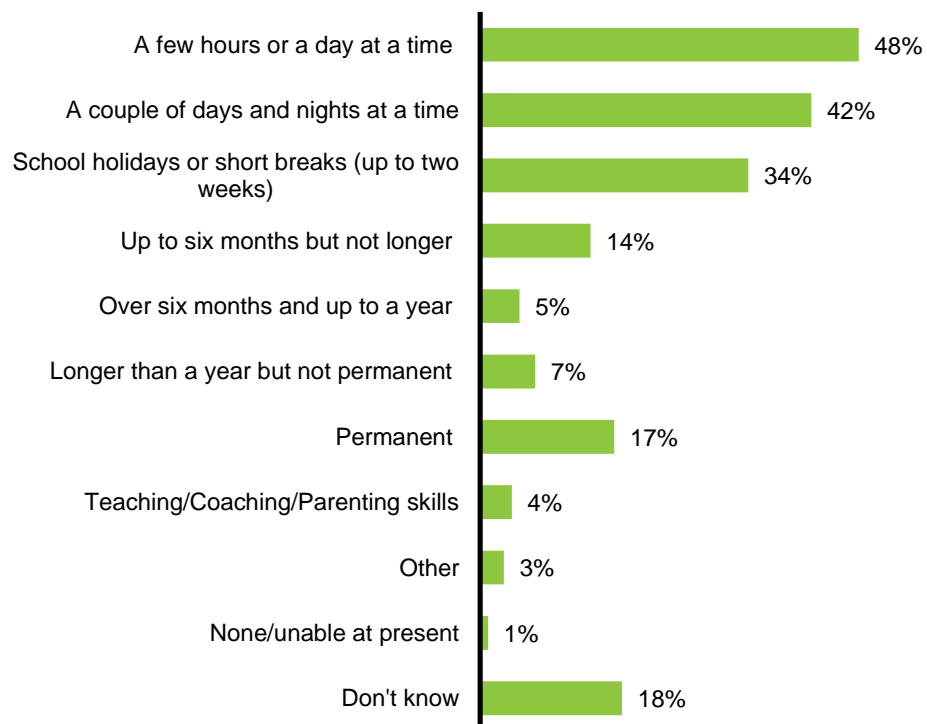
- 55% were women and 45% were men.
- 16% were 18-24, 16% were 25-29, 33% were 30-39 and 20% were 40-49 years old, 8% were 50-59 while 8% were 60 years old and over.
- 3% were living in more affluent areas (NZDep Quintile 1), 13% were in NZDep Quintile 2 areas, 11% were in NZDep Quintile 3 areas, 10% were in NZDep Quintile 4 areas and 64% were in the most deprived areas (NZDep Quintile 5 areas).

Base: All Pacific respondents (n=206)

Q18a (Q26). Would you ever consider helping a child or young person who is under the care of the Ministry for Vulnerable Children, Oranga Tamariki?

WHAT TYPES OF HELP ARE PEOPLE WILLING TO CONSIDER GIVING?

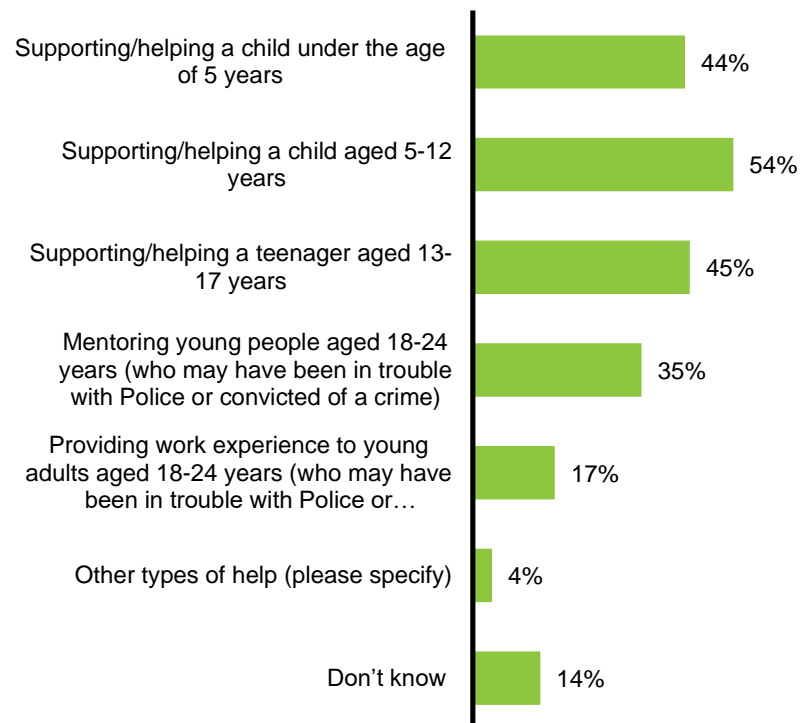
Compared with the New Zealand population overall, Pacific were more likely to say they would be interested in providing longer term types of help (a couple of days and nights at a time, school holidays/short breaks and/or permanently), rather than help for a few hours or a day at a time.



Base: Pacific respondents who would ever consider or possibly consider helping a child or young person who is under the care of MVCOT (n=155)

Q18b (Q27). What types of help might you be interested in providing?

When it comes to who Pacific people would consider helping, the pattern is similar to that of the overall population. However, Pacific were more likely to say they would support each type of young person, with the exception of the under 5s.



Base: Pacific respondents who would ever consider or possibly consider helping a child or young person who is under the care of MVCOT (n=155)

Q18c (Q28). What types of help might you be interested in providing?

SUB-GROUP DIFFERENCES WITHIN PACIFIC

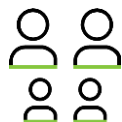
As the total sample of Pacific was n = 208, sub-samples were too small for differences across sub-groups to be statistically significant.

Some differences emerged: gender and age related differences and New Zealand Deprivation Quintile differences.

There were no apparent differences by individual Pacific ethnicities.



Gender: Whereas females had a tendency to give a 'very important' rating to importance questions, males were less likely to give a 'very important' rating, and more likely to give an 'important' rating.



Age: While aiming to engage all New Zealanders, the Ministry has a focus on those in an age-range where they may be more likely to be able to help children and young people in care. Among all Pacific, the 30 to 39 year age group stood out from both younger and older age groups, placing greater than average emphasis on the different factors that contribute to child poverty.



New Zealand Deprivation Index: Pacific within Quintile 5 (who have larger than average family size) feel a strong sense of responsibility to support children they know personally and attach higher than average importance to factors affecting children and young people's ability to thrive that relate to traditional values and the basics of life. These Pacific attach very high importance to children's being healthy (physically and spiritually), getting a good education and being safe at school. Having strong connections to their communities and to culture and heritage is really important to them, along with showing interest in children's activities and having the time to support them.



Proximity to (contact with) 'at risk' families/children: The formative research identified proximity as a key variable in influencing attitudes and behaviours with regards to vulnerable children. While Pacific were more likely than the general population to have had any contact with 'at risk' families (27% saying they have had a lot and 86% saying they have had at least 'a little' cf. 62% and 13% respectively within the general population), proximity to contact with 'at risk' families was not a differentiating factor for the attitudes and behaviors of Pacific.

SEGMENTATION

INTRODUCTION

The purpose of this segmentation was to identify separate groups of New Zealanders that had similar attitudes towards children, care of children and responsibilities. In each group identified, the people in that group had similar attitudes to the rest of the group and different attitudes to the other groups. The segments have been profiled based on their attitudes and demographic profile.

This segmentation can be used to develop different communication strategies for each group based on what is important to them. The demographic profile can be used to identify how to reach people in these segments, as well as to better understand them.

This segmentation aimed to build on the formative Engaging All New Zealanders qualitative work. In the formative research, three qualitative segments were identified. These were based on peoples' proximity to vulnerable children and young people, and their willingness to take action.

INTRODUCTION

A segmentation is a group of people that share one or more behaviours or characteristics, which lead them to have similar needs or behave in similar ways.

A true segmentation meets all the following criteria for each segment:

- It is distinct from other segments
- It exhibits common attributes that are recognisable
- People in the segment respond similarly to a stimulus
- The segments can be identified using measurable characteristics.

METHOD

1. The first step in the segmentation process is in the design of the questionnaire.

Certain questions in the Children in New Zealand Communities questionnaire were designed with use as part of a segmentation in mind.

Specifically, Question 10 asks people to provide their level of agreement to a range of statements about different attitudes and behaviours towards children, care and responsibility etc..
2. Statistical analysis is then undertaken to develop factors for use in the segmentation. This identifies separate themes from the perspective of survey respondents – adult New Zealanders. Statements that group into factors are more strongly correlated with statements in the same factor than with statements in other factors. Four factors were determined to be the 'best fit': Responsibility in/for the community, Parents/authority, Law/Penalty, Support/caring ownership.
3. Next a range of other questions are identified that can be used to identify the different segments. This study focused on questions that could provide information about peoples':
 - proximity to 'at risk' children and young people (Q13)
 - willingness to help children in need (Q18a and Q8)
 - attitudes and behaviours (Q4, Q10)
 - demographic profile.
4. Further analysis is then undertaken to confirm the criteria selected do actually discriminate and to refine the segments.

FACTORS AND FACTOR GROUPS

The statements that are grouped into each of the factors used as part of the quantitative segmentation are as shown here.

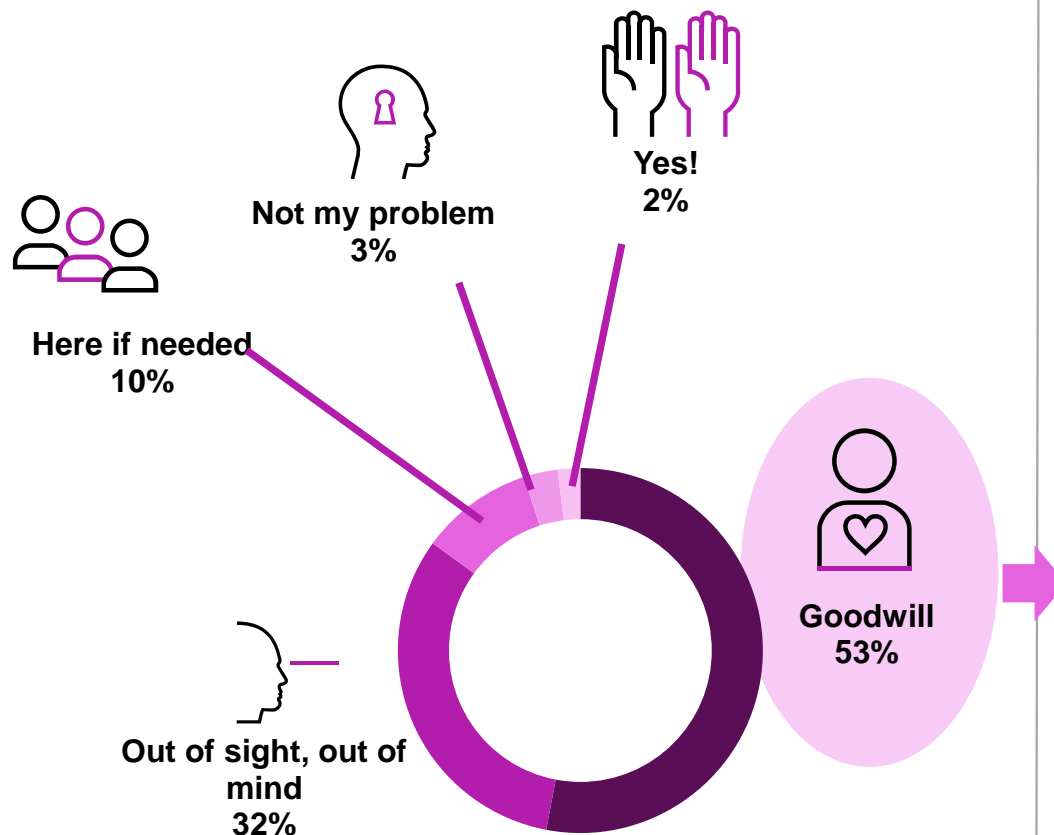
Statements in each factor group are more highly correlated with each other than with statements in other factor groups (i.e. they are answered similarly by New Zealanders). These groups are based on the statistical relationship between statements only. No subjective groupings are applied.

The names for the factors have been chosen by identifying common wording and themes in the factors.

FACTOR GROUP	STATEMENT
Responsibility in/for the community	I would like to do more for the children in my community who need support
	I would like to do more for the young people in my community who need support
	I feel a responsibility to support the children and young people in my community that I don't know personally
	Everyone has a responsibility to care for children and young people in their community
	I feel a responsibility to support the children and young people I know personally
	It is important for all children and young people to be part of a caring community outside of their own families
	Providing the support, care and love for all children and young people to thrive throughout childhood will greatly benefit New Zealand in future
Parents/authority	How parents deal with their children is entirely their own business
	Children should always obey their parents
	I trust the authorities to do the best for children and young people in their care
	Parents should take full responsibility for the care of their children and not depend on others
Law/penalty	Criminal convictions for young people under the age of 18 should not affect their future opportunities (e.g. employment)
	There should be harsher penalties for young people under 18 who break the law
	The government should take more responsibility than it does now for the care of our children and young people
Support/caring ownership	I would feel embarrassed or ashamed if someone offered support or care for my child
	People should not have children if they can't properly care for them

SEGMENTATION OVERVIEW



Over eight in ten people in New Zealand fall into the two largest segments 'Goodwill' (53%) and 'Out of sight, out of mind' (32%).





LARGE SEGMENTS

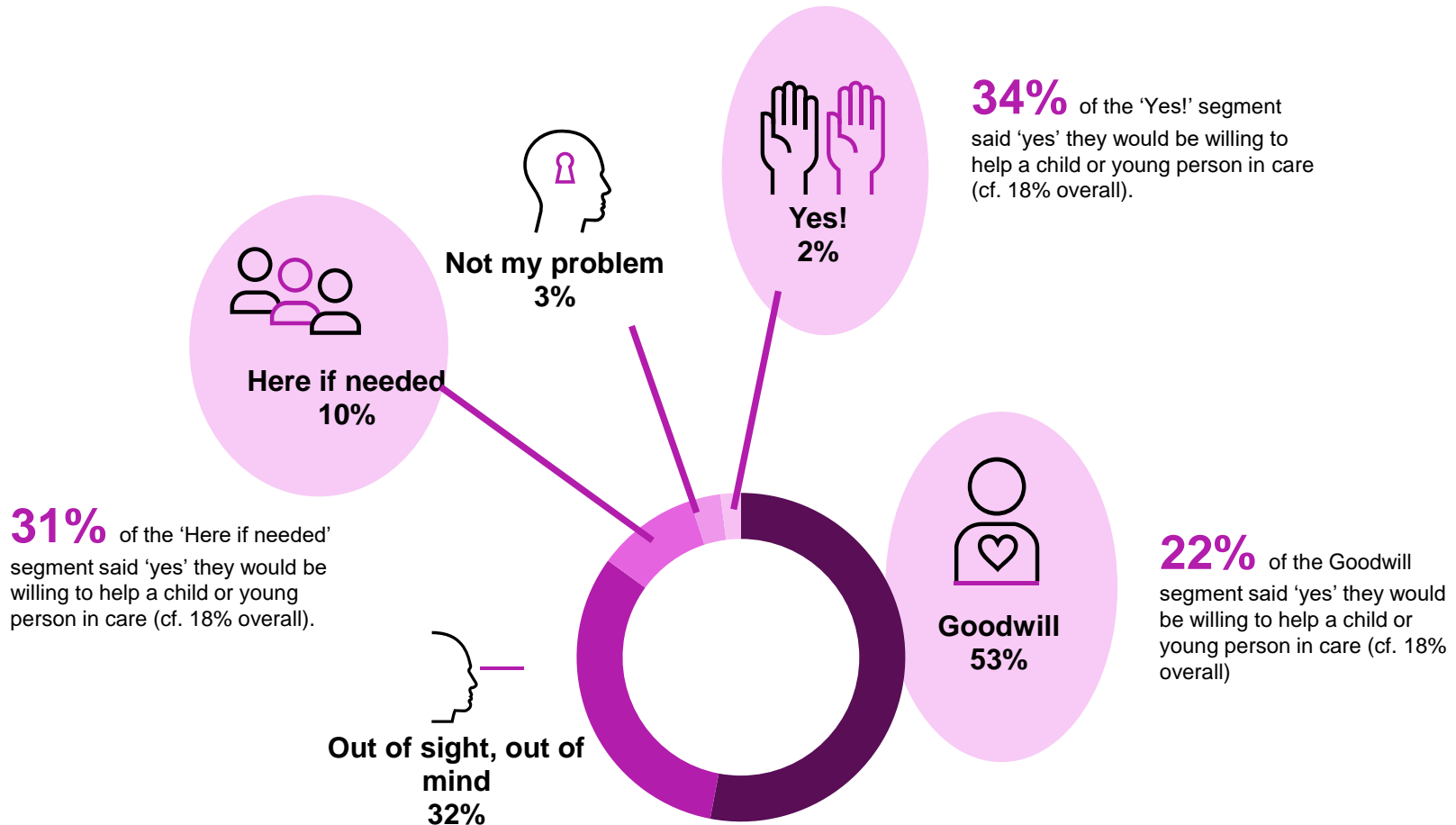
When arriving at the most appropriate segmentation, it is normally best to avoid extremely small and very large segments. However in this case, given the topic of the survey and the types of attitudes and demographics coming through in each segment, these proportions appear sensible and provide their own insight.

Having said this, it is useful to look at the 'Goodwill' segment in more detail given its size. As such, we have looked at this segment by those who said they would consider helping a child or young person in the care of the Ministry ("Willing Goodwill") and those who said they wouldn't, or not right now ("Unwilling Goodwill").

  **22%** of the Goodwill segment said 'yes' they would be willing to help a child or young person in care ("**Willing Goodwill**")

  **78%** of the Goodwill segment said 'no' (or not right now) when asked if they would be willing to help a child or young person in care ("**Unwilling Goodwill**")

THERE ARE 3 SEGMENTS THAT ARE MORE LIKELY TO SAY 'YES' TO HELPING...

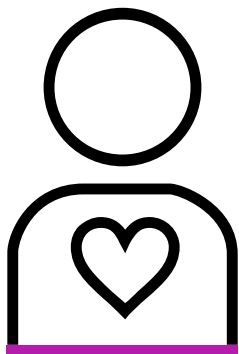


SEGMENT 1 'GOODWILL'

PEN PORTRAIT

53%

**Social responsibility –
the right thing to do -
emotionally engaged**



This person is female and aware of the issues around vulnerable children. She has relatively high amounts of personal contact with families, children or young people experiencing problems that might put them 'at risk'. She may have been exposed to this through her children's school or activities, or through her work.

She notices stuff on the news and in social media. She is worried about New Zealand's children, less likely than others to think we're doing a good job at caring for our children, and more likely to think we are getting worse.

Compared with others, she places less emphasis on parental responsibility, autonomy and authority, and more on shared responsibility (community and government). These people don't think parents have full responsibility or that how children are raised is only the parents' business. They are less likely to think children should always obey, and are more in favour of letting children be themselves (although guidance and boundaries are still important).

They don't see shame in accepting help offered to help care for their child.

They believe in second chances when it comes to young offenders, that penalties shouldn't be any harsher for those under 18 who break the law, and that convictions generally shouldn't affect their future.

Relative to other segments, they are more inclined towards distrust of the authorities to do their best for children.

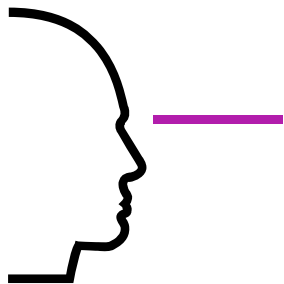
This is one of the three segments where people are more likely to say 'yes' to considering helping a child or young person who is under the care of the MVCOT.

SEGMENT 2 'OUT OF SIGHT, OUT OF MIND'

PEN PORTRAIT

32%

**Distanced / outside
sphere of reference/ out
of sight, out of mind /
less relevant – not part
of my reality - business
as usual**



This person has lower amounts of personal contact with families, children or young people experiencing problems that might put them 'at risk' (96% have none compared with 38% of total population saying none) and less regular contact with children and young people generally.

They are more likely than average to think we're doing a good job at caring for our children. They have relatively high levels of trust that the authorities do their best for children.

This group has conservative views on parenting, thinking that parents should take full responsibility for their children and people shouldn't have children if they can't care for them. They are also less likely to agree that everyone is responsible for the care of children and young people in the community.

They believe that penalties should be harsher for those under 18 who break the law; however they also generally agree that convictions generally shouldn't affect their future.

Are less likely to consider helping a child or young person who is under the care of the MVCOT or to take action if they encounter a vulnerable child. People in this segment have lower levels of interest in doing more for children or young people in their communities (compared with some other segments).

SEGMENT 3 'HERE IF NEEDED'

PEN PORTRAIT

10%

Engaged authoritarians
– hard but fair / tough love



People in this segment have many similar attitudes to segment one 'Goodwill' in many ways, as both believe that the community has a responsibility to children. 'Here if Needed' strongly agree that:

- I feel a responsibility to support the children and young people I know personally
- It is important for all children and young people to be part of a caring community outside of their own families
- Everyone has a responsibility to care for children and young people in the community

The largest points of difference are:

Tougher line on young offenders

Only 5% agree that criminal convictions should not affect their future opportunities and 87% want harsher penalties, for young offenders.

More onus on parents

This group has conservative views on parenting, largely thinking that parents should take full responsibility for their children and people shouldn't have children if they can't care for them.

However, they also strongly acknowledge the role of community in supporting children, they would act if they saw something that suggested neglect or abuse, and they would also personally like to do more to help. 31% say yes, they were prepared to help children in care.

Like 'Goodwill', they have relatively lower levels of trust that the authorities do their best for children.

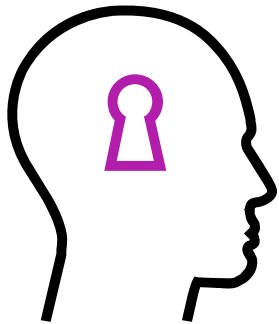
'Here if Needed' has an even mix of males and females.

SEGMENT 4 'NOT MY PROBLEM'

PEN PORTRAIT

3%

**Disengaged and
disinterested**



People in this group don't have much personal contact with families, children or young people experiencing problems that might put them 'at risk' - although more contact than segment 2 'Out of Sight, Out of Mind'. Over two thirds (70%) of this group is male. One fifth is aged 70 or older, partly explaining the low personal contact with children.

These people have the lowest levels of awareness of vulnerability in the community.

They have the weakest sense of responsibility for children in the community and are least likely to act in situations where they observe a child that seems to be 'at risk' in some way. People in this group lean towards thinking that how parents raise children is their own business.

These people have lower levels of trust for authorities and don't think that there should be harsher penalties for those under 18.

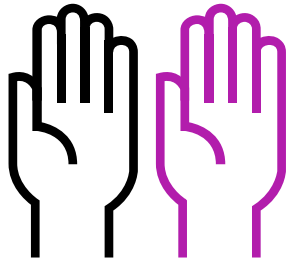
They are not likely to consider helping a child or young person who is under the care of the MVCOT (76% say 'no' outright compared with 28% overall).

SEGMENT 5 'YES!'

PEN PORTRAIT

2%

Engaged and interested



This group is more likely to think we're doing a good job at caring for our children and more likely to think we're getting better at this.

This group has the highest levels of personal contact with families, children or young people experiencing problems that might put them 'at risk'. This group also has a high amount of contact with children/young people through unpaid work/activities.

The have strong views on parenting and strong views on community responsibility.

They have high levels of trust in the authorities to do their best for children and think the government should take more responsibility than it does now.

They would consider helping a child or young person who is under the care of the MVCOT (34% say yes). This group most likely to take action if they suspect they need to.

More than half of this group are Pacific Peoples (59%) and a majority of them are female (62%).

SUMMARY OF KEY DIFFERENCES IN ATTITUDES



The segments are defined by their attitudes relative to the other segments.

Relative to others, those that think:

- **The community has a responsibility** to children are – Goodwill, Here if Needed, Yes!
- **Parental authority** (e.g. children should always obey their parents) – Out of Sight, Out of Mind, Here if Needed, Not My Problem, Yes!
- **Law / penalty** (e.g. there should be harsher penalties) – Out of Sight, Out of Mind, Here if Needed, Yes!
- **Support / caring is a personal responsibility** (e.g. would be ashamed if others offered help) - Out of Sight, Out of Mind, Not My Problem, Yes!

There are several things that all segments believe are important for children:

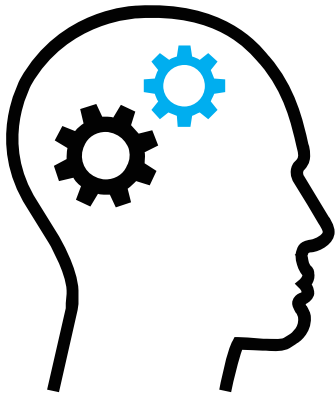
- making children feel loved, wanted and valued
- learning good life skills
- giving the guidance and boundaries
- being healthy – mentally and emotionally
- getting a good education
- having basic needs met

How important do the different segments think things are?

- Compared to other segments, Out of Sight , Out of Mind believed most things were of lesser importance.
- Yes! believed most things were important.
- Feeling safe, especially at home, school and in communities and neighbourhoods, is considered important by Here If Needed, Goodwill and Yes!
- Close involvement with children, seen by spending time with children and interest in their activities is important to Here if Needed and Yes!

CURRENT SOURCES OF INFORMATION: WHAT IS FORMING OPINION AND ATTITUDES?

WHAT IS FORMING OUR OPINIONS AND ATTITUDES?



Component One of the Engaging All New Zealanders Strategy is to build nationally-integrated, locally-tailored campaigns that deliver key messages every New Zealander should know and clear calls to action.

To provide a benchmark to help evaluate the reach and recall of the proposed new campaigns, questions were included that covered:

- **To what extent are we currently noticing information or commentary relating to vulnerable children?**
- **What messages are we receiving?**
- **Through what channels are we receiving these messages?**
- **Have these messages resulted in parents and caregivers trying to provide better care to their children?**



KEY FINDINGS

ARE WE NOTICING INFORMATION OR COMMENTARY RELATING TO VULNERABLE CHILDREN?

Most New Zealanders are aware of recent content relating to vulnerable children.

WHAT MESSAGES ARE WE RECEIVING?

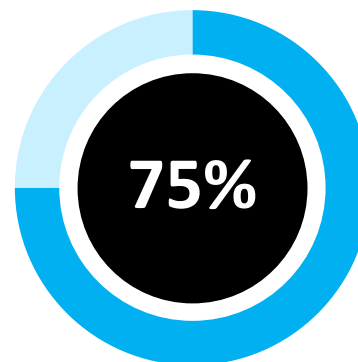
Almost all the current messaging recalled (in the context of 'anything to do with children or young people in New Zealand who are 'at risk' of not thriving') is negative messaging. The most prevalent themes relate to poverty, basic needs not being met such as food and adequate shelter, and abuse and neglect.

THROUGH WHAT CHANNELS ARE WE RECEIVING THESE MESSAGES?

News and current events dominates, followed at some distance by word of mouth and social media.

HAS WHAT PARENTS AND CAREGIVERS SEEN OR HEARD RESULTED IN THEM TRYING TO PROVIDE BETTER CARE TO THEIR CHILDREN?

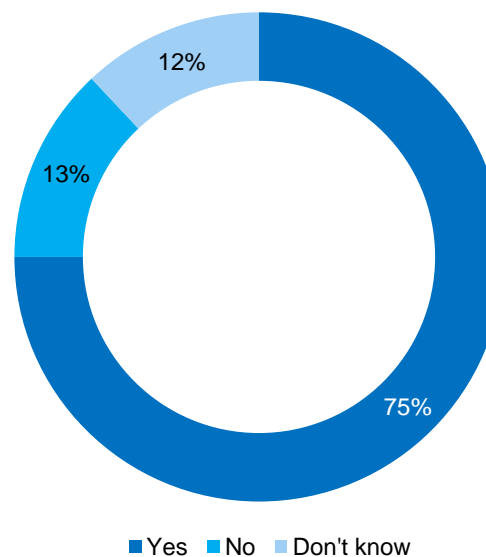
Nearly half indicate that what they have seen or heard has influenced them to try and do better.



Remembered seeing, hearing or reading something to do with children or young people in New Zealand who were 'at risk' of not thriving over the 3 months prior to the survey.

WHAT HAVE PEOPLE SEEN, HEARD OR READ?

Three quarters remembered seeing, hearing or reading something to do with children or young people in New Zealand who were 'at risk' of not thriving over the 3 months prior to the survey (including news or current events, advertising, online or elsewhere).



Base: All respondents (n=2916)

Q16a (Q22). In the past 3 months, do you remember seeing, hearing or reading anything to do with children or young people in New Zealand who are 'at risk' of not thriving (this includes anything in the news or current events programmes, in advertising, online or anywhere else)?

WHAT WERE THE MAIN MESSAGES NOTICED?

Those who had noticed content relating to vulnerable children in the past 3 months were asked to explain, in their own words, the main messages they had seen, heard or read. Comments relating to poverty were prevalent in this context, as were comments about abuse, neglect and poor parenting.

Māori were more likely to have noticed/remembered something to do with children being killed by family members/caregivers (10% of Māori who had noticed content cf. 6% of all who had noticed content), while Pacific people were more likely to notice/remember things to do with crime/youth involvement in crime (16% cf. 9% of all who had noticed content).

“

News media - How young some of the offenders were involved in the recent dairy robberies - the penalties they will face as young offenders. At our Kindy/Preschool - positive messaging around healthy lunch options. At Readiness for school seminar a helpful brochure for preparing my child for school. Posters 'It's OK to ask for help' anti-family violence campaign.

”

(Female, 30-39 years, New Zealand European)



Base: Respondents who have seen, heard or read things to do with children and young people not thriving in the last 3 months (n=2218)

Q16b (Q23). What was the main message or messages of what you saw, heard or read?

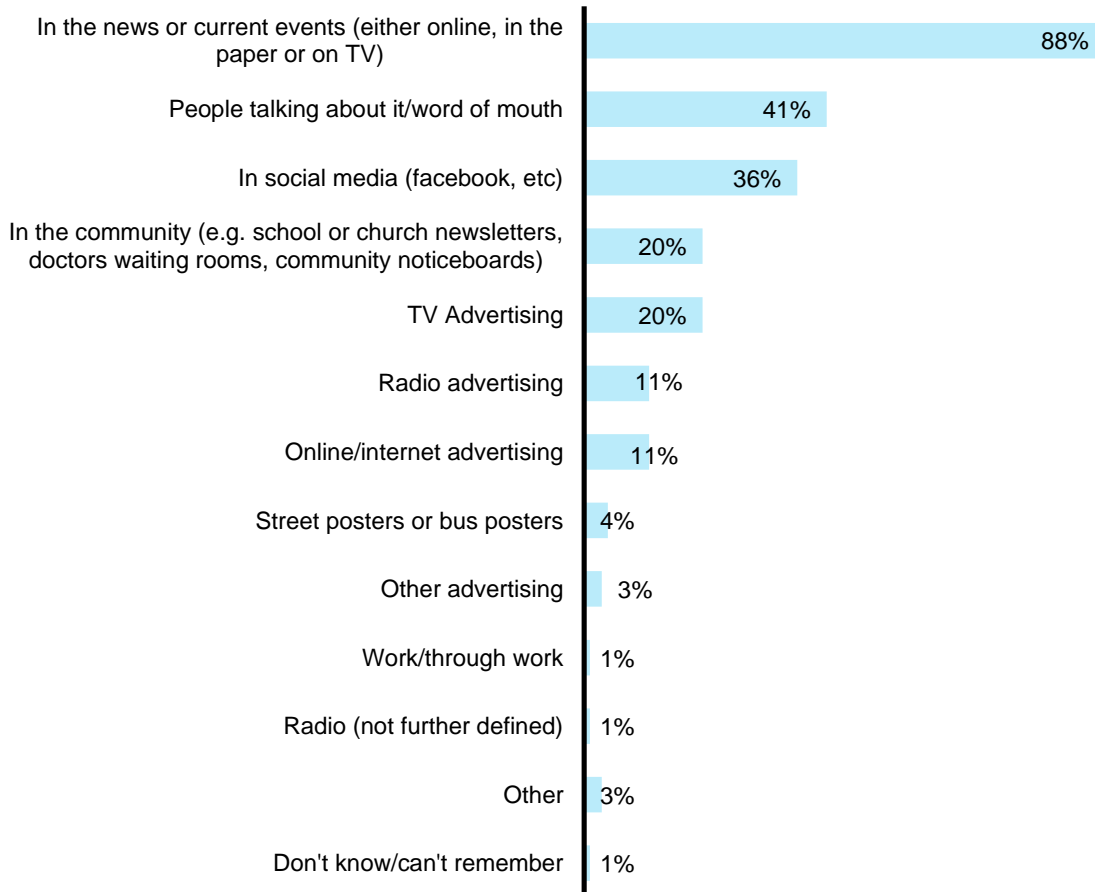
WHERE WERE THESE MESSAGES NOTICED?

News and current events coverage is by far the most common source of information.

This is followed by word of mouth and social media.

As one might expect, those who were younger were more likely to have noticed something on social media, while those who were 60 or over were more likely to have seen something through advertising on TV. Māori were also more likely to have seen, heard or read something on social media (57% cf. 36% overall).

Pacific were more likely to have noticed something advertised over the radio (22%) compared with 11% overall and Māori were more likely to have heard something through word of mouth (52% cf. 41% overall).



Base: Respondents who have seen, heard or read things to do with children and young people not thriving in the last 3 months (n=2230)

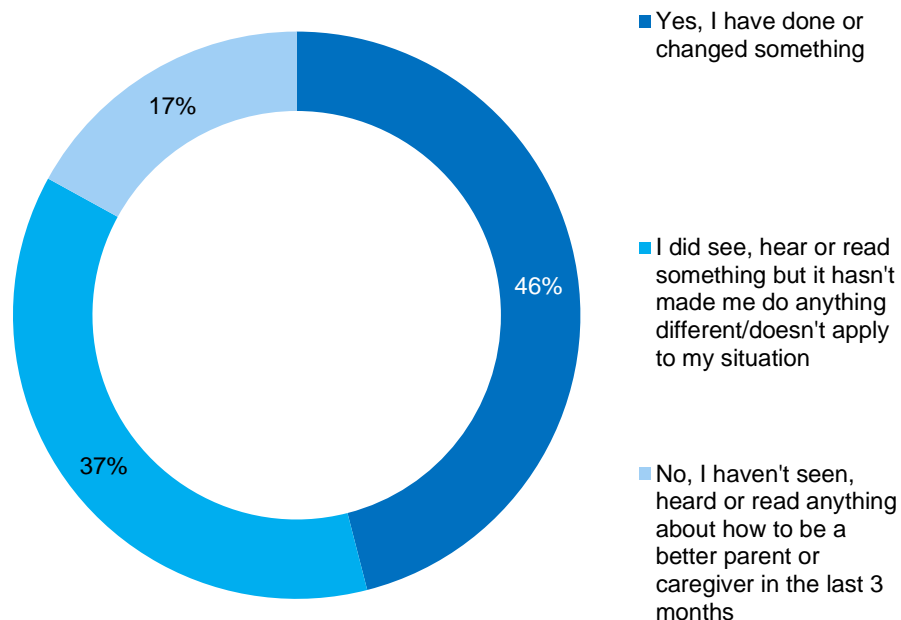
Q16c (Q24). Where did you see, hear or read this?

HAVE PEOPLE CHANGED AS A RESULT?

Of the people who had seen, heard or read something in the last 3 months and who were parents/caregivers –

46% said they had changed something to try and be a better parent or caregiver.

Both Māori and Pacific were more likely to say that they had done or changed something to try and be a better parent/caregiver because of something they had seen, heard or read (60% and 73% compared with 46% overall).



Base: Respondents who have seen, heard or read things to do with children and young people not thriving in the last 3 months (excl don't know) and are parents or caregivers (n=1333)
Q17 (Q25). In the past 3 months, have you done or changed anything to try and be a better parent or caregiver because of something you have seen, heard or read?

APPENDIX I: METHODOLOGICAL INFORMATION

APPROACH



PRIMARY APPROACH

The primary method for data collection aimed to deliver a representative picture of New Zealanders' attitudes and behaviours, within the project constraints. Participation in the survey was via self-completion where respondents were first given the opportunity to respond online, followed some time later by the provision of a hard copy questionnaire. This is known as a 'sequential mixed methodological' approach.

Because physical address, age and Māori descent are shown on the Electoral Roll, we were able to design the survey to aim to achieved:

- a representative sample
- sufficient completed questionnaires from the harder-to-reach sub-groups of Māori and young New Zealanders. Both groups typically are considerably less likely to participate in research.

SUPPLEMENTARY APPROACH

The supplementary approach aimed to help achieve as representative a view as possible from Pacific respondents. As Pacific ethnicity is not shown on the Electoral Roll, our approach included a combination of:

- The above self-completion approach, but with materials also available in Samoan and Tongan, and with the sample being selected from within mesh blocks where Pacific peoples make up more than 50% of the population
- Door to door interviewing in mesh blocks where Pacific peoples made up 90% of the population.

DEVELOPMENT AND TESTING

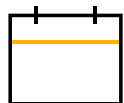
The questionnaire was developed and tested in a number of stages as outlined below:

Initial development workshop

This workshop aimed to clarify, refine and prioritise research requirements as they appeared in the procurement documents.

A half day workshop was held with MVCOT project owners, researchers and stakeholders to discuss the Ministry's information needs and agree on needs, definitions, priorities.

From this workshop a draft questionnaire was compiled for discussion and refinement at the 'questionnaire review workshop'.

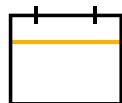


12 April 2017

Questionnaire review workshop

At the second workshop, participants discussed the draft questions, refined wording, discussed solutions and ordering etc. in preparation for pre-testing.

Based on the feedback from this workshop the draft questionnaire was refined in consultation with key project team members at MVCOT in preparation for pre-testing.



19 April 2017

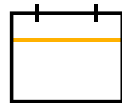
Pre-testing

The pre-testing aimed to test language and interpretation, as well as check for any other potential issues.

Pre-testing was conducted with 5 Māori, 5 Pacific and 5 Respondents from other ethnicities, made up of a range of genders and ages.

The research tools / items pre-tested included:

- The initial invitation letter to respondents
- Reminder postcard text
- The survey branding options
- The survey name and
- The questionnaire
- Translated letters.



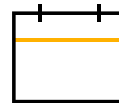
20-22 April 2017

Online Pilot testing

Based on the pre-testing some final changes were made to the questionnaire and fieldwork products (e.g. the invitation letter).

The pilot study consisted of 100 questionnaires being completed by an online panel and aimed to check how the questionnaire was answered and 'survey completion time'.

The pilot study also provided a 'live check' of questionnaire programming and allowed count checks to be conducted on the data in order to identify any potential issues.

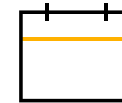


3-4 May 2017

Main study testing

There were a number of checks conducted after the pilot changes were applied and prior to the main study going live. These included:

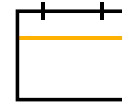
- Pre-go live online testing of questionnaire through different online delivery modes (computer, tablet, phone)
- A read through of the hardcopy questionnaire alongside the final programmed questionnaire to check consistency and correctness
- Final read through and checks of translated questionnaires and fieldwork materials by native language speakers.



19 May-26 June 2017

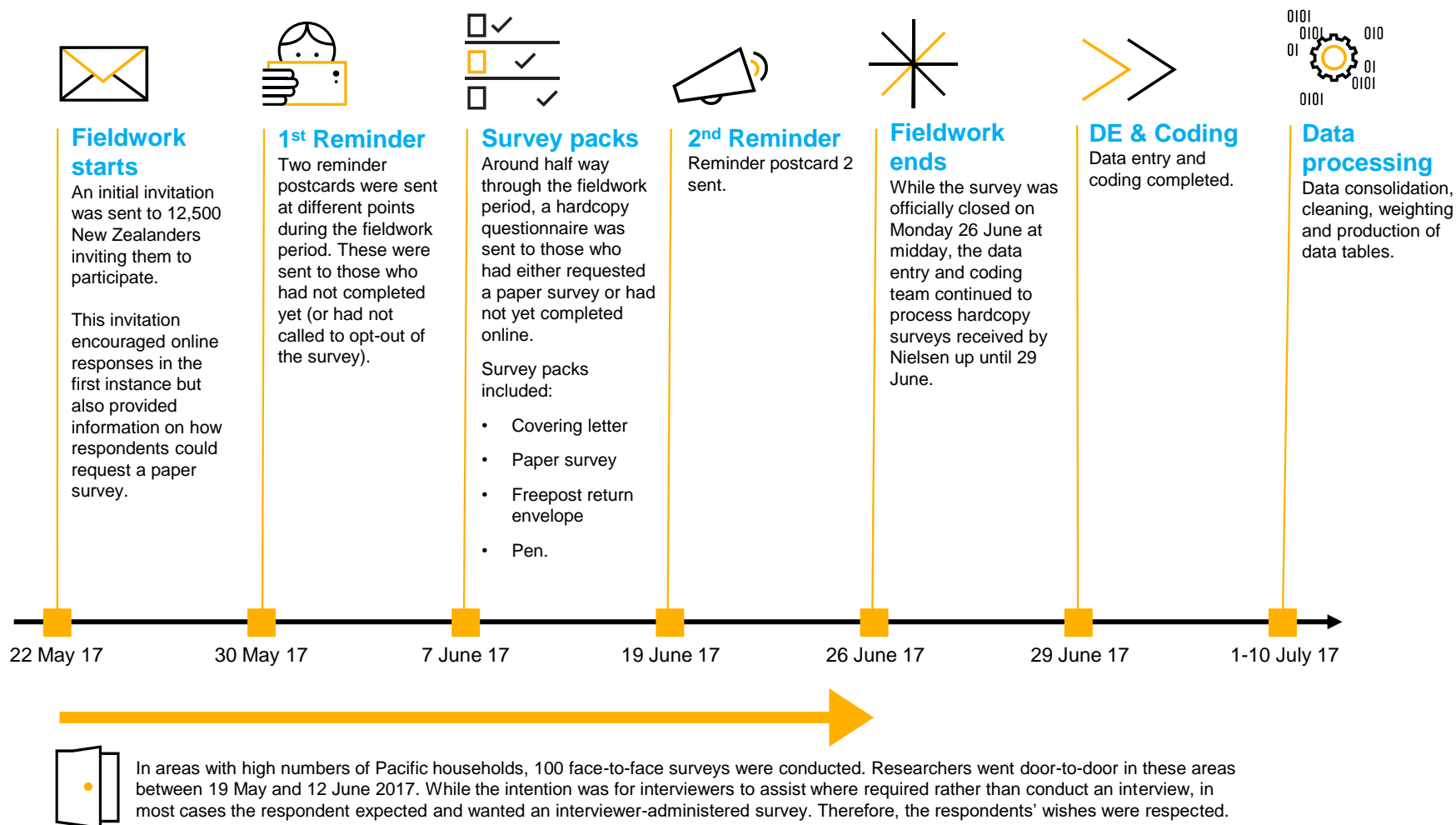
Field checking

Once the survey was live, a count check of survey responses was conducted once the response sample reached n=30 to confirm that routing was operating correctly and there were no issues with the data being collected.



30 May 2017

SURVEY PROCESS AND TIMINGS



FIELDWORK STATISTICS



Completes by mode

56% of surveys were completed online while the remaining 44% were through a hardcopy survey.

All supplementary approach surveys were completed using a hardcopy survey (even though respondents could have gone online to complete if they had wanted to).

APPROACH		TOTAL	Māori	PACIFIC	OTHER
MAIN	TOTAL	N=2,928 100%	N=370 13%	N=208 7%	N=2,350 80%
	Online	N=1636 56%	-	-	-
	Hardcopy	N=1292 44%	-	-	-
SUPPLEMENTARY (Door-to-door)	TOTAL	N=99	N/A	N=99	N/A



Targets

While 117% of the total target was achieved, targets for both Māori and Pacific respondents were not reached. However, a good number of completed interviews was achieved for each.

	TOTAL	Māori	PACIFIC	OTHER
TARGET	N=2,500	N=500	N=300	N=1,700
Achieved	N=2,928	N=370	N=208	N=2,350
% achieved vs target	117%	74%	69%	138%

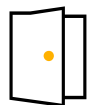
PACIFIC RESPONDENTS

The research team put a number of measures in place to try and maximise responses from Pacific peoples. These are outlined here.

Overall...

208 surveys were completed by Pacific respondents

7% of the total survey sample (unweighted) was comprised of those identifying as Pacific (5% weighted).



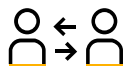
SUPPLEMENTARY APPROACH

Those who identify with one or more Pacific ethnicities are traditionally less likely to typical modes including online, paper and telephone. Therefore, 100 surveys were gained through door-to-door engagement with Pacific people. This 'supplementary approach' aimed to boost the number of responses from Pacific people achieved through the main approach.



OVERSAMPLING

In the main approach, areas with a high proportion of 'Pacific households' (50% density or more according to the 2013 Census) were over sampled to increase the probability of gaining surveys from Pacific people.



PRE-TESTING

The survey and all fieldwork materials were specifically pre-tested with Pacific respondents to ensure that the communications and survey were engaging and appropriate.



TRANSLATIONS

To engage Pacific respondents and ensure that language was not a barrier to completion, the questionnaire and key fieldwork materials were translated into Samoan and Tongan. The translated survey was available both online and in paper form.



LANGUAGE

Cook Island Māori and Fijian Interviewers were also available on request if a respondent didn't speak one of the translated languages (Samoan or Tongan) and wanted to do the survey.



KOHA

Koha in the form of a pen was provided to respondents who did the paper survey or were contacted face-to-face through the supplementary approach.

COMPLETE TRANSLATED SURVEYS

	Samoan	Tongan
Online	1	1
Paper	-	1*

* Two translated Tongan surveys were completed however one was answered in English. The other was completely in Tongan.

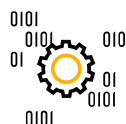
DATA PROCESSING

Once the survey period ended, a number of data processing steps were undertaken:



COMPLETES

Any online surveys that met the definition of 'Complete' were flagged as such. Complete surveys were considered surveys where a respondent had completed the questionnaire up to and including Q21 (Q31) (Ethnicity).



DATA ENTRY & CODING

Paper surveys were processed throughout fieldwork as they were returned to Nielsen. This processing included entry of survey responses and coding of open-ended and other-specify questions where required.

Ten percent of all data entered surveys were checked by the DE Supervisor for correctness and consistency.



DE-DUPING

Once the online and 'data entered' datasets were complete and ready, these were checked against one another to ensure there were no duplicate records. i.e. A respondent had not completed both online and returned a paper survey. No duplicates were found and removed during this process in 2017. If duplicates were found, the online survey would have been considered 'the primary survey' and kept, while the paper survey would have been considered secondary and removed from the final dataset.



MERGING EXTERNAL VARIABLES

Three external variables were merged with the final combined survey dataset for weighting, analysis and reporting purposes. These were:

- Region from the electoral roll (or in the case of supplementary approach surveys, from the address information provided in the survey)
- The New Zealand Deprivation Index from Otago University
- Statistics New Zealand urbanisation codes.





WEIGHTING

The survey data was then weighted to those aged 18 and over (using 2013 Census data) to ensure final results were representative of the New Zealand population. Weighting was conducted by gender, age, region and ethnicity using a RIM weighting method. This was conducted for both the total sample overall, and within each of the Māori and Pacific ethnic groups.

SAMPLE PROFILE

GENDER AND AGE

GENDER

		Unweighted count	Weighted %
Male		N=1079	48%
Female		N=1838	52%

The gender question asked included a 'gender diverse' response option alongside male and female. Eleven respondents chose this option in 2017.

For weighting purposes these responses were included in the largest group 'female'.

AGE



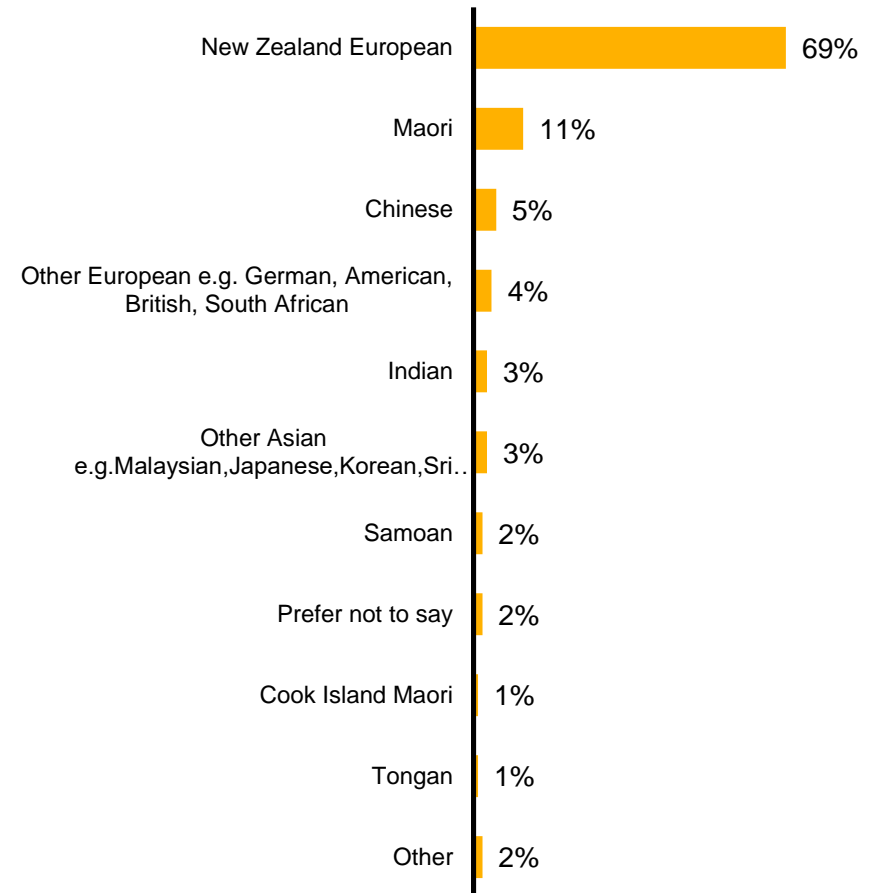
	Unweighted count	Weighted %
18-24 yrs	N=302	13%
25-29 yrs	N=215	8%
30-39 yrs	N=459	16%
40-49 yrs	N=581	19%
50-59 yrs	N=526	17%
60-69 yrs	N=455	14%
70 years +	N=390	12%

ETHNICITY

MAIN ETHNICITY GROUPINGS

	Unweighted count	Weighted %
New Zealand European	N=2184	69%
Māori	N=370	11%
Pacific	N=208	5%
Asian	N=216	11%
Other	N=200	6%

DETAILED ETHNICITY GROUPS



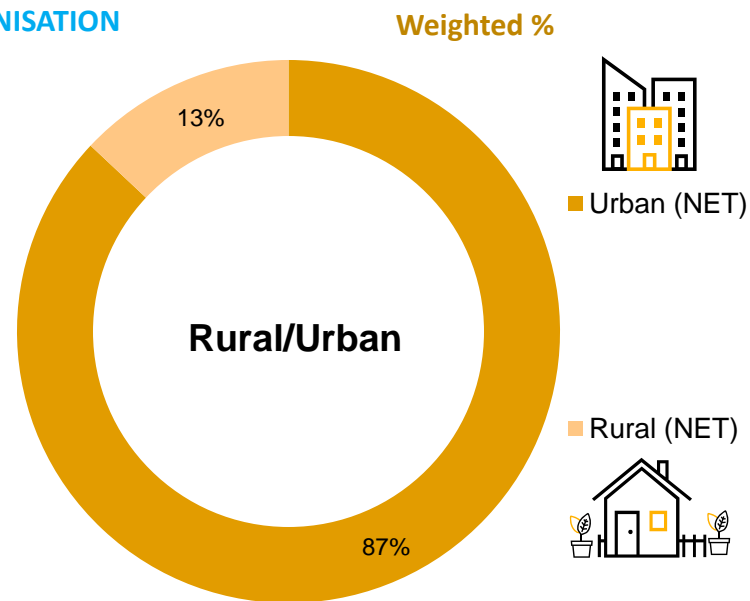
REGION AND URBANISATION



REGION

	Unweighted count	Weighted %
Auckland	N=939	33%
Upper North Island (excluding Auckland)	N=583	20%
Wellington		
Lower North Island (excluding Wellington)	N=709	22%
South Island	N=697	25%

URBANISATION



	Unweighted count
Rural (NET)	N=411
Urban (NET)	N=2476

THE NEW ZEALAND DEPRIVATION INDEX

ABOUT THE INDEX

The University of Otago compile and put out the New Zealand Deprivation Index (NZDep).

The NZDep is an area-based measure of socioeconomic deprivation in New Zealand. It measures the level of deprivation for people in each small area. It is based on nine Census variables.

NZDep can be displayed as deciles or Quintiles. Each NZDep Quintile contains about 20 percent of small areas (meshblocks or census area units) in New Zealand.

- Quintile 1 represents people living in the least deprived 20 percent of small areas
- Quintile 5 represents people living in the most deprived 20 percent of small areas.

Its been added to our database so it can be used for analysis and reporting.

NEW ZEALAND DEP

Quintiles	Unweighted count	Weighted %
1 (Decile 1 & 2)	N=717	25%
2 (Decile 1 & 2)	N=648	23%
3 (Decile 1 & 2)	N=550	19%
4 (Decile 1 & 2)	N=487	17%
5 (Decile 1 & 2)	N=475	16%






TENURE

According to 2013 Census estimates, around 63.7% of the population are living in a house owned by the household while 36.3% are in a home 'not owned' by the household.



	Unweighted count	Weighted %
Rented –from a private person, trust or business	N=585	23%
Rented – from a local authority, city council or housing New Zealand	N=135	5%
Owned – with a mortgage	N=1073	39%
Owned - without a mortgage	N=903	31%
Other	N=69	3%
Rented (NET)	N=720	27%
Owned (NET)	N=1976	70%

HOUSEHOLD COMPOSITION

		Unweighted count	Weighted %
	Single person household	n=292	10%
	One parent only with child/ren	n=165	6%
	Couple only with child/ren	n=886	30%
	Couple only no child/ren	n=906	30%
	Multiple person household with child/ren	n=258	10%
	Multiple person household without child/ren	n=389	15%

Note:

Household composition is a variable derived from Q26 (Q33) which asks "Which of the following people live in the same household as you all or most of the time?".

The background of the slide is a solid blue color with a pattern of flowing, wavy lines that create a sense of movement and depth. The waves are more pronounced in the center and fade towards the edges.

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