

The profile of Pacific peoples in New Zealand

SEPTEMBER 2016



Disclaimer

The purpose of this paper is to present data about Pacific Peoples in one document.

The statistics presented here come from a range of publicly available data sources and every attempt has been made to make sure that the data presented is as accurate as possible.

To gain a better understanding of the statistics presented, the reader is encouraged to read more about the methodology (and the exact questions asked) relating to each of these sources.

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Pacific peoples in New Zealand – Understanding who we are

Unless indicated otherwise, information in this section is sourced from Statistics New Zealand Censuses of Population and Dwellings, the most recent being the 2013 Census.

Pacific peoples are a diverse population made up of cultures from many different Pacific Islands. Samoan, Cook Islands Māori, Tongan, Niuean, Fijian, Tokelauan, Tuvaluan and Kiribati comprise the eight main Pacific ethnic groups in New Zealand. For the purposes of comparing high level ethnic groups in New Zealand they are referred to collectively as 'Pacific peoples'.

Pacific peoples' share of the New Zealand population

The Pacific peoples' ethnic group is the fourth-largest major ethnic group in New Zealand, behind European, Māori and Asian ethnic groups.

7.4% of the New Zealand population (295,941 people) identified with one or more Pacific ethnic groups in 2013 (compared with 6.9% or 265,974 people in 2006).

The eight main Pacific ethnic groups in New Zealand were Samoan (49%), Cook Islands Māori (21%), Tongan (20%), Niuean (8%), Fijian (5%), Tokelauan (2%), Tuvaluan (1%) and Kiribati (less than 1%).

In 2013, 13.4% of the New Zealand population aged 0–14 years were Pacific children.

In 2013, 9% (25,356) of Pacific peoples identified with more than one Pacific ethnicity (for example, Samoan and Tongan).

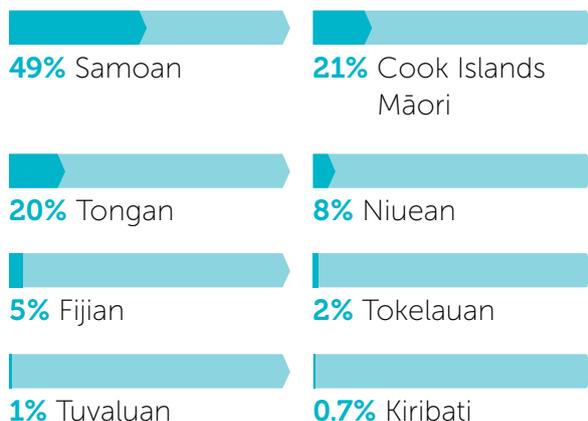
In 2013, almost one third (32%) of Pacific peoples also identified with ethnicities outside the Pacific group.

Pacific peoples born in New Zealand

In 2013, 62.3% of people (181,791 people) who identified with at least one Pacific ethnicity were born in New Zealand. Niuean (78.9%), Cook Islands Māori (77.4%) and Tokelauan (73.9%) peoples were the most likely to be New Zealand-born.

ETHNICITY

There are distinct Pacific ethnic groups.



ETHNICITY

9% of Pacific peoples identified with more than one Pacific ethnicity.



Almost one third

of Pacific peoples also identified with ethnicities outside the Pacific group.



Pacific peoples are a youthful population

Pacific peoples in New Zealand are a youthful population, with a median age of 22.1 years in 2013 (compared with a median age of 38.0 years for the total New Zealand population).

Over one third (35.7%) of Pacific peoples in New Zealand were children aged 0–14 years in 2013 (compared with just over one fifth (20.4%) for the total New Zealand population). (European 19.6%, Māori 34.8%, Asian 20.6%, Middle Eastern/Latin American/African (MELAA) 25.5%).

Just under half (46.1%) of Pacific peoples in New Zealand were aged under 20 years in 2013 (compared with 27.4% for the total New Zealand population).

The majority (54.9%) of Pacific peoples in New Zealand were aged under 25 years in 2013.

Pacific peoples' rate of growth in New Zealand

The rate of growth of Pacific populations in New Zealand has slowed. It was 11.3% between 2006 and 2013 (compared with 14.7% between 2001 and 2006).

The rate of growth of Pacific populations in New Zealand is still faster than the rate of growth of New Zealand's population overall. Among Pacific populations in New Zealand, the rate of growth is fastest for the Kiribati population – almost doubling between 2006 and 2013, followed by the Fijian population – growing by almost a half (46.5%) between 2006 and 2013.

Ethnic population projections indicate increasing Pacific populations (and Māori and Asian) in nearly all regions and territorial local authorities in New Zealand between 2013 and 2038.

According to median projections, the Pacific population in New Zealand is projected to make up 10.9% of New Zealand's population by 2038.¹

According to median projections, Pacific children (aged 0–14 years) are projected to make up almost one fifth (19.6%) of all New Zealand children by 2038 (compared with 13.4% in 2013).

1 Statistics New Zealand. (2016). *National Ethnic Population Projections: 2013(base)–2038*. Retrieved from <http://www.stats.govt.nz>

AGE

The majority of Pacific peoples in New Zealand are aged under 25 years.



55%

Pacific peoples under 25 years.

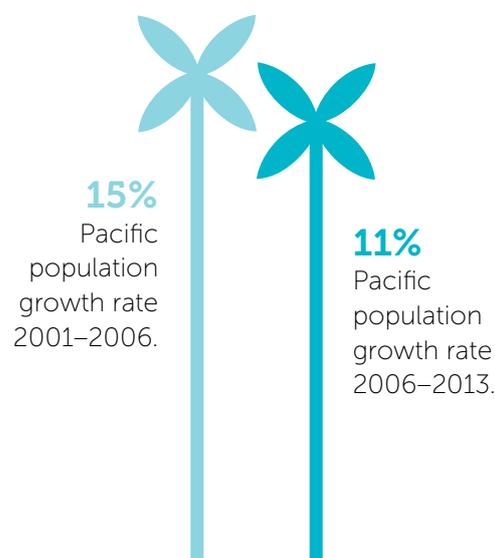


34%

New Zealanders under 25 years.

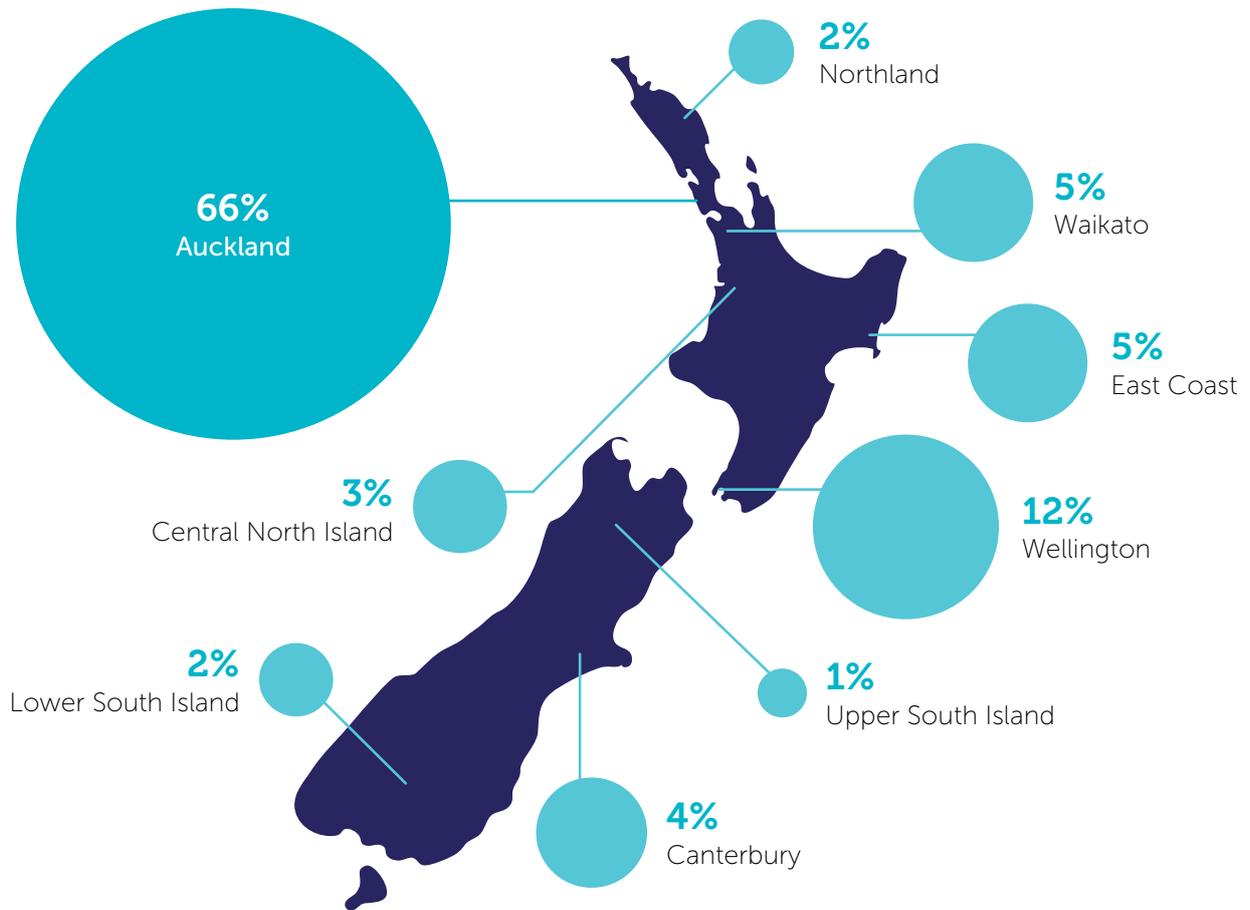
POPULATION GROWTH

The rate of growth for the Pacific population has slowed.



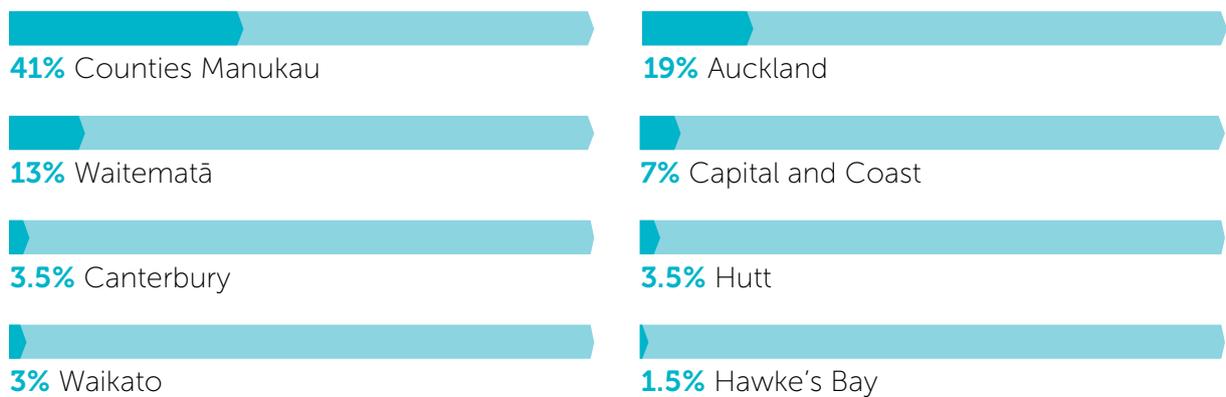
POPULATION GROWTH

There are increasing Pacific peoples living in regions in New Zealand.



LOCATION

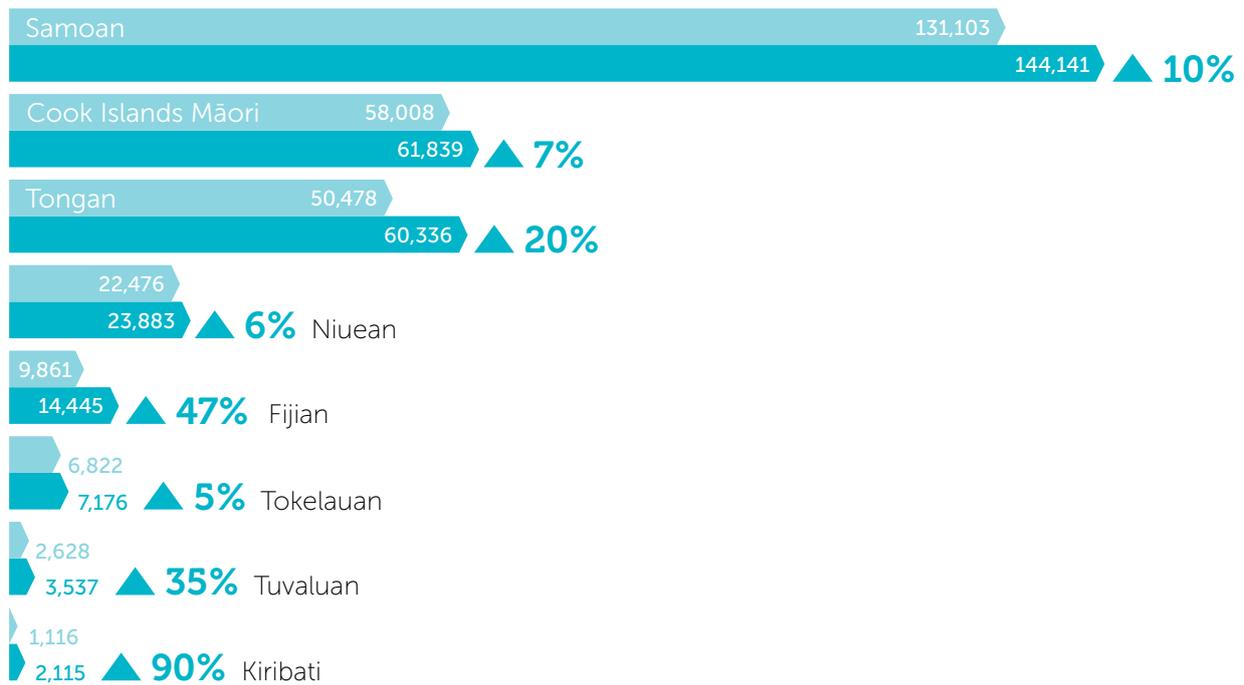
Estimated Primary Health Organisation enrolment coverage October 2014 for Pacific peoples.



Source: Ministry of Health. (2013). *Tagata Pasifika in New Zealand*. Retrieved from <http://www.health.govt.nz/our-work/populations/pacific-health/tagata-pasifika-new-zealand>

POPULATION GROWTH

There have been changes in Pacific ethnic group populations in New Zealand, 2006 to 2013.



The Pacific population will continue to have a much younger age structure than the total New Zealand population due to higher Pacific birth rates. Ethnic intermarriage (parents with different ethnicities) also contribute to the Pacific population growth in New Zealand.²

Where Pacific peoples live in New Zealand

Most Pacific peoples (93% or 274,806 people) lived in the North Island in 2013. Almost two-thirds (66% or 194,958 people) of those who identified with at least one Pacific ethnicity lived in the Auckland region, and 12% (36,105 people) lived in the Wellington region.

Only 7% of Pacific peoples (21,135 people) lived in the South Island in 2013. Canterbury was the South Island region where the largest number of Pacific peoples lived (12,723 people or 4% of all Pacific peoples).

Nine out of ten (92%) Pacific peoples lived in one of eight (out of a possible 20) District Health Boards (PHO enrolment, October 2014). Most lived in the Counties Manukau DHB region.

Languages spoken

Almost one in five (18.6%) of all people in New Zealand spoke more than one language in 2013. Of those people, Samoan was the third most commonly spoken language (after English and Māori) nationally. Samoan was the second most commonly spoken language among multilingual people living in the Auckland region.

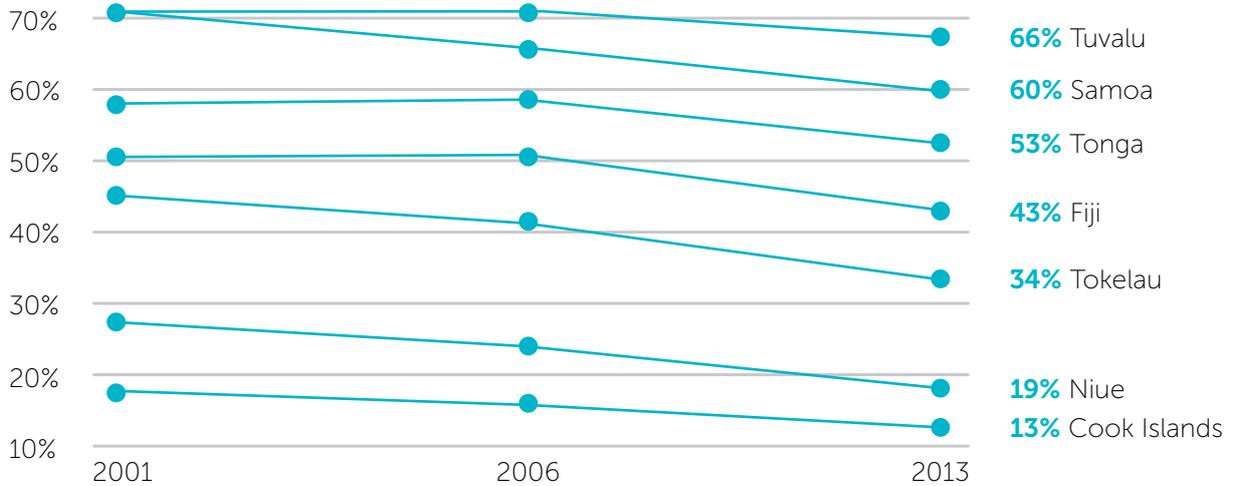
2.2% of all people in New Zealand did not include English as one of the languages in which they were able to have a conversation about everyday things. Samoan was the fourth most common language spoken by non-English speakers (after Chinese languages).

The numbers of fluent speakers of seven Pacific languages has decreased between 2001 and 2013.

² Statistics New Zealand. (2016). *National Pacific Projections*. Retrieved from <http://www.stats.govt.nz>

LANGUAGE

Fluent Pacific language speakers are decreasing.



Source: Statistics New Zealand Population Censuses.

Religious affiliations and spiritual beliefs

Over seven in ten Pacific peoples (72.8%) affiliated with one or more Christian religions in 2013 (compared with 43.8% of the total New Zealand population).

Of those Pacific people who affiliated with one or more Christian religions in 2013, about one quarter (24%) affiliated with the Catholic denomination, about one in five (21%) with the Presbyterian, Congregational or Reformed denomination, and about one in six (16%) with the Methodist denomination.

About one in seven Pacific peoples (16.6%) stated they had no religious affiliation in 2013 (compared with 38.6% of the total New Zealand population).

Pacific students in Youth '12 were four times more likely than New Zealand European students to report that their spiritual beliefs were important to them. In 2012, Samoan and Tongan students were significantly more likely to report that spiritual beliefs were important to them compared with Cook Island students.³

RELIGION

More Pacific peoples are Christian.



7 out of 10

Pacific peoples are affiliated with one or more Christian religions.

³ Clark, T. C., Fleming, T., Bullen, P., Denny, S., Crengle, S., Dyson, B., Fortune, S., Lucassen, M., Peiris-John, R., Robinson, E., Rossen, F., Sheridan, J., Teevale, T., Utter, J. (2013). *Youth '12 Overview: The health and wellbeing of New Zealand secondary school students in 2012*. Retrieved from <https://www.fmhs.auckland.ac.nz/assets/fmhs/faculty/ahrg/docs/2012-overview.pdf>



Pacific peoples' participation in employment, incomes, benefit receipt and housing

Unless indicated otherwise, information in this section is sourced from the Household Labour Force Survey (HLFS) released quarterly by Statistics New Zealand and the Statistics New Zealand 2013 Census of Population and Dwellings.

Pacific peoples in the labour market

In the year to March 2016, employment growth was strong for Pacific peoples, with the number employed increasing by 8.2% (or 9,500) to 125,300. The main driver of employment growth was the utilities and construction industry.⁴

The industries employing the most Pacific peoples workers in March 2016 were manufacturing, wholesale & retail, and healthcare and social assistance.

The employment rates for Pacific peoples were slightly up in all age groups in March 2016.

The labour force participation rate also rose slightly by 0.1% for Pacific peoples over the year to 63.5%.

The unemployment rate for Pacific peoples fell slightly by 0.8 percentage points over the year to March 2016 to 11.1%. The unemployment rates for Pacific men and women were 9.3% and 13% respectively.

The unemployment rate in the year to March 2016 for Pacific peoples was still almost twice the national unemployment rate (5.7%).

In March 2016, about 11,200 (or 17.1%) Pacific young people aged 15–24 years were not in education, employment and training (NEET). The NEET rate a year earlier was slightly higher at 17.5%.

Young mothers and employment

4% of Pacific women aged 15–19 years are mothers.⁵ This compares with 6% of teenage Māori women, 2% of teenage European women and 1% of teenage Asian women.

About three in ten (30%) of Pacific women aged 20–24 years were mothers, compared with 38% of Māori women, 18% of European women and 7% of Asian women in this age group.

Just over half (53%) Pacific mothers aged 20–24 years were sole parents, compared with 61% of Māori mothers, 48% of European mothers and 23% of Asian mothers in this age group.

Six in ten sole mothers and half of partnered mothers aged 20–24 years were not in employment, education or training (NEET). This is most likely due to their primary activity being childcare. However, it might be that some of these mothers might not be in this group by choice, but are constrained by lack of available work or childcare, or are discouraged.⁶

4 See, for example, <http://www.mbie.govt.nz/info-services/employment-skills/labour-market-reports/pacific-peoples-labour-market-trends/march-2016/document-and-image-library/dashboard-pacific-mar-2016.pdf>

5 Statistics New Zealand. (2014). *Young mothers in the New Zealand workforce 1994–2014*. Retrieved from <http://www.stats.govt.nz>

6 Ibid.

Median personal annual income

At \$19,700, the median personal annual income of Pacific peoples in 2013⁷ was lower than that nationally (\$28,500) and for other major ethnic groups such as Europeans (\$30,900), Māori (\$22,500) and Asian (\$20,100).

Pacific peoples' median personal income has fallen as a percentage of the national median income between the two most recent censuses. In 2013, Pacific people's median personal annual income was \$8,800 lower than the median annual income of \$28,500 nationally whereas in 2006 it was \$3,900 lower than the median annual income of \$24,000 nationally.

Benefit recipients

Between March 2015 and March 2016:

- » The number of working age Pacific people who were Jobseeker Support recipients rose slightly by 2.4% (from 8,754 to 8,960). Over the same period, the number of Māori recipients rose by 3.5% and the number of New Zealand European recipients fell by 5%.⁸
- » The number of working age Pacific people who were Sole Parent Support recipients rose by 4.4% (from 6,898 to 7,202) whereas the number of Māori and New Zealand European recipients fell by 4.5% and 13.4% respectively.
- » The number of working age Pacific peoples who were Supported Living Payment recipients rose by 5.4% (from 6,036 to 6,359). The number of Māori recipients rose slightly by 1.0% but fell by 3.7% for New Zealand European recipients.

7 Statistics New Zealand. (2013). *Personal income by ethnic group*. Retrieved from <http://www.stats.govt.nz>

8 Ministry of Social Development. (2016). *Ministry of Social Development Benefit Fact Sheets – June 2016*. Retrieved from <http://www.msd.govt.nz>

MEDIAN PERSONAL ANNUAL INCOME

Pacific peoples have a low income.



Debt

Pacific peoples are more vulnerable to problem debt.⁹

Poor children and children living in severe hardship

Over the three years 2012–2014, on average, around 28% of Pacific children lived in poor households (compared to 33% for Māori children and 16% for European children).¹⁰

Rates of material hardship and of two measures of severe hardship among children were higher in Pacific (and Māori) families compared with those in European and Other families.¹¹

Home ownership

In 2013, home ownership in New Zealand was lower for Pacific peoples (18.5%) than for Māori (28.2%), Asian (34.8%) and Europeans (56.8%). The youthful profile and the geographic locations of Pacific peoples in New Zealand may partly explain their lower home ownership rate.

9 Social Policy Evaluation and Research Unit and Families Commission. (2012). *Pacific Families and Problem Debt: Research Report 06 – November 2012*. Retrieved from <http://www.superu.govt.nz>

10 Simpson J, Duncanson M, Oben G, Wicken A, Pierson M. (2015). *Child Poverty Monitor 2015 Technical Report*. University of Otago, 2015. Retrieved from University of Otago: New Zealand Child and Youth Epidemiology Service <https://ourarchive.otago.ac.nz>

11 Ibid.



Pacific peoples' health

Life expectancy

Pacific peoples in New Zealand have a shorter life expectancy than the total New Zealand population. Life expectancy is 78.7 years for Pacific women and 74.5 years for Pacific men, compared with 83.2 years for women and 79.5 years for men in the total New Zealand population.¹²

Perception of well-being

In 2014/15 Pacific people (and Māori) were less likely to rate their well-being at 7 or above compared with Europeans.¹³

85% of Māori and Pacific adults reported that they were in good health. Māori and Pacific adults were less likely to report being in good health than non-Māori and non-Pacific adults respectively, after adjusting for age and sex differences.¹⁴

Perception of family well-being

The Social Policy Evaluation and Research Unit's *Families and Whānau Status Report 2016*¹⁵ looked at the wellbeing of six family types. The results included:

- » Single parent families of all four ethnic groups (Pacific, Māori, Asian and European) are facing financial and psychological stresses.
- » Pacific (and Māori and Asian) families with two parents and younger children face a mixture of challenges related to issues of economic security and skills.
- » Pacific two parent families with at least one child under 18 years of age are more likely to be facing housing and financial difficulties than European families of the same family type.
- » Pacific families with older children (18 years and over) are doing well economically and are more likely to rate themselves healthy, despite being more likely to have a smoker in the family.
- » Pacific (and Māori) families comprising a couple, both under 50 years of age, are less likely to have post-secondary qualifications which may limit their ability to improve their income levels over time.
- » Older Pacific couples are faring reasonably well but may have relatively high health issues.

12 Statistics New Zealand. (2016). *New Zealand Period Life Tables: 2012–14*. Retrieved from http://www.stats.govt.nz/browse_for_stats/health/life_expectancy/NZLifeTables_HOTP12-14.aspx

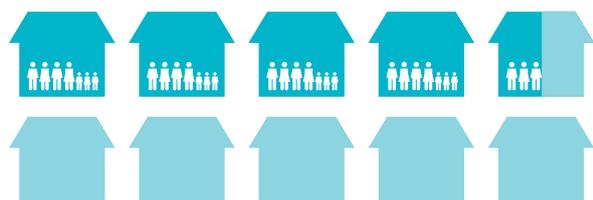
13 Statistics New Zealand. (2015). *New Zealand General Social Survey: 2014*. Retrieved from http://www.stats.govt.nz/browse_for_stats/people_and_communities/Households/nzgss_HOTP2014/Commentary.aspx

14 Ministry of Health. (2015). *Annual Update of Key Results 2014/15: New Zealand Health Survey*. Wellington: Ministry of Health. Wellington: Ministry of Health. <http://www.health.govt.nz/system/files/documents/publications/annual-update-key-results-2014-15-nzhs-dec15-1.pdf>

15 Social Policy Evaluation and Research Unit. (2016). *Families and Whānau Status Report 2016*. Retrieved from <http://www.superu.govt.nz>

HOUSEHOLD CROWDING

Household crowding leads to hospital admissions.



45%

of Pacific children (0–16 years) are exposed to household crowding.

Household crowding and infectious diseases

Pacific peoples' exposure to household crowding is estimated to cause 25% of their hospital admissions for infectious diseases (in the nine disease groups examined). The comparable estimates for Māori and European are 17% and 5% respectively.¹⁶

45% of Pacific children (0–16 years) are exposed to household crowding (one or more bedrooms in deficit), compared with 28% of Māori children and 8% of European/Other children.¹⁷

34% of hospital admissions for meningococcal disease among Pacific children is estimated to be due to household crowding, compared with 23% among Māori children and 9% among European/Other children.¹⁸

16 Baker MG, McDonald A, Zhang J, Howden-Chapman P. (2013). *Infectious diseases attributable to household crowding in New Zealand: A systematic review and burden of disease estimate*. University of Otago, 2013. Retrieved from He Kainga Oranga/Housing and Health Research Programme <http://www.healthyhousing.org.nz>

17 Ibid.

18 Ibid.

In 2012, Pacific Youth '12 students were about twenty times more likely to report living in an overcrowded home (more than two people per bedroom) and four times as likely to have someone in their home who slept in a room that was not a bedroom in the last 12 months than New Zealand European students.¹⁹

Pacific peoples have poorer health and more unmet need for health care

Unless indicated otherwise, information in this section is sourced from the 2014/15 Ministry of Health Survey.

Pacific adults have higher rates of risky behaviours and poor health such as smoking, hazardous drinking, being physically inactive and psychological distress than non-Pacific adults.²⁰

Pacific adults and children have the highest rates of obesity. About two-thirds of Pacific adults (66%) and almost one-third of Pacific children (30%) are obese.

On a positive note, Pacific infants are half as likely as non-Pacific infants to have been introduced to solid foods before the age of four months, after adjusting for age and sex differences.

Cost may be a barrier to accessing prescription medications to treat health problems. Prescription costs have prevented 17% of Pacific adults and the parents of 14% of Pacific children from collecting a prescription in the past 12 months. Rates of being unable to collect a prescription due to cost are almost triple for Pacific adults and more than triple for Pacific children compared with those for non-Pacific adults and non-Pacific children, after adjusting for age and sex differences.

19 Fa'alili-Fidow J, Mosselen E, Denny S, Dixon R, Teevale T, Ikihele A, Adolescent Health Research Group, Clark TC. (2016) *Youth '12 The Health and Wellbeing of Secondary School Students in New Zealand: The Results – Culture and ethnicity*. Retrieved from <https://www.fmhs.auckland.ac.nz>

20 Ministry of Health. (2015). *Annual Update of Key Results 2014/15: New Zealand Health Survey*. Wellington: Ministry of Health. Wellington: Ministry of Health. <http://www.health.govt.nz/system/files/documents/publications/annual-update-key-results-2014-15-nzhs-dec15-1.pdf>

GP & practice nurse visits and prescription collection rates

Pacific adults were just as likely as non-Pacific adults to have visited a GP in the last 12 months.

Pacific (20%) adults (and Asian adults) had the lowest rates of having visited a practice nurse in the last 12 months. After adjusting for age and sex differences, Pacific adults were 0.7 times less likely than non-Pacific adults, to have visited a practice nurse.

One in five Pacific adults (20%) had not visited a GP due to cost. Pacific adults were 1.4 times as likely as non-Pacific adults to not visit a GP due to cost, after adjusting for age and sex differences.

About one in five Pacific (19%) children had visited a practice nurse in the past 12 months without seeing a GP at the same visit. Pacific children were less likely to visit a practice nurse than non-Pacific children, after adjusting for age and sex differences.

Pacific children were 1.3 times more likely not to have accessed primary health when they needed it than non-Pacific children, after adjusting for age and sex differences.

Smoking

About one quarter (24.7%) of Pacific adults 15 years and above was a current smoker, compared to 16.6% for the total adult population. Pacific men had slightly higher rates than Pacific women (26.5% compared with 23.1%).

Pacific adults' current smoking rates have not declined significantly since 2006/07.

Over one in five (22.4%) of Pacific adults 15 years and above smoked daily, compared to 15.0% for the total adult population. Pacific men had slightly higher rates than Pacific women (24.6% compared with 20.6%).

Drinking & hazardous drinking

56% of Pacific adults were past-year alcohol drinkers. Pacific adults were much less likely to be past-year drinkers than non-Pacific adults respectively, after adjusting for age and sex differences.

'Hazardous drinking' refers to an established drinking pattern that carries a risk of harming the drinker's physical or mental health, or having harmful social effects on the drinker or others. Hazardous drinking is defined as a score of 8 points or more on the Alcohol Use Disorders Identification Test (AUDIT).

While Pacific adults are less likely to have drunk alcohol in the past year than non-Pacific adults, those who drink are more likely to be hazardous drinkers than non-Pacific adults who drink. Over half of male Pacific past-year drinkers (52%) are hazardous drinkers.

SMOKING

One quarter of Pacific adults are smokers.



25%

of Pacific adults are smokers.

HAZARDOUS DRINKING

Pacific adults are less likely to drink alcohol but those who do drink are more likely to be hazardous drinkers.



52%

of male Pacific drinkers are hazardous drinkers.

Nutrition

About one in two (52%) of Pacific adults ate at least three servings of vegetables per day. Pacific adults were less likely than non-Pacific adults to eat at least three servings of vegetables per day, after adjusting for age and sex differences.

Pacific adults were just as likely as non-Pacific adults to eat at least two servings of fruit per day.

After adjusting for age and sex differences, Pacific children were less likely to eat breakfast at home each day than non-Pacific children.

Physical activity

Pacific adults were 30% more likely to be physically inactive than non-Pacific adults, after adjusting for age and sex differences.

Pacific children (50%) were more likely to watch two or more hours of television each day than non-Pacific children respectively, after adjusting for age and sex differences.

Obesity

Two out of three (66.7%) of Pacific adults (15 years and above) were classified as obese compared with one in three (29.9%) of the total population.

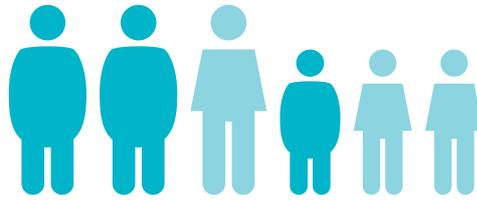
30% of Pacific children were obese. After adjusting for age and sex differences, Pacific children were more likely to be obese than non-Pacific children.

Over three quarters of Samoan and Tongan students and just over six in ten Cook Island students in Youth '12 were overweight or obese.²¹

21 Fa'alili-Fidow J et al. 2016.

OBESITY

Pacific adults have the highest rates of obesity in New Zealand.



Two out of three

Pacific adults are classified as obese, with almost one in three obese children.

Mental health

8% of Pacific adults are diagnosed with a mood and/or anxiety disorder. Pacific adults are much less likely to have been diagnosed with a mood and/or anxiety disorder than non-Pacific adults, after adjusting for age and sex differences. However, Pacific adults are 1.6 times as likely to have experienced high or very high levels of psychological distress in the past four weeks, indicating a high probability of an anxiety or depressive disorder.

Within the Pacific population, there were small differences between the Pacific ethnic groups, with Cook Islanders having the highest 12-month prevalence rate of mental health issues (29.3%) and Tongans the lowest (19.6%).²²

New Zealand-born Pacific people (31.4%) were about twice as likely to have had mental health issues in the previous 12 months compared with those who migrated to New Zealand after the age of 18 years (15.1%). The lower prevalence of mental disorders in the Pacific-born group may be explained by the 'healthy migrant' effect or Pacific cultures may have a protective effect.²³

22 Oakley Brown M, Wells J E, Scott KM, & Ministry of Health. (2006). *Te Rau Hinengaro: The New Zealand Mental Health Survey*. Wellington: Ministry of Health. Retrieved from <http://www.moh.govt.nz>

23 Ibid.

Youth mental health

Similar proportions of Youth'12 Pacific students reported having experienced significant depressive symptoms as New Zealand European students.²⁴

Pacific students were slightly more likely to report self-harm within the previous 12 months than New Zealand European students, with female Samoan and Tongan students being significantly more likely than their male counterparts to report having engaged in self-harm.²⁵

Suicide and attempted suicide

Thirty of the 549 suicide deaths in New Zealand in 2012 were of Pacific people.²⁶

There were 3031 intentional self-harm hospitalisations in New Zealand in 2012, of which 101 were of Pacific people.²⁷

17% of Pacific peoples have considered suicide at least once in their lifetime (compared with 16% in the New Zealand population overall).²⁸

4.8% of Pacific peoples reported that they had attempted suicide during their lifetime, compared with 4.5% of the overall population.²⁹

Within the Pacific population, more females than males had considered suicide, and made suicide attempts.³⁰

As for the New Zealand overall population, the proportion of the Pacific population who had considered suicide and made suicide attempts was highest among those aged 16–24 year olds.³¹

Youth'12 Pacific students were about three times more likely to have attempted suicide within the previous 12 months than New Zealand European students.³² There was no difference between Samoan, Tongan and Cook Island students' reporting of attempted suicide. Samoan female students reported higher rates of attempted suicide than Samoan males.

Rainbow Pasifika – people who identify as lesbian, bisexual, transgender, intersex or queer/questioning (LGBTIQ) – are much more susceptible to suicide behaviours.³³

Protective factors for Pacific peoples against suicide behaviours include: cultural identity, spirituality, healthy relationships, strong participation in church life, family, positive social connection, volunteering and communication.³⁴

Risk factors for Pacific peoples for suicide behaviours include: shame, unachieved expectations, mental illness, physical discipline, responsibilities, family conflict, pressures on the oldest child, sexual conduct, sexuality, generation gaps, acculturation, and roles.³⁵

Blood pressure

14% of Pacific adults reported high blood pressure (medicated).

When age and sex were adjusted for, Pacific adults were more likely to report high blood pressure (medicated) than non-Pacific adults.

24 Fa'alili-Fidow J et al. 2016.

25 Ibid.

26 Ministry of Health. (2012). *Suicide Facts: Deaths and intentional self-harm hospitalisations 2012*. Retrieved from <http://www.health.govt.nz/publication/suicide-facts-deaths-and-intentional-self-harm-hospitalisations-2012>

27 Ibid.

28 Statistics New Zealand and Ministry of Pacific Island Affairs. (2011). *Health and Pacific peoples in New Zealand*. Retrieved from <http://www.stats.govt.nz>

29 Ibid.

30 Ibid.

31 Ibid.

32 Fa'alili-Fidow J et al. 2016.

33 Le Va. (2016). *Suicide Prevention: FLO Knowledge Bank*. Retrieved from <http://www.leva.co.nz>

34 Ibid.

35 Ibid.

Oral health

Relatively low rates of Pacific (31%) adults had visited a dental health care worker. These rates remained lower than those for non-Pacific adults, after adjusting for age and sex differences.

The majority of Pacific (80%) adults only visited dental health care workers for dental problems. The rates were significantly higher for Pacific adults, after adjusting for age and sex differences.

Adults of Pacific and Māori ethnicity, and adults living in the most deprived areas are more likely to have had a tooth removed in the past year (due to tooth decay, abscess, infection or gum disease), and less likely to have visited a dental health care worker in the past year, than non-Pacific, non-Māori and adults living in the least deprived areas.

Similarly Māori and Pacific children are twice as likely to have had a tooth extracted in the past year as non-Māori and non-Pacific children. One in twenty Māori and Pacific children has had a tooth extracted in the past year. However, the percentage of Pacific and Māori children who have visited a dental health care worker in the past year does not differ from that for non-Pacific and non-Māori children respectively.

Arthritis – including gout

Pacific men had the highest rates of gout (11%), and after adjusting for age differences had much higher rates than non-Pacific men (adjusted rate ratio of 3.2).

Ambulatory-sensitive hospital admissions (ASH)

Ambulatory-sensitive hospital admissions is often used as a measure of the effectiveness of the interface between primary and secondary health care. The assumption is that better management of conditions within local communities and primary healthcare has the potential to reduce the number of avoidable hospital admissions (and to moderate demand on hospital resources).

These conditions include, cellulitis, dental conditions, upper respiratory and ENT (ear nose and throat) infections, respiratory infections (pneumonia), gastroenteritis/dehydration, and asthma.³⁶

The rate of ambulatory-sensitive hospital admissions for Pacific children (0–4 years) has come down in the last decade but is still high compared to the total population.³⁷

Hospitalisation for acute rheumatic fever

Pacific children and young people (aged 0–24 years) are nearly 50 times more likely than European aged 0–24 years and twice as likely as Māori aged 0–24 years to be admitted to hospital with acute rheumatic fever (ARF).³⁸

Chronic diseases

Mortality rates for cardiovascular disease and diabetes are higher among Pacific peoples in New Zealand than those for other ethnic groups.³⁹

Pacific peoples in New Zealand have a significantly higher prevalence of diabetes than all other ethnic groups (10.5% of the Pacific population in 2014, compared with 5.3% for Māori and European/Other, and 6.0% for Asians).⁴⁰

The prevalence of diabetes increased significantly with age. Over half (52.5%) of Pacific peoples aged 65–74 years and just under half (48.8%) of Pacific peoples aged 75+ years had diabetes in 2014.⁴¹

36 Ministry of Health. (2013). *Tagata Pasifika in New Zealand*. Retrieved from <http://www.health.govt.nz/our-work/populations/pacific-health/tagata-pasifika-new-zealand>

37 Matheson D, Reidy J, Tan L, Carr J. (2015). *Good progress for children coupled with recalcitrant inequalities for adults in New Zealand's journey towards Universal Health Coverage over the last decade*. New Zealand Medical Journal Volume 128: Number 1415, 14-24. <https://www.nzma.org.nz>

38 Ibid.

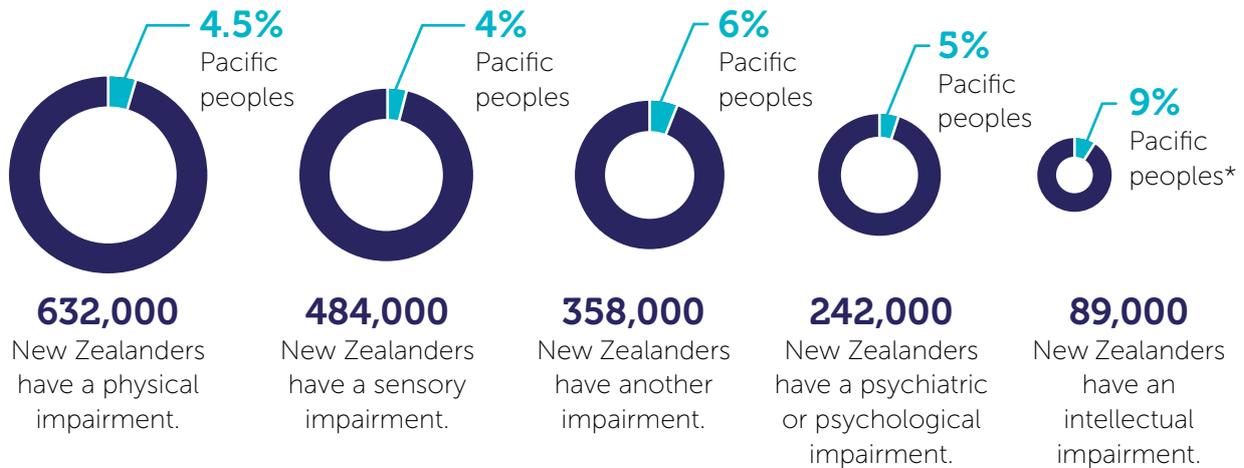
39 Tagata Pasifika in New Zealand.

40 Health Quality & Safety Commission New Zealand. (2014). *Health Quality Evaluation: Diabetes*. Retrieved from <http://www.hqsc.govt.nz>

41 Ibid.

DISABILITY

Percentage of Pacific disabled people with each impairment type.



Note: Any individual may appear in more than one impairment type. 'Sensory' includes both hearing and vision impairments. 'Physical' includes both mobility and agility impairments. 'Other' includes impaired speaking, learning, and developmental delay for children aged 0–14 years, and includes impaired speaking, learning, and remembering for adults aged 15+ years. Numbers may not sum to the stated totals because: a) individuals were counted in each applicable impairment type, and b) numbers are rounded.
*Relative sampling error is 30 percent or more, and less than 50 percent.

Source: Statistics New Zealand. (2013). *Disability Survey 2013*. Table 5.02 (Excel tables).

Disability

Approximately 51,000 Pacific peoples in New Zealand have a disability.⁴²

The age-adjusted disability rate for Pacific (26%) is lower than that for Māori (32%) but slightly higher than that for Europeans (24%).⁴³

42 Statistics New Zealand. (2013). *Disability Survey 2013*. http://www.stats.govt.nz/browse_for_stats/health/disabilities/DisabilitySurvey_HOTP2013/Commentary.aspx

43 Ibid.

Cancer

The overall incidence of cancers is lower in Pacific peoples in New Zealand compared with Europeans, but their overall mortality from cancer is higher compared with Europeans. This difference may reflect the time when people seek medical attention, how they are treated by the health system, and difficulties accessing care.⁴⁴

Pacific peoples in New Zealand had higher incidence rates of some cancers, including gynaecological cancers, smoking-related cancers, gastrointestinal and hepatobiliary and other cancers including breast cancer.⁴⁵

Smoking-related cancer is high in Pacific peoples, especially men.⁴⁶

44 Tagata Pasifika in New Zealand.

45 Ibid.

46 Meredith I, Sarfati D, Ikeda T, Blakely T. (2012). *Cancer in Pacific people in New Zealand: Cancer Causes Control* (2012) 23: 1173-1184. Retrieved from the University of Otago website <http://www.otago.ac.nz>



Pacific peoples in education

The following section is taken from a Cabinet paper titled 'Mid-point Report on the Māori Education Strategy Ka Hikitia – Accelerating Success 2013–17 and the Pasifika Education plan 2013–17'.⁴⁷

The Pasifika Education Plan was designed to urgently transform the education system to ensure more equitable outcomes for Pacific learners.

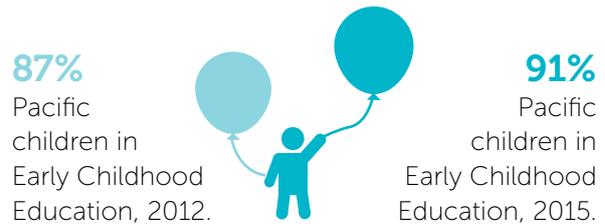
The implementation of the plan has been accompanied by some positive shifts for many Pacific students, but the pace is slow and uneven across the education pipeline:

- » The rate of Pacific learners participating in Early Childhood Education (ECE) has increased from 87% in 2012 to 91% in 2015. It is possible to reach the Pasifika Education Plan and Better Public Service (BPS) target of 85% in 2016 with further targeted programming.
- » Pacific achievement in reading, writing and mathematics (National Standards) has lifted. However, it is unlikely – based on the current rates of 65% for reading, 60% for writing, and 62% for mathematics – that the Pasifika Education Plan target of 85% in 2017 will be reached.
- » The number of all Pacific school leavers leaving with NCEA Level 1 literacy and numeracy qualifications has increased to 85%, with the gap between Pacific and the total student population closing to 3% points.
- » The percentage of Pacific 18 year olds achieving NCEA Level 2 or an equivalent qualification has increased to 75% in 2014. Results are tracking well to achieve the Pasifika Education Plan and BPS target of 85% in 2017.

47 Ministry of Education. (2015). *Cabinet Paper: Mid-point Report on the Māori Education Strategy Ka Hikitia – Accelerating Success 2013–2017 and the Pasifika Education plan 2013–2017*. Retrieved from <http://www.education.govt.nz>

EARLY CHILDHOOD EDUCATION

Pacific learners participating in Early Childhood Education has increased.



-
- » The number of Pacific school leavers with University Entrance (UE) has decreased by 2 percentage points from 2012 to 2014. This trend is consistent with the drop across all population groups following the introduction of new UE standards.
 - » The proportion of Pacific full-time learners who completed a qualification five years after starting tertiary study continues to increase at a faster rate than that for all learners.

In 2014, Pacific students had a higher frequent truant rate than European students but a lower frequent truant rate than Māori. That year, the rates were 1.8 for Pasifika students, 0.8 for European students and 2.5 for Māori students.⁴⁸

(A frequent truant is defined by the Ministry of Education as students who were unjustifiably absent for three days or more in the week surveyed).

48 Ministry of Education. (2015). *Attendance in New Zealand Schools 2014*. Retrieved from <https://www.educationcounts.govt.nz>



Pacific peoples and family violence

Family violence deaths

Almost half (47%) of all homicides in the four years 2009 to 2012 in Aotearoa New Zealand were family violence and family violence related deaths.⁴⁹

Four of the 63 victims who died of intimate partner violence between 2009 and 2012 were Pacific women. The Pacific rates for deceased and offenders in intimate partner violence deaths in New Zealand were 0.35 and 0.62 per 100,000 people per year. Pacific rates were lower than those for Māori but higher than those for non-Māori non-Pacific.⁵⁰

Six of the 37 children who died from abuse and neglect between 2009 and 2012 were Pacific children. Pacific children were 4.8 times more likely to die from child abuse and neglect (CAN) than children of other ethnicities. (Māori children were 5.5 times more likely to die from these causes than children of other ethnicities.) Pacific adults were 5.3 times more likely to be responsible for CAN deaths than adults of other ethnicities.⁵¹

Two of the 26 victims who died from intra-familial violence (or abuse between family members other than intimate partners or parents of their children) between 2009 and 2012 were Pacific victims. It is not possible to say whether the rates among Pacific peoples vary from Māori or from other ethnicities due to small numbers.⁵²

Hospitalisations

For almost half (46%) victims hospitalised for assault, the identity of the perpetrator was either not known to the health system or not recorded. Of the remainder, 66 (or 9%) of 588 assault hospitalisations with a perpetrator indicating 'family' in 2011/2012 were Pacific peoples. Of these, 36 were Pacific women and 30 were Pacific men.⁵³

From 2010 to 2014 hospitalisation rates for injuries from assault, neglect or maltreatment were significantly higher among Pacific children aged 0–14 years (24.36 per 100,000), and Māori children (28.29 per 100,000) than European/Other children (11.71 per 100,000), and significantly lower for Asian children (5.25 per 100,000) than European/Other children.⁵⁴

Reports from surveys

Findings from the New Zealand Crime and Safety Survey (NZCASS) 2014⁵⁵ suggest that Pacific peoples (6%) are no more likely (than the New Zealand average, 5.1%) to be a victim of a violent interpersonal offence by an intimate partner. The prevalence of intimate partner violence has fallen among Pacific peoples from 19% in 2008 to 6% in 2013.

However Pacific peoples are more likely (than the New Zealand average) to experience one or more coercive and controlling behaviours from a current partner.

49 Health Quality & Safety Commission New Zealand. (2014). *Family Violence Death Review Committee: Fourth Annual Report: January 2013 to December 2013*. Wellington: Health Quality & Safety Commission New Zealand. <https://www.hqsc.govt.nz/assets/FVDRC/Publications/FVDRC-4th-report-June-2014.pdf>

50 Ibid.

51 Ibid.

52 Ibid.

53 Paulin J & Edgar N. and Office of Ethnic Affairs (2013). *Towards Freedom from Violence: New Zealand Family Violence Statistics Disaggregated by Ethnicity*. Retrieved from <http://ethniccommunities.govt.nz>

54 Child Poverty Monitor 2015 Technical Report.

55 Ministry of Justice (2014). *2014 New Zealand Crime and Safety Survey Main Findings*. Retrieved from <http://www.justice.govt.nz>

In 2013, Pacific peoples (6%) are no more likely (than the New Zealand average, 5.1%) to be a victim of a violent interpersonal offence by an intimate partner.

In 2013, 13.0% of Pacific women and 8.1% of Pacific men reported having ever experienced sexual violence.⁵⁶

Pacific Youth '12 students were significantly more likely than New Zealand European students to experience family violence or sexual abuse or coercion.⁵⁷

Pacific students were also twice as likely to report having experiences sexual abuse or coercion that their New Zealand European counterparts.⁵⁸

Pacific Youth '12 students reported much greater exposure to violence than New Zealand European students. Pacific students were three times as likely as New Zealand European students to report witnessing adults hit children in their homes and three and a half times as likely to report witnessing adults hitting other adults in their home.⁵⁹

Child physical punishment rates

One in ten Pacific children (10%) had been physically punished in the past four weeks.⁶⁰

Pacific and Māori children are nearly twice (1.8 times) as likely to be physically punished as non-Pacific and non-Māori children, after adjusting for age and sex differences.⁶¹

56 Ibid.

57 Fa'alili-Fidow J et al. 2016.

58 Ibid.

59 Ibid.

60 Ministry of Health. (2015). *Annual Update of Key Results 2014/15: New Zealand Health Survey*. Wellington: Ministry of Health. Wellington: Ministry of Health. <http://www.health.govt.nz/system/files/documents/publications/annual-update-key-results-2014-15-nzhs-dec15-1.pdf>

61 Ibid.

YOUTH SURVEY

Pacific students are more exposed to violence.



Pacific students were three times as likely as New Zealand European students to report witnessing adults hit children in their homes.

Pacific victims and offenders of recorded crime

During 2014–2015 New Zealand Police replaced its historic offence and apprehension statistical collections with new Recorded Crime Victims Statistics (RCVS) and Recorded Crime Offenders Statistics (RCOS).

The unique victim population is the measure that counts a person/organisation once in a given 12 month reference period for each offence group in which persons are recorded as being a victim of an offence, regardless of how many times they may have been victimised.

The unique offender population is the measure that counts individual offenders once in a given 12 month reference period regardless of how many times they may have been dealt with by Police.

In 2015, just over one in ten (11%) of all family victims of selected recorded crimes were Pacific family victims.

In 2015, over one in seven (13%) offenders of proceedings in which they perpetrated a selected (serious) crime against a family member was a Pacific offender.

In 2015, 5% of respondents of protection order applications were Pacific respondents. (Note that 37% of respondents were of unknown ethnicity).⁶²

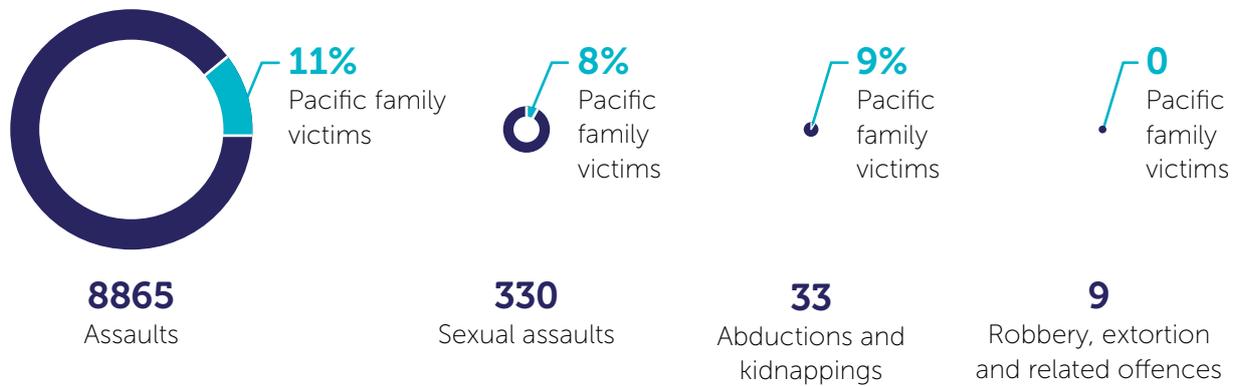
6% of women using National Collective of Independent Women's Refuges in 2014/15 were Pasifika women.⁶³

62 New Zealand Family Violence Clearinghouse. (2016). *New Zealand Family Violence Clearinghouse Data Summary: Violence against Women, July 2016*. Retrieved from <https://nzfvc.org.nz>

63 Ibid.

VICTIMS OF CRIME

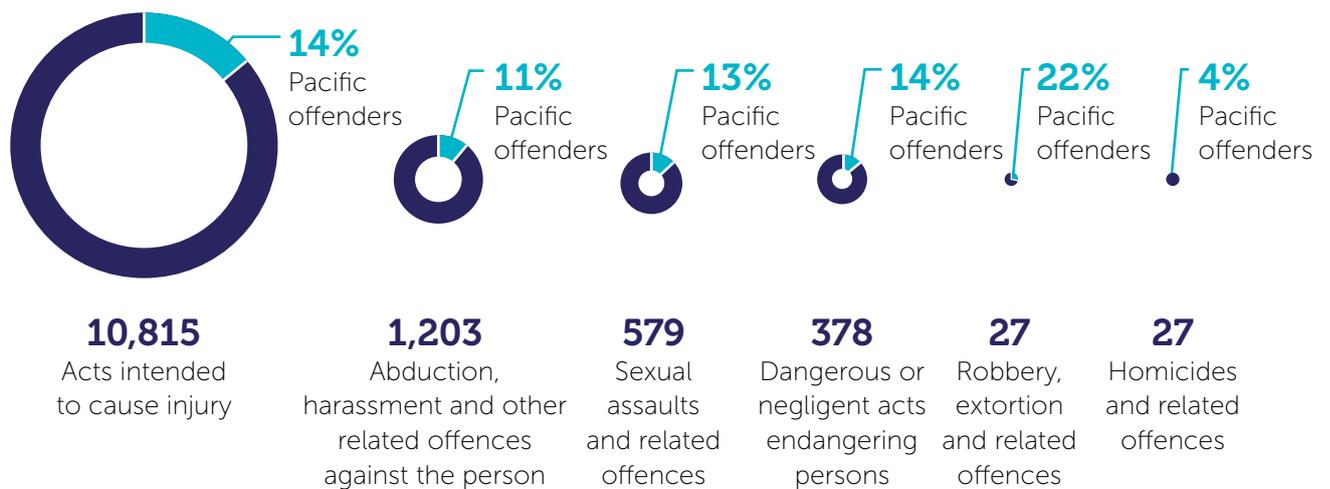
Total and Pacific unique family victims of selected recorded crimes in the 12 months to December 2015.



Source: <http://nzdotstat.stats.govt.nz/wbos/Index.aspx?DataSetCode=TABLECODE7411>. Data extracted 22 July 2016 from NZ.Stat.

OFFENDERS OF CRIME

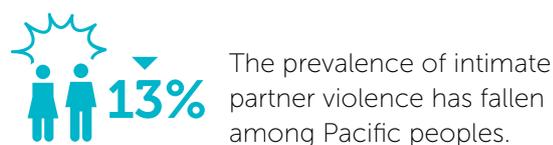
Proceedings against total offenders and against Pacific offenders who perpetrated selected crimes against a family member in 2015.



Source: <http://nzdotstat.stats.govt.nz/wbos/Index.aspx?DataSetCode=TABLECODE7410#>. Data extracted 22 July 2016 from NZ.Stat.

CRIME AND SAFETY SURVEY

Pacific peoples were more likely than the New Zealand average to have been victims of any crime.



Pacific peoples are more likely to experience one or more coercive and controlling behaviours from a current partner.



Pacific peoples' experiences of crime and the justice system

Crime victimisation of Pacific adults

In 2014, 12.5% of Pacific peoples surveyed for the New Zealand General Social Survey said they had a crime committed against them in the last 12 months. This compares with 18.6% for Māori, 13.7% of European/Other and 10.6% of Asian survey participants.⁶⁴

Pacific peoples were more likely than the New Zealand average to have experienced one or more offences in 2013. 31.6% of Pacific people surveyed for the New Zealand Crime and Safety Survey (NZCASS) 2014 had been victims of crime compared with 24.0% of all adults surveyed.⁶⁵

In 2013, Pacific peoples were more likely than the New Zealand average to be the victim of a burglary (12% for Pacific compared with 8% for New Zealand average).

In 2013, Pacific peoples (41%) were more likely than the New Zealand average (16%) to be very or fairly worried about being intimidated, harassed or assaulted due to their ethnicity.

In 2013, 2.1% of all adults surveyed for the 2014 NZCASS said they were aware of an Iwi/Māori/Pacific organisation which would be available to them if they were a victim of crime.

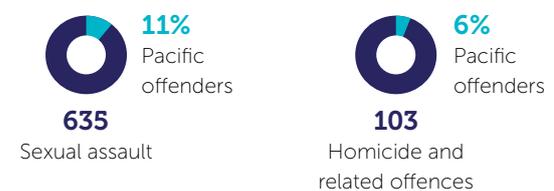
In 2013, victims were about three times more likely to seek support from Iwi/Māori/Pacific organisations than they were to be approached by them offering their services. 0.6% of Iwi/Māori/Pacific organisations approached victims whereas 1.4% of victims sought support from these organisations.

64 Ministry of Social Development. (2016). *The Social Report 2016 – Te pūrongo oranga tangata*. Retrieved from <http://www.msd.govt.nz>

65 Ministry of Justice (2014). *2014 New Zealand Crime and Safety Survey Main Findings*. Retrieved from <http://www.justice.govt.nz>

CONVICTIONS

Adults convicted in court by sentence type – most serious offence, 2015.



Source: <http://nzdotstat.stats.govt.nz/wbos/Index.aspx?DataSetCode=TABLECODE7353#>. Data extracted 6 June 2016 from NZ.Stat.

In 2015, one in ten adult offenders sentenced in court was a Pacific offender.

At 31 March 2016, 11.2% of prisoners were Pacific prisoners.⁶⁶

66 http://www.corrections.govt.nz/resources/research_and_statistics/quarterly_prison_statistics/PS_March_2016.html#ethnicity



Pacific peoples' experience with Child Youth and Family

The figures below are of CYF data from 2014 about Pacific children and young people's contact with their services.

In 2014, Pacific children and youth made up 9% (457) of all children and youth in state custody and 8% (332) of all children and youth in out-of-home placements.

CHILD YOUTH AND FAMILY

Pacific children require services of Child Youth and Family.

FURTHER ACTION RESPONSE (FAR)

10%

of total children who require FAR



5,633

Pacific children

SUBSTANTIATED ABUSE

17%

of total children who have substantiated abuse findings



2,239

Pacific children

PHYSICAL ABUSE

18%

of total children with physical abuse findings



556

Pacific children

SEXUAL ABUSE

9%

of total children with sexual abuse findings



111

Pacific children

NEGLECT

11%

of total children with neglect findings



443

Pacific children

EMOTIONAL ABUSE

12%

of total children with emotional abuse findings



1,129

Pacific children

Source: Ministry of Social Development. (2015). *Va'aifetu Guardians and Guardianship of the Stars – Part 1: Data, Literature, Practice Environment*.



Characteristics of Pacific children at greater risk of poor outcomes as adults

The Treasury Analytical Paper *Characteristics of Children at Greater Risk of Poor Outcomes as Adults* by Ball, Crichton, Templeton et al.⁶⁷ updates and extends the Crichton et al. (2015) study. It makes use of new information available in Statistics New Zealand's Integrated Data Infrastructure (IDI) including information on selected health service use, births, border movements and educational participation.

The analysis describes various characteristics of a population of 362,832 children aged 0 to 5 years at the end of December 2013, focusing on children with two or more of four particular adverse characteristics, namely:

- » The child had a substantiated finding of abuse or neglect or was ever placed in the care of CYF.
- » The child had been supported by benefits more than three-quarters of their lifetime, or if aged 0 they were supported by benefit at birth.
- » Either parent had received a community or custodial sentence.
- » Mother had no formal qualifications.

Among the number of projected poor outcomes the paper includes are:

- » contact with youth justice
- » failing to achieve NCEA level 2 or a level 4 qualification before age 23
- » receiving sole parent support before age 21
- » receiving a benefit for more than two years before age 21
- » receiving a community or custodial sentence before age 21
- » receiving a custodial sentence before age 21.

Of those children in the study aged 0 to 5 with a substantiated finding of abuse/neglect, 13% were Pacific children.

Of those children in the study mostly supported by welfare benefits since birth, 15% were Pacific children.

Of those children in the study with a parent with a sentence history, 12% were Pacific children.

Of those children in the study with a mother with no formal qualifications, 13% were Pacific children.

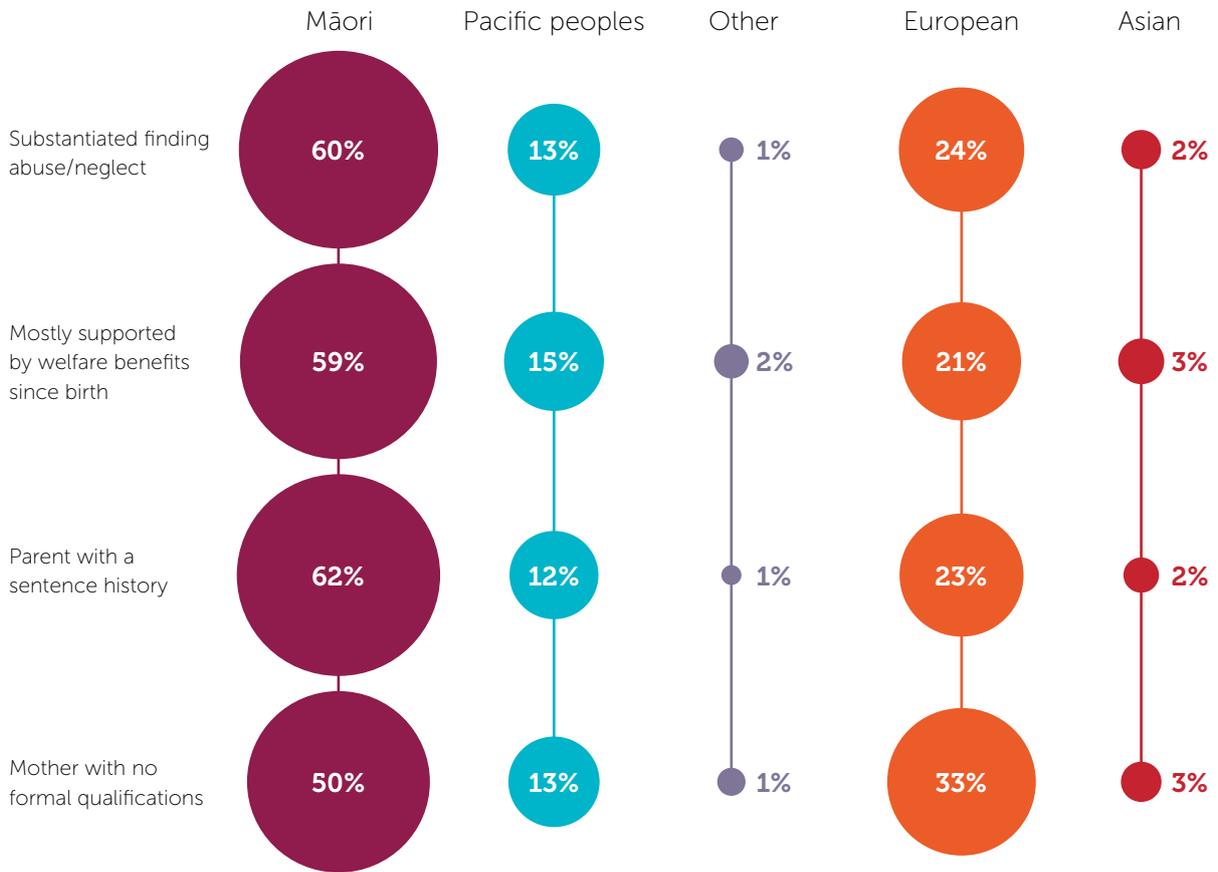
Of those children in the study with two or more indicators of poor outcomes in later life 12% were Pacific children.

The Treasury Analytical Paper *Using Integrated Administrative Data to Understand Children at Risk of Poor Outcomes as Young Adults* uses the Ministry of Social Development's Integrated Child Dataset (ICD) which brings together information from the benefit, Child, Youth and family care and protection and youth justice, birth and death registration, health and education systems.

⁶⁷ Ball C, Crichton S, Templeton R, Tumen S, Ota R, MacCormick C. (2016). Analytical Paper 16/01. *Characteristics of Children at Greater Risk of Poor Outcomes as Adults*. Retrieved from <http://www.treasury.govt.nz>

CHILDREN AT RISK

Characteristics of children aged 0 to 5 with individual indicators of poor outcomes present.



Source: Ball C, Crichton S, Templeton R, Tumen S, Ota R, MacCormick C (2016) *Characteristics of Children at Greater Risk of Poor Outcomes as Adults*. The Treasury Analytical Paper 16/01. ISBN (online) 978-0-908337-52-1. Table 1 & 7.

CHILDREN AT RISK

Characteristics of children aged 0 to 5 with two or more indicators of poor outcomes.



Source: Ball C, Crichton S, Templeton R, Tumen S, Ota R, MacCormick C (2016) *Characteristics of Children at Greater Risk of Poor Outcomes as Adults*. The Treasury Analytical Paper 16/01. ISBN (online) 978-0-908337-52-1. Table 7.

The study is of a cohort of 62,418 children born in New Zealand between 1 July 1990 and 30 June 1991. It provides a preliminary descriptive analysis of the characteristics, outcomes and selected social service us, costs of these children up to age 21 and estimated costs of these children before age 36. The costs included costs of Child, Youth and Family care and protection, youth justice, benefits as a dependent child and as an adult, and Corrections costs.

Almost one in twenty (4.4%) of Pacific children in the cohort had had a referral to CYF youth justice services – indicating that they were suspected of having broken the law (compared with 9.9% of Māori children and 3.2% of European children).

Over four in ten (43.8%) of Pacific children in the cohort had not achieved NCEA level 2 by

age 21 (compared with 56.1% of Māori and 29.6% of European).

Almost one half (45.5%) of Pacific children in the cohort had received a benefit by age 21 with 7.9% having received a benefit for more than two years by age 21.

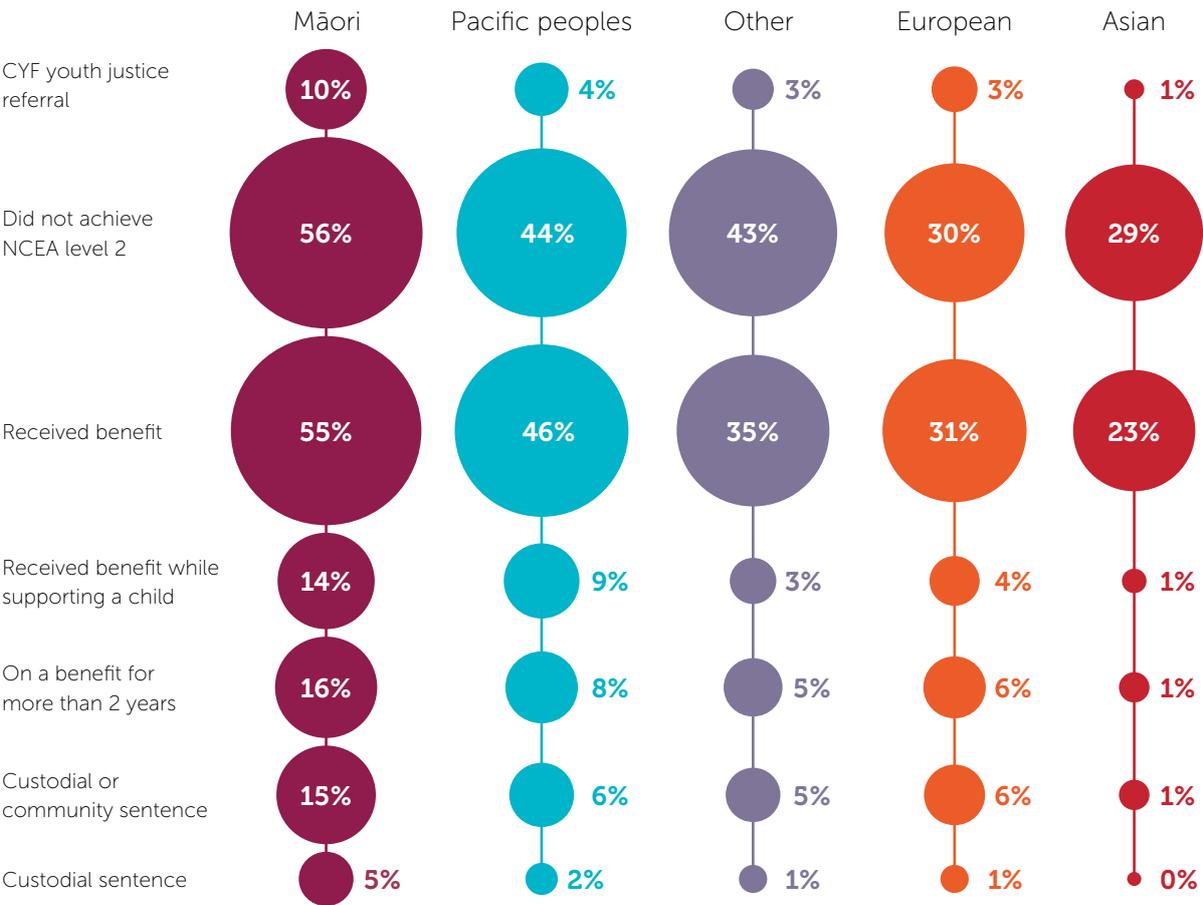
1.6% of Pacific children in the cohort had served a prison sentence by age 21 (compared with 4.5% of Māori and 1.2% of European).

The total costs of Pacific children in the cohort before age 21 averaged \$32,200 (compared with \$54,000 for Māori children and \$19,400 for European children).

Total costs of Pacific children in the cohort before age 36 were estimated as averaging \$80,400 (compared with \$129,300 for Māori children and \$49,100 for European children).

YOUNG ADULTS

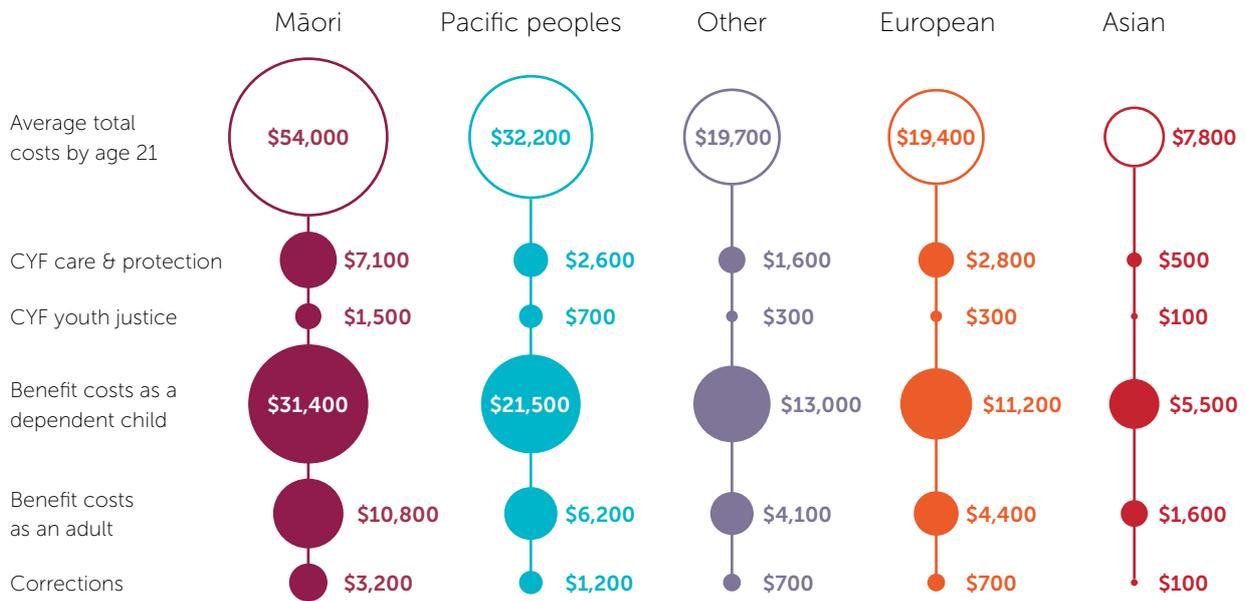
Selected outcomes before age 21, according to ethnicity.



Source: Crichton S, Templeton R, Tumen S (2015) *Using Integrated Administrative Data to Understand Children at Risk of Poor Outcomes as Young Adults*. The Treasury Analytical Paper 15/01. ISBN (online) 978-0-908337-07-1. Table 3.

YOUNG ADULTS

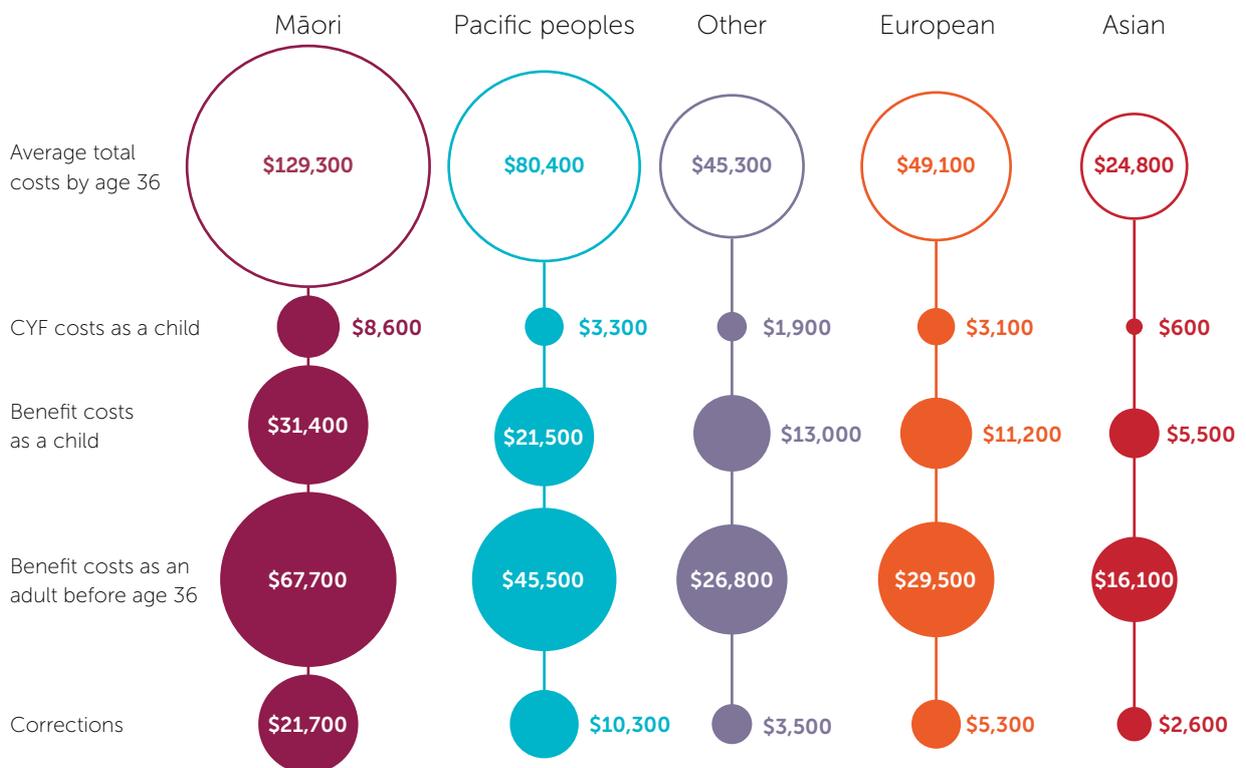
Selected costs before age 21, according to ethnicity.



Source: Crichton S, Templeton R, Tumen S (2015) *Using Integrated Administrative Data to Understand Children at Risk of Poor Outcomes as Young Adults*. The Treasury Analytical Paper 15/01. ISBN (online) 978-0-908337-07-1. Table 3.

YOUNG ADULTS

Selected estimated costs and future costs before age 36, according to ethnicity.



Source: Crichton S, Templeton R, Tumen S (2015) *Using Integrated Administrative Data to Understand Children at Risk of Poor Outcomes as Young Adults*. The Treasury Analytical Paper 15/01. ISBN (online) 978-0-908337-07-1. Table 10.



Our future

Investing in the success of Pacific peoples has significant benefits for all New Zealanders – both economically and in social wellbeing.

In 20 years, one in five New Zealand children will be Pacific, and one in eight workers under 39 will be Pacific.



One in eight

workers under 39 will be Pacific.

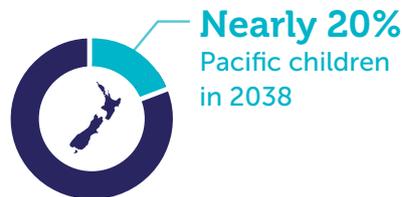
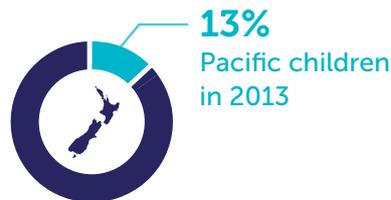


One in five

children will be Pacific.

The Pacific population in New Zealand is projected to make up 11% of the total population by 2038.

The Pacific population will continue to have a much younger age structure than the total New Zealand population due to higher Pacific birth rates.



Why take action now?

Knowing who is at risk of poor outcomes later in life will help us know where we need to target our efforts and investment.

Recent analysis undertaken by Treasury to understand children who are at risk of poor outcomes and the costs (CYF, benefit and Corrections costs) associated with those outcomes showed that total costs of Pacific children in the cohort before age 36 were estimated as averaging \$80,400.





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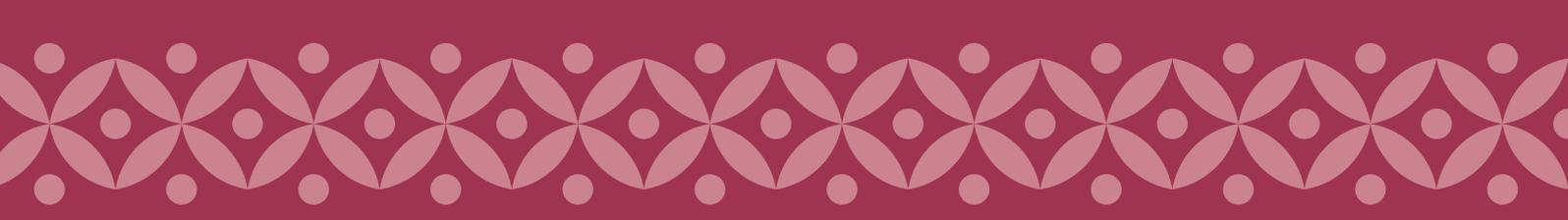
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Pasefika Proud embodies a vision of strong, vibrant and prosperous Pacific children, young people and their families. Wellbeing for Pacific families occurs when all aspects of the individual and collective are in balance, co-existing with environments, kinship and support systems while recognising *mana* and *tapu*.

Pacific cultures are strengths that can positively promote and enhance resilience within Pacific families.

Pasefika Proud mobilises Pacific individuals, families and communities to take responsibility for the issues they are facing, find the solutions and take leadership in implementing them.

'Our Families, Our People, Our Responsibility'

