

Submission on: Interim Report on A Fair Chance for All

November 2022



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Feedback to Interim Report on A Fair Chance for All

Thank you for the opportunity to feedback on A Fair Chance for All interim report. This submission is made by Asian Family Services (AFS).

This submission summarises Asian Family Services' view on the gaps and the persistent unmet disadvantages of the Asian and other ethnic minority populations in New Zealand.

This submission will draw on the real-life persistent disadvantages experienced by Asian and other ethnic minorities, including research finding to highlight why Asian and other ethnic minorities need to be included as one of the priority populations equally impacted by persistent disadvantages in Aotearoa, New Zealand.

Asian Population

The landscape of the population in New Zealand has significantly changed. The 2018 Censusⁱ indicated that over 27% of New Zealand's population was born overseas with over 200 ethnicities.

707,598 (15.1%) people were identified as part of the Asian group in the 2018 New Zealand census. The Asian population is the fastest-growing population and will make up a quarter of New Zealand in 20 years.

Migration of North, Central and South East Asians to New Zealand since the early 1990's has seen an exponential rise in the size of these communities. The 2018 Census indicated that over 27% of New Zealand's population was born overseas. This group is represented by over 200 ethnicities with North, Central and South East Asians representing as the fastest growing group. The Asian population of New Zealand was 707,598 at the 2018 census and accounted for 15.1% of the total population with about 30% based in Auckland. This population is predicted to reach between 900,000 to 1.2 million by 2025 and is expected to rise significantly from 16% of the population in 2018 to 26% (about 1 in 4 residents) by 2043.

Distinguished Professor Paul Spoonley FRSNZ (Fellow of the Royal Society of New Zealand) reminds that New Zealanders should consider the country's future regarding the disruptive consequences of the undergoing demographic transformationⁱⁱ.

Asian Family Services' Vision

Asian Family Services' vision is that "all people of Asian heritage and backgrounds lead flourishing and fulfilling lives in an equitable Aotearoa, New Zealand." Asian Family Services are delighted to see a comprehensive interim report, "***A fair chance for all breaking the cycle of persistent disadvantage***".

We welcome the Interim Report

Asian Family Services congratulate Productivity Commission for its enormous tasks with ambition to bring a fundamental change into the public management system outlined in the interim report. The report is inspirational.

Asian Family Services believe that the team from Productivity Commission should consult the Ministry for Ethnic Communities for further comment on the interim report.

Asian Family Services strongly agreed that

- The term disadvantage is not simply describing an individual or household being income poor but about not being able to experience all the "mana" described in He Ara Waiora, and these can include
 - Being left out (exclusion or lacking identity, belonging and connection);
 - Doing without (deprivation/material hardship or lacking aspiration and capability); and
 - Poor income (income poverty or lacking the foundations to grow prosperity).
- Using Manaakitanga (care and respect) encourages the public management system to build a deeper understanding of the imperatives and aspirations of those affected by policy, to demonstrate an ethic of care that gives effect to this value.
- Using Tikanga (protocol) encourages the public management system to ensure that decisions are made by the right decision maker, following the right process, according to the right values.

Asian Family Services have witnessed how systemic barriers and structured issues impacted on Asian and other ethnicities populations in Aotearoa, New Zealand, as outlined in the interim report. This has created gaps in service provisions that could have better served the Asian and other ethnic minority populations during the pandemic. These are

- Power imbalances;
- Discrimination and the ongoing impact of colonisation;
- Siloed and fragmented government; and
- Short-termism and status quo bias.

Therefore it is critical to include Asian and other ethnic minorities in the report to ensure the public management system is accountable for bringing change to those who experience persistent disadvantages in Aotearoa, New Zealand.

Asian and Other Ethnic Minority Populations Must Be Identified As One of the Persistent Disadvantaged Populations in Aotearoa, New Zealand

The idea of tackling the public management system is encouraged. Dishearteningly, the report fails to recognise that Asian and other ethnic minority populations equally face persistent disadvantages in New Zealand.

The lack of acknowledgement of Asian and other ethnic minority populations in the report could lead to devastating consequences, such as further widening the gaps in service provision, especially in social and mental health settings. This means that the public sector will not invest in creating culturally and linguistically social and mental health-responsive services to uplift the persistent disadvantage experienced by Asian and other ethnic minorities, which results in poorer health outcomes and disparity of access to social services. We witnessed that many Asian and other ethnic minorities have to self fund to access private mental health services to get more culturally and linguistically intervention despite not being able to sustain financially and were in crisis due to not knowing where to seek help. A strong stigma is associated with many mental health and addiction issues.

Asian Family Services consistently witnessed that Asian and other ethnic minority populations are being ignored in governmental legislation, strategies, and policies. The example can be found in

- The National plan, Kia Kaha, Kia Maia, Kia Ora Aotearoa: COVID-19 Psychosocial and Mental Wellbeing Plan
- He Ara Oranga: Report of the Government into the Mental Health report,
- Suicide Prevention Strategy and Action Plan Every Life Matters – He Tapu te Oranga o ia Tangata: Suicide Prevention Strategy 2019–2029 and Suicide Prevention Action Plan 2019–2024
- Pae Ora (Healthy Futures) Act 2022
- Interim Government Policy Statement on Health 2022 – 2024
- The interim New Zealand Health Plan 2022-2023

During the pandemic, Asian and other ethnic minorities struggled to find suitable culturally and linguistically appropriate social and mental health services due to years of lacking investment in service provisions and workforce development. Asian Family Services were inundated with complex case referrals and the demand was way beyond our capacities. For example, we had over 100 referrals a day, with demand for emotional and culturally appropriate food parcel support to people in home isolation. Our front-line clinicians have seen how this has affected Asian and other ethnic minorities' mental health and wellbeing.

Our nationwide Asian Helpline which operates in eight languages, Mandarin, Cantonese, Japanese, Korean, Hindi, Vietnamese, Thai and English, provides brief intervention and emotional and navigation services that are culturally and linguistically appropriate, Asian Family Services helpline received a notable increase in calls (291%) from July to September 2022 compared with our data from the same time in 2019. New clients included individuals needing support with depression and anxiety-related issues exacerbated by COVID-19. Despite this, the support has been limited by government services. The Asian and ethnic minority populations are often being neglected, and resources are often stretched with limited support from the government.

Unconscious Bias and Racism

Systemic racism and social exclusion exist within the New Zealand Society when accessing employment and public goods and services in Aotearoa, New Zealand. It disproportionately affects Asian and other ethnic minority groups. With awareness that the social systems are naturally distributed inequitably— the structure is designed to reward specific demographics so long that the system's outcomes may appear unintentional but are rooted in discriminatory practices and beliefs.

Many studies suggest unconscious bias might play a part in decision-making when the socially dominant groups often have implicit bias or prejudice against subordinate groups, and individuals usually prefer members of a category to which they belong. These biases can be a significant factor in decision-making resulting in erroneous and harmful decisions when not challenged.

A discussion paper in 2010ⁱⁱⁱ highlighted barriers faced by Asians, and these were

- Facing more discrimination than all other ethnic groups
- Experiencing the highest levels of verbal and physical harassment
- Being at a disadvantage in finding employment, even though many are recruited for their skills.
- Many New Zealanders believe that Asian migrants keep to themselves and don't try to fit in. However, many Asian arrivals report making efforts to get to know Kiwis, without much success.

Despite the issues mentioned being well received by the Asian communities, little has been done to ratify them by the government. Further research also confirmed that Asian other ethnic minorities groups are also most likely to have

- The lowest free time of all groups,
- Lowest social support, highest loneliness,
- The lowest proportion of all groups (Māori and Pasifika People found it easy or very easy to express their identity, and
- Persistent ethnicity gap in unemployment rates, with the gap widening during economic downturns, as they tend to have a disproportionate impact on Māori and Pasifika People. The unusual circumstances of COVID-19 lockdowns provided an exception to this general rule, as they disproportionately affected Asian people.

The interim report neglected the persistent disadvantage experienced by Asian and other ethnic minorities, despite evidence pointing out that Asian and other ethnic minority populations equally suffered from persistent disadvantages besides Māori and Pasifika people.

According to the intensity measure income Mobility in New Zealand 2007–2020^{iv} combined with the Household Survey and Census Data, Asians had slightly higher longer-term low-income rates than Māori or Pasifika people. Another review commissioned by the Productivity Commission^v highlighted that the Linwood area has a high deprivation index. There are very high shares of people living in rent accommodation (73 % vs 25% in the rest of Christchurch) and migrant residents, with more than 60% of migrants have lived in New Zealand for less than 5 years. Many new migrants live in enclaves where English is the second language.

The interim report claims the inquiry aimed to generate new insights about the dynamics and drivers and persistent disadvantages and incidence/impacts across different population groups. However, it systematically ignored the evidence pointing toward Asian and other ethnic minorities from its own commissioned reports^{vi vii viii}.

Issues Faced by Asian and Other Ethnic Minorities in Aotearoa, New Zealand

Not all Asians come from wealth and privilege. During the pandemic, Asian Family Services served over 2950 clients (early January to the end of October) in Auckland. Many needed food parcels and were unable to pay their rent and utility bills.

"Thank you for your food parcel; the items included are what we needed; besides food and meats, it also includes nappies and milk powder for my baby, which is what we needed the most. I was so worried because we all tested positive, and without the essential items and financially unable to pay for them. Thank you so much for your support."

Despite Asians being most likely to hold higher education in New Zealand (26.7% with Bachelor's degree and level 7 qualification), compared with the general population (14.6%), they are severely *underrepresented* in New Zealand's executive ranks. State Services Commission figures from 2020 show that European staff are over-represented as Managers and Policy Analysts. Asian staff are highly represented as Contact Centre Workers, ICT Professionals, and Technicians^{ix} despite their higher qualifications.

Asian parents valued education and hard work. They believed these qualities would be their children's ticket to a better future. Most Asian was taught to work twice as hard, keep their head down, and never rock the boat. That is what most people of Asian in New Zealand have done. Education and a strong work ethic did help many build a more prosperous life—but it came at a price. Being silent about Asian and other ethnic minorities in New Zealand meant that they lacked clarity of who they were and how they fit in New Zealand society. As a result, their image was defined by stereotypes.

Mental Health

The New Zealand Asian Wellbeing & Mental Health Report 2021 found that 44.4% of Asians showed symptoms of depression, 61.3% of Asians under 30 years have the highest risk of depression, whereas 23.4% of older Asians have the lowest risk^x.

The stigma towards people with mental illnesses in New Zealand is a significant cause for concern; 98.7% of Asians believe the public holds negative stereotypes against people with mental illness. Consequently, Asians were much less likely to have accessed public mental health services over the five years compared to other ethnic groups^{xi}. An overseas study confirmed that Asian people with mental health needs are less likely to receive treatment. South Asian groups were less likely to have contacted a GP about their mental health within the last year^{xii}.

Almost half (49%) of Asians lack awareness of mental disorders compared to 78% of the general public, who were aware of someone or themselves with mental distress^{xiii}. 48.3% of Asians said that they had limited knowledge of available services^{xiv}.

The stigma and lack of mental health literacy knowledge meant that Asians were most likely to delay mental health support. District Health Board (WDHB) mental health inpatient data verifies that Asian clients have a higher rate per 1000 first referrals as patients than other groups, such as Pasifika, Māori, and others. A literature review confirms that Asian people were most likely to delay seeking help for mental illness until they were very unwell^{xv}.

Another research conducted by Asian Family Services identified various challenges Asian women and families encountered during the perinatal period. Only two of the 17 Asian women interviewed had used specialist maternal mental health services in New Zealand. One woman sought telephone counselling, and five sought help from GPs, midwives, and Plunket nurses for their mental health difficulties. Multiple barriers to accessing mental health services and support were identified. The most significant barriers once again, were the social stigma attached to mental health and the harmful effects of discrimination, followed by language difficulties, lack of access to appropriate interpreters, poor understanding of perinatal mental health problems, Western treatment approaches, and lack of awareness of the New Zealand health system and services^{xvi}.

Asians receive less access and poorer care through health care services. 47.9% of Asians have told us that they could not access language and cultural support regularly when using health services in New Zealand; 49.2% cultural and social support, 39.7% free interpreting services, 39.5% culturally appropriate clinical services, 35.7 culturally appropriate psychological intervention, 32.5% translated health resources and 24.7% for ongoing updates and health-related articles^{xvii}.

Suicide in the Asian population

Despite the number of suicide among the Asian population being lower than Māori, Pasifika, and others, there is an equal need in paying close attention as even one suicide is still too many. The Suicide Mortality Review Committee (SuMRC) from the Health Quality and Safety Commission confirmed that Asian people were less likely to access services than other ethnicities. Data from the

integrated data infrastructure showed Asian people were half as likely as non-Asian people to have seen secondary mental health services in the three months or 12 months before their death by suicide^{xviii}.

Among the services, Asian people had lower access to screening services, mental health services, disability support and aged residential care. Compared with other ethnic groups, Asian people were also less likely to have a primary healthcare provider, to have seen a family doctor or any other health professional in the past year, and to have used a public hospital in the past year.

When conducted interviews to support the work of Understanding Deaths by suicide in the Asian population of Aotearoa, New Zealand, a Chinese mental health clinician told us that

"Many Asian do not want to "bother" people, and they think their "problems" are not big enough to deserve help or support. Many came to us with enormous issues to resolve when it was too late. Some of them might decide to return home from their country of origin to get help, fearing their medical record might jeopardise the future residential decision^{xix}."

Another example that took place in 2010 highlights the severity of consequences resulting from unavailable help. An incident that occurred in 2010 found four suicide deaths in a single Asian family^{xx}. Unfortunately, despite the news that shook the communities in Christchurch, no further support for suicide postvention was provided.

Gambling Harm

Analysis of data from the Health and Lifestyles Survey over several years shows that, after adjusting for a range of socio-economic factors and gambling predictors, when compared to European/Other, Asian people's risk for individual gambling harm was 9.5 times higher^{xxi}.

The issues faced by Asian and other ethnic minority populations are less well-known and understood by the New Zealand society. In preventing and minimising gambling harm, it is well established that Lotto shops and Pokies outlets are disproportionately available in lower decile neighbourhoods. For example, nearly 70 % of Lotto shop sales are made in the poorest half of the community. Most pokies money comes from the most deprived. According to research, a Māori gambler spends \$277.56, and Pasifika spend \$269.40 compared to Pākehā spending \$228.32 per person each year^{xxii}.

In regards to preventing and minimising gambling harm, what causes harm to Asian is vastly different when compared to Māori, Pasifika, and Pākehā.

Many Asian enjoy occasional gambling in casinos or pokies venues. It is a novelty to them because, in many Asian countries, gambling is an illegal activity. However, many Asians who went to the casino were lonely, socially isolated, and lacked social structural support.

"At some point, my [whole] life was spent in the Casino, which was full of Chinese gamblers. I only had minimal contact with local people. I felt that the Casino was a 'gambling prison' where I did not have contact with others except for gamblers^{xxiii}."

A research project conducted with stakeholders and individuals who experienced gambling harm across New Zealand found that Asian problem gamblers employ dysfunctional coping strategies to deal with settlement adversities with adverse effects on individuals' mental health and the social and financial wellbeing of individuals, families, and communities. Unfortunately, their narrative was hardly talked about or understood by mainstream society.

"I was diagnosed with anxiety and was given anti-anxiety pills by my doctor, and unable to sleep at night. Due to the breach of self-exclusion from the Casino, I was referred to AFS. After seeing the counsellor, I only understood my anxiety was due to my gambling addiction, and I am feeling much better with the counsellor's help. However, back in China, I was never taught about gambling addiction. The word "addiction" often relates to drugs used only. I am well-educated and worked as a high school teacher back in China, which disappointed me. Things could have been different if I knew this was related to my gambling problem".

A mental health clinician shared another sad story with us:

"Tom sought mental health support and was diagnosed with clinical depression. He came to New Zealand to join his wife and daughter but only to find out his wife gambled away all his life saving while waiting for him in New Zealand. He told me she had lost two properties. He said I thought I came to New Zealand to enjoy my retirement and only to realise it was not the case. Tom, in the end, divorced his wife and was in and out of the mental health inpatient unit. Unfortunately, he took his life in 2012 because he couldn't bear the losses and could not see a future".

Indeed, it is critical to understand the narratives or stories of Asian and other ethnic minorities to ensure policies and decisions are aligned with their experience to uplift the persistent disadvantage experienced by those groups.

Family Harm and violent attacks

On top of that, family and physical harm equally affect Asian communities, from the latest news about bodies found in suitcases^{xxiv} and a female apprehended in Korea to other murdered cases, including Elizabeth Zhong^{xxv}, Sherine and her toddler^{xxvi}. A husband killed his wife as a punishment for not being able to have children^{xxvii}, and an abandoned 3- year-old son in Australia made news headlines with the father murdering his wife^{xxviii}. Despite the headline news that shook the Asian and other ethnic minorities, support is still minimal.

The increasingly violent attacks on Asians are equally concerning, as also seen with an Asian father being attacked outside a supermarket^{xxix}. An international student was attacked while walking home^{xxx} to some being killed^{xxxi}. Little is being done to protect Asians. Unfortunately, these examples are only the tip of the iceberg, and many incidents go unreported.

Loneliness and Social Isolation

Asians and other ethnic minorities who are migrants are also most likely to experience loneliness. The New Zealand General Social Survey (2018) found that when compared to Europeans, Asians were 1.4 times more likely to be lonely most or all the time (4.3% vs 3.0%), 1.6 times more likely to be lonely some of the time (19.2% vs 12.3%), and 1.1 times more likely to be lonely a little of the time (25.0% vs 22.8%). Those who recently migrated to New Zealand were more likely to be lonely than most other immigrants. People from China and India found it much harder to make friends even after spending three years in New Zealand. Unfortunately, one in five Chinese immigrants may have still not made any friends. Due to COVID-19, this issue was exacerbated. Asian people are in general, experiencing higher incidences of prolonged loneliness. Indian communities have the most pronounced experiences of loneliness^{xxxii}.

Unfortunately, the evidence points towards persistent disadvantages experienced by Asian and other ethnic minority people in Aotearoa, New Zealand. Our needs are still being ignored and disregarded and not being addressed in the policy and strategy in Aotearoa, New Zealand.

East Asian, South Asian, Chinese and Indian Students in Aotearoa, A Youth 19 Report from the Youth 20001 Survey Series

Asian and other ethnic minority youth also experience persistent disadvantages. According to research from the University of Auckland^{xxxiii}, Young people who are not perceived as European/Pākehā or 'white' are more likely to experience discrimination by teachers, police, and healthcare providers in Aotearoa, New Zealand.

Poverty

According to the Youth 2000² Survey Series, Indian students were more likely to report household poverty (despite similar proportions reporting one or both parents working). 16% of Indian students reported that their parents often worried about having enough money to buy food, which was higher than among European students (8%).

When asked one thing to make family life better:

"More money so they don't have to worry about not being able to pay the rent".

Indonesian female, 14 years

Being Treated Unfairly

25% of Asian students reported being treated unfairly by a teacher because of ethnicity. When asked one thing to make school life better:

"Be more accepting of the identity of people, whether that be religious beliefs, sexual orientation, etc. And teachers set an example of this acceptance rather than condoning something."

Filipino female, 17 years

Bully and Racism

10% reported being bullied in school because of their ethnicity or religion. About 50% felt unsafe in their neighbourhood.

When asking about the biggest problems for young people:

"Scared to go out and show their religion in public without getting hurt."

Sri Lankan Female, 14 years

¹ This study uses data from the Youth19 Rangatahi Smart Survey (Youth19) administered to secondary school students in Auckland, Northland and Waikato regions in New Zealand, which accounts for approximately 47% of New Zealand's high school population. Youth19 is a cross-sectional survey. The survey methodology has been reported previously.¹⁷ In brief, a sample of schools with over 50 students in Years 9–13 classes (aged 12–19 years)

"Not having to hear racism disguised as "banter" and having to put on a face to adapt and go along with it".

Pakistani female, 13 years

Family Harm

They were also more likely to report witnessing or experiencing violence at home than their European peers. For the younger population experiencing or witnessing violence, especially in their homes, there is an association with various other problems, particularly in their mental health. 13% of Indian students reported they had witnessed violence (an adult hitting or physically hurting another adult or child) in their home in the previous 12 months, which was a higher proportion than reported by European students (6%).

13% of Indian and 14% of South Asian students reported being hit or physically hurt by an adult at home in the previous 12 months, which was higher than for European students (6%). A higher proportion of South Asian females experienced violence in the home (17%) than males (10%).

Mental Health

They were also more likely to experience significant depressive symptoms and less likely to access health care compared to their European peers. Many reported significant rates of emotional and mental distress. Mental health, particularly among female students, is of significant concern for this population.

The prevalence of depressive symptoms among

- 33% East Asian females, 22% males
- 35% South Asian females, 11% males

Self-Harm

Self-harm (deliberately hurt or done something they knew might harm (but not kill) themselves) in the previous 12 months was reported by

- 23% of East Asian students (28% females and 15% males),
- 21% of South Asian students (27% females and 15% males),
- 23% of Chinese students (28% females and 14% males)
- 21% of Indian students (27% females and 15% males)

In the previous 12 months,

- 19% of Indian students had seriously thought about attempting suicide,
- 10% had made a plan about how they would attempt suicide, and
- 6% had attempted suicide

Other

Overall, 20% of Asian students reported forgone health care due to cost, lack of transportation, or simply because there was no one else to go with them.

Compared to their European peers, East Asian and Chinese students were likelier to report not having enough quality time with family and not having an adult outside the family they could trust. This was

due to many of the parents either being overseas, spending long hours at work, and without external family in New Zealand.

Inequities persisted across multiple generations for those from lower-income countries of origin. Those whose families migrated from South Asia, the Middle East, Latin America, or Africa were likely to experience deprivation even when their families had been in New Zealand for three generations or more.

Indeed, according to colonisation, racism, and the Wellbeing Final Report 2022^{xxxiv}, children identified as Pākehā were more likely to experience patterns of resources that made them most advantaged, pointing to the persistence of broader structural forces such as racism and colonialism, that contributed to population-level inequities in children's outcomes than Māori, Pasifika and Asian children. Māori, Pasifika, Asian, and children of other ethnicities were most strongly associated with being part of the disadvantaged groups (vs. the most advantaged group) than NZ European/Pākehā children.

The inbetweeners of Asian and other ethnic minorities youth

Asian and other ethnic minority youth who grow up in New Zealand might draw two distinct cultural references; one from their family and the second from the school environment, collective and individualistic worldviews. Many migrant parents from Asia and other ethnic minority groups often use a collective approach at home, which contradicts with the school's individualistic approach. The conflicting worldview, where one seeks harmony in a group setting and the other embraces individual uniqueness, can lead to confusion for many Asian and other ethnic minority young people, leading to mental health issues, including depression and anxiety. Young people with different cultural worldviews from the dominant culture are often left to negotiate those conflicting views without teachers' or parents' support. However, it can become a strength when one finds their foot and walk in both the dominant and parents' cultures. However, it can lead to marginalisation when the two worlds collide.

To address the cultural conflict, Asian Family Services produced a short documentary highlighting the challenges faced by Asian and other ethnic minority youth, "The Inbetweeners, it is okay to be in both worlds³."

Asian Family Services also believe it is critical to share early Asian settlers' history with the ethnically diverse children by acknowledging Chinese, Indian, and Korean migration history and refugees as example.

Aggregate Asian - Data Collection

To successfully measure economic inclusion and social mobility - A fair chance for all focuses on helping those experiencing persistent disadvantage. Asian Family Services believe that a more robust data collection is needed. Instead of using "Asian" as aggregated data, a disaggregated Asian group should be utilised. We will use the health data collection example to illustrate this point.

³ The Inbetweeners, it is okay to be in both worlds (Documentary) is funded by the Ministry for Ethnic Communities.
<https://www.youtube.com/watch?v=u0RVVI8d1nM&t=132s>

For example, Asians, as an aggregate group, have statistically good health outcomes compared to other major ethnic groups^{xxxv}. However, disaggregating Asian groups showed Indian population has higher rates of cardiovascular disease when compared to Pākehā. Indian population has the highest rate of diabetes in New Zealand. The 2012^{xxxvi} report also found that Indian Asians exhibited the highest standardised all-cause mortality rates, followed by the Chinese. The study also highlights further evidence of a mortality advantage (for all causes of death) for all overseas-born Asian subgroups over their New Zealand-born counterparts; however, it declines with the duration of residence in New Zealand. Further finding point to the health advantage of immigrant Asian subgroups varied depending upon subgroup ethnicity, cause of death, and duration of residence, and reinforcing the need that these groups should be treated separately.

Ethnic Categorising

Ethnicity information is typically output at either Level 1 or Level 2 in official statistics^{xxxvii}. A disadvantage is that respondents can be placed into a group they may not self-identify into if they were asked to report a single ethnic group or if they ranked their identified ethnic groups.

For example, according to the New Zealand Suicide date, if someone identified as bi-racial, a Pākehā and a Chinese person took his/her/they life, the data would only report as Pākehā instead of bi-racial. Identifying with more than one ethnicity has become increasingly common in New Zealand. It is therefore, important that the methods of categorising ethnicities used by government agencies and researchers effectively account for diverse ethnic identities.

Asian Culture vs. Māori Culture

Finally, it is also important to point out that many Asian and other ethnic minority groups share similar cultural worldviews with Māori instead of Pākehā. In 2018, the Asian New Zealand Foundation^{xxxviii} surveyed over 1400 Māori aged 15 and aimed to support an informed public conversation about Māori engagement with people of Asia background. Māori and Asia share many similar cultural worldviews. The report found over 70% of cultural connections between Asians and Māori.

The findings show that the two cultures have similarities in cultural values, such as

- Valuing elders/kaumatua (over 83%) ;
- Performing arts (over 79%) ;
- Food customs/mahinga kai (77%) ;
- Hosting guests/manaakitanga (74%) ;
- Valuing relationships/whanaungatanga (72%) ;
- The importance of maintaining mana 72%;
- The importance of whakapapa 70%; and
- Intergenerational living 70%.

Many common values are centred around the importance of family, which appears to be the foundation of a shared understanding of the importance of whakapapa and the centrality of the extended family unit. It has been established that Māori tends to be a collective orientation, emphasising the importance of obligations towards embeddedness in and interconnectedness with the whānau (extended family) and the iwi (tribe). Hence, Māori tended to identify a more significant cultural connection with Asian countries. Japan, China, the Philippines and Indonesia have the greatest cultural similarities.

Recommendation

Based on the information and research outlined above, Asian Family Services believe that it is crucial to

- **Include Asian and other ethnic minorities as a persistent disadvantaged population in Aotearoa, New Zealand.**

Asian Family Services believe the Productivity Commission must include Asian and other ethnic minority populations as the persistent disadvantaged population in the report.

We hope to see the future public management system takes into account the needs of Asian and other ethnic minorities who experience persistent disadvantage and be included in future policies, strategy and legislation and invited to participate in the making of key decision.

- **See that Public Management System Transformation must address the power imbalance experienced by Asian and other ethnic minority population**

Asian Family Services strongly urged the Productivity Commission to address the power imbalance and systemic barriers that have long been embedded in Public Management System. It is vital for New Zealand's central government to have robust and influential Asian and other ethnic minority groups in the executive position of public servants. Otherwise, Asian and other ethnic minority groups will not contribute to the central government at a higher level on an equal basis with others when the decision is made without proper consultation with Asian and other ethnic minorities.

Asian Family Services believe the public management system must continue to acknowledge and respect ethnic diversity and recognise the value it adds to Aotearoa, New Zealand. To take tangible steps to ensure Asian and other ethnic minority groups' experiences are included in all aspects of policy-making to address the persistent disadvantage experienced by these populations.

- **Disaggregate Data for Asian and other ethnic minorities**

Asian Family Services strongly urges the Productivity Commission to ensure the public management system includes and encourages public services to improve data collection systems, especially with disaggregated data in Asian and other ethnic minority populations.

- **Invest in Social and Health Services Infrastructure for Asian and other ethnic minority populations**

Asian Family Services believe by only acknowledging the persistent disadvantage experienced by Asian and other ethnic minorities, we will see a long-term commitment from the government to build an infrastructure of social and mental health services that will contribute to the growth and enhance access to cultural and linguistic responsive services. Experience has shown that services that do not treat people respectfully and acknowledge their differences (personalisation) will not be accessed early, readily, or often. The outcome is higher crime rates, poorer health on an individual level, costlier health on a systemic level and overall, wellbeing reduction.

- **Discuss on Biculturalism in Multicultural Society**

The changing population landscape in New Zealand, with the increasing diversity, is projected to increase the Asian and other ethnic minorities population in the next 30 years. Asian Family Services believe discussion on biculturalism in multiculturalism is a must. How would this look in policies,

service provisions, communities and individuals across government sectors in New Zealand? The information will help to inform the future direction of Aotearoa, New Zealand.

Further Thoughts - Questions from the Interim Report

Asian Family Services provided further views based on some of the questions from the interim report.

Q5.2. How embedded are these ways of thinking in the public management system we have today? Or do you see different assumptions embedded now?

Does "New Zealander" encompass Māori, Pacifica people, Pākehā, Asian and other ethnic minority groups? A term that has been used often yet without a proper examination. Some Asian and other ethnic minorities struggle to identify themselves as New Zealanders. Second and third-generation Asian and ethnic minorities that were born and grew up in Aotearoa New Zealand, experienced racial attacks and were told to "go back home." Consequently, they are less likely to see themselves as "New Zealanders" and instead, as outsiders.

Q6.1. What are the values and assumptions that you think are needed to shift our public management system to be better equipped to deal with persistent disadvantages?

Early vaccination records showed Asians had the highest vaccination rate among all ethnicity in 2021. The data was later disaggregated due to demand from Asian GPs who believed it was invalid due to the aggregated data. And it was found that older Asians have the lowest vaccination rates in the over-65 age group^{xxxix}.

Asian Family Services witnesses that the government consistently views Asian and other ethnic minorities as healthy, and compliance unintentionally harms those who experience persistent disadvantaged groups in this case, the over-65 Asian population.

Government biases and group thinking often contribute to believing in the status quo instead of challenging assumptions. Asian Family Services believe this has to change to provide better data, such as breaking up "Asians" into sub-groups. This is to get it done right in the first instance with minimal consequences, instead of assuming that Asian and other ethnic minorities are compliant and self-reliant.

Q6.4 How do you think the public sector should be held accountable for how it does its work and the values it upholds?

The public sector should be held accountable to ensure that Asian and other ethnic minority populations and diverse views are included when making policy decisions. The Fostering Diversity in the Public Service^{xl} from OECD recommends that understanding the needs of different societal groups are linked to delivering better public services.

The government have a social responsibility toward every member of society regardless of gender, religion, age, disability or non-disability, sexuality, or national/ethnic origin. Leaders understand that their organisations are stronger when they are more diverse. The ability to debate ideas properly because the people in the room have various experiences and views inevitably results in higher-quality policy advice^{lxli}.

Asian Family Services also wish to borrow the definition outlined in the Controller and Auditor-General website^{xiii} and to expand the Public sector accountability concepts and principles further to include

- Transparency – to ensure the decision made is one that Asian and other ethnic minorities have been consulted and engaged to include their views
- Integrity - is one that is demonstrated through the willingness to include views that are not familiar to one own cultural worldviews and ensuring the power imbalance is addressed. Includes avoiding ingroup thinking by inviting Asian and other ethnic minorities' views to challenge the status quo⁴
- Fairness - is demonstrated by ensuring everyone has a voice. It is the public management system that should provide a platform where Asian and other ethnic minorities' views can be heard and shared. Resources are provided based on equity instead of a privilege.
- Trust – believe that communities have the answers and honouring their feedback to build public sector confidence by ensuring Asian and other ethnic minorities' views are included.

Q 6.7 . What ideas do you have to increase the ability for people to be involved in governance, decision making and accountability of the public management system? What is getting in the way of making this happen?

Challenges for an Asian and other ethnic minorities to be involved in governance, decision-making, and accountability of the public management system are cultural and language barriers, along with unfamiliarity with New Zealand's democratic system.

Most Asian and other ethnic minorities do not think the New Zealand government are interested in their views. This is partially derived from their experience of the country of origin, where an authoritative-oriented government approach was commonly exercised. This should not be mistaken that they do not have views or unmet needs. However, those who participated in the policy consultation process felt empowered and had an increased sense of belonging^{xliii}.

To ensure Asian and other ethnic minority voices are included in policy changes, Asian Family Services created an Ethnic Advisory Group⁵. The ethnic advisory group had provided feedback to Census 2023 community engagement process, repealing and replacing the mental health act, He Ara Awhine, Mental Health and Wellbeing Framework.

A study by Park^{xliv} found that membership in community organisations contributes to building social capital that encourages citizens to become more engaged in the democratic process. Community organisations can play an important "educative" role in teaching citizens democratic norms, including how to interact socially and politically, as well as personal skills and resources that give individuals increased abilities and incentives to act in this process.

⁴ It is a phenomenon in which the ways of approaching problems or matters are dealt by the consensus of a group rather than by individuals acting independently. Essentially, groupthink occurs when a group makes faulty or ineffective decisions just for the sake of reaching an agreement. <https://corporatefinanceinstitute.com/resources/management/groupthink-decisions/>

⁵ The purpose of the Ethnic Advisory Group is to provide quality advice from the ethnic lived experience perspective to the health and social strategies. This includes supporting and participating in strategic projects and connecting the strategy with a broad and diverse range of ethnic consumers, families and whānau. <https://www.asianfamilyservices.nz/services/ethnic-advisory-group/>

Q6.8 Do you have any ideas about how our public accountability settings could improve accountability to future generations?

Building a platform for Asian and other ethnic minorities to engage in public policy debates in schools or their communities is essential to improving accountability to future generations.

Asian Family Services

As a response to research findings concerning the over representation of Asian New Zealanders in gambling harm experiences, the Problem Gambling Foundation (PGF) developed Asian Family Services in 1998 to meet this urgent need. Over the years PGF expanded to develop similar support for the Pacific communities. In addition to addressing gambling harm cases, Asian Family Services progressively developed into a more mental health and well-being service for North, Central and South East Asians while not losing its focus on gambling harm.

In the last year or so, the PGF "parent" body has made significant strides to set up AFS and Mapu Maia (its Pacific arm) as independent organisations under the PGF Group. AFS has now emerged with its own board and autonomy. Its vision is that "all people of Asian heritage and background lead flourishing and fulfilling lives in an equitable Aotearoa New Zealand". Our mission is to enrich individuals and family lives by providing professional, culturally tailored evidence-based services to support the wellbeing of Asians in New Zealand.

Currently, AFS is New Zealand's only service provider for people of Asian background who are affected by gambling harm. Our gambling harm minimisation services are delivered under a Te Whatu Ora (HNZ) contract and is funded from the gambling levy. The service consists of three programmes: the Asian Helpline, clinical intervention, and public health work.

Since 2017, AFS' reach into the South East Asian community (including those from Fiji) has been offered through its Asha Services and funded through a harm minimisation contract and delivered through culturally appropriate Kaupapa. AFS also offers a Nationwide Asian Helpline focussing on immediate emotional support and brief interventions telephonically as well as providing culturally appropriate information for all Asians living in New Zealand. This Helpline is offered in eight languages so people can get support from counsellors, psychologists and social workers who speak Cantonese, English, Hindi, Japanese, Korean, Mandarin, Thai, and Vietnamese. The counsellor also has the capacity to provide support and to make appropriate referrals for face-to-face psychological services as needed.

AFS' Asian Wellbeing Services (AWS) was established in 2016 to provide professional psychological interventions and tailor-made psychoeducation workshops for clients with non-gambling issues. The AWS team works with many General Practice clinics and schools to provide support services on-site. This programme has been effective in reducing the barriers Asians face in accessing psychological services.

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