



**Child and Youth
Wellbeing Strategy**

**Annual Report on
the Child and Youth Wellbeing Strategy
and Child Poverty Related Indicators**

July 2022 to June 2023

New Zealand Government
April 2024

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Minister's Foreword

As the new Minister for Child Poverty Reduction, I'm pleased to introduce the 2022/23 Annual Report for the Child and Youth Wellbeing Strategy and the Child Poverty Related Indicators (CPRIs).

This Annual Report sets out the progress towards the outcomes of the Child and Youth Wellbeing Strategy and on the CPRIs, and looks at changes in these outcomes for children and young people, from 2019/20, when the first Annual Report was produced, to 2022/23.

The report shows that while the majority of children and young people in New Zealand are doing well, and there have been improvements in some areas, not all children and young people are having the same positive experiences.

It is heartening to see that the majority of children and young people continue to do well across many outcome areas with, for example, 90% of 15-24 year olds reporting their health as being good, very good or excellent in 2022/23.

It is also encouraging to see that rates of hazardous drinking and youth offending have both fallen over the four year period, and that more young people are in education, training and employment. The percentage of young people experiencing psychological distress has also started to stabilise, after two years of large increases in rates.

The high cost of living is providing challenges for many families. We can see the impact of this in many areas of this report. The latest child poverty statistics show that child poverty rates have increased from 2021/22 to 2022/23, with the rising cost of living, driven by inflation, making it harder for families to afford the basics. And, after a period of improvement, material hardship has worsened. It is important to note that the child poverty data in this report relates to the period from July 2021 to June 2023, and so reflects the increase in cost of living that occurred over this period.

There are several areas that still need to be addressed: rates of potentially avoidable hospitalisations are up by 28% since 2019/20 and school attendance is down by 20% since 2019/20. Performance in maths has also fallen. We are also still seeing disparities in outcomes for Māori children and young people and disabled children and young people across a range of measures.

This Government has inherited some major challenges, and it's clear a new approach is needed. It is my top priority to reduce the levels of child poverty in New Zealand, including reducing the impacts of material hardship. Our Government will not consider or implement child poverty reduction strategies in silos, but will achieve reductions through a range of policies and cross portfolio collaboration.

For example, supporting parents into paid work and breaking the cycle of welfare dependency will be a key part of this Government's strategy for lifting families out of hardship and improving outcomes for our children and young people.

As well as supporting employment, there will be a need for well-targeted investments that ease cost-of-living pressures on families and build financial resilience.

We plan to lift the incomes of working households experiencing hardship by providing tax relief, easing mortgage pain, unlocking housing supply, making childcare more affordable, and lifting skills and education to provide our children with greater opportunities.

The levers to address the more specific needs of our children, young people and their families sit across multiple portfolios and have strong connections with the Government's wider priorities and work programmes. This will require a coordinated and targeted approach to ensure we use these levers effectively.

Looking ahead, I intend to take a social investment approach, to guide where to invest and what to do differently. This will include a focus on the foundational early years of a child's life, as well as a range of other key areas such as school attendance and achievement, harm reduction, improving youth mental health and reducing youth offending.

As a Minister, I am absolutely committed to reducing child poverty, tackling the challenges we're facing to improve wider outcomes for our children and young people, and to change the trajectory so all children in New Zealand can have a good start in life and better opportunities for a great life.

Hon Louise Upston

Minister for Child Poverty Reduction

Introduction and Context

Purpose of report

This report sets out the progress towards the outcomes of the Child and Youth Wellbeing Strategy (the Strategy) and the progress on the Child Poverty Related Indicators (CPRIs) for the 2022/23 financial year. It does this by reporting data on the experiences of New Zealand's children and young people¹, including disaggregated data on Māori children and young people and disabled children and young people, where available.

This report is used by government and government agencies to monitor progress towards the outcomes of the Strategy and the CPRIs.

It can also be used by a range of other groups for a variety of purposes. Children, young people and families can use this report to understand what experiences other young people are having and find out how progress towards the Strategy outcomes is going. Communities, providers and NGOs can use this report to understand what experiences children and young people are having, to inform your response in your community.

Child and Youth Wellbeing Strategy

The Children's Act 2014 requires an annual report on progress towards achieving the Strategy's six outcomes. Reporting on the outcomes demonstrates the impact of the Strategy and government work to support child and youth wellbeing. This report covers the progress between July 2022 and June 2023, where data is available.

The Strategy guides how we work together to improve the wellbeing of children and young people

The Strategy sets out a vision that *New Zealand is the best place in the world for children and young people*, and six high-level and interconnected wellbeing outcomes for all children and young people, to achieve this vision. The six outcomes are that children and young people:

Are loved, safe and nurtured	Have what they need	Are happy and healthy	Are learning and developing	Are accepted, respected and connected	Are involved and empowered
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We measure the outcomes in the Strategy with a set of indicators

The Strategy sets out 34 indicators² that help us understand progress towards achieving each of the six wellbeing outcomes for children and young people. The indicators are supported by a framework of 53 measures.

Not all measures are available or updated each year. For 2022/23 we can report on the progress for 30 out of 53 measures. The data tables in this report show the statistics for

¹ Who are aged 0 to 24 years old.

² The 2019 Strategy sets out 36 indicators. Since then we have combined and split out some indicators so we now present these as 34 indicators. The measures and data covered are the same as in the original Strategy.

each year since the first Annual Report on the Strategy, so you can see the most recent figures for the other 23 measures too.

We have included the measures for all children and young people, for Māori children and young people, and for disabled children and young people, where data is available. The outcomes data for disabled children and young people mostly comes from survey or sample sources that use a version of the Washington Group Short Set of questions to identify disability. More information on the Short Set of questions is available at <https://www.odi.govt.nz/guidance-and-resources/an-explanation-of-the-washington-group-short-set-of-questions-on-disability/>. We can show outcomes for disabled children and young people for 14 out of the 30 measures for which data is available this year.

Child Poverty Related Indicators

The Child Poverty Reduction Act 2018 requires the government to establish and report annually on a set of CPRIs that relate to the causes, consequences, and correlates of child poverty. This is the fifth year of reporting on the CPRIs.

The current set of CPRIs aims to tell us about the wider impacts of poverty on the lives of children

There are five current CPRIs:

Food Insecurity	Housing Affordability	Housing Quality	Potentially Avoidable Hospitalisations	Regular School Attendance
Percentage of children (aged 0-14 years) living in households reporting food runs out often or sometimes	Percentage of children and young people (aged 0-17 years) living in low-income households ³ spending more than 30% of their disposable income on housing	Percentage of children and young people (aged 0-17 years) living in households with a major problem with dampness or mould	Rate of potentially avoidable hospitalisations for children (aged 0-14)	Percentage of children and young people (aged 6-16 years) who are regularly attending school
<i>Measured by Ministry of Health's New Zealand Health Survey</i>	<i>Measured by Stats NZ's Household Economic Survey</i>	<i>Measured by Stats NZ's Household Economic Survey</i>	<i>Measured by Ministry of Health's National Minimum Dataset</i>	<i>Measured by Ministry of Education's Attendance Survey</i>

We use the CPRIs to examine in more detail how some broader outcomes for children are connected to poverty. The analysis of the CPRIs adds to the findings in the relevant sections of the report on the Strategy outcomes.

³ This is defined as households in the bottom 40% of household income quintiles [Quintiles 1 and 2].

Putting the 2022/2023 findings in context

2022/23 is the first year since 2020 that New Zealand hasn't experienced significant restrictions related to the COVID-19 pandemic. 2022/23 also saw changes in wider economic conditions, including increases in inflation and the cost of living. Because of this, some of the findings for 2022/23 look different to the findings we saw over 2019/20 to 2021/22, and are more similar to outcomes we saw prior to the COVID-19 pandemic. Any longer-term or delayed impacts of COVID-19 may begin to be captured from 2022/23 onwards.

Data notes

This report describes the change in the statistics since 2019/2020, the first year of reporting on the Strategy, to 2022/23. For the CPRIs, we also look at the data over a longer period of time, where data is available. In previous annual reports we have looked at the year-on-year change. However, now that we have a longer time series, comparing the most recent data with the baseline year allows us to better understand trends.

The report also notes when a change is not known. This is mostly due to the availability of data and means we can't compare over the time period to see how things have changed.

We have colour coded the data tables to demonstrate changes:

Improving	No change	Worsening	Change not known
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The report notes where a change is statistically significant. Statistical significance testing is used where data is collected from a representative sample. A change is statistically significant when statistical testing indicates the change is very likely to be a true change in the overall population being measured. 17 of the 30 measures on which we are reporting this year are based on a sample population. Measures based on a representative sample are marked "Sa". We have coded the data tables to demonstrate if a change is statistically significant:

S means a change is statistically significant	NS means a change is not statistically significant
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Having a smaller sample size means changes are less likely to be statistically significant. This means for groups of children with smaller sample sizes, such as Māori children and disabled children, changes are less likely to be statistically significant.

13 of the 30 measures are not based on a sample population, but instead are based on administrative data that covers the whole population or a specific sub-population. An "A" means the measure is from administrative data. It's not relevant to assess the statistical significance of any changes we see in administrative data. This report identifies a positive or negative change where there is an increase or decrease by **one percentage point** or more, for administrative data. The report notes that there is no change when there is no increase or decrease above one percentage point. Changes in relation to some of the measures that use administrative data are explained in the text that accompanies the data tables.

An "R" means that data for previous years has been updated since the last report (the 2021/22 Annual Report on the Strategy and the 2021/22 Report on the CPRIs), so the figure in this report is different than what was published last year.

A summary of the data labels used is outlined below:

Sa Data is from a representative sample	A Data is from administrative data	R Data has been updated since the last data reported
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Data notes on sources that are used for multiple measures are included in the Additional Data Notes section on pages 53-54. Data notes on specific measures are included with the relevant data table.

Child and Youth Wellbeing Strategy

Summary of Strategy Outcomes

We saw a variety of experiences for children and young people across the six Strategy outcomes in 2022/23

The report indicates that, on many of the measures, a majority of children and young people in New Zealand are doing well. However, not all children and young people in New Zealand are having the same positive experiences across all measures.

Looking at the changes over time, we have seen a mix of some positive progress and some areas where outcomes are worsening. We can see some positive emerging trends, with more young people making positive choices and some incidences of harm against children and young people decreasing. We have also seen worsening outcomes on some measures of child poverty and the Child Poverty Related Indicators, while there has been no change on some measures of mental health and education.

More young people are making positive choices

Youth offending has fallen for all young people and for Māori young people. Rates of hazardous drinking and smoking daily have fallen for all young people. Rates have fallen for Māori young people too, but rates are still higher than for other groups of children. However, we also saw rates of daily vaping increase significantly for all young people, with Māori and disabled young people being even more likely to vape every day than non-Māori and non-disabled young people.

We saw an increase in the year-on-year poverty rates for children on some of the poverty measures but a fall in rates in the medium term

From 2021/22 to 2022/23, there were increases in poverty rates based on the measures of material hardship and household income after housing costs have been paid. This likely reflects the current economic situation, with high inflation and increasing cost of living. The longer-term trends for child poverty, however, show a decrease in the rates of children living in poverty.

Rates of food insecurity have increased to levels similar to the pre COVID-19 period. Disparities still remain for Māori children and young people, who experience higher rates of food insecurity than non-Māori children. This is the first year we can see the rates of food insecurity for disabled children, which shows that rates are disproportionately higher for disabled children than non-disabled children. Rates of material hardship for both Māori and disabled children remain significantly higher than rates of material hardship for all children.

Measures of psychological distress remained steady, while some other measures of health worsened

Young people in New Zealand have variable experiences of mental health. The percentage of young people experiencing psychological distress has remained steady, after two years of large increases. This may indicate that the long-term trend of increases in rates of psychological distress is slowing, but we need to look at data over a longer time period to confirm this.

Potentially avoidable hospitalisations for all children and young people have increased to similar levels similar to the pre COVID-19 period (2018/19). Disparities remain for Māori

children and young people, who continue to experience higher rates of potentially avoidable hospitalisations than all children.

School attendance may be stabilising

Regular school attendance rates have been declining, with significant drops in attendance over the last few years. Attendance rates have risen in 2022/23 compared to the previous year, but it's too early to tell if attendance has stabilised. Performance in maths fell, while the number of young people in employment, education or training increased.

Outcome 1: Children and young people are loved, safe and nurtured

What this means

This outcome means that children and young people:

- feel loved and supported
- have family, whānau and homes that are loving, safe and nurturing
- are safe from unintentional harm
- are safe from intentional harm (including neglect and emotional, physical and sexual abuse), and
- spend quality time with their parents, family and whānau.

There are seven indicators to measure progress in this outcome:

1. Feeling loved
2. Family and whānau wellbeing
3. Quality time with parents
4. Feeling safe
5. Harm against children
6. Serious injuries
7. Child mortality

Some measures relating to children feeling loved and safe, family wellbeing and quality time are not available for 2022/23.

Key Findings

All children and young people

- The number of children and young people with notifications to Oranga Tamariki who were referred for further assessment or investigation has decreased by 8% since 2019/20.
- The rate of serious, non-fatal injuries for children and young people has fallen by 4% from 2019/20 to 2022/23.
- The number of child and youth deaths have fluctuated over the time period. The figure for 2021/22 is 3% lower than the 2019/20 baseline year.

Māori children and young people

- The number of Māori children and young people with notifications to Oranga Tamariki who were referred for further assessment or investigation has decreased by 10% since 2019/20.
- The rate of serious, non-fatal injuries for children and young people has risen by 3% from 2019/20 to 2022/23.
- The number of Māori child and youth deaths has also decreased between 2019/20 and 2021/22.

Disabled children and young people

- We can't report on findings for disabled children and young people for this outcome, as data is not able to be disaggregated by disability.



Image description: A toddler and adult sit outside smiling.

Outcome 1 Data table

Indicators	Measure		2019/20	2020/21	2021/22	2022/23	Change since 2019/20	Source
Feeling loved	Percentage of children and young people at school (aged 12-18 years) who feel they are loved by the people who look after or care for them (Rated 7-10 in a scale of 0-10) - Sa	All young people	Data not available	Data not available	90%	Data not available	Change not known	Youth Health and Wellbeing Survey, 'What About Me?', Ministry of Social Development
		Māori young people	Data not available	Data not available	87%	Data not available	Change not known	
		Disabled young people	Data not available	Data not available	81%	Data not available	Change not known	
Family and whānau wellbeing	Percentage of children and young people at school (aged 12-18 years) rating their families as doing well (Rated 7-10 in a scale of 0-10) - Sa	All young people	Data not available	Data not available	74%	Data not available	Change not known	Youth Health and Wellbeing Survey, 'What About Me?', Ministry of Social Development
		Māori young people	Data not available	Data not available	66%	Data not available	Change not known	
		Disabled young people	Data not available	Data not available	55%	Data not available	Change not known	
	Percentage of young people (aged 18-24 years) who rate their family as doing well (Rated 7-10 in a scale of 0-10) - Sa	All young people	83% *	82% *	81% +	Data not available	Change not known	Household Labour Force Survey Wellbeing Supplement * and General Social Survey+, Stats NZ
		Māori young people	77% *	79% *	65% +	Data not available	Change not known	
		Disabled young people	Data not available	Data not available	Data not available	Data not available	Change not known	
Quality time with parents	Percentage of children and young people at school (aged 12-18 years) who feel they get to spend enough time with the people who look after or care for them (Rated 7-10 in a scale of 0-10) - Sa	All young people	Data not available	Data not available	74%	Data not available	Change not known	Youth Health and Wellbeing Survey, 'What About Me?', Ministry of Social Development
		Māori young people	Data not available	Data not available	66%	Data not available	Change not known	
		Disabled young people	Data not available	Data not available	58%	Data not available	Change not known	
Feeling safe	Percentage of children and young people at school (aged 12-18 years) who agree they feel safe at home - Sa	All young people	Data not available	Data not available	89%	Data not available	Change not known	Youth Health and Wellbeing Survey, 'What About Me?', Ministry of Social Development
		Māori young people	Data not available	Data not available	85%	Data not available	Change not known	
		Disabled young people	Data not available	Data not available	77%	Data not available	Change not known	
Harm against children	Number of children and young people (aged 0-17 years) with notifications to Oranga Tamariki who were	All young people	34,673	35,082 R	29,298	31,991	Improving	Administrative data, Oranga Tamariki
		Māori young people	18,479	18,435	15,541	16,698	Improving	

Indicators	Measure		2019/20	2020/21	2021/22	2022/23	Change since 2019/20	Source
	referred for further assessment or investigation - A	Disabled young people	Data not available	Data not available	Data not available	Data not available	Change not known	
	Percentage of children and young people at school (aged 12-18 years) who have been hit or physically hurt in the last 12 months, or have seen others in the home being hit or physically hurt by adults in the places where they usually live - Sa	All young people	Data not available	Data not available	13%	Data not available	Change not known	Youth Health and Wellbeing Survey, 'What About Me?', Ministry of Social Development
		Māori young people	Data not available	Data not available	21%	Data not available	Change not known	
		Disabled young people	Data not available	Data not available	24%	Data not available	Change not known	
Serious injury	Rate of serious non-fatal injuries per 100,000 children and young people (aged 0-24 years) - A Calendar year	All young people	123 R (2019)	113 R (2020)	118 R (2021)	117 (2022)	Improving	Serious Injury Outcome Indicators, Stats NZ
		Māori young people	169 R (2019)	167 R (2020)	173 R (2021)	173 (2022)	Worsening	
		Disabled young people	Data not available	Data not available	Data not available	Data not available	Change not known	
Child mortality	Number of deaths (all causes) of children and young people (aged 0-24 years) - A Calendar year	All young people	773 (2019)	686 (2020)	748 (2021)	Data not available	Change not known	Mortality Web Tool, Mortality Collection, Te Whatu Ora
		Māori young people	266 (2019)	237 (2020)	261 (2021)	Data not available	Change not known	
		Disabled young people	Data not available	Data not available	Data not available	Data not available	Change not known	

Notes on data sources

- The *Percentage of young people (aged 18–24 years) who rate their family as doing well (7–10 in a scale of 0–10)* data has been sourced from both the Household Labour Force Survey Wellbeing Supplement, in 2019/2020 and 2020/2021, and General Social Survey, in 2021/22.
- Measures of ethnicity in the *Oranga Tamariki Reports of Concern* data may change over time, therefore totals for each ethnic group will change depending on the date the data was extracted. Ethnicity data for these tables reflect the most recent categories and most recent extraction date in 2022/23.
- The *Serious Injury Outcomes Indicator* data from Stats NZ for 2022/23 is provisional and is reported by calendar year. Data for 2023 is not yet available. The data is included in the corresponding financial year column, i.e. the 2022/23 data is from the 2022 calendar year.

- The *Number of deaths (all causes) of children and young people* data is reported by calendar year. Data for 2022 is not yet available. The most recent data is included in the in the corresponding financial year column, i.e. the 2021/22 data is from the 2021 calendar year.

Outcome 2: Children and young people have what they need

What this means

This outcome means that children and young people:

- have a good standard of material wellbeing
- have regular access to nutritious food
- live in stable housing that is affordable, warm and dry, and
- have parents/caregivers with the skills and support they need to access quality employment.

There are five indicators to measure progress in this outcome:

1. Child Poverty
2. Material wellbeing
3. Food Insecurity (Child Poverty Related Indicator)
4. Housing Affordability (Child Poverty Related Indicator)
5. Housing Quality (Child Poverty Related Indicator)

Information on the Food Insecurity, Housing Affordability and Housing Quality measures are included in the CPRI section on pages 36-45.

Key Findings

Child Poverty Measures

- The three primary child poverty measures are set out in the Child Poverty Reduction Act 2018. Progress on the measures is measured against a baseline year of 2017/18, rather than the Strategy reporting baseline year of 2019/20. The data table on page 17 includes data on the three child poverty measures from 2017/18 onwards, where it is available.

All children and young people

- From 2017/18 to 2022/23, we have seen reductions in the percentage of children living in poverty on two of the child poverty measures: percentage of children living in households with low incomes before housing costs (BHC measure) and percentage of children living in households with low incomes after housing costs (AHC measure).
- There has not been a statistically significant change in the material hardship measure since 2017/18. However rates of poverty on the AHC and material hardship

measures saw statistically significant increases from 2021/22 to 2022/23.

Māori children and young people

- Data on child poverty for Māori children is available from 2018/19.
- Rates of income poverty before housing costs are taken into account (BHC measure) were significantly lower for Māori children in 2022/23 compared to 2018/19.
- There were no statistically significant changes to the other two child poverty measures for Māori children from 2018/19 to 2022/23.
- There are large disparities in material hardship rates. Rates of material hardship for Māori (22%) are around double the rates for non-Māori (10%) in 2022/23.

Disabled children and young people

- Data on child poverty for disabled children is available from 2019/20.

- Rates of income poverty after housing costs are paid (AHC measure) has statistically significantly decreased for disabled children in 2022/23 compared to 2019/20. There were no statistically significant changes to the other two child poverty measures for disabled children from 2019/20 to 2022/23.
- Rates of material hardship continue to be significantly higher for disabled children (22%), compared to non-disabled children (11%) in 2022/23.

Outcome 2 Data Tables

Child Poverty measures

Indicators	Measure		2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	Change since baseline year	Source
Child Poverty	Percentage of children and young people (aged 0-17 years) living in households with less than 50% of the median equivalised disposable household income before housing costs (BHC) - Sa	All children	17%	14%	13%	13%	12% R	13%	Improving S	Official Child Poverty Measure, Stats NZ
		Māori children	Data not available	18%	16%	18%	14% R	14%	Improving S	
		Disabled children	Data not available	Data not available	16%	16%	17% R	13%	No change NS	
	Percentage of children and young people (aged 0-17 years) living in households with less than 50% of the median equivalised disposable household income after housing costs, adjusting for inflation since 2017/18 (Fixed line measure using 2017/18 as baseline year) (AHC) - Sa	All children	23%	18%	18%	15%	14% R	18%	Improving S	Official Child Poverty Measure, Stats NZ
		Māori children	Data not available	22%	20%	17%	16% R	20%	No change NS	
		Disabled children	Data not available	Data not available	22%	17%	14% R	17%	Improving S	
	Percentage of children and young people (aged 0-17 years) living in households experiencing material hardship - Sa	All children	13%	13%	12%	11%	11% R	13%	No change NS	Official Child Poverty Measure, Stats NZ
		Māori children	Data not available	23%	20%	20%	19% R	22%	No change NS	
		Disabled children	Data not available	Data not available	21%	21%	22% R	22%	No change NS	

Other measures

Indicators	Measure		2019/20	2020/21	2021/22	2022/23	Change since 2019/2020	Source
Material wellbeing	Percentage of children and young people (aged 0-17 years) living in households experiencing good material wellbeing - Sa	All children	85%	86%	87% R	83%	No change NS	Household Economic Survey, Stats NZ
		Māori children	75%	75%	78% R	73%	No change NS	
		Disabled children	75%	76%	77% R	74%	No change NS	

Indicators	Measure		2019/20	2020/21	2021/22	2022/23	Change since 2019/2020	Source
Food insecurity	Percentage of children (aged 0-14 years) living in households where food runs out sometimes or often- Sa	All children	20%	15%	14% R	21%	No change NS	NZ Health Survey, Ministry of Health
		Māori children	30%	26%	24% R	35%	No change NS	
		Disabled children (Aged 5-14 years)	Data not available	Data not available	Data not available	35%	Change not known	
Housing quality	Percentage of children and young people (aged 0-17 years) living in households with a major problem with dampness or mould- Sa	All children	7%	6%	6% R	6%	No change NS	Household Economic Survey, Stats NZ
		Māori children	11%	10%	11% R	10%	No change NS	
		Disabled children	10% R	10%	9% R	10%	No change NS	
Housing affordability	Percentage of children and young people (aged 0-17 years) living in low-income households (quintile 1-2) spending more than 30 percent of their disposable income on housing - Sa	All children	50% R	45% R	47% R	50%	No change NS	Household Economic Survey, Stats NZ
		Māori children	41% R	35% R	43% R	45%	No change NS	
		Disabled children	46% R	43%	38%	46%	No change NS	

Notes on data sources

- The “Percentage of children and young people (aged 0–17 years) living in households with less than 50% of the median equivalised disposable household income after housing costs (Fixed line measure using 2017/18 as baseline year)” measure is a fixed line measure. This means it compares the after-housing-costs household income in the current year with the median after-housing-costs income for all households in the year ended June 2018, adjusted for inflation.
- The *Housing Affordability* measure was revised for 2022/23. 2022/23 the first year that the Housing Affordability indicator focuses on children in low-income (Quintiles 1–2) households. This is different from previous years, which look at children (aged 0–17) living in all households spending more than 30% of their disposable income on housing costs.

Outcome 3: Children and young people are happy and healthy

What this means

This outcome means that children and young people:

- have the best possible health, starting before birth
- build self-esteem and resilience
- have good mental wellbeing and recover from trauma
- have spaces and opportunities to play and express themselves creatively, and
- live in healthy, sustainable environments.

There are five indicators to measure progress in this outcome:

1. Prenatal health
2. Subjective health status
3. Potentially avoidable hospitalisations (Child Poverty Related Indicator)
4. Mental wellbeing
5. Self-harm and suicide

Information on the Potentially Avoidable Hospitalisations measure is included in the CPRI section on pages 46–48. Some measures relating to prenatal health, subjective health status, wellbeing and self-harm are not available for 2022/23.

Key Findings

All children and young people

- The proportion of young people reporting their health as “good, very good or excellent” has stayed the same between 2019/20 and 2022/23.
- The percentage of young people experiencing high or very high levels of psychological distress increased by 10 percentage points between 2019/20 and 2022/23. Rates of psychological distress in 2022/23 are not statistically significantly different to 2021/22. This follows two years of large and statistically significant year-on-year increases in rates of psychological distress. This may indicate that the long term trend increase in rates of psychological distress is slowing, but we need to look at data over a longer time period to confirm this.
- Rates of death from suspected intentional self-harm for young people aged 15–24 have been variable. The rate has not changed

significantly over the previous ten year period.

Māori children and young people

- Rates of death from suspected intentional self-harm for Māori young people remained higher than for all young people.
- The changes in the percentage of Māori young people reporting their health as “good, very good or excellent” and experiencing high or very high levels of psychological distress are not statistically significant.

Disabled children and young people

- The changes in the percentage of disabled young people reporting their health as “good, very good or excellent” and experiencing high or very high levels of psychological distress are not statistically significant.
- The percentage of disabled young people reporting their health as “good, very good or excellent” is 24 percentage points lower than

the percentage of all young people in 2022/23. The percentage of disabled young people experiencing high or very high levels of psychological distress is 40 percentage points higher than the percentage of all young people in 2022/23.

- The available data for disabled children indicates they are particularly vulnerable to poor health outcomes.



Image description: A young child and adult blow bubbles.

Outcome 3 Data Table

Indicators	Measure		2019/20	2020/21	2021/22	2022/23	Change since 2019/20	Source
Prenatal health	Percentage of people registered with a Lead Maternity Carer, among all people giving birth – A	All people	93% R	94% R	94% R	Data not available	Change not known	Maternity web tool, National Maternity Collection, Te Whatu Ora
		Māori people	92% R	93% R	93% R	Data not available	Change not known	
		Disabled people	Data not available	Data not available	Data not available	Data not available	Change not known	
	Percentage of people registering with a Lead Maternity Carer in their first trimester of pregnancy, among all people registered with Lead Maternity Carers – A	All people	73% R	77% R	77% R	Data not available	Change not known	Maternity web tool, National Maternity Collection, Te Whatu Ora
		Māori people	60% R	63% R	64% R	Data not available	Change not known	
		Disabled people	Data not available	Data not available	Data not available	Data not available	Change not known	
	Percentage of people giving birth who reported their smoking status that were smoking two weeks after the birth of their child - A	All people	8% R	8% R	6% R	Data not available	Change not known	Maternity web tool, National Maternity Collection, Te Whatu Ora
		Māori people	23% R	21% R	17% R	Data not available	Change not known	
		Disabled people	Data not available	Data not available	Data not available	Data not available	Change not known	
Subjective health status	Percentage of young people (aged 15-24 years) reporting their health as good, very good, or excellent - Sa	All young people	90%	92%	91%	90%	No change NS	New Zealand Health Survey, Ministry of Health
		Māori young people	85%	91%	90% R	88%	No change NS	
		Disabled young people	49%	70%	64% R	66%	No change NS	
	Percentage of children and young people (aged 12-18 years) reporting their health as good, very good, or excellent - Sa	All young people	Data not available	Data not available	85%	Data not available	Change not known	Youth Health and Wellbeing Survey, 'What About Me?', Ministry of Social Development
		Māori young people	Data not available	Data not available	82%	Data not available	Change not known	
		Disabled young people	Data not available	Data not available	70%	Data not available	Change not known	
Potentially avoidable hospitalisations	Rate of potentially avoidable hospitalisations per 1000 children	All children	49 R	49 R	48 R	62 R	Worsening	National Minimum Dataset, Ministry of Health
		Māori children	57 R	54 R	56 R	69 R	Worsening	

Indicators	Measure		2019/20	2020/21	2021/22	2022/23	Change since 2019/20	Source
	(aged 0-14 years) - A	Disabled children	Data not available	Data not available	Data not available	Data not available	Change not known	
Mental wellbeing	Percentage of children and young people (aged 12-18 years) who experienced high or very high levels of psychological distress in the last four weeks (K6) - Sa	All young people	Data not available	Data not available	28%	Data not available	Change not known	Youth Health and Wellbeing Survey, 'What About Me?', Ministry of Social Development
		Māori young people	Data not available	Data not available	36%	Data not available	Change not known	
		Disabled young people	Data not available	Data not available	56%	Data not available	Change not known	
	Percentage of young people (aged 15-24 years) who experienced high or very high levels of psychological distress in the last four weeks (K10) - Sa	All young people	11%	19%	23% R	21%	Worsening S	New Zealand Health Survey, Ministry of Health
		Māori young people	14%	26%	26%	18%	No change NS	
		Disabled young people	52%	52%	69% R	61%	No change NS	
Self Harm and Suicide	Percentage of children and young people at school (aged 12-18 years) who in the last 12 months have deliberately hurt themselves - Sa	All young people	Data not available	Data not available	34%	Data not available	Change not known	Youth Health and Wellbeing Survey, 'What About Me?', Ministry of Social Development
		Māori young people	Data not available	Data not available	43%	Data not available	Change not known	
		Disabled young people	Data not available	Data not available	59%	Data not available	Change not known	
	Percentage of children and young people at school (aged 12-18 years) that in the last 12 months have seriously thought about killing themselves - Sa	All young people	Data not available	Data not available	26%	Data not available	Change not known	Youth Health and Wellbeing Survey, 'What About Me?', Ministry of Social Development
		Māori young people	Data not available	Data not available	38%	Data not available	Change not known	
		Disabled young people	Data not available	Data not available	49%	Data not available	Change not known	
	Percentage of children and young people at school (aged 12-18 years) who in the last 12 months have attempted suicide - Sa	All young people	Data not available	Data not available	12%	Data not available	Change not known	Youth Health and Wellbeing Survey, 'What About Me?', Ministry of Social Development
		Māori young people	Data not available	Data not available	20%	Data not available	Change not known	
		Disabled young people	Data not available	Data not available	26%	Data not available	Change not known	
	Rate of deaths from suspected intentional self-harm per 100,000 young people (aged 15-24 years) - A	All young people	18	17	17	16	No change	Te Whatu Ora, the Coroner's Court and Ministry of Justice Coronial Services unit
		Māori young people	28	22	32 R	21	No change	
		Disabled young people	Data not available	Data not available	Data not available	Data not available	Change no known	

Notes on data sources

- National Maternity Collection data for 2022/23 is not yet available. Updated results for these measures will be published on the Maternity Webtool (<https://tewhatauora.shinyapps.io/report-on-maternity-web-tool/>) as they become available. The data uses prioritised ethnicity, at the time of delivery.
- The denominator for the *Percentage of people giving birth who reported their smoking status that were smoking two weeks after the birth of their child* measure does not include people who did not report their smoking status.
- The statistics on the *Rates of deaths from suspected intentional self-harm* can fluctuate significantly from year to year. This is due to small counts, especially in smaller population groups. The statistics based on these numbers should be interpreted with caution. Understanding trends in rates is only possible over long periods of time (5–10 years, or even longer for small population groups). The 2019/20 financial year was an unusually high outlier year in the number of deaths from suspected intentional self-harm. Looking at only a four-year period from 2019/20 to 2022/23, rates seem to be improving. However, looking over a longer ten-year period does not show improvement in the rate.

Outcome 4: Children and young people are learning and developing

What this means

This outcome means that children and young people:

- are positively engaged with, progressing and achieving in education
- develop the social, emotional and communication skills they need as they progress through life
- have the knowledge, skills and encouragement to achieve their potential and enable choices around further education, volunteering, employment, and entrepreneurship, and
- can successfully navigate life's transitions.

There are six indicators to measure progress in this outcome:

1. Early learning participation
2. Regular school attendance (Child Poverty Related Indicator)
3. Literacy, numeracy and science skills
4. Socio-emotional skills
5. Self-management skills
6. Participation in employment, education and training

Information on the Regular School Attendance measure is included in the CPRI section on pages 49–51. Data relating to socio-emotional and self-management skills is not available for 2022/23.

Key Findings

All children and young people

- Participation intensity in early learning for three-year olds decreased by 7 percentage points over the four-year period. Rates have been similar since 2020/21.
- Participation intensity in early learning for four-year-olds decreased by 10 percentage points from 2019/20 to 2022/23. Rates have been similar since 2020/21.
- Performance in maths as part of the PISA assessment for 15-year-olds fell for all children and young people between 2018 and 2022. Performance in reading and science did not change significantly.
- More young people, 89%, are participating in education, training or employment than in 2019/20 (88%).

Māori children and young people

- Participation in early learning for Māori three-year olds decreased by 10% (6 percentage points) over the four-year period. Rates have been similar since 2020/21.
- Participation in early learning for Māori four-year-olds decreased by 10% (7 percentage points) from 2019/20 to 2022/23. Rates have been similar since 2020/21.
- Performance in the reading and science part of the PISA assessment did not change significantly for Māori learners between 2018 and 2022, but performance in maths significantly declined in this period.
- About the same proportion of Māori young people, 81%, are participating in education, training or employment as in 2019/20.

Disabled children and young people

- We can't report on many findings for disabled children and young people for this outcome, as the data is not available.
- There's been no statistically significant change in the proportion of disabled young people in education, training or employment since June 2022.



Image description: A young child gets a piggy-back ride outside on a field.

Outcome 4 Data Table

Indicators	Measure		2019/20	2020/21	2021/22	2022/23	Change since 2019/20	Source
Early learning participation	Percentage of 3-year-old children attending early childhood education for 10 or more hours a week on average – A	All children	74%	68%	67%	67%	Worsening	Early Learning Information (ELI), Ministry of Education
		Māori children	62%	57%	55%	56%	Worsening	
		Disabled children	Data not available	Data not available	Data not available	Data not available	Change not known	
	Percentage of 4-year-old children attending early childhood education for 10 or more hours a week on average – A	All children	84%	76%	74%	74%	Worsening	Early Learning Information (ELI), Ministry of Education
		Māori children	68%	62%	62%	61%	Worsening	
		Disabled children	Data not available	Data not available	Data not available	Data not available	Change not known	
Regular school attendance	Percentage of children and young people aged 5-18+ years who are regularly attending school – A	All young people	65%	61%	40%	48%	Worsening	School Attendance Survey, Ministry of Education
		Māori young people	48%	45%	27%	34%	Worsening	
		Disabled young people	Data not available	Data not available	Data not available	Data not available	Change not known	
Literacy numeracy and science skills	Percentage of 15-year-old students meeting the level 2 benchmark for reading – Sa	All young people	81% (2018)	Data not available	Data not available	79% (2022)	No change NS	Programme for International Student Assessment (PISA) and New Zealand PISA database, OECD and Ministry of Education
		Māori young people	70% (2018)	Data not available	Data not available	68% (2022)	No change NS	
		Disabled young people	Data not available	Data not available	Data not available	Data not available	Change not known	
	Percentage of 15-year-old students meeting the level 2 benchmark for maths – Sa	All young people	78% (2018)	Data not available	Data not available	71% (2022)	Worsening S	Programme for International Student Assessment (PISA) and New Zealand PISA database, OECD and Ministry of Education
		Māori young people	63% (2018)	Data not available	Data not available	52% (2022)	Worsening S	
		Disabled young people	Data not available	Data not available	Data not available	Data not available	Change not known	
	Percentage of 15-year-old students meeting the level 2 benchmark for science – Sa	All young people	82% (2018)	Data not available	Data not available	80% (2022)	No change NS	Programme for International Student Assessment (PISA) and New Zealand PISA database, OECD and Ministry of Education
		Māori young people	70% (2018)	Data not available	Data not available	66% (2022)	No change NS	
		Disabled young people	Data not available	Data not available	Data not available	Data not available	Change not known	
Socio-emotional		All children	Data not available	Data not available	Data not available	Data not available	Change not known	Youth Health and Wellbeing Survey, 'What

Indicators	Measure		2019/20	2020/21	2021/22	2022/23	Change since 2019/20	Source
		Māori children	Data not available	Data not available	Data not available	Data not available	Change not known	About Me?, Ministry of Social Development
		Disabled children	Data not available	Data not available	Data not available	Data not available	Change not known	
Self-management skills		All children	Data not available	Data not available	Data not available	Data not available	Change not known	Youth Health and Wellbeing Survey, 'What About Me?', Ministry of Social Development
		Māori children	Data not available	Data not available	Data not available	Data not available	Change not known	
		Disabled children	Data not available	Data not available	Data not available	Data not available	Change not known	
Participation in employment, education and training	Percentage of young people aged 15 to 24 years who are participating in employment, education, or training - Sa	All young people	88%	87%	88%	89%	Improving S	Household Labour Force Survey, Stats NZ
		Māori young people	81%	81%	80%	81%	No change NS	
		Disabled young people	51%	61%	68%	56%	No change NS	

Notes on data sources

- Regular attendance refers to the percentage of half-days students were present in the requested time period. For example, students counted under "Attending Regularly" means >90% of a student's half-days within the requested time period were marked as "Present". Data was based on Term 2 attendance collection. Due to the unusual circumstances of the COVID-19 Pandemic in 2020, the data for 2019/2020 only covers the last 7 weeks of Term 2 2020 when students physically attended schools (18 May 2020 to 3 July 2020) and counts students who were enrolled for a minimum of one half-day. Note that students who were enrolled one or more half-days have been included in year 2020 data; in all other years, 30 half-days minimum enrolment is used.
- PISA (Programme for International Student Assessment) aims to evaluate education systems worldwide by testing the skills and knowledge of 15-year-old students in participating countries/economies. PISA 2022 is the eighth cycle of this OECD research programme which began in 2000. While typically PISA is on a three-yearly cycle, due to the COVID-19 pandemic, PISA 2021 was postponed to 2022.
- Participation in employment, education and training* data for all young people and Māori young people is based on annual averages for the year ended June quarters. Due to annual averages covering a full year, this includes seasonal highs and lows and is less likely to vary quarter on quarter. In addition to this, the larger sample size results in slightly smaller sample errors, increasing the likelihood we can identify genuine changes in small groups over time. Participation in employment, education and training data for disabled young people is quarterly, as the disability supplement is only run in June quarters.
- An indicator is under development, based on the methodology of the OECD's Survey of Social and Emotional Skills (SSES) 101 and using data captured through the What About Me? Survey.

Outcome 5: Children and young people are accepted, respected and connected

What this means

This outcome means that children and young people:

- feel manaakitanga: kindness, respect and care for others
- feel accepted, respected and valued at home, school, in the community and online
- live free from racism and discrimination
- live free from bullying
- have stable and healthy relationships
- are connected to their culture, beliefs and identity, including whakapapa and tūrangawaewae, and
- are connected to their languages.

There are seven indicators to measure progress in this outcome:

1. Ability to be themselves
2. Sense of belonging
3. Social support
4. Support for cultural identities
5. Languages
6. Experiences of discrimination
7. Experiences of bullying

Data relating to the measures on this outcome comes from the Youth Health and Wellbeing Survey, and the Household Labour Force Survey Wellbeing Supplement and General Social Survey. These have not been conducted for 2022/23, so updated data is not available.



Image description: A child and adult sit outside in a playground.

Outcome 5 Data Table

Indicators	Measure		2019/20	2020/21	2021/22	2022/23	Change since 2019/20	Source
Ability to be themselves	Percentage of children and young people at school (aged 12-18 years) who agree that it is easy for them to express their identity (Rated 7-10 in a scale of 0-10) - Sa	All young people	Data not available	Data not available	67%	Data not available	Change not known	Youth Health and Wellbeing Survey, 'What About Me?', Ministry of Social Development
		Māori young people	Data not available	Data not available	64%	Data not available	Change not known	
		Disabled young people	Data not available	Data not available	51%	Data not available	Change not known	
Sense of belonging	Percentage of children and young people at school (aged 12-18 years) who feel a sense of belonging to Aotearoa/New Zealand as a whole (Rated 7-10 in a scale of 0-10) - Sa	All young people	Data not available	Data not available	78%	Data not available	Change not known	Youth Health and Wellbeing Survey, 'What About Me?', Ministry of Social Development
		Māori young people	Data not available	Data not available	83%	Data not available	Change not known	
		Disabled young people	Data not available	Data not available	68%	Data not available	Change not known	
Social support	Percentage of children and young people at school (aged 12-18 years) who say they have an adult they could turn to if they were going through a difficult time and needed help (Rated 7-10 in a scale of 0-10) - Sa	All young people	Data not available	Data not available	85%	Data not available	Change not known	Youth Health and Wellbeing Survey, 'What About Me?', Ministry of Social Development
		Māori young people	Data not available	Data not available	83%	Data not available	Change not known	
		Disabled young people	Data not available	Data not available	76%	Data not available	Change not known	
Support for cultural identities	Percentage of children and young people at school (aged 12-18 years) who have someone they can ask about their culture, whakapapa or ethnic group - Sa	All young people	Data not available	Data not available	73%	Data not available	Change not known	Youth Health and Wellbeing Survey, 'What About Me?', Ministry of Social Development
		Māori young people	Data not available	Data not available	86%	Data not available	Change not known	
		Disabled young people	Data not available	Data not available	64%	Data not available	Change not known	
Languages	Percentage of children and young people at school (aged 12-18 years) who in everyday conversation speak a second and/or third language - Sa	All young people	Data not available	Data not available	26%	Data not available	Change not known	Youth Health and Wellbeing Survey, 'What About Me?', Ministry of Social Development
		Māori young people	Data not available	Data not available	36%	Data not available	Change not known	
		Disabled young people	Data not available	Data not available	27%	Data not available	Change not known	
Experiences of discrimination	Percentage of young people (aged 18-24 years) who report experiencing discrimination in the last 12 months - Sa	All young people	20% *	18% *	24% +	Data not available	Change not known	Household Labour Force Survey Wellbeing Supplement * and General Social Survey+, Stats NZ
		Māori young people	29% *	32% *	28% +	Data not available	Change not known	
		Disabled young people	Data not available	Data not available	Data not available	Data not available	Change not known	
		Percentage of children and young people at school (aged 12-18	All young people	Data not available	Data not available	25%	Data not available	Change not known

Indicators	Measure		2019/20	2020/21	2021/22	2022/23	Change since 2019/20	Source
	years) who report experiencing discrimination in the last 12 months - Sa	Māori young people	Data not available	Data not available	32%	Data not available	Change not known	Ministry of Social Development
		Disabled young people	Data not available	Data not available	Data not available	Data not available	Change not known	
Experiences of bullying	Percentage of children and young people at school (aged 12-18 years) who experienced bullying in the last 12 months - Sa	All young people	Data not available	Data not available	37%	Data not available	Change not known	Youth Health and Wellbeing Survey, 'What About Me?', Ministry of Social Development
		Māori young people	Data not available	Data not available	40%	Data not available	Change not known	
		Disabled young people	Data not available	Data not available	50%	Data not available	Change not known	

Outcome 6: Children and young people are involved and empowered

What this means

This outcome means that children and young people:

- contribute positively at home, at school and in their communities
- exercise kaitiakitanga: care of the land and connection to nature
- have their voices, perspectives, and opinions listened to and taken into account
- are supported to exercise increasing autonomy as they age, and to be responsible citizens, and
- are supported to make healthy choices around relationships, sexual health, alcohol, tobacco and other drugs.

There are four indicators to measure progress in this outcome:

1. Community involvement
2. Representation of young people's voices
3. Making positive choices
4. Criminal offending

Some measures relating to community involvement and representation of young people's voices are not available for 2022/23.

Key Findings

All children and young people

- The number of young people enrolled to vote decreased by 5% from 2019/20 to 2022/23. However, the estimated eligible youth population has fallen 9% from 2019/20 to 2022/23.
- The percentage of young people who are hazardous drinkers fell by 9 percentage points from 2019/20 to 2022/23. This is a statistically significant change.
- The percentage of young people smoking cigarettes daily fell by 7 percentage points from 2019/20 to 2022/23. This is a statistically significant change.
- The percentage of young people vaping every day increased by 18 percentage points. This is a statistically significant change. The percentage of young people vaping every day has been trending upwards each year since 2019/20.

- The percentage of young people who have used cannabis in the last 12 months was 27% in 2019/20 and 24% in 2022/23. This is not a statistically significant change.
- Offending rates fell by 11% for all children and young people from 180 per 10,000 in 2019/20 to 160 per 10,000 in 2022/23. Rates increased from 2021/22 to 2022/23.

Māori children and young people

- The number of Māori young people enrolled to vote decreased by 3% from 2019/20 to 2022/23. We do not have information on how the estimated eligible Māori youth population has changed over this time period.
- The percentage of Māori young people who are hazardous drinkers showed a statistically significant reduction of 12 percentage points from 2019/20 to 2022/23.

- The percentage of Māori young people smoking cigarettes daily fell by 13 percentage points from 2019/20 to 2022/23. This is a statistically significant change. The rates of Māori young people who smoke daily is approximately three times higher than the rate for all young people.
- The percentage of Māori young people vaping every day increased by 30 percentage points from 2020/19 to 2022/23. This is a statistically significant change. The percentage of Māori young people vaping every day has been trending upwards each year since 2019/20.
- The percentage of Māori young people who have used cannabis in the last 12 months in 2019/20 was 36% and 33% in 2022/23. This is not a statistically significant change.
- Offending rates fell by 11% for Māori children and young people from 387 per 10,000 in 2019/20 to 343 per 10,000 in 2022/23. Rates rose by 9% from 2021/22 to 2022/23.

Disabled children and young people are:

- The percentage of disabled young people who are hazardous drinkers is 19%. This is similar to the rate for all young people.
- The percentage of disabled young people who are smoking cigarettes daily is 3%. This is similar to the rate for all young people.
- The percentage of disabled young people vaping every day is high at 35%. This is 13 percentage points higher than for all children and young people (22%) and comparable to the rates of Māori young people who vape every day (36%).
- The percentage of disabled young people who have used cannabis in the last 12 months is 44%. This is nearly twice the rate of all young people.
- Data on offending rates for disabled children and young people is not available.



Image description: A toddler and adult play inside a family home.

Outcome 6 Data Table

Indicators	Measure		2019/20	2020/21	2021/22	2022/23	Change since 2019/20	Source
Community involvement	Percentage of children and young people at school (aged 12-18 years) who report helping others in the neighbourhood or community- Sa	All young people	Data not available	Data not available	47%	Data not available	Change not known	Youth Health and Wellbeing Survey, 'What About Me?', Ministry of Social Development
		Māori young people	Data not available	Data not available	50%	Data not available	Change not known	
		Disabled young people	Data not available	Data not available	44%	Data not available	Change not known	
Representation of young people's voices	Number of young people (aged 18-24 years) enrolled in the New Zealand General Election - A	All young people	281,473	327,340	304,239	266,299	Worsening	Electoral Commission
		Māori young people	60,851	74,040	69,692	59,147	Worsening	
		Disabled young people	Data not available	Data not available	Data not available	Data not available	Change not known	
	Percentage of enrolled young people (aged 18-24 years) voting in the New Zealand General Election – A	All young people	NA	78% (2020)	NA	NA	Change not known	Electoral Commission
		Māori young people	NA	70% (2020)	NA	NA	Change not known	
		Disabled young people	Data not available	Data not available	Data not available	Data not available	Change not known	
	Percentage of young people reporting holding trust in parliament (aged 18-24 years - Sa	All young people	66% *	62% *	39% +	Data not available	Change not known	Household Labour Force Survey Wellbeing Supplement * and General Social Survey+, Stats NZ
		Māori young people	53% *	52% *	29% +	Data not available	Change not known	
		Disabled young people	Data not available	Data not available	Data not available	Data not available	Change not known	
	Percentage of young people in the public service - Sa	All young people	Data not available	Data not available	Data not available	Data not available	Change not known	
		Māori young people	Data not available	Data not available	Data not available	Data not available	Change not known	
		Disabled young people	Data not available	Data not available	Data not available	Data not available	Change not known	
Making positive choices	Percentage of young people aged 15-24 years who are hazardous drinkers - Sa	All young people	27%	27%	24%	18%	Improving S	New Zealand Health Survey, Ministry of Health
		Māori young people	36%	40%	38% R	24%	Improving S	
		Disabled young people	20% E	34%	30% E	19% E	No change NS	
	Percentage of young people aged 15-24 years who smoke daily - Sa	All young people	10%	6%	7% R	3%	Improving S	New Zealand Health Survey, Ministry of Health
		Māori young people	22%	13%	14% R	9%	Improving S	

Indicators	Measure		2019/20	2020/21	2021/22	2022/23	Change since 2019/20	Source	
		Disabled young people	21%	11% E	16% E	3% E	Improving S		
	Percentage of young people aged 15-24 years who use e-cigarettes daily - Sa	All young people	4%	12%	19%	22%	Worsening S	New Zealand Health Survey, Ministry of Health	
		Māori young people	6%	15%	28%	36%	Worsening S		
		Disabled young people	12% E	24%	42% R	35%	Worsening S		
	Percentage of young people aged 15-24 years who have used cannabis in the last 12 months - Sa	All young people	27%	30%	29% R	24%	No change NS	New Zealand Health Survey, Ministry of Health	
		Māori young people	36%	43%	39% R	33%	No change NS		
		Disabled young people	41%	43%	47%	44%	No change NS		
	Criminal offending	Offending rates per 10,000 children and young people aged 10-17 years - A	All young people	180 R	163 R	144 R	160	Improving	Youth Justice Indicators, Ministry of Justice
			Māori young people	387 R	350 R	315 R	343	Improving	
			Disabled young people	Data not available	Data not available	Data not available	Data not available	Change not known	

Notes on data sources

- There is a break in the series between 2019/20 and 2020/21 in the New Zealand Health Survey on the measure on *cannabis use* due to a change in the questions. In 2020/21, the question and drug categories were updated to align with the Alcohol, Smoking and Substance Involvement Screening Test (ASSIST). This included capturing drug use other than as prescribed, such as to get high, or taken more frequently or at a higher dose than specified.
- *Hazardous drinking* data is measured using the 10-question Alcohol Use Disorders Identification Test (AUDIT) developed by the World Health Organization (Babor et al 2001). The AUDIT is a 10-item questionnaire that covers three aspects of alcohol use: alcohol consumption, dependence and adverse consequences. Hazardous drinkers are those who obtain an AUDIT score of 8 or more, representing an established pattern of drinking that carries a high risk of future damage to physical or mental health.
- Some data from the New Zealand Health Survey should be interpreted with caution as the relative sampling error, the size of the sampling error relative to the result, is over 30%. This is marked with an E.
- *Average daily enrolment to vote in the New Zealand General Election* data is measured over the fiscal year. Elections were held in one of the years covered by the annual reporting period: 2020/21.
- *Offending rates* data are provisional. Final data is expected to be released in May 2024 and will be available on <https://www.justice.govt.nz/justice-sector-policy/research-data/justice-statistics/youth-justice-indicators/>. Offending rates

for Māori and Pacific children and young people measure the proportion who offend relative to the population without adjusting for unknown ethnicities (unadjusted offending rates).

Child Poverty Related Indicators (CPRIs)

Summary of CPRI Findings

CPRI	Key findings for 2022/23	Change from 2019/20 to 2022/23	Indicative long term change
Food Insecurity	<ul style="list-style-type: none"> 21% of children aged 0-14 years (~206,000) children lived in households experiencing food insecurity. 35% of Māori children aged 0-14 years lived in households experiencing food insecurity. 35% of disabled children aged 5-14 years olds living in households experiencing food insecurity. 	No change	No change
Housing Affordability	<ul style="list-style-type: none"> 50% of children (aged 0-17 years) lived in households in the bottom 40% of the income distribution in unaffordable housing, where they spent more than 30% of their income on housing. 45% of Māori children lived in unaffordable housing. 46% of disabled children lived in unaffordable housing. 	No change	No change
Housing Quality	<ul style="list-style-type: none"> 6% of children (aged 0-17 years) lived in households with a major problem with dampness or mould, which is considered poor quality housing. 10% of Māori children lived in poor quality housing. 10% of disabled children lived in poor quality housing. 	No change	No change
Potentially Avoidable Hospitalisations	<ul style="list-style-type: none"> Rates of potentially avoidable hospitalisations are 62 per 1000 children. Rates of potentially avoidable hospitalisations are 69 per 1000 Māori children. Rates are not available for disabled children. 	Worsened	Returning to pre-pandemic levels
Regular School Attendance	<ul style="list-style-type: none"> 48% of children attended school regularly. 34% of Māori children attended school regularly. Rates are not available for disabled children. 	Worsened	Worsening

Food Insecurity

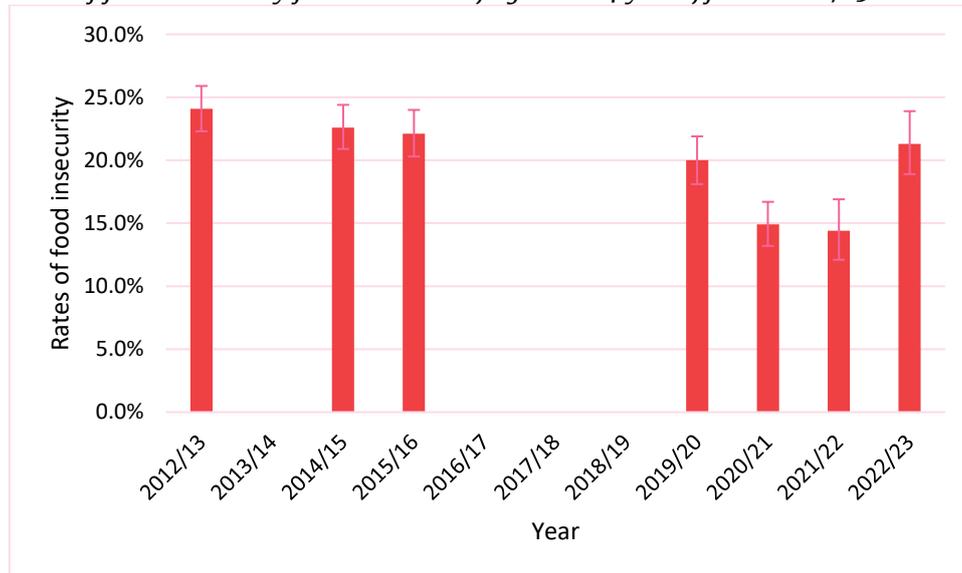
The following analysis adds to the data on Outcome 2 on pages 15-18.

Food insecurity means not having reliable access to sufficient safe and nutritious food to lead a healthy and productive life. The CPRI for food insecurity is the percentage of children (aged 0-14 years)⁴ living in households reporting that food runs out “often” or “sometimes” in the past year.

In 2022/23, 21% of children aged 0-14 years (~206,000) lived in households experiencing food insecurity

This was not a statistically significant reduction, compared to rates in 2019/20. However there have been statistically significant changes in the rates of food insecurity between 2019/20 and 2020/21 and between 2021/22 and 2022/23. In 2021/22 we saw rates of food insecurity drop to 14%, nearly 6 percentage points lower than 2019/20. The rates in 2022/23 are now returning to pre-pandemic levels.

Figure 1: Rates of food insecurity for all children, aged 0-14 years, from 2012/13 to 2022/23⁵



Rates of food insecurity are higher for Māori children

In 2022/23, one in three Māori children (35%) were living in households where food ran out often or sometimes in the year. This is a statistically significant increase from the 2021/22 rate of 24%.

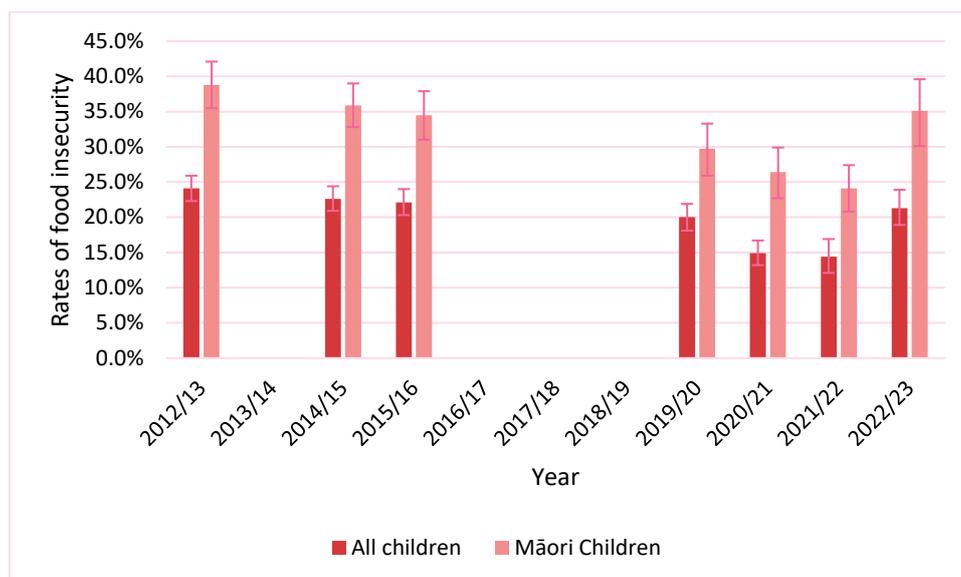
After adjusting for age and gender, Māori children are 2.2 times more likely to experience food insecurity than non-Māori children.

Rates for Māori children have followed a similar pattern as rates for all children, where there has been no change in rates from 2019/20 to 2022/23, but there has been an increase in rates from 2021/22 to 2022/23. Rates in 2022/23 are now higher than before the pandemic.

⁴ The New Zealand Health Survey looks at a different age range for disabled children and young people (5-14 years), from that for all children and young people (0-14 years).

⁵ Data is not available for 2013/14 and from 2016/17 to 2018/19 as the question was not included in the New Zealand Health Survey every year, prior to 2019/20.

Figure 2: Rates of food insecurity for all children and Māori children from 2012/13 to 2022/23⁶



Rates of food insecurity are high for disabled children

The New Zealand Health Survey looks at a different age range for disabled children and young people (5-14 years) from that for all children and young people (0-14 years).

Rates of food insecurity amongst disabled children were the same as for Māori children (35%) in 2022/23. This is the first year we can measure rates for disabled children so we don't have enough data yet to understand how this has changed over time.

After adjusting for age and gender, disabled children are 1.8 times more likely to experience food insecurity than non-disabled children.

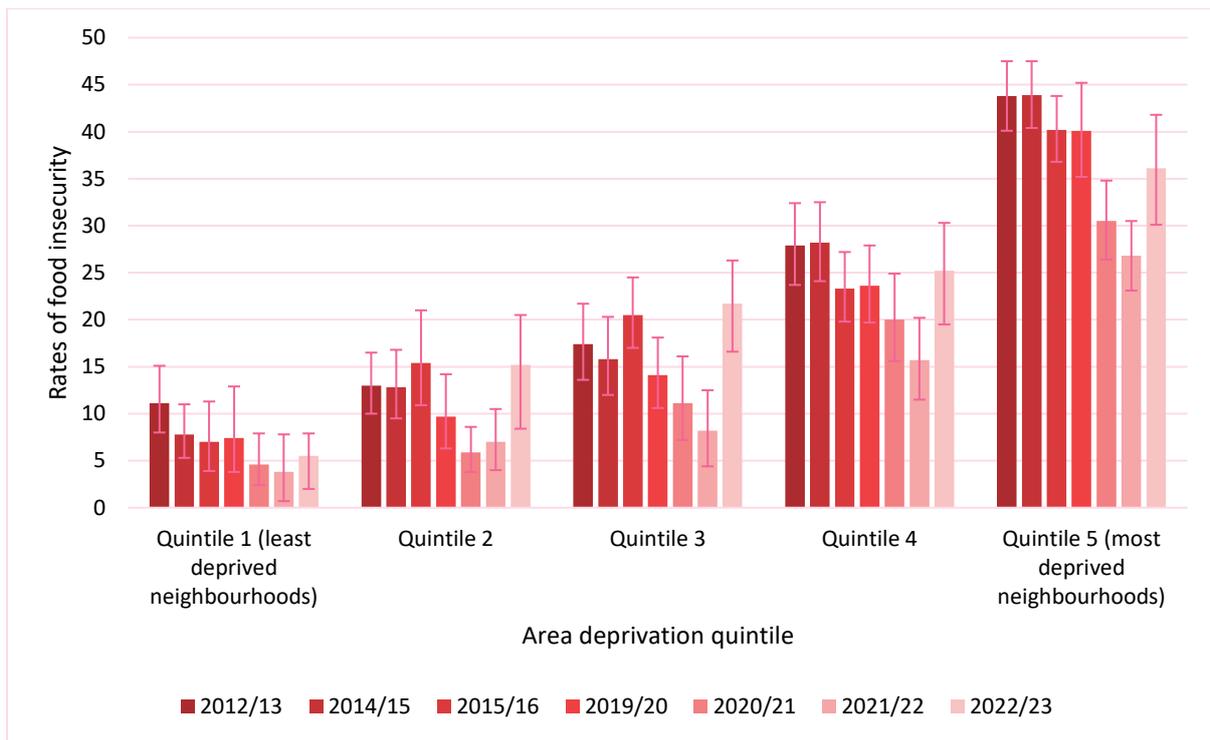
Rates of food insecurity look different across different levels of area deprivation

In 2022/23, 36% of children living in the most deprived areas (New Zealand Deprivation Index Quintile 5) experienced food running out “often” or “sometimes”, compared to 6% of children in the least deprived areas (New Zealand Deprivation Index Quintile 1). The largest change in the experience of food insecurity in 2022/23 was for children in New Zealand Deprivation Index Quintile 3, with 22% of children in Quintile 3 experiencing this in 2022/23, compared to 14% in 2019/20.

Children in the most deprived quintile (Quintile 5) are 3.4 times more likely to experience food insecurity than those in the least deprived quintile (Quintile 1), after adjusting for age, gender and ethnicity.

⁶ Data is not available for 2013/14 and from 2016/17 to 2018/19 as the question was not included in the New Zealand Health Survey every year, prior to 2019/20.

Figure 3: Rates of food insecurity from 2012/13 to 2022/23 by neighbourhood deprivation⁷



The data on food insecurity aligns with insights from other sources

PISA 2022 introduced a new measure on food insecurity- asking if students have had to skip one or more meals a week in the month prior to PISA because they did not have enough money to buy food.

In PISA 2022, the following question was included in the student questionnaire: “In the past 30 days, how often did you not eat because there was not enough money to buy food?” Response categories were: “Never or almost never”, “About once a week”, “2 to 3 times a week”, “4 to 5 times a week”, and “Every day or almost every day”.

14% of the New Zealand learners sampled reported food insecurity- not eating at least once a week because there was not enough money to buy food. This was above the OECD average of **8%** of learners sampled.

⁷ Data is not available for 2013/14 and from 2016/17 to 2018/19 as the question was not included in the New Zealand Health Survey every year, prior to 2019/20.

Housing Affordability

The following analysis adds to the data on Outcome 2 on pages 15-18.

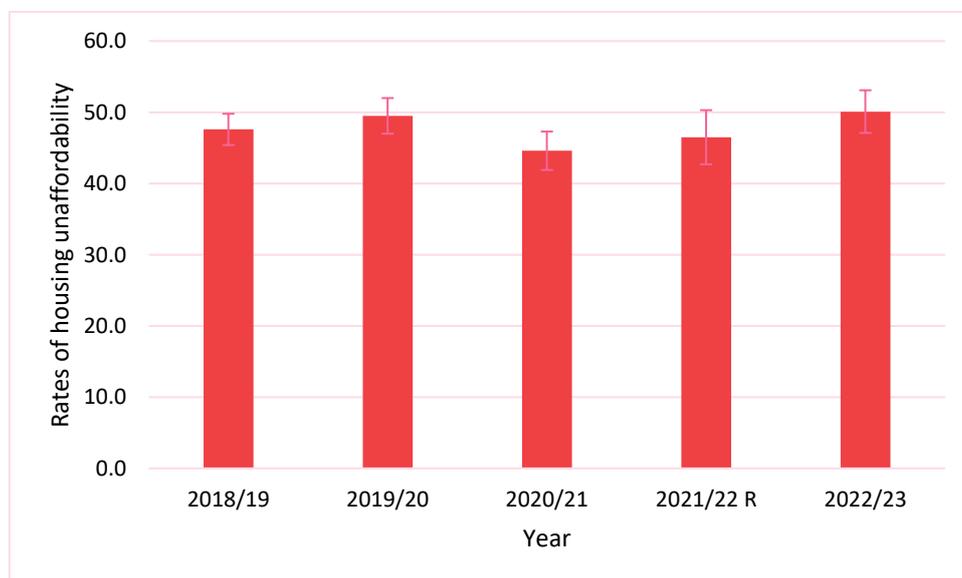
The Housing Affordability CPRI looks at the percentage of children living in low-income households that spent more than 30% of their income on housing.

This is the first year that the Housing Affordability indicator focuses on children in low-income households (Income Quintiles 1-2), instead of children in all households. Children living in households in Income Quintiles 1 and 2 are children in households living in the bottom 40% of income distribution. This change was a key recommendation of the statutory review of the CPRI completed in 2022. This change addresses a key limitation of the original housing affordability CPRI: that it included households on high incomes for whom spending 30% (or even 40 or 50%) of disposable income on housing was very unlikely to place that household under significant financial stress.

In 2022/23, 50% of children (aged 0-17 years) lived in low-income households that spent more than 30% of their income on housing

The 2021/22 proportion was 47%. The differences in the percentage of children living in low-income households with poor housing affordability between 2021/22 and 2022/23 and 2019/20 and 2022/23 are not statistically significant, and does not indicate that there has been an actual change in the percentage of children living in low-income households with poor housing affordability.

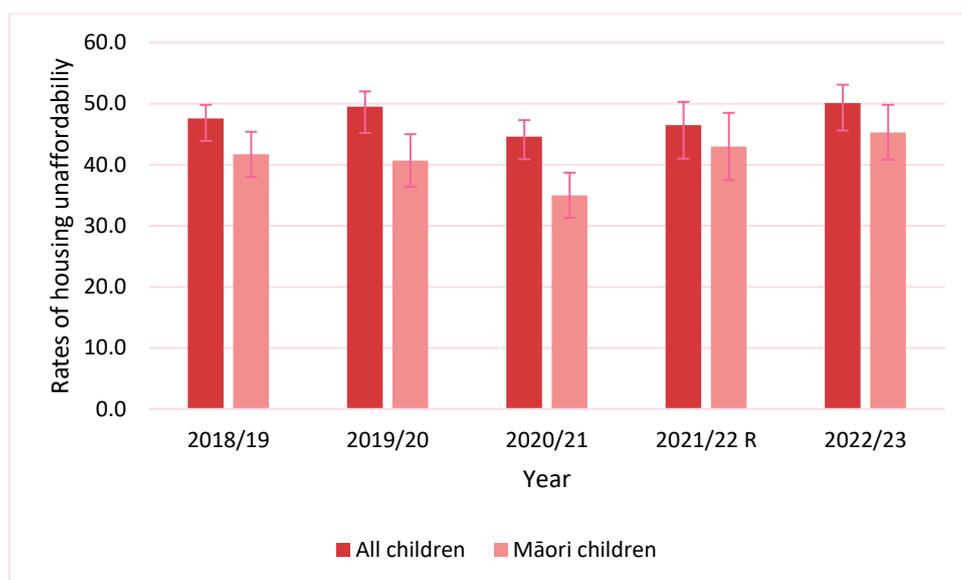
Figure 4: Percentage of children (aged 0-17 years) living in households in the bottom 40% of the income distribution that spent more than 30% of their income on housing from 2018/19 to 2022/23



Rates of housing affordability are slightly more positive for Māori children than for all children

In 2022/23, 45% of Māori children and young (aged 0-17 years) lived in households in the bottom 40% of the income distribution that spent more than 30% of their income on housing. This is 5 percentage points lower than for all children. There is not a statistically significant difference in the percentage of Māori children living in low-income households with poor housing affordability between 2021/22 and 2022/23, or between 2019/20 and 2022/23.

Figure 5: Percentage of Māori children living in low-income households that spent more than 30% of their income on housing from 2018/19 to 2022/23

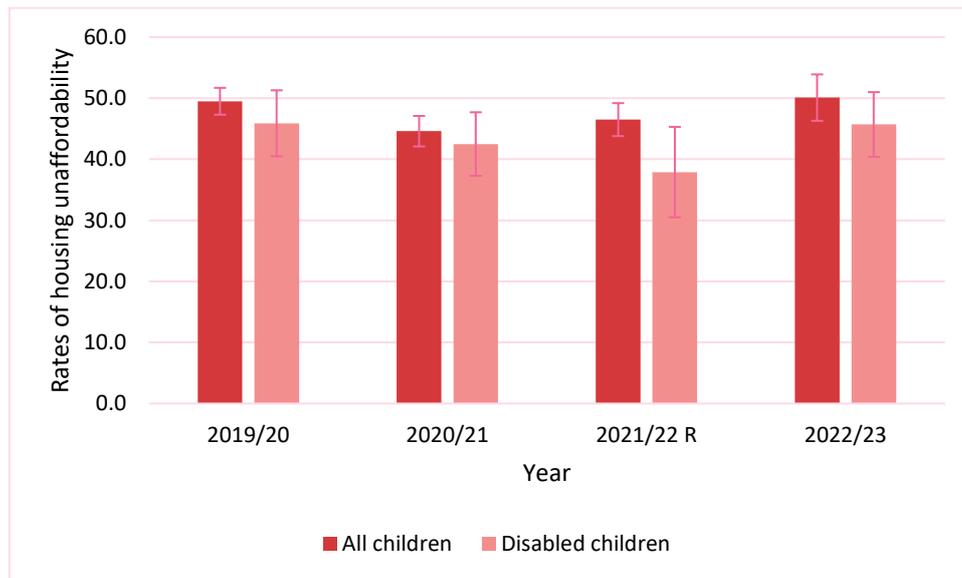


Rates of housing affordability are also slightly more positive for disabled children than for all children

Data on disabled children's rates of housing affordability is available from 2019/20.

In 2022/23, 46% of disabled children and young (aged 0-17 years) lived in low-income households that spent more than 30% of their income on housing. This is not a statistically significant difference between 2021/22 and 2022/23, or between 2019/20 and 2022/23.

Figure 6: Percentage of disabled children living in low-income households that spent more than 30% of their income on housing from 2018/19 to 2022/23



We can also look at the rates for children living in a household with at least one person who is disabled

In 2022/23, 44% of children and young people (aged 0-17 years) lived in low-income households, with at least one disabled person, who spent more than 30% of their income on housing. This was a statistically significant increase from the rate of 33% in 2021/22. There was not a statistically significance change in the rates from 2019/20 to 2022/23.

Housing Quality

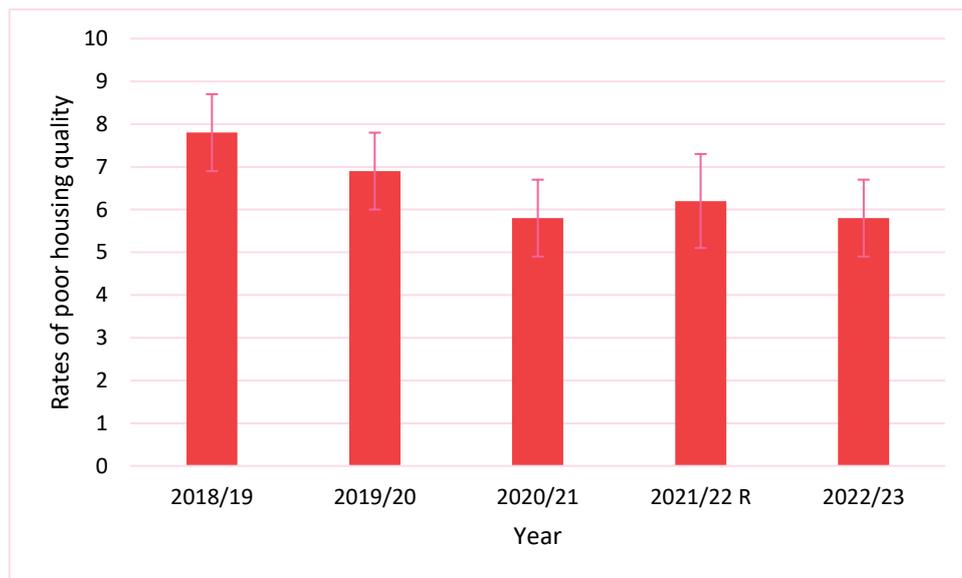
The following analysis adds to the data on Outcome 2 on pages 15-18.

The Housing Quality CPRI is about living in a warm, dry home that's free of significant mould and damp. It is measured by the percentage of children (aged 0-17 years) living in households reporting a major problem with dampness or mould over the past 12 months. The indicator is a useful proxy for housing quality, but will also reflect a range of other factors that influence damp or mould beyond the quality of the building itself, including household crowding, heating, and behavioural factors.

In 2022/23, 6% of children (aged 0-17 years) lived in households with a major problem with dampness or mould

There has been no change in the percentage of children living in poor quality housing from 2021/22, where the percentage was also 6%. The differences in the rates of children living in households with a major problem with dampness or mould between 2019/20 and 2022/23, is also not statistically significant.

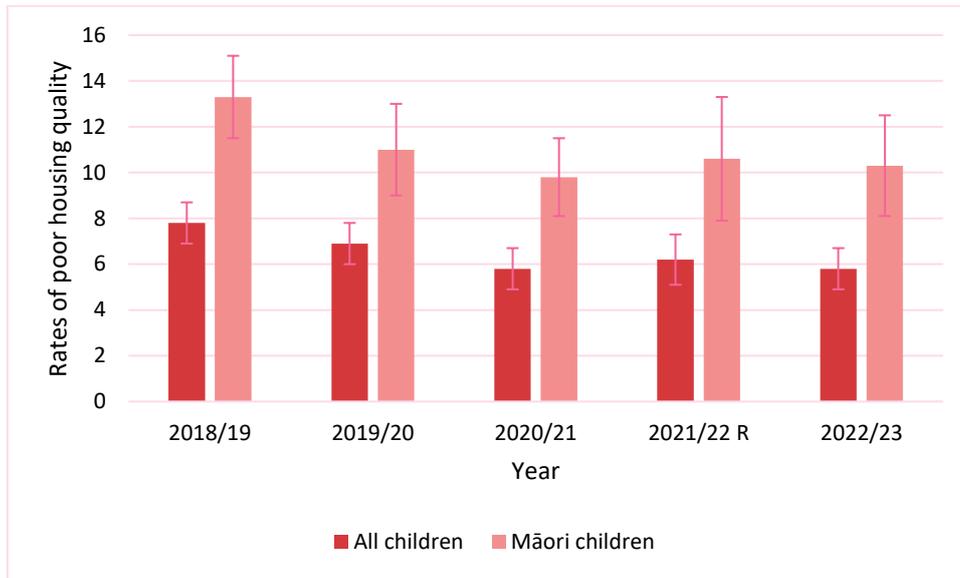
Figure 7: Percentage of children (aged 0-17 years) living in households with a major problem with dampness or mould from 2018/19 to 2022/23



The percentage of Māori children living in poor quality housing is higher than the percentage of all children

In 2022/23, 10% of Māori children (aged 0-17 years) lived in households with a major problem with dampness or mould. This is not a statistically significant difference between 2021/22 and 2022/23, or between 2019/20 and 2022/23.

Figure 8: Percentage of Māori children living in households with a major problem with dampness or mould from 2018/19 to 2022/23

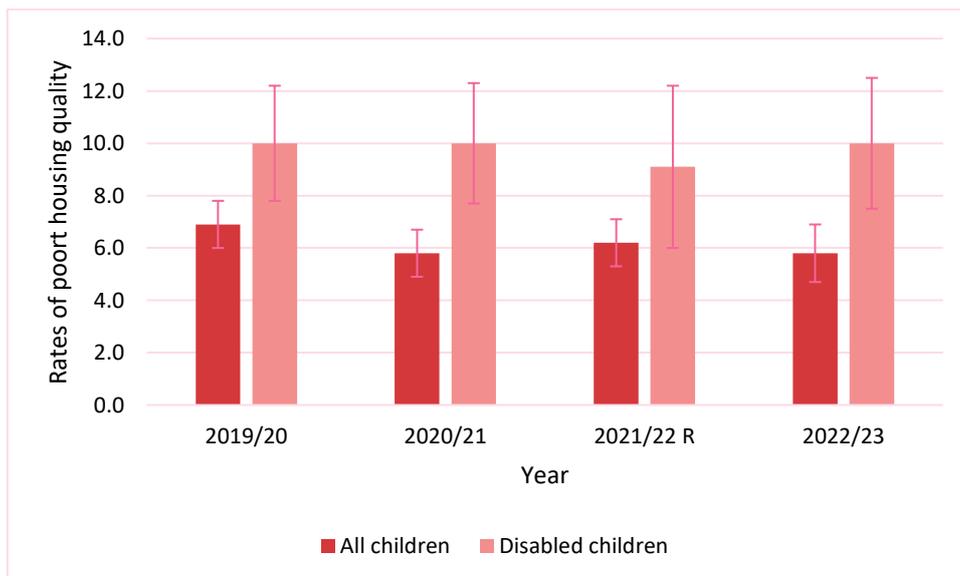


The percentage of disabled children living in poor quality housing is higher than the percentage of all children

Data on disabled children’s rates of housing quality is available from 2019/20.

In 2022/23, 10% of disabled children (aged 0-17 years) lived in households with a major problem with dampness or mould. This is not a statistically significant difference between 2021/22 and 2022/23, or between 2019/20 and 2022/23.

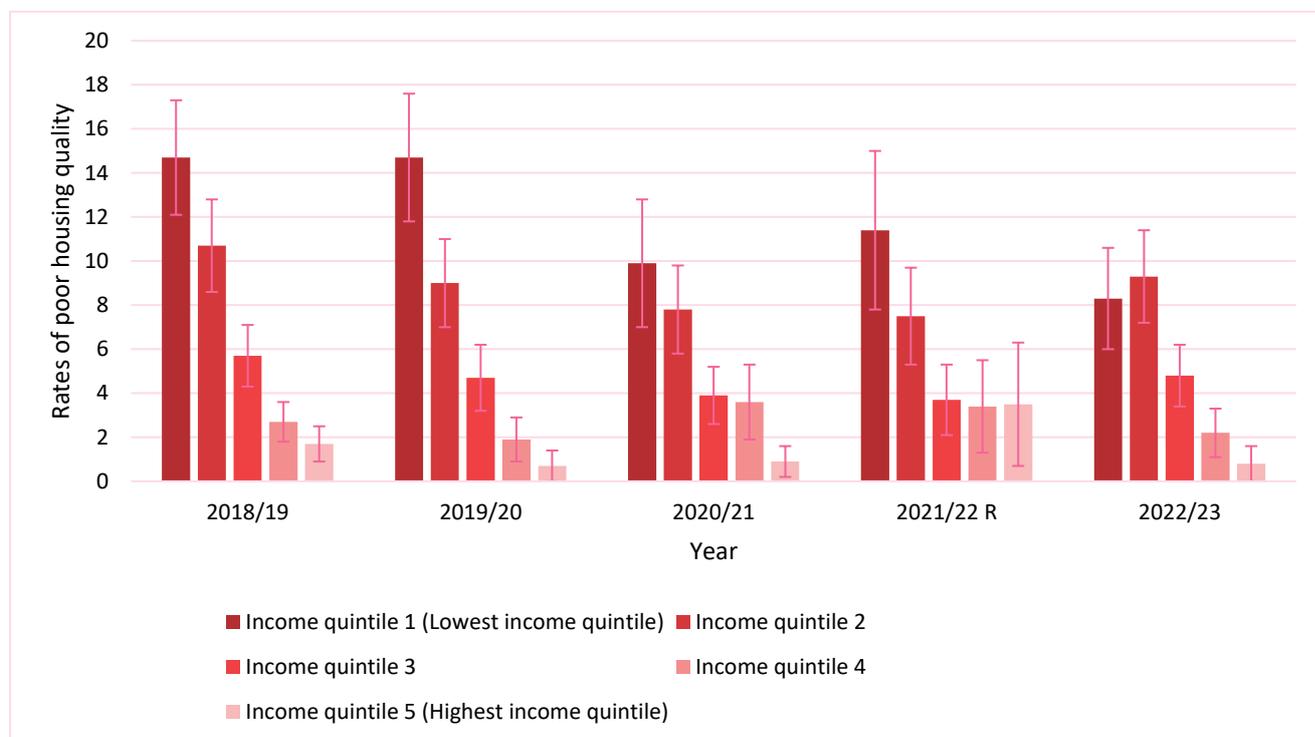
Figure 9: Percentage of disabled children living in households with a major problem with dampness or mould from 2019/20 to 2022/23



Rates of housing quality look different across different income quintiles

In 2022/23, 8% of children in low-income households (Quintile 1) lived in households with a major problem with dampness or mould, compared to 0.8% of children in high-income households (Quintile 5).

Figure 10: Percentage of children living in households with a major problem with dampness or mould by income quintiles from 2018/19 to 2022/23



Although more children in low-income households are living in poor quality housing than children in high-income households, there has been a statistically significant decrease in the number of children in low-income households living in poor quality housing, from 15% in 2018/19 to 8% in 2022/23, a 7 percentage point decrease. There have not been significant changes in the rates for children in other income quintile households.

Potentially Avoidable Hospitalisations

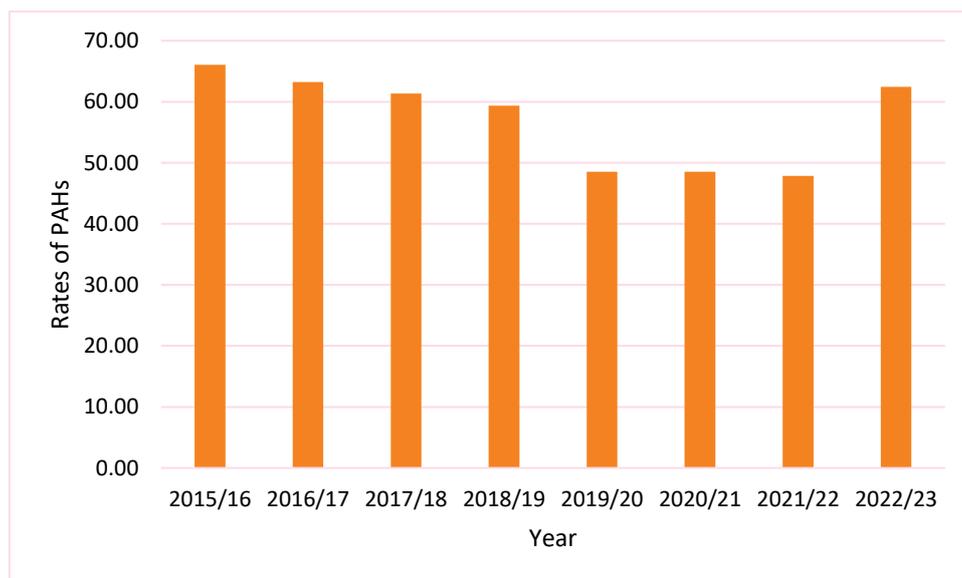
The following analysis adds to the data on Outcome 3 on pages 19–23.

Potentially avoidable hospitalisations (PAH) are hospitalisations of children for illnesses and injuries that can be prevented through more effective primary health care services, or broader public health and social policy interventions. Potentially avoidable hospitalisations include respiratory conditions, gastroenteritis, skin infections, tooth decay, vaccine preventable illnesses, and physical injuries (both intentional and unintentional).

Rates of potentially avoidable hospitalisations for children aged 0–14 have increased from 49 per 1000 children in 2019/20 to 62 per 1000 children in 2022/23

This is an increase on rates in 2019/2020, 2020/21 and 2021/22, but is similar to the rates observed prior to the COVID-19 pandemic, in 2018/19. During the COVID-19 pandemic (2019/2020–2021/2022), rates were lower, associated with isolation and other hygiene measures aimed at reducing the spread of infectious diseases.

Figure 11: Potentially avoidable hospitalisation rates from 2015/16 to 2022/23



Respiratory conditions continue to be the leading cause of hospitalisations for children aged 0–14.

Māori children are experiencing potentially avoidable hospitalisations at higher rates

Rates of potentially avoidable hospitalisations have increased from 56 per 1000 in 2021/22 to 69 per 1000 Māori children in 2022/23. This also follows a period of decreasing rates, but is returning to the rates observed prior to the COVID-19 pandemic, in 2018/19.

We cannot measure potentially avoidable hospitalisation rates for disabled children

This is not possible in the current data collection.

Rates of potentially avoidable hospitalisations are highest among younger children

The rate for children aged 0-4 years old for 2022/23 is **119** per 1000 children, compared to **45** for 5-9 year olds and **27** for 10-15 year olds. This reflects the vulnerability of young children as their immune system develops.

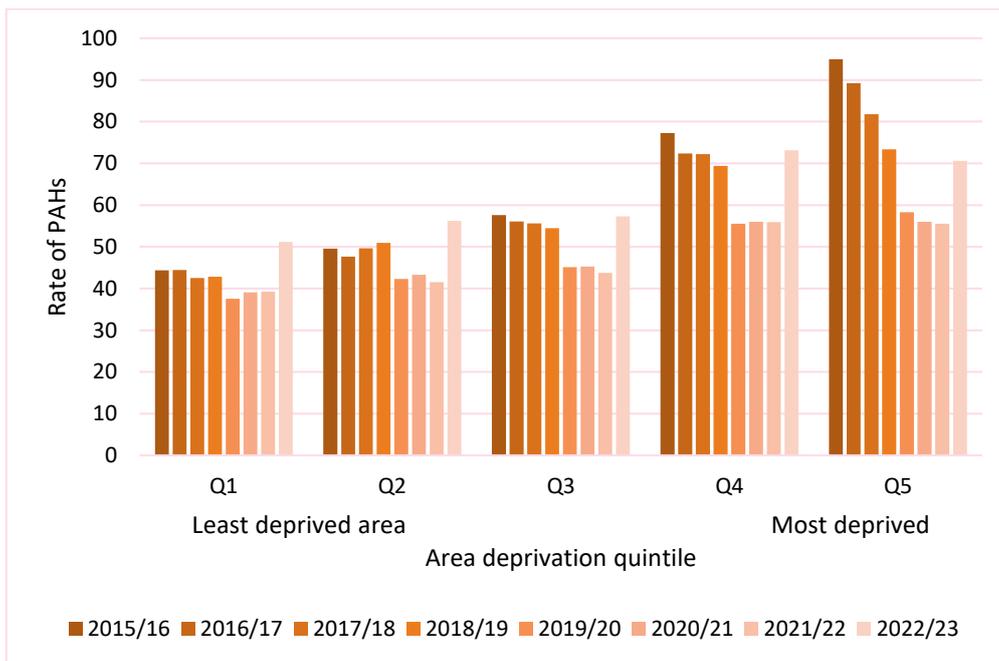
Figure 12: Potentially avoidable hospitalisation rates by age from 2015/16 to 2022/23



Children across all area deprivation levels have experienced increased rates of potentially avoidable hospitalisations

Rates of potentially avoidable hospitalisations increased across all area deprivation quintiles. Children living in the most deprived areas (Quintile 5) are experiencing rates similar to the rates in 2018/19, prior to the COVID-19 pandemic. Children living in the least deprived areas (Quintiles 1 and 2) are now experiencing rates higher than pre-pandemic levels.

Figure 13: Potentially avoidable hospitalisation rates by area deprivation quintiles from 2015/16 to 2022/23



Regular School Attendance

The following analysis adds to the data on Outcome 4 on pages 24-27.

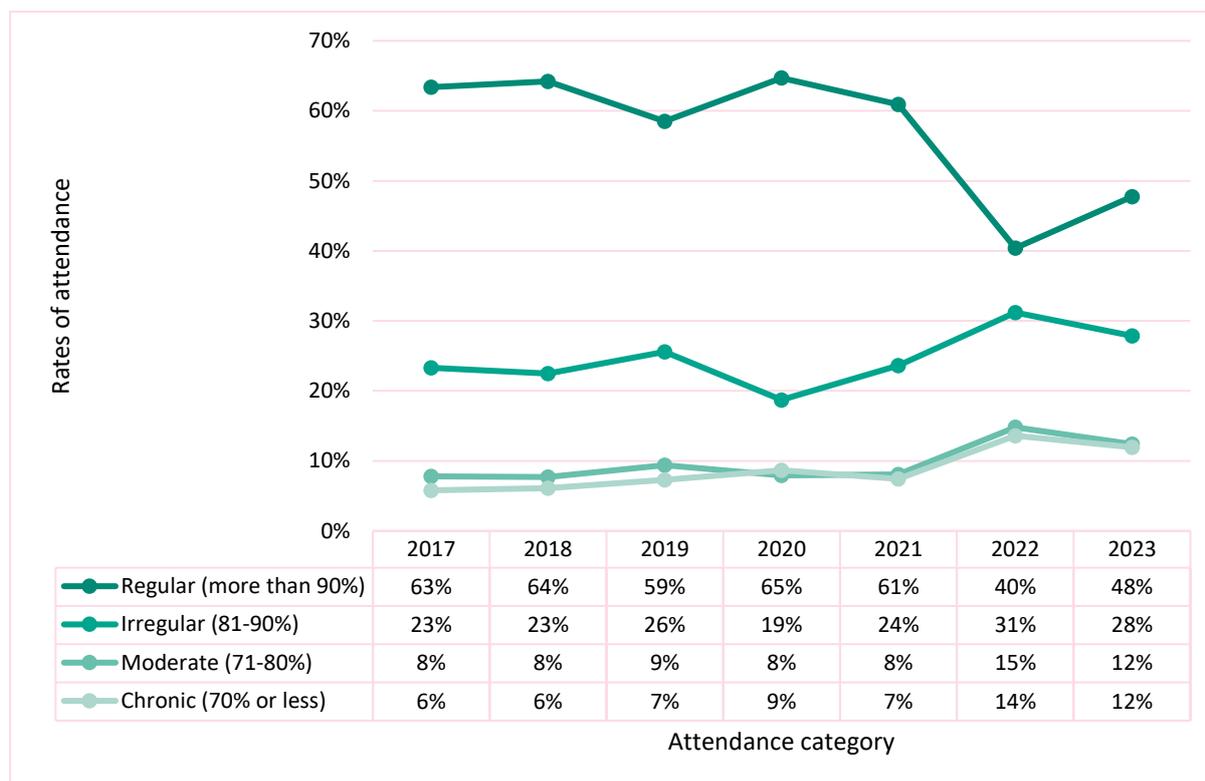
The CPRI for regular school attendance is the percentage of children and young people who are regularly attending school, based on the School Attendance survey. Students are classified as regularly attending school if they have attended more than 90% of Term 2 of the relevant year, where time is measured in half-days.

We look at learners aged six to 16 for the Regular School Attendance CPRI. This covers the ages children and young people must be enrolled at school or kura. This is different to the Regular School Attendance measure in the Strategy, which looks at learners aged five to 18, to reflect the experiences of a wider group of children and young people.

In 2023 48% of children regularly attended school, a decrease since 2019/20

This compares to 40% in 2021/22 and 65% in 2019/20. Irregular, moderate and chronic non-attendance have all increased since 2019/20, though there have been fluctuation in rates year on year.

Figure 14: School attendance by category for 6-16 year old learners from 2016/17 to 2022/23



The main driver of absence in Term 2 2023 continued to be due to short-term illness/medical reasons

Understanding patterns of justified and unjustified absences can provide insights into what support may be needed to increase student attendance and engagement.

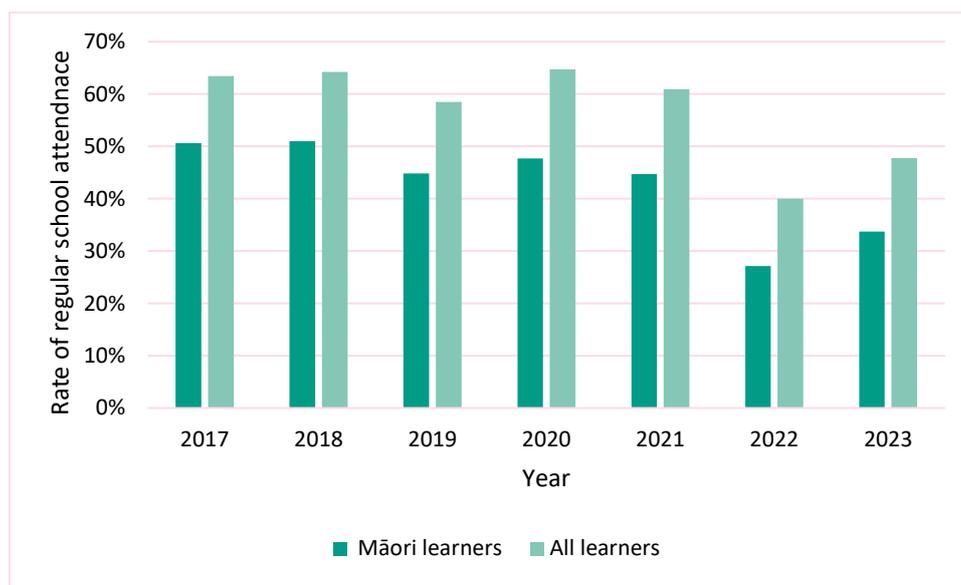
Justified absences make up the biggest proportion of absences in 2023, with illness and medical reasons being the main reasons for justified absences. Factors contributing to this are likely to include outbreaks of COVID-19 in the community and winter illnesses. The proportion of justified absences has increased from 6.7% in 2019 to 8.8% in 2023.

The proportion of term time missed due to unjustified absences increased from 4.8% in 2019 to 6.1% in 2023.

Attendance rates are lower for Māori learners than for all learners

In 2023, 34% of Māori learners attended school regularly, compared with the overall average of 48% across all learners. While more Māori learners attended school and kura in 2023, attendance rates remain lower than, and the rate of improvement has not been as large as for, all learners.

Figure 15: School attendance by category for Māori learners from 2016/17 to 2022/23



We cannot measure attendance rates for disabled children

This is not possible in the current data collection.

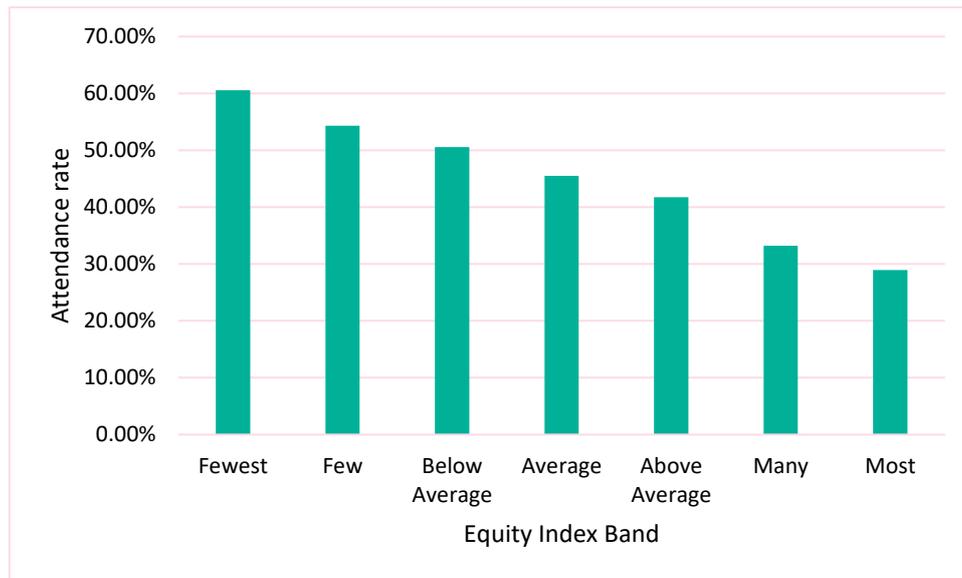
There are still socioeconomic disparities in regular attendance rates

We can also look at how the socioeconomic circumstances of learners affect their attendance.

In previous reports we looked at learners from low decile schools, and found these learners had greater barriers to regularly attending schools. The decile system has since been replaced by the Equity Index for schools (EQI). Schools have been grouped into broad socioeconomic categories, seven Equity Index bands, based on the EQI number for their school. More information on the EQI is available in the Additional Data Notes on pages 53-54.

Looking at attendance data by EQI, we can see that there are still socioeconomic disparities in regular attendance rates, with more learners in higher socioeconomic bands attending school regularly than learners in lower socioeconomic bands in Term 2 2023.

Figure 16: Attendance for Term 2 2023 by socioeconomic barriers to achievement (School Equity Index Band)



The change from the decile system to the EQI means we can't directly compare the previous data on attendance by decile with the data on attendance by EQI.

Reference List

Organisation for Economic Cooperation and Development (OECD). 2023. *PISA 2022 Results: Factsheets New Zealand*. Accessed from <https://www.oecd.org/publication/pisa-2022-results/country-notes/new-zealand-33941739/#section-d1e17>

Additional Data notes

Child and Youth Wellbeing Strategy

The General Social Survey is a sample survey. This means that a sample of households and people are selected from the New Zealand population using a set process. Sampling error arises because only a small part of the New Zealand population is surveyed, rather than the entire New Zealand population. Because of this, the results of the survey might be different from the experiences of the entire New Zealand population. The size of the sampling error depends on the sample size, the size and nature of the estimate, and the design of the survey. In 2021/22, the General Social Survey collection was truncated from the expected 12 months to three months, due to COVID-19, so the sample size was lower than expected. Estimates are usually suppressed where the weighted count is less than 1,000. For the General Social Survey 2021 estimates, suppression was also applied if the unweighted count was 5 or less. The next General Social Survey is expected in 2023/24.

The Household Economic Survey (HES) is the data source for statistics relating to child poverty, housing affordability and housing quality. The achieved sample size for the 2022/23 HES data collection was approximately 14,100 households out of intended sample of 20,000 households. Information about the 2022/23 data collection is available at <https://www.stats.govt.nz/methods/child-poverty-statistics-year-ended-june-2023-technical-appendix/>.

The New Zealand Health Survey is a sample survey. This means that a representative sample of households and people are selected from the New Zealand population. Sampling error arises because only a small part of the New Zealand population is surveyed, rather than the entire New Zealand population. Because of this, the results of the survey might be different from the experiences of the entire New Zealand population. The size of the sampling error depends on the sample size, the size and nature of the estimate, and the design of the survey. In 2021/22 and 2022/23, the sample sizes of the NZ Health Survey were lower than expected. Rates have been suppressed where they are based on very small numbers (sample denominator is less than 30 people) or a reasonable estimate of the true rate cannot be made (relative sampling error is over 100%). In 2022/23 the sample size of the NZ Health Survey was 6,799 adults (aged 15 years and over) and 2,029 children (aged 0-14 years).

The next Youth Health and Wellbeing Survey, 'What About Me?', is expected in 2025.

CPRIs

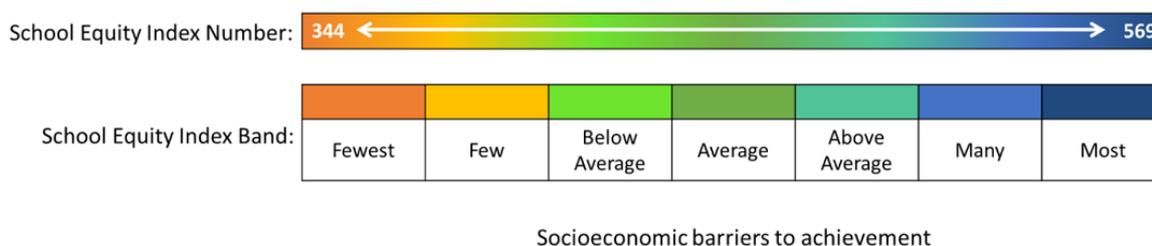
You can find more information on each of the CPRIs in their technical documents:

Housing Quality	https://www.stats.govt.nz/methods/child-poverty-statistics-year-ended-june-2023-technical-appendix/
Housing Affordability	https://www.stats.govt.nz/methods/child-poverty-statistics-year-ended-june-2023-technical-appendix/
Food Insecurity	https://www.health.govt.nz/publication/methodology-report-2022-23-new-zealand-health-survey
Potentially Avoidable Hospitalisations	https://www.health.govt.nz/publication/indicator-potentially-avoidable-hospitalisations-child-and-youth-wellbeing-strategy-brief-report
Regular School Attendance	https://www.educationcounts.govt.nz/data-services/national/attendance

Regular School Attendance: Decile and equity index

The decile system has since been replaced by the Equity Index for schools (EQI). The EQI is based on a statistical model that estimates the extent to which a school's students face socioeconomic barriers that could affect their school achievement. This model assigns schools an EQI number. A higher EQI number indicates that a school has more students facing more or greater socioeconomic barriers. School EQI numbers are an estimate of socioeconomic barriers to future NCEA achievement. They do not provide an indication of school quality and actual NCEA achievement will vary based on a range of factors relating to school practices and community support. Equity-based funding is targeted to schools based on their EQI number. The EQI numbers are recalculated annually meaning that schools' EQI numbers (and therefore funding) can change from year to year.

Schools have been grouped into broad socioeconomic categories based on their EQI number. The Equity Index Bands are seven School Equity Index Bands of schools, each containing approximately the same number of schools. Schools are placed into a band based on their Equity Index number. These bands estimate the extent to which, on average, students at a school face socioeconomic barriers that could get in the way of their school achievement.



While School Equity Index Bands contain approximately the same number of schools, those schools with higher socioeconomic barriers to achievement tend to be smaller which means that School Equity Index Bands do not contain similar numbers of students.