



**Child and Youth
Wellbeing Strategy**

ANNUAL
REPORT
for the year
ending
30 JUNE 2022

New Zealand Government

APRIL 2023

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MINISTER'S FOREWORD

As the new Minister for Child Poverty Reduction, it's my great pleasure to introduce the 2021/22 Annual Report for the Child and Youth Wellbeing Strategy. The Strategy signals our shared responsibility to ensure that our children and young people receive the support and resources they need to achieve wellbeing in every area of their lives.

This report provides a comprehensive overview of the progress that has been made in implementing the Strategy's objectives, and the impact that these efforts have had on the lives of children and young people across Aotearoa New Zealand. I'm especially delighted that this year's report features the findings from the 2021 Youth Health and Wellbeing Survey, 'What About Me?', along with quotes from children and young people themselves, giving us a much richer insight into their lived experiences.

The data shows that the majority of children and young people and their whānau are doing well and have what they need to thrive. While there are statistically significant signs of improvement in child poverty rates, long-term disparities remain for many groups, in particular Māori, Pacific, ethnic, rainbow and disabled children and young people. An important aspect of the Strategy is its focus on addressing the root causes of the inequities, to ensure that all children and young people have the opportunity to thrive, regardless of their background or circumstances.

The report highlights the range of initiatives we've introduced to address these disparities. Examples include: a whānau-centred early intervention support for whānau Māori; significant investment to accelerate Māori-led housing solutions; an All-of-Government Pacific Wellbeing Strategy to lift Pacific wellbeing and aspirations; a National Action Plan against Racism to set concrete steps for the government to take, and provide guidance for others; and establishing Whaikaha – New Zealand's first Ministry of Disabled People.

The report also highlights some of the significant programmes of work that are driving positive change for children, young people and their whānau across the different wellbeing areas, including education, mental health, income support and housing.

The COVID-19 pandemic and the global economic environment continue to present significant challenges, and disrupt the lives and wellbeing of children and young people, their whānau and communities. The fact that eight of the nine measures of child poverty have statistically significantly decreased since the 2017/18 baseline year reflects the supports we put in place to protect families during this incredibly difficult time. These include temporary supports such as the Wage Subsidy Scheme, the COVID-19 Income Relief payment, the 12 month residential rental freeze and the double Winter Energy payments.

We're also now seeing the benefits from the more enduring changes we've implemented to reduce child poverty and increase incomes, such as our \$5.5 billion Families Package, minimum wage increases, Working for Families increases, and the implementation of our Free and Healthy School Lunches programme across the country.

Overall, this report is a testament to the hard work and dedication of the individuals and organisations who work tirelessly to promote the wellbeing of children and young people across Aotearoa New Zealand. While progress has been encouraging, we know there is still much work to be done. I am confident that the Strategy, along with the voices of children and young people themselves, will continue to inform and shape our efforts to support their wellbeing in the years to come.

Hon Jan Tinetti
Minister for Child Poverty Reduction

INTRODUCTION AND CONTEXT

The Government launched the [Child and Youth Wellbeing Strategy](#) (the Strategy) in August 2019.

The vision

The Strategy has a bold vision that:

New Zealand, Aotearoa is the best place in the world for children and young people

The Strategy sets out a shared understanding of what children and young people need and want for their wellbeing, what Government has committed to do, and how others can help.

The wellbeing outcomes

The Strategy sets out six high-level and interconnected wellbeing outcomes for all children and young people.

The outcomes reflect what children and young people said was important to them and signpost the social, economic and environmental conditions needed for child and youth wellbeing. The six outcomes are:

- Children and young people are loved, safe and nurtured – this includes loving homes free from violence, having time with family and whānau and being safe and secure from harm and accidents.
- Children and young people have what they need – this includes income and resources, as well as other important aspects of material wellbeing such as access to nutritious food and quality housing.
- Children and young people are happy and healthy – this includes physical and mental health, spaces and opportunities to play and healthy environments.
- Children and young people are learning and developing – this includes education to build knowledge, skills and capabilities and encouragement to achieve their potential and navigate life's transitions.

- Children and young people are accepted, respected and connected – this includes feeling a sense of belonging, living free from racism and discrimination, having good relationships and being connected to identity.
- Children and young people are involved and empowered – this includes support to contribute, be listened to, care for others, make healthy choices and develop autonomy.

The guiding principles

Nine principles have been established to guide the development and ongoing implementation of the Strategy.

These principles reflect the values that are important to New Zealanders, and the requirements of the Children's Act 2014, New Zealand's constitutional arrangements, in particular Te Tiriti o Waitangi, and international commitments.

The principles are:

- Children and young people are taonga.
- Māori are tangata whenua and the Māori-Crown Relationship is foundational.
- Children and young people's rights need to be respected and upheld.
- All children and young people deserve to live a good life.
- Wellbeing needs holistic and comprehensive approaches.
- Children and young people's wellbeing is interwoven with family and whānau wellbeing.
- Change requires action by all of us.
- Actions must deliver better life outcomes.
- Early support is needed.

The child and youth wellbeing indicators

The Strategy sets out 36 indicators that help us measure progress towards achieving each of the six wellbeing outcomes for children and young people.

Not all data is available annually; where there is no annual update, data for the most recent period are presented here.

The Programme of Action

The Programme of Action sets out the policies, initiatives, programmes and plans underway across government that contribute to the achievement of the Strategy's vision and outcomes.

The Programme of Action includes a broad range of activity at different levels and stages of implementation. Each action in the programme aligns with at least one wellbeing outcome and may contribute to others.

It is intended to be a living document that is updated as existing actions are completed and new actions are developed.

The latest Programme of Action can be found here: childyouthwellbeing.govt.nz/actions

Purpose of this report

The Children's Act 2014 requires an annual report on the Government's progress towards achieving the Strategy's six outcomes. Reporting on the outcomes will, over time, demonstrate the impact of the Strategy and government work to support child and youth wellbeing.

This report covers the progress between July 2021 and June 2022. For details on the collection and presentation of data, please refer to the Notes on this Report on page 68.

For each outcome area, this report focuses on a major programme of work that is driving positive change for children, young people and their whānau.

Information on the wider programme of work and progress in delivering this in the 2022 year is available through the Strategy's annual implementation monitoring report.

For the full Strategy, current programme of action and implementation monitoring reports, go to childyouthwellbeing.govt.nz



2021/22 year at a glance



195,000

children eligible for school-based mental wellbeing support through Mana Ake across seven regions



220,000

students in 960 schools receive free and healthy lunches daily through Ka Ora, Ka Ako*



1,187

more public housing occupied homes and 1,088 more transitional housing places delivered



7,711

children and young people participated in the 2021 youth health and wellbeing survey - *What About Me?*



77,000

children lifted out of poverty (AHC50 since 2017/18)



346,000

families better off on average by \$20pw through Budget 22 investments in Working for Families



55,845

young people supported through the Targeted Training and Apprenticeship Fund



800

schools and kura participating in the Healthy Active Learning wellbeing initiative



15,000

students supported to stay connected with education and study through the \$20m Hardship Fund for Learners

* as at August 2022

CHILD AND YOUTH WELLBEING IN 2021/22

New Zealand's children and young people

As at 30 June 2022, there were an estimated 1.6 million children and young people aged under 25 years resident in New Zealand, making up around 31% of the total population.¹

New Zealand's children and young people are ethnically and culturally diverse. Among children and young people aged under 25 years, 67% are European, 26% are Māori, 17% are Pacific peoples, 14% are Asian and 2% belong to other ethnic groups including Middle Eastern, Latin American and African.² 17% of children and young people under 25 were born overseas.³ According to the Household Economic Survey, in 2022, an estimated 11% of children aged 2–17 years were disabled. An estimated 8% of young people aged 18–24 years identified as LGBT+ compared to around 4% of the population aged 25 years and over.⁴

Overview – Child and youth wellbeing indicators 2021/22

Loved, safe and nurtured

Most children and young people felt loved, safe and that their families were doing well. Some measures related to intentional harm are tracking downwards, although unintentional injury remains a leading cause of harm to children and young people. Injury rates, mortality rates and rates of engagement with Oranga Tamariki continue to be much higher among tamariki and rangatahi Māori compared to non-Māori.

Although COVID-19 lockdowns in 2021/22 were undoubtedly a stressful time for children, young people and whānau, most families maintained good wellbeing. Children and young people talked about enjoying getting to spend more time with family.

“A big highlight was doing workouts with my dad and sister almost everyday, also going on long walks with my whole family in the weekend was a big highlight and I enjoyed it a lot because we’re all growing up now and don’t

always get to spend quality time together doing something we all like to do.” – female, aged 17 years⁵

In 2021/22:

- 90% of students aged 12–18 years felt loved by the people who look after or care for them.
- 81% of young people aged 18–24 years rated their family as doing well.⁶
- There was a 16% decrease in the last year in the number of children aged 0–17 years with a notification to Oranga Tamariki who were referred for further assessment or investigation, and a 40% decrease over the last decade.
- 13% of students aged 12–18 years had experienced or witnessed family violence at home.

Have what they need

Most children and young people had a good standard of material wellbeing. Some measures of food insecurity have statistically significantly decreased since 2019/20. Eight of the nine measures of child poverty have statistically significant decreased since the 2017/18 baseline year.

Rates of material hardship for tamariki Māori, Pacific children and disabled children are statistically significantly higher than the rate for all New Zealand children. Tamariki Māori and Pacific children also experience inequitable poverty-related wellbeing outcomes including higher rates of potentially avoidable hospitalisations and lower rates of regular school attendance.

Although fewer children now experience poverty and material hardship compared to 2017/18, the impact of poverty on the children and young people who do experience it is substantial. Children and young people worry about family finances and are impacted heavily by the stress and missed opportunities that material hardship creates.

“My dad cannot find work...we are struggling to pay rent, utility bills, rumours are that the landlord will sell the property so I’m stressed that we will have another place to live or end up on the streets as Auckland rental prices are too steep and only mum is working... Sometimes I cannot concentrate on my school work thinking about these things and makes me really sad, lonely, heartbroken and hard to focus on the good things in life.” – Asian male, aged 13–15 years, Auckland⁷

In 2021/22:

- 13% of children aged 0–14 years lived in households where food runs out sometimes or often, compared with 15% the previous year and 20% in 2019/20.
- 12% of children aged 0–17 years lived in low-income households (before housing costs), down from 16.5% four years earlier.
- 15.4% of children aged 0–17 years lived in low-income households (after housing costs), down from 22.8% four years earlier.
- 10.3% of children aged 0–17 years experienced material hardship, down from 13.3% four years earlier.

Happy and healthy

Most children and young people reported being in good health. Rates of potentially avoidable hospitalisations have decreased, however rates of mental distress among young people have sharply increased. The burden of injury, preventable illness and mental distress is inequitably distributed.

Tamariki and rangatahi Māori aged 12–18 years surveyed through the Youth Health and Wellbeing Survey ‘What About Me?’ were more likely to report poor overall health, were more likely to experience psychological distress, though these differences are not seen in the New Zealand Health Survey among rangatahi Māori aged 15–24 years.

Although mental distress rates among young people have been increasing since the early 2010s, the COVID-19 pandemic correlates with the statistically significant drop in mental wellbeing between 2019/20 and 2020/21⁸. COVID-19 disrupted children and young people’s school and work routines, changed

perceptions of personal safety and the safety of loved ones and reduced access to formal and informal supports.

Young people talked about feeling anxious about what the future holds for them:

“Stressed out with uncertainties about the future and major regrets about the past (I tend to catastrophise and doom spiral). Mostly related to uni work and friendship problems.” – NZ European female, aged 21–24 years, Lower North Island⁹

In 2021/22:

- 91% of young people aged 15–24 years reported their health as good, very good or excellent.
- 24% of young people aged 15–24 years reported experiencing high or very high levels of psychological distress in the past four weeks.
- 12% of students aged 12–18 years reported attempting suicide in the past 12 months.

Learning and developing

Attendance at school has been declining since 2015. In 2021/22 attendance rates were significantly impacted by justified illness-related absences associated with the COVID-19 Omicron infection, isolation requirements, and other winter illness during the second half of the measurement period.

Tamariki and rangatahi Māori were more likely to experience barriers to participation in all types of employment, education and training at all ages. Māori and Pacific children were also more likely to be impacted by the additional COVID-19 lockdowns that occurred in Auckland, which has larger Māori and Pacific population than other regions.

Young people talked about the pressures they feel to achieve at school and in exams, and the impact mental health has on their ability to engage and participate in education.

“.. you get to the senior school when all these conversations around your future, your career, what do you want to be and how are you going to get there—they really start to act as a deadline and so it can stress a lot of students out.” – High school student¹⁰

In 2021/22:

- 97% of children participated in early learning before starting school.¹¹
- 40% of students aged 6–16 years attended school regularly (attended 90% of the time), 14% of students aged 6–16 years were chronically absent (attended less than 70% of the time).
- 79% of school leavers attained the equivalent of NCEA Level 2 or above.¹²
- 88% of young people aged 15–24 years were in employment, education or training.

Accepted, respected and connected

Most young people felt able to express their identity and had good social support.

Rangatahi Māori were more likely to have support for their cultural identity and feel a sense of belonging to Aotearoa but were also more likely to experience racism, bullying and discrimination than non-Māori.

“Just talking about how important the Māori perspective is – the Pākehā perspective is the default. It is not that one is better than the other – it’s just that one has been oppressed.” – Rangatahi Māori¹³

In 2021/22:

- 78% of students aged 12–18 years felt a sense of belonging to Aotearoa as a whole.
- 85% of students aged 12–18 years had good social support – someone they could turn to in a difficult time.
- 24% of young people aged 18–24 years experienced discrimination.
- 37% of students aged 12–18 years experienced bullying.

Involved and empowered

Children and young people contributed positively to their communities. Youth offending rates continued a long-term downward trend. Rates of hazardous drinking appear to be decreasing among young people. The number of young people vaping continues to increase.

Young people talked about needing to be heard on matters that affect them and want good, accessible information to help them participate and make informed choices about their lives.

“It’s pretty easy to just go platitudes of, like, we’ve heard you. And that’s so important and yadda yadda yadda, but if nothing changes, it can be a pretty demoralising experience and make you feel like if you don’t particularly wanna use your voice because you’re just feeling all this time and talking into a system [that] isn’t listening.” – Care experienced young person, aged 21–25 years¹⁴

In 2021/22:

- 39% of young people aged 18–24 years reported having trust in parliament, a statistically significant decrease since 2020/21.
- Offending rates dropped by 12% across all children and young people aged 10–17 years, 13% among Māori children and young people aged 10–17 years and 13% among Pacific children and young people aged 10–17 years (compared to 2020/21)ⁱ.
- 24% of young people aged 15–24 years reported hazardous drinking, 6% reported smoking daily, 19% reported using e-cigarettes daily and 8% used cannabis at least weekly.

ⁱ 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)

WHAT MAKES A GOOD LIFE?



The Youth Health and Wellbeing Survey, ‘*What About Me?*’ surveyed 7,209 of Aotearoa New Zealand’s Year 9 to 13 children and young people in school settings between June and November 2021. Thousands of these children and young people shared, in their own words, what would make a good life for them, now and in the future. The importance of whānau, friends and partners, and children and young people’s aspirations and hopes for the future were the most common themes that emerged.

Voices of children and young people

Government data, including administrative data and surveys such as the General Social Survey, provides a broad understanding of many aspects of wellbeing. However, it lacks the richness and nuance that comes from hearing the lived experiences of children and young people themselves.

Quotes and findings in this section, and throughout the document, are sourced from recent engagements undertaken by government agencies and non-government partners with children and young people directly. We thank all the children, young people and whānau who shared their experiences, perspectives and time. We acknowledge your contribution and are working to address the issues you're facing.

Some key themes emerged from a range of engagements with children and young people across the motu in 2021/22. Many of these confirmed findings from the previous two years; COVID-19 continued to have a wide-reaching impact on the lives and trajectories of children and young people, mental wellbeing remains a top concern and children and young people seek authentic engagement from decisionmakers. Children and young people told us the cost of living, poverty and material hardship remain major barriers to their wellbeing.

Mental wellbeing

- Children and young people told us that mental wellbeing is the single biggest issue facing their generation.¹⁵
- Children and young people told us that their mental wellbeing could not be separated from physical and spiritual wellbeing and having strong relationships and connections. Their mental wellbeing was wrapped up in a sense of purpose, identity and connection to their culture and place. Children and young people told us they want to be connected to their whenua, know their whakapapa and learn their languages. Children and young people told us that to be mentally well, the places they are in need to be safe and supportive.¹⁶

“Knowing who you are and where you came from is important to help you feel happy, healthy and confident.” – Rangatahi Māori¹⁷

- Children and young people told us they need to have their basic needs met, and need their homes to be free from violence, drugs and alcohol abuse. They told us they want accessible, affordable and appropriate mental health supports and for these to be more readily available in the spaces children and young people are in. Some children and young people were deeply concerned about long wait times and about their friends being turned away when in need of help.¹⁸

“[A good life would be] Easier access to mental or physical healthcare without a four month wait list.”¹⁹

“[A good life would be] Having better access to cheap healthcare. Especially for single parent families. As a child I feel like a burden asking to go to the doctors or dentist when it costs so much.”²⁰

Poverty, money worries and financial hardship

- Children and young people told us that they worry about money and how their whānau will get by. They shared stories about whānau hardship, food insecurity, being stressed about money and embarrassed when their family couldn't afford basic needs. Children and young people told us they need the basics sorted to participate fully.

“My parents and family are stressed because of everything they have to pay for and things just get harder. I don't want to be extra stress.”²¹

- Children and young people told us they just want to be kids. They want space to have fun and hold fewer responsibilities, but their context means they have had to grow up fast.

“I'm 16 and working four jobs just to help my family get by... it's like I became an adult too early.”²²

Racism and discrimination

- Children and young people told us they want to be accepted for who they are, supported in their identity, respected, listened to and believed in. They want the important adults in their lives to help them build confidence, self-esteem and self-worth.²³
- Children and young people told us that racism is a growing concern – 37% identified racism as an issue for them in 2021, compared to 23% in 2014.²⁴
- More than half of learners reported seeing racist bullying and one in five had been bullied because of their ethnic identity or culture. Children and young people told us about the need to better identify and address racism at school. Children and young people told us that schools don't always take racist bullying seriously. Half of learners from ethnic communities told us that teachers said their name wrong in the last month.²⁵

Youth representation

- Children and young people told us that they want their voices heard in the decisions that impact them and their future. They want to reach solutions together.²⁶

*"I believe the Government should meaningfully co-design the solutions with young people and work with youth in partnership."*²⁷

- Children and young people told us that government needs to change how it works with and for them. Children and young people want to be heard, but the process can be challenging. They told us that it is hard to participate when meetings are held in the middle of the day, when government documents are long and when language is not accessible. They told us that they don't really get to hear about how their voice is used.²⁸

*"We tell adults stuff like this all the time and nothing happens or changes."*²⁹

*"Often get shut down straight away and it feels stink that I don't even get the chance to be heard. Don't get the opportunity to say what I feel, and this is also how my friends feel." – Rangatahi Māori*³⁰

Impacts of COVID-19 on child and youth wellbeing

The COVID-19 pandemic and response continues to have wide-ranging impacts on children and young people. In 2021/22, community transmission of the Delta and Omicron variants significantly affected the lives and wellbeing of children and young people, their whānau and their communities through continued disruption of education, social connection and formal supports, as well as the direct impacts of COVID-19 infection.

Although COVID-19 cases in children and young people are usually mild, as at February 2023 there had been 3,810 hospitalisations – 55 requiring ICU care – and 5 deaths among children and young people aged under 20 years due to COVID-19.³¹

August 2021 saw the last COVID-19 Alert Level 4 lockdown in New Zealand. When the lockdown was announced, Youthline reported a 300% increase in texts received from children and young people looking for support.³² Children and young people experienced many of the same issues they did in the 2020 lockdowns. Feelings of anxiety, stress and isolation were common themes but reconnecting with family, seeing positive environmental impacts and learning new skills were equally as common.³³

“Going for walks with my Dad. I felt happy because we could walk and talk. It was fun because we got to spend more time together.” – Male, aged 11 years³⁴

Mental wellbeing among children and young people further declined in 2021/22. Nearly one in four (24%) young people aged 15–24 years experienced high or very high levels of psychological distress in 2021/22, up from 11% in 2019/20 and 5% in 2011/12.

The COVID-19 pandemic may have exacerbated mental distress. Some children and young people talked about their experiences of isolation from friends and wider family, financial stresses, less access to help and worries about their own and their family's health.³⁵

“Feeling of uncertainty, panicking about the future, anxious about catching the virus, compulsive behaviours as a defence mechanism, depression hits at times, insomnia, nightmares.”³⁶

School attendance, while showing an overall decreasing trend since 2015, was further impacted by the COVID-19 pandemic. The Omicron outbreak and surge in the incidence of COVID-19 in the community, alongside higher levels of typical winter illnesses, significantly impacted attendance in Terms 1 and 2 of 2022. Regular school attendance dropped to 40% of all students aged 6–16 years in Term 2 of 2022, compared to 61% in Term 2 of 2021. Chronic absence reached 14% in term 2 2022, up from 8% in term 2 of 2021.³⁷ This reflects an increase in medical absences and indicates that students and their parents chose to follow Ministry of Health advice for students to stay home if unwell. Two-thirds of parents identified health (including COVID-19 and related anxieties) as a reason for keeping their children home from school.³⁸

Despite the COVID-19 pandemic affecting the economic situations of many families, some child poverty-related measures showed signs of improvement. In 2021/22, 13% of children lived in households where food runs out sometimes or often, compared to 20% in 2019/20 (pre-pandemic).

Compared with the baseline year of 2017/18, eight of the nine child poverty measures have had statistically significant decreases.

The COVID-19 pandemic has had far-reaching impacts on children and young people's wellbeing. The full, long-term impacts won't be known for some time.

The 2021/22 year saw the Government introduce more initiatives to help combat the impacts of COVID-19 on children and young people's wellbeing including:

- a \$350 [cost of living payment](#) for low and middle income New Zealanders, which was paid over 3 instalments and helped reduced the impact of inflation pressures

- changes to the [Families Package](#), which included a 2021 Budget increase of the weekly main benefit rates by \$32 to \$55 per adult
- the [Attendance and Engagement Strategy](#) to increase attendance and engagement in education for ākonga and their whānau
- [two new mental health resources](#) launched to support wellbeing, and the teaching and learning of mental health education at school and kura
- funding [increased access to youth development services](#) for up to an additional 6,800 young people
- continuing funding for the [Piki pilot programme](#) which provides free integrated primary mental health and addiction support for young people aged 18–25 years in the Greater Wellington area.

A good life for all

While the majority of children and young people are doing well and have what they need to play, learn and grow, long-term disparities remain between groups across many areas.

In 2021/22:

- Ākonga Māori aged 6–16 years were twice as likely to be chronically absent from school compared to non-Māori students.
- Pacific children aged 0–14 years were four times more likely to experience household food insecurity than non-Pacific children.
- Students aged 12–18 years and identifying as belonging to rainbow communities were three times as likely to have made a suicide attempt than their non-rainbow young peers.
- Disabled students aged 12–18 years were three times as likely to experience mental distress than their non-disabled peers.
- Female students aged 12–18 years were four times more likely to experience unwanted sexual contact than their male peers.³⁹
- Young men aged 15–24 years were twice as likely to have died from suspected intentional self-harm than young women.

Disparities in outcomes are created and maintained by our systems and structures, for example through racism and discrimination and unequal distribution of resources. The differences in outcomes signal that some populations are underserved by our systems and more must be done to support equitable outcomes.

The next sections of this report profile the wellbeing of specific population groups and the range of actions the government is leading to support equitable outcomes for these priority groups.

These sections were prepared with support from Te Puni Kōkiri, Ministry for Pacific

Peoples, Ministry for Ethnic Communities, Whaikaha – Ministry of Disabled People and the Ministry for Youth Development – Te Manatū Whakahiato Taiohi to reflect what is known to be important to these groups of children and young people, and the families and communities around them.

Identity & intersectionality

Identity is intersectional and self-defined. We acknowledge that children and young people have many aspects to their identity and that these can be fluid over time. Each aspect of a child or young person's identity shapes how the world treats them, how others see them, and how they see themselves. Many aspects of identity affect how children and young people belong and connect, the opportunities afforded to them and challenges they face.

Youth19 Survey research highlights the compounding impact of the interconnection of culture, circumstance and different identities, and how this intersectionality impacts the way minorities are perceived, treated and often disadvantaged.⁴⁰

We recognise that categorising all people by one aspect of their identity does not reflect the heterogeneity and plurality of identity.

"I actually kind of love it. For instance, being Māori and queer, my queerness for me is a form of my Māori-ness... that is like decolonisation for me; that is the way for me to tap back into my tipuna. Because it was super accepted and normalised in precolonisation to the extent that we did not have a word for it." – Rangatahi Māori, rainbow with a disability or chronic condition⁴¹

We have limited quantitative and qualitative data about the wellbeing profile of intersectional groups of children and young people; this is provided where available, but there is a need for more research and lived experiences to inform the work of government in supporting wellbeing for these groups.

Wellbeing of tamariki and rangatahi Māori

Who are tamariki and rangatahi Māori in 2021/22?

Around 23% of children and young people in New Zealand identify as Māori. The median age of Māori in New Zealand is 26 years compared to a median age of 37 years for the total New Zealand population, meaning almost half of all Māori are children and young people. Māori are projected to make up an increasing ethnic share of the New Zealand population with tamariki Māori aged 0–14 projected to make up one third of all children aged 0–14 years by 2043.⁴² Many tamariki and rangatahi Māori will also identify with other ethnic, social and cultural identities.

What protected and enhanced the wellbeing of tamariki and rangatahi Māori in 2021/22?

Whānau wellbeing, connection to whenua, whakapapa, and status as tangata whenua are central to the wellbeing of rangatahi and tamariki. Rangatahi Māori tell us about their strong sense of belonging, support for their cultural identity and social support. Tamariki and rangatahi Māori are connected to their reo.

Whaanau and whakapapa. Knowing where you come from builds confidence. – Rangatahi aged 15 years⁴³

In 2021/22:

- 86% of ākonga Māori aged 12–18 years had someone they could ask about their whakapapa (70% among non-Māori students aged 12–18 years).
- 83% of ākonga Māori aged 12–18 years felt a sense of belonging to Aotearoa (76% among non-Māori students aged 12–18 years).
- 12% of ākonga Māori were taught in Māori Mediumⁱⁱ education.⁴⁴
- 33% of ākonga Māori could have an everyday conversation in te reo Māori.

What were the barriers to wellbeing for tamariki and rangatahi Māori in 2021/22?

Disparities in wellbeing outcomes for tamariki and rangatahi Māori compared to non-Māori exist throughout the child and youth wellbeing domains. Many of these disparities reflect the long-term impacts of colonisation as well as racism, discrimination and intergenerational disadvantage. Tamariki and rangatahi Māori who also identify with other systematically disadvantaged groups such as rainbow communities or disability communities experience compounding disadvantage.⁴⁵

“Things that get in the way [of wellbeing] is the stigma that comes with being in the system. People thinking you are an out of control teen who is always doing something bad and can’t be trusted. So, getting rid of that stereotype and showing more of the kids who have come out of care on top.” – Rangatahi in state care⁴⁶

In 2021/22:

- tamariki Māori aged 0–17 years were statistically significantly more likely to live in households experiencing material hardship than the total population aged 0–17 years (18.8% compared to 10.3%).
- 32% of ākonga Māori aged 12–18 years experienced discrimination (24% among non-Māori students aged 12–18 years).
- 24% of ākonga Māori aged 6–16 years were chronically absent from school (11% among non-Māori students aged 6–16 years).
- 26% of rangatahi aged 15–24 years experienced high levels of psychological distress, wahine Māori particularly (32%) (24% total population aged 15–24 years).

ⁱⁱ Māori Medium: Students are taught all or some curriculum subjects in the Māori language for at

least 51 percent of the time (Māori Language Immersion Levels 1–2)

Work underway to improve wellbeing of tamariki and rangatahi Māori

Government has a responsibility to meet the needs of tamariki and rangatahi Māori as tangata whenua. The Strategy's principles reflect Māori interests as tangata whenua, and recognise the Māori-Crown relationship is foundational.

For my voice and others to be heard we need people like you to listen and take in the things we say not just in one ear and out the other. Not making promises you know you can't keep but being honest with us." – Rangatahi from Ōtautahi⁴⁷

Government initiatives that seek to support the unique wellbeing needs and aspirations of tamariki and rangatahi Māori include:

- [Maihi Karauna](#): the Crown's strategy for Māori language revitalisation 2019–2023 identifies tamariki and rangatahi as a key target group critical to meeting the goals of the Maihi Karauna and revitalising te reo Māori
- [Ngā Tini Whetū](#): a whānau-centred early intervention prototype seeking to strengthen families and improve the safety and wellbeing of children
- [Paihere te Muka Tāngata](#): a Whānau Ora based initiative supporting Māori and their whānau engaged in the Corrections system
- [Whānau-centred facilitation initiative](#) provides locally led, holistic and whānau-centred approaches to family violence and sexual violence harm prevention, targeted at whānau at low to medium risk
- [Whai Kainga Whai Oranga](#): a commitment of \$730 million over four years to accelerate Māori-led housing solutions
- [Pae Aronui](#): an initiative to improve education, training and employment outcomes for rangatahi Māori
- [Rangatahi Manawaroa](#): supports community initiatives delivered in te ao Māori settings to rangatahi Māori which aim to impart knowledge, experiences, and skills to help rangatahi build resilience, wellbeing and leadership capability
- [Taiohi Ararau](#) – Passport to Life: supports young Māori on their pathway to training and employment by helping them get essential documents like their driver's licence and IRD number
- [strengthening wāhine Māori leadership](#): Te Puni Kōkiri's regional offices are working with Māori communities and providers in 3–6 localities to support the development of community-led initiatives focussed on wānanga or training initiatives for wāhine Māori that build cultural capability and leadership.

Wellbeing of Pacific children and young people

Who are Pacific children and young people in 2021/22?

Pacific peoples is a collective term used to describe the diverse cultures of people from Polynesian, Melanesian and Micronesian countries. Pacific peoples represent a culturally and linguistically diverse population made up of more than 16 ethnic groups, including Samoan, Cook Islands Māori, Tongan, Niuean, Tokelauan, Fijian, Kiribati, Tuvalu and other Pacific peoples. Around 13% of children and young people aged 0–17 years in New Zealand identify as Pacific peoples.⁴⁸ Pacific cultural identities are evolving, and children and young people increasingly identify with multiple ethnicities as well as a diversity of religion and spirituality, gender, disability, sexuality and family structure.⁴⁹ The Pacific peoples' population in New Zealand is very young, with a median age of 23 years compared with 37 years for the total New Zealand population.⁵⁰ This means more than half of all Pacific people living in Aotearoa are children or young people. Pacific peoples are connected by whakapapa with tangata whenua of Aotearoa.

What protected and enhanced the wellbeing of Pacific children and young people in 2021/22?

Pacific cultural values, language, and identities are central to the wellbeing of Pacific children and young people, and are living, celebrated assets. The wellbeing of children and the wellbeing of families and communities are tightly woven collectives. Enhancing child and youth wellbeing means extending support to all parts of Pacific populations. Spirituality is a core component of wellbeing.

Pacific children and young people tell us about the strong relationships they have with their families and the support they feel for their identity and culture. Children and young people want to be valued and included within Pacific communities, and for those with different intersecting identities to be equally valued.⁵¹

“We are strong, thriving, together because of faith. It is one of the foundations that binds us.”⁵²

In 2021/22:

- 87% of Pacific students aged 12–18 years had someone they could ask about their culture or ethnic group (71% among non-Pacific students aged 12–18 years).
- 82% of Pacific students aged 12–18 years felt a sense of belonging to Aotearoa (77% among non-Pacific students aged 12–18 years).
- 70% Pacific students aged 12–18 years agreed it is easy for them to express their identity (67% among non-Pacific students aged 12–18 years).

What were the barriers to wellbeing for Pacific children and young people in 2021/22?

There are disparities in wellbeing for Pacific children and young people compared to other ethnic groups, many of these are consequences of material deprivation and poverty. Disparities also reflect the long-term impacts of stereotyping, racism, discrimination and bias, and the lack of cultural capacity and capability of services and systems.

“There is no real sense that Government is able to look at situations from the perspectives of those in poverty, for example young people are treated all the same way in the classroom but do not all have the same home life. Many will go home with their assigned homework but may experience violence in the home or live in poverty.”⁵³

Pacific children and young people who also identify with other systematically disadvantaged groups such as rainbow communities or disabled communities experience compounding disadvantage.

In 2021/22:

- Pacific children aged 0–17 years were statistically significantly more likely to live in households experiencing material hardship than the total population aged 0–17 years (25.6% compared to 10.3%).
- 38% of Pacific children aged 0–14 years lived in households where food runs out often or sometimes (13% among the total population aged 0–14 years).

- 28% of Pacific children aged 6–16 years regularly attended school (compared to 40% for all students aged 6–16 years). Pasifika aged 6–16 years were twice as likely to be chronically absent from school compared to non-Māori, non-Pacific students. Pacific young people aged 15–24 were also less likely to be in employment, education or training than the total population (16% compared to 12% for the total population aged 15–24 years)
- Pacific children experienced the highest rate of potentially avoidable hospitalisations of any population group – 66 per 1000 Pacific children aged 0–14 years compared with 41 per 1000 non-Māori, non-Pacific children.
- Pacific students aged 12–18 years experienced statistically significantly higher rates of discrimination than their non-Pacific peers (32% compared with 25% of non-Pacific students).

Work underway to improve wellbeing of Pacific children and young people

Government is committed to reducing the rates and impacts of child poverty, and to supporting confident, thriving and resilient Pacific young people. Gains have been made in reducing rates of child poverty, potentially avoidable hospitalisations and food insecurity, but inequity persists.

Government initiatives that seek to support the unique wellbeing needs and aspirations of Pacific peoples [including children and young people] include:

- the [All-of-Government Pacific Wellbeing Strategy](#) to lift Pacific wellbeing and aspirations in health, housing, education, business, employment, incomes, leadership, Pacific arts, sports, music, and STEAM career pathways
- the [Pacific Education Innovation Fund](#) to respond to local wellbeing and curriculum needs of Pacific learners and families arising from and/or exacerbated by the COVID-19 pandemic
- the [Pacific Education Support Fund](#) to broker support for Pacific learners and families to access education
- the [Pacific Languages Strategy](#) to take a long-term approach to coordinate our support for Pacific language across government, communities and other key stakeholders
- the [Pacific Housing Initiative](#) to lay the foundations and provide the skills required for Pacific peoples to gain improved housing conditions and home ownership
- the [Pacific Employment Action Plan](#) to enable Pacific communities' aspirations for collective prosperity and employment, self-employment and business ownership
- [Pacific Aotearoa Community Outreach](#) to enable more frequent and responsive engagements between government and Pacific communities to keep Pacific peoples informed and supported during the country's response to COVID-19
- the [Tupu Aotearoa](#) programme to connect Pacific youth aged 15 and over with local providers who support pathways into employment, further training or study
- the [Tolooa](#) programme to support Pacific communities' in STEAM pathways (Science, Technology, Engineering, Arts and Maths) over a whole of life approach – ECE, Primary, Intermediate, Secondary, Tertiary through to the Workforce
- the [Fale mo Aiga – Pacific Housing Strategy and Action Plan 2030](#) to enact Pacific communities' housing aspirations and reverse poor housing outcomes and socioeconomic disadvantage for Pacific peoples.

Wellbeing of children and young people of other ethnic groups

Who are children and young people of ethnic communities in 2021/22?

Aotearoa New Zealand's ethnic communities include migrants, refugees, long-term settlers and those born in New Zealand who identify their ethnicity as African, Asian, Continental European, Latin-American and Middle Eastern. Ethnic communities make up around a fifth of New Zealand's population, almost a million people. They are an incredibly diverse group, representing over 200 ethnicities, speaking over 170 languages and having 45 distinct religious affiliations.⁵⁴ Analysis in this section focuses on children and young people identifying as Asian or as MELAA (Middle Eastern, Latin-American and African), as the two ethnic community groups for which robust wellbeing data is available.

Around 16% of children and young people identify with one or more Asian ethnicities (Chinese, Indian, Filipino, Korean, Japanese, Fijian Indian, Sri Lankan, Cambodian and 18 others), making it the third largest ethnic group in New Zealand. By 2043, a projected 27% of children and young people will identify with Asian ethnicities.⁵⁵

Around 2% of children and young people identify with MELAA ethnic groups. By 2043, a projected 4% of children and young people will identify as MELAA.⁵⁶

Although culturally and linguistically diverse, common threads of cultural values, language and identities emerge as central to the wellbeing of children and young people from ethnic communities. While averages are presented here, the experiences and wellbeing of children and young people from ethnic communities varies greatly depending on factors such as socioeconomic status, immigration/refugee status and cultural background.

Children and young people from Asian communities report very different wellbeing profiles compared to children and young people from MELAA communities. As such, this section and the remainder of the report splits the Asian cohort and the MELAA cohort, noting

that many children and young people identify with more than one ethnic group.

What protected and enhanced the wellbeing of children and young people of Asian communities in 2021/22?

Asian children were less likely to live in a household experiencing poverty and material disadvantage compared to other ethnic groups. Asian children and young people reported better family wellbeing, were more likely to participate and achieve in education than other ethnic groups and experienced better mental wellbeing – although rates of mental distress are high across all population groups.

In 2021/22:

- 5% of Asian children aged 0–14 years lived in households where food runs out often or sometimes – around one-third of the rate of non-Asian children.
- 82% of Asian students aged 12–18 years rated their family as doing well (72% among non-Asian students).
- 54% of Asian students aged 6–16 years regularly attended school (compared to 40% of all students aged 6–16 years).
- 92% of Asian young people aged 15–24 years participated in education, training or employment (compared to 88% of all young people aged 15–24 years).

What were the barriers to wellbeing for children and young people of Asian communities in 2021/22?

Children and young people from Asian communities report experiencing racism and feeling excluded from activities because of their ethnic identity.

In 2021/22:

- Asian students aged 12–18 years were more likely to report having been treated unfairly or made to feel different because of their ethnicity (mean score 3.3/10, compared to 2.3/10 among all students aged 12–18 years).

- 27% of Asian students aged 12–18 years report having experienced discrimination (25% among non-Asian students aged 12–18 years).

What protected and enhanced the wellbeing of children and young people of Middle Eastern, Latin American and African communities in 2021/22?

Connection to family, faith, support for cultural identity and languages are areas of strong wellbeing among MELAA children and young people.

In 2021/22:

- 69% of MELAA students aged 12–18 years reported having a religion or spiritual beliefs (compared with 42% of all students aged 12–18 years).
- 82% of MELAA students aged 12–18 years had someone they could ask about their culture or ethnic group (73% among non-MELAA students aged 12–18 years).
- 55% of MELAA students aged 12–18 years could have an everyday conversation in more than one language.

What were the barriers to wellbeing for children and young people of Middle Eastern, Latin American and African communities in 2021/22?

While MELAA is a highly diverse grouping, overall subjective wellbeing measures were lower across many domains. Disparities reflect the long-term impacts of stereotyping, racism, discrimination and bias, and the lack of cultural capacity and capability of services and systems.

In 2021/22:

- 52% of MELAA students aged 12–18 years felt able to express their identity (67% among non-MELAA students aged 12–18 years).
- 39% of MELAA students aged 12–18 years reported experiencing discrimination (25% among non-MELAA students aged 12–18 years).

- 44% of MELAA students aged 12–18 years reported experiencing high levels of mental distress (28% among non-MELAA students aged 12–18 years).
- 64% of MELAA students aged 12–18 years felt hopeful about the future (71% among all students aged 12–18 years).

In the development of the Child and Youth Wellbeing Strategy, children and young people of Middle Eastern, Latin American and African communities told us they want to be free to explore and develop their culture and identity, and have hope for their future.⁵⁷

“A future that allows all children/youth from every ethnic background to have a promising future. As a young Muslim wearing a headscarf (hijab)... If we could find a way to change systematic discrimination, it would be beneficial towards all Muslim women.”⁵⁸

Work underway to improve wellbeing of children and young people of ethnic communities

Government initiatives that seek to support the unique wellbeing needs and aspirations of ethnic communities, including children and young people, include:

- developing the [National Action Plan against Racism](#) to set concrete steps for the government to take, and provide guidance for communities, businesses and institutions to support their own solutions to progressively eliminate racism
- establishing [Community Learning Hubs](#) to support ethnic communities' engagement with the education system
- the [Ethnic Communities Development Fund](#) to support ethnic communities to grow their skills, celebrate their culture and take part in society
- the [Ethnic Communities Digital Inclusion Fund](#) to ensure ethnic communities can use digital technology to take part in Aotearoa New Zealand's society.

Wellbeing of disabled children and young people

Who are disabled children and young people?

Consistent with the Social Model of Disability, disability is a product of the interaction between people who have functional impairments and the environment in which they live – which may or may not accommodate their needs – resulting in limited and unequal participation in society. Impairments include sensory, mobility, intellectual, developmental, behavioural, psychological, and learning impairments.

The 2013 Disability Survey identified a disability rate of 11% among children aged 0–14 years.⁵⁹ Another way of understanding prevalence is at the family level. The 2022 Household Economic Survey reported that 27% of children lived in households with one or more disabled people.⁶⁰

What protected and enhanced the wellbeing of disabled children and young people in 2021/22?

Overall, a large proportion of disabled children and young people report protective factors, though less often than their non-disabled peers.

- 76% of disabled students aged 12–18 years had someone they could turn to if they were going through a difficult time and needed help (compared to 89% of their non-disabled peers).⁶¹
- 81% of disabled students aged 12–18 years felt loved by the people who look after them (compared to 93% of their non-disabled peers).⁶²
- 81% of disabled children and young people at school agreed they have kind, helpful teachers who care about them.⁶³
- Disabled students aged 12–18 years strongly agreed their friends accepted them for who they are (8.1 out of a 10–point scale).⁶⁴

What were the barriers to wellbeing for disabled children and young people in 2021/22?

Across wellbeing domains and across relevant domains of the New Zealand Disability Strategy, disabled children and young people

experience poorer outcomes compared to their non-disabled peers.

Education

- Many disabled learners face barriers and are discouraged from enrolling in their local schools or asked to stay home due to limited resources.⁶⁵
- Better outcomes for disabled learners tend to be found more often in low-decile schools, and whānau of disabled learners felt more positive at school with a high Māori roll.⁶⁶

*“We’re at the back of the school obviously, I wish the mainstream included us more than they do now. We should be in front of the school, but they probably will, still won’t act like, include us more than they do now.” – Disabled young person from Wellington.*⁶⁷

Economic security

- 32% of disabled young people aged 15–24 years were not in employment, education, or training (compared to 10% of non-disabled young people).⁶⁸
- disabled children aged 0–17 years were statistically significantly more likely to live in households experiencing material hardship than non-disabled children (21.5% compared to 8.9%).
- children living in disabled households were statistically significantly more likely to have low household income before housing costs (BHC–50) than children in non-disabled households (17.9% compared to 9.7%).
- 36% of disabled young people faced housing deprivation – needing to sleep or live in challenging conditions due to housing costs – compared to 28% of non-disabled young people.⁶⁹

Mental and physical health

- 31% of disabled students aged 12–18 years reported they did not get the healthcare they needed in the previous year (compared to 20% of their non-disabled peers).⁷⁰

- 16% of disabled students aged 12–18 years used drugs that can cause a high or trip, excluding cannabis (compared to 9% of all students aged 12–18 years).⁷¹
- 66% of disabled students aged 12–18 years had felt like life was not worth living (compared to 41% of all students), and 26% had attempted suicide in the last 12 months (compared with 7% of their non-disabled peers). These statistics point to a need for more mental health support among all children and young people, as well as for disabled children and young people.⁷²

Safety and belonging

- 25% of disabled students aged 12–18 years reported having ever had family involvement with Oranga Tamariki (compared with 17% of all students aged 12–18 years).⁷³
- 38% of disabled young people had experienced interpersonal violence (compared with 19% of non-disabled young people).⁷⁴
- 50% of disabled students aged 12–18 years reported experiencing bullying in the last 12 months (compared with 37% of all students aged 12–18 years).⁷⁵

“If you were a young disabled person in a wheelchair and there wasn’t a ramp at the front of a building, [you would have to] go around the back entrance just to get in. As much as you have the accessibility it’s almost dehumanising to be forced to go through that back entrance.”
– disabled young person from Wellington⁷⁶

Work underway to improve the wellbeing of disabled children and young people

To improve the wellbeing of disabled children and young people, government has invested in:

- establishing New Zealand’s first Ministry of Disabled People – [Whaikaha](#)
- updating [Autism guidelines](#) to better understand and communicate best practices for supporting autistic people and their families and whānau
- introducing the [Accessibility for New Zealanders Bill](#), to address barriers faced by those with disabilities
- piloting an [Employment Service at school](#) to support disabled young people to achieve their educational and employment goals
- progressing the implementation of the Enabling Good Lives approach to Disability Support Services across New Zealand
- redeveloping the [Disability Survey](#)
- undertaking a [Highest Needs Learners Review](#) to ensure that children and young people with the highest needs for learning support achieve their full potential through positive education outcomes
- establishing over 600 Learning Support Coordinator (LSC) roles at school and kura to support teachers and kaiako get access to the right learning support at the right time.

Wellbeing of rainbow children and young people

Who are rainbow children and young people?

‘Rainbow’ is used here as an inclusive umbrella term that describes people and communities of diverse sexualities, genders and variations of sex characteristics. It includes those who identify as lesbian, gay, bisexual, transgender, queer, intersex or asexual (LGBTQIA+), as well as Māori and Pacific identities – takatāpui, mahu, vakasalewa, palopa, fa’afafine, akava’ine, fakaleiti (leiti), fakafifine and more.

Estimates of the size of rainbow communities vary. The 2021 Household Economic Survey reports that 8% of young people aged 18–24 years identified as LGBT+. ⁷⁷ In the 2021 *What About Me?* survey around 20% of students aged 12–18 years reported diverse sexual identities – around 6% identified as gay or lesbian and 10% as bisexual – and 2.3% of reported trans or non-binary identities. ⁷⁸

What protected and enhanced the wellbeing of rainbow children and young people in 2021/22?

While the recent *Identify Survey* ⁷⁹ and *What About Me? Survey* ⁸⁰ found some concerning challenges to the wellbeing of rainbow children and young people, with higher rates of distress and material hardship among rainbow children and young people than non-rainbow children and young people, they also highlighted the enormous resiliency that rainbow children and young people demonstrate, for example:

- there is a strong sense of connection to friends, indicating rainbow communities are good at building ‘chosen family’
- 97% of secondary school students identifying as belonging to rainbow communities have come out to someone at school about their identity, and 80% are really proud of their identity in spite of the challenges they’re facing
- 79% of rainbow students aged 12–18 years feel they are loved by the people who look after or care for them
- 78% of rainbow students aged 12–18 years have an adult they could turn to if they needed help.

What were the barriers to wellbeing for rainbow children and young people in 2021/22?

The *Identify* and *What About Me?* surveys underscore concerning wellbeing outcomes reported by rainbow children and young people, including disparities relating to mental health.

In 2021/22:

- 57% of rainbow students aged 12–18 years reported high or very high levels of psychological distress in the last four weeks (compared with 21% of their non-rainbow peers).
- 55% of rainbow students aged 12–18 years have seriously thought about killing themselves in the last 12 months (compared with 20% of their non-rainbow peers), with 26% attempting suicide in the last 12 months (compared with 8% of their non-rainbow peers).
- 48% of rainbow students aged 12–18 years experienced bullying in the last 12 months (compared with 35% of their non-rainbow peers).
- 44% of rainbow students aged 12–18 years experienced discrimination in the last 12 months (compared with 21% of their non-rainbow peers).
- 37% of rainbow students aged 12–18 years report that it is easy for them to express their identity (compared with 74% of their non-rainbow peers).

“I hope in the near future, young rainbow people get the love, respect and support they deserve, both legally and in the community. Acceptance is so, so important.” – Asian young person⁸¹

Work underway to improve wellbeing of rainbow children and young people

Initiatives that specifically target the rainbow youth population include:

- introducing [legislation to protect the rights of our rainbow communities](#) and support open and respectful discussion

about sexual orientation, gender identity, and gender expression

- introducing [legislation that provides a more accessible and inclusive process](#) for people to change the sex recorded on their birth certificate
- [investing in rainbow mental wellbeing initiatives](#) to support mental health and addiction services, workforce development and additional funding to the Rule Foundation's Rainbow Wellbeing Legacy Fund
- developing a [toolkit and a competency programme](#) to enable an effective and safe response to the housing needs of rainbow youth communities
- [investing in rainbow-centred violence prevention initiatives](#), including the development of practice guidelines, healthy relationships and consent resources, and an awareness raising campaign
- [funding for new and tailored strategies to disrupt the cycle of homelessness](#) for communities experiencing discrimination and isolation, including rainbow communities.

2021/22 Timeline of Activities

			<p>New iwi-led prevention programme to reduce the rate of tamariki coming into care</p> <p>New sexual violence primary prevention system launched, including kaupapa Māori approaches</p> <p>More support for highest needs learners</p> <p>Whai Kāinga, Whai Oranga fund opens, supporting iwi-led housing solutions</p>		<p>Launched Te Aorerekura, NZ's first National Strategy to Eliminate Family Violence and Sexual Violence</p> <p>Announced recipients of Unlocking Curious Minds funding, supporting student-led research</p> <p>Approved additional Māori housing projects, to deliver 140 new houses and support repair of 242 whānau-owned homes</p>
July 2021	Aug 2021	Sept 2021	Oct 2021	Nov 2021	Dec 2021
<p>Clinical and wider support for midwives increased</p> <p>Well Child Tamariki Ora review released</p> <p>Warmer Kiwi Homes programme exceeds annual target, with 38,000 installs</p> <p>Pacific Community Housing Provider Registration Support programme launched</p> <p>Main benefit rates increased by \$20 per adult per week from 1 July</p>	<p>Free and healthy lunches now reaching 220,000 kids at 960 schools every school day – 1,000,000 lunches per week</p> <p>Legislation passed to better support and empower children in the Family Court process</p>	<p>Social Security (Subsequent Child Policy Removal) legislation passed</p> <p>Youth Mental Wellbeing Fund boosts support for community-led projects</p> <p>Mental health and wellbeing support increased for rainbow young people</p> <p>New government procurement rule introduced to help create employment opportunities for youth</p>		<p>Subsequent Child Policy Sanction removed</p> <p>Maternal mental health services expanded in five DHBs</p> <p>More counselling support for around 24,000 of our most vulnerable children and young people</p> <p>Healthy Active Learning initiative extended to a further 500 schools and kura</p> <p>Delivery of a further 1,000 transitional housing places to reduce homelessness</p> <p>Second round of funding for local initiatives that help overcome homelessness open</p>	

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<p>Report shows a continuing substantial drop in the rate of youth offending</p> <p>Report shows Families Package is delivering better outcomes and lifting incomes</p>		<p>Reduced fuel costs and halved public transport fares as part of a cost of living package</p> <p>The 10th Youth Parliament programme gets underway</p> <p>Increased opportunities for young people with disabilities in sport and recreation through Disability Inclusion Fund.</p> <p>Record number of Pacific young people receive STEAM funding</p> <p>Final content for teaching Aotearoa New Zealand's history released</p>		<p>Announced Cost of Living package to ease impact on households</p> <p>Boosted funding for youth development services</p> <p>Expanded Mana Ake mental health services to reach more primary and intermediate aged children</p> <p>Launched the Pacific Employment Action Plan</p> <p>Announced increased Dental Grants for low-income families from \$300 to \$1000</p> <p>Funding to improve iwi and community collaboration with Oranga Tamariki</p>	
Jan 2022	Feb 2022	March 2022	April 2022	May 2022	June 2022
	<p>Increased mental health and addiction supports for Auckland's 80,000 tertiary students</p> <p>Expanded access to online parenting and family support programmes</p> <p>Legislation passed to protect against conversion practices</p> <p>Māori medium and Kaupapa Māori pathways programme revamped</p> <p>He Poutama Rangatahi funding to support 1,000 more rangatahi into employment, education or training</p>		<p>Main benefit rates increased by between \$20 and \$42 per adult, perweek</p> <p>Minimum wage increased to \$21.20ph</p> <p>Student allowance and living costs increased by \$25pw</p> <p>Childcare assistance income thresholds indexed to average wage growth</p> <p>Working for Families tax credit increases</p> <p>Launched new resources for schools on consent, gender diversity & inclusion</p> <p>Annual Report for the Child and Youth Wellbeing Strategy and third Child Poverty Related Indicators Report</p>		<p>Introduced new School Attendance and Engagement Strategy</p> <p>Increase to paid Parental leave entitlements announced</p> <p>Increased support for low-income households to pay local council rates</p> <p>Additional funding to provide gender affirming care to gender diverse people.</p>



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)
- spend quality time with their parents, family and whānau.

Why this is important

All children and young people deserve to live in stable, loving homes free from violence, have quality time with their family and whānau, and be safe and secure from harm and accidents. A stable and quality home environment with love and trust influences a child and young person's wellbeing, learning and development, and their ability to form attachments with others. Lasting and nurturing relationships are critical to many other aspects of wellbeing and the building of resilience and social skills.

This outcome focuses on supporting families and whānau to provide safe, loving and nurturing homes, and preventing children and young people from experiencing abuse or neglect or being exposed to family or sexual violence.

Parents, families and whānau need quality time and the right headspace to develop strong connections with their children.

Some children and young people live in families and whānau with toxic stress and complex needs, such as the combined impacts of long-term unemployment, low income, unaddressed physical and mental health needs, parental alcohol and drug addiction, and family violence.

We want to ensure parents have the support and help they need to reduce their stress burden, so they can be the best parent they can be.

How it will be measured

We have used six indicators to measure progress in this outcome. These include subjective wellbeing indicators, which draw on children and young people's experiences:

- feeling loved
- family and whānau wellbeing
- quality time with parents
- harm against children
- feeling safe
- serious injuries.

*"REALLY JUST PEOPLE WHO
REALLY BELIEVE IN YOU IS
THE MOST ESSENTIAL THING
TO HAVING A GOOD LIFE.
AND PEOPLE WHO SUPPORT
YOU NO MATTER WHAT."*

SAFE FROM HARM – SPOTLIGHT ON TE AOREREKURA

WORKING TOGETHER TO ELIMINATE FAMILY VIOLENCE AND SEXUAL VIOLENCE

Aotearoa New Zealand's high rates of family violence and sexual violence severely undermine the wellbeing of children and young people impacted by violence and their families and whānau. Children and young people experiencing compounding forms of disadvantage and discrimination are disproportionately affected.

Te Aorerekura sets a wellbeing and strengths-based vision for eliminating family violence and sexual violence. It creates a framework for collective action, setting out what the Government is committing to do, including collaborative work to define how it will measure and report on progress.

Actions in 2021/22

- Te Aorerekura launched in December 2021.
- Integrated community-led responses in five localities.
- Parenting website, Tākai, went live – providing information and resources for whānau supporters.
- Online tools and apps went live on areyouok.org.nz.
- Tangata Whenua Ministerial Advisory Group appointed.

Next steps 2022/23

- Expanding the regional Community Prevention Infrastructure network.
- Launching the Love Better campaign to promote safe, positive and equal relationships for young people.
- Launching a media campaign to encourage men using violence to seek help.
- Developing a web-based “Change is Possible” platform.

Shifting towards...

...strength-based wellbeing

Expansion of integrated community-led responses, funded through Budget 2022, will support people to access whānau-centred services and supports that are holistic and support healing.

...mobilising communities

The Annual Te Aorerekura Hui, first held in July 2022, provides a forum for communities and the family violence and sexual violence sectors to amplify their voice and influence, and to hold Government to account for progress against the strategy.

...skilled, culturally competent and sustainable workforces

Te Puna Aonui's new National System Practice Leads and Trainers will support government and non-government organisations to improve responses to any person experiencing violence, to influence system change, and to identify gaps and opportunities.

...investment in primary prevention

Accident Compensation Corporation is investing \$44.9 million to design a fit-for-purpose, enduring sexual violence primary prevention system over the next four years.

...safe, accessible and integrated responses

The Ministry of Social Development is undertaking a gap analysis of Family Violence and Sexual Violence service so that government can plan, with communities and specialist sectors to prioritise and fill gaps.

...increased capacity for healing

Paiheretia te Muka Tāngata draws on the strengths of the Whānau Ora approach to support Māori and their whānau who are engaged in the Corrections system.

Wellbeing in 2021/22: Indicators

Indicator	Measure	2019/20	2020/21	2021/22	Change
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	The Youth Health and Wellbeing Survey was first conducted in 2021/22		90%	N/A
	Māori			87%	
	Pacific			89%	
Family and whānau wellbeing	Percentage of children and young people at school (aged 12–18 years) rating their families as doing well	The Youth Health and Wellbeing Survey was first conducted in 2021/22		73%	N/A
	Māori			66%	
	Pacific			74%	
	Percentage of young people (aged 18–24 years) who rate their family as doing well (7–10 in a scale of 0–10)	83%	82%	81%	→
	Māori	77%	79%	65%	↓
	Pacific	83%	88%	Insufficient sample**	N/A
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	The Youth Health and Wellbeing Survey was first conducted in 2021/22		74%	N/A
	Māori			66%	
	Pacific			71%	
Harm against children	Number of children and young people (aged 0–17 years) with notifications to Oranga Tamariki who were referred for further assessment or investigation	34,673	35,081	29,298	↓
	Māori (includes Māori and Māori-Pacific)	18,479	18,435	15,451	↓
	Pacific (includes Pacific and Māori-Pacific)	5,363	5,486	4,512	↓
	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	The Youth Health and Wellbeing Survey was first conducted in 2021/22		13%	N/A
	Māori			21%	
	Pacific			19%	
Feeling safe	Percentage of children and young people at school (aged 12–18 years) who agree they feel safe at home	The Youth Health and Wellbeing Survey was first conducted in 2021/22		89%	N/A
	Māori			85%	
	Pacific			87%	
Serious injuries	Rate of serious non-fatal injuries per 100,000 children and young people (aged 0–24 years) (2019, 2020, 2021)	123	113	118	↑
	Māori	167	166	171	↑
Mortality	Number of deaths (all cause) of children and young people (aged 0–24 years) (2018, 2019, 2020)	724	772	686	↓
	Māori	246	266	237	↓
	Pacific	81	110	92	↓

Data notes

↑ Indicates an annual increase between 2020/21 and 2021/22 of 1 percentage point or more that is not statistically significant at 95% confidence – the difference may have arisen due to chance.

↓ Indicates an annual decrease between 2020/21 and 2021/22 of 1 percentage point or more that is not statistically significant at 95% confidence – the difference may have arisen due to chance.

→ Indicates there was no change between 2020/21 and 2021/22.

* Identifies observed annual change is statistically significant – ie, the change can reasonably be expected to be a true change in the overall population being measured.

N/A indicates there is no information on the annual trend between 2020/21 and 2021/22 – due to one of these data points not being available.

The Youth Health and Wellbeing Survey What About Me? was conducted in 2020/21 and is expected to be administered every three years. The survey questions differed from previous youth surveys, for example the Youth 19 Survey, so accurate comparisons, even among similar questions over time cannot be made.

**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 sample size of the General Social Survey was lower than expected. Estimates are usually suppressed where the weighted count is less than 1,000. For GSS 2021 estimates, suppression was also applied if the unweighted count was 5 or less.

Loved, safe and nurtured

In 2021/22, most young people said they had good family wellbeing and felt loved and cared for. There has been a notable decrease in the number of reports of concern notified to Oranga Tamariki requiring further action.



81%

of young people
reported good
family wellbeing



89%

of young
people felt
safe at home



90%

of young people
felt loved



15%

decrease in
notifications
to Oranga
Tamariki

Feeling loved

In 2021/22, nine out of ten students aged 12–18 years told us they felt loved by the people who look after or care for them. There was no variation in the proportion feeling loved by ethnic group. However, fewer disabled students and fewer students who identified as belonging to rainbow communities reported feeling loved compared to their non-disabled and non-rainbow peers.

Family and whānau wellbeing

Family wellbeing rated by young people aged 18–24 years remained stable at 81% in 2021/22, compared to previous years. Family wellbeing as rated by rangatahi Māori was much lower at 65%, a decrease of 14 percentage points on 2020/21. Due to a decreased sample sizeⁱⁱⁱ,

survey data on family wellbeing for other demographic groups is not available for 2021.

Family wellbeing rated by students aged 12–18 years was lower overall than the 18–24 years cohort – 74% compared to 81%. This may be due to differences between the source survey approaches, or due to underlying differences in the cohorts. Among students aged 12–18 years, tamariki & rangatahi Māori, disabled students, and rainbow students reported statistically significantly lower family wellbeing than those not in these population groups. Asian students reported statistically significantly higher ratings for family wellbeing than non-Asian students.

The 2021/22 New Zealand Health Survey also asked a question on family wellbeing. Among all young people aged 15–24 years, 83% reported good family wellbeing, a similar

ⁱⁱⁱ GSS 2021 had a sample size of 3,484 person responses, this compares with approximately 8,000–8,500 for a normal 12-month collection.

overall rate to the 2021 General Social Survey. There were no statistically significant differences between population groups seen in this survey.

The 2021/22 New Zealand Health Survey reported that 93% of children lived with a parent who felt they had emotional support for parenting.

Quality time with parents

In 2021/22, 74% of students aged 12–18 years told us they get to spend enough time with the people who look after or care for them. Ākonga Māori were somewhat less likely to report this (66%), while disabled students and students who identified as belonging to rainbow communities were much less likely to report this (58% and 57% respectively). These differences are statistically significant compared to non-Māori, non-disabled and non-rainbow students respectively.

Harm against children

In 2021/22, 13% of students aged 12–18 years reported having been hit or physically hurt or having seen others in the home being hit or physically hurt by adults in the places where they usually live. Disabled students reported the highest rate of experiencing or witnessing family violence at around one in four (24%). Ākonga Māori reported almost twice the rate of experiencing or witnessing family violence (21%) compared to non-Māori students (11%).

In 2021/22, 29,298 children and young people aged 0–17 years were referred for further assessment (distinct individuals), of a total count of 66,364 notifications to Oranga Tamariki. This represents a 15% reduction in the number of notifications and a 16% reduction in the number of children and young people referred for further assessment compared to 2020/21. There has been a continuing downward trend since a peak of 92,250 notifications in 2017/18. Over half of children and young people referred for further

assessment were tamariki and rangatahi Māori (15,451).

In 2021/22 there were 1037 entries to care (including warrants), and a total of 4722 children and young people were under the care of Oranga Tamariki. Entries to care have more than halved since 2017/18, with the greatest decrease in entries among tamariki and rangatahi Māori (58% decrease from 1533 in 2017/18 to 649 in 2020/21), and among babies under 12 months (70% decrease entries from 440 in 2017/18 to 133 in 2021/22).⁸²

Feeling safe

In 2021/22, nine out of ten students aged 12–18 years told us they felt safe at home (89%). Disabled students and students who identified as belonging to rainbow communities were statistically significantly less likely to report feeling safe at home (77% and 75% respectively). These were both statistically significant differences compared to non-disabled students and non-rainbow students respectively.

Considering home, work, community and school settings, students aged 12–18 years were statistically significantly less likely to feel safe at their school or kura than these other settings, with disabled students and students who identified as belonging to rainbow communities reporting the lowest mean safety scores compared to other population groups.

A comparable question in the Youth 19 youth health and wellbeing survey reported that, in 2019, 93% of students surveyed felt safe in the places they usually live.⁸³

Serious injuries

In 2021 there were 1,911 serious non-fatal injuries among children and young people; a rate of 118 injuries per 100,000 children and young people aged 0–24 years.^{iv} Serious injury rates were statistically significantly higher among tamariki and rangatahi Māori (171 per 100,000). Serious injury is statistically significantly more prevalent in young people

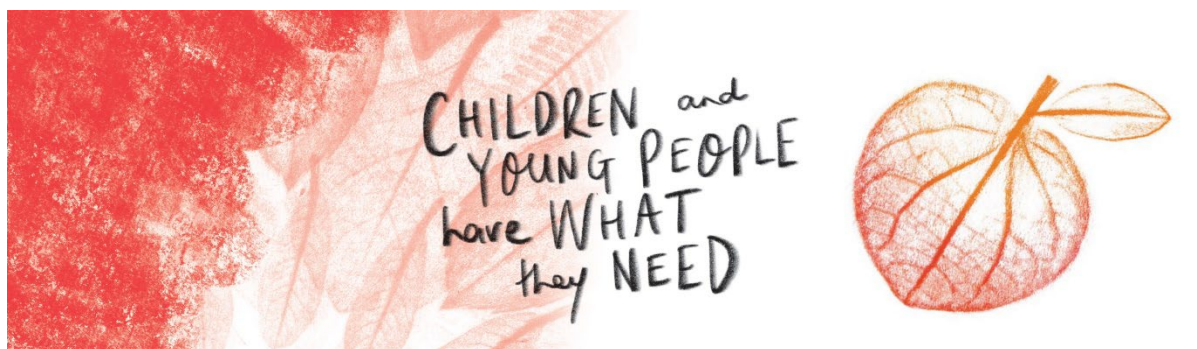
^{iv} Serious injury numbers are randomly rounded to base 3 to protect confidentiality. Serious injury rates are age standardised rate and presented per 100,000 person years at risk. This standardisation eliminates

the effect of different age structures across populations.

aged 15–24 years compared to children aged 0–14 years.⁸⁴

Mortality

In 2020, the most recently available year of data, 686 deaths were reported for children and young people aged 0–24 years. This is a decrease since 2019 where 772 deaths were reported. Around one third of deaths were among tamariki and rangatahi Māori (237). This continues a large inequity in mortality rates for Māori who make up around 23% of the population aged 0–24 years, but 35% of all deaths.



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
- have parents/caregivers with the skills and support they need to access quality employment.

Why this is important

All children and young people deserve to grow up in families and whānau that have the resources they need to thrive. Many families lack the resources to meet their basic material needs and are excluded from a minimum acceptable standard of living. This outcome aligns closely with the Government's focus on reducing child poverty.

The experience of poverty can involve various forms of hardship, such as going hungry, living in cold, damp houses, and foregoing opportunities that many take for granted, like birthday parties or joining a sports team.

Evidence shows that the experience of poverty in childhood, especially when that experience is severe and/or persistent, can have negative lifelong impacts. Children and young people may be more likely, on average, to experience poorer educational outcomes, poorer health, and have more difficulty finding work in adulthood. The harmful effects also impact on society as a whole.

This outcome focuses on reducing child poverty by improving the material wellbeing of households in poverty and hardship. This focus has the potential to help break the cycle of disadvantage and intergenerational poverty and improve many other wellbeing outcomes.

How it will be measured

We use five indicators to measure progress in this outcome.

- material wellbeing
- child poverty
- food insecurity (CPRI)
- housing quality (CPRI)
- housing affordability (CPRI).

Several of these indicators are either official measures of child poverty in the Child Poverty Reduction Act 2018 or have been formally identified and gazetted as Child Poverty Related Indicators (CPRI) under the Act. For more detailed analysis of the CPRI, refer to the [2022 CPRI report](#).

*"A GOOD LIFE TO ME IS
HAVING THE SAME
OPPORTUNITIES AS
EVERYONE ELSE."*

MATERIAL WELLBEING – SPOTLIGHT ON INCOME SUPPORT

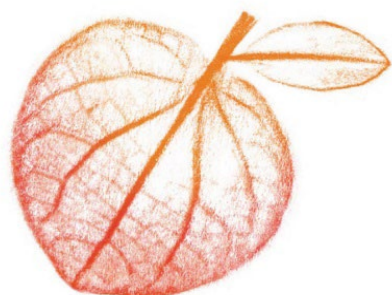
The Government is reducing child poverty by improving the material wellbeing of households in poverty and hardship. This focus has the potential to break the cycle of disadvantage and intergenerational poverty and improve many other wellbeing outcomes.

Actions in 2021/22

- \$40–\$62 per adult, per week increase to main benefits (compared to April 2021).
- Minimum Wage increased to \$21.20 from April 2022.
- Orphan's Benefit, Unsupported Child's Benefit, Foster Care Allowance increased by \$5 per week.
- Best Start payment lifted by \$5 per week from April 2022.

Next steps 2022/23

- Expansion and increase of dental grants from \$300 to \$1000 from December 2022.
- Childcare assistance thresholds to increase in April 2023.
- Child support pass-on implementation.
- Main benefit rates to be adjusted to CPI in April 2023.
- Minimum wage increasing to \$22.70 from April 2023.
- Family Tax Credit to increase by \$9 a week for eldest child, \$7 a week for subsequent children from April 2023.
- Best Start payments to lift by \$4 per week from April 2023.



Improving earnings and employment...

28%	\$20	112,000
increase in Minimum Wage since April 2018	per week average increase through Working For Families changes in April 2022	parents and caregivers with children under three received Best Start payments in 2021

Creating a fairer and more equitable welfare system...

43%	\$56m	2,202
average increase in total incomes after housing costs for people supported by main benefits between 2018 and April 2022	invested to increase eligibility for hardship assistance	Sustaining Tenancy support service places contracted

Reducing child poverty...

45,600	77,000	28,700
fewer children in low income households before housing costs since 2017/18	fewer children in low income households after housing costs since 2017/18	fewer children in material hardship since 2017/18

FOOD SECURITY – SPOTLIGHT ON KA ORA, KA AKO

DELIVERING A MILLION LUNCHES A WEEK

The Ka Ora, Ka Ako | Healthy School Lunches programme aims to reduce food insecurity by providing access to a nutritious lunch in school every day.

Research shows reducing food insecurity supports child development and learning, improves concentration, behaviour and school achievement and reduces financial hardship amongst families and whānau.

A major expansion through Budget 2020 enabled the programme to reach 220,000 students in 960 schools by August 2022.⁸⁵

The Our Kind of School Report found having access to kai made ākonga feel accepted, respected and connected. Ākonga spoke about how kai made them feel happy and cared for. Ākonga know that there is food available for them at kura and that the kura can provide kai to whānau after-hours if they need it.⁸⁶

Actions in 2021/22

- 170 more schools eligible.
- 27,000 more students reached.
- Independent impact evaluation shows positive impact on health, wellbeing and school functioning.⁸⁷
- Nutrition evaluation shows menus generally exceed nutrient standards.⁸⁸
- Over 63 million lunches delivered (August 2022).

Next steps 2022/23

- Independent kaupapa Māori impact evaluation.
- New nutrition standards, informed by nutrition evaluation, implemented in February 2023.
- A further 3,000 ākonga will join the programme in early 2023.



220,000
students
receive a free
and healthy
lunch daily



960
schools
included



2,300+
jobs created
or retained



14%
increase in
mental
wellbeing
among food
insecure
ākonga



20%
increase in
school
functioning
among food
insecure
ākonga



14%
increase in
Health
Quality of
Life among
food insecure
ākonga



72,000
fewer
children in
food insecure
households
since
2019/20



28,700
fewer
children in
material
hardship
since
2017/18



\$62
estimated
saving per
week for a
family with
two children

“Healthy Lunches have literally changed the āhua in our kura over the last couple of weeks. Prior to lunches we had a lot of tamariki coming to school hungry and looking for kai from their friends and teachers. A lot of our tamariki were disengaged and unmotivated. Now, after two weeks of free lunches we have happy kids and happy teachers. Our children seem to be more motivated to learn and are more engaged.” – Principal⁸⁹

Wellbeing in 2021/22: Indicators

Indicator	Measure	2019/20	2020/21	2021/22	Change
Material wellbeing	Percentage of children (aged 0-17 years) living in households experiencing good material wellbeing	85%	86%	87%	→
	Māori	75%	75%	78%	↑
	Pacific	63%	71%	68%	↓
Child poverty	Percentage of children (aged 0-17 years) living in households with less than 50 percent median equivalised disposable household income before housing costs (BHC)	13.2%	13.0%	12.0%	→
	Māori	15.8%	17.7%	14.5%	↓
	Pacific	18.8%	17.1%	19.5%	↑
	Percentage of children (aged 0-17 years) living in households with less than 50 percent median equivalised disposable household income after housing costs (AHC)	17.8%	15.0%	15.4%	→
	Māori	19.7%	16.8%	16.8%	→
	Pacific	20.5%	14.7%	19.4%	↑
	Percentage of children (aged 0-17 years) living in households experiencing material hardship	11.5%	11.0%	10.3%	→
	Māori	19.7%	20.2%	18.8%	↓
	Pacific	26.5%	24.0%	25.6%	↑
Food insecurity	Percentage of children (aged 0-14 years). living in households where food runs out sometimes or often	20%	15%	13%	↓
	Māori	30%	26%	22%	↓
	Pacific	45%	37%	38%	→
Housing quality	Percentage of children (aged 0-17 years) living in households with a major problem with dampness or mould	7%	6%	6%	→
	Māori	11%	10%	11%	→
	Pacific	17%	12%	11%	→
Housing affordability	Percentage of households with children and young people living in (aged 0-17 years) spending more than 30 percent of their disposable income on housing	37%	34%	34%	→
	Māori	32%	28%	33%	↑
	Pacific	35%	26%	34%	↑

Data notes

↑ Indicates an annual increase between 2020/21 and 2021/22 of 1 percentage point or more that is not statistically significant at 95% confidence – the difference may have arisen due to chance.

↓ Indicates an annual decrease between 2020/21 and 2021/22 of 1 percentage point or more that is not statistically significant at 95% confidence – the difference may have arisen due to chance.

→ Indicates there was no change between 2020/21 and 2021/22.

* Identifies observed annual change is statistically significant – ie, the change can reasonably be expected to be a true change in the overall population being measured.

Progress since the baseline year (2017/18) on primary measures in the Child Poverty Reduction Act 2018.

Measures	Rate as a percentage (total count)					Change in rate
	Year ended June 2018	Year ended June 2019	Year ended June 2020	Year ended June 2021	Year ended June 2022	Year ended June 2018–2022
Before-housing-cost primary measure (moving line)	16.5 (183,400 children)	13.5 (153,200 children)	13.2 (151,200 children)	13.0 (149,100 children)	12.0 (137,800 children)	–4.5ppt* (45,600 fewer children)
After-housing-cost primary measure (fixed line)	22.8 (253,800 children)	18.3 (207,700 children)	17.8 (203,300 children)	15.0 (172,000 children)	15.4 (176,800 children)	–7.4ppt* (77,000 fewer children)
Material hardship primary measure	13.3 (147,600 children)	13.2 (149,400 children)	11.5 (131,700 children)	11.0 (125,700 children)	10.3 (118,900 children)	–3.0ppt* (28,700 fewer children)

* indicates a statistically significant change since baseline year

The Household Economic Survey (HES) is a key source of data for statistics relating to child poverty, housing affordability and housing quality. The achieved sample size for the 2021/22 HES data collection was much smaller than in previous years (8,900 households, rather than the targeted 20,000 households), because the data collection was disrupted by the COVID-19 pandemic. As a result, the confidence interval around the estimated child poverty rates for 2021/22, particularly for sub-populations, is substantially larger than in previous years and we are less likely to see statistically significant year-on-year differences. Further information about the 2021/22 data collection is available at: [Child poverty statistics: Year ended June 2022 – technical appendix | Stats NZ](#)

Have what they need

In 2021/22, most children and young people had a good standard of material wellbeing. The three primary measures of child poverty were unchanged from the previous year. Eight of the nine measures of child poverty have seen a statistically significant reduction since the 2017/18 baseline.



87%
of children
experienced good
material wellbeing



77,000
fewer children
lived in poverty
(AHC50 since
baseline)



13%
of children lived
in households
experiencing
food insecurity



6%
of children
lived in damp or
mouldy homes

Material Wellbeing

Material wellbeing means household income meets everyday needs and families can afford essentials. It means children and young people are able to participate in activities and families live without significant financial strain. In 2021/22, 87% of children aged 0–17 years lived in households experiencing good material wellbeing. Tamariki Māori, Pacific children and disabled children were statistically significantly less likely to live in a household with good material wellbeing than the total population of children at 78%, 68% and 77% respectively. There have been no statistically significant changes in material wellbeing since 2019/20.

Child Poverty

This report uses the primary measures of child poverty in the Child Poverty Reduction Act 2018, which have targets set against a baseline of 2017/18.

In 2021/22, 12% of children aged 0–17 years (137,800) lived in households with less than 50% of the median equivalised disposable household income before deducting housing costs (BHC). This was a decrease over four years from 16.5% (183,400) in 2017/18, equivalent to 45,600 fewer children.

A higher proportion of Pacific children live in low-income BHC households (19.5%) compared to the total population at (12%) in 2021/22.

In 2021/22, 15.4% of children aged 0–17 years (176,800) lived in households with after-housing-costs equivalised disposable income that was less than 50% of the median after-housing-costs income in the baseline year (AHC). This was down from 22.8% of children (253,800) four years earlier.

In 2021/22, 10.3% of children aged 0–17 years (118,900) lived in households experiencing material hardship, defined as households

going without six or more of the 17 basic needs most people would regard as essentials. This was down from 13.3% in 2017/18. In 2021/22, tamariki Māori, Pacific children, disabled children and children living in disabled households experienced statistically significantly higher rates of material hardship compared to the total population aged 0–17 years.

Food insecurity

In 2021/22, 13% of children aged 0–14 years lived in households that reported that food ran out sometimes or often, a statistically significant decrease from 20% in 2019/20. Severe food insecurity also statistically significantly decreased between 2019/20 and 2021/22 – from 4% of children living in households reporting that food runs out often to 2%. Food insecurity remained more prevalent amongst Māori children (2.6 times the rate for non-Māori children), Pacific children (3.3 times the rate for non-Pacific children), and children in areas of high socioeconomic deprivation (7.9 times the rate for children in areas of low socioeconomic deprivation).

The proportion of children aged 0–14 years in households reporting they often or sometimes eat less because of a lack of money was 13% in 2021/22. In 2021/22, 11% of children aged 0–14 years lived in households that reported using foodbanks and food grants often or sometimes because of a lack of money. In 2020/21, 22% of Māori children and 34% of Pacific children lived in households that often or sometimes used foodbanks and food grants.⁹⁰

None of the annual changes reported in household food insecurity measures reached the threshold for statistical significance. Lower

than expected sample size in the New Zealand Health Survey has impacted the ability to detect statistically significant change.

The Child Poverty Related Indicators Report 2022, due to be published in June 2023, will provide further analysis of household food security.

Housing quality

In 2021/22, 6% of all children aged 0–17 years lived in homes with a major problem with dampness or mould. The rate for tamariki Māori, Pacific children, and children in low-income households was nearly twice that at 11%. Housing quality issues are strongly related to tenure. In 2021/22, children living in rented homes were almost five times more likely to have a home with a major problem with dampness or mould than children in owner-occupied homes (11.3% and 2.4% respectively).

The Child Poverty Related Indicators Report 2022, due to be published in June 2023, will provide further analysis of this indicator.

Housing affordability

In 2021/22, 34% of all children aged 0–17 lived in households spending more than 30 percent of their disposable income on housing. Rates for tamariki Māori and Pacific children were similar at 33% and 34% respectively. Over half of low-income households with children spent more than 30 percent of their disposable income on housing (52%).

The Child Poverty Related Indicators Report 2022, due to be published in June 2023, will provide further analysis of this indicator.



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
- live in healthy, sustainable environments.

Why this is important

All children and young people deserve to realise their best possible physical and mental health, have spaces and opportunities to play and grow up in healthy environments. The key to happy and healthy children and young people is strong, healthy connections to people who love and nurture them. Good parental mental health is important during and after pregnancy, so parents can establish deep and loving connections with their baby.

Children and young people also need time and spaces just to be themselves, to play, explore and create. Good physical and mental health support other aspects of wellbeing, such as the ability to participate in activities, benefit from learning, have positive social interactions and develop resilience.

The focus in this outcome is to improve infant and child health outcomes, early years

experiences, and child and youth mental wellbeing.

The COVID-19 pandemic, and other global influences have had significant and likely enduring negative impacts on the mental wellbeing of children and young people. In 2022, enhancing child and youth mental wellbeing was added as a priority area of focus for the Strategy.

How it will be measured

We use five indicators to measure progress in this outcome. These include subjective wellbeing indicators which draw on children and young people's experiences:

- prenatal wellbeing
- subjective health status
- potentially avoidable hospitalisations (CPRI)
- mental wellbeing
- self-harm and suicide.

"HAVING A GOOD LIFE FOR
ME MEANS TO BE HAPPY
AND HEALTHY BOTH
MENTALLY AND
PHYSICALLY."

MENTAL WELLBEING – SPOTLIGHT ON HOLISTIC SUPPORT

BUILDING RESILIENCE AND INCREASING ACCESS AND CHOICE

Improving access and choice in primary mental health services and enhancing mental health promotion and prevention are key components of Kia Manawanui Aotearoa – Long-term pathway to mental wellbeing, the government's high-level plan for transformation of Aotearoa's approach to mental wellbeing.

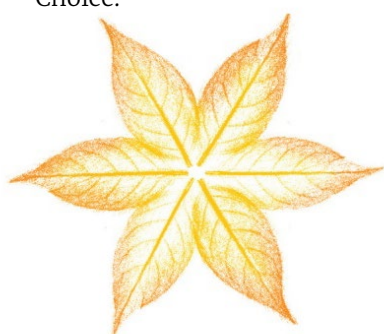
Promoting positive mental health, supporting resilience, and having the right supports in place, when and where they're needed is critical to protecting and enhancing the wellbeing of children and young people now and in the future.

Actions in 2021/22

- Budget 2022 funding secured for five new Mana Ake sites and continuation at existing sites.
- External evaluation of Mana Ake completed and published.
- Agreements in place for primary mental health and addiction supports at all eight universities, 16 Te Pūkenga subsidiaries and three wānanga.
- Budget 2022 funded around 90 new full-time equivalent guidance counsellor positions, which have been established across 215 large secondary schools and kura.

Next steps 2022/23

- Phased rollout of services in five new Mana Ake sites.
- Completion of the external evaluation of Youth Access & Choice.



Mana Ake

Mana Ake is a school-based programme that gives children the skills and support to deal with issues that include grief, loss, parental separation and bullying. Mana Ake empowers children with resilience and support, when and where they need it, to confidently cope with whatever life throws at them

10,500

Children from Canterbury & Kaikoura supported as at May 2022

\$90m

New funding through budget 2022 for five further sites

195,000

Primary and intermediate aged children eligible across all sites

*"It's what's needed at the time from the school and the whānau. We're responsive to what they need. We can be both reactive and proactive. Mana Ake kaimahi have a huge opportunity to invest in the broader community of schools. What I love about the role is we're not putting out little fires and dealing with individual cases."*⁹¹

Youth Access & Choice

The Youth Access and Choice programme is developing mental health and addiction services in a range of primary and community settings to provide free and immediate support for children and young people aged 12–24 years

23

Youth services contracted across 18 districts as at June 2022

26,835

Youth services sessions delivered in 2021/22

24,232

Children and young people supported by Access and Choice programme in 2021/22

*"Being able to have the opportunity to say what I want, what I need from someone, and to have them meet that need was really powerful."*⁹²

Wellbeing in 2021/22: Indicators

Indicator	Measure	2019/20	2020/21	2021/22	Change
Prenatal wellbeing	Percentage of people registered with an LMC, among all people giving birth (2019, 2020, 2021)	93%	94%	2021 data not yet available**	N/A
	Māori	92%	92%		
	Pacific	85%	87%		
	Percentage of people registering with an LMC in their first trimester of pregnancy, among all people registered with LMCs (2019, 2020, 2021)	73%	74%		
	Māori	60%	61%		
	Pacific	45%	47%		
	Percentage of people giving birth who were smoking two weeks after the birth of their child (2019, 2020, 2021)	8%	9%		
	Māori	23%	23%		
	Pacific	6%	6%		
Subjective health status	Percentage of children and young people (aged 12–18 years) reporting their health as good, very good, or excellent	The Youth Health and Wellbeing Survey was first conducted in 2021/22		85%	N/A
	Māori			82%	
	Pacific			84%	
	Percentage of children and young people (aged 15–24 years) reporting their health as good, very good, or excellent	90%	92%	91%	→
	Māori	85%	91%	91%	→
	Pacific	85%	85%	84%	→
Potentially avoidable hospitalisations	Rate of potentially avoidable hospitalisations per 1000 children aged 0–14 years	48	48	48	→
	Māori	56	54	55	↑
	Pacific	71	63	66	↑
Mental wellbeing	Percentage of young people (aged 15–24 years) who experienced high or very high levels of psychological distress in the last four weeks (K10)	11%	19%	24%	↑
	Māori	14%	26%	26%	→
	Pacific	9%	24%	Insufficient sample***	N/A
	Percentage of children and young people at school (aged 12–18 years) who experienced high or very high levels of psychological distress in the last four weeks (K6)	The Youth Health and Wellbeing Survey was first conducted in 2021/22		28%	N/A
	Māori			36%	
	Pacific			25%	
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	The Youth Health and Wellbeing Survey was first conducted in 2021/22		34%	N/A
	Māori			43%	
	Pacific			30%	
	Percentage of children and young people at school (aged 12–18 years) that in the last 12 months have seriously thought about killing themselves			26%	
	Māori			38%	

	Pacific			31%	
	Percentage of children and young people at school (aged 12-18 years) who in the last 12 months have attempted suicide			12%	
	Māori			20%	
	Pacific			17%	
	Rate of deaths from suspected intentional self-harm per 100,000 young people (aged 15-24 years)	18	17	17	→
	Māori	28	22	31	↑
	Pacific	14	17	16	↓

Data notes

↑ Indicates an annual increase between 2020/21 and 2021/22 of 1 percentage point or more that is not statistically significant at 95% confidence – the difference may have arisen due to chance.

↓ Indicates an annual decrease between 2020/21 and 2021/22 of 1 percentage point or more that is not statistically significant at 95% confidence – the difference may have arisen due to chance.

→ Indicates there was no change between 2020/21 and 2021/22.

* Identifies observed annual change is statistically significant – ie, the change can reasonably be expected to be a true change in the overall population being measured.

N/A indicates there is no information on the annual trend between 2020/21 and 2021/22 – due to one of these data points not being available.

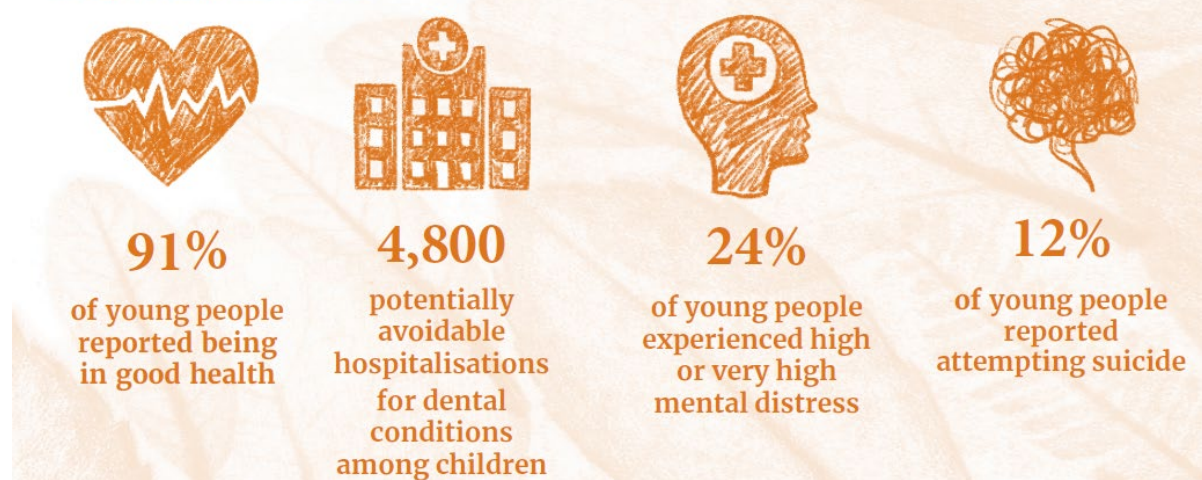
The Youth Health and Wellbeing Survey What About Me? was conducted in 2020/21 and is expected to be administered every three years. The survey questions differed from previous youth surveys, for example the Youth 19 Survey, so accurate comparisons, even among similar questions over time cannot be made.

**National Maternity Collection data for 2021 is not yet available. Updated results for these measures will be published on the Maternity Webtool (<https://tewhatuora.shinyapps.io/report-on-maternity-web-tool/>) as they become available

***The New Zealand Health 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 sample size of the NZ Health Survey was 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%).

Happy and healthy

In 2021/22, most children and young people reported being in good health. The rate of potentially avoidable hospitalisations was similar to the previous two years, maintaining the large decreases across all population groups experienced in the initial stages of the COVID-19 pandemic. Multiple measures of mental health and wellbeing have deteriorated over the last 10 years. The burden of injury, preventable illness and mental distress is inequitably distributed.



Prenatal health

Community-based continuity of primary midwifery care is regarded as the international gold standard model of maternity care.⁹³ In 2020^v, 94% of all people giving birth were able to access Lead Maternity Carers. Access for whānau Māori was slightly below this at 92% in 2020. Access for Pacific was lower, with 87% able to access Lead Maternity Carers in 2020.

First trimester access to maternity care is associated with better health outcomes.⁹⁴ In 2020, 74% of pregnant whānau were able to access maternity care through a Lead Maternity Carer in their first trimester of pregnancy. First trimester registration for whānau Māori was considerably lower at 61% in 2020, and access for Pacific was lower again at 47%. These disparities highlight barriers to

timely access to appropriate maternity care for some communities.

Tobacco exposure during pregnancy is a risk factor for adverse pregnancy and foetal outcomes and increases the risk of infant mortality and morbidity.⁹⁵ Around one in ten people reported tobacco use at two weeks following the birth of their baby in 2020. Tobacco use in the postnatal period has decreased over the last decade (from 14% in 2010 to 9% in 2020). Tobacco use among whānau Māori at two weeks following birth was much higher than non-Māori, however this, too, has fallen over the last decade (from 34% in 2010 to 23% in 2020).

Subjective health status

In 2021/22, 91% of young people aged 15–24 years rated their health as good, very good or

^v National Maternity Collection data for 2021 was not available at time of publication. Updated results for these measures will be published on the Maternity

Webtool (<https://tewhatuora.shinyapps.io/report-on-maternity-web-tool/>) as they become available.

excellent. This is similar to previous years. 91% of rangatahi Māori aged 15–24 years also rated their health as good, very good or excellent in 2020/21. Among Pacific young people aged 15–24 years, 84% rated their health as good, very good or excellent. These rates have remained stable since 2020/21.

Children and young people at school were also asked to rate their health in the *What About Me?* survey, with 85% rating their overall health as good, very good or excellent. Disabled students aged 12–18 years reported statistically significantly poorer health than their non-disabled peers (70% to 91% respectively), and students identifying as belonging to rainbow communities also reported poorer health than their non-rainbow peers (72% to 89% respectively).

A comparable question in the Youth 19 youth health and wellbeing survey reported that, in 2019, 91% of students surveyed said their health was good, very good or excellent.⁹⁶

Potentially avoidable hospitalisations

Overall, there has been no change in the age-standardised rate of potentially avoidable hospitalisations over the last three years, remaining at 48 events per 1000 children aged 0–14 years since 2019/20. The notable drop in potentially avoidable hospitalisations seen from 2019/20, and widely attributed to the impact of COVID-19 lockdowns, has persisted.

There is disparity in the rates of potentially avoidable hospitalisations among tamariki Māori (55 per 1000) and Pacific children (66 per 1000), compared to children of other ethnic groups (42 per 1000).

In 2021/22, respiratory illness was the leading cause of potentially avoidable hospitalisations among children aged 0–14 years (30%), followed by injury (28%) and dental conditions (10%). There was a large increase in admissions for respiratory conditions in 2021/22 compared to 2020/21, consistent with the lifting of COVID-19 protection measures. However, this was offset by decreases in admissions for injury, dental conditions and gastrointestinal conditions, resulting in a slight decrease in the overall rate of potentially avoidable hospitalisations between 2020/21

and 2021/22 (decrease of 0.8 percentage points).

Changes to population estimates introduced this reporting cycle mean data across all years differs slightly from that previously reported.

The Child Poverty Related Indicators Report 2022, due to be published in June 2023, will provide further analysis of this indicator.

Mental wellbeing

In 2021/22, around one in four young people aged 15–24 years experienced high or very high levels of psychological distress in the last four weeks (24%). This is a statistically significant increase from one in ten in 2019/20 (from 11% to 24%), though the annual change between 2021/22 and 2020/21 is not statistically significant. This continues a concerning trend of sharply increasing rates of youth psychological distress and associated measures over the last decade in New Zealand and overseas.⁹⁷ Among the New Zealand Health Survey cohort, disabled young people aged 15–24 years were almost four times more likely to experience mental distress than their non-disabled peers (72% and 19% respectively). Despite a small sample size, this difference is statistically significant.

Psychological distress rates among students aged 12–18 years were measured using a shorter, but comparable scale in the *What About Me?* survey. This showed an overall prevalence rate of 28% and showed that disabled students and students who identify as belonging to rainbow communities experienced more than twice the rate of psychological distress of their non-disabled and non-rainbow peers. The rate of psychological distress among ākonga Māori was also statistically significantly higher than non-Māori students among the *What About Me?* survey cohort, though this difference was not observed in the 2021/22 Health Survey.

Mental wellbeing is more than the absence of distress or mental illness.⁹⁸ Measures of mental wellbeing are equally important to track. In 2021/22 around 80% of young people aged 18–24 years rated their life satisfaction as 7 or more on a 10-point scale and 82% felt life was worthwhile. Young people aged 18–24

years scored on average 15.1 out of 25 on the WHO-5 mental wellbeing survey (where 0 is the lowest possible score and 25 is the highest possible score) – broadly similar to older age groups.

Self-harm and suicide

The *What About Me?* survey found that one in three, 34%, of students aged 12–18 years reported deliberately hurting themselves or putting themselves in danger in the last 12 months. Self-harm rates among students aged 12–18 years and identifying as belonging to rainbow communities were twice that at 67%. Ākonga Māori and disabled students aged 12–18 years also reported higher rates of self-harm (44% and 59% respectively), statistically significantly different to their non-Māori and non-disabled peers.

The *What About Me?* survey found that 26% of students aged 12–18 years reported having suicidal thoughts in the last 12 months and 12% reported attempting suicide in the last 12 months. The attempted suicide rate is twice that reported in the Youth19 survey.⁹⁹ This is thought to reflect a difference in the cohort surveyed as well as an increasing prevalence of distress over time. Rates of attempted suicide among rainbow students and disabled students were statistically significantly higher than non-rainbow and non-disabled students.

A comparable question in the Youth 2000 youth health and wellbeing survey series reported that, in 2019, 21% of students surveyed had seriously thought about suicide in the last 12 months and 6% had attempted suicide in the last 12 months. In 2012, 15% of students surveyed had seriously thought about suicide in the last 12 months and 4% had

attempted suicide in the last 12 months.¹⁰⁰ These comparisons are suggestive of an increase in suicidal behaviours over the last decade.

In 2021/22 there were 109 deaths from suspected intentional self-harm (ie, being investigated to determine if they were suicide deaths by the coroner) among young people aged 15–24 years and a further 13 deaths from suspected intentional self-harm among children aged under 15 years. Each and every death is a tragic loss.^{vi}

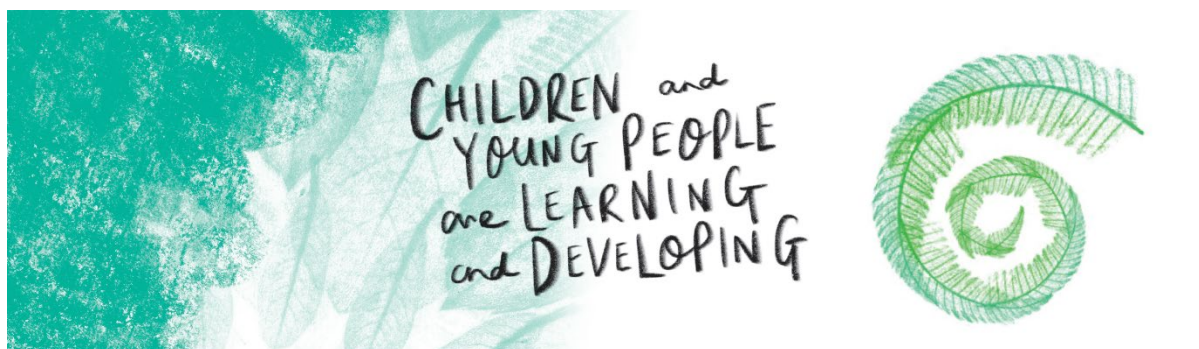
The rate of deaths from suspected intentional self-harm in 2021/22 was 17 per 100,000 young people aged 15–24 years, with no change from 2020/21. Rates of deaths from suspected intentional self-harm in 2021/22 were statistically significantly higher among rangatahi Māori at 31 per 100,000 and statistically significantly lower among Asian young people at 7 per 100,000. Rates of deaths from suspected intentional self-harm for Pacific young people were similar to the total population rate at 16 per 100,000. There were no statistically significant changes between rates in 2020/21 and 2021/22.

The highest rate of suspected self-inflicted deaths in Aotearoa New Zealand was the 20–24 age group (21.4 deaths per 100,000 people in 2021/22).

The rates of suspected self-inflicted deaths for all age groups in Aotearoa New Zealand have been highly variable over the past 15 years therefore it is difficult to determine trends.

^{vi} The information included here places an emphasis on data, and as such, can appear to depersonalise the pain and loss behind the statistics. We acknowledge the individuals, families and communities affected by self-harm and suicide each year in Aotearoa New

Zealand. If this material raises concerns for you, free call or text 1737 any time for support from a trained counsellor, or [see other ways you can seek help](#).



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
- can successfully navigate life's transitions.

Why this is important

Learning opportunities and experiences develop children's social, cultural, emotional and cognitive competencies, including resilience, critical thinking and the ability to relate well to others.

While learning and development begins at home, quality education has an important role in supporting the development of knowledge, competencies and characteristics to be successful in life and to contribute to family, whānau, and communities.

The focus of this outcome is to improve access and equity in education and ensure no one

misses out. An immediate priority is children and young people who need extra support in the education system.

How it will be measured

We use six indicators to measure progress in this outcome:

- participation in early learning
- regular school attendance (CPRI)
- literacy, numeracy and science skills
- social-emotional skills
- self-management skills
- youth participation in employment, education and training.

*"I FEEL LIKE THE BEST LIFE
FOR YOUNG PEOPLE IS TO
HAVE THE OPPORTUNITY TO
DO WHAT YOU LOVE AND
TO FOLLOW THE THINGS
THAT INSPIRE YOU AND
INTEREST YOU."*

YOUTH ENGAGEMENT – SPOTLIGHT ON TRAINING AND EMPLOYMENT

Apprenticeship Boost Initiative

In 2021/22 the Apprenticeship Boost Initiative (ABI) supported employers to keep early-stage apprentices employed and training towards their qualifications, helping ensure Aotearoa New Zealand has a strong pipeline of skilled workers that employers need and enabling learners to earn while they learn. This initiative is a time-limited COVID-19 response.

Next steps: Budget 2022 is funding an extension of the Apprenticeship Boost until the end of 2023

54,000

apprentices supported as at December 2022

46%

Increase in number of apprentices aged 24 or younger (since 2019)

19,700

employers registered for ABI as at December 2022

Targeted Training and Apprenticeship Fund

In 2021/22 the Targeted Training and Apprenticeship Fund (TTAF) covered fees for all apprenticeships and a range of sub-degree level programmes, making them free to the learner.

Next steps: TTAF finished at the end of 2022. The new Unified Funding System will provide more than \$850m per year for vocational education and training from January 2023.

55,845

learners under 25 had their fees covered through TTAF in 2022

\$82m

invested in TTAF learners under 25 in 2022

37%

of TTAF spending on learners under 25

Mana in Mahi – Strength in Work

In 2021/22 Mana in Mahi supported young people into sustainable and meaningful work.

Mana in Mahi pays a wage subsidy to participating employers, and provides additional supports including funding for pre-employment training and pastoral care (for both participants and employers).

Next steps: Budget 2022 is funding an additional 300 places on the scheme over the next two years.

5,091

job seekers supported into jobs since 2018

64%

of all participants are aged under 25 years

77%

of participants previously on benefits (2+ years) haven't come back onto a benefit after completing Mana in Mahi

Māori Trades and Training Fund

Since 2020, the Māori Trades and Training Fund (MTTF) has been funding Māori organisations to design and deliver employment-focused training programmes in their communities. The MTTF funds kaupapa Māori projects offering employment-focussed training with extensive pastoral care.

Next steps: The MTTF is funded through Budget 2022 until June 2026.

\$45m

already committed to support for by-Māori-for-Māori employment-focussed training programmes

30

Māori training and employment providers

1756

participants being supported through training and into employment

Wellbeing in 2021/22: Indicators

Indicator	Measure	2019/20	2020/21	2021/22	Change
Participation in early learning	Percentage of 3-year-old children attending early childhood education for 10 or more hours a week on average (2020, 2021)	74%	68%	67%	↓
	Māori	62%	57%	55%	↓
	Pacific	67%	57%	52%	↓
	Percentage of 4-year-old children attending early childhood education for 10 or more hours a week on average (2020, 2021)	84%	76%	74%	↓
	Māori	68%	62%	62%	→
	Pacific	74%	65%	59%	↓
Regular school attendance	Percentage of children and young people aged 6–16 years who are regularly attending school (2020, 2021)	65%	61%	40%	↓
	Māori	48%	45%	27%	↓
	Pacific	51%	47%	28%	↓
Literacy, numeracy, and science skills	Percentage of 15-year-old students meeting the level 2 benchmark for reading (2015, 2018)	83%	81%	PISA 2021 was data for 2022 will be released in late 2023**	N/A
	Māori	72%	70%		
	Pacific	66%	64%		
	Percentage of 15-year-old students meeting the level 2 benchmark for maths (2015, 2018)	78%	78%		
	Māori	63%	63%		
	Pacific	58%	56%		
	Percentage of 15-year-old students meeting the level 2 benchmark for science (2015, 2018)	83%	82%		
	Māori	70%	70%		
	Pacific	62%	60%		
Social-emotional skills	Based on aggregated survey data that measures compassion, respectfulness and trust	These measures are in development in 2023			N/A
	Māori				
	Pacific				
Self-management skills	Based on aggregated survey data that measures organisation, productiveness and responsibility				
	Māori				
	Pacific				
Youth participation in employment, education, or training	Percentage of young people aged 15 to 24 years who are participating in employment, education, or training	88%	88%	88%	→
	Māori	81%	81%	81%	→
	Pacific	83%	81%	84%	↑

Data notes

↑ Indicates an annual increase between 2020/21 and 2021/22 of 1 percentage point or more that is not statistically significant at 95% confidence – the difference may have arisen due to chance.

↓ Indicates an annual decrease between 2020/21 and 2021/22 of 1 percentage point or more that is not statistically significant 95% confidence – the difference may have arisen due to chance.

→ Indicates there was no change between 2020/21 and 2021/22.

* Identifies observed annual change is statistically significant – ie, the change can reasonably be expected to be a true change in the overall population being measured.

N/A indicates there is no information on the annual trend between 2020/21 and 2021/22 – due to one or both of these data points not being available.

**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.

An indicator based on the methodology of the OECD's Survey of Social and Emotional Skills (SSES)¹⁰¹, using data captured through the *What About Me?* survey, is under development in 2023.

Learning and developing

In 2021/22, children and young people's ability to regularly attend school was significantly disrupted by COVID-19 in our communities. Despite this, the educational attainment in 2021 was above pre-pandemic rates, with over 55% of school leavers achieving the highest secondary school qualification (NCEA Level 3 or above). Young people also maintained pre-pandemic levels of engagement with employment, education or training, with particular gains seen in tertiary education participation.



74%

of 4 year-old children participated in early learning services



40%

of students regularly attended school



65%

of school leavers enrolled in tertiary education



88%

of young people were in employment, education or training

Participation in early learning

Early learning participation is associated with short- and long-term positive outcomes, especially for vulnerable children.¹⁰² The percentage of children aged 3 and 4 years attending early childhood education (ECE) for 10 hours or more a week on average (participation intensity) has decreased since 2020; with the impact of the COVID-19 pandemic being thought to be the predominant reason.¹⁰³

Participation intensity for Māori and Pacific children decreased considerably. Participation intensity rates among Māori and Pacific children were more likely to be affected by the additional COVID-19 protection measures that occurred in Auckland in early 2022.

However, the overall number of children participating in early learning before starting school (prior participation) has steadily

increased over time, sitting at 97% in the year ending June 2022, up from 95% in 2011. Māori and Pacific children have experienced the largest increase in prior participation in early learning over time. Prior participation for Māori children increased from 91% in 2011 to 95% in the year ending June 2022; prior participation for Pacific children increased from 86% in 2011 to 92% in 2022.¹⁰⁴

Regular school attendance

In 2021/22^{vii}, 40% of students aged 6–16 years attended school 90% or more of the time (regular attendance). COVID-19 prevalence in our communities in 2022 impacted this statistic – any student absent for the required 7-day isolation period would not be counted as regularly attending. Although this drove a step change in the 2022 rate, there has still been a large decrease in regular attendance across all age groups and school deciles over time. Rates of chronic absence – missing three or more

^{vii} Measured in Term 2, 2022

weeks in a term – almost doubled between 2021 and 2022. Some of the increase in chronic absence rates is a result of illness-related absences or isolation requirements pushing students who were previously in the moderate/irregular absences categories into the chronic absence category.

There is a strong inverse correlation between days missed and educational achievement, therefore falling attendance and engagement can be expected to have major long-term consequences for children and young people.¹⁰⁵

School attendance and engagement is an equity issue. In 2021/22, rates of regular attendance differed greatly across school decile, from 26% for Decile 1 to 50% in Decile 10. Ākonga Māori had lower regular attendance (27%) and much higher chronic absence (24%) than European students (43% regular attendance, 10% chronic absence) or Asian students (54% regular attendance, 8% chronic absence). Pacific students have similar attendance patterns to Māori students (28% regular attendance, 23% chronic absence).

Justified absence – for example for illness or a medical appointment – was largely similar across ethnic groups, although slightly lower among Asian students, making up around 12% of the term time for Māori, 11% for Pacific and European and 8% for Asian students.

Unjustified absence varied considerably by ethnic group with ākonga Māori and Pacific students absent at more than twice the rate of Asian and European students (10% for both Māori and Pacific compared to 4% for both Asian and European). Justified absence data is across all students, not students aged 6–16 years as per attendance data presented here.

The Child Poverty Related Indicators Report 2022, due to be published in June 2023, will provide further analysis of this indicator.

Literacy, numeracy and science skills

Administration of PISA was delayed and is unavailable for this report. See previous reports for analysis of 2018 results.

In 2021, 69% of Year 11 students achieved NCEA Level 1, 78% of Year 12 students achieved Level 2, and 71% of Year 13 students achieved

Level 3. Despite a slight decrease in 2021 compared to 2020, NCEA attainment has increased over time across all year levels and ethnic groups, although the largest gains have been among Māori and Pacific students.¹⁰⁶

Social-emotional skills and self-management skills

Social and emotional skills are a subset of an individual's abilities, attributes and characteristics and are important for individual success and social functioning. Together, they encompass a comprehensive set of skills essential for students to be able to succeed at school, at work and fully participate in society as active citizens. The benefits of developing children's social-emotional skills go beyond cognitive development and academic outcomes; they are also important drivers of mental health and labour market prospects.¹⁰⁷

An indicator based on the methodology of the OECD's Survey of Social and Emotional Skills (SSES)¹⁰⁸, using data captured through the *What About Me?* survey, is under development.

Data from the SSES show wide socio-demographic distribution of social and emotional skills. Analysis of distribution in the New Zealand context will support better targeting and adaptation of initiatives that seek to support the social and emotional learning.

Youth participation in employment, education and training

Early education, training and employment experiences have long-lasting effects on future earning, employment opportunities and life satisfaction.¹⁰⁹ In 2021/22, 88% of young people aged 15–24 years were in employment, education, or training.

Youth participation in employment, education, or training was lower among rangatahi Māori at 81% and Pacific young people at 84%, compared to the overall population rate of 88%.

Around 65% of school leavers in 2020 enrolled in tertiary education in 2021 – up 5 percentage points from the previous year.¹¹⁰



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
- are connected to their languages.

Why this is important

Children and young people in New Zealand want to live in a country where culture and diversity is not just accepted, but embraced and celebrated in all environments.

They need safe spaces and time to explore and establish their identities. It's important that they're accepted for who they are without having to fit into narrow and limiting norms. A strong and positive sense of identity builds higher self-esteem and resilience – knowing your heritage helps you understand your identity, connections to others and sense of place, land and time.

The focus in this outcome is to build cultural competency into the design and delivery of services and to promote a society where all children and young people feel accepted and included.

How it will be measured

We use seven indicators to measure progress in this outcome. Several of these are subjective wellbeing indicators, and draw on children and young people's experiences:

- ability to be themselves
- sense of belonging
- experience of discrimination
- experience of bullying
- social support
- support for cultural identity
- languages.

"TO BE ACCEPTED. TO BE UNDERSTOOD AND TAKEN SERIOUSLY. IT'S IMPORTANT BECAUSE IT GIVES YOU CONFIDENCE IN YOUR UNIQUENESS."

POSITIVE RELATIONSHIPS – SPOTLIGHT ON BULLYING PREVENTION

Bullying is a significant and ongoing issue for schools in Aotearoa New Zealand. In 2021, more than one third of students aged 12–18 years experienced bullying.

Bullying prevention is everyone's responsibility – all school staff, students, parents and whānau, and the wider school community.

The Ministry of Education's Bullying Prevention and Response Work Programme seeks to provide resources and tools to help whole-school communities promote a positive, inclusive learning environment.

Actions in 2021/22

- Budget 22 investment in PB4L-SW refresh.
- Bullying Prevention Week 16–20 May.
- New Wellbeing@School (W@S) survey items on racism/fairness and resilience strategies added to surveys in Term 2, 2022.
- [Tō Tātou Kura Atawhai: Our Kind of School](#) research and good practice report published.

Next steps 2022/23

- Evaluation of Bullying Free website including engagement with learners, parents and schools.
- Developing a new bullying prevention and response work programme to strengthen evidence-informed supports for schools.
- PB4L-SW refresh will include enhancing bullying prevention.
- Recruitment for 14 more PB4L-SW Practitioners.
- Support release of InsideOUT's *Ending Rainbow-Based Bullying and Discrimination: A workbook for schools creating inclusive and caring learning environments for all students*

Positive Behaviour for Learning School-Wide

Positive Behaviour for Learning School-Wide (PB4L-SW) is a whole-school change framework. Although not specifically targeting bullying prevention, this framework is one of a number of resources and initiatives schools can use to support their bullying prevention and response efforts. PB4L-SW can help schools, kura, and whānau to create and maintain safe and inclusive school environments where diversity is valued and respectful relationships proactively promoted.

\$18.9m

invested through Budget 2022 to support PB4L-SW improvements

14

new School-Wide practitioners to provide high quality support tailored to their needs

1125

schools participating in PB4L-SW

“What we realised, going through the PB4L process, was that you actually need to teach our tamariki how to do these things. If we say a tamaiti doesn't know how to read, it's the teacher's job to teach them that. If a tamaiti doesn't know how to make good choices in the classroom or know how to listen to the speaker, then it's our job to teach them how to do that. We've created a bank of lesson plans to actually teach this. That's evolved over the years. It's a really consistent schoolwide approach.” – Kaiako¹¹

“When there is problems the teachers will talk to us, sometimes in a small group sometimes all together. They hear our side and the other person's side. – Ākonga¹²

“At [kura] when there is a raru (conflict) they (Kaiako) are quick to resolve it and make a lesson of it so kids are learning.” – Whānau¹³

Wellbeing in 2021/22: Indicators

Indicator	Measure	2019/20	2020/21	2021/22	Change
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	The Youth Health and Wellbeing Survey was first conducted in 2021/22		67%	N/A
	Māori			64%	
	Pacific			70%	
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			78%	
	Māori			83%	
	Pacific			82%	
Experience of discrimination	Percentage of children and young people at school (aged 12–18 years) who report experiencing discrimination in the last 12 months			25%	
	Māori			32%	
	Pacific			32%	
	Percentage of young people (aged 18–24 years) who report experiencing discrimination in the last 12 months	20%	18%	24%	↑
	Māori	29%	32%	28%	↓
	Pacific	23%	20%	20%	→
Experience of bullying	Percentage of children and young people at school (aged 12–18 years) who experienced bullying in the last 12 months	The Youth Health and Wellbeing Survey was first conducted in 2021/22		37%	N/A
	Māori			40%	
	Pacific			28%	
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			85%	
	Māori			83%	
	Pacific			85%	
Support for cultural identity	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			73%	
	Māori			83%	
	Pacific			87%	
Languages	Percentage of children and young people at school (aged 12–18 years) who in everyday conversation speak a second and/or third language			26%	
	Māori			36%	
	Pacific			42%	

Data notes

↑ Indicates an annual increase between 2020/21 and 2021/22 of 1 percentage point or more that is not statistically significant at 95% confidence – the difference may have arisen due to chance.

↓ Indicates an annual decrease between 2020/21 and 2021/22 of 1 percentage point or more that is not statistically significant 95% confidence – the difference may have arisen due to chance.

→ Indicates there was no change between 2020/21 and 2021/22.

* Identifies observed annual change is statistically significant – ie, the change can reasonably be expected to be a true change in the overall population being measured.

N/A indicates there is no information on the annual trend between 2020/21 and 2021/22 – due to one of these data points not being available.

The Youth Health and Wellbeing Survey What About Me? was conducted in 2020/21 and is expected to be administered every three years. The survey questions differed from previous youth surveys, for example the Youth 19 Survey, so accurate comparisons, even among similar questions over time cannot be made.

Accepted, respected and connected

In 2021/22, most young people felt a sense of belonging to Aotearoa New Zealand, and had good social support. However, many young people faced bullying and discrimination, and some groups of young people felt less able to express their identity and had less support for their identity.



Ability to be themselves

The *What About Me?* survey reported that 67% of students aged 12–18 years found it easy or very easy to express their identity. Around half (51%) of disabled students and around a third (37%) of students identifying as belonging to rainbow communities felt able to express their identity – statistically significantly lower than their non-disabled and non-rainbow peers. A comparable question in the most recent General Social Survey reported that in 2021, 78% of young people aged 18–24 years found it easy or very easy to express their identity¹¹⁴, down 5 percentage points from 2018, but not a statistically significant change.

Sense of belonging

The *What About Me?* survey reported that 78% of students aged 12–18 years felt a sense of

belonging to Aotearoa New Zealand. Ākonga Māori reported statistically significantly higher rates of belonging than non-Māori students aged 12–18 years (83% and 76% respectively).

Disabled students and rainbow students aged 12–18 years were statistically significantly less likely to feel a sense of belonging (68% and 64% respectively) than their non-disabled and non-rainbow peers.

Experience of discrimination

The *What About Me?* survey reported that 25% of students aged 12–18 years experienced one or more types of discrimination.^{viii} Ākonga Māori reported statistically significantly higher rates of discrimination than non-Māori students (32% and 24% respectively). Disabled students were also statistically significantly

^{viii} Discrimination is defined here as a combined score of 7+ on any of the questions ‘In the last 12 months, how often have you been treated unfairly or made to feel different because of your ethnicity/your gender

or sexual identity/something else about you’ – on a scale where 0 is ‘not at all’ and 10 is ‘all the time’

more likely to experience discrimination than non-disabled students (46% and 19% respectively), as were rainbow students compared to their non-rainbow peers (44% to 21%).

The General Social Survey reported that in 2021, 24% of young people aged 18–24 experienced discrimination.

Experience of bullying

The *What About Me?* survey reported that 37% of students aged 12–18 years experienced bullying in the last 12 months. Around half of disabled students and half of rainbow students aged 12–18 years experienced bullying.

Social support

The *What About Me?* survey reported that 85% of students aged 12–18 years had an adult they could turn to if they were going through a difficult time and needed help. Ākonga Māori and Pacific students aged 12–18 years reported similar levels of social support to non-Māori and non-Pacific students. Disabled students and rainbow students were statistically significantly less likely to have access to support from adults (76% and 78% respectively) than their non-disabled and non-rainbow peers.

Support for cultural identity

Cultural identity is a broad and intersectional concept encompassing place, history, ethnicity, religion, gender and sexuality.

The *What About Me?* survey reported that 83% of ākonga Māori and 87% of Pacific students aged 12–18 years had someone they could ask about their whakapapa, culture or ethnic group – rates that were statistically significantly higher than their non-Māori and non-Pacific

peers. Disabled students and rainbow students aged 12–18 years were less likely to report having someone they could ask about their culture – though the survey was non-specific as to the aspect of their identity their answer pertained to.

Languages

The *What About Me?* survey reported that 26% of students aged 12–18 years could have an everyday conversation in a second or third language. 58% of Asian students and 43% of Pacific students speak two or more languages.

In 2018, Te Kupenga reported that 17% of rangatahi Māori aged 15–24 years learned te reo Māori as a first language and still understand it.¹¹⁵ The 2021 General Social Survey reported that 26% of rangatahi Māori aged 18–24 years were able to speak Te Reo Māori fairly well, well or very well in day-to-day conversation; 80% of rangatahi Māori agreed Te Reo Māori should be a core subject in primary schools.¹¹⁶



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
- are supported to make healthy choices around relationships, sexual health, alcohol, tobacco and other drugs.

Why this is important

Children and young people are experts in their own lives and need to be heard on matters that affect them; they deserve good, accessible information to help them make informed choices about their lives.

Youth driven enterprises, initiatives and campaigns are common and show young people's motivation and ability to galvanise their peers and influence change. Young people need opportunities and information to exercise kaitiakitanga now and for the future.

The focus in this outcome is to ensure children and young people are listened to and taken seriously when decisions are made that affect them, including at school, in State care and in decision making more broadly.

How it will be measured

We have selected four indicators to measure progress in this outcome:

- involvement in community
- representation of young people's voices
- making positive choices
- criminal offending.

*"WE NEED TO BE INCLUDED
IN CONVERSATIONS WITH
ADULTS INSTEAD OF BEING
TOLD WE'RE TOO YOUNG."*

YOUTH REPRESENTATION – SPOTLIGHT ON THE YOUTH PLAN

The Youth Plan aims to ensure rangatahi have a say in decisions that impact them, to support the wellbeing of rangatahi and their family and whānau, to enable rangatahi leadership and to drive transformative change. The Youth Plan sets out actions that government will take, in partnership with others to achieve these aims.

Key actions in 2021/22

- A rangatahi Māori leadership forum focusing on identity, mātauranga Māori, te reo Māori, and accessibility to information.
- Evaluation of an employment services programme for young disabled people in their final two years of school.
- Delivery of five youth-focused campaigns including: Hear Me See Me, Keeping it Real, and the Love Better campaign.

Next steps 2022/23

- Review of the 2020–2022 Youth Plan: Turning Voice into Action – Rebuilding and Recovering.
- Development of a new suite of actions.
- Potential refresh and relaunch of the Youth Plan.

Four focus areas:

Voice – rangatahi voices and perspectives are listened to, valued, and embedded in decision-making at all levels, particularly in decisions about COVID-19 recovery.

Wellbeing – the wellbeing of rangatahi, their whānau, and their communities is supported and strengthened.

Leadership – rangatahi are enabled to lead their own lives, and have their identities seen, valued and respected.

Transformative Change – government agencies work collaboratively with each other, the youth sector, communities and rangatahi to mitigate the impact of COVID-19 for rangatahi.

25+

agencies actively involved in the Cross Agency Working Group

16

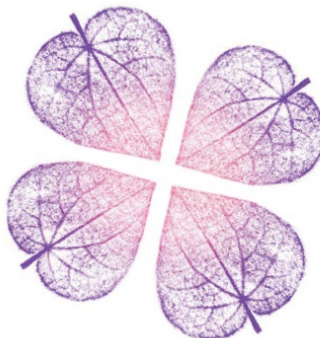
actions – all on track, complete, or embedded as part of business-as-usual

5

youth-focused campaigns delivered

88%

of survey participants whose child had watched the Keep It Real, Eggplant campaign advised that it prompted a conversation around online/digital safety



Wellbeing in 2021/22: Indicators

Indicator	Measure	2019/20	2020/21	2021/22	Change
Involvement in community	Percentage of children and young people at school (aged 12–18 years) who report helping others in the neighbourhood or community	The Youth Health and Wellbeing Survey was first conducted in 2021/22		47%	N/A
	Māori			50%	
	Pacific			57%	
Representation of young people's voices	Percentage of young people enrolled and voting in the New Zealand General Election (2017, 2020)	69%	78%	The next General Election will be held in 2023	N/A
	Māori	62%	70%		N/A
	Percentage of young people reporting holding trust in parliament (aged 18–24 years) (7+/10)	66%	62%	39%	↓*
	Māori	53%	52%	29%	↓
	Pacific	60%	64%	41%	↓*
Making positive choices	Percentage of young people aged 15–24 years who are hazardous drinkers***	27%	27%	24%	↓
	Māori	36%	40%	37%	↓
	Pacific	36%	28%	Insufficient sample**	N/A
	Percentage of young people aged 15–24 years who smoke daily	10%	6%	6%	→
	Māori	22%	13%	13%	→
	Pacific	15%	7%	Insufficient sample**	N/A
	Percentage of young people aged 15–24 years who use e-cigarettes daily	4%	12%	19%	↑*
	Māori	6%	15%	28%	↑
	Pacific	Insufficient sample**	12%	Insufficient sample**	N/A
	Percentage of young people aged 15–24 years who have used cannabis in the last 12 months	27%	30%	28%	↓
	Māori	36%	43%	37%	↓
	Pacific	Insufficient sample**	27%	Insufficient sample**	N/A
Criminal offending	Offending rates per 10,000 children and young people aged 10–17 years	179	162	143	↓
	Māori****	328	288	252	↓
	Pacific****	105	74	64	↓

Data notes

↑ Indicates an annual increase between 2020/21 and 2021/22 of 1 percentage point or more that is not statistically significant at 95% confidence – the difference may have arisen due to chance.

↓ Indicates an annual decrease between 2020/21 and 2021/22 of 1 percentage point or more that is not statistically significant 95% confidence – the difference may have arisen due to chance.

→ Indicates there was no change between 2020/21 and 2021/22.

* Identifies observed annual change is statistically significant – ie, the change can reasonably be expected to be a true change in the overall population being measured.

N/A indicates there is no information on the annual trend between 2020/21 and 2021/22 – due to one of these data points not being available.

**The New Zealand Health 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 sample size of the NZ Health Survey was 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%).

*** Hazardous drinking 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

**** 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)**

Involved and empowered

In 2021/22, institutional trust among young people decreased on previous years. Youth offending gained media attention, but data showed a continuing long-term downward trend. Vaping and e-cigarette use among young people has significantly increased over the last two years.



47%

of young people
volunteered in
the community



19%

of young people
reported daily e-
cigarette use



24%

of young people
reported
hazardous
drinking



12%

decrease in child
and youth
offending rates

Involvement in community

Through the *What About Me?* survey, 47% of students aged 12–18 years reported helping others in their neighbourhood or community. Pacific students aged 12–18 years were statistically significantly more likely to volunteer compared to non-Pacific peers (57% to 45%).

Volunteering rates as reported in the General Social Survey among young people aged 15–24 were not statistically significantly different to the total adult population. However, a significantly lower proportion of young people volunteered directly for another person in the previous four weeks (24%) compared to the total adult population (36%). For those that volunteered through an organisation, the rate was similar for young people and the total adult population (around 30%).¹¹⁷

In 2021/22, 44% of young people aged 15–24 reported having participated in organised sport at least once in the last four weeks compared to

24% of all adults. Over half of young people aged 15–24 years had been to a community event (54%) and 30% had been to a marae in the last 12 months, with 11% of young people visiting at least weekly. Young people aged 15–24 were more than twice as likely to participate in performing arts than the average New Zealander (22% v 10% overall).¹¹⁸

Representation of young people's voices

Local government election data is not yet available and is outside this annual reporting period. Please see the 2020/21 [CYWS Annual Report](#) for an analysis of youth engagement in the 2020 General Election.

Institutional trust decreased statistically significantly in 2021/22, with 39% of young people aged 18–24 rated their trust in parliament between 7 and 10 out of 10, compared to 62% in 2020/21.

Making positive choices

In 2021/22, 24% of young people aged 15–24 years reported alcohol consumption deemed to be at a hazardous level in the past 12 months. This is a three percentage point decrease on 2020/21 but is not statistically significantly different. Hazardous drinking was more prevalent among rangatahi Māori in 2021/22 at 37%, with no significant change from 2020/21 (40%). The rate of hazardous drinking among Pacific young people in 2021/22 is not available due to sample size limitations. In 2020/21, 28% of Pacific young people aged 15–24 years reported hazardous levels of alcohol consumption.

In 2021/22, 15% of young people aged 18–24 years reported binge drinking at least weekly and 35% at least monthly. Among young people aged 15–17 years, 57% reported drinking alcohol in the past year, 6% were hazardous drinkers and 10% reported binge drinking in the past month.¹¹⁹

Reported daily cigarette smoking appears to have decreased markedly among both the total population aged under 25 and among rangatahi Māori since 2019/20, with a daily smoking rate in 2021/22 of 6% among young people aged 15–24 years, a fall from 10% in 2019/20. Among rangatahi Māori aged 15–24 years, 13% reported daily cigarette smoking in 2021/22, compared to 22% in 2019/20.

Daily e-cigarette use (vaping) among young people aged 15–24 years increased statistically significantly between 2019/20 and 2021/22, from 4% to 19% (28% among rangatahi Māori in 2021/22).^{ix} In 2021/22, 51% of young people aged 15–24 years had tried e-cigarettes.

In 2021/22, 28% of all young people aged 15–24 years and 37% of rangatahi Māori reported using cannabis in the last 12 months, with 8% of all young people aged 15–24 years reporting using cannabis at least weekly.

^{ix} New Zealand Health Survey data does not distinguish between nicotine and non-nicotine vaping products. Conclusions as to the likely transfer or cross over of cigarette use and vaping cannot be made with the data available at time of publication.

Criminal offending

Young people had a higher likelihood of victimisation compared with the New Zealand average. In 2020/21, young people aged 15–19 years experienced twice the rate of interpersonal violence offences (15% v 7% overall). More than half of disabled people aged 15–29 were victimised in the last 12 months (55%).¹²⁰

In 2020/21, 9% of young women aged 15–19 years had experienced a sexual assault in the last 12 months, compared to 2% of the overall 15+ population. Half of sexual assaults against adults were among those aged 15–29 years. Gay, lesbian and bisexual young people aged 15–29 years were statistically significantly more likely to experience sexual assault (15%).¹²¹

Youth offending rates among children and young people aged 10–17 years have decreased across all population groups since 2020/21. There was a 12% decrease overall, and a 13% decrease among tamariki and rangatahi Māori and Pacific children and young people aged 10–17 years in rates of criminal offending in 2021/22 compared to 2020/21.

This annual reduction continues a long-term trend that has seen child and youth offending rates decrease by 62% since 2011/12 among all children and young people aged 10–17 years. Offending rates among tamariki and rangatahi Māori aged 10–17 years decreased by 68% over the last decade, and offending rates among Pacific children and young people aged 10–17 years decreased by 81%.

Many children and young people who offended have had negative childhood experiences. In 2021/22, 92% of children aged 10–13 years and 88% of young people aged 14–17 years who were referred for Youth Justice Family Group Conferences had previously been the subject of a report of concern to Oranga Tamariki about their care and protection.¹²²

All substance use data is self-reported and based on small numbers, so should be interpreted with caution.

Notes on this report

This report presents wellbeing data collated from 17 collections across eight government agencies for the 2021/22 financial year. During this period, New Zealand experienced major disruption due to the COVID-19 Delta and Omicron waves.

This impacted several surveys that contribute data to this report – either reducing sample sizes due to reduced field time or delaying delivery dates – thus impacting the data available or the depth of analysis available for this report.

Where there is no data available for the 2021/22 financial year, the most recently available data has been used. This is indicated alongside each measure throughout the data tables and Appendix One. For ease of reading, where there is no year indicated in brackets, data is for the 2019/20, 2020/21 and 2021/22 financial years reading left to right across columns.

Where available, data is disaggregated for populations of interest. Data for total children and young people, tamariki and rangatahi Māori and Pacific children and young people is presented in the body of the report, and all demographic breakdowns (as available) are included in Appendix One of this report. Data sources for each measure are also identified in Appendix one and as such are not referenced within the body of the report. Additional data sources and technical notes are listed in Appendix Two – Endnotes.

For all indicators except those presenting Official Child Poverty Statistics, this report compares latest data to the previous available year or period (annual change). For Official Child Poverty Statistics which are also Child and Youth Wellbeing Strategy Indicators, comparison to the baseline year (2017/18) is provided. In-depth analysis of the Official Child Poverty Statistics for 2021/22 is published by Statistics New Zealand.

Arrows are used throughout the tables to indicate an annual change of 1% or greater but do not necessarily indicate statistically significant change. Statistical significance testing of annual change is not available for all indicators (for example administrative data not based on a sample). Where this is available and a statistically significant threshold ($p < 0.05$) has been reached, this is noted in the table “*” and in the report. Indicators that do not have information on statistical significance may still demonstrate meaningful annual or longer-term change.

Please use caution when interpreting differences in indicators among population subgroups. Numbers of respondents or events can be very small and as such carry wide margins of error.

Information on the development of the indicators and measures is available on the Child and Youth Wellbeing website: <https://childyouthwellbeing.govt.nz/development-indicators>

Review of the Child and Youth Wellbeing Strategy

The Children's Act 2014 requires the Strategy to be reviewed at least every three years, with the first statutory review completed in August 2022. The Review drew on the findings of various reports and evaluations, including an independent Process Evaluation¹²³, insights and themes from research reports and engagements that have been released since the development of the Strategy in 2019.

Targeted engagement with key stakeholders was also undertaken during June and July 2022, including with children and young people themselves.¹²⁴

The Review focused on the priority areas and enablers that will help drive and prioritise government policy and harness collective action outside government. It explored how the Strategy could be used to:

- drive and prioritise government policy
- encourage more collective ownership of the Strategy among communities and non-government organisations
- identify ways the monitoring and reporting arrangements could be made more efficient and effective
- better integrate te ao Māori concepts of wellbeing.

The Review found that, overall, there is strong and ongoing support for the Strategy. Stakeholders agreed that the Strategy's vision and outcomes provide a strong basis for collective action to improve the wellbeing of children and young people. Partners and stakeholders noted that the indicators and measures could be improved over time, and that the current Strategy enables this. Based on this feedback and other inputs into the Review, no changes have been made to the Strategy's framework.

However, the Review found that there is considerable scope to better prioritise and support the implementation of the Strategy. It identified key changes that will help the Strategy to be a catalyst for, and driver of, system change to support the wellbeing of all children and young people, including:

- embedding ownership of the Strategy, which involves increasing the representation of iwi/Māori, Pacific and children and young people, focusing more on whānau-centred, community-led approaches, and developing a learning system that includes diverse voices and perspectives
- improving coordination and alignment across agencies and between agencies and communities
- shifting the focus of governance away from central government to whānau, communities and children and young people
- building efficient and effective measurement, monitoring and reporting, in particular better incorporating strengths-based understandings of wellbeing
- embedding te ao Māori concepts of wellbeing into the Strategy implementation.

The Review noted that central government needs to continue to evolve how it works with iwi/Māori and communities at different levels to achieve the outcomes of the strategy.

There was strong support for focusing on fewer actions overall. Four priority areas were identified for the next phase of the Strategy's implementation:

- reducing child poverty and mitigating the impacts of socio-economic disadvantage
- enhancing child and whānau wellbeing in the first 1000 days
- addressing racism, discrimination and stigma
- enhancing the mental wellbeing of children and young people (new priority).

Each of the priority areas will have a Lead Chief Executive/s, who will act as system convenor to help drive policy and investment decisions and support implementation.

Appendix one: Indicator, measure and source tables

Children and young people are loved, safe and nurtured					
Indicator	Measure	2019/20	2020/21	2021/22	Source
Feeling loved	Percentage of all 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 (7+/10)	-	-	90%	Youth Health and Wellbeing Survey – What About Me? (MSD)
	Māori			87%	
	Pacific			89%	
	Asian			91%	
	MELAA			87%	
	Disabled			81%	
	Rainbow			79%	
Family and whānau wellbeing	Percentage of children and young people at school (aged 12-18 years) rating their families as doing well (7+/10)	-	-	73%	Youth Health and Wellbeing Survey – What About Me? (MSD)
	Māori			66%	
	Pacific			74%	
	Asian			82%	
	MELAA			65%	
	Disabled			54%	
	Rainbow			55%	
	Percentage of young people (aged 18-24 years) who rate their family as doing well (7+/10)	83%	82%	81%	2019/20 HLFS June 2020
	Māori	77%	79%	65%	2020/21 HLFS March 2021
	Pacific	83%	88%	-	2021/22 GSS 2021 (StatsNZ)
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 (7+/10)	-	-	74%	Youth Health and Wellbeing Survey – What About Me? (MSD)
	Māori			66%	
	Pacific			71%	
	Asian			73%	
	MELAA			69%	
	Disabled			58%	
	Rainbow			57%	
Harm against children	Number of children and young people with notifications to Oranga Tamariki who were referred for further assessment or investigation (number of distinct persons aged 0-17)	34,673	35,081	29,298	Oranga Tamariki
	Māori	18,479	18,435	15,451	
	Pacific	5,363	5,486	4,512	
	Percentage of children and young people at school (aged 12-18 years) that in the last 12 months have been hit or physically hurt, or they have seen others in the home being hit or physically hurt by adults in the places where they usually live	-	-	13%	Youth Health and Wellbeing Survey –

	Māori			21%	What About Me? (MSD)
	Pacific			19%	
	Asian			16%	
	MELAA			14%	
	Disabled			24%	
	Rainbow			19%	
Feeling safe	Percentage of children and young people at school (aged 12-18 years) who agree they feel safe at home	-	-	89%	
	Māori			85%	
	Pacific			87%	
	Asian			90%	
	MELAA			80%	
	Disabled			77%	
	Rainbow			75%	
Serious injuries	Rate of serious non-fatal injuries per 100,000 children and young people (aged 0-24 years)	123	113	118	Stats NZ
	Māori	167	166	171	
Mortality	Number of deaths of children and young people (aged 0-24 years) (2018, 2019, 2020)	724	772	686	Mortality Collection 2018, 2019, 2020 (MOH)
	Māori	246	266	237	
	Pacific	81	110	92	
	Asian	72	72	71	

Children and young people have what they need					
Indicator	Measure	2019/20	2020/21	2021/22	Source
Material wellbeing	Percentage of children (aged 0-17 years) living in households experiencing good material wellbeing	85%	86%	87%	Household Economic Survey (Stats NZ)
	Māori	75%	75%	78%	
	Pacific	63%	71%	68%	
	Asian	93%	94%	94%	
	MELAA	85%	88%	86%	
	Low income	66%	69%	73%	
	Disabled children	75%	76%	77%	
	Households with at least one disabled person	74%	75%	76%	
Child poverty	Percentage of children (aged 0-17 years) living in households with less than 50 percent median equivalised disposable household income before housing costs (BHC)	13.2%	13.0%	12.0%	Official Child Poverty Measure (Stats NZ)
	Māori	15.8%	17.7%	14.5%	
	Pacific	18.8%	17.1%	19.5%	
	Asian	15.4%	16.1%	10.4%*	
	MELAA	18.8%	19.2%	17.6%	
	Disabled children	16.0%	15.9%	17.0%	
	Children in a disabled household	16.5%	17.1%	17.9%	
	Percentage of children (aged 0-17 years) living in households with less than 50 percent median equivalised disposable household income after housing costs (AHC)	17.8%	15.0%	15.4%	
	Māori	19.7%	16.8%	16.8%	
	Pacific	20.5%	14.7%	19.4%	

	Asian	23.7%	19.2%	18.1%	
	MELAA	29.9%	23.4%	21.7%	
	Disabled children	21.5%	16.6%	15.1%	
	Children in a disabled household	20.5%	17.7%	15.7%	
	Percentage of children (aged 0-17 years) living in households experiencing material hardship	11.5%	11.0%	10.3%	
	Māori	19.7%	20.2%	18.8%	
	Pacific	22.3%	24.0%	25.6%	
	Asian	5.8%	4.9%	3.7%	
	MELAA	10.0%	4.9%	11.6%	
	Disabled children	20.7%	20.5%	21.5%	
	Children in a disabled household	20.8%	21.1%	21.1%	
Food security	Percentage of children (aged 0-14 years). living in households where food runs out sometimes or often	20%	15%	13%	NZ Health Survey (MOH)
	Māori	30%	26%	22%	
	Pacific	45%	37%	38%	
	Asian	12%	7%	5%	
Housing quality	Percentage of children (aged 0-17 years) living in households with a major problem with dampness or mould	7%	6%	6%	Household Economic Survey (Stats NZ)
	Māori	11%	10%	11%	
	Pacific	17%	12%	11%	
	Asian	4%	3%	3%	
	MELAA	8%	3%	8%	
	Low income	15%	10%	11%	
	Disabled children	5%	10%	9%	
	Households with at least one disabled person	13%	10%	9%	
Housing affordability	Percentage of households with children and young people living in (aged 0-17 years) spending more than 30 percent of their disposable income on housing	37%	34%	34%	
	Māori	32%	28%	33%	
	Pacific	35%	26%	34%	
	Asian	49%	45%	44%	
	MELAA	50%	44%	41%	
	Low income	62%	50%	52%	
	Disabled children	36%	32%	29%	
	Households with at least one disabled person	33%	31%	27%	

Children and young people are happy and healthy					
Indicator	Measure	2019/20	2020/21	2021/22	Source
Prenatal wellbeing	Percentage of people registered with an LMC, among all people giving birth (2019, 2020)	93%	94%	-	National Maternity Collection 2019, 2020 – data for 2021 not yet available
	Māori	92%	92%	-	
	Pacific	85%	87%	-	
	Asian	91%	92%	-	
	High deprivation	90%	91%	-	
	Percentage of people registering with an LMC in their first trimester of pregnancy, among all people registered with LMCs (2019, 2020)	73%	74%	-	

	Māori	60%	61%	–	
	Pacific	45%	47%	–	
	Asian	77%	78%	–	
	High deprivation	59%	59%	–	
	Percentage of people giving birth who reported smoking two weeks after the birth of their child (2019, 2020)	8%	9%	–	
	Māori	23%	23%	–	
	Pacific	6%	6%	–	
	Asian	<1%	<1%	–	
Subjective health status	Percentage of children and young people at school (aged 12–18 years) reporting their health as good, very good, or excellent	–	–	85%	Youth Health and Wellbeing Survey – What About Me? (MSD)
	Māori			82%	
	Pacific			84%	
	Asian			89%	
	MELAA			84%	
	Disabled			70%	
	Rainbow			72%	
	Percentage of young people (aged 15–24 years) reporting their health as good, very good, or excellent	90%	92%	91%	NZ Health Survey (MOH)
	Māori	85%	91%	91%	
	Pacific	85%	85%	84%	
	Asian	94%	95%	96%	
	Disabled	49%	70%	62%	
	Rainbow	81%	84%	89%	
	High deprivation (NZ Dep Quintile 5)	84%	90%	87%	
Potentially avoidable hospitalisations	Rate of potentially avoidable hospitalisations per 1000 children aged 0–14 years	48	48	48	National Minimum Dataset (MOH)
	Māori	56	54	55	
	Pacific	71	63	66	
	High deprivation	58	56	55	
Mental wellbeing	Percentage of young people (aged 15–24 years) with high or very high levels of psychological distress in the last four weeks (K10 = 12+)	11%	19%	24%	NZ Health Survey (MOH)
	Māori	14%	26%	26%	
	Pacific	9%	24%	–	
	Asian	–	10%	–	
	Disabled	52%	52%	72%	
	Rainbow	35%	45%	40%	
	High deprivation (NZ Dep Quintile 5)	13%	20%	20%	
	Percentage of children and young people at school (aged 12–18 years) with high or very high levels of psychological distress in the last four weeks (K6 = 19+)	–	–	28%	Youth Health and Wellbeing Survey – What About Me? (MSD)
	Māori			36%	
	Pacific			25%	
	Asian			23%	
	MELAA			44%	
	Disabled			56%	
	Rainbow			57%	

Self-harm and suicide	Percentage of children and young people at school (aged 12-18 years) that in the last 12 months who have deliberately hurt themselves	-	-	34%	
	Māori			43%	
	Pacific			30%	
	Asian			27%	
	MELAA			39%	
	Disabled			58%	
	Rainbow			67%	
	Percentage of children and young people at school (aged 12-18 years) that in the last 12 months who have seriously thought about killing themselves	-	-	26%	
	Māori			38%	
	Pacific			31%	
	Asian			21%	
	MELAA			39%	
	Disabled			49%	
	Rainbow			55%	
	Percentage of children and young people at school (aged 12-18 years) that in the last 12 months who have attempted suicide	-	-	12%	
	Māori			20%	
	Pacific			17%	
	Asian			11%	
	MELAA			15%	
	Disabled			26%	
	Rainbow			26%	
	Rate of deaths from suspected intentional self-harm per 100,000 young people (aged 15-24 years)	18	17	17	Coronial Services (MOJ)
	Māori	28	22	31	
	Pacific	14	17	16	
	Asian	6	13	7	

Children and young people are learning and developing					
Indicator	Measure	2019/20	2020/21	2021/22	Source
Participation in early learning	Percentage of 3-year-old children attending early childhood education for 10 or more hours a week on average	74%	68%	67%	Early Learning Information System (MOE)
	Māori	62%	57%	55%	
	Pacific	67%	57%	52%	
	Low income	66%	62%	60%	
	Percentage of 4-year-old children attending early childhood education for 10 or more hours a week on average	84%	76%	74%	
	Māori	68%	62%	62%	
	Pacific	74%	65%	59%	
	Low income	74%	69%	67%	

Regular school attendance	Percentage of children and young people who are regularly attending school (aged 6-16 years)	65%	61%	40%	School Attendance Survey – Term 2 (MOE)
	Māori	48%	45%	27%	
	Pacific	51%	47%	28%	
	Asian	76%	75%	54%	
	MELAA	-	66%	45%	
	Decile 1 School (lowest income area)	43%	43%	26%	
Literacy, numeracy, and science skills	Percentage of 15-year-olds meeting the level 2 benchmark for reading	83%	81%	-	Programme for International Student Assessment 2015, 2018 (MOE)
	Māori	72%	70%	-	
	Pacific	66%	64%	-	
	Percentage of 15-year-olds meeting the level 2 benchmark for maths	78%	78%	-	
	Māori	63%	63%	-	
	Pacific	58%	56%	-	
	Percentage of 15-year-olds meeting the level 2 benchmark for science	83%	82%	-	
	Māori	70%	70%	-	
	Pacific	62%	60%	-	
Social-emotional skills	Based on aggregated survey data that measures compassion, respectfulness and trust	Not available			Youth Health and Wellbeing Survey – What About Me? (MSD)
Self-management skills	Based on aggregated survey data that measures organisation, productiveness and responsibility				
Youth participation in employment, education, or training	Percentage of young people aged 15 to 24 years who are participating in education, training, or employment	88%	88%	88%	Household Labour Force Survey (StatsNZ)
	Māori	81%	81%	81%	
	Pacific	83%	81%	84%	
	Asian	90%	91%	92%	

Children and young people are accepted, respected and connected					
Indicator	Measure	2019/20	2020/21	2021/22	Source
Ability to be themselves	Percentage of children and young people at school (aged 12-18 years) who agree that is easy for them to express their identity (7+/10)	-	-	67%	Youth Health and Wellbeing Survey – What About Me? (MSD)
	Māori			64%	
	Pacific			70%	
	Asian			66%	
	MELAA			54%	
	Disabled			52%	
	Rainbow			37%	
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 (7+/10)	-	-	78%	
	Māori			83%	
	Pacific			82%	
	Asian			80%	

	MELAA			72%	
	Disabled			67%	
	Rainbow			64%	
Experience of discrimination	Percentage of children and young people at school (aged 12–18 years) who report experiencing discrimination in the last 12 months	-	-	25%	
	Māori			32%	
	Pacific			32%	
	Asian			27%	
	MELAA			39%	
	Disabled			46%	
	Rainbow			44%	
	Percentage of young people (aged 18–24 years) who reported experiencing discrimination in the last 12 months	20%	18%	24%	2019/20 HLFSS June 2020
	Māori	29%	32%	28%	2020/21 HLFSS March 2021
	Pacific	23%	20%	20%	
	Asian	-	20%	-	2021/22 GSS 2021
Experience of bullying	Percentage of children and young people at school (aged 12–18 years) who experienced bullying in the last 12 months	-	-	37%	
	Māori			40%	
	Pacific			28%	
	Asian			28%	
	MELAA			26%	
	Disabled			50%	
	Rainbow			48%	
Social support	Percentage of children and young people at school (aged 12–18 years) who have an adult they could turn to if they were going through a difficult time and needed help (7+/10)	-	-	85%	Youth Health and Wellbeing Survey – What About Me? (MSD)
	Māori			83%	
	Pacific			85%	
	Asian			80%	
	MELAA			75%	
	Disabled			76%	
	Rainbow			78%	
Support for cultural identity	Percentage of children and young people at school (aged 12–18 years) who have someone they could ask about their culture, whakapapa or ethnic group	-	-	73%	
	Māori			83%	
	Pacific			87%	
	Asian			83%	
	MELAA			82%	
	Disabled			64%	
	Rainbow			62%	

Languages	Percentage of children and young people at school (aged 12–18 years) who in everyday conversation speak a second and/or third language	–	–	26%	
	Māori			36%	
	Pacific			42%	
	Asian			58%	
	MELAA			55%	
	Disabled			27%	
	Rainbow			25%	

Children and young people are involved and empowered					
Indicator	Measure	2019/20	2020/21	2021/22	Source
Involvement in community	Percentage of children and young people at school (aged 12–18 years) who report helping others in the neighbourhood or community	–	–	47%	Youth Health and Wellbeing Survey – What About Me? (MSD)
	Māori			50%	
	Pacific			57%	
	Asian			47%	
	MELAA			46%	
	Disabled			44%	
	Rainbow			39%	
Representation of young people's voices	Percentage of young people aged 18–24 years enrolled and voting in the New Zealand General Election	69%	78%	–	Electoral Commission
	Māori	62%	70%	–	
	Percentage of young people reporting holding trust in parliament (aged 18–24 years) (7+/10)	66%	62%	39%	2019/20 HLFS June 2020
	Māori	53%	52%	29%	2020/21 HLFS March 2021
	Pacific	60%	64%	41%	2021/22 GSS 2021 (StatsNZ)
Making positive choices	Percentage of young people aged 15–24 years who are hazardous drinkers	27%	27%	24%	NZ Health Survey (MOH)
	Māori	36%	40%	37%	
	Pacific	36%	28%	–	
	Rainbow	31%	25%	26%	
	Disabled	–	34%	–	
	High deprivation (NZ Dep Quintile 5)	28%	35%	26%	
	Percentage of young people aged 15–24 years who smoke daily	10%	6%	6%	
	Māori	22%	13%	13%	
	Pacific	15%	7%	–	
	High deprivation (NZ Dep Quintile 5)	22%	12%	19%	
	Percentage of young people aged 15–24 years who use e-cigarettes daily	4%	12%	19%*	
	Māori	6%	15%	28%	

	Pacific	–	12%	–	
	Rainbow	–	11%	25%	
	Disabled	–	24%	44%	
	High deprivation (NZ Dep Quintile 5)	6%	15%	24%	
	Percentage of young people aged 15–24 years who have used cannabis in the last 12 months	27%	30%	28%	
	Māori	36%	43%	37%	
	Pacific	16%	27%	29%	
	Rainbow	39%	46%	47%	
	Disabled	41%	43%	47%	
	High deprivation (NZ Dep Quintile 5)	30%	35%	32%	
Criminal offending	Offending rates per 10,000 children and young people aged 10–17 years	179	162	143	Youth Justice Indicators (MOJ)
	Māori (unadjusted offending rates)	328	288	252	
	Pacific (unadjusted offending rates)	105	74	64	

Appendix two: Endnotes

¹ [National population estimates: at 30 June 2022 | Stats NZ](#)

² Statistics New Zealand and Census 2018 use total response ethnicity where people can identify with more than one ethnic group, therefore groups may sum to more than 100%

³ [2018 Census ethnic group summaries | Stats NZ](#)

⁴ [LGBT+ population of Aotearoa: Year ended June 2020 | Stats NZ](#)

⁵ [Life in Lockdown | Office of the Children's Commissioner \(occ.org.nz\)](#)

⁶ This CYWS Indicator is sourced from the 2021 General Social Survey. Family wellbeing questions were also asked in the New Zealand Health Survey for 2021/22, which found that 83% of young people aged 15–24 years rated their family as doing well, and in the Youth Health and Wellbeing Survey Whatabout me 2021, which found that 73% of young people aged 12–18 years rated their family as doing well.

⁷ [State of the Generation 2021](#)

⁸ [New Zealand Health Survey | Ministry of Health NZ](#)

⁹ [State of the Generation 2021](#)

¹⁰ [Know Me Believe in Me. Kia mārama mai, kia whakapono mai](#)

¹¹ [Early Learning Participation | Education Counts](#)

¹² [NCEA 2021 attainment data released :: NZQA](#)

¹³ [Summary Report – National engagement on New Zealand's first Child Youth and Wellbeing Strategy \(childyouthwellbeing.govt.nz\)](#)

¹⁴ [CYWS Review: Summary Report of Child and Youth Engagement, 2022](#)

¹⁵ [State of the Generation 2021](#)

¹⁶ [What we heard from Rangatahi, Youth Plan Engagement, 2019](#)

¹⁷ [What we heard from Rangatahi, Youth Plan Engagement, 2019](#)

¹⁸ [What we heard from the Youth Sector, Youth Plan Engagement, 2019](#)

¹⁹ Ministry of Social Development, Youth Health and Wellbeing Survey, 2021 – free text field.

²⁰ Ministry of Social Development, Youth Health and Wellbeing Survey, 2021 – free text field.

²¹ Ministry of Social Development, Youth Health and Wellbeing Survey, 2021 – free text field.

²² [Project DMS, 2021](#)

²³ [What we heard from Rangatahi, Youth Plan Engagement, 2019](#)

²⁴ [State of the Generation 2021](#)

²⁵ [Embracing Diverse Cultures: Schools' Practice | Education Review Office \(ero.govt.nz\)](#)

²⁶ [What we heard from Rangatahi, Youth Plan Engagement, 2019](#)

²⁷ [What we heard from Rangatahi, Youth Plan Engagement, 2019](#)

²⁸ [CYWS Review: Summary Report of Child and Youth Engagement, 2022](#)

²⁹ [What we heard from the Youth Sector, Youth Plan Engagement, 2019](#)

³⁰ [CYWS Review: Summary Report of Child and Youth Engagement, 2022](#)

³¹ [COVID-19: Case demographics | Ministry of Health NZ](#)

³² [Youthline sees 300pc increase in demand as young people contract Covid-19 | NZ Herald](#)

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- ³³ [Youthline COVID-19 Research | Youthline](#)
- ³⁴ [Life in Lockdown | Office of the Children's Commissioner \(occ.org.nz\)](#)
- ³⁵ [Rapid Evidence and Covid-19 Youth Recovery Plan 2020-2022.pdf \(hpa.org.nz\)](#)
- ³⁶ [Rapid Evidence and Covid-19 Youth Recovery Plan 2020-2022.pdf \(hpa.org.nz\)](#)
- ³⁷ [Attendance Statistics | Ministry of Education NZ](#)
- ³⁸ [Missing Out: Why Aren't Our Children Going to School? | Education Review Office](#)
- ³⁹ Youth Health and Wellbeing Survey, 2021 – [data tables](#)
- ⁴⁰ [youth19-intersectionality-report-final.pdf \(myd.govt.nz\)](#)
- ⁴¹ [youth19-intersectionality-report-final.pdf \(myd.govt.nz\)](#)
- ⁴² [National ethnic population projections: 2018\(base\)-2043 | Stats NZ](#)
- ⁴³ [What makes a good life? \(occ.org.nz\)](#)
- ⁴⁴ [Māori Language in Schooling | Education Counts](#)
- ⁴⁵ [youth19-intersectionality-report-final.pdf \(myd.govt.nz\)](#)
- ⁴⁶ [English-Tamariki-Rangatahi-Māori-Summary-Report.pdf](#)
- ⁴⁷ [English-Tamariki-Rangatahi-Māori-Summary-Report.pdf](#)
- ⁴⁸ [2018 Census ethnic group summaries | Stats NZ](#)
- ⁴⁹ [Pacific-Peoples-in-Aotearoa-Report.pdf \(mpp.govt.nz\)](#)
- ⁵⁰ [2018 Census ethnic group summaries | Stats NZ](#)
- ⁵¹ [Ministry for Pacific Peoples — All-of-Government Pacific Wellbeing Strategy \(mpp.govt.nz\)](#)
- ⁵² [Talanoa series | Ministry for Pacific Peoples](#)
- ⁵³ [Talanoa series | Ministry for Pacific Peoples](#)
- ⁵⁴ [Our Communities | Ministry for Ethnic Communities](#)
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- ⁶¹ [Youth health and wellbeing survey – What-About-Me? – Ministry of Social Development \(msd.govt.nz\)](#)
- ⁶² [Youth health and wellbeing survey – What-About-Me? – Ministry of Social Development \(msd.govt.nz\)](#)
- ⁶³ Education Review Office, September 2022: A Great Start? Education for Disabled Children in Early Childhood Education and Thriving at School? Education for Disabled Learners in Schools.
- ⁶⁴ [Youth health and wellbeing survey – What-About-Me? – Ministry of Social Development \(msd.govt.nz\)](#)

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- ⁶⁸ [Labour market statistics \(disability\): June 2022 quarter | Stats NZ](#)
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- ⁷⁰ [Youth health and wellbeing survey - What-About-Me? - Ministry of Social Development \(msd.govt.nz\)](#)
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- ⁷⁷ [LGBT+ population of Aotearoa: Year ended June 2021 | Stats NZ](#)
- ⁷⁸ Youth Health and Wellbeing Survey, 2021 – [data tables](#)
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- ⁸² [Statistics about how we work with children | Oranga Tamariki — Ministry for Children](#)
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- ⁸⁵ [Ka Ora, Ka Ako | Healthy School Lunches Programme – Education in New Zealand](#)
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- ⁸⁷ https://assets.education.govt.nz/public/Documents/Ka-Ora-Ka-Ako/Ka-Ora-Ka-Ako-Evaluation_Impact-Report-Final-v2.pdf
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- ⁸⁹ [Final Evaluation Report: Mana Ake – Stronger for Tomorrow | Ministry of Health NZ](#)
- ⁹⁰ [New Zealand Health Survey | Ministry of Health NZ](#)
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- ⁹² [FINAL-Access-and-Choice-Youth-report-2022-PDF.pdf \(mhwc.govt.nz\)](#)
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