



**Te Kāwanatanga  
o Aotearoa**  
New Zealand Government

# **2024/25 Annual Report on the Child and Youth Strategy and Child Poverty Related Indicators**



July 2024 to June 2025



**Hon Louise Upston**  
**Minister for Child Poverty Reduction**

As the Minister for Child Poverty Reduction, I'm pleased to introduce the 2024/25 Annual Report for the Child and Youth Strategy (the Strategy) and the Child Poverty Related Indicators (CPRIs).

This is the second Annual Report on the Strategy and the set of CPRIs the Government set in 2024.

It's positive to see that many children and young people are continuing to do well across a range of outcomes in 2024/25.

Our Government set bold targets to improve school attendance and reduce youth offending and it is encouraging, in particular, to see improved outcomes being achieved for each of these areas.

More students are regularly attending school. 2024/25 is the third year in a row where attendance rates have increased. Regular attendance is important as it contributes to strong educational achievement and the positive outcomes education brings over the life of a child. We're working hard to keep these numbers improving.

Meanwhile, offending rates for children and young people improved over the most recent reporting period, and have also fallen significantly since 2019/20.

It's also pleasing to see that:

- most parents are coping well with parenting
- substantiated findings of child abuse and neglect have improved over the reporting period
- rates of food insecurity have improved in the 2024/2025 year.

However, a range of challenges remain. The number of children in benefit-receiving households has risen again this year. While there has been no significant increase in rates of material hardship from 2023/24 to 2024/25, if we look at the three-year trend, we can see that rates are trending upwards.

These figures reflect the challenges of continuing tough economic circumstances, which we are tackling head-on.

We are focused on practical solutions, including breaking cycles of welfare dependency, creating more jobs, and improving outcomes in areas such as education, health, housing and law and order to help keep children out of poverty in the long term.

Through the Strategy we are delivering a coordinated cross-government approach in three priority areas that encompass policies and interventions across ministerial portfolios, sectors and agency responsibilities. Our work continues to be informed by our social investment approach to ensure we base investment decisions on research, data, and evidence of impact.

This year's report includes updates on the key actions underway to deliver on the Strategy priorities and CPRIs, including actions to:

- reduce child material hardship through programmes such as Healthy School Lunches, Early Childhood Education Food initiatives, Food Secure Communities and Building Financial Capability
- improve school attendance and educational achievement through the Attendance Action Plan and the Lifting Achievement work programme
- contribute to reducing potentially avoidable hospitalisations through programmes such as Kahu Taurima, the Healthy Homes initiative and the immunisation work programme.

As work progresses, we'll also continue to work with and support those outside of government who work directly with children, young people, families, whānau and communities to give our children and young people a good start in life.

Hon Louise Upston  
 Minister for Child Poverty Reduction

**Contents**

<b>Foreword</b>	2
<b>Purpose of report</b>	3
<b>Summary findings</b>	4
<b>Overview of Portfolio Target Indicator and Child Poverty Related Indicators (CPRIs)</b>	5
<b>Overview of Additional Strategy Indicators</b>	6
<b>Portfolio Target indicator – material hardship</b>	7–9
<b>CPRIs</b>	
Fewer children in families on benefit	10–11
More children in affordable housing	12–13
Fewer children experiencing avoidable hospitalisations	14–15
More children regularly attending school	16–17
Improved educational achievement	18–19
<b>Actions the Government is taking on CPRIs</b>	20–22
<b>Additional Strategy indicators</b>	23–27
<b>Data notes</b>	28–30

This report sits alongside a companion report *2024/25 Annual Report on the Child and Youth Wellbeing Strategy and previous Child Poverty Related Indicators*, available on the [Ministry of Social Development website here](#).

**Purpose of report**

The Child and Youth Strategy (the Strategy) was launched in November 2024. It refreshed the previous Child and Youth Wellbeing Strategy to reflect the current Government’s policies, priorities and activities.

This report sets out progress towards the outcomes of the Strategy for the 2024/25 financial year. It also covers progress on the current Child Poverty Related Indicators (CPRIs), which are a set of indicators that measure the broader causes, correlates and consequences of child poverty.

The report is used by the Government and agencies to monitor progress towards the outcomes of the Strategy and the CPRIs. It can also be used by a range of other groups to understand what experiences children and young people are having, measure progress towards the Strategy outcomes, and inform responses at a national or local level.

**Requirements under the Children’s Act 2014 and Child Poverty Reduction Act 2018**

The Children’s Act 2014 requires the government to report annually on progress towards achieving the Strategy’s outcomes. The Child Poverty Reduction Act 2018 requires the government to report annually on the CPRIs.

This report, alongside the companion report *2024/25 Annual Report on the Child and Youth Wellbeing Strategy and previous Child Poverty Related Indicators*, fulfills both requirements for 2024/25.

**Identified populations of children and young people**

Where available, this report includes disaggregated data on Māori children and young people, Pacific children and young people, disabled children and young people, and children and young people in disabled households.

Ethnicity data includes a mix of total response ethnicity and prioritised ethnicity. This is noted in the relevant data notes. A disabled household is defined as a household with at least one disabled person in the household.

**Child and Youth Strategy Indicators Overview**

The Child and Youth Strategy uses a set of 13 indicators to help us understand progress towards achieving the three Strategy priorities and six outcomes for children and young people.

The 13 indicators are made up of three kinds of indicators:

- **CPRIs:** Five CPRIs monitor the drivers of poverty and long-term socio-economic disadvantage.
- **Portfolio Target indicator:** Material Hardship has been set as a Portfolio Target by the Government.
- **Strategy indicators:** Seven additional Strategy indicators monitor progress in relation to the Strategy priorities and outcomes.

The 13 indicators are measured using 14 measures, with the mental health indicator using two different measures to monitor mental health-related outcomes.

**Current Child Poverty Related Indicators (CPRIs)**

The CPRIs were first set in 2019, then changed in November 2024 as part of the development of the Child and Youth Strategy.

The five current CPRIs are set out in the table below.

CPRI	Measure	Data source
<b>Children in benefit-dependent households</b>	Number of children in families receiving a working-age main benefit	Ministry of Social Development administrative data
<b>Housing affordability</b>	Percentage of children living in households in the bottom 40% of income distribution, spending more than 30% of household income on housing costs	Stats NZ Household Economic Survey and Household Income and Living Survey
<b>Student attendance</b>	Percentage of students present more than 90% of the term	Ministry of Education Attendance Survey
<b>Educational achievement</b>	Percentage of school leavers with at least NCEA Level 2	Ministry of Education School leavers’ attainment data
<b>Potentially avoidable hospitalisations</b>	Rate of children experiencing potentially avoidable hospitalisations	Ministry of Health National Minimum Dataset

This year's report features enhanced analysis and commentary on the CPRIs. It includes information on the specific actions that the Government is taking that contribute to improvements in the CPRIs. It outlines key actions, progress to date on the actions over 2024/25, and what is known about the impact of the actions on children and young people. Some actions will have impacts across multiple CPRIs. For ease of reporting, they are captured only in one CPRI section.

## Putting the findings in context

This report captures progress on the measures over a six-year period where available. It identifies changes in the measures between the relevant baseline year for each measure and 2024/25; and between 2023/24 (the previous year of reporting) and 2024/25. It also describes key changes and patterns over the six-year period. The report does not assess causal relationships. Where available, wider research and evidence are drawn upon for some indicators to support commentary in changes over time.

The data tables are colour-coded to highlight the direction of change since the relevant baseline year and since 2023/24, where the data is available. Where a change is not known, this is mostly due to the availability of data and means that comparisons over time are not possible. For some measures, there are small discrepancies between the reported figures and the reported changes due to rounding.

Improved	No change	Worse	Not known
----------	-----------	-------	-----------

The report includes some data labels that are set out in a key, to support data interpretation.

Some measures are based on data from a representative sample. Measures based on a representative sample are marked "S". For data from sample surveys, the report identifies a positive or negative change where the change is statistically significant.

Statistical significance testing is used where data is collected from a representative sample. A change is considered statistically significant when statistical testing shows that it is very likely to reflect a real change in the overall population being measured. The report includes either the level of sampling error on the change or the lower and upper bounds of the change (the range within which the true difference is likely to lie). These are included in italicised brackets. For groups with smaller populations and sample size, such as Māori children and disabled children, there is likely to be a wider margin of error, and changes are less likely to be statistically significant.

Some measures are not based on a sample population but instead are based on administrative data that covers the whole population, or a specific sub-population. Measures from administrative data are marked "A".

For data from administrative sources this report identifies a positive or negative change for each measure on the relevant metric, where there is an increase or decrease by 1 percentage point or more, an increase or decrease in the rate of children and young people by 1.5 or more, or a change in the number of children or young people by 5 or more.

An "R" means that data for previous years has been updated since the last report ([2023/24 Annual Report](#)) and the figure in this report is different than what was published in the last report.

Key	S	A	R	Ppt
	Based on a representative sample	Based on administrative data	Data revised since last reported	Percentage point change

## Summary of findings

This is the second year of reporting on the Child and Youth Strategy indicators. The 2024/25 report includes data from 2019/20 to 2024/25, where available.

Children and young people experienced a range of outcomes on the indicators in 2024/25, with many doing well against these indicators. However, some findings from 2024/25 indicate that more progress is needed. For example, there are disparities for Māori children, Pacific children, and disabled children across some indicators, which are longstanding and some of these indicators have not improved.

### Indicators related to child harm show improvement compared to the last reported year and the baseline year

Offending rates for all children and young people improved from 2023/24 and are significantly lower than in 2019/20. Substantiated findings of abuse and neglect also decreased from 2023/24 to 2024/25, and from the baseline year of 2019/20. Findings about abuse and neglect must be considered in a wider context, noting the wide range of causal factors and the challenges in collecting and interpreting abuse and neglect data.

### Indicators related to the first 2,000 days and health access show little change from the last reported year and mixed trends since the baseline year

A majority of parents had access to maternity care and were coping well with parenting in 2024/25, however, there has been no statistically significant change since 2023/24 and compared to the baseline year of 2019/20. The percentage of children who were fully immunised at 24 months of age has worsened since 2019, with continued disparities for Māori and Pacific children, however, there has been no statistically significant change from 2023/24 to 2024/25. Rates of potentially avoidable hospitalisations have increased since 2019, but there was no significant change since 2023/24.

### Indicators related to material hardship show no change or worsened outcomes compared to the baseline year

While the rate of children living in food insecure households decreased between 2023/24 and 2024/25, there has been no statistically significant change since the baseline year of 2019/20. The number of children in benefit-receiving households has increased each year since 2019/20. There has been a statistically significant increase in the number of children in low-income households experiencing housing unaffordability since the baseline year of 2019/20. There was no statistically significant difference between the rates of material hardship in 2024/25 and 2023/24. However, rates have been trending upwards over the past three years.

### Indicators related to education show mixed trends compared to the last reported year and the baseline year

Regular attendance of students aged 6-16 increased between 2023/24 and 2024/25, following a rise from 2022/23. However, attendance rates have fallen since the baseline year of 2019/20. NCEA Level 2 achievement for school leavers aged over 16 has fallen since 2019/20, however, there was no change between 2023/24 and 2024/25. Māori school leavers who learnt predominantly in te reo Māori achieved NCEA Level 2 at a higher rate compared with all school leavers in both 2023/24 and 2024/25, and on par with all school leavers from 2019/20 to 2022/23.



# Child and Youth Strategy - Overview of Additional Indicators

There are 13 Strategy indicators and 14 measures. This includes the five CPRIs, the material hardship Portfolio Target and seven Strategy indicators. This table summarises trends for the seven Strategy indicators. Since 2019/20, some of these indicators have improved and some have worsened. From 2023/24 to 2024/25, there has been either no change or improvements across these indicators.

Indicator	Measure	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	Change since 2023/24	Change since relevant baseline
<b>Increased access to maternity care*</b>	Percentage of people enrolled with a primary maternity care provider in the first trimester of pregnancy - <b>A</b>	73.3%	74.2%	78.3%	76.3%	73.0%	73.2%	+0.2 ppt No change	-0.1 ppt No change
<b>Improved immunisations</b>	Percentage of children who are fully immunised at 24 months of age - <b>A</b>	91.3%	88.3%	83.7%	82.4%	77.3%	78.1%	+0.8 ppt No change	-13.2 ppt Worse
<b>Reduced food insecurity</b>	Percentage of children aged 0-14 living in households where food runs out sometimes or often - <b>S</b>	20.0%	14.9%	14.4%	21.3%	24.9% R	21.4%	-3.5 ppt Improved	+1.4 ppt No change
<b>Better coping with parenting</b>	Percentage of children aged 0-14 living with a parent who reports they feel they are coping well or very well with the demands of raising a child - <b>S</b>	Data not available	79.8% R	75.3% R	80.0%	78.8% R	76.5%	-2.3 ppt No change	-3.3 ppt No change
<b>Prevention of child abuse</b>	Number of children and young people aged 0-17 with at least one substantiated finding of abuse in the past 12 months - <b>A</b>	14,818	14,574	11,824	11,921	12,910	11,421	-1,489 Improved	-3,397 Improved
<b>Better mental health</b>	Percentage of children aged 2 to 14 who experienced emotional and/or behaviour problems - <b>S</b>	Data not available	9.7% R	11.0%	9.6%	10.8% R	12.4%	+1.6 ppt No change	+2.7 ppt Worse
	Percentage of children and young people aged 15-24 who experienced high or very high rates of psychological distress in the last 4 weeks - <b>S</b>	11.2% R	19.7% R	23.7% R	21.6% R	23.2%	22.9%	-0.3 ppt No change	+11.7 ppt Worse
<b>Reduced child and youth offending</b>	Rate of offending per 10,000 children and young people aged 10-17 - <b>A</b>	181.9 R	164.0 R	144.6 R	161.4 R	163.1 R	140.3	-22.8 Improved	-41.6 Improved

<b>Key</b>	<b>S</b> Based on a representative sample	<b>A</b> Based on administrative data	<b>R</b> Data revised since last reported	<b>Ppt</b> Percentage point change	*These measures are by calendar year, not financial. E.g. 2019/20 is CY2019.
------------	--	--	--	---------------------------------------	--

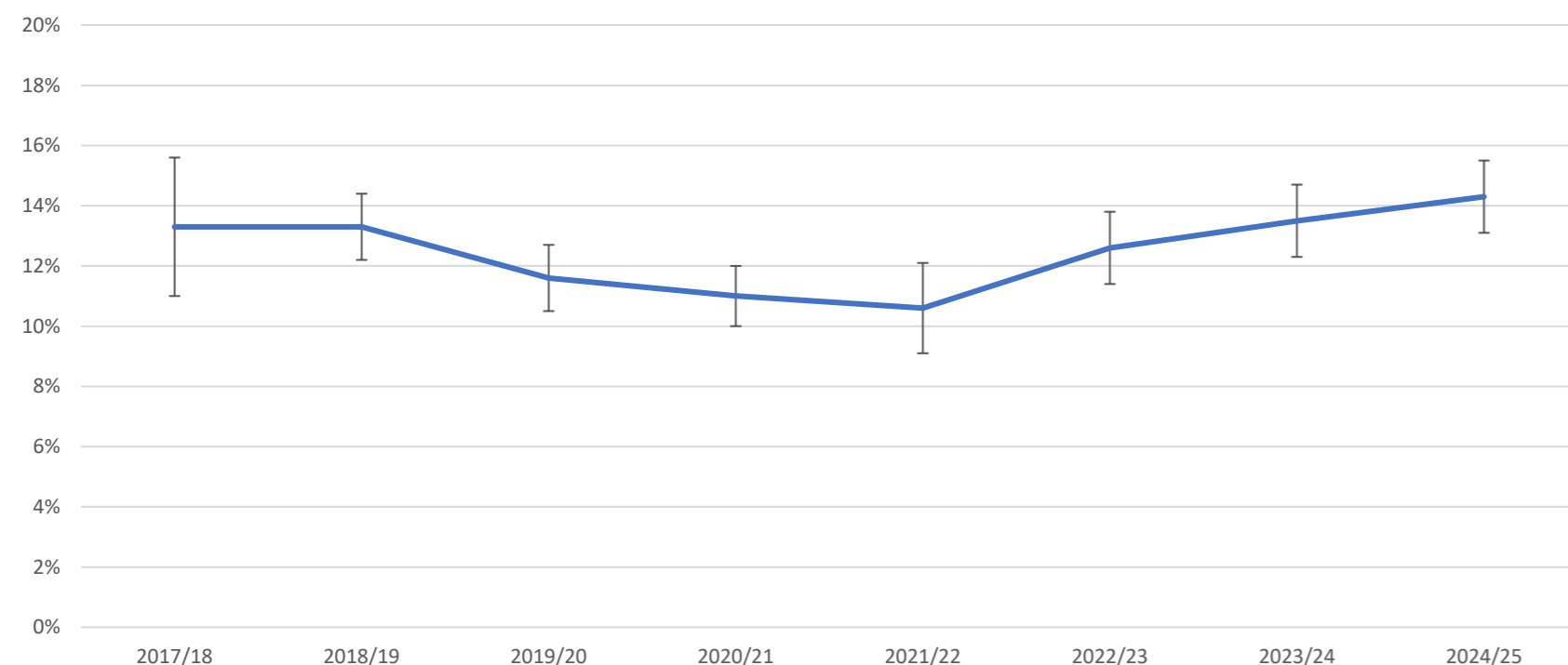
Portfolio Target Fewer children in material hardship

169,300 children and young people were in material hardship in 2024/25

<b>Number of children and young people</b>	<b>Percentage of children and young people</b>	<b>Change since 2023/24</b>	<b>Change since 2017/18 (baseline year)</b>
169,300	14.3%	+0.8 ppt No change	+1.1 ppt No change

All children	2017/18*	2018/19*	2019/20*	2020/21*	2021/22*	2022/23*	2023/24*	2024/25**	Change since 2023/24	Change since 2017/18 (baseline year)
	13.3%	13.3% R	11.6% R	11.0% R	10.6% R	12.6% R	13.5% R	14.3%	+ 0.8 ppt (+/- 1.7) No change	+ 1.1 ppt (+/-2.7) No change

Figure 1: Rates of material hardship 2017/18 to 2024/25



This is the first year that the new MH-18, 7+ measure replaces the previous DEP-17, 6+ measure for material hardship. Material hardship rates can be compared over the reporting period for all groups of children and young people with the exception of children impacted by disability.

Rates of material hardship for children were 14.3 percent in 2024/25. The year-on-year change was not statistically significant from the rate of 13.5% in 2023/24. However, rates have been trending upwards over the past three years.

Data is also available on the rates of severe material hardship, where children are missing out on ten items or more on the MH-18 index. 6.0 percent of children were in severe material hardship in 2024/25. This rate did not change significantly from 5.5 percent of children in 2023/24.

This indicator is likely affected by challenging economic conditions

- The child poverty statistics for 2024/25 reflect economic conditions across the rolling reference period of July 2023 to June 2025, including changes in cost of living, household income trends, and labour market conditions.
- Material hardship rates are impacted by inflation and the cost of living, as these affect families’ ability to afford essential items. Additional costs can impact whether households afford these basics, and these costs are not the same for all households. For example, households with a disabled person might have extra costs associated with disability, which might impact material hardship rates.
- 2024/45 material hardship rates reflect the high cost of living for families over this period. Inflation stabilised but remained elevated, with the cost of key essentials such as food, housing, insurance and utilities continuing to rise. Inflation impacts low-income households more deeply, putting additional pressure on their household costs.
- Housing costs also rose over this period, for both families who were renting and families who were paying a mortgage.
- Wider economic and labour market conditions also likely influenced hardship with some families needing to defer spending or taking on more debt to manage their budget. Rising unemployment has also further reduced income for many families.
- Alongside these factors, real (inflation-adjusted) incomes remained relatively flat for households with children at the lower end of the income distribution.

<b>Data Notes</b>	Percentage of children and young people aged 0-17 in households in material hardship	Household Economic Survey*, Household Income and Living Survey**, Stats NZ
	The Portfolio Target is based on the number of children in households experiencing material hardship. For 2017/18–2023/24, material hardship was measured in the Household Economic Survey (HES) as the percentage of people with a DEP-17 index score of six or more. For 2024/25, it was measured in the Household Income and Living Survey (HILS) as the percentage of people with an MH-18 score of seven or more. <a href="#">Measuring child poverty: Material hardship in the Household Income and Living Survey</a> has a full list of the MH-18 items and information about the methodology used to derive material hardship rates, including differences between the HES and the HILS.	
	Income poverty measures BHC50 and AHC50 continue to be measured and reported on. The 2024/25 data is available on Stats NZ website at <a href="https://www.stats.govt.nz/information-releases/child-poverty-statistics-year-ended-june-2025/">https://www.stats.govt.nz/information-releases/child-poverty-statistics-year-ended-june-2025/</a> .	

**Māori children, Pacific children and children impacted by disability are more likely to experience material hardship**

	2017/18*	2018/19*	2019/20*	2020/21*	2021/22*	2022/23*	2023/24*	2024/25**	Change since 2023/24	Change since baseline year
Māori children and young people	Data not available	22.8% R	20.0% R	20.3% R	19.0% R	21.7% R	24.2% R	25.1%	+ 0.9 ppt (+/- 4) No change	+ 2.3 ppt (+/-3.9) No change
Pacific children and young people	Data not available	28.2% R	26.1% R	24.1% R	26.1% R	29.0% R	28.8% R	31.0%	+ 2.2 ppt (+/- 6) No change	+ 2.8 ppt (+/- 6.8) No change
Disabled children and young people	Data not available	Data not available	Data not available	Data not available	Data not available	Data not available	Data not available	26.9%	Change not known	Change not known
Children and young people in disabled households	Data not available	Data not available	Data not available	Data not available	Data not available	Data not available	Data not available	27.5%	Change not known	Change not known

There are continued disparities in experiences of material hardship. Māori children experienced material hardship at greater rates than other groups of children. 25.1 percent of Māori children experienced material hardship in 2024/25, compared to 24.2 percent in 2023/24 which was not a statistically significant change. These disparities likely reflect ongoing, systemic inequities for Māori children and whānau, such as intergenerational disadvantage, poverty and colonisation.

Pacific children experienced material hardship at greater rates than other groups of children. The rate of 31.0 percent in 2024/25 was not a statistically significant change from 28.8 percent in 2023/24.

Rates for Māori and Pacific children continue to be higher compared to rates for all children, and rates for Māori and Pacific children have risen at a faster rate than rates for European children over the past three years.

Material hardship rates by disability status for children are not able to be compared between the Household Economic Survey (2019/20 to 2023/24) and Housing Income and Living Survey (2024/25), due to the combination of changes to the disability questions and the measurement of material hardship. This means a new time series begins from 2024/25, and the change over time is not known for the reporting period.

Rates of material hardship continued to be significantly higher for disabled children (26.9%) and children in disabled households (27.5%) in 2024/25, compared to non-disabled children (12.7%) and children in non-disabled households (8.4%). This likely reflects the additional costs of disability for households, as well as barriers to employment.

Figure 2: Rate of material hardship for Māori children and young people 2018/19 to 2024/25

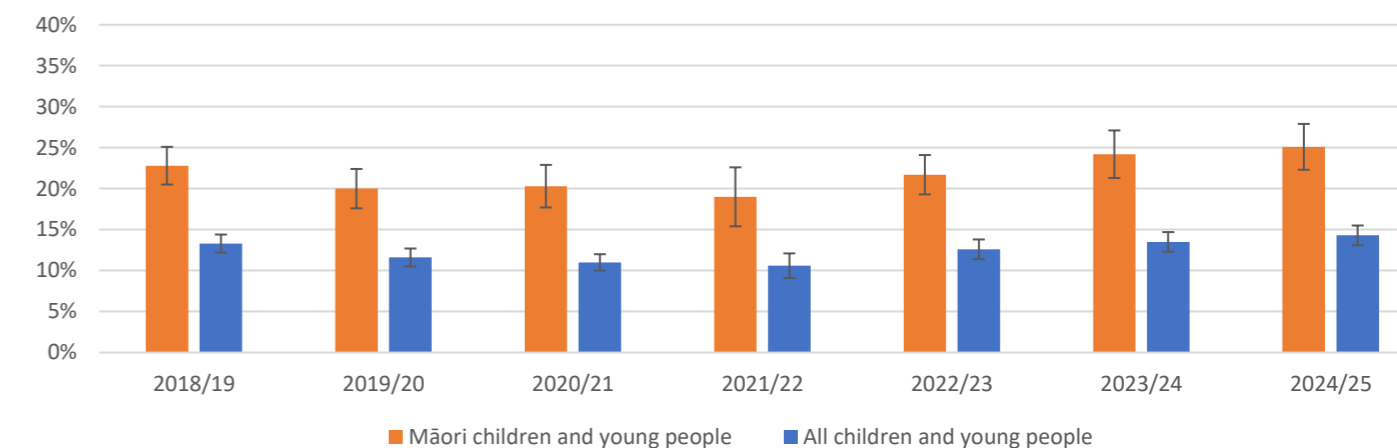


Figure 3: Rate of material hardship for Pacific children and young people 2018/19 to 2024/25

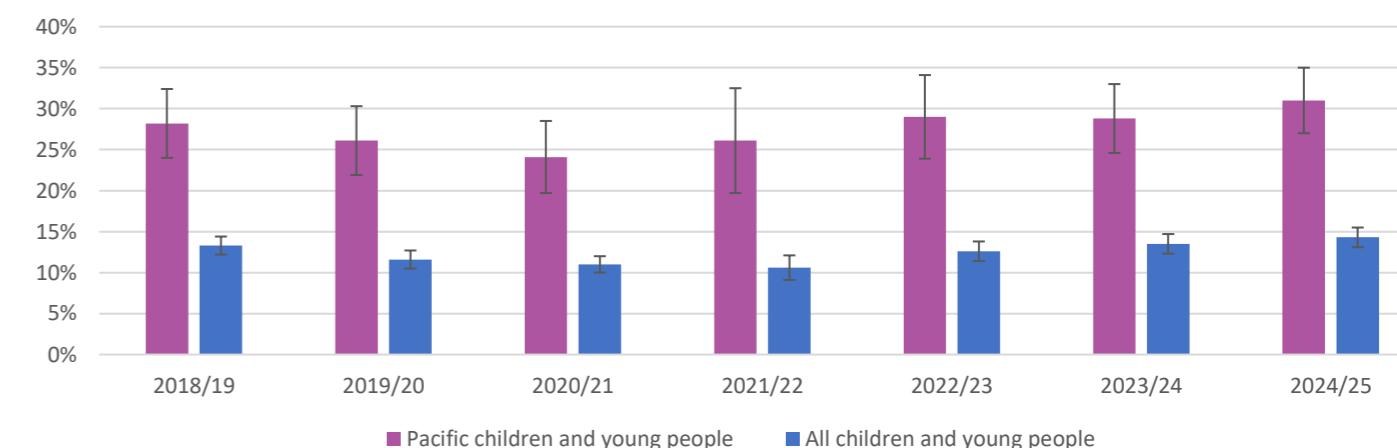
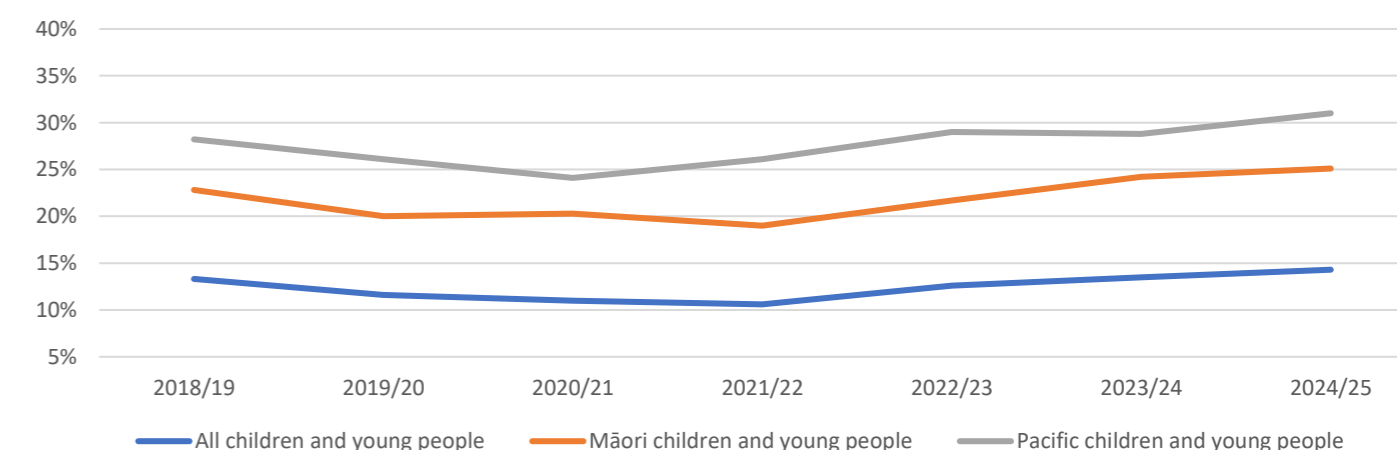


Figure 4: Comparison of material hardship rates for Māori children, Pacific children and all children 2018/19 to 2024/25



**Fewer children in material hardship**

Material hardship is impacted by multiple, interconnected drivers. Actions across the CPRIs are contributing to addressing these short-term and long-term drivers, including growing household incomes, supporting families into housing, and reducing long-term disadvantage. This section captures actions that are underway across a number of agencies to reduce household costs, build financial capability, and mitigate the impacts of material hardship on children and young people in the short-term.

**Healthy School lunches programme** (Ministry of Education)

The Healthy School Lunches programme provides free school lunches to 1,015 schools in New Zealand.

**Progress**

- Nutritious lunches are provided every school day to the 25% of school students who are in need of the greatest support, based on the Equity Index.

**Evaluation and monitoring**

- Service levels and programme performance is monitored to allow operational oversight and continuous improvement.
- Agreements are in place with internal model schools and kura, iwi and hapū meal providers and external suppliers include a robust reporting framework, which includes formal monitoring meetings, performance indicators, engagement, including end of term surveys and student-focused feedback, reporting requirements and participation in strategic and operational discussions.
- Termly surveys provide school feedback on learner wellbeing and attendance. Relevant findings are reported quarterly on the Education website.
- A theory of change has been developed, and a NZ-focused evaluation synthesis is underway to inform future measurement.
- Innovation pilots planned for 2026 will include accompanying evaluation.

**Outcomes and Impact**

- Since the beginning of Term 1 2025, over 37 million lunches were served to over 240,000 students at 1,014 schools and kura across the country, helping students to learn and thrive at school.
- Schools report improved student learning, behaviour, achievement and attendance.
- Feedback shows reduced hunger-related distraction and more consistent participation in learning.

**Early Childhood Education (ECE) Food programme** (Ministry of Education)

The ECE Food Programme provides food for up to 10,000 children aged 2 to 5 at targeted early learning services, with the highest concentration of children who experience socio-economic barriers.

**Progress**

- Since March 2025, the ECE food programme has provided 318 early learning services and Ngā Kōhanga Reo with 9862 children, access to a healthy lunch.

**Evaluation and monitoring**

- The ECE provider submits monthly and quarterly reports covering progress, participation, feedback, and impacts.
- Monitoring includes uptake, service feedback, meal quality, and alignment with nutritional guidelines.
- The Ministry meets with KidsCan fortnightly to monitor delivery and address issues.
- Evaluation and monitoring is focused on measuring the impact on attendance, understanding if there is any impact on children’s cognitive or behaviour development and gathering feedback from whānau/families about any impact on positive parenting practices.

**Outcomes and impacts**

- Early feedback indicates improved food security, children being more settled and ready to learn, and strong whānau and service satisfaction.
- Services report improved morning engagement and positive responses to meal variety and consistency.
- The provider of the Early Childhood (ECE) food programme provides monthly and quarterly reports on progress, feedback, and outcomes.

**Food Secure Communities programme** (Ministry for Social Development)

Food Secure Communities (FSC) programme supports the community food sector by maintaining national and regional food distribution infrastructure, supporting food providers and hubs to source and distribute food, and funding food security initiatives to increase food resilience.

**Progress**

- Invested \$15 million through Budget 2025 to support and maintain the national, regional, and local food distribution infrastructure.

**Evaluation and monitoring**

- An independent evaluation is underway to better understand the impact of MSD’s investment in the FSC Programme, with a report expected in early 2026.

**Outcomes and impacts**

- Over the reporting period, community food providers distributed 457,340 food parcels to vulnerable people and families, and regional food hubs distributed 8,633,804 kg of essential food supplies to vulnerable communities.
- The independent evaluation will provide a more comprehensive assessment of FSC impacts.

**Building Financial Capability programme** (Ministry for Social Development)

The Building Financial Capability (BFC) work programme supports whānau to improve their financial capability by providing a range of services and products, including financial mentoring, peer-led support groups, intensive support, and income-generating and microfinance initiatives.

**Progress**

From July 2024 to June 2025:

- 24,722 clients accessed BFC financial mentoring services.
- 2,828 microfinance loan application were received, and 70% were approved.

**Evaluation and monitoring**

- BFC financial mentoring and intensive support measure client outcomes through two methods:
  - Clients set financial capability goals and track their progress towards achieving them.
  - At their final meeting, clients answer questions about their wellbeing before and after engaging with the service.
- Work is underway to scope improvements to our evidence base for BFC services, including exploring evaluation and improvements to provider reporting.

**Outcomes and impacts**

- From July 2024 to June 2025, 90.2% of BFC financial mentoring clients reported progress towards achieving their financial capability goals.

### 230,700 children and young people were in households receiving a main benefit in 2024/25

Number of children and young people	Percentage of children and young people in households receiving a main benefit	Change since 2023/24	Change since 2019/20
230,700 Children and young people	N/A	Worse	Worse

All Children	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	Change since 2023/24	Change since 2019/20
	197,592	204,729	206,886	211,617	222,285	230,700	+8,415 Worse	+33,108 Worse

Ministry of Social Development analysis on child poverty shows that children in benefit-receiving households are around six times more likely to be in material hardship (47% compared to 8%) than children in working households. Although children in working households are less likely to be in material hardship, there are many more working households so there are similar numbers of children in material hardship in working households and benefit-receiving households.

The rates of children in households receiving a main benefit has continued to steadily increase since 2019/20, from 197,592 children to 230,700 children in 2024/25. The number of children in households receiving a main benefit has increased from 222,285 in 2023/24 to 230,700 in 2024/25.

The majority of children in households receiving a main benefit are in households receiving Sole Parent Support. The number of children in households receiving Sole Parent Support increased by 27.3 percent from 2019/20 to 2024/25 and by 3.7 percent from 2023/24 to 2024/25.

Children in households receiving Jobseeker Support as a main benefit make up around 19.8 percent of all children in benefit-dependant households. The number of children in households receiving Jobseeker Support increased by 3.0 percent from 2023/24 to 2024/25. The number of children in households receiving Jobseeker Support fell by 8.1 percent from 2019/20 to 2024/25.

Figure 5: Number of dependent children in households receiving a main benefit 2019/20 to 2024/25

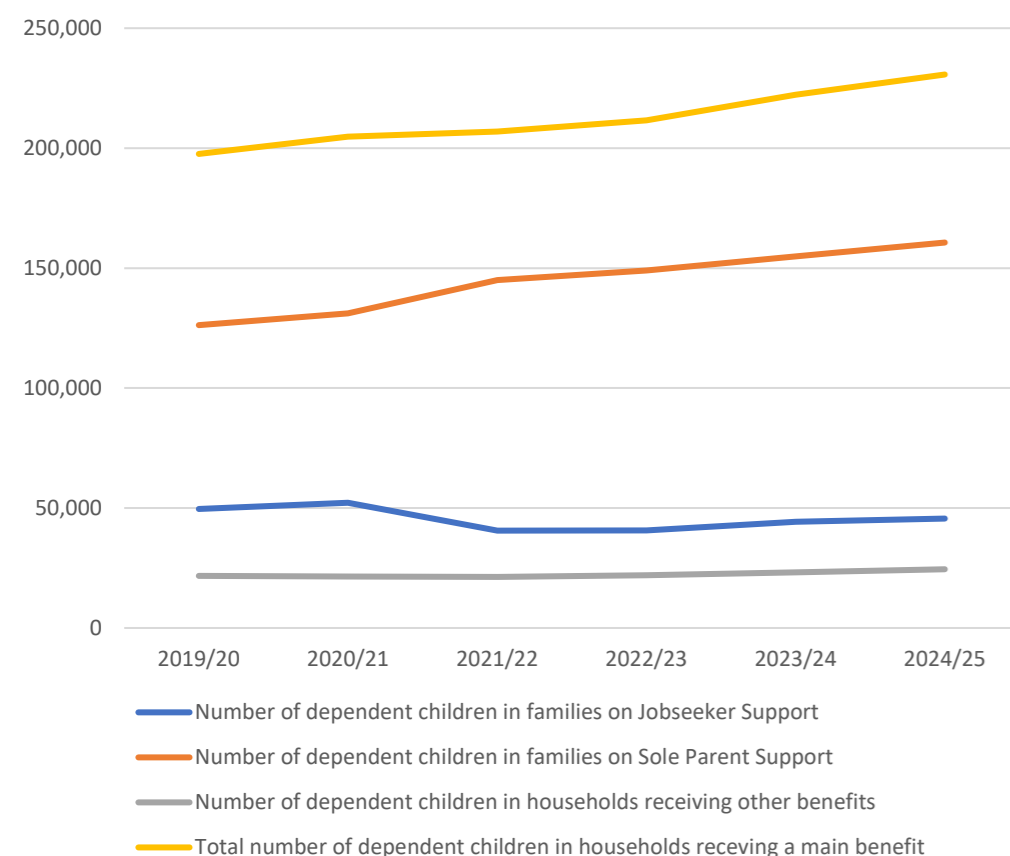
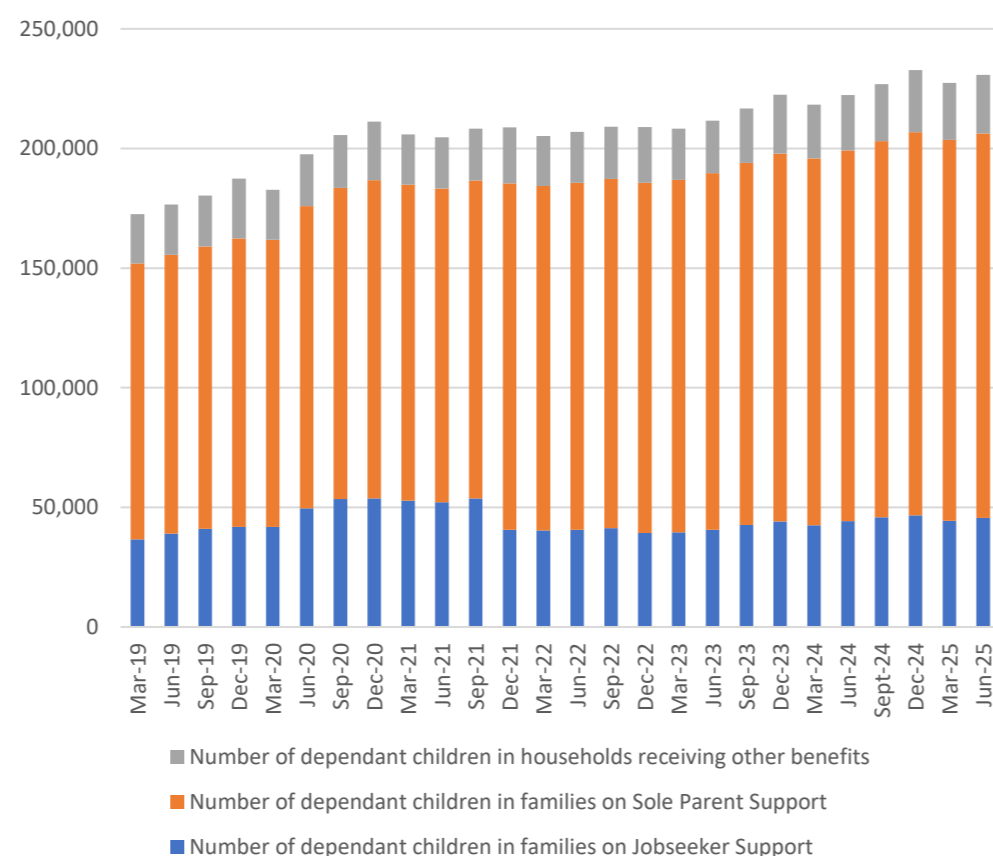


Figure 6: Number of dependent children in households receiving Jobseeker Support, Sole Parent Support, and in households receiving other benefits March 2019 to June 2025



### This indicator is likely affected by annual GDP movement

- The number of people receiving a benefit and the number of children in benefit-receiving households reflects a variety of factors, including economic conditions, changes in population size and demographic changes.
- New Zealand has experienced weak economic conditions over the 2024/25 period. Unemployment rates rose and the increasing cost of living has affected many families.
- The cost of living for the average New Zealand household increased 2.6 percent in the 12 months to the June 2025 quarter, as measured by Stats NZ in the household living-costs price indexes.
- GDP fell 0.9 percent during the June 2025 quarter, following a 0.9 percent rise in the March 2025 quarter, as measured by Stats NZ.
- The unemployment rate in June 2025 was 5.2 percent, a 2.0 percentage point rise from December 2021. The rate is higher for Māori, Pacific, and disabled people. As a result, there has been an increase in the number of children in families receiving a working age benefit.
- Increases in households receiving Sole Parent Support most strongly contributed to the increase in the number of children in families receiving a main benefit. Grants for Sole Parent Support have been increasing, and fewer families have been exiting Sole Parent Support. The number of cancellations for Sole Parent Support clients has reduced from June 2024 to June 2025.
- In 2025, 4,179 people with children cancelled their Job Seeker support payment. This rate is higher than all previous years (since June 2019).

Data Notes	<i>Number of dependent children and young people aged 0-17 in households receiving a main benefit.</i>	<i>Administrative data, Ministry of Social Development</i>
	Removal of the Subsequent Child Policy in 2021 resulted in a one-off shift of Jobseeker Support clients to Sole Parent Support in 2021.	

**We can look at the number of children in households receiving a main benefit, by the ethnicity of the primary working age adult receiving a benefit**

	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	Change since 2023/24	Change since 2019/20
Number of children by primary, working age clients who identify as Māori	90,762	94,236	96,465	98,661	101,871	104,688	+2,817 Worse	+13,926 Worse
Children in household where primary client identifies as Pacific	33,759	35,535	35,262	36,240	39,507	41,562	+2,055 Worse	+7,803 Worse

The number of children of primary, working age clients who identify as Māori has increased from the baseline year, 2019/20 to 2024/25, increasing each year.

The number of children of primary, working age clients who identify as Pacific has increased from 2023/24 to 2024/25. The number of children has fluctuated year on year.

Data is collected on the number of children in households receiving a main benefit as a total, aggregate level. Data on the ethnicity of children in households receiving a main benefit is not collected. This means it's not possible to know directly how many Māori children or Pacific children are in households receiving a main benefit.

Data on disability status of children in households receiving a main benefit is not collected.

MSD collects information about the ethnicity of adults receiving working age benefits. This means there is information on the number of children in households receiving a main benefit, by the ethnicity of the primary working age adult receiving a benefit.

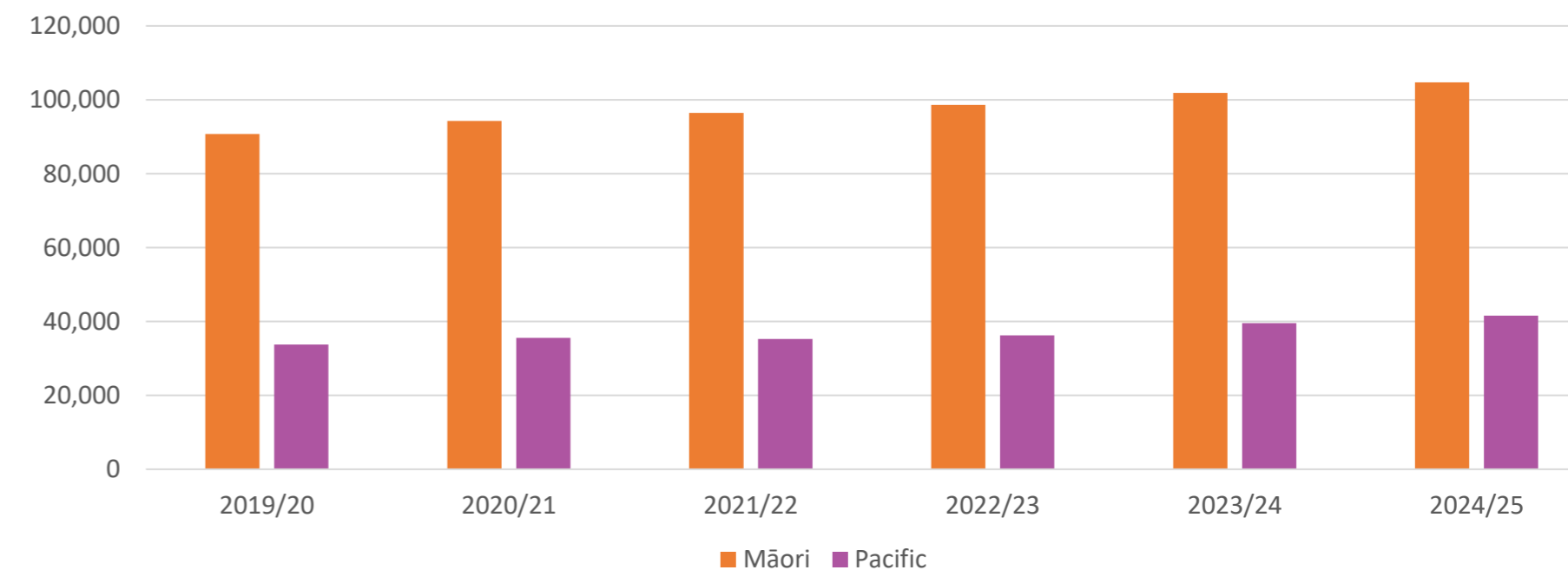
**Care must be taken when interpreting or attributing this data.**

Ethnicity data is self-identified and multiple ethnicities may be chosen by an individual as fits their preference or self-concept. The data uses total response ethnicity, which means that if a person identifies with more than one ethnic group, they are counted in each applicable group. Because a client can choose more than one ethnic response, the total number of ethnic responses will be greater than the number of children. This means growth by ethnicity cannot be compared to growth by the overall number of children.

The data does not tell us about the ethnicity of the child. It also does not tell us about the make-up or the ethnicity of their family, whānau or household, for example the whakapapa or ethnicity of another parent or caregiver in the household.

Changes in the number of children may reflect changing demographic or population factors.

Figure 7: Number of children by primary, working age clients who identify as Māori or Pacific 2019/20 to 2024/25



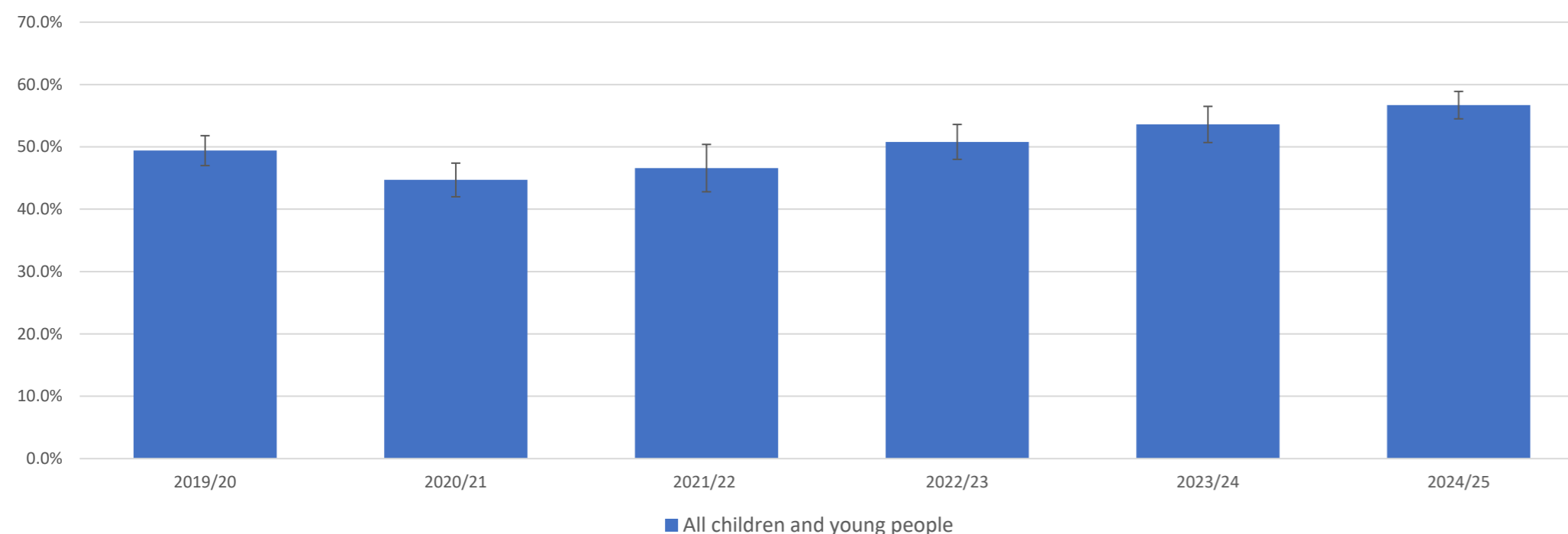
Data Notes	Number of children by ethnicity of primary, working age clients	Administrative data, Ministry of Social Development
------------	---	---

**56.7% of children and young people in low-income households lived in unaffordable housing in 2025**

<b>Number of children and young people</b>	<b>Percentage of children and young people</b>	<b>Change since 2023/24</b>	<b>Change since 2017/18 (baseline year)</b>
NA	56.7%	3.0 ppt No change	7.3 ppt Worse

Children and young people in low-income households	2019/20*	2020/21*	2021/22*	2022/23*	2023/24*	2024/25**	Change since 2023/24	Change since 2019/20
	49.4% R	44.7% R	46.6% R	50.8% R	53.6% R	56.7%	+ 3.0 ppt (+/- 3.5) No change	+ 7.3 ppt (+/- 3.2) Worse

Figure 8: Rates of children aged 0-17 years living in households in the bottom 40% of the income distribution that pay more than 30% of their income on housing 2019/20 to 2024/25



Housing costs are the largest costs families must manage within their budgets and include expenditure on rents and mortgages, property rates, and building-related insurance. Housing affordability can be looked at by considering housing costs relative to income.

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

56.7 percent of children (aged 0-17 years) lived in low-income households who spent more than 30 percent of their income on housing in 2024/25. This change, from 53.6 percent of children in 2023/24, was not statistically significant. There has been a statistically significant increase in the number of children in low-income households experiencing housing affordability since the baseline year of 2019/20, from 49.4% of children.

**This indicator is affected by rising housing prices, relative to incomes**

- Inflation remained elevated over 2024/25. High inflation negatively impacted on housing costs for families, increasing the housing costs they had to pay.
- Both the average weekly spending on rent and on mortgage payments increased from 2023/24 to 2024/25.
- Rental price increases particularly put pressure on low-income households. 59.7 percent of children who lived in non-owner-occupied dwellings, were in households that paid more than 30 percent of their income on housing costs.
- While nominal incomes for households increased from 2023/24 to 2024/25, the proportion of income they spent on housing costs increased. Real, inflation-adjusted incomes for low-income households stayed flat over the time period, which means increasing housing costs put further pressure on households.

<b>Data Notes</b>	Percentage of children and young people aged 0-17 living in low-income households spending more than 30 percent of the household's disposable income on housing	Household Economic Survey*, Household Income and Living Survey**, Stats NZ
	The CPRI measures the percentage of children living in low-income households (Income Quintiles 1-2) that spent more than 30 percent of their income on housing. More data notes on the CPRI are included in the Data Notes section on page 47.	
	The properties in scope for the collection of expenditure on housing costs changed in the 2024/25 HILS onwards. More information is available in the Data Notes section on page 28.	
	Commentary also refers to data on wider measures of housing costs, including the percentage of children living in low-income households (Income Quintiles 1-2) that spent more than 50 percent of their income on housing.	

### Māori children, Pacific children and disabled children in low-income households also lived in unaffordable housing

	2019/20*	2020/21*	2021/22*	2022/23*	2023/24*	2024/25**	Change since 2023/24	Change since 2019/20
Māori children and young people	40.3%	35.1% R	43.1% R	45.0% R	46.3% R	50.9%	+ 4.6 ppt (+/-6.3) No change	+ 10.6 ppt (+/-5.9) Worse
Pacific children and young people	43.5% R	30.9% R	41.5% R	38.5% R	43.9% R	50.4%	+ 6.4 ppt (+/- 7.8) No change	+ 6.9 ppt (+/- 7.7) No change
Disabled children and young people	45.9%	42.6% R	38.2% R	46.7%	50.1% R	55.6%	+ 5.6 ppt (+/-8.0) No change	+ 9.8 ppt (+/-7.6) Worse
Children and young people in disabled households	43.2% R	40.3% R	33.5% R	44.6% R	49.2% R	53.2%	+ 4.0 ppt (+/- 6.1) No change	+ 10.0 ppt (+/- 5.9) Worse

In 2024/25, 50.9 percent of Māori children (aged 0-17 years) living in low-income households were in unaffordable housing. This is 5.8 percentage points lower than for all children in low-income households, meaning Māori children in low-income housing are slightly less likely to live in unaffordable housing than all children. There was no statistically significant change between 2023/24 and 2024/25, but there has been a statistically significant increase of 10.9 percentage points between the baseline year of 2019/20 and 2024/25.

In 2024/25, 50.4 percent of Pacific children (aged 0-17 years) living in low-income households were in unaffordable housing. There has not been a statistically significant change in the proportion of Pacific children in unaffordable housing since the baseline year of 2019/20. Pacific children in low-income households are slightly less likely to live in unaffordable housing than the rate for all children.

In 2024/25, 55.6 percent of disabled children (aged 0-17 years) lived in low-income households that spent more than 30 percent of their income on housing. There was no statistically significant difference between 2023/24 and 2024/25. There has been an increase of 9.8 percentage points between 2019/20 and 2023/24.

In 2024/25, 53.2 percent of children in disabled households (aged 0-17 years) lived in low-income households that spent more than 30 percent of their income on housing. There was no statistically significant difference between 2023/24 and 2024/25, but there has been an increase of 10.0 percentage points between 2019/20 and 2023/24.

Figure 9: Rate of Māori children and young people aged 0- 17 living in low-income households that pay more than 30% of their income on housing 2019/20 to 2024/25

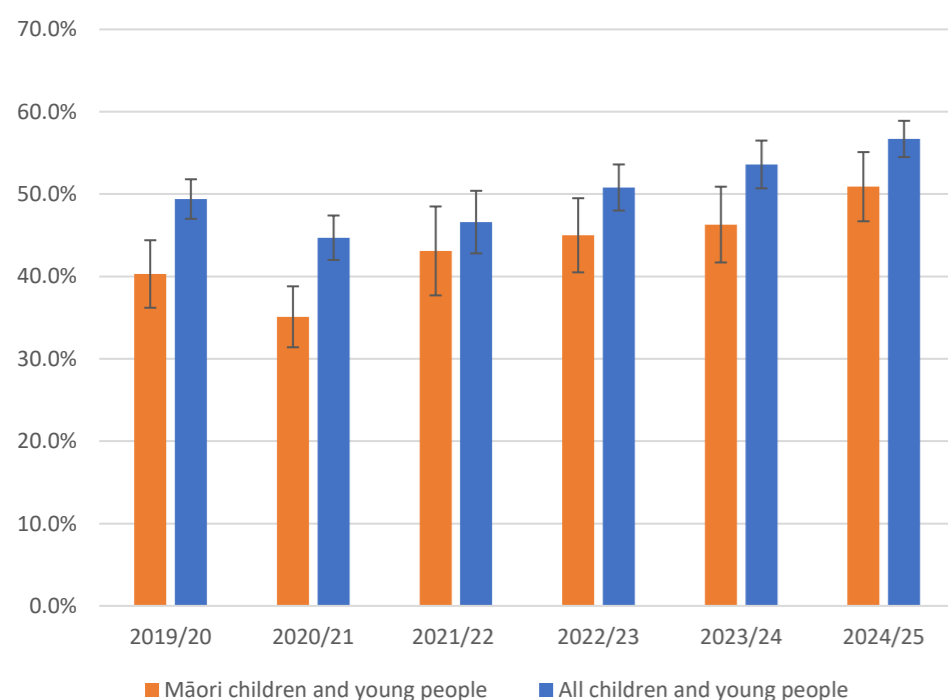


Figure 10: Rate of Pacific children and young people aged 0-17 living in low-income households that pay more than 30% of their income on housing 2019/20 to 2024/25

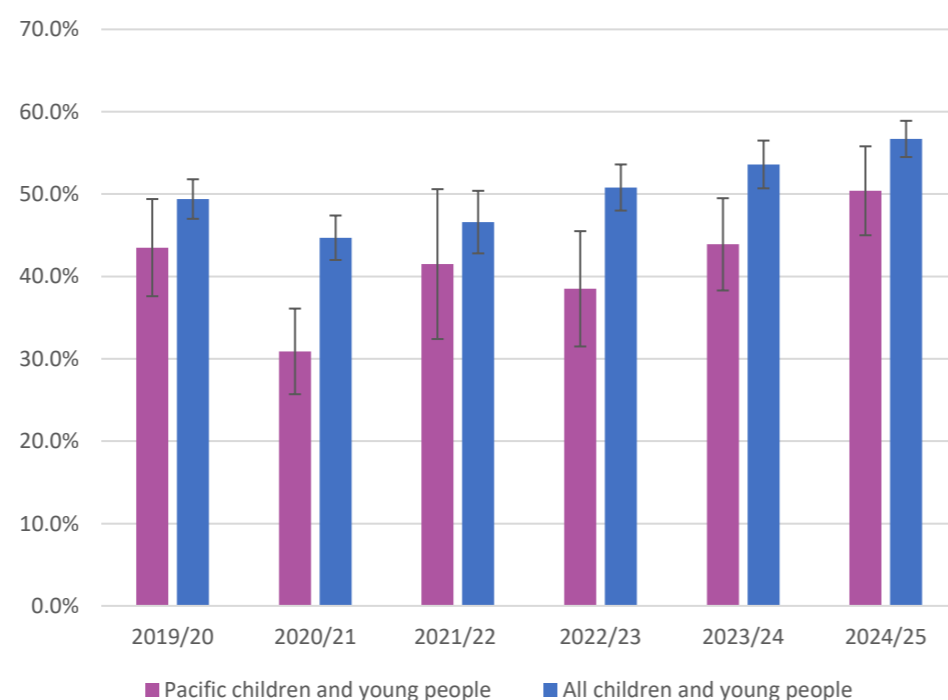
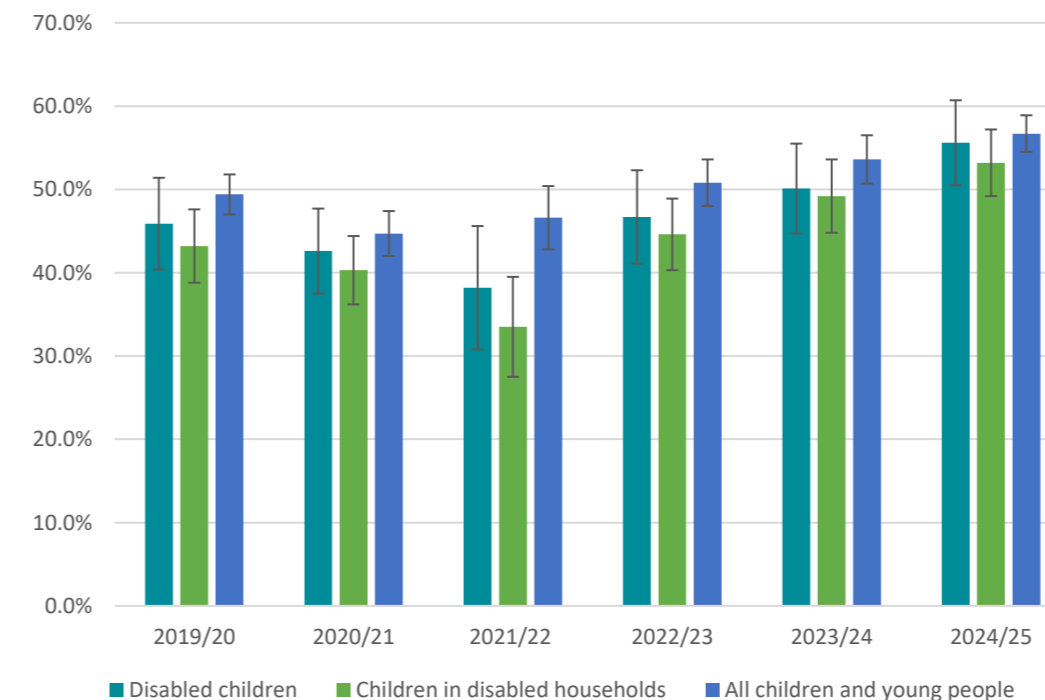


Figure 11: Rate of disabled children and young people and children and young people in households with disabled adults living in low-income households that pay more than 30% of their income on housing 2019/20 to 2024/25

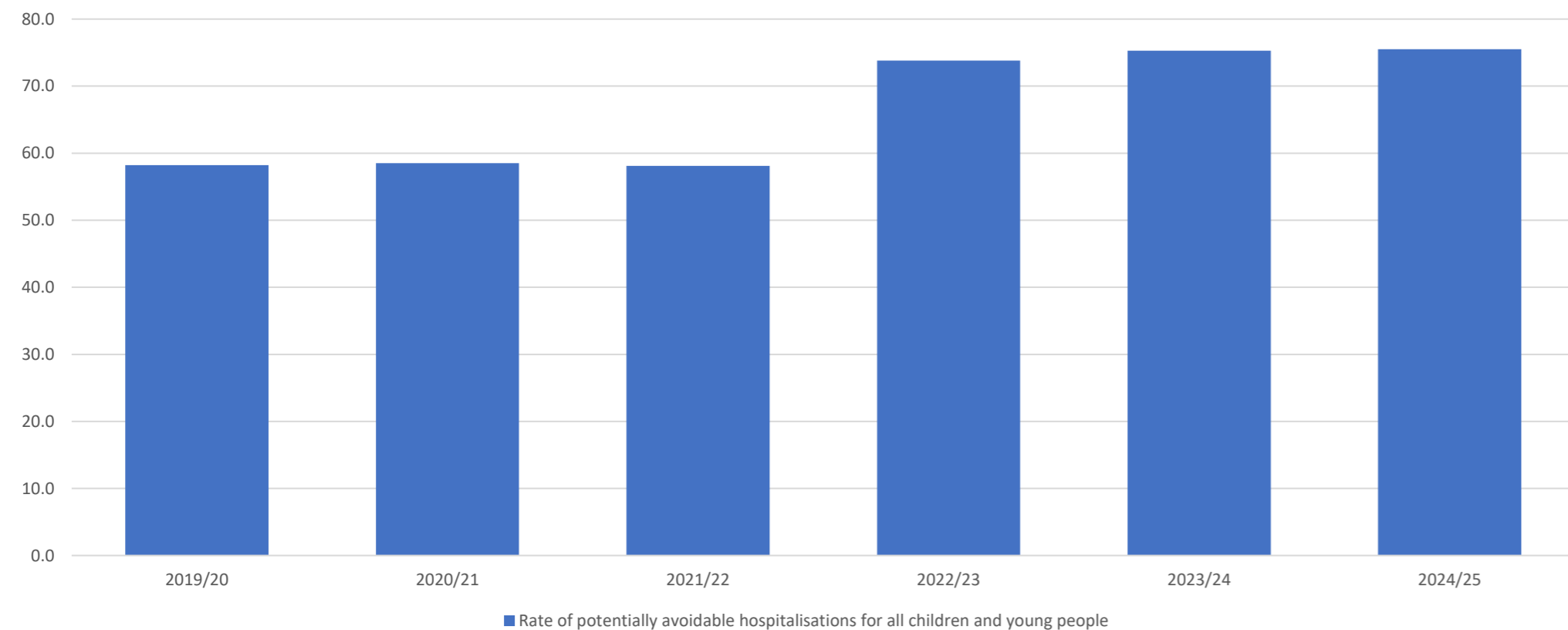


The rate of potentially avoidable hospitalisations for children and young people aged 0-17 was 75.5 per 1,000 in 2024/25

Number of children and young people	Percentage of children and young people	Change since 2023/24	Change since 2019/20
NA	75.5	+ 0.2 No change	+ 17.3 Worse

All children and young people	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	Change since 2023/24	Change since 2019/20
	58.2	58.5 R	58.1 R	73.8 R	75.3 R	75.5	+ 0.2 No change	+17.3 Worse

Figure 12: Rates of potentially avoidable hospitalisations for all children and young people aged 0-17 2019/20 to 2024/25



Rates of potentially avoidable hospitalisations for children and young people aged 0-17 in 2024/25 were 75.5 per 1,000 children and young people in 2024/25, compared to 75.3 per 1,000 children and young people in 2023/24.

Rates of potentially avoidable hospitalisations have risen since 2021/22, following a period of more stable rates during the COVID-19 pandemic. The lower rates during the pandemic period (2019/20-2021/22) were associated with isolation and other hygiene measures aimed at reducing the spread of infectious diseases.

Rates of potentially avoidable hospitalisations were higher for younger children. Rates were much higher for children aged 0-4, at 146.9 per 1,000 children in 2024/25. This reflects the vulnerability of young children as their immune system develops.

Deprivation level also impacts on rates of potentially avoidable hospitalisations. Children in the least deprived areas (Quintile 1) had rates of 60.0 per 1,000 children and young people. While rates have increased across all area deprivation quintiles, children living in the most deprived areas (Quintiles 4 and 5) have higher rates compared to children in less deprived areas. The rate of avoidable hospitalisations per 1,000 children and young people in 2024/25 was 88.1 for children in Quintile 4 and 87.6 for children in Quintile 5.

This indicator is likely affected by wider health and economic conditions

- Potentially avoidable hospitalisations are related to both health care service access and wider social determinants of health.
- The wider health environment has changed following the COVID-19 pandemic. During the emergency stage of the COVID-19 response a range of public health orders and other regulations were made, such as isolation requirements. This coincided with more stable rates of potentially avoidable hospitalisations over 2019/20 to 2021/22. As rates of COVID-19 decreased, the legislative measures expired or were revoked over 2022 and 2023. Rates of potentially avoidable hospitalisations increased in 2022/23 and have been similar over 2023/24 and 2024/25.
- Respiratory conditions continue to be the leading cause of potentially avoidable hospitalisations for children aged 0-4. There has been an overall increase in hospital admissions for respiratory conditions following the COVID-19 pandemic.

Data Notes	Rate of potentially avoidable hospitalisations for children and young people aged 0-17	National Minimum Dataset, Ministry of Health
	The CPRI measures the rate of hospitalisations of children for illnesses and injuries that may have been prevented through more effective primary health care services, or broader public health and social policy interventions. Potentially avoidable hospitalisations include respiratory conditions, gastroenteritis, skin infections, tooth decay, vaccine preventable illnesses, and physical injuries (both intentional and unintentional). The age range for the CPRI was adjusted in 2023/25, from children aged 0-14 years to children and young people aged 0-17 years.	

**Māori children and young people and Pacific children and young people aged 0-17 experienced higher rates of potentially avoidable hospitalisations**

	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	Change since 2023/24	Change since 2019/20
Māori children and young people	71.2	68.0 R	70.5 R	85.0 R	89.1	90.4	+1.3 Worse	+19.2 Worse
Pacific children and young people	83.9	78.6 R	81.2	113.5 R	116.8 R	118.9	+2.1 Worse	+35 Worse

Figure 13: Rates of potentially avoidable hospitalisations for Māori children and young people aged 0-17 2019/20 to 2024/25

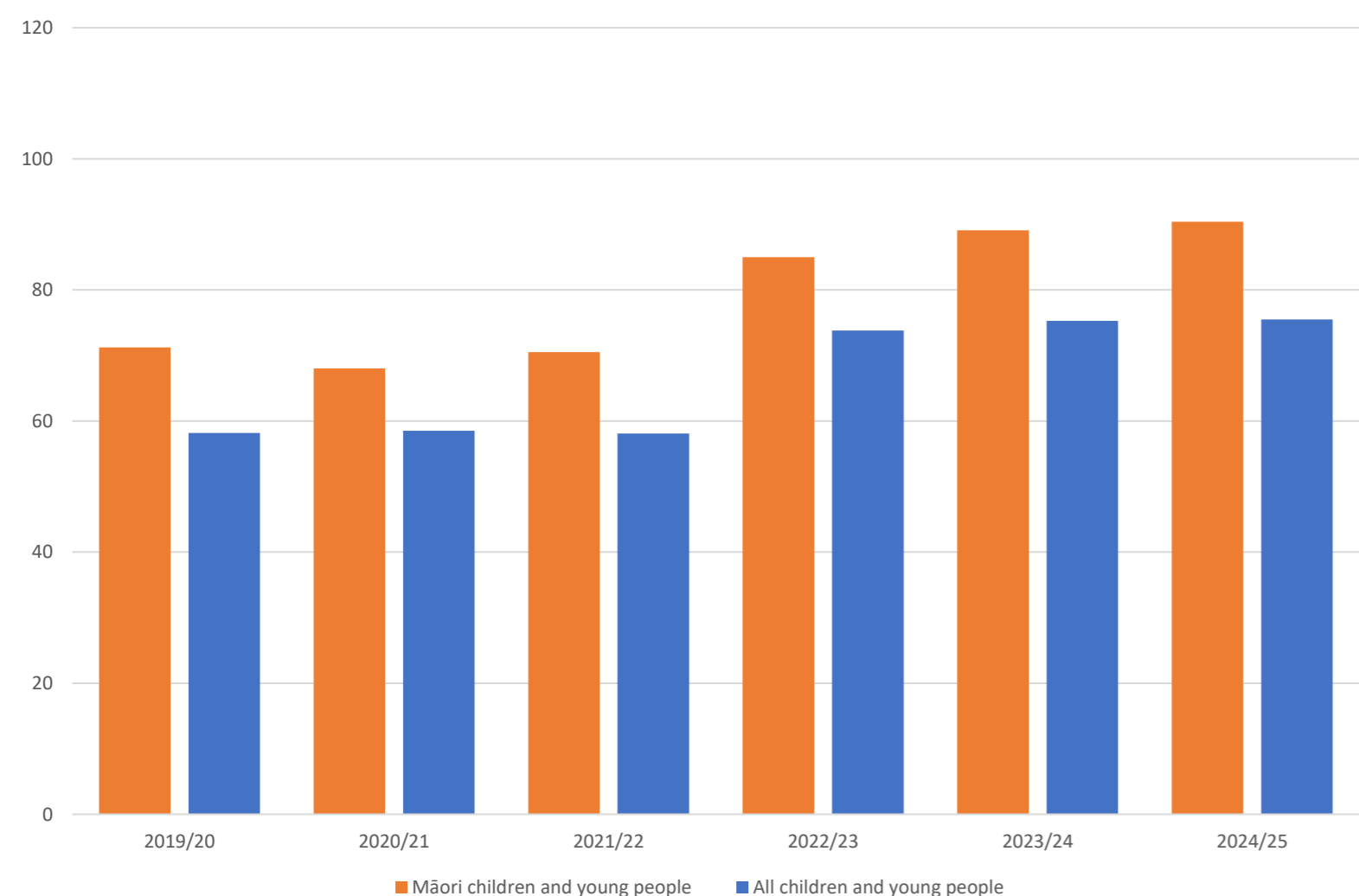
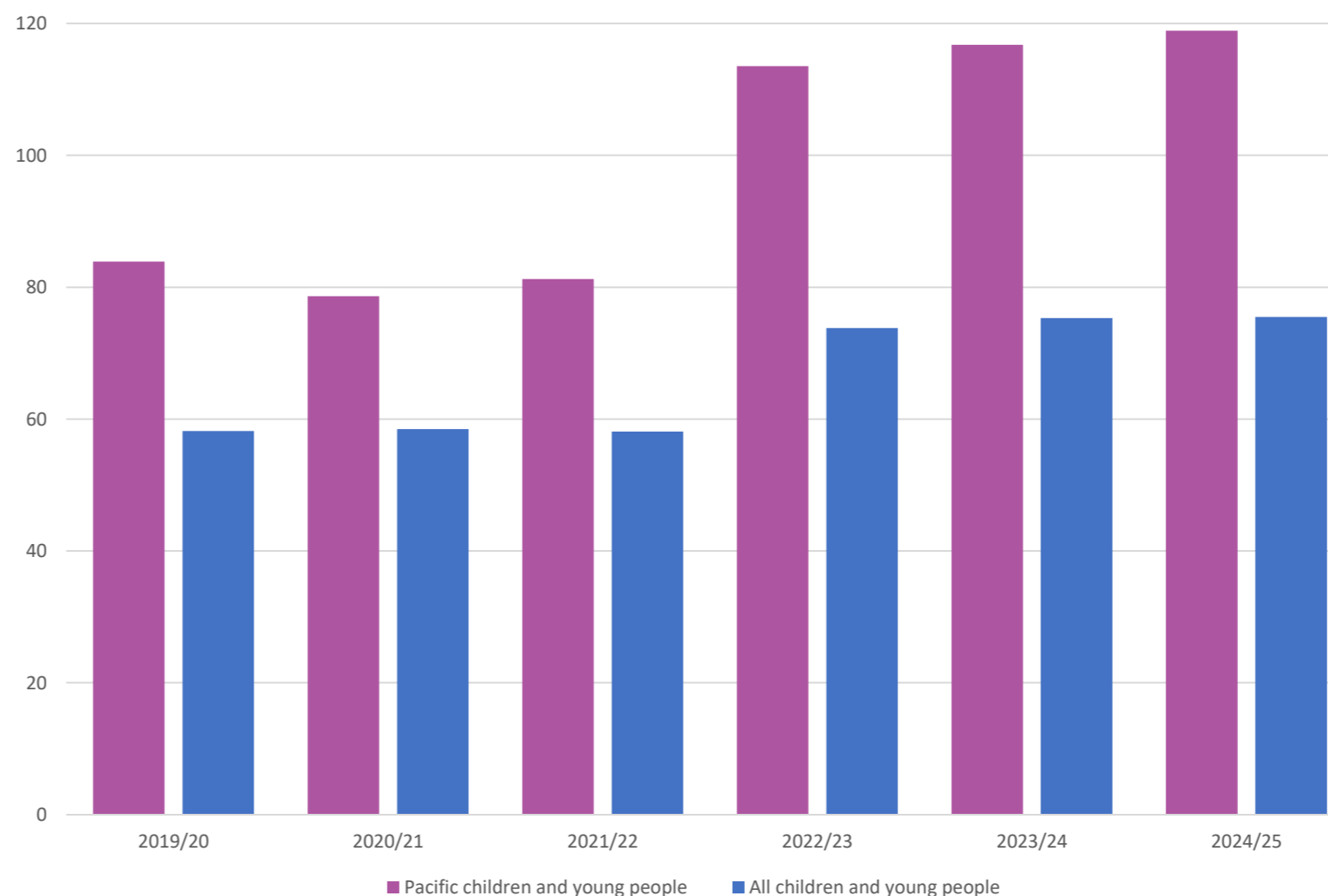


Figure 14: Rates of potentially avoidable hospitalisations for Pacific children and young people aged 0-17 2019/20 to 2024/25



Rates of potentially avoidable hospitalisations were higher for Māori children than for all children. Rates were 90.4 per 1,000 Māori children in 2024/25, an increase from 89.1 per 1,000 Māori children in 2023/24. These rates reflect ongoing inequitable health outcomes for Māori children. Since 2019, rates for Māori children have followed a similar trend as for all children, with rates increasing following the COVID-19 pandemic.

Pacific children also experienced much higher rates of potentially avoidable hospitalisations than for all children. Rates were 118.9 per 1,000 Pacific children in 2024/25, an increase from 116.8 per 1,000 Pacific children in 2023/24. These rates reflect wider, ongoing inequitable health outcomes for Pacific children. Since 2019, rates for Pacific children have followed a similar trend as for all children, with rates increasing following the COVID-19 pandemic.

Rates are not available for disabled children and young people or for children and young people in disabled households.

**58.8% of children and young people aged 6-16 years regularly attended school in 2024/25**

<b>Number of children and young people</b>	<b>Percentage of children and young people</b>	<b>Change since 2023/24</b>	<b>Change since 2019/20</b>
410,165	58.8%	Improved	Worse

All children and young people aged 6-16	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	Change since 2023/24	Change since 2019/20
	64.7% R	60.9% R	40.4% R	47.8% R	53.7%	58.8%	+5.2 ppt Improved	-5.8 ppt Worse

Regular school attendance contributes to educational achievement and positive outcomes associated with engaging in education. Regular attendance (more than 90%) improved for all learners aged 6-16 years from 53.7 percent in 2023/24 to 58.8 percent in 2024/25, a 5.2 percentage point increase. This is the third year where attendance rates have increased, following a large fall in the 2021/22 year to 40.4 percent.

Rates of irregular, moderate and chronic absences also improved in 2024/25. Chronic absence reduced to 9.2 percent in 2024/25, down from 9.8 percent in 2023/24.

Understanding patterns of justified and unjustified absences can provide insights into what support may be needed to increase student attendance and engagement. Additional [Ministry of Education reporting](#) indicates that justified absences made up the biggest proportion of absences in Term 2 2025, with short-term illness and medical absences continuing to be the main driver of non-attendance.

Figure 15: Rates of children and young people who are regularly attending school aged 6-16 2019/20 to 2024/25

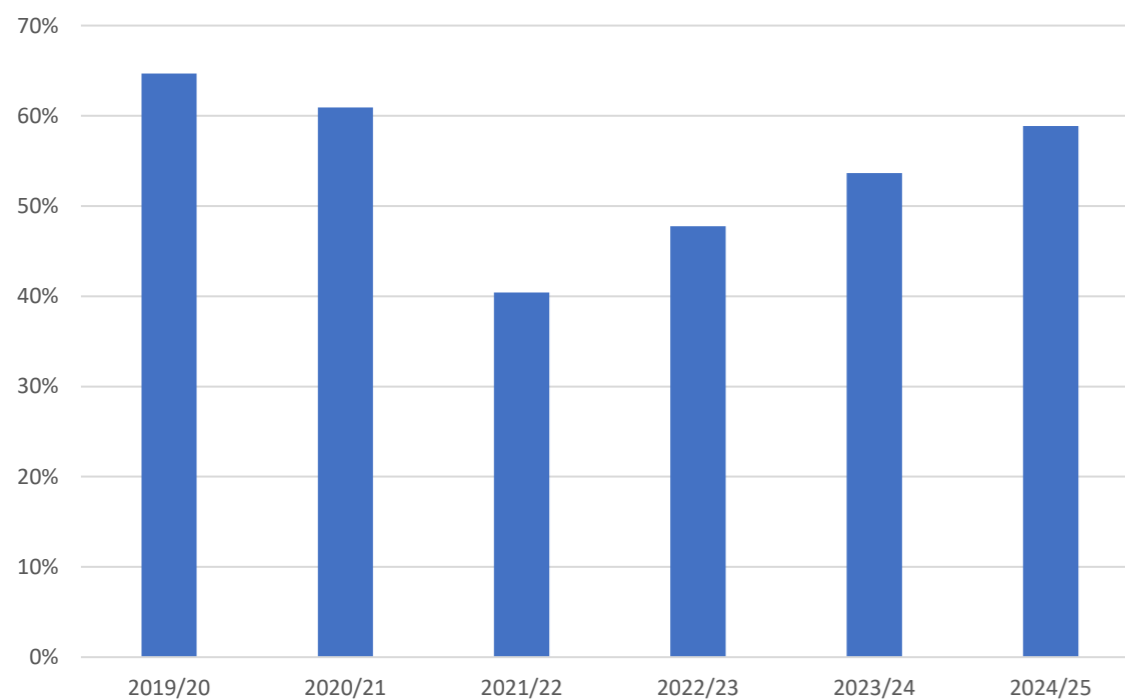
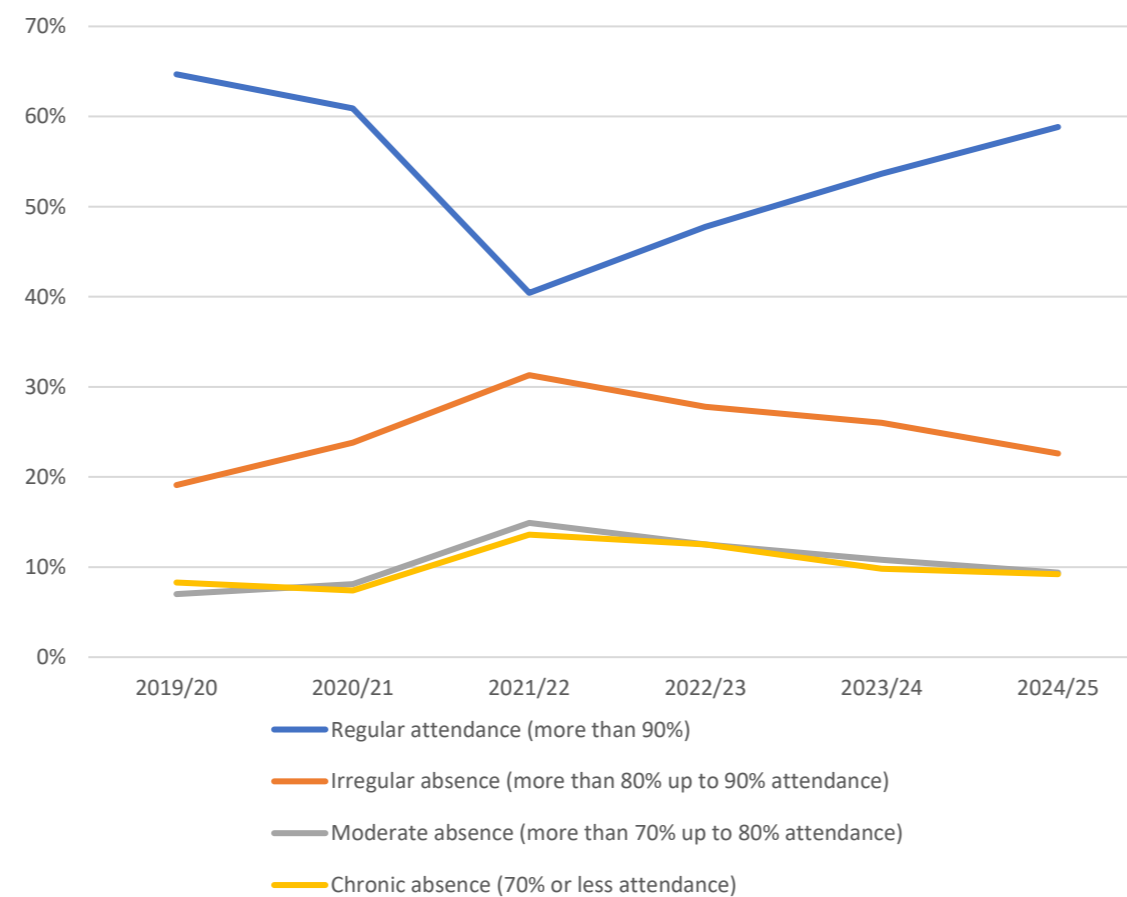


Figure 16: Rates of students aged 6-16 years attending school more than 90%, more than 80% up to 90%, more than 70% up to 80%, and 70% or less 2019/20 to 2024/25



**This indicator is likely affected by wider social and economic conditions**

- Attendance is influenced by a mix of interconnected factors, from individual, family, and school experiences to broader socio-economic circumstances and accessibility.
- The changes in school attendance over the last few years likely reflect the education system moving on from the COVID-19 pandemic, and the increased focus on attendance. However, the justified absence rate for Term 2 2024 remains higher than the years prior to COVID-19.
- The focus on attendance increased over the 2023, 2024 and 2025 school years. In 2024, an attendance-focused Government Target was set: *by 2030, 80% of students are present for more than 90% of the term.*
- There are likely wider barriers to attendance. For example, attendance is likely to be impacted by socio-economic conditions.

<b>Data Notes</b>	Percentage of students aged 6-16 who are regularly attending school or kura (attending more than 90% of the term)	Attendance Survey, Ministry of Education
	The CPRI measures the percentage of children and young people who are regularly attending school or kura. More data notes are included in the Data Notes section on page 48. The CPRI age range is students aged 6-16, to cover the ages children and young people must be enrolled in school or kura. This is different to the previous Strategy indicator age range, which covered students aged 5-18+ to reflect the experiences of a wider group of children and young people.	

### Attendance rates are continuing to improve for Māori children and Pacific children aged 6-16 years

	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	Change since 2023/24	Change since 2019/20
Māori children and young people	47.7% R	44.7% R	27.1%	33.7% R	39.2%	43.7%	+4.5 ppt Improved	-4.0 ppt Worse
Pacific children and young people	51.3% R	46.6% R	27.5% R	33.4% R	41.9%	45.5%	+3.6 ppt Improved	-5.8 ppt Worse

Regular attendance for ākonga Māori increased to 43.7 percent in 2024/25, from 39.2 percent in 2023/24. Attendance rates for ākonga Māori in Māori medium also increased to 38.5 percent in 2024/25, from 34.8 percent in 2023/24.

While rates are improving, there remain disparities in attendance between ākonga Māori and non-Māori learners. These rates likely reflect additional challenges Māori learners experience in attending and engaging in school. For example, the Ministry of Education's *Ngā Haeata o Aotearoa 2020* report indicated that Māori learners and whānau have identified racism as a major barrier in the education system.

Regular attendance for Pacific students was up to 45.5 percent in 2024/25, from 41.9 percent in 2023/24. These rates likely reflect additional challenges Pacific learners experience in attending and engaging in school.

Attendance cannot be disaggregated for disabled learners. This is a significant data gap. Data and research including from the [Education Review Office](#), the [Ministry of Education](#), and [Stats NZ](#) indicates that disabled learners experience challenges to enrolment and attendance.

Looking at attendance data by school equity index groups highlights socioeconomic disparities in regular attendance rates, with higher rates in Term 2 2025 for schools where the students face fewer socioeconomic barriers. Attendance rates across all equity index groups increased in Term 2 from 2024 to 2025. Rates for learners in schools in the equity index group with the highest level of disadvantage improved from 38.8 percent in 2023/24 to 42.9 percent in 2024/25.

Figure 17: Regular school attendance rates for all Māori learners and Māori learners in Māori medium settings 2019/20 to 2024/25

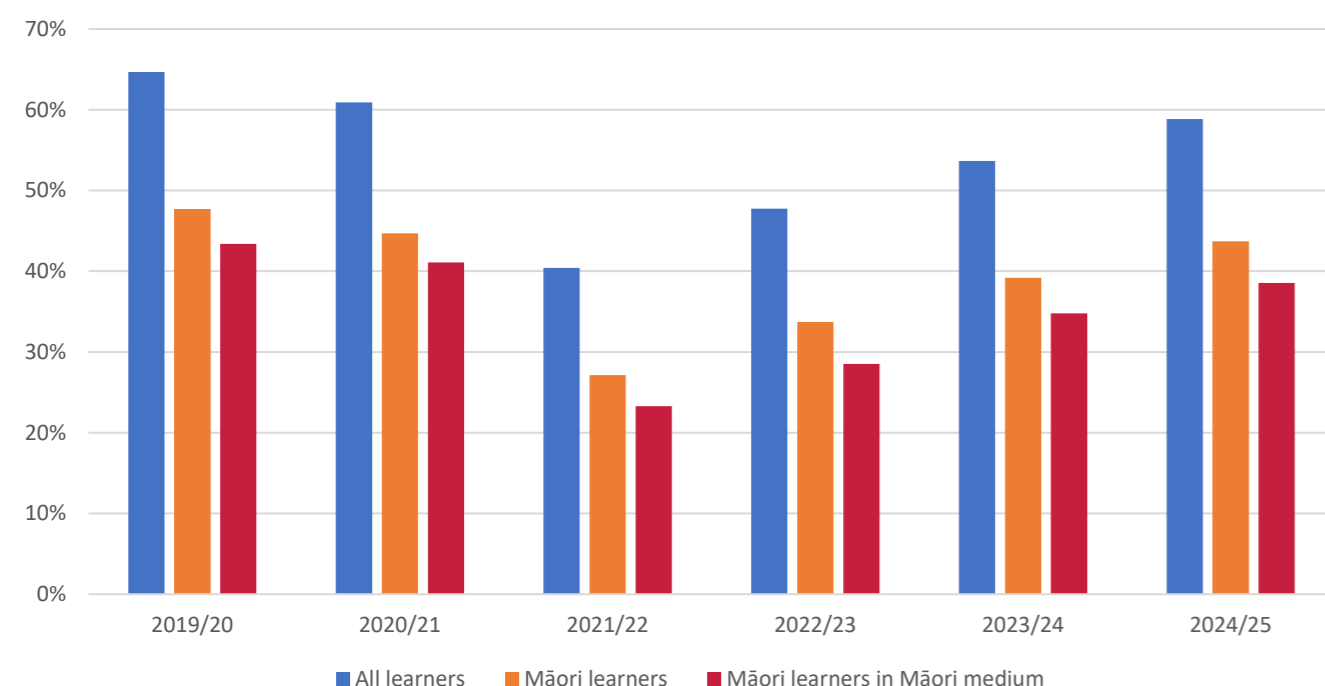


Figure 18: Regular school attendance rates for Pacific learners 2019/20 to 2024/25

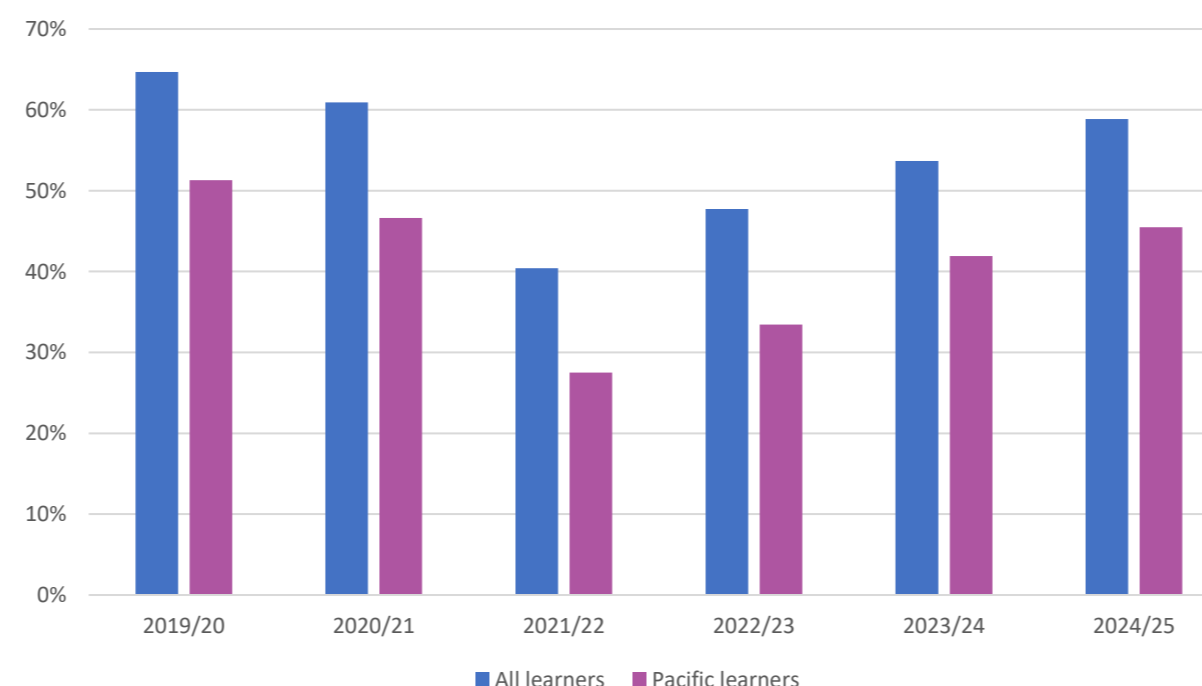
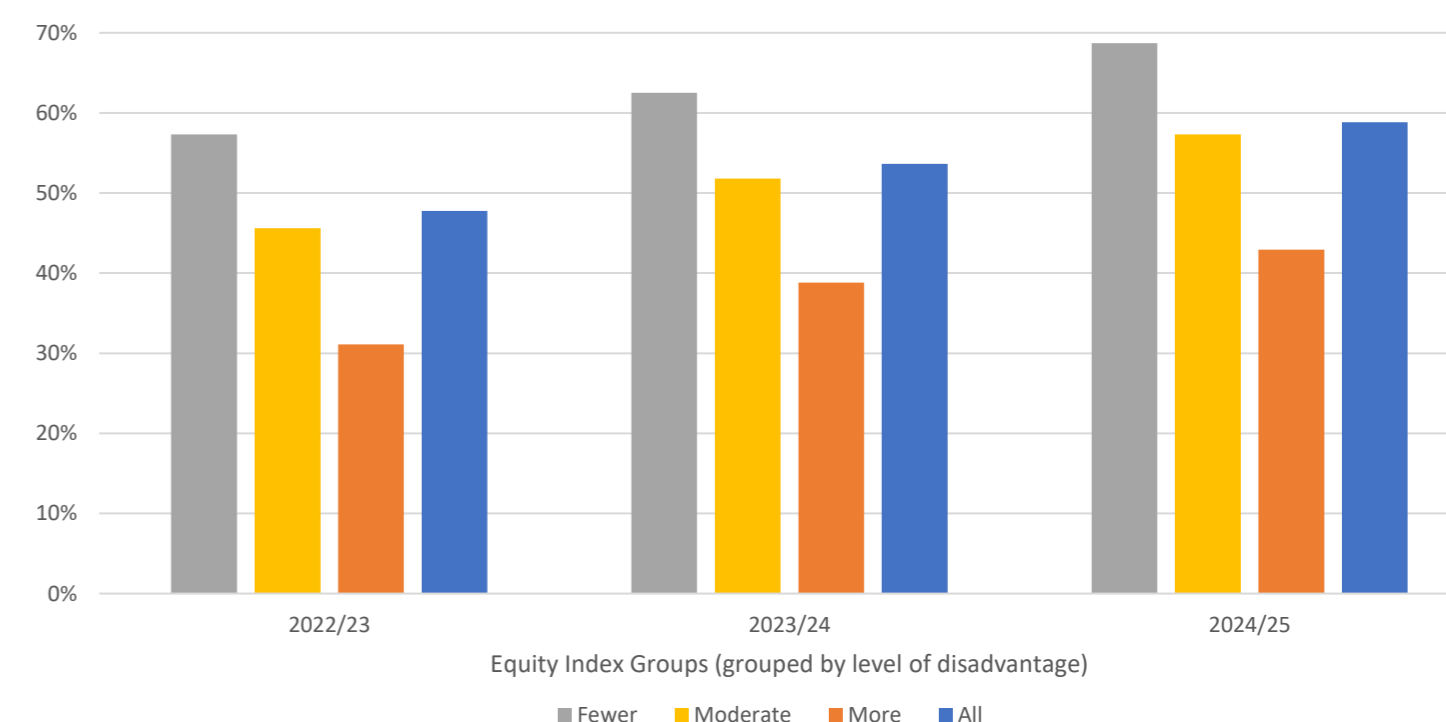


Figure 19: Regular school attendance rates by Equity Index Groups 2022/23 to 2024/25



**79.3% of 2024 school leavers achieved at least NCEA Level 2**

<b>Number of children and young people</b>	<b>Percentage of children and young people</b>	<b>Change since 2023/24</b>	<b>Change since 2019/20</b>
51,196 school leavers	79.3%	No change	Worse

All Children	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	Change since 2023/24	Change since 2019/20
	83.2% R	84.0%	81.9% R	78.8% R	78.9% R	79.3%	+0.4 ppt No change	-3.9 ppt Worse

Figure 20: Percentage of school leavers with NCEA Level 2 or above 2019/20 to 2024/25

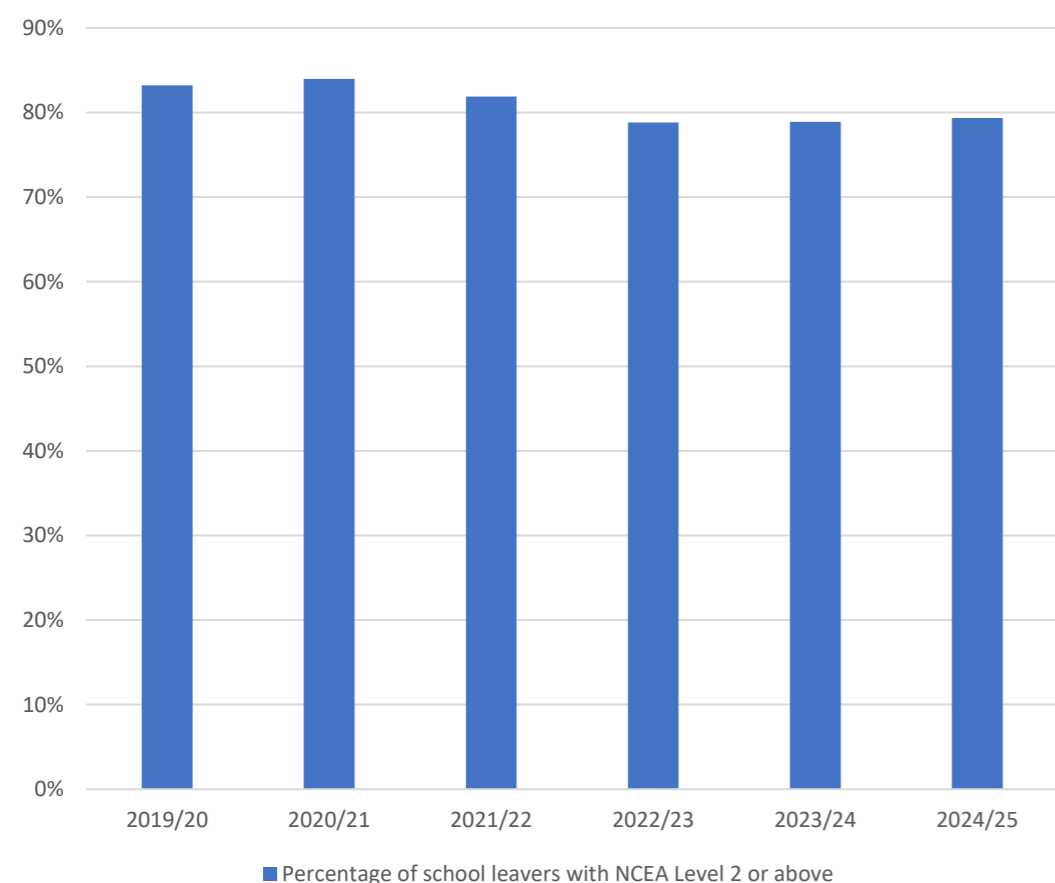
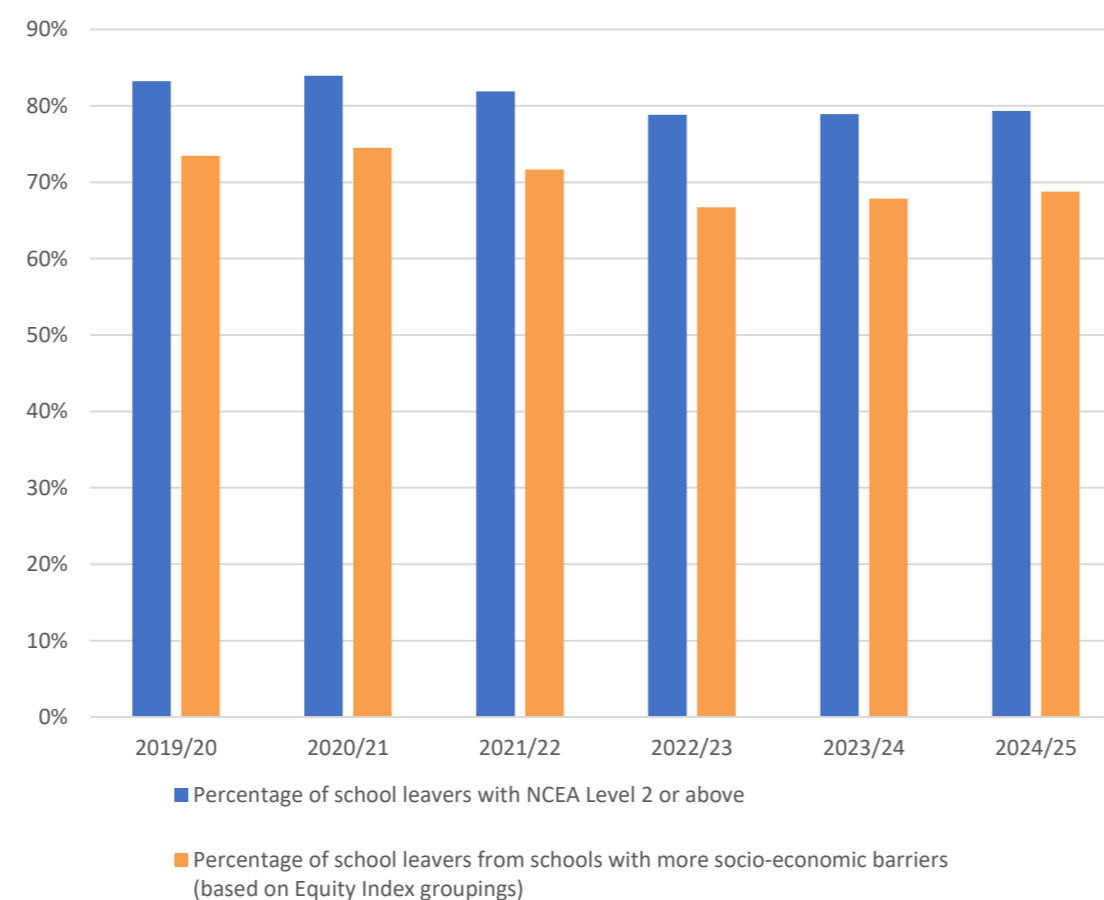


Figure 21: Percentage of school leavers from schools with more socio-economic barriers with NCEA Level 2 or above 2019 to 2024



Success in education can set children and young people up for life and on average reduces the likelihood of them experiencing material hardship in the future.

79.3 percent of school leavers aged 16 or over attained NCEA Level 2 or more in the 2024 school year. This was an increase from 78.9 percent in the 2023 school year and a decrease from 83.2 percent in 2019 school year.

The percentage of school leavers aged 16 or over attaining NCEA Level 2 declined from the 2020 school year to the 2023 school year.

There are disparities in rates of achievement for leavers from schools with more socio-economic barriers, compared to leavers from schools with fewer socio-economic barriers (based on the School Equity Index). 68.8 percent of school leavers from schools where learners have more socio-economic disadvantages achieved NCEA Level 2 or more. This was a decrease from 73.5 percent in the 2019 school year. Disparities have increased for learners in schools with moderate or more socio-economic disadvantages between 2019 and 2024.

**This indicator is likely affected by attendance rates and socio-economic conditions**

- [Ministry of Education research](#) has identified the strong relationship between attendance and achievement. This relationship has also been well established in international research.
- In 2024, 81 percent of school leavers stayed at school to the age of 17 or above, a 1.7 percentage point increase from 79.3 percent in 2023.
- At a system level, schools where students experience more socioeconomic barriers to achievement have lower NCEA Level 2 or above attainment rates and a higher variability of attainment rates within the School Equity Index Bands. The proportion of school leavers attaining NCEA Level 2 or above in 2024 has increased in every School Equity Index Band compared to 2023.
- [NZCER research](#) indicated that only some schools reported having identity-affirming practices for ākonga Māori and Pacific students.
- In 2024, a new literacy and numeracy co-requisite was implemented for NCEA levels 1, 2 and 3. This could negatively impact on NCEA achievement. We expect the Ministry of Education will monitor this and respond appropriately to mitigate any negative effects.

Data Notes	Percentage of school leavers with at least NCEA Level 2 as their highest level of attainment	School leavers' attainment data, Ministry of Education
	The CPRI measures the percentage of school leavers aged 16-20+ with NCEA Level 2 or above or an equivalent qualification as their highest level of attainment.	

**Māori students aged over 16 who learnt predominantly in te reo Māori achieved NCEA Level 2 at higher rates than all school leavers**

	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	Change since 2022/23	Change since 2019/20
Māori school leavers	72.4% R	72.0%	68.7% R	65.1% R	65.9% R	66.2%	+0.3 ppt No change	-6.2 ppt Worse
Pacific school leavers	79.4% R	81.8% R	79.3% R	73.3% R	74.2% R	74.8%	+0.6 ppt No change	-4.6 ppt Worse

Rates of achievement for Māori school leavers aged over 16 who learnt predominantly in te reo Māori have been higher than for all Māori school leavers in all years between 2019/20 and 2024/25.

82.8 percent of Māori school leavers aged over 16 who predominantly learnt in te reo Māori achieved NCEA Level 2 in the 2024 school year. Rates for Māori leavers who predominantly learnt in te reo Māori in Māori medium pathways likely reflect the protective factors of the pathway and the impact of culturally sustaining practices.

66.2 percent of all Māori school leavers aged over 16 attained NCEA Level 2 or above in the 2024 school year. This was a decrease from 72.4 percent in the 2019 school year. Lower achievement for Māori school leavers likely reflects negative earlier experiences in and barriers to education, including inequitable access to subjects, streaming and grouping by perceived ability, and low expectations from teachers.

In 2024, the gap in NCEA Level 2 attainment rates between Māori school leavers and all school leavers was 13.1 percent.

74.8 percent of Pacific school leavers aged over 16 attained NCEA Level 2 or above in the 2024 school year. This was a decrease from 79.4 percent in the 2019 school year. Achievement for Pacific school leavers likely reflects long-term systemic inequities in access to learning opportunities, including lack of equitable access to the full curriculum, streaming and limited pathways.

NCEA Level 2 achievement is not able to be disaggregated for disabled learners. This is a significant data gap. Other data and research indicates that disabled learners are experiencing challenges to enrolment and attendance that are likely to impede achievement, and can be a barrier to future employment opportunities.

Figure 22: Percentage of Māori school leavers and Māori students learning predominantly in te reo Māori with NCEA Level 2 or above 2019 to 2024

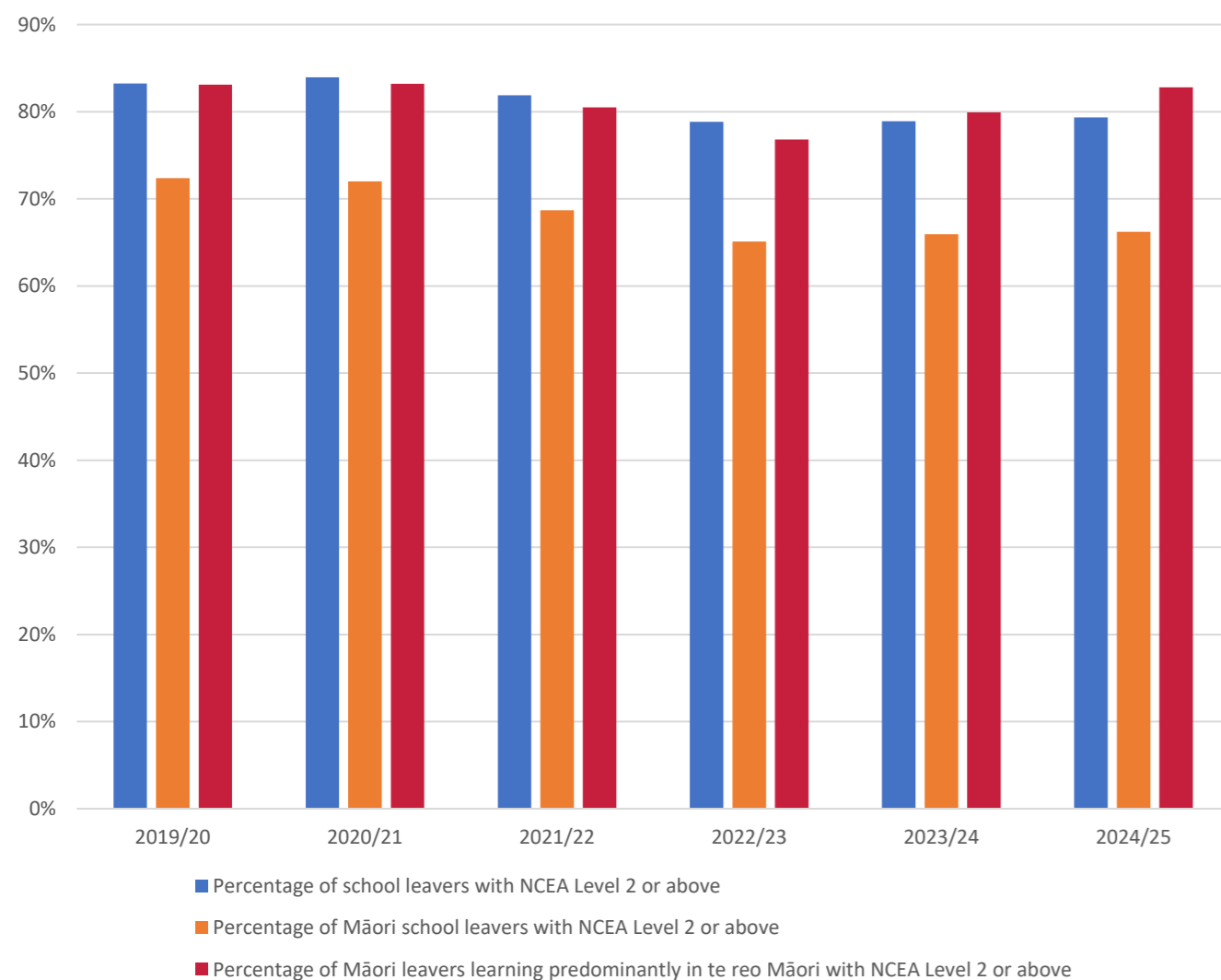
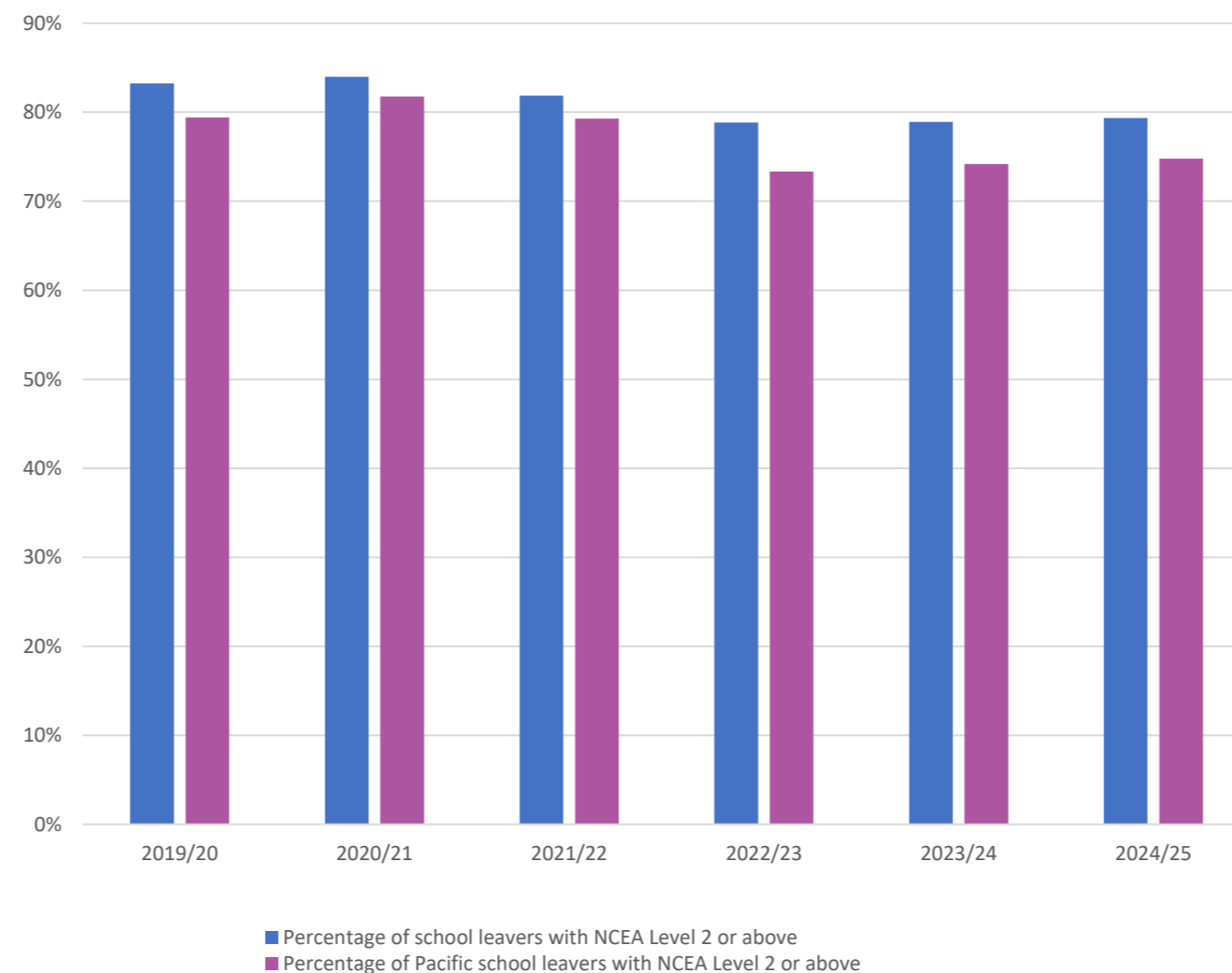


Figure 23: Percentage of Pacific school leavers with NCEA Level 2 or above 2019 to 2024



**Fewer children in families on benefit**

This CPRI captures actions that are underway to support people into employment, reduce benefit dependency, and make work pay by ensuring appropriate incentives to work.

**Welfare that Works** (Ministry for Social Development)

Welfare that Works is a work programme that uses community providers, clear obligations, and targeted incentives to get people off welfare and into work.

**Progress**

- In May 2025, the Social Security Amendment Bill was passed which expanded the Traffic Light System which was launched in August 2024.
- The Traffic Light System was expanded in May 2025, including new non-financial sanctions which provide an alternative for people with dependent children and people in active case management in the welfare system. Benefit recipients with dependent children cannot be sanctioned to zero percent of their benefit.

**Evaluation and monitoring**

- The Traffic Light System was monitored through statistical analysis of MSD administrative data, a client survey, and sessions with MSD staff in 2025/26.
- Evaluation of the Traffic Light System focused on work-related outcomes for Jobseeker Work-Ready clients. Note that the evaluation did not capture clients receiving a Sole Parent Support Benefit.
- Hardship payments after sanctions for Jobseeker Work-Ready clients were tracked as a potential indicator of increased financial hardship.

**Outcomes**

- Results from the [MSD evaluation of the Traffic Light System](#) generally showed the new system is helping clients better understand and stay on track with their obligations.
- In the June 2025 quarter, the proportions of benefit recipients with dependent children followed the same trend across the Traffic Light System categories as those without dependent children, with the vast majority meeting their obligations and less than a few percent failing to meet an obligation or with an active sanction. There was a higher proportion of benefit recipients with dependent children meeting their obligations compared to those without dependent children.
- Hardship payments after sanctions for Jobseeker Work-Ready clients slightly decreased – from 28.3 percent in August 2024 to 26.8 percent in March 2025.

**Making Work Pay** (Ministry for Social Development)

Making Work Pay is a work programme that focuses on providing assistance that supports beneficiaries to move from welfare into employment by ensuring appropriate incentives to work.

**Progress**

- Through Budget 24, the In-Work Tax Credit increased by \$50 per fortnight, and the Minimum Family Tax Credit also increased by \$4.30 a fortnight.

**Evaluation and monitoring**

- Existing performance measures on the number of payments that are made, processed on time, and levels of under and overpayment in a year are undertaken.
- There are 144,800 families who have been paid the In-Work Tax Credit for the tax year ended 31 March 2025 based on filing to date.

**Outcomes**

- Data on the impact of the In-Work Tax Credit increase is not yet available.

**More children in affordable housing**

This CPRI captures actions that are underway to improve housing supply and address housing affordability.

Housing affordability is indirectly supported by programmes which address issues related to housing supply.

Firstly, the establishment of the contestable Flexible Fund in Budget 2025 will support community housing associations to build social housing and affordable rentals in key priority areas.

Secondly, while Going for Housing Growth supports an environment that allows for more housing supply, the direct impact of the programme on those in material hardship will be limited. For most households on the lowest incomes, rent reductions driven by increased housing supply do not translate into equivalent improvements in affordability because accommodation costs are already partially met through income tested subsidies.

Additionally, due to its large, structural nature and the time it will take for those changes to flow through to increased building activity and supply, it is likely that it will take time for the full effects of the Going for Housing Growth programme to become apparent. Even without affordability improvements for many households in material hardship, Going for Housing Growth should have some direct impacts on material hardship by increasing overall supply. This should increase access to stable housing, reduce overcrowding, or the need to stay with family or other insecure arrangements and help reduce discrimination.

**Fewer children and young people experiencing avoidable hospitalisations**

This CPRI captures actions that are underway to improve the health of children and their whānau. There are also connections to the actions undertaken to reduce child material hardship. Making progress against this CPRI is influenced by activities outside the health system, including income and housing policy levers, and reflects the social determinants of health.

**Kahu Taurima** (Health NZ)

Kahu Taurima aims to implement improved and integrated maternity and early years services.

**Progress**

- The Maternity Commissioning Framework (MCF) final draft report was received from the Technical Advisory Group (TAG) and distributed for internal feedback. Regional engagement is underway.
- The final Bereavement Care Pathway (BCP) report was delivered by the TAG. Internal engagements is underway.
- On 30 June 2025, the testing phase of the proposed Well Child Tamariki Ora (WCTO) new child growth and development schedule was completed by the six prototype partners.

**Evaluation and monitoring**

- Evaluation and monitoring is focused on understanding the impact and effectiveness of each Kahu Taurima workstream. This includes assessing alignment with national priorities and equity outcomes. Insights will guide refinements and integration into early years services, with whānau and provider feedback central to improvements.

**Outcomes and impact**

- The insights from prototype testing will shape the future WCTO child growth and development schedule and guide the development of the early years component of the Kahu Taurima Commissioning Framework. The BCP will enable consistent, compassionate perinatal bereavement care across New Zealand.

**Healthy Homes Initiative** (Health NZ)

The Healthy Homes Initiative (HHI) aims to increase the number of children and their whānau living in warm, dry, and healthy homes and reduce the number of housing-related hospitalisations.

**Progress**

- HHI continue to deliver to tamariki and their whānau. Number of referred tamariki 8,562, whānau members 25,075 and over 50,000 interventions delivered.

**Evaluation and monitoring**

- Provider monitoring and reporting occur every six months, capturing the number of whānau engaged, the interventions delivered, and the resulting impacts.
- The University of Otago conducts independent outcome evaluations, using defined measures and baseline comparisons to assess effectiveness and long-term outcomes.

**Outcomes and impacts**

- Findings from the five-year outcomes evaluation (November 2024) show that five years after the HHI intervention the number of hospitalisations reduced by 18.6%, with a 5% reduction in school absence for illness amongst participants. The benefits that the HHI contributed to exceed the cost to Health NZ after one year with a five-year return on investment of 507%.
- The next evaluation report is due at the end of 2027.

**Immunisation work programme** (Health NZ)

The immunisation programme aims to achieve the Health Target (95% of children fully immunised at 24 months of age). It includes actions to increase targeted and opportunistic immunisation for priority populations and enables best practice.

**Progress**

- With Health NZ investment, Whānau Awhina Plunket established immunisation services in ten clinics. Fifteen newly authorised community pharmacies began providing childhood vaccine doses from April 2024.

**Evaluation and monitoring**

- The programme is monitored and evaluated through ongoing research and community consultation methods to inform evidence-based approaches that build trust and confidence in immunisations, alongside data to monitor performance and identify areas for improvement.

**Outcomes and impacts**

- The new immunisation services established by Whānau Awhina Plunket provided 869 doses to 279 children. The newly authorised community pharmacies provided 306 doses in quarter 4 of 2024/25.
- The Immunising our Tamariki programme supported Hauora Māori Partners to lift immunisation rates, contributing to a 5.1 percentage increase in Māori 24-month immunisation rates from 63.3% in June 2024 to 68.4% in June 2025.
- Targeted investment for Pacific providers contributed to a 10.1 percentage point increase in Pacific 24-month coverage, from 71.2% in June 2024 to 81.3% in June 2025.
- In 2024/25, the overall immunisation rate for children at 24-months of age was 82%, a 5.5 percentage point increase from 76.5% in 2023/24.

### More children regularly attending school

This CPRI captures actions that work to improve school attendance through strengthened accountability, support and services and the promotion of the importance of regular school attendance.

#### Attendance Action Plan (Ministry of Education)

The Ministry of Education's Attendance Action Plan provides the basis for efforts and investment to improve student attendance. Key actions include the release of refreshed health guidance, the daily attendance dashboard, and ongoing public information campaign to influence behaviour and attitudes to get and keep kids at school.

#### Progress

- The second phase of attendance initiatives included the Stepped Attendance Response (STAR), which was released in January 2025 and trialed in some schools. The STAR sets expectations for schools, students, parents or guardians, the Ministry of Education and the broader system responses to student absence.
- Work began to amend legislation and regulations to make attendance a priority. The new regulations will require all all state and state-integrated schools to implement an Attendance Management Plan by Term 1 2026. These plans aim to improve student attendance by providing clear pathways to identify and address absences. School boards will also be required to take all reasonable steps to ensure the attendance of students enrolled in their school, under a new section (127(2)(a)) of the Education and Training Act (2020).
- Work began to revise the existing regulatory settings for absence exemptions, to better align with the evidence and clear messaging that every absence matters.
- Work to reform the Attendance Services continues in 2025 and is on track for Term 1 2026. The new delivery model will bring together schools, In School Provision (ISP) and Attendance Service Providers (ASP) to ensure ākongā with attendance challenges receive timely and appropriate support.

#### Evaluation and monitoring

- The Ministry of Education collects and analyses attendance data from all schools; anonymised data is also published on the Education Counts website.
- The Ministry undertakes regular monitoring and assessment of all Attendance Action Plan initiatives, to evaluate the effectiveness of these initiatives.
- The Education Review Office (ERO) will report on progress of individual schools towards lifting attendance. This will include reporting whether schools have effective practices in place to achieve this, and monitoring whether schools have attendance management plans in place, once these become mandatory.

#### Outcomes and impacts

- Regular attendance for children and young people aged 6-16 years increased over the last year – 58.8% in Term 2, 2025 compared to 53.7% in Term 2, 2024.

### Improved educational achievement

This CPRI captures actions to improve curriculum resources and teaching capability, including for foundational reading, writing, and maths skills up to Year 8. While this indicator is about NCEA level 2 achievement, helping students achieve earlier in life helps set them up for achievement in later years.

#### Lifting Achievement work programme (Ministry of Education)

The Lifting Achievement work programme includes a range of initiatives such as Teaching the Basics Brilliantly, to lift achievement levels.

#### Progress

- From Term 1 2024, introduced new policies so that all students in Years 0–8 are being taught reading, writing and maths for an average of one hour a day in each subject.
- Launched the Make it Count Action Plan in August 2024, to tackle math's achievement.
- In Term 1 2025 mandated use of the refreshed NZ Curriculum (NZC) English Years 0-6, Te Marautanga o Aotearoa Te Reo Rangatira Years 0-6, NZC Mathematics and Statistics Years 0-8, and TMOA Pāngarau Years 0-8.
- Launched Phonics Checks and Hihira Weteoro (Y0-2) into classrooms.
- From Term 1 2025 released free supporting resources, including workbooks, textbooks, and teacher resources.
- Teachers began participating in Professional Learning and Development (PLD) for maths (Y0-8), structured literacy approaches (Y0-8), Rangaranga reo ā-Tā (Y0-8) and pāngarau (Y0-8). Completed the business case and tender processes for a new assessment and aromatawai tool named – Student Monitoring, Assessment and Reporting Tool (SMART).
- The refresh of the New Zealand Curriculum and Te Marautanga o Aotearoa is the anchor of the entire work programme. The Ministry of Education made substantial progress on this during the period covered by this report.

#### Evaluation and monitoring

- Curriculum Insights and Progress Study is a national sampling study that monitors student achievement in reading, writing and maths annually. Curriculum Insights and Progress Study maths data is benchmarked against the 2023 draft curriculum; writing is benchmarked against April 2025 draft curriculum.
- New Zealand participates in international education studies like the Programme for International Student Assessment (PISA), Trends in International Mathematics and Science Study (TIMSS), and Progress in International Reading Literacy Study (PIRLS).
- The Education Review Office is undertaking a multi-year evaluation of the Ministry's curriculum change programme, which touches on many of the initiatives that are designed to improve student achievement, including PLD and curriculum implementation.

#### Outcomes and impacts

- The proportion of students achieving above the benchmarks offers a starting point for understanding student performance in relation to the expectations of the refreshed curriculum. The writing results show that there is still work to do to make sure that all students have the fundamental skills and core knowledge they need as they move through primary school. There has not been a significant change in students' writing achievement since the last National Monitoring Study of Student Achievement (NMSSA) results, which were reported in 2019. There was no statistically significant change in student achievement in maths from 2023, which means that average achievement remained stable between 2023 and 2024.
- As of June 2025, 99% of teachers at Years 0-3 (includes Better Start Literacy Approach), 68% at Years 4-6, and 18% at Years 7-8 have been trained or are in training for structured literacy approaches and Rangaranga reo ā-Tā. Years 0-8 teachers have two years to complete four days of maths PLD during teacher-only days (TOD) and 48% had started.

### Increased access to maternity care

73.0% of people enrolled with a primary maternity care provider in the first trimester of pregnancy			
Number of people (2024)	Percentage of people (2024)	Change since 2023	Change since 2019
39,377 people	73.2%	No change	No change

Positive maternal and parental health affect children’s development in the first 2,000 days, as well as long-term health outcomes. Access to maternal and prenatal care is a key contributor to good maternal health.

This indicator tells us about the percentage of pregnant people registering with Lead Maternity Carers (LMC) or accessing Primary Maternity Services in their first trimester. In 2024, 73.2 percent of people enrolled in their first trimester, a slight increase from 73.0% in 2023.

<i>Percentage of people registering with a Lead Maternity Carer in their first trimester of pregnancy, among all people registered with Lead Maternity Carers</i>							<i>National Maternity Collection, Health NZ</i>	
All people	2019	2020	2021	2022	2023	2024	Change since 2023	Change since 2019
	73.3% R	74.2% R	78.3% R	76.3% R	73.0%	73.2%	+0.2 No change	-0.1 No change

### Māori and Pacific people are less likely to enrol with a primary maternity care provider in the first trimester of pregnancy than all people

Māori and Pacific people are less likely to register with an LMC in their first trimester. Rates for Māori people have fluctuated less over time.

The number of people registering with an LMC in their first trimester cannot be disaggregated in relation to their or their child’s disability status.

	2019	2020	2021	2022	2023	2024	Change since 2023	Change since 2019
Māori people	59.2% R	59.9% R	63.5% R	61.5% R	59.0%	59.6%	+0.6 ppt No change	+0.4 ppt No change
Pacific people	44.7% R	47.0% R	56.1% R	52.8% R	49.4%	48.5%	-0.9 No change	+3.8 ppt Improved

### Improved immunisations

78% of children are fully immunised at 24 months of age			
Number of children	Percentage of children	Change since 2023/24	Change since 2019/20
46,319 children	78.1%	No change	Worse

Immunisations contribute to long-term positive health outcomes and supports children’s health in their first 2,000 days and beyond.

In 2024/25, 78.1 percent of all children were fully immunised at 24 months of age. This is below the Health Portfolio target of 95 percent. The rate in 2023/24 was 77.3 percent. Immunisation rates have been falling since 2019/20. These rates are likely impacted by changing attitudes and trust in vaccinations.

<i>Percentage of children who are fully vaccinated at age 24 months</i>						<i>National Immunisation Register (2019/20-2022/23), Aotearoa Immunisation Register (2023/24-2024/25)</i>		
All children	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	Change since 2023/24	Change since 2019/20
	91.3%	88.3%	83.7%	82.4%	77.3%	78.1%	+0.8 ppt No change	-13.2 ppt Worse

### Māori and Pacific children are less likely to be fully immunised by 24 months of age than other children

Immunisation rates are lower for Māori children, at 64.6 percent, compared to 64.9 percent in 2023/24. Rates also remain low for Pacific children, at 73.6 percent in 2024/25 compared to 73.3% in 2023/24.

Immunisation rates cannot be disaggregated for disabled children or children in disabled households.

	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	Change since 2023/24	Change since 2019/20
Māori children	87.1%	79.3%	69.5%	68.2%	64.9%	64.6%	-0.3 ppt No change	-22.5 ppt Worse
Pacific children	93.5%	88.1%	82.2%	80.6%	73.3%	73.6%	+ 0.3 ppt No change	-19.9 ppt Worse

## Reduced food insecurity (further analysis on the previous Child Poverty Related Indicator is in the companion report 2024/25 Annual Report on the Child and Youth Wellbeing Strategy and previous Child Poverty Related Indicators)

21.4% of children experienced food insecurity			
Number of children	Percentage of children	Change since 2023/24	Change since 2019/20
208,000 children	21.4%	Improved	No change

Food security is defined as limited or uncertain availability of nutritionally adequate and safe foods, or limited ability to acquire personally acceptable foods that meet cultural needs in a socially acceptable way. It is an important correlate and immediate consequence of material hardship and child poverty.

In 2024/25, 21.4 percent of children (aged 0-14 years) lived in households where food runs out often or sometimes in the past year. While this is a statistically significant decrease of 3.5 percentage points from 2023/24, the percentage has fluctuated year to year from 20.0 percent in 2019/20.

Percentage of all children aged 0-14 in households where food runs out often or sometimes							New Zealand Health Survey, Ministry of Health	
All Children	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	Change since 2023/24	Change since 2019/20
	20.0%	15.0% R	14.4%	21.3%	24.9% R	21.4%	-3.5 ppt (-6.7ppt - -0.4ppt) Improved	+1.4 ppt (-1.6ppt - +4.4ppt) No change

### Māori children and disabled children experience food insecurity more, and Pacific children experience food insecurity much more than other children

There was no statistically significant change in rates of food insecurity for Māori children between 2023/24 and 2024/25.

Rates for disabled children (aged 5-14) in 2024/25 (32.8 percent), while still significantly higher than for non-disabled children (19.4 percent), did not change significantly compared to 2023/24.

	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	Change since 2023/24	Change since 2019/20
Māori children	30.2% R	26.1% R	24.1%	35.0% R	33.3% R	32.3%	-1.0 ppt (-7.4ppt - +5.3ppt) No change	+2.1 ppt (-3.5ppt - +7.6ppt) No change
Pacific children	45.4%	37.5% R	41.6%	39.5% R	49.4% R	44.3%	- 5.1 ppt (-14.7ppt - +4.5ppt) No change	- 1.1 ppt (-10.2ppt - +8.1ppt) No change
Disabled children aged 5-14 years	Data not available	Data not available	Data not available	34.5% R	40.8% R	32.8%	-8.0 ppt (-20.1ppt - +4.0ppt) No change	Not known

## Better coping with parenting

76.5% of children have parents reporting they are coping well or very well with parenting			
Number of children	Percentage of children	Change since 2023/24	Change since 2020/21
746,000 children	76.5%	No change	No change

Positive parenting practices support positive child development in the first 2,000 days, including social-emotional learning and building relationships.

In 2024/25 76.5 percent of children lived with a parent who felt they were coping well or very well with the demands of raising children. This was not a statistically significant change from 78.8 percent of children in 2023/24 and 80.0 percent in 2022/23.

Percentage of all children aged 0-14 living with a parent who feel they are coping with demands of raising children, well or very well							New Zealand Health Survey, Ministry of Health	
All Children	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	Change since 2023/24	Change since 2020/21
	Data not available	79.8% R	75.3% R	80.0%	78.8% R	76.5%	-2.3 ppt (-5.2ppt - +0.6ppt) No change	-3.2 ppt (-6.1ppt - -0.4ppt) Worse

### Parents of Māori children and Pacific children are coping well or very well with parenting; but parents of disabled children are less likely to be coping well with parenting

The percentage of Māori children living with a parent who felt they were coping well or very well with the demands of raising children was 74.9 percent, which was not a statistically significant change from 74.4 percent in 2023/24.

Data on experiences of disabled children (aged 5-14 years) has been collected for three years. There is a significant disparity in the percentage of disabled children and non-disabled children whose parents are coping well or very well with the demands of raising children. 57.6 percent of disabled children live with parents coping well or very well, compared to 81.1 percent of non-disabled children. This was not a statistically significant change from 55.4 percent in 2023/24.

	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	Change since 2023/24	Change since 2020/21
Māori children	Data not available	77.8% R	76.3%	78.2%	74.4%	74.9%	+0.4 ppt (-4.3ppt - +5.1ppt) No change	-2.9 ppt (-7.5ppt - +1.7ppt) No change
Pacific children	Data not available	83.1% R	74.8%	80.5%	79.5% R	82.4%	+2.9 ppt (-3.6ppt - +9.4ppt) No change	-0.7 ppt (-7.2ppt - +5.9ppt) No change
Disabled children aged 5-14 years	Data not available	Data not available	Data not available	58.6% R	55.4% R	57.6%	+2.2 ppt (-8.3ppt - +12.7ppt) No change	Not known

**Better mental health**

**12.4% of children aged 2-14 years experienced emotional and/or behavioural problems**

Number of children	Percentage of children	Change since 2023/24	Change since 2020/21
107,000 children	12.4%	No change	No change

Socio-emotional skills and self-regulation are key building blocks for children to develop in their first 2,000 days and beyond.

The percentage of children experiencing emotional and/or behavioural problems has fluctuated slightly but there has been no statistically significant change in the rate since 2020/21.

*Percentage of children aged 2-14 with emotional and/or behavioural problems over the last 6 months or school year (SDQ score 16-40 for 2-4 years or 17-40 for 5-14 years)* *New Zealand Health Survey, Ministry of Health*

All Children	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	Change since 2023/24	Change since 2020/21
	Data not available	9.7% R	11.0%	9.6%	10.8% R	12.4%	+1.6 ppt (-0.5ppt – +3.7ppt) No change	+2.7 ppt (+0.6ppt – +4.8ppt) Worse

**Māori and Pacific children are slightly more likely to experience emotional and/or behavioural problems, and disabled children are much more likely to do so**

Tamariki Māori were slightly more likely to experience such problems, as are Pacific children. Rates have followed a similar trend to the overall population.

Data has only been collected for disabled children (5-14 years) for three years but the three years of data show much higher incidence of problems for disabled children. This likely reflects the definition of disability as any long-term physical, mental, intellectual or sensory impairment which, in interaction with various barriers, may hinder the full and effective participation of disabled people in society on an equal basis with others.

	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	Change since 2023/24	Change since 2020/21
Māori children	Data not available	12.4% R	14.8%	13.5%	16.7% R	14.5%	-2.1 ppt (-6.7ppt – +2.4ppt) No change	+2.1 ppt (-2.4ppt – +6.6ppt) No change
Pacific children	Data not available	13.1% R	14.7%	10.0% R	14.3% R	16.4%	+2.1 ppt (-5.0ppt – +9.3ppt) No change	+3.3 ppt (-3.3ppt – +9.9ppt) No change
Disabled children aged 5-14 years	Data not available	Data not available	Data not available	37.2% R	46.9% R	52.3%	+5.4 ppt (-7.1ppt – +17.9ppt) No change	Not known

**22.9% of young people aged 15-24 experienced high or very high rates of psychological distress in the past 4 weeks**

Number of young people	Percentage of young people	Change since 2023/24	Change since 2019/20
156,000 young people	22.9%	No change	Worse

Mental health can contribute significantly to the experiences of children and young people, and is affected by a wide range of factors, including experiences of hardship and of harm.

Rates of psychological distress for young people are higher compared to older age groups in New Zealand. Rates were not statistically significantly different to 2023/24.

*Percentage of young people aged 15-24 who experienced high or very high levels of psychological distress (K10 score ≥12 out of 40) in the past 4 weeks* *New Zealand Health Survey, Ministry of Health*

All Young People	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	Change since 2023/24	Change since 2019/20
	11.2% R	19.7% R	23.7% R	21.6% R	23.2%	22.9%	-0.3 ppt (-5.2ppt – +4.5ppt) No change	+11.7 ppt (+7.0ppt – +16.4ppt) Worse

**Māori and Pacific young people are experiencing more distress and disabled young people are experiencing significantly more distress**

While rates of psychological distress were higher for rangatahi Māori than for all young people, this difference was not statistically significant. Rates were also higher for Pacific young people than for all young people, with rates fluctuating more over time for Pacific young people.

Rates of distress were significantly higher for disabled young people than non-disabled young people, at around 2.5 times higher. Rates for disabled young people changed from 67.8 percent in 2023/24 to 70.5 percent in 2024/25. This change was not statistically significant.

	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	Change since 2023/24	Change since 2019/20
Māori young people	14.6% R	26.4% R	26.3%	18.7% R	24.6% R	27.1%	+2.5 ppt (-6.8ppt – +11.8ppt) No change	+12.5 ppt (+4.4ppt – +20.6ppt) Worse
Pacific young people	9.1% R	23.4% R	18.8%	14.2% R	24.7% R	30.8%	+6.1 ppt (-9.7ppt – +21.9ppt) No change	+21.7 ppt (+8.5ppt – +35.0ppt) Worse
Disabled young people	48.4% R	54.7% R	68.9% R	63.9% R	67.8% R	70.5%	+2.7 ppt (-16.2ppt – +21.7ppt) No change	+21.1 ppt (+3.0ppt – +41.3ppt) Worse

## Prevention of child abuse

### 11,421 children and young people experienced at least one substantiated finding of abuse and neglect

Number of children and young people

11,421 children and young people

Rate of children and young people

NA

Change since 2023/24

Improved

Change since 2019/20

Improved

Child abuse and neglect is influenced by many interconnected factors, and the drivers of child harm, abuse and neglect are complex. The risk and likelihood of experiencing abuse and neglect are influenced by a wide range of causal and correlated factors that reflect current and historic experiences. Findings must be considered in a wider context, and acknowledge the different drivers of harm, including social factors, economic factors, and awareness of and barriers to reporting. There are also challenges in the collection and interpretation of data relating to child abuse and neglect. This makes it difficult to interpret changes and attribute them to changes in prevalence.

There have been fluctuations in the number of children and young people with a substantiated abuse or neglect finding. Findings of abuse and neglect have decreased since 2012/13 and remained relatively stable between 2018/19 and 2020/21. The COVID-19 pandemic affected the number of harm notifications to Oranga Tamariki in 2019/20 and 2020/21, with fewer reports from providers in line with a decrease in interaction with these groups. Findings of abuse and neglect decreased from 2020/21 to 2021/22, then increased in 2022/23 and 2023/24, before falling in 2024/25.

*Number of children and young people aged 0-17 with at least one substantiated finding of abuse in the past 12 months*

*Administrative data, Oranga Tamariki*

All children and young People	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	Change since 2023/24	Change since 2019/20
	14,818	14,574	11,824	11,921	12,910	11,421	-1,489 Improved	-3,397 Improved

### The number of Māori and Pacific children with at least one substantiated finding of abuse and neglect has decreased slightly

The risk and likelihood of experiencing abuse and neglect are influenced by a wide range of causal and correlated factors that reflect the historic and current experiences of whānau and tamariki Māori, including experiences and/or impacts of racism, colonisation and intergenerational trauma. The number of Māori children with at least one finding of abuse and neglect has fallen over the reporting period, while following the same trend of increased numbers between 2022/23 and 2023/24. The number of Māori children with at least one funding of abuse and neglect has decreased from 2023/24 to 2024/25 by around 990 children.

The number of Pacific children with at least one finding of abuse and neglect has fallen over the reporting period, while following the same trend of increased numbers between 2022/23 and 2023/24. The number of Pacific children with at least one funding of abuse and neglect has decreased from 2023/24 to 2024/25 by around 370 children.

The findings cannot be disaggregated for disabled children and young people.

	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	Change since 2023/24	Change since 2019/20
Māori children and young people	9,175	8,853	7,226	7,219	7,862	6,876	-986 Improved	-2,299 Improved
Pacific children and young people	2,867	2,735	2,185	2,245	2,579	2,213	-366 Improved	-654 Improved

**Reduced child and youth offending**

**The offending rate for children and young people was 140.3 per 10,000 children and young people aged 10-17 years in 2024/25**

Number of children and young people	Rate of children and young people	Change since 2023/24	Change since 2019/20
7,787	140.3 per 10,000 children and young people	Improved	Improved

Youth offending and engagement with the justice system is impacted by a variety of factors which impacts on children and young people’s ability to thrive in the future. Offending rates for all children and young people improved from 2023/24 to 2024/25, with rates of 163 per 10,000 in 2023/24 falling to 140 per 10,000 in 2024/25. Rates have also fallen significantly since the 2019/20 period.

*Offending rates per 10,000 young people aged 10-17* *Youth Justice Indicators, Ministry of Justice*

All children and young People	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	Change since 2023/24	Change since 2019/20
	181.9 R	164.0 R	144.6 R	161.4 R	163.1 R	140.3	-22.8 Improved	-41.6 Improved

**Offending rates for most population groups have decreased since 2019/20**

Tamariki and rangatahi Māori continue to be overrepresented in the youth justice system. Offending rates improved for Māori children and young people from 2023/24 to 2024/25, with rates of 351 per 10,000 in 2023/24 to 307 per 10,000 in 2024/25. Rates have also significantly improved since the 2019/20 period.

Rates for Pacific children and young people have been lower than for all children and young people. Rates have improved from 2023/24 to 2024/25, with rates of 132 per 10,000 in 2023/24 falling to 115 per 10,000 in 2024/25. Since 2019/20, rates improved over 2020/21 and 2021/22 then worsened in 2022/23 before improving over 2023/24 and 2024/25.

The findings cannot be disaggregated for disabled children and young people.

	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	Change since 2023/24	Change since 2019/20
Māori children and young people	392.6 R	359.3 R	323.0 R	353.5 R	350.8 R	306.8	-44.0 Improved	-85.8 Improved
Pacific children and young people	153.4 R	123.0 R	110.6 R	130.6 R	132.1 R	115.1	-17.0 Improved	-38.3 Improved

## Data Notes

### Demographic data

The outcomes data for disabled children and young people is mostly from survey or sample sources that use a version of the Washington Group Short Set of questions to identify disability. More information on the Short Set of questions is available at <https://www.whaikaha.govt.nz/support-and-services/guidance-and-resources/resources-for-academics/an-explanation-of-the-washington-group-short-set-of-questions-on-disability>.

### Survey data notes

#### Household Economic Survey

The Household Economic Survey (HES) is the data source for statistics relating to child poverty, housing affordability and housing quality for 2017/18 to 2023/24. Information on the sample sizes for each survey is available at [www.stats.govt.nz](http://www.stats.govt.nz).

Previously published statistics from the HES for 2018/19 to 2023/24 were revised in 2026 as HES weights were updated based on the most up-to-date estimated resident population. This is a standard process that follows statistical best practice and occurs roughly every five years – after the latest census-based population estimates are available. [Applying the Stats NZ revisions policy to outputs from the Household Economic Survey](#) sets out Stats NZ's policy for updating household economic data. [Household Economic Survey population rebase: Year ended June 2019 to 2024](#) provides further information on the population rebase and its impact on estimates.

Ethnicity data is captured using total response ethnicity. People were able to identify with more than one ethnic group, therefore figures will not sum to the total population.

The baseline year of reporting is different across different population groups. The baseline year for Māori and Pacific children is 2018/19 and the baseline year for children impacted by disability is 2019/20.

#### Household Income and Living Survey

The Household Income and Living Survey (HILS) was established to replace the Household Economic Survey from July 2024. Key differences between the two surveys for users to be aware of relate to the collection of material wellbeing data and measurement of material hardship; the questions used to derive disability status; and which properties are in scope for the collection of expenditure on housing costs. More information on these changes is available in [About the transition from the Household Economic Survey to the Household Income and Living Survey | Stats NZ](#).

The HILS was conducted between July 2024 and June 2025. Households were asked to report income and housing costs expenditure for the 12 months prior to interview. This means that for some households, income refers to income received in the 2023/2024 year.

The HILS has a target sample size of 17,000 households and achieved a sample size of approximately 17,892 households for the year ended June 2025.

Like all surveys, estimates are subject to some uncertainty because not everyone in New Zealand was surveyed. This range of uncertainty should be considered when looking at year-on-year changes. Stats NZ encourages users to look at trends over several years where possible. Small changes year-on-year are unlikely to be statistically significant because they fall within the range of expected uncertainty.

Ethnicity data is captured using total response ethnicity. People were able to identify with more than one ethnic group, therefore figures will not sum to the total population.

The questions used to derive disability status were changed from HES to HILS. Statistics for disabled children and children in disabled households in 2024/25 should be understood in the context of the disability questions changing, and the impact on the age composition of disabled children. More information is available in [About the transition from the Household Economic Survey to the Household Income and Living Survey | Stats NZ](#).

[Child poverty statistics: Year ended June 2025 – technical appendix](#) provides more information on the survey methodology and analysis of data quality.

#### New Zealand Health Survey

The New Zealand Health Survey is a sample survey. This means that a representative sample of households and people are selected from the New Zealand population. Sampling error arises because only a small part of the New Zealand population is surveyed, rather than the entire New Zealand population. Because of this, the results of the survey might be different from the experiences of the entire New Zealand population. The size of the sampling error depends on the sample size, the size and nature of the estimate, and the design of the survey.

Confidence intervals are calculated at the 95% confidence level. Significance is calculated on age-standardised figures. This controls for changes in age structure over time. Significance in the report is on age-standardised figures. Differences and confidence intervals included in the report are based on non-adjusted figures, so there may be a significant movement that includes 0 in the confidence interval, or a non-significant movement that doesn't include 0 in the confidence interval. The lower and upper bounds of the percentage point difference are included for reference. The bounds represent the range within which the true percentage point difference between years is likely to lie, with 95% confidence. Small discrepancies between the reported prevalences and the calculated percentage-point differences can occur because differences are calculated on unrounded prevalences.

From 2019/20 to 2023/24 the achieved sample was smaller than designed; this was due to disruptions caused by the COVID pandemic and Cyclone Gabrielle. 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%). The 2024/25 survey year onwards has been decreased by 30%, to approximately 9,000 adults and 3,000 children.

Data by ethnicity is derived using total response ethnicity. This means that respondents can appear in, and contribute to, the published statistics for more than one ethnic group.

Data for disabled children in the New Zealand Health Survey uses a different age range of children, children aged 5-14 years, compared to children aged 0-14 years.

More information is available at <https://www.health.govt.nz/statistics-research/surveys/new-zealand-health-survey>.

### CPRI data notes

#### Housing Affordability

2024/25 is the third year that the Housing Affordability indicator focuses on children in low-income (Quintiles 1-2) households. This is different from previous years, which look at children (aged 0-17) living in all households spending more than 30% of their disposable income on housing costs. Children living in households in Income Quintiles 1 and 2 are children in households living in the bottom 40% of income distribution. This change was a key recommendation of the statutory review of the CPRI's completed in 2022. This change addresses a key limitation of the original housing affordability CPRI: that it included households on high incomes for whom spending 30% (or even 40 or 50%) of disposable income on housing was very unlikely to place that household under significant financial stress. The indicator may not reflect other factors related to affordability, such as household crowding to manage housing costs.

The current source of the measure is the Household Income and Living Survey (HILS). The properties in scope for the collection of expenditure on housing costs changed in the 2024/25 HILS onwards. Stats NZ note the change to how housing costs are collected and derived may have an impact on comparability between HES and HILS for specific, detailed breakdowns, and may have had a small impact on this measure. More information is available in [About the transition from the Household Economic Survey to the Household Income and Living Survey | Stats NZ](#).

The HILS survey does not capture data on children and households in non-private dwellings, for example emergency housing. Stats NZ estimate the survey findings exclude an estimated 99,390 people in non-private dwellings (of which 14,880 are children under 18 years) and 3,760 people who live on offshore islands excluding Waiheke. Stats NZ is currently assessing the feasibility of adjusting the target population to include non-institutionalised people living in non-private dwellings such as emergency and temporary accommodation. More information on the sample is available in [Child poverty statistics: Year ended June 2025 – technical appendix](#).

Forms of government-supported housing include social housing, transitional housing and emergency housing.

## Data Notes

### CPRI data notes

#### Children in benefit-dependent households

More information is available on MSD's website as part of the regular reporting on benefit receipt: <https://www.msd.govt.nz/about-msd-and-our-work/publications-resources/statistics/benefit/index.html>.

#### School Attendance

Regular attendance refers to the percentage of half-days students who were present in the requested time period. For example, students counted under "Attending Regularly" means >90% of a student's half-days within the requested time period were marked as "Present". Data was based on Term 2 attendance collection. Due to the unusual circumstances of the COVID-19 pandemic in 2020, Term 2 2020 data represents the last 7 weeks of Term 2 (18 May 2020 to 3 July 2020) when restrictions lifted in Alert Level 2. During the first 5 weeks of Term 2, 2020 New Zealand was at COVID-19 Alert Level 4 and students were engaged in at home learning.

More information about Regular attendance reporting changes is available at <https://www.educationcounts.govt.nz/statistics/attendance>.

#### School leaver NCEA Level 2 achievement

The year in which students left compulsory school begins 1 March and ends in end of February of the following year. More information is available at <https://www.educationcounts.govt.nz/statistics/school-leavers>.

#### Notes for school attendance and NCEA Level 2 achievement

Education data uses total response ethnicity; students who identified in more than one ethnic group have been counted in each ethnic group. Ethnic groups should not be summed as this could lead to double counting of some students.

Māori Medium pathways are education pathways that teach through the medium of te reo Māori. School leavers who were predominantly learning in te reo Māori were in Māori Language Immersion Levels 1 or 2 in their last year at school, being taught in te reo Māori at least 51% of the time. The smaller number of students learning in te reo Māori at least 51% of the time mean that there is more variation in the data. More information is available at <https://www.educationcounts.govt.nz/statistics/school-leavers/maori-language-levels>.

The Schools Equity Index is based on a statistical model that estimates the extent to which a school's students face socioeconomic barriers that could affect their school achievement.

This report uses EQI bands to reflect the socioeconomic barriers to achievement that students at a school face, relative to students at other schools. There are seven School Equity Index Bands, each containing approximately the same number of schools. Schools are placed into a band based on their Equity Index number. The School Equity Index Band 'Fewest' indicates students at these schools, on average, have the fewest socioeconomic barriers to achievement relative to students at other schools. The School Equity Index Band 'Most' indicates students at these schools, on average, have the most socioeconomic barriers to achievement relative to students at other schools. Not all schools have an Equity Index Band, these schools have been excluded from this analysis.

While the Equity Index Bands and Groups will be introduced for socioeconomic reporting on schools for data from 2023 and beyond, in some situations it is informative to compare data from 2023+ with earlier years. The Equity Index and School Decile are different socioeconomic measures and are not directly comparable. To allow comparison, the Ministry uses the Equity Index for 2023 funding with education data from 2019–2022. This allows the Ministry to extend time-series that use the Equity Index by up to four years prior to the introduction of the index itself.

### Potentially avoidable hospitalisations

Potentially avoidable hospitalisations (PAH) are hospitalisations of children for illnesses and injuries that could potentially have been prevented by more effective primary health care services, or broader public health and social policy interventions. PAH include respiratory conditions, gastroenteritis, skin infections, tooth decay, vaccine preventable illnesses, and physical injuries (both intentional and unintentional). Data is sourced from the National Minimum Data Set. Diagnostic and external cause codes for the rates reported in this report are derived from the 11th edition of the International Classification of Diseases (ICD-11). Previous PAH rates reported used the 8th edition.

The population figures provided are estimates based on data from Stats NZ. Estimates for the financial year are calculated as the average of the preceding and following calendar year's estimates. For the 15-17 year old age group, specific deprivation level estimates from Stats NZ are unavailable. Therefore, the national-level weighting for 15-17 year olds has been applied to the 15-19 year age group to determine these estimates for each deprivation quintile, based on data from the 2018 census. Ethnicity data is categorised using prioritised ethnicity.

An injury is defined as a hospitalisation with an ICD code starting with 'S' or 'T'. Injuries resulting from medical treatment and sequelae are excluded.

Previous rates are revised each year, as more up to date hospitalisation or population information becomes available.

A methodology error was identified in 2024 that affected earlier rates that were reported in previous Annual Reports. Earlier rates were undercounted due to a number of events being incorrectly identified as transfers and excluded. Events related to a condition that the child has previously been hospitalised for were only counted as one hospitalisation.

The methodology was updated in 2023/24 to expand the age range covered, to refine how events are grouped and to include all publicly-funded hospitalisations. The age range for the CPRI was expanded in 2024, from children aged 0-14 to children and young people aged 0-17.

The described changes mean that the presented results are not comparable with earlier published results in previous Annual Reports. For more information contact [analytics@health.govt.nz](mailto:analytics@health.govt.nz).

### **Child and Youth Strategy indicator data notes**

#### Material hardship

For 2017/18–2023/24, material hardship was measured in the Household Economic Survey as the percentage of people with a DEP-17 index score of six or more.

For 2024/25, it was measured in the Household Income and Living Survey as the percentage of people with an MH-18 score of seven or more.

[Measuring child poverty: Material hardship in the Household Income and Living Survey](#) has a full list of the MH-18 items and information about the methodology used to derive material hardship rates, including differences between the HES and the HILS.

Material hardship rates by disability status for children should not be compared between the Household Economic Survey (2019/20 to 2023/24) and Housing Income and Living Survey (2024/25 onwards), due to the combination of changes to the disability questions and the measurement of material hardship. A new time series begins from 2024/25. More information is available in [About the transition from the Household Economic Survey to the Household Income and Living Survey | Stats NZ](#).

## Data Notes

**Child and Youth Strategy indicator data notes**Increased access to maternity care

Percentage of people giving birth who reported their smoking status that were smoking two weeks after the birth of their child will no longer be reported on. The Primary Maternity Services Notice 2021, which came into force on 29th November 2021, states that data on smoking status is not required to be collected. The Primary Maternity Services Notice 2021 introduced changes to the terms and conditions on which maternity providers can claim for providing primary maternity services. This revokes the Primary Maternity Services Notice which came into effect on 1 July 2007 and its amendments. There are underlying changes to the way some types of data are now captured (such as smoking status or breastfeeding and well child referral). It is important to consider these changes when comparing data pre and post November 2021. Further information on the Primary Maternity Services Notice 2021 is available on the Ministry of Health's website.

<https://www.health.govt.nz/publications/primary-maternity-services-notice-2021>.

National Maternity Collection data uses prioritised ethnicity, at the time of delivery.

Increased immunisations

Ethnicity data in this measure uses prioritised ethnicity.

Better parenting

Caregivers of children (aged 0–14 years) are categorised as coping well or very well with the demands of raising children based on their answer to the following question (CPS1.01): *In general, how well do you feel you are coping with the day-to-day demands of raising children: Very well / Well / Somewhat well / Not very well / Not very well at all?*

Prevention of abuse

Data includes distinct children and young people, who are counted once in the time period, with findings of abuse. Children may have had more than one type of finding as a result of an assessment or investigation, or they may have had more than one assessment or investigation within a year.

Measures of ethnicity may change over time, therefore totals for each ethnic group will change depending on the date the data was extracted. Ethnicity data for these tables reflect the most recent categories and most recent extraction date in 2024/25. Oranga Tamariki reports statistics using prioritised ethnicity. Children identifying as more than one ethnicity are counted once. For reporting purposes, Oranga Tamariki reports distinct children and young people according to the following ethnic groups:

- Māori – children who identify Māori as one of their ethnicities;
- Pacific – children who identify Pacific (but not Māori) as one of their ethnicities;
- New Zealand European and Other – children who do not identify Māori or Pacific as any of their ethnicities. This includes New Zealand European, European, Asian, Middle Eastern/Latin American/African and other ethnicities

There are challenges in the collection and interpretation of data around child abuse and neglect. This makes it difficult to interpret changes and attribute them to changes in prevalence. Any changes need to be considered in context and in relation to other data around child harm.

Although some information exists, a true picture of the current level of harm to children in New Zealand is unknown. The current level of unreported harm to children in New Zealand is suspected to be significant. Therefore, relying on official records is likely to understate the problem. Knowing more about the types and prevalence of harm to children in New Zealand supports work to prevent it, keeping children safe, and finding an appropriate agency response to make sure their specific needs are met.

This data was reported in the baseline report on Te Aorerekura's Outcomes and Measurement Framework, alongside indicators from the Youth Health and Wellbeing Survey in 2021, to report on abuse towards children and young people. The report is available at <https://tepunaaonui.govt.nz/data-and-insights/tracking-the-progress-of-te-aorerekura>. The report notes that understandings of child abuse and wider family violence are limited and that survey measures are often inadequate to describe family violence experienced by different population groups, such as child abuse.

Youth offending

The offending rate measures the number of children and young people aged 10 to 17 who Police take action against per 10,000 population. Police action includes warnings, alternative actions, Family Group Conferences, and prosecution in the Youth Court.

Data uses 'Total response ethnicity', which includes all people in each ethnic group. Where a person reported more than one ethnic group, they have been counted in each applicable group. As some people have multiple recorded ethnicities this will result in the sum of ethnicities being greater than the total number of people each year.

Ethnicity information is sourced from Education data as part of the Youth Justice National Minimum Dataset. When this is not available, data from justice sector agencies is used. Ethnicity classification uses level 1 of the Ethnicity New Zealand Standard Classification 2005 V2.1.0.

More information is available at: [https://aria.stats.govt.nz/aria/?\\_ga=2.128875657.441005542.1716936997-1611606262.1660098368#ClassificationView:uri=http://stats.govt.nz/cms/ClassificationVersion/YVqOcfHSlguKkT17](https://aria.stats.govt.nz/aria/?_ga=2.128875657.441005542.1716936997-1611606262.1660098368#ClassificationView:uri=http://stats.govt.nz/cms/ClassificationVersion/YVqOcfHSlguKkT17).

Changes in numbers/rates for ethnicity should be viewed with caution due to the increase of unknown ethnicity over time.

More information on the indicator is available at <https://www.justice.govt.nz/justice-sector-policy/research-data/justice-statistics/youth-justice-indicators/>.

Mental health - Strengths and Difficulties Questionnaire

Child respondents (aged 2–14 years) are categorised as being 'likely to have emotional and/or behavioural problems' if they have a total difficulties score of 16 or more for ages 2–4 years and 17 or more for ages 5–14 years on the Strengths and Difficulties Questionnaire (SDQ). These scores indicate a risk of experiencing substantial difficulties in the four aspects of development listed below. The scores vary in severity from 0 to 40, a lower score indicates that the child is less likely to have emotional and/or behavioural problems.

The SDQ assesses the likelihood of a child experiencing difficulties in four aspects of development (subscales) - emotional symptoms, conduct problems, hyperactivity, and peer problems.

The full set of questions are available in the Annual Data Explorer at [https://minhealthnz.shinyapps.io/nz-health-survey-2024-25-annual-data-explorer/\\_w\\_49271396/#!/home](https://minhealthnz.shinyapps.io/nz-health-survey-2024-25-annual-data-explorer/_w_49271396/#!/home). The SDQ questions and scoring information are available at: <https://www.sdqinfo.org>.

The indicator uses 'Total response ethnicity'. People who reported more than one ethnic group are counted once in each group reported. This means that the total estimated numbers for all ethnic groups will be greater than the total estimated number.

Disabled children (aged 5 to 14 years) are those who have at least a lot of difficulty with seeing or hearing (even with glasses or hearing aids), walking, self-care, communicating, learning, remembering, concentrating, accepting change, controlling their own behaviour or making friends, or if they have anxiety, or depression, as measured by the [Child Functioning Module](#).

