



A Profile of Children and Young People in Auckland: 2022 Update

Ashleigh Prakash
May 2022

Technical Report 2022/7





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Executive summary

Auckland's children and young people are its future, and Auckland Council has a clear directive to ensure that future is a bright one. The *I Am Auckland* strategy outlines a commitment to putting children and young people first and identifies a series of relevant actions and targets to promote their wellbeing and success. The wellbeing and success of children and young people in the Southern Initiative area is of especial importance, as this area contains almost one-quarter of Auckland's children and young people and is an area with significant opportunity yet high levels of socioeconomic disadvantage.¹

This report presents key trends in demography, education, and employment, and aims to give a detailed accounting on other areas of wellbeing, such as health (particularly mental health), housing, safety, and child poverty. The report also seeks to contextualise how children and young people are faring in Auckland throughout the global COVID-19 pandemic. Key findings identified throughout the report include:

- **Auckland's population of children and young people continues to grow numerically**, which is driven by the city's generally youthful age structure, high fertility rates of some populations, and migration from overseas and other parts of New Zealand. However, Auckland is undergoing population ageing, meaning that there are declining proportions of our child and youth population relative to older people.
- **Children and young people are increasingly ethnically diverse.** The proportion of those identifying as (or being identified as) New Zealand European has declined relative to increasing proportions of Māori, Pacific, and Asian children and young people. There is also an increase in those identifying with multiple ethnicities.
- **One in five families with dependent children are sole-parent households.** This is critical because sole-parent families typically experience more disadvantages (like housing conditions and socioeconomic disadvantage) than those with two parents, which can affect children's overall wellbeing. However, the number of one-parent families in Auckland has decreased over time. Teenage birth rates are also declining over time.
- **Formal educational attainment improved in 2020**, despite the challenges posed by the COVID-19 pandemic on young people's learning. However, rates of formal achievement alone may be misleading, as they reflect a cohort of young people (more likely to be attending school in higher-decile neighbourhoods) who remained in school.

¹The Southern Initiative is one of two place-based initiatives outlined in the Auckland Plan, and covers the four local board areas of Māngere-Ōtāhuhu, Ōtara-Papatoetoe, Manurewa, and Papakura. These areas have significant economic opportunity but a high level of social need. The Southern Initiative aims to plan and deliver a long-term programme of coordinated investment and actions to bring about transformational social, economic, and physical change.

There is a cohort of young people who disengaged from school due to various pressures exacerbated by the pandemic, and who are not captured in formal achievement data.

- **In the Southern Initiative area, higher proportions of Māori and European young people are leaving school with little to no qualifications**, compared to those of their ethnic group in the rest of Auckland. Attainment of NCEA Level 2 or higher has improved over time for South Auckland students, especially those in Māngere-Ōtāhuhu and Ōtara-Papatoetoe. University Entrance for South Auckland students has remained static and student attainment of NCEA is being driven partially by unit achievement in non-academic subjects.
- **COVID-19 has had ongoing impacts for students in Auckland.** Secondary students have experienced greater disruption to their learning and the proportion of chronic absences has increased, especially for those attending low-decile schools. This has impacted their retention in school and formal educational attainment. The impact of existing inequities for Māori and Pacific youth has deepened as a result, especially in digital access. The pandemic has had impacts on students' wellbeing, motivation, workload, and productivity.
- **The pandemic has also negatively impacted Auckland young people's employment opportunities.** Young people have been affected by higher unemployment and increased casualisation, highlighting the greater burden that they have borne throughout the pandemic. More than one in ten Auckland youth are not in any form of employment, education, or training, suggesting greater youth disengagement in the labour market.
- **Children and young people in Auckland are especially affected by the negative consequences resulting from an unaffordable housing market**, like issues of housing quality and habitability. Low-quality housing stock more often affects Auckland children, with higher proportions living in damp and mouldy housing compared to Auckland adults. Auckland children, especially those who are Māori and Pacific, are more affected by household crowding. One in three young people reported experiencing some form of housing deprivation.
- **The health and wellbeing of children and young people is particularly concerning.** There is evidence showing that mental health is deteriorating, driven by a complex set of factors like poverty, stress, childhood trauma, socioeconomic deprivation, and lack of access to appropriate healthcare services. New Zealand also continues to have a high rate of youth suicide. However, other elements of young people's health are promising – for instance, reported substance use is declining, such as tobacco use, binge drinking, and cannabis use. However, an increase in vaping is a new concern.

- **New Zealand has one of the highest rates of child poverty among rich and developed nations.** However, national data pre-COVID-19 indicated that child poverty appeared to have declined since 2018 on all measures. Tamariki Māori and Pacific children are more likely to live in households with low income or material hardship, compared to other ethnic groups. Additionally, disabled children, as well as children living in a household with at least one disabled person, are more likely to live in a household with low income and material hardship.
- **It is challenging to identify the level of physical harm that children and young people experience in New Zealand, due to the suspected high level of unreported harm.** However, reported data shows that the rate of child injuries in New Zealand has remained stable over time, while the rate of fatal injuries has declined over the last two decades. Similarly, the number of reported victimisations of Auckland children and young people has declined over time, as have young people’s experiences of violence at home.

Despite the prevailing challenges in our social and economic landscape (especially with COVID-19), our children and young people continue to persevere. However, they are not completely healthy and thriving in all dimensions and there are heightened disparities for Māori and Pacific children and young people, as well as for Rainbow youth and disabled children. There is more to be done to improve the health, wellbeing and life outcomes for children and young people in Auckland, of all ethnic and socioeconomic backgrounds, if we are to foster a strong, inclusive, and equitable society in the future.

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1.0 Background

Auckland's children and young people are its future, and Auckland Council has a clear directive to ensuring that future is bright. The *I Am Auckland* strategic plan (Auckland Council, 2014), launched in 2014, was created to support and promote the wellbeing of children and young people in Auckland. The strategy outlines seven goals as follows:

1. I have a voice, am valued and contribute.
2. I am important, belong, am cared about and feel safe.
3. I am happy, healthy and thriving.
4. I am given equal opportunities to succeed and to have a fair go.
5. I can get around and get connected.
6. Auckland is my playground.
7. Rangatahi tū rangatira (All rangatahi will thrive).

The plan acknowledges that all children and young people are entitled to the basic needs of love, shelter, food and safety, alongside education and skill development. This can only be achieved by promoting healthy, strong, and thriving communities in Auckland. Therefore, the plan emphasises the responsibility of whānau and wider communities to ensure that every child and young person can achieve their potential and identifies a series of relevant actions and targets intended to help achieve these goals.

Auckland Council also has a particular focus on the wellbeing and success of children and young people in the Southern Initiative, one of two place-based initiatives outlined in the Auckland Plan. It covers the four neighbouring local board areas of Māngere-Ōtāhuhu, Ōtara-Papatoetoe, Manurewa, and Papakura, which together cover an area of Auckland with significant economic opportunity yet high social need. This area is home to 24.3 per cent of Auckland's children and young people. The purpose of the Southern Initiative is to plan and deliver a long-term programme of coordinated investment and actions to bring about transformational social, economic, and physical change.²

Auckland's social, economic, and demographic landscape has undergone many changes in recent years. The number and proportion of our children and young people growing up in increasingly disadvantaged circumstances present significant barriers towards our aim to foster an equitable and inclusive society (Auckland Council, 2018). Auckland's Māori and Pacific children and young people are among those that face marked disparities in many domains of life, such as education and employment.

The situation of tamariki and rangatahi Māori is of particular importance. The Auckland Plan 2050 seeks to enable and support mana whenua and mataawaka aspirations in

² For more information about the Southern Initiative, please refer to <https://www.tsi.nz/>

recognising Te Tiriti o Waitangi/The Treaty of Waitangi and to ensure that Māori have opportunities to contribute to the city.

This report notes, where evidence is available, the inequities that Rainbow young people encounter in their everyday lives that prevent them from achieving their full potential. ‘Rainbow’ is a broad term encompassing diverse sexual orientations, gender identities, and sex characteristics. People identifying as Rainbow often encounter discrimination for not conforming to cisgender and heteronormative identities, which can profoundly affect their wellbeing (Reid et al., 2017). However, there is a paucity of available information,³ and so this report attempts to collate existing evidence and point to gaps in our collective knowledge that must be filled if we are to improve the wellbeing and outcomes of our Rainbow youth.

There are similar gaps in available data concerning disabled children and young people, limiting the degree to which their wellbeing can be explored throughout this report. Stats NZ data on disabled children relies on the 2013 Disability Survey and is, therefore, out of date. Additionally, these data are based on questions aimed at adults and thus come with a number of caveats (Murray, 2019). The next update on data about disabled children and young people will come in the 2023 Disability Survey. As a result of these limitations, this report is only able to briefly touch on data about disabled children and young people.

This report would be incomplete if we did not remark on the unique global context in which we find ourselves. The COVID-19 global pandemic has undoubtedly had a significant impact on the lives and wellbeing of children and young people in this country, especially in Auckland, which has experienced greater public health restrictions than any other place in New Zealand. There is an opportunity, therefore, to explore updated evidence and data from various sources to deepen our understanding of how our children and youth have fared throughout these challenging times.

All children and young people contribute to the vitality of the city, and many are thriving. As will be highlighted in this report, however, there are areas in which the needs and aspirations of Auckland’s children and young people need to be further supported.

³ Stats NZ developed statistical standards for measuring sex, gender, and sexual identity. However, at the time of writing this report, there were no official census statistics available about Rainbow youth. For further reading about these statistical standards, please refer to: <https://www.stats.govt.nz/reports/gender-sex-variations-of-sex-characteristics-and-sexual-identity>

1.1 This report

An initial profile of Auckland’s children and young people was published in 2016 (see Reid & Rootham, 2016). That report presented an overview of key trends in demography, education, and employment in relation to Auckland’s children and young people. It also included brief sections on their health, safety, as well as child poverty. It drew on a range of information sources, including Census 2013, education and employment statistics, health data, academic literature, and so on. The report was used to inform the first status update on the *I Am Auckland* strategy (see Auckland Council, 2017).

This is an update of the 2016 report and is based on available data collected between 2016 and 2021. It includes a new section on housing, given the significance of this issue for Auckland. It also explores children and young people’s health and wellbeing in more depth, especially mental health. The information detailed here will be used to inform a review of the *I Am Auckland* strategy. Data sources informing this report include Census 2018, education and employment statistics (e.g., Ministry of Education data, the Household Labour Force Survey, the Household Economic Survey), health and wellbeing data (e.g., the New Zealand Health Survey, the Youth19 study, etc.), as well as academic literature and grey literature.

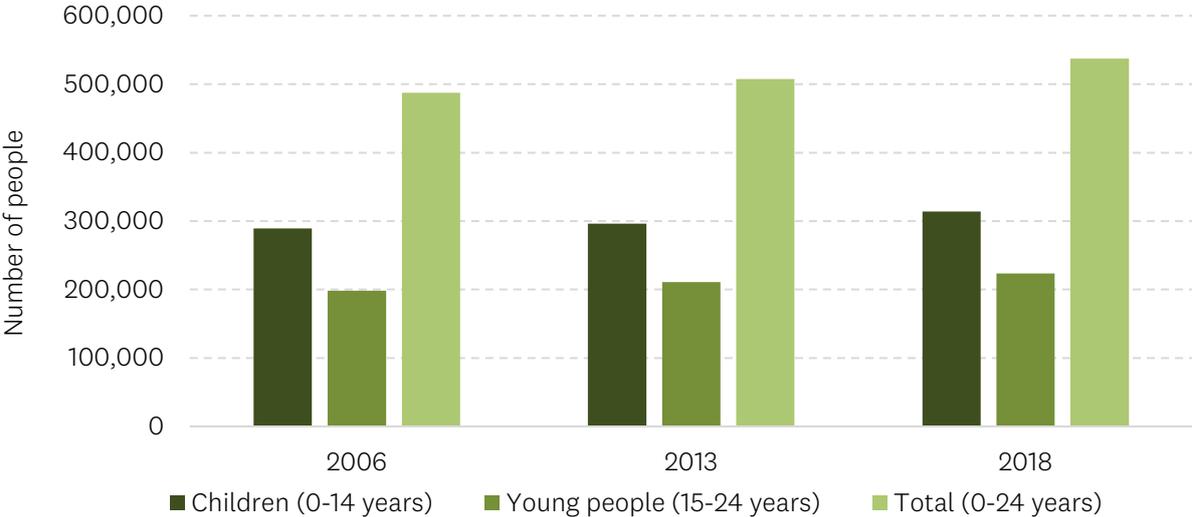
Like the initial 2016 report, the focus here is on children and young people in Auckland under 25 years old – the developmental period spanning infancy, early childhood, childhood, adolescence and young adulthood. It is important to note that the scope of this report is limited, in that it cannot exhaustively examine all available evidence across such a diversity of ages, ethnic groups, and lived experiences. However, each section will direct the reader’s attention to further reading on specific topics throughout.

2.0 Demographics

2.1 Over one-third of Aucklanders are children and young people

The 2018 Census counted 537,525 children and young people under the age of 25 years living in Auckland (34.2% of the Auckland population). Between the 2013 and 2018 censuses, the number of children and young people living in Auckland increased by 30,030 (5.9%, compared with 11.0% population growth overall) (Figure 1). Growth was strong in the numbers of children aged 5 to 9 years (12.1% increase) and those aged 20 to 24 years (10.9% increase) (Table 1).⁴

Figure 1: Number of children and young people in Auckland (2006, 2013, 2018).



Source: Stats NZ, Census of Population and Dwellings.

⁴ The number of children aged 0 to 14 years increased across New Zealand (from 865,632 in 2013 to 923,403 in 2018) after decreasing between 2006 and 2013. This increase between 2013 and 2018 may be driven by more new births or an increase in the numbers of children aged between 5 and 9 years old.

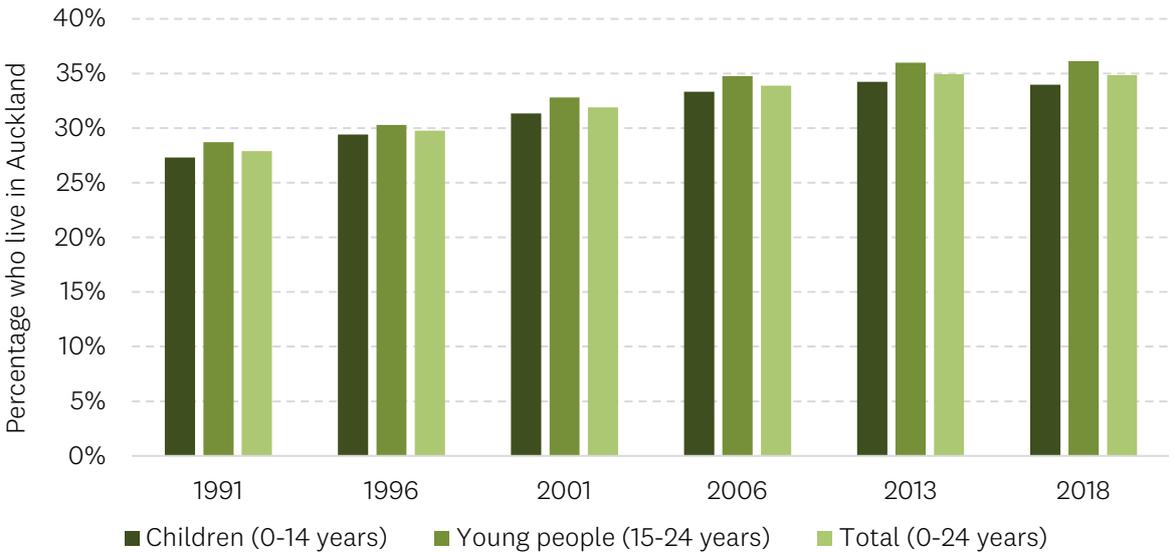
Table 1: Number and proportion of children and young people in Auckland (2006, 2013, 2018).

	2006	2013	2018	Change 2006-2013		Change 2013-2018	
	n			n	%	n	%
0 to 4 years	94,077	102,357	102,765	8280	8.8	408	0.4
5 to 9 years	95,328	97,593	109,425	2265	2.4	11,832	12.1
10 to 14 years	99,711	96,405	101,646	-3306	-3.3	5241	5.4
15 to 19 years	99,444	102,918	103,695	3474	3.5	777	0.8
20 to 24 years	99,060	108,222	119,994	9162	9.2	11,772	10.9
Total 0 to 14 years	289,116	296,355	313,836	7239	2.5	17,481	5.9
Total 15 to 24 years	198,504	211,140	223,689	12,636	6.4	12,549	5.9
Total children and young people	487,620	507,495	537,525	19,875	4.1	30,030	5.9
Total Auckland population	1,304,958	1,415,550	1,571,718	110,592	8.5	156,168	11.0

Source: Stats NZ, Census of Population and Dwellings.

Auckland continues to be home to an increasing share of the New Zealand population, including children and young people, as shown in Figure 2. For example, in 1991, 27.3 per cent of all New Zealand children aged 0 to 14 years lived in Auckland, but the proportion reached 34.0 per cent by 2018.

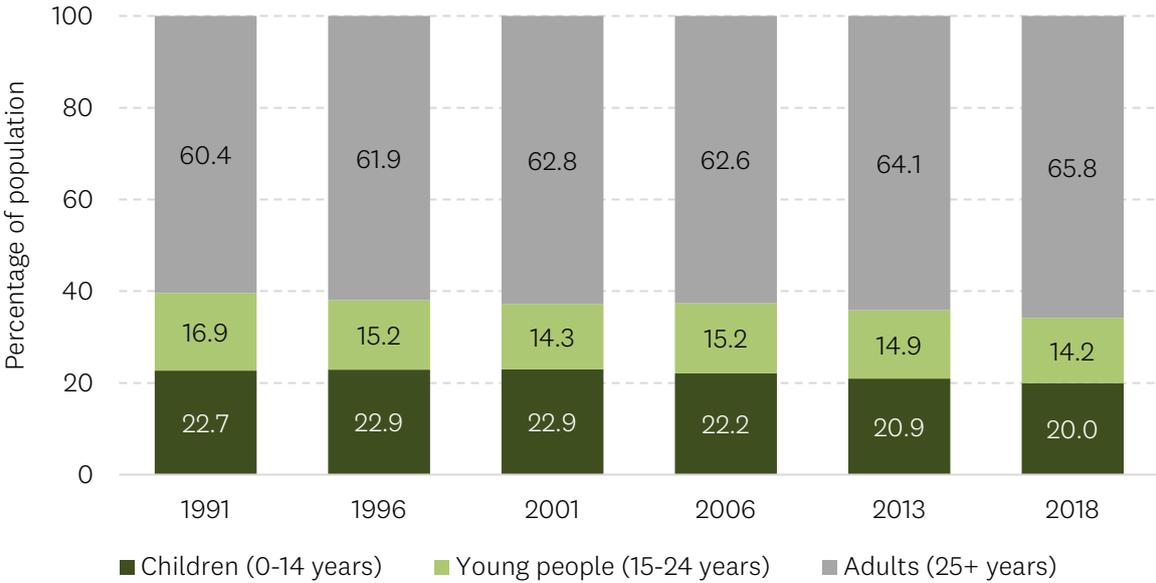
Figure 2: Proportion of children and young people in New Zealand who live in Auckland (1991-2018).



Source: Stats NZ, Census of Population and Dwellings.

In the last few decades there has been a slight downward trend in the proportion of children and young people relative to the total Auckland population (Figure 3). For example, in 1991, 39.6 per cent of Auckland’s population were children and young people, but by 2018, the proportion was 34.2 per cent. This decrease is indicative of population ageing, characterised by an increase in the numbers and proportion of older Aucklanders aged 65 and over.⁵

Figure 3: Percentage of children, young people, and adults in Auckland over time (1991-2018).



Source: Stats NZ, Census of Population and Dwellings.

2.2 Numbers of children and young people will continue increasing

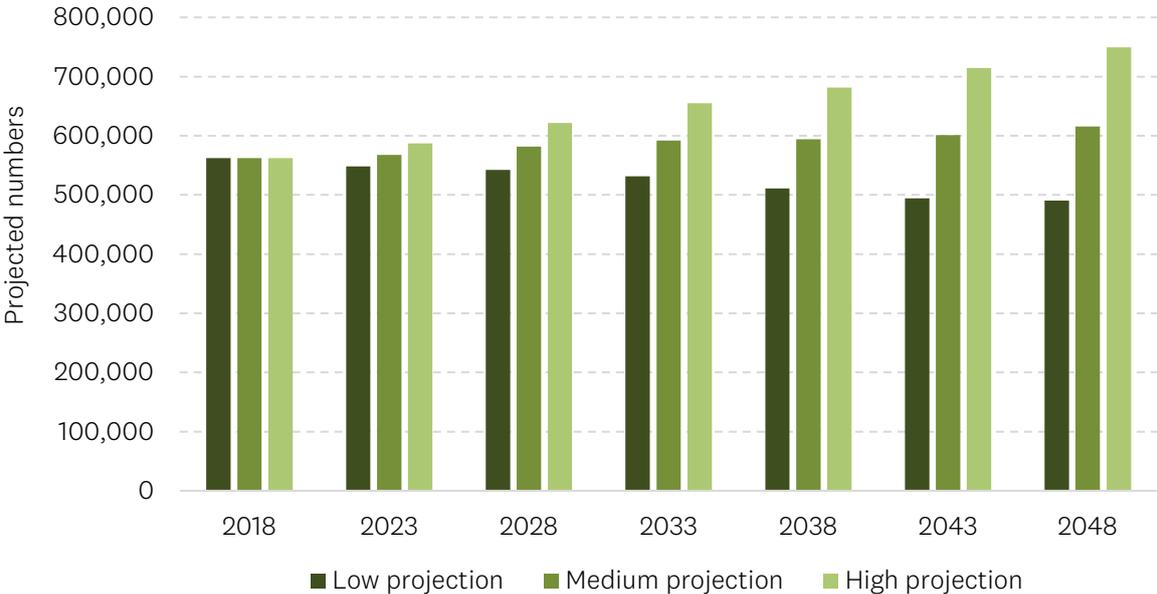
In future decades, the number of children and young people living in Auckland is expected to continue increasing, driven by Auckland’s generally youthful age structure, migration from other parts of New Zealand and overseas, and the relatively high fertility rates of the Pacific and Māori populations. Stats NZ’s population projections (medium series) suggest that the number of children and young people may reach 615,490 by 2048, representing a 9.5 per cent increase over the 2018 projected youth population (Figure 4). However, the proportion of Auckland’s population who are children and young

⁵ ‘Population ageing’ refers to a well-recognised and long-term demographic trend occurring nationally and in many other countries with developed economies. It is caused by a gradual transition from historically high birth and death rates to lower birth and death rates. As people live longer and fertility rates decline, there will be numerically and proportionately more people in older age groups over the next few decades. In addition, the ‘baby boom’ cohort is beginning to enter older age groups, which will exacerbate the effects of population ageing.

people is expected to decrease from 34.2 per cent in 2018 to 26.7 per cent by 2048, due to population ageing as mentioned above (Stats NZ, 2020c).

It is worth noting the impact of the COVID-19 pandemic on Auckland’s population. Auckland recorded a decline in its estimated population for the first time ever in the year ending June 2021, largely driven by immigration restrictions and possibly by Aucklanders moving to other regions (Stats NZ, 2021c). Going forward, it will be important to understand how the pandemic continues to affect Auckland’s population projections and demographic composition.

Figure 4: Projected numbers of children and young people in Auckland (2018-2048).



Source: Stats NZ, sub-national population projections, by age and sex, 2018(base)-2048.

2.3 One-quarter of children and young people live in the Southern Initiative area

The four local boards constituting The Southern Initiative area had the highest proportions of children and young people as at the 2018 Census. Almost one-quarter (24.3%) of Auckland’s children and young people lived in this area. In addition, Henderson-Massey local board also had a relatively high proportion of children and young people (36.2% of the local board’s total population). This is a result of multiple factors, including high concentrations of Māori and Pacific peoples living in these areas (both groups have relatively high fertility rates and larger families) and fewer older people (Table 2).

Table 2: Children and young people in Auckland, by local board area (2018).⁶

Local board area	Number			% of total local board area population		
	0-14 yrs	15-24 yrs	0-24 yrs total	0-14 yrs	15-24 yrs	0-24 yrs total
Māngere-Ōtāhuhu	20,700	13,215	33,915	26.4	16.8	43.2
Manurewa	24,687	15,312	39,999	25.8	16.0	41.8
Ōtara-Papatoetoe	20,610	14,646	35,256	24.2	17.2	41.4
Papakura	13,632	7965	21,597	23.7	13.8	37.5
Henderson-Massey	26,673	16,179	42,852	22.5	13.7	36.2
Waitākere Ranges	11,337	6537	17,874	21.8	12.5	34.3
Maungakiekie-Tāmaki	15,381	10,371	25,752	20.2	13.6	33.8
Puketāpapa	10,098	9057	19,155	17.5	15.7	33.3
Upper Harbour	11,589	9150	20,739	18.4	14.6	33.0
Whau	15,000	11,178	26,178	18.9	14.1	33.0
Franklin	15,765	8850	24,615	21.1	11.8	32.9
Howick	27,279	18,858	46,137	19.4	13.4	32.7
Albert-Eden	16,710	15,387	32,097	16.9	15.6	32.5
Kaipātiki	16,449	11,937	28,386	18.6	13.5	32.2
Devonport-Takapuna	10,392	7734	18,126	17.9	13.3	31.3
Hibiscus and Bays	19,461	12,759	32,220	18.7	12.3	31.0
Rodney	13,251	7299	20,550	20.0	11.0	30.9
Ōrākei	15,435	10,236	25,671	18.3	12.1	30.4
Waitematā	7818	16,209	24,027	9.4	19.6	29.0
Waiheke	1434	759	2193	15.8	8.4	24.2
Aotea/Great Barrier	138	51	189	14.7	5.4	20.2
Auckland total	313,839	223,689	537,528	20.0	14.2	34.2

Source: Stats NZ, Census of Population and Dwellings.

The following maps (Figure 5, Figure 6, and Figure 7) show the density of children and young people in Auckland, including distribution by Statistical Area 2 (SA2). For reference, each SA2 contains up to 5500 residents.

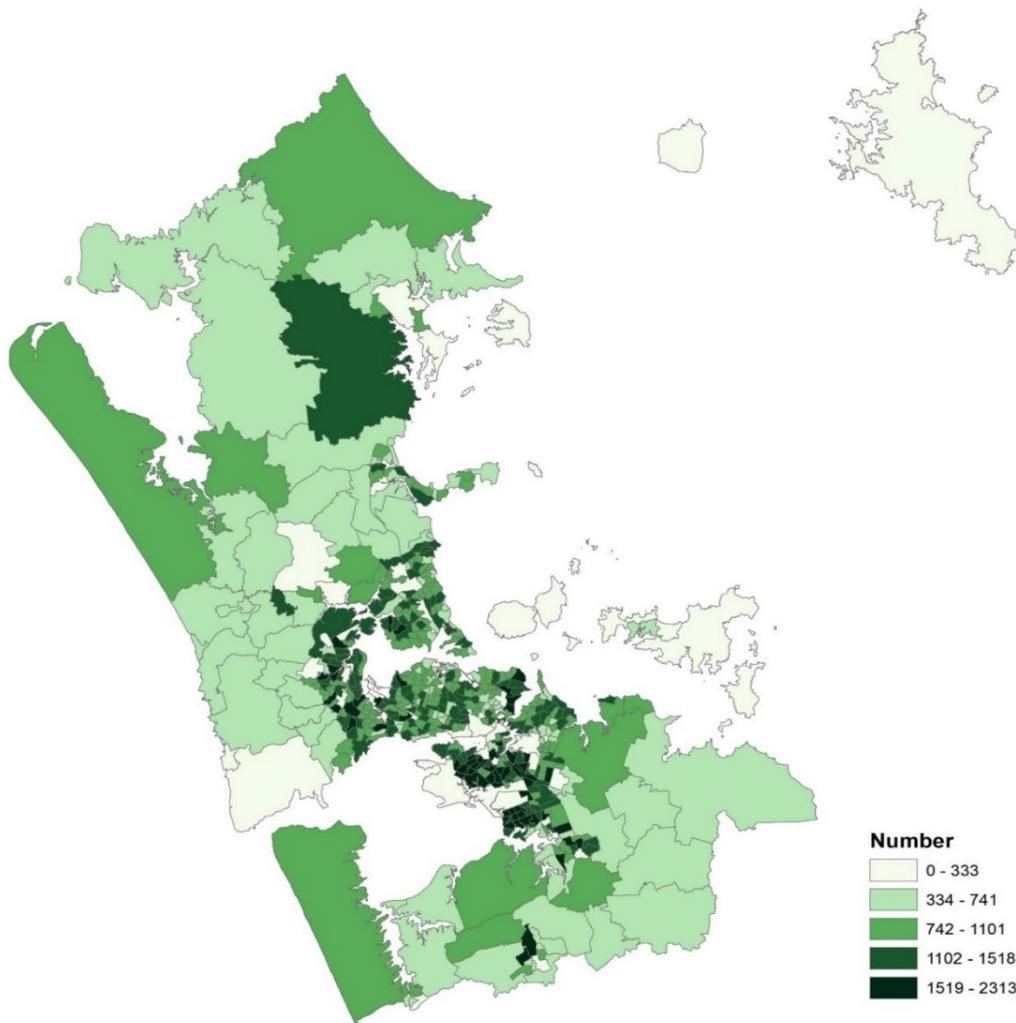
- Overall, there is a clear pattern of children and young people living on the periphery of the city centre (Figure 5). Lower concentrations of children and young people can be seen within the city centre, as well as on the outskirts of

⁶ Please note that Table 2 is sorted by decreasing percentage 0-24 years total.

urban areas. In contrast, there are high proportions of children and young people living in the south, on the isthmus and in the west.

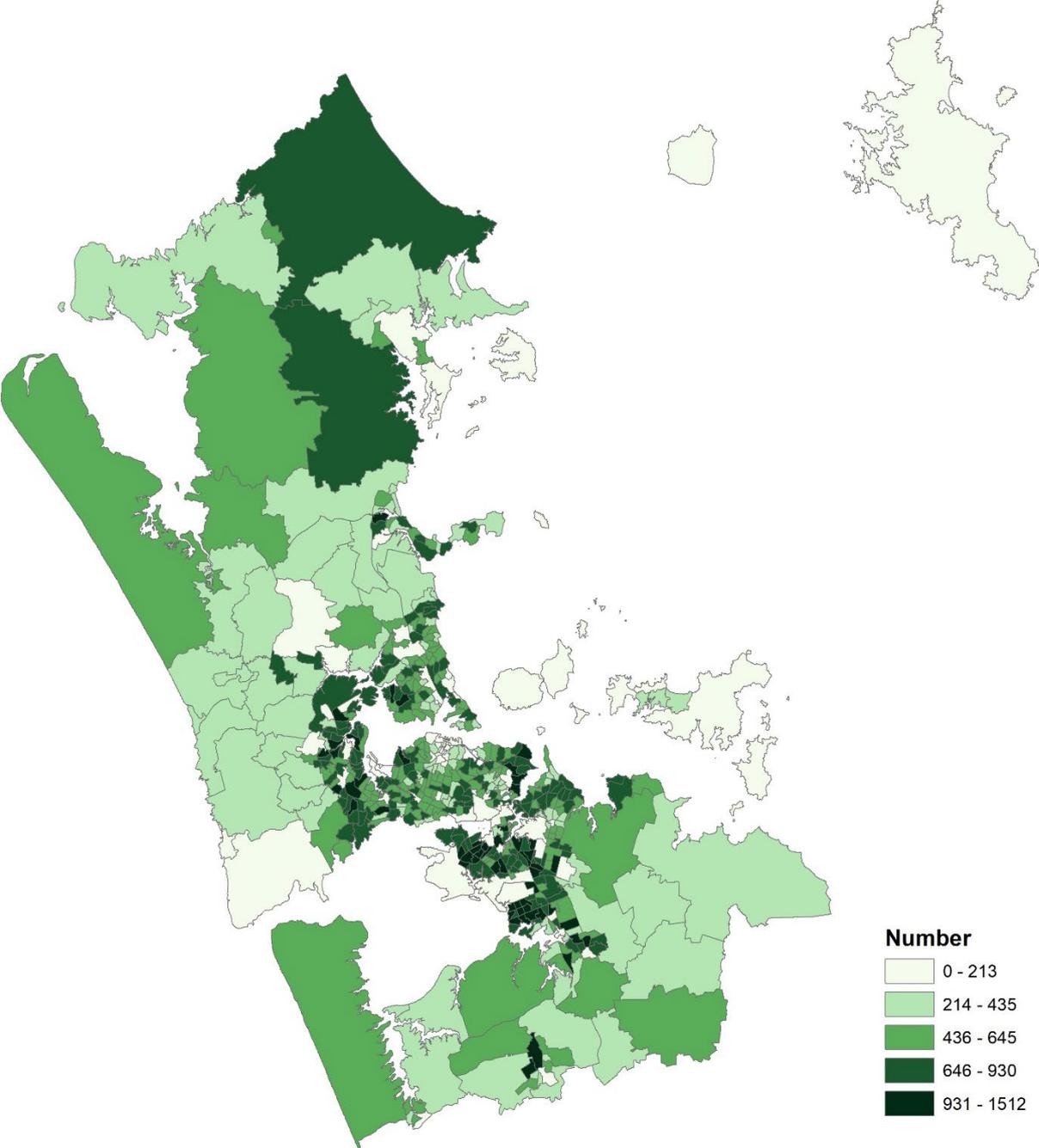
- **This trend is more pronounced for children aged 0 to 14 years (Figure 6).** Again, lower proportions of this age group live within the city centre, but there are higher concentrations of this group in the south, the west, and on the isthmus.
- **In contrast, more young people aged 15 to 24 years live in the city centre, on the isthmus and the surrounding areas (Figure 7).** This may be attributed to the inwards migration of this population towards the city as they age in order to pursue education and employment opportunities and establish independence from their families. Additionally, there may also be relative outmigration to the periphery by adults with young children due to housing affordability and availability. However, there are still high numbers of young people in the south, with moderate numbers in the north and west as well.

Figure 5: Distribution of children and young people aged 0 to 24 years by SA2 (2018).



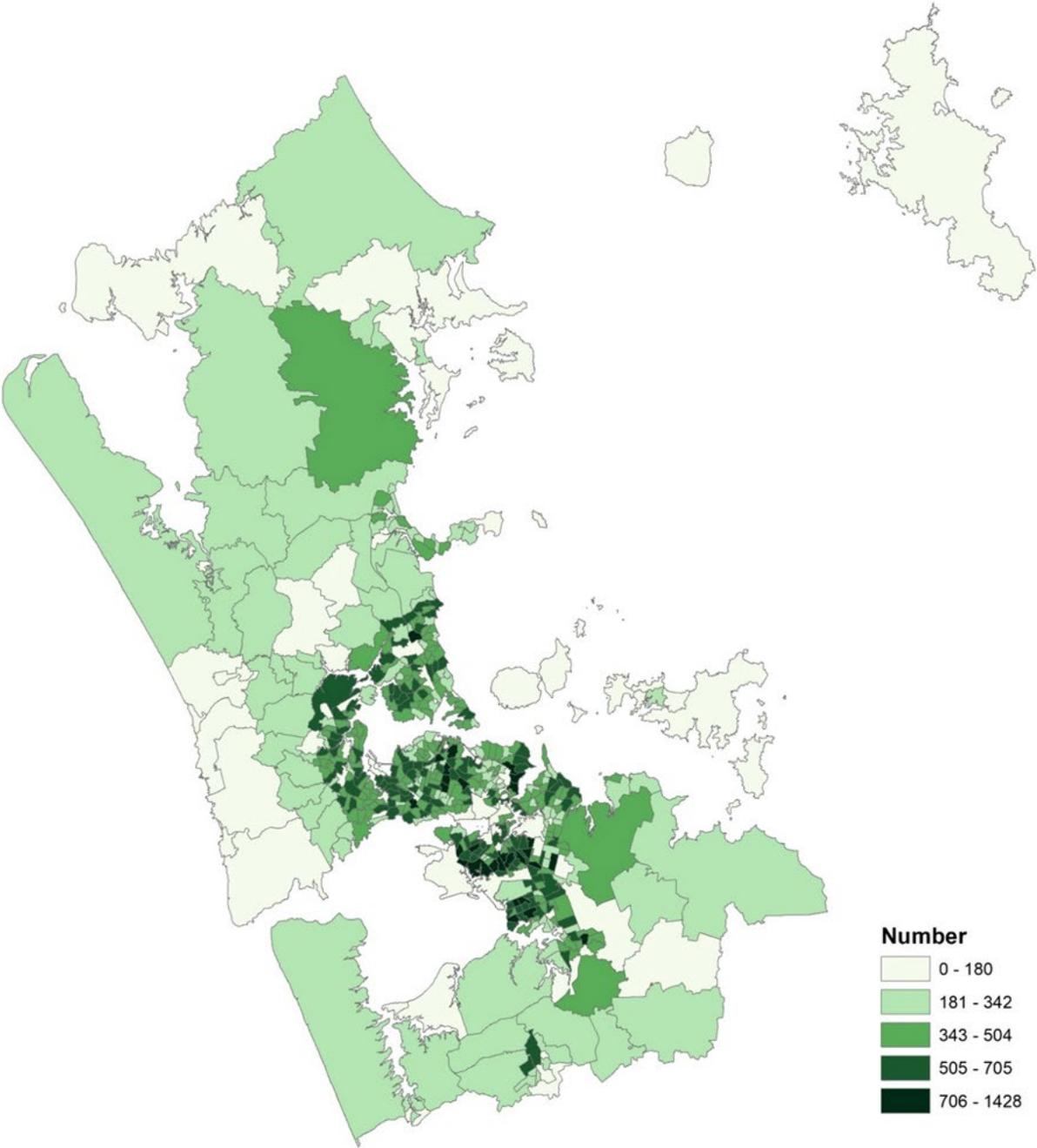
Source: Roberts (2020), using Stats NZ, Census of Population and Dwellings.

Figure 6: Distribution of children aged 0 to 14 years by SA2 (2018).



Source: Roberts (2020), using Stats NZ, Census of Population and Dwellings.

Figure 7: Distribution of young people aged 15 to 24 years by SA2 (2018).



Source: Roberts (2020), using Stats NZ, Census of Population and Dwellings.

3.0 Ethnic and Cultural Diversity

3.1 Increasing ethnic diversity among children and young people

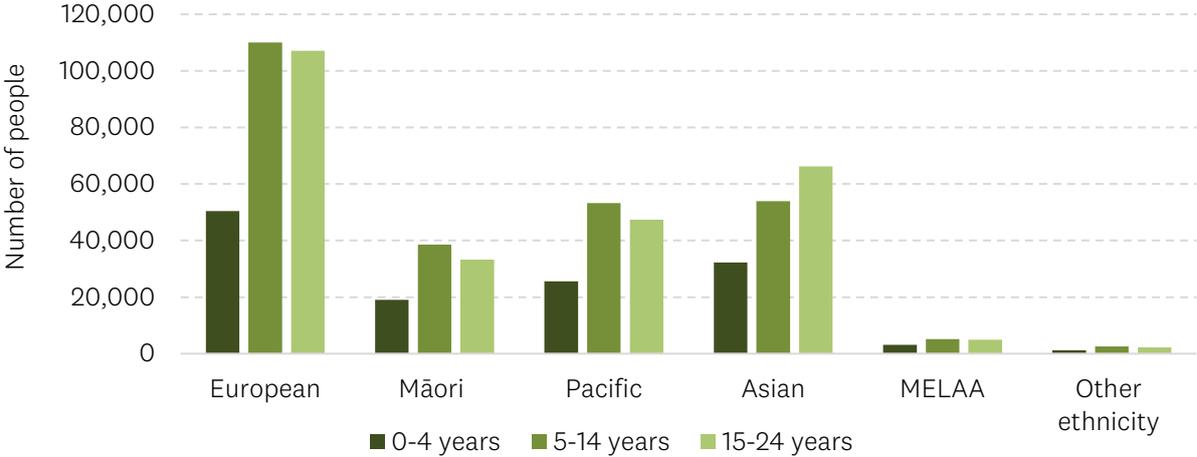
In 2018, almost half (49.8%) of those aged 0 to 24 years were in the broad European ethnic category (267,564 people). This represents a decrease in those identifying as European since the 2013 Census, where 54.3 per cent of this age group were in the broad European ethnic group. In contrast, the proportion of those aged 0 to 24 years in other ethnic groups has increased since 2013. The next largest group were those classified under the broad Asian category (28.3% or 152,331 people), followed by Pacific (23.5% or 126,231 people) and Māori (16.9% or 90,849 people). The Middle Eastern, Latin American and African group (MELAA) combined to 2.5 per cent (13,293 people).

Broad ethnic groupings can unintentionally homogenise very different ethnicities, so it is useful to examine them in more detail:

- **The European category** shows that the majority identified as New Zealand European (244,287 people), followed by British and Irish (9615 people).
- **Among the broad Asian ethnic group**, the largest sub-groups included Chinese (58,053 people), Indian (52,440 people), Filipino (11,169 people) and Korean (8373 people).
- **Among the broad Pacific group**, most were Samoan (63,033 people), Tongan (35,622 people), Cook Islands Māori (26,409 people) and Niuean (12,807 people).

Figure 8 shows the broad ethnic breakdown by age group, which shows that there continues to be greater diversity among younger age groups, particularly those aged 0 to 4 years. Children and young people could identify, or be identified by their caregivers or parents, as belonging to more than one ethnicity, so these groups are not mutually exclusive.

Figure 8: Number of children and young people in each ethnic group, by age group (2018).

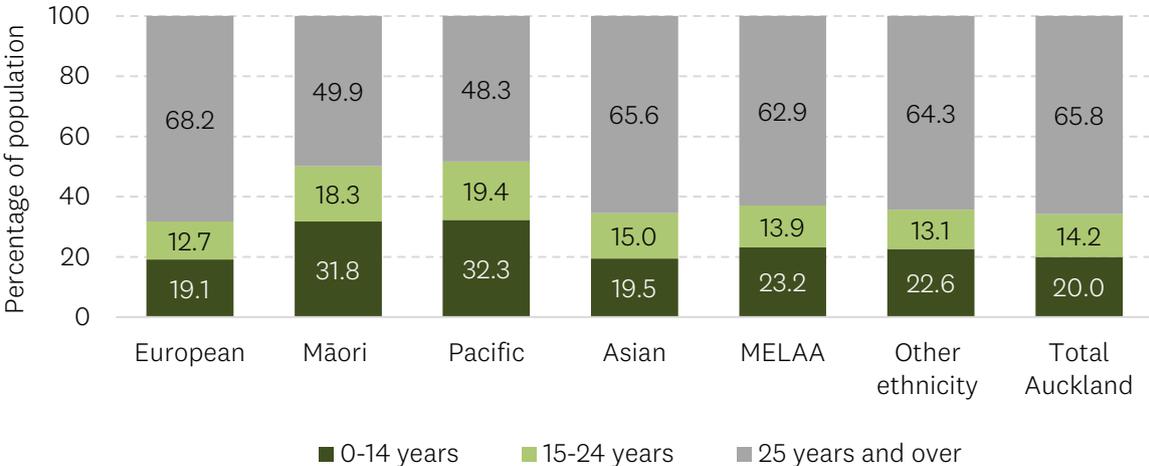


Source: Stats NZ, Census of Population and Dwellings.
 People could choose more than one ethnicity and categories are not exclusive.

While there are larger numbers of European children and young people in Auckland compared to other ethnic groups, some groups, particularly Pacific and Māori, have more youthful population structures. As Figure 9 reveals, 51.7 per cent of Pacific and 50.1 per cent of Māori were children and young people, compared with 34.2 per cent of the total Auckland population.

Large proportions of Auckland’s Māori and Pacific children and young people live in the Southern Initiative area. In 2018, 38.2 per cent of Auckland’s Māori children and young people and 54.6 per cent of Auckland’s Pacific children and young people lived in this area, compared with 11.7 per cent of European and 19.6 per cent of Asian children and young people.

Figure 9: Proportion of children, young people and adults, by ethnic group (2018).



Source: Stats NZ, Census of Population and Dwellings.
 People could choose more than one ethnicity and categories are not exclusive.

3.2 The Asian child and youth population significantly increased

In line with general population trends, there have been increases in the number of children and young people in all main ethnic groups over the last four censuses. However, there have been shifts in the proportions of children and young people who identify with each ethnic group. For example, although the numbers of European children and young people have increased since 2001, their proportionate share has dropped 11.3 percentage points since 2001 (Table 3).

In contrast, the largest proportional increase was within the broad Asian ethnic group, which grew by 12.1 percentage points since 2001 (equating to an increase of 85,335 people over this period). This reflects the rapid growth of the Asian population of Auckland since 2001. Proportional ethnic group increases are followed by Pacific (2.6 percentage point increase), MELAA (1.0 percentage point increase) and Other ethnic groups (1.1 percentage point increase⁷). The proportions of Māori children and young people have returned to the same level as 2001, after slight decreases in 2006 and 2013. However, the actual numbers of this group have increased by 20,865 between 2001 and 2018 (Table 3).

Table 3: Ethnicity of Auckland children and young people aged 0 to 24 years (2001-2018).

	2001	2006	2013	2018	2001	2006	2013	2018
	Number				Percentage			
European	252,768	235,473	259,029	267,564	61.1	50.8	54.3	49.8
Māori	69,984	73,713	74,919	90,849	16.9	15.9	15.7	16.9
Pacific	86,391	98,034	105,327	126,231	20.9	21.2	22.1	23.5
Asian	66,996	99,657	115,002	152,331	16.2	21.5	24.1	28.3
MELAA	6168	8406	10,431	13,293	1.5	1.8	2.2	2.5
Other	117	29,541	4875	5979	0.0	6.4	1.0	1.1
Total stated	413,970	463,158	476,598	537,525				

Source: Stats NZ, Census of Population and Dwellings.

People could choose more than one ethnicity and categories are not exclusive.

⁷ Across the total Auckland population, almost all 'Other' responses in 2006 and 2013 were 'New Zealander'. However, the numbers of 'New Zealander' responses declined between 2006 and 2013 (a high number were recorded in the 2006 Census following an email campaign and public discussion in the lead up to the census). This was also a national trend.

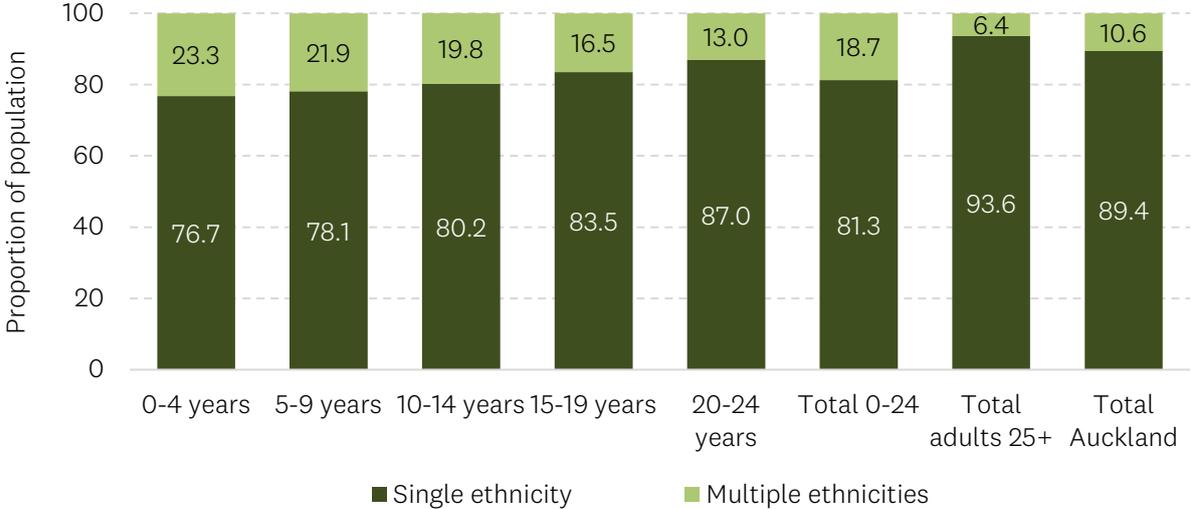
3.3 An increasing number of children and young people identify with multiple ethnicities

Before exploring the ethnic diversity of Auckland children and young people any further, it is important to explain how ‘multiple ethnicities’ and ‘single ethnicity’ were calculated in this report, and the subsequent limitations of our approach. The below analysis is based on the 2018 Census and only uses the six broad ethnic group categories comprising Level 1 of Stats NZ’s ethnicity classification – European, Māori, Pacific, Asian, MELAA and Other. Therefore, having multiple ethnicities involves, at minimum, identifying with any two of these categories. This means that our analysis does not account for individuals identifying with multiple Level 2 or higher ethnicity codes in the same Level 1 category (e.g., someone identifying as both Samoan and Tongan would be coded as Pacific only and ‘single ethnicity’). This means that the analysis may not fully portray an accurate picture of the numbers of Auckland children and young people identifying with multiple ethnicities.

In 2018, almost one in five (18.7%) children and young people in Auckland identified, or were identified by their caregivers or parents, as belonging to more than one Level 1 ethnic group (this equates to 100,719 people). This was slightly lower than the proportion of children and young people across the rest of New Zealand identified as having multiple ethnicities (20.6%). The region with the highest proportion was Northland at 31.1 per cent, while the lowest was the Tasman region at 14.7 per cent. Given that the ethnic group most associated with multiple ethnicities nationally is Māori, these variations most likely reflect in large part the distribution of tamariki and rangatahi Māori.

In Auckland, the trend since 2006 has been one of increasing proportions of children and young people with multiple ethnicities. In 2006 and 2013 respectively, 15.1 per cent and 16.7 per cent of children and young people were identified as having more than one ethnic group. Figure 10 indicates the proportion of those with multiple ethnicities by age and shows that there is greater diversity among younger people. Older age groups are less likely to have multiple ethnicities. For example, almost one-quarter (23.3%) of those aged 0 to 4 years were identified as having multiple ethnic groups, compared to 13.0 per cent of those aged 20 to 24 years, and 6.4 per cent of the total adult population (aged 25 and over). Of those reporting multiple ethnicities, 83.2 per cent reported two ethnicities, 15.8 per cent indicated three ethnicities, and only 1.0 per cent reported four or more ethnicities.

Figure 10: Proportion of multi-ethnic children, young people and adults in Auckland, by age group (2018).



Source: Stats NZ, Census of Population and Dwellings.

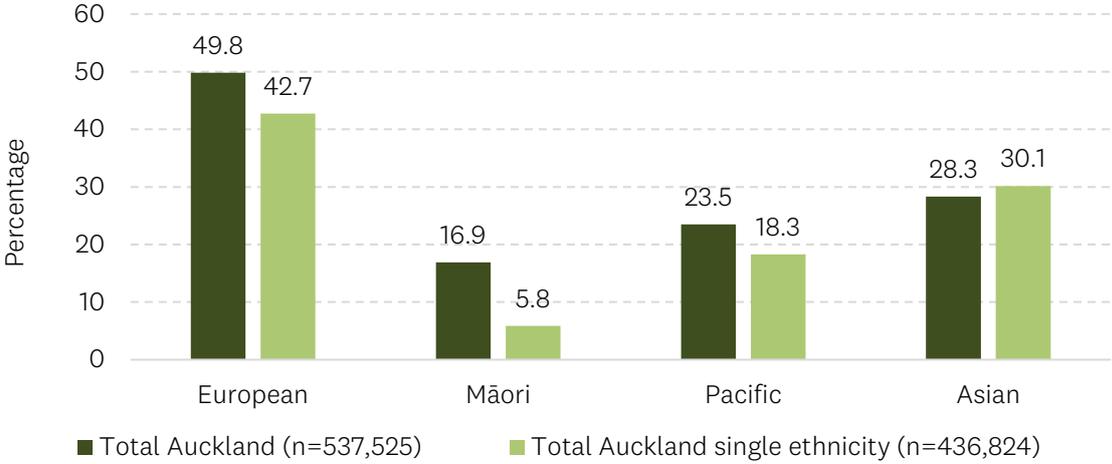
Compared to other ethnic groups, Māori children and young people were more likely to report having multiple ethnicities. Census data were analysed to explore the proportion of children and young people reporting a single ethnicity (and, therefore, those reporting multiple ethnicities). According to the 2018 Census, 436,824 children and young people in Auckland reported a single ethnicity (81.3%). The largest group was European only, followed by Asian only (Table 4). Figure 11 shows the proportional share of each ethnic group within the total number of Auckland children and young people, contrasted against the total number who reported a single ethnic group. A small proportion of children and young people identified as Māori only, indicating that a larger proportion of Māori children and young people in Auckland identify with multiple ethnicities than with just one ethnicity.

Table 4: Proportions of Auckland children and young people reporting a single ethnicity (2018).

	0-14	15-24	0-24	Total Auckland	0-14	15-24	0-24	Total Auckland
	Number				Percentage			
European only	106,224	80,418	186,642	703,317	43.2	42.1	42.7	50.1
Māori only	14,169	11,355	25,524	70,035	5.8	5.9	5.8	5.0
Pacific only	46,878	32,931	79,809	176,175	19.1	17.2	18.3	12.5
Asian only	70,980	60,696	131,676	412,953	28.9	31.8	30.1	29.4
MELAA only	5289	4044	9333	30,042	2.2	2.1	2.1	2.1
Other only	2265	1575	3840	12,627	0.9	0.8	0.9	0.9
Total single ethnicity stated	245,805	191,019	436,824	1,405,149				

Source: Stats NZ, Census of Population and Dwellings.

Figure 11: Comparison of ethnic group breakdown between total Auckland children and young people and total of those reporting a single ethnicity (2018).



Source: Stats NZ, Census of Population and Dwellings.

3.4 Children and young people in Auckland speak a variety of languages

Auckland’s rich cultural makeup is also reflected in the number of languages spoken by children and young people. English is the most commonly spoken language (spoken by 488,025 children and young people). Samoan was the next most common language spoken (26,547 speakers), followed by Northern Chinese (18,588 speakers) and Māori (14,826 speakers) (Table 5).

Relatively large concentrations of children and young people in Auckland speak certain languages compared to the rest of New Zealand (see the final column in Table 5). For example, 78.9 per cent of all children and young people in New Zealand who speak Tongan live in Auckland, followed by 71.6 per cent of those who speak Northern Chinese, 69.3 per cent of those who speak Samoan, and 69.3 per cent of those who speak Yue.

Table 5: Top 15 languages spoken by children and young people (2018).⁸

Language	Count		% of Auckland children and youth	% of NZ children and youth, who live in Auckland
	Auckland	New Zealand		
English	488,025	1,420,134	90.8	34.4
Samoan	26,547	38,325	4.9	69.3
Northern Chinese ⁹	18,588	25,956	3.5	71.6
Māori	14,826	73,998	2.8	20.0
Tongan	11,025	13,968	2.1	78.9
Sinitic not further defined ¹⁰	10,644	15,564	2.0	68.4
Hindi	10,281	15,108	1.9	68.1
Yue ¹¹	8037	11,595	1.5	69.3
Panjabi	5880	9816	1.1	59.9
Tagalog	4491	10,014	0.8	44.8
Spanish	3570	9660	0.7	37.0
French	3471	9879	0.6	35.1
Afrikaans	2739	6483	0.5	42.2
German	2517	8118	0.5	31.0
New Zealand Sign Language	1896	7044	0.4	26.9
Other	47,928	85,884	8.9	55.8
None (e.g., too young to talk)	36,480	98,736	6.8	36.9
Total people stated	537,522	1,542,615		
Not elsewhere included	6	9		
Total people	537,528	1,542,630		

Source: Stats NZ, Census of Population and Dwellings.

3.5 Almost one-quarter of children and young people were born overseas

In 2018, just under a quarter of Auckland’s children and young people were born overseas (23.5% or 126,129 people). Fewer children (those aged 0 to 14 years) were born overseas (14.4% or 45,234 people), while a larger proportion of young people aged 15 to 24 years were born overseas (36.2% or 80,895 people). However, there are greater proportions of Auckland children and young people that were born in New Zealand, when compared with the adult population in Auckland (those aged over 25) (Table 6).

⁸ People could identify speaking more than one language, so percentages do not add to 100. Percentages exclude “not elsewhere included”.

⁹ Northern Chinese includes Mandarin.

¹⁰ Stats NZ’s Sinitic classification includes: Yue, Hakka, Min, Northern Chinese, Wu, Tieu-Chow Sinitic not elsewhere classified, and Sinitic not further defined.

¹¹ Includes Cantonese.

Table 6: Number and proportion of Auckland children, young people and adults born overseas and in New Zealand (2018).

	Overseas born	NZ born	Overseas born	NZ born
	Number		% in each age group	
Children (0-14 years)	45,234	268,602	14.4	85.6
Young people (15-24 years)	80,895	142,794	36.2	63.8
Total aged 0-24 years	126,129	411,396	23.5	76.5
Total adults (25+ years)	518,220	500,877	50.9	49.1

Source: Stats NZ, Census of Population and Dwellings.

Of the 126,129 children and young people who were born overseas (Table 7):

- 47.7 per cent or 60,165 people were born in Asia – including China (18,594 people), India (14,283 people), the Philippines (6915 people) and South Korea (4836 people).
- Almost one-fifth were born in the Pacific Islands (16.8% or 21,198 people). The largest contributing countries included Fiji (7184 people), Samoa (4836 people), and Tonga (3387 people).

Table 7: Place of birth for overseas-born children and young people in Auckland (2018).

Place of birth	0-14 years	15-24 years	Total 0-24 years	0-14 years	15-24 years	Total 0-24 years
	Count			Percentage		
Asia	18,003	42,162	60,165	39.8	52.1	47.7
Pacific Islands	7083	14,115	21,198	15.7	17.4	16.8
Middle East and Africa	5754	8490	14,244	12.7	10.5	11.3
United Kingdom and Ireland	5499	7011	12,510	12.2	8.7	9.9
Australia	4617	2970	7587	10.2	3.7	6.0
Europe (excl. United Kingdom and Ireland)	1938	3414	5352	4.3	4.2	4.2
North America	1665	1695	3360	3.7	2.1	2.7
Other	675	1038	1713	1.5	1.3	1.4
Total	45,234	80,895	126,129			

Source: Stats NZ, Census of Population and Dwellings.

4.0 Family Households

In the census, information is collected on the relationships between people living in private dwellings. Stats NZ uses this to produce information about families and households. The Stats NZ definition of a ‘family’ is two or more people living in the same household, who are either a couple with or without children, or one parent and their children. A ‘child’ in a family is someone of any age who lives with their parent(s) and who does not have a partner or children of their own living in the same household. A ‘dependent’ child refers to people aged up to 18 years, living in a family situation, and not employed full-time.

There are some important caveats to analysing 2018 Census data on families and households. Many of the variables used to measure this information are of moderate quality, as a result of several sources of error. For instance, there are many individuals who are missing from households, primarily due to non-response to the census and, consequently, their place of residence could not be confidently identified. Other sources of error include absentees, repatriation errors, and duplicate errors. For further information, please see Stats NZ (2020a).

Additionally, the census represents a snapshot of one night, meaning that it cannot measure the number of children who are co-parented and live across multiple households. This may be a small but meaningful proportion of all children – findings from the Quality of Life 2020 survey found that 15.1 per cent of Auckland respondents said that they had dependent children (under 18) who lived in another home at least some of the time.

4.1 One in five families with dependent children were sole parent

In 2018, there were 185,544 family households in Auckland with at least one dependent child (with or without additional adult children aged 18 or over) (Table 8). Just over three-quarters of these family households consisted of couples with children (77.3% or 143,499 families) while just over one-fifth were one-parent families (22.7% or 42,045 families). This reflects a 10 per cent decline in the proportion of one-parent families with dependent children since 2013. For both one-parent and couple households, the majority (153,480 households, or 82.7%) had dependent children aged under 18 only living with them (119,670 were couple households and 33,810 were one-parent households).

Table 8: Auckland households with dependent children under 18 years (2006, 2013, 2018).

	2006	2013	2018	Change 2006-2013		Change 2013-2018	
	N			n	%	n	%
<i>Total couple households with dependent children</i>	126,795	136,377	143,499	9582	7.6	7122	5.2
Couple with dependent children under 18 only	106,224	114,924	119,670	8700	8.2	4746	4.1
Couple with adult children and dependent children under 18 only	19,662	20,661	23,250	999	5.1	2589	12.5
Couple with dependent children under 18 and at least one child of unknown dependency (with or without adult children)	909	792	579	-117	-12.9	-213	-26.9
<i>Total one-parent households with dependent children</i>	46,140	46,701	42,045	561	1.2	-4656	-10.0
One parent with dependent children under 18 only	38,928	39,237	33,810	309	0.8	-5427	-13.8
One parent with adult children and dependent children under 18 only	6753	7020	7887	267	4.0	867	12.4
One parent with dependent children under 18 and at least one child of unknown dependency (with or without adult children)	459	444	348	-15	-3.3	-96	-21.6
Total households with dependent children	172,935	183,078	185,544	10,143	5.9	2466	1.3

Source: Stats NZ, Census of Population and Dwellings.

Understanding the frequency of sole parenthood and its implications is critical because children in sole parent families are more likely than those with two parents to experience multiple disadvantages, including poverty (Krassoi Peach & Cording, 2018), which in turn can impact children’s overall wellbeing. Multiple disadvantages have wide-ranging implications for the children who live in sole-parent households, as housing conditions and socioeconomic disadvantage can affect children’s overall wellbeing.

Wellbeing data collected during the June 2020 wave of the Household Labour Force Survey (Stats NZ, 2020d) found that sole parents experience poorer wellbeing outcomes

compared to partnered parents of a dependent child or those who were not a parent of a dependent child. For example, across the national sample:¹²

- **Insufficient money to meet everyday needs:** Nearly one-fifth (17.8%) of sole parents did not have enough money to meet their everyday needs, compared with 5.2 per cent of partnered parents and 6.2 per cent of those who were not a parent to a dependent child.
- **Greater reliance on help from organisations:** 24.7 per cent of sole parents had received help from an organisation at least once in the last 12 months (including food, clothes, or money), compared with 4.0 per cent of partnered parents and 3.1 per cent of those who were not a parent of a dependent child.
- **Poorer mental wellbeing:** One-third (33.1%) of sole parents reported experiencing poor overall mental wellbeing, compared to 20.0 per cent of partnered parents and 16.6 per cent of those without dependent children.
- **Poorer housing quality:** Larger proportions of sole parents reported major housing problems with dampness and mould (11.2% – compared with 3.1% of partnered parents and 2.9% of those without dependent children) and challenges with keeping their house warm during winter (15.0% – compared with 6.0% of partnered parents and 4.8% of those without dependent children).

Recent research suggests that sole parents who are under the age of 40, female, Māori or Pacific, have three or more children, or where the youngest child is under the age of 13, are more disadvantaged compared to the general sole parent population (Krassoi Peach & Cording, 2018). With most sole-parent households in New Zealand headed by women (82.5% at the 2018 census), female sole parents typically experience greater disadvantages than male sole parents, particularly those under the age of 30 (Krassoi Peach & Cording, 2018). Female sole parents are more likely to be younger than male sole parents, which results in a greater level of disadvantage as they may have greater barriers to accessing education, employment and other activities (Dwyer, 2015).

The overall number of one-parent families with dependent children in Auckland decreased in the period between the 2013 and 2018 censuses by 10.0 per cent, after increasing by 1.2 per cent between 2006 and 2013. This seems driven by the decrease in the number of sole parents with dependent children only; however, this decrease may also be a consequence of the moderate data quality of this variable. There was a small amount of growth in the number of one-parent families with adult children and dependent children under 18 years (Table 8).

¹² Data for sole parents were only available at the national level.

The Ministry of Social Development provides financial support to single parents/caregivers with children under 14 years old through the Sole Parent Support benefit. In the year ending November 2021, there were 23,628 people in Auckland receiving this payment (32.7% of all people in New Zealand receiving it). The number of people (both in Auckland and nationally) receiving this payment had declined since 2014, but there has been an increase since 2020, likely due to the increasing number of people requiring financial support during the pandemic.

4.2 Teenage birth rates are declining

Fertility rates across all age groups have declined in New Zealand over the last decade. Analysis of data for the year ending June 2021 indicated that the total fertility rate in New Zealand declined to a record low of 1.6 births per woman (in 2006, the rate was 2.1 births per woman) (Stats NZ, 2021b).

Analysis of national fertility rates for young people aged 15-19 years and 20-24 years show steady declines over time (Table 9). The fertility rate for young people aged 15-19 years halved since 2001 (from 27.2 live births per 1,000 women in 2001, to 13.7 live births per 1,000 women in 2018). From a national standpoint, it is likely that reported declines in sexual activity amongst young people as well as the increased use of contraception have contributed to these trends (Messenger et al., 2021).

Table 9: Fertility rates of those aged 15-19- and 20-24 in New Zealand (2001-2018).

	15-19 ¹³				20-24				Total fertility rate ¹⁴			
	2001	2006	2013	2018	2001	2006	2013	2018	2001	2006	2013	2018
European/Other	19.9	22.5	16.4	10.6	58.6	60.3	58.2	48.0	1.8	1.9	1.9	1.8
Māori	68.6	71.0	52.1	32.3	147.6	150.1	133.5	109.2	2.6	2.8	2.5	2.1
Pacific	47.4	42.6	37.8	23.9	139.5	137.8	123.4	93.2	2.9	3.0	2.7	2.2
Asian	7.4	6.9	5.2	2.4	39.7	32.2	33.2	24.6	1.7	1.5	1.7	1.4
Total	27.2	28.8	21.8	13.7	75.5	71.4	68.3	54.3	2.0	2.1	2.0	1.8

Source: Stats NZ, Age-specific fertility rates by ethnicity.

¹³ The fertility rates for the 15-19 and 20-24 columns show the average number of live births registered during the three-year periods (2000-2002, 2005-2007, 2012-2014, 2017-2019) per 1,000 female estimated resident population at each age at 30 June (2001, 2006, 2013 and 2018).

¹⁴ The total fertility rate refers to the average number of live births that a woman would have during her life if she experienced the age-specific fertility rates of a given period (usually a year). It excludes the effect of mortality.

5.0 Education

Education plays a critical role in children and young people’s wellbeing and future prospects. There are well-established links between achievement and engagement in the formal education system and future employment prospects, skill development and engagement in lifelong learning. Levels of formal education attained at secondary school are related to labour force status and income levels later in life. Those who leave school early with few qualifications are at greater risk of unemployment or vulnerability in the labour force.

5.1 Improving rates of participation in early childhood education

Participation in high-quality early childhood education (ECE) has significant benefits for children and their future learning ability (Bakken et al., 2017). The Annual Education Census provides an overview of ECE statistics in New Zealand and is administered over one week every year, providing an annual snapshot. Using this census, in 2018,¹⁵ 68,822 children in Auckland aged 0 to 5 years were enrolled in licensed ECE services (55.1% of all children in this age group in Auckland, and 34.3% of all children enrolled in ECE in New Zealand that year). The proportion of Auckland children enrolled in ECE has steadily increased since 2000, although there was a slight dip in enrolment in 2020, compared to previous years. This may be a result of multiple COVID-19 lockdowns causing more children to remain at home.

Prior participation rates are another useful measure of ECE participation, as they indicate the proportion of children who regularly attended ECE in the six months prior to starting school (defined as those who attended for at least ten hours every week). It excludes those children for whom prior attendance at ECE is unknown. In the year ending June 2021, 96.0 per cent of Auckland children had regularly attended ECE in the six months before starting school (comparable to the national average of 96.6%) (Table 10).

¹⁵ More recent data are available. However, for the purposes of comparing to the 2018 Census figures, we have used the 2018 figure for this report.

Table 10: Prior participation rates (%) of Auckland children, by ethnicity (2010-2021).

Year ending in June	Māori	Pacific	Asian	European/Pākehā	Total
2010	85.9	82.8	95.9	97.8	92.2
2011	87.4	84.0	95.5	97.8	92.6
2012	88.1	84.4	95.8	97.7	93.0
2013	90.0	86.2	96.7	98.1	93.9
2014	90.7	88.5	97.1	98.3	94.7
2015	92.8	90.0	97.5	98.6	95.3
2016	94.1	91.5	97.5	98.4	96.0
2017	93.8	91.4	97.8	98.8	96.2
2018	94.2	91.8	98.2	98.6	96.3
2019	94.3	91.5	98.3	98.8	96.4
2020	93.9	92.0	98.3	98.9	96.7
2021	92.5	91.0	98.4	98.5	96.0

Source: Ministry of Education, Prior participation in ECE.

Prior participation rates have increased for all ethnic groups since 2010, with the largest increases observed among Māori and Pacific children. ECE participation was identified by the New Zealand Government as a key factor in supporting vulnerable children, which led to its inclusion in the (now defunct) Better Public Services targets. The target for 2016 was that 98 per cent of children starting school would have participated in quality early childhood education (ECE). The increases for Māori and Pacific children may reflect these targeted initiatives implemented by the Ministry of Education, which included:

- Making it easier for families to find an ECE service they like and which meets their needs
- Establishing the Early Learning Taskforce, which worked with communities to improve children’s participating in early childhood learning
- Introducing the ECE Participation Programme, which included various initiatives to support Māori, Pacific, and low-income families to enrol their children in ECE (Mitchell et al., 2016).

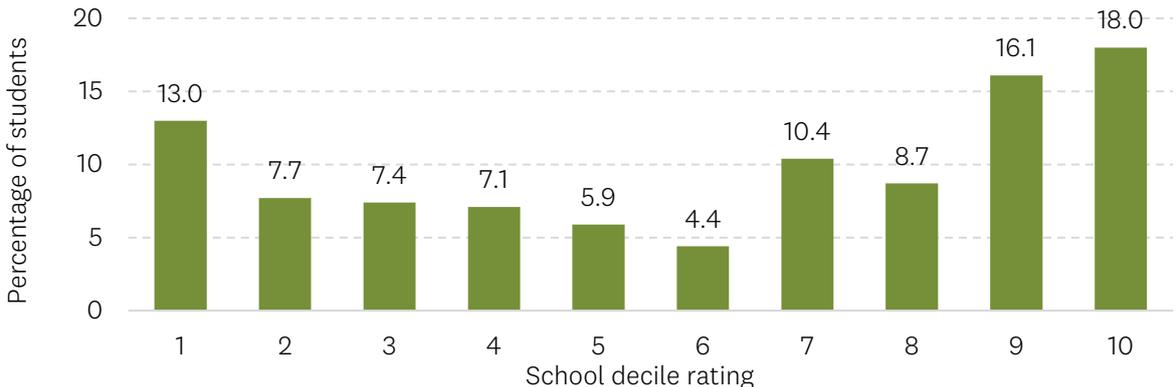
5.2 Auckland has a disproportionate share of decile 1 schools

As of 1 July 2020, there were 554 schools in Auckland, including 409 primary schools, 97 secondary schools, 34 composite schools and 14 specialist schools. A total of 282,926 children and young people were enrolled in schools in Auckland, which was 34.2 per cent of all children and young people enrolled in school in New Zealand.

The Ministry of Education targets funding to state and state-integrated schools through a decile rating system. A school’s decile rating measures the socioeconomic position of the school’s student community relative to other schools in the country. The rating is calculated using census meshblocks.¹⁶ On one end, decile 1 schools comprise the 10 per cent of schools nationally with the highest proportion of students from low-socioeconomic communities, while on the other end, decile 10 schools are the 10 per cent of schools nationally with the highest proportion of students from high-socioeconomic communities.

In 2020, 21.8 per cent of all schools in New Zealand were in Auckland (554 out of 2536). However, 32.0 per cent of all decile 1 schools in New Zealand were in Auckland (95 out of 297). The distribution of Auckland students across school deciles as of July 2020 is shown in Figure 12. Around four in ten (42.8% or 121,031) of Auckland students attended higher-decile schools (rated 8, 9 or 10) and over one-quarter (28.1% or 79,390) attended lower-decile schools (rated 1, 2 or 3).

Figure 12: Proportion of Auckland students enrolled in schools, by school decile (2020).



Source: Ministry of Education, School rolls.

Larger proportions of Māori and Pacific children attend low-decile schools compared to other ethnic groups. As of July 2020, 70.6 per cent of Auckland’s Pacific students and 48.9 per cent of Māori students attended a low-decile school (categorised as decile 1, 2 and 3 schools), compared to 5.5 per cent of European students and 16.4 per cent of Asian students.

School decile ratings and their socioeconomic implications have been correlated with the likelihood of enrolling in tertiary education. The Ministry of Education (2021) noted that of the national 2019 school leavers’ cohort, 59.6 per cent enrolled in further tertiary

¹⁶ Meshblocks are the smallest geographic unit used by Stats NZ. Census data are used to calculate meshblocks to build the electoral population for each electorate. Thus, meshblock aggregate to form electorates.

education.¹⁷ However, students from higher-decile schools were more likely to enrol in tertiary education – 71.3 per cent of 2019 school leavers from decile 9-10 schools enrolled in tertiary education, compared with 44.7 per cent of school leavers from decile 1-2 schools.

The types of courses that school leavers enrol in also vary according to decile. A greater proportion of school leavers from decile 9-10 schools were enrolled in Bachelor's degrees or above compared to those from decile 1-2 schools, while more decile 1-2 school leavers were enrolled in foundational courses and certificate/diploma courses. Socioeconomic factors and barriers to school completion are crucial to understanding tertiary participation, progression, and success (Auckland Council, 2020).

5.3 COVID-19 has had ongoing impacts for students in Auckland

Auckland students have dealt with additional challenges posed by the COVID-19 pandemic, more so than students across the rest of the country. Recent research has shown the disruption that students experienced and the substantial impacts on their wellbeing and perceptions of their education (e.g., Education Review Office, 2021; MartinJenkins, 2021). It is necessary to provide this context before discussing evidence regarding students' educational outcomes. Findings are briefly summarised below – please refer to the cited sources for more information.

Secondary students in Auckland reported greater levels of anxiety about COVID-19 compared to their peers outside Auckland, while there was greater concern from school principals and teachers about student engagement in Auckland (Education Review Office, 2021). The proportion of chronic absences increased for Māori and Pacific students, and attendance rates declined for decile 1 and 2 schools, deepening existing inequities (Webber, 2020). Online learning was not the preferred mode compared to face-to-face for both secondary and tertiary students, as it presented a number of challenges regarding digital capability, motivation, workload and productivity. Digital access inequities were heightened particularly for Māori and Pacific students (MartinJenkins, 2021), despite the Ministry of Education's rollout of devices to schools during lockdown. Meanwhile, tertiary students also experienced challenges: many thought they had learned less and believed it would take them longer to complete their qualifications (MartinJenkins, 2021).

¹⁷ This information was available for school leavers across New Zealand – specific information about Auckland school leavers (broken down by ethnicity, decile and other variables) was unavailable.

Exacerbation of anxiety and other mental health concerns have emerged from other research conducted with students during lockdown. A survey of the Growing Up in New Zealand cohort was conducted (Walker et al., 2021) and exploratory findings showed that there was an increase over time in the number of children who reported experiencing depressive symptoms, especially girls, and children who were always or often worried about how much money their family had. However, these findings are unable to be generalised to the rest of the cohort or other New Zealand children, due to the low response rate.

5.4 Improving achievement rates may hide education equity issues

A formal school qualification is a measure of the extent to which young adults have completed a basic prerequisite for higher education and training and many entry-level jobs. The main qualification available to secondary school students is the National Certificate of Educational Achievement (NCEA).¹⁸ NCEA enables students to undertake multi-level study to attain credits towards an NCEA qualification. Students can attain credits through internal and external assessment, and they can accumulate these credits both within and across years. Future educational and job prospects are limited for those who leave school without NCEA Level 2.¹⁹

COVID-19 may have had an impact on school leavers' attainment in 2020, given that Auckland students were disproportionately impacted by Alert Level 3 and 4 lockdowns and had less classroom-based learning compared to other students across the country. The Ministry of Education attempted to minimise these negative impacts for students by implementing additional support for Auckland schools and applying changes to NCEA achievement.²⁰

This report includes data pertaining to Auckland school leavers' attainment from 2016-2020, to explore data pre-COVID and impacts since the introduction of COVID. In 2020, a total of 19,262 young people left school in Auckland. Of this group, 86.5 per cent had achieved NCEA Level 2 (or equivalent) or above, compared to the 84.4 per cent who

¹⁸ Some secondary schools in New Zealand have chosen to also offer their students the choice of Cambridge International Examinations or the International Baccalaureate alongside NCEA.

¹⁹ Wording taken from Ministry of Education site.

<http://www.educationcounts.govt.nz/indicators/main/education-and-learning-outcomes/1781>

²⁰ For more information about these supports, please visit

<https://www.education.govt.nz/news/additional-support-for-ncea-students-due-to-continuing-covid-disruption>

achieved this level of attainment in 2018. Over half (54.5%) attained University Entrance standard, compared to 48.9 per cent in 2018 (Table 11). Therefore, at first glance, it appears that educational attainment improved for school leavers in 2020, compared to previous year cohorts.

Table 11: Highest educational attainment of Auckland school leavers (2016-2020) (%).

	2016 (n=19,804)	2018 (n=19,897)	2020 (n=19,262)
University Entrance standard	49.3	48.9	54.5
Level 3 qualification or higher	13.4	14.8	16.3
Level 2 qualification	21.6	20.6	15.6
Level 1 qualification	7.4	6.9	5.5
Below Level 1 qualification	8.3	8.8	8.0
Total leavers	100.0	100.0	100.0

Source: Ministry of Education, School leaver data.

However, examining rates of formal educational attainment alone may mask equity issues that worsened due to the COVID-19 pandemic, as they do not factor in the declining attendance and loss of young people from school entirely. As noted above in section 5.3 of this report, student attendance declined in Auckland in 2020, particularly for Māori and Pacific students, as well as students in low-decile areas. This attrition has been attributed to the digital access inequities that deepened due to the move to online learning, as well as students disengaging from school to support their families by finding employment or looking after siblings and other relatives (MartinJenkins, 2021).

Ministry of Education data indicated that there was a decline in school leavers in lower-decile areas. Between 2018 and 2020, there was a 3.2 percent decline in school leaver numbers across Auckland (from 19,897 to 19,262). However, when analysed by local board area (Table 12), the greatest declines were observed in Maungakiekie-Tāmaki (17.2% decline), Papakura (13.7% decline), Manurewa (11.4% decline), Ōtara-Papatoetoe (11.2% decline), and Kaipātiki (11.0% decline). Meanwhile, the proportion of school leavers in higher-decile areas either remained static or increased – increases were observed in Franklin (8.5% increase), Ōrākei (5.4% increase), and Albert-Eden (5.3% increase). It is important to acknowledge this attrition of students in lower-decile areas as it means that the high educational attainment data in 2020 is reflective of those that were able to remain in secondary schooling, who are more likely to be students in more affluent areas of Auckland. There is a cohort of young people from less affluent areas whose schooling was interrupted and, therefore, they are not captured by formal achievement data.

Table 12: Changes in the number and proportion of Auckland school leavers (2016-2020).²¹

Local board area	Count			Percentage change	
	2016	2018	2020	2016-2018	2018-2020
Albert-Eden	1980	1917	2018	-3.2	5.3
Devonport-Takapuna	1418	1430	1417	0.8	-0.9
Franklin	613	609	661	-0.7	8.5
Henderson-Massey	1360	1313	1313	-3.5	0.0
Hibiscus and Bays	992	951	879	-4.1	-7.6
Howick	2508	2612	2663	4.1	2.0
Kaipātiki	497	474	422	-4.6	-11.0
Māngere-Ōtāhuhu	1139	1161	1083	1.9	-6.7
Manurewa	1171	1085	961	-7.3	-11.4
Maungakiekie-Tāmaki	644	650	538	0.9	-17.2
Ōrākei	716	812	856	13.4	5.4
Ōtara-Papatoetoe	1212	1211	1075	-0.1	-11.2
Papakura	663	666	575	0.5	-13.7
Puketāpapa	891	819	770	-8.1	-6.0
Rodney	370	445	418	20.3	-6.1
Upper Harbour	1193	1371	1372	14.9	0.1
Waitematā	1094	1073	1058	-1.9	-1.4
Whau	1253	1211	1089	-3.4	-10.1
Auckland total	19,804	19,897	19,262	0.5	-3.2

Source: Ministry of Education, School leaver data.

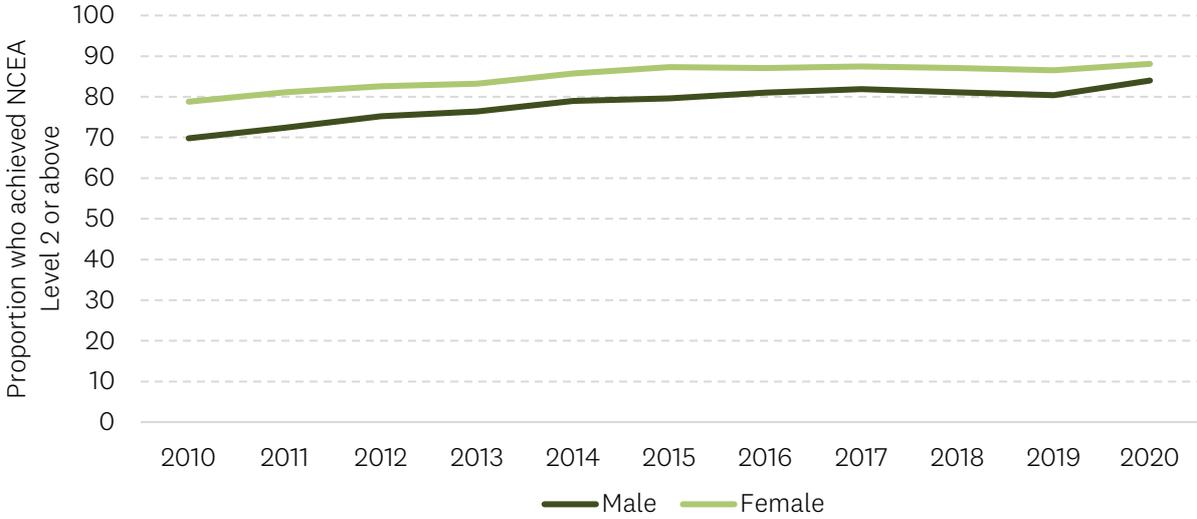
5.5 Improving formal educational achievement across ethnic groups

Further analysis between different groups showed there were differences in formal educational achievement. Figure 13 indicates that the levels of attainment among Auckland school leavers have been increasing for male and female students.²² In 2020, slightly higher proportions of female school leavers had achieved at least NCEA Level 2 or equivalent compared to males (88.1% compared with 84.0%). This discrepancy between male and female achievement has narrowed over the years.

²¹ Please note that this table excludes Waiheke and Waitākere Ranges local board areas, due to the very small numbers of school leavers.

²² Educational attainment for other genders was not available within these data.

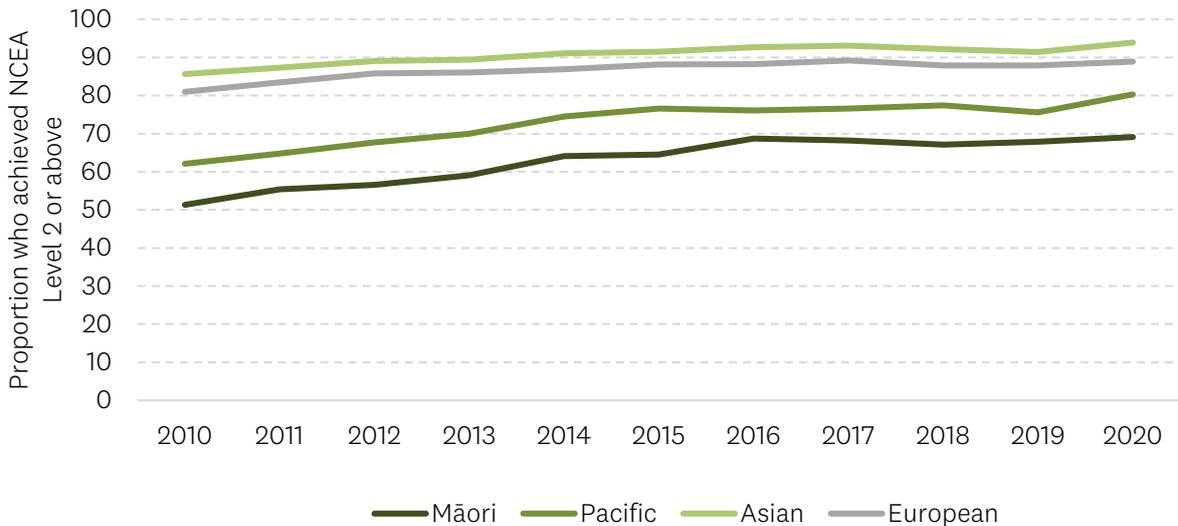
Figure 13: Proportion of Auckland school leavers who had gained NCEA Level 2 or above, by gender (2010-2020).



Source: Ministry of Education, School leaver data.

Levels of educational attainment increased for all ethnic groups, particularly Māori and Pacific students (Figure 14). In 2020, 69.1 per cent of Māori school leavers qualified for NCEA Level 2 or above (an increase of 4.6 percentage points since 2015), while 80.3 per cent of Pacific school leavers qualified for NCEA Level 2 or above (an increase of 3.8 percentage points since 2015). However, these improvements in 2020 should again be contextualised as they do not reflect those who had to disengage with their schooling as a result of the pandemic.

Figure 14: Proportion of Auckland school leavers who had gained NCEA Level 2 or above, by ethnic group (2010-2020).



Source: Ministry of Education, School leaver data.

Note: Students could belong to more than one ethnic group so percentages may total more than 100.

5.6 Improvements in achievement in the Southern Initiative area

Overall, around one-fifth (19.2%) of school leavers were from schools in the Southern Initiative area. This included significant proportions of Auckland's Māori and Pacific school leavers. In 2020, the Southern Initiative area accounted for approximately one-third (32.8%) of all Māori and almost half (47.4%) of all Pacific school leavers.

In the Southern Initiative area, young people in all ethnic groups are leaving school with little to no qualifications at a higher rate than those of their ethnic group in the rest of Auckland (Table 13), especially Māori and European students. For instance, 32.3 per cent of Māori and 13.1 per cent of Europeans in the Southern Initiative area left school without NCEA Level 1, compared with 20.0 per cent of Māori and 5.7 per cent of Europeans in the rest of Auckland. The average for all ethnic groups in the Southern Initiative area was 16.3 per cent, compared to 8.0 per cent in the rest of Auckland.

Analysis by Auckland Council (2020) shows that students in South Auckland²³ between 2009-2018 were twice as likely to leave school without any qualifications compared to the Auckland/New Zealand averages, and those who do leave with qualifications tend to have lower qualifications. Levels of attainment tended to be higher at schools in the inner South (Māngere-Ōtāhuhu and Ōtara-Papatoetoe local board areas) compared to the outer South (Manurewa and Papakura local board areas) (Auckland Council, 2020).

²³ The 2020 report used data analysed by BERL, where the term South Auckland covers the same geographic areas as The Southern Initiative – the four local boards of Māngere-Ōtāhuhu, Manurewa, Ōtara-Papatoetoe, and Papakura.

Table 13: School leaver attainment among school leavers from schools in the Southern Initiative and Auckland, by ethnicity (2020) (%).

	Below NCEA Level 1	Level 1 and working towards Level 2	NCEA Level 2 or above	Total
Southern Initiative				
Māori	32.3	14.9	52.7	100.0
Pacific	15.9	8.4	75.7	100.0
Asian	4.1	4.7	91.2	100.0
European	13.1	9.0	78.0	100.0
<i>All ethnic groups</i>	16.3	8.3	75.3	100.0
Rest of Auckland				
Māori	20.0	10.9	69.1	100.0
Pacific	12.4	7.3	80.3	100.0
Asian	3.4	2.7	93.9	100.0
European	5.7	5.4	88.9	100.0
<i>All ethnic groups</i>	8.0	5.5	86.5	100.0

Source: Ministry of Education, School leaver data.

However, Auckland Council (2020) also noted that the attainment gap narrowed between 2009 and 2018. Students in some Southern Initiative area schools are achieving NCEA Level 3 or higher at rates similar to the rest of New Zealand, particularly those in Māngere-Ōtāhuhu and Ōtara-Papatoetoe (Auckland Council, 2020). Those in Māngere-Ōtāhuhu were the most likely in South Auckland to achieve NCEA Level 3 or higher. Additionally, Pacific students in this local board were achieving as well or better than European students in the same area, and were also doing better than other Pacific students attending school in Manurewa and Papakura (Auckland Council, 2020).

Analysis of school leaver data between 2010 and 2020 exploring the proportion of school leavers with NCEA Level 2 or higher provides further support to the narrowing attainment gap. As indicated by Table 14, the percentage point difference between the local boards with the highest and lowest proportions of school leavers with these qualifications has been narrowing since 2010. There have been notable improvements in formal attainment for the Southern Initiative areas, especially Māngere-Ōtāhuhu and Ōtara-Papatoetoe.

Table 14: Proportion of Auckland school leavers with NCEA Level 2 or above, by local board (2010-2020).²⁴

Local board area	Percentage					
	2010	2012	2014	2016	2018	2020
Albert-Eden	85.7	87.5	90.4	92.7	92.0	92.6
Devonport-Takapuna	89.5	93.4	93.8	94.4	94.1	93.5
Franklin	64.6	71.3	73.3	80.8	74.2	76.2
Henderson-Massey	65.4	73.7	80.6	83.5	82.6	83.7
Hibiscus and Bays	83.0	83.2	86.2	86.1	88.6	90.0
Howick	84.4	88.4	90.3	89.8	91.3	92.4
Kaipātiki	71.1	78.6	82.3	85.5	83.1	88.4
Māngere-Ōtāhuhu	64.2	71.0	75.8	79.1	79.2	83.4
Manurewa	52.6	57.2	61.0	61.2	63.9	67.6
Maungakiekie-Tāmaki	56.7	59.5	67.0	71.4	73.5	77.1
Ōrākei	83.4	89.0	93.0	95.1	91.5	94.3
Ōtara-Papatoetoe	61.3	69.1	70.3	73.4	75.2	78.0
Papakura	62.5	68.9	71.1	71.6	69.1	68.0
Puketāpapa	82.6	83.7	85.3	88.0	88.4	89.0
Rodney	69.6	77.9	79.9	80.5	81.1	81.3
Upper Harbour	89.8	89.6	90.7	91.5	90.3	91.3
Waitematā	82.4	85.2	88.2	89.9	86.2	90.8
Whau	65.9	72.2	79.3	80.4	82.2	83.3
Auckland total	74.4	79.1	82.5	84.3	84.4	86.5
Range (% point difference between highest and lowest)	37.3	36.2	32.8	33.9	30.2	26.6

Source: Ministry of Education, School leaver data.

Attainment of University Entrance for South Auckland students has remained static. Ongoing research indicates that student attainment of NCEA is being driven partially by unit achievement in non-academic subjects (Auckland Council, 2020). Low NCEA attainment at school for South Auckland students also seems to have resulted in further tertiary study to gain NCEA or NQF (National Qualifications Framework) qualifications that could have been obtained while studying at school (Auckland Council, 2020). So, although South Auckland students leave school and have high rates of engaging in

²⁴ Please note that this table excludes Waiheke and Waitākere Ranges local board areas, due to the very small numbers of school leavers.

further tertiary study, they are also more likely than other Auckland students to be studying towards NCEA Level 1-4 qualifications (Auckland Council, 2020).

5.7 Young people achieving higher levels of qualifications after school

The proportion of young people in Auckland who have not received any qualifications has dropped over time (Table 15). Young people are increasingly gaining higher levels of qualifications, borne out by decreases in the proportion gaining Level 1 and 2 certificates and increases in those achieving Level 3 certificates. Similarly, more young people are completing their Bachelor's degrees, as well as Master's degrees.

Table 15: Highest qualification received by Auckland young people aged 15-24 years over time (2006, 2013, 2018) (%).

	2006	2013	2018
No qualification	19.8	15.0	12.9
Level 1 certificate	16.7	14.3	12.3
Level 2 certificate	16.0	17.1	14.8
Level 3 certificate	22.5	27.0	29.9
Level 4 certificate	3.9	4.2	5.3
Level 5 diploma	3.2	3.5	3.6
Level 6 diploma	1.6	1.6	2.1
Bachelor's degree and Level 7 qualification	8.8	9.6	11.3
Postgraduate and Honour's degree	0.7	1.4	2.5
Master's degree	0.3	0.4	0.6
Doctoral degree	0.0	0.0	0.0
Overseas secondary school qualification	6.5	6.0	4.6

Source: Roberts (2020), using Stats NZ, Census of Population and Dwellings.

6.0 Employment

Young people are particularly vulnerable in times of economic crisis compared with other population groups (International Labour Organisation, 2021; MartinJenkins, 2021; Poulton et al., 2020). Reports indicated that the pandemic negatively impacted young people's employment opportunities, especially in Auckland (Huang, 2021; MartinJenkins, 2021). These impacts echo the consequences of the post-Global Financial Crisis (GFC) recession for young people, particularly the difficult labour market conditions that followed it. Younger people were more at risk of losing their employment or being unable to find new employment, due to employer preferences to retain more experienced and more qualified workers. As a result, young people in Auckland (alongside Māori and Pacific communities) were disproportionately affected by the loss of lower-skilled jobs from 2008 onwards (Wilson, 2014).

Recovery from the GFC for young people in the workforce was slower compared to older cohorts of the population (Kingstone et al., 2020; Tipper & Fromm, 2013; Tuatagaloa, 2019). However, Census 2018 data showed clear signs of recovery for youth in the labour market. There were increases since 2013 in the rates of young people in full-time or part-time employment,²⁵ and a decreasing number who were unemployed:

- **Total people employed:** The proportion of those aged 15 to 24 years who were employed was 53.7 per cent in 2006, which dropped to 45.1 per cent in 2013. This increased to 55.5 per cent again in 2018.
- **Unemployment rate:** Meanwhile, the unemployment rate of those aged 15 to 24 years was 14.3 per cent in 2006, increased to 20.3 per cent in 2013 and reduced to 13.4 per cent in 2018.

With COVID-19, however, there is again evidence of similar negative impacts on youth employment in New Zealand (Huang, 2021; MartinJenkins, 2021). Youth often work in industries like retail and hospitality, which were more impacted by public health restrictions. Given that Auckland experienced greater restrictions than the rest of the country, young Aucklanders were more affected by higher unemployment and increased casualisation²⁶ than other young New Zealanders (MartinJenkins, 2021). A greater proportion of young Aucklanders (aged 18 to 24 years) received a JobSeeker (Work Ready) benefit between March 2020 and March 2021, compared to other young New

²⁵ Full-time employment is defined by Stats NZ as working 30 or more hours per week, whereas part-time employment is defined as working fewer than 30 hours per week.

²⁶ Workforce casualisation occurs when there is a reduction in the number of available permanent jobs, in parallel with an increase in casual or fixed-term roles.

Zealanders, highlighting the greater burden they have borne throughout the pandemic (MartinJenkins, 2021).

As such, it is important to discuss young people’s employment within the context of COVID-19. Therefore, this section first summarises work and labour force outcomes for young people aged 15-19 and 20-24 separately, based on 2018 Census data, as there were differences in unemployment rates and labour force participation for the two age groups. This will lead into a discussion of the impacts of COVID-19 on young people.

6.1 Greater labour force participation among 15- to 19-year-olds

The previous report on the profile of children and young people in Auckland (Reid and Rootham, 2016) indicated that those aged 15 to 19 years old had decreasing participation in the labour force, likely as a consequence of the GFC. As a result, it is possible that this group focussed on secondary school and beginning tertiary study or training, to better prepare them for entering the workforce. By 2018, however, this age group’s participation in the labour force increased again to almost the same levels pre-GFC. In 2018, there were almost 48,000 young Aucklanders aged 15 to 19 in the labour force (Table 16). This means that they were either employed full-time or part-time, or they were unemployed and looking for work.

Table 16: Work and labour force status for young Aucklanders aged 15 to 19 years (2006, 2013 and 2018)⁽¹⁾.

	2006		2013		2018	
	Count	%	Count	%	Count	%
Employed full-time	15,909	16.7	8625	8.9	12,600	12.2
Employed part-time	23,046	24.1	17,757	18.3	24,879	24.0
Unemployed	9879	10.4	11,574	11.9	10,059	9.7
Not in labour force	46,608	48.8	59,163	60.9	56,154	54.2
Total people stated	95,442	100.0	97,116	100.0	103,695	100.0
Work and labour force status unidentifiable	4005		5802		0	
Total people	99,444		102,918		103,695	
<i>Subtotals</i>						
Total people in labour force	48,834	51.2	37,956	39.1	47,538	45.8
Total people employed	38,955	40.8	26,382	27.2	37,479	36.1
<i>Unemployment rate</i> ⁽²⁾		20.2		30.5		21.2

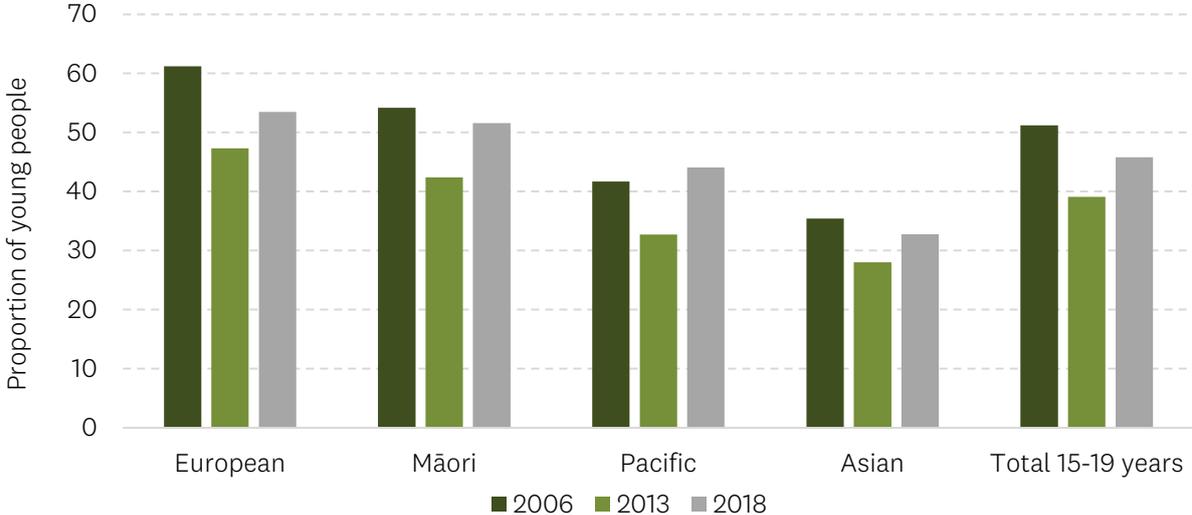
Source: Stats NZ, Census of Population and Dwellings.

Notes:

- 1) A person's work and labour force status in the seven days ending 5 March 2006, 3 March 2013, and 4 March 2018.
- 2) The proportion of young adults in the labour force who are unemployed. The unemployment rate is calculated as a proportion of ‘Total people in labour force.’

Labour force participation for all ethnic groups in this age group has increased between 2013 and 2018, particularly for Māori and Pacific youth (Figure 15). However, among this age group, Pacific and Asian youth were least likely to be in the labour force (44.1% and 32.8% labour force participation respectively, compared with 51.6% for Māori and 53.5% for European). Similarly, unemployment rates dropped across all ethnic groups since 2013. European youth had the lowest unemployment rates (17.8%) compared to other ethnic groups (Māori – 24.5%, Pacific – 26.0%, and Asian – 23.9%). Unemployment rates dropped significantly for Māori and Pacific youth in this age group since 2013 (39.2% and 44.4% respectively).

Figure 15: Labour force participation rates of Auckland young people aged 15-19 years, by ethnicity (2006, 2013, 2018).



Source: Stats NZ, Census of Population and Dwellings.
 Note: People could choose more than one ethnicity. Therefore, percentages will add to more than 100. Percentages exclude ‘not elsewhere included’ responses.

Among youth aged 15 to 19 years, the two most common occupational categories were sales workers (28.7%) and labourers (21.5%). About two-thirds (66.3%) of those aged 15 to 19 who were employed at the 2018 Census were employed part-time. However, there are substantial differences when broken down by ethnic group (Table 17). Greater proportions of Māori and Pacific youth in this age group were employed full-time, compared to European and Asian.

Table 17: Proportion of Auckland young people aged 15-19 years in full-time and part-time employment, by ethnic group (2018).

	Count			Percentage	
	Full-time	Part-time	Total employed	Full-time	Part-time
European	7440	15,375	22,815	32.6	67.4
Māori	2889	3624	6513	44.4	55.6
Pacific	3822	4209	8031	47.6	52.4
Asian	1122	5613	6735	16.7	83.3
Total people stated	12,600	24,879	37,479	33.6	66.4

Source: Stats NZ, Census of Population and Dwellings.

6.2 Higher full-time employment levels among 20- to 24-year-olds

Labour force participation is generally higher among those aged 20 to 24 as many will have completed their formal education and/or training. Levels of labour force participation improved since 2013 and the proportion of those who were unemployed in this group returned to 2006 levels (Table 18).

Table 18: Work and labour force status for young Aucklanders aged 20 to 24 years (2006, 2013 and 2018)⁽¹⁾.

	2006		2013		2018	
	Count	%	Count	%	Count	%
Employed full-time	46,491	49.7	44,046	43.7	60,018	50.0
Employed part-time	15,951	17.1	18,903	18.8	26,616	22.2
Unemployed	7107	7.6	11,241	11.2	9156	7.6
Not in labour force	23,946	25.6	26,559	26.4	24,207	20.2
Total people stated	93,495	100.0	100,749	100.0	119,994	100.0
Work and labour force status unidentifiable	5568		7476		0	
Total people	99,060		108,222		119,994	
<i>Subtotals</i>						
Total people in labour force	69,549	74.4	74,190	73.6	95,790	79.8
Total people employed	62,442	66.8	62,949	62.5	86,634	72.2
<i>Unemployment rate</i> ⁽²⁾		10.2		15.2		9.6

Source: Stats NZ, Census of Population and Dwellings.

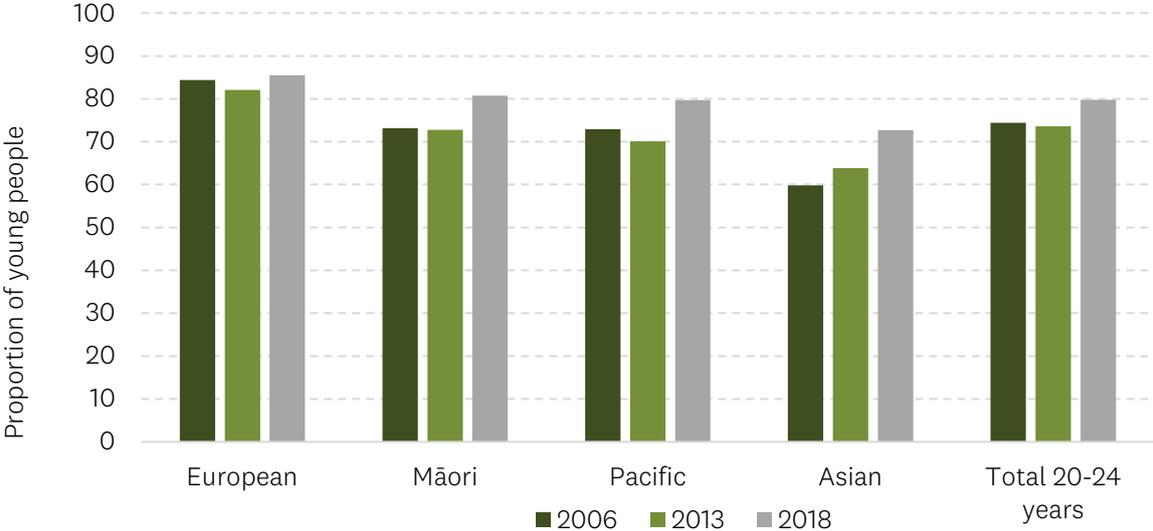
Notes:

- 1) A person's work and labour force status in the seven days ending 5 March 2006, 3 March 2013, and 4 March 2018.
- 2) The proportion of young adults in the labour force who are unemployed. The unemployment rate is calculated as a proportion of 'Total people in labour force.'

There were again noteworthy differences in labour force participation by ethnicity. Labour force participation rates increased across all ethnic groups since 2013, and

unemployment rates dropped in the same period. Pacific and Māori youth unemployment dropped drastically between 2013 and 2018. Asian young people had the lowest labour force participation rate (72.7%) while the highest was among European (85.5%) (see Figure 16).

Figure 16: Labour force participation rates of Auckland young people aged 20-24 years, by ethnicity (2006, 2013, 2018).



Source: Stats NZ, Census of Population and Dwellings.
 Note: People could choose more than one ethnicity. Therefore, percentages will add to more than 100. Percentages exclude ‘not elsewhere included’ responses.

Among youth aged 20 to 24 years, the two most common occupational categories were professionals (18.8%) and sales workers (18.1%). The proportion of sales workers among this group dropped since 2013, as there were more young people working in other occupational categories.

Levels of full-time employment were much higher among those aged 20 to 24 compared to those aged 15 to 19 (Table 19). It is interesting to note the differences by ethnic groups for this cohort. Similar proportions of European, Māori and Pacific young people were employed full-time. Asian young people were the exception, with a much higher proportion employed part-time.

Table 19: Proportion of Auckland young people aged 20-24 years in full-time and part-time employment (2018).

	Count			Percentage	
	Full-time	Part-time	Total employed	Full-time	Part-time
European	32,091	11,814	43,905	73.1	26.9
Māori	8646	2877	11,523	75.0	25.0
Pacific	11,790	3951	15,741	74.9	25.1
Asian	15,102	10,434	25,536	59.1	40.9
Total people stated	60,018	26,616	86,634	69.3	30.7

Source: Stats NZ, Census of Population and Dwellings.

There were also notable differences by local board area. As Table 20 indicates, labour force participation among those aged 20 to 24 was particularly high in the local board areas of Franklin, Rodney, and Hibiscus and Bays (86.0%, 85.9% and 83.5% respectively), and lowest in Waitemātā, Upper Harbour and Aotea/Great Barrier (71.7%, 74.6% and 75.0% respectively).

The previous report (Reid & Rootham, 2016) noted stark differences amongst local boards regarding unemployment rates of this group of youth. In 2018, unemployment rates had dropped and there was a smaller range of unemployment rates across all local boards. However, there were still notable differences, with unemployment rates varying from 5.1 per cent in Waiheke and 6.4 per cent in Rodney, to 13.1 per cent in Māngere-Ōtāhuhu and 12.9 per cent in Manurewa.

Table 20 also includes the proportion within the local 20 to 24 population who were not in the labour force as at the 2018 Census. People were defined as ‘not in the labour force’ if they were not employed and were not actively seeking work. This includes students, people caring for children or other family members, retired people, and people who were unable to work for some reason such as illness or disability.

Table 20: Participation in the labour force for 20- to 24-year-olds, by local board area (2018)^{(1), 27}

Local board area	Total stated (number)	Labour force participation (%)	Not in labour force (%)	Unemployment rate (%) ⁽²⁾
Franklin	3975	86.0	14.0	8.5
Rodney	3207	85.9	14.1	6.4
Hibiscus and Bays	5898	83.5	16.4	6.8
Waiheke	357	83.2	16.0	5.1
Waitākere Ranges	3102	83.0	17.0	8.9
Devonport-Takapuna	3843	82.7	17.3	6.7
Ōrākei	5181	82.4	17.7	6.7
Maungakiekie-Tāmaki	6087	81.9	18.0	11.1
Howick	9108	80.8	19.2	9.2
Henderson-Massey	8535	80.7	19.3	10.9
Papakura	4197	80.4	19.6	10.9
Albert-Eden	8853	80.3	19.7	8.6
Ōtara-Papatoetoe	8181	80.3	19.7	10.3
Kaipātiki	6891	79.9	20.1	8.2
Whau	6258	79.1	20.9	10.6
Māngere-Ōtāhuhu	6486	79.0	21.0	13.1
Manurewa	8070	79.0	21.0	12.9
Puketāpapa	5436	78.4	21.6	9.0
Aotea/Great Barrier	24	75.0	12.5	16.7
Upper Harbour	5082	74.6	25.4	8.1
Waitematā	11,223	71.7	28.4	10.1
Auckland total	119,994	79.8	20.2	9.6

Source: Stats NZ, Census of Population and Dwellings.

Notes:

- 1) A person's work and labour force status in the seven days ending 5 March 2006, 3 March 2013, and 4 March 2018.
- 2) The proportion of young adults in the labour force who are unemployed. The unemployment rate is calculated as a proportion of 'Total people in labour force.'

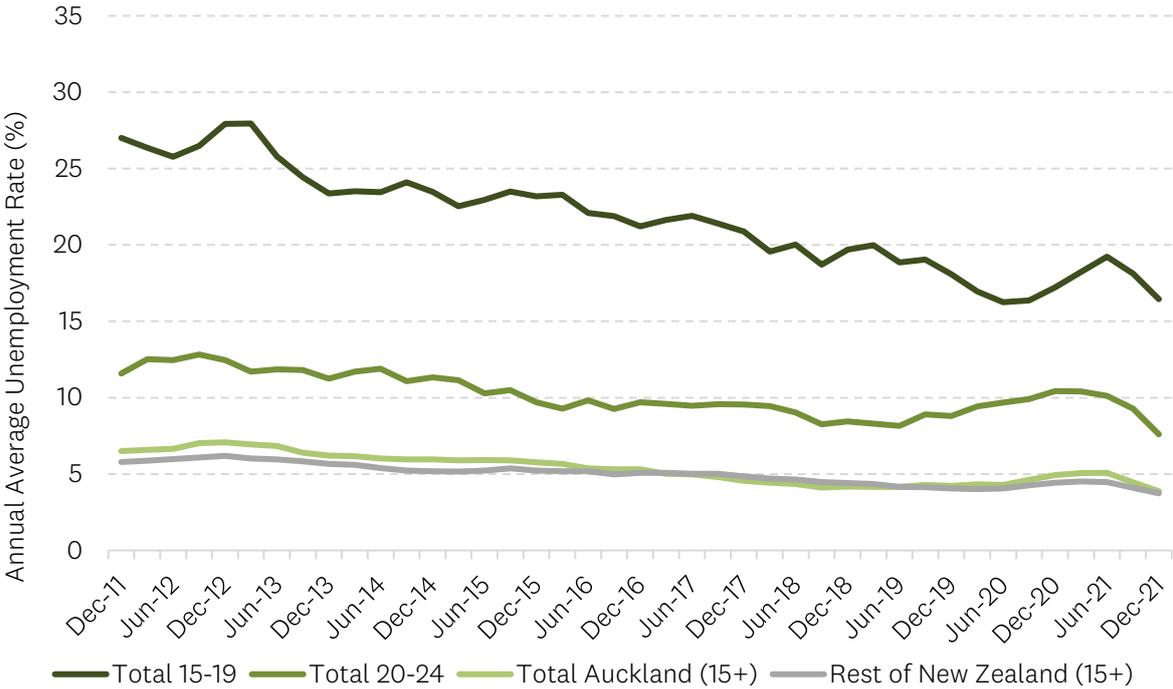
²⁷ Table 20 is sorted by decreasing labour force participation percentage.

6.3 Youth unemployment

In New Zealand, the official unemployment rate is measured using the results of the Stats NZ Household Labour Force Survey (HLFS). Using this data source, (which comes with some caveats²⁸) rolling annual averages of youth unemployment are shown to indicate Auckland youth engagement in the labour market, from December 2011 to year end December 2021.

Official rates of youth unemployment have been trending downwards from December 2011 to December 2021 (Figure 17). Data to December 2021 show that the unemployment rate for both those aged 15 to 19 and 20 to 24 briefly rose shortly after the beginning of the pandemic, with a more pronounced spike for the former group (possibly due to their greater vulnerability to workforce casualisation). Early indications in the data show that youth unemployment may once again be decreasing.

Figure 17: Youth unemployment in Auckland, compared with total unemployment in Auckland and the rest of New Zealand (December 2011-December 2021).



Source: Stats NZ, Household Labour Force Survey, year ending December 2011-December 2021.

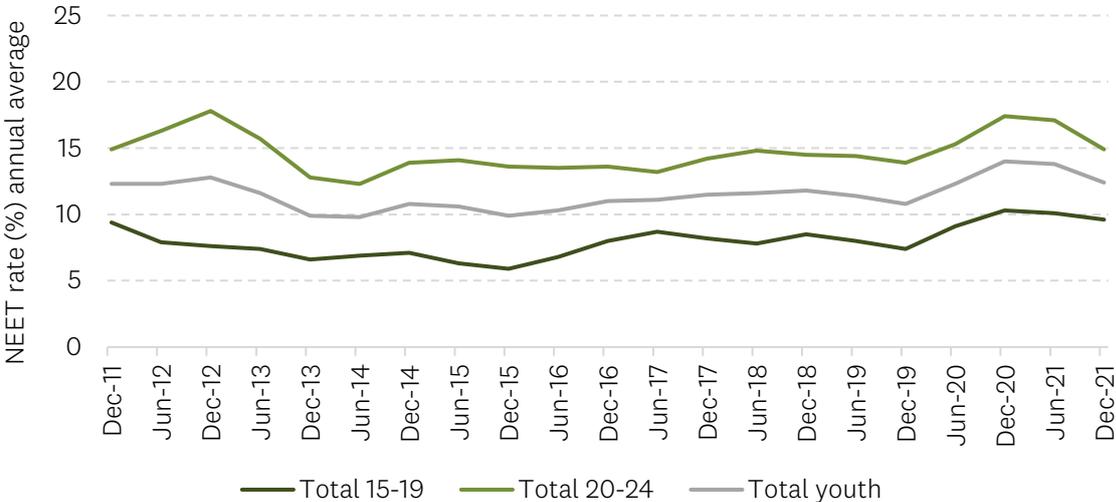
²⁸ There are some important caveats to be mindful of when using the HLFS, primarily survey sampling errors. Examining youth unemployment (as a sub-sample of broader unemployment figures) are subject to additional sampling errors, which become even more profound when broken down into further subsets (e.g., youth unemployment rates by region or ethnicity) (Wilson, 2022). Therefore, the results shown here should be interpreted with caution as they may not provide a completely accurate picture.

6.4 More than one in ten not in employment, education, or training

The HLFS is also used to measure levels of young people who are not in education, employment, or training (NEET). The NEET rate provides an indication of the proportion of young people (aged 15 to 24 years) who are excluded and/or disengaged from both work and education. NEET status for young people, particularly if it is long term (six months or more), is associated with lower future wages and higher rates of unemployment (MartinJenkins, 2021).

There is evidence suggesting that the pandemic has prompted greater youth disengagement in the labour market, with the youth NEET rate at its highest since 2010 (MartinJenkins, 2021). In the year ending December 2021, the overall NEET rate for young people aged 15 to 24 in Auckland was 12.4 per cent, slightly higher than the overall national NEET rate of 11.9 per cent (Wilson, 2022). This also represented an increase from December 2015, where the overall youth NEET rate in Auckland was 9.8 per cent (Reid & Rootham, 2016). Long-term trend analyses are displayed in Figure 18.

Figure 18: Youth NEET rates by age group in Auckland (years ending June 2011-June 2021).



Source: Household Labour Force Survey data, December 2011-December 2021.

A recent report about youth NEET in Auckland explored other important findings about this population (Huang, 2021):

- Age differences:** Two-thirds of youth NEET were aged 20 to 24 years. However, this is to be expected given that a higher proportion of young people aged 15 to 19 years are in compulsory education, and therefore comprise less of the youth NEET group.

- **Gender:** Young women have higher NEET rates than young men, particularly for those aged 20 to 24 years. This is generally due to their engagement in parenting or caregiving roles that prevent them from participating in education, training, or employment. As discussed in section 4 of this report, there are often gender disparities in engagement to employment, as young women who are parenting or caregiving typically face greater barriers in accessing education or employment.
- **Ethnic group differences:** Consistent with the impacts of the GFC, Māori and Pacific young people have been more affected by the pandemic to date than European and Asian young people, as their NEET rates were higher. One in five Pacific young people (20%) and 23 per cent of Māori young people were classified as NEET – double the rate for European (11%) and Asian (10%) youth. There are complex reasons driving the higher youth NEET rates for Māori and Pacific young people. As noted elsewhere in this report, they are more affected by socioeconomic deprivation than other ethnic groups and face multiple barriers to accessing education and employment opportunities, such as having to leave the education system earlier, participating in whānau/family caregiving at a younger age, and facing longer durations of unemployment than Pākehā young people (Pacheco & Dye, 2013). Needing to care for whānau has been especially salient for Māori and Pacific young people. Between March 2020 and March 2021, the number of young people who were not in education or employment due to caregiving increased by 13 per cent for Māori and 21 per cent for Pacific (MartinJenkins, 2021).
- **Geographical differences:** The four Southern Initiative local board areas, along with Whau local board had higher youth NEET rates compared to other local board areas.

7.0 Housing

Housing is one of the major determinants of health for people (Centre for Social Impact, 2020), particularly children and youth. There is a wealth of evidence characterising the significance of good-quality, stable, and affordable housing as being essential for health outcomes. It is well-established that New Zealand is in the midst of a housing crisis (Centre for Social Impact, 2020; Otter, 2017) and that the country has poor-quality housing stock impacted by dampness and mould. It is estimated that more than one in five homes in Auckland are either sometimes or always damp (Stats NZ, 2020b).

7.1 Housing affordability

Children and young people in New Zealand are especially affected by the negative consequences resulting from an unaffordable housing market, as it impacts their access to high-quality housing. House price growth has accelerated since 2011. In Auckland, however, house price growth is more dramatic. For instance, house prices rose on average by 45 per cent between 2014 and 2017 (Fernandez, 2019). The QV House Price index indicated that between January 2021 to January 2022, the average house price in Auckland rose 27.6 per cent to over \$1.5 million. Additionally, the five-year trend (between January 2017 and January 2022) showed that the average house price grew 43.7 per cent (QV, 2022).

As a result, home ownership is progressively out of reach for many families. National home ownership rates have dropped from their peak of 74 per cent in the mid-1990s, to 64 per cent in 2018 – almost at the all-time low of 61.5 per cent observed in 1951 (Stats NZ, 2020b). Fewer Māori and Pacific peoples own their own homes, compared to those of European ethnicity (Stats NZ, 2020b). The value of home ownership cannot be underestimated as it provides a level of tenure security (certainty about one's housing circumstances). This is critical during a child's formative years and has clear links with educational, social, and health outcomes (Leventhal & Newman, 2010).

Auckland has one of the lowest home ownership rates when compared to all regions, with a home ownership rate of 59.4 per cent in 2018 (Stats NZ, 2020b). Within Auckland, four local board areas had even lower home ownership rates (less than half of households lived in an owner-occupied home) – Māngere-Ōtāhuhu, Maungakiekie-Tāmaki, Ōtara-Papatoetoe, and Waitemātā. Considering that about one-third (34.8%) of the nation's children and young people live in Auckland, a great many of them will be living in households where their parents or caregivers do not own their own home.

Instead, approximately four in every ten households in Auckland rent. Renting (as opposed to owning one's home) is associated with greater residential mobility and, therefore, lower tenure security. Rental housing also tends to be of a poorer standard than owner-occupied homes (Stats NZ, 2020b). The Government introduced the Healthy Homes standards in 2019, which requires residential landlords to ensure their rental properties meet minimum standards for heating, insulation, ventilation, and drainage. Even so, housing quality and affordability issues continue to impact children and young people and housing deprivation is increasingly common for them.

Rents continue to increase nationally, with some regions experiencing steeper increases than others. Auckland rents increased by 3.4 per cent in the year ending September 2021 (which was below the national increase of 9.4%) (Javed & Graham Squires Property Group, 2021). With rents in Auckland rising faster than wages (Stats NZ, 2020b), renting is also becoming increasingly unaffordable.

The significance of housing unaffordability in Auckland cannot be understated when discussing the implications for children and young people. Affordability directly leads to other housing-related issues like quality and habitability, crowded households, residential mobility, and the inability to adequately heat homes. These factors contribute to family stress and child poverty. Increasing rents may cause families to move frequently, which can have clear harmful impacts on health, education, and social outcomes for children (Fu, 2015; Leventhal & Newman, 2010).

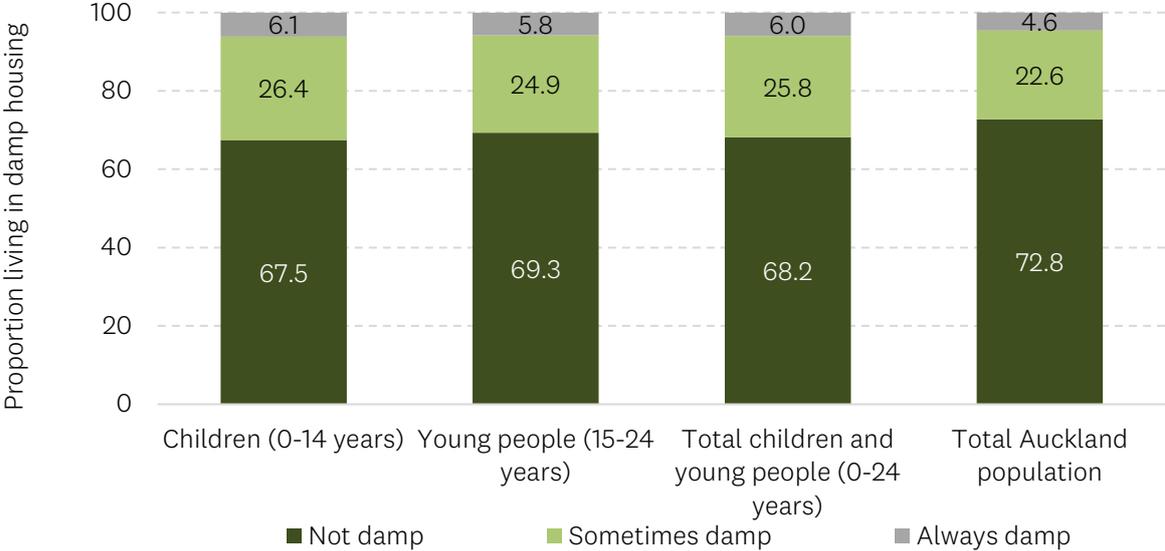
7.2 Low-quality housing frequently affects Auckland children

Substandard housing stock is a widespread problem in New Zealand. There are clear links between damp, poorly ventilated homes, inadequate/polluting heating systems and health issues in children like asthma and other respiratory illnesses (Howden-Chapman et al., 2013). For instance, the Growing Up in New Zealand study found that there were links between gas heater usage in children's bedrooms and higher risks of early childhood hospitalisations due to acute respiratory infections (Tin et al., 2016).

It is estimated that across New Zealand, about 28,000 homes are always damp and have invisible mould – approximately 41 per cent of these were in Auckland (Stats NZ, 2020b). Further analysis of Census 2018 shows that larger proportions of children and young people in Auckland live in damp and mouldy housing compared to the total Auckland population. Where 72.8 per cent of the total Auckland population lives in dry housing and 76.0 per cent live in houses with no/minimal mould, these figures are lower for

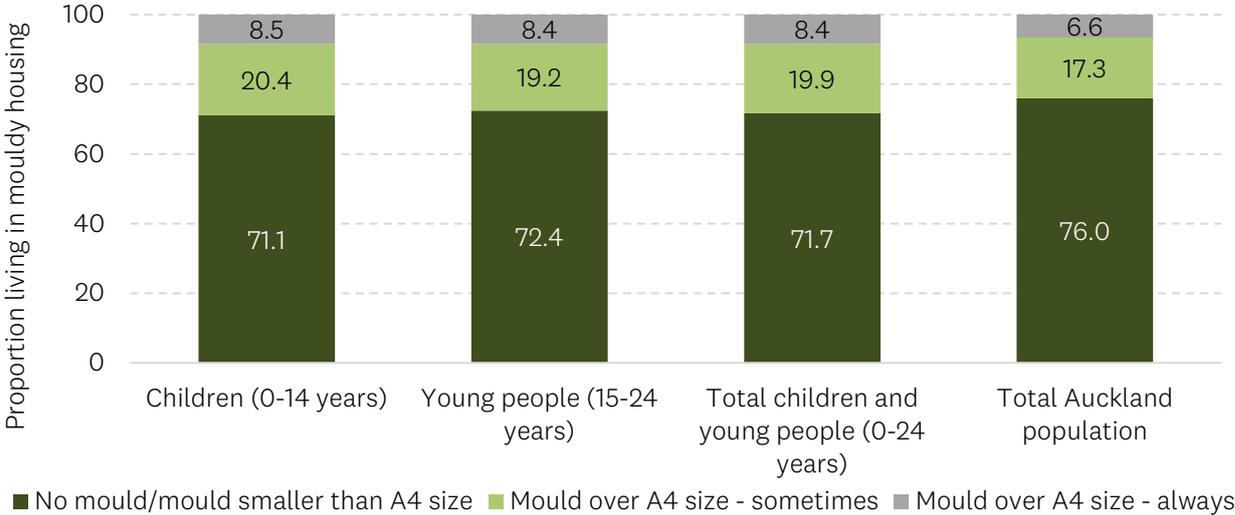
children and young people, particularly those aged 0 to 14 years old (Figure 19 and Figure 20). Please note that data on dwelling dampness and mould are of ‘moderate’ quality.

Figure 19: Proportion of Auckland children and young people who live in damp housing (2018).



Source: Stats NZ, Census of Population and Dwellings.

Figure 20: Proportion of Auckland children and young people who live in mouldy housing (2018).



Source: Stats NZ, Census of Population and Dwellings.

The next few tables indicate some important differences by ethnic group and local board:

- **Ethnic group** (Table 21): Auckland’s Pacific children and young people are unduly affected by poor-quality housing. Approximately half of them live in housing that

is always or sometimes damp (50.8%) or always or sometimes has a significant amount of mould (47.5%). Likewise, Māori children and young people also disproportionately live in substandard homes – 46.2 per cent live in always or sometimes damp housing and 40.1 per cent live in homes with significant mould issues.

- **Local board** (Table 22): In all local boards, higher proportions of children and young people live in unhealthier homes compared to the total population. Children and young people living in the Southern Initiative area are most affected by damp and mouldy housing, compared to all children and young people in Auckland. This is especially significant given that these local boards also have the highest proportions of children and young people in Auckland (see section 1). In contrast, more children and young people in the Upper Harbour area live in healthier homes, followed by Waitemata.

Table 21: Numbers and proportion of Auckland children and young people living in damp and mouldy housing, by ethnic group (2018).

<i>Dwelling dampness indicator</i>	Count				Percentage	
	Always damp	Sometimes damp	Not damp	Total people stated	Always + sometimes damp	Not damp
European	9858	58,443	169,647	237,951	28.7	71.3
Māori	7167	22,746	34,758	64,677	46.2	53.7
Pacific	11,301	31,044	40,959	83,304	50.8	49.2
Asian	4620	26,619	94,554	125,793	24.8	75.2
Total people stated	26,052	112,116	296,523	434,700	31.8	68.2
<i>Dwelling mould indicator</i>	Mould over A4 size – always	Mould over A4 size – sometimes	No mould/ smaller than A4	Total people stated	Mould over A4 size always + sometimes	No mould/ smaller than A4
European	15,846	43,032	182,013	240,891	24.4	75.6
Māori	9165	17,076	39,210	65,448	40.1	59.9
Pacific	15,222	25,467	45,024	85,713	47.5	52.5
Asian	6690	22,419	98,763	127,878	22.8	77.2
Total people stated	37,269	87,981	316,869	442,122	28.3	71.7

Source: Stats NZ, Census of Population and Dwellings.

Table 22: Proportion of Auckland children and young people living in damp and mouldy housing always or some of the time, by local board (2018).

Local board area	% Always or sometimes damp		% Always or sometimes has over A4 sized-mould	
	Total 0-24	Total population	Total 0-24	Total population
Albert-Eden	31.0	29.9	26.8	25.8
Devonport-Takapuna	29.1	25.4	24.7	21.2
Franklin	25.5	20.9	21.8	17.7
Aotea/Great Barrier and Waiheke combined ²⁹	30.9	24.4	25.4	19.3
Henderson-Massey	35.2	30.0	32.4	27.1
Hibiscus and Bays	22.8	19.1	18.8	15.7
Howick	24.2	20.8	22.1	18.9
Kaipātiki	33.7	30.3	29.5	26.0
Māngere-Ōtāhuhu	45.9	41.3	43.4	39.1
Manurewa	42.1	35.5	38.9	32.7
Maungakiekie-Tāmaki	41.3	35.6	36.6	31.4
Ōrākei	24.2	21.8	20.8	18.7
Ōtara-Papatoetoe	45.9	39.9	43.9	38.0
Papakura	34.9	28.7	30.6	25.1
Puketāpapa	36.3	31.0	32.8	28.1
Rodney	23.6	19.4	28.3	24.0
Upper Harbour	18.5	16.1	16.5	14.3
Waitākere Ranges	34.3	30.6	29.2	25.4
Waitematā	23.2	22.4	18.0	17.1
Whau	35.2	30.7	32.3	27.6
Auckland total	31.8	27.2	28.3	24.0
New Zealand total	30.0	24.2	24.8	19.7

Source: Stats NZ, Census of Population and Dwellings.

7.3 Household crowding is more common for Māori and Pacific

Overcrowded households tend to occur when there is a housing shortage (Howden-Chapman et al., 2013). Living in crowded conditions has a multitude of negative impacts

²⁹ These two local board areas were combined for this table due to the small number of children and young people living in these areas.

for children and young people, such as associations with respiratory illness and other poor health outcomes. Social implications are critical to note as well, such as a lack of privacy, greater tensions within families and reduced ability to do homework effectively (Howden-Chapman et al., 2013).

Stats NZ measures levels of household crowding in New Zealand, using the Canadian National Occupancy Standard.³⁰ Overcrowding is a significant problem in Auckland, which accounts for almost one-half of all crowded households in the country – over 42,100 Auckland households were classified as crowded (8.9% of all Auckland households). This equated to 209,000 Aucklanders living in crowded conditions (15.8% of all Aucklanders). Household crowding disproportionately affects Pacific and Māori peoples, with 44.0 per cent of Pacific peoples and 25.5 per cent of Māori living in crowded households. Census data also showed that national crowding rates were higher for one-parent family households living with others, as well as for households containing two or more families (Stats NZ, 2020b).

7.4 One in three young people experience housing deprivation

A small but comprehensive body of literature has explored how housing deprivation affects children and young people in New Zealand. More recently, the Youth19 survey (undertaken in 2019 in the Auckland, Northland, and Waikato regions) found that housing deprivation was relatively common amongst secondary school students (Clark et al., 2021). The researchers found that the experience of housing deprivation for youth was associated with poorer family relationships, poorer mental and physical wellbeing, less connection to schooling and their peers, as well as increased risk of violence. The study defined housing deprivation as a lack of access to adequate housing and used five indicators to measure it:

- **Inadequate housing**, defined as having an unsatisfactory place to sleep, which could include couch-surfing, sleeping on the floor, in a garage or car, or in emergency accommodation.
- **Serious housing deprivation**, which is a sub-category of the above, chiefly living in emergency housing, a hostel, or a car.

³⁰ Stats NZ considers that the Canadian National Occupancy Standard provides the best fit for the New Zealand social context, ‘although it may not fully align with all social and cultural norms’. In this standard, children under 5 of either sex may share a bedroom, but children between 5 and 18 should only share a bedroom if they are of the same sex. Couples and people aged 18 and over are also allocated a bedroom. The household is defined as crowded if these definitions are not met. For further information please refer to Goodyear et al. (2012).

- **Housing financial stress**, defined as when one's parents or caregivers frequently or always worry about paying for housing costs.
- **Familial separation**, due to having insufficient space for the family in one house.
- **Frequent residential mobility** (moving house frequently in a short space of time).

The Youth19 study found that almost one in three young people across the whole sample had experienced at least some form of housing deprivation in the 12 months prior to the study, and that one in ten had lived in inadequate housing in the same period. A considerable proportion of students (15%) said their families worried often or always about being unable to pay for housing costs. Those more affected by housing deprivation were young people living in low socioeconomic neighbourhoods and those attending low-decile schools. Non-European students were also more affected by housing deprivation, as were young people with disabilities and Rainbow young people. As noted above, Māori and Pacific children and youth are particularly disadvantaged by poor housing conditions, like more frequently living in damp and mouldy homes compared to other ethnic groups.

New Zealand research shows that Rainbow youth more commonly experience housing deprivation than non-Rainbow young people (Clark et al., 2021; Fraser et al., 2019). The Counting Ourselves survey (which surveyed Rainbow people in New Zealand about their wellbeing) found that 12 per cent of youth respondents had ever been homeless (Veale et al., 2019). Unsafe and unstable living conditions can drive these young people towards homelessness. Additionally, housing discrimination is fairly common for transgender and nonbinary people, with one in seven reporting some form of housing discrimination, like being denied a home, being evicted, or becoming homeless due to violence from family or a partner (Veale et al., 2019).

8.0 Health and Wellbeing

Children and young people's health are products of complex inter-relationships between different dimensions of wellbeing and socioeconomic factors. The scope of this report is limited in that it cannot exhaustively explore all the factors and barriers contributing to Auckland children and young people's health. Instead, the intention of this section is to briefly summarise some of the key outcomes of their health and wellbeing, primarily using national-level data, but also Auckland data where available.

Please note that the following section contains discussion about mental health, self-harm, and youth suicide, which some readers may find distressing. Reader discretion is advised.

8.1 Physical health

8.1.1 Regular physical activity continues to decline as children grow up

Regular exercise is important for maintaining a high level of health and wellbeing, as it can increase quality of life by reducing the risk of a range of health conditions (or to manage existing health conditions). Results from the Active New Zealand survey over the 2017-2019 period indicated that overall participation among Auckland young people was high, with 94 per cent of young people having been physically active in play, sport, exercise, or active recreation at least once in the seven days prior to the survey (weekly participation) (Sport New Zealand, 2020a). However, additional data from the New Zealand Health Survey (2017-2020 pooled data) indicated that Auckland young people tended to be less physically active compared to New Zealand young people more broadly (Appendix A, Table 29).

The Active New Zealand survey showed that participation time in hours remained stable over time. At the combined Auckland level, children and young people had spent on average 10.3 hours a week participating in physical activity in 2017, which dropped only slightly to 9.9 hours a week by 2019. This was not a statistically significant difference. There were minor differences across sub-regions in Auckland, but these differences were not statistically significant (Sport New Zealand, 2020a).

While not available at the Auckland level, national results from the Active New Zealand survey demonstrated that age played a role in children and young people's relationships with regular physical activity. For example, participation in active recreation, play, and sport peaked between ages 12 to 14, but then dropped sharply between ages 15 to 17

before plateauing from ages 18 to 24. There were other subgroup differences observed as well:

- **Ethnic group:** Asian young people had lower levels of weekly participation and spent less time being physically active compared to other ethnic groups. In contrast, Māori youth spent more time in both organised and informal participation.
- **Gender:** Young girls spent less time being active compared to boys, who were more likely to meet the physical activity guidelines. These gender differences may be linked to the finding that boys had higher levels of enjoyment of physical education classes compared to girls. These gendered differences in physical activity are well-established in international research (Corr et al., 2019), and are possibly driven by barriers to activity, such as gender role socialisation regarding sport activities (Collins, 2021).
- **Deprivation area:** Youth living in areas of higher deprivation were less likely to spend more than seven hours a week being active, compared with all youth.

COVID-19 impacted children and young people's participation in physical activity, which dropped in April 2020 for children and young people aged 5 to 17 years, but which recovered slightly by September, although the number of activities that children and young people participated in remained below normal September levels. The top barriers preventing children and young people from participating in play, sport, and active recreation included being too busy, being too tired and/or not having enough energy, a lack of motivation, and due to COVID-19 (Sport New Zealand, 2020b).

However, these results do not account for the prolonged period of restrictions in Auckland due to COVID-19 (August to December 2021), and it will be important to investigate and understand their impacts on children and young people's physical activity.

8.1.2 Reported substance use in young people is largely on the decline

Substance use is a major issue for young people in New Zealand. Adolescence can be a turbulent developmental life stage, during which experimentation and risk-taking behaviours tend to emerge (Matua Raki, 2017). Substance misuse can affect young people's wellbeing significantly – the risk of injury or death during adolescence has been documented to be considerably higher than in childhood (Bagshaw, 2012). There are also a multitude of adverse health effects depending on the type of substance misuse – physiological, neurological, and psychological:

- **Tobacco use:** Reduced lung function and growth are common, while infants and children exposed to second-hand smoke have higher rates of sudden infant death, respiratory infections, and obesity; long-term consequences can include lung cancer and heart disease (Gould et al., 2017; Simpson et al., 2016). Children who grow up in households with a smoker are also more likely to become a smoker themselves (Simpson et al., 2016).
- **Vaping:** An emerging issue amongst young people (Walker et al., 2020), vaping can have acute and chronic respiratory, oral, and cardiovascular effects, and potentially negative implications for adolescent brain development (Ball et al., 2021). Electronic cigarettes were developed as an alternative for nicotine-dependent smokers to help reduce harm from tobacco use. For this reason, it is not recommended that e-cigarettes are used by non-smokers.
- **Alcohol:** Misuse often results in higher adolescent morbidity and mortality rates; binge drinking is associated with higher risk of accidents, violence, and suicide (Ball, Edwards, et al., 2020). New Zealand has high youth binge drinking rates compared with many other countries around the world, which has had major physical, emotional, mental, and social harm on communities (Fleming, Ball, et al., 2020).
- **Cannabis:** Misuse can result in a range of adverse effects, both health-related and social; this includes impairments in memory, cognition, and psychomotor control, hallucinations, higher risk of accidents, cannabis dependency, and mental health issues (Fischer et al., 2020).

Recent findings from New Zealand studies indicate that reported adolescent use of various substances is on the decline, except for vaping. The below section will explore this evidence in more detail, focussing on tobacco use, vaping, alcohol, cannabis, and other drugs.

Tobacco use: Most young people in New Zealand are smokefree. In the three District Health Board (DHB) areas that overlap with Auckland’s boundaries, the proportion of young people who regularly smoke has decreased significantly since 2006 (Table 23). These proportional decreases were the most prevalent in Waitematā and Auckland DHBs and were above the national decrease. However, there was a somewhat smaller decrease in young people who regularly smoked in Counties Manukau DHB. It should be emphasised, however, that the trend across all DHBs – including Counties Manukau – is one of overall decline in adolescent tobacco use.

Table 23: Numbers of young people (aged 15 to 24 years) who were regular smokers, Auckland’s District Health Boards and New Zealand (2006, 2013, 2018).

District Health Board	2006	2013	2018	2006-2018 decrease (%)
Waitematā	11,871	7503	6168	48.0
Auckland	10,644	6567	5424	49.0
Counties Manukau	13,986	9678	8994	35.7
All New Zealand	124,341	82,896	70,674	43.2

Source: Stats NZ, Census of Population and Dwellings.

The declines in cigarette smoking behaviour amongst young people in Auckland (and nationally) are supported by other research. Youth19 found that tobacco use in secondary school students declined dramatically over two decades, especially for Māori and Pacific young people. However, some subgroups continued to have a higher prevalence of cigarette smoking. Smoking at least weekly was more common amongst young people attending low-decile schools, living in areas of high deprivation, or those living in small towns (compared to young people attending higher-decile schools, living in areas of low deprivation or in urban areas). While most Māori and Pacific young people did not smoke, higher proportions of these groups smoked weekly compared to their peers from other ethnic groups (Fleming, Ball, et al., 2020).

Additional findings from the New Zealand Health Survey shows that Auckland young people had significantly lower prevalence of current and daily smoking compared to New Zealand young people overall (Appendix A, Table 29). It is possible that this is partially driven by the high cost of tobacco use (see Smokefree, no date).

Vaping: Research suggests that vaping is more prevalent among young people than tobacco use. This is unsurprising given that vaping is generally cheaper than tobacco smoking (Smokefree, no date). Youth19 indicates that vaping amongst secondary school students was two to three times more common than cigarette smoking, with 38 per cent of respondents having experimented with vaping at least once and 10 per cent reporting that they had used vapes/e-cigarettes at least monthly. In contrast, 15 per cent had smoked at least once and four per cent smoked monthly or more (Ball et al., 2021).

Patterns of vaping experimentation differ to smoking (Ball et al., 2021). Experimenting with vaping began at a fairly young age – over one-tenth (22%) of Year 9 students indicated they had tried vaping, compared to six per cent who had tried smoking – and increased over time. It was associated with locality (more common in small towns than in urban/rural areas) and sex (more common in males than females). Vaping was also equally likely to occur amongst students from varied deprivation areas, in contrast to smoking, which was more prevalent in high-deprivation areas.

Alcohol: As with many other risky consumption behaviours, reported adolescent drinking has declined sharply in the last two decades (Ball, Edwards, et al., 2020). New Zealand Health Survey results showed that Auckland young people reported significantly lower prevalence of various drinking behaviours compared to New Zealand young people overall. For instance, almost one in five (18.7%) of Auckland young people were categorised as hazardous drinkers, compared to 26.1 per cent of New Zealand young people. Likewise, Auckland young people had lower prevalence of heavy episodic drinking (Appendix A, Table 29). This is still quite a high incidence of heavy drinking, however.

The Youth19 study noted similar findings, with just over one-fifth (22%) of respondents reporting binge drinking in the four weeks prior to the survey. This was down from 36 per cent in 2007 (Fleming, Ball, et al., 2020), but still remains quite high. Notably, there were associations between binge drinking and age, with 42 per cent of older respondents (17 years and over) reporting they had engaged in binge drinking in the last four weeks. Binge drinking was also more common amongst respondents living in higher-income households (24% of respondents, compared with 19% of respondents in lower-income households) and those living in rural areas compared with urban areas. Ethnic group analyses again revealed that although higher proportions of Māori and Pacific respondents engaged in binge drinking compared to respondents from other ethnic groups, their rates of binge drinking have drastically reduced since the survey first began in 2001.

Cannabis and other substances: Initiating cannabis use at a younger age, as well as using cannabis frequently and at high intensity, contributes to users experiencing higher levels of harm from cannabis (Ball et al., 2019).

Cannabis use has declined slightly since 2001, as indicated by the Youth19 study. Almost one-quarter (23.4%) reported ever having used cannabis, while 4.1 per cent reported regular use (at least weekly) – regular use dropped somewhat from 6.5 per cent in 2001 (Fleming, Ball, et al., 2020). Male respondents more commonly used cannabis than female respondents, while cannabis was also more prevalent in students attending high-decile schools. Age was again associated with cannabis use, with more frequent use related to increasing age.

Other national studies also support the declining use of cannabis by young people. For instance, the Youth Insights Survey (a nationally representative survey of 14-15-year-old secondary students) also found the proportion of those who had never used cannabis declined between 2012 and 2018, while the proportion of those who had used cannabis in the last month also decreased (Ball, Gurrām, et al., 2020). Additionally, the New Zealand Health Survey found that the prevalence of past-year cannabis use amongst

Auckland young people was significantly lower compared to that of New Zealand young people (Appendix A, Table 29).

Other psychoactive drugs are used less commonly by young people (Ball et al., 2019). Results from Youth19 indicated that only 3.7 per cent of respondents said they had ever tried any other drugs. Once again, the only observable differences were in age, with older respondents more likely to have ever tried other drugs compared to younger respondents (Fleming, Ball, et al., 2020). Declines in both cannabis and other drug use have positive implications for young people's health and wellbeing and for harm reduction.

8.1.3 Nutrition

Nutrition is a major determinant of health, particularly for children and young people, as nutritional habits formed in early childhood can affect their health later in life. Poor nutrition (itself often resulting from inadequate household income or lack of local access to affordable healthy food) often results in obesity, which is a critical risk factor for many other major diseases, like diabetes, cardiac disease, cancer, and mental illness. Researchers have generally noted that many New Zealand children and young people do not meet government guidelines on appropriate fruit and vegetable intake (Gerritsen et al., 2019; Rush et al., 2019), often due to inadequate household incomes. Children often have high sugar intakes contributing to tooth decay (Healthy Auckland Together, 2018).

Auckland has a high rate of child obesity, with one in seven children aged 2-14 years classified as obese (Healthy Auckland Together, 2019). Childhood obesity disproportionately affects Māori and Pacific children, as well as those who live in areas of higher socioeconomic deprivation (Healthy Auckland Together, 2019). However, there are indications that childhood obesity prevalence may be declining over time. The B4 School Check programme run by the Ministry of Health measured a range of health indicators before children begin school, including BMI.³¹ The most recently published data from 2017 in the Healthy Auckland Together 2019 Scorecard indicated that obesity prevalence amongst children aged 4 years declined over time, with 7.9 per cent classified as obese in 2017 (down from 10.4% in 2012). Child obesity prevalence varied according to ethnic group, with Pacific and Māori children having the biggest reductions in obesity

³¹ BMI assessment varies between adults and children. BMI scores in adults have fixed thresholds. In contrast, assessing BMI in children must consider their gender and age, and so percentiles derived from reference populations are used to determine normal weight, being overweight, and obesity (Healthy Auckland Together, 2018). However, it is important to note that BMI may not be a particularly accurate measure for identifying obesity in Māori, Pacific, and Asian children, especially in girls of these ethnic groups (Carey, 2019).

prevalence among children aged four years, compared to other ethnic groups (Healthy Auckland Together, 2019).

8.1.4 Sexual and reproductive health

Understanding Auckland young people's sexual and reproductive health is of vital importance to ensure that they are getting appropriate and accessible education and support. Recent evidence suggests that a larger proportion of young people are waiting to have sex compared to previous cohorts (Clark et al., 2020), but their variable access to good-quality sex education and healthcare services may be exposing them to a greater risk of teen pregnancy, contracting sexually transmitted infections (STIs), and encountering discrimination or a lack of privacy when seeking support about their sexual and reproductive health (Clark et al., 2020). Rainbow young people are more likely to face challenges in this space compared to their peers (Fenaughty, Sutcliffe, Clark, et al., 2021; Fenaughty, Sutcliffe, Fleming, et al., 2021), including a lack of good-quality information from healthcare providers about sexual health education (Veale et al., 2019).

Youth19 results demonstrated that fewer secondary school students reported ever having sex compared to 2012 and that the age of beginning sexual activity increased, on average. Around one in eight respondents (13.1%) said they were currently sexually active, a decline from one in five in 2001 (21.2%) (Clark et al., 2020). Of the currently sexually active respondents, there were no gender differences, although older respondents (those aged 17 years and over) were more likely to be sexually active than younger respondents (those aged 13 and under). Interestingly, there were differences in sexual activity based on school decile – students attending low-decile schools were more likely to indicate that they were currently sexually active than those in higher-decile schools – but no observable differences based on socioeconomic deprivation.

Although fewer students indicated that they had ever had sex, contraceptive use to protect against pregnancy and STIs declined in the period since the Youth2000 surveys began (Clark et al., 2020). In 2019, 40.5 per cent of sexually active respondents said they always used condoms to protect themselves and their partners from STIs, a substantial decline from 48.6 per cent in 2001. Meanwhile, in 2019, 51.5 per cent of sexually active respondents always used contraception to protect against pregnancy, which was again a considerable decline from 61.8 per cent in 2001.

These results are troubling as it means that more recent cohorts of sexually active young people are at greater risk of contracting preventable diseases. Indeed, New Zealand youth have some of the highest rates of STIs in the OECD (Martel et al., 2017). Results

from the New Zealand STI Surveillance Dashboard³² for the Auckland region between 2014 to 2018 indicated increasing rates of common STIs such as chlamydia and gonorrhoea. Notably, STIs were more prevalent in those aged 15 to 24 years, compared to those over 30 years of age. Chlamydia was much more common in young females while gonorrhoea was significantly more common in young males (Institute of Environmental Science and Research, 2019).

8.2 Mental health

In recent years there has been a growing body of evidence suggesting that deteriorating mental health is an urgent issue for children and young people in New Zealand (Gibson et al., 2017). For children and young people, the impacts of poor mental health can be serious, as it can interfere with their development, relationships, educational and employment prospects, and overall quality of life (Bowden et al., 2020).

The drivers of declining mental wellbeing in children and young people are complex. It is interesting to note that declines in youth mental wellbeing in New Zealand are consistent with trends observed overseas, and may be reflective of the increasing complexity of challenges that young people are contending with in their lives (Menzies et al., 2020). A variety of experiences can contribute to mental distress in children and youth, including poverty, stress, childhood trauma, lack of access to appropriate healthcare services, and socioeconomic deprivation (Gibson et al., 2017). Other factors potentially compounding this deterioration include the impacts of social media and technology; ongoing impacts of intergenerational trauma, colonisation, and racism; and worries about the future, particularly concerning the climate (Menzies et al., 2020). For instance, Auckland results from the Quality of Life 2020 survey showed that young people (those aged 18 to 24 years) expressed a greater degree of worry about the impacts of climate change compared to other age groups – 64 per cent of those aged 18-24 were worried or very worried about climate change, compared to 52 per cent of those aged 25-49, 46 per cent of those aged 50-64, and 39 per cent of those aged 65 and over (Allpress & Reid, 2021).

Documenting the prevalence of mental health issues in New Zealand can be challenging as there is a substantial proportion of children and youth who have undiagnosed or untreated issues (Merry et al., 2020). However, research using the Integrated Data Infrastructure suggests that there were approximately 82,000 children and young people (aged 0 to 24 years) in New Zealand in 2014/15 with at least one mental health or related problem serious enough to require some level of intervention. The most common

³² This dashboard gathers data from sexual health clinics, family planning clinics, student and youth health clinics, and diagnostic laboratories in New Zealand, to understand trends in STIs.

clinical issues identified related to emotional issues, substance use issues, and disruptive behaviours (Bowden et al., 2020).

Youth19 findings paint a worrying picture about youth mental wellbeing in Auckland (Fleming, Tiatia-Seath, et al. 2020). Time series analyses shows that the decline in youth mental wellbeing was particularly stark between 2012 and 2019. For example, approximately two-thirds (69.3%) of respondents reported having good wellbeing, a decline from 76.0 per cent in 2012. The increase in students experiencing depressive symptoms over this same period was noteworthy (13.0% in 2012 to 22.7% in 2019). Female respondents reported higher prevalence of depressive symptoms (28.9%, up from 17.4% in 2012) than males (16.5%, up from 8.7% since 2012). Ethnic group differences were also apparent, with rangatahi Māori reporting higher rates of depressive symptoms than European youth (Fleming, Tiatia-Seath, et al., 2020; Menzies et al., 2020).

Compared to New Zealand young people, however, it seems that Auckland young people have a lower prevalence of various emotional, mood and anxiety disorders (Appendix A, Table 29). For instance, 9.4 per cent of Auckland young people reported psychological distress, significantly lower than 13.0 per cent of New Zealand young people overall. Similar observations were made about the prevalence of depression and anxiety disorder.

It is worth noting that Rainbow young people are one of the population groups more at risk of experiencing greater mental distress (Fenaughty, Sutcliffe, Clark, et al., 2021; Fenaughty, Sutcliffe, Fleming, et al., 2021; Veale et al., 2019). Transgender and nonbinary young people typically report experiencing high levels of psychological distress compared to cisgender young people, which is likely to be a result of the many challenges they face with social isolation and safety in their home and school environments (Fenaughty, Sutcliffe, Fleming, et al., 2021; Veale et al., 2019). They are also more likely to experience mental health inequities compared to cisgendered people (Tan et al., 2020; Veale et al., 2019).

Mental distress has undoubtedly been exacerbated by COVID-19 (Menzies et al., 2020). In New Zealand, there are a small number of studies pointing to the psychological toll of COVID-19 on children and young people (Allpress & Reid, 2021; Merry et al., 2020; Ministry of Youth Development, 2020; Office of the Children's Commissioner, 2020; Walker et al., 2021; Youthline, 2020). For instance, Auckland results from the 2020 Quality of Life survey indicated that the mean WHO-5 Index score for young adults under the age of 25 was significantly lower than the Auckland average (48 compared to 55

overall)³³ (Allpress & Reid, 2021). A survey of young children from the Growing Up in New Zealand longitudinal study during the May 2020 lockdown indicated that a larger proportion of children in the cohort reported depressive symptoms compared to previous surveys (Walker et al., 2021).

Recent coverage in the media highlighted the inequities in the mental health system for children and young people, compared to the adult population. These disparities have been worsened by the surge in demand prompted by the pandemic (Cooke, 2021). There are ongoing mental health capacity issues within DHBs, such as a shortage of mental health professionals specialising in children and young people's mental wellbeing. As a result, children and young people typically face longer waitlists for outpatient mental health services, especially in Auckland. Counties Manukau DHB reported an increasing number of young people presenting with self-harm issues and suicidal ideation since the start of the pandemic and lockdown restrictions, which have created longer delays for children and young people seeking mental health support for less urgent issues. Thus, improving the mental wellbeing of children and young people in Auckland depends partially on the capacity of the system to respond to these challenges.

8.2.1 Youth suicide

New Zealand consistently has one of the highest rates of youth suicide in the OECD (Mental Health Foundation, 2021). Data comparing global three-year averages in suicide rates up to 2015 showed that New Zealand young people aged 15 to 19 years had a suicide rate of 14.9 per 100,000, the second highest among all compared countries (UNICEF Innocenti, 2020). While actual suicides are high, even more young people may contemplate suicide without self-harming or attempting. Rates of hospital admission for self-harm are 50-100 times higher than actual suicides (Gluckman, 2017).

Data from the New Zealand Mortality Collection (about confirmed suicides) and from the Ministry of Justice (about suspected suicides) reveal that there are more suicides within the 15-24 year age group than any other age group (Ministry of Health, 2021). Males are more likely than females to die by suicide and Māori young people have higher suicide rates than other ethnic groups (Ministry of Health, 2017). There are links between ethnicity and socioeconomic deprivation for Māori and Pacific peoples, who seem to be

³³ The World Health Organization-5 (WHO-5) index is a measure of emotional wellbeing. Respondents are asked to rate the extent to which each of five wellbeing indicators has been present or absent in their lives over the previous two-week period, on a 0-5 point scale ranging from 'all of the time' to 'at no time'. The raw score is calculated by totalling the figures of the five answers and multiplying by 4 to get a score out of 100. The index ranges from 0 to 100, with 0 representing the lowest level and 100 representing the highest level. Research has found a WHO-5 index score of ≤50 to be a reasonably good predictor of clinical depression.

more likely to die by suicide when they live in highly deprived areas, compared to those living in the least deprived areas (Ministry of Health, 2017).

Youth19 findings explored students' experiences of suicidality and reported suicide attempts. In 2019, 20.7 per cent of respondents said they had experienced serious thoughts about attempting suicide. Additionally, 6.2 per cent of respondents reported that they had attempted suicide in the past 12 months, compared to 3.9 per cent in 2012. In line with the evidence described above, there were concerning results for Māori young people, who were more likely to have attempted suicide in the past 12 months than Pākehā and other European respondents (Fleming, Tiatia-Seath, et al., 2020). Rainbow young people also show worrying trends concerning suicidality – according to the Counting Ourselves study, 84 per cent of transgender and nonbinary youth respondents had seriously considered attempting suicide at some point in their lives, with two-thirds (67%) seriously considering this in the last 12 months (Veale et al., 2019).

Provisional suicide statistics for the year ending June 2021 indicated that the suspected suicide rate decreased in the 15-24-year age group compared to previous years. However, it is unclear yet whether this is a trend and, if so, what might be driving this decline (Office of the Chief Coroner, 2021).

9.0 Child Poverty

Since 2013, the Office of the Children’s Commissioner (in partnership with the J R McKenzie Trust and the University of Otago) has published the annual Child Poverty Monitor report to track changes over time about child poverty in New Zealand. The annual Monitor collates a variety of data and uses a range of measures to track this and to explore how poverty impacts different aspects of children’s lives and wellbeing, such as their housing, health, education, and whānau circumstances.

Understanding these data is particularly important because New Zealand has one of the highest rates of child poverty among rich and developed nations (Office of the Children’s Commissioner, no date). New Zealand has experienced rapid growth in child poverty in recent decades (Haigh, 2018). The social and impacts of child poverty accumulate over time and weigh heavier on individuals, families, and society in the long term. Children experience the negative effects of hunger and food insecurity or living in cold and damp housing, and not having their basic needs met typically leads to poor health outcomes. It can result in ongoing social exclusion as children are unable to effectively participate in education, leading to poor educational outcomes and eventually fewer employment opportunities. Child poverty also has associations with having contact with the criminal justice system later in life (Haigh, 2018). Child poverty rates are worse for Māori, Pacific, and disabled children (Duncanson et al., 2021; Haigh, 2018).

The New Zealand Government passed the Child Poverty Reduction Act in 2018, which defines how child poverty is measured, and legislating them to report on and set targets to reduce income poverty and material hardship, including intermediate 3-year targets and longer-term 10-year targets. These targets aim to halve child poverty by 2027/2028.

9.1 Child poverty rates are trending downwards nationally

Prior to the COVID-19 pandemic, national data indicated that child poverty appeared to have declined since 2018 on all measures (Duncanson et al., 2021). For instance, material hardship³⁴ dropped by 2.0 per cent between June 2019 and 2020. However, Māori and Pacific children are more likely to live in households with low income or material hardship, compared to other ethnic groups. Additionally, disabled children, as well as

³⁴ Households experience material hardship when they are unable to afford specific consumption items that are regarded as essential, such as being unable to afford fresh fruit and vegetables, delaying doctor’s appointments due to cost, or being unable to pay utility bills on time. Material hardship is defined as when a household is unable to afford at least six out of 17 essential items.

children living in a household with at least one disabled person, are more likely to live in a household with low income and material hardship than non-disabled children/those living in a household with no disabled people (Duncanson et al., 2021; Haigh, 2018).

Data on child poverty rates by region are limited as they have only been reported on since 2019. Based on the available data, in Auckland it appears that child poverty rates worsened between the year ending June 2019 and June 2020 (unlike the improvements observed overall nationally) (Table 24). Some measures of material hardship improved, with just over 1000 Auckland children lifted from living in situations of material hardship. However, these data should be interpreted with caution, as the Household Economic Survey is subject to survey sampling errors and high margins of error. Additionally, from these figures alone, which only present two years' worth of data, we are unable to explore what role the COVID-19 pandemic has had on child poverty rates in Auckland.

Table 24: Changes in child poverty rates in the Auckland Region (2019-2020).

Measures	Rate (%)		Change 2019-2020	
	Year ending June 2019	Year ending June 2020 ³⁵	%	Sample error on change
Primary measures				
Percentage of children living in households with less than 50% of the median equivalised disposable household income before housing costs (BHC) are deducted	13.7 (51,200 children)	16.4 (65,800 children)	2.7	2.7
Percentage of children living in households with less than 50% of the median equivalised disposable household income after housing costs (AHC) are deducted (for the 2017/18 base financial year)	20.0 (74,900 children)	21.4 (85,800 children)	1.4	2.9
Percentage of children living in households that experienced material hardship	13.3 (49,300 children)	12.1 (48,200 children)	-1.1	11.1
Supplementary measures				
Percentage of children living in households with less than 60% median equivalised disposable household income BHC	21.7 (81,100 children)	22.5 (90,100 children)	0.8	2.8
Percentage of children living in households with less than 60% median equivalised disposable household income AHC	29.3 (109,600 children)	30.9 (123,800 children)	1.6	3.5

³⁵ Data for the year ending June 2020 is only for the nine months to March 2020, due to being unable to collect data for the Household Economic Survey during the first COVID-19 lockdown.

Measures	Rate (%)		Change 2019-2020	
	Year ending June 2019	Year ending June 2020 ³⁵	%	Sample error on change
Percentage of children living in households with less than 50% median equivalised disposable household income AHC	21.7 (81,400 children)	23.1 (92,600 children)	1.4	3.1
Percentage of children living in households with less than 40% median equivalised disposable household income AHC	15.6 (58,500 children)	17.2 (69,000 children)	1.6	2.7
Percentage of children living in households in the Auckland Region in each financial year that experienced severe material hardship	6.1 (22,500 children)	5.3 (21,000 children)	-0.8	2.0
Percentage of children living in households with less than 60% median equivalised disposable household income AHC and experiencing material hardship	7.3 (27,300 children)	7.0 (27,900 children)	-0.3	2.1

Source: Stats NZ, Household Economic Survey, year ended June 2019-June 2020.

10.0 Safety

Children and young people have the right to live safe and free from abuse (Fleming et al., 2021). There are challenges in ascertaining the level of harm that children and young people experience in New Zealand, as there are no comprehensive data sources that provide holistic and precise statistics. Existing data contains different indicators that can be used to measure harm, including substantiated abuse investigations, hospitalisations, reported crimes, injuries, deaths, and family violence notifications. It is important to note that an accurate picture of harm towards children and young people is obscured by the suspected high level of unreported harm (Oranga Tamariki, 2020). Therefore, in this section we discuss some of the available data on children and young people's safety in New Zealand (and Auckland, where available).

10.1 The rate of child injuries in New Zealand has remained stable

Injuries in children are a significant problem as they are a leading cause of their hospitalisation and death, despite most injuries being preventable (Child & Youth Wellbeing, 2020). Stats NZ collects national-level information about serious injury outcomes. The age-standardised rate for all serious injuries in New Zealand children (aged 0 to 14 years) was 80.5 per 100,000 children in 2018, which has remained relatively stable since 2004. Meanwhile, the rate for fatal injuries has declined over the last two decades (Table 25). There is a low incidence of serious assault injuries in children; the age-standardised rate was 4.1 per 100,000 children in 2000 and declined slightly to 3.1 per 100,000 children in 2018, with fluctuations in the intervening years (Stats NZ, 2021a).

Table 25: Age-standardised rates of serious injuries in New Zealand children (0-14 years) (2000-2018).

Year	Fatal injuries	Serious non-fatal injuries	Total serious (fatal and non-fatal) injuries
2000	12.3	94.2	106.5
2002	12.1	83.6	95.7
2004	10.1	69.3	79.3
2006	10.0	70.4	80.3
2008	11.3	66.2	77.5
2010	9.5	66.8	76.3
2012	8.3	66.1	74.4
2014	8.9	70.7	79.6
2016 ^R	7.3	74.6	81.9
2018 ^P	5.7	74.9	80.5

Source: Stats NZ, Serious injury outcome indicators for children: 2000-2020.

Notes:

- 1) Serious non-fatal injuries involve those where a patient is admitted to hospital, and they are determined to have a probability of death of 6.9 per cent or more.
- 2) Age-standardised rates are per 100,000 person years at risk. They are used to account for age changes in population structure.
- 3) The 2016 rates have been revised, while the 2018 rates are provisional.

A recent study analysing data from the Growing Up in New Zealand longitudinal cohort (Kool et al., 2020) aimed to understand the multiple factors that contribute to higher risk of injury. The researchers found that the primary protective factor was the level of nurturing environment (children living in highly nurturing environments were less likely to have high injury risk as those living in less nurturing environments). Meanwhile, risk factors for being exposed to a higher level of risk included:

- **Living in an environment of high need** – including factors such as single-parent households, receiving a benefit, having contact with social services, parental conflict, and higher residential mobility.
- **High rate of household risk factors** – including uncertain household tenure; living in material deprivation, or in a damp, mouldy or overcrowded home; having low household income.
- **High rate of family risk factors** – this included having siblings; being a subsequent child; having low levels of external support; or living in an unsafe neighbourhood.
- **Living in a high-stress household** – for instance, where there is a high level of family stress, postnatal anxiety, or antenatal stress.

10.2 Declining reported victimisations of children and young people

New Zealand Police data on victimisations in New Zealand show that over the past five years, the number and proportion of reported crimes committed against children and young people in Auckland have declined (Table 26). This decline appears to be slightly more apparent among young people (aged 15-24 years), while the proportion of reported victimisations among children (aged 0-14 years) has remained stable. Please note that there were some limitations with these data, as a substantial proportion of victimisations did not have age demographics available, which may obscure the true picture of reported crime against children and young people.

Table 26: Number and proportion of reported victimisations of Auckland children and young people (2017-2021).

	2017	2019	2021	2017	2019	2021
	Count			Percentage		
0 to 4 years	262	273	223	0.7	0.7	0.7
5 to 9 years	533	563	426	1.4	1.5	1.2
10 to 14 years	1409	1341	1093	3.7	3.7	3.2
15 to 19 years	3171	2943	2547	8.3	8.0	7.5
20 to 24 years	5427	4668	4237	14.3	12.7	12.4
Total 0 to 14 years	2204	2177	1742	5.8	5.9	5.1
Total 15 to 24 years	8598	7611	6784	22.6	20.7	19.9
Total children and young people	10,802	9788	8526	28.4	26.7	25.0
Total adults (25+)	27,211	26,901	25,625	71.6	73.3	75.0
<i>Total stated</i>	<i>38,013</i>	<i>36,689</i>	<i>34,151</i>			
<i>N/A or Not specified</i>	<i>10,160</i>	<i>10,013</i>	<i>8613</i>			
Total victimisations	48,173	46,702	42,764			

Source: New Zealand Police data, Victimisations (demographics).

Additional analysis of 2021 victimisations data provides further details about the types of children and young people who are more commonly victimised. Of the 8526 reported victimisations in 2021 involving children and young people:

- **Location:** A larger proportion of victimisations against children and young people occurred in the Counties Manukau combined police areas (44.0%), followed by the combined Auckland police area (30.3%) and Waitemātā (25.7%).³⁶
- **Ethnicity:** Most victimisations occurred to Māori (20.9%), European (16.7%), and Pacific (11.6%) children and young people. A smaller proportion of victimisations involved children and young people of Indian (5.1%), Asian (4.0%), and Other (3.0%) ethnicities. Please note that over one-third of victimisations (38.7%) had no stated ethnicity.
- **Type of crime:** One-half (50.2%) of victimisations that occurred to children and young people involved acts intended to cause injury – this involved common and serious assault. Just over one-third of victimisations were due to theft and related offences (36.1%), while 10.0 per cent involved sexual assault and related offences.

10.3 Increasing number of family violence investigations during COVID-19

Children and women are the most common victims of family violence (New Zealand Police, no date). Family violence involves physical, verbal, psychological or sexual abuse perpetuated against individuals by someone with whom they have a close and personal relationship (Ministry of Social Development, 2002). It is a major problem in New Zealand and adversely affects the wellbeing of children and youth.

Table 27 shows the proportion of family violence investigations undertaken by the New Zealand Police (please note a limitation of these data: they do not indicate whether children were present or usually residing with the victim). There was an increase in family violence investigations over time, particularly in 2020, with the New Zealand Police noting a surge of family violence incidents during COVID-19 lockdowns (Foon, 2020). Please note that 2021 data are not yet publicly available.

³⁶ Police areas are defined as follows: the combined Auckland police area comprises Auckland Central, Auckland East, Auckland Motorways, and Auckland West. The combined Counties Manukau area consists of Counties Manukau Central, East, South, and West. Finally, the combined Waitemātā area is made up of Waitemātā East, North, and West areas.

Table 27: Family violence investigations in New Zealand

	2018	2019	2020	Change 2018-2020 (%)
Auckland area	39,397	44,048	50,963	29.4
Outside Auckland area	92,669	107,561	114,076	23.1
New Zealand total	132,066	151,609	165,039	25.0

Source: New Zealand Police data.

Reports of concern about a child or young person can be made to Oranga Tamariki by any person. In the year ending September 2021, Oranga Tamariki received 74,400 reports of concern nationally, involving 54,600 individual children and young people. The number of reports has dropped steadily since 2017 (when nearly 82,000 reports of concern were made) (Oranga Tamariki, 2021). Oranga Tamariki statistics showed that in the year ending June 2020, about one per cent of children were confirmed to have been abused or neglected after the completion of an investigation or assessment (Oranga Tamariki, 2020). Types of abuse suffered by children include emotional abuse, physical abuse, neglect, and sexual abuse.

Youth19 provides some recent data on youth feelings of safety and experiences of abuse and violence. Findings of note include (Fleming et al., 2021):

- **Violence at home:** 6.1 per cent of respondents had witnessed adults at home hit or hurt another adult in the last 12 months, while 7.7 per cent had witnessed adults at home hit or hurt a child – this was higher for students living in high-deprivation neighbourhoods and attending low-decile schools. However, these proportions have declined drastically since 2001.
- **Safety at school and in the neighbourhood:** The proportions of young people who felt safe at school have increased – 78.7 per cent in 2001 and 87.0 per cent in 2019. Notably, Rainbow students felt less safe at school compared to non-Rainbow students (see also Veale et al., 2019), due to higher rates of bullying. Meanwhile, feelings of safety in the neighbourhood across the whole sample improved from 43.8 per cent in 2001 to 58.8 per cent in 2019.
- **Unwanted sexual experiences, sexual violence or abuse:** The proportion of students reporting these experiences declined slightly from 22.6 per cent in 2001 to 18.0 per cent in 2019. In 2019, females reported a higher proportion of unwanted sexual experiences, sexual violence, or abuse (26.1%) than males (9.7%).

10.4 Social networks and support

Auckland data from the Quality of Life 2020 survey suggest that young people (18 to 24 years old) are connected to support. The majority agreed they had someone they could turn to if faced with a serious injury or illness or if they needed support during a difficult time. Most agreed that they could rely on someone for both practical (90%) and emotional (88%) support. The levels of agreement were consistent with older age groups who completed the survey (Allpress & Reid, 2021). Notably, young people reported experiencing loneliness less often compared to older age groups – 28 per cent of young people rarely or never felt lonely, compared to 62 per cent of those aged 50-64 years and 68 per cent of those aged 65 years and over.

While young Aucklanders appear to have tight-knit interpersonal connections, their wider community connections were less positive. Much lower proportions of young people agreed that they felt a sense of community with others in their local neighbourhoods compared to older age groups (31% of young people, compared to 71% of those aged 65 years and over). Finally, they expressed a lower level of trust in others compared to their older counterparts; 40 per cent of young people said that they had a high level of trust in others, in contrast to 72 per cent of those aged 65 years and over, 58 per cent of those aged 50-64 and 53 per cent of those aged 25-49 years.

11.0 Conclusion

It is clear from the information compiled in this report that there is much to be celebrated about the progress and outcomes of children and young people in Auckland. Despite the prevailing challenges in our social and economic landscape, particularly with COVID-19, our children and young people continue to persevere, as evidenced by their educational and employment achievements outlined in this report. Gaps amongst ethnic groups and local board areas are narrowing, particularly in school leavers' attainment, and although the pandemic has presented challenges to their educational and employment opportunities, the overall proportion of young people who are NEET remains relatively low.

However, that is not to say that children and young people are completely healthy and thriving in all dimensions. It is critical to note here that although school leavers' formal achievement has improved in 2020, examining rates of attainment alone mask education equity issues. There has been a notable decline in school leavers, particularly in lower-decile areas, who are not captured in data. There is a 'lost' cohort of young people who disengaged from school due to the pandemic and were unable to return.

This report also highlighted several other concerning areas affecting children and young people, particularly their health. Declining mental health is an urgent and worrying issue for our children and young people. Additionally, too many of our children and young people are living in unaffordable and low-quality housing and experiencing some form of housing deprivation. Disparities are heightened for Māori and Pacific children and young people, in particular, which is significant because they represent a growing and sizable proportion of younger people in this city. We also need to be increasingly aware of the inequities that exist for our Rainbow and disabled communities, who encounter many challenges, such as safety and healthcare access.

There is more to be done to improve the health, wellbeing and life outcomes for children and young people in Auckland, of all ethnic and socioeconomic backgrounds, if we are to foster a strong, inclusive, and equitable society in the future. Based on the data explored throughout this report, this must start by addressing major determinants of health, like housing, so that children and young people have the right foundations in life to be able to thrive.

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Appendix A: Health indicators for Auckland children and young people

Table 28 and Table 29 are sourced from the 2017/18, 2018/19, and 2019/20 New Zealand Health Survey. When interpreting these tables, please note that p-values show statistically significant differences ($p < 0.05$). ↑ ↓ PHU has a higher (↑) or lower (↓) prevalence than the NZ rate (Statistically significant).

Table 28: Health indicators for Auckland children (0-14 years).

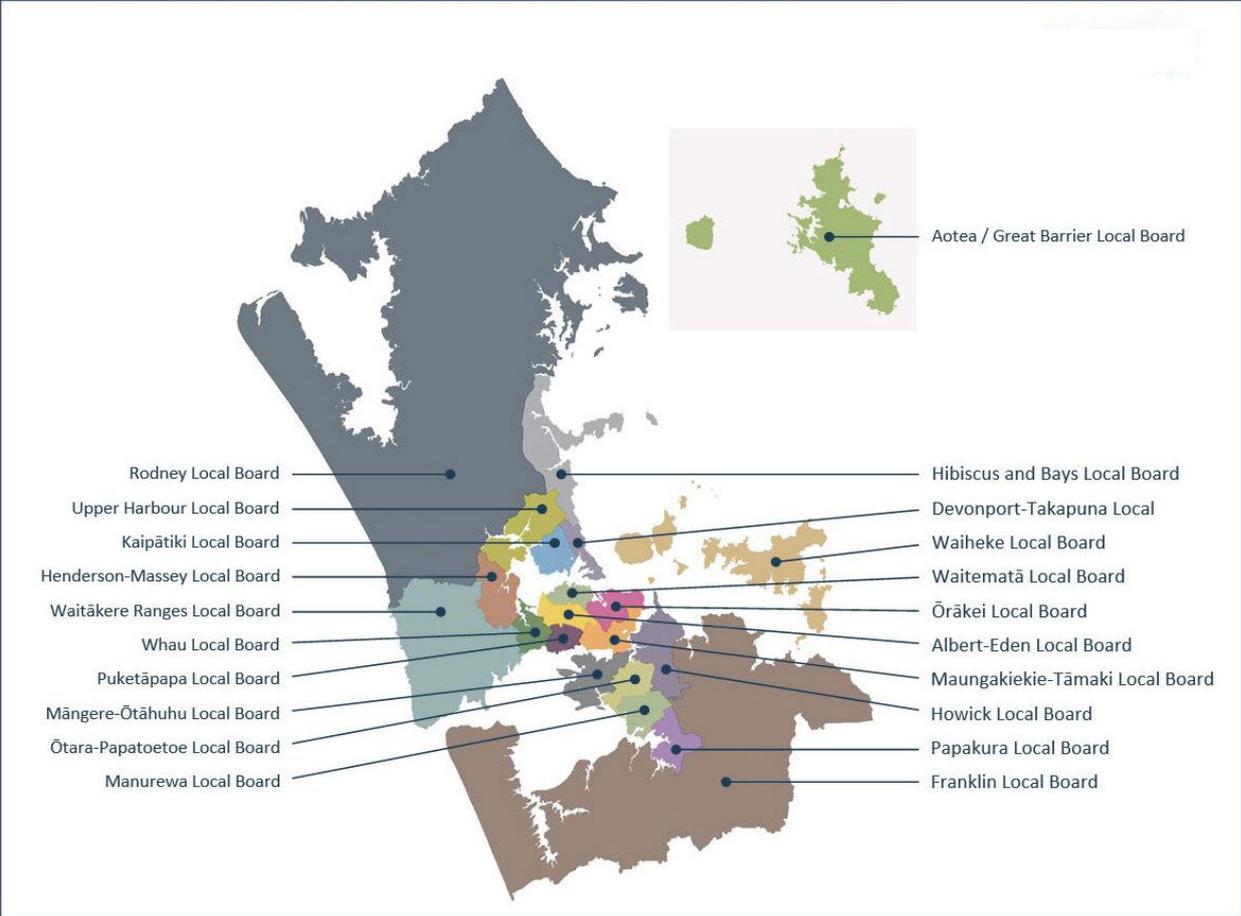
Indicators for children (0-14)	Unadjusted data prevalence (%), 2017-2020		Test of significance of difference between PHU and NZ
	Auckland Regional Public Health Service	New Zealand	p-value
Excellent, very good or good parent-rated health	98.3	97.9	0.07
Exclusively breast-fed until 6+ months old	10.5	8.2	<0.01* ↑
Solid food before 6 months	38.9	46.9	<0.01* ↓
Fruit intake	70.8	73.0	0.03* ↓
Vegetable intake	41.3	47.7	<0.01* ↓
Active transport	42.9	43.1	0.90
Obese	12.4	10.8	0.05
Emotional and/or behavioural problems	5.0	5.7	0.14
Depression	0.5	0.7	0.12
Anxiety disorder	2.6	3.8	<0.01* ↓
ADHD	2.5	2.3	0.47
Autism spectrum disorder	2.1	2.0	0.57
Asthma (medicated)	12.9	14.0	0.12
GP visit	80.2	73.5	<0.01* ↑
Practice nurse visit	21.5	25.8	<0.01* ↓
After-hours medical visit	30.6	25.5	<0.01* ↑
ED visit	14.2	15.1	0.19
Unmet need for primary health care	20.7	20.3	0.59
Unmet need for GP due to cost	2.2	1.8	0.15
Unmet need for GP due to lack of transport	2.7	2.0	0.01* ↑
Definite confidence and trust in GP	84.3	81.9	0.02* ↑
GP good at explaining health conditions and treatments	93.4	91.2	<0.01* ↑
Private health insurance	34.8	29.8	<0.01* ↑
Dental healthcare worker visit	76.0	81.6	<0.01* ↓

Table 29: Health indicators for Auckland young people (15-24) years.

Indicators for young people (15-24)	Unadjusted data prevalence (%), 2017-2020		Test of significance of difference between PHU and NZ
	Auckland Regional Public Health Service	New Zealand	p-value
Excellent, very good or good self-rated health	89.2	88.5	0.47
Current smokers (at least monthly)	10.6	14.3	<0.01* ↓
Daily smokers	8.6	11.5	<0.01* ↓
Past-year drinkers	67.9	76.9	<0.01* ↓
Hazardous drinkers (total population)	18.7	26.1	<0.01* ↓
Heavy episodic drinking at least monthly (total population)	20.8	28.2	<0.01* ↓
Heavy episodic drinking at least weekly (total population)	9.8	13.8	<0.01* ↓
Cannabis use in the last 12 months	20.1	26.7	<0.01* ↓
Amphetamine use (total population) in the last 12 months	0.8	1.0	0.49
Adequate vegetable intake (3+ servings a day)	39.9	45.4	<0.01* ↓
Adequate fruit intake (2+ servings a day)	50.0	48.7	0.44
Physically active	44.9	53.4	<0.01* ↓
Highly physically active	40.6	49.3	<0.01* ↓
Obese (BMI of 30+)	19.3	20.2	0.46
Psychological distress	9.4	13.0	<0.01* ↓
Depression	8.0	11.9	<0.01* ↓
Bipolar disorder	0.7	0.8	0.60
Anxiety disorder	9.2	12.7	<0.01* ↓
GP visit in the last 12 months	67.5	68.4	0.54
Practice nurse visit in the last 12 months	19.3	23.0	0.01* ↓
After-hours medical visit in the last 12 months	13.9	14.5	0.62
ED visit in the last 12 months	12.4	16.8	<0.01* ↓
Unmet need for primary healthcare	26.3	29.2	0.07
Unable to get appointment within 24 hours	13.7	18.6	<0.01* ↓
Unmet need for GP due to cost	15.2	15.7	0.61
Unmet need for GP due to lack of transport	4.5	4.5	0.92
Definite confidence and trust in GP	78.2	80.3	0.38
GP good at explaining health conditions and treatments	85.9	87.9	0.29
Dental healthcare worker visit in the last 12 months	51.6	51.2	0.76

Appendix B: Map of Auckland local board areas

Figure 21: Auckland local board boundaries.



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