



Children and Young People in Wellington City

Key data 2020

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Introduction

This report presents a range of information about aspects of wellbeing for children and young people in Wellington City.

We want all children and young people to thrive in Wellington City so that they are able to lead great lives and be the best they can be. This background paper is modelled on the Porirua City Council's framework for reporting on the Status of Children and Young People in their city. We are grateful for their assistance and acknowledge the importance of wellbeing for all children and young people in the Wellington region as a whole.

This report presents data on how the young people of Wellington compare against key indicators that are used nationally to show progress across health, education, housing etc. It does not present examples of youth social entrepreneurship, creative talent, sporting prowess, exceptional cultural expression, change leadership and activism of which there are many from Wellington City.

Young people move from outside of the city to study at Wellington universities and polytechnics and some leave Wellington to study in campuses around New Zealand. Some young people move here to study or seek job opportunities or move to Wellington with their families. Families in the region enjoy events and attractions within Wellington City. Compared to many other places in New Zealand, Wellington City has a young population and it is forecast to grow over the next few decades.

Our children and young people are living in challenging times:

- COVID-19 brings uncertainty and has impacted the aspirations and life choices of many young people.
- How we live and interact is changing eg greater online engagement and housing affordability remains out of reach of many young people.
- The urgency of the climate crisis is felt keenly by young people.
- Demographics are changing and young people will have to support a larger and ageing population who are living longer.

This report also reflects the Central Government's Child and Youth Wellbeing Strategy 2019 which has produced a comprehensive framework and way of thinking about wellbeing for young people.¹



This information is presented as a conversation starter for our engagement on the development of a strategy for children and young people.

¹ <https://chilyouthwellbeing.govt.nz/sites/default/files/2019-08/strategy-on-a-page-child-youth-wellbeing-Sept-2019.pdf>

Our young people

We are Wellington

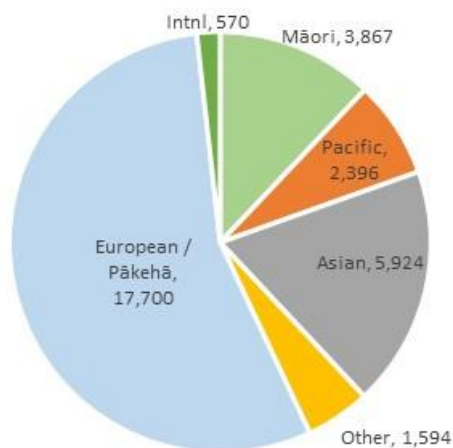
Children and young people (from 0 to 24 years of age) make up 33% of our resident population in Wellington City. The Wellington City population is relatively youthful compared to other similar sized cities and the city's tertiary education offerings attract school leavers from the wider region, country and internationally.

Table 1: Age structure – service age groups 2013 and 2018

Service age group (years)	Wellington City		Region	Wellington City		Region
	Number 2013	% 2013	% 2013	Number 2018	% 2018	% 2018
Babies and Pre-schoolers (0 to 4)	11,493	6.0	6.7	10,293	5.1	5.9
Primary Schoolers (5 to 11)	15,057	7.9	9.0	16,005	7.9	9.0
Secondary Schoolers (12 to 17)	12,990	6.8	7.8	13,326	6.6	7.3
Tertiary education and independence (18 to 24)	27,309	14.3	10.6	28,458	14.0	10.2
Total (0 to 24)	66,849	35	34.1	68,082	33.6	32.4

Figure 1: School roll in Wellington City by ethnicity 2019

School roll (primary, secondary)
by ethnicity
Education Counts June 2019



Satisfaction with living in Wellington City

Quality of life

The bi-annual Quality of Life survey of several cities in New Zealand asks respondents for an overall assessment of their quality of life. The survey includes a sample of 18 to 24 year olds and the majority of young people rate their quality of life as good to extremely good, albeit slightly less than the overall group.

Table 2: Residents who rated quality of life in Wellington City as extremely good / very good / good

Quality of life	2014	2016	2018
Wellington City - under 25 year olds	82%	84%	87%
Wellington City – all ages	89%	87%	89%
QOL cities – under 25 year olds	82%	77%	85%

We note that Porirua City Council has adjusted their residents monitoring survey to include more questions about whether their facilities are family friendly and overall satisfaction with Council services for children and young people. Currently we do not collect this information in our annual survey.

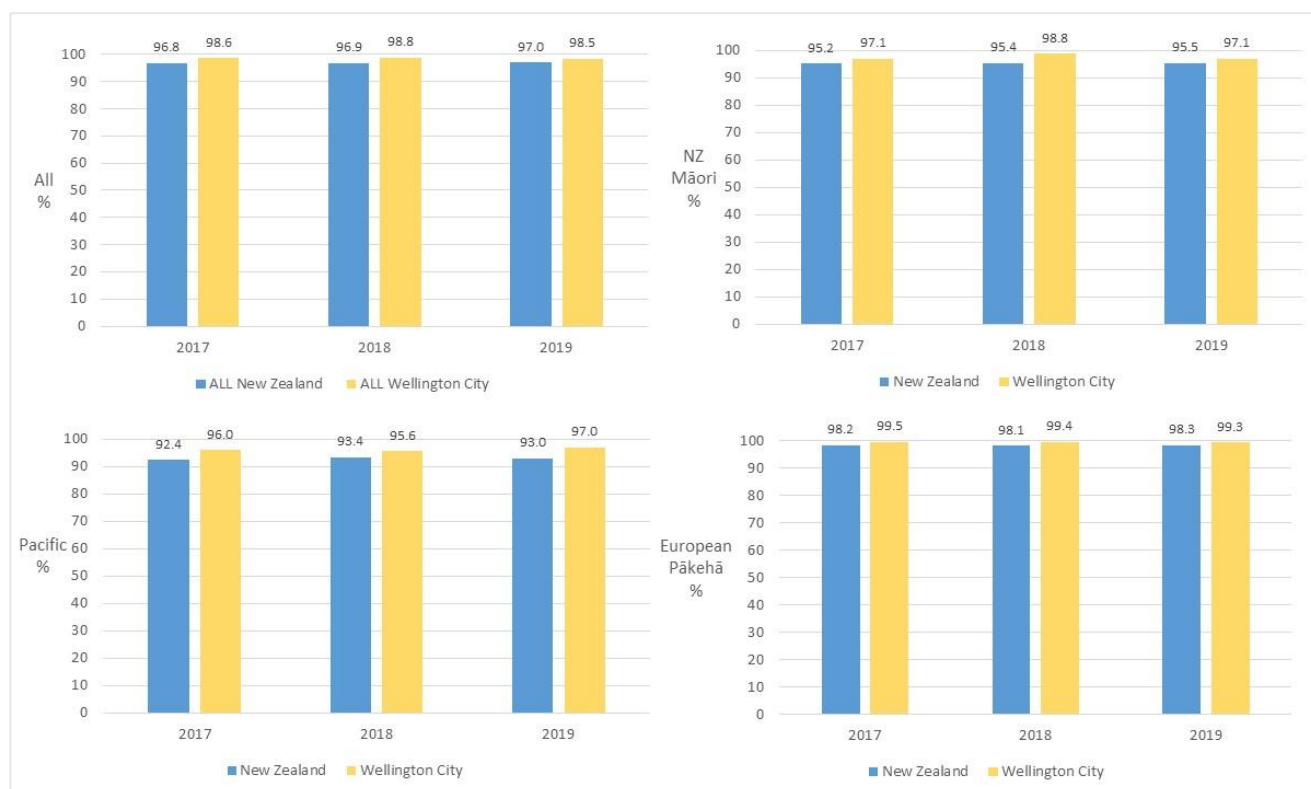
Education

Early childhood (ECE) participation

Wellington City has consistently high level of participation in ECE compared to national rates. High quality ECE has significant benefits for children and their future learning ability. ECE can positively impact literacy, numeracy, and problem-solving skills well into the teenage years. ECE also encourages the development of cognitive and attitudinal competencies and leads to higher levels of achievement and better social outcomes. ²

These graphs show the percentage of children who regularly attended ECE in the six months prior to starting school. For the last two years, there were less than 100 children not attending ECE prior to starting school.

Figure 2: Prior participation in ECE by ethnicity of children starting school 2017 – 2019



In 2019 there were 165 licensed ECE services including 5 Kōhanga Reo, 13 Playcentres, 32 Kindergartens, and 104 community-based or privately owned services in Wellington City.

² <https://www.educationcounts.govt.nz/know-your-region/region/ece-prior-participation?district=®ion=9>

Library use

Library Services play an important role in early literacy for pre-school children through event attendance such as Baby Rock and Rhyme, Preschool Story Time and Kōhanga Kōrero. In 2019, library events attracted 35,147 pre-schoolers (0-5 years) attended library events.

As at January 2020, Children and Young Adult population membership rates were very high:

- Total number of active child borrowers* at WCL: 30,369.
- Total number of active YA borrowers** at WCL: 11,250.

Between 2013 and 2020, Children and Young Adult circulation (number of items issued) has increased each year on average by 3.6%. In 2019/20, 961,054 items were issued to children and young people which was 44% of total circulation.

Attendance

A Term 2 Attendance Survey is completed each year (from the end of April until the beginning of July) using school roll data for both primary and secondary school attendance. There is a clear correlation between school attendance and academic achievement. Wellington City's overall regular attendance rates are similar to the overall national rates however there is a concerning disparity for our Māori and Pacific students. Regular attendance is defined as attending 90% of available half days.

Figure 3: Students attending school regularly by ethnicity 2015-2019

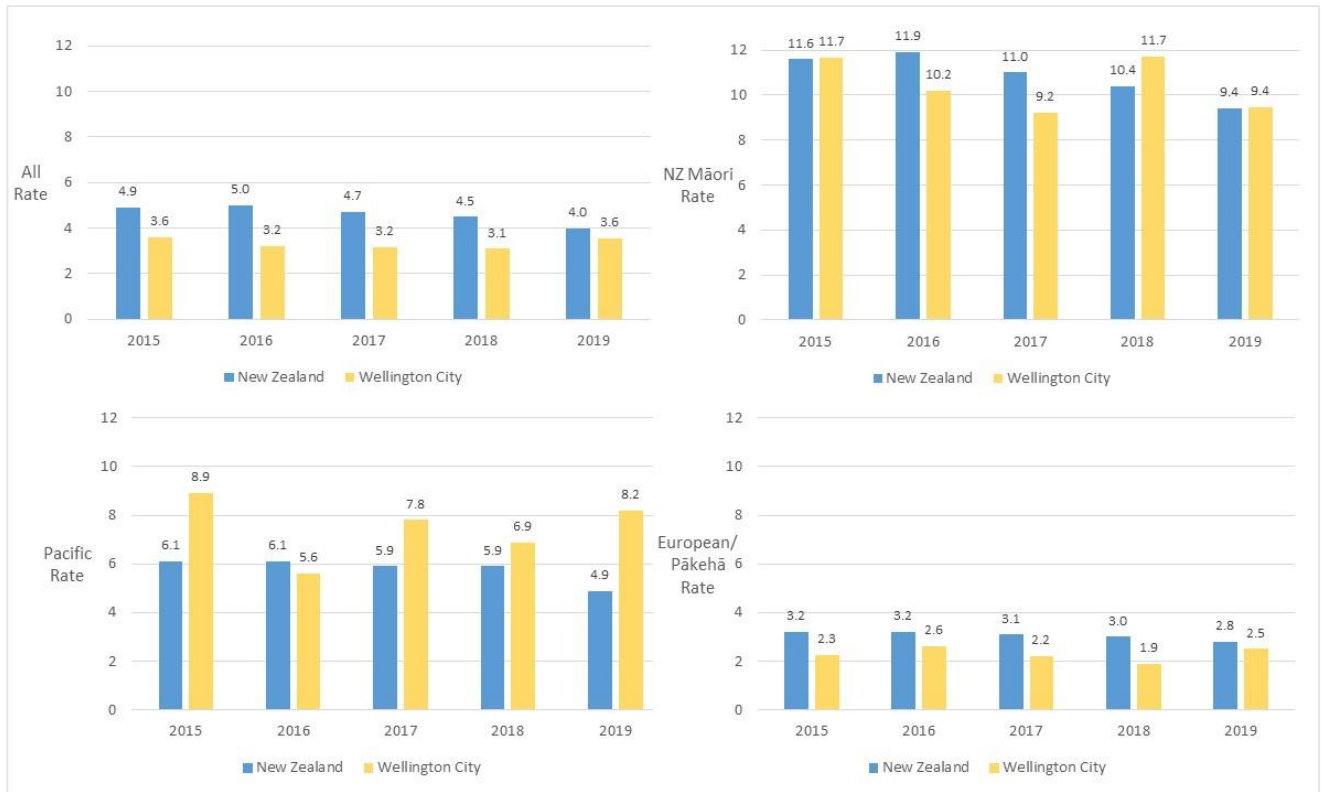


In 2019, 5.4% of Wellington City students in primary and secondary schools attended for less than 70% of school. This equates to 1,565 of 29,164 students in 2019. While there are many possible reasons for this low level of attendance, this is concerning given the link between attendance and school achievement.

Transience (changing schools)

The rate of transience is defined where students move schools twice or more between 1 March and 31 November in a given year. While there may be many reasons for changing schools, better academic outcomes are achieved where students are not moving schools regularly.

Figure 4: Rate of transient students (per 1000) by ethnicity 2015-2019



Overall, the rate of transience has been steady across the last five years, however there is a disparity in Wellington city for Pacific students and Māori students. The rate of transience for Pacific students is significantly worse than the national rate.

Of the 26 schools in Wellington City where there is a sufficient number of Pacific students to expect at least one Pacific parent representative on the Board of Trustees, only 8 boards (31%) had a Pacific representative in 2019.³ Pacific representation on boards is one key mechanism for in making sure education services are appropriate and effective for Pacific students. The equivalent indicator for Māori representation measure is 46% (24 of 52 schools) and BERL's recent report has highlighted systemic bias through the education sector for rangatahi.⁴

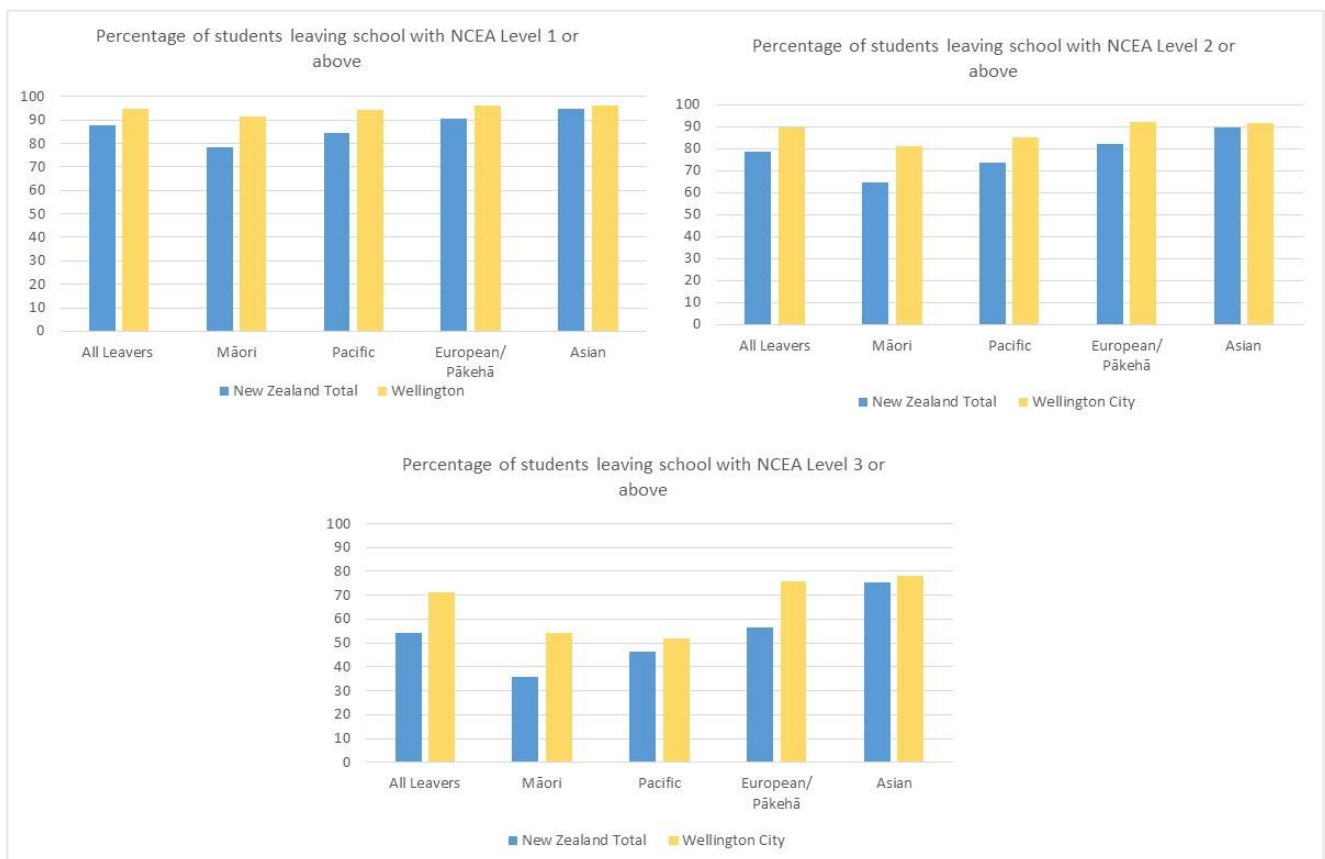
³ <https://www.educationcounts.govt.nz/indicators/main/quality-education-provider/2019>

⁴ He Awa Ara Rau: A Journey of Many Paths, 2019 BERL, Waikato-Tainui, The Southern Initiative and Tokona te Raki: Māori Futures Collective of Te Rūnanga o Ngāi Tahu

NCEA qualifications

NCEA (National Certificate of Educational Achievement) represents the main school qualification offered to young people through secondary school. Achieving NCEA is an important step towards higher education and entry level jobs. In all cases, Wellington City students perform above of the national average. While achieving Level 2 has been a key success measure for the education sector, there is increasing evidence that leaving school without Level 3 has an impact on future outcomes for young people.⁵

Figure 5: Percentage of school leavers with levels 1, 2 or 3 or above.



The long-term outcomes of COVID-19 on academic outcomes for students is not known at this stage however:

- some students were unable to access online learning during lockdown;
- economic pressures on some families has meant some students opted to work rather than return to school after lockdown; and
- food security issues were exacerbated in many cases.

⁵ He Awa Ara Rau: A Journey of Many Paths, 2019 BERL, Waikato-Tainui, The Southern Initiative and Tokona te Raki: Māori Futures Collective of Te Rūnanga o Ngāi Tahu

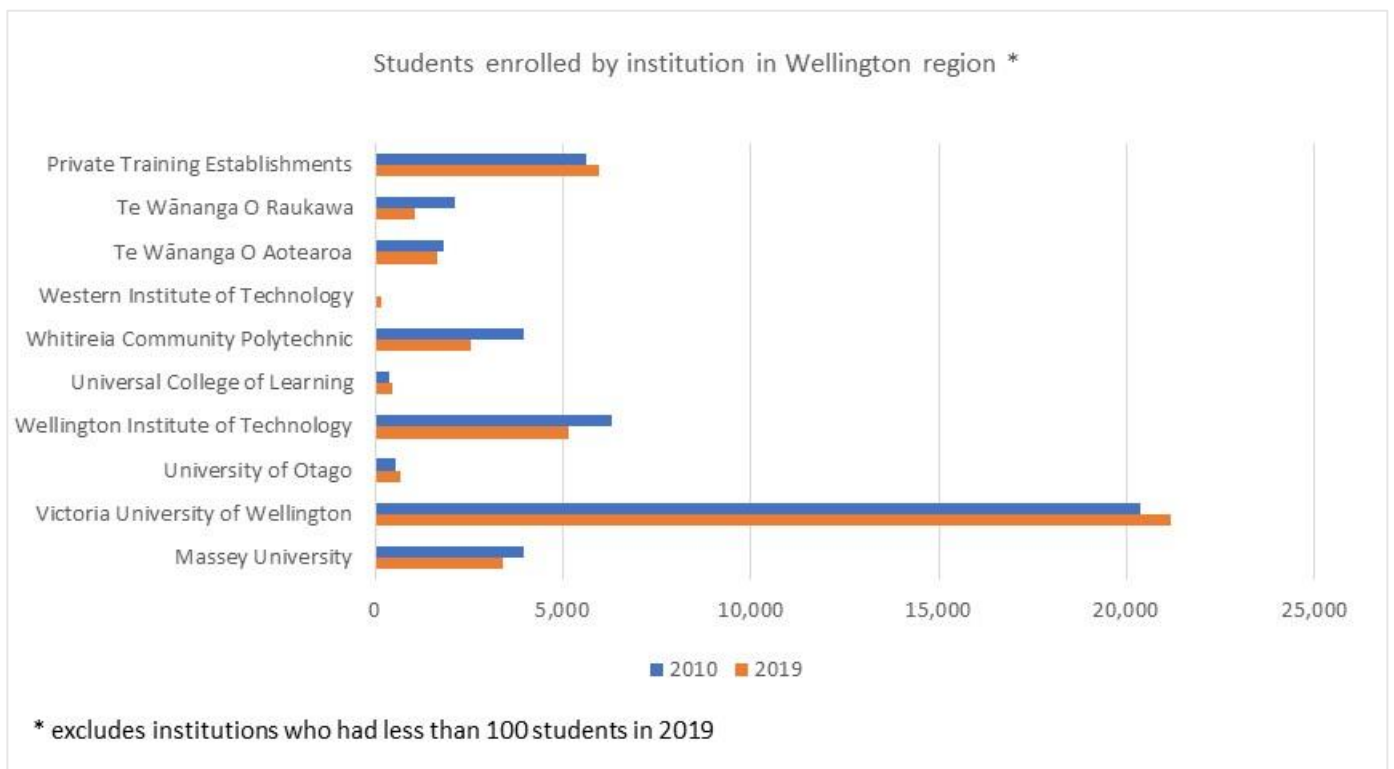
Overall, three quarters of young people surveyed nationally managed okay to extremely well during lockdown. ⁶ In that survey 1 in 10 (8-12%) of the rangatahi who responded to the survey had experienced no contact at all from friends during lockdown.

Tertiary participation

In 2019 the percentage of school leavers (2532 school leavers of 2018) who had enrolled for tertiary education or industry training within one year of leaving school was 67% for Wellington City and this compares to the 59.7% nationally.⁷

Young people move from outside of the city (regionally, domestically and internationally) to study at Wellington universities and polytechnics (and vice versa).

Figure 6: Students enrolled by institution in the Wellington region



⁶ <http://www.myd.govt.nz/documents/young-people/youth-voice/final-youth-pulse-check-survey-slides.pdf>

⁷ https://www.educationcounts.govt.nz/_data/assets/excel_doc/0003/108183/School-Leaver-Destinations-Data-Tables.xlsx

Telecommunications

Easy access to high speed internet is treated as a basic amenity by many in the community but this is not the case for some. During the COVID-19 lockdown, some households lacked access to the internet which impacted on students' ability to learn online. Access to the internet by suburb ranges from 81% (Miramar Central and Newtown South) through to 98% (Churton Park North).

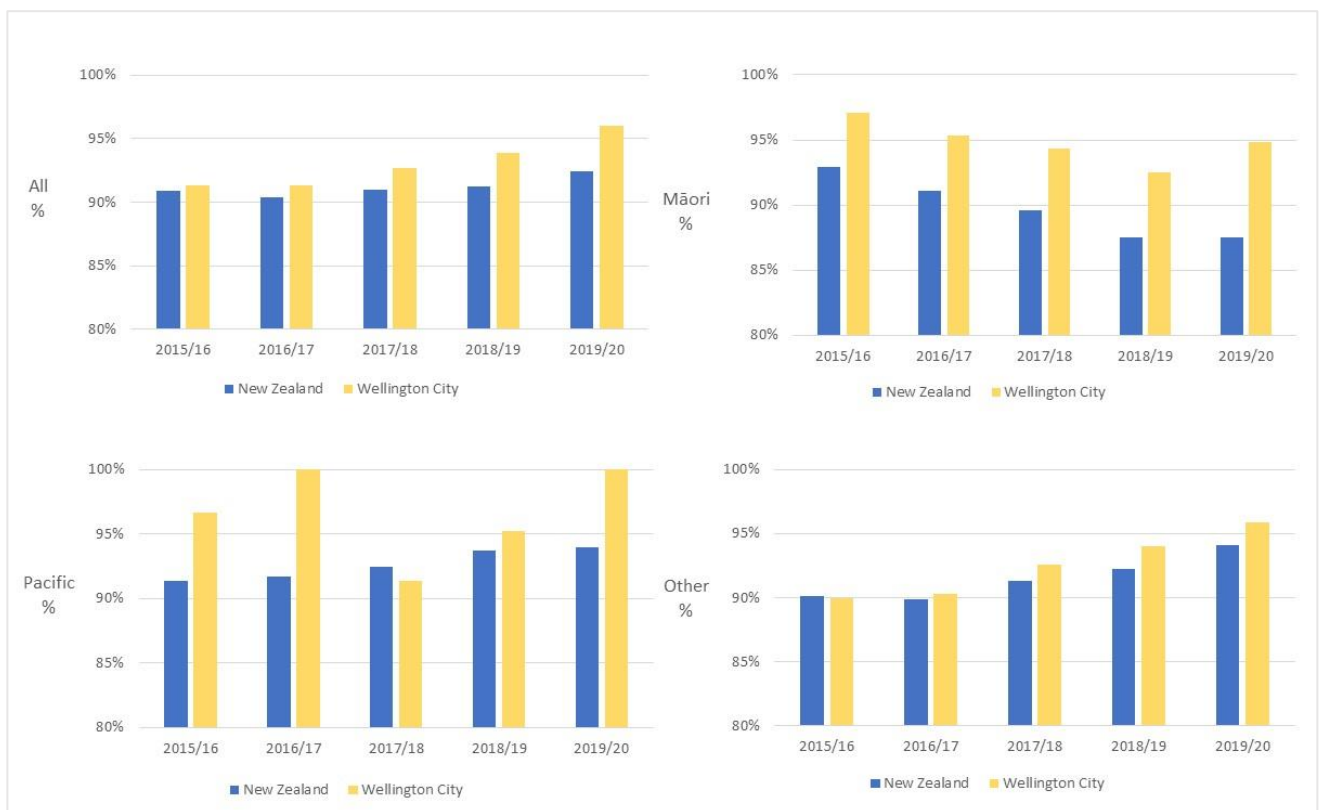
Table 3: Access to telecommunications Wellington City and New Zealand (Census 2018)

	Internet	Mobile/ cellphone	Telephone	None
Wellington City	92.3%	94.2%	53.3%	0.8%
New Zealand	86.1%	91.9%	62.5%	1.1%

Infant immunisation

Wellington City achieves a high level of immunisation for children at age one compared to national rates. Notably 100% immunisation rates for Pacific babies was achieved in 2019/20.

Figure 7: Infant immunisation at age one by ethnicity Wellington City and New Zealand 2015-2019



Rheumatic fever

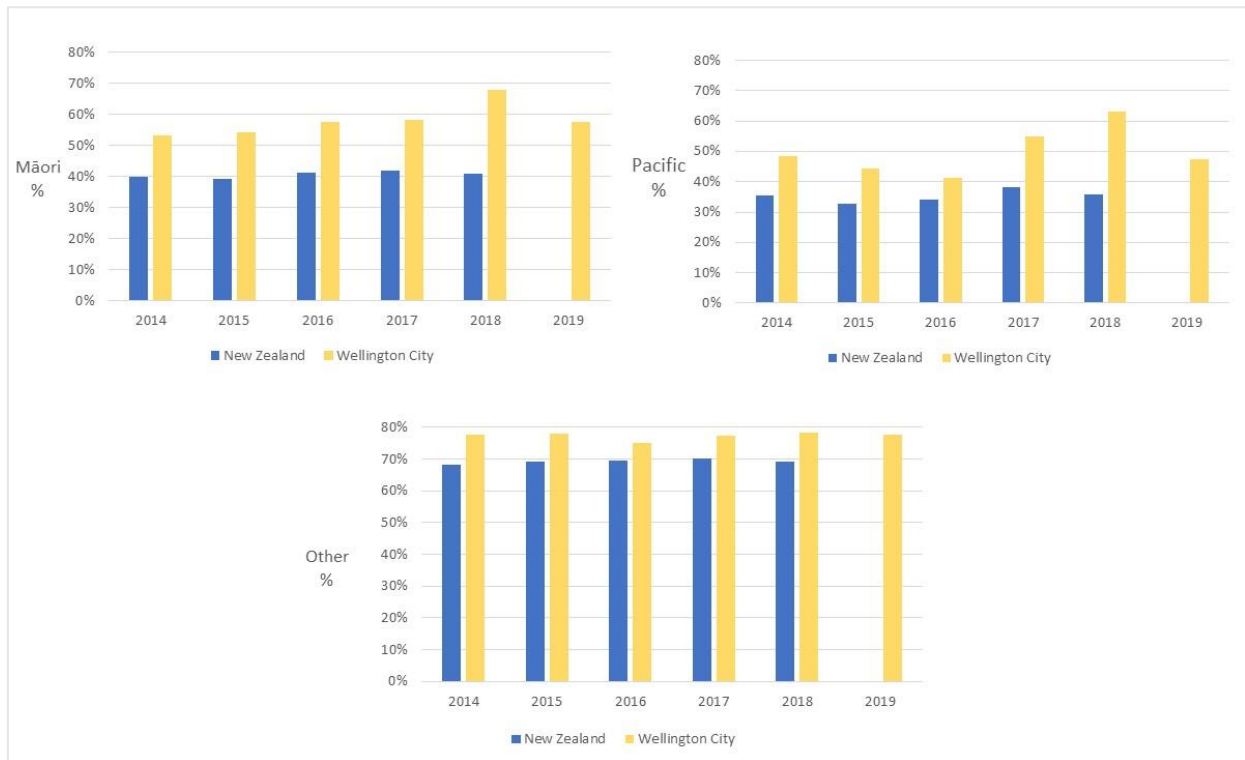
Cases of rheumatic fever are a cause for concern nationally and have impacted young Māori and Pacific people disproportionately. Capital and Coast District Health Board data on the first episode rheumatic fever hospitalisation rate (per 100,000 total population) was 1.3 per 100,000 in 2019. While there is a low overall number of cases, the lifelong health consequences of rheumatic fever in young people are significant. Rheumatic fever is considered a preventable disease and cold, damp and crowded homes can increase the risk of contracting it.⁸

⁸ <https://www.health.govt.nz/our-work/diseases-and-conditions/rheumatic-fever/reducing-rheumatic-fever>

Child oral health

The prevalence of tooth decay at the age of five is an area that is monitored because of the link to the impact on children’s health, including the pain that can be caused by remedial dental work such as fillings and tooth extractions. Tooth decay can lead to avoidable hospitalisation for some children. In baby teeth it can impact the health and position of adult teeth and cause speech development difficulties that affect learning and playing. In the graphs below, “Other” includes European/Pākehā and non-Māori and non Pacific.

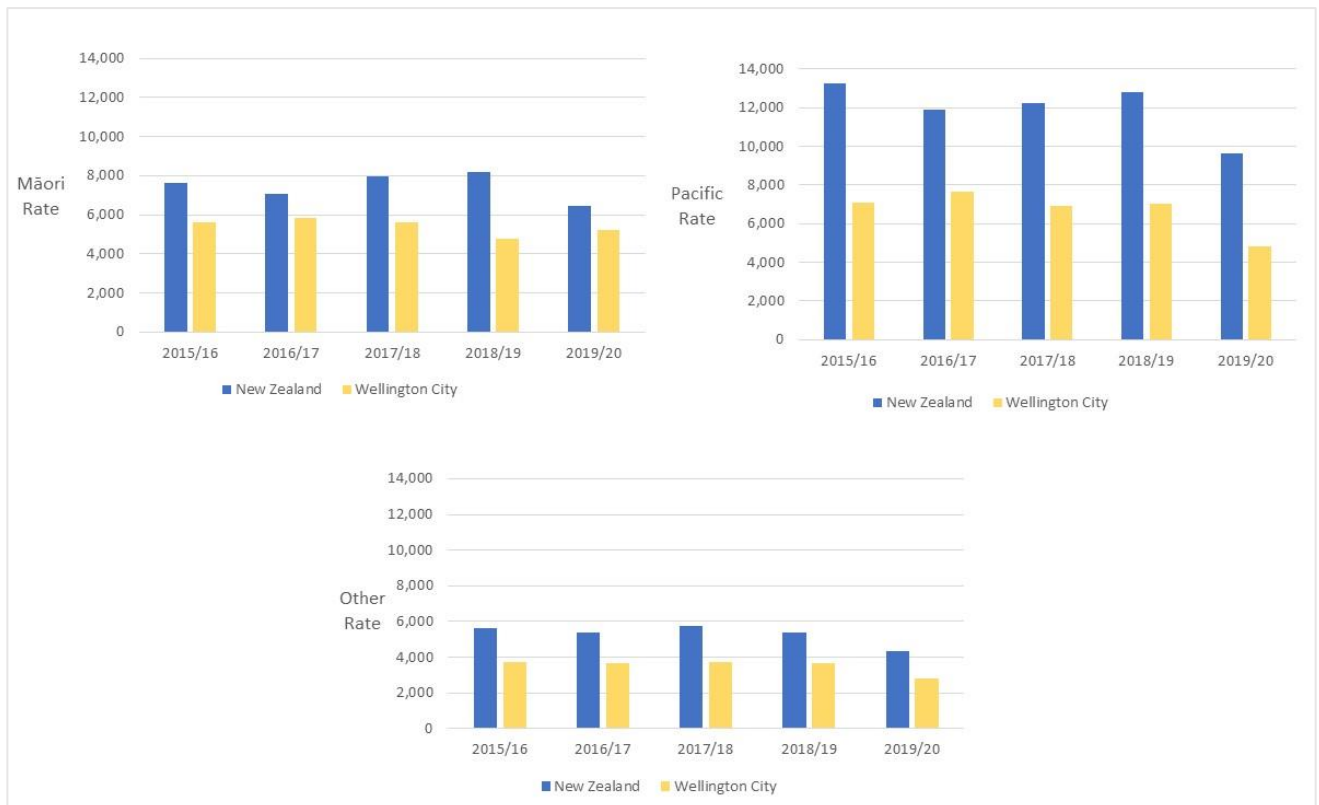
Figure 8: Percentage of children at age 5 without tooth decay 2014-2019



Ambulatory Sensitive Hospital admissions

Ambulatory Sensitive Hospital (ASH) admissions are avoidable admissions that would ideally be avoided by access to primary health care. The ASH rate below is the number per 100,000 for 0-4 year olds. Examples of conditions that are able to be treated in the community to prevent the need for hospital level care are skin infections, dental conditions and pneumonia.⁹ The CCDHB recognises the disparities for Māori and Pacific and has flagged this as an area of focus.

Figure 9: ASH rates for 0-4 years by ethnicity Wellington City and New Zealand 2014 - 2020



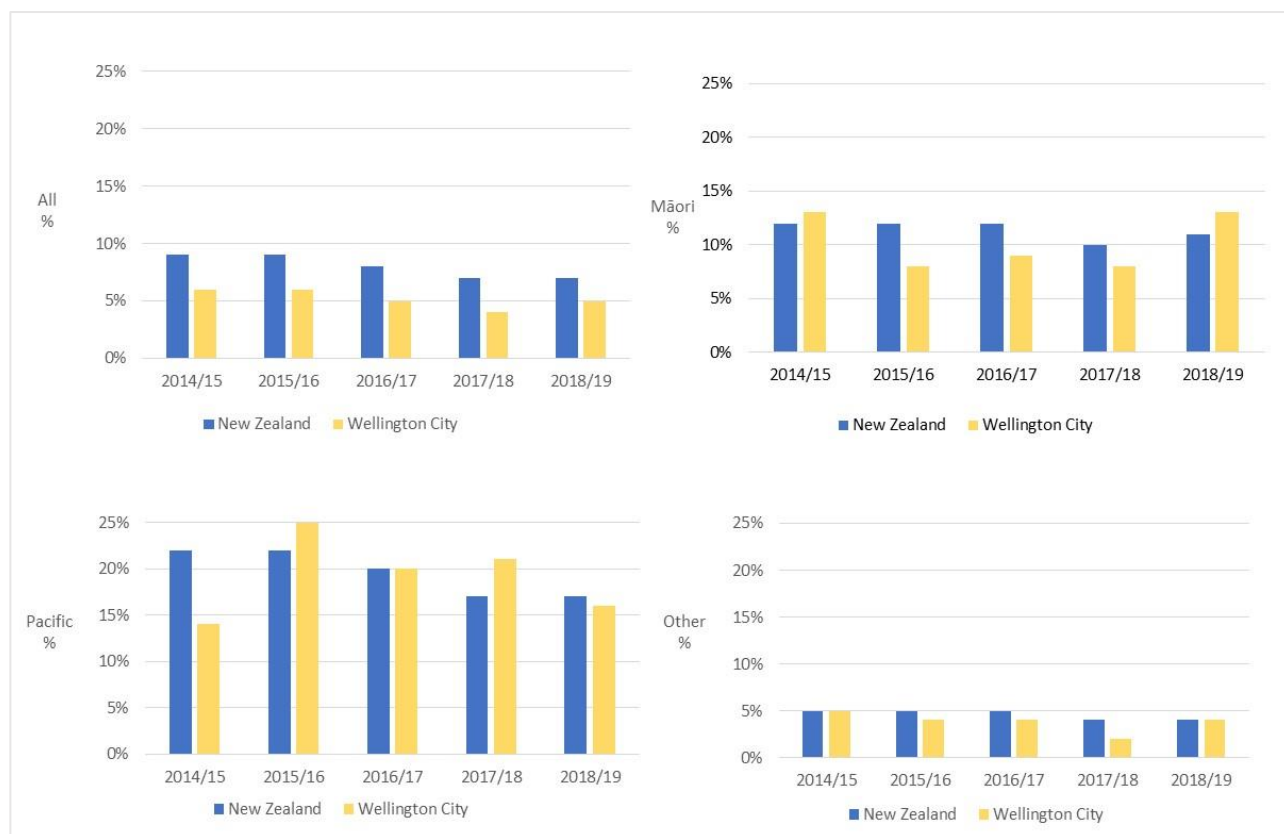
⁹ CCDHB Annual Report 2018-2019

Childhood obesity

Childhood obesity is monitored by health professionals because it can be associated with a number of health conditions (eg onset of Type 2 diabetes). Immediate health, educational attainment and quality of life can also be affected.¹⁰

The increase in obesity rates in young people nationally is of concern and the Central Government response includes “Heathy Active Learning” for schools, kura and early learning settings (resources to improve child and youth wellbeing through healthy eating and drinking, and quality physical activity). While the Wellington City rate is lower than the overall national rate, there are disparities that across groups. However the data below is from the B4 School Check of 4 year olds only and may include relatively small numbers of children.

Figure 10: Childhood obesity in 4 year olds in Wellington City and New Zealand



¹⁰ <https://www.health.govt.nz/new-zealand-health-system/health-targets/about-health-targets/health-targets-raising-healthy-kids>

Mental health

The New Zealand Health Survey has monitored several key indicators around mental health since 2011. A regional breakdown of the 2019/20 survey may be available in 2021 so the following shows the national trends. Over the five years, there have been significant increases across all areas surveyed.

Table 4: New Zealand Health survey – mental health¹¹

	2015/16 %	2016/17 %	2017/18 %	2018/19 %	2019/20 %
Percentage with psychological distress in the last 4 weeks - 15-24 year olds	8.8	11.8	13.2	14.5	11.1
Percentage with psychological distress in the last 4 weeks – All ages	6.8	7.6	8.6	8.2	7.4
Percentage with mood and/or anxiety disorder - 15-24 year olds	11.9	14.3	16.4	16.5	17.3
Percentage with mood and/or anxiety disorder – All ages	18.8	19.9	20.9	19.8	20.2
Percentage with depression - 15-24 year olds	8.6	11.7	11.2	11.9	12.6
Percentage with depression - All ages	15.4	16.7	16.6	15.7	16.5

Self-harm

The Mental Health Foundation defines self-harm as “the direct, deliberate act of hurting or injuring your body, but without necessarily wanting to die. It’s a way some people cope with intense or very difficult emotions, or overwhelming situations and life events”.

Both nationally and in Wellington City, females experiencing self-inflicted injuries is significantly higher than for males.

Table 5: Number of hospital discharges for self-inflicted injuries in 15-24 year olds by gender in Wellington City

	2014	2015	2016	2017	2018
Male	19	28	27	32	28
Female	84	81	79	106	113
Total	103	109	106	138	141

¹¹ [Regional Results 2014–2017: New Zealand Health Survey | Ministry of Health NZ](#)

Suicide

Youth suicide has a devastating impact on families and communities and New Zealand loses an alarmingly high number of young people every year compared to other OECD countries. The Government Inquiry into Mental Health and Addiction report estimated that every year in New Zealand, “an estimated 150,000 people think about taking their own life, 50,000 make a suicide plan and 20,000 attempt to take their own life”.¹²

Overall rates of suicide per 100,000 population for young Māori men and women are much higher than for all other groups.¹³

The numbers below represent all ages for Wellington City as an age breakdown is unavailable for privacy reasons.

Table 6: Provisional suicide deaths in Wellington City 2014/15 to 2019/20 (All ages)

	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
Wellington City Total all ages	19	20	21	25	33	26

¹² <https://mentalhealth.inquiry.govt.nz/inquiry-report/he-ara-oranga/chapter-10-suicide-prevention/10-1-introduction/>

¹³ <https://www.nzdoctor.co.nz/sites/default/files/2020-08/2020%20Annual%20Provisional%20Suicide%20Statistics.pdf>

Employment and unemployment

Not in Employment Training or Education (NEET)

The NEET rate measures the number of young people (15 to 24 years of age) who are not in employment or education as a percentage of the total youth working age population. This rate is important because it signals trends in youth study-to-work transitions.

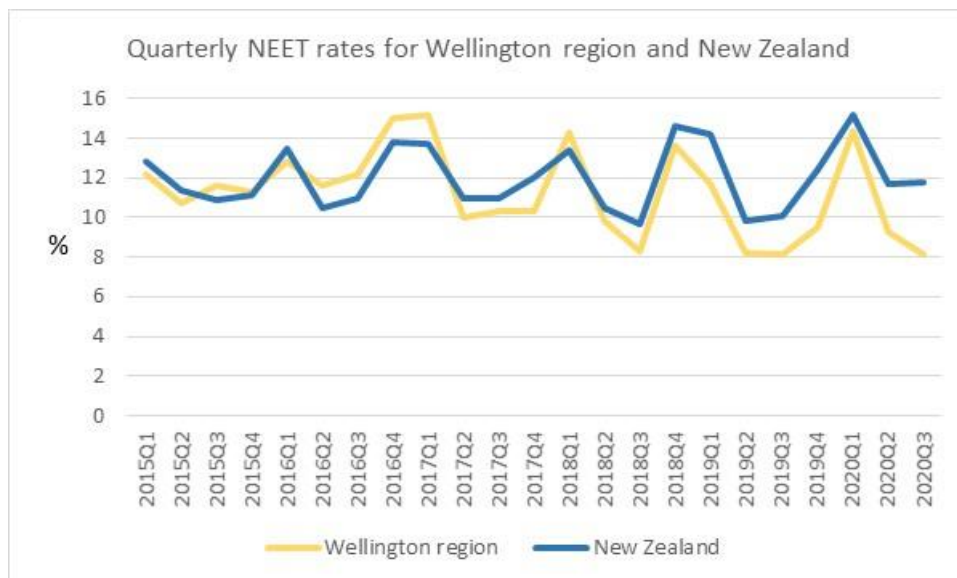
After leaving school there are often multiple stages of transition for young people and this is a critical age for young people to develop their potential. There are many complexities for this group of young people and are not simply around a “simple failure to choose work pathways”.¹⁴

Table 7: NEET rate for 15-24 year olds in Wellington region and New Zealand (annual year ended September)¹⁵

	2016	2017	2018	2019	2020
Wellington Region	12.0	12.3	10.7	10.5	10.3
New Zealand	11.5	12.4	11.4	12.2	12.8

As at the end of September 2020, the NEET rate for the Wellington region did not follow the same pattern as the national rate. Some of the drivers behind this will be greater numbers of young people choosing to study or train. The full effects of COVID-19, and the regional responses (eg post COVID-19 investment plans) are still be understood.

Figure 11: Quarterly NEET rates for Wellington region and New Zealand¹⁶



¹⁴ <https://www.maxim.org.nz/wp-content/uploads/2020/09/CTT.pdf>

¹⁵ Household Labour Force Survey, Infoshare

¹⁶ ibid

Youth and benefit receipt

As noted above, there are often multiple stages of transition for young people after they leave school, however the longer a young person receives a benefit, the bigger the impact on life options and outcomes.

The impact of COVID-19 on the number of young people needing job seeker support is clear in the June 2020 figures below. In September 2020, the number of 18-24 year olds receiving benefits had risen to 2,224 people with 1,845 of those receiving Job Seeker Support.

Table 8: Number and percentage of 18-24 year olds in Wellington City receiving a benefit and job-seeker support (snapshot of June quarters 2015 – 2020)¹⁷

	Jun-2015	Jun-2016	Jun-2017	Jun-2018	Jun-2019	Jun-2020
Number of 18-24 year olds (all benefit types)	1,404	1,452	1,155	1,219	1,235	2,079
Percentage (all benefit types)	17%	18%	15%	16%	16%	21%
Number of 18-24 year olds (job seeker support)	966	1,038	794	1,408	891	1,723
Percentage (job seeker support)	22%	23%	20%	33%	20%	27%

Engagement

Empowerment and influencing decision making are important aspects of wellbeing for children and young people.¹⁸ As the capital city, Wellington presents visible opportunities for building civic awareness and engagement among its young people. Youth Parliament and Wellington City Council's Youth Council are well established entities in Wellington. At a council level, there appears to be an increasing take-up by youth groups and organisations to provide feedback and formal submissions on issues such as climate change, spatial plan, central library rebuild and major transport initiatives.

¹⁷ MSD quarterly benefit fact sheets: <https://www.msd.govt.nz/documents/about-msd-and-our-work/publications-resources/statistics/benefit/>

¹⁸ 2019 Central Government Children and Young Persons Wellbeing Strategy

Voter enrolment

The proportion of young people enrolling to vote is an indicator of the level of interest in democratic participation by young people in local body and central government elections.

Table 9: Voter enrolment by young people Wellington City and New Zealand as at 30 November 2020 ¹⁹

18-24 years	Estimated eligible population	Number enrolled	% of enrolled eligible population
Wellington City	28,900	23,569	81.6%
New Zealand	450,420	348,198	77.3%

Enrolment rates increased in the weeks leading up to the 2020 general election in October. In February 2020, just 60% of eligible voters aged 18-24 years of age were enrolled and this increased to 81.6% at the end of November.

Of the young people enrolled to vote, the figures below show the proportion that voted. Voters could enrol on election day itself. The proportion of young people voting in Wellington city electorates was higher than the national rate for 18-24 year olds.

Table 10: Voter turnout in General Election October 2020 ²⁰

18-24 years	Number of voters	Number of non voters	% of enrolled who voted
Rongotai	5,372	601	89.9%
Wellington Central	10,785	677	94.1%
Ōhāriu	4,213	575	88.0%
Te Tai Tonga	5,229	1,827	74.1%
New Zealand	274,076	77,195	78.0%

Voter turnout in the 2019 local body elections was 39.9% for Wellington City (all ages) compared to 38.2% nationally. Voter turnout by age in the local body elections is not available.

¹⁹ <https://elections.nz/stats-and-research/enrolment-statistics/enrolment-by-local-council/>

²⁰ <https://elections.nz/stats-and-research/2020-general-election-voter-turnout-statistics/>

Recreation

The opportunity to play, recreate and enjoy the benefits of physical activity are important aspects for the wellbeing of children and young people.

Active transport to and from school

Active transport to and from school is considered an important way to increase physical activity in children.²¹ Active transport includes walking, cycling, or use of non motorised methods like skating or scooting.

After schools re-opened following the lockdown for COVID-19, there may have been changes to patterns of travel to school, for example if there were concerns about using public transport, active transport or private car may have been preferred.

Table 11: Proportion of children using active transport methods to and from school in CCDHB catchment and New Zealand²²

5 to 14 years	2013/14	2014/15	2015/16	2016/17	2017/18
CCDHB	48.9%	51.4%	57.8%	65.5%	58.5%
New Zealand	44.6%	40.6%	45.8%	44.5%	43.8%

The information above refers to children aged 5 to 14 years of age. Census 2018 captured data around the resident population studying part- or full-time in any educational institute, from early education to tertiary education. The information below shows a lower use of active transport but will pick up older students as well as pre-primary.

Table 12: Mode of travel to education (Census 2018)²³

Category	Wellington City (%)	New Zealand (%)
Study at home	5.3	5.3
Drive a car, truck, or van	6.3	11.1
Passenger in a car, truck, or van	24.4	39.1
Bicycle	2.3	3.6
Walk or jog	36.2	20.5
School bus	6.5	9.9
Public bus	14.1	7.1

²¹ <https://ehinz.ac.nz/indicators/transport/active-transport-to-and-from-school>

²² Porirua City Council status report on children and young people (source NZ Health Survey)

²³ Porirua City Council status report on children and young people (source NZ Health Survey)

Train	2.9	1.9
Ferry	0	0.1
Other	2	1.3

Frequency of physical exercise

The Quality of Life survey asks respondents how many days in the last seven days, they have been active.

Table 13: Frequency of being active in the last week in Wellington City ²⁴

	2012	2014	2016	2018
Active 5 or more days per week				
18-24 year olds	42%	44%	62%	41%
All ages	47%	46%	50%	45%
Not active in the last week				
18-24 year olds	8%	5%	3%	7%
All ages	7%	7%	4%	10%

The Ministry of Health guidelines for young people aged 5 to 18 years focus on encouraging school-aged children and young people to sit less, move more and sleep well.²⁵ They suggest:

- uninterrupted good-quality sleep of 9 to 11 hours per night (for those aged 5 to 13 years) and 8 to 10 hours per night (for those aged 14 to 17 years), with consistent bed and wake-up times.
- an accumulation of at least 1 hour per day of moderate to vigorous physical activity involving a variety of aerobic activities. Vigorous physical activities, and activities that strengthen muscle and bones should also be incorporated at least 3 days a week.
- no more than 2 hours per day of recreational screen time.
- breaking up sitting time and participating in a variety of light physical activities for several hours.

The Active NZ survey that is run by Sport NZ gives an in-depth regional breakdown into the active recreation patterns of young people. In 2019, 548 young people from 5 to 17 years of age were surveyed.

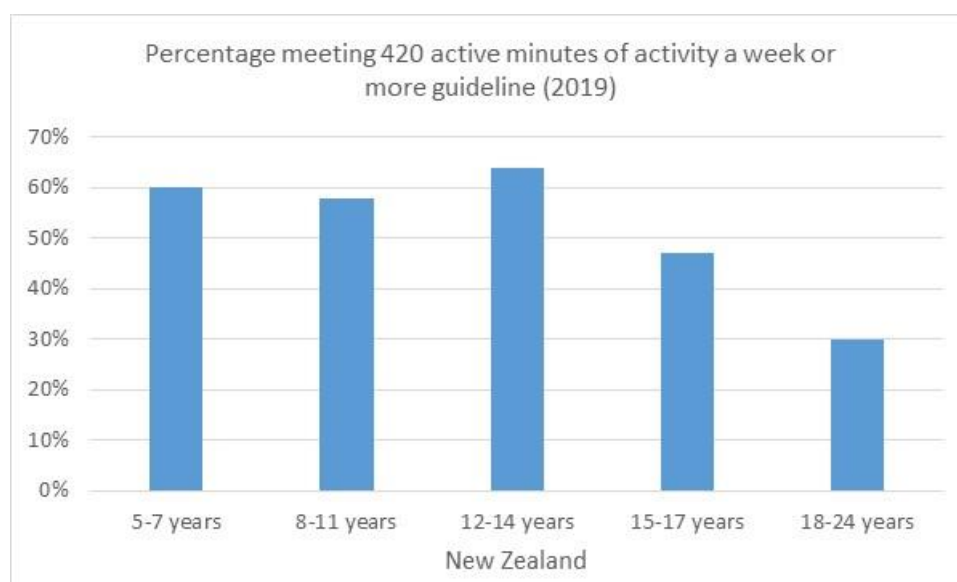
²⁴ Quality of Life surveys

²⁵ Guidelines developed jointly between MOH, Sport NZ and Ministry of Education

<https://www.health.govt.nz/news-media/news-items/updated-physical-activity-guidelines-5-17-year-olds>

The most popular types of activity cited in the survey were Running, jogging or cross country, Playing (e.g. running around, climbing trees, make-believe), Games (e.g. four square, tag, bull rush, dodgeball), Playing on playground (e.g. jungle gym), Cycling or biking, Swimming and Walking for fitness.

Figure 12: Percentage by age being physically active for sport, PE, exercise or fun in New Zealand in 2019²⁶



The Wellington region results below are broadly in line with the overall national figures.

Table 14: Frequency of being active in the last week in Wellington Region ²⁷

	Wellington region	New Zealand
Percentage of young people who meet guidelines for sleep ²⁸	74%	75%
Mean number of weekly screen hours	20.1	20.7
Mean number of activities undertaken in the last 7 days	5.3	5.2
Percentage of young people who meet guidelines 420 minutes or more of activity	61%	58%
Percentage of young people who would like to be doing more physical activity	61%	63%

²⁶ Sport New Zealand Active Survey 2019

²⁷ Quality of Life surveys

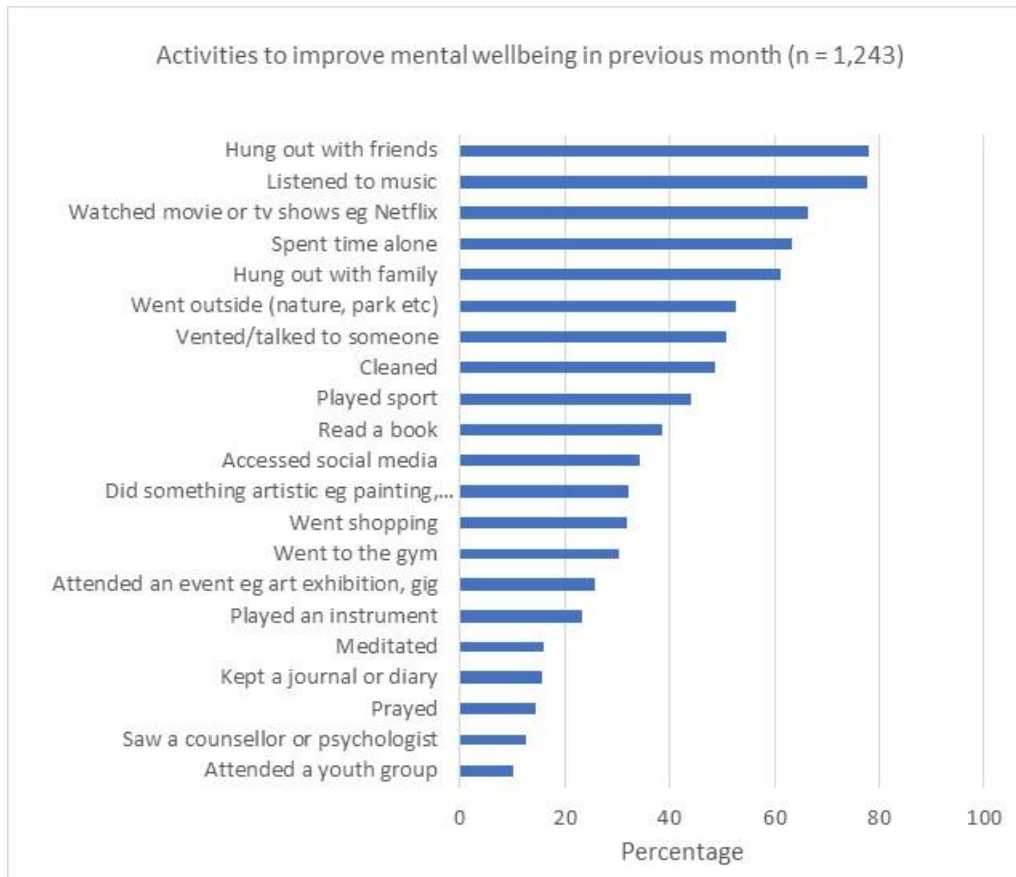
²⁸ 9-11 hours for 5-13 year olds and 8-10 hours for 14-17 year olds

Activities to improve mental health wellbeing

Activities that are well known to have positive impact on mental health and wellbeing range from connecting with others socially to connecting with nature to active recreation. Creative, artistic and cultural activities are also highly beneficial from a wellbeing perspective.

The information below gives a snapshot of the activities 1,243 young Wellingtonians (mainly 14-17 years of age) undertook in the previous 30 days to improve their mental health.

Figure 13: Activities undertaken by young Wellingtonians to improve their mental health in the previous month²⁹



Housing

Poor quality housing can have a significant impact on the health of children and young people. The correlation between cold and damp homes and respiratory illness has been well documented through the work of University of Otago's Department of Public Health and others.

The 2018 Census has now produced a good baseline of data in relation to damp and mould and overcrowding.

²⁹ Te Ahi o Ngā Rangatahi research (youth led group, BGI Wellington) 2020

Crowding

Overcrowding in housing is problematic because it has both health impacts (for example can heighten the risk of infectious diseases spreading due to close proximity of people in the dwelling) and also social impacts due to the additional stresses that living with relatively large numbers of people in limited spaces can cause.

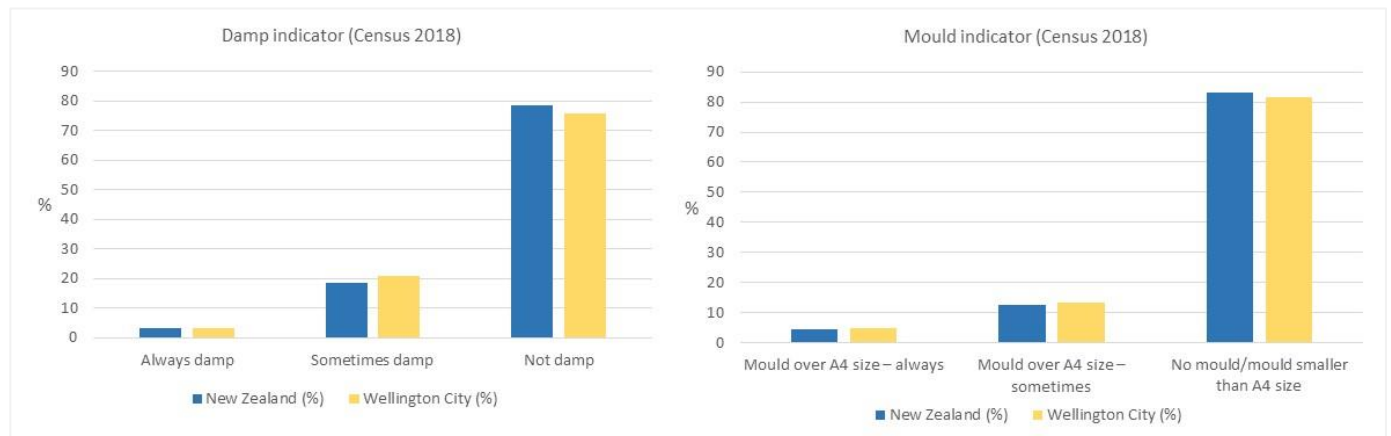
Statistics New Zealand has applied the Canadian methodology (National Occupancy Standard) to the Census 2018 data. In summary, a home is “severely overcrowded” if the people living there need at least two more bedrooms. The analysis below is household related and not broken down by age. However, national figures suggest a disproportionately high number of children and young people will be represented in severely crowded households.

Table 15: Crowding by ethnicity Wellington city and New Zealand (2018 Census)³⁰

Crowding	Māori	Pacific	All
Wellington City	13.7%	26.0%	8.4%
New Zealand	20.8%	38.5%	10.8%

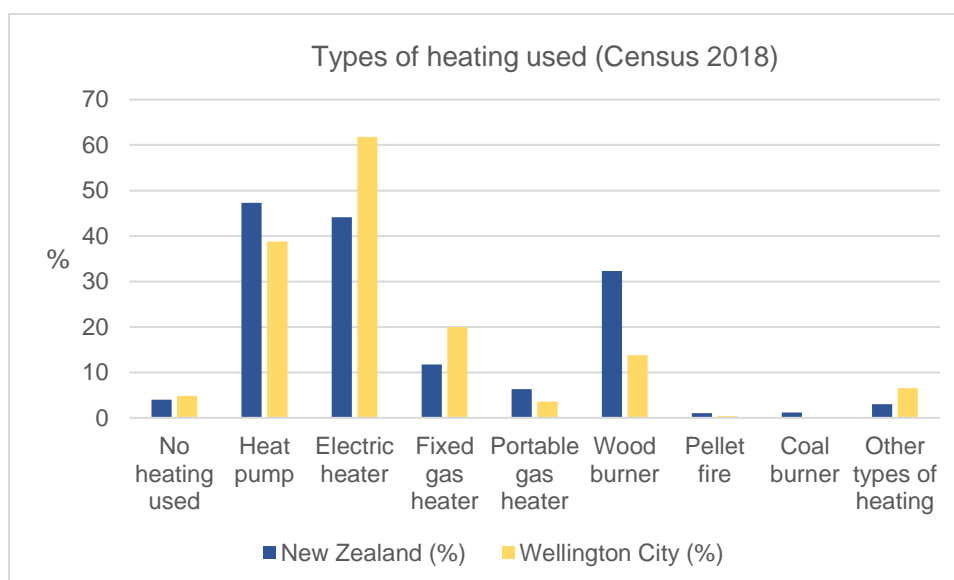
Damp and mould

The Census 2018 introduced questions about dampness and mould in housing for the first time, which will provide a good benchmark for improvement in housing quality going forward.



Nearly one-quarter of homes in Wellington are always or sometimes damp.

³⁰ <https://www.stats.govt.nz/news/almost-1-in-9-people-live-in-a-crowded-house>



Waiting lists for social/public housing

As at 30 June 2020, nationally, 48% of households registered on the waiting list were for families with children or single adults under the age of 24. If Wellington City follows the national pattern, this would mean approximately 360 households on the register would be families or single adults under the age of 24. Furthermore, 93% of Wellington City housing register cases are Priority A - people who are considered at risk and includes households with a severe and persistent housing need that must be addressed immediately.³¹

Table 16: Waiting lists for social/public housing Wellington City and New Zealand 2015-2019³²

Social Housing Register as at 30 June	2015	2016	2017	2018	2019	2020
Wellington City	115	180	226	358	425	754
New Zealand	3,352	3,877	5,353	8,704	12,311	18,520

The University of Otago report into severe housing deprivation used Census 2018 data to estimate the size of the homeless population.³³ The study applied the New Zealand Definition of Homelessness into three groups: Without Shelter; Temporary Accommodation; and Sharing Accommodation. An estimate of 1,287 severely housing deprived individuals in Wellington was produced.

³¹ MSD Housing Register June 2020

³² <https://www.stats.govt.nz/news/almost-1-in-9-people-live-in-a-crowded-house>

³³ Severe housing deprivation in Aotearoa New Zealand, 2018, University of Otago

The study also showed that the severely housing deprived population was disproportionately young, with nearly 50 percent aged under 25 years of age. Rates of severe housing deprivation are highest among Pacific and Māori young people.³⁴

Safety

Feeling safe is important for the health and wellbeing of everyone, including children and young people. Safety in the home as well as out in the community are important aspects of safety. There is a difference between real safety (incidents of harm occurring) and perceived safety (how safe a person feels).

The Safe Cities Index 2019 has four different areas of safety – infrastructure safety, health safety, digital safety and personal security. In 2019 Wellington ranked 18th equal (with Zurich) overall and was 5th for personal security. For Wellington, the most visible weakness in the personal security index was illegal drug use, which resulted in a city ranking of 56th.³⁵

City safety and young people

The feelings of local residents and how these may be trending is important for understanding perceptions of safety. Further information on how safe young people are feeling in the city is being collected through survey work in March 2021.

Table 17: Perceptions of safety in Wellington City after dark

Central Wellington after dark	2012	2014	2016	2018
Wellington City - under 25 year olds	62%	57%	58%	64%
Wellington City – all ages	65%	67%	65%	73%

³⁴ ibid

³⁵ <https://safecities.economist.com/wp-content/uploads/2019/08/Aug-5-ENG-NEC-Safe-Cities-2019-270x210-19-screen.pdf>

Unintentional injuries

The following table summarises unintentional injuries by major age groups and will be as a result of burns, falls, cuts, motor vehicle crashes, poisoning.

Table 18: Children and young people discharged from hospital with unintentional non-fatal injuries 2014-18 in Wellington City ³⁶

	2014	2015	2016	2017	2018
0-9 years	162	141	173	154	145
10-19 years	157	135	134	139	141
20-24 years	116	90	118	112	92
Total under 25 years	435	366	425	405	378

Substantiated findings of abuse

Substantiated findings follow Oranga Tamariki assessments or investigations that have found harm has occurred to a child or young person. Abuse can be emotional, physical, sexual or neglect. ³⁷

Table 19: Number of children with a finding of substantiated abuse in Wellington City and New Zealand

	2015	2016	2017	2018	2019	2020
Wellington City	158	145	170	138	145	135
New Zealand	13,833	13,598	12,117	11,662	13,018	12,861

³⁶ <https://psm-dm.otago.ac.nz/nigs/>

³⁷ OIA Request to Oranga Tamariki, dated October 2020