The Paediatric Society of New Zealand
Te Kāhui Mātai Arotamariki o Aotearoa

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Landmark report maps a national picture of neurodevelopmental conditions in Aotearoa

The first nationally linked picture of neurodevelopmental conditions in Aotearoa shows that early identification is deeply shaped by ethnicity, deprivation, and where a child lives.

The New Zealand Child and Youth Epidemiology Service (NZCYES), based at the University of Otago, has released a new report on neurodevelopmental conditions affecting children and young people aged 0 to 24 across Aotearoa.

The report, Kanorau ā-roro: Neurodevelopmental conditions in children and young people in Aotearoa, meaning 'the many faces of the mind' in te reo Māori, was commissioned by The Paediatric Society of New Zealand | Te Kāhui Mātai Arotamariki o Aotearoa (Arotamariki), and Health New Zealand | Te Whatu Ora.

A first of its kind

Previous data on neurodevelopmental conditions in Aotearoa have been regional and fragmented. This report is the first to draw on linked national administrative and health datasets, including hospital records, disability support data, pharmaceutical dispensing, and specialist mental health records, through Stats NZ's Integrated Data Infrastructure (IDI). This linking of datasets across systems allows, for the first time, a comprehensive national picture of who is being identified, where, and at what age.

The report covers seven categories of neurodevelopmental conditions: Attention Deficit/Hyperactivity Disorder (ADHD), Autism Spectrum Disorder (ASD), intellectual disability (ID), foetal alcohol spectrum disorder (FASD), communication or language disorders, specific learning disorders, and motor disorders. For each, it analyses prevalence, age at diagnosis, demographic and regional variation, co-occurring conditions, and the evidence for best practice.

Key findings

Prevalence is likely a significant undercount

In Aotearoa, 6% of children aged 10-14 have a recorded neurodevelopmental condition, yet service-identified rates are substantially lower than international estimates. Internationally, around 8% of children meet criteria for ADHD and 1-2% for Autism; in Aotearoa, service-identified rates are 2-4% for ADHD and 1% for Autism among children and young people. The report states that these figures

capture only children who have reached health and disability services, and the true community prevalence is likely to be considerably higher.

A wide spectrum of needs, from learning differences to lifelong disability

Neurodevelopmental conditions vary enormously in their impact. For some children, early identification and appropriate support can transform educational and life outcomes. For others, including many children with intellectual disability, Autism with high support needs, or FASD, these are lifelong conditions requiring sustained, intensive, and coordinated support across health, education, disability, and community services throughout childhood and into adulthood.

Approximately 0.7% of 10-14-year-old children in Aotearoa have an identified intellectual disability. ID is nearly three times as common in children and young people living with the highest levels of socioeconomic deprivation compared to those with the least, and only around one third of children with ID have it as a sole diagnosis. Most live with co-occurring conditions, reflecting complex, high-needs presentations that place significant demands on whānau and services.

Co-occurring conditions are common

Around one in four children and young people with neurodevelopmental conditions live with two or more diagnoses. The most common combinations include ADHD and Autism, or Autism and specific learning disorders. Pacific and Asian children are more likely than European children or tamariki Māori to have multiple recorded diagnoses. In Counties Manukau, nearly half of the children with a recorded neurodevelopmental condition are identified as having multiple conditions.

Systemic inequity in who gets identified

One of the report's most significant contributions is its detailed picture of how access to diagnosis and support is shaped by ethnicity, socioeconomic deprivation, geography, and sex.

- European children are most likely to receive a diagnosis of a neurodevelopmental condition. Pacific, Asian, and MELAA children are least likely, despite evidence that need is not lower in these communities.
- Tamariki Māori and Pacific children show a reverse deprivation gradient for ADHD: the greater the socioeconomic disadvantage, the less likely a child is to be identified.
- Children in rural areas and those from more deprived communities are often diagnosed later. A three-year difference in age at diagnosis between some districts points to significant variation in service access across the motu.
- Girls remain under-identified across all conditions, particularly ADHD and Autism.

Evidence for best practice

Alongside its prevalence data, the report provides a comprehensive review of best practice evidence for each condition. It identifies early identification, whānau-centred support, and sustained, function-focused interventions as the most effective approaches.

The report also highlights promising newer models of care, including Nurse Practitioner-led assessment pathways in some districts, which have reduced delays and improved access. It calls for integrated referral pathways connecting medical, educational, and community supports, particularly for Māori and Pacific families who face systemic barriers at multiple points.

"To truly understand the impact on our tamariki and whānau, we must look through an Aotearoa-specific lens. This report is a landmark first step in identifying prevalence within the health system, but we know these figures are just the tip of the iceberg. Further research is vital to ensure we can direct the right supports to every child, allowing them the opportunity to flourish." - **Dr Sonja Crone,** President, Arotamariki

Reframing neurodiversity

The report acknowledges that the clinical and diagnostic terminology it uses is largely deficit-based, and calls for mana-enhancing Māori language and frameworks to be central to how neurodevelopmental conditions are understood, communicated, and supported in Aotearoa. It calls for system-level reforms, culturally safe approaches, and strengths-based frameworks to reduce inequities and reframe neurodiversity as a source of resilience and potential.

ENDS

Ngā mihi,

Dr Sonja Crone, President of Arotamariki and Consultant Paediatrician

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