

20 January 2026

Ref: OIA-2526-031

9(2)(a)

Tēnā koe 9(2)(a)

Thank you for your email of 1 December 2025 to the Social Investment Agency (SIA) requesting information on ADHD under the Official Information Act 1982 (the Act). I have responded to your questions below in turn.

*A. Request for Unpublished 2024 ADHD Analysis The New Zealand Clinical Principles Framework for ADHD (Updated September 2025) cites the following:*

*Social Investment Agency. 2024. Initial Insights: ADHD in Aotearoa New Zealand. Unpublished.*

*I am requesting:*

*A1. The full document titled:*

*Initial Insights: ADHD in Aotearoa New Zealand (Social Investment Agency, 2024, cited as unpublished).*

*A2. Any accompanying material, including but not limited to:*

- underlying data, tables, or modelling*
- methodological notes*
- analytical appendices*
- any version history (draft, internal note, briefing) -internal documentation describing the purpose or intended status of this analysis -any correspondence transmitting or discussing this analysis with the Ministry of Health or any other agency*

*A3. If the document cannot be located, please provide:*

- the search steps taken*
- relevant document registers or file lists checked -any information explaining how the Ministry of Health came to cite this analysis -confirmation of whether the analysis existed as a standalone document or formed part of a broader piece of work*

Please find attached the May 2024 document titled *Initial Insights: ADHD in Aotearoa New Zealand – Using the IDI to understand outcomes and prevalence*.

You can find the ADHD code module which was used for this analysis here: [Attention Deficit Hyperactivity Disorder \(ADHD\) - Code Module - Stats NZ Integrated Data Commons](#)

*B. Broader ADHD Related Analysis, Modelling, and Feasibility Work (2015–present)*

*B1. Any analysis, feasibility work, modelling, or investment-case development since 2015 that includes, mentions, or refers to ADHD.*

*B2. Any data, insights, evaluations, or outcome modelling linking ADHD with:*

- education*
- employment*
- benefit or income support*
- justice or corrections*
- family/whānau*
- Health*

*This includes any work drawing on the IDI or other linked datasets.*

*B3. Any documentation identifying barriers or limitations to including ADHD in:*

- social investment models*
- outcome frameworks*
- wellbeing analyses*
- integrated datasets*
- risk or cohort modelling*

We are proactively releasing the first Social Investment Fund Ministerial group meeting pack, which considered ADHD as a priority cohort. We are therefore refusing part B of your request under section 18(d) of the Act on the basis that the information requested will soon be publicly available. We will write to you again to let you know once the information is published.

*C. Classification, Inclusion, and Documentation if No ADHD Specific Work Exists*

*If no ADHD specific analysis or modelling exists, please confirm this and provide:*

*C1. How ADHD is categorised within SIA datasets or modelling frameworks, for example:*

- neurodevelopmental conditions*
- learning support*
- behavioural conditions*
- mental health*
- disability*
- other grouped cohorts*

*C2. Any documents or correspondence recording a decision not to collect, monitor, or analyse ADHD-related information.*

*C3. Any guidance, internal notes, or data standards showing how ADHD-related variables are coded, grouped, or excluded within the social investment system.*

*C4. Any documents, advice, work programmes, planning material, or internal discussions that consider ADHD as a potential future cohort for social investment*

*modelling, outcome analysis, or investment under the Social Investment Fund or its predecessor functions.*

*If your agency does not hold some or all of the information requested, that absence also helps clarify how ADHD is currently tracked and managed across the social investment system. Identifying such gaps is part of building the evidence base for an informed, coordinated response.*

*Please confirm if the information is not held by your agency, and include any existing documents or correspondence that record a decision not to collect, analyse, or monitor ADHD-related information. If applicable, please also indicate how related matters are categorised (for example, under neurodiversity, mental health, behavioural conditions, disability, or other groupings used within SIA's analytical or modelling work).*

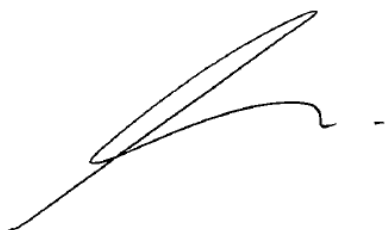
I am refusing part C of your request because we have responded to the specific ADHD work that does exist.

If you wish to discuss any aspect of your request or this response, or if you require any further assistance, please contact [info@sia.govt.nz](mailto:info@sia.govt.nz)

As part of our commitment to transparency, we proactively release our responses to information requests where possible. This response, with your personal details removed, may be published on our website shortly.

You have the right to seek an investigation and review by the Ombudsman of this decision. Information about how to make a complaint is available at [www.ombudsman.parliament.nz](http://www.ombudsman.parliament.nz) or freephone 0800 802 602.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Luana Scowcroft', with a long, sweeping underline that extends to the right.

Luana Scowcroft  
**Manager – Engagement, Ministerials, and Communications**

# Initial Insights: ADHD in Aotearoa New Zealand

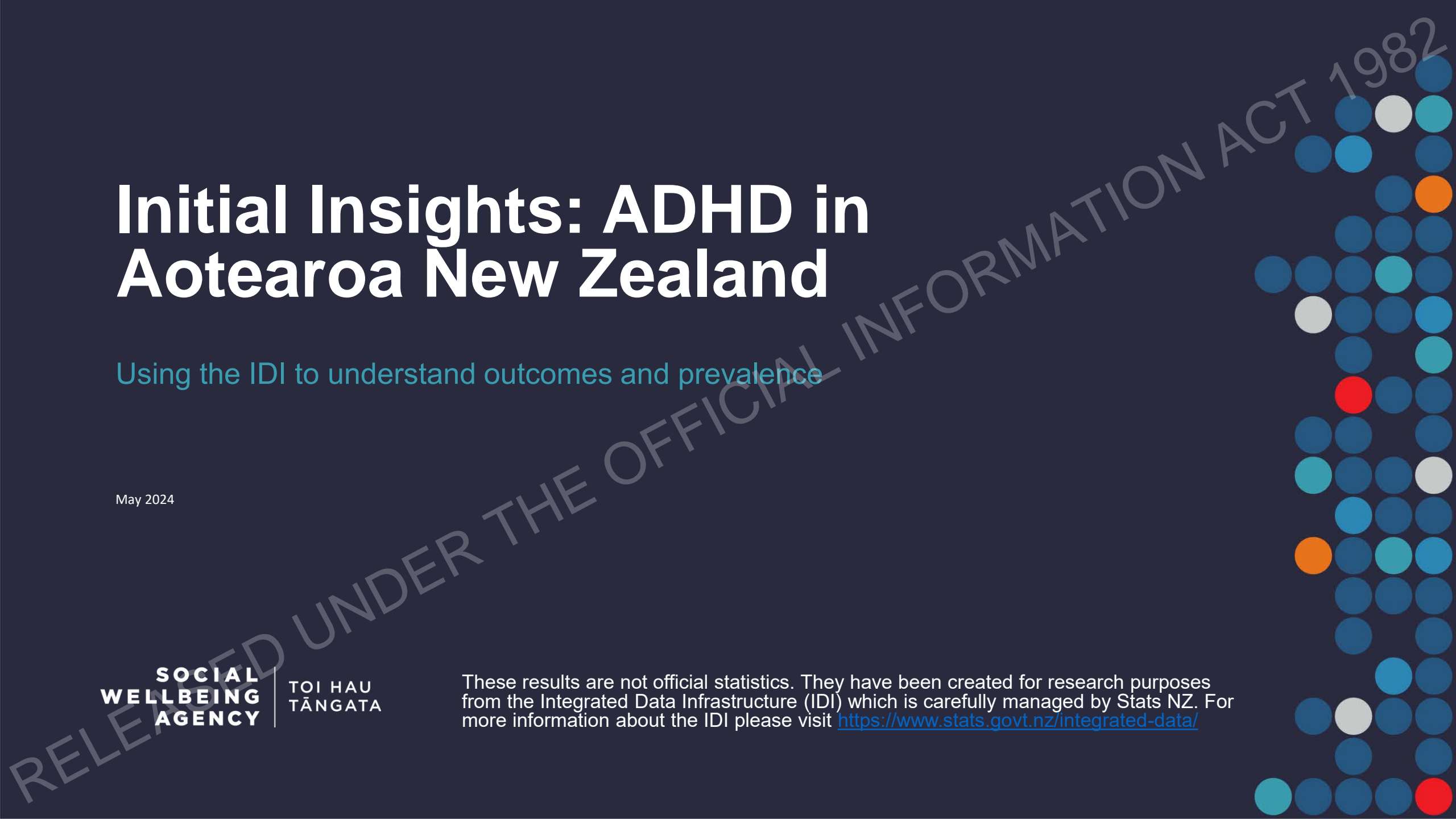
Using the IDI to understand outcomes and prevalence

May 2024

**SOCIAL  
WELLBEING  
AGENCY**

TOI HAU  
TĀNGATA

These results are not official statistics. They have been created for research purposes from the Integrated Data Infrastructure (IDI) which is carefully managed by Stats NZ. For more information about the IDI please visit <https://www.stats.govt.nz/integrated-data/>



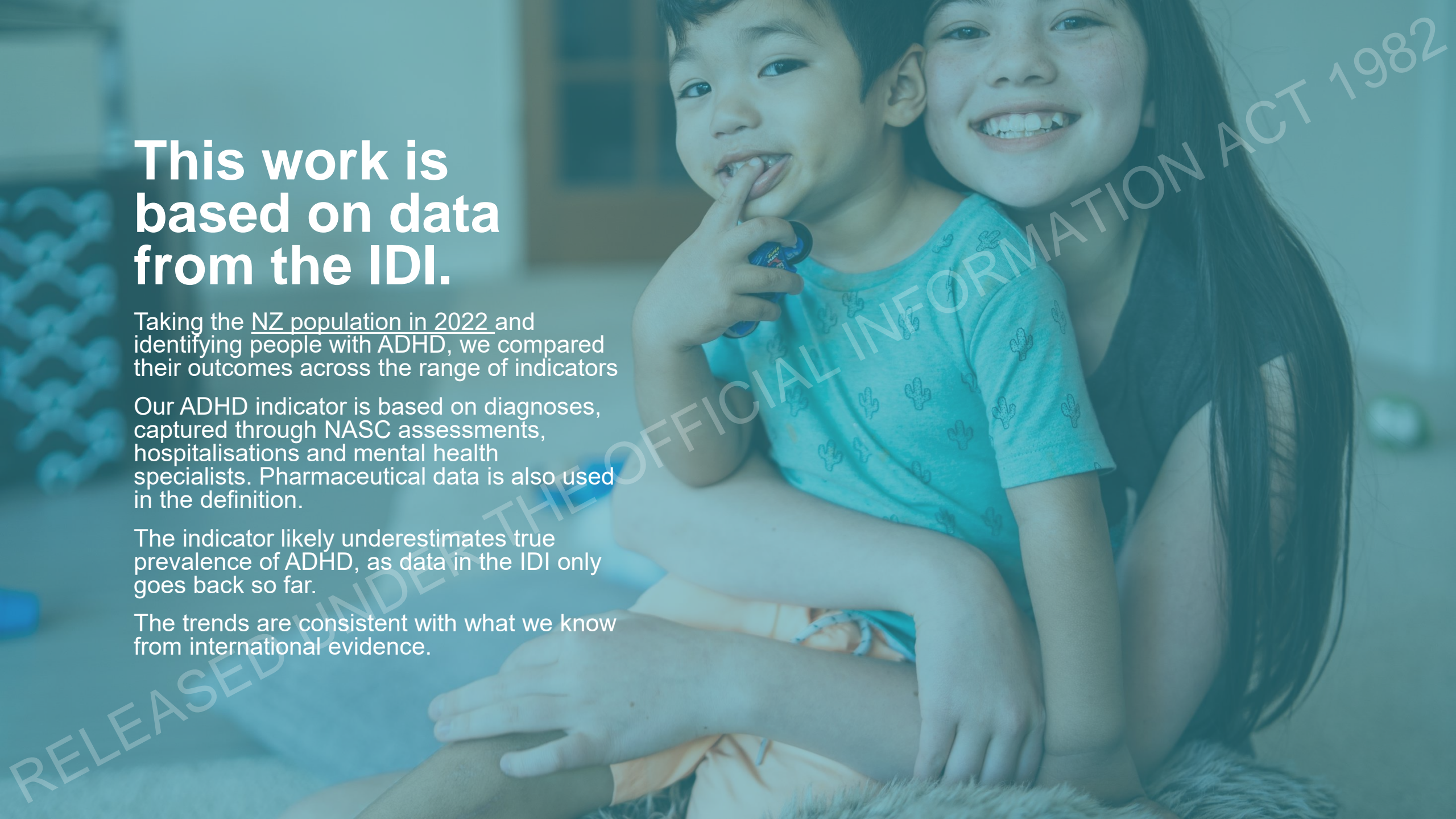
# This work is based on data from the IDI.

Taking the NZ population in 2022 and identifying people with ADHD, we compared their outcomes across the range of indicators

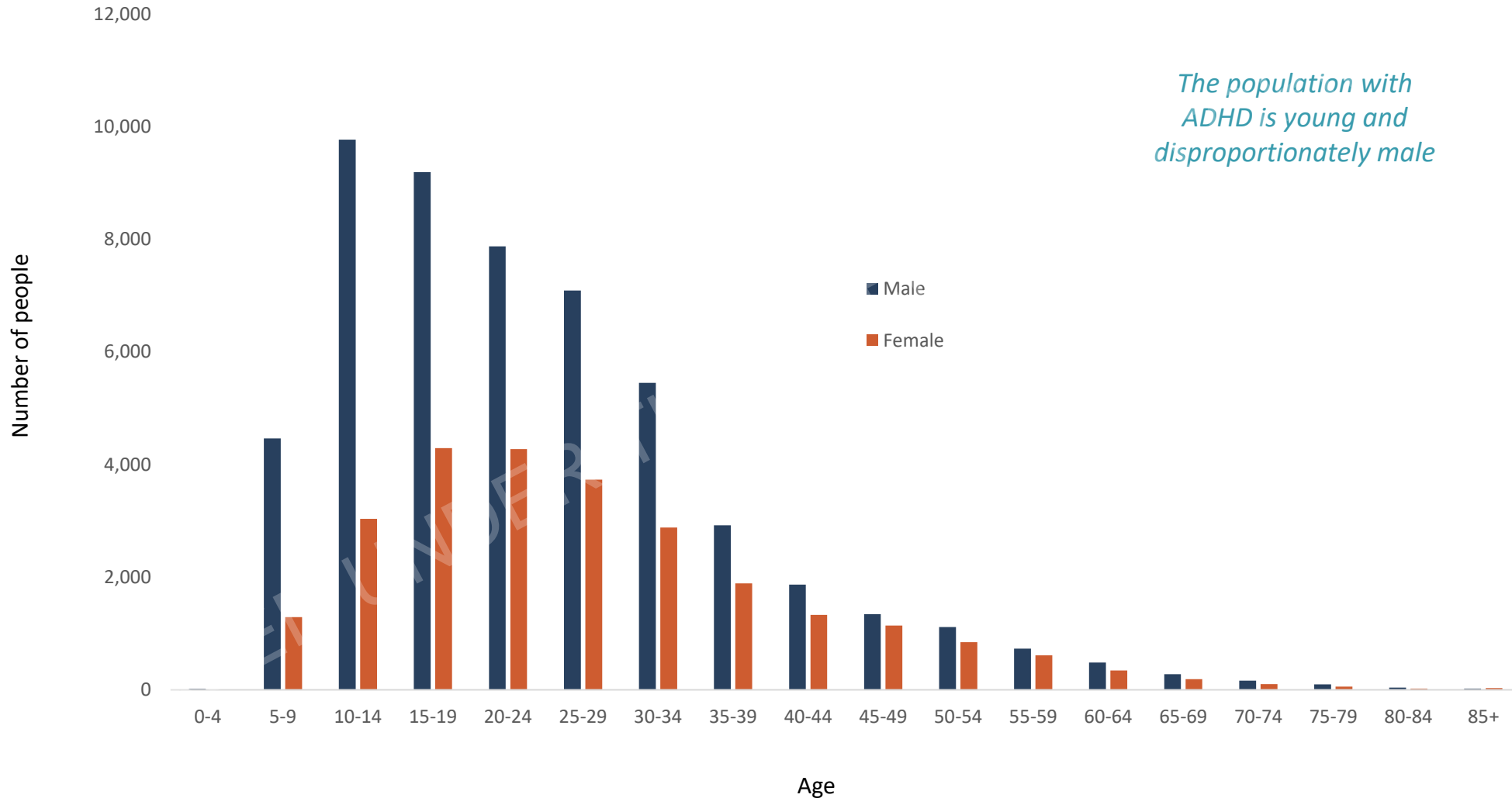
Our ADHD indicator is based on diagnoses, captured through NASC assessments, hospitalisations and mental health specialists. Pharmaceutical data is also used in the definition.

The indicator likely underestimates true prevalence of ADHD, as data in the IDI only goes back so far.

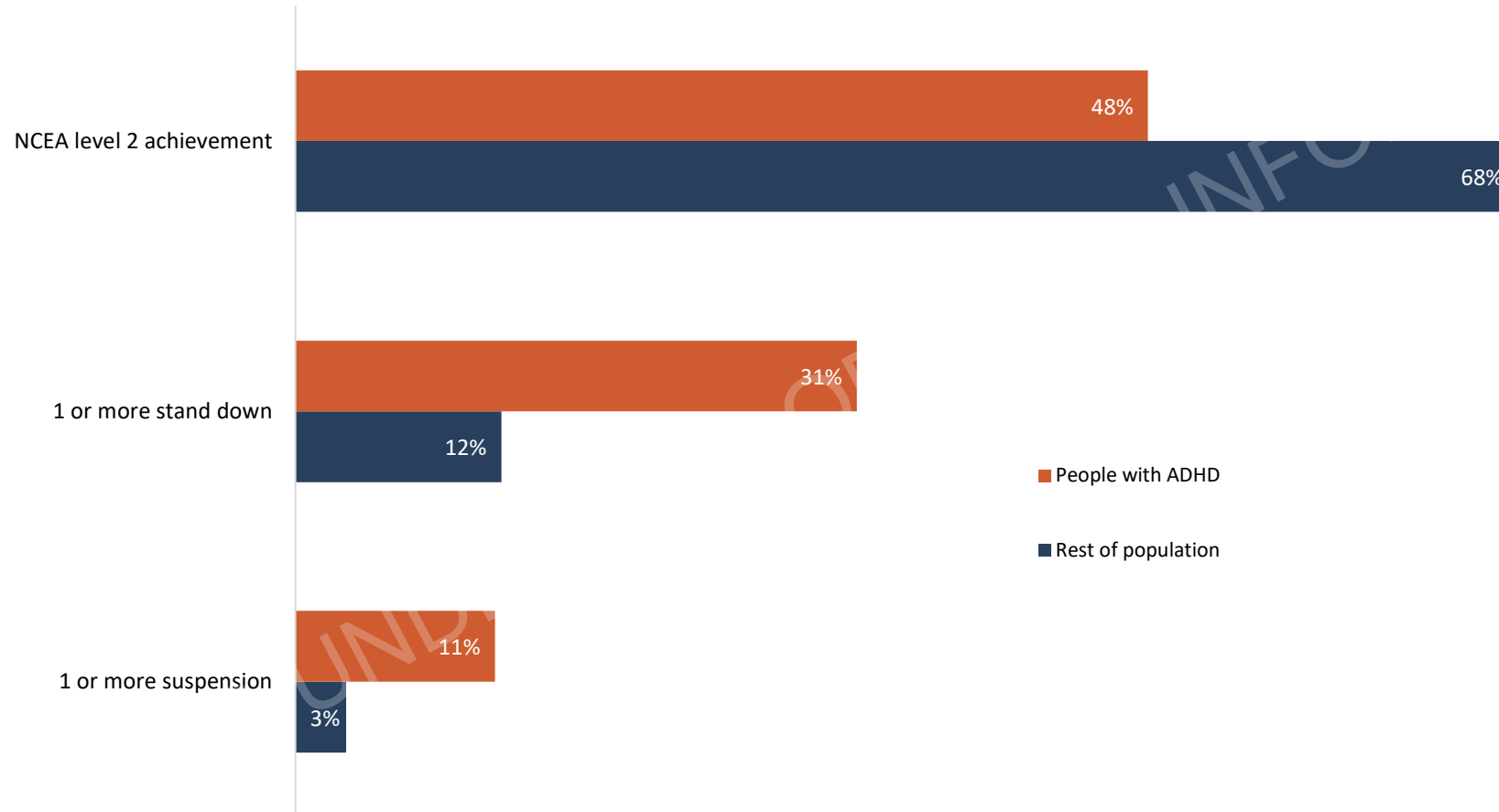
The trends are consistent with what we know from international evidence.



# Using the IDI, we were able to identify ~79,000 people in Aotearoa New Zealand with ADHD

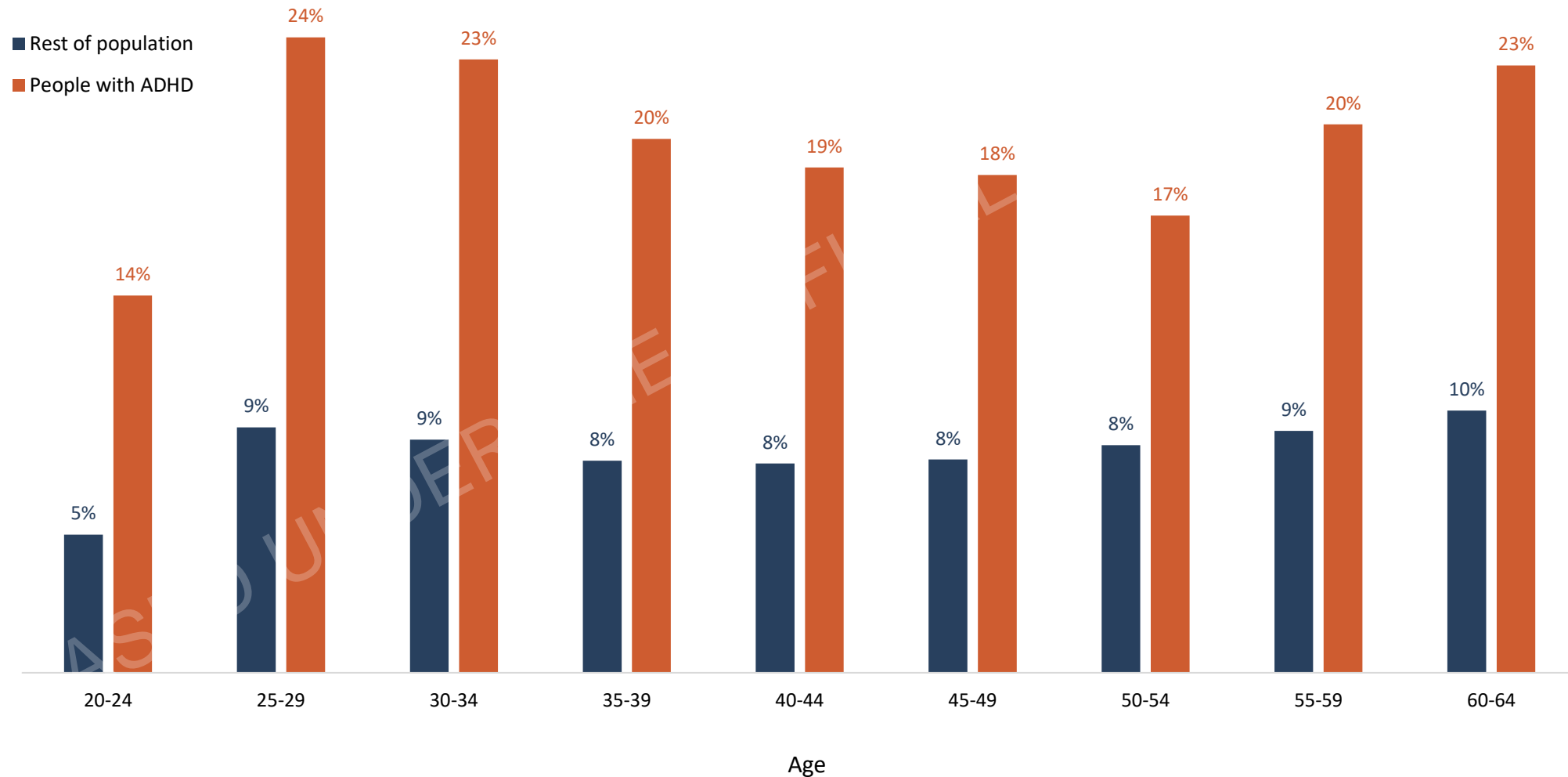


# People with ADHD have more exclusionary experiences at school and are less likely to achieve NCEA Level 2

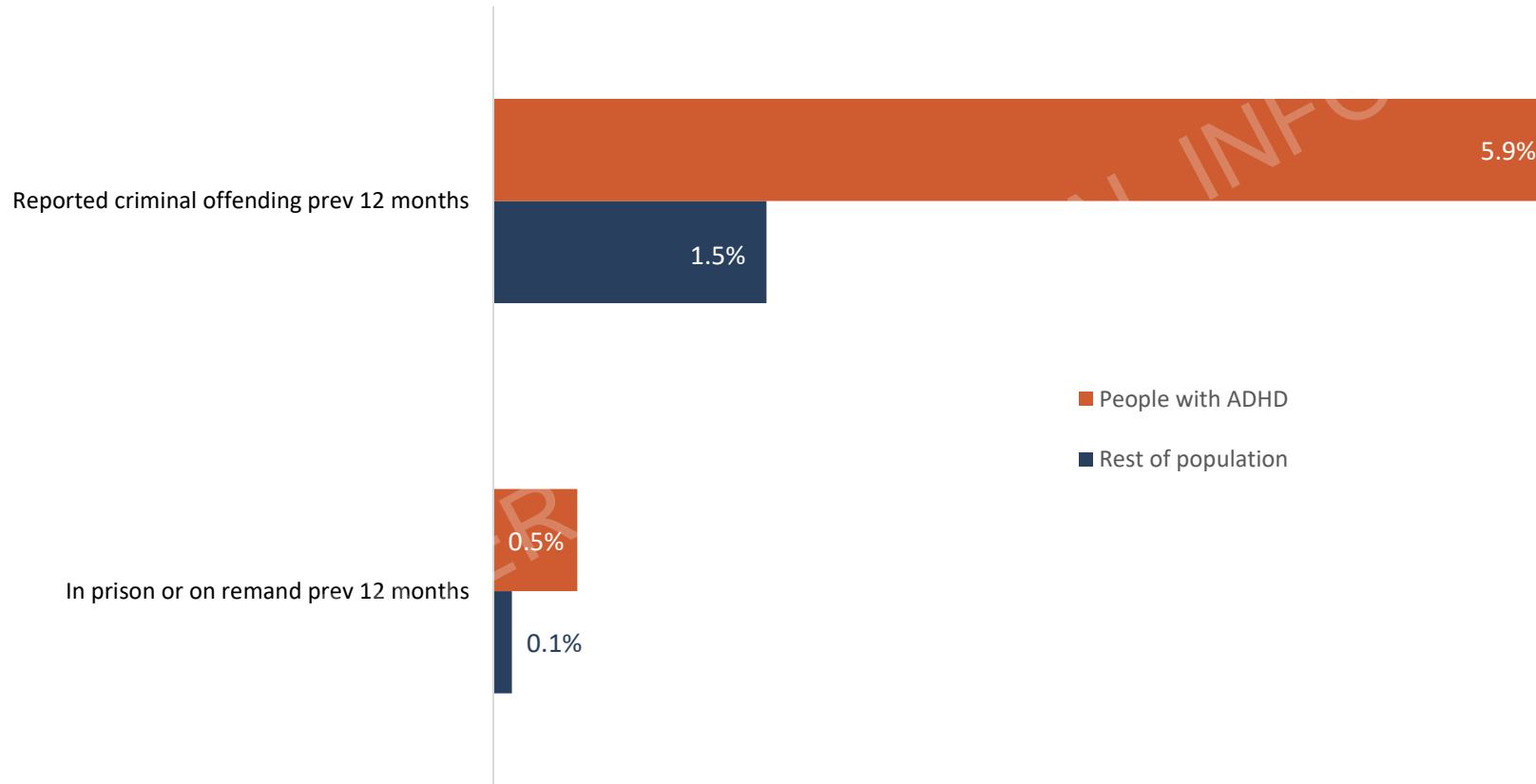


\* 18-year-olds in 2022

# People with ADHD are more likely to have long-term (5+ years) reliance on the benefit



# People with ADHD are disproportionately over-represented in the justice system

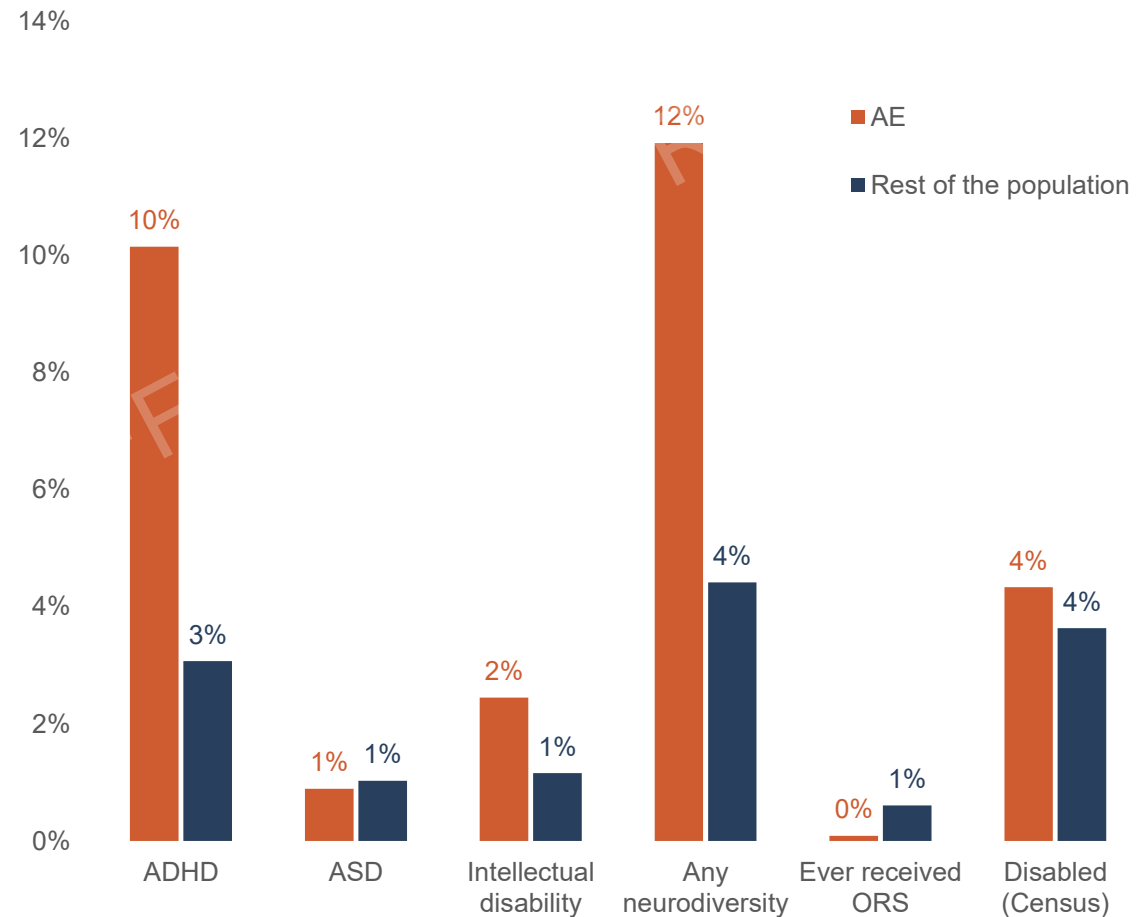


# These experiences are consistent with our previous evaluation of Alternative Education

Our analysis found that many young people in Alternative Education (AE) have ADHD.

The most striking finding in our evaluation was the comparison of young people in Alternative Education to a group of similarly disadvantaged young people. The long-term outcomes for young people in Alternative Education across multiple measures were worse.

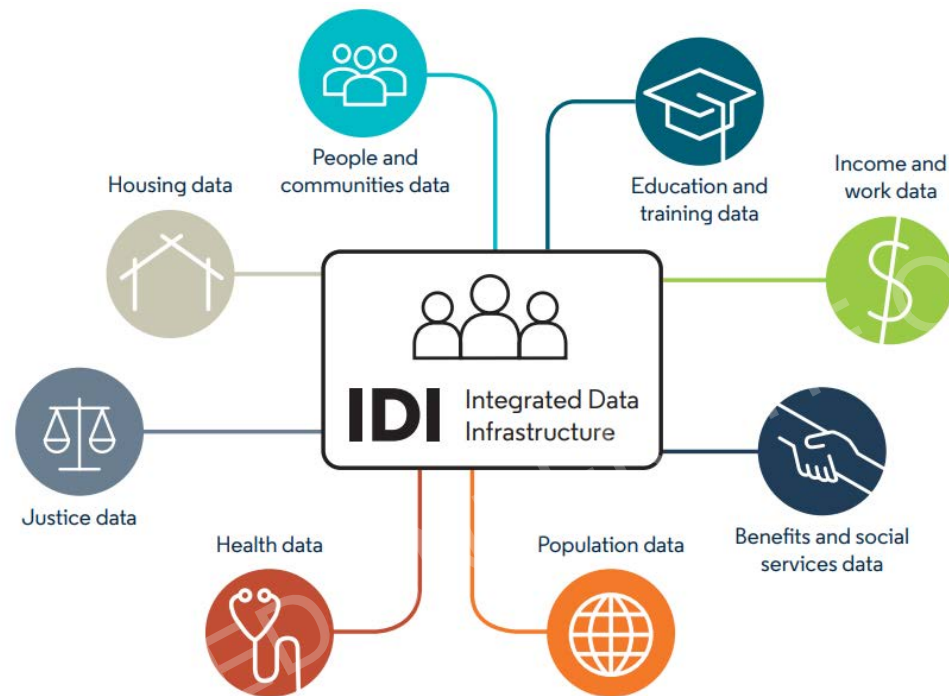
There are missed opportunities to identify and address educational and other needs much earlier in their lives, to promote better long-term outcomes.



**Note:** ADHD: Attention Deficit Hyperactivity Disorder; ASD: Autism Spectrum Disorder; ORS: Ongoing Resourcing Scheme (an MoE learning support).  
Technical report available at <https://www.swa.govt.nz/assets/Document-Library/Experiences-and-outcomes-of-Alternative-Education-participants-v3.pdf>  
ERO's full report available at [An Alternative Education? Support for our most disengaged young people](https://www.ero.govt.nz/publications/An-Alternative-Education-Support-for-our-most-disengaged-young-people) | Education Review Office ([ero.govt.nz](https://www.ero.govt.nz))

# The IDI can provide further information about the experiences, outcomes and trajectories of people with ADHD

The IDI is a large research database. It holds de-identified microdata about people and households.



It can be used to understand, for example:

- Other experiences and interactions with government, such as income, Oranga Tamariki involvement, housing security, access to Learning Supports, reported victimisations, accidents and injuries.
- Mental health, addiction and medical co-occurrences.
- Changes to diagnosis and (pharmaceutical) treatment over time and varies across/between population sub-groups.
- The socio-demographics of people with ADHD and their whānau.
- Opportunities to provide better support for people with ADHD to enable better short- and long-term outcomes.