

PHO Enrolments

of children in contact with the care and protection system

Introduction

The ability to access primary health care is vital for all New Zealanders. Under the National Care Standards^{1,2}, Oranga Tamariki is responsible for ensuring that children in care are enrolled with a Primary Health Organisation (PHO). This is particularly important for Māori and Pacific children, who already see gaps in access across the healthcare system³. Children in care often have particularly complex health needs⁴, so it is important to ensure they have access to health care and are enrolled with a PHO. This paper provides improved information on enrolments as an update to data that was publicly released in February 2023.

Method

Data from the IDI⁵ was used to capture the care status and PHO enrolments of 0–17-year-olds, as at 1 October 2021. These children were grouped into cohorts based on their level of contact with Oranga Tamariki care and protection (CP) services.

1. **Currently in care** (4,000 children)
2. **Past care experience** (11,000 children)
3. **Other CP contact** (140,000 children): defined as children who have never been in care but have had an investigation or FGC (family group conference) at some point in their lifetime.
4. **No CP contact** (950,000 children): defined as children who are either unknown to Oranga Tamariki or have had a report of concern but no further contact.

Results

The analysis (Figure 1) showed 94% of children in care are enrolled with a PHO, which is very close to the rate for those with no CP contact (95%). The rate was lower (92%) for those who have had contact with Oranga Tamariki but are not currently in care (i.e., cohorts 2 and 3).

¹ [National Care Standards | Oranga Tamariki — Ministry for Children](#)

² [Supporting tamariki with their health needs | Practice Centre | Oranga Tamariki](#)

³ [Ethnic differences in the uptake of child healthcare services in Aotearoa \(orangatamariki.govt.nz\)](#)

⁴ [Childrens mental health evidence-brief.pdf \(orangatamariki.govt.nz\)](#)

⁵ 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/>.

Figure 1: PHO Enrolment

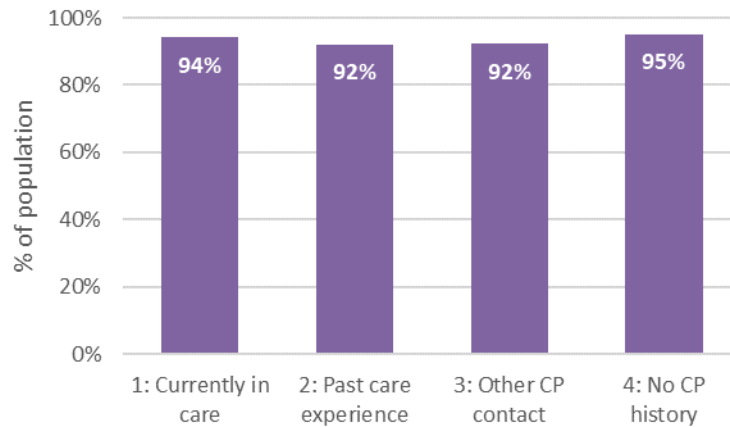
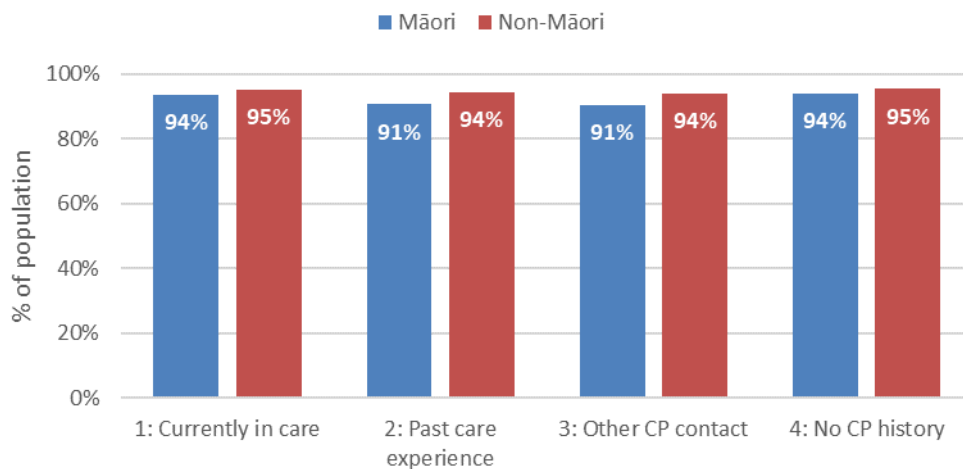


Figure 2 shows tamariki Māori have marginally lower PHO enrolment rates compared to non-Māori amongst those with no CP contact. The lower overall enrolment rate for cohorts 2 and 3 (92 percent) is primarily due to the lower rate for tamariki Māori (91 percent), which is 3 percentage points lower than non-Māori (94 percent). Being in care closes this gap in enrolment rates and brings the rates back to the same level as those with no CP history.

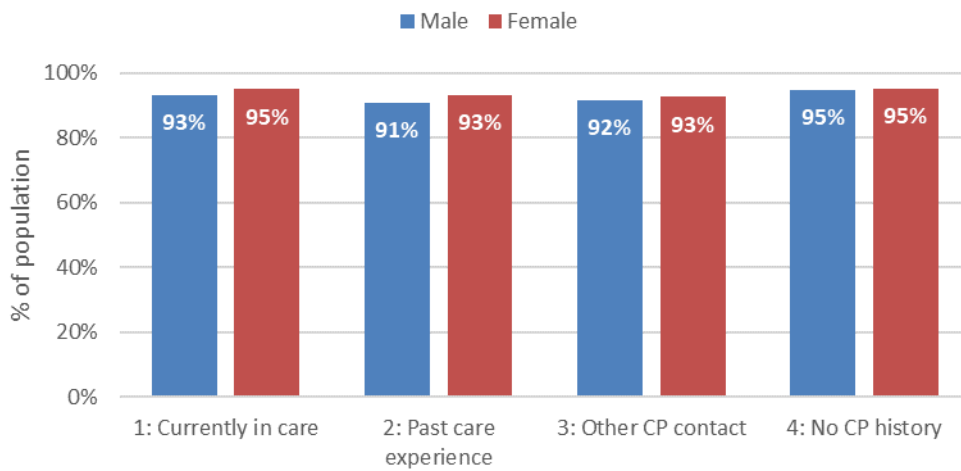
Figure 2: PHO Enrolment by Ethnicity



For children with no CP contact there is no difference in PHO enrolment rates between males and females⁶ (Figure 3), but for children with contact males have lower rates of enrolment than females. The in care cohort brings female enrolment back to the same level as cohort 4, but males still lag slightly behind.

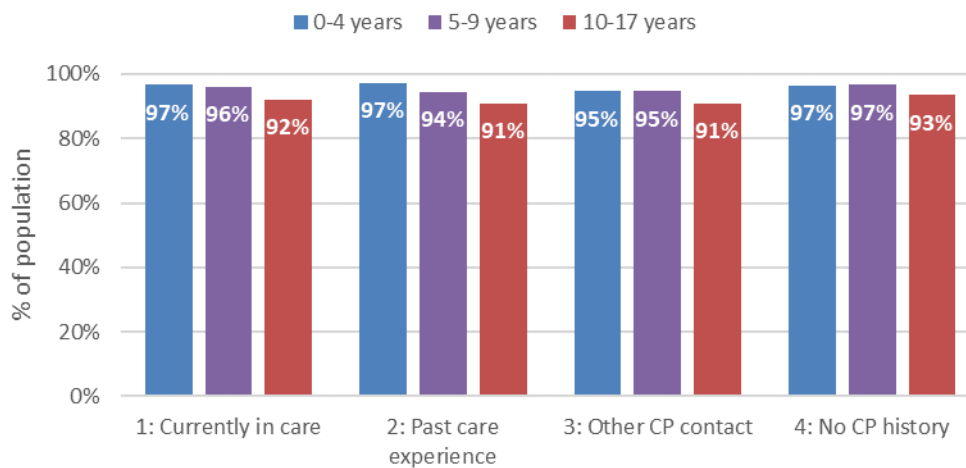
⁶ Gender has been limited to male and female due to limited information on children outside of the gender binary.

Figure 3: PHO Enrolment by Gender



There are higher rates of PHO enrolment for younger children than 10-17 year olds (Figure 4). This is expected due to the higher number of health touch points in early childhood (e.g. vaccines).

Figure 4: PHO Enrolment by Age



Conclusion

PHO enrolment rates are generally high for children in Aotearoa New Zealand. Children with some contact with Oranga Tamariki have slightly lower levels of enrolment, but for those who come into care these rates are almost identical to the wider population. This effect is particularly significant for tamariki Māori. PHO enrolment is important for getting children in care the health care they need.