Briefing for information

An initial stocktake on neurodiversity work across government

Date due to MO:	30 April 2025	**Action required by:**	N/A
Security level:	IN CONFIDENCE	**Reference:**	H2025062730
To:	Hon Matt Doocey, Associate Minister of Health		
Consulted:	Health New Zealand: ☐		
Proactive release:	This **title** is proposed by the Ministry of Health for proactive release: ☐		

Contact for telephone discussion

Name	Position	Telephone
Steve Barnes	Acting Deputy-Director General, Strategy, Policy and Legislation	s 9(2)(a)
Caleb Johnstone	Acting Group Manager, Primary Care, Family and Community Health Policy, Strategy, Policy and Legislation	

Minister's office to complete:

☐ Noted	☐ Seen
☐ Needs change	☐ Withdrawn
☐ See Minister's Notes	☐ Overtaken by events

Comment:

PROACTIVELY RELEASED

Briefing for information

An initial stocktake on neurodiversity across Government

Security level:	IN CONFIDENCE	**Date:**	30 April 2025
To:	Hon Matt Doocey, Associate Minister of Health		

Recommendations

We recommend you:

a)	**Note** the attached *Neurodiversity Stocktake Report* provides a current baseline of Government agencies responses to neurodiversity including challenges and gaps and work underway	**Noted**
b)	**Agree** for the Ministry of Health to socialise the report with Senior Officials across agencies.	**Yes/No**
c)	**Agree** to the Ministry of Health progressing further policy work to understand specific opportunities within your Associate Health portfolio.	**Yes/No**

Caleb Johnstone
Acting Group Manager
Primary Care, Family and Community Health Policy,
Strategy, Policy, and Legislation
Date: 29/04/2025

Hon Matt Doocey
Associate Minister of Health
Date:

PROACTIVELY RELEASED

An initial stocktake on neurodiversity across Government

Background

1. In 2023, the Minister of Health listed neurodiversity as one of the Associate Health portfolio responsibilities delegated to you. You then received advice from officials providing a high-level overview of neurodiversity in the Government space (H2024036865 refers).

2. Following the Young Neurodiversity Champions Hui at Parliament in July 2024 you also asked the Ministry of Health to lead inter-agency coordination on neurodiversity with the initial task being to undertake a stocktake to understand the current baseline of neurodiversity activity within and across Government agencies to inform opportunities in this area. This stocktake report has now been completed and is attached as **Appendix 1**.

The Inter-Agency Neurodiversity Group

3. The Inter-Agency Neurodiversity Group (IAG) was comprised of officials from Whaikaha, Ministry of Health, Health New Zealand, Ministry of Education, Ministry of Social Development, Disability Support Services (which transferred from Whaikaha to MSD in 2024), Ministry for Children, and the Accident Compensation Corporation (which joined the IAG in January 2025).

The Inter Agency Stocktake

4. The stocktake provides an initial assessment of activity underway across government agencies. As noted, there is limited cross agency overlap in definition, data and service provision. From an initial assessment some of this variation could be well reasoned and we would need to understand whether there would be benefit to neurodivergent people in enabling greater alignment.

5. However, the stocktake has usefully identified an initial set of key themes that could be better understood through further work on policy or research and evidence. These include:

    a. Government agencies define and respond to people with neurodiversity in different ways according to their roles and responsibilities.

    b. There are issues with assessments, services and supports, including long wait times for initial assessments; service gaps; workforce pressures; and funding constraints.

    c. There are barriers to identifying neurodiverse people in Government data systems to better understand their needs and monitor outcomes.

    d. There is growing awareness across Government agencies of the need to design and deliver all aspects of their business with neurodiversity in mind.

PROACTIVELY RELEASED

6. To support an improved understanding of opportunities related to neurodiversity the Ministry could undertake further policy work to identify specific opportunities in your associate health portfolio. Subject to wider Ministerial agreement this could be expanded across other portfolios.
7. As noted in the report participation from some agencies was limited due to their capacity in needing to service other Government or Ministerial priorities. The Ministry could look to engage with senior officials within these agencies to determine how further work could be progressed.

Next steps

8. With your agreement the Ministry of Health will:
    a. socialise this report at senior level across agencies.
    b. progress further policy work to understand specific opportunities in your associate health portfolio.
9. Ministry of Health officials will update you via a weekly report item in July 2025.
10. Officials are available to meet with you to discuss the stocktake. We can provide additional information and advice at your request.

ENDS.

PROACTIVELY RELEASED

Interagency Stocktake report: how government agencies design and deliver supports and services with neurodiversity in mind

Ministry of Health
Strategy Policy and Legislation
Family, Community and Primary Health Policy
Health of Disabled People Policy Team

2025

PROACTIVELY RELEASED

PROACTIVELY RELEASED

Contents

Purpose 1

Context of neurodiversity – definitions, experiences and outcomes 1

About the stocktake 6

Stocktake process 7

Limitations 9

Key themes 10

Roles and functions of agencies 11

Challenges and gaps 16

Work underway 21

Opportunities and next steps 26

Appendix 1 27

List of Figures

Figure 1: Some common neurodiversity types and associated attributes 3

List of Tables

Table 1: Stocktake process 7

Table 2: Comparison of needs/strengths-based and diagnostic approaches 16

Table 3: Work underway addressing challenges and gaps 22

Table 4: Work underway, cross-sector actions by agency 24

Table 5: Neurodiversity Responsibilities (by Ministerial portfolio and government agency, as at April 2025) 27

Table 6: Neurodiversity: working definitions by agency and role 29

PROACTIVELY RELEASED

PROACTIVELY RELEASED

Purpose

This stocktake report provides a current baseline of neurodiversity activity within and across government agencies. The stocktake aims to support:

- better understanding of government's neurodiversity activity
- interagency coordination on neurodiversity
- information and advice to government on its neurodiversity work programme.

The stocktake shows that while there is a wide range of work across government agencies (see Tables 1 and 3), there could be better coordination amongst agencies to align neurodiversity work programmes. Better coordination between work programmes could result in greater efficiencies and better outcomes for people who are neurodiverse.

In order to make better sense of the neurodiversity landscape, the Interagency group also participated in discussions on the multiple definitions of neurodiversity and aimed to understand the experiences and needs of neurodiverse people and their communities, including within Aotearoa. Developing a shared understanding of neurodivergent experiences and concepts built an important foundation from which the interagency group could then understand each agency's work in this area.

PROACTIVELY RELEASED

Context of neurodiversity – definitions, experiences and outcomes

Neurodiversity is a term often used to refer to the natural variability in how peoples' brains engage in learning, perceive information, organise, communicate and relate with others. It encompasses people from all walks of life, is commonly intersectional in nature, and not limited to individuals of specific age, gender or ethnicity.

Neurodivergent and *neurodivergence* are somewhat recent and emerging concepts. Rather than a clinical diagnosis, these terms are used as an umbrella term to describe a person who has neurological variances as compared to a *neurotypical* person, a person whose neurological development and functioning aligns with the majority of people.

Since the term neurodiverse was first coined in the late 1990s, different approaches have emerged to understand neurological differences, including as a natural variation in human cognitive functioning, medical condition or disability. Both *neurodivergent* and *neurodiversity* are terms based on a human rights approach to disability, and not unlike the term *ethnic diversity*. They aim to acknowledge that differences, challenges and uniqueness in human neurology are natural variations.

Conceptually, there are overlapping concepts of neurodiversity and disability, which is defined in the convention on the Rights of Persons with Disabilities (UNCRPD) as resulting from the interaction between persons with impairments and the attitudinal and environmental barriers that hinder their full and effective participation in society on an equal basis with others. In line with the UNRCPD, the New Zealand Disability Strategy is inclusive of all disabled people, including people with neurodevelopmental conditions. Some people consider neurodivergence disabling, identifying themselves as part of the disability community, whilst others do not. Neurodivergence is often invisible, making its identification or diagnosis harder. A lack of awareness about this kind of diversity can result in misunderstanding people's unique requirements.[1]

There is no clinical assessment or diagnosis for neurodivergence/neurodiversity, instead these terms are used informally and loosely as umbrella terms to describe the shared experiences of people with a range of conditions, experiences, and diagnoses. Today, it is accepted that neurodivergent conditions include a range of specific presentations including:

- neurodevelopmental[2] conditions such as autism spectrum disorder (ASD), attention deficit hyperactivity disorder (ADHD), fetal alcohol spectrum disorder (FASD), dyspraxia/DCD and learning disabilities including dyslexia or dyscalculia
- acquired[3] neurodiverse mental health conditions (such as PTSD, anxiety and depression), traumatic brain injury (TBI), dementia, Alzheimer's and neurological effects resulting from stroke
- neurologic variations that are not clearly diagnosable including children who have not yet reached the age where a clinical diagnosis is possible or where diagnosis is indeterminate, unwanted or considered unwarranted.

There is variation in definitions of neurodivergence and/or neurodiversity, with some including epilepsy and acquired neurodiverse mental health conditions, and others not.

In addition, this report recognises that:

- people can, and often do have more than one neurodiverse condition or other disability
- neurodivergent people are more likely than neurotypical people to also experience acquired neurodiverse mental health condition(s) such as obsessive-compulsive disorder (OCD), anxiety or depression[4, 5]
- mental health conditions can be exacerbated by a person not knowing they are neurodivergent and/or not having access to the type of supports[6] they require

PROACTIVELY RELEASED

[1] See **https://www2.deloitte.com/us/en/insights/topics/talent/neurodiversity-in-the-workplace.html**.

[2] Those conditions that arise as the brain is developing.

[3] Changes in a person's brain functioning following an injury, disease or health condition.

[4] French, B., et al. 2024. "The impacts associated with having ADHD: an umbrella review." Frontiers in Psychiatry 15.DOI. **https://www.frontiersin.org/journals/psychiatry/articles/10.3389/fpsyt.2024.1343314**

[5] Zhang, S., et al. 2020. "Neuropsychiatric issues after stroke: Clinical significance and therapeutic implications." World J Psychiatry 10(6): 125–138.DOI.

[6] This experience can be exacerbated in the context of additional health or disability needs and it is often the complexity of managing both that results in higher levels of support need.

- people with disabilities who are neurodivergent can have difficulties accessing mental health support due to their symptoms being attributed solely to neurodiversity
- many adults learn of their neurodiversity after first seeking help for a mental health concern.

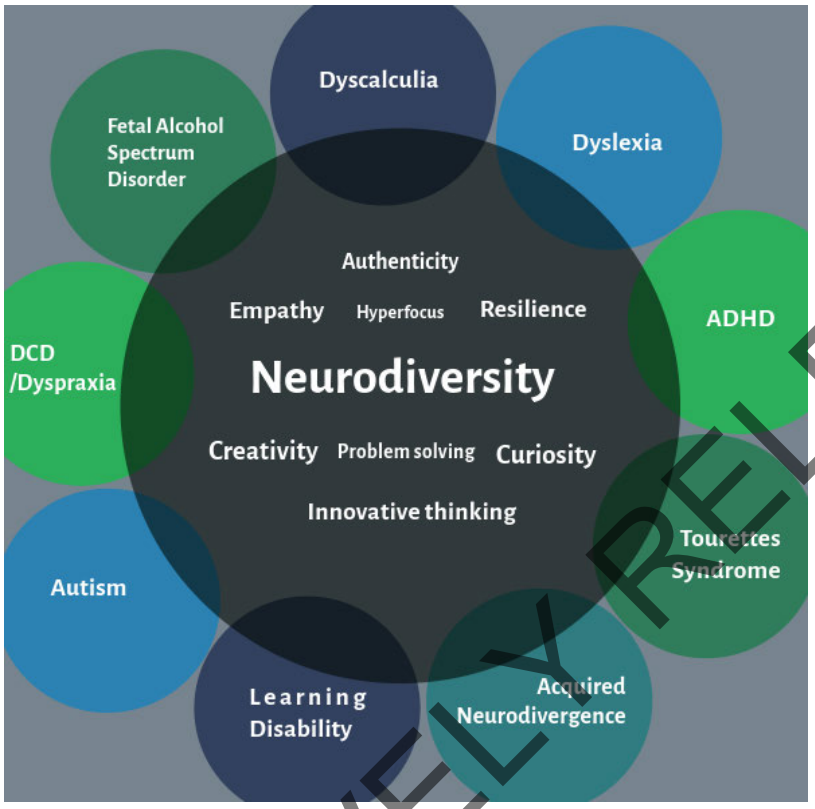

Figure 1: Some common neurodiversity types and associated attributes

Neurodivergent people have diverse experiences and may find that their neurodivergence impacts them differently in different contexts or at specific stages in their life course such as entering early childhood education, leaving school or starting a new job. Many people will live full and active lives while others will be disabled by a neurodiverse condition, requiring high levels of assistance and medical intervention. For example, an autistic person may be non-speaking and have difficulty expressing need, require a carer or support worker in daily life and a dedicated learning environment. Another autistic person may be able to communicate well verbally but might find deciphering social cues difficult or find change difficult. Both may benefit from support, but the required levels and type of support vary greatly and are individual and unique to each person and stage of life.

Neurodivergent people sometimes describe the positive attributes of their condition as allowing periods of extended concentration, high levels of empathy, curiosity, creativity and strategic problem solving. In Aotearoa, mirroring the wider disability movement, there is an emerging human-rights, strengths-based, mana-enhancing lens on neurodiversity.[7]

[7] **https://gazette.education.govt.nz/articles/takiwatanga-in-your-own-time-and-space**

PROACTIVELY RELEASED

For the Neurodivergent population, outcomes vary greatly. From global data, we know that on the whole, Neurodivergent people experience worse health, disability, education[8] and justice outcomes than neurotypical individuals.[9] For example, people with FASD have a life expectancy of 34 years, with 44% of deaths from external causes including suicide and accidents.[10] Research by Deloitte showed the total social and economic costs of ADHD in Australia in 2019 were estimated to be $20.42 billion, or $25,071 per person (this figure includes education, justice, productivity costs and loss of wellbeing costs).[11] Outcomes reach across many aspects of society, therefore calling for a cross-government approach looking for opportunities for targeted policy interventions.

Neurodiversity in Aotearoa

Figures and data that encompass the entire neurodiversity umbrella are not available, however there are pockets of information that help us begin to understand the landscape within New Zealand.

ASD and ADHD rates are trending higher. Reasons for this are multifactorial and likely include better awareness and earlier diagnosis.

Studies indicate that children and young people from more deprived families are between 1.5–4 times more likely to have ADHD than children and young people from less deprived families.[12] In one New Zealand study, 2.8% of Māori and 1.6% of non-Māori were screened as showing ADHD concerns.[13]

- Research also indicates the prevalence of FASD to be between 1.1% and 3.9% of the general population and 1.7% and 6.3% for Māori, however, diagnostic barriers make this difficult to ascertain.[14]
- New Zealand Statistics Survey data shows that 2% of New Zealanders aged five years and over have been diagnosed with autism and that 3% of people aged five years and over have been diagnosed with ADHD.[15]
- 40% of disability supports in New Zealand are for people with autism

[8] **https://gazette.education.govt.nz/articles/takiwatanga-in-your-own-time-and-space/**

[9] French, B., et al. 2024. "The impacts associated with having ADHD: an umbrella review." Frontiers in Psychiatry 15.DOI. **https://www.frontiersin.org/journals/psychiatry/articles/10.3389/fpsyt.2024.1343314**.

[10] Thanh, N., & Jonsson, E. 2016. Life Expectancy of People with Fetal Alcohol Syndrome **https://pubmed.ncbi.nlm.nih.gov/26962962/**

[11] The social and economic cost of ADHD in Australia. 2019. Deloitte: **https://www.deloitte.com/au/en/services/economics/perspectives/social-economic-costs-adhd-Australia.html**

[12] Sayal, K., Prasad, V., Daley, D., Ford, T., & Coghill, D. 2018. ADHD in children and young people: prevalence, care pathways, and service provision. The Lancet Psychiatry, 5(2), 175–186. **https://doi.org/10.1016/S2215- 0366(17)30167-0**

[13] Cargo, T., Stevenson, K., Bowden, N., Milne, B., Hetrick, S., & D'Souza, S. 2022. Medication dispensing among Māori and non-Māori screened for preschool ADHD. The New Zealand medical journal, 135(1565), 95–103. **https://doi.org/10.26635/6965.5862**

[14] Foetal alcohol spectrum disorder in Aotearoa, New Zealand: Estimates of prevalence and indications of inequity. Romeo 2023. Drug and Alcohol Review – Wiley Online Library.

[15] **https://www.whaikaha.govt.nz/news/news/17-percent-of-new-zealanders-are-disabled#scroll-to-4**

PROACTIVELY RELEASED

- 2023/24 New Zealand Health Survey data shows that ADHD and Autism Spectrum Disorder are relatively common conditions among children and young people (0–15 years). [12]

There has been previous work, both within agencies and at an inter-agency level, which intersects with parts of the neurodivergent population or elements of the neurodiverse experience.[16.] This historic context may provide valuable insights to support the Government's provision of support for the neurodivergent population. However, as this report is focused on current and planned work, historic work was deemed out of scope.

Although data on neurodivergent learners is not currently available, a high proportion of disabled learners will be neurodivergent, therefore the statistics below are included to provide an understanding of how neurodivergent students might experience the education system in New Zealand.

- Disabled learners are between 1.5 and 3 times more likely to be stood down, suspended, move schools frequently and they are more likely to end up in statutory care.
- Disabled learners experience higher rates of bullying and physical restraints than their non-disabled peers.
- Disabled learners are half as likely to attain NCEA Level 3 and more than twice as likely to attain no qualification at school.

PROACTIVELY RELEASED

[16] **https://www.whaikaha.govt.nz/about-us/programmes-strategies-and-studies/guidelines/nz-autism-guideline**

About the stocktake

There has been recent and growing interest in and focus on neurodiversity within government. This has included the Minister of Health listing neurodiversity as one of the Associate Health portfolio responsibilities in 2023, and the Associate Health Minister speaking at a Young Neurodiversity Champions Hui at Parliament on Friday 19 July 2024. The neurodiverse sector has noted that government agencies' siloed responses to neurodiversity can create barriers and has called for government approaches and activities on neurodiversity to be more joined up. The sector has also called for a greater focus on early identification, intervention and support for neurodiverse people.

The Associate Minister of Health requested the Ministry of Health establish and coordinate a new interagency group on neurodiversity consisting of key government agencies with responsibilities for neurodiversity.

As this is a new group and initiative, the initial key task of the interagency group was to do a stocktake to build a shared understand of the landscape of existing government-funded responsibilities and activity on neurodiversity. Findings would identify and inform further scoping and prioritisation of strategic, whole-of-government actions on neurodiversity.

PROACTIVELY RELEASED

Stocktake process

Table 1: Stocktake process

Date	Type of engagement	Data Type
29 August	First group meeting	Meeting minutes
15 October	Second group meeting	Meeting minutes
18 October–29 November	Stocktake form	Survey data, and additional data provided by each agency
29 Nov–1 February	Individual follow-up meetings for clarification	Meeting notes and email
27 January	Completeness of agency sample assessed.	ACC identified as further key agency to survey their ND activity
19 February	Workshop-style meeting	Recordings/minutes
Feb–March	Draft Report	Feedback on Draft

In October 2024, agencies were asked to provide information on neurodiversity from their own administrative perspective, including on their role, range of activities and funding. Agencies had around a month to complete their returns. A question list was provided to promote data consistency and completeness.

The stocktake request was sent to the agencies on the Interagency Group with policy and service delivery roles relating to neurodiversity. Agencies with no direct roles were excluded (eg, Statistics New Zealand).

A short timeframe of a month was set for agency returns. This was to allow time for the data collation and analysis, and drafting of an initial stocktake report for the Interagency Group to review over February and March before it finalised the report for Minister Doocey in April 2025.

Responses were received from the seven agencies. Stocktake data was collated by themes within the agency information, organised as follows:

- agency role, function and authorisations (see appendix)
- population, funding and services, knowledge insights and data
- system participation and engagements.

Follow-up discussions were had with each agency to clarify responses or request more detailed information. In reviewing the information initially collected, the Ministry noted a need to collect information about acquired injuries such as traumatic brain injuries. As a result, the Ministry invited ACC to take part in the Interagency Group and stocktake.

The Ministry of Health acknowledges the considerable efforts and goodwill demonstrated by the participating agencies in collecting the data to make the

PROACTIVELY RELEASED

stocktake possible, especially given the short timeframes. That said, the ability of agencies to provide information varied based on their systems and available administrative data, as well as their capacity to dedicate resources to participating in the stocktake. Some administrative data therefore differed in terms of coverage, completeness, consistency and granularity. For example, agencies generally do not have an agreed definition of neurodiversity to guide their work. This variability is expected as neurodiversity is a new ministerial portfolio and a relatively new and emerging concept in the New Zealand government sector.

PROACTIVELY RELEASED

Limitations

The stocktake was limited in its ability to assess the full extent to which neurodiversity activity cuts across different government systems, including health, education, disability, injury, children's care and justice.

Neurodiversity is a relatively recent concept, and, for the purposes of this report, this umbrella term can encompass a number of clinically defined conditions and, for some agencies, anyone who self-identifies as neurodiverse and/or neurodivergent. The way in which neurodiversity is understood and defined varies. Given the variation in how the term neurodiversity is understood and defined, and that there are different ways of defining needs and collecting data, there will be limitations to getting a clear picture of the range of complexities that people face, and when considering the scope of government services that exist and/or are needed.

Combined with aspects of diagnostic reluctance, access issues, differing definitions of *need* and differing data collection methods, we begin to see a picture of the complexities faced when seeking to understand the landscape of neurodiversity as a whole across government.

Some agencies within the group have not been able to fully participate in the stocktake exercise due to internal resourcing constraints and pressures from change processes.

In compiling insights on neurodiversity across government, it is evident that there are data limitations. This is not only due to a dearth of New Zealand neurodiversity and overall disability data, but also to complicating factors which include the definition and scoping for neurodiversity.

Therefore, this stocktake summarises the information we had access to but may not reflect the full scope of unmet needs or work underway to meet these needs.

PROACTIVELY RELEASED

Key themes

Through discussion, stocktake activities and report co-development a number of key themes emerged:

- Government agencies define and respond to people with neurodiversity in different ways according to their roles and responsibilities.
- There are issues with assessments, services and supports, including long wait times for initial assessments; service gaps; workforce pressures and funding constraints.
- There are barriers to identifying neurodiverse people in government data systems to better understand their needs and monitor outcomes.
- There is growing awareness across government agencies of the need to design and deliver all aspects of their business with neurodiversity in mind.
- There is some appetite for a coordinated cross-agency programme of government action on neurodiversity.

This section presents the stocktake findings of current approaches to neurodiversity across seven key agencies. It provides an initial analysis of similarities and differences in government agencies' responses to neurodiversity, including how neurodivergent people are identified, assessed and supported, and the corresponding data and information available. Following this, the report discusses emerging challenges and gaps and looks at an overview of actions in progress that are addressing some of these.

The stocktake asked agencies about their roles and responsibilities on neurodiversity. In summary, the responses confirmed agencies have different roles and responsibilities on neurodiversity which have led to different definitions and understandings of neurodiversity within their agency mandates, thus resulting in different approaches, responses and service delivery. The information in Table 5 (see appendix) demonstrates the variations in working definitions for neurodiversity, how each agency interfaces with aspects of neurodiversity and neurodivergent people, and what, if any, funding and services are allocated.

PROACTIVELY RELEASED

Roles and functions of agencies

Government agencies who are involved in this stocktake were identified as being critical to gaining an understanding of the neurodiversity landscape. When considering each agency's role and function, it is important to note that people may access services from one or more agency at the same time, and needs can vary across a person's life course (see example below). In addition, many agencies not only work across government, but they contract with community and NGO providers to deliver supports. This level of detail was outside the scope of this stocktake.

Understanding of the varied philosophical underpinnings help us to conceptualise the approaches to neurodiversity that have been taken when shaping strategies and policies. Although across government there are varied working definitions of neurodiversity, this is not necessarily a barrier, nor is it required to move forward with some actionable steps.

Example: A neurodivergent individual may receive day-to-day personal and mental health support from their GP in the health system, have received support through the benefit system in their lifetime while they could not work due to mental health and neurodivergence impacts, and, as a child, may have had learning support in the education system such as a teacher aide. This individual may have been supported by ACC when they were younger due to a childhood accident (eg, a TBI), and, as an adult, may have explored and privately funded a diagnostic process (eg, autism spectrum disorder).

Whaikaha

The Ministry for Disabled people provides:

- interagency policy advice and information about disability.
- advises the Minister for Disability.
- monitors the size, characteristics and outcomes of disability population groups including the neurodiverse population; and
- holds and attends disability sector engagements, meetings and community engagement including with groups that have neurodiverse memberships.

Approach to neurodiversity

Whaikaha approaches neurodiversity by considering both people who self-identify as neurodiverse and those who have been diagnosed with a neurodivergent condition.

PROACTIVELY RELEASED

Ministry of Health – Manatū Hauora

The health sector has a central role in the Government's response to those with neurodiverse conditions. The Ministry of Health is the Government's primary steward and advisor on neurodiversity in the health context. We monitor the overall performance of Health New Zealand in meeting the health needs of disabled people including FASD and possible FASD, and ADHD.

Work programmes and initiatives related to neurodiversity are delivered through the Health of Disabled People Policy Team, the Mental Health and Addiction Programme, the Public Health Agency and Med Safe.

Relevant work the Ministry of Health leads focuses on ADHD, FASD and leading a cross-agency group to coordinate the Government's neurodiversity work programmes.

Approach to neurodiversity

The Ministry of Health, as Crown monitor, has historically seen neurodiversity as an umbrella term in which a collection of clinically diagnosed conditions fall. The majority of our resources and work are currently in relation to ADHD and FASD through a public health and mental health lens, with a focus on advice, regulation and monitoring. In our stewardship function, however, we recognise the wide variability of neurodivergent people and the intersectionality between disability and mental health and wellbeing.

Health New Zealand (Health NZ) | Te Whatu Ora

Health NZ funds most of the health services and some support services for neurodiversity in the health context. It leads the day-to-day management and running of the health system across Aotearoa, with functions delivered at local, district, regional and national levels. Health NZ is responsible for improving services and outcomes across the health system including upholding Te Tiriti o Waitangi.

Disabled people are recognised as a priority population in the Interim NZ Health Plan - Te Pae Tata, which includes actions to improve access, inclusion and equity for disabled people in the delivery of healthcare services.

Approach to neurodiversity

Health New Zealand includes neurodivergence within its broader definition of disability and recognises the intersectionality of this group with other disability groups and priority populations.

The Disability Health function is responsible for providing strategic advice and alignment on applying disability equity across all business units, services and workstreams, and leads the planning, development and implementation of disability actions, initiatives and workstreams. It engages, collaborates and provides advice on disability in health.

Work underway across Health New Zealand - Te Whatu Ora can broadly be categorised into two areas of focus:

- pathways and activities that relate directly to the assessment, diagnosis, treatment and management of neurodivergent conditions.

PROACTIVELY RELEASED

- pathways and activities that relate to improving access, experiences and outcomes for neurodivergent people and whānau seeking healthcare, in general.

Ministry of Education Te Tāhuhu o te Mātauranga (MoE)

MoE is responsible for shaping an education system that delivers equitable and excellent outcomes through two distinct roles:

- stewardship-focused – on policy and performance of the education system and
- operations-focused – on delivery of services and supports nationally, regionally and locally, delivered though Te Mahau, a business unit within the Ministry.

Te Mahau supports, advises, leads, funds and regulates schools and early learning services. The largest operational function of Te Mahau is to provide learning support for children with disabilities, learning difficulties, and physical or mental health issues.

Learning Support is part of everyday teaching and learning. MoE provides learning supports and services a Learning Support Service (LSS) from birth to 21 years of age. Services are delivered by a range of practitioners including early intervention teachers, speech language therapists, psychologists, Advisors on Deaf Children, and kaitakawaenga.

Approach to neurodiversity

The Ministry of Education takes an inclusive approach to neurodiversity: "Students learn best when they have a strong sense of belonging and feel valued and supported. Awareness that students vary in their strengths and needs helps teachers create welcoming, responsive and inclusive environments that nurture students' learning, identities, languages and cultures. Because students engage with learning, process information and demonstrate knowledge in diverse ways, teachers design experiences that allow students to participate in a range of ways. Inclusive frameworks like Te Tūāpapa o He Pikorua, integrate flexible supports into day-to-day teaching and learning. They enable teachers to create environments that acknowledge and address the needs and strengths of all students. Explicitly teaching essential knowledge and skills and addressing barriers to learning provides equitable access to language and literacy learning."

PROACTIVELY RELEASED

Ministry of Social Development (MSD)

MSD performs a mix of advisory, service delivery, regulatory, purchasing, funding and commissioning roles. It is responsible for the oversight of New Zealand's social welfare system. Key functions include:

- policy and investment advice
- income support
- employment services and support
- housing support
- communities and partnership
- agreements to commission, fund and contract social service providers.

Approach to neurodiversity

MSD provides a range of supports and services to neurodiverse populations, including income support, employment and training services, and housing. Neurodiverse people are likely to engage across all MSD services and supports depending on their individual needs and work capacity barriers, and meeting specific eligibility criteria such as income, relationship status, age, residency and work capacity. Generally, though not exclusively, tailored supports and services for neurodiverse people are related to MSD's mandate to support disabled people and people with health conditions. MSD also provides support for people whose work capacity is impacted by a health condition or disability, which may include neurodiversity.

Disability Support Services (business unit within Ministry of Social Development)

In December 2024, responsibility for administration of disability support service funding transferred from the Ministry of Disabled People – Whaikaha to the Ministry of Social Development. Disability Support Services (DSS) is now a branded business unit within the Ministry of Social Development. As the transfer of DSS from Whaikaha to MSD happened so recently, this report will examine DSS separately from MSD, to reflect the different approaches and actions taken by each.

DSS is responsible for providing essential support to around 50,000 disabled people and their whānau, as well as equipment and modification services for approximately 100,000 New Zealanders.

Examples of supports include:

- help around the home and with personal care
- respite for carers
- equipment and aids
- child development services including assessments, therapies and assistance navigating supports across agencies

Approach to neurodiversity

DSS provides a range of supports and services to neurodiverse populations, where they meet DSS eligibility criteria. Generally, people are eligible for disability support funded by DSS if they have a long-term intellectual, physical or sensory disability, including autism, that arises before they turn 65 and which lasts longer than six months and requires ongoing support to live independently. Disabled people with neurodivergent conditions other than autism may be eligible for DSS if they also have an eligible condition. Young people with autism are a significant cohort of the DSS population. DSS has played a central role in the development of the autism guidelines.

PROACTIVELY RELEASED

- behavioural supports
- residential care[17]
- autism-specific supports including parent education, behavioural support services, development services and support-coordination.

Oranga Tamariki Ministry for Children (OT)

OT is the statutory child protection agency which includes children in care, youth justice and adoption. It holds statutory powers for all child and youth through the Oranga Tamariki Act. OT also commissions services for children and whānau. Although there are no specific functions related to neurodiversity, most of the work within OT that involves neurodiversity is across disability as a larger cohort. A significant number of tamariki and whānau who engage with OT are neurodiverse.

Approach to neurodiversity

Neurodiversity is included within Oranga Tamariki's definition of disability and is a consideration as part of the wider context of disability when developing or changing policy, process and practice to better meet the needs of this cohort.

Accident Compensation Corporation (ACC)

ACC undertakes a mix of purchasing, funding and commissioning functions to provide injury cover and rehabilitation services for its clients, as well as injury prevention initiatives. There are a range of services available to clients depending on their specific injury-related needs.

The Accident Compensation Act 2001 (the Act) provides the legal framework for no fault personal injury cover to all New Zealanders (and visitors to New Zealand). There are no specific powers under the Act that relate to neurodiversity as all New Zealanders (and visitors to New Zealand) who are entitled to cover under the Act will receive it.

Approach to neurodiversity

The Accident Compensation Act 2001 (the Act) does not differentiate between different groups including those who are neurodiverse. However, ACC considers all claims on a case-by-case basis including the background and circumstances of an individual seeking cover for an injury.

PROACTIVELY RELEASED

[17] People who also have autism may receive residential care when needed to meet their other disability related needs.

Challenges and gaps

The stocktake and analysis provides an understanding of challenges and system gaps and demonstrates the complexity and variation across government. This includes variation in how neurodiversity is defined, approached, recorded, assessed and supported.

1. Differing criteria for and approaches to accessing services

In general terms, approaches to assessment for support and services can take a needs and/or strengths-based approach or a diagnostic approach. The approach that is taken differs between agencies due to different contexts. While some supports, outcomes and funding are tied to a clinical diagnosis, other agencies employ a needs-assessment approach. Understanding the complexities and overlap of these approaches will be crucial in gaining an understanding of the neurodiversity landscape.

Table 2: Comparison of needs/strengths-based and diagnostic approaches

Needs/strengths-based approach	Diagnostic approach
This approach may be utilised in areas where: • supports are specifically tailored to an individual's experience of neurodiversity, • in cases where a person does not meet the criteria for a diagnosis (eg, age) • in cases where a diagnosis might cause more harm, stigma or prejudice. **Example:** DSS child development services (mostly delivered by Health NZ) provide some supports prior to any formal diagnosis where it meets the needs threshold. *Benefits:* A needs/strengths-based approach is also often deployed as an alternative or workaround to diagnosis in cases where there are severe resource constraints to accessing specialist diagnostician and/or diagnosis pathways. Information gathered through this cross-agency group and stocktake indicates this is the situation many people seeking services are facing.	In many cases a medical diagnosis can be affirming, allowing a person to fully understand and appreciate their unique way of interacting in the world. It can sometimes be the catalyst to unlock opportunities and help determine what supports and services are needed and what is available for an individual. **Example:** In the context of ADHD, a diagnosis is made after lengthy assessment and contextual factors are considered. A diagnosis signifies that a thorough process has taken place by a professional with expertise in the area and provides support for use of appropriate treatment such as medicines. For parents and educators, a diagnosis can help identify appropriate learning supports and approaches to behaviour modifications.[18] For many, people a diagnosis is critical to receiving medications that make living a full life with neurodiversity a possibility (eg, ADHD). Currently, access to MSD-DSS supports requires a confirmed clinical diagnosis of a disability, which could include a specific neurodiverse condition(s).

[18] Diagnosis is not necessary to access learning supports for children or young people who have additional needs.

PROACTIVELY RELEASED

Needs/strengths-based approach	Diagnostic approach
It is important to note that because neurodivergence is used as a non-medical descriptor of a person whose brain works differently than a neurotypical person, arriving at a specific medical diagnosis can sometimes be a limiting and frustrating experience. The Ministry of Education exclusively applies a needs-based approach to all learning supports. Other agencies such as MSD often use needs-based criteria, not requiring a formal diagnosis for supports.	This is a mechanism for ensuring that public funding is directed towards individuals with a confirmed diagnosis. Naturally, we see a more diagnostic approach to neurodiversity in clinical and rehabilitation spaces, as in Health and ACC. In some instances, such as FASD, special considerations are given when approaching clinical diagnosis because they involve shame and stigma and have unique cultural considerations in Aotearoa. Limitations of a diagnosis- based approach include: • demand for specialist assessments can bottleneck the system • lack of access to specialist assessment for adults seeking diagnoses can mean exclusion from DSS, and other consequences • FASD is not always possible to fully diagnose, even if suspected (eg, if pre-natal alcohol use is not known or disclosed) • some neurodiverse conditions cannot be diagnosed until children are older.

2. Barriers to services and supports

The stocktake has further highlighted that neurodivergent people are experiencing barriers accessing diagnostics and specialist assessments, services and supports. Pathways to accessing assessments and care through the public health system. and support in educational settings, are limited and stretched. Some adults and adolescents are unable to access and/or are 'aged out' of services. Examples include:

- In many paediatric centres around the country the current waiting time for a first assessment is approaching 12 months. In the northern region, Health NZ data indicates that referrals for assessment of neurodevelopmental concerns increased 10% between 2022 and 2023, and, in 2024, a further 14% increase was forecasted.
- CAMHS (Child and Youth Mental Health Services) average time on the wait list for assessment is 244 days in Auckland and 125 days in Northland.
- In an education context, there can be lengthy wait times for needs-based, learning supports. For children in the preschool or primary school age, long wait times for specialist support, may impact on developmental and learning outcomes, since childhood is a critical and sensitive period of the life course for brain development. Increased demands for learning support have contributed to pressures on accessing specialist services through the Ministry of Education.
- Children and whānau seen by Child Development Services are usually navigating a complex ecosystem of health, disability, education and other services, which are frequently disconnected or siloed.
- Child health and paediatric services generally provide care for children and young people to age 15 years. Child and adolescent mental health services generally provide care to age 18 years. The transition of neurodiverse young people from

PROACTIVELY RELEASED

child health to adult health services can be stressful for the young person and their families, and gaps in care can arise due to differing acceptance criteria between child health and adult health services. This can lead to neurodiverse young people not having access to psychiatric or clinical specialist care in certain circumstances.19

- Adults with a diagnosis of autism are being declined access to adult mental health and addiction services despite many having co-occurring mental health conditions.
- For adults seeking diagnoses for autism spectrum or ADHD, there are extremely limited pathways for assessment within the public health system. Cost and access to private specialists are known issues, with greatest impact facing populations with the fewest resources.
- There are also limited pathways to psychiatric and/or clinical specialist care for adults who have transitioned out of child health services, even for individuals who are prescribed psychotropic and stimulant medications and/or have co-occurring mental health conditions. These individuals may be managed by primary care providers without easy access to psychiatric or clinical specialist input.
- Presently, there is no publicly funded Health NZ pathway for adults seeking a diagnosis of autism or for adults with an existing autism diagnosis seeking clinical care and psychiatric oversight for psychotropic and stimulant medications. Cost and access to private specialists are known issues, with greatest impact facing populations with fewest resources.
- Difficulties accessing diagnostic assessments mean that prevalence data can underestimate the reported numbers of neurodiverse people who would benefit from additional supports or services.

3. Pressure on services and pathways

Agencies are reporting both increased volume and increased complexity of caseloads as they pertain to neurodiversity. As recognition of neurodiversity increases, a greater number of people are seeking diagnosis and support. The barriers for those seeking assessment, and therefore supports, are further constrained by system and workforce pressures in both the health and education sectors. Agencies also report variability in accessibility to supports due to location and workforce expertise spread un-equally across regions.

Examples of this include:

- funding and resource constraints not meeting current requirements, while levels of need increasing and predicted to increase
- variability in access to services based on location, particularly rural
- funding constraints on programmes
- specialist workforce shortages
- skills development needs.

[19] **https://bmjopen.bmj.com/content/bmjopen/12/11/e065138.full.pdf**

PROACTIVELY RELEASED

4. Gaps in data

It is generally accepted that there is a need for better disability data in New Zealand. There are projects underway across government to address this gap and explore the wider issues of design, collection and ownership.

In terms of neurodiversity data, there is wide agreement that there is not enough. This requires inferences and extrapolations to be made from both wider disability data and more limited, and condition-specific data sets.

Examples of this include:

- Ministry of Health collects survey data on neurodiversity prevalence. However, for the time period up to and including 2023, this data only captures children and only considers two of the clinically diagnosed conditions (ADHD and ASD) which fall under the wider neurodiversity umbrella.
- Ministry of Education holds data on learning supports accessed, however these data sets give service-based insights, rather than condition-based.
- Ministry of Social Development and Whaikaha hold data on specific clinical diagnosis, much of this on autism.
- Oranga Tamariki hold some data on disabled children in its care, but not on specific types of disability or on neurodiversity as a whole.
- Health New Zealand Paediatric Medicine and Child and Adolescent Mental Health Services (CAMHS) collect specific data for neurodevelopmental presentations in children and young people in some districts, however these data collection practices vary by district, making it difficult to build a picture of national demand.
- ACC hold data on TBI supports, but do not collect data on neurodivergent customers or in relation to their experiences with the ACC system.
- There are opportunities to better utilise available data within the IDI to paint a picture of disability needs and access of government services over time. The IDI represents an opportunity for better disability data insights.
- Analyses using the IDI contain limitations, including that the population group with neurodiverse needs must be inferred since it is not consistently captured in diagnostic data (or diagnostic data is simply not recorded) and data is based upon individual's interactions with government services.
- Absence of data means that neurodivergent Pacific individuals are either misdiagnosed, underdiagnosed or left unsupported entirely. This not only impacts individual and whānau (family) wellbeing but also has long-term consequences for education, employment, mental health and overall quality of life. [20, 21, 22]

PROACTIVELY RELEASED

[20] Nafatali, R. 2023. *E lē Ma'i, o le Malosi!" (He's not Sick, He's Strong!): Pacific Parents' Journey of Raising Autistic Children in Aotearoa,* Massey University. Auckland, New Zealand.

[21] Rangiwai. 2024. Flighty like the pīwakawaka!: personal reflections on mid-life ADHD diagnosis and the beginnings of a framework for conceptualising the condition from a Māori perspective. *AlterNative: An International Journal of Indigenous Peoples*, *20*(3), 360–369. **https://doi.org/10.1177/11771801241250058**

[22] Roy, R., Greaves, L. M., Peiris-John, R., Clark, T., Fenaughty, J., Sutcliffe, K., Barnett, D., Hawthorne, V., Tiatia-Seath, J., & Fleming, T. 2021. *Negotiating Multiple Identities: Intersecting Identities among Māori, Pacific,*

In addition, it is important to note that the neurodiverse population may always be underrepresented in the data because of limitations around existing data, including but not limited to:

- system delays (and denials of service)
- financial constraints
- cultural stigma and systemic racism
- reluctance to attend assessments and screenings.

PROACTIVELY RELEASED

Rainbow and Disabled Young People (Youth2000 Series), The Youth19 Research Group, The University of Auckland and Victoria University of Wellington, New Zealand.

Work underway

The stocktake also captured work that is underway to address some of these known challenges and service gaps, including:

- activities, resources and support for some specific Neurodiverse conditions (ASD, ADHD, FASD, etc)
- expanding the scope of government supports that has resulted in supports for more Neurodiverse people (eg, DSS adding ASD)
- increasingly recognising and identifying Neurodiverse conditions within its responses to disabled people
- Prevention programmes for preventable Neurodiverse conditions

A large proportion of work is based on data and highlights a shared understanding of historical disability (including neurodiversity) data constraints.

Analysis of the stocktake has also provided evidence of many cross-agency efforts underway in the neurodiversity space, purposes of which vary from improving health and social outcomes, understanding and responding to need, and addressing systemic barriers. The level of impact also varies from high-level all of government strategy through to operational/service delivery level.

Table 3 and Table 4 below provide more detail.

PROACTIVELY RELEASED

Table 3: Work underway addressing challenges and gaps

Challenge/gap	Work underway
Diagnosis and prevention	• Ministry of Health and Health New Zealand – An **FASD diagnostic tool** specific to a New Zealand context is under development • ACC are engaged in a broad range of **injury prevention initiatives** including: – Ride Forever, a motorcycle skills course that upskills riders to reduce the risk of serious motor vehicle accidents that results in TBI – the Young Driver programme to support young people to become safer drivers and reduce the risk of serious motor vehicle accidents that results in TBI – Falls prevention, a referral service to a community strength and balance programme for those that present to the fracture liaison service. The focus is on preventing falls in the over 65s (falls are the leading cause of concussion).
Navigating complex system and/or wait times	• Health NZ-Disability Health is currently **working with clinical networks** to scope and understand the variation in pathways for neurodiverse and disabled people (Note: additional budget for this work has not been allocated) • The Ministry of Health is currently **engaging with a clinical reference group**, made up of health professionals involved in assessing and treating ADHD, to develop a consensus document that provides a joint understanding and agreement on roles, scopes of practice and clinical tools required for ADHD assessment, diagnosis and treatment.
Pressure on services and pathways	• A **learning support work programme** is underway aimed at addressing the increasing demand for support and improving outcomes for children and young people with learning support needs. A curriculum refresh is in progress within MoE and includes focused guidance for leaders and teachers to support quality teaching and learning for all children and young people as well as guidance on providing targeted and tailored supports. • **Medication funding** is expected to benefit over 6,000 people with ADHD in the first year, increasing to approximately 13,000 after five years of funding. • 1 Dec 2024 **removal of barriers to access** renewal prescriptions for ADHD for children and adults.
Data	• **Improvements to data collection on FASD**: In September 2024, a ministerial announcement was made for Health NZ to undertake a **FASD prevalence study** to understand the true nature of the challenge FASD presents in New Zealand, rather than relying on extrapolated overseas data. Health NZ has scoped the project and progressing to procure a provider. The project is expected to kick off in July-August 25. • **Improvements to data collection on ADHD**: A new mental health and addiction prevalence survey is currently being developed. It is intended to take a phased approach with three-year cycles, beginning with a survey for children and youth aged 4 to 24. This will include questions on ADHD prevalence. The Social

PROACTIVELY RELEASED

Challenge/gap	Work underway
	Investment Agency is working with the Ministry of Health to support this work. • Oranga Tamariki is currently working to transition to a new **information management system** that would enable more effective data capture, storage and use. This may also include capability to better identify disability indicators and needs for tamariki and rangatahi in care. • Developing **prevalence statistics** for neurodiverse children and young people in Care and Protection or Youth Justice custody. This area has been identified as a priority and Oranga Tamariki is developing an indicator for disability within the Oranga Tamariki population. This project is expected to be completed in 2025. • **The Patient Profile and National Health Index Project (PPNHI)** is a Health New Zealand - Te Whatu Ora-led disability data kaupapa that aims to address the historic lack of disability data by: developing digital solutions and data ecosystems for robust disability data collection, including an improved disability dataset; developing mechanisms to identify disabled people in health datasets; and providing data for tracking outcomes, informing policy and supporting transparent reporting. s 9(2)(f)(iv) s 9(2)(f)(iv) • A work programme led by the New Zealand Child and Youth Epidemiology Service (University of Otago) and funded by Health NZ is currently underway to develop valid and reliable methods for **identifying** the population cohort **of children and young people with neurodevelopmental conditions** and to understand patterns of health service access, including their geographic distribution

PROACTIVELY RELEASED

Table 4: Work underway, cross-sector actions by agency

Agency	Cross-sector actions
Ministry of Health and Health New Zealand (combined) ADHD-related	• **Lead:** Improving the consistency and effectiveness of ADHD support by engaging a clinical reference group of health professionals involved in assessing and treating ADHD. The goal is to develop a consensus document that provides: a joint understanding and agreement on roles; scopes of practice; and clinical tools required for ADHD assessment, diagnosis and treatment. • **Lead:** development of a prevalence survey to improve data collection on ADHD. It is intended to take a phased approach with three-year cycles, beginning with a survey of children and youth aged 4–24. This will include questions on ADHD prevalence with Social Investment Agency support. • **Co-lead:** with Pharmac and MedSafe (within Ministry of Health) to increase access to ADHD stimulant medications and to update the Misuse of Drugs Act regulations that govern initiation of ADHD stimulant treatment to expand who can initiate treatment to appropriately trained medical professionals. The public consultation phase has just finished. Changes are expected to come into effect July 2025. • **Co-lead:** with Pharmac, Medsafe and Health NZ to support implementation planning of proposed changes to regulations for the prescribing of ADHD stimulant treatments, noting that there is no additional budget allocated for this initiative. Implementation activities include: further consideration of training opportunities in ADHD assessment and treatment for the primary care workforce; funding; collaboration with professional bodies and colleges; and a public communication approach.
Ministry of Health and Health New Zealand (combined) FASD-related	• **Lead:** Within the Ministry of Health, The Public Health Agency hosts a cross-agency and cross-sector FASD coordination group. It includes tier 4 leaders from Whaikaha, MSD, Ministry of Education, Oranga Tamariki, Corrections, Health New Zealand and FASD community representatives. • **Lead:** In December 2024, Health NZ launched a national campaign to promote alcohol-free pregnancies. It was co-designed with a group of young people who represent the next generation of parents, as well as their support people, whānau, hapū and iwi.
Whaikaha	• **Lead:** NZ Disability Strategy • **Engage** with a wide range of disability community groups including Autism NZ and Altogether Autism • **Participate:** Young Adult Neurodiversity Project to improve response to the high prevalence of neurodiversity among adults aged 18 to 25 in the district criminal courts (led by Ministry of Justice) • **Participate:** FASD cross-agency and cross-sector coordination group which includes tier 4 leaders from government agencies and FASD community representatives.

PROACTIVELY RELEASED

Agency	Cross-sector actions
Ministry of Education	• **Lead:** Learning support work programme to support all children and young people to attend, progress and achieve in their learning alongside their peers. • **Engage:** across partner agencies and with a wide range of disability community groups including IHC, Autism NZ and FASD-CAN. • **Participate:** FASD strategic action plan lead by the Ministry of Health. NZ Disability Strategy Refresh. NZ Sign Language Strategy Refresh. Autism Living Guidelines recommendation on built environment led by MSD.
Oranga Tamariki	• **Lead:** OT Disability Advisory Group provides disability-specific advice to inform OT internal policies, practice and processes. Members represent neurodiverse community and its needs and provide advice that reflects this representation. • **Lead:** The OT Disability Strategy (2023) is seeking active cross-agency collaboration with the aim of this to improve disaggregated disability data collection. OT is looking for opportunities to align this work across other agency planning endeavours. • **Engage**: across MSD, DSS, Whaikaha, Te Whatu Ora and Ministry of Education and work closely with ACC, Ministry of Health, Justice, Corrections and across
Ministry for Social Development	• **Lead:** New Zealand Carers' Strategy with potential development of a new action plan and chair the Interagency Carers' Strategy Governance Group. • **Lead:** on Community Participation Services for disabled people, including Community Participation and Transition from School. • **Co-lead**: Oranga Mahi, a programme. of cross agency trials and services delivered with health sector which supports disabled people and those with health conditions to improve wellbeing and enter employment. • **Co-lead:** with Ministry of Education on the Transition from School Services in Schools (ESiS) • **Participate:** work with Whaikaha on the UNCRPD and Disability Strategy. • **Co-lead:** with Ministry of Education on the Transition from School Services and Employment Services in Schools (ESiS).

PROACTIVELY RELEASED

Opportunities and next steps

This cross-agency stocktake has provided an initial snapshot of how the Government is responding to neurodiversity. The engagement and information offered by government agencies, and the extent of agencies' responses, is an indication of the Government's commitment to people with neurodiversity.

The stocktake has surfaced and established different agency responses to neurodiversity, including different definitions, services and supports. These reflect agencies' individual responsibilities and accountabilities to various neurodiverse populations. This cross-agency view has enabled the identification of some common themes and work areas across multiple agencies' neurodiversity work programmes. Common themes across agencies include:

- Government agencies define and respond to people with neurodiversity in different ways according to their roles and responsibilities.
- There are issues with assessments, services and supports, including long wait times for initial assessments; service gaps; workforce pressures and funding constraints.
- There are barriers to identifying neurodiverse people in government data systems to better understand their needs and monitor outcomes
- There is growing awareness across government agencies of the need to design and deliver all aspects of their business with neurodiversity in mind.
- There is some appetite for a coordinated cross-agency programme of government action on neurodiversity.

The next steps are to explore these themes further to understand where cross-agency collaborations can be beneficial in the short, medium and long term. Understanding more from neurodivergent people about the effectiveness of existing services and engaging other agencies such as Corrections, Justice, Statistics, and the Social Investment Agency, provides an opportunity to explore how health and wider government targets could provide direction and prioritising of actions. Analysis of historical work could provide further insights to support these next steps.

PROACTIVELY RELEASED

Appendix 1

Table 5: Neurodiversity Responsibilities (by Ministerial portfolio[23] and government agency, as at April 2025)

Minister	Portfolio	Neurodiversity and related areas	Lead agency and overall responsibility
Hon Simeon Brown (since January 2025)	Minister of Health	• Sets priorities for health outcomes of all people including disabled people. Responsible for the performance of health agencies and entities. • Health services for all people, including medical diagnosis and treatment and/or care pathways and general health care, and long-term support services for those who are eligible (including those with mental health and addiction-related needs, disabling health conditions and age-related disability needs)	Ministry of Health — public service department responsible for health system Health New Zealand — Crown entity that funds, commissions and delivers a range of national health and some long-term disability support services
Hon Matt Doocey	Associate Minister of Health (Neurodiversity)	• Cross-government neurodiversity work programme • ADHD (closely linked to and/or overlapping with neurodiversity)	Ministry of Health — public service department responsible for health system
	Minister for Mental Health	• Mental health, addiction, and suicide prevention	
Hon Louise Upston	Minister for Social Development and Employment	• Social policy and social and support services addressing a range of problems with income, housing, ill health, childcare and transport, including for those with neurodiverse conditions • Disability support services for eligible disabled people, including those with autism and other neurodiverse conditions	Ministry for Social Development — public service department responsible for the social services and welfare system, incorporating DSS since September 2024
	Minister for Disability Issues	• Cross-government disability policy and advice including on disabilities and long-term conditions that are considered within the umbrella of neurodiversity such as autism	Whaikaha / Ministry of Disabled People – standalone public service department responsible for policy and

[23] In Aotearoa New Zealand, there is no common definition, unified country approach or shared sector or agency understanding on neurodiversity. This emerging concept is a new area for government agencies, and Associate Health Minister Matt Doocey holds the neurodiversity portfolio, a first of its kind for New Zealand.

PROACTIVELY RELEASED

Minister	Portfolio	Neurodiversity and related areas	Lead agency and overall responsibility
			advice on disability issues since Dec 2024 [24]
Hon Erica Stanford	Minister of Education	• Educational supports and settings for neurodiverse and/or disabled students, and learning-related support needs, including those diagnosed with conditions like autism, ADHD, dyslexia, dyscalculia and dyspraxia • Therapy and behaviour supports such as speech language therapy, physiotherapy, occupational therapy and behaviour support for children with neurodevelopmental conditions, including autism, and developmental delays	Ministry of Education — public service department responsible for the education system, including students with learning and other disability needs
Hon Karen Chhour	Minister for Children	• State care and protection and support for families with disabled children and young people and those with neurodiverse conditions such as FASD	Oranga Tamariki / Ministry for Children – public service department responsible for the wellbeing of children, specifically children at risk of harm, youth offenders and children of the state.
Hon Scott Simpson	Minister for ACC	• The Scheme provides no fault personal injury cover for everyone entitled to cover for an injury. ACC considers all claims on a case-by-case basis including the background and circumstances of an individual seeking cover for an injury.	ACC / Crown entity
Hon Nicola Willis	Minister for Social Investment	• Improving social outcomes for people by intervening early and supporting people with neurodiversity and/or other disability	

[24] In September 2024, Whaikaha's core DSS functions delivered by the Commissioning, Design and Delivery group and related policy and quality assurance functions were transferred to the Ministry of Social Development.

PROACTIVELY RELEASED

Table 6: Neurodiversity: working definitions by agency and role

Agency/role	Ministry of Health The Government's primary steward, monitor and advisor on neurodiversity in the health context	Health New Zealand Responsible for funding and delivery of health at national, district, regional and local levels	ACC No fault personal injury cover for all	MSD – Ministry of Social Development and DSS Income, housing and disability support and service commissioning	Ministry of Disabled People - Whaikaha Provides policy advice and monitors outcomes for disabled people	OT – Oranga Tamariki - Ministry for Children Child protection; service commissioning	Ministry of Education Equitable and excellent education outcomes via stewardship and operational activity
Administrative context	Health policy focus on improving the health of New Zealanders. Strategy/policy/ legislation – neurodiverse conditions addressed on a single issue and/or condition basis, that is FASD Action Plan, ADHD activities Data and monitoring – informed by clinical terminology and classification systems eg, ICD-11, National Minimum Dataset and/or NMDS reporting requirements	Funds or provides most of the health services and some support services for assessment and treatment of health conditions, including the assessment, diagnosis, treatment and management of neurodiverse conditions. Health service delivery has primary goal of improving overall health outcomes for the population by coordinating and commissioning healthcare delivery nationwide. Data and monitoring – adhere to medical classification systems, clinical	No fault personal injury cover for all New Zealanders and visitors to New Zealand.	Oversight of the social welfare system and social welfare policy such as income support, housing support and employment services and support, including supporting benefit recipients with work-limiting health conditions and disabilities into work. Disability service delivery focus on DSS and wider disability services and supports for eligible disabled people, which includes some neurodiverse conditions eg, children with developmental delay and autism.	Disability policy focus Working across government to improve outcomes for disabled New Zealanders using the New Zealand Disability Strategy framework to create a "non-disabling society", where disabled people have equal opportunities to achieve their goals and aspirations, and essentially aiming to eliminate barriers that prevent disabled people from fully participating in society by providing access to appropriate support and services across their lives. Roles and functions: system leadership and strategic policy, system-level monitoring and community engagement on disability issues, including neurodiversity, accessibility, the NZ Disability Strategy and compliance with UNRPD based on the social model	Child protection policy focus on supporting any child in New Zealand whose wellbeing is at risk of significant harm now or in the future. Whole-of-life approach to disability, understanding that disability is only one component of who disabled people are.	Learning support policy focused on shaping an education system that delivers equitable and excellent outcomes for all learners. Learning support service delivery focused on supporting children and young people with additional learning needs to attend, progress and achieve in their learning alongside their peers.

PROACTIVELY RELEASED

Agency/role	Ministry of Health The Government's primary steward, monitor and advisor on neurodiversity in the health context	Health New Zealand Responsible for funding and delivery of health at national, district, regional and local levels	ACC No fault personal injury cover for all	MSD – Ministry of Social Development and DSS Income, housing and disability support and service commissioning	Ministry of Disabled People - Whaikaha Provides policy advice and monitors outcomes for disabled people	OT – Oranga Tamariki - Ministry for Children Child protection; service commissioning	Ministry of Education Equitable and excellent education outcomes via stewardship and operational activity
		coding practice and National Minimum Dataset/NMDS reporting requirements. Disability Health includes activities that relate to improving access, experiences and outcomes for neurodivergent people and whānau seeking healthcare in general.			of disability, and disability information and advice.		
Neurodiversity definition and population interface	Ministry of Health does not currently have an official working definition of neurodiversity. Through a public health and mental health lens, a focus is currently on improving policy, guidance, regulation and monitoring on the neurodiverse conditions of ADHD and FASD. Through the strategy, policy and legislation lens, the	Health New Zealand does not have a formal working definition of neurodiversity, aside from broadly aligning with the commonly used definitions in academia and/or the community — natural diversity in how people's brains work, impacting how different people think, learn,	ACC: The Accident Compensation Scheme provides no fault personal injury cover for everyone entitled to cover for an injury (refer to the Accident Compensation Act 2001). The Act does not differentiate between	MSD does not have a standard definition of neurodiversity across all services and supports. In general, MSD prioritises supports and services based on the level of need and work capacity barriers faced, rather than the disabled population group or diagnosis. These groups include, but are not limited to: autism/ASD, ADHD, FASD, disabled people and people with health conditions with associated neurodiversity, people with	Whaikaha supports the approach to neurodiversity as an umbrella term developed by communities, encompassing the natural variability of how peoples' brains work. Whaikaha also recognises that agencies will take different approaches to neurodivergent populations in order to target supports, services or funding. For example, neurodiversity may include:	Oranga Tamariki *"Disabled people are people who have long-term physical, cognitive, intellectual, neurological, or sensory impairments including neurodiverse conditions such as FASD, ASD and ADHD, which in interaction with various barriers, may hinder their*	MoE has a broader and more inclusive way of understanding the term neurodiversity in response to communities with an interest in neurodiversity. This includes neurodiversity as part of the disability rights movement. The concept of neurodiversity builds on our understanding of all

PROACTIVELY RELEASED

Agency/role	**Ministry of Health** The Government's primary steward, monitor and advisor on neurodiversity in the health context	**Health New Zealand** Responsible for funding and delivery of health at national, district, regional and local levels	**ACC** No fault personal injury cover for all	**MSD – Ministry of Social Development and DSS** Income, housing and disability support and service commissioning	**Ministry of Disabled People - Whaikaha** Provides policy advice and monitors outcomes for disabled people	**OT – Oranga Tamariki - Ministry for Children** Child protection; service commissioning	**Ministry of Education** Equitable and excellent education outcomes via stewardship and operational activity
	Ministry of Health provides policy, advice, regulation and monitoring on disability in a health context.	behave, communicate and experience the world.	different groups including those who are neurodiverse. However, ACC considers all claims on a case-by-case basis including the background and circumstances of an individual seeking cover for an injury.	dyslexia and other learning disabilities including low literacy, and undiagnosed people who may be neurodiverse who meet eligibility criteria for services and supports. MSD-DSS does not have a standard definition of neurodiversity across all services and supports. In general, MSD prioritises supports and services based on the level of need and work capacity barriers faced, rather than the disabled population group or diagnosis.	• ADHD, autism/ASD, dyslexia, dyspraxia, Tourette Syndrome, FASD and other diagnosed conditions, and • people who experience long-term functional limitations with daily activities because of: – difficulty concentrating or remembering – impacts of anxiety and depression – difficulties with communication or social interaction – difficulties learning – children with difficulties in playing and regulating behaviour, and/or who have a developmental delay.	*full and effective participation in society on an equal basis with others. Impairments do not need to be formally diagnosed for someone to be disabled."* Neurodiversity is included within our definition and is a consideration as part of the wider context of disability when developing or changing policy, process and practice to better meet the needs of this cohort. A significant number of children engaged with OT are neurodiverse.	learners for their strengths and unique ways of being. Understanding and valuing the neurodiversity of tamariki to create learning environments that are welcoming, responsive and inclusive. Learning supports are based on students' individual needs. MoE supports children and young people with a wide range of abilities to access the curriculum and achieve positive education outcomes.

PROACTIVELY RELEASED

Agency/role	**Ministry of Health** The Government's primary steward, monitor and advisor on neurodiversity in the health context	**Health New Zealand** Responsible for funding and delivery of health at national, district, regional and local levels	**ACC** No fault personal injury cover for all	**MSD – Ministry of Social Development and DSS** Income, housing and disability support and service commissioning	**Ministry of Disabled People - Whaikaha** Provides policy advice and monitors outcomes for disabled people	**OT – Oranga Tamariki - Ministry for Children** Child protection; service commissioning	**Ministry of Education** Equitable and excellent education outcomes via stewardship and operational activity
Funding and services	**Ministry of Health** baseline funding includes BAU policy and strategy work on ADHD, FASD and the Neurodiversity Interagency Group.	**Health NZ** The assessment, diagnosis and treatment (If applicable) of neurodivergent conditions in children is largely covered by either Child Development services (MSD funding) or as part of baseline funding of paediatric services and CAMHS. For adults, assessment and diagnostic pathways are not funded, but management and/or treatment may be managed as part of baseline primary care services.	**The Accident Compensation Scheme** is funded through five accounts4 and the funding of each account is matched with where injury risks happen. Each account is funded by a levy, Parliament appropriation or a mixture of both, but funds from one account cannot be transferred (or cross-subsidise) another.	**MSD** In FY 23/24, nearly $496 million was provided on disability assistance for adults and children with disability costs, and $116 million on Community Participation Services for disabled people. Although this is not specific to neurodiverse people, MSD also provides two main benefits for people whose work capacity is impacted by a health condition or disability that could include neurodiversity: Jobseeker HCID and Supported Living Payments (SLP). In addition, people with undiagnosed neurodiversity may also be receiving a working age benefit such as Jobseeker Support or Sole Parent Support. **DSS:** Government allocated an additional investment of $35m over four years ($8.75m per year), continuing in out years, for the Child	**Whaikaha** administers some community development grants. Whaikaha intends to stand up a disability information and advice function which is likely to include information relevant to the neurodiversity community. .	**Oranga Tamariki** Funding for interventions for therapy, assessments and supports for many neurodiverse tamariki and rangatahi who are unable to access these services. through mainstream provisions	**MoE** spends around $1.2 billion each year on learning support in its broadest sense, approximately 7% of the Vote Education spend. (*Figures are not specifically for neurodiversity-related supports.)

PROACTIVELY RELEASED

Agency/role	Ministry of Health The Government's primary steward, monitor and advisor on neurodiversity in the health context	Health New Zealand Responsible for funding and delivery of health at national, district, regional and local levels	ACC No fault personal injury cover for all	MSD – Ministry of Social Development and DSS Income, housing and disability support and service commissioning	Ministry of Disabled People - Whaikaha Provides policy advice and monitors outcomes for disabled people	OT – Oranga Tamariki - Ministry for Children Child protection; service commissioning	Ministry of Education Equitable and excellent education outcomes via stewardship and operational activity
				Development Services (CDS) Improvement Programme.[25] CDS is funded by MSD-DSS and provided through Health NZ and 11 NGOs. This is not specific to neurodivergent people, however 40% of disability supports are for people with autism. A portion of this population will have an additional eligible disabling condition. It is also likely that MSD provides considerable financial support to working age neurodivergent people.			

[25] In Budget 2019.

PROACTIVELY RELEASED