



PRIMHD summary report – HoNOSCA

Health of the Nation Outcomes Scales – child and youth report for New Zealand



Programme for the Integration of Mental Health Data

tepou.co.nz

This report summarises national Programme for the Integration of Mental Health Data (PRIMHD) data submitted by Te Whatu Ora District. In particular, it presents Health of the National Outcomes Scale for Child and Adolescent aged 4 to 17 (HoNOSCA) data from services where HoNOSCA is the primary measure.

This report is organised into three major sections that provide information about:

- 1. Outcomes related information:** This provides indications about what changes have occurred for service users between entering and leaving the service. Outcome is assessed by comparing the group admitted and the group discharged from the service in the same time period. This should provide a reasonable indication of outcomes achieved unless the service user mix has changed significantly over the usual period for which service is delivered.
- 2. Service related information:** This provides information about the services, such as the overall severity of service users who use different services.
- 3. Collection completion and validity:** This details the completeness of the data set provided by your mental health services. This is important because it indicates how valid and reliable the data sets are likely to be. The less complete the data set, the less valid the information is likely to be.

In many cases the data is presented graphically for New Zealand, and then presented as a table for the individual team types (see team type classification factsheet).

The time period covered differs for the different data presented. See the title or the notes under the graphs or tables for information about the time period covered. Unless otherwise stated, the notes under the graphs also apply to the corresponding table.

For all graphs and tables, if there are less than twenty cases in the data set, then the information is not presented. This is because small samples frequently provide inaccurate and potentially misleading results. See the notes and user guide for other important information about the graphs and tables.

Where appropriate, the statistical **confidence interval** is presented. This is shown by error bars (small lines above and below the average) on the graphs, and a score range in some tables. As a rule of thumb, if the confidence intervals of two data points do not overlap, the two points can be considered to be significantly different. If the confidence intervals of the data points do overlap, we assume the points are not significantly different. It is important to note that statistical significance may not indicate a clinically significant difference.

See the associated user guide for more information about how to understand and use the data presented in this report.

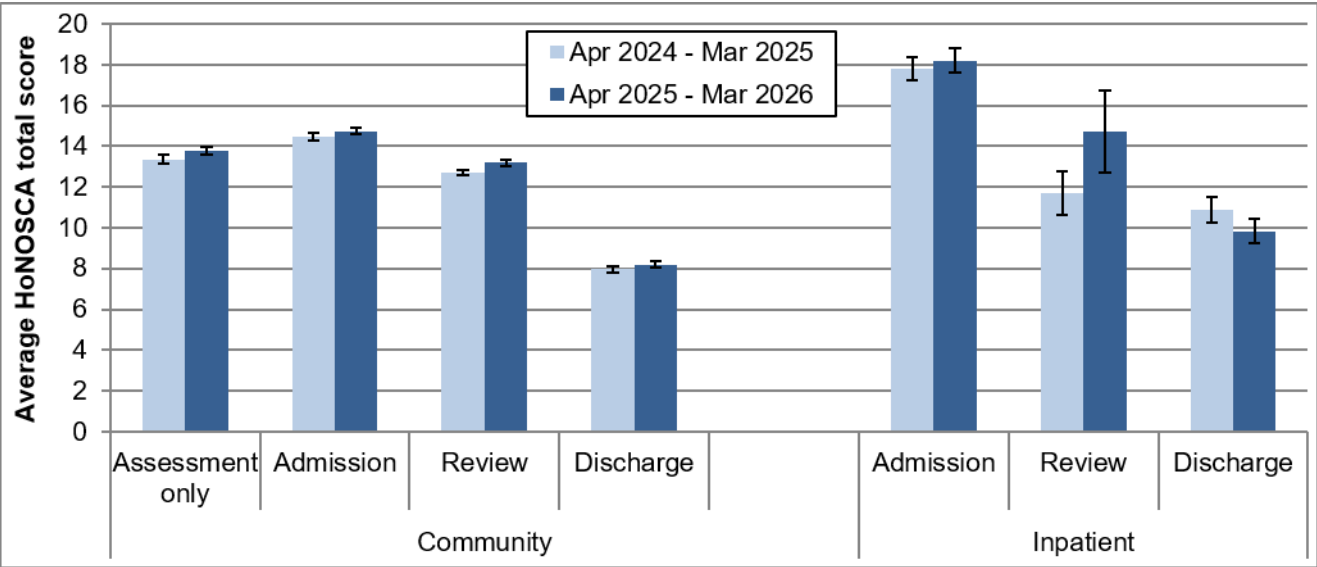
Data for tables and graphs was extracted 26 July 2026 from PRIMHD by Te Whatu Ora, then analysed and formatted by Te Pou.

Please note: For this period a few Te Whatu Ora Districts have incomplete data which will affect New Zealand totals.

1. Outcomes – changes in service user status

This section presents HoNOSCA data indicating the status of service users at different stages of their contact with Te Whatu Ora District mental health services. Graph and Table 1, and Graph 2 show results from HoNOSCA total scores. Graphs and Tables 3 to 5b show results related to the percentage of HoNOSCA items in the clinical range. Table 6 shows results from the Index of Severity derived from HoNOSCA scores.

Graph 1: Average HoNOSCA total score (13 items) by collection type: New Zealand, Apr 2024 – Mar 2025 and Apr 2025 – Mar 2026



Notes: Error bars indicate the confidence intervals around the data point. If error bars overlap, the data points are not significantly different. Community discharge does not include discharge to an inpatient unit.

Interpretation: Decrease between admission and discharge is an indication of the outcomes achieved by the service user and service. The greater the decrease between admission and discharge, and the lower the average HoNOSCA score at discharge, the more positive the outcome.

Target: A greater decrease from admission to discharge and lower average rating at discharge.

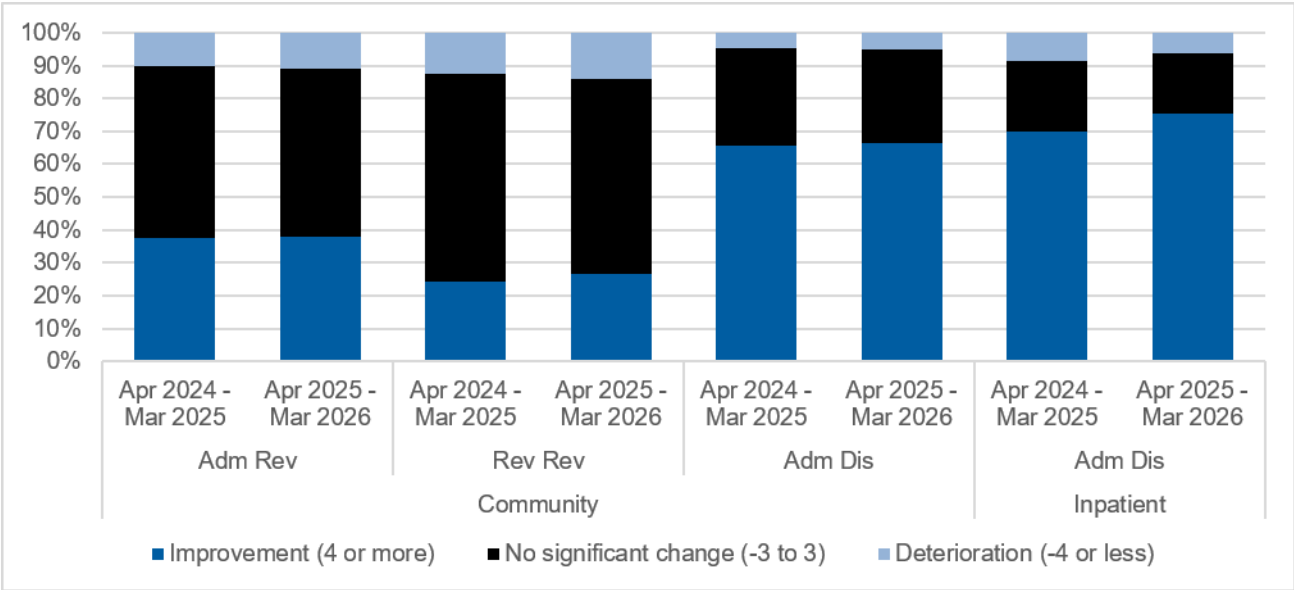
Table 1: Average HoNOSCA total score (13 items), by collection type and team: New Zealand, Apr 2025 – Mar 2026

Team Type	Assessment only			Admission			Review			Discharge		
	N	Mean	CI	N	Mean	CI	N	Mean	CI	N	Mean	CI
Community services												
Child and youth team	2,908	13.2	12.9-13.4	4,454	14.5	14.3-14.7	6,473	12.9	12.8-13.1	4,074	8.3	8.1-8.4
Community team	266	13.8	13.1-14.6	35	17.4	14.4-20.4	50	17.8	15.9-19.8			
Early intervention team				24	13.8	10.8-16.7	92	13.8	11.9-15.6			
Eating disorders team	30	13.7	11.4-16.0	141	13.1	11.9-14.3	291	11.4	10.6-12.3	142	5.8	4.9-6.6
Forensic team	68	16.9	15.0-18.7	154	16.9	15.9-18.0	121	15.3	14.2-16.3	116	10.6	9.0-12.1
Kaupapa Māori team							81	14.2	12.7-15.7	37	8.7	6.2-11.2
Pacific people team							72	10.1	8.9-11.3			
Specialty team	715	15.9	15.4-16.4	687	15.8	15.2-16.3	1,834	14.0	13.7-14.4	841	7.8	7.4-8.3
Total	4,001	13.8	13.6-14.0	5,543	14.7	14.6-14.9	9,025	13.2	13.0-13.3	5,260	8.2	8.0-8.4
Inpatient services												
Child and youth team				480	18.2	17.5-18.9	69	14.6	12.3-16.8	404	9.4	8.8-10.0
Inpatient team				62	18.0	16.1-20.0				36	18.9	15.2-22.6
Specialty team				78	18.6	17.1-20.1				73	8.1	6.9-9.3
Total				639	18.2	17.6-18.8	79	14.7	12.7-16.7	529	9.8	9.2-10.4

Notes: N = number of collections in period. Average = average HoNOSCA (First 13 item) score, CI = confidence interval for average score. Community discharge does not include discharge to an inpatient unit.

Interpretation: If confidence intervals for two scores do not overlap, then the scores have a statistically significant difference. It is important to note that statistical significance may not indicate a clinically significant difference.

Graph 2: Difference in HoNOSCA total score (13 items) for matched pairs by pair type and setting, New Zealand, Apr 2024 – Mar 2025 and Apr 2025 – Mar 2026



Notes: Shows the difference of the matched pair between the start and end HoNOSCA total score. Community admission to discharge includes discharge no further care and discharge other.

Interpretation: The graphs compare the time periods. Dark blue band indicates percentage improvement within the given time period, while black band indicates no significant change and light blue deterioration. Improvement = 4 or more, no significant change = -3 to 3 and deterioration = -4 or less.

Target: A greater percentage increase in improvement for both community and inpatient settings and a smaller percentage in deterioration.

Table 2: Difference in HoNOSCA total score (13 items) for matched pairs by pair type and team, community New Zealand, Apr 2025 – Mar 2026

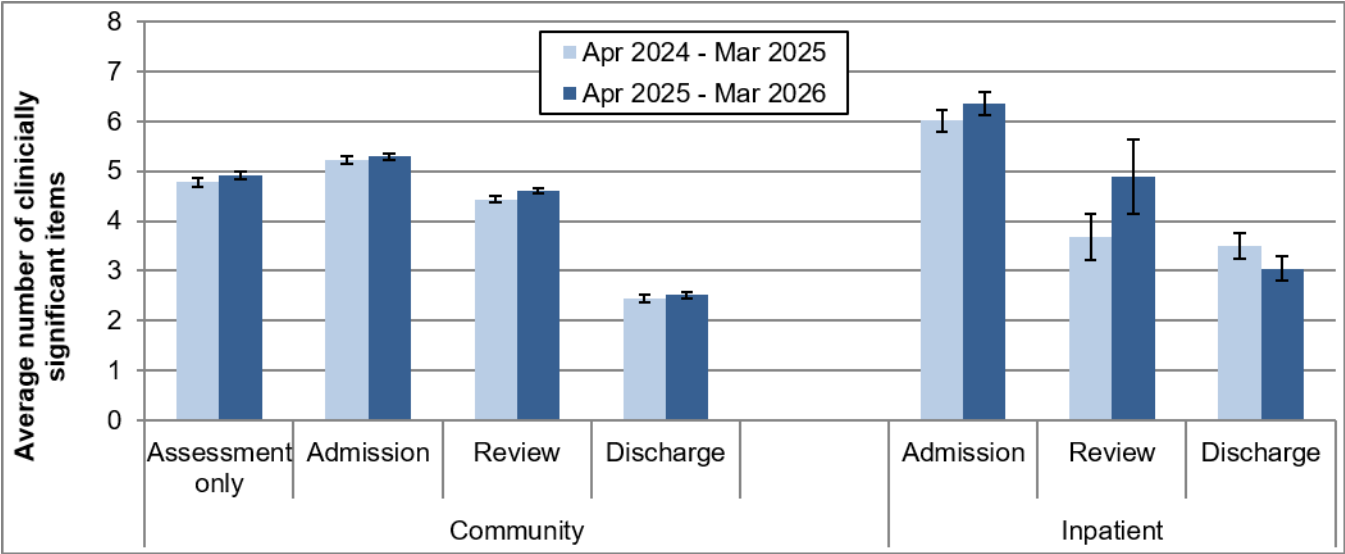
Team Type	Com Adm Rev				Com Rev Rev				Com Adm Dis			
	↓ Det	No SC	↑ Imp	N	↓ Det	No SC	↑ Imp	N	↓ Det	No SC	↑ Imp	N
Child and youth team	10%	49%	41%	806	14%	59%	28%	1,663	4%	29%	67%	2,044
Early intervention team					21%	46%	32%	28				
Eating disorders team	14%	49%	38%	37	14%	60%	26%	80	5%	27%	69%	64
Forensic team					20%	25%	55%	20	13%	23%	65%	40
Specialty team	13%	58%	29%	231	13%	63%	24%	748	6%	31%	63%	308
Total	11%	51%	38%	1,109	14%	59%	27%	2,600	5%	29%	66%	2,482

Notes: Shows the difference of the matched pair between the start and end HoNOSCA total score. Community admission to discharge includes discharge no further care and discharge other.

Interpretation: Improvement (↑Imp) = 4 or more, no significant change (No SC = -3 to 3 and deterioration (↓Det) = -4 or less.

Target: A greater percentage increase in improvement for community setting and a smaller percentage in deterioration.

Graph 3: Average number of clinically significant HoNOSCA items by collection type: New Zealand, Apr 2024 – Mar 2025 and Apr 2025 – Mar 2026



Notes: Average number clinically significant items = the average number of items in the clinical range (2, 3 or 4) per collection. Community discharge does not include discharge to an inpatient unit.

Interpretation: Points are significantly different if error bars don't overlap. A decrease between admission and discharge is an indication of the outcomes achieved by the service and service user. A greater decrease between admission and discharge indicates a better outcome. A lower admission score could be indication of service users seeking out and being engaged by services at a lower level of severity.

Target: A greater decrease from admission to discharge and smaller percentage in clinical range at discharge.

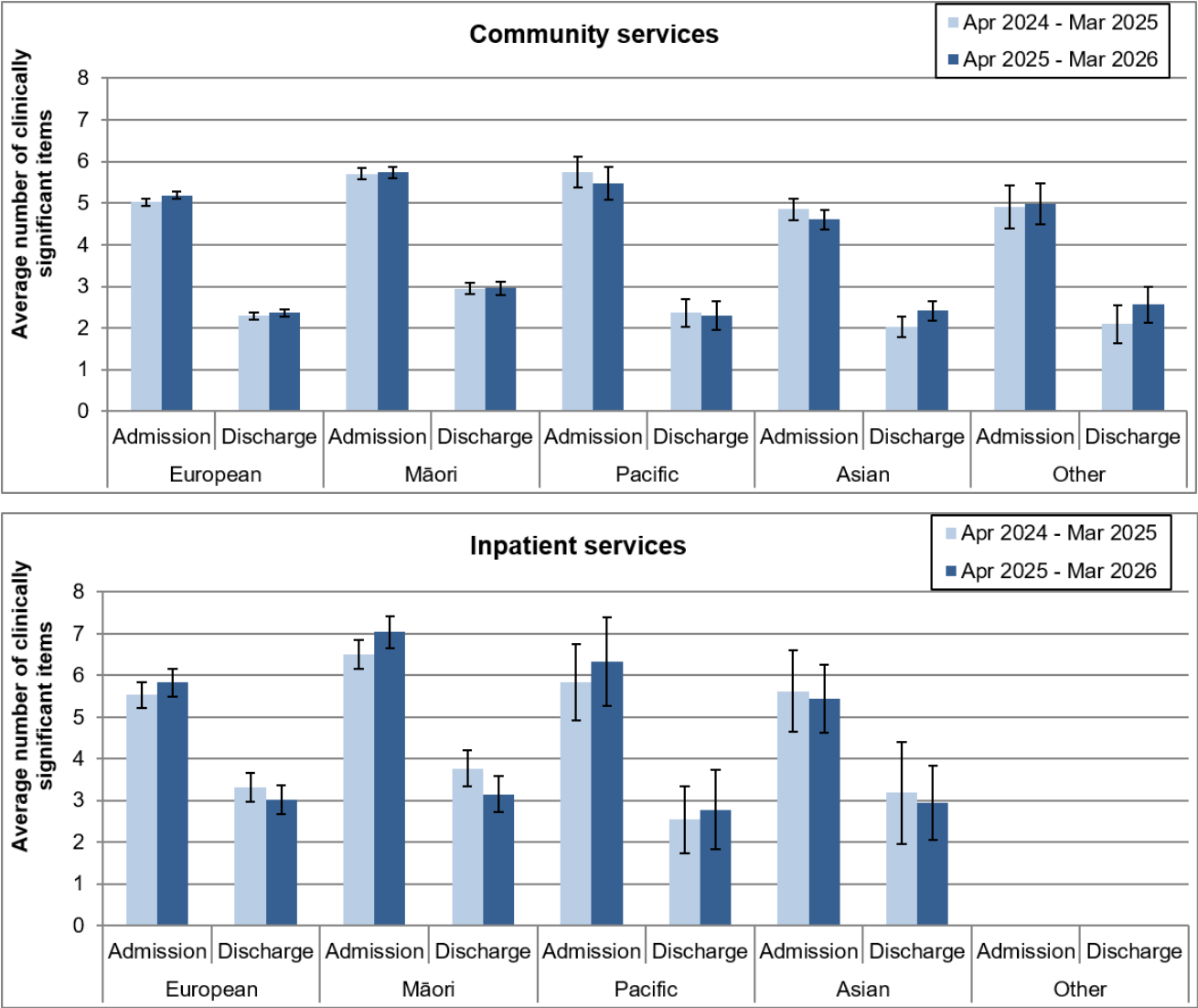
Table 3: Average number of clinically significant HoNOSCA items by collection type and team: New Zealand, Apr 2025 – Mar 2026

Team Type	Assessment only			Admission			Review			Discharge		
	N	Mean	CI	N	Mean	CI	N	Mean	CI	N	Mean	CI
Community services												
Child and youth team	2,908	4.7	4.6-4.8	4,454	5.2	5.1-5.3	6,473	4.5	4.5-4.6	4,074	2.5	2.4-2.6
Community team	266	5.0	4.7-5.4	35	6.1	5.1-7.2	50	6.7	5.8-7.6			
Early intervention team				24	4.5	3.2-5.8	92	4.8	4.1-5.4			
Eating disorders team	30	4.7	3.7-5.7	141	4.5	4.1-5.0	291	3.7	3.4-4.1	142	1.5	1.2-1.8
Forensic team	68	6.1	5.3-6.9	154	6.2	5.8-6.6	121	5.4	5.0-5.8	116	3.9	3.2-4.5
Kaupapa Māori team							81	4.8	4.2-5.4	37	2.4	1.5-3.3
Pacific people team							72	3.4	2.8-4.0			
Specialty team	715	5.5	5.3-5.7	687	5.7	5.5-5.9	1,834	4.9	4.7-5.0	841	2.4	2.2-2.6
Total	4,001	4.9	4.8-5.0	5,543	5.3	5.2-5.4	9,025	4.6	4.5-4.7	5,260	2.5	2.4-2.6
Inpatient services												
Child and youth team				480	6.4	6.1-6.7	69	4.9	4.0-5.7	404	2.9	2.7-3.2
Inpatient team				62	6.1	5.4-6.9				36	6.3	4.9-7.6
Specialty team				78	6.3	5.7-6.9				73	2.1	1.6-2.6
Total				639	6.4	6.1-6.6	79	4.9	4.2-5.6	529	3.0	2.8-3.3

Notes: N = number of collections in period. Average = average number of HoNOSCA items in the clinically significant range (ie scoring 2, 3, or 4). CI = confidence interval for average score. Community discharge does not include discharge to an inpatient unit.

Interpretation: If confidence intervals for two scores do not overlap, then the scores have a statistically significant difference. It is important to note that statistical significance may not indicate a clinically significant difference

Graph 4: Average number of clinically significant HoNOSCA items at admission and discharge by ethnic group: New Zealand, Apr 2024 – Mar 2025 and Apr 2025 – Mar 2026

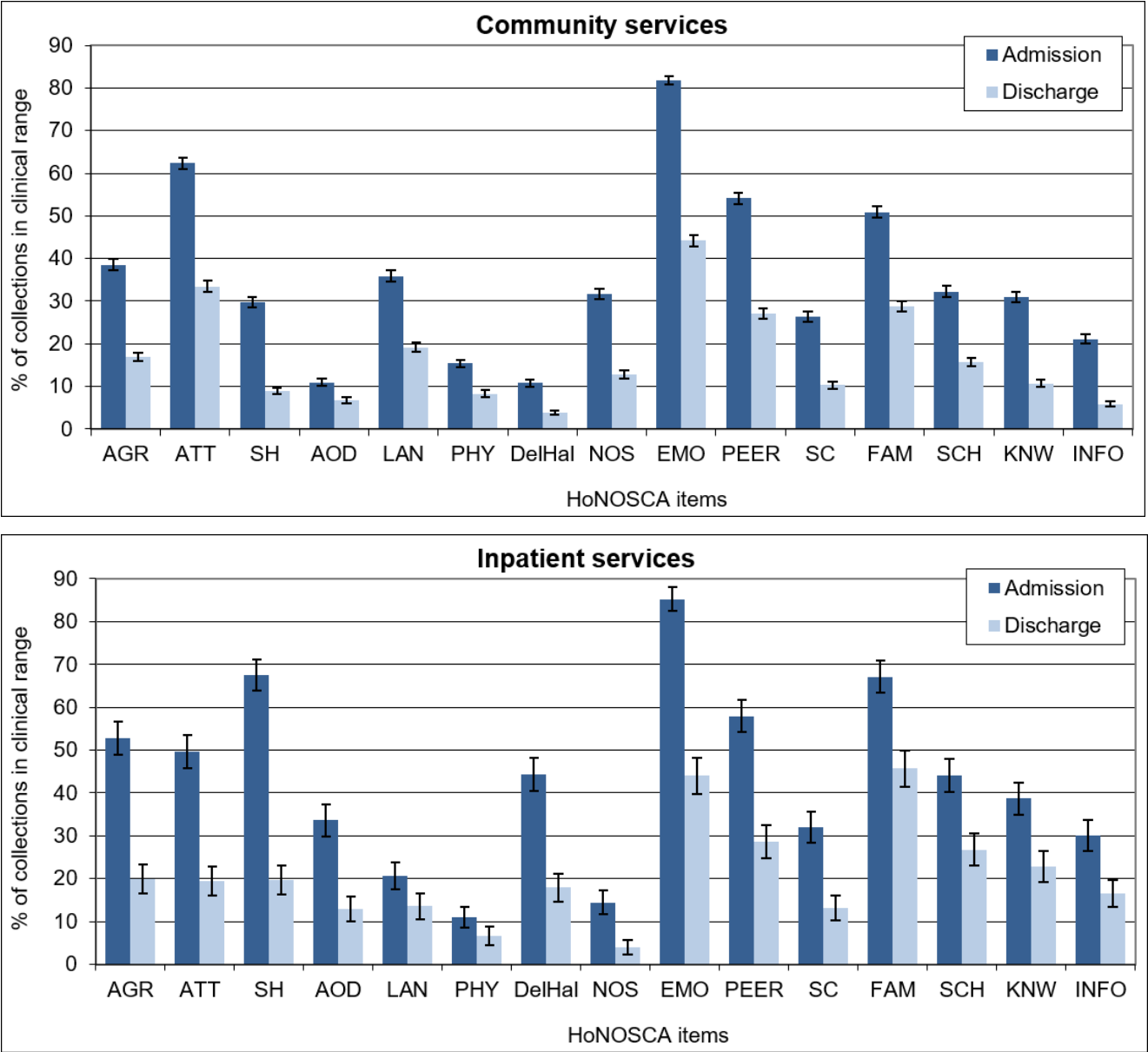


Notes: Average number of HoNOSCA items in the clinical range (2, 3 or 4). Community discharge does not include discharge to an inpatient unit.

Interpretation: Points are significantly different if error bars don't overlap. Decrease between admission and discharge is an indication of the outcomes achieved by the service and service user. A greater decrease between admission and discharge indicates a better outcome. A lower admission score could be indication of service users seeking out and being engaged by services at a lower level of acuity.

Target: A greater decrease from admission to discharge and smaller percentage in clinical range at discharge.

Graph 5a: Percentage of collections in clinical range on each HoNOSCA item (admission and discharge collections): New Zealand, Apr 2025 – Mar 2026



Notes: Percentage of service users in the clinical range (2, 3 or 4) for each HoNOSCA item. Community discharge does not include discharge to an inpatient unit.

Interpretation: The longer the bar, the more prevalent the difficulty measured by the item is amongst service users. A greater decrease in the length of the bar from admission to discharge suggests a better outcome for the difficulty measured by the item. Items that show medium to high frequency and less change may suggest possible targets for service improvement.

Target: A greater decrease from admission to discharge and smaller percentage in clinical range at discharge.

Table 5a: Percentage of collections in clinical range on each HoNOSCA item (admission and discharge collections) by team: New Zealand Apr 2025 – Mar 2026

Community services

First 7 HoNOSCA items																
Team name	N		AGR		ATT		SH		AOD		LAN		PHY		DelHal	
	Adm	Disch	Adm	Disch	Adm	Disch	Adm	Disch	Adm	Disch	Adm	Disch	Adm	Disch	Adm	Disch
Child and youth team	4,451	4,073	38%	17%	63%	35%	30%	9%	9%	6%	35%	19%	14%	8%	9%	3%
Community team	35		51%		51%		59%		21%		20%		17%		29%	
Early intervention team	24		25%		42%		8%		25%		18%		13%		46%	
Eating disorders team	141	142	16%	1%	31%	14%	20%	6%	5%	1%	10%	2%	55%	14%	46%	14%
Forensic team	154	116	84%	52%	71%	38%	14%	5%	63%	36%	51%	29%	10%	8%	12%	3%
Kaupapa Māori team		37		8%		38%		3%		11%		30%		11%		0%
Specialty team	687	841	38%	15%	64%	28%	34%	7%	9%	8%	42%	19%	18%	10%	11%	6%
Total	5,540	5,259	39%	17%	62%	33%	30%	9%	11%	7%	36%	19%	15%	8%	11%	4%
Second 8 HoNOSCA items																
Team name	NOS		EMO		PEER		SC		FAM		SCH		KNW		INFO	
	Adm	Disch	Adm	Disch	Adm	Disch	Adm	Disch	Adm	Disch	Adm	Disch	Adm	Disch	Adm	Disch
Child and youth team	34%	14%	82%	46%	54%	27%	24%	10%	50%	29%	30%	15%	31%	10%	21%	5%
Community team	34%		91%		36%		31%		60%		47%		43%		31%	
Early intervention team	4%		58%		71%		33%		25%		45%		38%		17%	
Eating disorders team	15%	7%	80%	45%	27%	11%	59%	12%	35%	12%	26%	7%	23%	4%	8%	2%
Forensic team	9%	5%	69%	39%	56%	38%	21%	16%	75%	46%	55%	37%	24%	23%	24%	18%
Kaupapa Māori team		11%		35%		24%		22%		24%		24%		3%		0%
Specialty team	27%	9%	83%	38%	62%	27%	32%	13%	55%	29%	42%	18%	33%	12%	22%	8%
Total	32%	13%	82%	44%	54%	27%	26%	10%	51%	29%	32%	16%	31%	11%	21%	6%

Inpatient services

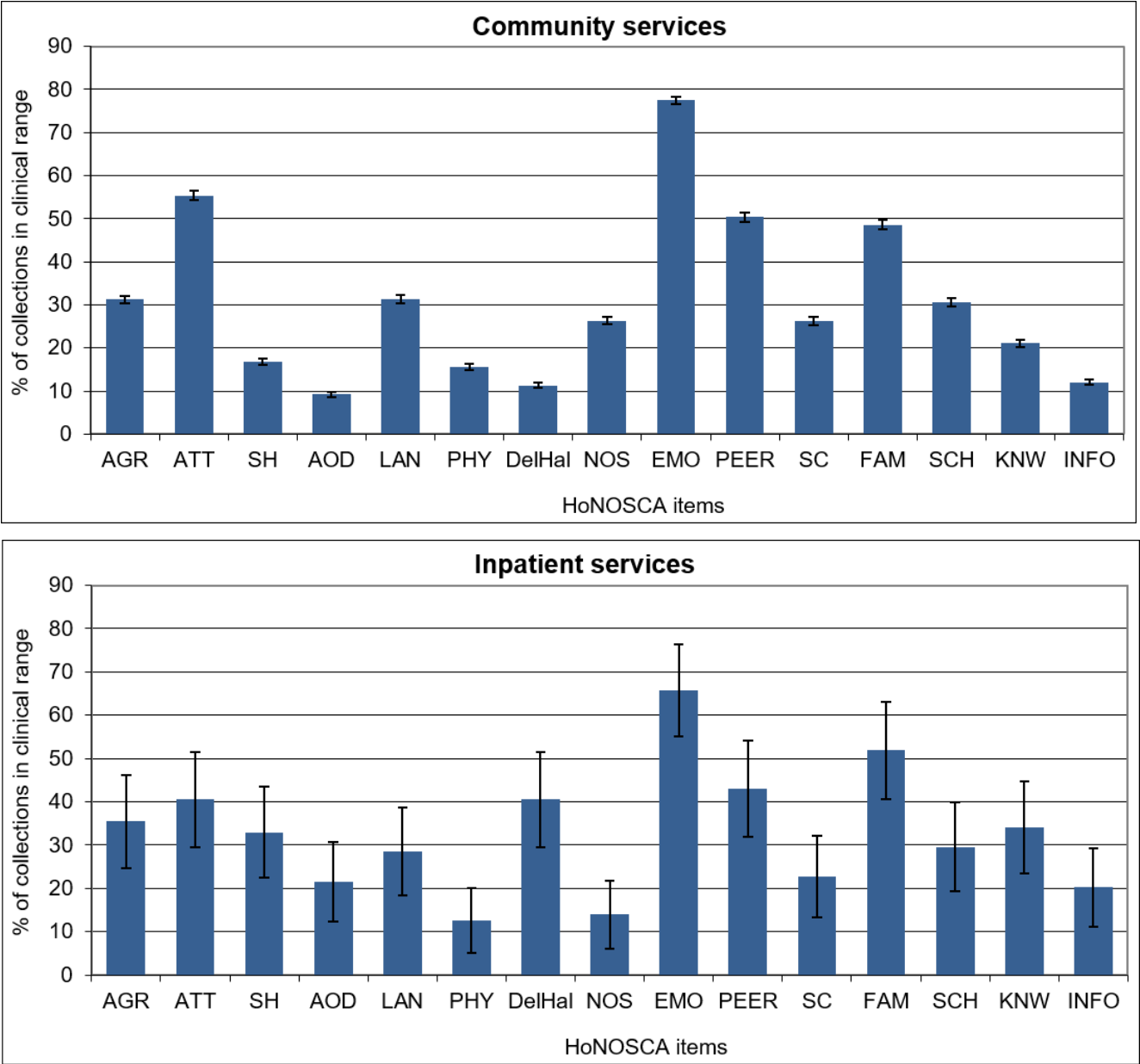
First 7 HoNOSCA items																
Team name	N		AGR		ATT		SH		AOD		LAN		PHY		DelHal	
	Adm	Disch	Adm	Disch	Adm	Disch	Adm	Disch	Adm	Disch	Adm	Disch	Adm	Disch	Adm	Disch
Child and youth team	480	404	53%	20%	48%	18%	70%	20%	32%	11%	21%	13%	10%	5%	44%	18%
Inpatient team	62	36	55%	42%	53%	44%	56%	42%	32%	42%	17%	22%	11%	14%	39%	47%
Specialty team	78	73	51%	11%	55%	15%	67%	12%	42%	14%	19%	10%	14%	11%	49%	10%
Total	639	529	53%	20%	50%	19%	67%	20%	34%	13%	21%	14%	11%	7%	44%	18%
Second 8 HoNOSCA items																
Team name	NOS		EMO		PEER		SC		FAM		SCH		KNW		INFO	
	Adm	Disch	Adm	Disch	Adm	Disch	Adm	Disch	Adm	Disch	Adm	Disch	Adm	Disch	Adm	Disch
Child and youth team	14%	2%	86%	43%	59%	27%	33%	12%	68%	46%	43%	25%	41%	25%	31%	18%
Inpatient team	16%	22%	81%	75%	56%	64%	26%	36%	65%	67%	44%	51%	34%	32%	36%	31%
Specialty team	12%	3%	85%	32%	53%	21%	29%	10%	68%	34%	43%	22%	29%	5%	21%	3%
Total	14%	4%	85%	44%	58%	29%	32%	13%	67%	46%	44%	27%	39%	23%	30%	17%

Notes: Percentage of service users in the clinical range (2, 3 or 4) for each HoNOSCA item. Community discharge does not include discharges to an inpatient unit.

Interpretation: The higher the percentage, the more prevalent the difficulty measured by the item is amongst service users. A greater decrease between admission and discharge suggests a better outcome for the difficulty measured by the item. Items that show medium to high frequency and less change may suggest possible targets for service improvement.

Target: A greater decrease from admission to discharge and smaller percentage in clinical range at discharge.

Graph 5b: Percentage of collections in clinical range on each HoNOSCA item (review collections): New Zealand, Apr 2025 – Mar 2026



Notes: Percentage of service users in the clinical range (2, 3 or 4) for each HoNOSCA item on review collections. Due to most admission being less than 91 days, the data set for review collections in inpatient settings is relatively small.

Interpretation: The longer the bar, the more prevalent the difficulty measured by the item is amongst service users.

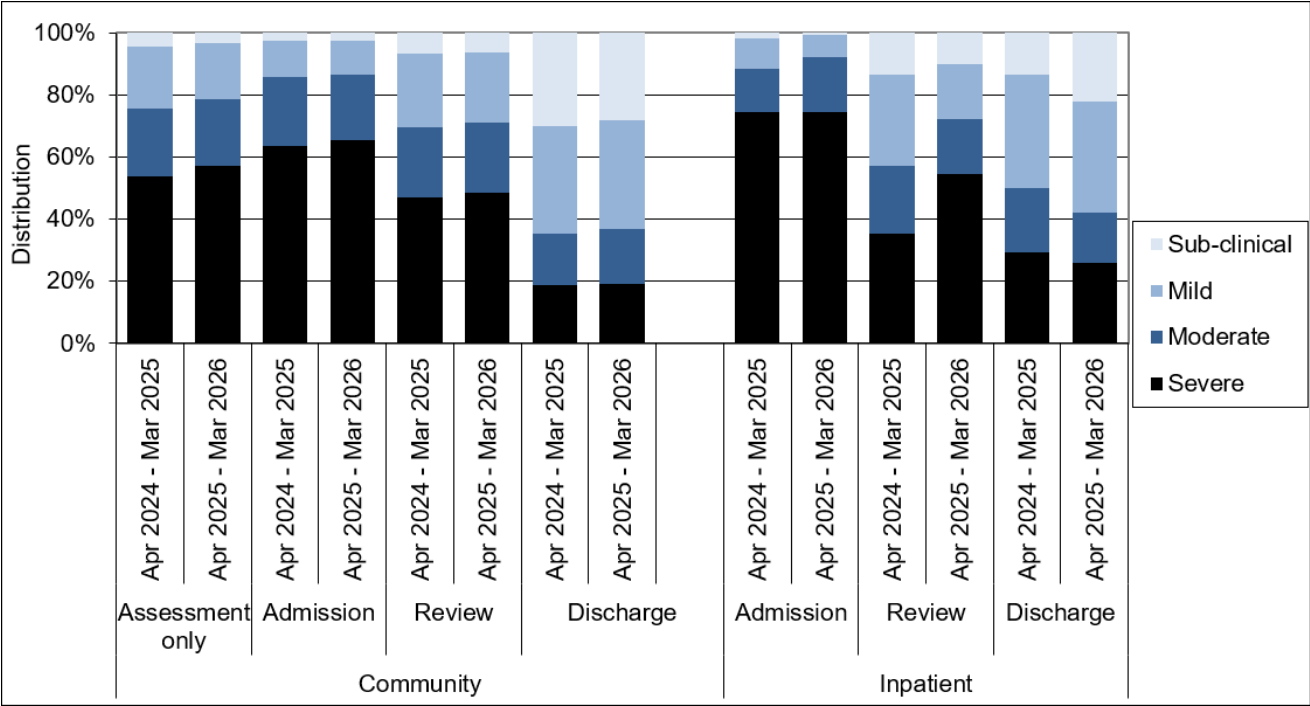
Table 5b: Percentage of collections in clinical range on each HoNOSCA item (review collections) by team: New Zealand, Apr 2025 – Mar 2026

Team type	N	AGR	ATT	SH	AOD	LAN	PHY	DelHal	NOS	EMO	PEER	SC	FAM	SCH	KNW	INFO
Community services																
Child and youth team	6,468	31%	56%	16%	8%	31%	13%	9%	29%	77%	50%	24%	48%	30%	21%	12%
Community team	50	42%	56%	46%	10%	28%	42%	28%	28%	88%	70%	44%	66%	52%	44%	28%
Early intervention team	92	27%	53%	9%	25%	31%	12%	45%	5%	63%	54%	32%	45%	41%	34%	11%
Eating disorders team	291	8%	26%	9%	2%	11%	47%	49%	17%	79%	22%	45%	27%	18%	11%	4%
Forensic team	121	69%	70%	11%	62%	43%	12%	6%	2%	65%	60%	23%	72%	36%	12%	8%
Kaupapa Māori team	81	36%	68%	28%	22%	36%	17%	2%	20%	78%	51%	14%	47%	36%	19%	11%
Pacific people team	72	44%	63%	8%	8%	8%	0%	3%	13%	61%	35%	19%	42%	11%	14%	11%
Specialty team	1,834	33%	55%	20%	9%	36%	18%	11%	21%	80%	54%	32%	53%	33%	23%	12%
Total	9,019	31%	55%	17%	9%	31%	15%	11%	26%	78%	50%	26%	49%	31%	21%	12%
Inpatient services																
Child and youth team	69	33%	39%	32%	25%	30%	12%	41%	14%	62%	39%	22%	51%	32%	35%	23%
Total	79	35%	41%	33%	22%	29%	13%	41%	14%	66%	43%	23%	52%	30%	34%	20%

Notes: Percentage of service users in the clinical range (2, 3 or 4) for each HoNOSCA item on review collections. Due to most admission being less than 91 days, the data set for review collections in inpatient settings is relatively small.

Interpretation: The higher the percentage, the more prevalent the difficulty measured by the item is amongst service users.

Graph 6: Index of Severity ratings for HoNOSCA by collection type: New Zealand, Apr 2024 – Mar 2025 and Apr 2025 – Mar 2026



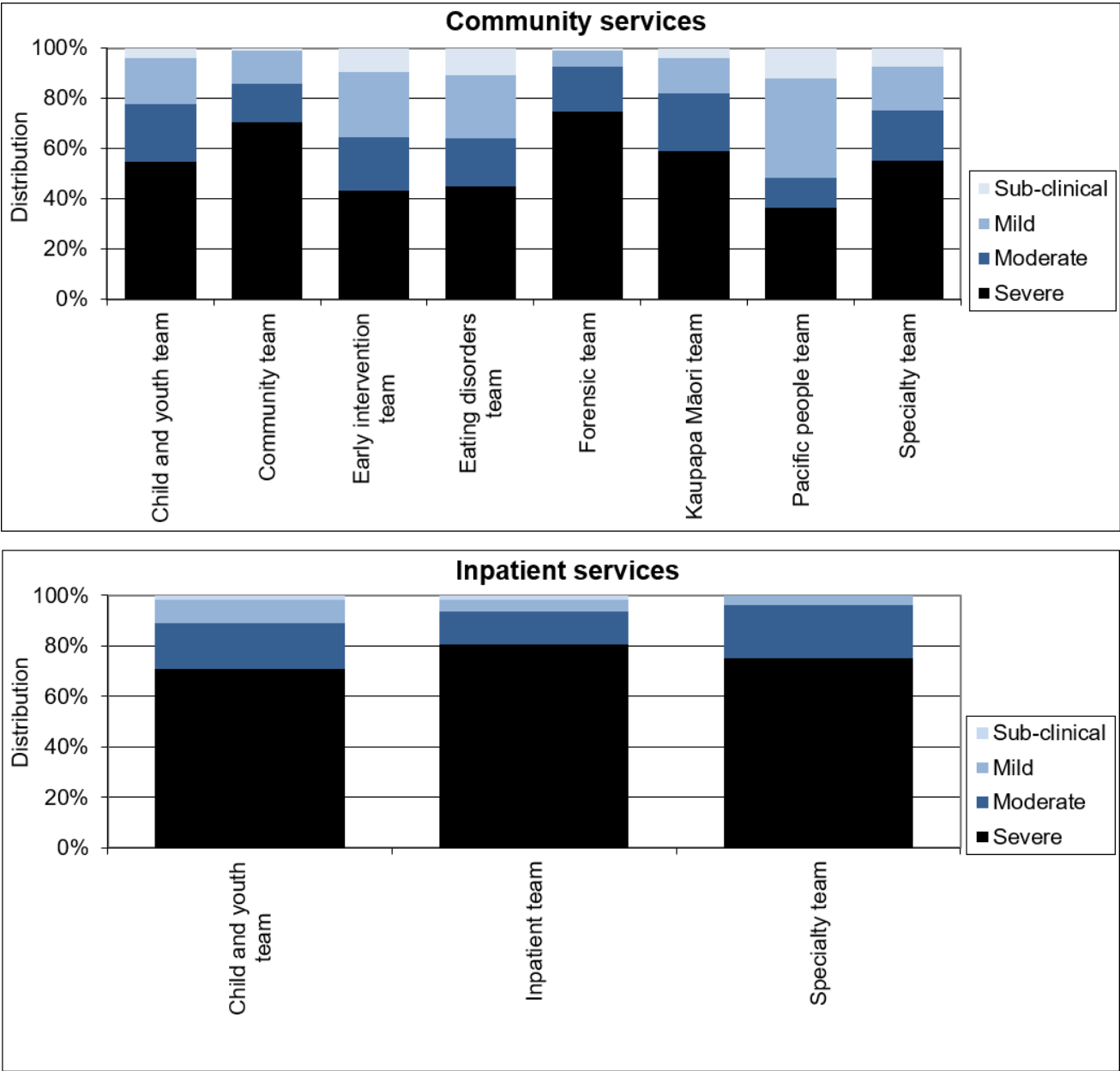
Notes: Community discharge does not include discharge to an inpatient unit. Index of Severity: Sub clinical = all items <2, mild = at least one item >1 and all items <3, moderate = at least one item >=3, severe = at least 2 items >=3 using first 13 items.

Interpretation: Darker bars indicate higher overall level of severity. More positive outcome is shown by larger decrease in darker sections of bar between admission and discharge.

2. Other measures of service activity

This section presents HoNOSCA data indicating the status of service users at different stages of their contact with Te Whatu Ora District mental health services. Graph and Table 1, and Graph 2 show results from HoNOSCA total scores. Graphs and Tables 3 to 5b show results related to the percentage of HoNOSCA items in the clinical range. Table 6 shows results from the Index of Severity derived from HoNOSCA scores.

Graph 7: Index of severity for HoNOSCA (admission and review collections) by team, New Zealand, Apr 2025 – Mar 2026



Notes: Only data related to collection at admission and review is included so that results reflect the severity of service users during their engagement with the service. Index of Severity: Sub clinical = all items <2, mild = at least one item >1 and all items <3, moderate = at least one item >=3, severe = at least 2 items >=3 using first 13 items.

Interpretation: This graph gives an impression of the overall severity of the caseload for different teams at admission. The longer the darker bar, the higher the overall severity of the team’s caseload.

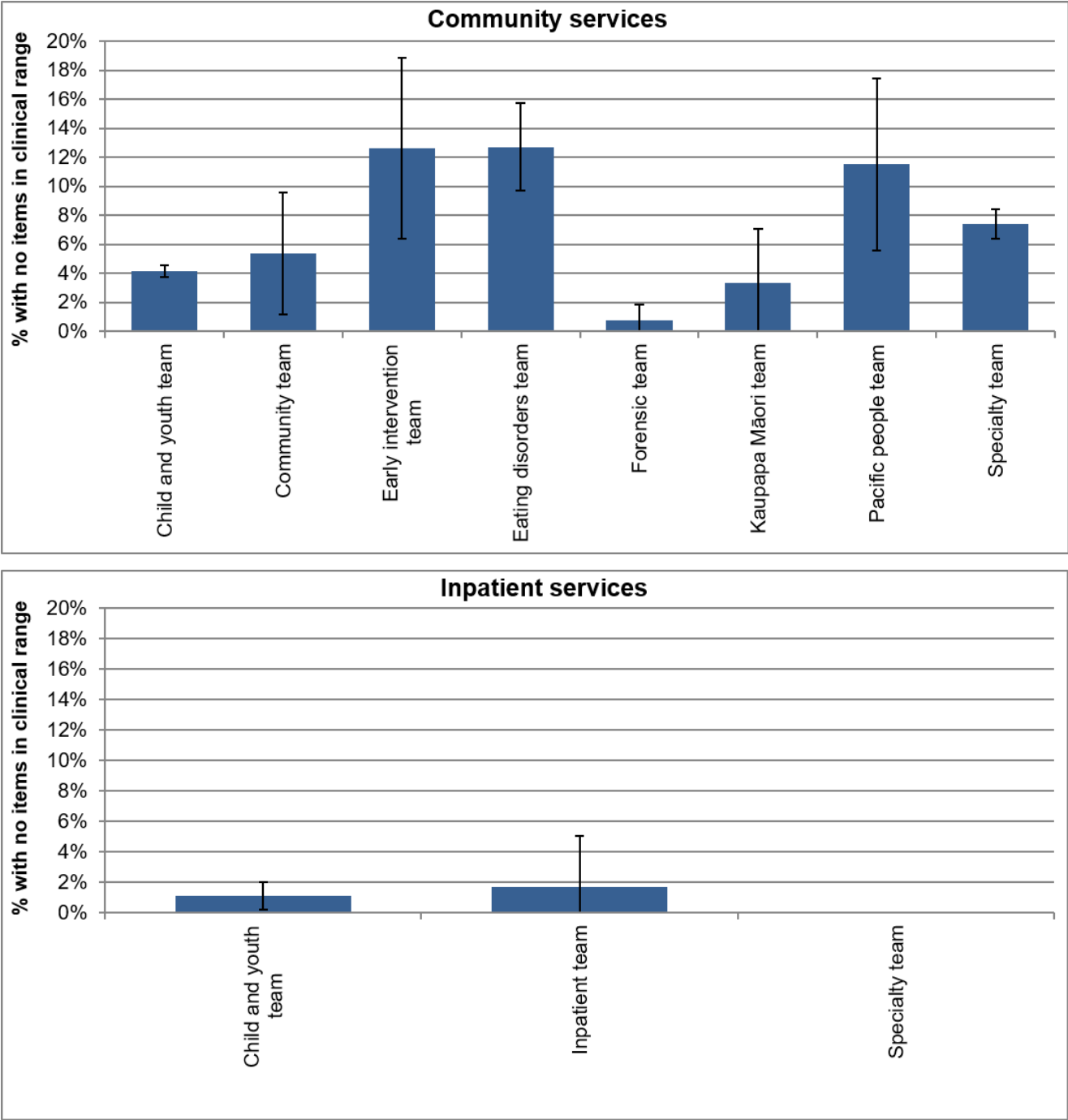
Table 7: Index of Severity for HoNOSCA by collection type and team: New Zealand, Apr 2025 – Mar 2026

Team type	Assessment only					Admission					Review					Discharge				
	Sub	Mild	Mod	Sev	N	Sub	Mild	Mod	Sev	N	Sub	Mild	Mod	Sev	N	Sub	Mild	Mod	Sev	N
Community services																				
Child and youth team	4%	21%	22%	53%	2,908	2%	11%	22%	64%	4,454	6%	23%	23%	48%	6,473	26%	36%	18%	19%	4,074
Community team	1%	9%	24%	66%	266	0%	11%	20%	69%	35	2%	14%	12%	72%	50					
Early intervention team						17%	8%	25%	50%	24	8%	30%	21%	41%	92	39%	39%	13%	8%	142
Eating disorders team	7%	10%	23%	60%	30	11%	7%	26%	57%	141	11%	34%	16%	39%	291					
Forensic team	3%	7%	22%	68%	68	1%	5%	14%	81%	154	1%	9%	22%	68%	121	23%	16%	24%	37%	116
Kaupapa Māori team											5%	15%	23%	57%	81	35%	30%	11%	24%	37
Pacific people team											11%	43%	15%	31%	72					
Specialty team	2%	10%	17%	70%	715	5%	8%	16%	72%	687	9%	21%	21%	49%	1,834	37%	31%	16%	16%	841
Total	3%	18%	21%	57%	4,001	3%	11%	21%	66%	5,543	6%	23%	23%	48%	9,025	28%	35%	18%	19%	5,260
Inpatient services																				
Child and youth team						0%	8%	18%	74%	480	12%	17%	17%	54%	69	23%	35%	17%	25%	404
Inpatient team						2%	5%	13%	81%	62						3%	25%	14%	58%	36
Specialty team						0%	4%	21%	76%	78						27%	45%	14%	14%	73
Total						0%	7%	18%	74%	639	10%	18%	18%	54%	79	22%	36%	16%	26%	529

Notes: Sub = sub clinical, Mild = mild, Mod = moderate, Sev = severe on Index of Severity. Only admission collection data is included so that results reflect the severity of service users during their engagement with the service. Index of Severity: Sub clinical = all items <2, mild = at least one item >1 and all items <3, moderate = at least one item >=3, severe = at least 2 items >=3 using first 13 items. Community discharge does not include discharge to an inpatient unit.

Interpretation: Larger percentages in the columns to the right for each type of collection, the higher the overall severity of the team's caseload.

Graph 8: Collections with no HoNOSCA items in clinical range: New Zealand, Apr 2025 – Mar 2026



Notes: Includes admission and review collections. Shows percentage of service users with all HoNOSCA items less than two, ie no HoNOSCA items in the clinical range.

Interpretation: There are a variety of reasons that may make it appropriate for service users to remain in the service even though they show no HoNOSCA items in the clinical range. However, teams showing a larger or substantial percentage of service users with no HoNOSCA items in the clinical range could benefit from reviewing these cases to ensure that the service remains appropriate for this service user.

Table 8: Collections with no HoNOSCA items in clinical range: New Zealand, Apr 2025 – Mar 2026

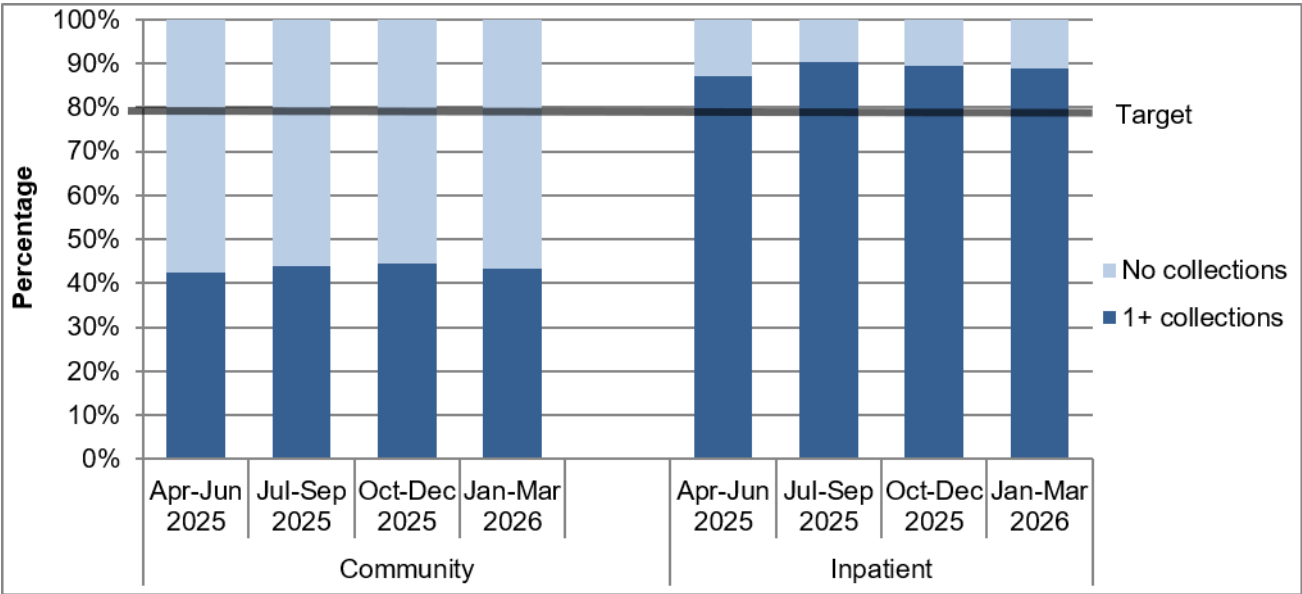
Team type	Number of collections with no items in clinical range	Percentage with no items in clinical range
Community services		
Child and youth team	446	4%
Community team	6	5%
Early intervention team	14	13%
Eating disorders team	60	13%
Forensic team	2	1%
Kaupapa Māori team	3	3%
Pacific people team	13	12%
Specialty team	183	7%
Total	728	5%
Inpatient services		
Child and youth team	6	1%
Inpatient team	1	2%
Specialty team	0	0%
Total	8	1%

Notes: For further information see notes for graph 8.

3. Collection completion and validity

This section presents information about the completeness and validity of the data on which the remainder of this report is based. It also shows the current targets for the variables presented.

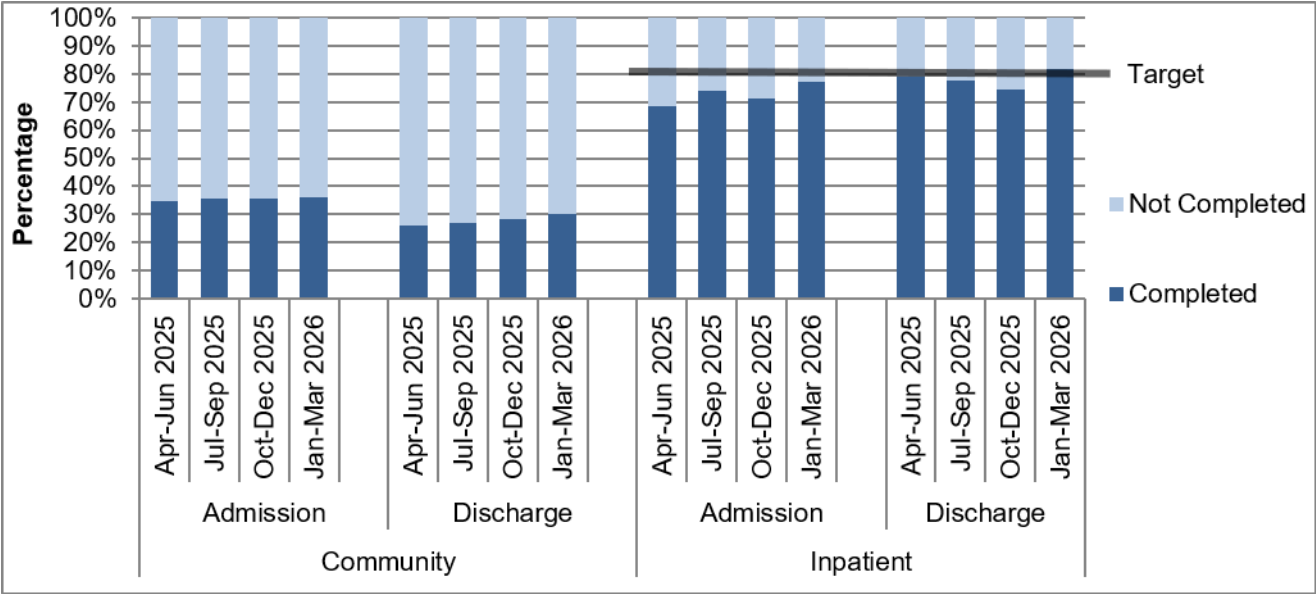
Graph 9: Percentage of service users with at least one collection during the period in a quarter: New Zealand, Apr 2025 – Mar 2026 (4 to 17 years)



Interpretation: The longer the dark part of the bar, the more completely the data set includes all service users, and the more meaningful and representative the graphs, tables, and analyses using these data will be. This data is approximate due to movement of service users between teams and similar variations; however, it does provide a reasonably accurate representation of completion of measures. Only data with valid collections is included.

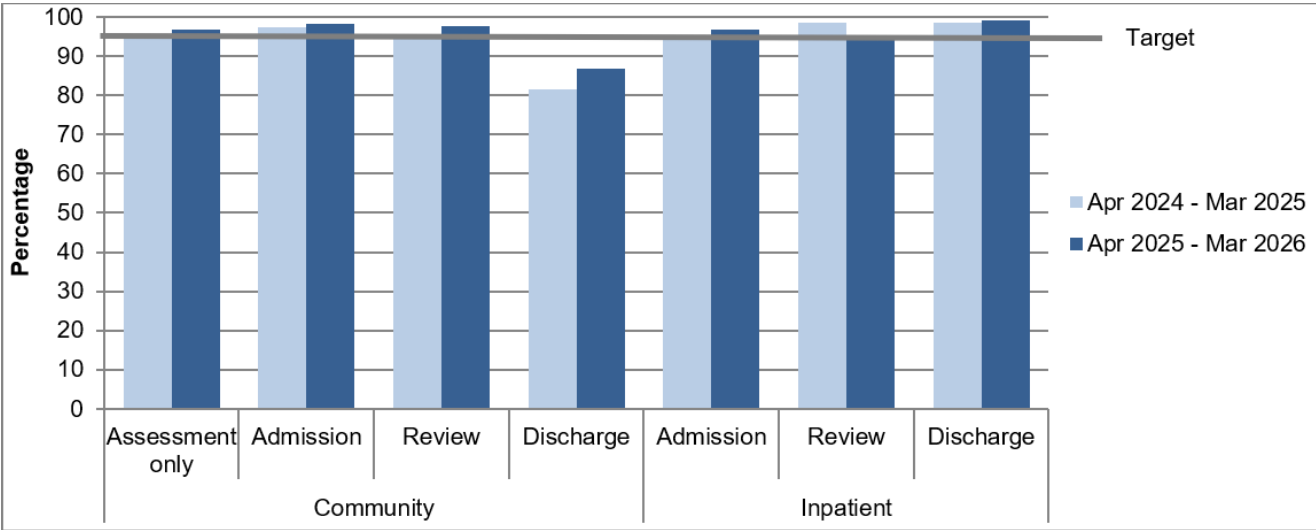
Target: To meet or exceed the target shown on the graph for the percentage of service users with at least one collection within the period.

Graph 10: Percentage of service users with admission and discharge collections completed by quarter: New Zealand, Apr 2025 – Mar 2026 (4 to 17 years)



Interpretation: The longer the dark bar, the larger the percentage of admission and discharge that had the relevant data collection type. Data is approximate due to movement of service users between teams and similar variations; however, it does provide a reasonably accurate representation of completion of measures. Only data with valid collections is included.

Graph 11: Percentage of valid collections, HoNOSCA: New Zealand, Apr 2024 – Mar 2025 and Apr 2025 – Mar 2026



Notes: Valid = Two or fewer of the 15 items scored as unknown or missing. Discharge excludes collection types for lost to care, discharge dead and brief episode of care. Collection in drug and alcohol teams is not required, therefore AOD data is excluded.

Interpretation: The longer the dark lines, the higher the percentage of valid scores.

Target: Aim for 95% valid collections.

Table 11: Invalid collections by team, by HoNOSCA item: New Zealand, Apr 2025 – Mar 2026

Team type	% Invalid			Number of invalid ratings by HoNOSCA item															Total Number
	Adm	Rev	Dch	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	
Community services																			
Child and youth team	1%	2%	11%	689	759	766	919	1,187	768	780	782	703	816	759	724	1,228	732	731	19,327
Community team	3%	0%	19%	7	9	8	14	12	7	6	10	8	12	8	9	25	14	13	390
Early intervention team	11%	4%	14%	5	8	6	5	10	5	4	7	6	10	6	6	37	7	5	146
Eating disorders team	2%	1%	4%	10	9	17	10	12	9	11	14	10	10	8	10	17	7	7	636
Forensic team	15%	5%	38%	80	84	89	111	146	91	89	98	83	98	96	96	144	140	140	615
Kaupapa Māori team		9%	9%	10	10	14	15	12	12	12	11	11	10	11	11	11	12	13	147
Pacific people team		1%		1	1	1	3	1	1	1	1	1	1	1	1	3	1	1	102
Specialty team	3%	3%	20%	265	293	293	364	402	287	327	315	263	300	301	276	587	323	316	4,658
Total	2%	2%	13%	1,067	1,173	1,194	1,442	1,782	1,180	1,230	1,239	1,085	1,260	1,190	1,133	2,053	1,236	1,226	26,043
Inpatient services																			
Child and youth team	3%	5%	1%	4	2	2	27	62	8	1	12	2	33	5	27	199	16	24	972
Eating disorders team				0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	25
Inpatient team	7%		5%	0	1	0	1	6	0	2	3	1	4	3	3	13	12	11	104
Specialty team	0%		0%	0	0	0	1	1	0	1	1	0	0	0	0	17	0	0	153
Total	3%	5%	1%	4	3	3	29	71	8	4	16	3	40	8	30	234	30	40	1,274

Notes: Per cent (%) invalid collections = the percentage of collections that had three or more of the 15 items scored as unknown or missing. Number of invalid ratings by HoNOSCA item = for each of the HoNOSCA items, the number of collections for which that item was unknown or missing. Discharge excludes collection types for lost to care, deceased and brief episode of care. Collection in drug and alcohol teams is not required, therefore AOD data is excluded.

Interpretation: The lower the per cent invalid, the higher the percentage of valid scores. The lower the number of invalid collections by HoNOSCA item, the more collections that have valid data on that HoNOSCA item.

Target: Aim for 95% valid collections (5% invalid collections) or better. Aim for as few invalid items as possible, with all items having a similar validity rate.