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**The Royal Australasian College of  
Physicians' submission to the Justice  
Committee**

**Data and Statistics (Census)  
Amendment Bill**  
Paenga-whāwhā | April 2026

## Introduction

The Royal Australasian College of Physicians (RACP) welcomes the opportunity to submit feedback to the Justice Committee on the proposed Data and Statistics (Census) Amendment Bill.

The RACP works across more than 40 medical specialties to educate, innovate and advocate for excellence in health and medical care. Working with our members, the RACP trains the next generation of specialists, while playing a lead role in developing world best practice models of care. We also draw on the skills of our expert members to develop policies that promote a healthier society. By working together, our members advance the interest of the medical profession, our patients and the broader community.

## The RACP's Position and Response to the proposed Data and Statistics (Census) Amendment Bill

The New Zealand Census of Population and Dwellings has long been a vital tool for understanding society in Aotearoa New Zealand, and informing decisions by policymakers, public service providers including health, education, housing and transport, businesses and citizens.

**The RACP does not support the replacement of the five-yearly nationwide survey-based census with an administrative data-first census supported with smaller surveys as proposed.**

**High-quality population information is essential for providing health services and public health planning.**

While the cost of the current census model is significant, an issue especially in the current economic landscape, the lack of a robust population register in Aotearoa New Zealand calls into question the accuracy of an administrative data-first approach. Significant targeted surveys would be required in an attempt to fill the gaps created in this approach.

## International Census Methodology

Other countries that Aotearoa New Zealand compares itself to, including Australia, Canada, USA and the UK, conduct census by nationwide question-based census as Aotearoa New Zealand has done previously. While the UK had proposed moving to a model similar to that proposed in Aotearoa New Zealand for their next census in 2031, with greater use of administrative data, the UK Statistics Authority recommended that the Government retain the use of a traditional census while developing a regular and reliable flow of administrative data so that this could be used in future if desired<sup>1</sup>. There is no evidence to suggest that administrative data within Aotearoa New Zealand is in a better position than the UK to provide reliable, up-to-date information on the population, particularly given the lack of compulsory population register. Countries that use administrative data-first approaches, including Israel, the Netherlands, and Nordic countries, all have compulsory population registration processes.

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<sup>1</sup> Recommendation from the UK Statistics Authority on the future of population and migration statistics in England and Wales. UK Statistics Authority, 2025. Available from: <https://uksa.statisticsauthority.gov.uk/publication/recommendation-from-the-uk-statistics-authority-on-the-future-of-population-and-migration-statistics-in-england-and-wales/> Accessed 9 April 2026.

## Limitations of Administrative Data

As noted by previous Government Statistician Len Cook, the Census provides consistency of data within and between people's responses to specific questions, across a single point in time<sup>2</sup>. Administrative data relies on individuals interacting with various agencies, which may not be recent, and the level and type of data captured with each interaction varies between agencies. Statistics about people and place will be less reliable for certain groups, including areas of high population turnover and groups who rarely interact with agencies, creating a potential for bias within the data set. Stats NZ's own Regulatory Impact Statement indicates that the proposed changes would result in reductions in data accuracy, detail and coverage<sup>3</sup>.

**The RACP considers there to be a clear risk of under-representation of vulnerable groups that are not well represented in administrative data**, including hapori Māori, Pacific peoples, rural and remote communities, people with disabilities, rainbow communities, and other small ethnic communities. This raises significant concerns around the ability of Governments and health services to plan for and ensure appropriate, equitable and timely access to necessary healthcare for all communities.

Vulnerable groups often face fragmented services requiring them to navigate complex, disjointed systems that do not meet their specific needs<sup>4</sup>. Evidence also indicates that Māori, young people, and low-income whānau and individuals have lower trust in public institutions<sup>5</sup>. High barriers to entry for public services combined with low trust in public institutions make these groups less likely to engage with public services, and therefore less likely to appear in administrative data. Given that this data is used to determine the distribution of public services and funding, including healthcare, this creates a biased data-set that is likely to lead to a feedback loop exacerbating existing health inequalities<sup>6</sup>. As barriers to service access increase, vulnerable populations will be unable to access these services and disappear from administrative data, data which is then used to determine public service distribution. Te Kāhui Raraunga notes that it is essential that the Crown works in partnership with iwi to ensure that new approaches to the census do not repeat historical data collection failings for Māori<sup>7</sup>.

Government Statisticians are often unaware of the ways that the statistics they produce are used, for example in policy regarding infrastructure placement, climate change, housing, health, and population ageing<sup>2</sup>. The RACP recognises that 80 per cent of the drivers of health are factors that lie outside healthcare services, such as housing, transport, food and work conditions – evidence detailed in the Health and Disability System Review Report<sup>8</sup>. The influence of the social determinants of health on

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<sup>2</sup> Cook, L. What the public needs to know about the decision to stop the five-yearly census. University of Auckland, 2025. Available from: <https://www.auckland.ac.nz/assets/business/about-the-business-school/about/PIE%20commentary%202025-2%20Len%20Cook%20final.pdf> Accessed 9 April 2026.

<sup>3</sup> Regulatory Impact Statement: Modernising the census. Stats NZ, 2025. Available from: <https://www.stats.govt.nz/assets/Uploads/Corporate/Cabinet-papers/Modernising-our-approach-to-the-2028-Census/Regulatory-Impact-Statement-Modernising-the-census.pdf> Accessed on 9 April 2026.

<sup>4</sup> Integrated social services for vulnerable people. Social Policy Evaluation and Research Unit, 2015. Available from: <https://thehub.sia.govt.nz/assets/Uploads/WW-Integrated-services-0.pdf> Accessed on 9 April 2026.

<sup>5</sup> Drivers of Trust in Public Institutions in New Zealand. OECD, 2023. Available from: [https://www.oecd.org/content/dam/oecd/en/publications/reports/2023/02/drivers-of-trust-in-public-institutions-in-new-zealand\\_fc19d81b/948accf8-en.pdf](https://www.oecd.org/content/dam/oecd/en/publications/reports/2023/02/drivers-of-trust-in-public-institutions-in-new-zealand_fc19d81b/948accf8-en.pdf) Accessed on 9 April 2026.

<sup>6</sup> Annual Update of Key Results 2024/25: New Zealand Health Survey. Ministry of Health, 2025. Available from: <https://www.health.govt.nz/publications/annual-update-of-key-results-202425-new-zealand-health-survey> Accessed on 9 April 2026.

<sup>7</sup> The traditional Census has been switched off: What happens now? RNZ, 2025. Available from: <https://www.rnz.co.nz/news/in-depth/564560/the-traditional-census-has-been-switched-off-what-happens-now> Accessed 9 April 2026.

<sup>8</sup> Health and Disability System Review. Final report. Ministry of Health, 2020. Available from: <https://systemreview.health.govt.nz/>. Accessed 9 April 2026.

outcomes is longitudinal, and impacts many different domains, as highlighted in the world-renowned Dunedin Multidisciplinary Health and Development Study and Growing Up in New Zealand Study<sup>9,10</sup>. Under-representation of vulnerable groups in administrative data is undoubtedly likely to result in an inequitable and biased distribution of all public services, leading to downstream impacts on the health of individuals in these groups.

## Māori Data Governance

As Te Mana Raraunga (the Māori Data Sovereignty Network) advocates, data is a living taonga, is of strategic value to Māori, and should be subject to Māori governance<sup>11</sup>. Changes to census methods risk compromising these values and undermining public trust in the official statistics system in general.

The RACP affirms the inherent rights of Māori to exercise authority over data that pertains to their identity, wellbeing, and aspirations. In accordance with Te Tiriti o Waitangi, and guided by the principles of Māori Data Sovereignty as articulated by Te Mana Raraunga, the collection of data must uphold the values of Rangatiratanga (authority), Whakapapa (relationships), Manaakitanga (reciprocity), and Kaitiakitanga (guardianship). It recognises that ethnicity data, when collected accurately and respectfully, is essential for:

- Ensuring appropriate funding and service delivery to meet Māori health needs;
- Monitoring health system performance and responsiveness to Māori;
- Supporting Māori-led research and health planning; and
- Upholding the right of Māori to self-identify and define their own cultural affiliations<sup>12</sup>.

## Conclusion

The RACP:

- **does not support** the replacement of the five-yearly question-based Census with the proposed administrative data-first Census supported with surveys;
- **does not support** moving the next census from 2028 to 2030;
- **supports** the requirement of annual publication of census data;
- **emphasises** that high-quality population information is essential for providing health services and public health planning;
- **is concerned** that the proposed census model would result in data with bias and significant gaps, including under-representing vulnerable groups, likely to exacerbate existing inequalities; and
- **emphasises** that work needs to be done to ensure Māori governance over their own data as a living taonga.

The RACP thanks the Justice Committee for the opportunity to provide feedback on this consultation.

<sup>9</sup> Growing Up In New Zealand [Internet]. Available from: [Home | Growing Up in New Zealand](#) Accessed 9 April 2026.

<sup>10</sup> The Dunedin Study – Dunedin Multidisciplinary Health & Development Research Unit [Internet]. Available from: [The Dunedin Study - Dunedin Multidisciplinary Health & Development Research Unit \(otago.ac.nz\)](#) Accessed 9 April 2026.

<sup>11</sup> [Te Mana Raraunga](#), Māori Data Sovereignty Network.

<sup>12</sup> Diversity Data Statement. RACP, 2026. Available from: <https://www.racp.edu.au/home/privacy/diversity-data-statement> Accessed on 9 April 2026.

To discuss this submission further, please contact Jacqui Wallens, Senior Policy & Advocacy Officer, of the Aotearoa NZ Policy and Advocacy Team at [policy@racp.org.nz](mailto:policy@racp.org.nz).