



**Child and Youth
Wellbeing**

Oranga Tamariki Action Plan

The Children's Agencies' joint plan to prevent harm, and promote wellbeing, for the children and young people in the populations of interest to Oranga Tamariki



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Aotearoa should be the best place in the world for all children to live

We want Aotearoa New Zealand to be a place where all children and young people are loved, confident, happy, healthy, and empowered to reach their full potential. The Child and Youth Wellbeing Strategy (the Strategy), launched in 2019, provides a unifying framework of outcomes that the government, with communities and partners, will work towards for all children.

These are set out below.

CHILDREN and YOUNG PEOPLE



... are LOVED, SAFE and NURTURED



... have WHAT they NEED



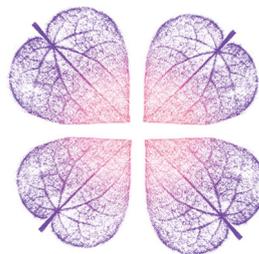
... are HAPPY and HEALTHY



... are LEARNING and DEVELOPING



... are ACCEPTED, RESPECTED and CONNECTED



... are INVOLVED and EMPOWERED

Under the Children's Act 2014, the Oranga Tamariki Action Plan must set out how children's agencies will work together to achieve the outcomes set out in the Child and Youth Wellbeing Strategy for the core populations of interest to Oranga Tamariki and may include any other steps considered important to improving the wellbeing of those populations.

The Oranga Tamariki Action Plan drives a shared accountability and monitoring framework across children's agencies to improve the wellbeing of Oranga Tamariki priority populations and prevent the need for them to come into care or be involved with the youth justice system. It is also one of the mechanisms to support implementation of the Oranga Tamariki Future Direction Plan.

The Action Plan will bring all agencies together to support key shifts in the experiences of children and young people and their families, whānau, and communities. In particular, the Action Plan will drive activity to ensure that the holistic wellbeing needs of children and young people are met.

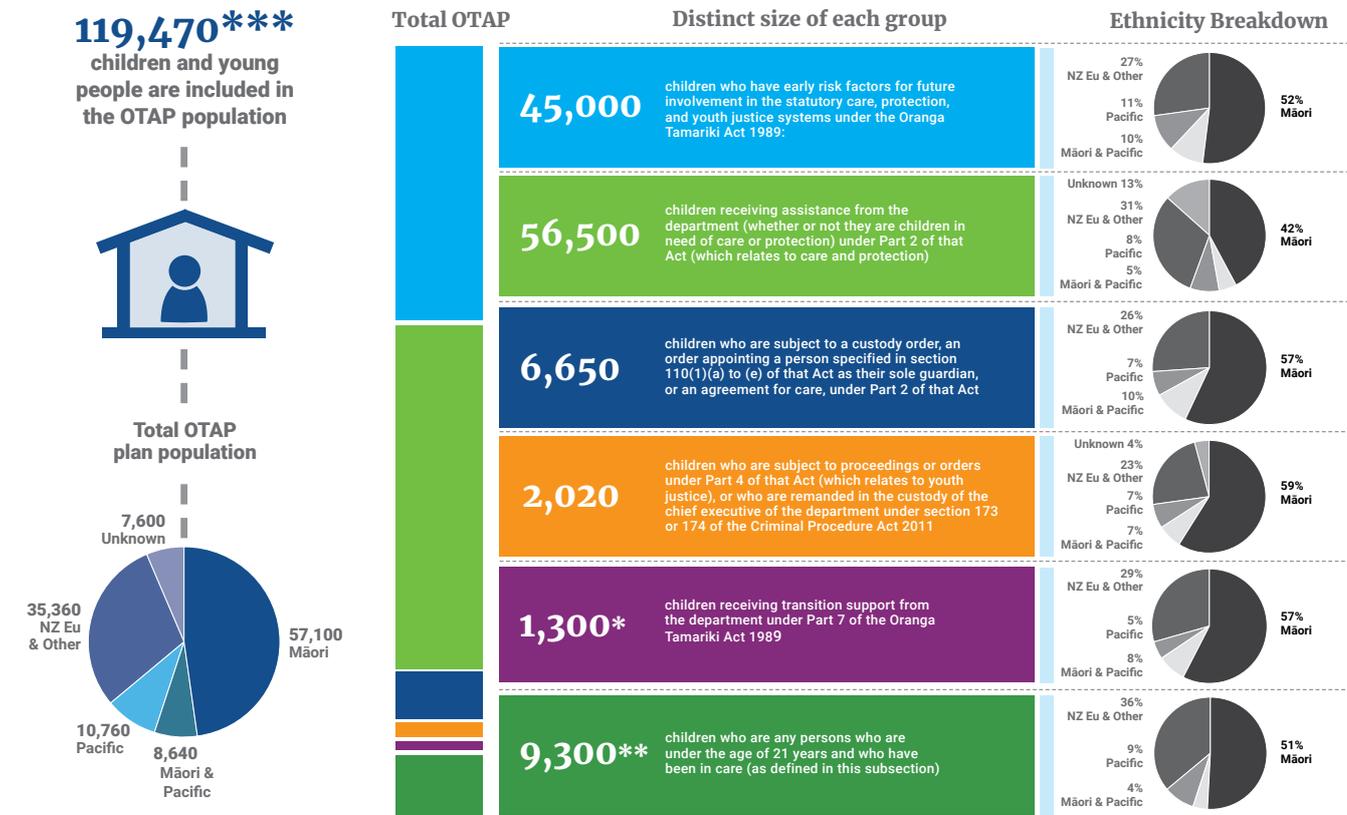
The Action Plan is focused on children and young people with the greatest needs

This Action Plan is a statutory accountability mechanism which requires chief executives of children’s agencies¹ to work together to jointly deliver on steps to promote the best interests and holistic wellbeing of children and young people with the greatest needs (the ‘priority populations’).

The priority populations include children and young people who are at risk of being involved with, are already involved with, or have been involved with our care and protection and youth justice systems². Together, the children and young people in these cohorts number roughly 120,000 children and young people; 67,000 of whom are tamariki and rangatahi Māori, and 20,000 of whom are Pacific.

The children, young people, whānau, and families who Oranga Tamariki works with are among those New Zealanders with the greatest wellbeing needs. Poor outcomes are intergenerational and systemic, the priority populations are likely to have poor long-term, even life-long outcomes in a number of areas without major changes across government.

A key insight from engagement with children and young people in the care system is that they want the same experiences, choices, and opportunities as other children and young people. However, they continue to face barriers to achieving outcomes set by the Child and Youth Wellbeing Strategy. These barriers include limits on access to key health and education services that have the potential to significantly improve their wellbeing and long-term outcomes. Some of these barriers are set out in the Annex.



* This group is not mutually exclusive to other groups. Many of the young people receiving a transitions service are also included in other categories

** If a child has interacted with Oranga Tamariki in the last year they are not included in (c)

*** Excludes the transitions population as these young people are also included across a mixture of other categories

1 Children’s agencies are Oranga Tamariki, New Zealand Police and the Ministries of Education, Social Development, Health and Justice, but other agencies can be involved, such as Te Puni Kōkiri, the Department of Corrections and the Ministry for Housing and Urban Development.

2 See definition of “core populations of interest to the department” in section 5 of the Children’s Act 2014.

Actions will have a significant impact on Māori, Pacific, and disabled people

As we implement this Action Plan to improve the wellbeing and outcomes for the priority populations, we will also consider how outcomes for the following vulnerable groups of children and young people can be supported. In addition to the populations below, agencies will consider the unique and intersecting needs of a range of other population groups in implementation of this plan, including migrant and refugee groups, and young people identifying as SOGIESC (Sexual Orientation, Gender Identity and Expression, and Sex Characteristic) diverse.

Māori and Te Tiriti o Waitangi

Given the over-representation of tamariki and rangatahi Māori in priority populations, the Action Plan seeks to reduce these disparities. Children's agencies have Te Tiriti o Waitangi-related obligations to achieve equity and improve outcomes for tamariki and rangatahi Māori. Our approach and our response to our Te Tiriti commitments must be created in partnership with Māori, whānau, hapū, iwi, Māori organisations, and communities. Under the Oranga Tamariki Act 1989, the chief executive of Oranga Tamariki has specific obligations to improve outcomes for tamariki and rangatahi Māori and uphold and protect the familial structures of whānau, hapū, and iwi. The support of other agencies is required to do this.

³ To estimate the number of disabled children and young people, a proxy measure is often used of the number or percentage that are receiving Disability Support Services (DSS) from the Ministry of Health. We estimate that children and young people with a medical diagnosis that meets the narrow DSS criteria for disability make up at least 10% of the priority population overall, and over 25% of some specific cohorts. However, these rates are underestimates, as administrative data sources only reflect known and met needs, and do not include, for example, children covered by ACC (children who have been injured through family violence, sexual violence or accidents), those who have either not engaged with the medical system or have not received a diagnosis, children with FASD who have an IQ above 70, and those who do not meet thresholds for funding.

"People think you're damaged goods... It becomes your label. You're not a person, you're someone in foster care." Young person in non-family care (from Making Sense of Being In Care report)

Pacific people

A considerable number of Pacific children and young people come to the attention of Oranga Tamariki; many of whom also whakapapa to Māori iwi. The child poverty indicators highlight Pacific children as experiencing greater inequities in relation to having the basic living needs when compared to other population groups. Pacific children are more likely to be admitted to hospital and experience some of the highest disparities in health and wellbeing. Our response will include a significant focus on partnering with Pacific families, providers, and communities to improve outcomes for Pacific peoples, acknowledging that Pacific people are not one group and belong to a range of communities.

Disabled people

Disabled children and young people experience greater inequities and are more likely to be abused and be left in abusive environments when compared to other population groups. The Ombudsman's report He Take Kōhukihuki highlighted the need to uphold the rights of all disabled people Oranga Tamariki works with, including children, young people, and disabled parents in ways consistent with the social and rights-based model of disability. We estimate that in the priority populations, between 10 and 25 percent are disabled children and young people³.

"[It's] all about supporting iwi to lead out for their rohe – that's what the officials have to trust. They're not the point – it's about whānau. Government have to shift their mindset to follow the iwi. [That's the] best way of collectivising and avoiding competition and duplication". – Representative from Oranga Tamariki s7AA strategic partner (Te Kahu Aroha)

To achieve these outcomes for priority populations, joint agency collaboration is needed

The responsibility for improving the wellbeing of children, young people and whānau, preventing the need for children and young people to come into care, and addressing the underlying factors that contribute to offending and reducing the potential for lifelong offending, sits with a range of government agencies and requires a collective approach.

Challenges faced by these families are often complex, compounding, and intergenerational, including the combined impacts of poverty, racism and discrimination, long-term unemployment, low income, poor housing, unaddressed physical and mental health needs, alcohol and drug abuse, and family violence.

A good life "...means that all my needs are met and that I am able to have access to some of my wants. It also means that I have people who can care for me and that I can explore my interests and passions."
15 year old non-binary gender (What Makes a Good Life? Report)

A key issue identified in the report of the Ministerial Advisory Board (Te Kahu Aroha) was the need for collaboration between government agencies.

Māori stakeholders that the Board spoke to talked about agencies working in 'silos'. Many stakeholders also raised the importance of taking a preventative approach, and the need for increased collaboration to achieve this. Māori and communities described a clear need for prevention services to come from them, with Oranga Tamariki and other agencies playing a supporting role.

Oranga Tamariki social workers, alongside all kaimahi working with whānau, need support from other agencies to do their job and build trust with children, young people, families, whānau, and communities. Social workers need to be able to confidently refer children, young people and their families to essential health, education, and youth justice services and alert other agencies to issues that need to be rectified. In addition, access to services and support is critical when young people are leaving care and youth justice residences. There need to be good cross-agency relationships at the front line to support these requirements.

Actions have been developed under four categories

Actions have been developed to drive collaboration across agencies in a way that is guided by evidence, by communities, and by the voices and needs of children, young people, and whānau.

The Actions are set out in the attached appendix under the following four categories:

- short-term practical steps
- building an evidence-based picture of need
- meeting children's and young people's needs and building whānau resilience
- community led, regionally enabled, centrally supported prevention.

A strong and passionate sense of urgency is needed by all agencies to respond immediately to the needs of children, young people and their families and whānau before issues and challenges escalate further impacting on the wellbeing of whānau.

There is a focus on urgent practical short-term actions (actions 1 and 2), as well as more long-term joint actions to meet the identified needs, and achieve the outcomes of the Strategy, for the priority populations (actions 6 to 10). There is a particular focus on urgently meeting the health, education, and housing needs of children and young people, as these are key determiners of wellbeing that other agencies play a lead role in.

Many of the actions will support the Oranga Tamariki Future Direction Plan, particularly those aimed at galvanising cross agency support for local communities, iwi, hapū, NGOs and agencies to take ownership of the local system that supports whānau and prevents harm to children and young people in the way they know will work for their people. This includes urgent actions to ensure communities and iwi have the information they need to develop community solutions (action 5) and commitment to jointly support local and whānau-led system learning approaches, with an initial focus on the first 1,000 days of life (action 11).

The Action Plan supports and builds on change programmes underway across government, both within and between agencies

There are significant reform programmes underway in the education, health, and justice sector, as well as development and implementation of a cross-agency approach to the first 1,000 days, a strategy for Family Violence and Sexual Violence, and a model for regional public service leadership.

Social sector agencies have agreed upon a set of principles that will govern the future of social sector commissioning, with a focus on urgency, local collaboration and relational ways of working. The work that stems from the Action Plan will support and leverage off existing or emerging change programmes and ensure that it aligns with and complements the strategic direction of other relevant initiatives, avoiding duplication of efforts.

In common with many of these change programmes, this Action Plan:

- has a focus on prevention, by aiming to urgently intervene before issues and challenges emerge, escalate, and contribute to negative long-term outcomes
- looks to encourage agencies to act as one team, with a sole focus on resolving issues facing children and their whānau involved with Oranga Tamariki
- supports partnership and collaboration with hapū, iwi, and Māori organisations and empowers the voices of tamariki and rangatahi Māori, and their whānau
- aims to bring direction and decision making on service and system design to a local community or regional level, where the specific opportunities and challenges of that area can be taken into account by local people who know what will work.

Youth Crime Action Plan

Young people in the youth justice system, or with early risk factors for contact with the youth justice system, are priority populations for the Action Plan, and are also the focus of the Youth Crime Action Plan (YCAP). Oranga Tamariki, New Zealand Police, the Ministry of Justice, Ara Poutama - Department of Corrections, Ministry of Health, Ministry of Education and Te Puni Kōkiri will continue to implement the YCAP.

The YCAP is aligned with this Action Plan, with a focus on prevention of harm and offending, and driving locally led solutions. It currently has two workstreams underway: improving responses to children with offending behaviour, and young people with neurodiversity challenges.

The YCAP expires in 2023, at which point agencies can consider what actions or tools are needed to support cross-agency work.

*We will measure,
respond, and learn
as we go*

“Not just Oranga Tamariki, but bringing all the agencies together and committing them to this kaupapa, to model and commit. This is the kaupapa that can/should/must bring them together”.
– Māori stakeholder (Te Kahu Aroha)

A key focus of the Action Plan is to develop and build on the evidence and insights we have about priority populations and their needs. We will develop a whole-of-government picture, including evidence of the key gaps and problems within the system, and how the system is or is not meeting needs.

We will learn from insights from regions and communities about their needs and aspirations, as well as evaluations of initiatives and actions. Agencies will take an agile approach to respond to this evidence as it emerges. This means that the Action Plan, and joint priorities across agencies, will evolve over time.

Children’s agencies are jointly responsible for delivering on the Action Plan. The Social Wellbeing Board⁴ and the Child and Youth Wellbeing Ministers, led by the Minister for Children, will provide monitoring and oversight of implementation of the Action Plan.

In addition, the Independent Monitor of the Oranga Tamariki System will play an important role to assess the contributions of all agency partners to meeting the wellbeing needs of children, and the impact of policies and practices of relevant agencies on the priority populations.

Implementation and evaluation of the actions will be reported on, and a new version will be released, following the upcoming review of the Child and Youth Wellbeing Strategy.

⁴ The Social Wellbeing Board is a group of chief executives of social sector agencies that meet regularly, including the chief executives of the children’s agencies.

Annex: barriers and risks faced by children and young people in priority populations

Health and wellbeing

- The children, young people, and their families and whānau that Oranga Tamariki are involved with often have multiple, complex needs, including the combined impacts of poverty, racism and discrimination, long-term unemployment, low income, poor housing, unaddressed physical and mental health needs, alcohol and drug abuse, family breakdown and family violence.
- Children in care are significantly more likely to have a diagnosed disability than other children known to Oranga Tamariki. This is associated with additional support needs for schooling, along with more frequent contact with hospitals and mental health service providers.
- One in seven children in New Zealand grow up in violent homes. One in three girls, and one in seven boys, are subject to some form of sexual abuse by the time they reach sixteen years.
- Traumatic experiences increase the likelihood of experiencing poor mental health and addictions.
- Young people in care are significantly more likely to develop adult health conditions. Mental health treatment and substance use treatment is much more prevalent for the cohorts that have had prior interaction with Oranga Tamariki.

Stigma and discrimination

- It is likely that the ongoing impacts of colonisation and racism have contributed to the disproportionate number of reports of concern received for tamariki Māori, and tamariki Māori are more often referred for further assessment or family group conference (FGC).
- Children and young people in the care and youth justice systems often experience stigma and discrimination as a result of their involvement in the system.
- This can be compounded with stigma resulting from other factors, for example disability or identifying as SOGIESC (Sexual Orientation, Gender Identity and Expression, and Sex Characteristic) diverse. Gender diverse children and young people are 5 times more likely to be involved with Oranga Tamariki.

Youth Justice

- Children and young people with offending behaviours have usually experienced disproportionate socio-economic deprivation and are more likely to have parents who have had interactions with Oranga Tamariki as children when compared to the rest of the population (particularly Family Group Conferences and care experience).
- Children aged 0-5 years with a parent with a corrections history are 8.7 times more likely to have an Oranga Tamariki placement.
- People with FASD and other neurodiversity are likely to be overrepresented in the youth justice system. FASD and neurodiversity impacts on a child or young person's behaviour and the interventions that may be appropriate for them.
- Children and young people who have statutory involvement with both care and protection and youth justice have poorer wellbeing indicators at age 17. In their early adult life they are more likely to receive a benefit, less likely to be engaged in education and more likely to receive mental health or substance use treatment.
- Children and young people who have statutory youth justice involvement are more likely as an adult to offend and receive multiple corrections sentences by the age of 22.

Whānau centred services

- Traditional policy approaches to improve outcomes for individuals have delivered poor outcomes for Māori.
- Traditional Māori society is based on collectives. Whānau are the foundation of Māori society, and are the fundamental transformational change agent for wellbeing and intergenerational change.
- There are not enough whānau-centred services and supports, and not enough are based in tikanga Māori and delivered by iwi and Māori organisations.

Education

- Care-experienced children and young people are much more likely to change schools – which often negatively affects learning, social skills, and relationships.
- Caregivers, social workers, and teachers need to believe in the potential of children and young people, and advocate to have their needs identified and met (such as learning support needs).
- Children who are in care or have care experience have significantly higher representation across a range of school disengagement indicators. They are significantly less likely to achieve NCEA level 2 and are more likely to have negative outcomes as a result, such as benefit dependency, offending, and not being in education, employment, or training.

Cultural connection

- Connection to culture is integral to wellbeing. Children and young people need to be recognised as part of their whānau, hapū, iwi, family and community.
- Children want to, and it is important that they, feel a sense of belonging. However, for children in care, caregivers may not have the support to navigate and encourage connection with Māori and Pacific culture.

Transition to adulthood

- The government services system is difficult to navigate for young people. This makes it challenging for young people to receive support in key areas, such as mental health, housing, income and employment support. The economic and social impacts of COVID-19, particularly lower employment opportunities, are likely to fall disproportionately on these young people.
- Young people leaving care face additional challenges as they move to independence, such as difficulty accessing support to find accommodation or jobs.

COVID-19

- It is expected a number of longer-term impacts of COVID-19 and our pandemic response will become visible over the course of children and young peoples' lifetimes.
- The number of children experiencing material hardship is expected to increase and those children will be more likely to experience worse cognitive, social, behavioural, and health outcomes both during childhood and into adulthood.
- Increased economic pressure can be associated with higher levels of family harm. Childhood exposure to family violence and poor mental health increases the risk of mental distress and substance-related harm in adult life.
- Educational disengagement arising from school closures is a risk both from an inequity of opportunity perspective and for increased youth unemployment.



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