



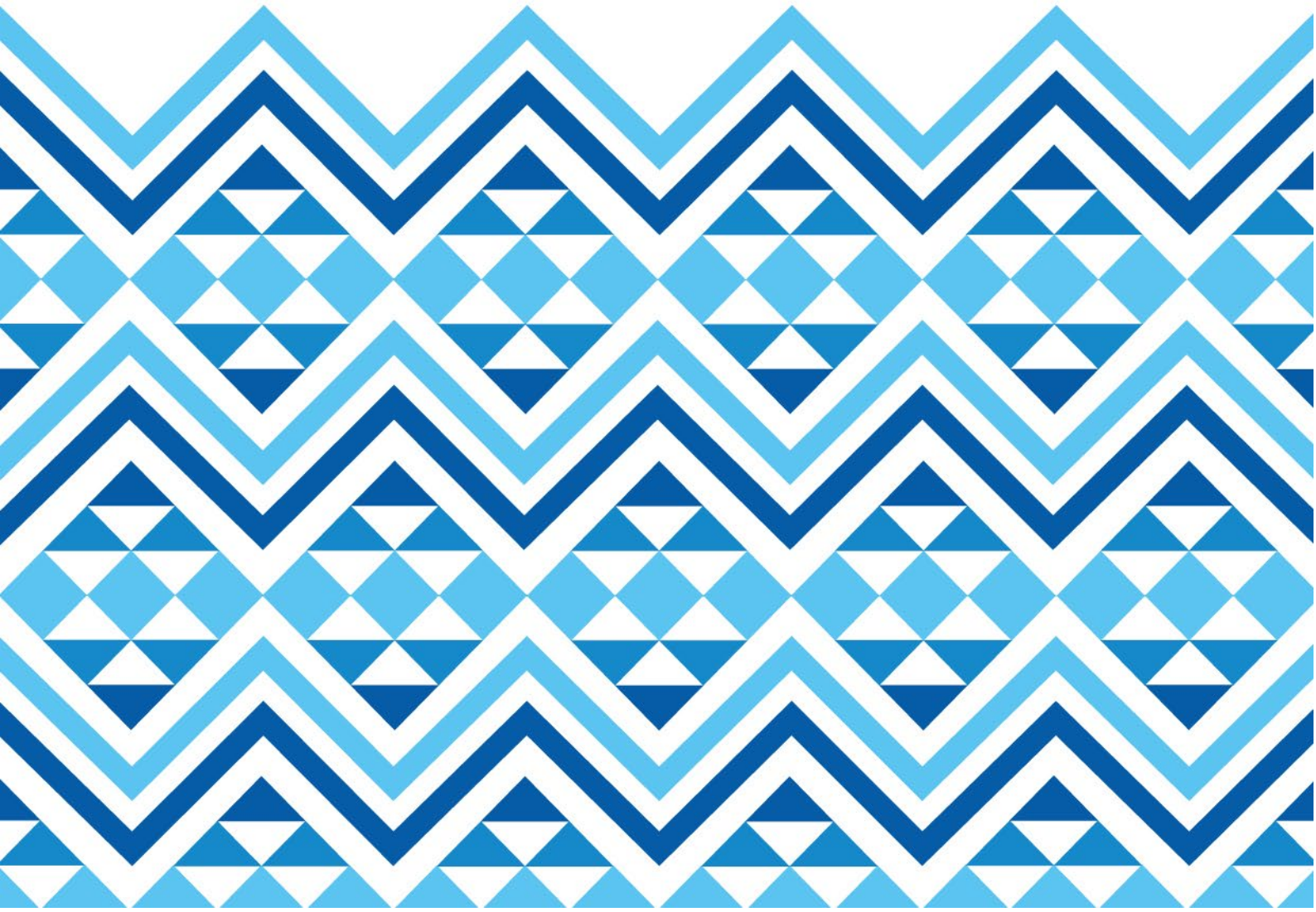
**ORANGA  
TAMARIKI**  
Ministry for Children

**EVIDENCE CENTRE**  
TE POKAPŪ TAUNAKITANGA

New Zealand Government

# Transition Support Services

**Post care outcomes analysis by Transition  
Support Services eligibility populations**



The Oranga Tamariki Evidence Centre works to build the evidence base that helps us better understand wellbeing and what works to improve outcomes for New Zealand's children, young people and their whānau.

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Oranga Tamariki has made every effort to ensure the information in this report is reliable, but does not guarantee its accuracy and does not accept liability for any errors.

These results are not official statistics. They have been created for research purposes from the Integrated Data Infrastructure (IDI) which is carefully managed by Stats NZ. For more information about the IDI please visit

<https://www.stats.govt.nz/integrated-data/>

The Stats NZ Integrated Data Infrastructure (IDI) is the source for all tables, graphs, and data that are presented in this report. The Authors take full responsibility for the paper, Stats NZ will not be held accountable for any error or inaccurate findings within this report and acknowledge that access to data is in accordance with the Data and Statistics Act 2022.

The results are based in part on tax data supplied by Inland Revenue to Stats NZ under the Tax Administration Act 1994 for statistical purposes.

Any discussion of data limitations or weaknesses is in the context of using the IDI for statistical purposes and is not related to the data's ability to support Inland Revenue's core operational requirements.

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## Introduction

This report compares key socio-economic outcomes between young people who have left care and young people who have not been in care. It also compares outcomes between care experienced young people who are eligible for the Transition Support Service and care experienced young people who are ineligible for the service.

The Transition Support Service helps young people leaving care or youth justice placement with housing, employment, education and training, legal advice, and everyday things such as obtaining a driver's licence or grocery shopping. Young people are eligible for the Transition Support Service if they:

- are aged from 15 to 25 years old
- have been in care for a continuous period of at least 3 months at any time from the age of 14 years and 9 months
- have been, during that period:
  - in a care or protection placement, and/or
  - in a youth justice residential placement (including remand), and/or
  - in Police custody (remand), and/or
  - under a remand or prison sentence in the adult justice system before turning 18.

Note that this must have been in the care or custody of the chief executive, an iwi social service, a cultural social service, or in some cases the director of a child and family support service. Court wardship under the Care of Children Act 2004 is also included.

Eligible young people are entitled to advice and assistance regardless of whether they:

- have received support before they left care or custody, or a youth justice residential placement
- are living with a caregiver as part of the entitlement to remain or return to live with a caregiver
- are parents or expectant parents.<sup>1</sup>

For this report, the age of leaving care groupings do not include the qualifier of having been in care for three months or more.

## Key findings

Our analysis found that outcomes were worse for care experienced young people than non-care experienced peers, across all domains. Care experienced young people are:

- Less likely to achieve NCEA qualifications at all levels
- Less likely to enroll in bachelor's level or higher tertiary qualifications
- More likely to receive benefits, and spend longer receiving benefits on average

<sup>1</sup> <https://practice.orangatamariki.govt.nz/policy/transition-to-adulthood-advice-and-assistance/>

- More likely to be not in employment, education, or training (NEET) and spend longer NEET on average
- More likely to have community-based, justice or remand sentencing, and spend longer in prison or remand
- More likely to receive mental health or substance use treatment
- More likely to be hospitalised or present to the emergency department.

When care experienced young people are grouped by age, young people who leave care aged 12-14 show worse outcomes than young people who leave care aged 15 and over (eligible for Transition Support<sup>2</sup>) and young people who leave care under the age of 12.

Young people who leave care aged 12-14 are, compared to other age groups:

- Less likely to achieve NCEA qualifications at all levels
- Less likely to enroll in bachelor's level or higher tertiary qualifications
- More likely to receive benefits, and spend longer receiving benefits on average
- More likely to be not in employment, education, or training (NEET) and spend longer NEET on average
- More likely to have community-based, justice or remand sentencing, and spend longer in prison or remand
- More likely to receive mental health or substance use treatment
- More likely to be hospitalised or present to the emergency department.

## Methods

This report discusses the difference in outcomes between care experienced and non-care experienced young people first. It then considers the difference in outcomes for care experienced young people by age and eligibility.

Data for this report was drawn from the Stats NZ Integrated Data Infrastructure (the IDI). The population selected for analysis was New Zealand resident 15 to 17-year-olds as of December 2019. This population was made up of 187,940 children and young people:

- 179,610 who were never in care.
- 8,000 who left care of which:
  - 19% were under the age of 12 when they left care,
  - 4% were aged 12 – 14,
  - and 77% were 15+.
- 340 who were in Corrections and Youth Justice placements before exiting care. This population is not eligible for the Transition Service and is excluded from this analysis.

For those in care, age is defined by the age they were when they left care custody. The care population for this report includes young people who were in care for any

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<sup>2</sup> For this analysis, length of time in care was not used as a criterion. However, to be eligible for Transition Support, young people must have been in care for at least three months before the age of 15.



period. The selection criteria do not include the added threshold for the Transition Service eligibility, where a child must be in Care and Protection or Youth Justice custody for continuous period of 3 months after the age of 14 years and 9 months.

Outcomes results were simulated using the Children’s Wellbeing Model. This means that modelling is used to assume the most likely outcomes for each individual, based on data about them and similar young people from the IDI. Modelling was completed by analysts at EY. Young people were aged 15 to 17 as of December 2019, and their experiences are projected by the model to age 24. Throughout the report, outcomes are generally discussed as outcomes between ages 17-24 – however, for individuals aged 15 or 16 as of December 2019, their projected outcomes will also include outcomes from the age of 15 or 16.

Where age breakdowns are provided, this is based on the age a child or young person exited care.

The following outcomes have been analysed:

- Education and Tertiary education, further education
- Employment
- Justice outcomes
- Health outcomes, including
  - Mental health outcomes
  - Substance use treatment
  - Hospitalisations.

The measures presented look at the percent of young people that would experience the given outcome at least once between ages 17 and 24 based on modelling. For example, the measure “percent of young people with prison or remand sentencing” looks at the proportion of young people who had at least one projected instance of prison/remand sentencing between ages 17 and 24.

Where quarters are discussed, this refers to the count of quarters in which an outcome was experienced out of a total of 28 possible quarters in the 7 years covered between ages 17 and 24.

Prioritised ethnicity has been used for the purposes of this analysis. This means a young person will only be present in one ethnicity grouping for each measure. Ethnicity has been prioritised by ‘Māori’, ‘Pacific’, and ‘NZ European & Other’.

Where time is discussed, for example, average time spent receiving a benefit, this only includes young people for whom that condition applies (so average time on benefit only includes young people who have received benefits). All numbers have been rounded to the nearest 10.

## Limitations

Some of the indicators in this report are used to denote need, however this should be considered with caution. Service use can denote met need or some met need (where some needs are met but there are further unmet needs). It does not cover all avenues of service use consumption to meet needs. For instance, service use does not give a true prevalence of mental health need because it does not include unmet need – where a person has need for a mental health service but does not receive treatment. Low levels of service usage may also be caused by limited service availability. In some areas in New Zealand, waiting times for mental health services can be long, or some services may not be available without travelling.

The mental health service use indicator uses data from the Ministry of Health PRIMHD collection ([PRIMHD – mental health data | Ministry of Health NZ](#)), and pharmaceutical prescribing data for drugs used in the treatment of mental health conditions with a single dispense threshold. This measure does not cover private funding (including by health insurance), community services provision (such as church providers), or ACC Sensitive Claims, which funds mental health treatments for those that have experienced sexual abuse or sexual assault. One out of every thousand young people have been found to have been sexually abused based on an analysis of Oranga Tamariki investigations or assessments <sup>3</sup>.

Those in care are far more likely to have experienced abuse and trauma. Trauma is an injury which requires treatment to remedy. Therefore, it is expected that care populations have much higher rates of mental health treatment than non-care experienced people.

While New Zealand European and Other report the highest rate of mental health treatment, there are multiple sources including Youth19, the Stats NZ Disability Survey, and the Ministry of Health New Zealand Health Survey, that indicate that Māori and Pacific Peoples report a higher prevalence of mental health issues. The difference in findings is likely due to different patterns of service utilisation between these groups.

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<sup>3</sup> [At-A-Glance-Harm-to-Children-in-New-Zealand.pdf \(orangatamariki.govt.nz\)](#)



## Difference in outcomes between care experienced and non-care experienced children and young people

- Care experienced young people are less likely to receive any NCEA qualification before age 24.
- Care experienced young people are as likely as non-care experienced young people to be enrolled in tertiary education levels 1 to 6, such as vocational training.
- Non-care experienced young people are more likely to be enrolled in tertiary education at Bachelor level or above (7+) than care experienced young people and are more likely to complete a qualification at Bachelor level or above.

Young people who have spent time in care have poorer projected outcomes in many areas than non-care experienced young people, including:

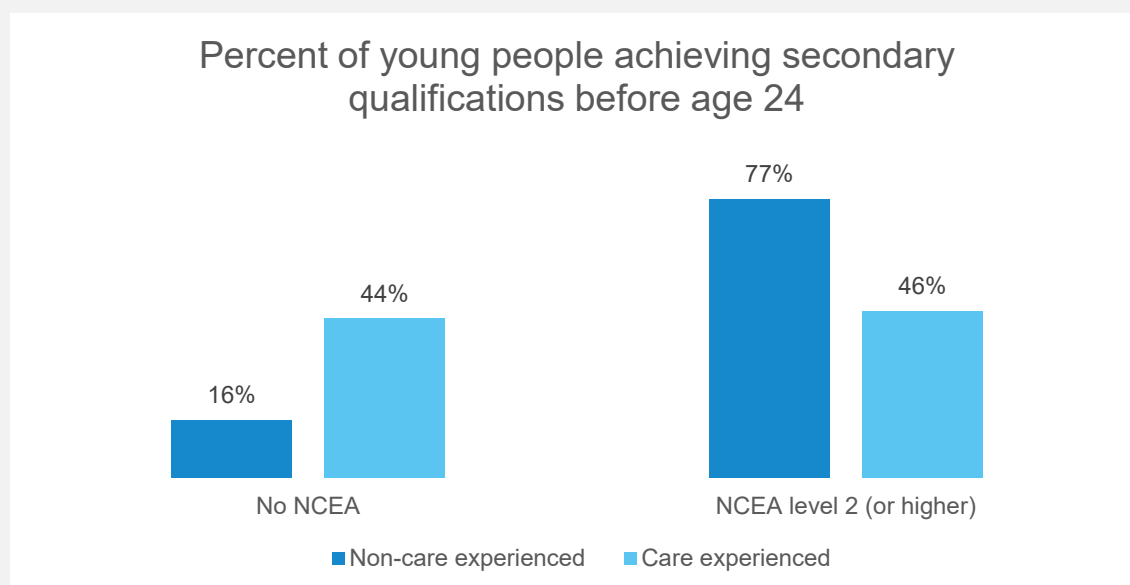
- Educational achievement at secondary and tertiary level
- Time spent not in employment, education, or training (NEET)
- Time spent on an income support benefit
- Rate and length of community, remand, and prison sentencing
- Likelihood of and time spent receiving both mental health and substance use treatment.

As discussed later in this report, these outcomes are also worse for care experienced young people who leave care aged 12-14.

### Less than half of care experienced young people obtain level two NCEA qualification

New Zealand children are required to attend school until they are 16 years old. At 16, children have participated in year 11 (form 5) and had the opportunity to complete NCEA level 1 and have possibly also participated in year 12 (form 6) and had the opportunity to complete NCEA level 2. At the age of 16 students can leave study, continue study at a secondary level, or enter tertiary education.

Care experienced young people were far less likely to have received any NCEA qualification (NCEA level 1 and above) before the age of 24. Forty-four percent of care experienced young people had not received any NCEA qualification by age 24 compared to 16% of young people with no care experience. Care experienced Māori rangatahi were most likely to not receive any NCEA certification by the age of 24 (46%).



Less than half (46%) of care experienced young people achieved at least NCEA level two by 24 years of age, compared with 77% of non-care experienced young people. Of care experienced young people, Māori rangatahi were least likely to receive any NCEA certification level two and above (43%.) and Pacific young people were most likely to receive any NCEA certification level two and above (54%.)

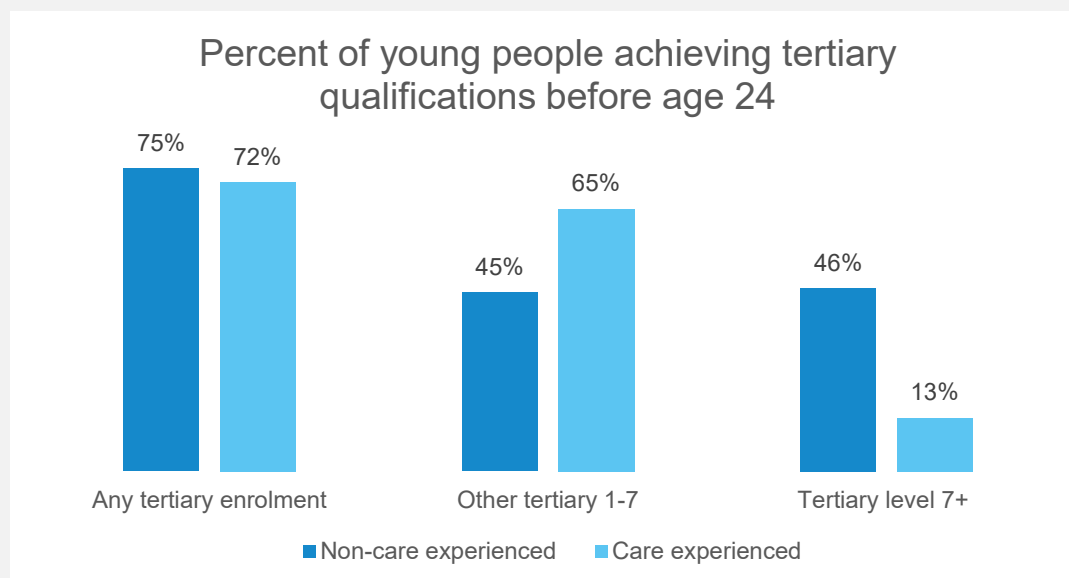
### Care experienced less likely to engage in bachelor level (NZQA7+) tertiary education, more likely to be obtain other tertiary education (NZQA 1 – 6)

Tertiary education providers offer courses which range from transition (school to work) programmes to postgraduate study and research. Tertiary education can include university degrees, vocational degrees, and Private Tertiary Education programmes in specific vocational niches. More details on tertiary education are provided in Appendix 3.

Care experienced young people were slightly less likely to be enrolled in any kind of tertiary education at least once (62%) than those who have not been in care (75%.) Care experienced young people were more likely than their non-care experienced peers to be enrolled in other tertiary education below bachelor’s level (NZQA level 1-7) and spent similar time in these tertiary settings than those without care experience. This could include vocational training or education and catching up on NCEA certificates not completed in high school.

Care experienced young people were far less likely to ever enrol in tertiary education at bachelor’s level and above (NZQA 7+.) The admission requirement for this level of education is NCEA level 3, with a specified level of achievement in approved subject areas, as well as basic literacy and numeracy requirements. As previously discussed, 44% of care experienced young people have not received any NCEA

levels and are therefore ineligible to participate in this level of study unless they meet the requirements to enter as an adult student after age 20, which vary by university.



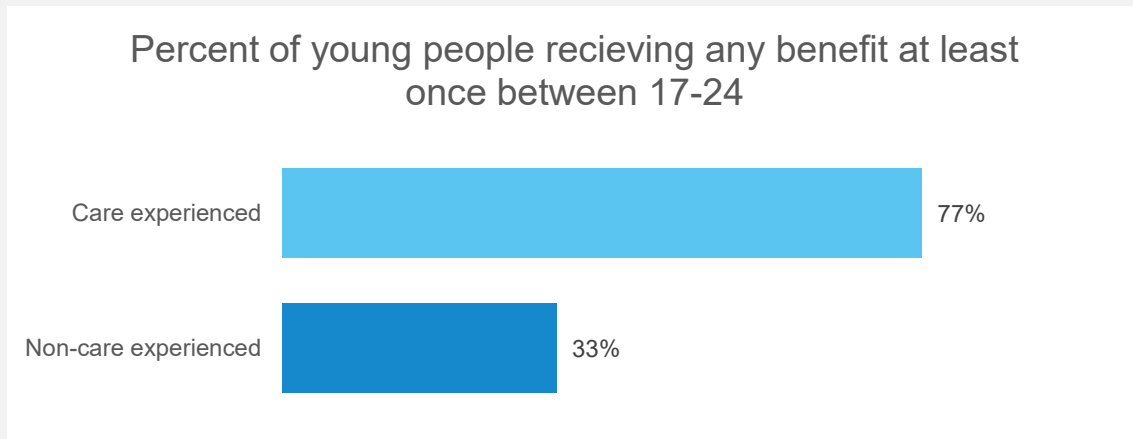
If they did enrol for tertiary education at bachelor's level and above (NZQA 7+), care experienced young people spent similar amounts of time attending this education (10.6 quarters) to those without care experience (12.6 quarters). There were only two quarters (six months) difference between the two groups. However, young people without care experience were more likely to have been in bachelor's level and NZQA 7+ education long enough to complete the qualification (12 quarters).

### Care experienced young people have higher rates of benefit utilisation

- Care experienced young people are significantly more likely to have been on a benefit at some time between ages 17 and 24.
- Of young people who access any of the four main benefits, care experienced spend more time receiving a benefit than non-care experienced young people.

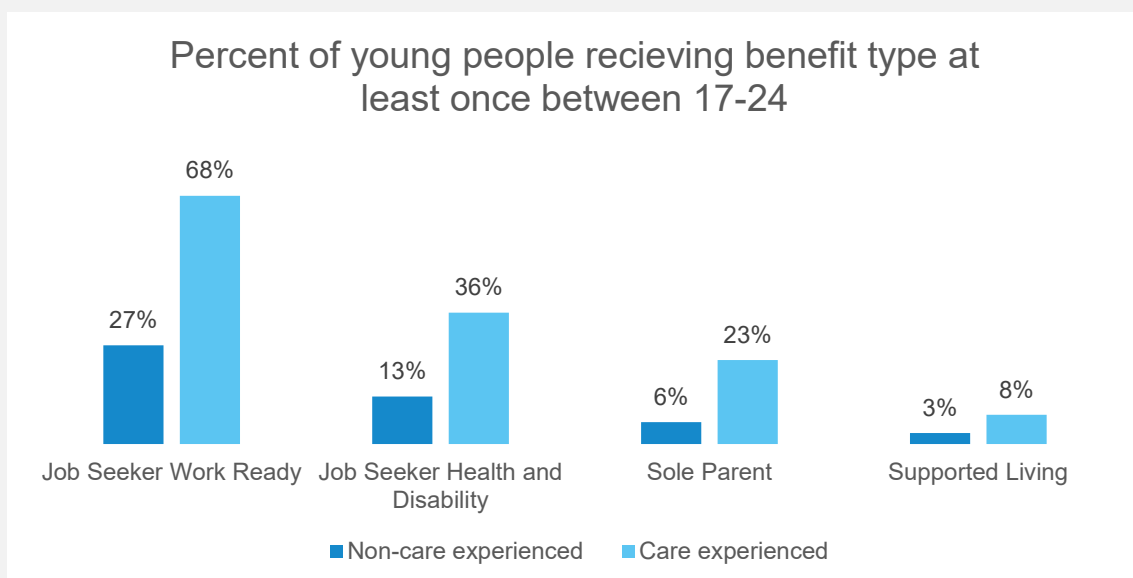
Care experienced young people are far more likely than those without care experience to be projected to be on any benefit at least once. Seventy-seven percent of care experienced young people have been on a benefit at some time between ages 17 and 24, compared with 33% of those who are not care experienced. This includes Jobseeker Support, Jobseeker Support (health condition, injury or

disability), Sole Parent Support, and Supported Living Payment. Explanations and eligibility criteria for these benefits are contained in Appendix 2.



Care experienced young people are more likely to receive benefits, and also receive these benefits for a longer amount of time – an average of 14.0 quarters on any benefit compared to 8.9 quarters for young people who have never been in care.

The most common benefit utilised by care experienced young people was Jobseeker Support (68%), followed by Jobseeker Support (health condition, injury or disability) (36%). Nearly one quarter of care experienced young people used the Sole Parent Support benefit at least once (23%.)



Of those on the Jobseeker Support benefit, care experienced young people spent an average of eight quarters (two years) on this benefit between ages 17 and 24. This is compared to five quarters (1.25 years) for non-care experienced using the main Jobseeker Support benefit.

Pacific peoples were the least likely care experienced young people to receive any benefit and spent the least time receiving any benefit. Māori rangatahi were most likely of the care experienced group to use Jobseeker Support and Sole Parent Support. New Zealand European/Other and Māori care experienced young people

were equally likely to utilise Jobseeker Support (health condition, injury or disability) at least once, with 36% of both groups accessing this benefit.

Young people are more likely to experience unemployment. The unemployment rate of young New Zealanders has decreased following initial COVID-19 impacts but is three times the national average. In the September 2021 quarter, the unemployment rate for people aged 15–24 was 9.6%, compared with a national rate of 3.2% and a rate of 2.3% for people aged 25–64.

Some young people receiving benefits may also be undertaking unpaid activities, sometimes up to and over the equivalent of a full-time job. The Sole Parent Support benefit is provided to parents with children under 4 so they can focus on caring for their children. After children reach the age of 4, parents are supported to find part-time work while still receiving the Sole Parent Support benefit so they can remain available for their children. The Supported Living Payment is also available to people caring for someone with a health condition or disability who is not their partner, which may be physically and mentally demanding unpaid work.

It is important to note that some benefits can be used when a person has part time employment, and so can denote underutilisation (where a person would like to work more hours than they are offered) as well as unemployment. More information on these benefits can be found in Appendix 2.

### Care experienced young people spend longer not in employment, education, or training

- Most young people are not in employment, education, or training (NEET) at least once between ages 17 and 24, whether care experienced or not.
- Care experienced young people are more likely to be chronically NEET than non-care experienced young people.
- Of care experienced young people, Pacific young people were most likely to be never NEET and spent the least amount of time NEET.

Ninety-four percent of care experienced young people have been not in employment, education, or training (NEET) at least once between ages 17 to 24, compared to 80% of non-care experienced young people. These ages are a transitional life stage and for the total population the Household Labour Force Survey found 12.1 percent of people aged 15 – 24 were NEET in the June 2022 quarter<sup>4</sup>.

However, care experienced young people were more likely to experience chronic NEET, defined here as spending at least 1.75 years NEET. Sixty-three percent of care experienced young people were chronically NEET, compared to 28% of young

<sup>4</sup> Household labour force survey: June 2022 quarter <https://www.stats.govt.nz/information-releases/labour-market-statistics-june-2022-quarter/>

people without care experience, of the 7-year period. Nearly a third (31%) of care experienced were NEET for 3.5 years and 9% were NEET for over five years.

### Time people spent NEET between ages 17-24<sup>5</sup> of those who were ever NEET

	25% of quarters	50% of quarters	75% of quarters
Care experienced	63%	31%	8%
Non-care experienced	28%	9%	2%

Ten percent of Pacific care experienced young people were never-NEET between ages 17 and 24. Five percent of care experienced Māori and six percent of care experienced NZ European and Other were never NEET. Of those that were NEET, Pacific care experienced young people spent less time out of employment, education, or training.

### Young people with care experience are more likely to offend at low and high levels later in life

- Care experienced young people were more likely to have at least one instance of low-level and/or high-level offending between ages 17 and 24.
- Care experienced young people received slightly longer prison or remand sentences than non-care experienced young people.

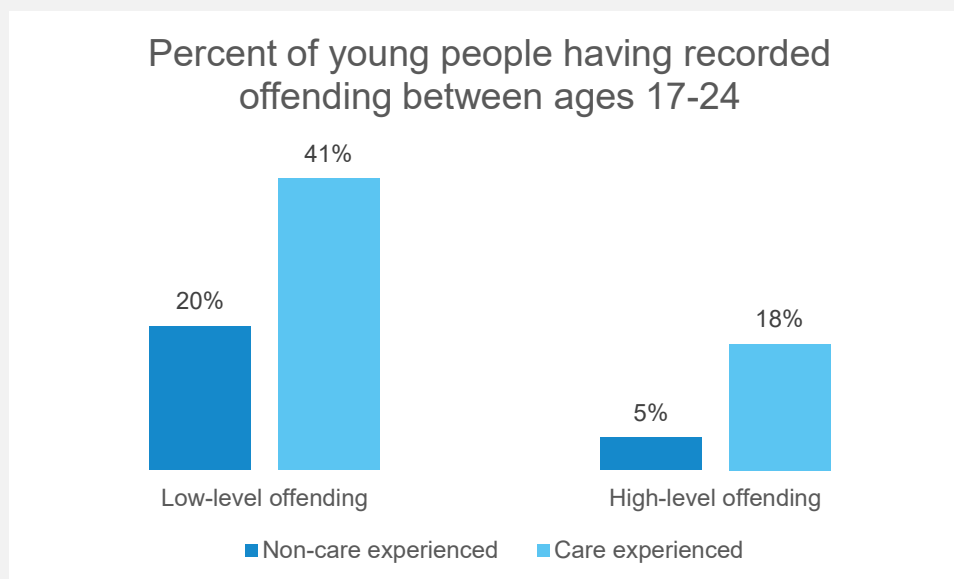
Young people with care experience were twice as likely to have at least one instance of low-level offending between ages 17 and 24<sup>6</sup>. Forty-one percent of care experienced young people had at least one instance of low-level offending compared to 20% of young people without care experience.

Young people with care experience were three times more likely to have at least one instance of high-level offending between ages 17 and 24. Eighteen percent of care experienced young people had at least one instance of high-level offending, compared to 5% of young people without care experience.

<sup>5</sup> Note that young people who are NEET for 75% of quarters will also be included in the percent who were NEET for 50% and 25% of quarters, and young people NEET for 50% of quarters will be included in 25% of quarters, as the table includes all young people included in each category.

<sup>6</sup> Level of offending is calculated using Australia and New Zealand Standard Offence Classifications and offence seriousness scores from Police Recorded Crime Offenders Statistics. Low-level offence examples include drug possession, graffiti, and wilful property damage. High-level offence examples include aggravated burglary, arson, and serious violence.





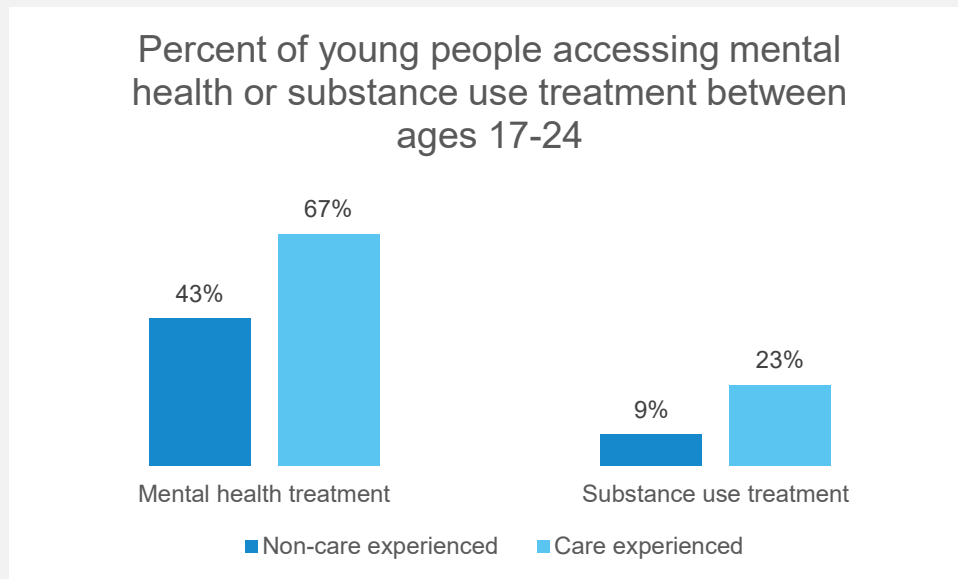
Māori with care experience were most likely to have low or high level offending (19% and 43%), followed by NZ European and Other (16% and 39%); and then Pacific (14% and 34%).

### NZ European and Other ethnicities are more likely to receive mental health treatment, despite Māori and Pacific reporting higher rates of anxiety and depression

- Care experienced young people were more likely to receive both substance use treatments and mental health treatments and receive both types of treatment for longer.
- Māori and Pacific care experienced rangatahi were less likely to receive mental health treatment but report higher rates of anxiety and depression than NZ European or Other ethnicity young people.
- Care experienced young people were more likely to have a hospitalisation or emergency department presentation.

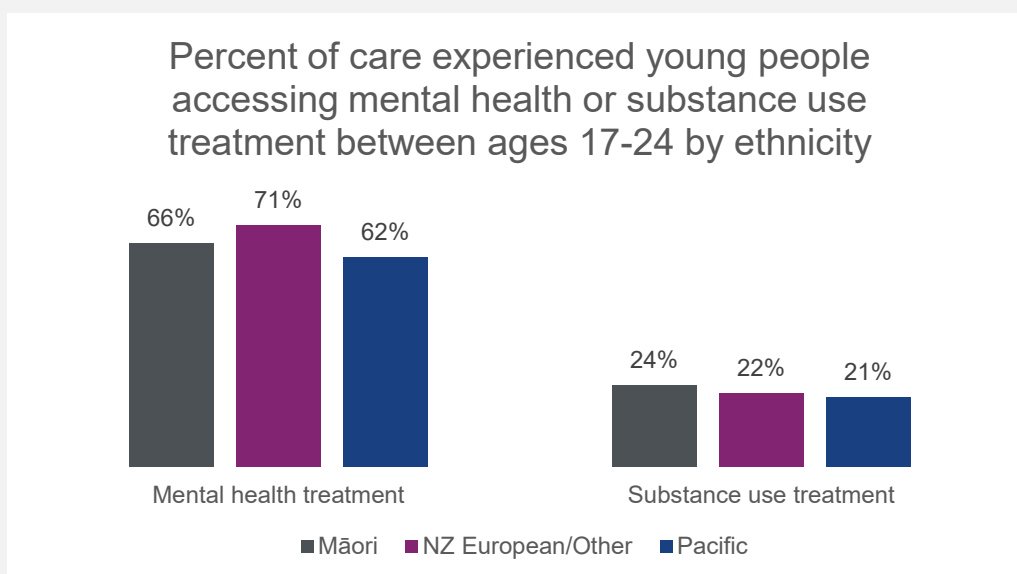
Two thirds of care experienced young people have had mental health treatment between ages 17 and 24. Two thirds (67%) of care experienced young people had mental health treatment between ages 17 and 24<sup>7</sup> (compared with 43% of those without care experience). Of those receiving mental health treatments, care experienced young people received these treatments for three months longer (one quarter) on average compared to those without care experience.

<sup>7</sup> The mental health treatment flag uses data from the Ministry of Health PRIMHD collection ([PRIMHD – mental health data | Ministry of Health NZ](#)), and pharmaceutical prescribing data for drugs used in the treatment of mental health conditions with a single dispense threshold.



It is expected the need for mental health treatment is higher in care experienced young people than for other people. Care experienced people may have a substantiated abuse finding including physical abuse, sexual abuse, or neglect. Methamphetamine is also a common factor for children entering care. Trauma and abuse can cause mental illnesses such as anxiety, depression, and post-traumatic stress disorder.

Rates of mental health treatment were highest for New Zealand European and Other ethnicities and were lower for Māori and Pacific. However, Māori and Pacific Peoples are more likely to report symptoms of anxiety and depression across many other data sources such as the New Zealand Health Survey<sup>8</sup> and the Youth19 Survey<sup>9</sup>. Therefore, this data suggests that mental health care utilisation is higher for New Zealand European and Other care experienced young people; and that care experienced Māori and Pacific rangatahi are likely to have significant unmet need.



<sup>8</sup> [New Zealand Health Survey | Ministry of Health NZ](#)

<sup>9</sup> [Youth19 Rangatahi Smart Survey reports | Oranga Tamariki — Ministry for Children](#)

Nearly one quarter (23%) of care experienced young people had accessed substance use treatment, which is more than twice that of young people without care experience (9%). Of those accessing substance use treatment, young people with care experience spent more time receiving these treatments than those without care experience. Care experienced young people received substance use treatments for approximately one quarter (three months) longer than those without care experience. Substance use treatment trends were similar across ethnic groups.

On average care experienced young people had twice as many hospitalisations or emergency department presentation than non-care experienced young people. There are similar trends of Potentially Avoidable Hospitalisations<sup>10</sup> between care experienced young people and those without care experience.

There are no significant differences in trends between ethnic groups except that NZ European and other care experienced young people had slightly more emergency department admissions on average (5.04) compared to Māori (4.86) and Pacific Peoples (4.63.)

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<sup>10</sup> Potentially Avoidable Hospitalisations are injury and medical hospitalisations where hospitalisations could have been avoided by the provision of appropriate health care interventions, early disease management, public health interventions, or social policy interventions.

## Difference in outcomes for care experienced children and young people by age and eligibility

In this section, three groups of young people are discussed:

- Those who left care aged 11 and under (referred to as “young people 11 years and under”)
- Those who left care aged 12 to 14 (referred to as “12-14-year-old young people”)
- Those who left care aged 15 or above (referred to as “young people 15 years and over”).

Young people are eligible for the Transition Support Service if they leave care after the age of 15 and have spent three continuous months in care. For this analysis, the three-month requirement has not been included in the population selection, so age acts as a proxy for eligibility, with young people 15 years and over eligible and the other two age groups ineligible.

There is significant variance when looking at outcomes by age, especially for those who exit care aged 12 to 14 compared to those who leave care at other ages.

12-14-year-old young people have worse outcomes compared to other age groups in:

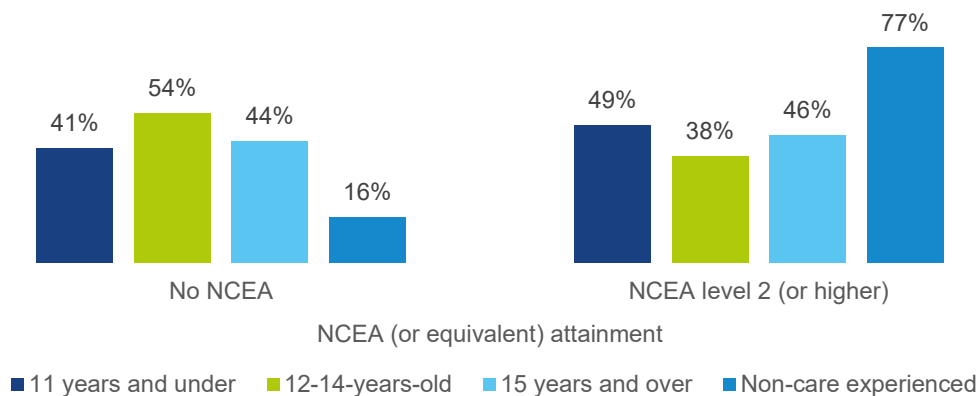
- Educational achievement at secondary and tertiary level
- Time spent not in employment, education, or training (NEET)
- Time spent on an income support benefit
- Rate and length of community, remand, and prison sentencing
- Likelihood of and time spent receiving both mental health and substance use treatment.

### Educational achievement at NCEA and tertiary level is worse for young people who leave care aged 12-14

- 12–14-year-old young people were least likely to have received any NCEA qualification, or to have achieved NCEA level 2 or above.
- They were also less likely to have entered a bachelor level tertiary qualification and spent less time in this tertiary education if they did enrol.

Fifty-four percent of 12-14-year-old young people had not received any NCEA qualification before the age of 24, compared with 44% of young people 15 years and over and 41 percent of young people 11 years and under. Young people who left care aged 12-14 were also less likely to receive a level 2 or higher NCEA qualification (38%) compared to the other age groups.

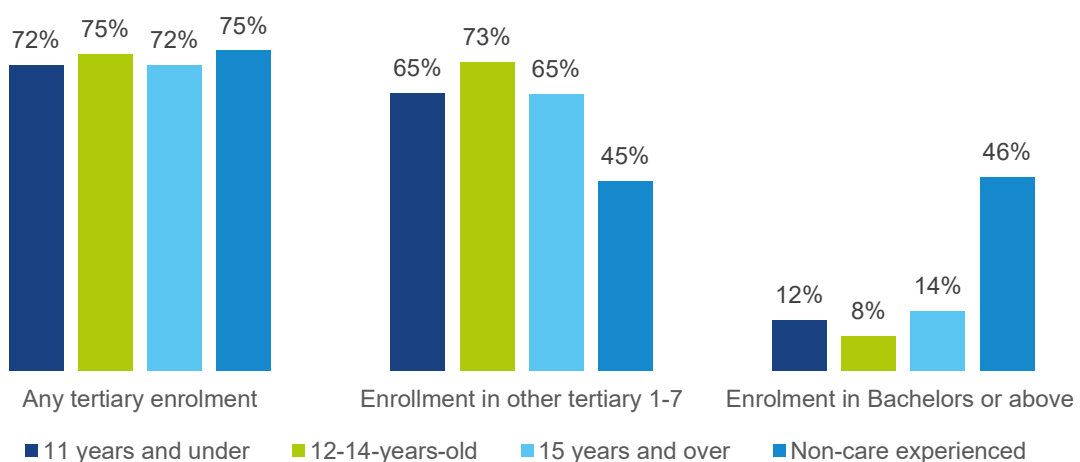
### Percent of young people achieving NCEA (or equivalent) by 24, by age group



Only a very small proportion (8%) of 12-14-year-old young people enter tertiary education at Bachelors level and above between ages 17 and 24. This is compared to other care-experienced young people, of which 14% enter tertiary education bachelor or above. On average, 12-14-year-old young people spent a similar amount of time in tertiary education as other age groups of care experienced young people.

12-14-year-old young people were as likely to enter any tertiary setting, and more likely to enter other tertiary education (1-7), than other care-experienced young people. 12-14-year-old young people spent slightly less time (6.2 quarters) in any education settings compared to other age groups (7.5 quarters.)

### Percent of young people enrolled in tertiary education by age group



## Young people who leave care aged 12-14 utilise main benefits more and spend longer on benefit

- 12-14-year-old young people were more likely to have utilised a main benefit than young people who left care at other ages.

Eighty-five percent of 12-14-year-old young people utilised one of the four main benefits at least once between ages 17 and 24. This is compared to 77% for other care experienced age groups. The most utilised benefit for 12-14-year-old young people was Jobseeker Support, where 76% of young people received this benefit. The average time receiving Jobseeker Support was 8.2 quarters (2 years.)

A trend of note is that care experienced young people spend a significant amount of time utilising the Supported Living Payment. This benefit is a weekly payment to help a person if they have, or are caring for someone with, a significant health condition, injury or disability which permanently and severely restricts a person's ability to work. This can include complete blindness, terminal illness, or severe intellectual or cognitive impairments. Ten percent of 12-14-year-old young people used this benefit for an average of 17.6 quarters (4.4 years.) Eight percent of other age groups and three percent of non-care experienced young people groups used the Supported Living Payment for an average of 13.8 quarters (3.5 years.)

## Young people who leave care aged 12-14 spent longer out of employment, education, or training (NEET) than other age groups

- 12-14-year-old young people spent more time NEET than other age groups.
- 12-14-year-old young people were only slightly more likely than other age groups to have been NEET as most care experienced young people are NEET at least once between ages 17 and 24.

Most care experienced young people have been not in employment, education, or training (NEET) at least once between ages 17 and 24. Ninety-six percent of 12-14-year-old young people have been NEET at least once between ages 17 and 24, compared to 94% of young people 15 years and over and 93% of young people 11 years and under. Of the young people that were NEET, 12-14-year-olds spent six months longer (15.2 quarters in total) NEET compared to other care experienced age groups (12.9 quarters on average for other age groups.)



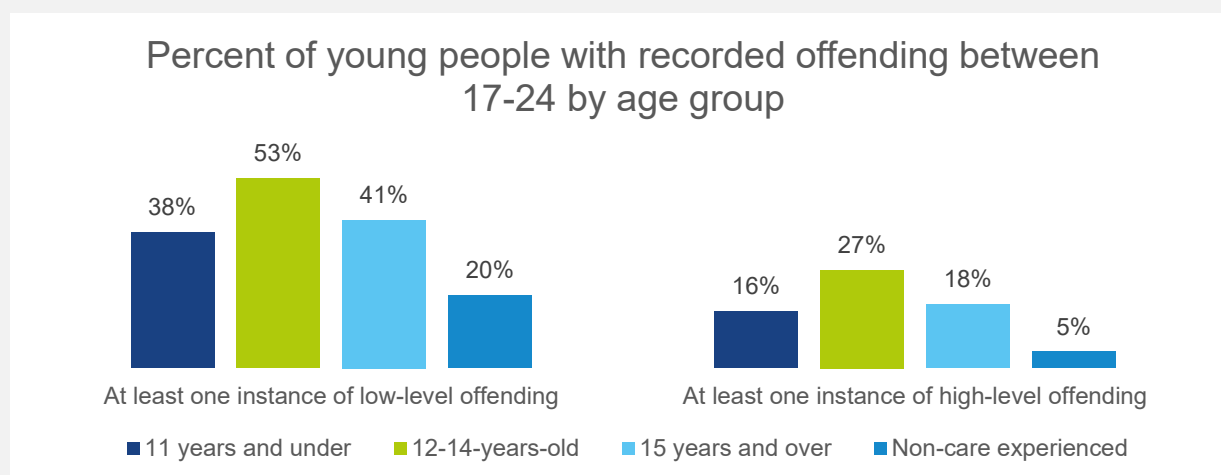
## Time young people were NEET between 17-24 by age group<sup>11</sup>, Of those who were ever NEET

	25% of quarters	50% of quarters	75% of quarters
11 years and under	65%	32%	9%
12-14-years-old	72%	41%	14%
15 years and over	62%	30%	8%
Non-care experienced	28%	9%	2%

### Higher rates and length of engagement with the justice system for young people leaving care aged 12-14

- 12-14-year-old young people were more likely to have low-level and high-level offending recorded than other age groups.
- They also spent more time on average engaged with the justice system.

Over half (53%) of 12-14-year-old young people had at least one instance of low-level offending between ages 17 and 24, compared to 40% of other care-experienced age groups<sup>12</sup>. Of those who had justice interactions, 12-14-year-old young people on average had more low-level offences than other care experienced age groups.



<sup>11</sup> Note that young people who are NEET for 75% of quarters will also be included in the percent who were NEET for 50% and 25% of quarters, and young people NEET for 50% of quarters will be included in 25% of quarters, as the table includes all young people included in each category.

<sup>12</sup> Level of offending is calculated using Australia and New Zealand Standard Offence Classifications and offence seriousness scores from Police Recorded Crime Offenders Statistics. Low-level offence examples include drug possession, graffiti, and wilful property damage. High-level offence examples include aggravated burglary, arson, and serious violence.

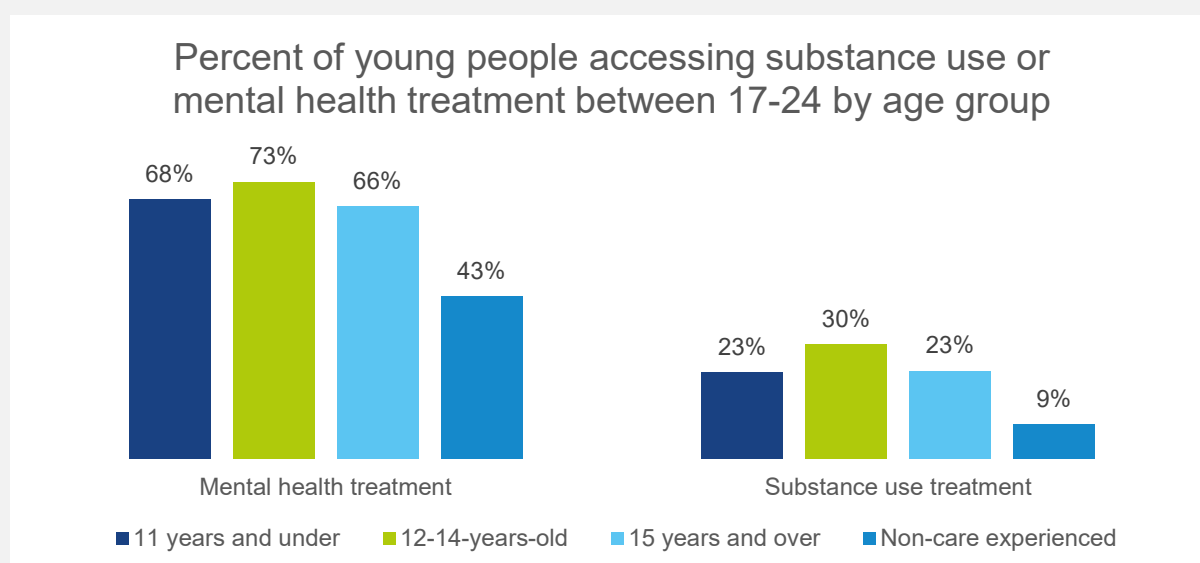
Twenty-seven percent of 12-14-year-old young people had at least one high level offence between ages 17 and 24, compared to 17% of other care experienced age groups.

### Young people who leave care aged 12-14 are more likely to receive mental health and substance use treatment

- 12-14-year-old young people were more likely to receive mental health treatment between ages 17 and 24 than other age groups.
- They were also more likely to receive substance use treatment and spent slightly longer receiving substance use treatment.

12-14-year-old young people were slightly more likely to have had a mental health treatment between ages 17 and 24. Seventy-three percent of 12-14-year-old young people had accessed mental health treatment compared with 66% of young people 15 years and over and 68% of young people 11 years and under. Care experienced young people received these treatments for a similar amount of time, regardless of age.

Thirty percent of 12-14-year-old young people had substance use treatment between ages 17 and 24, which is a higher rate than for other age groups. Average time spent receiving substance use treatment was also marginally longer for 12-14-year-old young people – this may include more than one spell of treatment.



Care experienced young people in both the under 11 and 12-14-year-old groups had slightly more hospitalisations or emergency department presentations on average than care experienced children and young people aged 15 and over. 12-14-year-olds were slightly more likely than young people of other age groups to have emergency department presentations. There are similar trends of Potentially Avoidable Hospitalisations (PAH) for all care experienced young people.

# Appendix 1: Other reports on Transition Services

## General reports by Oranga Tamariki

### [From care to independence report | Oranga Tamariki — Ministry for Children 2018](#)

*Young people benefit from focused support when moving from being in care to living independently.*

<https://www.orangatamariki.govt.nz/about-us/research/our-research/from-care-to-independence-report/>

### [Transition needs survey | Oranga Tamariki — Ministry for Children 2018](#)

*In 2018 we sought to better understand the needs of young people in care who are at risk of not making a successful transition to independence. The purpose of this was to help us design new services.*

<https://www.orangatamariki.govt.nz/about-us/research/our-research/transition-needs-survey/>

### [Just Sayin': Survey of rangatahi eligible for a Transition Worker | Oranga Tamariki — Ministry for Children](#)<https://www.orangatamariki.govt.nz/about-us/research/our-research/tss/> **2021**

*Presenting the findings from an annual survey of young people eligible for a Transition Worker (TW) under the Transition Support Service.*

<https://www.orangatamariki.govt.nz/about-us/research/our-research/tss/>

### [Ngā Haerenga | Transition Journeys: Longitudinal study phase one | Oranga Tamariki — Ministry for Children 2021](#)

*This paper reports the findings from the first year of a longitudinal study exploring the outcomes and experience of rangatahi transitioning out of statutory care into more self-determined living arrangements. Phase One focusses on the preparation, expectations, and anticipated journey of rangatahi in the months prior to leaving care.*

<https://www.orangatamariki.govt.nz/about-us/research/our-research/nga-haerenga-transition-journeys-longitudinal-study-phase-one/>

### [Raising the Age of Care: A technical analysis report | Oranga Tamariki — Ministry for Children 2022](#)

*This analysis explores the impacts Raising the Age of Care (RAC) had on the outcomes of rangatahi who were eligible to remain in, or return to, placement for an additional year, until the age of 18.*

<https://www.orangatamariki.govt.nz/about-us/research/our-research/raising-the-age-of-care-a-technical-analysis-report/>

### [Transitions Support Service evaluation | Oranga Tamariki — Ministry for Children 2022](#)

*The Transitions Support Service is for young people moving away from care into*

*independent adulthood. The following reports present findings from the evaluation of the Transitions Support Service.*

<https://www.orangatamariki.govt.nz/about-us/research/our-research/transitions-service-synthesis-report/>

**[Accommodation options for rangatahi leaving care | Oranga Tamariki — Ministry for Children 2022](#)**

*Finding appropriate and stable accommodation for young people leaving care can be difficult. This literature review summarises what other jurisdictions are doing, and synthesises the strengths and challenges encountered.*

<https://www.orangatamariki.govt.nz/about-us/research/our-research/transitions-service-synthesis-report-2/>

**Reports on outcomes – New Zealand IDI**

**[Using integrated data to understand mental health and addiction conditions | Social Wellbeing Agency 2019](#)**

[https://swa.govt.nz/assets/Publications/reports/MHA\\_technical\\_report\\_v11.pdf](https://swa.govt.nz/assets/Publications/reports/MHA_technical_report_v11.pdf)

**[Mental Health and Addiction in Aotearoa New Zealand | University of Otago Wellington 2018.](#)**

*Recent trends in service use, unmet need, and information gaps.*

<https://www.mentalhealth.inquiry.govt.nz/assets/Summary-reports/Otago-mental-health.pdf>

**[Autism spectrum disorder/Takiwātanga: An Integrated Data Infrastructure-based approach to autism spectrum disorder research in New Zealand | University of Otago 2020](#)**

<https://journals.sagepub.com/doi/full/10.1177/1362361320939329>

# Appendix 2: Employment benefits and eligibility criteria

## Jobseeker Support

Jobseeker Support is a weekly payment that helps people while they are looking for work or can't work right now.

### Eligibility

The Jobseeker Support benefit is available to people who are either:

- not in employment and are looking for a job
- in part-time employment and looking for more work, or
- have a health condition or disability which affects your ability to work.

Jobseeker Support is available to people who meet either of the first two criteria, and Jobseeker Support (health condition, injury or disability) is available to those who meet the third. To be eligible, people must also:

- Be aged 18 or older, or 20 or older if they have dependent children
- Be either a New Zealand citizen, permanent resident, or have a residence class visa under the Immigration Act 2009
- Have lived continuously in NZ for at least 2 years since either becoming a NZ citizen, becoming a permanent resident, or getting a residence class visa
- Be ordinarily resident in NZ
- Be ordinarily resident in NZ when they apply.

## Supported Living Payment

The Supported Living Payment is for those permanently and severely restricted in their ability to work because of a health condition, injury, or disability; or for those who provide full-time care for those who must otherwise need to receive hospital or residential-level care.

### Eligibility Criteria:

The Supported Living Payment is available to people who are:

- 16 years or older, and
- Either:
  - Permanently and severely restricted in their ability to work because of a health condition, injury, or disability, or
  - Completely blind.

This means they have either a:

- Condition affecting their capacity to work for more than 2 years, or
- Life expectancy of less than 2 years.

Those receiving the Supported Living Payment may not regularly work 15 hours or more a week in open employment.

The Supported Living Payment is also available to people who are caring full-time for someone, if they are:

- Giving full-time care at home to someone other than their partner, and
- Aged either:
  - 18 years or older and do not have a dependent child, or
  - 20 years or older and do have a dependent child.

The person they are caring for must otherwise need to receive hospital or residential level care. Examples of this level of care are:

- Rest home care
- Residential disability care
- Extended care services for severely disabled children and young people
- Inpatient or residential hospital care.

For both groups, the person receiving the Supported Living Payment must also:

- Be either:
  - Be a New Zealand Citizen
  - Be a permanent resident, or
  - Have a residence class visa under the Immigration Act 2009
- Have lived continuously in New Zealand for at least 2 years since either:
  - Becoming a New Zealand citizen
  - Becoming a permanent resident, or
  - Getting a residence class visa
- Be ordinarily resident in New Zealand, and
- Be ordinarily resident in New Zealand when they apply.

## **Sole Parent Support**

Sole Parent Support is a weekly payment that helps single parents find part-time work or get ready for future work.

### **Eligibility**

People may be entitled to Sole Parent Support if they:

- Are aged 20 or older
- Are a single parent or caregiver
- Have one or more dependent children under 14
- Are not in a relationship, and
- Do not have adequate financial support.



They must also:

- Be either:
  - Be a New Zealand Citizen
  - Be a permanent resident, or
  - Have a residence class visa under the Immigration Act 2009
- Have lived continuously in New Zealand for at least 2 years since either:
  - Becoming a New Zealand citizen
  - Becoming a permanent resident, or
  - Getting a residence class visa
- Be ordinarily resident in New Zealand, and
- Be ordinarily resident in New Zealand when they apply.

# Appendix 3: Education in New Zealand

## Secondary school and NCEA

New Zealand students must attend school until they are 16 years old. Study at secondary school begins when students are 12 or 13 years old and lasts for about five years, from Year 9 to Year 13. Secondary school is also known as high school or college.

NCEA (the National Certificate of Educational Achievement) is the main secondary school qualification in New Zealand. NCEA is made up of three certificates: it can be awarded at Levels 1, 2 and 3. Students usually begin studying for their NCEA Level 1 in Year 11 and continue through Years 12 and 13 (from ages 15 through to 18).

Many vocational qualifications are also offered in secondary schools. These include, for example, the National Certificate of Tourism, the National Certificate in Computing, and the National Certificate of Motor Engineering.

## Tertiary education

The New Zealand tertiary sector covers private training establishments (PTEs), Te Pūkenga (vocational education), wānanga, universities and workplace training.

These all deliver a variety of educational options, often in flexible ways to meet the needs of adult learners. NZQA acts as a quality assurance body and approves all qualifications for the above institutions, apart from universities.

Higher, degree-level education is mainly offered at universities and are research-led and generally academic, rather than vocational. Degrees begin at NZQA level 7 (bachelors) and above.

Vocational degree level education is offered by polytechnics, institutes of technology and other providers, and tends to be specific and applied. It may include qualifications of NZQA levels 6 and below as certificates and diplomas.

Private Tertiary Education programmes are mostly in specific vocational niches at certificate and diploma level, including NZQA levels 6 and below.

Many students complete NCEA – often at Level 2 – in attempting new qualifications while undertaking tertiary study. NCEA Level 2 is often a requirement for entry-level jobs. Students may contact NZQA to have their NCEA Level 2 qualification recognised if they have achieved this since leaving school.

# Appendix 4: Referenced work

## Stats NZ

Youth unemployment rate three times national average, 2021

<https://www.stats.govt.nz/news/youth-unemployment-rate-three-times-national-average#:~:text=In%20the%20September%202021%20quarter,for%20people%20aged%2025%E2%80%9364.>

Labour market statistics: June 2022 quarter, 2022.

<https://www.stats.govt.nz/information-releases/labour-market-statistics-june-2022-quarter/>

## NZQA

Understanding Qualifications: Tertiary Education, 2021

<https://www.nzqa.govt.nz/qualifications-standards/understanding-nzqf/tertiary-education/>

Understanding Qualifications: Secondary School and NCEA, 2021

<https://www.nzqa.govt.nz/qualifications-standards/understanding-nzqf/secondary-school-and-ncea/>

Understanding the New Zealand Qualifications Framework (NZQF), 2021

<https://www.nzqa.govt.nz/qualifications-standards/understanding-nzqf/>

## Work and Income New Zealand

Benefits and Payments Eligibility, 2022

<https://www.workandincome.govt.nz/eligibility/>

Benefits and Payments: Jobseeker Support, 2022

<https://www.workandincome.govt.nz/products/a-z-benefits/jobseeker-support.html>

Stopping work because of health condition or disability, 2021.

<https://www.workandincome.govt.nz/eligibility/lost-job/health-condition.html>

Supported Living Payment, 2022

<https://www.workandincome.govt.nz/products/a-z-benefits/supported-living-payment.html>

Sole Parent Support, 2022

<https://www.workandincome.govt.nz/products/a-z-benefits/sole-parent-support.html>

## Other sources

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<https://depression.org.nz/the-causes/trauma/>

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Undergraduate Entry Requirements - National Certificate of Educational Achievement (NCEA). University of Auckland, 2022  
<https://www.auckland.ac.nz/en/study/applications-and-admissions/entry-requirements/undergraduate-entry-requirements/new-zealand-secondary-school-applicants/national-certification-educational-achievement.html>

Disability survey: 2013. Stats NZ, 2014  
<https://www.stats.govt.nz/information-releases/disability-survey-2013>

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<https://minhealthnz.shinyapps.io/nz-health-survey-2021-22-annual-data-explorer/ w 5c5bf5d/#!/home>

Youth19 Rangatahi Smart Survey Initial Findings Hauora Hinengaro / Emotional and Mental Health. Fleming, T., Tiatia-Seath, J., Peiris-John, R., Sutcliffe, K., Archer, D., Bavin, L., Crengle, S., & Clark, T. (2020)  
<https://static1.squarespace.com/static/5bdbb75ccef37259122e59aa/t/5f338e4cfb539d2246e9e5ce/1597214306382/Youth19+Mental+Health+Report.pdf>

Transition to adulthood — Advice and assistance. Oranga Tamariki, 2022.  
<https://practice.orangatamariki.govt.nz/policy/transition-to-adulthood-advice-and-assistance/>