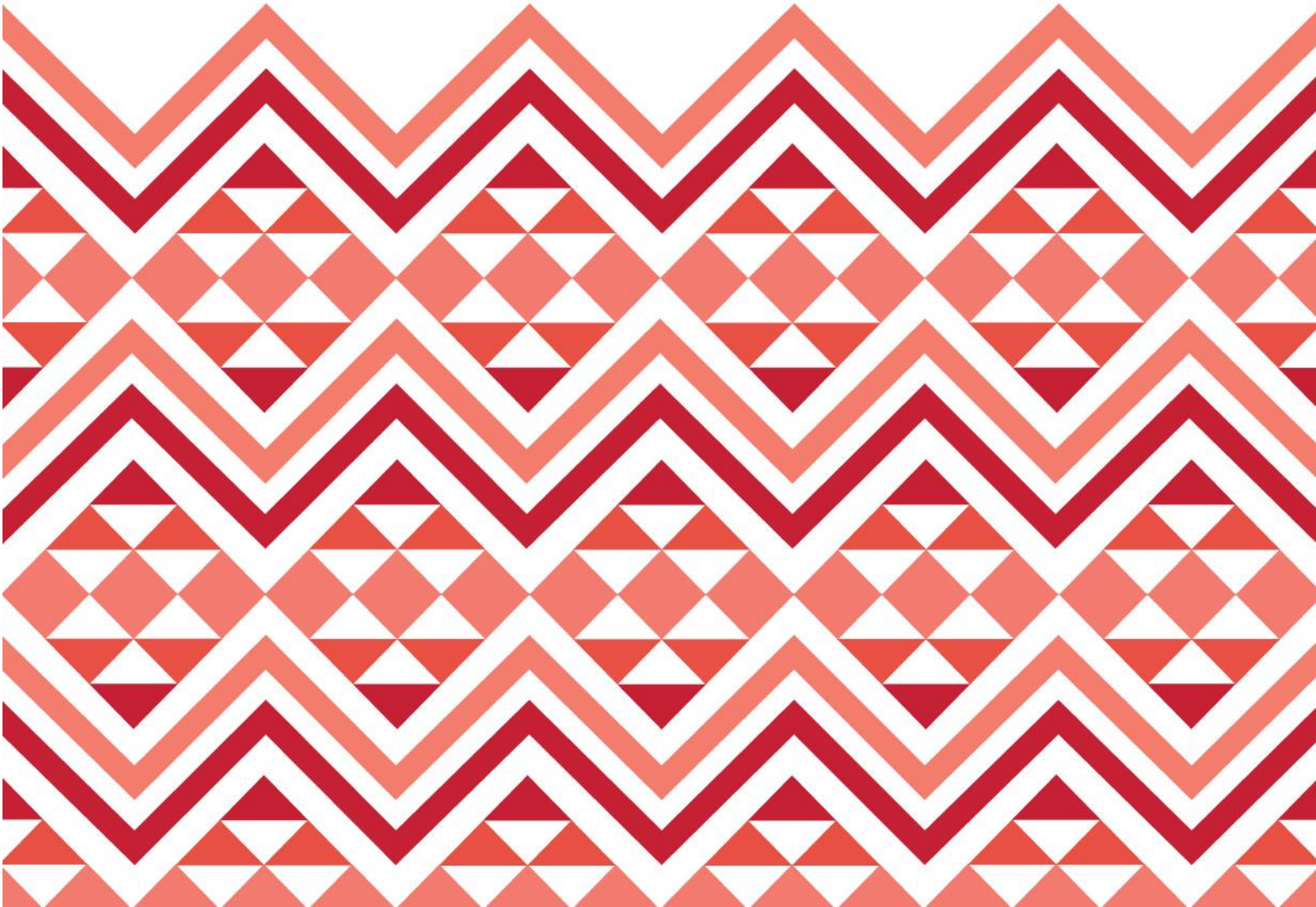
ORANGA TAMARIKI
Ministry for Children

New Zealand Government

The health experiences and needs of young people transitioning to independence from care and youth justice

Oranga Tamariki Action Plan

In-depth assessment
August 2023



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Acknowledgements

The members of the Oranga Tamariki Youth Advisory Group 2023 and the members of the former Youth Advisory Group. Chief executives of the Social Wellbeing Board endorsed this assessment in June 2023.

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Executive Summary

An ongoing duty of care

1. The State has a higher obligation to address the health needs of children and young people in care. The government has also accepted an ongoing positive obligation to support their transition to adulthood when they leave care. Care experienced young people aged 18 - 25 years old can qualify for ongoing but reducing support and "last resort" financial assistance from the Transition Support Service.
2. Transitioning to adulthood is exponentially harder for care-experienced young people many of whom struggle with poor physical and mental health and trauma from their time in care and before. The cohort is overwhelmingly made up of Māori, Pacific, rainbow, and disabled young people whose intersecting identities are often a source of strength but can compound inequitable outcomes. Their health, disability support, and wellbeing needs are often multi-layered and not easily met within mainstream health services.
3. The Transition Support Service mandate with respect to meeting health needs is a limited one. The State expects all children's agencies to play their part in supporting this cohort's transition to adulthood. For health agencies this means grasping the time-limited opportunity to have the support of the Transition Support Service and engage young people who are in a developmentally important part of the life course, with age specific health needs, towards realising the "highest attainable standard of physical and mental health."[1]
4. Recovery from trauma is a journey, not a destination, and is different for everyone. Rangatahi need to reconnect and strengthen whakapapa and whānaungatanga connections. Transitioning to adulthood presents opportunities for young people to improve their health and wellbeing through strengthening identity and connections (as tangata whenua, takatāpui or a rainbow young person, a disabled young person, a care-experienced young person…) as part of a recovery journey. Their interactions with the health and the Oranga Tamariki systems need to be supported with trauma informed approaches and supports.
5. Meeting a young person's and whānau multi-layered health and disability support needs is beyond the scope or ability of any one agency on its own to solve. Children's agencies need to focus on ensuring that when young people leave care or custody, they do so with the least possible health burden. Services need to work together to hold and support this cohort while formulating holistic solutions for meeting their health, disability support, and wellbeing needs. The Pae Ora health system and mental health system reforms present opportunities to improve this population's health outcomes.

[1] Office of the United Nations High Commissioner for Human Rights and the World Health Organisation. The Right to Health. Factsheet31.pdf (ohchr.org) accessed 7 June 2023.

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Key findings

6. The following key findings recognise that the transitioning population cannot wait for the system to change to have their health needs met:

- **High unmet health need on leaving care** – young people transitioning to independence from care or custody have unmet health needs, from their time in care and before coming into care. On leaving care, they struggle to access the health care they have missed out on, to have their ongoing health needs met, and to achieve their aspirations to live healthy lives. Their unmet needs compound and are a further pressure on their transition to independence. A large cohort of the transitioning population has multi-layered health and disability support needs, and it is they who struggle the most to access catch-up and ongoing health care. Oranga Tamariki transition planning requires strengthening, including ensuring health needs are met and removing barriers to accessing health services in preparation for young people leaving care.
- **Health and wellbeing supports and services have a key role to play supporting the transition to adulthood** - health services have an opportunity to engage the transitioning population in relational ways to support their transition to adulthood and meet their health needs as well as building positive engagement with the health system. This can be with the support of the Transition Support Service where needed.
- **Inaccessibility and lack of support to access health services** - there are real challenges accessing general practitioners and mental health and addiction services. Health services often do not recognise their multi-layered health and disability support needs. Youth One Stop Shops and Kaupapa Māori and Pacific health services do recognise need but often lack the capacity, specific professional expertise, and geographic reach to meet need. The Transition Support Service and young people devote significant resources accessing health services, at the expense of meeting other important needs. Young people transitioning from care or custody to independence give up on having their health needs met driving poor outcomes.
- **Support needed for young people transitioning to independence's recovery journeys** - for young people the transition to independence may resurface trauma as well as present opportunities for recovery. Improvements in system capability to work with people who have experienced trauma and access to appropriate supports could help to support their recovery journey.
- **Cross-agency, locality-based, multi-disciplinary collaborative forums take time but do work** - meeting the multi-layered health and disability support needs of young people in the transitioning population is beyond the scope, or ability, of any one service on its own to solve. Mental health and addiction services, disability services, supported by the Transition Support Service, and other indicated services need to participate in locality-based, collaborative forums and work together to determine service lead, role,

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contribution, and phasing of assessments and holistic supports and services for these young people.

- **Improving the provision of supports to meet health and disability support needs** - work to improve the transitioning population's access to health and wellbeing services to meet their multi-layered needs should include oral health services, primary mental health services, and ACC-funded supports. It is also important that health services work with disability services and supports to improve integration and ease of access where applicable.

Voice of the young person

"Holistic, culturally safe care focused on well-being can help our mental health and wellbeing. We also need connections to trauma-informed, well-supported, care experienced peers; opportunities to engage with inspirational care-experienced leaders; and support from knowledgeable, trauma-informed professionals" – composite statement crafted with care experienced young people contributing to this assessment.

7. We want to acknowledge that the young people who contributed to this assessment gave their expertise, experiences and insights with the strong desire to make things better. These young people took a strengths-based and solution-focused approach consistent with their hope and aspirations for themselves and all care-experienced young people transitioning to independence now and in the future.

Box 1: Whakamānawatia tōku taiao! He hononga rangatira! Honour my world – my noble connections: Rangatahi experiences of leaving care in Aotearoa New Zealand

- Transitioning from care to adulthood can be an emotionally vulnerable time.
- Rangatahi atawhai need support to heal from and make sense of their journey.
- Supports are needed to nurture and heal the whole whānau over time.
- Quality mental health and wellbeing supports are not always readily available.
- Rangatahi atawhai value genuine connections with natural community supports.
- Positive role models can open rangatahi up to new mindsets and opportunities.
- Rangatahi want to be supported by people who understand and accept them.

Ngā Haerenga I Transition Journeys Phase one: Voices of rangatahi anticipating the move from statutory care to self-determined living

Strengths and enablers of success

1. Hauora or health and wellbeing goals were also important to many, although some had not previously thought too much about this.
2. Physical health (including physical fitness), mental health and gaining access to effective and reliable health care for disabilities, physical/mental health and addiction needs were key priorities.
3. Many rangatahi spoke about not being able to access effective or timely support services in the past.

Barriers and constraints - health, disability, mental health and addiction issues, many of which rangatahi had struggled with over the years, often without appropriate support. Many werconcerned about accessing effective services going forward.

Support needs - more choice and better access to effective mental health services.

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8. The voices of young people transitioning to independence from care or custody have also been captured via the Oranga Tamariki multi-year evaluations.[2,3,4] Young people spoke to the importance of hauora – health and wellbeing, their desire to access good quality services to address trauma, and help with their mental health, and were consistent with the views of young people spoken to for this assessment (see Text Box 1 on the previous page).

Part A – Purpose, Methodology, Scope, Context, Definitions

Purpose

9. This assessment describes the health needs of young people transitioning to independence from care and youth justice settings, with a focus on those eligible for the Oranga Tamariki Transition Support Service (including care or youth justice experienced young people).

10. This assessment also sets out where further work needs to be done by Government agencies to improve the health outcomes and achievement of this cohort.

Advancing the Oranga Tamariki Action Plan

11. The Oranga Tamariki Action Plan sets out how children's agencies will work together to prevent harm to, and promote the wellbeing of, Oranga Tamariki priority populations. The focus on health through the Oranga Tamariki Action Plan is prioritised through the Child and Youth Wellbeing Strategy,[5] which includes the outcome that "children and young people are happy and healthy".

12. This assessment is the second health needs assessment. It is a companion report to the *A Higher Duty of Care Primary health needs of children and young people in care report* (Primary health needs report) that provides a strategic overview of the primary health needs of children and young people in care and examines how the Oranga Tamariki system as a whole is meeting these needs. This assessment also builds on the findings of the *Mental health and wellbeing needs of children and young people involved with Oranga Tamariki – in depth assessment*[6] (Mental health assessment) but focused on the needs of the transitioning population.

[2] Oranga Tamariki. (2021). Just Sayin': Survey of rangatahi eligible for a Transition Worker | Oranga Tamariki — Ministry for Children
[3] Schroder, R., Love, C., Goodwin, D., Wylie, S., Were, L., Scown, C., Davis, E., Love, H., Love, D. and O'Neill, D. (2021). Ngā Haerenga I Transition Journeys Phase one: Voices of rangatahi anticipating the move from statutory care to self-determined living. Wellington, New Zealand: Oranga Tamariki—Ministry for Children.
[4] VOYCE – Whakarongo Mai. (2022). Whakamānawatia tōku taiao! He hononga rangatira! Honour my world – my noble connections: Rangatahi experiences of leaving care in Aotearoa New Zealand. Author. www.voyce.org.nz/Honour-My-World. Accessed 6 May 2023.
[5] Department of the Prime Minister and Cabinet. (2022). *Child and Youth Wellbeing Strategy.*
[6] Oranga Tamariki. (2023). Mental health and wellbeing | Oranga Tamariki Action Plan.

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Methodology

13. In undertaking this assessment, Oranga Tamariki has undertaken a thematic analysis of relevant literature, data, and documents. The 2019 implementation of the Transition Support Service has been supported by a significant research and evaluation programme including hearing from care-experienced young people transitioning to adulthood (both with and without the support of the Transition Support Service). Oranga Tamariki conducted focus groups with:

    - Care and youth justice-experienced young adults from various backgrounds (including Māori and Pacific) who provided insight into health needs and accessing health services before and after leaving care.
    - Social workers and other relevant frontline or operational employees including Transition Support Service employees, Regional Disability Advisors, Senior Health and Education Advisors and clinical staff
    - Transition workers and service providers
    - Ministry of Health, Te Whatu Ora and Te Aka Whai Ora including clinicians, and mental health providers.

Scope

14. The assessment focuses on the approximately 3843 young people aged 18 years and up to 25 years who currently meet eligibility criteria[7] for transition services, including young people who choose not to access these services.[8]

15. The development of this report was constrained by several factors, including the six-week overlapping research, engagement and analysis phases, the ability to secure multidisciplinary personnel dedicated to the project, and the limited amount of New Zealand research on the health needs of young people transitioning to independence from care or custody. This impacted the ability to engage with:

    - Māori and iwi partners and providers - see Part B, the Treaty of Waitangi section
    - young people preparing to transition to independence and currently accessing Transition Support Services
    - disabled children, young people, whānau and a wider range of providers including Youth One Stop Shops
    - Pacific children, families and relevant providers
    - a broader and more nationally representative sample of primary and mental health care specialists involved in the provision of health care – including the health sector.

[7] Other young people who leave care under the age of 14 years and 9 months or, those who meet age criteria but were in care or custody for less than 3 months (single placement not cumulative) are ineligible for transition services.

[8] Of the 2799 young people (a subset of 3843) who were eligible for a transition worker, 264 (9%) declined referral to a transition worker. The group declining a referral to a transition worker comprises two cohorts: those who are already well-supported and those who do not want to engage with government services.

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16. It also impacted the level of data that was able to be gathered, noting the invaluable assistance of the Oranga Tamariki Evidence Centre and subject matter experts from Oranga Tamariki and health agencies in the time available.

17. We have relied on local multidisciplinary expertise and international research and assumed that the significant health disparities or barriers experienced by children and young people in care or custody are relevant to young people transitioning to independence, as well as evidence relevant to Māori, Pacific, and disabled young people in New Zealand is relevant also to Māori, Pacific and disabled young people transitioning to independence.

18. This review was not a Kaupapa Māori review, preventing full and effective participation by Māori, although endeavours were made to support engagement with Māori care-experienced youth and shared care providers, and to consider Māori models of health and well-being. We also note in particular the lack of disaggregated data in relation to Māori, and data which supports understanding Māori models of health, including limited data on whānau health.

Context

Overview

19. Young people in Aotearoa New Zealand are generally resilient, experience good mental wellbeing and are loved, connected and participating. They understand the link between mental wellbeing and the world they live in; they know what they need; and they want to be listened to and take leadership roles. However too many children and young people are exposed to many serious risks to their mental wellbeing, and this is causing mental distress which is increasing. Maintaining wellbeing supports them to achieve their goals and to live a full and productive life.

20. There are however a number of health and wellbeing inequities that affect young people, and these can lead to a range of mental health and substance related harm issues throughout their lives. Environmental factors such as poverty, housing, education, and unemployment all contribute to overall health and wellbeing. Social and community factors such as discrimination (e.g., racism, sexism, ableism, homophobia, transphobia), the availability of social and whānau support, adverse childhood experiences and barriers to accessing healthcare can contribute to poorer health outcomes.

21. An accumulation of reviews and literature point to the need for youth-friendly and holistic healthcare services. The elements of support include building trust, addressing basic needs, goal setting and enabling access to specialist services for those that require them. Evidence also supports the benefits of Māori and Pacific service provision for rangatahi Māori and Pacific young people.

22. Government policies and strategy documents align with the need for youth-friendly services and holistic support. Recent substantial budget commitments have been made towards establishing such services for mental health, however there are further opportunities to consider the development of appropriate services for young people transitioning from care or custody to independence

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and for children, young people and whānau involved with Oranga Tamariki more broadly. Developing services and the associated workforce will take time. In the interim, Oranga Tamariki and other government agencies have clear obligations to support vulnerable young people to remove the barriers preventing them accessing the range of services they need.

Oranga Tamariki Transition Support Service

"[My transition worker] helped with everything that I needed. Needed to go to the doctor, got that sorted. Got a new doctor, who's a lot better. Just made things so smooth compared to [Oranga Tamariki] and the lots of paperwork and lots of processes that they have to do" – care experienced young person.

23. Oranga Tamariki set up the Transition Support Service on 1 July 2019 as part of new legislative obligations to stay in contact with and support eligible young people transitioning to independence from Oranga Tamariki care or custody.[9]

24. There is a requirement in the National Care Standards that Oranga Tamariki makes sure that young people transitioning into adulthood are provided with the right support and information to access appropriate services.

25. The focus of the Transition Support Service is to help young people to maintain and build relationships, networks, and knowledge to support their decision making, plan for their future, and achieve their goals. The service begins while the young person is still in care or custody, and social workers engage with young people to plan for what they need as they transition to independence.

26. To be eligible for the Transition Support Services, young people need to have been in care for a continuous period of three months after the age of 14 years and 9 months. The earliest that a person can become eligible is age 15 years. Young people being supported in this service can choose to:

    - have a transition worker to work with them
    - stay living with, or return to live with a caregiver, if that's what they both want, between 18 to 21 years of age
    - get support, advice, and assistance from the Transition Support Helpline up to the age of 25.

27. Care-experienced young people contributing to this assessment considered that having a transition worker would have really helped them a lot (their care-experience did not meet current eligibility criteria for a transition worker) and emphasised how much they valued engaging with NGO staff who supported rangatiratanga, contrasting with their in-care experience.

28. Transition worker support is provided by partners rather than Oranga Tamariki directly. The Transition Support Services has partnered with 71 community organisations and almost 140 Transition Support Workers to deliver the service for eligible young people. The community organisations are either mainstream,

[9] The legal framework for the Transition Support Service is set out in sections 386AAA to 386C of the Oranga Tamariki Act 1989.

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Iwi-Māori or Pacific based. Iwi and Māori organisations make up 48 percent of transition service providers.

29. Approximately 600 young people become newly eligible for transition services every year, including around 150 young people who leave youth justice custody. As of September 2022, there were 1,530 young people working with a transition worker as counted by the providers of this service.[10] Annex One sets out the demographics of these young people.

30. Overall, Māori are overrepresented in the care and protection and youth justice systems. This is also reflected in the transitioning to independence cohort where rangatahi Māori make up 56 percent, and Māori and Pacific people (dual ethnicity) make up a further 9 percent.

31. The Just Sayin' 2022 survey of young people transitioning to independence included 20% of young people who identified as definitively rainbow and 4% who were questioning their sexuality. 76% identified as non-rainbow.[11]

32. Oranga Tamariki currently has limited structured data identifying disabled children and young people in care and therefore limited information about this priority cohort. Identifying the number of disabled young people or those with higher support needs transitioning from care or youth justice can be difficult as there is likely to be an underreporting of the impairments of many children and young people as they may be undiagnosed[11] or not meet the high threshold for disability-related funding.[12]

33. A 2018 case review of young people aged 15-17 years who were in the custody of the Chief Executive of Oranga Tamariki and met the eligibility criteria for the Oranga Tamariki Transition Support Service, identified that 47 percent were disabled or were suspected of having a disability. While most had one disability, one in five had, or were suspected of having, two or more disabilities.[13]

34. To support the transition to independent living, Transition Support Services include a provision for financial support if all other options of universal entitlements have been exhausted. This may include financial support to meet health needs including but not limited to counselling, dental treatment, primary health care, vision, assessment costs, medication, psychological treatment, surgical treatment, and transport to attend appointments.[14] Oranga Tamariki also provides a discharge grant of $1,500 to all young people leaving care, to

[10] This data is regularly reported on by transition service providers however it is subject to change.
[11] Children and young people may not have a diagnosis either because it is not clinically helpful or because they are not connected to health and education services that may identify developmental and disability issues.
[12] To estimate the number of disabled children and young people, a proxy measure of the number or percentage that are receiving Disability Support Services funded by Whaikaha - Ministry of Disabled People (and previously, from the Ministry of Health) is often used. This statistic is an underrepresentation of the true number of disabled people.
[13] Oranga Tamariki (2018). 2018 Transitions Cohort Needs Assessment. Wellington, New Zealand: Oranga Tamariki—Ministry for Children. Note, because of the small numbers involved, analysis was not always broken down by ethnicity or gender.
[14] Transition service helpline financial assistance data (January to December 2022) shows 17% of financial assistance was to meet health needs, compared to 11% accommodation, 18 % education, 7% emergency needs, 14% travel, and 33% other (noting that the categories of emergency needs, travel, and other may include support for health and wellbeing needs). This data does not include transition provider spending on health and other needs which is about three times the value of the financial assistance provided by the helpline.

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purchase essential items for independent living. Transition workers work one on one with young people to support their wellbeing goals.

Definitions

35. Going forward, this assessment will use the following definitions in relation to the different populations, service components, and roles:

- **Disabled young people –** young people who have long-term physical, cognitive, intellectual, neurological, or sensory impairments including neurodiverse conditions, such as Fetal Alcohol Spectrum Disorder (FASD), Autism Spectrum Disorder (ASD) and Attention Deficit Hyperactivity Disorder (ADHD), which in interaction with various barriers, may hinder their full and effective participation in society on an equal basis with others.
- **Kaimahi or social worker –** a person employed by Oranga Tamariki providing support to 15- to 17-year-olds under orders to Oranga Tamariki.
- **Multi-layered needs** – different types of needs, such as health and/or disability support needs, that are compounded by other factors impacting on a young person's wellbeing/oranga. This may include trauma, fragmented support systems, and transience, among other factors.
- **Oranga Tamariki transition planning and preparation** - Oranga Tamariki has a responsibility to undertake life skills assessment and transition planning to support the preparation for leaving care, this includes referring eligible 15- to 17-year-olds to a transition worker when the young person wants this.
- **Rainbow** - umbrella term for: all LGBTQIA+ (lesbian, gay, bisexual, transgender, queer, questioning, intersex, asexual, plus); people with diverse SOGIESC (sexual orientation, gender identity and expression, and sex characteristics); MVPFAFF (an acronym to describe Pacific rainbow identities: Mahu [Hawai'i and Tahiti], Vaka sa lewa lewa [Fiji], Palopa [Papua New Guinea], Fa'afafine [Samoa], Akava'ine [Rarotonga], Fakaleiti [Tonga], Fakafifine [Niue]) etc, peoples.
- **Takatāpui –** umbrella term for Māori rainbow people.
- **Transitioning population** - young people transitioning to independence from care or youth justice placements from 18 up to 25 years and eligible for the transition service.[15]
- **Transition service** – services delivered by the Oranga Tamariki Transition Support Service to the transitioning population.
- **Transition provider** – a service provider contracted by Oranga Tamariki employing transition workers.
- **Transition worker** – a person who delivers transition services to the transitioning population employed by a transition service provider contracted by Oranga Tamariki.
- **Young people preparing to transition –** young people in Oranga Tamariki care or custody preparing to transition to independence aged 15-17 years.

[15] This can include 15–17-year-olds who are discharged early from care or custody.

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Part B – Treaty of Waitangi

"As a Māori young person – where am I supposed to go? Where am I supposed to get help? It's easier to go on some medicines than it is to go and find someone to teach you how to make kawakawa tea" - care experienced young person.

36. Rangatahi Māori (aged 10-24) are tangata whenua of New Zealand | Aotearoa. Rangatahi make up half the current Māori population[16], and 66 percent of the transitioning population (including 9 percent who are Pacific and Māori). Section 7AA of the Oranga Tamariki Act places specific duties on the chief executive of Oranga Tamariki "in order to recognise and provide a practical commitment to the principles of the Treaty of Waitangi (te Tiriti o Waitangi)". Under section 7AA, the chief executive must ensure that the policies, practices, and services of Oranga Tamariki that impact on the well-being of children and young persons have the objective of reducing disparities by setting measurable outcomes for Māori children and young persons who come to the attention of the department. Oranga Tamariki must also "seek to develop strategic partnerships with iwi and Māori organisations, particularly to provide opportunities to those organisations to improve outcomes for Māori children, young persons and their whanau who come to the attention of the department."

37. Section 7AA of the Oranga Tamariki Act places specific obligations on the chief executive "to provide a practical commitment to the principles of te Tiriti." Oranga Tamariki must also "seek to develop strategic partnerships with iwi and Māori organisations, including "to enable the robust, regular and genuine exchange of information between the department and those organisations."

38. Rangatahi Māori and Pacific young people contributing to this assessment emphasised the vital importance that health services fulfil their Treaty of Waitangi obligations - upholding the mana of tamaiti and rangatahi Māori and are culturally safe.

39. Some Māori stakeholders in one Oranga Tamariki region were consulted on in relation to the Primary health needs assessment but not for this companion report. Other local Māori groups expressed concerns about the timeframes, the lack of a kaupapa-based approach, and processes that have not allowed for full and effective participation by those most impacted.

40. The insights from Māori stakeholders captured in the Primary health needs report with its whole of system focus are equally relevant to this companion report focused on the needs of the transitioning population. One insight is the call for preparation for leaving care to start earlier than age 15, recognising that a significant proportion of their Māori young people leave care between the ages of 12-14 years. There is evidence that this group, who are ineligible for transition services, experience worse socio-economic outcomes than the transitioning population.[17] Oranga Tamariki acknowledges the importance of ensuring that

[16] Rangatahi Manawaroa (tpk.govt.nz), accessed 6 May 2023.
[17] Oranga Tamariki Evidence Centre. (2022). Raising the Age of Care: A technical analysis report | Oranga Tamariki — Ministry for Children

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young people leaving care either to return home, or to take responsibility for themselves, have good systems of support in place.

Part C – Health and wellbeing of young people transitioning to independence

Determinants of health

41. Those transitioning to independence from care and custody may be more at risk of experiencing environmental factors such as poverty, housing, education and unemployment, which contribute to overall health and wellbeing for young people. Additionally, social and community factors such as discrimination (e.g., racism, sexism, ableism, homophobia, transphobia), the availability of social and whānau support and barriers to accessing healthcare can contribute to poorer health outcomes. The transfer of intergenerational trauma and the mental health status of parents and/or caregivers are also important determinants of health. The health and wellbeing of Māori tamariki and rangatahi is disproportionately impacted by the effects of colonisation, discrimination and migration compared to their Pākehā peers.[18,19]

Health needs

42. Children and young people in State care have needs across all health domains, including secure whānau and family attachment as well as timely assessment and effective management of physical, spiritual, and mental health needs.[20] Some data presented in this section focuses on the health status of young people in care, as it can help to understand the needs of the transitioning population on entry to the transition service. Oranga Tamariki assessments have revealed that many young people with care experience face challenges in a range of health determining areas, such as housing,[21] education,[22] and mental health and wellbeing,[23] which are often accompanied by a high prevalence of adverse childhood experiences and trauma.[24, 25]

Complex needs

43. Across a range of health-related areas, young people with care experience are more disadvantaged than their peers with no care experience when transitioning into adulthood. International research from Australia and the United States reveals that young people transitioning from care often have complex health

[18] Simpson, J., Adams, J., Oben, G., Wicken, A., & Duncanson, M. (2016). Te Ohonga Ake The Determinants of Health for Māori Children and Young People in New Zealand Series Two.
[19] Simpson J, Adams J, Oben G, Wicken A, Duncanson M. (2015). Te Ohonga Ake The Determinants of Health for Maori Children and Young People in New Zealand: Series Two.
[20] Duncanson, M. (2017). Health needs of children in State care.
[21] Oranga Tamariki. (2023). Housing (in care) | Oranga Tamariki Action Plan
[22] Oranga Tamariki. (2023). Education (in care) | Oranga Tamariki Action Plan
[23] Oranga Tamariki. (2023). Mental health and wellbeing | Oranga Tamariki Action Plan
[24] Malvaso, C. G., Cale, J., Whitten, T., Day, A., Singh, S., Hackett, L., ... & Ross, S. (2022). Associations between adverse childhood experiences and trauma among young people who offend: A systematic literature review. *Trauma, Violence, & Abuse*, *23*(5), 1677-1694.
[25] What about me? – Oranga Tamariki cohort – Unpublished.

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needs that make leaving care particularly difficult.[26, 27, 28] Potential risk factors for complex needs amongst young people in care include socio-economic factors, age at placement, parental behaviour and disorders including substance abuse, and trauma and neglect history.[29]

44. Analysis of the data in the Integrated Data Infrastructure[30] as of 31 March 2023, found young people transitioning to independence have experienced multiple placements – 11% have experienced more than one placement, 29% have experienced 2-4 placements, and 52% have experienced five or more placements over their lifetime. A sizeable proportion of this population have also had contact with the youth justice system with 48% having had a youth justice Family Group Conference (FGC) and 33% involved with youth justice.

Mental health and substance use

45. Just over a third (39%) of those in the transition support service eligible cohort rated their taha hinengaro (mental wellbeing) as very good or better[31]. Previous Oranga Tamariki transition needs assessments found of the 40% of 15–17-year-olds, currently in the care of Oranga Tamariki, identified as at particular risk once leaving care - 78% of young people were identified as (or suspected of) having mental health needs, with 42% having their needs addressed and a further 38% partially addressed.[32] Of those with care experience, half have thought about suicide (compared to a quarter of those not connected with Oranga Tamariki), with almost 1 in 3 having attempted suicide in the last year (compared to 1 in 10 of those not connected),[33,34] For young people involved with Oranga Tamariki:

    - 47% are at high risk of severe mental illness (compared to 26% of those not connected)
    - 39% have good wellbeing (compared to 60% of those not connected)
    - 51% had seriously thought about suicide (compared to 25% of those not connected)

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[26] Courtney, M. E., Charles, P., Okpych, N. J., Halsted, K., Courtney, M. E., & Charles, P. (2015). California Youth Transitions to Adulthood Study (CalYOUTH): Early findings from the child welfare worker survey. *Chicago: Chapin Hall at the University of Chicago*.
[27] Malvaso, C. Delfabbro, P, & Day, A. (2016). Risk factors that influence the maltreatment-offending association: A systematic review of prospective and longitudinal studies.*Aggression and violent behavior*,*31*, 1-15.
[28] O'Donnell, R., Hatzikiriakidis, K., Mendes, P., Savaglio, M., Green, R., Kerridge, G., ... & Skouteris, H. (2020). The impact of transition interventions for young people leaving care: a review of the Australian evidence. *International Journal of Adolescence and Youth*, *25*(1), 1076-1088.
[29] Duncanson, M. (2017). Health needs of children in State care.
[30] The results presented are for the general population who have not had contact with Oranga Tamariki and for the transitioning population that includes young people eligible for any aspect of the transition service, including those eligible for advice and assistance but not a transition worker. The data is from 31 March 2020 for 18–20-year-olds who are no longer in the care of Oranga Tamariki, and the general population. For some measures, data is also provided for 15–17-year-olds with Oranga Tamariki involvement who are preparing to transition from care. 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 www.stats.govt.nz/integrated-data/
[31] Oranga Tamariki. (2023). Transition Support Service evaluation 2022 | Oranga Tamariki — Ministry for Children
[32] Oranga Tamariki. (2018). Transition needs survey | Oranga Tamariki — Ministry for Children
[33] What about me? – Oranga Tamariki cohort - unpublished
[34] Fleming, T., Ball, J., Bavin, L., Rivera-Rodriguez, C., Peiris-John, R., Crengle, S., ... & Clark, T. C. (2022). Mixed progress in adolescent health and wellbeing in Aotearoa New Zealand 2001–2019: a population overview from the Youth2000 survey series. *Journal of the Royal Society of New Zealand*, *52*(4), 426-449.

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- 31% had attempted suicide in the last year (compared to 9% of those not connected).
- There is a higher level of substance use across all substance indicators (i.e., alcohol, cigarettes, vapes, marijuana, and other non-prescription drugs). compared to those not connected.[35]

46. Care experienced rangatahi Māori, and Pacific young people reported lower levels of mental wellbeing.[36, 37] Rainbow young people and young people with a disability assessed themselves more negatively across many wellbeing measures in the What About Me? survey of young people sampled in school settings.[38, 39, 40]

Physical health

47. Just over half of those preparing to transition, in the transition service eligible cohort rate their taha tinana (physical health) as very good or better[41]. However, this number is still lower than those young people who are not involved with Oranga Tamariki - 86.8% of whom rate their physical health as very good or excellent. Care experienced rangatahi Māori reported lower levels of physical wellbeing, as did Pacific young people.[42, 43]

Sexual and reproductive health

48. A 2021 school-and community-based survey found that more young people involved with Oranga Tamariki reported having consensual sex (37%) compared to those who were not involved (23.4%). Of those who were sexually active, fewer care connected youth used protection to prevent sexually transmitted infections (39%, compared to 50% of non-care connected youth) or used contraception to prevent pregnancy (63%, compared to 76% of non-care connected youth).[44] Again, these numbers are relatively consistent with those from the Youth2000 survey.[45]

49. Young people with care involvement who had a menstrual cycle were close to three times as likely to have experienced period poverty, and close to four times

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[35] Archer, D., Clark, T., Fenaughty, J., Sutcliff, K., Ormerod, F., & Fleming, T. (2022). *Young people who have been involved with Oranga Tamariki: Community and contexts*. Youth19 Research Group.
[36] What about me? – Oranga Tamariki cohort - unpublished
[37] Fleming, T., Archer, D., King-Finau, T., Fenaughty, J., Tiatia-Seath, J., & Clark, T.C., (2021b). *Young people who have been involved with Oranga Tamariki: Identity and Culture*. The Youth19 Research Group, The University of Auckland and Victoria University of Wellington, New Zealand
[38] Ministry of Social Development. (2022). Youth health and wellbeing survey - What-About-Me? - Ministry of Social Development (msd.govt.nz)
[39] King-Finau, T., Archer, D., Fenaughty, J., Sutcliffe, K., Clark, T., & Fleming, T. (2022). The health and wellbeing of takatāpui and rainbow young people who have been involved with Oranga Tamariki. *University of Auckland: Auckland, New Zealand*.
[40] What about me? – Oranga Tamariki cohort - unpublished
[41] Oranga Tamariki. (2023). Transition Support Service evaluation 2022 | Oranga Tamariki — Ministry for Children.
[42] Fleming, T., Archer, D., King-Finau, T., Fenaughty, J., Tiatia-Seath, J., & Clark, T.C., (2021b). *Young people who have been involved with Oranga Tamariki: Identity and Culture*. The Youth19 Research Group, The University of Auckland and Victoria University of Wellington, New Zealand
[43] What about me? – Oranga Tamariki cohort – unpublished.
[44] Supra.
[45] Fleming, T., Ball, J., Bavin, L., Rivera-Rodriguez, C., Peiris-John, R., Crengle, S., ... & Clark, T. C. (2022). Mixed progress in adolescent health and wellbeing in Aotearoa New Zealand 2001–2019: a population overview from the Youth2000 survey series. *Journal of the Royal Society of New Zealand*, *52*(4), 426-449.

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as likely to have missed school due to period poverty (compared to those with no care involvement)[46].

50. Young people involved with Oranga Tamariki were also twice as likely to have experienced sexual violence, abuse or unwanted sexual behaviours (compared to those not involved with Oranga Tamariki).[47]

Identity and connectedness

51. Young people's experiences of connection, culture and acceptance are integral to their overall health and wellbeing. For some young people with care experience, identity and connection with their culture is strong and, in some cases, might act as a protective factor against the development of mental health issues.[48]

52. In response to Just Sayin'22, of those in the transition support service eligible cohort, around 1 in 4 young people report feeling insecure or only a little secure in their identity and roughly the same number struggle to have pride in who they are.[49]

53. However, there are differences in feelings of connectedness for different groups and in different contexts. For example, rangatahi Māori involved with Oranga Tamariki are more likely than their non-Māori peers to report being proud of who they are and to know their whakapapa/ancestry.[50] Similarly, Pacific young people involved with Oranga Tamariki are just as likely as those not involved to know about and be proud of their culture. They were also more likely to be able to speak and understand their language. However, unlike rangatahi Māori, they are less likely to know their family's origin and tend be more uncomfortable in cultural settings.[51]

54. Takatāpui and rainbow young people, as well as disabled young people, involved with Oranga Tamariki feel less accepted for who they are at home, school, work and by others. However, both groups are just as likely to feel accepted by their friends as those not involved with Oranga Tamariki.[52]

Health status

55. Analysis of the data in the Integrated Data Infrastructure as of 31 March 2023,[53] found the populations of young people with Oranga Tamariki involvement who are preparing to transition from care, or who have left care and are eligible for

[46] Fleming, T., Ball, J., Bavin, L., Rivera-Rodriguez, C., Peiris-John, R., Crengle, S. & Clark, T. (2022). Supra.
[47] Archer, D., Clark, T., Fenaughty, J., Sutcliff, K., Ormerod, F., & Fleming, T. (2022). *Young people who have been involved with Oranga Tamariki: Community and contexts*. Youth19 Research Group.
[48] Oranga Tamariki. (2023). Transition Support Service evaluation 2022 | Oranga Tamariki — Ministry for Children.
[49] Supra.
[50] Fleming, T., Archer, D., King-Finau, T., Fenaughty, J., Tiatia-Seath, J., & Clark, T.C., (2021b). *Young people who have been involved with Oranga Tamariki: Identity and Culture*. The Youth19 Research Group, The University of Auckland and Victoria University of Wellington, New Zealand.
[51] Supra.
[52] What about me? Oranga Tamariki cohort - unpublished
[53] Supra, footnote 30.

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the transition service, have significantly worse health outcomes across key indicators than the general population:

- 19% of 15–17-year-olds have had a hospitalisation, excluding potentially avoidable hospitalisation,[54] in the last year (5% general population) and 22% of 18–20-year-olds (7% general population).
- 86% of 18–20-year-olds have experienced mental health treatment in their lifetime (general population 21%).
- 16% of 18–20-year-olds have experienced mental health treatment in the last year (general population 10%).
- 51% of 18–20-year-olds have experienced substance use treatment (general population 3%).
- 6% of 18–20-year-olds have a chronic condition (mainly traumatic brain injury or diabetes) compared to 2% of the general population.

Disabled young people

56. The Oranga Tamariki transition needs report found that half (47%) of a sample of young people, judged to have high or very high needs, who would be eligible for transition services identified as having a disability or were suspected of having a disability, with a quarter (22%) reporting their disability needs were not being met.[55]

57. Although there is currently no prevalence study for fetal alcohol spectrum disorder (FASD) in care or youth justice settings in New Zealand, the Ministry of Health estimates up to 50% of children in care may live with FASD.[56] Given the cognitive difficulties and learning delays associated with FASD, young people affected by this condition are often vulnerable to unhelpful influences or abused by others, which can negatively impact their health and wellbeing.[57]

58. Oranga Tamariki analysis of IDI data identified 1 in 10 young people with current or past Oranga Tamariki involvement as having a disability.[58] However, the disability indicators used were the receipt of various disability allowances. The actual number of young people with care experience having a disability is likely to be more aligned with the survey data (refer paragraph 56 above which identified 47% of the population as having a disability), as many will not reach the threshold for receipt of an allowance or have a diagnosis.

Rainbow young people

59. Rainbow children and youth are more likely to be in care than non-rainbow children and youth. While rainbow youth make up 10% of the population, they

[54] Potential Avoidable Hospitalisations (PAH) Potentially avoidable hospitalisations | Child and Youth Wellbeing (childyouthwellbeing.govt.nz) includes respiratory conditions (including asthma, pneumonia, bronchiolitis, bronchiectasis), gastroenteritis, skin infections, and vaccine preventable illnesses. It also includes unintentional injuries and hospitalisations due to assault or self-harm.
[55] Oranga Tamariki Evidence Centre, 2018 Transition needs survey | Oranga Tamariki — Ministry for Children
[56] https://www.health.govt.nz/publication/taking-action-fetal-alcohol-spectrum-disorder-2016-2019-action-plan
[57] Gibbs, A. (2022). Best practices for justice: Practitioner views on understanding and helping youth living with fetal alcohol spectrum disorder (FASD). *Aotearoa New Zealand Social Work*, *34*(4), 6–182022
[58] Oranga Tamariki Evidence Centre. (2020). Unpublished.

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account for around 20% of youth in Oranga Tamariki care. Māori young people are more likely to identify as takatāpui/rainbow.

60. Several surveys of young people involved with Oranga Tamariki show that roughly 1 in 3 Takatāpui or rainbow young people do not feel safe at home and this group feel less cared for and respected by family members compared to other groups.[59, 60]

Comparing ethnicities within the transitioning population

61. Analysis of the data in the Integrated Data Infrastructure as of 31 March 2023 found overall there is remarkable consistency in health outcomes when comparing ethnicities within the transitioning population. No one ethnicity has consistently lower health outcomes than any other one ethnicity except for substance use treatment (see Annex Two). This overall lack of differences suggests that within the transitioning population, the needs are relatively consistent across ethnicities.[61]

Access to health care

Primary health care

62. The percentage of young people in Oranga Tamariki care who are currently enrolled with a general practitioner is unknown. We do know around 60% of those eligible for the transition service visited a GP in the last year (compared to 65% of those not involved with Oranga Tamariki) and around 95% have ever been enrolled with a GP.[62] In a survey of young people, compared to young people not involved with Oranga Tamariki, those who were involved were less likely to say they accessed healthcare through a general practice or medical centre (43.3%, compared to 50.8% of those not involved with Oranga Tamariki), but more likely to utilise other healthcare services, including:[63]

- School health clinics (31%, compared to 20% of those not connected)
- Youth centres (12%, compared to 3% of those not connected)
- Family planning or sexual health clinics (7%, compared to 4% of those not connected)
- Hauora Māori providers (3%, compared to 1% of those connected)
- Traditional or cultural healers (1.4%, compared to 0.6% of those not connected).

63. Of the young people in care who are eligible for transition support, 29% said there had been a time in the last 12 months where they wanted to see a health

[59] King-Finau, T., Archer, D., Fenaughty, J., Sutcliffe, K., Clark, T., & Fleming, T. (2022). The health and wellbeing of takatāpui and rainbow young people who have been involved with Oranga Tamariki. *University of Auckland: Auckland, New Zealand*.
[60] What about me? – Oranga Tamariki cohort – unpublished.
[61] Supra, footnote 30.
[62] Oranga Tamariki Evidence Centre, personal communication.
[63] What about me? – Oranga Tamariki cohort – unpublished.

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professional but had been unable to, while 30% said they were not getting support for their health.[64]

Hospitalisations and Emergency Department admissions

64. Analysis of the data in the Integrated Data Infrastructure as of 31 March 2023[65] found for young people involved with Oranga Tamariki who are preparing to transition from care or custody (15–17-year-olds), or who are eligible for the transition service (18–20-year-olds), are accessing urgent health care at much higher rates than the general population. The potentially avoidable hospitalisation data strongly suggests that they do not have good access to primary health care services that could have prevented their hospitalisation:

Emergency department admission in last year

- 15–17-year-olds – 31% (general population 10%)
- 18–20-year-olds – 36% (general population 14%).

Potentially avoidable hospitalisation in last year

- 15–17-year-olds – 3% (general population 1%)
- 18–20-year-olds – 3% (general population 1%).

PART D – Current Response to Health Needs

"The loneliest time in my life" – care experienced young person on transitioning from care to independence.

"In my opinion it should be interdependence rather than independence because we are never independent from our whānau and our support" – Oranga Tamariki kaimahi.

"When it does happen, it works really, really well but if it doesn't, it's sort of like last minute, we need a transition worker and yeah, out the door" – Oranga Tamariki kaimahi.

The frustration for me is negotiating or trying to get to some sort of outcome with other services. The majority of young people get what we're saying - they understand what they've got to do - they'll try do it. To be honest sometimes I just feel really really sorry for them because they just get pushed back and told no left, right, and centre when they really need whatever it is – transition worker.

65. The design of the transition service, with respect to meeting health needs, relies on young people leaving care without health burden, able to navigate health services *and* the ability to access publicly funded, accessible (culturally safe, youth-friendly, trauma-informed), holistic, primary health and specialist services. The Primary health needs report found many children and young people in care have not had their health needs met before entering care, or while in care. This assessment finds that their health needs are not routinely met as part of preparation for leaving care. The transitioning population's unmet health and

[64] Oranga Tamariki. (2023). Transition Support Service evaluation 2022 | Oranga Tamariki — Ministry for Children.
[65] Supra, footnote 30.

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wellbeing needs are then compounded by the demands of leaving care, the developmentally important and often fraught transition to adulthood, and gaps in health and other services that can meet their multi-layered needs.

Legislative framework

66. The legislative framework for government support for transitioning from care to independence is set out in sections 386AAA to 386C of the Act and regulations 71 to 76 of the National Care Standards. The State has accepted a higher obligation to assist the transitioning population to move from care to independent adulthood than for other young people in New Zealand. The Act encourages a holistic approach to meeting the needs and aspirations of young people and focuses primarily on assisting the young person to be ready to thrive as an independent young adult.

67. One of the purposes in section 386AAB(c) is “to enable young persons to access the government and the community support that they need to manage challenges and to grow and develop as adults”. This ensures that the transition service does not absolve other agencies of their obligations to provide support to the transitioning population. It also provides the transitioning population with an opportunity to learn what supports and services are available and to access services in a supported way with access to advocacy and a back-up plan if needed.

68. The principles in section 386AAC emphasise the young person increasingly leading decisions about matters affecting them, and being supported by adults to do this, taking a holistic approach, supporting young people to a reasonable and practicable extent to address the impact of harm, and to achieve and meet their aspirations and needs. Relationships with family, whānau, hapū, iwi, family groups and communities are to be supported.

69. Under section 386B, the chief executive must provide or arrange the provision of advice, non-financial assistance, and financial assistance that the chief executive considers the young person will need to achieve independence, in accordance with the National Care Standards. The Chief Executive is directed to first consider what other financial assistance is available to the young person and to consider whether the young person has high or complex needs. The sections governing advice and assistance make specific reference to the provision of counselling but not to other health services.

70. At regulation 76(b) of the National Care Standards, the chief executive must ensure that the advice and assistance to be provided under section 386B(1)(a) of the Act to those transitioning from care includes assistance to develop any life skills that the person may need to help them become independent. Life skills are outlined at regulation 75(3) and include knowledge and experience of personal and health care, and sexual and reproductive health care.

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Importance of Oranga Tamariki transition planning

71. Transition planning includes a mandatory life-skills assessment[66] and early engagement with a transition worker so the young person has a relationship with the person providing ongoing support between the ages of 18 and up to 21 years. It includes involving the young person, family, whānau, health services, and significant others in the development of a holistic transition plan that addresses health needs. Ideally, Oranga Tamariki will systematically implement and monitor the transition plan before the young person leaves care.

72. If transition planning is done well, this would mean that the young person will have had all their health and oral health care needs met in a timely way, be engaged with primary health and other identified health services, understand where they can go for health and wellbeing-related help and advice, and be confident to do so, have completed the assessments needed to support access to adult disability and mental health services, and hold their health records in a form they consent to share. This would mean that the young person could transition to independence with the least possible health burden. It would also enable transition workers to focus on their core role, supporting the young person's holistic wellbeing.

Box 2: 2021 Quality Practice Tool (case file analysis) for transitions

- Practice leaders found there was a transition plan for rangatahi in 54% of cases reviewed (112 out of 209 cases).
- In a further 26% of cases (55 out of 209 cases), there was no formal transition plan, but practice leaders found other evidence of planning activity.
- This result aligns with the results of the 2021 Just Sayin' survey in which 49% of rangatahi who were still in care and 62% of rangatahi who had left care reported someone talking to them about a transition plan.

73. Oranga Tamariki acknowledges that the quality of transition planning has been variable (see Text Box 2), and it is currently focused on improving transition planning by increasing resources and improving orientation and training for social workers. Oranga Tamariki is also undertaking a shift in practice preferencing Te Ao Māori beliefs, values and knowledge, where young people are understood in the context of whakapapa and oranga/wellbeing. This will support a holistic view of the needs of young people as they prepare and plan for their transition to independence.

Health agencies are responsible for meeting health needs

Accessing health care is not low priority for young people – but accommodation and having enough to eat come first – young people are conscious they cannot afford health care and are afraid of the ongoing costs burden - composite statement crafted with care experienced young people contributing to this assessment.

[66] The National Care Standards regulations require assessment and support plans for care transition at rule 72, and at rule 73((2)(b). The plan must include details of the support that will be provided by or on behalf of the Chief Executive to meet the care transition needs of the young person.

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"Wait times for appointments to see a GP. Can't be seen for several weeks by which time the issue is resolved or have at to go to afterhours/Emergency Department. GP practices not accepting new patients and the young person is put on a waitlist to enrol" – transition service provider.

I don't want to be put at risk by people making the wrong call responding to big statements like "my uncle raping me." Anyone can get a qualification - care experienced young person.

74. The transition service has a limited mandate to address unmet health and wellbeing needs. The transition service can support the transitioning population to navigate and access health services and, in some circumstances, it can provide financial assistance for meeting health needs. It provides a transition worker to walk alongside a young person up to age 21 (an exception can be made if a transition worker is needed after 21 years) and, up to age 25, access to the transition service helpline.

75. It is very challenging for transition workers to support the transitioning population to have their health needs met and the time dedicated to doing so limits their capacity to meet their other needs. Health services that can meet the transitioning populations multi-layered needs are not available where and when needed and the transitioning population is not able to navigate the access barriers to services that are available. Many health services are not free and young people need to source funding from the Ministry of Social Development (Community Services Card, disability allowance, special needs grants i.e., oral health) with no guarantee that the application will be successful. Both young people and transition workers spend considerable time and energy locating free health services or grants to meet the costs.

Box 3: Health literacy demands

Health literacy demands are tasks individuals and whānau need to do to get well and keep well, and those created at points of contact with health services. For example, tasks may include:

- **arranging appointments**: understanding a letter and its instructions, making a phone call to confirm, arranging time off work and transport to attend.
- **attending appointments**: navigating an unfamiliar environment to find a service, interacting with reception staff, answering questions, providing a history and personal details, and understanding health practitioners' instructions about tests, medications, and follow-up appointments.

A Framework for Health Literacy | Ministry of Health NZ accessed 9 May 2023.

76. The health system makes high demands (see Text Box 3) of all those who access health services, and the transitioning population do not have the support or resources they need to do so. In a survey of young people eligible for the transition service only 73% of young people said they were receiving the health support they needed, the remainder were not.

77. The Primary health needs assessment, as well as transition service providers and care-experienced young people, emphasised the inaccessibility of many general practices including closed books, costs, issues of cultural safety, ableism and the transactional model of care carrying with it the potential to do more harm than good. Health services struggle to accommodate transience which is

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common in the transitioning population and is indicative of and contributes to multi-layered needs.

78. Primary health care professionals often lack the time to build the relationships needed to understand and respond to young people with multi-layered needs, especially those with high communication needs (intellectual disability, neurodiversity, sight or hearing impairments). The health system tends to rely on disabled people having family or whānau support to help them meet health system demands, but many disabled young people in the transitioning population lack these supports.

Voices of care-experienced young people

Box 4: What are the gaps in support?

79. Young people feel they don't have a good understanding of how to get well and stay well. They may not have accessed school-based health services or felt they could not discuss health issues, or confide in Oranga Tamariki kaimahi, or caregivers. Care-experienced young people described the many issues that prevented them accessing health services. Being entirely focused on survival, how terrifying that is for them, and ignoring their health needs for as long as possible, until they had no option but to seek medical care. Young people felt they were not believed or respected in health settings and would tell services, they had been referred by other professionals to gain access. Young people spoke of experiencing racism and discrimination from health professionals and stigma from having to retell their stories in services. These experiences are likely to have long-lasting impacts on their willingness to engage with the health system.

Voices of transition workers

80. A survey of transition service providers for this assessment (see Text Box 4 on the previous page) described issues that prevented meeting young people's health needs and there was a high degree of consensus on these.[67] The most prevalent issue was access to services, particularly general practice. There were issues enrolling with GPs in areas where there were no GPs or not enough. In-house transition service provider GPs struggled to meet demand and there were significant wait-times.

[67] Twenty-three usable responses were receieved from providers of transition support services, a response rate of 40%

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81. Transition workers described a shift to online booking systems that are a further barrier for young people they work with who may not have access to the internet. They talked about how the young people they work with are “burned out” because of being let-down by professionals and health services that could not flex to cope with highly mobile young people or neurodiverse young people and those with learning disabilities. They said young people rejected health services from a fear of being rejected themselves and they often could not persuade them to change their minds and engage with health professionals that transition workers knew to be good at working with young people. Transition workers gave examples of young people doing without essential healthcare because of the costs involved with accessing health services, including medication that could not be self-administered, or involving regular travel to urban centres many miles away. Transition workers feel powerless to overcome these access barriers.

Box 5: Transition worker qualifications and competencies

- a relevant qualification e.g. social work, youth work, health, teaching or human services - exceptions may be made for people with significant relevant experience
- experience working with youth or vulnerable people
- ability to build rapport and trust with rangatahi and whānau
- demonstrable knowledge and skill about tikanga Māori, te reo Māori, Te Tiriti o Waitangi
- ability to build and maintain positive relationships with professionals to support access to services for rangatahi
- an understanding of the impact of trauma, adolescent brain development and youth development approaches
- an understanding of disability, mental health, substance abuse and the impact these can have on the life of a rangatahi.
- behaviour management/conflict resolution skills.
- an ability to recognise and respond to concerns regarding abuse and neglect, along with a knowledge and understanding of the Oranga Tamariki Act.

82. Transition service providers and young people also talked highly of youth health services and kaupapa Māori and Pacific Health services that provided holistic, wrap-around health care. Young people also talked about good experiences as in when a young mother received an in-home visit to help her decide whether to vaccinate her child.

Health services that are important for the transition to adulthood

83. The Primary health needs report provided a strategic assessment constraining its ability to focus on specific health needs. This assessment has provided an opportunity to consider sexual and reproductive health needs and oral health care needs for both the in care and the transitioning populations – recognising that these needs loom large for both. It also considers access to gender affirming health care.

84. Youth One Stop Shops (YOSS) and other youth health services and kaupapa Māori and Pacific health services where available, and within their capacity and capability to meet demand, are effective at providing holistic health care to care-experienced young people. However, a significant cohort of care-experienced

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young people are reliant on mainstream general practice for healthcare, and the responsiveness to care-experienced young people is variable.

Sexual and reproductive health care

"I fell pregnant at 16 – that's how I learned" – care experienced young person.

"I'm going through another ACC sensitive claim" – care experienced young person.

"A lot of my sexual experiences were from repressed memories and abuse. My earlier preferences in men and sex came from these" – care experienced young person.

"Kaupapa Māori providers and Pacific health and rainbow health providers are the ones that we would look to … as able to provide a safe space" – transition worker.

Box 6: Family Planning New Zealand's statement on sexual and reproductive rights

- equality, equal protection under the law and freedom from discrimination, regardless of their sex, gender, gender identity, ethnicity, culture, sexual orientation, disability, relationship status, age or religion.
- accurate, accessible, culturally responsive health information and services necessary to optimise sexual and reproductive health.
- comprehensive education to develop the knowledge, skills, and values necessary to make informed decisions about their sexuality, relationships, health and future.
- privacy and bodily autonomy including the right to make decisions that impact their sexual and reproductive health. This includes the right of people to access contraception, abortion services and referrals for abortion.
- express their sexuality without hurt or violation of the rights of others.
- participate in society fully regardless of sex, sexuality or gender identity including realising the right to education.
- benefit from scientific and social progress equally.

Sexual and reproductive health and rights philosophy (familyplanning.org.nz)

Multi-layered needs

85. Sexual and reproductive health needs are significant throughout adolescence and into young adulthood as young people explore their identity and sexuality, and build connections with new friends, partners, family, whānau and communities. Information and support to meet these needs to begin as early as possible, and well before young people leave care at 18 years of age. Young people involved with Oranga Tamariki are sexually active to a greater extent than young people not connected to Oranga Tamariki[68] and more likely to be dis-engaged from school.

86. The in-care and the transitioning populations sexual and reproductive health needs are multi-layered – their experience of abuse and neglect and other traumas play out in different ways including early sexual experience, pregnancy and parenthood. Difficulties trusting others and the lack of safe people in their lives make it harder to find information, help and to have healthy romantic and sexual relationships.

87. Caregivers, kaimahi and transition workers can provide support, if they have high trust relationships with young people. However, some kaimahi and caregivers may be unwilling or unable to support young people (this is less likely to be an issue for transition workers who are youth work specialists). More training and

[68] What about me? Oranga Tamariki cohort - unpublished

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support are needed for caregivers and kaimahi, including considering non-kin caregiver suitability for supporting young people's sexual and reproductive health needs.

88. Delivering sexuality education to young people in education settings is not supported by some communities and to some extent society expects parents, family and whānau to provide sexuality education to young people. This expectation is unrealistic for the in-care and transitioning population.

89. The transition service provider survey found that sexual and reproductive health needs were more often met than other needs, though not always met (see Annex Three). Care-experienced young people are less likely to receive timely, good information about sexual and reproductive health and wellbeing or healthcare, especially if they are either not attending school or at a school that does not deliver school-based health services.

90. These issues compound for disabled and rainbow care-experienced young people. Disabled people commonly face prejudice regarding their sexuality such as being infantilised, held to be asexual (or hypersexual), incapable of reproduction and unfit partners and parents.[69] Their sexual and reproductive rights are not prioritised by health systems and they face additional barriers to sexual and reproductive health education, services and support. They are also at higher risk for abuse and particularly vulnerable to coercion and need support around different consent norms in gay male spaces and additional support to avoid and treat sexually transmitted infections. [70]

Current service provision

91. The Ministry of Education delivers 'Sexuality Education' through schools and school-based health services provide sexual and reproductive health care to young people in some but not all secondary schools. Care-experienced young people in education settings may not be able to engage with the sexuality education curriculum due to personal factors (trauma) or whānau and caregiver factors (judgemental, misinformation) and service factors such as the cultural safety, youth friendliness, and personal biases of those delivering the curriculum.

92. Care-experienced young people unable to access school-based health services are reliant on primary health care to meet these needs or online resources or helplines. Pharmacies provide limited services at a cost, including over the counter emergency contraception. Family Planning, YOSS and other youth health services, kaupapa Māori, and Pacific health providers can meet sexual and reproductive health needs. However, these are not available in all areas, lack capacity to meet demand and, except for YOSS, are not always free (although may be subsidised for targeted populations).

93. There are limited services targeted to priority populations including Family Planning delivered sexual health promotion services into Oranga Tamariki

[69] Sexual Rights Initiative. (2018). Submission to the Special Rapporteur on Rights of Persons with Disabilities on the Right of Persons with Disabilities to the Highest Attainable Standard of Health https://www.ohchr.org/sites/default/files/Documents/Issues/Disability/StandardHealth/SexualRightsInitiative.docx. Accessed 11 May 2023.
[70] Supra.

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residential services, and some Pacific and Kaupapa Māori services[71] for young people. The Ministry of Social Development has also developed a primary prevention, whole-of-population campaign aimed at fostering safe, positive, and equal romantic and sexual relationships underpinned by public health principles.

Gender affirming health care

"In …, we're really blessed with this core provider …. I know a care-experienced transperson who just flourished in a safe environment where they can be themselves and be supported on that journey" – care experienced young person.

Box 7: Health system activities to provide better access, support and treatment for rainbow communities through the health system

1. **Prioritising rainbow health and in the expansion and enhancement of school-based health services**. The programme has a focus on populations currently not well served by the system, including rangatahi who are Māori, Pasifika, rainbow, disabled and rangatahi in care.
2. **Developing a rights-based approach to health care for intersex children and young people** to prevent unnecessary medical intervention including guidelines, upskilling health professionals, providing intersex children, young people and whānau with information and peer support.
3. **Improving access to primary care for transgender and non-binary people** including models of care, national gender-affirming healthcare guidelines, and training and workforce resources.
4. **Improving the mental wellbeing of rainbow communities** new initiatives to increase access to mental health supports and to provide rainbow competency training for health services.
5. **Building a platform with the rainbow community** to include their voices in the design, delivery and performance of the health system.
6. **Supporting Pacific providers to identify and address the health needs of priority communities**, including youth, the rainbow community, older people, Tagata sa'ilimalo/the collective of families, carers and people with disabilities, and those with lived experience of mental illness and addiction.

94. This assessment did not include speaking to takatāpui or rainbow care-experienced young people, or they did not disclose. Oranga Tamariki kaimahi, transition service providers, and transition workers spoken to gave examples of well-supported rainbow young people and youth health services hosting vibrant rainbow communities. While this is great to hear it does not represent the experience of all children and young people in care or transitioning to independence. Many general practices are either unwilling or unable to provide gender affirming primary health care to young people.

95. The health system has activities underway that can improve health outcomes for takatāpui and rainbow children and young people in care and transitioning to independence including improving access to primary care for transgender and non-binary people (see Text Box 7). Oranga Tamariki and Manatū Hauora Ministry of Health are working together to ensure equity of access and outcomes for these populations.

Oral health care

"Rangatahi have no financial support to get [oral health care] which is massive for self-esteem" - care experienced young person.

[71] *Te Kaha o te Rangatahi* prioritising rangatahi Māori including young parents and *Village Collective* for Pasifika youth including a rainbow fale.

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"… the young person has a black tooth, and everyone is pointing at each other to provide the help - care experienced young person.

96. Young people insisted that oral health care be included in this assessment. They highlighted how important oral health care is to feel good about themselves to connect with others. They also stressed that healthy teeth are important for finding good, well-paid jobs. Many children and young people in-care and the transitioning population have not had the opportunity to access the publicly funded oral health care to which they were entitled and have high unmet oral health needs that are not quick or easy to fix and are costly.

97. Care-experienced children and young people often need care provided by trauma-informed professionals and across multiple sessions. Oral health officials from Te Whatu Ora explain that many publicly funded oral health services for 0–17-year-olds are often unable to provide this level of service. For some children and young people, the only option is dental treatment in hospital under general anaesthesia.

98. Once young people turn 18, if they meet the income and asset eligibility criteria, they can access Ministry of Social Development (MSD) non-recoverable special needs grants of up to $1000 in any-one year for oral health care through private dental practices – this is a big increase on the $300 grant previously available[72] but may not be sufficient to meet the costs of catch-up oral health care (see Text Box 8). The grant does not cover a routine check-up and a professional cleaning, and the need to engage with MSD may be a barrier.

Box 8: Transition service case study

- The Transition support helpline received a call from a young person (aged 21) needing assistance with dental treatment. The young person's planned dental work was incomplete when they left care. They were in pain with tooth decay and an impacted wisdom tooth.
- The total cost of the treatment was quoted at $6000.
- The young person used the MSD $1000 grant and their own savings to cover the cost of the first appointment ($1500).
- The transition service funded $4500 to cover the remainder of the treatment so that the young person could avoid significant debt - there were no other sources of funding available.

99. Transition service providers gave examples where the transitioning population's catch-up and ongoing oral health needs are being met. Oral health care is provided to young people in youth justice settings – although this may not fully meet needs as oral health care is necessarily limited by the length of stay.

100. The government is concerned about inequity of access to oral health care and Vote Health funding was made available in Budget 2022 to improve equity of access and outcomes with the provision of mobile dental clinics. Allocation of these has been prioritised to areas with the highest oral health needs and will take time to develop and roll-out.

[72] Te Whatu Ora reports that the Ministry of Social Development has advised that since the changes, there has been an uptake in dental grants and the average amount paid for assistance is $744. Between 1 December 2022 to 23 January 2023, only four people have required additional recoverable advances for their dental treatment with a total debt of $4000. This compares to recoverable advances of approximately $4.1million for the previous year and prior to the introduction of the changes. Personal communication 29 May 2023. Personal communication.

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101. The funding model for oral health services for 13–17-year-olds is currently demand-driven with low access rates for Māori and Pacific children and young people. The Ministry of Social Development is currently funding oral health care for the transitioning population on a case-by-case basis and and Te Whatu Ora is funding oral health care for the in-care population. There is an opportunity to look at the current oral health funding models for both the in-care and transitioning populations with the possibility of providing catch-up oral health care to address inequities.

Recovery from trauma and support for wellbeing

"The processes that exist aren't good enough… I'm gonna do it [sensitive claim to ACC] because I want my boy to have a mum who isn't gonna flinch and get angry about a cuddle – a child just doesn't deserve that reaction" – care experienced young person.

"The people who were in care are the people who kept me well. Adults often were trying to dictate" – care experienced young person.

"You don't need to be a therapist to be therapeutic" – child and youth mental health professional.

As part of her care plan, we decided to try Mirimiri/Rongoa as a tool in lieu of talk therapy, she was very open to this idea as she is not much of a talker, it takes a long time… two other female rangatahi, are also interested in alternative therapy methods such as Mirimiri/Rongoa, they too struggle to connect with strangers, however the process with mirimiri is a bit more appealing - quarterly report from kaupapa Māori transition service provider.

"I wanted to kill myself. I didn't have any hope. He [transition worker] took me to the gym and now I'm getting into bodybuilding. This changed my whole perspective on myself and my confidence. He gave me hope. He told me how I needed to turn my life around to get to a better place. I didn't grow up with a dad. He became the dad figure in my life. I call him dad" – Young person with a transition worker as part of the JustSayin' 2021 survey.

102. Transitioning from care or custody to independence surfaces both trauma and opportunities to recover from trauma, but a broader range of trauma informed supports and services are needed.

103. This part of the report builds off the finding of the Primary health needs report calling for a trauma informed system, including shared professional development, credentialling and funding of trauma informed services and guidelines on evidence-based treatment for trauma, including for whānau.

104. This report aims to increase recognition of the fact that psychological therapy is insufficient and may not always be indicated to respond to and heal trauma. Recovery from trauma is often a life-long journey similar to recovery from serious physical and mental illness and addiction - treatment and medication have an important but limited role in helping people claim or reclaim good lives. Trauma responses can be broad and include preventing further trauma (for example, multiple placements, entry into unhealthy relationships) and supporting positive attachment relationships (for example, trained caregivers,

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transition workers). Therapeutic professionals can come from a variety of disciplines and need not be mental health and addiction professionals or counsellors.

105. The survey for this needs assessment (see Annex Three) found that transition service providers consider that trauma needs are either rarely met (11/23 responses) or sometimes met (11/23 responses). Only one provider indicated these needs were always met. This was the least met health need of the needs surveyed. The survey question did not seek information on the services and supports responding to trauma that transition service providers find lacking simply asking if trauma was an unmet need.

Voices of care-experienced young people

106. Care-experienced young people recognise that the experiences that resulted in them coming into care, and in many cases, their in-care experiences have been deeply traumatic. The effects of this trauma are bodily-felt and resound through their lives adversely affecting relationships, their mental health, and their ability to function day-to-day. Care-experienced young people want help to recover from trauma, for themselves, and for whānau to heal the intergenerational harm that led to their removal into care, and to create foundations for healthy relationships in adulthood.

107. Young people know what is helpful for them, but services and supports are not available when needed, or not sustained. Young people want support from knowledgeable, trauma-informed professionals to help them recover from trauma. Young people want holistic and culturally safe care focused on well-being and a broad array of services and supports including, but not limited to, opportunities to improve life-skills to reduce the impact of poverty, access to traditional Māori medicines, other alternatives to talk therapies, and to strengthen their identity and wairua through connections to culture, whānau, to each-other, and to communities of support. Young people want opportunities to engage and learn from inspirational leaders, especially care-experienced ones, capable of instilling hope and perseverance towards achieving their goals, and sometimes providing caution for pathways best avoided.

108. Care-experienced young people contributing to this assessment said that what had helped them most was support from their care-experienced peers. They supported the concept of a professional, care-experienced peer support service, as an adjunct to professional and holistic support, that could consistently provide peer support and programmes to care-experienced young people. They cautioned that their peers were vulnerable to exploitation and further harm if not trained, supported and fairly remunerated.

Current service provision

109. Child and youth mental health professionals spoken to emphasised that there is rarely a simple, linear path to an individual's recovery from trauma. Counselling and psychological treatment are often not helpful until an individual is ready - which may be later in life. Young people who have been in care especially those with multi-layered needs, may have significant interpersonal barriers to

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trusting others. They need active facilitation to access community-based supports. Key considerations when supporting traumatised young people are preventing further trauma because the impacts are cumulative, and experiencing well-supported, secure, and trusting attachment relationships.

110. Care-experienced young people and transition workers highly valued the engaging, holistic services and supports provided by YOSS and other youth, Kaupapa Māori and Pacific health services, many of which offer primary mental health services and counselling that can help with recovery from trauma. The transition service helps young people access free counselling services, however these are in short supply, and will fund counselling if needed however, some young people don't want counselling.

111. Transition service providers gave examples of supporting individual access to traditional Māori medicine and non-talking therapies (for example, equine therapy and art therapy) and aids for sensory modulation[73] (for example, weighted blankets) and these were helpful. Some transition service providers offer group programmes to enhance life-skills and build connections with peers sometimes connected to the service provider's focus (for example, bushcraft). Transition service providers can and do provide opportunities for the transitioning population to connect with each other, but it is not required or routinely offered.

112. Oranga Tamariki is committed to ensuring that care-experienced voices inform strategy and service design and has established an active Youth Advisory Group. In addition, VOYCE Whakarongo Mai (VOYCE) which stands for 'the Voice of the Young and Care Experienced - Listen to me' was established in 2017 as an independent charity to advocate for children. VOYCE has a care-experienced National Youth Council. It operates a contact centre for children and young people in care and hosts eight kaiwhakamana teams in main centres with flexibility to travel to rural areas to meet and support children and young people in-care. It also runs local events and experiences to create safe networks and communities that connect care experienced young people to help build positive morale. Kaiwhakamana are youth workers rather than peer support workers.

113. Oranga Tamariki has a clinical services team and therapies that help children and young people in care and whānau recover from trauma. The service's psychologists and other clinicians can support transition workers and the transitioning population, but these clinical services are in high demand with waitlists, so tend not to do so. Also, the transitioning population may be reluctant to work with the Oranga Tamariki clinical services team.

[73] Sensory modulation can be helpful in managing anxiety and dysregulated emotional experiences common in the experience of trauma.

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114. Care-experienced young people and transition workers contributing to this assessment considered "time-limited" primary mental health services do not meet the multi-layered needs of the transitioning population because of limited time for whānaungatanga, and knowing that support would run out making it too risky for young people to share their stories.

115. Mental health and addiction system leaders contributing to this assessment questioned these reports, emphasising that a young person can attend "Access and Choice" for as long as they need, for as many sessions as they require, and can return to the service at any-time (see Text Box 9).

116. There is clearly a need to further investigate if the transitioning population is accessing primary mental health programmes, and if not why and to strengthen connections between transition service providers and primary mental health services at the national and local levels. This should include increasing understanding of the transitioning population's access to and experience of the expanding range of online tools and telehealth options focused on wellbeing and prevention and early intervention with mental health and addiction issues.

Box 9: Access and Choice

Access and Choice is part of a continuum of support, treatment and therapy available for young people experiencing distress and promotes early detection and intervention. There are no criteria to access these services, no cost, and support is immediate and rapid. Access and Choice providers work with other mental health and addiction services in their local area to ensure their services form part of an integrated network of services for young people who are experiencing mild to moderate distress. This includes a referral pathway through and between primary and secondary mental health and addiction services. The programme includes these service delivery workstreams:

- Integrated primary mental health and addiction services (IPMHA), delivered through general practice teams
- Youth specific primary mental health and addiction services for 12- to 24-year-olds
- Kaupapa Māori primary mental health and addiction services for people of all ages
- Pacific primary mental health and addiction services for people of all ages.

Broadening the range of supports for recovery from trauma

117. There may be scope for children's agencies, alongside the transition service, to consider how to broaden the supports and assistance currently available to better support the transitioning population's wellbeing and recovery from trauma. This could include exploring expanding care experienced young people's access to peer support.

118. The mental health and addiction sector has a long tradition of lived experience leadership, and peer and whānau support. The expansion of the lived experience role, including peer support in mental health and addiction services is one of the strategic directions set out in *Kia Manawanui Aotearoa: Long-term pathway to mental wellbeing (Kia Manawanui).* [74]

119. This assessment tested support for a peer support workforce and service model with stakeholders. Oranga Tamariki staff identified a caution around connecting children and young people in care with each other because of both

[74] Ministry of Health. (2021). *Kia Manawanui Aotearoa: Long-term pathway to mental wellbeing*. Wellington: Ministry of Health.

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the need to protect their right to privacy and managing the complexities and dynamics when supporting young people with multi-layered needs. Many stakeholders consider that expanding the ways in which care-experienced young people can connect with each other merits further exploration, balancing these needs and rights.

120. Well-supported, care experienced peer support workers could help young people to practice greater self-care and support them when they are in crisis, sometimes reducing the need for acute mental health and addiction services. A peer support workforce can also help care-experienced young people take pride in their care backgrounds reducing self-stigma.

Box 10: Excerpt from the 'Foreword' of the Consumer, peer support and lived experience mental health and addiction workforce development strategy: 2020–2025

"This strategy has been many years in the making. It is written by and for the mental health and addiction consumer, peer support and lived experience workforce. The strategy will also have use and value for many health, social and government sectors and for those who work alongside us.

Our workforce is a workforce of courage and generosity.

- It takes courage and strength to own your lived experiences and be "out" in a world that still sees us as different, potentially dangerous and as lesser people or stereotypes.
- It takes courage to go back into the places where we were forever changed, that have sometimes harmed and traumatised us.
- It takes strength to be with people who are experiencing some of the hardest times of their lives when your core being remembers exactly how that feels.
- It takes courage to say NO, this is not right, and push to inform, challenge and change our world.
- Most of all it takes generosity to turn our hard-won experiences into positive opportunities for people like us, and to support services and organisations to be most effective and responsive to the people they serve."

Te Pou. (2020). *Mental health & addiction consumer, peer support & lived experience: Workforce development strategy 2020 to 2025.* Auckland: Te Pou.

Mental health and addiction services

"Like when do we go ohhhh this is really bad? Like at what point? Like it always has to get to crisis point before you feel like you can actually burn someone with that issue… and by that point everyone sees a hot mess" - care experienced young person.

"Mental health services are not responsive or accessible. Too often our transitions rangatahi are turned away when it is found they have been in care, even when presenting with serious issues" - transition service provider.

Iwi, Open Home Foundation, the Youth Justice residence, Corrections, other governments agencies and NGOs, schools and tertiary education providers, health providers, and other community service providers, are all partners (or potential partners) for a robust and successful service. We regularly meet to strengthen relationships, share information, and support each other with our clients - quarterly report from transition service provider.

121. The transitioning population are largely reliant on the adult mental health and addiction system to meet their needs. There are real challenges accessing these services and supports and no simple solutions.

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122. This section of the assessment continues the *Mental health and wellbeing needs of children and young people involved with Oranga Tamariki – in depth assessment* (Mental health assessment) focused on the needs of the transitioning population (see Text Box 11). The Mental health assessment found that the Oranga Tamariki system response is not fulfilling its legislative obligations to assess and meet the high mental health needs of children and young people involved with it and identifies key gaps in services and supports. It emphasises that the system of mental health and addiction supports and services needs to reflect the complexities of the underlying factors contributing to these needs and, in line with *Kia Manawanui*, recommends focusing on prevention and early intervention.

Box 11: Mental health assessment focus areas for system change

The five focus areas are:

- Identify what a good system response looks like, including the roles of relevant agencies.
- Build frontline workers' and caregivers' knowledge in identifying and addressing mental health and wellbeing needs
- Improve collaboration and navigation.
- Increase the capacity of existing services and supports for moderate to high needs
- Investigate current levels of unmet mental health and wellbeing needs.

The focus areas aim to drive system change where:

- needs are identified and met earlier.
- needs are consistently met in a holistic (i.e., oranga-informed), trauma-informed way – to reflect the complex nature of mental health and wellbeing.
- over time, acute needs are reduced (due to needs being met earlier), but when they do arise are met in a timely manner.

Transition worker and service provider experience

123. The transition worker and service provider views expressed in this section are the result of stakeholder interviews conducted for this assessment, qualitative responses provided as part of the transition service provider survey (see Annex Three), and a review of transition service provider quarterly reports (received March 2023).

124. The frustration expressed by transition workers and service providers needs to be tempered by recognition that 'other' service expectations of mental health and addiction services are sometimes based on an unrealistic understanding of what mental health and addiction services can achieve. Frontline workers understandably look to mental health and addiction services to "fix" people they are struggling to support and hold. Mental health and addiction services are also responding to both acute and long-term demand in other sectors, including the criminal justice sector and people with early risk factors for involvement with Oranga Tamariki.

125. Some of the reports of mental health and addiction responses to the transitioning population, are very far from what is regarded as good practice and likely to represent outlier, localised responses. Both *Kia Manawanui* and *Oranga Hinengaro, System and Service Framework*[75] (*Oranga Hinengaro*) respond to government recognition that significant mental health and addiction system, service and workforce development is needed over a decade or more to address workforce and service gaps in order to deliver the systems, services

[75] Ministry of Health. (2023). *Oranga Hinengaro System and Service Framework*. Wellington: Ministry of Health.

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and supports to respond to the full continuum of mental health and addiction need.

126. This assessment has mostly focused on negative experiences of mental health and addiction services because, within the scope of this assessment, this is mostly what was reported. Transition workers and Oranga Tamariki kaimahi also gave examples of where mental health services had worked hard and been very successful in supporting young people and local collaborative networks providing holistic care and wrap around support for young people in their service. The goal of this assessment is to increase recognition and understanding of the challenges the transitioning population are experiencing accessing mental health and addiction care and to look for solutions including where more work is needed.

127. The diagram in (see Text Box 12) shows the relative size of the response to the question "if you could improve one area of health services what would it be?" in the survey of transition support providers. They called for "access to GPs," "timely access to mental health services and trauma support" and "access to rehab' for drug addiction."

Box 12: If you could improve one area of health services what would it be?

128. The survey of transition service providers for this needs assessment showed higher rates of health service responsiveness to "illness and conditions" than other health needs. Mental health and addiction were the least met needs after trauma. Just six out of twenty-three transition service providers who responded to the survey said mental health needs were mainly met and just one provider said these needs were always met.

129. Transition service providers quarterly reports reveal high levels of unmet mental health need in the young people they support. Transition workers talked about being left to "pick up the pieces" and having to work well beyond their scope with young people in crisis with multi-layered needs with no information, diagnosis, or case formulation to unlock access to mental health services. They describe young people requiring intensive and ongoing support to manage their mental health with the causes attributed to emotional disconnection from whānau, grief and loss, and behavioural dysfunction due to traumatic experiences. Young people are self-medicating with cannabis and synthetics to "survive their feelings" alongside heavy methamphetamine use. They describe actively suicidal young people and others with suicidal ideation or self-harming. They talked about young people's feelings of rejection when turned down by mental health services accelerating further decline in their mental health and young people's increasing distrust of mental health services and reluctance to

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engage. They highlighted the unwillingness of addiction services to work with young people who they judged as lacking motivation to change.[76]

130. They experienced adult mental health services refusing to assess young people in crisis or assessing their issues as behavioural or drug-induced or insufficiently serious. Transition workers struggled supporting actively suicidal young people whom mental health services would not see. Young people who had been accessing CAMHS services were unable to transfer into adult mental health services because they did not meet the higher threshold, or because they lacked a diagnosis[77,78] or were placed on a two-year waitlist.

> ***Box 13: Transition service case study***
>
> A young girl in a transition service repeatedly presented at our mental health crisis service often with cuts and bruises and lashing out. She was not assessed by the service because "she might be high" or it was "behavioural." Eventually the transition service paid for a psychiatrist to travel to assess her, who diagnosed her with a major depressive disorder and an intellectual disability. We were then able to access funding and get her the support she needed. It took a lot to organise the funding for the expensive assessment and we had to pay for airfares as well. She should have been able to access the assessment through the hospital and there should have been a way to consider her traumatic history.

131. We heard evidence of mental health services becoming aware that Oranga Tamariki or the transition service are involved with a young person, and declining access expecting Oranga Tamariki to fund the assessment and treatment. Transition workers spoke of young people with serious issues discharged from mental health services with nowhere to go, with them expected to pick up the pieces for the young person.

Role and accountability of mental health and addiction services

132. Mental health system and service leaders spoken to for this assessment recognise these issues. They consider that the role of mental health services is to be where young people are and that includes providing support for the transitioning population and ensuring that young people are not missed.

133. They acknowledge the challenges transitioning into adult mental health services - the consequence of variability in eligibility criteria and a lack of capability in adult services to work effectively with young people. In the past, CAMHS were able to hold some young people until they turned 20 but the demand for CAMHS has increased so this is rarely an option now.

134. ACC is responsible for providing cover for some traumatic experiences - mental injury and sexual abuse and this demarcation adds complexity for people seeking to access psychological and mental health services to recover from trauma and for mental health services endeavouring to respond to multi-layered needs. ACC is funded to provide treatment for 'sensitive claims' and this means that health services are not funded - the treatment of sensitive claims is an exclusionary criterion in many health services, including mental health services. ACC has the potential to provide trauma-informed health care pathways that

[76] Lack of motivation is an insufficient reason to deny access to addiction treatment services who can work to enhance motivation in a harm minimisation therapeutic model.
[77] CAMHS avoid unnecessarily diagnosing young people recognising that mental health issues often fluctuate and may fully remit in young people.
[78] Noting that adult mental health and addiction services' core business includes the provision of a diagnosis.

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can meet the holistic needs of eligible care-experienced young people through its sensitive claims process. Transition workers and young people contributing to this assessment had found it very challenging to access ACC services and supports. This assessment has not explored the gaps, barriers, and opportunities for increasing access to ACC-funded services, but this could be a priority for future work.

135. These mental health system leaders recognise that many services require a diagnosis, and this can be a barrier to access for young people with multi-layered needs. They talked about the need for services to work with case formulations to recognise compounding trauma consequent on removal into care, placement instability and other factors often driving "behavioural difficulties". Challenging behaviour is usually driven by the person's desire or an impulse to meet a need and can be related to a wide range of non-mental health-related issues (for example, disability needs, physical health issues, trauma or attachment issues). A case formulation can assist frontline workers and services understand how to scaffold support for the young person, responsive to their culture and identity, and to support healthy connection to whānau and others.

136. Mental health system leaders point to mental health service gaps – the need for intensive long term therapy programmes that can work effectively with young people with severe behavioural difficulties but currently, can't be resourced to meet the levels of need. Also, the need for specialist services to provide greater support to primary mental health services enabling them to hold and work with young people with multi-layered needs in primary health care settings.

137. Mental health system leaders are concerned about the transitioning population's lack of basic life-skills and readiness to enter the workforce placing them at greater risk of poor life outcomes, including prison. Mental health system leaders emphasised that mental health and addiction services are only part of the solution stressing the critical importance of Oranga Tamariki's work, alongside all children's agencies, to address traumatisation and provide environments that promote wellbeing for all children and young people in care or custody. This includes reducing placement instability and prioritising children and young people's needs for an ongoing relationship with a trusted and pro-social adult.

Health system reforms

138. Mental health system leaders emphasise that there is a long-term plan for services for the young adult age range to be developed in line with evidence about human development which recognises that adulthood does not begin until their late twenties. This means that young people will not be required to transition to adult services until their 25th birthday but will have the choice to do so from the age of 20. In response to the Mental health assessment, the Ministry of Health | Manatū Hauora has committed to reviewing specialist child and adolescent mental health services.

139. Significant investment in primary mental health services means there are more mental health services than ever before. Demand is increasing because people

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are more focused on their mental health and wellbeing and mental health is increasingly being recognised as important as physical health. In some areas, there are now specialist Kaupapa Māori and Pacific mental health and addiction services. Mainstream mental health services are upholding their Treaty of Waitangi obligations ensuring culturally competent services for Māori and culturally safe services for other priority groups, including rainbow communities.

140. The focus areas to drive system change identified in the Mental health assessment (see Text Box 11 on page 35) are equally relevant for improving the system response to the transitioning population's mental health and addiction needs and provide a template for developing the system response.[79]

141. Oranga Tamariki can potentially support the Pae Ora (Healthy Futures) health system reforms (see paragraph 152 below) and mental health system reforms by working with health agencies and commissioning services that are already working well to deliver to the transitioning population including youth services, Kaupapa Māori and Pacific health services recognising that the transitioning population cannot wait for the system to change.

142. Mental health and addiction services need to contribute to multidisciplinary, collaborative forums to determine service lead, role, contribution, and phasing of assessments, supports and services for young people with multi-layered needs and mental health and addiction services may play a significant role in their recovery journey.

Health services for disabled young people with multi-layered needs

143. This assessment has not considered the gaps, barriers, and opportunities for the transitioning population to access disability-specific services and supports funded by Whaikaha, the Ministry of Education, or other government agencies. Oranga Tamariki is currently developing a Disability Strategy designed in collaboration with disabled people Oranga Tamariki works with, and their champions. The Strategy aims to embed a social and rights-based model of disability within Oranga Tamariki, grounded within the Treaty of Waitangi.

144. This assessment focuses on the additional barriers disabled young people with multi-layered needs in the transitioning population face having their health needs met. The key finding regarding the limitations of mental health and addiction services, on their own, to meet the multi-layered needs of the transitioning population are equally relevant to this population.

145. Mental health and addiction professionals and disability and other health professionals have enduring challenges agreeing on how to meet the needs of disabled young people with multi-layered support needs. For example, mental health system leaders spoken to for this assessment consider that disabled young people's unmet mental health and addiction needs can be relatively low in proportion to their other unmet needs, but this was refuted by other stakeholders. The consequence for the young person is that their needs go unmet and compound and transition services, whānau/family, and caregivers

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are left holding these young people without enough health, disability, and other service scaffolding in place to address their needs.

146. The transition service, working beyond their scope and role, have to prevail upon health and other agencies to provide the supports and services disabled young people with multi-layered needs require to improve their health and wellbeing and to support sustainable accommodation, income, and all the things that contribute to a good life, irrespective of impairments.

147. Caregivers for disabled young people report that they receive minimal support from health and disability services. They advocate for the young person, educate transition services on how to navigate the health and disability system, and negotiate funding for assessments and tests. Caregivers say it is challenging for young people to access counselling services and high-quality mental health services. There is also little support available for caregivers themselves which impacts on their emotional availability to the young people in their care.

148. The regional disability advisors confirmed the challenges accessing mental health and addiction services for disabled young people including some mental health services insistence that mental health and disability issues cannot coexist. Regional disability advisors also gave examples where mental health services had gone above and beyond to find sustainable solutions for disabled young people.

PART E – Focus Areas

Government processes and platforms to build on

149. The transitioning population are leaving care without their health needs being systematically met, these needs compound and present challenges for that developmentally important transition. A large cohort of the transitioning population has multi-layered needs and it is they who struggle the most to access catch-up and ongoing health care. The transition service has a role supporting the transitioning population's access to health services but this role is not well-understood by health services and gaps in health services that can support young people with multi-layered needs make the transition service provider role a difficult one. Mental health and addiction services are particularly important for the transitioning population who want support to recover from trauma, to cope with the challenges of their transition to independent adulthood, and to achieve oranga/wellbeing.

150. Across government, there are already significant initiatives underway which will help meet the health needs of the transitioning population. These include priority areas under the Child and Youth Wellbeing Strategy, actions under the Oranga Tamariki Action Plan, the transformation within the health system including the mental health and addiction system reforms set out in *Kia Manawanui* and *Oranga Hinengaro* and the Oranga Tamariki Future Direction Work Programme

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151. In 2019, Oranga Tamariki implemented the transition service to provide young people leaving care and transitioning to adulthood with support, assistance and advice from the ages of 15 and up to 25 years. The transition service is on its own journey supported by a four-year evaluation programme drawing to a close in 2024 and its findings will inform future transition service development.

152. This report comes at a time of significant change in the health system as the government works to deliver the Pae Ora reforms, with the intent of:

- meeting the complex demands of a growing population
- address the persistent inequalities experienced by Māori
- ensure greater access, experience and outcomes for those traditionally not well served by the system – Māori, Pacific and disabled people
- utilise modern technology and develop new and innovative ways of working
- focus on keeping people, their whānau and their communities well and out of hospitals – not just caring for them when they get sick.

153. The Pae Ora reforms will also create a more locally responsive system, through the use of localities and Iwi-Māori Partnership Boards that will enable local priority identification and planning. These are significant long-term changes, but they will create a system that can be more responsive to the transitioning population, including whānau and families.

154. *Kia Manawanui* provides a national level view of long-term priorities for systems change and signals how those priorities will evolve over time. *Oranga Hinengaro* identifies the core components of a contemporary mental health and addiction system with a 10-year view. It provides guidance for those responsible for publicly funded health system policy, design, service commissioning, and delivery critical shifts required to move towards a future system that supports pae ora, the types of services that should be accessible and available to individuals, whānau and communities.

155. The Primary health needs assessment considered that lifting the health and wellbeing of those in the care of the State is an important litmus test of the health system reforms. The transitioning population were very recently in the care of the State and require its ongoing, tailored support for their successful transition to adulthood. The areas for system focused proposed in the Primary health needs assessment and the Mental health assessment will contribute to improving outcomes for the transitioning population - while in care, preparing to transition from care, and transitioning to independence.

Focus areas for system attention

156. This assessment proposes the following additional focus areas, aligned to Oranga Tamariki's Future Direction Work Programme and the Pae Ora health system reforms, as well as *Kia Manawanui* which sets out the future direction for the mental health system. These focus areas are designed to improve health outcomes for those young people currently preparing to transition to independence and transitioning to independence.

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- Oranga Tamariki to continue to work on improving transition planning, increasing its focus on ensuring connections to health and wellbeing services can be made earlier. Putting in place supports during this phase has the potential to reduce the pressure on the transition service to respond to needs that could have been met earlier.

  Aligns to the "Ensure accountability arrangements for the Oranga Tamariki system are fit for purpose…" in the Primary health needs assessment.

- Improve access to health and oral health services and supports, including through Youth One Stop Shops, and Kaupapa Māori and Pacific health services able to meet the health needs of the transitioning population, particularly the cohort with multi-layered needs. This will need to investigate how to support effective connection to mental health and disability supports and services.

  Aligns to the ''Improve provision of whānau-centric health and wellbeing supports…" in the Primary care health needs assessment.

  Aligns to the "Improve collaboration and navigation"' and "Improve the capacity of existing services and supports for moderate to high need"' in the Mental health assessment.

- Explore opportunities to support the transitioning population with their recovery from trauma, recognising their need to do so as part of the transition to adulthood. This should include exploring further development of care-experienced peer support services and increasing the accessibility of primary mental health services for the transitioning population.

  Aligns to the 'Review the system approach to trauma-informed care.." in the Primary care health needs assessment.

  Aligns to the 'Identify what a good system response looks like, including the roles of relevant agencies' and 'Build frontline workers' and caregivers' knowledge in identifying and addressing mental health and wellbeing needs' and 'Investigate current levels of unmet mental health and wellbeing needs' in the Mental health assessment.

- Investigate the role of both ACC and Whaikaha in meeting both the in-care and the transitioning populations' health needs.

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Annex One: Young people with a transition worker

Figure One: Demographic characteristics of the young people that the Oranga Tamariki Transition Support Services are working with - 30 September 2022.

Age group	15	2%
	16	11%
	17	19%
	18	26%
	19 and above	41%
Gender	Female	42%
	Male	57%
	Diverse / unknown	1%
Ethnicity	Māori	56%
	Māori and Pacific	9%
	Pacific	6%
	New Zealand European and other	29%

Figure Two: Demographic characteristics of all young people eligible for Transition Support Services - 31 March 2023.

Age group	15	7%
	16	8%
	17	9%
	18	11%
	19	10%
	20	10%
	21	11%
	22	11%
	23	11%
	24	11%
Gender	Female	41%
	Male	58%
	Diverse / unknown	1%
Ethnicity	Māori	56%
	Māori and Pacific	9%
	Pacific	7%
	New Zealand European and other	27%

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Annex Two: Substance use tables

Table 1 – *Percentages in transitions populations only*

	15–17-year-olds		18–20-year-olds					
Measures	**Māori**	**NZ Eur**	**Pacific**	**Māori/Pac**	**Māori**	**NZ Eur**	**Pacific**	**Māori/Pac**
Hospitalisation (excluding PAH)	15%	24%	21%	25%	22%	21%	23%	26%
Mental health treatment (L/Y)	54%	58%	38%	55%	41%	46%	35%	40%
Mental health treatment (LT)	81%	83%	62%	83%	86%	85%	83%	87%
Substance use treatment (L/Y)	20%	11%	15%	20%	18%	11%	18%	19%
Substance use treatment (LT)	39%	20%	24%	38%	56%	35%	50%	68%
Chronic condition	4%	3%	N/A	N/A	6%	6%	N/A	9%
ED admission	31%	33%	21%	40%	37%	35%	30%	38%
PAH	4%	3%	N/A	N/A	3%	3%	N/A	N/A

Table 2 – *Percentage increases from the general population to the transitions populations*

	15–17-year-olds		18–20-year-olds					
Measures	**Māori**	**NZ Eur**	**Pacific**	**Māori/Pac**	**Māori**	**NZ Eur**	**Pacific**	**Māori/Pac**
Hospitalisation (excluding PAH)	10%	19%	16%	20%	12%	14%	15%	16%
Mental health treatment (L/Y)	36%	51%	34%	39%	31%	35%	31%	33%
Mental health treatment (LT)	64%	69%	53%	69%	61%	63%	70%	66%
Substance use treatment (L/Y)	19%	10%	14%	18%	17%	10%	17%	18%
Substance use treatment (LT)	36%	19%	22%	35%	50%	33%	45%	62%
Chronic condition	2%	1%	N/A	N/A	3%	4%	N/A	6%
ED admission	18%	24%	9%	28%	18%	22%	16%	22%
PAH	3%	2%	N/A	N/A	2%	2%	N/A	N/A

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Annex Three: Transition Support Service provider perspectives

Purpose

1. The young people the transition support providers support have multiple needs, which we have heard are unmet.
2. The survey forms part of the evidence base for the Oranga Tamariki Action Plan Health needs assessment for young people eligible for the transition support service. The information gathered is a supplement to that from two discussion groups held with a small number of providers and other information gathering activities such as reviews of the literature.

Collecting the information

3. The survey was qualitative in approach – we have not attempted to calculate all of sector measures.
4. Invitations to participate in an online survey were sent to 50 TSS providers to ask their views on a health services for young people. In addition links were provided to Oranga Tamariki staff to give to providers if appropriate. See Attachment 1 for the invitation and questions asked. The majority of the questions asked for open text responses.
5. The survey was opened from 57 IP addresses, there were 29 responses and in the main, 23 answers to each question. Ten respondents identified their organisation as a Māori organisation.
6. Coding was carried out by one person as this was a time and resource limited activity.

What we found

7. Providers told us there were a number of issues that prevented them meeting young people's health needs and there was a high degree of consensus on these from the providers.
8. The open text responses by providers were coded to a group reflecting the health domains used in the needs assessment. See Attachment 2 for the domains. Access to services had frequent mentions so it was pulled out of "Health Status' to stand alone. In the diagram the area of the circles indicate the frequency the domains were mentioned in response to the question "What are the gaps in support?"

The most prevalent issue was access to services, particularly GPs.

9. There were issues with registering with a GP when the number of GPs in a region was insufficient or zero. Those TSS providers with inhouse GPs had fewer

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problems – but lack of sufficient hours to meet demand for appointments was still mentioned. Wait times for an appointment were also seen as a barrier.

"Most if not all rangatahi are not registered with their local GP, when they are transferred to another region files are not being transferred with them."

"Booking appointments sometimes if its urgent as finding a GP who doesn't do walk ins is one thing and then finding one that can be seen now or in the same week"

"Another, is not having a fixed abode for them to register with a District Health Board."

"Wait times for appointments to see a GP. Can't be seen for several weeks by which time the issue is resolved or have at to go to afterhours/ED GP practices not accepting new patients and YP being put on a waitlist to enrol."

10. Difficulty in accessing professional services such as psychologists was also common. In particular mental health services were difficult to access, and young people could suffer from stigma of having been in care. Assessments were costly and had lengthy wait times.

"Mental health services are not responsive or accessible. Too often our transitions rangatahi are turned away when it is found they have been in care even when presenting with serious issues"

11. Although infrequent, the need for culturally appropriate services was mentioned by some providers.

"No Māori mental health nurse"

Drop off of access to services when a young person turned 18 was a concern

12. Cost and prioritisation affected access to health services for the 18 and overs. In addition before 18 social workers assist with access.

"Once our Rangatahi turn 18 they are put off accessing healthcare due to having to finance it themselves."

"We are struggling to find a service to manage high and complex health needs once a youth has turned 18." Typically OT social workers fill this role prior to them turning 18."

"Youth that are engaging with ICAMHS age out at 18 and sometimes do not get referred on to the adult mental health teams."

Cost and funding for health services was also an issue.

13. Costs of professional services, and the lack of funding for specialist activities were frequently mentioned.

"We are fortunate to have medical service as part of our wider team. However, the barrier we have faced is poor funding for this particular service. This has been a significant barrier as care-experienced rangatahi accessing our Transitions Service and those through other Providers of the contract trust our Medical Service but are curerntly unable to access due to limitations of funding support."

"Not asking to throw money at the problem, but being more open to the 'bigger picture' and what can be done to achieve positive outcomes in those areas of interest and impact."

14. Oral health problems and getting to a dentist were also mentioned.

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Transition support workers acted as advocates and coaches for young people

15. There were mentions of the kaimahi making appointments, organising transport to appointments and then advocating for the young person to ensure they got the services they needed. Some mentioned the goal was to enable the young person to interact with the health system independently in the future.

Young people were often not health literate, but professionals were also not providing services in a way that suited young people.

"Also, finding youth-friendly health services that are affordable and welcoming."

"Accessing youth friendly care eg providers that speak in terms rangitahi can understand."
"Often the challenge is how they would get themselves there if they don't feel comfortable going with their TTA worker."

"Comprehension: Sometimes the challenge lies with the young person understanding the importance of accessing the health service. If the young person does not understand the importance, they face a challenge of not having their health needs met."

Lack of trust in providers and health professionals created barriers to receiving treatment

"Non-compliance of medical treatment plans. This is nutured through developing a trusting relationship with rangatahi by our Transition Kaimahi to help implement medical treatments."

Previous experiences, such as lack of support impact health literacy.

"Not having enough previous support with accessing health care services therefore lacking knowledge of what services are available in the community, how to access them, and how often to engage with services. e.g. sexual health services, dental care AND formal assessments for disability"

"young people having bad experiences with previous services, young people not wanting to engage with anymore services due to experiences when in care."

The developmental stage of young people affected their approach to health care.

"young people have an invincible mentality and very rarely access health services, even with support and encouragement from YTW."

"Every young person is different, which requires different strategies in working with them. Time is also a factor"

Providers were asked to what extent young people could access the services they needed.

16. Across the board there were very few responses that said needs were always met in a domain. Despite the challenges with enrolling with and getting appoints with GPs treatment the domains with the most positive results were for Treatment for illness and conditions, and Sexual and reproductive health.

17. The areas with the fewest met needs were Mental health, Addiction services and Trauma.

Q. Are the young people you support able to access the health services they need below? Please choose the level that applies to each health domain. (The highest count of responses per domain are red in the table.)

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Domain	Rarely met	Sometimes met	Mainly met	Always met	Not applicable /Never needed	Total
Treatment for illness and conditions	2	4	12	4	0	22
Mental health services	7	10	5	1	0	23
Addiction services	6	11	4	0	1	23
Trauma	11	11	1	0	0	23
Sexual and reproductive health	5	5	10	3	0	23
Sexual orientation and gender identity	7	7	5	2	2	23
Hauora Māori and well-being	5	8	6	2	2	23
Health literacy	6	11	4	1	1	23

Trauma and Mental health services were areas of unmet need

18. Trauma, mental health and addiction services was the area that providers would most like improved, with general access a close second.

19. The diagram indicates the relative number of response to the domain mentioned in response to the question "If you could improve one area of health services what would it be?".

    "To have timely access to mental health services and trauma support."

    "Access to rehab for drug addiction"

    "Better funding to support more Youth One Stop Shops who deliver youth-specific support, including medical services."

    "Easy access for GP or Dental care, not having to wait due to new client positions being held for those who are new to the area".

Providers were willing to engage further to discuss health needs

20. The survey demonstrated the importance providers of TSS services place on the health of the rangatahi. The proportion responding was relatively high for an online survey, a number of people hoped that the survey will inform changes, and the majority who responded said they would take part in future research or would consider doing so if they were given more specific information.

    "We look forward to the outcome from this survey."

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Attachment 1: Invitation and Survey

Nau mai - Welcome to the TSS provider survey focussing on health!
This survey seeks to understand your perspectives of:

- The health care challenges facing young people aged 18-24 transitioning to independence from Oranga Tamariki care and custody.
- What is working well and what is challenging for TSS partners in supporting young people with health care needs or challenges?
- What options are there to strengthen support for this cohort of young people?
  The information will be used in a Health Needs assessment report to Ministers for July 2023.

Your answers will be combined with others and neither you nor your organisation will be identified.

Please note that the assessment is not focusing on access to disability services and supports.

We think the survey should take around 10 minutes to complete.

Doing the survey is voluntary, you can choose not to do it, but we hope you will.

Health needs of 18–24-year-olds who are eligible for Transition Support Services

Q1 **Challenges** What are the main health service challenges experienced by young people transitioning from Oranga Tamariki care? Please write in the box below.

Q2 What challenges are there for your organisation in providing health services and supports for young people?

Q3 How do you support young people who have a disability with health services:
With health care? Primary care? Specialist care?

Q4 What are the gaps in support?

Q5 **Access** Are the young people you support able to access the health services they need below? Please choose the level that applies to each health domain. You can hover over "Trauma" and "Health literacy" for help on what they mean.

	Rarely met (1)	Sometimes met (2)	Mainly met (3)	Always met (4)	Not applicable/ Never needed (5)
Treatment for illness and conditions (16)					
Mental health services (17)					
Addiction services (18)					
Trauma (31)					
Sexual and reproductive health (32)					
Sexual orientation and gender identity (33)					
Hauora Māori and well-being (34)					
Health literacy (35)					

Q6 If you could improve one area of health service for the young people you and your organisation supports what would it be?

Q7 Is there anything else you would like to tell us?

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Q8 To help understand your answers can you tell us a bit about you and your organisation?

- Organisation Name (optional) (1)
- Your email (optional) (2)
- Your role (3)

Q9 Where in New Zealand is your organisation located?

▼ Te Tai Tokerau (4) ..... Southland (25)

Q10 Would you describe your organisation as a Māori organisation?

- Yes (1)
- No (2)
- Unsure (3)

Q11 Some more research is planned. Would you be willing to be contacted about it?

- Yes (1)
- No (2)
- I would want more information to decide (3)

Q12 (If yes) Thanks for consenting to be contacted for more research. Please answer the questions below so we can contact you when more research opportunities arise.

If some more research is planned. Would you be willing to be contacted about it? = Yes

Q13 What is your organisation's name?

Q14 What is your first and last name?

Q15 What is your contact email?

Q16 What is your phone number?

Attachment 2: Health domains

1. Health literacy
2. Health status
    - access to money and funding, General practitioners and professional services,
    - current and prior engagement and experience of primary health care
    - immunisations and long-term conditions
3. Trauma and mental health and AOD issues and wellbeing
4. Connectedness - to culture, to whānau, other young people
5. Reproductive and sexual health
6. Sexual orientation and gender identity
7. Oral health