ORANGA TAMARIKI
Ministry for Children

New Zealand Government

Mental health and wellbeing needs of children and young people involved with Oranga Tamariki

Oranga Tamariki Action Plan

In-depth assessment

Contents

Executive summary

1. This report sets out the first phase of the in-depth assessment of health needs of children and young people involved with Oranga Tamariki, as required by the Oranga Tamariki Action Plan. This phase of the assessment focuses on the mental health and wellbeing needs of children and young people and their families and whānau involved with Oranga Tamariki, and to what extent the Oranga Tamariki system is meeting these needs.

2. The Oranga Tamariki system refers to the system responsible for providing services or support to children, young people, and their families and whānau under, or in connection with, the Oranga Tamariki Act 1989 (The Act). This includes (but is not limited to) supports and services provided by health, education, and disability agencies[1].

Purpose

3. The purpose of this report is to collate what we know about the current state of the mental health and wellbeing needs of children and young people involved with Oranga Tamariki and their families and whānau and identify key gaps in services and supports within the Oranga Tamariki system that correspond to their unmet needs. This includes a specific focus on services and supports provided by the health system and Oranga Tamariki.

Understanding and responding to mental health and wellbeing needs

4. Mental health and wellbeing is one component of broader wellbeing, or oranga. Positive mental wellbeing is most likely when dimensions of oranga are in balance, people feel safe, connected, valued, worthy and accepted and have a sense of belonging, identity, and hope for the future. Mental health and wellbeing also exist on a continuum, ranging from mild to moderate distress through to severe and acute mental stress and disorders. Throughout their life, people can experience periods of mental wellbeing and mental distress depending on emotional, psychological, and social contexts, particularly in times of change, and depending on the presence of protective and risk factors in their lives.

5. The children and young people involved with Oranga Tamariki often have high mental health and wellbeing support needs, including depression and suicidal ideation, anxiety, mood disorders and substance use, as well as a range of other (undiagnosable) manifestations of mental distress. These needs are intersectional and often inequitably distributed, with Māori, Pacific, disabled,

[1] Oversight of Oranga Tamariki System Act 2022 No 43, Public Act 9 Meaning of Oranga Tamariki system – New Zealand Legislation

sexual orientation, gender identity, gender expression and sex characteristic (SOGEISC)-diverse children and young people being over-represented in the Oranga Tamariki population, and at greater risk of poor mental health and wellbeing than other children and young people involved with Oranga Tamariki.

6. High mental health and wellbeing needs of many of these children and young people may be due to a range of interactive factors and complex and challenging life experiences such as the experience of trauma (individual, whānau, or intergenerational), poor whānau and parental mental health and wellbeing and attachment difficulties with significant others. The experience of being involved with Oranga Tamariki can also be traumatic and distressing for a range of reasons, despite sometimes being necessary for the safety of a child or young person.

7. Mental health and wellbeing needs of children and young people should be met by a comprehensive system of supports and services that address the broad environmental factors that contribute to wellbeing, involving both whānau and communities, and agencies working collaboratively. The system of supports and services available needs to reflect the complexities of the underlying factors contributing to these needs and should focus on identifying and addressing needs as early as possible (both in the life of the child or young person, and in the course of the mental health and wellbeing issue). Supports and services themselves must be holistic (i.e. oranga-informed, trauma-informed, and tailored to the individual) in order to be effective.

The system response to mental health and wellbeing needs

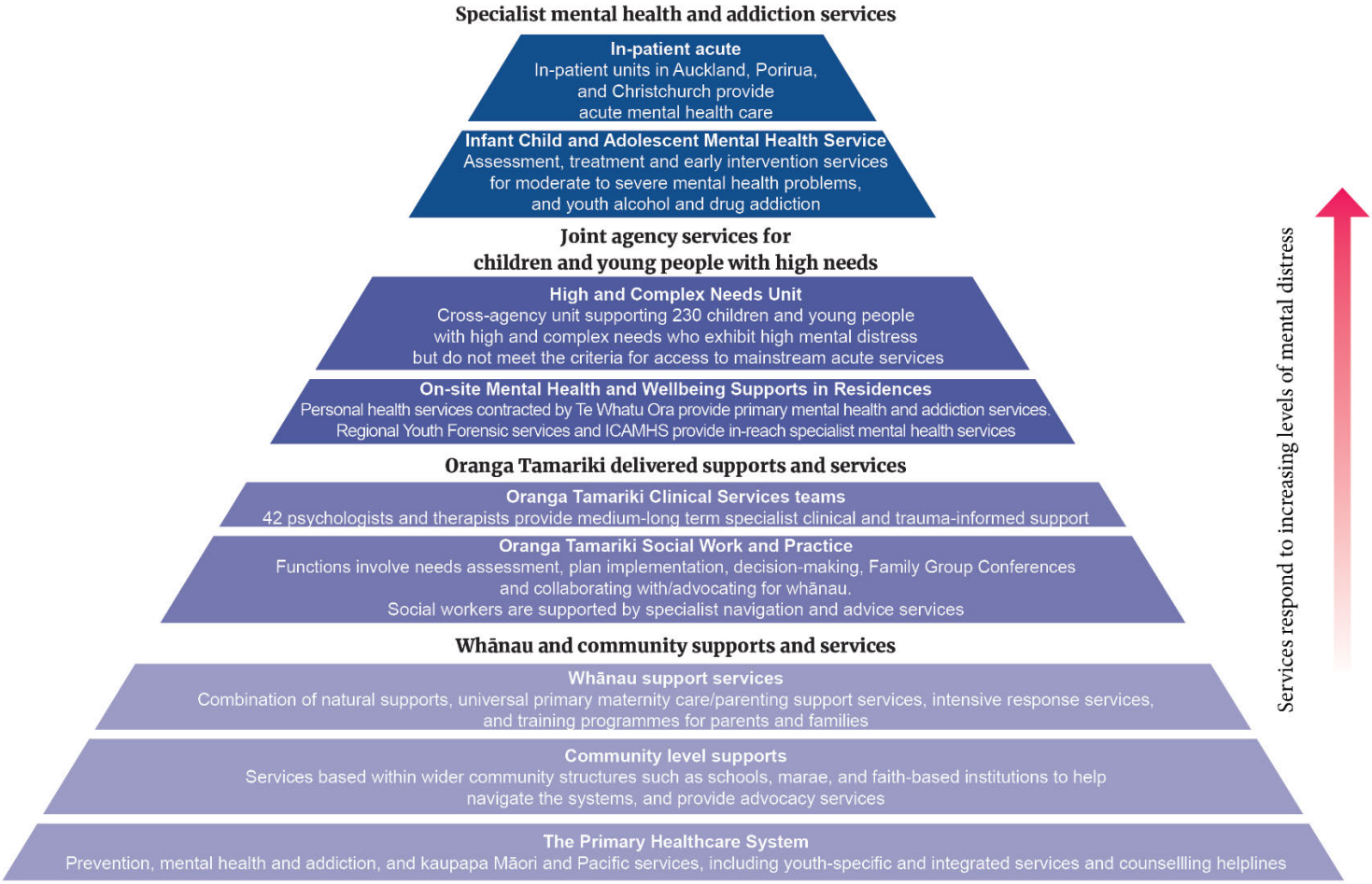
8. The Oranga Tamariki system offers a number of services and supports to meet the mental health and wellbeing needs of children and young people involved with Oranga Tamariki and their families and whānau. These range from universal services and prevention-focused supports and services to specialist mental health and addiction services.

9. These services have been added incrementally to address specific service and need gaps as they are identified. As a result, the system does not provide a cohesive suite of services to support mental health and wellbeing across the continuum of need.

10. Overall the Oranga Tamariki system[2] response is not fulfilling its legislative obligations to assess and meet the mental health needs of children and young people involved with Oranga Tamariki.

[2] Defined at paragraph two to include Oranga Tamariki and other agencies responsible for providing services or support to children, young people, and their families and whānau under, or in connection with, the Oranga Tamariki Act 1989.

11. Some of the key types of services that children and young people involved with Oranga Tamariki and their families and whānau access to support their mental health and wellbeing needs are set out below:



Specialist mental health and addiction services

12. Specialist community outpatient services and acute inpatient mental health services support children and young people with the highest levels of mental health needs and mental illness. A high proportion of children and young people accessing these services are involved with Oranga Tamariki. However, the high level of access to specialist services suggests that needs are not being addressed early enough for these children and young people.

13. Pressure on specialist services stemming from high demand and workforce constraints means that specialist mental health and addiction services are not always available to children and young people with moderate to high needs. Compounding factors from trauma, care and protection concerns, placement instability, or lack of whānau or caregiver support can also mean that health services are not well suited or may not be effective in meeting the needs of children or young people involved with Oranga Tamariki.

14. Oranga Tamariki often becomes the default support system where specialist support is either not available or appropriate or no longer needed for children and young people involved with Oranga Tamariki.

Joint agency services for children and young people with high needs

15. The establishment of the High and Complex Needs Unit (the Unit) by Oranga Tamariki and the Ministries of Health and Education in 2007 directly responded to the fact that core services delivered by these agencies were not suitable for children and young people with very high and complex needs, a high proportion of whom are involved with Oranga Tamariki. However, this service is currently under very high demand and has had to raise thresholds for service as a result.

16. Children and young people with the highest levels of need, which often include mental health needs, may be cared for in residential settings. In-reach regional youth forensic mental health services (RYFS) are provided in youth justice residences and care and protection residences receive in-reach mental health support from local infant, child and family mental health services (ICAMHS).

17. Care and Protection residences often become an alternative to, or step-down from, an acute in-patient setting. It can be challenging for residential staff to feel confident in how they can safely support these children and young people. We have heard that there has been a general increase in the provision and responsiveness of ICAMHS support to the children and young people in residences. However, lack of specialist staff can mean that children and young people in residences with high support needs due to mental distress or who have recently exited acute level services do not always receive adequate care or may remain in a residence longer than is required for their care needs.

Oranga Tamariki supports and services

18. Oranga Tamariki offers a range of services and supports to meet the mental health and wellbeing needs of children and young people involved with Oranga Tamariki and their families and whānau. Social workers seek to understand the challenges and problems encountered by families, children and young people in context, and work collaboratively to understand their needs and aspirations and identify solutions. However, social worker caseloads impact the time available for each whānau.

19. Oranga Tamariki is implementing a new Practice approach which draws on te ao Māori principles and will support Oranga Tamariki social workers to meet mental health and wellbeing needs. The approach is oranga-informed and includes culturally-based practice models, and tools and resources that are

responsive to the harm, distress and trauma experienced by the children and young people and their families and whānau.

20. Over time, Oranga Tamariki has also developed some dedicated services to support social workers where persistent needs, including mental health needs, were being identified and supports and services from other agencies were not available. These services include senior advisors, Education and Health, the Towards Wellbeing programme and clinical services teams which include psychologists and therapists with specialist expertise to address the specific clinical difficulties faced by children and young people involved with Oranga Tamariki.

21. However, these services do not have sufficient capacity to meet the mental health and wellbeing needs of all children and young people who are involved with Oranga Tamariki, who require them.

Whānau and community level services and the primary healthcare system

22. There are a range of whānau and community level supports available to children and young people involved with Oranga Tamariki and their families and whānau. These aim to support whānau and their children holistically with a range of needs and challenges, which may include mild-moderate mental health and wellbeing needs, through programmes such as Well Child Tamariki Ora, Incredible Years – Ngā Tau Miharo, Family Start and Whānau Ora.

23. However, these services are not necessarily well coordinated or aligned. Families and whānau can have difficulty navigating the services and identifying which one could meet their needs, including in culturally appropriate ways.

24. The primary care system also offers support to families and whānau. As the gateway to the specialist mental health system, many children's and young people's mental health and wellbeing needs are met through the primary healthcare system. However, these supports are not always accessible to families and whānau, who can find the system difficult to navigate.

Focus areas

25. Across Government, there are already significant initiatives underway which will contribute to meeting the mental health and wellbeing needs of children and young people involved with Oranga Tamariki. These include priority areas under the Child and Youth Wellbeing Strategy, actions under the Oranga Tamariki Action Plan, the transformation within the health system, the Oranga Tamariki Future Direction Work Programme, and upcoming reviews of mental health, such as stage two of the Wai 2575 Health Services and Outcomes Kaupapa Inquiry and the Auditor-General's performance audit of how Government understands and meets the mental health and addiction needs of young people aged 12-24 years.

26. Building on existing work, this assessment identifies five focus areas. These will help improve mental health and wellbeing for children and young people involved with Oranga Tamariki and will support them to be prioritised for access to services within the system. The focus areas are not specific actions but rather highlight key system gaps. 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 they are met in a timely manner.

27. 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.

28. Agencies will report back to the Social Wellbeing Board within three months with a roadmap of how these focus areas will be addressed, including the agencies responsible and initial timeframes.

Purpose

29. The Oranga Tamariki Action Plan aims to promote the mental health and wellbeing of children, young people and their families and whānau with the greatest needs, by setting out how government agencies will work more effectively together to meet the needs of the priority populations and support whānau and communities[3]. As one of the key actions in the associated Implementation Plan, Oranga Tamariki is leading in-depth assessments into the housing, health and education needs of these priority populations.

30. This report sets out the first phase of the in-depth health assessment. This phase focuses on the mental health and wellbeing needs of children and young people involved with Oranga Tamariki and their families and whānau. The purpose of this report is to collate what we know about these needs and identify key gaps in resources and supports which would help to meet them.

31. Due to the complexity of this topic, this assessment focusses on the current services that respond to mental distress; it does not provide a comprehensive review of how the system promotes mental wellbeing. Within the context of how current services respond to mental distress, this report:

    a) Provides an overview of mental health and wellbeing needs of the children and young people involved with Oranga Tamariki.
    b) Sets out how and to what extent these needs are currently being met through the Oranga Tamariki system.
    c) Identifies key gaps and barriers in the systemic response to addressing these needs.
    d) recommends areas of focus for future work.

32. Many of the issues identified in this report highlight broader challenges across the whole system, some of which are already subject to significant transformation and/or investment.

Methodology

33. In undertaking these assessments, Oranga Tamariki undertook an approach that brought together and synthesised information. A thematic analysis was then undertaken to identify the key areas for action.

34. This approach included reviewing relevant literature, data, and documents, and conducting focus groups with social workers and other relevant frontline

[3] 'Priority populations' are defined in the Oranga Tamariki Action Plan and the Children's Act 2014. They include children and young people who are at risk of being involved with, are already involved with, or have been involved with the care and protection and youth justice system.

or operational employees (for instance, placement co-ordinators and transitions workers). While focus groups were not conducted with children and young people, we specifically reviewed research literature (discussed further at paragraph 170) that provided an insight into the voices of children and young people, particularly those in care and protection or youth justice, as well as those within the transitioning population.

35. In addition, we also consulted with key government agencies as part of each assessment. For this assessment, we consulted with the following agencies: Manatū Hauora- the Ministry of Health, Te Aka Whai Ora- the Māori Health Authority, Te Whatu Ora- Health New Zealand, and the Social Wellbeing Agency.

36. The Oranga Tamariki Action Plan is focused on how children's agencies – and other government agencies providing services to, for, and that impact on the populations of interest to Oranga Tamariki – will work together to achieve the outcomes set out in the Child Youth Wellbeing Strategy for those core populations of interest. These assessments are designed to highlight areas of need, and where further work is needed by government agencies.

37. As the action areas identified in each assessment are progressed, especially where the action relates to service provision, agencies, including Oranga Tamariki, will work with external stakeholders (such as providers, partners, communities, iwi and children and young people), as appropriate to progress that action.

Scope of this assessment

38. This assessment focusses on identified needs of the children and young people involved with Oranga Tamariki and their families and whānau. It looks at what those needs are and how the Oranga Tamariki system provides services and supports specifically to meet those needs, focussing specifically on the health system and Oranga Tamariki.

39. The 'Oranga Tamariki system' means the system that is responsible for providing services and support to children, young people, and their families and whānau under, or in connection with, the Oranga Tamariki Act 1989; and responding under that Act to offending (or alleged offending) by children and young people. This applies to the delivery of services or support by agencies, or their contracted partners within the system, and includes (without limitation) the delivery of health, education, disability, and other services by those agencies, or contracted partners within the system.[4]

40. This assessment does not cover the broad number of ways that mental health and wellbeing needs can be met, as outlined in the Government's high-level plan to support the mental wellbeing of New Zealanders *Kia Manawanui* –

[4] Oversight of Oranga Tamariki System and Children and Young People's Commission Bill

Long-term pathway to mental wellbeing. The Oranga Tamariki Action Plan specifically requires the in-depth assessments of needs to focus on services and supports available through the Oranga Tamariki system, in order to make recommendations on how to prioritise access to services for the priority populations.

41. This phase of the in-depth assessment of health needs will provide an evidence base on an important part of the picture of the needs of this cohort. This is not, however, the full picture. Further assessment will aim to investigate a holistic picture of the needs of children and young people and their families and whānau. The following topics are out of scope of this assessment. They may be mentioned as context, but will not be examined in detail:

    - The broad environmental determinants of mental health and wellbeing
    - The protective factors for good mental health and wellbeing
    - Neurodisabilities, except for how they relate to mental health and wellbeing needs
    - Adult mental health services and supports
    - The disability support system
    - The adequacy of primary prevention supports
    - The supports provided through the education system
    - The supports provided by the Accident Compensation Corporation
    - Young people transitioning out of care and protection or youth justice placements.

42. All of these topics form an important part of the broader picture of mental health and wellbeing for children and young people. Some of these will be addressed through future work that flows from the focus areas identified in this assessment, and others may be considered in future in-depth assessments of need that will be delivered as part of the Oranga Tamariki Action Plan. This will include an investigation into the young people transitioning out of care and protection or youth justice placements.

43. In-depth assessments are currently in progress for education and housing. Completion of the current suite of in-depth assessments will contribute to work to enable a holistic view to be taken across the broad range of needs, to provide overarching recommendations on the services and supports needed to improve overall outcomes for children and young people.

Children and young people involved with Oranga Tamariki

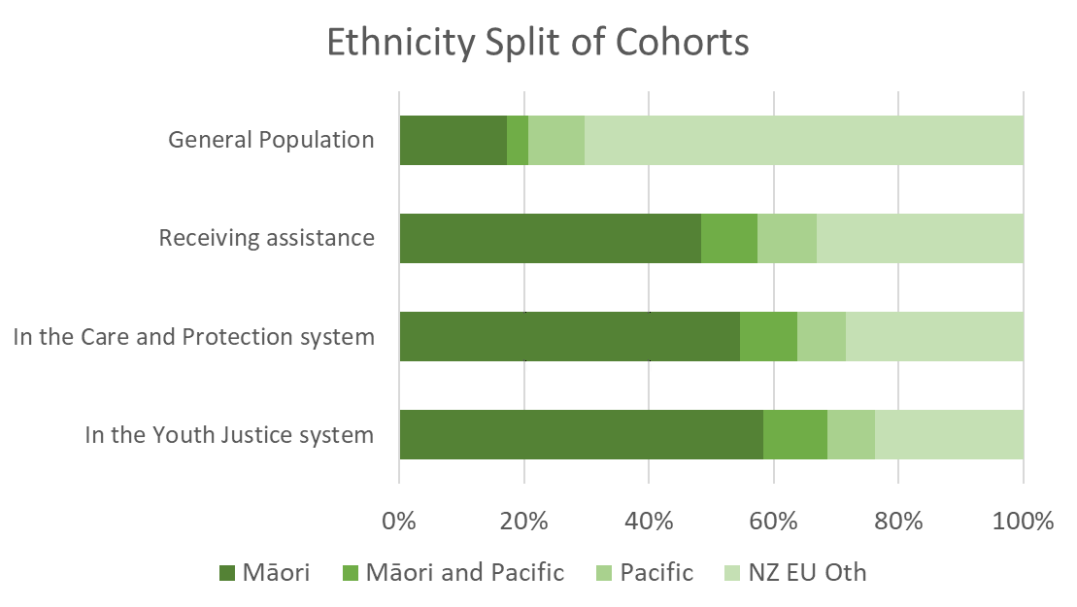
44. '*Children and young people involved with Oranga Tamariki'* for the purposes of this assessment includes children and young people who are receiving assistance from Oranga Tamariki or are in the care and protection and/or youth justice systems. These subgroups are set out below[5]:

Group and definition	**Number of children and young people in the year to March 2020**
Receiving assistance Children and young people receiving assistance from Oranga Tamariki (whether or not they are in need of care and protection) under Part 2 of the Act (e.g. a Report of Concern notification/assessment/Family Group Conference, or receiving early support services).	66,000
In the care and protection system Includes children and young people who are subject to a custody order, an order appointing a specified person to be their sole guardian, or an agreement for care under Part 2. This includes children and young people in whānau or non-whānau care, and those in care and protection placements (whānau, non-whānau, group homes etc.) and residences.	6,500
In the youth justice system Children and young people who are subject to proceedings or orders under Part 4 of the Act (which relates to youth justice), or who are remanded in the custody of the chief executive of the department under section 173 or 174 of the Criminal Procedure Act 2011, including those in youth justice remand homes and residences.	1,500

45. This group has been selected as the focus of this first assessment because these children and young people are already known to Oranga Tamariki, they are identifiable in the system, and we know that they have high levels of need.

46. Tamariki and rangatahi Māori are significantly over-represented in this group. Integrated Data Infrastructure (IDI) data indicates that around 71% of the children and young people in each of the three groups involved with Oranga Tamariki identify as Māori, Māori and Pacific, or Pacific, compared to just 30% of the general population.

[5] IDI data as at June 2021.



47. There are also likely a high number of disabled children and young people in this group. It is estimated that between 10 and 25 percent of all the Action Plan priority populations are disabled children and young people, of which those involved with Oranga Tamariki are a subset[6].

48. However, we note that current disability measures do not accurately portray the prevalence of disability among children in care. This is a limitation for the disability-related data throughout this report. Current measures use specific and limited critical information flags in CYRAS (the online case recording system used by Oranga Tamariki). The flags, and procedures around using those flags, have not been changed since 2011.

49. These rates only reflect known and met needs, and do not include, for example, children covered by ACC, those who have either not engaged with the medical system or have not received a diagnosis, children with Foetal Alcohol Spectrum Disorder (FASD) who have an IQ above 70, and those who do not meet thresholds for funding. Many children coming into the care and protection and youth justice systems are disconnected from the education and health systems that would normally pick up and support disability needs.

50. Oranga Tamariki plans to improve these reporting measures in 2023, and will also be developing a specific project plan for improving disability data in the long term.

[6] The Oranga Tamariki Action Plan.

Mental health and wellbeing needs

52. This section provides an overview of the underlying factors of poor mental health and wellbeing for children and young people involved with Oranga Tamariki, an indication of the range and extent of their needs, and the intersectional and often inequitable distribution of needs. Further detail can be found in **Annex A**.

53. The information presented comes from a range of sources and does not provide a full picture of all mental health and wellbeing needs for children and young people involved with Oranga Tamariki, as this is incomplete, particularly for children. In some cases where there is no specific data on children and young people involved with Oranga Tamariki, general population data on children and young people has been used. In addition, the way the information is presented is limited by current methods for identifying, assessing, and recording mental distress, which rely on a westernised medical diagnostic approach.

54. Key sources of information that have been used to understand the mental health and wellbeing needs of those involved with Oranga Tamariki are:

    a) IDI data
    b) Youth19 reports including, "Young people who have been involved with Oranga Tamariki: Mental and physical health and healthcare access"[7]
    c) Oranga Tamariki-held information about children and young people who access specific supports and services provided by Oranga Tamariki
    d) Oranga Tamariki case file analyses
    e) the New Zealand Health Survey 2020/21[8].

55. These are supplemented by insights from social workers and children and young people involved with Oranga Tamariki.

56. Oranga Tamariki assesses the needs of children and young people coming into the care and protection and youth justice system through the Gateway and Tuituia assessment processes and the youth justice health assessments. More information on these assessments is included in Annex C. Oranga

[7] Fleming, T., Archer, D., Sutcliffe, K., Dewhirst, M., & Clark, T.C. (2021). *Young people who have been involved with Oranga Tamariki: Mental and physical health and healthcare access*. The Youth19 Research Group, The University of Auckland and Victoria University of Wellington, New Zealand.

[8] We note that there are limitations to the results of the New Zealand Health Survey 2020/21, which had a smaller sample size than previous years due to the effects of COVID-19.

Tamariki frontline staff have close insight into the children, young people and whānau that they work with, and have specific duties to identify their needs to the best of their abilities.

57. However, information does not tend to be collected in a standardised way that enables collation and assessment at a group or population level and is not available systematically across the Oranga Tamariki system. The information in Oranga Tamariki assessments is largely collected, held and accessed by Oranga Tamariki social workers in case notes, meaning they are uniquely positioned to identify the needs of the children, young people and families of those involved with Oranga Tamariki, and how to meet them.

Mental wellbeing is one aspect of oranga

58. This assessment takes place within the context of the new practice approach for Oranga Tamariki. This approach is framed in Te Tiriti O Waitangi and draws from te ao Māori principles of oranga for all tamariki. Oranga is a holistic view of the relationship between whānau or family and their social and physical environments.

59. Mental wellbeing is one aspect of broader wellbeing, or oranga. Positive mental wellbeing is most likely when the dimensions of oranga are in balance, and people can be described as feeling safe, connected, valued, worthy and accepted, and having a sense of belonging, identity and hope for the future. It also includes being able to adapt and cope with life and life's challenges, feeling that life has meaning, and experiencing feelings of contentment or general happiness.[9]

60. There are six inter-connected dimensions of oranga which, if in balance, contribute to optimal experiences of oranga. We understand oranga as a holistic and inclusive concept, embracing multiple dimensions of wellbeing, as set out below. This assessment focusses on ngākau, waiora and hinengaro dimensions of wellbeing.

[6] World Health Organisation. (2022). World Mental Health Report: Transforming Mental Health for All.

Six dimensions of Oranga (Source: Oranga Tamariki Practice Centre)

61. Children and young people's mental health and wellbeing needs must be seen in the context of the collective (whānau or family) wellbeing. Responding to the needs of tamariki and rangatahi Māori requires an understanding of the whānau strengths and resources and responding to the needs of whānau as well. Oranga is different for all whānau and within whānau.

There are many ways to address mental health and wellbeing needs

62. Mental health and wellbeing needs of children and young people must be supported holistically, by both whānau and communities, and a range of government efforts. Support must cover the full scope of environmental factors that affect mental health and wellbeing. Key roles are played by:

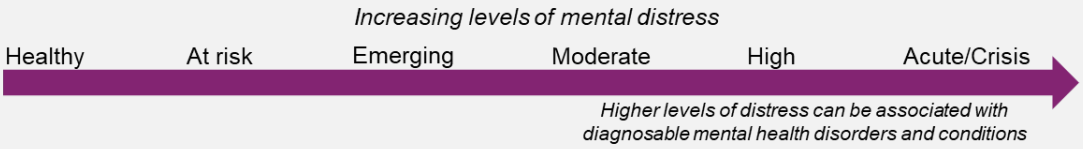
    a) whānau, hapū, iwi and caregivers, as well as peer and cultural support networks and other social support services. Sport, art, music, and other communal activities also contribute to mental health and wellbeing, for example by providing a platform for social connection and reaching personal goals
    b) the health system, which provides a range of supports and services that can help address mental health and wellbeing needs including primary mental health services; maternal, parental and whānau supports; and specialist mental health services
    c) schools and education systems, which provide safe spaces for children and young people to learn, grown and foster their mental health and wellbeing, and protect them from educational challenges and adverse experiences such as disengagement, stand downs, exclusion, and bullying

d) Oranga Tamariki, which provides services and supports to assess and meet needs (including mental health and wellbeing needs) of children and young people that it works with, and to support their caregivers, families and whānau.

63. It is important to use coordinated and multifaceted interventions, opportunities, and pathways to meet mental health and wellbeing needs, including a range of disciplines and agencies (such as health, education, disability, youth development, iwi and Māori services, community groups, and other stakeholders).

Mental health and wellbeing exists on a continuum and presents in a number of ways

64. Throughout life, people experience periods of mental wellbeing and mental distress depending on emotional, psychological and social contexts, particularly in times of change. Childhood and youth mental distress may be transient, reflective of circumstance, and never evolve into a diagnosable mental health condition. However, some children and young people experience mental health conditions that will challenge their ability to meet their potential including in their relationships, education, and ability to participate fully in life.



65. Mental health conditions include mental disorders and psychosocial disabilities, as well as other mental states associated with significant distress, impairment in functioning, or risk of self-harm. Some people with mental health conditions are more likely to experience lower levels of mental wellbeing, but this is not always the case.[10]

66. Mental distress presents in many different ways. For all children and young people in New Zealand, anxiety and depression make up about 40% of diagnosed mental disorders. Others include attention deficit hyperactivity disorder (ADHD), conduct disorder, bipolar disorder, eating disorders, experiences of psychosis and personality disorders.[11]

67. Mental distress and mental health and wellbeing needs often involve underlying trauma (whether at an individual, whānau, or intergenerational level). However, accurately identifying and assessing mental distress and

[11] United Nations Children's Fund. (2021). *The State of the World's Children 2021: On My Mind – Promoting, protecting and caring for children's mental health*. New York: UNICEF. p 28

underlying trauma is difficult and current methods rely on a westernised medical diagnosis approach which is not always sensitive to complex or developmental trauma, nor aligned with other cultural understandings of mental wellbeing and trauma.

68. Some behaviours or forms of communication can be an indicator of a mental health disorder or a level of emotional and mental distress or trauma, without a mental health disorder being present (although there may be underlying impacts on brain development and functioning). This is particularly relevant to children and young people involved with Oranga Tamariki, many of whom have experienced significant trauma.

69. The system of supports and services available to address mental health and wellbeing needs need to be as diverse, nuanced, and interconnected as the underlying factors contributing to these needs. Supports and services must be holistic (i.e., consider all aspects of a child or young person's oranga), trauma-informed, and tailored to the individual in order to be effective.

Substance abuse and dependance

70. Use, abuse, and dependence on alcohol and other substances can be a manifestation of or coping mechanism for mental distress, as well as a contributing factor towards poor mental health and wellbeing (both in the short and long-term). Many children and young people experiment with alcohol, cannabis or other substances for a number of reasons including seeking pleasure, and/or relief from physical and emotional pain and trauma.

71. While use of alcohol and other substances does not always result in poorer mental health and wellbeing, children and young people can be more susceptible to negative impacts as their brains are still developing through puberty and into young adulthood. During this time, they are susceptible to both physical changes in brain development and functioning caused by alcohol and other substances, as well as behavioural and social consequences (e.g. recklessness, impulsivity, emotional outbursts, lack of consequential thinking and emotion).

72. Early experimentation or use of alcohol and other drugs is associated with increased likelihood of ongoing substance related harms and impacts on wellbeing later in life. Therefore, it is important to identify and address harmful alcohol and substance use as early as possible.

Mental health and wellbeing is linked to a range of risk and protective factors

73. International evidence suggests[12] that there has been a significant increase in mental distress for children and young people over the last decade. This trend has also been evident in New Zealand.

74. Social determinants that are known as risk factors for poor mental health include poverty, lack of affordable housing, unemployment and low-paid work, experiences of trauma, loneliness, bullying, exclusion and social isolation (especially in the elderly and rural populations). For Māori, Pacific, and SOGIESC-diverse communities, experiences of discrimination and racism, and cultural alienation are also risk factors.[13]

75. Mental health is tied to critical moments of brain development, which can be affected by factors such as toxic stress triggered by traumatic childhood experiences including physical and emotional abuse, chronic neglect and violence.

Protective factors

76. There are many protective factors which can enable child and youth mental wellbeing and help them to be able to cope with adverse life experiences and periods of mental distress. Protective factors can include:

- parents and caregivers who have good mental wellbeing
- good parenting
- cultural identity
- resilience
- social and emotional skills
- family, whānau and social connection
- a sense of purpose.

[12] Australia's Health 2022 Data Insights. (2022). Chapter 8: Mental health of Young Australians; Keyes, K. M., Gary, D., O'Malley, P. M., Hamilton, A., & Schulenberg, J. (2019). Recent increases in depressive symptoms among US adolescents: trends from 1991 to 2018. *Social Psychiatry and Psychiatric Epidemiology, 54*(8), 987-996; Scottish Government. (2019). Exploring the reported worsening of mental wellbeing among adolescent girls in Scotland. Scottish Government Research Findings No. 143/2019; Using the Strengths and Difficulties Questionnaire (SDQ), which is also used in New Zealand; Krokstad, S., Weiss, D.A., Krokstad, M, A., et al. (2022). Divergent decennial trends in mental health according to age reveal poorer mental health for young people: repeated cross-sectional population based surveys from the HUNT Study, Norway. *BMJ Open 12*, e057654. doi:10.1136/ bmjopen-2021-057654

[13] Patterson, R., Durie, M., Disley, B., & Tiatia-Seath, S. (2018). *He Ara Oranga: Report of the government inquiry into mental health and addiction.*

77. Specifically for children and young people involved in Oranga Tamariki the Youth19 survey found that:

    a. young people previously or currently involved with Oranga Tamariki were more likely to belong to a cultural group, diversity group, or other type of group (music, dance, gaming) compared to those never involved with Oranga Tamariki[14]

    b. Māori students involved with Oranga Tamariki were generally more likely to report feeling comfortable in their cultural settings and knowing about their family's origin than non-Māori students and those not involved with Oranga Tamariki[15]

    c. takatāpui and rainbow young people involved with Oranga Tamariki reported high rates of giving time to help others in their school or community and were more likely to report having an adult outside the family they can talk to and trust. Levels of connectedness with friends were high for takatāpui and rainbow young people with and without involvement with Oranga Tamariki.[16]

Risk factors

Under Active Consideration

[redacted]

79. The often high mental health and wellbeing support needs of children and young people involved with Oranga Tamariki is associated with experiencing more, or a greater intensity, of challenging life experiences. Some of the key experiences of the children and young people involved with Oranga Tamariki are described below.

[14] Archer, D., Clark, T.C., Fenaughty, J., Sutcliffe, K., Ormerod, F., & Fleming, T. (2021). *Young people who have been involved with Oranga Tamariki: Community and contexts*. The Youth19 Research Group, The University of Auckland and Victoria University of Wellington, New Zealand.

[15] Fleming, T., Archer, D., King-Finau, T., Fenaughty, J., Tiatia-Seath, J., & Clark, T.C., (2021). *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. September 2021.

[16] 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*. The Youth19 Research Group, The University of Auckland and Victoria University of Wellington, New Zealand. 2022.

Under Active Consideration

[redacted]

Trauma

80. Individual experiences of trauma often are a cumulative result of whānau and intergenerational trauma, and societal factors (e.g. poor housing, racism and discrimination). Trauma can originate from a wide range of sources including violence, neglect, abuse, loss, disaster, war, historical injustice, and other emotionally harmful experiences.[18, 19]

81. The adverse effects of trauma may impact people's mental, physical, social, emotional and spiritual wellbeing. People who access mental health and addiction services are estimated to have experienced more trauma than the rest of the population. Research indicates that children who have had certain traumatic childhood experiences, or whose parents have experienced multiple traumas, have higher rates of mental illness and addiction and poorer overall health outcomes than others.[20]

82. Some groups are more likely to face particular traumatic experiences. Māori and Pacific children and young people often experience more harm than other groups as a result of historic injustices such as a result of the impacts of colonisation and racism. This can impact their ability to exercise self-determination and operate within their own cultural frameworks, leading to marginalisation and disengagement.[21] The lack of acceptance and stigma surrounding non-traditional gender and sexuality norms can also increase the risk of suicidality and depression in children and young people who are SOGIESC-diverse.[22]

Poor whānau and parental mental health and wellbeing

83. Poor whānau and parental mental health and wellbeing, often a cumulative result of intergenerational and societal factors, can significantly impact the mental health and wellbeing of their children and young people.

84. Children and young people who have a parent with mental health and/or addiction issues are more likely to experience a number of poor outcomes, including developing mental health and/or addiction issues themselves, poor emotional and psychological development, challenges with attachment and

[18] Pihama, L., Reynolds, P., Smith, C., Reid, J., Tuhiwai-Smith, L., & Te Nana, R. (2014). Positioning historical trauma theory within Aotearoa New Zealand. AlterNative, 10(3), 248 262.
[19] SAMHSA. (2015). Trauma-Informed Approach and Trauma Specific Interventions. : Substance Abuse and Mental Health Services Administration.
[20] Hughes, K., Bellis, M. A., Hardcastle, K. A., Sethi, D., Butchart, A., Mikton, C., Jones L., & Dunne, M. P. (2017). The effect of multiple adverse childhood experiences on health: a systematic review and meta-analysis. *The Lancet Public Health 2*(8): e356–e366.
[21] Morton, S.M.B., Walker, C.G., Gerritsen, S., Smith, A., Cha, J., Atatoa Carr, P., Chen, R., Exeter, D.J., Fa'alili-Fidow, J., Fenaughty, J., Grant, C. Kim, H., Kingi, T., Lai, H., Langridge, F., Marks, E.J., Meissel, K., Napier, C., Paine, S., Peterson, E.R., Pilai, A., Reese, E., Underwood, L., Waldie, K.E, Wall, C. (2020). *Growing Up in New Zealand: A longitudinal study of New Zealand children and their families. Now We Are Eight.* Auckland: Growing Up in New Zealand.
[22] Fraser, G. (2019). *Supporting Aotearoa's rainbow people: A practical guide for mental health professionals*. Wellington: Youth Wellbeing Study and RainbowYOUTH

family/interpersonal relationships, experiencing and/or perpetuating violence and abuse, suicidal ideation, and future involvement with Oranga Tamariki. For example, children and young people who have been involved with Oranga Tamariki are significantly more likely to have a parent (81%) or sibling (45%) who has sought mental health treatment in their lifetime, compared to the general population (of which 42% have a parent who has sought mental health treatment, and 13% have a sibling who has sought mental health treatment).[23]

85. In addition, fetal alcohol spectrum disorders (FASD) can occur as a result of mothers drinking alcohol while pregnant. FASD is associated with irreversible damage to neural development. Children with FASD face significant challenges, including those associated with learning and behavioural problems.

Involvement with Oranga Tamariki

86. Although **involvement with Oranga Tamariki** may be necessary (e.g., a child coming into care and removed from an abusive situation) and/or beneficial (e.g., a whānau receiving additional supports), it can be a complex and further traumatising experience for children, young people, and their whānau due to the flow-on impacts. Coming into care or custody can involve separation from parents or whānau, breaking social or schooling connections, and being placed in unfamiliar surroundings. Children and young people can also face mistreatment in care or residences, experience disempowering processes, or face repeated disruptions in placements.

87. Unlike the other factors identified above, Oranga Tamariki has direct responsibility to ensure that involvement with Oranga Tamariki is not a source of additional trauma, and that the oranga of the child, young person, and whānau is prioritised at every opportunity.

Mental health needs intersect with care and protection needs

88. Unidentified and unmet mental health and wellbeing needs of children and young people and their families and whānau can be a driver for a child or young person coming to the notice of Oranga Tamariki, coming into care, or coming into contact with the youth justice system. Children and young people involved with Oranga Tamariki are more likely to access mental health services, which may be due to coming into contact with Oranga Tamariki being the point where a child or young person's mental health and wellbeing needs are first identified.

[23] IDI data as at March 2020

89. Unmet mental health and wellbeing needs may arise due to families and whānau not being able to manage some of their child's or young person's behaviours, which can be a manifestation of many factors including mental distress or a mental health disorder. Some families and whānau with access to sufficient personal and professional resources may be able to continue to care for their children and young people, but for many reasons, others may not be able to do so, for example, if whānau have experienced their own trauma or violence, or there is a lack of appropriate services or support. In these situations, care and/or protection concerns can arise for tamariki.

90. Children and young people who have mental health concerns and are unable to live with whānau because of care and/or protection issues are especially vulnerable to experiencing further mental distress due to disrupted supports and protective factors or added distress from the experience of being in care.

91. Where care and/or protection needs exist alongside mental health and wellbeing needs, this can add an extra dimension of concern for the timeliness and adequacy of mental health responses. Getting the right mental health support at the right time for a young person with offending behaviour can prevent reoffending or could be the difference between a child staying in care or being able to return home. Timely access to mental health support for children and young people and their families and whānau may even prevent entry to care for some children and young people.

Children and young people involved with Oranga Tamariki often have higher mental health and wellbeing needs

92. There is evidence that children and young people involved with Oranga Tamariki are more likely to have greater mental health and wellbeing needs and higher levels of psychological distress than those who have never been involved with Oranga Tamariki.

93. Through the Youth19 survey, we have heard from young people involved with Oranga Tamariki that mental health, substance use, and having understanding relationships (e.g., with family and friends) are very important issues for them.[24]

94. Similarly, Oranga Tamariki social workers have been seeing increasing signs of mental distress amongst the children and young people they work with, and that suicidal ideation is a significant concern for these children and young

[24] Fleming, T., Neems, O., King-Finau, T., Kuresa, B., Archer, D., & Clark, T. (2021). *What should be changed to support young people? The voices of young people involved with Oranga Tamariki*. The Youth19 Research Group, The University of Auckland and Victoria University of Wellington, New Zealand.
These were the strongest themes in response to the question "what are the biggest problems for young people today?".

people. These views around high and increasing mental distress are supported by data across a number of indicators of poor mental wellbeing. Reports found that in comparison to those who have not been involved with Oranga Tamariki, children and young people involved with Oranga Tamariki have:

a) Lower rates of good **emotional wellbeing** as measured on the WHO-5 wellbeing index[25]

b) More than double the rates of **depression symptoms** (44%) and **serious thoughts of suicide**, and more than four times the rate of having attempted suicide in the last year (22% had attempted suicide)[26]

c) More likely to have **anxiety and mood disorders** than those with no involvement with Oranga Tamariki.[27]

d) Increased rates of **hospital admissions** for substance use, psychosis and related conditions. Mental health hospital admissions were more than five times higher for children with a placement compared with who had no contact with child protection.[28] Specifically:

- Only 1.6% of children who had no contact with child protection had a mental health admission by age 18. This rose to 4.8% of children with a Family Group Conference or Family Whānau Agreement, and 9.5% of children with a placement.

- Admissions related to substance use were most common and increased significantly for children who had more serious types of child protection intervention. 4.6% of children with a placement had a substance use admission, compared with only 0.5% of children who had no contact with child protection.

- Admissions for schizophrenia and other psychotic disorders were less common, but the rate for children with a placement (1.4%) was over 11 times higher than the rate for children who had no contact with child protection (0.13%).

e) Greater rates of **mental health or substance use treatment.** Specifically, for children aged 10-18:

- Mental health services users in 2019/20 were more than four times as likely to have had a recent child protection intervention (17.9% vs 3.8%)

[25] Topp, C. W., Østergaard, S. D., Søndergaard, S., & Bech, P. (2015). The WHO-5 Well-Being Index: a systematic review of the literature. *Psychotherapy and psychosomatics, 84*(3), 167-176.
[26] Youth19 survey
[27] IDI analysis by the Ministry of Health as at June 2020.
[28] IDI analysis by the Ministry of Health as at June 2020.

- Children and young people with a recent child protection intervention were over five times as likely to use mental health services in 2019/20 (22.5% vs 4.2%)[29]

- Children and young people accessing the forensic, alcohol & drug, and co-existing problems teams were the most likely to have a recent child protection intervention.[30]

Neuro-developmental disorders and disabilities

95. Neuro-developmental disorders and disabilities (including brain and behaviour differences, disorders and injuries) and disabilities in general are also prevalent among children and young people involved with Oranga Tamariki.[31] For example, although data is limited and there are a lack of screening and assessment tools, it is estimated that a significantly high proportion of children and young people in the care of Oranga Tamariki are affected by FASD, compared to the general population.[32]

96. Neuro-developmental disorders and disabilities are increasingly being linked to mental health challenges, and neuro-disabilities which are not diagnosed and supported early can lead to increased mental health challenges for a longer period of time. Challenges may include learning and cognitive impairments, attentional disorders, and communication skills. The supports that these children and young people require can be more complex than for others involved with Oranga Tamariki, and it is critical that they are able to access joined up education, disability, and mental health supports early in order to prevent adverse outcomes.

97. Information on children and young people accessing Oranga Tamariki 'higher needs' supports and services (i.e. those on a higher foster care allowance, and those accessing the High and Complex Needs Unit) provides further insight on the mental health and wellbeing challenges of these particular groups. Detail can be found in **Annex A.**

Needs are intersectional and often inequitably distributed

98. The understanding around child and youth mental health needs, and how to address them, is becoming increasingly nuanced and complex. A child or young person's overall mental health and wellbeing will be uniquely influenced by their experience of mental health factors and their intersectional experience of systems of inequality relating to ethnicity, gender, disability,

[29] IDI analysis by the Ministry of Health as at April 2022
[30] IDI analysis by the Ministry of Health as at April 2022
[31] Kirby, A. (2021). *Is There a Link Between Neurodiversity and Mental Health? | Psychology Today New ZealandIs There a Link Between Neurodiversity and Mental Health?* Psychology Today New Zealand.
[32] Lambie, I. (2020). *What were they thinking? A discussion paper on brain and behaviour in relation to the justice system in New Zealand*. Auckland, NZ: Office of the Prime Minister's Chief Science Advisor

SOGEISC-diversity (Sexual Orientation, Gender Expression and Identity, and Sex Characteristics), whānau mental health and wider socioeconomic factors.

99. In general, Māori, Pacific, disabled, and SOGEISC-diverse children and young people are over-represented in the Oranga Tamariki population, and are at greater risk of poor mental health wellbeing than other children and young people involved with Oranga Tamariki. For example, they are generally more likely to deal with issues around suicide, depression, and safety in the home. Evidence also indicates there are some differences in the challenges faced by males and females. Key issues for these sub-populations are discussed in more detail in **Annex A.**

The cross-agency system is not fulfilling its legislative obligations to address mental health needs

Oranga Tamariki and health entities have key responsibilities

100. Within the Oranga Tamariki system, Oranga Tamariki and the health entities are the main agencies involved in meeting the health needs of children and young people involved with Oranga Tamariki.

101. Oranga Tamariki has very clear legislative responsibilities. The Act confers legal responsibilities on the chief executive of Oranga Tamariki and any court or person exercising powers under the Act, who must be guided by the principles set out in sections 5 and 13 of the Act when exercising such powers, including being guided by the principle that the wellbeing of a child or young person must be at the centre of decision making that affects the child or young person.

102. Oranga Tamariki is required to give paramount consideration to the wellbeing and best interests of the child or young person in all matters relating to administering or applying the Oranga Tamariki Act (s4A).

103. Oranga Tamariki is also required to take positive and prompt action and steps to support and protect children and young persons to prevent them from suffering harm, including harm to their development and wellbeing. Oranga Tamariki must also assist families, whānau, hapū, iwi and family groups to fulfil their responsibility to meet the needs of their children and young persons, and where any children and young persons require care under the Act, to ensure they have support to address their needs (this includes their mental health and wellbeing needs) (ss 4, 5, 7, 13).

104. For children in care, it is a principle of the Oranga Tamariki Act that a child or young person in care “should receive special protection and assistance designed to address their particular needs”. This specifically includes health and emotional needs (s13(2)(j)(i)).

105. The Oranga Tamariki (National Care Standards and Related Matters) Regulations 2018 stipulate that the chief executive of Oranga Tamariki must

ensure that a needs assessment is carried out to identify the immediate and long-term needs of a child or young person in care ‘as soon as practicable’ after the child or young person enters care or custody. This includes health needs, which specifically include their personal and psychological health, and any need for assistance to recover from the effects of trauma.

106. Oranga Tamariki is then required to ensure access to the services necessary to meet identified needs of children and young people in care. This makes Oranga Tamariki accountable for ensuring that children and young people get the mental health supports they need, while the delivery of many of these supports are the responsibility of other sectors. The extent to which this legal duty is fulfilled by Oranga Tamariki is then monitored and publicly reported on by the Independent Children’s Monitor.

107. The health sector (including the Manatū Hauora- the Ministry of Health, Te Aka Whai Ora- the Māori Health Authority and Te Whatu Ora- Health New Zealand) is responsible for many of the services required by children and young people involved with Oranga Tamariki. The health sector is guided by by the Pae Ora (Healthy Futures) Act 2022, the purpose of which is provide for the public funding and provision of services in order to:

    - protect, promote, and improve the health of all New Zealanders; and
    - achieve equity in health outcomes among New Zealand’s population groups, including by striving to eliminate health disparities, in particular for Māori; and
    - build towards pae ora (healthy futures) for all New Zealanders.

108. The Pae Ora legislation also includes principles for the health sector, including be equitable, which includes ensuring Māori and other population groups—

    - have access to services in proportion to their health needs; and
    - receive equitable levels of service; and
    - achieve equitable health outcomes.

109. As a children’s agency under the Children’s Act 2014, the Ministry of Health has agreed to the Oranga Tamariki Action Plan, which creates a commitment by the Chief Executive of the Ministry of Health to work together with other children’s agencies to achieve the outcomes of the Child and Youth Wellbeing Strategy and promote the best interests and wellbeing of children and young people in the priority populations and meet their support needs.

The Treaty of Waitangi and Section 7AA

110. Section 7AA of the Oranga Tamariki Act places specific obligations on the chief executive of Oranga Tamariki to recognise and provide a practical commitment to the principles of the Treaty of Waitangi and to have regard to mana tamaiti, whakapapa and whānaungatanga.

111. The Mana Tamaiti objectives below set out how Oranga Tamariki has regard to mana tamaiti, whakapapa and whānaungatanga:

    - Ensuring participation of tamariki Māori, their whānau, their hapū and their iwi in decision-making at their earliest opportunity
    - Preventing entry into care or Youth Justice: working with whānau and enabling community-led responses to prevent contact with the state system
    - Placing tamariki Māori with their whānau: that we firstly look to place them with members of whānau, hapū and/or iwi
    - Supporting identity and belonging: Oranga Tamariki has a responsibility to strengthen tamariki cultural identity and keep them connected to whānau, hapū and iwi
    - Leaving care or custody: supporting tamariki Māori with their whānau to prepare for return home or transition into the community

112. In order to uphold the Section 7AA legislative requirements and the Mana Tamaiti objectives, the Oranga Tamariki system needs to ensure that the mental health and wellbeing needs of tamariki and rangatahi Māori are met. This is particularly important for the principles of active protection and equity.

113. The Waitangi Tribunal urgent inquiry into Oranga Tamariki[33] found that Oranga Tamariki was in breach of the principle of “active protection”, which requires the Crown to recognise that Māori parents struggling in poverty have an equal right as citizens to meet the needs of their children. Active protection also means recognising that the vast majority of whānau in contact with Oranga Tamariki are not out to harm their tamariki, but they may have ongoing needs that place stress on the whānau. These include factors such as poverty, poor housing, poor mental health, substance abuse, intimate partner violence, racism, or children with high needs. Active protection requires substantive changes designed to address these structural conditions.

114. The Waitangi Tribunal Wai 2575 Kaupapa Inquiry into health services and outcomes report explains that the principles of active protection and equity are closely linked. They uphold the Crown’s responsibility to protect the health

[33] Waitangi Tribunal. (2021). *He Pāharakeke, He Rito Whakakīkīnga Whāruarua, Oranga Tamariki Urgent Inquiry* (Report No. WAI2915). p 20

and wellbeing of Māori. Equity of access to health services involves removing barriers such as cost or geography.

Reviews identify key issues with how the Oranga Tamariki system works to support mental health and wellbeing

115. A number of reviews and investigations[34] have found issues with the way the Oranga Tamariki system works to support the mental health and wellbeing needs of children, young people and their families and whānau involved with Oranga Tamariki. Children and young people involved with Oranga Tamariki have shared that they struggle with trauma and their general wellbeing, and even if they knew they needed support they would struggle to know how and where it could be accessed.

116. Key findings and recommendations related to mental health and wellbeing of children and young people involved with Oranga Tamariki and their families and whānau include the following themes. Further details about the findings from reviews can be found in Annex B.

    a) **Systematic racism exists in the system.** Systematic racism has been a strong theme of the Hauora Report on Stage one of the Health Services and Outcomes Waitangi Tribunal Kaupapa Inquiry. Claimant submissions for Stage two of the Inquiry related to mental health identified a number of issues related to the impact of access and the provision of services to Māori (Annex B includes a summary of key claims). The Royal Commission of Inquiry into State Care Abuse also highlights this as an ongoing experience of many Māori in the system since the 1950s.

    b) **Unmet mental health needs of disabled children, young people and their whānau must be addressed.** Te Kahu Aroha describes the serious need for specialist mental health support for disabled children and young people, their whānau and families, parents and caregivers and Oranga Tamariki staff.[35] It also found Oranga Tamariki, parents and caregivers are not provided with the specialist training required to provide the mental health support that is needed, including when the need is severe. The report suggests the health sector be the primary lead on the response to mental health concerns[36].

[34] Ibid; Hauora Report on Stage one of the Health Services and Outcomes (WAI2575); Independent Children's Monitor. (2021). *Experiences of Care in Aotearoa: Agency Compliance with the National Care Standards and Related Matters Regulations. Reporting period 1 July 2020 – 30 June 2021;* Oranga Tamariki. (2022). *Te Kahu Aroha: addendum report on quality support and service outcomes for tamariki and rangatahi whaikaha, their whānau, parents and caregivers*; The Royal Commission of Inquiry into State Care Abuse, 2022.
[35] This report used the United Nations definition of disability, which includes psychological, intellectual/learning, sensory and physical disabilities.
[36] Oranga Tamariki. (2022). *Te Kahu Aroha: addendum report on quality support and service outcomes for tamariki and rangatahi whaikaha, their whānau, parents and caregivers*

c) **Needs assessments are not sufficient.** The Independent Children's Monitor's report on '*Experiences of Care in Aotearoa'* identified the combination of low screening rates for mental health needs and ineffective communication between relevant agencies contributes to a lack of quality data on needs. Consequently there is a lack of intervention to support children and young people involved with Oranga Tamariki and their families and whānau.[37]

d) **Access to mental health is a barrier.** The '*Experiences of Care in Aotearoa'* also found that it is difficult for Oranga Tamariki staff to get children and young people the support they need when they need it. This can be due to poor collaboration between relevant agencies, lack of resources in the relevant area due to services being overwhelmed or understaffed. This results in the whānau of these children and young people finding it more difficult to access mental health services, particularly those from rural communities.[38]

e) **The need for a cross-agency approach.** Young people and their whānau have consistently shared the connections between Oranga Tamariki and other agencies and providers are fragmented, with ineffective communication and partnership, and unclear roles and responsibilities[39]. Oranga Tamariki strategic partners identified the need for a cross-agency approach to be taken to secure contracts to better support the complex mental health needs of children and young people and their whānau[40].

[37] Independent Children's Monitor. (2021). *Experiences of Care in Aotearoa: Agency Compliance with the National Care Standards and Related Matters Regulations. Reporting period 1 July 2020 – 30 June 2021.* Pages-from-Experiences-of-Care-in-Aotearoa-Report.pdf (icm.org.nz)
[38] Ibid.
[39] Ibid
[40] Snapshot of things people told Oranga Tamariki Ministerial Advisory Board.

Current state: how the system works to address mental health and wellbeing needs

117. A range of supports and services are needed to address mental distress across the mental wellbeing continuum, ranging from universal and prevention supports and services to specialist mental health and addiction services. An ecological approach must be taken to providing support for mental health and wellbeing needs of children and young people to recognise the broader environment of factors that determine the mental health of a child or young person. This needs to include supports within the child or young person's whānau and communities, and across agencies that interact with the young person and their whānau.

118. This section provides an overview of the key services that children and young people involved with Oranga Tamariki and their families and whānau access to support their mental health and wellbeing needs, and comments on their effectiveness. These services are primarily provided by the health system and Oranga Tamariki. Some are contracted to non-government providers, but the way services are delivered is not discussed in detail.

119. Children and young people involved with Oranga Tamariki have complex needs, which are met by different tiers of support within the system. The highest of these needs are met by specialist mental health and addiction services offered by the health system. Oranga Tamariki and the health system also provide a range of services at the other end of the continuum of mental wellbeing, suitable for prevention, emerging or low levels of need. However, services to address these two ends of the wellbeing continuum do not work well together, and there is not sufficient provision of services for moderate levels of need.

120. The very high level of demand for specialist support, particularly for children and young people involved with Oranga Tamariki, suggests that services and supports for prevention, early and moderate needs are not sufficient to prevent children, young people and their families and whānau from reaching high levels of need.

121. Key services described below include:

    a. specialist mental health and addiction services,

    b. joint agency services for children and young people with high needs,

c. Oranga Tamariki supports and services,

d. whānau and community level services, and

e. the primary healthcare system.

122. These broad service categories are summarized in the diagram below and described further in this section.

Specialist mental health and addiction services

In-patient mental health services

123. In-patient acute care is provided by three in-patient units that are located in Auckland, Porirua and Christchurch. These units provide services to children and young people requiring 24/7 care whose current acute mental health needs cannot be met in the community setting. The referral pathway is via specialist mental health services. Oranga Tamariki work closely with the referring Infant, Child and Adolescent Mental Health (ICAMHS) Services to support continuity of care when a child or young person is discharged.

124. Oranga Tamariki and the health sector jointly funded a pilot to support a senior social worker to be seconded to the Child and Family Mental Health in-patient unit (CFU, Auckland) into a liaison role to support rangatahi and whanau with previous and / or current involvement with Oranga Tamariki. Approximately 69% of admissions to the CFU had past or present involvement with Oranga Tamariki.

125. The liaison role has improved collaboration between Oranga Tamariki and CFU by supporting real time cross-sector information sharing in relation to mutual clients, improved follow up with Oranga Tamariki social workers, and collaborative discharge safety planning. The role has strengthened relationships between agencies and also supported Oranga Tamariki, the Child and Family Unit staff and ICAMHS teams to have a better understanding of their respective roles and functions.

126. While the high rates of service for children and young people involved with Oranga Tamariki suggests good access to the service, the liaison role also highlighted that the system overall is not set up in a way to sustain the wellness of children and young people over time. A lack of whānau support services and alternative services at a community level has meant that children and young people discharged from CFU back to a community mental health team can wait for six months for specific targeted therapeutic interventions such as Cognitive Behavioural Therapy, Dialectal Behavioural Therapy, and Family/Whānau therapy supports.

127. In some cases, children and young people and their whānau require additional support from Oranga Tamariki on exiting in-patient units. When parents are unable or unwilling to continue to care for a child or young person, Oranga Tamariki by default must take them into care and provide placement options which are usually in care and protection residences. This can happen for a child or young person of any age but is most common for 17- to 18-year-olds who do not meet the criteria to access adult mental health supported living options or adult mental health services.

128. This places pressure on Oranga Tamariki staff, who do not have specialist experience or training to deal with high level mental health needs. It also places the burden of sourcing either public or private services to support that young person on Oranga Tamariki.

The Infant Child and Adolescent Mental Health Service

129. The Infant Child and Adolescent Mental Health Services (ICAMHS) services provide assessment and treatment for moderate to severe mental health problems. ICAMHS services include youth services for alcohol and other drugs, and Early Intervention in Psychosis services. ICAMHS services generally operate during business hours, with afterhours support provided by crisis intervention services.

130. While we do not have exact numbers, we expect that a relatively high proportion of the children and young people receiving ICAMHS support would be involved with Oranga Tamariki. However, we also know that not all children and young people involved with Oranga Tamariki always received services when required and many sometimes face long wait times. There are a number of reasons for this:

    a. **ICAMHS services are largely prioritised according to clinical need.** While many children and young people involved with Oranga Tamariki face high overall levels of need, they often fail to meet specific diagnostic thresholds for this service due to overall demand. We have heard that disabled children and young people have particular difficulty accessing the service. Some regions prioritise children and young people involved with Oranga Tamariki in an ad-hoc and localised way (for example in the Waikato), but this is not a formal or consistent approach across New Zealand.

    b. **Demand for ICAMHS services** is high and services are stretched, which is consistent across all health services. This are also significant vacancies and challenges in recruitment, leading to workforce constraints. ICAMHS is funded to see three percent of the population, but they currently provide services to four percent of the population.

    c. **Funding for ICAMHS is lower than for adult mental health services and wait times are longer.** District Health Board expenditure on ICAMHS over the last 10 years has not kept up with an increase in service demand. Per-capita funding for individuals seen through community-based ICAMHS is substantially lower than the rate for individuals seen through adult mental health and addiction services; funding per person seen is about two thirds that provided for adult services.

131. When children and young people involved with Oranga Tamariki do engage with the ICAMHS service, they do not always get the support that they seek or need. While we do not have data or numbers of children and young people who experience this, supporting anecdotes from social workers are very common. Some of the reasons behind this may include:

    a. ICAMHS is not set up to meet the **type of needs** that many children involved with Oranga Tamariki present with: The health services are set up to diagnose and treat mental illness. Children and young people involved with Oranga Tamariki often have specific needs that are a direct result of their experiences of trauma. Trauma is a natural reaction to distressing experiences that in some cases can contribute to the development of mental health conditions. We have heard from frontline Oranga Tamariki workers that children and young people in contact with Oranga Tamariki are often declined ICAMHS services because their needs are categorised as trauma-related or behavioural.

b. **care and protection concerns:** ICAMHS services are best provided when the child or young person is in a stable and supportive environment. The lack of a stable care and protection or youth justice placement is often a barrier to receiving ICAMHS support for children and young people involved with Oranga Tamariki. However, the child's or young person's mental health needs can be a contributing factor to a lack of placement stability and vice versa, so the child or young person's need must be supported in a holistic manner.

c. **access or severity thresholds:** Anecdotal evidence suggests that many young people who received ICAMHS support did not meet access or severity thresholds when first referred and that they were often re-referred some months later, by which time their mental health status had deteriorated to the point where they met the threshold for the service. If these children and young people had been able to access services and support at their first referral the deterioration in their mental health could potentially have been prevented, along with flow-on effects such as placements breakdowns or school disengagement. Often these children and young people can wait over a year to receive services.

Joint agency services for children and young people with high needs

The High and Complex Needs Unit

132. The High and Complex Needs Unit (the Unit) is housed within Oranga Tamariki, and was set up as a cross-agency response by Oranga Tamariki, the Ministry of Health and the Ministry of Education to support children and young people who had high and complex needs that can't be met by baseline services offered by the three agencies. We have heard from Oranga Tamariki social workers that many of these children and young people exhibited signs of mental distress, but did not meet the criteria for acute services.

133. The Unit currently supports around 230 children and young people in the 6-14 year age group. Inter-agency plans created with and for each child or young person set goals across a broad spectrum of wellbeing domains and deliver intensive specialist support tailored to an individual's specific range of needs. The service is considered effective[41] in enhancing wellbeing and bringing stability, new skills and hope to children, young people and their whānau.

134. In recent years, the Unit has had to prioritise referrals based on increasingly high thresholds and there are children and young people who meet referral criteria for the service but are unable to access the services, despite presenting with significant needs. The exact number of children who meet the criteria but miss out on access is not known as the Unit stopped offering a waitlist in 2020 to encourage children and young people and their whānau to

[41] In the 2021 financial year, 60% of targeted goals across all HCN plans were met.

seek out alternative services. The key driver for raising the threshold for the service has been funding constraints; funding for the Unit has remained flat since it was established in 2007 despite rising costs and significant population growth.

135. While the unit supports high numbers of tamariki and rangitahi Māori, there are a number of equity concerns that also need to be addressed including[42]:

    a) lower spend per plan for Māori children and young people than non-Māori who receive support from the unit

    b) a very low proportion of females access the service

    c) regional variation in service availability and response

    d) the need to improve the cultural capability of staff.

Children and young people in residences access mental health and wellbeing supports on-site

136. Care and protection and youth justice residences house some of the children and young people with the highest mental health and wellbeing needs. Each residence has a personal health service contracted by their Te Whatu Ora (Health New Zealand) District (previously District Health Boards) to provide health care services including primary mental health and addiction services, during working hours Monday to Friday. If health care is required after hours, the facilities transport the young people to a local service or if urgent, to the local emergency department.

137. Specialist mental health services are provided to residents by the Te Whatu Ora (Health New Zealand) District services. The regional Youth Forensic services provide in-reach services into the youth justice residences, and Child and Adolescent Mental Health Services in-reach into the care and protection residences. Youth Forensics receive funding and work to an agreed model of care for in-reach services to youth justice residences. This includes having a regular presence at each residence during business hours and supporting transition planning to community mental health services on discharge from the residence. The funding model for specialist mental health services into care and protection residences has been through an inter-district flow mechanism. No specific funding or model of care has been developed for these residences.

138. Care and protection residences often become an alternative to, or step-down from, an acute in-patient setting where a child or young person is admitted under the Mental Health (Compulsory Assessment and Treatment) Act, 1992. This can be as a result of mental health clinicians and social workers having

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ongoing concerns for the safety of the young person's high-risk behaviours, including serious self-harm and suicidal behaviours. Care and protection residences have been called "mini mental health units" by a number of psychiatrists over the past few years.

139. It can be very challenging for residential staff to feel confident in how they can safely support these behaviours of children and young people. While we have heard that although there has been a general increase in the provision and responsiveness of ICAMHS support to the children and young people and staff in residences, there can be a mismatch between the high-level mental health and wellbeing needs of the children and young people and the knowledge, skill and experience of care staff who are not employed as health workers. Lack of specialist staff means children and young people in residences with high support needs due to mental distress, or who have recently exited acute level services, do not always receive adequate care or may remain in a residence longer than is required for their care needs.

140. Te Whatu Ora, Health New Zealand, and te Aka Whai Ora, the Māori Health Authority, are looking at a collaborative approach to developing a more appropriate model of care for health services in residences. This has come about because of the increased complexity of young people admitted to residences and recruitment and retention issues for clinical staff in residences experienced across New Zealand.

Oranga Tamariki delivered supports and services

Oranga Tamariki Social Work and practice

141. The specific nature of Oranga Tamariki social workers will vary, depending on why Oranga Tamariki is involved with a family or whānau. As already noted, there are differences in the legislative responsibilities applied to youth justice, adoption and care and protection social workers. There are also setting-related differences, for example between social workers in the national call centre, compared to those in residences.

142. Social workers seek to understand the challenges and problems encountered by families, children and young people in context, and work collaboratively towards understanding their needs and aspirations and identifying solutions. Core social work functions within Oranga Tamariki include assessing needs, developing and implementing plans, decision-making processes and Family Group Conferences, collaborating with families and whānau and other professionals and community services, and advocating for the needs of the child or young person and their whānau or family to be met.

143. We have heard that social workers have high case loads and can struggle to dedicate the time required to improve outcomes for families and whānau. The new practice framework for Oranga Tamariki will support social workers to

meet mental health and wellbeing needs. It is an oranga-informed approach to practice, including cultural practice models, tools and resources that are responsive to the harm, distress and trauma experienced by the tamariki, children, rangatahi, young people, whānau, and families we work with. The approach will be relational, inclusive, and restorative.

144. Good knowledge of mental health and substance- and trauma-related needs is crucial for Oranga Tamariki social workers. While Oranga Tamariki has a range of trauma-based resources and tools, overall social workers have said that their knowledge comes from peers, and through seeking it themselves rather than from training. This means there is no consistent approach for what training is provided.

145. Over time, Oranga Tamariki has developed some dedicated services to support social workers where persistent needs, including mental health needs, were being identified and other supports and services were not available. These services include:

    - **Senior advisors, education and health.** Twelve senior advisors are employed by Oranga Tamariki to improve access to health and education services, primarily through brokering publicly available services, or if these are unavailable or cannot be accessed in a timely manner, recommending the purchase of private services. The senior advisors also provide advice to social workers and are responsible for maintaining relationships with other agencies and service providers.

    - **Towards Wellbeing.** This clinical advisory service is contracted by Oranga Tamariki to provide specialist advice to social workers to support them in identifying and assessing suicide risk and developing plans for young people and their families and whānau to increase safety and address risk factors. The service also assists with accessing mental health services.

Oranga Tamariki Clinical Services Team

146. Oranga Tamariki employs clinical services teams, which provide 42 psychologists and therapists who work directly and only with children and young people involved with Oranga Tamariki. These teams have the specialist expertise to address the specific clinical difficulties faced by children and young people involved with Oranga Tamariki, which is generally not offered by other providers. The teams work with the Health, Police, and Education sectors as well as Iwi and NGO providers to offer a range of services including assessments and intervention, parenting capacity assessments, consultations, and training.

147. The services provided by the clinical services team are trauma informed, culturally competent and ecologically responsive, meaning the work incorporates wider systems of influence on behaviours and needs to assess

and support children and young people involved with Oranga Tamariki. These teams have a deep understanding of how children and young people's traumas present, and which other factors need to be considered when dealing with this population. They also work with children, young people and whānau over a medium to long-term term, allowing children and young people to take time to build trust with clinicians.

148. This work is designed to be effective in supporting and reducing the mental health and wellbeing needs of children and young people, providing assistance with screening and monitoring for specialist child interviews, assisting in reunification with whānau, helping to guide social worker planning and offering world-leading evidence-based practice. The in-house clinical service teams are more cost effective and are able to provide a quicker service response than privately purchasing psychological assessments or funding ongoing therapy for children and young people involved with Oranga Tamariki.

149. The clinical services teams are accessed by direct referral from Oranga Tamariki social workers. There is no systematic method used to identify and send referrals.

150. There is high demand for these services with all teams currently operating waitlists, though these waitlists are shorter than most providers'. The clinical services teams are facing some limitations in order to ensure all children involved with Oranga Tamariki have equitable access to Clinical Services, with regional differences (the service is only available in Te Tai Tokerau, Auckland, Waikato, Bay of Plenty, Wellington, Canterbury and Lower South regions), and lack of resourcing.

Whānau and community supports and services

Whānau support services

151. Most of the supports and services set out above (except for social workers) aim to address specific mental health and wellbeing needs that have been identified for a child or young person. Although these services can, and in many cases will, take a whānau-centred approach in holistically meeting the identified mental health and wellbeing needs of the child or young person, they are not set up to or aimed at specifically supporting or addressing the wider contributing factors within the whānau environment.

152. Whānau support services describes a spectrum of services which support whānau and their children holistically with a range of needs and challenges, which may include mild-moderate mental health and wellbeing needs (for the child, young person, or whānau members).

153. The focus of whānau support services is wide-ranging and can include:

- universal primary maternity care and parenting support home visiting programmes (e.g. *Primary maternity services and Well Child Tamariki Ora (WCTO)*

- workshops, programmes and resources for parents of children (e.g. *Tākai and National Parent Support and Education Programmes)*

- programmes for parents to build positive relationships with their children and develop strategies to work through challenges their children are going through *(e.g. Incredible Years – Ngā Tau Miharo*).

154. Most whānau do well with a combination of natural supports and universal services. More intensive or tailored supports include:

    - services aimed at whānau who have children and are experiencing challenges that cannot be met through universal services (e.g. *Family Start and Strengthening Families)*.

    - services aimed at addressing higher-level needs and challenges which put children and young people at high risk of future involvement with Oranga Tamariki (e.g. *Oranga Tamariki intensive response service*)

    - tailored programmes and strategies to help families build positive relationships and work through challenges their children are going through (*Triple P – Te Whānau Pou Toru)*

    - home visiting programmes that support pregnant people, parents and young children *(e.g. StartWell* and *Pregnancy and Parenting Support),* including programmes specifically for parents of Māori children with high needs, focusing on supporting the development of tamariki and whānau (e.g. *Whānau Toko I Te Ora)*

    - programmes that support whānau and families to achieve their aspirations, placing them at the centre of decision-making *(e.g. Whānau Ora)*

    - whānau-led pilots that assist young parents and their whānau to access the health and social support they need as they transition to parenthood by offering early engagement, home-based support, connecting the entire whānau to primary care (e.g. *Enhanced WCTO pilots).*

155. Whānau accessing these services who are not already involved with Oranga Tamariki can be considered to have early risk factors for future involvement with Oranga Tamariki.

156. Not all whānau support services are delivered in culturally appropriate ways, and there is limited service availability and coverage across New Zealand. Services are not necessarily equipped to support whānau dealing with moderate to higher levels of mental distress. In particular, social workers have

identified the lack of parenting support for whānau with a child or young person exhibiting moderate to high mental distress.

Community level supports

157. Community level supports have some similarities to whānau support services in that they aim to meet the needs of children and young people, and their whānau. However, a key feature of these services is that they are often based within wider community structures such as schools, marae, and faith-based institutions, instead of within the home or typical health system structures (e.g. GP offices). This can mean these types of supports are more accessible and have a wider reach. Community level supports tend to sit earlier in the prevention spectrum than whānau supports, and do not usually cover response services for children, young people and whānau with higher-level needs.

158. The **education system** plays a significant role in this area, including prioritising mental health and wellbeing of children and young people through the roll out of counselling to selected schools, developing curriculum guidance to support teaching and learning programmes for mental health, piloting self-regulation approaches in some early learning settings, and promoting safe and inclusive environments to prevent bullying.

159. The Oranga Tamariki system offers a range of community-level supports including:

    a) **school-based services** such as School Based Health Services (SBHS), Social Workers in Schools (SWiS), Tauwhiro Taiohi – Youth Workers in Secondary School (YWiSS), and Multi-Agency Social Services in Secondary Schools (MASSiSS). School-based health services ensure there is support available when young people are likely to experience increasing mental health needs. In-school delivery encourages young people to use the service as they may prefer to see a health practitioner not connected with their whānau.

    b) **a range of regionally and locally-managed supports**, such as Mana Ake, which is a holistic mental health programme that supports primary and intermediate school children in Canterbury and Kaikōura and is expanding to other areas in New Zealand. This service can help to build on the strengths of whānau to wrap support around children and young people to prevent mental health and wellbeing needs arising, or to address them early and prevent adverse outcomes.

160. Community level supports are also provided to help users to **navigate the health system**, including health navigators and community health workers, that help individuals and whānau access health and social services. These initiatives work by connecting individuals and whānau in disadvantaged communities with a direct support person or social worker to help them

address the barriers to the health care needed by children, young people, and their whānau. The roles of navigators and community health workers tend to be variably defined and have developed to suit particular contexts and populations. They cover a wide range of tasks, and can use volunteer or paid, untrained or qualified staff.

161. VOYCE – Whakarongo Mai is an independent NGO that provides advocacy and connection services to children and young people in care and amplifies their voices to ensure they are heard. VOYCE – Whakarongo Mai also offers specialised advocacy services to disabled children and young people known to Oranga Tamariki with significant communication needs.

The primary healthcare system

162. The health system offers a range of supports and services to the general population, including primary mental healthcare services, and primary prevention services. As the gateway to the specialist mental health system, many children's and young people's mental health and wellbeing needs are met through the primary healthcare system.

163. Primary mental health and addiction services are for people experiencing mild to moderate levels of distress who require supports and services. All ages integrated primary mental health and addiction services include health improvement practitioners and health coaches who provide free, brief interventions to support mental wellbeing. These are available in over 360 general practices, and young people have made up 22% of people seen to date.

164. In addition youth, whanau Māori and Pacific specific primary mental health services provide a range of mental health professionals, youth workers and cultural workers, and are available in many districts. These are free to access and Māori and Pacific services are able to be accessed by all ages.

165. Primary mental health and addiction services are being rolled out across the country through the Budget 19 "Access and Choice" programme. At the completion of the roll out communities will have free access to:

    a) Integrated primary mental health and addiction services through local general practices

    b) Youth specific primary mental health and addiction services

    c) Kaupapa Māori primary mental health and addiction services

    d) Pacific specific primary mental health and addiction services

166. National telehealth services allow people to access phone, text and web-based counselling services including 1737 – which provides 24-hour access

to a trained counsellor, Alcohol and Gambling Helplines, and Youthline Helpline. What's Up Helpline is a free nationally available counselling helpline and webchat service for children and teenagers, run by Barnardos New Zealand.

167. The primary healthcare system is a key entry point to accessing supports. Youth19 data shows that:

    - The family doctor, medical centre, or GP clinic was the most often used health care service for many young people. This was more common among students from higher income neighbourhoods and for females than for other students.

    - The school health clinic was the next most used health care setting.

168. Although some mental health supports are available through the primary healthcare system, these may not always be accessible to the children, young people, and whānau and families who would benefit from them. The Youth19 survey[43] found that, despite having higher health needs, when compared to those never involved with Oranga Tamariki, children and whānau people currently or previously involved with Oranga Tamariki were more than twice as likely to have been unable to access a health provider when they needed to in the last year. They were also less likely to have accessed a health service in the last year, although they were more likely to have seen a health professional in private (without a parent or other people).

169. Rural and semi-rural regions are particularly impacted by lack of support services. Lack of finances, ability to travel to access services, and at times parental burnout or anxiety also contribute to whanau not being able to access supports and services where they do exist.

Insights from care experienced young people on mental health and addictions system

170. VOYCE – Whakarongo Mai spoke to care-experienced young people about mental health and addiction systems in New Zealand in May 2022. Some of the key themes included young people wanting:

    a. access to quick, inclusive and non-judgmental mental health services.

        - "Wait times are atrocious."
        - "People only care when the person is dead, the discussions are happening too late, too late for them to have an effect."

    b. specialists in areas of care experienced children and young people.

[43] Fleming, T., Archer, D., Sutcliffe, K., Dewhirst, M., & Clark, T.C. (2021). *Young people who have been involved with Oranga Tamariki: Mental and physical health and healthcare access.* The Youth19 Research Group, The University of Auckland and Victoria University of Wellington, New Zealand.

- It was noted that often children and young people end up comforting their therapists as they aren't prepared to work with people with the backgrounds they have.

c. information on what is available.

- "I don't really know much about the system outside of helplines – they would be my first port of call. There should be more programmes in schools for young people about things to look out for/where to go for help. Young people need more info ABOUT the system and what's out there for them if they need it."

d. Te ao Māori approach to mental wellbeing – which is currently hard to find or access.

e. Having the right fit with someone.

- "In my experience I have been able to ask for a new therapist and it's been received well and they changed it for me. It's important for us to be able to say if someone isn't working out for us"

f. Children and young people being the decision maker, the centre.

g. Systems able to change to suit their needs – children and young people able to express what they need rather than the system telling them.

h. A Youthline exclusive for kids in care with professionals that "know" the system.

i. Removal of stigma, that being in care doesn't mean you are going to turn into an addict.

j. Support if you do drink or take substances so you don't get addicted, and that if you do you can have help and get support to better heal yourself.

171. As part of this engagement, young people were asked "What are your hopes for care-experienced young people journeying through the mental health and addiction system?" Replies included:

- "I hope they get out."

- "More support for care experienced/residential young people. Some people here (in residence) don't have any family. It would be nice for mental health people to come in now and then to support the young people who need to talk to someone. Not necessarily in relation to their offending, but just someone to listen to them."

Social workers have identified issues with the services available

172. We've heard from social workers that there are a range of challenges that prevent children, young people and their whanau and families from effectively engaging with services. Social workers have spoken of finding that it is often challenging to get access to services and assessments in a timely way. Identified challenges are described below.

The high thresholds for services in the health system

173. Social workers have said that criteria for receiving a service are very high, and often not met by children and young people involved with Oranga Tamariki, despite symptoms and behaviours indicative of distress. Wait times can also be very long, which can be retraumatizing for children and young people.

174. Assessments and diagnoses help to build understanding of what a child or young person needs and how best to support them, for frontline workers, caregivers, children and young people and their families and whānau. Frontline workers have said that even with an assessment of need and treatment recommendations, there is no guarantee that the child or young person will be able to access therapy or other essential services due to resource constraints and a lack of services available.

Workforce shortages

175. We heard that social workers whanau the shortage of psychologists and other mental health professionals nationwide, particularly in rural areas. Therefore, in order to address the needs of children and young people "we need to get creative about possible solutions that don't rely on internal staff."

Lack of training and knowledge

176. There is demand from social workers to have more in-depth training that encompasses trauma and other harms to mental health and wellbeing, so that they can better understand the complex issues that the children and young people are facing. One manager told us that "we've failed to help our staff understand what young people have gone through". In order to help whānau and families navigate the health system, we as an agency must understand it.
177. While social workers will have a base level of knowledge about mental health, there are issues with mental health literacy and knowledge, particularly in the context of growing levels of mental distress and wellbeing concerns across the population. On a systems level, there is also no cross-agency approach on responding to complex and multi-layered needs, which causes confusion about responsibilities.

Services are not accessible

178. We heard from social workers that it can be difficult for whanau and families to trust the system due to previous contact they have had. Limitations to services offerings can lead to a lack of re-engagement post-discharge. Social workers suggested that supporting iwi and hapū to provide their own services would be more culturally appropriate and would help build trust between Oranga Tamariki and children, young people and their whānau and families. There is also a need for children and young people to be more connected to alternative supports through iwi and hapū, to meet needs in a more holistic way and culturally appropriate way.

System gaps and barriers

179. There are a number of gaps and barriers within the Oranga Tamariki system that prevent children and young people involved with Oranga Tamariki having their mental health and wellbeing needs met. These challenges are likely to be more acute for some of the children and young people involved with Oranga Tamariki such as tamariki and rangatahi Māori, and Pacific and disabled children and young people due to their often higher levels of mental health and wellbeing needs.

180. We have identified a number of key system gaps and barriers that affect children and young people and the families involved with Oranga Tamariki. These barriers are discussed in more detail below.

The system does not provide enough support for moderate needs

181. Limited resources, funding restraints, workforce pressures, a greater recognition of mental health concerns within the general population of New Zealand, high demand for services and the flow-on effects of Covid-19 have necessitated strict prioritisation in the health sector, including in the mental health sector. ICAMHS has increasingly needed to focus on high levels of distress or acute risk rather than the cumulative, and moderate to high levels of distress or functional impairment prevalent in children and young people involved with Oranga Tamariki.

182. Children and young people who exhibit complex or multi-layered needs often fall below the threshold of specialist services, and beyond the ambit of primary prevention. The system does not provide sufficient support for identified needs before they become acute, missing a key opportunity to prevent further adverse outcomes, including involvement with Oranga Tamariki, and more acute mental health and wellbeing issues.

183. This gap is not solely a health sector issue. Within the broader Oranga Tamariki system there is a lack of support for children and young people experiencing distress that does not manifest in a specific clinical need, as well as support for their parents and whānau. Holistic and trauma-informed support for whānau and their children as early as possible is critical in preventing further adverse outcomes.

The Oranga Tamariki system does not have a consistent, oranga and trauma-informed approach to addressing mental health and wellbeing needs

184. The Oranga Tamariki system as a whole lacks a consistent, trauma-informed and holistic approach to addressing mental health and wellbeing needs. There is a lack of collaboration between the different agencies and providers across

the system. The health system and Oranga Tamariki respond to different legislative requirements and prioritise needs and supports differently. This prevents agencies from working as a single system to identify the complex interaction between the different risk and protective factors to a child or young person's and their family and whānau mental health and wellbeing needs, and provide collaborative, wrap-around support to meet needs and promote oranga. The system as a whole often fails to respond to the wide-ranging impacts of trauma and the consideration of a child or young person's complete ecological context (e.g. whānau, home, school, community, social, and cultural contexts).

185. The Oranga Tamariki system needs accountability for the impact of unmet mental health needs on care and protection outcomes (e.g. the health sector does not have legislative responsibilities to meet the mental health needs of children and young people involved with Oranga Tamariki). The health system does not sufficiently recognise that for children and young people involved with Oranga Tamariki, there is a risk that their mental health and wellbeing needs being left unmet could manifest in these contributing to an increase in their care and protection needs, and vice versa, and contribute to negative outcomes in other areas of their lives and into adulthood.

186. We have heard from both health sector and Oranga Tamariki staff that there are often disagreements about the underlying needs of children and young people involved with Oranga Tamariki. In particular, the tension between whether behavioural or relational indicators are the result of clinical mental health needs or risk or protective factors that need to be addressed.

187. There is significant complexity for frontline workers, whānau and caregivers in distinguishing challenging behaviour arising from distress (such as a child or young person being separated from their parents), and challenging behaviour that arises from significant trauma and/or persistent unmet mental health needs. The system needs to operate a trauma-informed response to behaviour, as well as providing support for children's and young people's cumulative needs in an individualised and holistic way.

188. Frontline staff across the Oranga Tamariki system, including both social workers and frontline health workers, increasingly need access to specialist training or support to ensure appropriate health services are delivered to children and young people. There is a shortage of psychologists and psychotherapists with specialist knowledge that children and young people involved with Oranga Tamariki could require. There is also a need for social workers to better understand how to respond to mental health needs and how to navigate the health system.

Child and youth mental health services are underfunded and under-resourced

189. Many mental health services for children and young people are at capacity or have had to introduce strict criteria to manage service demand. This is true of services including the HCN Unit, the Oranga Tamariki clinical services teams, services delivered in residences, and ICAMHS. This means that there are children and young people involved with Oranga Tamariki who are not getting the services they need when they need it.

190. Specialist services face significant resource pressures and are seeing more young people in crisis and with serious mental health needs. The child and youth specialist mental health service has consistently had lower funding per person and longer wait times than the adult mental health service. These lower funding rates and longer wait times are contrary to a preventative approach, which would see increased investment in children and young people's and their whānau's mental health needs, to avoid significant mental health needs occurring in adulthood.

Lack of culturally appropriate services and trusted relationships

191. The lack of support in developing and sustaining culturally appropriate kaupapa Māori and Pacific services, and building cultural competency across all other health services can make services inaccessible. Culturally appropriate services may not be available in the right locations, or they are not sufficiently supported to conduct their services in a way that builds trust and engagement, creating a significant barrier for tamariki and rangatahi Māori and Pacific children and youth who are involved with Oranga Tamariki.

192. Tamariki and rangatahi Māori and young people in general often find the health system formal and unapproachable. Decades of intergenerational trauma have led to mistrust in the westernised system. For example, one rangatahi Māori has been recorded as saying "I don't talk to anyone about it. Only talk to someone sometimes when I feel I can trust them. I don't talk to SWiS [Social Workers in Schools] worker at school." [44]

193. The National Care Standards Regulations require that a child or young person has access to a health practitioner with knowledge and experience of cultural values and practices of that child or young person. However, tamariki and rangatahi Māori have spoken of not knowing where to seek help and a lack of trust in the Oranga Tamariki system.

194. The Wai 2575 Health Kaupapa Inquiry is recommending systemic change is needed to the broader health system, including the mental health system.

[44] Independent Children's Monitor. (2021). *Experiences of Care in Aotearoa: Agency Compliance with the National Care Standards and Related Matters Regulations. Reporting period 1 July 2020 – 30 June 2021.* Pages-from-Experiences-of-Care-in-Aotearoa-Report.pdf (icm.org.nz). p 104.

This means that the system as a whole is failing to consistently give effect to the principles of the Treaty. Some actions to address there issues are underway and signalled in Whakamaua; the Māori Health Action Plan.

The Oranga Tamariki system is uncoordinated and difficult to navigate

195. Communities who have interacted with Oranga Tamariki have consistently and repeatedly said that connections between Oranga Tamariki, health and education providers, and non-government organisations are splintered; communication and partnership can be ineffective; and the role and responsibilities for supporting children and young people in care to achieve the best outcomes are unclear.[45] The health system is also difficult to navigate generally.

196. Health practitioners and social workers can find it challenging to coordinate, liaise, plan, and provide joined-up responses to meet the needs of children and young people in care due to a lack of formal service pathways between agencies. There is also a lack of knowledge in the system of the different services available and how they fit together for specific children and young people.

197. Staff often end up navigating the system through individual relationships, but these are regularly subject to change due to staff turnover or organisational change, leading to inconsistency of services between different staff, regions and children and young people. The lack of coordination in the system can mean children and young people involved with Oranga Tamariki can miss out on the services and supports they need, or face delays.

198. Oranga Tamariki staff (particularly social workers) often fill support gaps for children and young people involved with Oranga Tamariki by procuring private services where they are not available through the public system. This places a significant burden on Oranga Tamariki staff and a financial strain on Oranga Tamariki. It may also lead to disjointed approach to care, and children and young people becoming disconnected from public health services temporarily or indefinitely.

The system is inaccessible for many children, young people and their families and whānau who are involved with Oranga Tamariki

199. Children and young people, and their whānau who are involved with Oranga Tamariki are often experiencing a range of harmful factors that contribute to poor mental health and wellbeing, including current/previous trauma, intergenerational trauma, parental mental illness, systemic racism, and other

[45] Independent Children's Monitor. (2021). *Experiences of Care in Aotearoa: Agency Compliance with the National Care Standards and Related Matters Regulations. Reporting period 1 July 2020 – 30 June 2021.* Pages-from-Experiences-of-Care-in-Aotearoa-Report.pdf (icm.org.nz)

social determinants such as unstable relationships, unsafe housing, and poverty. Mental health services do their best to work in a holistic manner and take into account the social and environmental factors that impact on a child's or young person's mental health, however, services rely on collaborative relationships with other agencies to ensure that a child or young person's wider needs are met. There continue to be opportunities to strengthen how agencies and services cooperate to reduce siloed ways of working and improve outcomes for whānau.

200. Although general practice consultations are free for under 14 year olds, costs (such as transport costs) are a barrier to accessing services for many whānau. Even low-cost services can be one of many competing financial priorities for families and whānau, some of whom do not realistically have the option to use what money they do have on these supports. Similarly, the cost of services which might support whānau, particularly those with moderate mental health needs, are not always low cost.

201. The cost of services is likely to disproportionately affect certain population groups. Additional indirect costs to accessing health services also create barriers for whānau, including transportation costs and time off work for caregivers to accompany children or young people to appointments.

Service availability and effectiveness varies significantly around Aotearoa and in different settings

202. Geographic variation in mental health provision, including services specifically aimed at children and young people involved with Oranga Tamariki, exists around New Zealand.

    a. Some locations have a 24/7 crisis response that supports children and young people while others rely on the hospital system to manage out of hours services.
    b. Oranga Tamariki clinical services has teams in seven locations. Children and young people outside of these locations do not have access to the specialist trauma-informed and ecological services they provide.
    c. Youth justice residences have in-reach youth forensic specialist mental health services that are funded and work to an agreed model of care. Dedicated funding for specialist in-reach mental health services are not available for care and protection residences.
    d. Areas with a high number of children and young people involved with Oranga Tamariki can face disproportionate stress on their public services, particularly regions with care and protection residences.

203. Rural communities face specific access challenges due to lower populations, wider geographical spread, more isolated communities and limited transport options. Some smaller and more rural areas have developed effective communication between different services to support service delivery for

children and young people. However, this is not always the case and relies on staff knowledge and networks. A greater number of services are often available in large central areas but they can sometimes be more disconnected, with a central point of contact to escalate concerns difficult to identify.

We do not have good evidence on needs or the efficacy of the system

204. Lack of reliable data on needs and effectiveness of services is a system issue, but is particularly lacking for children and young people involved with Oranga Tamariki. Data on services accessed appears to be the most widely available indicator of mental health and wellbeing needs generally. However, it is likely to be a significant underestimate as it only reflects known and met needs and excludes children and young people who do not meet thresholds for services or for funding, who are not yet in contact with services, or do not access the services they may be entitled to. We also lack data to indicate the extent of unmet needs, with waitlists being our main proxy indicator.

205. There is limited data on outcomes for the children and young people who have accessed services, and whether those services were effective. This means the system lacks good information to assess the efficacy of the Oranga Tamariki mental health system in meeting the needs of the children and young people involved with Oranga Tamariki. Current supports and services may not be responding to these needs in a way that recognises the additional intersecting factors such as high proportion of Māori and SOGIESC, and experiences of trauma and intergenerational trauma.

206. Data limitations also mean we lack information about the mental health needs and outcomes of specific groups within this population such as tamariki and rangatahi Māori, and Pacific and disabled children and young people. Data recorded across a number of systems may be recorded in an inconsistent manner across case files and there may be cases where information is inaccurately recorded or not identified as relevant leading to needs not being identified or met.

207. Issues identifying children and young people involved with Oranga Tamariki in other contexts can also create barriers to needs being addressed. Agencies' information systems do not always systematically identify the care and protection or youth justice status of a child or young person. This makes it difficult to ensure that these children and young people are receiving appropriate care. Frontline health practitioners, for example, may not always be aware that their patient is involved with Oranga Tamariki.

Driving change through the Oranga Tamariki Action Plan

Government agencies are committed to improving mental health and wellbeing of children and young people involved with Oranga Tamariki

208. This section identifies key areas for the Oranga Tamariki system to focus on to improve the way the system supports mental health and wellbeing and addresses the needs of children and young people involved with Oranga Tamariki. Areas for future work need to be considered in the context of broader work that is already underway.

209. Across Government, there are significant mental health and wellbeing initiatives underway which will both directly and indirectly contribute to the mental health and wellbeing of children and young people involved with Oranga Tamariki. We will continue to support these key initiatives, including:

    a) Priority areas under the **Child and Youth Wellbeing Strategy** on:

        - **Mental health and wellbeing of children and young people** – focusing on improving maternal mental health and wellbeing, building socio-emotional resilience in adolescence and improving acute mental distress crisis interventions

        - **First 1,000 days –** developing a work programme focusing on wellbeing in the first 1,000 days of life.

    b) The **Oranga Tamariki Action Plan** contains a number of actions that will improve the system response to mental health needs, including

        - Initiate a **review of the Gateway** assessment process

        - Develop an **integrated model of care** for children in care and youth justice

        - Develop and consult on options to **support the transition of a child or young person** in care from an acute mental health ward to community-based care.

    c) Transformation within the health system. Key changes include

i. **Kia Manawanui** the Government's long-term plan to transform Aotearoa's approach to mental wellbeing

ii. **Repealing and replacing the Mental Health (Compulsory Assessment and Treatment) Act 1993** to ensure it is fit for purpose

iii. The **'Access and Choice'** work programme, which aims to deliver free and immediate mental wellbeing advice and support.

d) Oranga Tamariki **Future Direction Work Programme**, in particular

iv. **Enabling communities**, which aims to develop trusting relationships with communities and partners to be able to better to connect children and their whānau and safeguard their identity, belongingness and whakapapa

v. **Phasing out of care and protection residences** to smaller community-based settings that provide fit-for-purpose caregiving support

vi. The **implementation of the Oranga Tamariki practice framework** rests on a mana-enhancing paradigm and oranga framework. The focus is on preferencing te ao Māori beliefs, values and knowledge, along with understanding tamaiti in the context of whakapapa.

e) **Upcoming reviews of mental health** will also see further assessment and recommendations to improve the responsiveness of the mental health system to the needs of children and young people who are involved with Oranga Tamariki. These reviews include **stage two of the Wai 2575 inquiry** which will consider mental health, disability, and alcohol, tobacco and substance abuse, and the **Auditor-General's** performance audit into how effectively the Government understands and meets the mental health and addiction (MHA) needs of young people aged 12-24 years.

This assessment has identified five focus areas to drive further change

210. This assessment identifies five focus areas for government agencies to help improve mental health and wellbeing for children and young people involved with Oranga Tamariki and their whānau and families, and support them to be prioritised for access to services within the system. These are not specific actions, but highlight gaps in the context of work already underway. The focus areas aim to drive system change where:

a) needs are identified and met **earlier**

b) needs are **consistently met in a holistic, oranga and trauma-informed way** – to reflect the complex nature of mental health and wellbeing

c) over time, **acute needs are reduced** (due to needs being met earlier), but when they do arise they **are met in a timely manner.**

211. As specified in the Oranga Tamariki Action Plan Implementation Plan, agencies will report back to the Social Wellbeing Board on how they will respond to these focus areas within three months. This report back will lay out a roadmap of how these focus areas will be addressed over time, including the agencies responsible and initial timeframes.

Focus area 1: Identify what a good system response looks like, including the roles of relevant agencies

212. This assessment has reviewed how the system meets the needs of children and young people involved with Oranga Tamariki at a high level, primarily focusing on the services and supports offered by Oranga Tamariki and the health system. It is clear that the system is complex and it is difficult to obtain a comprehensive picture of the services that are available, access to those services, and their effectiveness at meeting needs.

213. This assessment has not identified in detail what a good system of support looks like. Further work is required to fully understand the network of supports and services required within the broader environment that supports wellbeing, to best meet the needs of children and young people involved with Oranga Tamariki. This will need to include identifying how maternal, parental, whānau, and wider community supports should operate in response to identified needs, and the interface with the education system. In particular, an understanding of whānau-centred, culturally appropriate, wrap-around support services required will be important, as we have heard from those involved with Oranga Tamariki that this the type of service they are most in need of. Improved data and insights about needs will also inform this work (see focus area 5).

214. This work will inform wider system change by providing an agreed future direction. Outcomes from this process will support the Oranga Tamariki system to identify where changes are needed so that we can work with iwi, hapū, communities and other partners over time to build up the system of support for these families and whānau, which could make a big difference to addressing mental health and wellbeing needs early and enabling the children and young people involved with Oranga Tamariki to realise their oranga potential. This work will need to involve all agencies, providers and other interested stakeholders who have a role in meeting the mental health and wellbeing needs of these children and young people.

Focus area 2: Build frontline workers' and caregivers' knowledge in identifying and addressing needs

215. This assessment has highlighted a gap in consistent understandings and approaches to meeting needs across the system, particularly between health and Oranga Tamariki frontline workers (such as Oranga Tamariki and Te Whatu Ora social workers, staff in residences, support workers and navigators). Increasing the knowledge of the intersection of care and protection and mental health and wellbeing needs, and the effects of trauma on the children and young people involved with Oranga Tamariki, will be vital to consistently identifying needs earlier, and ensuring responses are holistic, and oranga and trauma-informed.

216. Oranga Tamariki will need to work with health sector and other agencies as required to investigate the gap in knowledge of frontline workers and caregivers, to what extent this will be met through existing work, and what the remaining gap could be. This work could include efforts to support effective communication, including common language and shared expectations around how to respond to the mental health and wellbeing needs of children and young people involved with Oranga Tamariki and their families, across frontline staff of different agencies.

217. Additional resources could be provided for social workers and caregivers on working with children and young people experiencing distress and facing complex life challenges, identifying emerging mental health and wellbeing needs of the whānau, and helping whānau to navigate the system to receive culturally appropriate support before needs escalate. There are opportunities to upskill Oranga Tamariki staff who are working with children and young people experiencing distress and emotional dysregulation, for example, with young people who are using self-harm as a maladaptive coping mechanism to communicate their distress.

Focus area 3: Improve collaboration and navigation

218. Navigation of the system was a consistent barrier to access identified by children and young people, whānau and caregivers, and social workers. Opportunities and examples of initiatives to support navigation of the system have been set up across the country. We have identified three broad opportunities to build on these initiatives to improve coordination and navigation. This work will need to involve health sector agencies and Oranga Tamariki working with other key stakeholders.

219. Firstly, expanding formal collaborative frontline processes, which could include secondments between Oranga Tamariki and the health entities such as the Oranga Tamariki social worker who is seconded into a liaison role at Starship Hospital. These postings establish a dedicated knowledge base and

contact person to work across agency boundaries to meet high needs, to benefit children and young people and their families and whānau.

220. Secondly, navigation could be improved by expanding existing navigation roles and functions across the Oranga Tamariki system, such as the senior advisors, education and health within Oranga Tamariki, or health navigators and community health worker roles.

221. Thirdly, resources could be expanded or developed to support caregivers to navigate the system. This would include working through the Implementation Plan for the Oranga Tamariki Action Plan, which includes an action for the Ministry of Health to develop locally-tailored resources to support social workers and caregivers supporting children and young people to arrange access to health services, fulfil health entitlements, and enrol with health care providers.

Focus area 4: Increase the capacity of existing services and supports for moderate to high needs

222. Although mental health services across the spectrum are under high demand, there is a particular gap in services able to deal with moderate to high needs. Increased ability to address moderate and high needs will help alleviate pressure on specialist services and begin to shift the system towards earlier identification and meeting of needs. Oranga Tamariki and health sector entities will identify options to expand existing services that meet moderate to high levels of need.

223. There are some key existing services which provide support directly to children and young people involved with Oranga Tamariki who have moderate to high needs. These include the High and Complex Needs Unit, care and protection and youth justice residences, and the Oranga Tamariki clinical services teams.

224. These services face very high demand and do not have the capacity to provide sufficient support to all the children and young people involved with Oranga Tamariki who need them, or who meet the access criteria. These services require funding to increase capacity in various ways, including:

- expanding the workforce to meet unmet demand within the current service offerings
- expanding into areas of Aotearoa where the service is not currently available, or
- addressing equity issues and building cultural capability of the service.

Focus area 5: Investigate current levels of unmet mental health and wellbeing needs

225. While the long-term goal is to reduce the demand for specialist services as the system meets needs earlier, we've heard that there are currently children and young people involved with Oranga Tamariki on waitlists for specialist mental health services. Oranga Tamariki will work with health sector entities to initiate an investigation to understand the barriers to accessing these services, and the reasons why the health system and Oranga Tamariki are not reliably connecting around individual children and young people. This could include:

    - identifying how many children and young people are in this position (this will likely vary by location)
    - understanding why a referral was made, and what support is being sought
    - identifying what actions the health system and Oranga Tamariki have been taken in response to the referral
    - identifying the status of their needs in relation to service thresholds (including whether they meet thresholds for the services they're waitlisted for, or whether their needs have changed since they were waitlisted and now need to be re-evaluated).

226. Further investigation could also involve understanding the scale and nature of unmet needs of other children and young people involved with Oranga Tamariki who may not need specialist services (e.g. those who may benefit from additional whānau and community supports, or services aimed at addressing mild to moderate, and moderate to high mental health and wellbeing needs). Current systems are designed to gather some information about those accessing more specialist services, but information is less available for others involved with Oranga Tamariki. Therefore, strengthened data and insight systems would particularly need to be considered for this group.

227. This work will allow us to determine the size of the problem, and identify possible solutions to meet existing unmet needs. It will also help inform what a good wider system response looks like (see focus area 1). Meeting these needs is important to prevent even further escalated mental health needs and potentially increased risk of care and protection needs.

228. Addressing the current population of children and young people not receiving services will go some way to addressing inequities of access within the system in the short term.

Annex A: Further information on needs and contributing factors

Children and young people involved with Oranga Tamariki often have higher mental health and wellbeing needs

1. Information on children and young people accessing Oranga Tamariki 'higher needs' supports and services provides further insight on the mental health and wellbeing challenges of these particular groups.

    a) **trauma-related needs and supports** – a case file analysis of children and young people who are on a higher foster care allowance (HFCA)[46] found that, of the 681 children and young people supported by the HFCA, 300 (44%) had mental health needs and 353 (51%) had trauma-related support needs. These needs co-occurred for many of these children and young people. The most commonly identified mental health needs in this case file analysis were attention deficits (23.4%) and problem sexual behaviours (5.2%).

    b) **high and complex needs** – of the group of about 230 children and young people accessing the High and Complex Needs (HCN) Unit service,[47] many were reported (in the 2021 financial year) to have high levels of experiences of trauma and behaviour support needs that are often indicators of poor mental health and wellbeing. These included social difficulties with peers (94%), physical aggression (91%), verbal aggression (85%), neurodevelopmental disorders (78%), excessive fear and anxiety (69%), mood disorders (58%), intellectual function deficits (57%), impulse-control and conduct disorders (46%), non-suicidal self-harm (44%), and attempted suicide (10%), among others. They also reported experiencing family violence (60%) and caregiver mental illness (53%).

[46] The HFCA is a payment added to the standard caregiver allowance for children and young people have additional needs, so can provide an indication of the types of needs that children and young people involved with Oranga Tamariki may have.
[47] The HCN Unit coordinates intensive cross-agency support (between Oranga Tamariki, Ministry of Health and Ministry of Education), for whānau with children and young people who have high and complex needs that are not being adequately met by mainstream mental health services.

Needs are intersectional and often inequitably distributed

2. In general, Māori, Pacific, disabled, and SOGEISC-diverse children and young people are over-represented in the Oranga Tamariki population, and are at greater risk of poor mental health wellbeing than other children and young people involved with Oranga Tamariki. Evidence also indicates there are some differences in the challenges faced by males and females. Key issues for these sub-populations are:

    a) **rangatahi Māori** have substantially higher suicide rates than the rest of the population. Ministry of Health suicide data from 2009 to 2018 shows that the suicide rates for 15-24 year old rangatahi Māori was 34.6 per 100,000, which was more than double the rate for non-Māori of the same age (16 per 100,000). Similarly, the Youth19 survey[48] found that Māori who had been involved with Oranga Tamariki had lower rates of good emotional wellbeing compared to Māori who had never been involved with Oranga Tamariki (54.8% compared to 70.4%), approximately double the rate of depression symptoms (48.8% compared to 23.7%), over double the rate of serious thoughts of suicide (45.4% compared to 19.9%), and three times the rate of having attempted suicide (28.9% compared to 8.7%).

    b) the Youth19 survey found that **Pacific young people** previously or currently involved with Oranga Tamariki reported higher levels of depressive symptoms (33.4%), nearly double the rate of serious thoughts of suicide (47.7%), and more than double the rate of having attempted suicide (24.5%) than Pacific young people without Oranga Tamariki involvement (of which 23.6% had depressive symptoms, 24.1% had thoughts of suicide, and 10.7% had attempted suicide).[49] Unlike rangatahi Māori, Pacific youth involved with Oranga Tamariki had similar levels of good emotional wellbeing (70.2%) compared to those never invovled with Oranga Tamariki (73.1%).

    c) While there is limited data on the mental health and wellbeing of **disabled children and young people**, there is evidence that children and young people (aged 5-17) with current or previous contact with disability support services (DSS) and involved with Oranga Tamariki had higher rates of contact with, or receiving treatment from mental health service providers.[50] The Youth19 survey also found that the

[48] Fleming, T., Archer, D., Sutcliffe, K., Dewhirst, M., & Clark, T.C. (2021). *Young* **Error! Bookmark not defined.Error! Bookmark not defined.** The Youth19 Research Group, The University of Auckland and Victoria University of Wellington, New Zealand.
[49] Ibid.
[50] Oranga Tamariki—Ministry for Children. (2020). *Children and young people with impairments*. Wellington, New Zealand: Oranga Tamariki—Ministry for Children.

rates of reporting a disabling condition were nearly double among young people who had previously or currently involved with Oranga Tamariki, compared with young people without any involvement[51]

d) **Takatāpui and SOGIESC-diverse young people** involved with Oranga Tamariki report high mental health needs, with the Youth19 survey[52] finding approximately 2 in 3 reporting clinically significant symptoms of depression and 2 in 3 reporting serious thoughts of suicide in the last year. In addition, they were they are nearly twice as likely to experience being harmed by an adult in the home, or experience sexual violence or abuse compared to those who had never been involved with Oranga Tamariki.

e) There is evidence that **male** children and young people involved with Oranga Tamariki are more likely to tend to have more social, emotional and behavioural challenges[53] and are more likely to receive mental health and/or substance use treatment.[54] We also know that males in the general population have significantly higher rates of completed suicide.[55] **Female** children and young people involved with Oranga Tamariki have higher rates of hospitalisations for mental health reasons[56] and are more likely to have depressive symptoms, thoughts of suicide, and attempts at suicide[57] (which is also a trend in the general population).

We note that higher rates of contact with services could be related to being known to Oranga Tamariki and therefore being better connected to the health system than children and young people not known to Oranga Tamariki, rather than necessarily reflecting higher levels of need.

[51] Fleming, T., Archer, D., Sutcliffe, K., Dewhirst, M., & Clark, T.C. (2021). *Young people who have been involved with Oranga Tamariki: Mental and physical health and healthcare access.*The Youth19 Research Group, The University of Auckland and Victoria University of Wellington, New Zealand. p 20.

[52] 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*

[53] Ministry of Health. (2018). *Social, Emotional and Behavioural Difficulties in New Zealand Children: Summary of findings*. Wellington: Ministry of Health

[54] IDI data as at March 2020

[55] Ministry of Health. (2021). Suicide web tool. Rates for confirmed suicide were 446 male deaths and 177 female deaths, with a suicide rate of 17.4 per 100,000 males, and 6.9 per 100,000 females.

[56] IDI analysis by the Ministry of Health as at June 2020.

[57] Fleming, T., Archer, D., Sutcliffe, K., Dewhirst, M., & Clark, T.C. (2021). *Young people who have been involved with Oranga Tamariki: Mental and physical health and healthcare access.* The Youth19 Research Group, The University of Auckland and Victoria University of Wellington, New Zealand.
For young people previously or currently involved with Oranga Tamariki: 44% had depression symptoms (55% among females and 32% among males); 41% had thoughts of suicide in the past year (50% among females and 32% among males); and 22% had attempted suicide in the past year (30% for females, and 13% for males).

Additional factors that impact mental health and wellbeing

Whānau mental wellbeing is integral to individual mental health and wellbeing

3. The mental health and wellbeing of children and young people is closely linked with their whānau. Children and young people who have been involved with Oranga Tamariki are significantly more likely to have a parent (81%) or sibling (45%) who has sought mental health treatment in their lifetime, compared to the general population (of which 42% have a parent who has sought mental health treatment, and 13% have a sibling who has sought mental health treatment).[58]

4. There is also a link between being an infant with a mother who has a mental health or addiction problem, and an increased likelihood of future involvement with the care and protection system. Of the infants coming into Oranga Tamariki care before their second birthday:

    - 71% of their mothers had alcohol or other drug problems
    - 43% of their mothers had mental health problems[59].

5. In addition:

    - Māori and Pacific pregnant women are more likely to experience perinatal (both before and after birth) mental distress[60].
    - New Zealand mothers of nine-month-old infants living in material hardship had higher levels of anxiety and depression, and their infants had higher levels of negative emotional reactions[61].

6. Intergenerational trauma can also be a significant determinant of mental health and wellbeing of children and young involved with Oranga Tamariki. This is particularly true for tamariki and rangatahi Māori, who are faced with the ongoing impacts of colonisation.

Involvement with Oranga Tamariki can be traumatic for children, young people, and their whānau

[58] IDI data as at March 2020
[59] Patterson, R., Durie, M., Disley, B., & Tiatia-Seath, S. (2018). *He Ara Oranga: Report of the government inquiry into mental health and addiction.* p 75
[60] Ministry of Health. (2021). *Maternal Mental Health Service Provision in New Zealand: Stocktake of district health board services*. Wellington: Ministry of Health.
[61] Dominick, C. (2019). *Associations of material hardship with maternal and child outcomes: Technical report of cross-sectional analysis of nine-month data from Growing Up in New Zealand study*, Wellington: Ministry of Social Development

7. When a child or young person becomes involved with Oranga Tamariki, they often already have lived experiences of trauma and mental health challenges, whether it is one or more specific events, or a complex interplay between specific events, whānau and intergenerational trauma, and wider social determinants of health. They may have also had less exposure to protective factors such as stable, nurturing, and supportive parenting.

8. On top of this, the experience of being involved with Oranga Tamariki can be a complex and additional traumatising event that affects children, young people, and their whānau regardless of the benefits (e.g., a child being removed from an abusive situation, a whānau receiving additional supports). Coming into care or custody often means separation from parents or whānau, breaks in social or schooling connections and for many placement in unfamiliar surroundsings, all of which can be traumaticing. Children and young people can also face mistreatment in care or residences, experiencing disempowering processes, or other flow-on impacts of being involved with Oranga Tamariki.

9. For example, studies have shown that over half of boys (56%) and a quarter of girls (26%) in youth justice residences in New Zealand reported being physically harmed on more than three occasions in the past year, while 39% had witnessed violence between adults at home on more than three occasions in the past year. A similar study found that these young people had each experienced approximately two traumatic events.[62]

10. The Royal Commission inquiry into the Abuse in Care revealed the sustained abuse that children in care faced, especially those who were Māori and Pacific. They experienced physical, sexual, psychological and emotional violence, along with long periods of isolation and neglect, lack of privacy and autonomy, and deprivation of essentials such as food and water, as forms of punishment. The trauma from this abuse has had a long-lasting and intergenerational impact for many. Survivors report having ongoing nightmares, sleep challenges, social challenges and cultural disruptions, due to being robbed of their childhood.

The Covid-19 pandemic is likely to have negatively impacted children and young people's mental health

11. Although we do not have specific data on how COVID-19 has impacted the mental health for children and young people involved with Oranga Tamariki, we can make general inferences from wider population data.

12. There is some evidence (despite limited baseline data) that the pandemic has negatively impacted the mental health and wellbeing of many children and young people across Aotearoa due to extended periods of social isolation,

[62] Lambie, I. (2016). *Youth justice secure residences: a report on the international evidence to guide best practice and service delivery*. Ministry of Social Development. p 22

disruptions to schooling, economic uncertainty, and impacts on whānau health. This is despite some positive impacts from the initial COVID-19 elimination strategy (enacted from March 2020) which likely protected some children and young people from the mental wellbeing impacts of losing parents and caregivers to COVID-19 complications.

13. Factors contributing to poor mental health and wellbeing for children and youth include disruptions to education, increased isolation from peers and social groups, increased susceptibility to family violence, and increased alcohol and substance use. Youth are also more likely to face employment disruption or termination because of lockdowns and economic slowdowns, particularly given their high prevalence in low paying, casual roles.[63]

14. The New Zealand Health Survey 2020/21 reported 19% of young people aged 15-24 years experienced high or very high psychological distress, compared to 11% the previous year (2019/20, pre-pandemic).

[63] Ministry of Health. Briefing: Child and youth mental wellbeing: information for the Prime Minister. 12 May 2022.

Annex B: Summary of Reviews

Stage two of the Wai 2575 Health Services and Outcomes Inquiry

1. Stage two of the Wai 2575 Inquiry[64] includes a specific focus on mental health (alongside a focus on Māori with disabilities, and issues of alcohol, tobacco, and substance abuse). In reviewing the claims on mental health, the grievances concerning mental health for rangatahi include cost, stigma, and lack of service choices. Services and support for takatāpui and LGBTIQ populations were identified as being particularly limited. The Inquiry also recognises that years of insufficient responses to mental health issues have had an intergenerational impact on Māori communities. Claimant submissions have highlighted:

    a. alleged prejudice suffered as a result of Crown actions and omissions in health care policy regarding smoking, mental health, alcohol and substance abuse, cancer, obesity, and suicide rates[65]

    b. alleged prejudice in relation to access to care and to rongoā (indigenous medicine and treatment) services and that the Crown has not provided adequate health services in these areas, contrary to its Treaty/ Te Tiriti obligation to do so[66]

    c. that urgent action is needed to reverse inequity suffered by Māori[67]

    d. that the current primary health care framework should be replaced with a new system designed and founded upon full partnership[68]

    e. that the Crown does not adequately support tikanga Māori consistent approaches to care and that these ongoing systematic failures are gravely prejudicial to Māori.[69]

2. The report referenced a mental health and addiction claim from WAI2738 that describes an urgent need to address the inequity that Māori have suffered, and that the Crown has not adequately supported tikanga Māori approaches to care consistently. It was also argued ongoing systemic failures have been detrimental to Māori.

[64] Waitangi Tribunal. (2019). *Hauora: Report on Stage One of the Health Services and Outcomes Kaupapa Inquiry (justice.govt.nz)*. (Report No. Wai 2575).
[65] Wai 2634, Wai 2643, Wai 2647, Wai 2650, and Wai 2688
[66] Ibid
[67] The Mental Health and Addiction (Fergusson-Tibble) claim (Wai 2738)
[68] Ibid
[69] Ibid

3. In giving evidence on behalf of the Crown, former Director-General Dr Bloomfield also recognised the impact of racism on the determinants of health and the ability of Māori to access health care itself.

4. The Oranga Tangata, Oranga Whānau kaupapa Māori analysis summarising consultation with Māori noted a number of things that are likely to impact on the mental health of children and young people involved with Oranga Tamariki, including:

    a. whānau experience anxiety from a fear of contact with Oranga Tamariki and despair and hopelessness escalate when whānau are informed that children won't be returned. Wai 2575 B026 findings state that it would seem possible that fear of child removal may be higher among Māori, given the high rates at which Māori children are removed from their parents.

    b. Māori and Pacific youth, and youth living in lower socio-economic localities have higher rates of mental health issues. These contribute to disparities between Māori and Pacific peoples and other ethnic groups in a range of life outcomes.

He Pāharakeke, he Rito Whakakīkinga Whāruarua: WAI2915 Oranga Tamariki Urgent Inquiry

5. The Inquiry investigated the reasons underlying the significant and consistent disparity between the number of tamariki Māori and non-Māori children taken into State care, what actions (legislative, policy, and practice) had been taken to change this, and what changes might be needed in the future.

6. The report recognises that whānau involved with Oranga Tamariki are not trying to harm their tamariki and rangatahi, instead there may be ongoing needs that add stress on the whānau, including factors such as poor mental health, substance abuse, poverty, poor housing, children with high needs and intimate partner violence. The report further describes that the growing disparities of child protection, health and education are not due to individual choices, but instead are outcomes of legislation, policy and economic settings which a society has choices to influence.

7. For many tamariki and rangatahi Māori, involvement with Oranga Tamariki has meant disconnection from their whakapapa and culture, which can have detrimental effects on their long-term health and wellbeing.

8. The report found access to mental health support a key barrier. It is difficult for Oranga Tamariki staff to get children and young people the support they need and on time. This can be due to poor collaboration between relevant agencies, lack of resources in the relevant area, or services being overwhelmed or understaffed. This of course means whānau of these children and young people are finding it more difficult to access health services, particularly mental health services and those from rural communities

The rates of screenings for substance use, psychological distress and suicide risk are very low, despite the high number of concerns that are raised in relation to psychological distress. Between 2020 and 2021, only three quarters of children and young people in Oranga Tamariki care had their health needs assessed and a plan provided to meet their needs in a timely manner. 83% of these children and young people had gateway assessments, however many of these were likely outdated. The combination of low rates of screening for mental health needs and ineffective communication with other relevant agencies means there is a lack of quality data, and therefore lack of a interventions to support children, young people and their families and whānau involved with Oranga Tamariki.

9. Children, young people and their whānau, and Oranga Tamariki and education staff have consistently shared that the connections between Oranga Tamariki and other agencies and providers are fragmented, with ineffective communication and partnership, and unclear roles and responsibilities.

10. Hipokingia ki te Kahu Aroha Hipokingia ki te Katoa: Oranga Tamariki Ministerial Advisory Board reportIn September 2021, the Oranga Tamariki Ministerial Advisory Board report, 'Hipokingia ki te Kahu Aroha Hipokingia ki te Katoa', or 'Te Kahu Aroha', was released with a list of recommendations for Oranga Tamariki. The Ministerial Advisory Board was appointed to provide independent advice and assurance to the Minister for Children.

11. Te Kahu Aroha touches on mental health needs, specifically on tamariki and rangatahi whaikaha, their whānau, parents and caregivers. The report shares their growing need to support mental health concerns. Oranga Tamariki staff have limited capacity and capability to respond to mental health needs of whānau but have often had to be the default provider and are expected to find appropriate support while there is a lack of a systemic and specialist response.

Royal Commission Inquiry

12. Key themes and survivor recommendations from the '*Royal Commission's public hearing on disability, deaf and mental health institutions*', held in July 2022, specifically related to mental health needs were:

    - many themes were consistent with previous hearings including systemic racism, limited connection with Māori culture and identity, mistreatment of survivors and the abuse leaving long lasting and intergenerational impacts, lack of resources and training of staff, lack of complaints processes

    - new themes from this hearing include abusive medical treatments, exclusion of whānau from care/medical decisions that were made for survivors, and general societal attitudes towards survivors meant poorer experiences of survivors.

Snapshot of stakeholder feedback given to the Oranga Tamariki Ministerial Advisory Board

13. The Oranga Tamariki Ministerial Advisory Board received feedback related to mental health needs from their stakeholder engagement[70] as part of developing Te Kahu Aroha, including:

    - Oranga Tamariki leaders and other Māori shared their concerns regarding the continued need for more Oranga Tamariki staff to be trained to better respond to the large gap between disabled people and mental health specialisation. Children, young people and their whānau with high and complex mental health needs require more time and resources that Oranga Tamariki staff are not trained appropriately to respond to high needs.

    - Strategic partners have also shared the growing complexities of mental health needs due to multiple contributing factors such as income, housing and alcohol and drugs. They suggest the government agencies need to work together than in individual silos across overall needs of children and young people.

    - Oranga Tamariki leaders have also shared that there is a need for a cross agency agreement to address issues that often fall into the 'too hard basket', including complex mental health needs, health, education, housing and poverty. These issues often have not met the criteria for agencies such as Ministry of Health and Ministry of Education and are left with Oranga Tamairki to assume responsibility.

[70] More than 70 hui were held with service providers, hapū, iwi, communities, heads of government agencies and statutory organisations. The Board also visited over 20 Oranga Tamariki site offices and spoke to more than 750 staff, including social workers.

Annex C: Oranga Tamariki needs assessments

1. The main ways that the Oranga Tamariki system gathers information on mental health and wellbeing needs for children and young people in care is through Gateway, Tuituia and youth justice health assessments. These assessments are generally based on information provided by the child or young person, their whānau and caregivers, and some assessment by clinicians. Each child or young person's All About Me Plan sets out how their needs will be met.

Gateway

2. Introduced in 2011, Gateway assessments are an interagency mechanism (between Oranga Tamariki, Te Whatu Ora and the Ministry of Education) to identify a child or young person's education and health needs and link them with services to meet previously unmet needs at the earliest opportunity. Children and young people are referred to Gateway when they enter care or when a referral for a care and protection Family Group Conference is made. Approximately 80% of children in care have a completed Gateway assessment, and a further 8% are in progress as of June 2022.

3. It is an important assessment tool used to deliver on the National Care Standards requirement that all children entering or in care have an assessment to identify their needs (clause 7). The information obtained from Gateway also informs the individual assessment and the All About Me plan describing needs and how these will be met (clause 16).

4. Gateway can be an effective mechanism for gathering education and health information for children and young people, and identifying needs that may otherwise have gone undetected. However, a number of issues have impacted its effectiveness including: lack of responsiveness to te ao Māori and other diverse backgrounds, lack of timely access and completion, regional variability in access to services, becoming outdated due to the assessment not being repeated or reviewed, and not always being child or whānau centric (e.g. because Gateway is a clinical tool, it does not always empower whānau to have a voice in identifying the child or young person's needs).

5. The need to review Gateway is recognised in the Implementation Plan for the Oranga Tamariki Action Plan, which states that "officials will gather information on Gateway and report to Ministers of Health, Education and Children on the scope and approach for a review by the end of 2022".

Tuituia

6. Tuituia is the most comprehensive assessment tool used by Oranga Tamariki to understand and record the wellbeing of children and young people in care or involved with the youth justice system. It aims to provide a holistic view of the child or young person that can be shared across all of Oranga Tamariki care and protection, youth justice, residential and high needs services. It also provides a consistent framework and focus for information sharing and collaborative cross-agency work.

7. Tuituia looks across three areas:

   a. **mokopuna ora** — a child or young person's holistic wellbeing;

   b. **kaitiaki mokopuna** — their caregiver's capacity to nurture their wellbeing;

   c. **te ao hurihuri** — the whānau, social, cultural and environmental influences surrounding them.

8. Within mokopuna ora there is a specific 'health' domain which looks across a number of factors and has a strong mental wellbeing focus. The sub-domains are: trauma, grief and loss, suicide and self-harm, emotional wellbeing, and physical wellbeing. It also acknowledges other factors to consider such as attachment, identity and culture, behaviour, friendships, and disability.

9. Although Tuituia encompasses a number of holistic factors, it is missing key Māori constructs and elements of oranga including connection with physical environment (space) and spiritual needs, and an ability to look at children and young people holistically in their whānau and environments. There is also some variability in how Tuituia assessments are used and how information in them is scaled and recorded.

Youth Justice health assessments

10. Youth Justice health and education assessments are available to all children who offend and to young persons who are referred for a Youth Justice family group conference. They have to meet the criteria of being at high risk of re-offending, have identified health or education issues and consent to the assessment process. The youth justice population generally do not have access to Gateway assessments.

All about me plans

11. All about me plans are required to set out how the child and young person's needs will be met, and how Oranga Tamariki and others (such as the child or young person's doctor, teacher or whānau) will support the child or young person and their caregiver(s) to ensure these needs are met. The views of the child or young person, their family and whānau, and other important members

of the hapū, iwi or family group are also taken into account in the development of the plan.

12. All about me plans are required by the National Care Standards for all children and young people who are in the custody or care of the Chief Executive of Oranga Tamariki. These plans must be reviewed no later than six weeks after a child enters care or custody, and thereafter at least every six months.