

Government actions to reduce poverty in New Zealand: Report to Ministerial Committee on Poverty March 2016

Introduction

The Expert Advisory Group on Solutions to Child Poverty (EAG) was established in March 2012 by the Children's Commissioner. Its brief was to examine international and New Zealand evidence and develop a package of proposals to reduce child poverty and mitigate its effects.

In broad terms, the EAG recommended actions to ensure that families have adequate income to meet their basic needs and that children grow up in safe and healthy homes with stable, nurturing families, based in supportive communities. The EAG also recommended increased Government focus on children's educational engagement and on health services, including antenatal services.

The Government publicly responded to the EAG's report in 2012¹.

This report for the Ministerial Committee on Poverty builds on that response and sets out the Government's ongoing approach to alleviating poverty in New Zealand.

Poverty and its causes

In the 2015 Budget, advice from officials on the package to address hardship among children in New Zealand's poorest families set out a structured approach to thinking about and addressing poverty in New Zealand². The framework defines what we mean when we use the word poverty and what can be done to alleviate it.

¹ <https://www.beehive.govt.nz/feature/government%E2%80%99s-response-children%E2%80%99s-commissioner%E2%80%99s-expert-advisory-group-solutions-child-povert>

² <https://www.msd.govt.nz/documents/about-msd-and-our-work/publications-resources/regulatory-impact-statements/ris-budget15-cmh-may15.pdf>

In the more economically developed countries, poverty is commonly defined as "exclusion from a minimum acceptable standard of living because of inadequate household financial or material resources". In other words, poverty and hardship occur when resources don't meet basic needs.

Addressing or alleviating poverty at a household level therefore means one or more of the following:

- increasing household income (whether it be from higher total earnings or increased government assistance or reduced tax)
- reducing demands on the core household budget (for example, through government subsidies and services)
- better using a given income to meet basic needs (through improved budgeting, healthy family functioning (tension and chaos reduce efficiency), improving life skills, better access to government and community services, etc).

The Government's actions

The Government has focused on all of the above elements to alleviate poverty. The Government's actions, as set out in this report, can be grouped into:

- Building a stronger economy
- Reforming welfare through the investment approach, welfare reform and child hardship package
- Improving financial capability
- Having safe and healthy homes
- Supporting stable, nurturing families
- Supportive communities
- Improving engagement in education
- High quality health services.

The Government is also prepared to invest early to make a difference in the future – as can be seen with its focus on teen parents and the investment approach to welfare.

Table of Contents

Building a stronger economy.....	5
Low interest rates	5
Wage growth and low taxes.....	5
Increasing the minimum wage	5
Welfare reform	5
Supporting people off welfare and into work	5
An investment approach to welfare.....	6
Package for children in poorest families	6
Improving financial capability	7
Redesigning Budgeting Services	7
Community Finance.....	8
Having safe and healthy homes	8
Housing New Zealand	8
Warm Up New Zealand	9
Healthy Homes Initiatives	9
Residential Tenancies Amendment Bill.....	10
The Māori Housing Strategy	10
Supporting stable, nurturing families	10
Whānau Ora	10
Family Start	11
Whānau Toko I Te Ora	12
Additional Social Workers and Social Workers in Schools	12
Upcoming reform of CYF	12
Special area of focus: investing in teen parents	12
The Youth Service	13
Learning what works for young Māori parents	14
Teen Parent Units	15
Dedicated Intensive Case Workers.....	15
Volunteer Neighbourhood Support	15
Parenting Support for Teen Fathers	16
Supported Housing for Teen Parents and their Children.....	16
Supported Accommodation for Youth	17
Supportive communities.....	17
Community Response Fund	17
Community Investment Strategy.....	17
Children’s Action Plan	18
Social Sector Trials.....	19
Improving engagement in education	20
Investing in Educational Success	20
Supporting early childhood education.....	20
Strengthening transitions and preventing disengagement	21
High quality health services.....	22
Maternity – early registration with a Lead Maternity Carer	22
Newborn hearing screening.....	23
Immunisation – Better Public Services (BPS) and Health Target.....	24
Well Child Tamariki Ora Programme	24

B4 School Check	25
Fruit in schools	25
School-based services to prevent Rheumatic Fever	25
Healthy Families NZ	26
Health Clinics in decile 1-3 secondary schools	26
Zero Fees for Under Thirteens	27
Oral Health	27

Building a stronger economy

The Government has focused on responsible fiscal management and, in particular, on strengthening New Zealand's resilience.

Low interest rates

Low interest rates are helping New Zealand families save more, pay down debt, and get ahead. New Zealand has the lowest inflation rate since 1999, meaning the everyday cost of living is increasing at its slowest rate in 17 years. Floating mortgage rates - at less than 6% - are at their lowest level in more than 45 years, saving a family with a \$200,000 mortgage about \$200 a week compared to what they were paying in mid-2008.

Wage growth and low taxes

Real wages have increased about 11% under this Government and 100,000 new jobs have been created in our economy in the past two years. Three-quarters of income earners pay no more than 17.5% tax.

Increasing the minimum wage

The Government has consistently increased the minimum wage – striking a careful balance between protecting low paid workers and ensuring jobs are not lost. In 2015 the minimum wage was increased to \$14.75 an hour and is proposed to rise to \$15.25 from 1 April 2016. In a year where inflation increased by 0.1 per cent, increasing the minimum wage by 3.4 per cent is estimated to benefit 152,700 workers and increase wages throughout the economy by \$75 million a year.

Welfare reform

There are clear links between welfare, financial hardship and poor health. Poverty rates for children in benefit dependent households are on average much higher than for those living in households where at least one parent is in fulltime work.

Supporting people off welfare and into work

The Government is therefore reforming the welfare system with a stronger work focus and more support to help people into work. In 2010, for example, abatement thresholds for benefits were increased, allowing people working part time to keep more of the money they

earned. This change supported 28,000 people and their children at a cost of \$53 million. Budget 2013 announced \$188.6 million over four years for the next stage of welfare reform to help more New Zealanders off benefits and into work. This follows a \$287.5 million investment in Budget 2012.

The cumulative impacts related to the welfare reform programme and management of the welfare system over the past four years is an estimated reduction of around \$12 billion, or about 15% of the long term costs of welfare estimated in 2011. The Government has been successful in reducing long-term welfare dependence, and has now set higher targets for reducing long-term welfare dependence as part of the Better Public Services target.

These savings in future welfare costs are underpinned by significant reductions in the number of benefit recipients, many of whom are going into employment with the associated benefits in terms of improved earnings and other benefits.

An investment approach to welfare

These policy changes have been supported by the investment approach we have introduced to welfare, with its focus on understanding the drivers of longer-term benefit receipt and refocusing resources on tackling those groups of beneficiaries most at risk of long-term benefit receipt and high lifetime costs on benefit. The focus on lifetime costs on benefit, and the flexibility to move resources to support that focus has been a key driver of this success.

As at September 2015 the number of main benefit recipients decreased by 7,245, or 2.8 percent from 294,184 to 286,939 compared to a year earlier. This decrease was largely driven by decreases in Sole Parent Support (falling by 4,702 or 6.5 per cent) and Jobseeker Support numbers.

Numbers in all age cohorts reduced over the year except for the 60-64 years cohort. Importantly the key 18-24 age cohort, which has been a focus due to their high lifetime costs on benefit, reduced by 1,557 or 9.8 percent.

Package for children in poorest families

Budget 2015 included a range of changes to be implemented in April 2016 regarding beneficiaries with children. These changes, which will help address child poverty, include:

- Benefit rates for families with dependent children will increase by \$25 a week after tax (per family), resulting in an average gain of \$23 per week in the hand after adjustments

to other support such as Accommodation Supplement and Temporary Additional Support.

- Low-income families will be eligible for a higher \$5 rate of Childcare Assistance for pre-school and out-of-school care.
- Student Allowance rates for families with children will increase by \$25 a week after tax, matching the benefit increase.
- Very low-income working families (receiving the minimum family tax credit and in-work tax credit) will get \$24.50 more a week from Working for Families, approximately matching the increase in benefit rates.
- Low- to middle-income working families (not on a benefit) will get up to \$12.50 a week more from Working for Families, depending on their income.

Improving financial capability

The Ministry of Social Development is progressing two initiatives to improve the financial capability of New Zealanders who are experiencing hardship: Redesigning Budgeting Services, and Community Finance. The Ministry is progressing this in alignment with the National Strategy for Financial Capability, which aims to improve the financial capability of all New Zealanders.

Redesigning Budgeting Services

The Ministry of Social Development currently spends \$14.9 million on budgeting services across New Zealand. Since the 2009 welfare reforms, service providers reported that the needs of their clients are more diverse and complex than current approaches account for, and require a more comprehensive response to alleviate hardship. Furthermore, welfare reforms increased demand for services and delivered more touch points for intervention, yet additional funding provided to the sector has to date not resulted in the desired impact.

In 2015, the Ministry started exploring better ways to fund and deliver budgeting services to support the government's commitment to building the financial capability of New Zealanders. The Ministry's focus is on New Zealanders in hardship, and this definition includes beneficiaries but also working New Zealanders who may experience financial strife.

Underpinned by the Community Investment Strategy and using a co-design approach, the redesign is determining the appropriate mix of services and initiatives required to increase

financial capability of New Zealanders in hardship. The services will work together across a continuum from low to high intervention to best support people, increase their capability and reduce impacts of poor financial decision making. Clients are at the centre of this process.

Community Finance

The Community Finance initiative provides interest free and low interest loans to New Zealanders on low incomes.

The Ministry of Social Development partnered with BNZ, Good Shepherd NZ and the Salvation Army in August 2014, to develop the pilot programme in South and West Auckland, which offers affordable and sustainable credit to individuals and families who have the ability to repay, alongside budgeting advice.

Loan applicants currently work with Community Finance Workers from the Salvation Army in Waitakere and Manukau, and can apply for support to purchase items which provide economic opportunities and improve the quality of life, such as cars and car repairs and household items such as appliances and computers.

Opportunities to incorporate microfinance lending, including Community Finance, in the service re-design of budgeting services are being discussed and possible alignments identified. Potential expansion for microfinance lending appears to be most relevant for people who are relatively financially capable, have less complex and urgent needs and are further along the “journey” towards financial growth and increased resilience.

Having safe and healthy homes

Poor housing quality is associated with poor health outcomes for children. In particular, cold and damp housing is associated with a range of respiratory and other preventable illnesses. The Government has a wide range of programmes to improve housing in New Zealand.

Housing New Zealand

The Government has made a significant investment in improving its own housing. In 2014, Housing New Zealand (HNZ) completed its Energy Efficiency Programme Initiative, having upgraded insulation in 48,000 properties (all properties that are practical to insulate). Since then, HNZ has committed around \$52 million, over and above its usual maintenance expenditure, to proactively identify tenants who need additional help, and prioritise any requests relating to the warmth and dryness of their homes. This includes, for example,

upgrading insulation, installing additional heating, installing thermal quality triple weave curtains, putting in carpets if required, installing extractor fans and rangehoods and trimming back vegetation where it blocks out light. HNZ also works closely with other agencies to ensure that tenants who need extra support are able to get it.

Warm Up New Zealand

Since July 2009 the Government has invested \$447 million (to the end of 2015/16) in insulation programmes that help make New Zealand homes warmer, drier and healthier. To the end of December, the Warm Up New Zealand programmes have helped insulate over 288,000 residential properties, over 146,000 of which are low-income households (households with a Community Services Card). This includes the insulation of 49,721 rental properties. In some cases, the retrofits have been provided at very low or no cost to the householder due to a combination of Government and third party funding. The current Warm Up New Zealand: Healthy Homes programme, which is due to end on 30 June 2016, provides free insulation to low-income households with health needs affected by cold, damp housing. To date, Warm Up New Zealand: Healthy Homes has insulated an estimated more than 21,000 houses occupied by children in low-income homes.³

Healthy Homes Initiatives

The cross-government action plan to reduce household crowding and rheumatic fever (the plan) has been in place as part of the rheumatic fever prevention programme since June 2014. A key action under the plan has been the establishment of Healthy Homes Initiatives (HHIs), which aim to reduce household crowding for children from eligible families in high rheumatic fever incidence DHBs. Families are offered a package of interventions, such as finding a suitably sized house or doing things to ensure homes are warm and dry, such as installing insulation and curtains. The programme is being extended through partnerships with businesses and communities to support the supply chain for housing interventions. To date, 3,040 eligible families have been referred to HHIs. Of these families, 1,868 (62%) have had assessments of their housing needs completed and have agreed to plans to reduce their household crowding.

³ Based on voluntary reporting by insulation installers

Residential Tenancies Amendment Bill

In December 2015, the Government introduced an amendment Bill to the Residential Tenancies Act 1986 proposing changes to the Act and new regulations to require a minimum standard of insulation and fire protection for all residential rentals. We expect these reforms to result in approximately 180,000 homes being insulated and the installation of smoke alarms in around 120,000 homes currently without smoke alarms. In Auckland, around 44 percent (121,464) of children aged less than 15 years live in rental housing (Census of Population and Dwellings 2013). Elsewhere in New Zealand, the percentage of children in rental housing is around 38 percent (206,616 children). Any improvements to rental properties, therefore, positively impact on the quality of life, safety and health outcomes of a significant proportion of children in New Zealand.

The Māori Housing Strategy

The Government also has a particular focus on improving housing for Māori because Māori, more than other New Zealanders, are affected by overcrowding, substandard housing and low levels of home ownership. In 2014, *He Whare Āhuru He Oranga Tāngata* – the Māori Housing Strategy was released by the Government. This has two major outcomes – improving housing for whānau and increasing their housing choices by growing the Māori housing sector. The Māori Housing Network was set up within Te Puni Kōkiri in 2015, to provide a co-ordinated approach to Māori-led housing solutions and contribute to He Whare Āhuru He Oranga Tāngata. The Māori Housing Network manages a total of \$14.491 million, which includes \$7.235 million of new funding Budget 15. To date, the Network has supported community based housing repair projects for homes in serious disrepair, emergency housing projects, planning and preparation for housing projects, and building new warm, dry and healthy papakāinga.

Supporting stable, nurturing families

Whānau Ora

The Government has made commitments of over \$229 million to the Whānau Ora approach, which empowers whānau and families as a whole, rather than focusing separately on individual family members and their problems. The Whānau Ora approach puts a particular emphasis on whānau and families owning and driving their own solutions to the challenges they face.

Whānau Ora Commissioning Agencies (Te Pou Matakana, Te Pūtahitanga o Te Waipounamu and Pasifika Futures) are contracted by Te Puni Kōkiri to invest in a number of services that improve access to mainstream services for whānau. These services include Whānau Ora Navigators, practitioners working with whānau and families in a flexible and responsive way to connect them with the services and support they need to achieve their aspirations. Navigators help to reduce barriers for whānau to access services and support by identifying whānau needs and providing tailored solutions to address those needs. There are currently 235 Whānau Ora Navigators working with whānau and families. Commissioning Agencies have engaged their Whānau Ora partners and providers to deliver initiatives that take a holistic whole-of-life approach to improving health and wellbeing, particularly within Māori and Pasifika communities.

The Whānau Ora approach promotes the improved delivery of health and social services to whānau and families. For example, Whānau Ora Navigators work with whānau and families in a way that improves the coordination of health and social services to these whānau. Whānau are evaluated based on their needs, and Whānau Ora Navigators provide them with access to services which can then target health, employment and education needs simultaneously. Whānau Ora Navigators also connect whānau and families with services offered by Family Health Centres and Early Years Service Hubs where appropriate.

Whānau Ora stakeholders work through the Whānau Ora Partnership Group to encourage consistent and long-term commitments to improving outcomes for whānau and families through Whānau Ora. This includes cross-agency development and approval of a Whānau Ora Outcomes Framework and the ongoing mapping and measurement of agency activities which contribute to the achievement of Whānau Ora goals, including goals related to addressing and alleviating poverty. This involves collaboration with the Treasury and the Ministries of Health, Social Development, Business, Innovation and Employment.

Family Start

The Government invests \$29m annually to deliver intensive home-visiting parenting support to babies and infants at risk of poor outcomes. A 2015 Quasi Experimental Impact Study found evidence that Family Start reduces post-neonatal infant mortality and increases children's and families' uptake of key education and health services such as Early Childhood Education and community-based mental health services.

The Ministry of Social Development is working with the Children's Action Plan Directorate and key agencies to ensure the programme supports the implementation of the Children's

Teams and complements other key services for families with babies and infants such as Well Child/Tamariki Ora.

Whānau Toko I Te Ora

The Māori Women's Welfare League is currently funded by the Government to deliver Whānau Toko I Te Ora, an early intervention family support service for Māori whānau. Through home visits, advocacy and group hui, this programme seeks to improve and promote the wellbeing of tamariki, transfer positive parenting skills, and develop supportive relationships within whānau. It targets medium to high needs whānau, deemed unlikely to be reached by other agencies.

Additional Social Workers and Social Workers in Schools

The Government has also increased the investment in Social Workers in Schools to \$21.4m annually. An extra 149 social workers have been funded to work in low decile schools, almost doubling the number of schools involved, to approximately 700.

The service works with children, their families/whanau and schools to help protect vulnerable children and develop plans to improve their safety, wellbeing and educational outcomes. It also supports the Children's Action Plan Directorate, with some social workers undertaking the role of Lead Professionals for the Children's Teams.

A further 96 social workers have been added to the Child, Youth and Family front line. And the Government has expanded the number of Child, Youth and Family social workers based in hospitals to 16, covering district health boards nationwide.

Upcoming reform of CYF

In 2015 the Government established the the Modernising Child Youth and Family Expert Panel to oversee the development of a new child-centric operating model for CYF. The Government will respond to the panel's report this year.

Special area of focus: investing in teen parents

Substantial, multiple investments have been made by the Government in teen parents, reflecting their children's high risk of poor outcomes. A selection of these investments is outlined in the following section. These investments span broadly across the focus areas recommended by the EAG.

Investing in teen parents

Budget 2012 set aside \$287.5 million over four years for the first phase of the Government's welfare reforms to help more New Zealanders into work. Much of this was earmarked for supporting youth, including \$80 million over four years for early childhood education, childcare and the Guaranteed Childcare Assistance Payment for teen parents. Another \$77.6 million was set aside to support the roughly 14,000 disengaged 16 and 17 year olds, to move them into education or training.

The Youth Service

The Youth Service, established in 2012, is a contracted service where community-based providers work with unemployed or disengaged 16 to 18 year olds. A strong focus on youth is required to reduce the number of people at risk of long-term benefit receipt.

Although the number of new youth entrants to benefit each year is relatively low, the most recent actuarial valuation (to June 2014) showed that these participants account for a significant proportion of the liability over time. In fact, around 75 per cent of the future cost of welfare is for people who first received a benefit before the age of 20 – indicating that many of these young people remain vulnerable to benefit dependency their whole lives.

The Youth Service aims to address this through equipping young people at risk of long-term benefit dependency with the skills and education to build an independent future, to reduce the likelihood they will require a working-age benefit after age 18.

The Youth Service supports around 3,500 16 to 17 year olds who can't live with their family, be supported by them or anyone else as a result of exceptional circumstances, and 16 to 18 year old parents who are receiving financial assistance from the Government. Youth Service providers deliver intensive wrap around support to vulnerable youth to improve their educational and social outcomes and reduce welfare dependency or the chance of them coming onto benefit.

The Youth Service also supports around 10,500 16 and 17 year olds who are not receiving financial assistance from the Government and are not in education, employment or training (NEET), or who are at risk of becoming NEET. Participation for NEET in the Youth Service is voluntary and the Service is targeted at those in this cohort who are most at risk of long term benefit dependency. Because the Service funds the most at risk, Youth

Service NEET numbers remain relatively static, even though the overall 15-19 year old NEET numbers (including those not in the Youth Service) are decreasing.

While it is still too early to assess the full impact of the youth service, at March 2015 we are seeing that:

- Under the Youth Service, most young people are engaged in education, training or work-based learning. 9 out of 10 young people enrolled in the Youth Service were engaged in at least one full-time or part-time education, training or work-based learning activity.
- More young people without children (Youth Payment participants) are achieving NCEA level 1 and 2 qualifications under the Youth Service. For NCEA level 1, the Youth Service YP participants' achievement was 9 (± 8) percentage points higher than the comparison group over a two year follow-up period. Similarly, for NCEA level 2, YP participants' achievement was 11 (± 8) percentage points higher than the comparison group. We also seeing the same positive trend for NCEA level 3 qualifications, although this observation is not statistically significant at the 95% confidence level.
- The Youth Service is yet to show an impact on NCEA achievement for young people with children, and those at risk of becoming NEET.
- Over the short to medium term, Youth Payment Participants spend more time receiving a youth support payment, and less time on main working-age benefits under Youth Service.
- For young people with children, the Youth Service has yet to show an impact on the time they spend on main benefit. However, for this group, off-benefit outcomes are less likely to be achieved in the short term as they have young children in their care.

Learning what works for young Māori parents

55% of Young Parent Payment recipients have identified themselves as Māori. Alongside the Youth Service, the Government has invested in a Supporting Intergenerational Success initiative, which provides tailored support for young single Māori mothers to move into meaningful training and employment opportunities. This initiative is being run by Te Puni Kōkiri for one year. Its focus is on harvesting information to find out what works and identifying the opportunities and challenges for this group.

Supporting Intergenerational Success was designed to complement the Government's welfare reforms and other initiatives that focus on young mothers with more complex and entrenched needs. Providers are working with single Māori mothers aged 16-20 years old who are receiving the Emergency Maintenance Allowance, Sole Parent Support or Jobseeker Support in South Auckland, Rotorua, Waikato, and Gisborne.

Teen Parent Units

The Government is currently funding 23 Teen Parent Units (TPU), which operate across New Zealand to provide more educational options for teen parents. At present TPUs can accommodate 675 students. A further 135 places will be available once the 5 new TPUS are built, bringing the future places to 810.

A pilot programme is currently underway to support schools without a TPU to keep students engaged in their local school and achieve education.

Dedicated Intensive Case Workers

In 2010, the Government invested \$7.9 million in Teen Parent Intensive Case Workers. These Case Workers are working in 19 high needs communities to support the most vulnerable teen parents and their children. Approximately 300 teen parents currently have an Intensive Case Worker – the majority of these teen parents are the mothers.

The aim of intensive case workers is to help teen parents stay in education, and work with those on benefits to prepare for future employment. They link teen parents and children to the services and support they need, such as antenatal care, services that help prevent repeat teen pregnancies, housing, budgeting, and home visiting and parenting services (parents aged under 18 are prioritised for the limited available places in Family Start). They also help ensure children of teen parents are participating in Well Child services and early childhood education.

Volunteer Neighbourhood Support

Volunteer Neighbourhood Support initiatives assist the Teen Parent Intensive Case Workers in nine priority communities. They provide support for teen parents who are not facing major challenges, but who may be isolated and able to benefit from greater connections with their neighbourhoods. Improved access to parenting and mentoring programmes has been a focus of most of these initiatives.

Parenting Support for Teen Fathers

This programme focuses on helping teen fathers to be responsible and nurturing parents. In 2010, the Government provided \$730,000 for it. A resource created for service providers brings together what is known from research and good practice, and enables examples of effective parenting support to be shared. This resource is being used by communities across New Zealand to develop support services for teen fathers.

The Government has also funded support services for teen fathers in nine high needs communities. These services provide teen fathers with information and skills to prepare for the birth of their child, parent their children effectively, and identify and respond to their children's health, education and social needs.

Supported Housing for Teen Parents and their Children

In 2010, the Government invested \$6.2 million in Supported Housing for Vulnerable Teen Parents and their Children. This initiative provides housing with adult supervision and support by trained staff 24 hours a day, 7 days a week. It addresses the needs of the most vulnerable teen parents and their children.

The houses are for teen parents (ranging in age from 13-19 years) who are unable to be supported by their parents/caregivers and who lack the resources to find a stable and suitable place to live. Teen parents in these homes receive parenting support and social work support, learn budgeting and other life skills, and get help to plan for their futures.

The initiative is funded in high-priority communities for up to 35 teen parents and 35 children of teen parents, at any one time. Priority areas are those with the highest numbers of teen births and the highest deprivation. This approach helps ensure that the right service is available at the right time for those who need it most.

Supported Accommodation for Youth

In 2015 the Supported Accommodation for Youth programme was launched. It is currently operating in Christchurch, Palmerston North, and Auckland.

The initiative provides an alternative accommodation option for some of our most vulnerable young people, aged between 16 and 19 years. It is for young people who are on the social housing list, and provides shared accommodation and on-site support, for young people for the duration of their need.

Supportive communities

Community Response Fund

Communities and community groups play a vital role in ensuring child wellbeing and the Government backs them where it can. For example, a Community Response Fund was established in 2009 to help non-government organisations meet increased need arising from the recession. \$62 million has been dispersed from this fund, in more than 1,300 grants to community groups.

Community Investment Strategy

The Community Investment Strategy was released in June 2015. The Ministry of Social Development invests around \$330 million in community-based social services each year. These services help support our most vulnerable children, young people and adults to be safe, strong and independent.

The Community Investment Strategy will be implemented over a three year period, during which time MSD will build a system that will allow for innovation in social service delivery with a focus on continuous improvement.

The strategy will enable the Ministry to ensure purchased social services are targeted at the right people and the right communities, based on evidence of what works, so that we can make the biggest difference with the people that need our support the most.

The strategy has three priority results. One of these results: *“Supporting vulnerable children, children in hardship, and reducing child maltreatment”* is about Government’s intention to reduce child poverty. A results measurement framework will provide a line of sight between results achieved for vulnerable children, the performance of programmes and social service

providers, and the results sought. This will be implemented in many of the services described earlier in the report, including Family Start and Social Workers in Schools.

Children's Action Plan

In 2012, the White Paper for Vulnerable Children and the Children's Action Plan set out key actions required to get better results for our vulnerable children.

As part of the joint social sector agency response to the White Paper and the Children's Action Plan, the Government developed the Vulnerable Children Act 2014 and associated regulations.

The Vulnerable Children Act 2014 made the five Chief Executives of the Ministries of Social Development, Health, Education, Justice and Police responsible for developing and implementing a plan of action to improve results for vulnerable children. These and other agency Chief Executives meet as the Vulnerable Children's Board and oversee the implementation of the Children's Action Plan.

The Children's Action Plan is a cross-agency approach to identifying, supporting and protecting vulnerable children. One of the key areas of implementing the Children's Action Plan is establishing local Children's Teams.

Children's Teams work with vulnerable children and their families/whānau who have complex, multiple needs but do not require statutory care and protection. Children's Teams complement Child, Youth and Family by working with these families/whānau to reduce their vulnerability and prevent their needs from escalating.

Children's Teams ensure vulnerable children and their families/whānau can access existing services and receive tailored and coordinated support to meet their complex needs. Children's Teams assigns one Lead Professional to undertake one assessment and one plan of action for the child and family/whānau referred, putting the child at the centre.

The first two Children's Teams were established in Rotorua and Whangarei in July and October 2013 respectively. There are now nine operational Children's Teams, with five going live since September 2015. The next Children's Teams to go live is Counties Manukau, scheduled for March 2016.

As at 31 January 2016, 1,107 children and young people have been referred to Children's Teams. Of this number, 924 children have been accepted into Children's Teams.

The Children's Action Plan also sets other actions to better support information sharing, identifying and protecting vulnerable children. The Vulnerable Kids Information System (ViKI) is an information management system to record, access and manage concerns about vulnerable children. ViKI securely stores information, supports case management and reports on outcomes for children. Phase one of ViKI went live on 16 November 2015 and is being initially piloted to support the Vulnerable Children's Hub and the Hamilton and Canterbury Children's Teams.

The Vulnerable Children's Hub (The Hub) went live on 1 September 2015 to support the Hamilton Children's Team, and is now also supporting Canterbury. The Hub is a contact and triage point for professionals and practitioners who have concerns about a vulnerable child.

The Hub and the Hamilton and Canterbury Children's Teams are supported by the Information Sharing Agreement for Improving Public Services for Vulnerable Children, which facilitates information sharing between the parties to the Agreement. The parties are the Ministries of Social Development, Health, Education, Justice, NZ Police and the CAP Directorate.

Social Sector Trials

Social Sector Trials were established in 16 communities to focus on improving social outcomes for our most vulnerable young people by improving the collective impact of services across health, education, social development, police and justice. Some examples of the activities include:

- Mentoring programmes for young people most at risk of falling out of education, training or employment – across all Trial sites
- Reducing emergency department attendances and avoidable hospital admissions – Porirua
- Onesight eye tests for Year 8 children (and follow-up glasses if needed – being extended to all Trials sites
- Uniform assistance scheme – Taumarunui
- Helping people with GP debts to remove a barrier for people to accessing health care – Porirua
- Enrolment of pre-schoolers previously missing out on early intervention with Bee Healthy dental service – Porirua

- Dental care packs to over 9,000 primary school and pre-school children – Porirua.

Improving engagement in education

The Government is firmly focused on children's engagement in education and success.

We have made a number of investments to lift educational achievement and target priority learners such as those from low socio-economic backgrounds, along with Māori, Pasifika and students with special education needs.

Investing in Educational Success

Investing in Educational Success (IES) is a Government initiative aimed at getting communities behind raising achievement for all children and young people through working together to identify and address common achievement challenges.

Through IES the Government has established Communities of Learning which are groups of schools/kura and early learning organisations that come together to raise achievement for children and young people. This is done through sharing expertise in teaching and learning; supporting each other; and reflecting the educational pathway from early childhood, to primary, through to secondary, and beyond. There are now 96 Communities of Learning spread throughout the country. About a third of all schools (789 out of 2,514) will be involved in a Community of Learning involving more than 250,000 students.

Investing in Educational Success also includes an Innovation Fund which can be used to target priority learners and a Principal Recruitment Allowance to help New Zealand's most high-need schools and kura attract highly effective principals to lift student achievement.

Supporting early childhood education

The Government is committed to helping provide a high quality early childhood education (ECE) for all children, with a focus on children from low socio-economic backgrounds, Māori and Pasifika.

The Ministry of Education is working with ECE services, parents and communities to improve participation for those children who would benefit more from ECE. This includes: the Early Learning Taskforce, which engages with local communities, providers, iwi, Pasifika churches and other government agencies to increase participation; and a number of participation initiatives that make it easier for families to find an ECE service that meets their needs.

Good progress has been made to increase ECE attendance and there is now a very small number of children not engaged in ECE. The Ministry of Education is targeting 2,000 additional non-participating children including around 630 Māori and 550 Pasifika children who are in some of the hardest to reach families.

The Government has also set a reciprocal obligation for beneficiaries to have their young children in early childhood education.

Strengthening transitions and preventing disengagement

The Government has a particular focus on strengthening the transition points in the system where children tend to disengage: from early childhood education to primary school, from primary to secondary school, within secondary school from Year 9 and 10 into studying towards NCEA, and from secondary school to tertiary education and/or the workforce.

The Government's Youth Guarantee initiative is focused on giving young people more choices to achieve NCEA Level 2 or equivalent qualifications. The aim is to increase retention and achievement, and to make transitions to further education, training and work more effective and sustainable. It includes a range of programmes such as Fees-Free places in tertiary education and Trades Academies.

Vocational Pathways is showing young people how their learning at school or in foundation-level tertiary courses relates to job and career opportunities. Likewise, Māori and Pasifika Trades Training (MPTT) was established in 2014 and has now been expanded to support Māori and Pasifika learners as young as 16 (previously 18) to gain the skills and qualifications necessary to enter a New Zealand apprenticeship or other workplace-based training.

The Government is also funding 29 service academies, which are delivered in low decile secondary schools in association with the New Zealand Defence Force. The target student group for these service academies is Year 12 and 13 students who are at risk of disengaging from school.

Through Count Me In, a multi-partner team approach, the Government supports Māori and Pasifika 16-18 year olds who are outside the education system to re-engage in learning and attain NCEA Level 2 or equivalent qualifications. Count Me In complements in-system efforts by the Ministry of Education and other education agencies to rapidly lift outcomes for and with Māori and Pasifika young people within the formal education system.

Year 9 Plus is a concept that is being tested in the Gisborne region. It will assign community-based educational “champions” to 80 to 100 of the most vulnerable Year 9 students. The champions will then work with teachers, parents, whānau and principals to support improved educational outcomes until the students finish school.

The Government is tackling non-attendance and non-enrolment. The Attendance Service is working across the country, and as at October 2015 64% of schools were signed up to use the service.

Social Sector Trials, discussed earlier, are currently underway in 16 communities to test new ways of improving outcomes for children and young people, including reducing truancy and increasing participation in education, training and employment.

The Government has taken other concrete steps to turn around disengaged teenagers. Youth Service providers are being funded to find local disengaged 16 and 17 year olds and support them into education, training, or work-based learning. These providers are being offered training in spotting and referring youth mental health issues. Education staff also attend selected Youth Courts: their task is to re-engage young people going through the Courts in education or vocational training.

High quality health services

Improving and protecting children’s health has been a priority for the Government, which appointed a working paediatrician as the Children’s Commissioner.

Maternity – early registration with a Lead Maternity Carer

Early registration with a Lead Maternity Carer (LMC) enables health providers to inform and support pregnant women to have better antenatal nutrition, discontinue smoking and alcohol consumption, and identify other health needs such as mental health and social needs such as poor housing.

Early registration is a priority for the Maternity Quality and Safety Programme, underway in all DHBs. Initiatives used by DHBs to support earlier registration include:

- improving communication with consumers and other health care providers about early registration with an LMC (e.g., Facebook pages, websites like the New Zealand College of Midwives’ *Find Your Midwife* site, and other promotional material)

- new models of sharing information about the provision of maternity information and options for care, including antenatal screening in the first trimester (eg, a walk-in-centre providing information, pregnancy diagnosis, providing women with access to an LMC without needing an appointment)
- working with General Practitioners (GPs), Primary Health Organisations (PHOs) and LMCs to improve pathways of care
- working with consumers to understand barriers to registering late – some DHBs have targeted surveys at specific sub-groups such as Māori and Pasifika women to increase understanding for these groups.

In 2014/15, the Ministry of Health (the Ministry) contracted an evaluation of the impact of local maternity quality and safety programmes. This found that the programmes had started to deliver meaningful improvements and there was significant value in continued Ministry investment and support. In mid-2015 the Ministry confirmed ongoing funding for DHB maternity quality and safety programmes.

The Ministry of Health has begun a project to improve the reach and response of primary maternity, Well Child/Tamarki Ora, and primary health care services to pregnant women, children and their families and whānau with complex health and social needs. These services play a vital role in identifying and supporting vulnerable families, and linking them into more intensive health and social services when needed. These services can also help address problems early before they escalate and help stem the flow of families into increasing vulnerability. The project aims to strengthen these aspects of primary and community health services by ensuring that they are reaching everyone and providing an integrated approach with other health and social services.

Newborn hearing screening

Hearing screening is offered to all babies, with the aim of carrying out the screening before one month of age. If a baby has a hearing loss, identifying it early can help their language, learning and social development.

Approximately 60,000 newborn babies are screened through the hearing programme each year (from around 64,000 births a year). Approximately one to two babies per 1,000 screened are identified with a hearing loss and referred to the Ministry of Education's early intervention services.

Immunisation – Better Public Services (BPS) and Health Target

The Ministry is undertaking work to improve the timeliness of newborn enrolment with GPs, with the expectation that all babies are enrolled with a GP within two weeks of birth. This supports the BPS immunisation target for eight-month olds by enabling the GPs to remind and follow-up with parents to ensure their child receives immunisations on time.

Immunisation coverage has meant inequity by ethnicity and deprivation has reduced significantly over the last five years. National immunisation rates for two-year-old Māori children increased from 50 percent in 2007 to 90 percent in 2013. In 2015 immunisation rates for Māori and those living in deprivation deciles 9 and 10 are now 91 and 93 percent, respectively for coverage measured at 24 months of age. Pacific rates are consistently over 95 percent.

Well Child Tamariki Ora Programme

The Well Child Tamariki Ora (WCTO) programme is an important gateway for parents to access primary and specialist health care, education and social services. Progress on improving child and family health through WCTO services is measured using Quality Indicators, which are publicly reported every six months.

Equity is a core principle of WCTO and all measures include monitoring by ethnicity and deprivation. Promotional campaigns for WCTO target families who are less likely to engage with health services, with a particular focus on families living in high deprivation areas, and Māori and Pacific families and whānau.

The Ministry has begun a project, implemented by DHBs, to identify the 6% of new babies who do not engage with any WCTO service in their first year of life, engage with them and enrol them (with consent) with a suitable provider. Missing out on WCTO in a child's first year of life means opportunities to identify health and development issues, maternal mental health issues and family violence (all of which are included in the WCTO programme) are missed, and access to parenting education and support is reduced.

The health sector works with the MoE and the early childhood education sector to support early learning and access to health and education services.

B4 School Check

The B4 School Check is the final core WCTO check. Checks are provided free through a range of community health services and include hearing, eyesight, height, weight, and oral health assessments, as well as comprehensive health and development questionnaires.

In 2014/15 the programme reached a record 92 per cent (over 58,000) of pre-schoolers, the highest rate since the programme began back in 2008. Figures for 2015/16 are tracking ahead of the previous year, and progress continues in reaching out to families in high deprivation areas. There has been an increase for Māori and Pacific four year olds with 87 per cent of Māori children and 88 per cent of Pacific children reached in 2014/15.

The most frequent findings in the check were vision and hearing difficulties. In the six months to December 2015, just over 2,000 children (seven per cent) were identified with a possible hearing loss and referred for treatment or further assessment.

Fruit in schools

The Fruit in Schools initiative provides almost 100,000 pieces of fruit daily during term time to children in around 480 low decile primary and intermediate schools. A qualitative evaluation in 2014 found that schools value the provision of daily fruit as it provides a range of benefits to the children including:

- improved concentration in class
- fewer behaviour problems
- improved attendance
- improved engagement with school
- improved general health and resistance to illness while reducing the stigma associated with hunger and poverty
- contributing to a sense of equality amongst pupils.

School-based services to prevent Rheumatic Fever

The Rheumatic Fever Prevention Programme school-based programme offers free sore throat assessment and treatment in North Island schools in high rheumatic fever incidence areas. More than 41,000 children and young people aged between 5-14 years have accessed the sore throat drop-in clinics for prompt assessment and treatment for sore throats.

Healthy Families NZ

Healthy Families NZ is a key part of the Government's wider approach to helping New Zealanders live healthy, active lives. It involves intensive health promotion in 10 locations (reaching around 900,000 New Zealanders) with higher-than-average rates of preventable chronic diseases (such as diabetes), higher-than-average rates of risk factors for these diseases (such as smoking), and/or high levels of deprivation. These locations are: the Far North, Waitakere, Manukau, Manurewa-Papakura, Rotorua, East Cape, Whanganui, Lower Hutt, Spreydon-Heathcote and Invercargill. These communities are geographically spread and are a mixture of urban and rural areas, so the programme will be able to provide valuable evidence on what works for a diverse range of communities.

In each location, a government-funded lead provider is bringing together a partnership of key organisations in the community to take action on health, encouraging families to make good food choices, be physically active, sustain a healthy weight, be smoke free and drink alcohol only in moderation. Lead providers are also establishing a dedicated health promotion workforce to work across schools, childcare centres, workplaces and other community settings to enable healthy choices. There is a strong focus on fostering leadership across communities, organisations and sectors to champion healthy changes.

Health Clinics in decile 1-3 secondary schools

School Based Health Services (SBHS) are nurse-led primary care services provided as part of the Prime Minister's Youth Mental Health Project for children and young people enrolled in decile 1, 2 and 3 secondary schools⁴, teen parent units, and alternative education facilities. The key purpose of SBHS is to improve student access to primary care health care and ensure that appropriate and timely referrals are made to other services where needed, to support learning, school performance and positive youth development.

Health services include: universal health, disability and youth development checks, health promotion activities, and individual health services (both student requested and nurse initiated). The assessments typically cover vision, hearing, behaviour and development, and other health and disability conditions. They include a 'HEEADSSS assessment' for all year 9 students that involves a series of questions relating to home, education/employment, eating, activities, drugs, sexuality, suicide and depression, and safety.

⁴ Includes secondary school aged students that attend composite schools.

Zero Fees for Under Thirteens

Budget 2014 invested \$90 million to extend the zero fees for GP visits and pharmaceutical co-payments for children aged under six to children aged under thirteen from 1 July 2015. The zero fees policy is designed to improve access to healthcare for primary and intermediate school children, including after hours, to ensure they can get the care they need when they need it and avoid possible complications and visits to hospital accident and emergency departments.

DHBs are required to ensure that children under 13 can access zero-fee after-hours care and prescription medicines within reasonable travel time (maximum of one hour). General practices can choose whether or not to provide 'zero fees' to under-13s. Those that opt in receive an additional government subsidy.

Oral Health

Public funding for oral health care is targeted towards free universal services for children and adolescents (up to 18 years old). There are encouraging signs of improvement in oral health outcomes for children as a result of the significant government reinvestment in Community Oral Health Services (COHS) infrastructure and services, although disparities between ethnic and income groups continue. Ongoing priorities for the Ministry and DHBs are to improve child oral health outcomes and reduce disparities, increase preschool enrolment in COHS, minimise the number of enrolled children who are overdue for appointments and increase adolescent service utilisation. The Ministry has set performance targets in these areas, for example, 95 percent preschool enrolment in COHS for all population groups by June 2016.

A further priority for the Ministry and DHBs is to embed more fully the new COHS service model with its proactive focus on whānau/family participation, health education for self-care, prevention of ill-health and early intervention. Communications that will strengthen public understanding of this key re-orientation are also needed to ensure the benefits of the reinvestment in COHS are fully realised.

Work is underway to implement a pre-schooler oral health promotion initiative using funding from Budget 2014. This nationwide initiative will specifically target Māori, Pacific and low income pre-schoolers and their whānau, providing free toothbrushes and toothpaste together with delivery of supportive messaging around maintaining good oral health appropriate for all age groups.

The Ministry will be funding and implementing a nationally consistent Electronic Oral Health Record to ensure comprehensive service coverage, help clinicians deliver services safely and efficiently, support quality improvement initiatives and policy development, and enable better measurement of outcomes, particularly for vulnerable populations.

Community water fluoridation is a key public health strategy to reduce disparities in oral health outcomes. The Ministry's focus continues to be on providing tools and resources to assist DHBs and Territorial Local Authorities as they play their leading roles regarding fluoridation.

The Ministry is funding three low-cost oral health service trials using community clinics to deliver basic low-cost oral health services to low income/high needs adults in Counties-Manukau, Waitemata and Southland. The trial participants include women during pregnancy and post-birth and teenage mothers. An independent evaluation of the trials will be completed by the end of March 2016.