Aide-Mémoire

Child and Youth Ministerial Meeting on 3 December 2024

Date due to MO:	28 November 2024	**Date of Meeting:**	3 December 2024
Security level:	IN CONFIDENCE	**Reference:**	H2024054537
To:	Hon Matt Doocey, Minister for Youth and Minister for Mental Health		
Consulted:	Health New Zealand: ☐		
Proactive release:	This **title** is proposed by the Ministry of Health for proactive release: ☒		

Contact for telephone discussion

Name	Position	Telephone
Emma Prestidge	Group Manager, Primary, Family and Community Health Policy, Strategy, Policy and Legislation | Te Pou Rautaki	s 9(2)(a)
Derek Senior	Manager, Family and Community Policy, Strategy, Policy and Legislation | Te Pou Rautaki	

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About the Meeting

Purpose of Meeting

This is a meeting of the Child and Youth Ministerial Group. It has been called by Hon Louise Upston, Minister for Child Poverty Reduction and Minister for Social Development and Employment, who is also the Minister responsible for the Child and Youth Strategy.

Details of Meeting

Date: 3 December 2024
Time: 2:00-3:00pm
Venue: EW 8.5 Cabinet Committee Room

Ministry representatives

Geoff Short, Deputy Director-General – Clinical, Community and Mental Health, s 9(2)(a) will attend to support you.

Comment

- An annotated agenda is attached.

Emma Prestidge
Group Manager, Primary, Family and Community Health Policy
Strategy, Policy and Legislation | Te Pou Rautaki

ANNOTATED AGENDA

Child and Youth Ministerial Group

Date/Time	Tuesday 3 December 2024, 2:00-3:00pm
Venue	EW 8.5 Cabinet Committee Room
Chair	Hon Louise Upston, Minister for Child Poverty Reduction and Minister for Social Development and Employment and Minister for Disability Issues
Attendees	Hon Nicola Willis, Minister of Finance and Minister for Social Investment Hon Shane Reti, Minister of Health Hon Erica Stanford, Minister of Education Hon Paul Goldsmith, Minister of Justice Hon Mark Mitchell, Minister of Police Hon Tama Potaka, Minister for Māori Development Hon Matt Doocey, Minister for Youth and Minister for Mental Health Hon Karen Chhour, Minister for Children
Apologies received	Hon Chris Bishop, Minister of Housing

Meeting purpose

The purpose of this meeting is to discuss the following items:

Item	Topic	Paper
1	Hardiker Model: Framework for supports and interventions for children and their families – led by Minister Upston	Attachment 1: Memo on Hardiker model Attachment 2: A3 Hardiker model
Ministry of Health comment	• The Hardiker model provides a framework for considering the continuum of supports and interventions across the system for children and their families. • The model has four levels: - **Level one:** universal services available to all children to support positive health and development. This can include a targeted element to ensure access and meet specific needs. - **Level two:** early intervention and additional support to children and families with some additional needs or early indications of risk.	

Item	Topic	Paper
	- **Level three:** support, therapeutic and multi-faceted services aimed at addressing issues faced by children and families presenting with ongoing or severe difficulties. - **Level four:** Intensive responses for children and families experiencing harm or significant risks to the child, or complex and severe needs requiring statutory or custodial interventions. • As a child or young person requires more intensive services at the higher levels, the likelihood that they will experience poor longer-term life outcomes increases, as does the long-term fiscal impacts of those outcomes and the per capita cost of the intervention. • The prevention and early intervention focus of the Child and Youth Strategy means it is primarily focused on levels one and two of the model. It is a useful tool for framing the discussion on the maternal mental health and preventing child harm agenda items. • The model highlights the importance for universal services to be accessible, culturally responsive, and effective so that children and their families are less likely to need more intensive or targeted services.	
2	First 2,000 days priority: maternal mental health – led by Minister Doocey	Attachment 4: Deep dive on infant and maternal mental health Note: Slides to be circulated in advance or tabled
Ministry of Health comment	• You will be leading this discussion based on our October information briefing, which was provided to you and Minister Reti as Minister of Health [H2024052574 refers]. • To support the discussion, draft sides and talking points have been provided to you [H2024054432 refers] and we will discuss these with you at our deep dive on Monday 2 December. • The slides are intended to guide a discussion focussed on ensuring other Ministers are well-briefed on the basics of maternal mental health so that they can engage in future discussions about system issues and potential solutions that the Strategy might play a role in driving. Summary of slides • Good maternal mental health and wellbeing support healthy and happy families and communities, including supporting the mental wellbeing of children and then, as they grow, young people and adults. • However around 12-18 percent of New Zealand mothers and 4 percent of fathers experience mental disorders in the period of pregnancy and the first year of life (known as the perinatal period). A much larger number experience subclinical mental distress which can compromise wellbeing. • Much of mental health and wellbeing is the product of the life experiences people have, the drivers of which mostly lie outside the health system – for example, physical inputs such as housing and nutrition; and psychosocial inputs such as social inclusion or discrimination. Issues generally associated with public health also have an important role to play in maternal mental health, for example, because of the particularly toxic effects of alcohol and cigarette use at this time.	

Item	Topic	Paper
	• HNZ have a range of initiatives for improving maternal mental health. These take a comprehensive approach including promoting mental wellbeing, working to prevent mental health challenges, plus continuous improvement of primary and specialist care. Major initiatives are: ○ Kahu Taurima is HNZ's approach to improving maternity and child health outcomes. It is doing so by driving the creation of whānau-led service delivery models through the redesign and integration of maternity and early years services, for a child's first 2,000 days, from conception to five years old. ○ Budget 2022 provided $10.1 million over four years to expand and enhance specialist infant and maternal mental health services, with a mix of clinical, non-clinical and cultural FTEs to support community-based services, as well as packages of care to provide more intensive community supports to whānau with higher needs.	
3	Priorities for the child protection system and preventing child harm – led by Minister Upston and Minister Chhour	Attachment 4: Dame Karen Poutasi Dashboard and Early Intervention and Prevention Spend
Ministry of Health comment	• Officials are continuing to work together to strengthen the safety nets in the child protection system. • In the 2024/25 financial year, Oranga Tamariki will invest more than $140 million in early support and prevention services. • Oranga Tamariki has focussed its investment on their core cohort – children in care and those children and families that have come to their attention. In turn, Oranga Tamariki have prioritised their early support funding to those children at the greatest risk of entering care. • Areas where Oranga Tamariki is involved in prevention and early support interventions are: - Influencing and monitoring outcomes for cohorts through the Oranga Tamariki Action Plan - Amplifying voices and advocating for needs - Funding social workers in schools, Family Start and Gateway - Funding Family Violence Sexual Violence initiatives - Enabling Communities prototypes.	
4	Dashboard reporting on the implementation of the recommendations in the Dame Karen Poutasi report – led by Minister Chhour	Attachment 4: Dame Karen Poutasi Dashboard and Early Intervention and Prevention Spend
Ministry of Health comment	• Dame Karen Poutasi's recommendations to improve the children's sector's identification and response to child abuse was discussed at the previous Child and Youth Ministerial Group meeting.	

Item	Topic	Paper
	• Health agencies are involved in a range of Dame Karen's recommendations, including two recommendations (4 and 5) led by Health New Zealand (HNZ). • Recommendation 4 states '**Medical records held in different parts of the health sector should be linked to enable health professionals to view a complete picture of a child's medical history**.' s 9(2)(f)(iv) [redacted] • Recommendation 5 refers to '**Adding Health New Zealand to the Child Protection Protocol between New Zealand Police and Oranga Tamariki**.' s 9(2)(f)(iv) [redacted]	
5	Update on review of Gateway health and education needs assessments – led by Minister Reti	Attachment 5: Redesigning the Gateway service to support better outcomes for children involved with Oranga Tamariki
Ministry of Health comment	s 9(2)(f)(iv) [redacted]	

Attachments	
Item 1	Attachment 1: Memo on Hardiker model Attachment 2: A3 Hardiker model

Item 2	Attachment 3: Deep dive on infant and maternal mental health
Item 3	Attachment 4: Dame Karen Poutasi Dashboard and Early Intervention and Prevention Spend
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Item 5	Attachment 5: Redesigning the Gateway service to support better outcomes for children involved with Oranga Tamariki