YOUTH2000 SURVEY SERIES

Young people who have been involved with Oranga Tamariki

Mental and physical health and healthcare access

www.youth19.ac.nz

THE UNIVERSITY OF AUCKLAND Te Whare Wānanga o Tāmaki Makaurau NEW ZEALAND
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YOUTH19 A Youth2000 survey

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Further Youth19 publications are available at www.youth19.ac.nz

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Summary

This report provides data from the Youth19 Rangatahi Smart Survey (Youth19) about secondary school students who have been involved with Oranga Tamariki or Child Youth and Family Services on the topic of *Mental and physical health and healthcare access.*

Youth19 is a comprehensive adolescent health and wellbeing survey completed with 7,721 Year 9–13 students in schools and kura kaupapa Māori in the Auckland, Tai Tokerau and Waikato education districts in 2019. These school years were previously known as 'Forms 3–7'. Almost all these students are aged 13 to 18 years. Robust sampling processes and statistical methods were used to produce prevalence estimates for important health and wellbeing indicators for Year 9–13 students across Aotearoa New Zealand (Fleming, Peiris-John, et al., 2020; Rivera-Rodriguez et al., 2021). In addition, 92 Alternative Education (AE) students and 78 young people who were not in education, employment, or training (NEET) took part. These were smaller samples that were not randomly selected, so results for these participants are reported in a separate section of this report. The survey was completed in English or te reo Māori with optional voiceover. Ethical approval was granted by The University of Auckland Human Subjects Ethics Committee (application #022244). For more about Youth19, see our *Youth19 Rangatahi Smart Survey, Initial Findings: Introduction and Methods* report, which explains how the survey was conducted, who was included and how to interpret the results. This document, the full Youth19 questionnaire, and other Youth19 outputs are available at *www.youth19.ac.nz*.

As part of Youth19, students answered questions about home and community, including two questions relating to Oranga Tamariki:

- Have you ever been involved with Oranga Tamariki (OT) or Child, Youth and Family Services (CYFS)? E.g., someone was worried about your safety or protection.

- Are you still currently involved in Oranga Tamariki?

Students could answer yes or no or choose not to respond to each question.

The role of Oranga Tamariki—Ministry for Children is to promote the wellbeing of tamariki, rangatahi and their whānau. Oranga Tamariki support children and young people in New Zealand whose wellbeing is at significant risk of harm (Care and Protection). They also work with young people who may have offended or are likely to offend (Youth Justice). The predecessor of Oranga Tamariki was Child, Youth and Family (CYF). The Youth19 survey questions are framed to capture the maximum number of young people engaging with Oranga Tamariki and includes both Care and Protection and Youth Justice. It does not specify whether the young person has entered care or youth justice custody or is engaging with Oranga Tamariki in another way. There is more information about this in Appendix 3: Oranga Tamariki—Ministry for Children.

This report examines health and healthcare access among students who reported that they had *ever* been involved with Oranga Tamariki or Child Youth and Family Services, students who were *currently* involved at the time of the survey, and students who had *never* been involved with Oranga Tamariki or Child Youth and Family Services. We do not have data about the type of involvement that students have had with Oranga Tamariki. This report is part of a series that will provide information about other health and wellbeing topics for young people involved with Oranga Tamariki. The Methods and Participants sections are repeated across various reports, so that each report can be read on its own. The following pages address health and healthcare access and are unique to this report.

Key findings

Those who are currently involved with Oranga Tamariki are a relatively small group. For most outcomes, the 95% confidence intervals for these young people overlap with those who have ever been involved and or those who have never been involved. This means that apparent differences between groups are not definitive: they can be considered within a rigorous margin of error (as explained in the Methods section of this report). Hence, in this summary, we focus on those ever involved with Oranga Tamariki compared to those never involved.

The majority of young people have good health and mental health, yet concerning numbers face major challenges. These challenges disproportionately affect young people who have been involved with Oranga Tamariki.

Compared to young people never involved with Oranga Tamariki, those ever involved were:

- less likely to report good wellbeing as measured on the WHO-5 wellbeing index
- more than twice as likely to report depressive symptoms as measured using the Short Form of the Reynolds Adolescent Depression Scale
- more than twice as likely to have had serious thoughts of suicide in the last year and more than four times as likely to have attempted suicide in the last year
- more to likely have sought professional help for feeling bad or having a hard time but about equally as likely to have sought help from a friend, family member, or person they know
- less likely to report having very good or excellent health
- close to twice as likely to report having a disabling condition
- more likely to have had sex and, for those who were sexually active, less likely to always use a condom (although not significantly less likely to always use contraception)
- among those who have had a menstrual period, close to three times as likely to have experienced period poverty and close to four times as likely to have missed school due to period poverty
- less likely to have accessed a health service in the last year, however more likely to have been seen a health professional in private (without a parent or other people)
- more than twice as likely to have been unable to access a health provider when they needed to in the last year.

These patterns were very similar for tauira Māori (Māori students). Compared to tauira Māori who had never been involved, tauira Māori who had ever been involved were:

- less likely to report good wellbeing
- more likely to report depressive symptoms
- more likely to have had serious thoughts of suicide in the last year and more likely to have attempted suicide in the last year
- more likely have sought help for feeling bad or having a hard time from a friend or family member or from professional sources
- less likely to report having very good or excellent health
- more likely to report having a disabling condition
- more likely to have had sex, although not significantly less likely to always use condoms or contraception (among those who were sexually active)
- among those who have had a menstrual period, more likely to have experienced period poverty and to have missed school because of period poverty
- less likely to have accessed a health service in the last year, however more likely to have seen a health professional in private
- more likely to have been unable to access a health provider when they needed to in the last year.

Pacific young people who had ever been involved with Oranga Tamariki also reported inequities compared to Pacific young people who had never been involved. Among Pacific young people, those with Oranga Tamariki involvement were:

- more likely to report depressive symptoms
- more likely to have had serious thoughts of suicide in the last year and more likely to have attempted suicide in the last year
- more likely to report having a disabling condition
- more likely to have had sex, although not significantly less likely to always use condoms or contraception (among those who were sexually active)
- among those who have had a menstrual period, more likely to have experienced period poverty and to have missed school because of period poverty
- less likely to have accessed a health service in the last year, however more likely to have seen a health professional in private
- more likely to have been unable to access a health provider when they needed to in the last year.

Other differences were not statistically significant.

Asian young people involved with Oranga Tamariki also reported inequities. Compared to Asian young people who had never been involved, those with Oranga Tamariki involvement were:

- less likely to report good wellbeing
- more likely to report depressive symptoms
- more likely to have had serious thoughts of suicide in the last year and more likely to have attempted suicide in the last year
- more likely have sought professional help for feeling bad or having a hard time but about equally as likely to have sought help from a friend, family member or person they know
- more likely to report having a disabling condition
- more likely to have had sex, although not significantly less likely to always use condoms or contraception (among those who were sexually active)
- among those who have had a menstrual period, more likely to have experienced period poverty and to have missed school because of period poverty
- more likely to have seen a health professional in private
- more likely to have been unable to access a health provider when they needed to in the last year.

Other differences were not statistically significant.

Likewise, Pākehā and other ethnicity students who had been involved with Oranga Tamariki reported disparities. Compared to those of the same ethnicity who had never been involved, Pākehā and other ethnicity students who had ever been involved were:

- less likely to report good wellbeing
- more likely to report depressive symptoms
- more likely to have had serious thoughts of suicide in the last year and more likely to have attempted suicide in the last year
- more likely have sought help for feeling bad or having a hard time from a professional such as a GP, nurse or counsellor
- less likely to report have very good or excellent health
- more likely to report having a disabling condition
- more likely to have had sex and, among those who were sexually active, less likely to always use condoms or contraception
- among those who have had a menstrual period, more likely to have experienced period poverty and to have missed school because of period poverty
- more likely to have seen a health professional in private
- more likely to have been unable to access a health provider when they needed to in the last year.

Alternative Education students and young people not in education, employment or training (NEET) who had ever been involved with Oranga Tamariki reported higher rates of depressive symptoms, suicide thoughts and suicide attempts than those who had never been involved. Differences on other indicators were not statistically significant.

Discussion

The findings of this and other Youth19 Oranga Tamariki reports (all available at www.youth19.ac.nz) illustrate that young people who have been involved with Oranga Tamariki face inequities across multiple areas of life.

The Youth19 *Home and Housing* report shows that those ever involved with Oranga Tamariki are considerably more likely than those never involved to face challenges in areas including housing deprivation, food insecurity and power insecurity. They are less likely to feel safe in their home and to get enough quality time with their families. Although most report positive family connections, these are generally not as high as for those not involved with Oranga Tamariki. Our *Identity and Culture* report shows that those ever involved with Oranga Tamariki are generally less likely to feel comfortable in their own cultural settings, although they report strong cultural knowledge and pride overall and there are some ethnic differences in these outcomes. Our *Community and Contexts* report shows that young people who have been involved with Oranga Tamariki face major inequities in schools and community life. They are less likely to feel part of school, feel safe at school or feel that adults at school care a lot. They have more caregiving responsibilities, are more likely to use substances and are less likely to be involved in sports groups or enrolled to vote. They are more likely to have experienced violence, to have been involved with the police and to have experienced ethnic discrimination by the police.

In our companion *Youth Voices* report, we present the perspectives of those involved with Oranga Tamariki about what would make the biggest differences for them in areas of home, schooling and communities. Youth19 included open text questions about each of these areas, which young people could answer in their own words. In all areas, those involved with Oranga Tamariki highlighted the importance of being heard and having a say in important decisions in their life, of being treated fairly at school and in communities, of having people who love and care about them, and of access to basic material resources including food, warmth and housing.

The findings of this report add that those ever involved with Oranga Tamariki are more than twice as likely to have poor mental health, are close to twice as likely to have disabling health conditions, and have higher sexual health needs than those never involved with Oranga Tamariki. Despite higher health needs, they are less likely to have seen a health professional in the last year and more likely to report that they have been unable to access healthcare when they needed it.

Mental health and wellbeing needs are critical. Poor mental health in adolescence predicts later health and mental health problems, poorer education and employment prospects, and lower life expectancy. Urgent attention is required in addressing mental health disparities and we should be highly concerned that close to half of those ever involved with Oranga Tamariki report clinically significant depressive symptoms and nearly one in three rangatahi Māori involved with Oranga Tamariki have attempted suicide in the last year.

Disability issues, physical needs and sexual health needs are often under-considered in adolescents. The finding that four in ten of those involved with Oranga Tamariki report a

disability, chronic condition or chronic pain that impacts on their daily lives shows that this must be rectified. Likewise, our finding that most sexually active young people who are involved with Oranga Tamariki do not always use condoms or contraception requires urgent attention.

Youth19 is a cross-sectional survey: the links between involvement with Oranga Tamariki and inequities are associations, rather than one necessarily causing the other. However, these links do show us that those ever involved with Oranga Tamariki face multiple challenges. Together, these reports highlight the urgency of promoting equity and wellbeing for those involved with Oranga Tamariki.

These efforts must include access to comprehensive and mana enhancing approaches. Where there are gaps in areas from poverty to mental health, from disability to contraception, and from school safety to community belonging, it is seldom useful to send young people to multiple services for disjointed assistance. Skilled providers who can develop strong relationships and address the priorities of young people and whānau are important. Further, in the context of systemic injustices, individual pathology-focused interventions alone can exacerbate harms. Efforts must uplift the mana and wellbeing of young people and whānau. Youth, whānau and community driven approaches as well as Oranga Tamariki and government actions are needed to remove barriers and enhance wellbeing.

Conclusion

The findings of this and companion reports highlight that young people who have ever been involved with Oranga Tamariki face major challenges in health and mental wellbeing and inequities in their home, family, school and community lives. Despite strengths, including caring for others and maintaining family, school and community connections, those involved with Oranga Tamariki have urgent needs for rights that all young people in Aotearoa New Zealand should be able to take for granted. It is vital that we do not fail young people who have already faced challenging lives. This requires the urgent efforts of Oranga Tamariki, along with government agencies, schools, health services and communities.

Methods

Youth19 is a large-scale cross-sectional survey and is the latest in the Youth 2000 Survey Series. For more about the Youth19 survey, see our *Youth19 Rangatahi Smart Survey, Initial Findings: Introduction and Methods* report (Fleming, Peiris-John, et al., 2020), which explains how the survey was conducted, who was included and how to interpret the results.

The full text for each question used in this report is shown in Appendix 1: Questionnaire Items.

The full Youth19 questionnaire is available on our website www.youth19.ac.nz.

Participation: Mainstream schools and kura kaupapa Māori

7,721 Year 9–13 students from 49 schools, including 4 kura kaupapa Māori, participated in the Youth19 survey. This represents about 6% of year 9–13 students across the eligible schools (Fleming, Peiris-John, et al., 2020). Details of participants are included in Appendix 2: Participant inclusion criteria.

Responses were weighted to adjust for unequal probabilities of selection and calibrated to provide accurate estimates of the prevalence of each outcome among young people in New Zealand as a whole (Fleming, Peiris-John, et al., 2020; Rivera-Rodriguez et al., 2021). Seventy responses where respondent sex could not be determined were removed from the main analyses. Only 22 of these respondents completed more than 50% of the survey. Additional analyses of data from gender diverse students are available in our report, *Young people who have been involved with Oranga Tamariki: Rainbow young people*.

More than 97% of Youth19 participants, a total of 7,526 students, responded to questions regarding their involvement with Oranga Tamariki or Child Youth and Family (CYF) and provided sufficient information to be included in this report. Their demographics are shown in Table 1. A total of 6,853 (91%) reported they had never been involved with Oranga Tamariki and 673 (9%) had ever been involved, of whom 143 were currently involved with Oranga Tamariki.

Students could indicate that they belonged to multiple ethnic groups. The New Zealand ethnicity prioritization method (Ministry of Health, 2017) was used to allocate those belonging to multiple groups to a single group for statistical analyses. We have also provided demographic data on Oranga Tamariki involvement using total ethnicity reporting in Table 8. These data add up to more than 100% of all responses as those belonging to more than one ethnicity are counted several times. We have included brief comments regarding findings by total ethnicity in key parts of this report and Tables 9–11 provide results for mainstream and kura kaupapa Māori students by total ethnicity.

Participation: Alternative Education and young people not in education, employment, or training

In addition to students from schools and kura kaupapa Māori, 92 students from Alternative Education (AE) and 78 young people who were not in education, employment, or training (NEET) took part in Youth19. These were convenience rather than random samples, so their results are reported only in the section: 'Young people in Alternative Education or not in education, employment, or training' and do not appear in other tables in the report.

A total of 101 of the young people in AE or NEET indicated they had never been involved with Oranga Tamariki and 64 had ever been involved, 12 of whom were currently involved, as shown in Table 12.

As the AE and NEET samples include relatively small numbers of participants, these results are not adjusted for national population estimates nor weighted for survey effects. Therefore, these results should be interpreted with caution – they may not be representative of all New Zealand AE students or NEET young people

Statistical methods and reporting for this report

In this report, we present data for each major indicator for the total population, including those who reported they had *never* been involved with Oranga Tamariki, those who reported they had *ever* been involved, and those who reported they were *currently* involved. Students in the *currently* involved group are a subset of students in the *ever* involved group. In all tables showing *ever* involved students, data also include *currently* involved students.

Next, we present findings for each indicator within each main ethnic group using prioritised ethnicity reporting. This is in accordance with Adolescent Health Research Group policies.

We then present findings for young people who attend Alternative Education or who are not in education, employment, or training.

Finally, we include additional tables that provide more detail for students by total ethnicity reporting, and by age and sex of students. Given the relatively small numbers of students who reported that they were currently involved with Oranga Tamariki, results in additional tables are limited to those who indicated they had *never* or *ever* been involved. Tables presenting data for age and sex include an adjusted odds ratio for each variable. Odds ratios are adjusted for the effects of the survey sampling methods, as well as any demographic variables indicated in the footnote of the table.

Where numbers are too low to provide realistic data estimates, or where participant identities may not be well protected, data are shown as 'Fewer than x' in tables. In some cases, we may also obscure numbers for a large group to prevent readers from working out the size of a corresponding small group.

Reading the tables

Demographic tables such as Table 1 show the number of students of a certain demographic (e.g., age or ethnicity) who participated in the survey. The first column shows the total number of students for that group, e.g., 7,526 students in total completed the survey and 1,657 were 15 years old. The second column shows the number of students who had never been involved with Oranga Tamariki and the percentage of the total number of students in that group, e.g., 1,469 or 90.8% of 15-year-old students were never involved.

Other tables show how many students answered a question in a particular way, with columns representing students who reported they had never been involved, had ever been involved, or were currently involved with Oranga Tamariki. In each row, 'n' refers to the number of students who responded in a particular way. For example, in the top row of Table 2, 4,661 students who had never been involved with Oranga Tamariki reported that they had good emotional wellbeing. The 'N' refers to the number of students who answered that question (e.g., 6,627 students answered this question). N varies between questions as students could choose not to answer questions and they were not asked questions that were not relevant to them. The percent refers to the percentage of students who reported that response, once adjustments were made for the sampling design. This provides an estimate of the true proportion on that measure for that group of New Zealand young people. The confidence interval (95% CI) indicates the precision of this estimate by providing a range in which we are 95% sure the true value lies.

Where confidence intervals do not overlap for two different groups, we can be conservatively confident that the apparent differences between groups are not due to chance (O'Brien & Yi, 2016). The size of the confidence interval is impacted by the number of responses in that group – results from larger groups have narrower confidence intervals than those from small groups.

Some tables comparing those ever and never involved with Oranga Tamariki include adjusted odds ratios (aORs) along with 95% confidence intervals of the odds ratio and *p* values. These indicate the odds of an outcome occurring for students who reported that they had ever been involved with Oranga Tamariki, compared to the odds of that outcome occurring for those who had not, once population differences in age, sex and ethnicity have been taken into account. An odds ratio below one suggests lower odds of an outcome occurring among students that had ever been involved, and an odds ratio greater than one suggests higher odds. A visual arrow indicator indicates the direction of this difference, where it is statistically significant. The *p* value gives the probability that the finding is due to chance. Where *p* is less than .05, it is considered **statistically significant** (i.e., we are confident that the apparent difference between those *never* involved and *ever* involved is a true difference and not due to chance).

Note that *p* values tell us about how confident we can be that differences are real, not how big differences are. When we analyse results from a large group, we can be more confident that small differences between groups can be

statistically significant because there is plenty of supporting data. Whereas, when groups are small, even very large differences between groups may not be statistically significant. This does not mean that the apparent differences are unimportant, but that they must be interpreted with caution as they may be due to chance (O'Brien et al., 2015)

Participants

As shown in Table 1, a total of 673 students (an estimated 9% of all secondary school students) reported that they had ever been involved with Oranga Tamariki, and 143 (2%) indicated they were currently involved with Oranga Tamariki.

A higher proportion of younger students reported that they had ever been involved with Oranga Tamariki. This may reflect earlier school leaving among students with a history of Oranga Tamariki involvement.

There were minimal differences in involvement for females compared with male students.

There were notable ethnic disparities, as shown in Table 1. Tauira Māori (Māori students) were especially likely to report Oranga Tamariki involvement, followed by Pacific students. Oranga Tamariki involvement was lower among Pākehā and other European students and Asian students. While Oranga Tamariki involvement appears high among those of 'other' ethnicities, this group is small and diverse, so these results should be interpreted with caution. For this reason, the 'other' and 'Pākehā and other European' groups are combined to form a 'Pākehā and other ethnicity' group in this report.

Relatively small numbers of students reported that they were currently involved with Oranga Tamariki, hence apparent differences between groups should be interpreted with caution.

Table 1: Oranga Tamariki involvement by student demographics

	Total responses	Never involved with Oranga Tamariki		Ever involved with Oranga Tamariki		Currently involved with Oranga Tamariki	
	n	n	pct	n	pct	n	pct
Total	**7526**	6853	91.1%	673	9%	143	1.9%
Age							
13 years and under	**1360**	1220	89.7%	140	10.3%	34	2.5%
14 years	**1687**	1531	90.8%	156	9.2%	42	2.5%
15 years	**1657**	1496	90.3%	161	9.7%	34	2.1%
16 years	**1445**	1323	91.6%	122	8.4%	19	1.3%
17 years and over	**1377**	1283	93.2%	94	6.8%	14	1.0%
Sex							
Female	**4130**	3762	91.1%	368	8.9%	75	1.8%
Male	**3396**	3091	91.0%	305	9.0%	68	2.0%
Ethnicity							
Māori	**1465**	1221	83.3%	244	16.7%	64	4.4%
Pacific	**905**	816	90.2%	89	9.8%	17	1.9%
Tokelauan	**Fewer than 10**	Fewer than 10					
Fijian	**70**	Fewer than 100		Fewer than 10			
Niuean	**67**	Fewer than 100					
Tongan	**260**	236	90.8%	24	9.2%	Fewer than 10	
Cook Islands Māori	**138**	120	87.0%	18	13.0%		
Samoan	**325**	290	89.2%	35	10.8%		
Other Pacific Peoples	**Fewer than 50**	Fewer than 50		Fewer than 10			
Asian	**1742**	1626	93.3%	116	6.7%	20	1.1%
Southeast Asian	**370**	346	93.5%	24	6.5%		
Indian	**442**	410	92.8%	32	7.2%	Fewer than 10	
Chinese	**614**	570	92.8%	44	7.2%		
Other Asian	**316**	300	94.9%	16	5.1%		
Other	**383**	328	85.6%	55	14.4%	15	3.9%
Latin American	**39**	Fewer than 50		Fewer than 10			
African	**52**					Fewer than 10	
Middle Eastern	**79**	69	87.3%	10	12.7%		
Other Ethnicity	**208**	168	80.8%	40	19.2%		
Pākehā and other European	**3031**	2862	94.4%	169	5.6%	27	0.9%
Pākehā/NZE	**2383**	2258	94.8%	125	5.2%	20	0.8%
Other European	**648**	604	93.2%	44	6.8%	7	1.1%

This table uses ethnic prioritisation reporting as per Ministry of Health Ethnicity Data Protocols (Ministry of Health, 2017).
Demographic data represents the number of students participating in the survey and is not survey weighted or adjusted for national population estimates.
Those currently involved are also included in those ever involved.

Findings for all students

Mental health

Oranga Tamariki involved young people reported high rates of emotional distress, with almost half reporting symptoms of depression, close to half reporting serious thoughts of suicide in the last year and approximately one in five reporting attempting suicide in the last year, as shown in Table 2.

These needs were substantially higher than those reported by those never involved with Oranga Tamariki. While differences between those ever and those currently involved were generally not large, differences between those involved (ever or currently) and those never involved were profound. Compared to those never involved, young people ever involved with Oranga Tamariki reported:

- lower rates of good emotional wellbeing as measured on the WHO-5 wellbeing index (World Health Organization, 1998)
- more than double the rate of depression symptoms as measured using the Short Form of the Reynolds Adolescent Depression Scale (Milfont et al., 2008; Reynolds, 2002)
- more than double the rate of serious thoughts of suicide in the last year
- more than four times the rate of having attempted suicide in the last year.

The differences between those never involved and ever involved with Oranga Tamariki were all statistically significant, meaning that it is unlikely that these differences are due to chance.

Mental health help seeking

The majority of young people in all groups reported that they had sought help or advice when they were feeling bad or having a hard time:

- Approximately three out of four participants in all groups, irrespective of Oranga Tamariki involvement, reported they had sought help from a friend, family member or someone else.
- About one in ten participants reported that they had sought help from a phoneline, website or online resource, with a small but statistically significant difference between those involved and not involved with Oranga Tamariki.
- More than one in three participants ever or currently involved with Oranga Tamariki reported that they had sought help from a professional – more than double the proportion reported by those never involved with Oranga Tamariki.

Physical health and disability

Most young people involved with Oranga Tamariki reported that they had very good or excellent health. There were no differences between those never involved and those currently involved with Oranga Tamariki on this measure. Interestingly, those ever involved were significantly less likely to report good or excellent health than those with no involvement, as seen in Table 2 and Table 15.

Rates of reporting a disabling condition were nearly double among young people ever or currently involved with Oranga Tamariki, compared with young people without involvement. Students were classed as having a 'disabling condition' if they reported having a long-term disability, chronic condition, or pain that impacts their day-to-day functioning (see Appendix 1: Questionnaire Items for full wording).

Sexual health

More than a third of young people with any Oranga Tamariki involvement reported having had sex – statistically significantly higher than those who had never been involved. Interestingly, levels of regular condom use and regular contraceptive use among those who had ever had sex was similar for those currently involved and those never involved with Oranga Tamariki, while those who had ever been involved reported an almost 10% reduction in regular use. While this difference narrowly misses the criteria for statistical significance (as seen in Table 16), this is most likely due to the small group size and the finding remains noteworthy.

Health and wellbeing access and barriers

Those ever or currently involved with Oranga Tamariki reported markedly higher rates of period poverty and missing school due to period poverty. This is consistent with our report on home and housing for young people involved with Oranga Tamariki (Fleming et al., 2021), which showed higher deprivation on measures of housing and food security.

Most young people had accessed a healthcare service in the last 12 months, although this was marginally lower for students with any involvement with Oranga Tamariki, who were also more likely to be unable to access healthcare when it was needed. Students with Oranga Tamariki involvement appeared to have improved opportunities to receive private advice from a healthcare provider without anyone else in the room, compared to those with no involvement.

Table 2: Health and wellbeing by Oranga Tamariki involvement for all students

	Never involved with Oranga Tamariki		Ever involved with Oranga Tamariki		Currently involved with Oranga Tamariki	
	n (N)	Pct [95% CI]	n (N)	Pct [95% CI]	n (N)	Pct [95% CI]
Mental health						
Good emotional wellbeing^	4661 (6627)	70.7 [69.2-72.2]	346 (604)	53.8 [49.3-58.3]	69 (122)	55.7 [43.4-68.0]
Depression symptoms◊	1525 (6626)	20.8 [19.5-22.1]	265 (607)	43.7 [39.9-47.4]	58 (123)	48.5 [38.6-58.3]
Thoughts of suicide*	1315 (6650)	18.7 [17.2-20.2]	248 (618)	41.4 [37.5-45.3]	55 (126)	43.6 [31.5-55.6]
Suicide attempts*	348 (6652)	4.7 [4.1-5.3]	124 (619)	21.7 [18.3-25.0]	29 (127)	21.2 [13.1-29.2]
Mental health help seeking						
Sought help from family, friend, or another person*‡	4849 (6535)	74.4 [72.9-75.9]	467 (606)	75.1 [71.8-78.4]	98 (124)	77.0 [67.0-87.0]
Sought help from phone or online service or app*¶	603 (6535)	9.0 [8.1-9.8]	82 (606)	13.2 [10.8-15.5]	13 (124)	8.6 [4.6-12.6]
Sought help from professional such as GP, nurse, counsellor*§	936 (6535)	14.5 [13.5-15.5]	188 (606)	36.2 [32.0-40.3]	41 (124)	34.7 [23.7-45.7]
Physical health and disability						
Very good or excellent overall health	6196 (6800)	91.6 [90.8-92.5]	566 (662)	84.4 [80.7-88.0]	125 (138)	91.7 [85.0-98.4]
Has a disabling condition#	1551 (6853)	22.9 [21.3-24.5]	272 (673)	43.4 [38.7-48.1]	57 (143)	38.7 [28.2-49.3]
Sexual health						
Ever had sex	1088 (6517)	19.5 [18.4-20.7]	173 (600)	32.8 [28.5-37.0]	38 (114)	35.2 [26.2-44.1]
Always uses condoms (among sexually active students)	435 (1034)	42.1 [38.0-46.3]	47 (155)	30.4 [22.8-38.1]	14 (33)	38.4 [21.0-55.9]
Always uses contraception (among sexually active students)	547 (1061)	53.6 [51.2-56.1]	63 (167)	40.1 [30.3-49.8]	17 (36)	49.8 [30.5-69.2]
Health and wellbeing access and barriers						
Experienced period poverty ever (among those who have had a menstrual period)	386 (3403)	11.1 [9.6-12.5]	93 (327)	30.4 [25.7-35.1]	16 (67)	27.1 [16.8-37.5]
Missed school ever due to period poverty	223 (3395)	5.4 [4.3-6.4]	67 (323)	19.5 [15.3-23.6]	13 (65)	16.3 [6.5-26.2]
Accessed at least one healthcare service*	5218 (6673)	78.9 [77.7-80.1]	449 (631)	70.6 [65.5-75.7]	86 (129)	68.0 [57.2-78.8]
Talked with a health professional in private*	1869 (5175)	38.1 [36.7-39.4]	230 (442)	57.1 [51.9-62.3]	40 (86)	53.4 [42.1-64.7]
Unable to access healthcare when wanted - at least once*	1296 (6660)	18.3 [17.0-19.6]	232 (629)	39.2 [35.1-43.3]	43 (127)	42.6 [31.6-53.5]

Those currently involved are also included in those ever involved.

^ Good emotional wellbeing as indicated by a score of 13 or more on the WHO-5 wellbeing index (see Appendix 1 for item wording)

◊ Depression symptoms as measured using the Short Form of the Reynolds Adolescent Depression Scale (RADS-SF)

* In the past 12 months

‡ A friend or young person you know; A parent or other adult in your family; someone else (not one of those listed below)

¶ A phoneline (e.g. Kidsline, Whatsup, 1737, Youthline); A social media or chat room post that people you know might see; An anonymous social media or chat room post; A website with information such as Youthline, The Lowdown or Depression.org; An app or online program like SPARX.org or Headspace

§ Your family doctor/GP; A school counsellor; A school nurse; A counsellor or mental health professional not at your school (e.g. psychologist, psychiatrist)

'Disabling condition' was defined by the student reporting that they have a long-term disability, chronic condition, or pain that impacts on day-to-day functioning (see Appendix 1 for item wording).

Findings by ethnicity

Tauira Māori

While more than half of tauira Māori (Māori students) involved with Oranga Tamariki reported good emotional wellbeing, mental health needs were high among this group – considerably higher than those reported by tauira Māori without Oranga Tamariki involvement. As shown in Table 3, compared with those never involved, tauira Māori ever involved reported:

- lower rates of good emotional wellbeing
- approximately double the rate of depression symptoms
- over double the rate of serious thoughts of suicide in the last year
- three times the rate of having attempted suicide in the last year.

These alarming findings are consistent with our earlier report, which shows that rates of depression symptoms and suicidality are higher among Māori than among Pākehā youth (Fleming, Tiatia-Seath, et al., 2020). Our findings highlight urgent needs among all young people involved with Oranga Tamariki, and especially among tauira Māori.

Tauira Māori reported high rates of mental health help seeking. Overall, these were significantly higher for those involved with Oranga Tamariki than those never involved, with both groups mostly seeking help from whānau, friends, and other persons. Tauira Māori who had been involved with Oranga Tamariki showed considerably higher levels of help seeking from a phoneline or online service, or from a professional, when compared to those never involved.

Findings on broader health outcomes showed major inequities. While the majority of tauira Māori involved with Oranga Tamariki reported that they had very good or excellent health, this rate was lower than for tauira Māori never involved. As shown in Table 3, compared with those never involved, tauira Māori ever involved reported:

- higher rates of having a disabling health condition
- higher levels of sexual activity with similar rates of contraception and condom use among sexually active students
- more than double the rate of period poverty and three times the rate of missing school due to period poverty.

There were also inequities in healthcare access with statistically significant differences between groups for nearly all measures. While over half of tauira Māori involved with Oranga Tamariki had accessed a health service in the last year, this was lower than among those never involved. Those involved with Oranga Tamariki were also twice as likely as those never involved to report being unable to access healthcare when needed at least once in the last year. Interestingly, tauira Māori were nearly twice as likely to have talked with a health professional in private.

Table 3: Health and wellbeing by Oranga Tamariki involvement among tauira Māori

	Never involved with Oranga Tamariki		Ever involved with Oranga Tamariki		Adjusted odds ratio involvement with Oranga Tamariki		
	n (N)	Pct [95% CI]	n (N)	Pct [95% CI]	aOR† [95% CI]		*p*
Mental health							
Good emotional wellbeing^	805 (1145)	70.4 [67.6-73.2]	120 (220)	54.8 [48.8-60.8]	0.49 [0.36-0.66]	↓	<.001
Depression symptoms◊	298 (1143)	23.7 [21.4-25.9]	108 (219)	48.8 [44.7-52.8]	3.11 [2.62-3.68]	↑	<.001
Thoughts of suicide*	249 (1150)	19.9 [17.2-22.5]	100 (224)	45.4 [38.9-51.8]	3.29 [2.48-4.36]	↑	<.001
Suicide attempts*	107 (1143)	8.7 [6.5-11.0]	66 (224)	28.9 [23.6-34.1]	4.15 [2.96-5.82]	↑	<.001
Mental health help seeking							
Sought help from family, friend, or another person*‡	809 (1104)	72.2 [67.5-76.9]	169 (218)	79.7 [73.2-86.3]	1.53 [1.01-2.31]	↑	.049
Sought help from phone or online service or app*¶	69 (1104)	6.9 [4.6-9.2]	33 (218)	16.9 [12.6-21.2]	2.76 [1.70-4.47]	↑	<.001
Sought help from professional such as GP, nurse, counsellor*§	146 (1104)	11.7 [9.7-13.6]	68 (218)	38.1 [29.7-46.5]	4.77 [3.34-6.82]	↑	<.001
Physical health and disability							
Very good or excellent overall health	1073 (1201)	90.8 [89.4-92.1]	204 (240)	82.1 [75.1-89.2]	0.45 [0.28-0.74]	↓	.003
Has a disabling condition#	330 (1221)	27.5 [24.0-31.0]	98 (244)	41.4 [34.6-48.2]	1.87 [1.35-2.58]	↑	<.001
Sexual health							
Ever had sex	316 (1109)	30.4 [26.3-34.6]	79 (212)	37.4 [30.8-44.0]	1.65 [1.19-2.30]	↑	.005
Always uses condoms (among sexually active students)	103 (290)	37.2 [31.3-43.0]	20 (69)	35.7 [24.3-47.1]	0.82 [0.48-1.40]	-	.469
Always uses contraception (among sexually active students)	125 (303)	43.0 [38.5-47.5]	25 (76)	39.0 [26.3-51.7]	0.95 [0.59-1.54]	-	.85
Health and wellbeing access and barriers							
Experienced period poverty ever (among those who have had a menstrual period)	93 (589)	18.6 [14.6-22.6]	40 (120)	42.0 [33.3-50.7]	3.32 [2.38-4.64]	↑	<.001
Missed school ever due to period poverty	72 (586)	9.7 [7.4-12.0]	40 (118)	30.8 [22.6-38.9]	4.12 [2.75-6.17]	↑	<.001
Accessed at least one healthcare service*	894 (1155)	76.1 [73.9-78.3]	160 (226)	64.4 [58.3-70.5]	0.56 [0.41-0.76]	↓	<.001
Talked with a health professional in private*	350 (878)	42.8 [39.3-46.3]	85 (157)	53.4 [46.4-60.3]	1.59 [1.14-2.22]	↑	.01
Unable to access healthcare when wanted - at least once*	292 (1143)	24.4 [21.6-27.2]	87 (224)	40.1 [33.6-46.7]	2.09 [1.59-2.76]	↑	<.001

Using ethnic prioritisation reporting.

†Adjusted for age and sex

^ Good emotional wellbeing as indicated by a score of 13 or more on the WHO-5 wellbeing index (see Appendix 1 for item wording)

◊ Depression symptoms as measured using the Short Form of the Reynolds Adolescent Depression Scale (RADS-SF)

* In the past 12 months

‡ A friend or young person you know; A parent or other adult in your family; someone else (not one of those listed below)

¶ A phoneline (e.g. Kidsline, Whatsup, 1737, Youthline); A social media or chat room post that people you know might see; An anonymous social media or chat room post; A website with information such as Youthline, The Lowdown or Depression.org; An app or online program like SPARX.org or Headspace

§ Your family doctor/GP; A school counsellor; A school nurse; A counsellor or mental health professional not at your school (e.g. psychologist, psychiatrist)

'Disabling condition' was defined by the student reporting that they have a long-term disability, chronic condition, or pain that impacts on day-to-day functioning (see Appendix 1 for item wording).

Pacific students

Most Pacific students involved with Oranga Tamariki reported good emotional wellbeing. At the same time, mental health needs were high among this group, and higher than those reported by Pacific students without Oranga Tamariki involvement. As shown in Table 4, compared with those never involved, Pacific students ever involved with Oranga Tamariki reported:

- higher rates of depression symptoms
- nearly double the rate of serious thoughts of suicide in the last year
- more than double the rate of having attempted suicide in the last year.

Most Pacific students, regardless of Oranga Tamariki involvement, reported that they had sought support from whānau, friends and other people when they were feeling down. Fewer reported that they had sought support via phone, online or digital services or from health professionals. There were no statistically significant differences on these measures between Pacific students ever involved with Oranga Tamariki and those never involved.

Findings on broader health outcomes indicated that most Pacific students reported having very good or excellent health, with no significant difference between those ever and never involved with Oranga Tamariki. However, there were disparities with other health outcomes examined in this report. Compared with Pacific students that were never involved with Oranga Tamariki, those ever involved reported:

- much higher rates of having a disabling condition
- higher rates of sexual activity
- higher rates of period poverty and missing school due to period poverty
- lower rates of having seen a health professional in the last year.

These differences were all statistically significant.

Pacific students who had ever been involved with Oranga Tamariki reported lower access to healthcare services than those without involvement, with nearly half of ever-involved students reporting being unable to access healthcare when needed in the last year. This group did, however, report higher rates of talking with a healthcare professional in private than those without involvement.

Among Pacific students, differences in results between prioritised and total ethnicity reporting were negligible for all outcomes, except for minor increases among those ever involved with Oranga Tamariki in reported depression symptoms, seeking help from a professional, and always using a condom (as seen in Table 9). Minor decreases are seen for this group in reported thoughts of suicide and having a disabling condition. In all cases, these variations are not definitive as there is overlap in confidence intervals between prioritised and total ethnicity reporting.

Table 4: Health and wellbeing by Oranga Tamariki involvement among Pacific students

	Never involved with Oranga Tamariki		Ever involved with Oranga Tamariki		Adjusted odds ratio involvement with Oranga Tamariki		
	n (N)	Pct [95% CI]	n (N)	Pct [95% CI]	aOR† [95% CI]		*p*
Mental health							
Good emotional wellbeing^	574 (764)	73.1 [67.2-79.0]	48 (73)	70.2 [60.8-79.6]	0.78 [0.48-1.29]	-	.343
Depression symptoms◊	184 (764)	23.6 [19.8-27.5]	33 (75)	33.4 [21.3-45.6]	1.75 [1.05-2.92]	↑	.04
Thoughts of suicide*	182 (772)	24.1 [20.1-28.2]	30 (76)	47.7 [38.8-56.6]	3.08 [2.26-4.20]	↑	<.001
Suicide attempts*	85 (778)	10.7 [8.7-12.7]	15 (76)	24.5 [16.1-32.8]	2.73 [1.64-4.54]	↑	<.001
Mental health help seeking							
Sought help from family, friend, or another person*‡	603 (749)	82.5 [78.4-86.6]	60 (73)	76.9 [71.2-82.5]	0.73 [0.48-1.10]	-	.138
Sought help from phone or online service or app*¶	50 (749)	7.2 [5.6-8.7]	8 (73)	9.6 [4.8-14.4]	1.35 [0.80-2.28]	-	.275
Sought help from professional such as GP, nurse, counsellor*§	103 (749)	14.1 [9.6-18.6]	15 (73)	18.1 [13.0-23.2]	1.33 [0.81-2.18]	-	.262
Physical health and disability							
Very good or excellent overall health	709 (800)	89.4 [87.4-91.3]	78 (87)	89.9 [82.8-97.1]	1.04 [0.51-2.12]	-	.906
Has a disabling condition#	181 (816)	22.2 [19.3-25.2]	37 (89)	38.1 [32.3-43.9]	2.22 [1.72-2.87]	↑	<.001
Sexual health							
Ever had sex	137 (745)	20.8 [16.7-24.9]	20 (75)	36.5 [25.5-47.6]	2.19 [1.27-3.78]	↑	.008
Always uses condoms (among sexually active students)	37 (124)	30.7 [22.2-39.2]	3 (17)	14.4 [-2.6-31.4]	0.40 [0.10-1.59]	-	.206
Always uses contraception (among sexually active students)	44 (133)	31.8 [23.3-40.2]	6 (20)	24.7 [2.1-47.4]	0.67 [0.20-2.25]	-	.523
Health and wellbeing access and barriers							
Experienced period poverty ever (among those who have had a menstrual period)	83 (463)	16.5 [11.6-21.5]	13 (43)	27.1 [14.2-40.0]	1.81 [1.07-3.07]	↑	.034
Missed school ever due to period poverty (among those who have had a period)	63 (459)	10.1 [6.2-14.0]	10 (42)	22.6 [7.9-37.3]	2.53 [1.08-5.94]	↑	.04
Accessed at least one healthcare service*	569 (780)	74.7 [71.5-77.9]	54 (84)	67.0 [60.3-73.6]	0.68 [0.50-0.94]	↓	.023
Talked with a health professional in private*	229 (562)	41.7 [37.3-46.0]	27 (54)	61.9 [51.1-72.7]	2.19 [1.45-3.30]	↑	<.001
Unable to access healthcare when wanted - at least once*	197 (773)	23.6 [20.3-26.9]	35 (83)	43.8 [34.6-53.0]	2.48 [1.66-3.68]	↑	<.001

Using ethnic prioritisation reporting.
†Adjusted for age and sex
^ Good emotional wellbeing as indicated by a score of 13 or more on the WHO-5 wellbeing index (see Appendix 1 for item wording)
◊ Depression symptoms as measured using the Short Form of the Reynolds Adolescent Depression Scale (RADS-SF)
* In the past 12 months
‡ A friend or young person you know; A parent or other adult in your family; someone else (not one of those listed below)
¶ A phoneline (e.g. Kidsline, Whatsup, 1737, Youthline); A social media or chat room post that people you know might see; An anonymous social media or chat room post; A website with information such as Youthline, The Lowdown or Depression.org; An app or online program like SPARX.org or Headspace
§ Your family doctor/GP; A school counsellor; A school nurse; A counsellor or mental health professional not at your school (e.g. psychologist, psychiatrist)
# 'Disabling condition' was defined by the student reporting that they have a long-term disability, chronic condition, or pain that impacts on day-to-day functioning (see Appendix 1 for item wording).

Asian students

While over half of Asian students involved with Oranga Tamariki reported good emotional wellbeing, many also reported significant mental health needs. These needs were considerably higher than those reported by Asian students never involved with Oranga Tamariki. As shown in Table 5, compared with those never involved, Asian students ever involved reported:

- lower overall emotional wellbeing
- double the rate of depression symptoms
- double the rate of suicidal thoughts in the last year
- approximately four times the rate of having attempted suicide in the last year.

These differences were all statistically significant, meaning it is unlikely they are due to chance.

Among Asian students overall, help seeking for mental health from whānau, friends and other people was high, with comparable responses between those with and without Oranga Tamariki involvement. Asian students ever involved with Oranga Tamariki were more than twice as likely to have sought help from health professionals when they were feeling down when compared to those never involved.

The majority of all Asian students reported having very good or excellent health. At the same time, other markers showed clear disparities in health outcomes between Asian students ever involved with Oranga Tamariki and those never involved. As shown in Table 5, compared with those never involved, Asian students ever involved reported:

- almost twice the rate of having a disabling condition
- higher rates of sexual activity, although similar rates of regular contraception and condom use among sexually active students
- double the rate of period poverty and more than three times the rate of missing school due to period poverty
- twice the rate of experiencing barriers to accessing health and wellbeing services in the last year
- being more likely to see a healthcare professional in private.

As shown in Table 10, where results are analysed using total ethnicity reporting, Asian students who have ever been involved with Oranga Tamariki show:

- lower emotional wellbeing
- higher depression symptoms
- markedly higher thoughts of suicide
- lower good or excellent physical health
- higher numbers with disabling conditions.

Table 5: Health and wellbeing by Oranga Tamariki involvement among Asian students

	Never involved with Oranga Tamariki		Ever involved with Oranga Tamariki		Adjusted odds ratio involvement with Oranga Tamariki		
	n (N)	Pct [95% CI]	n (N)	Pct [95% CI]	aOR† [95% CI]		*p*
Mental health							
Good emotional wellbeing^	1104 (1598)	68.5 [65.3-71.7]	60 (105)	58.3 [47.9-68.7]	0.64 [0.43-0.95]	↓	.034
Depression symptoms◊	393 (1599)	23.6 [21.1-26.2]	40 (104)	40.7 [27.8-53.6]	2.26 [1.27-4.03]	↑	.009
Thoughts of suicide*	313 (1598)	18.4 [15.6-21.2]	42 (108)	39.1 [28.3-49.8]	2.88 [1.84-4.51]	↑	<.001
Suicide attempts*	64 (1600)	3.7 [2.2-5.3]	13 (108)	14.2 [4.0-24.3]	4.65 [2.17-9.95]	↑	<.001
Mental health help seeking							
Sought help from family, friend, or another person*‡	1185 (1586)	72.8 [69.4-76.2]	81 (108)	73.1 [66.0-80.2]	0.99 [0.65-1.52]	-	.974
Sought help from phone or online service or app*¶	194 (1586)	11.8 [9.3-14.2]	12 (108)	7.4 [3.2-11.6]	0.61 [0.30-1.22]	-	.171
Sought help from professional such as GP, nurse, counsellor*§	185 (1586)	10.5 [8.7-12.3]	29 (108)	25.4 [15.2-35.7]	2.93 [1.63-5.27]	↑	<.001
Physical health and disability							
Very good or excellent overall health	1503 (1622)	93.8 [92.7-94.9]	102 (114)	86.9 [77.3-96.4]	0.43 [0.18-1.06]	-	.075
Has a disabling condition#	277 (1626)	17.1 [15.1-19.2]	38 (116)	29.7 [23.5-36.0]	2.08 [1.46-2.97]	↑	<.001
Sexual health							
Ever had sex	129 (1564)	10.7 [8.8-12.5]	21 (103)	25.2 [14.3-36.1]	2.68 [1.71-4.21]	↑	<.001
Always uses condoms (among sexually active students)	68 (125)	55.2 [47.4-63.0]	8 (19)	32.6 [11.9-53.3]	0.42 [0.16-1.12]	-	.094
Always uses contraception (among sexually active students)	63 (125)	48.9 [38.5-59.4]	7 (20)	33.9 [12.2-55.5]	0.51 [0.23-1.13]	-	.111
Health and wellbeing access and barriers							
Experienced period poverty ever (among those who have had a menstrual period)	74 (811)	8.0 [4.3-11.7]	15 (61)	22.2 [10.6-33.8]	3.27 [1.31-8.18]	↑	.016
Missed school ever due to period poverty	29 (810)	3.6 [1.9-5.2]	8 (61)	15.1 [2.1-28.2]	4.63 [1.45-14.84]	↑	.015
Accessed at least one healthcare service*	1204 (1602)	75.9 [73.0-78.8]	87 (113)	77.9 [68.8-86.9]	1.13 [0.64-2.02]	-	.67
Talked with a health professional in private*	363 (1201)	31.6 [28.2-35.0]	40 (85)	58.0 [44.5-71.5]	2.94 [1.67-5.18]	↑	<.001
Unable to access healthcare when wanted - at least once*	289 (1605)	18.0 [16.1-20.0]	38 (112)	37.4 [28.5-46.3]	2.72 [1.82-4.09]	↑	<.001

Using ethnic prioritisation reporting.

†Adjusted for age and sex

^ Good emotional wellbeing as indicated by a score of 13 or more on the WHO-5 wellbeing index (see Appendix 1 for item wording)

◊ Depression symptoms as measured using the Short Form of the Reynolds Adolescent Depression Scale (RADS-SF)

* In the past 12 months

‡ A friend or young person you know; A parent or other adult in your family; someone else (not one of those listed below)

¶ A phoneline (e.g. Kidsline, Whatsup, 1737, Youthline); A social media or chat room post that people you know might see; An anonymous social media or chat room post; A website with information such as Youthline, The Lowdown or Depression.org; An app or online program like SPARX.org or Headspace

§ Your family doctor/GP; A school counsellor; A school nurse; A counsellor or mental health professional not at your school (e.g. psychologist, psychiatrist)

'Disabling condition' was defined by the student reporting that they have a long-term disability, chronic condition, or pain that impacts on day-to-day functioning (see Appendix 1 for item wording).

Pākehā and other ethnicity students

In this report, Pākehā, other European, and other ethnicity people (those of Middle Eastern, Latin American, African, and 'Other' groups) are grouped together due to low numbers of 'other' students. For brevity, we refer to this group as 'Pākehā and other ethnicity' students.

Around half of Pākehā and other ethnicity students involved with Oranga Tamariki reported good emotional wellbeing. However, mental health needs were high among this group – considerably higher than those reported by Pākehā and other ethnicity students without Oranga Tamariki involvement.

As shown in Table 6, compared to those never involved, Pākehā and other ethnicity students with Oranga Tamariki involvement reported:

- lower overall emotional wellbeing
- more than double the rate of depression symptoms
- double the rate of serious thoughts of suicide in the last year
- around five times the rate of having attempted suicide in the last year.

Overall, Pākehā and other ethnicity students with Oranga Tamariki involvement were more likely to seek help from health professionals when they were feeling down than those not involved.

Help seeking from whānau, friends and other people was the most reported pathway for Pākehā and other ethnicity students involved with Oranga Tamariki.

In terms of broader health and healthcare outcomes, while the majority of Pākehā and other ethnicity students with Oranga Tamariki involvement reported having very good or excellent health, this rate was lower than for those never involved. As shown in Table 6, compared with those never involved, Pākehā and other ethnicity students ever involved reported:

- higher rates of having a disabling health condition
- higher levels of sexual activity with lower use of contraception and condoms among sexually active students
- more than twice the rate of period poverty and of missing school due to period poverty
- more than twice the rate of being unable to access healthcare when needed at least once in the last year.

Among Pākehā and other ethnicity students, there were no substantive differences in results between prioritised and total ethnicity reporting, as shown in Table 11.

Table 6: Health and wellbeing by Oranga Tamariki involvement among Pākehā and other ethnicity students

	Never involved with Oranga Tamariki		Ever involved with Oranga Tamariki		Adjusted odds ratio involvement with Oranga Tamariki		
	n (N)	Pct [95% CI]	n (N)	Pct [95% CI]	aOR† [95% CI]		*p*
Mental health							
Good emotional wellbeing^	2178 (3120)	70.8 [68.9-72.8]	118 (206)	48.8 [42.4-55.2]	0.37 [0.29-0.47]	↓	<.001
Depression symptoms◊	650 (3120)	18.9 [17.4-20.5]	84 (209)	41.6 [35.8-47.4]	3.15 [2.52-3.94]	↑	<.001
Thoughts of suicide*	571 (3130)	17.6 [15.8-19.5]	76 (210)	36.9 [32.6-41.2]	2.79 [2.23-3.48]	↑	<.001
Suicide attempts*	92 (3131)	2.7 [1.9-3.5]	30 (211)	16.0 [11.0-20.9]	6.82 [4.91-9.47]	↑	<.001
Mental health help seeking							
Sought help from family, friend, or another person*‡	2252 (3096)	74.2 [72.4-76.0]	157 (207)	71.0 [63.5-78.5]	0.87 [0.60-1.25]	-	.45
Sought help from phone or online service or app*¶	290 (3096)	9.3 [8.4-10.3]	29 (207)	11.6 [7.4-15.8]	1.30 [0.86-1.96]	-	.217
Sought help from professional such as GP, nurse, counsellor*§	502 (3096)	16.3 [15.1-17.4]	76 (207)	40.2 [35.9-44.5]	3.73 [3.02-4.62]	↑	<.001
Physical health and disability							
Very good or excellent overall health	2911 (3177)	91.8 [90.5-93.1]	182 (221)	84.7 [76.0-93.4]	0.48 [0.24-0.96]	↓	.044
Has a disabling condition#	763 (3190)	22.7 [21.0-24.4]	99 (224)	49.2 [42.4-56.0]	3.43 [2.54-4.63]	↑	<.001
Sexual health							
Ever had sex	506 (3099)	17.8 [15.9-19.7]	53 (210)	29.3 [23.1-35.5]	2.35 [1.64-3.37]	↑	<.001
Always uses condoms (among sexually active students)	227 (495)	44.9 [38.8-51.0]	16 (50)	27.3 [14.8-39.7]	0.41 [0.21-0.79]	↓	.012
Always uses contraception (among sexually active students)	315 (500)	63.5 [59.9-67.0]	25 (51)	46.0 [30.2-61.8]	0.51 [0.28-0.92]	↓	.033
Health and wellbeing access and barriers							
Experienced period poverty ever (among those who have had a menstrual period)	136 (1540)	8.5 [7.1-9.8]	25 (103)	21.3 [14.4-28.2]	2.93 [2.06-4.17]	↑	<.001
Missed school ever due to period poverty	59 (1540)	3.7 [2.6-4.7]	9 (102)	8.5 [2.4-14.7]	2.46 [1.04-5.80]	↑	.047
Accessed at least one healthcare service*	2551 (3136)	81.1 [79.7-82.4]	148 (208)	75.9 [68.3-83.5]	0.74 [0.49-1.12]	-	.157
Talked with a health professional in private*	927 (2534)	37.4 [35.7-39.1]	78 (146)	58.9 [51.8-66.0]	2.57 [1.92-3.44]	↑	<.001
Unable to access healthcare when wanted - at least once*	518 (3139)	15.6 [14.2-17.1]	72 (210)	37.6 [31.7-43.4]	3.29 [2.46-4.40]	↑	<.001

Using ethnic prioritisation reporting.

†Adjusted for age and sex

^ Good emotional wellbeing as indicated by a score of 13 or more on the WHO-5 wellbeing index (see Appendix 1 for item wording)

◊ Depression symptoms as measured using the Short Form of the Reynolds Adolescent Depression Scale (RADS-SF)

* In the past 12 months

‡ A friend or young person you know; A parent or other adult in your family; someone else (not one of those listed below)

¶ A phoneline (e.g. Kidsline, Whatsup, 1737, Youthline); A social media or chat room post that people you know might see; An anonymous social media or chat room post; A website with information such as Youthline, The Lowdown or Depression.org; An app or online program like SPARX.org or Headspace

§ Your family doctor/GP; A school counsellor; A school nurse; A counsellor or mental health professional not at your school (e.g. psychologist, psychiatrist)

'Disabling condition' was defined by the student reporting that they have a long-term disability, chronic condition, or pain that impacts on day-to-day functioning (see Appendix 1 for item wording).

Young people in Alternative Education or not in education, employment, or training

Students in Alternative Education (AE) and young people not in education, employment, or training (NEET) had high levels of emotional health needs, depressive symptoms, and important sexual health needs.

Over half of the AE and NEET participants involved with Oranga Tamariki reported good emotional wellbeing, lower than those with no involvement (although caution should be taken when interpreting these results due to low numbers of AE and NEET young people). Mental health needs were particularly high among this group. As shown in Table 7, compared with AE and NEET participants never involved with Oranga Tamariki, those ever involved reported:

- around double the rate of depression symptoms
- around double the rate of serious thoughts of suicide in the last year
- around four times the rate of having attempted suicide in the last year.

Differences in these results between those with and without involvement were all significantly different.

On all other broader health measures, differences between AE and NEET participants involved with Oranga Tamariki and those never involved were not statistically significant.

Overall, AE and NEET young people appear to seek help from a family, friend or another person when they are having a difficult time. There is a high level of good or excellent health, although disabling conditions are much higher among those who have been involved with Oranga Tamariki:

- The majority of students had ever had sex, but levels of condom and contraceptive use were concerningly low for both groups.
- Period poverty, and missing school due to period poverty were worryingly high for both groups.
- Healthcare access was high, and most students had been able to talk with a healthcare provide in private in the last year.
- A moderate number of young people had been unable to access healthcare when needed in the last year.

Table 7: Health and wellbeing by Oranga Tamariki involvement among young people in Alternative Education or NEET

	Never involved with Oranga Tamariki		Ever involved with Oranga Tamariki		Adjusted odds ratio - involvement with Oranga Tamariki		
	n (N)	pct [95% CI]	n (N)	pct [95% CI]	aOR† [95% CI]		*p*
Mental health							
Good emotional wellbeing^	64 (98)	65.3 [45.9-84.8]	28 (52)	53.8 [27.0-80.7]	0.52 [0.27-0.98]	-	.082
Depression symptoms◊	24 (98)	24.5 [9.2-39.8]	30 (53)	56.6 [42.7-70.5]	4.34 [1.84-10.26]	↑	.015
Thoughts of suicide*	26 (98)	26.5 [10.1-43.0]	29 (55)	52.7 [39.3-66.1]	2.62 [1.24-5.55]	↑	.04
Suicide attempts*	10 (98)	10.2 [4.8-15.6]	25 (57)	43.9 [23.4-64.3]	7.31 [3.70-14.47]	↑	<.001
Mental health help seeking							
Sought help from family, friend, or another person*‡	81 (97)	83.5 [79.5-87.5]	41 (54)	75.9 [67.0-84.8]	0.53 [0.29-0.98]	-	.081
Sought help from phone or online service or app*¶	12 (97)	12.4 [6.6-18.1]	6 (54)	11.1 [3.8-18.4]	0.89 [0.40-2.00]	-	.784
Sought help from professional such as GP, nurse, counsellor*§	19 (97)	19.6 [2.4-36.8]	23 (54)	42.6 [28.4-56.8]	3.45 [0.86-13.82]	-	.123
Physical health and disability							
Very good or excellent overall health	77 (101)	76.2 [70.3-82.2]	44 (61)	72.1 [59.2-85.1]	0.80 [0.42-1.54]	-	.53
Has a disabling condition#	31 (101)	30.7 [10.2-51.1]	34 (64)	53.1 [38.8-67.5]	2.77 [1.16-6.61]	-	.055
Sexual health							
Ever had sex	66 (90)	73.3 [54.8-91.9]	38 (52)	73.1 [62.5-83.6]	1.08 [0.44-2.69]	-	.867
Always uses condoms (among sexually active students)	12 (63)	19.0 [11.4-26.7]	8 (37)	21.6 [6.4-36.8]	1.29 [0.62-2.66]	-	.514
Always uses contraception (among sexually active students)	20 (66)	30.3 [24.4-36.2]	12 (37)	32.4 [14.2-50.7]	1.13 [0.56-2.31]	-	.74
Health and wellbeing access and barriers							
Experienced period poverty ever (among those who have had a menstrual period)	19 (48)	39.6 [25.4-53.8]	12 (32)	37.5 [21.9-53.1]	0.90 [0.40-2.03]	-	.81
Missed school ever due to period poverty	18 (47)	38.3 [23.0-53.6]	9 (31)	29.0 [17.8-40.3]	0.63 [0.23-1.67]	-	.404
Accessed at least one healthcare service*	79 (99)	79.8 [74.3-85.3]	46 (59)	78.0 [68.9-87.1]	0.96 [0.52-1.79]	-	.906
Talked with a health professional in private*	56 (78)	71.8 [45.5-98.1]	42 (45)	93.3 [81.2-105.5]	7.38 [0.96-56.97]	-	.097
Unable to access healthcare when wanted - at least once*	35 (100)	35.0 [24.3-45.7]	24 (57)	42.1 [12.4-71.8]	1.61 [0.63-4.14]	-	.354

†Adjusted for age, sex, and ethnicity

^ Good emotional wellbeing as indicated by a score of 13 or more on the WHO-5 wellbeing index (see Appendix 1 for item wording)

◊ Depression symptoms as measured using the Short Form of the Reynolds Adolescent Depression Scale (RADS-SF)

* In the past 12 months

‡ A friend or young person you know; A parent or other adult in your family; someone else (not one of those listed below)

¶ A phoneline (e.g. Kidsline, Whatsup, 1737, Youthline); A social media or chat room post that people you know might see; An anonymous social media or chat room post; A website with information such as Youthline, The Lowdown or Depression.org; An app or online program like SPARX.org or Headspace

§ Your family doctor/GP; A school counsellor; A school nurse; A counsellor or mental health professional not at your school (e.g. psychologist, psychiatrist)

'Disabling condition' was defined by the student reporting that they have a long-term disability, chronic condition, or pain that impacts on day-to-day functioning (see Appendix 1 for item wording).

Additional Tables

Note, Table 8 and Table 12 are included in this and other Youth19 Oranga Tamariki reports so that each report can be read on its own.

Total ethnicity reporting

In this report, the New Zealand Ministry of Health Ethnicity Prioritisation method is used to allocate students with multiple ethnicities to one group for statistical analysis. Table 8 shows Oranga Tamariki involvement by total ethnicity reporting, in which all the ethnicities reported by each student are included. Note that this means students with multiple identities are counted more than once. Given the diversity of young people involved with Oranga Tamariki, Oranga Tamariki asked us to comment if total ethnicity reporting highlighted different results than prioritised ethnicity reporting. Generally, this was not the case. Where there are substantive differences, we include comments in the relevant sections of the report.

Table 8: Demographics of students ever, never, and currently involved with Oranga Tamariki, total ethnicity reporting

	Total responses	Never involved with Oranga Tamariki		Ever involved with Oranga Tamariki		Currently involved with Oranga Tamariki	
	n	n	pct	n	pct	n	pct
Māori	1465	1221	83.3%	244	16.7%	64	4.4%
Pacific	1156	1028	88.9%	128	11.1%	28	2.4%
Asian	1891	1749	92.5%	142	7.5%	27	1.4%
Other	208	169	81.3%	39	18.8%	12	5.8%
European	4175	3875	92.8%	300	7.2%	52	1.2%

Students may appear in multiple ethnicities
Demographic data represents the number of students participating in the survey and is not survey weighted or adjusted for national population estimates
Those currently involved are also included in those ever involved.

Table 9: Health and wellbeing by Oranga Tamariki involvement among Pacific students - Total ethnicity reporting

	Never involved with Oranga Tamariki		Ever involved with Oranga Tamariki	
	n (N)	pct [95% CI]	n (N)	pct [95% CI]
Mental health				
Good emotional wellbeing^	703 (961)	71.6 [66.9-76.3]	66 (106)	67.5 [59.4-75.6]
Depression symptoms◊	242 (960)	24.4 [21.0-27.7]	50 (109)	38.3 [30.9-45.7]
Thoughts of suicide*	239 (966)	25.0 [20.9-29.1]	44 (112)	40.6 [33.6-47.7]
Suicide attempts*	110 (970)	10.5 [8.8-12.3]	28 (112)	24.5 [16.3-32.7]
Mental health help seeking				
Sought help from family, friend, or another person*‡	748 (935)	81.2 [78.0-84.5]	85 (107)	77.0 [69.3-84.7]
Sought help from phone or online service or app*¶	66 (935)	7.7 [5.9-9.5]	13 (107)	12.5 [8.5-16.6]
Sought help from professional such as GP, nurse, counsellor*§	127 (935)	13.7 [9.8-17.7]	25 (107)	25.6 [16.0-35.1]
Physical health and disability				
Very good or excellent overall health	891 (1008)	89.0 [86.7-91.3]	112 (126)	91.7 [86.5-96.8]
Has a disabling condition#	237 (1028)	22.5 [19.6-25.4]	50 (128)	32.9 [24.5-41.4]
Sexual health				
Ever had sex	195 (936)	24.1 [19.4-28.8]	30 (105)	37.3 [28.0-46.6]
Always uses condoms (among sexually active students)	53 (176)	28.4 [20.5-36.2]	6 (26)	22.7 [8.5-36.9]
Always uses contraception (among sexually active students)	63 (189)	30.9 [22.1-39.7]	8 (30)	24.1 [7.7-40.5]
Health and wellbeing access and barriers				
Experienced period poverty ever (among those who have had a menstrual period)	98 (584)	15.7 [12.4-19.1]	17 (63)	23.1 [12.9-33.2]
Missed school ever due to period poverty	81 (577)	10.9 [7.7-14.1]	15 (62)	25.3 [14.4-36.2]
Accessed at least one healthcare service*	733 (980)	75.6 [71.7-79.5]	80 (120)	72.7 [67.9-77.6]
Talked with a health professional in private*	295 (724)	40.4 [37.6-43.2]	42 (80)	61.9 [49.3-74.5]
Unable to access healthcare when wanted - at least once*	242 (964)	23.2 [20.1-26.3]	54 (121)	44.6 [34.9-54.2]

Using total ethnicity reporting.

^ Good emotional wellbeing as indicated by a score of 13 or more on the WHO-5 wellbeing index (see Appendix 1 for item wording)

◊ Depression symptoms as measured using the Short Form of the Reynolds Adolescent Depression Scale (RADS-SF)

* In the past 12 months

‡ A friend or young person you know; A parent or other adult in your family; someone else (not one of those listed below)

¶ A phoneline (e.g. Kidsline, Whatsup, 1737, Youthline); A social media or chat room post that people you know might see; An anonymous social media or chat room post; A website with information such as Youthline, The Lowdown or Depression.org; An app or online program like SPARX.org or Headspace

§ Your family doctor/GP; A school counsellor; A school nurse; A counsellor or mental health professional not at your school (e.g. psychologist, psychiatrist)

'Disabling condition' was defined by the student reporting that they have a long-term disability, chronic condition, or pain that impacts on day-to-day functioning (see Appendix 1 for item wording).

Table 10: Health and wellbeing by Oranga Tamariki involvement among Asian students - Total ethnicity reporting

	Never involved with Oranga Tamariki		Ever involved with Oranga Tamariki	
	n (N)	pct [95% CI]	n (N)	pct [95% CI]
Mental health				
Good emotional wellbeing^	1187 (1717)	69.1 [66.0-72.2]	69 (128)	52.3 [40.1-64.4]
Depression symptoms◊	431 (1716)	24.2 [21.6-26.7]	52 (126)	46.4 [32.2-60.6]
Thoughts of suicide*	345 (1717)	19.5 [17.0-22.0]	57 (131)	49.9 [38.9-60.9]
Suicide attempts*	77 (1718)	4.6 [3.2-6.0]	19 (131)	18.9 [8.9-29.0]
Mental health help seeking				
Sought help from family, friend, or another person*‡	1279 (1701)	73.9 [71.1-76.8]	97 (130)	74.9 [67.8-82.1]
Sought help from phone or online service or app*¶	198 (1701)	10.7 [8.4-13.0]	13 (130)	7.8 [2.1-13.4]
Sought help from professional such as GP, nurse, counsellor*§	196 (1701)	10.6 [8.9-12.4]	38 (130)	28.2 [17.4-39.0]
Physical health and disability				
Very good or excellent overall health	1607 (1742)	92.7 [91.7-93.7]	121 (140)	75.3 [63.6-87.1]
Has a disabling condition#	314 (1749)	18.9 [16.5-21.4]	54 (142)	42.4 [34.5-50.4]
Sexual health				
Ever had sex	150 (1679)	11.4 [9.5-13.3]	30 (125)	29.5 [19.8-39.1]
Always uses condoms (among sexually active students)	77 (145)	54.6 [47.0-62.1]	10 (26)	37.6 [16.5-58.7]
Always uses contraception (among sexually active students)	73 (146)	49.9 [40.8-58.9]	10 (29)	36.3 [18.1-54.4]
Health and wellbeing access and barriers				
Experienced period poverty ever (among those who have had a menstrual period)	80 (877)	8.7 [5.5-12.0]	18 (77)	20.7 [9.7-31.7]
Missed school ever due to period poverty	35 (875)	3.8 [2.2-5.4]	9 (76)	16.0 [4.2-27.8]
Accessed at least one healthcare service*	1306 (1721)	77.3 [74.4-80.2]	103 (139)	68.7 [59.5-77.8]
Talked with a health professional in private*	402 (1302)	32.8 [29.6-36.1]	48 (101)	57.4 [45.0-69.7]
Unable to access healthcare when wanted - at least once*	318 (1725)	18.4 [16.5-20.2]	51 (136)	46.4 [37.8-55.1]

Using total ethnicity reporting.

^ Good emotional wellbeing as indicated by a score of 13 or more on the WHO-5 wellbeing index (see Appendix 1 for item wording)

◊ Depression symptoms as measured using the Short Form of the Reynolds Adolescent Depression Scale (RADS-SF)

* In the past 12 months

‡ A friend or young person you know; A parent or other adult in your family; someone else (not one of those listed below)

¶ A phoneline (e.g. Kidsline, Whatsup, 1737, Youthline); A social media or chat room post that people you know might see; An anonymous social media or chat room post; A website with information such as Youthline, The Lowdown or Depression.org; An app or online program like SPARX.org or Headspace

§ Your family doctor/GP; A school counsellor; A school nurse; A counsellor or mental health professional not at your school (e.g. psychologist, psychiatrist)

'Disabling condition' was defined by the student reporting that they have a long-term disability, chronic condition, or pain that impacts on day-to-day functioning (see Appendix 1 for item wording).

Table 11: Health and wellbeing by Oranga Tamariki involvement among Pākehā and Other ethnicity students - Total ethnicity reporting

	Never involved with Oranga Tamariki		Ever involved with Oranga Tamariki	
	n (N)	pct [95% CI]	n (N)	pct [95% CI]
Mental health				
Good emotional wellbeing^	2735 (3937)	70.1 [68.3-71.9]	159 (309)	47.2 [40.8-53.5]
Depression symptoms◊	863 (3932)	19.5 [18.2-20.8]	138 (310)	45.4 [40.5-50.2]
Thoughts of suicide*	753 (3940)	18.0 [16.4-19.7]	134 (316)	42.5 [38.1-47.0]
Suicide attempts*	143 (3942)	3.4 [2.7-4.1]	62 (316)	20.6 [17.3-23.9]
Mental health help seeking				
Sought help from family, friend, or another person*‡	2834 (3892)	73.9 [72.2-75.7]	237 (310)	74.8 [69.6-80.0]
Sought help from phone or online service or app*¶	367 (3892)	9.2 [8.4-10.0]	47 (310)	14.2 [10.4-17.9]
Sought help from professional such as GP, nurse, counsellor*§	603 (3892)	15.2 [14.1-16.4]	120 (310)	43.4 [39.5-47.2]
Physical health and disability				
Very good or excellent overall health	3662 (4009)	91.7 [90.6-92.7]	267 (331)	82.3 [76.0-88.5]
Has a disabling condition#	965 (4028)	22.9 [20.8-25.0]	153 (337)	49.7 [43.4-56.0]
Sexual health				
Ever had sex	687 (3893)	19.2 [17.5-20.8]	92 (317)	29.8 [24.4-35.2]
Always uses condoms (among sexually active students)	298 (664)	43.9 [38.9-48.9]	24 (85)	25.4 [16.8-34.1]
Always uses contraception (among sexually active students)	401 (676)	59.8 [56.7-62.9]	39 (90)	44.5 [32.1-57.0]
Health and wellbeing access and barriers				
Experienced period poverty ever (among those who have had a menstrual period)	197 (1976)	9.8 [8.6-11.1]	44 (177)	26.6 [21.5-31.8]
Missed school ever due to period poverty	93 (1973)	4.0 [3.1-4.9]	24 (175)	11.7 [6.9-16.5]
Accessed at least one healthcare service*	3200 (3954)	80.6 [79.4-81.8]	232 (313)	74.8 [67.7-82.0]
Talked with a health professional in private*	1180 (3175)	38.6 [36.8-40.3]	125 (230)	59.3 [52.9-65.7]
Unable to access healthcare when wanted - at least once*	701 (3946)	16.4 [14.9-17.8]	117 (319)	39.2 [33.7-44.6]

Using total ethnicity reporting.

^ Good emotional wellbeing as indicated by a score of 13 or more on the WHO-5 wellbeing index (see Appendix 1 for item wording)

◊ Depression symptoms as measured using the Short Form of the Reynolds Adolescent Depression Scale (RADS-SF)

* In the past 12 months

‡ A friend or young person you know; A parent or other adult in your family; someone else (not one of those listed below)

¶ A phoneline (e.g. Kidsline, Whatsup, 1737, Youthline); A social media or chat room post that people you know might see; An anonymous social media or chat room post; A website with information such as Youthline, The Lowdown or Depression.org; An app or online program like SPARX.org or Headspace

§ Your family doctor/GP; A school counsellor; A school nurse; A counsellor or mental health professional not at your school (e.g. psychologist, psychiatrist)

'Disabling condition' was defined by the student reporting that they have a long-term disability, chronic condition, or pain that impacts on day-to-day functioning (see Appendix 1 for item wording).

Alternative Education students and young people not in education, employment, or training

Table 12: Demographics of Alternative Education students and young people not involved in employment, education, or training, never and currently involved with Oranga Tamariki

	Total responses	Never involved with Oranga Tamariki		Ever involved with Oranga Tamariki		Currently involved with Oranga Tamariki	
	n	n	pct	n	pct	n	pct
Total	165	101	61.2%	64	38.8%	12	7.3%
Age							
15 and under	79	43	54.4%	36	45.6%	Fewer than 10	
16 and over	86	58	67.4%	28	32.6%		
Sex							
Female	91	53	58.2%	38	41.8%	6	6.6%
Male	73	48	65.8%	25	34.2%	5	6.8%

Those currently involved are also included in those ever involved

Demographic data represents the number of students participating in the survey and is not survey weighted or adjusted for national population estimates

Students never involved and ever involved with Oranga Tamariki by age and sex

Table 13: Mental health: All students by age and sex

	Never involved with Oranga Tamariki		Ever involved with Oranga Tamariki		Adjusted odds ratio involvement with Oranga Tamariki	
	n (N)	Pct [95% CI]	n (N)	Pct [95% CI]	aOR† [95% CI]	*p*
Good emotional wellbeing^						
Total	4661 (6627)	70.7 [69.2-72.2]	346 (604)	53.8 [49.3-58.3]	0.46 [0.38-0.55] ↓	<.001
≤15 years	2998 (4074)	74.1 [72.4-75.7]	241 (409)	55.0 [49.8-60.1]	0.39 [0.33-0.47] ↓	<.001
≥16 years	1663 (2553)	66.4 [64.3-68.5]	105 (195)	51.9 [42.8-61.0]	0.57 [0.40-0.82] ↓	.004
Female	2276 (3645)	62.3 [60.4-64.2]	147 (335)	38.8 [34.9-42.8]	0.39 [0.33-0.46] ↓	<.001
Male	2385 (2982)	79.2 [77.7-80.7]	199 (269)	68.5 [59.9-77.0]	0.55 [0.39-0.77] ↓	.002
Depression symptoms◊						
Total	1525 (6626)	20.8 [19.5-22.1]	265 (607)	43.7 [39.9-47.4]	2.90 [2.54-3.31] ↑	<.001
≤15 years	923 (4092)	20.4 [18.8-22.0]	176 (413)	43.6 [39.0-48.2]	3.00 [2.54-3.55] ↑	<.001
≥16 years	602 (2534)	21.3 [19.5-23.1]	89 (194)	43.7 [37.0-50.4]	2.77 [2.06-3.72] ↑	<.001
Female	1087 (3640)	26.6 [24.8-28.4]	181 (336)	55.1 [49.5-60.8]	3.13 [2.56-3.84] ↑	<.001
Male	438 (2986)	14.9 [13.5-16.3]	84 (271)	32.2 [27.3-37.0]	2.71 [2.20-3.34] ↑	<.001
Thoughts of suicide*						
Total	1315 (6650)	18.7 [17.2-20.2]	248 (618)	41.4 [37.5-45.3]	3.02 [2.62-3.49] ↑	<.001
≤15 years	776 (4103)	17.7 [16.0-19.4]	159 (415)	41.9 [36.5-47.2]	3.23 [2.67-3.91] ↑	<.001
≥16 years	539 (2547)	20.0 [18.2-21.8]	89 (203)	40.7 [35.0-46.4]	2.74 [2.18-3.45] ↑	<.001
Female	879 (3658)	22.1 [20.3-23.9]	168 (343)	50.4 [44.9-55.9]	3.39 [2.78-4.13] ↑	<.001
Male	436 (2992)	15.3 [13.5-17.1]	80 (275)	32.4 [26.2-38.6]	2.71 [2.20-3.33] ↑	<.001
Suicide attempts*						
Total	348 (6652)	4.7 [4.1-5.3]	124 (619)	21.7 [18.3-25.0]	4.74 [3.75-5.98] ↑	<.001
≤15 years	221 (4102)	4.8 [3.9-5.7]	92 (417)	25.0 [21.4-28.6]	5.76 [4.62-7.19] ↑	<.001
≥16 years	127 (2550)	4.6 [3.6-5.5]	32 (202)	16.4 [11.0-21.8]	3.46 [2.13-5.63] ↑	<.001
Female	239 (3658)	5.2 [4.0-6.3]	92 (343)	30.1 [24.9-35.2]	6.72 [4.84-9.33] ↑	<.001
Male	109 (2994)	4.2 [3.1-5.3]	32 (276)	13.3 [7.9-18.6]	2.98 [1.94-4.57] ↑	<.001

†Adjusted for age, sex, and ethnicity

^ Good emotional wellbeing as indicated by a score of 13 or more on the WHO-5 wellbeing index (see Appendix 1 for item wording)

◊ Depression symptoms as measured using the Short Form of the Reynolds Adolescent Depression Scale (RADS-SF)

* In the past 12 months

Table 14: Mental health help seeking: All students by age and sex

	Never involved with Oranga Tamariki		Ever involved with Oranga Tamariki		Adjusted odds ratio - involvement with Oranga Tamariki		
	n (N)	pct [95% CI]	n (N)	pct [95% CI]	aOR† [95% CI]		*p*
Sought help from family, friend, or another person*‡							
Total	4849 (6535)	74.4 [72.9-75.9]	467 (606)	75.1 [71.8-78.4]	1.05 [0.85-1.30]	-	.662
≤15 years	2901 (4025)	72.2 [69.7-74.7]	307 (407)	74.3 [70.3-78.3]	1.18 [0.94-1.49]	-	.157
≥16 years	1948 (2510)	77.2 [75.6-78.9]	160 (199)	76.4 [69.9-82.9]	0.88 [0.60-1.29]	-	.508
Female	2925 (3622)	82.3 [80.9-83.7]	280 (341)	81.6 [77.9-85.3]	0.96 [0.71-1.31]	-	.813
Male	1924 (2913)	66.2 [63.8-68.5]	187 (265)	68.3 [63.8-72.9]	1.12 [0.85-1.48]	-	.435
Sought help from phone or online service or app*¶							
Total	603 (6535)	9.0 [8.1-9.8]	82 (606)	13.2 [10.8-15.5]	1.61 [1.27-2.03]	↑	<.001
≤15 years	332 (4025)	8.0 [7.2-8.7]	45 (407)	10.8 [7.9-13.7]	1.48 [1.06-2.09]	↑	.028
≥16 years	271 (2510)	10.3 [8.9-11.7]	37 (199)	16.8 [11.3-22.3]	1.77 [1.24-2.53]	↑	.003
Female	373 (3622)	10.5 [9.4-11.7]	60 (341)	18.7 [14.7-22.7]	2.06 [1.59-2.68]	↑	<.001
Male	230 (2913)	7.4 [6.1-8.6]	22 (265)	7.4 [5.0-9.7]	1.04 [0.68-1.57]	-	.871
Sought help from professional such as GP, nurse, counsellor*§							
Total	936 (6535)	14.5 [13.5-15.5]	188 (606)	36.2 [32.0-40.3]	3.66 [3.07-4.37]	↑	<.001
≤15 years	521 (4025)	12.4 [11.3-13.5]	114 (407)	32.9 [28.3-37.6]	3.78 [3.07-4.66]	↑	<.001
≥16 years	415 (2510)	17.2 [15.6-18.9]	74 (199)	41.1 [33.5-48.7]	3.51 [2.60-4.72]	↑	<.001
Female	649 (3622)	18.6 [17.5-19.8]	122 (341)	43.8 [38.5-49.1]	3.72 [3.03-4.57]	↑	<.001
Male	287 (2913)	10.2 [8.3-12.1]	66 (265)	28.2 [21.8-34.7]	3.60 [2.78-4.67]	↑	<.001

†Adjusted for age, sex, and ethnicity

* In the past 12 months

‡ A friend or young person you know; A parent or other adult in your family; someone else (not one of those listed below)

¶ A phoneline (e.g. Kidsline, Whatsup, 1737, Youthline); A social media or chat room post that people you know might see; An anonymous social media or chat room post; A website with information such as Youthline, The Lowdown or Depression.org; An app or online program like SPARX.org or Headspace

§ Your family doctor/GP; A school counsellor; A school nurse; A counsellor or mental health professional not at your school (e.g. psychologist, psychiatrist)

Table 15: Physical health and disability: All students by age and sex

	Never involved with Oranga Tamariki		Ever involved with Oranga Tamariki		Adjusted odds ratio involvement with Oranga Tamariki	
	n (N)	Pct [95% CI]	n (N)	Pct [95% CI]	aOR† [95% CI]	*p*
Very good or excellent overall health						
Total	6196 (6800)	91.6 [90.8-92.5]	566 (662)	84.4 [80.7-88.0]	0.50 [0.37-0.68] ↓	<.001
≤15 years	3875 (4211)	92.6 [91.8-93.4]	390 (448)	85.5 [82.5-88.5]	0.48 [0.38-0.61] ↓	<.001
≥16 years	2321 (2589)	90.4 [88.9-91.9]	176 (214)	82.5 [74.5-90.5]	0.53 [0.31-0.91] ↓	.027
Female	3335 (3735)	90.0 [88.8-91.1]	291 (362)	79.3 [74.5-84.0]	0.46 [0.33-0.64] ↓	<.001
Male	2861 (3065)	93.3 [92.2-94.4]	275 (300)	89.1 [83.5-94.7]	0.58 [0.31-1.09] -	.1
Has a disabling condition#						
Total	1551 (6853)	22.9 [21.3-24.5]	272 (673)	43.4 [38.7-48.1]	2.52 [2.02-3.15] ↑	<.001
≤15 years	912 (4247)	21.8 [19.8-23.8]	189 (457)	44.1 [38.9-49.3]	2.75 [2.10-3.60] ↑	<.001
≥16 years	639 (2606)	24.4 [22.4-26.4]	83 (216)	42.4 [35.4-49.3]	2.18 [1.67-2.85] ↑	<.001
Female	1000 (3762)	27.4 [25.8-29.0]	163 (368)	50.7 [45.8-55.6]	2.58 [2.10-3.16] ↑	<.001
Male	551 (3091)	18.4 [16.3-20.5]	109 (305)	36.5 [29.7-43.4]	2.43 [1.69-3.50] ↑	<.001

†Adjusted for age, sex, and ethnicity

'Disabling condition' was defined by the student reporting that they have a long-term disability, chronic condition, or pain that impacts on day-to-day functioning (see Appendix 1 for item wording).

Table 16: Sexual health: All students by age and sex

	Never involved with Oranga Tamariki		Ever involved with Oranga Tamariki		Adjusted odds ratio involvement with Oranga Tamariki		
	n (N)	Pct [95% CI]	n (N)	Pct [95% CI]	aOR† [95% CI]		*p*
Ever had sex							
Total	1088 (6517)	19.5 [18.4-20.7]	173 (600)	32.8 [28.5-37.0]	2.04 [1.67-2.50]	↑	<.001
≤15 years	365 (4009)	9.5 [8.4-10.5]	89 (404)	26.5 [22.0-31.0]	2.75 [2.24-3.38]	↑	<.001
≥16 years	723 (2508)	32.4 [30.3-34.5]	84 (196)	42.9 [34.4-51.4]	1.47 [1.03-2.10]	↑	.039
Female	529 (3600)	16.8 [15.7-17.9]	91 (334)	30.5 [25.5-35.5]	1.95 [1.55-2.46]	↑	<.001
Male	559 (2917)	22.4 [20.5-24.3]	82 (266)	35.1 [29.7-40.5]	2.10 [1.58-2.80]	↑	<.001
Always uses condoms (among sexually active students)							
Total	435 (1034)	42.1 [38.0-46.3]	47 (155)	30.4 [22.8-38.1]	0.56 [0.37-0.85]	↓	.01
≤15 years	151 (337)	49.6 [43.8-55.4]	27 (78)	32.9 [22.9-42.9]	0.49 [0.29-0.82]	↓	.01
≥16 years	284 (697)	39.4 [34.9-44.0]	20 (77)	28.1 [18.4-37.7]	0.62 [0.35-1.10]	-	.11
Female	186 (506)	36.5 [31.3-41.6]	20 (83)	25.8 [15.9-35.7]	0.56 [0.32-0.97]	↓	.046
Male	249 (528)	46.5 [40.6-52.5]	27 (72)	34.4 [23.1-45.8]	0.55 [0.31-0.97]	↓	.048
Always uses contraception (among sexually active students)							
Total	547 (1061)	53.6 [51.2-56.1]	63 (167)	40.1 [30.3-49.8]	0.67 [0.44-1.01]	-	.06
≤15 years	153 (350)	47.1 [42.2-51.9]	28 (84)	36.6 [25.4-47.7]	0.69 [0.46-1.02]	-	.069
≥16 years	394 (711)	56.0 [53.0-59.0]	35 (83)	43.3 [31.4-55.3]	0.66 [0.36-1.22]	-	.197
Female	279 (520)	56.5 [52.5-60.5]	30 (89)	32.8 [24.3-41.4]	0.45 [0.28-0.71]	↓	.001
Male	268 (541)	51.4 [46.7-56.1]	33 (78)	46.7 [30.8-62.6]	0.92 [0.51-1.67]	-	.795

†Adjusted for age, sex, and ethnicity

Table 17: Health and wellbeing access and barriers: All students by age and sex

	Never involved with Oranga Tamariki		Ever involved with Oranga Tamariki		Adjusted odds ratio - involvement with Oranga Tamariki		
	n (N)	pct [95% CI]	n (N)	pct [95% CI]	aOR† [95% CI]		*p*
Experienced period poverty ever (among those who have had a menstrual period)							
Total	386 (3403)	11.1 [9.6-12.5]	93 (327)	30.4 [25.7-35.1]	2.94 [2.35-3.68]	↑	<.001
≤15 years	194 (2027)	9.3 [7.9-10.6]	57 (209)	27.5 [22.5-32.5]	3.23 [2.38-4.38]	↑	<.001
≥16 years	192 (1376)	13.1 [10.8-15.4]	36 (118)	33.9 [27.0-40.8]	2.72 [2.04-3.63]	↑	<.001
Missed school ever due to period poverty							
Total	223 (3395)	5.4 [4.3-6.4]	67 (323)	19.5 [15.3-23.6]	3.40 [2.48-4.65]	↑	<.001
≤15 years	132 (2016)	5.5 [4.1-6.9]	45 (207)	22.8 [17.4-28.2]	3.88 [2.74-5.50]	↑	<.001
≥16 years	91 (1379)	5.3 [3.5-7.1]	22 (116)	15.4 [10.3-20.5]	2.76 [1.55-4.91]	↑	.001
Accessed at least one healthcare service*							
Total	5218 (6673)	78.9 [77.7-80.1]	449 (631)	70.6 [65.5-75.7]	0.68 [0.52-0.89]	↓	.007
≤15 years	3206 (4114)	79.2 [77.9-80.5]	290 (425)	67.8 [63.6-71.9]	0.58 [0.48-0.69]	↓	<.001
≥16 years	2012 (2559)	78.5 [76.5-80.6]	159 (206)	75.2 [67.1-83.3]	0.87 [0.51-1.48]	-	.615
Female	2882 (3671)	80.2 [78.8-81.6]	259 (349)	74.1 [69.9-78.2]	0.77 [0.58-1.02]	-	.079
Male	2336 (3002)	77.6 [75.7-79.5]	190 (282)	67.3 [60.4-74.1]	0.61 [0.45-0.84]	↓	.005
Talked with a health professional in private*							
Total	1869 (5175)	38.1 [36.7-39.4]	230 (442)	57.1 [51.9-62.3]	2.17 [1.73-2.71]	↑	<.001
≤15 years	931 (3175)	29.2 [27.7-30.6]	133 (285)	48.6 [43.6-53.6]	2.14 [1.73-2.65]	↑	<.001
≥16 years	938 (2000)	49.6 [47.0-52.2]	97 (157)	68.8 [59.9-77.7]	2.23 [1.47-3.37]	↑	<.001
Female	1010 (2864)	35.8 [34.1-37.5]	135 (255)	58.2 [53.5-62.8]	2.36 [1.93-2.90]	↑	<.001
Male	859 (2311)	40.4 [38.2-42.7]	95 (187)	55.9 [47.0-64.8]	1.96 [1.34-2.88]	↑	.002
Unable to access healthcare when wanted - at least once*							
Total	1296 (6660)	18.3 [17.0-19.6]	232 (629)	39.2 [35.1-43.3]	2.64 [2.13-3.29]	↑	<.001
≤15 years	759 (4107)	17.3 [15.5-19.0]	150 (427)	38.9 [33.7-44.0]	2.77 [2.04-3.76]	↑	<.001
≥16 years	537 (2553)	19.7 [18.2-21.1]	82 (202)	39.7 [32.4-47.0]	2.49 [1.81-3.43]	↑	<.001
Female	764 (3668)	19.3 [18.0-20.7]	129 (348)	39.7 [34.9-44.6]	2.54 [2.05-3.16]	↑	<.001
Male	532 (2992)	17.2 [15.4-19.1]	103 (281)	38.6 [32.6-44.7]	2.79 [2.00-3.88]	↑	<.001

†Adjusted for age, sex, and ethnicity

* In the past 12 months

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Appendix 1: Questionnaire Items

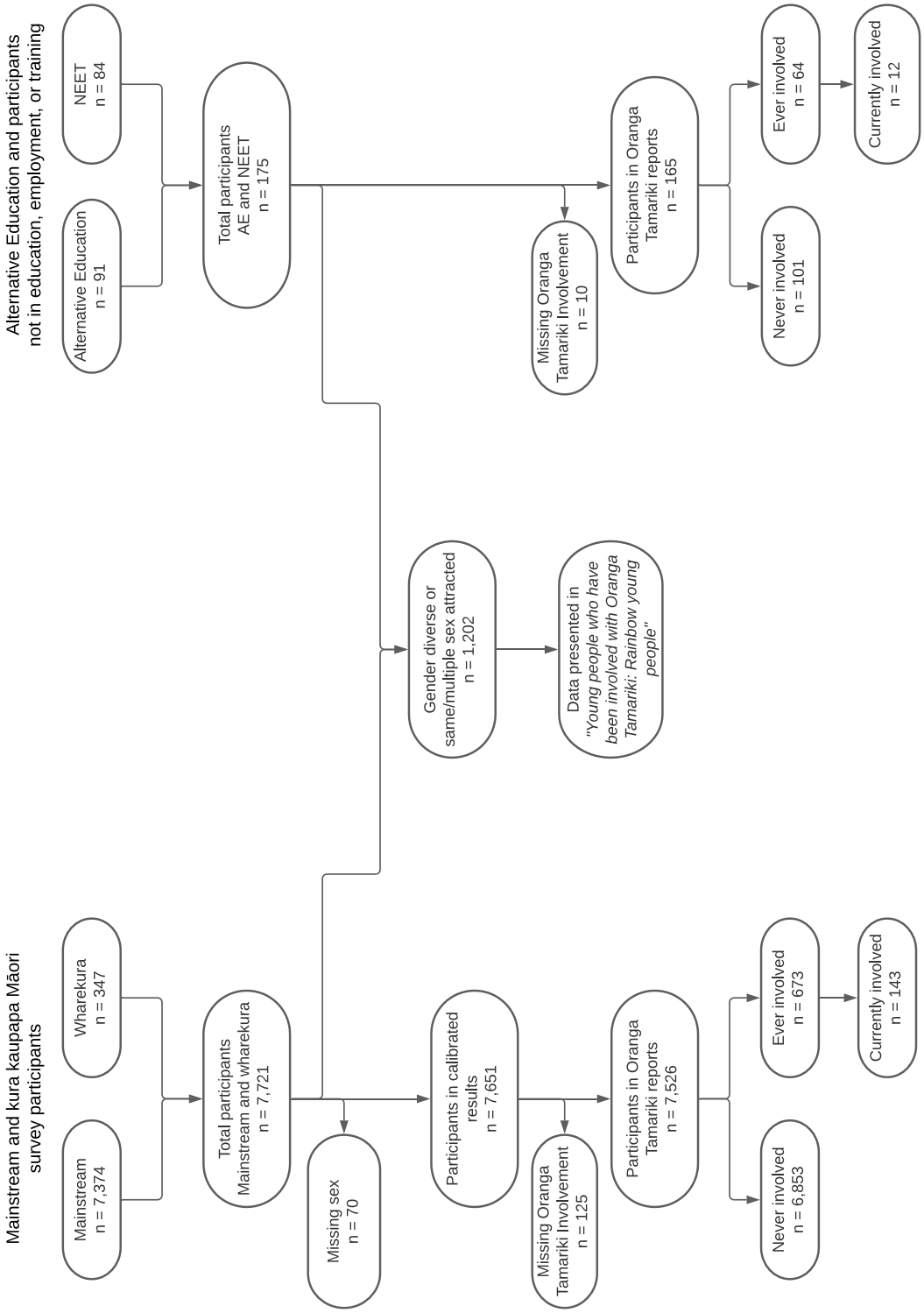
Name of variable	Context of variable	Questions and response options
Demographic		
Involvement with Oranga Tamariki	Students were asked whether they had ever been involved with Oranga Tamariki or Child Youth and Family Services. Students indicating that they had ever been involved were asked if they were still involved. Students were categorised in to 'Never involved with Oranga Tamariki', 'Ever Involved with Oranga Tamariki', and 'Currently involved with Oranga Tamariki' which is a subset of 'Currently Involved'	Have you ever been involved with Oranga Tamariki (OT) or Child, Youth and Family Services (CYFS)? E.g., someone was worried about your safety or protection. - Yes - No Are you still currently involved in Oranga Tamariki? - Yes - No
Mental Health		
Good emotional wellbeing	As described in our Hauora Hinengaro, Emotional and Mental Health report (Fleming, Tiatia-Seath, et al., 2020), we measured emotional wellbeing using the 5-item World Health Organization Well-being Index (World Health Organization, 1998), with good wellbeing indicated by a WHO-5 score of 13 or more.	Over the last two weeks... I have felt cheerful and in good spirits I have felt calm and relaxed I have felt active and vigorous I woke up feeling fresh and rested My daily life has been filled with things that interest me - All of the time - Most of the time - More than half the time - Less than half of the time - Some of the time - At no time
Depression symptoms	Depression symptoms were measured using the Short Form of the Reynolds Adolescent Depression Scale (RADS-SF) (Milfont et al., 2008; Reynolds, 2002). Scoring highly on this scale does not necessarily mean that a young person has a depressive disorder – an assessment with a health professional is needed to determine this – however it does indicate that at the time of the survey they had signs consistent with depression that were likely to be affecting them in their daily life, including at home and school.	RADS items not included due to copyright.
Thoughts of suicide in the past 12 months	We asked whether students had seriously thought about killing themselves (attempting suicide)	During the last 12 months have you seriously thought about killing yourself (attempting suicide)? - Yes - No
Suicide attempts in the past 12 months	We asked whether students had tried to kill themselves (made a suicide attempt) in the previous 12 months.	During the last 12 months have you tried to kill yourself (attempted suicide)? - Yes - No

Mental health help seeking		
Sought help from family, friend, or other person Sought help from phone or online service or app Sought help from professional such as GP, nurse, counsellor	Help seeking behaviour was categorised based on student responses: a personal relationship, a digital or phone service, a professional provider.	If you were feeling bad or having a hard time, would you seek help or advice from: - A friend or young person you know - A parent or other adult in your family - Your family doctor/GP - A school counsellor - A school nurse - A counsellor or mental health professional not at your school (e.g. psychologist, psychiatrist) - A phoneline (e.g. Kidsline, Whatsup, 1737, Youthline) - A social media or chat room post that people you know might see - An anonymous social media or chat room post - A website with information such as Youthline, The Lowdown or Depression.org - An app or online program like SPARX.org or Headspace - Someone else
Physical health and disability		
Very good or excellent overall health	This group consists of young people who answered 'Excellent' or 'Very good' to the question.	In general, how would you say your health is? - Excellent - Very good - Good - Fair - Poor
Has a disabling condition	This group comprises young people who reported long-term (lasting six months or more) disabilities (e.g., sensory impaired hearing, visual impairment, in a wheelchair, learning difficulties), long-term illness, and/or pain (e.g., headaches, tummy pain, arms or leg pain), where these conditions impacted on their day-to-day functioning. For a discussion of the rationale for this criterion see our 'Negotiating Multiple Identities' report (Roy et al., 2021)	Do you have any long-term disability (lasting 6 months or more) (e.g. sensory impaired hearing, visual impairment, in a wheelchair, learning difficulties)? - Yes - No - I don't know Does this disability cause you difficulty with, or stop you doing: (You may choose as many as you need) - Everyday activities that other people your age can usually do - Communicating, talking, mixing with others or socialising - Any other activity that people your age can usually do - No difficulty with any of these Do you have any long-term pain (lasting 6 months or more)? (e.g. headaches, tummy pain, arms or leg pain) - Yes - No Does pain cause you difficulty with, or stop you doing:(You may choose as many as you need) - Everyday activities that other people your age can usually do - Communicating, talking, mixing with others or socialising - Any other activity that people your age can usually do Do you have any long-term health problems or conditions (lasting 6 months or more) (e.g. asthma, diabetes, depression)? - Yes - No - I don't know Does this health problem or condition cause you difficulty with, or stop you doing: - Everyday activities that other people your age can usually do - Communicating, talking, mixing with others or socialising - Any other activity that people your age can usually do - No difficulty with any of these

Sexual health		
Ever had sex	Students that had had consensual and wanted sex previously are included in this group.	Have you ever had sex? (by this we mean sexual intercourse). Only include sex that you wanted or consented to - Yes - No
Always uses condoms (among sexually active students)	Students who had ever had sex and had sex in the past 3 months were asked about their condom use. Young people who always used condoms were included in this variable.	Have you had sex in the last 3 months? - Yes - No How often do you or your partner(s) use condoms to protect against sexually transmitted infections when having sex? - Always - Most of the time - Sometimes - Never - I am female and my current sexual partner is female, so we do not use condoms
Always uses contraception (among sexually active students)	Sexually active (prior 3 months) students were asked about contraceptive use. Only 'Always' responses were included in this group.	How often do you, or your partner(s) use contraception (by this we mean protection against pregnancy)? - Always - Most of the time - Sometimes - Never - This does not apply to me
Health and wellbeing access and barriers		
Experienced period poverty ever	We asked students who have had a menstrual period about financial barriers preventing their access sanitary items. Any 'Yes' response was included in this group.	Have you ever found It difficult to get sanitary items (such as pads or tampons) because of how much they cost? - Yes, less than once a month - Yes, once a month or more - No
Missed school ever due to period poverty	We asked students who have had a menstrual period about missing school due to their inability to access sanitary items. And 'Yes' response was included in this variable.	Have you ever missed school or course because you did not have sanitary items (such as pads or tampons) for your period? - Yes, four or more days a month - Yes, about two or three days a month - Yes about one day per month - Yes, less than one day a month - No
Accessed at least one healthcare service in the past 12 months	This group comprised of young people who had responded that they had visited at least one of the following within the last 12 months: a family doctor, medical centre or GP clinic; school health clinic; an after-hours or 24-hour accident and medical centre; the hospital accident and emergency; youth centre/youth one stop shop; family planning or sexual health clinic; and other.	When was the last time you went for health care (excluding looking online)? - 0 – 12 months ago - 13 – 24 months ago - More than 2 years ago Where do you usually go for health care? - Family doctor, medical centre or GP clinic - School health clinic - An after-hours or 24-hour accident and medical centre - The hospital accident and emergency - Youth centre/youth one stop shop - Other
Talked with a health professional in private in the past 12 months	Students that had the opportunity to talk about their health in private in the past 12 months were included in this group.	In the last 12 months, did you get a chance to talk to a doctor or other health provider privately (meaning one on one, without your parents or other people in the room)? - Yes - No
Unable to access healthcare when wanted – at least once in the past 12 months	Young people who answered 'Yes' to this question.	In the last 12 months, has there been any time when you wanted or needed to see a doctor or nurse (or other health care worker) about your health, but you weren't able to? - Yes - No

Appendix 2: Participant inclusion criteria

Figure 1: Participant inclusion criteria



Appendix 3: Oranga Tamariki—Ministry for Children

The Youth19 Rangatahi Smart Survey (Youth19) asks students if they have been involved with Oranga Tamariki, through either the Care and Protection or Youth Justice systems. It does not specify what kind of engagement the young person has had with Oranga Tamariki. It doesn't distinguish between whether a young person has been in care or if they have interacted with Oranga Tamariki another way. For example, the student might be involved in a Family Group Conference, where the whānau comes together with professionals to talk about the concerns Oranga Tamariki have for a child or young person and come up with a plan. Information about other ways we interact with young people and their families can be found here: Oranga Tamariki: How we keep children safe

The Youth19 survey questions are framed to capture the maximum number of young people who have engaged with Oranga Tamariki. These questions were intentionally broad as the number of positive responses need to result in a subject population large enough for statistically powerful results. This broad population of all the young people Oranga Tamariki engages with helps Oranga Tamariki understand the needs of this population and how to respond to those needs. Only a small proportion of children and young people reported to Oranga Tamariki enter care or youth justice custody. The questions that define the subject population have some limitations. A student might not report engagement with Oranga Tamariki if they don't know Oranga Tamariki has engaged with their family about their safety. Some students might report engagement if their immediate family has been involved (parents, siblings) whereas others may not. A recall period is the period of time students are asked to consider when answering a question. This is not specified for the first question, which means the recall period could differ from person to person.

Information about Oranga Tamariki Care and Protection and Youth Justice

For the New Zealand Care and Protection system, in the year ended 30 June 2021 (Oranga Tamariki, 2021):

- 56,900 children and young people were reported to Oranga Tamariki
- 35,100 were referred for assessment or investigation
- 6,400 had a family group conference
- 790 entered the Care and Protection of the Chief Executive.

For the Youth Justice system, in the year ended 30 June 2021:

- 1,900 young people had a youth justice family group conference
- 450 entered youth justice custody
- An additional 400 young people worked with Oranga Tamariki who weren't in custody (e.g., under supervision).

More information can be found in the Oranga Tamariki Quarterly Report to 30 June 2021

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YOUTH2000 SURVEY SERIES