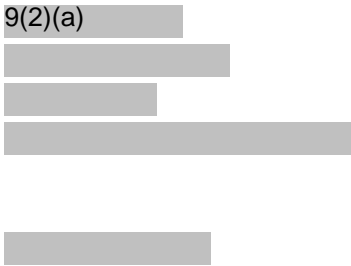


15 September 2025

Ref: OIA-2526-011

9(2)(a)



Thank you for your email of 18 August 2025 to the Social Investment Agency (SIA) requesting, under the Official Information Act 1982 (the Act), the following documents:

- *Attendance at STR – briefing on violent crime target*
- *Letter from National Iwi Chairs Forum*
- *Response to Deloitte Report*
- *2024/25 March Baseline Update: Fiscally Neutral Changes to Vote Social Investment*
- *Rapid analysis of prenatal exposure to methamphetamine, other drugs and alcohol*

Please find attached four of the documents you have requested. I have decided to withhold the *Letter from National Iwi Chairs Forum* briefing in full. However, I have provided a summary of the briefing in the attached Document Schedule. Please note, some information has been withheld under the following sections of the Act:

9(2)(a) to protect the privacy of natural persons, including that of deceased natural persons; and

9(2)(g)(i) to maintain the effective conduct of public affairs through the free and frank expression of opinions by or between or to Ministers of the Crown or members of an organisation or officers and employees of any public service agency or organisation in the course of their duty.

Regarding section 9(1) of the OIA, I do not consider that the withholding of this information is outweighed by public interest considerations in making the information available.

If you wish to discuss any aspect of your request or this response, or if you require any further assistance, please contact info@sia.govt.nz. As part of our commitment to transparency, we proactively release our responses to information requests where possible. This response, with your personal details removed, may be published on our website shortly.

You have the right to seek an investigation and review by the Ombudsman of this decision. Information about how to make a complaint is available at www.ombudsman.parliament.nz or freephone 0800 802 602.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Luana Scowcroft', with a long horizontal stroke extending to the right.

Luana Scowcroft
Manager – Engagement, Ministerials, and Communications
Social Investment Agency

Document Schedule

Documents released

#	Date	Title/description	Withholding grounds
1	18 July 2024	Attendance at STR – briefing on violent crime target	9(2)(a)
2	10 October 2024	Response to Deloitte Report	9(2)(a)
3	21 February 2025	2024/25 March Baseline Update: Fiscally Neutral Changes to Vote Social Investment	9(2)(a)
4	30 July 2025	Rapid analysis of prenatal exposure to methamphetamine, other drugs and alcohol	9(2)(a)

Documents withheld in full

#	Date	Title/summary	Withholding grounds
1	16 August 2024	Letter from National Iwi Chairs Forum – this briefing provided free and frank advice on how the Minister could respond to a letter received from the National Iwi Chairs Forum asking for agreement to collaborate in pursuit of social investment goals. It also attached a draft letter in response.	9(2)(g)(i)



Attendance at STR – briefing on violent crime target

Date: 18 July 2024

Security level: In Confidence

To: Hon Nicola Willis, Minister for Social Investment

Key issue / message	Advice / talking points
<p>There is an opportunity for better use of data to understand the target trajectory and how it might be achieved</p>	<ul style="list-style-type: none"> Implementation and monitoring could be better supported through a more granular segmentation of the data, analysing what we know about the characteristics of victims, offenders, and types and locations of offences Knowing this helps us to direct effort to the highest-impact intervention points and to make choices about where we direct our limited resources. While some of this detailed analysis may not be feasible using the NZ Crime and Victims Survey (given it is a sample-based survey), if there was a predictable relationship between crime trends as shown by the NZCVS and trends in police administrative data, the greater volume of police data could be used for supporting analysis. The large reduction in Corrections drug treatment programmes (26% drop in two years, per the graph on the second page of the update) is concerning, given the importance of rehabilitation and drug/alcohol programmes in the target delivery plan. It will be important to monitor the throughput of these and other rehabilitation programmes to ensure the additional funding allocated at Budget 24 is having an impact.
<p>SIA is working with DPMC to support monitoring of the Government's targets work programme</p>	<ul style="list-style-type: none"> We have been involved in central agency assessments of target delivery plans, where we have commented on the strength of the evidence base behind the proposed actions, as well as proposing opportunities to better monitor and evaluate the impacts of the actions. Our view is that significant further work is needed by agencies to realise the value of the data to understand the target trajectories and what will be needed to achieve these (both within sectors and between agencies).

- We are also discussing with DPMC how we can best support a data-driven approach to target monitoring, particularly through being standardised with storage, visualisation and insights arising across the target work programme.

We are seeing some common issues with respect to evidence across most of the target delivery plans

Delivery plans would be improved by:

- Being clearer that the currently articulated trajectory could be more accurately described as a **'required trajectory'**, rather than 'estimated trajectory' (which implies it is supported by forecasting or modelling).
 - » Measuring and communicating the relationship between the headline Target indicators and the supporting indicators (and assess the potential for more systematic forecasting of headline indicators);
- Articulating what has been tried and has been less effective in shifting the Targets in the past;
- Understanding the links between targets as well as the contextual factors (such as economic conditions) contributing to target performance.
- Identifying where **innovative approaches** will be needed to achieve the target, in addition to actions that are already underway.
- Agencies **taking a systematic approach to monitoring and evaluating** the impacts of initiatives as they are implemented, and outlining actions that will be undertaken if they are failing to have the desired impact on the Target.

Contact

Name	Position	Contact Number	First Contact
Aphra Green	Deputy Chief Executive, Policy, Data & Insights	9(2)(a)	<input checked="" type="checkbox"/>

Aide-Memoire: Response to Deloitte Report

Date:	10 October 2024
Security level:	In Confidence
To:	Hon Nicola Willis, Minister of Social Investment

You received a report from Deloitte, in partnership with four community organisations, in response to your invitation to provide feedback

- You met Adithi Pandit from Deloitte at the Graeme Dingle Foundation fundraising event in August. At the session, you asked the room “*what could government be doing better to engage with you?*” Deloitte has partnered with four organisations (Graeme Dingle Foundation, Emerge Aotearoa Trust, Pathways and the New Zealand Council of Christian Social Services) to produce a report entitled “*Commissioning pain points and opportunities: The experience of providers working with the public sector*” in response to this question.
- The report is centred around a framework for commissioning encompassing eight areas and covering “four faces” of government as a commissioner. It raises 24 separate issues with commissioning, with 24 associated recommendations for government.
- We have drafted a response on your behalf. The below is a summary of analysis undertaken of the extent to which our current work programme will address the issues raised by the report and whether any modifications should be considered.

Work underway should solve for many of the issues raised and overlap with report recommendations

Social Investment Framework and Value and Impact Measurement Standards

- A number of the issues raised mirror observations the Social Investment Agency has made about current commissioning practices, including ‘Little understanding by government of the populations’, ‘Limited outcome data or agreed outcomes measures and metrics’ and ‘Unclear communication and expectations’. Recommendations proposed overlap with work underway or under active consideration, including ‘Evaluation standards and services’ and ‘Outcomes frameworks and impact registries’. We see this advice as reinforcing the need for the Social Investment Agency to set standards and develop tools to support social investment in practice.

Social Investment Outcomes Contracting

- Work underway on designing social investment outcomes contracts should address a number of areas identified for improvement, including ‘Little understanding by government of the populations’, ‘No shared vision of success’, ‘Unclear communication and expectations’, ‘Limited flexibility and adaptability for service innovation’, ‘Limited evidence of the value of reporting provided’ and ‘Limited outcome data or agreed outcomes measures and metrics’.
- The report itself recommends a ‘Transition to Outcomes-Based Contracts’ along with adoption of ‘Clear investment objectives’, ‘learning opportunities to enable a culture of continuous

improvement and innovation', 'Early and timely feedback and engagement', and 'use of audit and performance data to recognise good performance'. We see all of these as flow-on benefits from the implementation of social investment outcomes contracting.

Work with MSD to simplify contracting arrangements

- The work we are doing in partnership with MSD to 'bundle' multiple contracts into prototype social investment outcomes contracts should provide a template for simplifying contracting arrangements, in line with a number of points made in the report, including 'Limited collaboration and coordination', 'Fragmented contracts aligned to budgets not need, and focus on specific outputs', 'Complex and bureaucratic procurement processes', 'Complex contracts and variations', and 'Compliance and reporting burdens'. It may also address the issue of 'Late and inaccurate payments', although this may be related to other issues we are not aware of.
- The report recommends that we 'Streamline Procurement Processes', 'Integrate contracts', issue 'Uniform contracts in plain language' and 'Consolidate Compliance and Reporting', whilst delivering 'Provider-friendly procurement approaches'. This is all within scope of the project.

Data and Evidence Infrastructure for social investment

- A number of points relate to the data and evidence infrastructure for social investment, including 'Lack of data on current and future community needs', 'Access to operational tools and data', 'Establish Data Sharing Platforms' and 'Digital infrastructure for commissioning'. These are all under active consideration as part of work with Stats NZ and through establishment the Social Investment Fund.

Establishment of the Social Investment Fund

- Design work with providers to develop template contracts as part of establishment of the Fund will feed into the contract bundling exercise outlined above and may address some of the issues around 'Tokenistic engagement and representation' where 'Providers feel like suppliers, not partners'. However, we appreciate that these points apply to provider experiences more widely and cannot be solved for by individual positive interactions.
- The Social Investment Fund will also have to consider whether 'Integrated case management', increased 'access to resources and funding' and 'Fund capability building' are necessary for social investment, and whether there are solutions to the problem that 'Needs assessments are a significant effort for community providers'.

Some of the points raised are outside of the scope of current work

- The Social Investment Fund may, in some cases, solve for 'Short term planning', 'Lack of long-term investment certainty' and 'Restricted participation in policy development'. However, some elements of these may also be inherent in social sector commissioning as there is a tension between responding to the priorities of the government of the day and meeting the long-term investment objectives of communities over many generations.
- The same is true of 'Inequitable power dynamics' and the tension between 'government and user-defined outcomes'. The Social Investment Agency does not have work planned that would address these specifically.
- We recognise the value of 'Consistent consultation and co-design' and understand the desire from the sector for government to 'Set out a devolution plan' and have an 'Inclusive policy

development process'. However, these points may be better considered by the Ministry of Social Development, as the lead agency for Social Sector Commissioning. We have forwarded the Deloitte report and this aide-memoire to them.

- In terms of 'AI and digital tools for commissioning' and 'Automated audit', we regularly review the use of AI and automated processes within the Agency and across the wider system. We agree that there may be use cases for such technology within commissioning, and these may become apparent through prototyping social investment outcomes contracts with MSD. However, these are unlikely to be a short-term priority.
- We have referred remarks on the need for stability of regulatory frameworks to the Ministry for Regulation.

Contacts

Name	Position	Contact Number	First Contact
Rachael Jagger	Principal Advisor	9(2)(a)	<input type="checkbox"/>
Aphra Green	DCE Policy, Data and Insights	9(2)(a)	<input checked="" type="checkbox"/>



2024/25 March Baseline Update: Fiscally Neutral Changes to Vote Social Investment

Date:	21 February 2025	Priority:	Urgent
Security classification:	Budget - Sensitive	Tracking number:	SIA – 24/25 - 166

Action sought		
	Action sought	Deadline
Hon Nicola Willis Minister for Social Investment	<p>Note the contents of this briefing and its attachments; and</p> <p>Agree to send the letter in Appendix One to the Associate Minister of Finance by 24 February 2025.</p>	24 February 2025

Contact for telephone discussion (if required)			
Name	Position	Telephone	1st contact
Andrew Coster	Chief Executive	9(2)(a) [REDACTED]	
Sharon Kerry	Chief Financial Officer	9(2)(a) [REDACTED]	✓

The following departments/agencies have been consulted:
The Treasury and Public Service Commission

Comments:



2024/25 March Baseline Update: Fiscally Neutral Changes to Vote Social Investment

Purpose

This paper requests that you seek the Associate Minister of Finance's approval to:

- Transfer \$0.341m of capital funding from Vote Public Service to Vote Social Investment.
- Approve an increase of \$0.416m in Vote Social Investment's 2024/25 departmental appropriation to enable the Social Investment Agency to spend the third-party revenue that it has received.

Recommended action

The Social Investment Agency recommends that you:

Note the contents of this briefing and its attachments	<i>Noted</i>
Agree to ask the Associate Minister of Finance to approve the transfer \$0.341m of capital funding from Vote Public Service to Vote Social Investment	<i>Agree / Disagree</i>
Agree to ask the Associate Minister of Finance to approve an increase of \$0.416m in Vote Social Investment's 2024/25 departmental appropriation to enable the Social Investment Agency to spend the third-party revenue that it has received	<i>Agree / Disagree</i>
Sign the attached letter requesting this approval to the Associate Minister of Finance, Hon Chris Bishop	<i>Yes / No</i>

Andrew Coster
Chief Executive
 Social Investment Agency
 21/02/2025

Hon Nicola Willis
Minister for Social Investment
 / /

Background

1. We are seeking to have two fiscally neutral changes made to Vote Social Investment as part of the 2024/25 March Baseline Update process. These are to:
 - a) Transfer \$0.341m of capital funding that the Public Service Commission holds on behalf of the former Social Wellbeing Agency, noting that Joint Ministers approved a preliminary capital transfer of \$0.100m on 5 July 2024. The Public Service Commission has included the transfer of the remaining capital funds in its March Baseline Update submission.
 - b) Increase the Social Investment 2024/25 appropriation by \$0.416m to enable the Social Investment Agency to spend the third-party revenue it has received.
2. As you are the Minister of Finance and Minister of Social Investment, the approval of these changes is delegated to the Associate Minister of Finance.
3. Details of these fiscally neutral adjustments can be found in **Appendix One**.

Next steps

4. Sign and send the attached letter to the Associate Minister of Finance on or before 24 February 2025.

Attachments

Appendix One: Letter to Associate Minister of Finance

Appendix One – Letter to Associate Minister of Finance

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Hon Nicola Willis

Minister of Finance
Minister for Economic Growth
Minister for Social Investment



Hon Chris Bishop
Associate Minister of Finance
Parliament Buildings
Wellington

Dear Hon Bishop

2025 March Baseline Update Submission for Vote Social Investment

I wish to seek your approval, as Associate Minister of Finance, for items affecting the baseline for Social Investment appropriations in Vote Social Investment for the March Baseline Update.

I confirm that none of the changes contained in this update require Cabinet decisions at this time.

I have attached Table 2, detailing these changes, as an appendix to this letter.

Changes Requiring Approval of Joint Ministers

Capital Transfer

An explanation of each proposed transfer is listed below, and the amounts are specified in Table 2.

Capital Transfer of Accumulated Depreciation

As a departmental agency, the Social Wellbeing Agency could not hold capital funds. The Public Service Commission instead held capital assets on behalf of the Agency but is transferring that capital to the Social Investment Agency.

On 5 July 2024 the Joint Ministers approved a capital transfer of \$0.100m from Vote Public Service to Vote Social Investment. This was a preliminary figure pending further work by the Public Service Commission to determine the total amount of capital to be transferred. The \$0.100m does not require further approval and has been included in the 'Other Cabinet Decisions' section below.

The Public Service Commission advise that the remaining amount of capital to be transferred is \$0.341m and approval is sought to facilitate this transfer. The Public Service Commission has also included the transfer in its March Baseline Update submission. The total amount of capital to be transferred is \$0.441m (including the \$0.100m already approved) and completes the fund transfers associated with the Social Wellbeing Agency's disestablishment.

Fiscally Neutral Adjustments

An explanation of each proposed adjustment is listed below, and the amounts are specified in Table 2.

Third-Party Revenue

The Social Investment Agency has received a total of \$0.416m of third-party revenue in the 2024/25 financial year. This comprises of funding received from various agencies including the Ministry for Social Development, Te Puna Aonui, Ministry for Ethnic Communities and the Independent Children's Monitor for data services. Approval is sought to increase the Vote Social Investment's 2024/25 departmental appropriation to enable this revenue to be spent.

Other Cabinet decisions

As outlined in the 'Capital Transfer' section above, Joint Ministers agreed to transfer \$0.100m of capital funding from Vote Public Service to Vote Social Investment in July 2024. This was a preliminary figure pending further work by the Public Service Commission to establish the total amount of capital funds it held on behalf of the former Social Wellbeing Agency. This does not require Joint Ministers approval but has been included in Table 2 attached to this letter.

Recommendations

Recognition of Third-Party Revenue

I seek your agreement to the following fiscally neutral adjustment(s) with no impact on the operating balance and/or net core Crown debt:

Vote Social Investment Minister for Social Investment	\$m – increase/(decrease)				
	2024/25	2025/26	2026/27	2027/28	2028/29 & Outyears
Social Investment (funded by revenue department)	0.416	-	-	-	-

Transfer of capital funds

I seek your agreement to the following capital injection to the Social Investment Agency, with no impact on the operating balance and net core Crown debt:

Vote Social Investment Minister for Social Investment	\$m – increase/(decrease)				
	2024/25	2025/26	2026/27	2027/28	2028/29 Outyears
Social Investment Agency: Capital Injection	0.341	-	-	-	-

I agree and recommend that you:

1. **agree** the changes to those baselines for the Minister for Social Investment appropriations in Vote Social investment that require joint Ministers' approval, as set out in Table 2 and in this letter
2. **agree** that the proposed changes to appropriations and departmental capital injections for the 2024/25 financial year, as shown above be included in the 2024/25 Supplementary Estimates and that, in the interim, the increases be met from Imprest Supply;
3. **note** that Table 2 includes for completeness other changes to baselines for all appropriations in Vote Social Investment that have been approved by Cabinet or Joint Ministers since the previous baseline update or do not require such approval.

Yours sincerely

Hon Nicola Willis
Minister for Social Investment

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Rapid analysis of prenatal exposure to methamphetamine, other drugs and alcohol

Date:	30 July 2025	Priority:	Medium
Security classification:	In Confidence	Tracking number:	SIA-2526-020

Recipient	Action sought	Deadline
Hon Nicola Willis Minister for Social Investment	Note the contents of this memo	6 August 2025

Contact for telephone discussion (if required)			
Name	Position	Telephone	1st contact
Aphra Green	Deputy Chief Executive – System Performance & Investment Advice	9(2)(a)	✓
Alistair Mason	Director, Office of the Secretary for Social Investment	9(2)(a)	

The following departments/agencies have been consulted
Ministry of Health, Ministry of Justice

Minister's comments:

Rapid analysis of prenatal exposure to drugs and alcohol

Purpose

This memo provides you information on social outcomes and fiscal costs associated with children who were exposed to methamphetamine, other illicit drugs, and alcohol during pregnancy.

Key Messages

1. SIA has undertaken rapid analysis using the Integrated Data Infrastructure (IDI), as well as a rapid review of the research literature.
2. We found:
 - a. Children exposed to alcohol or drugs in utero experience many more negative social outcomes over their lives, including in health, housing, employment, offending, and exposure to violence and neglect. This means that effective prevention efforts (reducing the number of exposed children by reducing users) will improve people's lives and the productivity of the nation. The needs of these children represent a lost opportunity to more effectively support current and future mothers.
 - b. These children incur 9-13 times higher costs in the social sector, compared to children in the general population. Costs incurred by children who are diagnosed with Fetal Alcohol Spectrum Disorder incur approximately 30 times higher costs by age 34, compared to the general population.
 - c. Children exposed to substances incur more costs in the system at younger ages, but noticeably lower costs at older ages, compared to their siblings. One of the ways we identify exposure is through the mother accessing support services. We think these early costs could be because the exposed children are being provided more government-funded supports, compared to siblings.
 - d. This is consistent with the early intervention (proactively supporting children who are exposed) of agencies making a difference. The implied benefit/cost ratio is 2.8 (to age 14) for methamphetamine exposure, and 6.8 (to age 34) for other drugs or alcohol.
3. More detailed discussion of findings is attached.

Next steps

4. There is an opportunity to discuss these slides with you at the next agency meeting. We are finalising an additional slide with next steps and recommendations. We intend to send the updated slide pack to the Prime Minister's Office for inclusion in weekend readings. We will send a final copy to your office for your information.

Attachments

Appendix One: Social implications of prenatal exposure to drugs and alcohol

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Social implications of prenatal exposure to drugs and alcohol

Rapid analysis

July 2025

These results are not official statistics. They have been created for research purposes from the Integrated Data Infrastructure (IDI) which is carefully managed by Stats NZ. For more information about the IDI please visit <https://www.stats.govt.nz/integrated-data>.

The results are based in part on tax data supplied by Inland Revenue to Stats NZ under the Tax Administration Act 1994 for statistical purposes. Any discussion of data limitations or weaknesses is in the context of using the IDI for statistical purposes, and is not related to the data's ability to support Inland Revenue's core operational requirements.

Access to the data used in this study was provided by Stats NZ under conditions designed to give effect to the security and confidentiality provisions of the Data and Statistics Act 2022. The results presented in this study are the work of the author, not Stats NZ or individual data suppliers.



Social Investment Agency
Toi Hau Tāngata

Te Kāwanatanga o Aotearoa
New Zealand Government





Overview and key findings

This slide pack summaries the findings of SIA's rapid analysis to track outcomes and associated social costs for a small group of children we identified as being exposed to methamphetamine, other illegal drugs and alcohol before birth.

We found:

- Children exposed to alcohol or drugs in utero experience many more negative social outcomes over their lives, including in health, housing, employment, offending, and exposure to violence and neglect. This means that **effective prevention** efforts (reducing the number of exposed children by reducing users) will improve people's lives and the productivity of the nation. The needs of these children represent a lost opportunity to more effectively support current and future mothers.
- These children incur **9-13 times** higher costs in the social sector, compared to children in the general population. Costs incurred by children who are diagnosed with Fetal Alcohol Spectrum Disorder incur approximately **30 times** higher costs by age 34, compared to the general population.
- Children exposed to substances incur more costs in the system at younger ages, but noticeably lower costs at older ages, compared to their siblings. One of the ways we identify exposure is through the mother accessing support services. We think these early costs could be because the exposed children are being provided more government-funded supports, compared to siblings.
- This is consistent with the **early intervention** (proactively supporting children who are exposed) of agencies making a difference. The implied benefit/cost ratio is 1.8 (to age 14) for methamphetamine exposure, and 4.5 (to age 34) for other drugs or alcohol.



What is the investment opportunity?

The evidence on prevalence rates of children exposed to methamphetamine, alcohol or other drugs during pregnancy is limited at population level, both in New Zealand and other countries. However, the best New Zealand evidence indicates that 13% of mothers continue to drink alcohol after the first trimester, and internationally, between 1% and 5% of mothers use methamphetamine during pregnancy.

Our modelling indicates that, across a birth cohort of approximately 60,000 children, the opportunity of more effective intervention is substantial.

Investment opportunity to mitigate alcohol exposure

Assuming a rate of 2% affected by exposure (in line with conservative FASD diagnoses rates) → 1,200 children

Potential benefit of effective **prevention**:
\$450 million per birth cohort

Potential benefit of effective **early intervention**:
\$92 million per birth cohort

Investment opportunity to mitigate methamphetamine/other drug exposure

Assuming a rate of 1% affected by exposure (on lower end of international evidence solely for meth) → 600 children

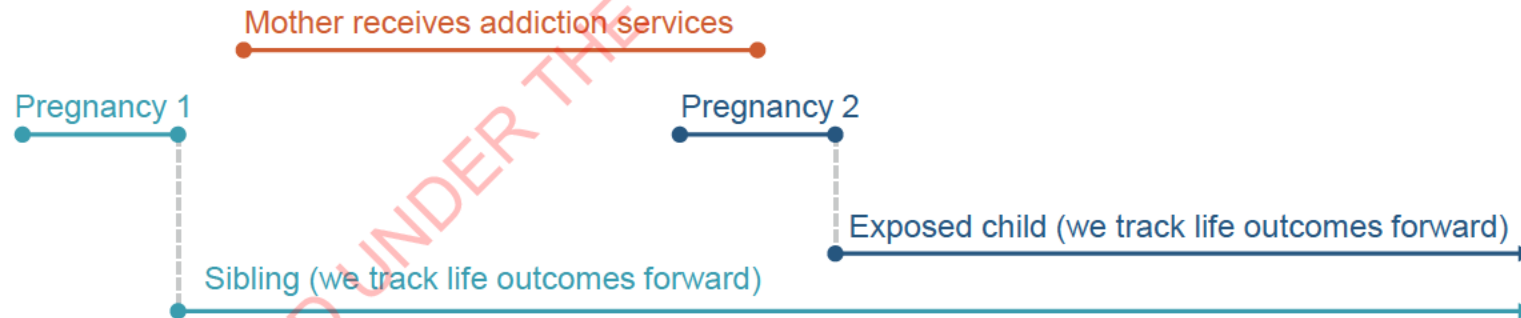
Potential benefit of effective **prevention**:
\$318 million per birth cohort

Potential benefit of effective **early intervention**:
\$8 million per birth cohort (up to age 14)

Our method identifies a small group of the children who we are confident are exposed to substances





Our analysis is based on a four-step process:

1. We identified any instance that provides evidence of use of methamphetamine, alcohol, or any drug or alcohol. This could include diagnoses or addiction services in health data, or substance-related offences (other than supply) in justice data
2. We identified the subsets of these people who were pregnant at an overlapping time
3. We tracked the children resulting from these pregnancies through childhood, examining their outcomes and fiscal/social costs incurred
4. We also tracked other children born to the same mother but who were not associated with a substance use spell



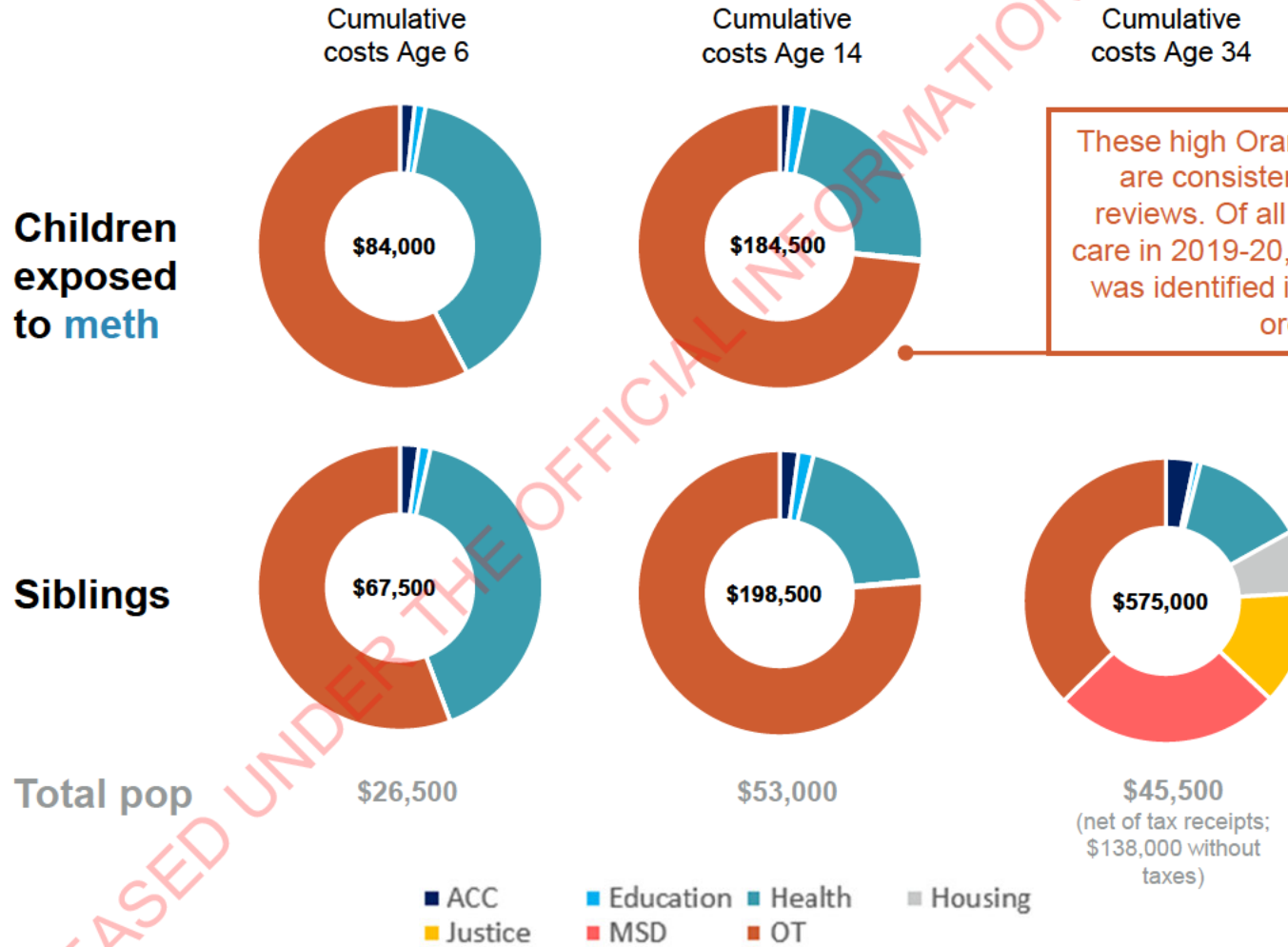
This means that we are only identifying a very small subset of all children exposed to drugs or alcohol, and this method does not tell us about prevalence. This also means that the siblings are at high risk of being exposed to substances (potentially in the absence of supporting government services).

Relative to the total population, exposed children have consistently higher social need (at age 30)

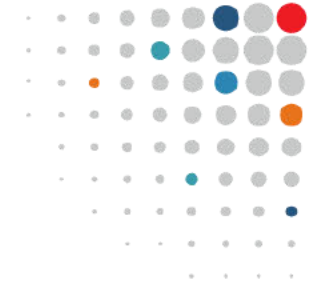
		Meth	Alc	Drug/Alc
	On main benefit	3.7x	3.1x	3.2x
	Employed	0.7x	0.8x	0.8x
	Admitted to ED	2.1x	2.0x	1.7x
	Mental health referral	4.0x	3.9x	3.7x
	Accommodation supplement	3.2x	2.8x	2.8x
	Social housing	5.3x	3.7x	3.9x
	Emergency housing	5.9x	3.9x	3.7x
	Violent offender	6.2x	3.4x	3.2x
	Victim of violence	2.8x	4.2x	3.8x



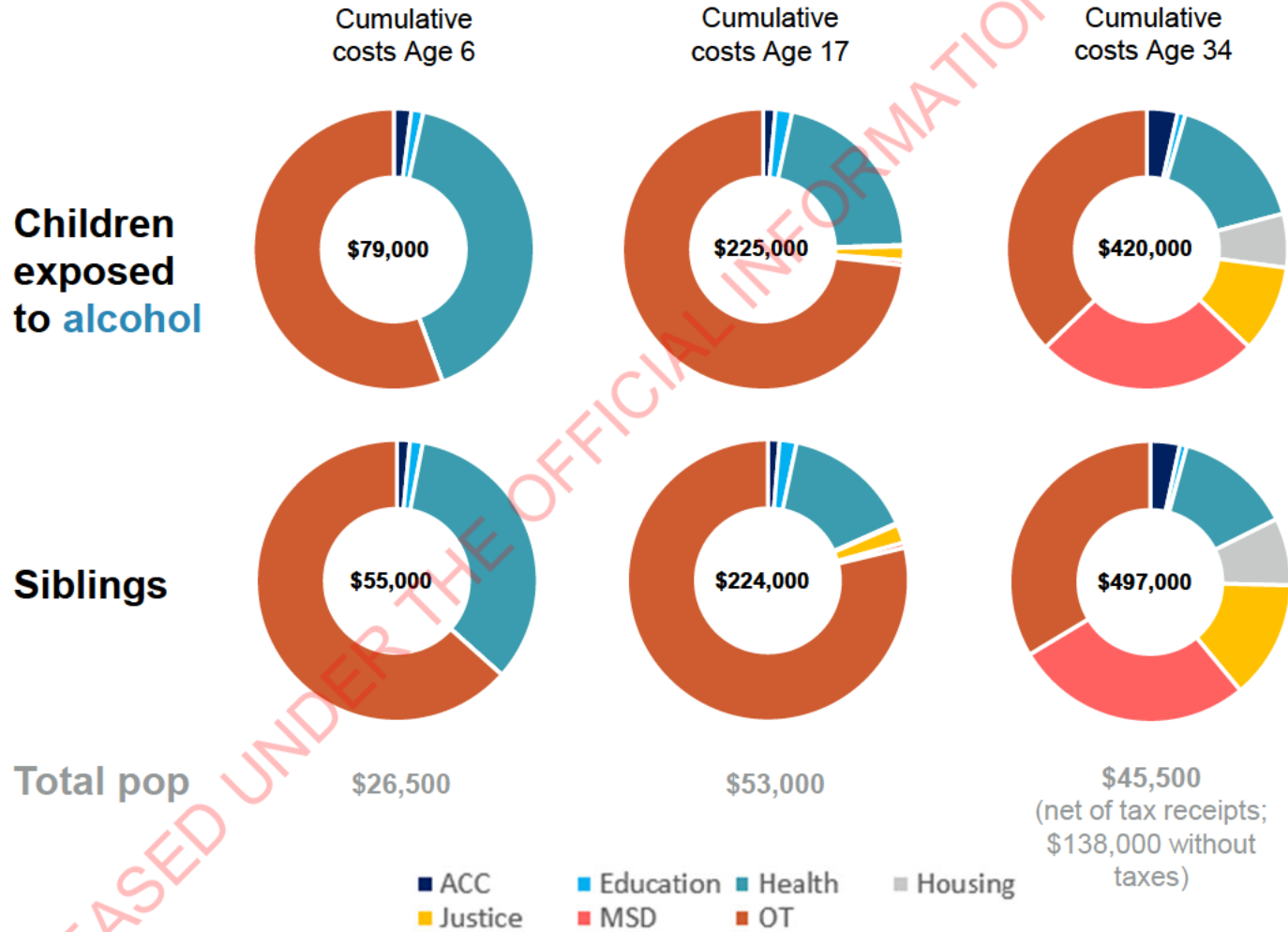
The biggest components of costs for those exposed to meth are Oranga Tamariki and benefits

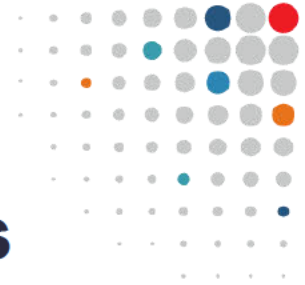


These high Oranga Tamariki costs are consistent with OT case reviews. Of all children entering care in 2019-20, parental meth use was identified in 44% of custody orders.

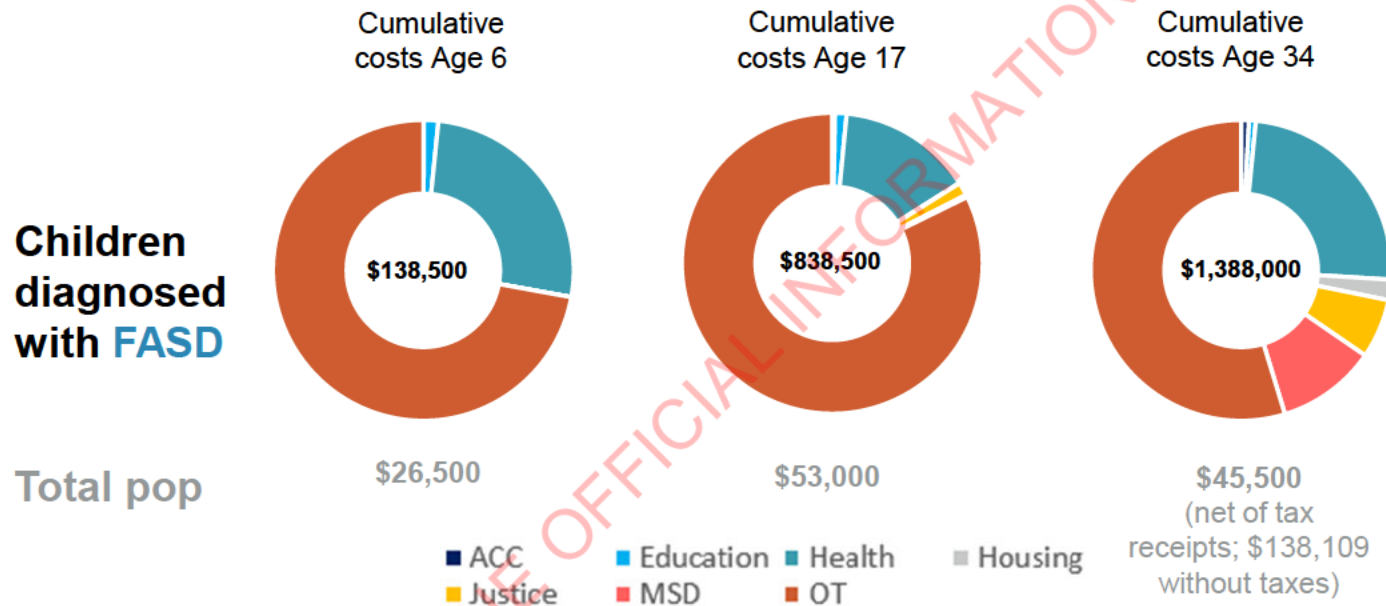


Cost differences for those exposed to alcohol continue to grow across the life course





Children with diagnoses of Fetal Alcohol Spectrum Disorder incur especially high costs



One reason for the higher costs for this group is likely to be that FASD is severely underdiagnosed in New Zealand, and not all diagnoses are identifiable in IDI data. (The Ministry of Health currently has an initiative to improve identification and diagnosis rates of FASD.) International estimates of FASD prevalence are around 3-5% of all children. The IDI diagnosis data identifies about 0.2%.

It is likely that the group of people we are identifying in the IDI are those with the highest needs – those least likely to slip ‘under the radar’ and includes those in need of the most intensive support services.

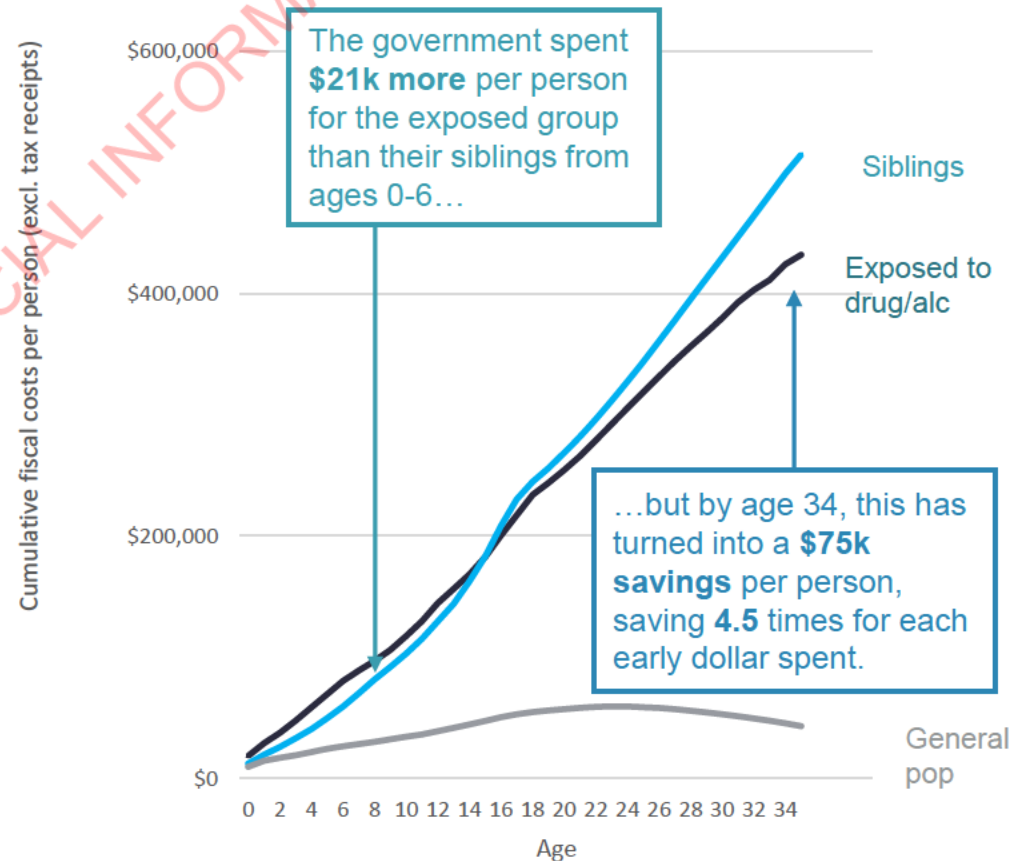
We found evidence consistent with effective early intervention in the system

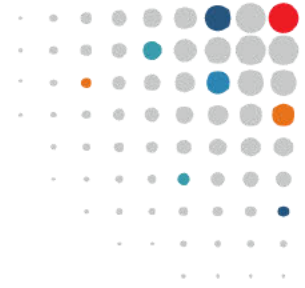
Comparing each exposed group to their siblings, the exposed group incurs more costs early in life, but then incurs less costs later in childhood and adulthood.

This is consistent with effective early intervention – the ‘exposed’ group were identified precisely because government-funded services were aware of the substance/alcohol use of a pregnant person (whereas the siblings’ pregnancy did not coincide with any services).

This leads to greater cost for the exposed group early in life, and less cost (especially in justice, benefits and Oranga Tamariki) later in life.

For the meth exposed group, the benefit/cost ratio up to age 14 is **1.8**, and for the other exposed groups to age 34 it is **4.2-4.5**.





What works for prevention of exposure?

Our rapid review of the literature suggests that both Fetal Alcohol Spectrum Disorder and exposure to methamphetamine are preventable with effective interventions.

In general, the more individualised and tailored intervention programs are associated with higher reductions in alcohol use during pregnancy. Very brief interventions can be effective in reducing risk of alcohol exposure during pregnancy. Activities aimed at increasing awareness of FASD and risks of alcohol consumption during pregnancy in target groups were also effective (Jacobson et al. 2022).

Increased access, education and encouragement to use effective contraception alongside advice about substance use is effective in reducing the likelihood of substance-exposed pregnancies in at-risk groups. This approach includes improving engagement with family planning services for women who have already had one or more substance-exposed pregnancy (Rossen et al. 2018, Jacobsen et al. 2022).

Interventions focused on behavioural change (including eHealth interventions) are effective in reducing alcohol consumption during pregnancy but may be less effective in reducing drug use (Fergie et al. 2018; Silang et al. 2021).



What works for early intervention among those exposed?

There is strong evidence that early identification and diagnosis of FASD results in better long-term outcomes.

The best mechanism for early identification and screening is the Well Child programme and universal maternity services in the health system. Given that exposure to these substances is associated with other risks to childhood development, such as material hardship and family violence, responses addressing these needs in a cross-cutting way are more likely to be effective.

Responsive and functional home environments lower the risk for behavioural issues among children who were exposed to meth in utero and can mitigate some of the developmental challenges faced by children in this group (Smith et al. 2015, Calhoun et al. 2015).

Te Ara Oranga is a methamphetamine treatment programme in Northland aiming to supporting the person and their whānau with a health response instead of treating the matter as a criminal issue. An evaluation found that the programme was effective in reducing post-referral offending by approximately 34%.

The Ministry of Health is currently piloting a community-led FASD programme to reduce isolation, addressing respite care challenges, and improving FASD support within Māori and high-needs communities, drawing on the expertise of hauora Māori and community practitioners, and whānau living with FASD.