

18 August 2022

9(2)a

Tēnā koe 9(2)a

Official Information Act Request

I refer to your email of 21 July 2022, in which you refined your Official Information Act 1982 (OIA) request.

We have decided to grant your request, and the information you have requested is enclosed as appendix 1. Please note that officials contact details have been withheld under section 9(2)(a) to protect privacy. Some additional information is also withheld as set out in the table below.

Title	Redactions
Briefing: SWA In-Principle Expense Transfers	Withheld in full under 9(2)(f)(iv)
Aide-memoire: SWA Data and Analytics Platform Update	Some information withheld under 9(2)(g)(i) and 9(2)(f)(iv)
Aide-memoire: SWA Debt to Government Update	Some information withheld under 9(2)(f)(iv)
Aide-memoire: SWA Highest Needs Review Update	Some information withheld under 9(2)(f)(iv)
Aide-memoire: Quarter Two Performance Report and A3	Some information withheld under 9(2)(f)(iv)
Ministers Update for the Week Ending 17 June	Some information withheld under 18(d)
Ministers Update for the Week Ending 3 June	Some information withheld under 9(2)(f)(iv) and 9(2)(g)(i)

Where information has been withheld, no public interest has been identified that would outweigh the reasons for withholding it.

If you are not satisfied with this response, you have a right to seek an investigation or review by the Ombudsman. Information about how to make a complaint is available at www.ombudsman.parliament.nz or by calling 0800 802 602.

Please note that this response, with your personal details removed, may be proactively published on our website 30 days from today.

Nāku iti noa, nā

Gabrielle Wilson
Senior Adviser, Office of the Chief Executive

9(2)a

Appendix 1. Information Requested



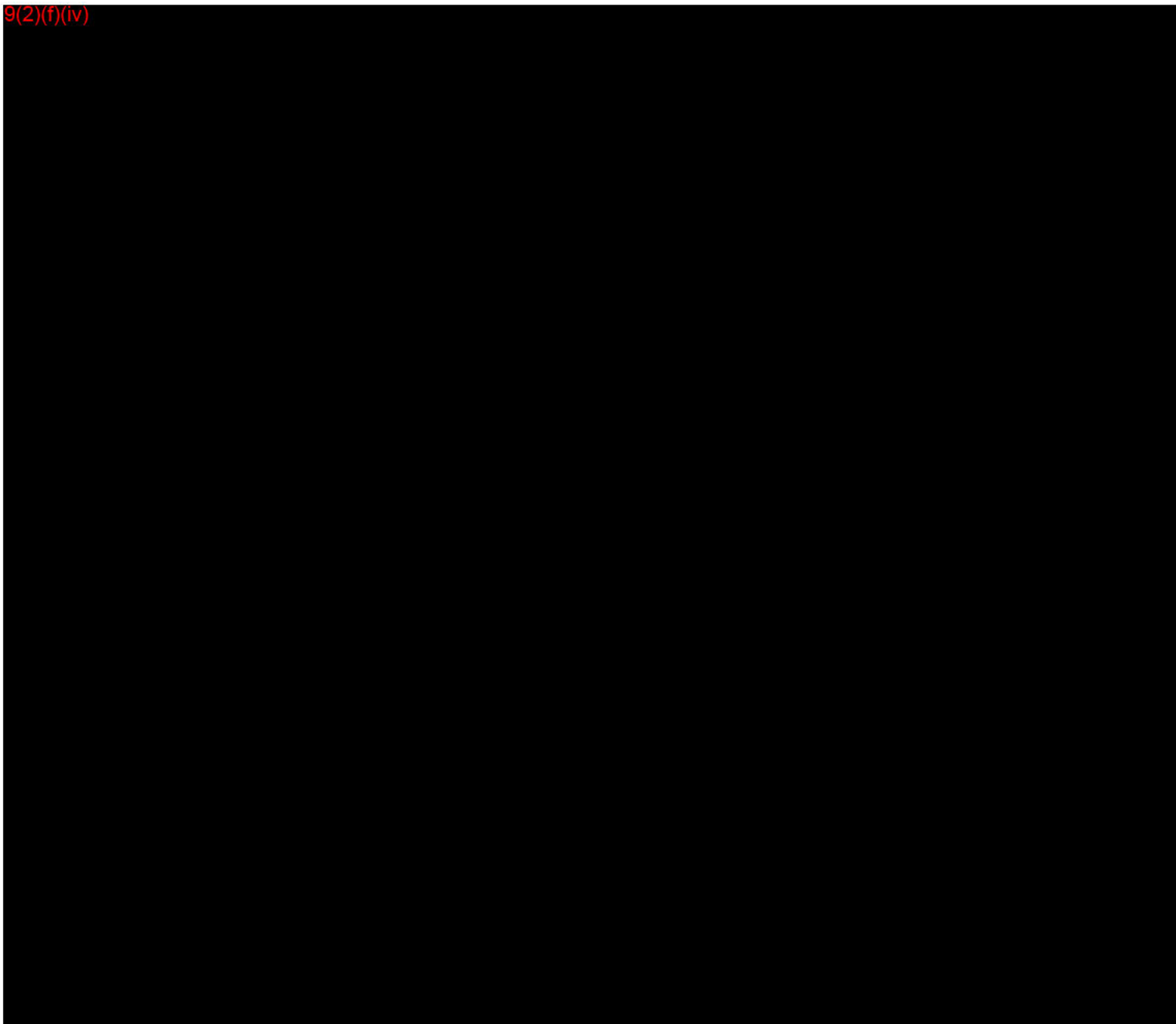
SWA In-Principle Expense Transfers

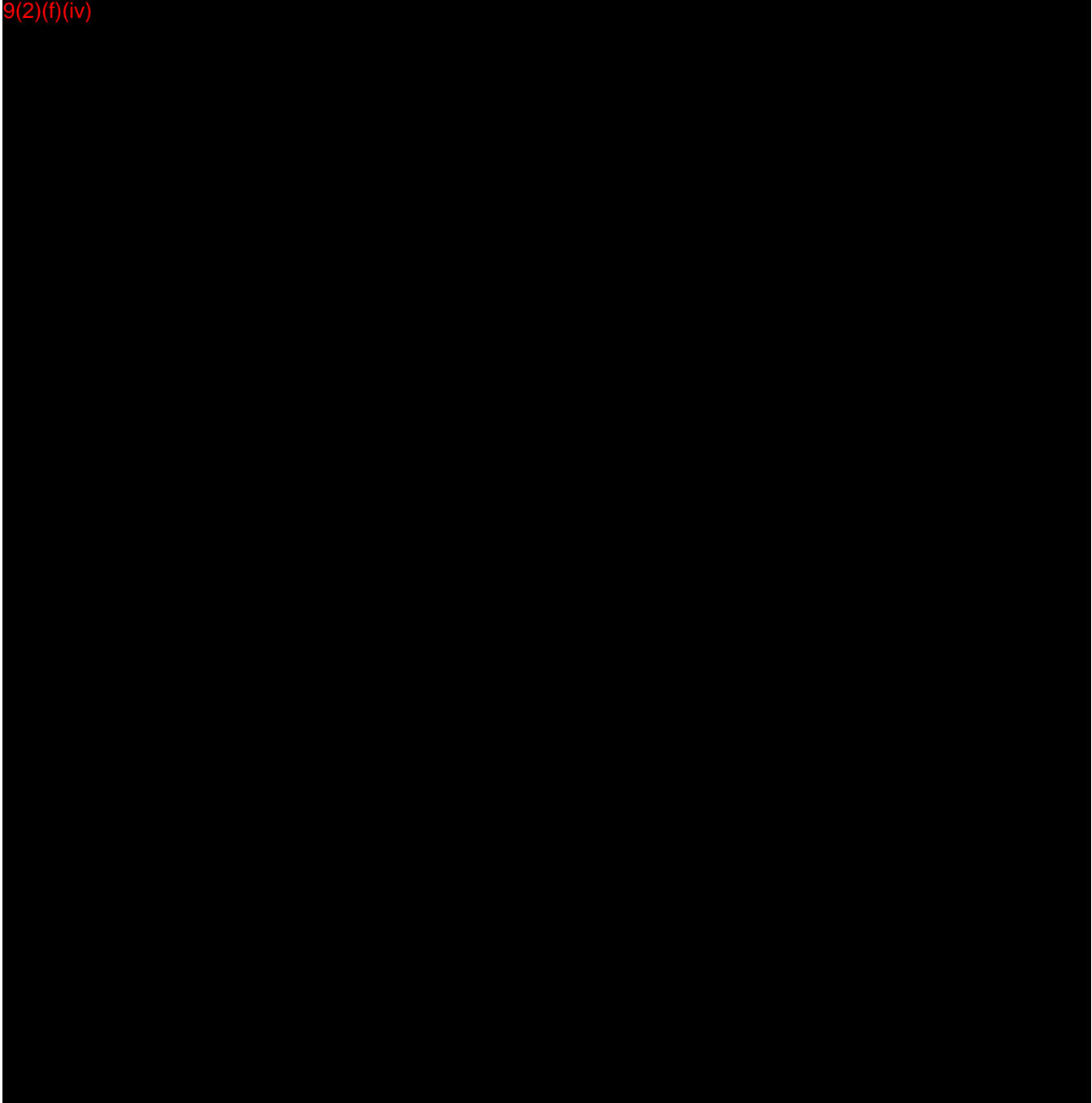
Date: 10 May 2022

Security level: In Confidence

To: Hon Carmel Sepuloni, Minister for Social Development and Employment

9(2)(f)(iv)





Contacts

Name	Position	Contact Number	First contact
Alistair Mason	Director, Office of the Chief Executive	9(2)a	<input checked="" type="checkbox"/>

Attachments

Appendix one – Draft text for IPET letter to the Minister of Finance



SWA Data & Analytics Platform Update

Date:	10 March 2022
Security level:	In Confidence
To:	Hon Carmel Sepuloni, Minister for Social Development and Employment

Purpose

1. This aide-memoire updates you on the progress of the Data and Analytics Platform which is being delivered as part of our Data and Insights Strategy and the NZ Government Data Strategy and Roadmap and Strategy.

Background

2. Further to our September 2021 update, and the November presentation to yourself, the Minister for Māori Development and the Minister for Whānau Ora, we have continued to collaborate with Te Puni Kōkiri (TPK) to progress the development of a Data and Analytics Platform.
3. This purpose-built cloud platform will allow organisations to store large amounts of data and information from various sources. The data can then be made available to a wide range of consumers to undertake in depth analysis and present information in a range of different formats to suit various consumer needs such as static reports, graphs and interactive dashboards.
4. The proof-of-concept exercise undertaken over two phases from April to October 2021, and allowed both SWA and TPK to:
 - trial and adjust as necessary the technical components and settings for the environment
 - test the platform by creating working data products e.g. dashboards and reports
 - establish effective cross agency governance forums
 - identify the personnel resources required in both agencies to effectively run and support the platform, and
 - obtain more accuracy on ongoing running costs for the platform.
5. This has enabled us to prepare for and scope the next stage of development for the data and analytics platform.

Phase 3 – Extending the Platform

6. Both agencies are progressing with our third and final phase. This involves building out the data and analytics platform to be able to run in a live production environment. Phase 3 will complete in June 2022.
7. This phase involves creating three new environments:
 1. **Development:** Where developers write code and transform it from various files into the ecosystem.
 2. **User Acceptance Test (UAT):** Allows business users to fully test their access and validate that data and the data products are accurate and meet their needs.
 3. **Production:** The live environment where the approved data and data products are accessed from.
8. The suite of environments is scheduled to be completed by mid-April 2022 and they will then undergo a security assessment and certification to the level of 'Sensitive'. This means the platform design and management practices will be certified to collect, store and provide access to personal/individual level data.
9. We are undertaking a procurement process to secure Datacom as our cloud service provider in a Platform as a Service (PaaS) arrangement. This means Datacom will ensure the cloud-based technology operates effectively and that licences and upgrades are applied to meet our needs.
10. Both SWA and TPK will have personnel to operate the platform. This includes:
 - consulting and planning with customers to understand their needs
 - collecting, checking cleansing and curating data
 - writing code to ingest data from data sources into a database
 - preparing data products as requested by customers, and
 - adjusting components of the platform as required through administrative functions.
11. During Phase 3 these personnel will continue to collect data and produce new data products. These will run alongside the build of the new environments so they will be ready to release as soon as the platform build, and test is complete – due end of April 2022.
12. The project is preparing a Business Case document to formally articulate the business needs, costs, and benefits in progressing with this platform beyond June 2022. Funding for the platform must be found out of existing vote monies in both agencies.
13. A compelling business case will prove useful when discussing and apportioning finances within agencies for the next financial year.

Transition to Business as Usual

14. With this new system being implemented into two organisations, it is important to ensure that both are ready to run it, use it and integrate it into their business model. As such, Change Management is the other large component of Phase 3.
15. Communications, training, governance, finance, and processes are being defined and incorporated in this next phase. As part of the project close out, there will be a formal handover to business-as-usual teams.
16. Additional staff and support services will need to be in place to ensure the platform can be fully utilised and supported. The business case mentioned above plays a critical role in securing support for these services.

Finance Update

17. To date the project costs for the data and analytics platform have been shared between both agencies and primarily relate to platform and contractor costs. Both agencies have contributed to the project by supplying permanent staff and these are not included in project costs.
18. Phase 3, which runs from November 2021 to 30 June 2022, is costed at \$434,000 which includes a 10% contingency.

19. 9(2)(f)(iv)

20.

21. We are considering sharing the platform with some smaller social sector agencies. Seven agencies have indicated support and we have engaged with three of these agencies to share with them the possible services that can be made available to them once the platform is operational.

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What you will see from here?

23. Over the coming months, SWA and TPK will progress with Phase 3 and will continue to look at avenues to reduce costs through the contributions from others.
24. We will provide you with further updates in our Fortnightly Update and will provide you with a more substantive aide-memoire in June 2022 as we transition to Production.

Contacts

Name	Position	Contact Number	First Contact
Lynda Jelbert	Director Organisational Performance	9(2)a	<input checked="" type="checkbox"/>
Paul Nouata	Manager Data Systems		<input type="checkbox"/>



SWA Debt to Government Update

Date:	25 May 2022
Security level:	In Confidence
To:	Hon Carmel Sepuloni, Minister for Social Development and Employment

Purpose

This aide-memoire provides a further update on the findings of our analysis of persistent debt, completed to support the Debt to Government workstream.

Recommendations

It is recommended that you:

- a. **Note** the attached overview of our work on debt to government.
- b. **Forward** this note and attachments to:
 - Rt Hon Jacinda Ardern, Prime Minister and Minister for Child Poverty Reduction
 - Dr Deborah Russell, Parliamentary Undersecretary for Revenue

Background

Our initial Debt to Government analysis was requested by the cross-agency working group on debt led by the Department of Prime Minister and Cabinet (DPMC), with membership from Treasury, Inland Revenue (IR), Ministry of Social Development (MSD), and Ministry of Justice (MoJ). Over the last two and a half years, we have used linked data to provide cross-agency analyses that improves government's understanding of debt to government and the characteristics of debtors. This analysis has enabled agencies to understand the size of the issue and see variances between different agencies, debt types, debt components, and cohorts.

In November 2021, Cabinet agreed to a two-phase work programme to address debt to government, and requested that joint Ministers report back in July 2022 with:

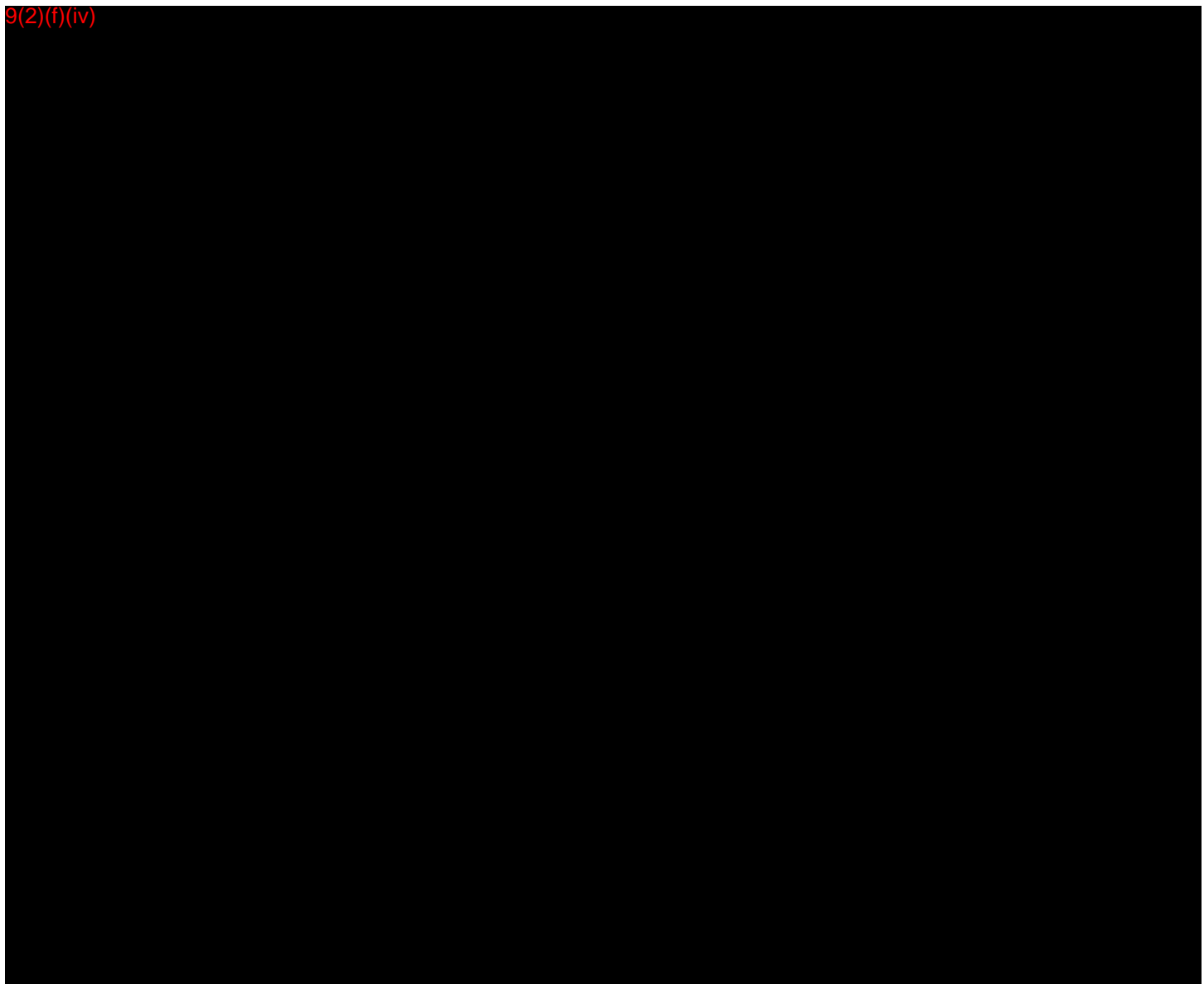
- An update on the outcome of Phase 1 work, including options and recommended actions for consideration;
- The plan for Phase 2, including "options to address (prevent or write off) persistent debt, based on the findings of the Social Wellbeing Agency's analysis of the drivers of persistent debt".

Our work

Since the November cabinet paper, our analysis has looked at debt persistence between 2020 and 2012 (9 year) and the links between public and private debt.

The attached A3s summarise our work to date, spotlight the further work we've done on persistence, and identify potential areas for impact in further policy work. These have been provided to the Debt to Government working group to inform its further policy work and advice on addressing persistent debt.

9(2)(f)(iv)



Next steps

We will continue to support the cross-agency work on debt to government. SWA officials are available to meet with you to provide you with a verbal briefing on the data.

Contacts

Name	Position	Contact Number	First Contact
Alistair Mason	Director, Office of the Chief Executive	9(2)a	<input checked="" type="checkbox"/>
Simon Anastasiadis	Principal Data Scientist		<input type="checkbox"/>

Attachments

Appendix 1. Debt to Government: overview

Debt to government: summary of findings

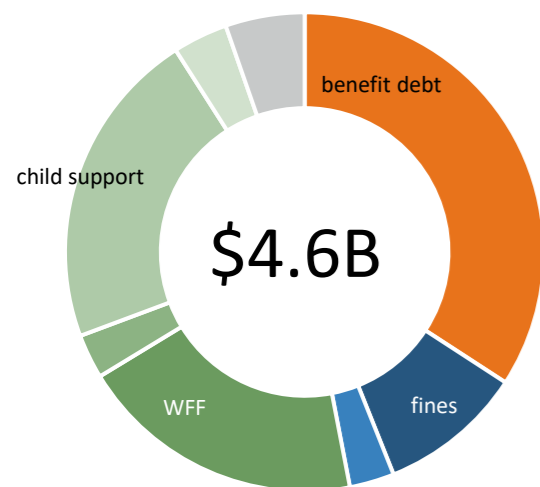
DRAFT

This A3 summarises our analysis of debt owed to the government. Using the Integrated Data Infrastructure (IDI) we investigated groups of people that hold debt to the Ministry of Social Development, Ministry of Justice, and Inland Revenue, or to two or all of these agencies. This analysis has informed advice from the cross-sector group of government agencies on an ongoing work programme.

Debt to government affects one in five adults in New Zealand:

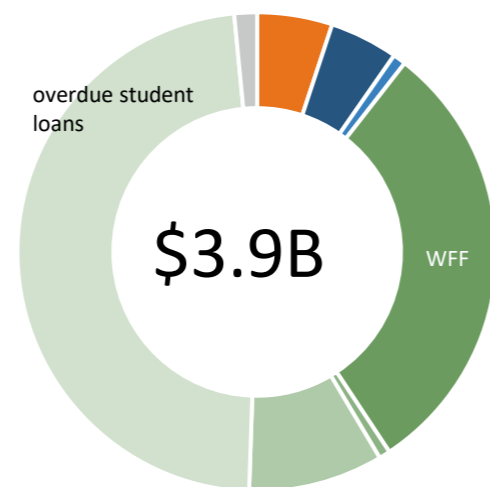
- **713,000 NZ residents and 270,000 overseas debtors owe debt** to one of three government agencies (Inland Revenue (IR), Ministry of Justice (MoJ), Ministry of Social Development (MSD)).
- Together these debtors owe **\$8.5 billion**.
- **Debt to government indirectly affects 300,000 children in New Zealand.**

Debt owed by NZ residents



Benefit debt Fines Child support WFF Income tax Overdue std. loan

Debt owed by non-residents



Government debt arises for four main reasons:

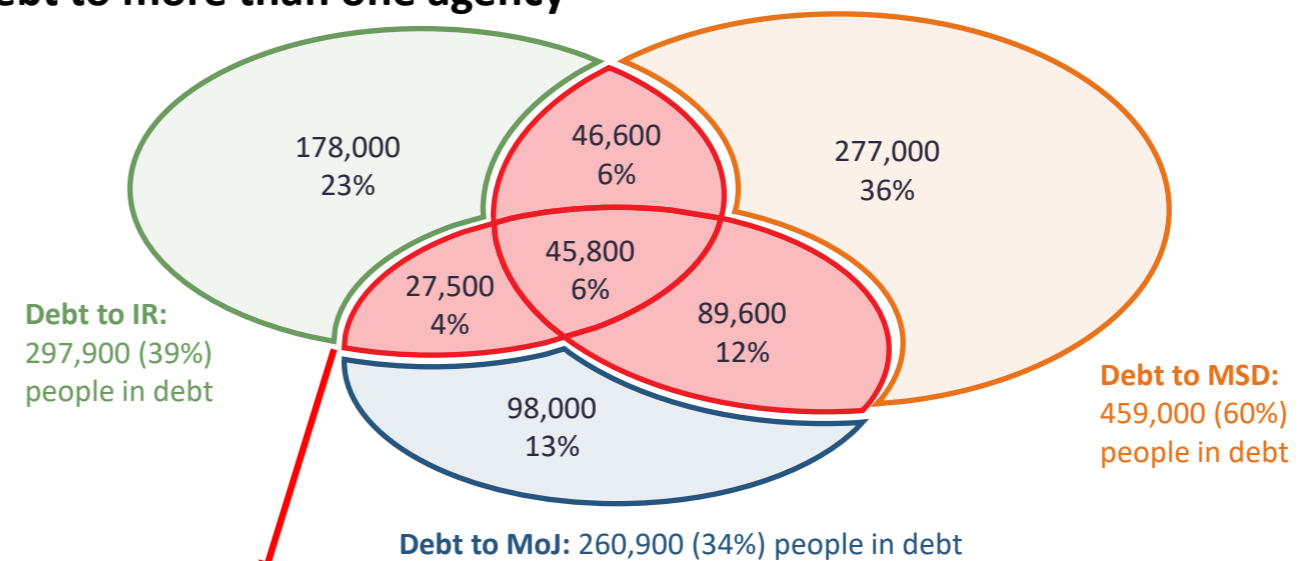
Overpaid entitlements	Unmet obligations	Loans	Penalties
<ul style="list-style-type: none"> • Overpayment of benefits (MSD) • Overpayment of WFF tax credits (IR) 	<ul style="list-style-type: none"> • Income tax (IR) • Child support (IR) • Overdue student loans (IR) 	<ul style="list-style-type: none"> • Recoverable grants (MSD) • Legal aid (MoJ) • Court contribution orders (MoJ) • Student loans (IR) 	<ul style="list-style-type: none"> • Court & local body fines (MoJ) • Reparations to victims of crime (MoJ) • Admin penalties

Throughout this A3, we use consistent colours for each debt type: **Orange** for benefit debt to MSD; **Blue** for fines debt to MoJ; and different shades of **Green** for debt to IR.

Government debt is an important mechanism for enforcing social obligations but is a problem for individuals and families when:

1. **It is overlapping:** multiple types of debt are owed with no coordination & overlapping payment arrangements.
2. **It is persistent:** balances are too high or repayments too low to be addressed within a realistic time period.
3. **Repayments do not address debt or are disproportionately high** for a person's income.

More than one quarter of government debtors (28% / 210,000) owe debt to more than one agency



The average debt for those with overlap is \$11,600 per person. These people borrow \$1,900, repay \$1,100, and have \$450 of debt written off per year. So, on average, their debt increases by \$350 per year. Unless this pattern changes, they will never become debt free.

The 'typical' government debtor

A diverse range of people owe debt to two or more government agencies. However, the 'typical' government debtor is:

- Aged in their 30s and lives in a high deprivation area.
- Has a certificate qualification, but is not employed or studying consistently.
- Has low wellbeing across a range of domains: life satisfaction, family wellbeing, mental health, and material wellbeing.
- Earns \$25,000–\$40,000 per year
- Reports only just enough income and has missed bill payments in the last month.
- Owes \$5,000 debt to government. This debt has lasted at least six years.
- Made repayments in the last three months, but will take another five years to repay their debt.
- Also has at least one private debt – buy-now pay-later or an unsecured loan.



A significant proportion of debt to government is persistent, overlapping, and affecting peoples' wellbeing

Most debt to government persists beyond 2 years

- More than half of debt to government persists beyond 2 years, with a third lasting beyond 5 years.
- This persistence is strongly linked to inadequate repayments.

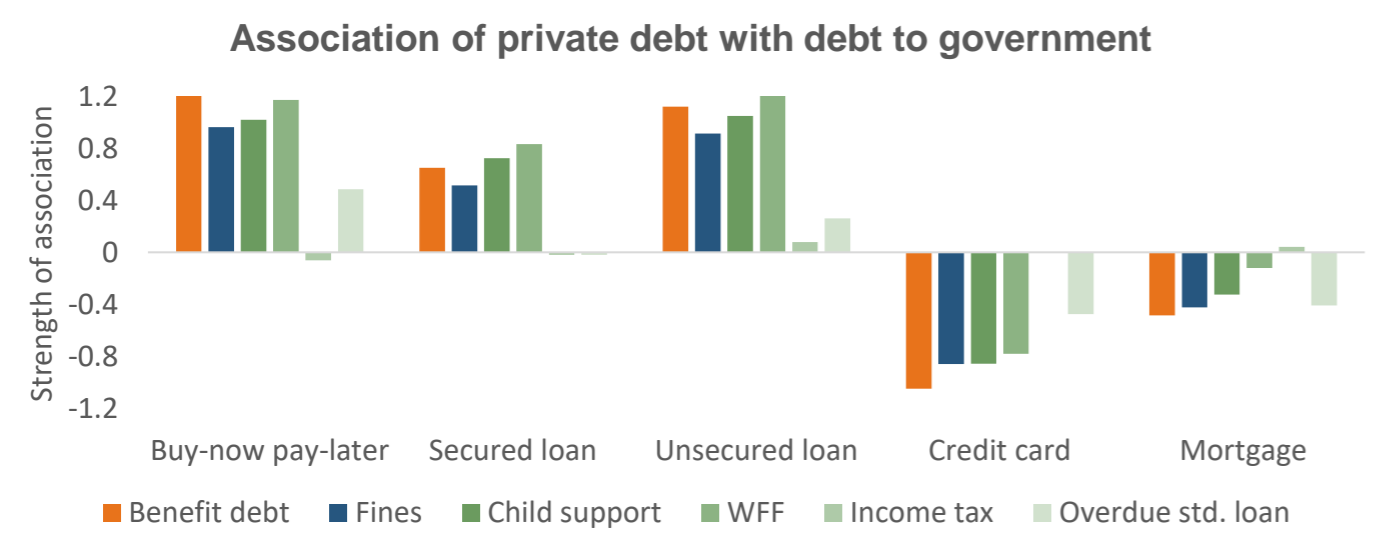
Debt type	2+ years	5+ years	9+ years
Benefit debt (MSD)	304,250	178,500	103,500
Fines (MoJ)	131,500	81,250	43,500
Child support (IR)	39,500	21,500	12,250
Working for Families (IR)	19,000	3,250	1,000
Income tax (IR)	76,750	9,000	3,250
Overdue student loan (IR)	22,500	8,250	3,500

This table gives the number of low income debtors (NZ residents) who have been in debt for consecutive years.

- For benefit, fines, and child support debt:
 - half of debtors have owed debt for at least 5 years,
 - a quarter have owed debt for at least 9 years.
- For Working for Families, income tax, and overdue student loan debt, persistence decreases rapidly after two years, likely due to when IR procedures write off debt that is not economical to collect.

Debtors to government are also likely to owe debt to private financial institutions

- People who owe debt to government are more likely to owe private debt too, and less likely to owe the kinds of private debt that is associated with financial capability (e.g. mortgage).

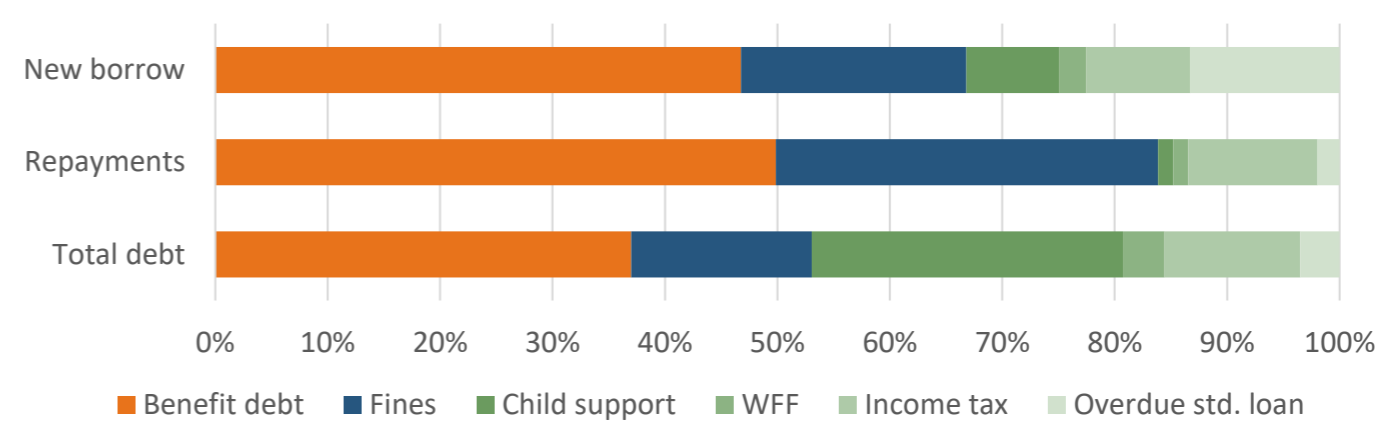


Repayments are not addressing debt

In 2020, NZ residents with low incomes and debt to two or more agencies owed \$1,620m debt to government. In the same year, these **same** people had:

- \$300m new borrowing (excl. interest & penalties)
- \$180m repayments (excl. write-offs & adjustments)

At the current rate, it will take them nine years to repay all their existing debt, assuming no new borrowing (and not accounting for private debt).



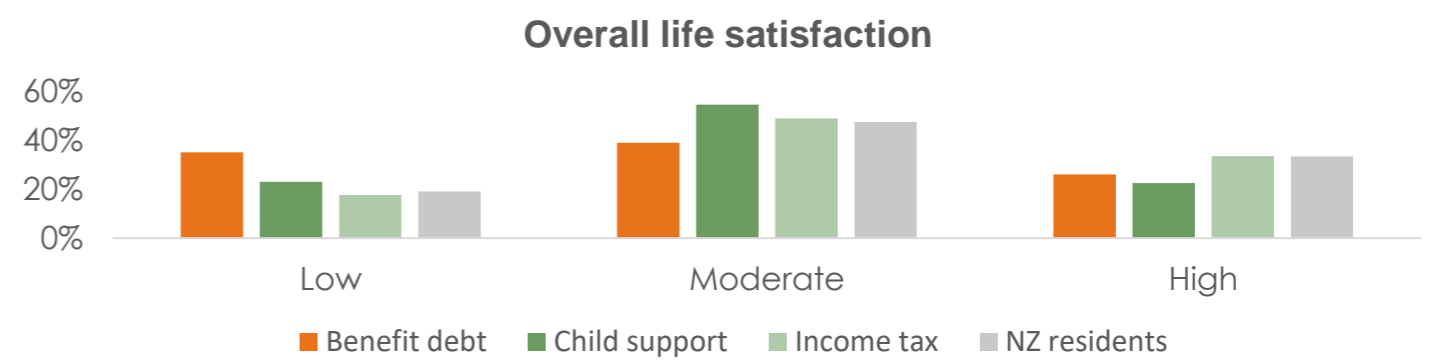
This graph gives the distribution across debt types:

- Half of all debt is owed to IR but <20% of repayments are to IR.
- Repayments to MSD & MoJ are driven by automatic deductions from benefits.

The average repayments for benefit and child support debt are around \$20 per week per debtor.

Debtors have lower wellbeing

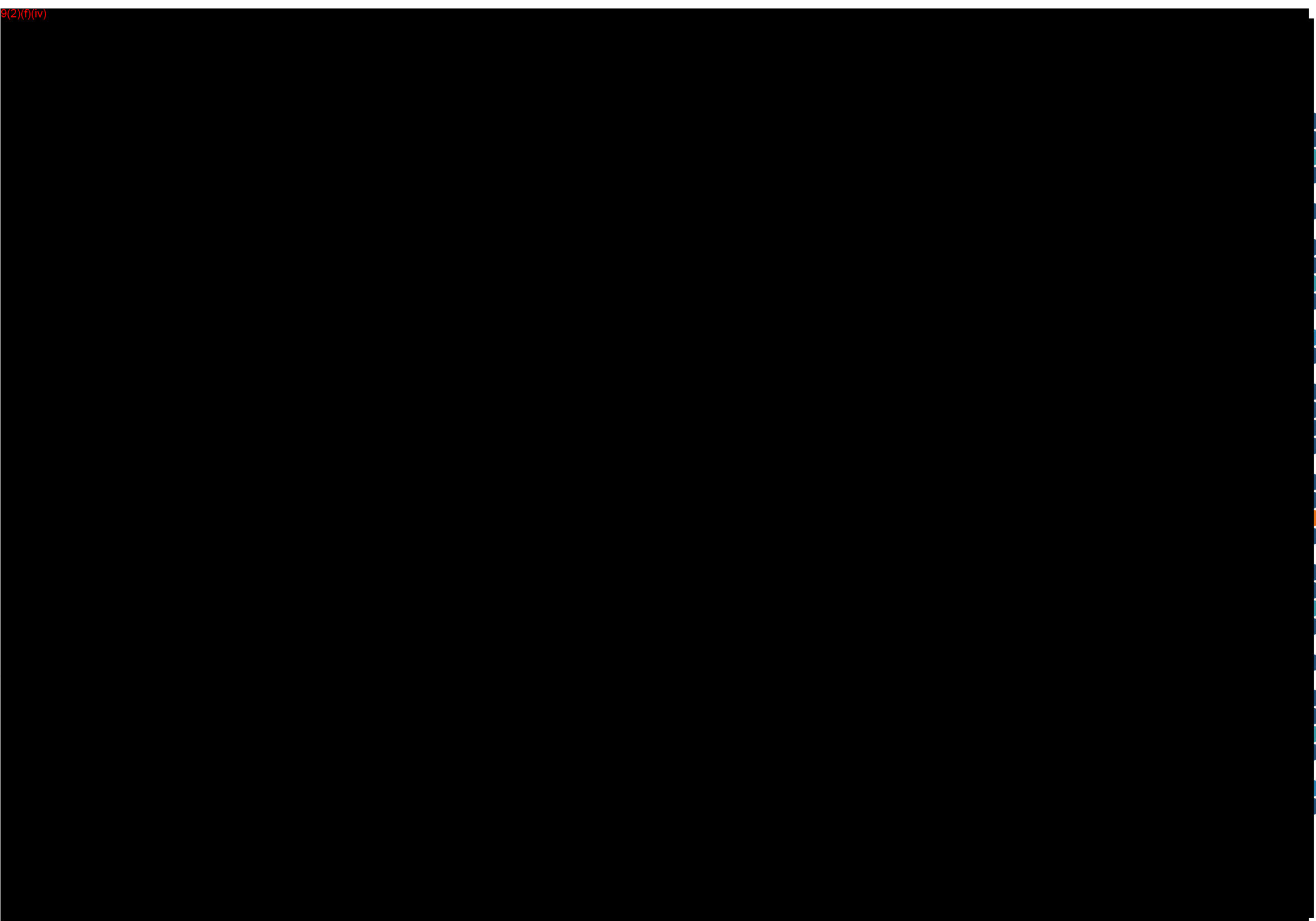
Some people who owe debt to government have lower wellbeing. This is measured by self-rated wellbeing from the GSS (General Social Survey). **More persistent debt types are associated with lower wellbeing than shorter-term debt.**



These figures give the percent of debtors with different levels of overall wellbeing.

- Income tax debtors have the same distribution of wellbeing as the general population.
- People with benefit or child support debt have much lower wellbeing.





Policy solutions to persistent, significant debt to government have not been widely implemented

The published literature reviewing what works to mitigate harmful outcomes* from people's debt to government agencies is limited. Some of the work on addressing poor outcomes from personal indebtedness includes debt to government but mitigations are not specific to debt owed to government. Further, the quality of evidence with these approaches is variable. There have been several proposed solutions to debt to government – but no evidence of whether they work. For example, standardised assessment of hardship and penalty regimes and having a single central agency to deal consistently with debt to government.

Overall, the literature suggests that financial counselling can help mitigate immediate crises, help forestall the legal consequences of debt and provide information and education to assist people to develop longer-term financial management strategies. It has the capacity to change financial behaviour, and through advocacy and referral, to contribute to the alleviation or resolution of circumstantial and environmental stressors that contribute to or result from financial stress, making it far more effective for people experiencing multiple stressors than financial literacy initiatives that only provide educational material. This is important, as financial stress in low income individuals is not necessarily caused mainly by poor financial management but are predominantly due to external factors (Brackertz 2014, Europe Economics 2018, Stamp 2011)). Debt advice has a direct, beneficial social impact on health through improving the state experienced by those suffering from particular health conditions (Europe Economics 2018).

There are existing pilots in NZ that we can learn and build from

IR & MSD Common Debtors Initiative

The IR & MSD Common Debtors Initiative focused on improving kotahitanga to better support customers who owe money to both IR child support and MSD. The initiative aimed to reduce customer effort, improve the sustainability of repayments, increase the accuracy of customer entitlements and enable agencies to grant relief that reduces financial hardship for vulnerable NZers. This initiative ran from April 2021 till March 2022. The evaluation report is due at the end of June 2022.

DEBTsolve pilot

DEBTsolve is a pilot programme supported by MSD to assist New Zealanders to address unsustainable high cost debt. It pairs specialist debt counselling and advocacy support with adapted No Interest Loan Scheme (NILS) and StepUP debt consolidation loans. During the pilot, existing Community Finance Loan Workers will be the entry-point and ongoing contact for DEBTsolve clients (supported by Good Shepherd NZ's Debt Counsellors), providing Loan Workers with another tool for clients unable to afford a NILS or StepUP loan due to existing levels of debt. Once the DEBTsolve concept has been tested, options for longer-term delivery will be considered.

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Note on the components of IR debt

Debt to IR accrues both interest and penalties. We have used the total value of debt to IR for this analysis – including the principal, interest, and penalties.

IR does not always collect amounts owing for interest and penalties. Write off of these amounts is sometimes used as an incentive for repayment (e.g. if the debtor enters into and follows a repayment plan).

As these write offs do not affect the principal amount owed, they do not explain the significant decrease in the number of people with debt that has persisted for two or three years.

Caveats

This overview combines results from five different analyses. Due to differences in data sources and methodology between analyses, small variations in reported numbers should be expected. Despite this, all four analyses show very consistent results and none of these variations are sufficient to change the overall pattern.



SWA Highest Needs Review Update

Date:	21 June 2022
Security level:	In Confidence
To:	Hon Carmel Sepuloni, Minister for Social Development and Employment

Purpose

This aide-memoire provides an update on the work we are undertaking to support the Ministry of Education's current review of learners with the highest needs for learning support.

Background

We were asked by Ministry of Education to undertake analysis to support their Highest Needs Review. This is a review of the system of learning supports available to assist the learning of children and young people with the highest learning needs.

The scope of this review includes nine individualised and intensive learning support services (eight of which we have access to data for), as well as learners who benefit from or could benefit from this individualised support. Our work was completed in parallel with an engagement phase of the review (in late 2021 and early 2022), where the Ministry of Education sought the views of learners, whānau, and views of experts in the disability and schooling sectors.

The findings of these pieces of work will then feed into recommendations of the review, and subsequent development of policy options.

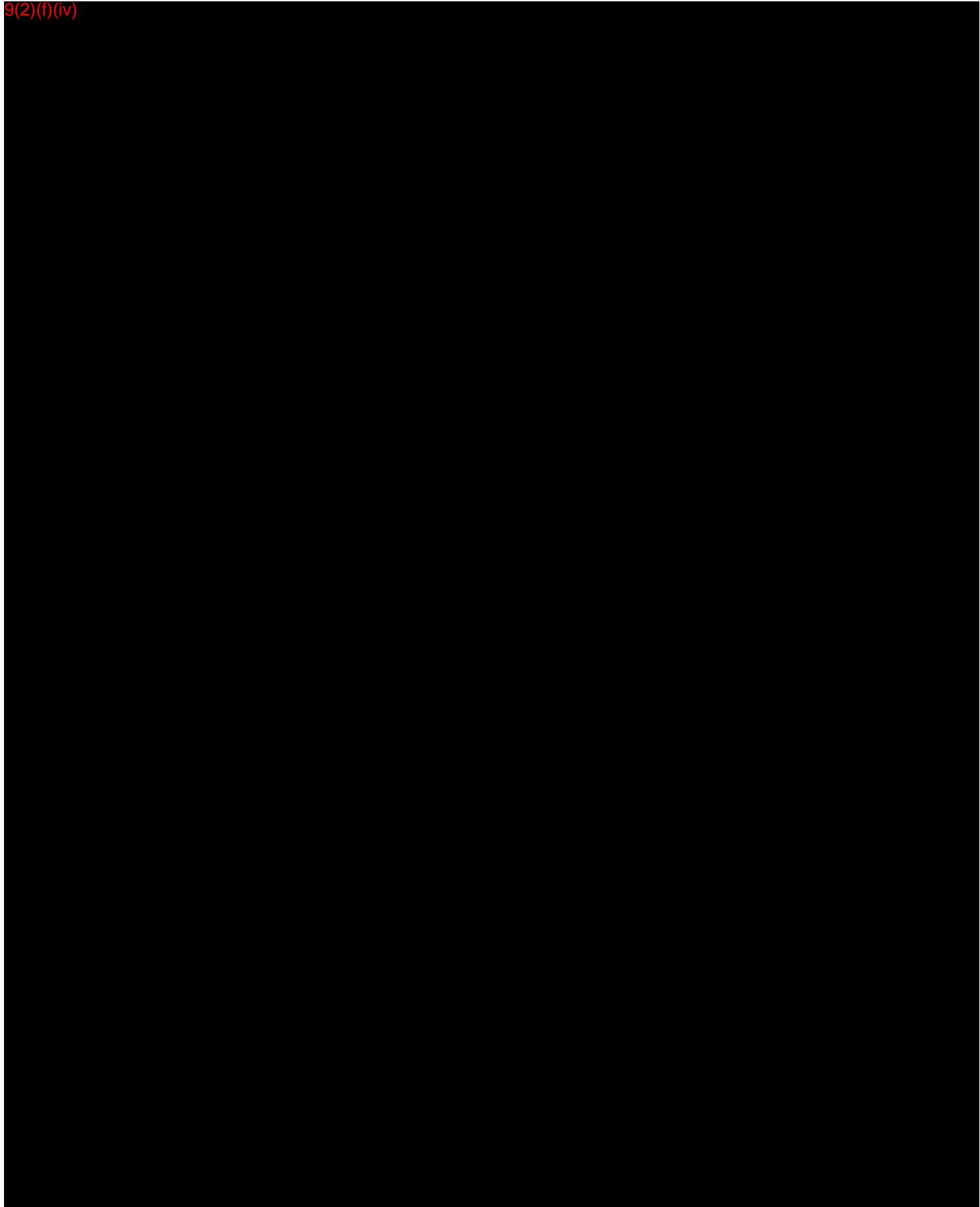
Our Work

We were asked to explore what we understand about learner needs, using Stats NZ's Integrated Data Infrastructure (IDI). The intent was not to definitively identify all learners with high needs, but rather to see what was possible to be learned from the system of administrative data currently collected by government. Our work aimed to answer three questions:

1. What do we know about number and characteristics of learners with high needs?
2. Of learners with high needs, what is the nature of their need?

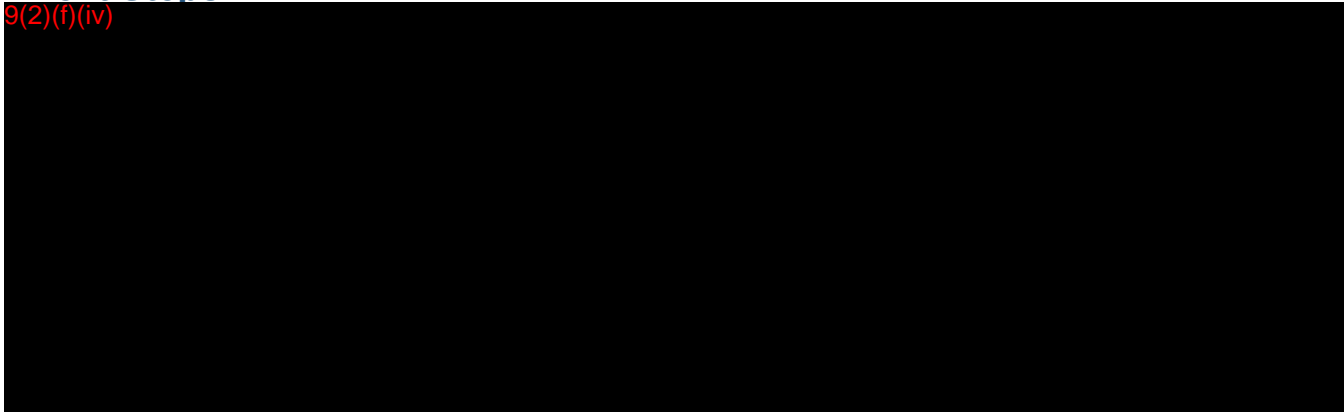
What is the overlap between learners with high needs and learning support provision (and to what extent can we identify learners with potentially unmet needs)?

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Next Steps

9(2)(f)(iv)



Contacts

Name	Position	Contact Number	First Contact
Alex Brunt	Deputy Chief Executive	9(2)a	<input checked="" type="checkbox"/>
Louise Pirini	Manager Analytics		<input type="checkbox"/>

Attachments

Appendix 1. Overview: Highest Needs Review

Appendix 2. Report: IDI estimation of unmet learner needs for eight in-scope learner support programmes

Appendix 1. Overview: Highest Needs review

Withheld in full under s9(2)(f)(iv)

Appendix 2. Report: IDI estimation of unmet learner needs for eight in-scope learner support programmes

Withheld in full under s9(2)(f)(iv)



Quarter Two Performance Report

Date:	10 February 2022
Security level:	Confidential
To:	Hon Carmel Sepuloni, Minister for Social Development and Employment

Purpose

This paper provides you with a summary of the Social Wellbeing Agency's achievements for quarter two and planned work for quarter three. A more detailed A3 is attached.

Summary of progress

We have made good progress on our work programme. We have achieved more than 50% of the total deliverables for the year so far and are projecting a very high proportion of remaining deliverables as on track (see Table 1).

Highlights of quarter two include:

- supporting the vaccination rollout, using the Integrated Data Infrastructure (IDI) to develop a disability indicator and map vaccination uptake across New Zealand
- analysing the profile of debt to government that informed cross-agency advice to Cabinet by the Department of Prime Minister and Cabinet
- supporting the Caring for Communities workstream, providing to support to chief executives on vaccine hesitancy being commissioned to lead the development of measurement framework for Te Arorerekura, National Strategy to eliminate Family Violence and Sexual Violence; and the Oranga Tamariki Action Plan
- undertaking a stocktake of initiatives for families and whanau with children under 1000 days and commissioning advice on academic perspectives on Child Wellbeing: Strength and Resilience to feed into advice to Ministers
- completing a proof of concept of the Analytics Platform and working towards delivering a live system
- Quarter 2 reports and research currently being published on the SWA website, including Data for Communities and Disability Vaccination work.

Next Steps

Our focus for the next quarter is to continue our focus on delivering against our Board work programme, which includes analysis of hard to reach people, an informatics symposium with

Victoria University. We also plan a on improving the visibility of ourselves and our achievements and will provide you with further information on this shortly.

Contacts

Name	Position	Contact Number	First Contact
Marcia Nugent	Principal Portfolio and Planning Advisor	9(2)a	<input type="checkbox"/>
Lynda Jelbert	Director Organisational Performance		<input type="checkbox"/>

Table 1: Delivery against SWB Work Programme (total)

Total number of deliverables in plan	Total number of completed		Total number with on track status	Total number delayed*	Total number not started
52	28		15	6	3
(including 10 added through quarterly review)	Total completed in Q1	Total completed in Q2			
	10	18			
	54% year to date		29% year to date	12% year to date	5% year to date

*Change to original date due

Quarter Two Performance Report

PROJECT	PROJECT DESCRIPTION	Q2 HIGHLIGHTS	Q3 DELIVERABLES	LONG TERM DIRECTION	ISSUES WITH DELIVERY
Debt to Government	We are identifying the profile of debt, how it affects people and whānau, and levers for change.	We have delivered analysis as requested by D2G working group and DPMC. Our analysis fed into DPMC cabinet paper as part of report back to cabinet	We will publish our findings on our website in concert with DPMC's proactive release of the Debt to Government Cabinet paper. We will undertake further data analysis to explore impact of gender and relationship status on who holds govt debt and identify how people get into persistent debt and where to intervene. Ready for presentation in March 22.	Report back to Cabinet July 2022 Explore the possibility of including private sector debt	N/A
Child and Youth Wellbeing Strategy	We are delivering and supporting analysis and research to inform evidence driven responses.	We completed a research report to inform effective policy and interventions for change and, in response to your feedback, delivered an A3 on first 1000 days resilience factors, that built off Prof Morton's Academic Perspectives Research paper.	We will publish our reports and A3's to our website in February 2022	Delivery of any further work commissioned by DPMC	
Regional Leadership (including Data for Communities)	We are partnering with the MSD Regional Development Policy team and Statistics NZ to improve the provision of data and information available to regional leaders to enable better collaboration and improve community wellbeing.	We engaged with MSD's Regional Leadership Development Policy team to start scoping the requirements of the regional commissioners.	We will review and update project deliverables to support the welfare response to COVID in the regions, identify regions for proof-of-concept dashboards and identify key indicators. Draft dashboards will be developed for review.	To enable smaller agencies, regional leaders and community organisations to access good quality data and information to inform decision making and improve wellbeing across Aotearoa.	A shift in priorities at a regional level due to COVID has required this project to be rescope and delayed delivery. However, there is an opportunity to use this work to support the wider welfare response to COVID in the community.
Joint Venture of the Social Wellbeing Board for Family Violence and Sexual Violence	We are leading actions on the JV strategy action plan to continuously develop and improve the learning system through the collection of evidence and voices	We have agreed our approach with the Joint Venture Board	We are developing our detailed project plan will deliver a project plan by end of February 2022 and will develop outcome measures A3/dashboard for JV board Report to JV Ministers	We're going to develop: <ul style="list-style-type: none"> a research and evaluation plan for family violence and sexual violence. a process for continuous improvement through the analysis and sharing of data and insights new data sources and collection systems 	
Transforming New Zealand's approach to mental wellbeing	We are supporting the Mental Health and Wellbeing Commission with measuring wellbeing and their monitoring function	We met with the Commission on a regular basis	We will continue to meet with the Commission quarterly and on topics of interest and provide feedback to MoH on MHWC quarterly reports	Ongoing work to support the Commission as required	
Oranga Tamaki Action Plan	We are supporting OT's focus on data use for effective decision-making	At the end of November 2021, we met with Aphra Green, DCE Policy and Organisational Strategy; Charlotte Beaglehole, GM Policy; and Vasantha Krishnan, GM Evidence Centre, to discuss the scope of SWA of support. OT undertook to come back to us once they had completed further planning work.	We are meeting with OT in early February 2022, with our new DCE Alex Brunt, to confirm the key deliverables, which looks to include leading one action and supporting one other.	This work, once agreed, is planned over the rest of the calendar year	
Future of Social Sector Commissioning	We are involved in a cross-government project to embed a relationship-based approach to commissioning of social services.	We participated in project board meetings, supported the development of the intervention logic model and provided advice on the use of the data exchange and data standards to enable more effective commissioning of services.	We will continue to participate in project board meetings and provide support on measurement, and/or improving data infrastructure and collection as required.	We will continue to support the move to relationship-based commissioning as appropriate.	N/A
Future Focused Stewardship Function	We are developing insights into the cohort of New Zealanders who do not engage with government services regularly	The chair of the Social Wellbeing Board commissioned and we identified the groups we are most concerned about and their characteristics	We aim to have an in-depth look at some of cohorts for discussion at SWB about how to better serve them. The aim is to use the Integrated Data Infrastructure (IDI) to develop insights into who these people are (at a descriptive level), some information about the lives they are living, and the way they tend to interact with government services.	We want to see if there are cohorts of people missing out on the support they need to identify possible service approaches or mechanisms we could use to provide this group with a better joined-up service that meets their needs and improves their wellbeing.	
Analytics Platform	We are working with Te Puni Kokiri to develop a scalable analytics platform to allow agencies to access, analyse and embed data led insights	We successfully completed phase 2 proof of concept of the Analytics Platform.	We are progressing with delivering a live system by mid-April 2021		9(2)(f)(iv)



PROJECT	PROJECT DESCRIPTION	Q2 HIGHLIGHTS	Q3 DELIVERABLES	LONG TERM DIRECTION	ISSUES WITH DELIVERY
Aotearoa Wellbeing Dashboard	We are using the analytics platform to continue the development of the Aotearoa Wellbeing Dashboard	We completed a phase 2 proof of concept	We will test iteration of dashboard and reports with key stakeholders		
Disability data	We are supporting ODI with disability data needs and gaps	We participated in a working group workshop and conducted analysis of vaccination rates for the disabled community	We will continue to participate in the working group		
Vaccination Insights	We are supporting the COVID-19 vaccine rollout through Integrated Data Infrastructure (IDI) analysis.	<p>We supported the MoH with the COVID-19 vaccine rollout through analysis of data in the Integrated Data Infrastructure (IDI)</p> <p>We used child immunisation data, matched with Census data, to analyse patterns of vaccination, including a range of different characteristics (for example, where they live including distance from medical facilities, deprivation index, District Health Board region, ethnicity), and did analysis of vaccination rates for Kainga Ora customers</p> <p>We also constructed a disability indicator to look at vaccination uptake for New Zealanders with disabilities</p> <p>We fed out analysis into the COVID-19 Protection Framework Cabinet paper that was considered on Monday 29 November 2021.</p>	We will undertake analysis on ACC clients and work to identify vaccination uptake in children with disabilities	This project is due to wind down unless further requests are made.	
Deliver Data Sharing Standard for the Social Sector	We are promoting the Data Sharing Standard for the social sector as part of our continued advocacy role of the data protection and usage policy (DPUP) and the safe and secure exchange of data	Handover of DPUP to the GCPO team at DIA was completed in December 2021 with the transition of all DPUP related content to DIA and the decommissioning the DPUP SWA website.	We will meet with StatsNZ to discuss and agree their involvement and requirements and work together towards any agreed milestones.	Have a centralised set of standards for use beyond just Govt agencies.	
Informatics Work	We are enabling progress on advanced data analytics across the sector	We shared relevant data and analysis with the network and started preparations for the annual symposium and workshop	We will host an online workshop in April 2022.	Host Symposium later in the financial year (June 2022), with may be held online or delayed due to COVID-19 or early next financial year if delayed.	
Support Ministry for Ethnic Communities (MEC) on how to measure action plans impact	We are supporting the Ministry for Ethnic Communities on how to measure the impact of their action plan	The Ministry of Ethnic Affairs is still determining if this is a priority for them.	We will work with the Ministry to scope how we can support this work.		
Support Ministry of Education with data and insights for children with higher needs	We're providing insights and data to support MOE's review into Highest Need Learners to help ensure all young people are receiving the education they deserve	We scoped our approach and agreed it with Ministry of Education	<p>We will construct an infrastructure in the IDI to identify learners with highest needs and map the outcomes of current support levels.</p> <p>We will output our initial analysis and share with MOE by end of February 2022</p>		
Caring for Communities	We're providing support for C4C Chief Executives	We prepared case studies on community responses to COVID	We will finalise reports and A3's for publication in March 2022 and provide advice on coordinated approach to community wellbeing	Ongoing as required	



Quarter 3 Performance Update

Date: 6 May 2022

Security level: Confidential

To: Hon Carmel Sepuloni, Minister for Social Development and Employment

Purpose

The attached A3 provides you with a progress update against the Social Wellbeing Agency's agreed work programme.

Summary of progress to date

We have made good progress on our agreed work programme.

Highlights of quarter three include:

- Data and insights for children with higher needs was completed
- Significant progress made on the JVBU work and we continue to work closely with them
- The Analytics platform is on track with TPK confirmed as a committed partner in moving to a production state
- The briefing to MSD Chief Executive Debbie Power on Regional Leadership was delivered
- We completed analysis of the persistence of debt over time and the impact of private debt in April. We intend to discuss this with you at a future Agency meeting

Assessed progress

One of our performance measures specifically relates our work programme:

"The percentage of key deliverables agreed with the Minister completed in accordance with organisational priorities and agreed standards will be no less than 85%"

We are on target to meet this KPI at the end of quarter 4.

Contacts

Name	Position	Contact Number	First Contact
Lynda Jelbert	Director, Organisational Performance	9(2)a	<input checked="" type="checkbox"/>
Alistair Mason	Director, Office of the Chief Executive		<input type="checkbox"/>

Social Wellbeing Agency Achievements – Quarter 3: 1 January to 31 March 2022

Strategic purpose 1: To deliver Cross-Social System Advice

Social Wellbeing Board Priority:	Achievements
Debt to Government	<ul style="list-style-type: none"> Built a data explorer tool to analyse debt to government Contributed in depth analysis to a cabinet paper on identifying the profile of debt, how it affects people and whānau, and levers for change Published two reports <i>Patterns across debt and debtors to government</i> and <i>Understanding debt and debtors to government</i> Commenced next stage of work analysing persistent debt and the relationship between government debt and private debt
Child & Youth Wellbeing Strategy	<ul style="list-style-type: none"> Finalised research questions on a Te Ao Māori perspective of child wellbeing ready for commissioning. This work will contribute to advice to Wellbeing Ministers Provided advice to the Department of the Prime Minister and Cabinet about the effect of formal and informal childcare at different ages in early childhood on children's development and wellbeing. This was incorporated into an Aide Memoire for the Minister for Child Poverty Reduction to support discussions on childcare by Income Support Ministers in April.
Regional Leadership	<ul style="list-style-type: none"> Joint briefing with Stats NZ to Debbie Power (functional lead) seeking agreement to work with regional groups on their data requirements Consulted with regional leadership group / regional commissioners on data needs and developed a prototype tool for feedback
Joint Venture of the Social Wellbeing Board for Family Violence and Sexual Violence	<ul style="list-style-type: none"> Provided secretariate support to the Board Reported jointly with JVBU to Minister of Social Development and Minister for Family Violence Prevention on proposed approach to develop Measurement and Evaluation Programme due in December 2022 Worked with JVBU to develop a dashboard so SWB can monitor progress of strategy Logic model formed of draft outcomes framework Worked with JVBU to apply a Te Ao Māori lens to our contribution and draft logic model to test with stakeholders
Oranga Tamariki Action Plan	<ul style="list-style-type: none"> Assisting Oranga Tamariki to deliver regional data for the communities of Waikato, Heretaunga/Ahuriri, Ōtautahi and Taumaranui
Transforming New Zealand's approach to mental wellbeing	<ul style="list-style-type: none"> We had our regular catch up with the Mental Health and Wellbeing Commission to share priorities With other agencies prepared advice on the impacts of COVID-19

Strategic purpose 2: To create Tools, Insights and Practices

Project	Achievements
Analytics Platform (Mahitahi – Phase 3)	<ul style="list-style-type: none"> Agreed funding and staffing requirements with our partner Te Puni Kōkiri Finalised prototype ready to move Mahitahi into production by 30 June Developed a dashboard that provides information of wellbeing across multiple metrics Held multiple meetings with stakeholders on use and commenced analysis of funding options Commenced business case
Covid Vaccination Analysis	<ul style="list-style-type: none"> Prepared advice to Department of the Prime Minister and Cabinet on <i>The Role of non-pharmaceutical interventions in managing a COVID-19 outbreak</i> Finalising vaccination insights with other Agencies with a focus of handing over data so they can answer their own questions in the future
Disability Data	<ul style="list-style-type: none"> Published <i>COVID-19 vaccine uptake for disabled people</i> and updated data with new information Analysed COVID-19 uptake for young disabled people Attend working group to support the Office of Disability Issues with their disability data needs Leading work on disability data in the IDI Cross-Agency Agency Working Group chaired by the Office of Disability Issues
Data Sharing Standard	<ul style="list-style-type: none"> Met with Stats NZ to hand over mandated data standards work programme Appointed lead responsibility for the provision of regional data under the 'Data Investment Plan' and support another two deliverables
Informatics	<ul style="list-style-type: none"> Supported an online information sharing event and workshop on Monday 4 April. Around 40 attendees from government, academic, and research organisations discussed data, ethics, privacy, and governance, to establish key themes for a Symposium which will be held in October 2022.
Data and insights on children with higher needs	<ul style="list-style-type: none"> Began the first data extraction and first cut of the data on children with high needs and their interaction with the education system, a deliverable for Ministry of Education's Review

People, Capability and Culture – Achievements

- Refreshed our people strategy to align with SWA's 3-year strategy
- Introduced a payment policy to support, encourage, and build our Te Reo Māori capability
- Extended our Wellbeing policy to include office equipment to ensure safe working environments at home
- Ran pulse surveys to monitor the wellbeing of our people during split-shift rosters due to Covid-19
- Progressed our rainbow tick accreditation work by meeting all the self assessment requirements

Our Finances

- Our allocated budget is tight, and we have been holding vacancies in order to deliver on the Analytics Platform. Unallocated budget from the previous financial year was carried over and a plan is in place to use our full budget by the end of the financial year. A contingency plan is in place to transfer any underspend into the next financial year.

Communications and Engagement - Achievements

- Developed and implemented a new communications strategy aimed at raising our profile and highlighting the work we deliver
- Content focuses on demonstrating how our mahi makes a difference, and celebrating our people and culture
- Focus is on improving the quality and quantity of content on our website and LinkedIn
- Q4 focus will expand to content on The Hub and creating 'snack-size' social media content based on our research

Q3 results*

- New publications on SWA website: 5 (compared to 6 in 2021 calendar year)
- News items on SWA website: 3 (compared to 0 in 2021 calendar year)
- LinkedIn posts: 8 (compared to 6 in 2021 calendar year)
- LinkedIn followers: 1069 – a 14% increase on previous quarter
- Highest performing LinkedIn posts: 'Come join us' post with detail of Organisational Performance role (9.6% engagement rate**), and welcoming Alex Brunt to our team (9.47% engagement rate)
- Website visitors have increased month-on-month, which we attribute to the increase in content being published and shared through LinkedIn

* Future quarterly reporting will compare to previous quarter rather than to a calendar year
 ** Engagement is calculated as (Likes+Comments+Shares+Clicks+Follows)/Impressions – 2% is considered a good rate for LinkedIn





Disabled People's Organisations (DPO) Coalition request for vaccination analysis

Date: 25 March 2022

Security level: In Confidence

To: Hon Carmel Sepuloni, Minister of Social Development and Employment

Purpose

This briefing and appendices provide analysis on the Covid-19 vaccination uptake for disabled people (including children) as of 1 March 2022, using the indicators developed by the Social Wellbeing Agency.

This work has been done in response to a request you received from the Disabled People's Organisations (DPO) Coalition, and we intend to discuss this with you at our meeting on Wednesday 30 March 2022.

Recommendations

It is recommended you:

Note SWA has completed the analysis on Covid-19 vaccination uptake for disabled people in response to your request on 10 March 2022 Yes No

Agree to provide the attached analysis to the DPO Coalition Yes No

Renee Graham
Chief Executive
Social Wellbeing Agency

Hon Carmel Sepuloni
Minister of Social Development and
Employment

Context

Further to our December 2021 presentation to yourself on analysis of a disability indicator for adults for Covid-19 vaccination uptake, we have continued to engage with the Ministry of Health and the Office of Disability Issues on the development of a disability indicator for children.

The Ministry of Health had asked the Social Wellbeing Agency to look at the take up of vaccinations for disabled people using the Integrated Data Infrastructure (IDI). This required us firstly to create a disability indicator. We published the disability indicator for adults on our website. Results showed that a higher proportion of disabled people had received at least one dose of the vaccine as of 30 November 2021. The Ministry of Health has since asked us to look at vaccination uptake for disabled children.

On 10 March 2022, your office wrote to the Social Wellbeing Agency requesting that we consider a request advanced by the DPO Coalition.

The DPO requested that our previous analysis be updated to:

1. Show the overall vaccination rates for disabled and nondisabled people, by ethnicity, by region, and by age group (including 5–11-year-olds), and
2. Identify small subpopulations of disabled people who may not have taken up the vaccination services, using data techniques that target groups of disabled people who are at risk of being marginalised.

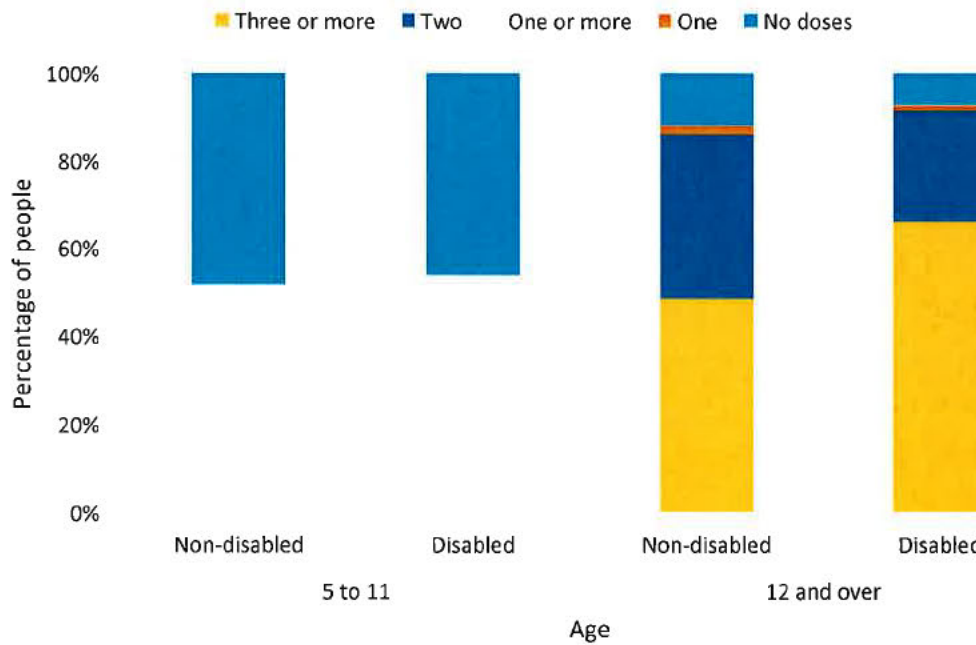
Our findings

Note that the below vaccination rates are estimates and use Covid-19 Immunisation Register data as of 1 March 2022. When discussing vaccination uptake, we refer to 1 or more doses unless otherwise stated.

Show the overall vaccination rates for disabled and nondisabled people, by ethnicity, by region, and by age group (including 5–11-year-olds)

- Of the estimated 1.2 million disabled people over 12, 66% have received 3 or more doses and 92% have received at least 2 doses – these vaccination rates are slightly higher than for non-disabled people.
- Of the estimated 30,000 disabled 5-11-year-old children, 54% have received at least 1 dose – these vaccination rates are slightly higher than for non-disabled children. Children have been eligible since 17 January 2022. Numbers of second doses for children are small and therefore not disaggregated in this analysis.

Vaccination status by disability status



- Across ethnicity, regions (District Health Boards) and age groups, disabled people tend to have higher vaccination uptake than non-disabled people.
- While disabled Māori & Pasifika People have higher vaccination uptake than non-disabled Māori and Pasifika People, both groups have lower vaccination uptake compared to the rest of the population. See Appendix 1.A for more detail on the population aged 12 and over, and Appendix 2.A for 5-11-year-olds.
- Northland DHB had the lowest vaccination uptake for disabled people of all ages. Capital and Coast DHB had the highest vaccination rate for disabled people aged 12 and over. For 5-11-year-olds, Auckland DHB had the highest vaccination rate for disabled children. See Appendix 1.B for more detail on the population aged 12 and over, and Appendix 2.B for 5-11-year-olds.
- Northland DHB has the largest difference in vaccination uptake between disabled and non-disabled people aged 12 and over. The vaccination rate for disabled people was around 8 percentage points higher than non-disabled people. See Appendix 1.B.
- Disabled children (age 5-11) have slightly higher vaccination rates than non-disabled children across all DHBs except for Capital and Coast DHB. However, it should be noted that Capital and Coast DHB has one of the highest vaccination rates for both disabled and non-disabled children in the country. See Appendix 2.B.
- As expected, older age groups are more likely to be vaccinated in general and in terms of having received 3 or more doses as of 1 March 2022. The difference in uptake between disabled and non-disabled adults is most significant for the 65+ age group. See Appendix 1.C.

- Disabled young people (aged 12 to 24) with a functional difficulty related to washing or communication, have slightly lower vaccination uptake compared to non-disabled people, and disabled people with other types of functional difficulties. See Appendix 1.D.

Identify small subpopulations of disabled people who may not have taken up the vaccination services, using data techniques that target groups of disabled people who are at risk of being marginalised.

- Across virtually all analysed subgroups including (see appendices 1-3), disabled people have higher vaccination rates than non-disabled people in the same subgroup.
- Our analysis to date has shown that individuals who engage with the health system are much more likely to be vaccinated compared to those who do not. However, disabled people identified to have other health conditions – e.g., Autism Spectrum Disorder, intellectual impairment, or a serious mental health illness – are less likely to be vaccinated than their disabled peers without these health conditions.
- We observe a relationship between socioeconomic status and vaccination uptake, with individuals living in more socioeconomically deprived areas (as measured by the NZ Deprivation Index) having relatively lower uptake. However, disabled people are more likely to be vaccinated than non-disabled people at every deprivation level. See Appendix 2.D for 5-11-year-olds and Appendix 3.B for people 12 and older.
- Disabled people receiving a main benefit, or living in social or community housing are less likely to be vaccinated than their disabled peers who do not interact with these services. See Appendix 3.
- Uptake of the vaccination among disabled people has been lowest among:
 - Non-PHO enrolled people aged 65-years-and-older (around 46% are unvaccinated);
 - Similarly, people aged 65-years-and-older with no identified GP contacts between Feb 2020 and Feb 2021 (around 33% are unvaccinated); and
 - Non-PHO enrolled people ages 25-64 (around 30% are unvaccinated).

These results indicate that a relationship with your doctor could be significant factor in people's decisions to get vaccinated.

Our work

The analysis uses a disability indicator developed by the Social Wellbeing Agency, in consultation with the Ministry of Health and the Office for Disability Issues. The disability indicator for adults relies primarily on IDI data sources that align with the Washington Group Short Set (WGSS). This is an indicator about people who are at a greater risk of restrictions to social participation because of functional difficulties, e.g., communicating, hearing, remembering, seeing, walking, and washing.

This methodology estimated approximately 1.2 million disabled people aged 12 and over.

Extending this methodology, we have created an indicator for 5-11-year-old children. There are known limitations around the use of the WGSS for children. The indicator for children therefore includes Ministry of Education Ongoing Resourcing Scheme (ORS) funding criteria, which provides support for students with the highest ongoing levels of need for specialist support.

This methodology estimated approximately 30,000 disabled children aged 5-11.

The indicator, and analysis, have limitations – these are described in appendix four.

Consequently, this analysis is only an approximation of the relative vaccination uptake of the estimated disabled population compared to the estimated non-disabled population, based on functional difficulties. The analysis is not intended to be precise or to capture all forms of disability.

Contacts

Name	Position	Contact Number	First contact
Louise Pirini	Manager Analytics	9(2)a	<input checked="" type="checkbox"/>
Shaan Badenhorst	Data Scientist		

Attachments

Appendix 1 – Vaccination uptake analysis of disabled population aged 12 and over as of 1 March 2022

Appendix 2 – Vaccination uptake analysis of disabled children aged 5-11 as of 1 March 2022

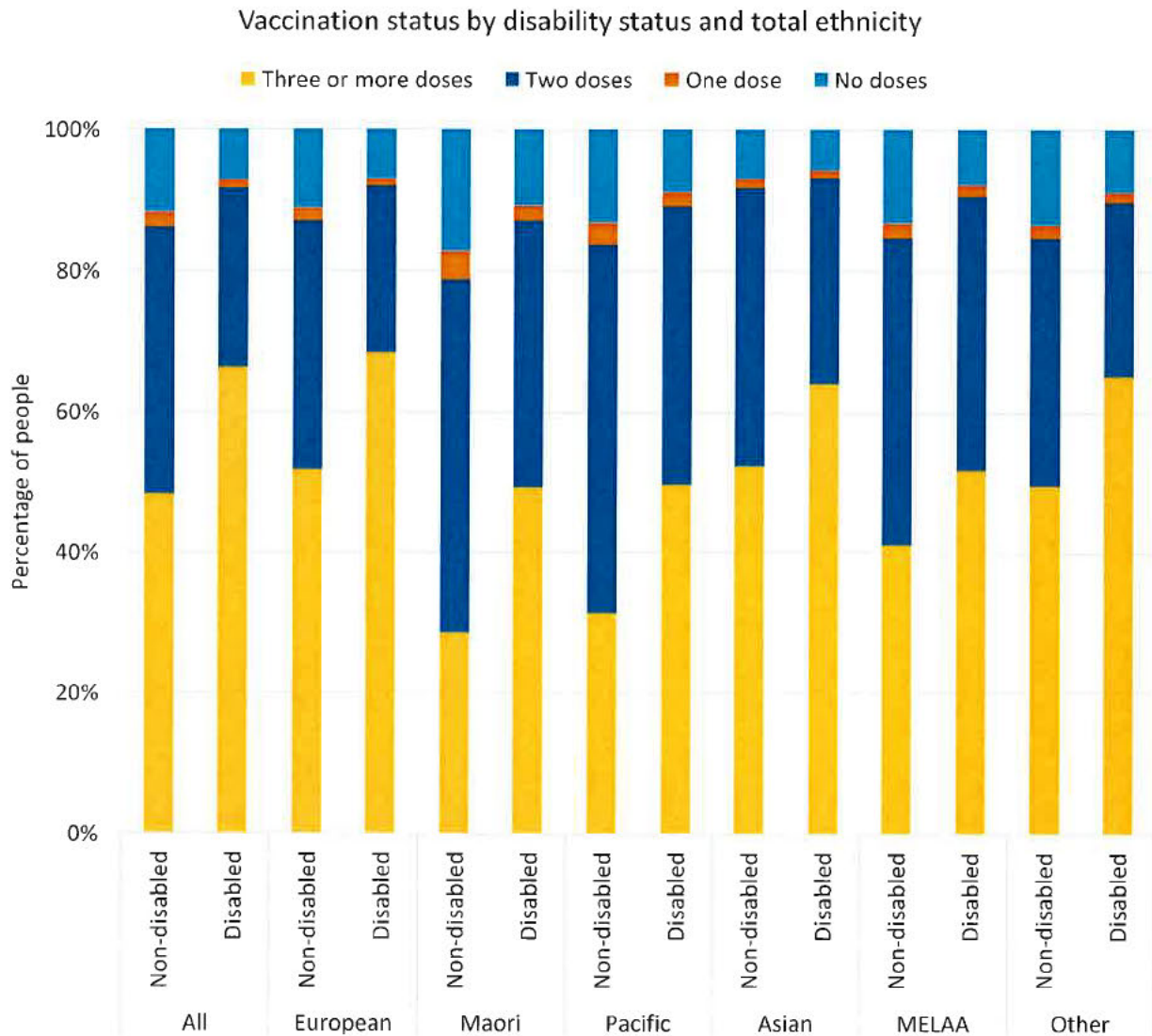
Appendix 3 – Supplementary vaccination uptake analysis of the disabled population as of 1 March 2022

Appendix 4 – Technical information and limitations of the analysis

Appendix 1 – Vaccination uptake analysis of disabled population aged 12 and over as of 1 March 2022

A. Disability status by total ethnicity – aged 12 and older

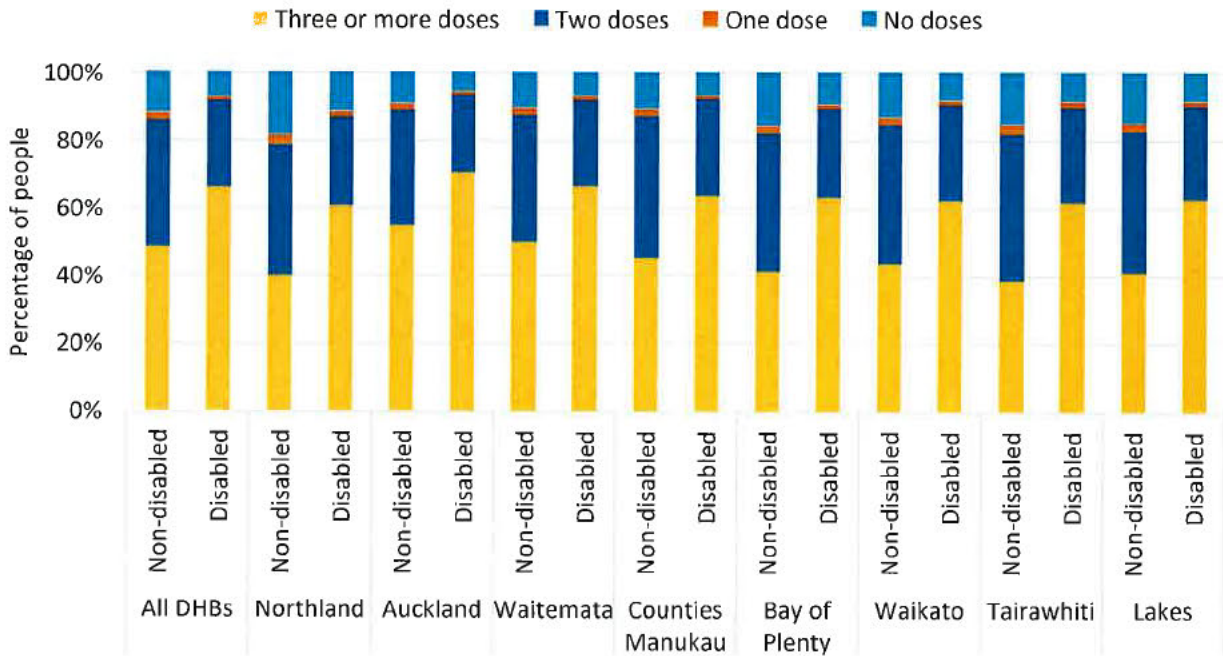
The disabled population continues to be better vaccinated (including booster uptake) relative to the non-disabled population. This trend persists across all six major ethnicity categories. Our analysis aligns with the Ministry of Health reporting which indicates that Māori and Pasifika People’s vaccination uptake continues to be slower than the rest of the population.



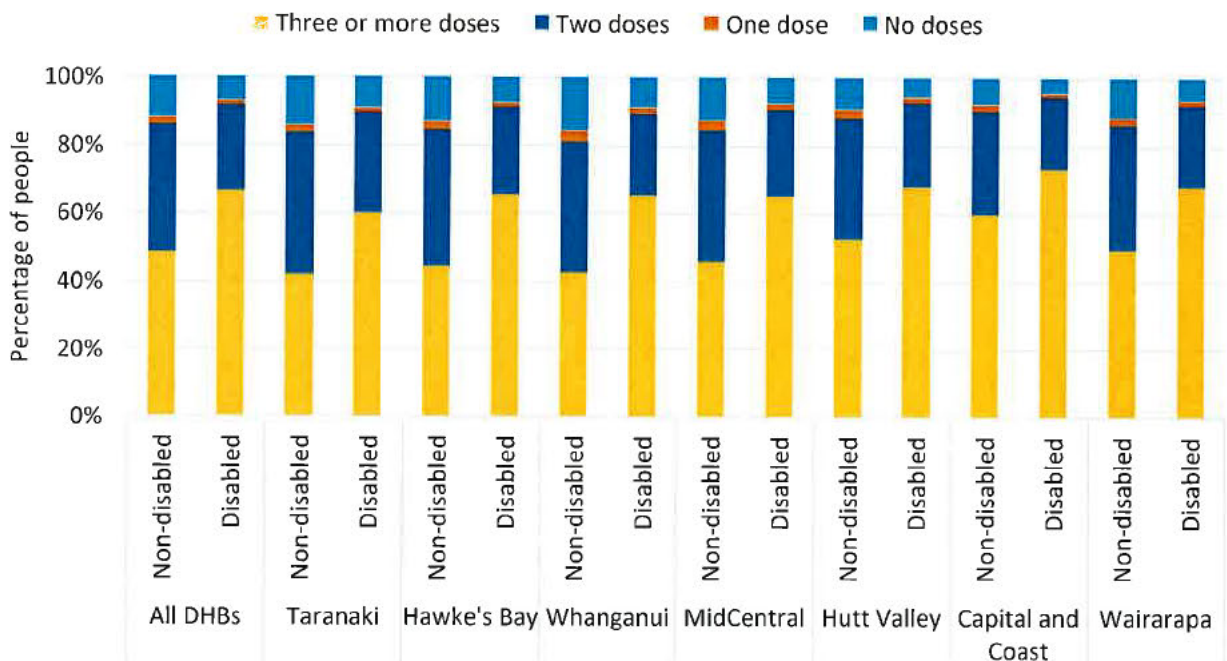
B. District Health Boards – aged 12 and older

The comparatively higher vaccination rates of disabled people persist across all DHBs. In terms of the percentage of people vaccinated (1 or more doses), Northland DHB had the most significant difference (approximately 8 percentage points) between disabled and non-disabled people. Capital and Coast DHB had the smallest difference, approximately 3 percentage points.

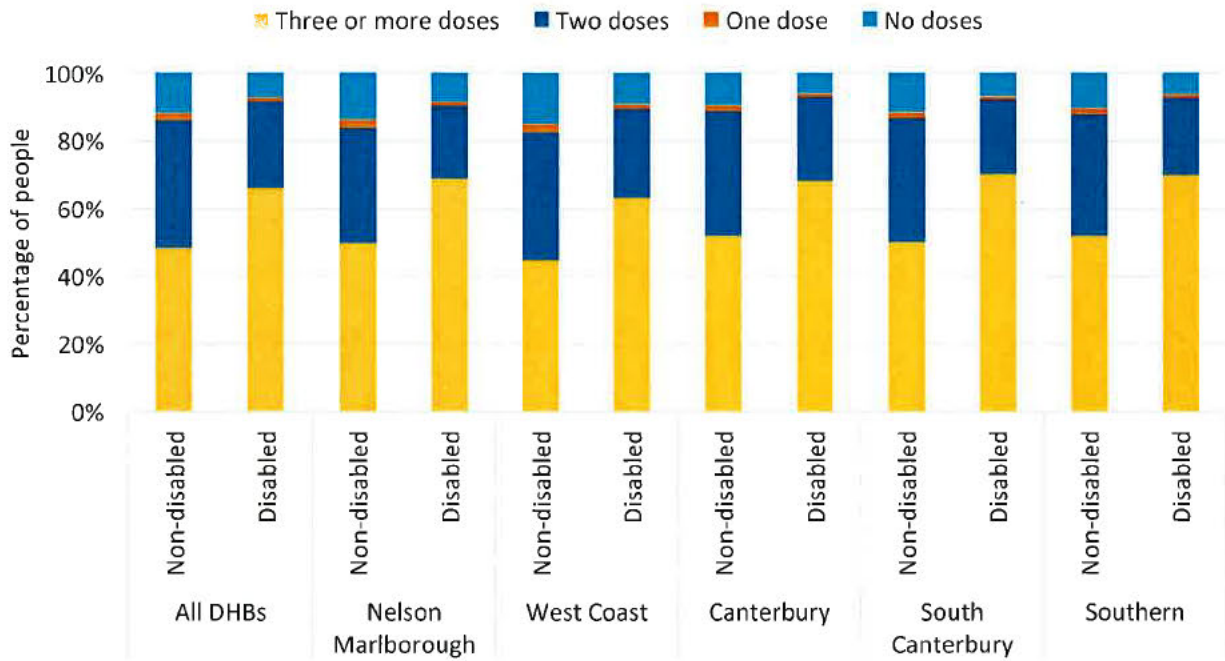
Vaccination status by disability status across upper North Island DHBs



Vaccination status by disability status across lower North Island DHBs



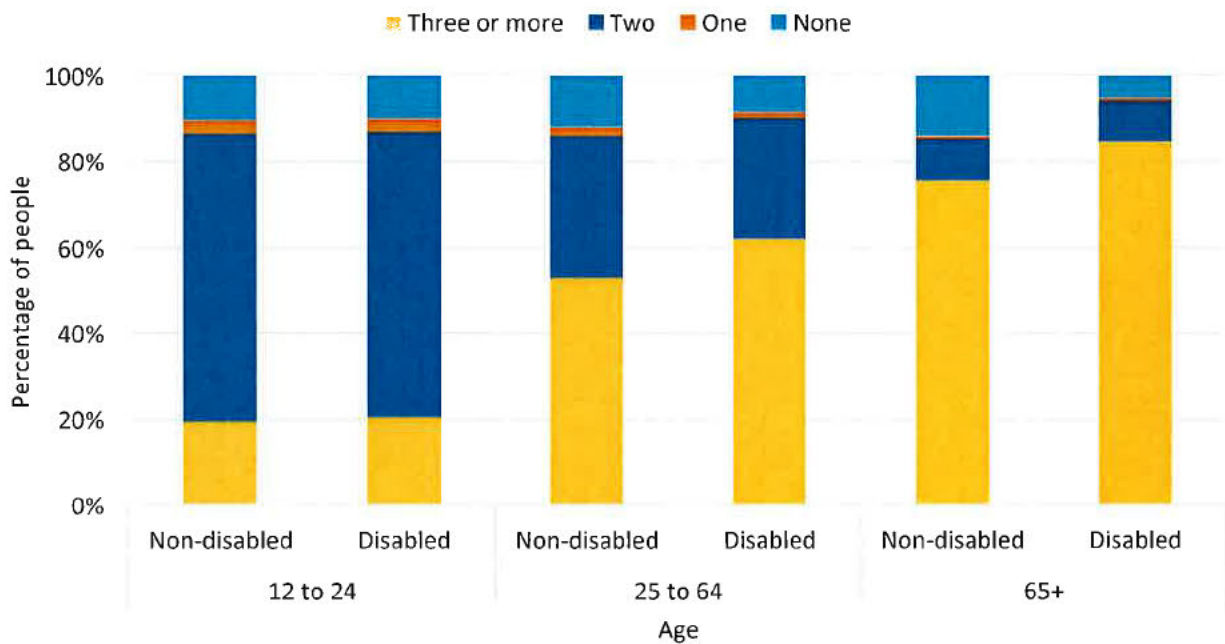
Vaccination status by disability status across South Island DHBs



C. Age group – aged 12 and older

There are level shifts in the uptake of 3 or more doses of the vaccine across age groups, consistent with the initial rollout of the vaccine based on priority groups, particularly age. The difference in vaccination rates between disabled and non-disabled people is more pronounced among older age groups. However, difficulty identifying young people with disabilities in the data may explain some of this trend, see Appendix 4.

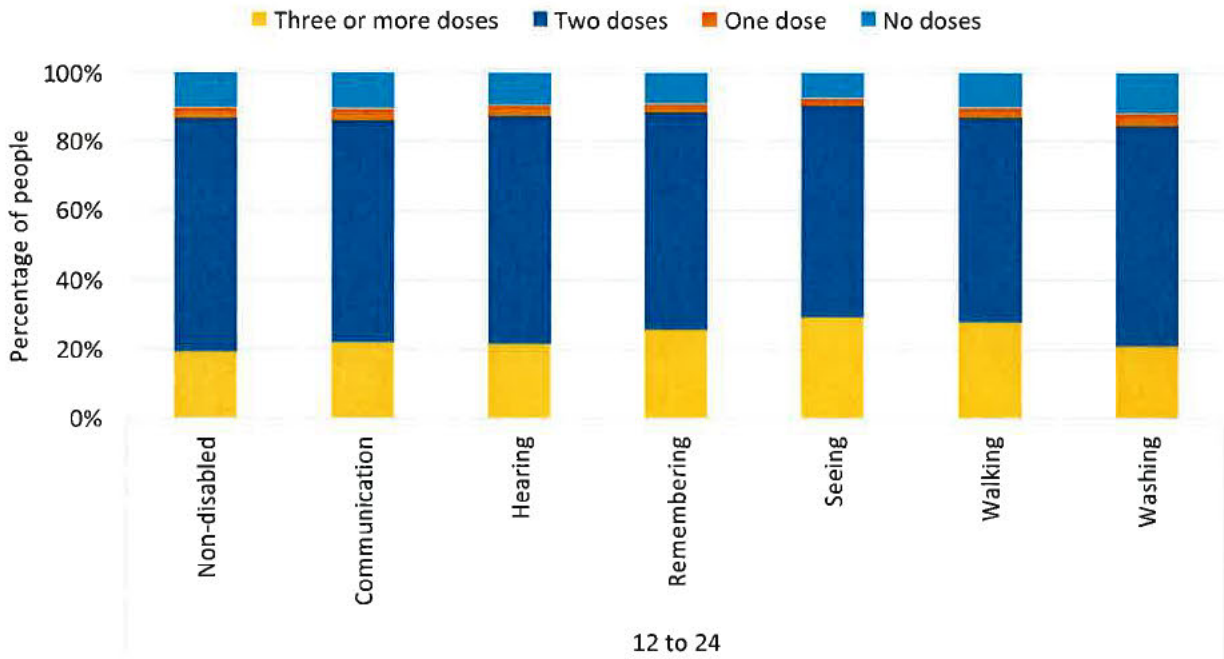
Vaccination status by disability status and age group



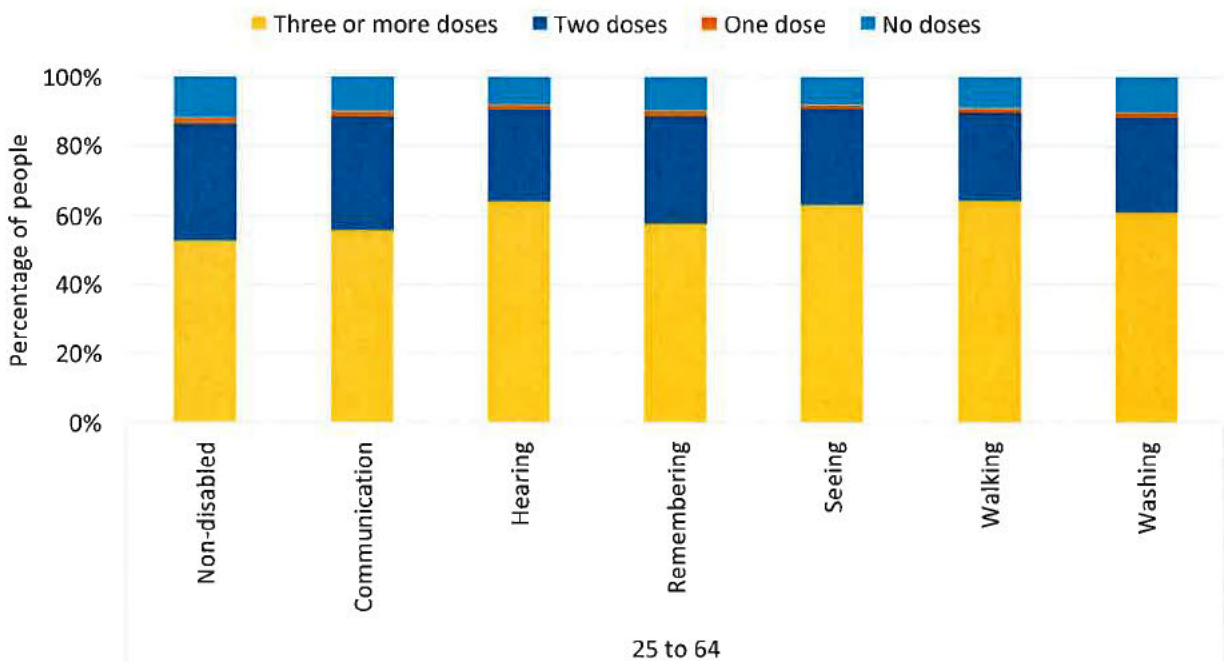
D. Functional difficulty by age group – aged 12 and older

Disabled younger people (aged 12 to 24) with a functional difficulty related to washing or communication, have slightly lower vaccination uptake compared to non-disabled people, and disabled people with other types of functional difficulties. For older age groups (25 to 64 and 65+), disabled people across all functional difficulties have higher vaccination uptake than non-disabled people.

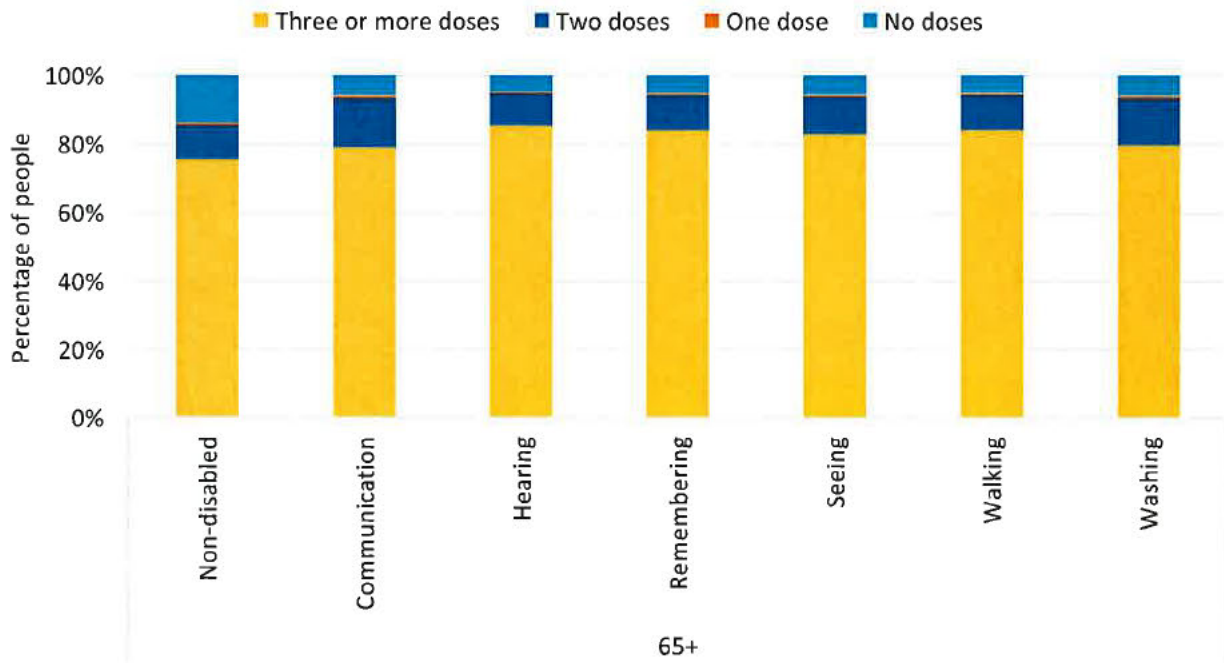
Vaccination status by functional difficulty and age - 12 to 24 year olds



Vaccination status by functional difficulty and age - 25 to 64 year olds



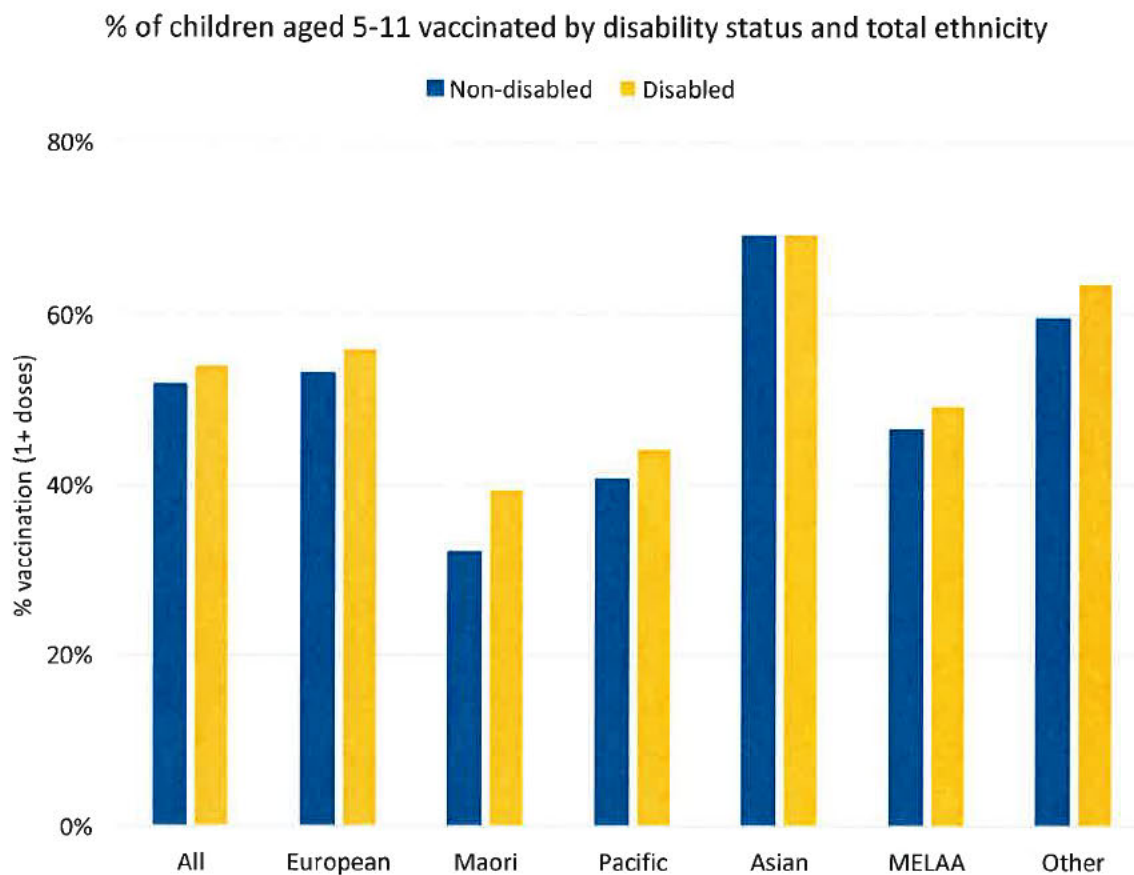
Vaccination status by functional difficulty and age - 65+ year olds



Appendix 2 – Vaccination uptake analysis of disabled children aged 5-11 as of 1 March 2022

A. Disability status by total ethnicity – 5-11-year-olds

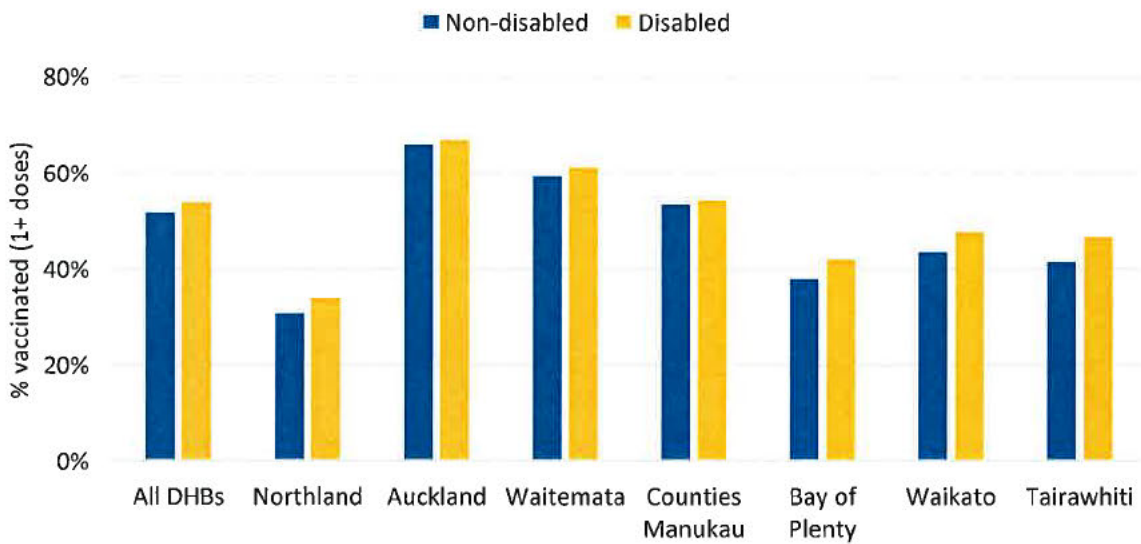
Disabled children tend to have slightly higher vaccination rates than non-disabled children, across and within the six high level ethnicities. This is especially true for ethnic groups with overall lower vaccination rates, such as Māori, Pacific and MELAA.



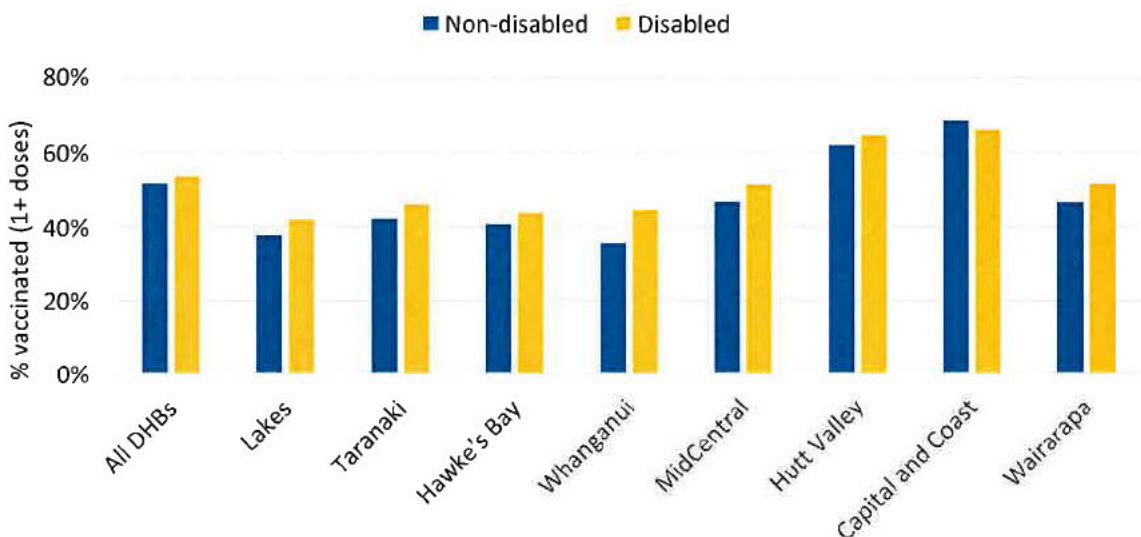
B. District Health Boards – 5-11-year-olds

Disabled children have slightly higher vaccination rates than non-disabled children across DHBs except for Capital and Coast DHB. However, it should be noted that Capital and Coast DHB has one of the highest vaccination rates for both disabled and non-disabled children in the country. While this indicates that – for a given DHB – disabled children are more likely to be vaccinated than their non-disabled peers, this does not mean disabled children are vaccinated at equal rates across the country. For example, in Auckland 67% of disabled children and 66% of non-disabled children are vaccinated, whereas in Northland only 34% of disabled children and 30% of non-disabled children are vaccinated.

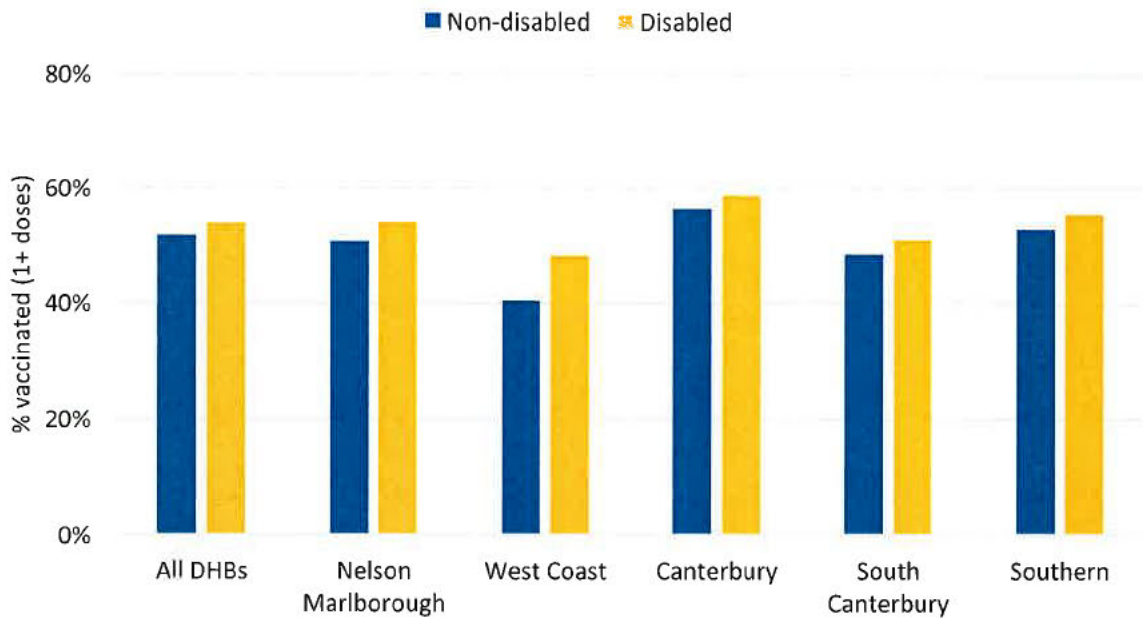
% of children aged 5-11 vaccinated by disability status across upper North Island DHBs



% of children aged 5-11 vaccinated by disability status across lower North Island DHBs



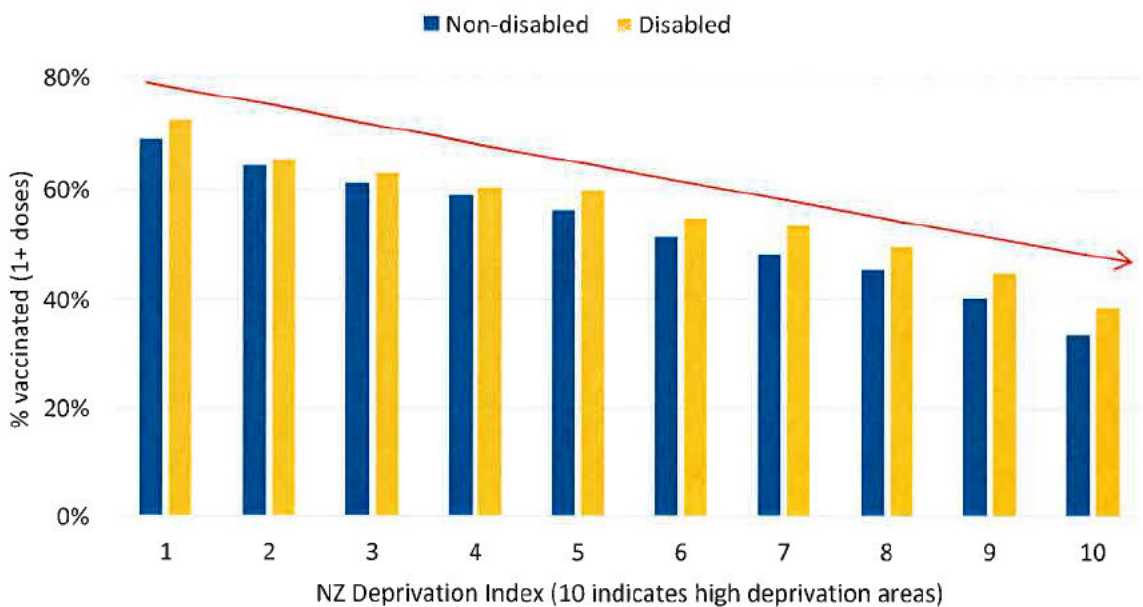
% of children aged 5-11 vaccinated by disability status across South Island DHBs



C. NZ Deprivation Index - 5-11-year-olds

Disabled children tend to have slightly higher vaccination rates, regardless of the NZ Deprivation Index of the area they live in. However, it should be noted: there is a clear relationship between NZ Deprivation Index and vaccination rates in 5-11-year-olds. As the NZ Deprivation score increases, vaccination rates decrease, e.g., 4 in 10 disabled children living in areas with higher socioeconomic deprivation (NZDep = 10) vaccinated compared to 7 in 10 disabled children living in the most affluent areas (NZDep = 1).

% of children aged 5-11 vaccinated by disability status and NZ Deprivation Index

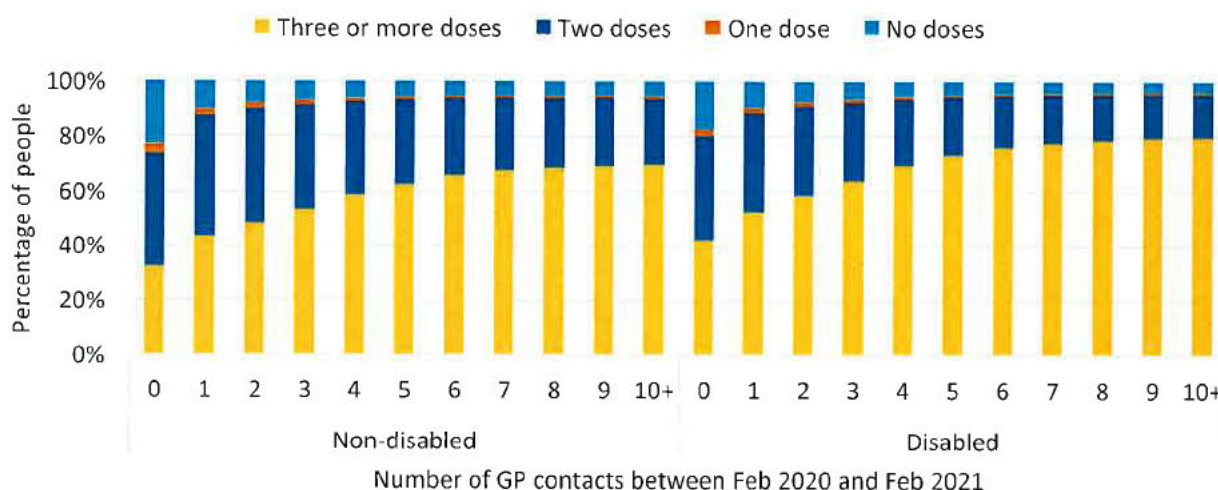


Appendix 3 – Supplementary vaccination uptake analysis of the disabled population as of 1 March 2022

A. Number of GP contacts – aged 12 and older

Consistent with earlier analysis, we observe that individuals who regularly interact with their health providers are more likely to be vaccinated (1 or more doses) and are more likely to have received 3 or more doses as of 1 March 2022. Across levels of interaction with health providers, disabled people are more likely to be vaccinated than non-disabled people.

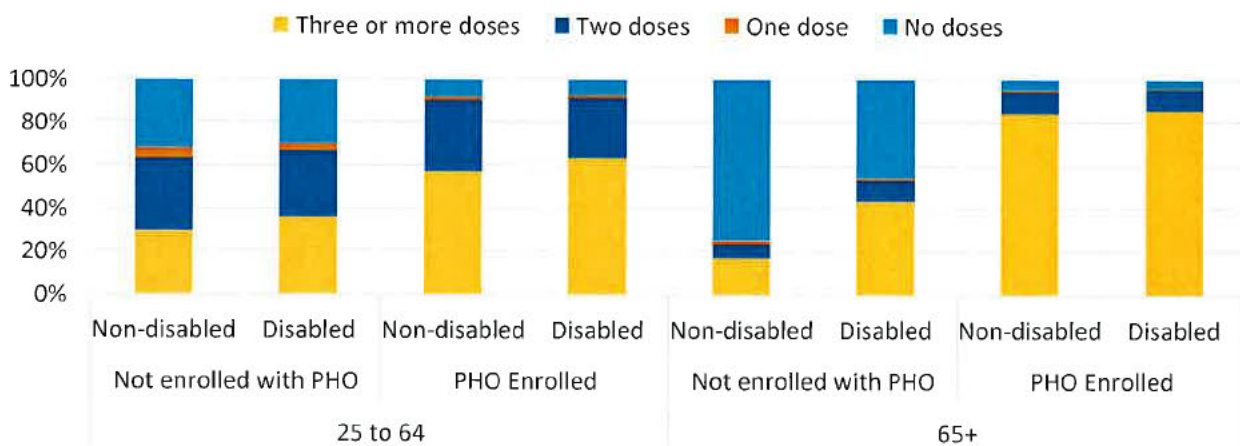
Vaccination status by disability status and number of GP contacts between Feb 2020 and Feb 2021 - 12 years and older



B. PHO enrolment – aged 25 and older

Again, across PHO enrolment status and age, disabled people have higher vaccination rates than non-disabled people. Disabled people who are not enrolled with a PHO are much less likely to be vaccinated than disabled people who are enrolled with a PHO. This is particularly true for disabled people aged 65 and older.

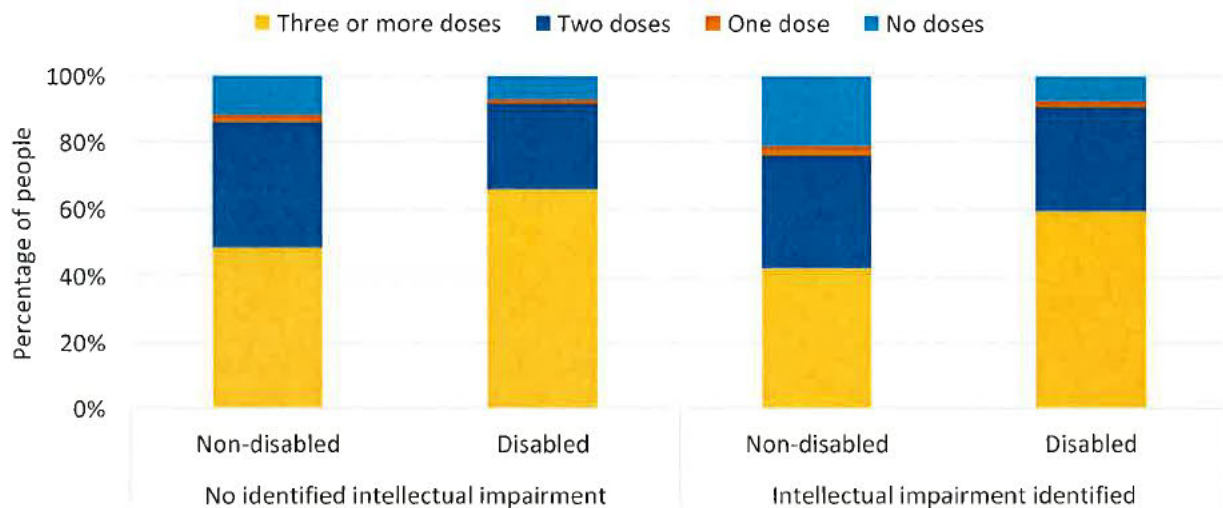
Vaccination status by disability status and PHO enrolment - 25 years and older



C. Intellectual impairment – aged 12 and older

Uptake of the vaccination (1 or more doses) among disabled individuals with identified intellectual impairments is broadly the same as disabled individuals without an intellectual impairment. However, disabled individuals with an intellectual impairment have significantly lower rates of uptake compared to non-disabled individuals without an intellectual impairment.

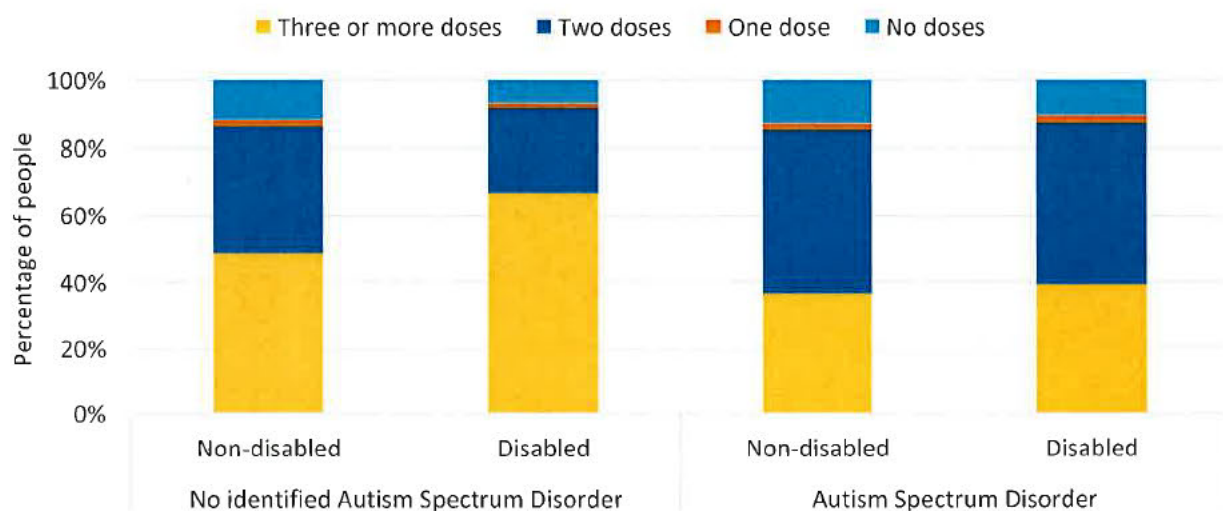
Vaccination status by disability status and diagnosed intellectual impairment - 12 years and older



D. Autism Spectrum Disorder – aged 12 and older

People with Autism Spectrum Disorder (ASD) have lower vaccination uptake than people without (identified) Autism Spectrum Disorder. Disabled people with ASD are more likely to be vaccinated than non-disabled people with ASD.

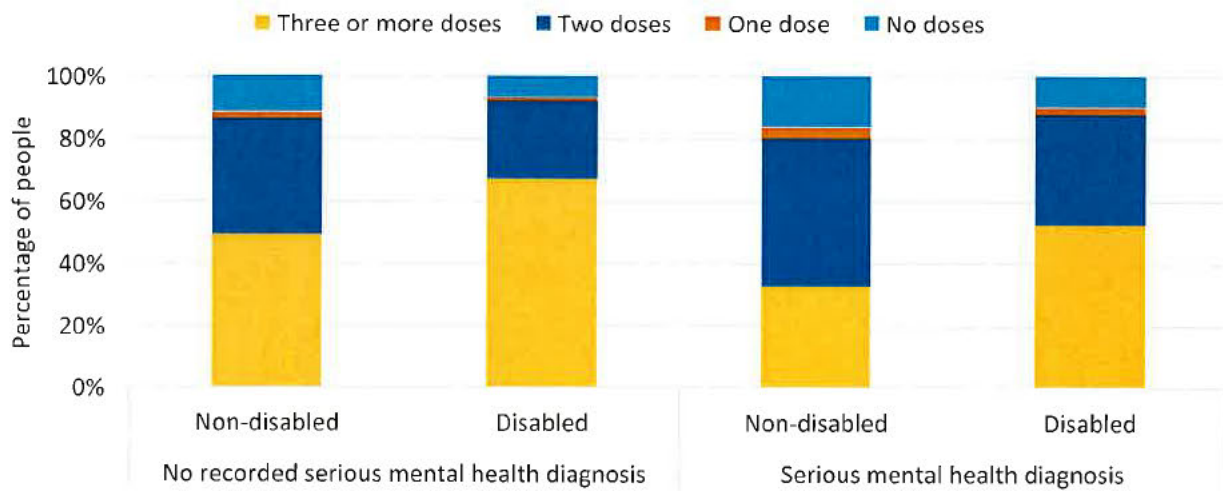
Vaccination status by disability status and identified Autism Spectrum Disorder - 12 years and older



E. Diagnosis of a serious mental health condition – aged 12 and older

Irrespective of mental health diagnoses, disabled people are more likely to be vaccinated than non-disabled people. However, disabled people who have been diagnosed with a serious mental health condition are much less likely to have received 3 or more doses than disabled people who have no record of such a diagnosis.

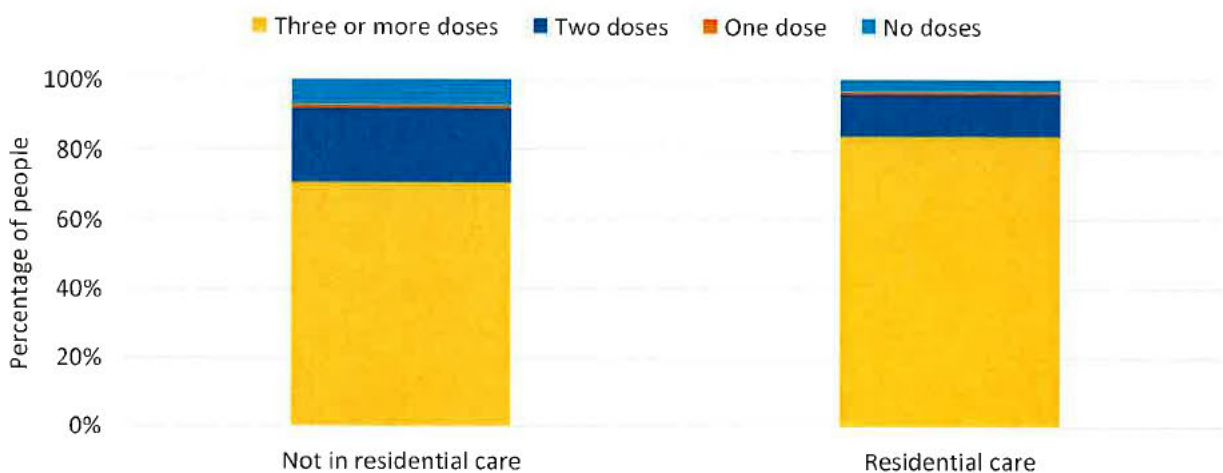
Vaccination status by disability status and diagnosis of a serious mental health illness - 12 years and older



F. Residential care status for disabled people – aged 25 and over

Disabled people living in residential care facilities have higher vaccination uptake than disabled people not living in residential care facilities. 84% of disabled people living in residential care facilities have received 3 or more doses of the vaccine, compared to 71% of disabled people not living in residential care facilities.

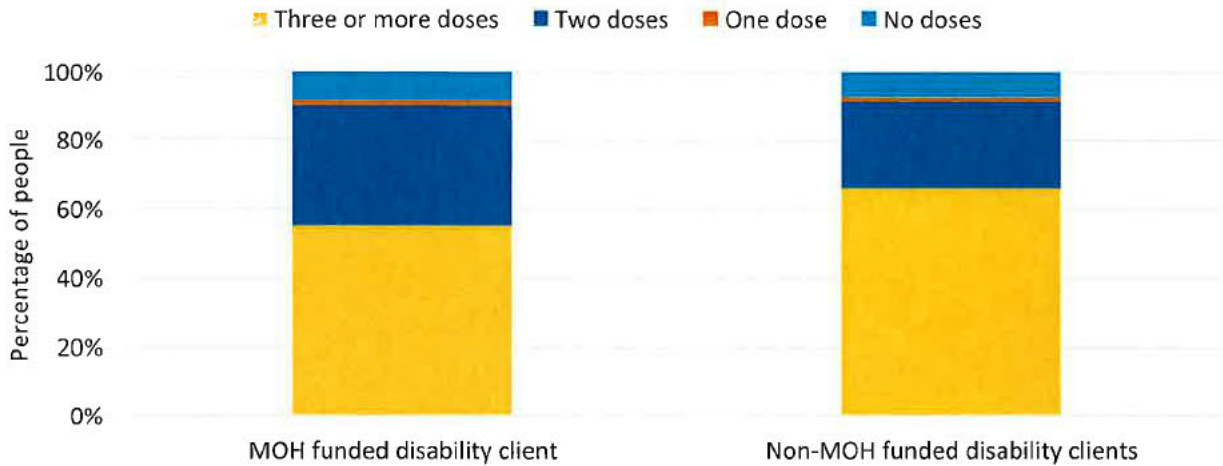
Vaccination status by disability status and residential care services



G. MOH funded disability clients

Disabled people receiving disability funding from the Ministry of Health have marginally lower uptake of the vaccination, both in terms of vaccination generally (1 or more doses) and boosters (3 or more doses) compared to disabled people who are not MOH funded disability clients.

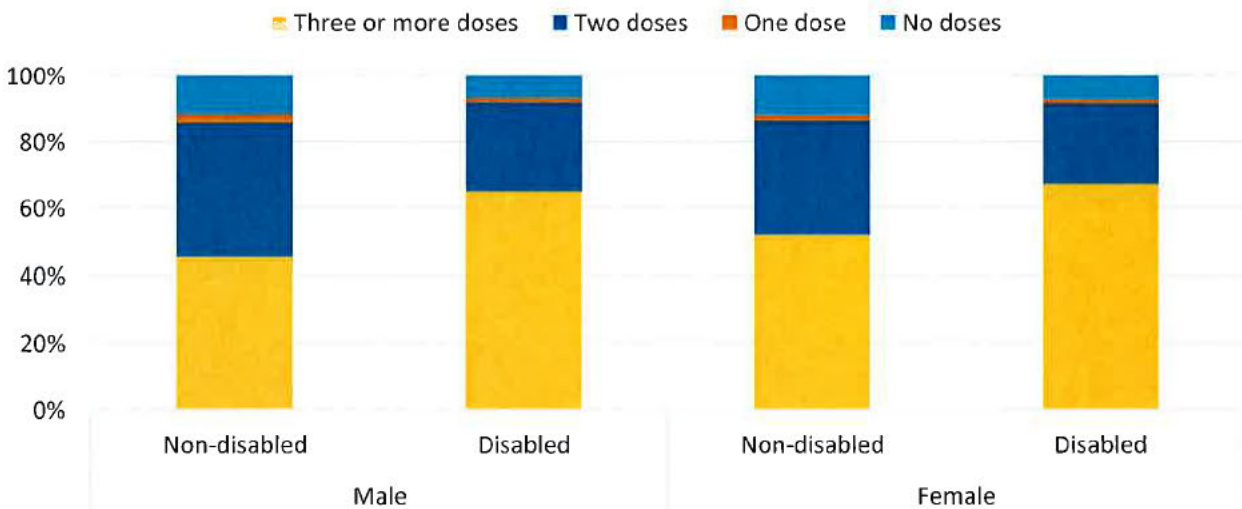
Vaccination status by disability status and MOH funded disability client status- 12 years and older



H. Sex – aged 12 and older

Irrespective of sex, disabled people (aged 12 and older) have higher vaccination uptake than non-disabled people. By 2 percentage points, disabled females are more likely to have received 3 or more doses of the vaccine than disabled males.

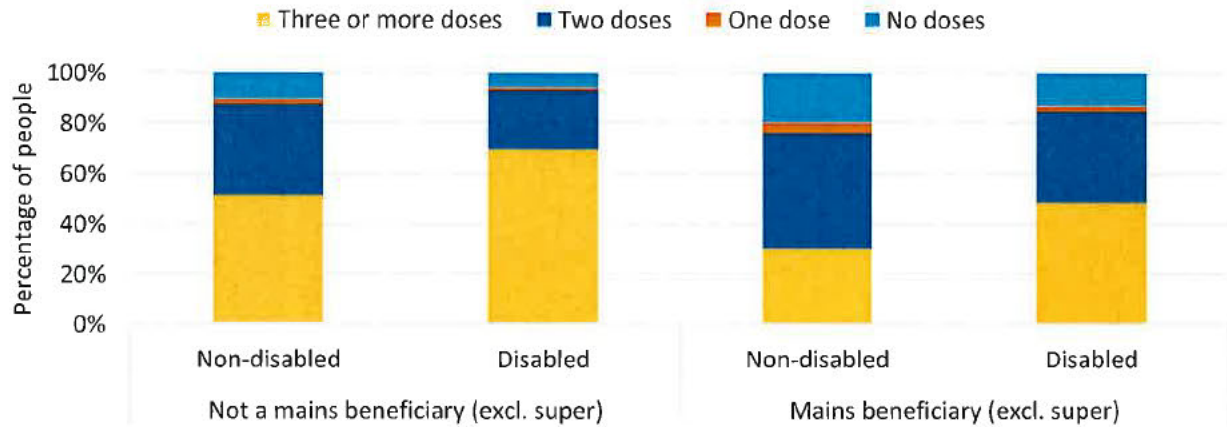
Vaccination status by disability status and sex - 12 years and older



I. Main beneficiary status – aged 12 and older

Vaccination uptake among main beneficiaries aged 12 and over (excluding superannuation recipients) is lower compared to people not receiving mains benefits. Disabled people continue to have higher vaccination rates compared to non-disabled people irrespective of their beneficiary status.

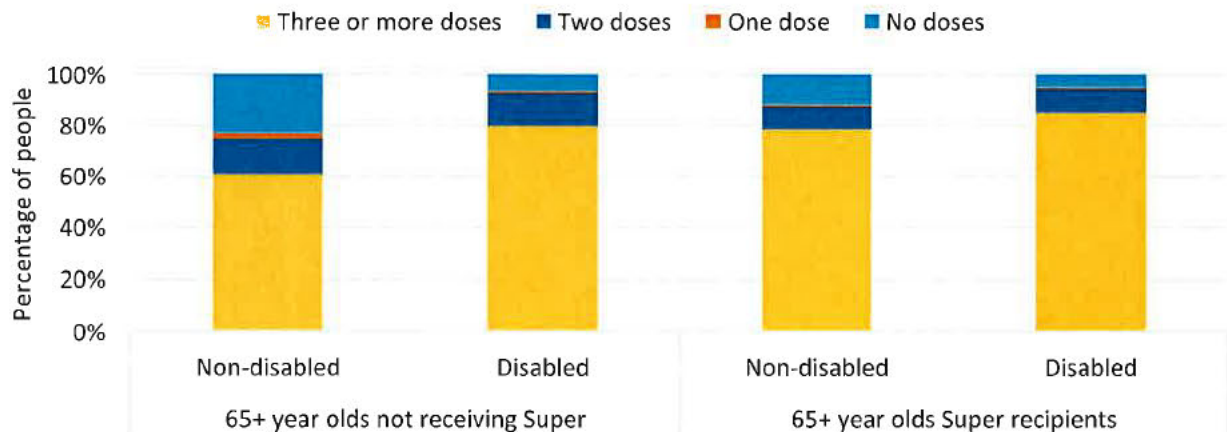
Vaccination status by disability status and receipt of mains benefits - 12 years and older



J. Superannuation recipients

Super annuitants are more likely to be vaccinated compared to their peers who are not receiving superannuation. This is the case for both disabled and non-disabled people aged 65 and older.

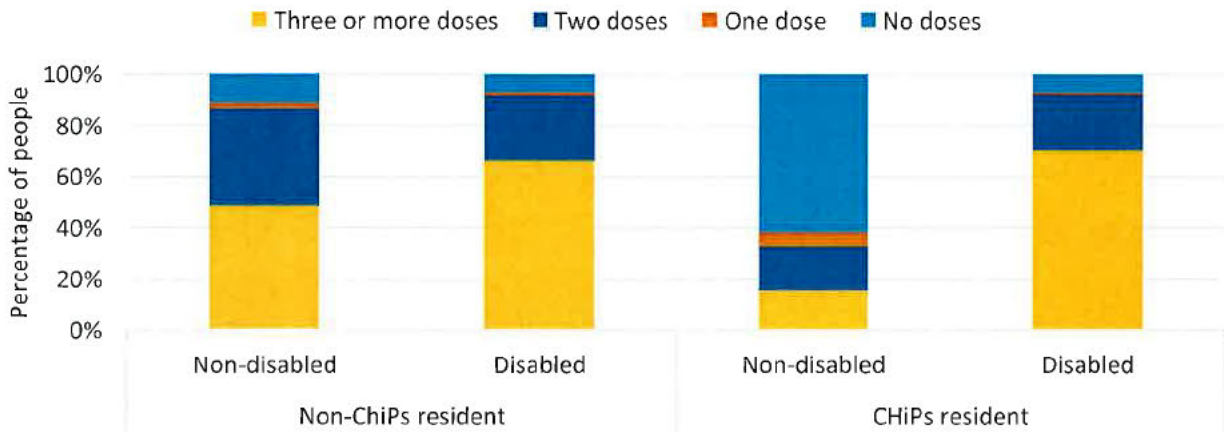
Vaccination status by disability status and receipt of Superannuation - 65 years and older



K. Community Housing Providers' (CHiPs) tenants– aged 12 and older

As with social housing tenants, we see a similar trend among Community Housing Providers' tenants where individuals in these homes have lower uptake of the vaccination compared to non-CHiPs tenants. However, the proportion of CHiPs tenants that are also non-disabled and unvaccinated is the highest out of any of the groups analysed with approximately 60% of these individuals unvaccinated as of 1 March 2022. Note that part of this trend may be explained by poor match rates within the IDI among this group that do not live in Housing New Zealand homes, and who likely do not regularly interact with the health system.

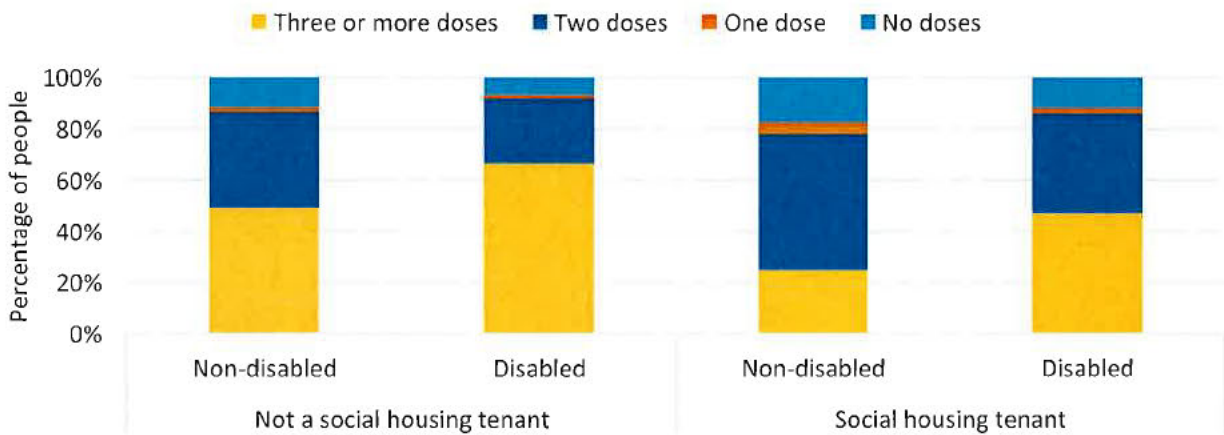
Vaccination status by disability status and community housing residency - 12 years and older



L. Social housing tenant status – aged 12 and older

Irrespective of being a social housing tenant, disabled people have higher vaccination uptake than their non-disabled peers. However, disabled social housing tenants have lower vaccination uptake – especially of 3 or more vaccines – than disabled people who are not social housing tenants. 47% of disabled social housing tenants have had 3 or more doses, compared to 67% of disabled people who are not social housing tenants.

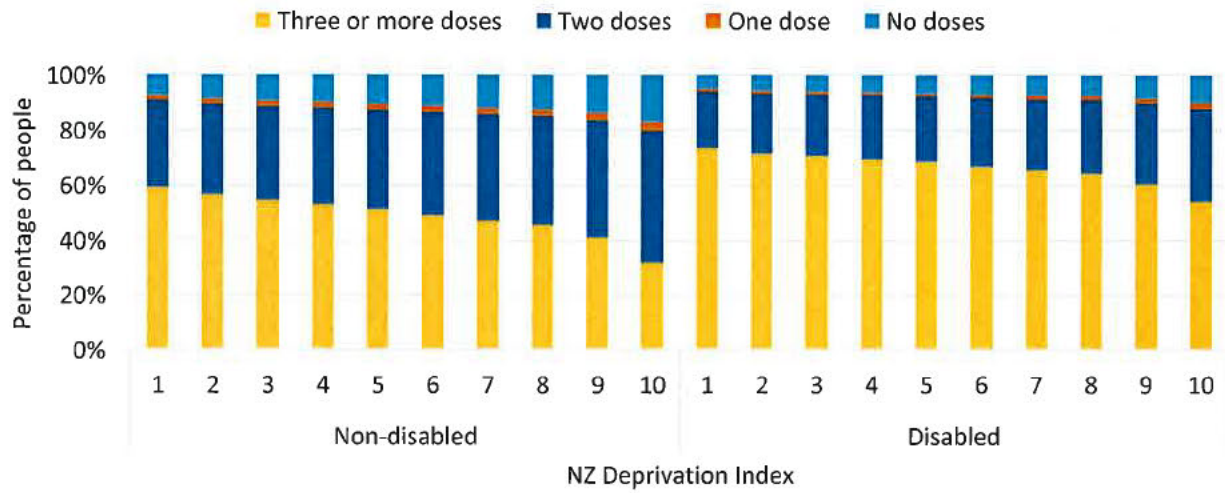
Vaccination status by disability status and social housing tenancy - 12 years and older



M. NZ Deprivation Index – aged 12 and older

As with children aged 5-11, there is a relationship between individuals' neighbourhoods' socioeconomic deprivation (as measured by the NZ Deprivation Index), and the individual's likelihood to get vaccinated. Across all deciles of the NZ Deprivation Index, disabled people have higher vaccination rates compared to non-disabled people. The higher vaccination rates for disabled compared to non-disabled people are most pronounced for people 65 years or older (not shown below).

Vaccination status by disability status and NZ Deprivation Index deciles - 12 years and older



Appendix 4 – Technical information and limitations of the analysis

Disability Indicators

The disability indicator the SWA has developed relies primarily on IDI data sources that align with the Washington Group Short Set (WGSS). This is an indicator about people who are at a greater risk of restrictions to social participation. It has four levels of difficulty and six domains. It is built out of data sources that ask questions about functional difficulty and does not rely on any diagnostic information. The first indicator was developed for adults.

The WGSS questions are:

- Q1. Do you have difficulty seeing, even if wearing glasses?
- Q2. Do you have difficulty hearing, even if using a hearing aid?
- Q3. Do you have difficulty walking or climbing steps?
- Q4. Do you have difficulty remembering or concentrating?
- Q5. Do you have difficulty with self-care such as washing all over or dressing?
- Q6. Using your usual (customary) language, do you have difficulty communicating for example understanding or being understood by others?

Each question has four response categories: 1: “no difficulty”, 2: “some difficulty”, 3: “a lot of difficulty”, and 4: “cannot do it at all”. See [here](#) for additional info about the use of the WGSS in New Zealand.

The first disability SWA indicator used the following data sources and maps answers to questions so they align with the WGSS:

The WGSS implementation in the 2018 Census

Specific questions around support needs collected as part of the NASC assessments and stored in SOCRATES (see [here](#) for more information)

Specific questions about functional needs collected as part of a subset of the InterRAI assessment tools

The date of collection for each “assessment” is recorded and the “assessment” scores that are closest to the date of interest are kept. For example, if someone has “assessment” data from Census 2018, SOCRATES and InterRAI then the record which is closest to the date of interest is kept.

It’s important to note that “the information that results from the use of these questions will, a) represent the majority of, but not all, persons with limitation in basic actions, b) represent the most commonly occurring limitations in basic actions, and c) be able to capture persons with similar problems across countries.” (source - <https://www.washingtongroup-disability.com/question-sets/wg-short-set-on-functioning-wg-ss/>).

Updated indicator for disabled children

The initial disability indicator is limited in relation to disabled children because it under-represents the disability prevalence for children under the age of 9 years. This is most evident for question

response 2: “some difficulty” and somewhat evident for responses 3: “a lot of difficulty”, and 4: “cannot do it at all”.

The WGSS questions “were designed for a census context where the collection of disability data in a country may be otherwise very limited. The WG has acknowledged that disability among children, due to the circumstances of child development and transition from infancy to adolescence, is not adequately covered by these questions and disability prevalence using the WGSS among those 5-17 years of age will be underestimated” (source - <https://www.washingtongroup-disability.com/resources/frequently-asked-questions/short-set/>).

The updated indicator is an attempt to get more sensitivity to functional disability in children 5-11 years of age. The updated indicator therefore includes Ministry of Education ORS funding criteria. The Ministry of Education website describes ORS (the Ongoing Resourcing Scheme) as providing support for students with the highest ongoing levels of need for specialist support. The scheme enables them to attend school and participate alongside other students. Note, many other data sources are diagnostic criteria and add very little in the way of counts.

The updated indicator adds the level of disability from the ORS criteria (None=1, Moderate=2, High=3 and Very High=4) but not the domains as the ORS criteria domains do not map well to the WGSS categories. See Criteria and definitions for Ongoing Resourcing Scheme (ORS) – Education in New Zealand. The moderate ORS criteria have very low counts as they require three criteria to trigger ORS funding. This means that using ORS criteria increases coverage of high and very high disability (levels 3 and 4) but very little for moderate (level 2).

The number of disabled children identified by the updated indicator using ORS data for children ages 5-11 is approximately 10 per cent higher compared to the initial indicator.

Limitations of the analysis

Disability indicators

This analysis focuses on disabilities, specifically functional difficulties, identified within Stats NZ’s IDI. The Agency acknowledges that there are groups with disabilities not captured by this indicator. Consequently, the indicator is likely to capture only a subset of the disabled population. It may also miss some individuals who do have functional difficulties due to not being captured in the data collected within the IDI. The indicator may also classify individuals as disabled despite having low levels of difficulty that are temporary. The analysis is therefore an approximation of the vaccination uptake of the estimated disabled population and is not intended to be precise.

IDI based limitations

Although the IDI contains a rich set of administrative data provided by government agencies, linking individuals across these datasets presents challenges due to incorrect or missing data. Duplicate identities within the IDI are sometimes created and matching across datasets is limited to instances where the names and date of birth details provided match.

For example, 96.2% of the Covid-19 Immunisation Register’s (CIR) identities can be matched to the IDI’s ‘Spine’ – effectively a list of identities that Stats NZ is confident are real and can be used to match across datasets. Due to the inability to link 3.8% of CIR individuals to other datasets within the IDI, the vaccination rates presented here are likely to underestimate the true vaccination rate.

However, it's important to note that the difference between the true vaccination rate and our estimated rates varies between groups.

Data dictionary

Indicator name	Description & notes
Ethnicity	Total ethnicity.
Overall disability indicator	We have categorised our overall disability indicator as follows: 0 if no functional disability; 1 if an individual has at least one functional disability classed as high, but none classed as very high; and, 2 if an individual has at least one functional disability classed as very high. Note that for the above analysis we have aggregated categories 1 and 2 to create a binary disability indicator, 0 for non-disabled people and 1 for disabled people.
MOH funded disability	Indicator of whether an individual is receiving MOH funding for a disability.
PHO enrolled	Indicator of enrolment with a PHO.
Number of GP contacts	Proxy for the number of GP visits between 1 Feb 2020 and 1 Feb 2021.
Serious mental health illness	Indicator of a diagnosis of serious mental health illness, e.g., Schizophrenia, Bi-polar, major depressive disorder, or schizoaffective disorder.
Intellectual impairment	IQ of less than 70.
Autism Spectrum Disorder	All diagnoses for any date and any data sources (Public and private hospital discharges, SOCRATES, and MHINC/PRIMHD).
Residential type	Indicator of home situation for disabled people (Residential care, Disabled person living with another adult, Disabled person not living with another adult).
Tier 1 benefit recipients (excluding super)	Indicator of T1 benefit receipt (other than super) anytime since 2020.
Super recipient	Indicator of super receipt anytime since 2020.
Social housing tenant	Indicator of being a tenant of social housing as at June 2021.
ChiPs	Community housing provider tenant as of late 2021.
NZ Deprivation Index 2018	The NZDep is an area-based measure of socioeconomic deprivation in New Zealand [1]. It measures the level of deprivation for people in each small area. It is based on nine Census variables.

Statistics New Zealand IDI Disclaimers

Disclaimer for output from Stats NZ Surveys

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 Statistics Act 1975. The results presented in this study are the work of the author, not Stats NZ or individual data suppliers.

Disclaimer for output produced from the IDI

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/>.

Week Ending: 17 June

Social Wellbeing Agency Fortnightly Update

**To: Hon Carmel Sepuloni
Minister for Social
Development and
Employment**

**SOCIAL
WELLBEING
AGENCY**

TOI HAU
TĀNGATA

New Zealand Government

Updates against our work programme



Cross System Advice

Updated in this report

- ✓ **Joint Venture for Family Violence and Sexual Violence**
- ✓ **Regional Leadership**

On the work programme:

- Child and Youth Wellbeing Strategy
- Transforming New Zealand's approach to mental wellbeing
- Oranga Tamariki Action Plan
- Future of Social Sector Commissioning
- Future focused stewardship function
- Debt to Government



Creation of Tools, Insights and Practices

Updated in this report:

- ✓ **Analytics Platform MahiTahi**
- ✓ **COVID-19 Vaccination Insights**

On the work programme:

- Aotearoa Wellbeing Dashboard
- Support Ministry of Education's Higher Needs Review
- Supporting Office of Disability issues with Data Needs and Gaps
- Data Sharing Standard for the Social Sector
- Informatics Work
- Support Ministry for Ethnic Communities measuring the impact of their action plan

The Social Wellbeing Agency

Strengthening the use of data and evidence in social sector decision making to improve people's wellbeing

Actions or discussions from previous meetings

Meeting: Tuesday 7 June 2022

On Tuesday 7 June we met with your office to discuss an update on our work for the Debt to Government workstream. We presented the data explorer tool we've created and discussed some scenarios we had drafted for how persistent debt might be reduced.

Next meeting: Thursday 23 June

Work programme updates

Cross System Advice

Te Aorerekura, National Strategy to Eliminate Family Violence and Sexual Violence – Learning and Monitoring

We are the lead agency responsible for actions 38 and 39 (relating to learning and monitoring) in Te Aorerekura, National Strategy to Eliminate Family Violence and Sexual Violence, working with the Joint Venture Business Unit.

Four key components of the ‘learning system’ for Te Aorerekura include:

- outcomes framework
- evaluation plan
- research plan
- measurement framework.

We are developing these products as an interrelated package which can form the basis of a multi-year work programme of research, evaluation and measurement activities. We are also prioritising a focus on the six key shifts articulated in the Te Aorerekura to ensure a pragmatic approach to monitoring progress that helps decision-makers, service providers, researchers, communities and their advocates.

This month we have targeted engagement scheduled with a small number of academics, tangata whenua and peak body representatives, in preparation for the National Hui in late July. The National Hui will be an opportunity to draw on and use input from a wide range of participants.

We will brief you and the Minister Responsible for the Prevention of Family Violence and Sexual Violence on our proposed approach and progress to date in early July, ahead of the National Hui.

Contacts

Rebecca Hollingsworth, 9(2)a

Regional Leadership

requirements as they relate to setting and monitoring specific regional priorities.

During May and June 2022, we worked with MSD’s Regional Development policy team to establish a working group of Regional Public Service Advisors with representatives from five regions (Auckland, Bay of Plenty, Hawke’s Bay, Manawatū-Whanganui, Wellington). Through a series of four workshops, we have built a proof-of-concept regional dashboard tool.

These workshops have highlighted:

- a strong need for sub-regional data,
- timely data that is regularly updated,
- data from cross-agency sources, and
- ability to customise dashboards to adapt to regional priority needs

The proof-of-concept is underpinned by our Data and Analytics Platform which will unlock access to datasets not usually easily accessible to regions. Where possible we are supporting data access to a neighbourhood level i.e., statistical area 2 or 3 – providing insight into what’s happening in communities.

We continue to explore how MahiTahi and the regional dashboard approach may support other cross-agency and Social Wellbeing Board priorities, including the Resilience to Organised Crime in Communities space and the implementation of the Oranga Tamariki Action Plan.

As we work to deliver the proof-of-concept over the next couple of months, we will work with MSD to advise on options to take this work forward. We will also liaise with your office regarding the best time to demonstrate the proof-of-concept to you.

Contacts

Rebecca Hollingsworth, 9(2)a

Creation of Tools, Insights and Practices

Analytics Platform MahiTahi

As we have previously updated you, we have been working in partnership with Te Puni Kōkiri (TPK) to establish a small, fit for purpose, flexible, and scalable data analytics platform and support that can be accessed by multiple agencies. We've called this MahiTahi.

In July 2022, MahiTahi will move from a proof-of-concept into a go-live state. MahiTahi will be available for use by SWA, TPK and some partner agency teams. Over time, the platform and service will be expanded to include additional functionality, re-usable data products and features, and will be made available to more agencies and organisations.

We are planning a MahiTahi launch with TPK in the first week of July to mark the success of the partnership with those who have contributed to MahiTahi's creation. While this is an internally focused launch we will also be inviting some of the suppliers who have contributed.

Following this we plan to do an external launch to potential agencies and other users to raise awareness and understanding of MahiTahi. We propose formally announcing the platform via a media release and web stories.

Prior to the external launch, we will provide an update to you and Hon Willie Jackson and Hon Peeni Henare who have been supportive of the platform initiative.

Contacts

Fiona Thomson, 9(2)a

Vaccination uptake for disabled New Zealanders

The Social Wellbeing Agency met with managers from the Disabled People's Organisation Coalition (DPO) on 1 June to discuss the disability indicator that SWA developed using the Stats NZ Integrated Data Infrastructure (IDI). We described how the indicator was commissioned and constructed and we also ran through the analysis on the vaccination uptake for disabled people.

The DPO was interested in the indicator and we shared a short report that describes the disability indicator in more detail, which we intend to publish shortly. The report provides a description of the indicator so that researchers don't need to start from scratch, and we hope it encourages researchers to incorporate a focus on disabled people in their analysis.

The DPO was keen to continue these discussions including feeding in any research questions that could be helpful to explore, using tools like this indicator and government data in the IDI.

We will keep you updated as these discussions continue.

Contacts

Louise Pirini, 9(2)a

Treasury Wellbeing Report

and during COVID-19. The work primarily focuses on solo parents, but also look at trends for people in Auckland, disabled people, and Māori and Pacific people. We plan to publish these results, and also work with Treasury to incorporate findings into their Wellbeing Report due to be released in late 2022.

We have completed an initial analysis on life satisfaction, economic wellbeing, physical and mental health, and measures of social cohesion such as trust and discrimination. For each of these measures, we have compared data from 2016 and 2018 to data during COVID-19 – starting just prior to the end of the first national lockdown in May 2020, and every three months after that, up until April 2021.

So far, emerging findings show:

18(d)



We are working with Treasury to further understand and interpret these findings. This will include deeper analysis about the causes of changes in wellbeing during the first year of COVID-19.

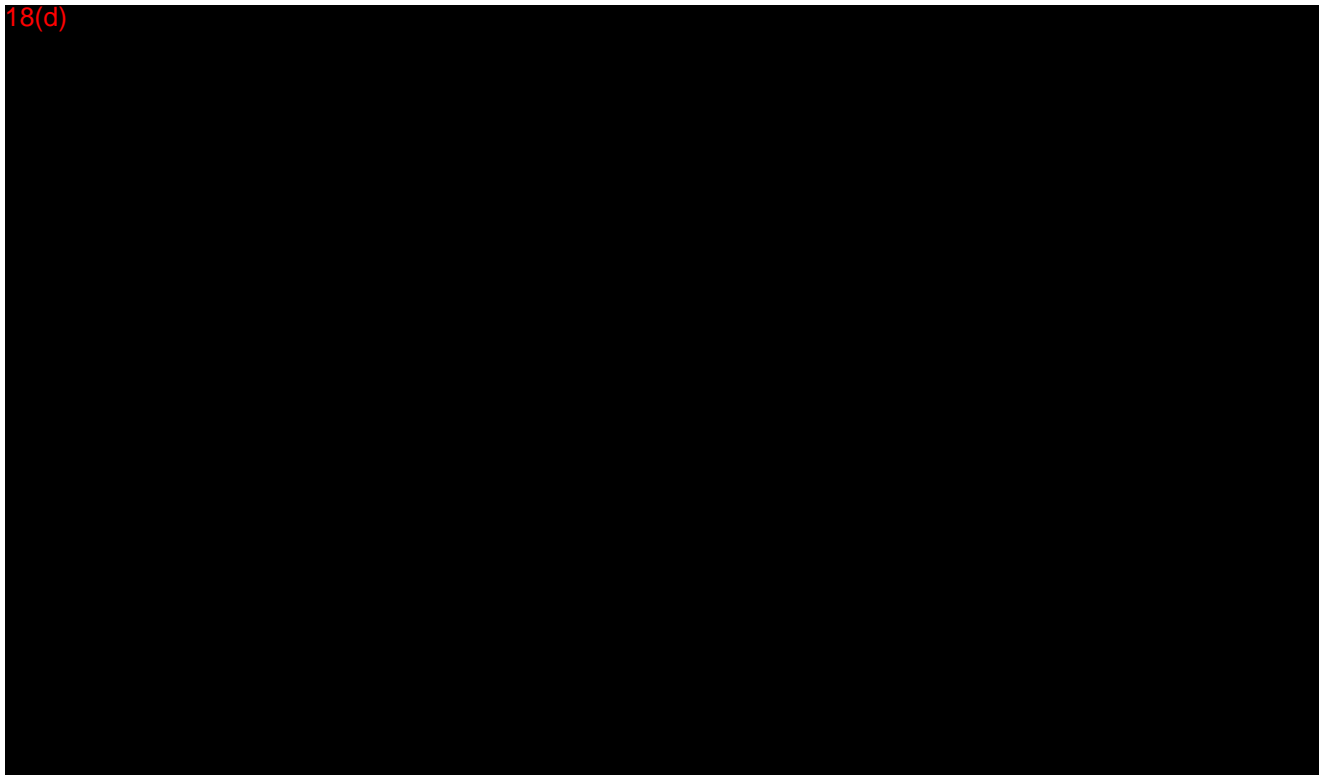
We will keep you updated on our progress and provide your office with advance copies of the reports we intend to publish. We can meet with you to provide a verbal briefing on the findings so far.

Contacts

Andrew Webber, 9(2)a

Cross Agency Collaboration / Cabinet Paper Consultation

18(d)



Contacts	Rebecca Hollingsworth, 9(2)a Alistair Mason, 9(2)a
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Week Ending: 3 June 2022

Social Wellbeing Agency Fortnightly Update

**To: Hon Carmel Sepuloni
Minister for Social
Development and
Employment**

**SOCIAL
WELLBEING
AGENCY**

TOI HAU
TĀNGATA

New Zealand Government

Updates against our work programme



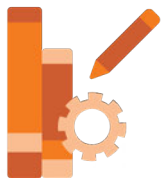
Cross System Advice

Updated in this report:

- ✓ Debt to Government
- ✓ Child and Youth Wellbeing Strategy

On the work programme:

- Regional Leadership
- Transforming New Zealand's approach to mental wellbeing
- Future of Social Sector Commissioning
- Future focused stewardship function
- Joint Venture for Family Violence and Sexual Violence
- Oranga Tamariki Action Plan



Creation of Tools, Insights and Practices

Updated in this report:

- ✓ Informatics Work

On the work programme:

- Aotearoa Wellbeing Dashboard
- COVID-19 Vaccination Insights
- Supporting Office of Disability issues with Data Needs and Gaps
- Data Sharing Standard for the Social Sector
- Support Ministry for Ethnic Communities measuring the impact of their action plan
- Support Ministry of Education's Higher Needs Review
- Analytics Platform

The Social Wellbeing Agency

Strengthening the use of data and evidence in social sector decision making to improve people's wellbeing

Actions or discussions from previous meetings

Meeting: Tuesday 11 May 2022

Support for SWB gang crime/youth crime work

We discussed the insights we had recently provided to Ministers, as part of the work the Social Wellbeing Board is doing on gang crime and youth crime. The Agency is working on supporting the Resilience to Organised Crime in Communities workstream with monitoring and reporting.

Communications

We ran you through our new communications strategy and discussed the challenge of giving visibility to SWA's work.

Q3 progress report

We also provided you with a report on our progress against our work programme in quarter 3, and will continue to update you quarterly. We are also in the process of finalising our proposed 2022/23 work programme.

Next meeting: Tuesday 7 June 2022

Agency Updates

Work Published to website

As part of our refreshed communications and engagement strategy, we have added five publications to our website this month:

- *What about the menz?* analysis that we carried out in partnership with The Southern Initiative looking at a cohort of new fathers and how income and occupation affected their ability to take time off.
- An updated information sheet summarising our analysis of COVID-19 vaccine uptake for disabled people.
- Our analysis of the National Immunisation Register and census data that we carried out as a proof of concept for our COVID-19 vaccination analysis.
- A case study on community-led support in response to COVID-19 looking at South Seas Healthcare Trust.
- A news item summarising the key findings of our analysis of COVID-19 vaccine uptake for disabled people.

Our reports are available at <https://swa.govt.nz/publications/reports/>, and the news item is available at <https://swa.govt.nz/news/>.

Contacts

Alistair Mason, 9(2)a

Work programme updates

Cross System Advice

Debt to Government Update

We have been supporting the multi-agency debt to government work, due for report-back to Cabinet in July 2022.

That report-back is expected to include “options to address (prevent or write off) persistent debt, based on the findings of our analysis of the drivers of persistent debt”.

We have finalised our analysis on persistent debt, and would like to discuss our findings and high-level areas for policy change with you at our meeting on Tuesday 7 June. A summary of our findings has been provided to your office in advance of the discussion.

Contacts

Alistair Mason, 9(2)a

First 1000 Days

We have commissioned a piece of research into what works in the first 1000 days, from a Te Ao Māori perspective. The report will build on our previous report from Professor Susan Morton and will support ongoing work led by the Department of Prime Minister and Cabinet to create a cohesive, whānau-centred early years system, including the development and implementation of a localised, whānau-led system learning approach that will build on the health sector early years reforms.

The report will use a Te Ao Māori approach to:

- summarise the existing evidence on how to support and improve the wellbeing of children, family and whānau and highlight the critical evidence gaps
- summarise existing Te Ao Māori views on the relationship between aspects of parental, whānau wellbeing and child wellbeing
- evaluate the strength of existing evidence for each aspect of wellbeing and highlight critical evidence gaps
- summarise what the evidence says about where resources are best targeted for improving the wellbeing of children in the short and long term.

We expect to have a final report by the end August 2022, and will share a draft with your office before then.

Contacts

Alex Brunt, 9(2)a

9(2)(f)(iv)



Contacts	Alex Brunt, 9(2)a
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Integrated Data Infrastructure analysis for vulnerable older people

The Ministry of Social Development (MSD) Seniors Policy team is 9(2)(f)(iv)

9(2)(f)(iv)

We are working with MSD to use the Integrated Data Infrastructure (IDI) to produce an evidence base to improve our understanding of older people at risk of experiencing vulnerability or multiple disadvantages and to support this work stream.

On 18 May we joined MSD and Ministry of Health officials in a deep dive meeting with the Minister for Seniors, Hon Dr Ayesha Verrall. We discussed our approach and the work we have done so far to share the MSD Outcomes Project in the IDI and build a population of over 65s to follow them over time. We are attaching indicator flags across domains from the Better Later Life strategy, as well as across characteristics such as disability, health, geography. As we work, we continue to consult stakeholders including agencies and the external advisory group coordinated by MSD.

9(2)(f)(iv). We will be contributing to MSD's updates to Minister Verrall and will keep you updated as this work progresses.

Contacts	Louise Pirini, 9(2)a
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Creation of Tools, Insights and Practices

Sharing key themes from the Data, Ethics, Privacy, and Governance workshop

As part of our partnership on Te Rourou Tātaritanga (Informatics for Social Services and Wellbeing) with academics from Victoria University of Wellington and the University of Auckland, we organised a workshop on Data, Ethics, Privacy, and Governance. The online workshop was held on 4 April with participants from government agencies, industry, and academia.

A draft report summarising the key themes from the workshop has now been circulated to participants and will shortly be published by Te Rourou Tātaritanga. This report is the key output of the workshop and will inform the themes of a Symposium scheduled for October 2022.

Key themes from the workshop were:

- Issues were discussed in relation to the current system including wide variability in how and when data ethics are considered in relation to collection, use, and sharing of population data; across a range of users (e.g. agency officials, community groups, private industry) and activities (e.g. from highly operational to research purposes).
- Discussions then shifted to what an ideal system could look like and the workshop generally acknowledged the value of developing, instituting, and sustaining a coherent and comprehensive framework covering data ethics. There was discussion around a statutory/legislative framework or an ethical framework.
- There were several perspectives on Māori data sovereignty, its oversight, what it means practically, and how it should be handled. There was acknowledgement that this is still a developing area.
- Work to scope, adopt/expand, institute, and sustain a framework should involve organisations and people managing the data, people using the data, and people the data is about.
- It was acknowledged that any future data ethics framework must recognise and sit alongside existing and planned work within government, such as the Government Data Strategy and Roadmap. There was encouragement to elevate or expand an existing framework instead of creating a new one.

We will keep you updated on our ongoing involvement with the symposium.

Contacts

Louise Pirini, 9(2)a



A monitoring and evaluation approach to *Te Aorerekura*: actions 38 and 39

Date: 24 February 2022

Security level: In Confidence

To: Hon. Carmel Sepuloni, Minister for Social Development and Employment
Hon. Marama Davidson, Minister for the Prevention of Family and Sexual Violence

From: Renee Graham, Chief Executive Social Wellbeing Agency
Emma Powell, Interim Director Joint Venture for Family Violence and Sexual Violence

Purpose

1. This paper sets out the proposed approach that the Social Wellbeing Agency (SWA), working with the Joint Venture for the Elimination of Family Violence and Sexual Violence and the wider sector, is taking to build a strong learning system to underpin delivery of *Te Aorerekura: The National Strategy to Eliminate Family Violence and Sexual Violence (FVSV)*.

Background

2. As you know, *Te Aorerekura* is a 25-year strategy for the elimination of family violence and sexual violence in Aotearoa New Zealand, based on a wellbeing and strengths-based vision. The six shifts in the strategy articulate the changes that will be needed for family violence and sexual violence to be eliminated. These shifts will be supported by the 40 actions identified in the strategy's accompanying 2-year Action Plan.
3. Successfully achieving the ambition of *Te Aorerekura* will depend on the extent to which we can learn, adapt, and target our efforts and resources over time. The Action Plan sets out the work needed to deepen this collaborative learning, including through systems for collection, sharing and analysis of data and insights, and a system for measuring progress towards the elimination of family violence and sexual violence.
4. SWA, supported by the Joint Venture Business Unit (JVBU), is the lead for two actions that will develop this learning system:
 - *Action 38: Continuously develop and improve the learning system through the collection of evidence and voices.* This action is about supporting government and communities to work together to build a collaborative learning system.

- *Action 39: Work together to finalise a measurement framework.* This action focuses on how government can work with communities to build a measurement framework including actions to eliminate family violence and sexual violence.

Data and measurement are essential to delivering on the vision of *Te Aorerekura*

5. Actions 38 and 39 will help create a strong foundation and provide a roadmap for measuring success so that we can have confidence in the actions taken – across government and the sector, as well as within communities and whānau – and their contribution to achieving the aim of eliminating family and sexual violence.
6. Successful delivery will result in:
 - A shared understanding across government and the sector of what progress is being delivered toward the aim of eliminating family violence and sexual violence – including what is working, for whom, and in what contexts
 - Being able to see where changes are needed to make better progress
 - A shared understanding of the underlying evidence of what works and research priorities to improve our knowledge over time.
7. This shared understanding and new approach to measurement and monitoring will need to be grounded in, and built from, a strong mātauranga Māori base from the outset, through working alongside Māori. This will include incorporation of models of measurement, outcomes, and kaupapa Māori methodologies for evaluation.

Why is this work important, and what will it give you as a Minister?

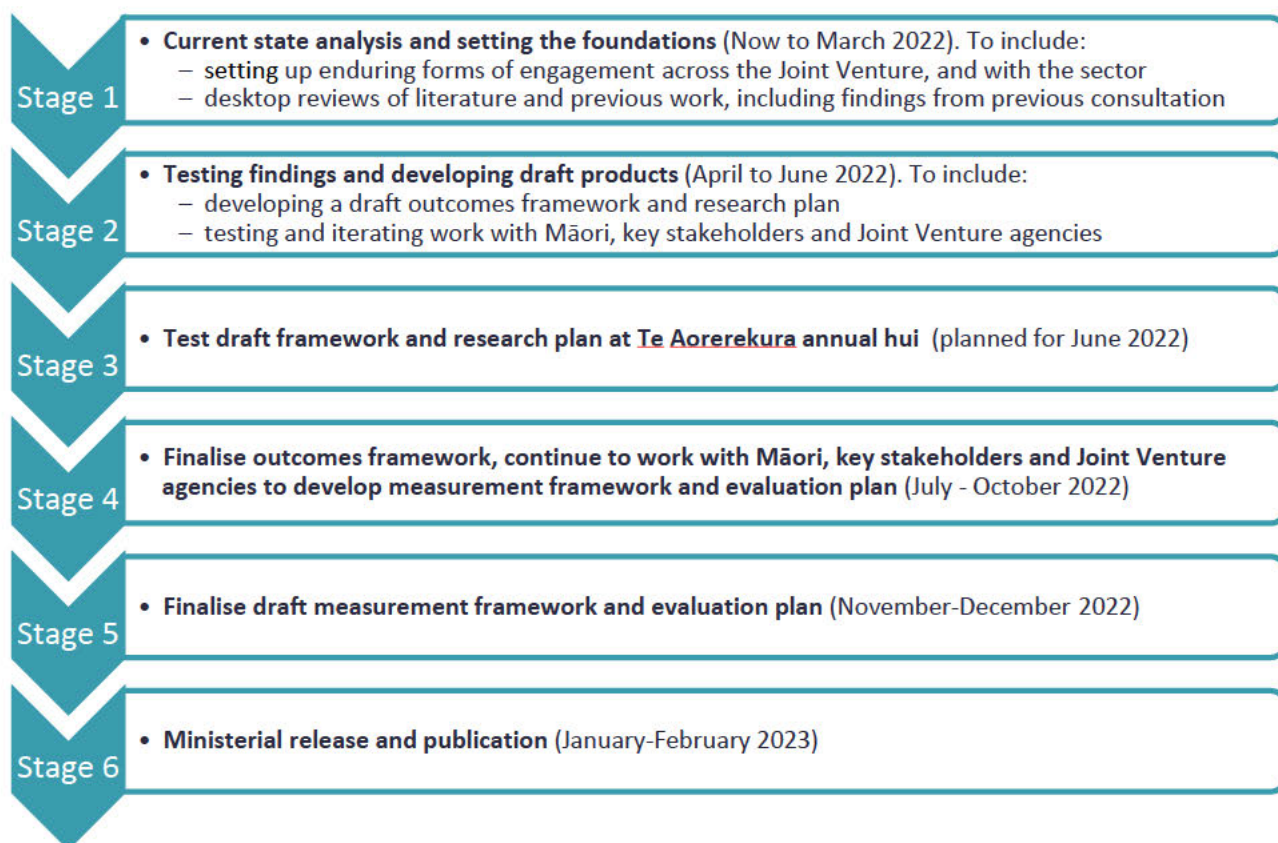
8. Stakeholders often hold different views, which can lead to fragmentation of effort, duplication, and misunderstanding. Bringing a consolidated evidence base together will help enable common discussion, debate, and transparency.
9. Programmes and interventions funded by the Crown should be proven to work, and not based on what people merely ‘think works’. This is especially important given the differing views, bias, stereotyping and cultural/ethnic dynamics at play within family and sexual violence.
10. At a system level (macroeconomic) the country needs a better understanding of the link between rates of family violence and sexual violence, and the actions of government agencies. Knowing if the rates of family violence and sexual violence are increasing or decreasing may give you a sense of the overall trends within the population. However, this alone will not enable you to understand if certain programmes or interventions are working because causality will not be known. The framework and evaluation plan can help to bridge this gap.

11. The delivery of actions 38 and 39 will support you as Ministers to understand the value of work progressed under *Te Aorerekura* and underpin the development of an investment plan, which is critical to securing investment and delivering change over time.
12. At a wider Cabinet level this work will enable the Government to make strong and informed choices about future actions and interventions to support progress toward the elimination of family violence and sexual violence.

Delivering against Actions 38 and 39 will require a joined-up approach

13. Across Actions 38 and 39 there are four key deliverables for 2022:

- Draft outcomes framework in June 2022
- Draft research plan for consultation in June 2022
- Draft measurement framework in December 2022
- Draft evaluation plan is due to be delivered in December 2022.



14. *Te Aorerekura* and the work to date with and alongside communities to develop the strategy provides a strong starting point for this work. Thinking has already begun on how we can take this forward in development of the outcomes framework and an approach to monitoring on the strategy. We will build on this start through continued engagement and working alongside key stakeholders.

What you will see from here?

22. Over the coming months, we will develop this work and share significant iterations of progress. In particular:
- In April 2022, we will update you on progress with agency and stakeholder engagement and to test early thinking about the potential outcomes framework
 - In May/June 2022, we will provide a draft outcomes framework and research plan to the Minister for the Prevention of Family Violence and Sexual Violence for approval to take to the annual hui.
23. We also anticipate that, as this work develops, it will support better alignment and integration of data, insights, analytics and reporting across the Joint Venture. This will support future iterations of quarterly dashboards and a more consistent, transparent, and reliable approach to measurement and monitoring across Family Violence and Sexual Violence (FVSV).
24. SWA and the JVBU will be regularly reporting on progress to the Joint Venture Board.

Contacts

Name	Position	Contact Number	First Contact
Alexander Brunt - SWA	Deputy Chief Executive	9(2)a	<input checked="" type="checkbox"/>
Caroline Reid - JVBU	FVSV Manager		<input checked="" type="checkbox"/>
Nichola Shackleton - SWA	Principal Analyst		<input type="checkbox"/>