



Proactive Release

The following Cabinet papers, related Cabinet minutes and briefings have been proactively released by the Department of the Prime Minister and Cabinet, on behalf of Rt Hon Jacinda Ardern, Minister for Child Poverty Reduction:

Adopting the Child and Youth Wellbeing Strategy

Briefings relating to indicators for the Child and Youth Wellbeing Strategy

Date of release: 20 November 2019

The following documents have been included in this release:

***Cabinet Paper: Adopting the Child and Youth Wellbeing Strategy
(CAB-19-SUB-0085)***

***Cabinet Minute: Adopting the Child and Youth Wellbeing Strategy
(CAB-19-MIN-0085)***

***Briefing: Update on the Indicators for the Child and Youth Wellbeing Strategy
(DPMC-2018/19-1107)***

***Briefing: Proposed Indicators for the Child and Youth Wellbeing Strategy
(DPMC-2018/19-1195)***

***Briefing: Proposed Indicators for the Strategy and Child Poverty Related Indicators
(DPMC-2018/19-1294)***

Briefing: Final Suite of Indicators and measures for inclusion in Child and Youth Wellbeing Strategy (DPMC-2019/20-27)

Some parts of this information release would not be appropriate to release and, if requested, would be withheld under the Official Information Act 1982 (the Act). Where this is the case, the relevant section of the Act that would apply has been identified. Where information has been withheld, no public interest has been identified that would outweigh the reasons for withholding it.

Key to redaction code:

- 9(2)(a): to protect the privacy of natural persons, including that of deceased natural persons.



Briefing

UPDATE ON THE INDICATORS FOR THE CHILD AND YOUTH WELLBEING STRATEGY

To: Rt Hon Jacinda Ardern, Prime Minister, Minister for Child Poverty Reduction Hon Tracey Martin, Minister for Children			
Date	4/04/2019	Priority	MEDIUM
Deadline	10/04/2019	Briefing Number	DPMC-2018/19-1107

Purpose

This briefing updates you on our proposed approach to identifying indicators for the Child and Youth Wellbeing Strategy (the Strategy).

Recommendations

1. **Note** that the proposed approach to identifying indicators:
 - a) meets the legislative requirements of the Children's Act 2014
 - b) is based on what the evidence says should be measured to form a holistic view of child and youth wellbeing over the life course
 - c) includes both objective and subjective measures of child wellbeing
 - d) will include 25-30 indicators that measure wellbeing as a whole across the outcomes, rather than using a one-to-one mapping approach
 - e) will mean that the initial baseline set of data on child and youth wellbeing will have gaps where data is not yet captured and some proxy measures
 - f) may provide a set of indicators that could be used to compare New Zealand with other jurisdictions we traditionally compare ourselves with through partnership with the OECD

- Note** that we will provide you with the draft Strategy, including the final set of indicators, at the beginning of May for your review ahead of formal Ministerial consultation and consideration of the Strategy by Cabinet Social Wellbeing Committee on 12 June 2019
- Agree** to receive further advice and options on how to fill the gaps in the data on child and youth wellbeing later this year, following the release of the Strategy.

Agree / Disagree

s9(2)(a) [Redacted] Maree Brown Director Child Wellbeing Unit
4.1.4/2019

s9(2)(a) [Redacted] Paul O'Connell Director Insights Social Investment Agency
4.1.4/2019

Rt Hon Jacinda Ardern Prime Minister Minister for Child Poverty Reduction
...../...../2019

Hon Tracey Martin Minister for Children
...../...../2019

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Contact for telephone discussion if required:

Name	Position	Telephone	1st contact
Maree Brown	Director, Child Wellbeing Unit	s9(2)(a)	✓
Paul O'Connell	Director Insights, Social Investment Agency	s9(2)(a)	

Minister's office comments:

- Noted
- Seen
- Approved
- Needs change
- Withdrawn
- Not seen by Minister
- Overtaken by events
- Referred to

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UPDATE ON THE INDICATORS FOR THE CHILD AND YOUTH WELLBEING STRATEGY

Background

1. As you are aware, the Children's Act 2014 requires the Child and Youth Wellbeing Strategy to specify the outcomes sought for all children, with a focus on children with greater needs, children experiencing socio-economic disadvantage, and children of interest to Oranga Tamariki.
2. The Strategy will identify six desired outcomes for all children (including children with greater needs, children experiencing socio-economic disadvantage, and children of interest to Oranga Tamariki). These are:
 - Children and young people have what they need
 - Children and young people are loved, safe and nurtured
 - Children and young people are learning & developing
 - Children and young people are accepted, respected & empowered
 - Children and young people are happy and healthy
 - Children and young people are connected & contributing
3. The Children's Act 2014 requires the Strategy to indicate the extent to which the outcomes included in the Strategy are measurable and how the measurable outcomes will be measured, including by analysing disparities of outcome for children in poverty and children with socio-economic disadvantage.
4. The responsible Minister is also required to prepare and publish an annual report on progress in achieving those outcomes. This annual report is likely to include the measurement of the outcomes, as well as other ways of measuring progress such as a description of actions progressed in the year prior.
5. This briefing uses three terms to describe the measurement approach for the Strategy.
 - a) **Outcomes** refer to the high level state of wellbeing that the Strategy is aiming to achieve (the six outcomes) e.g. Happy and healthy
 - b) **Indicators** refer to a measurable state that relates to one or more outcomes e.g. "Socio-emotional skill set"
 - c) **Measures** refer to the specific measurement of an indicator, which could be different at different ages e.g. the way that you would measure socio-emotional skills at age 3 would be very different to the way that you would measure it at age 15.

Measurability of outcomes

6. In December last year the Social Investment Agency, with the support of the cross-agency teams working on the Child and Youth Wellbeing Strategy, completed an initial review of a range of administrative, survey and other quantitative sources, and identified over 800 existing measures that could be potentially used to measure child and youth wellbeing. These were identified using the outcomes as described in the proposed outcomes framework as a guide for what we would want to measure.
7. A preliminary analysis of these measures along with feedback from experts across government identified that, while there appears to be a lot of data available, this does not mean that we can provide a full or representative picture of child and youth wellbeing against all six outcomes of the Strategy for all population groups of interest.
8. An early assessment identified that many of the existing measures would be a poor fit for monitoring progress against the outcomes. This is either because the data is collected irregularly, the data is of poor quality, the measure is a poor fit for the outcome, or the data sources do not provide the ability to analyse the data by the focus population groups or by ethnicity.
9. This initial analysis also identified that if the Strategy focuses only on what is currently measurable there will significant gaps in what is measured. There are currently not many strength-based measures, there is very little data in some areas for younger children, and there are very few suitable data collections that draw on children and young people's voice (i.e. child subjective measures).
10. Following this analysis, we sought advice about what should be measured to understand child and youth wellbeing, rather than what we are currently able to measure. The Social Investment Agency has been leading this work, working closely with the Child Wellbeing Unit. A range of agencies and subject matter experts have also been contributing to this work.

An evidence based approach

11. Our approach to date will identify a relatively small set of enduring indicators grounded in the scientific evidence on what is most important at the key stages of a child and young person's life-course. This particular approach has been developed in close consultation with Professors Richie Poulton and Stuart McNaughton.
12. For effective communication with wide audiences and regular monitoring purposes (eg. annually), a small number of indicators is preferred. For reference, the OECD currently uses 21 indicators in its monitoring of Comparative Child Well-being across the OECD, the Living Standards Framework has close to 60 indicators and some comparable countries have over 100 indicators.

13. We have drawn up an initial set of life-course indicators which are being tested and refined with departments, experts and other stakeholders. We have also started to map out the detail of the measures that will be required to construct these indicators. There has been good engagement from experts in government on which measures could and should be used. We are working to ensure there is appropriate alignment where possible with the Indicators Aotearoa work programme and the Living Standards Framework work programme.
14. The table below sets out draft indicators, including a high level assessment of the availability of suitable data to measure each indicator. A more detailed description of each indicator and the rationale for inclusion in the set is attached as Annex 1.

Table 1: Potential life-course indicators by age group and data availability

Potential life-course indicators		Data availability	Life stage / Age group				
			< 0	0-5	6-11	12-16	17-24
1	Mother's physical health	Limited data					
2	Mother's mental wellbeing	Limited data					
3	Age appropriate cognitive/brain development	No suitable data					
4	Mortality rates	Data available					
5	Access to & suitability of housing	Data available					
6	Financial Resources	Data available					
7	Age appropriate readiness to learn	No suitable data					
8	Home environment is safe & supports child's learning & development	No suitable data					
9	Stability of household	Limited					
10	Physical health	Data available					
11	Socio-emotional skill set	No suitable data					
12	Nutrition/ access to nutritious food	Data available					
13	Prevention & management of injuries & illnesses (including ASH)	Data available					
14	Free from abuse & neglect	Limited data					
15	Positive healthy relationships with parent(s), caregivers, family, whānau & other role models	No suitable data					
16	Mental wellbeing	No suitable data					
17	Participation in sports, leisure & physical activity	No suitable data					
18	Educational attainment	Limited data					
19	Have a friend to talk about anything	No suitable data					
20	Sense of belonging	Limited data					
21	Feel accepted for who they are	Limited data					
22	Feel connected to their cultural identity	Limited data					
23	Exercising independence & making positive decisions for themselves	No suitable data					
24	Transition to adulthood	Limited data					
25	Able to create lasting healthy relationships outside of the family and whānau (e.g. with peers, partners or co-workers)	No suitable data					

15. The life-course measures are intended to be viewed as a set, one which should endure across future iterations of the Strategy. They are intended to be an overall measure of child and youth wellbeing which:
- a) provide a descriptive, holistic picture of how children and young people are doing at key life stages

- b) show current areas of strength and where more focus is needed to improve wellbeing
 - c) will meet the legislative requirements in the Children’s Act 2014.
16. If the Strategy as a whole is successful, we would expect to see trends in child and youth wellbeing improve. When decisions are taken on refreshing the Strategy, the life-course indicator set can be used to test whether the current focus and initiatives being delivered as part of the Strategy need to be adjusted.
 17. For some of these life-course indicators, it is reasonable to assume significant and sustainable impact may take three to five years to present itself, and that the impact will be achieved through a collection of initiatives rather than a single initiative.
 18. It would be difficult in many cases to demonstrate a direct causal link between an initiative and a change in an indicator, but it is expected that initiatives that sit under the Strategy will have a clear intervention logic / theory of change that draws the link between the actions in the initiatives to the desired outcomes in the Strategy and, from there, to the top level indicators of child and youth wellbeing.
 19. We also expect that initiatives would identify some additional indicators for monitoring and evaluation to supplement and complement the life-course indicator set. These may include indicators that will measure the impacts of the initiative or a more granular aspect of an outcome (e.g. bullying behaviours at school).
 20. Measuring child and youth wellbeing is difficult, but by making a commitment to doing it in an evidence-led way, New Zealand has the opportunity to set the standard internationally.

How the life-course indicators fit with the outcomes framework

21. The life-course indicators are aligned with several of the underlying principles of the Strategy. For example, they reflect the multidimensional nature of wellbeing, encourage holistic and early responses to wellbeing, are evidence based, and incorporate children and young people’s voices.
22. There is also good alignment of the life-course indicators to the outcomes. Table 2 provides the indicative mapping of the indicators to each outcome. You will note that many of the life-course indicators map to multiple outcomes. This is reflective of the multidimensional nature of wellbeing. A single indicator can be a relevant measure for multiple wellbeing outcomes.
23. We are not seeking a one-to-one mapping of the life-course indicators to outcome areas. The Children’s Act 2014 requires a description of how the outcomes will be measured, but does not require a one-to-one type measurement approach.

24. Where suitable data does exist against the indicators, or where reasonable proxy measures can be used, these will be published alongside the Strategy to form a baseline picture of child wellbeing.
25. We intend to draw on expertise from Te Puni Kōkiri and other agencies to ensure that the indicators are presented in a way that gives appropriate context and does not stigmatise or unfairly represent groups.

Table 2: Potential life-course indicators mapped to the six outcomes in the Strategy

		Life stage / Age range	Have what they need	connected & contributing	loved, nurtured & safe	accepted, respected & empowered	learning & developing	Happy & healthy
1	Mother's physical health	Prenatal			~		~	~
2	Mother's mental wellbeing	Prenatal		~	~		~	~
3	Age appropriate cognitive/brain development	Prenatal -16					N	
4	Mortality rates	All ages			Y			Y
5	Access to & suitability of housing	All ages	Y					
6	Financial Resources	All ages	Y					Y
7	Age appropriate readiness to learn	0-16					N	
8	Home environment is safe & supports child's learning & development	0-16			N		N	
9	Stability of household	0-16	~	~				
10	Physical health	0-24						Y
11	Socio-emotional skill set	0-24		N		N	N	N
12	Nutrition/ access to nutritious food	0-24	Y					Y
13	Prevention & management of injuries & illnesses (including ASH)	0-24			Y	Y		Y
14	Free from abuse & neglect	0-24			~	~		
15	Positive healthy relationships with parent(s), caregivers, family, whānau & other role models	0-24		N	N	N		
16	Mental wellbeing	6-24		N	N	N	N	N
17	Participation in sports, leisure & physical activity	6-24		N			N	N
18	Educational attainment	6-24					~	
19	Have a friend to talk about anything	6-24		~	~	~		
20	Sense of belonging	6-24		~		~		
21	Feel accepted for who they are	6-24				~		
22	Feel connected to their cultural identity	6-24		~		~		
23	Exercising independence & making positive decisions for themselves	12-24			N	N	N	N
24	Transition to adulthood	12-24		~		~	~	
25	Able to create lasting healthy relationships outside of the family and whānau (e.g. with peers, partners or co-workers)	12-24		N		N		

Note: Y= Suitable data available, ~ = limited data available, N=No suitable data

How the life-course indicators fit with other wellbeing frameworks

26. The life-course indicators proposed are complementary to other wellbeing indicator frameworks currently being developed in New Zealand. It is expected that future versions of frameworks like IANZ or the Living Standards Framework will draw on the proposed life-course indicators to fill the gaps that they have around the wellbeing of children and young people.

27. Some of the indicators proposed for the Strategy could be identified as child poverty related indicators (CPRIs) under the Child Poverty Reduction Act. We will consider the connections with this work as further advice on CPRIs is developed.

Next Steps

28. We will continue to refine the indicator set and identify or develop the measures that will be required to construct these indicators over this month. There is still possibility to remove, refine, or add indicators based on feedback, however we recommend keeping the total number of indicators relatively small. The outcome indicator set will need to be included in the Strategy and thereby endorsed by Cabinet. We recommend that the Strategy should clearly identify where there are gaps in the data and signal at a high level at least, an intention to fill these gaps, where possible within a designated timeframe. It is a good opportunity to signal the commitment to building an enduring evidence base on child wellbeing that goes beyond the limited set of data currently available.
29. There is strong support from departments to address the gaps in the data collected on children and young people. The cross-agency collaboration which the Child and Youth Wellbeing Strategy has enabled provides a real opportunity to develop this evidence base in a robust and comprehensive manner, marking a step change from the agency-focused and often ad hoc datasets that have been available to date. For example there is no current ongoing data set on how children below the age of 15 perceive their own wellbeing. You have sought advice on how this could best be addressed.
30. Advice and options on how to fill the gaps in the data on child and youth wellbeing will be provided later this year following the release of the Strategy. It is expected that this may require new child and youth data capture instruments and will require investment and time to develop and implement over multiple years.

Annex 1: Initial description of life-course indicators

Potential life-course indicators		Description and rationale for Inclusion
1	Mother's physical health	This indicator will look at the aspects of the mother's physical health that directly impact on in utero development of baby and baby's brain – including but not limited to nutrition, physical activity and consumption of tobacco, alcohol and illicit substances. In utero brain development is critical to all later development. Harm caused at this stage to baby's brain and development can be irreversible and have life-long repercussions. For example Fetal Alcohol Spectrum Disorder. ⁱ
2	Mother's mental wellbeing	This indicator will look at the aspects of the mother's mental wellbeing that will directly impact on in utero development of baby and baby's brain including but not limited to high stress, anxiety and depression. Evidence has shown that prolonged exposure to stress hormones (such as cortisol) in utero can negatively impact on baby's brain and development. ⁱⁱ
3	Age appropriate cognitive/brain development	This indicator will look at cognitive or brain development. This is particularly important the first few years of life, and again in adolescence through to emerging adulthood. A baby's brain is about 15% formed at birth, and about 85% formed at the age of three. Early experiences are critical for the brain to develop and make the connections needed for later development. During adolescence a remapping of the brain occurs including the development of the prefrontal cortex which is involved in reasoning, rational thinking, decision-making and controlling emotions and impulses. The prefrontal cortex continues maturing into the twenties.
4	Mortality rates	This indicator will look at mortality rates of children and young people, including due to illness, accident, assault, or self-harm. In a society where children's wellbeing is valued, nurtured and protected we would expect to see relatively low mortality rates for children and young people. A basic tenet of children's rights states that all children have a right to life and that governments should ensure, to the maximum extent possible, child survival and development.
5	Access to & suitability of housing	This indicator will look at whether children and young people have access to warm, dry, suitable, affordable housing and that is not overcrowded. Initially for most children and young people this will be in homes shared with their families and whānau, as they become adults it may be in different living situations, with peers, partners etc. Living in a warm dry house with appropriate sleeping arrangements is critical to child and youth wellbeing. ⁱⁱⁱ Evidence has shown the link between poor housing and negative impacts on many aspects of wellbeing, including a direct impact on health.
6	Financial Resources	This indicator will look at the financial resources that are available to families and households. This could include the three primary child poverty measures for which the Government must set targets, as well as other measures reflecting the level of resources in households (e.g. assets). Evidence has shown strong links between income and resources (and changes in these over time) and the impacts on many aspects of wellbeing, including a direct impact on health outcomes.

IN CONFIDENCE

7	Age appropriate readiness to learn	This indicator will look at age and stage appropriate literacy and numeracy, ability to focus and participate in classroom activities without causing disruption, and socialise and play with peers, for example: For three to four year olds – readiness to start school, For 11 - 12 year olds - readiness to transition to secondary school, For 14 and 15 year olds - readiness for formal school assessment (currently NCEA). Readiness to learn and ability to engage positively in the classroom environment are pre-requisites for learning and developing within formal education, educational attainment and set the platform for success in later life.
8	Home environment is safe & supports child's learning & development	This indicator will look at whether the child or young person's home provides a safe and stimulating environment for their age and stage of development. This includes elements of safety such as safe play areas, and prevention of accidental harm from everyday household items and situations. This also includes access to age appropriate play and developmental stimulus – which may include toys, technology, music, books, and appropriate spaces for play and learning. A safe home environment with access to age appropriate stimulus is critical to development from infancy through to adolescence.
9	Stability of household	This indicator will look at the stability or instability of living situations for children and adolescents. This includes the number of house moves, particularly if it moves children away from their school and those they have positive peer relationships with, and the continuity of who the children and young people live with. There is considerable evidence that instability or disruption of the living situation for children and adolescents has a negative impact on development and wellbeing, for example through an inability to maintain friendships. Multiple disruptions in living situation can have a cumulative effect on the wellbeing and development of children and young people, particularly if experienced at key developmental stages (prior to the age of 5 and during adolescence) ^{iv} .
10	Physical health	This indicator will cover some of the key markers of physical health, for example, a healthy weight (at and after birth), age appropriate immunisations, and good oral health. These are intended both as measures of current health and predictors. Size and gestational age at birth are important predictors of immediate and later child health and development. Immunisation can protect people against harmful infections, which can cause serious complications, including death; it is one of the most effective, and cost-effective medical interventions to prevent disease. Important in its own right, poor oral health is also often seen before presentations of other physical or development issues for children.
11	Socio-emotional skill set	This indicator will look at the extent to which children and young people have age and stage appropriate skills for emotional and self-regulation, persevering towards goals, initiating and maintaining relationships, empathy, and 'getting on' with others. ^v At around three years old children will begin to more fully develop socio-emotional skills (including self-control), and for most children there will be a huge development in their verbal communication skills. We can begin measuring these skills at that age. Evidence suggests that socio-emotional skills in particular are critical for success at school, in relationships and in the upcoming transition to independence and adulthood – including successful participation in the labour market positive relationships as an adult.

IN CONFIDENCE

12	Nutrition/ access to nutritious food	This indicator will look at whether children and young people have access to an adequate variety and amount of nutritious food and drink appropriate to their age and stage of development. This includes whether access is restricted by material considerations or choices of either parents/caregivers, or of the child or young person themselves. It is critical that nutritional needs are met for children and young people during childhood and into adolescence. This is dependent on the adults around the child. If basic nutritional needs are not met this can impact on brain development, overall health, limit cognitive abilities and flow through to other areas of wellbeing.
13	Prevention and management of injuries & illnesses (including ASH)	This indicator will look at whether children and young people experience preventable illnesses or injuries. This indicator also covers when children and young people become unwell because pre-existing health conditions are not adequately managed. One way this will be measured is by avoidable hospitalisation (e.g. ASH – ambulatory sensitive hospitalisation). This indicator is also designed to capture issues that can emerge for some young people such as self-harming and contracting sexually transmitted diseases. Material deprivation, including poor quality housing, lack of nutrition and limited or no access to primary health care are known to contribute to the avoidable illness and injuries and to poor management of pre-existing health conditions for children and young people.
14	Free from abuse & neglect	This indicator will look at whether children and young people are free from intentional harm. This includes exposure to family violence, experiencing neglect, physical, emotional and sexual abuse. For emerging adults this also includes being free from sexual, physical and emotional abuse in their relationships with their peers. The long term detrimental impact on development and wellbeing of all types of abuse (including exposure to domestic violence) is well documented in NZ and overseas. ^{vi}
15	Positive, healthy relationships with parent(s), caregivers, family, whānau and other role models.	This indicator will look at whether children and young people have positive, healthy and loving relationships with the main caregivers in a child's life. We have included other role models in this indicator as they can help fill a gap if positive, healthy relationships with family members are absent. For early childhood attachment to parent(s) or other caregivers is critical for child development, and has been identified as a very important protective factor for early and on-going wellbeing for baby. ^{vii} This has positive impacts on development and can provide some level of resilience protecting against later adverse events. Lack of positive attachment can lead to long term developmental and other issues for children. During childhood and through to adolescence these relationships remain critical to wellbeing and development.
16	Mental wellbeing	This indicator will look at the level of mental wellbeing including whether children and young people are free from mental illness (for example depression and anxiety); early identification and management of any mental health concerns; appropriate response to trauma; level of mental resilience (including ability to deal with the challenges in life and manage stress). Good mental health and wellbeing "are integral to positive emotionality, social interactions and/or resilience to inevitable life stressors". ^{viii}
17	Participation in sports, leisure & physical activity	This indicator will look at children and young people's participation in physical activity. This is important for physical wellbeing overall and can help prevent obesity. It is also important for younger children as they develop gross and fine motor skills. Children and young people of all ages can build social-emotional skills, cognitive skills and self-esteem through team or group activities.

IN CONFIDENCE

18	Educational attainment	Formal educational attainment and qualifications from primary school through to higher education, such as learning to read, achieving an NCEA standard, and completing a university degree. NZ and international evidence has demonstrated the importance of educational attainment and its link to aspects of wellbeing, including ability to participate in society (for example the ability to participate in the labour market).
19	Have a friend to talk about anything	Strong positive relationships with peers. This indicator is also designed to capture children and young people feeling accepted, respected and connected enough to have someone that they can talk to about anything. This has been shown to have a positive and protective impact on the experience of wellbeing for children and young people.
20	Sense of belonging	This indicator will look at the sense of belonging children and young people feel. This includes the sense of belonging to family, whānau, peer groups, school, their community and society. Good social relationships and sense of belonging contribute directly to good wellbeing, and "have been found to act as a buffer to the pernicious effects of toxic stress and other adversities. As might be anticipated, research has shown that the absence of friendships and social connections predicts poor emotional and physical wellbeing". ^x
21	Feel accepted for who they are	This indicator will look at whether children and young people feel accepted for who they are, are able to be themselves and express themselves. Evidence tells us that it is important for the wellbeing of children and young people that they feel accepted, and are able explore and develop their own sense of identity. ^x This is also the strongest theme that came through the engagement with children and young people.
22	Feel connected to their cultural identity	This indicator will look at whether children and young people feel connected to their cultural identity. This covers knowledge of and ability to take part in their culture and cultural practices, which includes language. This also includes feeling that their culture is valued and respected in the society in which they live. Evidence has found that positive connection to cultural identity is a protective factor, and contributes to good wellbeing. "Nurturing a strong cultural and self-identity promotes higher levels of self-esteem and can protect against an array of psychosocial stressors, especially among Māori. It is this important that a Te Ao Māori understanding of wellbeing is acknowledged and respected." ^{xi}
23	Exercising independence & making positive decisions for themselves	This indicator will look at the ways in which adolescents and emerging adults exercise increasing and age-appropriate autonomy. For example, increasing financial responsibility and independence, making positive decisions about their own health and sexual health, alcohol and other drug consumption, relationships, and future. Important physical, social and emotional development occurs in late childhood (12-16). Many of the changes during adolescence are linked with the development of the brain. ^{xii} In particular the parts of the brain that deal with social relationships, processing emotions and in both taking risks and experiencing rewards. During this life stage the increasing exercise of independence and increasing autonomy is a sign of healthy development and wellbeing.
24	Transition to adulthood	This indicator will look at whether emerging adults are engaged in either education, employment or training post-secondary school. Whether or not young people are engaged or not in offending behaviour. Whether they are developing the life skills needed as adults such as cooking, budgeting, applying for a job and managing conflict. This indicator helps us understand important elements of wellbeing (such as social inclusion and participation) during a key transition point, from adolescence to adulthood.

25	Able to create lasting healthy relationships outside of the family and whānau (e.g. with peers, partners or co-workers)	This indicator will look at the ability of adolescents and emerging adults to create and maintain lasting healthy relationships with others outside of their family/whānau, such as peers, partners, colleagues, and any children they may have. Social connections and support are important aspects of wellbeing. As young people become more independent their ability to create and maintain healthy relationships becomes increasingly important to their wellbeing. "As might be anticipated, research has shown that the absence of friendships and social connections predicts poor emotional and physical wellbeing". ^{xiii}
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ⁱ <https://www.brainwave.org.nz/wiring-the-brain-2/> , <https://www.brainwave.org.nz/drinking-for-two/> and <https://www.brainwave.org.nz/babies-and-booze/>

ⁱⁱ Talge NM, Neal C, Glover V. Antenatal maternal stress and long-term effects on child neurodevelopment: how and why? *Journal of Child Psychology and Psychiatry* 2007;48(3-4):245-61, Bergman K, Sarkar P, Glover V, O'Connor TG. Maternal prenatal cortisol and infant cognitive development: Moderation by infant-mother attachment. *Biological Psychiatry* 2010;67(11):1026-1032, <http://www.child-encyclopedia.com/stress-and-pregnancy-prenatal-and-perinatal/according-experts/effects-prenatal-stress-child>

ⁱⁱⁱ Science Advisors Paper to DPMC on child wellbeing and Growing Up in New Zealand

^{iv} <https://www.urban.org/sites/default/files/publication/32706/412899-The-Negative-Effects-of-Instability-on-Child-Development-A-Research-Synthesis.PDF>

^v Science Advisors paper to DPMC on child wellbeing

^{vi} <https://www.msd.govt.nz/documents/about-msd-and-our-work/publications-resources/evaluation/modernising-cyf/interim-report-expert-panel.pdf>

^{vii} Science Advisors Paper to DPMC on child wellbeing and Growing Up in New Zealand

^{viii} Science Advisors Paper to DPMC on child wellbeing

^{ix} Science Advisors paper to DPMC to DPMC on child wellbeing

^x Science Advisors Paper to DPMC on child wellbeing and "What Makes A Good Life: Children and young people's views on wellbeing" Feb 2019 Oranga Tamariki and Office of the Children's Commissioner

^{xi} Science Advisors paper to DPMC on child wellbeing

^{xii} <http://www.brainwave.org.nz/wp-content/uploads/Social-and-emotional-change.pdf>

^{xiii} Science Advisors paper to DPMC on child wellbeing

Proactively released by the Minister for Child Poverty Reduction