MINISTRY OF SOCIAL DEVELOPMENT
TE MANATŪ WHAKAHIATO ORA

07 AUG 2017

Dear

On 30 April 2017, you emailed the Ministry requesting, under the Official Information Act 1982 information relating to family planning and contraception. On 29 May 2017 you received a Notification of Decision from the Ministry regarding your information request.

On 15 October 2012, hardship assistance for the Long Acting Reversible Contraception (LARC) was introduced to assist with the cost of obtaining or removing LARC to eligible clients' for themselves, and/or their dependent female children aged 16 years or over. The provision of contraception for clients' is to help women with the additional costs of accessing LARC so they can plan when they have children.

Work and Income, a service arm of the Ministry of Social Development, provides the assistance for LARC for clients' through the Special Needs Grant Programme. Special Needs Grants are available to people who need one-off assistance to meet essential and immediate needs which they are unable to meet themselves such as food, health and medical costs.

Further information regarding hardship assistance for LARC is available on the Work and Income website: www.workandincome.govt.nz/map/income-support/extra-help/special-needs-grant/long-acting-reversible-contraception-01.html.

For clarity, each of your questions are addressed in turn.

- *Did the expert panel make some recommendations in relation to limiting family size, if so, what were they?*

The expert panel did not make any recommendations in relation to limiting family size.

- *What advice or reports have been prepared by the Ministry of Social Development relating to limiting the size of at risk families and their access to contraception since 2012?*

As noted above, the intent of the hardship grant is to make LARC accessible to eligible beneficiaries. The Ministry has not produced any reports on limiting family size, as such, your request is refused under section 18(e) of the Official Information Act as the information does not exist.

However, I have enclosed the most recent reports that might indirectly reference advice regarding access to contriception that was provided to the Minister from the last twelve months and trust this approach meets your requirements:

The Aurora Centre / 56-66 The Terrace / Wellington 6011
PO Box 1556 / Wellington 6140 / New Zealand
Phone: 64 4 916 3300 / **Fax**: 64 4 918 0099 / **www.msd.govt.nz**

- *Report: 'Advice on long-acting reversible contraceptives',* dated 4 February 2016.

- *Report: 'Update on work to increase the uptake of long acting reversible contraceptives',* dated 7 April 2016.

- *Report: 'Better supporting young people to access long-acting reversible contraceptives',* dated 1 August 2016.

- *Report: 'Options for better support for young people to access long-acting reversible contraceptives',* dated 1 November 2016.

You will note that some information is withheld from the documents being provided as the information is out of scope of your request. Names of some individuals are withheld under section 9(2)(a) of the Official Information Act in order to protect the privacy of natural persons. The need to protect the privacy of these individuals outweighs any public interest in this information. Some information is also withheld under section 9(2)(f)(iv) of the Official Information Act as it is under active consideration. The release of this information is likely to prejudice the ability of government to consider advice and the wider public interest of effective government would not be served.

A report titled *'Delivering streamlined and broader access to long-acting reversible contraceptives'* dated 5 April 2017 has been withheld in full under section 9(2)(f)(iv) of the Official Information Act as it is under active consideration. The release of this information is likely to prejudice the ability of government to consider advice and the wider public interest of effective government would not be served.

- *In the four financial years between 2012 -2016 how much of that fund was spent?*
- *How many beneficiaries received the subsidy?*
- *How many beneficiaries daughters' received the subsidy?*

LARC payments can be made where a person requires assistance to discuss options or pay for the additional costs of obtaining or removing specific types of long-acting reversible contraception. Please find attached a table detailing the number of LARC grants for years 2012 through to 2016. This includes the number of clients and their dependents who have received the LARC subsidy.

- *Was the policy repeated in budget 2016? Why/why not?*

The table below from the 2016/17 Vote Social Development Estimates of Appropriations shows that funding received in the Budget 2012 continues into future years.

Policy Initiative	Year of First Impact	2015/16 Final Budgeted $000	2016/17 Budget $000	2017/18 Estimated $000	2018/19 Estimated $000	2019/20 Estimated $000
Special Needs Grant for Long Acting Reversible Contraception - Welfare Reform	2012/13	167	167	167	167	167

- *What other measures has the government considered to protect children from serious child abusers and killers?*

It is important to note that the introduction of hardship grants for clients for LARC is not about reducing the number of killers and instances of child abuse.

The principles and purposes of the Official Information Act 1982 under which you made your request are:

- to create greater openness and transparency about the plans, work and activities of the Government,
- to increase the ability of the public to participate in the making and administration of our laws and policies and
- to lead to greater accountability in the conduct of public affairs.

This Ministry fully supports those principles and purposes and therefore intends to make the information contained in this letter and the attached document available to the wider public shortly. The Ministry will do this by publishing this letter and the attachment on the Ministry of Social Development's website. Your personal details will be deleted and the Ministry will not publish any information that would identify you as the person who requested the information.

If you wish to discuss your response relating to family planning and contraception with us, please feel free to contact OIA_Requests@msd.govt.nz .

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

Yours sincerely

James Poskitt
General Manager, Working Age Policy

Table 1: Payment amounts and number of grants paid for clients or for dependents children or partners for Long Acting Reversible Contraceptive Assistance for financial years 2012 to 2016.

LARC RECIPIENT TYPE	LARC ASSISTANCE TYPE	Payments and number of grants by fiscal year								Totals	
		2012/13		2013/14		2014/15		2015/16			
		Amount	Number of grants	Amount	Number of grants	Amount	Number of grants	Amount	Number of grants	Amount	Number of grants
Client	LARC implant	$9,446.99	68	$13,454.50	100	$12,042.43	86	$12,083.50	76	**$47,027.42**	**330**
Client	LARC injection	$631.80	11	$900.00	16	$1,342.00	27	$956.00	14	**$3,829.80**	**68**
Client	LARC intra-uterine device	$19,057.55	63	$23,158.29	106	$19,719.00	82	$19,219.10	74	**$81,153.94**	**325**
Client	LARC Options	$594.00	S	$167.00	S	$1,208.67	S	$240.70	S	**$2,210.37**	**18**
Dependant child	LARC implant	$0.00	0	$435.00	S	$97.50	S	$212.00	S	**$744.50**	**S**
Partner	LARC intra-uterine device	$338.00	S	$256.00	S	$0.00	0	$220.00	S	**$814.00**	**S**
Partner	LARC Options	$0.00	0	$0.00	0	$86.50	S	$0.00	0	**$86.50**	**S**
Totals		**$30,068.34**	**148**	**$38,370.79**	**230**	**$34,496.10**	**205**	**$32,931.30**	**171**	**$135,866.53**	**754**

Notes:

- S' represents a suppressed cell to protect clients privacy.
- LARC is Long Acting Reversible Contraceptive.
- Work and income provides a non-recoverable Special Needs Grant (SNG) for clients on main benefits and their dependant children aged 16 and above who wish to access Long Acting Reversible Contraceptives.

MINISTRY OF SOCIAL DEVELOPMENT
TE MANATŪ WHAKAHIATO ORA

Report

Date: 4 February 2016 **Security Level:** IN CONFIDENCE

To: Hon Anne Tolley, Minister for Social Development

REP/16/1/005

Advice on long-acting reversible contraceptives

Purpose of the report

1 This report provides you with the information you requested on long-acting reversible contraceptives (LARCs), specifically cultural considerations impacting on uptake rates by Māori women, and how changes in bleeding patterns may be impacting on uptake rates of all women.

2 In addition, the report provides you with information on the brand of the levonorgestrel-releasing intrauterine system (LIUS) known as Mirena and next steps, should you wish to advocate for it being funded by PHARMAC.

Recommended actions

It is recommended that you:

1 **note** the information included in this report about long-acting reversible contraceptives, including uptake rates and side effects

2 **note** that for Māori women, the contraceptive implant is only slightly more popular than other long-acting reversible contraceptive options

3 **note** that anecdotal evidence suggests that levonorgestrel-releasing intrauterine systems and intrauterine devices are less popular with Māori women due to the invasive nature of their insertion

4 **note** that officials are progressing work to increase the uptake of long-acting reversible contraceptives and will update you on this work in March 2016

5 **note** that the levonorgestrel-releasing subdermal contraceptive implant known as Jadelle is the only levonorgestrel-releasing implant able to be funded by PHARMAC, until the end of 2017

6 **note** that PHARMAC is currently considering proposals for a hormone-releasing long-acting reversible contraceptive (in a non-implant form) to be funded for women with heavy menstrual bleeding, endometriosis and for use as a contraceptive

7 **agree** that officials develop a submission on the funding of a hormone-releasing intrauterine system, once PHARMACs consultation process commences

Agree / Disagree

8 **agree** to send a copy of the report to the Associate Minister for Social Development.

Agree / Disagree

Maree Roberts
General Manager
Child, Family and Community Policy

Date

Hon Anne Tolley
Minister for Social Development

Date

You requested information on long acting reversible contraceptives

3 On 10 November 2015, you met with Jackie Edmond, Chief Executive of New Zealand Family Planning (NZFP). Following that meeting Jackie provided you with information on LARCs.

4 You have since requested specific information on:

- the costs and side effects of LARCs
- cultural factors that impact on LARC uptake
- justifications for funding the LIUS known as Mirena
- improving systems for women to access LARCs at the time they access other social and health services.

LARCs are highly effective but their uptake rates remain low

5 LARCs have an effectiveness rate of at least 99 percent, but are only used by four percent of women. This can be compared to the oral contraceptive pill, which has a lower overall effectiveness rate of 92 percent, but is used by approximately 75 percent of women. Anecdotal evidence suggests that this is due to clinicians more readily prescribing the contraceptive pill.

6 There are a number of LARCs currently available in New Zealand, but not all are subsidised by PHARMAC:

- the copper intrauterine device (IUD) (subsidised)
- the levonorgestrel-releasing intrauterine system (LIUS) – Mirena and Jaydess (not subsidised)
- the levonorgestrel subdermal implant – Jadelle (subsidised) and etonogestrel releasing Implanon (not subsidised).

The implant is the most popular form of LARC for Māori women, followed by an IUD / LIUS

The contraceptive implant

7 The contraceptive implant is the most popular choice for Māori women. NZFP data shows that in the previous 12 months (to December 2015) 24 percent of Māori women who obtained LARCs through NZFP chose a contraceptive implant. This is significantly higher than other population groups. For example, only 8.7 percent of Pacific women elected to have a contraceptive implant inserted.

8 A common side effect of the contraceptive implant is irregular bleeding, which is experienced by as many as seven in ten women. An NZFP audit of 252 women, found that:

- 48 percent of implants were removed in the first year of usage[1]
- 80 percent of women reported their implant was 'great or OK' in the first year.

9 This indicates that the side effects are not a significant deterrent for users.

10 The Ministry of Health (MOH) has advised that removal of implants can be due to the irregular bleeding being unexpected. The health literacy of professionals who do not always provide the necessary advice on what to expect with the contraceptive implant, or provide options for managing the transition to this contraceptive option, is a factor in this. Data on removal rates by ethnicity is not currently available.

[1] There was a 21 percent loss to follow up at the end of the first year so the data does not include these clients. In addition, there is no universal recall system in place at present to ensure that those using the implant have it changed after five years. There is scope for further work on this.

The IUD / LIUS

11 By comparison, NZFP data shows that when combined, the rate of Māori women choosing either the LIUS or the IUD are similar to the contraceptive implant, with these rates being 10.6 and 10.8 percent respectively.

12 Further work is required to fully understand whether the anecdotal evidence about the invasive nature of an IUD / LIUS insertion, is impacting on uptake rates of Māori women specifically, or whether this is an issue across the broader population. We do not currently have data on this.

Some women may be deterred from using an IUD / LIUS due to the multiple appointments required

13 The IUD and LIUS require multiple appointments. Prior to insertion, women must be screened for sexually transmitted infections, and following insertion a follow-up appointment to check the position of the IUD / LIUS is recommended. This may be impacting on uptake rates or be considered a barrier to access for some women, due to cost or inconvenience. It is not clear whether this is only the case for Māori women or the population more broadly.

14 Promoting and educating women about LARCs in general, how they work, and their side effects is likely to have a positive impact on uptake rates. MSD will explore opportunities to promote LARCs through both existing service channels and new opportunities, as part of the next steps for work promoting access and uptake of LARCs.

Views on the additional benefits of the Mirena LIUS compared to the IUD, are varied

15 Officials at PHARMAC have advised that the IUD and LIUS have equally numerous side effects, but that the side effects vary between users. A change in bleeding pattern is a side effect associated with all LARCs, whether this manifests in irregular bleeding, heavier or lighter bleeding or a cessation in bleeding.

16 In 2009, the side effects of the copper IUD were noted by PHARMAC's Hormone and Contraceptive Subcommittee[2] as being more severe for some users and therefore not clinically acceptable for some women. The subcommittee considered that if funded access was widened to include the LIUS, approximately 10 percent (maximum 20 percent) of patients using the copper IUD would switch to the LIUS.

17 NZFP has described the Mirena LIUS as a gold standard LARC. This is largely because it is associated with lighter and shorter periods, anecdotally New Zealand women consider this to be a positive side effect. This supports the case that an LIUS should be funded as uptake rates are likely to increase if positive side effects are experienced.

PHARMAC is currently considering applications to fund an LIUS for contraceptive purposes

18 The Mirena LIUS is a levonorgestrel-releasing IUS not currently subsidised for use as a contraceptive.[3] PHARMAC has a commercial arrangement with the supplier of the levonorgestrel subdermal implant known as Jadelle which means that it is the sole subsidised levonorgestrel-releasing implant until 31 December 2017. Anecdotal evidence shows that a common side effect of the IUS is a cessation in periods, and that New Zealand women generally consider this a favourable side effect.

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[2] The subcommittee is part of the Pharmacology and Therapeutics Advisory Committee and provide clinical advice to PHARMAC.

[3] Mirena is fully subsidised by PHARMAC for patients with a clinical diagnosis of heavy menstrual bleeding. In addition, hospital specialists can provide it for patients with endometriosis in a District Health Board hospital.

19 PHARMAC has advised that in October 2015 it issued a Request for Proposals (RFP) seeking applications from all suppliers of the IUS (and not the implant) for the supply of an IUS to treat heavy menstrual bleeding, endometriosis and for use as a contraceptive.

There is scope for you to provide a submission as part of this process

20 PHARMAC engages in a wide consultation process to enable interested parties to contribute to the decision-making process of pharmaceutical changes.

21 PHARMAC is currently evaluating the proposals received for the RFP. The evaluation process includes internal assessment of the proposals and in this case includes seeking external advice from health care professionals who use the IUS in their clinical practice. Following the evaluation, PHARMAC will issue a consultation document regarding their proposed next steps. This document will be available for all interested parties to provide feedback on.

22 PHARMAC advise that consultation is scheduled to commence from around the end of March 2016. This presents an opportunity for you to make a submission regarding subsidised IUS'. If this is an opportunity you wish to pursue, we will provide you with further advice once we have been notified that the consultation period has commenced.

There is a range of work underway to increase access to LARCs

Increasing access to the LARCs Special Needs Grant provided by the Ministry of Social Development

23 The LARC Special Needs Grant (SNG) covers the additional access costs of subsidised LARCs, for women experiencing hardship.[4]

24 Uptake rates of this grant are very low. As we advised in December 2015 (REP/15/11/1264), Work and Income has already put measures in place to try and increase the number of people accessing LARCs and the LARCs SNG. This includes for example:

- a dedicated LARC queue in the automated Work and Income call system
- re-direction of callers to female staff
- the ability to apply for LARC assistance over the phone.

The Ministry of Health's Budget Bid on reducing teen pregnancy

25 As we advised you in December 2015, MOH has a number of plans to improve access to LARCs if its Budget Bid on reducing teen pregnancy is successful (REP/15/11/1264 refers). These would likely have a positive impact on LARC uptake and continuation rates. The work includes:

- increasing access to primary care training – the current courses are over-subscribed and primary health organisations tend not to recommend the IUD to women who don't have children, in part due to the more difficult insertion
- working with the Royal Australian and New Zealand College of Obstetricians and Gynaecologists, the New Zealand College of Midwives, and District Health Board

[4] The LARC SNG is currently available to:

- women on a benefit (including partners)
- women aged 16 years and over who are the dependent children of a beneficiary
- young women receiving the Youth Payment or the Young Parent Payment.

maternity and termination of pregnancy services, to improve post-partum and post abortion contraceptive advice and access.

26 We will update you on the status of this Budget Bid as part of the June 2016 cross-agency report back.

9(2)(f)(iv)

Next Steps

29 We will update you on the following work in March 2016:

- improving access to and uptake of LARCs, including exploring opportunities to promote LARCs to women when they are accessing other social services
- exploring opportunities to obtain further information on LARC uptake by ethnicity
- preparing a submission to PHARMAC advocating for the funding of an IUS for contraceptive purposes (if you agree).

30 In addition, in June 2016 we will notify you of the outcome of the MOH Budget Bid focused on reducing unintended teen pregnancy, when we report back on the cross-agency work focused on supporting teen parents and their children.

File ref: A8641995

MINISTRY OF SOCIAL DEVELOPMENT
TE MANATŪ WHAKAHIATO ORA

Report

Date: 7 April 2016 **Security Level:** IN CONFIDENCE

To: Hon Anne Tolley, Minister for Social Development

REP/16/4/322

Update on work to increase the uptake of long acting reversible contraceptives

Purpose of the report

1 This report provides you with our findings on the key factors that influence the uptake of the Special Needs Grant to support access to subsidised long acting reversible contraceptives provided by the Ministry of Social Development (MSD).

Recommended actions

It is recommended that you:

1 **note** that we have consulted with medical practitioners, New Zealand Family Planning, academics (including Dr Beverley Lawton of the University of Otago) and the Ministry of Health to understand the key factors that influence the uptake of long acting reversible contraceptives

2 **note** that Dr Lawton has undertaken significant work focused on the sexual health and contraceptive choices of vulnerable young Māori females

3 **indicate** whether you wish to meet with Dr Lawton to discuss her research

Yes / No

4 **note** that although cultural considerations may influence whether some young females access long acting reversible contraceptives, system-level and youth specific factors generally have a greater impact on these decisions

5 **note** that the low uptake of the Ministry of Social Development's Special Needs Grant that supports access to funded long acting reversible contraceptives, may be linked to factors that influence the uptake of long acting reversible contraceptives more generally

6 **agree** that we undertake a review of the policy settings around the Special Needs Grant to ensure that more vulnerable young people access this support

Agree / Disagree

7 **agree** that we look at opportunities to work with other agencies and social services to promote information about the Special Needs Grant

Agree / Disagree

8 **agree** that we identify Ministry of Social Development pathways to provide information to young people about the Special Needs Grant

Agree / Disagree

9 **agree** to forward a copy of the report to the Associate Minister for Social Development.

Agree / Disagree

Maree Roberts
General Manager
Child, Family, Community and Youth Policy

Date

Hon Anne Tolley
Minister for Social Development

Date

Increasing the uptake of long acting reversible contraceptives is aimed at improving outcomes for young females, with a focus on teen parents and the children of teen parents

2 In January 2016, we agreed to update you on work focused on increasing the uptake of long acting reversible contraceptives (LARCs) (REP/16/1/005 refers).

3 There is a range of evidence that supports work being undertaken to increase LARC uptake for teen parents. The Youth Funding Review (YFR) found that, in the 15 – 19 year old age group, teenage girls supported by benefits, and sole parents on a benefit with a Child, Youth and Family (CYF) or Youth Justice history fall within the top ten groups at risk of poor long-term outcomes.

4 In addition, the 0 – 5 Social Sector Investment Review found that of children with two or more risk factors in the priority population, 17 percent were born to a teen mother, and are consistently worse off than children not in the priority population.

5 Increasing access to effective forms of contraception to prevent unintended teen pregnancy and rapid repeat pregnancies will support MSD to achieve the Better Public Services Results that are focused on reducing long term welfare dependency and improving outcomes for vulnerable children.

LARCs are highly effective contraceptives that for a range of reasons, currently have very low uptake rates

6 You asked us to explore factors that may influence the uptake of LARCs, including cultural considerations. We have drawn on a range of expertise, including representatives from New Zealand Family Planning, academic research, cultural experts and medical practitioners.

7 Our initial investigation shows that in addition to cultural considerations, there are a range of factors that contribute to the currently low LARC uptake rates. These factors are discussed below.

While ethnicity may have some influence on contraception choices, youth culture has a stronger influence

8 Dr Beverley Lawton (Associate Professor and Director of Otago University's Women's Health Research Centre) has undertaken a lot of sexual-health focused work with young and vulnerable Māori females. She advised us that in her experience, ethnicity is seldom a barrier to LARC uptake.

9 Dr Lawton advised that youth culture considerations have a stronger relationship to contraceptive choices than considerations related to ethnicity, and that peer influence and anecdotal evidence have a more significant impact on how young females make decisions about contraception.

10 From a Māori perspective, one of the key concerns about teenage pregnancy is the wellbeing of the child once it is conceived, and ensuring there is a community of care to support the mother and the child. These considerations are of greater interest to many Māori, rather than contraceptive choices or behaviours.

11 For some of the most vulnerable Pacific young mothers, contraception is not always a priority due to the range of complex health and social needs they are dealing with. These young females can have high-levels of smoking, are not in control of decision-making about food purchasing and preparation in their homes, do not always have access to transport and are often not engaged in primary care, education or other social services.

12 It has been found that Pacific women living in high areas of socio-economic deprivation do not access contraception as they rarely attend the doctor, even when ill. In addition, Māori and Pacific young/teen parents are often unaware of the services that are available to support them and on-going engagement with services is strongly influenced by whether the initial experience of services is positive or negative.

13 As part of this, for the most vulnerable young females, low health literacy is a key issue that contributes to decisions about contraceptive uptake. These females often have limited knowledge about the contraceptive options that are available and how they work.[1]

Knowledge and awareness of LARCs and how they work

14 Knowledge and awareness of LARCs was highlighted as an issue affecting both medical practitioners and young females.

15 Evidence suggests that some medical practitioners are not confident inserting intrauterine devices (IUDs) into younger patients, and that those who have not had much experience with LARC insertion will refer patients to Family Planning, rather than undertaking the procedure themselves.

16 In terms of patient knowledge about LARCs, evidence indicates that some young females have concerns about a foreign object being in the body if using an IUD or intrauterine system (IUS) or contraceptive implant, and dislike the perceived lack of control over their body where a hormone releasing LARC is used.

17 Some young females are also reluctant to use LARCs due to the real or perceived side effects associated with some of the PHARMAC funded LARCs. For example, the copper IUD can cause heavier and more painful periods, and the Jadelle implant can cause heavier and irregular bleeding. Experiencing negative side effects may lead to early removal of the LARC and increases the risk of an unintended teen pregnancy.

18 Experiences with LARCs are different for everyone, but many young females are not aware of what to expect with the LARC, or don't know that there are options for managing side effects.

19 Dr Lawton advised that she undertook research looking at the factors that impact on contraceptive choices, with a small sample of New Zealand young females. When given adequate information about all forms of contraception and removing all barriers to access (including cost) the majority of the participants opted for the Mirena IUS, given its more favourable side effects.[2]

20 Some medical practitioners have also expressed the opinion that subsidising the Mirena would increase LARC uptake due to its fewer and more favourable side effects.[3]

Cost remains a barrier to LARC uptake

21 Evidence suggests that cost is a significant barrier to LARC uptake. Even if a LARC is fully funded by PHARMAC, the clinic costs associated with appointments and associated transport costs, can be significant. Furthermore, these costs must also be met when a LARC is being removed.

22 Currently, MSD's LARCs Special Needs Grant provides up to $500 (non-recoverable) in a 12 month period for females over 16 who are receiving benefit payments, or are the daughters of beneficiaries, to cover the costs associated with access to PHARMAC funded LARCs. The payment cannot be used to cover any costs of the LARC device itself.

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[1] Information obtained from: *Pacific Perspectives Ltd* (2013) Maternity Care Experiences of Teen, Young, Maori Pacific and Vulnerable Mothers at Counties Manukau Health. *Pacific Perspectives. Wellington.*

[2] This research is similar to The Contraceptive Choice Project that was undertaken in the United States with 10,000 women. When all barriers were removed, two thirds of women chose a LARC method.

[3] MSD undertook a small survey with urban general practiitoners at a recent conference, and some indicated a preference for the Mirena. We are going to provide the same survey to rural practitioners at an upcoming conference.

23 At present, uptake of the LARCs Special Needs Grant is very low. Between January 2013 and June 2015, only 56 young females (aged 16 – 19 years old) receiving benefit payments, accessed the grant.

24 Evidence suggests that there are two major factors contributing to low uptake of the LARCs Special Needs Grant. Firstly, many medical practitioners are not aware that the LARCs Special Needs Grant exists. Secondly, the process for accessing the LARC Special Needs Grant can be complicated and time-consuming.

25 In 2014, Work and Income undertook work to stream-line the grants access process. This included implementing a dedicated phone queue to process LARCs Special Needs Grant applications and queries, and automatically referring clients to a female caseworker, to support the applicant to feel comfortable talking about contraception. However, there has not been a notable increase in the uptake of the LARCs Special Needs Grant since these changes were made.

Next Steps

Increasing the uptake of the LARCs Special Needs Grant

26 We will explore opportunities to increase the uptake of the LARCs Special Needs Grant to ensure that our most vulnerable clients and those who support them, are provided with the right information and support to access the contraception that is best for them, and report back to you in June 2016.

27 This will include:

- reviewing the policy settings around the LARCs Special Needs Grant to ensure that more vulnerable young people access this support
- looking at opportunities to work with other agencies and social services to promote information about LARCs and the LARCs Special Needs Grant
- identifying MSD pathways to provide information to young people about the LARCs Special Needs Grant. For example through the Youth Service or through Family Start.

Supporting other agencies and services to increase the uptake of LARCS

28 In January 2016, we agreed to provide you with further information regarding the PHARMAC submissions process. The submissions process has not yet commenced and further advice on this will be provided to you separately.

29 We will work with the Ministry of Health to explore additional opportunities to increase the uptake of LARCs. We will also update you on the Ministry of Health's Budget Bid focused on increasing the uptake of LARCs, once new information is available. This work will be progressed within the context of the cross-agency teen parents work programme.

MINISTRY OF SOCIAL DEVELOPMENT
TE MANATŪ WHAKAHIATO ORA

Report

Date: 1 August 2016 **Security Level:** IN CONFIDENCE

To: Hon Anne Tolley, Minister for Social Development

REP/16/8/905

Better supporting young people to access long-acting reversible contraceptives

Purpose of the report

1 Following a review of the policy settings around the Special Needs Grant (SNG) for long-acting reversible contraceptives (LARCs), this report:

- seeks your agreement to MSD progressing identified opportunities that sit outside current policy settings of the SNG for LARCs, Section 9(2)(f)(iv) Active Consideration Section 9(2)(f)(iv) Active Consideration
- updates you on phased work that MSD will undertake to raise young people's awareness about financial support for LARCs, with an initial focus on working with Youth Service providers, Children's Teams and Child Youth and Family (CYF).

Recommended actions

It is recommended that you:

1 **note** that in April 2016 you agreed that MSD review the policy settings around the Special Needs Grant (SNG) for LARCs and look at opportunities to raise awareness of this support

Yes / No

2 **note** that the policy review identified three areas for improvement, outside of the initial scope of the review

Yes / No

3 **agree** that we further develop and assess the following three options, and report back to you on 27 October 2016:

3.1 Section 9(2)(f)(iv) Active Consideration

Agree / Disagree

AND / OR

3.2 Section 9(2)(f)(iv) Active Consideration

Agree / Disagree

AND / OR

3.3 Section 9(2)(f)(iv) Active Consideration

Agree / Disagree

4 **note** that we will also undertake awareness raising work about the financial support for LARCs and that this will be done in two phases:

4.1 work progressed immediately, focused on working with Youth Service providers, Children's Teams and CYF to raise awareness amongst young people about the SNG for LARCs

4.2 broader work with medical practitioners and key associations to raise awareness of the support, and any changes to the policy settings, following your policy decisions

Yes / No

5 **agree** to forward a copy of this report to the Associate Minister for Social Development.

Agree / Disagree

Justine Cornwall
General Manager, Child Family Community and Youth Policy

Date

Hon Anne Tolley
Minister for Social Development

Date

Background

2 On 5 April 2016, we provided you with information on key factors influencing young people's uptake of LARCs and uptake of the associated SNG for LARCs.

3 You agreed to officials:

- reviewing the policy settings around the SNG for LARCs
- identifying opportunities to raise awareness about the SNG for LARCs
- providing you with an update on this work in July 2016.

4 We have completed a review of the current policy settings around the LARCs SNG. Since this was introduced in 2012, a range of work has been undertaken by MSD focused on increasing its uptake. However, many medical professionals and young people continue to find the process for accessing this financial support complex and time consuming, and there is low awareness of this support (REP/16/4/322 refers).

5 This report seeks your agreement to MSD further developing and assessing options that are outside of the current policy settings of the SNG for LARCs. These would be focused on making access to financial support for LARCs easier for young people receiving benefits.

6 It also advises you of the activities we will commence immediately to raise awareness amongst young people receiving benefit payments about the financial support available for LARCs, and broader awareness raising work we will undertake to align with any changes you agree to the current policy settings.

Providing financial support for access to LARCs is intended to support access to highly effective contraceptives

7 LARCs are a highly effective contraceptive and the LARC SNG is intended to reduce financial barriers to access. Currently, the LARC SNG covers the costs associated with access to PHARMAC-subsidised LARCs, including transport, and medical and pharmacy related costs, up to $500 in a 12 month period. The SNG for LARCs cannot be used to cover the cost of the device itself where the device is not subsidised by PHARMAC.

8 The SNG for LARCs has been available through the Special Needs Grant Welfare Programme since 2012, to clients who are receiving main benefits and their dependent children.[1] Providing this support through the Special Needs Grant Welfare Programme enabled quick development and implementation of the support.

9 In many cases, the administrative constraints of processing a LARC SNG payment mean that a client has to attend multiple appointments with their medical practitioner. Anecdotal evidence suggests that this is a barrier for clients who may also have geographic or transportation barriers to accessing healthcare in general, and social or cultural barriers to accessing sexual health services in particular.

[1] Eligible beneficiaries and their dependent children include those receiving the Youth Payment, Young Parent Payment, JobSeeker Support (but not for Student Hardship or Student Allowance) Sole Parent Support, Supported Living Payment, an Emergency Benefit, New Zealand Superannuation or a Veteran's Pension.

We recommend further work is undertaken to make it easier for clients to access financial support for LARCs

10 Given the issues with the current approach, we recommend that work be undertaken to further develop and assess options in the following three areas, with a report back to you on 27 October 2016:

- Section 9(2)(f)(iv) Active Consideration
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11 These are complex issues that sit outside the current policy settings. Further work is required to assess the impact of any proposed changes, including financial implications, on a range of stakeholders including the Ministry of Health, PHARMAC and health practitioners.

12 We are focused on ensuring that any proposed changes result in young people having easier access to financial support for LARCs. If you agree, we will undertake further work in each of the areas outlined above and report back to you as outlined.

13 We are identifying opportunities presented by the Sexual and Reproductive Health Action Plan, being developed by the Ministry of Health. One of the priority actions is ensuring equitable access to affordable, culturally competent, youth and diversity friendly primary healthcare, including access to contraceptives. As the plan is developed, we will ensure that young people's ability to access LARCs is considered.

14 Vulnerable young people are at high-risk of becoming teenage parents, and those who have been in the care of Child, Youth and Family are particularly vulnerable. As we develop options for change, we will ensure that our work is aligned with the IIC programme that is focused on early intervention and having high aspirations for all children and young people.

Raising awareness about the financial support for LARCs

15 Since the SNG for LARCs was introduced in 2012, Work and Income has undertaken a range of work focused on increasing its uptake. This has included:

- enabling clients to apply for financial support for LARCs over the phone, while they are with their healthcare provider (if they have a Payment Card)
- removing financial support for LARCs from the hardship grant count (usually after three hardship grants have been made, clients are referred to a Budget Advisor)
- distributing information about the support that is available.

16 This work has not had a specific focus on young people, and we have identified that more work can be done to raise awareness about financial support for LARCs to this group. Discussing this sensitive topic with young people can raise complex issues, and care is always required. Our focus will be on ensuring that those who work with young people know about the support available and can facilitate access to it.

17 To achieve this, we will commence a range of activities immediately, comprising:

- contacting Youth Service providers and providing them with information about LARCs and the financial support available to access them, so that Youth Coaches can raise awareness of this support amongst the young people they work with
- providing information about the SNG for LARCs to Children's Teams so that they can raise awareness of this support, where appropriate

- as part of the work being undertaken in the IIC, making information available to CYF carers, young people in CYF care, and young people leaving CYF care to make them aware of this support, if they are eligible and wish to access it.

18 To ensure that messaging about the support available is consistent, we recommend a second phase of awareness raising activities be undertaken once you have agreed any changes to the policy settings around financial support for LARCs.

19 This work will include:

- providing information for the websites and newsletters produced by key stakeholders, including: the Royal NZ College of GPs, the NZ Medical Association, NZ College of Midwives, the Rural General Practice Network, and primary health organisations
- arranging for information to be distributed to GP surgeries
- working with New Zealand Family Planning to raise awareness amongst young people receiving benefits, of the financial support available
- meeting with GPs and their practice administrators, New Zealand Family Planning, midwives, Plunket and our regional health and disability coordinators to raise awareness of the support that is available to young people receiving benefits
- developing a Weekly Brief message for Work and Income staff to let them know about the additional communications activity we are doing, and reminding them where to find information about the financial support that is available to support young people to access LARCs.

Next steps

20 If you agree to the proposals in this paper, officials will:

- immediately commence conversations with Youth Service providers, Children's Teams and CYF to raise awareness of the financial support for LARCs with young people
- progress further development and assessment of the high-level options we have identified for changing financial support for access to LARCs.

21 We will report back to you on 27 October 2016.

Author: 9(2)(a), Policy Analyst, Child, Family, Community and Youth Policy

Responsible manager: Justine Cornwall, General Manager, Child, Family, Community and Youth Policy

MINISTRY OF SOCIAL DEVELOPMENT
TE MANATŪ WHAKAHIATO ORA

Report

Date: 1 November 2016 **Security Level:** IN CONFIDENCE

To: Hon Anne Tolley, Minister for Social Development

REP/16/10/1346

Options for better support for young people to access long-acting reversible contraceptives

Purpose of the report

1 This report seeks your agreement to further develop proposals to change the policy settings for the Special Needs Grant (SNG) for long-acting reversible contraceptives (LARCs). It also updates you on work undertaken to raise awareness about the availability of financial support for LARCs.

Recommended actions

It is recommended that you:

1 **note** that the Ministry of Social Development provides financial support for beneficiaries and their female dependent children aged 16-19 to access long-acting reversible contraceptives (LARCs) through a non-recoverable Special Needs Grant (SNG) to cover medical, pharmacy and transport costs

Yes / No

2 Section 9(2)(f)(iv) Active Consideration

Yes / No

3 Section 9(2)(f)(iv) Active Consideration

Yes / No

4 Section 9(2)(f)(iv) Active Consideration

AND

Section 9(2)(f)(iv) Active Consideration

AND

4.3 Section 9(2)(f)(iv) Active Consideration

Agree / Disagree

5 **note** that, subject to your agreement, we will provide you with a report in March 2017 that includes advice on:

Section 9(2)(f)(iv) Active Consideration

Yes / No

6 **agree** to send a copy of the report to the Associate Minister for Social Development.

Agree / Disagree

Justine Cornwall
General Manager
Child, Family, Community and Youth Policy

Date

Hon Anne Tolley
Minister for Social Development

Date

Context

2 Long-acting reversible contraceptives (LARCs) are a highly effective form of contraception, but their uptake among young women is low.[1] MSD provides financial support, through a non-recoverable Special Needs Grant (SNG), for clients on main benefits and their female dependent children aged 16-19 who wish to access LARCs. The LARC SNG covers the costs associated with access to LARCs, including transport, medical and pharmacy related costs, up to $500 in any 12-month period. The SNG can only be used to cover the cost of PHARMAC-subsidised LARC devices.

3 On 1 August 2016, we provided you with the results of our review of the policy settings for the LARC SNG. You agreed that we would develop options for your consideration that are outside of the current policy settings to make access to financial support for LARCs easier for young people [REP/16/8/905 refers]. This report presents proposals to expand eligibility and to streamline the process.

4 In developing these proposals we have worked with PHARMAC and the Ministry of Health, and their views are reflected in this paper.

Current uptake of the LARC SNG is low

5 Since the LARC SNG was introduced in 2012, 795 grants have been made in total, at an average of 188 grants per year.

- The total spend for the four-year period that the SNG has been available has been $143,325, at an average cost of $183 per grant. This translates to an annual spend of approximately $35,000 on this SNG.[2]
- The original forecasted spend when the LARC SNG was introduced was for approximately $500,000 over four years. It was anticipated that up to 16,000 women might access the grant.
- Data shows that only a small proportion of SNGs (68, around eight percent) have been granted to 16-19 year olds. However, this data is likely to be under-counting uptake for this age group, as it does not identify when an SNG was granted to a client on behalf of their dependent child.

We have identified options to reduce barriers to accessing the LARC SNG

6 Anecdotal reports suggest that the application process to access the LARC SNG is contributing to low uptake rates across all age groups. The application process is complex, time-consuming, and in many cases requires clients to have several engagements with their health practitioner and/or Work and Income (Appendix 1 illustrates the current process in more detail). This process can present a barrier for clients who may have geographic, transportation and/or social or cultural barriers to accessing health care.

7 Previous reforms designed to simplify the process, including enabling clients to apply for the LARC SNG over the phone, have had little effect on uptake rates. Section 9(2)(f)(iv) Active Consid

Section 9(2)(f)(iv) Active Consideration

8 Section 9(2)(f)(iv) Active Consideration

[1] Approximately four percent of all young women aged 15-19 take up LARCs.

[2] All figures taken from October 2012 to September 2016.

Section 9(2)(f)(iv) Active Consideration

Section 9(2)(f)(iv) Active Consideration

Section 9(2)(f)(iv) Active Consideration

Next steps

31 If you agree to us advancing the proposals in this paper, we will provide you with an update report in March 2017 that includes advice on:

9(2)(a)

Author Section 9(2)(a) - Privacy of the Person Policy Analyst, Child, Family, Community and Youth Policy

Responsible manager: Section 9(2)(a) - Privacy of the Person Policy Manager, Child, Family, Community and Youth Policy

Appendix 1

Section 9(2)(f)(iv) Active Consideration