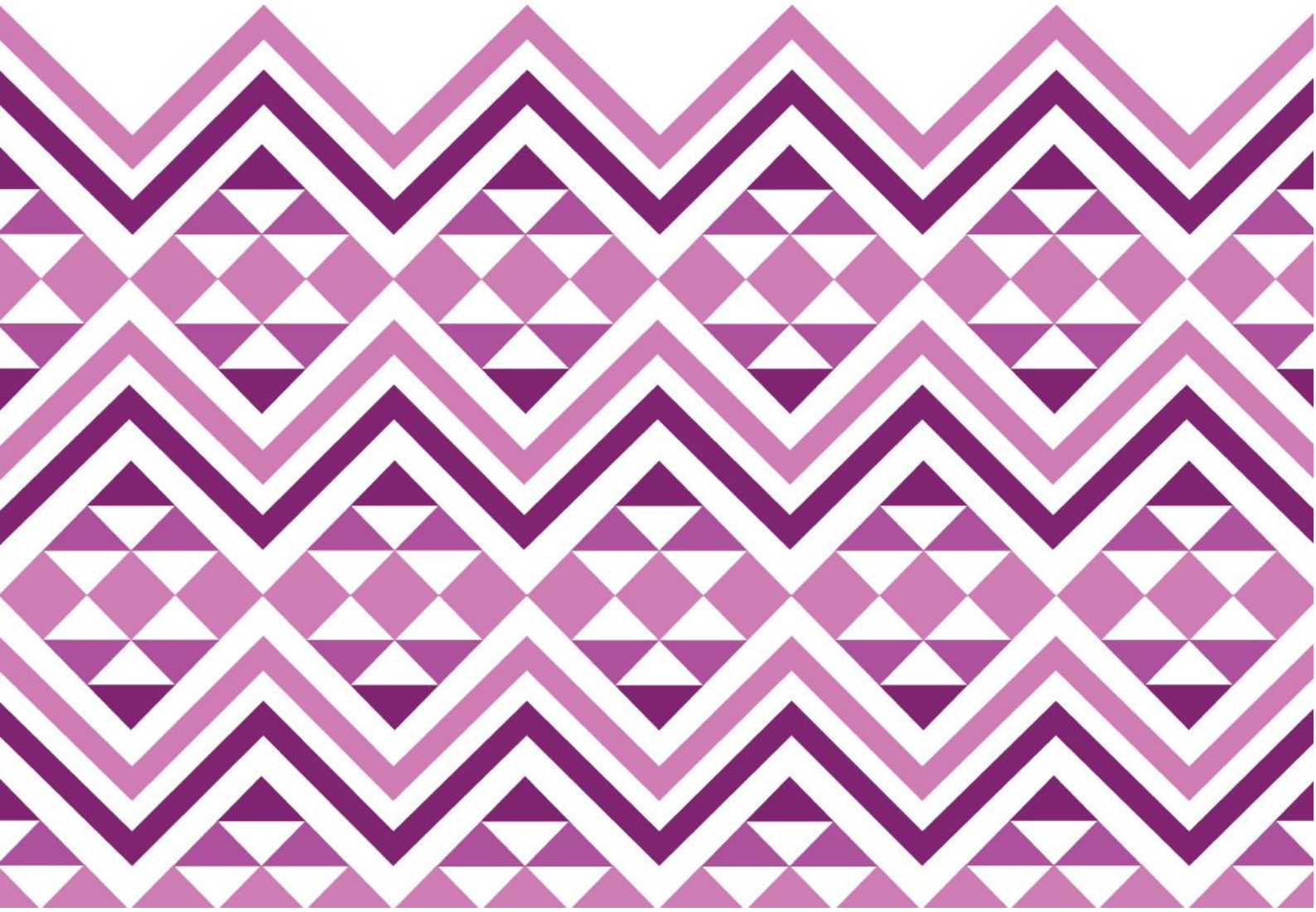
ORANGA TAMARIKI
Ministry for Children

New Zealand Government

Rainbow children in care

Understanding how Oranga Tamariki can better support rainbow children and youth

May 2023



The Oranga Tamariki Evidence Centre works to build the evidence base that helps us better understand wellbeing and what works to improve outcomes for New Zealand's children, young people and their whānau.

Author

Siân Orr

Editors

Amelia Gill and Write Limited

Acknowledgements

Thank you to Elodie Green for supporting me. Thank you to MSD Infohelp for your library services support. Thank you to the Voices Team, Arti Badiani and Rhiannon Newcombe for their support and encouragement. And thank you to Levi Larsen for sharing his literature review with me.

Citation guidance

This report can be referenced as:

Oranga Tamariki Evidence Centre (2023). *Rainbow children in care. Understanding how Oranga Tamariki can better support rainbow children and youth.* Wellington, New Zealand: Oranga Tamariki—Ministry for Children.

Copyright

This report is licensed under the Creative Commons Attribution 4.0 International License http://creativecommons.org/licenses/by/4.0/.

Please attribute © New Zealand Government, Oranga Tamariki—Ministry for Children 2023.

Disclaimer

I have applied a qualitative self-reflective process to this literature review. From this process, in a few areas, I've included my self-reflection as qualitative data to either initiate or support a finding or declare a potential bias of mine. I am aware of my own biases, and I was able to stay mindful of those biases during this mahi.

To reflect this qualitative self-reflective process, I have written this review in the first person, from my perspective, as a queer and trans-person.

I, and the colleagues who supported this mahi, have made every effort to ensure the information in this report is reliable, but Oranga Tamariki does not guarantee its accuracy and does not accept liability for any errors.

ISBN: 978-1-7385895-2-4

Abstract summary

This literature review tells you that a disproportionate number of rainbow children and youth are in care and child welfare systems. Also, rainbow children and youth in care have significant needs including for disability, homelessness, discrimination, and violence at rates much higher than the general population. These issues are generally known and understood. But the prevalences, rates, adversities, and solutions are not so well understood in Aotearoa New Zealand.

To support a wider rainbow work programme, Oranga Tamariki—Ministry for Children asked us, the Evidence Centre of Oranga Tamariki, to conduct this literature review. The broader work that Oranga Tamariki is undertaking aims to help it become more inclusive and understanding of rainbow children and youth. And this literature review helps bridge the gaps in administrative data held by Oranga Tamariki by collating other sources of data and information from Aotearoa and overseas jurisdictions.

Broadly, these studies from Aotearoa and overseas jurisdictions show that rainbow children and youth in child welfare are **1.5 to 3.0 times** more prevalent than children and youth of the general population. This translates to somewhere between **15% and 30%** of all children and youth in child welfare. Rainbow children and youth make up about **20%** or **1-in-5** of the children and youth in the care of Oranga Tamariki. About **10%**, or **1-in-10** of the youth in Aotearoa are rainbow.

These proportions are often higher again for indigenous peoples and ethnic minorities. In the US, Canada, and Australia, rainbow indigenous youth are in care at disproportionate levels, the same way Māori are overrepresented in Oranga Tamariki. This can be attributed to colonisation in these countries and the way that Western and Eurocentric governments and economics have disenfranchised indigenous peoples. To further that, Western religions have undone indigenous rainbow cultures that were once celebrated and revered.

We need more information on rainbow youth in care, how rainbow children and youth develop, and the adversities they experience. But collecting data, especially through the administrative systems of child welfare and Oranga Tamariki, comes with the risk of harm to rainbow children and youth. We also have a high possibility of producing inaccurate numbers and undercounts.

We must build trust first – an environment of normalising rainbow children and youth, of acceptance, safety, and even cultural celebration – especially for takatāpui Māori and MVPFAFF rainbow youth (Pacific rainbow cultures). Then, social workers and support staff need the right training and support themselves. This will help them meet the needs of rainbow youth and know and understand who of our children and youth are ‘rainbow’. Knowing and understanding who is rainbow becomes much more complicated when working with preadolescent children.

Rainbow children and youth, especially in care, have very high rates of disability (**73%** from one Oranga Tamariki study), mental health issues, and experiences of violence, trauma, abuse, and discrimination. One study shows that **30% to 40%** of rainbow youth

outside of care experienced being bullied, physically threatened, and/or harmed. These adversities become tight intersectionalities where many rainbow children and youth fall into multiple categories of adversity. Takatāpui Māori are automatically in such a place.

Health and mental health issues are serious for rainbow youth, and they remain largely unaddressed. Poor mental health for rainbow youth ranges from **49% to 68%** in some studies, with self-harm and suicidality at **13% to 57%**. To hear of another young trans or gay teenager taking their own life is very disheartening in this 'day and age'. And yet we still read such articles in the news. Of rainbow youth involved with Oranga Tamariki, **one-half** are affected by poor mental health, and for takatāpui Māori this figure is slightly higher at **53%**.

Homelessness and violence at home are key focal points for Oranga Tamariki to address for rainbow children and youth. Violence at home, being kicked out of home, and running away from home are the main reasons for the disproportionate number of rainbow youth in care.

Overseas, **20% to 40%** of homeless youth are rainbow. Many abscond from care and end up living on the streets. They become victims of other crimes, sex trafficking, and targeting by police. All the while, they cannot access services because of their homeless status. They usually end up on a path towards prison.

Rainbow children and youth too easily become victims of hegemonistic masculinity, where in some cultures and religions rainbow people threaten the male or masculine right to rule in their households, communities, and society. They also experience discrimination at school, in care systems, in youth justice, on the streets, by social workers and health systems – and in employment too. None of these things are necessary and are totally avoidable for rainbow children and youth.

The many examples of solutions from overseas jurisdictions give us a wealth of options. Building a culture and providing for needs is a great place to start, and the work from the Ministry of Education and in our schools is a great example. We can extend the workplace cultures we are building right now to our clients and care population too. Educational resources, posters of affirmations, training for social workers and staff, facilities for trans people, free legal representation and advocacy for rainbow children and youth… the list goes on.

These solutions build resilience. Resilience is the internal strength that enables one to face and conquer adversity. But building resilience doesn't come within – it is an external factor and comes from families, teachers, health workers, social workers, communities, and societies that minimise discrimination and address colonisation. Building resilience promotes inclusiveness and even celebrates being rainbow, especially in celebrating our indigenous rainbow cultures such as takatāpui Māori.

Those are the 'dos' for rainbow children and youth. These following are the 'don'ts':

- Don't tell them to accept their birth body.
- Don't encourage them to stop their natural behaviours, clothing, pronouns, and identity expressions.
- Don't force them to disclose their gender or sexual identity.
- Don't place them into a single-sex residence based on their anatomy or force them to use toilets and showers based on their anatomy.

- Don’t determine their gender, sexual identity, or pronouns without their consent and opinion.
- Don’t base decisions for them on stigmatisations, systemic biases, and racial profiling.
- Don’t pathologise their gender or sexual identity.
- Don’t focus on the child or youth alone without their family and community.
- Don’t restrict them from dating or having romances where you wouldn’t for non-rainbow children or youth.
- Don’t force rainbow them to uphold religious morals.
- Don’t hand them to biased social and care workers.
- Don’t ignore cultural and indigenous values for rainbow children and youth.

The list of ‘don’ts’ looks long compared to the ‘dos’. But in many ways, the right things to do aren’t complicated. That doesn’t mean that it won’t be tricky to implement change. However, we at least know what to do. More importantly, Oranga Tamariki doesn’t need to wait for better data. We have enough now to start making change.

Table of contents

Abstract summary ..... **i**

Introduction **1**

Chapter 1. Studies and numbers **9**

Numbers, statistics, and prevalences – what do they look like for rainbow youth? *9*
Rainbow people are 1-in-20 10
Rainbow youth make 1-in-10 11
Gender identity and sexual identity can overlap 13
Gender diversity also exists in pre-adolescent children 14
Rainbow youth in care make 1-in-5 – twice as prevalent 15
We could have about 100 to 150 takatāpui Māori youth in Oranga Tamariki care that we don't know about 17

The deep inequalities inside intersectionality *19*
We should prioritise those rainbow youth with disabilities 20
Child welfare systems must attend to 'children of the streets', by first looking at why so many are rainbow 21
Addressing discrimination and violence against rainbow youth maybe the key to addressing many ills they face 22
Addressing discrimination and mental health of rainbow youth may lower their rates of suicidality 22

Landscaping the statistics *25*

Child welfare agencies don't collect rainbow data *26*
About the universal problem of poor data collections from child welfare agencies 26
We also need more research and studies into rainbow youth in child welfare 27

Chapter 2. Being rainbow and in care **29**

We need to address the multitude of adverse outcomes *29*
Many rainbow youth experience abuse, violence, neglect, substance abuse, trauma, sexual assault, and poor sexual health 29
In care, rainbow youth are more marginalised than non-rainbow youth 31
Losing your home: we must provide safe shelter for homeless rainbow children and youth 33
Source: [4, p. 7, table 1] 36
Gender-diverse children and youth face unique and more adversities 36

Intersectionality – being rainbow and already vulnerable *38*
Disabilities are not uncommon among rainbow youth 38
The intersection between minority ethnicities and rainbow youth 39
Takatāpui Māori, and other rainbow cultures before colonialism 40

Human rights and discrimination *47*
Care workers can discriminate against rainbow youth 47
Colonisation and systemic discrimination in government 48
Exercising and adhering to human rights in policy and practice 51

Child welfare agencies, health agencies, and other services *52*
Child welfare, care, and protection agencies around the world will benefit from developing their rainbow cultures 52
Health and mental health needs are great and unmet for rainbow youth 56
Increasing access to services and support will improve the mental health of and outcomes for rainbow youth 59

Building resilience with programmes and support that works *60*
Resilience, and other outcomes we're looking for 61
What is resilience? And how do we build it? 61
Ok, so what support is already out there? 68

Some of the practices and interventions aimed to help rainbow children and youth are only detrimental 77

Discussion 79

References 81

Appendices 91

Appendix 1: Collecting data on gender 91

Appendix 2: Calculations for the estimate of 135 takatāpui Māori youth in Oranga Tamariki care 97

Appendix 3: Where are the data? What large-scale data sources are in Aotearoa? 101
The Youth2000 series of adolescent/youth health and wellbeing (University of Auckland) 101
Stats NZ, the biggest surveying organisation in Aotearoa 102
The General Social Survey (Stats NZ) 102
The Household Economic Survey (Stats NZ) 102
The New Zealand Health Survey (Ministry of Health) 103
The Integrated Data Infrastructure (Stats NZ) 103
Identify – study of rainbow teenagers and young adults 104
Counting Ourselves – a study of 1,178 trans and non-binary people 104
And, "What About Me"? 104
Growing Up in New Zealand, and emerging gender identity 105
A Covid-19 related data collection – a closed, one-off study 105

Appendix 4: Rainbow policies adopted by government agencies in Aotearoa 108
The Department of Corrections (Ara Poutama Aotearoa) 108
Ministry for Youth Development (Te Manatū Whakahiato Taihoi) 108
Ministry of Education (Te Tāhuhu o te Mātauranga) 109

Appendix 5: New Zealand Health Survey LGB time series 111

Introduction

In July 2022, during a city council public forum in Ōtepoti (Dunedin) Aotearoa (New Zealand), a debate started about including transgender people in public spaces. A health professional suggested that transgender people being allowed in places such as community halls, sports facilities, and public bathrooms, was tantamount to child abuse. They said that council support of rainbow people, "supports the erosion of female safety", and is "condon[ing] abuse on children" [1].

The mayor staunchly defended trans people in this debate and stated that he thought the comments were "repugnant". But one councillor and public figure waded into the debate supporting the health professional, while another councillor said that the mayor "giving his opinion" was a violation of council rules [1].

It's not uncommon to see discrimination against rainbow people today, even though awareness has been improving for 50 years or so. Discrimination often comes in the form of misguided and misunderstood beliefs. While this particular health professional was referring to transgender adults, they probably didn't know that many rainbow children and youth live with families, go to school, and are in our communities, or in care. They also face discrimination and stigmatisation. So much so that Oranga Tamariki has a disproportionate number of rainbow children and youth because of it.

The right to 'be' a rainbow person under British and post-colonial law is still relatively fresh. While male homosexuality as a crime has now been repealed for at least 25 years in Aotearoa, transgender and gender-diverse people have had to wait a lot longer for equal rights.

On 17 September 1975, the South Australian state was the first in Australia to decriminalise male homosexuality, preceding Aotearoa by 11 years. (Female homosexuality was never illegal in Aotearoa or Australia.) The State of Victoria followed on 23 December 1980. Tasmania was the last state to decriminalise homosexuality on 1 May 1997. This was even after Australia passed a federal law decriminalising homosexuality in 1994, largely because of Tasmania's refusal to change.

Tasmania was also the last state in Australia to repeal the 'forced divorce requirement' for a married person undergoing gender transition. This was followed one month later by removing the sex reassignment surgery criteria for changing gender on a birth certificate. Aotearoa reformed its own process for amending the sex shown on a birth certificate on 9 December 2021, but the legislation doesn't come into force until 2023.[1]

While better than most countries, Aotearoa is not as 'ahead' as many might believe. I feel that this is somewhat reflected in our child and youth care, protection, and youth justice agency: Oranga Tamariki. I say this not because Oranga Tamariki doesn't recognise rainbow children and youth – they do, and they're guided by United Nations' principles

[1] www.loc.gov/item/global-legal-monitor/2021-12-20/new-zealand-bill-enabling-gender-self-identification-on-birth-certificates-passed/

and the Oranga Tamariki Act. I say this because the vast majority of information on and understanding of rainbow children and youth in care comes from overseas jurisdictions.

In my opinion, overseas jurisdictions provide enough literature for us to safely understand the prevalences, disparity of outcomes, and causes of disparities experienced by rainbow children and youth. By extension, backed up by some of our own studies and data in Aotearoa, we also have enough information to understand rainbow children and youth in the care of Oranga Tamariki. However, Oranga Tamariki will need to do more research and data collecting to know who our rainbow children and youth are, and what specifically their needs are, especially going forward on a case-by-case basis.

What is the purpose of this literature review?

Oranga Tamariki has a great need for more information and data about their rainbow children and youth. This literature review gives you that information from a vast array of currently available data. You can use this review to inform policy development and learn about the issues facing rainbow children and youth. This review is the first step to further research in the 'care' space.

I've presented this literature review in two chapters:

Chapter 1. Meta analysis (see footnote)[2] of prevalence estimates and key statistics from multiple studies.
Chapter 2. Thematic analysis of experiences, risk factors, intersectionality, and solutions.

Research questions

The Oranga Tamariki — Tamariki Advocate team (named Voices of Children, an internal advocacy team) asked the following research questions:

> How do child and youth care and protection organisations protect and address the needs of the Rainbow/SOGIESC diverse tamariki and rangatahi cohort? What does the literature say about their needs?
>
> **AND**
>
> What policies and practices are used to support the Rainbow/SOGIESC diverse tamariki and rangatahi in care and protection systems and out-of-home care cohort?

With sub-questions:

1. What can we say about ethnicities, indigenous peoples, disabilities, refugees, migrants, rural communities, and health backgrounds of this cohort?

2. What key outcomes, risk, and resilience factors are known about this cohort?

[2] Chapter 1 is not a true meta-analysis, but I have provided graphs to demonstrate the prevalence estimates and their variation on several measurements.

3. What are the needs and experiences of this cohort both within the care system, and in terms of accessing other key government services?

4. How do the outcomes, needs, and experiences of this cohort in care compare with Rainbow/SOGIESC diverse tamariki and rangatahi not in care?

5. What specific policies and practices does Oranga Tamariki currently have in place to support this cohort?

6. What can we learn from the policies and practices of care and protection agencies from other jurisdictions?

7. What can we learn from specifically developed policies and practices from other government agencies who work with Rainbow/SOGIESC diverse tamariki and rangatahi in Aotearoa?

8. What are the sources of data and information on Rainbow/SOGIESC tamariki and rangatahi (in care or otherwise) available in Aotearoa?

The methods I used

At its simplest level, I conducted a time-limited literature search resulting in 101 articles. I 'semi-systematically' ordered the literature via a database, and thematically analysed their content using NVivo (release 1.4 – post NVivo12 version)[3]. I say that my approach is 'semi-systematic' because I used aspects of the systematic literature review method but limited it for time and extended it to a broad topic base.

Nevertheless, while writing, which is often a very analytical stage of the research, I added a further 56 references to support my findings and conclusions and several footnoted references. That means I selected a total of 157 articles. I didn't select these additional references in any systematic way.

Despite the large number of articles, I've cited 108 articles. The rest weren't relevant to the research questions. Otherwise, I've added footnotes to reference definitions, explanations, and other sources of information that aren't part of my analysis.

Methods for Chapter 1

Chapter 1 gives you a range of prevalence and other estimates (prevalences) of rainbow people across a number of different categories, experiences, and situations. I've used graphs to show coverage and variation of estimates across multiple studies and categories. From the graphs, you can roughly see the average of estimates, variation, and homogeneity (or lack of). I've also supported the many prevalences in this chapter with explanations and explorations into complex areas.

[3] NVivo no longer uses version numbers after NVivo12. NVivo is a qualitative content database, query, and analytical system. www.qsrinternational.com/nvivo-qualitative-data-analysis-software/home

Methods for Chapter 2

In Chapter 2, I explore the themes that arose out of the thematic analysis. From adversity to solution, these themes explain why rainbow children and youth are so exposed to poor situations and outcomes, and what those outcomes are. But the chapter also shows what we can do to help them.

Tikanga Rangahau[4]

In the spirit of Oranga Tamariki adopting Māori-centred practices and approaches, I've written this review from my perspective, as a queer and trans-person, looking outwards instead of hovering above looking into the 'fishbowl'. I've borrowed from tikanga rangahau Māori (Māori research methods) where I have placed 'mataara' as an overarching guiding principle. Mataara reminds me to think of the wellbeing of rainbow children and youth in care and in general. Mataara therefore is also an ethical research approach.

Rangatiratanga (self-determination) and ngā moemoeā (aspirations, hopes) of rainbow children and youth are two further tikanga rangahau that guide me. Rainbow children and youth are a highly marginalised people in our Western society. To study rainbow children and youth in care using an 'independent' and Western or Eurocentric approach is biased toward the systemic biases we already have. To study rainbow children and youth from within, supporting their hopes for better support and acceptance, helps reduce any Western or Eurocentric systemic biases. Bias is unavoidable.

Qualitative reflexivity

I have applied a qualitative self-reflective process to this literature review. From this process, in a few areas, I've included my self-reflection as qualitative data to either initiate or support a finding or declare a potential bias of mine. It is also the primary reason I have written this review in the first person.

No researcher can claim to be free of bias. No researcher working in the government space could hope to be free of bias. Bias is present in research and in the researcher. Writing with a passive voice in the third person or 'Eye of God' subsumes bias into the text, and it positions the researcher's findings as definitive and above all else. Many qualitative researchers and disciplines use reflexivity, such as in critical, feminist, race-based, and post-structural approaches (Pillow, 2003, p. 176).[5]

Reflexivity is when the researcher self-reflects and actively observes their perspective and introduces those observations as qualitative data into their research. This allows the researcher to identify their perspective both as a potential bias and as qualitative data. A researcher's self-reflection is "a crucial cognitive practice in the research field" (Dahlberg, Drew, & Nystrom, 2002; Steier, 1995).[6]

---

[4] www.twoa.ac.nz/hononga-stay-connected/news-events/2017/11/21/understanding%20rangahau

[5] Mortari, L. (2015). Reflectivity in Research Practice: An Overview of Different Perspectives. *International Journal of Qualitative Methods.* December 2015. doi:10.1177/1609406915618045. See p. 1: Pillow (2003, p. 176).

[6] Mortari, L. (2015). Reflectivity in Research Practice: An Overview of Different Perspectives. *International Journal of Qualitative Methods.* December 2015. doi:10.1177/1609406915618045. See p. 1.

Ethics

As I said above, I've written this report from my perspective looking outwards. Many of the methods I've applied demonstrate ethical approaches. My perspective comes from my understanding of research methods, both Western and Eurocentric, and Tikanga Rangahau Māori, and from my perspectives as a queer and trans-person whose life has ticked many related boxes of adversity.

My experience as a government researcher in child welfare, and my own disposition, helps me identify the relevant literature. It also gives me the ability to interpret the resulting data for thematic analysis more easily and allows me to contribute to the themes and findings.

Here, I list my approaches to research ethics:

- My first-person perspective writing is from my method of qualitative self-reflection.
- I use the six Oranga Tamariki organisational principles to guide my work, which are:
    - 'we put tamariki (children) first'
    - 'we believe aroha (love, respect) is vital'
    - 'we respect the mana (self-respect, personal strength) of people'
    - 'we are tika and pono (integrity and honesty)'
    - 'we value whakapapa (ancestral and heritable)'
    - 'we recognise that oranga (life, welfare) is a journey'.
- I am particularly guided by tika and pono for ethics.
- I am also guided by Māori ethics through tikanga rangahau and informed by the Health Research Council's report on Māori research ethics: 'Āhuatanga ū ki te tika me te pono mō te Rangahau Māori'.[7]
- I declare that I have no conflicts of interest. Furthermore, I can say with confidence that I am aware of my own biases, and I was able to stay mindful of those biases during this mahi.
- Finally, my ethics are also guided by my life-values and religion, especially on these two principles: my mahi comes from love and healing; and, my mahi does no harm.

Limitations

As I said above, I've written this report from my perspective looking outwards. My perspective is based on my understanding of research methods, both Western and

[7] www.hrc.govt.nz/sites/default/files/2019-06/Resource%20Library%20PDF%20-%20Te%20Ara%20Tika%20Guidelines%20for%20Maori%20Research%20Ethics_0.pdf

tikanga rangahau Māori, and from my perspectives as a queer and trans-person whose life ticks many of the boxes of adversity.

These methods I've applied are for a more ethical approach and less bias towards Western or Eurocentric views. Despite this there are three key limitations that I can identify.

Firstly, my research skills are much more informed by Western approaches and government perspectives than they are 'te ao Māori' (the Māori way) informed.

Secondly, there are three key groups of people that I cannot personally represent through my perspectives:

1. For better or for worse, I have never been 'inside' our care and protection agencies as a child.

2. I cannot claim any whakapapa Māori – even though my roots lie in Irish settlement (from Ulster) – in Waikato during the 1860s. Therefore, I cannot speak for the experiences of Māori through whakapapa (having an indigenous Māori ancestry) or as tangata whenua (an indigenous person of this land Aotearoa).

3. Consequently, I also cannot speak for the experiences of takatāpui Māori, through being takatāpui Māori or through the whakapapa of takatāpui Māori, or even through whakawhanaungatanga (building relationships with takatāpui Māori in this context).

And lastly, I have four limitations of Western science to add:

1. The time-limited and medium-depth nature of the literature may have led to a lack of evidence from indigenous peoples, and from takatāpui Māori and other ethnic rainbow peoples and cultures.

2. With a very broad set of research questions comes a highly varied mix of articles. This is why this report is quite lengthy and partly why it comes in two chapters. Placing that criterion in a time-limited situation may have led to some inaccuracies and out-of-date findings.

3. I selected an additional 56 articles to support the evidence or when I sought an original article that was cited in my initial selection of articles (see point 4 below). I didn't use the same systematic approach for these additional articles. The limitation of doing this is that I could have introduced a small 'confirmation bias' to the report.

4. Lastly, a lot of the information that I've used to analyse and to build this report comes from 'in citations' (a citation of other articles inside the article I'm reading), where studies and articles have conducted their own literature reviews. Ideally, one would go back to the original sources. But in a time-constrained environment, 'in citations' can be very helpful. Through the review process, we found a few odd and inaccurate statements that we traced back to the articles where they'd cited someone else's work. In these cases, I went back to the original source and updated my references from the 'in citation' to the original sourced article.

Some word and acronym definitions and explanations

Word	Definition and explanation
Rainbow	I use 'rainbow' as an umbrella term for: – all LGBTQIA+ (lesbian, gay, bisexual, transgender, queer, questioning, intersex, asexual, plus[8]) – people with diverse SOGIESC (sexual orientation, gender identity and expression, and sex characteristics) – MVPFAFF (an acronym to describe Pacific rainbow identities: Mahu [Hawai'i and Tahiti], Vaka sa lewa lewa [Fiji], Palopa [Papua New Guinea], Fa'afafine [Samoa], Akava'ine [Rarotonga], Fakaleiti [Tonga], Fakafifine [Niue]) etc, peoples.
LGB	This shortened version of LGBTQIA+ represents same- and multiple-sex attracted people.
Gender Diverse (GD)	I use 'gender diverse' as an umbrella term for all 'non-conforming' genders.
Trans	Trans-people are under the umbrella of 'gender diverse', but some research articles use 'trans'. In those cases, I stay with the article's definition.
Takatāpui Māori	I use these Te Reo Māori words as an umbrella for all 'rainbow' Māori.
Child/ren	With 'child', sometimes I mean preadolescent children. However, in the general sense I am referring to people under 18 years old. Also, some literature refers to children by this definition, and in those cases I use their definition.
Youth	I generally mean 15- to 24-year-olds with 'youth'. Again, some articles use 'youth' and I will stay with their definition.
Preadolescent / prepubescent	A preadolescent is a child who has not reached puberty. This is important because there is a difference between gender identity before and after puberty for many children.
Adolescent	Here, I mean children or youth who have reached puberty. This is important because adolescents start to form identities, including gender and sexual/romantic identities.

[8] The 'plus' is used to signify all gender identities and sexual orientations that letters and words cannot yet fully describe.

Word	Definition and explanation
Young person	I seldom use the term ‘young person’ because it is a legal definition that divides children from youth for the purposes of child protection and youth justice. In Aotearoa, a young person is aged between 14 and 17. It doesn’t show up in the literature.
Tamariki	This is the Te Reo Māori word for children, and I use this word to mean tamariki Māori or Māori children.
Rangatahi	This is the Te Reo Māori word for ‘to be young’ or youth. I use it to mean rangatahi Māori or Māori youth.
Child welfare	I use this term as an ‘umbrella’ term for all state agencies and operations involved in the wellbeing, care, and protection of children. If a study uses a more specific term, such as ‘in care’, ‘foster care’, etc, then I use the same term.
Indigenous	Indigenous peoples are the peoples of countries that have been colonised by people from other countries. I’m talking about these peoples: Māori, Australian Aboriginal and Torres Strait, Native Americans and Alaskans, and First Nations/Aboriginal Canadians. I have also referred to Welsh and Irish peoples as indigenous with respect to English colonisation.

Chapter 1. Studies and numbers

Numbers, statistics, and prevalences – what do they look like for rainbow youth?

When it comes to understanding 'people' the questions of 'how many' or 'how large' the group is are often asked. Sometimes these questions are important for mobilising resources, justifying investment, or presenting a tangible argument. Other times it might be to build a picture of the nature and diversity of a group of interest.

In the latter sense, the nature of a group of interest is a set of factors that can easily be misrepresented by statistics. For instance, for decades official statistics have asked for gender in two forms: male and female – specifically referring to one's biological gender as assigned by a medical professional at their birth. These studies cannot explore the nature of gender when 'gender' has already been predefined.

Following the same line, I should mention that the way factors are measured varies greatly. Not just gender and sexual identity, but also disability, mental health, abuse, poverty, homelessness, etc. And in this report, I have spared you the long descriptions for all these factors.

In the case of rainbow people and rainbow youth, misrepresentations through statistics are common, especially the further back into the past we go. Under the rainbow umbrella is a rich and diverse group of people. They are primarily united by not fitting into the cisgender and heterosexual social construction that our society has created. Estimates of the rainbow community's size are varied and tinged with inconsistencies. Having said that, some 'ballpark' themes emerge from these varied estimates.

There are many potential reasons why prevalence estimates vary a lot. For instance, questions are asked differently between surveys and studies, and over time. As society becomes more accepting of rainbow people, studies show increasing prevalence and increasing complexity in gender and sexuality categories. It may be that sexual identity and gender identity are traits on a continuum, not fixed categories with fixed definitions. And there is a challenge in how we 'ask' about gender and sexuality, especially for preadolescents.

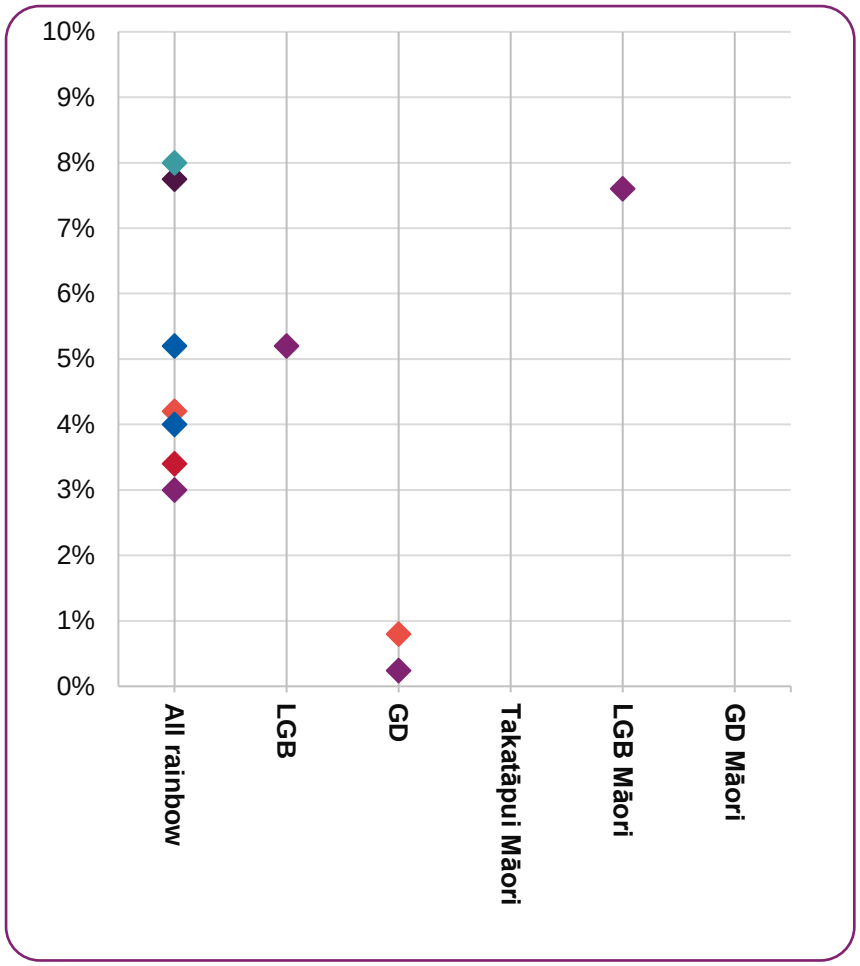
In this section, I have explored the wealth of buried statistics and prevalence estimates across the many sources included in this literature review. I have summarised these statistics in Tables 3 and 4 below. The tables reflect the range of prevalence estimates from the articles and studies I've covered so far.

These tables highlight both the many kinds of statistics and many kinds of circumstances that defined the rainbow population. However, I must warn you away from quoting these figures directly from the table. Instead, I urge you to read the text below to get the true context of these figures and their sources. Consequently, I have put the tables at the end of this long prose that now follows.

Rainbow people are 1-in-20

Across the figures, it seems that somewhere between **3%** and **8%** of the global population are rainbow (see Figure 1). Of course, these estimates stretch across time and place – nevertheless, rainbow people probably make up from 1-in-20 to 1-in-10 people. Statistics New Zealand (Stats NZ) estimates that **4.2%** of the adult (18 years and over) population of Aotearoa are rainbow. It also estimates that gender-diverse adults make up **0.8%** of the population [2]. The Ministry of Health (Aotearoa) in its health survey estimates that **5.2%** of the population are LGB and that **7.6%** of Māori are LGB (see Appendix 5: New Zealand Health Survey LGB time series, p.111).[9]

Figure 1. Estimates of prevalence of rainbow PEOPLE (youth and adult), across studies



Notes:
a) Each dot represents an estimate from a study/article
b) I found no estimates for takatāpui Māori, or gender-diverse Māori
c) LGB = Sexual Identity, GD = Gender Identity (Gender Diverse)

Stats NZ estimates that of the total LGB population of Aotearoa, **19.5%** are Māori [2], which is higher than the general population of Māori (**17.1%**).[10] These two findings agree that Māori have more rainbow people (proportionally).

[9] See https://minhealthnz.shinyapps.io/nz-health-survey-2021-22-annual-data-explorer/_w_18d68b66/#!/home. Extracted tables are in Appendix 5.
[10] Stats NZ Maori population estimates.

Canadian population statistics found that rainbow adults and youth over 15 years made **4%** of their population. They also estimate that **0.24%** of their population are gender diverse [3], which, as estimates go, is on the low side. Lastly, various older US population estimates show the rainbow population from **3.40%** to **7.75%** of the whole population [4, (Russell et al., 2001; Gates & Newport, 2013)].

Rainbow youth make 1-in-10

About 1-in-10 youth and rangatahi are rainbow. In Aotearoa, the 2012 Youth2000[11] survey (Youth'12) estimated that at most **10%** of adolescent school students were rainbow and questioning[12] [5]. The 2019 survey (Youth19) estimated **18%** were rainbow and questioning – **8%** higher than seven years before [6].

That could be because more youth 'came out' openly about their gender/sexual identities in 2019 than in 2012. The Youth'01 survey reported that **15%** of rainbow youth had come out in 2001, compared to **30%** from the Youth'12 survey. And they 'came out' at younger ages [5] – perhaps indicating a growing acceptance amongst youth.

This is very important to note when collecting 'rainbow' data, where prevalences can be affected by societal, ethnic, religious, and national acceptance of rainbow people. These factors may elevate the numbers over time; and could underestimate the number of older rainbow people when compared to the younger population.

The Youth2000 surveys made their estimates for 'rainbow youth' by adding LGB youth to gender-diverse youth. This may be an over-estimate because of the overlap between gender-diverse and LGB youth (see note below about gender identity and sexual identity intersectionality). The Youth2000 surveys reported that **16%** of the youth population were LGB and **4%** were gender diverse and questioning [5].

In a 2019 US study, rainbow youth made up **10%** of all youth [7]. A California-based study of almost one million school students (collected between 2013 and 2015) reported **11.1%** of students were rainbow and that **9.9%** identify as LGB [8]. A Youthline study in Aotearoa estimated that **12%** of youth are rainbow and approximately **1%** are gender diverse [20].

Older studies put rainbow youth at between **4% and 10%.** Four percent is the lowest estimate I found but also the oldest at over 20 years ago [10, (Lambda Legal Defense and Education Fund, 2001; Urban Justice Center, 2001)]. A further Los Angeles study from 2014 found that **7.20%** of the youth population were rainbow and **2.25%** were gender diverse (specifically transgender) [4]. Lastly, the Williams Institute (2015) put the rainbow youth population at **9.45%** [11].

---

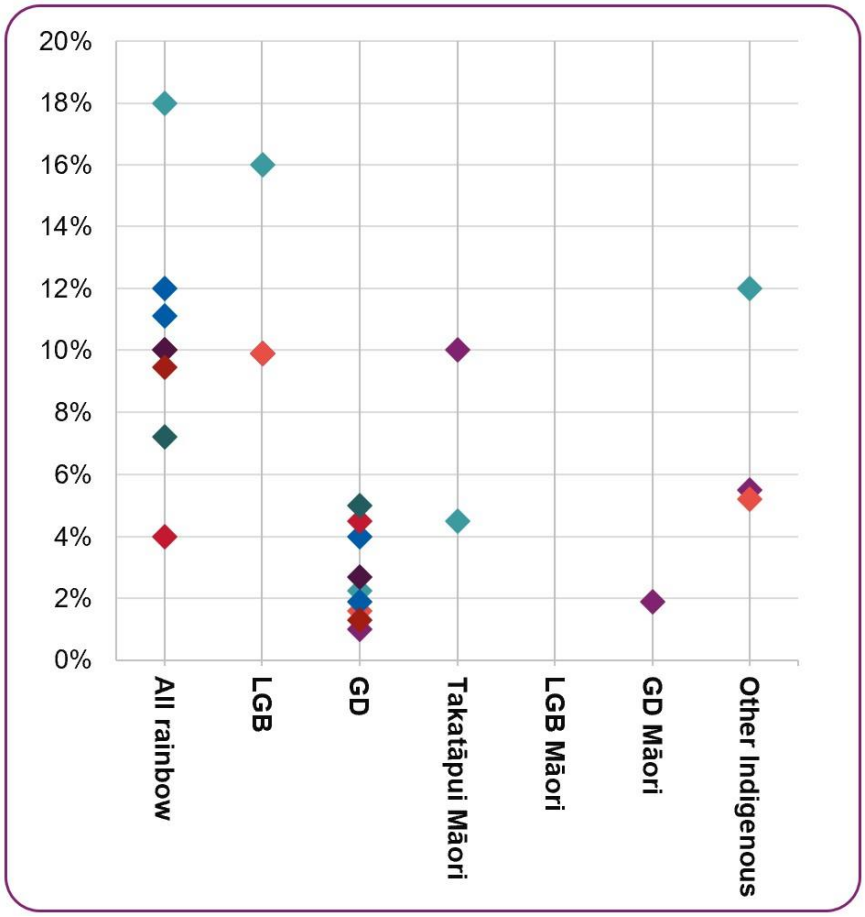
[11] The Youth2000 study is a series of surveys of youth, adolescents, and rangatahi in Aotearoa. Conducted by the Adolescent Health Research Group of the University of Auckland, there are four cross-sectional surveys of around 7,000 youth students each conducted in 2001 ('Youth'01'), 2007 ('Youth'07'), 2012 ('Youth'12'), and the latest being in 2019 ('Youth19'). I have referred to the series as 'Youth2000', and Youth19 for the latest reports. See fmhs auckland adolescent health research group for information and https://www.youth19.ac.nz/ for the latest results.

[12] 'Questioning' refers to the group of usually young people, who may be attracted to more than one gender but aren't sure if that is right for them. In questionnaires, the 'questioning' category has on occasion conflated the rainbow proportion.

The Youth19 survey estimated **10%** of rangatahi Māori were takatāpui [12;13], compared to **4.5%** in the Youth12 survey [14]. Youth19 also reported about **1.6%** of rangatahi Māori were gender diverse or questioning [15] and that 'all' takatāpui Māori made **1.9%** of 'all' school students [16].

Comparing takatāpui Māori to indigenous North Americans, a study from Canada and another from the US (Columbia and Minnesota), estimated the proportion of Canadian 'two-spirit'[13] youth at **5.5%** and US at **12%** [14].

Figure 2. Estimates of prevalence of rainbow YOUTH, across multiple studies



Notes:
a) Each dot represents an estimate from a study/article
b) I found no estimates for LGB Māori
c) LGB = Sexual Identity, GD = Gender Identity (Gender Diverse)

The prevalence of gender-diverse youth maybe only **0.5%** according to the American Psychological Association (APA) [17]. However, according to another US study, gender-diverse youth make up **2.7%** of the youth population overall. The study showed a marked difference between birth-assigned sex, with **3.6%** for female and **1.7%** for male. Prevalence of gender-diverse youth is higher again for native Americans (**5.2%**) from this study. In the Californian study of a million-odd students, **1.3%** of students were 'transgender' or gender diverse [8].

[13] 'Two-spirit' is a modern Pan-American Indian umbrella term for people of a 'third-gender'.

Gender identity and sexual identity can overlap

Some rainbow people have both gender and sexual identities where neither are cisgender-normative or heteronormative. Some transmen may be in relationships with cisgender women, for instance. Some people in gay relationships may transition gender later in life. Many transgendered people are also bisexual or pansexual [18].

Sexual and gender identities have a degree of overlap or intersectionality. This means that adding figures of LGB and gender-diverse people together can overestimate, although very slightly, the figures for all rainbow people.

As the theory goes, in the cisgender-normative and heteronormative world, gender and sexuality are one in the same – one dimensional, inseparable. Queer and feminist philosophies say this is a social construction, not a biological inevitability. Through these philosophies and movements, we find that gender and sexual identities are two independent dimensions that lie on two independent spectrums. Being two dimensions of the psyche, they are not orthogonal but oblique, which is just a fancy way of saying that they can overlap. This is common with many phenomena in the psychological and sociological sciences [19].

For instance, one population-based study in the US estimated that about **50%** of transgender youth were also lesbian, gay, or bisexual [8]. An Aotearoa study put that estimate at **40%** [20]. Another study of almost one million Californian school students showed that **87%** of gender diverse were also LGB [8]. None of these studies, however, made it clear whether the LGB identity for gender-diverse youth was with respect to their birth gender or their gender identity.

One further study did at least acknowledge the overlap: a 2021 study of 171 university medical students (US) showed that **56.3%** of transgender students described their sexual orientation as ‘homosexual’, with **25%** as bisexual. Interestingly, the category of ‘pansexual’ was made up of **69.2%** non-binary [18]. The point here being that birth-assigned gender is just not very relevant to most of these students.

It’s worth noting, however, that you shouldn’t infer someone’s sexual orientation from their gender identity – and vice versa. It might even be offensive or hurtful.

Figure 3. The proportion of rainbow Sexual Identity and Gender Identity intersectionality, from various studies

Notes:
a) Each dot represents an estimate from a study/article
b) One of the studies has estimates for various specific identities [18]

Gender diversity also exists in pre-adolescent children

None of the studies I found asked about the sexual identity of preadolescents. That is largely because most (but not all) children don't develop a sexual identity until their adolescent years. However, gender is a concept that children as young as two years old can start to grasp. While gender identity can change and develop at any age, many gender-diverse children form their identity the same age as other children. However, gender diversity in children is a very complex and fluid area.

Three quarters (**73%**) of gender-diverse youth said they started to *"…identify as transgender or gender diverse (even if [they] did not know the word for it)"* before the age of 14 years [15, p. 2]. We need to understand gender identity in children, but it's also a complex question with quite a lot of variability in the answers so far. Here, in this section, I discuss this topic in a little more detail – as I believe that gender diversity in children warrants a strong context around the numbers.

Speaking of numbers, estimates of gender diversity among children are often higher than for youth and adults. For example, the American Psychological Association (APA) stated that **5% to 12%** of 'girls' were gender diverse, as were **2% to 6%** of 'boys'. However, the APA also commented that it lacked a definitive understanding of the prevalence of child gender diversity [21].

The Growing Up in New Zealand child longitudinal study found that **1.6%** of children identified with a gender entirely different from their birth-assigned gender. A further **14%** identified as gender diverse, with another **2.5%** being unsure of their gender.[14] Just like the APA, this study found substantially more birth-assigned females than males with a gender-diverse identity [22].

These 'higher rates' of gender diversity among children has led to questions and controversy in the past. This has become the subject of many studies and a lot of media attention. Is gender diversity a growing trend in children, fuelled by its continuing social acceptance? What happens, then, between childhood and adolescence for those figures to drop?

Psychologists coined the terms 'desistence' and 'persistence' of childhood gender diversity from childhood into adolescence. 'Desistence' is those children who stop displaying gender diverse behaviours as they age. 'Persistence' is those who, right from an early age through to adulthood, hold to their gender identity.

Early studies on persistence had, arguably inaccurately, recorded very low persistence rates, for example **12% to 50%** [23, (Drummond, Bradley, Peterson-Badali, & Zucker, 2008; Steensma, McGuire, Kreukels, Beekman, & Cohen-Kettenis, 2013; Wallien & Cohen-Kettenis, 2008)]. This has fuelled the contentiousness around accepting and treating gender diversity in children, in both psychological and medical fraternities.

Discouraging gender-diverse behaviours has dominated the medical landscape so far. Encouraging social gender transitioning and prescribing 'puberty blockers' has been one of the controversies [24]. And parental consent to medical treatment of their children has been 'tossed' around.

[14] For when the children were in their eighth year.

For example, the recent law case of Quincy Bell & Mrs A vs Tavistock & Portman NHS (UK). The Court ordered that parents must give consent for children under 16 [25]. This decision was on the basis that children under 16 could not give consent under the so-called 'Gillick'[15] test. And the Court even contested that 16- and 17-year-olds would still 'benefit' from 'judicially determined best interests'.

The medical fraternity disagreed and argued that the courts had taken over where medical practitioners were best placed to give expert advice [26]. However, parents may feel differently. According to one study, parents didn't think their children (from age 7) could understand the medical implications of puberty blockers and transgender treatment and therefore consent shouldn't be left to their children [27].

Despite this, nine months after the Court ruling, Tavistock & Portman NHS appealed and successfully overturned the ruling [28].

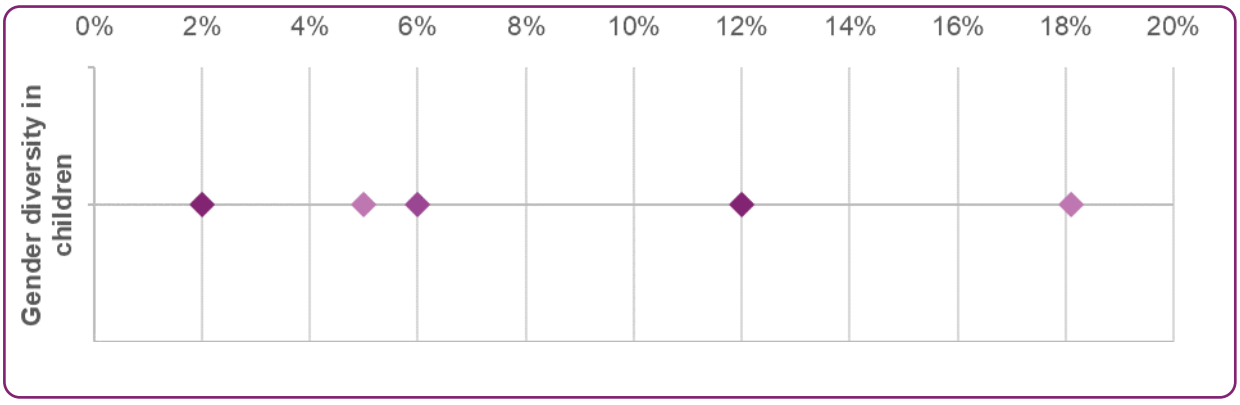
To argue against parental consent and 'desist rates', concern is growing that these desist rates were inaccurate and incorrectly measured. Evidence is growing for helping all gender-diverse children through at least a social transition and giving support for their gender identity [29, 24]. For instance, many gender-diverse children continue to suffer even stronger gender dysphoria in adolescence, including those who were treated with 'discouraging' methods [24].

Supportive 'social transitioning' treatments have had more positive results. Olson et al. (2016) studied 73 prepubescent gender-diverse children, who were treated with social transition support. They reported anxiety and depression levels equal to a control group of cis-gender children of the same ages [24].

And the way desistance has been measured has misunderstood gender diversity. Because for some gender-diverse children, their gender identity morphs into sexual orientation/identity in adolescence [21].

We need more longitudinal research following children into adolescence and adulthood to understand the gender diversity of children and adolescents [21, 29].

Figure 4. Estimates of prevalence of gender diversity in CHILDREN, across multiple studies



Note: Each dot represents an estimate from a study/article

[15] www.themedicportal.com/blog/gillick-competence-and-fraser-guidelines/

Rainbow youth in care make 1-in-5 – twice as prevalent

Rainbow youth are overrepresented in child welfare systems, both here and overseas. A few studies have tried to estimate how prevalent rainbow youth are in child welfare. They show roughly the same picture between them: that about **1-in-5** children and youth in care are rainbow.

Broadly, studies have found that rainbow youth in child welfare are **1.5 to 3.0 times** that of the general youth population. This translates to somewhere between **15% and 30%** of all children and youth in child welfare being rainbow.

For instance, an older US study of foster care in Los Angeles (2014) showed that as many as **19%** of children and youth in foster care are rainbow. **Sixteen percent** identified as LGB, **5.6%** identified as transgender, and **11.1%** were gender non-conforming [4]. A further US national survey found that **15.5%** of youth in the child welfare system were LGB [30, (Dettlaff, Washburn, Carr, and Vogel, 2018)]. The Wilson, Khush, et al. (2014) paper found the same percentage [4].

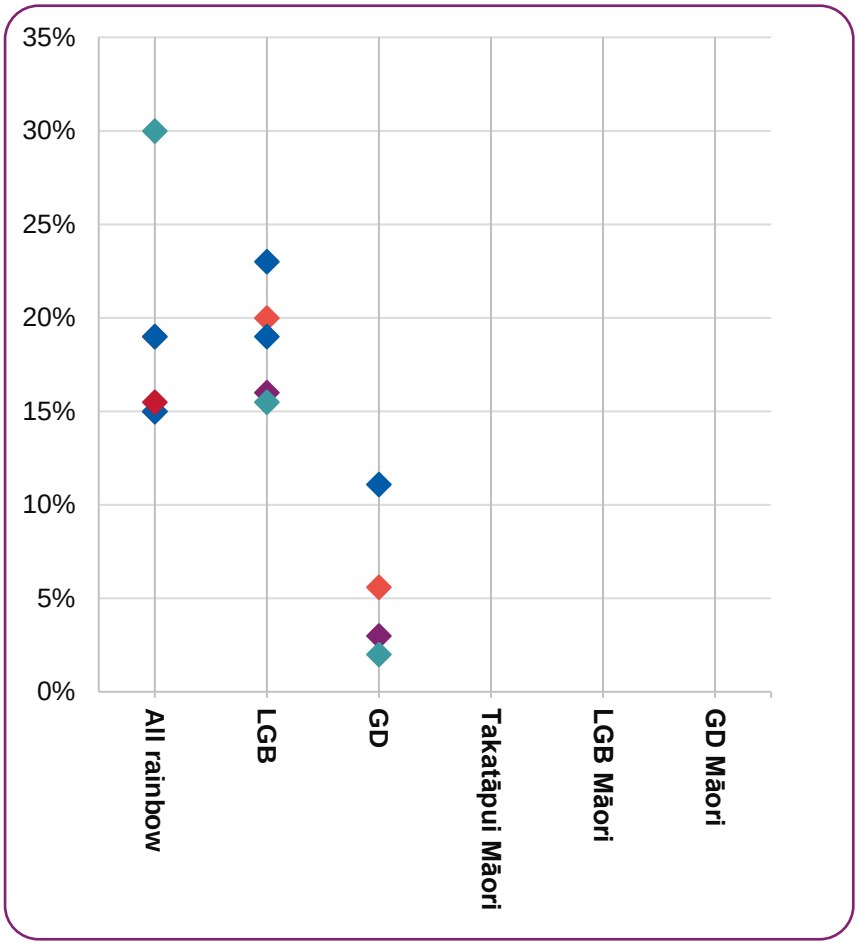
Irvine & Canfield (2016) estimated that LGB youth made **20%** of youth in care and **23%** of youth in juvenile justice [30, (Irvine and Canfield, 2016)]. Another US study found that **19%** of the care population were LGB, from collected data across Illinois, Iowa, and Wisconsin [31, (Courtney, Dworsky, Brown, Cary, Love, & Vorhies, 2011)]. One more US study estimated that **4%** of the whole US rainbow youth population were involved with the child welfare system, compared to **2.6%** of the general youth population [32].

A 2018 literature scan estimated that rainbow youth make up **15% to 30%** of child welfare youth [33, (Dettlaff et al., 2017; Wilson & Kastansis, 2015)]. And lastly, a final list of studies in the US put the disproportion of rainbow youth in care at **1.5 to 2.5 times** [34, (Fish et al., 2019; Baams et al., 2019; Dettlaff et al., 2018; Irvine & Canfield, 2016; Wilson & Kastanis, 2015); 35, (Wilson, et al., 2014; Dettlaff & Washburn, 2018)].

Back to Aotearoa, a Youth19 report estimated that rainbow youth make up **10%** of the youth population, but **15%** of rainbow youth students were involved with Oranga Tamariki. This figure is higher again for takatāpui Māori with **24%** being involved with Oranga Tamariki [36].

The Just Sayin' survey of youth transitioning (emancipating) from Oranga Tamariki care found that **19%** of transitioning youth were rainbow and **2%** were gender diverse. This implies that they are **1.5 to 2.0 times** more prevalent in Oranga Tamariki care than they are in the youth population of Aotearoa [37].

Figure 5. Estimates of prevalence of rainbow children and youth in child welfare, across multiple countries and studies



Notes
a) Each dot represents an estimate from a study/article
b) I found no estimates for LGB Māori, GD Māori, or Takatāpui Māori overall

We could have about 100 to 150 takatāpui Māori youth in Oranga Tamariki care that we don't know about

We don't know exactly how many takatāpui Māori are in care or custody, in residences, in a youth justice process, or are at least known by Oranga Tamariki. Oranga Tamariki doesn't systematically collect that information.

This wouldn't be easy to establish either, largely because of the many ways that 'rainbow' can be defined. Furthermore, with a lack of the right expertise it's hard for professionals to identify and assess gender diversity and sexual identity in a reliable way. There is a third issue here as well: collecting and recording 'rainbow' information systematically and administratively could expose rainbow youth to discrimination and harm. I'll talk more about that in Chapter Two.

Having said that, Oranga Tamariki social workers do have their systems, case notes, and ways of doing things for rainbow children and youth, on an individual-by-individual basis. Takatāpui Māori are an intersectional group – dealing with systemic biases and disadvantages for being Māori on top of the stigmatisation of being rainbow.

So, it becomes important to find out how many youth in our care are takatāpui Māori, and rainbow in general, in a broader and more systematic way. It may be a priority as well for Oranga Tamariki, if not for takatāpui Māori being a highly disadvantaged intersectional group, then for at least our Treaty obligations.[16]

So, how do we begin the process of collecting data on a broad and systematic level? Firstly, I suggest that Oranga Tamariki conduct a study through a self-reported, confidential, and consented method. This means through a survey or similar study, rather than relying on the case management system and social worker training. If any rainbow children or youth consent to a face-to-face interview, we should include them in the study and give them the chance to participate in a less-structured questioning format. Such a study would produce a wealth of qualitative data.

We can 'guesstimate' how many takatāpui Māori youth there are in Oranga Tamariki, using other sources of data – but it won't be accurate

We can use the Youth19 study and official numbers from Oranga Tamariki to help us understand how many takatāpui Māori are involved with Oranga Tamariki. The details of how I made the 'guesstimate'[17] are in 'Appendix 2: Calculations for the estimate of 135 takatāpui Māori youth in Oranga Tamariki care', p.97.

In the meantime, let's look at Table 1 below where I have made this guesstimate of takatāpui Māori, and check out Figure 6 to see the 'care' population of Oranga Tamariki (30 June 2020).

I estimate that 135 takatāpui Māori youth were in the care or custody of Oranga Tamariki, at around the 2020 to 2021 period. Table 1 shows you how I stepped through the various available statistics that led me to the estimate. The Youth19 study and the Oranga Tamariki official reports have quite a few differences between them. So, this 'guesstimate' is likely to be an undercount as well as being quite a rough estimate.

To be on the safe side, I figure we could have between 100 and 150 takatāpui Māori in care, probably more. One point of this exercise is to demonstrate what data are available for finding the number and composition of rainbow children and youth in care. Another is to provide you with the most reliable estimate of takatāpui Māori I can find, so no one else makes an estimate without demonstrating its limitations. We do not have a lot of data. And that is one of the reasons why a more complete study of 'only' Oranga Tamariki rainbow children and youth in care would be helpful.

[16] Te Tiriti o Waitangi (The Treaty of Waitangi, Aotearoa) is New Zealand's 'founding' document, which signifies a treaty between British and Māori peoples and a shared sovereignty/governance. See Te Tiriti o Waitangi – the Treaty of Waitangi – Te Ara Encyclopedia of New Zealand.

[17] A guesstimate is an estimate where some of the information used is inadequate and/or conjecture is made. While the word 'guesstimate' is a combination of the words 'guess' and 'estimate', and hence doesn't resemble a formal statistical method, it nevertheless is a word (and method) used by statisticians since the 1930's (https://www.dictionary.com/browse/guesstimate).

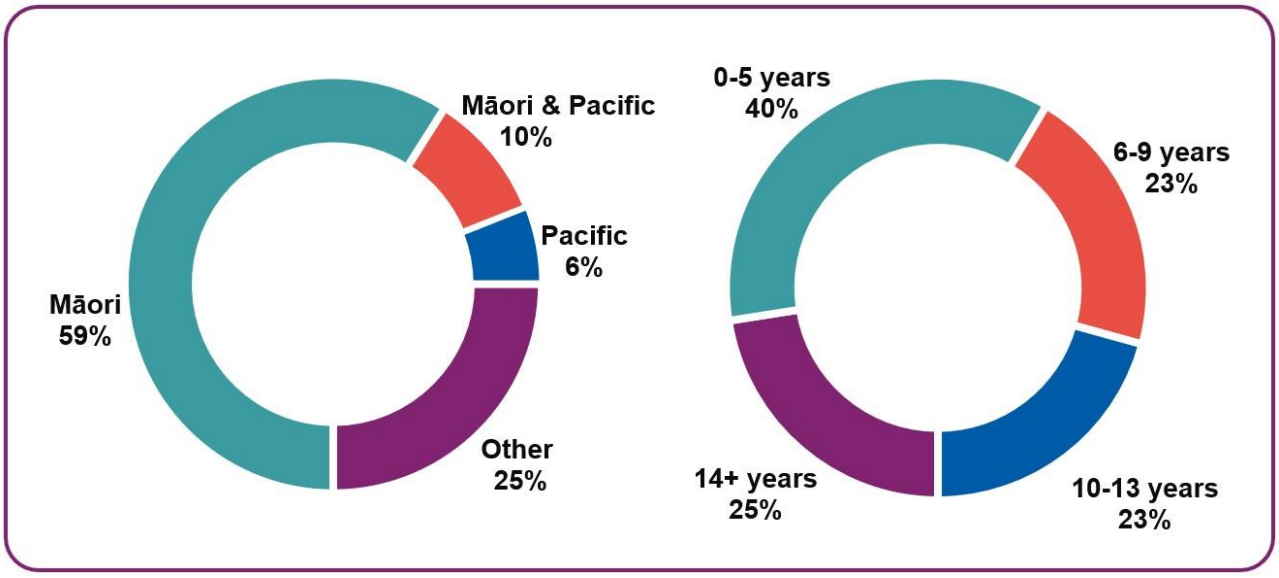
Table 1. Comparing Oranga Tamariki numbers to Youth19 numbers

	Oranga Tamariki	Youth19
Population base	42,250 referrals[1]	7,709 responses
Oranga Tamariki estimates	6,041 in care[2]	742 'involved'[3]
Youth	1,510 in care[4]	742 'involved'
Māori youth	1,027 in care	288 'involved'
Takatāpui Māori youth	135 in care[5]	38 'involved'

Notes:

1. Of 77,953 'reports of concern', 42,250 resulted in an action of some sort ([38], 30 June 2021)
2. 6,041 were 'in care' or 'custody of Oranga Tamariki ([39], 30 June 2020)
3. Youth19 asked participants if they had been involved with Oranga Tamariki [36]
4. 25% of the 6,041 in care are 14 years or older [39]
5. The final 'guesstimate'.

Figure 6. Oranga Tamariki – children and youth in care or custody, by ethnicity, and then by age (30 June 2020)



Source: Reproduced from [39, p.15]

The deep inequalities inside intersectionality

What do I mean by intersectionality? Well, intersectionality is an analytical framework for understanding those people who have multiple disadvantages. It comes from feminist theory and was first coined in the late 80s and early 90s by Kimberlé Crenshaw, an African American feminist and scholar.

Initially intersectionality referred to being 'black' in the US, which brings its own inequities and discriminations, and being 'women', which again brings its own separate inequities. Therefore, 'black women' in the US are an intersectional group that has the inequities of both the marginalised groups.[18]

[18] See www.jstor.org/stable/1229039

Modern feminist theory extends intersectionality to many other groups, including rainbow people. In the next few sections, I'll discuss the prevalence of rainbow people intersecting with other marginalised peoples of various groups.

We should prioritise those rainbow youth with disabilities

Disabilities and chronic conditions, poor general health, poor mental health, trauma, homelessness: people in those circumstances face huge inequities and marginalisation. Many of these circumstances are common amongst children and youth in child welfare. They're also disproportionately high amongst rainbow youth.

So, once again, a disproportionate number of rainbow children and youth are interacting with child welfare and youth justice, while also being part of our most vulnerable intersectional groups in our societies.

Ok, so how bad are the numbers? For a start, I found two overseas studies saying that of the rainbow youth population, **17%** of 'same sex attracted' youth have disabilities [40, (Jones, et al., 2015)] and **17%** of 'transgender' also have disabilities [40, (Hillier, et al., 2010)].

Having a look at our own youth from the Youth19 study, they found that **8.6%** of rainbow youth have a disability [41] (see Table 2 below). Takatāpui Māori or rainbow Pacific youth (combined as one group)[19] with a disability made **1.2%** of the Youth19 sample [16]. However, that is not a comparable figure to the other figures above (again see Table 2 below) as it is of 'all' youth.

The Just Sayin' survey on youth transitioning out of Oranga Tamariki care showed that **73%** of rainbow youth leaving care had a disability [37]. This is a stunningly high proportion. We don't have an equivalent figure from the Youth19 study.

I'd like to point out that 'disability' is complex and difficult to assess and measure in surveys. Here, both the Youth19 and Just Sayin' surveys have self-assessment questions on disability. The Just Sayin' survey uses the Washington Group on Disability Statistics short-set inventory (WG-SS). This is a validated inventory designed for self-report via surveys. The Youth19 survey uses two YES/NO questions for self-assessed long-term disability.

We probably need more studies to get better figures of prevalence. But I think it's a fair assumption that many rainbow youth in care are also dealing with disabilities and chronic conditions. And a good proportion of those youth are probably takatāpui Māori as well.

To find out for sure, I'd suggest a study with the Oranga Tamariki care population to start. Whole population-based studies will only find very small numbers of such youth, as shown in the table below. And, as also shown in Table 2 by the question marks ('?'), other studies don't necessarily have all the figures we need. In addition, we need a robust way of assessing and measuring disability.

[19] Māori and Pacific rainbow youth with a disability were combined because of low sample sizes for each.

Table 2. Sample sizes (N) and proportions (%) across various Youth19 reports, indicating unpublished figures

	TOTAL SAMPLE (*N*=7721)	All Youth (disability sample)[b]	Disabled youth (*N=7493)*	Oranga Tamariki *(N=7709)*
ALL	**100%**	**100%**	**8.6%**	**9.6%**
Pakeha & Euro	40%	40%	4.3%	3.1%
Māori	20%	19%	5.8%	3.7%
Pacific	12%	12%	3.9%	1.3%
Māori & Pacific	3.4%	3.5%	0.9%	?
	TOTAL SAMPLE	**All Youth** (disability sample)[b]	**Disabled youth** (*N=7493)*	**Oranga Tamariki** *(N=7709)*
ALL RAINBOW	**10.1%**	**?**	**4.4%**	**1.4%**
Rainbow Pakeha & Euro	?	?	?	0.5%
Takatāpui Māori	2.0%	?	?	0.5%
Rainbow Pacific	1.3%	?	1.4%	0.1%
Rainbow Māori & Pacific	?	0.3%	0.1%	?

Notes:
a) The '?' question mark represents numbers not published in the selection of Youth19 publications I've used.
b) Total sample sizes vary based on non-response, questionnaire routing, and inclusion/exclusion of small subsample groups.

Source: Compiled from [42] and [36, Table 1, p. 14]

Child welfare systems must attend to 'children of the streets', by first looking at why so many are rainbow

Homelessness among rainbow youth is a real concern for child welfare systems in many countries. Homeless children and youth represent a failure of child welfare systems, where the primary function is caring for and protecting children.

But rainbow youth are more likely to find themselves kicked out of home, running away from home, or running away from care and foster homes [43]. US studies estimate **20% to 40%** of homeless youth are rainbow [43, (Cochran, Stewart, Ginzler, & Cauce, 2002; Durso & Gates, 2012; Quintana, Rosenthal, & Kehely, 2010; Van Leeuwen et al., 2006; Wright et al., 2016)]. A national US survey reported **29%** of rainbow youth had experienced homelessness, being kicked out of home, or had run away from home [44]. This is a key driving factor behind why a disproportionate number of rainbow youth are in care first, which then contributes to homelessness.

For instance, a 2015 study (The Atlanta Youth Count) of 693 homeless youth showed that almost half (**43%**) had been involved with child welfare [43]. Of those involved with child welfare, **29.8%** were LGB and **8.8%** were gender diverse, making almost **39%** of the sample [43]. This shows a clear relationship between 'being rainbow', homelessness, and involvement with child welfare. One study on data collected by homeless shelters supports these figures. This study on homeless youth in New York City found that **20.3%** entering shelters were rainbow youth [45].

Homelessness leads to many poor outcomes. For example, suicidality for homeless rainbow youth is very high. Suicide attempts by homeless LGB youth are as high as **23%**, and for gender-diverse youth – **34%** [44].

Addressing discrimination and violence against rainbow youth maybe the key to addressing many ills they face

Rainbow people experience disproportionate rates of abuse, maltreatment, intimate partner abuse, sexual assault, etc. For transgender adults, as an example, three studies found that 'lifetime exposure' to Intimate Partner Sexual Abuse (ISPA) ranges from **20% to 47%,** and for Intermate Partner Violence (IPV) ranges from **31% to 50%** [46].

For LGB adults, the lifetime IPV rates are **25%** for men and **57%** for women, across different subgroups of LGB [46]. 'Lifetime rates' are usually higher for adults than youth, simply because of age – so, they're not comparable. We have only one study from this review that looked at adolescents and IVP rates. Nevertheless, it showed that the IPV rate was already **9%** for gay/bisexual male youth [46].

The Trevor Project National Survey on LGBTQ Youth Mental Health 2020[20] is probably the most comprehensive and up-to-date study on the mental health of rainbow youth. And they discuss bullying and abuse that rainbow youth experience. They found that **30%** of rainbow youth experienced being bullied, physically threatened and/or harmed. This figure is higher again for gender-diverse youth at **40%** [44]. Bullying and abuse during adolescence is particularly concerning in terms of long-term wellbeing.

Addressing discrimination and mental health of rainbow youth may lower their rates of suicidality

Abuse and discrimination can lead to suicidality and suicide attempts. For those rainbow youth discussed in the paragraph above who experienced physical harm, suicide attempts were almost three times higher (**31% versus 11%**).

About **60%** of rainbow youth experienced discrimination. And again, suicide attempts for this group were three times that of those who didn't experience discrimination (**22% versus 8%**). And **40%** of these rainbow youth seriously considered suicide, **48%** self-harmed, and **68%** showed generalised anxiety disorder (GAD).[21] These rates increase again for gender-diverse youth [44].

An Australian study found that **40%** of rainbow youth had experienced suicidal ideation. **Twenty percent** of males and **40%** of females self-harmed. **Ten percent** of males and **20%** of females attempted suicide. [30, (Robinson et al., 2014)].

The Youth19 study showed that **13%** of LGB youth attempted suicide and **50%** self-harmed [5]. From gender-diverse youth, **57%** reported self-harm and **26%** attempted suicide [15]. Finally, the large Californian study of almost one million school students found that **one-third** of gender-diverse youth reported suicidal ideation. This is twice the rate for all youth (**33.73% versus 18.85%**)[22] [8].

The numbers above are, of course, of general youth and rainbow youth populations, and not those in care or part of a child welfare system alone. We should probably expect

[20] www.thetrevorproject.org/survey-2020/?section=Introduction
[21] Generalised Anxiety Disorder is an anxiety condition that is constantly present and not triggered by specific situations. See https://psychiatry.org/patients-families/anxiety-disorders/what-are-anxiety-disorders
[22] $\chi^2 = 35.48$, $p < .001$.

worse figures for our Oranga Tamariki rainbow youth. We do have some statistics on the mental health of rainbow youth in Oranga Tamariki available to us, in the form of the Just Sayin' and Youth19 survey.

The Youth19 survey found that **53.3%** of takatāpui Māori and **48.9%** of Pākehā[23] rainbow youth reported depressive symptoms [12]. This is quite substantial when compared with other youth. For instance, **26.9%** of 'non-rainbow' rangatahi Māori and **18.1%** of non-rainbow Pākehā youth reported depressive symptoms [12]. So, rainbow youth were more than twice as likely to experience depression.

When we then look at rainbow youth who have been involved with Oranga Tamariki, figures for depressive symptoms leap to **64.9%**, and **67.8%** of thoughts of suicide. Almost one-third (**30.4%**) attempted suicide [36]. Looking at self-assessed mental health from the Just Sayin' survey, we see for rainbow youth in care (transitioning out) that half (**52%**) reported 'fair' or 'poor' mental health [37].

Figure 7. Poor mental health and mental health conditions, across multiple studies and estimates

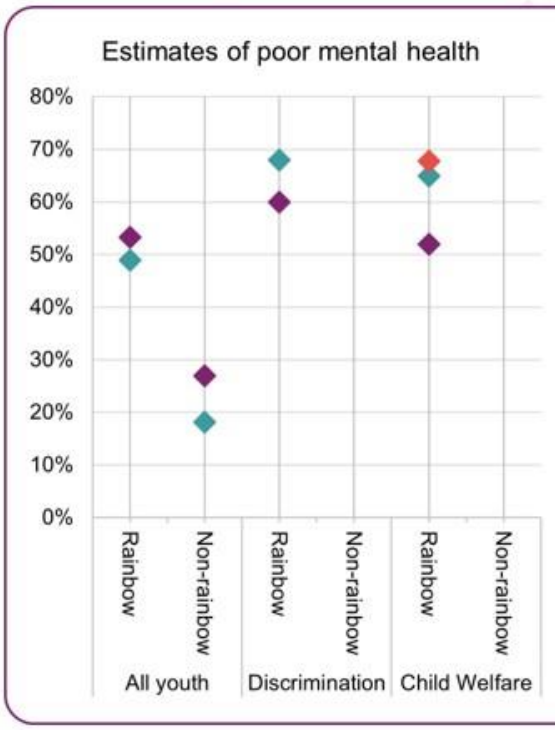
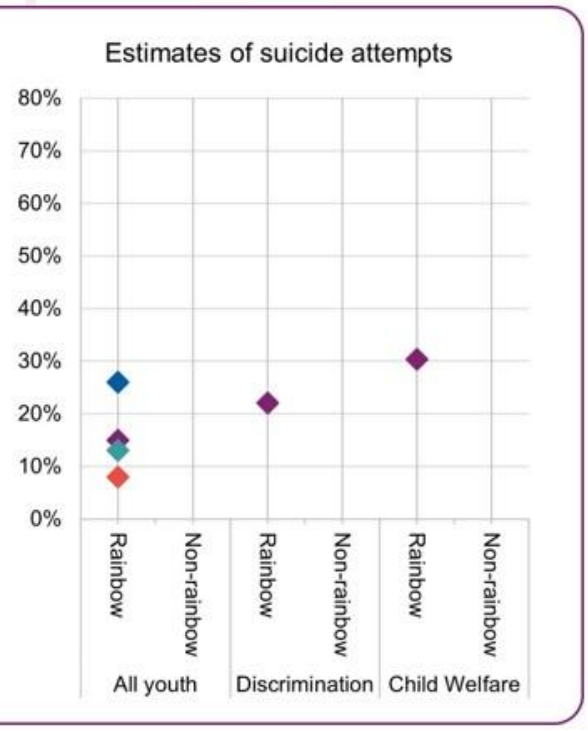


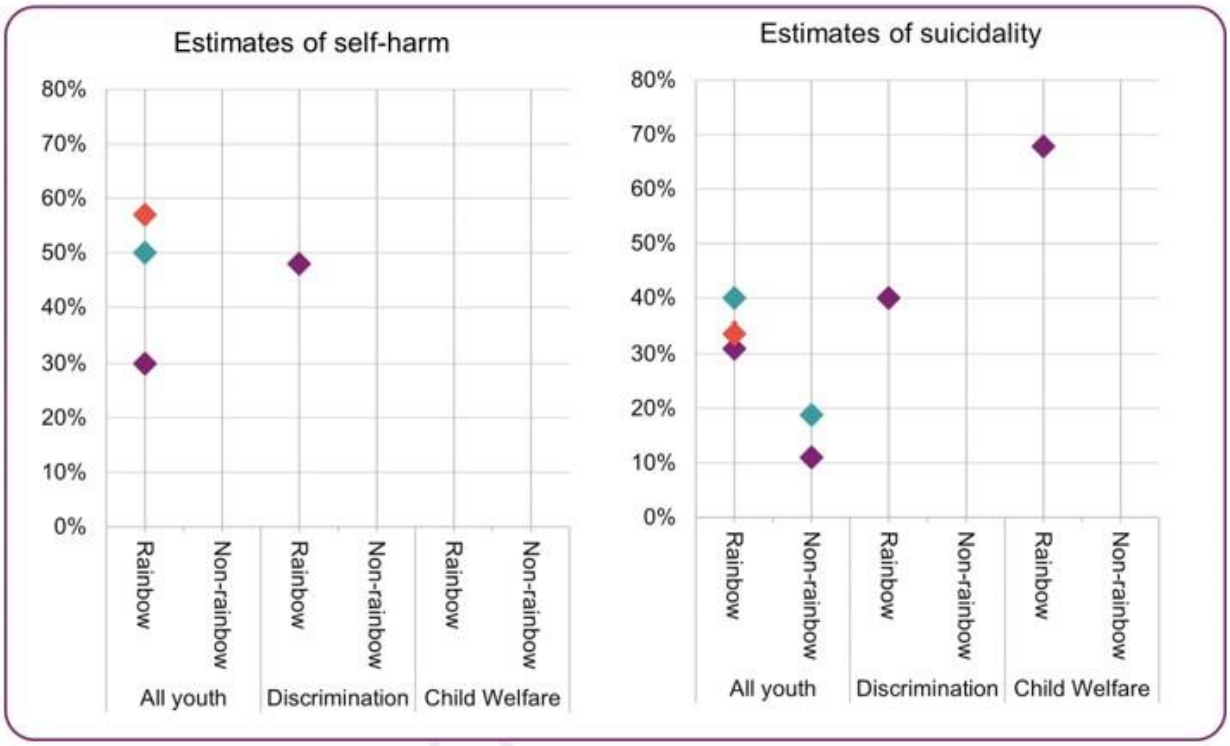
Figure 8. Suicidality and suicidal thoughts, across multiple studies and estimates



[23] The 'Pākehā' ethnicity group wasn't defined further in some of the Youth2000 series of reports. However, in some reports the term 'Pākehā and other European ethnicities' was used as a single group. I've assumed that the ethnicity 'Pākehā' in these Youth2000 series of reports means 'of European origin'. The survey questionnaires provide response options for 'NZ European', 'Pākehā', and several European nations.

Figure 9. Rates of self-harm, across multiple studies and estimates

Figure 10. Suicide attempts across multiple studies and estimates



Notes for Figures 7 to 10:

a) Each dot represents an estimate or estimates from a study/article;
b) Some lines have no estimates that I could find;
c) 'Discrimination' means those youth who were exposed to discrimination, and 'Child Welfare' means those youth involved in a child welfare system or Oranga Tamariki.

Reflecting on those figures above, from the Youth19 survey we know that more than half of takatāpui Māori youth have poor mental health. For all rainbow youth that have had contact with Oranga Tamariki, two-thirds had poor mental health [12, 36]. We don't know from the Youth19 survey what these rates are for takatāpui Māori involved in Oranga Tamariki, but anything above two-thirds with poor mental health could be described as a crisis.

Landscaping the statistics[24]

To finish this section, I've summarised many of the statistics I've discussed above and ordered them into three tables.

Table 3. Population statistics – a range of reported statistics on rainbow people

Rainbow group	Of population	Of youth population	Of child welfare	Of Māori* / indigenous†
Rainbow	3% to 8%	4% to 18%	15% to 30%	7.6%
Takatāpui Māori		1.9%		4.5% to 10%
Rainbow indigenous				5.5% to 12%
LGB	3.7%	6% to 16%	16% to 23%	7.6%*
Gender diverse	0.24% to 0.8%	0.5% to 4% (2% to 18%)[a]	2% to 17%	1.6% to 1.9%*/ 5.2%†
Intersex (broad category)[25]	~2%			

Notes:
a) Of children (per-adolescent)
b) Some of the 'greater' figures have been rounded to a whole number for ease of reading.

Table 4. Population statistics – a range of reported statistics for rainbow youth and intersections

Rainbow group/intersection	Of rainbow population	Of rainbow youth population	Involved with child welfare	Of takatāpui Māori youth
All rainbow youth				
All takatāpui Māori	19.5%			
Takatāpui Māori youth		10%	24%	
Indigenous youth				
Involved with child welfare		4% to 15%		
With disability		8.6% to 17%	73%	1.2%
Gender diverse / LGB intersection	25% to 70%	87%		

Notes:
a) Of Māori & Pacific rainbow with a disability.
b) Some of the 'greater' figures have been rounded to a whole number for ease of reading.

Table 5. Prevalence of poor outcomes for rainbow youth

Rainbow group/intersection	Are homeless	Are victims of bullying/abuse	Suicidality or self-harm	Mental health conditions
Rainbow youth	20% to 40%	9% to 40%	10% to 57%	49% to 68%
Takatāpui Māori youth				53%
Involved with child welfare	30% to 43%		30% to 67%	52% to 65%

Notes:
a) Of Māori and Pacific rainbow with disability.

[24] Please do not quote figures from these tables. Use only those that are in the body of text with their references.
[25] From Blackless, M., Charuvastra, A., Derryck, A., Fausto-Sterling, A., Lauzanne, K., & Lee, E. (2000). How sexually dimorphic are we? Review and synthesis. *American Journal of Human Biology*, 12(2). https://doi.org/10.1002/(sici)1520-6300(200003/04)12:2<151::aid-ajhb1>3.3.co;2-6 (Abstract)

Child welfare agencies don't collect rainbow data

About the universal problem of poor data collections from child welfare agencies

Much of the literature discusses gaps in recording information and data, highlighting the need for better data collections around rainbow youth. Condon et al. (2019) for instance discussed the problems faced by 'colored'[26] rainbow youth in the US and their very poor outcome statistics. But the lack of data collection in both child welfare and juvenile justice made it too difficult to build knowledge to find solutions [47].

Field (2018) said the same thing – only a handful of organisations in the US collected data on rainbow children and youth. No national-level data on rainbow children and youth is available in US systems for child welfare, adoption, fostering, juvenile justice, or youth transitioning out of care [35]. Child welfare agencies don't routinely inquire about their rainbow children and youth. Neither do they use such information in case and permanency planning [33, (Dettlaff et al., 2017; Martin et al., 2016)].

Some other US studies I found discussed the same issues, highlighting the invisibility of rainbow children and youth in these systems. Because these systems cannot record gender and sexual identities, their records fall victim to 'data-cleaning' and discrete questions about identity. This essentially classifies rainbow youth as data noise. So, rainbow youth are often erased from reporting, which leads to an underreported incidence of risk [35, (Baker et al., 2018, p.127)].

Rainbow youth also do not feel safe sharing that information [48, (Dettlaff et al., 2017; Martin et al., 2016); 4]. Oranga Tamariki in its Annual Reports shows only two genders: female and male. It cites confidentiality as the reason it doesn't report on other genders [49], but this could also fit the example of Baker et al. (2018) above.

Consequently, we don't know how rainbow children and youth compare to non-rainbow on safety, permanency, and well-being [35].

An organisation called the Human Rights Campaign Foundation published a guide for 'SOGIE Data Collection' as a part of 'agency readiness'.[27] The guide notes the need for written policies to protect rainbow youth from discrimination, and practices that include ongoing staff training on rainbow culture. These measures would make rainbow youth more likely to trust agencies with their information and be more open with it [35, (Delpercio & Murchison, 2017)].

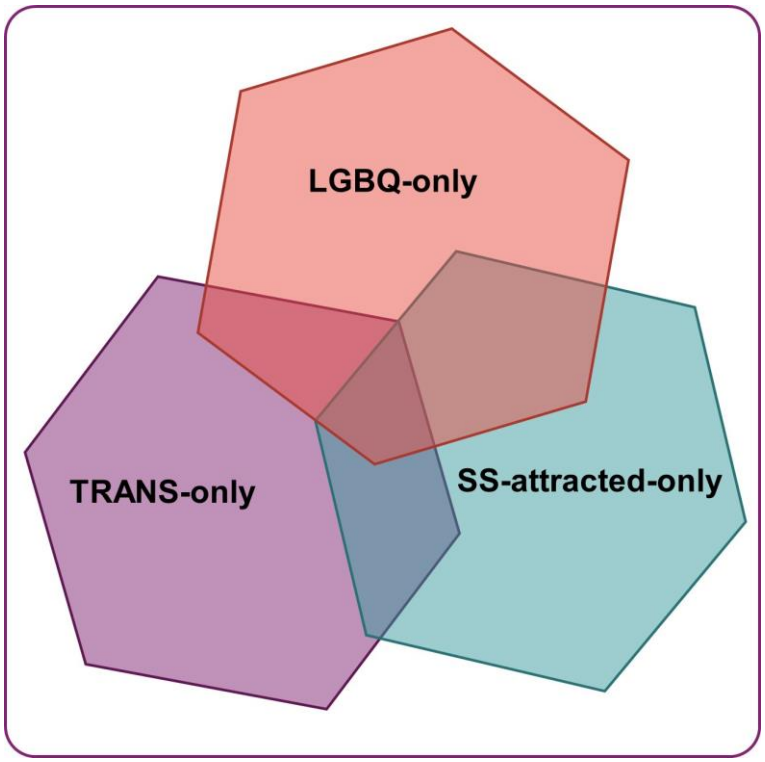
But collecting rainbow data isn't all that straightforward, because understanding gender and sexual identity, especially for preadolescents, can be complex. And if you have a duty to care and treat rainbow children and youth, understanding their needs becomes all the more important.[28]

[26] US literature frequently refers to 'non-European origin' peoples as people of 'color'. So as to not distort the meaning, I often use the same terms from the literature.
[27] http://assets2.hrc.org/files/assets/resources/HRC_ACAF_SOGIE_Data_Collection_Guide.pdf
[28] See 'Appendix 1: Collecting data on gender' for specific advice on how to collect all gender types.

The APA recommends comprehensive assessments to understand gender diversity in children. These often require a multidisciplinary team of psychologists, physicians, and educational specialists, to name a few [21]. This is important, especially in care and welfare as it can have an impact on treatment options [23].

The complexities only increase in adolescents if one wants to help rainbow children and youth [16]. And, of course, there is the issue of overlapping gender and sexual identities, as previously discussed and aptly demonstrated by Figure 11. below [4].

Figure 11. Collecting data by rainbow categories and their intersections – it's a complex mix when categorised



Source: *Reproduced from [4, Figure 1 p. 26]*

We also need more research and studies into rainbow youth in child welfare

The problem of record keeping, classifications, and using rainbow information in planning runs parallel to the general lack of attention from academic and practice fields of child welfare. These problems are even worse for rainbow people who had previous experience in a child welfare system. So very little is known about the risks to their wellbeing, about their resilience, and what good services and advocacy would look like.

However, more recently, rainbow children and youth in child welfare have started to attract more interest [43, McCormick, Schmidt, & Terrazas, 2017; 34, Kaasbøll & Paulsen, 2019; McCormick et al., 2017)]. A few studies looked at general populations and student populations of rainbow youth. But very few of them inquired into child welfare, protection, foster, and out-of-home care experiences [4].

The rainbow population worldwide still does not have enough investment in research, and Aotearoa needs more investment too. As already highlighted, we have a lot more to learn about gender diversity and we need further research. This is especially true

because rainbow youth rate worse on most outcomes. The health of gender-diverse people, especially youth, is underrated and under-studied. Subsequently, policy is not supporting gender-diverse people [50].

In Appendix 3, I have listed several studies from Aotearoa that include estimates for rainbow youth and adults. And that concludes Chapter One.

Chapter 2. Being rainbow and in care

We need to address the multitude of adverse outcomes

Many rainbow youth experience abuse, violence, neglect, substance abuse, trauma, sexual assault, and poor sexual health

Unfortunately, rainbow youth have higher rates of abuse than non-rainbow youth. According to Friedman et al. (2011), rainbow youth are **1.2 times** more likely to experience physical abuse. And they are **3.8 times** more likely to have experienced sexual abuse at the hands of a parent or caregiver [43].

This is likely connected to their homes and families not accepting they are rainbow. Rainbow youth face higher levels of family toxicity, conflict, and rejection [47]. This is on top of what they're already exposed to outside their families: harassment, discrimination, social isolation, for example [51].

Rainbow youth are viewed as a 'feminine threat' to hegemonistic masculinity

Hegemonistic masculinity[29] is the concept that males and masculinity rule society (simply put). Australian sociologist Raewyn Connell first coined the term in her book, *Southern Theory*.[30] The theory suggests that traits of masculinity – big, muscular, deep-voiced – are related to dominance and control. Women, children, effeminate males, etc, are subordinate.

According to feminist theory, abuse and violence against rainbow youth stems from similar causes of family, domestic, and partner violence and abuse of women. Hegemonistic masculinity is a major theoretical contributor.

Family and partner violence is the subject of many studies and publications, which spell out a long list of the types and forms of abuse. To name a few: physical harm, verbal abuse, overt and covert emotional and psychological harm, coercive control, isolation, financial control, and sexual violence – as illustrated in Lay et al. (2018) [51].

However, for rainbow youth the causes of these acts of violence are even more complex [51, (Bufkin, 1999)]. Family members subject rainbow youth to various controlling behaviours to control perceived threats to hegemonistic masculinity [51]. For example, a study of power and control over gender in the family, or 'gender policing', found that

[29] This website has a good definition for hegemonistic masculinity: www.oxfordreference.com/view/10.1093/oi/authority.20110803095928286
[30] www.raewynconnell.net/p/theory.html

family members would use violence and neglect to force their children to conform to gender norms [51, (Perry & Dyck, 2014)].

Homophobia and transphobia within families is also a typical aggravator of violence and abuse towards rainbow youth [51, (NCTE, 2011)]. For example, The Coral Project UK reported that **42%** of rainbow youth were subjected to homophobia, transphobia, or both by family members [51, (Donovan, et al., 2014b)].

'Coming out' to or being 'outed' by the family often leads to a toxic and dangerous period for rainbow youth. From one account, **1-in-3** rainbow youth in foster care experienced violence after they revealed their identity to their families [43, (Laver & Khoury, 2008])].

Unfortunately, rainbow youth in care, after losing their families and moving into the foster care system, often experience further physical and sexual trauma [43, (Cochran, Stewart, Ginzler, & Cauce, 2002; Gattis, 2011)].

Stopping abuse could reduce substance use and further victimisation

The side effects of these traumas lead to further adverse outcomes, such as substance abuse, sexual exploitation, and homelessness. In general, rainbow youth are **three times** more likely to use substances [52, (Russell et al., 2002)].

Other studies, such as the Marshal et al. (2008) meta-analysis of rainbow youth studies, showed clear relationships between sexual orientation and smoking, intravenous drug use, and using multiple drugs in combination (polysubstance use) [52].

Further victimisation of rainbow youth, from family to care and from care to the streets, can be significant. A history of sexual abuse in formative years can lead to risky sexual behaviours in adolescence, for instance [43, (Homma, Wang, Saewyc, & Kishor, 2012; Ramseyer Winter, Brandon-Friedman, & Ely, 2016)]. Combined with homelessness and a history of foster care, some rainbow youth end up recruited into sex trafficking [43, (Fong & Cordosa, 2010)].

These traumas and stressors lead to high suicide rates and poor mental health for rainbow youth

Poor mental health, suicidality, and suicide rates are too high for rainbow youth. And, if anything, the suicide rate demands immediate attention. This is a particular problem in Aotearoa where we have some of the highest rates of youth suicide. Those rates are even higher for rangatahi Māori [53, (Ministry of Health, 2015a; Ministry of Health, 2015b)]. The intersection between ethnicity and rainbow identity can only mean even worse rates of suicide for these young people.

In one study, gender-diverse youth reported **three times** the rate of suicidality than cis-gender youth [7]. The Youth2000 series of studies found that half of LGB students self-harmed inside a year, and half suffered from depression. An astonishing **1-in-10** attempted suicide within that year [6].

LGB students disproportionately report depression, self-harm, suicidality, and suicide attempts. They also report higher use of alcohol, drugs, and nicotine. It's no wonder that more LGB students also report long-term health conditions and disabilities compared with non-rainbow students [6].

The findings from these studies are consistent with the literature on rainbow children and youth in child welfare. The risk of poor mental health, depression, melancholy, and hopelessness is much higher for rainbow youth in care than non-rainbow in care. Rainbow youth in care are up to **four times** more likely to attempt suicide [43, (Steever, Francis, Gordon, & Lee, 2014; Marshal, et al., 2012; Kann, Olsen, & McManus, 2016; Reisner, Vetters, Leclerc, Zaslow, Wolfrum, Shumer, & Mimiaga, 2015); 32, (Johns et al., 2019; Johns et al., 2020)].

Poor mental health and suicide rates in Aotearoa are among the worst in the OECD countries [53]. Rainbow youth in Aotearoa have higher rates of depression and suicide compared to non-rainbow youth [53, (Lucassen, Clark, Denny, et al., 2015)]. Substance use, homelessness, and school drop-out rates are also higher than non-rainbow youth [53, (Lock & Steiner, 1999)].

In care, rainbow youth are more marginalised than non-rainbow youth

Not a lot of studies have looked at rainbow youth in care, but that trend is starting to change [34, (Kaasbøll & Paulsen, 2019; McCormick et al., 2017)]. From what we know, child welfare agencies are not meeting the basic needs of rainbow youth.

Rainbow youth in out-of-home and foster care experience maltreatment at twice the rate of non-rainbow youth

The very systems built to care and protect children have failed many, and rainbow children and youth are maltreated at twice the rate of their non-rainbow counterparts. They experience harassment and violence by both other youth and by staff, especially in group homes [35, (Mallon, 2001; Mallon et al., 2002); 4].

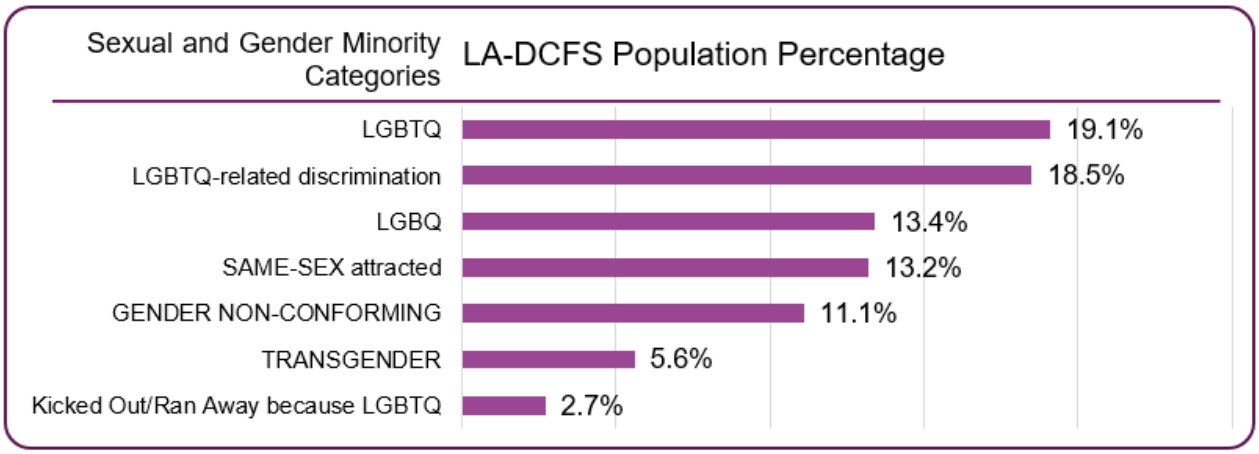
Child welfare and protection agencies know it's their duty to protect children and young people in care. Understanding the diverse needs of youth is part of that duty, and this includes rainbow youth, as described by the Los Angeles study of rainbow youth in foster care [4].

> "12.9% of LGBTQ youth report being treated poorly by the foster care system compared to 5.8% of non-LGBTQ youth."

Source: [4, p. 5]

The 2014 Los Angeles study is now dated. But at the time it recognised that many of the national surveys and research on youth, including those capturing rainbow youth, largely excluded youth in care. Yet, similar to other more recent findings, the Los Angeles study showed that **1-in-5** or **19%** of youth in care were rainbow (see Figure 12 below). The majority were also of 'color' (in their words) [4]. The figures show that half (**54.6%**) of the rainbow youth in care were Latino, **one-third** (**28.5%**) were 'black', **10%** were migrants and **3%** were 'American Indian'. Only **6%** were 'white' [4, *Table 2,* p. 8]. These ethnic proportions were similar to the non-rainbow population in care in the Los Angeles area [4].

Figure 12. Sexual and gender minority categories of youth in foster care



Note: The total LGBTQ population estimate removes overlap created by respondents who fit more than one category.
Source: Reproduced from [4, p. 6].

Why do rainbow youth face adverse outcomes while in care?

Outcomes for rainbow youth are often worse than other youth in care. Some of these outcomes include permanency, higher numbers of care placements, older age for transitioning out of care, and transitioning without enough preparation [34, (Jacobs & Freundlich, 2006; Mallon et al., 2002; Mallon & Woronoff, 2006; McCormick, 2018); 35, (Mallon, Aledort & Ferrera, 2002; Woronoff et al., 2006; Mallon, 2011)].

Permanency is less likely for rainbow youth in care, with a lack of acceptance and high prejudice rates from caregivers. Comments such as ‘unadoptable’ have anecdotally come up from foster carers on top of blaming them for the harassment and abuse they receive [4, (Wilber, Ryan & Marksamer, 2006)].

Some families who accept care placements don’t accept rainbow youth and their identities [34, (Mallon, 2001, 2019; Mountz & Capous-Desyllas, 2020; Woronoff et al., 2006)]. This is especially difficult as many rainbow youth find themselves out of their birth family homes for the same reasons.

Compounding this issue, rainbow youth commonly face a complex intersection of other challenges, such as poverty, racism, intergenerational substance abuse, and mental illness [34, (Mountz & Capous-Desyllas, 2020)]. Rainbow youth in care are less likely to be adopted or be reunited with their family than youth who are cisgender, heterosexual, or both. Gender-diverse youth have the least success in achieving permanency [43, (Child Welfare Information Gateway, 2013; Jacobs & Freundlich, 2006)].

Care professionals can be more inclusive and aware of rainbow youth

A lack of professional awareness also leads to adverse outcomes for rainbow youth in care. The Netherlands, for example, is one of the better countries for LGBTQIA+/SOGIESC human rights [34, (ILGA Europe, 2020)]. Nevertheless, research highlights the negative experiences that rainbow youth have in care in the Netherlands. Netherlandic society also marginalises rainbow youth compared to their cisgender-heterosexual peers [34, (Bos & Sandfort, 2015)]. Some professionals in the Netherlandic

care system lack awareness and sensitivity to their rainbow youth [34, (De Groot et al., 2018; Emmen et al., 2014; Taouanza & Felten, 2018)].

This research recommends providing resources and training to all staff to overcome these issues. The resources and training should build positive identity around being rainbow, clear policies against bullying and discrimination, a wider understanding of society's inequalities, and better connections with rainbow advocacy groups. These are some of the things that could help child welfare agencies improve their approach to rainbow children and youth in care [34].

> "I actually know that things will get better then, that we will take really good steps… for a better future. All together."– Rainbow youth in care.

Source: [34, p241]

Losing your home: we must provide safe shelter for homeless rainbow children and youth

With so much adversity within rainbow families, it's no wonder that so many rainbow youth run away from home. And some simply get 'kicked out' of home.

According to a rainbow youth homelessness study, **20.3%** of homeless youth entering shelters in New York City are rainbow [54, (NYC Commission on LGBTQ runaway and homeless youth, 2010)]. These youth can end up as 'prey' to the streets or find themselves in foster and out-of-home care. Many are picked up by police and end up in juvenile justice systems.

> "Sometimes you have to make the choice: do I stay with my family, or do I live my life? Sometimes you have to choose yourself and not have a family, which is heart-breaking." – Shelter provider.

Source: [55, p. 3]

Being 'kicked out' of home is the most commonly reported single event by rainbow youth who are in care, affecting **1-in-3** [43, (Ecker, 2016)]. Even if they do end up in child welfare, rainbow children and youth with previous foster care involvement are overrepresented among homeless youth [35, (Durso & Gates, 2012; Forge et al., 2018; Shelton et al., 2018)].

> "Many youth are rejected by their families after coming out as [transgender]. The lack of acceptance often leads to homelessness, which negatively affects [transgender] youth, who 'are often cast out from their families with no place to live, so they turn to the streets." – Shelter provider.

Source: [55, p. 3]

Rainbow youth make up 20 to 40% of homeless youth and police need a better understanding

Homeless rainbow youth "might be described as a 'wicked' problem" [56, p. 559], as described by Normon-Major (2017) and backed up by the McCandless study in Colorado US (2018). They postulate that the main problem is with the police. Being homeless

means rainbow youth are highly likely to have contact with police. This puts them on the criminal justice path instead of the intervention path [56].

This doesn't mean that police are always discriminating against rainbow youth. But it highlights that police need training, and they need to be culturally appropriate and respectful.

But of course, the larger issue here is why rainbow youth find themselves out of a home in the first place. That needs to be addressed first [56]. The entire public service needs to engage in strategies to prevent homelessness of rainbow youth, and support rainbow youth who are homeless [56].

Rainbow youth who are homeless make up between **20 to 40%** of all homeless youth in the US, according to the United States Department of Housing & Urban Development (HUD) and several other studies [43, (Cochran, Stewart, Ginzler, & Cauce, 2002; Durso & Gates, 2012; Quintana, Rosenthal, & Kehely, 2010; Van Leeuwen et al., 2006; Wright et al., 2016); 56, (HUD, 2016; Cray, et al., 2013)]. This is roughly **2 to 4 times** the rate of rainbow youth in the general population.

By the time ex-care rainbow youth turn 26 years old, **31 to 46%** have experienced homelessness [43, (Dworsky, Napolitano, & Courtney, 2013)]. But studies are also undercounting homeless rainbow youth [56, (HUD, 2016; Cray, et al., 2013)].

The experience of being homeless is exacerbated by the lack of access to public and non-governmental organisation (NGO) services. Services for housing, physical and mental health, emotional support, and sex education, for instance, are less available to rainbow youth. Several independent studies show how very vulnerable the intersectional group of 'homeless', 'youth', and 'rainbow' is [56, (Durso & Gates, 2012; Van Leeuwen et al., 2006; Choi et al., 2015; Wells et al., 2013; Mottet & Ohle, 2006; Yu, 2010; Maccio & Ferguson, 2016; Keuroghlian et al., 2014)].

Public and NGO services are typically not trained or equipped to help rainbow youth, and are frequently discriminating [56, (Kimble, 2015; Maccio & Ferguson, 2016)]. They need to develop the cultural competency to help understand needs and overcome homophobia and transphobia [56, (Abramovich, 2012; Keuroghlian et al., 2014)].

Child welfare systems need to keep a close eye on homeless children

Homelessness among children and youth who have been in a child welfare system represents a failure of that system. The purpose of child welfare is to keep children and youth in a home and safe [43, (Ream & Forge, 2014)]. Unfortunately, this failure affects rainbow children and youth disproportionately.

Homelessness has been an issue for children in child welfare for a long time [43, (Zlotnick, 2009)]. A US study found that 21,000 youth aged out of the foster care system in 2015. Nearly 1,000 youth ran away from foster care [43, (U.S. Department of Health and Human Services, 2016)].

Another US study found that **12%** of older-aged foster youth ran away from home or were 'kicked out' of home because of their sexual identity, gender identity, or both [4]. A further study found that **56%** of rainbow foster youth spent time on the streets because

they felt safer there than in their group or foster home [4, (Feinstein, Greenblatt, Hass, Kohn & Rana, 2001)].

Preventing rainbow youth becoming homeless, and supporting them outside of care should be one of our aims

Most 'ex-child welfare' homeless youth and adults experienced child abuse at home, in the system, or in both. They've also experienced victimisation while homeless and suffered mental health problems and trauma. Rainbow youth in care need more trauma-informed practices and treatments [43].

Youth aging out of the care system are at the highest risk of experiencing homelessness or housing instability within 18 months of them exiting [43, (Dworsky, Dillman, Dion, Coffee-Borden & Rosenau, 2012; Kushel, Yen, Gee, & Courtney, 2007)]. Homelessness in the US affects over one million youth each year [43, (National Center for Homeless Education, 2014)]. This is **7%** of the homeless population [43, (Henry, Watt, Rosenthal, & Shivji, 2016)].

Homelessness creates several daily stressors that lead to mental health issues. A lack of permanent care creates feelings of insecurity, poor sleep, decreased nutritional intake, loneliness, and low self-esteem. These outcomes are typical mental health issues for homeless people, all of which exacerbate depression [43, (De Rosa, Montomery, Hyde, Iverson, & Kipke, 2001; Whitbeck & Hoyt, 2000)].

Homeless rainbow youth have increased levels of post-traumatic stress disorder (PTSD) and substance abuse [43, (Cochran, Stewart, Ginzler, & Cauce, 2002; Gangamma, Slesnick, Toviessi, & Serovich, 2008; Walls, Hancock, & Wisneski, 2007; Whitbeck, Chen, Hoyt, Tyler, & Johnson, 2004); (Cauce et al., 2000; De Rosa, Montgomery, Hyde, Iverson, & Kipke, 2001; Whitbeck, Hoyt, Yoder, Cauce, & Paradise, 2001)].

Homelessness and unstable housing also affect sexual health, with young people at higher risk of contracting human immunodeficiency virus (HIV) and other sexually transmitted diseases (STDs), including hepatitis C [43, (Moon et al., 2000; Rew, Whittaker, Taylor-Seehafer, & Smith, 2005; Walls, Hancock, & Wisneski, 2007)]. Prostitution and exposure to hate crimes are also part of the homeless experience for many rainbow youth [56, (Snyder et al., 2016)].

Unfortunately, many homeless rainbow youth engage in 'survival sex' – exchanging sex for food, shelter, and money. 'Survival sex' for homeless youth occurs at the rate of **44%** for rainbow youth **versus 32%** for non-rainbow youth [43, (Clatts & Davis, 1999; Ennett, Bailey, & Federman, 1999; Gaetz & O'Grady, 2002; Haley et al., 2000; Kipke, O'Connor, Palmer, & MacKenzie, 1995; VanLeeuwen, et al., 2006)]. According to Berberet (2016), **35%** of homeless rainbow youth engage in 'survival sex'. Almost all panhandle (beg for money), couch surf,[31] or deal drugs. A large proportion scavenge for food and steal [56, (Berberet, 2006)].

[31] 'Couch surfing' is a type of homelessness where homeless people stay at someone's house and move from friend to friend or person to person.

More resources ought to be put into finding a permanent home for rainbow youth in care

Rainbow youth are more likely to experience multiple placements and less likely to be adopted, fostered, reunited with their families, or find a permanent home [43, (Child Welfare Information Gateway, 2013; Jacobs & Freundlich, 2006)]. They experience multiple placements [35, (Mallon, Aledort & Ferrera, 2002; Woronoff et al., 2006; Mallon, 2011)].

In group home situations, rainbow youth experience harassment and violence both by other youth and by staff [35, (Mallon, 2001; Mallon et al., 2002)]. The Wilson et al. (2014) study in Los Angeles replicated these findings – where rainbow youth had more care placements than non-rainbow youth. This increases their risk of not finding a permanent home. These multiple placements were exacerbated by circumstances that affected rainbow youth more than others (see

below) [4].

Table 6. Rainbow youth face unique barriers to permanency – reproduced from [4]

Barriers to permanency	Rainbow youth	Non-rainbow youth
Number of placements [*mean (sd)*]	2.85 (1.1)	2.43 (1.03)
Ever been hospitalised overnight	38.8%	31.2%
Ever been hospitalised for emotional reasons	13.5%	4.2%
Ever been homeless	21.1%	13.9%
Live in a group home	25.7%	10.1%

Source: [4, p. 7, table 1]

Gender-diverse children and youth face unique and more adversities

Of all the adverse outcomes and experiences that rainbow youth face, gender-diverse youth typically face more. As we've seen from the statistics, there are higher proportions of gender-diverse youth across adverse outcome categories, and lower proportions across resilience factors.

LGB and gender-diverse people have some marked differences in experiences and pathologies. While all rainbow youth have higher proportions of poor mental health and suicidality, gender-diverse youth face more internalised depression and anxiety, particularly social anxiety. More gender-diverse youth have identifiable behavioural concerns, conduct disorders, and disabilities such as attention deficit hyperactivity disorder (ADHD), oppositional defiant disorder (ODD), and autism [21; 40].

Some of these issues are aggravated by the negative reactions gender-diverse youth face when expressing their gender at school, in public, and at home. Gender-diverse youth and children experience rejection, isolation, abuse, harassment, and discrimination in these environments [23, (Grossman & D'Augelli, 2006; Lombardi, Wilchins, Priesing, & Malouf, 2002)].

The Youth19 series of surveys measured both adversity and aspects of resilience, and they nicely illustrate the point above. Compare the Youth19 gender-diverse and LGB reports: across several measures, gender-diverse youth 'score' worse than LGB youth.

The Youth19 reports haven't tested for significant differences between LGB and gender-diverse youth. But the consistency in these differences is worth noting and a multivariate analysis could perhaps reveal them to be significant. For example, the rate of suicide attempts for gender-diverse youth (**26%**) [15] is twice the rate of LGB youth (**13%**) [6].

Both depression and self-harm[32] measured similarly, at **57%** for gender-diverse youth [15] and **53%** for LGB youth [6]. However, over half (**55%**) of gender-diverse youth [15] reported forgoing healthcare versus one-third (**31%**) for LGB youth [6]. Gender-diverse and especially transgender youth have more health needs and concerns than LGB youth, such as for medical transitioning and treatment for gender dysphoria [34; 17; 55].

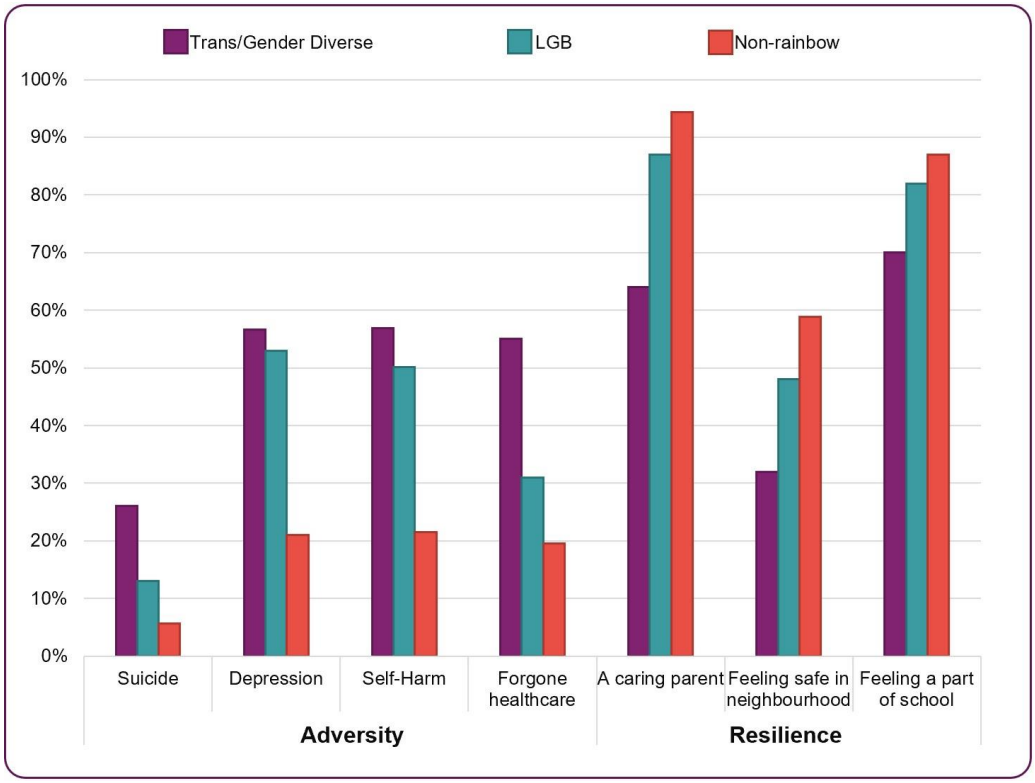
> "I haven't been thinking about suicide since I've been at the [transitioning clinic]… I don't have to jump in front of the train… but um, if the waiting times get longer… it will be a bit more serious." – Transgender youth.

Source: [34, p. 241]

Reliable access to healthcare supports resilience. So, it is concerning to see that gender-diverse youth receive less healthcare. Across Youth19 resilience measures, gender-diverse youth receive less support than LGB youth. For example, only **64%** of gender-diverse youth [15] reported having a caring parent versus **87%** for LGB youth [6]. Safety in their neighbourhood rated **32%** for gender-diverse youth [15] versus **48%** for LGB youth [6]. And 'feeling part of school' rated at **70%** [15] versus **82%** [6]. Although more LGB youth feel 'part of school' than gender-diverse youth, it is at least encouraging that both rates are quite high. See Figure 13 below.

[32] Depressive symptoms and self-harm are two independent measures.

Figure 13. Adversity and resilience for transgender, LGB, then non-rainbow – showing a clear difference



Sources: [6; 15; 57]

Intersectionality – being rainbow and already vulnerable

In Chapter One, I briefly touched on the theory of, and statistics for, intersections between rainbow youth and other marginalised peoples. Intersectionality describes the intersections or overlaps between two or more already disadvantaged groups.

Intersectionality is an especially important topic for rainbow youth, as those already facing poor life outcomes and circumstances have even higher rates of adversity [47, (Bowleg, 2008; Crenshaw, 1991; Wilson & Harper, 2012)].

All youth struggle through adolescence [58] – and many have disabilities, health problems, or are poor. Many have struggles at home, struggles at school, or in their communities. On top of that, many are Māori, Pacific, Asian, or immigrants. However, when they are also rainbow, the magnitude of their adversities is often disproportionately higher, as if adverse outcomes were additive [16].

Disabilities are not uncommon among rainbow youth

People with disabilities find it tough already, obviously, but particularly in areas such as discrimination and access to services where they shouldn't have to [40; 41]. Access to healthcare is particularly challenging, and people with disabilities haven't been well served – discrimination is one of the reasons [40; 41].

From the Youth19 studies, **40%** of students with disabilities couldn't get needed healthcare in the previous 12 months [41]. And approximately **11%** of youth and children (up to 15 years old) are estimated to have a disability [16; (Stats NZ, 2015)].

Yet, the proportion of people with disabilities is higher among rainbow youth. According to three independent studies, around **17%** of rainbow youth have disabilities [41; 40 (Jones et al., 2015); 40 (Hillier et al., 2010)]. A study of Oranga Tamariki youth transitioning out of care found that **56%** had a disability, rising to **73%** for rainbow youth [37].[33]

These examples suggest that rainbow youth have a 'disproportionality' towards disability, which rises dramatically when they're also in child welfare and care. Being Māori or Pacific, rainbow, and with a disability, likely means facing major inequalities and challenges. These include poorer mental health [57] and fewer sources of resilience and support [16; 41].

Rangatahi Māori with disabilities have even lower resilience factors and much worse mental health. They're often affected by other psychosocial factors such as smoking, drug use, and poor access to, or use of, health services – often because of discrimination [16]. Furthermore, rainbow people in general with disabilities are more likely to experience violence and sexual assault [51].

Very little literature explores why disability is more common with rainbow people and youth [59]. None of the literature I found presented explanations. However, one study at least said that support for rainbow youth with disabilities should not separate the disability from being rainbow – as they are part of a whole self-identity [59].

Two further articles concluded that social workers, youth workers, and Oranga Tamariki transition workers have an important and positive role to play in supporting these youth. They are the best placed to do so [60; 16].

The intersection between minority ethnicities and rainbow youth

Some youth are rainbow and in a minority ethnicity that already experiences inequalities. They form a further intersectional group that faces additional prejudice, marginalisation, and stigmatisation.

In the US, for example, rainbow youth of 'color' are more overrepresented in child welfare, out-of-home care, and youth justice than either group alone [47]. One study in the US found **57%** of rainbow youth in care were 'non-white' Americans [35, (Dettlaff & Washburn, 2016)]. They are also overrepresented in poverty, homelessness, family conflict, and other systemic stigmatisations. Consequently, they face many adverse outcomes and remain in the 'system' longer [47, (Huggins-Hoyt, Briggs, Mowbray, & Allen, 2019; Irvine, Angela & Canfield, 2016; Wilson et al., 2017; Wilson & Kastanis, 2015); 35, (Forge, 2018); 43, (Choi, Wilson, Shelton, & Gates, 2015)].

> 'those "who identify as LGBTQ lag behind their straight, cisgender peers in several key areas, including permanency, housing stability, financial capability, social capital, and health. This is particularly evident when examining data on youth of color"'

Source: [35, (Poirier et al., 2018, p. 13)]

[33] t-test, $p<.05$.

Takatāpui Māori, and other rainbow cultures before colonialism

Takatāpui originally meant ‘an intimate companion of the same sex’ in precolonial Aotearoa.[34] Today, it has become the umbrella term for rainbow Māori.[35] Many non-European cultures have long had rainbow people as an ordinary part of their communities and ceremonies. For instance, Fa’afāfine and Fakaleiti in Samoan and Tongan cultures (respectively). Fa’afāfine is traditional Samoan meaning ‘in the manner of a woman’. It’s commonly applied to birth-assigned males who are ‘effeminate’ and were at a young age expected to socially transition into women.[36] Fakaleiti is Tongan for Samoa’s Fa’afāfine, with a similar meaning.[37]

The Cook Islands have Akava’ine, and Fiji has Vakasalewalewa – to name but a few examples from Pacific cultures. The acronym ‘MVPFAFF+’, first coined by rainbow rights activist Phylesha Brown-Acton,[38] is often used to indicate the rainbow peoples across Pacific cultures. The letters of the acronym represent each culture’s name for their rainbow people. Among many Australian aboriginal and Torres Strait Island peoples, the terms ‘brotherboy’ and ‘sistergirl’ are names for their rainbow people.[39]

American Indian/Alaskan Native (AI/AN) peoples have also long had traditions and ceremonies around their so-called ‘two-spirit’ peoples. Two-spirit is a modern pan-American Indian umbrella term for people of a ‘third-gender’. It’s worth noting, I believe, that the term ‘two-spirit’ is controversial and not universally accepted, nor does it suffice as a term for all AI/AN rainbow people.[40]

These cultural traditions can be a source of strength and resilience for rainbow peoples. They provide rainbow people with identity and connection to their cultural ancestry, or whakapapa for takatāpui Māori. Unfortunately, takatāpui Māori cannot fully realise these strengths when our society marginalises them so much. I will discuss these strengths and opportunities later in the report.

We ought to start helping takatāpui Māori – they show worse outcomes than both rainbow youth and non-rainbow Māori youth

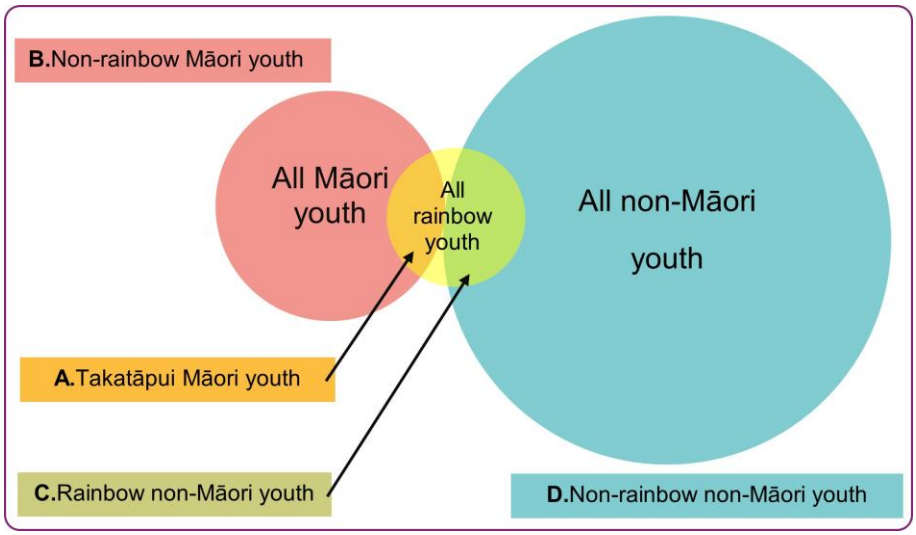
Takatāpui Māori is an intersectional group by itself. They are Māori and they are rainbow. If we think about Māori and non-Māori[41] and then rainbow and non-rainbow, we have four intersectional groups. How do they fare?

‘Takatāpui’ Māori youth are the intersection of rainbow youth and Māori youth. They generally show worse outcomes and circumstances than non-rainbow Māori and most non-Māori. We know that more Māori youth face poor housing stability, food security, healthcare access, and discrimination [12]. For takatāpui Māori youth, these issues

[34] https://teara.govt.nz/en/hokakatanga-maori-sexualities/page-1
[35] https://teara.govt.nz/en/hokakatanga-maori-sexualities/page-3
[36] https://teara.govt.nz/en/gender-diversity/page-4
[37] https://en.wikipedia.org/wiki/Fakaleiti
[38] https://en.wikipedia.org/wiki/Phylesha_Brown-Acton
[39] https://humanrights.gov.au/our-work/lgbti/brotherboys-sistergirls-and-lgbt-aboriginal-and-torres-strait-islander-peoples
[40] https://en.wikipedia.org/wiki/Two-spirit
[41] Please note that Grieves et al. (2021) doesn’t refer to ‘non-Māori’ but ‘Pākehā’. To not complicate the mixed-ethnicity groups in the Venn diagram, I’ve used the ‘non-Māori’ descriptor.

worsen. To show the intersectionality of Māori and non-Māori; and rainbow and non-rainbow; I've created the following Venn diagram (Figure 14).

Figure 14. The 'rainbow' intersectional population sizes between rainbow, Māori, and Pākehā youth in Aotearoa (approximated scale sizes)[42]



Source: Author's representation

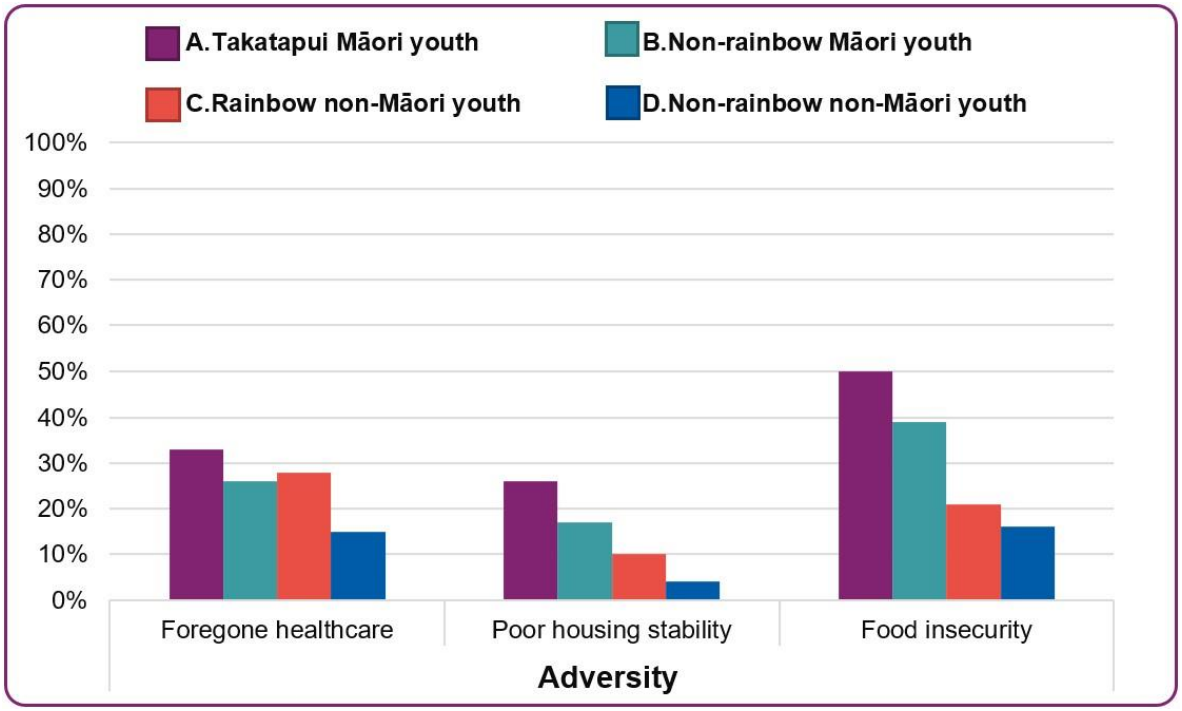
The Grieves et al. (2021) report on 'Rainbow rangatahi Māori' found one-third (**33%**) of takatāpui Māori youth **(group A)** reported having foregone healthcare. Compare this to non-rainbow Māori **(group B)**, of whom one-quarter **(26%)** had forgone healthcare. For rainbow non-Māori, **28% (group C)** had forgone healthcare compared to **15%** non-rainbow non-Māori **(group D)** [12]. Reiterating the point, the group with the highest proportion forgoing healthcare is takatāpui Māori at one-third.

Also, 1-in-4 (**26%**) takatāpui Māori experienced a lack of housing stability compared to 1-in-6 (**17%**) non-rainbow Māori, 1-in-10 (**10%**) rainbow non-Māori, and 1-in-20 (**4%**) for non-rainbow non-Māori [12]. Food insecurity proportions are at **50%, 39%, 21%,** and then **16%** respectively [12].

Revisiting these adverse outcomes, we see that, at its most extreme comparison, a lack of housing stability affects **1-in-4** of takatāpui Māori versus **1-in-20** for non-rainbow non-Māori. This suggests that five times as many takatāpui Māori youth have unstable housing situations than non-rainbow non-Māori. We also see that **1-in-2** of takatāpui Māori experience food insecurity versus **1-in-6** non-rainbow non-Māori – three times as many (Figure 15). 'Being Māori' is worse than 'being rainbow' for both housing and food insecurities.

[42] In Figure I've demonstrated intersectionality on a population-scaled (albeit very approximate) Venn diagram. I've used this diagram to help explain the four mutually exclusive groups being analysed, which are: (A) takatāpui Māori youth; (B) non-rainbow Māori youth; (C) rainbow non-Māori youth; (D) non-rainbow non-Māori youth.

Figure 15. Adverse outcomes of healthcare, housing, and food for the four intersectional groups

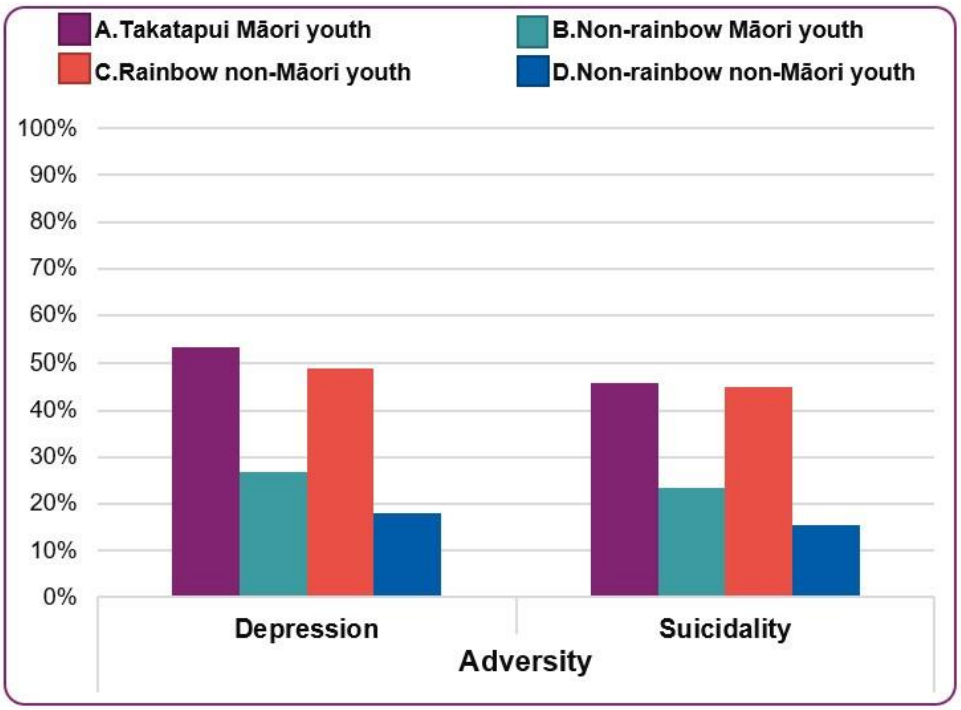


Sources: [6; 15; 57]

For depressive symptoms and suicidality, again takatāpui Māori are the worst intersectional group. Depression occurs for roughly **1-in-2**[43] of takatāpui Māori **(group A)** compared to roughly **1-in-6**[44] for non-rainbow non-Māori **(of group D)** (see Figure 16) [12] – three times the rate. Unlike healthcare, housing, and food, poor mental health hits rainbow youth more than Māori youth. In the absence of more data, it appears to me that 'external circumstances' (housing, food, etc) have different rates than 'internal psychosocial factors' (mental health, etc) when comparing Māori and rainbow youth. The external circumstances are worse for Māori youth, but internal psychosocial factors are worse for rainbow youth. Solving these two issues of external and internal factors requires strategies that are quite different from each other, especially for takatāpui Māori.

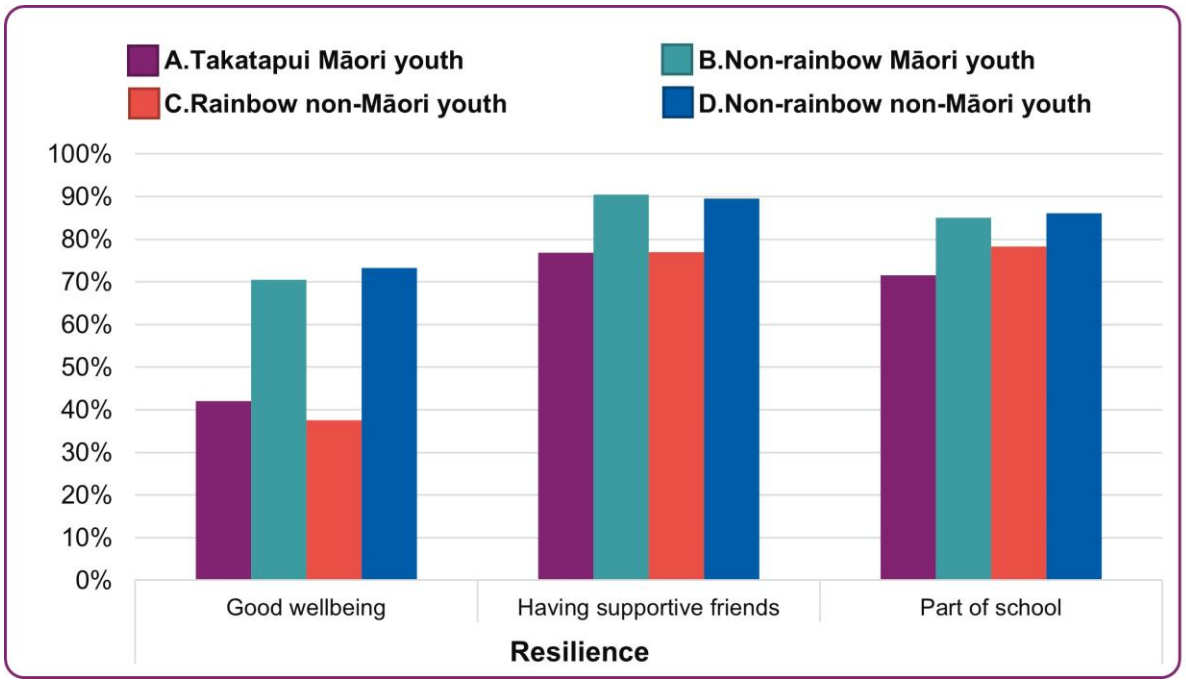
[43] 53.3% for depressive symptoms, and 45.7% for suicide thoughts.
[44] 18.1% for depressive symptoms, and 15.4% for suicide thoughts.

Figure 16. Poor mental health for the four intersectional groups



Sources: [6; 15; 57]

Figure 17. Resilience of wellbeing, supportive friends, and feeling a part of their school for the four intersectional groups



Sources: [6; 15; 57]

On resilience measures, less than one-half (**42%**) of takatāpui Māori reported having a 'good wellbeing' [12], and three-quarters (**77%**) said they had support from friends. These two figures are roughly the same for rainbow Pākehā. However, both non-rainbow Māori and non-Māori (also who have very similar figures between them) show much higher resiliencies. For instance, over **70%** reported a good wellbeing and **90%** reported being supported by friends [12].

Being or feeling a part of school is also an important resilience factor for any youth. Overall, the proportions are quite high – up into the **70-80%** range, which is encouraging to see. Again, however, the lowest proportion goes to takatāpui Māori. Feeling part of school and having supportive friends produced very similar figures between the intersections. Good wellbeing was lower for everyone, but just like with depression, fewer rainbow youth have resilience factors compared to Māori youth.

…And then 'add' the care system as another intersection!

We have a dearth of information and research on takatāpui Māori involved with Oranga Tamariki. And yet, as I have previously mentioned, takatāpui Māori are more likely to be a very disproportionate and marginalised group in Oranga Tamariki.

The best we can do, for now, to understand takatāpui Māori in child welfare is draw on findings from overseas studies that include rainbow indigenous peoples and ethnic minorities. One such study from the US that helps us, to a small degree, is the Conron, et al. (2019) study. It found that minority 'colored' ethnicities and AI/AN peoples have many adversities stacked against them, including systemic biases, which is a significant adversity.

Back in Aotearoa, systemic biases and the effects of colonisation, such as those found in public and government agencies, significantly contribute to disparities and marginalisation that many takatāpui Māori face. Many systemic biases against indigenous peoples found in the US mirror those in Aotearoa. They contribute to the overrepresentation of rainbow indigenous and rainbow ethnic minorities in child welfare and youth justice systems.

To summarise these findings from the US, I have listed the following key points.

- **Historic and current policies** promote racial and indigenous segregation, and concentrated poverty – leading to poor opportunities.
- **Prejudices 'adultify' rainbow youth** and deprives them of care, safety, protection, and fair youth justice.
- **Rejection and non-acceptance** of rainbow youth by family members and the exposure to family abuse and violence contribute to them entering care.
- **Discrimination in the education system**, justice system, and targeting by police are common experiences.
- **Homelessness, poverty, unemployment**, and a lack of access to health, community, and social services are some of the outcomes they face [47].

The embedded and long-term effects of systemic racism stop indigenous and ethnic minority rainbow youth in care from getting permanent homes, employment, and good mental wellbeing. Without these positive outcomes, rainbow people experience disadvantages, marginalisation, discrimination, stigmatisation, rejection, and isolation.

Bringing forth indigenous and ethnic rainbow cultures, along with a general acceptance of rainbow peoples, would go a long way to building the resiliencies they need [61]. This concept aligns with the view of healthcare for Māori in general as well [12, (Durie, 1999)].

The experiences of rainbow Pacific youth – desperately needed research

My literature search found precious little on rainbow Pacific youth in Aotearoa, and nothing at all about those in care, save a little from the Youth19 study. However, by drawing on parallel studies, I can see that Pacific peoples share much of the social injustice, marginalisation, and discrimination toward indigenous and ethnic rainbow peoples.

One study in particular, a doctoral thesis on 'Queer Lives in Fiji' by Tulia Thompson (2014), provides an in-depth view of the struggles of rainbow Fijians to be accepted and recognised in a post-colonial nation. Fiji, like many colonised countries, is steeped in hegemonic masculinity, heteronormativity, and strict religious beliefs [62].[45]

The Youth19 study provides a 'smidgen' of information on Pacific rainbow youth who are in contact with Oranga Tamariki. For instance, the study found that **11.1%** of Pacific youth reported 'ever having contact' and **2.4%** 'currently involved' with Oranga Tamariki [63]. Deeper insights into Pacific rainbow youth are not available from this study. And these insights are likely to be too difficult to achieve in a population-based study like Youth19 because of diminishing subgroup sample sizes.

For example, the tables in the Fleming, et al. (2019) report on youth involved with Oranga Tamariki. I've estimated that probably fewer than 15 youth in the sample for the intersectional group of Pacific rainbow youth were involved with Oranga Tamariki. And less than 5 youth that were 'currently involved' with Oranga Tamariki [63, (Table 7, p. 21 & Table 10, p. 24)]. We need a study directly aimed at the Oranga Tamariki cohort of Pacific rainbow youth.

Alcohol abuse, child maltreatment, and out-of-home placement is high amongst two-spirit native American and Alaskan peoples

Once you become familiar with the literature, you can't help but see the parallel themes across indigenous peoples of colonised countries. That is why, I believe, it's valuable for us in Aotearoa to look overseas to places like Australia, Canada, Pacific Islands, and the Americas.

The indigenous peoples of these countries have unique cultures and unique experiences of colonisation. Yet their experiences have some familiar themes. Those familiarities may stem from the fact that it was largely Anglo peoples that colonised these countries. British

[45] Another consideration for adjunct research on Pacific rainbow peoples is the book 'Samoan Queer Lives' by Dan Taulapapa McMullin and Yuki Kihara (2018) – unfortunately unavailable to this review.

and other European peoples brought with them broadly the same traditions, financial systems, legal systems, forms of government, and religious beliefs [64].

Anglo, European, and colonial cultures have long prohibited and harshly punished Rainbow peoples and cultures.[46] Regardless of the reasons, the child abuse and maltreatment, substance abuse, and high rates of involvement in child welfare and justice are common for indigenous peoples across all these countries. They are worse again for their rainbow peoples and their culture.

AI/AN peoples face policies of cultural assimilation and the systematic removal of cultural and language practices. These contributed to historically high rates of placements into out-of-home and foster care, boarding schools, and into adoptions with non-indigenous families [65, Robin, et al., (1999); George, et al., (1997); Adams, et al., (1995)]. The government phased many of these practices out of legislation four decades ago after introducing the Indian Child and Welfare Act (1978). Despite this, AI/AN children are still overrepresented in 'care and protection' by **3.17 times** compared to European 'white'[47] children [65, (Farrow, et al., 2010)].

Rainbow AI/AN youth face several adverse outcomes as they move into adulthood. From the Yuan, et al. (2014) study, **two-thirds** of two-spirit adults (LGB) are hazardously drinking alcohol and **one-half** are alcohol dependent. In this study of 271 two-spirit peoples who consumed alcohol over a year, **two-thirds** reported being physically abused as a child, and **one-third to one-half** experienced out-of-home placements [65]. This study helps us to better understand what happens to rainbow indigenous children when they reach adulthood if they're maltreated and placed in out-of-home care. While this study looks at alcohol abuse in adulthood only, alcohol abuse is already **50%** higher for rainbow people compared to the general population [65, (King, et al., 2008)].

The study recommends building the resilience of AI/AN two-spirit children and youth in care. This means shifting away from deficit-focused treatments and models. Interventions need to be culturally relevant, based on indigenous knowledge, and have decolonising frameworks [65].

The Aboriginal Sistergirls and Brotherboys of Australia will benefit from decolonisation and self-determination

Just as it is here in Aotearoa, and overseas in the US and Canada, the indigenous peoples of Australia and Torres Strait Islands are overrepresented in the child welfare and youth justice systems. And, once again, a large part of that problem is because of colonisation and systemic racism. Aboriginal youth make **1.3%** of youth in the State of Victoria, but **16.9%** of all youth in detention [66, (AIHW, 2020)].

The Australian Aboriginal peoples have long suffered from legislation that empowered their government to systematically remove their children from their families and ancestral lands. Children were placed into Australian European families and school systems. Often referred to as 'The Stolen Generations' [66, (AIATSIS, 2020; Cunning & White, 2011)], Aboriginal peoples were assimilated into European colonial culture. This led to the

[46] https://nzhistory.govt.nz/culture/homosexual-law-reform/setting-the-scene
[47] 'White' is a commonly used term in the US literature for European Americans.

decline of Aboriginal culture and language. These practices continued well into the 1970s [66, (Barta, 2008)].

Little information is available on the Australian youth justice system's practices, policies, and treatments for mental health and wellbeing. Even less information exists on what is available for rainbow and Aboriginal youth [66]. Lots of academic studies look at rainbow youth in justice systems in other countries, but the applications are not the same for the uniqueness of Aboriginal rainbow youth [66]. Neither, I surmise, can we apply them to the uniqueness of takatāpui Māori in youth justice here in Aotearoa.

Progress towards helping Aboriginal rainbow youth needs to start in adopting human rights laws and frameworks with policies, practices, and procedures that stop racial and rainbow discrimination. Decolonisation and self-determination need to be the basis of any programme or service. Services need a holistic view to treat and preserve the mental health and wellbeing of Aboriginal rainbow youth. Aboriginal people, including rainbow Aboriginal people, should design and deliver services [66].

Human rights and discrimination

Why exactly do we ratify various human rights charters? What exactly do those commitments mean to our policies and practices? Well, these are good questions for which there are strong arguments. But 'on the ground', stigmatisation and discrimination places people at risk of adverse health outcomes.

This is especially true of adolescents based on their gender and sexual identities, race, ethnicity, immigration status, or social class [48, (Clemans, DeRose, Graber, & Brooks-Gunn, 2010)]. Safety is another concern for rainbow youth because of stigmatisation and discrimination [48, (Block & Matthews, 2008)].

Discrimination and stigmatisation against rainbow people and rainbow youth comes from many places. At its highest levels, discrimination is systemic throughout society. It comes from governments and government agencies. And for indigenous peoples, it comes from colonisation.

Discrimination takes place in schools, communities, and in the home. And it takes place in child welfare: caregivers, foster carers, out-of-home placements. For rainbow youth, stigmatisation and discrimination result in abuse, violence, abandonment, and homelessness, especially for those youth in care.

Care workers can discriminate against rainbow youth

Throughout this report, I have discussed the poor experiences, abuses, and outcomes that many rainbow youth experience. They are commonly the result of stigmatisation and marginalisation. Many care professionals discriminate and stigmatise rainbow youth, which continues to affect rainbow youth in care. For instance, rainbow youth face discrimination from caseworkers, caregivers, foster parents, staff, and other youth in care and foster homes [4].

Research shows care systems have high levels of prejudice against rainbow youth. This prejudice takes the form of discrimination, harassment, bullying, and barriers to participation and decision making [34, (Cossar et al., 2017; Gallegos et al., 2011;

González-Álvarez et al., in press; Mallon, 2019; McCormick, 2018; Paul, 2018; Wilber et al., 2006; Woronoff et al., 2006); 23, (Mallon, Aledort & Ferrera, 2002)].

Rainbow youth in care face rejection by caregivers and staff because of who they are. Caregivers excuse that rejection by, for example, telling rainbow youth they're "unadoptable" for being rainbow. This often results in repeated placements because of the discomfort of caregivers. Rainbow youth are told that harassment and abuse they experience is their fault for being "out". Housing rainbow youth in isolation is "for their own safety", or to avoid them "preying on other youth". Disciplining rainbow youth for engaging in 'age appropriate' behaviours; the type of behaviours other youth aren't disciplined for [4, (Wilber, Ryan & Marksamer, 2006), p. 11-12)]. As discussed, rainbow youth are less likely to find permanent homes, and gender-diverse youth even less likely again [4, (CASA, 2009)].

Many child welfare systems have failed to respond to the needs of rainbow youth. They are charged with the care, protection, and wellbeing of children and youth. They are in countries that have ratified UN conventions. Yet, policies and practices do not acknowledge rainbow youth and their needs. Mallon (1992) and Mallon (1998) observed this issue 30 years ago. But not a lot of recent evidence is available that shows care providers have at least the training to provide equitable and discrimination-free care [4].

Colonisation and systemic discrimination in government

In Aotearoa, we're familiar with systemic racism in government and society, and how colonisation affects indigenous peoples. We have only to read the various Waitangi Tribunal (Aotearoa) reviews to see how colonisation and systemic racism affects Māori – the indigenous peoples of Aotearoa. With regards to our care and protection system, the effects of colonisation lead to placing tamariki Māori into care and subsequently abusing them, as highlighted in our current inquiries into abuses in care.[48] But sadly this isn't unique to Aotearoa. In point of fact, it's a theme across colonised countries.

Colonisation has a method, and a theme emerges in the European colonisation of countries like Canada, the Americas, Australia, and Aotearoa. That theme appears very early on, from England's conquest and colonisation of Wales, Scotland, and Ireland in Britain. The colonisation of Ireland and Canada, both during the 15th and 16th centuries, applied a policy of 'divide and rule' through cultural and spiritual subjugation. Mass colonisation by European settlers reinforces this subjugation [64].

Colonisation created a structure, one that discriminates against indigenous peoples

The indigenous peoples of North America and Canada were forced into cultural assimilation with the European settlers. Both historic and contemporary policies promoted racial segregation, concentrated poverty, and removing children from their families and communities.

Indigenous peoples lost their language and their spirituality through sending children into residential, religious schools [47]. Just recently, on 25 July 2022, Pope Francis of the Catholic Church visited Canada to apologise directly to the indigenous peoples at

[48] www.abuseincare.org.nz/our-progress/reports/from-redress-to-puretumu/from-redress-to-puretumu-4/1-1-introduction-2/1-1-introduction-13/

Maskwacis, Alberta, for the abuses indigenous children suffered in Christian residential schools.[49] The story, however, is the same in every colonial nation, including Aotearoa.

Colonisation leads to systemic racism, and colonial governments and societal systems still operate today. Governments have attempted to address systemic racism in more recent times, but they have largely failed to implement anti-discriminatory policies or remove discrimination.

In the US, tribal self-determination led to the Indian Child Welfare Act of 1978, which began to slow the systematic removal of indigenous children and placement into 'white' homes. But these practices continue today. Indigenous peoples in North America struggle to change these practices, despite their legislated rights [47, (Brave Heart, 1998; Evans-Campbell, 2008; Gracey & King, 2009; Graham, 2008; Walls & Whitbeck, 2012)].

The equivalent to the Indian Child Welfare Act and its movement must be the 'Puao-te-Ata-Tū (1986)'[50] inquiry into racism in Aotearoa. Puao-te-Ata-Tū led to the Children's Act (Oranga Tamariki Act) 1989, which aimed to remove the systemic racism from government and create a true partnership with Māori. Puao-te-Ata-Tū highlighted the situation of tamariki Māori in state care. The Department of Social Welfare and other government departments acknowledged the existence of institutional racism. Unfortunately, they only initially, or at best partially, implemented the inquiry's recommendations. And subsequent governments reversed many of these changes over time.[51]

From colonisation comes racism, sexism, heterosexism, and gender-binarism – decolonisation will help to reduce continued harm

All this discussion about colonialism and the effect on indigenous peoples has a very relevant point in this report. They are connected to discrimination against race, gender, and rainbow people [67; 68; 69]. I think that laying down the context of colonisation in this report is important, as the subject of decolonisation is very current in Aotearoa.

For indigenous Americans and Canadians, colonisation affected their two-spirit culture and people. In Aotearoa, colonisation affected takatāpui Māori. Decolonisation is a path to re-establishing rainbow cultures and tackling discrimination. In both the US and Aotearoa, a disproportionate number of indigenous youth and rainbow youth are in child welfare. We don't directly know how many takatāpui Māori are in Oranga Tamariki. But we do know that **24%** of indigenous Americans involved with youth justice are two-spirit/rainbow [47, (Irvine, 2010)], and **23%** in child welfare are two-spirit/rainbow [47, (Wilson, 2018)].

'Colonisation' is colonial powers bringing a governing system, religion, and culture that were completely at odds with the ways of life of the indigenous peoples, leading to discrimination and assimilation. Today, these European concepts of binary gender and heteronormativity are still built into our government and societal structures [67]. The colonial system perpetuates racism by 'skin colour', affects the role of women in society,

[49] www.washingtonpost.com/world/2022/07/25/pope-francis-apology-canada-residential-homes/
[50]https://natlib.govt.nz/records/39371620?search%5Bil%5D%5Bcentury%5D=1900&search%5Bpath%5D=items&search%5Btext%5D=Te+Aniwaniwa
[51] www.abuseincare.org.nz/our-progress/library/v/306/haha-uri-haha-tea-maori-involvement-in-state-care-1950-1999

establishes a hierarchical patriarchy, and supports capitalism [69]. These aspects of colonial powers disadvantage indigenous peoples.

Structural racism and rainbow stigma are prime reasons why indigenous and 'colored' rainbow youth are disproportionately involved in child welfare and youth justice [67]. Ethnic discrimination against rainbow youth "adultifies" them [47, p. 4]. This places them outside of the 'childhood' that is 'deserving of protection and care' [47].

In the US, schools and police target rainbow youth of 'color' [47]. For example, a US study looked at a financial capability programme for 2,490 foster youth transitioning out of care. It showed that rainbow youth lagged behind their peers in permanency, housing stability, financial capability, social capital, and health. The gap is wider again for rainbow youth of 'color' [35, (Poirier et al., 2018, p. 13)].

Human rights, legislation, and policies aren't translating into practice

I've already mentioned a few times in this report that the reasons for the disproportionate number of rainbow youth in care and in youth justice are complex and varied. As I discussed above, discrimination through colonisation is one reason, if not the fundamental reason for colonised countries. But if we just get down to the bare bones, rainbow youth appear in these systems because of family disapproval, conflict, rejection, and victimisation [11, (AECF, 2016; Maccio & Ferguson, 2016; McCormick et al., 2017)]. These too I have mentioned.

Once rainbow youth are in the system, they face a hostile, exclusionary, and unsafe environment. The system is not equipped to meet their safety and wellbeing needs and fails them on finding permanent homes [11, Martin, Down, & Erney, 2016)].

In the US, both federal and state laws govern child welfare agencies, and the way they perform case management and professional practice. The US has a national standards system called the 'Child Welfare Information Gateway'.[52] This includes standards for rainbow children and youth when working with foster and adoption caregivers [11]. But the US has no standards for the rights of rainbow children or youth in care: no anti-discrimination policies, no professional awareness, and no consistent rainbow-related laws on their rights and equitable treatment [11, (McCormick et al., 2017; Annie E. Casey Foundation, 2016; CWIG, 2016; Get, 2017)].

Let's take the Netherlands as an example of a nation with fairly high standards of human rights. Out of the 44 nations that make up Europe, the Netherlands stands at 13th for the best human rights for rainbow people [34, (ILGA Europe, 2020)]. The Netherlandic child welfare system is progressive. It prioritises orientating and facilitating family services, with out-of-home care as a last resort. But the care system lacks professional awareness of rainbow youth and sensitivity towards them [34, (De Groot et al., 2018; Emmen et al., 2014; Taouanza & Felten, 2018)]. And rainbow youth still go through negative experiences including marginalisation [70, (Bos & Sandfort, 2015)].

[52] https://www.childwelfare.gov/

Exercising and adhering to human rights in policy and practice

The rights of rainbow youth in the care system – providing legal aid and advocacy

In New York, youth in the care system have access to an independent lawyer to support them and advocate for them when dealing with the care system. Youth have rights to safe housing, health and mental health services, counselling, education, and visitation rights with family.

They also have rights to a safe placement, whether they are rainbow or not. This means being emotionally and physically safe, and free of discrimination, in any placement. Social workers, teachers, health workers, and other staff are mandated to report any abuses or discrimination [54]. An organisation called the New York Lawyers for Children advocates for these rights.

The New York Lawyers for Children issued a handbook specifically for rainbow youth (2011). It provides legal information and lists the rights of rainbow youth in foster care. These rights are:

1. The right to safe housing, adequate food and clothing, medical care, mental health services and counselling, free public school education, career advice, and family visits at least once a week [54].

2. The right to safe placement, regardless of sexual orientation. This includes being emotionally and physically safe, and protected from physical and verbal harm, discrimination, and abuse from foster parents, agency staff, and other young people [54].

3. The right to contact a caseworker, their appointed lawyer, a Police Youth Officer, the LGBTQ Youth Project (Lawyers for Children), the Child Abuse Hotline, and anyone who is mandated to report child abuse. Those mandated include doctors, nurses, counsellors, social workers, teachers, and 9-1-1 (emergency services telephone number) [54].

4. If these rights aren't met, they have the right to a new placement or have the agency intervene with their current placement [54].

Oranga Tamariki doesn't have such a handbook and may not be able to offer such services to rainbow youth in care. However, Oranga Tamariki is legislated to consider diversity in its decision making – Section 5(1)(b)(vi) of the Oranga Tamariki Act 1989 (as I previously showed). It also requires Oranga Tamariki to respect and uphold the rights of rainbow youth as set out in the United Nations Convention on the Rights of the Child (UNCROC),[53] which Aotearoa ratified in 1993.[54] When looking at the UNCROC rights, the rights of rainbow youth appear much the same as they are applied in New York.

But is it enough to sign up to UN conventions and be guided by legislation? Protecting human rights requires more than just stating them, as we've learnt from this section.

[53] www.ohchr.org/en/instruments-mechanisms/instruments/convention-rights-child
[54] Also see: www.occ.org.nz/publications/resources/uncrc-30th-edition/

Child welfare agencies, health agencies, and other services

Child welfare, care, and protection agencies around the world will benefit from developing their rainbow cultures

No child welfare agency in the world has fully implemented rainbow policies, practices, or programmes. Studies in the UK and US have found only a small number of agencies that consider rainbow policies for youth in care. Across the 152 local authorities in the UK, **38%** of child welfare agencies have general care policies and practices for rainbow youth. Only **5%** have policies specifically for rainbow youth, according to one study [71].

The US doesn't look much better. From a study by the 'American Association of Children's Residential Centers' in 2014, **28%** of residences offered programmes specifically tailored for the needs of rainbow youth. Only **25%** had organisational-wide rainbow policies and practices [30, (Glick, Krishnan, Fisher, Lieberman & Sisson, 2014)]. These low figures show the size of the 'rainbow inclusiveness' gap in child care and protection.

In 2017, the University of Baltimore and partners (US) conducted a large systematic literature review on programmes for rainbow youth in child welfare systems. It comprehensively reviewed the best practices for rainbow youth in child welfare.[55] It found no evidence-based 'registered' programmes, and only two academic studies on programmes. Extending its search to grey literature found only a very small number of programmes [72]. Many of the available programmes are based on risk and pathology. The programmes concentrate on mental and physical health, social disadvantage, and other risk and pathology-based stressors [34, (Gahagan & Colpitts, 2017; Kwon, 2013; Meyer, 2015; Russell, 2005)].

Malatest International evaluated the Oranga Tamariki 'transition from care' service, in 2021. The service helps youth in their emancipation from care. The evaluation found that Oranga Tamariki needs to grow the capacity and capability of its transition service partners, who are usually non-government organisations. Malatest cited that transition services need ongoing support and professional development, and that Māori need to lead more of these services. Services need professional development to better support youth with trauma, youth with high and complex needs, and rainbow youth. Malatest noted that Oranga Tamariki referred fewer gender-diverse youth to transition services than cisgender youth [60].

A US study of child welfare systems also identified training and service provision as issues for rainbow youth. It also found that agencies had rainbow-based biases and lacked the organisational culture, knowledge, policies, and practices to work with the families of rainbow youth. Social workers who wanted to help rainbow youth reported that they didn't feel equipped to do so [48].

US child welfare legislation also fails to protect rainbow youth – the only exception being education. A US study from 2004 shows that with new inclusive and anti-LGBT harassment policies, rainbow students feel safer at schools than previously. And the

[55] www.qiclgbtq2s.org/wp-content/uploads/sites/6/2018/05/LGBTQ2S-Lit-Review_-5-14-18.pdf

schools generally feel safer for all students. This was demonstrated by these students also measuring higher resilience factors [73, (O'Shaughnessy et al., 2004)].

Creating an organisational culture of inclusiveness, respect, and equality has flow on effects to services, social workers, and caregivers. Child welfare agencies need to develop rainbow-safe cultures and their other 'inclusive' cultural programmes [10].

Schools: abuse, violence, and heteronormativity

The statistics have told us a great deal already, thanks to many studies such as the Youth2000 series here in Aotearoa. Schools in Aotearoa don't appear to be particularly safe for a lot of different students, especially rainbow children and youth.

When I was at school, in the 80s, it was best to hide and pretend. I felt isolated and unsafe, and yet I often couldn't hide; other students would 'out' you on a hunch. Studies in Aotearoa such as Quinlivan (1994), and overseas studies by Khayatt (1994), Rogers (1994), Sears (1991), Trenchard & Warren (1984), all say the same thing about the 80s and 90s – you're not safe at school if you're not cisgender and heterosexual [74].

Surely, it's changed since my day. Well, at the turn of the new millennium it didn't appear to be the case. Studies from Bontempo & Augelli (2002), California Safe Schools Coalition and 4-H Center for Youth Development (2004), and Town (1998) showed that rainbow youth were isolated, abused, and harassed at school [74]. 'Pretending' means that some rainbow youth bully other rainbow youth in their attempts to hide their own identity and blend in with other bullies [74, (Bontempo & Augelli, 2002; California Safe Schools Coalition and 4-H Center for Youth Development, 2004; Town, 1998)].

Hiding and pretending aren't the only strategies used by rainbow youth in schools. Others become chronic truants, use drugs and alcohol to cope, develop eating disorders, and practice 'heterosexual' promiscuity [74, (Russell, 2003)].

Quinlivan's (2006) study of two secondary schools in Aotearoa shows the difficulties for rainbow youth in education. It also shows the difficulties and constraints of shifting education into an environment more accepting of cultural differences. In the 2000s, the Ministry of Education (Aotearoa) didn't recognise rainbow youth and didn't know that they needed to be concerned about them [74].

Aotearoa's education system was heteronormative, treating gender identity and sexual identity as biologically tied, rather than social constructions. Sexuality in general was thought of as not being the territory of schools. Tension has long existed between what parents consider 'private family matters' and what education should cover about sex and sexuality [74, Epstein & Johnson, 1998)]. And many teachers agreed that sexual diversity didn't have a place in schools [74; 74, (Apple, 1996; Dilley, 1999)].

> "You're not yourself at school if you're not "out" kind of thing, you can't scratch on the desk, "Melissa 4 Rebecca" so you have to keep part of your life secluded in a way and you'd want to because otherwise you'd get teased and picked on." – Year 11 student.
>
> **Source:** [74, p. 6]

However, much has changed over the last 40 years.

Perhaps we could learn a thing or two from today's schools, as they've come a long way for rainbow children and youth?

I gratefully received policy and practice information on how the Ministry of Education (Aotearoa) ('Education') takes care of the needs of rainbow children and youth, directly from its Policy team. Education has recently provided its strategy for rainbow children and youth to the government. Its publicly available briefing note to Hon Chris Hipkins (Minister of Education) makes clear two key points.

1. School records need to reflect the gender that a child identifies with.

2. Schools must meet the needs of gender-diverse children according to their gender identity – such as providing non-gendered facilities.[56]

Name and gender records can be changed in the education system. However, official statistics may not report these records. One of Education's many record keeping systems, the National Student Index, contains gender categories that align with Stats NZ's latest standards for gender. However, many of Education's databases do not align or connect with one other. Education is building a new platform, called Te Rito, which promises to streamline these data issues [75].

The Ministry of Education shows progress with policies, practices, and supports for rainbow children and youth students. It has developed guides for schools, teachers, and students to create rainbow-inclusive school environments.[57] It has also updated its guidelines on student relationships and sexuality in schools to include rainbow students. This particular guide is for teachers, school leaders, and boards of trustees. It focuses on healthy, respectful, and consensual relationships as being part of student wellbeing [A. O'Brien, *personal communication Ministry of Education*, 12 April 2022].[58] These policies look progressive and align with other programmes for anti-racism, anti-discrimination, and anti-bullying. A safe and inclusive environment in schools is mandated.

However, rainbow children and youth still experience discrimination from students and teachers. For instance, **one-half** of rainbow students report being bullied, and **1-in-5** transgender students are bullied weekly. Rainbow students also report getting less attention and care from teachers than other students [81]. To tackle these issues, Education produced guidelines and online resources for rainbow-inclusive education, also covering bullying and discrimination.[59] Education also created guidelines and online resources on relationship and sexuality education,[60] installing gender-neutral toilets, and rainbow policies such as privacy, uniforms, and more.

Education has worked with rainbow organisations such as InsideOUT to complete these guides and workstreams. InsideOUT provides schools and teachers with professional

[56] www.education.govt.nz/assets/Uploads/R-1250624-Supporting-LGBTQIA+-children-and-young-people.pdf
[57] www.inclusive.tki.org.nz/guides/supporting-lgbtiqa-students/
[58] https://health.tki.org.nz/Teaching-in-HPE/Policy-Guidelines/Relationships-and-Sexuality-Education
[59] www.inclusive.tki.org.nz/guides/supporting-lgbtiqa-students/
[60] https://hpe.tki.org.nz/planning-and-teaching-resources/resource-collections/relationships-and-sexuality-education-guidelines-resource-collection/

learning and development, resources, and guides on rainbow youth [75; (A. O'Brien, *personal communication Ministry of Education*, 12 April 2022)].[61,62]

How does Oranga Tamariki and other agencies compare to Education in Aotearoa?

Oranga Tamariki is developing its rainbow policies and practices. It is also making a major shift toward Māori perspectives on practice and decolonisation. So far, this has only produced minimal policies and ad hoc practices. Social workers' guidance comes from principles laid out in the child welfare legislation and adherence to UN charters the government has ratified.

But this guidance hasn't developed into actual policies and practices yet. And Oranga Tamariki doesn't currently have a strong rainbow culture in the workplace [T. Stanley, *personal communication*: Oranga Tamariki. Does the Professional Practice Group (PPG) have an expert in practice re: rainbow children and youth? 3 April 2022, p. 1-3].

General principles of the Oranga Tamariki Act

'[**S5.(1)(b)**](vi) a holistic approach should be taken that sees the child or young person as a whole person which includes, but is not limited to, the child's or young person's—

(A) developmental potential; and
(B) educational and health needs; and
(C) whakapapa; and
(D) cultural identity; and
(E) gender identity; and
(F) sexual orientation; and
(G) disability (if any); and
(H) age…'

Source: The Oranga Tamariki Act 1989 as at 12 April 2022[63]

Apparently, it is similar for many other government organisations, such as the Ministry of Health. Other areas have made some progress, for example when the Ministry for Youth Development published of a set of rainbow guidelines for government agencies in 2015.[64]

Like Oranga Tamariki, the Ministry of Education's legislation is not specific about policies on rainbow students. But the legislation intends for schools to be 'inclusive' and follow human rights charters. Yet not all schools follow these guidelines, so Education is continuing to provide clearer guidance [75]. Schools aren't mandated to follow the guides that Education has developed.[65]

[61] www.insideout.org.nz/resources
[62] www.inclusive.tki.org.nz/guides/supporting-lgbtiqa-students/
[63] www.legislation.govt.nz/act/public/1989/0024/latest/DLM147088.html?search=sw_096be8ed81c10880_gender_25_se&p=1
[64] www.msd.govt.nz/documents/about-msd-and-our-work/newsroom/lgbti-release-ministry-of-youth-development.pdf
[65] www.education.govt.nz/assets/Uploads/R-1250624-Supporting-LGBTQIA+-children-and-young-people.pdf

Yet rainbow kids are still getting bullied at school

Aotearoa schools have some of the highest rates of bullying in the world, and it has been so for several decades. According to a recent Education report, rainbow students, especially transgender students, 'bear most of the brunt' of the bullying, along with disabled students, low-academic-achieving students, and students from poorer backgrounds. **One-third** of 15-year-old students experience frequent bullying, and only **one-third** experience none [77].

Half of all rainbow students reported being bullied [78]. Rainbow students are **1.4 times** more likely to be exposed to bullying than their non-rainbow peers – **1.5 times** for transgender students [77]. On top of that, rainbow students reported discrimination from teachers. **Two-thirds** of transgender students reported that their teachers were "mostly unfair" in their treatment towards them [78].

These Education reports paint a complex picture of peer bullying and adult discrimination that students face at school. It's hard to isolate one group, such as rainbow students, when patterns of bullying and discrimination lie across so many factors, affecting so many different groups. Bullying and discrimination don't go hand in hand, even though they correlate [77]. So, high rates of both in Aotearoa schools poses serious problems for the wellbeing of many students.

Health and mental health needs are great and unmet for rainbow youth

As we saw in the previous chapter, the statistics on mental health and suicidality of rainbow youth are truly concerning. To recap, estimates on poor mental health sit between **49% and 68%** of rainbow youth, with self-harm and suicidality at **13% to 57%**. Poor mental health affects at least **one-half** of rainbow youth and **53.3%** of takatāpui Māori involved with Oranga Tamariki.[66]

Aotearoa has one of the highest rates of youth suicide and mental health issues in the OECD

Adolescence is already a sensitive time of development for youth, with extensive psychological and biological change occurring [53, (Gluckman, 2011)]. These coincide with significant life changes, such as developing an individual identity and leaving school [33, (Vianna & Stetsenko, 2011; Dillon, Worthington, & Moradi, 2011)].

Being exposed to various harmful psychological elements during adolescence can lead to poor mental health outcomes. Life-long adverse effects and outcomes are likely. Such as, for instance, impacts on employment, enduring disability, and poor family and social functioning [53, (McGorry et al., 2007)].

In a study in Aotearoa, **1-in-5** year 10 and 11 students have engaged in self-harm while suffering from mood disorders, depression, and anxiety disorders [79]. Using a population-based administrative data system[67] study, estimates showed that around **1-**

[66] See Chapter 1 for statistics and sources.
[67] The New Zealand Integrated Administrative Data. https://www.treasury.govt.nz/publications/ap/using-integrated-administrative-data-identify-youth-who-are-risk-poor-outcomes-adults-ap-15-02-html

in-10 adolescents in Aotearoa had a history of substance abuse and around **1-in-4** adolescents had mental health issues [53, (McLeod et al., 2015)].

And it gets worse for rainbow youth, especially gender-diverse youth

Not surprisingly, rainbow youth have even higher rates of depression than their cisgender and heterosexual peers [53, (Luvassen et al., 2015)]. Rainbow youth are more likely to be hospitalised generally. And they're significantly more likely to be hospitalised for emotional or mental wellbeing reasons. They have higher rates of mood disorders, suicidality, substance use, homelessness, and school 'dropouts' [53, (Lock, 1999); 4, (Spirito & Esposito-Smythers, 2006)].

Rainbow youth, especially transgender youth, have significantly worse mental health disorders compared to cisgender and heterosexual youth. The 'Counting Ourselves' study of transgender people in Aotearoa measured mental health on the Kessler Psychological Distress Scale (K10).[68] It found that transgender people (youth and adults) suffer mental health illnesses that are significantly worse than the average mental health illness.

In fact, the mental health seriousness of almost all (**96%**) transgender people was worse than the worst cases of mental health in the general population.[69,70] The degree to which mental health was worse was even higher for transgender youth. The seriousness of mental health of transgender people improves (decreases) with increasing age – showing that youth face much higher risks.

For instance, 15- to 18-year-old gender-diverse youth show an almost entirely different degree of mental health illness than the worst mental health cases in the general youth population [50]. Gender-diverse youth are more than **7 times** more at risk (on average) of depression and almost **11 times** more at risk (on average) of anxiety than other youth [50].

This characteristic difference between LGB and gender-diverse youth is found in many studies such as the Youth19 study [15]. Service providers in the US observe that gender-diverse youth suffer from depression, PTSD, anxiety, and substance abuse at higher rates compared to other youth [55].

Risk factors for gender-diverse youth are substantial – we can do a lot by improving their protective factors

Moving into adolescence, one study found **2.7%** of its study population of high school students (Minnesota, US) were gender diverse. Almost two-thirds (**61%**) of those gender-diverse students reported suicidal ideation, which is **three times**[71] the rate of cisgender students [80]. And one-third (**31%**) reported having attempted suicide [80].

---

[68] Kessler, R. C., Andrews, G., Colpe, L. J., Hiripi, E., Mroczek, D. K., Normand, S. L., & Zaslavsky, A. M. (2002). Short screening scales to monitor population prevalences and trends in non-specific psychological distress. *Psychological medicine*, 32(6), 959-976.

[69] Based on Cohen's d = 1.87 effect size, which represents about 96% of the sample scored above the general population (for an easier interpretation). See [50, (Table 1, p. 5)].

[70] As measured against the New Zealand Health Survey (a general population-based survey).

[71] 20.0%, χ^2=1959.9, p<.001.

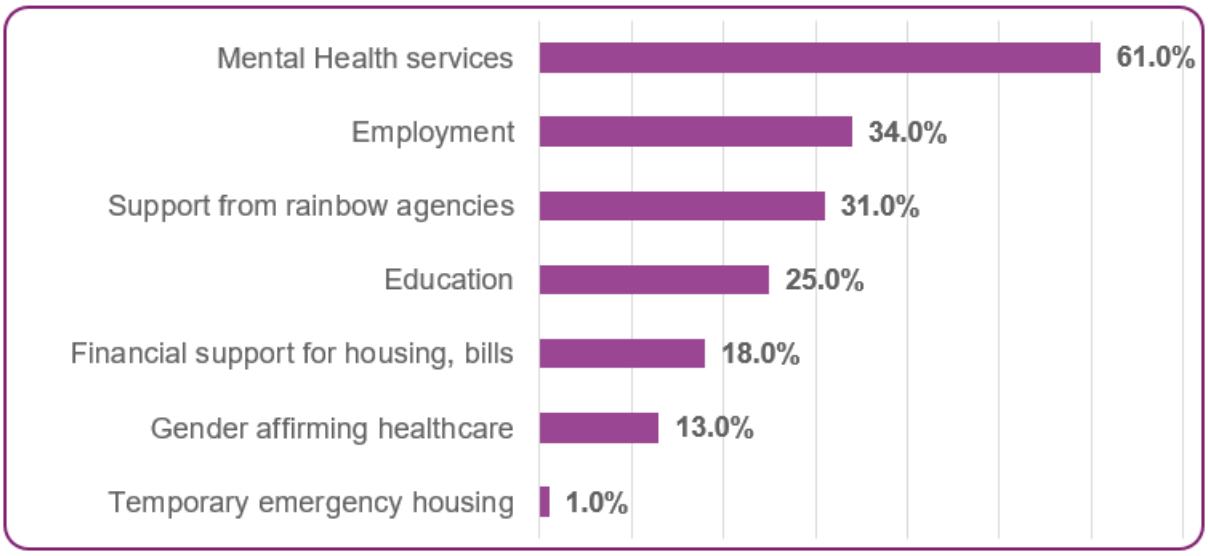
As found in other studies, the prevalence of gender-diverse youth varies across ethnicity, economic indicators, and birth-assigned sex. For instance, gender diversity amongst birth-assigned females is twice that of birth-assigned males (**3.6% versus 1.7%**). And the proportions are much higher again for indigenous Americans (**5.2%**) and Hawaiian/Pacific peoples (**8.6%**) [80].

Gender-diverse youth also have fewer protective factors. The Minnesota study measured these following four protective factors: *internal assets*, *family connectedness*, *teacher-student relationship quality*, and *feeling safe in the community*. Protective factors also vary between birth-assigned females and males, with birth-assigned females having fewer [80]. Risk factors, such as alcohol and drug use, risky sexual behaviours, and physical bullying were higher for birth-assigned males. Emotional and other non-physical types of bullying were higher for birth-assigned females [80].

Covid-19 made things worse too

The Ministry of Youth Development and Point & Associates conducted a study of rainbow youth experiences during the first Covid-19 lockdown. Their study succinctly highlights how the lockdown exacerbated the many difficulties that rainbow youth already face. Mental health, online abuse and bullying, additional abuse at home, and access to healthcare all worsened for them. Substance abuse as a coping mechanism also increased with **1-in-3** using drugs and alcohol. They also faced isolation from their rainbow community and friends, which we know can have detrimental effects on rainbow minority groups. Because rainbow youth have high rates of disability, many rainbow youth faced additional intersectional barriers to services, and necessities like food [81].

Figure 18: Support needed by rainbow youth to recover from lockdown (n=482)



Source: Reproduced from [81, Figure 2, p. 15]

Rainbow youth in care are even more likely to have poor mental health, high levels of trauma, and higher risks of becoming homeless

Youth in care already have high rates of trauma and often have poor relationships with parents, family, caregivers, and foster carers. It's even worse for rainbow youth [43, (McCormick, Schmidt, & Terrazas, 2017)]. Rainbow youth in care are more likely to have previously experienced violence and trauma, which is exacerbated by abuse while in care and while homeless. They are also more likely to experience sexual trauma, which often leads to engaging in risky sexual behaviours later in life [43, (Homma, Wang, Saewyc, & Kishor, 2012; Ramseyer Winter, Brandon-Friedman, & Ely, 2016)].

The rates of poor mental health, such as depression [43, (Marshal et al., 2012)] and emotional difficulties [43, (Kann, Olsen, & McManus, 2016)], self-harm and suicidality [43, (Liu & Mustanski, 2012; Marshal et al., 2012)] are all much higher for rainbow youth in care. One study showed that LGB youth in care are **four times** more likely to attempt suicide [43, (Kann, Olsen, & McManus, 2016)]. A study on gender-diverse youth in care revealed that they're **two to three times** more likely to experience depression, anxiety, self-harm, suicidal ideation, and attempts at suicide [43, (Reisner, Vetters, Leclerc, Zaslow, Wolfrum, Shumer, & Mimiaga, 2015)].

Poor mental health affects rainbow youth's chances for foster care and permanency [4]. They leave home at twice the rate of other youth and often end up homeless or lacking in housing security (such as 'living on the streets') [4, (Feinstein et al., 2001; Cochran, 2002)]. Those with a history of sexual trauma who become homeless are more likely to be recruited into sex trafficking [43, (Fong & Cordosa, 2010)]. Physical and sexual victimisation just gets worse for rainbow youth after becoming homeless [43, (Cochran, Stewart, Ginzler, & Cauce, 2002; Gattis, 2011)].

Increasing access to services and support will improve the mental health of and outcomes for rainbow youth

Social support for homeless rainbow youth is scarce. And very little research and information exists on appropriate services and advocacy for them and their needs. Rainbow youth in care have even less attention and care for their experiences and wellbeing than others [43, (McCormick, Schmidt, & Terrazas, 2017)]. Yet social support provides protective resilience factors against adverse experiences [43, (Cohen, 2004)], and support for children in care reduces the risk of homelessness [43, (Dworsky & Courtney, 2009)].

But rainbow youth aren't accessing healthcare, so we need to turn that around

It is, therefore, worrying to see that rainbow youth aren't accessing enough healthcare, pastoral care and support, or peer support [5]. The Trevor Project (2020), for instance, found that almost **one-half** of rainbow youth wanted psychological and emotional counselling, but could not access any in the previous 12 months [32]. Also, **one-half** of rainbow youth from the Youth19 study said that they couldn't access needed healthcare in the previous 12 months [6; 15]. The Trevor Project found that most rainbow youth who couldn't access healthcare were concerned about parental permission [32].

Interestingly, several other barriers surfaced in this study. For instance, rainbow youth were also concerned about service providers' competence in dealing with rainbow concerns. Many rainbow youth fear being 'outed' or have already had a negative experience. Many can't find support from other rainbow people, which some prefer over cisgender or heterosexual professionals [32]. Acceptance was also a barrier. Gender-diverse youth often experience mental distress and suicidality from feeling a lack of acceptance, especially from their parents but also society. Stigmatisation and discrimination against gender diversity is very present [55].

Homelessness is another major barrier to support. Homeless youth have very few social resources and receive little help [43, (Johnson, Whitbeck, & Hoyt, 2005)]. 'Street-based' peer support is usually the only support that homeless youth can find. Unfortunately, street-based support is associated with risky behaviours [43, (Wenzel, Tuckers, Golinelli, Green, & Zhou, 2010)].

Improving access to services and healthcare for rainbow youth is critical [5]. And the mental health of transgender people, especially youth, needs immediate action in Aotearoa [50].

Gender-diverse people often have additional medical needs, especially around medical transitioning. Not all gender-diverse people want medical assistance for their gender identity. But for those who do, hormone therapy and even surgery are essential for their sense of belonging and confidence [55]. For gender-diverse people, affirming their gender identity helps with their mental health disorders by reducing the stress they face as a minority [50; 82; 43], according to Gender Minority Stress Theory.[72]

> 'I am also very proud of who I am and how I became.' – A supported transgender youth.
>
> **Source:** [34, p. 241]

Building resilience with programmes and support that works

It can be tough work reading the material I've put in this report. The experiences of children and youth in care mount up to a pile of deeply saddening stories. When child welfare agencies fail to care for children or do worse, such as abuse children, people start to ask if state intervention is the right thing to do. And we've seen historically that state intervention wasn't always about the protection and wellbeing of children – sometimes it was about cultural assimilation and breaking down family structures.

But this report isn't about how bad things are for rainbow youth. Instead, it's about the very simple things we're getting wrong. Positive and affirmative outcomes are very achievable in child welfare for rainbow children and youth.

Building resilience in rainbow youth is simple, and that resilience will allow rainbow youth to stand on their own into adulthood and achieve what everyone else can achieve. In this

[72] An extension of Meyer's (2003) Minority Stress Theory that explains why rainbow people have higher rates and degrees of mental illness [82].

section, I discuss how to build resilience, what programmes are being used, and how to change organisational culture to one of inclusion.

Resilience, and other outcomes we're looking for

Simply put, we want all children to have an equal chance to achieve the same positive outcomes. Such outcomes include good physical and mental health, stability, support, loving families, connections, academic achievement, participation in sports and community, safety, opportunities, and self-determination.

Going into adulthood, these outcomes lead to good employment, economic participation, building a family, having choices, having an identity, having a culture, and living healthily and safely. Practically speaking, such outcomes are largely aspirational for government agencies to achieve alone. We cannot realistically guarantee good outcomes in adult life for all the children and young people who experience the child welfare system. Society itself must change.

Remember colonisation? When society follows the same principles that our colonising forefathers did, the playing field will always be uneven. Many indigenous peoples, ethnic minorities, people with disabilities, women, people living in poverty, immigrants, and rainbow people cannot achieve the same outcomes as everyone else. Of course, the debate about how to achieve societal change becomes political very quickly, which influences the method and direction of change.

So, what outcomes can we achieve and how do we go about that? Any child in state welfare, care, or youth justice needs the basics to have a chance to achieve those outcomes. The basics are resources, supportive people, knowledgeable professionals, and affirmative care. On top of that, they need safe and permanent placement, and safe and discrimination-free access to education, healthcare, and employment.

Children in child welfare one day become adults, and as adults they must rely on their own resilience and resources to participate in life. So that is what we need to build: resilience [47; 23; 83, (Meyer, 2003; Carastathis et al., 2017); 84, (Hambrick et al., 2019); 84, (Smeeth et al., 2021; Ungar, 2021); 84, (Lo et al., 2019); 85, (Moewaka-Barnes, 2010); 34; 55].

What is resilience? And how do we build it?

We must be careful with the meaning of 'resilience'. I've seen it used in different political contexts with different philosophies. In a world of 'personal responsibility', resilience can be viewed as an inherent trait in individuals – strength and fitness in a world of the 'survival of the fittest'.

But the literature suggests otherwise, especially around interventions, support programmes, and child welfare, where 'social constructionism' is often the guiding philosophy. If we boil that meaning down, it's the people around you who support you that give you resilience. That is the type of 'resilience' I have focused on in this report.

Resilience is dynamic and based on the strength of one's assets and resources. It allows one to overcome the adverse effects of exposure to 'risks'. Individuals build up resilience when they're provided with protective resources [55]. In some ways, then, most children

grow up with enough resilience and resources, mostly from family and community, to survive and thrive.

So, it's the other children who don't have family or support or care or safety that lack resilience. It's not something inherent in them, it's what they're missing in their lives – those essential and basic needs. We are social creatures, and a dynamic exists between the individual and the layers of social worlds around our children, such as family, friends, school, community, and society [86, (Ungar, 2004; Harvey, 2012)].

What are the resilience factors for rainbow youth?

Resilience in children is nurtured through positive and accepting relationships with families, friends, foster carers, practitioners, care professionals, and school professionals [34; 55]. These relationships provide social support, pride in their identity, and empowerment.

Community can also be a resilience factor, especially for specific groups such as immigrants, refugees, ethnic minorities, indigenous peoples, and rainbow children and youth. This is because resilience is largely about social connectedness. Social connectedness comes from group affiliation, collective activism, social support groups, and community living and housing [34; 34, (Borges, 2019; DiFulvio, 2011); 55].

Following the socio-ecological model of resilience, system factors also need to be more supportive of rainbow youth. System factors are health and mental health care, housing, employment, and safety and security – especially from violence. Systemic prejudices and discrimination need to be removed from these services, especially mental health, so that they can be more accessible [55]. Many gender-diverse youth, for instance, need affirmation and sometimes specialised health support for medical transition [55]. This can happen in different ways and involve various support people. For example, caregivers and mentors can provide life guidance while service providers can promote positive behaviour, offer programmes, involve whānau, mobilise communities, and navigate other services [55; 20; 5].

Support and relationships are important for all children and youth, especially those in care [34, (Davidson-Arad & Navaro-Bitton, 2015; Lou et al., 2018)]. However, rainbow youth need other sources of resilience to support forming their identities [34]. Carers and professionals can help build that resilience when they provide emotional support, empathy, human connection, advocacy, and help navigate health and other services. Essentially, rainbow youth need relationships based on love within a nurturing and safe environment [34; 55]. Care professionals need to support rainbow youth through affirming the development of their rainbow identity and connect them to wider rainbow communities in positive ways [34; 55]. This is where education and training for care professionals can help [55].

Minority stress undermines resilience

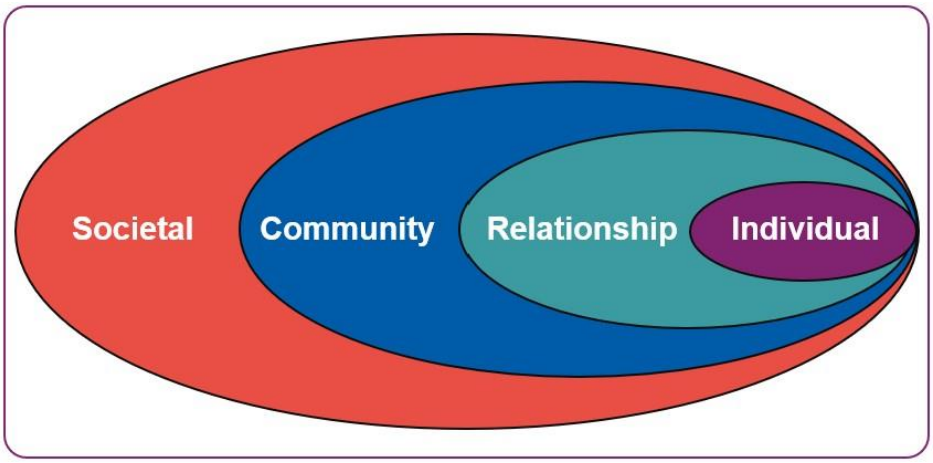
As previously discussed, Meyer (2003) demonstrated the effect of being a rainbow person and the stress it creates. The stress of being in a minority comes from experiencing prejudice, stigma, and discrimination, which leads to social stress, and poor mental health outcomes [82; 86, (Brookes, 1981; Meyer & Frost, 2012)].

Being in a minority group that society doesn't entirely (if at all) accept leaves you with a 'low base' of resilience. Some rainbow youth tackle their situation with a positive 'fight back', but unfortunately others become self-destructive [86, (McDermott, et al., 2008; Mayock, et al., 2009)].

Adopting a socio-ecological resilience model for rainbow youth

The concept of the socio-ecological model was first introduced by Urie Bronfenbrenner in 1979, with his article, 'Ecological Systems Theory of Human Development'. Bronfenbrenner theorised that a child's development is a function of interactions between the individual child and their environment. Socio-ecological models of resilience show how resilience works against adversity.

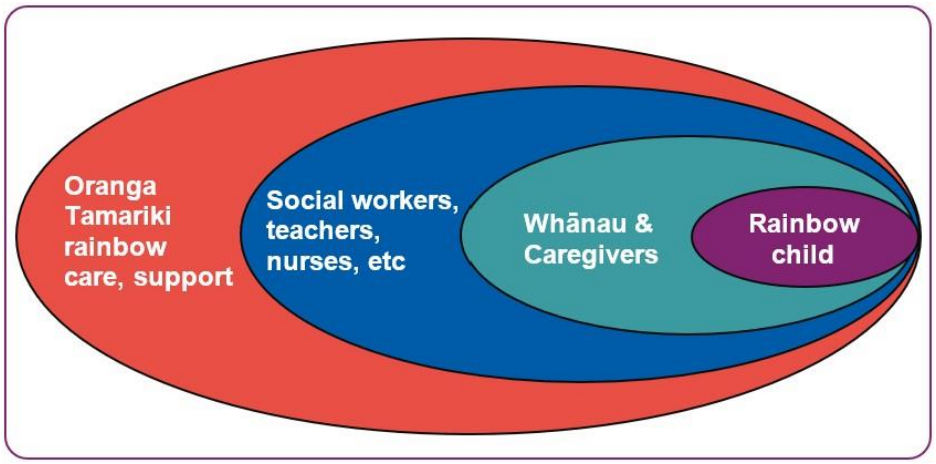
Figure 19. The general socio-ecological model with the individual at the centre



Source: Based on Bronfenbrenner's ecological systems theory

Not to complicate this idea, but I think it is worth noting that the socio-ecological model is a Western, Eurocentric concept from which the cisgender/heterosexual and colonial norms originate [34, (Colpitts & Gahagan, 2016)]. But I'll discuss that later in regard to building resilience for indigenous rainbow youth.

Figure 20. A basic example of the socio-ecology surrounding a rainbow child in Oranga Tamariki care



Source: Author's representation

González-Álvarez et al. (2022) [34] suggests adopting Ungar's (2011) socio-ecology model of resilience [34, (Ungar, 2011)]. Ungar's model also recognises different cultures and contexts and how they shape resilience. The model shifts the attention and focus away from the individual, and accounts for the wider environment of family, community, and the system and society they live in. So that the socio-ecological model could account for resilience, Ungar proposed that the model's resilience construct had four principles, as follows: (1) Decentrality; (2) Complexity; (3) Atypicality; and (4) Cultural Relativity [87].

Decentrality means to move away from the 'individual' at the centre of the model and focus only on the other environmental factors. This is because, as I introduced earlier, the resilience of the individual is not inherent in the individual. Building resilience requires focusing on those things external and surrounding the individual [87].

Complexity is about the way that society and people make a very complex ecology, but often our attempted solutions are simplistic and try to solve everything with a single 'treatment' or intervention. Complexity of the resilience model implies that there needs to be several angles to building resilience, including over time. The risk-based models treat problems as a pathology – in other words, a 'sickness' in an individual. I don't think there is a 'pill' on earth that actually makes us stronger – we typically only treat the symptoms. The 'issue' is not a pathology of the individual, but a failing of their surroundings – their environment [87; 87, (Ungar, 2004b)].

Atypicality requires the protective processes that support and build resilience to be unrestricted by concepts that we assume to be safe and nurturing. This is a bit of a tricky principle. Essentially it means the 'things' that actually build resilience may seem harmful, while 'safe' processes could be detrimental. The reverse could also be true in a different context. Relying on predetermined outcomes doesn't help develop resilience. Even worse, studies that focus on dichotomous outcomes ('they're healthy' versus 'they're not healthy') could be completely misleading. Children who don't come from a so-called 'socially acceptable' background may need a completely different set of skills to survive [87].

Cultural relativity explains that processes of building resilience must be culturally distinct and relevant. In many ways, cultural relativity is a product of 'atypicality'. Culture, in this sense, is deeper than an ethnic tradition. Culture is about the everyday practices that define a group of shared values, beliefs, language, and customs [87, (Wong, Wong, & Scott, 2006)]. Rainbow youth are of a culture. Takatāpui Māori are of two intersecting cultures.

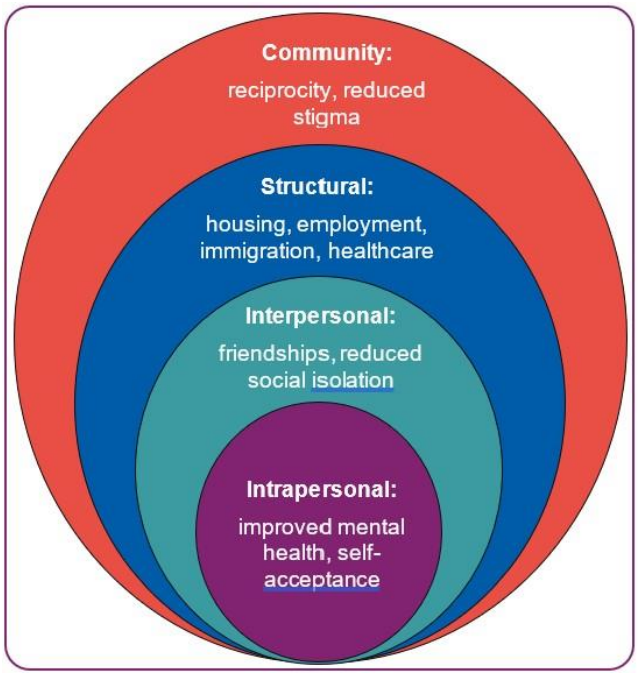
As an example of cultural relativity, let's take the struggle that many indigenous peoples have faced. Many indigenous peoples have 'successfully' argued that placing indigenous children who have experienced violence at home into foster care doesn't improve their home situation. And this is especially so if the placements are outside their indigenous communities [87, (Blackstock & Trocmé, 2005)]. Research examples show that more informal 'kin' placements of indigenous children have been more successful. This is even the case if the placement is still with families that state welfare agencies 'perceive' to be unsuitable [87].

Logie et al. (2016) conducted a study of rainbow immigrants and refugees of African and Caribbean origins in Toronto, Canada. They show a great example of resilience-building for an intersectional rainbow and cultural group. The subject of the study is, 'simple social support groups'. Here, Meyer's minority stress model explains why arriving in a mainly Western and Eurocentric culture affects their wellbeing and mental health. These refugees come from places where rainbow people face very punitive laws for who they are and are going to a country (Canada) where rainbow rights and protections are largely upheld. It is ironic then that they don't feel the safety and freedom they expected, and face stigma and discrimination based on their ethnicity and for being rainbow. So, they often lack resilience in their new country, and they can't navigate through the various bureaucracies [13; 68]. Part of their low resilience comes from arriving in Canada without family and community.

Logie et al. show the success of resilience-based support groups in this context of rainbow immigrants and refugees. The social support groups work on multiple levels of building resilience (see Figure 21 below), because they are rainbow-based, are immigrant- and refugee-based, and have members from similar countries. At the support groups, members share their experiences and help newcomers navigate the 'system'. In return, the newcomers help the members of the support groups through reciprocity by building friendships and reducing social isolation [13].

In Torres's et al. (2015) study of 'transgender' youth, they observed how transgender youth overcame obstacles and barriers using their resilience. Their resilience was a result of the social support, role models and mentors, and the family acceptance they received. Having goals and aspirations also gave these transgender youth extra resilience [55]. Their resilience is built up and strengthened through interventions that act on their 'external resources'. These interventions include teaching parenting skills to their parents and caregivers, having adult mentorship, fulfilling all their health needs, and helping them navigate complex health systems and services.

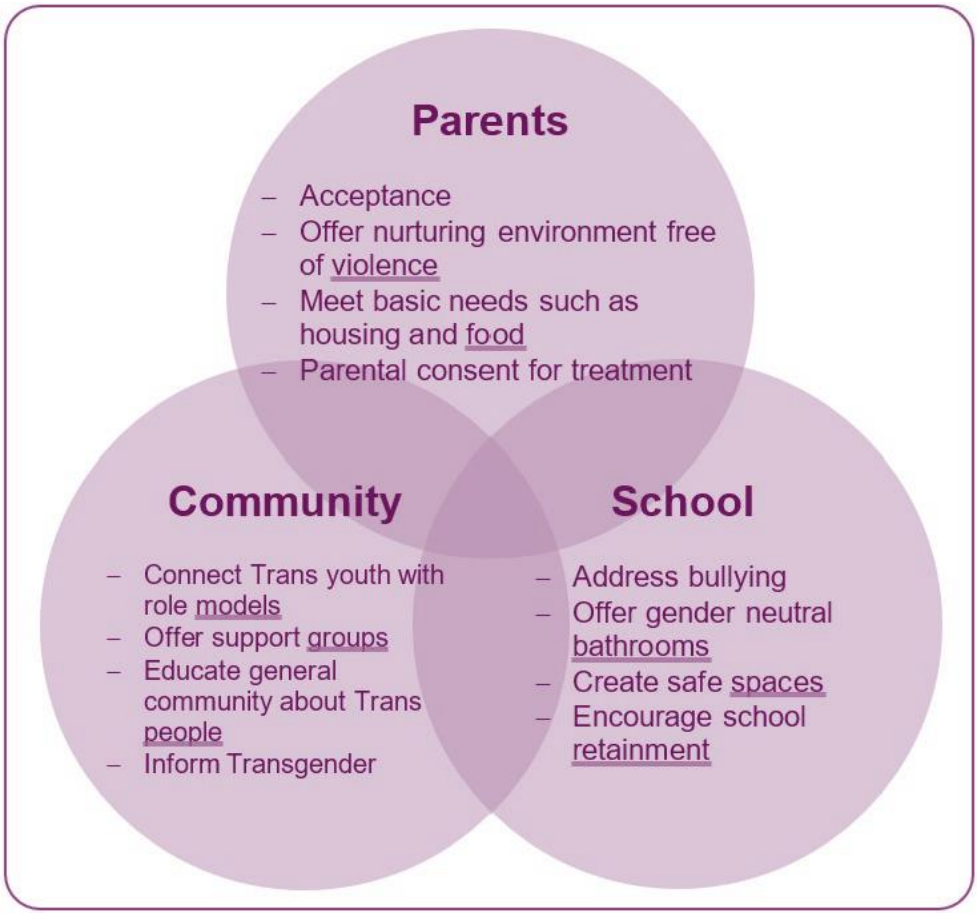
Figure 21. A social ecological approach to understanding social support for rainbow refugees and migrants from Africa and the Caribbean to Canada



Source: Reproduced from [13, p. 8]

The study found that the resilience factors (support, etc) were critical, and only worked when they were all present. One service provider described parents, community, and school as a 'trifecta', saying that if one of the three wasn't working then the process fails to build resilience (see Figure 22 below). Parental acceptance of their child being transgender, as one example, was crucial in creating a sense of safety and empowerment. As I've already discussed, a lack of acceptance from parents can lead to homelessness and going into state care [55].

Figure 22. A social-ecological view of resilience of gender diverse youth, where all three spheres overlap – demonstrating their interdependence



Source: Reproduced from [55, p. 5]

The Torres et al. study also nicely and succinctly illustrates how to go about building an environment that enhances the resilience of transgender youth (see Figure 23. below). As a model, the concept ought to work for rainbow children and youth in care as well. But it also shows the challenges – vital aspects, such as parental acceptance, probably have already failed. For professional staff, education and training is a requirement. This is pretty much needed in any environment, whether it be health, school, with caregivers, and with social workers [55].

Building resilience for takatāpui Māori

The concepts of building resilience I've so far described are not much different from tikanga Māori practices of **whanaungatanga** and **manaakitanga** (relationships and love, caring, nurturing) [85], **whakapapa** (identity), and **whakamana** (empowerment) [88]. In that sense, the socio-ecological model of resilience can fit with tikanga Māori practices,

following Ungar's (2021) principles. The Oranga Tamariki shift towards cultural and Māori-centred practices can accommodate takatāpui Māori, because takatāpui is a part of Māori culture.

Figure 23. A diagram representing the challenges in building a safe clinical environment for Trans-youth

Source: Reproduced from [55, p. 7]

The resilience of rainbow youth in care

Many studies have explored the resilience of children and youth who have traversed the adverse outcomes of being in a child welfare or care system. The potential risks and adverse outcomes are numerous in those systems [34, (Suárez- Soto et al., 2019)]. These studies show the resilience and strength that caregiver or parental acceptance gives to rainbow children and youth [34, (Davidson-Arad & Navaro-Bitton, 2015)]. Other resilience factors that help, for example, are having 'available' caring relationships, having a sense of future, and having self-reliance.

However, how to build resilience for rainbow youth in care has only recently become the subject of academic study [34]. Research on rainbow youth (in general and in care) tend to follow a 'risk-based' or 'adversity-based' approach. This usually focuses on poor physical and mental health, substance abuse, social disadvantages, and social stressors [34, (Gahagan & Colpitts, 2017; Kwon, 2013; Meyer, 2015; Russell, 2005)]. However,

risk-based research can further marginalise and stigmatise rainbow youth [34, (Gahagan & Colpitts, 2017; Russell, 2005)].

While there are only a few studies on resilience for rainbow youth, the following resilience factors have so far surfaced [34].

– Educating others about rainbow people (Capous-Desyllas & Mountz, 2019)
– Social support for rainbow youth (Forge, 2012)
– Carer acceptance of rainbow youth (McCormick et al., 2016)
– Positive relationships with care practitioners (Schofield et al., 2019)

Understanding the risk factors and adverse outcomes that rainbow youth face is obviously important. But, without knowing and understanding what the resilience factors are, rainbow youth are likely to face further discrimination through pathology-based treatments.

The medical profession tends to overly pathologise health outcomes without understanding the socio-structural and systemic factors that uniquely affect rainbow youth [34, (Gahagan & Colpitts, 2017; Russell, 2005)], and other cultural groups. In other words, they don't fully embrace holistic approaches to health.

Ok, so what support is already out there?

Primary prevention and early intervention 'works'

A good starting place could be family violence primary prevention, which can address the issue of rainbow youth experiencing violence. The same preventions also reduce youth running away from care placements if they find themselves in similar situations of violence and abuse [51, (Feinstein et al., 2001; Whitbeck et al., 2004)].

In theory, the causes of violence and abuse toward rainbow youth stems from similar causes of violence and abuse toward women, especially in domestic and intimate partner situations. As I've previously covered, the similarity of causes is theorised to come from controlling perceived threats to hegemonic masculinity.

But whatever we do, we need to develop and evaluate new interventions and practice improvements that are designed to help rainbow youth. We can't just rely on well-meaning efforts and attempts to help. We must ensure that we don't cause harm and that we are making a difference. For example, a rainbow-specific care coordination team recently showed that its rainbow youth benefited from strong improvements in emotional permanence and a sense of belonging [35, (Lorthridge et al., 2018)]. The Just Sayin' study found that the Oranga Tamariki transition service needed to build its capability with its NGO partner organisations to better support rainbow youth in their transition out of care [60].

When evaluating the impact and efficacy of programmes designed to help rainbow youth, their 'voices' must feature in the data. It isn't enough to just measure impact and effect size through quantifiable outcomes. We already know that simply receiving services and support is effective when it can genuinely engage people. Positive engagement means greater efficacy.

The evaluative counterfactual is support that discriminates against rainbow youth, or simply 'no support at all'. The qualitative and ethnographic experiences of rainbow children and youth in care can't be discovered or measured any other way [23]. For example, a qualitative study of homeless shelters in Texas uncovered concerning experiences for rainbow youth using their services. Experiences of gender segregation, stigmatisation, isolation, and institutionalisation were common, and only captured by the voices of those rainbow youth [35, (Robinson, 2018)].

The Aotearoa InsideOUT[73] resource kits for rainbow youth, peers, and teachers provide positive results against bullying in schools

One of the statistics on bullying I haven't mentioned yet is that bullying of gender-diverse youth maybe as high as **4.5 times** that of other youth [20]. Bullying rainbow youth affects their academic performance, truancy, school leaving, mental health and wellbeing, and increases the risk of self-harming and suicidal behaviours [5, (Fenaughty, 2000; Clark et al., 2014)]. One of the ways the Ministry of Education is addressing bullying against rainbow children and youth is through the work that InsideOUT does.

InsideOUT is a national charity that aims to create safer schools and a greater sense of belonging for rainbow youth. They've created a school-based anti-bullying campaign, providing resources for students, educators, social and youth workers, and parents as well as rainbow youth. The campaign aims to improve mental health and educational achievement through reducing harassment and bullying of rainbow youth.

Fenaughty (2016) evaluated the InsideOUT service [5]. The evaluation found that students, teachers, and social workers found the resources to be positive. Young people reported that it was working to reduce bullying. It was also meeting the need for information on sex, gender, and sexuality [5]. Some of the key success factors were:

- taking a **whole-of-school** approach
- **challenging** heteronormativity
- promoting **critical thinking**
- storytelling to **encourage empathy**
- high-quality presentation of resources, which helps with the **adoption/uptake** of those resources [5].

From a resilience model perspective, providing information and training to those who work with rainbow youth is key to creating a 'support network'. It helps the adult professionals understand what rainbow youth need. But just like in the resilience models, a whole-of-school approach is pivotal for success [5].

We need to know more about substance abuse programmes

Substance use and abuse rates are higher for rainbow youth when compared to cisgender and heterosexual youth [43, (Cochran et al., 2002; Salomonsen-Sautel et al., 2008; Unger et al., 1998; Unger et al., 1997); 52, (Eisenberg & Wechsler, 2003; Lampinen, McGhee & Martin, 2006; Marshal et al., 2008; Russell, Truong, & Driscoll, 2002)]. Substance abuse rates are higher again for intersectional groups, such as Asian

[73] https://insideout.org.nz/

and Pacific Island youth [89, (Meyer, 2003)]. Ok, so I've already established that earlier in this report.

Unfortunately, very few interventions are available to rainbow youth for substance abuse. This is probably because of the high degree of 'invisibility' of rainbow youth in the system [52]. However, a substantial meta-analysis conducted on substance abuse programmes for rainbow youth found a strong relationship between sexual orientation and substance abuse. Specifically, those substances are tobacco cigarettes, injection drugs, and polysubstances (multiple drugs at the same time) [52, (Marshal et al., 2008)]. Take note here, there is also a relationship between substance abuse and suicide [90], so substance use is a very important problem to address.

To help address substance abuse for rainbow youth, rainbow communities ought to be put 'above' other communities. Prevention programmes are often generalised across populations, but rainbow youth have very different needs and circumstances. This is especially the case if 'being rainbow', through minority stress, is a prime reason for their substance abuse. Also, prevention programmes need to explore the cultural nuances of the rainbow community, such as the various subcultures of transgender youth [52].

An Australian study in Queensland found that substance use was higher among rainbow youth compared to the general youth population. Causes were peer pressures, high levels of exposure to substance use, and high concentrations of licenced rainbow venues and nightclubs located in rainbow-based communities. Furthermore, the marginalisation and stigmatisation of being rainbow can lead to substance abuse as a coping mechanism. These same factors are causes of poor mental health, leading to self-medication [91].

> "There is a higher instance of them use the illegal substances to self-medicate because they are already dealing with too much. They [medical professionals] tend to lump it all under the same thing, 'I am sad because I am gay' … sort of thing. It got nothing to do with that. It's underlying." – A sexual minority youth aged 18.

Source: [91, p. 14]

Treating substance abuse among rainbow youth is different to that of other populations. Discrimination, marginalisation, and stigmatisation are key factors that we need to address first. It starts at the top with legislation designed to tackle discrimination. Then, rainbow communities need to do something themselves. Rainbow NGOs and other existing rainbow groups need to find ways to increase their presence and visibility, such as advertising, which would need funding. The venues and nightclubs are profit-driven and they make profit from selling alcohol to their clientele. So they have a major contribution to make in terms of not exacerbating the problem. Rainbow NGOs and communities can get involved with the nightclubs to help them mitigate those risks [91].

There are some promising drug and alcohol programmes out there already

A US-based review by Matarese et al. (2017) identified the following interventions and services known to help rainbow children and youth in child welfare.

- **Multidimensional Family Therapy** – a family-based therapy treatment that helps adolescents between 13 and 17 years (not rainbow specific) to develop better 'bonds' with family and strong connections to systems outside of the family [72].[74]
- **Project Connect** – for high risk, substance abuse affected families with polysubstance abuse, family violence, and child abuse and neglect (not rainbow specific). This programme covers families with infant children to the age of 17 years [72].[75]
- **Helping Families to Support Their LGBT Children** – A practitioners guide for substance abuse and mental health services [72, (SAMHSA, 2014)].[76]
- **Residential Student Assistance Program** – designed to prevent and reduce alcohol and drug use for youth placed in residential care facilities (ages 12 to 18, but not rainbow specific). Delivered as part of an integration programme into residential care [72].[77]
- **Strengthening Families Program** – not to be confused with the Strengthening Families Service in Aotearoa,[78] the Strengthening Families Program is a parent and family training programme for families of young children and adolescents. Developed and evaluated between 1982 and 1986 by randomised controlled trials for youth with addicted parents [72].[79]

Supporting gender-diverse children is a special case: with a lack of scientific understanding, and a lack of assessment, support, and treatment

In Chapter One, I introduced gender diversity in preadolescent children as an under-researched and contentious area. The evidence has gaps based on the phenomenology of gender development. Because of this, effective assessment, support, and treatment of pre-adolescent gender-diverse children is relatively unknown [23]. Pre-adolescent gender development has been controversial, exemplified by treatments such as 'discouragement' of 'cross-gender' behaviours in children.

Today, gender diversity in children is better supported. Help with gender transitioning is also more readily available (for instance, reversible pubertal suppression) [23]. Cross-gendered behaviours and gender dysphoria can start at only two years of age, affecting the health and wellbeing of rainbow children from a very young and vulnerable age. Rainbow children can also feel rejected and isolated, and face abuse, harassment, and discrimination, both at home and school. All this can lead to mental health problems, depressive symptoms, self-harm, and suicide attempts [23, (Grossman & D'Augelli,

[74] www.mdft.org/
[75] www.cfsri.org/project-connect/
[76] www.samhsa.gov/
[77] www.sascorp.org/RSAP.html
[78] www.strengtheningfamilies.govt.nz/
[79] https://strengtheningfamiliesprogram.org/

2006; Lombardi et al., 2002; Singh et al., 2014; Kosciw et al., 2014; Dank et al., 2014; Almeida et al., 2009; Spack et al., 2012; Clements-Nolle et al., 2006)]. When gender-diverse children move into their teenage years, those with gender dysphoria can experience even worse symptoms during the already difficult time of adolescence [16].

Interventions designed to help gender-diverse children accept their 'birth' bodies cause further psychological harm [23, (SAMHSA, 2015; Travers et al., 2012; Wallace & Russell, 2013)]. Gender-affirming treatments and approaches that support and build the identity and resilience of gender-diverse children are much more helpful [23; 21].

Medical intervention isn't generally recommended for gender-diverse children. Instead, supporting a social transition is now often recommended as a first step. This is increasingly suggested over discouraging of cross-gender behaviour [21; 29]. A social transition can be easily reversed, and it gives gender-diverse children an opportunity to explore their gender identity. A medically assisted transition is not entirely reversible. Adolescent youth are more complex. They need medical intervention, such as puberty blockers and hormone treatments, if they suffer from gender dysphoria [16].

Identifying and assessing gender diversity in preadolescent children for support and treatment is complex. For instance, one must assess a child's peer relationships, family dynamics, environment, and biopsychosocial influence, on top of temperament, resiliency, and coping strategies [23]. Assessing adolescents is more complex again, with physical and mental health and histories of psychosocial circumstance also playing a role [17].

It's recommended that an interdisciplinary team of psychologists, physicians, educational specialists, advocates, and health and mental health providers identify and assess gender diversity in children, and to a lesser extent in adolescents [21; 17]. Assessments should be done by professionals who are competent with gender and sexual identity.

More research is needed to develop ways of identifying and assessing gender diversity in children [21; 17]. This poses a particular challenge for child welfare agencies if they are to be 'identity affirming'.

A review of services and guidelines for children in foster care by Matarese et al. (2017) [72], highlighted some guidelines that may help child welfare agencies. However, they are not all specifically about understanding gender-diverse children in child welfare. I otherwise didn't find any other programmes, services, or guidelines around gender-diverse children – especially for child welfare agencies. Nevertheless, here follows three of the Matarese et al. (2017) guidelines.

- **Advancing Effective Communication, Cultural Competence, and Patient- and 'Family-Centered' Care for the LGBT Community** – a general field guidebook for practitioners, covering all ages and parents of rainbow children [72].[80]

- **Guidelines for Managing Information Related to the Sexual Orientation & Gender Identity and Expression of Children in the Child Welfare System** – a

[80] www.jointcommission.org/lgbt/

guidebook on identifying and collecting information on rainbow children for practitioners in a child welfare environment [72].[81]

- **A Guide for Understanding, Supporting, and Affirming LGBTQI2-S Children, Youth, and Families** – a general guidebook for practitioners that includes preadolescent children in their definitions [72].[82]

Programmes and support for takatāpui Māori need to use Te Reo, tikanga, and mātauranga

Te Whare Tapa Whā[83] – the weaving together of health and wellbeing of Māori, especially in response to discrimination toward Māori – is an important health model for takatāpui Māori. Oral histories are very important to, and deeply embedded in, Māori culture. However, colonisation and introduced Western religious beliefs disrupted the oral histories of takatāpui Māori [92, (Aspin, 1996)].

Taha Wairua (spiritual realms) also needs to be brought into the fold of takatāpui Māori support. For Māori, being takatāpui doesn't define them the same way as being rainbow does for many European tauiwi. Many Māori know that they're takatāpui from a young age. This comes from their gender and sexual identities being part of their wairua – the spirit, soul, or essence one is born with that exists beyond death. For many tauiwi however, being 'rainbow' is an individual identity [92].

It's likely that the Oranga Tamariki system includes a significant intersectionality between rainbow youth and tamariki and rangatahi Māori. So, takatāpui Māori could benefit from models like Te Whare Tapa Whā, especially given the health and mental health outcomes that takatāpui in care are facing.

Support for rainbow indigenous peoples in North America and Australia have similarities to takatāpui Māori in Aotearoa

Takatāpui Māori have parallels with indigenous rainbow youth from other countries. For example, aboriginal Canadians and Native American communities have cultural traditions and teachings around their rainbow peoples. They have special roles and a positive status in their communities. Take for instance, the 'Two Spirit' peoples in North America, and the 'Winkte' of the Lakota people of South Dakota (US) [14]. Unfortunately, in their own countries, they too experience the double stigma and prejudice of being rainbow and indigenous.

Let's move over to Australia now. Phelan & Oxley's (2020) [66] study explored Australian youth justice services for rainbow Aboriginal and Torres Strait Islander youth. They looked closely at the social and emotional wellbeing of the indigenous rainbow youth held in detention centres. Their article identified the need for non-Western and Eurocentric treatments to support social and emotional wellbeing.

[81] https://cssp.org/wp-content/uploads/2018/08/Guidelines-for-Managing-Information-Related-to-the-Sexual-Orientation-Gender-Identity-and-Expression-of-Children-in-Child-Welfare-Systems.pdf
[82] www.air.org/sites/default/files/2021-06/A_Guide_for_Understanding_Supporting_and_Affirming_LGBTQI2-S_Children_Youth_and_Families.pdf
[83] A holistic Māori health and wellbeing model developed by Mason Durie (1984).

The article doesn't describe specific cultural practices; it does discuss the difference in the meaning of 'wellbeing'. For Aboriginal peoples, wellbeing is preserved or impacted on by connections to the physical body, mind, emotions, family and kinship, community, culture, land, and spirituality [66, (Gee et al., 2014)]. Western and Eurocentric approaches typically pathologise conditions and circumstances at an individual level [66, (DHS Vic, 2008)]. For Aboriginal peoples, social and emotional wellbeing is connected to the whole community throughout people's lifetimes [66, (Gee et al., 2014)].

Addressing the stigma and discrimination against rainbow indigenous youth can improve their sexual health outcomes

Stigmatised rainbow youth are at much higher risk of risky sexual behaviours, sexual violence experiences, and intravenous drug use [14]. So, STD and HIV risks are high for rainbow youth. Stigmatisation comes in the form of bullying, etc, especially in schools. For indigenous rainbow youth, that stigmatisation is even higher. For instance, Saewyc & Barney (2013) found that LGB Māori were nearly **three times** more likely to be bullied. Native Americans LGB boys were **19 times** more likely to experience discrimination for being rainbow, and girls were **17 times** more likely. Risky sexual behaviours include having sex before the age of 14 years, having multiple partners, and unprotected sex [14].

The sexual health of the Māori, Aboriginal Canadian, and Native American rainbow youth in this study is connected to stigmatisation. Interventions need to understand how stigmatisation in a colonial nation leads to poor sexual health and behaviour.

All three indigenous peoples share a culture that accepts and celebrates rainbow people. Effective solutions to sexual health risk must address causes of stigmatisation, which are strongly linked to colonisation. Indigenous rainbow youth need supportive resources that nurture family relationships, and friendships with caring peers. They also need safe and supportive schools they can feel connected to, and reconnection to their indigenous and rainbow cultures [14, (Clark et al., 2006; Devries et al., 2009a, 2009b; Chewning et al., 2001; Tsuruda et al., 2012)].

'Identity-affirming' practice models and systemwide policies in child welfare

Adolescence is a time when a child's identity starts to form. I briefly introduced adolescent change at a fragile time in Chapter One. Developing one's identity is a complex and dynamic process that needs social and community connection for adolescents to safely form a sense of 'self'. That sense of self is always relative to their sphere of social interaction [33, (Vianna & Stetsenko, 2011)].

Adolescent youth contend with many factors of identity, such as gender roles, ethnicity, race, and social class [33, (Dillon, Worthington, & Moradi, 2011)]. Developing an identity can be especially challenging for adolescents in child welfare systems, and more so if they are rainbow youth. The stigmatisation and discrimination they may face complicates their development.

If rainbow youth do experience stigmatisation and discrimination in the care system, they can have:

1. adverse physical and mental health
2. much higher risks to safety
3. more difficulty in achieving permanency [33, (Clemans, et al., 2010; Block & Matthews, 2008)].

'Identity-affirming' practice models can improve the health, safety, and permanency of rainbow youth in child welfare. These models make 'being rainbow' and what 'being rainbow' means a key part of developing their adolescent identity [33, (Dettlaff et al., 2017; Sikerwar & Rider, 2015; Winter, 2013; Yarborough, 2012)]. To achieve this, first child welfare systems need to improve their assessment, inquiry, and recording of rainbow children and youth into their case management records and permanency plans.

Storing identifying data in overall administrative systems must be done safely and confidentially. So, the case management and permanency plans of individual rainbow children and youth should be the priority. Most child welfare systems don't assess, inquire, or record rainbow youth well [33, (Dettlaff et al., 2017; Martin et al., 2016)].

Barriers to implementing an 'identity affirming' approach include gaps in training and services, unaddressed biases in child welfare workplaces and cultures, and a lack of knowledge on best practices. What appears to work best is integrating rainbow policies into the other identity-affirming practice models, instead of treating rainbow youth separately.

All youth are more than the sum of their identities. So, cross-sectional strategies won't be fully 'identity affirming' [33]. Being rainbow must be integrated into other culturally affirming practices. For instance, 'takatāpui Māori' is Māori culture, not a separate rainbow culture, because it was once accepted as a normal part of Māori life.

Training and support for staff is essential. Social workers and staff have mixed opinions on asking or talking about a child's rainbow identity, and whether it is appropriate to do so. Some don't feel equipped to support rainbow children and youth or their families, especially with families who have rainbow-related conflict.

It takes more than just training too. Organisations need to change their culture, develop new practice standards, and implement a rainbow-specific training programme [33]. Key success factors for making an 'identity-affirming' organisation include:

1. balancing the size of teams with the allocation of resources to keep momentum
2. clear directives from leadership and organisational 'buy-in'
3. implementing through an 'intersectional lens' so smaller minorities aren't 'subsumed' into other larger cultural groups.

The Washburn et al. (2021) pilot evaluation [48] shows an agency implementing a policy for supporting rainbow children and youth in child welfare. The report discusses the results of evaluating the *Managing Information Related to Sexual Orientation and Gender Expression* (Pennsylvania, US). At the end of a six-year long implementation, the agency had improved its data collection, service provision, and rainbow culture. The programme included changes to staff selection, training, coaching and supervision, and programme

fidelity and performance. To support these changes, the agency improved its facilitative administration, system interventions, and leadership.

The report recognised that creating 'equity' in child welfare systems takes time and requires a full organisational commitment. Historically, child welfare systems have oppressed indigenous, ethnic, and rainbow youth [48]. It seems clear from this example that systemic change to care for rainbow youth has strong parallels with addressing racism and other prejudices that still exist within child welfare agencies.

Oranga Tamariki could incorporate rainbow youth into its practice model to address the substantial inequities experienced by Māori youth in care. Given the likely high intersectionality between rainbow youth and Māori youth, Oranga Tamariki may not address all inequities experienced by Māori if it doesn't prioritise takatāpui Māori in its practice model.

Programmes supporting identity and independent living and housing are especially helpful to rainbow youth in care

As described in the New York 'Lawyers for Children' handbook for rainbow youth, New York offers legal services, information on rights, and group homes for rainbow youth. It also offers various support programmes that rainbow youth can find helpful [54]. The handbook itself is a great resource for building resilience that then taps into a lot of services and help for rainbow youth in care. And these services and advocacy sit outside the child welfare system and can hold the system account for rainbow youth. It's quite a surprising resource, especially given that the handbook I've presented here was published in 2011.

Rather than go into all the details, services, and the like, I've picked out a couple of quotes that I think say a great deal about this support.

> "When I finally had the nerve to go to an LGBT youth group, I don't think I said ten words for about a month. I was just in awe that there were people who felt just like me. It was a wonderful thing." — 'Kristine', age 16

Source: [54, p. 13]

> "I had to reject a lot of negative heterosexual and religious programming that made me feel lousy about myself as a gay person. I began to like myself by meeting other gay people and going to a gay support group. After that I was content with myself." — 'Bill', age 18

Source: [54, p. 14]

The Anamata CAFE A-Team, a holistic youth service

Providing community-based services and supporting rainbow identity has positive benefits including resilience building. One great example in Aotearoa (Anamata, Taupō) of a community-based service for youth is the Anamata CAFE A-Team.[84] They employ many resilience-building approaches. Firstly, the A-Team are made up of youth peers,

[84] www.anamata.org.nz/

Year 12 and 13 students. They focus on supporting and promoting mental health within their own schools and community [53].

Examples of their work include delivering ‘expo’ days. One of these was for suicide-prevention, another was an anti-bullying pink-shirt day, and another was ‘the day of silence’ for rainbow youth. Because of the ‘day of silence’, two secondary schools established unisex toilets for rainbow youth. Teachers were also involved. Posters and stickers were handed out by teachers to raise awareness among students [53].

> “We go to schools and talk to young people, teachers give out stickers, posters, ribbons and flyers and tell them what we are doing and remind them to be aware of people’s mental health” — A-Team youth

Source: [53, p. 58]

Some of the practices and interventions aimed to help rainbow children and youth are only detrimental

As a last and final note, it is important to remember that some interventions designed for rainbow youth are very damaging. And as I’ve learnt from researching resilience building, it’s hard to know what’s right – remember ‘Atypicality’? Childhood and adolescence are already pivotal, sensitive, and extensive phases of development, where biological and psychological development coincides with social, educational, and often family changes.

Forming a self-identity that is separate from family is particularly significant in adolescence [58]. Exposure to adverse outcomes during these very important developmental phases can have a dramatic and lasting, and sometimes life-long, effect on mental health. Lasting effects can lead to poor employment opportunities, disability, and poor family and social functioning. So, investing in youth mental health promises long term benefits [53, (Holt, 2010; McGorry, Purcell, Hickie, & Jorm, 2017)].

The differences between detrimental and helpful interventions are quite simple, yet fundamental.

What causes harm in a service or intervention?

Some interventions, such as conversion therapy,[85] are designed to correct ‘non-conforming’ gender and sexual identities, or even entirely convert rainbow people to a heteronormative state. Health, education, and child welfare institutions also have harmful systemic practices, attitudes, and biases.

While I’d rather list all the things that work well, such a list by itself isn’t enough to stop someone from doing something harmful. They may not be aware that it’s harmful. Hopefully, the following list of potentially harmful things one can do to rainbow youth will help steer professionals in the right direction.

[85] A good description of conversion therapy: https://www.webmd.com/sex-relationships/what-is-conversion-therapy

The DO NOT list for supporting rainbow youth. Do not:

1. **tell them to accept** their birth body [23, (SAMHSA, 2015; Travers et al., 2012; Wallace & Russell, 2013)]

2. **encourage them to stop** their gender 'non-conforming' behaviours [23]

3. **make them disclose** their gender or sexual identity (including through administrative case management systems) for purposes other than offering a service or support to them [48; 10; 30, (Shelton, Poirier, Wheeler and Abramovich, 2018)]

4. **enter their gender or sexual identity** or **pronouns** into your **case management system** [48]

5. place them in single-sex care residences **according to their anatomy** and not their gender [10]

6. force them to **use showers and toilets** according to their anatomy and not their gender [10]

7. unnecessarily arrest and incarcerate indigenous rainbow youth because of **stigmatisation, systemic biases, and racial profiling** [66]

8. **pathologise** their gender and sexual **identity** [66, (Askew, Lyall, Ewen, Paul, & Wheeler, 2017; Bond & Brady, 2013)]

9. focus only on the youth as an individual, and not bring in their **family and their context** [45; 14]

10. prevent them from **dating or having romances** [72]

11. force them to abide by **religious morals** or attend religious services or activities that conflict with their gender or sexual identity [72]

12. help or manage rainbow youth when you don't have **sufficient education and training** to do so [48]

13. help or manage rainbow youth when you have **biases against rainbow people** [48]

14. disrespect their **cultural and indigenous values** on top of being rainbow, especially their 'positive' rainbow cultural views [47; 6]

15. disrespect their **pronouns or identity expressions**, such as the clothes you wear [67; 47, (Majd et al., 2009); 5, (Nadal, et al., 2011)].

Discussion

Oranga Tamariki has rainbow children and youth in its care, and it's probably otherwise dealing with many rainbow children and youth as well as their families and whānau. It's likely that as many as **20%** of children in care are rainbow, which is twice the rate of rainbow children and youth in the general population. While all signs point to this fact, Oranga Tamariki doesn't know, overall, how many rainbow people grace their books and their care.

Oranga Tamariki knows about, and cares for, its rainbow children and youth. Social workers may know each child and youth and may also have a plan to address their needs. But that information can't systematically make its way 'to the top'. It also doesn't guarantee that social workers know what to do, or that they know a child or young person on their caseload is 'rainbow'.

As I see it, there are two main solutions open to agencies caring for rainbow children and youth.

1. Collect 'rainbow' data from their 'clients'.
2. Build a culture of inclusivity and understanding, with training and support, into their organisations.

I don't mean to make it sound like these two options are the only options, and that they are mutually exclusive at that. But it may be that 'option 2' is often disregarded or not thought of, while 'option 1' seems to be the logical one. Yet 'option 1' is loaded with risk, inaccuracy, and complication.

If both care and protection are the priority, then 'option 2' should come first. Establishing a rainbow culture should make 'option 1' easier and safer to implement – maybe with better accuracy through increased trust. Child welfare agencies should build rainbow cultural frameworks 'top down'. For Oranga Tamariki, a rainbow cultural framework could easily become part of its already established Māori cultural framework.

Building a rainbow culture into child welfare is pretty much the same as building any 'inclusive' culture in an organisation – such as for indigenous peoples, ethnic minorities, immigrants, and refugees. In this case, Oranga Tamariki already has a way into building a rainbow culture through the culture of takatāpui Māori – our indigenous rainbow people.

I can think of three reasons why.

1. Māori are over-represented in Oranga Tamariki.
2. Rainbow children and youth are also over-represented in child welfare in general.
3. It's our obligation to Te Tiriti o Waitangi (The Treaty of Waitangi) and Section 7AA of the Oranga Tamariki Act 1989[86].

[86] Section 7AA is a section of the Oranga Tamariki Act 1989, where there are additional requirements for whānau Māori that the agency must adhere to.

If there was a fourth reason, it would be the high correlation between rainbow children and youth and disability, homelessness, poor mental health, discrimination, bullying, and violence.

We still need further research. And it makes sense that we conduct research within the ‘Oranga Tamariki’ sphere, meaning its rainbow children and youth. Outside of child welfare, we still need to know more about gender diversity in children and its progression to adolescence and adulthood. We need longitudinal studies for this. The Growing Up in New Zealand longitudinal study first collected gender identity from its children at eight years old. Collecting ‘gender’ through administrative systems, especially in child welfare, is fraught with difficulties. Educational institutions may have better luck, and schools in Aotearoa have made steps in this direction. I propose that Oranga Tamariki may benefit by collaborating with Education on rainbow and gender diversity research.

References

1. Gill, S. (2022, July 27). *Mayor tells nurse her anti-transgender views are "repugnant" at public meeting*. Stuff.co.nz. www.stuff.co.nz/national/129384782/mayor-tells-nurse-her-antitransgender-views-are-repugnant-at-public-meeting

2. Stats NZ. (2021). *LGBT+ population of Aotearoa: Year ended June 2020.* www.stats.govt.nz/reports/lgbt-plus-population-of-aotearoa-year-ended-june-2020

3. Statistics Canada. (2021). *A statistical portrait of Canada's diverse LGBTQ2+ communities.* https://www150.statcan.gc.ca/n1/en/daily-quotidien/210615/dq210615a-eng.pdf?st=wjxfYKIn

4. Wilson, B. D. M., Khush, C., & Angeliki, K. (2014). *Sexual and Gender Minority Youth in Foster Care.* https://williamsinstitute.law.ucla.edu/wp-content/uploads/SGM-Youth-in-Foster-Care-Aug-2014.pdf

5. Fenaughty, J. (2016). *Inside Out Evaluation Findings.* Auckland: Curative. www.orangatamariki.govt.nz/assets/Uploads/About-us/Research/Latest-research/Inside-out/Inside-Out-Evaluation-Findings.pdf

6. Fenaughty, J., Sutcliffe, K., Clark, T., Ker, A., Lucassen, M., Greaves, L., & Fleming, T. (2021). *A Youth19 Brief: Same and multiple sex attracted students.* The Youth19 Research Group, The University of Auckland and Victoria University of Wellington, New Zealand. https://static1.squarespace.com/static/5bdbb75ccef37259122e59aa/t/607cb9d833521c74d11fd160/1618786781847/Youth19+Brief_Same+and+multiple+sex+attracted+students+April2021.pdf

7. Eisenberg, M. E., Gower, A. L., Rider, G. N., McMorris, B. J., & Coleman, E. (2019). At the intersection of sexual orientation and gender identity: variations in emotional distress and bullying experience in a large population-based sample of U.S. adolescents. *Journal of LGBT Youth, 16*(3), 235–254. https://doi.org/10.1080/19361653.2019.1567435

8. Perez-Brumer, A., Day, J. K., Russell, S. T., & Hatzenbuehler, M. L. (2017). Prevalence and correlates of suicidal ideation among transgender youth in California: Findings from a representative, population-based sample of high school students. *Journal of the American Academy of Child & Adolescent Psychiatry, 56*(9), 739–746. https://doi.org/10.1016/j.jaac.2017.06.010

9. Youthline. (2021). *Youthline: State of the Generation 2021.* Youthline. www.youthline.co.nz/uploads/2/9/8/1/29818351/colman_brunton_youthline_2021_final_report_-_media_version.pptx

10. Wilber, S., Reyes, C., & Marksamer, J. (2006). The Model Standards Project: Creating inclusive systems for LGBT youth in out-of-home care. *In Child Welfare, 85*(2). www.proquest.com/openview/d817d92b447068876cffbca40403c2df/1

11. Alvarez, A. (2020). LGBTQ youth in foster care: Litigated reform of New Jersey's child welfare system. *Journal of Public Child Welfare, 14*(2), 231–253. https://doi.org/10.1080/15548732.2019.1602098

12. Greaves, L., Fleming, T., Roy, R., Fenaughty, J., Sutcliffe, K., & Clark, T. C. (2021). *A Youth 19 Brief: Rainbow rangatahi Māori.* The Youth19 Research Group, Victoria University of Wellington and The University of Auckland, New Zealand. https://static1.squarespace.com/static/5bdbb75ccef37259122e59aa/t/60ca75d00a6a3a028b086ce0/1623881172777/Youth19+Brief_Rainbow+rangatahi.pdf

13. Logie, C. H., Lacombe-Duncan, A., Lee-Foon, N., Ryan, S., & Ramsay, H. (2016). "It's for us -newcomers, LGBTQ persons, and HIV-positive persons. You feel free to be": A qualitative study exploring social support group participation among African and Caribbean lesbian, gay, bisexual and transgender newcomers and refugees in Toronto, Canada. *BMC International Health and Human Rights, 16*(1). https://doi.org/10.1186/s12914-016-0092-0

14. Saewyc, E., Clark, T., Barney, L., Brunanski, D., & Homma, Y. (2014). Enacted stigma and HIV risk behaviours among sexual minority indigenous youth in Canada, New Zealand, and the United States. *Pimatisiwin, 11*(3). www.ncbi.nlm.nih.gov/pmc/articles/PMC4716820/

15. Fleming, T., Peiris-John, R., Crengle, S., Archer, D., Sutcliffe, K., Lewycka, S., & Clark, T. C. (2020). *A Youth19 Brief: Transgender and diverse gender students.* The Youth19 Research Group, The University of Auckland and Victoria University of Wellington, New Zealand. https://static1.squarespace.com/static/5bdbb75ccef37259122e59aa/t/607cb8431453ca0b05c53bb8/1618786373138/Youth19+Brief_Transgender+and+diverse+gender+students+April2021.pdf

16. Roy, R., Greaves, L. M., Peiris-John, R., Clark, T., Fenaughty, J., Sutcliffe, K., Barnett, D., Hawthorne, V., Tiatia-Seath, J., & Fleming, T. (2021). *Youth2000 Survey Series. Negotiating multiple identities: Intersecting identities among Māori, Pacific, rainbow and disabled young people.* The Youth19 Research Group, The University of Auckland and Victoria University of Wellington, New Zealand. www.youth19.ac.nz/s/Youth19-Intersectionality-Report_FINAL_2021_print.pdf

17. Mizock, L., Mougianis, E., & Meier, C. (2014). *Fact sheet: Gender diversity and transgender identity in adolescents* (#2)*.* American Psychological Association. www.apadivisions.org/division-44/resources/advocacy/transgender-adolescents.pdf?_ga=2.104385344.116196256.1648777339-1834681321.1647312938

18. Tinoco-giraldo, H., Sánchez, E. M. T., & García-peñalvo, F. J. (2021). An analysis of LGBTQIA+ university students' perceptions about sexual and gender diversity. *Sustainability (Switzerland), 13*(21). https://doi.org/10.3390/su132111786

19. Nagoshi, J. L., Nagoshi, C. T., & Brzuzy, S. (2014). *Gender and sexual identity. In gender and sexual identity: Transcending feminist and queer theory.* Springer New York. https://doi.org/10.1007/978-1-4614-8966-5

20. Clark, T. C., Lucassen, M. F. G., Bullen, P., Denny, S. J., Fleming, T. M., Robinson, E. M., & Rossen, F. V. (2014). The Health and well-being of transgender high school

students: Results from the New Zealand Adolescent Health Survey (Youth'12). *Journal of Adolescent Health, 55*(1), 93–99. https://doi.org/10.1016/j.jadohealth.2013.11.008

21. Meier, C., & Harris, J. (2014). *Fact sheet: Gender diversity and transgender identity in Children* (#1). American Psychological Association. www.apadivisions.org/division-44/resources/advocacy/transgender-children.pdf?_ga=2.46261351.116196256.1648777339-1834681321.1647312938

22. Morton, S. M. B., Walker, C., Gerritsen, S., Smith, A., Cha, J., Bird, A., Bullen, P., Atatoa-Carr, P., Chen, R., Exeter, D., & others. (2020). *Now we are eight: Life in middle childhood.* https://ebooks.auckland.ac.nz/now_we_are_eight_-_life_in_middle_childhood/files/assets/common/downloads/publication.pdf?uni=7572111c8804f113299b04e9287f715f

23. Edwards-Leeper, L., Leibowitz, S., & Sangganjanavanich, V. F. (2016). Affirmative practice with transgender and gender nonconforming youth: Expanding the model. *Psychology of Sexual Orientation and Gender Diversity, 3*(2). https://doi.org/10.1037/sgd0000167

24. Turban, J. L. (2017). Transgender youth: The building evidence base for early social transition. *Journal of the American Academy of Child and Adolescent Psychiatry, 56*(2), 101–102. www.jaacap.org/article/S0890-8567(16)31940-2/fulltext

25. High Court of Justice. (2021). *Bell and another v Tavistock and Portman NHS Foundation Trust.* www.judiciary.uk/wp-content/uploads/2020/12/Bell-v-Tavistock-Judgment.pdf

26. Moreton, K. L. (2021). A backwards-step for Gillick: Trans children's inability to consent to treatment for gender dysphoria—Quincy Bell & Mrs A v The Tavistock and Portman NHS Foundation Trust and Ors [2020] EWHC 3274 (Admin). *Medical Law Review, 29*(4), 699–715. https://doi.org/10.1093/medlaw/fwab020

27. Horton, C. (2022). "I Didn't Want Him to Disappear" Parental decision-making on access to puberty blockers for trans early dolescents. *Journal of Early Adolescence, 43*(4), 490–515. https://journals.sagepub.com/doi/pdf/10.1177/02724316221107076

28. Court Of Appeal (Civil Division). (2021). Quincy Bell v Tavistock and Portman NHS Foundation Trust and NHS England, (2021). www.bailii.org/ew/cases/EWCA/Civ/2021/1363.pdf

29. Karrington, B. (2021). Defining desistance: Exploring desistance in transgender and gender expansive youth through systematic literature review. *Transgender Health, 7*(3). https://doi.org/10.1089/trgh.2020.0129

30. Cameron, N., McPherson, L., Gatwiri, K., & Parmenter, N. (2019). *Research Briefing: The needs of LGBTIQ young people in out of home care.* Australian Childhood Foundation and Southern Cross University. https://researchportal.scu.edu.au/esploro/outputs/report/Research-briefing-the-needs-of-LGBTIQ/991012821030302368

31. Public Research and Evaluation Services. (2016). *LGBTQ in child welfare: A systematic review of the literature.* Annie E. Casey Foundation.

https://search.issuelab.org/resource/lgbtq-in-child-welfare-a-systematic-review-of-the-literature.html

32. The Trevor Project. (2021). *The Trevor Project Research Brief: LGBTQ youth from immigrant families.* The Trevor Project. www.thetrevorproject.org/wp-content/uploads/2021/07/Trevor-Project-First-Generation-Research-Brief.pdf

33. Washburn, M., Good, M., Lucadamo, S., Weber, K., Bettencourt, B., & Dettlaff, A. J. (2018). Yes we can allegheny: Implementing SOGIE inclusive system improvements in child welfare. *Child Welfare, 96*(2), 99–124. www.jstor.org/stable/48624546

34. González-Álvarez, R., Brummelaar, M., Orwa, S., & López López, M. (2022). 'I actually know that things will get better': The many pathways to resilience of LGBTQIA+ youth in out-of-home care. *Children & Society, 36*(2), 234–248. https://doi.org/10.1111/chso.12464

35. Feild, T. (2018). It is time to start counting kids who are LGBTQ in child welfare (special forward). *Child Welfare, 96*(2), xiii–xx. www.jstor.org/stable/48624541

36. King-Finau, T., Archer, D., Fenaughty, J., Sutcliffe, K., Clark, T. C., & Fleming, T. M. (2022). *The health and wellbeing of takatāpui and rainbow young people who have been involved with Oranga Tamariki.* www.youth19.ac.nz/s/Takatpui-and-Rainbow-young-people-involved-with-Oranga-Tamariki_Youth19_.pdf

37. Malatest International. (2021). *Just Sayin' survey: Understanding the transition needs of rainbow young people.* Oranga Tamariki—Ministry for Children. www.orangatamariki.govt.nz/assets/Uploads/About-us/Research/Latest-research/Transitions-Support-Service-evaluation/Rainbow-young-people-report.pdf

38. Oranga Tamariki—Ministry for Children. (2021). *Oranga Tamariki Annual Report 2020/21*. Oranga Tamariki—Ministry for Children. www.orangatamariki.govt.nz/assets/Uploads/About-us/Corporate-reports/Annual-Report/OT-Annual-report-2020-21.pdf

39. Independent Children's Monitor. (2021). *Te Mana Whakamaru Tamariki Motuhake (Independent Children's Monitor)*. Third monitoring report November 2020. www.icm.org.nz/assets/Uploads/Documents/Reports/Report-3/Third-Monitoring-Report-November-2020.pdf

40. Toft, A., Franklin, A., & Langley, E. (2019). Young disabled and LGBT+: Negotiating identity. *Journal of LGBT Youth, 16*(2), 157–172. https://doi.org/10.1080/19361653.2018.1544532

41. Fleming, T., Peiris-John, R., Crengle, S., Archer, D., Sutcliff, K., Lewycka, S., & Clark, T. C. (2020). *A Youth19 Brief: Rainbow young people with a disability or chronic condition.* The Youth19 Research Group, The University of Auckland and Victoria University of Wellington, New Zealand. https://static1.squarespace.com/static/5bdbb75ccef37259122e59aa/t/60dd20e1444f0152696d2066/1625104611662/Youth19+Brief_Rainbow+young+people+with+a+disability+or+chronic+condition.pdf

42. Clark, T. C., Drayton, B., King-Finau, T., & Fleming, T. M. (2021). *A Youth19 Brief: Young people with disabilities.* www.youth19.ac.nz/s/Youth19-Disability-Brief.pdf

43. Forge, N., Hartinger-Saunders, R., Wright, E., & Ruel, E. (2018). Out of the system and onto the streets: LGBTQ-identified youth experiencing homelessness with past child welfare system involvement. *Child Welfare, 96*(2).

44. The Trevor Project. (2020). *National Survey on LGBTQ youth mental health.* In The Trevor Project. www.thetrevorproject.org/survey-2020/?section=Introduction

45. NYC Commission. (2010). *All our children: Strategies to prevent homelessness, strengthen services and build support for LGBTQ youth.* NYC Commission on lesbian, gay, bisexual, transgender and questioning runaway and homeless youth. www.nyc.gov/html/om/pdf/2010/pr267_10_report.pdf

46. Brown, T. N. T., & Herman, J. (2015). *Intimate partner violence and sexual abuse among LGBT people.* eScholarship, University of California. https://static1.squarespace.com/static/5696af9d57eb8d591d043e3d/t/5daecf508adb67266ad91b92/1571737429637/Taylor+N.T.+Brown+and+Jody+L.+Herman+-+Intimate+partner+violence+and+sexual+abuse+among+LGBT+people%3A+a+review+of+existing+research+%282015%29.pdf

47. Conron, K. J., & Wilson, B. D. M. (2019). *LGBTQ youth of color impacted by the child welfare and juvenile justice systems: A research agenda.* https://escholarship.org/content/qt6jf587wr/qt6jf587wr.pdf

48. Washburn, M., Bettencourt, B., Lucadamo, S., Dettlaff, A. J., & Weber, K. (2021). *Implementing system wide policy and practice improvements to support LGBTQ+ youth and families with child welfare system involvement.* Implementing System Wide Policy and Practice Improvements to Support LGBTQ+ Youth - Center for the Study of Social Policy (cssp.org)

49. Oranga Tamariki—Ministry for Children. (2021). *Safety of Children in Care*. Annual Report July 2020 to June 2021. www.orangatamariki.govt.nz/assets/Uploads/About-us/Performance-and-monitoring/safety-of-children-in-care/2020-21/SOCiC-AR-2021-FA.pdf

50. Tan, K. K. H., Ellis, S. J., Schmidt, J. M., Byrne, J. L., & Veale, J. F. (2020). Mental health inequities among transgender people in Aotearoa New Zealand: Findings from the Counting Ourselves Survey. *International Journal of Environmental Research and Public Health, 17*(8), 2862. www.mdpi.com/1660-4601/17/8/2862/pdf

51. Lay, Y., Leonard, W., Horsley, P., & Parsons, M. (2018). *Primary prevention of family violence against people from LGBTI communities.* Our Watch. https://media-cdn.ourwatch.org.au/wp-content/uploads/sites/2/2019/11/07031955/Primary-Prevention-of-FV-against-LGBTI-people-Report-Accessible-PDF.pdf

52. Goldbach, J. T., & Holleran Steiker, L. K. (2011). An examination of cultural adaptations performed by LGBT-identified youths to a culturally grounded, evidence-based substance abuse intervention. *Journal of Gay & Lesbian Social Services, 23*(2), 188–203. https://doi.org/10.1080/10538720.2011.560135

53. Malatest International. (2016). *Evaluation Report: The Youth Primary Mental Health Service.* www.health.govt.nz/system/files/documents/publications/evaluation-report-youth-primary-mental-health-service-dec16.pdf

54. Laywers for Children. (2011). *You are not alone: A handbook for lesbian, gay, bisexual, transgender and questioning youth in New York City's foster care system.* www.lawyersforchildren.org/sites/all/themes/lfc/images/handbooks/lfc-lgbtq-handbook.pdf

55. Torres, C. G., Renfrew, M., Kenst, K., Tan-McGrory, A., Betancourt, J. R., & López, L. (2015). Improving transgender health by building safe clinical environments that promote existing resilience: Results from a qualitative analysis of providers. *BMC Pediatrics, 15*(1), 187. https://doi.org/10.1186/s12887-015-0505-6

56. McCandless, S. (2018). LGBT homeless youth and policing. *Public Integrity, 20*(6), 558–570. https://doi.org/10.1080/10999922.2017.1402738

57. Fenaughty, J., Clark, T. C., Choo, W. L., Lucassen, M. F. G., Greaves, L., Sutcliffe, K., Ball, J., Ker, A., & Fleming, T. M. (2022). *Te āniwaniwa takatāpui whānui: Te aronga taera mō ngā rangatahi | Sexual attraction and young people's wellbeing in Youth19.* www.youth19.ac.nz/s/Same-and-Multiple-Sex-Attracted_030622.pdf

58. Gluckman, P., Hayne, H., Ameratunga, S., Bagshaw, S., Bay, J., & J, B. (2011). *Improving the transition – Reducing social and psychological morbidity during adolescence.* In Improving the Transition (Issue May). https://dpmc.govt.nz/sites/default/files/2021-10/pmcsa-Improving-the-Transition-report.pdf

59. Kimball, E., Vaccaro, A., Tissi-Gassoway, N., Bobot, S. D., Newman, B. M., Moore, A., & Troiano, P. F. (2018). Gender, sexuality, & (dis)ability: Queer perspectives on the experiences of students with disabilities. *Disability Studies Quarterly, 38*(2). https://doi.org/10.18061/dsq.v38i2.5937

60. Malatest International. (2021). *First Synthesis Evaluation Report: Oranga Tamariki transition support.* Oranga Tamariki—Ministry for Children. www.orangatamariki.govt.nz/assets/Uploads/About-us/Research/Latest-research/Transitions-Support-Service-evaluation/Transition-Service-Evaluation-synthesis-report.pdf

61. Ito, B. (2018). 44.1 Intersectionality: Why race matters in LGBTQ+ youth. *Journal of the American Academy of Child & Adolescent Psychiatry, 57*(10), S63. https://doi.org/10.1016/j.jaac.2018.07.268

62. Thompson, T. (2014). *Queer lives in Fiji*. University of Auckland. https://researchspace.auckland.ac.nz/bitstream/handle/2292/22100/whole.pdf?sequence=2

63. Fleming, T., Archer, D., Sutcliff, K., Dewhirst, M., & Clark, T. C. (2021). *Youth2000 Survey Series. Young people who have been involved with Oranga Tamariki: Mental and physical health and healthcare access.* The Youth19 Research Group, The University of Auckland and Victoria University of Wellington. www.orangatamariki.govt.nz/assets/Uploads/About-us/Research/Latest-research/Youth19-Rangatahi-Smart-Survey/Youth19_young-people-involved-with-Oranga-Tamaki_mental-physical-health-and-healthcare-access.pdf

64. Rahman, A., Clarke, M. A., & Byrne, S. (2017). The art of breaking people down: The British colonial model in Ireland and Canada. *Peace Research, 49*(2), 15–38. www.jstor.org/stable/44779905

65. Yuan, N., Duran, B., Walters, K., Pearson, C., & Evans-Campbell, T. (2014). Alcohol misuse and associations with childhood maltreatment and out-of-home placement among urban two-spirit American Indian and Alaska Native People. *International Journal of Environmental Research and Public Health, 11*(10), 10461–10479. https://doi.org/10.3390/ijerph111010461

66. Phelan, P., & Oxley, R. (2021). Understanding the social and emotional wellbeing of aboriginal LGBTIQ(SB)+ youth in Victoria's Youth Detention. *Social Inclusion, 9*(2), 18–29. https://doi.org/10.17645/si.v9i2.3770

67. Benson, K. (2020). What's in a Pronoun?: The ungovernability and misgendering of trans native kids in juvenile justice in Washington State. *Journal of Homosexuality, 67*(12), 1691–1712. https://doi.org/10.1080/00918369.2019.1613854

68. Dickson, S. (2016). *Hohou te rongo kahukura – outing violence: Building rainbow communities free of partner and sexual violence.* www.kahukura.co.nz/wp-content/uploads/2015/07/Building-Rainbow-Communities-Free-of-Partner-and-Sexual-Violence-2016.pdf

69. Lugones, M. (2007). Heterosexualism and the colonial/modern gender system. *Hypatia, 22*(1), 186–219. www.jstor.org/stable/4640051

70. Family and Community Services Team. (2019). Engagement Report: Sexual Harm Crisis Support Services. www.msd.govt.nz/documents/about-msd-and-our-work/work-programmes/initiatives/family-and-sexual-violence/specialist-services/engagement-report-2019.pdf

71. Cossar, J., Schofield, G., Belderson, P., Ward, E., Keenan, J., Larsson, B., Dodsworth, J., & Cocker, C. (2017). *SpeakOut: A study of the experiences and identity development of lesbian, gay, bisexual, transgender and questioning young people in care-and the support they receive.* Research Briefing. https://static1.squarespace.com/static/5ff85c71dd4cdc650b25d90d/t/6006b95a19c6141b352f9105/1611053402592/UEA+research+briefing.pdf

72. Matarese, M., Greeno, E., & Betsinger, A. (2017). *Youth with diverse sexual orientation, gender identity and expression in child welfare: A review of best practices.* Institute for Innovation & Implementation, University of Maryland School of Social Work. https://www.qiclgbtq2s.org/wp-content/uploads/sites/6/2018/05/LGBTQ2S-Lit-Review_-5-14-18.pdf

73. Russell, S. T. (2010). Supportive social services for LGBT youth: Lessons from the Safe Schools Movement. *Prevention Researcher, 17*(4).

74. Quinlivan, K. (2006). Affirming sexual diversity in two New Zealand secondary schools: Challenges, constraints and shifting ground in the research process. *Journal of Gay & Lesbian Issues in Education, 3*(2–3), 5–33. https://doi.org/10.1300/J367v03n02_02

75. Briefing Note: *Supporting LGBTQIA+ children and young people*, (2021) (testimony of Ministry of Education). www.education.govt.nz/assets/Uploads/R-1250624-Supporting-LGBTQIA+-children-and-young-people.pdf

76. Ministry of Youth Development. (2015). *Supporting LGBTI young people in New Zealand*. www.msd.govt.nz/documents/about-msd-and-our-work/newsroom/lgbti-release-ministry-of-youth-development.pdf

77. Ministry of Education. (2020). *He Whakaaro: What do we know about bullying behaviours in New Zealand?* www.educationcounts.govt.nz/__data/assets/pdf_file/0004/203575/He-Whakaaro-What-do-we-know-about-bullying-behaviours-in-NZ.pdf

78. Ministry of Education. (2019). *He Whakaaro: What do we know about discrimination in schools?* www.educationcounts.govt.nz/__data/assets/pdf_file/0006/195909/He-Whakaaro-Discrimination-in-Schools.pdf

79. Wilson, M., Garisch, J., Langlands, R., Russell, L., O'Connell, A., Kingi, T., Brown, E., Judge, M., Robinson, K., & Ashby, W. (2014). *Youth Wellbeing Study Longitudinal Survey: Summary of second wave of results.* https://youthwellbeingstudy.files.wordpress.com/2017/01/wave-2-summary-for-parents.pdf

80. Eisenberg, M. E., Gower, A. L., McMorris, B. J., Rider, G. N., Shea, G., & Coleman, E. (2017). Risk and protective factors in the lives of transgender/gender nonconforming adolescents. *Journal of Adolescent Health, 61*(4), 521–526. https://doi.org/10.1016/j.jadohealth.2017.04.014

81. Radford-Poupard, J. (2021). *Experiences of Covid-19 for takatāpui, queer, gender diverse, and intersex young people aged 16-24.* https://myd.govt.nz/documents/young-people/youth-voice/experiences-of-covid-19-for-takat-pui-queer-gender-diverse-and-intersex-young-people-aged-16-24-report.pdf

82. Meyer, I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: conceptual issues and research evidence. *Psychological Bulletin, 129*(5), 674–697. https://doi.org/10.1037/0033-2909.129.5.674

83. Rees, S. N. (2018). *The lesbian, gay, bisexual and transgender (LGBT) community's mental health care needs: An integrative literature review.* University of Otago. www.otago.ac.nz/christchurch/otago711876.pdf

84. Ungar, M., Theron, L., Murphy, K., & Jefferies, P. (2021). Researching multisystemic resilience: A sample methodology. *Frontiers in Psychology, 11*. https://doi.org/10.3389/fpsyg.2020.607994

85. Eruera, M., & Ruwhiu, L. A. (2015). *"Eeny, Meeny, Miny, Moe" catch hegemony by the toe*. Magpie Goose Publishing. https://nzfvc.org.nz/sites/nzfvc.org.nz/files/DrErueraDrRuwhiu-te-tapu-me-te-mana-o-te-final-mokopuna.pdf

86. Carr, N., & Pinkerton, J. (2015). Coming into view? The experiences of LGBT young people in the care system in Northern Ireland. *LGBT Health Inequalities: International*

Perspectives in Social Work, 99. https://academic.oup.com/policy-press-scholarship-online/book/14679/chapter-abstract/168853041?redirectedFrom=fulltext

87. Ungar, M. (2011). The social ecology of resilience: Addressing contextual and cultural ambiguity of a nascent construct. *American Journal of Orthopsychiatry, 81*(1). https://doi.org/10.1111/j.1939-0025.2010.01067.x

88. Oranga Tamariki Ministry for Children. (2018). *Our Māori Cultural Framework*. www.orangatamariki.govt.nz/assets/Uploads/About-us/News/2018/Our-maori-cultural-framework/Maori-Cultural-Framework-A3.pdf

89. Hahm, H. C., & Adkins, C. (2009). A model of Asian and Pacific Islander sexual minority acculturation. *Journal of LGBT Youth, 6*(2–3). https://doi.org/10.1080/19361650903013501

90. Ministry of Health. (2019). *Every life matters – He Tapu te Oranga o ia Tangata: Suicide Prevention Strategy 2019–2029 and Suicide Prevention Action Plan 2019–2024 for Aotearoa New Zealand.* Wellington. Ministry of Health. www.health.govt.nz/system/files/documents/publications/suicide-prevention-strategy-2019-2029-and-plan-2019-2024-v2.pdf

91. Demant, D., Hides, L., White, K. M., & Kavanagh, D. J. (2018). LGBT communities and substance use in Queensland, Australia: Perceptions of young people and community stakeholders. *PLOS ONE, 13*(9), e0204730. https://doi.org/10.1371/journal.pone.0204730

92. Kerekere, E. (2017). *Growing Up Takatāpui: Whānau journeys*. https://static1.squarespace.com/static/5893cf9215d5db8ef4a8dc98/t/58cf4d67f7e0ab911f7b0c02/1489980881341/Growing_Up_Takata%CC%84pui_Wha%CC%84nau_Journeys_Web_Version.pdf

93. Snyder, J. A., Tabler, J., & Gonzales, C. M. (2022). Measuring sexual identity, gender identity, and biological sex in large social surveys: Implications for victimization research. *Criminal Justice and Behavior, 49*(9), 1376–1395. https://doi.org/10.1177/00938548221097034

94. National Academies of Sciences Engineering and Medicine. (2022). *Measuring sex, gender identity, and sexual orientation.* In N. Bates, M. Chin, & T. Becker (Eds.), The National Academies Press. National Academies Press. https://doi.org/10.17226/26424

95. Gahagan, J. (2021). *The difference between sex and gender, and why both matter in health research.* The Conversation. https://theconversation.com/the-difference-between-sex-and-gender-and-why-both-matter-in-health-research-162746

96. MRS Evidence Matters. (2016). *MRS Guidance Note on collecting data on sex and gender*. MRS Evidence Matters. www.mrs.org.uk/pdf/Guidance on Collecting Data on Sex and Gender.pdf

97. Kennedy, L., Khanna, K., Simpson, D., Gelman, A., Jia, Y., & Teitler, J. (2022). *He, she, they: Using sex and gender in survey adjustment.*

98. Watson, R. J., Wheldon, C. W., & Puhl, R. M. (2020). Evidence of diverse identities in a large national sample of sexual and gender minority adolescents. *Journal of Research on Adolescence, 30*(S2), 431–442. https://doi.org/10.1111/jora.12488

99. DuBois, L. Z., & Shattuck-Heidorn, H. (2021). Challenging the binary: Gender/sex and the bio-logics of normalcy. *American Journal of Human Biology, 33*(5), 1–19.

100. Stats NZ. (2021). *Data standard for gender, sex, and variations of sex characteristics.* www.stats.govt.nz/assets/Methods/Data-standards-for-sex-gender-and-variations-on-sex-characteristics/downloads/Data-standard-for-gender-sex-and-variations-of-sex-characteristics.pdf

101. Veale, J. F. (2022). *Counting Ourselves Participant Information Sheet*. University of Waikato.

102. Oranga Tamariki Ministry for Children. (2020). *Te whanake i ngā hua mō ngā tamariki Māori, ō rātou whānau, hapū, iwi anō hoki.* www.orangatamariki.govt.nz/assets/Uploads/About-us/Performance-and-monitoring/Section-7AA/s7AA-Annual-Report-2021.pdf

103. Tiatia-Seath, J., Fleming, T., Sutcliffe, K., Fenaughty, J., Roy, R., Greaves, L., & Clark, T. C. (2021). *A Youth19 Brief: Pacific rainbow young people.* The Youth19 Research Group, Victoria University of Wellington and the University of Auckland, New Zealand. www.youth19.ac.nz/publications/pacific-rainbow-brief

104. Ott, V. E. (2018). Youth voice in service acceptability: Experiences of lesbian, gay, bisexual, and transgender adolescents. *Journal of Gay & Lesbian Social Services, 30*(3), 314–320. https://doi.org/10.1080/10538720.2018.1463888

105. Fleming, T., Archer, D., King-Finau, T., Fenaughty, J., Tiatia-Seath, J., & Clark, T. C. (2021). *Youth2000 Survey Series. Young people who have been involved with Oranga Tamariki Identity and Culture.* The Youth19 Research Group, The University of Auckland and Victoria University of Wellington, New Zealand. https://static1.squarespace.com/static/5bdbb75ccef37259122e59aa/t/620b0554048557587c60311d/1644889444784/Youth19_Oranga+Tamariki_identity+and+culture.pdf

106. Ministry of Health. (2019). *Sexual Orientation: Findings from the 2014/15 New Zealand Health Survey*. www.health.govt.nz/system/files/documents/publications/sexual-orientation-findings-from-the-2014-15-new-zealand-health-survey-jan20.pdf

107. Stats NZ. (2021). *2023 Census: Final content report.* www.stats.govt.nz/reports/2023-census-final-content-report

108. Stats NZ. (2019). *New sexual identity wellbeing data reflects diversity of New Zealanders.* www.stats.govt.nz/news/new-sexual-identity-wellbeing-data-reflects-diversity-of-new-zealanders

Appendices

Appendix 1: Collecting data on gender

Researchers and government agencies need to collect better data on sexual, romantic, and gender identities, as I covered in Chapter 1. However, trying to collect 'rainbow' data comes with risks, especially when the data is about vulnerable people, as many rainbow people are. Rainbow children and youth in care are one of the groups most vulnerable to misuse, inaccuracies, and misrepresentations of their data [93; 94].

These risks are particularly pronounced in child care and protection systems because misusing the data of rainbow children and youth can lead to them being harmed. Inaccuracies and misrepresentations can come from both agencies and rainbow children and youth misunderstanding questions about sexual and gender identity. For vulnerable people, inaccurately recording their gender and sexual identities can result in their victimisation [94].

To truly understand gender, you may have to collect these three gender types [93]:

- biological sex at birth (including intersex variation)
- gender (as a biological social construction)
- gender identity (especially for gender-diverse people).

Some agencies are now collecting one gender type with three gender options, in the form of female, male, and 'other' or sometimes 'gender diverse'. Sex and gender records have traditionally referred to biological sex at birth (and still do in many systems). So, adding a third gender option can muddle the definition between biological sex at birth and gender as an identity [95, 96].

For example, a transgender man may record themselves as 'male', and not 'other'. You should make it clear which of the three gender types you're asking for. This can be challenging because the 'social construct' phenomenon of gender is a sociological concept, not a general knowledge one [97, (Glasser & Smith, 2008)].

And yet gender as a social construct is not new. Since the 1950s, psychology and sociology have distinguished between sex and gender, with gender becoming more and more relevant to social research over time [97, (Basow, 2010)].

Sexual or romantic identity can also be a confusing question to ask

Really just a sidenote, but asking questions of sexual identity is not that straightforward either. For instance, some of the differences in sexual identity come about by the nature of the relationship that someone is in at the time. Stats NZ has four definitions for sexual or romantic identity, which are: **sexual attraction**, **sexual behaviour**, **sexual identity**, and **sexual orientation** – the latter being an umbrella term.[87]

[87] See Stats NZ for definitions: Stats NZ standard definitions

For example, a mother of two children with a husband may identify as a cisgender and heterosexual in a census questionnaire, because that is essentially how they live their life and how it is perceived by others. But questions on sexual attraction, for instance, may result in a different answer. For example, the married mother might actually be bisexual, but just not in her 'lived' sense. It might even be something that their family don't know about.

The term 'romantic', which is interchangeable with the term 'sexual' in sexual orientation, recognises that some people are not attracted to the 'sex' or to the act of sex with others. It also helps in the sense that the term 'sexual' in sexual orientation still refers to the biological binary sex and reproductive function [98].

In some ways, sexual and gender identities should be treated similarly to how we now collect ethnicity, and multiple ethnicities for that matter [97]. Ethnicity is an identity, and the concept of 'race', meaning that there are multiple races of human, makes less sense [99]. Once, race was also considered as biological and binary – 'black' or 'white'. And race was identifiable by skin colour. But mixed races and lighter-brown skin colour makes a mess of the binary race concept. And, of course, it's mostly a racist concept anyway.

Just like race, gender is not a biological, binary, or physically identifiable division that describes the human condition [24]. Nor are the biological differences between biological males and females as large as we have often perceived them to be [99].

So, what are the differences in the three gender types?[88]

Going back to the three gender types: biological sex at birth, gender (as a biological social construction), and gender identity.

Biological sex is typically assigned to a new-born child depending on what genitalia they show – **male** or **female** reproductive organs. However, the outward appearance of sex organs, for a few people, is sometimes ambiguous. In these cases, a common term used is **intersex**. Intersex as a category defines a very wide-ranging group of biological sex differences, which often aren't determined at birth.

Another matter is the case of gender reassignment surgery, which the medical fraternity often considers to 'change' biological sex. So, we need to ask for 'biological sex at birth' [96].

- **Biological SEX <u>at birth</u>** = male, female, intersex.

Gender as biology is commonly used in Aotearoa, Canada, and other countries to mean biological sex. Sex is the biological term and gender is the social expression or construction – both, however, are social constructions [96]. However, in Aotearoa and some other countries, 'gender' is often categorised into 'male' and 'female'. Gender as biology probably needs to be phased out to not confuse gender with sex [96].

- **Gender** = either gender identity (preferably) or biological sex, but not both and therefore needs to be clearly defined [96].

[88] See Stats NZ data standards for sex and gender for a complete guide.

Gender identity represents the true nature of gender and gender expression. There are several descriptions and categories for gender identity, which also vary by culture. See Table 9 below for an example of some of the many possible gender identity terms.

Because gender is a social construction, young people who are forming an understanding of gender may 'default' to the binary male and female that our society largely uses. It's therefore difficult to get an accurate sense of gender identity from younger people. But it can also be difficult to get it from adults. That is because gender can be fluid through the course of one's life. 'Fluid gender' is a gender identity itself, where one's gender can vary day by day [100].

- **Gender identity** = a multi-category, multi-dimensional, and fluid self-identity, which often but not always comes with an outward gender expression through appearance, clothing, demeanour, and sometimes sexuality [100].

Counting Ourselves 2022 survey

The Counting Ourselves survey is an Aotearoa health survey of rainbow people aged 14 and above. The first iteration was launched in 2018, and the 2022 survey started on 1 September 2022. You can find more information about Counting Ourselves in Appendix 3 below.

The survey has a comprehensive list of questions on gender and is designed to capture all aspects of gender. Through its questioning, it neatly guides one around the complexity of self-identified gender and biological sex. The first question lists several gender identities as responses to the question:

"What term or terms do you use to describe your gender?"

They list **27** gender identities and provide an 'other' category where the respondent can write in their own gender identity term. This is especially good for different cultural terms, which may not have been included in the list [101].

The next question is prefaced with a detailed explanation of gender-diverse types. It tries to ascertain 'transgenderism' and non-binary types of gender. The question is:

"… if you had to select one response that best describes your current gender (or equivalent gender in English), what would it be?"

The response options are [101]:

- trans man, man, or boy
- trans woman, woman, or girl
- non-binary, genderqueer, agender, or similar identity

A simple **yes/no/don't know** response is offered to the question about intersex variations, which are also well defined and explained [101].

And then there is a very simple question on biological sex:

"What sex were you assigned at birth?"

The response options are [101]:

- ○ Male
- ○ Female

Furthermore, the survey includes the Stats NZ transgender question:

"How would you answer the following question from Stats NZ? 'Are you transgender?"

With response options [101; 100]:

- ○ Yes
- ○ No
- ○ Don't know
- ○ Prefer not to say

This last question is interesting because it could help validate or at least compare the Stats NZ Census to the Counting Ourselves questions. The Counting Ourselves survey doesn't have a simple sex/gender question for cisgendered people, because it is not for cisgendered people.

Questions on gender diversity can confuse cisgendered people, who need a simple male/female question. Therefore, collecting gender data from a general population survey needs a stepped process [A. Yee, *personal communication Counting Ourselves*, 12 October 2022].

Collecting gender data through administrative systems

Firstly, just to be clear: what I mean by 'administrative' systems are the collections of information (usually about clients) and any attached case notes and files. The systems are for keeping track of clients and events, and storing their personal and contact information.

Many administrative systems are 'loaded' into databases by which businesses can then produce reports. As the data are already collected, it becomes an efficient way to do business reporting. However, administrative data reports are different from primary research studies and surveys.

The questions used in research and surveys can be quite different to administrative records. Note, that I didn't call administrative records 'questions' because they are often not questions directed to a participant. Professionals and clerks record the information and usually filter it through their own perceptions especially when it comes to case notes.

Nevertheless, I saw surveys in the literature for this review that use the simple 'three-gender' response. They did little to explain the difference between biological sex at birth and gender identity – this reflects the way many administrative systems record gender [94]. Some contexts, such as health, need a comprehensive set of questions on gender. And some articles are arguing for that [93; 95; 94; 99; 96; 97].

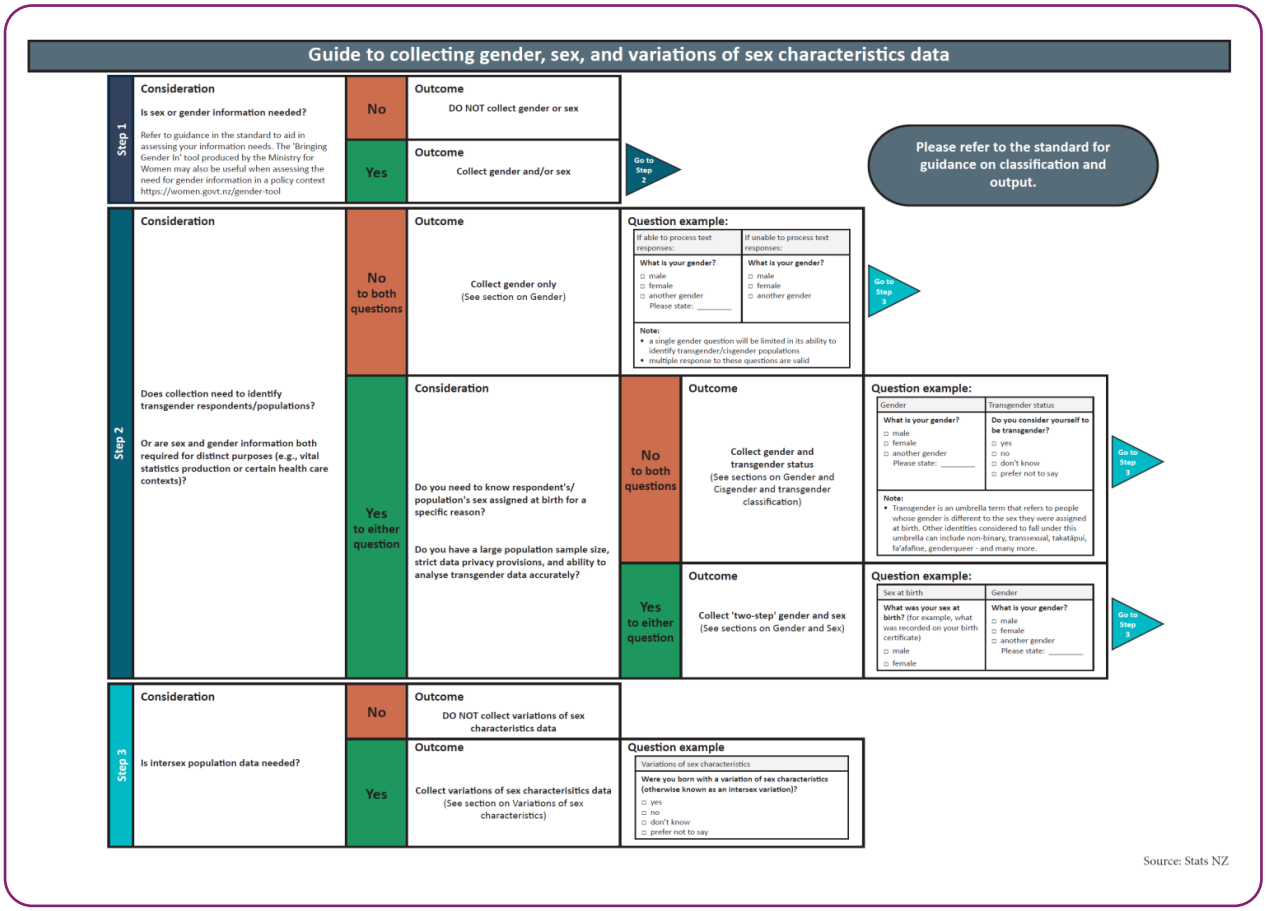
So, what is appropriate for child care and protection agencies when collecting gender data? Not a lot of material makes specific recommendations, but other agencies offer

plenty of examples. Canada has some great examples [95]. We might then choose to rely on the standards set by Stats NZ. Although only recently, Stats NZ has worked on producing questions that let people provide their actual gender in a more accurate and consistent way.

Stats NZ standards on gender and sexual identities

Stats NZ has developed a set of illustrated logic maps that guide you through collecting information about gender and sexuality. [89]

Figure 24. Guide to collecting gender, sex, and variations of sex characteristics data (Statistics New Zealand)



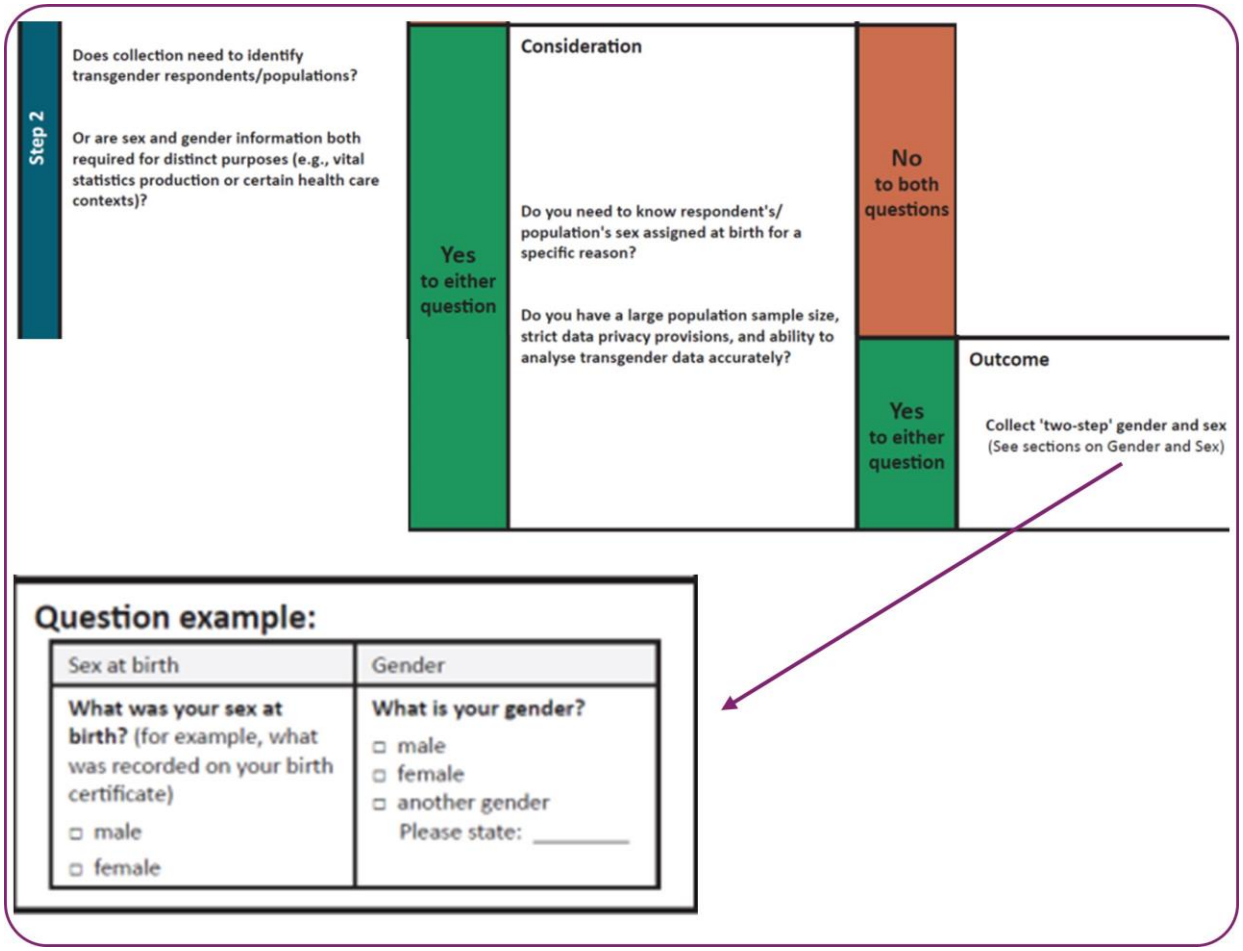
Source: Reproduced from [100, p. 9]

Most interestingly, the first part of the map asks you whether you need to collect gender information. Care and protection systems have gender-differentiated residences, and caregivers have preferences about the gender of the children they foster. But these reasons for collecting gender are where discrimination most likely occurs.

Where gender is important to collect in care and protection systems is when it involves the child or youth's health and medical needs. Furthermore, some health issues are differentiated by biological sex at birth, and health is something that care and protection systems need to be involved with.

[89] See Stats NZ assessing gender and sex for complete information.

Figure 25. Is sex or gender information needed?

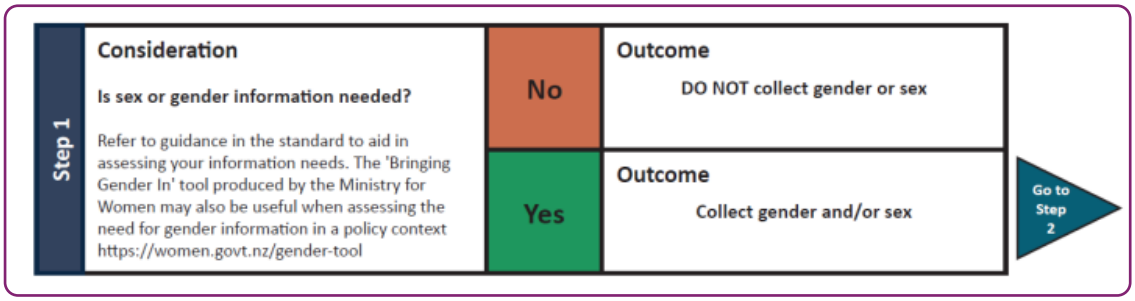


Source: Reproduced from [100, p. 9]

Stats NZ have neatly differentiated **sex** and **gender.** Because diverse and complex gender questions can be confusing to cisgender people, child welfare agencies should consider the three-gender question that Stats NZ recommends as a starting point.

Step Two of the logic map recommends that you collect both sex at birth and gender. This is what I'd recommend to Oranga Tamariki. Biological sex will be important for health, and gender is important for, well, health and many other things, especially for understanding the greater needs of rainbow children and youth.

Figure 26. Asking about sex AND gender



Source: Reproduced from [100, p. 9]

Appendix 2: Calculations for the estimate of 135 takatāpui Māori youth in Oranga Tamariki care

In this appendix, I describe the data sources, calculations, and assumptions I used to guesstimate that Oranga Tamariki have 135 takatāpui Māori in their care. I've repeated Table 1 here for reference.

Table 7. Comparing Oranga Tamariki numbers to Youth19 numbers

	Oranga Tamariki	Youth19
Population base	42,250 referrals[1]	7,709 responses
Oranga Tamariki estimates	6,041 in care[2]	742 'involved'[3]
Youth	1,510 in care[4]	742 'involved'
Māori youth	1,027 in care	288 'involved'
Takatāpui Māori youth	*135 in care*[5]	38 'involved'

Notes:
a) Of 77,953 'reports of concern', 42,250 resulted in an action of some sort [38], (30 June 2021)
b) 6,041 were 'in care' or 'custody of Oranga Tamariki [39], (30 June 2020)
c) Youth19 asked participants if they had been involved with Oranga Tamariki [36]
d) 25% of the 6,041 in care are 14 years or older [39], (30 June 2020)
e) The final guesstimate

The differences between Oranga Tamariki and Youth19 data

Firstly, I want to draw your attention to the different 'population bases' between Youth19 data and Oranga Tamariki data:

- Oranga Tamariki has the entire **'care population'** of children and youth in care and custody, and in youth justice, and otherwise in contact 'on their books'.
- The Youth19 study is a sample drawn from the **student and youth population** in Aotearoa, not drawn from the Oranga Tamariki population.

So, they come from different 'points of reference'.

Secondly, the Youth19 sample of Oranga Tamariki youth are 'self-identified'. Youth19 asked its participants if they had been involved with Oranga Tamariki. The study didn't directly sample participants from Oranga Tamariki. So, they don't represent a sample of Oranga Tamariki youth clients.

Nevertheless, Youth19 reports **9.6%** of their sample have been involved with Oranga Tamariki. Rangatahi Māori students make **39%**[90] of all students involved with Oranga Tamariki. Whereas **20%**[91] of the whole survey are rangatahi Māori [36]. That is almost double the proportion! (As a matter of interest.)

[90] **Calculation:** Of Māori involved with Oranga Tamariki, 38 takatāpui + 250 cis/het Māori (288) as a proportion of all those involved with Oranga Tamariki, 111 rainbow youth + 631 cis/het youth (742): 288/742 = 39% Māori youth involved with Oranga Tamariki [36, (Table 1, p. 14)]
[91] **Calculation:** 161 takatāpui Māori + 1404 cis/het Māori (1,565) of 782 rainbow youth + 6,927 cis/het youth (7,709): 1,565/7,709 = 20% rangatahi Māori of the entire sample [36, (Table 1, p. 14)].

For the Oranga Tamariki population, I used the **6041** in care or custody at 30 June 2020 [39]. This figure includes children and youth, and includes 96 involved with youth justice [39, p. 14].

The Youth19 sample of 'Oranga-Tamariki-involved' students is **742** [36, (Table 1, p. 14)]. Of course, these numbers are not 'counting' the same way. However, in total Oranga Tamariki reported **77,953** 'Reports Of Concern' (ROC) for the 30 June 2021 year. And from there, Oranga Tamariki made **42,250** referrals and other actions [38].

The figure of 42,250 probably best matches the Youth19 category of 'having been involved with Oranga Tamariki'. However, it counts 'actions', not people. This means the figure will count people more than once if they have more than one involvement with Oranga Tamariki.

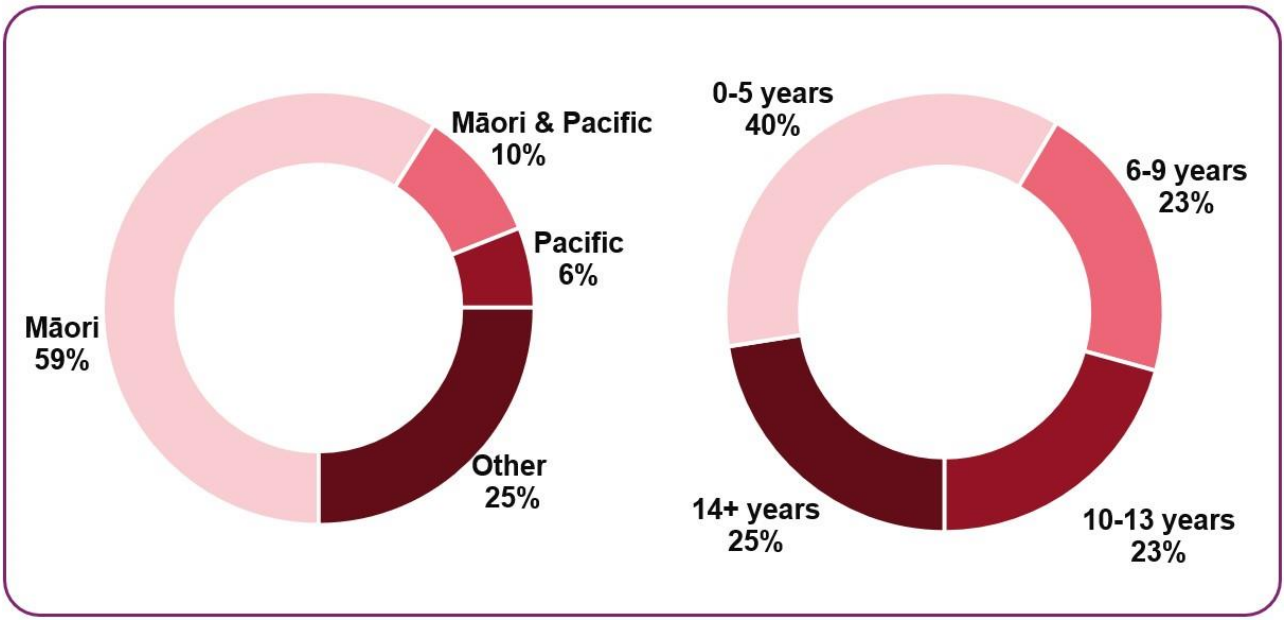
To estimate the prevalence of something about the Oranga Tamariki care (and broader) population from the Youth19 study, I made a broad assumption about the population bases. To help it along, I tried to balance or align the Youth19 data and Oranga Tamariki data as much as possible.

Balancing the numbers to make a better comparison

Ok so I am making some big assumptions. Nevertheless, these are the steps I took:

1. I took out the children (under 14 years old) from the Oranga Tamariki figure so I could compare youth to youth with the Youth19 figures. The Independent Children's Monitor 2021 reported that **25%** of those in care and custody were aged 14 and over, making approximately **1510** youth (see Figure 27 below) [39, p. 15].

Figure 27. Oranga Tamariki – children and youth in care or custody, by ethnicity, and then by age (30 June 2020)

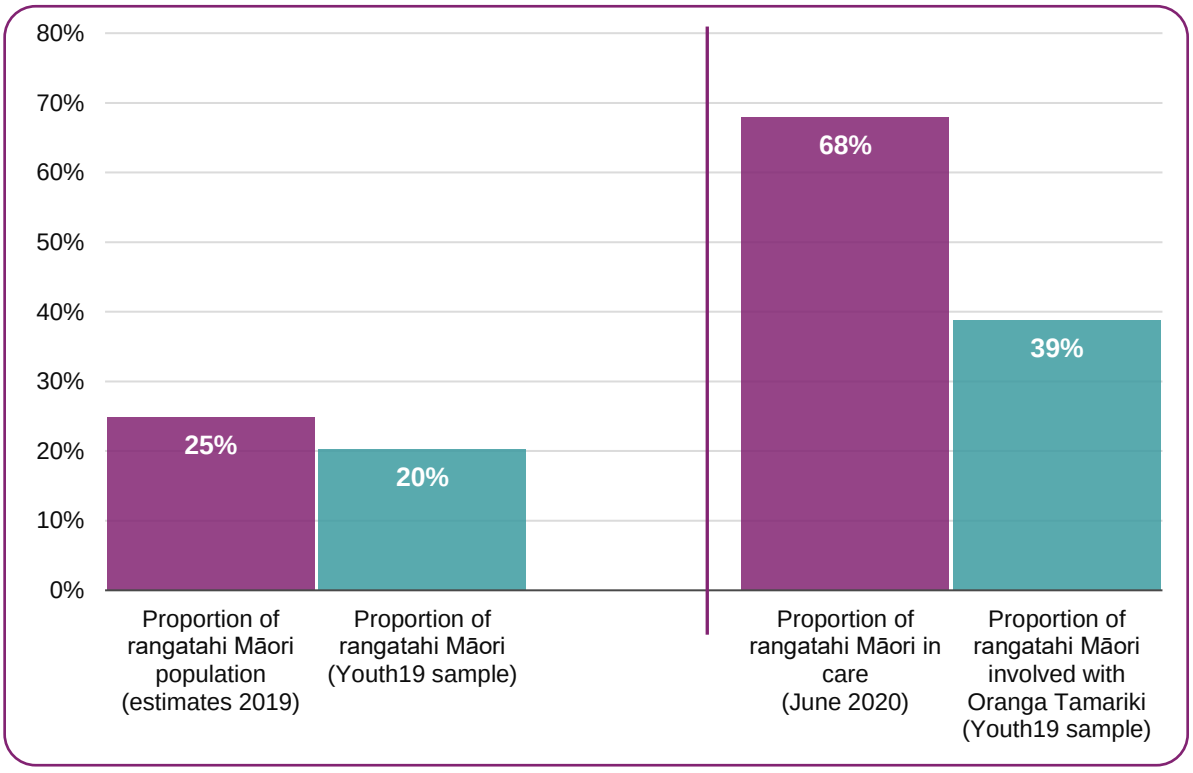


Source: Reproduced from [39, p. 15]

2. I'm only interested in rangatahi Māori from Oranga Tamariki. How good, then, is the Youth19 sample of rangatahi Māori when comparing to the population? Of the Youth19 sample, 20% are rangatahi Māori. Of the whole Māori population (in Aotearoa), 25% are rangatahi Māori (from Stats NZ, Figure 28 below). Also, 25% of all92 children and youth in Oranga Tamariki care are youth aged 14+, according to the Independent Children's Monitor [39]. So, that works out nicely.

3. Oranga Tamariki is attending and caring for disproportionate numbers of tamariki and rangatahi Māori, which is a longstanding historical problem. The Oranga Tamariki Section 7AA[93] official reports [102] recorded **59%** of new entries to care as Māori, with a total of **68%** 'currently' in care being Māori (30 June 2021). I'm using the 68% figure of Māori in care, then assuming that 68% of tamariki are Māori and 68% of rangatahi are Māori – splitting them evenly.

Figure 28. Youth19 samples of RANGATAHI MĀORI against population estimates and Oranga Tamariki official reports



Notes:
a) Population estimates and the Youth19 sample are comparable
b) The proportion of rangatahi Māori in care (68%) is not comparable to the Youth19 estimated proportion of rangatahi Māori involved with Oranga Tamariki (39%).
c) Population estimates come from Stats NZ (see Table 8 below).

4. Now, let's take our 68% from rangatahi Māori to takatāpui Māori youth. Of all takatāpui Māori, **24%** were involved with Oranga Tamariki according to Youth19. Of cisgender and heterosexual Māori, **18%** were involved with Oranga Tamariki [36, (Table 1, p. 14)].

[92] This includes all ethnicities.
[93] Section 7AA is a section of the Oranga Tamariki Act 1989, where there are additional requirements for whānau Māori that the agency must adhere to. The 7AA report is one of those requirements.

5. But the figure of 24% takatāpui Māori involved with Oranga Tamariki isn't the correct figure to use. To be able to compare to Oranga Tamariki data, we need to start with the Youth19 sample of Oranga Tamariki – which is **742** students. That is our new sample for this purpose. Here, I am matching 'involved with Oranga Tamariki' from Youth19 with the Oranga Tamariki youth in care population. I take the proportion of rangatahi Māori from the 742, which is **288** (the 39% from Youth19).

6. From the 288 rangatahi Māori who were involved with Oranga Tamariki, **38** are takatāpui Māori, which makes **13%**. To clarify, 13% of the Youth19 Oranga Tamariki sample of rangatahi Māori are takatāpui Māori youth. This figure is actually on the low side compared to what other studies and literature are saying about rainbow youth or indigenous rainbow youth in care (approximately 20%+). This will make my estimate on the low side.

7. Finally, there are 1027 rangatahi Māori in Oranga Tamariki care. If we assume that 13%[94] of Māori youth in care are takatāpui, we arrive at the guesstimate of **135**[95] (13% of 1027) takatāpui Māori.

Table 8. Māori youth (aged 14 to 18) population estimates for 2019 for all Aotearoa

	14 years	15 years	16 years	17 years	18 years
2019	15,810	15,500	15,350	15,370	15,680

Footnotes:

a) All population estimates at 30 June 2018 and beyond use the 2018-base ERP.
b) Māori population estimates after 30 June 2006 have been revised to incorporate results from the 2018 Census and 2018 Post-enumeration Survey.
c) Estimates are mean year ended December.

Source: Stats NZ population estimates: https://infoshare.stats.govt.nz/ViewTable.aspx?pxID=a39fe6d2-962a-4333-a1e7-749a7ee825fd

[94] 13.1944%
[95] Rounded down.

Appendix 3: Where are the data? What large-scale data sources are in Aotearoa?

In the literature scan, I found many studies, surveys, administrative data sources, and analyses around the world on rainbow people. These include studies on children and youth, of homeless people, of indigenous people, and of those who had experienced child welfare systems. And yet, many articles talk about the need for further research, longitudinal studies, and better definitions and data collections. Here in Aotearoa, we have a few potential sources of data that we can explore before we conduct further research.

The following is a brief list and description of each of those sources. It is, however, by no means an exhaustive list.

The Youth2000 series of adolescent/youth health and wellbeing (University of Auckland)

The Youth2000 study is a series of surveys of rangatahi (youth) in Aotearoa. Conducted by the Adolescent Health Research Group of the University of Auckland, there are four cross-sectional surveys of around 7,000 youth students each conducted in 2001 ('Youth'01'), 2007 ('Youth'07'), 2012 ('Youth'12'), and the latest being in 2019 ('Youth19').[96] They collect a wide range of data on health, wellbeing, development, resilience, and struggles. And they have a comprehensive set of questions on sexual and gender identities.

There are several publications from the Youth2000 series of surveys. I have identified and used the following for this report:

1. *A Youth 19 Brief: Rainbow rangatahi Māori. (2021)* [12]
2. *A Youth19 Brief: Pacific rainbow young people. (2021)* [103]
3. *A Youth19 Brief: Same and multiple sex attracted students. (2021)* [6]
4. *A Youth19 Brief: Transgender and diverse gender students. (2020)* [15]
5. *A Youth19 Brief: Young people with disabilities. (2021)* [42]
6. *Negotiating multiple identities: Intersecting identities among Māori, Pacific, rainbow and disabled young people. (2021)* [104]
7. *Te āniwaniwa takatāpui whānui: Te aronga taera mō ngā rangatahi | Sexual attraction and young people's wellbeing in Youth19. (2022)* [57]
8. *The health and wellbeing of takatāpui and rainbow young people who have been involved with Oranga Tamariki (Youth19). (2022)* [36]
9. *The health and well-being of transgender high school students: Results from the New Zealand Adolescent Health Survey (Youth'12). (2014).* [20]
10. *Young people who have been involved with Oranga Tamariki Identity and Culture. (2021)* [105]

[96] See https://www.fmhs.auckland.ac.nz/en/faculty/adolescent-health-research-group/publications-and-reports.html for information and https://www.youth19.ac.nz/ for the latest results.

11. *Young people who have been involved with Oranga Tamariki: Mental and physical health and healthcare access. (2021)* [63]

Stats NZ, the biggest surveying organisation in Aotearoa

Stats NZ conducts several surveys and the national census of Aotearoa. It is now catching up on defining and collecting sexual and gender identities and setting a precedent and a standard for other government agencies. Its definitions and questions are still maturing. For instance, the Youth2000 series of surveys, Ministry of Health surveys [106], and the Ministry of Education surveys [77] already had questions and better definitions for sexual and gender identity.

The next census (2023) promises to have a more informative and robust collection of sexual and gender identities. The previous census in 2018, for instance, didn't collect data on sexual and gender identities. It'll also be collecting birth biological sex differently from the past and will include variations in sex characteristics – meaning variations on the 'expected' female/male biological characteristics such as intersex and other variations [107]. On its website, Stats NZ offers a downloadable guide to its definitions on sex, variations in sex characteristics, and gender.[97]

Sexual orientation is also new to the next census [107]. Stats NZ has designed sexual orientation to mean sexual attraction, sexual identity, and sexual behaviour. Sexual identity refers to gay, lesbian, bisexual, pansexual, asexual, takatāpui, and other identities.[98] These definitions will likely flow into other Stats NZ surveys in the future.

The General Social Survey (Stats NZ)

The General Social Survey (GSS) is about social and economic wellbeing and outcomes of New Zealanders.[99] This survey runs every two years. It takes a sample from whole households of around 8,000 people over the age of 15 years. Households are first selected in their sampling, and everyone over the age of 15 years living in the household answers the survey. The survey is administered face-to-face with a Stats NZ interviewer. The scheduled 2020 GSS survey was delayed until 1 April 2021 because of the Covid-19 pandemic. Stats NZ states the data will be available mid-2022.[100]

Although the latest GSS data is based on the 2018 survey, Stats NZ added a question on sexual identity for the first time. The GSS 2018 reported on gay, lesbian, and bisexual (LGB) identities. However, it didn't collect genders or other forms of sexual orientation [108]. Stats NZ makes compiled data available on its website.

The Household Economic Survey (Stats NZ)

The Household Economic Survey (HES) is an annual survey run by Stats NZ. Like the GSS, the HES is also a 'household' based survey. It collects data from roughly 16,000 households, equating to 31,000 people aged 18 and over (although they are expanding

[97] www.stats.govt.nz/methods/statistical-standard-for-gender-sex-and-variations-of-sex-characteristics
[98] www.stats.govt.nz/news/new-guidance-for-collecting-data-about-sexual-identity/
[99] www.stats.govt.nz/help-with-surveys/list-of-stats-nz-surveys/information-about-the-new-zealand-general-social-survey-gss/
[100] www.stats.govt.nz/news/new-tool-for-exploring-wellbeing-data

the sample size).[101] The HES is divided into smaller sub-samples of household expenditure questions, household income questions, and household net worth questions. The 'core' HES survey collects household income, housing costs, and material wellbeing, and the survey is used to set the 'consumer price index' (CPI) and through the CPI informs the official inflation rate.[102]

The 2020 HES survey collected sexual and gender identities for the first time. From this survey, Stats NZ reported the earlier mentioned figures of there being **4.2%** of rainbow people in the adult population, and **0.8%** gender-diverse adults (transgender or non-binary). It didn't include a question on variations of sex characteristics, and categories were kept fairly broad [2].

The New Zealand Health Survey (Ministry of Health)

The New Zealand Health Survey (NZHS) is a long running study on the health and wellbeing of New Zealanders. The first publication is from 1992, and the survey became annual from 2011. The survey is a sample over 13,000 adults of which 4,000 children are represented by their parents or caregivers.

The survey captures information from both children and adults on the following topics: health conditions and status; health behaviours and risk factors; using healthcare services and their experiences of the services; socio-demographics; and various health measurements such as height, weight, blood pressure, etc. The survey data is used to support government policy and strategy, and health services.[103]

The NZHS has, for some time now, collected data on sexual identities, starting with the 2014/15 year [106]. However, it does not collect data on gender diversity and identity or variations in sex characteristics.

The Integrated Data Infrastructure (Stats NZ)

Aotearoa has a fairly unique 'whole of country' dataset for research and analysis, which pulls together several sources of administrative records, surveys, and studies. Stats NZ has held the dataset since 2011 and it now contains data on over 5 million New Zealanders, providing information on education, health, tax and income, social services, housing, and so on.

The Integrated Data Infrastructure (IDI) links all these separate sources of information on individual New Zealanders, and then keeps the dataset confidential. It is highly guarded and is only used for government to inform policy and bona fide research that only has a public benefit – meaning it is not for commercial purposes. Every research project goes through an ethics and privacy assessment.[104]

There is obviously a lot of promise, then, in the IDI. However, because there are very few collections of gender and sexual orientation, diversity and identity, the IDI doesn't yet

[101] www.stats.govt.nz/methods/expanding-the-household-economic-survey-to-obtain-good-measures-of-child-poverty/
[102] www.stats.govt.nz/help-with-surveys/list-of-stats-nz-surveys/about-the-household-economic-survey/
[103] www.health.govt.nz/nz-health-statistics/national-collections-and-surveys/surveys/new-zealand-health-survey
[104] www.stats.govt.nz/integrated-data/integrated-data-infrastructure/

appear useful for studies on rainbow people. The many administrative databases across government agencies don't yet collect gender beyond 'male' and 'female', and don't collect sexual identity – neither of which are relevant to many government agencies. Some surveys and studies, such as the Youth2000 series and Growing Up in New Zealand, are not linked into the IDI. [S. Murray, *personal correspondence*: Gender and sexual identity indicators in the IDI, 14 February 2022].

Identify – study of rainbow teenagers and young adults

'Identify' is a publicly open online survey, aiming to collect responses from rainbow young people. The online survey uses 'branching' questionnaire logic to capture data from the eligible population of rainbow youth aged 14 to 26. The study is run and funded out of the University of Auckland.

At the time of writing this report, there were no publications yet and the survey is still in a data-capture phase.

See www.identifysurvey.nz/

Counting Ourselves – a study of 1,178 trans and non-binary people

Counting Ourselves is a study in Aotearoa of 1,178 trans and non-binary people, aged between 14 and 83 years, conducted in 2018. And on **1 September 2022**, they launched a new survey.

Almost half of the survey respondents were aged 14 to 24 years and were spread across the motu of Aotearoa (covering all regions). One-quarter of the respondents had a disability, one-third had avoided healthcare, and almost three-quarters were suffering from psychological distress. More than one-half showed suicidality and more than one-third had attempted suicide in the previous 12 months of the survey.

The study has produced several reports and published papers. The Tan et al. (2020) paper on the mental health inequities of gender-diverse people includes an age analysis that includes youth [50], which I have included in this report.

See https://countingourselves.nz/

And, "What About Me"?

'What About Me' is a new youth study being conducted in Aotearoa and funded by the New Zealand Government. Similar to the Youth2000 series, 'What About Me' covers the health and wellbeing of our youth aged 14 to 18 years. It potentially expands on the Youth2000 series with almost twice the sample size (up to 14,000). It includes youth in kura kaupapa Māori (full Māori language and culture immersion schools),[105] alternative schools, and those not attending school, as well as general public schools. The study also includes whānau members and parents as participants.

[105] https://runanga.co.nz/

As a government-funded study, the collected data is intended to measure 15 progress indicators for the government's Child and Youth Wellbeing Strategy.[106] The study will be repeated every three years going forward. Covid-19 delayed data collection from its original start date of May 2021. At the time of this report, there were no announcements of further progress.

See www.whataboutme.nz/

Growing Up in New Zealand, and emerging gender identity

We are lucky in Aotearoa to have had some of the studies we do. We have two 'world-famous' birth cohort longitudinal studies that are currently running in Aotearoa, with one of them now 50 years old. The first study is the Dunedin Multidisciplinary Health & Development Study, which started in Dunedin in 1972-73 and followed 1,037 participants up to the age of 45 years, so far.[107]

The second is the Christchurch Health and Development Study, also a birth cohort longitudinal study based on 1,265 births in urban Christchurch in 1975. They recently reached their '40 year' wave in 2019 and are planning another wave in the next five years.[108]

While I've mentioned these studies, especially with respect to their achievements, gender identity wasn't something they explored. But now we have another longitudinal study: Growing Up in New Zealand. This study started in 2009 when a sample of over 6,000 pregnant women from the Tamaki Makaurau (Auckland) and Waikato regions was obtained. After five waves, the study is currently at eight-year-old children. And for the first time, they collected gender identity.[109]

Longitudinal studies offer the chance to study the development, change, mediators, moderators, and outcomes of the same people over time. As previously mentioned, more longitudinal research on gender diversity in children into adulthood is needed. Longitudinal data is more robust in establishing causal links than other types of data.

In science, causality cannot be established in a cross-sectional study. This is because establishing causality requires potential causes to hold over time, broadly speaking, which helps establish the persistence and direction of causality. Growing Up in New Zealand has established a baseline for gender identity for eight-year-old children, reporting that **18.5%** of eight-year-olds identified or questioned their gender differently to their birth-assigned gender [22].

A Covid-19 related data collection – a closed, one-off study

The last study I will mention is, and I iterate this is by no means and exhaustive list, a study on the experiences of Covid-19 on rainbow youth aged 16 to 24. On behalf of and in partnership with the Ministry for Youth Development, the Point & Associates[110] research group conducted a study on rainbow youth. The study was conducted during

[106] www.childyouthwellbeing.govt.nz/
[107] https://dunedinstudy.otago.ac.nz/
[108] www.otago.ac.nz/christchurch/research/healthdevelopment/
[109] https://dunedinstudy.otago.ac.nz/
[110] www.point.co.nz/

October 2020 when Aotearoa reached Alert Level 1 (least restricted level) post Covid-19 lockdown across the motu (country). Participants were asked to recall their experiences during lockdown. Data were collected through four methods: an online survey (*n*=482), an online roundtable discussion across nine rainbow organisations (*n*=2500 qualitative responses), and in-depth qualitative focus groups and interviews with remaining underrepresented groups [81].

The data collected a rich list of rainbow categories and identities, which helps define the diversity and continuous nature of rainbow identities (Table 9 below). However, responses for many Pacific rainbow identities weren't captured by the sample, and Asian ethnicities were under-represented. Also, the questionnaire collected both sexual identity and gender identity as a single question and list of responses, with a multiple-choice response. This could make it a little more difficult to understand the gender identity and sexual identity intersections.

NZ European/Pākehā made 85% of the sample, Māori made 15%, Pacific and Asian made 4% and 6% respectively. Participants could choose as many ethnicities as they liked. Rainbow youth with disabilities made 22% of the sample [81].

Overall, the report nicely highlights the need for services and community for rainbow youth. As an already vulnerable group, the Covid-19 lockdown exposed how a lack of service access left many rainbow youth essentially 'out in the cold'.

Table 9. Rainbow categories in the Covid-19 rainbow experiences study

Sexual/Romantic identity	%	*n*=	Gender identity	%	*n*=	Other categories with no responses
Queer	42%	204	Cisgender	16%	76	Akavaine
Bisexual	41%	196	Transgender	14%	68	Faafafine
Gay	24%	114	Man/Boy/Tane	11%	54	Faafatama
Pansexual	21%	103	Woman/Girl/Wahine	21%	101	Fakafifine
Lesbian	20%	98	Gender diverse	11%	54	Fakaleiti
Asexual	10%	49	Transman	10%	50	Fakatangata
Panromantic	7%	32	Non-binary	24%	116	Fiafifine
Biromantic	6%	27	Gender queer	9%	42	Haka huahine
Demiromantic	4%	17	Transwoman	2%	11	Palopa
Homoromantic	3%	16	Transmasculine	9%	42	Pina
Heteroromantic	1%	3	Transfeminine	2%	9	Pinapinaaine
Aromantic	3%	15	Gender fluid	7%	32	Mahu
Greyromantic	<1%	2	Fluid (gender)	6%	31	Tahine
Fluid (sexuality)	7%	32	Agenda	4%	20	Tangata ira wahine
Takatāpui	3%	14	Demigirl	2%	9	Vaka sa lewa lewa
Heterosexual/straight	1%	3	Demiboy	1%	5	Whakawahine
			Bigender	1%	3	
			Pangender	1%	3	
			Tangata ira tane	1%	3	
			Transexual	<1%	2	
			Intersexual	<1%	1	
			Prefer not to say	1%	4	

Source: Table adapted by the author [81, p. 7]

Table 10. All youth (aged 14 to 18) population estimates for 2019 for all Aotearoa

	14 years	15 years	16 years	17 years	18 years
2019	60,040	62,220	62,330	62,340	63,910

Footnotes:

a) All population estimates at 30 June 2018 and beyond use the 2018-base ERP.
b) Māori population estimates after 30 June 2006 have been revised to incorporate results from the 2018 Census and 2018 Post-enumeration Survey.
c) To produce a coherent annual national series, Māori population estimates from 1991 to 2018 do not incorporate results from the 1996 or 2013 Census.
d) Estimates are mean year ended December.

Source: Stats NZ, https://infoshare.stats.govt.nz/ViewTable.aspx?pxID=c0ec7486-edff-4ef0-a305-483b9d318ff1

Appendix 4: Rainbow policies adopted by government agencies in Aotearoa

Thank you to the Voices Team, Tamariki Advocate Oranga Tamariki for conducting a search of policies and practices for rainbow children and youth across government agencies in Aotearoa. While many agencies and local government councils have networks, employee diversity policies, and advisory groups, only the following had policies and practices that could be applied to children and youth.

I have to preface that with the fact that, while we tried to find policies, these are the only ones we could find on children and young people. Of course, many agencies are revisiting their own workplace and employment policies for rainbow employees. It's possible that rainbow positive policies for child and adult clients are not 'externally' published on their websites.

Outside of that situation, the Ministry of Education's policies and practices were the most comprehensive.

Below I've listed those policies and practices and each organisation we found them in. Regarding the Ministry of Education and their rainbow policies for students, I discussed their progress and activities in more depth and made some comparison to Oranga Tamariki and other agencies. I refer you back to the section on "Child Welfare Agencies", under '*Perhaps we could learn a thing or two from today's schools?*' (59).

The Department of Corrections (Ara Poutama Aotearoa)

Gender Affirming Healthcare Kete (package).

In May 2001, Ara Poutama released guidelines on 'gender affirming' healthcare for transgender and non-binary adults and youth they work with. The kete, in the form of a kete whakairo (woven basket), was given to the nurses of their healthcare centres. The kete contains printed guides and group training activities.

"People in prison and staff have commented on how they really like the positive and inclusive messages and information." (see website below).

www.corrections.govt.nz/news/2021/gender_affirming_healthcare_kete

Ministry for Youth Development (Te Manatū Whakahiato Taihoi)

Youth Plan 2020 – 2022 (Ministry action plan)

In their action plan for 2020 to 2022, this Ministry has included rainbow youth aged 17 to 24 as one of their key 'priority' groups. Their action plan includes research and an increase in the awareness of rainbow youth within the whole public sector. The Ministry supported the Covid-19 rainbow research (listed in Appendix 3 above), and many of the Youth19 series of rainbow reports. They also support the charity organization 'InsideOut' that supports rainbow youth.

www.myd.govt.nz/documents/young-people/youth-plan/youth-plan-2020-2022-turning-voice-into-action-rebuilding-and-recovering.pdf

Ministry of Education (Te Tāhuhu o te Mātauranga)

A progressive suite of activity and support for rainbow children and youth

The Ministry of Education appears to be doing the most activity and change for rainbow children and youth students. Their mahi covers many areas. I refer you back to the section on 'Child Welfare Agencies', under the subheading *'Perhaps we could learn a thing or two from today's schools?*' (59).

Education's **strategy** for rainbow children and youth is publicly available and was delivered to the government as a briefing note to Hon. Chris Hipkins (Minister of Education). Education lists two primary rainbow policies for students:

1. School records need to reflect the gender that a child identifies and therefore need to be updatable.
2. Schools must meet the needs of gender-diverse children according to their gender identity – such as providing non-gendered facilities.[111]

Te Rito is a new school record keeping platform currently under development that promises to make several school record systems redundant. Te Rito streamlines many data issues, which can prevent rainbow data from being accessible and also being available to the IDI [75].

Education demonstrates progress with rainbow policies, practices, and support for rainbow children and youth students. For example:

- They have developed **guides for schools**, teachers, and students to create rainbow inclusive school environments.[112]
- They have also updated their guidelines on student relationships and sexuality in schools to include rainbow students.[113]
- *These guidelines are for teachers, school leaders, and boards of trustees, and they're focused on healthy, respectful, and consensual relationships as being part of student wellbeing* [A. O'Brien, *personal communication Ministry of Education*, 12 April 2022].
- There are also guidelines and online resources on relationship and sexuality education,[114] installing gender-neutral toilets, and guidance for schools and teachers on rainbow policies, such as privacy, uniforms, and more.

Education's rainbow policies and strategies are aligned to their other progressive programmes on **anti-racism**, **anti-discrimination**,[115] and **anti-bullying**. The Education legislation requires schools to be safe and free of discrimination.

Education has worked with rainbow organisations to complete these guides, guidelines, and workstreams. Organisations such as InsideOUT. InsideOUT provides professional learning and development for schools and teachers on rainbow youth and provides

[111] www.education.govt.nz/assets/Uploads/R-1250624-Supporting-LGBTQIA+-children-and-young-people.pdf
[112] www.inclusive.tki.org.nz/guides/supporting-lgbtiqa-students/
[113] https://hpe.tki.org.nz/guidelines-and-policies/relationships-and-sexuality-education/
[114] https://hpe.tki.org.nz/planning-and-teaching-resources/resource-collections/relationships-and-sexuality-education-guidelines-resource-collection/
[115] www.inclusive.tki.org.nz/guides/supporting-lgbtiqa-students/

various resources and guides [75; (A. O'Brien, *personal communication Ministry of Education*, 12 April 2022)].[116,117]

www.education.govt.nz/assets/Uploads/R-1250624-Supporting-LGBTQIA+-children-and-young-people.pdf

[116] www.insideout.org.nz/resources
[117] www.inclusive.tki.org.nz/guides/supporting-lgbtiqa-students/

Appendix 5: New Zealand Health Survey LGB time series

Table 11. New Zealand Health Survey LGB Māori and general population time series

Year	Ethnicity	Heterosexual/ straight	Gay or lesbian	Bisexual	Other sexual identity
2015/16	Māori	94.90%	2.20%	2.10%	0.90%
	Population	97.10%	1.10%	1.40%	0.50%
2016/17	Māori	95.90%	1.40%	1.90%	0.90%
	Population	96.30%	1.40%	1.60%	0.80%
2017/18	Māori	94.80%	1.60%	2.70%	0.90%
	Population	96.40%	1.20%	1.80%	0.50%
2018/19	Māori	95.00%	1.70%	2.70%	0.60%
	Population	96.20%	1.20%	2.20%	0.40%
2019/20	Māori	94.50%	1.50%	3.30%	0.70%
	Population	96.60%	1.30%	1.60%	0.50%
2020/21	Māori	92.40%	1.30%	5.10%	1.20%
	Population	94.80%	1.30%	2.90%	1.00%

Source: Reproduced from the New Zealand Health Survey Annual Data Explorer – MOH NZ Health Survey