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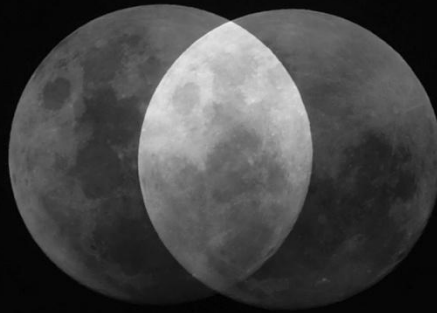
SROI

VOYCE –  
Whakarongo Mai  
Social Impact Assessment

Analysis of Care-Experienced Tamariki and  
Rangatahi Support Services

March 2026





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# Executive Summary

VOYCE - Whakarongo Mai is a national, independent organisation that exists to uphold the rights, wellbeing, and voices of care-experienced tamariki and rangatahi. Its purpose is to ensure that children and young people with experience of state care are heard, connected, supported, and empowered, and that their lived experiences meaningfully shape the systems that affect their lives. VOYCE delivers this kaupapa through an integrated model spanning five interconnected Pou: Tūhono (connection and belonging), Whakamana (rights-based advocacy), Whai Pūkenga (skills and future pathways), Rangatiratanga (leadership), and Whakatairanga (collective voice and systems influence). Central to this approach is the principle that feeling heard, connected, and respected is both a right and a foundational condition for improved wellbeing, stability, and long-term outcomes.

This report provides a conservative, evidence-based estimate of VOYCE's social value using New Zealand Treasury CBAX conventions (including discounting and sensitivity testing).

**The total present value (PV) of these benefits is 21.85m over 3 years (real discount rate of 2%), resulting in a benefit-cost ratio of 3.9:1**

The model monetises nine distinct, non-overlapping benefits with value concentrated in two primary drivers that align directly with VOYCE's core mechanisms of change: enhanced life satisfaction (valued at \$11.382m PV) and strengthened belonging/social connectedness (valued at \$9.469m PV). These two benefits account for a large portion of the total monetised value and reflect how VOYCE's advocacy, participation, and identity-safe connection pathways translate into wellbeing gains.

Sensitivity testing demonstrates that the results are robust to plausible changes in key assumptions about reach, conversion into outcomes, and persistence. Across the modelled scenarios, the programme remains net-beneficial, with the BCR ranging from 2.9:1 (pessimistic) to 4.3:1 (optimistic). Corresponding present values range from \$10.80m to \$18.33m, with a "service cut" scenario (programme funding drawdown) still returning a BCR of 3.9 but with a lower PV of +11.38m, reflecting the scale of value foregone when fewer rangatahi can be reached at sufficient intensity.

This report also draws on the New Zealand Treasury's He Ara Waiora, which is used to interpret VOYCE's contribution beyond what can be captured in monetary terms. He Ara Waiora provides a coherent structure for understanding how VOYCE supports waiora across wairua and ira tangata, including cultural identity, trust and safety. It also makes visible how VOYCE's kaupapa-led practice contributes to change at deeper system levels through tikanga- and mana-enhancing pathways.

Alongside wellbeing impacts, the report also presents VOYCE's economic footprint through an input–output multiplier analysis. In the year ended 30 June 2025, VOYCE's audited operating spend of \$7.13m is estimated to support \$17.04m of total economic output and \$9.65m of GDP across Aotearoa New Zealand (including direct, supply-chain, and household spending effects), and around 111 FTE-years of employment supported economy-wide. These results are presented as gross flow-on activity associated with VOYCE's operations (not a substitute for the SROI and not a net impact claim), providing additional context on how funding circulates through the wider economy.

Taken together, the report offers an integrated account of VOYCE's value: a clear Theory of Change grounded in rights and kaupapa; a conservative, audit-ready estimate of quantified benefits and costs; a transparent sensitivity analysis that tests resilience under different conditions; a broader cultural and social framing that makes non-monetised outcomes visible; and an economic footprint analysis that describes VOYCE's contribution to wider economic activity. This combination provides a tight, evidence-based overview of what VOYCE delivers, why it matters, and what is at stake when delivery conditions, or service scale, change.

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# 1 Introduction

This report presents a comprehensive impact assessment of VOYCE – Whakarongo Mai programmes. The research was commissioned to assess the benefits generated through its programmes, and to quantify the economic and social value created.

The research aims to:

- Identify the measurable and broader wellbeing outcomes experienced by participants.
- Establish a theory of change and logic model for VOYCE.
- Calculate the SROI ratio for VOYCE programmes.
- Distinguish the quantifiable benefits from non-monetised outcomes and apply sensitivity testing to ensure conservative, evidence-based valuations.
- Assess multiplier effects on how individual and organisational benefits flow on to whānau, communities, and the wider construction sector.

The research draws on VOYCE’s internal programme data, qualitative accounts from participants, and external New Zealand literature and economic proxies aligned with Treasury’s CBAX model. Together, these provide a robust evidence base for understanding the full spectrum of outcomes - from enhanced cultural confidence to improved leadership capability, and enhanced wellbeing.

The report is structured as follows:

- **Section 2** – Provides a brief overview of the VOYCE programmes and an overview of state care.
- **Section 3** – Present a comprehensive overview of VOYCE’s theory of change.
- **Section 4** – Presents the broader wellbeing outcomes associated with VOYCE’s programmes.
- **Section 5** – Provides an overview of the SROI social value methodology and evaluates the social value generated through VOYCE.
- **Section 6** – Provides some recommendations to strengthen VOYCE’s internal data and reporting capacity.
- **Section 7** – Explores the wider economic multipliers generated through these programmes.

## 2 Background: VOYCE Whakarongo Mai and Care Experienced Youth

VOYCE – Whakarongo Mai is a national, independent organisation in Aotearoa New Zealand that exists to uphold the rights, wellbeing, and voices of care-experienced tamariki and rangatahi. Its purpose is to ensure that children and young people with experience of state care are heard, connected, supported, and empowered, and that their lived experience meaningfully shapes the systems that affect their lives. VOYCE’s vision is that tamariki and rangatahi atawhai live with love and mana, with their dignity, identity, and aspirations respected. It’s kaupapa centres rangatahi voice, manaakitanga, tino rangatiratanga, and ethical, culturally grounded engagement, meeting young people where they are and working alongside them in ways that are safe, relational, and mana-enhancing.

VOYCE operates in response to persistent and well-documented failures within the care system. Evidence from the State of Care 2025 report and the 6 Promises Scorecard shows that care-experienced young people continue to experience poor outcomes across safety, mental health, education, stability, identity, and voice. Many report not feeling listened to, not understanding decisions made about their lives, and lacking trusted adults or peers to turn to. These experiences are compounded for Tamariki Māori, rainbow rangatahi/takatāpui, and those transitioning out of care, who face heightened risks of isolation, mental distress, disrupted education, homelessness, and justice involvement. Independent reviews, including the Royal Commission of Inquiry into Abuse in State and Faith-based Care, further highlight the ongoing need for strong, independent advocacy and youth-led accountability within the system.

VOYCE addresses these challenges by providing an integrated model of connection, advocacy, leadership development, and systems influence. Rather than acting as a statutory authority or regulator, VOYCE works alongside tamariki and rangatahi to help them understand their rights, raise concerns safely, build supportive relationships, and develop confidence, skills, and leadership identity. Central to this approach is the belief that feeling heard, connected, and respected is not only a right in itself, but a foundational condition for improved wellbeing, stability, and long-term life outcomes.

VOYCE works with care-experienced tamariki and rangatahi across a broad range of needs and life stages. These include issues related to safety and stability (placements, care planning,

transitions), mental and emotional wellbeing (distress, anxiety, isolation), education (school engagement, exclusion, access to support), identity and belonging (culture, whakapapa, rainbow identity), and participation and voice (having a say in decisions, influencing policy and practice). While VOYCE's primary focus is on children and young people aged up to 25 with care experience, its work also affects whānau, caregivers, professionals, and system actors through improved understanding, relationships, and accountability.

Delivery is organised across five interconnected Pou, which together form VOYCE's core intervention.

- **Tūhono** focuses on connection and belonging, creating safe spaces where tamariki and rangatahi can meet others with shared experiences and feel less alone.
- **Whakamana** provides individual, rights-based advocacy, supporting young people to understand decisions, express their views, and seek change in areas such as placements, schooling, health, and cultural connection.
- **Whai Pūkenga** builds skills and prepares rangatahi for the future through opportunities that strengthen confidence, communication, and work readiness.
- **Rangatiratanga** creates leadership pathways, enabling care-experienced young people to take on governance, advisory, and public roles and to act as rangatira of their own stories.
- **Whakatairanga** translates lived experience into collective voice and systems influence, through major reports, scorecards, submissions, campaigns, and ethical frameworks such as Kia Tika, Kia Pono.

Across all these Pou, VOYCE's delivery is intentionally values-led and youth-centred. Safety and trust are prioritised through ethical engagement, trauma-informed practice, and cultural integrity. Choice and agency are embedded by supporting young people to decide how and when they engage, and what issues matter most to them. Access is strengthened through no-cost participation, regional presence, and relationship-based practice that reduces fear of repercussions for speaking up. Quality is safeguarded through governance and leadership that includes care-experienced rangatahi and through continuous learning informed by youth feedback and evidence. Together, these elements position VOYCE as both a critical source of direct support for care-experienced young people and a key driver of long-term system change.

### 3 Theory of Change

#### **Key Insights:**

- VOYCE's Theory of Change is explicitly rights-based and kaupapa-driven. It frames harm in the lives of care-experienced tamariki and rangatahi as primarily system-produced, arising from instability, weak accountability, limited meaningful participation in decisions, and disconnection from whānau, culture and community.
- The five Pou function as an integrated intervention, where connection enables advocacy, advocacy stabilises circumstances and builds agency, skills and leadership strengthen future pathways, and systems advocacy translates lived experience into wider change.
- Feeling heard, connected, and respected is treated as a foundational outcome, underpinning improved wellbeing, stability, education, and long-term life trajectories, and informing both monetisable and non-monetisable value in the SROI framework.

VOYCE – Whakarongo Mai has articulated a clear Theory of Change (ToC) that sets out how its kaupapa-driven activities are expected to lead to meaningful change for care-experienced tamariki and rangatahi. The ToC provides a shared and explicit account of VOYCE's purpose, core activities, assumptions, and intended outcomes, and acts as the analytical backbone for understanding how value is created beyond what would have occurred without VOYCE's involvement.

## **Service Rationale:**

VOYCE's ToC responds to persistent evidence that care-experienced tamariki and rangatahi in Aotearoa New Zealand are not consistently receiving the love, safety, stability, and respect promised to them. Findings from State of Care reporting and the Six Promises Scorecard show that all six promises remain unmet, with particularly poor outcomes in relation to safety, mental health, identity, and voice. Youth- and whānau-led research further highlights ongoing barriers to raising concerns safely, achieving stable transitions from care, and maintaining connection to whānau, culture, and community.

The ToC recognises that these harms are primarily systemic in nature. They arise from instability, fragmented accountability, limited opportunities for meaningful participation in decisions, and insufficient independent advocacy and connection support. VOYCE's intervention is therefore designed to strengthen protective factors such as connection, agency, and trusted relationships, while also ensuring that lived experience informs system-level accountability and reform.

## **Target Groups:**

The primary target group for VOYCE's work is care-experienced tamariki and rangatahi (tamariki atawhai), broadly aged 0–25 years, including those currently in the care or custody of Oranga Tamariki and those transitioning out of care. Māori tamariki and rangatahi are prioritised, reflecting Te Tiriti o Waitangi commitments and their significant over-representation within the care system. Additional priority groups include rainbow care-experienced rangatahi and those at key transition points, where risks of isolation, homelessness, and disengagement are heightened.

The Theory of Change also recognises secondary cohorts who experience change through VOYCE's work. These include whānau, caregivers, and trusted adults involved in advocacy or connection activities, as well as system actors - such as Oranga Tamariki staff, schools, health services, oversight bodies, and policymakers - whose understanding, practice, and decision-making are influenced through VOYCE's systems advocacy.

## **Inputs and Activities:**

VOYCE's Theory of Change identifies a combination of organisational, relational, and cultural inputs as essential to creating change. These include skilled kaimahi (particularly kaiwhakamana and youth engagement staff), care-experienced rangatahi in governance and leadership roles,

organisational infrastructure such as regional offices and CRM systems, and partnerships with agencies including Oranga Tamariki, Mana Mokopuna, and Aroturuki Tamariki.

A critical enabling input is VOYCE's ethical and values-based practice framework, *Kia Tika, Kia Pono*, which sets clear expectations for safe, mana-enhancing engagement with tamariki and rangatahi. Together, these inputs support a coherent set of activities delivered across the five interconnected Pou, ensuring consistency of approach while allowing flexibility to respond to diverse needs and contexts.

### **Outcomes and Impact Pathways:**

At a high level, the Theory of Change anticipates that VOYCE's Pou-specific activities first lead to immediate changes in knowledge, agency, connection, and system behaviour. These short-term changes then contribute to medium-term outcomes aligned with the Six Promises, and ultimately to long-term improvements in wellbeing and life trajectories.

In the short term, engagement with VOYCE is expected to result in tamariki and rangatahi feeling more valued, respected, and heard; having a clearer understanding of their rights and options; experiencing reduced anxiety associated with uncertainty; and achieving tangible improvements in at least one life domain through advocacy.

Over the medium term, these changes are expected to support greater stability in placements, education, and relationships, alongside improved mental wellbeing, stronger care identity, and increased confidence and participation. Whai Pūkenga and Rangatiratanga activities strengthen educational attainment, employment readiness, and civic participation, while peer networks developed through Tūhono contribute to social capital and resilience.

In the longer term, VOYCE anticipates contributions to improved lifetime wellbeing for care-experienced young people, including better mental health, reduced crisis escalation, improved education and employment outcomes, reduced homelessness and justice involvement, and stronger identity and mana. At a system level, Whakatairanga activities are expected to improve accountability, responsiveness, and policy coherence, generating benefits for future cohorts beyond those who engage directly with VOYCE.

## Assumptions and Attribution:

The Theory of Change explicitly acknowledges that VOYCE operates within a complex service and policy ecosystem and is a contributing, rather than sole, cause of change. Outcomes that occur directly through VOYCE-led advocacy are treated as more strongly attributable, while medium- and long-term outcomes are understood as shared with other services, supports, and system actors.

Key dependencies and risks are also recognised, including funding stability, workforce capacity, legislative and policy settings, and the ongoing need to uphold ethical, trauma-informed practice to avoid unintended harm or re-traumatisation.

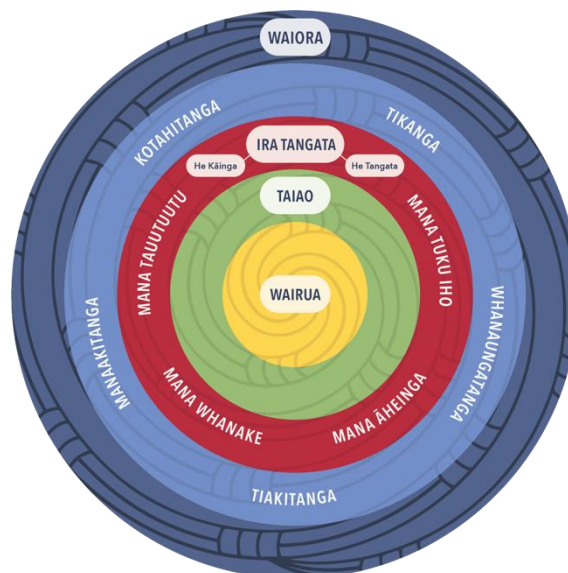
## Key Insights:

- **Not all value can or should be monetised.** Many of VOYCE's most important impacts - such as identity, dignity, trust, and cultural connection—are intrinsic wellbeing outcomes and enabling conditions. Treating these as non-monetised outcomes avoids over-claiming, double counting, or reducing taonga outcomes to narrow proxies, while remaining faithful to VOYCE's kaupapa.
- **He Ara Waiora provides an authoritative wellbeing lens for these impacts.** As the New Zealand Treasury's mātauranga Māori wellbeing framework, He Ara Waiora legitimises outcomes across wairua and ira tangata (including identity and belonging, reciprocity, aspiration and capability, and access to resources) as core determinants of waiora, not secondary or supplementary effects.
- **VOYCE's impact operates across deeper system layers, not only visible service events.** Many outcomes sit at the level of tikanga and kawa—shaping legitimacy, trust, voice, and institutional responsiveness - rather than only short-term, observable changes. He Ara Waiora's layered approach makes these forms of change visible and intelligible to decision-makers.
- **Reporting wider impacts strengthens, rather than weakens, the SROI.** By clearly distinguishing monetised benefits from broader wellbeing outcomes, this section provides critical interpretive context for the SROI ratio, explaining *how* and *why* value is created, and where VOYCE's contribution extends beyond what can be credibly priced.

### 3.1 Mātauranga Māori and He Ara Waiora

He Ara Waiora is the New Zealand Treasury's mātauranga Māori wellbeing framework, adopted to sit alongside the Living Standards Framework, and designed to strengthen how policy and evaluation identify what matters for wellbeing in Aotearoa. It centres waiora as a holistic, interconnected and intergenerational conception of wellbeing, grounded in wai (water) as the source of ora (life), and developed alongside Ngā Pūkenga (Māori thought leaders). The framework is intentionally named He Ara Waiora (a pathway) rather than Te Ara Waiora (the pathway), signalling that there are multiple legitimate pathways to achieving waiora. It is structured around three reinforcing elements: Ends (the intrinsic wellbeing determinants we seek to uplift), Means (the values and principles that should guide process and conduct), and Layers (a practical approach to simplifying complexity when understanding problems and designing higher-impact solutions). For VOYCE, this provides a high-value framing tool for outcomes that are not monetised in the SROI: it legitimises outcomes such as reciprocity and community connection, aspiration and capability, and access to resources as core determinants of wellbeing, and provides a coherent language for explaining how VOYCE's approach and the system context together shape these forms of change.

*Figure 1 - New Zealand Treasury's He Ara Waiora Framework*



## 3.2 Cultural and Social Impacts

VOYCE's theory of change and outcome mapping also identify a wider set of outcomes that are central to its kaupapa and to the lived realities of care-experienced tamariki and rangatahi, but are not appropriate to convert into dollars. Some sit in domains where monetisation risks over-claiming or reducing taonga outcomes to a proxy. Others are enabling conditions that are already embedded within the monetised benefit lines (for example, improved voice and trust contributing to life satisfaction), and are therefore reported qualitatively to support interpretation without double counting. He Ara Waiora provides an appropriate wellbeing lens for these wider outcomes, particularly across wairua and the determinants within ira tangata (identity and belonging, reciprocity and connection, aspirations and capability, and access to resources), and the process values that underpin legitimate and mana-enhancing change.

### **Strengthened Cultural Identity and Mana**

For many care-experienced tamariki and rangatahi, identity development occurs under conditions of instability, disrupted relationships, and institutional decision-making that can fragment a coherent sense of self. In Aotearoa New Zealand, this includes a heightened risk of disconnection from whakapapa and cultural identity for tamariki and rangatahi living outside their homes, particularly for tamariki Māori, where relationships and cultural continuity are foundational to wellbeing across the life course (Aroturuki Tamariki, 2022, 2025). A qualitative study commissioned by Oranga Tamariki highlights that being “in care” can carry stigma that affects identity and belonging, and that maintaining cultural connections (including through whāngai) supports a positive sense of identity (Oranga Tamariki - Ministry for Children, 2023). Through the New Zealand Treasury's He Ara Waiora lens, these outcomes align strongly with Mana Tuku Iho and wairua: identity, whakapapa connection and cultural continuity are not merely contributors to other gains, but intrinsic determinants of waiora (New Zealand Treasury, 2024).

In addition, contributors to Kia Tika, Kia Pono describe their shared truths as *“like feathers in a korowai”*, emphasising the collective strength and dignity of lived experience.

*“I want to be accepted for all of me.” – Rainbow Rangatahi, Identify Report*

*“Understanding who I am and where I come from matters.” – Care-leaver, Leaving Care Report*

VOYCE's non-monetised outcome set should therefore explicitly include strengthened cultural identity and connection to whakapapa, culture and language as an intrinsic wellbeing end, rather than treating identity as a proxy for downstream outcomes. Beyond identity as self-description, VOYCE's work also seeks to uphold and restore mana: the dignity, integrity, autonomy and legitimacy of care-experienced young people as rights-holders. These outcomes are materially important yet not well served by monetisation because they are deeply relational, context-specific and shaped by power dynamics. Where rangatahi are supported through processes involving harm, disputes, complaints, or justice and redress pathways, the wellbeing gain is often best described as validation, dignity and the restoration of mana, rather than as a single measurable "service event". This framing is consistent with He Ara Waiora's emphasis on tikanga and legitimate process as part of wellbeing itself, and with evidence on stigma and epistemic injustice for children in care, where credibility deficits and distrust can inhibit disclosure, undermine safety, and damage a young person's ability to make sense of their experience (Fieller & Loughlin, 2022; New Zealand Treasury, 2024). Reporting restoration of mana as a non-monetised outcome keeps the analysis faithful to VOYCE's kaupapa and avoids substituting a narrow proxy for a complex and ethically significant domain of change.

### **Enhanced Whānau Relationships and Advocacy**

Whānau relationships can be both a direct wellbeing outcome and a stabilising determinant that shapes longer-term trajectories. Independent monitoring in Aotearoa has emphasised that tamariki and rangatahi living outside their homes are particularly vulnerable to disconnection from who they are and where they are from, and that nurturing wider whānau relationships can support deeper connections to whakapapa and cultural identity (Aroturuki Tamariki, 2022). VOYCE's wider outcomes should therefore include strengthened whānau contact and relational repair where this is a goal for the young person and consistent with safe care planning. These outcomes are often non-linear and not readily monetised because quality and meaning matter at least as much as frequency of contact, and because relational change is shaped by broader system settings (including placement stability, caregiver support, and the availability of safe and sustained whānau connections).

He Ara Waiora is explicit that wellbeing is relational and collective as well as individual. In this context, strengthened whānau connections align with Mana Tauutuutu (reciprocity, belonging and mutual responsibility), and can also reinforce Mana Tuku Iho where whānau contact supports cultural continuity (New Zealand Treasury, 2024). VOYCE's model further anticipates spillover

effects to whānau, caregivers and trusted adults through greater understanding of rights and processes, improved confidence to support participation, and strengthened relationships. This is consistent with conditions for meaningful participation: trusted, informed adults who can support young people to express views and follow through when institutions respond (Cashmore, 2002; Lundy, 2007). Capturing caregiver and whānau capability as a non-monetised outcome therefore adds interpretive value to the SROI findings by explaining why some gains persist beyond direct engagement, and by making visible the enabling conditions that sit underneath more readily quantifiable outcomes.

### **Improved Trust and Sense of Safety**

Many care-experienced young people have learned through experience that institutions may not listen, may not act, or may respond in ways that increase risk.

*“It’s hard to trust adults when you keep getting moved around.” – Rangatahi, Leaving  
Care Report*

In the stigma and epistemic injustice literature, distrust is not merely an attitude; it is an adaptive response to repeated credibility discounting and unsafe disclosure environments (Fieller & Loughlin, 2022). Youth voice captured across VOYCE reporting highlights the practical and emotional consequences of this dynamic. As rangatahi articulated:

*“Don’t take power away from my words”  
“I just want adults to listen the first time.”*

When young people experience their voice being taken seriously, anxiety associated with uncertainty and powerlessness is reduced, and trust in adults and services can begin to rebuild. This shift is best understood, through He Ara Waiora, as strengthening conditions for Mana Āheinga (hope, agency and capability to pursue a life that is valued) and for tikanga-informed engagement that protects dignity and rights (New Zealand Treasury, 2024). VOYCE’s relational, rights-centred practice is designed to strengthen psychological safety so that young people can engage earlier, communicate more clearly, and participate with less fear of harm. This outcome should be reported qualitatively and positioned as a protective condition and rights-based gain that enables other changes, rather than as a second monetised wellbeing effect.

## **Enhanced Leadership and Governance Capability**

VOYCE's leadership pathways provide opportunities for care-experienced rangatahi to contribute as leaders, advisors, co-design partners and public advocates. These roles generate value that extends beyond individual wellbeing: they build civic capability, collective efficacy, and a visible counter-narrative to stigma. Evidence from youth participation and civic engagement literature indicates that well-designed participation can strengthen empowerment, belonging, resilience and skill development (Bower et al., 2023; López et al., 2025). In He Ara Waiora terms, these outcomes align strongly with Mana Āheinga, and with the conditions that support young people to move from survival-focused coping to aspiration, purpose and leadership (New Zealand Treasury, 2024). For VOYCE, leadership outcomes are best treated as non-monetised benefits, supported by qualitative accounts and participation indicators, rather than attempting to monetise civic identity or influence.

Whai Pūkenga and leadership activity can also strengthen transferable skills relevant to education, employment and life navigation, including communication, confidence, stakeholder engagement and problem-solving. Positive youth development frameworks emphasise competence, confidence and connection as key developmental assets that can buffer adversity and support healthier trajectories (Shek et al., 2019). These capability gains also connect to Mana Whanake in He Ara Waiora, insofar as expanding skills and confidence can increase access to opportunities and resources over time (New Zealand Treasury, 2024). Because these benefits often operate through multiple downstream pathways and require longer time horizons to quantify credibly, they should be retained as non-monetised outcomes unless robust follow-up evidence later supports conservative, attributable valuation.

## **Collective Voice, System Change and Intergenerational Impact**

VOYCE's systems advocacy converts lived experience into collective voice intended to influence policy, practice and public expectations. This form of value is real but attribution-heavy and often operates on long time horizons, making it unsuitable for inclusion in a conservative base SROI ratio. It is therefore best treated as a non-monetised outcome domain, evidenced through examples of submissions, engagement, uptake of recommendations, and observable shifts in discourse and practice over time. He Ara Waiora strengthens the rationale for this approach by explicitly encouraging attention to the deeper drivers of wellbeing and harm, and by emphasising intergenerational stewardship (tiakitanga) and joined-up action (kotahitanga) where problems are systemic rather than individual (New Zealand Treasury, 2024).

VOYCE’s advocacy model can also build informal capability among professionals and supporters who observe effective rights-based advocacy in practice. Evidence on independent advocacy suggests that advocacy is not only about individual case outcomes; it can shape expectations, improve communication, and support more consistent attention to children’s rights and participation (Thomas et al., 2016). In He Ara Waiora terms, this can be understood as influencing system tikanga (the institutional processes and norms that shape what is possible), rather than only shifting immediate, visible outcomes (New Zealand Treasury, 2024). Reporting this as a non-monetised outcome helps explain how VOYCE’s influence can extend beyond direct participants, while remaining appropriately cautious about causality and scale.

Stigma associated with being “in care” is well documented and can lead young people to hide their situation and disengage from peers and supports (Oranga Tamariki—Ministry for Children, 2023). Wider literature also shows that stigma is produced and reinforced through language, professional assumptions and credibility deficits, with direct implications for safety and help-seeking (Fieller & Loughlin, 2022). VOYCE’s public-facing work contributes to narrative change by building understanding of care experience, challenging deficit framing, and supporting more humane public and institutional responses. These shifts are appropriately treated as non-monetised outcomes, evidenced through reach, engagement, qualitative feedback, and changes in the attention and responsiveness of decision-makers over time.

Where systems become more responsive to care-experienced needs, a plausible downstream effect is earlier and more appropriate support through clearer pathways, reduced gatekeeping, and improved coordination around the young person. This is consistent with participation models that emphasise audience and influence as the mechanisms through which voice produces real change (Lundy, 2007). It is also consistent with New Zealand monitoring evidence describing persistent system failures to meet required standards of care, highlighting why an independent, youth-centred accountability function remains valuable (Aroturuki Tamariki, 2025). He Ara Waiora provides a coherent interpretive frame for these effects: VOYCE’s influence is not limited to immediate service events, but also contributes to the legitimacy and capability of the wider system to respond in ways that protect mana and support waiora over time (New Zealand Treasury, 2024).

## 4 Social Return on Investment

### Key Insights

- VOYCE delivers a strong social return, generating \$21.85m in present value benefits over three years from \$5.64m in present value costs - equivalent to a Benefit–Cost Ratio (BCR) of 3.9:1 (base case).
- Across all scenarios, VOYCE remains net-beneficial: the BCR ranges from 2.9:1 (pessimistic) to 4.3:1 (optimistic), demonstrating robust value creation under both constrained and favourable delivery conditions.
- Value is concentrated in two primary drivers: enhanced life satisfaction (\$11.382m PV) and strengthened belonging/social connectedness (\$9.469m PV) account for the majority of total quantified benefits, reflecting VOYCE’s core mechanisms of voice, agency, and identity-safe connection.
- Nine distinct, non-overlapping benefits are monetised, each parameterised conservatively using Treasury CBAX conventions (net segment exposure, net success, tapering units and evidence-based decay). Outcomes with higher overlap or weaker attribution (e.g., broader mental health, downstream physical health, and harm avoided) are intentionally excluded from monetisation and addressed qualitatively to avoid double counting and over-claiming.

Social Return on Investment (SROI) is a disciplined way of organising evidence about how resources create value for people and communities. In this study, we adopt best-practice cost-benefit analysis (CBA) conventions - deadweight, attribution, discounting, and sensitivity tests - but express the results in SROI terms, allowing decision-makers to see both the monetary and broader social significance of VOYCE.

- **Multiple evidence sources:** As with any robust CBA, the SROI framework draws on programme artefacts, peer-reviewed research and Treasury guidance, carrying forward the assumptions and uncertainties inherent in those sources.
- **Transparent assumptions:** All key parameters - the size of each benefit, decay rates, counterfactuals and valuation methods - are documented and justified, allowing readers to assess the strength of the evidence.
- **CBAX engine, SROI perspective:** The valuation calculations are performed in the New Zealand Treasury’s CBAX workbook (December 2024 release), but the interpretation is

framed as an SROI: every dollar invested returns significantly more than a dollar in social value.

- **Time horizon and discounting:** Benefits are modelled for up to three years, decaying in line with empirical retention evidence. A real social discount rate of 2% (Treasury default) converts future impacts into present-day values.
- **Beyond the monetised line:** Consistent with SROI good practice, we acknowledge - but do not monetise - important social and cultural outcomes such as strengthened cultural identity and feeling safe and supported. These are discussed qualitatively and should be read in conjunction with the quantified results.

By integrating SROI's stakeholder-centred lens with the rigour of Treasury CBA protocols, the analysis provides a credible and conservative estimate of the social value generated through VOYCE, while remaining fully transparent about the assumptions that drive the numbers. Consistent with the SROI principles set out by Social Value International (n.d.), the study:

- **Involves stakeholders:** Value drivers, outcome definitions and attribution factors have been informed by rangatahi, whānau, kaimahi, and funding partners.
- **Understands what changes:** The Theory of Change and Impact Map (Section 3) set out the causal pathway from inputs to outcomes and impacts.
- **Values what matters:** Monetary values are assigned to outcomes that stakeholders deem material, drawing first on the Treasury CBAX library and, where necessary, drawing on broader literature.
- **Only includes what is material:** Outcomes representing <5 % of Present Value (PV) or lacking an evidence base are excluded from the ratio and discussed qualitatively.
- **Does not over-claim:** Deadweight, displacement, attribution and drop-off are explicitly modelled; sensitivity tests demonstrate robustness.
- **Is transparent:** All assumptions, sources and calculations are documented; the CBAX workbook is available for audit.

A ratio above 1 indicates a net positive social value, where every dollar invested is forecast to generate social value for rangatahi, whānau and society. The ratio should not be interpreted as a financial return; rather, it is an efficiency metric for social value creation. Ongoing monitoring and annual surveys could enable the live updating of the SROI as data on outcomes and drop-off accrue.

## 4.1 Model Development and Counterfactual

The counterfactual is the situation that would prevail if a programme did not proceed (New Zealand Treasury, 2023, p. 6). In this cost-benefit analysis, the counterfactual is:

*VOYCE is not established, and participants are not able to realise any benefits from these.*

The CBA draws evidence from programme artefacts, including original proposals, service outcomes, programme documents, external research, peer-reviewed evaluations, and treasury sources. VOYCE work with hundreds of individuals each year. For benefit estimation, we treat participant counts in each benefit category as unique where possible (to avoid double-counting the same person for the same type of outcome).

Estimates of additionality are embedded directly within the segment shares, success rates, and outcome units used in this analysis. This approach avoids double-adjustment and ensures that only the portion of outcomes reasonably attributable to VOYCE is valued. Baseline or “business-as-usual” (BAU) effects, such as participants who would have secured work independently, are already reflected in the conservative success assumptions derived from internal monitoring data. Separate attribution factors are applied only where benefits are co-produced with external partners (for example, justice outcomes supported by Corrections or wellbeing outcomes linked to community delivery), for all other benefits, attribution and deadweight are treated as fully embedded within the underlying measurement parameters. Therefore, rather than applying separate deadweight or attribution adjustments, BAU and overlap are typically embedded directly in the three CBAX parameters:

- **Segment share** is defined conservatively to include only those who are plausibly exposed to the outcome pathway over and above BAU, excluding groups unlikely to experience material change.
- **Success rate** reflects the probability that those in the segment achieve the intended change relative to what would have happened anyway, implicitly netting off BAU effects and limiting claims to realistic conversion.
- **Units per person** are set at small, tapering values to capture modest marginal gains beyond BAU and to avoid double-counting with related outcomes.

This approach keeps the model parsimonious and defensible while recognising existing services. Stakeholder feedback indicates no other funded initiative in the country provides the same

integrated offerings as VOYCEs programmes; nonetheless, conservative parameterisation and three-year taper minimise counterfactual risk (Sensitivity tests approximate deadweight/attribution by varying the segment share, success rate and units-per-person within reasonable bounds).

## 4.2 Treatment Period, Duration and Decay

The Treasury's CBAX guidelines permit benefits to persist beyond the active delivery year, provided that decay rates are evidence-based.**Error! Reference source not found.** and 2 summarise retention factors (Year 1 = 1.00) to transparently summarise how much of each outcome's effect remains in later years; these figures are not used as inputs to the CBAX workbook, because the taper is already embedded in the year-by-year parameters.

For each outcome, the Year-2 and Year-3 retention factors are calculated by comparing each year's settings to Year 1:  $(\text{Segment Share}^t / \text{Segment Share}^1) \times (\text{Success Rate}^t / \text{Success Rate}^1) \times (\text{Units-per-Person}^t / \text{Units-per-Person}^1)$ . The cohort size cancels out, so the result is a simple proportion of the Year-1 effect (e.g., 0.27 means 27% of the Year-1 effect persists). This provides a clear summary of persistence without duplicating or altering the CBAX calculations. The tables below provide a summary of the benefit retentions applied in the modelling for both the employment programmes and Māori development and leadership programmes.

Table 1. Retention of benefits over a three-year horizon (pre-discount)

| Benefit line (as in CBAX)                   | Year 1 | Year 2 | Year 3 | Evidence & rationale                                                                                                                                                                                                                                                            |
|---------------------------------------------|--------|--------|--------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Enhanced social connectedness and belonging | 1.00   | 0.87   | 0.74   | Social connection gains can persist because peer relationships and identity-safe networks created through VOYCE often continue beyond initial engagement, but decay is expected due to placement churn and relationship disruption common in care, justifying a moderate taper. |
| Enhanced life satisfaction                  | 1.00   | 0.85   | 0.73   | Agency and confidence effects can carry forward after advocacy ends, but the incremental uplift diminishes as cases close and new decision contexts emerge, warranting gradual decay rather than full persistence.                                                              |
| Reduced mental health crises                | 1.00   | –      | –      | This is an acute, event-based effect linked to immediate stressor resolution; without clinical treatment or longitudinal evidence, no persistence beyond Year 1 is assumed.                                                                                                     |
| Restored primary healthcare access          | 1.00   | 0.81   | 0.68   | Once enrolment and access barriers are resolved, ongoing access can persist, but placement changes and system fragmentation mean re-emergence of barriers is common, supporting partial decay over time.                                                                        |
| Avoided housing crises                      | 1.00   | 0.60   | 0.36   | Avoided emergency accommodation reflects short-term stabilisation; recurrence risk reduces after resolution but does not disappear, so persistence declines sharply across Years 2 and 3.                                                                                       |
| Youth justice response avoided              | 1.00   | –      | –      | This benefit captures a one-off avoided institutional response at a decision point; attribution does not plausibly extend beyond that window, so persistence is limited to Year 1 only.                                                                                         |
| Enhanced education engagement/attendance    | 1.00   | 0.57   | 0.34   | Engagement gains can generate short-term momentum once barriers are removed, but frequent school and placement changes for care-experienced learners mean effects attenuate over time, particularly without continued support.                                                  |
| Employment & reduced benefit reliance       | 1.00   | 0.40   | 0.17   | Transition support primarily reduces short-term benefit reliance around care exit; effects fade quickly as labour market conditions and wider supports dominate, hence a steep, unit-driven taper.                                                                              |
| Avoided material hardship                   | 1.00   | –      | –      | This outcome is explicitly defined as a one-off resolution of immediate material need; counting persistence beyond Year 1 would misrepresent the benefit and risk double counting.                                                                                              |

Notes: A dash (–) indicates no material benefit is counted in that year. All retention factors are applied before the real discount rate of 2 % is imposed by CBAX.

## 4.3 Quantifiable Benefits

Each SROI presents the monetised benefits that flow from VOYCE's programmes, which are explained in depth and explore how each line has been parameterised in the Treasury CBAX workbook. For every benefit, we document the following:

- **Definition & Benefit Overview:** Concise statement of the outcome being valued and the real-world change it represents for rangatahi/whānau within the programme context.
- **Segment Share:** The proportion of the cohort for whom the outcome is plausibly relevant and reachable in each year of analysis.
- **Success Rate:** The share of the segment that achieves the intended change, given delivery effectiveness and uptake.
- **Units Per Person/Cohort Member Per Annum:** The average magnitude of change realised per successful participant within a year (e.g., fraction of attainment, events avoided, or QALYs gained).
- **Population Level Impact:** The total outcome units delivered in a year, calculated as cohort  $\times$  segment share  $\times$  success rate  $\times$  units-per-person.
- **Counterfactual (baseline) and Business As Usual (BAU):** The scenario describing what outcomes would be expected to occur in the absence of VOYCE's intervention, against which any incremental change attributable to the programme is measured.
- **Economic Proxy and Value in real 2025 \$NZ (CPI-adjusted where necessary):** The CBAX-aligned dollar value applied per unit of outcome, expressed in CPI-adjusted 2025 dollars and sourced from Treasury guidance or closely matched literature where CBAX lacks a direct proxy.
- **Supporting justification and evidence:** Brief rationale for each parameter, citing internal data and credible external evidence, noting assumptions, taper/decay, and risks of double counting consistent with NZ Treasury CBAX good practice.

All values are expressed in real 2025 dollars, and the analysis adopts the Treasury's 2% real discount rate.

## Enhanced Social Connectedness and Belonging

**Benefit Overview:** Care-experienced tamariki and rangatahi develop a stronger sense of belonging and social connectedness through identity-safe peer connection opportunities. The primary beneficiaries are young people who participate in Tūhono connection activities. What changes is the quality and availability of supportive peer relationships: young people experience greater belonging, reduced isolation, and stronger social ties with others who share care experience. This matters because social connectedness is a foundational protective factor; it supports resilience, reduces vulnerability during instability, and improves capacity to engage with education, services, and safe adults. This benefit sits directly under Tūhono in VOYCE's Theory of Change: connection and belonging are positioned as foundational relational outcomes that strengthen protective networks and support progress across the Six Promises domains. The model values incremental belonging/connectedness attributable to VOYCE's specific connection intervention. It does not value broader subjective wellbeing, agency, or "being heard" here.

*Table 2. Annual Segment Share, Success Rate and Units Per Person (Years 1-3) for Enhanced Belonging and Social Connectedness*

| Year | Segment Share | Success Rate | Units Per Person |
|------|---------------|--------------|------------------|
| 1    | 63%           | 70%          | 1.00             |
| 2    | 56%           | 68%          | 1.00             |
| 3    | 50%           | 65%          | 1.00             |

**Segment Share:** Segment share is restricted to those who participated in activities that boosted connected, primarily Tūhono (broad reach across the total cohort, but not universal). In Year 1 this sits 63%, before tapering off to 56% in Year 2 and 50% in Year 3. The segment share is less than 100% of the total cohort because it excludes those without meaningful connection exposure. The taper reflects that not all participants sustain the same connectedness gains over time without reinforcement, moves in care, and changing circumstances. It is conservative in that it does not assume universal reach; it uses participation-linked exposure and assumes a declining persistence profile over three years.

**Success Rate:** The success rates are set at 70.00% in Year 1, 68.00% in Year 2, and 65.00% in Year 3. These represent the cohort of participants that experience additional belonging and connectedness relative to business-as-usual peer relationships. The rates are set relatively high because VOYCE provides a uniquely identity-safe, care-experienced-led environment that is not routinely available through statutory or mainstream youth services. Importantly, these rates are

treated as net incremental impact rather than measures of satisfaction or enjoyment, reflecting change above what would reasonably have occurred without the programme.

**Population Level Impact:** In Year 1, the model estimates 1,076 individuals experiencing the incremental benefit. This reduces to 940 individuals in Year 2 and 798 individuals in Year 3.

**Duration:** The benefit is assumed to persist for three years. Relational outcomes such as belonging and connectedness can persist over time; however, the model assumes a declining effect due to life transitions, placement changes, and reduced exposure to structured connection activities.

**Units Per Person/Cohort Member Per Annum:** This represents one “year-equivalent” of improved belonging/connectedness as defined by the proxy.

**Baseline & Counterfactual:** The counterfactual is that many care-experienced young people would have fewer identity-safe peer connection opportunities, and belonging would be weaker or more fragmented. Some young people will have whānau, school peers, sports clubs, and caregiver supports; however, these are not necessarily care-experienced safe spaces and are inconsistently available due to placement churn and stigma. Baseline is netted out by restricting the segment to those with programme exposure and by applying success rates that reflect additional change beyond BAU rather than assuming universal impact.

**Economic Proxy and Value:** A value of \$3,455 per unit (2025 adjusted) is applied, using the CBAx reduced loneliness / belonging–connectedness proxy.

**Evidence & Justification:** This benefit is grounded in a well-established evidence base demonstrating that social connectedness and belonging are central determinants of wellbeing for children and young people, and that care-experienced youth face significantly elevated risks of loneliness and social isolation. New Zealand monitoring and research consistently show that placement instability, frequent caregiver changes, and high social worker turnover disrupt young people’s ability to form and sustain meaningful relationships (Aroturuki Tamariki, 2024; VOYCE – Whakarongo Mai, 2022). Care-experienced rangatahi themselves describe isolation, stigma, and a lack of spaces where their identity is understood and affirmed as defining features of life in care (VOYCE – Whakarongo Mai, 2022; VOYCE – Whakarongo Mai, 2023).

International literature reinforces this context. Studies of care-experienced youth consistently find lower levels of perceived belonging and higher loneliness compared with non-care peers, with

downstream effects on mental health, educational engagement, and transitions to adulthood (Courtney et al., 2018; Munson & McMillen, 2009). Peer relationships with others who share lived experience are shown to be particularly protective, as they reduce stigma and provide validation that cannot be replicated through generic youth services (Gilligan, 2009).

VOYCE's Tūhono intervention is a direct response to this system gap: it is intentionally designed to “reduce the isolation” experienced in care and to foster belonging to a wider community of care-experienced tamariki and rangatahi. This provides strong causal plausibility for incremental change beyond BAU because it creates identity-safe peer spaces that most mainstream youth settings cannot replicate: care identity is normalised, stigma is reduced, and connection is facilitated by an organisation that is care-experienced-led and kaupapa-driven. In 2024/25, VOYCE delivered 103 Tūhono events and recorded 1,538 participants, providing a clear exposure anchor for the segment definition and avoiding any assumption of universal reach.

These strands together justify the high (but still net-incremental) success rates used here. They reflect that: (1) baseline isolation risk is structurally elevated for care-experienced youth; (2) Tūhono provides a rare, targeted, identity-safe mechanism for change; and (3) the model already applies counterfactual discipline through restricted exposure, explicit net success (not satisfaction), and conservative tapering across Years 1–3. Finally, the proxy is treated as an annual flow value for a year-equivalent improvement in belonging/connectedness, and is fenced from “voice/agency” and broader subjective wellbeing to reduce double-counting risk, consistent with Treasury expectations around transparent assumptions and avoiding overlapping monetisation.

## **Enhanced Life Satisfaction**

**Benefit Overview:** Care-experienced young people experience improved overall life satisfaction because they gain agency, voice, and a sense that adults listen and act on what matters to them. The beneficiaries are primarily young people engaged with VOYCE advocacy. What changes is the quality of participation and fairness in the decisions that shape their daily lives. Young people are more likely to understand what is happening, feel informed about their rights and options, and experience that adults take their views seriously in decision-making processes. This matters because life satisfaction is closely linked to whether people feel autonomy, dignity, and control in contexts where power is exercised over them. For young people whose lives are characterised by statutory involvement, placement decisions, and service gatekeeping, experiencing “voice” and fair

treatment is not a minor improvement; it is a core determinant of wellbeing and resilience. Benefit 1 captures foundational relational belonging and social connectedness. Benefit 2 captures broader subjective wellbeing and life satisfaction gains arising from agency, voice, and being heard, net of any connectedness effects, and therefore does not re-value the same relational change.

*Table 3. Annual Segment Share, Success Rate and Units Per Person (Years 1-3) for Enhanced Life Satisfaction*

| Year | Segment Share | Success Rate | Units Per Person |
|------|---------------|--------------|------------------|
| 1    | 42%           | 60%          | 1.00             |
| 2    | 38%           | 57%          | 1.00             |
| 3    | 33%           | 55%          | 1.00             |

**Segment Share:** The segment share is 41.83% of the total cohort in Year 1, tapering to 37.64% in Year 2 and 33.46% in Year 3. This segment corresponds to the advocacy-engaged group expressed as a share of the total cohort to align with CBAX input requirements. It intentionally excludes non-advocacy participants because the agency and voice mechanism is not plausibly present at material levels without direct advocacy engagement. Advocacy is a distinct, higher-intensity intervention that involves structured support to navigate decisions, challenge unfairness, and ensure rights are upheld. The taper reflects that not all young people remain engaged at the same intensity over time and that the “agency uplift” can weaken as circumstances change or new decisions arise, even if some gains in confidence and self-advocacy persist.

**Success Rate:** The success rate is 60.00% in Year 1, reducing to 57.00% in Year 2 and 55.00% in Year 3. These success rates represent the probability of an incremental life satisfaction gain beyond BAU statutory decision-making and other advocacy supports. They are intentionally framed as net impact rather than gross “case resolution”. They are set at a comparatively high level because VOYCE delivers a rare combination of independence from statutory decision-makers and care-experienced-led practice, which increases trust and the likelihood that rangatahi will meaningfully engage and feel heard. At the same time, they remain disciplined by the restricted segment and year-by-year tapering, which avoids assuming universal or permanent uplift.

**Population Level Impact:** In Year 1, the model estimates 616 individuals experiencing the incremental benefit. This reduces to 526 individuals in Year 2 and 450 individuals in Year 3.

**Duration:** This duration is consistent with evidence that gains in confidence, self-advocacy capability, and perceived agency can persist beyond the immediate advocacy interaction, while acknowledging that effects can attenuate as young people encounter new contexts and decisions.

Decay is embedded through tapering in both segment share and success rates, with no unit taper applied

**Units Per Person/Cohort Member Per Annum:** This represents one unit of improved life satisfaction attributable to the voice/agency pathway as valued by the selected proxy.

**Baseline & Counterfactual:** Without VOYCE, some advocacy outcomes would still occur through Oranga Tamariki processes, legal representation, or whānau support. However, the quality and consistency of participation and “being heard” would often be weaker, particularly where planning processes are compliance-driven, relationships are disrupted by staff turnover, or young people disengage due to mistrust. BAU includes Oranga Tamariki social work processes and statutory decision-making forums, legal counsel, and other advocates. Baseline is netted out by restricting the segment to advocacy-engaged young people and by treating success as the net probability of incremental life satisfaction change, rather than assuming that advocacy contact automatically produces a wellbeing benefit.

**Economic Proxy and Value:** This low-point valuation of \$7,343 provides a conservative annual value for subjective wellbeing change consistent with Treasury’s CBAX approach.

**Evidence & Justification:** This benefit is grounded in a well-evidenced reality for care-experienced young people: wellbeing is shaped not only by what decisions are made, but by how decisions are made and whether young people experience genuine voice, respect, and agency in the process. New Zealand oversight evidence indicates that this baseline condition is frequently not met. The Independent Children’s Monitor reports that, despite regulatory expectations that tamariki and rangatahi views are reflected in plans, many young people report that they do not feel listened to in planning processes and may not know what is in their plans or have a copy of them (Aroturuki Tamariki, 2025). This is a direct mechanism through which agency is diminished and life satisfaction is undermined.

National wellbeing data also indicates that young people with Oranga Tamariki involvement - a group that includes young people with care experience - report materially lower subjective wellbeing than their peers. In the *What About Me?* Oranga Tamariki cohort report, the mean wellbeing rating for “life in general” was 5.7 out of 10, compared with 6.8 for the full school sample, and hope for the future was also lower (6.5 versus 7.4) (Oranga Tamariki - Ministry for

Children, 2023). These findings support the plausibility that there is significant headroom for credible, incremental life satisfaction gains when interventions improve the experience of being heard, respected, and involved.

VOYCE's Whakamana advocacy directly targets this pathway through independent, rights-based support that centres young people's participation and strengthens their ability to understand rights, options, and decisions. VOYCE's own monitoring provides strong programme-specific evidence that young people experience meaningful improvements in these domains: Whakamana survey results in 2024/25 reported 8/10 scores for helping young people "have a say in decisions", "understand rights and options", "understand decisions and reasons", and "feel seen and heard by the adults in [their] life", alongside 9/10 for overall support (VOYCE – Whakarongo Mai, 2025). These results do not, on their own, prove a life satisfaction effect, but they provide a credible intermediate-outcome chain consistent with the Theory of Change: voice and agency are strengthened in ways that are expected to translate into improved subjective wellbeing.

The international evidence base supports this causal link. Self-determination theory identifies autonomy as a basic psychological need, consistently associated with wellbeing when supported and ill-being when thwarted (Ryan & Deci, 2000). Procedural justice research similarly finds that perceived fairness and respectful treatment in decision-making processes is positively associated with life satisfaction across contexts (Lambert et al., 2010). Importantly for the care-experienced population, recent empirical research with care leavers finds that participation in decision-making mediates the relationship between agency and wellbeing, reinforcing the plausibility that "having a say" is not merely symbolic but a mechanism for improved wellbeing outcomes (Pepe et al., 2024). Broader child welfare syntheses also highlight that children's participation is often limited or tokenistic, implying that interventions that genuinely strengthen participation represent meaningful change beyond BAU (McCafferty & Mercado García, 2024).

Taken together, this evidence supports the use of comparatively high (but explicitly net) success rates. VOYCE is operating in a context where the baseline is characterised by inconsistent voice and limited participation, and it provides a distinctive, trusted, independent mechanism to lift agency and perceived fairness. The model remains audit-disciplined because it restricts exposure to advocacy engagement, uses a low-point life satisfaction valuation, and embeds decay through tapering rather than assuming permanent uplift (The Treasury, 2024; VOYCE – Whakarongo Mai, 2025).

## Avoided Mental Health Crises

**Benefit Overview:** Reduced acute MH crisis ED presentations due to earlier resolution of stressors and blocked supports. This benefit captures a short-term reduction in emergency department (ED) presentations for acute mental health crisis among a small, high-needs subset of VOYCE clients. It reflects the fiscal value of avoided ED use where crisis escalation is plausibly prevented because urgent stressors are addressed earlier and access to appropriate supports is unblocked. The beneficiaries are care-experienced young people whose advocacy needs include health and wellbeing issues and where the presenting circumstances are acute enough that escalation to crisis-level support is a credible risk in the absence of timely resolution. The model treats ED avoidance as an event-based impact that is incremental to business-as-usual (BAU) responses. VOYCE does not provide clinical treatment; the mechanism is earlier stressor resolution and improved access to support, which reduces the probability that acute distress escalates to ED presentation.

*Table 4. Annual Segment Share, Success Rate and Units Per Person (Years 1-3) for Avoided Mental Health Crises*

| Year | Segment Share | Success Rate | Units Per Person |
|------|---------------|--------------|------------------|
| 1    | 5%            | 30%          | 1.00             |
| 2    | -             | -            | -                |
| 3    | -             | -            | -                |

**Segment Share:** The segment share is 5% in Year 1 and 0% in Years 2–3, reflecting that this benefit is restricted to the acute subset and is intentionally applied for one year only. This restriction is consistent with the intervention logic: ED presentations are immediate events, and a non-clinical advocacy mechanism should not be assumed to generate multi-year reductions in crisis presentations without direct evidence of sustained clinical follow-up or recurrence effects.

**Success Rate:** The success rate is 30.00% in Year 1 and 0.00% in Years 2–3. This is explicitly framed as VOYCE’s advocacy contribution prevents escalation to an ED mental health crisis presentation beyond what would have occurred through statutory processes, caregivers, whānau supports, CAMHS/crisis teams, and other advocates.

**Population Level Impact:** The modelled quantity is 38 in Year 1, then zero in Years 2–3. This reflects the event-based nature of ED presentations and the deliberate choice to avoid implying persistence.

**Duration:** This benefit is one year only, as specified. The one-year duration is an audit-strength choice because it matches the mechanism (crisis escalation is immediate) and avoids overstating what can be claimed for a non-clinical intervention.

**Units Per Person/Cohort Member Per Annum:** The units are 1.0000 in Year 1, representing one avoided ED mental health crisis presentation (one event) for those who experience the incremental effect.

**Baseline & Counterfactual:** Without VOYCE, some crises would still be managed through BAU supports, but a subset would escalate to ED when stressors remain unresolved and when timely access to appropriate support is absent. This is consistent with New Zealand evidence showing high levels of mental distress among young people with Oranga Tamariki involvement, alongside persistent barriers to accessing needed healthcare (Fleming et al., 2022). The success rate is therefore net of BAU, not a claim that advocacy “solves” mental health needs.

**Economic Proxy and Value:** The value per unit is \$571. This is treated as an auditable fiscal proxy for the cost of an ED visit drawn from the Treasury CBAX impacts database approach, which explicitly includes database values for costs such as emergency department visits (The Treasury, 2024).

**Evidence & Justification:** This benefit is intentionally conservative in structure (restricted segment, one-year duration, and a moderate net success rate) while still being evidence-informed and causally plausible. New Zealand data consistently indicates that care-experienced and Oranga Tamariki-involved young people face markedly elevated mental health risk, including severe distress and suicidality, which increases the likelihood of crisis-level presentations. Youth19 reporting shows that young people who have ever been involved with Oranga Tamariki are less likely to report good wellbeing, more than twice as likely to report depressive symptoms and serious thoughts of suicide, and more than four times as likely to report a suicide attempt in the past year compared with peers never involved (Fleming et al., 2022). This is reinforced by the broader Oranga Tamariki cohort reporting from the What About Me? survey, where young people in the Oranga Tamariki cohort rated their “life in general” lower on average than the overall school sample (5.7 vs 6.8 on a 0–10 scale), signalling lower baseline subjective wellbeing in the population this work is designed to support (Oranga Tamariki—Ministry for Children, 2023).

System-level evidence also highlights service access gaps that can push distress toward crisis escalation. An Independent Children’s Monitor finding summarised in VOYCE’s evidence

synthesis notes that connections between Oranga Tamariki and health providers have been “splintered”, contributing to inconsistent service delivery and delays in mental health support (Independent Children’s Monitor, 2022, as cited in VOYCE evidence synthesis). VOYCE’s State of Care work similarly indicates that care-experienced rangatahi rate system performance for mental health and wellbeing very poorly, consistent with a context where needs are high and timely supports are not reliably reaching young people before crisis points.

VOYCE’s advocacy mechanism is therefore plausible as a *crisis-escalation reducer* even though it is not a clinical service. Whakamana advocacy is explicitly oriented toward achieving tangible improvements in safety, stability and access to health-related supports and enabling young people to navigate and engage with services that affect their wellbeing. In practice, urgent advocacy that resolves a blocked placement, addresses immediate safety concerns, secures timely access to supports, or reduces decision delays can reduce acute stress load and remove triggers that commonly precipitate crisis presentations.

International evidence strengthens the plausibility that coordinated, youth-centred support with case-management functions can reduce ED utilisation for foster care-involved youth. A recent study of a foster-youth patient-centred medical home (PCMH) - which integrated care and case management - found significantly lower ED utilisation during engagement (incidence rate ratio 0.62 compared with the period before), with psychiatric concerns comprising a substantial share of ED presentations (Szoko et al., 2025). While VOYCE is not a health service, the directional finding supports the underlying logic that reducing “foregone care” and improving coordinated support and navigation can reduce ED use among foster-care populations.

Finally, the success rate is set as incremental and below the levels that would be implied by gross advocacy “wins” because many crises will still occur regardless of advocacy involvement, and because not every resolved stressor prevents ED escalation. Limiting the benefit to one year and applying it only to a small acute segment is consistent with Treasury guidance that CBAX analysis should be supported by clear intervention logic, transparent assumptions and careful counterfactual thinking (The Treasury, 2024).

## Restored Primary Healthcare Access

**Benefit Overview:** Restored access to routine primary care/dental services that were previously blocked. This outcome refers to situations where tamariki and rangatahi have an identifiable, practical barrier to receiving routine primary care or dental care (for example, enrolment, consent, appointment logistics, or uncertainty about funding responsibility), and that barrier is resolved so care can occur in a timely way. The benefit is framed around access restoration because access is a necessary precursor to clinical assessment and treatment, and it is the mechanism VOYCE can credibly influence through advocacy and navigation.

The beneficiaries are a small subset of Whakamana advocacy clients whose health-related advocacy needs specifically include blocked access to routine services (for example, GP enrolment and routine checks, dental appointments, or other low-level but important care pathways). VOYCE's advocacy case themes explicitly include healthcare, dentistry, and related access issues, indicating that these barriers occur in practice within the advocacy cohort. This aligns with VOYCE's Whakamana Theory of Change, which expects tangible improvements in health and increased ability to engage with and access healthcare systems as a result of rights-based, practical advocacy support (VOYCE – Whakarongo Mai, n.d.). The pathway is not clinical; it is about ensuring the system does what it is meant to do, especially where fragmentation and administrative uncertainty create avoidable access delays. This benefit values the restoration of routine access only. It does not claim avoided emergency department use (that is separated elsewhere) and it does not assign health-state utilities or QALYs, because VOYCE is not delivering treatment and because the audit-safe claim is that advocacy accelerates access to appropriate primary care and dental pathways

*Table 5. Annual Segment Share, Success Rate and Units Per Person (Years 1-3) for Restored Primary Healthcare Access*

| Year | Segment Share | Success Rate | Units Per Person |
|------|---------------|--------------|------------------|
| 1    | 1%            | 55%          | 1.0              |
| 2    | 1%            | 50%          | 1.0              |
| 3    | 1%            | 47%          | 1.0              |

**Segment Share:** The segment share is 1% of the total cohort in Years 1-3. The segment is intentionally narrow because only a fraction of “health and wellbeing” advocacy involves access barriers to routine primary care/dental services, and the model avoids applying the benefit to broader health-related advocacy that may concern mental health supports or other needs. The tapering reflects that access gains can be disrupted by placement churn and changing caregiver arrangements, and that ongoing engagement is not uniform across all clients over time.

**Success Rate:** The success rates are set at 55% in Year 1, 50% in Year 2, and 47% in Year 3. The success rates represents that VOYCE’s advocacy produces an incremental restoration of access beyond BAU. They are set at a moderate level because VOYCE can materially reduce administrative delay and confusion, but outcomes still depend on caregiver action, provider capacity, and statutory follow-through. The taper recognises that, even after an access issue is resolved once, subsequent placement changes and information loss can re-create barriers, reducing the likelihood that VOYCE’s incremental contribution remains as strong in later years.

**Population Level Impact:** Across the three years modelled, an estimated 17 people in Year 1, 14 people in Year 2, and 12 people in Year 3 experience restored access to physical health and primary care attributable to VOYCE.

**Duration:** A three-year window is applied for an access-restoration outcome because establishing enrolment, clarifying consent pathways, and improving navigation can have carry-over benefits, but the model conservatively embeds decay through tapering to reflect disruption risk and diminishing marginal influence over time.

**Units Per Person/Cohort Member Per Annum:** One unit represents one year-equivalent of restored access to routine primary care/dental services.

**Baseline & Counterfactual:** Without VOYCE, access barriers persist longer; BAU is variable, especially with placement churn and unclear responsibility.

**Economic Proxy and Value:** The value of \$166 is treated as a conservative service-bundle proxy (GP visit/Dental Visit) aligned to the model specification, consistent with Treasury’s approach of using database values to monetise well-defined impacts where assumptions and scope are transparent

**Evidence & Justification:** This benefit is evidence-informed because it targets a documented and persistent system gap: care-experienced tamariki and rangatahi have high health needs, but do not reliably receive timely routine primary and dental care, particularly when responsibilities are unclear and placements change. New Zealand research shows markedly worse health outcomes for children in state care. A national retrospective cohort study found that children in the custody of Oranga Tamariki were more likely to be hospitalised for any cause and substantially more likely to die over follow-up compared with children not in care, even after adjusting for demographic and socioeconomic factors (Pugh et al., 2023). While this benefit does not monetise those downstream outcomes, the study underscores the importance of ensuring earlier, consistent engagement with routine healthcare.

New Zealand monitoring and youth wellbeing data also shows that access barriers are real, not theoretical. The Independent Children’s Monitor’s review of access to primary health and dental care reports incomplete enrolment records, uncertainty among social workers about the rules and what annual checks should cover, and gaps in caregiver information and consent processes, with Oranga Tamariki unable to confirm whether required annual dental checks are happening (Aroturuki Tamariki, 2024). Youth19 similarly reports that young people who have been involved with Oranga Tamariki are more likely to experience unmet healthcare access when they need a provider, and also report poorer overall health and wellbeing compared with peers (Fleming et al., 2022). For tamariki whaikaha and other high-needs cohorts, an Oranga Tamariki evidence brief synthesising available literature concludes that GP registration and regular review are foundational, and that many young people entering care are not registered with a GP and may not be having regular check-ups, reflecting high unmet need in primary care (Faasen et al., 2023). Together, these sources provide a robust baseline context in which “restoring access” is a material and relevant outcome.

VOYCE’s contribution is causally plausible because it focuses on practical, rights-based navigation in exactly the places where the system evidence shows friction: enrolment, consent, information, and follow-through. VOYCE’s advocacy reporting explicitly includes healthcare and dentistry within the “health and wellbeing” theme, indicating that access barriers are a routine part of advocacy demand rather than an edge case (VOYCE – Whakarongo Mai, 2025). International evidence supports the broader mechanism: children in foster care commonly face disrupted continuity of care due to placement transitions and fragmented information, and standards and position statements emphasise timely health and dental assessments and coordinated information-sharing as essential to quality care (American Academy of Pediatrics, 2021; Royal Australasian

College of Physicians, 2023). Dental access is a particularly well-documented gap internationally, with evidence that care-experienced children and care leavers have higher treatment needs yet face greater difficulty accessing services due to organisational and logistical barriers (Erwin et al., 2024; Sarvas et al., 2021). These findings strengthen the justification for the model's success rates as incremental rather than gross: VOYCE can reasonably accelerate access restoration for a subset of cases, but the model appropriately limits the segment to a small acute access-barrier group and embeds tapering to reflect disruption risks and shared causality with caregivers and services (The Treasury, 2024a).

## **Avoided Housing and Accommodation Crises**

**Benefit Overview:** This benefit captures the avoided use of emergency accommodation when a care-experienced young person's living situation is at imminent risk of breakdown. The outcome is defined narrowly as a reduction in emergency accommodation nights that would otherwise be required while a safe placement or living arrangement is negotiated and put in place. The beneficiaries are those Whakamana advocacy clients whose circumstances include unstable or temporary living arrangements, a threatened placement breakdown, or a contested transition to a new living situation. VOYCE's annual reporting confirms that "Living arrangements" is a major advocacy theme and explicitly includes "temporary or unstable placements" and "transition to independent living", which are the kinds of contexts where emergency accommodation can become the default short-term option. This benefit aligns to the Whakamana pathway in VOYCE's Theory of Change, where advocacy is expected to reduce instability by resolving barriers, ensuring young people's voices are heard, and supporting timely decision-making in high-stakes situations such as placements and transitions. This stabilisation mechanism is a credible precursor to reducing crisis escalation into emergency accommodation. The benefit is framed as incremental and event-based: it values only the nights avoided beyond what would have occurred through BAU statutory placement responses, caregiver action, or other supports. It does not monetise broader wellbeing benefits of stable housing (which would overlap with other outcomes) and is limited to the fiscal/service-cost dimension.

Table 6. Annual Segment Share, Success Rate and Units Per Person (Years 1-3) for Avoided Housing and Accommodation Crises

| Year | Segment Share | Success Rate | Units Per Person |
|------|---------------|--------------|------------------|
| 1    | 5%            | 25%          | 7.0              |
| 2    | 4%            | 20%          | 7.0              |
| 3    | 3%            | 16%          | 7.0              |

**Segment Share:** The segment share is set at 5% in Year 1, 4% in Year 2, and 3% in Year 3. The segment share is intentionally restricted to a small, high-risk subset of the total cohort where emergency accommodation is a plausible counterfactual. The taper reflects a conservative persistence profile: once a living situation is stabilised, the probability of a comparable “imminent emergency accommodation” episode declines, while still allowing for recurrence given the volatility of placements and transitions for care-experienced young people.

**Success Rate:** The success rates are set at 25% in Year 1, 20% in Year 2, and 16% in Year 3. The success rate represents the net probability that VOYCE advocacy prevents emergency accommodation nights that would otherwise occur under BAU. It is set at a moderate level because VOYCE can meaningfully reduce delay, unblock decision pathways, and support timely stabilisation, but does not control the wider constraints that drive emergency accommodation use (such as placement availability, housing supply, and statutory decision timeframes). The taper reflects diminishing marginal effect over time and the reality that stabilisation outcomes are co-produced and may weaken as circumstances change.

**Population Level Impact:** In Year 1, it is estimated that 235 days of emergency housing are avoided. This reduces to 141 days in Year 2 and 84 days in Year 3, reflecting the tapering of the cohort and the conservative decay assumptions applied across the three-year modelling period.

**Duration:** A three-year duration is plausible for stabilisation-related outcomes because the practical effects of advocacy (e.g., clarified plans, secured placements, strengthened transition arrangements) can carry forward, but the model embeds conservative decay through the tapering of both segment exposure and incremental success.

**Units Per Person/Cohort Member Per Annum:** The unit is defined conservatively as seven emergency accommodation nights avoided per successful case, which aligns with the way emergency housing support is commonly structured in practice (for example, Work and Income

notes that, in most cases, the cost of emergency accommodation is covered for the first seven nights, before an emergency housing contribution applies from night eight).

**Baseline & Counterfactual:** The counterfactual is that, in a subset of high-risk living arrangement cases, instability persists for longer, decisions stall, or transitions break down, leading to at least a short period where emergency accommodation is required. New Zealand evidence indicates that young people transitioning from care face elevated housing deprivation risk because the adult housing system does not cater to their needs and this contributes to higher homelessness than the general population (Oranga Tamariki Action Plan, 2022). VOYCE’s leaving care research provides direct lived-experience examples of this pathway, including instances where breakdowns in funding, caregiver arrangements, or placement pathways led to emergency housing use (VOYCE – Whakarongo Mai, 2022).

**Economic Proxy and Value:** The value per night of \$276 is treated as a revealed-cost proxy for emergency housing provision. It is grounded in government reporting that emergency housing special needs grants have a high average weekly cost per household (\$1,932 per week as at the end of December 2023 but reported as \$2196 per 2025 adjusted), which provides an auditable basis for a per-night value (Ministry of Housing and Urban Development, 2024).

**Evidence & Justification:** This benefit is grounded in a clear and evidence-informed problem definition: care-experienced young people face heightened risk of housing instability and homelessness during placements and transitions, and when systems do not respond quickly, emergency accommodation becomes a costly short-term backstop. New Zealand system evidence explicitly recognises that young people moving to independence from statutory care and youth justice settings often have “multiple and high needs” and fragmented support systems, and that existing housing services and supports are not meeting their needs, contributing to higher rates of homelessness than the general population (Oranga Tamariki Action Plan, 2022). The same needs assessment indicates that at least one in ten of this cohort are living in unstable accommodation (including places such as garages or cars), and notes that gaps in age-appropriate housing options can result in young people ending up in unsafe emergency housing or boarding house arrangements (Oranga Tamariki Action Plan, 2022).

VOYCE’s role in this pathway is evidenced by its service profile. In 2024/25, “Living arrangements” was one of VOYCE’s highest-volume advocacy themes, and VOYCE defines this

theme as including “temporary or unstable placements”, returning to live with whānau or previous caregivers, and transition to independent living (VOYCE – Whakarongo Mai, 2025).

This is the exact interface where an independent advocate can credibly influence outcomes: advocacy can reduce administrative delay, ensure the young person’s circumstances and preferences are heard in decision forums, and press for timely resolution when responsibility, consent, or placement pathways are contested. VOYCE’s leaving care research provides concrete examples of how pathway failures can culminate in emergency housing use, including situations where unstable caregiver arrangements and funding breakdown led directly to emergency housing (VOYCE – Whakarongo Mai, 2022).

International evidence supports the broader causal plausibility that care leavers are at elevated homelessness risk and that targeted supports can mitigate housing instability. A recent systematic review and meta-analysis notes that care leavers commonly experience poorer outcomes than peers, including higher rates of homelessness, and evaluates interventions such as transitional housing, intensive support, and extended care (Taylor et al., 2024). While the evidence base is mixed and effects vary by intervention type and implementation quality, the direction of the evidence reinforces the core logic that timely, relationship-based and practical support around transitions and living arrangements can reduce homelessness risk (Taylor et al., 2024).

The model’s parameter choices remain audit-disciplined. The segment is restricted to a small, high-risk subset; the unit is set to seven nights to avoid overstating typical crisis duration (and aligns with the way emergency housing support is initially provided) (Ministry of Social Development, n.d.). The success rate is explicitly net of BAU and tapers over time to reflect shared causality and structural housing constraints. Finally, the valuation is a clean fiscal proxy based on government-reported emergency housing grant costs, and does not attempt to monetise broader wellbeing effects of housing stability, thereby reducing double-counting risk (Ministry of Housing and Urban Development, 2024).

## Avoided Youth Justice Response

**Benefit Overview:** This benefit captures the avoided use of a low-risk youth justice response for a care-experienced young person in circumstances where a justice response is plausible but not inevitable. The model values the avoided response itself (as a service-cost consequence), rather than claiming that offending has been prevented. The beneficiaries are advocacy clients whose circumstances place them in formal proceedings contexts (for example, youth justice-related processes, FGCs, court and police matters) where decisions are being made about how the system responds and where a low-risk response can be avoided through better information, participation, and timely problem-resolution. This benefit aligns to Whakamana’s mechanism of change: independent, rights-based advocacy supports meaningful participation, ensures relevant context is understood by decision-makers, and strengthens the likelihood of more appropriate and proportionate decisions when systems are under pressure (VOYCE – Whakarongo Mai, 2025). The benefit is deliberately framed as incremental and response-based. It does not claim that VOYCE “prevents offending”. Instead, it values cases where VOYCE’s advocacy plausibly contributes to avoiding a low-risk justice response that would otherwise have occurred under business-as-usual decision-making.

*Table 7. Annual Segment Share, Success Rate and Units Per Person (Years 1-3) for Avoided Youth Justice Response*

| Year | Segment Share | Success Rate | Units Per Person |
|------|---------------|--------------|------------------|
| 1    | 7%            | 40%          | 1.0              |
| 2    | -             | -            | -                |
| 3    | -             | -            | -                |

**Segment Share:** The segment share is restricted to 7% in Year 1 where the mechanism is plausibly present: advocacy clients in formal proceedings contexts in which a low-risk youth justice response is a credible counterfactual. This restriction is consistent with VOYCE’s reporting that “Formal proceedings” is a high-volume advocacy theme and explicitly includes police matters, court proceedings, and participation in FGCs and related forums - precisely the settings where the likelihood of a justice response can be influenced by the quality of participation and context provided (VOYCE – Whakarongo Mai, 2025). The segment is set to zero beyond Year 1 because the impact is treated as event-based and audit-disciplined, rather than assumed to persist.

**Success Rate:** The Year 1 success rate of 40% reflects the proportion of the targeted segment that achieves the intended change, taking into account both the effectiveness of delivery and the actual uptake of the advocacy intervention. This represents the share of individuals who, due to VOYCE’s advocacy, successfully avoid a low-risk youth justice response, above and beyond what would have occurred through standard statutory processes, legal counsel, or the discretion of police and courts. It is set at a comparatively high level because, at the low-risk end, the system response is often shaped by whether underlying needs are recognised early, whether there is a credible alternative plan, and whether the young person’s circumstances are fully understood. New Zealand monitoring evidence describes how care and protection issues can “end up being YJ cases” when early support is not adequately provided, and includes consistent reflections from youth justice and police leaders about the “criminalisation” of young people when support is missing and thresholds are high (Aroturuki Tamariki, 2024). In that context, a strong advocacy contribution that improves participation and decision quality can plausibly shift a meaningful share of low-risk matters away from a formal youth justice response in the short term.

**Population Level Impact:** Given the restricted Year 1 segment, a one-response unit, and a net success rate in that year, the model results in an estimated 66 avoided low-risk youth justice responses in Year 1, with no modelled impact in Years 2–3 because the benefit is intentionally limited to a one-year event window.

**Duration:** A one-year duration is an audit-strength choice because it matches the mechanism and the outcome definition. A youth justice response is a discrete event shaped by institutional decision-making and cannot be claimed to be durably reduced over multiple years without stronger longitudinal evidence of sustained system change or reoffending effects.

**Units Per Person/Cohort Member Per Annum:** The unit is defined as one avoided low-risk youth justice response per successful case in Year 1. The unit is set to zero in Years 2–3 to reflect the one-year-only scope and to avoid implying persistence.

**Baseline & Counterfactual:** The baseline reflects that some low-risk youth justice responses will occur under BAU processes regardless of VOYCE, because decisions are made by police, courts, counsel and statutory agencies. However, the evidence indicates that for care-experienced rangatahi, youth justice involvement is frequently entangled with unmet care and protection needs and system constraints. Aroturuki Tamariki reports that a very high proportion of rangatahi Māori referred for a youth justice FGC have a prior care and protection report of concern, signalling strong system overlap and a context in which earlier needs-based responses may avert escalation

into youth justice processes (Aroturuki Tamariki, 2024). The net success rate therefore represents VOYCE’s incremental contribution above BAU, and the model does not extend the effect beyond Year 1.

**Economic Proxy and Value:** The value of \$4,638 (2025 adjusted) is applied as a conservative service-cost proxy for a low-risk youth justice response using the CBAX impacts database approach, consistent with Treasury guidance that monetised impacts should use standardised database values where available and be clearly defined.

**Evidence & Justification:** This benefit is intentionally narrow and audit-disciplined. It monetises avoided low-risk youth justice responses, not “offending prevented”, and is constrained to one year because youth justice outcomes are institution-led and highly contingent on police and court decision-making. The causal logic is nonetheless strong in the specific contexts where VOYCE operates: VOYCE’s Annual Report defines “Formal proceedings” advocacy as supporting a young person’s voice to be heard and taken into account in decision-making processes, including participation in FGCs, hui, assessments, court proceedings and police matters (VOYCE – Whakarongo Mai, 2025). These are precisely the forums where the system decides whether and how a young person becomes subject to a youth justice response, particularly at the low-risk end where discretion, context and alternatives matter.

New Zealand evidence demonstrates that the justice-system exposure of care-experienced youth is not marginal; it is structural. Ministry of Justice analysis reports that 87% of young offenders aged 14–16 who appeared in Youth Court in 2016/17 had prior care and protection reports. Aroturuki Tamariki similarly reports that in 2023/24, around nine in ten rangatahi Māori referred for a youth justice FGC had a previous care and protection report of concern, reinforcing the high overlap between care and protection involvement and youth justice pathways for Māori rangatahi (Aroturuki Tamariki, 2024). Importantly, Aroturuki Tamariki’s qualitative evidence from youth justice and police leaders highlights a recurring pathway: care and protection issues are not being addressed early enough, and as a result they “end up being YJ cases”, with explicit concern that young people are being “criminalised” when support and resourcing are missing. This supports the plausibility that effective advocacy which improves participation, ensures needs and context are visible, and supports timely decision-making can reduce the likelihood of a low-risk youth justice response in some cases, even though it cannot be assumed to prevent offending.

International evidence is consistent with the New Zealand pattern: youth with child welfare involvement are more likely to become “crossover” youth with juvenile justice contact, and

placement instability and unmet needs contribute to deeper system involvement (Cutuli et al., 2016). Research also indicates that procedurally fair treatment and voice in justice interactions shape perceived legitimacy and compliance, supporting the broader mechanism that better process can reduce unnecessary escalation and improve engagement with non-punitive responses (Worden & McLean, 2020).

The model parameters reflect this logic while remaining conservative. The benefit is applied only to a small Year 1 segment (formal proceedings contexts within the total cohort), uses a one-response unit, applies a conservative success rate, and does not assume persistence beyond Year 1. In combination, these choices keep attribution disciplined, avoid double counting with wellbeing benefits, and align the monetisation strictly to the fiscal consequence of an avoided low-risk youth justice response.

## Enhanced Education Engagement & Attendance

**Benefit Overview:** This benefit captures an incremental improvement in education engagement - such as improved attendance, participation, or sustained connection to schooling - where VOYCE’s advocacy helps remove practical and system barriers that would otherwise keep a young person disengaged. The beneficiaries are a subset of VOYCE’s advocacy-engaged rangatahi whose presenting issues relate directly to education participation, including school access, learning support, and barriers to attendance and engagement. This aligns with VOYCE’s Theory of Change: Whakamana advocacy supports tamariki and rangatahi to raise concerns and work toward changes in care plans, placements and schooling, while Whai Pūkenga complements this by strengthening skills and preparation for life beyond care. The benefit is deliberately framed as a conservative annual flow (an “engagement year-equivalent”) rather than capitalising a full lifetime earnings stream. This reduces over-claiming and aligns the monetisation more closely to what advocacy can plausibly influence in the short-to-medium term.

*Table 8. Annual Segment Share, Success Rate and Units Per Person (Years 1-3) for Enhanced Education Engagement and Attendance*

| Year | Segment Share | Success Rate | Units Per Person |
|------|---------------|--------------|------------------|
| 1    | 4%            | 55%          | 1.0              |
| 2    | 3%            | 49%          | 0.7              |
| 3    | 2%            | 47%          | 0.5              |

**Segment Share:** The segment share is set at 4.15% in Year 1, tapering to 3.73% in Year 2 and 3.32% in Year 3, reflecting that education-related advocacy is important but not universal across the total cohort. This scale is consistent with VOYCE's reporting that "Education and Employment" is one of the major advocacy themes (247 cases in 2024/25) but smaller than themes such as formal proceedings and living arrangements, and therefore should be applied only to a defined subset of clients where the mechanism is clearly present.

**Success Rate:** The success rate is 55.00% in Year 1, reducing to 49.50% in Year 2 and 46.75% in Year 3. These rates represent net incremental improvement beyond BAU education and care-system processes, recognising that engagement outcomes are co-produced with schools, caregivers, Oranga Tamariki and learning support services. The taper reflects that advocacy can create strong early momentum (for example, re-engagement after a barrier is removed), but sustained engagement is harder to attribute over time when placements change and wider factors increasingly shape attendance and participation.

**Population Level Impact:** Under the above exposure and net success assumptions, the model estimates 56 individuals engage more strongly in Year 1, declining to 32 in Year 2 and 19 in Year 3. This pattern is consistent with a "momentum window" assumption: the largest incremental effect occurs closest to the point where barriers are resolved, with diminishing marginal gains thereafter.

**Duration:** The duration is three years, with taper embedded through segment share, success rate and units. This duration is plausible because early improvements in attendance and engagement can carry forward into subsequent school years, while still acknowledging that persistence weakens as new disruptions arise.

**Units Per Person/Cohort Member Per Annum:** Units taper from 1.0 in Year 1 to 0.70 in Year 2 and 0.50 in Year 3. This reflects an intentional modelling choice: an engagement uplift is treated as strongest in the first year after barriers are addressed, then partially retained (rather than assumed to persist at full strength).

**Baseline & Counterfactual:** Without VOYCE, engagement improvement would be smaller because education barriers often persist longer in care contexts, particularly when responsibilities are unclear and transitions are frequent. New Zealand evidence shows why BAU cannot be assumed to deliver consistent engagement for care-experienced learners. Oranga Tamariki's IDI-based data review found higher disengagement (including stand-downs, exclusions and truancy),

higher rates of school changes, lower NCEA achievement, and much higher early school leaving for young people with care experience (Oranga Tamariki - Ministry for Children, 2019). The education needs assessment prepared under the Oranga Tamariki Action Plan similarly notes that children and young people in care are more likely to change or leave school early and experience stand-downs and lower achievement, and that they want to learn and be supported to learn.

**Economic Proxy and Value:** The economic proxy is the annualised value specified derived from a cost-benefit analysis of the Pūhoro STEM Academy (\$1,845 per youth-year, 2026 adjusted), that links improvements in engagement/attendance and education pathways to higher future earnings. The approach is explicitly conservative because it divides estimated lifetime benefit over a working life and uses the annualised portion as a one-year value rather than capitalising the full lifetime present value. This avoids over-attribution and aligns with Treasury expectations that assumptions must be transparent and conservative where evidence is indirect

**Evidence & Justification:** This benefit is grounded in a strong New Zealand evidence base showing that care-experienced learners face substantial, system-driven barriers to consistent engagement in education, especially as they move into adolescence. Oranga Tamariki's review of government administrative data (IDI) found that young people with care experience have higher rates of educational disengagement and markedly poorer qualification outcomes than peers, including a high proportion leaving school without NCEA qualifications (Oranga Tamariki - Ministry for Children, 2019). The same data review shows the prevalence of educational disruption through school changes: around a quarter of those in care had experienced three or more school changes over their lifetime compared with a small minority of those with no care experience, and this divergence becomes larger among older age groups (Oranga Tamariki - Ministry for Children, 2019). The Oranga Tamariki Action Plan education needs assessment reinforces this picture, explicitly noting that children and young people in care or youth justice often have additional learning needs, are more likely to be excluded and have adverse educational experiences, and need stable, supportive learning environments through transitions - while also emphasising that many want to learn and want to be supported to achieve.

VOYCE's causal contribution is credible because its advocacy model targets precisely the friction points identified in the national evidence: unstable transitions, fragmented responsibilities, insufficient learning support, and the practical barriers that stop engagement from being sustained. VOYCE's Annual Report defines the "Education and Employment" advocacy theme as including access, resources, supports, attendance, engagement and barriers, which is directly aligned to an

“engagement uplift” mechanism rather than an attainment-only mechanism (VOYCE – Whakarongo Mai, 2025).

VOYCE’s Theory of Change further confirms that Whakamana advocates support young people to work toward changes in schooling within wider care planning, reinforcing the plausibility of impact through barrier removal and supported participation rather than direct teaching (VOYCE – Whakarongo Mai, 2024–2025).

The parameter settings are consistent with this logic while remaining audit-disciplined. The segment is small (just over four percent of the total cohort in Year 1, tapering thereafter), reflecting that education-specific advocacy is a subset of VOYCE’s caseload rather than a universal exposure. The success rates are moderate and explicitly net of BAU, recognising shared causality with schools and agencies, and they taper across years to reflect increasing uncertainty as contexts change. The units taper (1.0 to 0.7 to 0.5) to represent a realistic “momentum” effect rather than assuming the same engagement gain persists unchanged.

Finally, the value proposition is supported by strong evidence that engagement and attendance matter for later outcomes. Oranga Tamariki’s modelling indicates that achieving NCEA Level 2 is associated with higher participation in education/employment/training and lower long-term benefit dependency, and is also associated with slightly lower regular offending - highlighting the downstream relevance of education engagement for both social and fiscal outcomes (Oranga Tamariki - Ministry for Children, 2019). New Zealand evidence on chronic absence similarly shows that students with sustained absence are much more likely to leave without qualifications and later experience poorer outcomes, including higher likelihood of being charged with an offence (Education Review Office, 2024). The proxy approach remains conservative by using an annualised value (rather than full lifetime earnings), consistent with established cost–benefit approaches that connect attendance/attainment to earnings while warning against overly strong causal interpretation without appropriate caveats (DfE, 2025).

## Enhanced Employment and Reduced Benefit Reliance

**Benefit Overview:** Reduced Jobseeker reliance (fiscal) through smoother transition into study/training/work. This benefit captures a conservative, short-term reduction in Jobseeker reliance where VOYCE’s support helps care-experienced rangatahi to stabilise their transition into study, training, or work, instead of defaulting to benefit receipt during a period of administrative and practical disruption. The beneficiaries are transition-age rangatahi whose advocacy needs relate to education or employment pathways, including removing barriers that prevent them from taking up study, training, or work opportunities. VOYCE’s advocacy reporting confirms “Education and employment” is a material advocacy theme, indicating a real and recurring demand for support with these pathway issues. This benefit aligns with VOYCE’s Theory of Change for transition-age rangatahi: older rangatahi and young adults engage through advocacy on “housing, income, and education issues” and their pathways explicitly target reduced risk of unemployment as they leave care (VOYCE – Whakarongo Mai, 2025). It also aligns with the Whai Pūkenga skills and capability pathway, which is intended to widen education and employment opportunities over time. This benefit is intentionally limited to the fiscal value of Jobseeker payments avoided. It does not monetise wages, productivity, or tax revenue, and it does not claim employment is “created” by VOYCE; it values only the incremental reduction in short-term reliance attributable to barrier removal and improved transition navigation.

*Table 9. Annual Segment Share, Success Rate and Units Per Person (Years 1-3) for Enhanced Employment/Jobseeker Benefit Avoided*

| Year | Segment Share | Success Rate | Units Per Person |
|------|---------------|--------------|------------------|
| 1    | 4%            | 45%          | 0.25             |
| 2    | 4%            | 40%          | 0.125            |
| 3    | 3%            | 38%          | 0.0625           |

**Segment Share:** The segment share applies the benefit to 4.15% of the total cohort in Year 1, tapering to 3.73% in Year 2 and 3.32% in Year 3, reflecting that only a defined subset of VOYCE’s wider cohort is plausibly exposed to the education/employment pathway mechanism in any given year. This scale is consistent with VOYCE’s advocacy mix, where “Education and employment” is a substantial but not dominant theme relative to other high-volume advocacy needs

**Success Rate:** The success rates represent a net incremental effect beyond business-as-usual supports (including statutory transition support, Work and Income processes, education providers,

and whānau supports). They are intentionally set below gross “goal achieved” metrics because labour-market and training outcomes are co-produced and strongly influenced by factors outside VOYCE’s control. The taper from 45.00% in Year 1 to 40.50% and 38.25% reflects that VOYCE’s strongest plausible contribution is during the immediate transition window, while attribution becomes weaker over time as circumstances change and other services increasingly drive outcomes.

**Population Level Impact:** The model produces an estimated 137 months of Jobseeker benefit avoided in Year 1, declining to 55 months in Year 2 and 23 months in Year 3. This declining profile is expected, as the benefit is explicitly modelled as a short-term transition effect with deliberate tapering in the unit size, rather than assuming a full year of benefit avoidance for each successful case.

**Duration:** A three-year duration is used to reflect that improvements in transition navigation can have carry-over effects (for example, once identity documents and administrative settings are corrected, or once a training pathway is established). However, the model remains conservative because the effect strength is reduced each year through the taper in units, consistent with a “fading transition uplift” rather than an enduring employment impact.

**Units Per Person/Cohort Member Per Annum:** The unit design is deliberately conservative. In Year 1, a successful case is assumed to avoid only 0.25 years of Jobseeker reliance (approximately three months), falling to 0.125 years in Year 2 and 0.0625 years in Year 3. This prevents a common overreach in transition modelling (assuming a full year of benefit avoidance) and better reflects the reality that transition barriers often create short, acute periods of benefit reliance rather than stable multi-year trajectories.

**Baseline & Counterfactual:** Without VOYCE, transition barriers increase probability of short-term benefit reliance; taper reflects fading transition effect. The baseline is that transition-age care-experienced rangatahi face a higher probability of short-term benefit reliance because administrative and practical barriers are common and are not consistently resolved quickly through BAU. Oranga Tamariki policy requires proactive planning, connecting rangatahi to entitlements and supports, and assisting with key documentation (identity, IRD number, photo ID, birth certificate, bank account) and education/employment obligations (Oranga Tamariki, 2025). However, VOYCE’s leaving-care lived-experience evidence shows how implementation gaps and inter-agency miscommunication can directly trigger financial crisis and reliance on emergency responses; for example, one rangatahi described a benefit application being blocked due to

miscommunication between Work and Income and Oranga Tamariki, causing a period where “no one was getting paid anything” (VOYCE – Whakarongo Mai, 2022). The taper reflects that the strongest incremental effect occurs closest to the period when these barriers are actively being resolved.

**Economic Proxy and Value:** The model draws on NZ Treasury’s CBAX Jobseeker Support (Generalised without Children) of \$17,168 (2026 adjusted).

**Evidence & Justification:** This benefit is grounded in a well-evidenced transition challenge for care-experienced rangatahi: the shift from care into adulthood is often earlier and more abrupt than for peers, and is commonly accompanied by limited informal financial support and high administrative complexity (OECD, 2022). In this context, short-term Jobseeker reliance is not best interpreted as “work avoidance”; it frequently reflects disrupted pathways and system friction at the precise moment young people must secure housing, income, education/training placements, and core documentation.

New Zealand evidence demonstrates that targeted, relationship-based transition support can reduce benefit reliance in measurable ways. In Oranga Tamariki’s Transition Support Service early outcomes evaluation (Apatov, 2024), referral to a transition worker was associated with a lower likelihood of receiving benefit income (around three fewer months on average) and additional months earning wages and salary income by age 19, relative to comparable rangatahi not referred (Apatov, 2024). This is directly relevant to VOYCE’s mechanism because it shows that when a trusted support role helps navigate practical needs and system interfaces, short-term benefit reliance can be reduced even in a high-needs care-experienced cohort.

VOYCE’s own lived-experience evidence illustrates the specific “failure modes” that push care leavers toward benefit reliance and crisis. Rangatahi describe administrative delays and errors that undermine day-to-day functioning and employment readiness, including being “held back” from taking a job because key steps (such as licensing) were not progressed in time, and experiencing prolonged delays in basic financial actions such as setting up KiwiSaver after gaining employment (VOYCE – Whakarongo Mai, 2022).

Crucially, they also report inter-agency miscommunication between Oranga Tamariki and Work and Income that blocked benefit access during the immediate post-discharge period and directly precipitated housing crisis (VOYCE – Whakarongo Mai, 2022). These accounts support the causal plausibility that independent advocacy which accelerates resolution of administrative barriers,

clarifies responsibility, and ensures entitlements are correctly actioned can reduce short, acute spells of benefit reliance.

International evidence reinforces the underlying logic. The OECD concludes that care leavers face compounded challenges in accessing mainstream services and often require coordinated, tailored supports across system boundaries, with education and work recognised as resilience-enhancing foundations (OECD, 2022). Systematic review evidence also indicates that policy supports such as extended care can improve economic outcomes (including earnings) and reduce reliance on public assistance in some settings, supporting the broader plausibility of “more support during transition means less welfare reliance” (Taylor et al., 2024).

Finally, the model’s parameter choices are deliberately conservative and audit-safe. The exposed segment is small and declining (4.15% to 3.32% over three years), the success rates are net and tapering (45.00% to 38.25%), and the unit avoids assuming full-year benefit avoidance by limiting the effect to three months in Year 1 and smaller fractions thereafter. The valuation uses Treasury’s CBAX approach to monetising impacts through a common database and requires transparent assumptions and careful treatment of overlap; this benefit complies by valuing fiscal payments avoided only, without adding wage gains or wellbeing effects that are captured elsewhere.

## **Avoided Material Hardship**

### **Benefit Overview:**

This benefit captures a discrete, one-off improvement in material wellbeing where urgent financial hardship or lack of essential items is resolved through advocacy action. The outcome is defined narrowly as a grant-equivalent “resolution” of immediate need (for example, emergency assistance or access to essential belongings and records), rather than broader financial capability or longer-term income stability. The beneficiaries are advocacy clients whose presenting needs, which includes issues such as access to, benefits and entitlements, banking and budgeting support, emergency assistance, and access to personal belongings and records. This theme is consistently reported demonstrating that material hardship and access barriers are not edge cases but an ongoing advocacy demand. The benefit is intentionally fenced to a single, one-off material resolution (a “grant-equivalent” outcome). It does not monetise downstream effects on mental

health, safety, education participation, or life satisfaction, because these pathways are captured (and valued) elsewhere in the SROI and would risk double counting if included here.

*Table 10. Annual Segment Share, Success Rate and Units Per Person (Years 1-3) for Avoided Material/Financial Hardship*

| Year | Segment Share | Success Rate | Units Per Person |
|------|---------------|--------------|------------------|
| 1    | 6%            | 50%          | 1.0              |
| 2    | -             | -            | -                |
| 3    | -             | -            | -                |

**Segment Share:** The segment share of 6% applies only in Year 1 and restricts the benefit to the small subset of the total cohort with plausible exposure to a material hardship. Setting the segment to zero in Years 2–3 reflects the one-off nature of the outcome and avoids implying that emergency material support is an ongoing annual effect for the same individuals.

**Success Rate:** The Year 1 success rate represents the share of the applicable cohort for whom VOYCE’s advocacy leads to a tangible, grant-equivalent resolution above business-as-usual, meaning outcomes that would not have occurred without active advocacy, or would otherwise have occurred later following avoidable hardship.

**Population Level Impact:** Given the Year 1 segment restriction, a one-off unit, and the net success rate, the model implies 70 grant-equivalent resolutions in Year 1, with no modelled effect in Years 2–3 because the benefit is defined as a single-event resolution rather than an ongoing flow.

**Duration:** A one-year duration is appropriate because the benefit definition is a discrete, immediate resolution of hardship or access to essentials (for example, a one-off payment, purchase, or retrieval of essential records). This avoids overstating persistence and keeps the valuation tightly aligned to what advocacy can credibly achieve and evidence can support.

**Units Per Person/Cohort Member Per Annum:** The unit is defined as one grant-equivalent resolution per successful case in Year 1.

**Baseline & Counterfactual:** Without VOYCE, some needs would be resolved later or not at all; net success reflects incremental change. The counterfactual reflects a system reality documented in care-experienced lived experience: even when supports exist, care-experienced can face delays,

errors, and unclear accountability across welfare settings that make immediate financial stability fragile. For example, VOYCE’s leaving-care research includes accounts of incorrect or delayed payments (such as bus money) that disrupt day-to-day functioning, and a case where miscommunication between Work and Income and Oranga Tamariki resulted in no payments in the first weeks after discharge. These are precisely the kinds of failures where advocacy can create incremental change by accelerating resolution and ensuring entitlements are actioned correctly.

**Economic Proxy and Value:** The unit value of \$400 is anchored to a conservative midpoint Special Needs Grant (SNG) amount as a revealed-cost proxy for meeting an essential, one-off need.

**Evidence & Justification:** This benefit is grounded in a clear and well-evidenced system problem: care-experienced tamariki and rangatahi can face immediate material hardship and difficulty accessing basic entitlements and essential belongings, even when supports exist in policy. VOYCE’s own service data demonstrates that this is a material and recurring need. In the 2024–2025 reporting year, “Financial and belongings” was one of VOYCE’s top advocacy themes, and VOYCE explicitly defines it as issues involving pocket money, benefits and entitlements, banking and budgeting support, emergency assistance, and access to personal belongings including personal records. This provides a strong programme-specific anchor for both the segment definition and the causal pathway: VOYCE is actively working on precisely the barriers that drive immediate material hardship.

VOYCE’s advocacy mechanism is therefore highly plausible as an incremental, short-term hardship resolver. It is not “income creation”; it is ensuring that entitlements and essential supports function as intended when systems are fragmented, responsibilities are unclear, or young people lack a consistent adult to navigate processes. The model appropriately avoids overreach by valuing only a one-off material resolution and applying a one-year duration.

The economic proxy is intentionally conservative and audit-friendly. Work and Income defines a Special Needs Grant as a one-off payment to help pay an essential or emergency cost when a person cannot meet the cost another way (Work and Income, n.d.). Community Law similarly describes Special Needs Grants as covering a variety of costs and notes they are usually non-repayable (Community Law, n.d.). Indicative guidance used by welfare advocates shows that grant amounts commonly sit in the low hundreds depending on purpose and household context (for example, food grants ranging around the \$300–\$550 range for larger household types), supporting the use of a \$400 midpoint as a reasonable and conservative representative value (Beneficiary

Advisory Service, n.d.). Finally, New Zealand policy evidence indicates that direct income assistance can alleviate material hardship, supporting the underlying premise that resolving urgent essential costs through a one-off payment is a meaningful, measurable change (Ministry of Social Development, 2023).

## 4.4 Excluded Benefits

To keep the appraisal conservative and defensible, several quantifiable benefits were identified but excluded from the CBAX model where risks of overlap, double counting, or weak attribution were material. In brief, we prioritised a single primary pathway per outcome (with decay). We removed items where effects are already captured indirectly via other proxies, or where evidence for persistence was uncertain. The outcomes are discussed below to demonstrate that they have been considered in the construction of the CBAX model.

### **Enhanced Mental Health (Avoided Depression/Anxiety)**

**Benefit Overview:** VOYCE’s kaupapa and delivery model plausibly supports improved mental health for care-experienced tamariki and rangatahi by reducing distress drivers and strengthening protective factors. In practice, this would occur through advocacy that resolves acute stressors (for example, safety, placement instability, blocked access to supports) and through identity-safe connection that reduces isolation and strengthens belonging. These mechanisms are consistent with the wider evidence base that social support, reduced chronic stress, and timely access to appropriate supports are associated with improved mental wellbeing among young people, particularly those facing instability and cumulative adversity.

**Rationale for Exclusion:** We excluded a separate monetised “depression/anxiety avoided” benefit to keep the appraisal conservative and avoid double counting. A mental health state proxy (or QALY-style valuation) would materially overlap with the monetised pathway already used for life satisfaction gains from agency/voice/being heard, and would also overlap with the mental health crisis ED presentations avoided benefit. In addition, VOYCE is not a clinical provider, so attributing sustained symptom reduction to advocacy and connection would require stronger assumptions about persistence, treatment uptake, and counterfactual trajectories than the available evidence can support. Given the combination of overlap risk and attribution/persistence

uncertainty, it was more defensible to treat improved mental health as a non-monetised outcome and rely on the narrower, auditable proxies already included in the model.

## **Improved Physical Health**

**Benefit Overview:** Beyond restoring access to primary care and dental services, VOYCE advocacy could plausibly contribute to longer-term physical health gains where earlier and more consistent care enables timely treatment, better management of chronic or emerging conditions, and reduced escalation to acute care. For care-experienced young people, continuity of routine care is particularly important because health needs can be higher and service access is often disrupted by placement changes and administrative barriers.

**Rationale for Exclusion:** We did not monetise downstream physical health improvement (for example, improved health status, hospitalisations avoided, or QALY gains) because this would significantly increase modelling complexity and introduce a long causal chain that VOYCE cannot directly control. Monetising physical health states would overlap with the already-included restored physical health access benefit and, depending on the proxy, could also overlap with mental health crisis ED and broader wellbeing pathways. It would also require assumptions about diagnosis, treatment adherence, persistence, and counterfactual healthcare trajectories that were not robustly evidenced for this cohort. To remain conservative and audit-safe, the model values only the discrete, observable access restoration event rather than claiming longer-run health-state change.

## **Reduced Harm and Improved Safety**

**Benefit Overview:** VOYCE's independent advocacy can plausibly reduce harm risk for some tamariki and rangatahi by enabling concerns to be raised safely, ensuring context is understood in decision-making, and supporting timely responses when placements, environments, or relational dynamics are unsafe. In principle, this could translate into fewer incidents of harm, safer placements, and reduced exposure to unsafe situations.

**Rationale for Exclusion:** We excluded a monetised “harm avoided” benefit because the valuation methods for safety events tend to be high-impact (and therefore high-risk) and would create substantial overlap with multiple benefits already included—particularly life satisfaction/agency, housing crisis nights avoided, and youth justice response avoided, as well as the health-related

benefits where harm could manifest as ED use. In addition, safety and harm outcomes are heavily shaped by statutory settings, placement availability, provider practice, and system responsiveness, making VOYCE's marginal attribution difficult to estimate defensibly without incident-level linked data. Given the high likelihood of double counting and the sensitivity of cost-of-harm style proxies, it was more conservative to acknowledge safety improvement as a critical (non-monetised) outcome and keep the monetised model focused on narrower, more attributable pathways.

## 4.5 Summary of Estimated Benefits

All monetised impacts were selected to be mutually exclusive. Outcomes are valued using wellbeing economics measures and social-value library lines. Where domains could potentially overlap, conservative quantities or single-year time windows have been applied to avoid double-counting.

*PV is calculated across 2453, rangatabi in the 2026 cohort; a new cohort will enter in FY 2027, but only the first three benefit years of the initial intake are valued to keep the analysis conservative.*

- **Enhanced Life Satisfaction:** \$11.382m PV (Year 1-3)
- **Enhanced Social Connectedness:** \$9.469m PV (Year 1-3)
- **Jobseeker Benefit Avoided:** \$0.302m PV (Years 1-3)
- **Youth Justice Response Avoided:** \$0.302m PV (Year 1)
- **Improved Educational Engagement:** \$0.193m PV (Year 1-3)
- **Emergency Housing Avoided:** \$0.141m PV (Year 1-3)
- **Avoided Material/Financial Hardship:** \$0.028m (Year 1)
- **Mental Health Crisis Avoided:** \$0.022m PV (Year 1-3)
- **Restored Primary Health Care Access:** \$0.007m PV (Year 1)

The present value of the benefits over 3 years is \$21.85m  
based on 2,454 participants.

## 4.6 Programme Costs

VOYCE – Whakarongo Mai’s programme costs reflect the sustained investment required to deliver independent, rights-based advocacy, connection and systems influence for care-experienced tamariki and rangatahi. Across recent financial years, expenditure has been driven primarily by staffing, reflecting the organisation’s reliance on skilled kaimahi to build trusted relationships, deliver advocacy, facilitate youth participation, and support connection through Tūhono events. Remaining costs relate to direct delivery expenses (such as events, travel and case-related logistics) and the organisational infrastructure required to operate safely, accountably and at a national scale. For the purposes of this analysis, programme costs are represented using the average annual operating cost across the most recent funding period, rather than a single-year snapshot, to smooth year-to-year fluctuations and provide a stable estimate of the typical resources required to deliver VOYCE’s outcomes.

The present value of these costs over the three-year  
period is \$5,644,906 (real terms) based on 2453 tamariki  
and rangatahi.<sup>1</sup>

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<sup>1</sup> The average annual programme cost is calculated across six financial years to smooth year-to-year variation and reflect the typical scale of resources required to deliver VOYCE – Whakarongo Mai’s kaupapa. The figures used are: FY2019/20 (\$4,092,903), FY2020/21 (\$4,957,574), FY2021/22 (\$4,997,665), FY2022/23 (\$5,651,991), FY2023/24 (\$7,037,061), and FY2024/25 (\$7,132,242), as reported in VOYCE’s annual financial statements. The resulting average annual programme cost is \$5,644,906, which is used as the representative annual cost for modelling purposes.

## 4.7 Sensitivity Analysis

The final step in a social cost-benefit analysis is to reflect on whether the assumptions in the analysis have unintentionally incorporated an ‘optimism bias’, leading to overestimation of benefits or underestimation of costs. To address this, we can consider more pessimistic or optimistic scenarios to understand the sensitivity of the result to key assumptions. Because the attribution of outcomes to the programme is a key assumption in the model, we tested how the results change under two different scenarios, adjusting success rates, segment cohorts and units per person inputs. Table 11 illustrates the sensitivity of the Net Present Value (NPV) and Benefit–Cost Ratio (BCR) to the portion of benefits attributed to VOYCE. The key scenarios run are now discussed in greater detail.

*Table 11. NPV and BCR under different modelled scenarios. Positive NPVs indicate net benefits; negative NPVs indicate net costs*

| Scenario       | Attribution/Participant Impact           | NPV (NZ\$) | BCR (2%) |
|----------------|------------------------------------------|------------|----------|
| A. Optimistic  | Highest levels of attribution and impact | +18.33m    | 4.3      |
| B. Base Case   | Base attribution and impact              | +16.23m    | 3.9      |
| C. Pessimistic | Lowest levels of attribution and impact  | +10.80m    | 2.9      |
| D. Service Cut | Programme funding drawdown               | +11.38m    | 3.9      |

*† All monetary values expressed in real 2025 dollars and discounted at 2% p.a. in line with Treasury CBAx conventions.*

### Scenario A: Optimistic (Highest Attribution and Participant Impact)

This optimistic scenario represents a year in which VOYCE operates under favourable delivery conditions: stable staffing, consistent engagement from schools, health services, Work and Income, and housing providers, and timely statutory decision-making. In this environment, VOYCE’s advocacy reaches slightly more of the cohort where exposure is plausible (for example through education, employment, and connection activities), and converts more reliably into tangible outcomes because barriers are resolved faster and with fewer reversals. Success rates increase most where outcomes are system-responsive rather than institution-controlled (education engagement, health access, transition support), while remaining conservative for justice-led or crisis-based outcomes. Persistence improves where continuity matters (belonging, agency, education, employment transitions), reflecting reduced churn and better follow-through rather

than any assumption of permanent change. Units per person increase only where justified by practice realities (for example, longer avoided emergency housing stays in successful cases), with one-off benefits remaining one-off.

*Table 12. Scenario A – optimistic attribution assumptions*

| Impact line                                  | Cohort segment | Success rate | Unit / per person | Justification                                                                                                           |
|----------------------------------------------|----------------|--------------|-------------------|-------------------------------------------------------------------------------------------------------------------------|
| Belonging & social connectedness (Yr 1)      | 66%            | 72%          | 1.0               | Assumes slightly broader Tūhono reach and stronger immediate connection gains due to consistent delivery.               |
| Belonging & social connectedness (Yr 2)      | 60%            | 70%          | 1.0               | Assumes improved retention through more regular follow-up and fewer drop-offs from disrupted participation.             |
| Belonging & social connectedness (Yr 3)      | 55%            | 68%          | 1.0               | Assumes a larger residual cohort maintains connection benefits via sustained peer networks.                             |
| Life satisfaction from agency & voice (Yr 1) | 43%            | 65%          | 1.0               | Assumes advocacy engagement deepens slightly and produces stronger perceived agency during active cases.                |
| Life satisfaction from agency & voice (Yr 2) | 40%            | 62%          | 1.0               | Assumes more durable confidence/rights knowledge due to better resolution quality and clearer processes.                |
| Life satisfaction from agency & voice (Yr 3) | 36%            | 60%          | 1.0               | Assumes continued (but tapering) carry-over of self-advocacy skills into later decisions.                               |
| Reduced MH crisis ED presentations (Yr 1)    | 5.50%          | 35%          | 1.0               | Assumes earlier escalation prevention and faster unblocking of supports increases crisis diversion in-year.             |
| Restored physical health access (Yr 1)       | 1.40%          | 60%          | 1.0               | Assumes more access barriers are identified and resolved quickly through smoother inter-agency coordination.            |
| Restored physical health access (Yr 2)       | 1.30%          | 55%          | 1.0               | Assumes better continuity reduces re-emergence of enrolment/consent barriers after initial resolution.                  |
| Restored physical health access (Yr 3)       | 1.20%          | 52%          | 1.0               | Assumes ongoing access is maintained for a larger subset due to improved follow-through.                                |
| Housing crisis nights avoided (Yr 1)         | 5.80%          | 28%          | 9.0               | Assumes more timely stabilisation prevents longer emergency stays per successful case, with modestly higher conversion. |
| Housing crisis nights avoided (Yr 2)         | 4.50%          | 22%          | 9.0               | Assumes fewer repeat crises but stronger avoidance when they occur due to improved response speed.                      |
| Housing crisis nights avoided (Yr 3)         | 3.50%          | 18%          | 9.0               | Assumes residual risk remains but successful interventions still avert multi-night emergency use.                       |
| Youth justice response avoided (Yr 1)        | 7.00%          | 45%          | 1.0               | Assumes stronger advocacy preparation improves discretionary decision-making at low-risk response points.               |

|                                              |       |     |       |                                                                                                           |
|----------------------------------------------|-------|-----|-------|-----------------------------------------------------------------------------------------------------------|
| Education engagement improved (Yr 1)         | 4.50% | 60% | 1.0   | Assumes slightly greater education-case reach and higher conversion through faster barrier removal.       |
| Education engagement improved (Yr 2)         | 4.00% | 55% | 0.8   | Assumes stronger “momentum” retention into the next year due to improved continuity and supports.         |
| Education engagement improved (Yr 3)         | 3.60% | 52% | 0.6   | Assumes sustained engagement for a larger subset, with conservative taper still applied.                  |
| Employment / Jobseeker months avoided (Yr 1) | 4.40% | 48% | 0.3   | Assumes more effective transition navigation avoids a slightly longer short-term spell on Jobseeker.      |
| Employment / Jobseeker months avoided (Yr 2) | 3.90% | 43% | 0.15  | Assumes diminishing transition effect but stronger than base due to better pathway stability.             |
| Employment / Jobseeker months avoided (Yr 3) | 3.50% | 40% | 0.075 | Assumes only residual transition benefits remain, consistent with conservative decay.                     |
| Avoided Material Hardship                    | 6%    | 60% | 1.00  | Assumes improved system navigation and entitlement access increases tangible one-off resolutions in-year. |

† Negative units indicate a reduction vs the pre-intervention level

## Scenario B: Base Case (Current Model Estimates)

The base case reflects conservative, evidence-based assumptions: segment shares, success rates, and units per person are set to values drawn from programme data and close analogues, with a stepwise taper across Years 2–3 to reflect diminishing reach and effect persistence. Retention factors therefore decline at steady pace, and monetised benefits track the CBAX lines without stacking or overlap. Costs, proxies, and discounting follow Treasury settings; results are intended as a realistic central estimate rather than a best-possible outcome.

Table 13. Scenario B – base attribution assumptions

| Impact line                             | Cohort segment | Success rate | Unit / per person | Justification                                                                                              |
|-----------------------------------------|----------------|--------------|-------------------|------------------------------------------------------------------------------------------------------------|
| Belonging & social connectedness (Yr 1) | 63%            | 70%          | 1.0               | Immediate gains arise from identity-safe peer connection through structured Tūhono participation.          |
| Belonging & social connectedness (Yr 2) | 56%            | 68%          | 1.0               | Social connection persists for many but moderates as contact intensity and life circumstances change.      |
| Belonging & social connectedness (Yr 3) | 50%            | 65%          | 1.0               | Further decay reflects erosion of peer ties over time without ongoing structured reinforcement.            |
| Life satisfaction (Yr 1)                | 42%            | 60%          | 1.0               | Advocacy delivers an immediate uplift in perceived agency and procedural fairness during active cases.     |
| Life satisfaction (Yr 2)                | 38%            | 57%          | 1.0               | Confidence and self-advocacy persist for many, though the incremental effect reduces once advocacy ends.   |
| Life satisfaction (Yr 3)                | 33%            | 55%          | 1.0               | Residual gains reflect durable skills for a subset rather than universal long-term uplift.                 |
| Reduced MH crisis (Yr 1)                | 5%             | 30%          | 1.0               | Crisis avoidance is event-based and linked to short-term resolution of acute stressors only.               |
| Restored physical health access (Yr 1)  | 1%             | 55%          | 1.0               | Advocacy resolves enrolment, consent, and navigation barriers, restoring access within the year.           |
| Restored physical health access (Yr 2)  | 1%             | 50%          | 1.0               | Some access is maintained, but persistence weakens due to re-registration and placement turnover.          |
| Restored physical health access (Yr 3)  | 1%             | 47%          | 1.0               | Continued decay reflects system fragmentation and reduced advocacy leverage over time.                     |
| Housing crisis avoided (Yr 1)           | 5%             | 25%          | 7.0               | Advocacy stabilises acute living arrangements, avoiding immediate emergency accommodation use.             |
| Housing crisis avoided (Yr 2)           | 4%             | 20%          | 7.0               | Fewer comparable crises arise once initial stability is achieved, reducing exposure.                       |
| Housing crisis avoided (Yr 3)           | 3%             | 16%          | 7.0               | Residual risk reflects structural housing constraints beyond advocacy control.                             |
| Youth justice response avoided (Yr 1)   | 7%             | 40%          | 1.0               | Advocacy improves participation and context at decision points where low-risk responses are discretionary. |

|                                       |    |     |        |                                                                                            |
|---------------------------------------|----|-----|--------|--------------------------------------------------------------------------------------------|
| Education engagement improved (Yr 1)  | 4% | 55% | 1.0    | Barrier removal supports immediate re-engagement in education during the school year.      |
| Education engagement improved (Yr 2)  | 4% | 50% | 0.7    | Engagement momentum carries forward but weakens as placement and health factors intervene. |
| Education engagement improved (Yr 3)  | 3% | 47% | 0.5    | Persistence reflects sustained engagement for a smaller subset only.                       |
| Employment / Jobseeker avoided (Yr 1) | 4% | 45% | 0.25   | Advocacy smooths initial transitions, avoiding short-term benefit reliance.                |
| Employment / Jobseeker avoided (Yr 2) | 4% | 41% | 0.1250 | Transition effects diminish as labour-market and education pathways dominate.              |
| Employment / Jobseeker avoided (Yr 3) | 3% | 38% | 0.0625 | Final taper reflects conservative assumptions about persistence of early gains.            |
| Avoided material hardship (Yr 1)      | 6% | 50% | 1.0    | Advocacy secures one-off resolution of urgent material needs and essential belongings.     |

† Negative units indicate a reduction vs the pre-intervention level

## Scenario C: Pessimistic (Lowest Attribution and Participant Impact)

This pessimistic scenario reflects a year characterised by heightened demand and constrained system capacity: workforce shortages, slower statutory processes, school and health service backlogs, housing supply pressure, and more complex presentations among rangatahi. In this context, more young people present with acute needs (raising cohort segment exposure in areas such as housing stress and transition pressure), but fewer cases convert into resolved outcomes because decisions take longer, supports are harder to secure, and advocacy leverage is reduced. Success rates fall across most benefits, particularly those requiring timely inter-agency cooperation, while persistence shortens as instability re-enters cases through placement changes, service disengagement, or administrative delays. For housing, crisis episodes last longer when they occur, but are less often avoided; for employment transitions, benefit reliance is harder to avert despite greater effort. One-off benefits remain one-off, reflecting that material relief can still be secured, but not scaled or sustained.

Table 14. Scenario C – pessimistic attribution assumptions

| Impact line                                  | Cohort segment | Success rate | Unit / per person | Justification                                                                                                            |
|----------------------------------------------|----------------|--------------|-------------------|--------------------------------------------------------------------------------------------------------------------------|
| Belonging & social connectedness (Yr 1)      | 55%            | 65%          | 1.0               | Assumes reduced event reach and weaker net gains due to constrained delivery capacity and disrupted participation.       |
| Belonging & social connectedness (Yr 2)      | 45%            | 62%          | 1.0               | Assumes faster drop-off as relationships are harder to sustain without consistent reinforcement.                         |
| Belonging & social connectedness (Yr 3)      | 35%            | 60%          | 1.0               | Assumes only a smaller subset retains meaningful connection benefits by Year 3.                                          |
| Life satisfaction from agency & voice (Yr 1) | 38%            | 55%          | 1.0               | Assumes fewer advocacy engagements achieve a clear agency uplift due to slower resolutions and weaker follow-through.    |
| Life satisfaction from agency & voice (Yr 2) | 32%            | 52%          | 1.0               | Assumes confidence gains are less durable as new decisions arise without stable support.                                 |
| Life satisfaction from agency & voice (Yr 3) | 28%            | 50%          | 1.0               | Assumes continued but reduced persistence, reflecting cumulative disruption and case churn.                              |
| Reduced MH crisis ED presentations (Yr 1)    | 5%             | 20%          | 1.0               | Assumes acute need persists but crisis diversion is harder due to waitlists and service access bottlenecks.              |
| Restored physical health access (Yr 1)       | 1.30%          | 45%          | 1.0               | Assumes access barriers remain common but conversion is reduced by consent/funding delays and limited provider capacity. |

|                                              |       |     |        |                                                                                                                                     |
|----------------------------------------------|-------|-----|--------|-------------------------------------------------------------------------------------------------------------------------------------|
| Restored physical health access (Yr 2)       | 1.20% | 40% | 1.0    | Assumes more re-emergent barriers and weaker follow-through reduce net restoration effects.                                         |
| Restored physical health access (Yr 3)       | 1.10% | 35% | 1.0    | Assumes persistence is limited to a smaller cohort as administrative barriers recur.                                                |
| Housing crisis nights avoided (Yr 1)         | 6%    | 12% | 10.0   | Assumes more young people reach crisis risk, episodes are longer, but fewer are successfully stabilised in time.                    |
| Housing crisis nights avoided (Yr 2)         | 5%    | 10% | 10.0   | Assumes elevated need continues but system constraints keep success low despite high potential nights at stake.                     |
| Housing crisis nights avoided (Yr 3)         | 4%    | 8%  | 10.0   | Assumes ongoing housing pressure with limited stabilisation capacity, leaving only modest avoided nights.                           |
| Youth justice response avoided (Yr 1)        | 8%    | 30% | 1.0    | Assumes more exposure to formal proceedings but less influence on outcomes due to institutional thresholds and delays.              |
| Education engagement improved (Yr 1)         | 4.50% | 40% | 1.0    | Assumes higher presenting need but reduced conversion because schools/support services are slower and less responsive.              |
| Education engagement improved (Yr 2)         | 4%    | 35% | 0.6    | Assumes weaker momentum retention and greater disruption, so the year-equivalent engagement effect tapers faster.                   |
| Education engagement improved (Yr 3)         | 3.50% | 32% | 0.40   | Assumes only a small residual engagement effect persists amid ongoing instability.                                                  |
| Employment / Jobseeker months avoided (Yr 1) | 5.00% | 35% | 0.1667 | Assumes more transition pressure but reduced impact because pathways into work/study take longer and only short spells are avoided. |
| Employment / Jobseeker months avoided (Yr 2) | 4.50% | 30% | 0.0833 | Assumes fading transition effect with lower conversion and smaller fiscal avoidance per successful case.                            |
| Employment / Jobseeker months avoided (Yr 3) | 4%    | 28% | 0.0417 | Assumes only marginal residual avoidance remains by Year 3 under a tougher labour market and service environment.                   |
| Avoided Material Hardship                    | 7%    | 40% | 1.0    | Assumes higher material need but lower conversion because entitlement access is slower and harder to secure.                        |

† Negative units indicate a reduction vs the pre-intervention level

## Scenario D: Service Reduction (Funding Cut and Diminished Programme Reach )

This scenario tests a distinct risk from the optimistic and pessimistic scenarios. Rather than changing programme effectiveness, it models a material reduction in service scale consistent with a 30% funding cut. The total cohort analysed remains unchanged, but the model assumes that with fewer resources VOYCE can provide sufficient intensity of advocacy and connection support to fewer tamariki and rangatahi, reducing the proportion who are plausibly exposed to each incremental outcome pathway above business as usual. In modelling terms, this is implemented by reducing segment shares only (reach/exposure above BAU), while holding success rates and units per person constant to avoid implying that VOYCE's practice quality declines for those who still receive support. Programme costs are reduced proportionally in line with the funding cut, consistent with the scenario's purpose: estimating the value foregone from reduced scale.

Table 15. Scenario D – service reduction assumptions

| Impact line                                  | Cohort segment | Success rate | Unit / per person | Justification                                                                                                                              |
|----------------------------------------------|----------------|--------------|-------------------|--------------------------------------------------------------------------------------------------------------------------------------------|
| Belonging & social connectedness (Yr 1)      | 43.89%         | 70%          | 1.0               | With fewer Tūhono opportunities delivered, a smaller share of the cohort is plausibly exposed to incremental belonging gains beyond BAU.   |
| Belonging & social connectedness (Yr 2)      | 39.50%         | 68%          | 1.0               | Reduced service scale lowers the Year-2 exposure pool while retaining the same per-person effect for those reached.                        |
| Belonging & social connectedness (Yr 3)      | 35.11%         | 65%          | 1.0               | Ongoing exposure remains lower because fewer participants receive sufficient reinforcement to sustain the pathway beyond BAU.              |
| Life satisfaction from agency & voice (Yr 1) | 29.28%         | 60%          | 1.0               | A service cut reduces the advocacy-engaged share of the cohort with plausible incremental agency uplift beyond BAU.                        |
| Life satisfaction from agency & voice (Yr 2) | 26.35%         | 57%          | 1.0               | Fewer advocacy cases means fewer people remain in the exposed segment, while success for those still served is held constant.              |
| Life satisfaction from agency & voice (Yr 3) | 23.42%         | 55%          | 1.0               | The retained advocacy-exposed cohort is smaller under reduced service capacity, so fewer experience the downstream year-equivalent effect. |
| Reduced MH crisis ED presentations (Yr 1)    | 3.63%          | 30%          | 1.0               | With fewer acute cases able to be actively worked, fewer are plausibly exposed to incremental crisis diversion beyond BAU.                 |
| Restored physical                            | 0.91%          | 55%          | 1.0               | Reduced capacity lowers the number of access-barrier cases that can be supported to a grant-equivalent resolution beyond BAU.              |

|                                                       |       |        |        |                                                                                                                                            |
|-------------------------------------------------------|-------|--------|--------|--------------------------------------------------------------------------------------------------------------------------------------------|
| health access<br>(Yr 1)                               |       |        |        |                                                                                                                                            |
| Restored<br>physical<br>health access<br>(Yr 2)       | 0.82% | 49.50% | 1.0    | Year-2 exposure remains lower because fewer cases receive sufficient follow-through to sustain access restoration.                         |
| Restored<br>physical<br>health access<br>(Yr 3)       | 0.73% | 46.75% | 1.0    | The Year-3 exposed cohort is smaller under reduced scale, even though the unit effect for those reached is unchanged.                      |
| Housing crisis<br>nights avoided<br>(Yr 1)            | 3.84% | 25%    | 7.0    | Fewer high-risk living-arrangement cases can be actively stabilised, reducing exposure to nights avoided beyond BAU.                       |
| Housing crisis<br>nights avoided<br>(Yr 2)            | 2.88% | 20%    | 7.0    | Reduced service scale lowers the Year-2 pool of cases where advocacy can realistically avert emergency nights.                             |
| Housing crisis<br>nights avoided<br>(Yr 3)            | 2.11% | 16.25% | 7.0    | Lower capacity yields fewer repeat or residual stabilisation opportunities, reducing the Year-3 exposed segment.                           |
| Youth justice<br>response<br>avoided (Yr 1)           | 4.69% | 40%    | 1.0    | Fewer formal-proceedings cases can be supported at sufficient intensity to create incremental avoidance of a low-risk response beyond BAU. |
| Education<br>engagement<br>improved (Yr 1)            | 2.91% | 55%    | 1.0    | Reduced scale limits the education-pathway caseload that can be supported to remove barriers and lift engagement beyond BAU.               |
| Education<br>engagement<br>improved (Yr 2)            | 2.61% | 49.50% | 0.7    | Fewer cases receive sustained support into Year-2, so the exposed segment is smaller while the taper logic remains unchanged.              |
| Education<br>engagement<br>improved (Yr 3)            | 2.32% | 46.75% | 0.5    | Year-3 exposure is lower because fewer participants receive enough continuity for the momentum effect to persist beyond BAU.               |
| Employment<br>/ Jobseeker<br>months<br>avoided (Yr 1) | 2.91% | 45%    | 0.25   | Reduced service scale lowers the transition-age caseload with plausible incremental benefit avoidance beyond BAU.                          |
| Employment<br>/ Jobseeker<br>months<br>avoided (Yr 2) | 2.61% | 40.50% | 0.125  | With fewer transition cases supported, the Year-2 exposure pool shrinks, while per-person effect remains unchanged.                        |
| Employment<br>/ Jobseeker<br>months<br>avoided (Yr 3) | 2.32% | 38.25% | 0.0625 | Residual exposure is smaller under reduced scale, consistent with a fading transition effect and reduced reach.                            |
| Avoided<br>Material<br>Hardship (Yr 1)                | 3.98% | 50%    | 1.0    | A smaller caseload reduces the number of one-off, grant-equivalent material resolutions delivered beyond BAU.                              |

## **Interpretation:**

The optimistic and pessimistic scenarios test how VOYCE's estimated social value responds to plausible variation in real-world delivery conditions, while holding constant the total cohort size and programme costs. Importantly, these scenarios do not represent changes to VOYCE's kaupapa, mandate, or core service model. Instead, they explore how outcomes vary when the same advocacy and connection activities are delivered under different combinations of system responsiveness and internal execution conditions, using only the parameters already embedded in the base model (segment exposure, success rates, and units per person).

A key insight from the sensitivity analysis is that VOYCE's impact is co-produced but not passive. External system conditions (such as housing supply constraints, school responsiveness, health service capacity, and statutory decision-making timeliness) set the upper and lower bounds of what is possible in any given year. However, the scenarios also show that VOYCE's internal capabilities materially influence how close the organisation gets to those bounds. Differences in segment reach, conversion into outcomes, and persistence over time are not driven by system conditions alone; they are also shaped by the quality of advocacy practice, case targeting and prioritisation, relationship management, escalation skill, and follow-through mechanisms.

In the optimistic scenario, higher social value is achieved not because assumptions are relaxed, but because VOYCE's advocacy converts more reliably into outcomes and sustains gains where persistence is already plausible. This reflects conditions where internal strengths - such as effective triage, strong preparation for decision forums, trusted relationships with partners, and continuity of engagement - interact positively with a more responsive system. The result is higher conversion and slower decay across multi-year benefits, particularly for education engagement, health access, and transition-to-work outcomes.

In the pessimistic scenario, the analysis shows that VOYCE continues to generate positive value, but with lower efficiency. This is not interpreted as programme under-performance. Rather, it reflects a situation where demand and complexity increase faster than conversion capacity, and where internal effort yields fewer resolved outcomes because barriers are harder to unblock and gains are more difficult to sustain. Notably, some parameters (such as segment exposure in housing and transition-age outcomes) increase under pessimistic conditions, signalling higher need, while success and persistence decline due to both external bottlenecks and internal stretch. This highlights that VOYCE often operates as a risk-absorbing organisation, stepping in precisely when

systems are under pressure, even though measured impact becomes harder to realise within the modelling window.

The –30% service reduction scenario tests a different and highly practical risk: it estimates the consequences of a material funding contraction, holding cohort size constant while modelling a smaller service footprint. Under the modelling approach used in this report, segment share represents the proportion of the cohort who are plausibly exposed to incremental change beyond BAU; a service cut therefore reduces the share of young people who receive sufficient intensity of VOYCE support to generate monetisable outcomes. Success rates and units per person are held constant in this scenario to avoid implying poorer quality or weaker practice for those still reached. This means the scenario isolates scale effects, not performance effects: VOYCE is assumed to remain effective, but fewer young people can be supported to the point where incremental outcomes occur. A key implication is that the benefit–cost ratio may remain relatively stable even while net economic benefits fall materially, because both costs and benefits reduce proportionally. This should not be misread as “cuts have little impact”; it means the programme remains productive per dollar, but the system is purchasing a smaller volume of outcomes and forgoing substantial value at population scale.

For VOYCE, the service-reduction scenario has specific organisational implications that differ from the optimistic/pessimistic cases. It highlights that funding cuts primarily constrain outcomes that are driven by breadth and continuity of engagement: connection and belonging, voice and agency gains, education engagement momentum, and transition-to-work outcomes. It also underscores a strategic risk not captured by a proportional model: in practice, service reductions can be non-linear if they erode the enabling conditions that underpin delivery (workforce stability, regional presence, continuity of relationships with rangatahi and partner agencies, and the ability to follow through on complex cases). The base –30% scenario deliberately does not assume these second-order effects to remain audit-safe, but the organisational message is clear: maintaining capacity is not simply about doing “more activity”; it is about sustaining the conditions that allow advocacy and connection to translate into resolved outcomes.

For VOYCE, the sensitivity analysis as a whole has three practical implications. First, it reinforces that internal capability is a critical value lever, not a fixed constant. Improvements in advocacy craft, case selection, escalation pathways, and maintenance mechanisms are likely to yield real gains in conversion and persistence, even without changes to scope or funding. Second, it provides a disciplined way to explain year-to-year variation in results: changes in measured impact may reflect

shifts in system conditions and case complexity rather than changes in organisational effectiveness. Third, it strengthens the strategic case for investment in relationships, coordination, and practice quality, as these are the mechanisms through which VOYCE translates demand into outcomes under both favourable and constrained conditions. Alongside this, the service-reduction scenario provides a funder-facing clarity: reducing investment primarily reduces reach and therefore reduces total value delivered, even if efficiency per dollar remains strong.

Overall, the sensitivity analysis demonstrates that VOYCE's base-case SROI is neither fragile nor inflated. The organisation delivers value across a realistic range of conditions, with upside potential when internal strengths and external responsiveness align, downside resilience when they do not, and clear evidence that a material service contraction reduces the total volume of outcomes delivered and increases the amount of social value foregone. This reinforces the credibility of the base estimate and provides stakeholders with a nuanced, evidence-based understanding of how and why VOYCE's impact varies in practice - and what is at stake when programme scale is reduced.

## 5 Internal Reporting and Data Systems – Recommendations

### Key Insights:

- VOYCE’s future impact narrative will be strengthened less by collecting more data, and more by improving consistency and strengthening attribution and follow-through. The highest value gains come from clearer de-duplication of people reached, standardised advocacy case outcomes, and light-touch follow-up that demonstrates whether change persists beyond immediate support.
- Advocacy effectiveness is best evidenced through resolution and timeliness, not volume alone. Consistent recording of case resolution status, type of outcome achieved, and time-to-resolution provides a defensible way to show VOYCE’s contribution above business-as-usual within constrained care, education, and health systems.
- A small, repeatable indicator set aligned to the Five Pou and Six Promises can materially reduce future SROI effort while improving funder confidence. Embedding a minimum dataset and routine outcome indicators into the CRM enables VOYCE to refresh valuations, report equity of reach, and demonstrate sustained change without bespoke analysis or increased burden on rangatahi.

This section outlines a small number of practical, high-leverage improvements to VOYCE’s reporting and CRM-enabled data collection. The intent is to strengthen future SROI refreshes, routine service performance reporting, and funding cases - without increasing burden on kaimahi or rangatahi too significantly. The recommendations build directly on VOYCE’s existing Theory of Change, five Pou, and Six Promises outcomes framework, and focus on improving consistency, attribution, and auditability over time.

## 5.1 Priority Improvements to Strengthen Evidence Base

- **Unique people reached:** VOYCE’s future reporting and funding cases will be strengthened by clearly distinguishing between total engagements and unique individuals reached across advocacy, connection, and leadership pathways. A single, de-duplicated person record should anchor all activity reporting, with clear counting rules that separate reach from intensity of engagement. This enables accurate equity analysis, avoids double counting, and improves confidence in future valuation.
- **Advocacy case outcomes and timeliness (Whakamana):** For advocacy work, the most material improvement is consistent recording of case outcomes. Each case should capture: the issue theme (aligned to the Six Promises), whether the case was resolved or partially resolved, the type of resolution achieved, and the time taken to reach that point. These fields materially strengthen attribution above business-as-usual, allow VOYCE to demonstrate effectiveness within constrained systems, and support both operational learning and SROI modelling.
- **Cost visibility by Pou or activity stream:** A repeatable annual view of costs by Pou or activity stream is essential for credible future SROI and cost-effectiveness narratives. This does not require precision accounting, but it does require a transparent and consistent approach to allocating staff time, direct costs, and shared overheads. Starting with pragmatic assumptions and refining them over time will materially reduce rework and improve confidence in reported value.
- **Routine capture of outcome change:** VOYCE’s outcomes framework is well articulated; the key gap is systematic capture of “what changed” in a way that can be aggregated and reported over time. A small number of light-touch outcome items should be captured at appropriate points across advocacy, connection, and leadership pathways. These items should align directly to the Six Promises and be designed to be safe, proportionate, and meaningful for rangatahi.
- **Evidence of persistence through follow-up sampling:** To strengthen future SROI assumptions, VOYCE should implement limited, opt-in follow-up sampling at defined intervals (for example, after advocacy case closure or several months following connection and leadership activities). Even small follow-up samples materially improve confidence in whether outcomes persist beyond the immediate interaction, without requiring universal follow-up.

## 5.2 Practical Indicator Framework

Taken together, the improvements above support a small, repeatable set of indicators that can be generated directly from CRM data.

- For **advocacy**, this includes the number of unique people supported, resolution rates, time-to-resolution, types of outcomes achieved, and rangatahi-reported understanding of rights and options at case closure.
- For **connection**, this includes unique participants, repeat participation, immediate shifts in connection or belonging, and follow-up evidence that meaningful connections are sustained.
- For **skills and leadership**, this includes progression into next steps (such as leadership roles or training), retention within cohorts, changes in self-efficacy or agency at key milestones, and follow-up evidence of continued engagement.
- For **systems influence**, this includes the number of issues raised, evidence of agency uptake or response, and traceable links between advocacy themes, rangatahi voice, and system-level change.
- Across all areas, reporting should include a small set of equity cuts (where data quality permits) and transparent reporting of data completeness.

## 5.3 Reporting and Implementation

To support the above, VOYCE should adopt a clearly defined “minimum dataset” with consistent definitions and drop-down options, protected from drift over time and across regions. Reporting should be produced through a repeatable quarterly and annual pack aligned to the Pou and Six Promises, rather than bespoke analysis each year. Clear internal stewardship of data quality and reporting is critical, alongside feedback loops that support learning rather than compliance.

All data practice should remain rights-based and mana-enhancing: collecting only what is necessary, explaining why it is collected, offering genuine choice, and ensuring rangatahi can see how their information is used to improve services and system responses.

These changes are achievable through staged implementation. Initial focus should be on de-duplication, advocacy case closure fields, and outcome tagging. Outcome capture and follow-up sampling can then be piloted and refined, with cost allocation and reporting processes locked in over the following year. This staged approach ensures VOYCE strengthens its evidence base in a way that is proportionate, culturally grounded, and sustainable.

## 6 Economic Multiplier Analysis

### Key Insights:

VOYCE's day-to-day operations have a material, clearly quantifiable national economic footprint. In YE 30 June 2025, audited operating spend of NZ\$7.13m is estimated (using Stats NZ 2020 national input–output multipliers) to support NZ\$17.04m in total output and NZ\$9.65m in GDP (value added) across New Zealand once supply-chain (indirect) and household-spending (induced) effects are included.

Because VOYCE is labour-intensive, wage-driven “induced” effects are a significant part of the footprint. Employee expenses account for 72.3% of operating spend (NZ\$5.15m of NZ\$7.13m). Consistent with this, the modelled flow-on impacts include NZ\$6.21m of household income supported economy-wide (direct + indirect + induced), reflecting the importance of household spending effects in labour-heavy social services.

These results describe VOYCE's *economic footprint* (gross activity linked to its spending), not “new” net economic impact: based on audited YE 30 June 2025 spend of NZ\$7.13m, the model estimates VOYCE supports about NZ\$6.54m GDP and 93.2 FTE years through direct + supply-chain effects, or NZ\$9.65m GDP and 111 FTE years when household-spending effects are also included.

VOYCE's audited operating spend in the year ended 30 June 2025 was NZ\$7.13m. Using New Zealand's 2020 national input–output multipliers, this level of activity is estimated to support NZ\$17.04m of total economic output and NZ\$9.65m of GDP across New Zealand (direct + supply chain + household spending effects). Modelled employment supported is about 111 FTE-years (adjusted to the 2020 price base used in the multipliers).

Alongside wellbeing outcomes, VOYCE also has a straightforward economic footprint: it employs people and buys goods and services. Economic multipliers help explain how that spending flows through the wider economy.

## 6.1 What a “multiplier” means

When VOYCE spends money, three layers of economic activity occur:

- Direct: VOYCE pays wages and buys what it needs to run services.
- Indirect: VOYCE’s suppliers buy inputs from their suppliers (the supply chain).
- Induced: workers (at VOYCE and its suppliers) spend their wages on everyday goods and services.

Economists often summarise this as:

- Type I impact = Direct + Indirect
- Type II impact = Direct + Indirect + Induced

A multiplier is a way of measuring how one organisation’s spending becomes other people’s income, which is then spent again, within the model's assumptions.

## 6.2 Data used for VOYCE’s direct activity

This analysis uses VOYCE’s total operating expenditure for the year ended 30 June 2025 (audited financial statements in the annual report).

*Table 16. VOYCE operating expenditure as the direct activity (YE 30 June 2025, NZ\$ million)*

| Expense category            | NZ\$ (m) | Share (%) |
|-----------------------------|----------|-----------|
| Employee expenses           | 5.15     | 72.3      |
| Service delivery expenses   | 1.42     | 19.9      |
| Rents                       | 0.38     | 5.3       |
| Trustees fees and expenses  | 0.12     | 1.7       |
| Donations and koha          | 0.05     | 0.7       |
| Audit fees                  | 0.01     | 0.2       |
| Total operating expenditure | 7.13     | 100       |

*Notes: “Employee expenses” and their share were calculated as the residual to sum to the total. Shares are computed as (category NZ\$ / Total 7.13) × 100.*

Interpretation: VOYCE is a labour-intensive service (about 72% of spending is employee costs). That usually means the induced effect can be relatively important, because wages flow into household spending.

## 6.3 Method summary

Model type: National input–output (I-O) multiplier model using the most recent published Stats NZ input–output tables for the year ended March 2020, organised into 109 industries.

Definitions used (standard I-O):

- Indirect impacts capture upstream supply-chain effects.
- Induced impacts capture effects from household spending funded by wages.

**Sector mapping:** VOYCE’s activities are best represented by the I-O industry “Residential care services and social assistance”

**Valuing direct output:** For non-market producers (including NPISH), national accounts convention values output using the cost of production (compensation of employees + intermediate inputs + other relevant production costs). Accordingly, we treat VOYCE’s operating expenditure as a proxy for its direct output.

**Employment price-base adjustment:** The employment multipliers are expressed as FTE per NZ\$1m of output in the 2020 I-O price base. To apply them to 2025 expenditure, we deflate 2025 spending to 2020 prices using the Reserve Bank’s GDP deflator from its price series (which reproduces Stats NZ/RBNZ data). (Output, GDP, and income results are ratios per dollar and are not materially changed by this deflation/re-inflation step.)

### 6.3.1 Multipliers applied

Table 17. Multipliers for the proxy industry ("Residential care services and social assistance"), national model (YE March 2020)

| Measure           | Direct | Indirect | Induced | Type I total | Type II total | Units                                            |
|-------------------|--------|----------|---------|--------------|---------------|--------------------------------------------------|
| Output            | 1      | 0.566    | 0.823   | 1.566        | 2.389         | NZ\$ of output per NZ\$1 direct output           |
| GDP / value added | 0.633  | 0.284    | 0.436   | 0.917        | 1.353         | NZ\$ of GDP per NZ\$1 direct output              |
| Household income  | 0.557  | 0.148    | 0.166   | 0.705        | 0.871         | NZ\$ of household income per NZ\$1 direct output |
| Employment        | 13.22  | 2.81     | 3.08    | 16.04        | 19.12         | FTE per NZ\$1m direct output                     |

How to read this: For every NZ\$1 of direct output in this industry, the model estimates NZ\$2.389 of total output across the economy, comprising NZ\$1.000 direct, NZ\$0.566 indirect, and NZ\$0.823 induced.

## 6.4 Results for VOYCE

Table 18. Estimated annual economic activity supported by VOYCE operations (YE 30 June 2025)

| Measure                        | Direct | Indirect | Induced | Total<br>(Type II) |
|--------------------------------|--------|----------|---------|--------------------|
| Output (NZ\$ m)                | 7.13   | 4.04     | 5.87    | 17.04              |
| GDP / value added (NZ\$ m)     | 4.52   | 2.02     | 3.11    | 9.65               |
| Household income (NZ\$ m)      | 3.97   | 1.06     | 1.18    | 6.21               |
| Employment (FTE, GDP-deflated) | 76.8   | 16.3     | 17.9    | 111                |

(Values are NZ\$ m, nominal; employment is FTE-years, GDP-deflator adjusted to the 2020 price base.)

### Headline interpretation:

**Output:** VOYCE’s NZ\$7.13m of direct operating expenditure is associated with NZ\$17.04m of total economic output across New Zealand once supplier (indirect) and household-spending (induced) effects are included.

**GDP (value added):** The same activity supports about NZ\$9.65m of GDP. GDP is usually the better headline figure than “output”, because output double-counts intermediate sales.

**Household income:** About NZ\$6.21m of household income is supported across the economy (direct + flow-on).

**Employment:** About 111 FTE-years of employment are supported economy-wide (this is not a headcount; it is a full-time-equivalent-for-one-year measure).

### 6.4.1 A conservative view (Type I vs Type II)

Table 19. Direct vs Type I vs Type II totals (YE 30 June 2025)

| Measure                        | Direct only | Type I total (Direct+Indirect) | Type II total (Direct+Indirect+Induced) |
|--------------------------------|-------------|--------------------------------|-----------------------------------------|
| Output (NZ\$ m)                | 7.13        | 11.17                          | 17.04                                   |
| GDP / value added (NZ\$ m)     | 4.52        | 6.54                           | 9.65                                    |
| Household income (NZ\$ m)      | 3.97        | 5.03                           | 6.21                                    |
| Employment (FTE, GDP-deflated) | 76.8        | 93.2                           | 111                                     |

#### What these results mean

- They describe gross economic activity supported by VOYCE's operations (not wellbeing outcomes).
- They show that VOYCE's spending is linked to substantial flow-on activity, especially because the service is labour-intensive (wage payments drive induced spending).

#### What these results do not mean

- They do not prove VOYCE “creates” this activity from nothing. If the same public funding were spent elsewhere, there would also be economic activity (possibly with different multipliers). This is why the results are best described as an economic footprint rather than a net impact.
- They do not measure VOYCE's social value (which is handled in the SROI and outcomes sections).

#### Key limitations (standard I-O caveats)

These are widely recognised limitations of multiplier analysis:

- Fixed input shares / linear production functions
- No displacement (crowding out)
- No price changes
- No supply constraints

## 7 Conclusion

This report has sought to provide a clear, decision-useful assessment of the value generated by VOYCE – Whakarongo Mai, combining a conservative monetised analysis with a Māori-centred interpretation of wider cultural and social impacts, an assessment of VOYCE’s economic footprint, and practical recommendations to strengthen the evidence base over time. The objective has been to answer whether VOYCE delivers value relative to investment, how that value is created, and how it can be more clearly evidenced in future.

Over the three-year period modelled, and applying a 2% real discount rate, VOYCE is estimated to generate \$21.85 million in present value benefits against \$5.64 million in present value costs, resulting in a base-case benefit–cost ratio of 3.9:1. The monetised value is driven primarily by improvements in life satisfaction and strengthened social connection, outcomes that align directly with VOYCE’s core mechanisms of change and rights-based kaupapa. Sensitivity analysis demonstrates that these findings are robust across a range of plausible scenarios, with benefit–cost ratios remaining positive under all tested assumptions.

VOYCE delivers material, measurable value relative to investment, while also generating significant cultural and social impacts that cannot be meaningfully reduced to dollar terms. Using He Ara Waiora as an interpretive framework makes visible VOYCE’s contribution to waiora across wairua and ira tangata, including cultural identity, trust and safety, reciprocity and connection, aspiration and capability, and access to resources. These outcomes are intrinsic to VOYCE’s purpose and are essential enabling conditions for longer-term wellbeing and system engagement.

The multipliers analysis provides complementary context on VOYCE’s wider economic contribution. In the year ended 30 June 2025, VOYCE’s operating expenditure is estimated to support \$17.04 million in total economic output, \$9.65 million in GDP, and approximately 111 full-time equivalent years of employment across the New Zealand economy. While these results do not represent net impact, they provide additional insight into how VOYCE’s funding circulates through the wider economy.

This report also identifies practical, high-leverage opportunities to strengthen VOYCE's future impact narrative and evidence base. The analysis shows that the greatest gains will come not from collecting more data, but from improving consistency, attribution, and follow-through. Priority areas include clearer deduplication of unique people reached, standardised recording of advocacy case outcomes and timeliness, improved visibility of costs by Pou or activity stream, routine capture of outcome changes aligned with the Six Promises, and limited follow-up sampling to test whether change persists beyond immediate support. Together, these improvements would materially strengthen future SROI refreshes, funding cases, and routine performance reporting without increasing burden on rangatahi or kaimahi.

Overall, this report demonstrates that VOYCE creates substantial value for care-experienced tamariki and rangatahi, while advancing outcomes that are fundamental to dignity, safety, voice, and belonging. The combined evidence provides a strong foundation for funding, commissioning, and strategic decision-making, and a clear pathway to strengthen the evidence of VOYCE's impact and sustain it into the future.

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