TUMAI HAUORA MŌ NGĀ RANGATAHI KI PORIRUA

IMPROVING OUTCOMES FOR YOUNG PEOPLE IN PORIRUA

Prepared by the Porirua Social Sector Trial

DECEMBER 2015

EXECUTIVE SUMMARY

In mid-2015 the Porirua Social Sector Trial was commissioned by the Service, Integration and Development Unit of the sub-regional District Health Boards (Capital & Coast, Hutt Valley and Wairarapa DHBs) and Porirua City Council to undertake a project for *Improving Outcomes for Young People in Porirua* (the Project).

The purpose of the Project is to improve health, social, educational and cultural outcomes for young people in Porirua City aged between 10-24 years of age, by recommending changes to the way services are provided.

A particular focus has been placed on vulnerable young people (aged 10-24), who we define as being young people not engaged in education, work or training and/or are at risk of poor health, social or educational outcomes and/or engaging in risky behaviour and/or those who may be "distressed."

The voices of young people, their families and youth service community volunteers and providers, were gathered and assessed alongside outcomes and services data. This was discussed with an interagency Advisory Group who met weekly during October and November 2015.

We found commonalities and differences between young people and others about what they regard are the key issues for young people, and a preference expressed for addressing issues among whanau and friends in the first instance. We also found considerable variation and fragmentation in the way different sectors work with youth at school and in the community, have conversations and conduct assessments, and follow up on agreed actions or plans.

Across the board, little awareness was shown of the full range of different services operating in Porirua that can be accessed by young people. All groups said they would like to see improved collaboration among providers in their day to day delivery of services.

We have recommended systemic changes to the way services are provided, that we consider will reduce barriers to accessing services and improve the way they work together. This will enable them to best meet the needs of young people in Porirua.

The recommendations are based on our findings, considered against a backdrop of what we know about best practice service delivery and what has worked well elsewhere. These should be considered along side the CCDHB Youth Alcohal and Drug Exempler Project. They build on the existing services and access points we have with youth and draw on potential for:

- greater use of schools as a hub for integration of education with social and health services
- bringing together the current assessments and discussions with young people, and using these as a basis for linking young people with the services they need, including culturally appropriate approaches
- bringing together the current youth specific services into a more cohesive youth service that resonates with young people
- working with young people and whanau to raise their awareness and capability to address issues themselves in the first instance
- improving the capability of providers to deliver youth appropriate services.

THERE ARE SEVEN RECOMMENDATIONS

1. **Picking up areas for concern early:** explore the possibility of every young person at year 9 (age 13) should have a HEEADSSS assessment with a professional to identify success factors they can build on and any potential issues of concern in their life that they need help to address.

2. **Following up on identified areas of concern:** all young people with significant areas of concern should have a 'Single School Plan' with coordinated follow-up through their time at school. This will eventually be expanded to encompass CYFS, Courts and Police plans and information. For those not in schools, this follow up can occur at the Integrated Youth Service.

3. **Providing a cohesive youth service and fill service gaps:** an Integrated Youth Service should be established that offers a youth friendly, safe and holistic service specifically for young people, accessible in different communities (including schools) within Porirua.

4. **Improving whanau capability:** training or support is needed to help families understand and talk with their children about issues. This should have a strong cultural component.

5. **Increasing youth resilience**: the transition from primary to secondary school should be a focus and further options should be investigated for resilience based programmes to be provided in the Porirua region.

6. **Increasing Provider capability to deliver youth friendly services:** training should be provided for local providers in youth developmental stages and youth friendly service delivery.

7. **Evaluating the difference we make:** The impact of changes brought about by this project on outcomes for young people should be evaluated.

1 INTRODUCTION

Adolescence is now a prolonged period in the human life course. Its length is influenced by the declining age of onset of puberty as child health has improved and by the rising age at which young people are 'accepted' as adults.

Young people in New Zealand, relative to those in other developed countries, have a high rate of social morbidity. While most are resilient to the complexities of life, at least 20 percent of young New Zealanders will exhibit behaviours and emotions or have experiences that lead to long-term consequences affecting the rest of their lives. Remediation in adolescence is not likely to be as effective as prevention.[1]

By international standards risk-taking among New Zealand adolescents is high. Excessive alcohol use is common; 70 percent of New Zealand 12- to 17-year olds report that they have no problem accessing alcohol and 30 percent of teenagers report that they made no attempt to control their drinking in order to avoid memory confusion or loss.[2] There is some indication that binge drinking among young people is reducing, but it remains an issue and many of the negative behaviours that contribute to morbidity and mortality in adolescence (such as unprotected sex, traffic accidents, suicide, antisocial behaviour and crime) occur against a backdrop of drug and alcohol use.

Youth alcohol and other drug (AOD) prevention, management and treatment require a comprehensive intersectoral approach. The Prime Minister's Youth Mental Health Project is a four-year project that began in July 2012 with this objective. The final evaluation results will become available to government agencies in June 2016, but it is expected that School-Based Health Services (SBHS), youth primary mental health, primary care responsiveness to youth and work to improve access and follow up for Children and Adolescent Mental Health Services (CAMHS) and youth AOD services will continue.

Where Social Sector Trials (SST) are operating locally, District Health Boards (DHBs) are expected to work with local Trial Leads on actions to improve the responsiveness of primary care to youth, increase SBHS and improve access to mental health and youth AOD services.

The Porirua SST began in 2013 with the vision of improving the health of the Porirua community through interagency collaboration. The Project is a Porirua SST action in the Porirua Action Table Tumai Hauora ki Porirua, July 2015-June 16. It is sponsored by the Mayor of Porirua City Council and the sub-regional District Health Boards (Capital & Coast, Hutt Valley and Wairarapa DHBs) and mandated by the SST and Advisory Group.

Porirua is a young city – both in terms of its history and its demographic profile. A quarter of the population is age 14 or younger and over 50 percent of the population is aged 10-24.

Compared to the national average, a high proportion of the population identify as being Maori or Pacific.

Families tend to be larger in Porirua compared with the rest of New Zealand; around 25 percent are one parent families with children, and there are large disparities in income distribution. There is a great deal of community diversity within the Porirua area. The Porirua City Council recognises 16 'villages' within the area, each with unique characteristics, demographic profiles and different needs.

The purpose of the Project is to improve health, social, educational and cultural outcomes for young people in the Porirua region aged between 10-24 years of age.The project has a particular focus on vulnerable young people, who we define as being young people not engaged in education, work or training and/or at risk of poor health, social or educational outcomes and/or engaging in risky behaviour and/or those who may be "distressed."

To do this, we have worked with young people, their families and youth service providers, to recommend changes to the way services are provided. This report describes the analysis we have undertaken to recommend an intersectoral service model that we consider will reduce barriers to services and improve the way they work together, so they can best meet the needs of our young people.

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1 *Improving the transition: Reducing social and psychological morbidity during adolescence,* Professor Sir Peter Gluckman, 2011.

2 Ibid.

2 CURRENT STATE - YOUTH NEEDS

Surveys undertaken with New Zealand secondary students in 2001, 2007 and 2012 show there have been significant improvements in the health and wellbeing of New Zealand young people over this time.[3] Improvements have been experienced by young people in aspects of school life, health-compromising behaviours (such as smoking, marijuana use and binge drinking), risky driving behaviours, violence experienced from others, and sexual coercion/abuse.

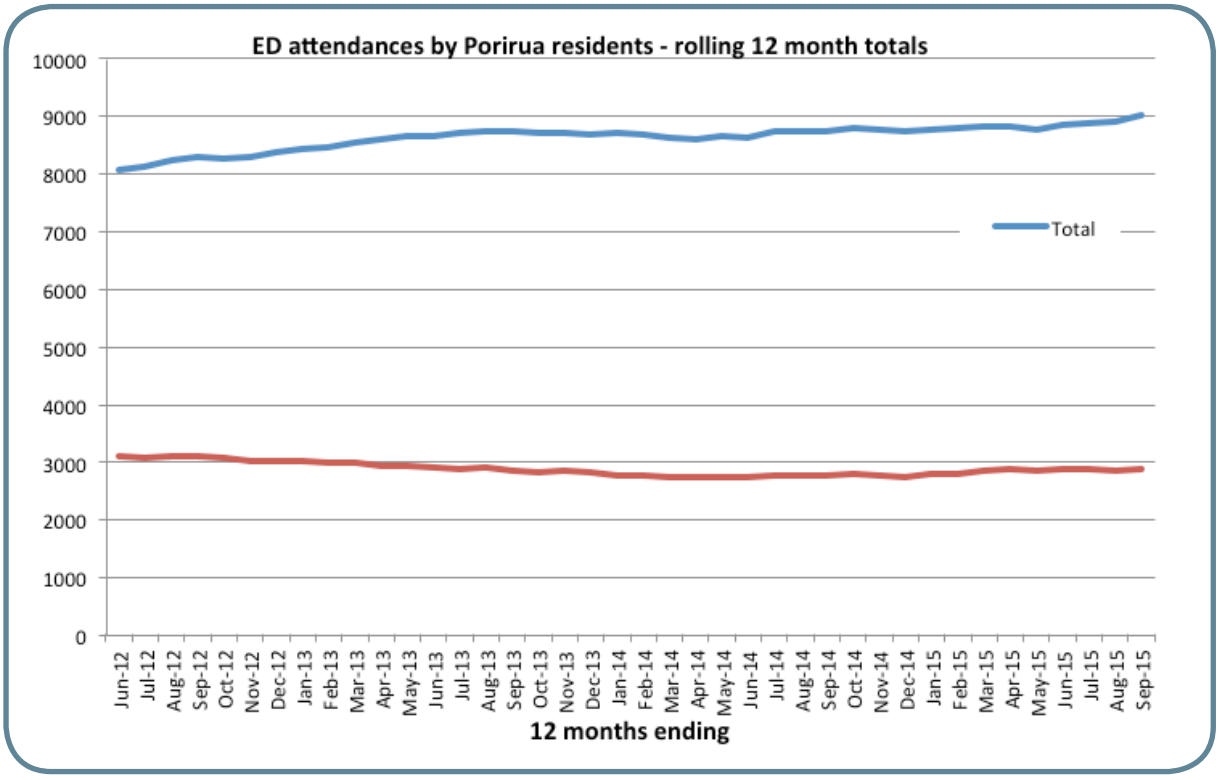
However, these still remain significant issues for many young people; particularly those young people experiencing high levels of deprivation. Youth experiencing a high level of deprivation were found to be more likely to attempt or think about suicide, smoke cigarettes, and have unprotected sex. They were also less likely to have a job or see enough of their parents.

It has been difficult to access Porirua-specific youth data within the time available because statistics are often reported and monitored as part of the wider Wellington-region, but some of what we do know is described below.

Health

Porirua has high rates of health conditions associated with poor housing, such as rheumatic fever, skin infections and bronchial conditions. The living circumstances of young people can have a large impact on their wellbeing, with strong correlations between poor housing, overcrowding and poor health outcomes. There is a shortage of affordable housing in Porirua, concentrated areas of state housing and a waiting list for state and emergency housing.[4]

The Porirua SST has been monitoring presentations to the Wellington Hospital Emergency Department and the rate of Ambulatory Sensitive Hospitalisations (ASH). Reducing these indicators are the primary outcomes of the Prirua SST. The graph below shows presentations by Porirua residents at emergency departments - in total and for less urgent conditions (triage 4 and 5).[5]

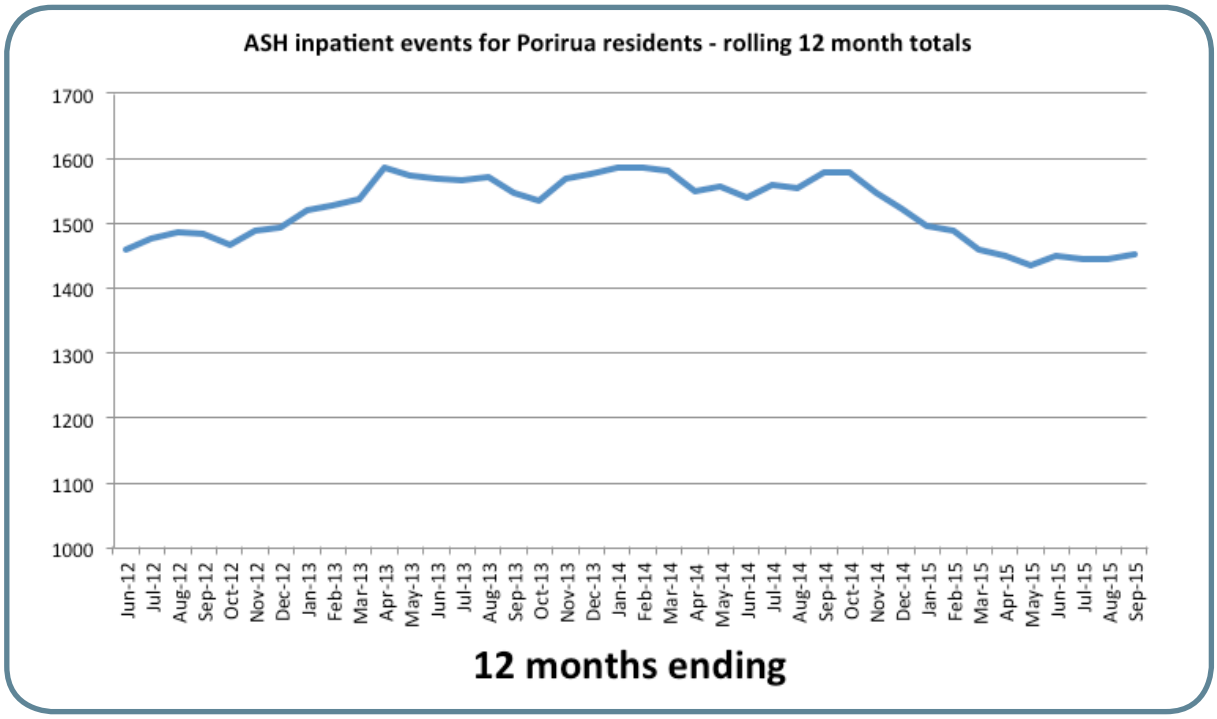


[3] The surveys were undertaken by the University of Auckland Adolescent Health Research Group.

[4] Porirua City Council Wellbeing Report, 2012.

[5] Triage 1 is defined as 'Immediately Life Threatening', Triage 2 as 'Imminently Life Threatening', Triage 3 as 'Potentially Life Threatening', Triage 4 as 'Potentially Serious' and Triage 4 as 'Less Urgent'. See full definitions here: https://www.acem.org.au/getattachment/d19d5ad3-e1f4-4e4f-bf83-7e09cae27d76/G24-Implementation-of-the-Australasian-Triage-Scal.aspx

ASH are mostly acute admissions that are considered potentially avoidable through interventions provided in a primary care or community setting. The trend for ASH inpatient events is shown below.



Local data is not available in relation to AOD and consequences of risky sexual behavior, such as teen pregnancy and terminations. However, we can assume that they are significant issues in Porirua and follow similar trends to national data. For instance, over 10 percent of young people nationally have issues with high use of alcohol and other substances, and over 70 percent of youth with those issues will have associated mental health issues. New Zealand has one of the highest rates of teenage births of the high-income countries in the OECD.

Education

The Ministry of Education (MOE) places a strong focus for youth on participation and achievement.

New Zealand has among the lowest rate of **participation** in education and training for young people aged 15-19 in the OECD. Retention in secondary education to age 17 for Porirua youth is just under the national average (77 Percent in 2014 compared with 83 percent nationally). The rate of stand-downs from secondary school is at the national average for 10-14 year olds (31 percent), however then increases at age 15 or older (39 percent for Porirua youth compared with a national average of 29 percent).

Achievement for youth focuses on performance against national performance measures, particularly the Better Public Service target for 85 percent of 18-year-olds with NCEA Level 2 or equivalent qualification and increasing progression to Level 4+ by age 20.

Porirua student achievement is improving across the suite of NCEA qualifications. In 2014, 75 percent of Porirua 18 year olds achieved NCEA Level 2 or equivalent. This was an improvement of 12 percent compared to the year before and is close to the national average (77 percent), though is lower than the Wellington region as a whole (83 percent).

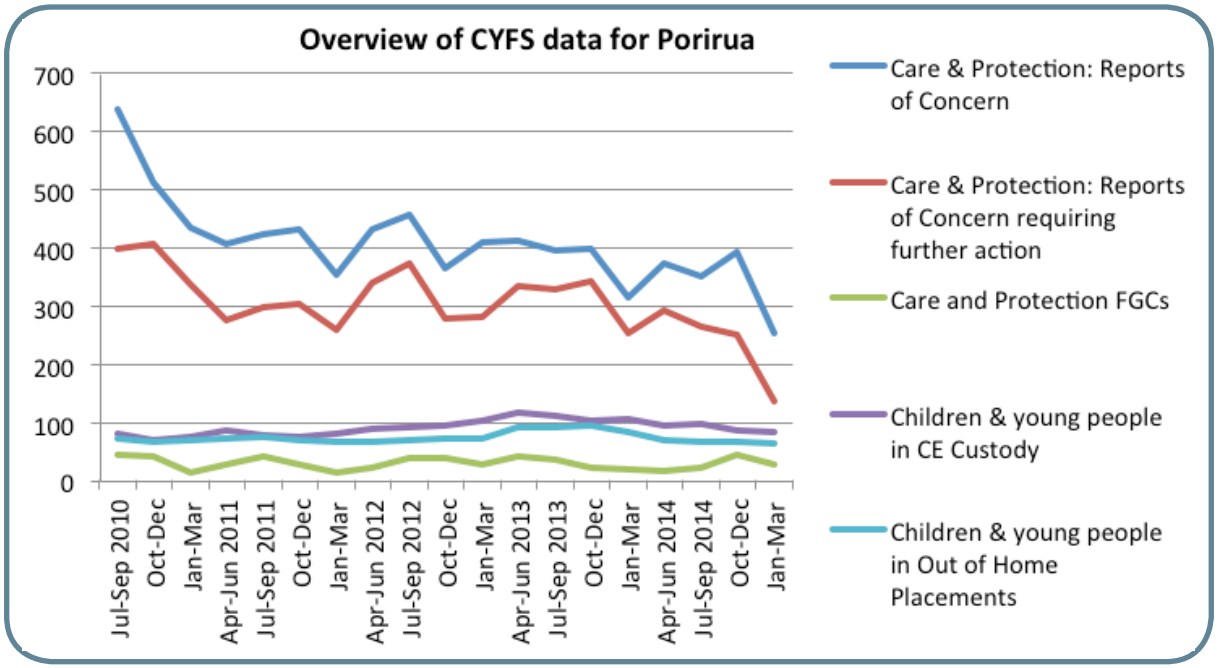
Social, justice and other services

There were just over 1000 young people aged 16 to 24 receiving a benefit in Porirua in the quarter ending September 2015.[6] This compares to the national rates as shown below.[7]

Benefit	Porirua 16-24 year olds	National 18-24 year olds
Jobseeker Support	46 %	20 %
Supported Living Payment	16 %	7 %
Sole Parent Support	30 %	21 %
Youth Payment/Youth Parent Payment	7 %	3%

Based on this data, Porirua has a high proportion of young people who are seeking work and being supported as sole parents.

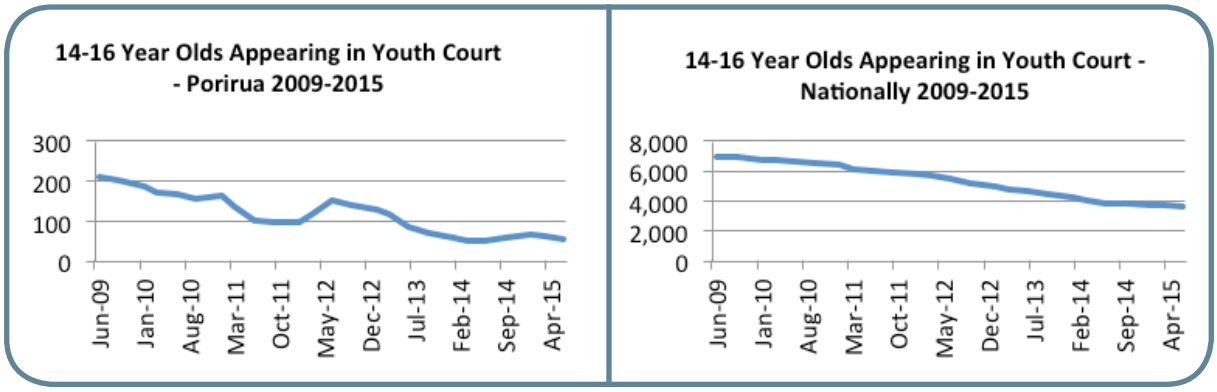
Data from Child, Youth & Family shows a reduction in reports of concern and reports of concern requiring further action.



[6] Source: IAP Data Warehouse, prepared by Business Reporting Team, Insights MSD

[7] National Level Data Table – September 2015, MSD website.

In the youth Justice area there is a clear decrease in Porirua Youth Court appearances, which is in line with the national trend. This is consistent with an increasing emphasis being placed by NZ Police's Porirua Youth Aid on finding alternatives to court, to support young people who find themselves in the justice system.



3 CURRENT STATE - SERVICES PROVIDED

Health

The 12,000 Porirua young people aged 10-24 can access a range of DHB funded youth health services delivered in community and school settings. This includes General Practice, Family Planning, and SBHS.[8] All schools have access to Public Health Nurses. Porirua differs from other areas in the CCDHB region by not having a youth specific health service outside of a school setting.

These services are funded variably. SBHS for decile 1-3 secondary schools, teen parent units and alternative education facilities are fully funded out of DHB baseline funding and delivered at no cost to students.[9] The DHB has chosen to extend these services to decile 4-8 schools and in some cases the DHB-funded SBHS are supplemented by school-funded nursing services.

One component of the SBHS is a 'HEEADSSS assessment'. HEEADSSS is provided to every year 9 student and assesses youth wellbeing through a series of questions relating to home, education/employment, eating, activities, drugs, sexuality, suicide and depression, and safety. Any medical or mental health issues can be identified at an early stage, and students can be referred for treatment.

Primary Health Organisations (PHOs) receive capitation funding and charge patients variable co-payments. Their providers offer a full range of primary health services. This includes primary sexual and reproductive health services, which are also provided by the NZ Family Planning Porirua Clinic, funded through a national contract with the Family Planning Association.

[8] The SBHS service is delivered by Registered Nurses to young people enrolled in decile 1, 2 and 3 secondary schools, teen parent units and alternative education facilities. The Service includes: universal health, disability and youth development checks, individual health services, timely referrals to appropriate services and active follow up of referrals, and health promotion activities.

[9] DHBs have a requirement to fund school based health services (nursing) in all decile 1 and 2 secondary schools, alternative education facilities and teen parent units.

There is not a full youth-specific health and social service centre or Youth One Stop Shop (YOSS) in Porirua.[10] However, the Evolve YOSS provides some services in Porirua and a significant proportion of young people attending its Wellington clinic are from Porirua.

A Youth Health Service Level Alliance Team has been established by CCDHB to work with key providers and stakeholders to lead the planning and delivery of youth health services.[11]

The Project contributes to this work and has been informed by it.

Details on health providers are below:

Setting	Service	Provider Name	Service Description	Targeting
School/ Education Facility	School Based Health Services	Compass Health	Nurse-led School based health Services/ HEEADSS Assessments to Porirua College, Bishop Viard College, Mana College, Aotea College, Tawa College. Alternative Education Facility.	School age 13-18 year old
		Evolve	Teen Parent Units and Alternative Education Facilities	School age 13-18 year old
	Student Health Service	Ora Toa Whitireia Community Polytechnic	A 1.0 FTE nurse and 0.1 FTE GP clinical time at Whitireia Community Polytechnic (provided \by Te Runanga O Toa Rangatira, Ora Toa PHO).	15-25 year olds
Community	Youth Childbirth Education	Birthed Limited	Youth-friendly antenatal education	Under 24 year old women
	First contact care, very low cost access	Compass Health	PHOs' core funding covers first contact care, very low cost access, free under-sixes, services to improve access and health promotion. In addition, they receive PHO quality performance payments, funding for managing patients with long-term conditions (Care Plus), and also primary care mental health. (Average Co-payment 6-17 yrs $27.48 18-24yrs $34.64)	All age groups
		Well Health Trust		
		Ora Toa PHO		
	Primary Mental Health	Compass Health	Primary Mental Health services for clients with mild to moderate mental illness. A number of mental health practitioners provide assessment and treatment, provide education for practitioners and manage the referral process. Specific contracts are also held for packages of care and brief interventions, which can include counselling sessions, medication management reviews, psychological therapy and behavioural therapy	Subset targeted at 12-19 years high need Extended to all youth including un-enrolled youth, Maori, Pacific and high needs youth
		Ora Toa PHO		
		Well Health Trust		

[10] Youth One Stop Shops are youth specific services in a single physical location that provide a range of accessible, youth-friendly health, social and other services in a holistic 'wraparound' manner at little or no cost to young people.

[11] All DHBs are required to establish Youth Specific Service Level Alliance Teams as part of the Prime Minister's Youth Mental Health project.

	Primary Sexual Health	NZ Family Planning – Porirua Clinic	Primary sexual and reproductive health services, free for people under 22 years.	All ages, but free for under 22
		Compass Health	Primary Sexual Health Subsidy Scheme for general practice. GPs and nurses provide free primary sexual and reproductive health services, to increase access to sexual health education, assessment; treatment and referral.	Free for under 20 years
		Ora Toa PHO	Free sexual health short and long consultation	Free for under 20 years
		Well Health	Primary Sexual Health Subsidy scheme for general practice. Free sexual health short and long consultation.	Free for under 20 years
	Specialist Sexual Health Service	Compass Health	Administration of Free Sexual Health Services,	All age groups
	Sexual abuse assessment and treatment service (SAATS)	Compass Health	Sexual abuse treatment service including child and adolescents. Roster is managed by the Compass sexual health service	All age groups
	Alcohol & Other Drug Services	Te Runanga o Toa Rangatira - Ora Toa Health Unit	AOD	All age groups
	Youth Health	Porirua Union Community Health PUCHs (Well Health)	Hype youth health clinic in Cannons Creek	Free for youth 10 - 24
Health Promotion	Health Promotion and Awareness	Compass Health, Ora Toa, Well Health	To promote healthy lifestyles and awareness of healthy living within communities, whanau and with individuals	All age groups
Navigation & Assessment	Gateway Assessments	CCDHB	DHB health and education assessments for children and young people coming to Child Youth & Family care.	0-17 years
	Navigator	Well Health Trust	Maori link worker to work with Rangitahi and their families from marginalised communities.	Maori 12-19 years high need
	Courts & Health Link worker	Wesley Wellington Mission Incorporated	Social service for youth alcohol and drug problems. This Service is an intersectoral project, linking young adults presenting in Wellington and Porirua District Courts with appropriate drug and alcohol services, health service, social and family support and employment/income support.	Young Adults

Education

There are 35 schools in the Porirua area (as of 2012), consisting of 27 Primary (includes composite, contributing and full primary), two intermediate, five secondary and one special school. There is also a Polytechic and a Wananga. A high proportion (around 50 percent) of school students are enrolled in decile 1 and 2 schools, while 20 percent are enrolled in decile 3-5 and 30 percent in decile 9-10 schools (there are no decile 6-8 schools in the City).[12]

A range of core and additional services are provided in Porirua schools to help encourage achievement and participation, and to address problem behaviour.

- Positive Behaviour for Learning (PB4L) is being implemented in a majority if not all Porirua secondary schools.[13] School-wide PB4L can assist to improve wellbeing and help support educational achievement and participation, through whole-school change initiatives, targeted group programmes and individual student support services.

- Social Workers in Schools (SWiS) in primary schools and Multi Agency Social Services in Secondary Schools (MASSiSS) are school-based community social work services. MASSiSS is available in decile 1-3 secondary schools, is free to students and their families and completely voluntary. Both SWiS and MASSiS are aimed at children and young people: who have poor engagement in school as a result of social problems; with social or behavioural problems; experiencing grief or loss; who are from families who may be struggling with significant issues; or from families referred by Child, Youth and Family for community based support.

- Resource Teachers: Learning and Behaviour (RTLB) are funded to work with schools, teachers, and Years 1-10 students with learning and behaviour difficulties. They have a particular focus on supporting Māori and Pasifika students and children and young people moving into State care. RTLB works in regional clusters - each cluster has established its own process for referrals. It provides support through: networking; school policy development; working with kaiako/teachers to meet needs in the classroom; initiatives such as peer reading; individual needs, for example Individual Education Plans (IEP).

- Other programmes that support the learning and behaviour needs of children, often in conjunction with RTLB include Gateway Assessments, and the High and Complex Needs Service (HCN).[14]

In terms of encouraging a transition to further learning and employment, the Youth Guarantee service works with community and Iwi groups, and Industry Training Organisations, to create clear pathways from school to work and study. There is a particular focus in Porirua on increasing the number of places at Trades Academies. Welltech (partnering with Whitirea NZ Polytechnic) will increase the number of places it offers in 2016. The MOE works with schools on Achievement, Retention and Transition (ART), which involves looking at student achievement data to identify those at risk, then looking more holistically at what the issues are and the steps being taken by the school to address them.

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[12] Porirua City Council, Porirua Social Wellbeing Report 2012, pg 23.

[13] Positive Behaviour for Learning focus on strengthening relationships and creating more positive home and school environments. PB4L is a long-term, systemic approach involving ten initiatives, including whole-school change initiatives, targeted group programmes and individual student support services. Five of the initiatives are still in development and being trialled as part of the Prime Minister's Youth Mental Health project. Other programmes operating in Porirua area schools include the Finnish-designed KIVa programme, and the Kowaiau programme, based on Pacific principles and operating in some schools in Titahi Bay.

[14] Gateway is an initiative to assess the health, educational, and emotional status of all children going into care. This means the children's identified needs can be catered for promptly by the appropriate agency. The HCN Service is an inter-agency unit from CYF, MOE and MOH that assists agencies to identify and effectively respond to children with high and complex needs.

Income and employment

The Ministry of Social Development (MSD) Work and Income offers a number of supports and financial assistance for young people from age 16 upwards.

The 'Youth Service' aims to assist young people aged 16 to 17 years; and parents aged between 16 and 18 most at risk of long-term benefit receipt; into education, training or work-based learning. Youth Service providers are selected to work with young people and deliver the Youth Service. In Porirua:

- the Learning Shop provides a 'Youth Service for NEETs'.[15] This provides mentoring, advice and support to ensure young people are in work, education or training.
- The Partners Porirua Trust provides 'Youth Payments', a wrap-around package of support for young people that require the youth payment or young parents payments.

For those over 18, support to find employment includes career guidance, assistance to get work experience or training, and or meet the costs of attending interviews. People may be eligible for a range of benefits, many of which come with obligations that must be met as a condition of the benefit being paid. Free budgeting advice is available online or face to face in Porirua through the Salvation Army (Cannons Creek) or Porirua Budget Service (Central Porirua).

MSD also funds youth services, as part of their wider services: mentoring (eg Te Korowai Aroha Whanau Services Trust), social workers in schools (eg Te Roopu Awhina Ki Porirua Trust), holiday activities (eg Porirua Whanau Centre Trust), and intensive case worker services for teen parents (eg Wesley Wellington Mission Incorporated).

MSD Community Investment was established in October 2014 to bring together FACS and CYFS funding and contracting business units into a single place that aims to support a more flexible and joined-up approach to working with people and communities. It aims to put the person at the centre and provide funding that is coordinated, integrated, evidenced based in terms of achieving outcomes and targeted according to need.

Youth Justice, care and protection

Child, Youth & Family Services (CYFS) aims to ensure children have secure, loving and long-term homes, by working with family and whanau, caregivers, and adoptive parents. This may involve a care and protection Family Group Conference (FGC), if there are concerns for the child's safety. The FGC is arranged by the youth justice coordinator from Child, Youth and Family and involves getting the facts, talking and making a plan. The coordinator is the key person for the young person and their family.

FGC's are also held as part of the youth justice system. For offending that is too serious to be dealt with in another way, young people aged between 12 and 16 years old will be referred to the Youth Court.[16] The Youth Court and Family Group Conference process may result in a plan being developed for the young person and checking that it is being carried out properly, which often links in with other social, community or health services. The judge can ask for medical, psychological and psychiatric reports or a report from a social worker. There have been limited cultural reports requested. The plan that results from the Youth Court process might include the young person being ordered to attend a parenting education, alcohol or drug rehabilitation or mentoring programme, or to do community work.

[15] NEETs is defined as Not in Education, Employment or Training.

[16] A young person can only be charged in the Youth Court when they've been arrested or when a family group conference (FGC) has been held and recommends that a charge should be laid. A FGC is a meeting for everyone involved in the case, including the child or young person, their family and the victim of the crime. If the charge is more serious, the case may move up to the District or High Court.

New Zealand Police is placing a priority on reducing offending through Prevention. For youth, this means a focus on areas that can increase an individual's risk of offending - participation in education, training, and employment; truancy, and levels of alcohol and drug use. They are working with the community to do this by providing Youth Aid, School Community Officers, Iwi Liaison Officers, Neighbourhood Policing Teams, and Youth Development staff.

City Council Services

The Porirua City Council (PCC) has explicitly made children and young people part of the strategic future of the city through the introduction of a new strategic priority in its Long Term Plan 2015-25, namely 'Children and young people at the centre of city decisions'.

The quality of life of children and young people is influenced by what PCC does and the decisions it makes. Children and young people are heavy users of council services and recreational places and spaces. These include the Pataka Art+Museum, libraries, Aquatic Centre and Cannons Creek pool, Te Rauparaha Arena, indoor and outdoor sports fields and clean and green open spaces. The Council provides vital infrastructure such as safe drinking water, roading, footpaths and refuse collection. A range of policies and regulations also contribute to health and wellbeing such as food safety, dog control and liquor licensing. Increasingly the council is involving children and young people in decision making about the city through projects (such as the City and Schools programme), children's workshops and project consultations.

4 YOUTH VIEW ON ASPIRATIONS, ISSUES AND HOW SERVICES ARE WORKING

An objective of this project is to listen to the voice of young people, because they know what issues are of most concern to them, what works well and what doesn't in terms of assistance and support. In addition to the 2012 national 2012 Youth Survey, there are two recent sources of Porirua specific youth views that we drew on.

Blitz Survey for Youth

Otago University was commissioned as part of the Project to develop and undertake a survey with Youth using a custom-made software application on an iPad device. The 'Blitz' survey, held in June 2015 with 110 young people[17], asked a series of questions and asked participants to map their use of services. It was followed by focus group discussions (see Appendix A for the questionnaire and focus group questions/ scenarios). The demographic profile of the youth participants showed that most youth were aged 14 to 17 years, followed by 10-13 years of age. Maori were represented across all age groups (see Appendix B for a demographic breakdown).

[17] We received 110 completed surveys and managed to retrieve 88% (97 participants) of the survey files. The Missing 12% of data files were corrupted during retrieval due to unforeseen technical issues. After applying inclusion criteria (sift data for 10 to 25 years only) to the remaining 97 data files, 76 surveys were found to fit the criteria.

Youth Health Environmental Scan
The SIDU unit, which is responsible for planning and funding of health services across Capital & Coast, Hutt Valley and Wairarapa DHBs, led a youth health environmental scan in 2014 as part of its Youth Health Service Level Alliance Team work, entitled *Sub Regional – Stocktake, Gaps Analysis and Proposed Action Plan for Youth Health*.[18] A number of young people were asked their views on health services, and the views of Porirua young people have been identified.

Aspirations of young people
Youth participants in the Blitz survey described having a wide range of daily activities and interests, and had specific career aspirations.

- 40 percent were committed to voluntary activities
- 75 percent said they have a job or career that they are interested in (the most popular careers identified were sports related (13 percent) and Police and Defence Force (11 percent).

Three quarters of the participants said they trust at least some of their neighbours. Almost 70 percent thought they would definitely or possibly be living in Porirua in 10 years' time.

Issues identified by young people
The resourcefulness that youth displayed in relation to scenarios about 'life at home' and 'life at school and work' provided key insights for the Blitz study. The three largest issues in the Blitz individual questionnaire that were identified by participants were:

- smoking (mentioned by 21 percent)
- bullying (14 percent), and
- alcohol (12.5 percent).

Smoking
During group discussion, a significant number (83 percent) said that they would 'say no' if someone offered them a cigarette that smelled funny. Boys and older male teenagers on the other hand indicated that they would probably accept a cigarette and smoke it even if it smelled funny (Appendix B Figure 3).

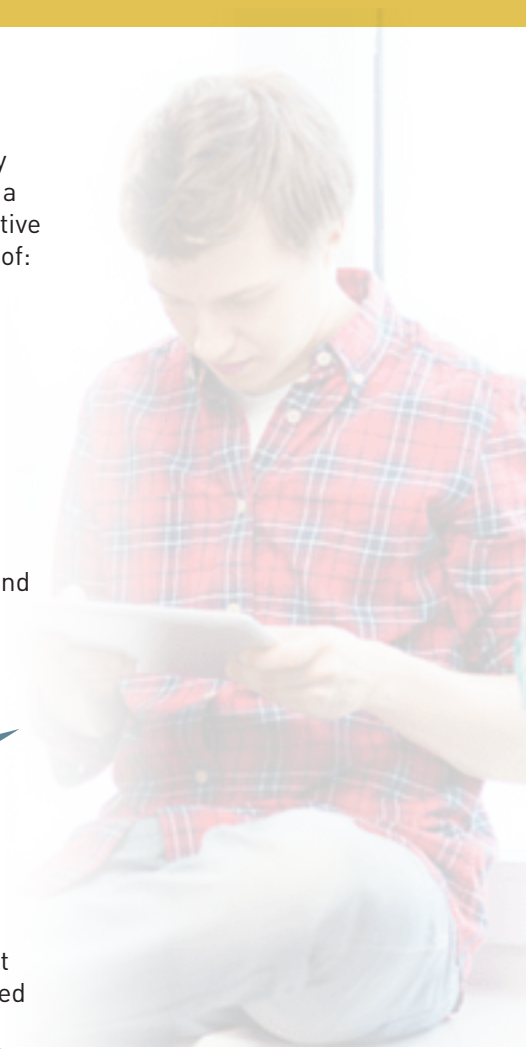
Cyberbullying
With respect to bullying, a quarter of all comments youth made were specifically related to cyberbullying (Appendix B Figure 4). Two groups in particular talked at length about the intimidation and bullying tactics used against other young people in social media by 'keyboard warriors.'[19] Participants often experienced anger about being unable to confront bad cyber behaviours such as online hostility and threats.

[18] The Sub Regional – Stocktake, Gaps Analysis and Proposed Action Plan for Youth Health included a stocktake of the sub regional DHB funded (or DHB provided but not funded) primary and community services for youth aged 12-19 at a minimum, gaps in access, service provision, clinical and financial sustainability, and potential actions to address identified gaps.

[19] A euphemistic term to describe a cyberbully who 'hides behind their keyboard' and makes unsubstantiated claims or threats they cannot follow through on. This definition was provided by a Blitz participant in a male focus group of 15-19 year olds.

Only 47 percent of participants said that they would 'tell someone' that they were subjected to bullying behaviour. Fighting[20] and physically confronting a bully was a common response for 74 percent of the youth groups. Irrespective of age or gender, most felt that fighting was okay, holding to the sentiment of: 'I would be standing up for myself'.

> I'd definitely stick up for myself and if they still bullying me I tell mum.
> (Female teenager, Maori, 14 years old)



A few participants talked about the importance of 'mediation' for families and schools dealing with issues associated with bullying.

> We did a mediation thing through the school...so well I went up to the school to talk to the teacher and the kid and their parents, but it's calmed down now, he's [my nephew] not bullied as much.
> (Young Samoan woman, 24 years old)

Alcohol

There was a lot of interest in this topic. When participants were asked what they would do if a friend or a family member was drunk, vomiting and passed out from alcohol, 71 percent of all youth groups said that they would 'take care' of them. As well as thinking about 'calling the ambulance', 16 percent said that they would put their friend into the 'recovery position', until help came (Appendix B Figure 5).

> I would put them in the recovery position first then call the ambulance and call alcoholics anonymous.
> (Maori boy, 11 years old)

These views are consistent with the Youth 2012 survey, which found

- bullying: was of concern – there has been little change since 2001, except cyberbullying is on the rise.
- binge drinking: was the most common form of high substance abuse and over 10 percent of school students reported very high substance use. There has been improvement in risky substance use since 2001 but it remains an issue. Students with high substance use had poorer health and wellbeing across almost every area examined.

The Youth 2012 survey also found that other areas of health and wellbeing where students reported little or no change since the previous survey, but which remain concerning, include:

- being overweight or obese
- inconsistent condom and contraception use
- not feeling they spend enough time with at least one parent
- significant depressive symptoms.

[20] Confronting a bully included: physical acts of 'fighting', 'beating', 'smashing', 'punching' etc. Confronting cyberbullying included: 'blocking on Face Book', 'deleting', 'repeat sends of smiley face to piss them off' etc.

Healthy eating

Older youth, aged 18-25 in the Blitz study believed it was possible to 'eat healthy foods' by purchasing 'cheaper' or affordable foods at supermarkets and produce markets (Appendix B Figure 6). 'Family gardens' and 'neighbour's gardens' were frequently mentioned by primary and intermediate school children, as well as 'free fruit at schools'. For some youth living rough, access to food banks was important for food generally, but also for healthy foods.

> The $10 vegetable boxes can go a long way.
> (15 year old Maori female teenager)

Several youth (12 percent) acknowledged that they frequently bought 'junk food', 'lollies', ' top-up phone cards' and 'no [healthy] food' when money was short. Suggestions children made about being able to attain healthy foods were: eating at a family member's house where there was healthy food (mostly a grandparent or an aunt); and outdoor harvesting activities, especially amongst older male participants such as gardening, fishing and hunting. Younger boys suggested earning money by finding a job after school to buy healthy foods (Appendix B Figure 6). Diagram 1 shows the most frequent words associated with 'healthy eating and affordability'.

Diagram 1

Eating Healthy & Affordably Word Cloud.

100 most frequently occurring words from interviews with Porirua youth.

Other issues mentioned in the Blitz questionnaire survey were: not enough food; drugs; gang association; not enough opportunities, poverty and boredom.

Violence at home

In group discussions, 24 percent of all references about violence revealed that youth would probably 'talk to someone' (most identified a family member) if there was 'violence at home'. 'Stay safe', was important for half of all the youth groups and involved a plan of some sort such as: 'calling the cops', 'calling an 0800 service line' or 'going for a walk' to the house of a friend or family member. Whilst, 30 percent thought 'walking away' was the best strategy in dealing with violence at home. (refer to Appendix B Figure 7).

> Well if it was like my parents fighting, like [I'll] stick up for my mum or like I'll ring that family violence place and tell them about the situation.
> (Pakeha male, 18-25 year focus group)

> ...wait till it's done.
> (Male youth, aged 14-18)

Wagging school

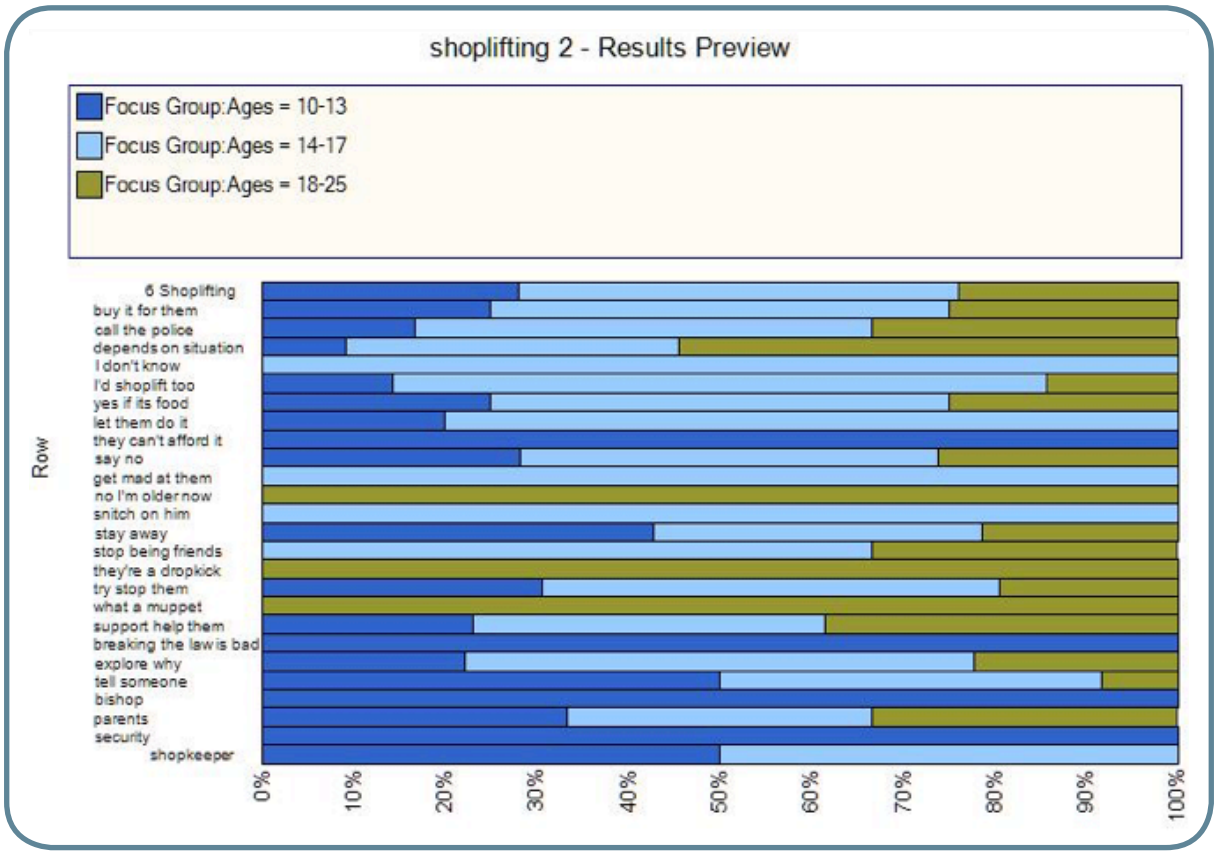
For younger participants aged 10 to 13, a supplemented question about wagging or skipping school with someone special was a question that replaced the one given to older youth about 'a friend who missed their period' (see Appendix B Figure 11). 86 percent of children said that they would encourage their friend 'not to wag or skip school' and that they would 'warn' their friend about 'getting into trouble' (Appendix B Figure 8).

Shoplifting

Children and young people can often get worried about other children in their lives. 48 percent of the youth groups stated that they would 'say no' if they were 'asked by a friend to go shoplifting' (refer to diagram 2 below). This subject drew the greatest number of disapprovals than any other category in the Blitz study. Apart from finding ways to 'verbally and physically stop' their friend to shoplift, 'ending the friendship' and 'telling someone' (parent, teacher and shopkeeper) were strategies to help a friend out of a situation that could have legal and social consequences.

Diagram 2

References to 'stop' a friend from shoplifting. Blitz One Study



Take him like, take him over to your place and just like play the game instead, do something else
(17 year old male)

Oh I would just say how dumb they are, like if the say, "let's go", I would like grab them, throw them down. I would actually do that to my cousin. Throw him down!
(Maori 13 year old boy)

Yeah I would be like, 'don't do that you egg' and I would just like try to stop them.
(Maori 13 year old boy)

Yeah, chill out!
(17 year old male)

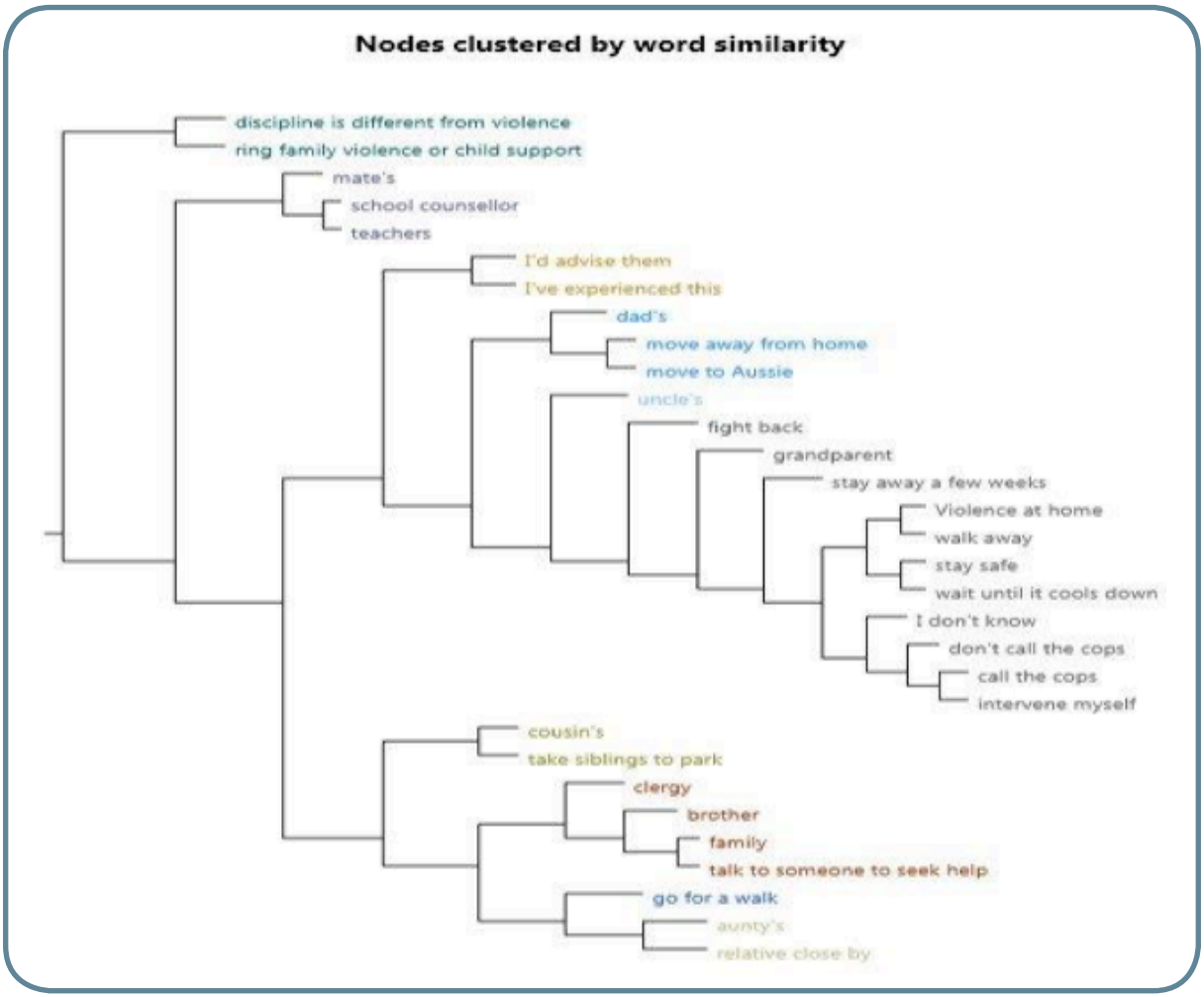
This was a similar response that young people had in relation to the domestic violence scenario, whereby, 59 percent of the youth groups felt that they might 'intervene in some way' particularly if there were other young children in the same household (refer to Appendix B Diagram 3).

I take all my younger siblings to the park, and then I get my cousin that lives just across from the park, while I go back home and sort them out (Focus group, 10-13 year old girl)

Figure 9 below shows a diagram where similar items are clustered together on the same branch and different items are further apart. Dendrograms can be useful for comparing pairs of items. In this case, 'intervene myself' is paired in a branch with similar references associated with decisions about whether to 'call the cops', 'walk away' or 'stay safe'. Note, it is furthest from the tree cluster of references involving 'social services' which is at at the top left-hand side, perhaps highlighting how young people will attempt to resolve issues for themselves before considering outside assistance.

Figure 9

Diagram showing breakdown of subthemes from "Violence at home" theme.



Participants in the DHB environmental scan reported youth suicide, self harm, and acceptance of sexual orientation as being key issues.

Life is tough

In the Blitz study, children and youth were asked to consider what they would do if they or a friend found themselves feeling that 'life was tough, they can't cope and things are out of control'. They were also asked, other than family who could they count on for help. It was difficult for most youth to disassociate from their kinship connections. However, the following people were identified: 'friends' (80 percent); 'school' (52 percent - teachers, principals, counsellors); social services (33 percent - helpline, police, social worker); religious networks (38 percent - pastor, clergy, ladies of the church, youth leaders, elders).

Close mates
(Focus Group 14-17 year olds males)

Bros
(Focus Group 14-17 year olds males)

Mates, friends.
(Focus Group 14-17 year olds male)

Not all youth however thought that they would talk to someone if life was tough. 'Not to tell anyone' accounted for 70 percent of comments (or 38 percent across all youth groups). For some, 'telling only part of the story' was a way of dealing with their private thoughts and feelings; for others 'get active' by playing sport. Some older youth acknowledged that using alcohol and drugs was one way of 'not thinking about it' and to 'escape', as one person (below) admitted doing by smoking cannabis.

I probably wouldn't tell anyone, like the full story, or I probably tell them a little bit.
(13 year old girl)

Nothing. Kick back...to my shed... it's just my smoking area...I got my bong and bucky[21] (group laughing).
(17 year old male)

[I] try to handle it.
(15 year old teenager)

Keep it to myself.
(Focus group 14 to 20 year old males)

God and prayer

Several young people talked about praying to God as a way of helping them when 'life is tough'. 6 percent (19 percent of the youth groups) were made in reference to 'God' and 'prayer'. If we considered 'prayer' as an activity that children and youth considered important, then it's estimated that every 16th child who shared something about 'life is tough', also had a thought about 'God' or 'prayer' (Appendix B Figure 10). The mention of 'prayer' by children and youth occurred in other topics.

Ah, nah I not really active at church but it's kind of, I still believe in god and that...it helps for clarity.
(17 year old Maori rangatahi)

Pray to god and just walk it off.
(Focus group, 13 to 18 year old boys)

Um I wouldn't know, like 'cause number one would be family and church family, I don't know like with other options but other than a one-on-one with me and god and that's it.
(Young Samoan woman, 20 years of age)

The impact of family environments on young people showed up as being important in both the DHB environmental scan and the Blitz survey.

- Participants in the environmental scan identified key issues among families that affected them are fights /arguments, lack of money and lack of privacy.
- In the Blitz survey, cold homes was a strong theme that emerged. Three quarters of youth participants agreed that their house was (at least sometimes) cold enough that they shivered inside in summer and over half said they had seen their 'dragon breath' inside in winter, at least a little bit. In the drawings that youth made, there are 13 references to 'houses', 'my house', 'my friend's house' and 'warm houses for people to live'.

Young people's views about housing temperatures may be related to less than half (42 percent) of Blitz participants saying that home is the best place to do homework, study or training. Twenty-four youth (46 percent) felt they had to go to a Library to find the best place to study. (see drawing about this theme, Appendix B Figure 13)

[21] Bong and bucky are home-made devices used to smoke cannabis or other similar paraphernalia.

Services in Porirua
A lack of knowledge by youth about the range of local services available to them was common to both the Blitz survey and CCDHB environmental scan.

For Blitz youth participants, use of services over the last 12 months was highest for the Porirua Public Library (71 percent), Work & Income New Zealand (67 percent), the Salvation Army (62 percent), The Spirit of Rangatahi Charitable Trust (60 percent), and the Family Violence Information Line (60 percent).

The five services with the lowest access rates were North Porirua Care Centre (32 percent), Porirua Sexual Abuse HELP Foundation (34 percent), What's Up Line (35 percent), Alcohol Drug Helpline (37 percent) and Healthline (40.5 percent).

For each service, the participants were asked if they were satisfied with the service, and if they would use it again. Only six services (of the 24 in the study) got responses over 50 percent for both satisfaction and "would use again":

- Careers Advice Line (satisfaction 62 percent, use again 62 percent)
- Plunket Line (51.5 percent, 56 percent)
- Taeaomanino Trust (50 percent, 50 percent)
- The Learning Shop (55 percent, 54 percent)
- Porirua Public Library (76 percent, 76 percent)
- Salvation Army (64 percent, 71 percent).

Although there was no indication that travel to school was a widespread issue for children and youth that attend schools in Porirua, commute distances are far greater for 20 percent of children and youth in the Blitz study who attend schools in Wellington.

It was found that on average it takes most young people 10 to 20 minutes to get to school each day, many of whom walk or are driven by car. However, for those travelling into Wellington by car, bus or train on a daily basis, the approximate commute time is between 33 to 70 minutes. The real and potential implications and costs for Porirua students (and their families) who travel into Wellington for education, training and employment requires more understanding than the scope of the Blitz study. However, it could help to identify potential issues associated with youth participation generally in Porirua city.

Travel and access to youth-specific services was mentioned in the DHB environmental scan as being an issue. There is not a YOSS in Porirua, whereas Wellington has the Evolve YOSS, Hutt Valley has the Vibe YOSS and Kapiti has the Kapiti Youth Support YOSS. While Evolve has a significant number of clients from Porirua, some young people said they can't afford to travel to access the service in Wellington. There was some feedback that a local youth-specific service or place is needed.

Other feedback from the environmental scan is that if youth are not enrolled at school/ polytechnic, it's difficult to access health services (particularly for a young person excluded, expelled, stood down or going through the justice system). Some young people believe they can only go to the family doctor if the family makes an appointment.

Some young people reported in the environmental scan that services could be more 'youth friendly'. For instance, opening hours are not always suitable for youth to access services, there is a lack of skills and training regarding youth needs/support, and there is a lack of coordination/information sharing between agencies.

The young people who provided input to the environmental scan were keen to be empowered, take leadership and identify their own needs.

Blitz 1 Draw your 'vision' for Porirua City.

Figure 3

Activities 'we want in Porirua City'. Drawings made by Porirua children and youth in the Blitz 1 study, June 2015.

5 WHANAU AND PROVIDER VIEWS ON YOUTH ISSUES AND HOW SERVICES ARE WORKING

A second survey known as Blitz 2 was conducted in October 2015. It involved 103 whanau members and people who work with youth (as volunteers in the community or as service providers) completing a similar survey to that completed by youth in the first Blitz survey.[22]

Following the Blitz 1 survey, the whanau and providers took part in structured focus group discussions (Appendix A List 3). Participants were asked to respond to a number of different hypothetical scenarios (Appendix A List 4). Their responses were recorded on post-it notes and subsequently collated as data. Following this exercise, the participants were invited to discuss any 'burning issues' they wanted to raise.

When asked about the most significant issues for youth, participation in activities was the strongest theme according to parents and providers who took part:

- Boredom/not enough to do (17 percent)
- Lack of affordable activities (12 percent)
- Not enough Arts/ Cultural activities (40 percent)

Alcohol was thought to be an issue by 11 percent of whanau and providers, which is similar to the young people who took part in Blitz One (12.5 percent).

Not enough support/guidance/leadership (16 percent) and poverty/financial constraints (12 percent) were other significant issues identified by parents and providers.

The parents and providers did not perceive bullying or smoking as being as great an issue for youth as the young people themselves. Bullying was mentioned by only 4 percent of the parents and providers (compared to 14 percent of youth) and nobody mentioned smoking (compared with 21 percent of youth).

The Blitz 2 focus group discussions highlighted that people respond in a variety of ways to the scenarios presented. An important theme that emerged across the scenarios is that there is often a tendency to try and address issues among whanau and friends first, with accessing services being a secondary consideration. This was most evident in the scenario regarding suicide.

About sixty percent of the providers who took part in Blitz 2 thought their services were excellent or very good, but less than a third (28 percent) thought their collaboration with others was excellent or very good.

[22] We received 103 completed surveys, of which 49% identified themselves as Whanau only, 13% as professionals only, 2.9% as Volunteers only, and the remainder as a combination of one or more of those categories.

This aligns with feedback from Providers who took part in the DHB environmental scan, where the need to improve collaboration was a theme and multiple options/opportunities for improving both efficiency and effectiveness of youth focussed health care services across the sub-region (including Porirua) were found.

Suggestions that particularly align with the youth feedback were:

- youth responsive services: train primary care staff to provide services appropriate to youth, which may improve the willingness of youth people to access primary care services
- youth specific services: better targeting of services to high needs youth population;
- coordination: further consideration is needed of the potential overlap between Youth One Stop Shops, School Based Health Services, sexual health services, tertiary health services and general practice. This service should be broader than just health.

Other suggestions from the DHB environmental scan related in a large part to funding:

- a potential to limit age eligibility for free or low cost services to less than the current 25 years;
- shifting funding out of non-core health services such as social work and peer support, which are more MSD or social sector funded services;
- improving the distribution of funding and services across the sub-region based on need and addressing inequalities;
- determining a sustainable funding path for youth (considering all funding available that is targeted to young people); and
- consideration of funding through Primary Health Organisations for enrolled youth and funding of Youth One Stop Shops outside of that framework.

[10] Youth One Stop Shops are youth specific services in a single physical location that provide a range of accessible, youth-friendly health, social and other services in a holistic 'wraparound' manner at little or no cost to young people.

[11] DAll DHBs are required to establish Youth Specific Service Level Alliance Teams as part of the Prime Minister's Youth Mental Health project.

6 WHAT WE KNOW FROM LITERATURE ABOUT BEST PRACTICE SERVICE DELIVERY

We know from international and local literature that young people require developmentally appropriate health and social services delivered at sites that are accessible. Accessibility means more than just being able to get there. A 'youth friendly' health service must be accessible geographically, physically, culturally and in all its procedures including financial and administrative arrangements.

Other important factors in delivering services in a 'youth friendly' way include services being:

- considered essential, safe and appropriate to meet the diverse needs of young people
- confidential and provided in a non-judgmental environment
- strengths based and making a positive contribution to youth development
- delivered by people who have the appropriate skills and knowledge and take time to understand young people's family and social environments.

Young people often connect with services opportunistically. This means that services are needed in a range of settings, and they should be complementary and mutually enhancing rather than competing.

A key factor generally in providing effective care for young people is to focus on prevention and early intervention at every opportunity and actively facilitate referrals to other services as needed. Preventable health problems of adolescence makes specific screening and counselling services important to reduce health risks.

Ideally, youth will have an opportunity to participate in the planning, development, delivery and evaluation of the services, policies and strategies that have an impact on them.

There is some evidence about the effectiveness of specific services.

- A 2014 evaluation of the effectiveness of SBHS suggests a positive impact on student health and wellbeing outcomes. SBHS had the strongest associations with improved student outcomes for depression, suicide risk, female contraception use, school engagement, and fewer emergency department presentations.[23]
- A 2015 evaluation of Positive Behaviour for Learning School Wide (PB4L) found that it is being implemented as intended in many schools and resulting in many of the expected short-term shifts in practice and outcomes.[24] When it is implemented over a three to five year period, schools have seen a decline in incidents of problem behaviour, improvements in students' behaviour, teachers spending more time teaching, and students engaging and achieving better results. Porirua College has found PB4L has contributed to a significant reduction in stand downs and suspensions, and improved NCEA results.
- A 2009 evaluation of YOSS showed that while they do not provide any services that are not available elsewhere, the integrated and youth-specific model of care increases access by youth, particularly those who have higher need.[25] It found that the majority of clients accessed YOSS services opportunistically, depending on their situation and often used other providers as well. All YOSS worked to reduce the barriers to accessing services faced by young people. They did this through multiple strategies including flexible opening hours, outreach, central locations with access via public transport, youth-friendly settings and services being at low or no cost.
- A 2015 outcomes evaluation of young people attending the Kapiti Youth Support YOSS reaffirmed this, finding that over a five month period, 90 per cent of young people using the services maintained or improved their health and wellbeing.[26]

[23] Evaluation carried out by Auckland Uniservices, Ministry of Health, 2014

[24] Evaluation carried out by NZCER, Ministry of Education, 2015

[25] Evaluation carried out by Communio, Ministry of Health 2009

[24] *How we know what we're doing works* was conducted by Evaluation Works Ltd with Kapiti Youth Support, 2015.

7 CONCLUSIONS WE CAN DRAW

There will always be a range of views on the main issues and service improvement opportunities for Porirua young people, depending on peoples' perspective, circumstances and experiences. Based on the views of young people, parents and providers that were considered by the Project, and review of the available data, the following areas have been identified as being both problematic, and with obvious scope for making improvements. These are the main areas on which our recommendations focus. These conclusions include the cultural approach and responses from young people, parents and providers.

Issues

- Alcohol and drugs: one of the top three issues identified by young people, and an issue for concern also identified by parents and providers, and highlighted in the Youth 2012 survey.
- Bullying: one of the top three issues identified by young people, and an issue for concern highlighted in the Youth 2012 survey.
- Youth unemployment and single young parents: high proportion compared to the national average, and focus for the Ministries of Education and Social Development.
- Boredom/lack of activities: the top issue that was identified by parents and people working with youth, but also mentioned by the young people themselves.
- Cold homes: contributing to illness and not suitable for homework. This has been recognised by a high proportion of Blitz youth participants, by the PCC and Ministry of Health.

Services

- A lack of awareness by youth, whanau and providers about range of services in Porirua
- A need for availability of free youth specific spaces and/or services
- Gaps in alcohol and other drug, and mental health services
- A need to improve responsiveness of services to young people, in relation to making appointments (particularly from those not enrolled at school or going through the justice system), cultural and youth focused appropriate trained staff, opening hours and availability in the school holidays
- Capacity/capability of whanau and friends to talk to their young people about suicide, risky sexual behaviour, and alcohol and other drug issues.

Coordination

- A need for greater coordination/integration of plans developed by different services (HEEADSSS, school to training/employment, youth courts/FGC/Police, youth services for NEETs/youth payments)
- A need for better collaboration between providers in Porirua.

8 RECOMMENDED OPTIONS FOR CHANGE

As mentioned earlier, we know from the literature that key aspects of effective care for young people generally are:

- a focus on prevention and early intervention at every opportunity
- screening and counselling services that can reduce preventable health problems
- active and timely referrals to other services.

We have also found from talking with Porirua youth, parents and providers, that each sector (Health, Education, Work and Income, CYFS, Courts/Police) produces plans for addressing issues or areas of concern relating to young people, but:

- written plans are not always produced
- if a young person has a range of issues or areas for concern, they may have a number of different plans
- the plans are monitored/followed up (separately) to varying degrees
- the young person may not even be aware what is in their plan.

We have heard from youth, parents and providers that there is generally:

- little awareness of the full range of different services operating in Porirua that could be accessed by young people
- a need to improve collaboration between providers in their day to day delivery of services, and which are culturally appropriate
- a preference to address issues such as suicide, risky sexual behavior, and alcohol and other drugs issues among whanau and friends first, and then seek help from services if this is unsuccessful.

The Advisory Group believes that it makes sense to build on the existing services and access points we have with youth. Our recommendations draw on potential for:

- greater use of schools as a hub for better integration of education with social and health services
- bringing together the current assessments and discussions with young people, and using these as a basis for linking young people with the services they need
- bringing together the current youth specific services into a more cohesive youth service
- utilising the preference of some young people to use services if they are casual and located in association with activities/space to 'hang out'
- working with young people and whanau to raise their awareness and capability to address issues themselves in the first instance
- improving the capability of providers to deliver youth appropriate services.

RECOMMENDATION 1: PICKING UP AREAS FOR CONCERN EARLY

Explore the possibility of every young person at Year 9 (age 13) should have a HEEADSSS assessment with a professional to identify potential issues of concern in their life that they need help to address.

Why

Because the transition to secondary school is a recognised area of risk, for all young people regardless of school decile. Early intervention and a process for active referrals to other services if needed are key to effective care. This process will also identify areas of strength that the young person can focus on.

The Youth 2000 Survey Series (2014) found that schools with higher levels of health service (an on-site school nurse or health team) resulted in:

- improved mental health outcomes among the students, and significantly less depression and suicide risk
- less hospital emergency department use reported by students; and
- better contraceptive use by female students.

How

Extend the current HEEADSSS assessments that are being delivered to approximately 75 percent of year 9 students, so that every young person in the region has an assessment as they enter secondary schooling.[27]

- HEADDSSS assessments are already provided to all year 9 students in decile one to three secondary schools (Bishop Viard College, Mana College, Porirua College) and to some students at Aotea College. Routine HEADDSSS assessments are not currently provided at Samuel Marsden Collegiate School, in Whitby.
- HEADDSSS assessments are also provided in teen parent units and a number of alternative education facilities, but not at the Mahinawa Specialist School and Resource Centre.

Implementation

February to June 2016

- The DHB works with current providers of HEEADSSS to confirm the number of year 9 students, identify service gaps and develop a plan with funding and service delivery options to extend assessments to all year 9 students
- Work with Whitirea Polytechnic to investigate establishing student nurses placements to assist with resourcing and build local capability.

July 2016 onwards

- Implement the proposed plan to expand HEEADSSS services to all year 9 students.

Indicators of success

Health	Number of HEADDSSS assessments
	Percentage of eligible students receiving a HEADDSSS assessment in the calendar year
	GP, AOD and Mental Health utilisation rate
Education	Referrals to school social worker

[27] Based on HEADDSSS assessments being delivered to all students (at year 9) in Mana, Porirua and Bishop Viard Colleges, and Te Kura Maori o Porirua; an estimated 20% Aotea College students; no Samuel Marsden Collegiate School students; and no Mahinawa Specialist School and Resource Centre students; about 1000 of the total 3700 students (27%) have not had an assessment during their time at the school.

RECOMMENDATION 2: FOLLOWING UP ON IDENTIFIED AREAS OF CONCERN

All young people with significant areas of concern should have a Single School Plan with coordinated follow-up through their time at school. All plans to have whanau input.

This should eventually be expanded to encompass CYFS, Courts and Police plans and information.

Why

To reduce fragmentation and duplication by bringing together agreed actions from the young person interacting at different points across the system. This will provide a basis for checking that issues identified in the HEEADSSS assessments are being dealt with, and address issues that have emerged since then.

Interagency collaboration and the development of multi-disciplinary teams of clinicians, educational experts, social workers and representatives of the criminal justice system are key reforms required for effective assessment, treatment and management of adolescent conduct disorders.

Government agencies can work together to ensure greater consistency in the assessment of conduct problems and their comorbidities, use of evidence based interventions, robust evaluation of programmes and interventions, and development of culturally appropriate and culturally responsive programmes.

How

Formal agreements with schools for the existing school health, social work, pastoral care staff and deans to work together as a single virtual team.

A HEEADSSS assessment may be offered as part of the process for developing the plan, to ensure their health, social and educational needs have been identified and can be addressed (this would be a second assessment if they already had one in year 9).

- Agreed criteria for what are considered to be significant areas of concern[28]
- Consent processes refined to enable single virtual team to operate effectively
- Agreed school MOU to clarify the extent of information sharing
- Single Plan incorporates all school-based plans if possible and consented to (eg: Individual Education Plan (IEP), Social Worker agreed actions, HEEADSSS agreed actions)

As phase two, information exchange with CYFS, Courts and Police to link in with other plans that may have been developed for the young person outside of the school setting.

[28] Significant areas of concern are likely to include: issues identified in year 9 HEEADSSS; stand-downs; attendance below 80 percent; RTLB referral; poor achievement in national standards, or concerns raised by the Police).

Implementation

February to June 2016

- Work with two schools to establish a pilot process for a single virtual team and single school plan
- May include piloting changed Service Specification for MASSiSS, and broadening the role of other Social Worker resources in the school.

July to December 2016

- Pilot the single virtual team and single school plan in two schools
- Work with wider stakeholders (including local health, CYFS, Justice and Police) and with the Office of the Privacy Commissioner, to develop a process for linking single school plans with CYFS, Courts and Police information/plans.

2017:

- Implement in further schools and link in with social work/youth worker resource at Integrated Youth Service, to improve followup of plans.

Indicators of success

Education	18-year-olds with NCEA Level 2 or equivalent qualification (BPS)
	Truancy and suspension rates
	Referrals to school social worker
Education to Work Transition	Youth not in education, employment or training (NEET)
Health	GP, AOD and Mental Health utilisation rate
	Number of HEADDSSS assessments

RECOMMENDATION 3: COHESIVE YOUTH SERVICE AND FILL SERVICE GAPS

An **Integrated Youth Service (IYS)** should be established that offers a youth friendly, safe and holistic service specifically for young people, accessible in different communities within Porirua.

Why

To draw together and build on the youth-specific services that already exist in Porirua, to create a service that meets a need identified by young people, parents and providers.

The *Child and Youth Health Compass* Report, commissioned by the Children's Commissioner, identified one of the most critical barriers to delivering child and youth services is a lack of planning and co-ordination. Integrated services can potentially increase capacity and provide value for money by reducing duplicated services, and enabling finances to be redistributed for actual service delivery.

Integrated service delivery may also lead to improved strategic planning and system integrity as a result of better sharing of information between agencies, thereby enabling a greater understanding of user needs and outcomes, clearer identification of service gaps, and reduced fragmentation of services.

How

- Establish a single joint management contract that brings together the youth specific services that already exist,[29] with new youth-specific health services
- Market and brand the services as an IYS, ideally including a cluster of physically close services in Central Porirua
- Services includes HEEADSSS assessment offered to young people not enrolled at school, who have been identified by police, schools, CYFS or health professionals as at risk or 'distressed'
- Ensure the IYS is co-designed with youth, has facilities for young people to 'hang out' and participate in activities, and has the ability to provide outreach services.
- Establish formal links between the IYS and services being provided in schools (eg: the IYS may deliver some services in schools, and may have a role in coordinating followup of Single School Plans)
- Establish formal links between the IYS and services, programmes already being provided in East Porirua and Titahi Bay (eg: sharing of youth workers, referral protocols between the IYS and services, programmes based outside of central Porirua).
- Establish an online component (so that information and advice relevant to young people can be accessed and bookings for services can be made online).

Implementation

January to March 2016

- Undertake a line-by-line review of current DHB and MSD funded services and agree initial services to form part of the IYS

[29] MSD funded youth specific services that already exist include: employment (Partners Porirua, The Learning Shop), mentoring and navigation (Te Korowai Aroha Whanau Services Trust), social workers in schools and wrap around/whanau ora services (Te Roopu Awhina Ki Porirua Trust), Holiday activities (Porirua Whanau Centre Trust), intensive case worker services for teen parents (Wesley Wellington Mission Incorporated). DHB funded services include School Based Health Services, First contact primary care, Primary Mental Health and Sexual Health. PCC provides grants to sporting and other youth-related services and leads community activities.

March to April 2016

- Confirm agreement in principle from MSD, CCDHB, MOE, MoJ, NZP and PCC, Ngati Toa and TPK to establish an IYS, supported by a joint management arrangement.
- Establish Working Group (comprising a core of MSD, CCDHB (SIDU), MOE, Ngati Toa, TPK and PCC) and Project Leader
- Identify focus priority areas for the IYS and service model
- Identify IYS infrastructure and funding needs (ie: management and administration resource required)
- Develop Business Case
- Approval of Business Case and funding plan by Porirua SST Advisory Group
- Agree joint management arrangement. Options include:
  - an integrated contract hosted by a lead agency and with joint agency governance
  - tender to a separate entity
  - establish a new entity.
- Explore potential for philanthropic co-funding.

May to July 2016

- Give at least 6 months notice of the proposed implementation of the IYS (contract holders and community)

July to December 2016

- Stage exit notice to contract holders of initial services that contracted services are changing. (This will depend on the current contract structure)
- Issue RFP/RFTs if required
- Develop contract specifications for services
- Put in place joint management arrangements
- Co-design with youth
- Confirm premises.

January to June 2017

- Finalise contract specifications and services
- Finalise premises and design
- Service starts.

Indicators of success

Education	Truancy and suspension rates
Education to Work Transition	Youth not in education, employment or training (NEET)
Health	GP, AOD and Mental Health utilisation rate
	ED Presentations; Ambulatory Sensitive Hospitalisations
	Number of HEADDSSS assessments
Social development	Total aged 10-24 on a benefit
	Access to intensive case worker services for teen parents, mentoring and navigation services

RECOMMENDATION 4: IMPROVING WHANAU CAPABILITY

Training or support should be provided to help families understand and talk with their children about issues such as alcohol and other drugs, risky sexual behavior and bullying.

Why

Whānau and friends play a vital role in supporting young people through challenging times in their lives. But often they don't recognise the signs of an emerging issue until a crisis point has been reached, or know about the services that could be accessed.

How

More proactively introduce whanau and friends to existing resources, such as those developed by the Prime Minister's Youth Mental Health Project:

- *Common Ground online hub:* developed in 2014 and aimed specifically at parents, family, whānau and friends, the hub has information, tools and support to help a young person who's struggling.[30]
- *Guidelines for supporting young people with stress, anxiety and/or depression:* online MSD resource develop in 2015 that aims to help friends, whānau and family members support young people when they need help to address mild to moderate mental health issues such as stress, anxiety and mild depression.

Implementation

February to June 2016

- Seek information from the PM Youth Mental Health interagency Project Group, on examples of how these resources are being used proactively on the ground elsewhere in New Zealand
- SST Advisory Group review options for raising awareness of resource and using them as part of face to face training

July 2016 onwards

- Implement agreed options

Indicators of success

Whanau views	Surveyed whanau report they feel more confident in discussing risks and pressures relating to AOD, risky sexual behavior and bullying

[30] Common Ground was developed by MSD in collaboration with the Mental Health Foundation, Skylight and Youthline, with support from Curative and innovate change.

RECOMMENDATION 5: INCREASING RESILIENCE OF YOUTH TO DEAL WITH CHALLENGES

Increase capability of young people to deal with challenging times in their lives and respond appropriately to temptations and issues such as AOD, bullying mental wellbeing and risky sexual behavior.

Why

The other recommendations in this report improve the developmental supports and protective factors for our young people. There is also a need to retain a focus on the capacity of young people themselves to cope with challenges and setbacks and be culturally confident.

How

- Work with primary/intermediate schools to share best practice and ensure there is a consistency of focus on helping young people transition into secondary school
- Investigate options for further resilience based programmes to be provided in the Porirua region, including developing a common approach to reducing truancy.[31]

Implementation

January to June 2016

- Meet with all Primary and Intermediate Principals to discuss the current focus on transition into secondary school, share information about the approaches being taken and identify opportunities for improvements
- Explore whether Porirua-based Communities of Schools would like to focus on transition from primary to secondary as a shared project
- Investigate options for further resilience based programmes to be provided in the Porirua region, such as those provide at Victory School in Nelson.[32]

July 2016 onwards

- Implement actions identified.

Indicators of success

Youth views	Surveyed young people report they are more aware of risks and better able to cope with AOD, risky sexual behavior and bullying pressures
Education	Truancy and suspension rates

[31] Truancy is often perceived to start early. Reducing truancy through developing a common approach that includes primary schools was one of the high-level outcomes of the first six Social Sector Trials implemented in March 2011.

[32] Victory Village resulted from a partnership between Victory Primary School and Victory Community Health. Health services, recreational and social programmes and community events are provided through a multi-purpose community health and recreation centre located on the school grounds. Through collaboration across sectors a wrap-around approach is provided to families with complex needs.

RECOMMENDATION 6: INCREASE PROVIDER CAPABILITY TO DELIVER YOUTH FRIENDLY SERVICES

Training should be provided for local providers in youth developmental stages and youth friendly service delivery.

Why

Despite our recommendation to establish an Integrated Youth Service, it is still important that mainstream services are seen by young people as being an option. In terms of health services, the GP remains the first point of contact for most young people so improving the quality of care delivered by GPs remains a high priority. Research suggests that practitioner training in communication and the management of common adolescent health issues may improve practitioner's confidence and knowledge, and that making services more youth friendly may improve utilisation by young people.

All services should understand the physical development stages that young people go through, to help them better understand youth behaviour and motivations.

How

- develop a workforce plan to increase HEADSSS training amongst primary care health professionals
- identified local provider (eg: General Practice) champions
- funded HEADDSSS training for champions
- funded Brainwave Trust training.

Implementation

February to June 2016

- Review advice from CYFS Expert Advisory Panel in relation to training to better understand youth behaviour and motivations
- Agree other training required for Porirua providers and opportunities for Integrated Youth Service to coordinate and provide training

July 2016 onwards

- Include opportunities for Integrated Youth Service to coordinate and provide training in contract service specifications
- Implement other training identified.

Indicators of success

Youth and whanau views	Surveyed young people and whanau report that services are more responsive and appropriate to youth needs

RECOMMENDATION 7: EVALUATE IMPROVEMENTS IN OUTCOMES FOR YOUNG PEOPLE

The impact of changes brought about by this project on outcomes for young people should be evaluated.

Why

Assessing the impact that different changes brought about by this project have had on outcomes for young people will assist improvements in youth services in other areas across the region and country.

How

An independent external company should be hired to conduct the evaluation. If the evaluation is to include a formative element, it needs to be conducted alongside implementation of the recommendations.[33]

The Advisory Group identified the following indicators should form the basis of measuring the success of the changes. These indicators will also align with the PCC's annual status report on the wellbeing of children and young people in Porirua.

Sector	Data
Education	BPS Target: 18-year-olds with NCEA Level 2 or equivalent qualification
	Youth not in education, employment or training (NEET)
	Truancy and suspension rates
	Number of graduates from Whitirea Polytechnic
Health	ED Presentations; Ambulatory Sensitive Hospitalisations
	GP, AOD and Mental Health utilisation rates
	Number of HEADDSSS assessments and the percentage of eligible students that receive a HEADDSSS assessment in the calendar year.
Police/Courts/Justice	BPS indicator: number of youth appearing before the Youth Court
Social Development	Total aged 10-24 on a benefit
	Number on a single parent benefit
	Proportion of state housing tenants who are single parents
Connectedness	Voter participation (18-24 years) local and central Government
	Number of library users who are 10-24
	Number of driver licences issued

Implementation

February to June 2016

- Agree whether the scope of the evaluation includes both formative and summative evaluations
- Source funding for the evaluation
- Issue an RFP, select a provider, design and begin evaluation (if it includes formative evaluation).

July 2016 onwards

- Evaluation in progress (if it includes formative evaluation)
- Issue an RFP, select a provider, design and begin evaluation (if it is only a summative evaluation)

[33] Formative evaluation takes place alongside implementation, in order to inform delivery as it happens and to provide assessment of the implementation itself. Summative evaluation assesses impacts following implementation by comparing it against a benchmark.

APPENDIX A: LIST 1

BLITZ 1 STUDY

YOUTH QUESTIONNAIRE for iPad (APP)

1.	We have some questions for you - How old are you?
2.	Are you male or female?
3.	What is your name?
4.	What is your address?
5.	Who do you currently live with?
6.	In the last 12 months, how many people have lived in your house?
7.	How many bedrooms are in your house?
8.	This summer (December-February) was your house cold enough that you shivered inside? Always, Often, Sometimes, No?
9.	This winter (June-ongoing) did you 'see your breath' ('dragon breath') inside when it was cold? Always, Often, Sometimes, No?
10.	Please describe your main day to day activities?
11.	Do you have any voluntary work, if yes, please describe?
12.	Which school do you go to?
13.	What is your favourite food shop in Porirua?
14.	Which clothes shop do you like the most in Porirua?
15.	Where do you like to hang out in Porirua?
16.	What is the two biggest problems for children or young people in Porirua?
17.	How do you travel to school, and how long does it take?
18.	Which is the best school in Porirua?
19.	What do the Police do in Porirua?
20.	Do you trust your next door neighbours?
21.	Do you have a job or career that you are interested in, if yes, please describe?
22.	Do you think you will be living in Porirua in 10 years time?
23.	Are there many gangs in Porirua?
24.	How do you feel about this statement: 'Gangs are a problem in Porirua' ?
25.	Who do you look up to as a good role model in Porirua?
26.	Name two things that you like to do to be healthy?
27.	Do you have a health condition/ disability that makes it difficult to do everyday things?
28.	Which ethnicity do you belong to (example: Asian)?
29.	Where is the best place to do homework, study or training?
30.	You are thinking about getting a part time or full time job - where do you go for help and advice?
31.	What is the best way to help keep kids out of hospital?
32.	If you feel sick where do you go for help?
33.	What do you do if you get a sore tooth?
34.	What do you do if you have itchy skin or rash?

APPENDIX A: LIST 2

SCENARIOS

Focus Group Questions

(With supplemented questions for 10 to 13 age group)

Question 1

You know about eating healthy but there just isn't enough money to buy healthy stuff, what would you do?

Question 1 (supplement)

Say there were one food group that was advertised that was for free at the market, what would you want that to be at the market?

Question 2

Your best friend has missed her period, and you want to help, what would you do. It could be your sister, could be your cousin?

Question 2 (supplement)

Your friend likes someone and he tells you they want to wag together, what do you do?

Question 3

You're doing really well: you know somebody who has drunk too much (like alcohol) and is vomiting and passing out, okay one at a time!

Question 4

You are being bullied at school, what would you do?

Question 5

If there was violence at home what would you do?

Question 6

Your friend wants to go shoplifting, what would you do?

Question 7

When things get really tough, and you feel like they're getting out of control and you can't cope, who apart from your family do you look for help and advice?

Question 8

Your friend gives you a cigarette but it smells funny, what do you do?

APPENDIX A: LIST 3

Blitz Study 2 App Questionnaire

General Questions (for all participants)

Kia Ora, thank you for your time. The information you provide here is confidential and will be used to help us to improve services for children and young people in Porirua.

1. What is your interest with children and youth? (Tick ☑ one or more)
   - ☐ I am a parent/whanau
   - ☐ I am volunteer in a children's/youth programme
   - ☐ I work for an organisation that provides children and youth services

2. Please list the organisation/s you belong to?
   - ☐ None,
   - ☐ or

   .....

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3. What is your role there?
   - ☐ Not Applicable,
   - ☐ or

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4. What services do you provide to children and youth?
   - ☐ None,
   - ☐ or

   .....

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   .....

5. What are the ages of the children and young people that you are involved with (☑tick all that apply)?
   - ☐ 0-4 years
   - ☐ 5-8 years
   - ☐ 9-13 years
   - ☐ 14-17 years
   - ☐ 18-24 years
   - ☐ 25 years and over

6. How long have you been involved in/ or provided this programme/service for children and youth?
   - ☐ Not applicable
   - ☐ Less than 12 months
   - ☐ 12 months to 2 years
   - ☐ 2 to 5 years
   - ☐ 6 years and over

7. What is your name?

   .....

8. Do you live in Porirua?
   - ☐ Yes
   - ☐ No

   If yes, which suburb? (Please tick ☑)
   - ☐ Aotea
   - ☐ Ascot Park
   - ☐ Cannons Creek
   - ☐ Grenada North
   - ☐ Paremata
   - ☐ Porirua East
   - ☐ Prarparaumu
   - ☐ Ranui Heights
   - ☐ Takapuwahia
   - ☐ Titahi Bay
   - ☐ Waitangirua
   - ☐ Whitby

9. How concerned are you about the distances that Porirua youth spend travelling to school?
   - ☐ Very
   - ☐ Sometimes
   - ☐ Not concerned
   - ☐ Not sure

10. How much of a problem is it for children and youth to get to your programme/service?

- ☐ No problem
- ☐ Small problem
- ☐ Moderate problem
- ☐ Large Problem

11. Where do young people like to hang out in Porirua?

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.....

.....

12. Do the children and youth in your whanau/ whom you work with - trust their next door neighbour?

- ☐ Always
- ☐ Sometimes
- ☐ Not really
- ☐ No
- ☐ Not sure
- ☐ Comment

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13. In 10 year's time how many children in your whanau/or with whom you work will be living in Porirua?

- ☐ Under 10%
- ☐ 10-25%
- ☐ up to 50%
- ☐ 60- 100%

14. What are the two biggest problems for children and young people in Porirua?

1.

.....

.....

.....

2.

.....

.....

.....

15. Do you think that there are enough recreational facilities for children and youth in Porirua?

- ☐ Yes
- ☐ Maybe
- ☐ No
- ☐ Not sure

16. Which is the best school in Porirua?

.....

17. Which is the best school outside of Porirua?

.....

18. What career aspirations do parents/ whanau have for their children and youth?

.....

.....

19. What would help parents/whanau most in providing the best start in life for their children and youth?

.....

.....

20. Are there enough arts and cultural activities for children and youth in Porirua?

- ☐ Yes
- ☐ Maybe
- ☐ No
- ☐ Not sure
- ☐ Comment

.....

.....

21. The work that Police do with children and youth in Porirua is:

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Adequate
- ☐ Weak
- ☐ Unsatisfactory
- ☐ Not sure
- ☐ Comment

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.....

22. What barriers do children encounter while doing their homework/study?

23. Which places in Porirua do children and youth like to do homework and study?

24. How many children and youth do you know experienced poor health because of the houses they lived in?

- ☐ None
- ☐ Under 10%
- ☐ 10-25%
- ☐ up to 50%
- ☐ 60- 100%
- ☐ Not sure
- ☐ Comment

25. Are there many gangs in Porirua?

- ☐ Very many
- ☐ A few
- ☐ Not many
- ☐ None
- ☐ Not sure
- ☐ Comment

26. How do you feel about this statement: 'Gangs are a problem in Porirua?

- ☐ Strongly Agree
- ☐ Agree
- ☐ Disagree
- ☐ Strongly disagree
- ☐ Not sure
- ☐ Comment

27. Name three people you consider are good role models for children and young people in Porirua?

1.

2.

3.

28. You want to support teenagers to get a part time or full time job - where do you seek support and advice?

29. What makes Porirua the best city in the country to raise children and youth?

30. How good is your organisation's delivery of programmes/services for children and young people?

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Adequate
- ☐ Weak
- ☐ Unsatisfactory
- ☐ Not applicable

31. What would you change about Porirua to ensure that children and youth flourish and achieve?

32. How well does your organisation/service link or collaborates with other youth providers in delivering programmes/services for children and young people in Porirua.

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Adequate
- ☐ Weak
- ☐ Unsatisfactory
- ☐ Not applicable

33. What do you think of this statement: "There are not enough services for children and youth in Porirua."

- ☐ Strongly Agree
- ☐ Agree
- ☐ Disagree
- ☐ Strongly Disagree
- ☐ Not Sure
- ☐ Comment

34. What do you think of the current delivery of services that are available for children and young people in Porirua?

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Adequate
- ☐ Weak
- ☐ Unsatisfactory
- ☐ Not sure
- ☐ Comment

35. What would you change about the delivery of services for children and young people in Porirua?

- ☐ Everything
- ☐ Some things
- ☐ Not much
- ☐ Nothing
- ☐ Not sure

If you think changes are needed, what would that be?

36. What is the best way to help keep kids out of hospital?

37. What kinds of activities do children and youth enjoy doing with their friends?

38. In your role (as whanau/service provider) what do you do if a child needs help with their health?

REPLACED WITH:

Six youth aged 10 to 15 need help to move away from the criminal lifestyles of their friends and families. What needs to happen first? [in General QApp]

39. What do you do if a child or youth has a sore tooth?

40. What do you do if a child has itchy skin or rash?

41. In your role, how are children and youth assisted to resolve social challenges that they experience on a day-to-day basis?

42. At what point do you recommend or suggest that a child or youth should go to the emergency department of the hospital?

43. Name two things that you observe families do well to keep healthy?

    1.

    2.

    Comment

44. How many of the children and youth within your whanau/service have a health condition or disability that makes it difficult to do everyday things?

    ☐ Under 10%

    ☐ 10-25%

    ☐ up to 50%

    ☐ 60- 100%

    ☐ Comment

45. How old are you?

    ☐ 10 to 17 years old

    ☐ 18 to 25 years old

    ☐ 26 to 35 years old

    ☐ 36 to 50 years old

    ☐ 51 to 60 years old

    ☐ 61 to 70 years old

    ☐ Over 71 years old

46. What's your gender?

47. What's your ethnicity?

48. Would you like to be sent the results of the Blitz survey and any matters associated with the Social Sector Trial for youth in Porirua?

    ☐ Yes

    ☐ No

49. What's your home address?

50. What's your email?

Services Stocktake2 [buildings/map]

1. How often do you refer or take children and youth to this service?

- ☐ Always
- ☐ Often
- ☐ Sometimes
- ☐ Not much
- ☐ Never
- ☐ Not sure
- ☐ I don't know this service
- ☐ No comment
- ☐ Comment

2. In your view, how well does this service meet the needs of youth in Porirua?

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Adequate
- ☐ Weak
- ☐ Unsatisfactory
- ☐ I don't know this service
- ☐ No comment
- ☐ Comment

Special Questions

In your role (as whanau/service provider) what do you do if a child needs help with their health because the ceiling in their bedroom is leaking and the landlord is not available to fix it?

1) Let the family resolve it themselves
2) Offer your service to the family to help resolve it
3) Work with another service to help the family resolve it
4) Not sure

Comment

What do you do if a child or youth has a sore tooth or has itchy skin or rash?

In your role, how are children and youth assisted to resolve social challenges that they experience on a day-to-day basis?

A 16 year old boy receives a text from his girlfriend telling him she wants to breakup with him. He becomes very anxious and moody. His family worry about his mental and spiritual wellbeing.

Comment

Six youth aged 10 to 15 need help to move away from the criminal lifestyles of their friends and families. What needs to happen first?

APPENDIX A LIST 4

Blitz 2 Focus Group Questions

Scenarios

What should happen for this family? Or What happens next?

Let the family resolve it themselves

Offer your service to the family to help resolve it

Work with another service/s to help the family resolve it

Write down WHO – the services you would contact/work with

Not sure

Comment

.....

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.....

.....

Domestic/Sexual Violence (Teina)

Pregnant teen Teina went to a party, was doped (spiked drink) & raped. She's a good kid. But now the subject of gossip and ruin. How do service providers work effectively to respond to this case? How does the whanau deal with it?

Home-based Health Services (Joseph)

Joseph, an 11 year old boy is diagnosed with kidney disease. He needs dialysis and has spent six months in hospital and has been absent from school for a long time. His doctor recommends home dialysis but his house is too small and cold for his family of 7 people and all of his medical supplies. His Mum does not know where to start.

Suicide/Mental Health (Anton, Billy)

A 16 year old boy, Anton receives a text from his girlfriend telling him she wants to breakup with him. That night he leaves his house and heads for the beach and throws himself from a high rock cliff. Anton, survives the fall, what should happen next? What would you do if Anton dies? An interagency response to suicide prevention is required. What should NOT happen?

Billy is 16 and she and her friends are starting to explore the meaning of relationships with boys. She feels akward but not sure who she can trust. What can Billy do?

Alcohol and Other Drugs (Tracey, Ana & Grandma)

Tracey likes to hang out at Ana's whare to do homework and watch movies. Ana's a good influence on Tracey but Tracey's grandmother does not like it when Tracey goes over to Ana's house because Ana's whanau like to partake 'casually' in smoking cannabis. Who should grandma seek out first to help Tracey understand the pitfalls of using drugs?

Youth Justice/Prisoner Health (Tone, 6 Youth)

16 year old Tone has come to the notice of Youth Justice. His father is 3 months out on parole and refuses to get help for head injuries he received during his time in prison. What needs to happen for this family?

Six youth aged 10 to 15 need help to move away from the criminal lifestyles of their friends and families. What needs to happen first? [in General QApp]

Housing (Claire, Awhi family)

Claire has repeat episodes of strep throat and complains that the ceiling in her bedroom is leaking. Her mother works night shift and cannot be reached during the day. She has given up on trying to contact the landlord who is always unavailable. What needs to happen for this family?

The Awhi family, want to buy the HNZC property that they have lived in for 30 years because it is their family house - but it is listed as a property for Iwi as First Right of Refusal - what needs to happen first?

Youth as Caregivers (Jack & Grandad)

11 year old Jack tries his best to care for his elderly grandad who is an amputee. Jack is often late for school. His parents work night shift and are away at 3am and not back home until 10am the next morning. This leaves Jack to organise his 5 year old sister for school and help with his grandad's diabetes medication, breakfast and personal care – all before taking himself and his sister to school.

Youth and Employment (PCC)

If a goal of Porirua City Council is to give every school leaver fulltime work for 6 months - starting from their last day of school, what is the first thing that needs to be done?

Social Media and Cyber Bullying (Gypsy & 3 children)

Gypsy, mum of 3 has noticed that 2 of her children are spending all their time on Facebook. She posts a message to her children telling them to close their accounts. The children launch a full scale attack of their mother online. This draws many 'likes' from other family members. What needs to happen?

Generic Prompts/Questions

What does the best 'wrap around service' look like?

When responding to each of the scenarios what solutions come to mind?

How do you as a parent respond when a service provider says that they cannot help you with something?

What's the best way of increasing client attendance to appointments?

What do you think youth service providers are doing really well in Porirua?

What barriers do parents have when trying to find information about available activities and programmes for their children in Porirua?

APPENDIX B: FIGURE 1

BLITZ Youth Groups Profile

12 Youth Organisations based in and around the suburbs of Titahi Bay, Takapuahia, Mana, Central Business District, Porirua East, Cannons Creek and Waitangirua participated in focus group interviews over a period of approximately 2 weeks during June 11 to 18th, 2015. The ages of the children, youth and young adults ranged between10 to 25 years of age.

There were 14 youth groups in total that had affiliation to one or more youth organisations The children and youth were asked to provide written consent forms to join in the study. A young person could join the focus group interview after they had completed the Youth App questionnaire/Porirua CityVision Map.

In total, 24 focus group interviews were conducted. An interview lasted approximately 15 to 30 minutes each. An audio recording and transcription was made of each interview and then analysed with a qualitative software survey tool called Nvivo10.

Below is a summary of the number of sources (transcripts) that were coded by age and gender. The two predominant groups were children and youth aged 14-17, followed closely by ages 10-13 years. The smallest number of participants interviewed were aged 18-25 years old.

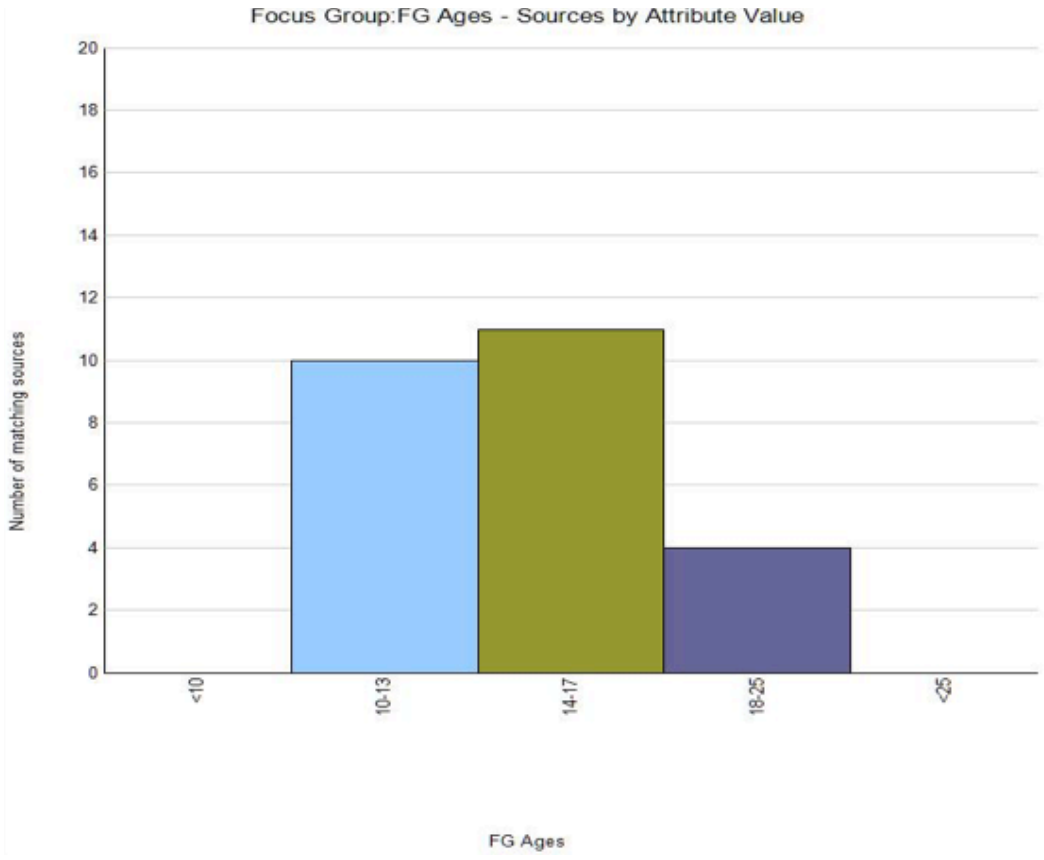

Figure 1 Graph showing ages of youth in focus group from Blitz one study.

APPENDIX B: FIGURE 2

The ethnicity of the focus groups are shown below. Children and youth belonged to three main ethnic groups: Maori, Pacific and Pakeha and combinations of these. Interestingly, the church-based youth organisations (n= 5) that participated in the study were more homogenous (of same ethnicity) than the non-church organisations (n=7). Maori is represented evenly across all age and gender groupings.

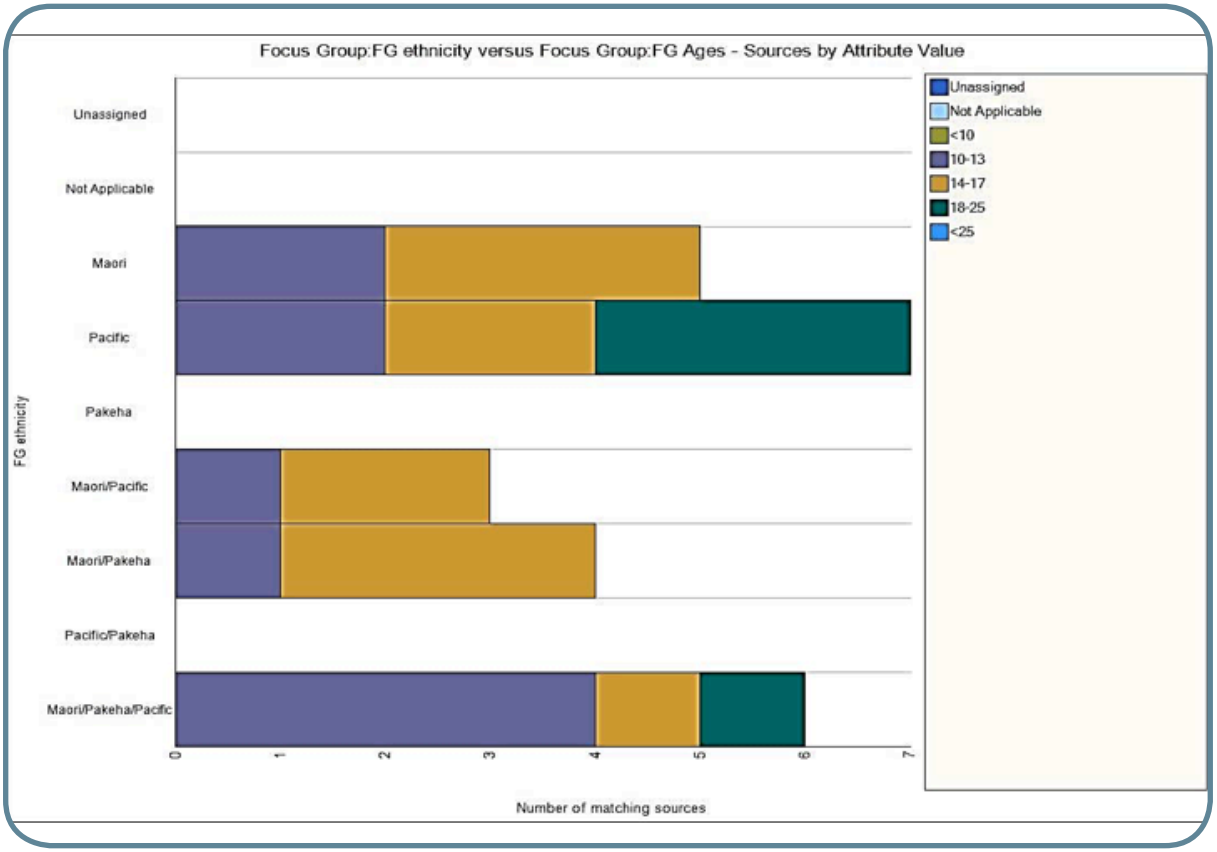

Figure 2 Graph showing ethnicities against ages of youth in focus group from Blitz one study.

APPENDIX B: FIGURE 3

Figure 4 "A friend gives you a cigarette that smells funny". Word cloud of most frequently recurring words.

APPENDIX B: FIGURE 4

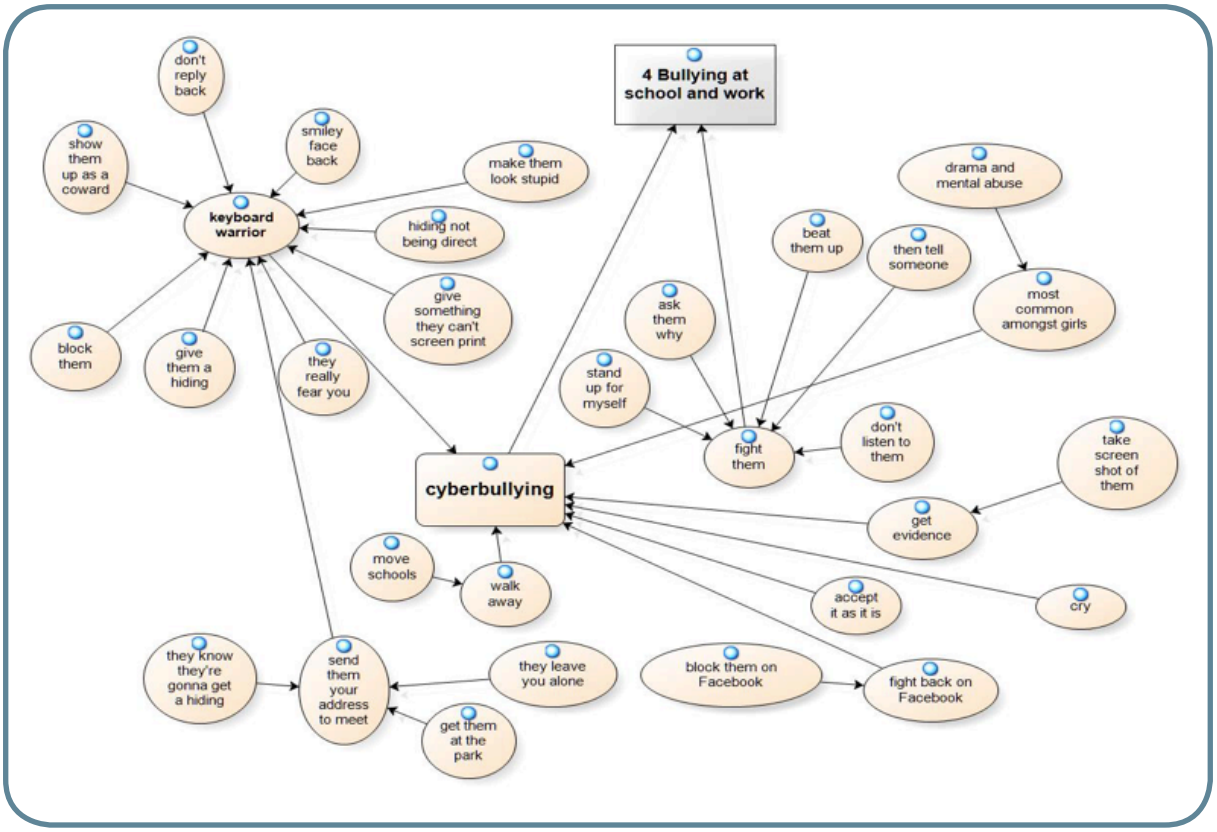

Figure 5 Coded references for 'cyberbullying' for 24 focus groups in the Blitz One study. Orthogonal diagram.

APPENDIX B: FIGURE 5

Figure 5 "what would you do if a friend or a family member was drunk, vomiting and passed out after drinking alcohol". Word cloud showing most frequently recurring words.

APPENDIX B: FIGURE 6

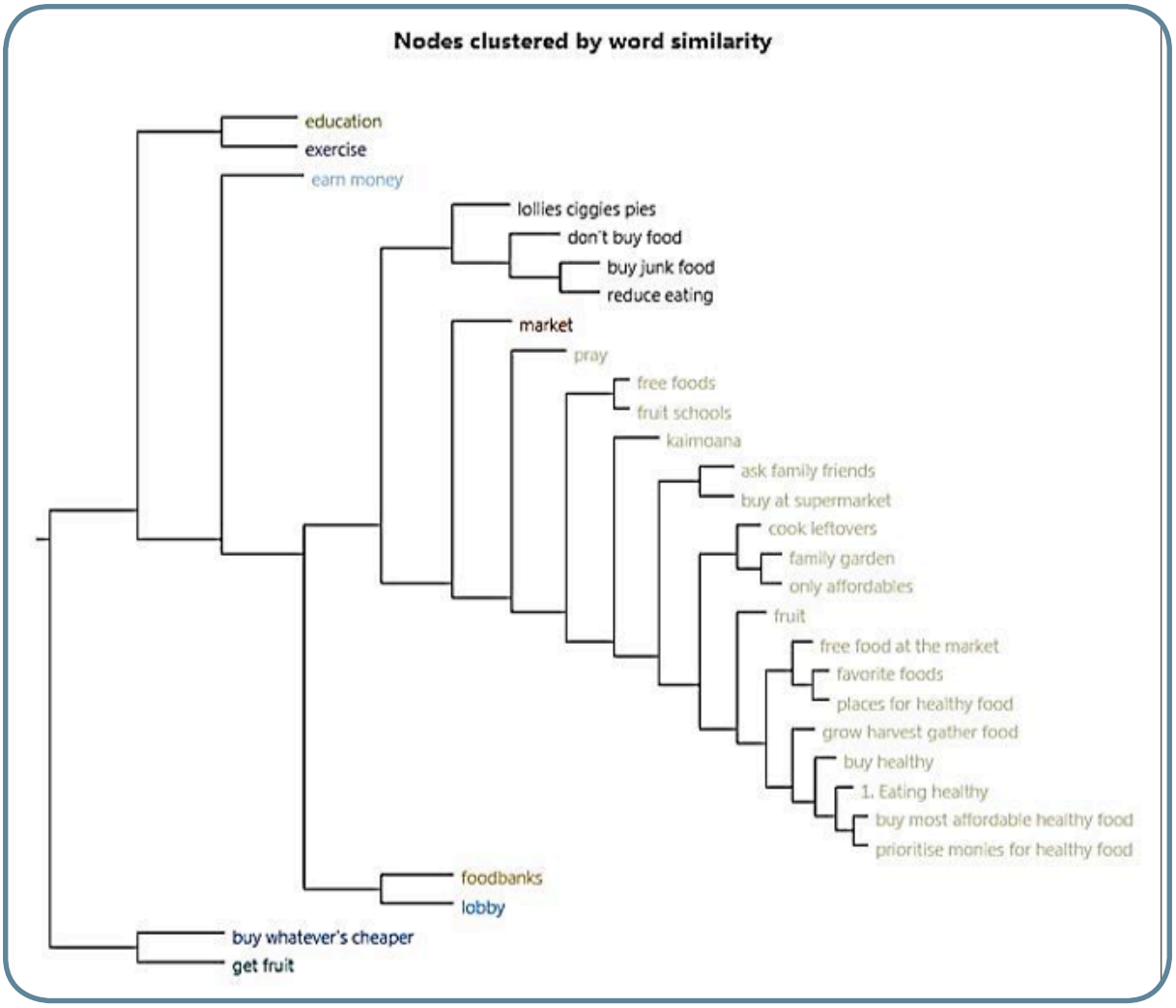

Figure 6 "Eat healthy foods." Waterfall diagram shows break down of subthemes.

APPENDIX B: FIGURE 7

Figure 7 "violence at home". Word cloud showing most frequently recurring words.

APPENDIX B: FIGURE 8

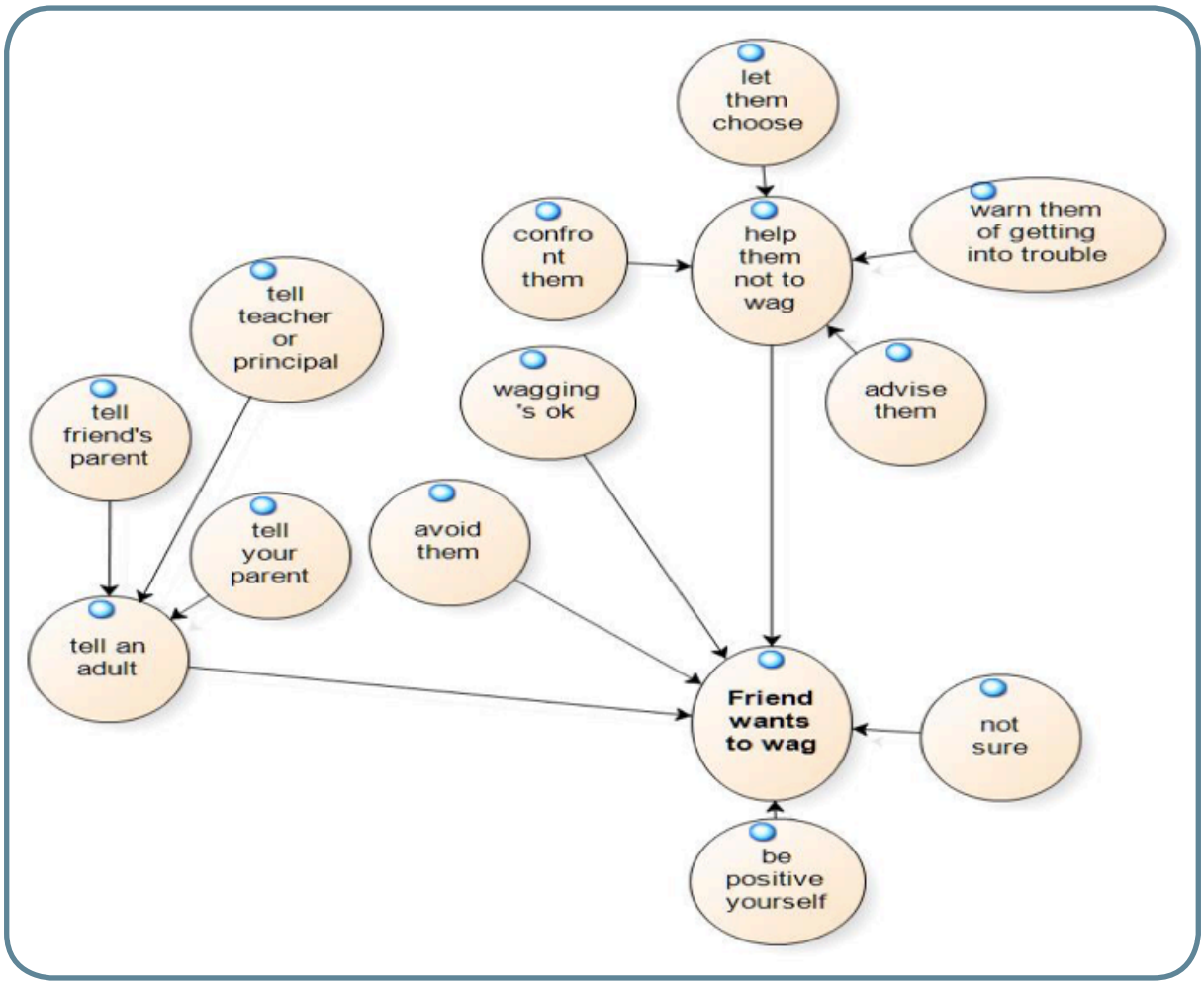

Figure 8 Coded references for 'Friends wants to wag' for 24 focus groups in the Blitz One study. Orthogonal diagram.

APPENDIX B: DIAGRAM 3

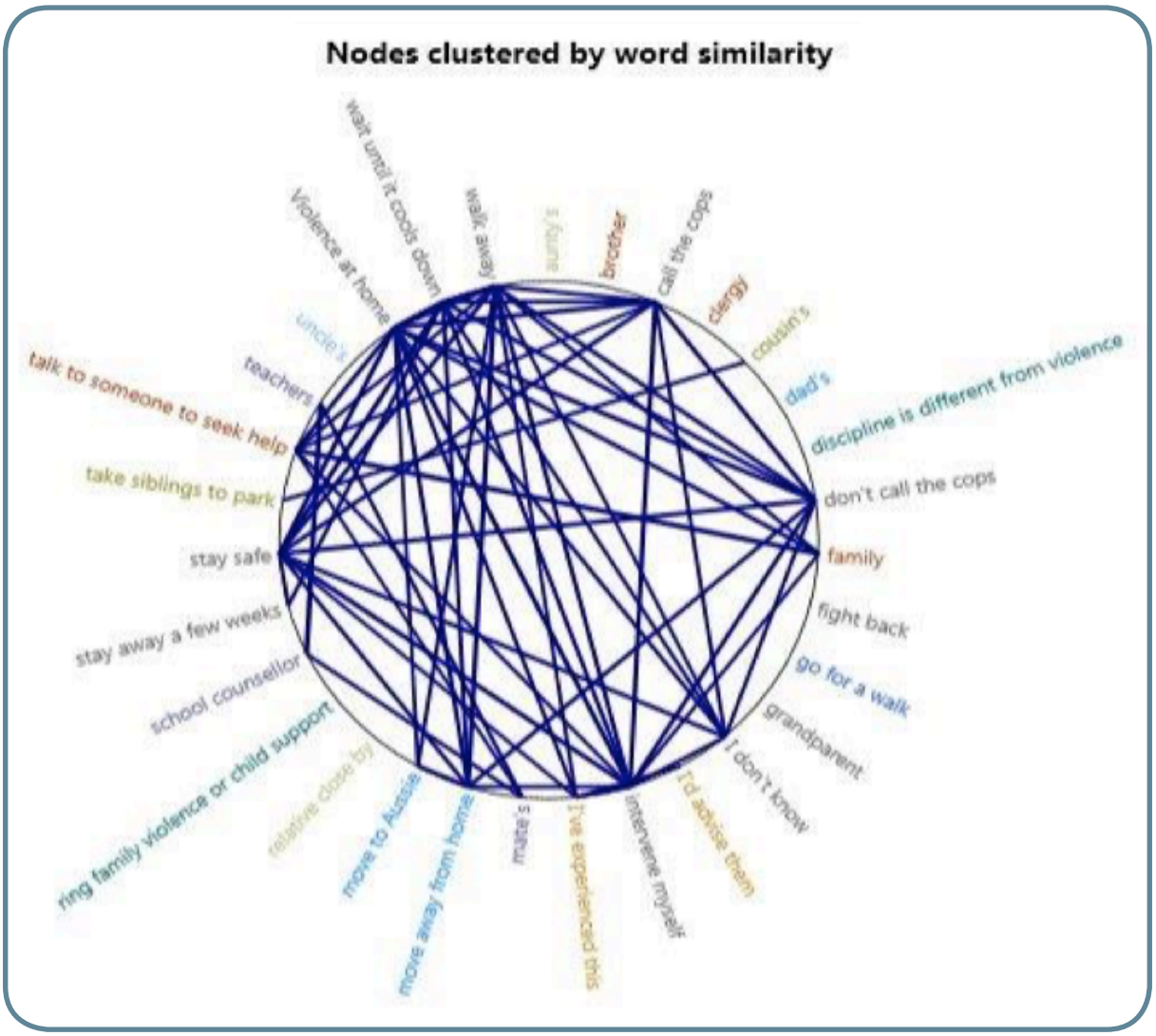

Diagram 3 This figure shows the relationship between themes related to 'violence', each theme has a node, with dark lines adjoining pairs of nodes of recurring themes. The density of lines around a theme indicates its importance in the discussion of 'violence'.

APPENDIX B: FIGURE 10

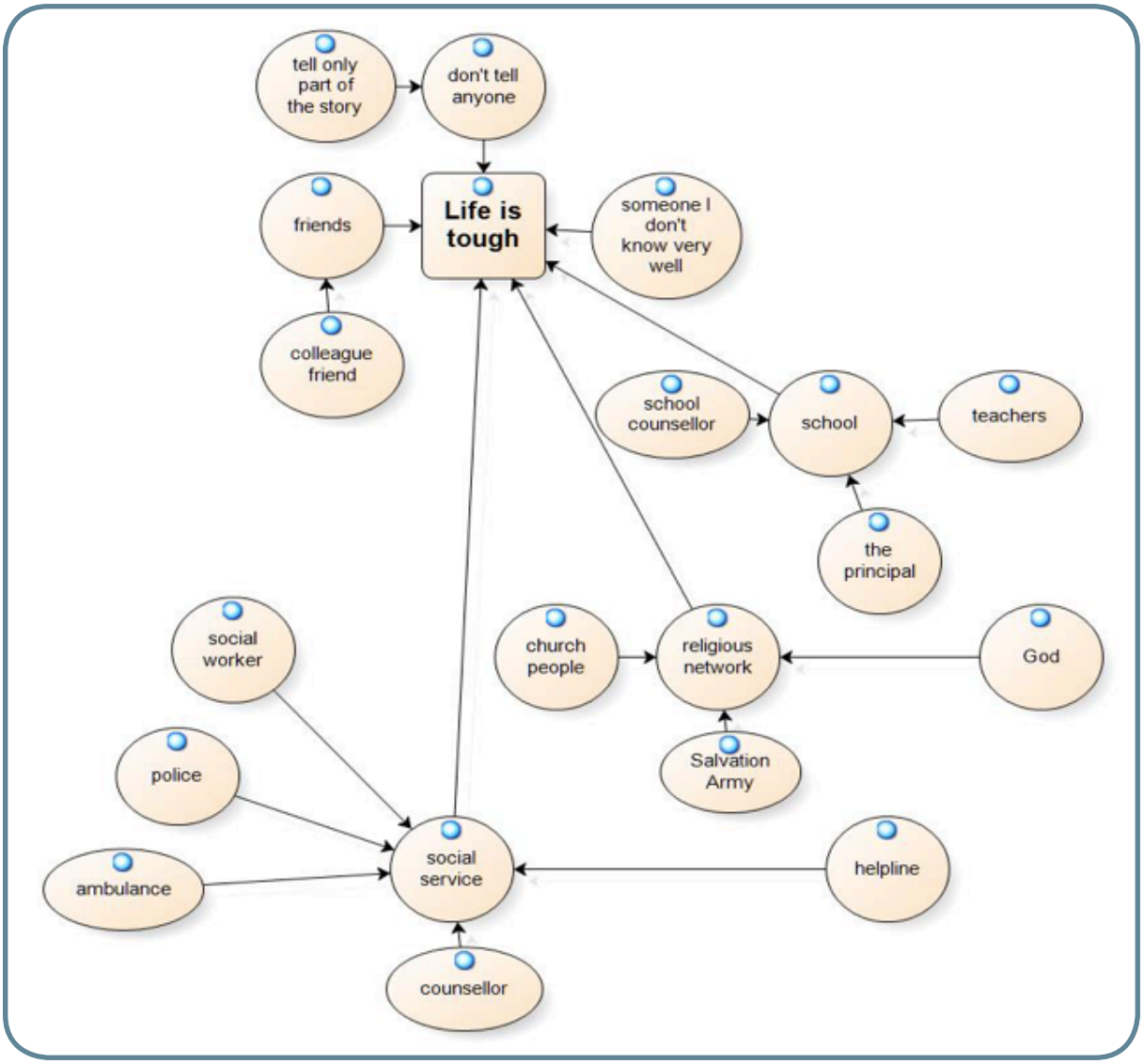

Figure 10 Coded references for 'Life is tough' for 24 focus groups in the Blitz One study. Orthogonal diagram.

APPENDIX B: FIGURE 11

Female participants of all age groups were most likely to ask questions around dates of their friend's last menstrual period and sexual intercourse. Many said that they would offer to go to the family planning clinic or the doctor; or ensure their friend got some advice about any feminine issues. By contrast, older males aged 18-25 said that 'giving her space', 'nourishing food' as well as needing to 'avoid' and 'stay away' seemed logical strategies if a female friend, girlfriend or family member was faced with this issue.

Figure 11 "Missed their period". Word cloud showing most frequently recurring words.

APPENDIX B: FIGURE 12

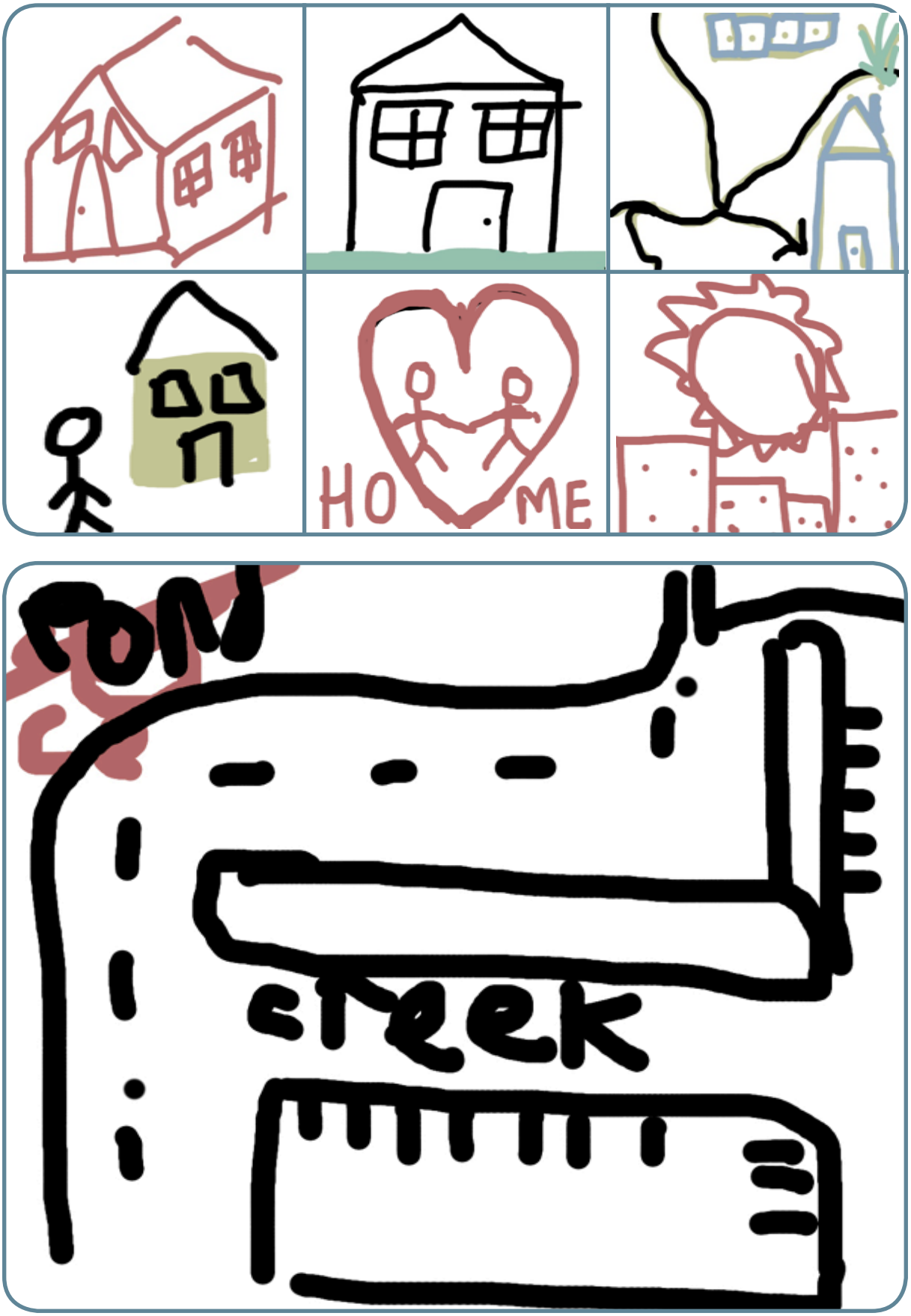

Figure 12 “Cannons creek shops.” Drawing by young person in Blitz one study.

APPENDIX B: FIGURE 13

Figure 13 “many places available for the youth like computer rooms mentoring hubs. ” Drawing by young person in Blitz one study.

APPENDIX B: FIGURE 14

Figure 14 "more areas for children to play." Drawing by young person in Blitz one study.

APPENDIX B: FIGURE 15

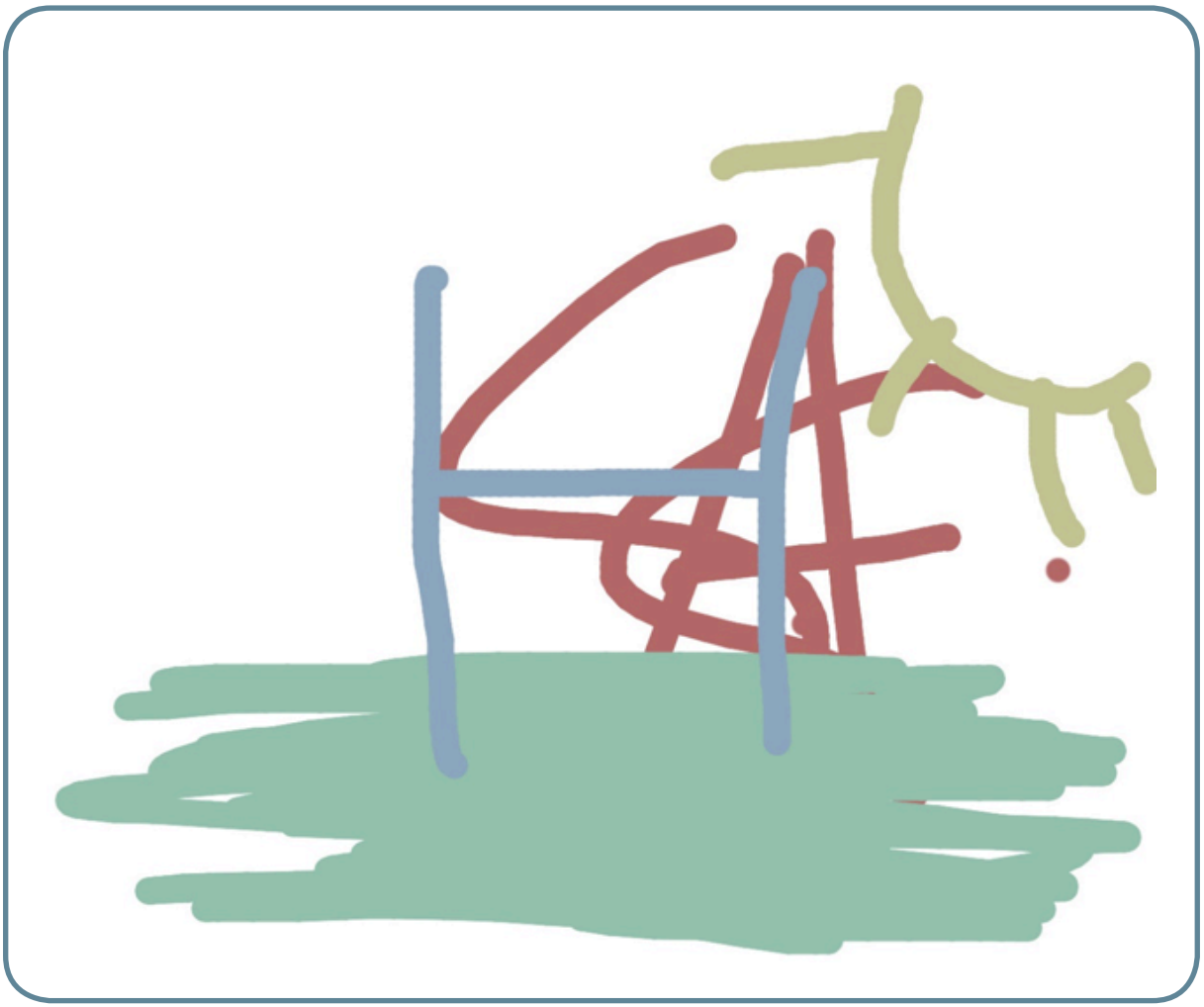

Figure 15 “clean rugby fields.” Drawing by young person in Blitz one study.

APPENDIX C: PROJECT ADVISORY GROUP MEMBERS AND PROJECT TEAM

Name	Organisation	Position
Kristan Johnson	DHB Service Integration and Development Unit (SIDU)	Portfolio and Service Integration Manager
Elspeth Maxwell	Ministry of Education	Regional Manager, Porirua and Maori Language
Peti Keni	Ministry of Social Development	Community Investment Advisor
Acting Sergeant Justin Smith	New Zealand Police	Youth Aid Sergeant
Anne Kelly	Porirua City Council	Senior Policy Analyst, Strategic & Community Policy
Taku Parai	Ngati Toa Rangatira Iwi Inc	Chairman
Kohi Waihi	Child, Youth & Family Services	Youth Justice Supervisor
Ramona Tiatia	University of Otago	Researcher, Dept of Public Health (project team)
Ranei Wineera-Parai (Chair)	Compass Health	SST Manager (project team)
Cheryl Devadhar	Compass Health	SST Project Coordinator (project team)
Reina Kahukiwa	Compass Health	Youth Project Coordinator (project team)
Gary Tonkin	Compass Health	Youth Project Lead (project team)

Other agency representatives attended some meetings to offer specific expertise; including Tina Simms (Ministry of Education), Marcus Boshier (Ministry of Youth Development), Rees Fox (Child, Youth & Family Services), and Jess Allen (SIDU).

Consultation during the Project

The Youth voice has been maintained through the drafting of this report. Youth were consulted as part of the research and review of the report to ensure their perspectives were clear.

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