



Evaluation of Youth One Stop Shops

Final Report

Version 1.1

New Zealand Ministry of Health

23rd November 2009

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About this document

Purpose The purpose of this document is to provide to the Ministry of Health a final report on the evaluation of twelve Youth One Stop Shops in New Zealand.

This report will outline the evaluation method, the means by which data were collected, the analysis of the data, the conclusions reached from this analysis, the key findings of the evaluation and recommendations that arise from the evaluation.

A summary report on this evaluation is also available.

Audience The intended audience for this document is the Project Sponsor, Mr Kristan Johnston, Ministry of Health and other stakeholders as determined by the Project Sponsor.

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Associated documents Associated documents are:

- Service specification contract between The NZ Ministry of Health and Communio April 2009
- Request for Proposals (RFP) Evaluation of Youth One Stop Shops. December 2008. Ministry of Health
- Proposal for the Evaluation of Youth One Stop Shops. Prepared by Communio. January 2009
- Youth One Stop Shops Evaluation Project Plan Version 1.0 May 2009 (Communio)
- Youth One Stop Shop Evaluation Interim Report Version 1.0 June 2009 (Communio)

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About this document, Continued

Terms used in this document

Terms used in this document are detailed in the following table.

Term	Description
ACC	Accident Compensation Corporation
DHB	District Health Board
GP	General practitioner
HEADSS	A psychosocial screening tool that covers issues related to Home, Education, Employment, Exercise, Eating, Activities, Drugs, Sexuality, Spirituality, Suicide and Safety
KYS	Kapiti Youth Support
NGO	Non Government Organisation
NZAAHD	New Zealand Aotearoa Adolescent Health and Development
OECD	Organisation for Economic Co-operation and Development
PHO	Primary Health Organisation
SYHPANZ	Society Youth Health Professionals Aotearoa New Zealand
The Ministry	New Zealand Ministry of Health
WHO	World Health Organisation
YAC	Youth Advice Centre
YOSS	Youth One Stop Shop
YST	Youth Services Trust

Executive summary

Introduction

Executive summary content

This executive summary outlines the current place of Youth One Stop Shops in the health sector and provides an overview of how they provide health services for New Zealand youth aged between 10 and 25 years. A brief description is given of the evaluation context and approach along with a summary of the key findings and a number of recommendations.

Context of the evaluation

Adolescence brings with it an opportunity for the successful development of children into healthy and fully contributing adult members of our community. However it is also a time of vulnerability, change and experimentation where teenagers make many important life choices which have long term consequences. While youth are commonly believed to be healthy, it is recognised that in order to provide the best opportunities for development and optimise healthy choices, it is important to provide for the specific health and social needs that adolescence brings.¹

New Zealand youth have higher rates of mental illness, suicide, teen pregnancy, abortion and suffer more injuries than their counterparts in other OECD (Organisation for Economic Co-operation and Development) countries.² This knowledge focuses the need to address the factors that contribute to poor youth health. One such factor is a lack of access to care that is both appropriate and acceptable to youth. A challenge for the health sector is to configure services to respect the needs of youth, to address their concerns about privacy and confidentiality, to provide youth specific healthcare and to promote healthy development choices.^{3 4}

A number of community youth health organisations have been established in New Zealand over the past 15 years. These have been set up by passionate and motivated health workers in response to a need for healthcare specifically targeted at New Zealand youth.

The population serviced by Youth One Stop Shops is aged predominantly between 10 and 25 years. This demographic traditionally seeks less mainstream care and youth often fall through gaps between child and adult services. Youth specific services have evolved in response to local demand as well as to opportunities for growth, supported by relationships with funders and other providers. As such each service has developed independently in its own setting. However as a group they are united by a common goal which is to promote access to healthcare and social services for youth. There are now at least fourteen such "Youth One Stop Shops" across the country which 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.^{5 6} While other Youth One Stop Shop-type services were not part of this evaluation, it is recognised that such organisations have and continue to contribute significantly to the youth development sector.

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¹ World Health Organisation (2002). *Adolescent friendly health services: and agenda for change*. Geneva, WHO.

² Ministry of Health (2002). *New Zealand Youth Health Status Report*. Wellington: Ministry of Health.

³ Bernard D, Quine S, Kang MS, Alperstein G, Usherwood T, Bennett DL, Booth ML (2004). Access to primary health care for Australian adolescents: Congruence between the perspectives of health service providers and young people. *Australian and New Zealand Journal of Public Health*. Vol 28(5): pp 487-492

⁴ Booth ML, Bernard D, Quine S, Kang MS, Usherwood T, Alperstein G, Bennett DL. (2004). Access to health care among Australian Adolescents: Young people's perspectives and their socio-demographic distribution. *Journal of Adolescent Health*. Vol 34: pp 97-103.

⁵ Counties-Manukau District Health Board (2008) *Developing a youth one stop for Counties Manukau*. Auckland.

⁶ www.nzaahd.org.nz [accessed 20.06.2009]

Introduction, Continued

Context continued

The Ministry of Health contracted Communio to evaluate twelve Youth One Stop Shops “to gather baseline information and to provide an informed assessment of their health-related activities”. The Youth One Stop Shops selected by the Ministry on the basis of their health-specific focus⁷ were:

- Whai Marama Youth Connex, Hamilton
- Rotovegas, Rotorua
- Café for Youth Health, Taupo
- Directions, Hastings
- Waves, New Plymouth
- Youth Services Trust (YST), Wanganui
- YOSS, Palmerston North
- Kapiti Youth Support (KYS), Paraparaumu
- Vibe, Hutt
- Evolve, Wellington
- 198 Youth Health, Christchurch
- Number 10, Invercargill.

Each District Health Board is required to have a youth health plan as part of their responsibilities for the health of their catchment population. The Youth One Stop Shops all receive significant proportions of their funding directly from the District Health Boards or through Primary Health Organisations that are themselves funded by the DHBs. Additional funding is provided through a multitude of other sources, ranging from private donors and city councils to the Ministries of Social and Youth Development. The exact configuration of these funding streams, and the certainty and continuity of each stream, is different for each individual Youth One Stop Shop.

It is in this dynamic and uncertain setting that the Youth One Stop Shops successfully provide a range of specialised, integrated health and social care services for the youth of New Zealand.

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⁷ Request for Proposals (RFP) *Evaluation of Youth One Stop Shops*, Ministry of Health December 2008

Introduction, Continued

Evaluation Method

The evaluation used a triangulated approach that comprised a literature review, four electronic surveys, an extensive document review, a series of face to face meetings and several focus groups.

Three main surveys were administered to Youth One Stop Shop managers, clients and stakeholders respectively. Site visits were undertaken and included meetings with managers, staff and stakeholders and focus groups with clients. Youth One Stop Shops identified, contacted, and in many cases arranged meetings and focus groups with stakeholders and clients on behalf of the evaluation team. Additional stakeholders were identified during the course of the evaluation. Selected stakeholders were interviewed by telephone if a face to face interview was not possible. Youth One Stop Shop staff, key stakeholders and youth representatives attended two verification workshops which were facilitated to verify the interim findings and to develop recommendation themes. Finally, a brief verification survey was sent to the service managers to clarify a number of key points consistently. All evaluation data were collected between May and July 2009.

Table 1 below identifies the total number of participants in the evaluation.

Method	Number
Managers survey	12
Client survey	252
Stakeholder survey	106
Meetings with managers and staff	Approx. 50 people
Focus groups with clients	63 people
Meetings/focus groups with stakeholders	Approx. 60 people
Verification workshops	26 people

Table 1: Number of evaluation participants by group

Summary of findings

Topic areas

The findings of the evaluation are arranged and summarised in eleven key topic areas. These topic areas are used throughout the evaluation report:

1. The range of services provided
2. The client group
3. Rangatahi Maori
4. Giving effect to the key strategy documents
5. Links between Youth One Stop Shops and other services
6. The place of Youth One Stop Shops alongside other providers
7. Effectiveness
 - a. Effectiveness in improving access
 - b. Effectiveness in improving health
 - c. Effectiveness in transitioning clients
8. Governance and business models
9. Funding arrangements and sustainability
10. Staffing and capability
11. Health outcomes and research capacity

1. The range of services provided

- Youth One Stop Shops provide access to a range of services in youth-friendly settings, including health, social, education and/or employment services with the ability to refer to secondary or tertiary services as required.
- Some Youth One Stop Shops offer outreach, mobile and satellite services and/or evening clinics to increase access opportunities for young people.
- The most common health services provided include general health/primary care, sexual and reproductive health, family planning and mental health services.
- Six provided some form of secondary services on site, most commonly sexual and reproductive health, mental health and alcohol and other drug services.
- Secondary services are provided by directly employed staff or by external providers working on-site.
- Health and disability work accounts for more than 85% of their business.
- Services are available at little or no cost to clients, are centrally located and provide a safe and welcoming environment. In some cases, transportation to assist access is provided.
- Services wrap around the client to ensure their individual needs are addressed in a seamless and coordinated way.
- Consideration is given to the young person's needs in the wider context of their family and community/whanau, hapu and iwi.
- Services are delivered in a manner that is non-judgmental, culturally appropriate and respectful to young people. This promotes trust and the perception of confidentiality and safety for youth. Services are holistic and strengths-based, focused on improving health and wellbeing and encourage long-term independence.
- Youth One Stop Shops are more likely to provide targeted or configured programmes for subsets of the community within which health inequalities are most significant.
- Programmes targeted or configured for rangatahi Maori were provided where Youth One Stop Shops perceived the need in their client populations.
- Some efforts are made to reach Pacific young people and recent migrants and refugees, particularly in areas with larger populations of these young people.
- Resources such as funding, staff and time impacted on their ability to provide targeted programmes.
- There are presently no formal standards for youth health services in New Zealand.
- The demand for services exceeds capacity, especially for counselling and other mental health services, including alcohol and other drug services.
- Approximately 137,000 occasions of service were provided in the previous year.

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Summary of findings, Continued

2. The client group

- The age range for services was usually 10-25 years with the majority of clients accessing services aged between 15 and 24 years (more than half were aged between 15-19 years)
- Anecdotal evidence estimates 20-25% of service utilisation is by males
- A range of ethnicities accessed the Youth One Stop Shops nationally. Information from managers suggests that 64% of clients are New Zealand European, 30% Maori and 3% Samoan. The remaining 3% self-identified as Tongan, Cook Island Maori, Niuean, Chinese, African and/or Middle Eastern.
- In some Youth One Stop Shops, a higher percentage of Maori clients access services than are represented by proportion in the local population.
- Almost 14% (28 of 252) clients surveyed said they access health services **solely** from Youth One Stop Shops. These clients commonly had higher health and/or social service needs.
- The level of knowledge of PHO enrolment of registered clients was limited amongst both clients and managers.
- The top reasons young people use Youth One Stop Shops relate to cost, service flexibility and confidentiality, convenient location and perceptions of non judgmental, welcoming and safe staff who know about youth related issues.
- Advantages of the service delivery model as described by young people included having access to range of different services in one place and reduced stigma due to non-specific signage (e.g. mental health services)
- Young people are known to 'snack' or 'graze' on services according to their present situation and needs and are less likely to follow up on referrals made between services. Youth workers provide active support to link young people in to the services they require and to facilitate proactive and progressive independent service utilisation.

3. Rangatahi Maori

- The most common health services accessed by Maori clients who responded to the survey were sexual and reproductive health, followed by general health/primary care and counselling.
- Most Maori clients surveyed considered the Youth One Stop Shops to be effective at providing access to the health services they need and improving their health and wellbeing.
- Most have links of some description with iwi-based or Maori organisations; particularly in areas highly populated by Maori, and demonstrated commitment to the principles of Te Tiriti o Waitangi, for example, through increased Maori involvement in service management, delivery, planning and governance.
- Interventions specifically targeted or configured for rangatahi Maori were provided by some, but not all, Youth One Stop Shops.

4. Giving effect to the key strategy documents

- All services demonstrated an awareness of the key strategy documents.
- The strategy documents given most effect across all Youth One Stop Shops were the *Youth Health: A Guide to Action*⁸ and the *Youth Development Strategy Aotearoa*⁹.
- The extent to which the Youth One Stop Shops gave effect to the *Primary Health Care Strategy*¹⁰ and *Te Tāhuhu – Improving Mental Health 2005–2015: The Second New Zealand Mental Health and Addiction Plan*¹¹ was relative to the specific interventions each service provided.

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⁸ Ministry of Health (2002). *Youth Health: a guide to action*. Wellington, New Zealand.

⁹ Ministry of Youth Affairs (2002). *Youth Development Strategy Aotearoa: Action for Child and Youth Development*. Wellington, New Zealand.

¹⁰ Ministry of Health (2001). *Primary Health Care Strategy*. Wellington, New Zealand.

¹¹ Ministry of Health (2005). *Te Tāhuhu – Improving Mental Health 2005–2015: The Second New Zealand Mental Health and Addiction Plan*. Wellington, Ministry of Health.

Summary of findings, Continued

5. Links between Youth One Stop Shops and other services

- All Youth One Stop Shops have established formal and informal links with many other organisations inside and outside the health and disability sector.
- These include PHOs, DHBs, Maori health providers, child and adolescent mental health services, women's health centres, sexual health clinics, family health centres, dental health services, various Ministries, Child Youth and Family, the NZ Police, local city councils, schools and groups such as the Alcohol Advisory Council, New Zealand Aotearoa Adolescent Health and Development, Family Planning and the YMCA, to name a few.
- The Youth One Stop Shops that participated in this review identified links with many different organisations. Of the 94 that participated in the evaluation, 25% were funders, 20% received referrals from Youth One Stop Shops, 45% made referrals to them, 10% provided services through the One Stop Shops and 2% provided staffing.
- Each of these links required a different relationship and varying combinations of formal and informal information exchange.
- Other types of links included sharing accommodation or co-location of services; collaboration on youth health or youth development community projects and events and in the development of resources; providing training to, or receiving it from Youth One Stop Shops; seeking advice from Youth One Stop Shop staff as clinical experts in the field; and acting as community advocates for youth.
- Overall, relationships with stakeholders were positive and functional.

6. The place of Youth One Stop Shops alongside other providers

- The evaluation identified a number of gaps and overlaps in service provision.
- Overlaps with services offered by other providers included general practitioner services, sexual health and family planning services as well as some mental health and counselling services.
- While there are some service overlaps, the ability for youth to exercise choice is a key factor in accessing a range of services which amount to a comprehensive care package.
- It was identified that youth could access all services using a number of other providers other than the Youth One Stop Shop. However, these services are either:
 - insufficient to meet demand or
 - geographically separated requiring transport between them or
 - they were not youth focused and therefore were not being accessed by youth.
- Gaps in services exist for youth-specific primary mental health services because providers outside the One Stop Shops are funded to have a greater focus on secondary mental health.
- Other gaps include timely access to counselling services (both alcohol and other drug, and for clients with special needs), access to emergency and short term accommodation, youth transition services, maternity/teen pregnancy support and culturally appropriate services, particularly for refugee and migrant groups.
- The way in which Youth One Stop Shops provide services is unique and highly valued by other providers in the sector. While the Youth One Stop Shops 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.

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Summary of findings, Continued

7a. Effectiveness in improving access

- The effectiveness of Youth One Stop Shops in improving access was not able to be quantified. No pre and post Youth One Stop Shop implementation figures were available.
- All Youth One Stop Shops work to reduce access barriers that young people experience.
- Access enhancement strategies include:
 - Youth friendly opening hours to accommodate study and work commitments.
 - Service facilities being located centrally and close to public transport and other areas of interest to youth.
 - Outreach or mobile services and Youth One Stop Shop vehicles that allowed services to engage with youth in other settings away from the main facility.
 - Culturally appropriate service provision and staff development in cultural competency.
 - Youth friendly settings where facilities were designed to be attractive to youth (e.g. provision of couches, pool tables and music).
 - A range of services is provided with the ability to refer to secondary or tertiary services as required.
 - Individual needs of young people being identified and services being 'wrapped around' or integrated in a seamless and coordinated way.
 - Youth workers provide active support to link young people in to the services they require.
 - Services being available at little or no cost to the client.
 - Some services being able to offer recreational and other facilities, such as computers with internet access or an indoor skate ramp.
 - Services offer a variety of innovative programmes and workshops related to art, music, dance, personal health, esteem building and sexual diversity which attract a diverse range of young people into the service and enable them to be linked into other services they may require.
 - A strong emphasis on privacy and confidentiality for clients so that trust in the service is established
 - Automated text reminders for appointments
 - Youth friendly staff who are skilled in interactions with their clientele and receptive to their needs. This includes having Youth Peer Support Workers who add to the welcoming environment and Youth Workers, who facilitate access to the wide range of services available.
 - Involvement of youth in service evaluation and decision making processes in order to increase youth participation and development as an inherent component of the service.
 - Young people being supported when transitioning to other / adult services.

7b. Effectiveness in improving health

- Comprehensive, longitudinal health status measurement is complex and not routinely undertaken by any of the Youth One Stop Shops.
- Health measures are debated by the sector and there is no consensus on the best method for evaluating effectiveness.
- Measures of determinants of health are often used as proxy measure to reflect health status
- Despite this lack of available evidence managers are strongly of the belief that their services are effective in improving the health and wellbeing of their clients. 89% of stakeholders surveyed and 94% of clients surveyed agreed.

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Summary of findings, Continued

7c. Effectiveness in transitioning clients

- Most One Stop Shops are able to transition clients to mainstream services well.
- This is achieved through a combination of the following:
 - Early electronic flagging of clients as they turn 24 years to prompt transition planning. Sometimes clients who had not accessed the service in a while were contacted regarding the need to move across to a standard GP primary care service.
 - Using network knowledge to guide choices for clients on appropriate services.
 - Facilitating contact between clients and new providers if support was needed.
 - Education of other providers about the types of services needed by clients leaving Youth One Stops Shops.
- Options for high needs youth are limited in mainstream services.
- Barriers to transitioning people from Youth One Stop Shops include:
 - An inability to access GP services (due to “closed GP registration books”).
 - Some GPs placing hurdles in the way of accepting clients from the Youth One Stop Shops as the perception was that they were “difficult patients”.

8. Governance and business models

- Seven Youth One Stop Shops listed themselves as charitable trusts, three were incorporated societies and two were listed as being both.
- All of the Youth One Stop Shops have a governance board or a board of trustees.
- The majority of the members of these boards are community members who volunteer their time; some provision was made for representation/input by youth and by Maori.
- All Youth One Stop Shops have a defined organisational structure which describes the different roles of the board and management.
- There is variation in understanding of roles and expectations of board members which can lead to blurring of the line between management and governance.
- All services recognise quality as an importance governance issue. Four Youth One Stop Shops have voluntarily undertaken external quality assurance audits.
- There were examples of achievements and recognition in business, including one service winning the 2008 small business of the year award in their region.

9. Funding arrangements and sustainability

- In general, funding for Youth One Stop Shops is tenuous.
- Funding models for Youth One Stop Shops vary across the country, which leads to inequalities in youth access to services.
- All current funding models are complex and fragmented and all services have multiple funding streams.
- In the 2008-09 financial year, total funding for the Youth One Stop Shops was \$6,857,600 (ranging between \$200,000 to \$1,350,000), of which the total for health funding was \$4,783,600.
- All Youth One Stop Shops received funds from a DHB; ten services also received funds from a PHO; eight received funds from other government agencies and five from various non-government agencies.
- Short term funding cycles lead to reduced certainty, sustainability and a lack of ability to proactively plan services.
- A lack of funding allocation for administrative support and staff development reduces investment in staff skill and growing the service.
- Several services are moving to capitation funding for their enrolled populations.
- The majority of funding decisions for these services are based on good will and good relationships developed between individuals in the One Stop Shop and the funding body and not on policy or legislative requirements.
- Funding can be ceased by the funder at any time and on little notice.

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Summary of findings, Continued

10. Staffing and capability

- Managers describe staff as Youth One Stop Shops' greatest strength; staff have youth specific expertise; provide high quality services, provide education and support to the wider sector and are recognised as subject matter experts.
- Youth One Stop Shops experience difficulty in attracting, retaining and developing skilled youth health staff because of the issues listed below.
 - Lack of pay parity compared with DHB staff
 - No clear pathways to support career progression within youth health.
 - All services experience difficulties in releasing staff for professional development
 - Heavy reliance on the good-will of key staff.
- There are large numbers of part-time staff in One Stop Shops
- Services depend on a large proportion of volunteer staffing
- Geographic isolation of some services results in staff having reduced access to peer support and shared expertise
- Combining senior clinical and managerial roles often results in a tension between managing the business needs of the organisation and maintaining clinical service delivery.
- A shortage of GPs and a specific shortage of youth specialist GPs make service development and continuity of service provision difficult.
- Personnel shortages can result in staff working beyond their job descriptions.

11. Health outcomes and research capacity

- Very little robust evidence of health outcomes for service users exists.
- All Youth One Stop Shops report on outputs, such as throughput data supported by staff narrative and client feedback.
- The existing outcome data relate to illness or disease indicators, such as youth suicide and the incidence of sexually transmitted infections, which is contrary to strength based principles and a youth development focus.
- There are limitations in being able to establish causal links between outcomes and the services provided.
- Management of services to achieve better outcomes is difficult when these outcomes cannot be measured.
- Variability in reporting across services hinders aggregation of data and makes it difficult to compare and communicate outcomes and prove cost-effectiveness.
- All Youth One Stop Shops are aware of the issue and motivation to address this shortcoming is high.

Features of a 'model' Youth One Stop Shop

The best and most successful features of the Youth One Stop Shops, as identified throughout the evaluation, have been described in order to provide a broad and nationally applicable model for these services. The features (see Appendix 2) are based on an analysis of the best and most effective practices in the current services and identified in the literature. These 'optimal' characteristics could assist Youth One Stop Shops to capitalise on their current configuration and development to better achieve their service and business goals and provide high standards of care. The aim of doing this was to celebrate the many positive features currently demonstrated and to build on them with suggestions for how New Zealand Youth One Stop Shops could develop and be supported to offer world class services for their clientele.

Recommendations

Outline The following seventeen recommendations have been arranged under four broad subject categories in order to improve accessibility for readers.

Links and Relationships

**Sector
collaboration
network**

The youth health workforce is small, highly specialised and is geographically widespread. Professional isolation of Youth One Stop Shop staff and youth health workers in general is an issue that can hinder development of individuals and services, sharing of resources and ideas, collegial support as well as governance and peer review processes. Support and collaboration networks have already been established to address this issue, however their supporting resource allocation and functionality needs to be further developed.

Recommendation 1

Resources be allocated for a professional network to support collaboration, communication and resource sharing amongst the Youth One Stop Shops.

**Service and
funding business
development**

Youth One Stop Shops currently operate in a complex, dynamic environment of varied and changing funding opportunities. The skills of staff are primarily focused on care provision and to a lesser extent the strategic pursuit and securing of funding and service growth opportunities. In addition, knowledge and resources of how to go about this are often not shared between the services. Development of the current Youth One Stop Shops and establishment of new services relies on the successful recognition of need and gaps in provision of services as well as the ability to seek and develop funding and support relationships.

Recommendation 2

Youth One Stop Shops collaborate to develop their capacity to recognise and respond to opportunities for funding and service development.

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Recommendations, Continued

Service structure

Workforce development

Sustainable provision of high standard and responsive health and social services for youth relies on having a well-trained, skilled and dedicated workforce. This specialised workforce is currently presented with a number of challenges including limitations in the provision of development opportunities. A significant body of work already being undertaken within the youth health sector has identified specific areas for action, including recommendations for intersectoral collaboration on policy, funding and guidelines, education and training opportunities, leadership, recruitment and retention, career pathway development, research and evaluation.¹² Competencies and standards for effective practice have been developed by the sector, with involvement from Youth One Stop Shop staff, for disciplines including nursing¹³, medicine and youth workers.

Recommendation 3

Existing work, such as that mentioned above, be used to guide sector development in approaches to addressing evaluation findings including:

- limited career pathways in youth health
- limited opportunities for training, education and supervision for staff
- limited ability to provide youth specific education to the wider sector
- reliance on voluntary workers.

Central reporting

Current health-related mandatory reporting requirements for the Youth One Stop Shops are often tied to individual funding streams. These streams are decided on by the Ministry of Health and administered by the DHBs. There is significant repetition of requirements from the Ministry of Health Sector Services (ex-HealthPAC) for reporting on each of the numerous funding streams, which becomes an onerous task to complete. The Youth One Stop Shops and the DHBs indicate that the reporting information required measures outputs, and not the processes or outcomes of the services provided. As such, this information is not seen to be valuable by those submitting the data. By the same token, feedback is not provided to the sector in a way that is meaningful and useful for managing the services or for improving service configuration or delivery.

Recommendation 4

Reporting to funders and the Ministry of Health be consolidated and supported so that the function provides:

- valuable information
- consistent information across providers
- mechanisms for feedback
- automated reporting from clinical management IT systems

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¹² Kekus M, Proud P (2009 in progress) *Draft Youth Health Workforce Development Framework*, retrieved online at www.youthhealthworkforce.co.nz

¹³ National Youth Health Nurses Reference Group (2008) *Youth health nursing: recommended competencies for effective practice*. Retrieved online from www.nzno.org.nz/groups/sections/children_young_people

Recommendations, Continued

Governance and quality improvement standards

There is no single suite of standards or a framework that is uniformly applied to all Youth One Stop Shops to guide and ensure high quality service delivery. The absence of this framework leaves the services with a lack of clarity on how to uniformly ensure robust clinical governance. Significant work has already been undertaken within the youth health sector to establish a set of draft standards for Youth Health Services. Development of standards for Youth One Stop Shops could build on these and provide an effective mechanism against which Youth One Stop Shops can measure and improve performance, ensure effective service development and be measured to provide external accountability.

Recommendation 5

A national set of youth health governance and quality standards be developed in partnership with the sector including:

- service standards
- core service specifications for Youth One Stop Shops.

Engagement in quality improvement activities

Governance, quality assurance and quality improvement activities are inconsistent across the Youth One Stop Shops. Apart from having no core set of measures against which services can be assessed, there is no explicit requirement to carry out quality improvement activities, nor is there funding to support this. While all the services recognise the importance of quality improvement, and some have made significant investments to undertake regular audit, there is variable engagement in formal quality assurance and improvement activities across the Youth One Stop Shops.

Recommendation 6

Youth One Stop Shops be required and supported to demonstrate participation in quality improvement activities that measure against the aforementioned standards.

Organisational governance

All Youth One Stop Shops are either Incorporated Societies or Charitable Trusts. As such their governance is supported by the structure and processes outlined for non profit, non government organisations in the Charitable Trusts and Incorporated Societies Acts. They rely significantly on community volunteers and strive to include youth in their governance arrangements in order to adhere to their core principles of youth involvement and development. The professionalism of these arrangements is generally very high but many services report difficulties at times with recruiting and maintaining board membership and adequate skill mix. Defining clear expectations for the roles of board or trust members and increased capacity to conduct strategic planning will contribute to robust accountability and governance of the Youth One Stop Shops.

Recommendation 7

A plan for increasing capacity for Youth One Stop Shop governance be developed to address the following evaluation findings:

- inconsistent youth involvement in governance
- inconsistent involvement in governance by Maori
- unclear Board member roles and expectations
- inconsistent ability for strategic planning.

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Recommendations, Continued

Outcome measurement

Measurement of outcomes for health and social services is an expectation for all publically funded services in New Zealand. Attribution of outcomes to multi-factorial interventions in complex social settings is difficult. The challenge for Youth One Stop Shops is to demonstrate their value by measuring positive consequences for their target population which result from their interventions. The youth development approach to this issue is to observe positive choices, markers of resilience and indicators of wellbeing among youth, which are associated with long term positive outcomes. The sector would benefit from the development of a series of outcome measures that remain consistent with the values and aims of youth health services and positive youth development, as well as measure long term positive outcomes. Contribution to the development of a set of easily gathered, widely agreed measures by the sector would allow for consistent gathering of data and the ability to aggregate and compare outcome information across the country.

Recommendation 8

A nationally consistent and applied set of outcome measures be developed in conjunction with the youth health and development sector to collect a minimum dataset of outcome information.

Evaluation

The evaluation of services and interventions within Youth One Stop Shops will add to their ability to prove their effectiveness. Sound evaluation processes and the capacity to carry these out were not consistently demonstrated among the Youth One Stop Shops. In order to make informed decisions about services, the Youth One Stop Shops must be able to gather sound information and use robust methods to make judgements about the success or otherwise of their interventions.

Recommendation 9

A Youth One Stop Shop evaluation framework be developed that is consistent with the recommendations made in the Auckland Youthline report.¹⁴

Clients and services

Secondary care services

The model of care provided in Youth One Stop Shops promotes youth access for primary care. A need to refer outside of the Youth One Stop Shop for extended care increases barriers to access. Improved access already demonstrated in the Youth One Stop Shops could be extended to secondary services if these services were provided through the Youth One Stop Shop. Currently, youth services have different capacities to and varying relationships with their respective DHBs with regard to providing secondary care services. Exploration of the types of secondary services needed the resources needed to provide them and provision of these resources would capitalise on increased access already demonstrated in the Youth One Stop Shops and use this to increase access to secondary care in a community setting.

Recommendation 10

Secondary care service needs for youth be identified and options to increase access to these services, by providing them through Youth One Stop Shops, be considered.

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¹⁴ Milne S, McBride P (2008) *Are we doing a good job? Providing evidence of the effectiveness of Youth One Stop Shops: the development of self-evaluation capacity and an evaluation framework*. Report by Youthline for Counties Manukau District Health Board

Recommendations, Continued

Service gaps

Specific gaps in the services provided for youth have been identified during the course of the Youth One Stop Shop evaluation. In particular, the provision of primary mental health care, alcohol and other drug services and services specifically targeted or configured for rangatahi Maori need addressing as these are high needs areas which account for higher levels of the burden of disease in the population aged between 12 and 24 years. Youth workers are seen as “nice to have” providers within the youth health sector and yet youth workers contribute significantly to the primary aim of youth health services, which is to facilitate access and to assist each individual to learn to navigate the complex array of health and social care services. In particular, high needs youth with the most complex issues are those who require most help to become independent users of public services and have the most to gain from assistance by youth workers.

Recommendation 11

Gaps in youth specific service provision be addressed for:

- the provision of Primary Mental Health in the community
 - the provision of Alcohol and Other Drug services in the community
 - specific services and programmes for rangatahi Maori
 - access and coordination of client-centred care by youth workers
-

Client-centred care

Youth One Stop Shops demonstrate the principle of client-centred care which is a core feature of a quality health service. The Youth One Stop Shops demonstrated a commitment to assessing the individual needs of the client and subsequent referral or provision of a package of care suited to the individual needs of the client. Centrally designed service specifications and funding models based on disease or risk specific interventions do not always complement this model of client-centred care if they do not provide the full spectrum of likely care needed by the individual in a way that is relevant for the individual.

Recommendation 12

A client-centred model of care, where youth are placed at the centre and services configured around them, be supported by service specifications and funding streams.

Intra government cooperation

A significant number of factors impact on youth health and wellbeing. Influences such as levels of education, social connectedness, employment, economic wellbeing and adequate housing all contribute to the physical, psychological and social wellbeing of individuals. Responsibility for provision of services to address issues in these different areas sits within different parts of the social and health care sectors and within different jurisdictions of central government. An holistic approach to youth health requires collaboration between these sections of government to ensure complementary policy, funding and strategy which pull together in the same direction.

Recommendation 13

A whole of Government approach be used to address the health and social needs of youth including through:

- policy development
 - effective and efficient funding mechanisms
 - strategy development.
-

Continued on next page

Recommendations, Continued

Funding

Youth service utilisation and funding

Youth utilise health services in different ways from other sections of the population. Youth often choose to access services from a number of different providers depending on the type of care required, personal preference, geographical access and convenience. Youth are sometimes transient and they often prefer to use different providers from their family for health issues which they feel are sensitive. Youth like to access care independently yet are often restricted by their transport options. Low cost service options are also preferred as young people are often not financially independent. Because transport and convenience are significant determinants of access, youth focused services provide opportunistic care by providing many services at the same time in the same place. Ultimately youth will not access services at all if they don't feel safe or if they perceive their needs will not be met.

These utilisation patterns lead to problems for youth with the current New Zealand primary care PHO/GP model of care, where it is expected an individual will enrol with a single provider and then use this provider for the majority of their primary care. GP practices will often not provide a number of services in the one setting and unwittingly introduce barriers to access when needing to refer to another provider in another place. This often results in an increased need for travel and greater opportunity to be "lost in the system". The PHO model does promote an holistic, population health approach to primary care yet it does not account for the service "grazing" and the need for multiple services in the one place often required by youth.

Recommendation 14

Funding models for Youth One Stop Shops be matched to service utilisation patterns of youth.

Funding consistency and stability

There is inconsistency in the ways that the Youth One Stop Shops are funded across the country. Differing funding models contribute to variable service delivery and inequalities in access to youth health services. Furthermore a general lack of stability in funding limits the ability of many Youth One Stop Shops to plan ahead and provide efficient, stable services for their clients. Recurrent or ongoing funding in many cases relies more on positive relationships with funding organisations than on contractual agreements and formal options for renewal. One, two and three year funding cycles are the norm for many Youth One Stop Shops. These relatively short funding cycles prevent the services from longer term strategic planning and service development. Short term funding cycles can also present problems with maintaining stable staffing and taking advantage of cheaper long term facility and equipment lease arrangements. Specific short term funding streams based on particular risks or diseases can result in discontinuity for service users and providers.

Recommendation 15

Nationally consistent funding be provided with greater certainty to enable equitable service delivery and strategic service development.

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Recommendations, Continued

Consultative decision making about funding

The evaluation findings demonstrate that the Youth One Stop Shops are aware of how different funding models impact on service delivery and what this means for their clients. They are also cognisant of current gaps in service provision and can offer useful suggestions about funding options to address these gaps. Consultation with the service providers by policy makers and funders would lead to client focused, pragmatic, informed funding decisions.

Recommendation 16

Funders and policy-makers consult with Youth One Stop Shops when they are making decisions about funding.

Funding provision for service support activities

Youth One Stop Shops are funded primarily to provide health or social services. However the successful ongoing delivery of services and maintenance of service quality relies on key “back office” support functions being in place. Service growth and development, contributions to research and evaluation and the development of new interventions or improved facilities and tools require the Youth One Stop Shops to allocate scarce resource to these functions, many of which do not receive adequate investment because it would happen at the expense of service delivery. Youth One Stop Shops do not receive funding for these service support functions and as such, allocation for these vital support functions is minimal.

Recommendation 17

Funding supports activities essential for quality service delivery including:

- service management
 - administration
 - infrastructure (e.g. IT systems)
 - quality improvement
 - governance
 - evaluation and measurement
-

Commendations and Acknowledgements

Commendations A number of examples of high standards of care, innovative activity or exceptional management and delivery of a service were noted during the evaluation. The Youth One Stop Shops shared many attributes which could be show cased as examples for the wider sector on how to go about delivery of specialised services for a demographic group with particular needs. The following attributes caught the attention of the evaluation team who felt they were worth highlighting.

- The positive links and relationships between Youth One Stop Shops and other sector stakeholders and their clients
- Efforts to facilitate youth involvement at all levels of the organisation from imaginative efforts to collect user feedback to youth participation in board governance
- Responsiveness to youth need when designing and delivering services
- Concerted efforts to reduce the barriers to access for young people
- Service engagement in wider community activities which attempts to “take the service” to youth. This engagement in positive activities with youth embraces a youth development philosophy which values youth for the contribution they make to their own community
- Provision of integrated client-centred primary health and social care in a community health setting based on the needs of the individual
- Staff hold collective youth-specific expertise and contribute to the provision of high quality care for their clients
- Staff act as subject matter experts and offer education opportunities for the wider sector to increase choice for young people of youth-friendly services
- Staff have a passion and commitment to improving outcomes for young people
- Enthusiastic engagement with the evaluation process.

Acknowledgements The evaluation team would like to thank the managers and staff of the Youth One Stop Shops for participating in the evaluation; assisting in gathering information, organising meetings and focus groups with stakeholders and clients; and for their hospitality, honesty and openness during the site visits and throughout the project. Similarly, we extend our gratitude to the range of stakeholders who participated in the process and especially to the young people for sharing their experiences and their time.

A special thank you is extended to Dr Sue Bagshaw, Ms Trissel Mayor, Dr Tania Pinfold and Ms Raechel Osborne for the valuable additional resources that were provided during the course of this body of work. We extend a final note of thanks to the staff of Evolve, Wellington and Café for Youth Health, Taupo, for organising and hosting the evaluation verification workshops.

The Evaluation

Background

Introduction

A Youth One Stop Shop is a community-based facility that offers access to a range of health and other services using a “wraparound” or holistic model of care. This model is specifically designed to provide youth targeted services and is responsive to the needs of young people.

A number of these services exist in New Zealand, and while there are many commonalities between them, there are also unique differences. The model of service delivery aims to improve young people’s access to health and social services in a seamless, coordinated and appropriate way. Care is provided at little or no cost to the client, is strengths-based and is delivered in a manner that engenders trust, safety and confidentiality. The offered services may include health, education, employment and social services. Recreational activities are also an optional feature of a youth one stop shop.^{15 16}

Context

Over the past 15 years, community youth health services have grown to the point where there are at least fourteen recognised Youth Health One Stop Shops across New Zealand.

The first service initiated in 1994 by a Wanganui based Public Health Nurse, brought together a number of different services. These included a General Practitioner, the Family Planning Association, sexual health, child and adolescent mental health and alcohol and drug services. Youth accessible clinics were offered in the Youth Advice Centre (YAC). This service is now run by the Youth Services Trust (YST). The following year, the 198 Youth Health Centre opened in Christchurch. The model for this service was based on a contract with the then Regional Health Authority (now the District Health Board). This contract was established following negotiations for funding to set up the service. Staff comprised a part-time doctor, nurse, counsellor, social worker, administrative staff and young people, all of whom were employed directly by the Youth Health Trust).¹⁷ Since then, other Youth One Stop Shops have developed independently in other settings. Each one is unique and offers different services and operates under a different business model. The health sector, through District Health Boards (DHBs) and Primary Health Organisations (PHOs) has primarily funded Youth One Stop Shops although additional funding from other sources is individual to each shop. District Health Boards (DHBs) are responsible for providing, or funding the provision of, health and disability services in their district, and are required to have a youth plan.

New Zealand Aotearoa Adolescent Health and Development (NZAAMD) is a national network and an umbrella organisation for people who work with young people (aged 12-24 years). A network of Youth Health One Stop Shops has recently been formed under the umbrella of NZAAMD to provide a forum for sharing, learning and support across the services. At the time of this report, funding for NZAAMD was under review and therefore uncertain.

The Ministry of Health is a significant primary funder of these services across New Zealand and commissioned this evaluation “to gather baseline information to provide an informed assessment of health-related activities of Youth One Stop Shops”.¹⁸

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¹⁵ Counties-Manukau District Health Board (2008) Developing a youth one stop for Counties Manukau

¹⁶ www.nzaahd.org.nz [accessed 20.06.2009]

¹⁷ Bagshaw S (2006) Survey of the network of youth health service providers (NYHSP): affiliated to New Zealand Aotearoa Adolescent Health and Development (NZAAMD). Journal of the New Zealand Medical Association vol 119 no 1243

¹⁸ Request for Proposals (RFP) Evaluation of Youth One Stop Shops, Ministry of Health December 2008

Background, Continued

Evaluation questions

The purpose of the evaluation was to help the Ministry of Health understand the services offered by the Youth One Stop Shops, as well as their client group and their relationships with other stakeholders in the sector. The Ministry required the evaluation to answer a series of questions. The evaluation team grouped these questions under 11 key areas of enquiry to assist with providing structure and understanding to the report. An additional category, "3. Rangatahi Maori", has been included to highlight an analysis of the evaluation findings in relation to rangatahi Maori. The key areas and allocation of questions are outlined below:

1. Youth One Stop Shops Services

- 1.1. What services are provided through Youth One Stop Shops?
- 1.2. What secondary and other services in the health and disability sector provide access through Youth One Stop Shops?
- 1.3. What is the proportion of business of Youth One Stop Shops that relates to the health and disability sector?
- 1.4. What are the current service standards for Youth One Stop Shops?
- 1.5. How do Youth One Stop Shops meet the needs of the ethnically diverse or recent migrants and refugees?

2. The Client Group

- 2.1. Who uses Youth One Stop Shops?
- 2.2. How old are Youth One Stop Shop clients?
- 2.3. What is the size of the population served by Youth One Stop Shops?
- 2.4. What is the ethnic mix of Youth One Stop Shop clients?
- 2.5. How often are clients using Youth One Stop Shop services?
- 2.6. Do young people access services through Youth One Stop Shops instead of, or as well as, other health and disability services including general practitioners, school health services and mental health services?
- 2.7. How do Youth One Stop Shop client demographics compare to the overall demographic of the youth population as identified through the Youth Survey (2007)?
- 2.8. What is the number and proportion of service users who are enrolled with a PHO?
- 2.9. What are the reasons young people use the Youth One Stop Shop services?
- 2.10. What do service users see as the advantages to using this method of service delivery?

3. Rangatahi Maori

- 3.1. How do Youth One Stop Shops meet the needs of rangatahi Maori?

4. Giving effect to key strategy documents

How do Youth One Stop Shops give effect to:

- 4.1. *Youth Development Strategy Aotearoa: Action for Child and Youth Development?*
- 4.2. *He Korowai Oranga: Maori Health Strategy?*
- 4.3. *Youth Health: A Guide to Action?*
- 4.4. *The Primary Health Care Strategy?*
- 4.5. *Te Tahuhu Improving Mental Health 2005-2015: The Second New Zealand Mental Health and Addiction Plan?*

Continued on next page

Background, Continued

Evaluation questions continued

- 5. Links between Youth One Stop Shops and other services**
 - 5.1. How do Youth One Stop Shops link with other services in the sector and services outside the sector?
 - 5.2. How do Youth One Stop Shops link with other sectors, for example, housing, benefits, and training or employment services?
 - 5.3. What are the relationships between Youth One Stop Shops and local DHBs, including services offered by DHBs, security of funding, governance arrangements, levels of support and relationships with PHOs?
- 6. Place alongside other providers**
 - 6.1. Are there noticeable service overlaps or gaps in service delivery when compared to other services offered in the sector?
 - 6.2. What are the relationships Youth One Stop Shops have with iwi?
- 7. Effectiveness**
 - 7.1. Are Youth One Stop Shops effective at improving access to health and disability services?
 - 7.2. Are Youth One Stop Shops effective at improving the health of young people?
 - 7.3. Are Youth One Stop Shops effective at transitioning clients to other services when they reach the upper age limit for Youth One Stop Shop clients?
 - 7.4. How do Youth One Stop Shops help to reduce inequalities?
- 8. Governance and Business Models**
 - 8.1. What governance and business arrangements are currently in place?
- 9. Funding Arrangements and Sustainability**
 - 9.1. What are the current funding arrangements for Youth One Stop Shops and are they sustainable?
- 10. Staffing and Capability**
 - 10.1. How are Youth One Stop Shops addressing any staffing, capability and service configuration issues?
- 11. Health outcomes and research capacity**
 - 11.1. What is the available evidence of health outcomes for Youth One Stop Shop clients?

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Scope of the evaluation

Locations of Youth One Stop Shops included in evaluation

The twelve Youth One Stop Shops included in the evaluation were selected by the Ministry of Health because of the health-specific focus of their services.



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Scope of the evaluation, Continued

Stakeholder consultation

Stakeholders identified at the outset of the project included –

- The Ministry of Health
- The twelve Youth One Stop Shops
- NZ Aotearoa Adolescent Health and Development (NZAAHD)
- Youth One Stop Shop clients, both current and past
- Organisations that provide funding and/or access to services through Youth One Stop Shops (e.g. DHBs, PHOs, government, non-government and other providers)
- Other youth health and social service organisations
- Agencies and organisations with established links with Youth One Stop Shops e.g. local iwi.

Some of the evaluation questions were best answered by organisations and agencies that –

- provide funding to Youth One Stop Shops
- provide access to services through Youth One Stop Shops
- receive referrals from Youth One Stop Shops
- link or work collaboratively with Youth One Stop Shops.

Where possible face to face meetings with stakeholders were arranged to coincide with the site visit. Where this was not possible, meetings were conducted by telephone.

Evaluation Method

An overview of the evaluation method has been provided in the Executive Summary. A comprehensive description can be found in Appendix 3. Evaluation Approach.

Review of the Literature

Introduction

This review of the literature was carried to assist the evaluation team when developing tools used for information gathering and interpretation. The formal academic literature and a number of key 'grey literature' documents, such as Youth One Stop Shop published reports and government documents formed the basis of the review.

A search of the professional literature was undertaken to identify relevant publications. The Medline and Scopus databases were searched using the following terms: "youth health", "adolescent health", "Youth One Stop Shop", "youth" plus "community health", "youth" plus "first point of contact", "youth health service", "youth health facilities", "youth" and "transition" and "youth" plus "access" or "barriers". When relevant articles were identified, their cited references were searched to locate other possible articles. Internet searches using the same terms were conducted to provide background information. Key author bibliographies were also searched for relevant articles.

The following inclusions were applied.

- Articles that were in English
- Articles that were available in full text
- Articles that addressed comprehensive health services

Articles focussing on a particular disease, clinical approach, risk factor or aspect of health and welfare were not considered. The following discussion outlines the key themes identified during the literature review.

Youth in New Zealand

Youth comprise nearly one-fifth (700,000 12-24 year olds) of the total New Zealand population. Although the total youth population is forecast to increase, the proportion of young people within the general population will reduce over the next forty years with the increasing aged population leading to lower birth rates. Conversely, the proportion of Maori, Pacific and Asian young people will increase. This is a reflection of these population groups having relatively high birth rates and higher numbers of women of childbearing age.¹⁹

A higher number of new immigrants arriving from Asia, Africa and Eastern Europe, combined with rising numbers of rangatahi Maori and Pacific young people will lead to a greater ethnic diversity amongst the youth population.²⁰ Responding to the changing demographics of the youth population requires a degree of responsiveness in health and other services in order to meet the changing needs of young people. The key health issues facing young people in New Zealand include:

- high injury rates and accidental deaths – especially from motor vehicle accidents
- high rates of suicide and suicide attempts
- alcohol and drug use and abuse
- mental health problems – including depression and anxiety
- sexual and reproductive health issues – including teenage pregnancy rates and sexually transmitted infections
- increasing rates of obesity and lower rates of physical activity²¹

Compared with other OECD countries, New Zealand youth have higher rates of mental illness, suicide, teen pregnancy, abortion and suffer more injuries.²²

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¹⁹ Ministry of Youth Development (2003) 12-24 Young people in New Zealand, Wellington, New Zealand. Retrieved online from www.myd.govt.nz on 22nd July 2009.

²⁰ Ibid.

²¹ Statistics New Zealand [Accessed online <http://www.stats.govt.nz>]

²² Ministry of Health (2002). New Zealand Youth Health Status Report. Wellington: Ministry of Health.

Review of the Literature, Continued

Health disparities in rangatahi Maori

Significant health disparities exist among young people, with rangatahi Maori continuing to experience poorer health outcomes than their peers.²³ The 141,000 rangatahi Maori aged between 12 and 24 years living in New Zealand suffer greater burdens of disease and higher mortality rates. Rangatahi Maori are more likely than NZ European youth to report mental health concerns, substance abuse, inconsistent use of contraception (leading to unplanned pregnancies) and are more likely to be overweight. Rangatahi Maori are less likely than NZ European youth to be able to access health and dental services when needed.²⁴ Deaths among rangatahi Maori, often due to motor vehicle accidents and other intentional or unintentional injuries, are double that for non-Maori youth. In general, rangatahi Maori aged 15 to 24 years have the highest mortality rates for all young people aged 24 years and under.²⁵

Youth health determinants

Many factors impact on the likelihood of youth to suffer poor health. Although youth are primarily healthy, adolescence is an important time of transition and change, where experimentation and exposure to risk is a normal aspect of growth. Many young people successfully negotiate this time of life without outside help; however a significant number do require assistance along the way. The choices made during teenage years may have long term health consequences, particularly for vulnerable or "at risk" youth.²⁶ Coordinated services which address physical health issues as well as underlying social and emotional factors help by promoting resilience and positive strategies for dealing with risk and are best set to assist youth through this life transition. Many of the major health issues for youth are potentially preventable, given the right circumstances and support. The challenge lies in providing the environment and care needed to sufficiently guide young people and to empower them to make healthy choices as they transition from childhood to adult life.

A national survey of secondary school students²⁷, reports findings relating to young people's social situations, world views, relationships, feelings, cultural identity and their place in the community. These upstream determinants are believed to have significant impact on health status during adolescence.²⁸ It is thought that good health in young people is dependent on a variety of complementary factors such as having positive relationships with peers, family and other people in the community, supportive family environments, good emotional and mental wellbeing, a sense of cultural identity and physical health.²⁹

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²³ Clark T, Robinson E, Crengle S *et al.* (2008) *Te Ara Whakapiki Taitamariki Youth '07: The health and wellbeing of secondary school students in New Zealand. Results for Maori young people.* Auckland: The University of Auckland

²⁴ *Ibid*

²⁵ Ministry of Youth Development (2003) *12-24 Young people in New Zealand*

²⁶ Youngblade LM, Curry LA, Novak M, Vogel B and Shenkman EA. (2006). The impact of community risks and resources on adolescent risky behavior and health care expenditures. *Journal of Adolescent Health.* Vol 38(5):486-94.

²⁷ Adolescent Health Research Group, (2008). Youth'07: The Health and Wellbeing of Secondary School Students in New Zealand. Initial Findings. Auckland: The University of Auckland.

²⁸ World Health Organisation (2002). Adolescent friendly health services: an agenda for change. Geneva: WHO. Retrieved from http://www.who.int/child_adolescent_health/documents/fch_cah_02_14/en/index.html

²⁹ Ministry of Youth Development (2003) *12-24 Young people in New Zealand*

Review of the Literature, Continued

Youth health determinants (continued)

Youth who are engaged actively in their community and who attain adequate levels of economic wellbeing, education, employment and physical activity are more resilient to the health challenges which face them.³⁰ Health services foster this resilience by screening for risk factors and early disease, by promoting healthy behaviours, by offering counselling services and by offering interventions in timely and appropriate ways.³¹ A youth focused approach should adopt a strengths based outlook for youth health where the positive contributions adolescents make to society are celebrated and healthy choices are advocated, leading to positive health outcomes.³² The evidence supporting this model is still in the developmental stages and it is not yet known how effective this is in achieving long term positive outcomes.

Barriers to access

Most adolescents will require access to a broad range of medical and psychological care which may range from immunisations and treatment of respiratory infections through to substance abuse programmes and mental health programmes.³³ Unfortunately, a number of barriers exist for adolescents attempting to access these services. The literature indicates that key amongst these are concerns regarding confidentiality, trust and a lack of knowledge of the services available.^{34 35} There is also evidence that youth are a particular demographic group who would rather go without care than access services which do not address their needs in an acceptable way.³⁶ Furthermore, utilisation patterns of health services by youth are more varied than adults.³⁷ Youth are more inclined to seek services in settings which suit their specific health, privacy and social needs.

Although adolescents do currently use primary care services, they might not be using them to address the key issues impacting upon their lives. Despite behavioural and mental health issues accounting for a high level of morbidity amongst youth, adolescents who present for treatment at primary care usually do so for treatment of a medically related illness.³⁸ Similarly, mainstream primary health care providers who report that they are aware of the key health concerns of adolescents (such as substance use and mental health), often feel these issues are the greatest challenge for them to address.³⁹

Comprehensive youth health services that combine accessible primary health care and health promotion programmes in one location are in a unique position to address not only the medical requirements of young people, but also many of the underlying contributing causes of illness.⁴⁰

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³⁰ Ministry of Youth Affairs (2002). *Youth Development Strategy Aotearoa: Action for Child and Youth Development*. Wellington, New Zealand

³¹ Committee on Adolescence. (2008) Achieving Quality Health Services for Adolescents. *Paediatrics*. Vol 121;1263-1270

³² Ministry of Health (2002). *Youth Health: a guide to action*. Wellington, New Zealand

³³ Bennett DL, Tonkin RS. (2003). International developments in adolescent health care: a story of advocacy and achievement. *Journal of Adolescent Health*. Vol 33(4): pp 240-51.

³⁴ Bernard D, Quine S, Kang MS, Alperstein G, Usherwood T, Bennett DL, Booth ML (2004). Access to primary health care for Australian adolescents: Congruence between the perspectives of health service providers and young people. *Australian and New Zealand Journal of Public Health*. Vol 28(5): pp 487-492

³⁵ Booth ML, Bernard D, Quine S, Kang MS, Usherwood T, Alperstein G, Bennett DL. (2004). Access to health care among Australian Adolescents: Young people's perspectives and their socio-demographic distribution. *Journal of Adolescent Health*. Vol 34: pp 97-103.

³⁶ Bernard et al 2003: Access to primary health care for Australian adolescents: How congruent are the perspectives of health service providers and young people, and does it matter?; *Australian and New Zealand Journal of Public Health*, 28(5) 487-492.

³⁷ Tylee, A; Haller, D; Graham, T; Churchill, R; Sancu, L (2007); Youth-friendly primary care services: how are we doing and what more needs to be done? *Lancet*, 369, 1565-1573.

³⁸ Haller DM, Sancu LA, Patton GC & Sawyer SM. (2007). Towards youth friendly services. A Survey of Young People in Primary Care. *Gen Intern Med*. Vol 22(6): pp 775-781.

³⁹ Bernard D, Quine S, Kang MS, Alperstein G, Usherwood T, Bennett DL, Booth ML (2004). Op cit.

⁴⁰ Bennett DL, Tonkin RS. (2003). Op cit.

Review of the Literature, Continued

Barriers to access (continued)

Youth health services commonly aim to provide a holistic, integrated approach which addresses youth health and social needs simultaneously. In this way the services deal with health as well as the social and developmental issues which are often the underlying determinants of ill health for young people.⁴¹ Youth focussed community-based primary care facilities have the ability to intervene during a critical developmental stage and encourage adolescents to develop skills and habits that will lead to improved health outcomes in adulthood.⁴² These types of primary care services, such as school-based services and Youth One Stop Shops, significantly increase access and utilisation of services by young people.⁴³ Such services aim to reduce barriers to access by being staffed by motivated, friendly, trained health professionals who work to address the range of needs of young people in the one setting. Attempts are made to reduce the barriers to access by providing free or low cost services, by ensuring confidentiality is maintained and by offering high quality care located in a safe environment.⁴⁴

Co-located healthcare, social support and mentoring programmes reduce the need for youth to travel and improve social resilience and development of individuals with a potential for achieving long-term positive outcomes.⁴⁵ Youth participation in decision making is another way to ensure a youth focus is maintained and the opinions of clients are included in planning, implementation, evaluation and governance of a service.⁴⁶

A range of health services offered in the one place increases the likelihood for opportunistic and timely intervention. Services young people require include general practitioner and nurse-led primary care and sexual and reproductive health services; mental health; alcohol and other drug services and counselling.⁴⁷ Mobile or outreach clinics further improve access. Services must also provide for vulnerable young people. Recreational and youth development programmes and facilities are important as these promote access to the facility and to other necessary services.⁴⁸ Youth workers further facilitate access and coordination of client-centred care.⁴⁹

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⁴¹ *ibid*

⁴² Klienhart, S. (2007) Adolescent health: an opportunity not to be missed. *The Lancet*, Vol 369 (9567). Pages 1057-58

⁴³ Mathias K. (2002) Youth-specific primary health care – access, utilisation and health outcomes. *NZHTA Report 2002*; **5(1)**

⁴⁴ Tylee A. Haller DM. Graham T. Churchill R. Sancu LA. (2007). Youth-friendly primary-care services: how are we doing and what more needs to be done? *The Lancet*. Vol 369(9572):1565-73.

⁴⁵ Youthline Auckland (2008/9) *Youth mentoring relationships: a youth development wrap-around approach. Literature review of better practice*. Prepared for Counties-Manukau District Health Board

⁴⁶ Homans H (2004) *Youth friendly health services: Responding to the needs of young people in Europe*. United Nations Inter Agency Group (UNFPA/UNICEF/WHO), Paper presented at Children in the Mediterranean conference, Genoa, January 2004

⁴⁷ Mathias K. (2002) Youth-specific primary health care – access, utilisation and health outcomes. *NZHTA Report 2002*; **5(1)**

⁴⁸ Counties-Manukau District Health Board (2008) *Developing a youth one stop for Counties Manukau*

⁴⁹ Fleming T, King M, Tregoning T. (2008) *Otarians. Taking care of business, strengthening youth health and wellbeing in Otago*. Counties-Manukau District Health Board

⁵⁰ NSW CAAH (2005) *Better Practice in Youth Health: Final report on research study. Access to healthcare among young people in New South Wales: Phase 2*. Sydney, Australia: New South Wales Centre for the Advancement of Adolescent Health

Review of the Literature, Continued

Service configuration and sector collaboration

The World Health Organisation (WHO) published “Adolescent Health Services: an agenda for change” in 2002. This document identified the need to develop and maintain youth-friendly health services to improve the care provided to adolescents.⁵¹ The WHO acknowledges that adolescents face a unique set of challenges at a time in their lives where decisions can have sustainable impacts upon their future health. Furthermore, it is acknowledged that efforts to address these challenges can not be made by health services alone.⁵²

The WHO, as reported by Tylee *et al.*⁵³ and the Ministry of Health outline a framework for development of youth-friendly services that promote youth health through collaboration of a number of key players. The WHO indicates that all of these services should be equitable, accessible, acceptable, appropriate and effective. In addition the WHO outlines criteria which each service is required to meet in order to achieve these goals. The broader goal for inter-agency and community collaboration is to develop consistency and coordination between services to support service provision and reinforce common messages. Clear communication helps to improve awareness of other services about what they can offer and how they might assure access for youth. Communication networks also provide the ability to exchange information and for organisations and providers to support each other in improving efficiency and the quality of service delivery.^{54 55}

The Ministry of Health outlines the need for sustained and concerted effort to provide specialised health services for youth.⁵⁶ The development of skilled staff and services is noted to be vital for providing a quality service and positive outcomes for service users. Fragmentation and uncertainty about cooperation and funding prevent investment in service development. Obtaining reliable, quality and consistent service provision for the target youth population requires ongoing sector wide collaboration.⁵⁷

Continued on next page

⁵¹ World Health Organisation (2002). Adolescent friendly health services: an agenda for change. Geneva: WHO. Retrieved from http://www.who.int/child_adolescent_health/documents/fch_cah_02_14/en/index.html

⁵² *ibid*

⁵³ Tylee A. Haller DM. Graham T. Churchill R. Sanci LA. (2007). Youth-friendly primary-care services: how are we doing and what more needs to be done? *The Lancet*. Vol 369(9572): pp 1565-73.

⁵⁴ Society for Adolescent Medicine.(2004). Access to health care for adolescents and young adults. *Journal of Adolescent Health*. Vol 35(4):342-4.

⁵⁵ NSW CAAH (2006) *Spinning the Web: Better connections between services for young people*. Sydney, Australia: New South Wales Centre for the Advancement of Adolescent Health

⁵⁶ Ministry of Health (2002) *Youth Health: A guide to action*. Wellington: Ministry of Health.

⁵⁷ Society for Adolescent Medicine. (1992). Access to health care for adolescents. A position paper of the Society for Adolescent Medicine. *Journal of Adolescent Health*. Vol 13(2):162 - 170.

Review of the Literature, Continued

Connections between services

There is significant reference to the value of information sharing and inter-service learning⁵⁸ where linkages and collaboration help organisations to better meet the needs of their clients.⁵⁹ This is accomplished through sharing of knowledge, skills and information between service providers which leads to pooled experience and increased understanding of the roles of other agencies.⁶⁰ This finding is further supported by the WHO, who recommends that existing adolescent programmes and services develop common links.⁶¹

The multiple and complex health and development issues youth present with are recognised by funders and providers alike⁶². Clear lines of communication and accountability by providers and funders are required to ensure timely and accurate information flow to support an integrated multi-disciplinary model of care⁶³. A lack of clear communication and collaboration can lead to poor service coordination and resultant gaps in the ability to provide a seamless client-centred model of care, disjointed accountability requirements and inefficiencies coordinating and developing service delivery.⁶⁴

The Ministry of Health has previously published a strategy for improving the health of New Zealand youth which recognises the need for cooperation within and outside the health sector and the need to involve youth in decision making processes.⁶⁵

There is clear reference in the literature to the need for cross sectoral collaboration and communication, a multi-agency approach and investment in the multiple relationships between service providers, funders, referring agencies and policy makers to drive outcomes for youth.

Measurement and evaluation

Measurement of the quality of health care has become a routine expectation on the part of consumers, government, and healthcare funders. There is a requirement to demonstrate causal links between interventions and outcomes and to offer accountability for resource utilisation. This focus on measurement and value for money is reflected by the WHO⁶⁶ and the American Society for Adolescent Medicine who offer guidance that “quality and performance data should be collected, analysed, and reported by age group, and data collection methods should incorporate input from a variety of sources, including adolescents and young adults themselves.”⁶⁷ Too often services over-collect and under-analyse data which are of little value to the organisation⁶⁸ or the service users. The challenge for primary care services of this type lies in choosing a sufficient range of structure, process and outcome indicators to provide a multidimensional view to adequately demonstrate change and to inform service improvement efforts.

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⁵⁸ Chiang F & Tyne M (2006). *Spinning the Web: Better connections between services working with young people / Research Report*. NSW Centre for the Advancement of Adolescent Health, The Children’s Hospital at Westmead.

⁵⁹ Van Eyk, H., Baum, F. (2002). Learning about interagency collaboration: Trialling collaborative projects between hospitals and community health services. *Health and Social Care in the Community*. Vol 10 (4), pp. 262-269

⁶⁰ Chiang F, Moses K, Peterson A (2006) Good practice in youth development: Perspectives from South-East Sydney, Communities Division, NSW Department of Community Services

⁶¹ World Health Organisation (2002). Op cit.

⁶² Ministry of Health (2002). *Youth Health: a guide to action*. Wellington, New Zealand.

⁶³ Committee on Adolescence. (2008). Achieving Quality Health Services for Adolescents. *Pediatrics*. Vol 121;1263-1270

⁶⁴ Van Eyk H and Baum F. (2002). Learning about interagency collaboration: Trialling collaborative projects between hospitals and community health services. *Health and Social Care in the Community*. Vol 10(4):262-269.

⁶⁵ Ministry of Health (2002). *Youth Health: a guide to action*. Wellington, New Zealand.

⁶⁶ World Health Organisation (2002). Adolescent friendly health services: an agenda for change. Geneva: WHO. Retrieved on July 10 http://www.who.int/child_adolescent_health/documents/fch_cah_02_14/en/index.html

⁶⁷ Society for Adolescent Medicine. (2004). Access to health care for adolescents and young adults. *Journal of Adolescent Health*. 35(4):342-4.

⁶⁸ Axford N, Berry V and Little M (2006) Enhancing service evaluability: lessons from a programme for disaffected young people. *Children & Society* 20: 287-298

Review of the Literature, Continued

Measurement and evaluation (continued)

In general, the literature describing youth focussed primary care is in the early stages of maturity. There are a number of observational studies which describe demographic and service features and some authors provide theoretical hypotheses on successful models of care. However there is a dearth of empirical literature offering robust conclusions on interventions, the outcomes they achieve and the context in which successful care is provided.

The difficulty currently lies in proving the effects of multiple interacting interventions in a population which is transient, for individuals who seek multiple services from different providers and where the absence of disease is the desired outcome. These issues are reflected in many areas of primary care, however the youth population is one where outcomes are often not observed because they manifest after the time the service is involved in the individual's care. This poses difficulty in gathering meaningful endpoint measures for youth primary care services. As a result there is an overall lack of robust scientific evidence regarding the benefits of community-based youth services.

Another approach, and perhaps a more suitable one founded in the social sciences, is to measure services using a programme evaluation framework. This framework could help services draw conclusions about the worth of various activities using an action research approach. This framework would combine many sources of available information with varying levels of scientific rigour (such as client feedback, service activity, staff anecdotes, service KPIs) in an attempt to draw practical conclusions on a programme's worth. A recent paper⁶⁹ assessing the sector capability and models for improving the evaluation capacity within Youth One Stop Shops has outlined the current issues. In general there is a paucity of capacity and capability to conduct evaluation activities, yet there is a recognised need to do so in order to justify and grow youth primary care services.

⁶⁹ Milne S, McBride P (2008) *Are we doing a good job? Providing evidence of the effectiveness of Youth One Stop Shops: the development of self-evaluation capacity and an evaluation framework*. Report by Youthline for Counties Manukau District Health Board

Evaluation Findings

Findings layout

Overview

The following section of the report provides a two tiered approach to answering the evaluation questions.

The first section to follow provides high-level responses (in summary form) to each of the evaluation questions that the Ministry asked the evaluation to answer. These answers are structured under the eleven key areas as per the list of evaluation questions commencing on page 23 of this report.

The subsequent section provides a detailed, comprehensive account of the evaluation and incorporates findings, analysis and discussion under the eleven key areas of enquiry.

High-level responses to the evaluation questions

1. Summary of Youth One Stop Shop services

Question 1.1**What services are provided through Youth One Stop Shops?**

- A range of services is provided in community-based youth-friendly settings, including general health/primary care, sexual and reproductive health, family planning, vaccinations, health promotion and education, counselling, mental health and alcohol and other drug services.
 - Other (non-health) services provided include advocacy, social work and youth transition services, youth development programmes, mentoring programmes and information and advice on accommodation, training and education, budgeting and employment.
 - Referrals to and from other primary and community-based, secondary and tertiary services occur as required.
 - Services are open between 27 and 45 hours (occasionally more) per week and are provided on-site, in schools or via mobile services and satellite clinics.
 - Services are mostly available to those aged 10-24 years, although age ranges vary according to individual contracts.
 - Services wrap around the person to support them and ensure their individual needs are addressed in a seamless and coordinated way.
 - The demand for Youth One Stop Shop services therefore exceeds capacity and they report long waiting lists for counselling and other mental health services, including alcohol and other drug services.
-

Question 1.2**What secondary and other services in the health and disability sector provide access through Youth One Stop Shops?**

- Six Youth One Stop Shops provide secondary services, most commonly sexual and reproductive health, mental health and alcohol and other drug services.
 - Other secondary services provided include dental/oral care and diabetes clinics.
 - These services are provided by staff either directly employed by the Youth One Stop Shop or by external providers who work onsite in regular clinics or on an ad hoc basis.
-

Question 1.3**What is the proportion of business of Youth One Stop Shops that relates to the health and disability sector?**

- On average, more than 85% of the business of Youth One Stop Shops relate to the health and disability sector.
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1. Summary of Youth One Stop Shop services, Continued

Question 1.4

What are the current service standards for Youth One Stop Shops?

- There are presently no formal service standards for youth health services in New Zealand, although a draft series of standards has been developed.⁷⁰
 - Youth One Stop Shops use a range of local and national policies, procedures and strategies to guide activities.
 - Four services participate in the Healthcare Aotearoa quality programme Te Wana (Core Organisational Functions, Primary Health Care, Community and Voluntary Sector and Mental Health).
 - DHB-related audits are undertaken, including the central region's TAS (Technical Advisory Service) audit and quality review process.
-

Question 1.5

How do Youth One Stop Shops meet the needs of the ethnically diverse or recent migrants and refugees?

- Culturally appropriate care is provided to youth accessing services
 - Relevant organisations are contacted by Youth One Stop Shops in order to meet young people's needs.
 - Programmes targeted or configured for rangatahi Maori were provided where Youth One Stop Shops perceived the need in their client populations.
 - In areas with larger populations of young migrants or refugees, services are more actively involved in working with these groups, including supporting Settling In projects⁷¹ or being on Settlement Support⁷² databases.
 - Some links exist with local school or community-based Refugee and Migrant units.
 - Individual mentoring is available for these groups although the use of professional interpreters is costly.
 - Interpreter services available via the District Health Boards are rarely used.
 - Staff recruitment considers the local demographics of the population.
 - Special events and other activities are undertaken to encourage access by these groups, e.g. during Refugee Week.
 - Professional development and training for staff is accessed to assist services to respond appropriately to these groups.
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⁷⁰ Kidz First Centre for Youth Health and the Youth Health Expert Working Group (2006) Draft service standards for youth health services. Commissioned by Counties-Manukau District Health Board

⁷¹ 'Settling In' is a community development programme, funded by the Ministry of Social Development, that works directly with refugee and migrant communities to help them find solutions to meet their own needs

⁷² 'Settlement Support New Zealand' connects migrants and refugees with existing services in local communities and is administered by Immigration New Zealand

2. Summary of the client group

Question 2.1 Who uses Youth One Stop Shops?

- A diverse range of young people access Youth One Stop Shop services including those of different ethnicity, culture, age and background.
 - Many attend school or other educational facility or are employed.
 - Young people 'snack' or 'graze' on services from a range of providers in addition to Youth One Stop Shops, often opportunistically according to their present situation, service availability, accessibility and their needs at that time.
 - Many Youth One Stop Shop clients are more vulnerable and have multiple needs.
 - A small proportion of young people access services solely from Youth One Stop Shops.
 - Males are estimated to be 20-25% of the total user population.
-

Question 2.2 How old are Youth One Stop Shop clients?

- Services are provided to those aged 10-24 years, although age ranges vary according to individual contracts.
 - The majority of clients are aged between 15 and 24 years with over half (52.5%) aged between 15-19 years.
-

Question 2.3 What is the size of the population served by Youth One Stop Shops?

- The combined youth population eligible for services across all Youth One Stop Shop catchment areas is 327,415.
 - The individual youth catchment populations vary with the number of those eligible for services ranging from 7,000 to 54,000 per area. This is reflective of the diverse geographic locations in which services are based, namely cities, provincial towns and districts.
-

Question 2.4 What is the ethnic mix of Youth One Stop Shop clients?

- 64% of clients accessing Youth One Stop Shop services nationally are New Zealand European, 30% are Maori followed by 3% Samoan.
 - A further 3% identify as other ethnicities, including Tongan, Cook Island Maori, Niuean, Chinese, African and Middle Eastern.
 - A greater proportion of Maori clients than that in the local catchment population are seen in some areas.
 - There is a lack of consistency in the use of demographic definitions and categories and a lack of a shared dataset for the collection of such client information.
-

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2. Summary of the client group, Continued

Question 2.5

How often are clients using Youth One Stop Shop services?

- There were approximately 137,163 occasions of service recorded in the last year across the Youth One Stop Shops ranging from 2,000 to 15,000 per area and with a mean of 11,430.
- Greater numbers of occasions of service were provided in Youth One Stop Shops with an increased range of services available, number of staff and size of catchment populations.
- One fifth of clients access services once or twice, one third use services 3–5 times while less than half (46%) use services 6-9 times or 10 times or more.
- Repeat utilisation by clients is dependent on factors such as continuity of staff and the provision of appropriate and timely services.
- Repeat visits enable trusting clinical relationships with specialist youth health practitioners are developed.
- High frequency utilisation (i.e. 6 or more visits within 3 months, n=11) correlated with the uptake of Youth One Stop Shop counselling services.

Question 2.6

Do young people access services through Youth One Stop Shops instead of, or as well as, other health and disability services including GPs, school health services and mental health services?

- Services most commonly accessed by clients within Youth One Stop Shops were GP, sexual and reproductive health and counselling, followed by mental health, family planning and alcohol and other drug services.
- Among clients surveyed there were higher levels of access within the Youth One Stop Shop compared with outside.
- The most commonly accessed external services were GP services (n=90, 45%), followed by counselling, sexual and reproductive health, alcohol and other drug, family planning and mental health services.
- Nearly 14% (28/252) clients surveyed said they access health services **solely** from Youth One Stop Shops. These clients commonly had higher health and/or social service needs.
- Youth One Stop Shops are often the first choice for young people when attempting to access GP services and sexual and reproductive health services.
- Other services accessed externally included dental, physiotherapy, after-hours GP and school-based services.

Question 2.7

How do Youth One Stop Shop client demographics compare to the overall demographic of the youth population as identified through the Youth Survey (2007)?

- An equal proportion of respondents in both surveys identified as NZ European (76%).
- 30% identified as Maori in the client survey compared to 19% in the Youth '07 survey.
- A smaller number identified as Pacific and Asian in the client survey compared to the Youth '07 survey.
- 83% of Youth '07 respondents that had received health care in the last 12 months did so from their family doctor (93%), school health clinic (23%), Accident and Emergency Department (33%) and a Youth Centre (2%).
- Compared to the 2% of Youth '07 respondents that had received health care from a youth service in the previous year, this evaluation provided a focus on 252 individuals, all of whom had used youth services in the previous year.
- Both surveys suggest that those who are in school use school-based services and both report a high demand for adolescent mental health, counselling and alcohol and other drug services.

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2. Summary of the client group, Continued

- Question 2.8** **What is the number and proportion of service users who are enrolled with a Primary Health Organisation (PHO)?**
- Managers' knowledge on the proportion of clients enrolled with a PHO was limited, primarily because the information is not routinely collected in client data systems.
 - Of those with access to such data, enrolment ranged from 10% to 70%.
 - Where accurate information was available, Youth One Stop Shop databases had been reviewed in liaison with local PHOs and against National Health Index (NHI) numbers.
 - Knowledge among clients about PHO enrolment was also limited; 43% clients were enrolled with a PHO, 42% did not know and 15% were not enrolled.
 - Youth One Stop Shops have between less than 1,000 to 5,000 or more registered clients.
-

- Question 2.9** **What are the reasons young people use the Youth One Stop Shop services and what do they value about this approach to service delivery?**
- The top reasons from young people for using Youth One Stop Shop services relate to cost, confidentiality and service flexibility followed by the ability to drop-in and the location.
 - Managers and stakeholders reflected similar reasons including perceptions of non-judgmental, welcoming and safe staff who knew about youth related issues.
 - Focus group participants said the reasons they choose to visit their family doctor, if they have one, instead of the Youth One Stop Shop doctor were for convenience, if they perceived their needs could not be addressed at the Youth One Stop Shop or if there were no available appointments.
 - The first choice and preference for clients is to visit Youth One Stop Shops when accessing particular services, such as screening for sexually transmitted infections due to increased perception of confidentiality in Youth One Stop Shops, feeling at ease with the clinicians and aversion to feeling 'judged' in mainstream service waiting rooms.
-

- Question 2.10** **What do service users see as the advantages to using this method of service delivery?**
- The main advantages according to young people are the availability of a range of different services, reduced stigma due to non-specific signage (especially related to mental health services) and the youth-friendly focus from staff.
-

3. Summary for Rangatahi Maori

Question 3.1**How do Youth One Stop Shops meet the needs of rangatahi Maori? - Evaluation findings related to Maori**

- Most Youth One Stop Shops reflect principles of Te Tiriti o Waitangi in policies and employment documents
- Recruitment processes attempt to attract Maori staff at all levels and dedicated positions on trust and governance boards and youth advisory groups exist.
- Several Youth One Stop Shops use holistic Maori-specific processes in the delivery of their services, such as the Whare Tapa Wha approach.
- Induction of new staff includes concepts of Te Tiriti O Waitangi. Some services receive induction support and other training through their local iwi networks.
- Youth One Stop Shops have close links with many Maori providers and these relationships are nurtured.
- Outreach and satellite services are provided in communities with large populations of Maori, including alternative education venues and kura kaupapa.
- 30% (n=74) of client survey respondents self-identified as Maori and indicated they most commonly accessed sexual and reproductive health services in Youth One Stop Shops, followed by general practitioner/primary care services and counselling services
- Externally, the most commonly accessed services by Maori were social services, followed by training and development, life skills and recreation programmes.
- Nationally, Maori account for approximately 30% of clients accessing Youth One Stop Shops.
- Reasons Maori clients use Youth One Stop Shop services include the staff, location and the youth-friendliness of services.
- 48% (n=35) of Maori clients were PHO-enrolled and 52% were not enrolled or did not know. Maori participants in focus groups were among those unfamiliar with the terms 'general practitioner' and 'PHO'.
- More than half of stakeholders considered Youth One Stop Shops to be effective in meeting the needs of rangatahi Maori.
- The majority (67 out of 72) of Maori clients surveyed considered Youth One Stop Shops to be effective or very effective at providing them with access to the health services they need.

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4. Summary of effect given to key strategy documents

Question 4.1

How do Youth One Stop Shops give effect to *Youth Development Strategy Aotearoa: Action for Child and Youth Development?*

- This is recognised by Youth One Stop Shops as being a key strategic document and is referred to on a regular basis, for example, to ensure appropriateness of new services and in funding submission documents and service briefs.
 - The strengths-based youth development approach is a key characteristic of Youth One Stop Shop services and is supported by the wrap around approach to care.
 - Staff are recruited as much for their ability to relate to and communicate with young people as for their qualifications and team 'fit'.
 - Recruitment processes involve young people to further ensure staff appropriateness.
 - Young people are involved with and represented on governance boards and management and service delivery roles, service planning and evaluation.
-

Question 4.2

How do Youth One Stop Shops give effect to *He Korowai Oranga: Maori Health Strategy?*

- Rangatahi Maori are considered as part of wider context of their whanau, hapu and iwi and care is tailored around these aspects at a level appropriate for the client.
 - Maori are represented at various levels of the organisation including staffing (e.g. clinical, managerial, peers and youth workers), on youth advisory groups and governance boards.
 - Collaboration and liaison across services with iwi-based and Maori provider organisations varies, with some having very strong operational links at governance and service levels.
 - Consultation with iwi occurs across the services but not consistently or universally.
 - Cultural advice and support, induction support for new staff and training is accessed by Youth One Stop Shops.
 - In some areas, links with local iwi and Maori organisations could be strengthened and there is scope for increased collaboration of services.
 - Four services participate in the Healthcare Aotearoa quality programme, Te Wana, in which the principles of Te Tiriti o Waitangi are inherent.
-

Question 4.3

How do Youth One Stop Shops give effect to *Youth Health: A Guide To Action?*

- Youth One Stop Shops create safe and supportive environments for young people through the provision of confidential services by non-judgmental, youth-friendly staff that are interested and committed to young people. Services are client-centered, strengths-based and holistic.
 - Services strive to reduce or eliminate barriers to access including location of services and by providing mobile and outreach services.
 - Youth peer support workers are a valuable resource as they actively engage with young people upon entry to the facility and help to create a welcoming environment whilst simultaneously providing information about the services.
 - Most services are free for young people and youth participation is evident in service planning, service provision, management and governance.
 - A range of innovative programmes provide disadvantaged young people with opportunities to extend their skills and mentoring programmes provide higher levels of support for those with the greatest needs.
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4. Summary of effect given to key strategy documents, Continued

Question 4.3 (continued)

- Some Youth One Stop Shops provide school-based clinics
 - Multiple opportunities are taken to connect with communities through local and national events, such as Youth Week.
 - Compilation of a web-based directory of youth health services has commenced and will assist in promoting a higher level of knowledge about youth health and youth health services.
-

Question 4.4

How do Youth One Stop Shops give effect to *The Primary Health Care Strategy*?

- Youth One Stop Shops work with local communities, especially the youth populations to assess their need, raise the profile of the services and encourage access.
 - Inequalities are reduced through minimising or eliminating barriers to access, by providing innovative programmes to identify and attract young people most in need and by providing high quality, comprehensive services by specially trained staff.
 - A strengths-based approach to care encourages positive decision-making and aims to improve the overall health and wellbeing of young people.
 - Services focus on promotion, prevention and early intervention with eleven of the twelve Youth One Stop Shops providing doctor and/or nurse-led primary care services.
 - Youth One Stop Shops work proactively to integrate services both internally and externally by working collaboratively within the multidisciplinary team and with other providers to achieve the best outcomes for young people.
 - The wraparound approach ensures the services required to meet young people's needs are accessed and integrated in a seamless manner.
 - Youth workers increase Youth One Stop Shop services' ability to address young people's health and development issues.
 - General practitioner enrolment is encouraged for all clients and transitioning support is provided for those at the upper age limit for services.
 - A perception exists among some stakeholders of service duplication for young people. It is worth noting that although similar services may be provided by Youth One Stop Shops, the youth-friendly model by which they are provided is the significant point of difference.
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4. Summary of effect given to key strategy documents, Continued

Question 4.5**How do Youth One Stop Shops give effect to *Te Tāhuhu - Improving Mental Health 2005–2015: The Second New Zealand Mental Health and Addiction Plan*?**

- Mental health-related services provided by Youth One Stop Shops are of high-quality, provide choice, promote independence and are effective, efficient, responsive and timely.
 - Barriers to access are reduced, youth-friendly, confidential services are provided.
 - Services enable early presentation for treatment and referral to mental health and addiction services which contributes to prevention and early intervention.
 - Where the needs of young people are unable to be met within the Youth One Stop Shop, referrals are made to external providers.
 - Linkages with other mental health and addiction service providers are nurtured to ensure service integration and choice for clients. In one example the Youth One Stop Shop became involved in local post-vention initiatives in response to a high number of suicides and traumatic deaths in the area.
 - Workshops have been facilitated in local secondary schools to promote health, wellbeing and resiliency in young people by increasing their awareness and understanding of self care and the support networks available to them.
 - Mental health and alcohol and other drug services were identified by managers and stakeholders as being a major gap in services for young people.
 - The extent to which this strategy was given effect by Youth One Stop Shops was relative to the services they provided.
-

5. Summary of links between Youth One Stop Shops and other services

Question 5.1

How do Youth One Stop Shops link with other services in the sector and outside the sector?

- Youth One Stop Shops offer services which address aims across a number of sectors, most especially the health and disability and social welfare sectors.
 - The importance of establishing and nurturing relationships with a range of health and disability and other (non-health) services and local communities is recognised by Youth One Stop Shops and is facilitated in most areas by good communication links which maintain funding, accountability and referral networks.
 - These include PHOs, DHBs, Maori health providers, child and adolescent mental health services, women's health centres, sexual health clinics, family centres, dental health services, Ministry of Social Development, Ministry of Youth Development, the Ministry of Education, other government bodies such as Child Youth and Family, the New Zealand Police, local city councils, schools and groups such as the Alcohol Advisory Council, Non government organisations such as New Zealand Aotearoa Adolescent Health and Development, Family Planning, the YMCA, Skylight and the Kites Trust.
 - The Youth One Stop Shops that participated in this review identified linkages with, in excess of 94 organisations; of these 94, 25% were funders, 20% received referrals from Youth One Stop Shops, 45% made referrals to them, 10% provided services through the Youth One Stop Shops and 2% provided staffing.
 - Each of these linkages requires a different relationship and combinations of formal and informal information exchange.
 - Other links include
 - sharing accommodation or co-location of services
 - collaboration on youth health or youth development community projects and events
 - providing or receiving training from Youth One Stop Shops
 - requesting assistance in obtaining a youth perspective in service planning
 - collaboration in the development of resources
 - seeking advice from Youth One Stop Shop staff as experts in the field
 - acting as community advocates for youth
 - collaborating and working with services for youth offenders
 - Information received by non-funding and funding stakeholders varied.
 - Relationships held by Youth One Stop Shops with stakeholders represented in the evaluation were considered to be functional, positive and valued.
-

Question 5.2

How do Youth One Stop Shops link with other sectors, for example, housing, benefits and training or employment services?

- Youth One Stop Shops have numerous formal and informal links with other sector services, as required for the provision of integrated care.
 - Ongoing contact and liaison with other services is enhanced when youth workers or similar are employed to work alongside the clinical health teams within the Youth One Stop Shops.
 - Relationships that were maintained as part of daily activity were stronger and featured more informal communication methods.
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5. Summary of links between Youth One Stop Shops and other services, Continued

Question 5.3

What are the relationships between Youth One Stop Shops and local DHBs, including services offered by DHBs, security of funding, governance arrangements, levels of support and relationships with PHOs?

- Youth One Stop Shops receive funding from and report to ten District Health Boards
 - Where secondary services were provided by DHBs in Youth One Stop Shops, these were for sexual and reproductive health, mental health, alcohol and other drug, dental/oral care services and diabetes clinics.
 - There is a perception among some DHB staff of duplication of services for young people
 - Several services were facing or had faced significant changes and reductions to the level and nature of their funding.
 - Where DHBs recognise that Youth One Stop Shops offer a specialised, youth focused health service which provides access to a demographic which is known to under-utilise healthcare, there was a continuation of recurring or renewable contracts, participation in governance processes and increased provision of secondary services through Youth One Stop Shops.
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6. Summary of the place of Youth One Stop Shops alongside other providers

Question 6.1

Are there noticeable service overlaps or gaps in service delivery when compared to other services offered in the sector?

- The evaluation identified a number of gaps and overlaps in service provision.
- Overlaps mostly included general practitioner services, sexual health and family planning services, some mental health and counselling services.
- It was identified that all these services are offered by other providers within the One Stop Shop locality. However, they are either
 - insufficient to meet demand or
 - they were not youth focussed and therefore were not being accessed by youth.
- For youth, the ability to exercise choice is a key factor in accessing a range of services which amount to a comprehensive care package.
- Gaps in services exist in youth-specific primary mental health services. Providers other than Youth One Stop Shops have a greater focus on secondary mental health.
- Other gaps highlighted include counselling services (including for drug and alcohol and for clients with special needs) for which long waiting lists internal and external to Youth One Stop Shops exist, access to emergency and short term accommodation, youth transition services, maternity/teen pregnancy support and culturally appropriate services, particularly for refugee and migrant groups.
- The way in which Youth One Stop Shops provide services is unique and highly valued by other providers. 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.

Question 6.2

What are the relationships Youth One Stop Shops have with iwi?

- All Youth One Stop Shops have at least some links with one or more iwi-based provider and/or Maori organisation.
- Formal contractual relationships exist between two Youth One Stop Shops and iwi-organisations.
- Close collaboration at service-levels features reciprocal referral pathways and the provision of joint-care to ensure all whanau members receive required services.
- Close relationships with iwi and/or Maori organisations were characterised by ongoing informal and formal communication and mutual respect.
- In some areas, links with local iwi and Maori organisations could be strengthened and there is scope for increased collaboration.

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7. Summary of effectiveness of Youth One Stop Shops

Question 7.1

Are Youth One Stop Shops effective at improving access to health and disability services?

- The effectiveness of Youth One Stop Shops in improving access was not able to be quantified. No “pre-Youth One Stop Shop” figures were available to be compared with post establishment figures.
 - All Youth One Stop Shops work to reduce the barriers to access that young people experience.
 - Access enhancement strategies include:
 - Youth friendly opening hours to accommodate study and work commitments
 - Service facilities being located centrally and being close to public transport and other areas of interest to youth
 - Outreach or mobile services and Youth One Stop Shop vehicles that allowed services to engage with youth in other settings away from the main facility.
 - Culturally appropriate service provision and investment in developing cultural competency skills in staff
 - Youth friendly settings where facilities and furnishings were designed to be attractive to youth
 - A range of services is provided with the ability to refer to secondary or tertiary services as required
 - Individual needs of young people being identified and services being ‘wrapped around’ or integrated in a seamless and coordinated way
 - Youth workers provide active support to link young people in to the services they require.
 - Services being available at little or no cost
 - Some services being able to offer recreational facilities such as computers with internet access or an indoor skate ramp.
 - Services offer a variety of innovative programmes and workshops related to art, music, dance, personal health, esteem building and sexual diversity which attract a diverse range of young people into the service and enables them to be linked into other services they may require
 - A strong emphasis of privacy and confidentiality for clients so that trust in the service is established
 - Automated text reminders for appointments
 - Youth friendly staff who are skilled in interactions with their clientele and receptive to their needs, including having youth peers in reception areas which add to the welcoming environment.
 - Involvement of youth in service evaluation and decision making processes in order to increase youth participation and development as an inherent component of the service.
 - Young people being supported in transitioning to other / adult services.
-

Question 7.2

Are Youth One Stop Shops effective at improving the health of young people?

- Comprehensive, longitudinal health status measurement is complex and not routinely undertaken by any of the Youth One Stop Shops.
 - Health measures are debated by the sector and there is no consensus on the best method for evaluating effectiveness.
 - Measures usually use proxies or determinants of health to reflect health status
 - Despite this lack of available evidence managers are strongly of the belief that their services are effective in improving the health and wellbeing of their clients. 89% of stakeholder respondents and 94% of client respondents agreed.
-

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7. Summary of effectiveness of Youth One Stop Shops, Continued

Question 7.2 (continued)

- All Youth One Stop Shops, except two, use the same IT system to collect clinical data.
- Managers reported a desire to establish a national approach to a minimum dataset of clinical and demographic information which would allow a quantitative overview of services across the country and for this to occur as joint approach with others in the youth development sector.

Question 7.3

Are Youth One Stop Shops effective at transitioning clients to other services when they reach the upper age limit for Youth One Stop Shop services?

- Evidence provided from client and stakeholder surveys indicates that most Youth One Stop Shops are able to transition clients well.
- This is achieved through a combination of the following:
 - Early electronic flagging of clients as they turn 24 to trigger facilitation towards transition. In the case of clients who had not accessed the service in a while they were sometimes contacted in order to make them aware of the need to move across to a standard GP and other primary care service.
 - Using knowledge of their networks to provide guided choices about appropriate services for individual clients
 - Facilitating contact between clients and their new care provider if support was needed with an aim towards independent transition by age 25
 - Education of other providers about the types of services needed by clients leaving Youth One Stop Shops
- Options for high needs youth are limited in mainstream services.
- Key barrier to transitioning people from Youth One Stop Shops include:
 - the ability to access General Practitioner services (because of “closed books”)
 - some GPs placing hurdles in the way of accepting clients from the Youth One Stop Shops as the perception was that they were “difficult patients”.

Question 7.4

How do Youth One Stop Shops help to reduce inequalities?

- Youth One Stop Shops help to reduce health inequalities in a variety of ways including:
 - reducing or minimising barriers to access experienced by youth
 - providing high quality services by specially trained staff
 - focusing on improving the health and wellbeing of young people through a holistic and strengths-based approach to encourage long-term independence and positive decision-making.
 - delivering services in a manner that is non-judgmental and respectful to young people
 - recognising trust, confidentiality and safety as cornerstone to developing positive relationships with youth
 - considering the young person’s needs in the wider context of their family and community/whanau, hapu and iwi.
- Youth One Stop Shops are more likely to provide targeted programmes and have linkages with specific communities in areas where the population demographic supports this and where health inequalities are most significant, for example, rangatahi Maori. Pacific young people and recent migrants and refugees are further examples. Special consideration is given to vulnerable young people and those with multiple and cross-sectoral needs.
- Youth One Stop Shops provide choice for young people and an alternative to mainstream services.

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8. Summary of governance and business models

Question 8.1**What governance and business arrangements are currently in place?**

- Of the twelve Youth One Stop Shops reviewed, seven were listed as charitable trusts under the Charitable Trusts Act 1957, three were incorporated societies as outlined by the Incorporated Societies Act 1908 and two listed themselves as being both.
 - All of the Youth One Stop Shops reviewed have a governance board or a board of trustees.
 - The majority of the members of these boards are community members who volunteer their time; some provision was made for representation/input by youth and by Maori.
 - All Youth One Stop Shops have a defined organisational structure which described the roles of the board and management.
 - The general pattern of governance involved three tiers with the board overseeing strategy, managers dealing with operational issues and other staff participating in service delivery and various defined projects or sub committees.
 - All services recognise quality as an importance governance issue. Four Youth One Stop Shops have voluntarily undertaken external quality assurance audits.
 - There were examples of achievements and recognition in business, including one service winning the 2008 small business of the year award in their region.
-

9. Summary of funding arrangements and sustainability

Question 9.1 **What are the current funding arrangements for Youth One Stop Shops and are they sustainable?**

- Funding for Youth One Stop Shops is complex, variable and fragmented.
- All services have multiple funding streams
- All twelve receive some funds from a DHB
- Ten services also receive funds from a PHO
- Eight receive funds from other government agencies and five from various non-government agencies.
- Government agencies from which Youth One Stop Shops receive funding include the Ministries of Health, Social Development, Youth Development, Education, and Child Youth and Family and local city councils.
- Other funding sources identified include:
 - Targeted health related intervention contracts which are not ongoing
 - Fee for service visit claims e.g. ACC
 - Private businesses and charitable organisations
- One off payments from various local businesses and agencies to cover events.
- Short term funding cycles and a lack of specified allocation for service or staff development leads to reduced sustainability for services and lack of ability to proactively plan services.
- Several Youth One Stop Shops are moving to capitation funding for their enrolled populations
- In general it can be stated that funding for Youth One Stop Shops is tenuous.
- The majority of decisions to provide funding for these services are based on good will and good relationships developed between individuals in the One Stop Shop and the funding body and not on policy or legislative requirements.
- Many sources of funding are such that they can be ceased by the funder at any time and on little notice.
- In the 2008-09 financial year, total funding (health and other) for the twelve reviewed Youth One Stop Shops was \$6,857,600 (ranging between \$200,000 to approximately \$1,350,000), of which the health funding total was \$4,783,600.

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10. Summary of staffing and capability

- Question 10.1** **How are Youth One Stop Shops addressing any staffing, capability and service configuration issues?**
- Youth One Stop Shops experience difficulty in attracting, retaining and developing skilled youth health staff because of the issues listed below.
 - There is a lack of pay parity compared with DHB staff
 - There are no clear pathways to support career progression within youth health.
 - All services experience difficulties in releasing staff for professional development
 - There is an over reliance on the good-will of key staff who volunteer their time
 - There are large numbers of part-time staff in Youth One Stop Shops
 - There is a large proportion of volunteer staff working in these services
 - Geographic isolation of some services results in staff having less access to support and the shared expertise that exists collectively within Youth One Stop Shops.
 - The need for combined senior clinical and managerial roles often results in a tension between managing the business needs of the organisation and maintaining clinical service delivery.
 - A shortage of general practitioners, specifically those who are interested in and trained in youth health, makes service development and provision difficult
 - Such staffing and skill shortages can result in existing staff working beyond their job descriptions and delineation of clinical privileges.

Continued on next page

11. Summary of health outcomes and research capacity

Question 11.1 **What is the available evidence of health outcomes for Youth One Stop Shop clients?**

- Very little robust evidence of health outcomes for service users exists.
 - All Youth One Stop Shops report on outputs, such as throughput data and trends supported by staff narrative and client feedback.
 - The only nationally collected routine outcome data relate to negative outcomes such as suicide and the incidence of sexually transmitted infections.
 - All Youth One Stop Shops are aware of their current inability to consistently measure outcomes and use the information to improve services. They recognise this as a barrier to service development and to proving cost effectiveness of youth health services,
 - Demonstrating a statistically robust causal link between services and positive outcomes is not currently possible, however there are many examples of positive outcomes for individuals
 - Variability in measures across the services further hinders aggregation of data sets, comparison and communication.
-

Evaluation Findings, Analysis and Discussion

1. Youth One Stop Shop services

Introduction

The following section of this report contains a more comprehensive account of the evaluation team's findings than that provided in the previous section.

Youth One Stop Shops provide a range of health and other services, directly or indirectly under one roof in a wraparound and holistic model of care which is responsive to the needs of young people. The aim of this model of service delivery is to facilitate and enable young people's access to health and other services and to provide coordinated and integrated care. Services are provided at little or no cost, are youth-focused and strengths-based and delivered in a manner that engenders trust, safety and confidentiality. Recreational facilities are also an important feature.⁷³ These are key characteristics of the Youth One Stop Shop model of service delivery and allow services to 'strike while the iron's hot' in order to meet the health, social, education, employment and developmental needs of the individual.

Health services provided by Youth One Stop Shops

The Youth One Stop Shops provide direct access to a range of services to young people, the most common of which are general health/primary care, sexual and reproductive health and family planning and these services are provided by doctors and nurses. Four Youth One Stop Shops employ nurse practitioners, which is notable as there are relatively few people with this qualification within youth health in New Zealand. In one Youth One Stop Shop, the nursing service is related to mental health, which is the only health service provided in that facility.

Mental health services are the next most commonly provided, followed by health promotion and education, counselling, vaccinations and alcohol and drug services.

"Other" services provided include oral health, smoking cessation, school-based services, group work, physiotherapy, ACC, acute illness, chronic disease management and liaison with co-located youth alcohol and drug services.

Information about services provided by specific Youth One Stop Shop is located in Appendix 6. A map showing the locations of the Youth One Stop Shops can be found on page 25, 'Locations of Youth One Stop Shops included in the evaluation' (see Scope of the Evaluation).

Youth One Stop Shops employ a range of staff including clinical, business and finance managers, doctors, nurse practitioners, nurses, counsellors, social workers, mentors, youth workers, peer support workers, psychologists and administrative staff. The following table outlines the services provided by each Youth One Stop Shop.

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⁷³ Counties-Manukau District Health Board (2008) Developing a youth one stop for Counties Manukau

1. Youth One Stop Shop services, Continued

Health services provided

	GH/PC	SRH	FP	MH	AOD	C	HPE	V
Whai Marama				✓	✓			
Rotovegas	✓	✓	✓	✓	✓	✓		✓
Café for Youth Health	✓	✓	✓	✓	✓		✓	✓
Directions	✓	✓	✓	✓		✓	✓	✓
Waves	✓	✓	✓	✓	✓	✓	✓	
Youth Services Trust	✓	✓	✓			✓	✓	✓
YOSS	✓	✓	✓	✓	✓	✓	✓	✓
Kapiti Youth Support	✓	✓	✓	✓	✓	✓	✓	
Vibe	✓	✓	✓				✓	
Evolve	✓	✓	✓	✓	✓	✓	✓	✓
198 Youth Health	✓	✓	✓	✓		✓		✓
Number 10	✓	✓	✓	✓			✓	✓
TOTAL	11	11	11	10	8	8	9	8

Table 2. Health services provided by Youth One Stop Shops

Key:

- GH/PC. General health/primary care
- SRE. Sexual and reproductive health
- FP. Family planning
- MH. Mental health
- AOD. Alcohol and other drug
- C. Counselling
- HPE. Health promotion and education
- V. Vaccinations

Primary care, sexual and reproductive health and family planning services

Primary care and preventive services are the most commonly accessed across the Youth One Stop Shops and include general health check-ups, screening and treatment, with referral to other, secondary and tertiary services as necessary. Nurses work to varying degrees of autonomy both within the facility and on a satellite or outreach basis. Medications are provided by nurses, usually under 'standing orders'. Sexual and reproductive health services are provided alongside family-planning type services in eleven Youth One Stop Shops. Services include screening, diagnosis and treatment of sexually transmitted infections, pregnancy testing and referrals. Contraceptive services, health promotion and advice are also provided and are predominantly nurse and doctor-led. Cervical screening is provided to adults, usually as an extra form of revenue for the Youth One Stop Shop.

Mental health services

Mental health services are provided in ten Youth One Stop Shops and are the next most commonly accessed by clients after primary care-type services and include assessment, counselling, treatment, advocacy and support for young people with minor to severe mental illness. One facility is part of a cluster group which provides mobile assessment and referral services for infants, children and young people (0-19 years) impacted by moderate or severe mental health and/or drug addiction issues.

Almost all Youth One Stop Shops report a higher demand for mental health, counselling and alcohol and other drugs services. There is concern amongst Youth One Stop Shops at the lack of youth-appropriate services to which young people with minor to moderate mental health issues can be referred, leading to increased difficulties in accessing timely mental health care for these young people. Several other Youth One Stop Shops provide young people with minor to moderate mental health issues with up to six counselling sessions. This is positively viewed by local stakeholders as it provides secondary mental health services with a youth-friendly option to which appropriate young people can be referred. Providing mental health services in Youth One Stop Shops alongside other services overcomes some of the barriers experienced by young people, such as reduced stigma due to non-specific signage.

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1. Youth One Stop Shop services, Continued

Other (non-health) services provided by Youth One Stop Shops

Youth One Stop Shops are funded to provide a range of other (non-health) services. Advocacy is the most common and is the only service provided across all Youth One Stop Shops. A range of innovative youth development programmes is provided which focus on things such as life skills, art, music, dance and building self-esteem. Overnight marae stays have also occurred.

Youth One Stop Shops provide information and assistance to young people to help find suitable accommodation, training and education and employment. Social work services are provided in five Youth One Stop Shops while four provide budgeting advice and youth transition services. Youth transition services provide assistance to young people (aged 15-19) to make the transition from school into further education, training or employment. Mentoring programmes (both for individuals and families) are also provided, although sometimes as one-off projects with non-recurring funding. Other services provided include peer support; family group work; council area youth worker; youth development programmes including art, music and dance; holiday programmes; support groups for sexual diversity, 'queer youth' and autism; when possible food parcels and emergency clothing; liaison with transition services; work and income; community law. The following table outlines which non-health services are provided by individual Youth One Stop Shops.

Other services provided

	SS	A	LSP	RP	BA	HA	TE	TS	ES	M
Whai Marama		✓	✓		✓	✓	✓	✓	✓	
Rotovegas		✓						✓		
Café for Youth Health		✓	✓				✓			
Directions		✓	✓			✓	✓			✓
Waves	✓	✓	✓	✓	✓	✓				
Youth Services Trust		✓	✓				✓			
YOSS	✓	✓	✓	✓	✓	✓				
Kapiti Youth Support	✓	✓	✓			✓			✓	✓
Vibe		✓	✓	✓			✓	✓	✓	✓
Evolve	✓	✓	✓	✓		✓	✓	✓	✓	✓
198 Youth Health	✓	✓				✓				
Number 10		✓			✓	✓	✓			
TOTAL	5	12	9	4	4	8	7	4	4	3

Table 3 Non health services provided by Youth One Stop Shops

Key:

- SS. Social services
- A. Advocacy
- LSP. Life skills programmes
- RP. Recreation programmes
- BA. Budgeting advice
- HA. Housing/accommodation assistance
- TE. Training and education
- TS. Transition services
- ES. Employment services
- M. Mentoring

Information about services provided by specific Youth One Stop Shop is located in Appendix 6. A map showing the locations of the Youth One Stop Shops can be found on page 25, 'Locations of Youth One Stop Shops included in the evaluation' (Scope of the Evaluation).

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1. Youth One Stop Shop services, Continued

Proportion of business of related to the health and disability sector

On average, more than 85% of the business of Youth One Stop Shops relate to the health and disability sector, according to responses in the managers survey. Eleven Youth One Stop Shops stated the proportion was between 70-100% with the twelfth stating it was 40%. Of these, four Youth One Stop Shops attributed 100% of their business to the health and disability sector. In the verification survey managers were asked the proportion of their funding in relation to the health and disability sector versus other (non-health) funding. This is discussed in Section 9. For graphical representation of this data, see Chart 1 located in Appendix 4.

Hours of operation

Six of the Youth One Stop Shops are open between 39-44 hours per week while others range from 27-32 hours per week to more than 45 hours. The total range of opening hours across all Youth One Stop Shops is therefore 432 to 487 hours per week.

Opening hours were affected by staff availability, funding and the habits and other commitments of the service users. Most services attempt to provide access for those who work or who are unable to attend services during school or study hours by opening later in the day and having appointment times after 5.00 pm.

Comments from both clients and staff indicate an increase in opening hours would facilitate greater access for clients. Suggestions were made to open services for a time on Saturday or to be open later in the evening. For graphical representation of this data, see Chart 2 located in Appendix 4.

Age range for eligibility of services

Youth One Stop Shops provide services to predominantly 10-24 year olds, although age ranges vary according to individual contracts. The three services that provide access to those aged 25 years and over, do so through sexual and reproductive health clinics, including cervical screening.

Provision of services for vulnerable young people

Research supports the need for youth-specific health services to provide for young people who are vulnerable.⁷⁴ All Youth One Stop Shops reported that they provide services to 'at risk' young people although the definitions varied and were dependent on the services provided. More than one definition may be used in a Youth One Stop Shop for this reason. For example, all Youth Transition Services use the national definition of 'any young person not engaged in a positive activity'. This encapsulates other broad definitions given by some Youth One Stop Shops (including early school-leavers, unemployed youth or those on low-incomes, those within the justice system, resident in areas of high deprivation, Maori and Pacific youth and anyone in an unsafe situation). Mental health service definitions referred to indicators such as: having serious suicidal intent with or without a definite plan; lethality; access to means; presence of risk factors, e.g. impulsiveness, alcohol use, previous attempts; hopelessness; psychosocial triggers; and a lack of presence of protective factors.

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⁷⁴ Homans H. (2004) *Youth friendly health services: Responding to the needs of young people in Europe*. United Nations Inter Agency Group (UNFPA/UNICEF/WHO), Paper presented at Children in the Mediterranean conference, Genoa, January 2004

1. Youth One Stop Shop services, Continued

Provision of services for vulnerable young people (continued)

Other definitions related to youth engagement in multiple risk-taking behaviours or having identified risk of harm to the young person themselves, to others or from others. Some Youth One Stop Shops are averse to the term 'at risk' as it is deficit based rather than strengths-based and prefer instead to use terms such as "high needs" or "the less resourceful".

Engaging with young people experiencing major difficulties in their lives requires patience and understanding. Managers described having an open door policy and the need to focus on establishing trust which can then develop into a therapeutic relationship. In one Youth One Stop Shop, an experienced and well-known male youth worker provides transport home for young people with no other means of transportation on Friday nights, often with other staff such as the doctor, in the service-branded car. In addition to ensuring these young people arrive home safely and out of trouble, it is also used as an opportunity to establish rapport with young people and inform them about available services. This contact can then be followed up the following week.

Most Youth One Stop Shops use the HEADSS assessment for initial identification of needs and either refer internally or, if services are outsourced, to secondary or tertiary care as required. Some Youth One Stop Shops have links with alternative education units, which provide access to very vulnerable young people.

Stakeholders were asked how effective they considered Youth One Stop Shops to be in meeting the needs of 'at risk' young people. Of the 97 responses, 68 people considered Youth One Stop Shops to be effective; almost equal numbers were neutral (n=12) or did not know (n=13) and a small number (n=4) did not consider Youth Shops to be effective in meeting the needs of these young people.

Feedback from clients in focus groups confirms the assertion that Youth One Stop Shops do well in supporting the vulnerable young people that access their services. Where the proportion of vulnerable clients in a service is particularly high, managers recognise the need to balance the provision of higher levels of support for these young people whilst continuing to provide an equally safe and youth-friendly environment for those not so vulnerable, particularly where recreational and clinic facilities co-exist in the same space.

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1. Youth One Stop Shop services, Continued

Services for recent migrants and refugees

The diversity of the youth population in New Zealand is increasing as a higher number of new immigrants are arriving from Asia, Africa and Eastern Europe.⁷⁵

Managers were asked to describe how the Youth One Stop Shops meet the needs of the ethnically diverse, specifically recent migrants and refugees. Responses indicate that the provision of specifically targeted services to these populations by Youth One Stop Shops is limited, although managers highlight that services are all-inclusive and provided in a culturally appropriate and non-discriminatory way.

In areas where there are higher numbers of migrants and refugees, Youth One Stop Shops are more actively involved in working with these groups, including supporting Settling In projects⁷⁶ or being on Settlement Support⁷⁷ databases. Some Youth One Stop Shops link with local school or community-based Refugee and Migrant units. Individual mentoring with migrant and refugee young people occurs in one area, although the service reports that the use of professional interpreters is costly. Interpreter services are available via the District Health Boards if required, however these are rarely used. Services in smaller centres have trouble accessing interpreters and face issues of confidentiality due to the small size of the populations involved.

Youth One Stop Shops aim to and do recruit a diverse range of staff who reflect the local populations. One manager responded “...young people tend to feel more comfortable if there is a familiar face or someone they can relate to and communicate with in their own language.”

Activities are undertaken to encourage these young people into the service, for example, ‘African Youth Night’ and other events during Refugee Week. One Youth One Stop Shop has engaged the services of a co-facilitator for a leadership programme for Burmese young people. Some Youth One Stop Shops access professional development and training for staff to assist them to respond appropriately to young people from diverse ethnic and cultural backgrounds.

Several Youth One Stop Shops reported having reached their capacity and being unable to register additional clients. Hard to reach groups are therefore less able to be targeted. One manager observed that these communities often gather socially within their groups and tend to “go where the others go and do as the others do”. These groups also tend to be more suburban based and are less likely to visit the city centre.

Stakeholder perception of the effectiveness of Youth One Stop Shops in meeting the needs of the ethnically diverse or recent migrants and refugees was sought. Almost half of those who responded (n=46) considered Youth One Stop Shops to be effective in meeting the needs of these populations. An almost equal number were neutral or did not know (n=47) and a few (n=4) did not consider them to be effective in this way, however the reasons for the latter were unclear as no commentary was provided.

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⁷⁵ Ministry of Youth Development (2003) 12-24 Young people in New Zealand

⁷⁶ ‘Settling In’ is a community development programme, funded by the Ministry of Social Development, that works directly with refugee and migrant communities to help them find solutions to meet their own needs

⁷⁷ ‘Settlement Support New Zealand’ connects migrants and refugees with existing services in local communities and is administered by Immigration New Zealand

1. Youth One Stop Shop services, Continued

Services for recent migrants and refugees (continued)

In an attempt to obtain client feedback relating to this question, clients were asked in the survey if they were recent migrants or refugees and if so, the length of time they had been in New Zealand. Of the 10 who answered affirmatively to being a recent migrant or refugee, two had been in New Zealand less than 1 year and were Samoan and Bhutanese. No recent migrants or refugees attended the focus groups therefore it was not possible to obtain a client perspective of Youth One Stop Shop service utilisation and/or satisfaction from this group within the course of the evaluation. Information from managers on utilisation of services by ethnicity would suggest this client group accounts for a small proportion of overall clients seen in Youth One Stop Shops. For example, in one facility where the local population includes larger numbers of these young people, only 3% of client contacts were Middle Eastern or African⁷⁸. Other reasons why these young people do not access Youth One Stop Shops include the fact that the locations where these groups are based, which are not necessarily in the vicinity of a Youth One Stop Shop. In another area where there are a high and increasing number of people of ethnic minorities, the manager reports these youth are choosing not to access Youth One Stop Shop services. Managers also report that some groups in their services' communities focus on the negative perception that the Youth One Stop Shop is a place where sexually active young people visit for free condoms. These negative views may act as barriers to young people from these communities to accessing services. Managers report that if necessary, the Youth One Stop Shop makes contact with relevant organisations in collaboration with the young person in order to meet their needs.

One Youth One Stop Shop reported a drop in access by a particular ethnic minority when the youth worker of the same ethnicity left the service. The linkages Youth One Stop Shops have with organisations for migrants and refugees depend on the catchment population, the level of utilisation amongst these groups and to some extent, the demographic profile of staff members.

Youth One Stop Shops accept that further development is required for their services to be accessible and appropriate for young migrants and refugees and any developments would need to be resourced appropriately. A scoping exercise to assess the needs of these populations would be advised as part of any development work. As a minimum, existing support migrant and refugee support networks in Youth One Stop Shop areas should have information on their services available, for example, through inclusion on any local Settlement Support databases.

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1. Youth One Stop Shop services, Continued

Youth One Stop Shop service standards

Consistent and nationally applicable service standards for Youth One Stop Shops would assist in the development of new services and provide a baseline from which best practice can be measured. These could also help funders (for example DHBs) to develop appropriate measures for Youth One Stop Shop services and could be adopted by a value-add quality programme or be used as a stand-alone document for Youth One Stop Shops to use as a self-assessment resource.

There are presently no formal standards for youth health services in New Zealand, although a draft series of standards has been developed by Counties-Manukau DHB in consultation with key representatives from other services around New Zealand.⁷⁹ These standards are unable to be adopted in their current form and Youth One Stop Shops have limited capacity for undertaking such work. Investment in service development has been an issue as most funding is apportioned to service delivery or facility development. During the verification workshops, participants agreed that further development of the draft service standards for youth health services and decisions on how the document would be used would be a positive step forward.⁸⁰

Youth One Stop Shops use a range of policies and procedures to guide activities, including those undertaken at service delivery levels. Managers refer to the *'Youth Health: A Guide to Action document and the Youth Development Strategy Aotearoa (YDSA)'* as a benchmark for services. Four services participate in the Healthcare Aotearoa quality programme Te Wana, which involves external review against predetermined standards related to Core Organisational Functions (including the Treaty of Waitangi), Primary Health Care, the Community and Voluntary Sector and Mental Health. The programme does not currently have a specific youth health or youth development focus. Youth One Stop Shops engage in DHB-related audits as required, including the central region's TAS (Technical Advisory Service) audit and quality review process.

⁷⁹ Kidz First Centre for Youth Health and the Youth Health Expert Working Group (2006) Draft service standards for youth health services. Commissioned by Counties-Manukau District Health Board

⁸⁰ Verification Workshop Report: Evaluation of Youth One Stop Shops (August 2009) Located in Appendix 6

2. The client group

Introduction

Youth One Stop Shops have a diverse clientele, including those of different ethnicity, culture, age and background. Many attend school or other kind of educational facility or are employed. Young people access services from a range of providers as well as Youth One Stop Shops, often opportunistically according to their present situation, service availability, accessibility and their needs at that time. This is referred to by some managers as service 'grazing' or 'snacking'. Many other clients are more vulnerable and have multiple needs. These young people may not be engaged in any form of positive activity or may be a young parent or couple living without family support and have multiple health and other needs. Responses to the client survey indicate there is a small proportion of young people that access services solely from Youth One Stop Shops.

Size of catchment populations for those ages eligible for services

The combined youth population eligible for services across all Youth One Stop Shop catchment areas is almost 328,000. Individual catchment population sizes vary across Youth One Stop Shops with the number of those eligible for services ranging from 7,000 to 54,000 in each area. This is reflective of the diverse geographic locations in which services are based, namely cities, provincial towns and districts. The catchment population data below is best used as a guide due to misalignment in the statistical data on regional populations by age compared to the age ranges for Youth One Stop Shop service eligibility. For example, regional population data sourced was based on the age range 12-24 years. This did not take into account those aged 10 and 11 years, and therefore a degree of approximation was applied to provide a suggested total catchment population. Where services were provided to adults (e.g. cervical screening) these figures were not included in the catchment population.

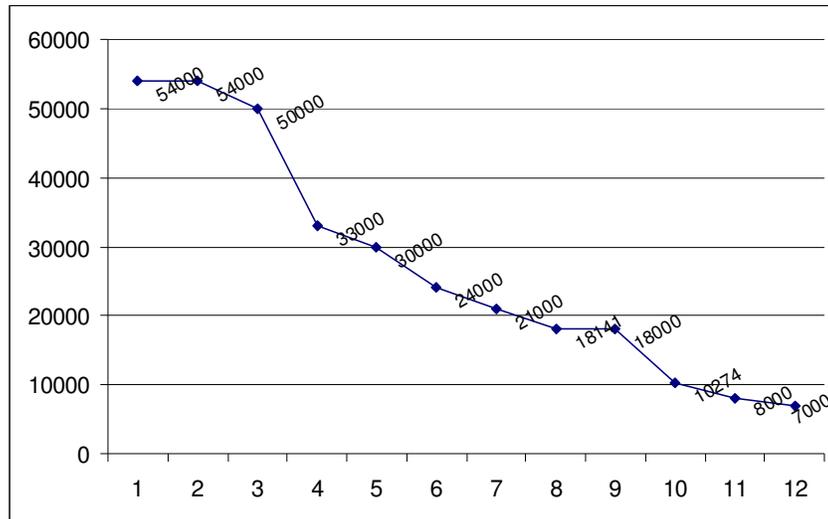


Chart 3: Size of youth catchment populations – Managers survey

Continued on next page

2. The client group, Continued

Number of registered clients

There was similar variability in the total number of clients registered with Youth One Stop Shops, which ranged from less than 1,000 to 5,000 or more. Based on these figures, Youth One Stop Shops have approximately 28,000 - 34,000 young people registered with their services.

Number of registered clients	Number of Youth One Stop Shops
1000 or less	1
1001-2000	3
2001-3000	2
3001-4000*	4
4001-5000	1
5001 or more	1

Table 4: Number of registered clients; *modal or most frequent value

Occasions of service

There were in excess of 137,000 occasions of service recorded in the last year across the Youth One Stop Shops ranging from 2,000 to 15,000 per area and with a mean of 11,430, according to managers. Where greater numbers of occasions of service were provided, this correlated with an increased range of services available, number of staff and size of catchment populations. The following graph illustrates the total number of reported occasions of service across the Youth One Stop Shops.

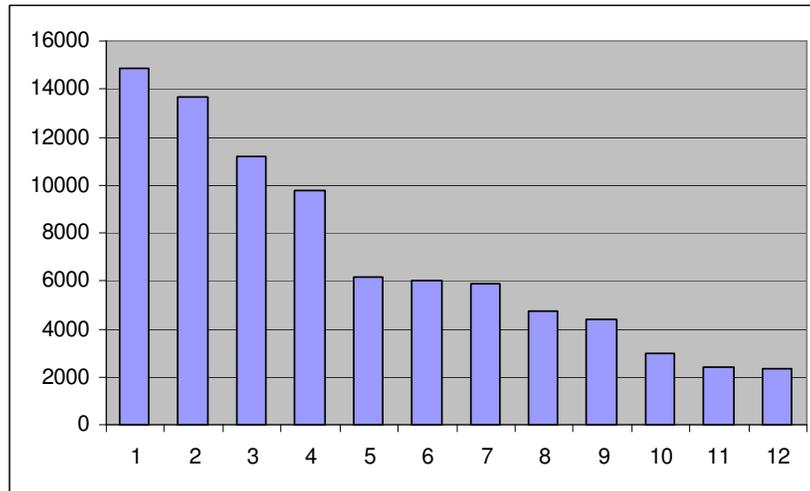


Chart 4: Occasions of service (in the last year) – Managers survey

Continued on next page

2. The client group, Continued

Age of clients accessing services

Youth One Stop Shops provide services predominantly to those aged 10-24 years. Managers provided information on utilisation of services by age groups, which was aggregated to provide a national picture of access to Youth One Stop Shops by age. The majority of clients accessing Youth One Stop Shop services are aged between 15 and 24 years. Over half (52.5%) were aged between 15-19 years. Services provided to children less than 12 years of age included primary care (where the health issue of the adolescent affected or was affected by others in the family, especially with regard to babies and children) and mental health. Access by those aged 25 years or over is represented by women utilising cervical screening and sexual and reproductive health services (available to this age group in three Youth One Stop Shops).

The age ranges of clients who responded to the survey were similar to the age distribution of service utilisation from managers, which suggest the ages of young people included in the survey sample are reflective of the proportion of age ranges accessing services. This illustrates that while services are provided for a greater age range, the majority of services are used by those between the ages of 15 to 24. Chart 5 below provides a comparison between service utilisation by age and the age of clients responding to the survey.

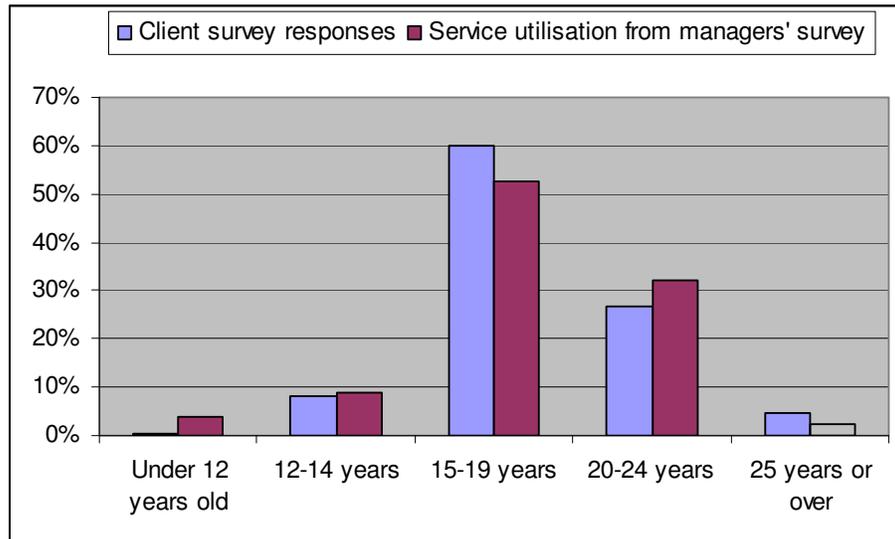


Chart 5: Comparison by age of service utilisation (Managers' survey) and client survey responses (Client survey)

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2. The client group, Continued

Ethnicity of clients accessing services

Managers were asked to identify the proportion of clients accessing services by ethnicity. Nationally 64% of clients accessing Youth One Stop Shop services are New Zealand (NZ) European, 30% are Maori and 3% are Samoan. A further 3% identify as other ethnicities, including Tongan, Cook Island Maori, Niuean, Chinese, African and Middle Eastern. A number of Youth One Stop Shops indicated that services provide for a proportionally greater number of Maori clients than the general population in their area and that the number of these clientele accessing services is increasing.

Managers highlighted the lack of consistency across Youth One Stop Shops in the use of demographic definitions and categories and the lack of a shared dataset for the collection of such client information which makes comparison of such information difficult. Chart 6 below provides a comparison of service utilisation by ethnicity and ethnicity of clients responding to the survey.

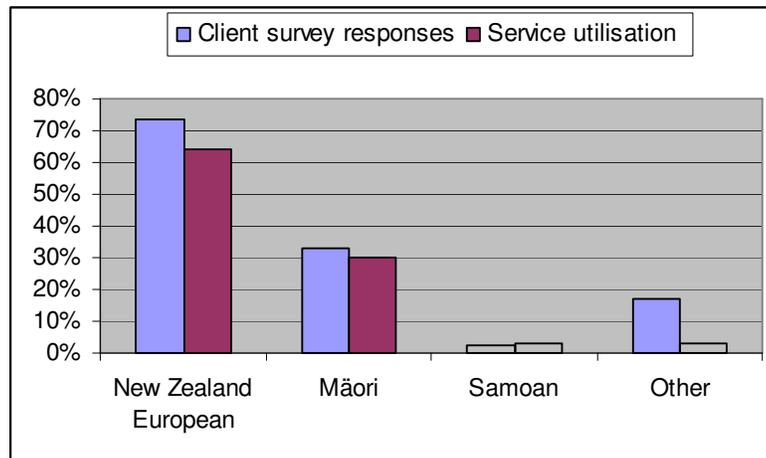


Chart 6: Comparison by ethnicity of service utilisation (Managers’ survey) and client survey responses (Client survey)

The ethnicity of clients responding to the survey was similarly distributed to the overall proportion of those accessing services. Almost 76% of survey respondents self-identified as NZ European, which is proportionally higher than the 64% who managers report utilise services. Of the 26 respondents who selected “other”, these were also closely proportional to overall service utilisation and included nationalities such as African, American, Brazilian, Bhutanese, Dutch, English, Japanese, Romanian, Scottish, South African, Tahitian and Taiwanese. Clients were able to select more than one ethnicity.

Responses by gender

71% of clients responding to the survey were female and 29% male. Anecdotal information gathered during the site visits indicate this is comparable to utilisation of services where managers’ estimate 20-25 percent of utilisation is by males.

Continued on next page

2. The client group, Continued

Frequency with which clients use Youth One Stop Shops

Managers were asked to estimate the frequency with which clients access Youth One Stop Shop services. Managers responses were aggregated to provide a national view of repeat utilisation which identified that one fifth of clients access services once or twice, one third use services 3–5 times while less than half (46%) use services 6-9 times or 10 times or more. Managers considered repeat utilisation by clients to be dependent on factors such as continuity of staff and the provision of appropriate and timely services.

Information gathered during client focus groups highlighted reasons clients may attend repeatedly, including the development of a trusting clinical relationship with specialist youth health practitioners and the availability of complementary services in the same setting. Client survey data suggested that high frequency utilisation (i.e. 6 or more visits within 3 months, n=11) correlated with the uptake of Youth One Stop Shop counselling services. See Chart 7 in Appendix 4.

Access to health services internal and external to Youth One Stop Shops

Clients were asked in the survey to identify which services they accessed both within and outside of Youth One Stop Shops. Within Youth One Stop Shops, the commonly accessed services were general practitioner, sexual and reproductive health and counselling, followed by mental health, family planning and alcohol and drug services. 196 clients responded to the question about services accessed outside of Youth One Stop Shops.

The most commonly accessed services external to Youth One Stop Shops were general practitioner services (n=90, 45%), followed by counselling, sexual and reproductive health, alcohol and drug, family planning and mental health services.

28 respondents indicated they do not access any other services outside of Youth One Stop Shops. Furthermore, responses to the client survey and information obtained during focus groups suggest the first choice for young people when attempting to access general practitioner services is Youth One Stop Shops. Other services accessed by clients outside of Youth One Stop Shops included dental, physiotherapy, after-hours GP and school-based services. The chart below compares client survey responses for service utilisation both within and external to the Youth One Stop Shops.

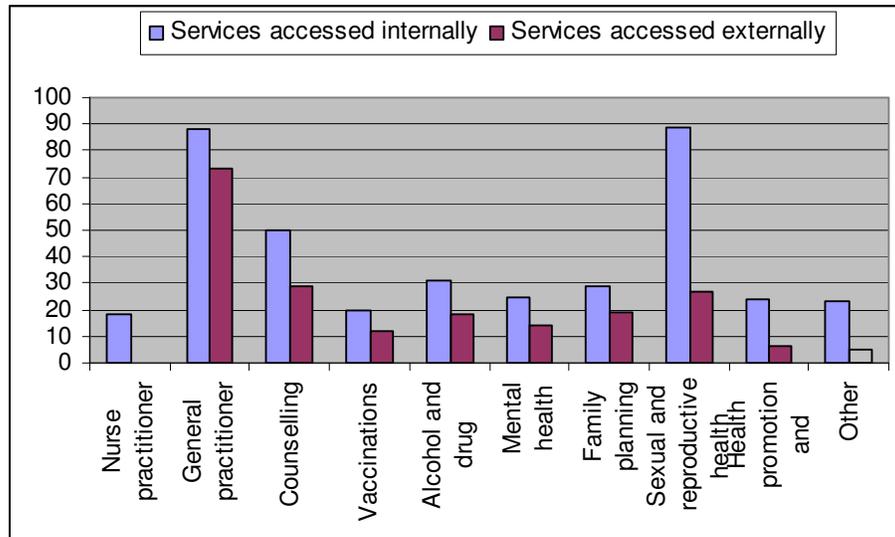


Chart 8 : Access to services within and external to Youth One Stop Shops – Client survey data

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2. The client group, Continued

Access to health services internal and external to Youth One Stop Shops (continued)

Responses indicate youth access services in more than one setting, however higher levels of access occurs in the Youth One Stop Shop when compared with outside, among the sample population. Both of these observations are consistent with known youth access and utilisation patterns. No access to a nurse practitioner is recorded outside the Youth One Stop Shop setting.

Client demographics compared to the overall youth population (Youth '07 Survey)

The Youth '07 survey⁸¹ is New Zealand's second national survey of secondary school students and follows on from the first, undertaken in 2001. Many of the items reported in the initial findings of the Youth '07 survey relate to young people's world views, for example, on their relationships with family and friends, their feelings about cultural identity and their place in the community. These were not data obtained from Youth One Stop Shop clients in the course of the evaluation. There is disparity in the overall number of responses between the Youth One Stop Shop client survey (n=252) and the Youth '07 survey (n=9,107), however this does not prevent some indicative comparisons being made regarding ethnicity and young people's use of and demand for certain services between the sample populations. The age ranges in both surveys were similar as all Youth '07 survey respondents attended secondary school and were aged up to 18 years. This correlates with the majority of Youth One Stop Shop client survey respondents being aged between 15-19 years.

76% of Youth One Stop Shop clients that completed surveys self-identified as NZ European, 30% as Maori, 6.4% as Pacific and 2% as Asian. An equal percentage of respondents in the Youth '07 survey identified as NZ European (76%) with 19% identifying as Maori, 13% as Pacific and 14% as Asian. This would support the assertions in some Youth One Stop Shops that the number of Maori clients seen exceeds the proportion of rangatahi Maori in their catchment population, which could be interpreted as an indicator of acceptability amongst rangatahi Maori in using Youth One Stop Shop Services.

Among the 83% of students in the Youth '07 survey who had received health care in the last 12 months, the majority (93%) had been to see a family doctor, 23% to a school health clinic, 33% to an Accident and Emergency Department (hospital or afterhours) and approximately 2% of those surveyed used youth services. Compared the 2% of Youth '07 respondents that had received health care from a youth service in the past year, this evaluation provided a focus on 252 individuals, all of whom had used youth services in the past year. More than half of Youth One Stop Shop clients surveyed (n=143) reported they did not have a general practitioner or knew if they did. Evaluation data from the client surveys and focus groups suggest that those who are in school use school-based services, which is consistent with the Youth '07 data.

Virtually all Youth One Stop Shops reported a high demand for adolescent mental health, counselling and alcohol and other drug services. This is consistent with the Youth '07 survey and other data⁸² which states that mental illness becomes more common as young people move through adolescence. There is a high correlation between mental illness and increased risk-taking behaviours and Youth One Stop Shop clients are among those in need of these services.

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⁸¹ Adolescent Health Research Group, (2008). *Youth '07: The Health and Wellbeing of Secondary School Students in New Zealand. Initial Findings*. Auckland: The University of Auckland.

⁸² Ministry of Youth Development (2003) *12 to 24: Young people in New Zealand*. Wellington, New Zealand. Retrieved from www.myd.govt.nz

2. The client group, Continued

Number and proportion of clients enrolled with a PHO

Seven Youth One Stop Shops did not know what proportion of their registered clients was enrolled with a PHO. Of those that did have access to such data, one stated 10% of clients were enrolled with a PHO, another stated 80 percent and three stated 70%. Where accurate information was available, the Youth One Stop Shops had reviewed their databases and used National Health Index (NHI) numbers to correlate PHO enrolment with their registered clients, in negotiation with their local PHOs.

Based on the information available, each Youth One Stop Shop has between 1,000 to 5,000 or more registered clients. Managers' knowledge on the proportion of clients enrolled with Primary Health Organisations (PHO) was limited, primarily because the information is not routinely collected in client data systems.

Similarly, knowledge of PHO enrolment among clients responding to the survey was also limited. 43% responded affirmatively to being enrolled with a PHO while an almost equal number did not know (42%) and a smaller percentage (15%) said they were not enrolled. See Chart 8 in Appendix 4 for a graphical representation of PHO enrolment among client survey respondents.

Client perception of PHO enrolment

During client focus groups and opportunistic discussions with clients during site visits, it was possible to explore client perceptions of PHO enrolment. Following discussion, several young people affirmed they had been enrolled by their parents as part of the family without them having knowledge of enrolment. Others were aware they had a family doctor but did not immediately equate that with the question that was asked as many were unfamiliar with the terms PHO, Primary Health Organisation, general practitioner and GP. The term 'family doctor' was more readily understood by young people. Where young people were not enrolled, this was often due to general practices having closed books, especially for those who had moved to the area within the past two years.

Reasons young people use Youth One Stop Shops and what clients and stakeholders value about this approach to service delivery

Clients, stakeholders and managers were asked in the surveys to identify the reasons why young people access Youth One Stop Shop services and what they value about this approach to service delivery. This was further discussed during face to face and meetings and focus groups.

The top response selected by over 60% of clients responding to the survey was that services are available free of charge. The next most common reasons given were confidentiality and flexibility of services. High value was placed on the ability to drop-in for services and the handiness of the location. Over a third said they did not have a GP and preferred to use Youth One Stop Shops over other service providers. Clients commented specifically on the acceptability of staff, their skills in working with young people, their non-judgemental attitude and the welcoming environment of the service. See Chart 9 in Appendix 4. for graphical representation of these data.

"It's awesome that it's all in one place and they don't judge you, don't have criteria like money and always listen no matter what your issue is." – Comment from client survey respondent

During focus groups, participants were asked the reasons why they choose to visit their family doctor, if they have one, instead of the Youth One Stop Shop doctor. Some of the reasons given included convenience, for example, the availability of transportation with other family members who were visiting the doctor or close proximity of the family doctor determined the point of access.

Continued on next page

2. The client group, Continued

Reasons young people use Youth One Stop Shops and what clients and stakeholders value about this approach to service delivery (continued)

Young people also chose to visit their family doctor if they perceived their needs could not be addressed at the Youth One Stop Shop, for example, obtaining a medical certificate, or if there were no Youth One Stop Shop appointments. Some clients stated there were some issues they did not mind visiting their family doctor about (e.g. a sore throat) or if they had a specific or complex issue, for example one client knew a surgical referral would be required and therefore chose to see his family doctor in the first instance. Others referred to the fact that their whole medical and health history is already recorded with their family doctor.

Young people stated that the Youth One Stop Shop was their first choice and preference when accessing particular services, such as screening for sexually transmitted infections, rather than their family doctor or other mainstream services. Reasons given included an increased perception of confidentiality in Youth One Stop Shops, feeling at ease with the clinicians and aversion to feeling 'judged' in mainstream service waiting rooms.

"Staff show more compassion here than in other places and I feel I get a greater level of care than at my GP" - Comment from client focus group participant

Managers' responses

The reasons given by clients correlated with those from managers' where all twelve stated that the location was handy, staff work well with young people and services were non-judgemental. Further comments included -

"Where possible, transportation is provided for young people to ensure they access the services they need" - Managers' survey

"Feed back from young people indicates the environment is user friendly - young people have advised on settings." - Managers' survey

"Free health and social support service, confidential, diversity of staff, cool place to come" - Managers' survey

A summary of the main advantages of the Youth One Stop Shop model of service delivery according to responses in the **management survey** is -

The provision of access to a diverse range of services and programmes, which are free and confidential, in a youth-focused and youth-friendly way that is strengths-based, flexible, responsive and holistic within the context of family/whanau and the community. They provide an important access point into primary care for youth, especially at a time when many GPs have closed their books to new clients. Services are provided in a timely manner and wrap around youth to meet their diverse needs and lead to improved outcomes for young people. Youth participation is encouraged at all levels of the organisation and young people are empowered to realise their potential.

"Can engage young person through non-health activities (e.g. music workshops) and then link into other services as needed"

"Strike while the iron's hot"

Continued on next page

2. The client group, Continued

Reasons young people use Youth One Stop Shops and what clients and stakeholders value about this approach to service delivery
(continued)

This was supported by other comments from managers' such as -

Stakeholder responses

Stakeholder responses as to the reasons why young people use Youth One Stop Shops were also closely aligned and most respondents (90%) identified that staff work well with young people, understand young people's needs better (86%), that services are non-judgemental (85%) and Youth One Stop Shops provide a safe place to go (84%). Additional comments provided included -

"Youth friendly environment; staff young and approachable" - Stakeholder survey

"Has a good reputation" - Stakeholder survey

"Variety of services available" - Stakeholder survey

With regards to stakeholder perceptions of the main advantages of the model of service delivery, these echoed those of the managers. Stakeholder comments included.

"They cater for our very at risk young students."

"Our young people have had huge barriers to accessing health in the past and we believe the Youth One Stop Shop is helping to reduce or eliminate those barriers, for example costs, transport, stigma."

"It is important to acknowledge that no one service model will ever be able to cater to an entire community, people need choice of providers."

"...youth can access all the things they need in one place. It saves having the expectation that they will go from service to service which I think we all know does not happen."

"The key is to attract youth to the venue through youth development programmes, activities and then link them into a range of relevant services."

"Clients don't have to explain their story over and over again to different clinicians from different services."

3. Rangatahi Maori

Introduction

Improving the health status of Maori by reducing and eliminating the health inequalities that affect Maori, remains a Government priority. The central principles of Te Tiriti O Waitangi, the founding document for the relationship between Maori and the Crown, are partnership, protection and participation. Youth One Stop Shops have a role in improving the health and wellbeing of rangatahi Maori through the provision of services which reflect the principles of Te Tiriti O Waitangi and which address inequalities. Further information is provided in Section 4. (Giving effect to *He Korowai Oranga: Maori Health Strategy*).

Health of rangatahi Maori

There are over 141,000 rangatahi Maori aged between 12 and 24 years living in New Zealand, comprising 19.5% of the youth population. This compares with 70% of the youth population being New Zealand European.⁸³ The Youth '07 survey highlighted a number of health disparities between Maori and NZ European respondents.⁸⁴ Rangatahi Maori are more likely than NZ European young people to report mental health concerns, substance abuse, inconsistent use of contraception (leading to unplanned pregnancies), and are more likely to be overweight. Furthermore, rangatahi Maori are less likely than NZ European to be able to access health and dental services when needed.

Other sources identify that Maori are disproportionately represented in the most deprived areas of New Zealand and are therefore affected more by mortality related to low socio-economic status. Among Maori aged 15-24 years (during 2000-2004) the major causes of death and the leading disparities compared with non-Maori were accidents, suicide, cancer and homicide. Rangatahi Maori in this age group had a 60% higher risk of death than their non-Maori counterparts with the rate of accidental death for rangatahi Maori 45% higher than non-Maori. The second most common cause of death was suicide which was twice as frequent for Maori as non-Maori. Death rates from cancer were 43% higher for Maori as non-Maori and homicide, the fourth highest cause of death, was three times more likely to affect Maori than non-Maori.⁸⁵ These statistics are undeniably grim, however among Maori secondary school students there have been some improvements. For example, the Youth '07 study found that since the first study in 2001, rangatahi Maori report less depressive symptoms, suicide attempts, cigarette smoking, alcohol consumption and marijuana use. Some of the barriers experienced by rangatahi Maori when attempting to access services are largely the same as those affecting non-Maori and include cost, transportation, cultural appropriateness, trust, confidentiality, low levels of education and literacy and lack of access to information sources such as the internet. Rangatahi Maori are more likely to face multiple issues compared to non-Maori and increased exposure to the determinants of ill-health. This leads rangatahi Maori and sometimes their young families, to be vulnerable and in need of a range of health and other services.

PHO enrolment amongst rangatahi Maori using Youth One Stop Shop services

Less than half of Maori clients said they were enrolled with a general practitioner or PHO (48%, n=35) while a further 38 (52%) were not enrolled or did not know. During focus groups, Maori participants were among those who were not familiar with the terms general practitioner or PHO and some said they had been enrolled with a family doctor by their whanau. This provides an indication of the perception young people have regarding their enrolment with a PHO.

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⁸³ Ministry of Youth Development (2003) *12 to 24: Young people in New Zealand*. Wellington, New Zealand. Retrieved from www.myd.govt.nz

⁸⁴ Clark T, Robinson E, Crengle S et al. (2008) *Te Ara Whakapiki Taitamariki Youth '07: The health and wellbeing of secondary school students in New Zealand. Results for Maori young people*. Auckland: The University of Auckland

⁸⁵ Robson B, Harris R (eds). (2007) *Hauora Maori Standards of Health IV. A study of the years 2000-2005*. Wellington: Te Roopu Rangahau Hauora a Eru Pomare

3. Rangatahi Maori, Continued

How do Youth One Stop Shops attempt to meet the needs of rangatahi Maori?

Effectiveness of services for rangatahi Maori

Managers were asked to describe how the Youth One Stop Shops provide effective services for rangatahi Maori for which a range of responses were received. In most cases, a commitment to Te Tiriti o Waitangi is evident in policies and employment documents. Recruitment processes attempt to attract Maori staff at all levels, which is positive especially given that Maori are under-represented in the (overall) health workforce.⁸⁶

Several Youth One Stop Shops incorporate holistic Maori-specific processes in the delivery of their services, such as the Whare Tapa Wha approach. This includes the recognition of the young person in context of their whanau, hapu and iwi.

Dedicated positions on trust and governance boards and youth advisory groups exist to ensure room for the interests of Maori and rangatahi Maori are represented. Induction of new staff is provided which includes concepts of Te Tiriti O Waitangi. A smaller number of Youth One Stop Shops access induction for new staff and other training through their local iwi or Maori provider/organisation networks.

Feedback from rangatahi Maori is obtained generally by Youth One Stop Shops, however a small number of Youth One Stop Shops report specifically involving Maori in focus groups. Rangatahi Maori service satisfaction is measured by proxy through utilisation figures, which in some areas exceeds the proportion of Maori in the local population.

Effectiveness of Youth One Stop Shops in meeting the needs of rangatahi Maori

The perceptions amongst stakeholders regarding the effectiveness of Youth One Stop Shops in meeting the needs of rangatahi Maori were sought. Of the 98 people who responded to this question, a small number (2%) did not consider Youth One Stop Shops to be effective in meeting the needs of this group, while a larger proportion were neutral or did not know (39%). More than half (59%) did consider Youth One Stop Shops to be effective in meeting the needs of rangatahi Maori.

Effectiveness of Youth One Stop Shops in providing access to services for rangatahi Maori

93% (67 out of 72) of Maori clients responding to the survey considered that Youth One Stop Shops were effective or very effective at both providing them with access to the health services they need and helping to improve their health and wellbeing. 68% considered Youth One Stop Shops to be effective or very effective at linking them with the other (non-health) services they need. This pattern is similar to responses by non-Maori clients.

Further statistical analysis on the responses provided by Maori clients was not conducted due to the relatively small sample size (n=76), however the results do provide an indication of the use of services among rangatahi Maori clients and their views of Youth One Stop Shops.

Continued on next page

⁸⁶ Robson B, Harris R (eds). (2007) Hauora Maori Standards of Health IV. A study of the years 2000-2005. Wellington: Te Roopu Rangahau Hauora a Eru Pomare

3. Rangatahi Maori, Continued

Relationships with iwi and Maori providers and organisations

Youth One Stop Shops work with a number of Maori providers and strive to nurture these relationships and ensure referral pathways are maintained. One Youth One Stop Shop, in response to quality audit standards, engaged in 'crossover familiarisation' with a Maori provider to share information about their services and streamline referral processes. Rangatahi Maori are informed of and referred to primary and secondary iwi-based services, as appropriate to their needs and relevant to the local area.

Outreach or satellite services are provided in communities with a high proportion of Maori, including alternative education venues and kura kaupapa. One team of Maori staff from a Youth One Stop Shop gave a presentation on "What is mana?" to a group of Maori year 12 and 13 students. Another service provides programmes for boys aged 9-11 and 12-14 years. Participants are identified by school-based social workers in an area highly populated by Maori. Close working relationships with these social workers facilitates initial and ongoing contact with the boys' whanau.

See Chart 11 in Appendix 4 for graphical representation of managers' responses regarding relationships with iwi.

Utilisation of services by rangatahi Maori

30% (n=74) of respondents to the client survey self-identified as Maori. Their responses indicate that Maori most commonly accessed sexual and reproductive health services in Youth One Stop Shops, followed by general practitioner/primary care services and counselling services. This was similar for non-Maori except that non-Maori most commonly access general practitioner services.

Externally, the most commonly accessed services by Maori were social services, followed by training and development and third equal were life skills and recreation programmes. These patterns of utilisation were similar to non-Maori respondents, however, Maori showed a proportionally higher uptake of recreation programmes.

Nationally, managers reported that Maori account for approximately 30% of clients accessing Youth One Stop Shop services.

Reasons rangatahi Maori use Youth One Stop Shop services

The top reasons Maori clients gave for using Youth One Stop Shop services were that staff worked well with young people, the location was handy and services were youth-specific. These reasons mirrored those given by non-Maori clients.

Summary

Overall, it can be said that Youth One Stop Shops focus on high quality services to all clientele who access services. In areas with higher proportions of rangatahi Maori, Youth One Stop Shops are more likely to configure their services and programmes to increase access by Maori and to meet their specific needs. The evaluation findings suggest that rangatahi Maori utilise and are satisfied with Youth One Stop Shop services. However, obtaining or collating feedback specifically from rangatahi Maori is an area for development for some Youth One Stop Shops. A greater priority was placed on nurturing relationships with local iwi, Maori providers and organisations in some places compared to others and some excellent examples of well-functioning relationships were provided. Similarly, a number of positive examples exist whereby services and programmes were targeted or configured to meet the needs of rangatahi Maori.

4. Giving effect to key strategy documents

Introduction

The Ministry was interested in how Youth One Stop Shops give effect to key national strategy documents including:

- Youth Development Strategy Aotearoa: Action for Child and Youth Development
- He Korowai Oranga: Maori Health Strategy
- Youth Health: A Guide To Action
- The Primary Health Care Strategy
- Te Tāhuhu - Improving Mental Health 2005–2015: The Second New Zealand Mental Health and Addiction Plan

Youth Development Strategy Aotearoa: Action for Child and Youth Development⁸⁷

Managers' recognise the Youth Development Strategy Aotearoa (YDSA) as being a key strategic document for Youth One Stop Shops and incorporate the goals of the strategy into all levels of the organisation. The strategy is used on a regular basis, for example, to ensure appropriateness of new youth services and programmes and is referenced in funding submission documents and service briefs.

"The YDSA underpins everything we do and is inherent in the core philosophies of our organisation." Comment from managers survey

Goal One: Ensuring a consistent strengths-based youth development approach – This is a key characteristic of all Youth One Stop Shop services. There is recognition that health gains are dependent on numerous co-factors, therefore care must be both holistic and based on developing the strengths of the young person. Wraparound services further support this.

"Rather than focusing on what is going wrong we ask what is going right for you? The young person is not seen as a patient in need of help but a person with a basket of strengths and skills that need developing to help them be healthy in all areas of their lives. This means medical assistance can be given as necessary, along with counselling, mentoring and wider connections in the community." – Comment from managers survey

Goal Two: Developing skilled people to work with young people - Youth One Stop Shop staff are interested in young people and are specially trained to provide services in a youth-appropriate way. Staff are recruited as much for their ability to relate to and communicate with young people as for their qualifications and team 'fit'. Young people participate in recruitment processes to further ensure staff appropriateness and Youth One Stop Shops have recruitment and orientation programmes to support the development of new staff.

"...youth working with youth within a youth-friendly environment" – Comment from managers survey

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⁸⁷ Ministry of Youth Affairs (2002): *Youth Development Strategy Aotearoa: Action for Child and Youth Development*. Ministry of Youth Affairs, Wellington, New Zealand.

4. Giving effect to key strategy documents, Continued

Youth Development Strategy Aotearoa: Action for Child and Youth Development
(continued)

Goal Three: Creating opportunities for young people to actively participate and engage - Many opportunities exist for young people to participate and engage at different levels of the organisations, although the extent to which this occurs varies. There is representation on governance boards and in one service the business co-manager is a young person. Youth peers are employed (sometimes voluntarily) and engage with young people when they enter the service and help to create a welcoming environment whilst simultaneously providing information about the services. Feedback, both formal and informal is sought from young people. The most common formal mechanism used was surveys, followed by comments boxes, complaints and focus groups. Others included youth advisory groups, a client satisfaction tokens system and post-service evaluation forms. Feedback is returned through informal conversations with clients and formally through follow up letters, telephone calls or visits. Special events, emails and websites were less commonly used methods of feeding back to clients. See Charts 12 and 13 in Appendix 4 for graphical representation of these data. The contribution by young people is recognised and where possible and appropriate, they are paid for their work or rewarded for their involvement.

“Our clients have super innovative and creative ways of adding value to our services” Comment from managers survey

Goal Four: Building knowledge on youth development through information and research - This is an area which requires further development. A network has recently been established and if supported to continue, will provide a mechanism for information and resources to be shared across Youth One Stop Shops. There is a willingness on the part of Youth One Stop Shops to be more actively involved in youth development research and evaluation; however resources to support such activities are limited.

He Korowai Oranga: Maori Health Strategy⁸⁸

Youth One Stop Shops have a responsibility, along with other health and disability service providers to deliver improved health services for Maori, which will lead to improved outcomes. The ways in which Youth One Stop Shops fulfil their role as mainstream providers in giving effect to ‘He Korowai Oranga: Maori Health Strategy’ are discussed below.

Development of effective relationships whanau, hapu, iwi and Maori communities - The holistic nature of Youth One Stop Shop services incorporates the view of rangatahi Maori in the wider context of their whanau, hapu and iwi and care is tailored around these aspects at a level appropriate for the young person. In most Youth One Stop Shops, Maori are involved at various levels of the organisation including staffing (e.g. clinical, managerial, peers and youth workers), representation on youth advisory groups and governance boards. One service reported accessing their local iwi health strategy for service planning due to its relevance to their catchment population. The same service described striving to build closer relationships with Maori service providers to encourage them to view the Youth One Stop Shop as a valid health provider for Maori youth, especially given the relatively high number of Maori accessing services. He Korowai Oranga has been previously used in one service to assist with strategic and operational planning, however the manager stated that the relevance of the strategy to the day to day work undertaken in the Youth One Stop Shop needed to increase.

Continued on next page

⁸⁸ He Korowai Oranga: Maori Health Strategy (2002) Ministry of Health

4. Giving effect to key strategy documents, Continued

**He Korowai
Oranga: Maori
Health Strategy**
(continued)

Work collaboratively with other providers to reduce access barriers and ensure whanau receive the services they need - All managers describe their Youth One Stop Shop as having links with one or more iwi-based provider. Two services have contractual and/or funding relationships with Maori organisations. One of these is governed by a large Maori organisation and is also part of a cluster of services which include Maori providers and has facilitated networking and liaison. Referrals of rangatahi Maori are received by Youth One Stop Shops from Maori service providers which assist in improving access to youth health services. One service described their collaborative working relationships with Maori providers and their partnerships with local kaumatua and kuia as providing valuable cultural support to the Youth One Stop Shop. Satellite clinics in kaupapa Maori health facilities are provided in some areas. In others, links with local iwi and Maori organisations could be strengthened and there is scope for increased collaboration of services.

Improve collection of ethnicity data - All services collect data on the ethnicity of clients and report these to funders. Service utilisation data demonstrates increasing numbers of rangatahi Maori are accessing services, which is an indicator of service acceptability amongst this group. However, some managers highlighted a lack of consistency across Youth One Stop Shops in the overall collection of demographic adapt.

Collect and report information on clinical outcomes for Maori, how well their services are reaching Maori and whanau health status - Limited information is collected by Youth One Stop Shops on clinical outcomes generally and for Maori, as no set of nationally consistent outcome measures, including outcomes for Maori and other groups, exists for Youth One Stop Shops at present.

Increase capacity and capability to provide appropriate and effective services for Maori - Youth One Stop Shops consult with local iwi in a number of areas for different reasons, for example the development of a Maori health action plan. Some Youth One Stop Shops were able to articulate more clearly than others the ways in which their services work specifically towards achieving health gains for rangatahi Maori and how inequalities are reduced. Overall, this is an area for improvement. Several services access induction for new staff and training from iwi organisations to assist them to provide culturally responsive and appropriate services to Maori.

Assess the appropriateness and competency of their services - Four Youth One Stop Shops participate in the Healthcare Aotearoa quality programme, Te Wana, in which the principles of Te Tiriti o Waitangi are inherent. Feedback mechanisms do not necessarily target rangatahi Maori.

Continued on next page

4. Giving effect to key strategy documents, Continued

Youth Health: A Guide to Action?⁸⁹

The goals of Youth Health: A Guide to Action are to:

- create a safer, more supportive environment of New Zealand's young people
- measurably improve young people's mental and physical health
- involve young people in influencing health policy and programme development
- promote a higher level of knowledge about youth health and youth health services
- provide high-quality, youth friendly, accessible health services
- measurably improve the health of rangatahi, Pacific young people and disabled and chronically ill young people
- achieve better health outcomes for young people with multiple disadvantages.

This strategy is a key document for Youth One Stop Shops and is given effect in a variety of ways. Managers, stakeholders and clients surveyed agree that Youth One Stop Shops create safe and supportive environments for young people through the provision of confidential services by non-judgmental, youth-friendly staff who are interested and committed to young people. Services are client-centered, strengths-based and holistic.

Services strive to reduce or eliminate barriers to access including locating services near or in main centers close to public transport routes and by providing mobile and outreach services where necessary and possible. Most services are provided free to young people. Youth participation is encouraged at all levels of the organisation and is evident in service planning, service provision, management and governance.

Opportunities are provided to disadvantaged young people to extend their skills through a range of innovative programmes developed in response to the needs of the catchment populations. Several Youth One Stop Shops provide opportunities for youth to make and record music or to produce works of art. Mentoring programmes provide higher levels of support for those with the greatest needs. In some areas Youth One Stop Shops provide school-based clinics and while managers describe the relationships with some schools as being strong, relationships with others could be stronger.

Youth One Stop Shops use multiple opportunities to connect with their communities through local and national events, such as Youth Week or in one case, hosting a youth stage during Waitangi Day celebrations. Compilation of a web-based directory of youth health services has commenced and is available on the NZAAHD website and will assist in promoting a higher level of knowledge about youth health and youth health services.

"Many of the recommended actions from this document were implemented 5-6 years ago and are still maintained within [the service] currently. The document is also used as a background tool when planning etc to ensure that we are on track with guidelines." – Comment from managers' survey

"...we provide young people with knowledge, support and resilience to cope with the risks they encounter as we know this is the best way to reduce the negative health outcomes young people experience." – Comment from managers' survey

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⁸⁹ Youth Health: a guide to action (2002) Ministry of Health

4. Giving effect to key strategy documents, Continued

The Primary Health Strategy ⁹⁰

The six key directions of the Primary Health Strategy include the need for services to work with local communities and enrolled populations; identify and remove health inequalities; offer access to comprehensive services to improve, maintain and restore people's health; co-ordinate care across service areas; develop the primary health care workforce; and continuously improve quality using good information. Key priorities for early action include the need to reduce barriers, particularly financial barriers for groups with the greatest health need including improving access to first contact services, and to encourage developments that emphasise multi-disciplinary approaches to services and decision making.

Youth One Stop Shops work with local communities, especially the youth populations to assess their need, raise the profile of the services and encourage access.

Youth One Stop Shops attempt to reduce inequalities through minimising or eliminating barriers to access, by providing innovative programmes to identify and attract young people who are most in need and by providing high quality, comprehensive services by specially trained staff. Youth One Stop Shops aim to improve the health and wellbeing of young people by providing a strengths-based approach to care and encouraging positive decision-making. There is a further focus on promotion, prevention and early intervention and eleven of the twelve Youth One Stop Shops provide doctor and/or nurse-led primary care services.

All Youth One Stop Shops work proactively to integrate services both internally and externally for young people by working collaboratively within the multidisciplinary team and with other providers to achieve the best outcomes for clients. This also includes the Youth One Stop Shop that does not provide any general primary health care. The wraparound approach ensures the services required to meet young people's needs are accessed and integrated in a seamless manner.

Feedback from managers and staff suggest that youth workers working alongside health services increase the effectiveness of Youth One Stop Shops to address young people's health and development issues. At the time of the site visits, one Youth One Stop Shop was in negotiation with the local PHO to provide funding for a youth worker through 'Services to Improve Access' (SIA) funding in recognition of the potential benefits for young people.

Youth One Stop Shops encourage young people to register with a general practitioner regardless of their age as Youth One Stop Shops view their services as complementary to other primary care services. Information, advice and active support is provided to those at the upper age limit for Youth One Stop Shop services. Options for these young people are discussed and advice is given regarding the suitability (youth-friendliness) of adult service providers to further assist decision-making. If required, active support is provided including contacting GPs directly and transporting clients. Further information on transitioning clients from youth to adult services is included in Section 7.

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⁹⁰ Ministry of Health (2001) *Primary Health Strategy*. Wellington.

4. Giving effect to key strategy documents, Continued

The Primary Health Strategy (continued)

Barriers were experienced by Youth One Stop Shops when attempting to facilitate registration of young people with general practitioners due primarily to closed practice books. This was an issue echoed by client survey respondents and focus group participants. Some Youth One Stop Shops describe their links with local PHOs as very strong, which was supported by stakeholder survey feedback and the face to face interviews. Many Youth One Stop Shop clinicians also work in the local PHO. There is a perception among some stakeholders, including primary care providers, of service duplication for young people. However, it is worth noting that although similar services may be provided by Youth One Stop Shops, the youth-friendly model by which they are provided is a significant point of difference. Some stakeholders recognise this with one commenting that –

“from our PHOs perspective the Youth One Stop Shop is another welcome primary health services provider in an under-resourced market.” – Stakeholder survey respondent

The level to which Youth One Stop Shops worked in collaboration with Maori primary care providers varied. Some Youth One Stop Shops described having very close working relationships with such providers, including the provision of health clinics within Maori health facilities.

Te Tāhuhu - Improving Mental Health 2005–2015: The Second New Zealand Mental Health and Addiction Plan?⁹¹

‘Te Tāhuhu - Improving Mental Health 2005–2015: The Second New Zealand Mental Health and Addiction Plan’ outlines the different requirements of service providers according to the type of services they provide. Youth One Stop Shops that provide mental health-related services must ensure these services are high-performing, provide choice, promote independence and are effective, efficient, responsive and timely. Youth One Stop Shops employ appropriately skilled and trained multidisciplinary staff to provide such services, including, but not limited to nurses, counsellors, psychologists.

By reducing barriers to access and providing youth-friendly, confidential services, Youth One Stop Shops allow young people, including rangatahi Maori to present earlier for treatment and referral to mental health and addiction services, which contributes to prevention and early intervention. Initial assessments are conducted on young people presenting to Youth One Stop Shops using the HEADSS assessment tool, to identify as early as possible any mental health and addiction needs. Sometimes these needs are able to be met within the Youth One Stop Shop and if not, referrals are made to external providers.

Youth One Stop Shops work in partnership with young people and their families when planning and providing care and liaise with external services to ensure comprehensive support is provided to meet young people’s mental health and addiction needs. The strengths-based approach used allows young people to focus on wellness and to lead their own recovery.

Linkages with other mental health and addiction service providers are nurtured by Youth One Stop Shops to ensure service integration and choice for clients. One service became involved in a local post-vention initiative which was implemented in response to the high number of suicides and traumatic deaths in the area. This same service gave the following example of collaboration with an iwi-based organisation.

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⁹¹ *Te Tāhuhu Improving Mental Health 2005–2015: The Second New Zealand Mental Health and Addiction Plan* (2005) Ministry of Health. Wellington.

4. Giving effect to key strategy documents, Continued

**Te Tāhuhu -
Improving Mental
Health 2005–
2015: The
Second New
Zealand Mental
Health and
Addiction Plan?**
(continued)

“Following a suicide, the siblings of the deceased were reluctant to engage with services and family members were concerned for their safety. The Youth One Stop Shop was requested to intervene and as a result our staff provided intervention for the young people and [the iwi-based mental health service] was able to support other family members, with positive outcomes.” – Managers survey

Some Youth One Stop Shops facilitate workshops in local secondary schools which has promoted health, wellbeing and resiliency in young people by increasing their awareness and understanding of self care and the support networks available to them. Programmes have also been developed which provide young people with an understanding of the nature of addictive behaviours and the impact these have on their lifestyles whilst empowering them with the tools to make positive choices and limit harm.

Mental health and alcohol and other drug services were identified by managers, stakeholders and clients as being a major gap in services for young people.

5. Links between Youth One Stop Shops and other services

Introduction - Links with other services

Youth One Stop Shops offer services which address aims that overarch health and other sectors by providing primary health care alongside social development services. The Youth One Stop Shops provide targeted primary care services while attempting to address many of the upstream determinants of poor health and in doing so achieve a “wrap around” approach to youth health. This requires the Youth One Stop Shops to operate effectively within a complex array of other funders, providers and stakeholders. As such good communication links with many other service providers is required to maintain funding, accountability and referral networks. Responses from stakeholders reflect the wide ranging interactions that the Youth One Stop Shops have within the sector and the nature of the relationships they maintain. The list of respondents to the stakeholder survey can be seen in Appendix 5. Additional information gathered during interviews and focus groups with stakeholders during the site visits also informs the following discussion.

Stakeholder groups

Survey replies were received from 101 stakeholders representing 94 different organisations. These organisations were nominated and contacted by the Youth One Stop Shops and the surveys were distributed through their usual communication channels. Approximately 60 stakeholders were interviewed face to face during site visits or over the telephone during the course of the evaluation. Chart 14 below outlines the distribution of responses by type of organisation.

As illustrated, 28% of respondents were from a government agency, 22% from a DHB and 20% from a non government organisation. Identified government agencies included the Ministry of Health, the Ministry of Social Development, Ministry of Youth Development and the Ministry of Education along with other government bodies such as Child Youth and Family and the New Zealand Police. In addition, local city councils, schools and groups such as the Alcohol Advisory Council replied to the survey. Non government organisations such as New Zealand Aotearoa Adolescent Health and Development, Family Planning, the YMCA, Skylight and the Kites Trust also provided responses.

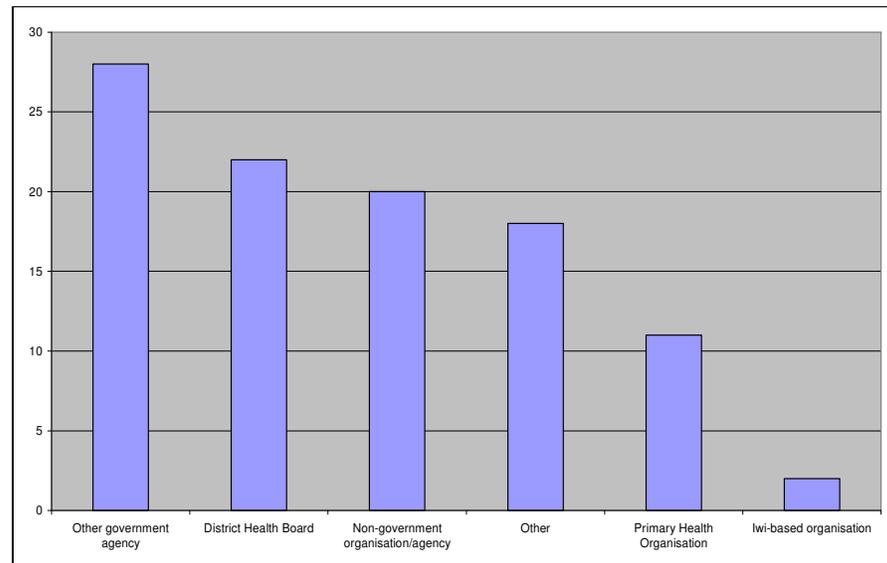


Chart 14: Respondents to the stakeholder survey

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5. Links between Youth One Stop Shops and other services, Continued

Stakeholder groups (continued)

Respondents were asked to outline the type of relationship they held with the Youth One Stop Shops as part of the survey. The types and percentage of stakeholder responses included:

- Provide funding (25%)
- Provide services through Youth One Stop Shops (10%)
- Receive referrals from Youth One Stop Shops (20%)
- Provide staffing (2%)
- Refer clients to the Youth One Stop Shops (45%)

Other responses from the survey and interviews with stakeholders indicated that relationships encompassed many more aspects of involvement such as:

- sharing accommodation
- collaboration on various youth health projects
- participation in training
- requesting assistance in providing a youth perspective on service planning
- participation in wider community youth projects
- contact as experts in the field
- attending training given by the Youth One Stop Shop
- acting as a community advocate for youth
- collaborating working with youth offenders

The relationships discussed by stakeholders and services indicated the strong place Youth One Stop Shops occupied as not only providers of health and social services, but also as advocates, providers of expertise and facilitators for youth involvement in their local communities.

Information flows

Stakeholders were asked about the level of information they received from Youth One Stop Shops for which 44 responses were received. These data indicated the nature and quality of the information received by non-funding stakeholders varied more greatly than those with funding relationships. Reports of timeliness and quality of information ranged from “excellent” and “more than required” to “we don’t have regular communication, it takes place on an as needs basis”. In many cases these stakeholders did report active and positive working relationships and the information exchange was appropriate for the level of engagement between the services.

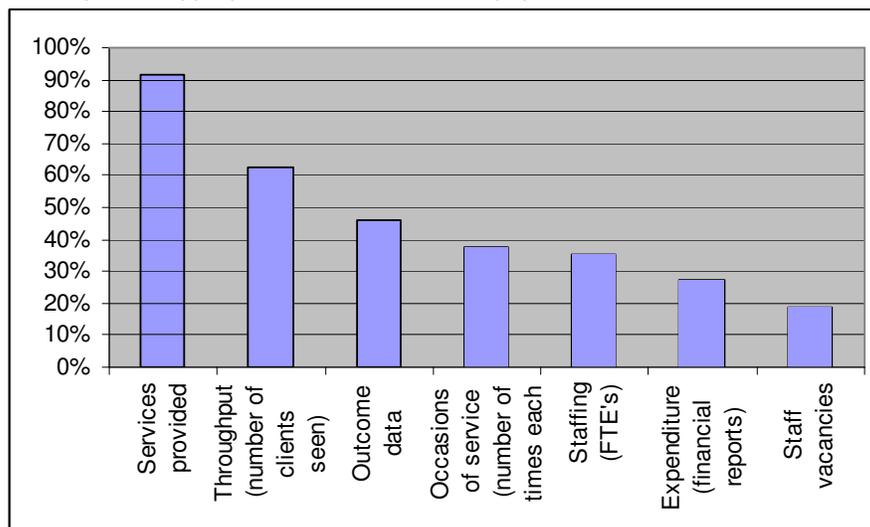


Chart 15: Information received by stakeholders from Youth One Stop Shops

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5. Links between Youth One Stop Shops and other services, Continued

Information flows continued

The majority of stakeholders receive formal reporting on the type of services provided and the service output while less than half receive information about outcomes achieved as a result of these services being provided. The reason for this was explored during interviews with managers as well as stakeholders. Reasons commonly given for this indicated that demonstrating outcomes was difficult to attribute directly to the services provided because of the numerous confounding influences and that many clients ceased to access the services once their issues had been resolved, which made measurement of a desired endpoint or outcome difficult.

Responses to the questions about the quality of information were varied with 22% of respondents ranking information received as average, 44% ranking above average and the remaining 34% as excellent. Reasons as to why reporting may be judged as average included that information could be delivered in a more timely way, that more detail could be given in the narrative section of reports to expand on the context of output measures and that the delivery of information at meetings relied on a Youth One Stop Shop representative being present as reports were not offered with meeting apologies.

Stakeholders were also asked to outline further information they would like to see from Youth One Stop Shops. Responses indicated the following areas which could enhance current communication:

- *quarterly statistics and reporting on general trends identified about young people accessing the service*
- *It is difficult for Police to request information about individuals who frequent the service because of the Privacy issues surrounding medical services*
- *Additional data on ethnicity, deprivation and inequalities*
- *Development of outcome indicators*
- *More qualitative data giving context to service delivery and the benefits of the Youth One Stop Shops*

In the following sections the stakeholder groups will be divided into those who have funding relationships, which implies more rigorous reporting accountability, and those who have service or other relationships with the Youth One Stop Shops.

Links with funding stakeholders

Survey responses were received and meetings held with 30 stakeholders who provided funding to the Youth One Stop Shops. Twelve of these responses were from DHBs who provide funding for the Youth One Stop Shops, seven from PHOs and six from other government or public agencies such as the Ministry of Social Development and city councils.

The nature of the relationships between these stakeholders and the Youth One Stop Shops are contractually defined and financially accountable and the communication links indicate this level of formality.

Stakeholders with a funding relationship were asked about whether they sat on joint committees and the frequency, type and quality of information they received from the Youth One Stop Shop. Of the 23 funders who responded, 5 (20%) sat on committees with the Youth One Stop Shop, however many reported additional formal and informal communication links that indicated positive working relationships had been established and were maintained by both parties.

Continued on next page

5. Links between Youth One Stop Shops and other services, Continued

Links with funding stakeholders continued

Formal reports were received by all funding stakeholders. These reports were at least 12 monthly with 35% of funding stakeholders receiving at least quarterly reports. Reporting structures and expectations varied considerably, with all DHB and some PHO funders forwarding these reports to the Ministry of Health, Sector Services (ex-HealthPAC) as a part of their contractual requirements. Other reported measures included type of services provided, occasions of service, staffing levels, client demographic information and expenditure. Some Youth One Stop Shops commented on the time consuming nature of these reports and that automation could be achieved but that current skills in using their electronic databases would need to be improved to do so.

The usefulness of these reports was questioned by a number of service providers and stakeholders alike. It was frequently commented that the narrative accompaniment to the numerical report was of more value in providing contextual relevance and meaning for stakeholders. There was also concern by both parties that the measures of service outputs and ill-health served as poor proxies for health outcome measurement.

It was acknowledged that measurement of health outcomes and proof of a causal relationship between interventions and positive outcomes was a complex and difficult issue. However, it was felt that there needed to be some balance reflected in reporting requirements on positive, strength-based determinants of good health, particularly when evidence indicates these are also valid proxies for outcomes in youth⁹² and they are advocated in New Zealand youth development documents.⁹³ It was thought that measures that indicate reductions in risk behaviours as well as of resilience, positive relationships and social connectedness are also considered to be valid indicators of the health of the population and these should be reflected in the reporting requirements.

Reports of relationships between the Youth One Stop Shops and their local DHBs and the value placed on the services by DHBs were varied. Whilst DHBs, as the primary funders of Youth One Stop Shops, were on the whole supportive of these services as small NGOs providing to a discrete segment of the population, there were indications of differing attitudes to the issue of service overlap between a number of providers funded by the DHB. One Youth One Stop Shop had recently been subject to significant DHB funding changes which resulted in the withdrawal of some services. Another has had its current bulk funding contracts withdrawn and has had offered capitation funding under a PHO structure. In this case the DHB perceives the Youth One Stop Shop as providing services which are also available elsewhere. There is the expectation for the Youth One Stop Shop to build their own registered population under a capitation funding arrangement and to use clawback arrangements to maintain their funding should their clientele access services elsewhere once registered. Both of these services were undergoing considerable restructuring as a result with an actual or impending disruption of services. The majority of DHBs however recognise that the Youth One Stop Shops offer a specialised, youth focused health service which provides access to a demographic which is known to under utilise healthcare. In this light, these DHBs support Youth One Stop Shops through continuation of recurring or renewable contracts, participation in governance processes and provision of secondary services through Youth One Stop Shops.

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⁹² Tylee et al (2007) Youth-friendly primary-care services: how are we doing and what more needs to be done? *Lancet*, 369, 1565-1573.

⁹³ Ministry of Youth Affairs (2002): *Youth Development Strategy Aotearoa: Action for Child and Youth Development*, Ministry of Youth Affairs, Wellington, New Zealand.

5. Links between Youth One Stop Shops and other services, Continued

Links with other service providers

Stakeholders with service relationships observed a number of different types of links with the Youth One Stop Shops. The nature of the relationships between Youth One Stop Shops and respondents and are represented in Table 5 below.

Refer clients to Youth One Stop Shop	46
Receive referrals from the Youth One Stop Shop	20
Provide services through the Youth One Stop Shop	9
Provide staffing	2
Other (please specify)	52

Table 5: The nature of relationships between stakeholders and the Youth One Stop Shops

“Other” relationships outlined included:

- Providing training for staff
- Sharing accommodation
- Being a neighbouring youth service provider
- Assisting with development of resources
- Participate in meetings and planning sessions.
- Being a collaborator on community events

The range of the 66 external services who either refer to or receive referrals from the Youth One Stop Shops include DHBs , PHOs, Family Planning, YMCA, Maori health providers, Child and Adolescent Mental Health services, Women’s Health Centres and Sexual Health Clinics and Family Centres.

There were fewer stakeholders who provide services **through** Youth One Stop Shops. Those that did reported using the physical location to take advantage of the Youth One Stop Shops’ established client base to promote access to their service. Services that did this included PHOs, Youthline, Police, Schools, DHB mental health and dental health services and a women’s health centre.

These data offer an indication of the extent of interconnectedness and service provision both **by** and **through** the Youth One Stop Shops. These are also a reflection of the central position Youth One Stop Shops occupy in brokering access to large range of other youth service providers.

The nature and quality of the information received by non funding stakeholders varied more greatly than those with funding relationships. Reports of timeliness and quality of information ranged from “excellent” and “more than required” to “we don’t have regular communication, it takes place on an as needs basis”. In many cases these stakeholders did report active and positive working relationships and the information exchange was appropriate for the level of engagement between the services.

Overall the relationships held by Youth One Stop Shops with stakeholders represented in the evaluation were functional, positive and valued. Responses to the surveys and interview information outlined the key place many stakeholders felt the Youth One Stop Shops held for them and their services. There was widespread agreement that the model of care provided by the Youth One Stop Shops provided a vital choice for youth who were unlikely to access services in other settings.

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5. Links between Youth One Stop Shops and other services, Continued

Links with other service providers Continued

A number of stakeholders, during face to face meetings, described Youth One Stop Shops as a type of niche provider that specialised in catering for a demographic considered hard to reach. They believed the Youth One Stop Shops provided them with a vital referral option, which they trusted and valued and which addressed the issues leading to lower utilisation of healthcare by youth. The majority of interview participants who were not in a funding role reflected that, while formal reporting was not the usual communication means, trusted working relationships had been established through informal and regular communication.

In contrast a small number of stakeholders raised examples of shortcomings in working relationships at times. In one case difficulty was experienced by a stakeholder when trying to access information about services offered by a Youth One Stop Shop to aid integration between different providers. In another there was a perceived reluctance on the part of a Youth One Stop Shop to consult with and refer out to another organisation where appropriate expertise was available. There was concern raised in these circumstances about the ability to integrate services well if information was not freely available, and to fully utilise the range of available external services if clients were not referred on. It is noted that these were isolated incidents and by no means reflective of the majority of services.

In this collaborative environment it was thought by stakeholders and Youth One Stop Shops alike that strong links with other providers enabled a number of different primary and secondary health and social services to be integrated successfully for their catchment populations.

Issues

Reporting to funding bodies currently focuses on measures of service output, numbers of specific interventions or measures of illness such as numbers of unplanned or terminated pregnancies. These measures are requested by the Ministry of Health Service Sector (ex-HealthPAC) as part of the national reporting requirements for specific contracts. Funders and providers alike considered that current reporting did not provide useful information, that neither group received feedback from this process that was constructive for either developing or improving services and that they focus on illness, rather than indicators of improvement.

6. Place alongside other providers

Introduction

Youth One Stop Shops occupy a position alongside other providers in the health and social sector. They are specialists in youth health who offer a suite of individual services which, although not unique at a superficial level, hold their value in the way services are delivered. Specialised services are offered to improve accessibility, perceptions of confidentiality, acceptability and specificity of care. The following section considers whether Youth One Stop Shops provide services which overlap with others and also whether there are gaps in services provided for youth.

Overlaps in services

Managers and stakeholders were asked to identify any noticeable overlaps or gaps in services provided both in the evaluation surveys and in meetings conducted during site visits. The answers to these questions rest on the interpretation of how much value is placed on the youth-specific approach to delivery of care.

Managers identified that they try to work very closely with other providers in order to provide access to a range of appropriate services to cater for the many needs of youth. Many respondents commented that there are overlaps in services including GP's, sexual health and family planning but that the ability to exercise choice for youth is a key factor in accessing a range of services which amount to a comprehensive care package. Most managers however noted that the Youth One Stop Shops attempt to provide all these services under the one roof so clients access a combination of services from one place. Another point repeatedly mentioned by managers was that their appointment books are consistently full and that demand for services exceeds capacity in most locations, which provides an indicator of the need amongst the target population. Other statements from managers about service overlaps included:

"Travel from one service to another is a barrier to access for youth who are not able to drive so, despite having other services elsewhere, they are not likely to go there."

"Public Health nurses go into schools but cannot prescribe or order lab tests."

"Young people can go to their GP or Family Planning, but they often have unmet social needs as well."

"Young people use the One stop Shop because it does not have a clinical atmosphere."

"Funding overlaps may occur however that doesn't resolve the health access issues for our client group."

Some responses highlighted concern at the commencement of public health nurses in schools with minimal consultation with the Youth One Stop Shops to identify instances of overlap and/or duplication of services. Some comments suggest there is a perception amongst some stakeholders that school-based services overlap with Youth One Stop Shop services. However, Youth One Stop Shops maintain that these services have limited coverage as they do not include young people outside of school or over school-age nor do they provide services during school holidays, which may impact on the provision of continuity of care.

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6. Place alongside other providers, Continued

Overlaps in services (continued)

Stakeholders' responses were similar to the managers in identifying that there were overlaps in the provision of GP services, sexual and reproductive health services and some mental health and counselling services. The most frequent comment was related to overlaps in family planning services. It was recognised that these services are not offered with a youth focus in other settings, which leads to perceptions of unease and dislike in youth accessing these services. Other overlaps identified included counselling services and mental health, but it was highlighted that this counselling is not 100% youth focused. Comments by stakeholders regarding the issue of service overlaps include:

"Our young people tell us that they have several doctors. They have their family GP who they have known for years, however they prefer go to the One Stop Shop for their depression, contraception, STIs or drug issues."

"If it's urgent, then they (youth) will go to the most convenient place because they want things done straight away."

"I believe that young people do not suit the PHO system of registering with one health provider. This generation is far too fluid."

"Other services provide some of these but would young people go there?"

"The young people that choose youth health services tend to be the ones that would not choose other services like Family Planning or their GP. They are also often the most at risk young people."

Overall, it is noted that the Youth One Stop Shops do not provide any services which are not available elsewhere. However, a focus on youth appropriateness is considered as being unique to youth specific services and a fundamental aspect of care which is provided effectively in few other places. Youth appropriate services address the specific needs of youth such as the participation of young people in configuring services, access to peer education and life skills, integration of care with other services and sectors, access to health providers trained in youth friendly approaches, counselling and communication, privacy, confidentiality and a high quality of care,⁹⁴ which are key to optimising access to care and remaining responsive to the needs of youth.

The value placed on this approach to service delivery is the background on which opinions about gaps and overlaps in services are based. Those who place less importance on such features of a service consider it acceptable to state that "all services should be client responsive, no matter who the client is". A counter argument to this is evidence that youth are a particular demographic group who would rather go without care than access services where they feel compromised or perceive their needs will not be met.⁹⁵ Utilisation patterns by clients of Youth One Stop Shops outlined in an earlier section of this report indicates that, because of overlaps in services, youth exercise choice about where they feel it is most appropriate to access different types of care and as a result demonstrate utilisation of a wide range of health services.

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⁹⁴ Homans, H (2004) *Youth friendly health services: Responding to the needs of young people in Europe*; United Nations Inter Agency Group consultant on Youth Friendly Services, Genève, Switzerland.

⁹⁵ Bernard *et al.* (2003) Access to primary health care for Australian adolescents: How congruent are the perspectives of health service providers and young people, and does it matter? *Australian and New Zealand Journal of Public Health*, 28(5) 487-492.

6. Place alongside other providers, Continued

Gaps in services provided

The gap in services most frequently mentioned was primary mental health services specifically tailored for youth. This issue was in response to a focus by other providers on secondary mental health, where it was often thought that severe issues could be averted had early contact and short term intervention been available.

Other recognition of gaps highlighted long waiting lists for counselling (both drug and alcohol, and for clients with special needs), access to emergency and short term accommodation, youth transition services and maternity/teen pregnancy support and culturally appropriate services, particularly for refugee and migrant groups.

Stakeholders' views in relation to gaps in services were similar, highlighting counselling and social worker support, postnatal depression, housing and accommodation support and mental health services. Other gaps included provision of available youth workers, smoking cessation programmes, mentoring and dental health. One stakeholder highlighted the issue that a Youth One Stop Shop had provided successful youth programmes up until the end of 2008 which they were now no longer able to provide due to funding cuts. Another advised that it was not so much gaps in particular services, but rather gaps in a wider ability to meet growing demand for current services (i.e. insufficient resource and increasing need). This issue was reflected in the growth of waiting lists, referral to alternative and less youth appropriate services as well as unmet need. Another gap indicated less access to dental care as dentists accepted fewer young people due to the cost of treatment exceeding government subsidies.

Comments received about the issue of gaps in services for youth included:

"Young parents support and educational groups are required to support teen parents and their children."

"A disabilities peer support worker is also needed."

"Counselling and support is needed for students with different world views and who find social communication very difficult e.g. Aspergers Spectrum / ADHD."

"Young people struggle to find appropriate and safe accommodation when the family environment puts them at greater risk."

"Little funding supports the implementation of the youth development approach to increase resiliency in our young people."

"Many young people have been to social services, come out with a long list of what they need to do, they come through our door asking for help to fill in forms."

"Often young people do not yet have the skills to navigate between health and disability and social services yet. They need a hand hold for a while until they gain the strength to do this alone."

7. Effectiveness

Introduction

Demonstrating effectiveness in delivering the required outcomes is a requirement of all publically funded services. Youth One Stop Shops are aware of their obligations and accountabilities and work to satisfy them to the levels expected both by their stakeholders and their clients. Service measurement and evaluation by Youth One Stop Shops has been the subject of previous work carried out in the sector.⁹⁶ This work recognised the current shortcomings in evaluability of Youth One Stop Shop-type services and outlined an approach to addressing these issues. Measurement of health outcomes is discussed further in Section 11. Three specific effectiveness indicators have been chosen by the Ministry for this evaluation with the aim of offering insights into the impact and success of the Youth One Stop Shops' activities. These are:

- Their effectiveness in improving access to appropriate care,
- Their ability to achieve health outcomes for their target population
- Their success in transitioning clients out of the services once they reach the age of twenty five (the age at which clients are no longer funded to attend youth services).

The effectiveness of Youth One Stop Shop services for rangatahi Maori have been discussed in Section 3. and Section 4. This section will discuss how effective the Youth One Stop Shops are in improving access for youth, improving the state of health of clients and transitioning clients to mainstream adult services as they reach the upper age limit for youth services.

Enhancing access to services

Access to services is one of the key factors around which youth health services configure their delivery model. As has been mentioned previously, youth are inclined to access health services only when and if they feel secure and confident that their specific needs are being met. All Youth One Stop Shops work to reduce the barriers to access that young people experience. Managers and staff demonstrated acute awareness of these barriers and articulated how these are specifically addressed in designing their approach to be suitable for the preferences of young people. The following examples were some of the many features observed in the youth specific approach to service delivery:

- Youth friendly opening hours to accommodate study and work commitments
- Service facilities located centrally and being close to public transport and other areas of interest to youth
- Outreach or mobile services and Youth One Stop Shop vehicles that allowed services to engage with youth in other settings away from the main facility.
- Culturally appropriate service provision and investment in developing cultural competency skills in staff
- Youth friendly settings where facilities and furnishings were designed to be attractive to youth
- A range of services is provided with the ability to refer to secondary or tertiary services as required
- Individual needs of young people are identified and services are 'wrapped around' or integrated in a seamless and coordinated way
- Youth workers provide active support to link young people in to the services they require.
- Services are available at little or no cost
- Some services were able to offer recreational facilities such as computers with internet access or an indoor skate ramp.

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⁹⁶ Milne S, McBride P (2008) *Are we doing a good job? Providing evidence of the effectiveness of Youth One Stop Shops: the development of self-evaluation capacity and an evaluation framework.* Report by Youthline for Counties Manukau District Health Board

7. Effectiveness, Continued

Enhancing access to services
(continued)

- Services offer a variety of innovative programmes and workshops related to art, music, dance, personal health, esteem building and sexual diversity which attract a diverse range of young people into the service and enable them to be linked into other services they may require.
- A strong emphasis of privacy and confidentiality for clients so that trust in the service is established
- Automated text reminders for appointments
- Youth friendly staff who are skilled in interactions with their clientele and receptive to their needs, including having youth peers in reception areas which add to the welcoming environment.
- Involvement of youth in service evaluation and decision making processes in order to increase youth participation and development as an inherent component of the service.
- Young people are supported in transitioning to other / adult services.

This can be summarised by the words of one manager –
“By youth for youth, youth appropriate and youth friendly”

Access to services – survey results

Clients, managers and stakeholders were asked to give their impression of how well the Youth One Stop Shops perform at helping young people get the health services and other (non-health) services they need. The following table outlines the percentage of respondents that considered the Youth One Stop Shops to be effective or very effective at achieving the outcomes below.

Question: How effective do you think the Youth One Stop Shop is in -	Manager	Client	Stakeholder
- helping young people get the health services they need?	91%	95%	90%
- helping young people get the other (non-health) services they need?	82%	86%	70%

Table 6a. Effectiveness in helping young people access required services.

The responses indicate a close correlation between the three groups in relation to Youth One Stop Shops facilitating access to health services. Less can be said for the ability to provide access to other (non-health) services. Stakeholders were less confident that Youth One Stop Shops facilitated access to required non-health services and many commented that this was due to limitations in funding to provide what was considered to be “non-essential” care, such as mentoring or life skills coaching.

Services attempt to find out more about the perceptions of youth in order to change approaches or address issues to increase access. This is achieved in a number of ways including client focus groups; anonymous client satisfaction surveys; and youth participation on advisory groups and board committees, in order to capture youth opinions and provide formative direction for key service decisions.

One of the most significant measures of providing a suitable and acceptable service is whether young people utilise the services. It was a common comment of key informants, both service staff and external stakeholders, that there was more demand for appointments than the Youth One Stop Shops could offer.

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7. Effectiveness, Continued

Access to services – survey results, continued

This was reflected both in settings where booked appointments were the preferred means of providing care as well as those offering “drop in” clinic style access. Both scheduling options required means for triaging clients to determine higher priority issues and either had waiting lists or required people to re-attend if they had not been seen on the first attempt.

Comparisons between Youth One Stop Shop clientele and the general youth population have been discussed in Section 2 as well as more specific detail on the demographic makeup of clients accessing services. These data reflect that clients accessing Youth One Stop Shops have widely varying backgrounds and needs and that they value the interventions offered enough to initiate contact. The success of the Youth One Stop Shop model appears to sit with the ability to be flexible and adopt the approach needed by the individual at that time. This could mean either providing a combination of interventions from what is within the scope of the staff or to refer through established networks to other providers. This model of care is a common thread amongst Youth One Stop Shops which appears to serve their clients well.

Youth One Stop Shops attempt to overcome barriers such as cost and transportation as few young people have the means to pay for services or have access to personal vehicles. It is recognised that a limitation in the scope of this evaluation was that there was not a way of accessing and gathering information from potential clients who had chosen not to access available Youth One Stop Shop services and whether they were receiving adequate care via other means. This information would be useful to inform further service development.

Effectiveness in improving state of health

The current internal reporting systems and measures used vary across Youth One Stop Shops. In addition, resources (staff, money, time) available for concerted attention to this area are limited. It is a common feature of most funding streams that service evaluation is not included as a component of the contract. Youth One Stop Shop managers noted that service delivery is valued over the evaluation of outcomes by funders and this is in evidence in the service specifications which define the required contractual outputs. Despite this lack of available evidence managers are strongly of the belief that their services are effective in improving the health and wellbeing of their clients as can be seen in the result in Table 6b. Likewise the majority of clients and stakeholders believed that the Youth One Stop Shops were either very or moderately effective in this respect.

Question: How effective do you think the Youth One Stop Shop is in -	Manager	Client	Stakeholder
- helping to improve young people's health and wellbeing?	100%	94%	89%

Table 6b. Effectiveness in helping young people access required services.

All Youth One Stop Shops, except two, use Medtech 32 to collect clinical data. Managers’ and staff expressed a desire to know more about the potential for this system to support access and sharing of information, and training was requested by many. Similarly, they reported a desire to establish a national approach to a minimum dataset of clinical and demographic information which would allow a quantitative overview of services across the country. The Youth Transition Services national database was cited as a good model by participants at one of the verification workshops as it enables clients to be tracked over time and is set up specifically to measure outcomes.

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7. Effectiveness, Continued

Effectiveness in improving state of health - Discussion

The challenges are many when attempting to measure the effectiveness of Youth One Stop Shops in contributing to the state of health of their clients. The literature outlines various barriers to evaluating primary care services in this way⁹⁷ and particularly services which cater for transient populations which snack at health care in a way that impedes follow-up and continues monitoring. Some key barriers to outcome measurement include:

- The transiency of youth and likelihood for accessing different providers simultaneously or over time
- The defined time period when youth may be accessing service through the Youth One Stop Shop, the effects of which may take years to appreciate, by which time they are no longer clients and no longer available for follow up
- The infancy of research in this area and the marked lack of enquiries using robust experimental design
- The lack of a common set of indicators used by all services which hinders the aggregation of datasets into a large enough population sample to demonstrate effect statistically
- The qualitative nature of positive outcomes which lead to descriptive and less generalisable (yet no less valid) conclusions

These issues beg the question of whether the biomedical approach to outcome evaluation is the best approach to measuring outcomes for Youth One Stop Shops. The key outcome interests relate to state of good health and the absence of pathology as well as the lack of behaviours or risk factors that may lead to health issues.

The issue of data collection was explored in order to establish whether there was readiness for standardisation and automation for aggregation of demographic and service clinical data. Too often, services over-collect and under-analyse data which are of little value to the organisation.⁹⁸ A simple dataset template would assist services to collect consistent, specific and relevant information. This would be greatly beneficial as it would allow for comparison and analysis at a national level. Work is already being led in this area by one of the Youth One Stop Shops.⁹⁹ National service standards for youth health services would provide a baseline from which best practice could be measured.

While this evaluation focuses specifically on twelve of the Youth One Stop Shops, managers agreed that value would be added to the whole sector if a joint approach to measurement was taken. Data collection and analysis would be more beneficial and cost-effective if developments in evaluation capacity were undertaken in conjunction with others in the youth development sector.

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⁹⁷ Birks B. (2006). *Counties Manukau Pacific Youth One Stop Shop: A review of research, best evidence and youth opinion*. Youthline Auckland, New Zealand.

⁹⁸ Axford N, Berry V and Little M (2006) Enhancing service evaluability: lessons from a programme for disaffected young people. *Children & Society* 20: 287-298

⁹⁹ Dr Sue Bagshaw, 198 Christchurch

7. Effectiveness, Continued

Effectiveness of transitioning clients from youth to adult services

Youth One Stop Shop managers and staff noted many strategies used to facilitate the transition of clients to adult services, including:

- Early electronic flagging of clients as they reach 24 years of age to trigger facilitation towards transition. In the case of clients who had not accessed the service in a while they were sometimes contacted in order to make them aware of the need to move across to a standard GP and other primary care service.
- Using knowledge of their networks to provide guided choices about appropriate services for individual clients
- Facilitating contact between clients and their new care provider if support was needed with an aim towards independent transition by age 25 years
- Education of other providers about the types of services needed by clients leaving Youth One Stops Shops

Not all services in the evaluation were required to transition clients out because they had contracts that required them to provide sexual health services for the adult population beyond 25 years. In these cases there was a partial transition for clients as they would remain able to access sexual health services through the Youth One Stop Shop and would use other services to meet their primary care and other needs.

Some Youth One Stop Shops noted the difficulties for some clients in having to leave well-functioning clinical relationships, some of which were longstanding, and the odd occasion when transition was extended beyond the person's twenty-fifth birthday. It was indicated that this was rare and diligent attention and effort was made to progress that person to adult services. Client survey and client focus group feedback raised the issue of transitioning to other services. Those at the upper age limit for Youth One Stop Services were asked how well supported they felt in transitioning to adult health services. There were 43 responses to this question in the client survey where the respondent was within the 20-24 year age range. 70% responded that the support they received was effective or very effective.

Two-thirds of managers considered their Youth One Stop Shop to be effective or very effective in transitioning clients to adult services. One third responded they were unsure or neutral. One service that had recently experienced service and funding reductions felt their ability to support clients to transition to adult services had reduced due to the lower level of service and staff available.

A small number of clients in the focus groups and responding to the survey expressed open reluctance to move on to other/adult services, both at present and in the future, which is compounded by the difficulty in registering with a general practitioner due to general practices having closed books. Managers and staff report this as being a significant barrier in some settings where there was a perception that GP practices could place hurdles in the way of accepting clients from the Youth One Stop Shops as the perception was that they were "difficult patients".

One of the criteria for Youth One Stop Shops to be providing for youth is that once clients reach the age of 25 years, they are no longer eligible to access care through youth services and should instead be engaging with mainstream adult services. The youth development approach used by Youth One Stop Shops supports this philosophy in that individuals are supported and coached towards taking greater responsibility for their own care over time. One test of the success of this approach is the effective transition to mainstream primary healthcare.

The issue of closed books in general practice on the whole was not widespread enough to be a significant issue nationally, however it was a particular local issue for some Youth One Stop Shops.

7. Effectiveness, Continued

Reducing inequalities

Many of the ways Youth One Stop Shops help to reduce health inequalities are related to reducing or minimising barriers to services by youth. Strategies used to enhance access have been discussed at the beginning of this section.

Other ways in which Youth One Stop Shops help reduce inequalities is through the provision of high quality services by specially trained staff, which focus on improving the health and wellbeing of young people and are delivered in a manner that is non-judgmental and respectful. Trust, confidentiality and safety are recognised as cornerstone to developing positive and therapeutic relationships with youth. Services are holistic and strengths-based to encourage long-term independence and positive decision-making, therefore consideration is given to the young person's needs in the wider context of their family and community or whanau, hapu and iwi.

Youth One Stop Shops configure services and programmes towards increasing uptake by specific groups, particularly among whom health inequalities are most significant. An example is the provision of boys groups for 9-11 and 12-14 year olds, for which referrals are received from school-based social workers in an area with a high Maori population and facilitates initial and ongoing contact with whanau. Other examples of services configured to rangatahi Maori have been given in Section 3. Special consideration is given to vulnerable young people or those with multiple, cross-sectoral needs and those from ethnic minority groups.

Youth One Stop Shops provide choice for young people as they do not always feel comfortable accessing mainstream services. One Youth One Stop Shop refers to the high uptake of the antenatal classes for young expectant parents who feel more comfortable in the Youth One Stop Shop environment and less judged than in a mainstream service environment. Another manager made reference to the Ministry of Health report 'Reducing Inequalities in Health' (2002) as a source of guidance.

8. Governance and business models

Introduction

Organisational governance is the framework around which non-government organisations such as the Youth One Stop Shops build their accountabilities processes and activities. The success of this framework in assisting to set the priorities for the service and to drive outcomes is often a test of adherence to strong governance practices. Governance can be defined as:

“The processes by which organisations are directed, controlled and held to account. It encompasses authority, accountability, stewardship, leadership direction and control, exercised in the organisation.”

- Australian National Audit Office 1999

Governance of the Youth One Stop Shops was considered from a number of perspectives. Survey questionnaires and interview topics requested information about the models of governance from service managers, board members, funders and other stakeholders involved in the governance process.

This section outlines the current models of governance used by Youth One Stop Shops and the features of these models which support the service, as well as those that provide challenges.

Governance models and legal structures

Of the twelve Youth One Stop Shops reviewed, seven were listed as charitable trusts under the Charitable Trusts Act 1957, three were incorporated societies as outlined by the Incorporated Societies Act 1908 and two listed themselves as being both.

These legal structures allow the Youth One Stop Shops to execute documents and to enter into contracts under their own name, to be subject to their own rules, to buy, sell, own, lease and rent property subject to their own rules and to sue and be sued under the entity's name. This protects individual participants from the legal responsibilities of the organisation and provides the basis on which a governance structure is developed.

All of the Youth One Stop Shops reviewed had a governance board or a board of trustees. The majority of the members of these boards were community members who volunteer their time to assist in the guidance of the organisation. A number of Youth One Stop Shops offered a small remuneration to board members, either as a per meeting payment or as an annual grant.

All Youth One Stop Shops had a defined organisational structure which described the roles of the board and management. These structures varied in complexity however the general pattern involved three tiers with the board overseeing strategy, the managers dealing with operational issues and other staff participating in service delivery and various defined projects or sub committees. There were examples of the roles and expectations of the board being unclear which led to blurring of the line between management and governance. In some services this led to tensions however, these situations were usually managed well.

There were examples of high business achievement and recognition, including one service winning their regions 2008 small business of the year award, which involved a rigorous review and audit process.

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8. Governance and business models, Continued

Quality programmes

Quality was generally recognised as an important component of governance. Only four Youth One Stop Shops participate in the Healthcare Aotearoa quality programme, Te Wana. The aim of participating in the Te Wana programme was to engage in an external review process to ensure accountability and quality improvement against a set of predetermined standards. It was noted that while the programme does add value by highlighting areas for improvement, the standards do not currently have a specific youth health or development focus. It was suggested by some Youth One Stop Shop managers and staff that Te Wana may be able to adapt the Draft Youth Health Service standards into an audit framework which would then be applicable to youth health services. Another key barrier to participation relates to the cost of these programmes, which has been prohibitive for many Youth One Stop Shops where funding is provided on the basis of service delivery and leaves little room for quality improvement activities.

Identifying and apportioning resources in service contracts for quality improvement activities and ensuring quality is recognised as a key responsibility of the board would enable engagement in such process by more Youth One Stop Shops.

9. Funding arrangements and sustainability

Introduction

The funding of services offered by the Youth One Stop Shops was a complex area which prompted significant interest from services and stakeholders alike. Funding was received from a significant number of sources through many different relationships with a variety of different responsibilities. The Youth One Stop Shops in this evaluation demonstrated remarkable adaptability and creativity in combining multiple sources of funding and accountabilities to provide a seamless service for their clients.

Funding sources

All Youth One Stop Shops received a significant proportion of their funding from DHBs. Eight DHBs provided funding for one service each while two DHBs provided funding for two Youth One Stop Shops. The DHBs involved in the evaluation were:

- Waikato DHB
- Lakes DHB
- Bay of Plenty DHB
- Mid-Central DHB
- Capital Coast DHB
- Hutt Valley DHB
- Whanganui DHB
- Taranaki DHB
- Canterbury DHB
- Southland DHB

Other funding sources include government and non government organisations. Responses to a question about funding sources indicated the number of Youth One Stop Shops receiving funding from sources as outlined in Chart 16 below.

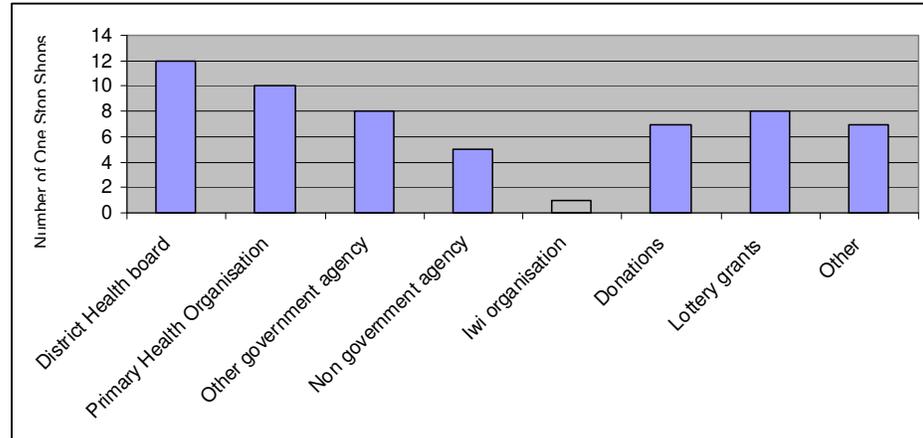


Chart 16 Funding sources

Central and other government agencies that provide funding directly or indirectly to the Youth One Stop Shops include:

- Ministry of Health
- Ministry of Social Development
- Ministry of Youth Development
- Ministry of Education
- Child Youth and Family
- Local city councils

Continued on next page

9. Funding arrangements and sustainability, Continued

- Funding sources** Other funding sources identified included:
- Targeted health related intervention contracts, which are not ongoing
 - Fee for service visit claims (e.g. ACC)
 - Private businesses and charitable organisations
 - One-off payments to cover events

Details highlighted by respondents regarding the reporting responsibilities that accompanied the contracts for these funding sources are outlined in Section 5. Activities related to the fulfilment of these requirements as well as the ongoing sourcing of funds, particularly where recurring funding was not available, was a source for concern.

Funding levels In the 2008-09 financial year, total funding (health and other) for the twelve reviewed Youth One Stop Shops was \$6,857,600 (ranging between just over \$200,000 to approximately \$1,350,000 per area), of which the health funding total was \$4,783,600.

Chart 17 portrays the variability in the total level of funding for the 2008-9 financial year for the twelve Youth One Stop Shops.

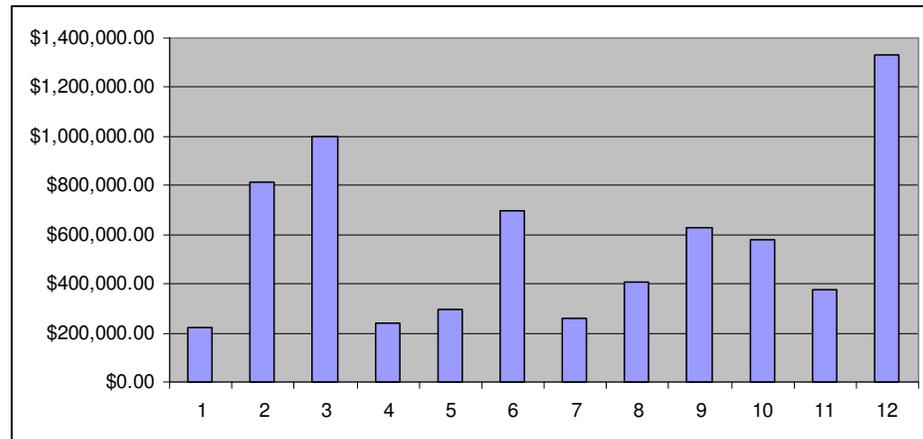


Chart 17: Total service funding for the 2008-9 financial year

While correlation of these funding amounts against the services delivered or the outcomes achieved is beyond the scope of this evaluation, it is important to note that the services receiving the greatest amount of funding held contracts with the DHB for dedicated mental health services and youth transition services funded by the Ministry of Social Development.

A number of statements from the verification workshops give an indication of the opinions held by some services when considering funding options available to them.

“Funding is often linear and static with no component for continuous practice improvement. This can restrict capacity for service development and responsiveness”

“Chronic under-resourcing of Youth One Stop Shops has ‘ghettoised’ services and Youth One Stop Shops are required to seek alternative sources of funding in order to maintain provision of services.”

“The current economic climate has led to a reduction of available funds from sources such as charitable organisations.”

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9. Funding arrangements and sustainability, Continued

Funding models and sustainability

A number of themes emerged from enquiry about the funding of Youth One Stop Shops. These relate to the level of and different sources of funding, fragmentation of these sources and the implications of this fragmentation, the cyclical nature of funding rounds and the issues that uncertainty brings for sustainability of a service.

The nature of youth health services means they span a number of the traditional silos of responsibility within central government. Their funding accordingly comes through a number streams with different contractual obligations and reporting avenues.

This complexity is often a reflection of opportunistic and unguided service development in an environment where there is a lack of central leadership. This complexity however provides a degree of resiliency in that alterations in one funding stream can be counteracted by another.

Sustainability does not just relate to the ability to provide services in the immediate future. Some of the issues relating to sustainability were linked with the long term sustainability of a specialised and dedicated workforce. Many of the staff working in Youth One Stop Shops reflected that pay rates were often below that of colleagues working for the DHBs or other employers and they did not reflect the specialist nature of the work. Unless investment is made in these staff by remunerating appropriately for their skills, providing support for ongoing education and development, providing an attractive option for new workers and funding service development so that staff can address arising needs in the target population then the long term future of many youth services may be hampered.

The nature of the devolution of funding through tiers of the healthcare system, with the recent addition of PHOs for some services, raised the issue that funding should be made as directly as possible to a Youth One Stop Shop from the Ministry of Health. There was a perception that each stage or layer the funding passed through brought with it administration costs that could be better utilised in the provision of services. There was a belief that some of the funds that should have been allocated to youth services were not reaching the Youth One Stop Shop and their clients when more direct funding lines would address this issue.

Many respondents also expressed a desire to explore new models of care that are youth friendly and to lever off their current strengths to be able to provide more services. It is necessary to offer services that are needed to ensure sustainability, but support is needed to realise opportunities to explore new service models. Secure, ongoing funding will ensure that the quality and responsiveness of youth services is high and health issues are resolved while the person is young; before they become long term health issues thereby creating a greater burden on the state

The strengths identified around current funding arrangements mostly related to the method of funding provided to the Youth One Stop Shops. Key Informants believed that bulk funding and "evergreen" or recurring contracts with DHBs provided greater stability and the ability to plan services over the medium to long term. Some of the advantages for this related to the ability to invest in facilities beyond the short term and to take advantage of economies of scale when managing issues such as lease arrangements. The 'voluntary' nature of the Youth One Stop Shops also results in communities and local organisations providing valuable support and assistance, other than financial, for example assistance in setting up and using clinical data software, help in reviewing and evaluating interventions and guidance on issues of governance. It was also recognised that non recurring funding from charitable trusts has the backing of the community and come with less stringent contractual obligations which allows for innovation and service development.

Continued on next page

9. Funding arrangements and sustainability, Continued

Funding models and sustainability (continued)

It was recognised that these funding sources cannot be relied on to provide ongoing interventions and that innovation needs to be tied in with a strategic plan to ensure it matches the overall direction of the service. There was a strong belief in the benefit of having a good relationship with funder organisations, especially the DHB, and Youth One Stop Shops stated they worked hard to maintain these.

Capitation Funding

Several Youth One Stop Shops are moving to capitation funding for their enrolled populations and the variation in experiences with this process directly correlates to the quality of the relationship between the Youth One Stop Shop and the DHB and the PHO concerned as well as their recognition of the limitations of capitation funding for youth health services.

Capitation alone is not likely to work as a funding model, unless it is seen as a proportion of overall funding for the Youth One Stop Shop. The reasons for this relate to the relatively low funding the capitation system provides for youth due to their higher levels of health as a population; the inability to offset costs for high users with less frequent users when these may not register with the service; the mobile nature of youth who access services in other places which triggers a costly claw back process for which the Youth One Stop Shops are not set up; and age restrictions for youth services which confines the size and longevity of the enrolled population.

A composite-type model of funding may be the best way forward as it potentially spreads the risk for the service if a major funding stream is withdrawn. Funding for management is not given suitable value by funders and as a lesser priority, is one of the first aspects to be affected if funding is reduced. This places the Youth One Stop Shop at a disadvantage when managing the business aspects of the service.

Business Development

The issue of business development was discussed as part of the evaluation, and at the verification workshops. The Youth One Stop Shops recognised the need to develop their ability to identify new opportunities for funding and to respond to these. Establishing and maintaining effective networks to assist services in their ability to respond to business opportunities, as well as remaining flexible to allow receptivity to restructuring if population needs change, would allow the organisation to move forward. Centralising access to other resources and forms of support, such as research and statistical support would be useful as these aspects are valuable, but highly resource-intensive and beyond the scope of most Youth One Stop Shops.

Strengthening organisational resilience of Youth One Stop Shops would be achieved by, among other things, having a clear strategic plan and mission, sound business practices and effective governance structures. This would increase the ability of Youth One Stop Shops to respond to opportunities which are aligned with the philosophy and overall strategic direction of the service.

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10. Staffing and capability

Youth One Stop Shop staffing and capability

Staff are the most valuable resource for Youth One Stop Shops and represent a collective wealth of knowledge and expertise in the youth sector. Therefore, many staff members have a national profile and lead or have involvement in numerous examples of work nationally, for example, the development of youth health competencies for nurses.

However, an over-reliance on the goodwill of key staff, difficulties in releasing staff for professional development, lack of pay parity compared to DHB staff and lack of clear pathways to support career progression within youth health are barriers to attracting, retaining and developing skilled youth health staff. These issues are also representative of those concerning workforce development within the youth health sector as a whole.

Youth One Stop Shops utilise strategic and business planning to scope issues and formulate responses to them within the confines of funding. Staff access a range of internal and external training and development opportunities including supervision. Young people are included in recruitment processes to ensure the appropriateness of staff and credentialling takes place to check references and qualifications. New staff participate in comprehensive orientation programmes to support them in their new roles. Recruitment processes attempt to attract Maori staff, including peer support workers. Training is also accessed for staff related to cultural appropriate provision of care. A recent event attended by staff from one Youth One Stop Shop was a day workshop on 'Working with Maori Whanau: The Best of Both Worlds'.

A large number of staff in Youth One Stop Shops are part-time. This helps to accommodate the diverse needs of the populations and clinicians who also work in other practices. However, a part-time workforce presents challenges including ensuring access to professional development and maintaining consistency of care in a wraparound service. By necessity, voluntary staff comprise a significant proportion of the workforce and in some Youth One Stop Shops are essential for the continuation of service.

A high number of Youth One Stop Shop staff were once peer support workers and were often supported by the Youth One Stop Shop in their training and development. Youth One Stop Shops therefore recognise youth peers as a valuable resource both in the present and for the development of the future workforce. Placements for clinical students are also provided in some areas.

Disparity in rates of pay has led to the loss of skilled staff to DHBs. This has significant impacts on Youth One Stop Shops due to the small size of the clinical teams and is a threat to both continuity and sustainability. Enabling staff to access external training opportunities, for example in DHBs, would be highly beneficial from the perspectives of staff development and the opportunities for networking and fostering relationships.

Geographic isolation of some services means staff have less access to support and the shared expertise that exists collectively within Youth One Stop Shops. The newly formed and tenuous Youth One Stop Shop network will provide an avenue for sharing of information and access to expertise.

Where there are combined senior clinical and managerial roles in Youth One Stop Shops, there is often a tension between managing the business needs of the organisation and maintaining clinical service delivery. Usually the managerial aspect of the role has less priority than service delivery. Access to management training for people in these dual roles is uncertain but is an issue impacting on the ability of Youth One Stop Shops to manage the business.

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10. Staffing and capability, Continued

Youth One Stop Shop staffing and capability (continued)

Youth One Stop Shops are willing to develop and deliver training programmes to mainstream clinicians to assist them to understand young people's needs. This is a potential source of income and a step towards increased sustainability although additional resourcing is required to further develop in this area.

Youth One Stop Shops are affected by a shortage of general practitioners and have all expressed a need for additional counselling hours and youth workers in response to high demand for services. In some areas, this has led to staff working beyond their job descriptions, which is unsustainable and has the potential to adversely affect the quality and safety of services. Where this is an issue, Youth One Stop Shops must clearly define the boundaries and limits of service provision based on their service contracts. To maximise limited resources, existing high quality work must be considered, such as competencies and standards for effective practice which have and are being developed for various disciplines including nursing¹⁰⁰, medicine and youth workers. In addition, a comprehensive youth health workforce development framework¹⁰¹ has been developed which addresses specific areas for action. These include recommendations for intersectoral collaboration on policy, funding and guidelines, education and training opportunities, leadership, recruitment and retention, career pathway development, research and evaluation.

Service configuration issues relate mostly to the inability of services to plan the services they need, develop those required services and then provide them. This is mostly as a result of the low funding levels and the current inability to achieve longer term funding contracts. Service configuration is mostly determined by the funders who fund a particular service.

¹⁰⁰ National Youth Health Nurses Reference Group (2008) *Youth health nursing: recommended competencies for effective practice*. Retrieved online from www.nzno.org.nz/groups/sections/children_young_people

¹⁰¹ Kekus M, Proud P (2009 in progress) *Draft Youth Health Workforce Development Framework*, retrieved online at www.youthhealthworkforce.co.nz

11. Health outcomes and research capacity

Measuring health outcomes

Very little evidence of health outcomes for service users exists. All Youth One Stop Shops report on outputs, such as throughput data and trends supported by staff narrative and client feedback. The only loosely categorised outcome data relate to indicators such as suicides and the incidence of sexually transmitted infections.

This inability to measure outcomes and therefore manage the services to achieve better outcomes and also prove the cost effectiveness of youth health services is an issue of which all Youth One Stop Shops are aware.

Different types and levels of information are required and were described by Youth One Stop Shops as macro (reporting to the Ministry), meso (internal and lateral Youth One Stop Shop reporting) and micro (reporting to clients).

Some Youth One Stop Shops consider health outcome measurement at present to be contradictory as although the intent is to measure health, measures of ill-health are more readily collected and available. Measures based on determinants of good health, such as young people making healthy decisions and having relationships with family and friends, would provide more accuracy in assessing positive health outcomes. Use of negative indicators such as counting cases of sexually transmitted infection or early pregnancies is less helpful and does not consider cultural factors, the transience of youth populations and the relatively short time span of being a 'young person'. Current contract lengths do not support services abilities to measure long-term and some medium-term outcomes as these are likely to exceed the term of contract.

Current internal reporting systems vary across services and resources to develop these further are limited. Ten of the twelve Youth One Stop Shops use Medtech32 to collect clinical data, the remaining systems being Client Tracker and Profile.

Providing access to the latest research findings about good practice enhances the capacity and capability of youth health providers.¹⁰²

To measure health outcomes, assessments of young people should be holistic and participants at the verification workshops suggested that a modified version of the HEADSS¹⁰³ assessment be used as a way of standardising outcome data collection. Such modifications have already occurred in some services, for example in one service specific measures have been added related to cigarette smoking. In practice, this has enabled clinicians to track young people's progress in this area each time they attend the service. HEADSS provides scope for numerical continuums to be used whereby young people self-identify their place on the continuum at any given time and which can be tracked during subsequent visits.

There were concerns among some that using a modified version of HEADSS may 'corrupt' the process for youth health and there was a risk that information could be taken out of context and furthermore, not all Youth One Stop Shops use Medtech32 to collect data.

Continued on next page

¹⁰² Hutt M (2008) Taken from presentation 'What works in youth development? Systematic reviews within the context of building an evidence base for improving health outcomes.' [Accessed online www.myd.govt.nz]

¹⁰³ Designed by Dr Henry Berman in the USA and further developed by Cohen *et al.* to assist clinicians to determine the context of a presenting condition, HEADSS is a psychosocial screening tool that covers issues related to Home, Education, Employment, Exercise, Eating, Activities, Drugs, Sexuality, Spirituality, Suicide and Safety. Although it is not a research tool, it is possible to aggregate findings for audit purposes. [Cohen E, MacKenzie RG, Yates GL (1991) HEADSS, a psychosocial risk assessment instrument: implications for designing effective intervention programs for runaway youth. *Journal of Adolescent Health* 12 (7): 539-544]

11. Health outcomes and research capacity, Continued

Measuring health outcomes (continued)

Some level of resource would be required to address this issue, including systems training in the use of the modified tool for all Youth One Shops. Processes for obtaining informed client consent would need to be considered and clarity as to the purpose of collecting the data, which will be determined from the outset. Clear guidelines would be required around the use of the information, permissions for access and sharing of information at various levels, i.e. between Youth One Stop Shops and with funders.

Benefits of adapting the HEADSS assessment include the familiarity of clinicians with the tool and its application in the clinical setting, including counselling and support services. National reporting in a consistent and systematic way would help Youth One Stop Shops to share learning and the exportation of numerical data directly to funder(s) would be possible. Reporting helps to enable successes to be recognised and celebrated in an ongoing way.

Measuring client satisfaction at a national level must be simple, for example, using questions such as “did coming here help you?”, “would you come back?” and “what would you tell your friends?” These data would be very powerful when collected nationally.

While this evaluation focuses specifically on the Youth One Stop Shops, it is clear that it would be more beneficial and cost-effective for developments in evaluability to be undertaken in conjunction with others in the youth development sector. Increasing access to skills which would benefit Youth One Stop Shops, for example, researchers, statisticians and other clinicians can be achieved by fostering relationships with key people and organisations, such as DHBs and PHOs.

The strengths of Youth One Stop Shops must be identified, measured, evaluated and understood in order to celebrate their achievements.

The development of a set of core service specifications to provide minimum criteria for Youth One Stop Shop services could also be used to develop a set of measures that could help ascertain value-for-money and form the basis for service negotiations (with DHBs).

In addition, national youth health service standards help funders (for example DHBs) to develop appropriate measures for the service. The document could add value to a quality programme or be a stand-alone document used as a self-assessment resource.

Youth One Stop Shops recognise the importance of having a clear quality framework upon which to base services and the need for robust IT systems to effectively support service provision and reporting.

Appendices

Summary

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 7. Data Collection Surveys
 - 7.1. Management Survey
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 8. Verification Workshop Report
 9. Recommendations from the Youthline Report (Milne and McBride, 2008, Are we doing a good job? Providing evidence of the effectiveness of Youth One Stop Shops: the development of self-evaluation capacity and an evaluation framework.)
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Appendix 2 – Features of a ‘Model’ for Youth One Stop Shops

Introduction

Youth One Stop Shops provide specialised services to a client group with specific and special needs. This model for service delivery aims to provide a range of integrated community-based health and other services, using a holistic model of care which is responsive to the needs of young people and the communities served. The goal of this service model is to support young people to achieve and maintain wellness, increase resilience and promote positive decision-making. A model service reduces barriers such as cost, is youth-focused, strengths-based and delivers care in a manner that gives rise to trust, safety and confidentiality.

A range of elements of success of the Youth One Stop Shops was identified during the evaluation, some of which were demonstrated by the services themselves while other elements were identified in the literature. Most of the Youth One Stop Shops demonstrated some (often many) of these elements, however no one single service provided them all. This proposed optimal model is based on these elements.

There is no suggestion that Youth One Stop Shops without one or more of the features described provide services of any less value. This description has been developed to provide a vision of possible future directions and a reference of good practice as a benchmark for Youth One Stop Shops.

Service goals

The following discussion describes these ‘optimal’ characteristics which could assist Youth One Stop Shops to ‘optimise’ their ability to achieve their service and business goals and to provide high standards of care for New Zealand youth. The characteristics are applicable nationally and allow flexibility to consider local context and ensure local responsiveness as it is important that the development of new or existing services is responsive to local youth needs and aligned with the overall strategic direction for youth health services.

Provision of Services

Youth One Stop Shops are ideally placed to be responsive to the health and social needs of clients and to integrate primary and secondary care for young people. This can be achieved through co-location and coordination of primary and secondary services. An optimal service provides a combination of health and other services in the one place to encourage access and utilisation. Services include doctor and nurse-led primary care/general health, sexual and reproductive health, mental health, alcohol and other drug, counselling, smoking cessation, family planning and health promotion and education services. Other services provided include social services, assistance with education and training, employment and income support, accommodation assistance, violence and aggression management, legal advice, parenting and youth transition services. Access to all of these services is facilitated by youth workers who are able to provide a communication bridge between young people and the services they need. Youth workers reduce barriers and facilitate access to the right services for the individual and then go on to assist in coordinating care to optimise outcomes. Innovative youth health and development programmes are offered and may include art, music, dance, personal health, esteem building and/or sexual diversity workshops. These programmes, and youth workers, attract a diverse range of young people into the service and enable them to be linked into other services they may require. Mentoring programmes provide a higher level of ongoing support for young people in need and encourage positive growth and development as they transition to adulthood.

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Appendix 2 – Features of a ‘Model’ for Youth One Stop Shops, Continued

Provision of Services (continued)

Services are designed to address health inequalities between population groups by addressing the particular needs of the most deprived. Socially vulnerable young people with multiple disadvantages and rangatahi Maori currently bear the largest burden and require specific and targeted interventions to access and utilise services. The specific needs of Pacific young people, recent migrants and refugees are also addressed. Well managed recreational facilities are offered to further encourage access.

Services are provided free or at a very low cost to clients. A combination of walk-in and appointment-based sessions is available. Services are strengths-based, youth friendly and holistic so that young people are viewed in the wider context of their family and community or whanau, hapu and iwi.

Configuration of services

Services are community-based and located centrally in a safe area close to public transport routes. Access is further facilitated through the provision of mobile, outreach and satellite services that are available at times and in locations which suit local youth. These include school-based services.

Services provide a safe and relaxed atmosphere. Youth are consulted about and contribute significantly to the interior design of the building in which services are provided. In fact, the facility is a canvas for the art of the clients, and as such appeals to and is highly valued by young people.

Structures and staff

All staff are specially trained as youth health providers. They are responsive to young people’s needs and deliver high quality services in a non-judgmental manner that engenders trust and confidentiality. Service delivery teams are multidisciplinary and include doctors, nurses, youth workers and mentors, counsellors, peer support workers and psychologists. Staff are paid at market rates for the equivalent level of expertise in other health settings. Staff have access to professional development opportunities and supervision and are recruited in consideration of the local youth demographic and national youth health priorities (i.e. rangatahi Maori). Young people are employed as part of the team and appropriately paid in recognition of their valuable contribution. Youth-specific career pathways are developed to attract skilled and motivated youth-friendly staff. Dedicated, financially literate and appropriately experienced management and administrative staff are employed and adequately remunerated to provide high standard support services for the multidisciplinary delivery teams. These dedicated support staff participate and contribute to, and possibly lead, strategic service development.

Governance and funding

Services are governed by a board whose members are interested in young people, are supportive of the Youth One Stop Shop, are of good standing in the community and contribute to an effective skill mix. All members of the board have a high level of education in governance and the responsibilities of board members. Youth are represented on the board and are supported to do so. Maori are also represented at the governance level.

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Appendix 2 – Features of a ‘Model’ for Youth One Stop Shops, Continued

Governance and funding (continued)

Services engage in a planning process that results in an agreed, robust, client-centred and locally appropriate service delivery plan. The plan timelines are consistent with timeframes established for other relevant health services organisations (e.g. the local DHB). This plan will have been endorsed and appropriately funded to enable delivery of the planned services for the specified period. Representatives of the service management team meet regularly with funders and policy makers and are consulted during decision making processes which affect their services.

Funding includes an administrative component, and is not just for service delivery. The funding is assured for the duration of the services' plans and requires a high level of accountability for the efficient and effective use of the allocated funds. The metrics that are reported are meaningful and used for managing the service as well as reporting on performance to the funder(s).

Links and relationships

Staff are active participants in a network of Youth One Stop Shops that has been established to promote sharing of ideas, policy, expertise and collegiality with other youth health experts. Effective relationships with funders, primary and secondary service providers, and other community based services, iwi providers and Maori organisations are set up and nurtured. The relationships help to coordinate care for youth and to ensure the smooth transition of youth to any service they may need. Community links are fostered and opportunities, such as participation in special events, are taken to promote and increase service access.

Specialist staff are released to develop and provide education and training programmes to mainstream and other services. This helps to increase sector responsiveness to youth needs and possibly to add to the income stream for the Youth One Stop Shop.

Measurement and Quality

The service is an accredited organisation that values good systems, measurement and evaluation and continuous quality improvement of care and services. Compliance with a consistent set of youth health standards is measured, managed and reported on regularly to the Board. Service growth and development is supported by these service standards as well as standards for governance and quality. Individual service level agreements are based on nationally consistent (core) service specifications for Youth One Stop Shops.

A robust and user friendly information and clinical data system is used daily to collect all information that is required to manage and improve the services. The system allows the production of a number of useful reports. A nationally consistent shared dataset includes measures for short, medium and long-term outcomes and is reported on regularly. Capacity for self-evaluation will have been developed and quality improvement activities are a component of “business as usual” and a standard agenda item at team meetings.

Conclusion

The features, as described, of a model for Youth One Stop Shops are a culmination of the best and most successful elements demonstrated by the evaluated services and identified in the literature. It is not necessary for all the elements to be present within a Youth One Stop Shop in order for that service to provide high quality care. However, the potential exists for Youth One Stop Shops to increase their ability to make positive differences for young people by adopting aspects of a ‘model’ service, as described.

Appendix 3 – Evaluation method

Approach

Introduction

The evaluation was conducted using a multidimensional evaluation framework to maximise research outcomes, data collection, efficiency and effectiveness in stakeholder consultation and data analysis. The triangulated approach to the evaluation required the collection of data from a number of sources so as to develop a rich picture of Youth One Stop Shops.

Overall approach

The approach comprised five key phases. These were:

1. **Project Start-Up:** The structure of the project was established and detailed plans were developed based on achieving the requirements of the project.
2. **Data Collection:** Data were obtained from various sources utilising a range of methods, as defined in the agreed method.
3. **Analysis:** Detailed analysis of the statistical data and consultation feedback took place with conclusions drawn based upon the findings.
4. **Verification:** Findings were verified to ensure their validity and accuracy using agreed processes at two stakeholder workshops.
5. **Reporting:** The development and finalisation of the Final (and synopsis) Evaluation Report.

Schematic representation of evaluation approach

Communio has developed a schematic model to demonstrate our approach to an evaluation assignment. The development has been an iterative process based on Communio’s experience in the conduct of evaluations, builds upon recognised evaluation frameworks and is refined constantly for the purposes of quality improvement. The diagram below illustrates the process that was engaged to undertake the evaluation.

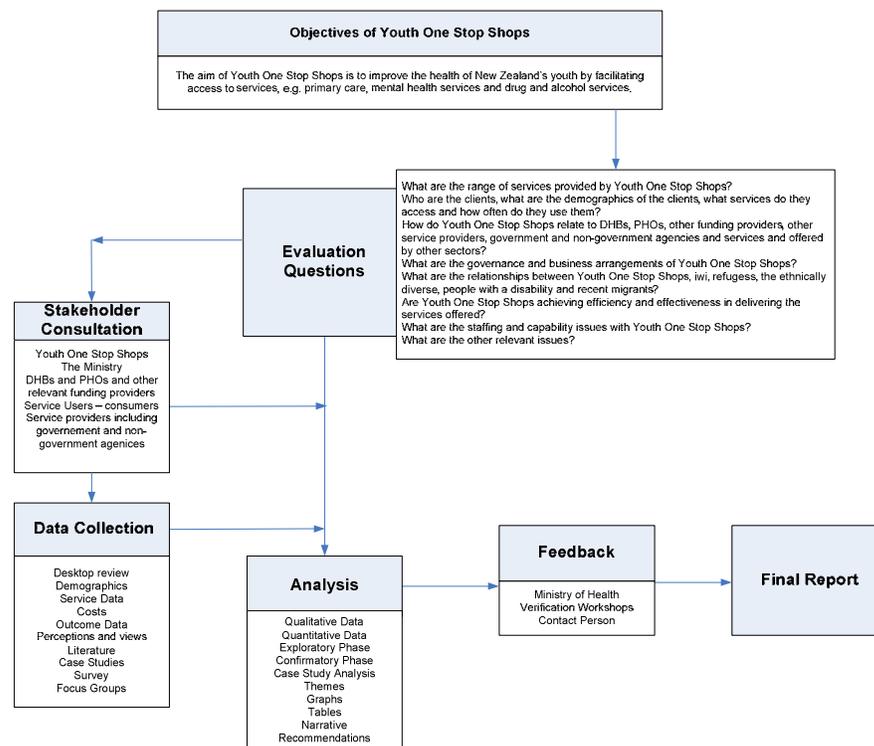


Chart 18: Schematic representation of Evaluation approach

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Appendix 3 – Evaluation method, Continued

Project outset At the outset of the project, Communio met with the Ministry to agree the scope of the evaluation, identify stakeholders and key sources of information. The Communications Plan was developed and processes for risk escalation and change requests were confirmed. Relevant documentation was gathered and reviewed.

The Ministry of Health contacted the Youth One Stop Shops to inform them of plans to commence the evaluation. Managers / key people in each Youth One Stop Shop were contacted by the evaluation team by telephone, as were representatives from several stakeholder organisations. Site visits to each Youth One Stop Shop were organised during this time and tools for data collection were developed.

Questions were mapped according to the most appropriate source(s) of information including the managers of Youth One Stop Shops, stakeholder organisations and clients.

Data collection

Data collection A triangulated approach to the evaluation was used which required the collection of data from a number of sources so as to develop a rich picture of the subject of the evaluation. A variety of methods was used to collect data. These included:

1. An environmental scan
 - desktop review of relevant documents identified prior to data collection and as a result of discussions with Youth One Stop Shop managers, staff and stakeholders
 - a formal review of the published and unpublished literature
2. Three surveys, administered to
 - managers of Youth One Stop Shops
 - plus a verification survey for managers following verification workshops
 - clients of the services
 - key stakeholders
3. Site visits to all of the twelve Youth One Stop Shops. The site visits included
 - face to face interviews with Youth One Stop Shop managers,
 - meetings with staff
 - meetings and interviews with stakeholders and
 - focus groups with clients
4. Telephone interviews with selected stakeholders

Data collection for analysis from Maori perspective

An overarching aim of the health and disability sector is the improvement of Maori health outcomes and the reduction of Maori health inequalities. Part of this evaluation was to ascertain how Youth One Stop Shops give effect to He Korowai Oranga: Maori Health Strategy and Te Tiriti O Waitangi, and therefore to achieving the above aim for Maori youth. To answer this, data were sourced from Youth One Stop Shops, stakeholders and clients.

An analysis of the evaluation findings for Maori is discussed in the section titled Rangatahi Maori.

The scan

The method for undertaking and the results of the environmental scan are later provided in detail.

Continued on next page

Appendix 3 – Evaluation method, Continued

Surveys

Three surveys were developed as tools for data collection - one for Youth One Stop Shop managers, a second for clients and a third for other stakeholders. A fourth survey was developed for managers following the verification workshops. The surveys were administered electronically using an online survey tool called 'Survey Monkey' and in hard copy for clients.

1. Survey of managers of Youth One Stop Shops

The management survey comprised 68 questions mapped to the objectives of the evaluation. One survey per site was required to be completed by the manager (or acting manager or clinicians with a dual management role). Telephone contact was made with each manager followed by electronic invitations to participate, including the survey link and contact details of the project team to enable access to help or a hard copy survey. Managers were followed up by telephone and email to ensure a high response. Supporting documentation from Youth One Stop Shops was provided to the evaluation team electronically and by hard copy during the site visits. Any gaps in the data were addressed during the site visits.

1a. Verification survey for managers of Youth One Stop Shops

The verification survey included 12 questions related to areas identified as requiring clarification or further information during the course of the verification workshops.

2. Survey of other stakeholders

The same method as that outlined above was used to survey stakeholders of Youth One Stop Shops. The stakeholder survey comprised 27 questions related to the objectives of the evaluation. Stakeholders were identified by the Youth One Stop Shops and contact information was provided to the evaluation team. In some cases, invitations to participate and the survey link were sent by Youth One Stop Shops and in others, direct contact was made by the evaluation team. Stakeholder surveys were completed by the person and/or manager with a direct relationship with the Youth One Stop Shop.

3. Survey of Youth One Stop Shop clients

The client survey comprised 18 questions and could be completed by clients of any age either electronically or by hard copy. Respondents were not required to identify themselves, however, they were asked to provide contact details if they wanted to speak to someone from the evaluation team or if they wanted to receive a copy of the summary report via email. Clients were accessed via Youth One Stop Shops or directly in some cases by the evaluation team, with permission from the service, during site visits. Consent was sought from clients to participate at the time the survey was administered. Electronic links to the survey were uploaded onto the Communio website and one of the Youth One Stop Shop websites.

Transitioning of clients at upper age limit

Youth One Stop Shops were asked to attempt to identify previous clients or those who were at the upper age limit for Youth One Stop Shop services to attempt to obtain a viable sample. A specific question was included in the survey for those at the upper age limit about their perceptions about how well they were transitioned to other / adult services.

Recent migrant and refugee clients

Youth One Stop Shops were asked to attempt to identify clients who were recent migrants or refugees as there were specific evaluation questions that applied to this client group. The survey asked clients if they were recent migrants or refugees newly arrived in New Zealand.

Continued on next page

Appendix 3 – Evaluation method, Continued

Site visits

Each of the Youth One Stop Shops was visited by one or two members of the evaluation team. It was considered to be of great importance for each service to be visited to enable the information collected to be reviewed within the context of the overall environment and culture of the service.

Initially, it was intended that 1.5 – 2 days be spent at each site. However, a shortened timeframe for the project required each visit to be conducted in one day. Each service was provided in advance with a Site Visit Guide which provided an overview of the project and requested the assistance of the Youth One Stop Shops to:

- arrange meetings with the manager and staff
- identify and invite stakeholders to meet with the project team on an individual or group basis at the Youth One Stop Shop or their own work premises
- access clients, including those at the upper age limit for services, rangatahi Maori and recent migrants and refugees
- arrange client focus groups with up to 10 young people
- disseminate the client survey link electronically to clients for whom they had email addresses and
- complete the blank site visit programme and return it to the project team.

Site visits were organised to ensure cost effective travel arrangements. Therefore combined visits to several sites in one trip, based on their geographic location, were arranged. In all cases, the Youth One Stop Shop management and stakeholder survey links had been sent out in advance of the site visit. With one exception, all services had completed most of the management survey prior to the visit. In the one site where this wasn't the case, this was due to the short lead in time between finalisation of the management survey and the site visit. Responses to the management survey obtained during the site visit were manually entered into the electronic survey to enable the data to be analysed collectively.

To ensure the data collected by different evaluation team members during site visits was consistent, question sheets were developed based on the three surveys to guide discussion with managers and staff, stakeholders and clients (during focus groups). The majority of site visits were well organised and very productive with managers and staff making themselves freely available for discussion with the evaluation team.

In meetings with groups of stakeholders, sensitive information such as levels of funding was not discussed. If they had not completed the survey, funding stakeholders were asked to do so electronically in order to capture funding data confidentially.

The site visits comprised a tour of the Youth One Stop Shop premises and meetings with:

- The manager (2-3 hours)
- Clinical and non-clinical staff (2 hours)
- Board members and Trustees (1 hour)
- Stakeholders (45 minutes to 1½ hours)
- Client focus groups (1 hour)

Continued on next page

Appendix 3 – Evaluation method, Continued

Meeting with DHB youth services funders

The evaluation team was requested by the Ministry to present an update of the evaluation to the DHB youth service providers in June 2009. This provided a valuable opportunity to consult with the DHB youth funders, including with those who provide funding to the participating Youth One Stop Shops.

Sector engagement

Youth One Stop Shops identified, contacted and in many cases, arranged meetings and focus groups with stakeholders and clients on behalf of the evaluation team. Stakeholders were also identified through other avenues and where appropriate, became engaged in the process.

The following table contains the number of people who provided information for the evaluation.

Method	Number
Youth One Stop Shop management surveys	12
Client surveys	252
Stakeholder surveys	106
Face to face interviews with managers and staff	Approx. 50
Face to face focus groups with clients	63
Interviews with stakeholders (mostly face to face, some by telephone)	Approx. 60
Participants at verification workshops	26

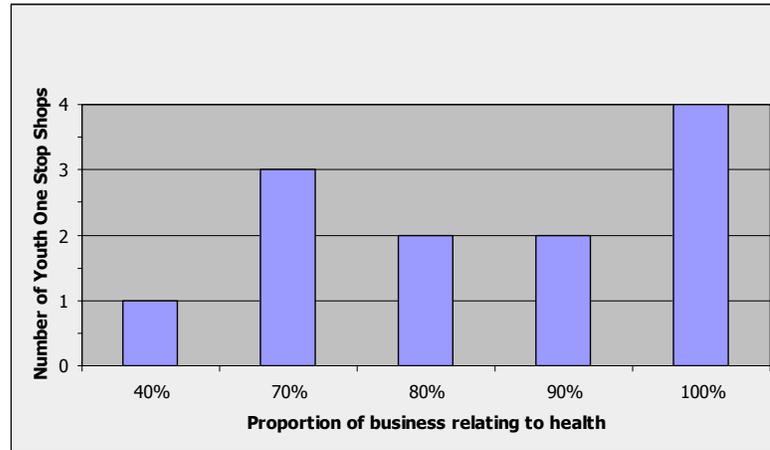
Table 7: Number of people from whom data were collected.

Appendix 4 – Survey graphs and charts

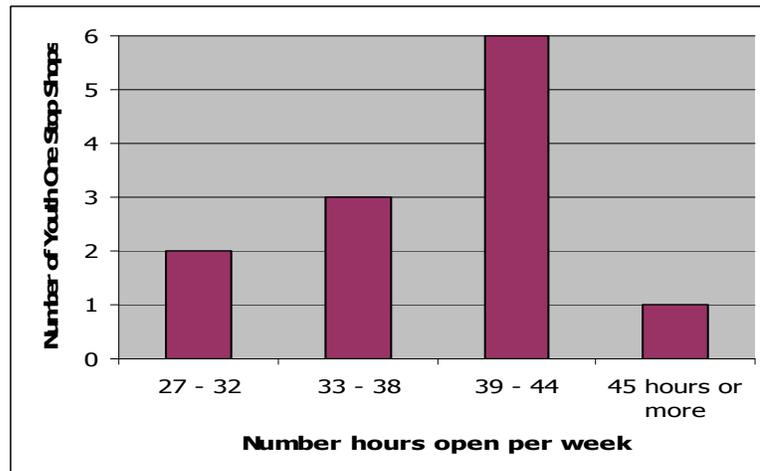
Introduction

This Appendix to the Final Report contains all the graphs and charts developed from the data that were provided to the evaluation through the electronic surveys. Analysis of these charts and graphs was provided in the Interim Evaluation Report. The analysis however has been used to formulate the findings documented in this Final Report.

**Chart 1:
Proportion of
business related
to the health and
disability sector -**



**Chart 2:
Hours per week
services are
open –
Managers Survey**



Continued on next page

Appendix 4 – Survey graphs and charts, Continued

Chart 7:
Frequency with which clients use Youth One Stop Shops – Client Survey

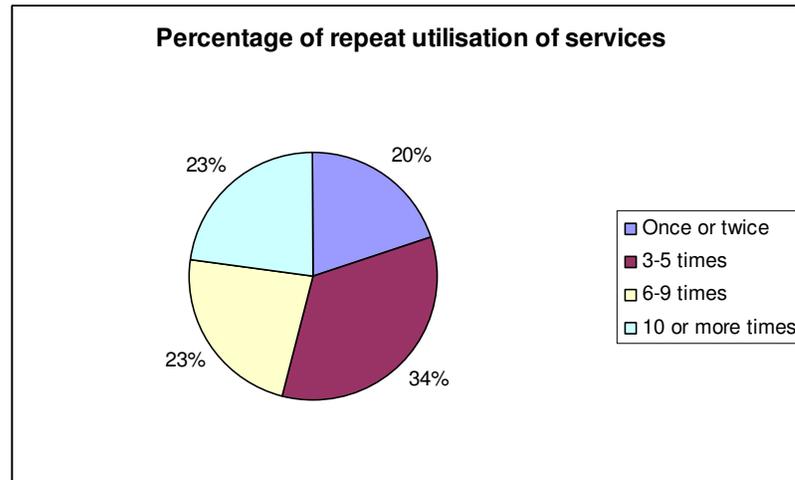


Chart 9:
Proportion of client respondents enrolled with a general practitioner (or Primary Health Organisation/ PHO) – Client Survey

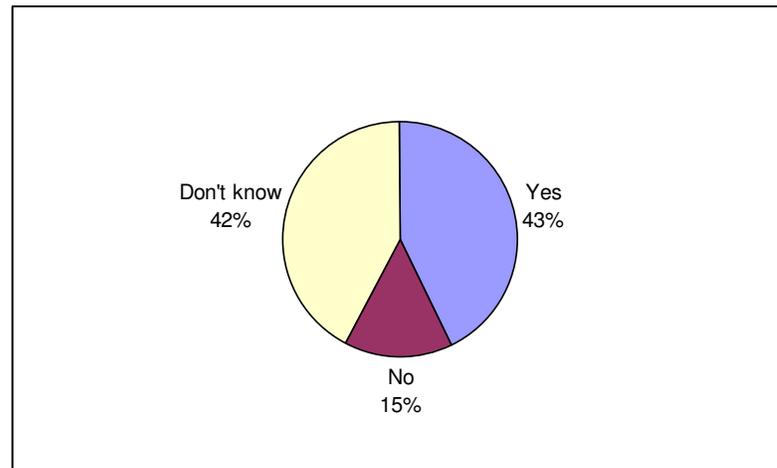
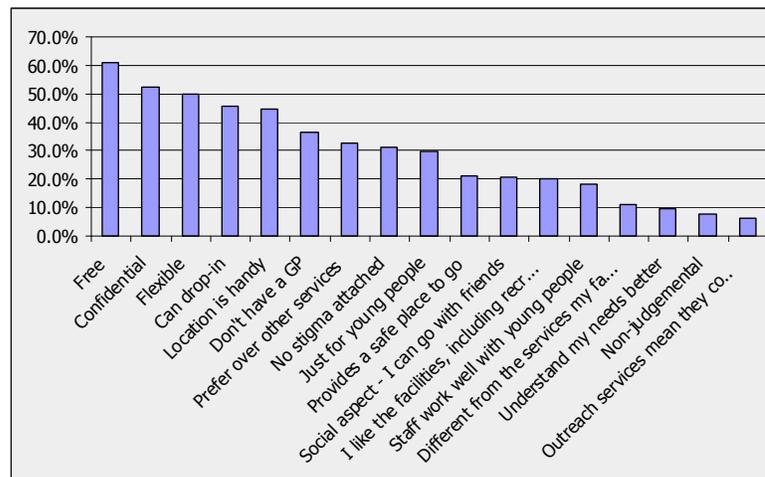


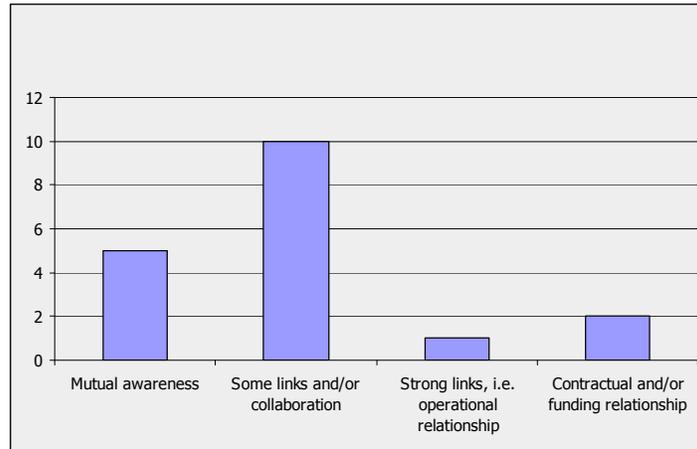
Chart 10:
Reasons why young people utilise Youth One Stop Shops – Client Survey



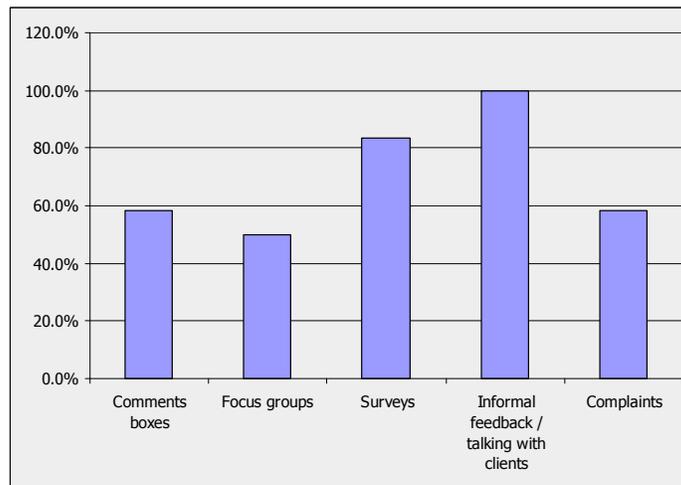
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Appendix 4 – Survey graphs and charts, Continued

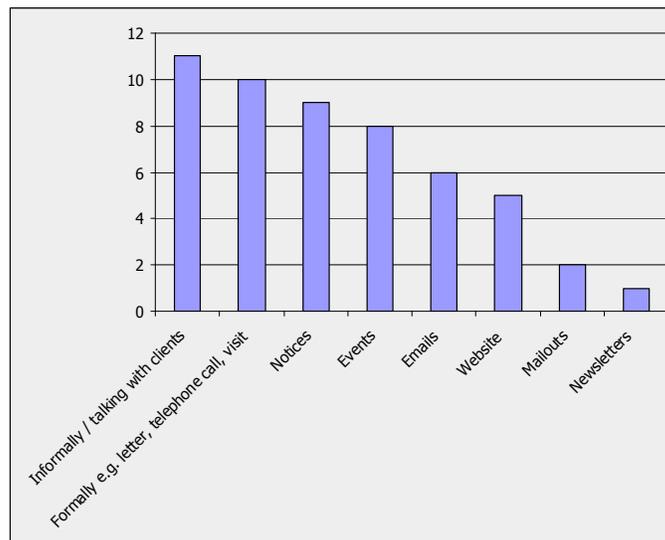
**Chart 11:
Relationship
between Youth
One Stop Shops
and local iwi –
Managers Survey**



**Chart 12:
Methods of
obtaining client
feedback –
Managers
Survey**



**Chart 13:
Mechanisms for
providing
feedback to
clients –
Managers
Survey**



Appendix 5 – Stakeholder Organisations Responding to the Survey

-
- | | | |
|---|---|--|
| 1. Women's Health Care, Rotorua | 35. ChangeMakers Refugee Forum | 67. Invercargill City Council |
| 2. Women's Network, Whanganui | 36. Sport Waikato | 68. Ministry of Health |
| 3. Alternative Education facility | 37. Wellington People's Centre Child, Youth and Family. (Youth Justice). | 69. McGirr Associates Ltd. |
| 4. Police Youth Development | 38. Saint Patrick's School | 70. Tu Meke First Choice PHO |
| 5. NZ Police | 39. South East and City PHO | 71. Valley PHO |
| 6. Rotorua School for Young Parents | 40. Massey University | 72. Ministry of Education Group special Education |
| 7. CAFS | 41. Dental Surgery within the Lake Taupo PHO | 73. New Zealand AIDS Foundation |
| 8. Dynamik Dragons Trust | 42. Te Taiwhenua o Heretaunga | 74. Invercargill City Council |
| 9. Hawkes Bay DHB | 43. New Plymouth Girls High School | 75. Hutt City Council |
| 10. Palmerston North Women's Health Collective | 44. Waiora Wellness Centre | 76. Capital Coast District Health Board |
| 11. Family Planning Health Promotion | 45. Ministry of Youth Development | 77. Havelock North High School |
| 12. Southland YMCA Education Ltd | 46. NZ Aotearoa Adolescent Health and Development | 78. Canterbury Community PHO |
| 13. YMCA Education, New Plymouth | 47. Manawatu Primary Health Organisation | 79. Office of the Children's Commissioner |
| 14. Taupo District Council | 48. Queer and trans youth support groups | 80. Invercargill - Te Ara a Kewa PHO |
| 15. Lakes DHB | 49. Ministry of Social Development Hamilton | 81. Taranaki District Health Board |
| 16. Lake Taupo PHO | 50. He Huarahi Tamariki, the School for Teenage Parents, Wellington. | 82. Southern Regional team |
| 17. Southland District Health Board | 51. New Plymouth District Council | 83. Hutt Valley District Health Board |
| 18. Vocational Literacy Specialists; Taranaki Feats | 52. Wanganui District Council | 84. Christchurch Sexual Health |
| 19. Kapiti Primary Health Organisation | 53. Whanganui DHB (Public Health Centre; Alcohol and Other Drug) | 85. Family Planning - Southern Mid region, including Christchurch, Blenheim, Ashburton, Rangiora, Greymouth and Kaikoura |
| 20. Capital and Coast District Health Board | 54. Balance NZ | 86. Capital PHO |
| 21. Hawkes Bay Primary Health Organisation | 55. Waitara High School | 87. Family Planning |
| 22. Hutt Valley District Health Board | 56. Alcohol Advisory Council of New Zealand | 88. Tairāwhiti District Health Board |
| 23. Hawkes Bay District Health Board | 57. Kapiti College | 89. CMDHB |
| 24. Paraparaumu College | 58. Ministry of Education - Resource Teacher: Learning and Behaviour (RTLb) | 90. Palmerston North City Council |
| 25. St Patrick's College Wellington | 59. Kapiti Child and Adolescent Mental Health Service | 91. Independent contractor |
| 26. Whanganui Girls College Hostel | 60. Kapiti PHO | 92. Strengthening Families |
| 27. Youthline - Wellington Inc | 61. C&CDHB | 93. The Young People's Reference Group |
| 28. Mountview Primary School | 62. Early Intervention Service | 94. Whanganui DHB |
| 29. Skylight | 63. Napier Health Centre | 95. Canterbury DHB |
| 30. BGI | 64. Family Works Northern | 96. Waikato District Health Board |
| 31. Whanganui Public Health centre | 65. Te Oranganui Iwi Health Authority, Whanganui | 97. Ministry of Social Development Wellington Region |
| 32. Kites Trust | 66. Community Social Services, Whanganui | 98. Te Runanga O Raukawa Inc. |
| 33. Case Consulting Ltd | | 99. Youthline Auckland (face to face) |
| 34. MediaWorks Taupo | | 100. Youth Transition Services, Palmerston North |
| | | 101. Youth Transition Services, Rotorua |
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Appendix 6 – Youth One Stop Shop Managers' Survey Reports (sic)

This appendix provides the summary reports from the Management surveys completed by each of the Youth One Stop Shops

6.1 198 Youth Health, Christchurch

1. What is the size of the catchment population of youth in your area within the age range provided for by your service?

54,000

2. How long has the Youth One Stop Shop been in operation?

10 years+

3. How many clients are currently registered with the Youth One Stop Shop?

3001-4000

4. What proportion of clients registered with the Youth One Stop Shop are enrolled with a PHO?

80%

5. Which age groups does the One Stop Shop provide services to?

(10-25 years) 12-14 years; 15-19 years; 20-24 years;

5a. Proportion of clients seen by age group

12-14 years 10%; 15-19 years 50%; 20-24 years 40%

6. What is the proportion of users of your service by ethnicity?

New Zealand European 80%; Maori 10%; Other 10%

7. How many hours per week is the Youth One Stop Shop open?

27 – 32

8. Which health-specific services are provided through your Youth One Stop Shop?

General practitioner, Nursing services, Family planning, Counselling, Vaccinations, Alcohol and drug, Mental health, Sexual and reproductive health, Other - Primary Youth Health Services - Peer Support Services, Smoking Cessation

9. Which other (non-health) services are provided through your Youth One Stop Shop?

Social work, Advocacy, Housing/accommodation assistance, Other - Council area youth worker

9a. Number of occasions of services for health services last year

14,881

10. How is client feedback obtained?

Surveys, Informal feedback / talking with clients

11. What mechanisms are in place for providing feedback to clients?

Notices, Events, Informally / talking with clients

12. Please describe how the Youth One Stop Shop is meeting the needs of the ethnically diverse, including recent migrants and refugees

198 exists for whoever to come. We have diverse group of staff including 1 Asian & 1 Iraqi GP. We see proportionately to the population more Maori than European clients.

Migrants groups / refugees tend to socially gather within their groups. They go where the others go and do as the others do. They also tend to be more suburban based and unlikely to frequent the centre city. There is a need for migrant services however in CHCH there is not the population based to make this a service per se. Also, with our turn away rate, we haven't targeted such groups.

13. Please describe how the Youth One Stop Shop is meeting the needs of Maori rangatahi

As described above in terms of numbers. Late last year 198 undertook its first Te Kanga Maori / Treaty training. Also undertook a separate crossover familiarisation morning with a Maori specific AOD provider. Te Wana audit standards prompted these developments in the service.

14. Does the Youth One Stop Shop provide services for 'at risk' clients?

Yes; High Deprivation NZ Dep areas 7-10, Maori, High Needs Access under PHO funding definition

15. What are the main advantages to using the Youth One Stop Shop method of service delivery for young people?

Please refer to the documents I sent which thoroughly explores this. The advantages are many and well researched.

16. Which secondary services in the health and disability sector, if any, are available through the Youth One Stop Shop?

We work closely with a wide range of secondary care services, MH, AOD, etc. often on a transition basis i.e supporting transition and stability from 2ndy to primary and providing referral to secondary care

17. What system does the Youth One Stop Shop use to collect and collate clinical and other data?

MedTech32 version 18.3 (build 2513)

18. Does the Youth One Stop Shop have a defined legal structure?

Yes

18a. What is the legal structure of the Youth One Stop Shop?

Charitable Trust (with an Incorporated Society membership)

19. This question relates to the sources of funding for the Youth One Stop Shop and the type of agreements.

District Health Board, Primary Health Organisation, Other government agency, Non-government agency, Lottery grants, Other (not specified)

20. Which DHB(s) does the Youth One Stop Shop receive funding from and/or link with?

Canterbury

21. Please name the non-DHB organisations that provide funding to the Youth One Stop Shop

City Council, MSD, Lotteries, Community Trust, CSL clinical trial,

22. What is the total level of funding for the Youth One Stop Shop for the last financial year (ending 30 June 2009)?

\$815,000

23. What is the total annual health funding for your service for the last financial year?

\$540,000

23a. What proportion of your business at the Youth One Stop Shop currently relates to the health and disability sector?

90%

24. How would you describe the relationship of the Youth One Stop Shop with local iwi?

Mutual awareness, Some links and/or collaboration

25. Which staff positions does the Youth One Stop Shop currently have?

	# FTEs	Total # hours p/wk
Manager	1.0	33-40
Peer support worker	2.0	51-60
Social worker	0.5	17-24
Youth worker	1.0	25-32
Nurse	1.5	51-60
Doctor	1.0	33-40
Counsellor	3.0	81-100
Administrative assistant	2.0	51-60

26. How do you ensure staff are appropriately qualified and experienced to undertake their roles?

Qualifications experienced resolved with recruitment. Pay some in service training, pay professional supervision and professional assoc fees.

27. How are any staffing and programme configuration issues in the Youth One Stop Shop being addressed?

Job analysis and funding availability = configuration

28. Are there noticeable health and disability service OVERLAPS when looking at other services offered to young people in your catchment area?

Yes; The DHB considers we are double funded to other services receiving either MOH funding e.g. family planning or capitation via a PHO e.g. family GP services. Funding overlap may occur however doesn't resolve the health access issues for our client group.

29. Are there noticeable health and disability service GAPS when looking at other services offered to young people in your catchment area?

Yes; Peer based support into the community for MH young people. Facilitated housing service for youth. Relationship education. More early intervention and support around AOD issues

30. What are the top three strengths related to GOVERNANCE and FUNDING for the Youth One Stop Shop at present?

- i. - Governances provide clear service specs and processes
- ii. - funding has a strength when linked with planning - planning seems currently missing
- iii. - YOSS are endeavouring to form a cohesive group, sharing policies, plans and future direction

31. What are the top three issues related to GOVERNANCE and FUNDING facing the Youth One Stop Shop at present?

- i. - funding
- ii. - acknowledgement and implementation of effective youth health strategies
- iii. - current baby boom soon to be a teenage /adolescent boom - what is in place

32. How effective is the Youth One Stop Shop at transitioning clients to other services when they reach the upper age limit for Youth One Stop Shop services?

4; 198 clients are very clear on the age range and so know when a shift is required. This can become difficult with either the number of GP rolls that are closed or where long term care and mostly mental health issues has created some dependency. We work these through. A very small number of disturbed clients find it most difficult to move on

33. What are the key outcomes for your clients that the Youth One Stop Shop achieves?

Early onset of health issues are dealt with in an easy access environment that often prevent lifelong negative and/or unwanted outcomes from impairing their growth from adolescent to adulthood e.g pregnancy, depression affecting the ability to study etc.

34. Is the Youth One Stop Shop part of a quality assessment or value-add programme (e.g. certification or similar)?

Yes; Te Wana

35. If the Youth One Stop Shop is not part of a quality programme (or similar), what are the reasons for this?

Note for #17 - we are processing through the accreditation process, our assessment is booked for April 2010

36. When was the Youth One Stop Shop last assessed?

Not applicable

37. What are the top three strengths related to QUALITY for the Youth One Stop Shop at present?

- i. - collegial professional staff team - well trained
- ii. - committed to youth health - focused on the needs of youth, how they function and how their needs can be met
- iii. - regular staff and team based clinical supervision

38. What are the top three issues related to QUALITY facing the Youth One Stop Shop at present?

- i. - Maintaining a fiscal base that allows us to keep our special health staff. permanent part time positions give clients greater choice
- ii. - HR and Admin management. 198 is service delivery focused, service support can easily get behind
- iii. - Our governance is very weak and the strong ones lack a skills range to adequately offer knowledgeable functional support

39. Do you have any additional comments you would like to make? No

6.2 Cafe for Youth Health, Taupo

1. What is the size of the catchment population of youth in your area within the age range provided for by your service?

33,000

2. How long has the Youth One Stop Shop been in operation?

10 years+

3. How many clients are currently registered with the Youth One Stop Shop?

4001-5000

4. What proportion of clients registered with the Youth One Stop Shop are enrolled with a PHO?

Don't know

5. Which age groups does the One Stop Shop provide services to?

(10-25+ years); Under 12 years, 12-14 years, 15-19 years, 20-24 years, Over 25 years

5a. Proportion of clients seen by age group

Under 12 years and over	10%	12-14 years	10%	15-19 years	50%	20-24 years	20%	25 years and over	10%
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6. What is the proportion of users of your service by ethnicity?

New Zealand European 50%, Maori 40%, Other 10%

7. How many hours per week is the Youth One Stop Shop open?

33 - 38

8. Which health-specific services are provided through your Youth One Stop Shop?

General practitioner, Nursing services, Vaccinations, Alcohol and drug, Mental health, Family planning, Sexual and reproductive health, Health promotion and education, Other - oral health

9. Which other (non-health) services are provided through your Youth One Stop Shop?

Advocacy, Life skills programmes, Training and education,

9a. Number of occasions of services for health services last year

4,750

10. How is client feedback obtained?

Comments boxes, Surveys, Informal feedback / talking with clients, Complaints

11. What mechanisms are in place for providing feedback to clients?

Notices, Website, Emails, Events, Informally / talking with clients

12. Please describe how the Youth One Stop Shop is meeting the needs of the ethnically diverse, including recent migrants and refugees

Still evolving through school networking other educational institutions. There is not a high immigrant or refugee population in Taupo (small Thai pop and PI community is very close knit and very church oriented - not high users of service) There is a perception of Cafe as the sexual health clinic and not viewed kindly by PI community. There are difficulties with accessing interpreters as in a small town they are often in the community of the person accessing services, not sure how to address this. Often contact by these groups is "crisis contact" only made at the last minute due to greater need.

13. Please describe how the Youth One Stop Shop is meeting the needs of Maori rangatahi

Use the Whare Tapa Wha approach in provision of holistic health services. Cafe has a relationship with local iwi. Sensitivity to particular needs /issues. Whanau able to use services also.

14. Does the Youth One Stop Shop provide services for 'at risk' clients?

Yes; Initial engagement then supported referral to secondary or tertiary. Use HEADDs assessment to identify needs.

15. What are the main advantages to using the Youth One Stop Shop method of service delivery for young people?

Ensuring a wrap around process so that young people do not slip through the system. Access is compounded by geography where secondary services are often in another town. Equity issues are of concern and disadvantage is a constant challenge.

16. Which secondary services in the health and disability sector, if any, are available through the Youth One Stop Shop?

None - referred to outside services for secondary care.

17. What system does the Youth One Stop Shop use to collect and collate clinical and other data?

Medtech 32 ,feedback forms ,surveys.invoicing data.

18. Does the Youth One Stop Shop have a defined organisational structure?

Yes

18a. What is the legal structure of the Youth One Stop Shop

Incorporated society

19. This question relates to the sources of funding for the Youth One Stop Shop and the type of agreements.

District Health Board, Primary Health Organisation, Other government agency, Non-government agency, Donations, Lottery grants, Other: sponsorship, eg vehicle, supplier sponsorship to attend conference

20. Which DHB(s) does the Youth One Stop Shop receive funding from and/or link with?

Lakes, Bay of Plenty

21. Please name the non-DHB organisations that provide funding to the Youth One Stop Shop

PHO Taupo

22. What is the total level of funding for the Youth One Stop Shop for the last financial year (ending 30 June 2009)?

\$409,000

23. What is the total level of health funding for your service for the last financial year?

\$392,000

23a. What proportion of your business at the Youth One Stop Shop currently relates to the health and disability sector?

80%

24. How would you describe the relationship of the Youth One Stop Shop with local iwi?

Mutual awareness, Some links and/or collaboration, Work hard to maintain relationship. Cafe works alongside local iwi and promote clinical services on their behalf in Turangi.

25. Which staff positions does the Youth One Stop Shop currently have?

	# FTEs	Total # hours p/wk
Manager	1.0	33-40
Nurse	3.0	
Doctor	0.5	9-16
Administrative assistant	1.5	33-40

Comments: Health Promoter 1.5 FTE, Youth Health Educator 40 hours

26. How do you ensure staff are appropriately qualified and experienced to undertake their roles?

Employment contract requirements. In service training prior to clinical staff working independently Annual performance appraisals PDPs for clinical staff

27. How are any staffing and programme configuration issues in the Youth One Stop Shop being addressed?

Identified need for clinical youth worker, unable to obtain funding

28. Are there noticeable health and disability service OVERLAPS when looking at other services offered to young people in your catchment area?

Yes. GPs receive capitation funding for young people. School nurses provide primary health needs in schools. Counselling provided at Youth Centre

29. Are there noticeable health and disability service GAPS when looking at other services offered to young people in your catchment area?

Yes. No emergency housing for young people, understaffed / inconsistent child and mental health service in Taupo No youth specific drug and alcohol services - adult service based in Rotorua Primary and secondary mental health service gaps (eg behavioural issues, eating disorders) No Youth Transition services in Taupo

30. What are the top three strengths related to GOVERNANCE and FUNDING for the Youth One Stop Shop at present?

Stable proactive governance, Supportive DHB and PHO, New initiatives being supported

31. What are the top three issues related to GOVERNANCE and FUNDING facing the Youth One Stop Shop at present?

Voluntary governance, maintain the passion; Annual contracts / Fragmented funding; Workforce / service development

32. How effective is the Youth One Stop Shop at transitioning clients to other services when they reach the upper age limit for Youth One Stop Shop services?

Neutral; No requirement to transition for sexual and reproductive health issues as no age limit for sexual / reproductive health clients

33. What are the key outcomes for your clients that the Youth One Stop Shop achieves?

Improved access

34. Is the Youth One Stop Shop part of a quality assessment or value-add programme (e.g. certification or similar)?

No

35. If the Youth One Stop Shop is not part of a quality programme (or similar), what are the reasons for this?

cost / time - considering Te Wana. No contractual allowance or obligation to undergo.

36. When was the Youth One Stop Shop last assessed?

Within the last year

37. What are the top three strengths related to QUALITY for the Youth One Stop Shop at present?

Committed and expert staff, Positive community profile

38. What are the top three issues related to QUALITY facing the Youth One Stop Shop at present?

Staff burnout, security funding, physical space

39. Do you have any additional comments you would like to make?

Need face-to-face meeting

6.3 Directions Youth Health Centre, Hastings

1. What is the size of the catchment population of youth in your area within the age range provided for by your service?

18,000

2. How long has the Youth One Stop Shop been in operation?

10 years+

3. How many clients are currently registered with the Youth One Stop Shop?

3001-4000

4. What proportion of clients registered with the Youth One Stop Shop are enrolled with a PHO?

Don't know

5. Which age groups does the One Stop Shop provide services to?

(10-24 years), Under 12 years, 12-14 years, 15-19 years, 20-24 years

5a. Proportion of clients seen by age group

Under 12 years 10%, 12-14 years 10%, 15-19 years 50%, 20-24 years 30%

6. What is the proportion of users of your service by ethnicity?

New Zealand European 60%, Maori 30%, Samoan 10%

7. How many hours per week is the Youth One Stop Shop open?

27 - 32

8. Which health-specific services are provided through your Youth One Stop Shop?

General practitioner, Nursing services, Counselling, Vaccinations, Mental health, Family planning, Sexual and reproductive health, Health promotion and education, Other - Smoking Cessation, Mentoring

9. Which other (non-health) services are provided through your Youth One Stop Shop?

Advocacy, Life skills programmes, Housing/accommodation assistance, Training and education

9a. Number of occasions of services for health services last year

2,998

10. How is client feedback obtained?

Comments boxes, Focus groups, Surveys, Informal feedback / talking with clients

11. What mechanisms are in place for providing feedback to clients?

Notices, Website, Emails, Mailouts, Events, Informally / talking with clients, Formally e.g. letter, telephone call, visit

12. Please describe how the Youth One Stop Shop is meeting the needs of the ethnically diverse, including recent migrants and refugees

We are on the Settlement Support database and become involved with training and resource development when opportunities arise that involve youth

13. Please describe how the Youth One Stop Shop is meeting the needs of Maori rangatahi

We work with many Maori providers in Hawkes Bay to ensure referral pathways are maintained. We also build relationships with Maori youth particularly through a programme we run and by working with alternative education providers

14. Does the Youth One Stop Shop provide services for 'at risk' clients?

Yes, Clients that require immediate attention

15. What are the main advantages to using the Youth One Stop Shop method of service delivery for young people?

The main advantage is that the service is run 'by youth, for youth'. This allows youth to have a say in all aspects of how our service is run giving them ownership. Venue is also paramount as it is a comfortable space for young people. Another advantage is that all staff are 'youthfriendly' trained as many youth identify that they like accessing the service because the staff are non-judgmental and confidential.

16. Which secondary services in the health and disability sector, if any, are available through the Youth One Stop Shop?

We do not offer any secondary services, however we are a knowledge resource for youth and provide referral pathways

17. What system does the Youth One Stop Shop use to collect and collate clinical and other data?

MedTech 32

18. Does the Youth One Stop Shop have a defined organisational structure?

Yes

18a. What is the legal structure of the Youth One Stop Shop?

Incorporated Society

19. This question relates to the sources of funding for the Youth One Stop Shop and the type of agreements.

District Health Board, Primary Health Organisation, Donations, Lottery grants

20. Which DHB(s) does the Youth One Stop Shop receive funding from and/or link with?

Hawkes Bay

21. Please name the non-DHB organisations that provide funding to the Youth One Stop Shop

Tu Meke PHO, Hawkes Bay PHO, Lotteries Grants, COGS Grants, other small grants eg Pub Charities, ECCT etc

22. What is the total level of funding for the Youth One Stop Shop for the last financial year (ending 30 June 2009)?

\$225,000

23. What is the total level of health funding for your service for the last financial year?

\$185,000

23a. What proportion of your business at the Youth One Stop Shop currently relates to the health and disability sector?

100%

24. How would you describe the relationship of the Youth One Stop Shop with local iwi?

Some links and/or collaboration

25. Which staff positions does the Youth One Stop Shop currently have?

	# FTEs	Total # hours p/wk
Manager	1.0	33-40
Peer support worker	0.5	17-24
Youth worker	0.5	25-32
Nurse	0.5	17-24
Doctor	0.5	1-8
Counsellor	0.5	17-24

26. How do you ensure staff are appropriately qualified and experienced to undertake their roles?

We have an extensive recruitment and orientation programme to take them through when they become part of the team

27. How are any staffing and programme configuration issues in the Youth One Stop Shop being addressed?

We have a fine balance of staff cover as we have a small team with most part-time. We have just filled two positions so no issues at present. Ongoing training and professional development costs are often an issue due to the costs involved

28. Are there noticeable health and disability service OVERLAPS when looking at other services offered to young people in your catchment area?

No

29. Are there noticeable health and disability service GAPS when looking at other services offered to young people in your catchment area?

Yes

Smoking cessation services for youth No youth health specific services in Napier

30. What are the top three strengths related to GOVERNANCE and FUNDING for the Youth One Stop Shop at present?

Our funding from the DHB was increased last year after remaining the same for the past 12 years; We have a strong Trust at present who provide unlimited support to the Directions team; We have been receiving a Lotteries Grant for the past few years allowing Directions to provide youth support and mentoring services

31. What are the top three issues related to GOVERNANCE and FUNDING facing the Youth One Stop Shop at present?

We currently have the youth positions on our Trust vacant; Due to funding we are not operating at full capacity; There is no outlook of a similar service in Napier when there is an identified need

32. How effective is the Youth One Stop Shop at transitioning clients to other services when they reach the upper age limit for Youth One Stop Shop services?

Neutral; With our regular clients we assist them in this transition, but we have many casual clients that do not engage with us in regards to this issue. Also many of our clients are also registered with other GP's/PHOs so they already have this transitioning period set up

33. What are the key outcomes for your clients that the Youth One Stop Shop achieves?

To ensure that clients receive high quality health services that meet their needs, and gain the tools and resources to make healthier options in the future

34. Is the Youth One Stop Shop part of a quality assessment or value-add programme (e.g. certification or similar)? No

35. If the Youth One Stop Shop is not part of a quality programme (or similar), what are the reasons for this?

We are working towards this over the next few years, also accreditation costs are an issue

36. When was the Youth One Stop Shop last assessed?

3 - 4 years ago

37. What are the top three strengths related to QUALITY for the Youth One Stop Shop at present?

We are just developing improved clinical governance and quality systems at Directions; Supervision is key to safe practice; Staff belong to relevant national councils etc and have ongoing professional development

38. What are the top three issues related to QUALITY facing the Youth One Stop Shop at present?

Clinical staff time available; Lack of funding for more intensive training and professional development programme; Issues around part time staff meeting on a regular basis due to other work commitments elsewhere

39. Do you have any additional comments you would like to make?

We believe that Youth One Stop Shops are vital towards improving the health outcomes for young people in New Zealand and are excited to be involved.

6.4 Evolve Youth Service, Wellington

1. What is the size of the catchment population of youth in your area within the age range provided for by your service?

50,000

2. How long has the Youth One Stop Shop been in operation?

3-5 years

3. How many clients are currently registered with the Youth One Stop Shop?

3001-4000

4. What proportion of clients registered with the Youth One Stop Shop are enrolled with a PHO?

10%

5. Which age groups does the One Stop Shop provide services to?

(10-25 years), Under 12 years, 12-14 years, 15-19 years, 20-24 years, Over 25 years

5a. Proportion of clients seen by age group

12-14 years 10%, 15-19 years 30%, 20-24 years 50%, 25 years and over 10%

6. What is the proportion of users of your service by ethnicity?

New Zealand European 60%, Maori 20%, Other 20%

7. How many hours per week is the Youth One Stop Shop open?

39 – 44

8. Which health-specific services are provided through your Youth One Stop Shop?

General practitioner, Nurse practitioner, Nursing services, Counselling, Vaccinations, Alcohol and drug, Mental health, Family planning, Sexual and reproductive health, Health promotion and education, Other - general health, ACC, acute illness, chronic disease management, nurse practitioner and primary health care nurse

9. Which other (non-health) services are provided through your Youth One Stop Shop?

Social work, Advocacy, Life skills programmes, Recreation programmes, Housing/accommodation assistance, Training and education, Employment services, Transition services, Other - mentoring, family work

9a. Number of occasions of services for health services last year

13,689

10. How is client feedback obtained?

Comments boxes, Focus groups, Surveys, Informal feedback / talking with clients

11. What mechanisms are in place for providing feedback to clients?

Notices, Website, Mailouts, Events, Informally / talking with clients, Formally e.g. letter, telephone call, visit, cell phone text (Mailouts are generally only used for clinical information/recalls)

12. Please describe how the Youth One Stop Shop is meeting the needs of the ethnically diverse, including recent migrants and refugees

Through diverse ethnic staff, providing ethnic specific programs, promotion, networking, attending culture kicks soccer tournament, staff professional development/training around ethnic and cultural diversity.

13. Please describe how the Youth One Stop Shop is meeting the needs of Maori rangatahi

Using Maori specific medical and social tools/processes; commitment to Te Tiriti o Waitangi (stated in policies and employment documents); aim to attract Maori staff (although this has sometimes been challenging); Provide a desirable workplace for Maori; Two spaces reserved on trust board for the Wellington Tenth Trust to ensure room for the interests of mana whenua & rangatahi maori to be represented.

14. Does the Youth One Stop Shop provide services for 'at risk' clients?

Yes

15. What are the main advantages to using the Youth One Stop Shop method of service delivery for young people?

It's free, it's youth orientated, young people are across all of levels of the service - from frontline to management to Board of Trustee, the young people are safe and are listened too, strong informal and formal commitment to diversity, a special culture diversity

16. Which secondary services in the health and disability sector, if any, are available through the Youth One Stop Shop?

Adolescent diabetes clinic held at Evolve once a month, Mental health services offer to see new referrals first visit at Evolve

17. What system does the Youth One Stop Shop use to collect and collate clinical and other data?

MedTech 32

18. Does the Youth One Stop Shop have a defined legal structure?

Yes

18a. What is the legal structure of the Youth One Stop Shop?

Charitable Trust

19. This question relates to the sources of funding for the Youth One Stop Shop and the type of agreements.

District Health Board, Primary Health Organisation, Donations, Lottery grants, Other - visit claims e.g. acc, sexual health claims

20. Which DHB(s) does the Youth One Stop Shop receive funding from and/or link with?

Capital and Coast

21. Please name the non-DHB organisations that provide funding to the Youth One Stop Shop

South East and City PHO ACC Sexual health contract Wellington City Council one off grant in the past (not this year)

22. What is the total level of funding for the Youth One Stop Shop for the last financial year (ending 30 June 2009)?

\$700,000

23. What is the total level of health funding for your service for the last financial year?

\$500,000

23a. What proportion of your business at the Youth One Stop Shop currently relates to the health and disability sector?

100%

24. How would you describe the relationship of the Youth One Stop Shop with local iwi?

Mutual awareness; Some links and/or collaboration; Historically we have had a strong relationship with the Wellington Tenth Trust

25. Which staff positions does the Youth One Stop Shop currently have?

	# FTEs	Total # hours p/wk
Manager	1.0	33-40
Peer support worker	2.5	81-100
Social worker	1.0	33-40
Youth worker	2.0	33-40
Nurse	2.0	61-80
Doctor	1.0	25-32
Counsellor	0.5	9-16
Administrative assistant	1.0	33-40

Comments: Recreational program tutors 6 hours a week

26. How do you ensure staff are appropriately qualified and experienced to undertake their roles?

Application process, referee checks, orientation plan, ongoing training and professional development (clinicians must comply with HPCA and meet all standards)

27. How are any staffing and programme configuration issues in the Youth One Stop Shop being addressed?

Team and trust board discussions, review of documents and policies and participation in Te Wana. Recruitment of new staff when necessary.

28. Are there noticeable health and disability service OVERLAPS when looking at other services offered to young people in your catchment area?

Yes. A number of other organisations provide health care or social support services in the community, however Evolve is the only service in Wellington City which provides a full range of youth specific and youth led services in one place.

29. Are there noticeable health and disability service GAPS when looking at other services offered to young people in your catchment area?

Yes. Accessible and timely access to mental health support for low-moderate issues. Culturally appropriate services, particularly for refugee and migrant groups. Emergency and short term accommodation for young people who are homeless or in crisis situations.

30. What are the top three strengths related to GOVERNANCE and FUNDING for the Youth One Stop Shop at present?

i. - Commitment to the principles of youth participation and youth development; ii. - Open and supportive communication – partnership; iii. - Common understanding and goals to improve the health and wellbeing of young people in Wellington

31. What are the top three issues related to GOVERNANCE and FUNDING facing the Youth One Stop Shop at present?

i. - Ensuring ongoing and adequate funding in line with growth of the service and needs of clients; ii. - Ensuring a highly skilled and responsive governance board; iii. - Ability to maintain levels of meaningful youth participation (funding, training, staff capacity)

32. How effective is the Youth One Stop Shop at transitioning clients to other services when they reach the upper age limit for Youth One Stop Shop services?

3 - Neutral

Most move on by themselves. We offer to help any client who needs assistance to find a new service once they reach 26 years of age.

33. What are the key outcomes for your clients that the Youth One Stop Shop achieves?

Improved health and wellbeing, Increased knowledge and information about managing their healthcare, Greater connection to support and services in the community, Youth development, personal development, increased skills, Fun and creativity

34. Is the Youth One Stop Shop part of a quality assessment or value-add programme (e.g. certification or similar)?

Yes, Te Wana quality programme

35. If the Youth One Stop Shop is not part of a quality programme (or similar), what are the reasons for this?

No Response

36. When was the Youth One Stop Shop last assessed?

Within the last year

37. What are the top three strengths related to QUALITY for the Youth One Stop Shop at present?

i. - Strong youth participation; ii. - Inclusive approach; iii. - Diverse services and activities on offer to reflect diverse needs of clients

38. Do you have any additional comments you would like to make?

No Response

6.5 Number 10 Youth Health Centre, Invercargill

1. What is the size of the catchment population of youth in your area within the age range provided for by your service?

21,000

2. How long has the Youth One Stop Shop been in operation?

Less than 1 year

3. How many clients are currently registered with the Youth One Stop Shop?

1001-2000

4. What proportion of clients registered with the Youth One Stop Shop are enrolled with a PHO?

70%

5. Which age groups does the One Stop Shop provide services to?

(10-24 years), 12-14 years, 15-19 years, 20-24 years

5a. Proportion of clients seen by age group

12-14 years 10%, 15-19 years 50%, 20-24 years 40%

6. What is the proportion of users of your service by ethnicity?

New Zealand European 70%, Maori 20%, Other 10%

7. How many hours per week is the Youth One Stop Shop open?

39 – 44

8. Which health-specific services are provided through your Youth One Stop Shop?

General practitioner, Nursing services, Vaccinations, Mental health, Family planning, Sexual and reproductive health, Health promotion and education, Other - Youth alcohol & drug services are situated in building & work collaboratively

9. Which other (non-health) services are provided through your Youth One Stop Shop?

Advocacy, Budgeting advice, Housing/accommodation assistance, Training and education, Other) - Staff work closely with transition services, W&I, community law, budgeting etc - education and referrals

9a. Number of occasions of services for health services last year

2382

10. How is client feedback obtained?

Comments boxes, Surveys, Informal feedback / talking with clients, Complaints
A DVD has also been developed by youth peer support worker and young people who use the service for marketing and client feedback

11. What mechanisms are in place for providing feedback to clients?

Notices, Events, Informally / talking with clients, Formally e.g. letter, telephone call, visit, We are also in the process of developing a website.

12. Please describe how the Youth One Stop Shop is meeting the needs of the ethnically diverse, including recent migrants and refugees

Our figures show that ethnic groups are using the service. Again barriers such as cost, not youth friendly, centrally located, improve access to these youth. However we do not see non resident youth - discussions with tertiary education re this.

13. Please describe how the Youth One Stop Shop is meeting the needs of Maori rangatahi

Te Runanga O Waihopai has a dedicated governance position; Maori rangatahi on youth advisory group (YAG); 14% Maori rangatahi use service; Maori service providers refer to service; Education documents in Maori language

14. Does the Youth One Stop Shop provide services for 'at risk' clients?

Yes; Left school early, NZDep 1&2 accommodation, unemployed, low income, don't access mainstream health providers, have specific cultural needs, trouble with law, Maori rangatahi, pacific services.

15. What are the main advantages to using the Youth One Stop Shop method of service delivery for young people?

No cost, youth friendly, youth peer support, confidential, non judgemental, easy access, referral service, advocacy, wrap around service

16. Which secondary services in the health and disability sector, if any, are available through the Youth One Stop Shop?

None. Referral service to secondary services

17. What system does the Youth One Stop Shop use to collect and collate clinical and other data?

Med Tech 32

18. Does the Youth One Stop Shop have a defined legal structure?

Yes

18a. What is the legal structure of the Youth One Stop Shop?

Charitable Trust

19. This question relates to the sources of funding for the Youth One Stop Shop and the type of agreements.

District Health Board, Primary Health Organisation, Other government agency, Non-government agency, Donations

20. Which DHB(s) does the Youth One Stop Shop receive funding from and/or link with?

Southland

21. Please name the non-DHB organisations that provide funding to the Youth One Stop Shop

Community Trust of Southland; Invercargill Licensing Trust; Invercargill City Council; Donation from Yellow Pages

22. What is the total level of funding for the Youth One Stop Shop for the last financial year (ending 30 June 2009)?

\$260,000

23. What is the total level of health funding for your service for the last financial year?

\$94,000

23a. What proportion of your business at the Youth One Stop Shop currently relates to the health and disability sector?

100%

24. How would you describe the relationship of the Youth One Stop Shop with local iwi?

Some links and/or collaboration

Our intention is to work with local iwi to look at how we can develop a Maori Health Action Plan

25. Which staff positions does the Youth One Stop Shop currently have?

	# FTEs	Total # hours p/wk
Peer support worker	0.5	25-32
Nurse	1.5	41-50
Doctor	0.5	17-24
Administrative assistant	0.5	

Comments: A new manager commences work on 11 June 2009

26. How do you ensure staff are appropriately qualified and experienced to undertake their roles?

Must be professionally qualified, have an up to date practicing certificate. Have a youth development approach and obtain appropriate training through recognised sources (e.g. Family Planning, the Collaborative, training advertised through NZAAHD).

27. How are any staffing and programme configuration issues in the Youth One Stop Shop being addressed?

Continually looking for funding opportunities. Staff meet weekly to discuss concerns etc and at present work well beyond their specific job descriptions. Discussions with other YOSS and NZAHD

28. Are there noticeable health and disability service OVERLAPS when looking at other services offered to young people in your catchment area?

Yes; GP services, Family Planning & sexual health services are available, however yp use YOSS because it does not have a clinical atmosphere, it is easily accessible (sexual health clinic is out of CBD) and youth friendly. It is very hard to access GPs if you are not already enrolled.

29. Are there noticeable health and disability service GAPS when looking at other services offered to young people in your catchment area?

Yes; Mild to moderate youth mental health services - short term intervention and free counselling. Other services (FPC) often has a waiting list and most GP practices are full and not accepting new clients.

30. What are the top three strengths related to GOVERNANCE and FUNDING for the Youth One Stop Shop at present?

i. - Dedicated experienced trust members with a wide range of experience; ii. - Know community through formal and informal networks; iii. - Community funders have supported the setting up of YOSS

31. What are the top three issues related to GOVERNANCE and FUNDING facing the Youth One Stop Shop at present?

i. - Sustainable funding for youth service provision; ii. - Small governance group who all work fulltime.
iii. - national direction - lack of it

32. How effective is the Youth One Stop Shop at transitioning clients to other services when they reach the upper age limit for Youth One Stop Shop services?

3 – Neutral, Referral to PHO liaison nurse. However most GP practices are full and not accepting new clients

33. What are the key outcomes for your clients that the Youth One Stop Shop achieves?

Taking responsibility for own health - come by themselves or with friends; Comprehensive health checks and treatment; Enrolling in health service; Referrals where needed.

34. Is the Youth One Stop Shop part of a quality assessment or value-add programme (e.g. certification or similar)?

Yes, Te Wana Quality Organisation

35. If the Youth One Stop Shop is not part of a quality programme (or similar), what are the reasons for this?

No Response

36. When was the Youth One Stop Shop last assessed?

No Response

37. What are the top three strengths related to QUALITY for the Youth One Stop Shop at present?

i. Enrolled for first assessment October 2009; ii. Staff & governance are committed to providing quality care; iii. Other YOSS services nationally are very supportive with sharing documents etc.

38. What are the top three issues related to QUALITY facing the Youth One Stop Shop at present?

i. Sustainable funding for service provision; ii. Access of funding to drive quality issues; iii. Staff & governance small and over committed

39. Do you have any additional comments you would like to make?

No Response

6.6 Kapiti Youth Support, Paraparaumu

1. What is the size of the catchment population of youth in your area within the age range provided for by your service?

8000

2. How long has the Youth One Stop Shop been in operation?

10 years+

3. How many clients are currently registered with the Youth One Stop Shop?

3001-4000

4. What proportion of clients registered with the Youth One Stop Shop are enrolled with a PHO?

70%

5. Which age groups does the One Stop Shop provide services to?

(11-25 years), 10-14 years, 15-19 years, 20-24 years

5a. Proportion of clients seen by age group

15-19 years 50%, 20-24 years 40%, 25 years and over 10%

6. What is the proportion of users of your service by ethnicity?

New Zealand European 70%, Maori 20%, Other 10%

7. How many hours per week is the Youth One Stop Shop open?

39 – 44

8. Which health-specific services are provided through your Youth One Stop Shop?

General practitioner, Nursing services, Counselling, Alcohol and drug, Mental health, Family planning, Sexual and reproductive health, Health promotion and education, Other - Nurse-led clinics in schools, Group work, Peer Support Workers, Queer Youth Support Group, Physiotherapy

9. Which other (non-health) services are provided through your Youth One Stop Shop?

Social work, Advocacy, Life skills programmes, Housing/accommodation assistance, Other - Careers, Mentoring

9a. Number of occasions of services for health services last year

9735

10. How is client feedback obtained?

Focus groups, Surveys, Informal feedback / talking with clients, Complaints

11. What mechanisms are in place for providing feedback to clients?

Notices, Informally / talking with clients, Formally e.g. letter, telephone call, visit

12. Please describe how the Youth One Stop Shop is meeting the needs of the ethnically diverse, including recent migrants and refugees

All staff are working to culturally safe practices which are all inclusive.

13. Please describe how the Youth One Stop Shop is meeting the needs of Maori rangatahi

KYS is working to culturally safe practices including the principles of the Treaty of Waitangi. Young rangatahi are included in all focus groups and we ensure Maori staff are employed, including Peer Support Workers. We ensure young rangatahi are informed if Iwi appropriate services, e.g. Hora Te Pai. Young people are referred on to Maori secondary services (e.g. Te Whare Marie).

14. Does the Youth One Stop Shop provide services for 'at risk' clients?

Yes. Signs of young people being 'at risk' are:

a) serious suicidal intent/definite plan; b) lethality; c) access to means; d) presence of risk factors, e.g. impulsiveness, alcohol use, previous attempts; e) hopelessness f) psychosocial triggers g) lack of presence of protective factors

15. What are the main advantages to using the Youth One Stop Shop method of service delivery for young people?

Youth specific, relevant, appropriate, open door policy, able to meet immediate need as often young people need to be seen and heard otherwise situation can escalate; Young people are able to develop a relationship of confidence and trust with one service that offers a number of clinical supports and is available to them until they reach 25 yrs; There is a consistency of care; Young people know that if the main worker they are seeing is unavailable other staff members are available to them.

16. Which secondary services in the health and disability sector, if any, are available through the Youth One Stop Shop?

CAMHS, CATT, Te Whare Marie, CREDS, CCDHB Child Health Services, Diabetes Resources, Maternal Mental Health, Midwives. These are services we refer young people to who will come and see them at KYS if it is beneficial for the young person.

17. What system does the Youth One Stop Shop use to collect and collate clinical and other data?

MedTech 32 v18.3 (Build 2513) - this system allows us to collect clinical data; Use focus groups, anonymous surveys to collect information about service delivery; We encourage open feedback from young people using the service; Group programmes are evaluated this includes individual goals and outcomes.

18. Does the Youth One Stop Shop have a defined organisational structure?

Yes

18a. What is the legal structure of the Youth One Stop Shop?

Charitable Trust

19. This question relates to the sources of funding for the Youth One Stop Shop and the type of agreements. Please tick the options that currently apply.

District Health Board, Primary Health Organisation, Other government agency, Donations, Lottery grants, Other - MOH Mens Health Innovation Funding; Compass Health (PHO) - sexual health paid per young person seen; Applied to Winton & Margaret Bear Foundation for Administrator; A significant amount of time is spent applying for funding which is often not guaranteed

20. Which DHB(s) does the Youth One Stop Shop receive funding from and/or link with?

Capital and Coast

21. Please name the non-DHB organisations that provide funding to the Youth One Stop Shop

Lion Foundation, Pelorus Trust, Pub Charity, Rotary Paraparaumu, Inner Wheel Club of Kapiti, one-off amounts or grants for building and equipment.

22. What is the total level of funding for the Youth One Stop Shop for the last financial year (ending 30 June 2009)?

\$580,600

23. What is the total level of health funding for your service for the last financial year?

\$464,500

23a. What proportion of your business at the Youth One Stop Shop currently relates to the health and disability sector?

80%

24. How would you describe the relationship of the Youth One Stop Shop with local iwi?

Some links and/or collaboration

25. Which staff positions does the Youth One Stop Shop currently have?

	# FTEs	Total # hours p/wk
Manager	1.0	33-40
Peer support worker	0.5	17-24
Social worker	1.0	33-40
Youth worker	0.5	17-24
Nurse	1.5	61-80
Doctor	0.5	17-24
Counsellor	2.0	41-50
Administrative assistant	1.0	25-32

Comments: Physiotherapist - 3hrs

26. How do you ensure staff are appropriately qualified and experienced to undertake their roles?

Ensuring they hold current Practising Certificates and work within the scope of practice. Ensuring they are members of Affiliated Governing bodies, .e.g NZNO, NZMI; Ongoing professional development - both internal and external'; Regular external supervision; Internal supervision; Internal audits; Standing orders checked by GPs

27. How are any staffing and programme configuration issues in the Youth One Stop Shop being addressed?

Our Drug & Alcohol Counsellor: employed 8hrs only which is a challenge as demand for this is not acknowledge or addressed. We are having to turn people away and are unable to recommend alternative services; Currently have 25 people on waiting list for counselling. Have tried to manage this by offering group work; Doctors: Currently appointments are fully booked a week in advance. General shortage of GPs in Kapiti area. KYS Drs are open to increasing hours but we do not have the funding to accommodate this. Need to recruit male Dr to replace made GP who left so we can continue to offer the popular Male-only clinic. We employ many part-time staff to accommodate and meet the diverse needs of young people this brings challenges in ensuring consistency of care and a wrap around service; Nurses: Currently stretched as they pick up overflow from doctors clinics, young people booked in to see them, drop ins and often hold the young person while they are waiting for counselling . The nurses are the glue that holds the service; We have applied to Winton & Margaret Bear Foundation to employ a young person at front desk this will help with the demands on the administrative position.

28. Are there noticeable health and disability service OVERLAPS when looking at other services offered to young people in your catchment area? Yes

Concerned that public health nurses have commenced clinics in the schools without any consultation on the impact on this either for the young person or existing services. PHN are supported by staff based in Hutt Valley. We feel we were best placed to provide this service as now services are duplicated and more fragmented. This has added another layer for the young person to go through when accessing services. Services provided by KYS in the school setting ensure a multi-disciplinary approach. If Government is placing resources into clinics in schools its important to ensure that if existing community-based youth services exist they are best placed to provide this service. This will allow continuity of care when young people are excluded, i.e. leave secondary school setting, during school holidays and will establish long standing relationships with their main health provide.

29. Are there noticeable health and disability service GAPS when looking at other services offered to young people in your catchment area? Yes

Early Intervention Services Shortage of Drs clinics in community - KYS is able to increase our Drs clinics with more funding; Lack of Alcohol & Drug counselling, education and intervention; Youth Development initiatives through YOSS, we acknowledge the importance of this component of youth health and wellbeing but little funding supports the implementation of this to increase resiliency in our young people; Lack of funding to provide counselling/support for students with different world views and who find social communication very difficult - Aspergers Spectrum / ADHD. Need pragmatic skills given through role playing or learning age appropriate social skills to ensure they learn of nuances within society. These young people have often been engaged in secondary mental health services as children but are not necessarily wanting to engage with that type of service as adolescents. These young people are struggling within the school setting. Resourcing is needed to support these young people as they transition to adulthood; Young People are struggling to find appropriate and safe accommodation when the family environment is not conducive to their health and puts them at greater risk; Young parents support and educational groups. We see many young mums and dads that are ready to engage in this support yet the funding prevents us from actioning this to this captive audience. If we are to change and influence parenting patterns this is the optimum time and by not providing this we are missing opportunities.

30. What are the top three strengths related to GOVERNANCE and FUNDING for the Youth One Stop Shop at present?

i. - Building is owned freehold by the Trust all alterations to the building and equipment have been funded through fund raising; ii. - Won Small Business of the Year 2008 for Kapiti/Horowhenua. Application was audited and validated by qualified assessors; iii. - Stable supportive governance team.

31. What are the top three issues related to GOVERNANCE and FUNDING facing the Youth One Stop Shop at present?

i. As part funded by MoH, other government organisations are reluctant to fund for services provided that comes under their funding portfolio; ii. Lack of sustainable funding means it is difficult to maintain a service to meet the growing need. It is also difficult for planning purposes; iii. Adequate funding to reimburse staff at market value. They should not be disadvantaged.

32. How effective is the Youth One Stop Shop at transitioning clients to other services when they reach the upper age limit for Youth One Stop Shop services?

5 – very; KYS encourages young people to remain registered with their GP as we do not provide after-hours services. At age 24 we send the young person a letter indicating the need to enrol with a local GP. We also connect them with the PHO Wait List Coordinator if this process proves difficult.

33. What are the key outcomes for your clients that the Youth One Stop Shop achieves?

Outcomes for Counselling

- Counselling and mentoring provides a window of opportunity for young people to experience a trusting and positive relationship with an adult outside of the family. This experience sets the foundation for them to access in the future and for the younger ones when they are cognitively more available to reflect and process the therapeutic interventions.
- Examples of key outcomes for young people in relation to Drug & Alcohol:
- Reduction and then cessation of all cannabis use of 6 out of a group of 10 regular heavy using 15 year old school boys using motivation enhancement (Tober 1991) and Relapse Prevention (Marlatt and Donovan, 2005)
- Reduced alcohol and cannabis use to a level that enabled several students to retain their position at school using smashed or stoned (Drug policy, 2007—re-Harm Minimization; Blyth,2000) •
- Information and education of groups and individual young people to assist them move from contemplating change to engaging in active change strategies (Winter, 2005, Proshaska and DiClemente, 1992)
- Engaging resistant young people into a useful meaningful counselling experience.
- Engagement with several dependant users of alcohol, cannabis and other drugs to set goals and contemplate change. •
- Several young people in employment reduced cannabis or alcohol use
- Three young woman with either one or two children reduced their alcohol consumption and so regained their confidence in parenting their children
- One young man was successfully reintegrated back into school after an intervention for alcohol and violence (and the involvement of parents)

34. Is the Youth One Stop Shop part of a quality assessment or value-add programme (e.g. certification or similar)? No

35. If the Youth One Stop Shop is not part of a quality programme (or similar), what are the reasons for this?

A Quality Assessment Programme requires extra staffing, time and initial financial commitment with ongoing costs.

36. When was the Youth One Stop Shop last assessed?

Not applicable

37. What are the top three strengths related to QUALITY for the Youth One Stop Shop at present?

i. Committed to Providing Quality Service; ii. Always looking to Improve; iii. The service is here to meet The Young Peoples Needs and must always reflect that

38. What are the top three issues related to QUALITY facing the Youth One Stop Shop at present?

i. - Difficult to measure outcomes in some areas of service provision so therefore often unable to evidence effective outcomes; ii. - Isolation each YOSS has needed to develop own policies and procedures while some have been resourced to do this most have not; iii. - Difficult to expert in all areas . Contract negotiation, Report Writer, HR, Finance, Legislative Compliance, Pandemic Compliance Experienced Clinician.

39. Do you have any additional comments you would like to make?

Stats indicating the increasing demand on our service with the little resource available to us will be shown on the Thursday as we were unable to include these.

6.7 YOSS, Palmerston North

1. What is the size of the catchment population of youth in your area within the age range provided for by your service?

24,000

2. How long has the Youth One Stop Shop been in operation?

10 years+

3. How many clients are currently registered with the Youth One Stop Shop?

1001-2000

4. What proportion of clients registered with the Youth One Stop Shop are enrolled with a PHO?

Don't know

5. Which age groups does the One Stop Shop provide services to?

(10-24 years), Under 12 years, 12-14 years, 15-19 years, 20-24 years

5a. Proportion of clients seen by age group

Under 12 years 20%, 12-14 years 20%, 15-19 years 40%, 20-24 years 20%

6. What is the proportion of users of your service by ethnicity?

New Zealand European 60%, Maori 30%, Tongan 5%, Other 5%

7. How many hours per week is the Youth One Stop Shop open?

39 - 44

8. Which health-specific services are provided through your Youth One Stop Shop?

General practitioner, Nurse practitioner, Nursing services, Family planning, Counselling, Vaccinations, Alcohol and drug, Mental health, Sexual and reproductive health, Health promotion and education

9. Which other (non-health) services are provided through your Youth One Stop Shop?

Social work, Advocacy, Life skills programmes, Recreation programmes, Budgeting advice, Housing/accommodation assistance

9a. Number of occasions of services for health services last year

4399

10. How is client feedback obtained?

Comments boxes, Focus groups, Surveys, Informal feedback / talking with clients, Complaints

11. What mechanisms are in place for providing feedback to clients?

Notices, Website, Emails, Informally / talking with clients, Formally e.g. letter, telephone call, visit

12. Please describe how the Youth One Stop Shop is meeting the needs of the ethnically diverse, including recent migrants and refugees

Working with migrant and refugee settling project to assess needs of young people in new communities. Started with mentoring as there is a lot of work to do for our service to be accessible and appropriate for migrant, refugee and pacific young people.

13. Please describe how the Youth One Stop Shop is meeting the needs of Maori rangatahi

No Response

14. Does the Youth One Stop Shop provide services for 'at risk' clients?

Yes; Multiple risk taking behaviours

15. What are the main advantages to using the Youth One Stop Shop method of service delivery for young people?

FREE, accessible, appropriate staff with specialist skills and experience in working with young people. Holistic and youth development approach fits well with Maori models of practice. Young people feel like they belong - that this is a special place for them. Youth participation is important in their voices are listened to and services delivered in response to this. YOSS service delivery 'method' is a philosophy that puts young people first with true client/customer focus and emphasises a relationship with young people rather than a problem focus.

16. Which secondary services in the health and disability sector, if any, are available through the Youth One Stop Shop?

Some secondary services will come on site to work e.g. mental health services and dental services as this is a safe and comfortable place for young people to come to. Relationships are important in this - young people trust our staff.

17. What system does the Youth One Stop Shop use to collect and collate clinical and other data?

MedTech32

18. Does the Youth One Stop Shop have a defined organisational structure?

Yes

18a. What is the legal structure of the Youth One Stop Shop?

Incorporated society

19. This question relates to the sources of funding for the Youth One Stop Shop and the type of agreements.

District Health Board, Primary Health Organisation, Lottery grants, Other: Local authority, Child Youth & Family

20. Which DHB(s) does the Youth One Stop Shop receive funding from and/or link with?

Mid-Central

21. Please name the non-DHB organisations that provide funding to the Youth One Stop Shop

Palmerston North City Council, Manawatu PHO, Lottery Grants Board, Child Youth & Family

22. What is the total level of funding for the Youth One Stop Shop for the last financial year (ending 30 June 2009)?

\$628, 000

23. What is the total annual health funding for your service for the last financial year?

\$453,109

24. What proportion of your business at the Youth One Stop Shop currently relates to the health and disability sector?

70%

24. How would you describe the relationship of the Youth One Stop Shop with local iwi?

Some links and/or collaboration

25. Which staff positions does the Youth One Stop Shop currently have?

	# FTEs Total	# hours p/wk
Manager	1.0	33-40
Social worker	1.0	33-40
Youth worker	1.0	33-40
Nurse	1.5	51-60
Doctor	0.5	17-24
Counsellor	0.5	17-24
Administrative assistant	1.0	33-40

Comments: Clinical Psychologist 1 FTE, 40 hours

26. How do you ensure staff are appropriately qualified and experienced to undertake their roles?

Person specs outline b level qualification as minimum for service delivery job. Also outline what other requirements are essential and desirable. Ongoing training is important.

27. How are any staffing and programme configuration issues in the Youth One Stop Shop being addressed?

As best as we can with funding constraints! We utilise strategic and business planning to scope issues. We also have a strong team approach and active participation to address issues.

28. Are there noticeable health and disability service OVERLAPS when looking at other services offered to young people in your catchment area?

No; But I'm aware when you're not in the business it can be hard to differentiate between providers.

29. Are there noticeable health and disability service GAPS when looking at other services offered to young people in your catchment area?

Yes; Mental health, and, eating disorders. Major wait lists for counselling

30. What are the top three strengths related to GOVERNANCE and FUNDING for the Youth One Stop Shop at present?

Good business focus in membership; We have maximised staff skill to bring in funding using contracts for services; We have a unique selling point and are well respected

31. What are the top three issues related to GOVERNANCE and FUNDING facing the Youth One Stop Shop at present?

Governance is not paid, I would love to pay them!; Funding is not secure, creates instability and unstable base; How are young people part of governance??

32. How effective is the Youth One Stop Shop at transitioning clients to other services when they reach the upper age limit for Youth One Stop Shop services?

No Response

33. What are the key outcomes for your clients that the Youth One Stop Shop achieves?

No Response

34. Is the Youth One Stop Shop part of a quality assessment or value-add programme (e.g. certification or similar)?

Te Wana

35. If the Youth One Stop Shop is not part of a quality programme (or similar), what are the reasons for this? N/A**36. When was the Youth One Stop Shop last assessed?**

2008

37. What are the top three strengths related to QUALITY for the Youth One Stop Shop at present?

No Response

38. What are the top three issues related to QUALITY facing the Youth One Stop Shop at present?

No Response

39. Do you have any additional comments you would like to make?

No Response

6.8 Rotovegas Youth Health, Rotorua

1. What is the size of the catchment population of youth in your area within the age range provided for by your service?

10,274

2. How long has the Youth One Stop Shop been in operation?

6-10 years

3. How many clients are currently registered with the Youth One Stop Shop?

2001-3000

4. What proportion of clients registered with the Youth One Stop Shop are enrolled with a PHO?

Don't know

5. Which age groups does the One Stop Shop provide services to?

(10-24 years – free to 15-24 year olds), 12-14 years, 15-19 years, 20-24 years

5a. Proportion of clients seen by age group

12-14 years 10%, 15-19 years 50%, 20-24 years 40%

6. What is the proportion of users of your service by ethnicity?

New Zealand European 40%; Maori 50%; Other 10%

7. How many hours per week is the Youth One Stop Shop open?

33 - 38

8. Which health-specific services are provided through your Youth One Stop Shop?

General practitioner, Nursing services, Counselling, Vaccinations, Alcohol and drug, Mental health
Family planning, Sexual and reproductive health

9. Which other (non-health) services are provided through your Youth One Stop Shop?

Advocacy, Transition services

9a. Number of occasions of services for health services last year

6031

10. How is client feedback obtained?

Surveys, Informal feedback / talking with clients, Client survey planned

11. What mechanisms are in place for providing feedback to clients?

Emails, Formally e.g. letter, telephone call, visit, Texting

12. Please describe how the Youth One Stop Shop is meeting the needs of the ethnically diverse, including recent migrants and refugees

following demands as needed. Interpreter services are available via DHB if required but rarely use.

13. Please describe how the Youth One Stop Shop is meeting the needs of Maori rangatahi

they come as they way we do it meet needs of all ethnicities, well attended with re attendances so clearly meets the need

14. Does the Youth One Stop Shop provide services for 'at risk' clients?

Yes; We resist using this definition with youth as it is deficit based not strength based - high needs preferred. Input prioritised by importance using HEADDSS assessment

15. What are the main advantages to using the Youth One Stop Shop method of service delivery for young people?

specifically for young people and becomes known as a place to meet all their needs

16. Which secondary services in the health and disability sector, if any, are available through the Youth One Stop Shop?

inpatient and outpatient, mental health drug and alcohol.sti clinics family contraception and sexual health services

17. What system does the Youth One Stop Shop use to collect and collate clinical and other data?

Profile pms

18. Does the Youth One Stop Shop have a defined organisational structure?

Yes

18a. What is the legal structure of the Youth One Stop Shop?

Charitable Trust and Incorporated Society

19. This question relates to the sources of funding for the Youth One Stop Shop and the type of agreements.

District Health Board, Primary Health Organisation, Other government agency, Non-government agency

20. Which DHB(s) does the Youth One Stop Shop receive funding from and/or link with?

Lakes

21. Please name the non-DHB organisations that provide funding to the Youth One Stop Shop

Health only from DHB and PHO; Youth centre from other agencies; Contracts

22. What is the total level of funding for the Youth One Stop Shop for the last financial year (ending 30 June 2009)?

\$375,000

23. What is the total level of health funding for your service for the last financial year?

\$365,000

23a. What proportion of your business at the Youth One Stop Shop currently relates to the health and disability sector?

100%

24. How would you describe the relationship of the Youth One Stop Shop with local iwi?

Mutual awareness

25. Which staff positions does the Youth One Stop Shop currently have?

	# FTEs	Total # hours p/wk
Manager	0.5	9-16
Nurse	0.5	17-24
Doctor	0.5	9-16
Administrative assistant	2.0	81-100

Other staff: Midwife

26. How do you ensure staff are appropriately qualified and experienced to undertake their roles?

training is over seen by clinical leader staff attend local and national training

27. How are any staffing and programme configuration issues in the Youth One Stop Shop being addressed?

as needed

28. Are there noticeable health and disability service OVERLAPS when looking at other services offered to young people in your catchment area?

No

29. Are there noticeable health and disability service GAPS when looking at other services offered to young people in your catchment area?

Yes; Social Work No maternity/ teen pregnancy support No youth specific drug and alcohol services No secondary mental health services

30. What are the top three strengths related to GOVERNANCE and FUNDING for the Youth One Stop Shop at present?

Relationships are positive flexible and solution focused; Funding and planning fairly aware of issues in our service

31. What are the top three issues related to GOVERNANCE and FUNDING facing the Youth One Stop Shop at present?

Re-structuring funding relationships

32. How effective is the Youth One Stop Shop at transitioning clients to other services when they reach the upper age limit for Youth One Stop Shop services?

Very; start to advise clients about using gp's etc when they turn 24 when they demonstrate readiness to graduate to other services

33. What are the key outcomes for your clients that the Youth One Stop Shop achieves?

healthy independant clients making positive health choices

34. Is the Youth One Stop Shop part of a quality assessment or value-add programme (e.g. certification or similar)?

No

35. If the Youth One Stop Shop is not part of a quality programme (or similar), what are the reasons for this?

funding

36. When was the Youth One Stop Shop last assessed?

3 - 4 years ago

37. What are the top three strengths related to QUALITY for the Youth One Stop Shop at present?

High value of quality of services; high value of quality cne/cme; readiness to address issues as they arise

38. What are the top three issues related to QUALITY facing the Youth One Stop Shop at present?

Difficulty getting cover for training and conferences; Getting funding for conferences

39. Do you have any additional comments you would like to make?

No Response

6.9 Vibe, Lower Hutt

1. What is the size of the catchment population of youth in your area within the age range provided for by your service?

30,000

2. How long has the Youth One Stop Shop been in operation?

10 years+

3. How many clients are currently registered with the Youth One Stop Shop?

5001 or more

4. What proportion of clients registered with the Youth One Stop Shop are enrolled with a PHO?

Don't know

5. Which age groups does the One Stop Shop provide services to?

(10-24 years), 12-14 years, 15-19 years, 20-24 years

5a. Proportion of clients seen by age group

12-14 years – 10%, 15-19 years – 70%, 20-24 years – 20%

6. What is the proportion of users of your service by ethnicity?

New Zealand European 50%, Maori 30%, Samoan 10%, Tongan 10%

7. How many hours per week is the Youth One Stop Shop open?

45 hours or more

8. Which health-specific services are provided through your Youth One Stop Shop?

General practitioner, Family planning, Sexual and reproductive health, Health promotion and education, Nurse practitioner services, Nursing services

9. Which other (non-health) services are provided through your Youth One Stop Shop?

Advocacy, Life skills programmes, Recreation programmes, Training and education, Employment services, Transition services

9a. Number of occasions of services for health services last year

11185

10. How is client feedback obtained?

Informal feedback / talking with clients

11. What mechanisms are in place for providing feedback to clients?

Emails, Events, Informally / talking with clients, Formally e.g. letter, telephone call, visit, text messaging

12. Please describe how the Youth One Stop Shop is meeting the needs of the ethnically diverse, including recent migrants and refugees

Vibe has a very ethnically diverse staff group, including migrants. The face of Vibe is a very diverse one. We also have established links with the local Refuge and Migrant service, and participate in activities in close association with this group.

13. Please describe how the Youth One Stop Shop is meeting the needs of Maori rangatahi

We have 7 Maori staff and this group has run projects as a team and has given presentations to Maori groups. Recently this group delivered a presentation around 'What is mana?' to a group of Maori year 12 and 13 students in Wellington for Career services.

14. Does the Youth One Stop Shop provide services for 'at risk' clients?

Yes. Any young person who has identified a risk in their lives. The risk being harm to themselves, to others or from others.

15. What are the main advantages to using the Youth One Stop Shop method of service delivery for young people?

A large range of services all available under one roof; Access Young Person friendly environment; Strength based approach to addressing issues; Young people working with young people; A free and confidential service

16. Which secondary services in the health and disability sector, if any, are available through the Youth One Stop Shop?

None

17. What system does the Youth One Stop Shop use to collect and collate clinical and other data?

MedTec 32 and Youth Transition Database (Medtech can be accessed remotely when at satellite clinics enabling timely access to client records)

18. Youth One Stop Shop defined legal structure

Charitable Trust

19. This question relates to the sources of funding for the Youth One Stop Shop and the type of agreements. Please tick the options that currently apply.

District Health Board, Primary Health Organisation, Other government agency, Other - Strengthening Families

20. Which DHB(s) does the Youth One Stop Shop receive funding from and/or link with?

Hutt Valley

21. Please name the non-DHB organisations that provide funding to the Youth One Stop Shop

Ministry of Social Development, Ministry of Youth Development, Ropata PHO, Strengthening Families

22. What is the total level of funding for the Youth One Stop Shop for the last financial year (ending 30 June 2009)?

\$1,330,000

23. What is the total annual health funding for your service for the last financial year?

\$845,000

23a. What proportion of your business at the Youth One Stop Shop currently relates to the health and disability sector?

70%

24. How would you describe the relationship of the Youth One Stop Shop with local iwi?

Some links and/or collaboration

25. Which staff positions does the Youth One Stop Shop currently have?

	# FTEs	Total # hours p/wk
Manager	1.0	33-40
Peer support worker	2.5	101+
Social worker	1.0	33-40
Youth worker	5 or more	101+
Nurse	3.0	101+
Doctor	1.0	25-32
Administrative assistant	0.5	17-24

Comments: Operations coordinator (1.0); 'youth worker' includes peer support workers (2.5) and youth transition mentors (4.0) and community youth worker (0.5); YTS coordinator (1.0); careers broker (1.0); operations mentor (0.5)

26. How do you ensure staff are appropriately qualified and experienced to undertake their roles?

Advertising, Interviewing, Reference/Referee Checking

27. How are any staffing and programme configuration issues in the Youth One Stop Shop being addressed?

Leadership team, Staff meetings, Supervision (internal and external), Performance Monitoring

28. Are there noticeable health and disability service OVERLAPS when looking at other services offered to young people in your catchment area?

Yes; PHOs (6 PHOs in the area) Regional Public Health

29. Are there noticeable health and disability service GAPS when looking at other services offered to young people in your catchment area?

Yes; Mental Health Treatment and Support; Refugee and recent migrant peer support worker; Disabilities peer support worker; Counselling services; Distance-learning for youth health professionals

30. What are the top three strengths related to GOVERNANCE and FUNDING for the Youth One Stop Shop at present?

i. Bulk Funding provides some stability; ii. Relationships with funders; iii. Funding keeps service "task focused"

31. What are the top three issues related to GOVERNANCE and FUNDING facing the Youth One Stop Shop at present?

i. Different funders have different reporting requirement; ii. Different funders have different payment systems; iii. Funding is always still tenuous (you do not have the security of knowing it will always be there)

32. How effective is the Youth One Stop Shop at transitioning clients to other services when they reach the upper age limit for Youth One Stop Shop services?

5 – very; Vibe provides Young People the opportunity to use a health service they are comfortable in using. While they are using the service they learn the significance of addressing their health needs, and they become more health literate. This is a huge advantage to them as they then move into a regular PHO, and use mainstream services. In effect we "train" them to be good health service users.

33. What are the key outcomes for your clients that the Youth One Stop Shop achieves?

Wellness. physical, social and mental health wellness. We achieve this by; assisting young people with their health requirements via clinics, assisting young people in transitioning from School to work (or further education), and engaging young people as they use the service.

34. Is the Youth One Stop Shop part of a quality assessment or value-add programme (e.g. certification or similar)?

Yes; TAS (DHB audit programme due late June09) and Te Wana

35. If the Youth One Stop Shop is not part of a quality programme (or similar), what are the reasons for this?

No Response

36. When was the Youth One Stop Shop last assessed?

1 - 2 years ago

37. What are the top three strengths related to QUALITY for the Youth One Stop Shop at present?

i. Good staff, committed, talented and hard working; ii. Good measurement and information recording systems; iii. Organisational systems which timeframe requirements of contracts

38. What are the top three issues related to QUALITY facing the Youth One Stop Shop at present?

i. Older (possibly out of date) policy in some areas; ii. resources to assist the systems; iii. Staff awareness and compliance with all systems

39. Do you have any additional comments you would like to make?

No

6.10 Waves, New Plymouth

1. What is the size of the catchment population of youth in your area within the age range provided for by your service?

18,141

2. How long has the Youth One Stop Shop been in operation?

1 - 2 years

3. How many clients are currently registered with the Youth One Stop Shop?

2001-3000

4. What proportion of clients registered with the Youth One Stop Shop are enrolled with a PHO?

Don't know

5. Which age groups does the One Stop Shop provide services to?

(0-25+ years), Under 12 years, 12-14 years, 15-19 years, 20-24 years, Over 25 years

5a. Proportion of clients seen by age group

Under 12 years 10%, 12-14 years 20%, 15-19 years 40%, 20-24 years 30%

6. What is the proportion of users of your service by ethnicity?

New Zealand European 60%; Maori 30%; Other 10%

7. How many hours per week is the Youth One Stop Shop open?

33 - 38

8. Which health-specific services are provided through your Youth One Stop Shop?

General practitioner, Nurse practitioner, Nursing services, Counselling, Alcohol and drug, Mental health, Family planning, Sexual and reproductive health, Health promotion and education, Other - Youth development programmes, art, dance, sexual diversity, autism support

9. Which other (non-health) services are provided through your Youth One Stop Shop?

Social work, Advocacy, Life skills programmes, Holiday programmes, Recreation programmes, Budgeting advice, Housing/accommodation assistance, Other - We provide food and food parcels for the hungry, also emergency clothing

9a. Number of occasions of services for health services last year

5,863

10. How is client feedback obtained?

Comments boxes, Focus groups, Surveys, Informal feedback / talking with clients, Complaints
We have evaluated our service extensively.

11. What mechanisms are in place for providing feedback to clients?

Notices, Events, Informally / talking with clients, Formally e.g. letter, telephone call, visit

12 Please describe how the Youth One Stop Shop is meeting the needs of the ethnically diverse, including recent migrants and refugees

No Response

13. Please describe how the Youth One Stop Shop is meeting the needs of Maori rangatahi

No Response

14. Does the Youth One Stop Shop provide services for 'at risk' clients?

Yes. We see young people not as at 'risk' but the less resourceful. We have an open door policy, young people come in for food and the pool table. They then get comfortable, we mix with them and they start to trust us. This is when they then seek assistance for their health and social needs.

15. What are the main advantages to using the Youth One Stop Shop method of service delivery for young people?

No. Appointments, can come in for anything, is not just about sexual health, can meet with friends, have a feed, check the internet, you are not identified as having a problem. All the young people know we are interested in all of them so they accept that we are there for them in everyway We are not just looking at a problem we are looking at the whole person and what they have to offer For the very at risk youth this is the place that they need to have, they normally would not access a mainstream service. They slowly learn the trust, then they will access a health practitioner, this could not be done in a mainsream service that is focused on a business model.

16. Which secondary services in the health and disability sector, if any, are available through the Youth One Stop Shop?

All secondary services, we refer into all outpatient services, this includes drug and alcohol services, mental health services, surgical, medical, mental health, ENT, gyanaecolgy, dental, child and adolescent mental health services. We would refer between 5-10 young people a week into the secondary services at the TDHB. We have reduced ED numbers attending ED for basic PHC, as we are free and the young people are referred to us for mild PHC issues. These include Urinary tact infections, sore throats, coughs and colds, asthma, sexual health and shin infections.

17. What system does the Youth One Stop Shop use to collect and collate clinical and other data?

MedTech 32 as well as surveys and clients feed back forms.

18. Does the Youth One Stop Shop have a defined organisational structure?

Yes

18a. What is the legal structure of the Youth One Stop Shop?

Charitable Trust

19. This question relates to the sources of funding for the Youth One Stop Shop and the type of agreements.

District Health Board, Primary Health Organisation, Other government agency, Non-government agency, Iwi organisation, Donations, Lottery grants, Other: WAVES constantly applies for funding. This keeps us alive. We look on fund view and constantly look at ways of sustaining funding

20. Which DHB(s) does the Youth One Stop Shop receive funding from and/or link with?

Taranaki

21. Please name the non-DHB organisations that provide funding to the Youth One Stop Shop

Vodafone, NZ Foundation, AWE, Shell Todd, Transfield Worley, New Plymouth District Council, Pak'n Save, Church Groups, COGS, Save the Children, Master Builders, many community groups, court fees, community donations, Charitable trusts, Individual people,

22. What is the total level of funding for the Youth One Stop Shop for the last financial year (ending 30 June 2009)?

\$295,000

23. What is the total level of health funding for your service for the last financial year?

\$175,000

23a. What proportion of your business at the Youth One Stop Shop currently relates to the health and disability sector?

90%

24. How would you describe the relationship of the Youth One Stop Shop with local iwi?

Mutual awareness, Some links and/or collaboration, Strong links, i.e. operational relationship, Contractual and/or funding relationship, Funding for clinical psychologist via Maori Health providers, Police Iwi liason officer is a WAVES board member.

25. Which staff positions does the Youth One Stop Shop currently have?

	# FTEs	Total # hours p/wk
Manager	0	3.0
Peer support worker	0 5 or more	
Social worker	0	2.0
Youth worker	0	5 or more
Nurse	5 or more	25-32
Doctor	2.0	1-8
Counsellor	2.0	1-8

Comments: Nurse Practitioner 1 fte all the rest are unpaid and volunteers

26. How do you ensure staff are appropriately qualified and experienced to undertake their roles?

Nurse Practitioner is able to prescribe and has done another 5 post graduate papers in youth health and is an advanced Family planning nurse, The registered nurse is an advanced Family planning nurse, there is limited money for professional development, however we have fund raised to send nurses to conferences. We have trained the volunteer youth peers and have team meeting once a week, as well as off site professional supervision monthly, we belong to the Society of youth Health Professionals Aotearoa as well as NZAAHD.

27. How are any staffing and programme configuration issues in the Youth One Stop Shop being addressed?

We are limited with staff and time the Nurse Practitioner does both the practice manager role as well as clinical Nurse Practitioner roles currently this is up to 60+ hours per week. Unless we get more funding this will have to continue.

28. Are there noticeable health and disability service OVERLAPS when looking at other services offered to young people in your catchment area?

No. We work very closely with other health providers. Public Health nurses go into schools but cannot prescribe or order lab tests, They have sexual health Dr go into one High school for sexual health and contraception, but often the young person has a multitude of issues, so they will still them transport the young person to WAVES to manage the 'sore throat', depression or whatever else that may be required. The young people can go to their GP or Family Planning, but they often have unmet social needs as well. At WAVES they can get this all sorted under one roof, and don't need to make 3-4 separate appts at different places around town. Most of the time we can also dispense the medication. There is no other youth health service offering all that we do. It is also a place that you are not identified by coming in. You could be just wanting to use the internet, so no one knows what they are coming in for.

29. Are there noticeable health and disability service GAPS when looking at other services offered to young people in your catchment area?

Yes. By providing just one aspect to a young person, and leaving them to find for themselves all the other services they need such as housing, counselling, budget advice, education or courses, a food grant...they young person can be over whelmed, it is all too much, and they just 'flag it'..many of these young people do not yet have the skills to navigate between health and disability and social services yet, they do need a hand hold for a while until they gain the strengths to do this alone. Many young people have been to social services, come out with a long list of what they need to do, they come through our door asking for help to fill in forms etc.

30. What are the top three strengths related to GOVERNANCE and FUNDING for the Youth One Stop Shop at present?

- i. Have the ability to see the need to work collaboratively across health, education and social services.
- ii. As a charitable trust can apply for funding in an innovative way and has the community's backing and support
- iii. Is inclusive of youth in all aspects of the service both in the philosophy and service development

31. What are the top three issues related to GOVERNANCE and FUNDING facing the Youth One Stop Shop at present?

- i. Funding Not sustainable and very different Nationally
- ii. Money filtered through DHB and PHO's does not get to the frontline, reporting etc taking more time than seeing the young person
- iii. A new model of governance not understood by many, many don't see that having young people on the board as a strength. They are used to the business model with the adult telling the young person what to do.

32. How effective is the Youth One Stop Shop at transitioning clients to other services when they reach the upper age limit for Youth One Stop Shop services?

Almost very; Some young people get very attached to the service and the people working in the service, so find that they want to continue on utilizing the service. This is addressed as they get close to this age and they are able to still come in for a chat and a cup of coffee. The cost factor remains a factor for many but we do provide them with details on accessing the low cost GP practices.

33. What are the key outcomes for your clients that the Youth One Stop Shop achieves?

Working with the community to help reduce inequalities for young people; Collaborate across all service areas; Advocate for the young person; Improvement of their health and wellbeing; Assist them into education or employment; Youth participation and youth development; Less smoking; Less obesity; Safer sex, reduced unplanned pregnancies; Receive health promotion messages; Less STI's; Reduces interpersonal violence, reduced youth offending; Better self worth; Reduced depression and self harming; An overall improvement of the young person's health and wellbeing; Improved relationships with their family and the community; Positive connections to the community

34. Is the Youth One Stop Shop part of a quality assessment or value-add programme (e.g. certification or similar)?

No Response

35. If the Youth One Stop Shop is not part of a quality programme (or similar), what are the reasons for this?

No, we are part of HCA and want to do the Te Wana accreditation, however we do not have sufficient funds to do this at this stage.

36. When was the Youth One Stop Shop last assessed?

Not applicable

37. What are the top three strengths related to QUALITY for the Youth One Stop Shop at present?

- i. Evidence based practice
- ii. Holistic, look at the whole person, provide youth development opportunities as well
- iii. Involve the whanau if we can, connect young people back to families and back to communities

38. What are the top three issues related to QUALITY facing the Youth One Stop Shop at present?

- i. Lack of qualified youth health professionals
- ii. Lack of funding that we can access
- iii. Youth not seen as a priority for some funders

39. Do you have any additional comments you would like to make? No Response

6.11 Whai Marama Youth Connex, Hamilton

1. What is the size of the catchment population of youth in your area within the age range provided for by your service?

54,000

2. How long has the Youth One Stop Shop been in operation?

6-10 years

3. How many clients are currently registered with the Youth One Stop Shop?

1000 or less

4. What proportion of clients registered with the Youth One Stop Shop are enrolled with a PHO?

Don't know

5. Which age groups does the One Stop Shop provide services to?

(0-19 years = 0-19 Mental Health; 15-19 YTS), Under 12 years, 12-14 years, 15-19 years, 20-24 years

5a. Proportion of clients seen by age group

12-14 years 10%, 15-19 years 80%, 20-24 years 10%

6. What is the proportion of users of your service by ethnicity?

New Zealand European 40%, Maori 50%, Other 10%

7. How many hours per week is the Youth One Stop Shop open?

39 - 44

8. Which health-specific services are provided through your Youth One Stop Shop?

Alcohol and drug, Mental health, Nursing services

9. Which other (non-health) services are provided through your Youth One Stop Shop?

Advocacy, Life skills programmes, Budgeting advice, Housing/accommodation assistance, Training and education, Employment services, Transition services

9a. Number of occasions of services for health services last year

6,160

10. How is client feedback obtained?

Comments boxes, Focus groups, Informal feedback / talking with clients, Complaints, Evaluation forms are included with the closure of service letter (clarify what this is and when it is sent); looking at introducing an evaluation station

11. What mechanisms are in place for providing feedback to clients?

Newsletters, Website, Emails, Events, Informally / talking with clients, Formally e.g. letter, telephone call, visit, Events include - Whai Marama Idol competition; Waitangi Day Youth Stage with dance comp; looking to further develop website

12. Please describe how the Youth One Stop Shop is meeting the needs of the ethnically diverse, including recent migrants and refugees

staff seek advice from peers if unsure of appropriate approach, schools have migrant units and cater to this group very well - WM has a good relationship with these units; links with the Migrant Resource Centre still exist but are not as strong as when a Somalian staff member was employed

13. Please describe how the Youth One Stop Shop is meeting the needs of Maori rangatahi

The infrastructure of the parent organisation Te Runanga O Kiririroa applies to WM and recognises whanau, hapu, iwi of clients; Te Runanga also provide induction of new staff which includes ToW content; WM name is combination of Maori/English and was chosen by a young person; WM has access to kaumatua

14. Does the Youth One Stop Shop provide services for 'at risk' clients?

Yes; YTS def - any young person not engaged in a positive activity; MH - anyone who is in an unsafe situation

15. What are the main advantages to using the Youth One Stop Shop method of service delivery for young people?

being able to 'strike while the iron's hot' ; recognition of the way to provide youth services include young people etc;

16. Which secondary services in the health and disability sector, if any, are available through the Youth One Stop Shop?

Mental Health, Alcohol and Drug; e.g. building up a treatment plan including access to psychiatric services

17. What system does the Youth One Stop Shop use to collect and collate clinical and other data?

Client tracker - a web based system newly introduced in May 09

18. Does the Youth One Stop Shop have a defined organisational structure?

Yes

18a. What is the legal structure of the Youth One Stop Shop?

Charitable Trust

19. This question relates to the sources of funding for the Youth One Stop Shop and the type of agreements.

District Health Board, Other government agency, Other - DHB - x1 contract for MH services 0-19years, DHB rptg staffing levels by paper, output-related plus narrative; MSD x2 contracts for YTS; MSD reporting is output based plus face to face 1/4ly mtg including outcome data; 1-off payments to cover events, e.g. youth stage Waitangi Day; all NGOs moving to outcome reporting

20. Which DHB(s) does the Youth One Stop Shop receive funding from and/or link with?

Waikato

21. Please name the non-DHB organisations that provide funding to the Youth One Stop Shop

Ministry of Social Development - recently had a DHB social worker up until 30 April 09

22. What is the total level of funding for the Youth One Stop Shop for the last financial year (ending 30 June 2009)?

\$1,515,000

23. What is the total level of health funding for your service for the last financial year?

\$640,000 (mental health only)

23a. What proportion of your business at the Youth One Stop Shop currently relates to the health and disability sector?

40%

24. How would you describe the relationship of the Youth One Stop Shop with local iwi?

Contractual and/or funding relationship; other partners in cluster include Maniapoto, Te Rohe Potai, Te Ngāru, Raukawa Trust

25. Which staff positions does the Youth One Stop Shop currently have?

	# FTEs Total	# hours p/wk
Manager	1.0	33-40
Peer support worker	0.5	17-24
Youth worker	5 or more	101+
Nurse	4.0	101+
Counsellor	1.0	33-40
Administrative assistant	1.0	33-40

26. How do you ensure staff are appropriately qualified and experienced to undertake their roles?

HPCA Act has impacted in that one must be a licenced practitioner, A&D counsellor has exemption but is being supported towards becoming registered, all staff have professional development plans YTS - careers coaching tertiary qualifications

27. How are any staffing and programme configuration issues in the Youth One Stop Shop being addressed?

different client intakes access the 2 different services therefore simple screening is done at registration on all clients to ascertain their mental health needs; there are clearly defined protocols and training provided to assist staff to do this, incl. admin staff

28. Are there noticeable health and disability service OVERLAPS when looking at other services offered to young people in your catchment area?

No. Client numbers are high and so is the need for services

29. Are there noticeable health and disability service GAPS when looking at other services offered to young people in your catchment area?

Yes. Youth specific services for primary mental health (due to restructuring of funding, i.e. withdrawing money to redirect into secondary MH services or the top 3-5% of need has meant that there is insufficient support services for youth for primary MH - little choice for yp for youth specific services MH secondary care only available from Hauora Waikato and ICAMHS (Hamilton)

30. What are the top three strengths related to GOVERNANCE and FUNDING for the Youth One Stop Shop at present?

MSD approach to funding includes working with the provider to scope outcomes and then shape the contract based on this parent organisation (TROK) provides the infrastructure for the included cluster groups helps in sharing governance

31. What are the top three issues related to GOVERNANCE and FUNDING facing the Youth One Stop Shop at present?

Reduced support services for youth with MH needs; community based services are losing contracts therefore there are less places to refer clients to secondary services; DHB Funding and Planning approach to funding services has led to fragmentation of services, changes in services are not communicated to youth providers; losing the MH staff has meant identifying MH probs early in yp is difficult and there is reduced informal access to colleagues, i.e. higher dependence on formal referrals which don't fit well with yp

32. How effective is the Youth One Stop Shop at transitioning clients to other services when they reach the upper age limit for Youth One Stop Shop services?

Very; done on an individual basis , high level support

33. What are the key outcomes for your clients that the Youth One Stop Shop achieves?

Their needs are met wherever those needs are and this is a duty of care that WM recognises

34. Is the Youth One Stop Shop part of a quality assessment or value-add programme (e.g. certification or similar)?

No

35. If the Youth One Stop Shop is not part of a quality programme (or similar), what are the reasons for this?

There is a contractual (DHB) obligation to conduct annual survey

36. When was the Youth One Stop Shop last assessed? Not applicable**37. What are the top three strengths related to QUALITY for the Youth One Stop Shop at present?**

youth participation prioritised

38. What are the top three issues related to QUALITY facing the Youth One Stop Shop at present?

No Response

39. Do you have any additional comments you would like to make? No Response

6.12 Youth Services Trust (YST), Wanganui

1. What is the size of the catchment population of youth in your area within the age range provided for by your service?

7000

2. How long has the Youth One Stop Shop been in operation?

10 years+

3. How many clients are currently registered with the Youth One Stop Shop?

1001-2000

4. What proportion of clients registered with the Youth One Stop Shop are enrolled with a PHO?

70%

5. Which age groups does the One Stop Shop provide services to?

(10-24 years), 12-14 years, 15-19 years, 20-24 years

5a. Proportion of clients seen by age group

15-19 years 60%; 20-24 years 40%

6. What is the proportion of users of your service by ethnicity?

New Zealand European 70%; Maori 30%

7. How many hours per week is the Youth One Stop Shop open?

39 - 44

8. Which health-specific services are provided through your Youth One Stop Shop?

General practitioner, Nursing services, Counselling, Vaccinations, Family planning, Sexual and reproductive health, Health promotion and education

9. Which other (non-health) services are provided through your Youth One Stop Shop?

Advocacy, Life skills programmes, Training and education, Other - Youth development programme, Queer youth support group

9a. Number of occasions of services for health services last year

2,323

10. How is client feedback obtained?

Surveys, Informal feedback / talking with clients, Complaints, We have a Youth Advisory Group which provides feedback to the Board and Staff regarding services, programmes, policy and strategic planning

11. What mechanisms are in place for providing feedback to clients?

Notices, Informally / talking with clients, Formally e.g. letter, telephone call, visit

12. Please describe how the Youth One Stop Shop is meeting the needs of the ethnically diverse, including recent migrants and refugees

Service provided is non judgmental, open access for all youth. No specific measures made to address needs of migrants refugees. Many access services at University health services.

13. Please describe how the Youth One Stop Shop is meeting the needs of Maori rangatahi

Holistic, respectful healthcare approach. 33 percent of users are Maori - this is higher than local demographic which indicates services are to some extent acceptable.

14. Does the Youth One Stop Shop provide services for 'at risk' clients?

Yes; We has no formal definition of at risk however many of our clients are low socioeconomic and/or have drug and alcohol addictions and behavioural/mental health issues.

15. What are the main advantages to using the Youth One Stop Shop method of service delivery for young people?

No Response

16. Which secondary services in the health and disability sector, if any, are available through the Youth One Stop Shop?

Alcohol and other drugs counselling

17. What system does the Youth One Stop Shop use to collect and collate clinical and other data?

MedTech 32

18. Does the Youth One Stop Shop have a defined organisational structure?

Yes

18a. What is the legal structure of the Youth One Stop Shop?

Charitable Trust

19. This question relates to the sources of funding for the Youth One Stop Shop and the type of agreements.

District Health Board; Donations; Lottery grants; Other: Wanganui District Council

20. Which DHB(s) does the Youth One Stop Shop receive funding from and/or link with?

Whanganui

21. Please name the non-DHB organisations that provide funding to the Youth One Stop Shop

No Response

22. What is the total level of funding for the Youth One Stop Shop for the last financial year (ending 30 June 2009)?

\$240,000

23. What is the total level of health funding for your service for the last financial year?

\$170,000

23a. What proportion of your business at the Youth One Stop Shop currently relates to the health and disability sector?

70%

24. How would you describe the relationship of the Youth One Stop Shop with local iwi?

Some links and/or collaboration

25. Which staff positions does the Youth One Stop Shop currently have?

	# FTEs Total	# hours p/wk
Manager	1.0	33-40
Youth worker	1.0	25-32
Nurse	1.5	51-60
Doctor	0.5	1-8
Counsellor	0.5	1-8
Administrative assistant	1.0	33-40

26. How do you ensure staff are appropriately qualified and experienced to undertake their roles?

No Response

27. How are any staffing and programme configuration issues in the Youth One Stop Shop being addressed?

No Response

28. Are there noticeable health and disability service OVERLAPS when looking at other services offered to young people in your catchment area?

Yes; Other health services available through GPs and STI clinic at DHB but not a preferred option and not youth specific.

29. Are there noticeable health and disability service GAPS when looking at other services offered to young people in your catchment area?

Yes; Youth specific alcohol and drug, youth development,

30. What are the top three strengths related to GOVERNANCE and FUNDING for the Youth One Stop Shop at present?

Evergreen contract with DHB; Enthusiastic Board and Youth Advisory Group; Good support from DHB

31. What are the top three issues related to GOVERNANCE and FUNDING facing the Youth One Stop Shop at present?

Insecure funding streams; No formalised clinical audit or quality programme; Insufficient Funding

32. How effective is the Youth One Stop Shop at transitioning clients to other services when they reach the upper age limit for Youth One Stop Shop services?

Almost very; We begin transitioning to other services at least a year before clients reach the upper age limit and try to ensure clients have had more than one experience with other service providers before they leave us. Being a relatively small town staff from different services know each other so we are able to manage transitions fairly smoothly. Many clients self transition in their 20s.

33. What are the key outcomes for your clients that the Youth One Stop Shop achieves?

No Response

34. Is the Youth One Stop Shop part of a quality assessment or value-add programme (e.g. certification or similar)?

No

35. If the Youth One Stop Shop is not part of a quality programme (or similar), what are the reasons for this?

Resources both financial and human

36. When was the Youth One Stop Shop last assessed?

5 years ago or more

37. What are the top three strengths related to QUALITY for the Youth One Stop Shop at present?

Good relationship and proactive members on Trust board that oversee and advise on decisions; Youth involvement in service evaluation - through Youth Advisory group and satisfaction survey

38. What are the top three issues related to QUALITY facing the Youth One Stop Shop at present?

Funding amount; Availability of skilled staff and succession of these should they move on

39. Do you have any additional comments you would like to make?

No Response

Appendix 7 – Data Collection Surveys

Surveys

This appendix contains the four surveys utilised during the data collection phase of the evaluation. These include:

- 7.1 Management Survey
 - 7.2 Stakeholder Survey
 - 7.3 Client Survey
 - 7.4 Managers Verification Survey
-

7.1 Management Survey

Youth One Stop Shop (Management)

1. Introduction

Tena koe

As you know, the Ministry of Health has contracted Communio to undertake an evaluation of 12 Youth One Stop Shops across New Zealand. The aim of the evaluation is to gain an extensive understanding of all facets of services provided, including best practice models for funding, staffing and the range of services offered.

The survey is quite detailed and as such, may take up 60 minutes to complete. You are able to save and re-enter the survey to amend or add to your responses, however, you will need to use the same computer.

Kia ora and thank you for your time. We look forward to meeting with you very soon.

1. Which Youth One Stop Shop do you belong to?

- | | |
|--|---|
| <input type="radio"/> Whai Marama, Hamilton | <input type="radio"/> YOSS, Palmerston North |
| <input type="radio"/> Rotovegas Youth Health, Rotorua | <input type="radio"/> Kapiti Youth Support, Paraparaumu |
| <input type="radio"/> Cafe for Youth Health, Taupo | <input type="radio"/> Vibe, Lower Hutt |
| <input type="radio"/> Directions Youth Health Centre, Hastings | <input type="radio"/> Evolve Youth Service, Wellington |
| <input type="radio"/> Waves, New Plymouth | <input type="radio"/> 198 Youth Health, Christchurch |
| <input type="radio"/> YAC, Whanganui | <input type="radio"/> Number 10 Youth Health Centre, Invercargill |

2. What is the size of the Youth One Stop Shop catchment population?

- <50,000
- 51,000 - 100,000
- 101,000 - 150,000
- 151,000 - 200,000
- 201,000 - 250,000
- > 251,000

3. How long has the Youth One Stop Shop been in operation?

- Less than 1 year 1 - 2 years 3-5 years 6-10 years 10 years+

4. How many clients are currently registered with the Youth One Stop Shop?

- 1000 or less
- 1001-2000
- 2001-3000
- 3001-4000
- 4001-5000
- 5001 or more

Youth One Stop Shop (Management)

5. What proportion of clients registered with the Youth One Stop Shop are enrolled with a PHO?

0%
 10%
 20%
 30%
 40%
 50%
 60%
 70%
 80%
 90%
 100%

6. Which age groups does the One Stop Shop provide services to?

Under 10 years
 10-14 years
 15-18 years
 19-24 years
 Over 25 years

7. What is the proportion of clients by age group seen by the Youth One Stop Shop? (please total 100%)

	0%	10%	20%	30%	40%	50%	60%	70%	80%	90%	100%
Under 10 years	<input type="radio"/>										
10-14 years	<input type="radio"/>										
15-18 years	<input type="radio"/>										
19-24 years	<input type="radio"/>										
Over 25 years	<input type="radio"/>										

8. On average, what percentage of clients use the Youth One Stop Shop (please total 100%)

	0%	10%	20%	30%	40%	50%	60%	70%	80%	90%	100%
Once or twice?	<input type="radio"/>										
3 - 5 times?	<input type="radio"/>										
6 - 9 times?	<input type="radio"/>										
10 or more times?	<input type="radio"/>										

9. Which ethnic groups does the Youth One Stop Shop see the most? Please rank from highest to lowest (1 being the highest and 9 being the lowest).

New Zealand European	<input type="text"/>
Māori	<input type="text"/>
Samoan	<input type="text"/>
Cook Island Maori	<input type="text"/>
Tongan	<input type="text"/>
Niuean	<input type="text"/>
Chinese	<input type="text"/>
Indian	<input type="text"/>
Other such as Dutch, Japanese, Australian	<input type="text"/>

Youth One Stop Shop (Management)

2. Services

1. How many hours per week is the Youth One Stop Shop open?

- 12 hours or less
 13 - 18
 19 - 26
 27 - 32
 33 - 38
 39 - 44
 45 hours or more

2. Which health-specific services are provided through your Youth One Stop Shop?

- | | | |
|---|---|---|
| <input type="checkbox"/> General practitioner | <input type="checkbox"/> Alcohol and drug | <input type="checkbox"/> Sexual and reproductive health |
| <input type="checkbox"/> Counselling | <input type="checkbox"/> Mental health | <input type="checkbox"/> Health promotion and education |
| <input type="checkbox"/> Vaccinations | <input type="checkbox"/> Family planning | <input type="checkbox"/> None |
| <input type="checkbox"/> Other (please specify) | | |

3. Which other (non-health) services are provided through your Youth One Stop Shop?

- | | | |
|---|---|--|
| <input type="checkbox"/> Social work | <input type="checkbox"/> Recreation programmes | <input type="checkbox"/> Employment services |
| <input type="checkbox"/> Advocacy | <input type="checkbox"/> Budgeting advice | <input type="checkbox"/> Transition services |
| <input type="checkbox"/> Life skills programmes | <input type="checkbox"/> Housing/accommodation assistance | <input type="checkbox"/> None |
| <input type="checkbox"/> Holiday programmes | <input type="checkbox"/> Training and education | |
| <input type="checkbox"/> Other (please specify) | | |

Youth One Stop Shop (Management)

4. Which services outside of the Youth One Stop Shop do you think clients use?

- | | | |
|---|---|---|
| <input type="checkbox"/> General practitioner | <input type="checkbox"/> Health promotion and education | <input type="checkbox"/> Housing/accommodation assistance |
| <input type="checkbox"/> Counselling | <input type="checkbox"/> Social services | <input type="checkbox"/> Training and education |
| <input type="checkbox"/> Vaccinations | <input type="checkbox"/> Advocacy | <input type="checkbox"/> Transition services |
| <input type="checkbox"/> Alcohol and drug | <input type="checkbox"/> Life skills programmes | <input type="checkbox"/> Employment services |
| <input type="checkbox"/> Mental health | <input type="checkbox"/> Holiday programmes | <input type="checkbox"/> School health services |
| <input type="checkbox"/> Family planning | <input type="checkbox"/> Recreation programmes | <input type="checkbox"/> Not aware of other services accessed |
| <input type="checkbox"/> Sexual and reproductive health | <input type="checkbox"/> Budgeting advice | <input type="checkbox"/> Other |

Other (please specify)

5. How are the Youth One Stop Shop services promoted?

- | | | |
|---|----------------------------------|--|
| <input type="checkbox"/> Word of mouth | <input type="checkbox"/> Posters | <input type="checkbox"/> Mailouts |
| <input type="checkbox"/> Advertising/branding | <input type="checkbox"/> Website | <input type="checkbox"/> Events |
| <input type="checkbox"/> Newsletters | <input type="checkbox"/> Emails | <input type="checkbox"/> Informally / talking with clients |

Other (please specify)

6. Why do young people use the Youth One Stop Shop services?

- | | | |
|---|--|--|
| <input type="checkbox"/> Location is handy | <input type="checkbox"/> Provides a safe place to go | <input type="checkbox"/> Staff understand young people's needs better |
| <input type="checkbox"/> Don't have a GP | <input type="checkbox"/> Social aspect - can attend with friends | <input type="checkbox"/> Non-judgemental |
| <input type="checkbox"/> Prefer over other services | <input type="checkbox"/> They like the facilities, including recreational activities | <input type="checkbox"/> Outreach services make access easier |
| <input type="checkbox"/> No stigma attached | <input type="checkbox"/> Staff work well with young people | <input type="checkbox"/> Can access a range of different services/facilities |
| <input type="checkbox"/> Just for young people | <input type="checkbox"/> Different from the services used by their family | |

Other (please specify)

7. How is client feedback obtained?

- | | | |
|---|---|-------------------------------------|
| <input type="checkbox"/> Comments boxes | <input type="checkbox"/> Surveys | <input type="checkbox"/> Complaints |
| <input type="checkbox"/> Focus groups | <input type="checkbox"/> Informal feedback / talking with clients | |

Other (please specify)

Youth One Stop Shop (Management)

8. What mechanisms are in place for providing feedback to clients?

- | | | |
|--------------------------------------|-----------------------------------|--|
| <input type="checkbox"/> Newsletters | <input type="checkbox"/> Emails | <input type="checkbox"/> Informally / talking with clients |
| <input type="checkbox"/> Notices | <input type="checkbox"/> Mailouts | <input type="checkbox"/> Formally e.g. letter, telephone call, visit |
| <input type="checkbox"/> Website | <input type="checkbox"/> Events | <input type="checkbox"/> None |

Other (please specify)

9. Please describe how the Youth One Stop Shop is meeting the needs of the ethnically diverse, including recent migrants and refugees

10. Please describe how the Youth One Stop Shop is meeting the needs of Maori rangatahi

11. Does the Youth One Stop Shop provide services for 'at risk' clients?

- Yes
 No

If yes, please state the definition of 'at risk' used by the Youth One Stop Shop

12. What are the main advantages to using the Youth One Stop Shop method of service delivery for young people?

13. Which secondary services in the health and disability sector, if any, are available through the Youth One Stop Shop?

14. What system does the Youth One Stop Shop use to collect and collate clinical and other data?

15. What are the top three strengths related to SERVICES for the Youth One Stop Shop at present?

- i.
- ii.
- iii.

Youth One Stop Shop (Management)

16. How could the Youth One Stop Shop capitalise on the strengths identified above?

- i.
- ii.
- iii.

17. What are the top three issues related to SERVICES facing the Youth One Stop Shop at present?

- i.
- ii.
- iii.

18. What are three things that would help the Youth One Stop Shop to address the issues listed above?

- i.
- ii.
- iii.

Youth One Stop Shop (Management)

3. Governance and Funding

1. Which of the following committees / meetings does the Youth One Stop Shop have?

	Yes	No
Board committee	<input type="radio"/>	<input type="radio"/>
Senior management committee	<input type="radio"/>	<input type="radio"/>
Quality / risk committee	<input type="radio"/>	<input type="radio"/>
Case management conferences	<input type="radio"/>	<input type="radio"/>
Team meetings	<input type="radio"/>	<input type="radio"/>
Health and safety meetings	<input type="radio"/>	<input type="radio"/>
Other (please specify)		

2. Does the Youth One Stop Shop have a defined organisational structure?

Yes No

3. This question relates to the sources of funding for the Youth One Stop Shop and the type of agreements. Please tick the options that currently apply.

	Non-recurring	Recurring	Requirement to report (e.g. KPIs)	Formal contract or similar	Informal agreement	Health	Non-health
District Health Board	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Primary Health Organisation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other government agency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-government agency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Iwi organisation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Donations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lottery grants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If other funding sources, please specify -							

Youth One Stop Shop (Management)

4. Which DHB(s) does the Youth One Stop Shop receive funding from and/or link with?

- | | | |
|--|---|-------------------------------------|
| <input type="checkbox"/> Auckland | <input type="checkbox"/> Lakes | <input type="checkbox"/> Taranaki |
| <input type="checkbox"/> Bay of Plenty | <input type="checkbox"/> Mid-Central | <input type="checkbox"/> Waikato |
| <input type="checkbox"/> Canterbury | <input type="checkbox"/> Nelson-Marlborough | <input type="checkbox"/> Wairarapa |
| <input type="checkbox"/> Capital and Coast | <input type="checkbox"/> Northland | <input type="checkbox"/> Waitemata |
| <input type="checkbox"/> Counties-Manukau | <input type="checkbox"/> Otago | <input type="checkbox"/> West Coast |
| <input type="checkbox"/> Hawkes Bay | <input type="checkbox"/> South Canterbury | <input type="checkbox"/> Whanganui |
| <input type="checkbox"/> Hutt Valley | <input type="checkbox"/> Southland | |

5. Please name the non-DHB organisations that provide funding to the Youth One Stop Shop

6. What is the total level of funding for the Youth One Stop Shop in the CURRENT financial year (ending 30 June 2009) for each source of funding?

	None	Up to \$10K	\$11-\$25K	\$26-\$50K	\$51-\$100K	\$101-\$200K	\$201-\$300K	More than \$300K
District Health Board	<input type="radio"/>							
Primary Health Organisation	<input type="radio"/>							
Other government agency	<input type="radio"/>							
Non-government agency	<input type="radio"/>							
Iwi organisation	<input type="radio"/>							
Donations	<input type="radio"/>							
Lottery grants	<input type="radio"/>							
Research/clinical trials	<input type="radio"/>							
Other	<input type="radio"/>							

Comment

Youth One Stop Shop (Management)

11. Which staff positions does the Youth One Stop Shop currently have?

	# FTEs	Total # hours p/wk	# unfilled posts
Manager	<input type="text"/>	<input type="text"/>	<input type="text"/>
Peer support worker	<input type="text"/>	<input type="text"/>	<input type="text"/>
Social worker	<input type="text"/>	<input type="text"/>	<input type="text"/>
Youth worker	<input type="text"/>	<input type="text"/>	<input type="text"/>
Nurse	<input type="text"/>	<input type="text"/>	<input type="text"/>
Doctor	<input type="text"/>	<input type="text"/>	<input type="text"/>
Counsellor	<input type="text"/>	<input type="text"/>	<input type="text"/>
Crisis worker	<input type="text"/>	<input type="text"/>	<input type="text"/>
Administrative assistant	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other (please specify)	<input type="text"/>		

12. How do you ensure staff are appropriately qualified and experienced to undertake their roles?

13. How are any staffing and programme configuration issues in the Youth One Stop Shop being addressed?

14. Are there noticeable health and disability service OVERLAPS when looking at other services offered to young people in your catchment area?

Yes No Don't know

If yes, please describe

15. Are there noticeable health and disability service GAPS when looking at other services offered to young people in your catchment area?

Yes No Don't know

If yes, please describe

Youth One Stop Shop (Management)

16. What are the top three strengths related to GOVERNANCE and FUNDING for the Youth One Stop Shop at present?

- i.
- ii.
- iii.

17. How could the Youth One Stop Shop capitalise on the strengths identified above?

- i.
- ii.
- iii.

18. What are the top three issues related to GOVERNANCE and FUNDING facing the Youth One Stop Shop at present?

- i.
- ii.
- iii.

19. What are three things that would help the Youth One Stop Shop to address the issues listed above?

- i.
- ii.
- iii.

Youth One Stop Shop (Management)

4. Quality

1. Does your One Stop Shop have a mission statement?

Yes

No

If yes, please include -

2. Please list the policies and procedures in place in the Youth One Stop Shop

3. How effective is the Youth One Stop Shop in

	1 not very	2	3	4	5 very
helping young people get the health services they need?	<input type="radio"/>				
helping young people get the other (non-health) services they need?	<input type="radio"/>				
helping to improve young people's health and wellbeing?	<input type="radio"/>				

Comments

The following questions relate to a number of key national strategies and documents. Please describe how they impact on the services provided by the Youth One Stop Shop.

4. 'Youth Development Strategy Aotearoa' Ministry of Youth Affairs, 2002

5. 'Youth Health: A Guide To Action' Ministry of Health, 2002

Youth One Stop Shop (Management)

6. 'He Korowai Oranga: Maori Health Strategy' Ministry of Health, 2002

7. 'Primary Health Care Strategy' Ministry of Health, 2001

8. 'Te Tahuhu: Mental Health Strategy' Ministry of Health, 2005

9. How effective is the Youth One Stop Shop at transitioning clients to other services when they reach the upper age limit for Youth One Stop Shop services?

- 1 - not very
 2
 3
 4
 5 - very

Please give reasons for your answer

10. What are the key outcomes for your clients that the Youth One Stop Shop achieves?

11. What indicators/data do you collect to support the above?

12. Please describe any evidence from the literature that supports your comments above

Youth One Stop Shop (Management)

13. Please describe your understanding of how the Youth One Stop Shop helps to reduce inequalities for CLIENTS?

14. Please describe your understanding of how the Youth One Stop Shop helps to reduce inequalities for STAFF?

15. Is the Youth One Stop Shop part of a quality assessment or value-add programme (e.g. certification or similar)?

 Yes

 No

If yes, what is the name of the programme?

16. If the Youth One Stop Shop is not part of a quality programme (or similar), what are the reasons for this?

17. When was the Youth One Stop Shop last assessed?

- Within the last year
- 1 - 2 years ago
- 3 - 4 years ago
- 5 years ago or more
- Not applicable

18. What are the top three strengths related to QUALITY for the Youth One Stop Shop at present?

- i.
- ii.
- iii.

19. How could the Youth One Stop Shop capitalise on the strengths identified above?

- i.
- ii.
- iii.

20. What are the top three issues related to QUALITY facing the Youth One Stop Shop at present?

- i.
- ii.
- iii.

Youth One Stop Shop (Management)

21. What are three things that would help the Youth One Stop Shop to address the issues listed above?

- i.
- ii.
- iii.

22. Do you have any additional comments you would like to make?

If you have any questions, please contact Melanie MacFarlane from Communio on 09 3776661 or email melanie.macfarlane@communio.co.nz.

This survey will be followed up with visits to each Youth One Stop Shop by one or two members of the project team. At that time we will be able to discuss your responses to the survey in more detail.

Thanks so much for taking the time to complete this survey. Hei konei ra.

7.2 Stakeholder Survey

Youth One Stop Shop (Stakeholders)

1. Youth One Stop Shop (Stakeholders)

Tena koe

The Ministry of Health has contracted Communio, an external organisation, to undertake an evaluation of 12 Youth One Stop Shops across New Zealand. The aim of the evaluation is to gain an extensive understanding of all facets of services provided, including best practice models for funding, staffing and the range of services offered.

Feedback we collect from the Youth One Stop Shops, clients and stakeholder representatives will form part of a final report to the Ministry of Health at the end of July.

You are invited to participate in this survey as your organisation has been identified by a Youth One Stop Shop as being one of their key stakeholders. Any information you provide will only be used for the purposes of the evaluation.

In addition to this survey, some Youth One Stop Shops are arranging stakeholder focus groups to take place on the day of the visit by the evaluation team. If this applies to you, you are still welcome to complete this survey. You are also welcome to contact us by telephone if you wish to discuss the evaluation further or to see if a face-to-face meeting on the day of the visit can be arranged.

The survey should take around 15 minutes to complete. You are able to exit and re-enter the survey to amend or add to your responses, however, you will need to use the same computer. This survey will close on Friday 12 June.

If you have any questions about the survey or the evaluation, please contact Melanie MacFarlane from Communio on 09 377 6661 or email melanie.macfarlane@communio.co.nz.

Kia ora and thank you for your time.

1. What type of organisation do you belong to?

- District Health Board
- Primary Health Organisation
- Other government agency
- Non-government organisation/agency
- Iwi-based organisation
- Other

* 2. What is the name of your organisation? (You must provide an answer to this question)

3. Please fill in the details below

Name

Position

Contact number

Email address

Youth One Stop Shop (Stakeholders)

4. Which Youth One Stop Shop are you involved with?

- | | |
|---|--|
| <input type="checkbox"/> Whai Marama, Hamilton | <input type="checkbox"/> YOSS, Palmerston North |
| <input type="checkbox"/> Rotovegas Youth Health, Rotorua | <input type="checkbox"/> Kapiti Youth Support, Paraparaumu |
| <input type="checkbox"/> Cafe for Youth Health, Taupo | <input type="checkbox"/> Vibe, Lower Hutt |
| <input type="checkbox"/> Directions Youth Health Centre, Hastings | <input type="checkbox"/> Evolve Youth Service, Wellington |
| <input type="checkbox"/> Waves, New Plymouth | <input type="checkbox"/> 198 Youth Health, Christchurch |
| <input type="checkbox"/> YAC, Whanganui | <input type="checkbox"/> Number 10 Youth Health Centre, Invercargill |

5. Which of the following best describes the relationship you have with the Youth One Stop Shop?

- | | |
|---|---|
| <input type="checkbox"/> Provide funding | <input type="checkbox"/> Receive referrals from the Youth One Stop Shop |
| <input type="checkbox"/> Provide accommodation/office space for Youth One Stop Shop | <input type="checkbox"/> Provide staffing |
| <input type="checkbox"/> Provide services through the Youth One Stop Shop | <input type="checkbox"/> Refer clients to Youth One Stop Shop |
| <input type="checkbox"/> Other (please specify) | |

6. If you have a funding relationship with the Youth One Stop Shop, please describe the type of funding below. If you provide more than one stream of funding, list each one by stream. (For example, stream 1 = youth transition services, stream 2 = alcohol and drug services etc)

Funding stream 1	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>
Funding stream 2	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>
Funding stream 3	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>
Funding stream 4	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>
Funding stream 5	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>

7. In relation to the funding described above, please tick the options that best apply to each funding stream. Leave blank any that do not apply.

	Non-recurring	Recurring	Requirement to report (e.g. KPIs)	Formal contract or similar	Informal agreement	Health	Non-health
Funding stream 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Funding stream 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Funding stream 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Funding stream 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Funding stream 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Youth One Stop Shop (Stakeholders)

8. In the case of funding relationships, what is the total level of funding for each funding stream currently provided to the Youth One Stop Shop?

	Up to \$10K	\$10-\$100K	\$101-\$250	\$251-\$500K	\$501-\$1M	More than \$1M
Funding stream 1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Funding stream 2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Funding stream 3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Funding stream 4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Funding stream 5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Comment	<input style="width: 100%; height: 20px;" type="text"/>					

9. What information/data do you receive from the Youth One Stop Shop in relation to each of the funding sources?

Funding stream 1	<input style="width: 100%; height: 15px;" type="text"/>
Funding stream 2	<input style="width: 100%; height: 15px;" type="text"/>
Funding stream 3	<input style="width: 100%; height: 15px;" type="text"/>
Funding stream 4	<input style="width: 100%; height: 15px;" type="text"/>
Funding stream 5	<input style="width: 100%; height: 15px;" type="text"/>

10. Please indicate the types of information that you receive

- Outcome data
- Services provided
- Throughput (number of clients seen)
- Occasions of service (number of times each client seen)
- Staffing (FTE's)
- Staff vacancies
- Expenditure (financial reports)

What other information do you receive

11. Do you sit on any committees/meetings related to the Youth One Stop Shop?

- Yes
 No

12. Please list the committees/meetings

Committee 1	<input style="width: 100%; height: 15px;" type="text"/>
Committee 2	<input style="width: 100%; height: 15px;" type="text"/>
Committee 3	<input style="width: 100%; height: 15px;" type="text"/>
Committee 4	<input style="width: 100%; height: 15px;" type="text"/>
Committee 5	<input style="width: 100%; height: 15px;" type="text"/>

Youth One Stop Shop (Stakeholders)

13. What reports do you receive from each of the committees/meetings?

Committee 1	<input type="text"/>
Committee 2	<input type="text"/>
Committee 3	<input type="text"/>
Committee 4	<input type="text"/>
Committee 5	<input type="text"/>

14. How would you describe the quality of the information you receive from the Youth One Stop Shop?

	Very Poor	Poor	Average	Above average	Excellent
Committee 1	<input type="radio"/>				
Committee 2	<input type="radio"/>				
Committee 3	<input type="radio"/>				
Committee 4	<input type="radio"/>				
Committee 5	<input type="radio"/>				

15. If you answered very poor or poor above, why? eg timeliness, quality of information, format etc

16. What further information would you like to receive from the Youth One Stop Shop?

Youth One Stop Shop (Stakeholders)

17. Which services, as far as you know, does the Youth One Stop Shop provide? (you can click more than one answer)

- | | | |
|---|---|---|
| <input type="checkbox"/> General practitioner | <input type="checkbox"/> Sexual and reproductive health | <input type="checkbox"/> Recreation programmes |
| <input type="checkbox"/> Counselling | <input type="checkbox"/> Health promotion and education | <input type="checkbox"/> Budgeting advice |
| <input type="checkbox"/> Vaccinations | <input type="checkbox"/> Social work | <input type="checkbox"/> Housing/accommodation assistance |
| <input type="checkbox"/> Alcohol and drug | <input type="checkbox"/> Advocacy | <input type="checkbox"/> Training and education |
| <input type="checkbox"/> Mental health | <input type="checkbox"/> Life skills programmes | <input type="checkbox"/> Employment services |
| <input type="checkbox"/> Family planning | <input type="checkbox"/> Holiday programmes | <input type="checkbox"/> Transition services |
| <input type="checkbox"/> Other (please specify) | | |

18. Why do you think young people choose to use the Youth One Stop Shop services?

- | | | |
|---|--|--|
| <input type="checkbox"/> Free | <input type="checkbox"/> Just for young people | <input type="checkbox"/> Staff understand young people's needs better |
| <input type="checkbox"/> Confidential | <input type="checkbox"/> Provides a safe place to go | <input type="checkbox"/> Non-judgemental |
| <input type="checkbox"/> Location is handy | <input type="checkbox"/> Social aspect - can attend with friends | <input type="checkbox"/> Outreach services make access easier |
| <input type="checkbox"/> Don't have a GP | <input type="checkbox"/> They like the facilities, including recreational activities | <input type="checkbox"/> Can access a range of different services/facilities |
| <input type="checkbox"/> Prefer over other services | <input type="checkbox"/> Staff work well with young people | |
| <input type="checkbox"/> No stigma attached | <input type="checkbox"/> Different from the services used by their family | |

Other (please specify)

19. What do you think are the main advantages of the Youth One Stop Shop model of service delivery?

Youth One Stop Shop (Stakeholders)

20. Are you aware of any noticeable health and disability service OVERLAPS in services offered to young people in the Youth One Stop Shop catchment area?

- Yes
 No
 Don't know

If yes, please describe

21. Are you aware of any noticeable health and disability service GAPS in services offered to young people in the Youth One Stop Shop catchment area?

- Yes
 No
 Don't know

If yes, what other services would you like to see provided by YOSS

22. What other services would you like to see being provided by the Youth One Stop Shop?

Youth One Stop Shop (Stakeholders)

23. How effective do you think the Youth One Stop Shop is in

	1 not very	2	3	4	5 very	Don't know
helping young people get the health services they need?	<input type="radio"/>					
helping young people get the other (non-health) services they need?	<input type="radio"/>					
helping to improve young people's health and wellbeing?	<input type="radio"/>					
transitioning clients to other/adult services when they reach the upper age limit for Youth One Stop Shop services?	<input type="radio"/>					
meeting the needs of Maori youth?	<input type="radio"/>					
meeting the needs of the ethnically diverse, including recent migrants and refugees?	<input type="radio"/>					
meeting the needs of 'at risk' youth?	<input type="radio"/>					
Comments	<input type="text"/>					

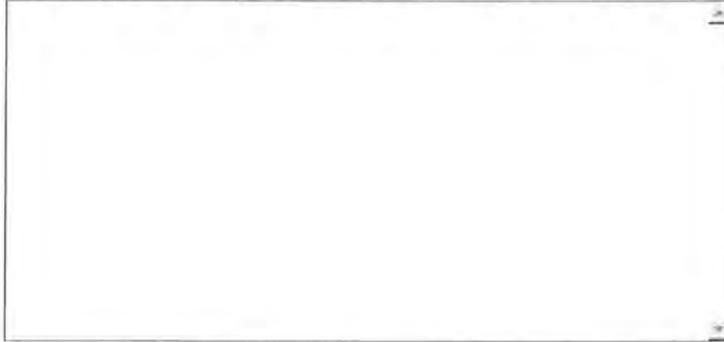
24. What are the key outcomes you think the Youth One Stop Shop achieves for young people?

25. What measures are available to ensure these outcomes are achieved?

26. Please describe your understanding of how the Youth One Stop Shop helps to reduce inequalities for young people?

Youth One Stop Shop (Stakeholders)

27. Do you have any additional comments you would like to make?



If you have any questions, please contact Melanie MacFarlane from Communio on 09 3776661 or email melanie.macfarlane@communio.co.nz.

Thanks so much for taking the time to complete this survey. Hei konei rā.

7.3 Client Survey

1. Youth One Stop Shop Survey (Clients)

Tena koe

You are invited to take part in this survey, which is part of an evaluation of 12 Youth One Stop Shops across New Zealand. The evaluation is being funded by the Ministry of Health.

The aim of the evaluation is to help us understand all the different aspects of Youth One Stop Shop services. Feedback we get from clients (such as yourself), Youth One Stop Shops and other groups will form part of a final report to the Ministry of Health at the end of July. A summary report will also be developed.

Any information you choose to share will only be used for the evaluation. The survey is anonymous, however, we are collecting some information such as age and ethnicity. You won't be identified and your responses will remain confidential.

The survey should take around 10 minutes to complete and if you're doing it online, you will need to do it in one go. A paper copy is also available from your local Youth One Stop Shop. If you have any questions about the survey, please contact me (Melanie MacFarlane from Communio) on 09 377 6661 or email melanie.macfarlane@communio.co.nz.

All survey responses, both paper and online, need to be in by Monday 15 June. Kia ora and thank you for your time.

1. Are you male or female?

Male Female

2. How old are you?

Under 12 years old 12-14 years 15-19 years 20-24 years 25 years or over

3. What is your ethnicity? (Tick all that apply)

<input type="checkbox"/> New Zealand European	<input type="checkbox"/> Cook Island Maori	<input type="checkbox"/> Chinese
<input type="checkbox"/> Māori	<input type="checkbox"/> Tongan	<input type="checkbox"/> Indian
<input type="checkbox"/> Samoan	<input type="checkbox"/> Niuean	<input type="checkbox"/> Other such as Dutch, Japanese, Australian

If other, please specify

4. Are you a recent migrant or refugee newly arrived in New Zealand?

Yes No

If yes, how long have you been in New Zealand?

5. Do you have a doctor or GP? (are you enrolled with a PHO/Primary Health Organisation?)

Yes No Don't know

6. How did you hear about the Youth One Stop Shop? (Tick all that apply)

<input type="checkbox"/> from friends/family	<input type="checkbox"/> email	<input type="checkbox"/> was referred to Youth One Stop Shop by another service
<input type="checkbox"/> an advertisement or other type of branding	<input type="checkbox"/> received something in the post	<input type="checkbox"/> staff visited my school or other community location
<input type="checkbox"/> newsletter	<input type="checkbox"/> during a special event	<input type="checkbox"/> the service shares its physical location with another service/facility I was using (e.g. recreational facility)
<input type="checkbox"/> saw a poster	<input type="checkbox"/> saw it in passing	
<input type="checkbox"/> looked up the website	<input type="checkbox"/> information from another service	

If other, please specify

7. Which Youth One Stop Shop have you used?

<input type="checkbox"/> Whai Marama, Hamilton	<input type="checkbox"/> Waves, New Plymouth	<input type="checkbox"/> Vibe, Lower Hutt
<input type="checkbox"/> Rotovegas Youth Health, Rotorua	<input type="checkbox"/> YST, Whanganui	<input type="checkbox"/> Evolve Youth Service, Wellington
<input type="checkbox"/> Cafe for Youth Health, Taupo	<input type="checkbox"/> YOSS, Palmerston North	<input type="checkbox"/> 198 Youth Health, Christchurch
<input type="checkbox"/> Directions Youth Health Centre, Hastings	<input type="checkbox"/> Kapiti Youth Support, Paraparaumu	<input type="checkbox"/> Number 10 Youth Health Centre, Invercargill

8. How long ago did you last use the Youth One Stop Shop services?

Less than 3 months
 3 - 6 months
 6 - 12 months
 More than 1 year

9. How many times have you used Youth One Stop Shop services? (Tick one only)

	Within past month	within past 3 months	within past 6 months	within past 12 months
Once or twice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3-5 times	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6-9 times	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10 or more	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. Which health services have you used through the Youth One Stop Shop?

<input type="checkbox"/> Nurse practitioner	<input type="checkbox"/> Alcohol and drug	<input type="checkbox"/> Health promotion and education
<input type="checkbox"/> General practitioner	<input type="checkbox"/> Mental health	<input type="checkbox"/> Other
<input type="checkbox"/> Counselling	<input type="checkbox"/> Family planning	
<input type="checkbox"/> Vaccinations	<input type="checkbox"/> Sexual and reproductive health	

If other, please specify

11. Which other (non-health) services/facilities/programmes have you accessed through the Youth One Stop Shop?

- | | | |
|---|---|--|
| <input type="checkbox"/> Social services | <input type="checkbox"/> Recreation programmes | <input type="checkbox"/> Transition services |
| <input type="checkbox"/> Advocacy | <input type="checkbox"/> Budgeting advice | <input type="checkbox"/> Employment services |
| <input type="checkbox"/> Life skills programmes | <input type="checkbox"/> Housing/accommodation assistance | |
| <input type="checkbox"/> Holiday programmes | <input type="checkbox"/> Training and education | |

If other, please specify

12. What are the reasons you use the Youth One Stop Shop?

- | | | |
|--|---|--|
| <input type="checkbox"/> Free | <input type="checkbox"/> Prefer over other services | <input type="checkbox"/> Staff work well with young people |
| <input type="checkbox"/> Confidential | <input type="checkbox"/> No stigma attached | <input type="checkbox"/> Different from the services my family use |
| <input type="checkbox"/> Flexible | <input type="checkbox"/> Just for young people | <input type="checkbox"/> Understand my needs better |
| <input type="checkbox"/> Can drop-in | <input type="checkbox"/> Provides a safe place to go | <input type="checkbox"/> Non-judgemental |
| <input type="checkbox"/> Location is handy | <input type="checkbox"/> Social aspect - I can go with friends | <input type="checkbox"/> Outreach services mean they come to me |
| <input type="checkbox"/> Don't have a GP | <input type="checkbox"/> I like the facilities, including recreational activities | |

Other / comment

13. If you use health services and other services directly, and not through the Youth One Stop Shop, which services are they?

- | | | |
|---|---|---|
| <input type="checkbox"/> School health services | <input type="checkbox"/> Sexual and reproductive health | <input type="checkbox"/> Budgeting advice |
| <input type="checkbox"/> General practitioner | <input type="checkbox"/> Health promotion and education | <input type="checkbox"/> Housing/accommodation assistance |
| <input type="checkbox"/> Counselling | <input type="checkbox"/> Social services | <input type="checkbox"/> Training and education |
| <input type="checkbox"/> Vaccinations | <input type="checkbox"/> Advocacy | <input type="checkbox"/> Transition services |
| <input type="checkbox"/> Alcohol and drug | <input type="checkbox"/> Life skills programmes | <input type="checkbox"/> Employment services |
| <input type="checkbox"/> Mental health | <input type="checkbox"/> Holiday programmes | <input type="checkbox"/> Haven't accessed other services |
| <input type="checkbox"/> Family planning | <input type="checkbox"/> Recreation programmes | <input type="checkbox"/> Other |

Other (please specify)

14. How well do you think the Youth One Stop Shop -

	1 not very	2	3	4	5 very
helps young people get the health services they need?	<input type="radio"/>				
helps young people get the other services they need?	<input type="radio"/>				
helps to improve young people's health and wellbeing?	<input type="radio"/>				

15. If you are almost at the upper age limit to use the Youth One Stop Shop, how well have you been supported in moving to other/adult services?

1 - not very 2 3 4 5 - very Not applicable

16. If you have provided feedback to the Youth One Stop Shop in the past how did you do that? (Please tick all that apply)

comments boxes informal feedback, talking to staff other

focus groups a complaint

surveys have not provided feedback before

Other (please specify)

17. What are the three things you like best about the Youth One Stop Shop?

i.

ii.

iii.

18. What are your top three suggestions for how the Youth One Stop Shop can be improved?

i.

ii.

iii.

19. Would you like to

	Yes please	No thank you
speak to someone from the evaluation team about Youth One Stop Shops?	<input type="radio"/>	<input type="radio"/>
receive a copy of the summary evaluation report in August?	<input type="radio"/>	<input type="radio"/>

20. OPTIONAL: If you answered yes to the above questions, please provide your name and email address/contact number

Name

Email address

Telephone number

If you have any questions, please contact Melanie MacFarlane from Communio on 09 3776661 or email melanie.macfarlane@communio.co.nz. Remember, to be included in the analysis, all survey responses need to be received no later than Monday 15 June. Paper surveys can be handed into the YOSS or posted, emailed or faxed directly to Communio. Our address is:

Communio
PO Box 7485
Wellesley Street
Auckland, 1010
or Fax: 09 377 1666

Thanks so much for taking the time to complete this survey. Hei konei ra,

7.4 Verification Survey for Managers

Youth One Stop Shop Verification Survey

1. Youth One Stop Shop Verification Survey (Managers)

Hello Youth Service Managers.

In order to collect a complete set of consistent and uniform information we have identified 12 questions that require verification by all services.

(Apologies to those that have already provided this information but it has become clear that in some places more information is needed and in other cases different interpretations and inconsistent questioning have led to us being unable to compare the first round of information).

Could you please complete the following short survey to finalise the information for the evaluation report by Wednesday July 15th.

Many thanks, Mark.

If you have questions regarding this survey please contact me on 021 636967 or email at mark.harris@communio.co.nz.

* 1. Which Youth One Stop Shop do you represent?

- Whai Marama, Hamilton
- Rōtovegas Youth Health, Rotorua
- Cafe for Youth Health, Taupo
- Directions Youth Health Centre, Hastings
- Waves, New Plymouth
- YST, Whanganui
- YOSS, Palmerston North
- Kapiti Youth Support, Paraparaumu
- Vibe, Lower Hutt
- Evolve Youth Service, Wellington
- 198 Youth Health, Christchurch
- Number 10 Youth Health Centre, Invercargill

* 2. What is the size of the catchment population of youth in your area within the age range provided for by your service (approximate number to the nearest 1000)?

Youth One Stop Shop Verification Survey

*** 3. What is the proportion of clients seen by age groups listed below?
(please express by percentage with the total adding up to 100 percent)**

	0	10%	20%	30%	40%	50%	60%	70%	80%	90%	100%
Under 12 years old	<input type="radio"/>										
12-14 years	<input type="radio"/>										
15-19 years	<input type="radio"/>										
20-24 years	<input type="radio"/>										
25 years or over	<input type="radio"/>										

*** 4. What is the proportion of users of your service by ethnicity? (please express by percentage with the total equaling 100 percent)**

	0%	10%	20%	30%	40%	50%	60%	70%	80%	90%	100%
New Zealand European	<input type="radio"/>										
Māori	<input type="radio"/>										
Samoan	<input type="radio"/>										
Cook Island Maori	<input type="radio"/>										
Tongan	<input type="radio"/>										
Niuean	<input type="radio"/>										
Chinese	<input type="radio"/>										
Indian	<input type="radio"/>										
Other such as Dutch, Japanese, Australian	<input type="radio"/>										

*** 5. What clinical data IT system do you use? (please list name and version used)**

*** 6. Do you provide Nursing services?**

Yes No

*** 7. Do you provide Nursing Practitioner services?**

Yes No

*** 8. Do you provide Family Planning type services?**

Yes No

*** 9. What legal structure does your organisation use (e.g. charitable trust, incorporated society)?**

Youth One Stop Shop Verification Survey

*** 10. How many occasions of service for health services did you provide last year (e.g. as listed in your last Annual Report)?**

*** 11. What was the total annual funding to the nearest \$5000 for your service for the last financial year (e.g as listed in your last Annual Report)?**

*** 12. What was the total annual health funding to the nearest \$5000 for the last financial year? (do not include funding for other services, social, youth transition etc)**

Appendix 8 - Verification Workshop Report

Purpose	The purpose of this report is to document the results of two workshops that were held as a component of the evaluation of Youth One Stop Shops.
Background to workshops	Two verification workshops were held in late June and early July; one in Wellington and one in Taupo. The purpose of the workshops was to provide representatives from the Youth One Stop Shops and key stakeholders who have participated in the evaluation, with an opportunity to verify the findings of the evaluation, and to workshop draft recommendations which could form part of the final report. The workshops provided an opportunity to engage further with stakeholders and allow them to see how their initial contributions had been reflected in the consultation process. This promotes credibility of the final report and will hopefully lead to greater 'buy in' from stakeholders to any resultant change strategies.
Workshop outline	The workshops began with a presentation outlining the interim findings to date. Handouts of the presentation were provided at the time of the workshop. Participants received the programme in advance and advice that the early group discussion would focus on prioritising key issues for the draft recommendations. These were related to effectiveness, evaluation and reporting, service delivery and development, business development and governance.
Attendees	<p>Sixteen people attended the first workshop in Wellington. Youth One Stop Shop representatives included managers, clinicians and youth workers from KYS (Kapiti), 198 (Christchurch), Number 10 (Invercargill), YOSS (Palmerston North), Vibe (Lower and Upper Hutt) and Evolve (Wellington). Stakeholder organisations represented at the workshop included Whanganui DHB, Canterbury PHO, Manawatu PHO, NZAAHD and the Ministry of Health.</p> <p>The second workshop in Taupo was attended by ten people including representatives from Rotovegas (Rotorua), Café for Youth Health (Taupo), Whai Marama (Hamilton) and YST (Wanganui). A youth representative also participated in the workshop and one stakeholder from Da Bomb Youth Centre, Rotorua.</p> <p>Unforeseen circumstances prevented a small number of people from attending the workshops including representatives from Waves (New Plymouth), Directions (Hastings), Taranaki and Lakes DHBs and the Taupo District Council. Electronic copies of the presentation and a summary of the key discussion points were sent to these people to ensure their involvement in the process.</p>
Group discussion	Group discussions contributed to the verification process and highlighted areas requiring further clarification and gaps in information. Four draft recommendations, based on the interim findings, were presented for discussion. Groups then workshopped the key issues for the draft recommendations with each group focusing on one of the following; effectiveness, evaluation and reporting, service delivery and development, business development, and governance.

Effectiveness, evaluation and measurement

Introduction

The following questions were asked of workshop participants in relation to the effectiveness of youth services, how they should be evaluated and what measurements could be used to do so. Their aggregated responses are provided.

Questions and responses

Prioritise two measures or evaluation strategies that would be nationally applicable and assist in Youth One Stop Shops evaluating their services in relation to: access, gaps between current and best practice, effectiveness in improving client health outcome, and client satisfaction.

There was general agreement that measurement of health outcomes and client satisfaction were most important and that measuring client satisfaction would inform evaluation of access and utilisation. There are differences in the type and level of information required by the Ministry and Youth One Stop Shops. There is contradiction between the intent to measure health when measures of ill-health are more readily collected and available. Measures based on determinants of good health, such as young people making healthy decisions and having relationships with family and friends, would be more accurate in assessing positive health outcomes. Using negative indicators such as counting cases of sexually transmitted infection or early pregnancies is less helpful and does not consider cultural factors, the transience of youth populations and the relatively short time span of being a 'young person'. Current contract lengths do not support services abilities to measure long-term and some medium-term outcomes as these are likely to exceed the term of contract.

The different levels of reporting were described as macro (reporting to the Ministry), meso (internal and lateral Youth One Stop Shop reporting) and micro (reporting to clients).

What systems and data management issues must be addressed to support effectiveness and outcome measurement?

Overall, current internal reporting systems vary across services and resources (staff, money, time) are limited. Most Youth One Stop Shops, except one or two, use Medtech to collect clinical data. The Youth Transition Services national database was cited as a good model by participants as it enables clients to be tracked over time and is set up specifically to measure outcomes. Too often, services over-collect and under-analyse data which are of little value to the organisation.¹⁰⁴ A simple dataset template would assist services to collect consistent, specific and relevant information. This would be greatly beneficial as it would allow for comparison and analysis at a national level. Work is already being led in this area by one of the Youth One Stop Shops.¹⁰⁵ National service standards for youth health services would provide a baseline from which best practice could be measured.

Providing access to the latest research findings about good practice enhances the capacity and capability of youth service providers.¹⁰⁶

Continued on next page

¹⁰⁴ Axford N, Berry V and Little M (2006) Enhancing service evaluability: lessons from a programme for disaffected young people. *Children & Society* 20: 287-298

¹⁰⁵ Dr Sue Bagshaw, 198 Christchurch

¹⁰⁶ Hutt M (2008) Taken from presentation 'What works in youth development? Systematic reviews within the context of building an evidence base for improving health outcomes.' [Accessed online www.myd.govt.nz]

Effectiveness, evaluation and measurement *Continued*

Questions and responses (continued)

How can external reporting requirements better reflect the activities and outcomes of Youth One Stop Shops?

Measuring health outcomes - Assessments of young people should be holistic and it was suggested at the Wellington workshop that a modified version of the HEADSS¹⁰⁷ assessment be used as a way of standardising outcome data collection. Such modifications have already occurred in some services, for example in one service specific measures have been added related to cigarette smoking. In practice, this has enabled clinicians to track young people's progress in this area each time they attend the service. HEADSS provides scope for numerical continuums to be used whereby young people self-identify their place on the continuum at any given time and which can be tracked at subsequent visits.

There were concerns that using a modified version of HEADSS may 'corrupt' the process for youth health and there was a risk that information could be taken out of context and furthermore, not all Youth One Stop Shops use Medtech to collect data. Some level of resource would be required to address this issue, including systems training in the use of the modified tool for all Youth One Stop Shops. Processes for obtaining informed client consent would need to be considered and clarity as to the purpose of collecting the data, which will be determined from the outset. Clear guidelines would be required around the use of the information, permissions for access and sharing of information at various levels, i.e. between Youth One Stop Shops and with funders.

Benefits of adapting the HEADSS assessment, as identified by the group, were that clinicians are familiar with the tool and it has application in the clinical setting, including counselling and support services. National reporting in a consistent and systematic way would help Youth One Stop Shops to share learning and the exportation of numerical data directly to funder(s) is possible. Reporting helps to enable successes to be recognised and celebrated in an ongoing way.

Measuring client satisfaction

Measuring client satisfaction at a national level must be simple, for example, using questions such as "did coming here help you?", "would you come back?" and "what would you tell your friends?" These data would be very powerful when collected nationally.

While this evaluation focuses specifically on the Youth One Stop Shops, it would be more beneficial and cost-effective for developments in evaluability to be undertaken in conjunction with others in the youth development sector.

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¹⁰⁷ Designed by Dr Henry Berman in the USA and further developed by Cohen *et al* to assist clinicians to determine the context of a presenting condition, HEADSS is a psychosocial screening tool that covers issues related to Home, Education, Employment, Exercise, Eating, Activities, Drugs, Sexuality, Spirituality, Suicide and Safety. Although it is not a research tool, it is possible to aggregate findings for audit purposes.

[Cohen E, MacKenzie RG, Yates GL (1991) HEADSS, a psychosocial risk assessment instrument: implications for designing effective intervention programs for runaway youth. *Journal of Adolescent Health* 12 (7): 539-544]

Effectiveness, evaluation and measurement *Continued*

Recommendations The following recommendations were agreed by the workshop participants.

- ✂ A system for nationally consistent reporting by youth services be developed. The system must add value for the services and funders by providing a feedback and benchmarking mechanism.
 - ✂ Consideration be given to the development of a subset of outcome specific measures for national collection by Youth One Stop Shops. These measures may be collected through the HEADSS assessment tool.
 - ✂ In order to achieve this it is recommended that a group of key experts including Medtech technicians, be brought together, in a process led by Youth One Stop Shops that allows time for tool development, testing and evaluation. This would include the development of guidelines for the use of the information, how the data are managed locally and nationally and permissions for access and sharing of information at various levels, i.e. between Youth One Stop Shops and with funders.
 - ✂ Previous work undertaken in the field of measurement and evaluation in the New Zealand youth development sector be utilised. This specifically relates to the recommendations contained in the Youthline report - Are we doing a good job? Providing evidence of the effectiveness of Youth One Stop Shops: the development of self-evaluation capacity and an evaluation framework¹⁰⁸. The recommendations from the Youthline report are listed at the end of this Appendix.
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¹⁰⁸ Youthline (2008) Are we doing a good job? Providing evidence of the effectiveness of Youth One Stop Shops: the development of self-evaluation capacity and an evaluation framework. Report for Counties Manukau District Health Board

Service development and delivery

Introduction

The following questions were asked of workshop participants in relation to the service development and delivery. Their aggregated responses are provided.

Questions and responses

What are the components of successful service delivery models for One Stop Shops?

Important components are

- staff, as they are specifically trained, youth-friendly and committed to youth development. In some services staff are at risk of burning-out.
- Youth involvement in all aspects of Youth One Stop Shops is highly valued and consistent with key national strategies.
- Reflecting New Zealand's cultural framework within services whilst retaining the 'uniqueness' of each Youth One Stop Shop is also important.
- Relationships are crucial and impact on the extent to which collaboration with other services and stakeholders occurs.
- Responsiveness to the diverse needs of the community, especially in relation to developing new or outreach services that capitalise on existing resources.

What are the threats to service and staffing capability?

Non-sustainable funding was seen as a key threat, as was staff burn-out. Inability to provide evidence to justify services and to articulate clearly what it is Youth One Stop Shops do sufficiently well was also discussed. Geographic isolation of some services means they have less access to shared expertise. There is a perception that there is duplication of services amongst the community, funders and stakeholders.

How can One Stop Shops best position themselves to ensure delivery of quality services?

They can do this by fostering relationships with key people and organisations e.g. DHBs and PHOs thereby increasing access to skills that Youth One Stop Shops are lacking. These may include for example, researchers, statisticians and other clinicians. The strengths of Youth One Stop Shops must be identified, measured, evaluated and understood in order to celebrate their achievements.

There are legal requirements under Healthcare Practitioners Competence Assurance Act 2003 (HPCAA) for healthcare professionals to satisfy the requirements for registration as determined by their individual registration boards. Such registration requirements ensure that these professionals maintain and regularly update their skills. This should provide some standardisation and a framework for the delivery of quality services by the YOSSs. There are as yet however, no specific standards or requirements established by, for example the Nursing Council or registration Board for nurses working in youth services. This therefore places YOSS services in a position to determine the keys skills required by youth worker nurses as long as they satisfy the requirements of the HPCAA. Collaboration on criteria for developing and supporting these skills is one way YOSSs can ensure the delivery of standardised, quality services.

How can One Stop Shops be supported to deliver quality services?

The development of a set of core service specifications to provide minimum criteria for services would assist in the development of new services and help maintain consistency and quality in established services. Such specifications could also be used to develop a set of measures that could help ascertain value-for-money and form the basis for service negotiations (with DHBs).

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Service development and delivery Continued

Questions and responses (continued)

Further development of the draft service standards for youth health services¹⁰⁹ and decisions on how the document would be used were discussed. These could assist in the development of new services. In addition, national service standards would provide a baseline from which best practice can be measured and would help funders (for example DHBs) to develop appropriate measures for the service. The document could add value to a quality programme or be a stand-alone document used as a self-assessment resource.

Staff are cited as the most valuable resource to Youth One Stop Shops and must feature in any future planning and documentation. Releasing staff to access professional development opportunities however, is difficult as clinic cover must be ensured. The same applies to the ability of staff to attend conferences and utilise other opportunities to network, be mentored and mentor others in the youth sector to improve their ability to respond to the needs of young people.

Participants considered it important to have a clear quality framework within which Youth One Stop Shop services are based and robust IT systems to effectively support service provision and reporting. Fostering relationships and mutual respect amongst managers, funders and other services for what Youth One Stop Shops achieve for their populations is also a priority.

Recommendations

The following recommendations were suggested by workshop participants.

- ✎ Youth One Stop Shops be supported to provide a range of health and other services in a community-based setting
- ✎ Appropriate levels and certainty of funding be provided to enable stable, consistent service provision and service development.
- ✎ A national network that promotes communication and sharing of resources and information between One Stop Shops be supported
- ✎ Further development of the draft service standards for Youth Health Services (2006) be resourced and decisions made regarding their purpose
- ✎ Consideration be given to the development of a set of core service specifications for Youth One Stop Shops
- ✎ Youth One Stop Shop managers and staff be able to access training and development opportunities that are available within larger organisations, for example, DHBs.
- ✎ Any future work that is undertaken in relation to youth health services workforce development be linked with existing work on this subject being undertaken in the Youth Health Workforce Development Framework project¹¹⁰

¹⁰⁹ Kidz First Centre for Youth Health and the Youth Health Expert Working Group (2006) Draft service standards for youth health services. Commissioned by Counties-Manukau District Health Board

¹¹⁰ Kekus M, Proud P (2009) Youth Health Workforce Development Framework Project [Taken from presentation at SYPAHNZ Youth Health Symposium on 3 July 2009, Auckland University]

Business development

Introduction

The following questions were asked of workshop participants in relation to the business development. Their aggregated responses are provided.

Questions and responses

What are the key business issues facing Youth One Stop Shops, including reference to: population need; service capability and sustainability, service integration and links with funders/providers and funding.

Business and service development are closely linked and both must remain loyal to the philosophy of youth development and the model of service delivery. Providing continuity of care is important for young people, as is recognising that they 'snack' or 'graze' on services and often require longer consultations.

Service capability and sustainability are closely linked with recruitment, retention, training and development of staff, and adequacy of funding.

Service integration between Youth One Stop Shops and other providers is facilitated by the establishment and maintenance of relationships and effective, ongoing networking and communication. This builds the trust in and credibility of the Youth One Stop Shops with stakeholders and the community and promotes sharing of knowledge and resources. This would also assist in increasing awareness of local (and national) developments in the youth sector.

An over-reliance on the goodwill of key staff, lack of clear pathways to support career progression within youth health and a lack of pay parity for staff working in Youth One Stop Shops compared to DHBs are barriers to attracting, retaining and developing skilled staff in youth health services.

The disparity also extends to differences across DHBs for the cost of Youth One Stop Shop services. Funding is often linear and static with no component for continuous practice improvement, which can restrict capacity for service development and responsiveness. Chronic under-resourcing of Youth One Stop Shops has 'ghettoised' services and Youth One Stop Shops are required to seek alternative sources of funding in order to maintain provision of services. The current economic climate has led to a reduction of available funds from sources such as charitable organisations.

Capitation alone does not work as a funding model, unless it is seen as a proportion of overall funding for the Youth One Stop Shop. A composite-type model of funding may be the best way forward as it potentially spreads the risk for the service if a major funding stream is withdrawn. Funding for management is not given suitable value by funders and as a lesser priority, is one of the first aspects to be affected if funding is reduced. This places the Youth One Stop Shop at a disadvantage when managing the business aspects of the service.

How best can YOSS take advantage of their business opportunities?

Establishing and maintaining effective networks will assist services in their ability to respond to business opportunities. Being receptive to restructuring if population needs change would allow the organisation to move forward.

It may be possible to centralise some management functions, whilst retaining a local managerial presence. This could assist services to respond in a timely manner to opportunities for business.

Continued on next page

Business development Continued

Questions and responses continued

Centralising access to other resources and forms of support, such as research and statistical support would be useful as these aspects are valuable, but highly resource-intensive and beyond the scope of most Youth One Stop Shops. A centralised forum/network to facilitate sharing of information, policies and support for the background structures (e.g. human resources) among Youth One Stop Shops would capitalise on the collective skill mix and maximise the limited resources.

Strengthening organisational resilience of Youth One Stop Shops would be achieved by, among other things, having a clear strategic plan and mission, sound business practices and effective governance structures. This would increase the ability of Youth One Stop Shops to respond to opportunities which are aligned with the philosophy and overall strategic direction of the service. There was room for improvement in increasing political awareness within Youth One Stop Shops and networking and collaboration. Fostering relationships which are multi-directional would help; alignment with other small organisations which face similar issues, for example PHOs around information technology systems, would be beneficial. Contracts of more than 12 months would support continuity and economies of scale

Recommendations

The following recommendations were suggested by workshop participants.

- ✎ Youth services that have proven to be effective against set criteria be contracted for three-year periods.
- ✎ New or innovative services be contracted for shorter periods and undergo higher level of review.
- ✎ Models of funding be flexible with the capacity for a composite-type (multi-streamed) funding model, or a singular, major funding source model.
- ✎ No matter what the business model or funding model for each YOSS, it is recommended that funding be provided for both infrastructure and for service provision
- ✎ Youth One Stop Shops be involved in the decision making around the funding model that is best for their service.
- ✎ Youth One Stop Shops establish and maintain effective relationships with key stakeholders to assist identification of opportunities.
- ✎ A centralised mechanism for sharing of resources be established and supported in addition to the development of these shared resources. These may include for example a set of RFP templates to assist in timely responses to requests for proposals and shared policies.
- ✎ Consideration be given to centralising some management functions, whilst retaining a local managerial presence, thereby freeing up the on-site manager to concentrate on business development
- ✎ Youth One Stop Shops be encouraged to develop sound strategic plans to ensure any responses to new business opportunities are aligned with the strategic direction of the service.

Governance

Introduction

The following questions were asked of workshop participants in relation to the governance of youth services. Their aggregated responses are provided.

Questions and responses

What are the components of effective governance for One Stop Shops?

Multi-directional respect and relationships between service governance boards, management and staff (and clients) were seen as important components. Desirable characteristics in governance/board members include -

- An interest and commitment to youth development, belief in the service and willingness to develop governance skills in others
- Having a range of skills and expertise and be aware of issues relevant to the community
- Having an awareness of the differences between management, leadership and governance

The functionality of governance boards has been variable and there is a lack of clarity around the benefits of youth participation in the governance of services. Youth participation is currently ad hoc and voluntary (unpaid). There is recognition that sensitive issues may be discussed to which young people should not be privy, especially if the young person is a service user. These may include for example, human resources issues. If youth representation is to be supported, it need not be limited to one member per board.

Whilst recognising that the full benefit of youth participation at the governance level has not yet been proven, it is believed that this should be pursued. This approach is consistent with national youth related strategic approaches contained in various youth strategy documents.

How can Youth One Stop Shops ensure robust quality improvement activities and governance processes?

The development of governance-related policy and procedures were required to provide clarification of expectations of the Board, the method for selecting members and processes for review. The services need to be supported by a clear governance framework and Board functions and standards should be determined by the service.

What resources are required to address quality and clinical governance issues?

Having clear conduits for communication and information between governance and staff teams is essential with clear expectations of those involved (what do we want, when do we want it, how do we want it and from whom) within a quality and governance framework. The framework should be supported by training and workforce development.

To some extent, legal structures can determine the requirements for governance and accountability, for example, Incorporated Societies are accountable to the community and is the only legal structure that requires this. Youth representation on Boards is largely voluntary and evening meetings may be a barrier for young people to attend meetings.

There are limitations in the current governance arrangements of some Youth One Stop Shops and inconsistent knowledge of governance. Support could be provided from larger, parent organisations such as PHOs/DHBs.

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Governance Continued

- Recommendations**
- ✘ Guidance for the development of youth representation at the Youth One Stop Shop Board level be developed. This should include a job/role description and a code of conduct.
 - ✘ “Parent” organisations such as DHBs provide support and expertise to Youth One Stop Shops in relation to governance of their services.
 - ✘ Policy and procedures be developed to provide clarification of the role and therefore expectations of the Board and its members, the methods for selecting members and processes for reviewing membership.
 - ✘ Boards be provided with education on:
 - youth services, being the focus of their role
 - governance, and therefore their role as governors of these services.
-

Appendix 9 – Recommendations from Youthline Report

Introduction

The following is the list of recommendations that are contained in the Youthline Report published by Counties-Manukau DHB in 2008.¹¹¹

The outcomes of the verification workshops conducted by Communio as a component of this evaluation provided further support for these recommendations to be implemented.

Recommendations

1. A sector-wide, generic evaluation tool be developed and applied to YOSS to investigate the largely unexplored effectiveness of their services. The evaluation framework should be standardised and developed in conjunction with young people and YOSS staff. It must be able to demonstrate YOSS service effectiveness and support the building of sustainable services able to consistently deliver to our most in need young people.
2. The NSW CAAH model of research and evaluation and capacity building tools, the Draft Standards for Youth Health and the youth friendly evaluation framework being developed by Healthcare Aotearoa should inform the development of a similar appropriate evaluation framework and tools for YOSS so that work is not duplicated from limited funds.
3. Funding must reflect the costs of implementing an evaluation framework for YOSS.
4. YOSS need to be supported to have robust and consistent planning and evaluation processes that are part of normal service operation. Simple, frequent and participatory reflection and planning processes need to be established practice as part of an ongoing action research and evaluation cycle. The development of these processes needs strong leadership from management.
5. Baseline, interim and outcome data should be collected using a variety of youth friendly tools and synthesised with longer term statistics and information to form the basis of service delivery evaluation.
6. Any evaluation framework introduced would benefit from the support of a capacity building advisor who can suggest practical responses tailored to the needs of the individual YOSS services.
7. A number of YOSS are exploring ways of working with young people and methods for evaluation. Their experience is a valuable resource for all YOSS and forums are needed where this information can be shared and developed.
8. A plan needs to be developed to address inconsistent communication and knowledge sharing between YOSS and other health related services working with young people's health and wellbeing about evaluation. Training as suggested in the report provides both information and networking opportunities.
9. 'Better practice' principles should be applied, from the basis of an 'evidence-informed' platform, incorporating suggestions from literature with the expertise of staff and workers.

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¹¹¹ Milne S, McBride P (2008) *Are we doing a good job? Providing evidence of the effectiveness of Youth One Stop Shops: the development of self-evaluation capacity and an evaluation framework.* Report by Youthline for Counties Manukau District Health Board

Appendix 9 – Recommendations from Youthline Report, Continued

**Recommendations
continued**

10. Consistency of information/data across YOSS is a critical issue and a priority consideration that would enable the extrapolation of data and outcomes not only within but across all YOSS enabling significant learning to be made.

11. Any evaluation framework used in New Zealand be must be based on the principles of the Youth Development Strategy Aotearoa, to be participatory and produce strengths-based, youth development outcomes.
