Synopsis Report

Evaluation of Youth One Stop Shops
Version 1.1

New Zealand Ministry of Health

23\textsuperscript{rd} November 2009
Table of contents

Table of contents ..................................................................................................2
Introduction ...........................................................................................................3
Summary of findings .............................................................................................6
Recommendations ..............................................................................................12
Commendations and Acknowledgements...........................................................19
Appendix 1 – Features of a ‘Model’ for Youth One Stop Shops.........................20
Introduction

**Purpose**

The purpose of this report is to provide the Ministry of Health with a summary of the results of an evaluation of twelve community based youth health services, collectively referred to in this report as the Youth One Stop Shops. A full report on this evaluation is also available.

**Report content**

This report 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.

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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. 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.

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 focus 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 Stops Shops successfully provide a range of specialised, integrated health and social care services for the youth of New Zealand.

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**Introduction, Continued**

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.

<table>
<thead>
<tr>
<th>Method</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Managers survey</td>
<td>12</td>
</tr>
<tr>
<td>Client survey</td>
<td>252</td>
</tr>
<tr>
<td>Stakeholder survey</td>
<td>106</td>
</tr>
<tr>
<td>Meetings with managers and staff</td>
<td>Approx. 50 people</td>
</tr>
<tr>
<td>Focus groups with clients</td>
<td>63 people</td>
</tr>
<tr>
<td>Meetings/focus groups with stakeholders</td>
<td>Approx. 60 people</td>
</tr>
<tr>
<td>Verification workshops</td>
<td>26 people</td>
</tr>
</tbody>
</table>

*Table 1: Number of evaluation participants by group*
Summary of findings

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 Tähuhu – Improving Mental Health 2005–2015: The Second New Zealand Mental Health and Addiction Plan\(^11\) was relative to the specific interventions each service provided.

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:
  o insufficient to meet demand or
  o geographically separated requiring transport between them or
  o 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 1) 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 Stops 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

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 nursing\(^{13}\), 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


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 publicly 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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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.

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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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**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 showcased 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.
Appendix 1 – 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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### 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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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 Stops 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.