

Background:

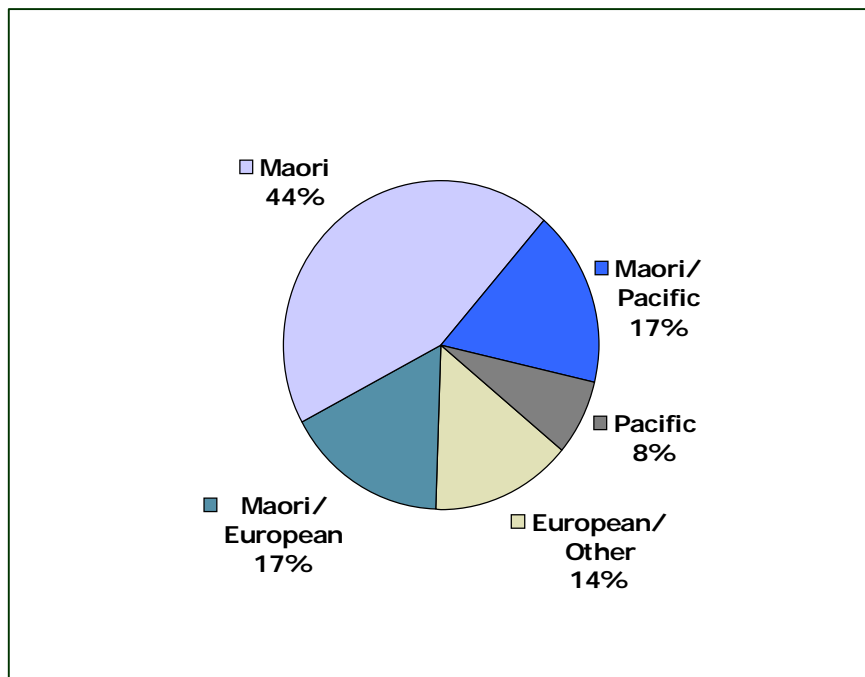
More than 675,000 young people (aged 12-24 years) live in New Zealand, and over ten per cent of them (72,786) live in Counties-Manukau². Many of these young people live in areas classified as socio-economically 'very deprived' and attend low decile schools. Despite the many health issues that affect young people in Counties-Manukau, most consider their health as good, very good or excellent. Most young people have a number of protective (health promoting) factors in their lives and do not engage in multiple risky health behaviours⁸. While most of the young people in Counties Manukau are healthy, many have significant health issues and exhibit risky health behaviours. These can have long-term impacts on adult health and wellbeing and many of these health issues are preventable.

Of all age groups, young people have had the smallest improvement in mortality rates over the last 40 years. Approximately one in every eight youth deaths in New Zealand occurs in Counties-Manukau³

- Over 40% of children and young people in Counties Manukau live in areas considered to be the most deprived 20%.⁵
- Health outcome data show improvements in youth health to have been less than other age groups (see graph above).
- Mortality rate data indicate those aged 12 to 24 face the risk of significantly increasing numbers of deaths compared to children and young adults³.
- Approximately three-quarters of youth deaths are due to injury (intentional and non-intentional)³. Potentially avoidable mortality rates are higher in Counties-Manukau than nationally⁷.
- Motor vehicle-related deaths and suicide are the leading causes of death in this age group, accounting for more than 40% of all deaths in the youth age group.³
- Counties Manukau has a higher youth mortality rate for this age group than the national rate (102/100,000 vs 93/100,000 respectively)⁵ In total there were 53 deaths of young people in Counties-Manukau in 1999: the highest number for any DHB and 12.3% of the total number of deaths for this age group in New Zealand in 1999³.
- Counties-Manukau young people have high rates of potentially avoidable hospitalisations compared to other DHBs⁷.

Alternative Education:

The Ministry of Education in conjunction with the secondary schools have set up a number of alternative education providers who provide educational and social services for young people aged 13- 15 years who are "alienated" from the mainstream system predominantly by exclusion from mainstream schools.



Self reported ethnicity, alternative education students, Northern Region, 2000, 68%were male

Plan for Alternative Education health and well-being services.

The majority of these students identify as Maori (78%) with the next highest ethnic group identified as Pacific (25%) - some identify with multiple cultures.

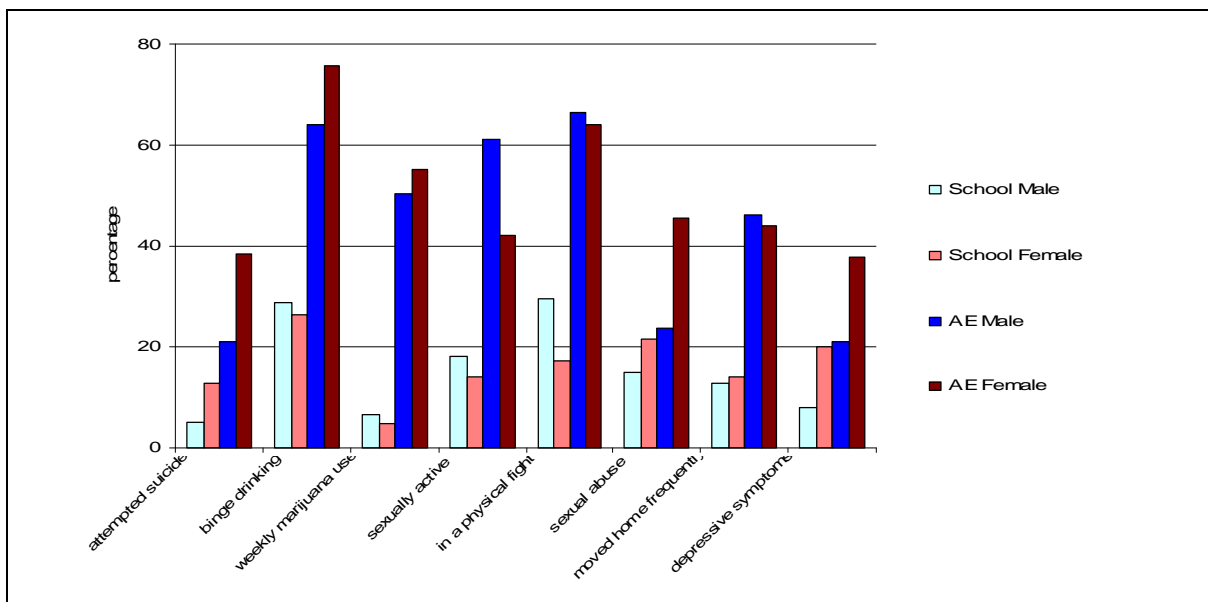
In CMDHB area there are 18 Alternative Education Providers who have a total "Placement" of 227 students at any time. This equates to approximately 500 alternative education students in any given year. The educational needs of these students are very high with a number of students having been absent for many months or years and also there is an extremely high incidence of unmet health and social needs.

Key facts:

Students that have been excluded from secondary school and who attend alternative education providers in South Auckland are significantly more likely to have health issues. These young people are known to be two to three times more likely to report risky health behaviours, mental health concerns and problem behaviours¹⁰.

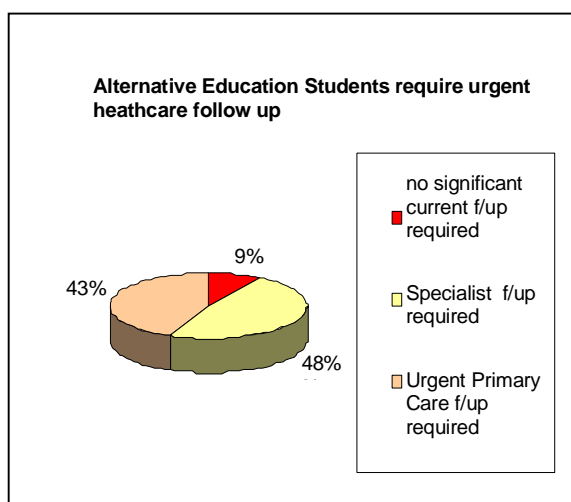
- AE students experience higher levels of socio-economic hardship than their peers- over 50% reported their families not having enough money to buy food for the family.
- They live in increased incidences of overcrowding
- AE students reported higher levels of physical and sexual abuse- 70% of the students reported they frequently witnessed violence and 50% of the girls reported being sexually assaulted in the last twelve months.
- They demonstrate much higher rates of high risk behaviours in drug and alcohol, sexual health, motor vehicle accidents and teen pregnancies
- Over 25% of the students had levels of depressive symptoms indicative of significant psychopathology
- Over 25% had made a serious suicide attempt in the past twelve months.
- A concerning number of students- 24.7% male and 22.9% female think it is unlikely that they will reach the age of 25 years. A further 15.4% male and 24.1% female did not know.

Young people in New Zealand AEs have higher rates of risk than mainstream high school students on almost every health behaviour measured.ⁱ



Alternative Education health and wellbeing pilot.

Young people outside mainstream education settings typically have higher rates of current and future health issues than young people in school. A range of these needs are significant, restrict life options and involve significant social and economic cost.



In CfYH service delivery to AEs during 2004 over 90% of students required follow-up for significant, current health issues. Several required urgent assessment and treatment of issues including suicide intent; significant substance abuse and chronic illnesses. Many students (approx 80%), do not have a General Practitioner that they regularly use and most have multiple needs across several sectors (e.g. health, education, welfare and justice) and multiple needs within a single sector (e.g. sexual health and mental health needs). Assessment and initial follow up for these students has required significant clinician hours.

Local Realities:

Many of the students in non-mainstream settings are Māori or Pacific Island

AEs have often operated on limited resources, without qualified teachers, without GSE, Special Education support or health support.

Many AE students have had referrals to multiple agencies (e.g. CYFS, education, health) and are often current clients of multiple agencies but frequently engagement and intervention from each agency has not resulted in significant alterations of identified issues.

Transition out of AE (to school, course or work) is proving to be problematic (as often students experience a lack of meaningful options to go on to).

AE providers often demonstrate very high levels of commitment to their students.

Students are often very positive about the AEs, in the NZ Adolescent Health Survey 90% of AE students said that adults at their school care about them a lot.ⁱⁱ Further the students often present as eager for opportunities to 'turn their lives around' or 'not make the mistakes' they have seen others make. Many report that they see the AE as 'giving them a new chance' and say that they would like help to address issues.

There are issues with the Capability of health providers sector to work with these young people.

Issues

Evidence around youth health:

Evidence around what works to improve the health and well-being of young people in New Zealand suggests:

- Close and caring relationships between parents and youth should be promoted and strengthened.
- Youth need support from and opportunities at school.
- Youth need opportunities to contribute and participate
- Interventions need to be intensive and sustained
- Form alliances and partnerships with other agencies
- Look for existing programmes that have been well evaluated and have clear implementation procedures
- Build evaluation into programmes
- Involve young people in the planning and running of programmes
- Attract and engage hard to reach young people.

Evidence around wraparound models:

Evidence around what works to improve the health and well-being for people requiring wraparound services recommends:

- A comprehensive service delivery focus including home (family) visiting and centre based strategies
- Culturally competent and appropriate community wide planning, development and delivery of services
- Effective links to wider community services and networks
- Be targeted to those in need rather than the universal population
- Use standardised (i.e. consistent across all people) assessment tool to systematically identify young people and their families who are most in need of the service.
- Have clear programme goals and outcomes that are based on individual needs as well as broader measures.
- Consists of regular and frequent visits that are of flexible duration and intensity
- Offer services intensively- i.e. at least once a week with well defined criteria for increasing or decreasing the service and over the longer term (3-5 years ideally)
- Include educational component and problem solving
- Be strength based
- Involve well trained and supervised staff.
- Address broader community issues
- Contain a well designed evaluation
- Offer services voluntary and use [positive persistent outreach efforts to build family trust
- Services should focus on supporting the parents well as the parent: young people interaction
- In a minimum, young people should be linked to their PHO. They should also be linked to appropriate other services
- Services should be provided by staff with limited case loads
- Staff should be selected because of their personal characteristics; their willingness to work in or their experience working with culturally diverse communities and their skills to do the job.
- Staff should have a framework for handling the variety of experiences they may encounter when working with at-risk young people. All staff should receive basic training in areas such as cultural competency, substance abuse, reporting child abuse, domestic violence, drugs and services in their communities.
- Staff should receive training and on-going supervision

Strategic Picture:

The ideal would be that all AE young people are linked to health services that are acceptable, appropriate and effective. These services would be provided through a co-ordinated system so the young people engaged with only one person in the system- who would also attend the initial meeting of any service where specialist skills were required. The young people would feel safe and the service would be provided to the young people at their site of choice. The service would be non judgemental and the staff would be well training in working with young people and working with young people with significant needs. The service would be integrated seamlessly across all sectors including social services, welfare, work and income, housing and education.

Objectives to achieve:

- Improved access of AE young people to health assessment and services based on need.
- Improved resiliency of young people by supporting current mentoring and resiliency development services.
- Improved health outcomes- over years including
 - § Reducing suicide attempts
 - § Reducing substance abuse
 - § Reducing binge drinking
 - § Improvement management of chronic illnesses
 - § Safer sexual health practices
 - § Improved hope and trajectories
 - § Improved personal safety of each young people

Implementation Plan.

Objectives

- To identify the needs of young people in Alternative education
- To plan and pilot a services for young people
- To collate the information from Youth 2000 re AIMHI AE students.
- To review the literature on what makes effective youth services
- To develop local AE services
- To work across the Auckland and Northland DHBs
- To email all DHBs and see what they are doing regarding AE students
- To look at developing a national response- high level.
- To work alongside the National AE providers consortium to support any developments and share information.

Project Scope

Aspect of project:	Actions required:	Funding and timing:
To identify the needs of young people in Alternative education	Initial aspect completed	Completed
To plan and pilot a services for young people	Pilot completed	Completed
To collate the information from Youth 2000 re AIMHI AE students.	Completed	Completed.
To review the literature on what makes	Completed	Completed.

Plan for Alternative Education health and well-being services.

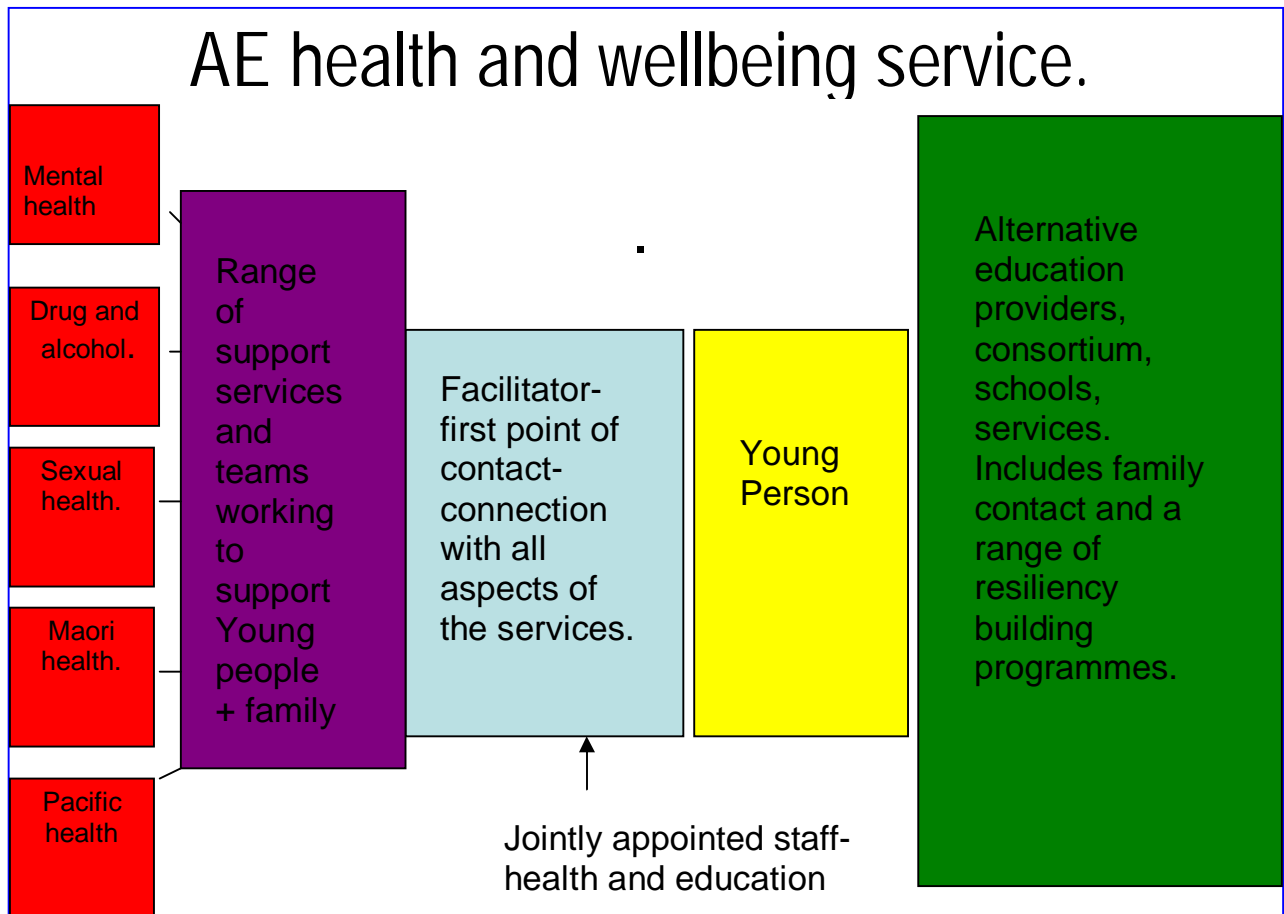
effective youth services		
To develop local AE services	Comprehensive service and funding plan under development	Underway- requires funding
To develop intersectoral support for AE in CM	Consultation meeting at YIP	Agreed to- further ongoing meetings required.
To work across the Auckland and Northland DHBs	Initial meeting occurred- support from ADHB and WDHB- follow up with Northland – October 21 st .	Underway
To look at developing a national response- high level.	Initially planning underway.	For follow up with DHBNZ
To work alongside the National AE providers consortium to support any developments and share information	Initial engagement occurred- very positive response.	Underway- follow up meeting October 21 st

Service Plan:

Givens:

- A quality service to less people is essential- while funding gets prioritised.
- Strong strength based interface between health and education- recognising the skills of the people involved and celebrating the diversity of approaches.
- Must have ownership from AEs- an important consultation process- Gilli to follow up.
- Families are significant players in this
- Must be sustainable.,
- Must be integrated to work alongside other providers.
- Must involve health promotion and health education
- Strong emphasis on resiliency development- important to recognise the work that is already occurring around this.
- Need clarification of GSE / other social services/ school's responsibilities
- Needs to support the transition of the student

Proposed service:



Actions required: including priority groups and rationale.

Gilli to contact John Hattie.

Gilli to follow up with Debbie Courtney –with AE providers.

ⁱ Denny, Clark and Watson (2004) the Health of Alternative Education Students compared to Students attending secondary Schools from New Zealand (in press)

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