



21 December 2023

Tēnā koe

Official Information Act request

Thank you for your email of 24 November 2023, requesting a historic report into Youth One-Stop Shops.

I have considered your request under the Official Information Act 1982.

Please see the attached **Appendix** providing you with a copy of the requested report, *Under One Roof: A review of one stop shop health services for young people in New Zealand* report.

I will be publishing this decision letter, with your personal details deleted, on the Ministry's website in due course.

If you wish to discuss this response with us, please feel free to contact OIA_Requests@msd.govt.nz.

If you are not satisfied with my decision on your request, you have the right to seek an investigation and review by the Ombudsman. Information about how to make a complaint is available at www.ombudsman.parliament.nz or 0800 802 602.

Ngā mihi nui

pp. 

Magnus O'Neill
General Manager
Ministerial and Executive Services

R

REFERENCE



MINISTRY OF SOCIAL DEVELOPMENT
Te Manatū Whakahiato Ora

Information Centre

Te Puna Whakamāhioranga

Under One Roof



*A review of
one stop shop health services
for young people in New Zealand*

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An occasional policy paper
Ministry of Youth Affairs



YOUTH AFFAIRS
TE TARI TAIOHI

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PRESERVATION



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FOREWORD

This report was designed as a small piece of investigative work to summarise, for the Ministry of Youth Affairs, the current status of several youth health services around New Zealand. The concept of one stop shops for service delivery to young people has been rapidly gaining favour in the past few years. Those planning, designing, purchasing and administering these one stop shops hope they will improve young people's use of services, and thereby achieve greater results for young people in terms of their health, employment and welfare.



The Ministry knew of a number of specific purchases by Regional Health Authorities of youth health services that seemed to meet a 'one stop shop' description. This piece of research aimed to identify these youth health one stop shops, gather relevant information on their characteristics, funding and client group focus, and summarise what is known about how well they are achieving their service delivery and outcome objectives. The research was deliberately limited, by constraints of time and cost. It was not intended to produce a definitive study of all youth health initiatives, nor a study of all youth one stop shops.

The Ministry is aware of a broad range of services which are being purchased to deliver health services to young people. These include a wide range of school and community based one-to-one services in urban and rural areas, which meet many of the criteria outlined in this report for one stop shops. We are also aware of many other community one-to-one based services which describe themselves as youth

one stop shops and deliver a range of services and information to young people including health services and information.

We hope the public distribution of this short report will contribute to the knowledge on such youth initiatives in New Zealand, and help those currently running one stop shops and those hoping to set one up in the future.

It should be noted that since the research was undertaken, the Regional Health Authorities have amalgamated to service divisions of form the Health Funding Authority.

Annette Dixon
Chief Executive
Ministry of Youth Affairs



1 INTRODUCTION

This report has been prepared by the Centre for Research, Evaluation and Social Assessment. (CRESA) under contract to the Ministry of Youth Affairs. It presents an overview of the development, progress and impact of a recently emergent type of integrated health service for young people, popularly known as 'one stop shop' youth health services. Included in the assessment are two other health service models specifically catering for young people - the 'wraparound' and 'first point of contact' services.

1.1 Research objectives

The principal objectives of the research were to:

- identify all 'one stop shop', wraparound' and 'first point of contact' services purchased by Regional Health Authorities (RHAs)
- identify all initiatives of this type by location, service type, and client base
- describe their key service delivery components and inputs
- identify completed and planned monitoring and evaluation
- assess the services' effectiveness based on any existing monitoring and evaluation reports
- provide a critical analysis of the one stop shop-type initiatives based on the above.



1.2 Data collection methods

(a) Letters were sent to all four RHAs, asking them to:

- identify all services they have purchased that fit the service criteria of either one stop shops, wraparound or first point of contact services
- describe these services in terms of their:
 - start date
 - location
 - client base
 - key service characteristics
 - level of funding
 - monitoring and evaluation status.
- provide copies of any service specifications for the services purchased.

(b) Telephone interviews were also conducted with the actual service providers of one stop shops and wraparound services to elaborate on information provided by the RHAs.



2 BACKGROUND

At a theoretical level, both international and New Zealand research supports developing and delivering comprehensive, integrated, primary health care services for young people, otherwise known as one stop shop health centres. There is little in the way of 'hard evidence', however, testifying to the effectiveness of the one stop shop approach in terms of the services having improved young people's access to health care or having improved their health status.¹

Based on their 1996 review of the literature of one stop shops, Raeburn and Sidaway define the key elements of appropriate health services as:

- age appropriate
- collaborative, comprehensive and integrated with other relevant services
- user friendly
- culturally appropriate
- accessible
- holistic
- health promoting
- participatory and empowering.

These elements clearly apply to the services for young people defined as 'one stop shops'.

The concept of the youth-specific one stop shop health service appears to have originated in the United States of America. In New Zealand, the approach has been accepted by the Ministry of Health² as a way of improving young



people's access to health services. Young people themselves have also indicated a preference for the one stop shop approach.³ Raeburn and Sidaway located just three specific references to one stop shops, none of which was New Zealand based. They did, however, find 'variations on the theme', most of which were located in schools or were linked to schools and consequently catered for the schools' student population. Alternatively they were targeted to 'at risk' or 'high risk' students.⁴

3 INTEGRATED YOUTH HEALTH SERVICES

This section describes each of the three service prototypes - one stop shops, wraparound and first point of contact services-by location, client base, key service characteristics, funding arrangements and their monitoring and evaluation status. It will then be possible to determine whether the three service prototypes are indeed one and the same type of service.

A synopsis of all the information collected for this section of the report is in the Appendices attached to this report. Appendix 1 presents information specific to the one stop shop services; Appendix 2 the wraparound services, and Appendix 3 the first point of contact services.



3.1 One stop shop services

Currently there are six one stop shop services operating throughout New Zealand.⁵ The first was established in Wanganui in 1992, followed by Christchurch's '198' service in 1995. The remaining four services were established in 1996 and 1997. At the time of writing, two further services have been purchased and will be opened later in 1998, one in West Auckland and one in Dunedin.⁶ The West Auckland and Dunedin services are included in this analysis.

3.1.1 'Stand alone' community-based centres

Seven of the eight one stop shop services are located in the central business districts of their respective communities.⁷ They have been established in areas where young people are known to congregate, making them both visible and accessible.

All one stop shop services are 'stand alone', in that they all operate from single service centres.⁸ Interestingly, all the one stop shop service co-ordinators interviewed defined their services in terms of the one stop shop approach, yet none of the health focused centres operates under the one stop shop banner.⁹ All have operating titles unique to their individual service. This reportedly stems from the fact that young people themselves have chosen the operating logos.

3.1.2 Participatory and empowering

The choice of service logos is an example of service providers having directly involved young people in planning and delivering one stop shop services. All service co-ordinators



indicated that young people were actively involved in planning and implementing the service through:

- helping determine health needs
- serving on the Trust Boards administering the services
- working as peer educators, or
- working in an advisory and consultative capacity.

Some of the one stop shops have also involved young people in monitoring and evaluating the services.

3.1.3 Urban-based

Seven of the eight one stop shops are located in major urban centres:¹⁰

- Manukau City
- Waitakere City
- Wanganui City
- Hastings City
- Lower Hutt City
- Christchurch City centre
- Dunedin City (the Wellness Centre will open later this year, however the case management side of the service is currently operating).

Only the Kapiti one stop shop is sited in a secondary urban centre.¹¹



3.1.4 Funding arrangements

RHA funding arrangements for their respective one stop shop services vary considerably, ranging from \$336,216 in Christchurch to \$25,000 in Wanganui (see Appendix 1 for further information). Some of the variation is probably because of differences in:

- the size of the population centres serviced
- the mix of funding allocated, i.e. funding for sexual health services for young people may be split among a number of providers, e.g. Family Planning and other sexual health services attached to Crown Health Enterprises
- the amount of funding received from funding agencies other than the RHAs¹²
- other forms of financial backing received from community agencies, e.g. rent-free accommodation.



3.1.5 Target groups

The age groups the one stop shops cater for vary slightly across the country. The range and frequencies are:

- 10 to 25 years (4)
- 12 to 20 years (2)
- 10 to 24 years (1)
- 13 to 25 years (1).

Six of the services cater for young people in general within the given age groups. The Wellness Centre in Dunedin plans to cater for

young people generally, within the 10 to 25 year age group. However, that service will also include a case management component targeted to 'high risk' young people. Only Christchurch's 198 service has attempted to limit its services solely to 'high risk' young people within the 10 to 25 year age group.¹³

Service providers were not consistently asked the size of their client base, given that most of the one stop shops are relatively new. Many of the newcomers had yet to complete their first monitoring reports to their respective funding agencies.

However, Christchurch's 198 service (which has been operating since 1995) reported a client base of 4,000 plus clients, 65% of whom are females and 35% males.

Wanganui, the longest operating centre, reportedly serviced 2,158 clients in the 1995/96 financial year, 65% of whom were returning clients. Wanganui's one stop shop clients were:

- predominantly 16 to 17 years old
- 84% female¹⁴
- 16% male¹⁵
- 71% European
- 25% Maori.

3.1.6 Affordable

All eight one stop shops provide their services free of charge. The three additional one stop shops planned by North Health will also provide their services free of charge.¹⁶



3.1.7 Comprehensive

Most of the one stop shops provide a range of services on-site that cater for young people's needs in the broadest sense. These include:

- clinical services (both nursing and general practice)
- specialist services (e.g. sexual health, contraceptive, drug and alcohol, mental health)
- counselling and referral to external specialist services
- advisory and information needs (covering health, education, justice, income support, recreation needs).



Some one stop shops also provide recreational facilities (pool tables, art and drama, as well as holiday programmes).

3.1.8 Integrated and collaborative

The RHAs' service specifications on establishing one stop shops include establishing inter-sectoral links with relevant outside agencies. All eight one stop shops report having established strong linkages with a range of external agencies both within the health sector and across sectors.

All have either appointed or intend to appoint a co-ordinator, to ensure effective activities within the service and with external agencies.

3.1.9 Evaluation and monitoring status

All eight service co-ordinators were asked if they could provide **formal evaluation reports** for their services. None was able to do so.¹⁷

At the time the information for this study was being collected, only the Christchurch 198 one stop shop had been subjected to any form of independent evaluation. That evaluation had reportedly focused on clients' satisfaction with the service. Although not completed, preliminary results suggested clients were highly satisfied.

According to their service specifications, the one stop shop services funded by the Northern and Central RHAs will be independently evaluated. The Northern RHA was planning to call for tenders in the near future. However the Central RHA contact person appeared uncertain as to whether its one stop services would be evaluated. Reportedly no funding had been put aside for this. The Southern RHA service specifications for Christchurch's 198 one stop shop service specified the type of data to be collected for monitoring purposes, but made no mention of formal evaluation.

The Dunedin Multi-disciplinary Health and Development Research Unit at Otago University has been evaluating the Otago Youth Wellness Trust's *Homelink Service*, which will be incorporated into the Dunedin Youth Wellness Centre when it is fully established later this year. The Southern RHA and the Otago Youth Wellness Trust were negotiating their contract with the Southern RHA for the Dunedin Youth Wellness Centre at the time this study was being carried out.

It is understood that the Southern RHA has since provided \$20,000 towards evaluating the one stop shop service once it is up and running.¹⁸



All the RHA-funded one stop shops are required to provide **routine monitoring reports** (between three monthly and six monthly). These reports cover client-related consultation, advisory, and other service provided variables including:

- age
- sex
- ethnicity
- occupational status
- number of visits
- main presenting problems
- description of outcomes
- referrals made to other one stop shop services
- referrals made to non-one stop shop services.



Christchurch's 198 service was the only one stop shop service to provide information based on monitoring data on clients' primary presenting reasons. The data were based on three months of data collection between January and March 1997.¹⁹

The main reasons for females using the service were:

1. general medical (57%)
2. contraception (55%)
3. psychiatric/mental health (23%)
4. depression (14%)

The main reasons for males using the service were:

1. general medical (78%)
2. psychiatric/mental health (50%)
3. alcohol and drugs (35%)
4. depression (14%).

3.2 Wraparound services

The use of the term 'wraparound' service appears largely confined to the Northern RHA. It is essentially a case management service model based on the Vermont model of individualised care.²⁰ This is reportedly effective for children and young people experiencing emotional, mental and/or behavioural disturbances and/or children with multiple difficulties and needs. It is not a universal service as the one stop shops are, but very tightly targeted to young people with specific multi-sectoral needs, in health, education and welfare, and often youth justice.



The wraparound model is a community based service founded on the concepts of:

- needs assessment
- case management for each individual client providing 24 hour crisis support, and unconditional care
- participation and empowerment, both for the child/young person and their family
- flexible individualised care/treatment plans
- integration and comprehensiveness
- cultural appropriateness.

The Northern RHA has recently purchased two

wraparound services: the Children's Health Camps' wraparound pilot programme²¹ (aimed at pre-adolescent children); and a school-based wraparound service at Massey High School in Auckland.²² A third wraparound service is also planned for the South Auckland region.

Most of the key wraparound service components are similar to those of the one stop shop services. However, the wraparound service differs significantly in that it is, first and foremost, a highly targeted case management service and both the child and family are supported by a 'lead agency' in collaboration with other community support agencies.²³



Given that the wraparound service does not fit the definition of the one stop shop service model, no further description of the service is provided at this point. However, Appendix 2 has other information about wraparound services.

3.3 First point of contact services

It is not known where the term 'first point of contact' originates. The Northern RHA again seems to be the main user of the term and has purchased seven services fitting the criteria. All are attached to schools and involve:

- the appointment of an appropriately trained social worker, nurse or community worker - most are Maori or Pacific Island people
- school locations, but they are not restricted to school attendees - this enables follow up with young people after they leave school

- the identification of the physical, psychological, social and emotional needs of the young people
- basic assessment and referral
- co-ordinated care tailored to meet the needs of the individual young person
- liaison between young people, families, school and health providers
- helping produce health information and education programmes to students
- safety in the school environment
- enhancing relevant prior learning.

Like the wraparound service, the first point of contact service criteria incorporate some pertaining to the one stop shop. These are mainly the first four criteria involving general and individual needs assessment, referral and liaison and the fact that the services are largely provided from under one roof.



The only real difference between the first point of contact services and the one stop shop service approach is that the first point of contact services are school based.

The first point of contact services have predominantly been targeted to schools in lower socio-economic areas with high proportions of Maori and Pacific Island students.

- James Cook High School
- Onehunga High School
- Penrose High School
- Henderson High School
- Waitakere College.

The funding allocated to each site is \$50,000.²⁴

he exception to the rule of school-based services is the service purchased on Waiheke Island, Auckland. This is based in the community of Ostend but is attached to the schools and as such caters for school-aged children.

4 CONCLUSION

This review was partly based on the assumption that the one stop shop, wraparound and first point of contact health services, purchased by RHAs to provide health services for young people bore some strong resemblance to each other. However, this review has shown the three service models to be distinct from each other, although there are many similarities between the one stop shops and the first point of contact services.

4.1 Service model differences

The eight one stop shop services either about to be opened or currently operating throughout the country are stand-alone, community-based health centres. Seven are based in major urban areas. The services primarily cater for young people between the ages of 10 and 25 years and provide a broad range of on-site services including: clinical/personal health; counselling; advisory; health promotion; and, in some cases, recreational services.

In contrast the first point of contact services currently operating are school based. They cater for a younger age range than one stop shops, mainly children and young adolescents.

Both the one stop shop and first point of



contact services are universal services contracting with the wraparound service, which is heavily targeted to a relatively small number of young people with multiple and intense needs.

The other key difference between the one stop shop and the wraparound approach is that the latter service is based on a case management service model within a complex system of unconditional care involving very specialised staff working with young people who have already been failed by other systems. It is the lead agency's case manager's/social worker's responsibility to harness and co-ordinate the appropriate level and mix of services to meet the needs of each young person and their family. While the one stop shop services also have the capacity to co-ordinate services around the client's needs, it is largely the client who dictates which services they will, or will not, access and when.

The emphasis on the one stop shop's client's right to confidentiality also means that only the client has the right to decide whether to involve their family in their health care decisions. For all the youth services set up by the Northern RHA - first point of contact, wraparound and one stop shop - it is the young person's right to determine whether to involve family. All services encourage family involvement but the young person's decision is followed.



4.2 Funding arrangements

All eight one stop shops have been established through community-based philanthropic foundations or trusts.²⁵ The RHAs have been the main source of funding for the eight one stop shops. Two reported additional funding sources, which included Crown Health Enterprises, the New Zealand Lottery Grants Board, the J R McKenzie Trust, the Community Funding Agency, the Ministry of Education's Truancy Initiative Programme and City Councils.

Four of the one stop shops were also operating from rent-free premises provided by either City Councils or other community-based services.

The amount of funding provided by RHAs ranged from \$25,000 to \$336,216.

4.3 Evaluation and monitoring status

Reportedly all the one stop shop health services operating, or those soon to be opened, are to be independently evaluated. Of the two longest operating services - Wanganui (1992) and Christchurch (1995) - only the latter had been subjected to any form of independent evaluation. The results of that evaluation (mainly a client satisfaction survey) were, however, not available at the time when the information for this study was processed.

Both of the one stop shops purchased by the Northern RHA are to be independently evaluated.

The Dunedin one stop shop service (the Dunedin Wellness Centre), while not yet up and running,



has already decided on its evaluation team. There is less certainty, however, as to when the services purchased by the Central RHA will be evaluated. The Central RHA service specifications indicate that all three of the recently purchased one stop shop services will be evaluated. Monitoring data are being collected to that effect. However, the RHA was not able to confirm if and when tenders would be called for.²⁶

While we currently lack substantive information about one stop shop services' clients and their utilisation patterns, monitoring data from Christchurch's 198 service and Wanganui's Youth Advice Centre provide some insight into who is actually using the one stop shop services and why. Both services' main clientele are female. However, in Christchurch the proportion of males using the service is higher than in Wanganui (see Section 3.1.9 for further information).

The 198 service monitoring data show the most common reason for clients using the service (both males and females) is general medical needs. The second most common reason for females using the service is contraception. A higher proportion of males than females is using the service because of psychiatric and mental health needs. Given the higher rate of suicide and alcohol and drug problems among young males, the data suggest that the 198 service is reaching its high risk target group.

However, these data are crude indicators only, as they are based on just three months



collection and it is not clear how they have been classified or aggregated.

4.4 Summary

This review shows that the number of one stop shop health services for young people has increased significantly since 1992, when only one service was operating. There are now eight services either operating or soon to open their doors throughout the country, with an additional three services planned for the Northern region in the near future.

As yet, largely owing to the recency of their establishment, we know little about the one stop shop services, in terms of whether they are:

- reaching the target audience
- effective in meeting young people's health needs
- responsive and acceptable to young people with regards to the service environment being provided and the manner in which the services are being delivered.

A watchful eye needs to be kept on the development of these one stop shop services, given the considerable financial investment in their development and the belief that the services will help improve young New Zealanders' health and well-being. All are collecting regular monitoring data, which ideally should be analysed regularly to ensure the investment is well spent.



ENDNOTES

¹ Raeburn, J. and Sidaway A. (1996) *One Stop Shopping: Integrated health, education and social services for young people*. Department of Psychiatry and Behavioural Science, School of Medicine, University of Auckland: Auckland. The literature review was conducted on behalf of the Northern Regional Health Authority.

² Ministry of Health (1995) *Effective Health Services for Young People* Wellington: p18.

³ Sporie A. (1993) *A Pilot Survey of Auckland Adolescents' Perceptions of their Health Needs*. Auckland Group of the New Zealand Association for Adolescent Health and Development and Gray A. (1994) *From Counselling to Cough Mixture: Young People's Views on Health and Disability Support Services*. Ministry of Youth Affairs: Wellington.

⁴ The Raeburn and Sidaway literature review also made no explicit references to either the wraparound services or the first point of contact or the services which the Ministry of Youth Affairs perceives are generically linked to the one stop health service approach.

⁵ The Palmerston North centre operates under the title of a one stop shop. However, the service caters for the general information and advisory needs of youth and is not specifically health focused. Information about the Palmerston North centre is included in Appendix 1. However, that information has not been incorporated into the main report given that the service is not health specific.

⁶ The Northern Regional Health Authority also plans to purchase three (3) additional one stop shops, one in Central Auckland, one on the North Shore and another for North Auckland.



⁷ Wanganui is the only exception. That service is operating from rent-free accommodation provided by the Wanganui Polytechnic. However, the Youth Advice Centre Trust, Wanganui's one stop service administering body, is seeking independence from the Polytechnic. It is currently seeking to find premises based in the city centre.

⁸ The Lower Hutt City centre also provides a satellite service in the centre of Upper Hutt City.

⁹ Only Palmerston North includes the term one stop shop in its operating name (see Appendix 1 for further information).

¹⁰ Main urban areas are defined by Statistics New Zealand as having a minimum population of 30,000.

¹¹ Secondary urban areas are defined by Statistics New Zealand as having a population between 10,000 and 29,999.

¹² For example, the bulk of Wanganui's funding comes from other funding agencies (see Appendix 2 for further information).

¹³ High risk is defined by the 198 service as young people of low socio-economic status. However, the director of Christchurch's 198 service, Dr Sue Bagshaw, reported a recent trend towards young working women using the centre's contraceptive services.

¹⁴ The high use of the Wanganui service by young women is attributed to the demand for contraceptive services (personal communication - Ruth Portland, Wanganui's Youth Advice Centre's Co-ordinator).

¹⁵ Research on use of general practice services shows that young males are more likely than females not to have visited a general practitioner in the previous year - Statistics New Zealand and

Ministry of Health (1993), *A Picture of Health*.
Statistics New Zealand: Wellington: p76.

¹⁶ Cost is identified as a major barrier to young people accessing primary health care services - Ministry of Health (1995) *Effective Health Services for Young People*. Wellington (p7).

¹⁷ Palmerston North did provide very comprehensive evaluation reports, demonstrating considerable consumer satisfaction with its one stop shop service. None of the data were pertinent to clients' use of health services given that the service has not, until only recently, provided on-site health services.

¹⁸ Personal communication from Trust member, Pat Harrison.

¹⁹ These data are indicative only. It is unclear how the data had been classified and analysed, other than that young people tend to come into the 198 service for more than one reason, hence the percentages do not add up to 100%.

²⁰ A description of the Vermont model can be found in Santarcangelo, Suzanne, *Therapeutic Case Management: Vermont's System of Individualized Care* (source of reference unknown - made available to the author by Gilli Sinclair, Project Manager, Child and Youth Services of North Health).

²¹ This service is currently being independently evaluated by the Centre for Research, Evaluation and Social Assessment.

²² Currently being independently evaluated by Phoenix Research Services of Auckland.

²³ However, the Otago Youth Wellness Trust proposes to incorporate its *Homelink* case management service under the roof of the Youth Wellness Centre, once suitable premises have been located.



²⁴ This includes a \$5,000 discretionary allowance for koha, expenses, medications, iron tablets, emergencies - food, accommodation, specific health problems.

²⁵ Most of these Trust Boards reportedly include young people on their Boards of Trustees.

²⁶ In contrast to the uncertainty surrounding some of the one stop shop service evaluations, all the wraparound and first point of contact services were in the process of being evaluated at the time data were being collected for this particular study.

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APPENDIX 1: ONE STOP SHOP SERVICES

DESCRIPTION	KEY SERVICE CHARACTERISTICS	FUNDING ARRANGEMENTS	MONITORING & EVALUATION STATUS
<p>Manukau Youth Centre</p> <ul style="list-style-type: none"> • Located: Manukau City • Established: 1997 • Client base: 12-20 years 	<ul style="list-style-type: none"> • Service established by South Auckland Youth Resource Service • Provides an Integrated information, advisory & referral service • On site health service (GP & nursing). Includes sexual health & contraceptive services • On-site mix of youth workers, social workers, nursing, workers community (Maori, Pacific Islanders & pakeha), provide outreach services • Linkages with specialist health services & other sector community agencies e.g. CYPS, ISS & schools • Provides recreational activities & school holiday programmes • All services provided free of charge 	<ul style="list-style-type: none"> • Northern RHA - \$200,000 per annum (includes establishment, operating & building rental costs) • Additional specialist services provided include mental health, drug & alcohol, youth specialist services & intersectoral services - all on site with different funding streams 	<ul style="list-style-type: none"> • Routine monitoring & reporting requirements • Service Independently evaluated in 1997
<p>West Auckland Youth Centre</p> <ul style="list-style-type: none"> • Located: Waitakere City • Opening Aug/Sept 1997 • Client base - 12-20 years 	<ul style="list-style-type: none"> • To provide an integrated information, advisory & referral service • On site health & counselling services to be provided • All services to be provided free of charge 	<ul style="list-style-type: none"> • Northern RHA - \$200,000 per annum (includes establishment, operating & building rental costs) • Additional specialist services provided include mental health, drug & alcohol, youth specialist services & intersectoral services - all on site with different funding streams 	<ul style="list-style-type: none"> • Routine monitoring & reporting requirements • Service to be Independently evaluated - to be put out for tender
<ul style="list-style-type: none"> • The Northern RHA also proposes to purchase One Stop Shop services in Northland, Auckland Central & on the North Shore 	<ul style="list-style-type: none"> • To provide an integrated information, advisory and referral service • On site health & counselling services to be provided • All services to be provided free of charge 	<ul style="list-style-type: none"> • Northern RHA - \$200,000 per annum (includes establishment, operating & building rental costs) for Auckland Central & North Shore. \$160,000 per annum has been allocated for the Northland service 	<ul style="list-style-type: none"> • Routine monitoring & reporting requirements • Services to be Independently evaluated - to be put out for tender

APPENDIX 1: ONE STOP SHOP SERVICES (continued)

DESCRIPTION	KEY SERVICE CHARACTERISTICS	FUNDING ARRANGEMENTS	MONITORING & EVALUATION STATUS
<p>Directions 2000</p> <ul style="list-style-type: none"> • Located: Hastings City Centre • Established: Jan 1997 • Client base: 10-24 years 	<ul style="list-style-type: none"> • Service part of a 3 year pilot programme • Established by Hastings Youth Health Trust • Operating from rented premises • Full-time co-ordinator • Team of trained peer support workers • Provides on-site GP & practice nursing & counselling services, includes sexual health & contraceptive services • Linkages with specialist mental health & Maori health services Linkages with CYPS, ISS & local schools • Centre provides recreational facilities & activities 	<ul style="list-style-type: none"> • Funded by the Central RHA • \$125,000 (GST excl) per annum • One-off \$70,000 establishment grant 	<ul style="list-style-type: none"> • Routine monitoring & reporting requirements - 6 monthly reporting - clients by age, sex, ethnicity, reasons for use of service, referrals • Service specifications indicate the service will be independently evaluated but no plans to put evaluation out for tender
<p>Youth Advice Centre Wanganui</p> <ul style="list-style-type: none"> • Located: Wanganui City • Established: 1992 • Client base: 13-25 years 	<ul style="list-style-type: none"> • Established by Youth Advice Centre Trust • Centre currently operates from rent-free premises at the local Polytechnic, however YAC seeking to be independent from Polytechnic • Fronted by co-ordinator (32 hours per week) • On site GP & adolescent health nurse specialist, peer educator team, sexual health & contraceptive services • Provides ante natal & parenting education classes for young mothers • Provides advisory, information health promotion & referral services • Linkages with specialist mental health, drug & alcohol & Maori Health Unit services, also with other sector community agencies e.g. Youth Development Network, ISS, CYPS • Services provided free of charge 	<ul style="list-style-type: none"> • \$25,000 per annum from Central RHA as part of 3 year contract (covers GP & counsellor costs, peer education training) • Bulk of funding comes from a range of other community agencies - Good Health Wanganui (covers adolescent health nurse's salary & office space, Lottery Youth (co-ordinator's salary), CFA, Trustbank 	<ul style="list-style-type: none"> • Has never been independently evaluated - no immediate plans to do so • Some 'knowledge of service' surveys conducted among school & tertiary students by social work placement students • Monitoring data for 1995/96 showed 2158 clients, 84% females, 16% males • 71% European, 25% Maori, 2% other, 1% not stated, 713 new clients, 1,431 returning clients, 16-17 year-olds predominant users

APPENDIX 1: ONE STOP SHOP SERVICES (continued)

DESCRIPTION	KEY SERVICE CHARACTERISTICS	FUNDING ARRANGEMENTS	MONITORING & EVALUATION STATUS
<p>Youth One Stop Shop</p> <ul style="list-style-type: none"> • Located: Palmerston North • Established: December 1994 • Client base: 9-25 years 	<ul style="list-style-type: none"> • Push for co-ordinated service for young people started by the Manawatu Youth Workers Collective • Core service is an information and advisory service. Links to external agencies e.g. ISS. Also provides recreation & holiday programmes. Co-ordinator is a youth worker. Health service is not a core service. Does have a youth counsellor on staff (funded by Central RHA) but has established links with external health services 	<ul style="list-style-type: none"> • 52.7% of funding from PN City Council • 16.9% from RHA • 16.9% Lottery Youth • CFA 2.5% • 6% philanthropic trusts • 5% one off 	<ul style="list-style-type: none"> • Independent evaluation conducted on behalf of City Council • Regular client satisfaction surveys • Routine monitoring of client characteristics & reasons for use
<p>Kapiti Youth Support Programme</p> <ul style="list-style-type: none"> • Located: Paraparaumu • Established: Nov 1996 • Client base: 10-25 years 	<ul style="list-style-type: none"> • Service part of a 3 year pilot programme • Established by Serenity Foundation Trust • Centre operates from a building owned & provided rent free by Serenity Foundation Trust • Fronted by co-ordinator/nurse practitioner/counsellor (32 hours per week) • On-site services include - nursing, GP, & sexual health clinical services, counselling, general information, advisory & referral services to specialist services including drug & alcohol counselling services • Currently developing & training team of peer educators • Linkages to other community support agencies e.g. CYPs, ISS • Provides service free of charge 	<ul style="list-style-type: none"> • Central RHA funding One-off grant of \$51,000 for establishment costs • \$50,000 per annum operating costs for health & advisory services 	<ul style="list-style-type: none"> • 3 monthly routine reporting requirements to RHA & 6 monthly In-depth reports, range of data being collected • 3 year pilot programme to be evaluated - not yet put out for tender

APPENDIX 1: ONE STOP SHOP SERVICES (continued)

DESCRIPTION	KEY SERVICE CHARACTERISTICS	FUNDING ARRANGEMENTS	MONITORING & EVALUATION STATUS
<p>Hutt Valley Youth Health Service</p> <ul style="list-style-type: none"> • Located: Lower Hutt City • Satellite service: Upper Hutt • Established: Oct 1996 • Client base: 10-25 years 	<ul style="list-style-type: none"> • Hutt Centre & Upper Hutt satellite service operate from City Council owned premises (provides rent concessions) • Fronted by co-ordinator (ex social worker) • Service part of a 3 year pilot programme • On-site services include GP, practice nurse, counsellor, sexual health & contraceptive services, counselling, peer educators, advisory, Information & referral services • Linkages with specialist mental health, alcohol & drug counselling services. Also with other sector community agencies e.g. ISS, CYPS • Provides service free of charge 	<ul style="list-style-type: none"> • 3 year contract with Central RHA - \$125,000 (GST excl) per annum 	<ul style="list-style-type: none"> • Service providing RHA with 3 monthly reports on clients by age, sex, ethnicity, etc • Also 6 monthly in-depth reports • Independent evaluation planned, but not tendered out yet
<p>198 Youth Health</p> <ul style="list-style-type: none"> • Located: Christchurch City Centre • Established 1995 • Client base: low SES - 10-25 years 	<ul style="list-style-type: none"> • Established by Youth Health Trust • Centre operates from a central city building. Costs have been covered by Trust Bank to date • Full-time co-ordinator on site (social work background) • Team of trained peer educators on site • On site health services include GP, practice nurse, pharmaceutical, sexual health, general needs counselling, drug & alcohol counselling, parenting education programmes • Linked to mental health & maternity service providers • Linked to other sector community provider agencies e.g. ISS, CYPS, schools 	<ul style="list-style-type: none"> • Southern RHA funding • Contraceptive services - \$50,000 per annum • Youth health services - \$56,000 per annum • Child & youth primary mental health services \$120,000 • General practice & practice nursing service \$101,216 per annum 	<ul style="list-style-type: none"> • Provides RHA with routine (quarterly) reports on client numbers & types of consultation by age, sex, ethnicity - last quarterly report shows 4,000 + clients, 65% of users are female, 35% male - most low SES. Recent trend shows increase in the numbers of young working women using contraceptive services • Client satisfaction survey currently being analysed. Report available soon - preliminary results indicate positive results

APPENDIX 1: ONE STOP SHOP SERVICES (continued)

DESCRIPTION	KEY SERVICE CHARACTERISTICS	FUNDING ARRANGEMENTS	MONITORING & EVALUATION STATUS
<p>Youth Wellness Centre</p> <ul style="list-style-type: none"> • Located: Dunedin City • Established: 1996 • Client base: 10-25 years 	<ul style="list-style-type: none"> • Established by Otago Youth Wellness Trust • A multi-agency integrated intervention, advisory, information & referral service with a wraparound service for multiple disadvantaged young people • Community intervention project service has been operating from February 1996 & is co-ordinated by full-time project leader. The intervention programme includes needs assessment, counselling & mentoring service (one-to-one support) for young people with serious emotional & education needs & for young offenders • Linkages with drug & alcohol, sexual health, mental health & health promotion services through a peer education programme • Will provide on-site primary health care services (GP & nurse practitioner, counselling, a social worker, field workers & a youth aid worker) 	<ul style="list-style-type: none"> • Current funding for intervention from Education Truancy Initiatives Programme, NZ Police, CFA (18 months funding), Lottery Youth, COGS, J R McKenzie Trust, Dunedin City Council • 2 year funding approved by Southern RHA - \$150,000 (GST excl) per annum & \$20,000 (one-off grant) towards independent evaluation 	<ul style="list-style-type: none"> • Community intervention project service is being independently evaluated by the Dunedin Multi-disciplinary Health & Development Research Unit • Intervention services will continue to be evaluated by the Dunedin Multi-disciplinary Health & Development Research Unit • Routine monitoring data collected, & collated 6-weekly

APPENDIX 2: WRAPAROUND SERVICES

DESCRIPTION	KEY SERVICE CHARACTERISTICS	FUNDING ARRANGEMENTS	MONITORING & EVALUATION STATUS
<p>Massey High School Wraparound Service</p> <ul style="list-style-type: none"> • Located: Massey High School • Established: 1994 • Client base: secondary school 'most at risk' students, i.e. exhibiting severe behavioural problems 	<ul style="list-style-type: none"> • A school-based service involving: <ul style="list-style-type: none"> • Co-ordinator (Youth worker) • Needs identification for students experiencing physical, social & emotional difficulties • Individualised care plans (case management) • Regular review meetings • Ongoing remedial support to students • Management of interface between families, young people & school • Links with health providers & other sector support agencies • Support/encouragement of family participation • Support/strengthening of family functioning 	<ul style="list-style-type: none"> • Funded by the Northern RHA • \$76,000 (GST excl) per annum includes \$5,000 discretionary funding 	<ul style="list-style-type: none"> • Routine data collection, monitoring & reporting to RHA. Independent evaluation conducted by Phoenix Research Ltd as part of an evaluation of 'first point of contact' school-based services
<p>Children's Health Camp Wraparound Service Pilot Programme</p> <ul style="list-style-type: none"> • Located on 2 sites: Maunu (Whangarei) & Pakuranga Children's Health Camps • Established: 1996 • Client base: 7-12 years & their families (includes older siblings) 	<ul style="list-style-type: none"> • A co-ordinated child & family support programme involving: <ul style="list-style-type: none"> • Case management/individualised care plan • Ongoing support to child family in home environment • Access to residential & home support • Access to both residential and non-residential parenting education programmes • Linkages to community support agencies & schools 	<ul style="list-style-type: none"> • Initially set up as a 6 month pilot programme with one-off funding provided for training (\$25,000 for both Camps) establishment costs (\$40,000 per Camp) • The Northern RHA and the 2 Camps have recently negotiated a 2 year contract for \$250,000 (covers both Camps) for the Camps to continue providing the service 	<ul style="list-style-type: none"> • Largely formative & process evaluation completed. Preliminary findings positive from both pilot programme staff & parents enrolled with programme

APPENDIX 3: FIRST POINT OF CONTACT SERVICES

DESCRIPTION	KEY SERVICE CHARACTERISTICS	FUNDING ARRANGEMENTS	MONITORING & EVALUATION STATUS
<p>First point of contact services Located:</p> <ul style="list-style-type: none"> • James Cook High School • Onehunga High School • Penrose High School • Tamaki College • Henderson High School • Waitakere College <p>Established: 1997</p> <ul style="list-style-type: none"> • Client base: targeted to schools in low socio-economic areas, with high proportions of Maori and Pacific Island students 	<p>A school-based service with each school providing:</p> <ul style="list-style-type: none"> • on-site youth health worker • physical, psychological, social & emotional needs identification • basic assessment & referral service to specialist services • co-ordination of care • liaison between students, families, school & health providers • facilitation of health information & education programmes to students 	<ul style="list-style-type: none"> • Northern RHA provides \$45,000 funding per annum to each site & \$5,000 discretionary funding 	<ul style="list-style-type: none"> • Informal reporting from schools indicates improvements in the health of students, fewer unsupported pregnancies, better use of health & youth related services, fewer expulsions, improved school attendance, less violence reported (no supporting statistics available) • Independently evaluated by Phoenix Research Ltd
<p>Youth Waikato Health Trust</p> <ul style="list-style-type: none"> • Located: at Ostend Waikato Island • Established: 1996 	<p>Established by Waikato Health Trust A community-based service providing:</p> <ul style="list-style-type: none"> • on-site youth health worker • physical, psychological, social & emotional needs identification • basic assessment & referral service to specialist services • co-ordination of care • liaison between students, families, school & health providers • facilitation of health information & education programmes to students 	<p>Funded by Northern RHA</p> <ul style="list-style-type: none"> • \$45,000 funding per annum to each site & \$5,000 discretionary funding 	<ul style="list-style-type: none"> • No information available on monitoring & evaluation status

AOTEAROA YOUTH HEALTH CENTRES

WAYS (West Auckland Youth Service)

Location 3
Montiel Avenue
Henderson

SAYRS, (South Auckland Youth Resource Service)

Unit D, 28 Lambie Drive
Manukau City
Auckland

WESTERN HEIGHTS ADOLESCENT HEALTH & WELLNESS CENTRE

Western Heights High School
Old Quarry Road
Rotorua

DOUBLE ONE

11 Ada Street
Palmerston North

YAC, (Youth Advice Centre)

58 Dublin Street
Wanganui

DIRECTIONS 2000

Hastings Youth Health
200 Warren Street
South Hastings
Hawkes Bay

HUTT VALLEY YOUTH HEALTH SERVICES

27 Dudley Street
Lower Hutt

KYS, (Kapiti Youth Support)

15 Tutanekai Street
Paraparaumu

198 YOUTH HEALTH

198 Hereford Street
Christchurch

NELSON TASMAN YOUTH HEALTH NETWORK

c/o PO Box 985
Nelson

STUDENT SUPPORT SERVICE

Papanui High School
Langdons Road
Christchurch

OTAGO YOUTH WELLNESS TRUST

c/o 31 Gladstone Road
Dunedin