Toi Ora: Research Report 2015

Could a Collective Impact Framework help improve the mental health and wellbeing outcomes for young people?

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Introduction

In 2015 Toi Ora were given a research grant from the Lottery Community Sector Research Team,a nd Working Together More Fund, to explore the potential of the Collective Impact framework and approach in improving the health and wellbeing of young people in West Auckland.

Toi Ora is an NGO that aims to inspire positive mental health and wellbeing through the use of the arts and creative process. It is through this lens that the research has been carried out. As a community initiative the research project has focused on collecting information at the grassroots level, and the voice of young people and the community. We have used this to provide focus and boundaries to what could become a very wide brief. We have also explored the organisations, businesses and people working with young people in West Auckland and attempted to map that ecology around the key themes and challenges faced by young people in the community. Alongside this we have explored the use of the Collective Impact Framework in other communities to achieve outcomes for young people.

This report contains a summary discussion of the research findings, and shares the information and evidence we have collected to support the findings and discussion. We also refer to research and work done by other organizations that compliments and supports our own findings, for example the Auckland Council's Child and Youth Alcohol and Drug teams West Auckland Youth Research project, which whom we were able to collaborate with particularly around some of the Alternative Education Focus Groups. We explore the key themes that have emerged from the focus groups and interviews, and have mapped the organizational and service environment around three of themes: Family, Education, Health and Wellbeing.

We have identified the limitations of our research and process, some of which are due to the nature of community based initiatives, and some of which are due to the relationships we were able to establish and build upon through this project. We found across the course of the research that we were collecting information predominantly around those young people in West Auckland that had been identified as being at risk and or vulnerable. This occurred naturally through the access to people (youth and adult) for focus groups and interviews, and was further streamlined through the identification of positive work happening in and between organisations in West Auckland. We found that there is already some very successful and positive work happening within organisations, and between organisations. Much of this work is being driven by the passionate people in the right positions within their organisations.

We have used a case study of the West Auckland Alternative Education Consortium led work to show how the framework could help improve outcomes for young people they work with, and those working with those young people.

Snap Shot:

- Focus of the research narrowed to young people identified as being at risk or vulnerable, particularly in the Henderson Massey area.
- Five key themes identified by the community:
    - Family – gaps in the support provided by families for young people, despite strong connections to family.
    - Education – the importance of education as more than just a place for academic learning.
    - Safety – sense of safety in the community and personal safety due to self-identity.
    - Health and Wellbeing – mental and physical health challenges for young people – education, early identification.
    - Co-ordination of resource that exist already to prevent overlaps and reduce gaps.

    - Income – lack of income available to them impacts on many of the outcomes above and the ability for young people to access services, supports and resources.
- There is already some very positive collaborative work happening in West Auckland aimed at improving outcomes for young people, and this is largely driven by passionate people in the right organisational positions.

Definition of Mental Health and Wellbeing

"Concepts of mental health include subjective wellbeing, perceived self-efficacy, autonomy, competence, intergenerational dependence and recognition of the ability to realize one's intellectual and emotional potential. It has also been defined as a state of wellbeing whereby individuals recognize their abilities, are able to cope with the normal stresses of life, work productively and fruitfully, and make a contribution to their communities." WHO 2003 p. 7

Mental illness, across the spectrum of disorders, is widely acknowledged as a significant determinant of health and social outcomes over the life course and there is a substantial literature on poor mental health as both consequence and cause of inequalities and exclusion.[18] Mental health problems have very high rates of prevalence; onset is generally at a much younger age than for other disorders, so they are often of long duration, and they have adverse effects on many areas of people's lives, including educational performance, employment, income, personal relationships and social participation. No other health condition matches mental ill-health in the combined extent of prevalence, persistence and breadth of impact, (McDaid 2007; Friedli and Parsonage 2007),

Approach to the Research

Aims of the Research

The aims of this research overall was to explore whether Collective Impact would help improve outcomes for young people in West Auckland. To do this the team determined that it was important to find out:

- Who was working in the area of youth and those elements that might impact on health and wellbeing of young people
- What was working and where gaps may exist
- What other similar Collective Impact Initiatives existed that the West Auckland community might draw from
- Whether there was already collaborative work in action that focused on outcomes that related to youth mental health and wellbeing.

To do this they embarked different streams for the research project.

Streams of Research and Methodology

Stocktake

A stocktake of who was working in the area of youth and those elements that might impact on health and wellbeing of young people was carried out of those working with. This was largely done via an online scan, talking with other providers and getting referrals for further investigation, and accessing other research projects. The focus of the stocktake was West Auckland wide as the team acknowledged that most West Auckland Providers would work in the targeted Henderson/Massey geographical area the other steams of the research focused on.

The findings have been large and varied and to provide focus we have mapped the stock take around the top three key themes that emerged from the other streams of the research. We have also grouped them into the sectors involved in a Collective Impact Initiative: Policy, Community, Service Provides, Funders and Business.

Youth and Community Voice

Youth and community voice was sought particularly to find out what are the key themes that might impact on a youth mental health and wellbeing. For this stream of the research project we used:

- Online Survey
- Focus Groups of young people in the Henderson/Massey area
- Interviews with people who worked with youth in the Henderson/Massey/Ranui area.
- Creative projects that offered an opportunity for Alternative Education Students to express opinions, thoughts and feelings.

Community Index Wheel and Priority Index

We were conscious to not bias findings with own assumptions so chose to adapt tools developed by Prof. De Wet Schutte for helping identify community need, the Community Index Wheel and the Priority Index. These two tools have been adapted to fit the youth mental health and wellbeing focus we have for this research.

Our Community Index Wheel identifies 11 key needs, which impact youth mental health and wellbeing, and looks to measure the respondents level of satisfaction and degree of importance for each of these needs.
To determine the priority index we looked at those themes that had high importance but low satisfaction levels and used that to them guide discussion around the causes and reasoning behind each of the top 3 needs in that priority index.

We used these tools particularly for the focus groups in particular, and attempted to use an online survey version to seek wider community input.

Online Survey

The online survey was set up on Survey Monkey with each theme identified and briefly described. A rating scale was provided for participants to show numerically how satisfied they were with that theme, and how important it was to them. In addition to this several questions specifically around community bonding were added on the final pages of the survey (see appendix for the survey).

A link to the survey was shared with a network of people and organisations in the hope that they would share it with their young people, staff, colleagues and family to be filled out. However the number of people who completed the survey was minimal so information from this tool has not been used in the research findings.

Focus Groups
Youth Focus Groups were brought together across the year. Each group had 10 to 15 students and all groups were sourced through organisations that worked with young people (e.g. Alternative Education, Health West). Effort was made throughout the year to reach focus groups from high schools and other community groups without success. More detail on this can be found in the limitations of the research section.

The community index wheel was adapted into a physical tool using large sheets of paper with 'very satisfied' at the top and 'not satisfied' at the bottom, or 'very important' at the top and 'not important' at the bottom. Cards with theme names on them were then given to students to place on the paper where they felt they fitted best. This was mostly done in small groups of two or three. Based on the outcomes of this further discussion was had around 'priority' themes. These session were recorded and notes taken from the recordings. More detail on the methodology used can be found in the appendix.

Interviews
Key People who worked with young people in the Henderson/Massey area were interviewed with an aim of learning more about the key themes for the young people they worked with, and their perspective on what was working well and where gaps exists. Notes from these interviews were used in the findings of the research. A full list of interview participants can be found in the appendix.

Creative Projects
And finally two key creative projects were used to capture input on key themes from students from the West Auckland Alternative Education Consortium.

- Humans of Hendo is a photo-documentary project that over three terms has provided an opportunity for students from two of the Henderson Central Alternative Education providers. The aim was for students to meet and talk with people in their community, and formulate their own thoughts and message about how they feel about their community. The interviews with community members were often framed around feelings (e.g. describe one of your happiest moments). For research purposes we used the project to explore general themes students found in the community, and to explore students own thoughts and feelings about themselves and their place in their community.
- A mural project was completed over the third term of the school year with students from three different alternative education providers. The aim of the project was for the mural to represent the West Auckland community from the students perspective. Again the project was used from the research perspective to gather information about how students felt about their community and their position in it.

Advisory/Reference Group

We established and built relationships with key people in the community that worked and or engaged with young people, particularly those considered at risk or vulnerable, or that where in positions to have a good understanding of the Henderson/Massey Community. (A full list of Advisory/Reference Group members can be found in the appendix)

Our intention with this group was to:

- Keep them informed of the research work and its progress
- Invite their input into the research
- Invite them to share with their networks and colleagues information about the research work
- Where appropriate and possible ask invite their networks and colleagues to be involved in the research project as well – e.g. participation in survey's and spreading surveys broadly, participation in focus groups and interviews.

Communication with the group happened through:
- Two face to face group meetings
- Introduction to the research project
- Overview of the approach to focus groups
- Individual face to face meetings
- Email

Literature review

A literature review was carried out across the year and focused on:
- Local and national level government policy that has an impact on youth mental health and wellbeing, and the key themes found through the research.
- Local and national government strategy and plans that have an impact on youth mental health and wellbeing, and the key themes found through the research.
- Other research reports that have a focus on youth, mental health, and key theme areas.
- Collective Impact Case Studies that are work in similar areas to the key themes identified through the focus groups and interviews.

COLLECTIVE IMPACT

In the winter edition of the *Stanford Social Innovation Review* John Kania and Mark Kramer introduced the concept of "Collective Impact" as a disciplined, cross-sector approach to solving social and environmental problems on a large scale, Since then Collective Impact has gained huge momentum and is now a framework employed by communities across the globe.

Collective Impact initiatives involve a centralized infrastructure, a dedicated staff, and a structured process that leads to a common agenda, shared measurement, continuous communication, and mutually reinforcing activities among all participants.

Rather than working on isolated responses, Collective Impact provides an opportunity to take a big picture view and invites collaboration and alignment across sectors seeing community, service providers, business, policy makers and funders working together and more effectively alongside each other. As well as working across the formal sectors, Collective Impact provides an opportunity for those with lived experience to become involved in the design and development of solutions. Cross-sector perspectives can improve collective understanding of the problem and create a sense of mutual accountability.

The Five Conditions of Collective Impact.

Common Agenda	All participants share a vision for change that includes a common understanding of the problem and a joint approach to solving the problem through agreed-upon actions.
Shared Measurement	All participating organizations agree on the ways success will be measured and re- ported, with a short list of common indicators identified and used for learning and improvement.
Mutually Reinforcing Activities	A diverse set of stakeholders, typically across sectors, coordinate a set of differentiated activities through a mutually reinforcing plan of action.
Continuous Communication	All players engage in frequent and structured open communication to build trust, assure mutual objectives, and create common motivation.
Backbone Support	An independent, funded staff dedicated to the initiative provides ongoing support by guiding the initiative's vision and strategy, supporting aligned activities, establishing shared measurement practices, building public will, advancing policy, and mobilizing resources.

WEST AUCKLAND

The last three census surveys show that Waitakere is fast growing and ethnically diverse community. It is also a young city, with a quarter of its population is under the age of fifteen and a third of residents are under the age of twenty. Waitakere is a middle-income city but has pockets of socio-economic deprivation, where sub-standard housing, low incomes and limited educational achievements predominate.

Being such a large diverse community, and one of proportionally high need a great deal of work and research has occurred in the community already. For the purposes this research project we chose to narrow our focus geographically to the Henderson Massey areas so that we could establish meaningful results with the limited time frame and resources we had available, and so that we could complement existing work and research.

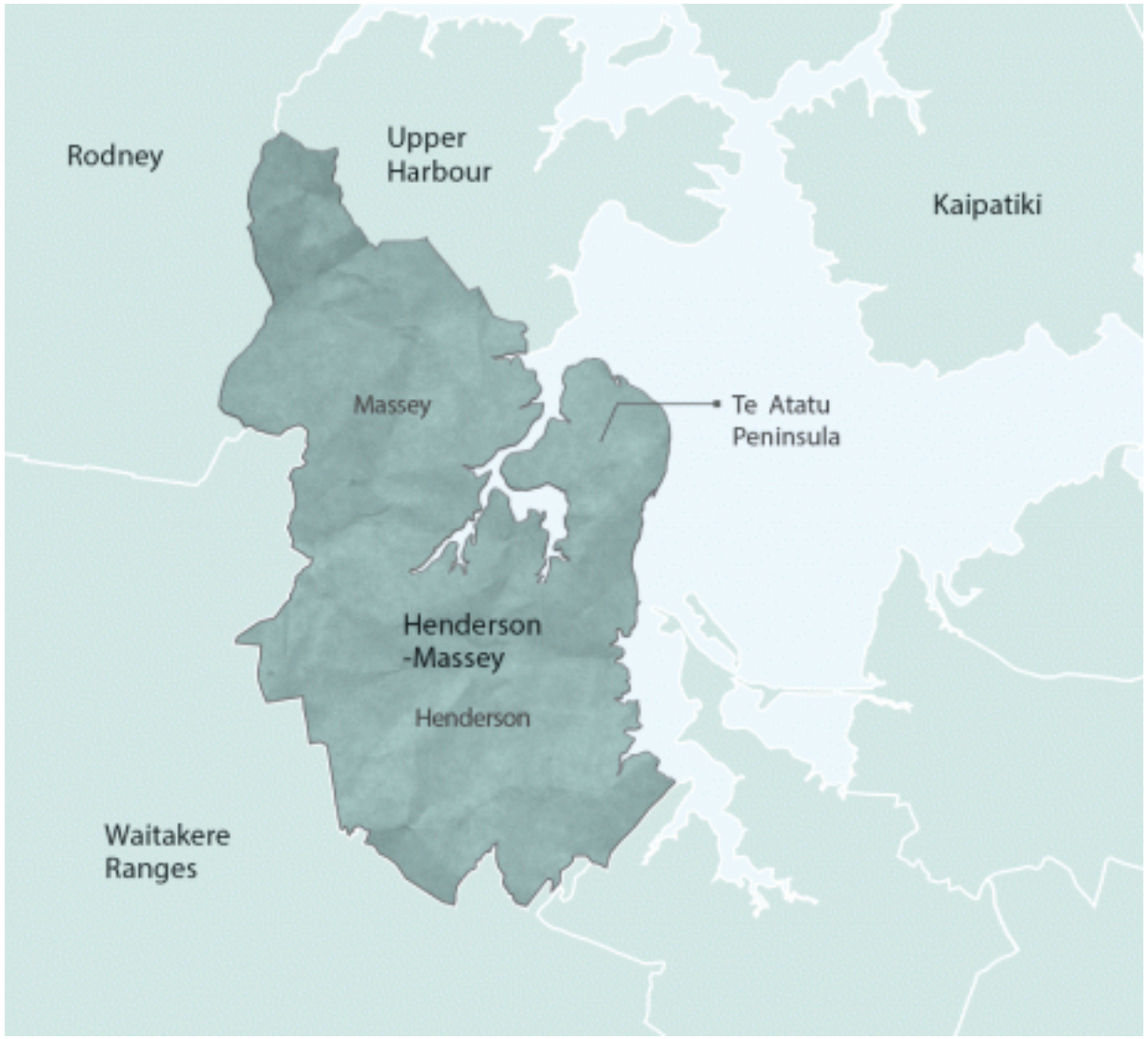
HENDERSON MASSEY

At the 2013 New Zealand Census of Population and Dwellings: Henderson-Massey Local Board Area

- The usual resident population count for the Henderson-Massey local board area was 107,685. Henderson-Massey's population increased by 8,898 (9.0%) between the 2006 and 2013 Censuses.
- Proportions of Māori (15.9%) and Pacific peoples (19.5%) were higher in Henderson- Massey than they were in Auckland as a whole.
- 21.8 per cent of the Henderson-Massey population identified with an Asian ethnic identity, up from 16.7 per cent in 2006.
- Te reo Māori and Samoan were spoken by a greater proportion of people in Henderson- Massey than in Auckland as a whole.
- 23.1 per cent of Henderson-Massey usual residents were children (aged 0-14).
- The median age in Henderson-Massey was 33.5 years, compared to 35.1 years in Auckland as a whole.
- There were 45,909 employed adults (people aged 15 years and over) in Henderson- Massey. The proportion of adult residents who were employed was 58.9 per cent, compared with 61.5 per cent in Auckland as a whole.
- The median personal income for adults in Henderson-Massey was $26,800 per annum – lower than that for Auckland as a whole at $29,600.
- The proportion of Henderson-Massey adults with a formal qualification was 77.0 per cent, up from 72.5 per cent in 2006.
- At the 2013 Census, a total of 34,440 households and 34,509 occupied private dwellings were recorded in Henderson-Massey.
- One-family households were the most common type of household in Henderson-Massey, making up 71.1 per cent of households.
- The median household income in Henderson-Massey was $66,900 per annum, compared to $76,500 for Auckland as a whole.
- The majority (84.6%) of the occupied dwellings in Henderson-Massey were separate houses.
- At 61.3 per cent the rate of home ownership in Henderson-Massey was similar than in Auckland as a whole (61.5%). In line with long-term trends, the home ownership rate in Henderson-Massey had declined from 64.6 per cent in 2006.

Waitakere faces pressure through:

- a fast growing population, placing pressure on the environment, land availability, housing and service provision
- the increasing diversity of the population, requiring culturally appropriate services able to respond to changing and more complex needs
- the significant numbers of children and young people in the city (38% aged under 25 years)
- a sizeable pool of people who are facing high levels of disadvantage and deprivation, including significant numbers of children.



QUICK FACTS

8% OF REGIONAL POPULATION

32.5 YRS MEDIAN AGE

28,260 EMPLOYEES WORK IN THE LOCAL BOARD AREA (2011)

55% EUROPEAN, 19.5% PACIFIC, 21.6% ASIAN, 16% MAORI

34% BORN OVERSEAS

$55,733 MEDIAN HOUSEHOLD INCOME

64% OF RESIDENTS EMPLOYED

41 SCHOOLS, RATINGS VARY FROM DECILE 1 TO DECILE 8 (2010)

Key Themes

We spent time getting information about the key themes of importance for people in the community. We did this through a mix of survey, focus groups, Creative projects and interviews. The top 5 themes that emerged are covered below. Underlying this was the issue or theme of income/money. We've chosen to describe this as an underlying theme as it impacts on all of the themes below. The key issue was that income and money was scarce and that that in many cases led to the issues described below. E.g. lack of money at home meant that some young people were turning to crime (theft, drug selling, e.t.c.) to support themselves and their families, lack of funding led to limited resources in education, lack of income led to limited access to services etc.

Family/Home

> *Caring, supportive and safe families are critically important for young people. Overall, young people who report caring and supportive family relationships are happier, healthier and get on better in life (Resnick, Harris, & Blum, 1993).*

Evidence suggests that those young people that have the support of their families fair better in health and wellbeing outcomes. However for the young people we spoke to in our focus groups, and consistently with those we interviewed who work with these young people there are concerns about the lack of involvement and support from parents, particularly for those young people considered to be at risk and vulnerable.

The lack of support the symptom of many things for example parents who don't know what is expected of them. This can be due to cultural differences, generational lack of support, and general lack of awareness. Those we interviewed suggested that some families have an expectation that the services (such as the police) will do elements of their 'parenting' for them.

> *Alternative Education students are more likely than mainstream students to live under conditions of socio-economic deprivation and stress: In the 2009 AE Report it suggested that half report they have a parent working in full-time employment, and that many have families that worry about not having enough money to buy food and live in overcrowded homes (Clark, et al, 2010).*

Transient families and transience within a family are another cause. Young people move between family members, and family members move locations and homes frequently, so there is no one person who is responsible for the young person their wellbeing which can create gaps.

> *Supportive, safe and caring home environments are essential for the health and wellbeing of young people. They need adults who care about them, support their growth and development, and provide supervision as they grow and learn adult behaviours. Young people need families who have high expectations for their behaviour, provide safety from physical and emotional harm and offer meaningful participation within the family/whānau unit. (Clark, et al, 2010)*

Parental absence is another cause. Physical absence may be the circumstance of imprisonment, hospitalization, drug and alcohol abuse, or mental health issues of their own. Some parents have high work and employment commitments where both parents work long hours to make ends meet, or are required to work in other locations. There is also short term of temporary 'absence' as a result of the challenges of single parent families, crowded living conditions and or multiple families in the same house, a situation which recent census results suggests is on the increase in West Auckland. These living situations are compounded by housing issues which are in some instances are not suitable e.g. overcrowding, lack of insulation and or heating, etc, which create additional mental and physical health problems.

Family violence was an issue for some with those we spoke to from the police suggesting some families show care inappropriately through physical reprimanding which is in New Zealand culture considered abuse. They have a lack of knowledge of the alternatives available for disciplining and boundary setting. (Waitakere City's family violence offence rate is higher than the national average (ex 2006 Census).

For some parents there is a perception that they 'over rely' on the services such as the police to do the 'parenting' that they should actually be doing themselves. And for others there is a lack of unawareness of the services and supports available to them, and or they find it difficult to access those services. In this case they suggested that families need to be supported so that positive practice can be shown, sustained and create change.

For some young people the result is that they look to their peers and gangs for the sense of support, care and belonging. Some 'kids' are enticed in through the provision of sex, drugs, drink. There is pressure from peers to join, even if as individuals they don't want to really.

> *There is a Street Kid Culture here. The issue is that conditions at home are really bad so they run away (therefore breaching bail or the conditions put on them by the police/CYFSs/system). They meet at the train station or somewhere in the community so they are with their 'group'. Drugs and alcohol become and issue with this groups and offending can happen as a result almost by default due to the circumstance and situation these young people are in. (Interview Adult who works with young people)*

Many parents of these young people are looking for help and want to make a change or a difference, but there are challenges to their being able to do that. Access, time, financial constraints all have an impact. Some services have barriers to entry through specific gate keepers and criteria, and other services and interventions have 'hours of operation' that do not fit will with a families living situation and times of need. E.g. At a time of crisis around a youth suicide that happened 'after hours' one of the adults who work with young people reflected that almost all services were unable to meet the needs of the families and communities concerned. There was just one service (Waipareira) that provided a youth worker to support outside of their normal 'contracted work hours' to ensure that the families and community were supported, which in their opinion made a big difference at the time.

Whanau Ora programme currently run through Waipareira Trust and the Fono provided a level of flexibility in how funding is used to provide services, supports and solutions tailored to the need of the family. Success stories from these two providers supported the comments from those that we interviewed that suggested interventions, solutions or services that walk alongside families, and a strengths based approach and tailor their approach to suit the family work best. The Multi-systemic Therapy and Function Family Therapy Service provided by Youth Horizons and funded through CYF was mentioned specifically in this context. The challenge for some though was that it could only be accessed through CYFS but could be of benefit to families who were not on CYFS 'books'.

Education

> *Education is one of the strongest predictors of good health status.* (Freudenberg & Ruglis 2007)

Young people who succeed at school are more likely to grow up healthy. Conversely, young people who drop out of school prematurely are more likely to engage in risky behaviours and to have negative health and social outcomes (2-8). (Clark, et al, 2010, Kubik et al 2005)

There is also a reciprocal relationship between health and education where health is seen as an essential component of successful education "Adolescents who experience poor health are less likely to achieve academically, which is likely to affect later occupational attainment and earning capacity". (Clark, et

al, 2010)

Through the interviews we found that the age of young people being excluded from mainstream school was becoming younger. Eleven and 12 year olds have been excluded from school in some communities yet there is no alternative for them as the current alternative education system is 13. Those we spoke with were over the age of 13.

The young people we talked to through the focus groups identified education as being important to them. They recognized that it was an opportunity to allow them later to get work and earn 'clean' money. Almost more importantly though, they identified their Alternative Education providers and peers and 'family'. This finding is supported by both the 2009 Alternative Education Report and the Masters Thesis by Jodi Smith The Impact of Alternative Education on Wellbeing and Life Course.

Those we interviewed recognized that the home environment for many of the young people they worked with was unstable, and that education (school and Alternative Education) provided that sense of stability, unity and belonging, and that this had positive impact on their mental health and wellbeing.

> *Alternative Education endeavours to provide a safe and positive environment for those students for whom mainstream education has failed. For many of them, Alternative Education is a venue for social and personal change. Tutors' relationships with students are key to engaging them in education. The majority of the students at Alternative Education facilities report that they feel part of their Alternative Education facility, feel valued, and have more hope for their future since attending Alternative Education. (AE Report 2009)*
>
> *"This is family, these are my brothers and sisters. They are my older siblings" (AE student)*
>
> *Almost all AE students (94%) reported that people at their AE care a lot about them (Clark, et al, 2010)*
>
> *"It's important to me, it's my future, and it can help me get a job" (AE student)*

Of concern for students was the lack of qualified teachers working with them and the lack of resource they were able to access. Comments around the lack of resource were also repeated by those that we interviewed. They acknowledged that Alternative Education has traditionally been 'left out' of a lot of the resources and services provided to mainstream schools. However in West Auckland there is shift in this with relationships being built with key providers of resource and services, and alternative funding sources obtained to support additional resource for students. For example one of those relationships is with Health West and has resulted in a dedicated nurse for the Alternative Education providers. As a result of her involvement, screening and education physical and mental health issues for the students are being picked up and strategies developed to resolve those issues.

> *A long-term approach based on good relationships with young people and their whānau, and involving multiple collaborating agencies is recommended to improve the health and wellbeing of students in Alternative Education. Given the many challenges involved in this sector, and the relative isolation from other services, we cannot expect Alternative Education tutors to change the trajectory of these young people's lives without attention to its resources and workforce capacity. (Clark, et al, 2010)*

We also found that several of the mainstream high schools have dedicated nurses, and counsellors and regular doctor visits on site and range of programmes provided by NGO and private organisations that look to create positive outcomes around health and wellbeing of students. This approach of taking health care and resources to the students, rather than waiting for them to access them, works well with at risk and vulnerable young people.

An area that those we spoke to identified as 'working well' were the Youth at Risk Network (YARN) meetings. These are regular meetings held among key people from agencies, organisations and services that work with and engage with the most at risk and vulnerable young people. (E.g. the Police, Alternative Education, Ministry of Education, Marinoto Youth Mental Health, Health West, etc.) This group focused on those not engaged in education or training and aim to identify the young people that will potentially 'fall through the cracks' and require intervention of some sort. Together they share information and identify the support and services they and their family may require, and then holds the representatives from the agencies and organisations accountable in ensuring those supports and services are met. The aims are similar to the new Children's Teams supported through the Ministry of Social Development.

Another area that was identified as 'working well' were the mentoring of young people through their transition into Alternative Education. The most successful cases came when the 'mentor' had the time and flexibility to work in a way that best suited the young person and their family. Taking the time to build a trustful relationship, introducing the young person into the Alternative Education and or other training setting slowly. In some instances this took six months. However the outcome as a result of the time and flexibility were higher retention rates in the Alternative Education programme, and as a result better health and wellbeing outcomes. Interest was expressed in an ability to take a similar approach to transitioning young people from Alternative Education into mainstream schools and other training and work opportunities.

Concern was raised over challenges faced by those young people that were going to turn 17 and were 'ageing out' of Alternative Education. For some the concern lay around the young person's 'unreadiness' for other kinds of education, training or work, and also around the inability to flexibly transition them into other education or work opportunities.

Sense of Safety

> *The experience of violence either as a victim, a witness or a perpetrator is a threat to a young person's health and wellbeing, and is associated with a range of poor health, social and educational outcomes. (Clark, et al, 2010)*

While most young people we spoke with said that they felt 'safe' during the day, their feedback suggested that there are issues with safety in certain situations, e.g. At night in the community, and at home and out of school. They identified areas of the community that felt particularly unsafe such as the CBD of Henderson and around the train stations.

We also spoke to those that worked with students being disengaged from mainstream school and those that work with Alternative Education students that suggested that from their experience a significant majority of girls in Alternative Education had experience sexual abuse, and a significant majority of students (boys and girls) had experienced physical abuse. For some that abuse was experienced at home, and this was also reflected in the interviews we did particularly with the police, and this was related back to different and unacceptable approaches to parenting and maintaining discipline and boundaries in some communities.

For the transgender group of young people we spoke with their sense of safety related more to emotional safety that was created through not being accepted by their school and community, a lack of support and understanding, and the difficulty in finding appropriate supports.

Many of the Alternative Education Students we spoke with identified 'course' as being a safe place where they felt they belonged and were accepted. They suggested that their peers and the tutors were like family.

Health and Wellbeing

> *Poor health in adolescence can impact considerably on future wellbeing. (Blum, Bastos, Kabiru, & Le, 2012; P. Chen & Jacobson, 2012; Commission on Social Determinants of Health, 2008; Duncan, 2010; Freudenberg & Ruglis, 2007; Holt, Buckley, & Whelan, 2008; Poulton et al., 2002; Resnick, 2000; Viner et al., 2012; Viner & Taylor, 2007).*

One of the main issues we found when talking to young people in our focus groups and also to the adults who work with young people was knowledge of and access to the health services available. Young people and their parents/families were unaware of the services available to them.
For those services they did know about and use transport and a lack of financial resources provided a barrier to access. Lack of family support in accessing services was described as another barrier.

In its most extreme lack of access and use of important health services can have a major impact on a young person's mental health and wellbeing as was described in the NZ Herald article about the young man on trial for the death of Henderson Dairy owner Arum Kumar.

> *The 8-year-old boy was struck by a car on a pedestrian crossing and flung 4m in the air. He was knocked out, suffered a seizure, fractured skull and a brain-bleed. Four days later, the youngster was discharged from Starship Hospital. An occupational therapist established he suffered a "traumatic" brain injury and wrote a referral letter to ACC for rehabilitation.*
>
> *Despite this, the boy never received treatment.*
>
> *If we never heard from them or any other treating provider, such as an occupational therapist, GP, or physio, we'd likely assume nothing was needed" ACC spokeswoman in trial evidence (NZ Herald Article 30/08/2015)*

Families and parent's own health also had an impact on a young person's physical and mental health. Where health related issues are evident such as addiction, mental and physical health, parents were unable to provide the level of support needed. In this instance recent CAYAD research suggests that young people may be more likely to have their own alcohol and drug issues further impacting on their mental health and wellbeing.

> *When AE students were asked about the substances used by their friends, 92% reported that their friends smoked cigarettes, 86% that they drank alcohol, 86% that they used marijuana, 39% that they used party pills, and 31% that they used other drugs. Only 3% of AE students reported that their friends used none of these substances. (Clark, et al, 2010)*

Feedback from several of our interviews with adults that worked with at risk and vulnerable young people also suggested that physical and sexual abuse was more common in the groups that they worked with. This may occur at home, or in the groups/gangs of peers they 'hung out with'.

"get a hiding/sometimes we bring that, (stress) into course" (young person from Focus Group)

Drug and Alcohol abuse was also a major issue raised by those we interviewed. The Auckland Council CAYAD survey supported our findings through interviews that drug and alcohol use was high in Alternative Education and those considered to be at risk or vulnerable. There was growing concern about the increasing use of 'meth', synthetics, and glue among young people. Also concerned was raised in the increased likelihood of young people to engage in risky behaviours such as drunk driving or being a passenger in a car driven by a drunk driver, engage in unsafe sex. It was also suggested by some that drugs and alcohol also masked other issues such as head injury, learning difficulties, and other mental health problems. Through focus groups and interviews we established that the most common mental health issues experienced for those most vulnerable and at risk included anxiety and depression, and were expressed through self-harm, suicidal thoughts and actions, acting out, drug and alcohol abuse and eating disorders.

Some of those we interviewed suggested that more screening of young people for health issues would help improve the opportunities to 'pick up' and treat problems. The Alternative Education Consortium had a dedicated AE Nurse available for its providers who brings 'health care' to students and has developed a process of screening was being used and achieving good results in the identification and treatment of physical health problems and potential learning and mental health issues. A stronger relationship with local mental health services has also been established by the consortium. An interview with those responsible for helping young people being disengaged from mainstream education suggested that more screening and a greater ability for them to be able to link young people and families with services would be beneficial.

Most we interviewed believed that further education around drugs, alcohol, sexual health, and mental health was needed. Again the Alternative Education Consortium has established relationships with appropriate health professionals to help provide this education. However those outside of the education system (AE or mainstream) have less opportunity for these kinds of educational experiences.

The salience of school connectedness as a protective factor against adolescent high-risk behaviours strengthens the arguments of educators, health officials, and youth advocates that there must be closer collaboration between the health and education sectors in order to promote both the well-being and educability of young peop1e.' (Resnik, Harris, Blum, 1993)

New Zealand has the third highest teenage pregnancy rate in the world. A survey of years 9-13 students in Northwest Auckland found that around 30% had had sex. A fifth of the students said they were currently sexually active. Only 60% said they always used contraception to prevent pregnancy. The figure was about the same for STD protection (Ex 2006 Community report).

The evidence suggests that investment in effective earlier interventions may have a significant long-lasting positive impact on employment, education, health and other outcomes, particularly for disadvantaged groups of people in the population (Silva & Stanton, 1996; Boston & Chapple, 2014).

Research Limitations

There are four key areas that in which the limitations of the research project are recognized and have an impact on findings. These limitations have restricted the breadth of the research and forced a narrowing of the target population, and they at times influenced the development of other research tools. They cover:

- Survey and focus group numbers
- Selection of participants
- Stakeholder interview skew
- Narrowing of the target population

Survey and Focus Group numbers

The original intention was to use a survey method that asked about levels of satisfaction and importance of identified themes that impacted on mental health and wellbeing. The survey was put onto an online survey system (Survey Monkey) and the link sent out to networks for participation and distribution.

Despite what the research team felt was wide distribution very few people filled the online survey in. The small sample size prohibited the results from being used to help determine key community themes.

However the survey was used as a straightforward tool that helped to narrow the focus of enquiry for the rest of the study. E.g. providing a starting point for discussion in interviews and focus groups.

The survey became more of a springboard point for discussion and informed the development of the hands on tool used within the focus group.

Despite efforts to seek participation through community groups, and organisations that worked with young people, the lack of a solid relationship meant access to research site and groups was made more difficult. As a result we were only able to complete four focus group sessions. These were however with those young people considered in the 'most at risk and vulnerable to mental health challenges target population.

To compensate for the small focus group numbers more attention was given to the individual interviews, which were easier to arrange and conduct. The subsequent discussion of the research reflects this shift.

Selection of participants and narrow scope of participants

The participants sought by this study were young people of West Auckland. We had quite a specific mandate and as such chose to keep a lot of control over how we recruited survey and focus group participants. In order to access participants, we relied upon connections rather than gathering a random sample. This was through education organisations, mental health service providers and stakeholders. This was done to ensure that we maintained good ethical practices with individuals and respected the relationships and roles of current experts in the field.

The advisory board were integral in making many of these connections and suggesting where we could access participants. However, this also meant that we were limited by which members of the advisory board were better at arranging introductions and were really enthusiastic about the research itself. Access to

school sites proved very difficult due a lack of solid relationship with schools, and as a result most of our focus groups were sourced from Alternative Education. These offered a convenience sample.

All of the focus group participants came from marginalised social positions and the data must be considered in light of this limitation. It may be argued, however that these young people are most at risk from poor mental health and well-being and in many ways are the focus of this study.

Stakeholder interview skew

The advisory board was made of representatives of local government, youth, community and education organisations. These participants were selected based upon their professional experience working with young people. (Full List in the Appendix)

While the invitation to participate in the advisory group was circulated widely, active participation was limited to those that had the time and the interest in the research project. Relationships are key in this community, and influenced the level of participation in the advisory group and research project, particularly those relationships with Toi Ora, and other participants in the advisory group. We are mindful that the advisory board was heavily skewed toward those young people that are considered at risk and vulnerable of mental health challenges.

As the group became a valuable source for recruiting research participants and a considerable amount of research data was collected from these participants the research team is mindful of the influence the skew in advisory group participation provides.

Narrowing of the Target Population

Due to the limitations mentioned above (small narrow focus group numbers, participation in the advisory group skew and impact that had on the selection of interview participants) there was a clear narrowing of the target population to Youth in the Henderson/Massey area that are considered at risk and vulnerable in terms of the mental health and wellbeing.

Research Participants

Interview participants

These were selected based upon their experience working with young people particularly in areas of high need.

They included representatives from:

- Child Youth and Family (Social Work and *Acting Manager, Waitakere Youth Justice, Child Youth and Family)*
- Youth Offending team representative from the Henderson Police,
- Waitemata DHB youth and adult consumer leaders,
- Auckland Council CAYAD team representative,
- Alternative Education Management team,
- Representative from Disengage,
- Health West, AE Nurse,

- Ranui Social Sector Trail team,
- Waiperera Trust Representative – Te Pou Matakana (Collective Impact Project Manager)
- Ministry of Youth development,
- WHDB funding and planning,
- Youth 2000 research leader,
- Alternative Education Specialist
- High School Principal.

Focus Group Participants

While initially sought from a range of settings, all focus group participants came from marginalized social positions. They ranged in age from 14-24 and were from various cultural backgrounds.

Examples of Collective Impact being used to improve health and wellbeing outcomes for young people in their community

The Communities that Care Coalition (USA)

http://www.communitiesthatcarecoalition.org/

This is a collective impact initiative aimed at reducing substance abuse and improving well-being for teens in 30 towns in rural Western Massachusetts.

The Problem and the Opportunity

Drug and Alcohol abuse by young people in the community was significantly higher than national averages, so there was a great deal of focus on the problem and the community. Two social service organisations that had individually been given funding to initiate programmes to address problem decided to collaborate and look at bigger more impactful solution. As a result of that, a series of training programmes for the community and sector leaders interested in participating, a Collective Impact initiative was established. More detail on this is provided in the FCG report in the appendix, and below is a summary of the initiative and its outcomes.

Snap shot:

- A two-year strategic planning process informed the plan and led CTCC and its partners to focus on reducing alcohol and drug use in Franklin County and North Quabbin, Mass., by reducing several "risk factors" including community laws and norms favorable to substance use, parental attitudes favorable to substance use, and poor family management, while increasing the "protective factors" of community, school, and family rewards for positive behaviors.
- Each workgroup developed a set of distinct strategies and activities that feed into the coalition's shared goal of reducing substance abuse. Additionally, the CTCC website is regularly updated with workgroup highlights, progress towards goals, and revised community action plans, and aggregated data from the measurement and evaluation.
- The two social service organisations that started the process act as backbone support for the coalition and dedicate staff time and resources to the initiative.
- Successes:
    - Alcohol use decreased 37%
    - Binge drinking decreased 50%
    - Cigarette smoking decreased 45%
    - Marijuana use decreased about 31%

Key learnings appropriate for West Auckland:

- The "meat and potatoes" of the work can happen at the workgroup level:
- Be rigid in vision and goals, but flexible in strategy
- Leverage relationships to secure CI resources in the rural or diverse context

http://www.fsg.org/publications/franklin-county-communities-care-coalition

About the National Coalition for Suicide Prevention (Australia)

http://suicidepreventionaust.org/project/national-coalition-for-suicide-prevention/

The national Coalition for Suicide Prevention is a collection of member organisations form within the diverse suicide prevention and mental health sectors, as well as business and government (cross-portfolio) who have come together, using the Collective Impact framework and principles to reduce suicides in Australia by 50% by 2023, and half the number of suicide attempts.

Snap Shot

- The coalition members identified SPA as the appropriate organisation to take on the role of the backbone organisation
- Together the coalition developed the The National Research Action Plan for Suicide Prevention which aims to ensure the needs of those who have attempted suicide or are bereaved by suicide will be given a voice by:
  - Inform and influence the Australian suicide prevention agenda
  - Enable more targeted and greater efficiency in research funding
  - Develop a skilled, collaborative and well supported research community in Australia focused on suicide prevention that is sustained and engaged with SPA
  - Provide high quality research to inform National and State based suicide prevention policies
- The coalition and development of their plan is being funded by two philanthropic funders MLC Community Foundation and the Ian Potter Foundation.

Key Learnings appropriate for West Auckland:

- The use of philanthropic support leveraged to create innovative responses that could create outcomes appropriate for government agency purchase.

Their planning workshops and process started in 2014, so as yet there is little information on their specific programmes relating to the plan or success.

Health and Wellness Alliance for Children (USA)

http://www.healthandwellnessalliance.com/how-we-work/

The Alliance was set up on the belief that a child's health and well-being is much more than the absence of illness. So many issues affect a child's health: financial security, health literacy, education, housing, crime, stress and toxic environmental factors, such as air quality.

The Health and Wellness Alliance for Children is a group of over 100 community organizations working across multiple sectors to measurably improve the overall health and well-being of children in the Dallas County and Collin in Texas USA, however their long term vision is to impact the whole North Texas area. Their goal is to bend trends and improve the overall health and well-being of all children and their broad community-engagement strategy means that they are pushing for change not only in healthcare settings but in relation to the availability of safe housing, social networks and support systems, nutritious food, quality clinical care, cultural influences and physical environments of our homes, schools and neighborhoods, with a view that the impact they have in these areas will help improve the health and wellbeing of children in a more sustainable way.

The Alliance has a steering committee that helps identify and plan the focus of the Alliance, and also provides a backbone support team that helps provide strategic direction, a proven Collective Impact mindset and tools and community engagement to assist collaborations in orchestrating their work in a structured way to achieve and sustain social change

Guided by the steering committee, working groups of volunteer members plan and implement the Alliance's strategies through various initiatives. Each initiative has dedicated Alliance steering committee co-chairs who guide and oversee key elements of the Alliance's work. Additional committee members bring multiple perspectives and serve as vocal champions for children's health in the community and within their respective organizations.

Current Focus:

- Asthma
    - Focus on
        - How to strengthen chronic care management
        - Reduce External Triggers (Physical Environments working group)
        - Educate Families and schools
        - Build a foundation of wellness for near 90,000 kids in Dallas and Collin counties with asthma (More than 40 organisations involved)

- Weight Management
    - Initiated by the Dallas Regional Chamber of Commerce and supported by the United Way of Metro-Dallas and Children's Health, and more than 40 organizations
    - Five working groups that cover specific aspects of the obesity problem:
        - Healthy eating
        - A supportive healthcare system
        - Physical activity

- Early childhood
- Healthy school settings
- Breastfeeding

Key Learnings appropriate for West Auckland:

- Focus on areas of direct impact on health and wellbeing, and also non-direct but important areas of impact
- Structured in a way that allows for local focus and flexibility, but mindful and connected to the larger initiatives strategic objectives. (Steering Committee and Working Group structure and connection).

Strive Together (USA)

http://www.strivetogether.org/

The Strive Together Cradle to Career Network is a national network in the USA of 65 community partnerships in 32 states and Washington D.C. working to improve education success for every child by bringing together cross-sector partners around a common vision. Together, the Network impacts over 8.2 million students nationwide.

Strive aims to support the success of every child from cradle to career by enabling communities to create local education ecosystems. Using research, measurement and data they support communities in developing shared outcomes and indicators of success to use across programs and systems, identifying promising practices and allowing for meaningful dialogue about local disparities and solutions to close achievement gaps.

Common commitment to:

- Improving and reporting on a core set of academic outcomes: kindergarten readiness, early grade reading, middle grade math, high school graduation, post-secondary enrollment and post-secondary degree completion.
- Building cross-sector partnerships with early childhood, K-12, higher education, community-based organizations, business, government and philanthropy
- Developing and sustaining cradle to career civic infrastructure by implementing a data-driven, quality approach to collective impact

They use a Theory of Action which offers quality benchmarks that distinguish their work, not only from traditional collaboration, but also from other collective impact approaches.

Communities implementing the StriveTogether framework have seen improvements in kindergarten readiness, standardized test results and college retention. (more results and stories can be found here http://strivetogether.org/results)

Key Learnings appropriate for West Auckland:

- Type of 'franchising' model to enable wide spread, well supported, action
- Strong evaluative models and benchmarking.

Te Pou Matakana – Takitimu Ora (New Zealand)

http://www.takitimuora.co.nz/

This is a newly launched (Nov 2015) Collective Impact Initiative based in the Hawkes Bay that has a focus on enabling safe, confident and engaged youth by working to advance the education, income, and health of neighbourhoods and communities improving the chances for children to succeed. Similar to the Strive Initiative Takitimu Ora has a cradle to career focus.

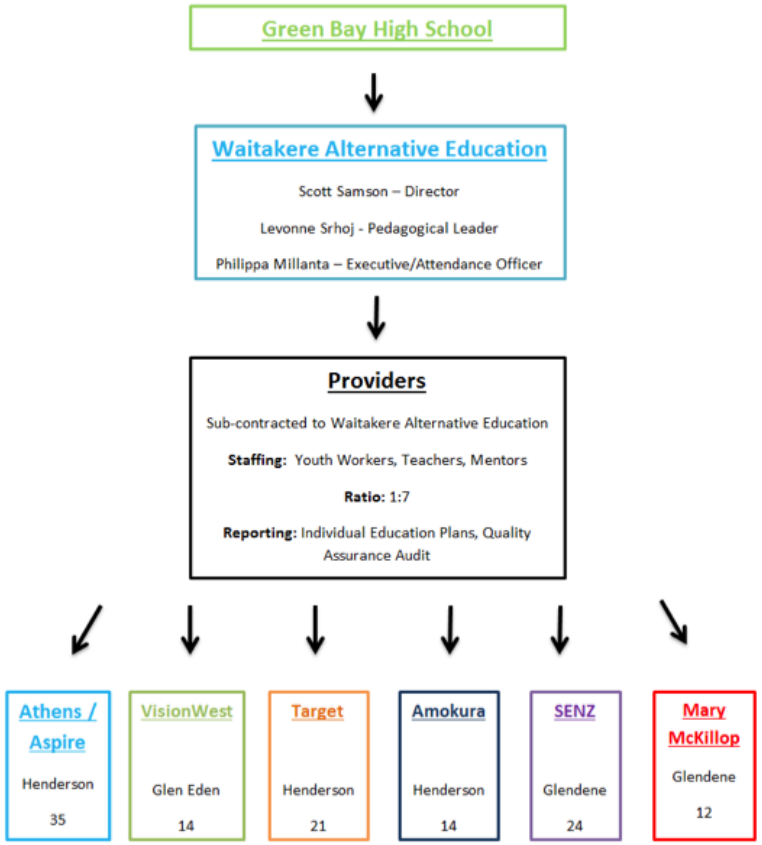
Snap Shot:

- Outcomes:
  - Youth Thrive in Education – looking specifically at improving educational outcomes of young people, improving engagement in education
  - Youth have Social Capital – focus on cultural and community engagement
  - Enhancing Youth Employability – focus on improving and growing youth employment
  - Youth are economically empowered – focus on improving the financial knowledge and wealth of young people
  - Youth value their health - focus on sexual education (STD's/Birthrates) improving use and access to services and oral health.
- The initiative looks to provide a pathway for young people to journey along in their growth and development. Access to that pathway can happen at any stage, through a number of partner. "There is a simple sign-up process which leads to a needs assessment and plan for the individual and whānau if they choose."
- Still aiming to grow the number of organisations and people and cross sectorial representation.

CASE STUDY: West Auckland Alternative Education Consortium

ALTERNATIVE EDUCAITON AND HOW CI MIGHT HELP IMPROVE HEALTH AND WELLBEING OUTCOMES FOR YOUNG PEOPLE

Through the course of the research project and through working on youth development projects we found that the West Auckland Alternative Education Consortium are involved in a number of key pieces of work, and have developed a strong network of partners to support the work they do with the young people. They, and the partners they are working with, are an excellent example of the kinds of collaborative collective work that is already happening in West Auckland and provide an opportunity to show how Collective Impact framework could help support the collective.



Current Situation

Waitakere Alternative Education Consortium (WAEC) is an organization that provides education to students who are alienated from the standard educational system.

As a requirement of the Education Act 1989, young people must attend a registered school from their 6th to their 16th birthday. There are students that may have negative experiences with school and have been excluded from school for a number of reasons. Alternative Education is for students who are genuinely alienated and excluded from mainstream education.

WAEC provides a different school programme for these students by offering tutoring and mentoring to young people in a nurturing environment with high expectations of student potential. They work with six Alternative Education providers who deliver education to 120 students in West Auckland between the ages of 13 – 16 years. Their Kaupapa involves focusing on student strengths in a whole person, person centred approach. This means that careful attention is paid to each student and his or her unique way of interacting with the world. They seek to identify and encourage academic athletic, musical, cultural, artistic, social strengths.

Statistics on Alternative Education Students in West Auckland paint an interesting picture that indicate the complexity of the needs for these young people.

- 66% of WAEC student enrolled identify as Maori, and 18% as Pacific Island
- 80% of WAEC students are knowing to the police or have a youth aid officer
- Many of the families of WAEC students have CYFS involvement.
- Baseline data collected from Auckland Council's CAYAD team show that WAEC students are more likely to have started drinking at a younger age, drink more regularly and consume drugs than mainstream students. (more detail on this under the summary information about the CAYAD research project below)
- Information those working with students being disengaged from schools in West Auckland

suggests that incidence of abuse (physical and sexual) is high among those transitioned into Alternative Education. The outcome of this is often seen as 'acting out'.

> "Conduct problems are the single most important predictor of later chronic antisocial behaviour problems including poor mental health, academic underachievement, early school leaving, teenage parenthood, delinquency18, unemployment and substance abuse." (MSD 2007: 1).

Adding to the complexity of the students needs are external factors that contribute to the challenge WAEC faces in achieving its aim of educating its students, including:

- **Lack of resources:** As Alternative Education was set up in 1999 in response to growing concerns about the "increasing number of young people who were excluded from school and had few other educational options" (Denny, Clark & Watson 2004:1). While there have been reviews, notably the 2009 review, which has lead to increases in some funding resourcing, Alternative Education is still considered by many we spoke with as a 'poor cousin' of mainstream schools. They lack the ability to access many of the resources, knowledge and funding streams available to help work with students with high needs.

  > *"AE students do not have access to the same services as mainstream students" Tutors consistently voiced their concern at a lack of resources to teach and manage learning and behaviourally challenged students. However, they did not want disproportionate resources: they just requested the same resources that mainstream schools are entitled to. (Clark et al, 2010)*

- **Lack of Family Support**: For many students the appropriate support and care from family is not available as outlined in our key themes section. While there is interest in finding ways to better engage families in student learning and behavior, the reality is that for many families it will never be possible. For many WAEC students being at course provides them to access to support from staff and tutors at a level they might not otherwise receive. However tutors and staff cannot provide everything required. The lack of support impacts on a students ability to engage fully in their education.

  > *At the core of family connectedness is the adolescent's experience of being connected to at least one caring, competent adult in a loving, nurturing relationship. Similar results have been reported by investigators assessing resiliency and well-being among youth who otherwise would be expected to be at high risk for multiple adverse health and social out- come~.~'- (Resnick et al 1993)*

- **Transitioning**: WAEC has been referred students who have been disengaged from school and education for sometimes years. The transition into any education environment for these students in particular can be difficult and challenging for all involved. Great time and flexibility is required to ensure a positive and long lasting transition, as has been shown through the WAEC transition mentoring programme. While transitions from Alternative Education into mainstream education are an intended outcome, slow and flexible transitions are difficult to resource and accommodate under current education policy and practice. Challenges include: where the student is enrolled, what funding might be accessed to contribute to resourcing transitioning, little ability to fit into mainstream education curriculum in a flexible manner.

- **Aging In and Aging out**: Alternative Education is available as an option until a between the ages of 13 and 15. However there are younger students who have been excluded from mainstream education, and those that are not able or ready to transition out of Alternative Education for mainstream or other training programmes.

Existing collaborations and positive work

In addition to providing core programme, the WAEC management team have been focused on developing key relationships, partnerships and projects that aim to better resource their providers with the skills, services and resources their young people need. Currently the relationships include:

Youth At Risk Network (YARN)

WAEC is involved in the Youth at Risk Network (YARN) which was established through the Ranui Social Sector Trail and is made up of voluntary representatives from organisations in the education, health, police and social services sectors. Through this network young people identified as being at risk are identified by one of the members. At each meeting information about that young person and their family is shared between members and a strategy for support developed, with network members being held accountable for ensuring the services, supports and interventions covered by their organization are carried out.

YARN is largely driven the passion of the people involved and relationships that exist between them. The positive side is that they are able to achieve 'quick win's', better co-ordination of services and supports, an ability to work innovatively outside of the standard area of responsibility, and it is an active example of cross sector collaboration as an operational or activator level.

> *The evidence suggests that investment in effective earlier interventions may have a significant long-lasting positive impact on employment, education, health and other outcomes, particularly for disadvantaged groups of people in the population (Silva & Stanton, 1996; Boston & Chapple, 2014) Ex: Youth Connections strategy: Dec 2013 – Auckland Council Page 41*

2015 Initiatives Timeline

Feb - Aspire Transition programme opens
(15 extra spaces secures from MOE for a new transition programme).
Mary McKillop re-opens
Amokura returns to the West Auckland Consortium
18 Feb – Presentation of ASPIRE programme to MOE offices
27 Feb – Health Hub Hui
(The first of regular monthly meeting with AE Health Nurses from West and North Auckland, AE Co-ordinators and various other agencies)
09 Mar – Kiwisport Funding Application
10 Mar – Re-established Rock On process
(CYFS, Youth Aid, Truancy Services, with Health Hub added later in the year)
01 Apr – Meeting with CAYAD to discuss possibility of AOD survey in AE
20 Apr – Humans of Hendo – Collaborative art project between AE and Toi Ora Trust partially funded by Auckland Council and Toi Ora's application to the Working Together More Fund
22 Apr – First HCN funded student (aged 12yrs) enters West Auckland Consortium. Creation of a hybrid mentor/teacher-aide position
5 May – Consortium Director presents at West Auckland Principals meeting
6 May – Meeting with Kevin Emery – Director of Education for Auckland
13 May – Special Education re-open a case they have previously closed for a student in Alternative Education
25 May – First referral from Special Education into Alternative Education
06 Jun – MOE Directors tour of Waitakere Alternative Education
26 Jun – Kiwisport application - $70,000 of funding approved over the next 3 years for the delivery of sports to AE students, from local and national sports bodies. Professional Development for tutors and sports resources included in costing
07 Jul – Follow up meeting with Kevin Emery – MOE Director
07 Jul – First ever meeting of the YARN Network (Youth at Risk Network) – Youth Aid, CYFS, Waipareira, Marinoto, WDHB, MOE
20 Jul – Mural Project – Collaborative art project between AS, Toi Ora Trust and Henderson Police
23 Jul – Meeting with Corbans to discuss Art electives for 2016
27 Jul – First Kiwisport funded Consortium sports day
30 Jul – Memorandum of Understanding signed with Youth Services West, for them to assign a transition specialist to work with each provider
Aug – Impact NPO weekend – creation of Consortium website and database
13 Aug – Meeting with Kevin Emery and the head of Special Education with all of the Co-ordinators for Auckland Region – Special Education commit to working collaboratively with AE in Auckland
25 Aug – Four extra places granted to Waitakere Consortium, due to consortium being at capacity
15 Sep – Waitakere Alternative Education students participate in their first ever Secondary Schools sports competition, playing in the Ki O Rahi Tournament
28 Sep – Professional Development in Mentoring and coaching undertaken by W.A.E Director with Green Bay High School middle and senior management team
15 Oct – Youth AOD insights workshop with CAYAD. Transcript analysis
15 Oct – Presentation to Green Bay High School Board of Trustees, regarding Waitakere Alternative Education
22 Oct – First meeting with Special Education case manager, specifically assigned to AE. Triage process established between Special Education Psychologist, Pedagogical Leader, Director and AE Nurse
13 Nov – Meeting with head of Unitecs' Youth Development Degree programme to establish a format for tertiary student placements in AE. First student placement to begin in 2016, with more to follow

How Collective Impact Might Help

Improve success rates of vulnerable and at risk young people in education thus positively impacting on their long term mental health and wellbeing

This section looks at the 5 Conditions of Collective Impact with regard to the WAEC work, and the 3 key areas Collective Impact can provide additional support.

WAEC is involved in some great and innovative work that has many similarities to a Collective Impact initiative and that is having positive results for the young people they work with. One of the challenges however is that the collaborative work however is largely driven through the relationships the WAEC leadership team have with the key people in their partner organisations and networks. There are several key areas that the Collective Impact Framework could offer WAEC and those that it works with, specifically around:

1. Involvement of other 'sectors' not yet participating e.g.
    a. Policy Makers
    b. Business
    c. Other Funders
2. Better Co-ordination of activities, information and resources
3. Communication, Feedback, Measurement and Evaluation
    a. Provide a vehicle for continuous communication
    b. Establishing an evaluation framework to build evidence around the work being done, inform future strategy and work.
    c. Establishing the systems to collect ongoing relevant feedback from all partners to contribute the overall evaluation, and support each partners own evaluation frameworks.

Cross Sector Collaboration

For large scale social change, cross sector involvement and collaboration is required as it provides a multi-tiered approach to finding solutions to complex problems. In the example of WAEC's work, the barriers to success student achievement include a variety of factors such as: restrictive government policies; inflexible or inadequate service provision for families; silo'd funding streams; inadequate qualification and professional development for tutors; community safety challenges; economic deprivation; transport; housing etc. No one activity can make a significant impact on positive outcomes.

There is support at government level for great collaboration and partnership in the delivery of outcomes and services. E.g.

a. New government contract terms and conditions that accommodate cross government departmental purchasing of services through the use of the MBIE as the co-ordinating agency in the contracting of providers to deliver services and outcomes that meet multiple cross departmental outcomes and objectives.
b. Government strategy that explicitly communicates and expectation of more collaborative work within sectors e.g. Rising to the challenge (MOH Mental Health Strategy) – encouraging oragnisations to work more closely together.

The work that WAEC are involved in is largely driven at the 'activator' level, which are those people and organisations that are actively working in the space of at risk and vulnerable youth, delivering services and interventions. They are more hands on in their operation. The sectors that are missing are the:

- **The 'Enablers'**, or those that can influence policy and strategy at a high level, and who can ensure the activities and initiative as a whole meets appropriate protocol. E.g. around resourcing Alternative Education with the same as mainstream schools (e.g. HCN and Special needs funding), or who could influence variance in the aging in and aging out policy for Alternative education.
- **Business** who have a part to play in across the initiative as activators, funders and supporters. They also bring knowledge that can be useful in more innovative alternative funding models such as social bonds or social enterprise.
- **Other Funders** have a role to play in the initiative. While education outcomes fall under the Ministry of Education, other supported outcomes fall under other government departments (e.g. MSD, Justice etc). Philanthropic funders also have a place in the initiative. There is a movement across the area of philanthropy to be more strategic in giving and also to support youth. Opportunities to support innovative work that has robust systems, process and evaluation is an attractive proposition. Philanthropic funders may also be a place to explore more innovative long term sustainability funding strategies – e.g. leveraging philanthropic funding for innovative work that meets government level objectives and provide an opportunity for potential contracting for outcomes and 'social bonds' styled funding arrangements.
- **Community** is important as they live and breath the work and impact made. Their involvement ensures the intention of the initiative maintains integrity and realism. In the WAEC work this would mean youth people and their families. While they may require a level of support to facilitate their involvement, evidence of other Collective Impact initiatives where community have been involved suggests that effort is well worth while.

5 Conditions of Collective Impact

Common Agenda

- Current Situation: There are commonalities and complimentary factors to the vision, objectives and intentions of each of the organisations involved in working with at risk and vulnerable young people in West Auckland. E.g.
    - West Auckland Alternative Education Consortium – are student centered and focused on educating young people so that they can transition on to mainstream school, other training or employment
    - CYFS – to support families and young people to reach their potential
    - Police - preventing behaviours that impact on student learning, (simplified)
    - Health West - *Creating Healthy Connections with young people*
    - *Toi Ora – Inspiring positive mental and resiliency health through creative participatory arts practice.*
- Potential:
    - The commonalities of focus of current partners suggests that finding a common agenda is possible, especially if it is broad and inclusive. Once participating organisations and people from the missing sectors (government/policy, business, community, funders) have been invited in further work would be required to reach a common agenda among all.

Mutually Reinforcing Activities

Once a common agenda is agreed it is easier to see and select the strategy for the initiative moving forward, and for organisations to align activities so that they are more supportive, and better achieve the desired outcomes. With the WAEC work this is happening to a small degree through the YARN network, the Ranui Social Sector Trial work that has encouraged more collaboration between services, and the relationships that have been developed. Through the interviews as part of this research there was however a general consensus is that there are good resources in West Auckland for those in need, but that these aren't well co-ordinated and as a result gaps exist and double ups or overlaps exist

> *"We (community/agencies etc) have the resources – but they are not well co-ordinated e.g. 17 agencies and programmes for 1 family" Sue Gill (CYFS)*
>
> *" Huge capacity is paid for but its not appropriately working in terms of hours, collaboration, time sensitivity" Mark Veale Ranui Social Sector Trial*

Shared Measurement

Shared measurement systems and evaluation help move past the fragmented piece-meal information to a more cohesive full picture of what is happening. Along with an agreed common agenda the indicators that show whether that agreed outcomes are being meet can be measured and used to determine success, and inform future planning.

WAEC has the beginnings of a database that look at education specific information such as numbers, attendance and achievement. The police have data on youth offending rates etc. There are also other tools and measures being used that may support a broader range of indicators. E.g. Health Wests' AE nurse has provided the strengths and difficulties questionnaire to gather baseline data on students when enrolling in Alternative Education. Toi Ora are also using this as a method of evaluating baseline and post programme changes for their resiliency project in 2016.

There is definitely room for a more cohesive and complete evaluation model and measurement framework that is both quantitative and qualitative in.

Continuous Communication

Conitnuous communication and feedback enables the collective to respond quickly and ensure outcomes remain the focus. Currently communication between partners working with WAEC occurs through informal means, and the YARN meetings. This has some limitations in that the YARN meetings are not currently minuted and there is no tracking of progress of young people identified through YARN.

BackBone Support Functions

Currently WAEC And the Ranui Social Sector Trial are supplying what are essentially backbone support functions for the collaborative work that is happening. There are challenges with this as the Ranui Social Sector Trial finishes in June 2016 and work is being done to encourage the work they have initiated to

continue under the umbrella of appropriate organisations in the community. The WAEC have limited capacity to manage what is essentially becoming a large and comprehensive network of partners.

Functions and roles that are important for the sustainability of the initiative include:

i. Co-ordination
ii. Communication
iii. Advocacy for Policy Change
iv. Finding Funding

A long-term approach based on good relationships with young people and their whānau, and involving multiple collaborating agencies is recommended to improve the health and wellbeing of students in Alternative Education. Given the many challenges involved in this sector, and the relative isolation from other services, we cannot expect Alternative Education tutors to change the trajectory of these young people's lives without attention to its resources and workforce capacity. (Clark et al 2010)

LITERATURE REVEW

In the review of literature the research team looked at:

- Government (local and national) policy and strategies that impact or influence outcomes for young people.
- Existing research that looks at similar or complimentary areas of groups of young people.
- International case studies on Collective Impact
- International trends in achievement positive mental health and wellbeing outcomes fro young people.

SUMMARY OF GOVERNMENT POLICY/STRATEGY/PLANS THAT IMPACT ON THE YOUTH MENTAL HEALTH AND WELL BEING FOCUS.

Rising to the Challenge: The Mental Health and Addiction Service Development Plan 2012-17 (MoH 2102a) is the national policy document for mental health and addiction service delivery in New Zealand. It articulates Government expectations with respect to mental health and addictions service delivery including key priority actions for the Ministry of Health (MoH), DHBs, NGOs and primary care providers. The overarching goals outlined in the plan are to:

- Actively use our current resources more effectively
- Build infrastructure for integration between primary and specialist services
- Cement and build on gains in resilience and recovery for:
- People with low prevalence conditions and/or high needs
    - Māori
    - Pacific peoples, refugees, people with disabilities
- Deliver increased access for:
    - Infants, children and youth
    - Adults with high prevalence conditions
    - Our growing older population.

In June 2012 the New Zealand Mental Health Commission released **Blueprint II: Improving Mental Health and Wellbeing for all New Zealanders, How Things Need to Be,** and its companion document **Blueprint II Making Change Happen** (Mental Health Commission 2012). These documents set out a 10-year vision that encompasses all of government, spanning health and social services. The two documents were developed to provide advice to Government based on a sector-informed vision and were used to inform *Rising to the Challenge*. The eight key priorities identified in Blueprint II are:

- providing a good start: responding earlier to mental health and addiction issues in children and young people to reduce lifetime impact
- positively influencing high risk pathways
- supporting people with episodic needs

- supporting people with severe needs
- supporting people with complex needs
- promoting wellbeing, reducing stigma and discrimination
- providing a positive experience of care
- improving system performance.

Supporting Parents Healthy Children: supporting parents with mental illness and addiction and their children *(MoH 2015)*. Launched in September 2015 this MoH Guideline sets out expectations in relation to the implementation of systems, policies and practices to identify and address the needs of children of parents with mental health and/or addiction issues. In particular it calls for adult mental health services to proactively manage and support a programme of change that embeds family/whānau-focused practice within all services, ensuring that parents within services are identified and that there are processes in place to support them and their children. All DHBs are expected to be compliant with the expectations set out in the guideline by June 2020.

Service Delivery for People with Co-existing Mental Health and Addiction Problems (MoH 2010) was developed by the MoH in recognition of the high prevalence of co-existing AOD problems amongst people who use mental health services. The document provides guidance to DHBs on improving service responsiveness to people with co-existing problems.

Te Puāwaiwhero: the second Māori mental health and addiction strategic framework 2008 - 2015
(MoH 2008) provides directions to the mental health and addictions sector aimed at achieving better outcomes for whānau and tangata whaiora living with mental illness and addiction, and ensuring services are responsive to the needs of Māori and can confidently address their cultural needs. The overall aim of this strategy is whānau ora: Māori families supported to reach their maximum health and wellbeing.

On Track: Knowing where we are going (Platform Trust and Te Pou o Te Whakaaro Nui 2015)
Provides a road map for NGO mental health and addiction providers to assist them to transform their services to align with ***Rising to the Challenge*** and other key government priorities. The road map describes the different ways that providers can accelerate system reform, by working both within and alongside the current system, with the ultimate goal of replacing it by 2030.

Whilst not a specific mental health document the **Children's Action Plan** (NZ Government 2012) is a key government priority which is very relevant to mental health services. The plan provides a framework for inter-sectoral action to change the way in which health and social services respond to children at risk of harm, now or in the future. It outlines expectations that all services will place children at the centre of everything they do and in doing so will work to find, assess and connect the most vulnerable children to services earlier and better.

Vulnerable Childrens Act 2014
The Act forms a significant part of comprehensive measures to protect and improve the wellbeing of vulnerable children and strengthen our child protection system. The Children's Action Plan and the Vulnerable Children Act 2014 rest on the belief that no single agency alone can protect vulnerable children. For the first time, five chief executives of government agencies are jointly accountable for acting together to develop and implement a plan to protect our children from harm, working with families/whānau and communities. Altogether, the changes provide a framework for professionals from the different sectors to work better together to help children. By breaking down the barriers to information sharing and cross-sector working, and brokering more targeted service provision, we can ensure children get better access to the services they need.

Joint accountability: Chief Executives from the Ministries of Education, Health, Justice, Social Development and the NZ Police must jointly develop and report against a vulnerable children's plan to collectively achieve the Government's priorities for vulnerable children. The plan will be reviewed every three years and reported on annually.

The Education Act 1989

Under the Education Act "every person who is not a foreign student is entitled to free enrolment and free education at any State school during the period beginning on the person's fifth birthday and ending on 1 January after the person's 19th birthday" and that every person who is not a foreign student be enrolled at a "registered school at all times during the period beginning on the person's sixth birthday and ending on the person's 16th birthday" (New Zealand Parliament 1989).

The National Education Guidelines1 direct schools in effective policy and practice. These guidelines include National Education Goals2, National Curriculum Statements, the New Zealand Curriculum Framework and National Administration Guidelines. The Ministry of Education oversees Special Education and Alternative Education policies which support many children and young people who display exceptional educational needs3, as well as policies dealing with the exemption of students. The Ministry also operates initiatives regarding the behaviour of all students, not just those who fall under the special or Alternative Education categories. These include the Inter-agency Plan for Conduct Disorder/Severe Antisocial Behaviour (specifically targeting students displaying signs of conduct disorder) and the Positive Behaviour for Learning Action plan (targeting all students). These policies are described in more detail below.

Alternative Education

The Ministry of Education manages an Alternative Education (AE) policy, which was developed in 1999 in response to concerns about the "increasing number of young people who were excluded from school and had few other educational options" (Denny, Clark & Watson 2004:1). In general, current educational policy favours provision for all students within mainstream education, with specialised services as a last resort. Accordingly, Alternative Education is viewed as a last resort which aims to provide a "successful return to learning, either at a school or tertiary education" (Ministry of Education 2006: 6).

The AE policy applies to students aged 13-15 who have become "alienated" from mainstream schooling. Criteria for involvement with AE services are that the young person has;

- been out of school for two or more terms and/or
- a history of multiple exclusions and/or
- was referred to the Correspondence school as a last resort and has dropped out and/or
- has been absent for at least half of the last 20 weeks (not due to illness) and this has meant they are unable to maintain a mainstream programme and/or
- been suspended or excluded and is at risk of further suspension/ exclusion.

Interagency Plan for Conduct Disorder/Severe Anti-Social Behaviour 2007-2012 which provides strategic direction on responses to and prevention of conduct disorder across agencies who deal with children and young people. The strategy outlines four action areas:

- Developing leadership, coordination, monitoring & evaluation (including an experts group) across government
- Transition existing service provision to evidence-based, best-practice interventions
- Establish an intensive, comprehensive behavioural service for 3-7 yr olds

- Build a shared infrastructure for the delivery of specialist behavioural services.

The *Positive Behaviour for Learning Action Plan (PB4L) 2010-2014* (NZ Government 2010) outlines a series of programmes and activities being delivered across New Zealand to address behaviour problems in schools, with a focus on providing early, proactive support for parents, teachers and schools. The PB4L has four major programme components

1. Early Years (*Incredible Years*15)
2. Wrap around Service
3. Crisis Response Service
4. School Wide PB4L

Other programmes and activities included in the plan include:

- Programmes for all schools (e.g. bullying surveys)
- An early intervention screening tool
- Identification and development of programmes for Maori, developed by Maori, with a focus on Kura Kaupapa Maori and schools and early childhood centres with high proportions of Maori students.
- Individualised services such as "behaviour crisis response services and intensive wrap-around services for students with moderate to intense needs.

(Daube et al 2011)

Other Research

Youth Connections strategy: Dec 2013 – Auckland Council

Youth Connections is an Auckland Council initiated and supported organisations that focused on engaging all young people in education and training in Auckland. The Strategy was developed through a co-design process to provide strategic clarity to the future of Youth Connections. The research and information informing the strategy supports much of the education and training aspects of this research project.

Factors influencing young people's mental health, wellbeing and ability to succeed in education and employment:

- The top 12 social determinants of mental health including all of the key themes we found through our research namely income, education/training, social support networks, access (through transportation), social exclusion and stress.
- Informal networks are often significant forms of support for young people
- Nearly all MH & A disorders are most common in the 16 to 24 years age groups, with prevalence subsequently decline across the older age groups Oakely Browne et al 2006)
- There is growing evidence about the complex interactions between a person's mental and physical health, and their social context (WHO & Calouste Gulbenkian Foundation, 2014)

Sector themes and trends:

- There is a move for the health and social sectors to move from a disease focus to a wellbeing and strengths focus, and toward more integrated and collaborative forms of working including Collective Impact.
- Strong evidence shows that many mental and physical health conditions emerge later in life, but originate in early life (Shonkoff & Garner, 2012; Fryers & Brughar, 2013)… Preventative, primary and secondary health care services will need to be more integrated to achieve a holistic people and family/whanau-centred health service delivery model (Platform Trust & Te Pou 2015; Pacific Perspectives, 2013).

Youth '09: The health and wellbeing of young people in Alternative Education. A report on the needs of Alternative Education students in Auckland and Northland.

The report presents the findings from a health and wellbeing survey of 335 students attending Alternative Education facilities in the Auckland and Northland regions, carried out during term 4 of 2009. It also presents findings from interviews with key stakeholders that highlight the health, social, and educational needs of young people in Alternative Education.

The key findings in the Youth '09: AE report supports many of the finding our own research project has found. It is useful in that it also expands on some of the key themes we have explored particularly around:

Family

- Alternative Education students are more likely than mainstream students to live under conditions of socio-economic deprivation and stress e.g. many have families that worry about not having enough money to buy food and live in overcrowded homes.
- The Important of Education providers (particularly in Alternative Education) as a vehicle for providing the support and guidance not provided by family with students reporting that they feel valued and more hopeful for the future as a result of their involvement in Alternative education.

Alternative Education as

- Engaging in education has a positive impact on health.
- Alternative Education is not adequately resourced and staff require more support in professional development.
- Given complexity of the young people participating in Alternative education and the barriers that complexity provides in succeeding in education, cross agency collaboration would help support those young people, their families and provide better outcomes in the long term.

Health and wellbeing

- While education ahs an impact on good health, health also has an impact on education and poor health can be a barrier to achievements.
- Mental Health such as depression, self-harm and suicidality more prevalent among Alternative education students than mainstream students, particularly female students and there is a desire to have greater linkages with mental health services.
- Alternative Education students are more likely than mainstream students to drink alcohol, smoke cigarettes and marijuana and are more likely to have

problems associated with their drinking.

Waitakere Wellbeing Project Inquiry: prepared by Community Waitakere and Auckland Council

The Waitakere Wellbeing Collaboration Project (WWCP) initiated in 2002 facilitated government agencies, community organisations, and Council to collectively identify collaborative focus areas (calls to action) and work together. The three main calls to action included:

- Housing
- Strong Local Economies
- And active Waitakere

Inquiry Findings that are relevant to this research

- There was still belief the collaborations like the WWCP are valuable in achieving positive outcomes for wellbeing in the community.
- Top four priorities for participants:
  - Reducing Poverty
  - Housing
  - Health
  - Education and Employment
- Most wanted any new collaboration to have a clear vision and defined outcomes, and that the 'vision holder' needed to be resourced to avoid losing momentum and impact.
- Collective Impact was supported as a possible framework.

Auckland Council CAYAD research summary and relevant highlights (Allpress 2015)

In 2015 Auckland Council's CAYAD team conducted a needs assessment of the youth in Waitakere. Our researcher was able to work alongside them in some instances involving focus groups. Through their research and analysis we were able to get access to results relating specifically to the Alternative Education students, and also to a degree to all students located in the Massey Henderson area. The results of their research that are relevant to this research are summarized below.

Overall results

- Majority of recipients came from Henderson and Massey locations. (local board area – 52%).
- A reasonable percentage of young people surveyed (43%) reported acting as though they had drank more alcohol than they actually did at least sometimes, indicating a degree of social pressure to drink a lot.
- Around half of survey respondents have experienced occasional (32%) or frequent (17%) injury or harm as a result of their drinking.
- Most survey respondents had their first blackout either aged 13-14 (48%) or 15-16 (23%). A minority, but nevertheless substantial number (14%) of young people first experienced alcohol- related memory loss at 12 years or younger.
- A greater percentage (Over 80%)of respondents had been a passenger in a car with a drunk driver, however. A third of young people (33%) had been a passenger with a drunk driver six or more times, 25%.
- Just under half of all respondents (42%) had had unsafe sex while under the influence of alcohol, with 28 of the 42 per cent in the last year.

- One in four young people(26%) reported being sometimes or always affected by their parent/guardians' drinking.
- Cannabis and synthetic cannabis were the two most used drugs after alcohol, with a total of % and 42% reporting consuming these two drugs at some point in the past, respectively.
- Dealers/drug houses, as well as personal connections (friends, neighbours and relatives) were important sources of supply for all three drug types, but particularly for cannabis.

West Auckland Alternative Education Student specific results.

- WAE students were slightly more likely to have had their first drink at age 11 or younger (43% vs 30%).
- WAE students were more likely to drink daily or almost daily (20% vs 9%).
- WAE students are slightly more likely to be motivated to drink to get drunk (56% vs 42%).
- WAE students are more likely to have had their first alcohol-related blackout aged 14 or younger (86% vs 57%).
- WAE students are more likely to have driven drunk (51% vs 26%).
- WAE students were more likely to have consumed synthetics (51% vs 33%), hallucinogens
- (30% vs 18%), inhalants (21% vs 8%), non-prescribed prescription drugs (29% vs 10%), and other drugs (6% vs 0%).

Henderson/Massey specific results .

Below are the areas in which there appear to be significant difference from the majority of the research participants.

- 76% (42/55) came from families with 3 or more children in them
- 50.9% (28/55) came from families where the parents were not living together (single parent families, or where they shared their time between the parents homes)
- 38.1% (21/55) had had their first drink under the age of 11
- 58% (31.55) drank weekly or more frequently.
- %0.9% (28/55) had smoked cannibas and of those that used or had tried other drugs all of them had responded yes to the cannibas question. No survey particiants who had said no to cannibas had tried other drugs.

International trends in mental health and wellbeing

Community-Based Mental Health Service Systems

Research suggests that community based options offer cost savings and increased service user satisfaction. Such options include home-based acute alternatives including mobile treatment/crisis resolution teams and crisis residential support services and community based rehabilitation/support to build necessary skills for life in the community and enhance social inclusion with access to stable accommodation, open employment and family/whānau and social connections.

This trend has also given rise to a growth in 'social prescribing' internationally over the last decade, particularly in the UK and Australia. Social prescribing acknowledges a broader social conception of health determinants, and in particular the significant impact of social connections and opportunities for

productivity and participation on wellbeing. This has incorporated a growth in 'arts on prescription', 'sports on prescription' and other schemes seeking to connect vulnerable populations to community based resources and support networks.

http://www.nesta.org.uk/publications/more-medicine-new-services-people-powered-health

http://www.theguardian.com/society/2013/nov/05/social-prescribing-fishing-group-doctor-ordered

Balancing increasing demand within an environment of fiscal constraint, and an increased focus on population level mental health and wellbeing promotion

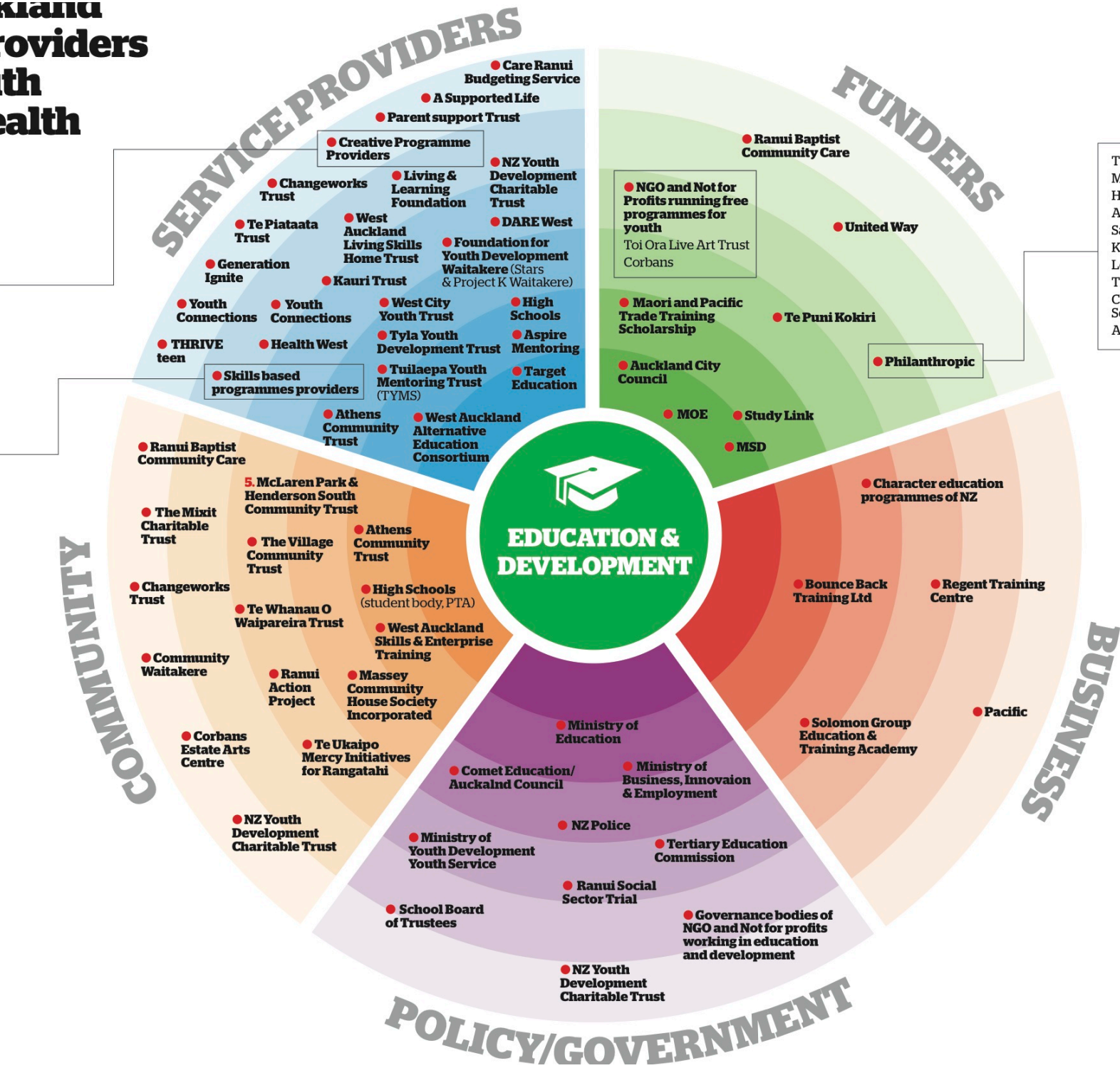
A shared driver for development of mental health systems is the need to expand services to meet increasing demand in the context of fiscal constraints. A common direction is a focus on the redistribution of current funding and the need to utilise available resources more efficiently and effectively.

Providing services that support youth transitioning into adulthood.
Discontinuity between mental health services for children and adolescents and those for adults is common and can jeopardise the life chances of transition-age youth (ages 16–25 years) who need to be supported to successfully adopt adult roles and responsibilities. This is particularly important given that approximately 70% of all psychiatric disorders have an onset occurring in childhood or adolescence/early adulthood. Internationally there is a growing emphasis on ensuring that services better meet the needs of transition aged youth, for example through: enhancing continuity and coordination of services for transition aged youth, supporting the family role throughout the transition, developing age-specific services for youth in transition.

Appendix A: MAP OF ENVIRONMENT

A stock-take or the organisations, people, agencies and businesses working with youth in West Auckland was carried out. Below are diagrams that map those identified around the top three themes identified by youth and those from the community. In the centre are those working most closely or directly with the theme and moving out toward the edges are those that work with or in the theme but less directly or closely.

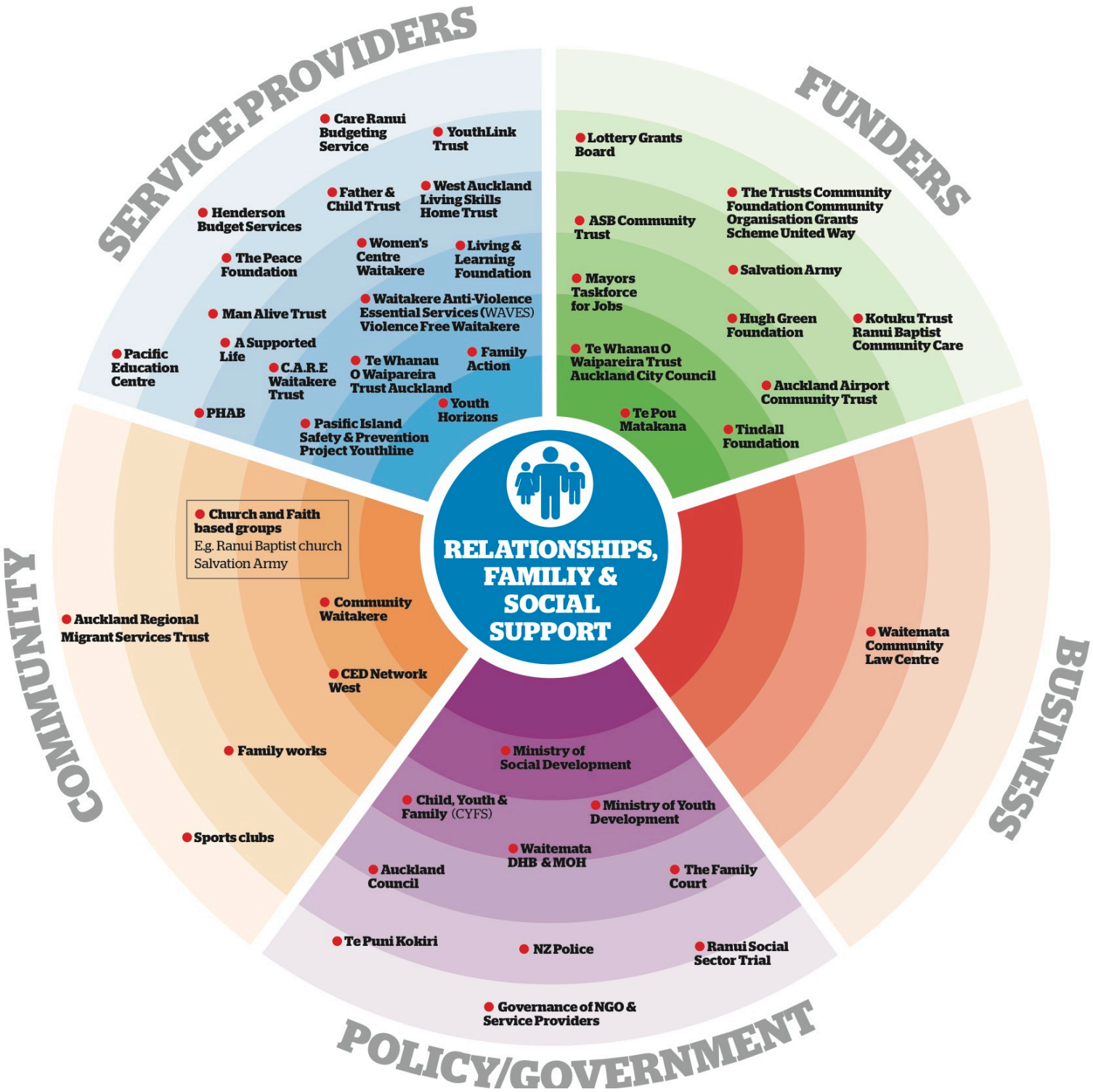
West Auckland service providers in the youth mental health area

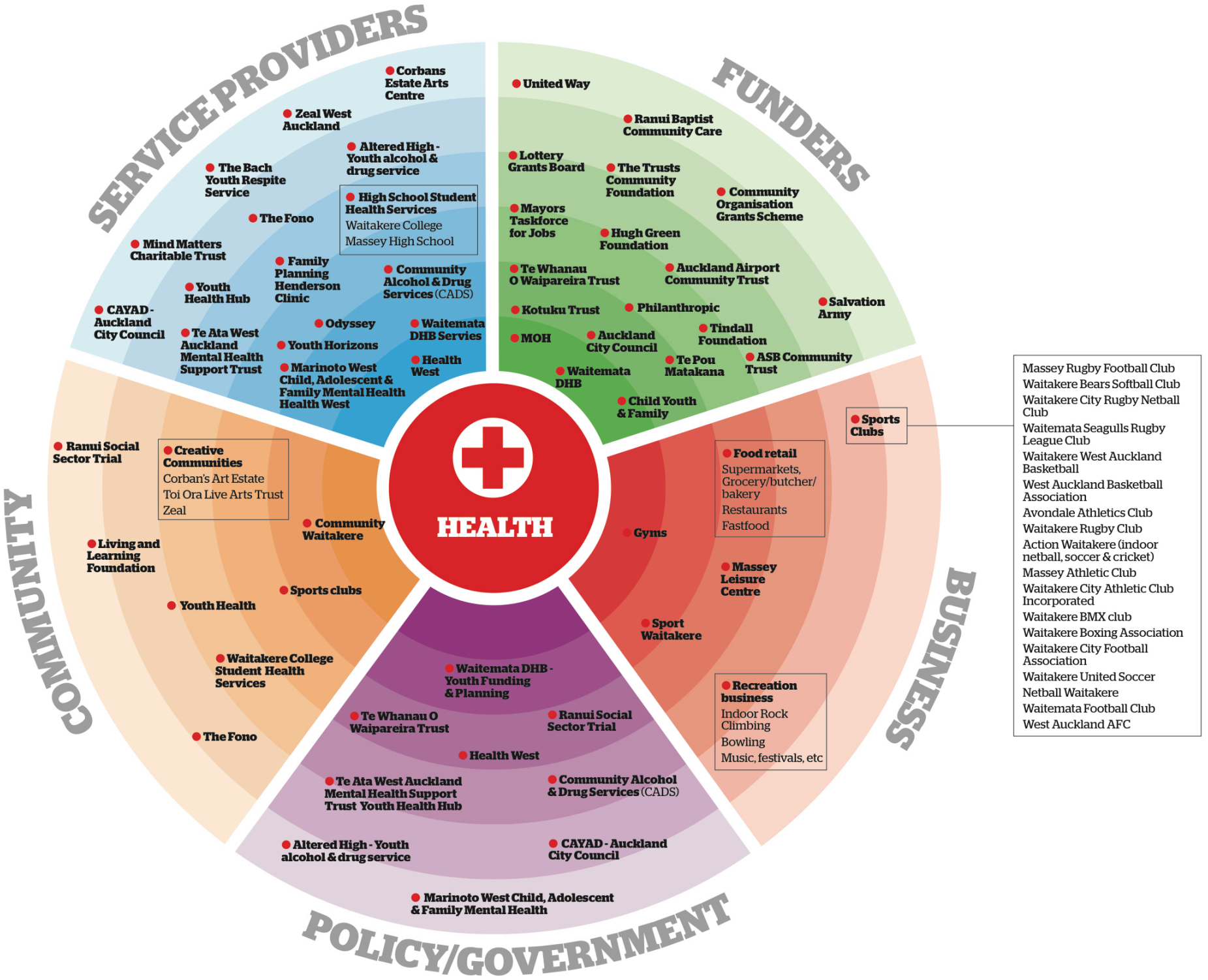


Corbans Estate Arts Centre
Toi Ora Live Art Trust
Zeal West Auckland
The Mixit Charitable Trust
Vasa Pasifika Creative Learning Trust

West Auckland Skills and Enterprise Training
Character education programmes of NZ
Regent Training Centre
Literacy Waitakere
Aspire Youth Programme

Tindall Foundation
Mayors Taskforce for Jobs
Hugh Green Foundation
ASB Community Trust
Salvation Army
Kotuku Trust
Lottery Grants Board
The Trusts Community Foundation
Community Organisation Grants Scheme
Auckland Airport Community Trust


SERVICE PROVIDERS
Care Ranui Budgeting Service
YouthLink Trust
Father & Child Trust
West Auckland Living Skills Home Trust
Henderson Budget Services
Women's Centre Waitakere
Living & Learning Foundation
The Peace Foundation
Waitakere Anti-Violence Essential Services (WAVES) Violence Free Waitakere
Man Alive Trust
A Supported Life
Pacific Education Centre
C.A.R.E Waitakere Trust
Te Whanau O Waipareira Trust Auckland
Family Action
PHAB
Youth Horizons
Pasific Island Safety & Prevention Project Youthline
FUNDERS
Lottery Grants Board
The Trusts Community Foundation Community Organisation Grants Scheme United Way
ASB Community Trust
Salvation Army
Mayors Taskforce for Jobs
Hugh Green Foundation
Kotuku Trust Ranui Baptist Community Care
Te Whanau O Waipareira Trust Auckland City Council
Auckland Airport Community Trust
Te Pou Matakana
Tindall Foundation
RELATIONSHIPS, FAMILIY & SOCIAL SUPPORT
COMMUNITY
Church and Faith based groups
E.g. Ranui Baptist church
Salvation Army
Community Waitakere
Auckland Regional Migrant Services Trust
CED Network West
Family works
Sports clubs
BUSINESS
Waitemata Community Law Centre
POLICY/GOVERNMENT
Ministry of Social Development
Child, Youth & Family (CYFS)
Ministry of Youth Development
Waitemata DHB & MOH
Auckland Council
The Family Court
Te Puni Kokiri
NZ Police
Ranui Social Sector Trial
Governance of NGO & Service Providers


SERVICE PROVIDERS
Corbans Estate Arts Centre
Zeal West Auckland
Altered High - Youth alcohol & drug service
The Bach Youth Respite Service
High School Student Health Services
Waitakere College
Massey High School
The Fono
Mind Matters Charitable Trust
Family Planning Henderson Clinic
Community Alcohol & Drug Services (CADS)
Youth Health Hub
CAYAD - Auckland City Council
Odyssey
Waitemata DHB Servies
Te Ata West Auckland Mental Health Support Trust
Youth Horizons
Health West
Marinoto West Child, Adolescent & Family Mental Health Health West
FUNDERS
United Way
Ranui Baptist Community Care
Lottery Grants Board
The Trusts Community Foundation
Community Organisation Grants Scheme
Mayors Taskforce for Jobs
Hugh Green Foundation
Te Whanau O Waipareira Trust
Auckland Airport Community Trust
Kotuku Trust
Philanthropic
Salvation Army
MOH
Auckland City Council
Tindall Foundation
Te Pou Matakana
ASB Community Trust
Waitemata DHB
Child Youth & Family
HEALTH
BUSINESS
Sports Clubs
Massey Rugby Football Club
Waitakere Bears Softball Club
Waitakere City Rugby Netball Club
Waitemata Seagulls Rugby League Club
Waitakere West Auckland Basketball
West Auckland Basketball Association
Avondale Athletics Club
Waitakere Rugby Club
Action Waitakere (indoor netball, soccer & cricket)
Massey Athletic Club
Waitakere City Athletic Club Incorporated
Waitakere BMX club
Waitakere Boxing Association
Waitakere City Football Association
Waitakere United Soccer
Netball Waitakere
Waitemata Football Club
West Auckland AFC
Food retail
Supermarkets, Grocery/butcher/bakery
Restaurants
Fastfood
Gyms
Massey Leisure Centre
Sport Waitakere
Recreation business
Indoor Rock Climbing
Bowling
Music, festivals, etc
COMMUNITY
Ranui Social Sector Trial
Creative Communities
Corban's Art Estate
Toi Ora Live Arts Trust
Zeal
Community Waitakere
Living and Learning Foundation
Sports clubs
Youth Health
Waitakere College Student Health Services
The Fono
POLICY/GOVERNMENT
Waitemata DHB - Youth Funding & Planning
Te Whanau O Waipareira Trust
Ranui Social Sector Trial
Health West
Te Ata West Auckland Mental Health Support Trust Youth Health Hub
Community Alcohol & Drug Services (CADS)
Altered High - Youth alcohol & drug service
CAYAD - Auckland City Council
Marinoto West Child, Adolescent & Family Mental Health

Appendix B: Focus Group Methodology

Introduction

When designing the interview techniques, the focus was on providing a safe and inviting space in which young people would readily share their thoughts and feelings. We chose to use semi-structured focus group interviews, enabling us to ask specific questions whilst remaining open to emergent understandings. These groups provided an opportunity to explore wellness and mental health in a more detailed and informal way. These interviews were originally designed to supplement and expand on participants' responses to the initial online survey. However, we had some difficulty in getting participants' to complete the survey prior to the interview so I redesigned the session slightly. The structure of these focus groups was influenced by the drama background of the researcher and informed by arts-based research principles. Knowles and Cole state that arts-based research represents "an unfolding and expanding orientation to qualitative social science that draws inspiration, concepts, processes, and representation from the arts, broadly defined" (Knowles & Cole, 2008, p. xi). This approach allowing for a more holistic interview experience that would appeal to a wider variety of participant styles, value aesthetic responses to ideas and offer alternative methods to share views. Adhering to the view that different forms of representation may stimulate the formulation of different concepts (Eisner 1996, p. 44).

Focus Group Design

The focus group design was done in a way that could incorporate arts based methods and reflect the interviewers own interest in drama as a research method. The purpose of focus group interviews is to gather information from participants on a topic of interest and involve informal, small group discussions (Lichtman, 2010). Focus groups can be a good way to encourage discussion and are a good option for research investigating experiences and human interaction (Punch, 2005). As Travers (2006) suggests, the flexibility of this interview style can generate different opinions, informed by the interaction of the group and are well suited to exploratory studies keen for more spontaneous and expressive responses. All interviews were digitally recorded to prevent disrupting the conversation and ensure an accurate record was kept. These interviews were semi-structured to ensure the content of the research was covered whilst allowing participants the freedom to express a variety of ideas and follow the naturally developing path of discussion. Semi-structured interviews were used with each group in order to ask open-ended questions and invite emerging ideas (Ayres, 2008).

Participants

Participants were selected from various youth organisations around West Auckland and ranged in age from 14-23. The participants were selected purposively, recognising that a strategic choice was made about who the research involved (Palys, 2008, p. 697). Participants were therefore only sought from the West Auckland region and sourced from youth groups and alternative education providers. Whilst we had hoped to source participants from a wide range of social, ethnic, gender, cultural, and religious groups this did not occur. This resulted in a convenience sample of participants accessed through connections from key community stakeholders. As participants in alternative education and mental health services, these participants represented young people marginalised from mainstream society. All participants were offered a participant information form and consent or assent form to complete.

Data Collection Method

I asked the group to organise themselves into a circle to allow for clear visibility of all participants and sense of shared space and community.
It is important for me as a researcher that I join in alongside the participants in an effort to break down the barriers created by our official roles. The aim is to build rapport with the participants so they will feel less inhibited by the process and increase their willingness to share.

Introduction

After greeting the participants', I asked them to introduce themselves, introduced the research and myself and responded to any other questions. Depending on the group dynamic I did this either before or after the warm up games. It was vital to explain the research and the participants' rights and obligations in the research process. We talked about giving consent for the research and maintaining a sense of confidentiality within the focus group.

Warm up

Common elements circle

- Drama warm up where I call out various things we may have in common and participants step into the circle if this applies to them. Eg – Step in if you have a smartphone, are on facebook, have a brother, like marmite etc. The purpose of this game is a gentle introduction

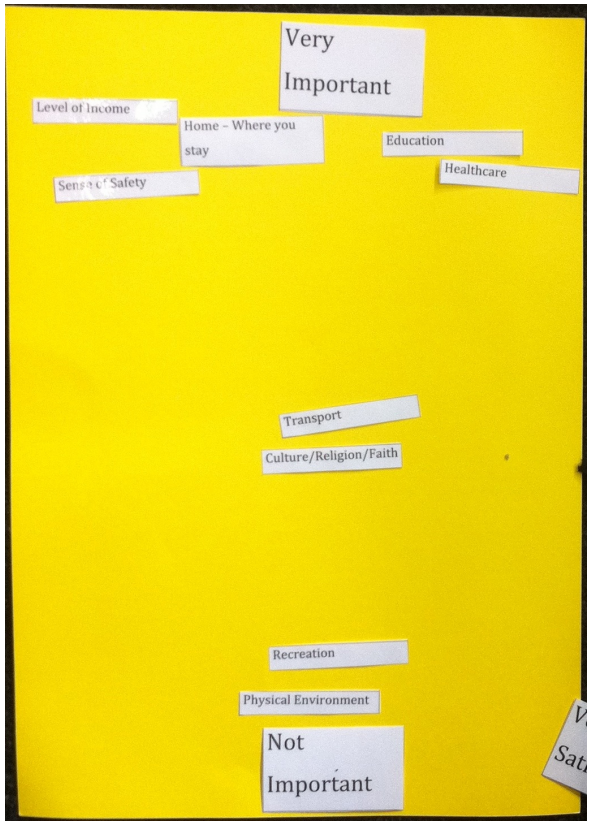
Energy warm up

- Pass an energy clap around the circle – Zap, Zip Boom
- Participants pass a clap around the circle and can change directions or block the clap as it comes to them.

Main Activities

I then split the group into 4 groups of about 2 or 3 and asked them to rank the identified themes on our wellness index from most important to least important. This was done through a hands-on task board, where participants' negotiated their decisions with one another. This encouraged incidental and developing talk around the areas and I moved around the room to offer clarifications or assistance. Once completed this gave me a clear data source, which I recorded in a photograph. We then repeated this exercise ranking the wellness areas from very satisfied to unsatisfied which we reinterpreted as happy to unhappy with.

After photographing these task boards, I chose at least 3 areas that seemed to be high in importance and low on satisfaction for many of the participants. I also asked participants to think of the most significant factors to them -based on the conversation we had just had. Guided by my chosen 3 areas and the participants chosen areas we engaged in a free flowing discussion around these topics. Both the hands-on task and group discussion were recorded.



Summary and thank you

After addressing the topics that had arisen from discussion, I asked if participants had any other views about mental health and wellbeing in West Auckland that they wanted to share, engaged with those and then thanked them for their participation and time. A koha of morning tea or similar was provided to each focus group as a thank you.

Additional arts-based activities

Whilst the focus groups predominantly followed the method described above, some more arts based techniques were employed when appropriate. When working with one group, I presented them with images taken from the picture book *The Red Tree by Shaun Tan,* which depicts a story of depression and hope. I used this book to stimulate discussion as participants interpreted the images and discussed how friends and family could be the hope/light/red tree bursting through a dark day.

In another group, participants worked in small groups to create a frozen image portraying a happy family moment to offer up for reflection and discussion by others.

Finally, I used song lyric quotes to provide stimulus for from which groups created visual representations and frozen images. These song lyrics were specifically chosen to address some of the key emergent themes.

Analysis

Following the data collection I compared the two to create a list of areas which participants felt were of low satisfaction but high importance. In addition I transcribed the recordings taken during focus group and condensed this into a short summary. These summaries highlighted emergent themes as they developed and were supplied for inclusion in the final report.

Appendix C: Advisory/Reference Group Participants.

Collective Impact - Research Project Reference Group		
Org	**Element covered**	**Contact**
West Auckland Alt Ed Consortium	Education/Service Provider	Scott Samson
Community Waitakere	Community	Charlie Moore
Health West	Health/Service Provider	Elizabeth Johnson
Health West	Health/Service Provider	Jodi Smith
Ranui Social Sector Trail	Community, Government, Service provision	Mark Veale
Waitemata DHB	Health/Funder/Policy Maker	Theresa Rongonui
Waitemata DHB	Health/Suicide prevention	Manu Fotu
Auckland Council Community Development	Community	Matt Appleyard
Auckland Council CAYAD	Health/funder/Policy Maker	Kate Duder
CEAC	Arts/Service Provider	Martin Sutcliffe
Police	Justice System/Service Provider - Youth Offending Team Waitakere	Dean Broomfield
Social Innovation and Entrepreneurship Research Department, Massey Univeristy	Research & Collective Impact	Dr Anne De Bruin

References

Allpress, J A (2015). **Community Action Youth and Drugs (CAYAD) west Auckland youth alcohol and other drug experiences survey**. Auckland Council technical report, TR2015/026

Ayres, L. (2008). Semi-Structured Interview. In L. M. Given (Ed.), The Sage Encyclopedia of Qualitative Research Methods. Los Angeles: SAGE Publications. Retrieved from http://www.sage-ereference.com.ezproxy.auckland.ac.nz/research/Article_n420.html%3E. Retrieved from http://www.sage-ereference.com.ezproxy.auckland.ac.nz/research/Article_n420.html>

Bartczak, L. (2014) **The Role of Grantmakers in Collective Impact** , Stanford Social Innovation Review Fall 2014 Sourced from http://ssir.org/articles/entry/the_role_of_grantmakers_in_collective_impact 5 May 2015

Blum, R.W., Bastos, F.I., Kabiru, C.W., Le, L.C. **Adolescent health in the 21st century.** *Lancet*.2012;379:1567–1568.

Boston, J., & Chapple, S. (2014). **Child Poverty in New Zealand**. Wellington, New Zealand: Bridget Williams Books Limited.

Clark, T.C., Smith, J.M., Raphael, D., Jackson, C., Fleming, T., Denny, S., Ameratunga, S., & Robinson, E. (2010). ***Youth'09: The health and wellbeing of young people in Alternative Education.*** *A report on the needs of Alternative Education students in Auckland and Northland.* Auckland: The University of Auckland.

Clark, T. C., Fleming, T., Bullen, P., Denny, S., Crengle, S., Dyson, B., Fortune, S., Lucassen, M., Peiris-John, R., Robinson, E., Rossen, F., Sheridan, J., Teevale, T., Utter, J. (2013). **Youth'12 Overview: The health and wellbeing of New Zealand secondary school students in 2012.** Auckland, New Zealand: The University of Auckland

Daube, J., Stevens, K., Munford, R., Sanders, J., Henaghen, M.,Stanley Clarke, N., Youthline, Tikao, K., Mirfin-Veitch, B.,Cumming, J., Buckley, S., Grace, N., Liebenberg, L. (2011) **Pathways to Youth Resilience: Education in New Zealand – a policy overview**, Massey University Press Palmerston North NZ

Denny, S., Clark, T.C., & Watson, P.D. (2004) **The health of alternative education students compared to students attending secondary schools from New Zealand**. *New Zealand Medical Journal.* 17(1205), ISSN 1175 7816

Friedli L and Parsonage M (2007) **Building an economic case for mental health promotion Belfast**, Northern Ireland Association for Mental Health.

Freudenberg N, Ruglis J. (2007) **Reframing school dropout as a public health issue. Preventing Chronic Disease**. 2007;4(4):A107-A.

Fryers, T., & Brugha, T. (2013). **Childhood determinants of adult psychiatric disorder**. Clinical Practice & Epidemiology in Mental Health(9), 1-50. doi: 10.2174/1745017901309010001

Holt S, Buckley H, Whelan S. **The impact of exposure to domestic violence on children and young people: a review of the literature**. Child Abuse & Neglect. 2008;32(8):797-810.

Kania, J., Kramer, M., (2011) **Collective Impact.** *Stanford Social Innovation Review Winter 2011;* Leland STandford Jr University.

Kania, J., Hanely Brown, F., Splansky Juster, J., (2014) **Essential Mindset Shifts for Collective Impact** pg 2 – 5 sourced from http://collectiveinsights.ssireview.org/ on 15 November 2015

Knowles, J. G., & Cole, A. L. (2008). **Handbook of arts in qualitative research**. Thousand Oaks, CA: Sage Publications.

Kubik MY, Lytle, L., & Fulkerson, J. A. **Fruits, vegetables, and football: Findings from focus groups with alternative high school students regarding eating and physical activity.** Journal of Adolescent Health. 2005;36:494-500.

Lichtman, M. (2010***). Qualitative research in Education: A user's guide*** (2nd ed.). Thousand Oaks, California: Sage Publications.

McDaid D**. Making the case for investment in mental health promotion and mental disorder prevention activities in Europe. Presentation to Symposium of the Mental Health Economics European Network**, Brussels, 13 December 2007.

Ministry of Education (2006). **Alternative Education Guidelines.** Ministry of Education: Wellington. http://www.tki.org.nz/e/community/alterned/alt-ed-guidelines-jun-06.doc

Ministry of Social Development (2007). **Inter-agency Plan for Conduct Disorder/ Severe Antisocial Behaviour 2007-2012.** Ministry of Social Development, Wellington.

Ministry of Social Development (2006) **2006 Waitakere Community Report** (sourced from **https://www.familyservices.govt.nz/ 15 October 2015)**

New Zealand Parliament (1989). **Education Act 1989**. New Zealand Parliament: Wellington.
Oakley Browne M, Wells J, Scott K (eds). 2006. Te Rau Hinengaro: The New Zealand Mental Health Survey. Wellington: Ministry of Health.

New Zealand Government (2010). **Positive Behaviour for Learning Action Plan 2010-2014** . New Zealand Government: Wellington

Oakley Browne M, Wells J, Scott K (eds). 2006. **Te Rau Hinengaro: The New Zealand Mental Health Survey.** Wellington: Ministry of Health

Pacific Perspectives. (2013). **Pacific health workforce service forecast: Report to Health Workforce New Zealand and the Ministry of Health.** Wellington: Pacific Perspectives.

Palys, T. (2008). Purposive Sampling. In L. M. Given (Ed.), The Sage Encyclopedia of Qualitative Research Methods (pp. 697-698). Los Angeles: SAGE Publciations.

Platform Trust & Te Pou o Te Whakaaro Nui. (2015). **On Track: Knowing where we are going.** Auckland: Te Pou o Te Whakaaro Nui.

Punch, K. (2005). *Introduction to social research:Quantative and qualitative approaches* (2nd ed.). London: Sage Publications Ltd.

Resnick, M. D., HarrisS, L J. and Blum R. W., (1993) **The impact of caring and connectedness on adolescent health and well-being** *Paediatr. Child Health* ***29,*** *Suppl. 1, S3-S9*

Savage, J., '**How we raised a killer**' The New Zealand Herald Sunday 30th August 2015 NZME Publishing Ltd http://www.nzherald.co.nz/nz/news/article.cfm?c_id=1&objectid=11504600

Schutte, De Wet (2000) **Community Development and Community Participation: a Conceptual Revisit** *Entwicklung Thenologie, 9: 12 – 25*

Shonkof f, J. P., & Garner, A. S. (2012). **The lifelong ef fects of early childhood adversity and toxic stress.** American Journal of Pediatrics, 129(1), e232-e246

Silva, P. A., & Stanton, W. R. (Eds) (1996) **From child to adult: The Dunedin multidisciplinary health and development study**. Auckland, NZ: Oxford University Press.

WHO and the Calouste Gulbenkian Foundation (2014) **Social determinants of mental health**, Geneva, World Health Organization,.