



**Report of Survey Interviews held with  
Representatives of Service and Educational  
Organisations for the Wairarapa Social Sector Trial  
(SST) Snapshots and Mapping**

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**Prepared for the Wairarapa Social Sector Trial**

**31 August 2015**

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## **Introduction**

This report of findings from interviews with representatives of service and educational organisations in the Wairarapa forms part of a research project undertaken to produce a snapshot and mapping for the Wairarapa Social Sector Trial (SST). The report provides information about the following aspects of the organisations' work with and for young people in the Wairarapa:

- How young people access services
- Networking with other organisations
- Organisation capacity
- Primary issues for youth that organisations are involved with
- What is working well
- What is not working well
- Barriers to access
- Solutions to access

The work of the organisations is discussed in relation to the five SST outcome areas:

1. Truancy
2. Offending
3. Alcohol and drug use
4. Risky sexual behaviour
5. Participation in education, training and employment

The survey interviews were carried out between 18 May and 30 June 2015 by six interviewers. 28 interviews were carried out with representatives of 23 service organisations that work with youth in the Wairarapa, and 15 interviews were carried out with representatives from 12 educational organisations in the Wairarapa.

The interviews were conducted using a structured 29 item questionnaire. Questions and responses were open-ended and responses were recorded in note form by the interviewers. Where possible, and appropriate, responses have been quantified; and where this is not possible, responses have been reported in narrative form.

## **Service provider interviews – non-educational**

Twenty eight interviews were carried out with representatives of 23 organisations that work with youth in the Wairarapa. Of those organisations 18 provided specific services in one or more of the five SST priority areas, eight covered all five areas, one covered four, four covered three, one covered two, and four covered one. Eleven covered offending, nine covered truancy, 16 covered alcohol and drugs, 13 covered risky sexual behaviour, and 13 covered education and training. The service providers are listed in Figure 1.

## **How young people access services**

The organisations reported that their services were accessed through referrals of various types ranging from voluntary self-referrals to compulsory referrals. Twenty one of the 23 organisations took referrals from other organisations including the police, family group conferences (FGCs), schools, general practitioners, community referrals, and hospitals or hospital workers. Twenty one organisations took self-referrals and 22 took whānau/family referrals. Only eight organisations took compulsory referrals.

Figure 1. Service provider organisations interviewed

<b><u>Service providers interviewed</u></b>	
Anglican youth ministries	R2R
Care NZ	Rangitaane o Wairarapa Inc
Child Youth and Family	Southern Wairarapa Safer community Council
Child, Adolescent Mental Health Services (CAMHS)	Stopping Violence Services Wairarapa
Compass Health (School Clinic Section)	Te Hauora Runanga o Wairarapa
Connecting Communities	Wairarapa Community Counselling Centre
Family Works (Turret House)	Wairarapa district health board
Masterton Family Education and support	Whaiora
Masterton Police Youth Aid	Whānau ora Wairarapa-Kaititui team
Multi-systemic Therapy (Richmond Fellowship)	Youth Council
Ngā Kanohi Marae o Wairarapa	Youth Kinex
Open Home Foundation of NZ	

## Networking with other organisations

All of the organisations interviewed networked with other organisations based in the Wairarapa. The numbers of organisations included in individual networks ranged from 21 for Wairarapa district health board down to two for Youth Kinex. The network link numbers for all organisations are shown in Figure 2.

Figure 2. Service organisation network sizes

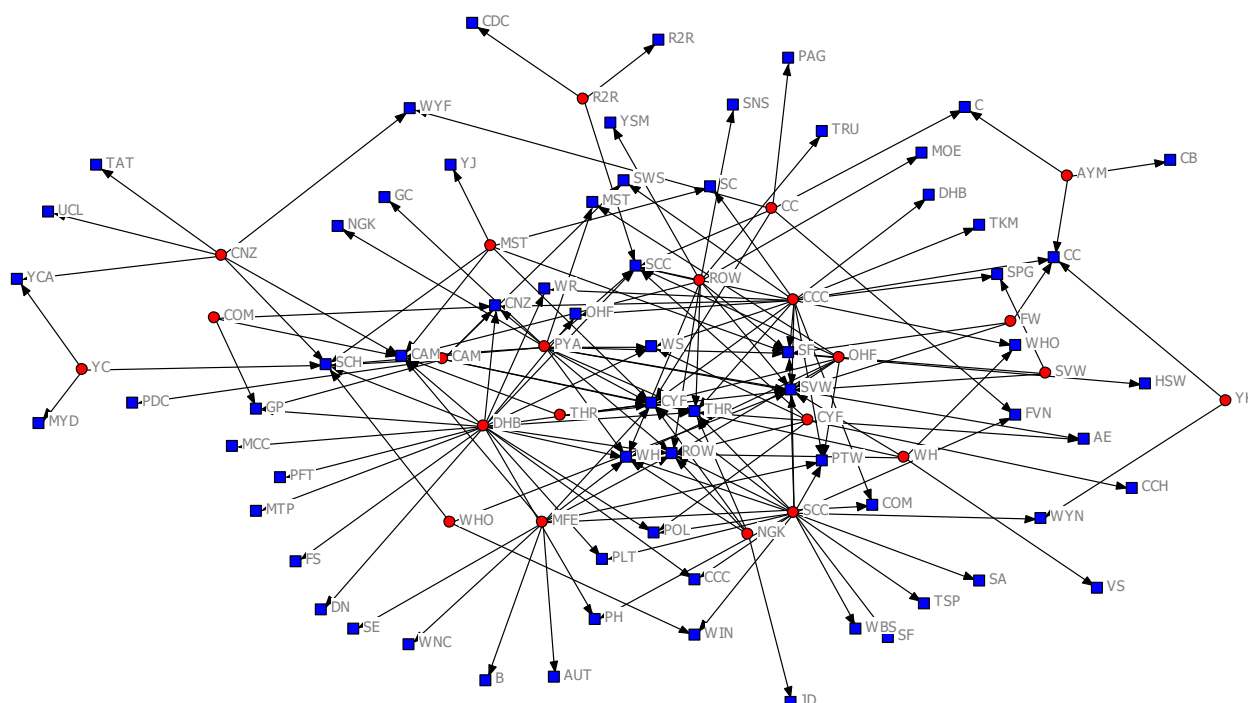
<b>Interviewed organisations</b>	<b>Network links</b>
Wairarapa district health board	21
Wairarapa Community Counselling Centre	19
Southern Wairarapa Safer community Council	18
Masterton Police Youth Aid	15
Masterton Family Education and support	10
Rangitaane o Wairarapa Inc	11
Open home foundation of NZ	9
Child Youth and Family	7
Child, Adolescent Mental Health Services (CAMHS)	7
Multi-systemic Therapy (Richmond Fellowship)	6
Care NZ	6
Connecting Communities	6
Ngā Kanohi Marae o Wairarapa	5
Whaiora	5
Te Hauora Runanga o Wairarapa	3
Compass Health (School Clinic Section)	3
Family Works (Turret House)	3
Stopping Violence Services Wairarapa	3
Anglican youth ministries	3
youth council	3
R2R	3
Whānau ora Wairarapa-Kaititui team	3
Youth Kinex	2

The complete network of all organisations the interviewees identified as those they networked with is shown in Figure 3. The diagram displays the interviewed organisations as red circles, and those they network with as blue squares. The lines point from the interviewees to the organisations they identified, with arrows indicating that the link is one directed from the interviewee to the networked organisation(s). All lines have arrow points but some are obscured by the identifying code letters. The network is quite complex and to avoid unnecessary clutter the names of the organisations are presented as initials which are linked to their organisation name as stated by the interviewees in Organisations gave a number of reasons for networking with other organisations. These reasons were broadly for gaining knowledge about work practices, maintaining relationships and ensuring ongoing collaboration. Networking helped ensure that duplication of services does not occur, and facilitated holding agencies to account to ensure transparency. Another reason was associated with the restricted resourcing available to individual organisations which encouraged them to utilise whatever other agencies were able to contribute to their work. Networking was reported to sustain healthy relationships with the other services involved with their youth and ensure effective collaboration with them. It kept them up to date with what programmes were available so they could more effectively refer their clients.

As well as identifying a complete network, interviewees were asked to identify those organisations they referred young people to, and those they received referrals from. Figure 5 shows the network of referrals to interviewed organisations from other organisations. In this diagram, the initiating organisations are displayed as red circles and their arrows point towards the interviewed organisations which are displayed as blue squares.

Figure 4

Figure 3. Network diagram of the Wairarapa support organisations



Organisations gave a number of reasons for networking with other organisations. These reasons were broadly for gaining knowledge about work practices, maintaining relationships and ensuring ongoing collaboration. Networking helped ensure that duplication of services does not occur, and facilitated holding agencies to account to ensure transparency. Another reason was associated with the restricted resourcing available to individual organisations which encouraged them to utilise whatever other agencies were able to contribute to their work. Networking was reported to sustain healthy relationships with the other services involved with their youth and ensure effective collaboration with them. It kept them up to date with what programmes were available so they could more effectively refer their clients.

As well as identifying a complete network, interviewees were asked to identify those organisations they referred young people to, and those they received referrals from. Figure 5 shows the network of referrals to interviewed organisations from other organisations. In this diagram, the initiating organisations are displayed as red circles and their arrows point towards the interviewed organisations which are displayed as blue squares.

Figure 4. List of organisations included in the service organisation network diagrams with ID codes

<b>Organisations included in the service organisation network diagrams with ID codes</b>			
Alcoholics anonymous	AA	Plunket	PLT
Anglican Youth Ministries	AYM	Police	POL
Autism NZ	AUT	Poverty Action Group, Masterton Family Education and Support Centre	PAG
Cameron community house	CH	Probation	PRO
CAMHS	CAM	Public Health	PH
Capital Coast Health (DHB)	CCH	R2R	R2R
Care NZ	CNZ	Rangitaane o Wairarapa	ROW
Carterton District Council	CDC	Rape crisis	RC
Community Boards	CB	RTL	RTL
Compass Health (PHO)	COM	Salvation Army	SA
Connecting Communities	CC	School Counsellors	SC
Councils	C	Schools	SCH
Courts	COU	Seasons - grief and loss	SNS
MSD Child Youth and Family (CYF)	CYF	Self referral	SR
DHB Social Workers	DHB	Social workers	SW
District nurses	DN	Southern Wairarapa Safer Communities	SCC
Drug and alcohol	D&A	Special Education	SE
Family group conference	FGC	Stopping violence services Wairarapa	SVW
Whaiora Family Start	FS	Strengthening Families	SF
Family Violence Network	FVN	Suicide Prevention Group	SPG
Family works	FW	Supporting Families	SF
Fresh perspective	FP	Social Workers in Schools (unspecified)	SWS
GPs	GP	Te Hauora Runanga o Wairarapa	THR
Guidance Counsellors	GC	Te Kupenga Movement	TKM
Wairarapa DHB Social Workers	HSW	Teen Parent Clinic	TPC
Incredible years	IY	Tertiary and secondary providers	TSP
Justice Department	JD	Truancy	TRU
Lawyers	LAW	UCOL	UCL
Local community	LC	Victim Support	VS
Makoura College Alternative Education	MAE	Wairarapa Free Budgeting Service	WBS
Makoura College - Teen parent unit.	MTP	Wairarapa Comm. Counselling Centre	CCC
Marae/hapu	MH	Wairarapa District Health Board	DHB
Masterton Christian Childcare	MCC	Wairarapa Focus Youth Network	WYN
Masterton Family Education & support	MFE	Wairarapa Youth Forum	WYF
Masterton Police Youth Aid	PYA	Wellstop	WS
Maternity carers	MC	Whaiora	WH
Mental Health	MH	Whānau Ora Wairarapa	WHO
Ministry of Education	MOE	MSD Work and Income	WIN
Ministry of Youth Development	MYD	Women's Centre	WNC
Multi Systemic Therapy Richmond Services	MST	Women's Refuge	WR
Ngā Kanohi Marae o Wairarapa	NGK	YMCA	YCA
NGOs (unspecified)	NGO	Wairarapa Youth Council	YC
Open Home Foundation	OHF	Child Youth and Family Youth Justice	YJ
Wairarapa DHB Paediatrics team	PDC	Youth Kinex	YK
PAFT	PFT	Street Youth Ministries	YSM
Pathways	PTW		





Comparison of the two diagrams shows that the interviewed organisations made referrals to more organisations than the number of organisations they received referrals from. This difference is shown in Figure 7 which lists the numbers of organisations each interviewee made referrals to (No. From), and the numbers of organisations they receive referrals from (No. To). The last column lists the nett numbers of organisations making referrals to each interviewee (Nett To). For example, different organisations have differing roles in networks. Some like Southern Wairarapa Safer community Council and Masterton Police Youth Aid come into contact with young people with problems early in the process and refer them to more specialist organisations who can help them. Other organisations like Wairarapa Community Counselling Centre, Ngā Kanohi Marae o Wairarapa and Stopping Violence Services Wairarapa are more likely to receive referrals for the specific services they offer young people in need and are less likely to refer out.

Figure 7 shows clearly 11 of the interviewees have more organisations in their networks that they refer young people to than the number of organisations they receive referrals from. For six others the out referrals equal in referrals, while six receive more referrals than they initiate.

Figure 7. Numbers of organisations that interviewed organisations receive referrals from and make referrals to

<b>Numbers of organisations that interviewed organisations receive referrals from and make referrals to</b>			
<b>Organisation</b>	<b>No. From</b>	<b>No. To</b>	<b>Nett to</b>
Southern Wairarapa Safer community Council	4	20	<b>16</b>
Masterton Police Youth Aid	0	15	<b>15</b>
Masterton Family Education and support	2	10	<b>8</b>
Wairarapa district health board	3	9	<b>6</b>
Rangitaane o Wairarapa Inc	4	10	<b>6</b>
Child Youth and Family	2	8	<b>6</b>
Whaiora	3	6	<b>3</b>
Child, Adolescent Mental Health Services (CAMHS)	9	12	<b>3</b>
Compass Health (School Clinic Section)	3	5	<b>2</b>
Anglican youth ministries	0	2	<b>2</b>
Connecting Communities	4	5	<b>1</b>
Youth Kinex	0	0	<b>0</b>
Te Hauora Runanga o Wairarapa	3	3	<b>0</b>
R2R	1	1	<b>0</b>
Multi-systemic Therapy (Richmond Fellowship)	2	2	<b>0</b>
Family Works (Turret House)	9	9	<b>0</b>
Care NZ	5	5	<b>0</b>
Youth Council	1	0	<b>-1</b>
Whānau ora Wairarapa-Kaititui team	3	0	<b>-3</b>
Open home foundation of NZ	8	4	<b>-4</b>
Wairarapa Community Counselling Centre	9	3	<b>-6</b>
Ngā Kanohi Marae o Wairarapa	7	1	<b>-6</b>
Stopping Violence Services Wairarapa	10	3	<b>-7</b>
<b>Total</b>	<b>92</b>	<b>133</b>	<b>41</b>

## **Organisation capacity**

Thirteen of the organisations said that they were not over-stretched, and nine said that they were. One had not been operating long enough to know yet. However, all but two organisations identified restraining factors on their capacity. Funding restraints were mentioned by most organisations, and many expressed uncertainty about the current changes to government policy around social sector funding. Lack of funding was reported to have flow-on effects such as an inability to financially support necessary staff up-skilling, and low salaries made it difficult to retain good staff.

A climate of uncertainty and competition was discussed by many and this appeared to have a negative impact on organisational capacity and ability to provide services. One organisation reported that due to funding restrictions agencies were required to divert energy from focussing on youth to focussing, instead, on competing for funding. Another capacity constraint identified was the need to promote services throughout the large physical area of the rural community.

## **Primary issues for youth that organisations are involved with**

The organisations were asked to identify the primary issues affecting the youth they worked with. Their responses can be grouped under five headings: alcohol and drug use, poverty, access to services, parental skills and ability, and lack of motivation and employment opportunity.

### **Alcohol and drug use**

Alcohol and drug use by young people was widely identified as a primary area of concern. In particular self-medication and a culture of family substance use were identified, with alcohol and drug use dependency being seen to be affecting both parents and youth. When young people's parents and families abused alcohol and drugs it was very hard for them not to do likewise.

### **Poverty**

Poverty, with its associated complex outcomes, was widely identified as a primary issue for the young people they worked with. Poverty was associated with living in unhealthy environments in which families were unable to provide essential necessities. Contemporary poverty was also found to be associated with intergenerational dependency and deprivation, which resulted in families lacking the capacity to envisage better lives and assist their children to follow better paths.

### **Access to services**

Access to services was considered limited in particular for affordable or free health care and counselling for young people. Another limiting factor was the availability of transport for getting to and from appointments; this was particularly significant in view of the geographical spread of the Wairarapa.

### **Parental skills and ability**

The question of parental skills and abilities has already been touched on in relation to poverty and alcohol and drug use. It was specifically linked by some providers to family substance abuse, violence in the home, lack of parental and parenting skills, a lack of good role models, low education levels among parents, and lack of parental responsibility.

### **Lack of motivation and opportunity:**

The young people these organisations worked with were also reported to be faced with low employment opportunities, compounded by low aspirations. The two factors of motivation and opportunity were mutually reinforcing, particularly for those youth whose family backgrounds limited their capacity for motivation to begin with.

### **What is working well**

Organisational respondents were asked to identify aspects of their operations that were working well. Their responses emphasised the good working relationships that they considered to exist among service organisations in the Wairarapa. Cross-agency networking and relationships were reported to be working well, and close and positive working relationships and collaboration between organisations were widely discussed. They identified a shared commitment to addressing issues.

In terms of working with youth specifically, being honest and transparent and showing youth they cared about them were considered very important. Relationships with clients, having youth friendly staff – and continuity of staff were considered important, too.

Other areas identified as working well were associated with having a specialist intervention team, having a Māori mental health worker, and engaging with the Pacific Island community. Access to clinics was considered to have improved, as had specific programmes such as the school holiday programme, the Men's Shed, and working with schools on early intervention.

### **What is not working well?**

In common with the answers given on capacity restrictions, the organisations identified funding restrictions as a key area which was not working well. Funding issues were identified as creating uncertainty and tensions between providers. Some organisations discussed the unfair targeting of funding, and the negative impacts of competition for funding on their core work. Poor pay, retaining staff, and preventing burn out were also areas of concern.

Several organisations discussed the negative impacts of siloed funding and suggested the need for a holistic approach to service provision. Siloed funding was also considered to negatively affect organisational coordination and relationships. Overly prescriptive contract requirements prevented a holistic approach or flexibility to delivery of services.

Although widely identified as an area working well, networking and cohesion across agencies was also frequently discussed as something working poorly. In particular communication between agencies could be difficult due to time and work commitments. Time constraints were discussed by multiple organisation respondents who argued that time constraints limited the ability of agencies to work together – even though this was an aspect of their work that they had previously considered to be working well. Time also constrained organisations ability to obtain joined up assessments of their work.

Technology limitations were also identified as an area that limited organisations' capacity to deliver services. The technology used by organisations was often out of step with technology use by young people, such as using text messages and social media to contact youth.

The need for a 'one stop shop' and better access to services was another area considered to be currently working poorly. Engaging with parents and whānau/families about youth needs was also considered by some to be an area that was not working well.

### **Barriers to access**

Organisations were asked to identify barriers to young people accessing and receiving services. Physical location, the rural factor, and transport constraints were the barriers most commonly identified by organisations. The level of youth knowledge about services available was also identified by several organisations as a barrier to them knowing about and therefore accessing the services in the first place. Lack of community resources and 'things to do' were also raised in relation to access barriers for youth. It is possible that any barriers associated with those latter two concerns were also to do with levels of knowledge about what was available.

Family or parental constraints could also be a barrier for some youth accessing services, and this was particularly so for services that required parental consent and a young person was unwilling to ask for this consent. This related also to the question of old fashioned, unhealthy, or entrenched attitudes, which could also be barriers to accessing services. This was particularly the case where attitudes towards teen pregnancy, or the social stigma associated with accessing mental health services were concerned.

Peer pressure, in particular negative peer attitudes about accessing health services including mental or sexual health support was identified as a barrier to youth accessing social services. Cost was also identified as a barrier by several organisations, even though most services were free. It is possible that the cost here was related to travelling to the service location.

### **Solutions to access**

Service providers were forthcoming with solutions to the access barriers they had identified. A resolution to transportation barriers was identified as key factor and suggested solutions included free bus rides to particular 'hot spot' locations, fostering a mobile work force so that service provider staff could take services to young people. Schools could be used as hubs from which services could be provided; schools could also become the sites of 'one stop shop' for young people. Building on resolving transport barriers, organisation respondents suggested that schools could play a role in de-stigmatising service access. Providing services on site could provide an opportunity to normalise attending services such as counselling.

In relation to poor provider relationships, organisations identified the need to build relationships with key people. Funding barriers to access were considered to need more funding for its resolution. Media promotion and increased publicity was identified as a solution for lack of knowledge about services. Technology training for staff was recommended to enable them to more effectively use technology and thereby provide better support for youth. Providing rewards for youth was suggested as a way to encourage engagement and commitment from young people. Other practical solutions that related more to identified problems than to access issues included ensuring better education on the consequences of drug and alcohol use, providing free contraceptives, and providing parenting programmes.

## Service provider interviews –educational

Fifteen interviews were carried out with representatives from 12 educational organisations that work with youth in the Wairarapa. Of those organisations all 12 provided specific services in one or more of the five SST priority areas, four covered all five areas, three covered four, one covered three, two covered two, and two covered one. Seven organisations covered Offending, 11 covered truancy, seven covered alcohol and drug use, eight covered risky sexual behaviour, and eight covered education and training. The four primary schools did not report offering education and training.

## How young people access services

The organisations reported that their services were accessed through referrals of various types ranging from voluntary self-referrals to compulsory referrals. Seven of the 12 educational organisations took referrals from other organisations, eight took self-referrals, eight took whānau/family referrals, and all 12 took compulsory referrals. Three used only one referral method, one used two methods, two used three methods, and six used all four referral methods.

## What youth do to receive services

Respondents were asked what young people needed to do in order to be in a position to receive services. The short answer was that they needed to 'be really bad', and the presence of such young people led to a lot of time being spent on social needs within the school. The schools brought in other agencies only as a last resort following a teacher making a request for support. The Resource Teachers Learning & Behaviour (RTLB) support is focussed on learning and behaviour in the school environment, and not primarily on discipline or behaviour issues, but involving family dealing with an issue may require a home visit by the RTLB or an initial meeting at school or off site. Parents/caregivers are invited to participate in a planning meeting, and later a review/closure meeting. Guidance counsellors deal with all such issues, and no costs are involved

Figure 8. Educational organisations interviewed

<b>Educational organisations interviewed</b>
Martinborough Primary School
Creative Learning Scheme, Equippers Church Alternative Education.
RTLB services. Remutaka Resource Teachers Learning & Behaviour (RTLB)
Wairarapa college
Taratahi Agricultural Training Centre
Featherston School
Masterton Primary School
Kuranui College
Lakeview School
SWIS - Social workers in schools
Makoura College - Teen Parent Unit.
Makoura College

## Networking with other organisations

All of the organisations interviewed networked with other organisations based in the Wairarapa. The numbers of organisations included in individual networks ranged from 15 for RTLB services down to two for Martinborough Primary School. The network link numbers for all organisations are shown in Figure 9

Figure 9. Educational organisations interviewed

Interviewed organisations	Network links
RTLB services	15
Makoura College	11
Kuranui College	9
SWIS - Social workers in schools	8
Creative Learning Scheme	5
Masterton Primary School	5
Wairarapa college	4
Taratahi Agricultural Training Centre	4
Featherston School	4
Lakeview School	4
Makoura College - Teen parent unit.	4
Martinborough Primary School	2

The complete network of all organisations the interviewees identified as those they networked with is shown in Figure 10. The diagram displays the interviewed organisations as red circles, and those they network with as blue squares. The lines point from the interviewees to the organisations they identified, with arrows indicating that the link is one directed from the interviewee to the networked organisation(s). The network is quite complex and to avoid unnecessary clutter the names of the organisations are presented as initials which are linked to their full organisation name in Figure 11.

As well as identifying a complete network, interviewees were asked to identify those organisations they referred young people to, and those they received referrals from. Figure 12 shows the network of referrals to interviewed organisations from other organisations. In this diagram, the initiating organisations are displayed as red circles and their arrows point towards the interviewed organisations which are displayed as blue squares.

Comparison of the two diagrams (Figures 12 & 13) shows that the interviewed schools made referrals to more organisations than the number of organisations they received referrals from. This is probably because schools have a natural connection with most children in New Zealand and when they notice a young person has a serious problem with one of the SST outcome areas they refer them to specialist services for help. This is shown in Figure 14 which lists the numbers of organisations each interviewee made referrals to (No. From), and the numbers of organisations they receive referrals from (No. To). The last column lists the nett numbers of organisations making referrals to each interviewee (Nett To). Figure 14 shows clearly overall the interviewees have more organisations in their networks that they refer young people to than the number of organisations they receive referrals from.

Figure 13 shows the network of referrals to other organisations from the interviewed organisations. In this diagram the interviewed organisations are displayed as red circle and their arrows point to the organisations they refer young people to and which are displayed as blue squares. All lines have arrow points but some are obscured by the identifying code letters.

Organisations gave a number of reasons for networking with other organisations. Chief among these was that schools are not funded or resourced to fully deal with the complex needs that the children have and other organisations are able to offer professional help with issues beyond the schools’ scope of practice. Networking helps meet non-educational needs such as, for example, providing breakfasts through breakfast club for hungry kids. Networking also facilitates getting to know people in the wider community and keep in touch with what is happening. It enables schools to support their students and families to deal with concerns that are wider than education, and improves their effectiveness within the community as a provider of education.

Figure 10. Network diagram of the Wairarapa schools

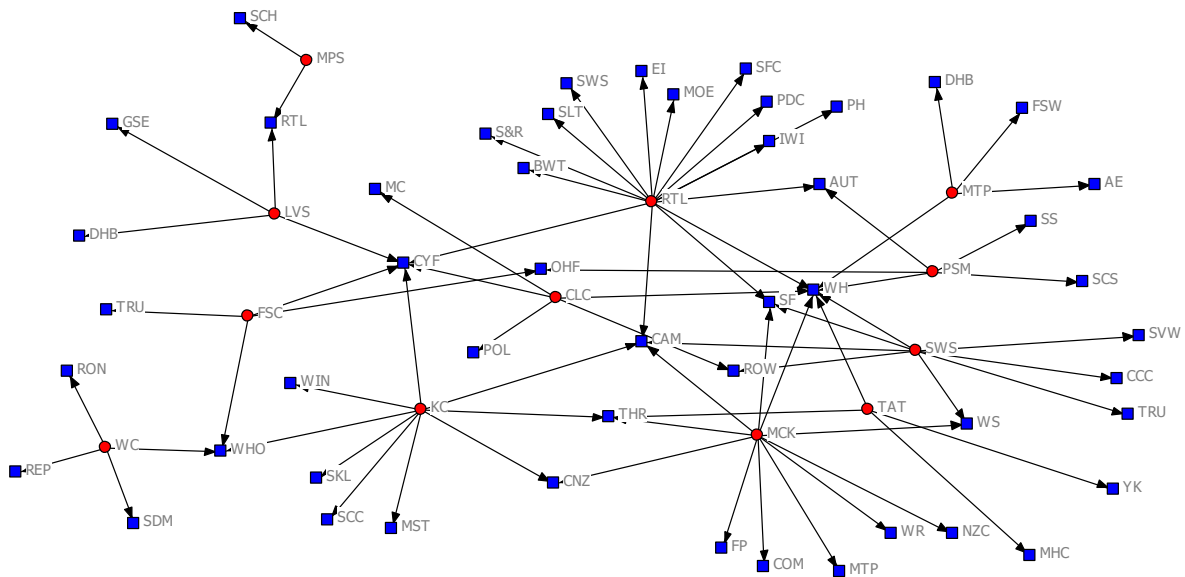


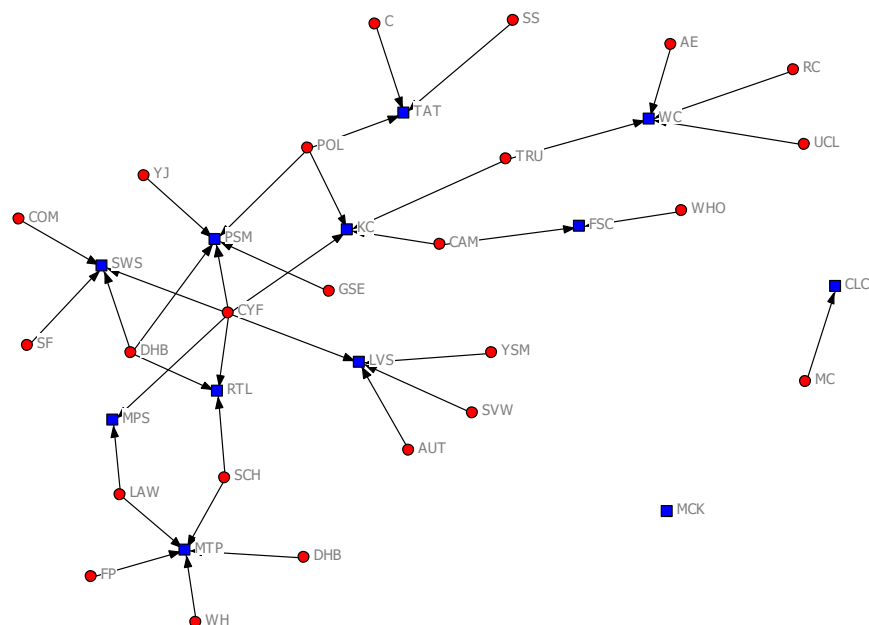
Figure 11. List of organisations included in the school network diagrams with ID codes

<b>Organisations included in the school network diagrams with ID codes</b>			
Autism NZ	AUT	Wairarapa DHB Paediatrics team	PDC
CAMHS	CAM	Plunket	PLT
Care NZ	CNZ	Police	POL
Compass health Tom Be Heard Programme	COM	Presbyterian Support	PS
Councils	C	Public Health Nurses	PH
Creative Learning Scheme	CLC	Rangitaane o Wairarapa Social Workers in Schools	ROW
MSD Child Youth and Family (CYF)	CYF	Rape crisis	RC
Wairarapa DHB	DHB	REAP	REP
District nurses	DN	Rock on	RON
Early Intervention	EI	RTL services	RTL
Faith service worker	FSW	Safer communities STAND	SCS



Family Planning	FP	Skylight (loss and grief counselling)	SKL
Family works	FW	Social workers	SW
Featherston School	FSC	South Wairarapa Community Council	SCC
GPs	GP	Speech language therapists	SLT
Group Special Education (GSE)	GSE	Sport and recreation bodies	S&R
Iwi groups (not further specified)	IWI	Stand for Children	SFC
Kuranui College	KC	Stopping Violence	SVW
Lakeview School	LVS	Strengthening Families	SF
Lawyers	LAW	SWIS - Social workers in schools	SWS
Makoura College Alternative Education	MAE	Taratahi Agricultural Training Centre	TAT
Makoura College	MC	Te Hauora Runanga o Wairarapa	THR
Makoura College - Teen parent unit.	MTP	Truancy Officer	TRU
Makoura College, "kia manawanui"	MCK	Universal College of Learning	UCL
Māori student development	SDM	Wairarapa College	WC
Martinborough Primary School	MPS	Wairarapa Counselling Centre	CCC
Masterton Primary School	PSM	Wellstop	WS
Mental health crisis team	MHC	Whaiora	WH
Midwife from Wairarapa DHB	DHB	Whānau Ora	WHO
Ministry of Education SE&S	MOE	MSD Work and Income	WIN
Multi-systemic Therapy Richmond Services	MST	Women's refuge	WR
NGOs (unspecified)	NGO	Youth Justice	YJ
NZ Care	NZC	Youth Kinex	YK
Open Home Foundation	OHF	Youth Street Ministries	YSM
Other schools	SCH		

Figure 12. Network diagram of referrals to interviewed schools from other organisations



Comparison of the two diagrams (Figures 12 & 13) shows that the interviewed schools made referrals to more organisations than the number of organisations they received referrals from. This is probably because schools have a natural connection with most children in New Zealand and when they notice a young person has a serious problem with one of the SST outcome areas they refer them to specialist services for help. This is shown in Figure 14 which lists the numbers of organisations each interviewee made referrals to (No. From), and

the numbers of organisations they receive referrals from (No. To). The last column lists the nett numbers of organisations making referrals to each interviewee (Nett To). Figure 14 shows clearly overall the interviewees have more organisations in their networks that they refer young people to than the number of organisations they receive referrals from.

Figure 13. Network diagram of referrals from interviewed schools to other organisations

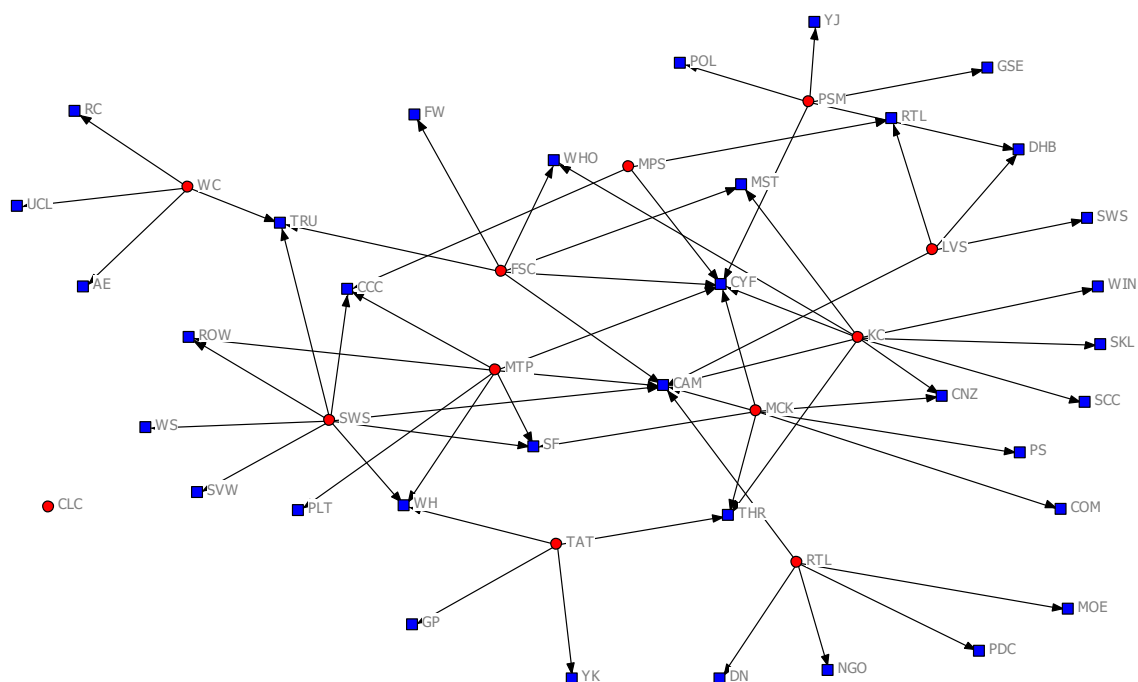


Figure 14. Numbers of organisations that interviewed schools receive referrals from and make referrals to

Organisation	No. From	No. To	Nett To
Creative Learning Scheme	1	0	-1
Masterton Primary School	5	5	0
Wairarapa college	4	4	0
Lakeview School	4	5	1
Martinborough Primary School	2	3	1
Taratahi Agricultural Training Centre	3	4	1
Makoura College - Teen parent unit.	5	7	2
RTLb services	3	5	2
Featherston School	2	6	4
SWIS - Social workers in schools	4	8	4
Kuranui College	4	9	5
Makoura College, "kia manawanui, courage and compassion"	0	7	7
Total	37	63	26

### Organisation capacity

The educational organisations interviewed were able to meet their obligations but all experienced resourcing constraints that limited their capacity to meet the needs of their schools. The resourcing constraints they identified covered funding, staff training and development, and expanding demands on them beyond their core educational responsibilities.

The lack of funding identified by the organisations were reported to have flow-on effects such as an inability to financially support necessary staff up-skilling, or to retain good staff on low salaries. One organisation said that due to funding restrictions agencies were not focussing on youth and were instead focussing on their funding competition. The need to promote services throughout the community was also identified as a capacity restriction, as was the physical area of a huge rural DHB. A recent restructuring in the health sector had removed an assessment programme that one school used to run.

A climate of uncertainty and competition in service provision and funding acquisition was discussed by many and appeared to have a negative impact on organisational ability and on service provision. There were felt to be too many cases to be dealt with and the provision of quality care got harder as the load increased. It was felt that services were not sufficient to meet the existing levels of need.

### **Primary issues for youth identified by education organisations**

The organisations were asked to identify the primary issues affecting the youth they worked with. Their responses can be grouped under the same five headings as those named by the non-educational organisations: alcohol and drug use, poverty, access to services, parental skills and ability, and lack of motivation and opportunity with essentially the same emphasis.

### **What is working well**

Organisational respondents were asked to identify aspects of their operations that were working well. They emphasised the strengths based approaches they used, their restorative practice, and collaborative consultation processes. They also felt that their truancy processes were working well, as was their sharing of information between agencies and organisations, and timely pick up of referrals. For one school, relationships with the pupils had improved and contributed to building the politeness of pupils, their pride in their school, and their pride in themselves.

### **What is not working well**

Organisations identified a small number of things that they did not consider to be working as well as they should. Most of them related to various aspects of service delivery by service organisations in the Wairarapa, while one related to access to funding, and another to the challenging behaviour of youth. On the service delivery front, there was comment about the untimely closure of CYF cases, lack of support for families, and difficulty contacting a particular social worker. The availability of housing for under 18s living on their own was a problem. It was claimed that Youth Services had different rules in different regions, and keeping services accountable was hard work as it required them having to be 'on the case' constantly. Stopping violence services in South Wairarapa were hard to access by agencies in South Wairarapa. These shortcomings were aggravated by difficulties accessing funding, which was not always transparent, and the challenging behaviour of youth.

### **Barriers to access**

The things identified as barriers to young people accessing services covered geographic, administrative and availability, and socio-economic and educational factors.

The geographic factors were associated with transport and distance from services for rural young people which could make arranging and keeping appointments difficult.

The administrative and availability factors were associated with the workings of service organisations themselves. One of these was to do with the parameters that services were considered to limit themselves with, such as age barriers, financial barriers, timeframes, and

waiting lists for service. An example of the latter was getting children into Health Camp which, it was said, could take a very long time. One interviewee noted that a particular organisation had received funding to address particular issues but there had been no sign where, or whether, those funds had been used to address those issues. The same interviewee identified another programme they considered hard to access and wondered whether the staff was sufficiently qualified to deal with complex issues. Lack of availability was cited for several types or combinations of services: a multidisciplinary team to diagnose developmental disorders and provide follow-up treatment or recommendations; and social workers not being available.

Socio-economic and educational factors were identified involving a general lack of awareness of what was available to parents/families. This could be compounded by lack of awareness of what is possible, and resistance from families who have had poor experiences of education. Students' own feelings of self worth, childhood illness, poverty and poor housing were all identified as socioeconomic factors that could pose barriers to some young people accessing and benefitting from services aimed to help them.

### **Solutions to access**

The solutions proposed by interviewees to overcome barriers to access were aimed at addressing the geographic, administrative and availability, and socio-economic and educational barriers they had identified.

The only response to the geographic barriers associated with distance and transport was for transport to be made available to young people needing it to access services, but it was noted that the school concerned was limited in what it could offer.

Solutions to barriers associated with administrative and availability factors covered increasing funding and some specific service provision suggestions. It was thought important to fund schools appropriately to meet needs of all children, with more school social and health workers, and more well paid staff. This was important to improve follow up and rebuilding relationships with youth, to provide the necessary services and make them more user friendly. It was recommended that the DHB provide access to a multidisciplinary team to diagnose developmental disorders and provide follow-up treatment/recommendations. Also identified was a need for alternative education services for seriously disturbed children. More and better trained staff, better communication between Education Ministry and schools, and a Wairarapa health camp were other service additions and improvements recommended. It was recommended that CYF be brought in sooner when there were problems in homes and before they reached crisis level, and those children in high risk situations should be removed from them. Another suggestion was that schools should be able to seek funding from government agencies.

Solutions to barriers associated with socio-economic and educational factors focused on education, awareness raising, and breaking the cycle of poverty. Increasing awareness about what services are available and what they do was suggested. Education and training to allow pupils to break the cycle of poverty, build their self-esteem, and raise their expectations. Useful services that had been established were school breakfast clubs and health clinics that had free nurses and doctors.

### **Study limitations**

This report is based on analysis of the responses of service and educational providers who were interviewed. The resulting snapshot and mapping is based entirely on the comments and observations they have made of their own experiences and perceptions. The views of the representatives of organisations who were interviewed are their own, and do not necessarily represent the official views of the organisations they represent.

## **Acknowledgements**

The authors wish to acknowledge the service and educational providers who agreed to be interviewed and thus made this study possible. In so doing we also acknowledge the organisations they work for and the significant contribution they make to the wellbeing of young people in need.

We acknowledge the interviewers Jenny Chalmers, Margaret Crawford, Wai Quayle, Barbara Scarfe, Brenden Saayman, Jane Giles, Ross Thompson and Whaia Hariata Tahana who supported the study and helped its initiation. Their persistence when recruiting interviewees and their care when interviewing are greatly appreciated.