



2018 TRANSITIONS COHORT NEEDS ASSESSMENT

Results from Stage Two: 'High' and 'Very high' needs survey

EVIDENCE CENTRE

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The Oranga Tamariki Evidence Centre works to build the evidence base that helps us better understand wellbeing and what works to improve outcomes for New Zealand's children, young people and their whānau.

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EXECUTIVE SUMMARY

Purpose

In order to inform the design and costing of options for the new Transition Support Service (TSS) operating from July 1 2019, we undertook a two-stage intelligence gathering exercise. The purpose of this exercise was to find out more about the 948 young people aged 15-17 years who were currently in the Custody of the Chief Executive of Oranga Tamariki and had been or were likely to remain in care for three months or more.

Stage One, completed in August 2018, assessed the level of need of each young person and identified that 378 young people (40%) had a 'high' or 'very high' level of need¹. To best support these young people, who are at particular risk of not making a successful transition to independence, we undertook Stage Two to find out more about them.

Stage Two, completed in September 2018, collected more detailed information on the circumstances, needs and service delivery gaps experienced by 120 of the young people with 'high' or 'very high' needs.

Method

135 young people with 'high' and 'very high' needs were selected through a random stratified sampling method. Strata were based on Oranga Tamariki care and protection and youth justice site locations across three geographic area types: Major Urban Centres (MUC), provincial and rural.

In total, 120 telephone interviews were undertaken with the site social workers who were familiar with the young person and were best placed to provide an analysis of their needs and situation, giving a final response rate of 89%. Interviews took 30 minutes on average.

The sample covered 96 young people in care and protection and 24 in youth justice sites, with 48 in MUCs, 44 in provincial areas and 28 young people from rural sites. We over-sampled young people in rural and provincial sites to ensure we had sufficient numbers to meaningfully assess their needs and circumstances. Proportions presented in this report are weighted to represent the true distribution of young people with high or very high needs across MUC, provincial and rural sites².

¹ Results are summarised in Appendix 2.

² Where numbers are referenced, these are raw numbers of young people. Only percentages used are weighted by geostrata.

Results

Relationships

- Over three quarters of young people (77%) were identified as having a trusted (non-professional) adult in their lives. In 80% of these cases, the adult was identified as having a positive influence on the young person (61% of total sample).
- 14% of young people were identified as being parents or caregivers for a dependent child (or expecting to be).

Engagement

- Half of young people (48%) were identified as willing to engage with services, with an additional 39% willing to engage "partially".
- Two thirds (68%) were currently attending school or a training programme (though 9% only "sporadically"). Seven per cent were in regular paid employment (3% full-time and 4% part-time).
- 15 year-olds were significantly more likely to be in school or training than 17 year-olds.

Risky behaviour

- The vast majority (89%) were identified as exhibiting behaviours that put themselves or others at risk of harm.
- The most common types of risky behaviours identified were impulsive behaviour/ lack of self-control (71% of young people), verbal violence/ aggression (60%), absconding (57%) and associating with dangerous people (54%).
- Most young people were identified as exhibiting risky behaviours at least once a week (56%), with nearly a third demonstrating risky behaviour daily (30%).
- The most frequently reported direct consequences of risky behaviour were loss of placement/ accommodation (61%) and loss of relationships/ support network (59%).

Mental Health

- Four in every five young people surveyed were identified as either having, or were suspected to have, mental health needs (78%). Comorbidity was common with half of the young people surveyed identified as having, or suspected of having, more than one type of mental health need (51%).
- Most common mental health issues were trauma or stressor-related disorders (48% of all young people), followed by anxiety and depressive disorders (30% and 27%).
- Of those with mental health needs (n=91):
 - 42% were having their mental health needs sufficiently addressed, with a further 38% having their needs addressed 'partially'.
 - Many young people were identified as having multiple mental health needs. The average number of needs (based on types of need identified) was 2.6.
- The most common mental health services required, by more than a third of all young people surveyed going forward, were DHB mental health services and 'trauma work (e.g. counselling)'. A quarter (23%) were identified as requiring specialist NGO treatment services.
- A fifth of the young people surveyed had (or were suspected to have) mental health needs for which there were insufficient mental health services available in their area (20%).

Disability

- Half of the young people in the survey (47%) were identified as having a disability or were suspected to have a disability.
- Most of these young people had one disability (58%). However, one in five of the total young people had, or were suspected to have, two or more disabilities (19%).
- The most common types of disability were neurological (26% of young people) and intellectual disability (18%), followed by learning disabilities (7%).
- Of those with a disability or suspected disability (n=59):
 - A third (30%) were identified as not being eligible for Disability Support Services.
 - Just under half (44%) were having their needs adequately addressed.
 - Just over half (56%) had the services they require available to them in their region.
 - Young people in rural areas were significantly less likely than their MUC counterparts to have required services available to them.
- A third required specialist Disability Support Services (DSS) going forward (34%), and another third required regular check-ins as part of a supported living arrangement (37%).
- Nearly a quarter (22%) of the total young people in the survey had disability needs that were not adequately addressed and 17% did not have sufficient support services available in their area to meet their needs.

Substance Abuse

- Over half (54%) of young people were identified as having, or were suspected to have, a substance abuse problem.
- Notably, young people under youth justice orders were significantly more likely than young people under care and protection orders to have a substance abuse issue (73% versus 48%).
- The most frequently abused types of substances were marijuana (45% of young people sampled) and alcohol (33%), followed by tobacco, synthetic cannabis and methamphetamine (around 15% for each substance).
- Half of the cohort (51%) was thought to be abusing two or more substances.
- Of those young people identified as currently abusing or suspected to be abusing substances (n=63):
 - Most abused multiple substances (74%).
 - A quarter (25%) were identified as having their substance abuse needs being adequately addressed, with 30% having needs 'partially' addressed or were being waitlisted.
 - Required services were sufficiently available for seven in ten (69%) of young people who needed them, whilst one in ten (11%) did not have the required services available at all.
 - The most frequently required type of support service was for NGO treatment programmes such those offered by Care NZ and Odyssey (required for nearly half of young people with substance abuse needs (46%). Over a quarter (29%) required a DHB Community Alcohol and Drugs Service (CADS) or peer support/mentoring (26%).
- Two in five of the total young people in the survey were not having substance abuse needs adequately addressed (39%) and 15% did not have the required substance abuse services sufficiently available in their region.

Co-presenting of mental health, substance abuse and disability-related needs

- Comorbidity across the broad health-related need categories was common. Nearly two-thirds of the young people in the survey co-presented with two or more of the mental health, disability and/or substance abuse need categories (63%).
- The needs most commonly presented together were mental health and substance abuse (40% of the total sample), followed by disability and mental health (35%) and disability and substance abuse (18%).
- 15% of the young people surveyed were identified as having (or suspected of having) all three of the mental health, substance abuse and disability-related need categories.

Living arrangements

- Most of the young people were currently living with a whanau caregiver (25%), with an NGO or an Iwi social service provider (22%), or in a youth justice residence (12%).
- Half of young people had been in the same placement type for six months or more (54%). One in five had been in their current placement for less than one month (19%).
- Looking ahead:
 - Three quarters of the young people surveyed were expected to remain in their current area (78%) while 12% of young people were expected to move out of area, often to provincial and urban centres where whānau/family members live.
 - Over half the young people were assessed as unlikely to want to remain or return to living with a caregiver (55%).
 - A quarter of the young people were identified as likely to want to remain with their current caregiver (23%) with one in ten (9%) requiring an alternative caregiver. Social workers were unsure what ongoing arrangements would be required for 13% of the young people.
- Young people living with an NGO specialist/intensive support provider were most likely to be identified as likely to want to remain in or return to a caregiving relationship.
- Young people in youth justice residences were significantly less likely to want to remain or return to living with a caregiver³.
- Most young people required some form of supported living going forward. The main types of accommodation required were flatting arrangements with weekly or daily check-ins (30%), 24 hour supported accommodation (25%) and supervised living arrangements with access to on-call support (20%).
- Young people with a disability or who were suspected to have a disability were much more likely to require supported living arrangements compared to young people without disabilities.
- 16% of the young people were identified as able to flat independently, either on their own or with others.
- The absence of a supported living provider was the most frequently reported barrier to finding suitable accommodation going forward (33%). Over a quarter of social workers mentioned difficulties in finding flats (28%).

³ Young people in youth justice will not be eligible to live with a caregiver once they have left custody unless they have eligibility for this service via a care and protection status, which around half will.

Other challenges to successful transition

- Three in every five of the young people were reported to have on-going family/whānau dynamics, which presented a further barrier to successful transition (60%).
- Half of all young people were identified as lacking in life skills, social skills, a driver's license and/or healthy relationships.
- Two in five lacked the presence of supportive adults in their lives (42%).

INTRODUCTION

To prepare for the operationalisation of a new Transition Support Service from July 1 2019, Oranga Tamariki has collected a range of information and insights on young people (aged 15-17 years) currently in the Custody of the Chief Executive who will be transitioning out of care in the near future and becoming independent adults. This information has come from the Oranga Tamariki CYRAS⁴ case management system, the cross-agency Integrated Data Infrastructure (IDI) and interviews and workshops with staff, young people and other key stakeholders.

It is expected that annually 600 15-17 year olds currently in care and youth justice will become eligible for the new Transitions Support Service⁵. To help design and quantify the cost of options for delivering the new TSS we are supplementing our knowledge base through a two-step methodology designed to capture detailed information on the prevalence of levels and types of need across the 15-17 year-old cohort.

Stage One, completed in August 2018, involved assessments for 948 young people aged 15-17 years who were currently in care or youth justice custody and had been or were likely to remain there for three months or more⁶. The circumstances and needs of each young person in the cohort were reviewed by site social workers, and each young person was categorised by 'level of need' (low, moderate, high or very high needs). Of these young people, 40% (n=378) were identified as having a 'high' or 'very high' level of need (22% and 18% respectively). Criteria for each category can be found in Appendix One, and a summary report of the method and results is provided in Appendix Two.

Stage Two, completed in September 2018, collected detailed information on the needs and circumstances of a sample of 120 young people – randomly selected from the 378 identified as having 'high' or 'very high' needs.

This paper summarises the purpose, method and results from the Stage Two survey.

Purpose

The Stage Two survey was designed to extend our understanding of the circumstances, needs and service delivery gaps experienced by the high and very high needs transitioning population – those 15-17 year olds in Oranga Tamariki care most at risk of not making a successful transition to independence. The knowledge derived from this survey will help Oranga Tamariki to design, budget, and develop services to meet these needs.

Method

Six Oranga Tamariki staff with expertise in young people with high needs who are in care undertook telephone interviews with site social workers who knew each young person, and were best placed to provide an analysis of their needs and situation. Interviews took around 30 minutes each.

⁴ Care and Protection, Youth Justice, Residential and Adoption Services.

⁵ Harding, S. (2018). *Understanding the transitions population: Multi-analysis of the transition cohort of young people and young adults, to inform the service design of transition support*. Oranga Tamariki: Wellington. Unpublished.

⁶The criteria for participation included: aged 15-17 years as at 1 July 2018; had been in care for three or more months as at June 21 2018 OR were under Oranga Tamariki care under sections 101, 110 and 140 (and therefore likely to remain under Oranga Tamariki care for three or more months), and were not under Oranga Tamariki care under Section 78 (because this arrangement applies to interim care only).

A stratified random sample of 135 young people with high or very high needs was selected, of whom results are available for 120 (a response rate of 89%). Strata were based on geographic location of sites (Major Urban Centre, provincial and rural location). Percentages presented in this paper are weighted proportions⁷. A full description of the survey methodology, characteristics of the sample and reporting protocols can be found in Appendix Three. The full survey questionnaire is provided in Appendix Four.

Limitations/caveats

This exercise was aimed at providing Oranga Tamariki and the wider social sector with a sense of the scale of the needs, and service availability across the high and very high needs transitioning population. It was based on a random sample of the population of high and very high needs young people in care so is subject to caveats and limitations on accuracy when these are extrapolated back to that wider population:

All results presented need to be interpreted as a mid-point of a range in which the true result lies. Based on random sampling methodology and probability theory the parameters of the ranges are set at the points where we are 95% confident the rate in the true population will fall. Based on our sample size (n=120) and that of the wider population (n=348), these are:

- For the total population, plus or minus seven percentage points (+/- 7%)
- For sub-population analysis where there are two main groups (e.g. gender), these are +/- 10 percentage points (+/- 10%).
- For subpopulation analysis where there are multiple categories (e.g. geographic type or ethnicity), or where one of two main groups are small (e.g. youth justice n=24) these are +/- 12 percentage points (+/- 12%).

Results cannot be presented for small sub-populations, such as for Pacific young people (sample <10), for example. Therefore, analysis by ethnicity is limited to Māori and NZ European/Pakeha young people only. We can report on gender, custody type (care and protection versus youth justice), and geographic area (the stratified sampling approach ensured sufficient numbers of rural young people). Where particular responses are analysed by demographic variables (e.g. availability of services responses from the subset of young people with mental health needs), indicative results are presented, but these need to be interpreted with particular caution as the sample size may be in single figures.

It is important to recognise that social workers making the Stage One and Two assessments did not have perfect knowledge of the young people, diagnostic information or the extent to which services are available in their region (including services provided in other sectors). This may impact on the accuracy of the assessments across both stages. As we did not inquire about service effectiveness, we cannot comment on this.

⁷ Percentages used are weighted by geostrata. Where numbers are referenced, these are raw numbers of young people.

RESULTS

Section 1: Relationships and Engagement

Does this young person have a trusted (non-professional) adult in their lives?

Over three quarters of young people (77%) were identified as having a trusted (non-professional) adult in their lives (19% did not, while in 5% of cases social workers were unsure).

Of note (but not of statistically significant difference):

- Youth justice young people were more likely than care and protection young people to have a trusted adult in their lives (85% versus 74%).
- Males were more likely than females to be reported as having a trusted adult in their lives (81% versus 71%).
- European/Pakeha young people were slightly more likely than Māori young people to have a trusted adult in their lives (81% versus 74%).
- Rural (86%) young people were more likely than young people from MUCs (73%) to have a trusted adult in their lives. Provincial young people were in the middle with 80%.

Does this adult have a positive influence on the young person?

Of those that did have a trusted (non-professional) adult in their lives, in 80% of cases, the adult was identified as having a positive influence on the young person (13% did not and 7% were unsure). This equates to 61% of the total sample.

Is this young person willing to engage with services?

Half of young people (48%) were identified as willing to engage with services, with a further 39% willing to engage "partially". 13% were not considered willing to engage with services.

Of note (but not of statistically significant difference):

- Youth justice young people were more likely to be willing to engage than care and protection young people (57% versus 45%), but the total including those willing to engage partially was higher for care and protection (90% versus 78%).
- Males were more likely to engage than females (53% versus 42%).
- NZ European/Pakeha young people were more likely to engage than Māori (56% versus 40%).
- Young people in provincial areas were least likely to engage with services (37%), whilst those from rural areas were more likely to engage in services (57%). See Table 1.

Table 1: Percentage of young people reported as willing to engage with services

	Geographic type			Overall proportion (n=119) ⁸
	MUC (n=48)	Provincial (n=43)	Rural (n=28)	
Yes	52%	37%	57%	48%
Partially	35%	47%	36%	39%
No	13%	16%	7%	13%

⁸ Sums to 119 due to one blank response for this section.

Is this young person a parent or caregiver for a dependent child, or soon to be?

14% were a parent or caregiver for a dependent child (or soon to be). At one in every 5, females were twice as likely as males to be identified as a parent or caregiver (or expecting to be).

Is this young person currently attending school or other training programme?

Two thirds (68%) were currently attending school or a training programme

- Half (50%) were attending school or training full time, one in ten (9%) were attending school or training part-time, and 9% sporadically. One third (32%) were not engaged in school or training.
- Results varied by age, with younger members of the transitioning population much more likely to be engaged in school or training than older members of the cohort. Two-thirds of 15 year-olds were in school or training full time (67%), compared to less than half of 16 year-olds (44%) and only a quarter of 17 year-olds (27%).

Table 2: Percentage of young people reported as attending school

	Age			Overall proportion (n=119)
	15 (n=48)	16 (n=47)	17 (n=24)	
Full-time	67%	44%	27%	50%
Part-time	11%	10%	4%	9%
Sporadic	6%	12%	10%	9%
Not at all	16%	34%	60%	32%

Does this young person have a job?

90% of the young people did not have a job. 10% worked in some capacity.

- 7% were in regular paid employment (3% working full-time and 4% working part-time); 1% worked sporadically and 1% worked in a voluntary capacity⁹.
- By age, there was no clear pattern. 16 year-olds were most likely to be in full or part-time work (11%), compared to 6% of 15 year-olds and 2% of 17 year-olds.

⁹ Does not sum to 10% due to rounding.

Section 2: Risky Behaviour

Do the behaviours of the young person put themselves or others at risk of harm?

The vast majority (89%) were identified as exhibiting behaviours that put themselves or others at risk of harm (7% did not and in 4% of cases social workers were unsure).

Of note¹⁰:

- Young people in youth justice had similar rates of likelihood to exhibit risky behaviours to care and protection youth (93% versus 88%).
- Males and females were equally likely to exhibit risky behaviours.
- NZ European were slightly more likely than Māori young people (95% versus 88%) to exhibit risky behaviours.
- Young people in rural areas were less likely to exhibit risky behaviours than those in provincial areas and MUCs (75% versus 93% and 90% respectively).

Which behaviours are these?

The most common types of risky behaviours identified were impulsive behaviour/lack of self-control (71%), verbal violence/aggression (60%), absconding (57%) and associating with dangerous people (54%).

Table 3: Prevalence of types of risky behaviour

Risky Behaviour Type	Overall proportion (n=120)
Impulsive behaviour/ lack of self-control	71%
Verbal violence/ aggression	60%
Absconding	57%
Association with dangerous people	54%
Social difficulties with peers	52%
Substance misuse	50%
Property damage	50%
Physical violence/ aggression	49%
Theft	46%
Unsafe sexual behaviours	35%
Reclusive behaviour	32%
Self-neglect	32%
Self-harm	27%
General offending	26%
Petty crime	24%
Suicide attempts	16%
Sexually abusive to others	10%
Firelighting	7%
Cruelty to animals	6%
Other risky behaviours <i>Most commonly including controlling others, stealing cars, lying and manipulating</i>	24%

¹⁰ These findings are not statistically significant.

How often do these behaviours occur?

Over half of young people were identified as exhibiting risky behaviours at least once a week (56%).

- Nearly a third exhibited risky behaviours daily (30%), while 26% exhibited them weekly.
- A further 10% exhibited risky behaviours monthly or quarterly.

Table 4: Frequency of risky behaviours

Frequency	Overall proportion ¹¹ (n=112)
Daily	30%
Weekly	26%
Monthly	8%
Quarterly	2%
Sporadic	31%
No response	2%

What have the consequences of these behaviours been?

The most frequently reported consequences for the young people were loss of placement/accommodation (61%) and loss of relationships/support network (59%).

- Half of young people experienced a negative impact on their sense of self (52%) and being charged (52%), or were committed to a residence or other institution as a result of their behaviour (48%).
- Over a third required medical treatment (38%) or had to move out of their home area (36%).
- For 17% of young people, their actions led to others requiring medical treatment.

¹¹ This shows the weighted count as a proportion of those young people whom social workers identified as exhibiting risky behaviours or where the response was 'unsure'.

Section 3: Mental Health Needs

Does this young person have mental health needs?

Over three quarters (78%) of young people were identified as either having, or were suspected to have, mental health needs.

- In 53% of cases, the social worker categorically identified the young person as having mental health needs.
- In a quarter of cases, the young person was suspected to have undiagnosed mental health needs (22%) or was in the process of diagnosis (3%).

Of note¹²:

- Young people in the youth justice system were similarly likely to be assessed as having mental health needs (55% versus 52%) but less likely to have suspected/undiagnosed mental health needs (15% versus 27% for care and protection).
- Males and females had similar rates of mental health needs, as did NZ Europeans/Pakeha and Māori young people.
- Young people in MUCs were more likely to be positively identified as having mental health issues (confirmed in 60% of cases, compared to 45% for provincial young people and 39% for rural young people). However rates of suspected/undiagnosed mental health issues were higher in provincial and rural sites (32% and 31% versus 15% in MUCs). See Table 5.

Table 5: Percentage of young people with diagnosed or suspected mental health needs

	Geographic type			Overall proportion (n=118) ¹³
	MUC (n=48)	Provincial (n=42)	Rural (n=28)	
Yes	60%	45%	39%	53%
In process of diagnosis	4%	0%	4%	3%
Suspected/ Undiagnosed	15%	31%	32%	22%
No	21%	24%	25%	22%

What type of mental health needs does this young person have?

Most commonly, half of all young people were identified as having a trauma or stressor-related disorder (48%) while nearly a third had an anxiety disorder (30%) and over a quarter had a depressive disorder (27%).

¹² These findings are not statistically significant.

¹³ Total sums to 118 due to two blank responses for this section.

Table 6: Types of mental health need

Types of Mental Health Needs	Overall proportion (n=118) ¹⁴
Trauma or stressor-related disorder	48%
Anxiety disorder (including OCD)	30%
Depressive disorder	27%
Oppositional Defiant Disorder	21%
Conduct problem/ disorder	20%
Attention Deficit Hyperactivity Disorder (ADHD)	15%
Attachment Disorder	8%
Psychosis (e.g. Schizophrenia)	5%
Eating disorder	4%
Other Mental Health needs <i>Most commonly suicidal ideation, but also including gaming addictions and personality disorders</i>	10%

Comorbidity was common with over half of the young people in the full sample identified as having (or suspected of having) more than one mental health need (51%).

- One fifth of young people were identified as having four or more mental health needs (20%).
- The average number of mental health needs, for those who were identified as having a specified need (n=91), was 2.6.

Table 7: Number of mental health needs

Number of Mental Health Needs	Overall proportion (n=118) ¹⁵
0	22%
1	24%
2	17%
3	14%
4	12%
5	5%
6	2%
Not specified ¹⁶	4%

Are these mental health needs being addressed?

Of the 78% of young people (n=91) with diagnosed or suspected mental health needs, less than half were positively identified as currently having their mental health needs being adequately addressed:

- 42% were positively identified as having their mental health needs addressed.
- 29% were identified as having their needs 'partially' addressed.
- 9% were in the process of setting up the services to meet their needs or were waitlisted to receive services.

¹⁴ Total sums to 118 due to two blank responses for this section.

¹⁵ Total sums to 118 due to two blank responses for this section.

¹⁶ Three young people were identified as having or being suspected to have mental health needs, but their specific needs were not captured.

- 20% were not having their needs addressed and neither were they in the process of setting up services or waitlisted to receive a service.

Of the full sample, 45% have a mental health need that is not being sufficiently addressed.

Cautionary Note: Outcomes by key demographics are provided for this sub-population as indicative analysis only¹⁷.

- Young people in youth justice were more likely to be positively identified as having their mental health needs addressed (51% versus 40% for the care and protection population). However, 11% of care and protection young people were in the process of setting up or being waitlisted for services (versus 0% for youth justice).
- Males were more likely to be positively identified as having their mental health needs addressed (46% versus 37% for females). With no difference in wait listing, females were more likely to be identified as not having their needs met at all (26% versus 16%).
- NZ Europeans/Pakeha young people were less likely to be positively identified as having their mental health needs sufficiently addressed (23% versus 46% for Māori) and were more likely not to be having their needs met at all (31% versus 18%).
- Young people in MUCs were more likely to be identified as having their mental health needs addressed, at least partially (87%, versus 72% and 67% for young people in provincial and rural areas respectively). Young people in provincial areas were more likely to have their needs only partially addressed (41%). See Table 8.

Table 8: Percentage of young people with diagnosed or suspected mental health needs whose mental health needs are being addressed

	Geographic type			Overall proportion ¹⁸ (n=91)
	MUC (n=38)	Provincial (n=32)	Rural (n=21)	
Yes	50%	25%	48%	42%
In process of setting up	5%	6%	10%	6%
Waitlisted	5%	0%	0%	3%
Partially	26%	41%	10%	29%
No	13%	28%	33%	20%

¹⁷ Results are not of statistical significance and need to be treated with particular caution because the numbers of young people underlying these subset and subgroup analyses and proportion are much lower than full population analyses.

¹⁸ These statistics only apply to those identified as having or being suspected of having mental health needs.

What mental health services are required going forwards?¹⁹

Over a third of the young people in the full sample require DHB mental health services (37%) and trauma work such as counselling (34%).

Table 9: Mental health services required

Type of Service Required	Overall proportion (n=118)
DHB Mental Health Services	37%
Trauma work (e.g. counselling)	34%
NGO treatment services	23%
Peer support programme	14%
Residential programme	5%
Other Mental Health services <i>Most commonly addiction services, self-management, medication, mentoring support</i>	12%

Are these services available in your region?

Of those with mental health needs (78%, n=91), **73% had services available to them to meet their needs**, with a further 17% waitlisted or with access to partial services. In 9% of cases, services were not available²⁰. Required mental health services were not sufficiently available for 20% of the total sample population.

Cautionary Note: Outcomes by key demographics are provided for this sub-population as indicative analysis only²¹.

- Young people in youth justice were more likely to have no services available than those in care and protection (17% versus 7%).
- Males were more likely to have no services available than females (12% versus 5%).
- Young Māori were more likely to be identified as having mental health services available (75%) than NZ European/Pakeha (63%).
- Young people in rural and provincial sites were least likely to have adequate services available (67% and 59%), in contrast to 82% of young people in MUCs. Provincial young people were more likely to access only partial services or to be waitlisted (25% versus 14% of rural and 13% of MUC young people). See Table 10.

Table 10: Young people with a mental health need for whom mental health services are available

	Geographic type			Overall proportion ²² (n=91)
	MUC (n=38)	Provincial (n=32)	Rural (n=21)	
Yes	82%	59%	67%	73%
Partially	11%	22%	14%	14%
Waitlisted	3%	3%	0%	2%
No	3%	16%	19%	9%
No response	3%	0%	0%	2%

¹⁹ The survey asked about the availability of services but not about the efficacy of those services. Therefore, this is not something we can report.

²⁰ For one person there was no response.

²¹ Results are not of statistical significance and need to be treated with particular caution because the numbers of young people underlying these subset and subgroup analyses and proportion are much lower than full population analyses.

²² These statistics only apply to those identified as having or being suspected of having mental health needs.

Availability and accessing of services by type of mental health need (additional indicative analysis)

Tables 11 and 12 below present responses to the mental health related ‘service availability’ and ‘needs being addressed’ questions, by type of mental health need and service required.

Cautionary Note: Tables 11 and 12 need to be interpreted with caution. Results are indicative and presented for discussion aid purposes only. This is because each question was asked once only for each young person identified as having a mental health need (n=91). It was not asked for each mental health need the young person had or each service identified as being needed.

Table 11: Proportion of mental health needs being addressed by specific need

Mental health need	n	% reporting need addressed
Trauma or stressor-related disorder	56	31%
Anxiety disorder (including OCD)	35	53%
Depressive disorder	31	43%
Oppositional defiant disorder	26	33%
Conduct problem/ disorder	25	44%
Attention Deficit Hyperactivity Disorder	18	50%
Attachment disorder	11	25%
Overall (all mental health needs)	91	42%

Table 12: Proportion of mental health services sufficiently available by type of service needed

Mental health service	n	% reporting sufficient service availability
DHB Mental Health Services	45	80%
Trauma work (e.g. counselling)	42	72%
NGO treatment services	31	76%
Peer support programme	17	60%
Other Mental Health services	15	59%
Residential programme	6	77%
Overall (all services)	91	73%

Section 4: Disability

Does this young person have a disability?

Just under half of young people (47%) were identified as having or suspected to have a disability.

A third were positively identified as having a disability (35%) while a further 13% were suspected to have a disability or were in the process of diagnosis.

Of note²³:

- Young people under care and protection orders were more likely to be identified as having a disability or suspected disability (50% versus 40% for youth justice).
- Males were more likely to be identified as having a disability or suspected disability (58% versus 32% for females).
- NZ European/Pakeha young people were more likely to be identified as having a disability or suspected disability (69% versus 46% for Māori).
- Rural young people were more likely to be identified as having a disability or suspected disability (64% versus 49% of provincial young people and 43% of those in MUCs). See Table 13.

Table 13: Percentage of young people with a diagnosed or suspected disability

	Geographic type			Overall proportion (n=118) ²⁴
	MUC (n=47)	Provincial (n=43)	Rural (n=28)	
Yes	30%	35%	57%	35%
In process of diagnosis	0%	2%	7%	2%
Suspected/ Undiagnosed	13%	12%	0%	11%
No	57%	51%	36%	53%

What type of disability does this young person have?

Of those with a disability or suspected disability (n=59), a quarter (26%) had a neurological disability while nearly 1 in 5 (18%) had an intellectual disability.

Table 14: Types of disability

Type of Disability	Overall proportion (n=118) ²⁵
Neurological (e.g. FASD, Autism/Asperger's)	26%
Intellectual disability	18%
Learning disability (e.g. Dyslexia/ Dyspraxia)	7%
Sensory disability	4%
Borderline intellectual functioning	3%
Physical disability	1%
Brain injury ²⁶	1%
Other disabilities ²⁷	6%

²³ These findings are not statistically significant.

²⁴ Total sums to 118 due to 2 blank responses for this section.

²⁵ Total sums to 118 due to 2 blank responses for this section.

²⁶ Identified as likely to be an underreported disability as most brain injuries are mild and frequently go unnoticed or are diagnosed late. See for example <https://www.acc.co.nz/assets/provider/tbi-strategy-action-plan.pdf>.

²⁷ Most commonly low-level learning disabilities, epilepsy/seizures, and communication and speech impediments.

Most of the young people identified as having or suspected of having a disability were categorised as having a single disability only (58%, or 27% of full cohort).

36% were identified as having two disabilities and 3% as having three, giving 19% of the overall population with two or more disabilities.

Table 15: Number of disabilities as a proportion of full population

Number of Disabilities	Overall proportion (n=118) ²⁸
0	53%
1	27%
2	17%
3	2%
Not specified ²⁹	1%

Is this young person eligible for Disability Support Services?

Of those with a disability or suspected disability, a third (30%) were identified as not being eligible for Disability Support Services³⁰.

55% of young people with a disability (or suspected disability) were positively identified as eligible for Disability Support Services. In 13% of cases, the social worker completing the interview was unsure³¹.

Are disability needs being addressed?

Of those young people with a disability or suspected disability, less than half were currently having their disability needs adequately addressed:

- 44% were reported as having their needs addressed.
- 17% were identified as having their needs ‘partially’ addressed.
- 3% were in the process of setting up the services to meet their needs or were waitlisted to receive services.
- One in four (27%) were identified as not having their disability-related needs addressed and were not in the process of setting up services.

22% of the total young people in the survey were not having their disability-related needs sufficiently addressed.

Cautionary Note: Outcomes by key demographics are provided for this sub-population as indicative analysis only³².

²⁸ Total sums to 118 due to 2 blank responses for this section.

²⁹ One young person was suspected to have a disability but their specific needs were not captured.

³⁰ The Ministry of Health funds Disability Support Services. These are available to people who have a physical, intellectual or sensory disability (or a combination of these) which is likely to continue for at least six months and limits their ability to function independently, to the extent that ongoing support is required. Funding for people with neurological conditions depends on the type or condition – some services are available for people with autism, and no services are available for those with FASD unless it co-exists with another disability. ACC funds support for people with brain injuries.

³¹ Does not sum to 100% due to two non-responses.

- Young people in care and protection were much more likely to be identified as having their disability needs being adequately addressed (46% versus 35%) or partially addressed (25% versus 0%) than youth justice young people.
- Females and males were similarly likely to have their disability needs addressed, but females were more likely to have partially addressed needs (20% versus 15% for males), while males were more likely to have disability needs that were not being addressed (32% versus 14% for females).
- Māori and NZ European/Pakeha young people were similarly likely to have their disability needs addressed (39% and 35% respectively).
- Young people from rural areas were less likely to be having their disability needs addressed compared to those from provincial areas and MUCs (33% versus 48% and 45% respectively). See Table 16.

Table 16: Percentage of young people with diagnosed or suspected disabilities whose disability needs are being addressed

	Geographic type			Overall proportion ³³ (n=59)
	MUC (n=20)	Provincial (n=21) ³⁴	Rural (n=18)	
Yes	45%	48%	33%	44%
Partially	20%	10%	22%	17%
In process of setting up	0%	5%	11%	3%
No	25%	29%	28%	27%
No response	10%	10%	6%	9%

What disability supports are required going forwards?

For those with a disability or suspected disability (n=59):

- Over a third required regular check-ins as part of a supported living arrangement (37%, or 15% of full sample). This was mainly weekly check-ins (23%) but ranged from daily (12%) to monthly (3%)³⁵.
- One third required specialist Disability Support Services³⁶ (34%, or 14% of young people in the sample).
- A quarter required more intensive daily support – ranging from a few hours a day to all day and full-time care in a residence (16%, or 7% of the whole sample).
- One in eight identified as requiring ‘other’ support (13% or 5% of full sample). This included initially intensive support reducing over time, further assessment or diagnosis, and multiple agency interventions.

Note: Section 7 presents results for living arrangements required going forward for young people in the survey and notes that young people with disabilities and suspected disabilities were much more

³² Results are not of statistical significance and need to be treated with particular caution because the numbers of young people underlying these subset and subgroup analyses and proportion are much lower than full population analyses.

³³ These statistics only apply to the population identified or suspected of having disabilities.

³⁴ Figures do not sum to 100% due to rounding.

³⁵ Does not sum to 37% due to rounding.

³⁶ Specialist disability support services refer to services provided by Disability Support Services versus less specialist support provided by staff from Oranga Tamariki and other agencies.

likely to require 'supported accommodation' and 'supervised living arrangements' going forward than young people without disabilities.

Are these services available in your region?

Of those young people with a disability or suspected disability, just over half (56%) had adequate support available to them in their region.

- In 56% of cases, the social worker positively identified that there were the required support services available.
- A further 2% were in the process of setting up. In 11% of cases, there were only partial support services available.
- In around a quarter (23%) of cases reported, the young person did not have required services available to them³⁷.

For 17% of the total cohort surveyed, required disability services were not sufficiently available in their area.

Cautionary Note: Outcomes by key demographics are provided for this sub-population as indicative analysis only³⁸.

- Young people in youth justice were much more likely to have disability support services identified as available to them (70% versus 52% for young people in care and protection).
- Males were more likely than females to have adequate disability support services available (62% versus 40% for females), with females being more likely to have partial services available or to be in the process of gaining access to the services they required (22% versus 8%).
- By ethnicity, Māori young people were more likely than NZ European/Pakeha to have disability-related services sufficiently available (57% versus 38%) but were also more likely to have services that were not available (26% versus 21% for NZ European/Pakeha).
- Rural young people with disabilities were less likely to have disability support services reported as available to them (in 44% of cases it was reported that no services were available). The lack of support for rural young people contrasts with the support available in MUCs and provincial areas (15% and 24% not available). See Table 17.

³⁷ An additional 9% of cases had blank responses on the availability of services, usually because the young person's disability was suspected but undiagnosed and required further assessment, or because the young person was not engaging.

³⁸ Results are not of statistical significance and need to be treated with particular caution because the numbers of young people underlying these subset and subgroup analyses and proportion are much lower than full population analyses.

Table 17: Young people with a disability for whom disability services are available

	Geographic type			Overall proportion of those with a disability ³⁹ (n=59)
	MUC (n=20)	Provincial (n=21) ⁴⁰	Rural (n=18)	
Yes	65%	48%	44%	56%
Partially	10%	14%	6%	11%
In process of setting up	0%	5%	0%	2%
No	15%	24%	44%	23%
No response	10%	10%	6%	9%

Availability and accessing of services by type of disability (additional indicative analysis)

Tables 18 and 19 below present a snapshot of the responses to the disability-related 'service availability' and 'needs being addressed' questions, by type of disability and service required.

Cautionary Note: Tables 18 and 19 need to be interpreted with extreme caution. Results are indicative and presented for discussion aid purposes only. This is because each question is asked once only for each young person identified as having a disability (n=59). It is not asked for each disability the young person had or each service they were identified as needing.

Table 18: Proportion of needs addressed by disability type

Type of Disability	n	% reporting need addressed
Neurological (e.g. FASD, Autism, Asperger's)	31	41%
Intellectual disability	25	67%
Overall (all disabilities)	59	44%

Table 19: Adequate service availability by type of disability support required⁴¹

Disability support	n	% reporting sufficient service availability
Regular check-ins (as part of a supported living arrangement)	20	61%
Specialist Disability Support Services	19	52%
Overall (all services)	59	56%

³⁹ These statistics only apply to those identified as having or being suspected of having a disability.

⁴⁰ Does not sum to 100% due to rounding.

⁴¹ Main support services required only, groups with <10 not included.

Section 5: Substance Abuse

Does this young person have a substance abuse problem?

Over half (54%) of young people were identified as either having or suspected to have a substance abuse problem.

- In 46% of cases, the social worker positively identified the young person as not having a substance abuse problem.
- In 7% of cases, the young person was suspected to have a substance abuse problem or was in the process of diagnosis.
- In 46% of cases, the social worker ruled out a substance abuse problem.

Of note⁴²:

- Young people in youth justice were much more likely to be assessed as or suspected to have a substance abuse problem (73% versus 48% for those in care and protection).
- Females were slightly more likely than males to be assessed as having or suspected to have a substance abuse problem (56% and 52% respectively).
- NZ European/Pakeha young people were slightly more likely to be assessed as having or suspected to have a substance abuse problem (61% versus 51%).
- Young people in provincial centres were most likely to be identified as having or suspected of having a substance abuse problem (60% compared to 52% in MUC sites and 44% in rural sites). See Table 20.

Table 20: Percentage of young people with a diagnosed or suspected substance abuse problem

	Geographic type			Overall proportion (n=118) ⁴³
	MUC (n=48)	Provincial (n=43)	Rural (n=27)	
Yes	46%	49%	37%	46%
In process of diagnosis	2%	0%	0%	1%
Suspected/ Undiagnosed	4%	12%	7%	7%
No	48%	40%	56%	46%

⁴² Only the difference between youth justice and care and protection populations is statistically significant.

⁴³ Total sums to 118 due to 2 blank responses for this section.

What type of substances?

The most frequently abused types of substances were marijuana (45%) and alcohol (33%).

Table 21: Types of substances abused

Types of substances abused	Overall proportion (n=118) ⁴⁴
Marijuana	45%
Alcohol	33%
Nicotine/ Tobacco	18%
Synthetic Cannabis	16%
Methamphetamine	12%
Ecstasy/ E	3%
Prescription drug	2%
Other illegal drugs (e.g. LSD, magic mushrooms)	2%
Other substance <i>Most commonly petrol, but also bleach and glue</i>	5%

Three in four of each young person known or suspected to be abusing substances (n=63) abused more than one type of substance (74%).

- Two in five young people (40%) of the total cohort were identified as abusing two or more substances.
- The average number of substances abused by those who were identified as abusing substances was 2.7.

Table 22: Number of substances abused, across total population

Number of substances abused	Overall proportion (n=118) ⁴⁵
0	46%
1	11%
2	16%
3	12%
4	6%
5	4%
6	3%
Not specified	3%

Is this substance abuse being addressed?

Of those young people identified as currently abusing or suspected to be abusing substances (n=63), three quarters (72%) were identified as not having their substance abuse needs adequately addressed:

- 25% currently have their needs addressed.
- 17% have their needs 'partially' addressed.
- 13% were in the process of setting up the services to meet their needs or were waitlisted to receive services.
- Two in five (42%) were not having their needs addressed at all.

⁴⁴ Total sums to 118 due to 2 blank responses for this section.

⁴⁵ Total sums to 118 due to 2 blank responses for this section.

Two in five of the total young people in the survey were not having substance abuse needs sufficiently addressed (39%)⁴⁶.

Cautionary Note: Outcomes by key demographics are provided for this sub-population as indicative analysis only⁴⁷.

- Young people in the youth justice system were more likely to be identified as having their substance abuse needs adequately or partially addressed than young people in care and protection (65% versus 31%), while care and protection young people were more likely to have needs not at all addressed (48% versus 30%).
- Males were more likely than females to be identified as having their substance abuse issues sufficiently addressed (35% versus 13%), with females more likely to have needs, not at all addressed (53% versus 33%).
- Māori young people were more likely than NZ European/Pakeha young people to have their substance abuse needs adequately addressed (27% versus 13%) but were also more likely to have them not at all addressed (44% versus 35%).
- Young people in MUCs were most likely to have substance abuse needs sufficiently addressed (28% versus 23% provincial and 17% rural) while those in rural areas were most likely to have unmet substance abuse needs (58% versus 52% in MUCs and 23% in provincial areas). See Table 23.

Table 23: Percentage of young people with diagnosed or suspected substance abuse problems whose substance abuse needs are being met

	Geographic type			Overall proportion (n=63)
	MUC (n=25)	Provincial (n=26)	Rural (n=12)	
Yes	28%	23%	17%	25%
Partially	12%	27%	8%	17%
In process of setting up	8%	15%	17%	12%
Waitlisted	0%	4%	0%	1%
No	52%	23%	58%	42%
No response	0%	8%	0%	3%

What are the substance abuse services required going forwards?

Of those young people identified as currently abusing or suspected to be abusing substances, nearly half (46%) required an NGO treatment programme (e.g. Care NZ, Odyssey) and nearly a third (29%) required a DHB Community Alcohol and Drugs Service (or CADS).

⁴⁶ Insufficient includes waitlisted, partial and no service.

⁴⁷ Results are not of statistical significance and need to be treated with particular caution because the numbers of young people underlying these subset and subgroup analyses and proportion are much lower than full population analyses. The statistics in this section only apply to the population identified or suspected of having substance abuse problems.

Table 24: Types of substance abuse support required

Types of support required	Overall proportion (n=63)
NGO treatment programme (e.g. Care NZ, Odyssey)	46%
Community Alcohol and Drugs Services (CADS)	29%
Peer support/ mentoring	26%
Harm Reduction	20%
Abstinence	10%
Other substance treatment programme	
<i>Most commonly counselling services</i>	13%

Are these services available in your region?⁴⁸

Required substance abuse services were sufficiently available for seven in ten (69%) of the young people identified as currently abusing or suspected to be abusing substances.

- In 69% of cases, the social worker said that there were support services available, and in a further 4% of cases the young person was waitlisted.
- In 12% of cases, services were only partially available.
- In around 1 in 10 (11%) cases, it was reported that the required services were not available (6% of the total survey population).

15% of the total survey population was identified as not having the required substance abuse services sufficiently available in their region.

Cautionary Note: Outcomes by key demographics are provided for this sub-population as indicative analysis only⁴⁹.

- Young people in youth justice and care and protection had similar rates of availability of services overall. However, young people in youth justice were more likely to have services categorically available (89% versus 60% for youth in care and protection) while young people in care and protection were more likely to have partially available services or be waitlisted (23% versus 0% for youth justice).
- Females and males were equally likely to have services available, although females were more likely to have only partial services available (21% versus 5%).
- By ethnicity, NZ European/Pakeha young people were more likely than Māori to have services sufficiently available in their region (73% versus 62%). Further, Māori young people were more likely to have no availability of services (15% versus 10% for NZ European/Pakeha).
- Young people in rural areas were most likely to have adequate substance abuse services available to them in their region (83% versus 72% for MUCs and 62% for provincial areas). At 19%, provincial young people were most likely to have access to only partial services (compared to 8% for MUCs and rural young people). See Table 25.

⁴⁸ The survey asked about the availability of services but not about the efficacy of those services. Therefore, this is not something we can report.

⁴⁹ Results are not of statistical significance and need to be treated with particular caution because the numbers of young people underlying these subset and subgroup analyses and proportion are much lower than full population analyses.

Table 25: Percentage of young people with diagnosed or suspected substance abuse problems for whom services are available

	Geographic type			Overall proportion (n=63)
	MUC (n=25)	Provincial (n=26)	Rural (n=12)	
Yes	72%	62%	83%	69%
Partially	8%	19%	8%	12%
Waitlisted	4%	4%	0%	4%
No	16%	8%	0%	11%
No response	0%	8%	8%	4%

Availability and accessing of services by type of substance being abused (additional indicative analysis)

Tables 26 and 27 below present a snapshot of the responses to the substance abuse related ‘service availability’ and ‘needs being addressed’ questions, by type of substance.

Cautionary Note: Tables 26 and 27 need to be interpreted with caution because each question was asked only once for each young person identified as having substance abuse needs (n=63). It was not asked for each substance the young person was abusing or suspected of abusing or each service they were identified as needing.

Table 26: Proportion of substance abuse needs being addressed by specific substance

Type of Substance	n	% reporting need addressed
Marijuana	53	22%
Alcohol	39	28%
Tobacco	23	13%
Synthetic cannabis	16	26%
Methamphetamine	15	35%
Overall (all substances)	63	25%

Table 27: Proportion of substance abuse services available by service type

Type of Service	n	% reporting service availability
NGO treatment programme	31	41%
CADS	18	61%
Peer support/ mentoring	16	66%
Harm Reduction	13	68%
Overall (all substances)	63	69%

Section 6: Relationships between Mental Health, Disability and Substance Abuse Needs

Looking across mental health, disability and substance abuse needs (and suspected needs) for the young people in the survey, two-thirds had more than one type of need (63%).

- One in six young people were identified as having (or suspected as having) all three mental health, substance abuse and disability-related needs (15%).
- The needs most commonly presented together were mental health and substance abuse (40% of the total sample), followed by mental health and disability (35%). The least common set of presenting needs was disability and substance abuse (18%).

Table 28 below summarises the relationships between types of need found in the sample.

Table 28: Co-presenting needs

Co-presenting needs	n	% prevalence in sample
Mental health & substance abuse	48	40%
Mental health & disability	44	35%
Substance abuse & disability	22	18%
Total with at least two needs	76	63%
Total with all three needs	19	15%

As previously identified youth justice young people were significantly more likely to have substance abuse issues than care and protection young people but less likely to be identified as having mental health and disability-related needs. Reflecting this youth justice young people were:

- slightly more likely than care and protection young people to be identified as having co-presenting mental health and substance abuse needs (47% and 38% of care and protection young people surveyed)
- twice as likely to be identified as having (or suspected of having) both a disability and substance abuse needs (30% versus 15% of care and protection young people surveyed).
- less likely to have both a mental health and a disability related need (25% vs 38%)⁵⁰.

Overall, young people in care and protection were more likely to have two or more conditions than those in the youth justice system (65% versus 58%)⁵¹.

14 of the 120 young people in the sample (12%) are currently receiving support from the Oranga Tamariki High and Complex Needs Unit. These young people were more likely to have mental health (94% versus 74%) or disability (68% versus 43%) needs than others in the sample, but less likely to be abusing substances (32% versus 56%). 77% of them had two out of three needs.

⁵⁰ Not statistically significant differences.

⁵¹ Not a statistically significant difference.

Section 7: Living Arrangements

Is this young person likely to remain in your area?

Over three quarters of the transitioning young people surveyed were expected to remain in their area once they left care (78%).

- 12% were expected to move out of the area.
- In 10% of cases, the social worker was unsure if the young person would remain in their area.

For the 12% not likely to remain a range of major urban and provincial centres were given as likely destinations. The location of these centres included Auckland, Whanganui, Hastings, and Dunedin, but there were no theme or typical place. Often these young people were anticipated to be returning to places where family members or friends were located.

Is this young person likely to want to live with a caregiver?⁵²

A third of young people (32%) were expected to want to remain or return to living with a caregiver.

- A further 12% were unsure, with the discussion still in progress or yet to start, meaning that up to 45%⁵³ may want to remain in, or return to, a caregiving relationship.
- Over half of the young people (55%) were assessed as unlikely to want to remain in or return to a caregiving relationship.

Of note⁵⁴:

- Young people in youth justice were much less likely to want to remain in or return to a caregiving relationship (in 82% of cases social workers said 'no' versus 47% for care and protection)⁵⁵.
- Females were less likely to want to remain in or return to a caregiving relationship (65% were negative responses, versus 48% for males). 28% of females were assessed as likely to want to remain or return to living with a caregiver, compared to 36% of males.
- Māori young people were more likely to be identified as not wanting to remain in or return to a caregiving relationship (58% versus 49% for NZ European/Pakeha). Social workers were uncertain about the intentions of one in ten (9%) of Māori young people and 17% of NZ European/Pakeha young people.
- Rural young people were more likely to want to remain in or return to living with a caregiver (43% affirmative versus 30% and 31% for provincial areas and MUCs). See Table 29.
- Young people on the High and Complex Needs Unit caseload were more likely to want to remain living with a caregiver (53% versus 29%).

⁵² The survey questions asked whether young people would be likely to remain in care or return to care, and if so whether they would stay in their current placement. Eligible young people will have an entitlement to be supported to live with, or return to live with, a caregiver until they are 21. However, they will not be able to be in care beyond the age of 18. So the analysis in this report has shown the responses as the extent to which young people are likely to want to live with a caregiver.

⁵³ Does not sum to 45% due to rounding.

⁵⁴ These results are not statistically significant.

⁵⁵ It should be noted that young people in youth justice are not eligible to live with their caregiver past the age of 18 unless they qualify under the care and protection criteria. Modelling suggests that around half will.

Table 29: Percentage of young people likely to want to remain with a caregiver in or return to a caregiving relationship

	Geographic type			Overall proportion (n=119) ⁵⁶
	MUC (n=48)	Provincial (n=43)	Rural (n=28)	
Yes	31%	30%	43%	32%
No	58%	56%	39%	55%
Unsure/ discussion in progress	10%	14%	18%	12%

If yes, would they stay in their current placement?

Of the 45% (n=56) of young people whom social workers felt would or might remain in or return to a caregiving relationship, **half (51%) were expected to remain with their current caregiver.**

- One in five (20%) will not remain in their current care placement.
- In over a quarter of cases (29%) the social workers did not know, or their response was not captured.

This equates to nearly a quarter of all the young people surveyed (23%) identified as likely to want to remain with their current caregiver and one in ten (9%) requiring an alternative caregiver. A further 13% of young people may want to remain with or return to a caregiving arrangement, but we do not have information on whether this would be with their current caregiver or not.

What is their current placement type?

Most of the young people were with a whānau caregiver (25%), with an NGO or Iwi Social Service provider (22%), or in a youth justice residence (12%). 11% were living with parents.

Table 30 below shows the numbers and proportions of the young people in the survey by placement types, along with the proportion identified as likely or unlikely to want to remain in or return to living with a caregiver (the difference between these two is the ‘unsure’ population).

Table 30: Numbers and proportion of young people by placement type and likelihood of wanting to remain with a caregiver or return to a caregiving relationship

Type of accommodation	Raw count	Weighted %	% likely to r/r	% unlikely to r/r
Whanau caregiver	27	25%	25%	68%
Youth justice residence	14	12%	13%	77%
NGO specialist provision	14	11%	59%	27%
NGO caregiver/ Iwi social service provider	14	11%	15%	56%
Living with parent(s)	12	11%	50%	39%
Oranga Tamariki caregiver	10	8%	52%	21%
Family or supervised home	9	8%	50%	50%
Transient or homeless	5	4%	18%	82%
Independent living	4	4%	30%	41%
Other <i>Including unapproved caregivers and temporary arrangements</i>	10	7%	17%	73%
Total	119	100%	32%	55%

⁵⁶ Total sums to 119 due to one blank response for this section. Percentages do not sum to 100% due to rounding.

Young people living with an NGO specialist/intensive support provider were most likely to be identified as likely to want to remain in or return to a caregiving relationship, followed by Oranga Tamariki caregivers, NGO caregivers and Iwi social service providers, and Oranga Tamariki Family or Supervised Homes (all 50%+).

How long have they been in this placement?

Half of young people had been in the same placement type for six months or more (54%). Nearly one in five had been in their placement for less than one month (19%).

Table 31: Length of time in placement

Length of time in placement	Overall proportion (n=117) ⁵⁷
Less than two weeks	6%
2-4 weeks	13%
2-3 months	16%
4-6 months	11%
More than six months	54%

We looked at 'placement stability' by type and complexity of need and found that:

- Young people with disabilities (or suspected to have disabilities) were more likely to have stable placements than those without disabilities (60% versus 49% were in their current care arrangement for six months or more).
- Young people with substance abuse (or suspected substance abuse) issues were less likely have stable placements than those who did not abuse substances (68% versus 41% who were in their current care arrangement for six months or more)⁵⁸.
- There was no meaningful relationship between the complexity of need (number of need types) and accommodation stability.

What living arrangement does the young person need going forwards?

Three quarters required some form of supported living going forward. The main accommodation types of required were flatting arrangements with regular check-ins (30%), 24 hour supported accommodation (25%) and supervised living arrangements with access to on-call support (20%). 16% of the young people were identified as able to flat independently, either on their own or with others.

⁵⁷ Excludes three blank responses.

⁵⁸ Likely to be compounded by youth justice care arrangements, which are shorter in duration.

Table 32: Types of living arrangements required by young people required going forward

Living arrangement required	Overall proportion ⁵⁹ (n=118)
Flatting arrangement with weekly check-ins	24%
Supervised living arrangement with access to on-call support	20%
24 hour supported accommodation 1:1	13%
24 hour supported accommodation with others	13%
Shared flatting arrangement	8%
Flat on their own	7%
Flatting arrangement with daily check-ins	6%
Other	9%

We also looked at living arrangements required going forward for the young people with a disability or suspected to have a disability. We found that young people with disabilities were much more likely to require:

- 24 hour supported accommodation (40%) compared to young people without disability needs (11%).
- Supervised living arrangements with access to on-call support (26%) compared to young people without disability needs (15%).

Table 33: Living arrangement requirements for young people with a disability or suspected disability compared to young people without a disability

Living arrangement required	Has disability ⁶⁰ (n=59)	No disability (n=59)	Overall proportion ⁶¹ (n=118)
24 hour supported accommodation	40%	11%	25%
Supervised living arrangement with access to on-call support	26%	15%	20%
Flatting arrangement with weekly or daily check-ins	26%	34%	30%
Flatting arrangement no supervision	4%	25%	16%

What would prevent this young person from finding suitable accommodation?

Several barriers to suitable accommodation were identified. The absence of a supported living provider was the most frequently reported barrier to finding suitable post care accommodation (33%). Over a quarter of social workers mentioned difficulties in finding flats (28%).

⁵⁹ Excludes two blank responses.

⁶⁰ Includes those with a suspected or undiagnosed disability.

⁶¹ Excludes two blank responses.

Table 34: Barriers to finding suitable accommodation

Barriers to accommodation	Overall proportion ⁶² (n=119)
No provider of supported living services	33%
Hard to find a flat	28%
Lack of preparation/support	16%
Provider available but not enough places	15%
Provider available but not enough funding	15%
Whanau situation/ relationship with parents	12%
Young person's attitude/ motivation/ behaviour	12%
Provider available but not suitable for young people needs	11%
Young person with a high risk of offending	10%
Lack of personal income	6%
Provider available but not initiated	2%
Other barriers <i>Including not eligible for DSS, lack of ID and reiteration of the above issues, e.g. poor attitude/interpersonal skills, low engagement/motivation, need for ongoing mentor/support.</i>	12%

⁶² Excludes one blank response.

Section 8: Other Challenges to Successful Transition

What other big challenges will this young person face with their transition?

A range of additional challenges to transition were identified, most frequently this was some form of family/whānau dynamic.

- Three in every five of the young people were reported to have on-going family/whānau dynamics, which presented a barrier to successful transition (60%).
- Half of all young people were identified as lacking in life skills, social skills, a driver's license and/or healthy relationships.
- Two in five lacked supportive adults (42%).

Table 35: Other transition challenges

Other transition challenges	Overall proportion ⁶³ (n=119)
Challenging whānau/ family dynamics	60%
Lack of transport/ driver's license	52%
Limited life and independence skills	52%
Poor/low social skills	48%
Unhealthy social relationships	47%
Absence of supportive adults	42%
Difficulties accessing services/ benefits	41%
Offending behaviour	39%
Poor literacy	34%
Lack of available services	34%
Poor communication skills	34%
Gang affiliation	31%
Low cognitive abilities	30%
Unhealthy intimate relationship	30%
Substance dependence	26%
Bail or Probation conditions	22%
Rural isolation	6%
Struggling with sexuality and/or gender identity	4%
Other transition challenges: <i>Commonly include lack of self-esteem/confidence; lack of \$/ resources, easily led and negative influences of others.</i>	11%

⁶³ Excludes one blank response.

APPENDIX 1: CATEGORIES FOR LEVELS OF TRANSITION POPULATION NEED

Very High Need

- At risk of harm to self or others – has poor self-control and ability to manage emotions
- Difficult to locate or transient – unstable living arrangement
- Not at school/ vocational programme and unemployed
- Has an intellectual disability or mental health needs or substance abuse problem
- Does not or is reluctant to engage with supports and services

High Need

- At risk of harm to self or others – has poor self-control and ability to manage emotions
- Unstable living arrangement
- Struggles to engage with school/ vocational programme or employment
- Probably has an intellectual disability or mental health needs or substance abuse problem
- Struggles to engage with supports and services

Moderate Need

- Has a stable living arrangement
- Likely to be at school/ vocational programme or have a job
- May have intellectual disability or mental health needs or substance abuse problems. Willing to engage with services and a plan in place for this to continue
- Needs some on-going assistance to access services and supports

Low Need

- Has a trusted, stable adult/s in their life that will assist in their transition to adulthood
- Has a stable living arrangement
- Attends school/ vocational programme or has a job
- Able to access supports and services
- Would benefit from information about entitlements and direction to appropriate services and supports

APPENDIX 2: STAGE ONE NEEDS ASSESSMENT RESULTS

Introduction

In recent years, Oranga Tamariki has collected a range of information and insights on young people in care (aged 15-17 years) who in the near term will be transitioning out of care. This information has come from CYRAS, the IDI and interviews and workshops with staff, young people and other key stakeholders. To help design and quantify the cost of options for delivering the new transition support service (TSS) from 1 July 2019 we are supplementing this knowledge base through a two-step methodology designed to capture detailed information on the prevalence of levels and types of need across the 15-17 year-old cohort.

1. Stage One, completed in August 2018, involved assessing young people in the cohort of interest and categorising them by 'level of need' (low, moderate, high or very high).
2. Stage Two, which began following the completion of Stage One in August 2018, built on the findings from the Stage One level of need assessment exercise and surveyed a sample of the young people identified as having 'high' or 'very high' needs. This exercise was designed to inform our understanding of the service requirements and service gaps experienced by the 'high' and 'very high' needs group nationally. A random stratified sample approach was used so that we were able to report on the types of need and level of service provision required for this population across rural, provincial and major urban centre strata.

This paper summarises the results from this Stage One census and the prevalence of each need level for a particular subset of the transitioning population.

Stage One Method

In June 2018, we identified 948 young people who met our criteria for participation in the census on the transitioning population. The criteria for participation included:

- Aged 15-17 years as at 1 July 2018
- Had been in care for 3 or more months as at June 21, 2018, or were in the Custody of the Chief Executive under sections 101, 110 and 140 (and therefore likely to remain under Oranga Tamariki care for 3+ months), and
- Were not subject to Section 78 as this arrangement applies to interim care only.

The 948 eligible young people came from 60 Oranga Tamariki care and protection sites and 24 youth justice sites⁶⁴. There were 418 females and 529 males⁶⁵. By ethnicity, the largest sub-population was Māori (n= 527) followed by Pakeha/NZ European (n=253). Most of the transitioning population in Oranga Tamariki care were from sites serving major urban centres (n= 497).

⁶⁴ With some location sites serving both functions (e.g. Waikato Rural South).

⁶⁵ With one unknown.

In June and July 2018, social workers from each site were asked to review the information they had on each young person identified as being part of the transitioning population and to identify which category and set of criteria *most closely match* to the young person's circumstances.

In July and August 2018, we received assessments for 91% of the young people for whom we requested assessments. For 9% of the transitioning population, we were unable to get a robust need level assessment. Reasons for this included the young person's identity being kept confidential within CYRAS, key staff being unavailable or the young person was being cared for by a partner organisation such as the Open Home Foundation.

Criteria

The criteria for assessing the level of need for the young people in the transitioning population was developed by staff in Oranga Tamariki national office with expertise in young people with high needs who are in care. This process involved:

- a review of need categorisations used across a range of services and initiatives, both within Oranga Tamariki and in the wider social sector
- testing the appropriateness of categories with subject matter experts within Oranga Tamariki and in the Ministry of Health.

The four categories used were:

- very high need
- high need
- moderate need
- low need.

A full description of the criteria for each category can be found in Appendix One.

Limitations

This exercise was aimed at providing us with a sense of the scale of need across the transitioning population. However, it does not provide exact numbers for forecasting service demand for three primary reasons:

- *The eligibility criteria applied under-counts the true population eligible for Transitions Support Services.* The criteria used in the Stage One research to identify the cohort focussed on the 15-17 year olds currently in the Custody of the Chief Executive who had been or who are most likely to stay in Oranga Tamariki care for three months or more. It excluded some young people currently in care or who will enter care or youth justice in the future, who will be eligible for transition support going forward. For example, young people currently subject to section 78 but who will go on to have a long-term care arrangement.
- *Site level variability:* While all sites were provided with the same criteria to make the level of need assessments, sites, and the individual social workers involved, were likely to vary in their approach to assessment.
- *Results are a snapshot in time.* As the young people in this survey age and develop, their level of need may alter over time.

Findings

High Level Observations

The majority (around 60%) of the transitioning population were identified as having a 'low' or 'medium' level of need (30% and 31%). This translates into 571 of the young people in the cohort of interest.

- The care and protection population were much more likely than the youth justice population to have a 'low' level of need (33% versus 9%)
- Females (34%), 17 year olds (38%), Pacific young people (39%, excluding Māori Pacific) and those in rural sites (39%) were also more likely to be classified as 'low' need.

40% or 378 young people were identified as having a 'high' or 'very high' level of need (22% and 18%).

- The youth justice population were much more likely to be assessed as having a 'high' level of need (43% versus 19%)
- Males were more likely to be classified as 'high' or 'very high' need (44% versus 35%), as were 15 and 16 year olds and those in provincial and major urban centres.

Granular Results

Cross-tabulated results for key demographics are presented in Tables 1 to 5 below.

Table 1: Proportions of young people by assessed need category

Type of Site	Need level proportions (%)				Total n
	Low	Med	High	Very High	
Care and protection	33	31	19	18	831
Youth justice	9	30	43	18	117
Proportions Overall	30	31	22	18	

Table 2: Numbers of young people by assessed need category

Type of Site	Numbers of Young People Nationally ⁶⁶			
	Low	Med	High	Very High
Care and protection	271	255	160	146
Youth justice	10	35	51	22
Number Overall	281	290	210	168

⁶⁶ These results are based on percentages observed above (drawn from the 91% of young people we have an assessed level of need for) and these have been extrapolated back to the full 948 young people. Due to rounding of percentages for each subcategory, this may vary slightly from the total number of 948.

Table 3: Proportion of young people by assessed need category and sex

Sex	Need level proportions (%)				Total n ⁶⁷
	Low	Med	High	Very High	
Female	34	31	19	16	418
Male	26	30	25	19	529

Table 4: Proportion of young people by assessed need category and ethnicity

Ethnicity	Need level proportions (%)				Total n ⁶⁸
	Low	Med	High	Very High	
Māori	30	30	22	18	527
Māori Pacific	24	35	26	15	76
Pacific	39	24	22	15	44
NZ European/Pakeha	29	33	20	18	253
Other ethnicities	33	33	29	5	24

Table 5: Proportion of young people by assessed need category and age

Age	Need level proportions (%)				Total n ⁶⁹
	Low	Med	High	Very High	
15 years	28	30	22	20	336
16 years	26	32	24	17	348
17 years	38	28	19	16	257

Population sizes and results varied regionally. Table 6 presents proportions of young people with need rating by geographic area type (Major Urban, Provincial and Rural) whilst Tables 7 and 8 present the numbers of young people for each level of need by region and DHB⁷⁰.

Table 6: Proportion of young people by assessed need category and geographic area type⁷¹

Area type	Need level proportions (%)				Total n ⁷²
	Low	Med	High	Very High	
Major Urban (n=36 sites)	27	31	23	19	497
Provincial (n=25 sites)	29	28	24	18	287
Rural (n=20 sites)	39	33	17	11	163

⁶⁷ May not add to 948 – other and unknowns excluded.

⁶⁸ May not add to 948 – other and unknowns excluded.

⁶⁹ May not add to 948 – other and unknowns excluded.

⁷⁰ These results are based on %s observed above (drawn from the 91% of young people we have an assessed level of need for) and these have been extrapolated back to the full 948 young people.

⁷¹ Major urban centre sites are located in and serve large condensed urban populations (of 120,000+). Provincial centres are located in and service less dense, small populations of 25,000-100,000 people. Rural sites serve large rural areas with low populations (20,000 or less).

⁷² May not add to 948 – other and unknowns excluded.

Table 7: Proportion of young people by assessed need category and region

Region		Need level proportions (%)				Total n ⁷³
		Low	Med	High	Very High	
Care & Protection	Bay of Plenty	30	18	19	13	80
	Canterbury Region	41	25	16	29	111
	Central Auckland	24	25	17	7	72
	Lower South Region	22	24	7	11	64
	NW Auckland	20	17	8	12	57
	South Auckland	28	35	24	22	109
	Taranaki-Manawatu	39	25	14	6	83
	Te Tai Tokerau	20	12	14	5	51
	Upper South Region	4	6	7	5	21
	Waikato	18	37	18	18	91
	Wgtn-East Coast	27	31	17	17	92
	Care and Protection Total	271	255	160	146	831
Youth Justice	TTT/Auckland	1	14	27	9	51
	Waikato/Bay of Plenty	0	6	2	3	11
	South Island	8	8	4	8	28
	Taranaki/Manawatu/Wgtn E.Cost	1	7	17	2	27
	Youth Justice Total	10	35	51	22	117

Table 8: Number of young people by assessed need category and DHB

DHB	Low	Medium	High	Very High	Total cohort
Auckland	9	13	10	6	38
Bay of Plenty	11	12	10	6	39
Canterbury	34	21	16	29	100
Capital and Coast	10	6	3	1	20
Counties Manukau	42	56	52	30	179
Hawkes Bay	8	11	13	9	40
Hutt Valley	4	8	8	4	25
Lakes	12	5	9	8	35
Mid Central	21	9	13	3	47
Nelson Marlborough	1	6	6	4	17
Northland	22	13	16	6	57
South Canterbury	5	5	1	4	15
Southern	31	29	10	13	84
Tairawhiti	2	4	1	3	10
Taranaki	5	11	6	1	23
Waikato	26	48	20	20	114
Wairarapa	2	3	2	1	8
Waitemata	22	20	10	14	66
West Coast	2	2	2	2	8
Whanganui	12	5	3	3	23
Grand Total	281	290	210	168	948

⁷³ May not add to 948 – other and unknowns excluded.

APPENDIX 3: METHODOLOGY

Method

In August 2018, we selected a random representative sample of 135 of the 378 young people currently in care who were identified in the Stage One needs assessment as having 'high' or 'very high' needs. We chose a minimum target of 120 cases for the survey because this would give us a top-level confidence interval of around seven percentage points for survey results extrapolated back to the wider population (CI: +/-7%)⁷⁴.

The survey focussed on identifying the prevalence of a range of circumstances, needs and service availability for this cohort. Most questions were closed questions where Oranga Tamariki staff respondents were asked to select the best fitting response or responses for the young people from a menu of options. These type of questions usually included an open text field for 'other' response options. These questions focussed on the young person's:

1. Connectedness to employment and education and the presence of relationships with trusted adults,
2. Safety needs, including the frequency of behaviours that put the young person or others at risk of harm,
3. Mental health, disability and substance abuse needs and the availability of services to support the young person to meet these needs,
4. Accommodation needs, including whether the young person is likely to want to remain in care or return to care and the availability of accommodation arrangements that meet their needs, and
5. Biggest challenges that the young person faces with their transition.

A full copy of the survey questionnaire can be found in Appendix Four.

Telephone interviews

The survey data was collected through telephone interviews over August and September 2018. Interviews were undertaken by central office Oranga Tamariki staff with social work, health and disability and youth justice practitioner backgrounds. Interviewees were site level social workers with a close knowledge of the selected young people and their circumstances. Interviews lasted between 20 and 40 minutes in duration, with the average interview lasting around 30 minutes.

Response rate

In total, 120 interviews were conducted over August and September 2018. Fifteen interviews could not be undertaken, primarily due to social worker unavailability over the time frames for the survey. The final response rate was 89%. The total of 120 interviews provided a confidence interval of just over (+/-) 7 percentage points⁷⁵.

⁷⁴ Based on probability theory that underlies survey methodology. A confidence interval of + or -7% means that if we find that 50% of the sample report a particular need (e.g. mental health), then we can be 95% certain that the prevalence of mental health needs in the full transitioning cohort would be between 43% and 57%.

⁷⁵ CI: (+/-) 7.4 percentage points.

Sample selection

The sample was selected through a *random stratified sampling* method. This sampling method involved identifying strata (or groups of interest) and oversampling smaller strata, so there were a sufficient number of cases to credibly report on them.

Because we were concerned that rural, young people might not have the same level of access to services that young people from urban areas do, and because the sample size would not be sufficient to allow us to report on regional variations, we stratified our survey sample based on the Oranga Tamariki site location across three geographical types.

- *Major urban centres (MUCs)*: Oranga Tamariki sites serving large condensed urban populations of 120,000 or more. Examples of MUC sites include those located in Tauranga, Dunedin, Hamilton, Christchurch and Central Auckland. Stage One of the needs assessment identified that just over half of the transitioning cohort were being supported from sites in MUCs (52%).
- *Provincial centres*: Oranga Tamariki sites located in less dense urban areas, serving smaller populations of 25,000-100,000 people. Examples include sites located in Invercargill, Nelson, Palmerston North, Taupo, Timaru, and Whakatane. Just under a third of the transitioning cohort is served by provincial sites (30%).
- *Rural centres*: Oranga Tamariki sites serving large rural areas and located in towns with populations of 20,000 or less. Examples include Ashburton, Balclutha, Hawera, Kaitaia, Oamaru and Tokerau. One in six of the transitioning cohort is serviced by rural sites (17%).

The sample

Our stratified sample of 120 young people included 48 from MUC sites, 44 from provincial centre sites and 28 from rural centre sites.

Reflecting the composition of the high and very high needs transition cohort identified in Stage One, the sample was made up of:

- 24 young people under Oranga Tamariki care through youth justice orders and 96 young people under care and protection orders. The youth justice young people came from 15 youth justice sites spread across the four 4 youth justice regions. The care and protection young people came from 44 care and protection sites spread across the 11 care and protection regions.
- There were 70 males and 50 females.
- There were 48 fifteen year olds, 48 sixteen year olds and 24 seventeen year olds.
- 67 had been assessed in Stage One as having 'high' needs, and 53 were assessed as 'very high' needs.
- The largest ethnic group was Māori (n=76), followed by NZ European/Pakeha (n=25), Pacific (n=9), Māori-Pacific (n=3). The remaining seven young people were from other ethnicities or ethnicity was unknown.

Analysis and presentation

The survey data was cleaned and reclassified to increase accuracy. This process included:

- Recoding responses in the wrong categories (e.g. where Attention Deficit Hyperactivity Disorder had been recorded as a disability versus a mental health need).
- Ensuring 'other' responses were correctly identified in drop-downs where appropriate.

- Creating new categories where there were a sufficient number of free text responses of that nature.

Survey responses were then weighted by geostrata, according to the following methodology:

	Number of high and very high needs young people identified in Stage 1		Number of high and very high needs young people sampled in Stage 2		Weighting per response
Major Urban	208	55%	48	40%	1.38
Provincial	123	33%	44	37%	0.89
Rural	46	12%	28	23%	0.52
Total	377	100%	120	100%	

Where numbers are presented in tables (e.g. n=120) this is the raw count of young people. Where percentages are used (e.g. 49%), this is the weighted percentage (weighted count/ weighted total for that question).

APPENDIX 4: SURVEY QUESTIONS

Field/ Question	Notes
Region	Pre-populated from Stage 1 survey
Site	Pre-populated from Stage 1 survey
Name of person providing information	Interviewee
Young Person's Name	Pre-populated from Stage 1 survey
CYRAS ID#	Pre-populated from Stage 1 survey
Gender	Pre-populated from Stage 1 survey
Age	Pre-populated from Stage 1 survey
Stage 1 Needs Assessment	Pre-populated from Stage 1 survey and will be 'High' or 'Very High.'
Does this young person have a trusted (non-professional) adult in their lives?	Single option select: Yes, No, Unsure
Does this adult have a positive influence on the young person?	Single option select: Yes, No, Unsure
Is this young person a parent or caregiver for a dependent child, or soon to be?	Single option select: Yes, No, Unsure
Do the behaviours of the young person put themselves or others at risk of harm?	Single option select: Yes, No, Unsure
Which behaviours are these?	<p>Multi-select:</p> <ul style="list-style-type: none"> • Verbal violence/ aggression • Physical violence/ aggression • Suicide attempts • Self-harm • Reclusive behaviour • Self-neglect • Impulsive behaviour/ lack of self-control • Absconding • Substance misuse • Sexually abusive to others • Unsafe sexual behaviours • Social difficulties with peers • Association with dangerous people • Property damage • Fire lighting • Theft • Petty crime • Cruelty to animals • General offending • Other
Other risky behaviours	Free text
How often do these behaviours occur?	Single option select: Daily, Weekly, Monthly, Quarterly, Sporadic

What have the consequences of these behaviours been?	Multi-select: <ul style="list-style-type: none"> • young people required medical treatment • Others required medical treatment • young people committed to a residence or institution • young people charged • Breakdown or loss of placement/accommodation • Loss of relationships/ support network • Had to move out of home area • Negative impact on sense of self • Other
Other consequences of behaviour	Free text
What level of support is required to help this young person manage these risks?	Single option select: Monthly check-ins, Weekly check-ins, Daily check-ins, A few hours a day, Most/all of the day, Specialist disability/ mental health support services, Full-time residence or institution, Other
Other supports to manage risks	Free text
Is this young person willing to engage with services?	Single option select: Yes, No, Partially
Is this young person currently attending school or other training programmes?	Single option select: Full-time, Part-time, Sporadic, Voluntary, Not at all
Does this young person have a job?	Single option select: Full-time, Part-time, Sporadic, Voluntary, Not at all
Does this young person have mental health needs?	Single option select: Yes, No, Suspected/Unguided, In process of diagnosis
What type of mental health needs does this young person have?	Multi-select: <ul style="list-style-type: none"> • Attention Deficit Hyperactivity Disorder (ADHD) • Attachment disorder • Anxiety disorder (including OCD) • Trauma or stressor-related disorder • Oppositional Defiant Disorder • Conduct problem/ disorder • Depressive disorder • Eating disorder • Psychosis (e.g. Schizophrenia) • Other
Other mental health needs	Free text
Are these mental health needs being addressed?	Single option select: Yes, No, Partially, Waitlisted, In process of being set up
What mental health services are required going forwards?	Single option select: DHB Mental Health Services, NGO treatment services, Trauma work (e.g. counselling), Peer support programme, Residential programme, Other
Other mental health services required	Free text

Are these mental health services available in your region?	Single option select: Yes, No, Partially, Waitlisted, In process of being set up
Does this young person have a disability?	Single option select: Yes, No, Suspected/Unguided, In process of diagnosis
What type of disability does this young person have?	<p>Multi-select:</p> <ul style="list-style-type: none"> • Intellectual disability • Borderline intellectual functioning • Learning disability (e.g. Dyslexia/ Dyspraxia) • Neurological (e.g. FASD, Autism/Asperger's) • Brain injury • Physical disability • Sensory disability • Other
Other disabilities	Free text
Is this person eligible for Disability Support Services?	Single option select: Yes, No, Unsure
Are disability needs being addressed?	Single option select: Yes, No, Partially, Waitlisted, In process of being set up
What disability supports are required going forwards?	Single option select: Monthly check-ins, Weekly check-ins, Daily check-ins, A few hours a day, Most/all of the day, Specialist disability/ mental health support services, Full-time residence, Other
Other disability supports required	Free text
Are these disability services available in your region?	Single option select: Yes, No, Partially, Waitlisted, In process of being set up
Does this young person have a substance abuse problem?	Single option select: Yes, No, Suspected/Unguided, In process of diagnosis
What type of substances?	<p>Multi-select:</p> <ul style="list-style-type: none"> • Alcohol • Nicotine/ Tobacco • Marijuana • Synthetic Cannabis • Methamphetamine • Ecstasy/ E • Other illegal drug • Steroids • Prescription drug • Other substance
Other type of substance	Free text
Is this substance abuse being addressed?	Single option select: Yes, No, Partially, Waitlisted, In process of being set up
What substance abuse services are required going forwards?	<p>Single option select:</p> <ul style="list-style-type: none"> • CADS (DHB) • NGO treatment programme (e.g. Care NZ, Odyssey) • Alcoholics Anonymous

	<ul style="list-style-type: none"> • Harm Reduction • Peer support/ mentoring • Abstinence • Other
Other substance abuse services	Free text
Are these substance abuse services available in your region?	Single option select: Yes, No, Partially, Waitlisted, In process of being set up
Is this young person likely to remain in your area?	Single option select: Yes, No, Unsure
If no, where are they likely to go?	Free text
Is this young person likely to want to remain in care/ return to care?	Single option select: Yes, No, Unsure, Discussion in progress
If yes, would they stay in their current placement?	Single option select: Yes, No, Unsure
What is their current placement type?	<p>Single option select:</p> <ul style="list-style-type: none"> • Whanau caregiver • OT caregiver • NGO caregiver/ Iwi social service provider • Unapproved caregiver • OT C&P Family or Supervised Home • OT C&P residence • Remand home • OT YJ residence • Supervision order • Bednight/NGO • Other NGO specialist/ intensive provision • Living with parent(s) • Independent living • Transient or homeless • <i>Temporary arrangement*</i> • Other
Other placement type	Free text
How long have they been in this placement?	<p>Single option select:</p> <ul style="list-style-type: none"> • Less than 2 weeks • 2-4 weeks • 2-3 months • 4-6 months • More than 6 months
What living arrangements does the young person need going forwards?	<p>Single option select:</p> <ul style="list-style-type: none"> • Flat on their own • Shared flatting arrangement • Flatting arrangement with weekly check-ins • Flatting arrangement with daily check-ins • Supervised living arrangement with access to on-call support • 24 hour supported accommodation 1:1 • 24 hour supported accommodation with others • Other

What would prevent this young person from finding suitable accommodation?	Multi-select: <ul style="list-style-type: none"> • Hard to find a flat • No provider of supported living services • Provider available but no funding • Provider available but not enough funding • Provider available but not enough places • Provider available but not suitable for yp needs • Provider available but not initiated • young people with high risk of offending • Whanau situation/ relationship with parents • <i>Lack of income*</i> • <i>Lack of preparation/ support*</i> • <i>young people attitude/ motivation/ behaviour*</i> • Other
Other accommodation barriers What other big challenges will this young person face with their transition?	Free text Multi-select: <ul style="list-style-type: none"> • Gang affiliation • Lack of transport/ driver's license • Lack of available services • Difficulties accessing services/ benefits • Low cognitive abilities • Poor literacy • Poor/low social skills • Limited life and independence skills • Poor communication skills • Challenging whanau/ family dynamics • Unhealthy intimate relationship • Unhealthy social relationships • Absence of supportive adults • Struggling with sexuality and/or gender identity • Rural isolation • Bail or Probation conditions • Offending behaviour • Substance dependence • Other
Other big challenges	Free text
Any additional commentary about this young person's situation	Free text

*Identifies options that were not in the original lists given to interviewers but were later recoded as options given their frequency of appearing in free text comments.

