

### Case study 13: Multiple relationships vital for an effective one-stop-shop

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*Running a youth one-stop-shop providing health and support services means building and maintaining a vast number of relationships with providers in health, social services, education and justice; while cultivating community links and keeping multiple funders happy.*

**Kapiti Youth Support (KYS)** is an innovative youth one-stop-shop based in Paraparaumu on the Kapiti Coast. It provides free health and support services for young people aged 11 to 25 years. It currently has 4,500 young people registered with the service.

Young people see KYS as a safe and confidential place to come, and know that when they engage with the service they will be treated with respect and care. The services and programmes are holistic, strengths-based, focus on improving overall health and well-being and encourage long term independence.

A different approach to young people's health is necessary, as causes of ill health are often psychosocial rather than biological and young people may engage in risky behaviours. Their health status is also strongly influenced by family, social and cultural factors such as family breakdown, physical/sexual abuse or neglect.

The youth one-stop-shop model of care improves access to services and support by reducing barriers and stigma, such as fear, anxiety about privacy or discomfort with the provider<sup>1</sup>. Improving access to services is crucial for addressing health issues of young people.

KYS manager, Raechel Osborne acknowledges that it is important to take a collaborative, intersectoral approach when supporting young people.

"Young people's lives cross many domains such as education, employment, family and the community, therefore it is important that KYS has well-established relationships with these groups if we are to support young people as they transition to adulthood," she says.

The list of agencies Kapiti Youth Support works with looks like a directory of **youth, community, social services and health providers** – but there are clear purposes for each relationship. Local networks include the Youth Workers Network, Voices Against Violence, CYF/ Youth Justice, Birthright, Midwives, the Kapiti Youth Council, Regional Public Health, Safer Community Trust, Police, Youth Aid, Work & Income, Youth Quest – to name a few.

Sometimes it is easier for a young person to be seen at KYS, as it is less threatening – especially if they are already engaged with KYS. It is not uncommon for services such as **Child Adolescent Mental Health Services (CAMHS)** and **Early Intervention Services (EIS)** to see young people at KYS, which provides a more seamless approach. Other providers also deliver services at the KYS facility, such as **Careers NZ**, which comes fortnightly, and **Schools Out**, which has a weekly meeting.

Raechel says KYS's success comes from really good relationships, engagement and trust.

"Others seem to like working from here," she says matter-of-factly.

"We don't advertise our service – it is all word-of-mouth."

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<sup>1</sup> [Youth 2000 Survey](#), Adolescent Health Research Council, 2003.

KYS also has positive, collaborative relationships with the two local **secondary schools** – with weekly nurse-led clinics part of the service. Working together means students can access services at KYS in school holidays or after they've left school (until age 25) – providing some continuity of care and reducing fragmentation.

KYS works closely with **Child, Youth and Family's Youth Justice social workers**, and will provide comprehensive alcohol and drug assessments and health assessments as required. It is common practise for these young people to then access other support from KYS such as the mentor/coach or social worker.

Raechel says the fee-for-service CYF work helps financially, but is difficult to predict and adds to the stress of forward planning for service programmes and employing staff.

"How can you plan?" she asks.

Other fee-for-service work includes ACC, maternity and sexual health.

Internal systems are important, especially given KYS's considerable growth and increased demand.

"In 2006, we had 3,029 GP/nurse consults, and in 2010 we did 12,591," explains Raechel.

KYS first started in 1997 with a part-time doctor and a nurse – now the range of staff includes peer support workers, doctors, nurses, social worker, coach/mentor, counsellors, alcohol and drug counsellor, a Young Mums co-ordinator, and administration and reception support.

"KYS's staff is its greatest asset. They are all amazing. They are not only highly skilled and experienced, but are passionate about supporting young people," says Raechel.

"Having an integrated, multidisciplinary team of professionals and non-professionals means we are able to offer a variety of interventions, support, programmes and youth development initiatives.

"We very much work as a team – sometimes the issues or concerns for young people are complex and their lives are chaotic. We may need to be flexible and it can vary in what that looks like and how it works for the individual young person."

KYS is one of only **12 youth one-stop-shops** in New Zealand – many of them in the lower North Island. Development of these models occurred under the former Central Regional Health Authority (CRHA), which actively supported their establishment in the nineties to respond to the findings in *Whiti te ra*.<sup>2</sup> A follow-up survey indicated that young people wanted to access health and support services at one place – a theme still strong in 2011.

"Young people do not want to be accessing different silos of care where they have to constantly repeat their story," says Raechel.

"We have found that each time we refer a young person on, that often engagement does not occur."

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<sup>2</sup> *Whiti te ra, Young and healthy: Health and disability support services for young people in the central region*, Central Regional Health Authority, Feb 1995.

Today, the existing youth one-stop-shops assist each other in many ways. This includes sharing policy and programmes, keeping up-to-date with current and international information and generally supporting each other.

“The future direction of health talks about developing Integrated Family Health Centres – youth one-stop-shops have been working in this framework for many years,” says Raechel.

**Capital and Coast District Health Board** is KYS’s main funder, but Raechel has a total of nine main contracts and three other minor contracts to manage. These contracts come from a variety of sources – including ones from the Ministry of Social Development, Kapiti Coast District Council and the PHO. KYS is not part of the PHO, but has relationships with it. All contracts have different reporting timeframes and some are one-offs, which places KYS in a very tenuous position.

KYS applies for one-off contracts and has provided several innovation programmes, which take time to research and develop. Once implemented however, there often seems little desire by funders to evaluate the effectiveness of them or recognise the critical features for success. The KYS team has found themselves in the situation where they have implemented innovation programmes and when funding finished, it was unsafe for a young person not to continue to be supported by KYS for a longer period. The question then becomes “who then funds that?”

“Sustainable funding is a major issue – it’s really stressful and difficult to plan,” says Raechel.

KYS is able to put all the government funding it receives into service delivery thanks to overwhelming community support and funding from other organisations such as Pelorus, Endeavour and the Lion Foundation.

“This has allowed us to extend our existing building to meet the increasing demand on the service and purchase equipment, which means we do not have big overheads and we own the building freehold, so we don’t have to pay rent,” explains Raechel.

Raechel makes it a priority to keep the **local community** informed of KYS’s work. That means regular meetings with local MPs, presentations to service groups like Probus and Rotary, which all take time but are an important component of being a community organisation.

Overall, Raechel thinks resources need to be targeted where young people are accessing services.

“The Gluckman report<sup>3</sup> commissioned for Prime Minister John Key emphasised the need for long-term commitments to appropriate policies and programmes. It’s promoting evidence-based, prevention and early intervention strategies as being effective, but we need to put more resource into our young people now,” she says.

Evidence and research are a passion.

“Being part of national and international research provides an opportunity to capture the voice of our local young people, and exposes our staff to the research process,” explains Raechel.

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<sup>3</sup> [Improving the Transition: Reducing Social and Psychological Morbidity During Adolescence](#), A report from the Prime Minister’s Chief Science Advisor, May 2011.

She describes how KYS has sought out opportunities to work with **leading academics** and be part of ongoing research studies, such as the *Pathways to Youth Resilience*<sup>4</sup> research driven in New Zealand by Professor Robyn Munford and Dr Jackie Sanders at Massey University, but led from the Canadian Resilience Research Centre under the direction of Professor Michael Ungar of Dalhousie University.

The study aims to explore the factors that make the most difference to the lives of vulnerable young people who, for varying reasons, require support or intervention from major government agencies.

Dr Munford's project report states: "*Your focus on positive youth development, your relationship with other key agencies and the integrated approach your agency has, contributed to young people's positive development.*"

KYS also took part in Dr Sally Merry's *E-therapy*<sup>5</sup> research project for the Werry Centre for Child and Adolescent Mental Health Dept. of Psychological Medicine, Faculty of Medical and Health Sciences at the University of Auckland.

"We're constantly trying to prove what we do is effective, so our relationship with academics is important," explains Raechel.

"We can't afford to do these ourselves – so we engage with opportunities as they arise."

Other qualitative opportunities have included KYS's recognition in the 2008 Wellington Regional Community Awards and being *Small Business of the Year* in the 2008 Electra Kapiti Horowhenua Business Awards.

The latest exciting opportunity for KYS will have positive implications for other youth one-stop-shops too. KYS and research partners Robyn Bailey and Rae Torrie, with other supporting advisors, evaluators and researchers recently received funding for an 18-month project from the Health Research Council of NZ. The researchers plan to develop a comprehensive monitoring and evaluation framework that links the integrated approach driving the work of KYS activities and delivery mechanisms with youth outcomes.

"I've been in health all my working life and have worked with young people for most of that time– this model works for young people," says Raechel.

**More information:**

[www.kapitihealth.org.nz/?Support\\_Organisations:Youth:Kapiti\\_Youth\\_Support\\_%28KYS%29](http://www.kapitihealth.org.nz/?Support_Organisations:Youth:Kapiti_Youth_Support_%28KYS%29)

This is one of the 15 case studies profiled in *How NGOs Make a Difference to Health Care in the Community* – a 96-page report from the Health and Disability NGO Working Group, Jan 2012.

The case studies cover acute nursing services, health information services, virtual practices, youth one-stop-shops, mental health networks, community development approaches, cardiac rehab, Whānau Ora and Asiasiga models of care, and more – from North to South.

See [www.ngo.health.govt.nz](http://www.ngo.health.govt.nz) for more of the report.

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<sup>4</sup> [Pathways to Youth Resilience research](#) – eight-year research project.

<sup>5</sup> [E-Therapy project](#) – The Werry Centre for Child and Adolescent Mental Health.