



# How we know what we're doing works

Measuring youth outcomes at Kapiti Youth Support  
Impact evaluation - Summary report 2013



Robyn Bailey, Rae Torrie & Raechel Osborne

with Sue Bagshaw, Sue Blyth, Jane Davidson, Sally Merry, Robyn Munford, Kataraina Pipi,  
Laurie Porima, Jackie Sanders, Karolina Stasiak, Nan Wehipeihana & Vicki Wilde

# Reports, copyright & use

## Reports

*The Impact Evaluation - Summary Report 2013* is the key report of the project *How we know what we're doing works: Measuring youth outcomes at Kapiti Youth Support*. This report provides a summary of the impact evaluation, including a brief overview of the Kapiti Youth Support youth outcomes model and measures.

The *Summary Report* is supported by two additional reports and a working paper.

- *Report One: Introduction, background and methodology* provides further background information on Kapiti Youth Support (KYS), a fuller description of the *KYS youth outcomes model and measures*, and the methodology used to undertake the project.
- *Report Two: Detailed findings* provides the workings behind the findings presented in the *Summary report*.
- *Working Paper: How KYS works* describes the 'theory' of how KYS works with young people to effect change.

## Availability

- The *Summary Report* and *Report One* are publicly available. If you wish to obtain a copy of these reports, please contact either Raechel Osborne [raechel@kys.org.nz](mailto:raechel@kys.org.nz) or Robyn Bailey [robyn\\_bailey@xtra.co.nz](mailto:robyn_bailey@xtra.co.nz)
- *Report Two* is 'private' to KYS and not available for distribution.
- The *Working Paper* may be available. Please contact either Raechel Osborne [raechel@kys.org.nz](mailto:raechel@kys.org.nz) or Rae Torrie [rae.torrie@evaluationworks.co.nz](mailto:rae.torrie@evaluationworks.co.nz)

## Copyright & use

The reports are copyright to the Health Research Council of New Zealand (HRC), KYS and Evaluation Works Ltd.

The contents of the *Summary report* may be reproduced free of charge for non-commercial use without requiring specific permission. This is subject to the material being reproduced and attributed as follows, and not used in a misleading context.

Bailey, R., Torrie, R., & Osborne, R. with Bagshaw, S., Blyth, S., Davidson, J., Merry, S., Munford, R., Pipi, K., Porima, L., Sanders, J., Stasiak, K., Wehipeihana, N., Wilde, V. (2013). *How we know what we're doing works: Measuring youth outcomes at Kapiti Youth Support. Impact Evaluation - Summary Report 2013*

*Please contact Raechel Osborne [raechel@kys.org.nz](mailto:raechel@kys.org.nz) or Robyn Bailey [robyn\\_bailey@xtra.co.nz](mailto:robyn_bailey@xtra.co.nz) if you wish to discuss the application and adaptation of the KYS youth outcomes model and measures to your organisation.*

The model and measures described in this report have subsequently been revised as a result of their testing during the impact evaluation. This report does not contain enough information to enable their use.

DISCLAIMER: Reports that result from projects funded by the HRC are produced by independent researchers and evaluators. The content of the reports and any opinions expressed by the author/s should not be assumed to reflect the views, opinions or policies of the HRC.

# Foreword

Kapiti Youth Support (KYS) is an integrated, interdisciplinary Youth One Stop Shop (YOSS) committed to providing the most effective services to meet the health and wellbeing needs of Kāpiti youth within the context of their family and community. KYS has been operating for 18 years and provides free services, ranging from medical services to transition-to-work programmes. KYS staff are passionate about contributing to the positive development of healthy young people. As an organisation, we place emphasis on providing high quality, professional and appropriate services.

This project grew from our desire for credible, robust evidence about the impact KYS is making for the young people we work alongside. Anecdotal feedback and our own experience were indicating that we are making a significant difference. Finding ways of capturing this evidence was of vital importance, both for KYS (to better understand our client group and improve our services) and for funders (to provide assurance about the quality of our work).

Prior to this project, KYS had been participating in SPARX<sup>1</sup> and the Pathways to Resilience and Long Term Successful Transitions<sup>2</sup> research and evaluation projects specific to young people. The modelling and exposure to these exciting projects highlighted possible opportunities for KYS to undertake evaluation relevant to our practice.

To find a way to measure the difference we are making for young people, KYS partnered with Evaluation Works Ltd and successfully secured funding from the Health Research Council of NZ. Together we developed a youth outcomes model and measures that captures a set of meaningful and useful information about the outcomes for our young people, including in 'hard to measure' areas that are key to the development of healthy, resilient, thriving young people.

We then trialled the model and measures as part of an impact evaluation. The evaluation aimed to identify the changes experienced by young people and to identify the contribution KYS made to those changes.

*The impact evaluation shows clear results. Firstly, most young people using KYS services are experiencing positive changes. In particular, the young people who have the greatest need for positive health and wellbeing changes experienced the best outcomes. Secondly, the KYS approach was shown to be valuable, and contributing to the changes young people are making.*

<sup>1</sup> SPARX is an award-winning computer programme that has been created by Associate Professor Sally Merry, Dr Karolina Stasiak and others from The University of Auckland, to help young people with mild to moderate depression.

<sup>2</sup> This research is part of an international research programme associated with the Resilience Research Centre in Canada. The two New Zealand projects are lead by Professor Robyn Munford and Associate Professor Jackie Sanders, Massey University.

I want to acknowledge the Trustees, staff, advisors and evaluators in this project, and the designer of this report. Thank you to the KYS Trustees for your continued belief and support of KYS on this journey. The staff's willingness and commitment to participate, while working within an environment that is busy and demanding, has significantly contributed to both the development of the outcomes model and measures, and the impact evaluation. The results of the impact evaluation are a testament to the staff's passion, expertise, and motivation to support and work effectively with young people. The staff's skills and dedication were recognized in 2013 through winning the Team of the Year Award and Overall Supreme Award in the CCDHB Quality, Improvement and Innovation Awards.

I wish to thank the team of expert advisors for supporting this project by generously sharing their valuable expertise, knowledge and experience. The strong enduring relationships that developed from our earlier work with the leaders of the SPARX and the Pathways to Resilience and Long-term Successful Transition projects have resulted in their ongoing support of KYS on its research and evaluation journey.

Thanks too, to Robyn Bailey and Rae Torrie, our expert evaluators. Robyn and Rae have gone 'above and beyond' in this project. I have appreciated the efforts they have gone to in ensuring that they understood what KYS is all about, and what the staff does to make our work successful. Their commitment to partnership and inclusion has supported continual dialogue between KYS staff and themselves to ensure that the outcomes measurement tool developed, and the impact evaluation undertaken, is relevant, reflects the KYS approach and aligns with practice. I thank them for their energy, enthusiasm, expertise and for the time that was gifted to ensure the project progressed. I valued that all aspects of their work were undertaken with integrity and transparency, and they were supportive throughout the process. Through this journey, they have become a valuable part of KYS.

I wish to thank the amazing creative and talented staff at Luvly for designing this document. We are overwhelmed by your generosity of gifting their work to KYS.

This project reflects KYS's desire to effectively report on the health and wellbeing outcomes for the young people we work with and to ensure that our approach is the best it can be. It is a significant step towards developing an integrated, outcomes-focused monitoring and reporting system to inform clinical and service planning, funding decisions and reports to funders.



Raechel Osborne  
[www.kys.co.nz](http://www.kys.co.nz)

# Acknowledgements

## Project partners

This project is collaboration between Kapiti Youth Support and Evaluation Works Ltd. The lead investigators of the project are Robyn Bailey and Rae Torrie, Evaluation Works Ltd, and Raechel Osborne, Manager of Kapiti Youth Support (KYS). These three have managed the project, with Robyn and Rae leading and carrying out the developmental work, the impact evaluation, analysis of the findings and writing the reports and working paper. The KYS staff provided input and advice to the developments throughout the project, piloted the youth outcomes model and measures as an integral part of their practice, undertook retrospective assessments and followed up young people during the impact evaluation.

A brief introduction to, and description of Kapiti Youth Support is provided at the beginning of this report. Evaluation Works Ltd is a Wellington and Kāpiti Coast-based evaluation and research company. Its two directors, Rae and Robyn, undertake work throughout the country, primarily in the health, injury prevention, social services, employment equity, community and youth development sectors. See [www.evaluationworks.co.nz](http://www.evaluationworks.co.nz)

*Robyn and Rae wish to acknowledge the opportunity this project created to work closely with Raechel and experience her vision, leadership and tireless energy and commitment to KYS and the young people they serve. Raechel epitomises 'leading by example', extending her full attention and embrace to all who walk through the door. We thank you for choosing to partner with us and going on this unknown and challenging journey with openness, willingness and steadily holding onto our shared vision of developing a tool that would benefit KYS and its young people, and potentially the wider YOSS sector.*

*A BIG thank you goes to the incredible team of KYS staff. The warmth, positivity, caring and aroha that staff share with young people was extended to us as the evaluators. We thank you for your expertise, time, patience and trust to go on this journey and hope that the experience and developments will contribute to the strength of KYS and your invaluable work with young people.*

The KYS staff involved in the project were: Doctors Sue Wilson, Diane Carter and Amanda Clarke; Nurses Debbie Jones, Catherine Skelsey and Jordyn Long; Youth Workers and Mentors Sue Gardiner and Darryl Gardiner; Counsellors Sue Blyth and Andrew Brown; Clinical Psychologist Kelly Donovan; Social Worker Briar Gallagher; and Support Staff Lisa Tong, Lauren Gibbs and Drew Croft.

The developmental components of the project were also shaped and supported by a fabulous group of young people, some of whom assisted with piloting the impact evaluation instruments. We wish you all the best. Our youth project advisors were Drew Croft, Jordyn Long, Lauren Gibbs, Austin Delaney-Girdlestone, Emma Curle, Ameera Gray and Shannon Mahu.



## Project advisors

### *Local Māori*

As testament to the standing of KYS in the community, local kaumātua Tuki Takiwa and KYS Trustee Rā Higgott came together with Cheryl Linge and Cherie Seamark from Hora Te Pai to lend their wisdom about what works for Māori young people, and their experience of what makes KYS work. Thank you for your mahi, and awahi of this project.

### *Youth, academic, cultural and evaluation expert advisors*

Behind the lead investigators has been a team of expert project advisors, who have generously contributed their knowledge, wealth of experience, support and time. Thank you!

They are as follows in alphabetical order (or first member's last name where two or more people were involved from an institution/group):

Name(s)	Organisation	Project contribution
Dr. Sue Bagshaw	Collaborative for Research and Training in Youth Health and Development Inc	Clinical research in adolescent and youth health; YOSS counselor
Sue Blyth	Alcohol and drug consultant to, and counselor at, KYS	Youth alcohol and drug issues
Dr. Jane Davidson	Principal, Real Evaluation Limited	Outcome evaluation
Associate Professor Sally Merry and Dr. Karolina Stasiak	The Werry Centre, Faculty of Medical and Health Science, University of Auckland	Youth mental health and research (including adolescent psychiatry)
Professor Robyn Munford and Associate Professor Jackie Sanders	Social Work and Social Policy Programme, Massey University	Family research (including at risk young people and health and wellbeing research)
Kataraina Pipi Laurie Porima Nan Wehipeihana	Principal, FEM 2006 Ltd Principal, LLE Research Ltd Principal, Research Evaluation Consultancy Ltd	Māori expertise and evaluation
Vicki Wilde	Principal, Vicki Wilde Limited	Evaluation (including community development and public health)

## Health Research Council of New Zealand

Funding for this project was received from the Health Research Council of New Zealand (HRC) Research Partnerships for NZ Health Delivery 2011 programme (11/734) to develop a way of effectively measuring the outcomes for young people using Kapiti Youth Support (KYS) services, and to assess the impact of KYS's approach.

The HRC supports research that has the potential to improve health outcomes and delivery of healthcare, and to produce economic gain for New Zealand. As the Government's principal Funding and Investment Agent for health research, the HRC invests in research relevant to the Government's objectives for Vote Science and Innovation, and to the needs of the health sector in New Zealand.

The HRC's Partnership Programme establishes and manages health research co-funding relationships with a wide range of government and non-government organisations. By coordinating needs and funding across organisations, these partnerships make efficient and effective use of scarce resources. The Partnership Programme includes the Research Partnerships for Health Delivery scheme, which seeks to support research meeting the needs of decision makers in healthcare delivery organisations. For more information on the Partnerships Programme, visit <http://www.hrc.govt.nz/home>

# Contents

- 1 Reports, copyright and use
- 2 Foreword
- 4 Acknowledgements

## **8 Highlights**

## **14 Introduction**

- 15 The project
- 16 Kapiti Youth Support
- 16 KYS youth outcomes model and measures
- 21 Application of the outcomes model and measures
- 21 Impact evaluation approach
- 23 Methodological comment

## **26 Findings**

- 27 Who are the young people using KYS services?
- 29 What overall changes occurred?
- 31 Did the young people 'most in need' improve?
- 32 How much change occurred over the short-term?
- 34 In which outcome areas were young people facing challenges?
- 35 What occurred in those outcome areas where young people were facing challenges?
- 37 Young people with complex needs
- 38 How did the young people and their parents describe and value their changes?
- 40 Did KYS have anything to do with these changes?
- 41 What would have happened without KYS?
- 42 How does KYS contribute to young people's changes?
- 45 What are the key concepts at work?

## **50 Conclusion**

- 52 How good are the findings?
- 52 What is the value of the KYS approach?
- 53 Potential of the KYS youth outcomes model and measures
- 54 Next steps
- 54 Testing transferability and scalability

## **56 Glossary**

- 58 Colour key







highlights

# highlights

**Over a 3-5 month period, 90% of young people accessing KYS services experienced positive results,** that is, they experienced better or the same health and wellbeing.

On average, for every 20 young people who used KYS services over the 3-5 month period.  
2 young people slipped back | 11 young people were steady | 7 young people improved



Young people remaining steady is a positive result. Young people experiencing positive health and wellbeing at the beginning of the time period maintained this. Those young people who were experiencing challenges in their lives were 'held' and prevented from 'slipping back'. This maintenance of safety and management of possible harm is considered particularly important.

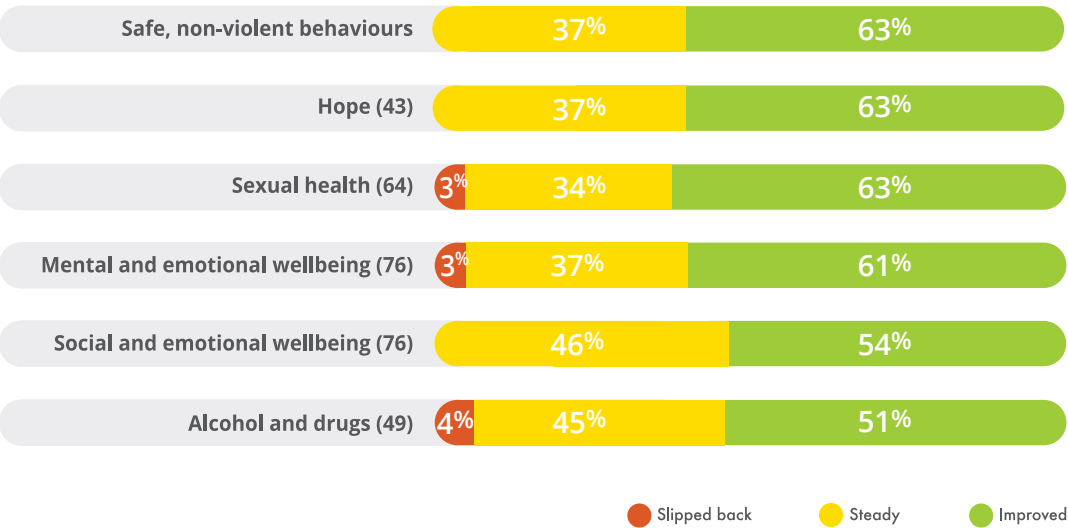
## **KYS worked well for all young people, particularly those with challenges in their lives.**

Over half (58%) of young people using KYS services had an overall assessment of 'OK some challenges', 'at risk' or 'seriously at risk', and a quarter (26%) had complex needs. These young people, who arguably had the greatest need for positive changes in their health and wellbeing, experienced the best outcomes. For example, the overall assessment for 97% of young people (69 of 71) with complex needs either improved or remained steady.

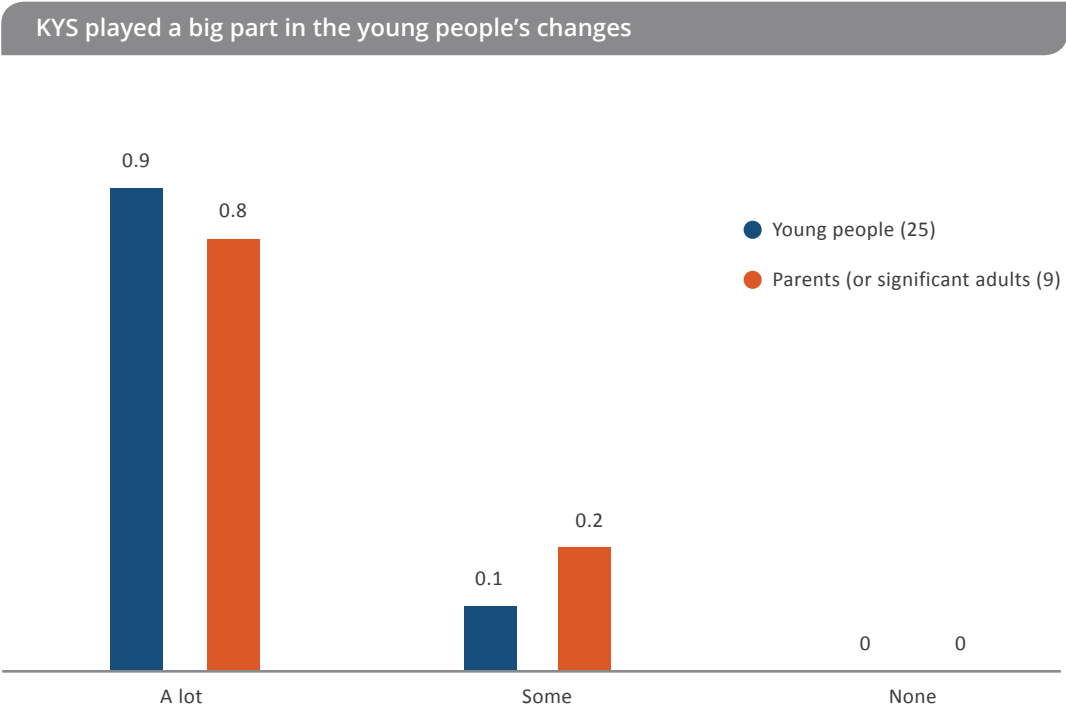
**KYS works well for all young people, irrespective of gender or ethnicity.**

The KYS approach enables young people to be connected with the staff and services relevant to their individual needs. The findings suggest that this approach meets the needs of both young women and young men, and Māori and Pākehā.

**In those outcome areas where there were a high proportion of more serious assessments, substantial proportions** (between 50-65%) of young people with challenges in these particular outcome areas **improved**.



**The top two things that young people said helped them to make positive changes were family and KYS.** Both the young people, and their parent (or other important adult) interviewed, said KYS played a significant part in the young people's changes.



## The KYS approach works

The KYS approach is integral to the achievement of the positive results experienced by young people using KYS services. The KYS approach includes:

- the interdisciplinary, integrated, youth-focused, one stop shop approach that brings together the range of health and wellbeing services needed by young people in Kāpiti
- delivery by staff who share a common philosophy grounded in positive youth development and strengths-based approaches irrespective of their particular discipline or modality. This philosophy is embedded in the way staff relate to young people, and guides the structure and organisation of KYS services.

### **KYS now has evidence that their particular approach contributes to positive outcomes for young people.**

The youth outcomes model and measures has provided KYS with robust, evidence-based data, and an ability to track young people's changes over time using a single comprehensive framework.

Application of the model and measures as part of an impact evaluation has enabled KYS to provide evidence that its services are making an important difference.

KYS can now demonstrate the value of funding such a service, including estimating likely savings for the wider health sector.





introduction

# introduction

## The project

*This report summarises the results from an impact evaluation aimed at finding out whether the KYS approach is making a difference to the health and wellbeing of young people.*

*The evaluation involved developing a way to measure youth health and wellbeing outcomes.*

*KEY: Orange outlined boxes highlight commentary*

*KEY: Blue outlined boxes highlight findings*

*The KYS youth outcomes model and measures has the potential to provide a national outcome monitoring and reporting framework for the Youth One-Stop Sector (YOSS) sector and other youth providers.*

1. Kapiti Youth Support (KYS) is a primary health provider and support service that integrates the provision of medical and nursing services with clinical psychology, counselling, alcohol and drug services, social work, mentoring, parenting, peer support and youth development programmes to young people aged 10-24 years. All services are provided free of charge. KYS is a member of the Youth One Stop Shop network.
2. KYS partnered with Evaluation Works Ltd to find out in what ways, and to what extent, KYS is making a difference to the health and wellbeing of the young people who use its services.
3. While anecdotal evidence was strong that the KYS approach of operating was making a significant difference, KYS sought to develop a robust way of measuring such changes and how KYS contributed. As there is no agreed set of national youth health and wellbeing outcome measures, the project needed to develop a way of measuring the changes for young people, and then assess the impact of KYS's approach on the young people using its services.
4. The need for such a project was also flagged in a 2009 report on Youth One Stop Shops. Measurement of outcomes for health and social services is an expectation for all publicly funded services in New Zealand. Attribution of outcomes to multifactorial interventions in complex social settings is difficult. The challenge for Youth One Stop Shops is to demonstrate their value by measuring positive consequences for their target population [that] result from their interventions<sup>3</sup>.
5. The project was funded by the Health Research Council (HRC) **Research Partnerships** in NZ **Health Delivery** (RPNZHD) 2011 programme, KYS and Evaluation Works Ltd and undertaken in two phases:
  - Developmental phase: The first part of the project involved researching and developing a youth health and wellbeing outcomes model and measures, and a 'theory about how KYS works' to enable positive health and wellbeing outcomes for the young people who use their services (July 2011 – June 2012).
  - Impact evaluation phase: The second part of the project was an impact evaluation. The aim of the impact evaluation was to evaluate the worth (value) of the interdisciplinary, integrated Youth One Stop Shop approach used by KYS. The collection of data occurred over July-December 2012, and the analysis and reporting occurred over January-December 2013.
6. As part of this project, KYS and Evaluation Works have developed a youth outcomes model and set of outcome measures which has the potential to provide a national outcome monitoring and reporting framework for the Youth One-Stop Sector (YOSS) (and possibly other youth providers).

<sup>3</sup>Communio, 2009. *Evaluation of Youth One Stop Shops*. Ministry of Health and Health Research Council, p.17.

## Kapiti Youth Support

7. KYS is a primary source of health and social support, information and advisory services for 4700 youth in the Kapiti Coast area, and for many, 'the' primary source. Based on population projections for 2012, this is approximately 60% of the Kāpiti youth population. Approximately 45% of Kāpiti Māori youth use KYS services<sup>4</sup>.
8. KYS provides services covering the Kāpiti Coast District Council (KCDC) boundaries, which extend from Otaki in the north to Pukerua Bay in the south. Otaki is covered by Mid Central District Health Board and the rest of the Kāpiti district is covered by Capital and Coast District Health Board.
9. The following are typical stories for many of the young people who use KYS services.

*KYS is an integrated primary health and support service that provides a comprehensive range of free medical, nursing and support services to young people aged 10 - 24 years.*

*I first came to KYS as a support person with a friend, when I was 14. Thought it was pretty cool. I knew older people that came here for doctors and counsellors. When I got upset, my friend suggested I come to KYS. My friend had found her nurse really helpful and I had seen changes in her. My friend had first come to KYS with other friends of hers. When our friends died, heaps of people came to KYS for counselling. Everybody I know loves the fact that KYS is free.*

*I did some counselling sessions at KYS. They helped me to believe in myself. My family didn't understand what I was experiencing. Coming to the counsellor at KYS was a huge validation of what I was going thru' - that I was not making it up.*

*I'm now doing a training course. This came from the belief that the people at KYS have in me.*

*I was in a house with no power or hot water, and in a bad situation. Sometimes we'd go without food for a couple of days, and I got pregnant. I was in a violent relationship. KYS helped me to properly leave that violent relationship.*

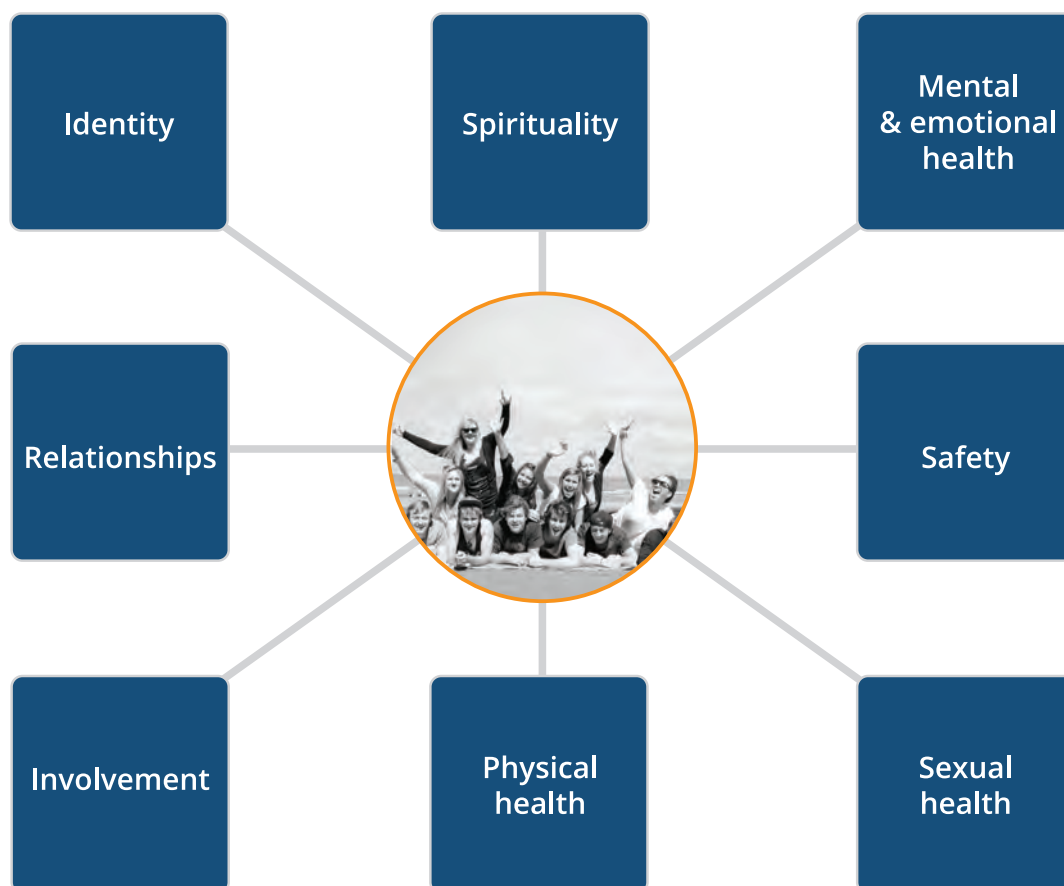
## KYS youth outcomes model and measures

10. The KYS youth outcomes model and measures were developed to track the changes for the young people using KYS services (including about 25% who have complex needs). The model and measures were designed to take account of "positive choices, markers of resilience and indicators of wellbeing...associated with long term positive outcomes" for young people<sup>5</sup>. It provides a holistic outcome reporting that has not previously been possible.

*The KYS youth outcomes model and measures was designed in line with a holistic, strengths-based youth development approach.*

<sup>4</sup>These figures are as at September 2013. The impact evaluation used the population of 3,304 young people who had been 'active' clients, that is, they used KYS services within the last three years of the Jul 2012 start of the impact evaluation.

<sup>5</sup>Ministry of Health (2009). *Evaluation of Youth One Stop Shops*. Communitio Report to the Ministry of Health, Wellington, p. 17.



11. The KYS youth outcomes model and measures include:

- I. Eight outcome areas identifying positive outcomes important to the development of healthy and well young people. Each outcome area also has two associated sub-areas. See the diagram on p.19-20.
- II. These areas are located in the Te Whare Tapa Whā<sup>6</sup> framework and are aligned with HEEADSSSS<sup>7</sup>.
- III. A rating scale and outcome measures for conceptualising and measuring change.
- VI. Outcome measures in the form of descriptors. A separate descriptor was developed for each point on the rating scale for each of the 16 outcome sub-areas. The table below provides a generic descriptor for the overall health and wellbeing of a young person at each point on the rating scale.
- VII. A database for recording and reporting on the young people's outcome measures.

<sup>6</sup> Developed by Sir Mason Durie.

<sup>7</sup> HEEADSSSS is a screening tool which provides a framework for a structured conversation in order to undertake "a comprehensive biopsychosocial assessment of a young person. It provides information about the young person's functioning in key areas of their life". It is an acronym which "covers categories that reflect the major causes of adolescent morbidity and mortality." (*Youth Health: Enhancing the skills of Primary Care Practitioners in caring for all young New Zealanders – A Resource Guide*, The Collaborative for Research and Training in Youth Development and Health Trust, 2011, p.49). Extending use of HEEADSSSS is one of the initiatives of the Prime Minister's Youth Mental Health Package 2012, [http://beehive.govt.nz/sites/all/files/Youth\\_Mental\\_Health\\_project-School\\_Based\\_Initiatives.pdf](http://beehive.govt.nz/sites/all/files/Youth_Mental_Health_project-School_Based_Initiatives.pdf)



## Rating Scale



### A generic description for each point on the rating scale

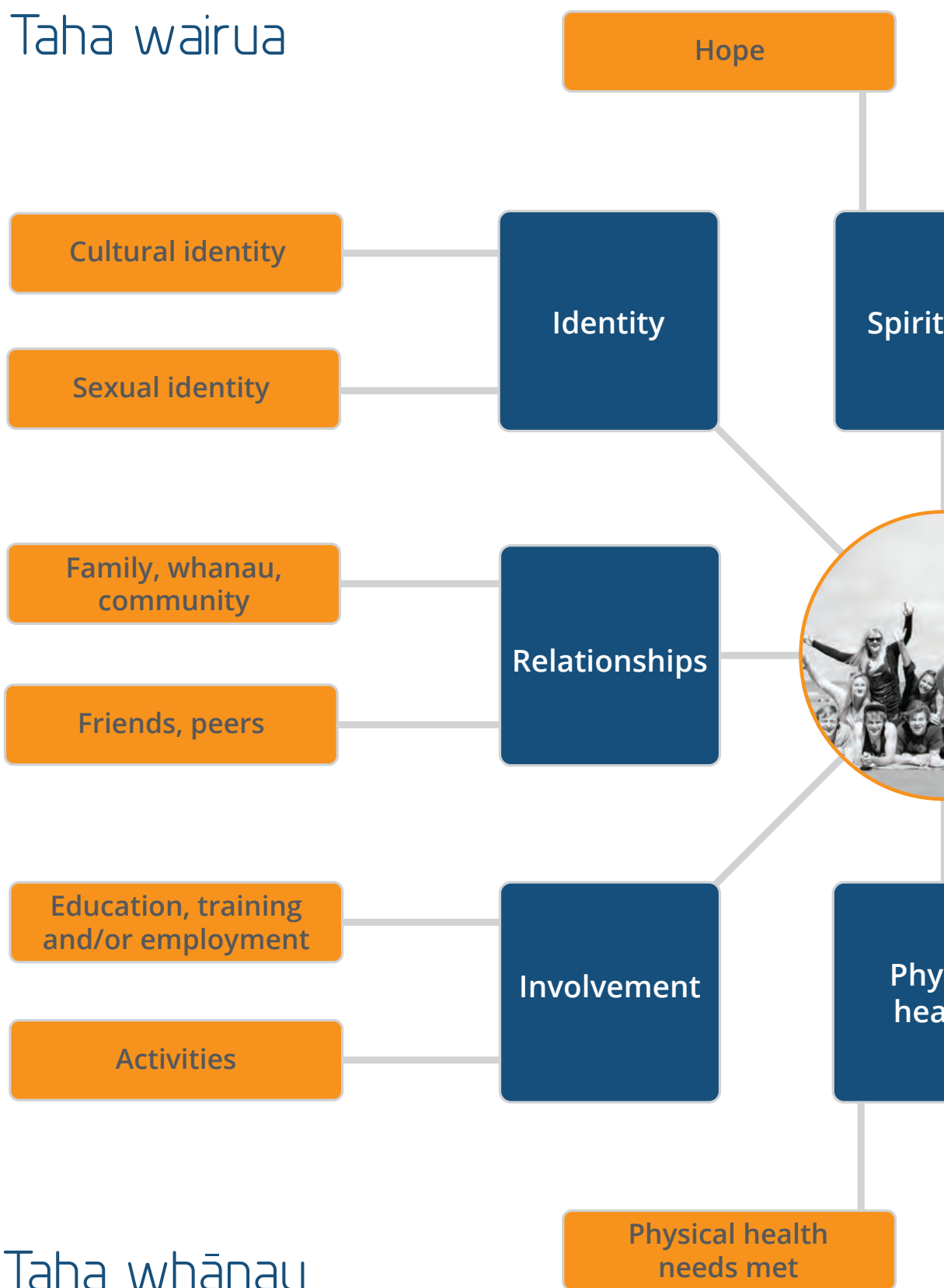
Seriously at risk	At risk	OK, some challenges	Good	Thriving
Young person health and/or wellbeing seriously impacted. Urgent. At risk of harming self and/or others. Needs help. No positive personal supportive networks. May or may not see a problem or want to change.	Young person is not in a good space. Problems functioning in daily life. Repeating negative patterns. May be engaging in harmful/risky behaviours. Needs support. May not have positive personal support networks. May or may not see a problem or want to change.	Young person doing mostly OK. May fluctuate between negative and positive behaviours/patterns. Needs support sometimes. Has some positive personal support networks. Has some skills in seeking and receiving help.	Young person is good. Independent and takes initiative. Mostly responsible for actions and behaviours. Sometimes needs support. Has people to go to and can seek support when they need it.	Young person is really good. Active, energised, positive in responding to life's up and downs. Independent and self-sufficient. Knows how to seek and receive help if they need to.

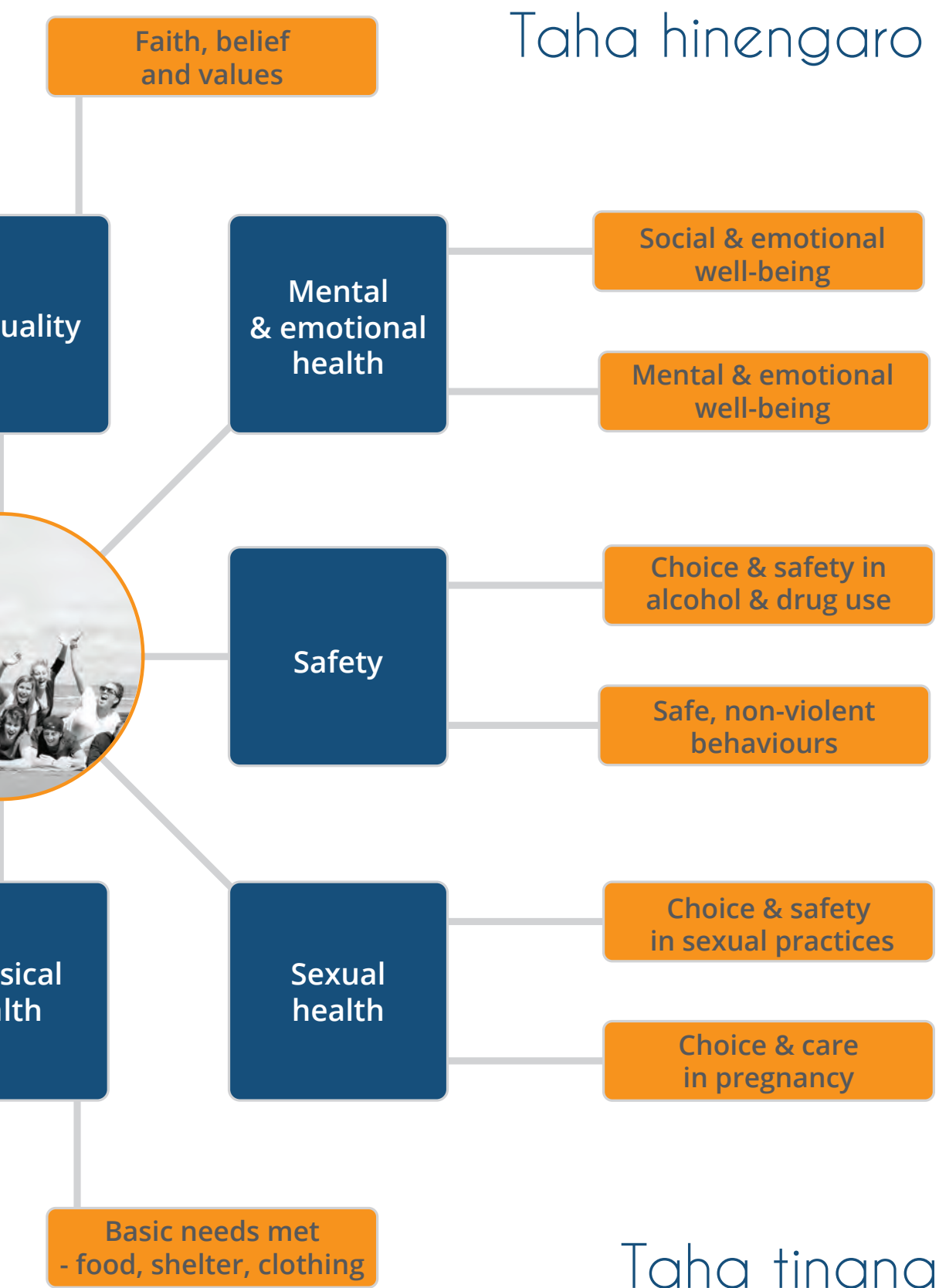
12. For young people using services additional to the medical or nursing service<sup>8</sup>, the *KYS youth outcomes model and measures* are supplemented by the *Top Problems measure* and other assessment and validated clinical tools normally used as part of KYS practice<sup>9</sup>.

<sup>8</sup> One of the prerequisites in designing the outcome model and measures was that it did not change current practice and become an intervention in itself. Therefore its application during the impact evaluation did not involve staff discussing their outcome measure(s) with the young person during a standard 15 minute consultation. To enable youth input, a supplementary tool that explicitly seeks young people's views and assessment of progress – the *Top Problems measure* – was included for those young people utilising counselling, social or youth work services within KYS. Staff in these areas have longer appointments, and were able to incorporate the *Top Problems measure* without any substantive change to their practice. (Weiz, J.R. et al. (2011). *Youth Top Problems: Using Idiographic, Consumer-Guided Assessment to Identify Treatment Needs and to Track Change During Psychotherapy*. Journal of Consulting and Clinical Psychology. Vol. 79, No. 3, p.369-380.)

<sup>9</sup> Examples of these include the *Strengths and Difficulties Questionnaire* (SDQ) for overall mental health (including depressive, conduct, ADHD and some anxiety disorders), PHQ9 Patient Depression Questionnaire, the *Substances and Choices Scale* (SACS) for alcohol or substance abuse or dependence, and the Client-directed, outcome-informed (CDOI) tool. (Duncan, B., Miller, S. D., & Sparks, J. A. (2004). *The heroic client: A revolutionary way to improve effectiveness through client-directed, outcome-informed therapy*. San Francisco: Jossey-Bass.)

Taha wairua





## Application of the outcomes model and measures

13. The outcomes model and measures are applied by staff after they have completed their usual consultation or session with a young person. This involves KYS staff applying HEEADSSSS and/or other assessment tools to assist with understanding a young person's needs and where a young person is 'at'. Any assessment made using HEEADSSSS and other tools is recorded as a narrative on Medtech<sup>10</sup>, along with any relevant scores from validated measures. Following this process, once any clinical judgements have been made, the KYS staff member applies the KYS outcomes model and measures.
14. Applying the outcomes model and measures has two parts:
  - determining the appropriate rating for the young person in all relevant outcome areas<sup>11</sup> drawing on the descriptors
  - making an overall assessment of the health and wellbeing of the young person, drawing on the individual ratings in each of the relevant outcomes areas, and using the generic rating scale (see p.18).

## Impact evaluation approach

15. The impact evaluation utilised a mix of qualitative and quantitative research methods situated within an overall evaluation-specific methodology.

*333 young people took part in the impact evaluation. This represents 10% of the 'active' KYS population (that is, those seen within the last three years).*

*It also represents 78% of the young people who used KYS services over the 4-week recruitment period of the evaluation.*

*The young people who took part were representative of the range of young people who use KYS services. We are confident that the findings from the impact evaluation can be reasonably extended to the KYS population.*

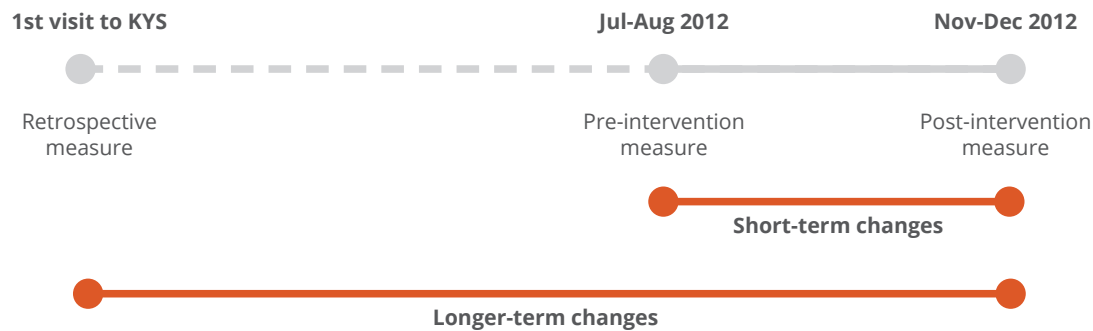
16. The evaluation applied the outcomes model and measures to track changes for young people using KYS services over a three-five month period. This involved a pre- and post-intervention comparison of the young people's health and wellbeing between July to December 2012 (with the 'intervention' being 'the use of the KYS services'). In order to explore changes over the longer-term, a retrospective measure was also taken for the young people in the evaluation population who were pre-existing clients of KYS. The date of the retrospective measure was the time of their first visit to KYS<sup>12</sup>.

<sup>10</sup> Medtech is an online healthcare management and information technology system for recording client data and clinical notes used in many primary and secondary health care practices in NZ.

<sup>11</sup> Given the focus on the model and measures not affecting practice, measures are collected in those outcome areas where young people are presenting with issues and the staff member has sufficient information to make a judgement in which they feel confident (and in other areas where the staff member feels confident the information they are drawing from is still current). If a young person has a full HEEADSSS or other assessment as part of a longer appointment, then more or all of the outcome measures are completed.

<sup>12</sup> Clinical staff referred to clinical notes to establish the retrospective measure.

### Timeline for short and longer-term measures<sup>13</sup>



### Sample sizes

17. The table below describes the number of young people in each of the three evaluation populations: at recruitment to the evaluation (333), when looking at short-term changes (272) and when looking at longer-term changes (257).

Three assessment populations		
Population	Timeframe	N
Pre-intervention (Recruitment)	Jul - Aug 2012	333
Pre-to post (Short-term)	Jul - Dec 2012	272
Retro-to post (Longer-term)	1st visit - Dec 2012	257

<sup>13</sup>All young people who attended KYS over a 4-week recruitment period from 16 July to 10 August 2012 were invited to participate in the impact evaluation, and had a pre-intervention assessment. All young people who had a pre-intervention measure taken were subsequently re-assessed as part of their consult (or followed up by phone) between 12 November and 21 December 2012. Therefore the pre- to post-intervention period ranged from three to five months, depending on whether the participating young people had their pre-assessment measure in July or August, and their post-assessment measure in November or December. **For readability purposes, the recruitment or pre-assessment period is referred to as July, and the post-intervention assessment period as December.**



18. The data for the pre-intervention (or recruitment) population and pre- to post (or short-term) population are the most robust<sup>14</sup>. Subsequent analyses focussed on these two populations.
19. The rating scale, which was a hybrid quantitative/qualitative measure, was used to track the changes in young people, providing *quantitative* data about the direction, size, range and frequency of shift.
20. The second phase of the impact evaluation involved *qualitative methods* - semi-structured, individual face-to-face interviews with three groups of people: 25 young people, the KYS key worker for each of the 25 young people, and nine parents or significant other adults. The 25 young people who were interviewed had an overall pre-intervention measure of 'OK, some challenges', 'at risk' or 'seriously at risk'. Young people were selected from these categories because these are the groups where, arguably, most positive change is required, and because KYS was considered to be able to make the most significant contribution with these young people. The purpose of this phase was to gather information to **understand** the factors that may be contributing to any changes, and the contribution of KYS to these changes.

## Methodological comment

21. The application of any new model and measures in an evaluation merits some reflection and comment on how well it worked, and on the level of confidence that can be claimed in relation to the validity and reliability of the data.
22. The trial of the outcomes model and measures, as part of the impact evaluation, worked very well. KYS staff found applying the outcome measures as an integral part of their everyday practice relatively easy and minimally time-consuming. Importantly, the model and measures 'added value' to KYS staff practice:

*The trial of the outcomes model and measures was successful. The measures were fit for purpose and easy to apply, and their use 'added value' to KYS staff practice.*

<sup>14</sup> The pre-intervention measures are robust. They were undertaken during a face-to-face consultation or session with each young person as they came into KYS for their usual consult. Post-intervention data collection required a less consistent method for capturing ratings than was possible for the pre-intervention data. For some young people, post-intervention assessments were face-to-face as part of a regular consult for the young people who sought an appointment with KYS during the post-intervention assessment period. These are considered robust. Some assessments, however, were undertaken (for the purposes of the impact evaluation) via phone follow-up with those young people who did not seek an appointment during Nov-Dec 2012. KYS staff expressed a mix of confidence about these - ranging from a high level of confidence in receiving robust information to a low level of confidence (for example, due to the young person forgetting they were part of the study, being busy and/or rushing their responses). The retrospective measure is considered the least robust of the three measures. There are two reasons for this. The first is that the retrospective measure was made using clinical notes from the first month that the young person came to KYS, usually for a relatively minor issue. KYS staff recognize a pattern of young people engaging with KYS for a while as trust is built, before talking about more serious issues that are concerning them. This means that the retrospective measure is likely to be a more positive assessment of 'where young people were at'. The second issue was that, in most cases, it was not possible to make assessments of either 'seriously at risk' or 'thriving' from the clinical notes. Therefore, most of the young people were assessed in the three categories of 'at risk', 'OK, some challenges' and 'good'. The data in relation to the shifts (changes) that the young people have made over time is most robust over the short-term (pre- to post-assessment) and is explored in more detail (given the levels of confidence for each of the assessment measures discussed). Some overall patterns were explored for the longer-term (retrospective to post-assessment) period, to see how these compared with the short-term findings.

- it made explicit the tacit judgements incorporated in staff's written and spoken narratives
- it reinforced reflective practice
- it provided a shared language for staff from different disciplines about the state of a young person's health and wellbeing.

23. The outcome areas and measures were fundamentally sound. The eight main outcome areas framed by *Te Whare Tapa Whā* will remain in the next iteration of the model and measures, with some refinement of their parameters, and two additions in the sub-outcome areas regarding parenting and partner relationships. The descriptors designed for each of the outcome areas – the outcome measures – were deemed to be mostly robust and reliable. In the next iteration of the descriptors there will be some refinement of content, and a particular focus on ensuring that the mid-point measure of the rating scale – 'OK, some challenges' – is internally consistent.
24. A necessary strength of any clinical data capture system developed for KYS is that it can be applied by a range of staff operating from different modalities. This presents an inter-rater reliability challenge. Good consistency of application of the rating scale was achieved by the implementation of a number of moderation measures. These were: (i) the involvement of all staff in the development of the assessment rating scale and tool (ii) training of all staff using case study examples (iii) a moderation process where staff who were working with the same young people consulted and agreed on a common assessment and (iv) troubleshooting by the evaluators as appropriate. Moderation is, and will continue to be, an important ongoing process.
25. The robustness of the pre-intervention, post-intervention, and retrospective measures, and confidence in the short-term and longer-term outcome findings is addressed in footnote 14.
26. An important component of youth development is working with young people as partners and contributors<sup>15</sup>, and as such, any youth outcomes model and measures needs to have credibility with both young people and those working in the sector. This project involved young people in two ways: (i) as 'contributors' to the design and testing of the outcomes model, measures and evaluation instruments, and (ii) as 'knowledge producers' - knowledgeable about, and able to articulate their experience about 'why' something does or does not work for them. Young people's values and views about what is important to them were identified and incorporated both through the development and impact evaluation phases, via a Youth Advisory group to the project, and as informants in the evaluation. The young people's 'voice' accompanies the findings.

*Young people's 'voices' informed this project. Their values and views about what is important to them were identified and incorporated in the development of the outcomes model and measures, and through the impact evaluation.*

<sup>15</sup> *Youth Development Strategy Aotearoa: Foreword*. Ministry of Youth Affairs, January 2002.



findings

# findings

26. This project addresses the question: “In what ways, and to what extent is KYS making a difference to the health and wellbeing of the young people it serves?”. This section of the report presents a summary of the findings and describes ‘WHAT’ was found in terms of changes to young people’s health and wellbeing, and KYS’s contribution to these changes.
27. The project is also concerned with ‘making meaning’ of the findings, and in making judgments about the value of the KYS interdisciplinary, integrated approach. Discussion of the ‘SO WHAT’ question begins on p.42, and is highlighted in the Conclusion.
28. KYS management and staff will draw on these findings to assess the implications for their practice and consider the question, ‘NOW WHAT’<sup>16</sup>.
29. The findings section addresses the following questions:
  - Who are the young people using KYS services?
  - What overall changes occurred?
  - Did the young people ‘most in need’ improve?
  - How much change occurred over the short-term?
  - In which outcome areas were young people facing challenges?
  - How did the young people and their parents describe and value their changes?
  - Did KYS have anything to do with these changes?
  - How does KYS contribute to young people’s changes?

## Who are the young people using KYS services?

*KYS works with a wide range of young people.*

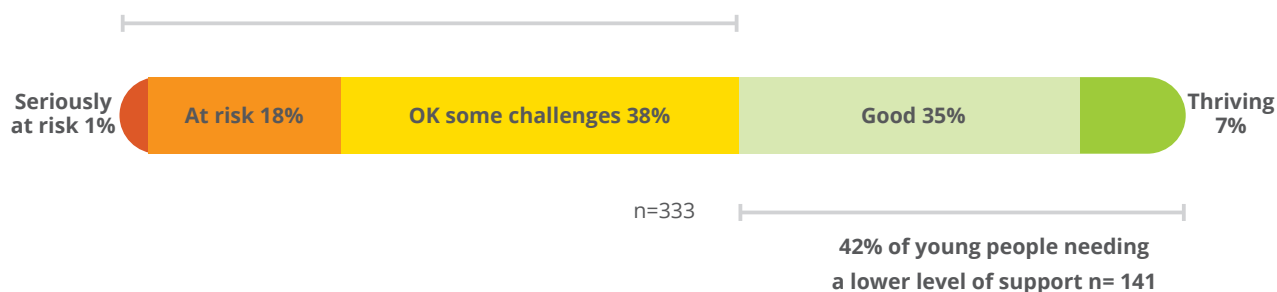
30. KYS works with a wide range of young people. The gender, ethnicity and age profiles for the 333 young people who took part in the impact evaluation were closely representative of the overall active KYS population of 3,304. Two hundred and forty or 72% of the evaluation participants were young women, and 93 or 28% were young men<sup>17</sup>. Two hundred and twenty-nine or 69% of evaluation participants identified as NZ European/Pākehā, 78 or 23% as Māori, and 26 or 8% as from other ethnic groups. Twenty or 6% of the evaluation population were aged 11-14 years, 90 or 27% were 15-17 years, 121 or 36% were 18-20 years, and 102 or 31% were aged 20-25 years.
31. The following chart shows that the group of young people using KYS services was weighted towards those whose overall assessment was ‘OK, some challenges’, ‘at risk’ or ‘seriously at risk’. These young people with challenges in their lives also needed a higher level of support, including more frequent appointments and/or the involvement of several KYS services.

<sup>16</sup> Another step (beyond the scope of this project) would be to ‘situate’ the findings with other research and literature regarding ‘what works’ in ensuring positive health and wellbeing outcomes for young people, particularly those presenting with challenges.

<sup>17</sup> This is broadly representative of the gender breakdown of young people using KYS services, where young women do outnumber young men by about two to one, although the evaluation population has a slight skew towards young women, and young Māori women in particular.



58% of young people needing a higher level of support n= 192



32. One of the identifying characteristics of KYS (and the YOSS in general) is that the organisation works with many young people who have not just one, but a number of different needs requiring support and intervention of more than one type from KYS<sup>18</sup>.
33. **A quarter of the young people (26%) who took part in the impact evaluation were also assessed as having complex needs.**

*KYS works with many young people who have not just one but a number of different needs.*

*Approximately, 25% of young people using KYS services have complex needs.*

*When I was at college, I got sent to the school counsellor who told me about KYS. The school counsellor wanted me to see the alcohol and drugs [A&D] counsellor at KYS. I was drinking and doing lots of other stuff to cope with [trauma]. So I came here and started doing everything here at KYS. When I saw the school counselor I was also sick so she said go to KYS and see a nurse for this. I knew KYS was here but hadn't come. I trusted the school counsellor so that's why I came here to KYS. I like talking with the KYS A&D counsellor. I don't like talking to people about problems or going to talk with others. It's been really good letting it all out.*

<sup>18</sup>In order to identify this group of young people, the project developed a proxy for complexity that included two dimensions –frequency and severity. Young people were identified as having complex needs if they were assessed as being 'OK, some challenges', 'at risk' or 'seriously at risk' in four or more of the 16 outcome areas.

Over the 3-5 month period of the impact evaluation, 90% of young people using KYS services experienced better or the same health and wellbeing. These findings were consistent irrespective of gender and ethnic groups.

## What overall changes occurred?

34. Ninety percent of the young people using KYS services experienced better or the same health and wellbeing, between July to December 2012. The diagram below shows what happened, on average, for every 20 young people who used KYS services over this time.

2 young people slipped back | 11 young people were steady | 7 young people improved



Young people remaining steady (experiencing the same health and wellbeing) is a positive result.

*'Young people remaining 'steady' is regarded positively by KYS staff and the project's expert advisors<sup>19</sup>. The management of harm and maintenance of safety (preventing 'slipping back') is considered particularly important for those young people assessed as 'OK, some challenges', 'at risk' or 'seriously at risk'. Remaining steady for those assessed as 'good' or 'thriving' is obviously positive.*

## Were there gender or ethnicity differences?

35. The results experienced by the young people between July and December 2012 were consistent across gender and ethnic groups<sup>20</sup>. Numbers were too small to determine any age differences.

## Are these positive changes a one-off?

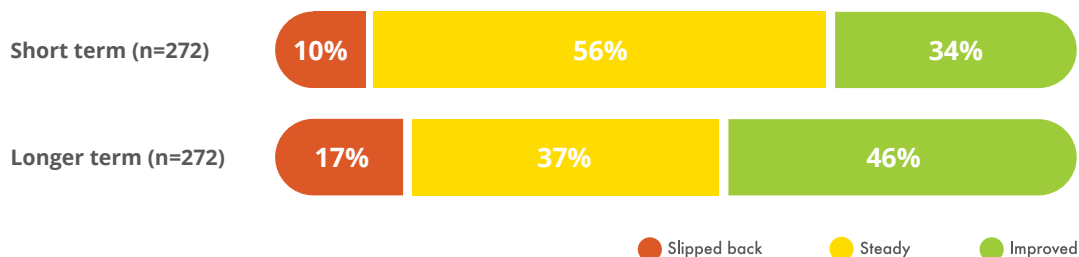
The changes for young people using KYS services appear to be substantiated over the longer-term, and even to be more positive.

36. No. The changes for young people using KYS services appear to be substantiated over the longer-term, and to be more positive. The following chart shows that the proportion of young people who improve increased over the longer-term and the proportion that were steady decreased.

<sup>19</sup>Expert in this context refers to the project advisors knowledgeable about working with young people, i.e. Dr Sue Bagshaw, Professor Robyn Munford, Associate Professor Jackie Saunders, Associate Professor Sally Merry and Dr Karolina Stasiak (refer Acknowledgements).

<sup>20</sup> There were no differences in the changes experienced by either young men vs. young women ( $\chi^2 = 0.73$ ,  $df = 2$ , n.s.) or young people of different ethnicities ( $\chi^2 = 0.40$ ,  $df = 4$ , n.s.), in the three groups – improved, steady, slipped back, between July and December 2012.

## More young people improve over time: Short-term compared with longer-term changes



### What about those who 'slipped back'?

37. In addition to those who improved there were a number of young people who slipped back (10% in the short-term and 17% in the longer term).

38. Who slipped back? A greater proportion of those in relatively better health and wellbeing slipped back, both in the short and longer-term.

*Young people assessed as 'good' or 'thriving'*

- Over the short-term, eighteen (16%) of 113 young people assessed as 'good' or 'thriving' slipped back. Over the longer-term, thirty of 101 young people assessed as 'good' slipped back and all 4 young people assessed as 'thriving' remained steady.

*Young people assessed as 'OK, some challenges' and 'at risk'*

- Over the short-term, eight (8%) of 104 young people initially assessed as 'OK, some challenges' became 'at risk', and over the longer-term, 12 out of 100. Over both the short and longer-term, only one of the 51 young people 'at risk' slipped back.

39. Why did they slip back? KYS staff, young people consulted, and expert advisor Dr Sue Bagshaw said that some level of slipping back was normal and to be expected. This was the result of several factors, for example:

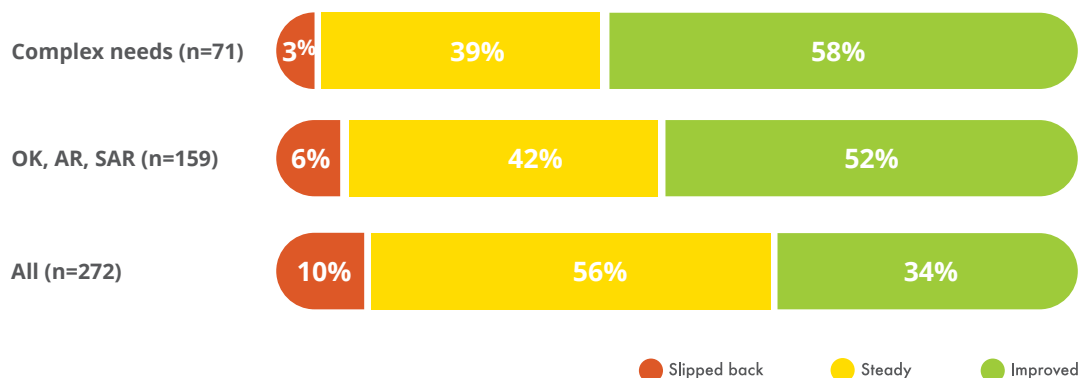
- young people experiencing 'life's normal ups and downs'
- the particular challenges associated with 'being a teenager' (such as alcohol and sexual relationships)
- life challenges outside the young person's control (e.g. parents separating)
- young people opening up about what is really going on (as part of a process of more deeply engaging and establishing trust at KYS)
- the fluctuations involved in any change process.

*The KYS approach works particularly well for young people most in need*

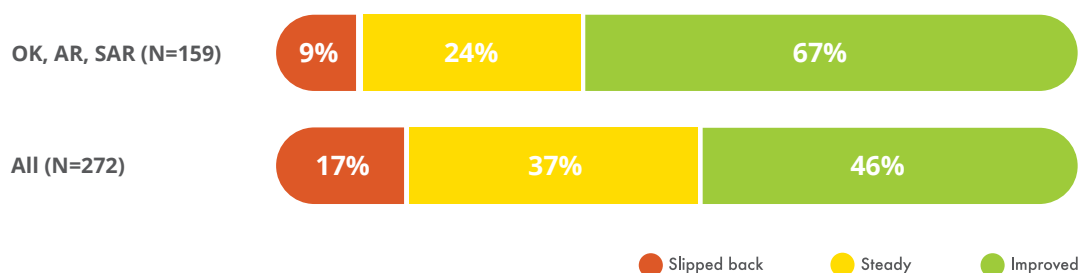
## Did the young people 'most in need'<sup>21</sup> improve?

40. Yes. For those young people most in need of positive outcomes, the results were better than for all young people. Ninety-four percent of those initially assessed as 'OK, some challenges' (OK), 'at risk' (AR) or 'seriously at risk' (SAR), and 97% of those with complex needs, improved or were steady over the short-term, compared with 90% of all young people.

### A greater proportion of the young people 'most in need' improved, and less slipped back compared with the overall group, over the short-term (Jul – Dec 2012)



### Over the longer-term, a greater proportion of those 'most in need' also improved and less slipped back compared with the overall group (1st visit to KYS – Dec 2012)<sup>22</sup>



<sup>21</sup> For the purposes of this analysis, young people 'most in need' include the group of 'young people with challenges in their lives' and young people with complex needs.

<sup>22</sup> Analysis of young people with complex needs was only undertaken over the short-term given this was the most reliable and comprehensive dataset (refer footnote 14).

## How much change occurred over the short-term<sup>23</sup>?

41. The chart on the following page shows the 'average' overall direction and size of the changes that occurred over the short-term for each group of young people – from 'seriously at risk' through to 'thriving'. The size of the arrow represents the average size of the shift for those who improved, and those who slipped back. (See the interpretive notes below for further explanation.)

*Applying the model and measures provides an indication of 'how much' change occurred, on average, for the young people using KYS services.*

### *For young people already doing well:*

42. The vast majority (around 85%) assessed as 'good' or 'thriving' either remained steady or improved.

### *For young people facing challenges:*

43. The vast majority (over 90%) assessed as 'OK, some challenges' or 'at risk' also either remained steady or improved. Two of the three young people assessed as 'seriously at risk' improved and one remained steady.
- Over half of the young people initially assessed as 'OK, some challenges', 'at risk' or 'seriously at risk' improved, shifting on average by over one step forwards on the rating scale.
  - Around 40-45% of the young people assessed as 'OK, some challenges' or 'at risk' remained 'steady', which is regarded as positive. The management of risk and harm, and maintenance of safety (preventing 'slipping back'), is considered particularly important for these young people.
  - Nine young people (eight 'OK, some challenges' and one 'at risk') slipped back.

*The young people most in need of positive outcomes, experienced the most shift.*

### *Interpretive notes:*

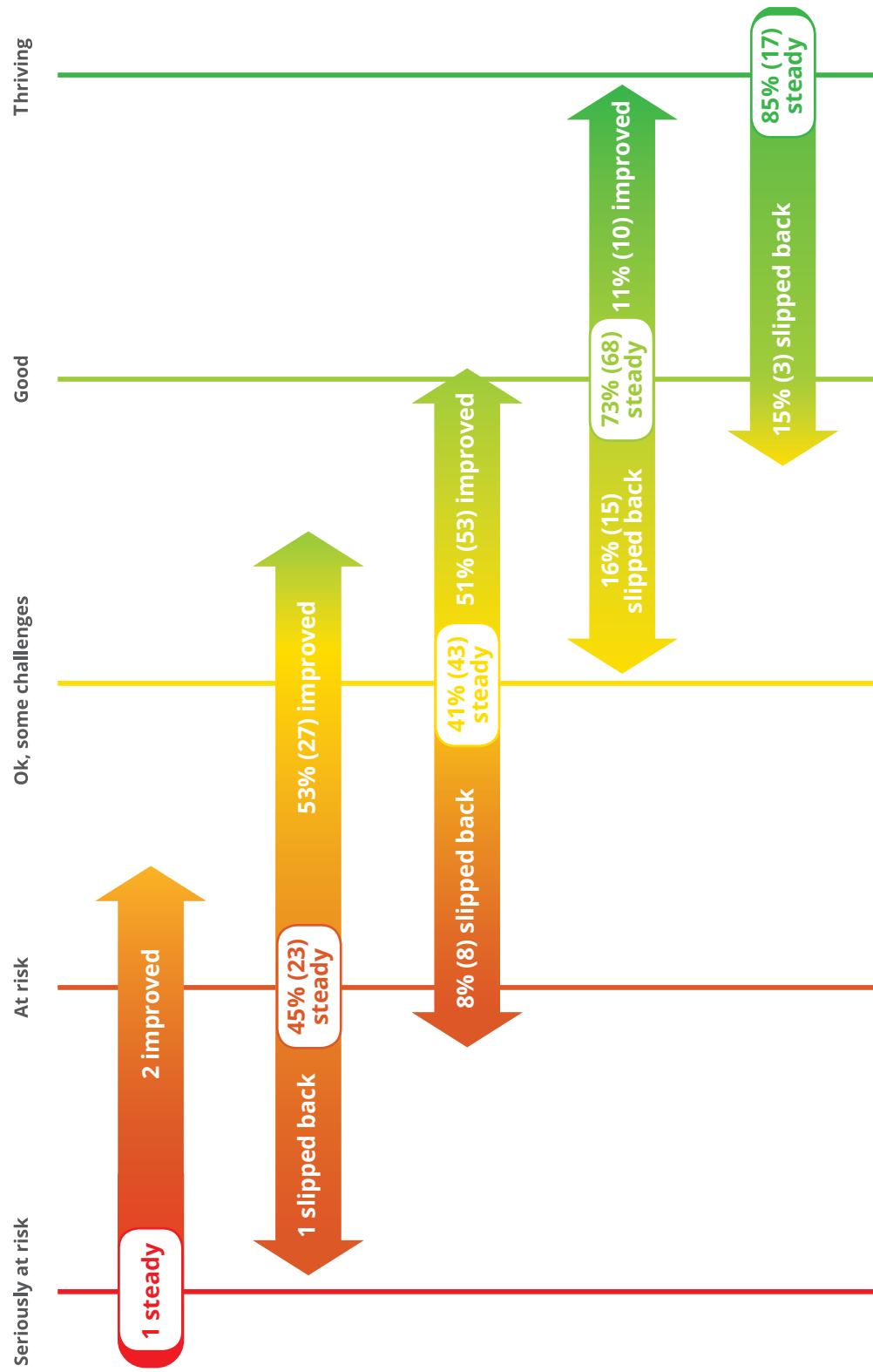
*We calculated the average overall change by aggregating the movement of each young person (the number of spaces on the rating the scale each young person had moved) and dividing this by the number of young people in the group.*

*The average overall change and size of shift are approximate rather than precise and need to be treated with some caution. Strictly speaking it is not possible to do averages given that the differences between each of the points on the rating (measurement) scale are not ratio. However the graph is helpful in providing an approximate picture of the change that is occurring.*

*It also needs to be noted that this is a five point scale, so young people who start in the 'thriving' category are not able to 'improve' - any movement will either be steady or backwards, and similarly for those assessed as 'seriously at risk' - any movement will either be steady or forwards. For people who start at 'good' the most they can go forward is one step.*

<sup>23</sup> The analysis focused on the short-term changes given this was the most reliable and comprehensive dataset (refer footnote 14).

Short-term changes: Average size of shift and % (n) of those who improved, were steady, slipped back, for each group of young people, Jul-Dec 2012 (N = 272)



## In which outcome areas were young people facing challenges?

44. In this section there is a shift of focus from the overall assessment rating for each young person to the discrete ratings in the 16 outcome areas. These ratings were made at the point of recruitment to the evaluation in July 2012.

45. We then explored the above question in two ways:

- (i) Firstly, we calculated the number of young people who were assessed in each of the 16 areas **(frequency)**.
- (ii) We then analysed the ratings at which the young people were assessed within each of the 16 areas for level of risk or seriousness **(severity)**.

*We identified those outcome areas in which young people presented with most need – areas that were most frequently assessed and areas in which assessments were generally more serious.*

46. The two analyses were undertaken for the:

- whole population of 333 young people
- 192 young people with challenges in their lives, i.e. whose overall assessment was 'OK, some challenges', 'at risk', or 'seriously at risk'.

47. The six outcome areas most frequently assessed<sup>24</sup> for all 333 young people recruited to the evaluation, and the 192 young people with challenges in their lives, were:

- education, training and/or employment
- physical health
- choice and safety in sexual practices
- family, whānau, community
- mental and emotional wellbeing
- social and emotional wellbeing<sup>25</sup>.

48. The outcomes areas with the higher proportions of more serious assessments ('OK, some challenges', 'at risk', or 'seriously at risk') were:

- mental and emotional wellbeing
- social and emotional wellbeing
- choice and safety in alcohol and drugs
- choice and safety in sexual practices
- safe, non-violent behaviours<sup>26</sup>
- hope<sup>27</sup>
- faith, beliefs, values<sup>28</sup>
- activities.

<sup>24</sup> It is important to note that some of the areas were more frequently assessed partly because they could be easily discussed with the young person whatever their reason for going to KYS, for example, "How are things going at home, with your friends, at school, work or on your training course?" Other areas such as cultural or sexual identity, and faith, beliefs and values or hope were less commonly discussed unless the young person was engaging with KYS staff at a deeper level.

<sup>25</sup> Mental and emotional wellbeing includes whether a young person has a diagnosed mental or emotional health issue or mental illness. Social and emotional wellbeing includes a young person's sense of self, whether they have healthy, positive relationships or are vulnerable to unsafe influences and/or abusive relationships, experience and healing of past abuse, their resiliency to respond to emotional and life's challenges.

<sup>26</sup> Safe, non-violent behaviours include making informed choices to not engage in risky activities or behaviours (e.g. boy racing, fighting, abusive/aggressive behaviour and language, drug-taking, drunkenness, unsafe or coercive sex) and/or managing anger.

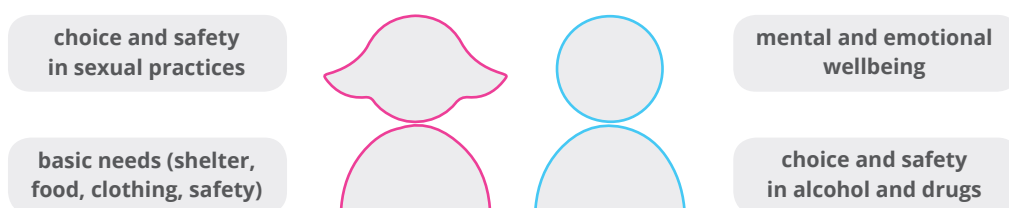
<sup>27</sup> Hope refers to whether a young person is feeling hopeless or hopeful, whether they feel nothing can or will change, or they feel energised, and excited about their life and possibilities.

<sup>28</sup> Faith, beliefs and values refers to whether a young person experiences a sense of purposelessness or has a strong sense of purpose and meaning in their life, whether they have a sense of themselves and their personal values, and their ability to live by their values.

## Gender differences

*There were some differences between young women and men in the outcome areas most frequently assessed.*

49. Gender differences<sup>29</sup> were explored in terms of frequency of assessment for the whole population of 333 young people, and for the population of 192 young people whose overall assessment was 'OK, some challenges', 'at risk', or 'seriously at risk'. In both populations, higher proportions of young women were more frequently assessed in the outcome areas listed on the left of the following diagram, and higher proportions of young men in the areas noted on the right-hand side:



50. The differences between the two population groups for young women were as follows. Young women in the group of 192 young people were assessed more frequently for family, whānau, community compared with young women in the full evaluation population.
51. Young men in the group of 192 young people were assessed less frequently for physical health compared with young men in the full evaluation population, and more for safe, non-violent behaviours.

## What occurred in those outcome areas where young people were facing challenges?

52. To answer this question, we drew on the available data from individual outcome areas. Young people who were assessed as 'OK, some challenges', 'at risk' or 'seriously at risk' **in any particular outcome area** in July/August 2012, and had a subsequent assessment in November/December 2012, are included in this data series<sup>30</sup>. Any young people with such an assessment (in July/August 2012), irrespective of their overall assessment, are referred to as 'young people with challenges in particular outcome areas'.

<sup>29</sup> Ethnic differences were not explored due to small numbers.

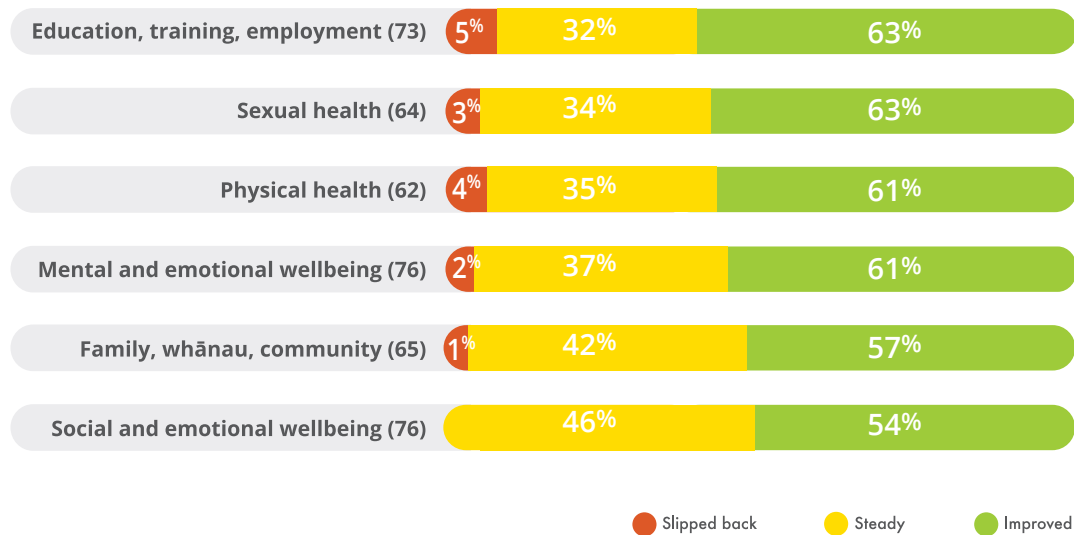
<sup>30</sup> This data is used for two reasons. Firstly, these are the areas in which change is most needed. Secondly, this data is the most reliable, as once a pre-assessment had been made in this area, staff were required, at the post-assessment stage, to assess this outcome area, even if it was no longer a presenting issue.



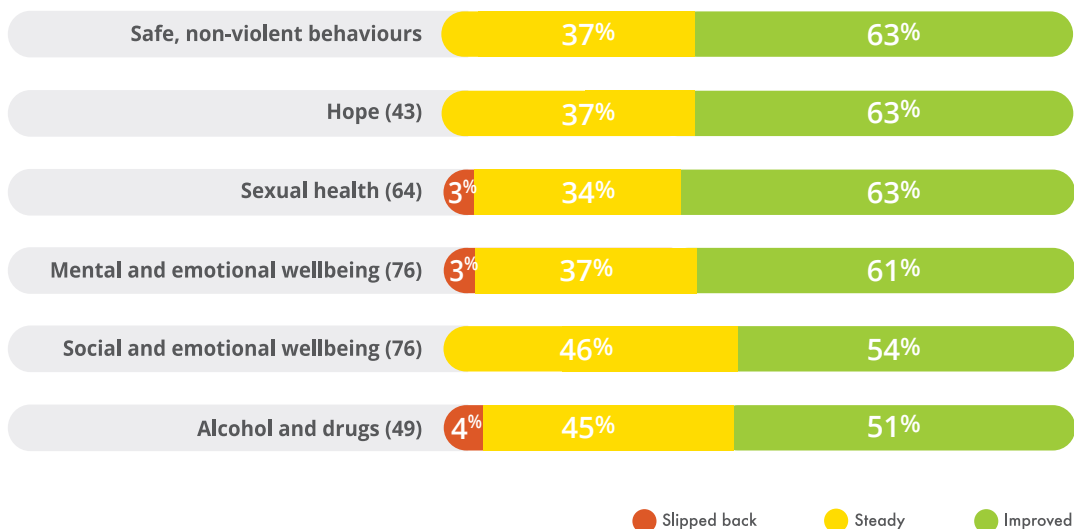
53. **Substantial proportions (between 50-65%) of young people with challenges in particular outcome areas improved** in the outcome areas most frequently assessed and in those areas with a high proportion of more serious assessments. Between 1-4 young people slipped back in some areas, and the rest remained 'steady'.

*Positive results are occurring in those outcome areas where young people have most need.*

#### Short-term change in the most frequently assessed outcome areas, for those young people with challenges in these particular outcome areas



#### Short-term change in the outcome areas with a high proportion of more serious assessments, for those young people with challenges in these particular outcome areas



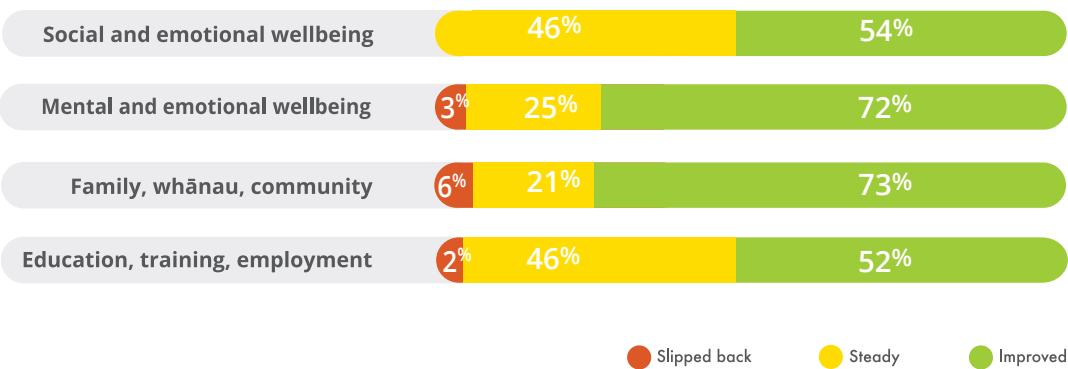
### Young people with complex needs

54. Between a half and three-quarters of the 88 young people with complex needs were assessed as 'OK, some challenges', 'at risk' or 'seriously at risk' in the following four areas:
- social and emotional wellbeing
  - mental and emotional wellbeing
  - family, whānau, community
  - education, training and/or employment.

55. **Young people with complex needs also made substantial shifts** in these four areas.

*Young people with complex needs made substantial changes.*

### Changes in the top four outcome areas for young people with complex needs

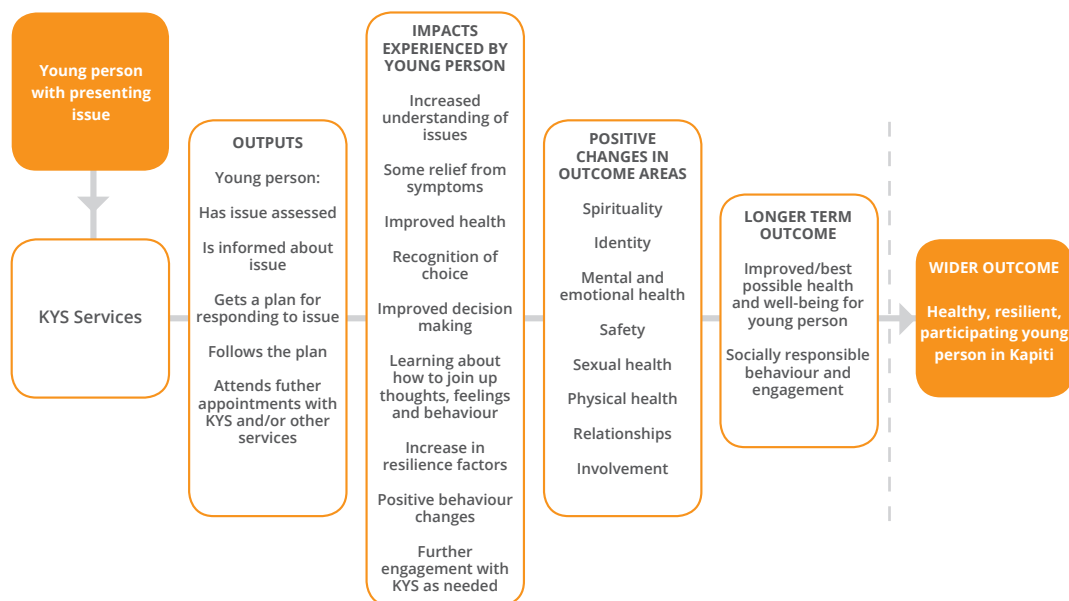


## How did the young people and their parents describe and value their changes?

56. Twenty-five young people, nine of their parents (or other significant adult) and the young person's key KYS worker were interviewed to describe the changes they had experienced and/or observed since these young people had started using KYS services. In 'evaluative speak', they described the 'impacts',<sup>31</sup> which in turn contributed to positive changes in the eight outcome areas (refer to logic model below).
57. The sorts of impacts experienced by and/or observed in the young people are listed in the middle green box of the logic model<sup>32</sup> below.
58. These impacts are further described on the following page, along with illustrative quotes from the young people and their parents (or other significant adult)<sup>33</sup>. In some cases the value of the changes experienced is stated; in many cases it is implied.

*In-depth interviews were held with 25 young people with challenges in their lives, their key KYS worker and 9 of their parents (or another significant adult).*

### Logic model outlining sequence of change for young people using KYS services



*I've got better ways to get over things now. I'm able to recognize when I'm getting depressed and do something about it rather than waiting till I'm suicidal. I can ask for help now.*

<sup>31</sup> In this context, 'impacts' refer to the immediate outcomes, that is, those things that young people experienced and/or were observed doing as a result of using KYS services.

<sup>32</sup> The logic model describes, in theory, the steps involved in KYS supporting young people to make change.

<sup>33</sup> All quotes have been anonymised to protect the privacy of individuals.

## **IMPACTS identified by young people, parents and KYS staff include:**

Increased understanding of issues

- Improvements in the young person's self-understanding and self-responsibility in relation to previous actions

Some relief from symptoms

- Improvements in the young person's state of happiness
- Young people feeling better about themselves

Improved health

- Reduction in levels of depression

Recognition of choice

- Young person being 'in charge of their own life'
- Taking action to address own behaviours

Improved decision-making

- Strength to make positive choices and remain responsible in adverse circumstances

Learning about how to join up thoughts, feelings and behaviour

- Increased ability to manage stress and to cope

Increase in resilience factors

- Young person valuing of self
- Increased confidence
- Engagement with family and friends (reduction in isolation)
- Plans for the future (participating in training courses and activities leading to employment opportunities)

Positive behaviour changes

- Reduction in 'acting out' negative behaviours (e.g. drinking, drugs, anger, self-harming) to cope with painful emotions and experiences
- Young parents changing negative intergenerational patterns

Further engagement with KYS as needed

- Becoming or staying engaged with KYS.

*I have seen a big change in my young person. They tended to shut themselves off. Coming to KYS to talk with someone has been great for [them].*

*My young person has made many changes around their behaviour for the better. I think they realise more that they are a special and a worthwhile person. They have many friends now and actually bring them home.*

*My young person is no longer depressed. They are much more confident and in control of their life. They are making better decisions about their life and child.*

59. All the parents or significant adults who took part in the impact evaluation valued KYS, both in terms of how it helped their young person, which in turn helped them. They described the relief of knowing the young person was going to KYS and being able to get affordable medical and emotional help, of themselves learning skills for working with their young person, and of having their young person 'back' and part of their lives again.

*All the parents or significant adults who took part in the impact evaluation valued KYS, both in terms of how it helped their young person, and how in turn helped them.*

*We were absolutely terrified we were going to lose our young person. Without KYS for some of us, we would be losing our youth. If we hadn't come here, we'd be bringing our young person back from the city in a box.*

*My young person is improving a lot - and for me it was a great relief to find some help. I felt very hopeless dealing with their problems and my teen's hostility before coming here to KYS.*

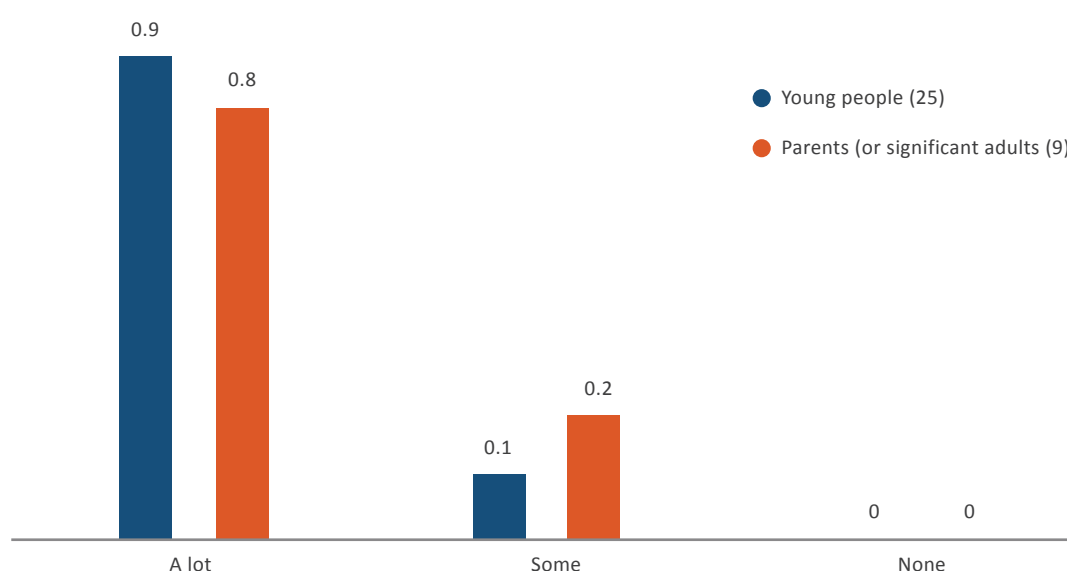
60. All of the nine parents/significant adults said that KYS was either very important or important to them as a parent or significant adult.

## Did KYS have anything to do with these changes?<sup>34</sup>

61. **Yes.** The 25 young people and nine parents or other significant adults who were interviewed said very clearly that KYS was an important contributor to the young people's changes. The top two things that young people said helped them to make positive changes were family and KYS. Both the young people and their parents (or significant adult) said that KYS played a significant part in the young person's changes.

*The top two things that young people said helped them to make positive changes were family and KYS.*

### KYS played a big part in the changes of the young people interviewed



*Both the young people and their parents (or significant adult) said that KYS played a significant part in the young person's changes.*

<sup>34</sup> Isolating the contribution of KYS from the myriad of other factors that are contributing to changes in a young person's health and wellbeing is complex. Davidson suggests eight possible strategies for inferring causation (or in this case, contribution), five of which were relevant to KYS and applied in the impact evaluation: (i) ask observers, (ii) check whether the content of the evaluand matches the outcome, (iii) check whether the timing of the outcomes makes sense, (iv) check whether the 'dose' is related logically to the 'response', and (v) identify and check the underlying causal mechanism(s). Davidson, E. J. (2005). *Evaluation Methodology Basics*. Sage Publications: Thousand Oaks.

## What would have happened without KYS?

62. Often the question of how 'good' (valuable or worthwhile) something is, is addressed by comparing the results with what would, or might happen under differing conditions – in this case, young people not accessing KYS services. Each young person interviewed was asked what they thought would have happened if they hadn't been coming to KYS, and whether they would have gone elsewhere.

*Almost two-thirds (15) of the young people interviewed said they would have NOT got better if they hadn't come to KYS.*

63. Young people's perceptions about what would have happened if they didn't come to KYS were somewhat sobering. Almost two-thirds (15) of the young people interviewed said they would have NOT got better if they hadn't come to KYS. Four of these young people said they "would be dead". Five said they would have got better, with three of these young people saying the process somewhere else would not have been as good as at KYS.

*If I didn't have KYS, I would have been dead, to be honest, as it was pretty crap and I was getting into drugs. No comparing KYS to anything else. I would've ended up dead, or on the wrong medication or none at all.*

*I probably would have made changes but the process wouldn't have been as good. Like with [tertiary mental health organisation for young people], if they were moody or something it would have made me feel like that but here [KYS] everyone's so upbeat and happy it makes me feel like that.*

*Half (12) of the young people interviewed said they would NOT or probably would not have gone somewhere else to seek support with their health issue.*

64. Of the group of young people interviewed, almost three-quarters (18) use only KYS services. The other quarter (7) use KYS for some functions (most commonly counselling) and other health services for other functions, for example, for medical services. Half (12) of the young people interviewed said they would NOT or probably would not have gone somewhere else to seek support with their health issue, and 7 gave a qualified yes. Reasons given for not seeking support elsewhere included that they would have encountered difficulties such as cost or would not have been able to talk as freely as they do at KYS.

*I don't know if I would have talked with my first doctor about that initial stuff. I'm not sure what I would have done. My doctor was male and I'm not sure if he would have got it. And he was my doctor from birth – not like a friend. It would have been awkward.*

*Everywhere else is crap to be blunt. It just doesn't feel as caring personally. You're just a sick person that they want to fix and just get out. They don't see you as a person who has something in your life causing it and KYS helps you get to the root of the problem (which is what everyone else should be doing).*

65. KYS staff were asked to draw on their knowledge and experience of the support needs and patterns of help-seeking behaviour of young people on the Kāpiti Coast, to provide a ballpark estimate of the changes they thought would occur for young people who used no services. Staff estimated between 10-15% of young people would improve, around 50% would remain steady and between 35-40% would slip back. The staff estimate of those who would improve and slip back is the 'reverse' of what occurred for the young people using KYS services, who took part in the impact evaluation – 34% improved and 10% slipped back.

**Staff estimated that the proportions of young people who improved and slipped back would be reversed if young people used NO services, compared with what actually happened.**

Over 4-5 months:	Slipped back	Steady	Improved
KYS staff estimate of change for YP who used <b>NO</b> services	35-40%	50%	10-15%
What occurred for YP in short-term impact evaluation	10%	56%	34%

## How does KYS contribute to young people's changes?

66. One of the aims of the impact evaluation was to better understand what it is about KYS that works for young people. The focus on 'understanding what works to enable change' is important for:
- identifying the core elements that are critical to have in place to support young people's health and wellbeing
  - demonstrating the value of the KYS approach to supporting positive outcomes for young people
  - developing a transferable model of integrated care for young people.
67. A description of the KYS approach early in the project, identified that a key element of how KYS works is a shared philosophy that guides the practice of the staff at KYS irrespective of their particular discipline or modality. This philosophy is embedded in the way staff relate to young people, and guides the structure of KYS and the organization of services. It is grounded in positive youth development and strengths-based approaches, both of which have been developed from research about what makes a difference to successful youth outcomes. A description of the key elements of the KYS approach follows.

*A key element of how KYS works is a shared philosophy that guides the practice of the staff - irrespective of their particular discipline or modality.*

## The important ingredients to the KYS approach

What KYS offers	How it does this	What staff do
<b>An accessible service</b>	It's free Integrated services Continuity of service provision Everything in one place	Go the extra mile with young person to enable engagement to occur Will always see a young person if they need to be seen (even if they don't have an appointment)
<b>A quality service</b>	Strong leadership Staffed by people <ul style="list-style-type: none"> <li>• skilled at working with youth</li> <li>• experts in their field</li> </ul>	Passionate & dynamic manager/leader Shared kaupapa led from the top Staff can work both independently and collaboratively
<b>A safe place</b>	It's confidential Client-centred Consent-based	Work with where the young person is at Place a high focus on consent What happens is driven by the young person
<b>Positive and comfortable youth space</b>	Provide information Provide food Young people work here which is a reflection of the 'client' group Everyone on common ground	Are friendly, welcoming and supportive Recognise and acknowledge individual young people Encourage young people to know it's their place Reception staff keep young people informed if staff are running late
<b>Aroha</b>	Staffed by people who genuinely like young people	Know and recognise the young people and want to know how they're doing ("I'm not just a number") Treat the young person as unique Staff respect each other
<b>Honour and respect the YP/uphold their mana</b>	Positive youth development frameworks Holistic Strengths-based approach	Focus on the whole person not just the 'problem(s)' Support the young people to realise their goals and potential



*The 'way' KYS delivers services, in concert with the 'what' (the particular intervention), holds the key to the effectiveness of KYS. There is something about the staff 'way' of being and working with young people that enables change for young people to occur.*

68. The project hypothesized that the 'way' KYS delivers services, in concert with the 'what' (the particular intervention) that is being delivered, holds the key to the effectiveness of KYS. The young people interviewed confirmed this hypothesis - there is something about the staff 'way' of being and working with young people that enables change for young people to occur.<sup>35</sup>

*The moral support I've got from KYS, the talking, the hanging out, the advice I've been given has helped me to change my ways and make decisions about what I'm doing in my life.*

*The support, without it I wouldn't have had the strength to make the changes I needed to. They make you feel good about yourself when you accomplish, its good to have someone to tell when you achieve something, its good to know there is someone there.*

*My doctor and when I was seeing my counselor. I still see her even though she is not here at KYS anymore. If this place didn't exist I probably wouldn't be alive. My parents live in Australia so I don't have much support.*

69. The elements of the KYS approach that were particularly important to the young people interviewed were all about the KYS staff, specifically that staff:

- are knowledgeable about young people
- are skilled in working with young people
- treat young people in a way that young people feel good about the staff.

*The KYS counsellor was good. Really smart and they knew how to get the right answers out of me. And the doctor. Having them there and available has helped. When I was living in my car a nurse from KYS was helping me out with food parcels. And the receptionist on the phone and every time I see them they are pretty genuine and honest and helpful and guide me when I feel unorganized.*

*The doctor is very friendly. She would always explain what is going on – very clear which is very helpful as I then knew where I stood. She cares - not just signing it off, going thru the motions, she makes sure I understand it. I used to go to another doctor and if you asked questions she would get annoyed, but here everyone is ok to explain things to you.*

*Here the doctors don't mind if you go over the allocated time, they treat you like friends and care about you.*

<sup>35</sup> The findings reported in paras 63–70 are supported by the findings presented in the following recent report – Sanders, J., Munford, R., et. al. (2013). *The Pathways to Resilience Study (New Zealand): Whāia to huanui kia toa: The Impact of Consistent Service Quality on Outcomes and Opportunities for Vulnerable Youth: Working Paper 5.* [www.youthsay.co.nz](http://www.youthsay.co.nz). The findings in this paper suggest it is *how* services are developed that makes a difference and the *how* includes services and practitioners being respectful, responsive, relevant and empowering.

70. The young people interviewed said that the 'way' staff were with them helped them to 'talk about what was really happening' in their lives.

*You have to be able to open up, to feel comfortable enough to figure out what's really going on. If you're in a cold environment you're not going to be able to do that.*

*I went to a counsellor when I was a kid - I didn't feel relaxed. I can be totally honest with [counsellor at KYS] and I can make changes in my life. I don't feel I have to hide it. Her presence, in her doc martins, happy and bright and bubbly and casual. I just felt comfortable with her and know it is confidential and not going to go anywhere else. She can help me if I go out in the weekend and take drugs. I can tell her and be honest. I don't have to hide anything.*

*It's relieving. I can say I have suicidal thoughts to [KYS counselor]. It gets the thought off my mind.*

## What are the key concepts at work?

*The concept of engagement emerged as important and central to the work of KYS. Staff actively engage with a young person the moment they walk in the door.*

71. The concept of engagement emerged as important and central to the work of KYS during discussions with staff and young people. KYS staff recognise the importance of engaging the young person the moment they walk in the door, irrespective of the purpose of their visit. KYS staff are explicit that one of their immediate measures of success is if the young person returns. Staff experience has demonstrated that there may be other, often more challenging issues going on for a young person than the problem they initially present with, and that in order to have an opportunity to support the young person on those other issues, they need to engage with them so they will come back.
72. Client engagement is well-recognised in the therapeutic literature as important and central to realising healthy outcomes. There are three main dimensions of client engagement: client participation in the treatment process and treatment activities, the relationship between the client and service provider/therapist, and client behaviour in the treatment process (including agreement, participation and client effort)<sup>36</sup>.

<sup>36</sup> Cunningham, W. S., Duffee, D. E., Huang, Y., Steinke, C. M., Naccarato, T. (2008). "On the Meaning and Measurement of Engagement in Youth Residential Treatment Centers", *Research on Social Work Practice Online First*, Sage Publications, pp 1-3.

73. A distinguishing feature of 'engagement' at KYS, is that this often occurs not only at the level of a young person and a single key worker, but also with KYS as an organisation. In some cases a young person has more than one key worker and relationships are developed with several people. In other cases it appears that an individual's positive experience with their key worker, other interactions at KYS, positive experiences of friends at KYS, and/or positive stories about KYS and staff, predisposes young people to 'engage'. There appears to be a mutually reinforcing feedback loop, and the young person's engagement comes to be with KYS rather than solely with an individual who works there.
74. The quotes below illustrate young people's perceptions of being engaged with KYS as a service.

*What distinguishes engagement at KYS is that this tends to be with several staff and/or KYS as an organization, not just a single key worker.*

*It's [KYS] a family type place, you feel so welcome even when you walk in, doesn't matter who is here it feels so welcome. Everyone was in a good mood, being here wasn't a burden [for staff]. Here it's "how can I help you?"*

*It's aimed at teenagers, other places deal with adults, this is our place. At the desk, younger people work here, our age – they are more talking to you as a teenager, they talk to you how you would talk, it makes me feel comfortable. Its got a feel free environment, it's teenagey, music, colours, comfortable.*

*All the staff are relatively youthful or know how to relate to young people. The receptionist gives me the nod and I sit down! They are warm and care about you.*

*They all know me now. Whoever I see, they all know I have a baby. I don't have to repeat myself.*

*There's not really many places you can go to. Situations with money and youth, there's not many options – the whole thing that it's free here is huge for a lot of young people I know as well.*

Central to engagement is the concept of trust.

75. Central to engagement is the concept of trust. Literature in relation to youth development, suggests that this is the 'mechanism' at work that enables engagement to occur. Trust is described as the mediator of change, as the factor that transforms an available resource or service into an accessible one - "...[young people] may be aware of a health service; but unless it involves a person they trust, or they are introduced to a person they trust, they will be less willing to use it"<sup>37</sup>. **Twenty-four of the 25 young people interviewed said that trust of their KYS key worker was very important or important to them making changes.**

*The trust in you, knowing that you can talk to them. They trust you and you trust them.*

*I can be truthful. I don't bring my parent here – which I do when I feel like I need a back up. Don't need to here. I feel safe.*

*I've gone through a lot of trust crap so it's a really important thing for me. It helps me be able to talk about things and my issues and be able to get better, it's why it's so important, especially to be able to tell someone about all my crap. It's trusting that what they say back is healthy. My parent abused the crap out of me and I don't believe people anymore. I need to know that what I say isn't going to be repeated and used against me.*

<sup>37</sup>Eckersley, R., Wierenga, A., Wyn, J., (2006). *Flashpoints & Signposts: Pathways to success and wellbeing for Australia's young people*. Project by Australia 21 and Australian Youth Research Centre funded and supported by VicHealth, p.29. Available online at <http://www.australia21.org.au/pdf/HPreport.pdf>









conclusion

# conclusion

76. The aim of the impact evaluation was to evaluate the worth (value) of the approach used by KYS. Integral to assessing 'value' is determining whether (and to what extent) positive outcomes are occurring. Finding a way to measure outcomes was the challenge facing KYS as it attempted to address the question 'how do we know what we're doing works' for the young people who use its services, and for the wider Kāpiti community.
77. **KYS now knows 'what they're doing works'.** The youth outcomes model and measures enables KYS to provide evidence about whether or not the young people using its services are experiencing positive results. Application of the model and measures as part of an impact evaluation has enabled KYS to determine its contribution to the results.
78. The next question of interest is 'how good' are the changes made by young people and the contribution of KYS. Normally an evaluation would have specified at the beginning, the basis on which a judgment of value (or worth) would be made, including 'how good is good'. Given the developmental nature of this project, the absence of an outcome measuring tool and a benchmark or comparison for assessing the results, the evaluative criteria have evolved over the course of the project.
79. A set of evaluative criteria is embedded in the outcome measures. The descriptors for the outcome measures outline the criteria for 'judging' (assessing) 'how good' a young person's health and wellbeing is.
80. A further set of criteria informed the analysis of the changes experienced by the evaluation participants, and the contribution of KYS to these changes. These are listed in the left hand column of the following table.
81. The right hand column describes the way in which KYS met these criteria. All of the criteria were very well met.

## Analysis of 'how good' the results are against the evaluative criteria

### Changes experienced by young people using KYS services

Equity	ALL young people, irrespective of gender, ethnicity, or age experience positive outcomes.
Targeting need	Young people with challenges in their lives (those assessed as 'OK, some challenges', 'at risk' or 'seriously at risk') particularly experience positive outcomes. Positive outcomes occur in those health and wellbeing areas in which there is high numbers and/or proportions of young people with challenges in their lives.
Minimal risk	The 'slipping back' that occurs is relatively small, and is to a large degree, normal and to be expected as part of young people's development.

### Contribution of KYS

Direct contribution	The KYS approach directly contributes to the positive changes experienced by the young people using its services.
Valued by those directly impacted	The KYS approach, and the outcomes they experience is valued by young people, their parents/other significant adult, and the young person's key KYS worker.



## How good are the findings?

The results from the impact evaluation are **VERY GOOD**. KYS is clearly having a highly positive impact on the young people using its services.

The vast majority (90%) of young people experienced positive results over a short time period (3-5 months). A retrospective analysis over a longer time period shows this result is not a 'one-off'. Feedback from the young people and their parents, and other strategies employed by the evaluation to explore 'contribution', showed that KYS directly contributed 'a lot' to the young people's positive results.

**KYS works well for all young people, irrespective of gender or ethnicity.** The KYS approach enables young people to be connected with the staff and services relevant to their individual needs. The findings suggest that this approach meets the needs of both young women and young men, and Māori and Pākehā.

**KYS works particularly well for the young people with challenges in their lives.** This is reflected both in this group's usage of KYS services and their results. Over half (58%) of young people using KYS services had challenges in their lives, and a quarter (26%) had complex needs. These young people, who arguably had the greatest need for positive changes in their health and wellbeing, experienced the best outcomes.

## What is the value of the KYS approach?

The results of the impact evaluation show that the KYS approach is clearly valuable to young people and is integral to the changes they are making. The 'way' KYS delivers services, in concert with the 'what' that is being delivered, holds the key to the value and effectiveness of KYS.

The 'what' of the KYS approach includes an interdisciplinary, integrated, youth-focused, one stop shop approach that brings together the range of health and wellbeing services needed by young people in Kāpiti. The 'way' of the KYS approach is delivery by staff who share a common philosophy grounded in positive youth development and strengths-based approaches irrespective of their particular discipline or modality. This philosophy is embedded in the 'way' staff relate to young people and guides the structure and organisation of KYS services.

Young people particularly appreciate that staff are knowledgeable about and skilled in working with young people, the service is confidential, the 'way' staff treat them and that they 'feel good' about the staff, and that the service is free.

**The concepts of engagement and trust emerged as important and central to the work of KYS, enabling the positive health and wellbeing changes that have occurred for the young people.**

*It is possible to extrapolate from the findings an estimate of the impact of KYS on the wider population of young people using its services, and provide an indication of the benefit to the Kāpiti community.*

82. Given the impact evaluation population is broadly representative of the KYS population, it is possible to extrapolate from the findings an estimate of the impact of KYS on the wider population of 3,304 young people using its services over the last 3 years<sup>38</sup>. (This also provides an indication of the benefit to the Kāpiti community over 2010-2012<sup>39</sup>. As at the 2006 Census, there were 7,674 young people aged 10-24 years living on the Kāpiti Coast.)

83. For all young people who used KYS services:

- It is likely that between 2,700 and 3,000 young people have experienced the same or better health and wellbeing.
- Between 1,100 to 1,500 young people are likely to have experienced better health and wellbeing.

84. For young people with challenges in their lives:

- KYS has been supporting about 1,900 young people on the Kāpiti Coast who needed a higher level of support.
  - Almost 1,000 of these young people are likely to have experienced better health and wellbeing, with 800 experiencing the same health and wellbeing (this means they are being 'held' and not 'slipping back' which is particularly important for this group).
- Around 860 of the young people KYS has been working with had complex needs.
  - Almost 500 young people with complex needs are likely to have experienced better health and wellbeing as a result of going to KYS, around 335 the same health and wellbeing, and approximately 25 worse health and wellbeing.

## Potential of the KYS youth outcomes model and measures

*KYS now has the ability to track the outcomes for young people using their services over time, using a holistic, comprehensive framework.*

85. The youth outcomes model and measures has provided KYS with robust, evidence-based data about the health and wellbeing outcomes of the young people using its services, and an ability to track their changes over time using a single comprehensive framework. Application of the model and measures as part of an impact evaluation has enabled KYS to provide evidence that its services are making a difference, especially for those young people with challenges in their lives. These findings demonstrate the value of funding such a service, especially taking into account the likely savings in the wider health sector.

86. The findings align with other studies currently occurring in New Zealand<sup>40</sup>. Importantly, the model and measures re-focus outcome measures in line with strengths-based, positive youth development approaches.

<sup>38</sup> The evaluation population was 333 young people, 10% of the total KYS population. Even with a relatively high confidence level (95%), this gave us a margin of error of just over 5%, indicating that we can be confident that any effects observed are unlikely to have happened by chance, and should be generalizable to the KYS population.

<sup>39</sup> These figures also provide an indication of the impact on the wider health system, particularly those figures for young people with challenges in their lives.

<sup>40</sup> Sanders, J., Munford, R., et. al. (2013). *The Pathways to Resilience Study (New Zealand): Whāia to huanui kia toa: The Impact of Consistent Service Quality on Outcomes and Opportunities for Vulnerable Youth: Working Paper 5*. [www.youthsay.co.nz](http://www.youthsay.co.nz).

## Next steps

87. The model and measures have been piloted and now need to be refined. Implementation procedures for ongoing use also need to be developed. To fully integrate the youth outcomes model and measures as part of KYS's everyday practice, and regular reporting functions, the remaining steps are:
- revision of the youth outcomes model and measures and implementation for ongoing use by staff
  - development of an integrated, outcomes-focused monitoring and reporting framework.
88. Step one includes developing a set of analysis and reporting templates so that KYS and other YOSS have the capability to undertake their own analysis and reporting on outcomes in the future. The second step involves aligning current clinical and service data and reporting requirements (such as reduced rates of smoking, sexually transmitted diseases, suicide and pregnancy) with the outcomes model and measures.

## Testing transferability and scalability

89. The 2009 *Communio* report identified the need for a nationally consistent and applied set of outcome measures for YOSS<sup>41</sup>. The KYS youth outcomes model and measures has been developed with a view to potentially providing a common set of youth outcome measures for all YOSS organisations (and possibly for the wider youth sector). Before the KYS youth outcomes model and measures can be used widely however, its appropriateness and 'fit' with other YOSS (and other youth health/wellbeing organisations), working in different ways and with different communities, needs to be evaluated. If it works, then it will also need to be incorporated into Medtech, which is currently used by ten of the twelve YOSS organisations.
90. There is strong interest from other YOSS organisations to trial the KYS youth outcomes model and measures. There is also interest from the wider youth health and development sector working in a range of settings (e.g. hospital, tertiary and secondary education, and Māori and Pasifika youth mental health). At a government level, there has been ongoing interest in the development of the model and measures from the Ministry of Social Development (MSD) and in August 2013, the MSD-Ministry of Health work programme on the sustainability of the YOSS sector.

<sup>41</sup>Ministry of Health (2009). *Evaluation of Youth One Stop Shops*. *Communio* Report to the Ministry of Health, Wellington, p. 17.





glossary

# glossary

**Change (used interchangeably with the term 'shift'):** The movement along the five points on the rating scale that young people make overall, or in any of the outcome areas, between two (or more) time periods. This movement is described as follows: shift backwards or to the left = **slipped back**, no shift = **steady** and shift forwards or to the right = **improved**. When using the terms 'change' or 'shift', this means there is no judgment or attribution made about the factors that may have influenced such change.

**Outcomes:** The **changes** and impacts young people experience **as a result** of using Kapiti Youth Support (KYS) services. (The contribution of KYS to the changes experienced by the young people using its services is addressed in the report.) The outcomes may be immediate (sometimes referred to as 'impacts' in this report) or occur over the longer term. They include changes a young person makes and/or experiences (e.g. increased participation in positive activities, increased understanding, recognition of choice, improved ability to seek appropriate help and support, improved decision-making), and those that the research literature puts forward as important to the development and transition of young people into healthy adults, (e.g. healthy relationships, achievement of school and/or tertiary qualifications, employment and involvement in healthy activities). Outcomes are distinct from outputs.

**Outcome areas:** The eight outcome areas and sixteen sub-areas that have been identified as important aspects of youth health and wellbeing. These are the areas that have been measured in this project to track progress towards better health and wellbeing outcomes for KYS young people.

**Outcomes model:** Refers to the diagram of the eight outcome and sixteen sub-areas, and the relationships between them.

**Outcome measures:** Outcome measures, in the form of descriptors, have been developed for each sub-area. A different descriptor describes each of the five points on the rating scale – 'seriously at risk', 'at risk', 'OK, some challenges', 'good' and 'thriving' - for each of the 16 outcome areas. These descriptors provide the guidance for staff to make judgments about where a young person should be rated in each relevant area, and to ensure, as far as is possible, a common, standardised application of the rating scale and outcome measures across different disciplines and practitioners.

**Outputs:** The services delivered by the provider and/or programme activities (e.g. medication and/or a treatment plan for a health condition, referral onto specialist services).

**Overall assessments:** An overall assessment of a young person's health and wellbeing is made by staff drawing on the individual ratings in each of the relevant outcome areas, and the generic rating scale. (p.18).

**Rating scale:** The scale which has been developed to assess where a young person is at (at a point in time) in relation to any one or more of the outcome areas. The rating scale has 5 points as follows.

**Serious assessments** or 'more serious assessments' are terms used to refer the assessments 'seriously at risk', 'at risk' and 'OK some challenges'.

**Shift:** Refer to the definition for 'change' above.

**Young people with challenges in their lives** is a term used to describe young people whose overall assessment was 'OK some challenges', 'at risk' or 'seriously at risk', at the time of their initial assessment as part of the impact evaluation. By definition this group often required more intensive

support, including more frequent appointments and/or the involvement of several KYS services. As such this term is used interchangeably with 'young people needing a higher level of support' and 'young people most in need of support'.

**Young people with challenges in particular outcome areas** is used to describe the young people who were assessed as 'OK, some challenges,' 'at risk' or 'seriously at risk' in any particular outcome area. (The outcomes in the individual outcome areas may be different from their overall assessment, which could range from 'good' to 'seriously at risk').

**Young people with complex needs** refers in the report to those young people who were assessed in 4 or more of the 16 outcome areas as being 'OK some challenges', 'at risk' or 'seriously at risk'. See p. 18 for further discussion.

**YP** is used as an abbreviation for young people in some diagrams.

## Colour key

The traffic light concept is used in two ways in the report: to highlight the direction or type of change that young people make, and to highlight the place on the rating scale where young people are located for any particular outcome area (refer Glossary above).

### *Direction of change*

The charts that illustrate young people's change use the following three colours:

**Slipping back**

**Steady**

**Improved**

Orange is used for '**slipping back**' and signals potential challenges.

Yellow is used for '**steady**' and denotes positivity.

Green is used for '**improved**' and denotes growth.

### *Outcome measures*

The charts that report on the outcome measures also use the traffic light concept as follows.

**Seriously at risk**

**At risk**

**OK, some challenges**

**Good**

**Thriving**

Red is used for '**seriously at risk**', and denotes the need to stop. Immediate action and attention is required.

Orange is used for '**at risk**', and denotes challenges.

Yellow, is used for '**OK, some challenges**', and denotes a mix of positivity and some caution. The

green shades - apple green for '**good**', and mid green for '**thriving**' - denote 'go', growth and success.