

2016

WSCT Rangatahi Health and Wellbeing Report

Wairarapa Safer Community Trust



Justina Webster

Kōhatu Creationz

This report was prepared by Kōhatu Creationz

Kōhatu Creationz is a whānau based consultancy specialising in supporting rangatahi, whānau and Māori communities to create new narratives based on traditional practices.

Disclaimer

This report is an analysis of the information collected from the Wairarapa Safer Community Trust Rangatahi Youth Health and Wellbeing Survey. The opinions expressed in this report do not necessarily reflect that of Wairarapa Safer Community Trust or its funders.

Contact

Justina Webster

Director, Kōhatu Creationz

justinawebster12@gmail.com

0211686050

July 2016

Foreword

It is important to Wairarapa Safer Community Trust that our services are based on a sound and good knowledge of Wairarapa rangatahi social needs, ensuring we provide the right 'mix' of services and that we deliver them well.

The Wairarapa Safer Community Trust Vision is to be a 'Recognised Leader in Our Work' and this was instrumental in our decision to give rangatahi a voice by inviting them to participate in our Wairarapa Youth Survey.

The WSCT Rangatahi Health and Wellbeing Report will enable those working within the Youth Sector arena and especially potential funders to develop a better understanding of rangatahi needs and therefore tailor those services to be more effective.

It has been our pleasure to commission this report which we believe provides a snapshot view of the range of supports available and the issues that confront our rangatahi living within the Wairarapa region.

On behalf of the Wairarapa Safer Community Trust Board, we would like to thank and acknowledge the following groups without whom the WSCT Rangatahi Health and Wellbeing Report would not have been possible:

Acknowledgements:

- Department of Internal Affairs – Community Development Scheme
- Wairarapa Safer Community Trust Staff for conducting the survey
- Justina Webster of Kōhatu Creationz consultancy specialist
- Carterton and South Wairarapa District Council
- Sponsorship from:
 - Masterton Vodafone – Stephen Hautler
 - Carterton New World
 - Sargents Motorcycles
 - FreshChoice Greytown
 - Stopping Violence Services – Bully Free Me
 - Wairarapa Safer Community Trust

Paora Ammunsen

Chairperson

Wairarapa Safer Community Trust Board

Table of Contents

Executive Summary 6

Introduction 8

 The Principles of Youth Development 9

Methodology 9

Age and Gender 11

Culture and Ethnicity 12

 Country of Birth 12

Ethnic Grouping 12

 Multiple Ethnicities 13

 Language 14

 Rangatahi Māori 14

 Cultural Indicators 14

 Access to support 17

Home and Families 18

 Family life 18

 Who do rangatahi live with? 19

 Number of people in the house 19

 Family Relationships 19

 Significant adults 20

 Safe at home 20

 On the run 21

 Access to Support 22

Friends 23

Education 24

 Education Settings 25

 School Activities 25

 Access to Support 26

Bullying 27

 Access to Support 28

Health 29

 Oral Health 30

 Sexual Health 31

 Abuse 32

 Access to Support 32

Activities	34
Risk Taking Behaviour	35
Motor Vehicles	35
Substance Use	37
Cigarettes	37
Alcohol.....	38
Marijuana	40
Other Drugs.....	42
Nutrition and Exercise.....	43
Access to support.....	44
Social Services	45
Wairarapa Safer Community Trust.....	46

Executive Summary

This report presents findings from the 128 local rangatahi who took part in Wairarapa Safer Community Trust's Youth Health and Wellbeing Survey. Rangatahi are healthy and active participants in their families, culture, educational institutions, and communities. Rangatahi who have good nutrition and engage in physical activity generally feel good about themselves. The majority report to have well established relationships with significant adults, peers, and teachers and a large proportion of rangatahi Māori are proud of their culture.

Whilst this survey did not ask about every aspect of life it did focus on some key areas. Within the survey a number of areas of concern were highlighted. There are significant number of rangatahi who drive vehicles while unlicensed, binge drink substantial volumes of alcohol, engage in earlier sexual intercourse compared to other regions nationally, have high levels cigarette and marijuana use, and have limited knowledge about how to access services when required.

To address the growing number of issues and improve the level of health and wellbeing of rangatahi requires a coordinated, collaborative approach. The environments in which rangatahi move in must recognise the importance of family, culture, educational institutions and communities in helping to shape happy and healthy young people.

Wairarapa Safer Community Trust's Youth Services have played a significant role in the coordination of this survey. Utilising positive youth development processes, Youth Services were able to draw together over one hundred and twenty participants. A number of sponsors have also contributed to the success of this initiative.

Introduction

Rangatahi are healthy and well most of the time. This group of the population are generally at the peak of physical health. Yet these years are also a time when risk taking behaviours are at an all-time high. Sometimes the consequences can have a lifelong effect. By and large, rangatahi deal with the developmental and emotional changes well, however, there is a group of rangatahi who do not. Rangatahi from smaller areas of Wairarapa often miss out on opportunities to share their experiences and services as youth surveys and youth services are often designed for larger regions. This survey was designed to ask small town, rural and semi-rural rangatahi about their health and wellbeing experiences as young people growing up in these environments.

This report presents information from the Wairarapa Safer Community Trust's Rangatahi Health and Wellbeing Survey 2016. This survey was undertaken by staff of Wairarapa Safer Community Trust with rangatahi from within the Wairarapa boundaries. The aim of the Trust's Rangatahi Health and Wellbeing Survey 2016 is to provide a snapshot of the health and wellbeing activities, challenges and issues among Wairarapa rangatahi.

On the premise that healthy, grounded and vibrant rangatahi will become healthy, connected adults, it is in the community's best interest to support youth health services to provide appropriate assistance to keep rangatahi well. This survey utilises a youth development lens and focuses on promoting a holistic approach. This lens explores how services and communities encourage rangatahi to reach their full potential.

The Principles of Youth Development

The Principles of Youth Development (Ministry of Youth Affairs, 2002) outline what this approach is about and how it can be used as a tool for monitoring service provision. It can also be used as a checklist for developing youth engagement policies and programmes. The principles are:

1. Youth development is shaped by the 'big picture'
2. Youth development is about young people being connected
3. Youth development is based on a consistent strengths-based approach
4. Youth development happens through quality relationships
5. Youth development is triggered when young people fully participate
6. Youth development needs good information

Together, these six principles can help rangatahi gain the following:

- sense of contributing something of value to society
- feeling of connectedness to others and to society
- belief that they have choices about their future
- feeling of being positive and comfortable with their own identity.

Methodology

One of the aims of this survey was to provide a snapshot of the health and wellbeing activities, challenges and issues faced by Wairarapa rangatahi. An objective of this survey is to gather information from small town, semi-rural and rural rangatahi about their health and wellbeing experiences. In order to do this Wairarapa Safer Community Trust staff gained permission from High Schools across the region (Kuranui College, Makoura College, Chanel College, the Teen Parent Unit) to survey willing participants. Rangatahi who utilise Wairarapa Safer Community Trust services were also invited to participate. Youth Services have been instrumental in the data gathering and have encouraged rangatahi to have a voice. Rangatahi were informed that an external party would be reporting on the data collected. This report is specifically for Wairarapa Safer Community Trust and caution is advised when interpreting the results as they are specific to this community and the rangatahi who participated. Findings may not always reflect those of other areas.

The survey contained mostly multiple choice questions but also had spaces for rangatahi to write comments. Rangatahi did not have to answer every question and were encouraged to share their opinions freely in a confidential manner. If any question raised emotions for rangatahi, Wairarapa Safer Community Trust staff were on site to deal with this. 128 participants completed the survey and no identifying personal details were collected on forms.



Two Youth Service Clients who completed the Youth Survey with members of WSCT staff and photo from 20th April 16 front page of Midweek newspaper

Age and Gender

Terms such as ‘youth’, ‘rangatahi’, ‘teenagers’, ‘adolescents’ and ‘young people’ are often used interchangeably to describe those in the age range from 10 years to the mid-twenties. The term ‘rangatahi’ has been used throughout this report to describe the participants in the survey, regardless of ethnicity. This was not specific to rangatahi Māori. Rangatahi who are the primary focus of this report are between the ages of 12-21 years. This is consistent as it fits within the age group defined as ‘youth’ in the Government’s Youth Development Strategy Aotearoa (Ministry of Youth Affairs, 2002), and fits with the World Health Organization definition of ‘young people’.

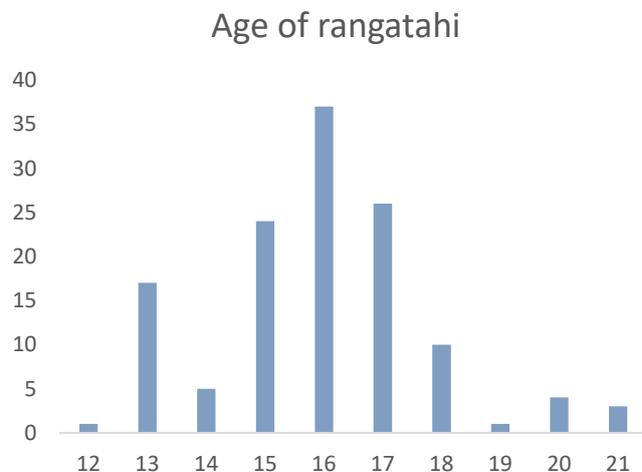


Figure 1: Age of rangatahi participants

According to Statistics New Zealand (2016) and ProfileID, Wairarapa District has around 6231 rangatahi (15%). The majority of rangatahi who participated in this study were between 15-17 years old (68%).

Rangatahi were given the opportunity to select their gender. They had the option to report their legal gender and/or their preferred gender. Using this reporting method the survey contained 42% who identified as male, 56% who identified as female and 2% who choose to leave this this section unspecified.

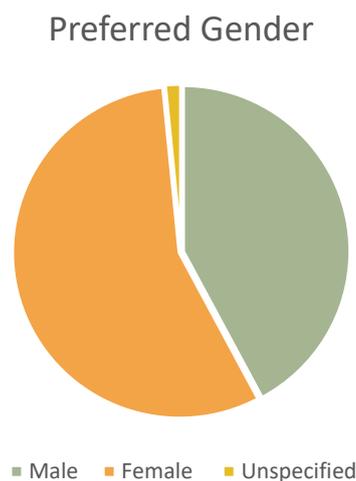


Figure 2: Preferred gender

Culture and Ethnicity

As our population has grown so too has our ethnic diversity. Currently, this section reports on the general findings about culture and ethnicity.

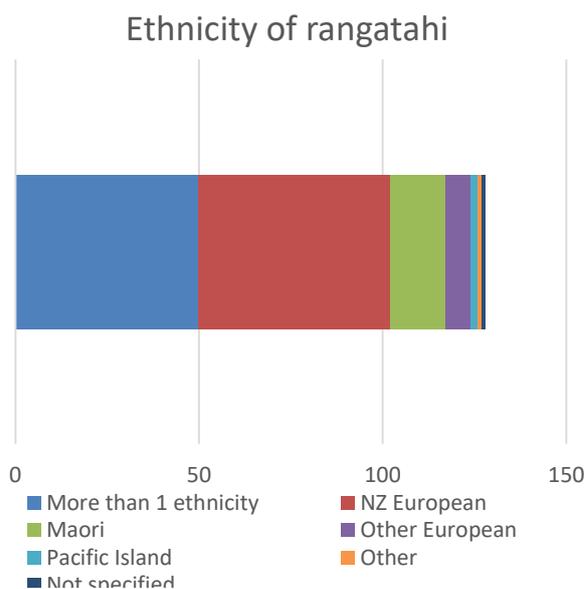
Country of Birth

Rangatahi were asked to identify their country of birth. This demonstrated how many were born in New Zealand and how many were born elsewhere but are now living in New Zealand and more specifically in Wairarapa. More than 85% of rangatahi were born in New Zealand and 6% were born across the ditch in Australia. Smaller percentages were born in the United Kingdom (2%) or in a Pacific Island nation (1%). A further 3% identified others countries of origin and one young person did not specify where they were born.



Figure 3: Birth place

Ethnic Grouping



Predominately, rangatahi identified New Zealand European and/or Māori as their main ethnic grouping. Other rangatahi reported that they belonged to smaller groupings. These groupings included European (English, Australian and other European), Pacific (Samoan, Tokelauan, Niuean, Cook Island Māori, Filipino, Fijian), and Asian (Korean, Chinese and Sri Lankan).

Figure 4: Ethnicity

Rangatahi who selected one ethnicity were New Zealand European (40%), Māori (12%), Other European (5%), Pacific Island (2%), Other (1%), and one did not specify. Unlike the Statistics New Zealand’s ethnicity prioritisation (Lang, 2002), approximately 39% of rangatahi reported that they belong to more than one ethnic group (Māori, New Zealand European, English, Australian, Pacific Island and Asian).

Multiple Ethnicities

Of the 50 rangatahi that reported to have more than one ethnicity, Māori/New Zealand European (82%) was the most common. Six percent reported to have New Zealand European and another ethnicity (Korean, Samoan, and English); four percent have Māori and another ethnicity (Niuean, Chinese, Cook Island Māori). Four other rangatahi (8%) of mixed heritage included English, Asian, Mediterranean and Filipino. Therefore, 45% of rangatahi have Māori whakapapa.

Multiple Ethnicities

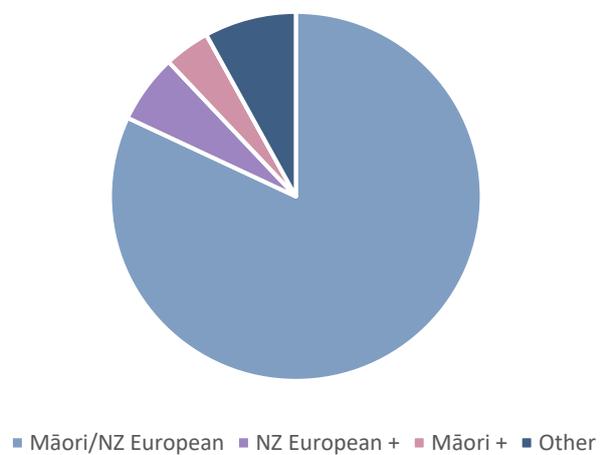


Figure 5: Multiple Ethnicities

The following question asked rangatahi about which ethnic group they associate most with. Sixty-eight percent of rangatahi reported that they associated with their same ethnic group or one of their ethnic groups they belonged to. Fourteen percent associated mostly with an ethnic group that was different to their own and 20% did not specify. In this cohort there were examples of rangatahi who belonged to one ethnicity, but had identified themselves as another. Also all of their friends belonged to the ethnicity that they identified as.

Nearly seventy percent of rangatahi also reported that half or more of their friends belong to the same ethnic group compared to 22% who had only a few to none. Ten percent chose not answer this question.

Language

Whilst rangatahi primarily rely on English as their most common language, 25% reported they could also speak or hold a basic conversation in Te Reo Māori. Sixteen percent of those rangatahi were Māori ethnicity with the other 9% being non-Māori. A further 10% said they could speak or hold a basic conversation in another language (including French, Samoan and Cook Island Māori).

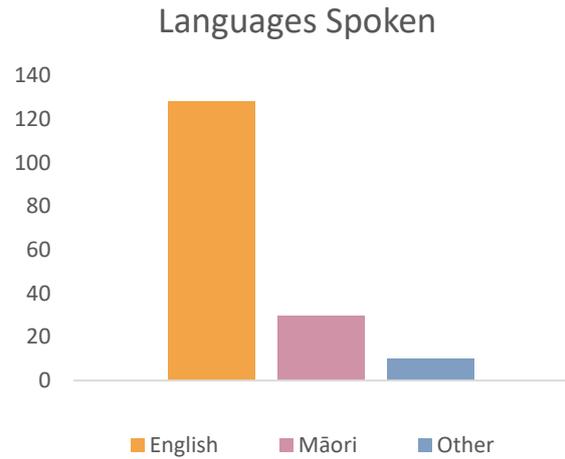


Figure 6: Languages

Rangatahi Māori

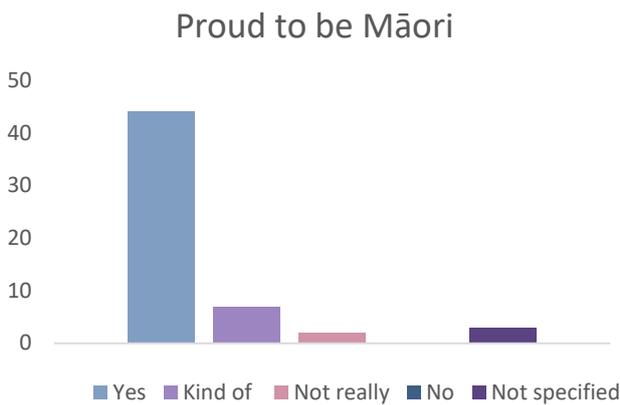


Figure 7: Māori Pride

Regardless of whether rangatahi Māori could name their Iwi, marae or hapu, a significant number (79%) reported that they were very proud of being Māori. Thirteen percent stated they were ‘kind of’ proud, while three percent were ‘not really’ proud to be Māori. There were no rangatahi Māori reported to answer no to this question, however, five percent of rangatahi Māori did not respond to this question.

Cultural Indicators

Knowledge of a person’s Iwi, Hapū and Marae is a good indicator of access to cultural knowledge. Rangatahi Māori who participated in this survey reported a significant level of pride about being Māori. Rangatahi Māori were asked to share their knowledge of their Iwi, Hapū and Marae.

Iwi

Close to half (48%) of rangatahi Māori were able to identify their own Iwi, these included:

- Ngāti Kahungunu
- Ngāti Kahungunu ki Wairarapa

- Ngati Kahungunu ki Wairoa
- Rangitaane
- Tūhoe
- Ngāti Porou
- Ngā Puhi
- Ngāti Hauā
- Kai TahuTe Atiawa

Hapū

Twenty-nine percent of rangatahi could identify their hapū. At times rangatahi responses identified place names, such as Wairarapa as opposed to specific hapū.

Marae

Forty-one percent of rangatahi could name their marae. However, actual visits to their marae were much less than this. Fifteen percent couldn't remember and were unsure of the last time they went to their marae. Two rangatahi did report that these were for tangihanga. Thirty-seven percent have visited in the past two years but between 2008-2014 only nine percent had been to their marae. Thirty-seven percent did not respond to this question.



Figure 8: Papawai Marae

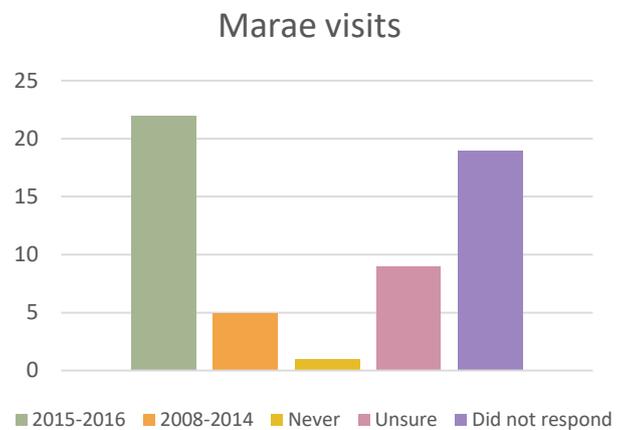


Figure 9: The last time rangatahi visited their marae

Knowledge of pepeha

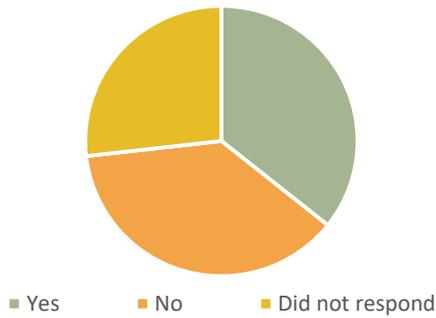


Figure 10: Knowledge of pepeha

The ability to share your pepeha is an example of the knowledge and access rangatahi have to their culture. Yet, only 36% were able to do this. Thirty-eight percent openly disclosed that they were not able to present their pepeha and 26% did not specify.

Forty-three percent of rangatahi Māori were able identify two or more of these cultural indicators (knowledge of Iwi, hapū or marae). However, as these results show, rangatahi Māori maintained pride in knowing they were Māori regardless of whether they knew the name of their hapū or had been to their marae. Their perception of this may change as they grow older.

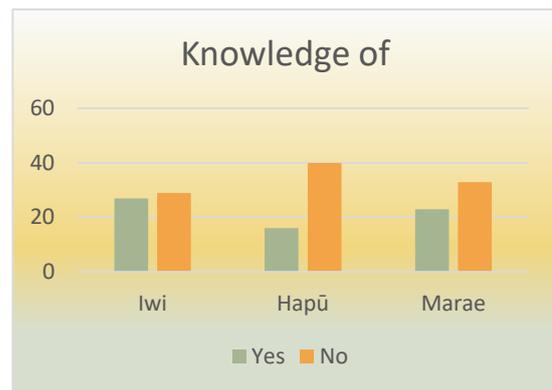


Figure 10: Cultural Indicators

Access to support

Questions around where rangatahi Māori could go to for support were also asked. Rangatahi Māori could identify as many supports as they wanted. Rangatahi Māori reported that they were more likely to seek help from other family members (80%) and parents (77%). Kaumatua were next identified as a source of support. Forty-five percent of rangatahi would seek assistance from kaumatua. One rangatahi named her nanny as this support. Following kaumatua, teachers were identified as the next highest source of support. Another rangatahi Māori identified which teacher she would go to. Only two rangatahi identified that they wouldn't look for help and three rangatahi Māori did not complete this section.

Where rangatahi would go for help	
Kaumatua	45%
School guidance counsellor	9%
Friends	11%
Teachers	30%
Parents	77%
Other family members (e.g. grandparent, aunts, uncles, cousins)	80%
School nurse	5%
Family doctor	9%
Drug and alcohol service	7%
Pharmacy/chemist shop	2%
Other	16%
I wouldn't look for help	4%
No response	5%

Table 1: Access to Cultural Support



Home and Families

Being surrounded by caring and supportive families in a safe home environment is vital to the health and wellbeing of rangatahi. Rangatahi need family members, adults who care about them and who support them throughout their journey in life. Healthy development is shaped by rangatahi having positive connections in a range of social environments, therefore the more settings where young people are welcomed, valued and understood, the better. (Ministry of Youth Affairs, 2002). Rangatahi live in a variety of different home environments. Rangatahi development is linked to healthy families, vibrant and accepting communities, supportive education environments and good relationships with peers.

Family life

The changing dynamics of the family unit greatly influences the way young people see the world. Although rangatahi are faced with variable family settings, such as two parents, single parent, extended or blended families, it is identified that boundaries and consistency in family life help rangatahi to grow and negotiate positive relationships.

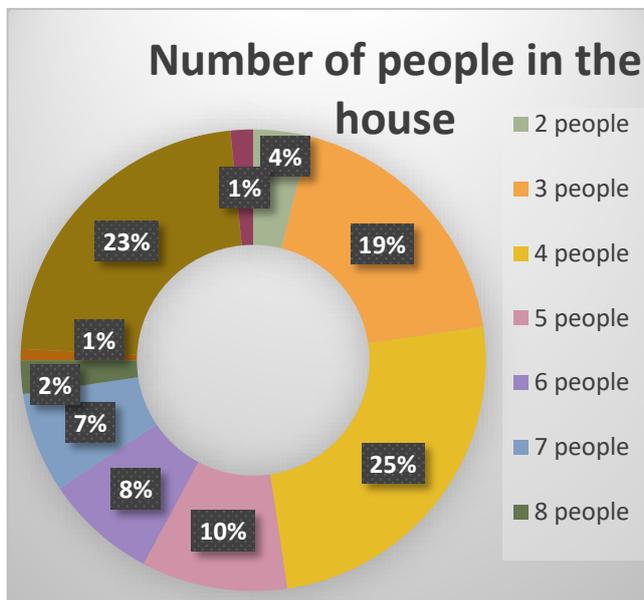


Figure 12: Number of people in the house

Who do rangatahi live with?

Thirty-three percent of rangatahi live at home with their mum, dad and siblings. While another 9% live with a parent, siblings and the parent’s partner. Twenty-seven percent of rangatahi are being brought up in single parent homes. A growing number (9%) of rangatahi are being raised in homes with grandparents, in some instances at least one parent is also present. Other rangatahi are living with other relatives, flatting and with their own partners, and one with their own child.

Number of people in the house

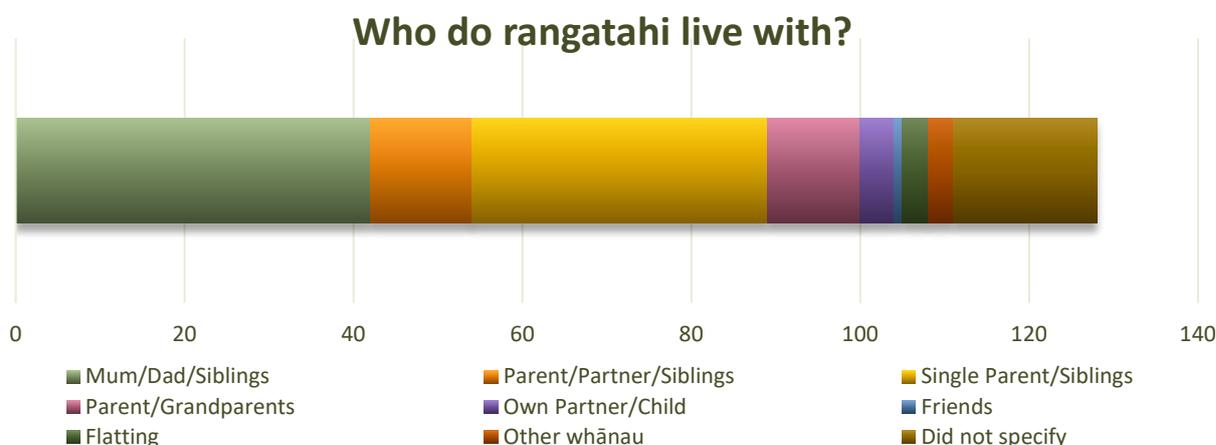


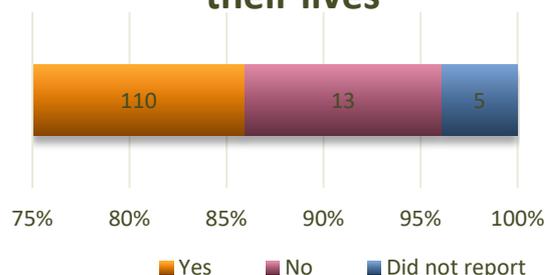
Figure 12: Who rangatahi share their home with

Rangatahi are living in homes with between one to eight other people. The majority have between three (19%) to four (25%) people living in the home at any particular time. A reasonable number of homes have between five to seven people (25%). There are homes with seven others and in another home there are eight people. Twenty-three percent did not respond and rangatahi said there were “a lot” of people or a couple.

Family Relationships

Rangatahi connections are often widespread and diverse. They include parents, grandparents, other whānau members, caregivers, neighbours, and

Number of rangatahi with significant adults in their lives



professionals and often most importantly their friends. Rangatahi were asked about their relationships and connections with other family members and how well they get on.

Most rangatahi reported they have good experiences of family life and relationships with family members. Seventy-three percent of rangatahi stated they “get on well” or “very well” with other family members. Six percent of rangatahi said they got on badly or very badly with family. Twenty percent indicated that getting on with their family was neither a good nor bad experience.

How well rangatahi get on with their family

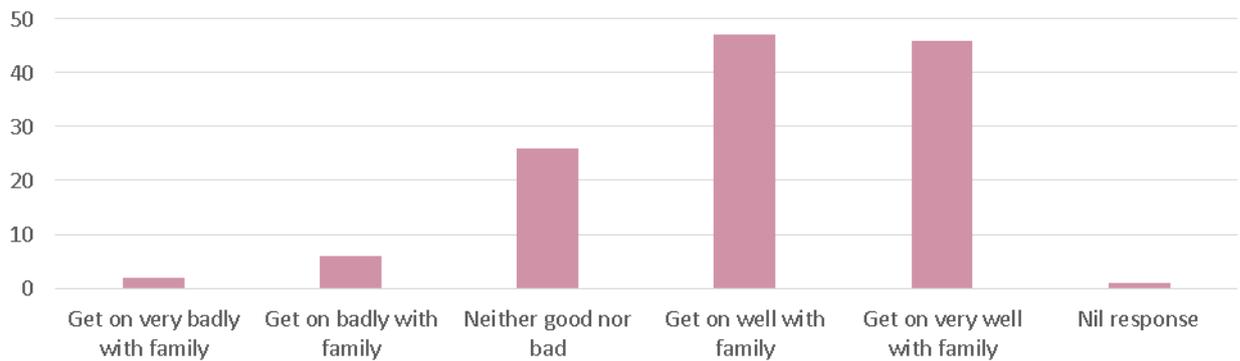


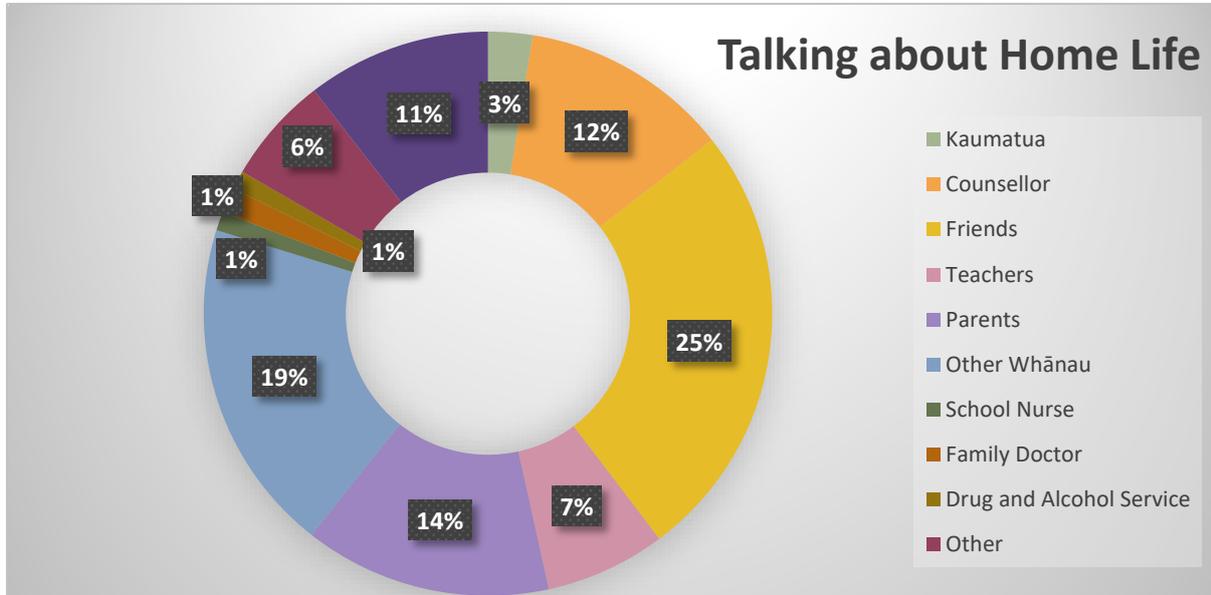
Figure 15: Family relationships

Significant adults

Having a good relationship with a significant adult is also seen as one of the most important indicators of good health and wellbeing. It is promising to see that 86% of rangatahi participants recorded having a significant adult in their life. However, there are still 10% of young people who feel that they do not have a significant adult in their life.

Safe at home

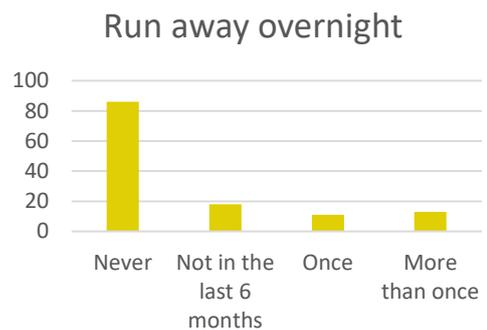
Another important aspect for young people is to have a home environment where they feel safe. A great majority (93%) of rangatahi feel that they are safe in their homes “all” or “most of the time”. Not all rangatahi feel safe within their own home. Six percent of rangatahi only feel safe at home “some of the time”. Although one percent is a small proportion of the group, it still means that there are rangatahi who “mostly do not feel safe at home”.



On the run

Due to feeling unsafe at home or issues with family members, a small number of rangatahi run away from home. Rangatahi were asked if they have asked if they have run away from home overnight in the last six months.

Sixty-seven percent responded that they have never run away from home overnight in the last six months.



months. Nine percent stated they had run away once in this time period and ten percent indicated that they had run away more than once in the past six months.

Access to Support

Rangatahi were asked about access to support in regards to talking about their home life. Rangatahi responded to the following questions identifying who they would go and talk to. They could identify as many as they needed. As expected rangatahi identified their friends (25%) as their main source of support. This was followed by other whānau members (19%). parents (14%) and counsellors (12%) were the next most popular support system. Just over 10% of rangatahi said they would not talk to anyone about their home life.

Figure 14: Access to home life support

Friends

Healthy peer group relationships are important for rangatahi development. Friendships provide the opportunity for a sense of belonging and support. A reasonable amount of rangatahi (73%) are “good at making friends”. Most rangatahi (85%) have friends they can “talk to about anything”.

Rangatahi generally care about each other and value their friendships. Twenty percent of rangatahi did not know if their friends cared about them, 33% of rangatahi thought that their friends cared about them “some” of the time and 42% thought their friends cared about them “a lot”. Rangatahi generally spend more time with their peers than with anyone else. Most of the time it is a positive experience with fun, encouragement and assistance.

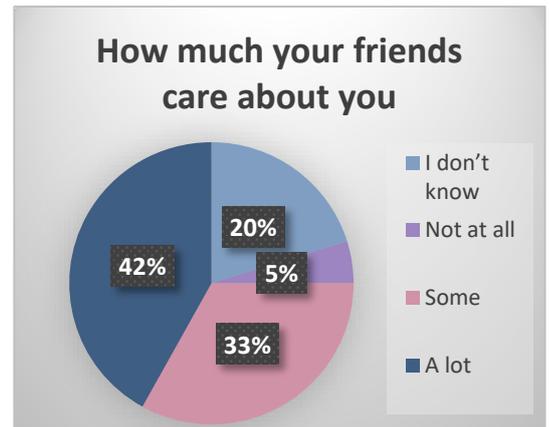


Figure 15: How much your friends care about you

Sixty percent of rangatahi have fun with their friends “all of the time”. Friends of rangatahi like doing the same thing “sometimes” (51%) or “all of the time” (41%). Fifty-three percent of friends help or look out for rangatahi and 72% of rangatahi help and look out for their friends. Unfortunately, rangatahi are left out of things sometimes (38%).

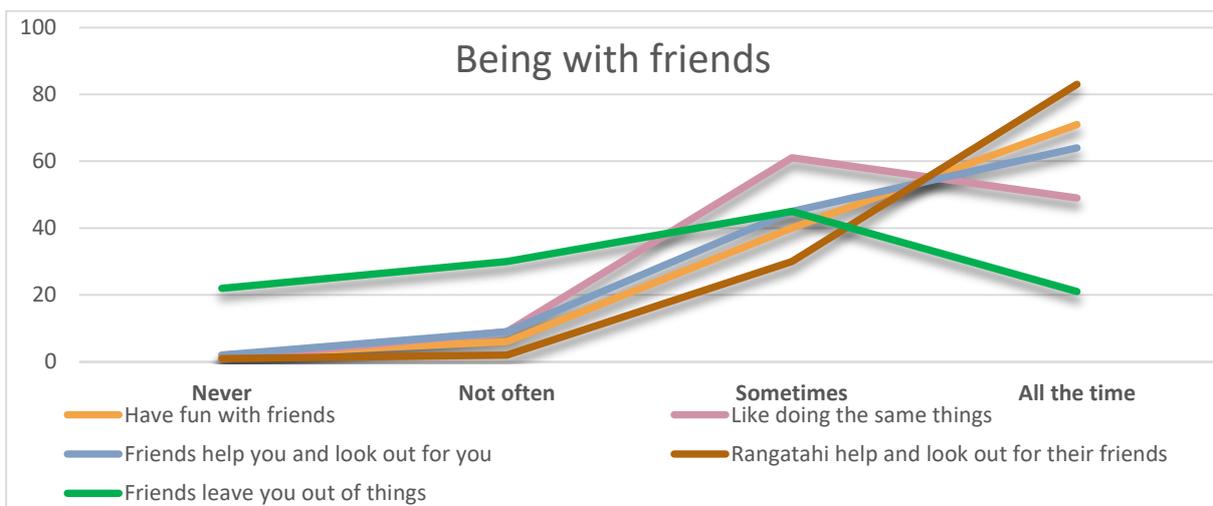


Figure 16: Being with your friends

Education

As this survey was targeted primarily at school-aged rangatahi, these questions focussed on experiences at school, interactions with teachers and activities. There were a small number of rangatahi who did not complete this section due to being:

- No longer in secondary education but in the age group
- A school leaver
- A job seeker
- Employed
- Enrolled/attending a post-secondary education.

Rangatahi spend a considerable amount of time in school settings and engagement in school is known to have better health and wellbeing outcomes for them. Effective learning environments provide opportunities for participation in school life, social activities, sporting and cultural activities. Eighty-four percent of rangatahi were currently engaged in an educational institution. This consists of 96 rangatahi in mainstream schooling including Teen

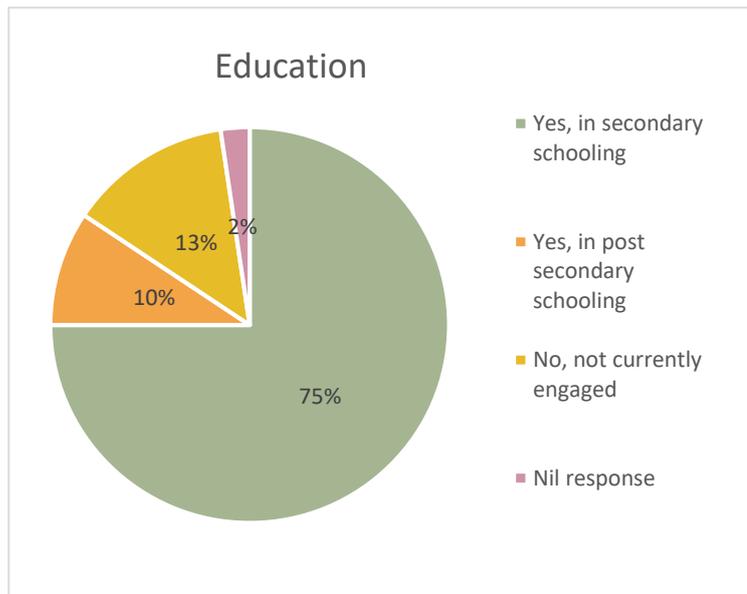


Figure 17: In Education

Parent Units, and 12 rangatahi in one of the other institutions (University, Trade Training and vocational courses). Fourteen percent were not in education and two percent declined to answer. These sixteen percent moved directly onto the next section of questions, Bullying.

Education Settings

Of those in secondary education, the majority (82) are in mainstream settings, nine in Alternative Education; four at Te Kura: The Correspondence School and one choose not to answer. All year groups were represented. Twenty percent were Year 9. Four percent were Year 10. Twenty-three percent were in Year 11. Forty-two percent were Year 12 and eleven percent were in Year 13.

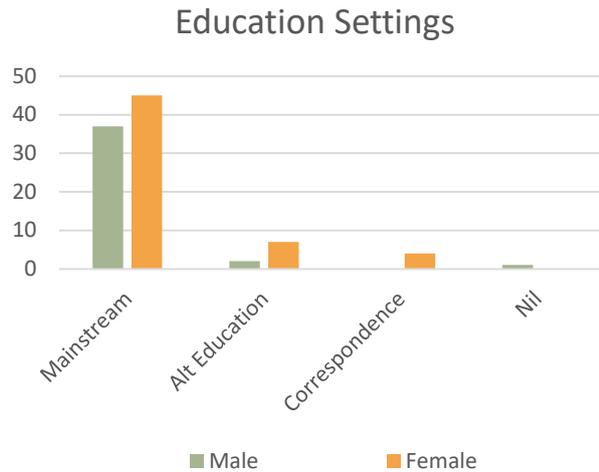


Figure 18: Education settings

Number of schools attended

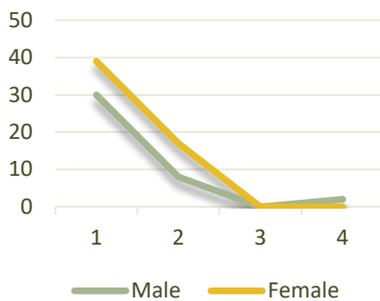


Figure 19: Number of schools attended

Another question centred on the number of schools attended by rangatahi in the last 12 months. Although the majority of rangatahi have stayed in the same school, just over a quarter have moved schools in the last 12 months. A small number of rangatahi have had the difficult task of entering multiple High Schools during this crucially important developmental and social stage in life. Two rangatahi have been to four different schools in the last year.

School Activities

The most common reason rangatahi gave for what they enjoy most about school was hanging out with friends at school (76%). Male rangatahi were slightly more likely to report enjoying sports at school (48%) compared to female rangatahi (23%). Female rangatahi were more likely to report being away from home as a reason they enjoy school (29%)

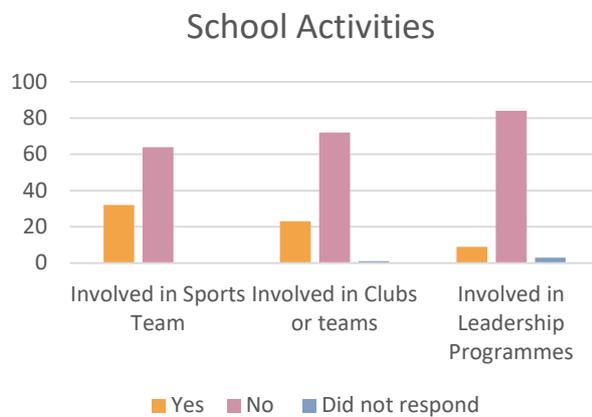


Figure 20: School Activities

compared to male students (15%). Thirty-three percent of rangatahi are involved in sports teams (33%) and even less belongs to other groups or clubs and leadership programmes at school (24% and 9% respectively).

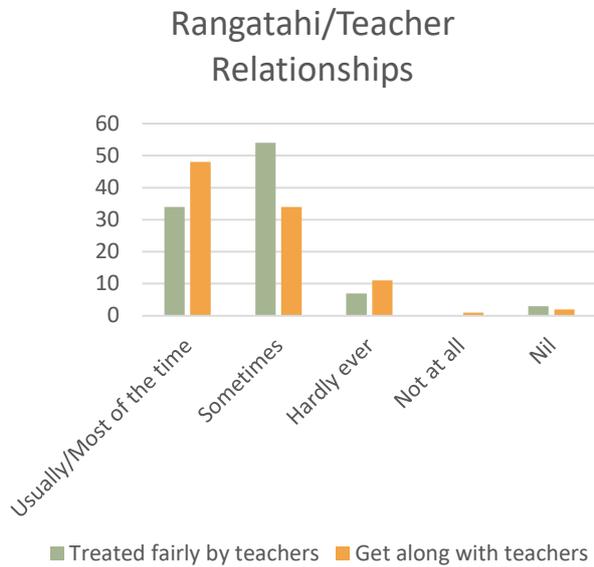


Figure 21: Rangatahi-Teacher Relationships

Almost all rangatahi reported that the school environment is caring and 35% of rangatahi report that teachers at school treat students fairly “most” of the time. Half of rangatahi also said that they “usually” get along with teachers.

In the past 12 months about a half of rangatahi had been truant from school and a third had been stood down at some stage.

The majority (83%) of rangatahi had considered their plans for the future post-secondary school. Further education or job seeking were the most commonly identified plans.

Access to Support

Rangatahi were asked about who they would go to for support about their schooling, their education, and future aspirations. With regards to talking about their home life, rangatahi responded to the following questions identifying who they would go and get assistance from. Rangatahi could identify all the supports they would use. Half of rangatahi students would approach their friends and their parents. Rangatahi also reported that teachers and the School Guidance Counsellor would also be forms of support.

Table 2: Access to Education Support

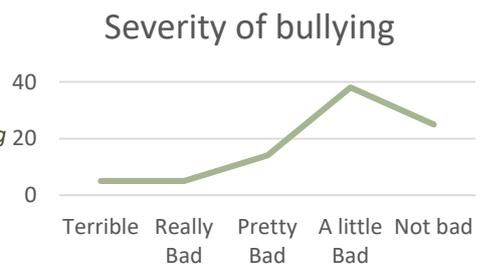
Where rangatahi would go for help	
Kaumatua	4%
School guidance counsellor	33%
Friends	51%
Teachers	39%
Parents	53%
Other family members (e.g. grandparent, aunts, uncles, cousins) ☒	31%
School nurse	3%
Family doctor	2%
Drug and alcohol service	4%
Pharmacy/chemist shop	2%
Other	2%
I wouldn't look for help	1%
No response	9%

Bullying

Safety at school and in the community is of increasing concern. Being bullied can lead to health issues such as anxiety, depression and suicide. Bullying is deliberate and involves a power imbalance. For the purpose of the survey, bullying refers to when an individual or group say, write, text or message mean and unpleasant things to another person or they are hit, kicked, threatened, pushed or shoved around. Bullying can also mean when a person is completely ignored and left out on purpose.

Seventy percent of rangatahi reported to have been bullied at some stage to varying degrees. A smaller but significant number of rangatahi who have been bullied (14%) state that during the last 12 months this occurs “most days”. Other rangatahi indicate that this happens “several times a week” (7%), “once a week” (11%), or has happened “once or twice” (68%). The level of bullying is also highlighted. Rangatahi (6%) described this as being a “terrible” ordeal. Six percent stated that the bullying was “really bad”, 14% said it was “pretty bad”, 44% said it was “a little bad” and 29% commented that it was “not bad”.

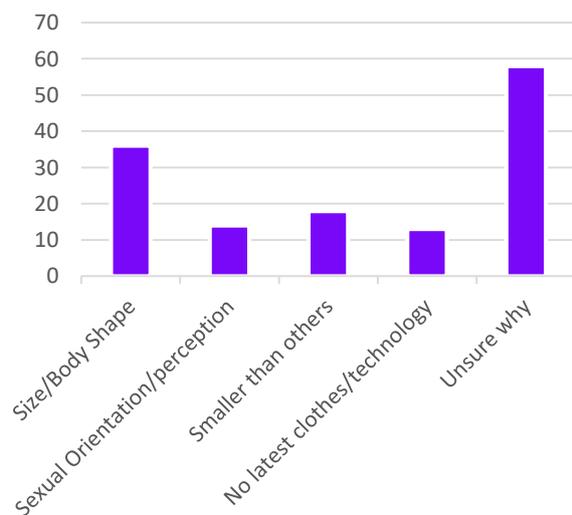
Figure 22: Severity of bullying



Rangatahi reported the following reasons for why they think they were being bullied:

- Size or body shape
- Sexual orientation/perceived sexual orientation
- Smaller than others
- Did not have the latest clothes/technology
- Unsure why

Reasons of bullying



Rangatahi were then asked about whether they had been the perpetrator of bullying in the last year. More than half of rangatahi (56%) reported that they had never bullied others, 9% said not in the last 12 months and 35% identified that they had bullied someone else in the last year.

Figure 23: Reasons for bullying

Rangatahi reported that teachers and other rangatahi took action when they knew that someone was being bullied.

Access to Support

Rangatahi were asked about whom they would go to if they were being bullied. Rangatahi identified their friends (21%) and parents (21%) as their main source of support. This was followed by teachers (17%). Other whānau members (13%) and the school counsellor (13%) were the next most popular support system. Four percent of rangatahi said they would not look for help if they needed it.

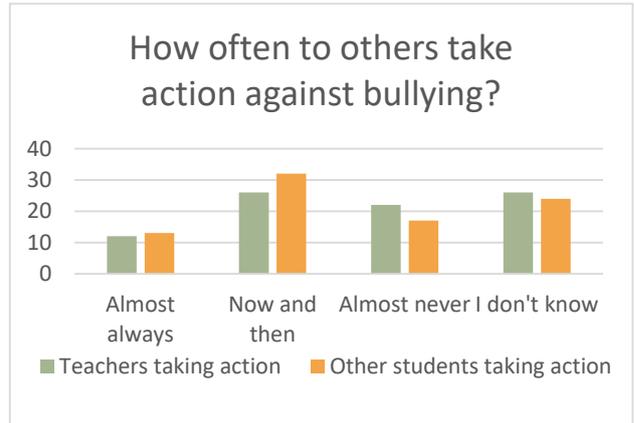


Figure 24: Action against bullying

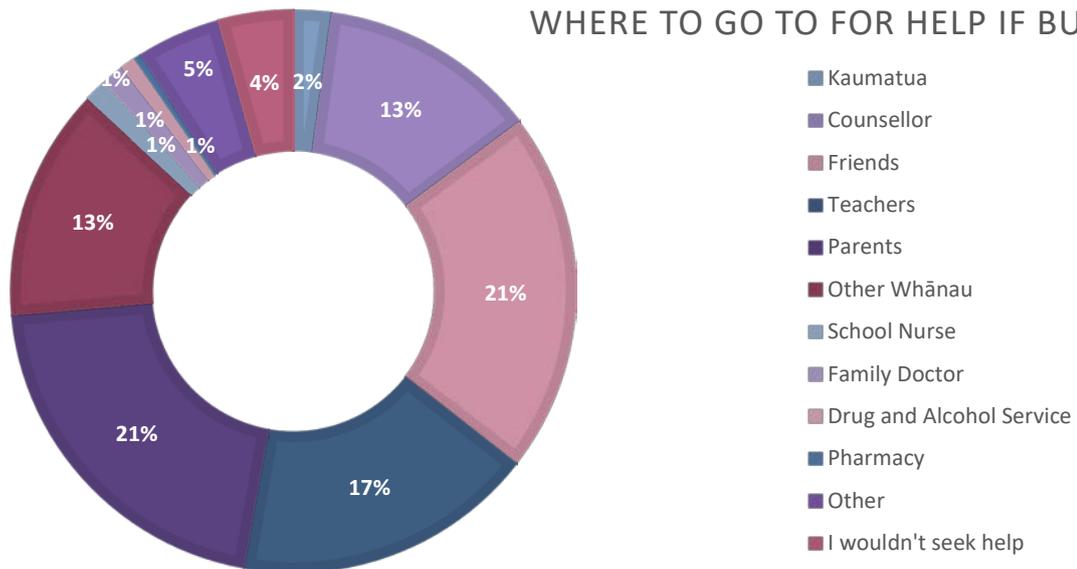


Figure 25: Accessing Support against bullying

Health

More than 78% of rangatahi reported that their health is “excellent”, “very good” or “good”. About 28% of rangatahi report to having a health issue that has lasted 6 months or more. Twenty-three percent indicated that this health condition has either caused difficulty or stopped them from everyday activities that other rangatahi can usually do (23%), communicating or socialising (19%), or other activities (18%). Eleven percent reported to having a long-term impairment such as needing optical glasses or learning difficulties. These impairments also impacted on the ability to perform everyday activities (9%), communication or socialising (12%), and other activities (9%).

In the past year 74% of rangatahi have received healthcare and generally use a range of services. Sixty-one percent usually make appointments with the family doctor, medical centre or GP/School Health Clinic, 15% to a Hospital Accident and Emergency Department, 5% to an after-hours A&E clinic.

In last 6 months, 27% of rangatahi indicated that they were unable to access health care when required. Rangatahi identified reasons for not being able to receive health care. Some rangatahi gave more than one reason. Rangatahi who answered this question stated they did not receive health care because they hoped “the problem would go away or get better” (49%), they “didn’t know where to go” (26%), were “too scared or too shy” (12%). Rangatahi also reported they were unable to “get in contact with the health professional” (11%), “the cost was too high” (14%), they were “too embarrassed” (14%). Other rangatahi indicated they couldn’t get the health care due to “no transport” (10%), no “suitable appointment time” (10%), or the “staff were unfriendly” and the rangatahi were made to “feel uncomfortable” (10%).



Figure 26: Support difficulty

Rangatahi indicated that there were times in the last 6 months when they had difficulty in getting help for injury or accident, stopping substance use, long term health conditions, sexual health, mental health and other health issues. Visits to health professionals have not all been for physical ailments. In the last year 40% of rangatahi have made appointments to see a health professional for emotional health worries.

Oral Health

In the past year, over 50% of rangatahi have visited a dentist or an oral health professional. In the same time, about 24% of rangatahi have needed to see a dentist or oral health professional but were unable to.

Last visit to Dentist

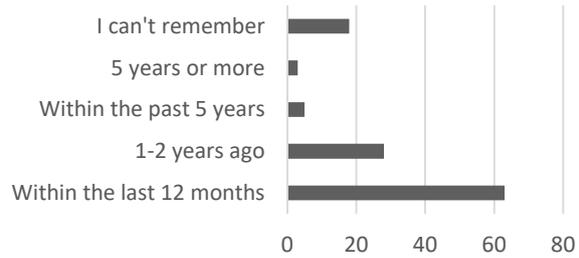
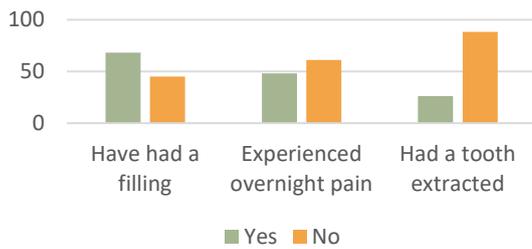


Figure 27: Dentist visits

Teeth and gums



Just over half of rangatahi have had a tooth filled (55%) and 39% have experienced pain with their teeth or mouth that has kept them awake at night. Nearly a quarter of rangatahi have had to have a tooth removed because of tooth decay, infection or an abscess.

Figure 28: Fillings, pain and extractions

Tooth brushing habits were also identified. Sixty-five percent of rangatahi indicated that they brush their teeth at least twice yesterday.

Number of times teeth were brushed

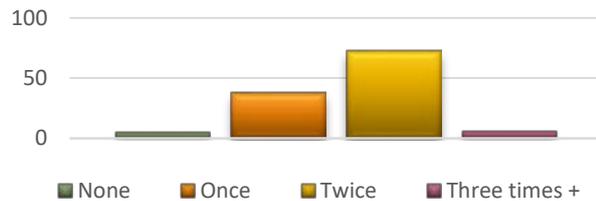


Figure 29: Number of times teeth have been brushed

Sexual Health

New Zealand has some of the highest rates for risky sexual behaviour, sexually transmitted infections (STIs), and unwanted pregnancy. The results from this survey show that rangatahi are engaging in sexual activity at a much earlier age than national figures portray, despite several initiatives to reduce the negative statistics of early sexual activity. Although this section looks at sexual health it does not cover sexual abuse. Over half of the rangatahi involved in the survey have engaged in sexual intercourse (53%). The age at which rangatahi report to have their first sexual encounter varies from between 11-18 years old with a median age of 14 for males.

In the last 6 months over 50% of rangatahi reported to having sex with one partner and having sex with two or more partners. was “always” used by 32% of rangatahi and 44% “never” use any form of contraception.

contraception.

Number of sexual partners in last 6 months

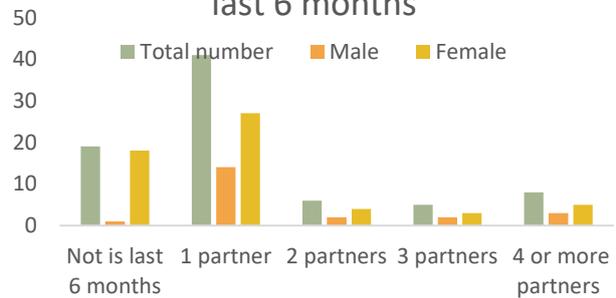


Figure 35: Number of sexual partners

USE OF CONTRACEPTION

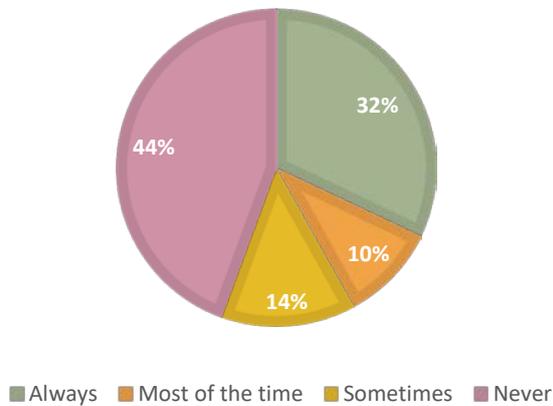


Figure: 36 Contraceptive use

Rangatahi that are using contraception have a plethora of options and are using:

- “the pill”
- “the jab”
- Rods
- IUD
- Condoms
- Injections
- Abstinence.

The last time sexually active rangatahi engaged in sex, 46% used contraception. Teen pregnancy, birth, miscarriage and abortion have been experienced by 18% of sexually active rangatahi. This resulted in

Sexual Activity

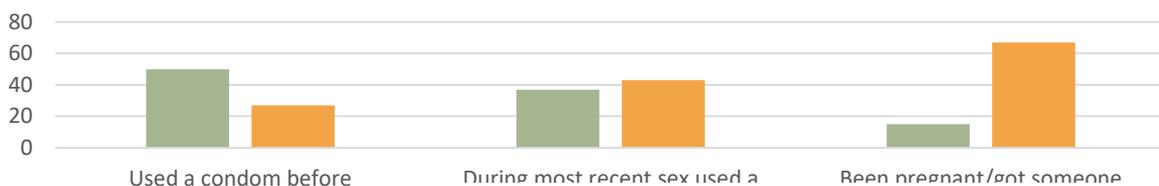


Figure 37: Sexual Activity

live births, terminations and miscarriage. One young parent disclosed that they had a healthy baby but suffered from postnatal depression.

Abuse

As this survey was primarily self-directed, counselling and social work support were at a minimum. Therefore, this section was kept short to ensure the potential for unresolved emotional trauma that might emerge could be dealt with in a safe space without attracting too much negative attention for the rangatahi. Support by Wairarapa Safer Community Trust was always on hand. Close to 30% of rangatahi has been a victim of abuse at some stage. Abuse included physical, sexual, emotional and psychological. Unfortunately, less than half are receiving support for this.

Access to Support

Rangatahi were asked about who they would go to if they were victims of abuse. Rangatahi identified their friends (21%) and parents (21%) as their main source of support. This was followed by teachers (17%). Other whānau members (13%) and the school counsellor (13%) were the next most popular

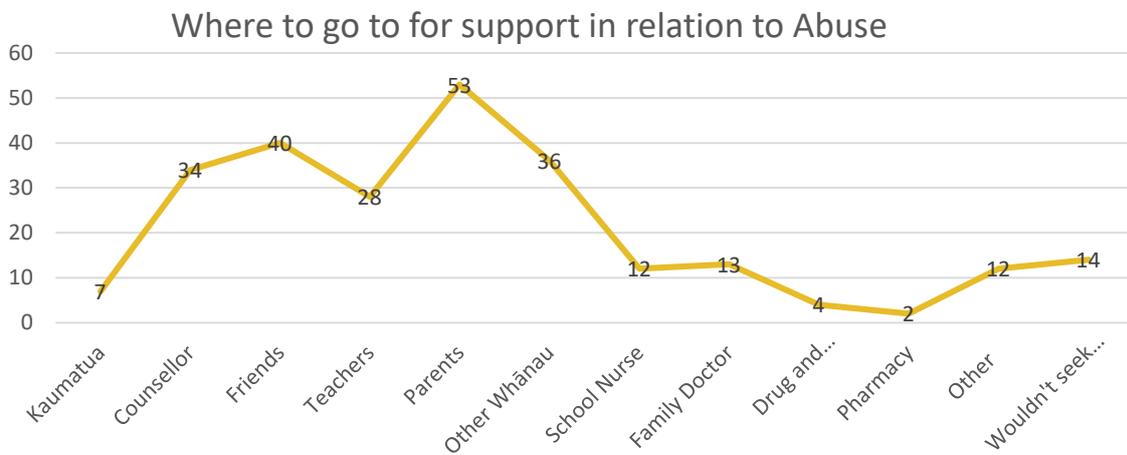


Figure 38: Access to Support

Activities

Rangatahi engage in a range of physical and cognitive activities. With the increase in access to technology, leisure activities are becoming more common. Rangatahi are spending more than five hours each day on the internet (48%), hanging out at home (48%), texting (44%) hanging out with friends (36%), or engaging in music, arts or dance (19%).

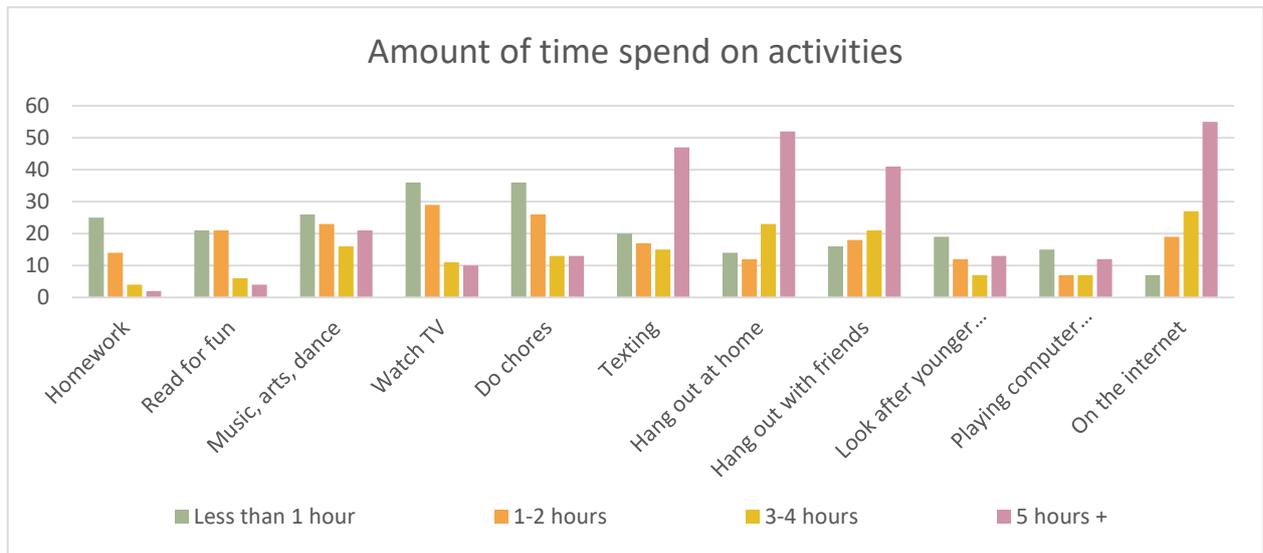
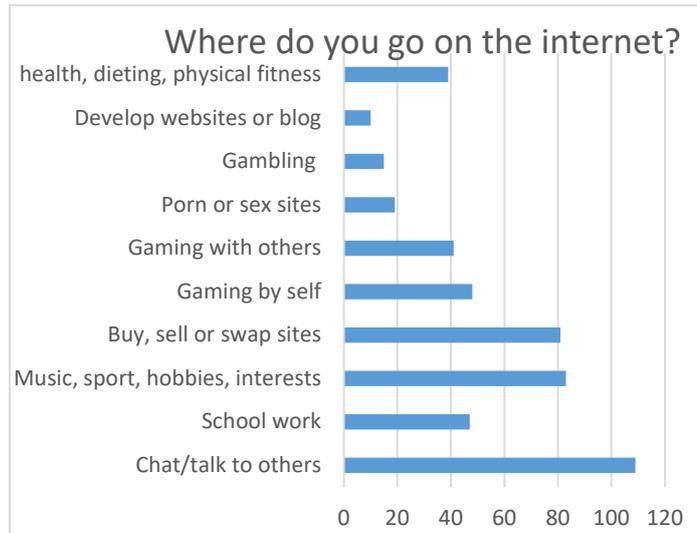


Figure 39: Hours of activity

Being on the Internet was one of the highest ranking activities. Rangatahi were asked to identify all the things they do on the Internet. When utilising the Internet rangatahi spend most of their time chatting or talking with others (96%), downloading music or watching sports (78%), looking at “buy, sell or swap” sites (77%), gaming (53%). Rangatahi also use the Internet for school work.

Internet use is often in private (88%) with limited boundaries. With all of the Internet use only a third of families have rules around usage.

Figure 40: Internet use



The majority of rangatahi (89%) have access to a cell phone. Cell phones were of importance to rangatahi. Some reported that their cell phone was “very important” (67%), “somewhat important” (24%) or “not important” (9%). The number of texts sent or received is varied, however, over 40% send or received in excess of 40 texts each day, 17% send or receive between 20-40 texts daily and 40% send or receive up to 20 texts per day.

Rangatahi were asked about their involvement and participation in the community. Thirty-six percent reported that they help others in their community. This could be at youth group, at the marae, in church environments as well as volunteering. Rangatahi identified the groups clubs or teams they belonged to that were not school based. Many reported that they belonged to church groups, sports teams of other types of groups. R2R was specifically mentioned as one of the groups that rangatahi were involved in.

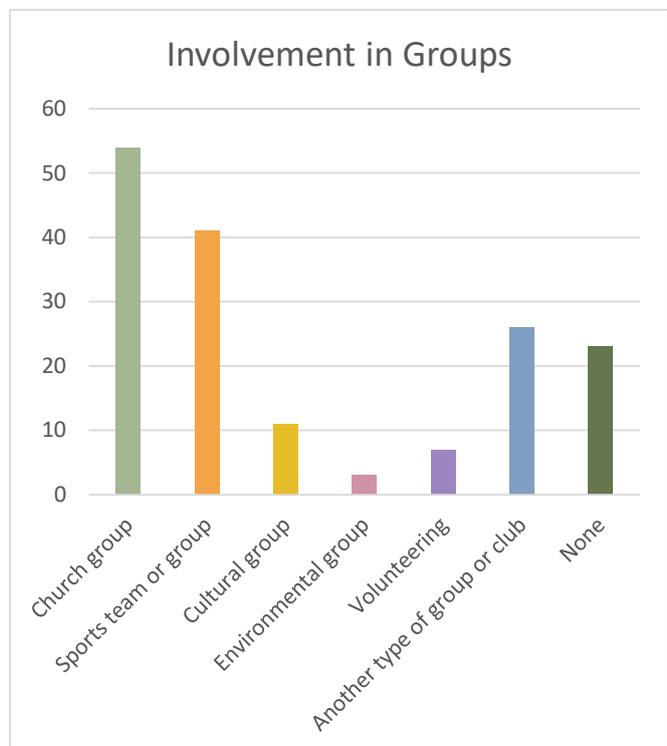
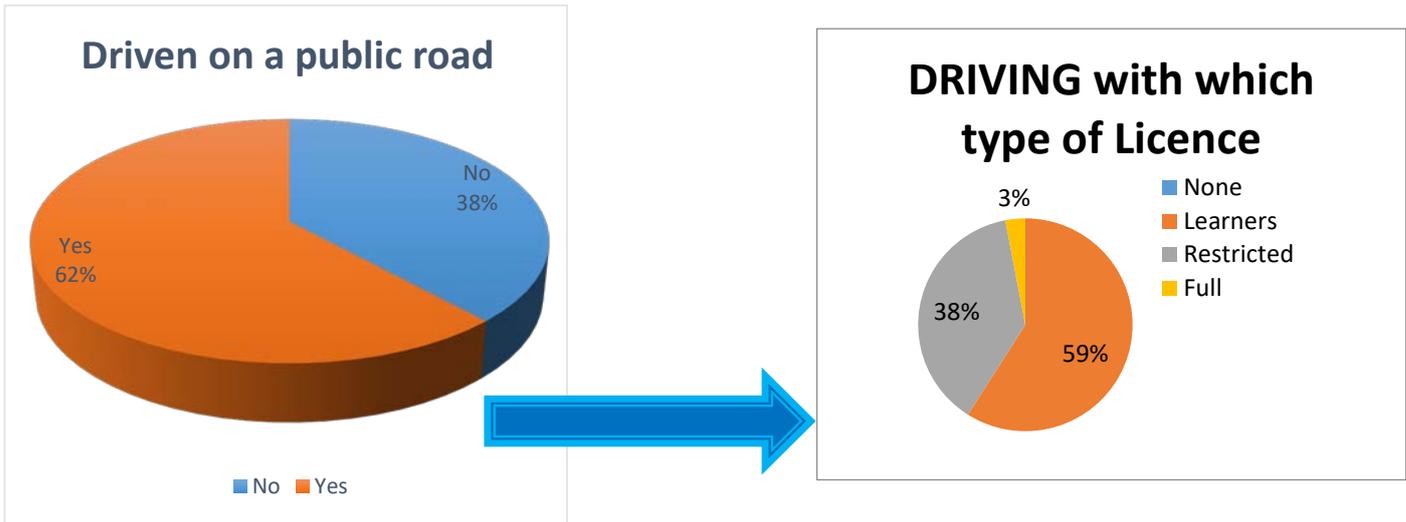


Figure 41: Involvement in Groups

Risk Taking Behaviour

Motor Vehicles

Road safety and driving should be common milestones for rangatahi development. Yet, motor vehicle crashes are one of the foremost causes of death among rangatahi nationally. Over 50% of rangatahi “always” wear a seatbelt when in a car. Twenty-four percent wear their seatbelt “most of the time”, 15% wear it “sometimes”, 4% “hardly ever” wear it and another 4% “never” wear their seatbelt. Many rangatahi (62%) have been driving on public roads. A small proportion of these rangatahi (8%) only do this when having driving lessons. This leaves a large number of drivers who do not hold Drivers Licences. Although a large number of rangatahi are driving, less than half hold a Driver’s Licences. Of those that do hold a Driver’s Licence, 59% hold a Learner’s Licence, 38% hold a Restricted Licence and 3% hold a Full License.



Between 50-55% of rangatahi do not ride as a passenger in cars driven by others who have been drinking alcohol, who are high or who drive dangerously (speeding, car chases, burnouts). However, this means that there is a high proportion of rangatahi who in the last month have been passengers in cars driven by others who have been either drinking alcohol, taking drugs or driving dangerously. Figure 39 demonstrates how often rangatahi are hopping into cars frequently with unsafe drivers.

Twenty-eight percent of rangatahi indicated that in the last month they had been a passenger in a car whose driver had been drinking alcohol. Twenty-nine percent of rangatahi reported to have been a passenger in a vehicle when the driver was high and just over a third of rangatahi (35%) reported that in the last month they had been a passenger in a vehicle driven dangerously (speeding, doing burnouts, involved in a car chase). Less rangatahi reported to be drivers who had been drinking alcohol, taking drugs or driving dangerously. In the last month, 15% percent of rangatahi have driven a vehicle after they had been drinking, 13% had driven a vehicle while high and 16% report to have driven dangerously (speeding, doing burnouts, involved in a car chase). Unfortunately, not all of these drivers hold Driver's Licences. Therefore, a significant number of unlicensed rangatahi are driving while drinking alcohol, taking drugs or driving recklessly placing themselves and others in danger.



Figure 42: Passenger when driver has been under the influence

Substance Use

Rangatahi were asked about their use of cigarettes, alcohol and other drugs. Sixty-nine percent of rangatahi have smoked cigarettes, 67% report to drink alcohol, 52% use marijuana, 23% use party pills, dance pills, herbal highs and 15% use other drugs such as acid, 'P', speed. Thirty-eight percent report to have not used any of these. Rangatahi also report that their parents or caregivers also smoke cigarettes (62%), drink alcohol (67%), use marijuana (28%), take party pills or herbal highs (11%) or use other drugs (7%). Sixteen percent of rangatahi did not think their parents used any of the above substances.

Cigarettes

Sixty-nine percent of rangatahi have smoked cigarettes at some stage in their lives, not all rangatahi continued to smoke. The median age for first time cigarette smoking for the rangatahi in this survey was 14, however, some had their first smoke at 11 years old (10%) and others waited until they were 17 years old (10%).

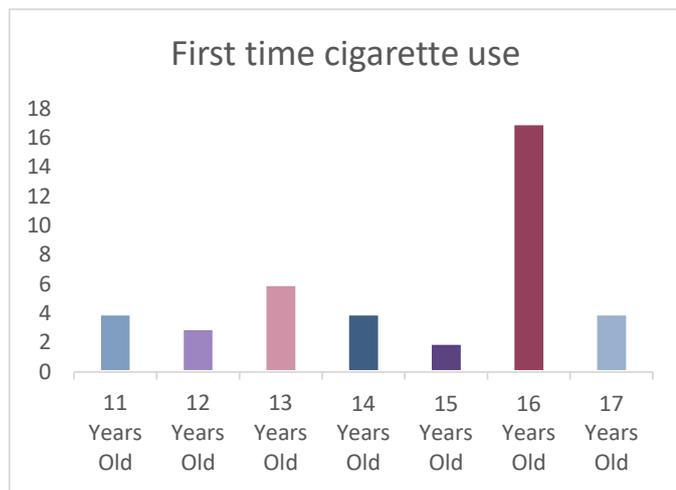


Figure 43: First time having a cigarette

When rangatahi first tried smoking they usually got the cigarette from a friend (50%), they stole it (14%) or got it from their sibling or cousin (10%).

Not all rangatahi who tried smoking continued to smoke. Of those rangatahi that continue to smoke, 54% smoke on a daily basis. Three-quarters of them are female. Sixteen percent smoke most days, males making up 40% of this number. Other rangatahi smoke less frequently. One percent smoke 1-2 times a week, 6% smoke 1-2 times a month and 22% smoke occasionally. Rangatahi report to smoke between 1-20 cigarettes a day. A significant number of rangatahi (59%) have tried to cut down or give up, however the majority of these rangatahi continue to smoke. One rangatahi also gave up while pregnant.

Rangatahi acquire their cigarettes from a number of sources. Many rangatahi utilise more than one means to get cigarettes. Older rangatahi reported that they usually buy the cigarettes themselves while other rangatahi would get someone else to buy them. Friends, parents and other adults were also a common source of getting cigarettes. When purchasing cigarettes, 30% were almost never

asked to show identification of age and 16% were hardly ever asked to show identification. One quarter of rangatahi were asked to show proof of age most of the time and 28% of rangatahi were only sometimes asked to show proof of age.

Access to Support

Rangatahi reported that if they had problems or concerns due to their cigarette use they would utilise the following support networks. Rangatahi identified their parents as their primary source of support. Friends and other whānau members were the next support mechanism followed by teachers and counsellors. Again a large number of rangatahi would not seek help if they had concerns or problems.

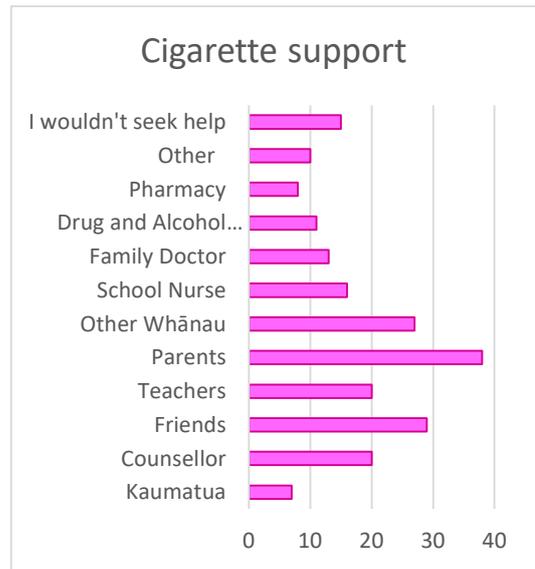


Figure 44: Cigarette support

Alcohol

Eighty-seven percent of rangatahi have drunk alcohol at some stage in their lives. The median age of rangatahi having their first alcoholic beverage was 13 years old. One rangatahi was only 5 years old when they had their first taste of alcohol while two others waited until they were 17 years old.

First time drinking alcohol

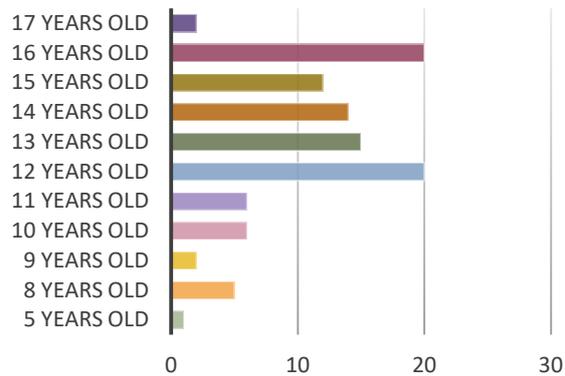


Figure 45: First time alcohol use

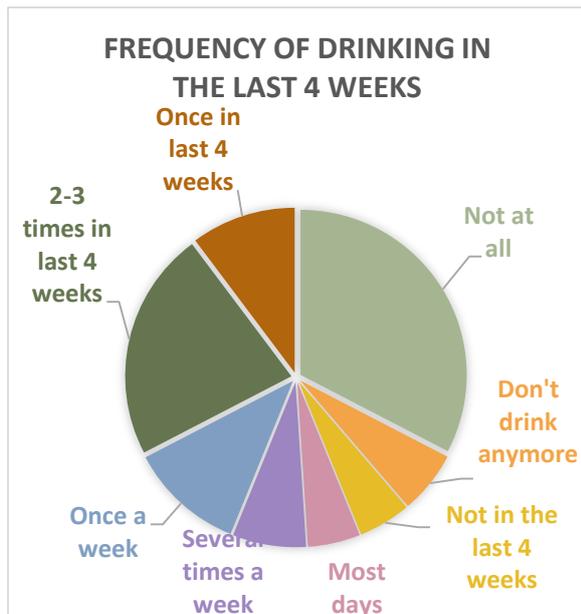


Figure 46: Frequency of drinking

Rangatahi were asked about their drinking habits over the past 4 weeks. Thirteen percent of rangatahi indicated that they drink most days, 6% said they drink several times a week, 10% drink about once a week. Other rangatahi drink less frequently, 22% of rangatahi reported that they drank alcohol 2-3 times and 10% drank once in the last 4 weeks. When drinking, rangatahi consume dangerous amount of alcohol. Seventeen percent

of males report to be consuming in excess of 20 standard drinks in one drinking session. Five percent of their female counterparts are also consuming these volumes. Thirty-three percent of rangatahi are drinking slightly less alcohol of between 10-20 standard measures in one sitting. When rangatahi are drinking, most do not have a preference for beer, spirits, wine or RTDs. Over 70% of rangatahi indicated that they drink at least two of these forms of alcohol. Almost all of these rangatahi selected RTDs as a common drink.

Number of standard alcoholic drinks in one sitting

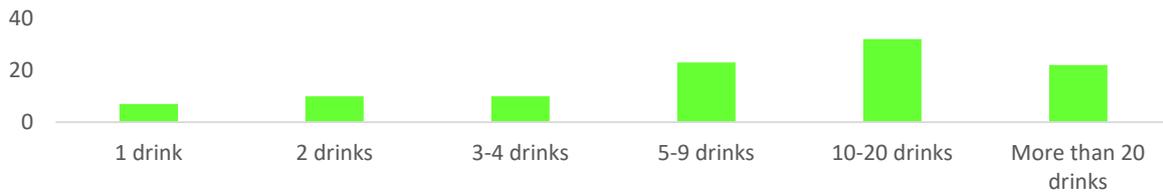


Figure 30: Standard drinks in one sitting

Rangatahi gain alcohol from a range of sources with friends and parents being the most common avenue for acquiring alcohol. Rangatahi also obtain alcohol from others or buy it themselves.

Like purchasing cigarettes, identification is not always asked for. Thirty-nine percent of rangatahi who responded reported that they get asked to show identification most of the time when purchasing alcohol, however, in contrast to this, 34% almost never get asked to show proof of age. Rangatahi also reported that they usually drink with friends and family.

A small number of rangatahi (3%) expressed concern about how much alcohol they consume, yet 43% said they were not really worried about how much alcohol they consume and a further 54% said they were not worried at all.

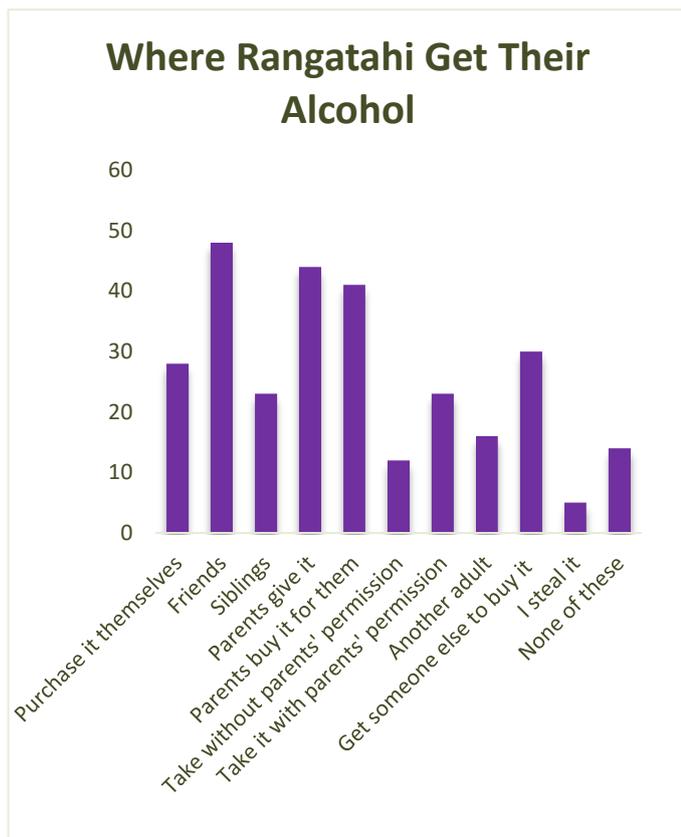


Figure 48: Where rangatahi get their alcohol

Access to Support

Rangatahi have a variety of supports available to them if they have concerns about their drinking behaviour. Rangatahi identified their friends and parents as primary sources of support. Other whānau members were the next form of support. Many rangatahi reported that they would not seek help if they had concerns or problems.

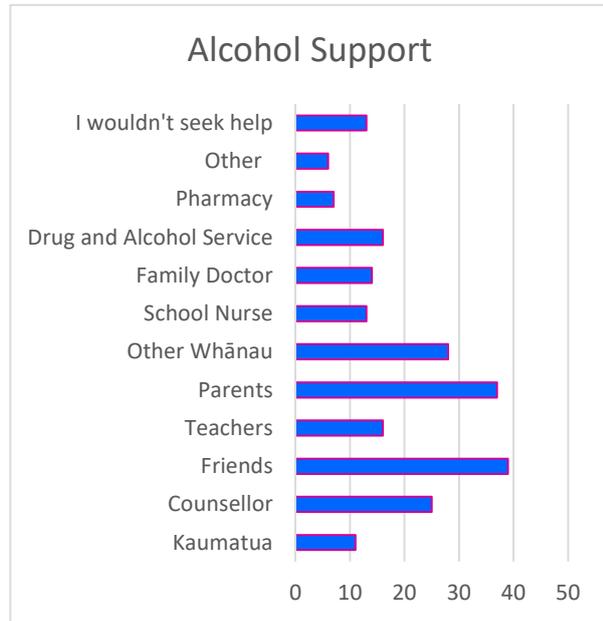


Figure 49: Support around alcohol

Marijuana

Seventy-one percent of rangatahi have tried marijuana before. The age at which rangatahi tried marijuana is staggering. Two rangatahi were just 7 years old when they first smoked marijuana, three others waited until they were 17 years old.

Rangatahi were asked about their marijuana use over the past 4 weeks. Eighteen percent of rangatahi indicated that they smoked marijuana most days and 11% said they smoke marijuana several

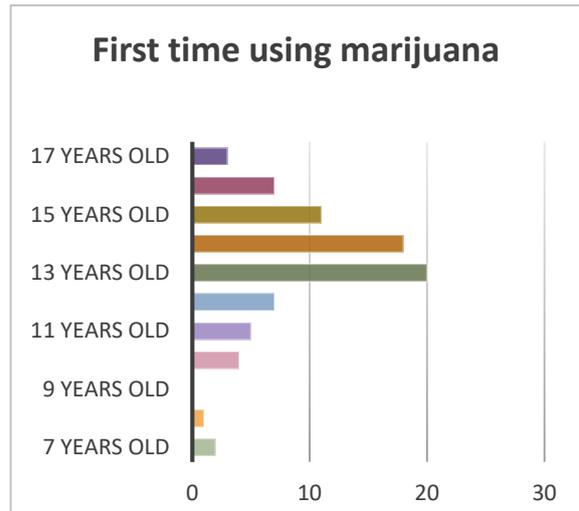


Figure 50: Age at first use

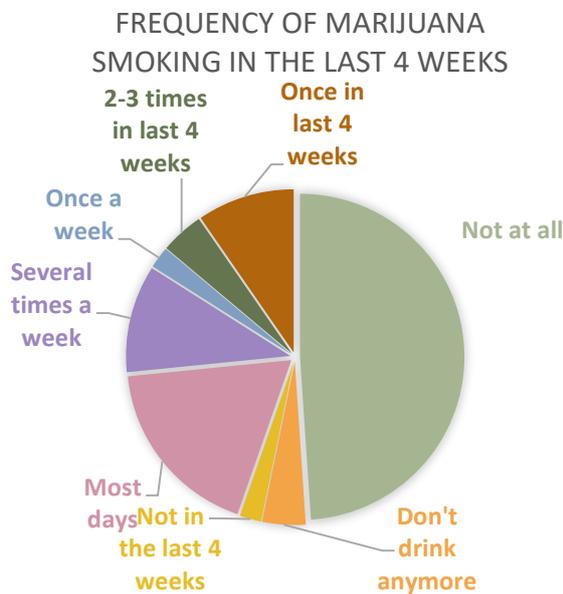


Figure 51: Frequency of use

Rangatahi usually smoke marijuana with their friends and older rangatahi smoke with friends and family members. Rangatahi also reported that they would also smoke marijuana by themselves.

Twelve percent of rangatahi expressed concern about how much marijuana they smoke, yet 24% said they were not really worried about how much they smoked marijuana and a larger amount of rangatahi

times a week. Other rangatahi, who smoke less frequently, reported they smoked marijuana 2-3 times (4%) or 9% used marijuana once in the last 4 weeks.

It appears that access to marijuana is somewhat different to alcohol. Friends remain instrumental in supplying marijuana or rangatahi purchase it themselves. A majority difference with marijuana is that parents are least likely to supply or purchase marijuana for rangatahi.

Where Rangatahi Get Their Marijuana

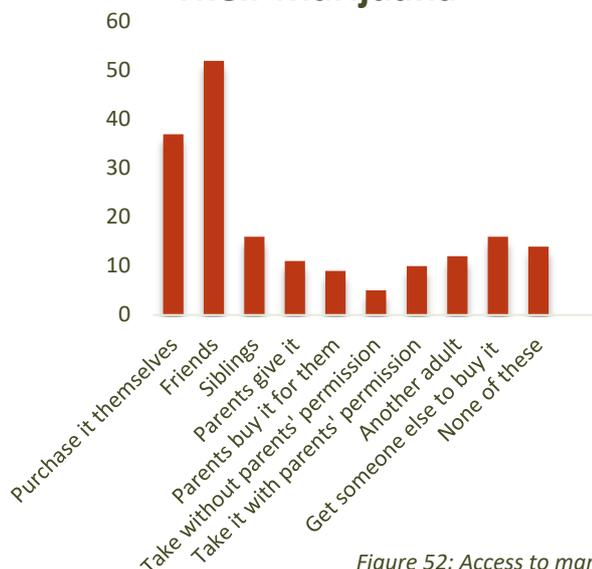


Figure 52: Access to marijuana

(64%) were not worried at all. Marijuana was smoked at a number of different times in the day. Rangatahi mostly smoke it in the evenings or on the weekends.

Access to Support

If rangatahi have any concerns about their marijuana use, there are a variety of supports available. Rangatahi reported that their friends, parents and other whānau members were their primary source of support. Unfortunately, a significant number of rangatahi reported that they would not seek help if they had concerns or problems.

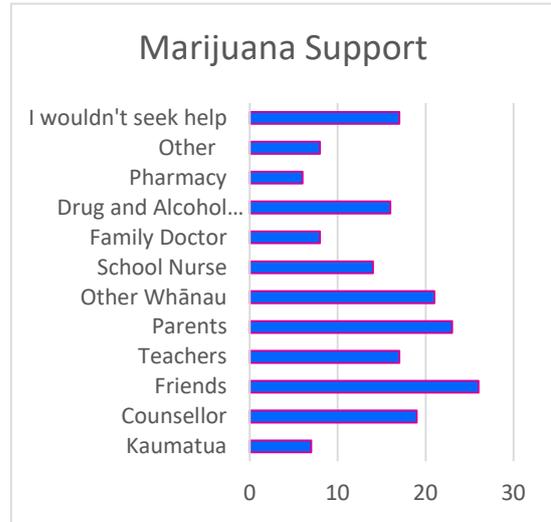


Figure 53: Support about marijuana concerns

Other Drugs

Little information was gathered about the use of other substances, however, rangatahi (28%) did report to having tried other drugs (party pills, acid, solvents, speed etc). Mechanisms for support should problems or concerns arise were also identified. Again, rangatahi identified their friends, parents and other whānau members as their support network.

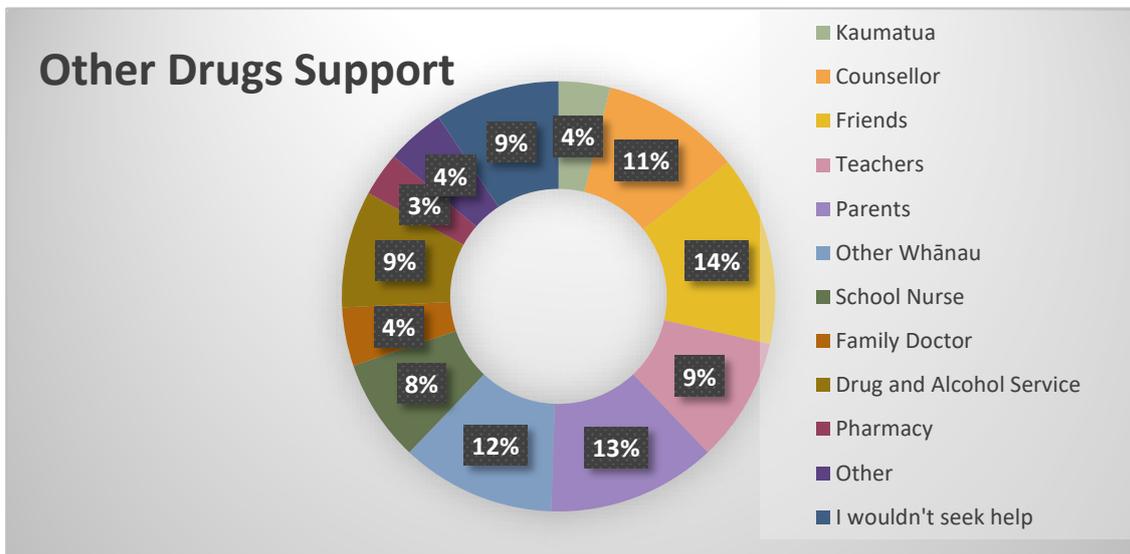


Figure 54: Other drugs support network

Nutrition and Exercise

Healthy eating and physical activity are important components for the development of healthy rangatahi. Good food and drink ensures that rangatahi have enough energy to grow, stay active and maintain good body weight.

Thirty-one percent of rangatahi reported that they always eat breakfast, 55% always eat lunch and 78% always eat dinner. This means that a large percentage are only sometimes having these meals or hardly ever having them.

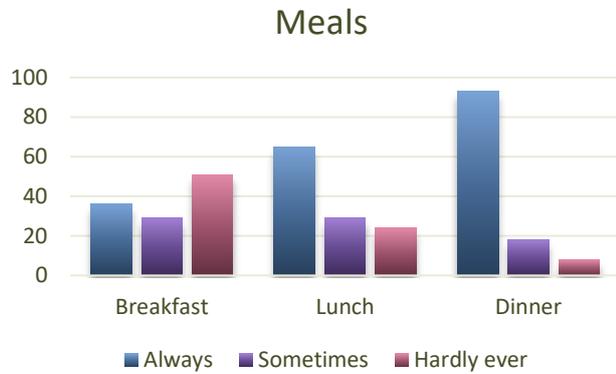


Figure 55: What meals are rangatahi having?

The eating habits of rangatahi also included what types of food they had access to in their

home environments. For most rangatahi fresh fruit and vegetables were readily available. Although small, there is still a significant number of rangatahi who do not have regular access to fresh fruit and vegetables. Junk food, chocolate and fizzy drinks were usually available to rangatahi.

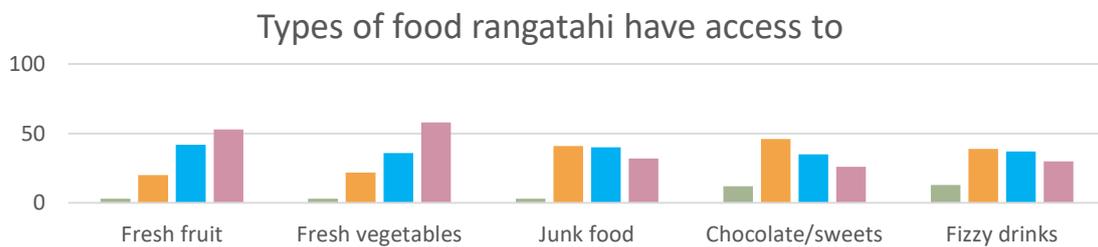


Figure 56: Types of food rangatahi can access

Families encourage their rangatahi to consider what they are eating and encourage them to be physically active. Rangatahi reported that their families very much encouraged their rangatahi (34%) to eat healthy food and 36% of rangatahi are encouraged by their families to be physically active.

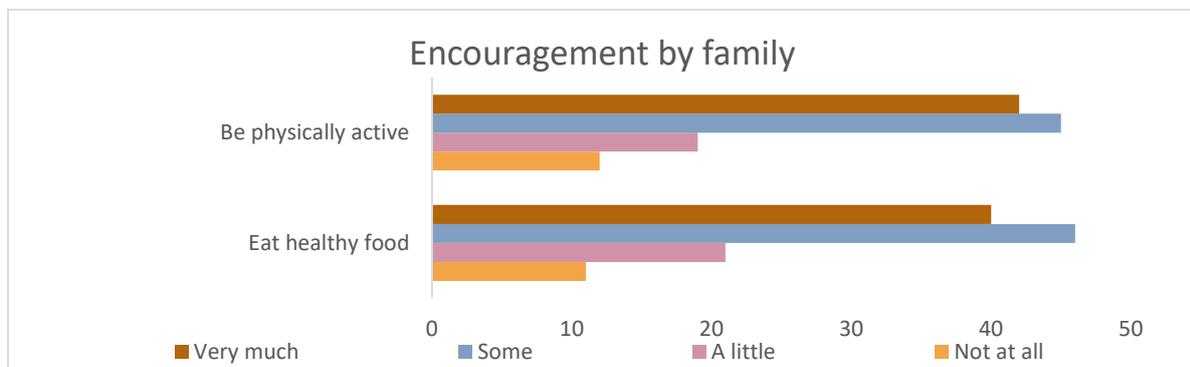


Figure 57: Family encouragement

In relation to nutrition and the developmental age, a considerable number of rangatahi (91%) stated that they could cook a meal using vegetables and a source of protein.

For half of rangatahi, exercise and physical activity feature highly in their activities with 81% exercising at least once in the last seven days. For 25% of rangatahi, they exercised 3-4 times and 22% exercised in excess of five times in the last seven days. The range of exercise activities and exercise plans demonstrate the diversity in rangatahi. Many walk or run, others play sport or dance. Several rangatahi go to the gym and work out.

Weight loss features highly for rangatahi, particularly for female rangatahi. Rangatahi are using healthy and not so healthy mechanisms to lose weight. Many exercise, cut down on fatty foods and consume less sugar as a means of healthy weight loss. Other rangatahi skip meals, eat nothing for more than a day, smoke cigarettes as a suppressant for food and make themselves vomit to lose weight.

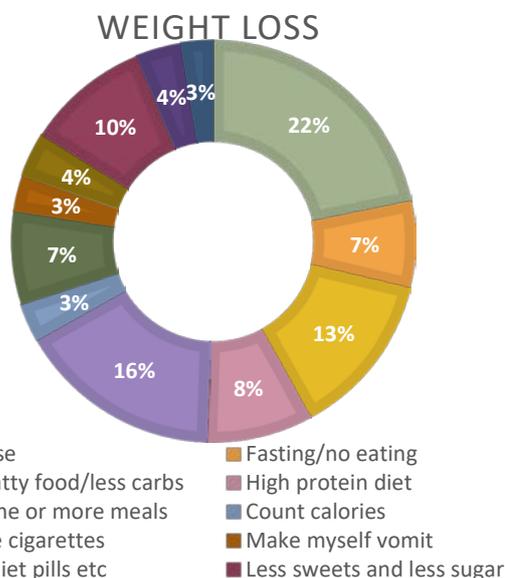


Figure 58: Rangatahi and Weight Loss

Access to Support

If rangatahi wanted support or guidance around nutrition and physical activity there were many people and places they could turn to. Unfortunately, some rangatahi reported that they would not seek help if they had concerns or needed advice or guidance. Rangatahi reported that their friends, parents and other whānau members were their primary source of support.

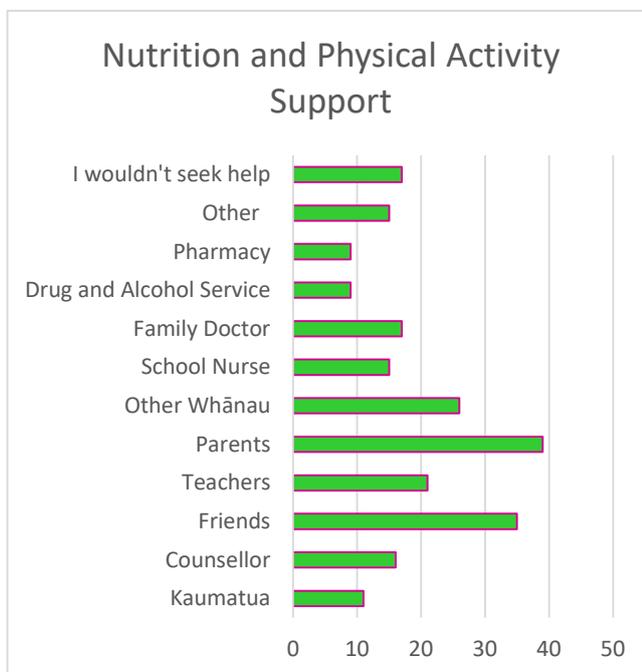


Figure 59: Support for Nutrition and Physical Activity Concerns

Social Services

Involvement in social services can be a daunting experience for some. For others it is an opportunity to share challenges and seek support. A sizable number of rangatahi are engaged in risky behaviours, yet involvement in Wairarapa social services is kept to a minimum. Eighty-one percent of rangatahi are not engaged in any social services within Wairarapa and 13% of rangatahi are involved in a social service within the Wairarapa boundaries. Criminal, youth justice, care and protection and violent situations have not been covered in this survey.

Rangatahi were asked to list all of the organisations and programmes they are involved in. Statutory organisations (CYFs, CAMHS) were mentioned by one rangatahi and NGO services and programmes were listed. Wairarapa Safer Community Trust’s Youth Service and Whakapuaki Whānau programmes were also identified. R2R and Whaiora Whanui were also utilised by one rangatahi.

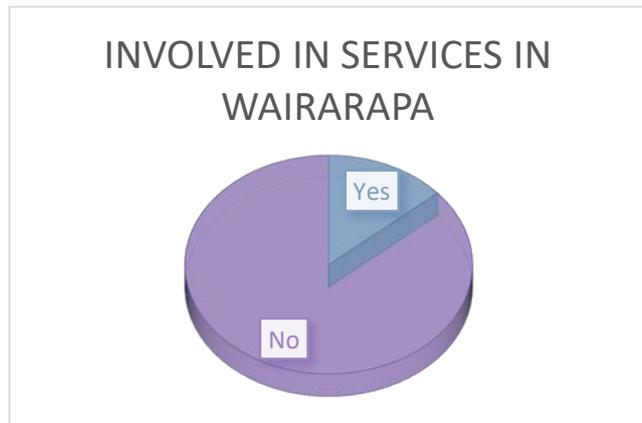


Figure 60: Programme rangatahi are involved in

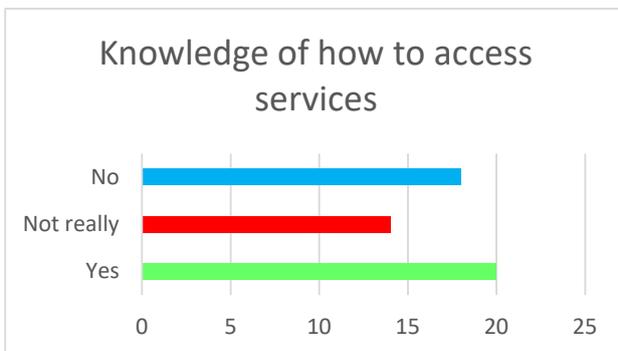


Figure 61: Knowledge of how to access services

Rangatahi confidence in knowing where to go to access services was minimal. Thirty-five percent of rangatahi reported that they did not know how to access services, 27% didn’t really know how to access services if needed. However, 38% percent stated they knew how to access services that they might need.

When asked to identify programmes or services that rangatahi knew about very few were highlighted. A very small number of rangatahi indicated that they knew about Wairarapa Safer Community Trust, R2R, Whaiora, Whānau Ora and Featherston Youth Group. Of those that completed this section, 31% of rangatahi reported that these services meet their needs.

Wairarapa Safer Community Trust

Rangatahi were then asked specifically about Wairarapa Safer Community Trust (WSCT) services. Thirty-six percent of rangatahi said they utilise services/programmes delivered by WSCT, primarily Whakapuaki Whānau, Youth Services, including the Family Planning service. Rangatahi utilising these services spoke highly of what WSCT was delivering. Even rangatahi who are not currently utilising WSCT services commented favourably.



Rangatahi (90%) indicated that they are making good progress in their goals. Rangatahi also felt that they were supported by WSCT that WSCT respected their culture, felt that staff could be trusted and that they could approach staff and discuss their needs (89% respectively).



Figure 62: Rangatahi experience of WSCT

Improvements to WSCT services and programmes were welcomed from rangatahi yet those who responded, commented positively about the current services to rangatahi. Statements included:

- Keep up the good work
- Nothing, love them
- They're really good so there is not a lot to improve on
- You guys are doing an excellent job
- You are doing excellent helping out kids around here and making them do things that aren't a hazard in the community.

Rangatahi also mentioned specific staff members who they found helpful and would seek advice from. WSCT offer a range of support services to rangatahi across the region. This report will support the work they currently undertake as well as assist in the future planning to adequately meet the needs of rangatahi.

This report has compiled the evidence from the survey and gives voice to rangatahi experience. There needs to be further examination for each of the themes covered in the report as analysis can be drawn from the sections. The data sets from the survey highlight specific cohorts in detail that will enable specialised packages of care for rangatahi and their families. Māori specific information can be drawn from the survey as well as female and male trends and behaviours.

Principles of Youth Development

1. Youth development is shaped by the 'big picture'

By the 'big picture' we mean: the values and belief systems; the social, cultural, economic contexts and trends; the Treaty of Waitangi and international obligations such as the United Nations Convention on the Rights of the Child.

2. Youth development is about young people being connected

Healthy development depends on young people having positive connections with others in society. This includes their family and whānau, their community, their school, training institution or workplace and their peers.

3. Youth development is based on a consistent strengths-based approach

There are risk factors that can affect the healthy development of young people and there are also factors that are protective. 'Strengths-based' policies and programmes will build on young people's capacity to resist risk factors and enhance the protective factors in their lives.

4. Youth development happens through quality relationships

It is important that everyone is supported and equipped to have successful, quality relationships with young people.

5. Youth development is triggered when young people fully participate

Young people need to be given opportunities to have greater control over what happens to them, through seeking their advice, participation and engagement.

6. Youth development needs good information

Effective research, evaluation, information gathering and sharing is crucial.

