Youth19 Rangatahi Smart Survey
The Health and Wellbeing of Young People in Alternative Education (AE)

www.youth19.ac.nz

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YOUTH19
A Youth2000 survey

Acknowledgements

Funding

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Further Youth19 publications are available at www.youth19.ac.nz

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Executive Summary

Background

Young people who attend Alterative Education (AE) have enormous strengths and potential. However, they are often viewed negatively by schools and other health and social agencies. Every child in Aotearoa is entitled to good quality education that meets their needs, but young people who have been excluded from mainstream education have been let down by the educational system. Students attending AE often experience multiple life traumas and injustices, which can limit their ability to trust, grow and learn. In this report we seek to highlight the issues for young people attending AE to recognise their challenges and reinforce their potential to live good lives.

This report presents findings from the Youth19 Rangatahi Smart Survey (Youth19), specifically focussing on the health and wellbeing of young people in AE. A total of 91 young people from the Northland, Auckland and Waikato regions participated in this survey in 2019. We have previously surveyed young people in AE in 2000, 2009 and now in 2019. Youth19 is part of the Youth2000 survey series, which, over the past 20 years, has surveyed over 36,000 young people from secondary schools, AE, teen parent units and young people not in education employment and training (Y-NEETs). This report provides an overview of AE students current health and wellbeing in general, compared to secondary school students, and changes overtime.

Findings: Social environments

Our study found that AE students were exposed to difficult family and social environments. Many have experienced significant childhood hardships and trauma with high levels of poverty, violence, and ethnic discrimination. We found:

- **Extremely high levels of poverty and deprivation** – 88% of AE students lived in the most socio-economically deprived neighbourhoods, reported high levels of food insecurity (39%), electric/power insecurity (31%), housing deprivation (60%), housing mobility (45%), period poverty (23%) and worries about essential transport costs (21%). They were significantly more likely to experience substantial economic challenges when compared to secondary school students and many of these challenges have not changed since 2000.

- **High levels of exposure to violence, including racism** – 20% of AE students had witnessed adults hit or harm a child, 21% experienced sexual violence, and 36% had been hit or harmed on purpose by another person. AE students were more likely to experience family violence when compared to secondary school students. Racism and discrimination were common for AE students; 32% experienced ethnic discrimination by teachers, 35% by a health professional and 38% of AE students said that they had been treated unfairly by the police because of their ethnicity. These high levels of violence and discrimination have been consistent since 2000 for AE students.

- **Experiences with multiple agencies and services** – 44% of AE students reported being involved with Oranga Tamariki/ Child, Youth and Family Service (CYFS), 45% had ever been in trouble with the police, and 75% had accessed some form of healthcare within the previous year. Many of these interactions have been negative and ineffective, resulting in AE students resisting support, suspicious of any agencies and ultimately feeling targeted.

Findings: Health and wellbeing

Health and wellbeing are central to supporting a good learning environment and ability to engage in education. We found good levels of self-reported wellbeing, but significant need around substance use, and sexual and reproductive health. A higher proportion of students in AE had a disability. Of major concern was serious mental health issues. Despite these considerable health concerns, AE students have poor access to healthcare and supports.

Our study found that AE students had very high levels of health need.

We found that AE students:

- **Reported good overall health** with 78% saying their health was excellent, very good or good. However, AE students were more likely to report that their health was fair or poor (22%) compared to secondary school students (10%).

- **Were more likely to report a disability** – 11% reported that they had a long-term disability, compared to 9% of secondary school students.

- **Have unmet sexual and reproductive health needs** – AE students were more likely to be sexually active (60%) compared secondary school students (17%), but there was no significant difference in condom and contraception use between sexually active AE and secondary

school students. There have been no improvements in condom or contraceptive use since 2000 and 2009.

- **Have high, but declining, levels of substance use since 2000** – 53% of AE students reported smoking cigarettes at least once a week, 65% reported binge drinking in the past month, 47% use cannabis weekly or more often, and 21% have ever tried 'other' drugs. AE students in 2019 reported less substance use when compared to previous surveys of AE students in 2000 and 2009.

- **Have extremely high level of distress and poor mental health** – 74% of AE students reported clinically significant depressive symptoms (RADS), 53% reported anxiety symptoms (PHQ-4), 37% reported self-harm in the previous 12 months, and 16% reported a suicide attempt in the previous 12 months. There were no statistical differences in depressive symptoms between AE and secondary school students, but this likely reflects increasing distress among all students.

- **Have poor access to healthcare** – 23% reported not being able to get the healthcare they required over the past year, with 14% having not gone to a health provider in more than 2 years. AE students also reported high levels of ethnic discrimination from a health care provider (35%).

Findings: Social connections and relationships

We know that good relationships and connections are key for wellbeing. In addition, safe, inclusive and caring spaces are critical to a young person's development. We found:

- **Most students have at least one family member who is caring and supportive** – Most (93%) AE students felt safe at home and reported that there was someone in their family/whānau they had a close bond with (80%) and/or they can talk about things that worry them (73%). Most (68%) wished they had more quality time with their family/whānau. However, compared to secondary school students, AE students were less likely to report feeling their family/whānau accepted them for who they are and/or wanted to know who they were with.

- **Many students have caring adults outside of home** – Many (68%) AE students said they had somewhere safe for them to go to (other than family), felt they had a place where they belonged (63%), and/or had strong spiritual connections to certain places (77%).

- **Being excluded from mainstream education limits equitable opportunities** – Exclusion from mainstream secondary schooling can limit access to positive development opportunities. Less than half (40%) of AE students belonged to groups outside of school, and compared to secondary school students they were less likely to engage in physical, community or civic activities.

We know young people are likely to stay engaged in school when they have strong connections and relationships with their tutors/teachers. We found:

- **Good relationships with AE tutors make a difference** – AE providers are largely providing safe and positive environments for young people. Almost all AE students (84%) felt more comfortable and happier at their AE provider compared to their old school and/or felt part of AE (92%). Compared to secondary school students, AE students were more likely to report that their teachers cared about them and that they felt safe at AE. AE students' positive experiences with their providers has increased over time (since 2000), demonstrating the commitment AE tutors have in providing a safe and inclusive space for, and establishing caring relationship with, their students.

Findings: Youth voice

AE students were also asked three open-text questions about what could be changed to make their school/course better, the issues young people face and what should be changed to better support young people in New Zealand. A general inductive approach to analysis was used to identify several main themes. In response to what could be changed to make their school/course better, most AE students said 'nothing', with a few indicating that they would like to stay in AE longer.

These comments show that for many, **AE is a welcoming, inclusive, and safe place.** This sense of feeling connected to AE also reflects the role tutors play in creating spaces where young people who have been alienated from mainstream schooling feel they belong.

The second theme highlighted that young people felt **AE is under-resourced.** Students commented on run-down facilities and the need for new resources.

The third main theme was a desire for **more practical and/or outdoor learning**. These comments further confirm that when young people are cut-off from mainstream schooling, they are also often cut-off from other developmental opportunities and facilities, including camps, tech-based courses, and purpose-built sporting facilities.

In response to the challenges young people today face, we identified three main themes. The first, **inheriting systems that are ineffective, exclude and stigmatise**, indicate that young people in AE are aware of the macro level challenges faced by society today including poverty, homelessness, the environment and the prevalence of social media.

Young people in AE also feel there is a **lack of support for, and belief in, young people.** To navigate this challenging world, young people need to feel they can access the support they need without judgement and are valued and contributing members of society.

The **impact of inheriting stigmatising systems not tailored to young people's needs** is highlighted in the third theme. This theme captures AE students' frustrations with systems they cannot change and result in poverty, homelessness and violence, substance use and elevated mental health concerns. The solution to these problems is simple - young people need inclusive, culturally safe, youth-focused systems of support to help them navigate their complex ever-changing worlds and reach their full-potential.

Recommendations

1. AE students need their fundamental basic needs and rights met

Connection is key – Ensure that AE students have good connections at home, to people and tutors at their AE provider, and in their wider communities. Securing these relationships are the stepping-stone to engagement in happy and healthy lives.

Ensure that young people and their whānau have adequate income, housing and food – Poverty has a negative influence on children and young people in terms of education, healthcare, the justice system and future opportunities. Social services must ensure that whānau who have children in AE are adequately supported to have their fundamental needs met.

Ensure that AE students have the same opportunities and resources as mainstream students – Many of the opportunities, including sports teams, arts, sciences, trips are out of reach for AE students. Given the inequitable funding allocated for AE students ($16,536 versus $37,660 for mainstream students) this is not surprising. They students need these opportunities to thrive and extend their options for the future. There is inequity built into the current system, giving AE students less resources and opportunities, and substandard learning environments. If anything, AE students need more resources, rather than the same resources, as mainstream secondary school students. They need the most well-trained people to support them to achieve equity and an environment that meets their complex needs.

2. AE students need developmentally appropriate and culturally safe services to reconnect with education

AE tutors matter – Tutors often provide a 'safe landing place' for students – built on solid relationships and whanaungatanga with AE students. This allows students the safe space to start learning. Students need consistency in tutors to develop trust. Providing financial stability for tutors with supervision and professional development will ensure that they stay in these roles and continue to positively influence AE students. The process of engagement with AE students previously alienated from education requires a specific skillset and abilities. This skillset is currently under-recognised and under-valued.

Coordinated services – AE students and their families/whānau have interactions with multiple education, health, justice and social services. These services can be overwhelming for young people to deal with. We suggest a Whānau Ora type approach that is coordinated

and ensures that all AE students and their whānau have the wrap-around resources and care they need. For example, the Managed Moves Model[1] has been successful in helping young people find an educational pathway that best meets their needs by using a cross-sector collaborative relational-based approach to better support AE students and their whānau.

Urgent support for mental health – AE students have significant unmet mental health needs. Tutors are often the ones that students talk to. Tutors should have supervision and professional development to be able to appropriately support young people to get the help they need. Health and pastoral care support must be willing to engage with AE students and their whānau and respond when needed. The promotion of positive mental health and healthy youth development should be core professional development curricula content.

Violence prevention strategies – AE students are exposed to high levels of family and community violence. Creating safe AE teaching environments and problem-solving are required to teach young people how to respond in difficult situations and look after each other. Limiting exposure to violence within school and community environments, including bullying prevention strategies and policies, are required.

3. Focus on the strengths and assets of AE students

Identify AE students' strengths – AE students are often creative, entrepreneurial and have significant leadership potential. We need to support them to create a future they can look forward to. Many AE students have been told that they are not capable of achieving, or don't know what the possibilities are. We need to help them to explore their skills and assets in a safe space.

AE students identify their tutors as assets – Many students have developed strong connections with their tutors. AE tutors can provide a soft transition back into mainstream education or into other training programmes when students leave AE at age 16. AE students are often reluctant to engage with people they do not trust or have a good relationship with. Leveraging the relationships of AE tutors with their students will ensure students transition out of AE into other youth development opportunities more effectively. Bridging programmes where the AE tutors maintain relationships with their students beyond the age of 16 may also be an effective strategy.

Family and whānau want their children to do well – Most AE students said that their family members were a real source of key support for them. Supporting AE students to have tricky conversations and work through difficult family relationships, can really improve their ability to maintain these essential relationships. We need to support them to identify people in their family/whānau who they can talk to when times get tough. Finally, we need to stop blaming families for the systemic challenges that have contributed to these educational inequities – there were multiple opportunities for schools, early education centres, agencies and services to intervene and support families better. Families want their children to thrive but require support.

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[1] www.managedmovesnz.com/37-2

**AE students navigating multiple challenges —
we can make the journey smoother**

Coordinated and responsive systems

Youth development opportunities

Skilled tutors who are adequately resourced

Caring & supportive adults, family, friends

Basic needs are met (i.e. housing, food, income)

Poverty

Lack of opportunities

Let down by multiple systems and agencies

Colonisation, trauma and violence

This graphic represents the complex student journey for AE students. Many have had precarious pathways in their earlier lives (impacts of colonisation, trauma and poverty), but with supports and strengths along the way (skills, talents, key whānau relationships represented by yellow bricks). They carry the world on their shoulders with worries about their future, education, climate change, and social media pressures. There are opportunities to widen and smooth-out these pathways to support the aspirations of AE students and their whānau (i.e. housing, secure relationships, coordinated systems, represented by wider pathway and fence barriers to stop AE students falling off the cliff).

Conclusions

Over the past 19 years we have surveyed young people in AE, **sadly little has changed in their health and wellbeing**. They continue to experience difficult life situations, poverty and trauma that impacts on their ability to learn and live happy lives. This is particularly evident in the high levels of mental health distress among AE students. Despite significant challenges, many young people report that **Alternative Education provides a safe place for them to learn, with tutors who are key to their development**. Our recommendations are not new, but rather reinforce the need to ensure that (1) every young person grows in safe inclusive environments where they have enough to thrive, (2) AE students have equitable educational opportunities and resources as their mainstream peers - with responsive, coordinated systems that help them to grow, connect and be healthy, and (3) we foster the inherent mana of AE students by growing their gifts, talents and skills to live fulfilling, happy lives.

Introduction

Young people in Alternative Education (AE) have inherent strengths and enormous potential. Due to experiences of multiple injustices and disadvantage, AE students are often viewed through a deficit lens that clouds society's ability to see their strengths. Like all young people in society, AE students have the fundamental right to have access to the resources they need thrive, yet many struggle to have their needs met. The following report highlights the strengths of AE students while also recognising their challenges.

Who are young people in Alternative Education?

Alternative Education (AE) in Aotearoa is designed to assist 13- to 16-year-olds who have been alienated from mainstream schooling, often due to chronic truancy and/or exclusion (Ministry of Education, 2016). As of July 2021, there were 1,340 young people enrolled in AE (Education Counts, 2023). However, given the transient nature of the sector, AE students and their whānau, the actual number of young people who have attended AE in any given year is likely much higher.

The aim of AE is to help young people develop the skills needed to transition back into mainstream schooling, further training, education, or employment. This simple short-term solution overlooks the complex and diverse needs of young people in AE. Compared to their mainstream peers, young people in AE are ten times more likely to report experiencing emotional *and* behavioural distress (Noel et al., 2013). In addition, alienation from mainstream schooling disrupts access to positive developmental opportunities and other school-based services that are critical to thriving (Bullen et al., 2020).

To help address experiences of alienation and exclusion and provide critical educational opportunities, AE tutors strive to create inclusive and safe environments for their students (Schoone, 2020). Despite the complex needs of young people in AE, the sector remains under-resourced (Schoone, 2010), invisible, and under researched.

Of concern, is the inequitable funding that young people attending AE receive when compared to their peers in mainstream education. The government allocates $16,536 for every student in alternative education, under half what a small, mainstream high school receives per student (they get $36,760). So, despite having more complex learning needs - AE students are systematically under-resourced.

Thus, understanding the needs of AE students is critical in advocating for adequate funding and developing multi-pronged approaches that create opportunities to better support their needs and realise their full potential.

Methods

The Youth19 Survey

The Youth19 Survey asked 285 questions across 11 key areas in young people's lives: ethnicity and culture; home life; identity; school; health; emotions; injury and violence; sport, work and online time; sex and sexuality; addictive behaviours; and neighbourhood and spirituality (questionnaire found on our website www.youth19.ac.nz). The survey was completed in English or te reo Māori with optional voiceover.

The survey was anonymous, so it allowed young people to be honest without feeling exposed or judged. For more details about the survey, please see the *Youth19 Rangatahi Smart Survey, Initial Findings: Introduction and Methods* report (Fleming et al., 2020a), which explains how the survey was conducted, who was included and how to interpret the results (see www.youth19.ac.nz/publications/intro-and-methods-report).

How did we find (sample) AE youth for this survey?

To recruit the young people in AE in the Youth19 study, Alternative Education providers in Northland, Auckland and Waikato and were invited to take part. Of the 47 providers invited, 14 participated (30%): 9 in Auckland, 3 in Northland and 2 in Waikato. In total, 91 students took part of the study, corresponding to approximately 13% of the young people attending these AE providers. Schools were provided with a web-based version of the Youth19 Survey and access codes for their students. Thus, participating students were given an opportunity to complete the survey in a private space on a day that they attended the AE provider.

The Youth19 survey was based on well-established procedures used to build the previous Youth2000 series surveys. Ethical approval for this study was granted by The University of Auckland Human Participants Ethics Committee (application #022244).

How findings were reported

In this report we organised the presentation of the findings within the following sections: Demographics and characteristics of AE students, Socioeconomic Environments, Home and Family/Whānau, AE Settings, Health and Wellbeing, Injuries, violence and risk-taking behaviours and Community Connections. For each of these sections, we described the indicators of AE students, compared AE indicators with the indicators of young people in secondary schools, and compared changes in AE student indicators across 2000, 2009 and 2019. We have also reported the 2019 survey open-text responses of AE students on issues that young people face and on what should be changed to support young people better in Aotearoa New Zealand.

How we did the analysis and technical details

When describing the indicators of AE students in the sections listed above, we reported unweighted counts and proportions, as the Youth19 AE sample was a convenience sample. To calculate the proportions presented we considered only valid cases, which means that young people with missing information for the indicators were excluded from the denominators (students could skip questions they did not want to answer or were not relevant to them). We have also used unweighted counts for comparing the differences in the indicators of AE students by sex (boys/males *versus* girls/females) under the section "Health and Wellbeing". To test for differences in the proportions between boys/males and girls/females, we performed Pearson chi-square and Fisher chi-square tests. As the number of AE students who identified themselves as transgender or non-binary was small (<5), these individuals were excluded from analyses of sex differences.

For most indicators presented in this report, we also compared how students in AE were doing in relation to students attending mainstream secondary schools. To do this, we used unweighted counts for the AE sample and the survey sampling weighted counts for the secondary school sample. Comparisons were made using logistic regressions, with the indicator (in 2 categories, e.g., yes and no) as the dependent variable and school type (AE *versus* secondary school students as the reference group) as the independent variable. The logistic regressions were adjusted for sex, age and ethnicity to account for differences in the constitution of both samples (AE students and secondary school students). Thus, in this report, we described differences in indicators of students in AE and secondary schools independently of their sex, ethnicity and age (adjusted odds ratios [adj ORs]). We have also performed sex-specific comparisons (girls/females *versus* boys/males) of indicators for emotional health between students in AE and secondary schools, as previous findings

reported relevant gender differences for these indicators among New Zealand secondary school students (Fleming et al., 2020b; Miranda-Mendizabal et al., 2019; Salk et al., 2017).

To examine trends in indicators over 2000, 2009 and 2019 among AE students, unweighted counts were used for each sample as all were convenience samples. We excluded from these analyses AE students who identified themselves as transgender/non-binary in 2009 and 2019 due to small numbers (<5) and because the question on gender identity was not included in the survey conducted in 2000. To examine AE trends in indicators across the three surveys, Poisson regressions with robust variance were performed, with the indicator (in 2 categories, e.g., yes and no) as the dependent variable and the year of the survey (i.e., 2000, 2009 and 2019) as the independent variable. We compared if there were significant changes in proportions (i.e., prevalence) of the indicators in 2000 and 2009 in relation to 2019. ThePoisson regressions were also adjusted for sex, ethnicity and age to account for differences in the constitution of the three samples across the years. Thus, in this report, we described trends in indicators over time independently of the sex, ethnicity and age of AE students (adjusted risk ratios [adj RRs]). We also performed sex-specific comparisons for emotional and mental health in 2000, 2009 and 2019.

In this report, we have presented values of adjusted odds ratios and relative risks when there were statistically significant differences in the comparisons made between: (1) AE students and secondary school students in 2019, and (2) AE students in 2000 and 2009 in relation to 2019. Non-significant differences were reported as footnotes.

Analysis of open text responses

For the first time in a Youth2000 survey, Youth19 included open text questions so participants could express their views about the issues they face. They could skip the question or respond in open text boxes in their own words. We used a general inductive approach (Thomas, 2006), aiming to summarise youth feedback to each question, rather than seeking to develop a discourse analysis or build new theory. This was relevant to the survey purpose.

For each question, a researcher (PB) read all the responses to the questions and then gathered 'like with like', clustering responses into groups. Of note, many of the responses were single words or phrases. The researcher reviewed and refined these groupings and drafted the unifying ideas or themes. Next, they independently searched for quotes which encapsulated the key ideas for each cluster or theme, reviewed the themes for clarity and accuracy and then finalised the text with review from a second researcher and content expert (TC). Thus, in this analysis we described the most common topics, concerns and solutions AE students mentioned when asked about potential changes to AE, the issues that young people face and what should be changed to better support young people in New Zealand.

How to interpret confidence intervals and statistics

Findings in this report were interpreted based on estimates of odds ratios or relative risks, and confidence intervals of these estimates. An odds ratio measures the odds that an outcome will occur given a particular exposure (or characteristic) compared to the odds of the outcome occurring in the absence of the exposure. Relative risk is the ratio of the probability of an outcome in an exposed group to the probability of an outcome in an unexposed group. However, it is important to highlight that there are uncertainties in the estimates presented in this report, indicated by the 95% confidence intervals of the estimate. Confidence intervals indicate the range within which we can be 95% sure that the true value of each estimate lies. The wider the confidence intervals, the more uncertain the estimates are (Fleming et al., 2020a). When comparing estimates between AE and secondary school students, apart from reporting the confidence intervals, we also reported the p-values. P-values indicate whether a study result is statistically significant but does not provide any information on practical and clinical importance of findings as p-values and confidence intervals are influenced by sample size. Thus, the larger the sample, the more likely the p-values are to be significant and, if sample sizes are small, the less likely the p-values are to be statistically significant (Berben et al., 2012). As a general rule, if the confidence intervals around two estimates do not overlap, then the differences between AE and secondary school students are more likely to be important.

Dealing with small numbers

We followed Statistics NZ guidelines for reporting findings where less than five people responded to a particular question (i.e., small cell sizes <5 were suppressed, and/or small cell sizes were aggregated). For example, in the demographics table we described the number of transgender or non-binary AE students (<5). Elsewhere in the report, where there are sub-category response options with less than 5 individuals (i.e. Tables 3 and 9), cells were aggregated/collapsed or are not reported (suppressed). We have provided annotation in the tables to highlight where this has occurred.

Limitations of the study

This is the third survey of the Youth2000 surveys to describe the health and wellbeing of the young people in AE, and it is of considerable importance for communities, schools and policy makers for the purposes of planning, programme development and resourcing. However, caution needs to be taken when generalising the findings of this study to all AE students in New Zealand because our sample was a convenience sample from the regions of Northland, Auckland and Waikato in 2019. In addition, the AE students who made themselves available to participate in this survey may represent a more connected/healthy group than the ones who were not available to participate in the survey.

It should also be noted that the survey data relates to one specific point-in-time (cross-sectional observation) and, thus, the relationships (associations) presented in this report cannot be interpreted as cause and effect. As previously mentioned, some confidence intervals are wide, so there is a relatively large margin of error. In addition,

comparisons of indicators between AE and secondary school students, and between the AE students in 2000, 2009 and 2019, were adjusted by sex, ethnicity and age, but were not adjusted by other relevant differences between the samples, such as level of deprivation or poverty. This means that the interpretation of these comparisons needs to take into account that other potential sociodemographic differences between the samples were not adjusted in the regression models.

Findings from the survey

Demographics

In total, 91 students in alternative education (AE) took part in this survey.

- There were more boys/males (60%) than girls/females (39%).

1% Transgender/Non-binary

60% Male

39% Female
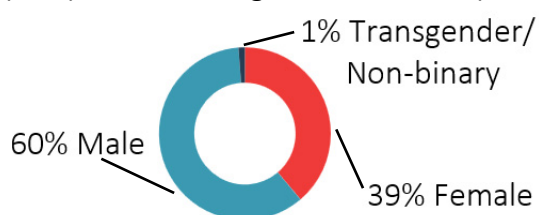
- Most participants were aged 13-15 years (90%), with a small number of students aged 16 years.

90% of participants were aged 13-15 years

- The two major ethnic groups of participants were Māori (52%) and Pākehā/NZ European (25%).

- Around one in five participants (23%) identified with two or more ethnic groups, and the majority (98%) were born in NZ **(Table 1).**

Table 1. Demographic characteristics of AE students, 2019.

	All	
	n	**%**
Gender		
Female	36	38.8
Male	54	60.0
Transgender/non-binary	<5	1.2
Age		
13-15	82	90.1
16-18	9	9.9
Ethnicity[a]		
NZ European/Pākehā	23	25.3
Māori	47	51.6
Pacific	14	15.4
Other	<5	<5.0
Number of ethnicities identified with		
1	64	70.3
2 or more	21	23.1
Country of birth		
NZ	80	97.6
Overseas	<5	<5.0

N=91.
Missing (n): Ethnicity (6); Country of birth (9).
[a] Ethnicity was categorised using the NZ census ethnicity prioritisation method (Statistics New Zealand, 2005).
<5: Numbers too low to report (information was primary suppressed).

Socioeconomic Environments

The socioeconomic environments for AE students are challenging, with high levels of family and individual hardship, period poverty, food insecurity and housing deprivation **(Table 2):**

- 65% of the AE students reported that their parents worry at least occasionally about not having enough money to buy food, and 39% worried often or all of the time about not having enough money to buy food.

Almost **2 in 5** AE students reported their parents worried often/always about having enough money to buy food

- 31% said their parents were concerned about the power or electricity being cut off.

Almost **1 in 3** AE students reported their parents worried often/always about power or electricity being cut off

- 12% said their parents were always concerned about not being able to afford to pay for housing costs often/all the time (rent or mortgage).

- 21% said their parents were often concerned about the costs of transport to important places like school or work, all of the time.

- Among those who had had their period, 23% of AE students experienced period poverty because of the cost of menstrual items.

1 in 5 of AE students who have had a period have ever experienced period poverty.

- 63% of AE students had one or both parents who were unemployed.

- 88%* were living in most deprived neighbourhoods (deciles 8-10 of the New Zealand Deprivation Index 2018 [Atkinson et al., 2019]) and the majority (94%*) were living in urban settings (data not shown in table). *Only 55% of AE students provided information on household location.*

- Some kind of housing deprivation was experienced by 60% of the AE students (a combination of 5 housing indicators).

3 in 5 AE students experienced housing deprivation

- 26% reported not having their own place to sleep in the last 12 months because they or their family could not to afford or get a home, a bed or because there was not enough space for them.

- Approximately one in three families had to split-up because of their home was not big enough to accommodate everyone.

- Housing mobility was high, with 45% of AE students moving homes 2 or more times in the last 12 months.

45% had moved home 2 or more times in the last 12 months

Table 2. Socioeconomic characteristics of AE students, 2019.

	All	
	n	%
Parental employment status[a]:		
Mother and father unemployed	15	18.8
Mother or father unemployed	35	43.8
Mother and father working (part-time or full-time)	30	37.4
Overcrowding in home (yes)[b]	15	16.7
In the last 12 months, had to sleep somewhere other than your own bed because it was hard for your family to afford or get a home, or there was not enough space (Yes, at least once)	23	26.4
Moved homes >2 times in the last 12 months (yes)	41	45.1
Family had to split up because of housing problems (yes)	26	28.9
Housing deprivation (yes)[c]	55	60.4
Have ever experienced period poverty (yes)[d]	6	23.1
Parents (or others acting as parents) worry about not having enough money to buy food:		
Never	27	34.6
Occasionally/sometimes	21	26.9
Often/all the time	30	38.5
Parents (or others acting as parents) worry about power being cut-off:		
Never	43	56.6
Occasionally/sometimes	23	30.3
Often/all the time	10	31.3
Parents (or others acting as parents) worry about paying rent/mortgage:		
Never	47	60.3
Occasionally/sometimes	22	28.2
Often/all the time	9	11.5
Parents (or others acting as parents) worry about paying for petrol or transport to get to important places like work or school:		
Never	40	49.4
Occasionally/sometimes	24	29.6
Often/all the time	17	21.0

N=91.

Missing (n): Parental employment status (11); Places used as bedroom (<5); Overcrowding in home (<5); Family had to split up because of housing problems (<5); Parents worry about: not having enough money to buy food (13); power being cut-off (15); paying rent/mortgages (13); paying for petrol or transport (10).

[a] Includes other people who act as mother/father for the AE student.

[b] Defined as more than 2 people per bedroom (Statistics New Zealand, 2018).

[c] Defined as lacking access to minimally adequate housing, and takes into consideration the following indicators: living in inadequate housing (such as sleeping in cars, floor, emergency accommodation, couch surfing, etc.); serious housing deprivation (living in emergency houses, hostels, cars, etc.); housing financial stress (parents often/always worry about paying for housing costs); families splitting up because they do not have enough space for everyone; and moving frequently in the past 12 months (Clark et al., 2021).

[d] Defined as someone who cannot access menstrual items for their period due to cost (only asked of those who had had their first period).

Socioeconomic environments of AE students compared to secondary school students

When comparing the socioeconomic environments of AE students to secondary school students in New Zealand **(Figures 1a and 1b)**, **AE students were more likely to:**

- Experience housing deprivation;

- Live in overcrowded homes;

- Have their families split up because there was not enough space in their house to accommodate everyone;

- Have moved homes twice or more often in the previous 12 months;

- Sleep somewhere else than their own bed in the last 12 months because they or their family could not to afford or get a home, a bed or because there was not enough space for them;

- Have one or both parents unemployed at the time of the survey;

- Report that their parents worry about not having enough money to pay petrol or transport to get to important places and;

- Report that their parents worry with power being cut because they can`t afford to pay for it.

There were **no statistically significant differences** between the proportions of secondary school students and AE students for:

- Experiencing period poverty (i.e., just as likely to experience period poverty as secondary school students)[a];

- Having parents who often worry often about not having enough money to buy food[b] and;

- Having parents who often worry about not having enough money to pay for house rent/mortgage[c].

---

[a] Adj OR=0.6 (95% CI 0.3-1.5); p=0.241.
[b] Adj OR=1.4 (95% CI 0.9-2.3); p=0.146.
[c] Adj OR=1.1 (95% CI 0.7-1.8); p=0.579.

Figure 1a. Socioeconomic environments: Comparisons between AE students and secondary school students in 2019.
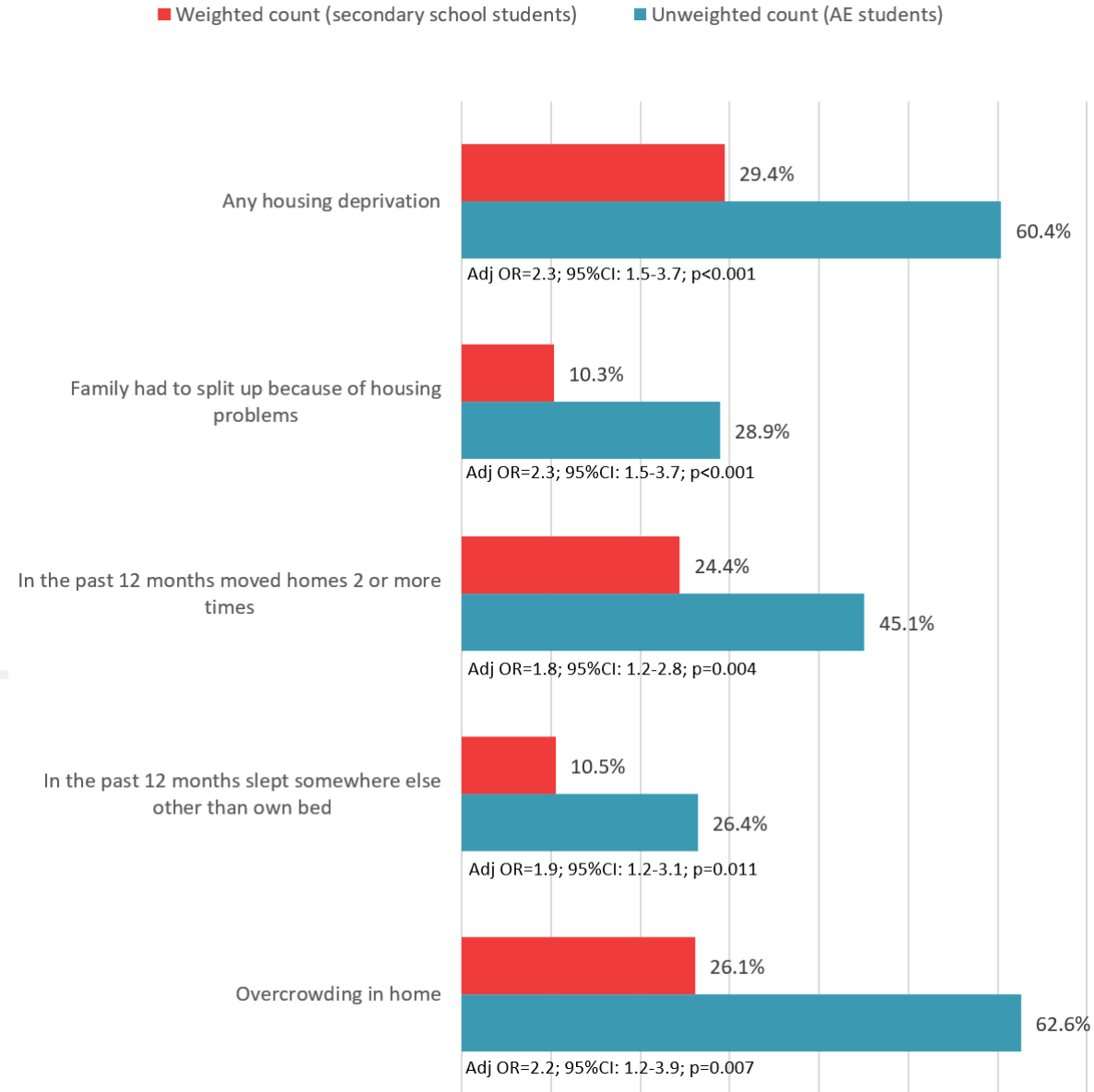
Adj OR: Adjusted odds ratio by sex, age and ethnicity

Figure 1b. Socioeconomic environments: Comparisons between AE students and secondary school students in 2019.

■ Weighted count (secondary school students)   ■ Unweighted count (AE students)

Parents worry about not having money to pay for petrol/transport
27.3%
50.6%
Adj OR=1.7; 95%CI: 1.1-2.6; p=0.027

Parents worry about not having money to pay for power
18.5%
43.4%
Adj OR=2.1; 95%CI: 1.3-3.4; p=0.002

Parental employment status (one or both unemployed)
26.1%
62.6%
Adj OR=3.1; 95%CI: 2.0-5.1; p<0.001
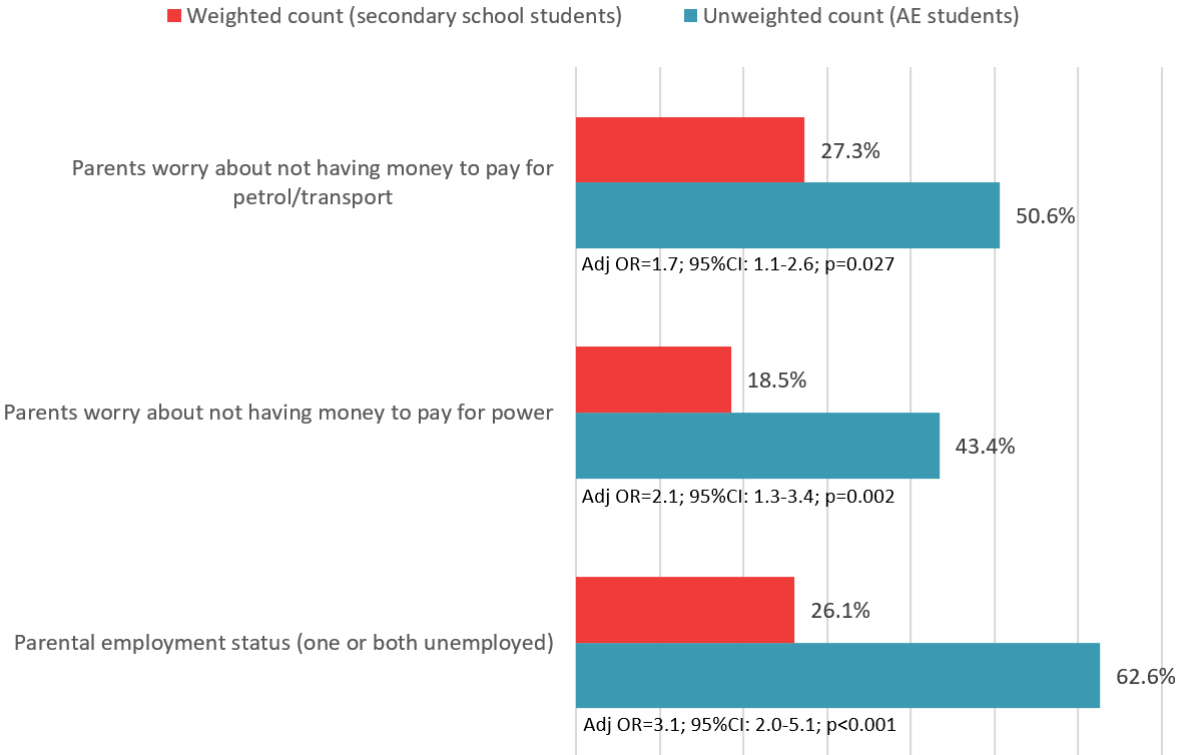
Adj OR: Adjusted odds ratio by sex, age and ethnicity

AE students' socio-economic environments trends over time (2000, 2009 and 2019)

There were **no statistically significant differences** in the proportion of AE students who moved home twice or more often in the last 12 months between the 2019 survey wave, and the 2000 and 2009 waves[a].

[a] 2000 vs. 2019: adj RR=1.2 (95% CI 0.9-1.6), p=0.830; 2009 vs. 2019: adj RR=0.8 (95% CI 0.6-1.1), p=0.200.

Home and Family/Whānau

Family/whānau background and circumstances

Students in AE faced varied home circumstances:

- Most AE students (80%) were living with at least one of their parents and most of them felt safe at home most/all the time (93%).

More than **9 in 10** AE students reported to feel safe at home most/all the time

- 44% have been involved with Oranga Tamariki or Child, Youth and Family Service at some point.

More than **2 in 5** AE students have been involved with Oranga Tamariki/Child, Youth and Family Service.
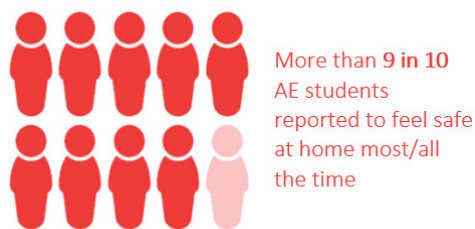
Table 3. Background and circumstances of families/whānau of AE students, 2019.

	All	
	n	**%**
People they live with:		
Live with two parents	26	29.2
Live with one parent mostly	33	37.1
Live with parent and step-parent/Move between parents	12	13.5
Live with family members other than parents	15	16.9
Do not live/board/flat with any family member/Live by themselves	<5	<5.0
Feeling safe at home		
Yes, all the time or most of the time	85	93.4
Sometimes/No, mostly not and not at all	6	6.6
Have ever been involved with Child, Youth and Family Services (yes)	37	44.0

N=91.
Missing (n): People living with (<5); Have been involved with CYFS (<5).
<5: Numbers too low to report (information was primary suppressed).

Family/whānau background and circumstances of AE students compared to secondary school students

In comparison to secondary school students, **AE students were more likely to:**

- Have ever been involved with Oranga Tamariki/Child, Youth and Family Services[a].

There were **no statistically significant differences** between the proportions of secondary school students and AE students for:

- Feeling unsafe at home at least some of the time[b].

[a] AE students=44.0%; secondary school students=8.9%; adj OR=4.6 (95% CI 3.0-7.3); p<0.001.
[b] Adj OR=0.7 (95% CI 0.3-1.7); p=0.400.

Family/whānau relationships

Many AE students reported that they have family support (strongly agree or agree), however, many reported not having adequate family time together **(Table 4).**

Most AE students reported having someone in their family/whānau who:

- They trust to share their feelings with (69%)

- They can talk about things that worry them (73%)

- Respects what is important for them (72%)

- Accepts them for who they are (77%)

- They have a close bond with (80%)

- Will stick up for them (87%)

- They can have fun and who makes them laugh (85%)

- Is proud of them participating in cultural, sporting, and academic activities (73%).

Most AE students also reported that:

- Their parents or other members in family care a lot about them (87%)

- Their families always/usually want to know where they were, and who they were with (75%)

However, less than one in three of the AE students reported that they get enough quality time with family/whānau (32%)

3 in 10 AE students reported that they get enough quality time the family/whānau

Table 4. Family/whānau relationships of AE students, 2019.

	All	
	n	%
Strongly agree or agree that there is someone in my family/ whānau who:		
I can trust to share my feelings with	61	69.3
I can talk with about things that are worrying me	63	73.3
Respects what is important to me	62	72.1
Accepts me for who I am	65	76.5
I have a close bond with	67	79.8
Will stick up for me and has "got my back"	73	86.9
I can have fun with, who makes me laugh	74	85.1
Is proud of me participating in cultural, sporting and academic activities	61	72.6
Feels like gets enough quality time with the family/whānau:		
Strongly agree or agree	28	31.8
Neutral, disagree or strongly disagree	60	68.2
Family wants to know where you were and who you were with:		
Always/usually	67	75.3
Sometimes/Almost never	22	24.7
How much you feel parents (one or both) or other family members care about them:		
A lot	75	87.2
Sometimes, a little or not at all	11	12.8

N=91.
Missing (n): Strongly agree/agree there is someone in family who: can share feelings with (<5); can talk about things that are worrying me (5); respects what is important to me (5); accepts me for who I am (6); I have close bond with (7); stick up for me (7); makes me laugh (<5); is proud of me (7); Feels like gets enough quality time with family (<5); family want to know where you were (<5); feel parents/other family members care a lot about them (5).

Family/whānau relationships of AE students compared to secondary school students

In comparison to secondary school students **(Figure 2)**, **AE students were less likely to**:

- Feel someone in their family who accepts them for who they are;

- Feel that there is someone in their family who they have a close bond with and;

- Have families who always/usually want to know where they were and who they were with.

There were **no statistically significant differences** between the proportions of secondary school and AE students reporting that there is someone in their family who they:

- Can talk with about things that are worrying them[a];

- Get enough quality time with[b] and;

- Feel family care a lot about them[c]   .

[a] Adj OR=1.1 (95% CI 0.7-1.7); p=0.830.
[b] Adj OR=1.1 (95% CI 0.7-1.8); p=0.602.
[c] Adj OR=0.7 (95% CI 0.4-1.3); p=0.221.

Figure 2. Family/whānau relationships: Comparisons between AE students and secondary school students, 2019.
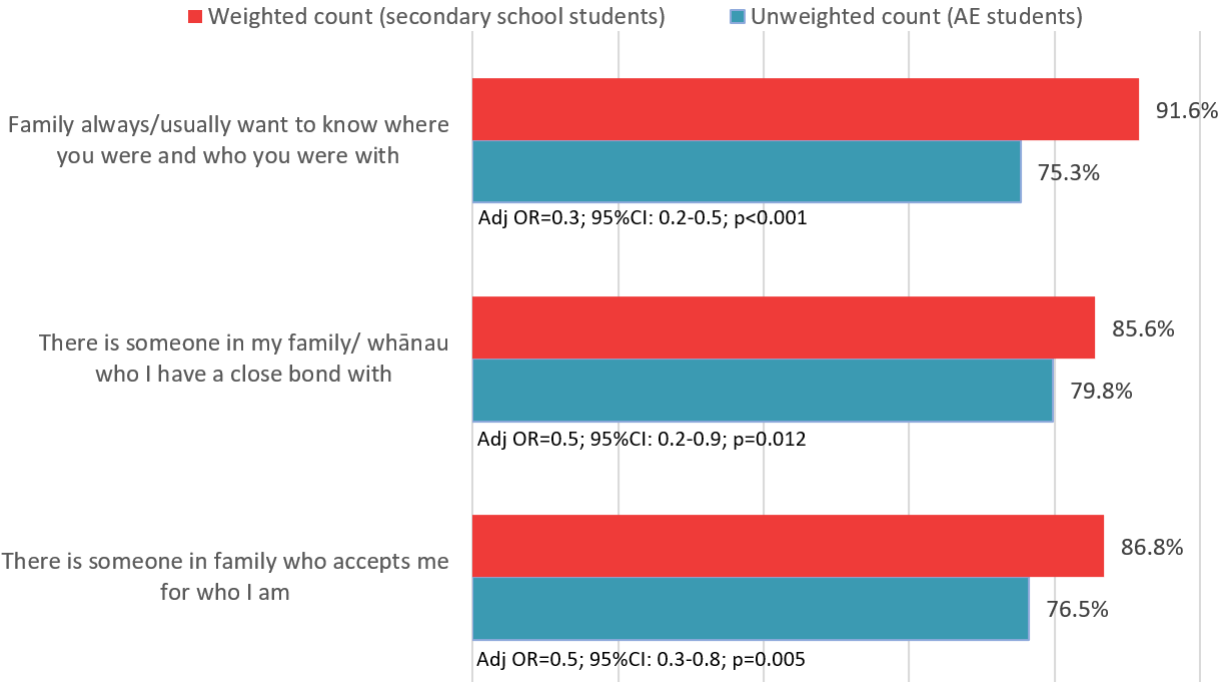
Adj OR: Adjusted odds ratio by sex, age and ethnicity

AE students' family/whānau relationship trends over time (2000, 2009 and 2019)

AE students in 2019 were more likely to report their parents wanted to know where they were and who they were with (increased parental monitoring) compared to AE students in 2000 **(Figure 3)**.

Figure 3. AE students whose families always/usually want to know where they were and who they were with: Comparisons of proportions in 2000 and 2009 in relation to 2019.

Family always/usually want to know where you were and who you were with

2000
There was significantly lower proportion in 2000 in relation to 2019
Adj RR=0.85; 95%CI: 0.74-0.99; p=0.033   68.2%

2009
There was no significant difference between 2009 and 2019
71.9%

2019
Reference: AE students in 2019
75.3%
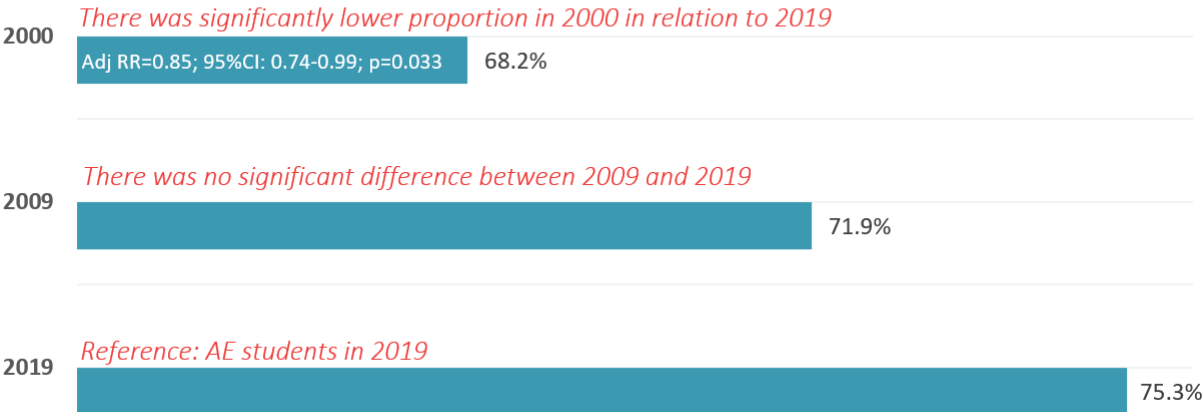
Adj RR: Adjusted relative risks by sex, age and ethnicity

Alternative Education Settings

Many students in AE reported positive experiences within their educational settings **(Table 5)**. Most reported that:

- They felt *more* comfortable in their alternative education setting than in their old school (84%);

More than **4 in 5** reported feeling more comfortable and happier in alternative education, compared to their old school

- They do well at school (70%);

- Their parents or people who act as their parents find it important/very important that they attend to school every day (94%) and;

More than **9 in 10** AE students reported that both their parents/people who act as parents and themselves thought it was important/very important that they attend school everyday

- They think it is important/very important to go to school (94%).

Almost all AE students felt connected to and cared for in their AE setting. They reported that they feel:

- Feel part of their AE (92%);

- Their teachers care about them (93%) and;

- Safe at school all/most of the time (93%).

However, approximately one third reported being treated unfairly by teachers because of their ethnic background at some point of their lives (AE or secondary schooling); and 8% reported that in the last 12 months they were bullied at their school about once a week.

1 in 3 AE students reported they were treated unfairly by teachers because of their ethnic background

Table 5. Education settings of AE students, 2019.

	All	
	n	**%**
How do you feel about alternative education compared to your old school?		
I feel more comfortable and happy here	56	83.5
I felt more comfortable and happy at my old school/I don`t think there is any difference	11	16.5
How well do you do at school (how good are your school results)?		
Near the top or above middle	27	32.5
About the middle	31	37.3
Below the middle or near the bottom	25	30.2
How important is it to your parents, or the people who act as your parents, that you go to school every day?		
Very important or important	77	93.9
Not very important	5	6.1
How important is it to you to be at school every day?		
Very important or important	79	93.9
Not very important	5	6.0
Do you feel like you are part of your alternative education school? (Yes)		
Yes	79	91.9
No	7	8.1
Do you feel that your teachers care about you? (Yes)	70	92.8
Do you feel safe in you school?		
Yes, all the time/most of the time	77	92.8
Sometimes/mostly not/not at all	6	7.2
How often have you been bullied in your school in the last 12 months?		
Once or twice/not bullied in the last 12 months	84	92.3
About once a week	7	7.7
Have you ever been treated unfairly by a teacher because of your ethnic background?		
Yes	27	32.1
No	57	67.9

N=91.
Missing (n): How do you feel about alternative education? (24); How well do you do at school? (8); How important is it to your parents, or the people who act as your parents, that you go to school every day? (9); How important is it to you to be at school/course every day? (7); Do you feel you are part of your school? (5); Do you feel that your teachers care about you? (<5); Have you ever been treated unfairly by a teacher? (7); Do you feel safe in your school? (8).

Educational settings of AE students compared to secondary school students

When comparing educational settings of AE students to secondary school students **(Figure 4)**, **AE students were more likely to feel**:

- Their teachers/tutors care about them and;
- Safe at school all/most of the time.

However, compared to secondary school students, **AE students were less likely to report**:

- Their parents or people who act like their parents find very important/important that they go to school every day and;
- They were treated unfairly by a teacher because of their ethnic background at some point of their lives**.**

There were **no statistically significant differences** between the proportions of secondary school and AE students for:

- Finding it very important/important to be at school every day[a];
- Feeling they are part of the school[b] and;
- Being bullied at school about once a week[c].

[a] Adj OR=1.1 (95% CI 0.4-2.7); p=0.873.
[b] Adj OR=2.1 (95% CI 0.9-4.5); p=0.063.
[c] Adj OR=0.6 (95% CI 0.8-3.0); p=0.131.

Figure 4. Educational settings: Comparisons between AE students and secondary school students, 2019.
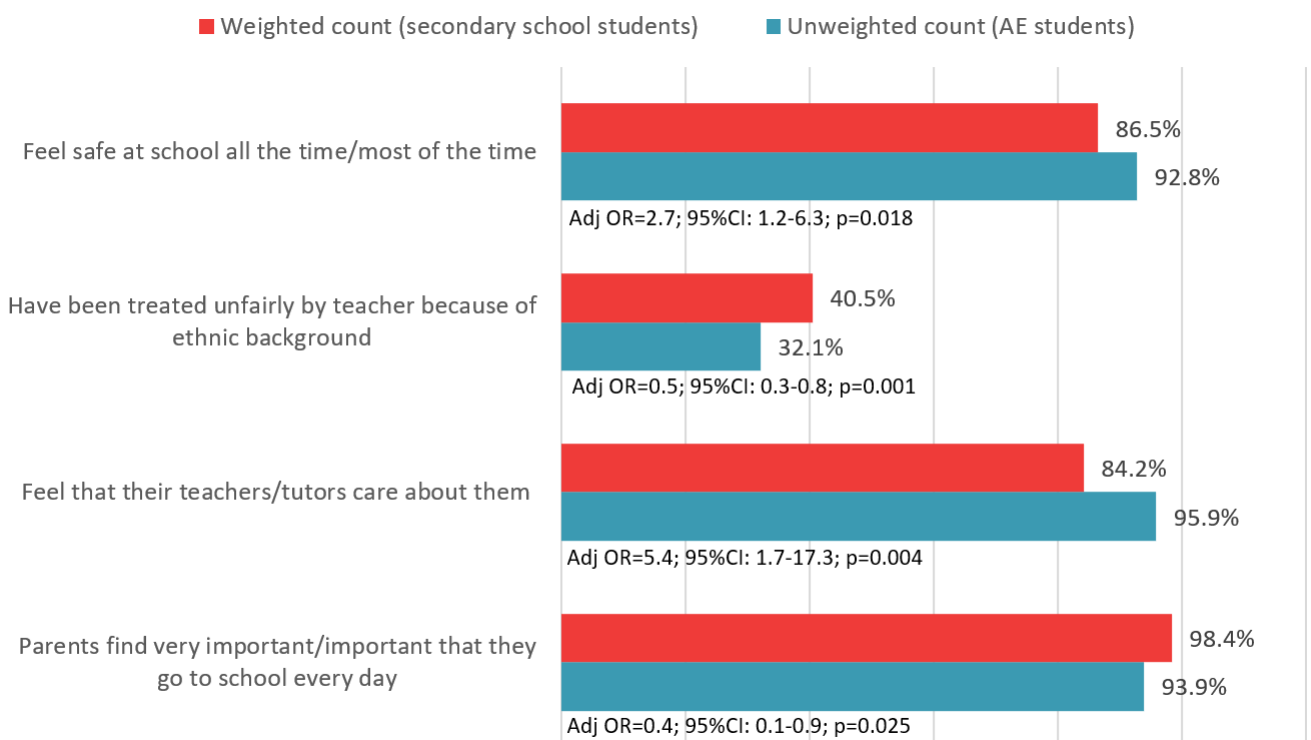
Adj OR: Adjusted odds ratio by sex, age and ethnicity

AE students' experiences of Alternative Education trends over time (2000, 2009 & 2019)

Compared to AE students in 2000 **(Figures 5-7)**, **AE students in 2019 are more likely to feel**:

• Part of AE;

• Like their teachers and report their tutors cared about them and;

• Feel safe at AE.

Figure 5. AE students who reported feeling part of AE: Comparisons of proportions in 2000 and 2009 in relation to 2019.

Feel part of Alternative Education

2000 — *There was significantly lower proportion in 2000 in relation to 2019*
Adj RR=0.85; 95%CI: 0.77-0.93; p=0.001   79.9%

2009 — *There was no significant difference between 2009 and 2019*
92.2%

2019 — *Reference: AE students in 2019*
91.9%
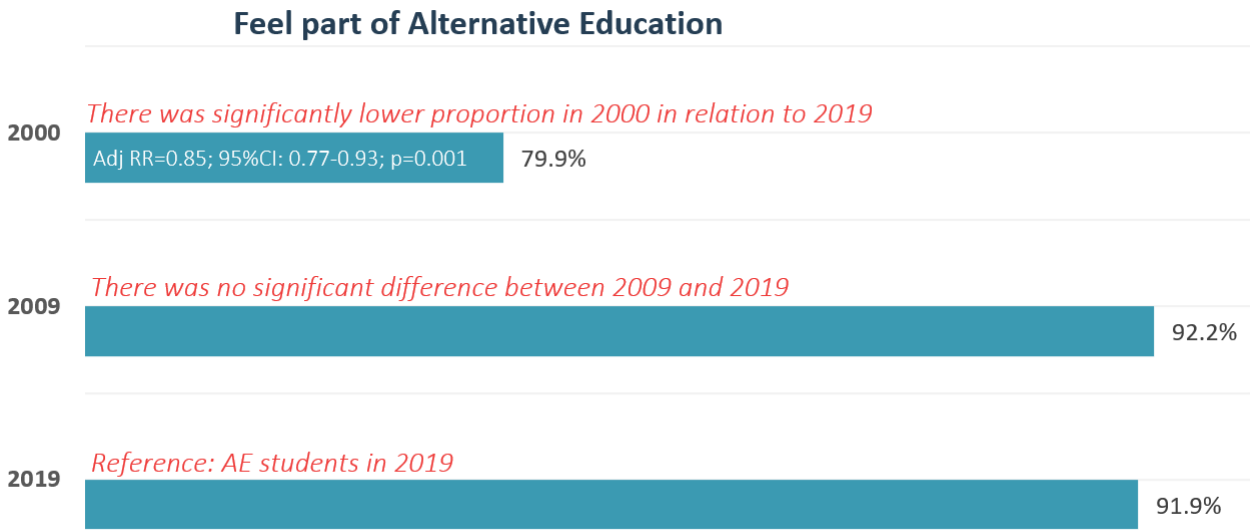
Adj RR: Adjusted relative risks by sex, age and ethnicity

Figure 6. AE students who reported feeling that their teachers care about them: Comparisons of proportions in 2000 and 2009 in relation to 2019.

Feel that their teachers/tutors care about them

2000 — *There was significant lower proportion in 2000 in relation to 2019*
Adj RR=0.35; 95%CI: 0.29-0.42 p<0.001   33.8%

2009 — *There was no significant difference between 2009 and 2019*
93.5%

2019 — *Reference: AE students in 2019*
95.9%
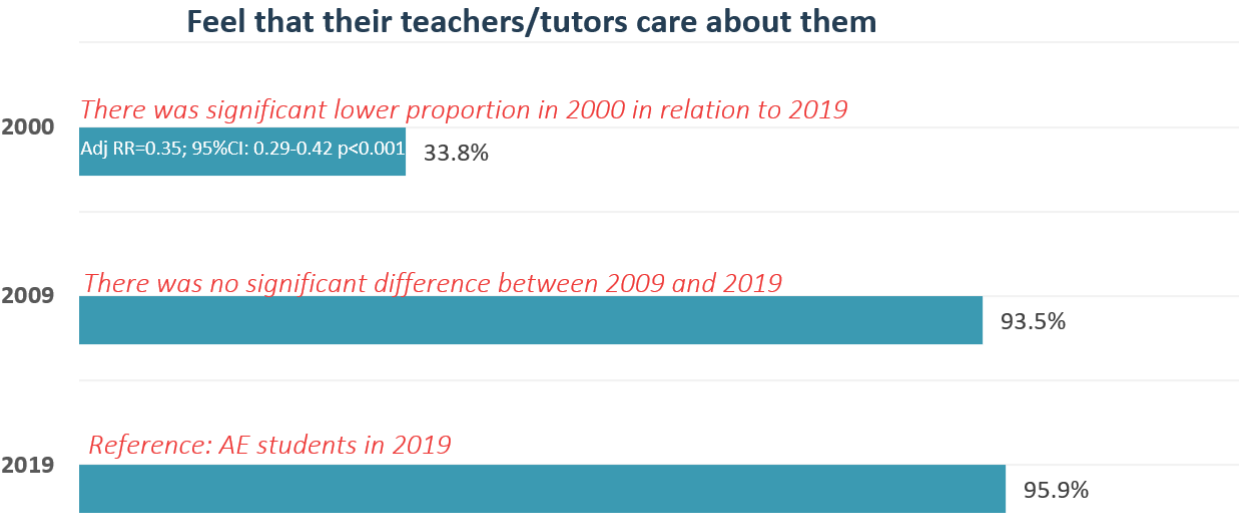
Adj RR: Adjusted relative risks by sex, age and ethnicity

Figure 7. AE students who reported feeling safe at AE: Comparisons of proportions in 2000 and 2009 in relation to 2019.

Feel safe at school

There was significant lower proportion in 2000 in relation to 2019

2000 — Adj RR=0.81; 95%CI: 0.73-0.89; p<0.001 — 77.4%

There was no significant difference between 2009 and 2019

2009 — 87.8%

Reference: AE students in 2019

2019 — 92.8%

Adj RR: Adjusted relative risks by sex, age and ethnicity

Health and Wellbeing

Overall health and access to health services

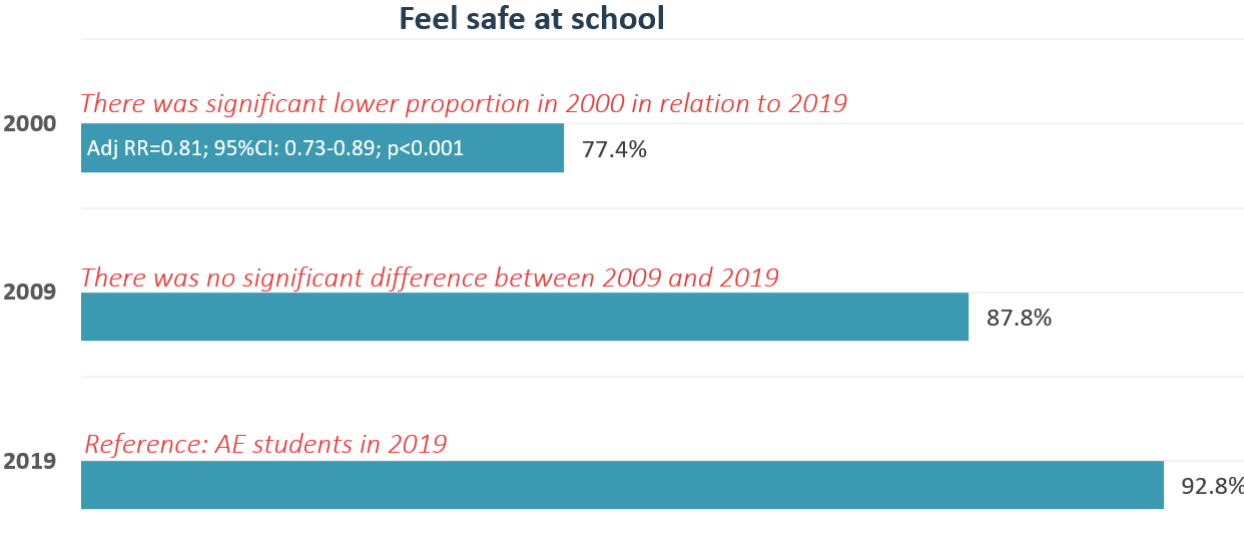**Table 6** presents the indicators of health and access to health services for AE students.

- Overall, AE student reported excellent, very good or good health (78%).

Almost **4 in 5** AE students reported excellent, very good or good health

- Most had been to a health care provider in the last year (75%), with the most common source a GP (52%).

- 11% reported having a long-term disability.

1 in 10 AE students reported having a long-term disability
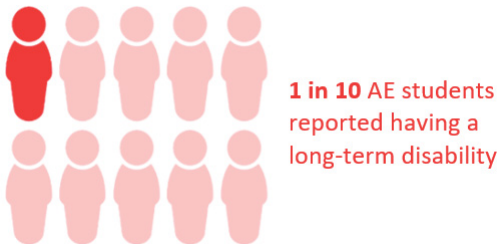
AE students reported challenges in accessing health care services:

- 23% were unable to see a health care provider when they wanted to in the last year;

- 35% reported ethnic discrimination by a health care provider and;

- 14% had not gone for health care for more than 2 years.

1 in 3 AE students reported been treated unfairly by a health professional because of their ethnicity

Table 6. Overall health and healthcare access of AE students, 2019.

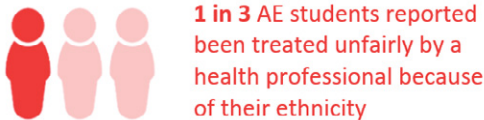|	All	
	n	%
In general, how would you say your health is?		
Excellent, very good or good	67	77.9
Fair or poor	19	22.1
Do you have any long-term disability (lasting 6 months or more) (e.g., sensory impaired hearing, visual impairment, in a wheelchair, learning difficulties)?		
Yes	8	11.0
No	65	89.0
When was the last time you went for health care (excluding looking online)?		
0-12 months ago	61	75.3
13-24 months ago	9	11.1
More than 24 months ago	11	13.6
Services that were used in the last 12 months (more than one option could be indicated):		
GP	41	51.9
School health clinic	17	21.5
Accident and Emergency/After hours or 24-hour accident and medical centre	7	8.9
Hospital ED	5	6.3
Youth health centre	6	7.6
Family planning or sexual health clinic/Other health provider	9	11.4
In the last 12 months, has there been any time when you wanted or needed to see a doctor or nurse (or other health care worker) about your health, but you weren't able to?		
Yes	18	22.5
No	62	77.5
Have you ever been treated unfairly (e.g., treated differently, kept waiting) by a health professional (e.g., doctor, nurse, dentist etc.) because of your ethnicity or ethnic group?		
Yes	28	35.4
No	51	64.6

N=91.
Missing (n): In general, how would you say your health is? (5); Long-term disability (18); Last time went for health care (10); Wanted/needed a doctor/nurse but you were not able to (11). Used in the last 12 months: GP (12); School health clinic (12); Accident and Emergency (12); Hospital ED (12); After hours (12); Youth health centre (12); Family planning or sexual health clinic (12); Other health provider (12). Treated unfairly by health professionals (12).

Health and wellbeing among AE students compared to secondary school students

In relation to secondary school students **(Figure 8)**, **AE students were more likely to report**:

- Their general health as fair/poor;

- Being treated unfairly by health professionals because of ethnic background and;

- Having a long-term disability**.**

There were **no statistically significant differences** between the proportions of secondary school students and AE students who reported being unable to see a health care provider when they wanted/needed to in the last year[a].

[a] Adj OR=0.8 (95% CI 0.5-1.4); p=0.500.

Figure 8. General health and access to health services: Comparisons between AE students and secondary school students, 2019.
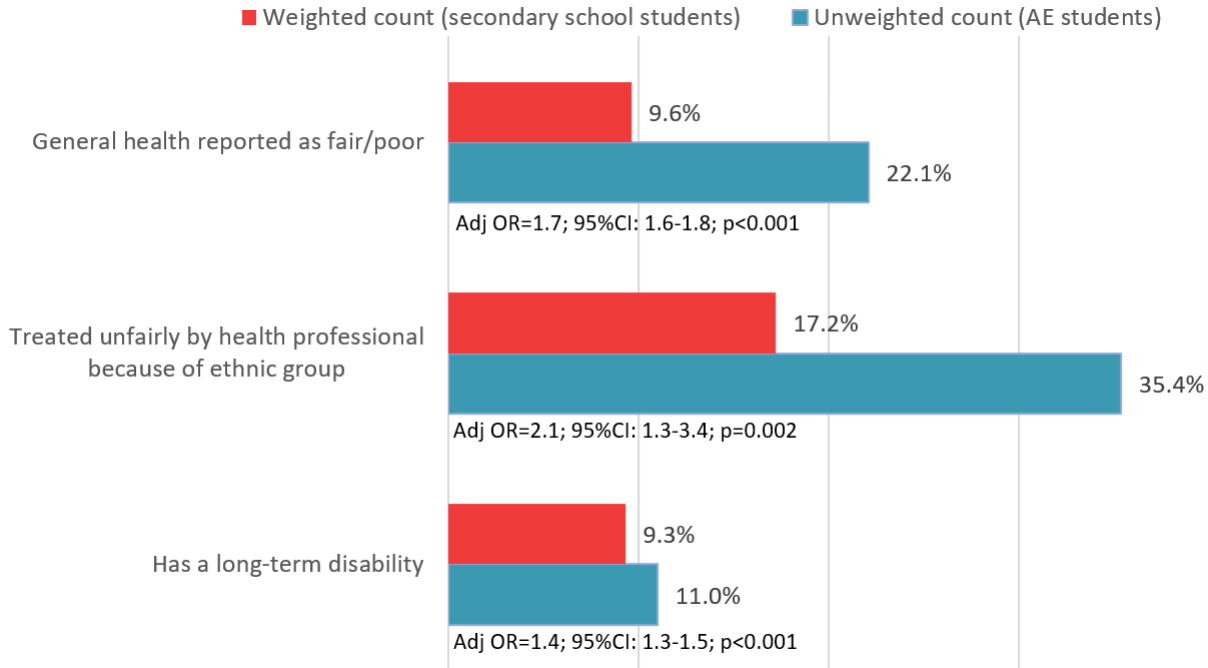
Adj OR: Adjusted relative risks by sex, age and ethnicity

Physical health

Table 7 presents the indicators of physical health of students in AE.

- Most AE students were okay, happy or very happy with their weight (84%).

However:

- Most reported not exercising according to the recommended requirements for this age (85%);
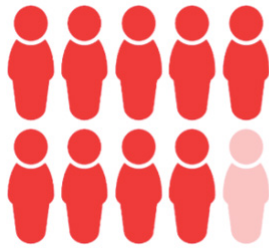

Almost **9 in 10** AE students did not meet the exercise recommendations

- 32% were sleeping less than the recommended hours of sleep and;

1 in 3 AE students were sleeping less than the recommended hours

- 35% never or rarely (<3 meals) had family meals together in the last 7 days.

Almost **2 in 5** AE students had had 5 meals or more with their families in the week prior to the interview

For most students, there were no family rules around internet use (27%), screen time (23%), and smartphone use (20%).

When comparing AE males and females, a significantly higher proportion of males (20% versus 8% of females, p<0.001) did vigorous physical activity in the last 7 days (i.e., at least 4 times for at least 20 minutes). There is a similar trend among secondary school students (48% males versus 32% females, p<0.001).

There were no statistically significant differences between males and females for the other indicators of physical health.

Table 7. Physical health of AE students, 2019.

	All	
	n	%
Did vigorous physical activity lasting > 20 minutes, four or more times in the past week[a]		
Yes	9	15.0
No	51	85.0
At this time how happy are you with your weight?		
Very happy/happy	27	42.8
Okay	26	41.3
Unhappy/ Very unhappy	10	15.9
Sleep patterns during weekdays (estimation of total hours[b]):		
Below recommendations	18	32.1
Equal or above recommendations	38	67.9
During the last 7 days, how many times did all, or most, of your family living in your house eat a meal together?		
Never	10	16.7
1-2 times	11	18.3
2-4 times	16	26.7
5-6 times	6	10.0
7 or more	17	28.3
Does your family have rules around (yes):		
Internet use	15	26.8
Screen time	13	23.2
Smartphone use	11	19.6

N=91.
Missing (n): vigorous physical activity in the last 7 days (31); How happy are with you weight? (28); Sleep patterns (35); Eating meals with family (31); Family rules: internet (35); screen time (35); smartphone use (35).
[a] National recommendations for physical activity for adolescents – at least 20 mins of vigorous physical activity, four or more times a week (Ministry of Health, 2021).
[b] National Sleep Foundation's sleep time duration recommendations (Hirshkowitz et al., 2015): 6-13 years of age = 9-10 hours of sleep; 14-17 years of age = 8-10 hours of sleep; 18 or more years of age = 7-9 hours of sleep.

Physical health of AE students compared to secondary school students

When compared with secondary school students **(Figure 9)**, **AE students were less likely to report**:

• Vigorous physical activity;

• Having 5 meals or more together with their family in the last 7 days and;

• Having family rules around screen time.

There were **no statistically significant differences** between the proportions of secondary school students and AE students who reported:

• Being unhappy/very unhappy with their weight[a];

• Having recommended hours of sleep[b] and;

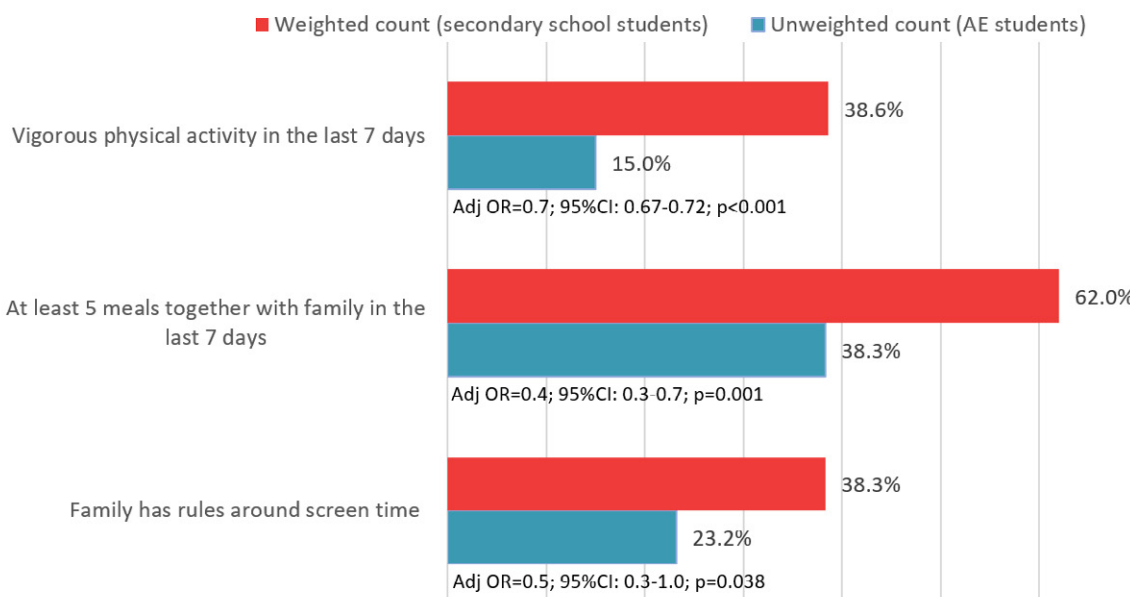• Having family rules around internet use[c] and smartphone use[d].

[a] Adj OR=0.6 (95% CI 0.3-1.2); p=0.180.
[b] Adj OR=0.6 (95% CI 0.3-1.1); p=0.096.
[c] Adj OR=0.9 (95% CI 0.5-1.6); p=0.612.
[d] Adj OR=0.6 (95% CI 0.3-1.1); p=0.109.

Figure 9. Physical health: Comparisons between AE students and secondary school students, 2019.

Legend: ■ Weighted count (secondary school students) ■ Unweighted count (AE students)

Vigorous physical activity in the last 7 days: 38.6% / 15.0%
Adj OR=0.7; 95%CI: 0.67-0.72; p<0.001

At least 5 meals together with family in the last 7 days: 62.0% / 38.3%
Adj OR=0.4; 95%CI: 0.3-0.7; p=0.001

Family has rules around screen time: 38.3% / 23.2%
Adj OR=0.5; 95%CI: 0.3-1.0; p=0.038

Adj OR: Adjusted relative risks by sex, age and ethnicity

AE students' physical health trends over time (2000, 2009 and 2019)

There were **no statistically significant differences** in the proportions of AE students who reported they were very unhappy/unhappy with their weight in 2000 and 2009 in relation to 2019[a].

[a] 2000 vs. 2019: adj RR=1.8 (95% CI 0.8-3.9), p=0.133; 2009 vs. 2019: adj RR=1.0 (95% CI 0.5-2.1), p=0.988.

Emotional and mental health

AE students reported very concerning rates of emotional distress and suicidal thoughts. This indicates urgent need for investment to improve their life circumstances and to promote mental health for this group of young people **(Table 8a).**

- 9% reported poor wellbeing (WHO-5);

- 53% reported clinically significant anxiety symptoms (measured by the PHQ-4 score);

- 74% reported clinically significant depressive symptoms (measured by the RADS-SF score);

- 61% reported symptoms of low mood in the last 12 months;

3 in 5 AE students reported symptoms of low mood in the past 12 months

- Almost four in ten (37%) reported self-harm in the last 12 months;

- 26% reported serious thoughts of suicide, and 16% reported a suicide attempt in the previous year.

1 in 6 AE students reported a suicide attempt in the past year
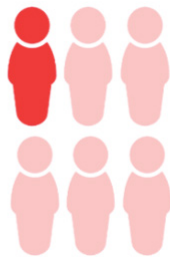
Internationally it is well recognised that females report higher levels of emotional distress, so results are also reported by sex **(Table 8a)**.

When compared to males, females in AE were more likely to report:

- Significant depression symptoms in the last 12 months;

- Self-harm in the last 12 months;

- Serious thoughts of suicide and;

- Suicide attempt in the past year.

However, there were no statistically significant differences between male and female AE students with low mood and signs of anxiety. It should be noted that there were small numbers in these groups.

The top three sources of advice AE students seek when feeling bad or having a hard time were from: a friend or young person they know (n=36, 49%); a parent or other adult in their family (n=30, 41%) and; someone else (n=17, 23%).

Table 8a. Emotional health of AE students, 2019.

	All		Females		Males		p-value
	n	%	n	%	n	%	X[2a]
Symptoms of depression-Reynolds Adolescent Depression Scale (RADS-SF)							
Yes	57	74.0	12	40.0	8	17.4	0.091
No	20	26.9	18	60.0	38	82.6	
Well-being score (WHO-5)							
Good	59	79.7	17	60.7	42	91.3	**0.006**
Poor	15	20.3	>5	39.3	<5	8.7	
Anxiety scale (PHQ-4)							
Yes	40	53.3	17	54.8	23	52.3	0.652
No	35	46.7	14	45.2	21	47.7	
Symptoms of low mood in the last 12 months[b]							
Yes	50	61.0	18	54.5	14	28.6	**<0.001**
No	32	39.0	15	45.5	35	71.4	
Self-harm in the last 12 months							
Yes	29	37.2	19	59.4	10	21.7	**0.001**
No	49	62.8	13	40.6	36	78.3	
Considered suicide							
Yes	20	25.6	15	45.5	5	11.1	**0.001**
No	58	74.4	18	54.5	40	88.9	
Attempted suicide							
Yes	13	16.3	>5	30.3	<5	4.4	**0.002**
No	67	83.7	23	69.7	44	95.6	

N=91.
Missing (n): RADS-SF (14); WHO-5 (17); PHQ-4(16); Symptoms of low mood (9); Self-harm (13); Considered suicide (13); Attempted suicide (11).
[a] Chi-square test.
[b] Symptoms of low mood refer to the question "During the past 12 months, was there ever a time where you felt sad, blue or depressed for two weeks or more in a row?".
<5: Numbers too low to report (information was primary suppressed).
>5: Numbers suppressed to prevent recalculation of the "<5" cell (information was secondary suppressed).
Note. Comparisons exclude transgender/intersex young people.

Emotional health of AE students compared to secondary school students

Among females:

Females in AE were **more likely** to report self-harm and suicide attempts within the previous 12 months compared to females in secondary schools **(Figure 10)**. There were **no statistically significant differences** between females in secondary schools and females in AE for the other indicators of emotional health[a-e].

Among males:

There were **no statistically significant differences** between males in secondary schools and males in AE for any of the indicators of emotional health[f-k].

[a] Female depressive symptoms, RADS-SF: Adj OR=1.1; 95% CI:0.5-2.2; p=0.855.
[b] Female wellbeing, WHO-5: Adj OR=1.0; 95% CI:0.5-2.2; p=0.920.
[c] Female anxiety, PHQ-4: Adj OR=1.1; 95% CI:0.5-2.2; p=0.850.
[d] Female period of low mood: Adj OR=1.3; 95% CI:0.6-1.5; p=0.483.
[e] Female considered suicide: Adj OR=1.9; 95% CI:1.0-3.9; p=0.060.
[f] Male depressive symptoms, RADS-SF: Adj OR=1.0; 95% CI:0.5-2.1; p=0.950.
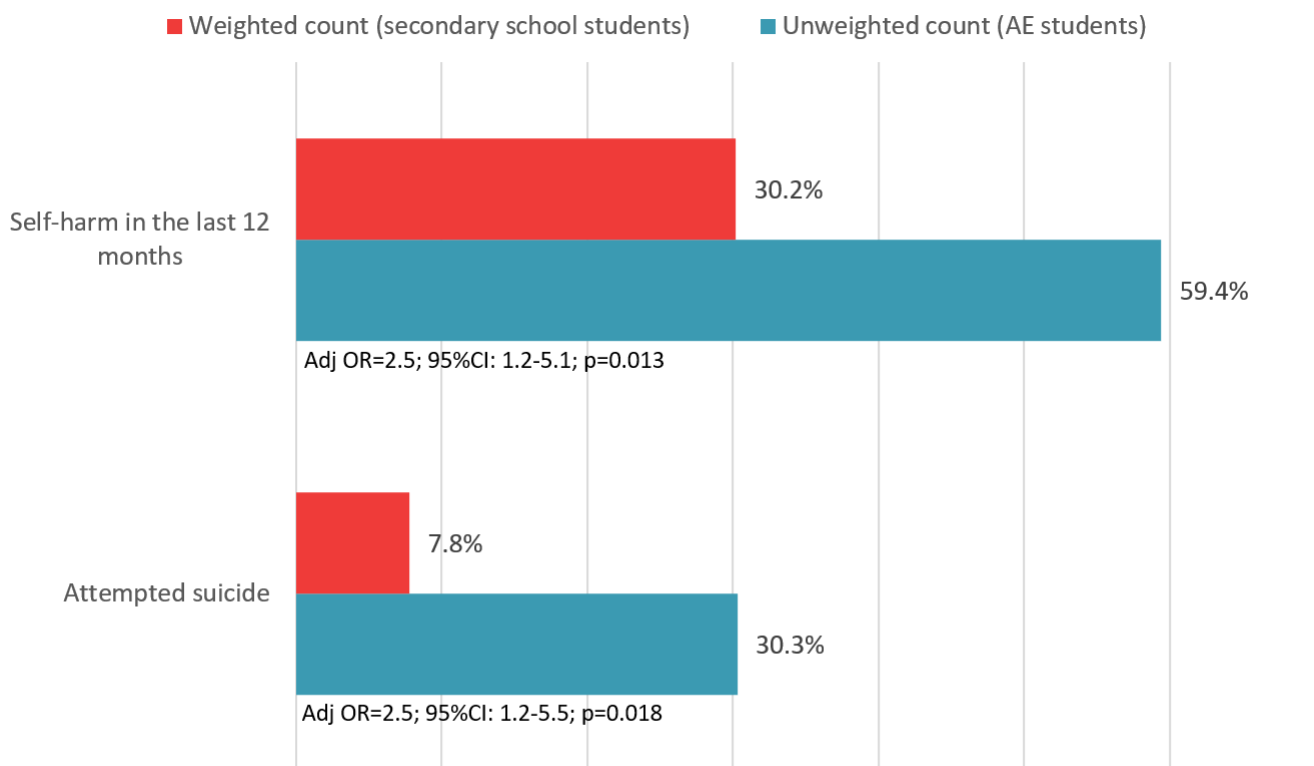[g] Male wellbeing, WHO-5: Adj OR=0.4; 95% CI:0.1-1.1; p=0.084.
[h] Male anxiety, PHQ-4: Adj OR=1.1; 95% CI:0.5-2.2; p=0.850.
[i] Male period of low mood for 12 months: Adj OR=0.9; 95% CI:0.5-1.6; p=0.700.
[j] Male considered suicide: Adj OR=0.6; 95% CI:0.2-1.4; p=0.228.
[k] Male attempted suicide: Adj OR=0.5; 95% CI:0.1-2.1; p=0.350.

Figure 10. Emotional health: Comparisons between females from AE schools and secondary schools, 2019.

- Weighted count (secondary school students)
- Unweighted count (AE students)

Self-harm in the last 12 months
- 30.2%
- 59.4%
- Adj OR=2.5; 95%CI: 1.2-5.1; p=0.013

Attempted suicide
- 7.8%
- 30.3%
- Adj OR=2.5; 95%CI: 1.2-5.5; p=0.018

Adj OR: Adjusted relative risks by sex, age and ethnicity

Table 8b. Emotional health of AE students by sex (proportions in 2000 and 2009 in relation to 2019).

Year	Symptoms of depression (RADS-SF – yes)			Symptoms of low mood in the last 12 months (yes)			Considered suicide in the last 12 months (yes)			Suicide attempt in the last 12 months (yes)		
	n (%)	Adj RR[a] (95% CI)	p	n (%)	Adj RR[a] (95% CI)	p	n (%)	Adj RR[a] (95% CI)	p	n (%)	Adj RR[a] (95% CI)	p
FEMALES												
2019	9 (28.1)	1		18 (54.5)	1		15 (45.5)	1		10 (30.3)	1	
2009	11 (13.9)	0.46 (0.2-1.0)	0.050	49 (52.1)	1.06 (0.7-1.5)	0.760	40 (44.4)	1.04 (0.6-1.7)	0.890	52 (57.1)	1.44 (1.0-2.0)	0.040
2000	28 (34.6)	1.19 (0.6-2.3)	0.597	24 (51.1)	1.07 (0.7-1.7)	0.762	25 (43.9)	1.06 (0.6-1.8)	0.834	31 (38.3)	0.68 (0.4-1.3)	0.228
MALES												
2019	10 (22.7)	1		14 (28.6)	1		5 (11.8)	1		<5 (<10)	1	
2009	36 (18.9)	0.79 (0.4-1.5)	0.454	49 (25.3)	0.91 (0.5-1.5)	0.710	26 (13.5)	1.20 (0.5-3.0)	0.696	54 (28.1)	1.41 (1.0-2.1)	0.082
2000	40 (26.0)	1.08 (0.6-2.0)	0.820	25 (31.3)	1.12 (0.6-2.0)	0.705	46 (33.8)	2.98 (1.2-7.5)	0.021	35 (21.1)	0.22 (0.1-0.9)	0.340

[a] Adjusted relative risk by age and ethnicity. CI=confidence interval.
2019 N=90; 2009 N=330; 2000 N=269.
Missing (n) (both sexes by year): RADS-SF (2019=14; 2009=61; 2000=34); Depression symptoms (2019=8; 2009=42; 2000=142); Considered suicide (2019=20; 2009=48; 2000=76); Attempted suicide (2019=12; 2009=47; 2000=23).
<5: Numbers too low to report (information was primary suppressed).

AE students' emotional and mental health trends over time (2000, 2009 and 2019)

Among females:
For females in AE, emotional distress has **remained notably high** since 2000. Compared to females in AE in 2000 and 2009, in 2019 there were **no significant changes** in symptoms of depression and suicidal thoughts (**Table 8b**).
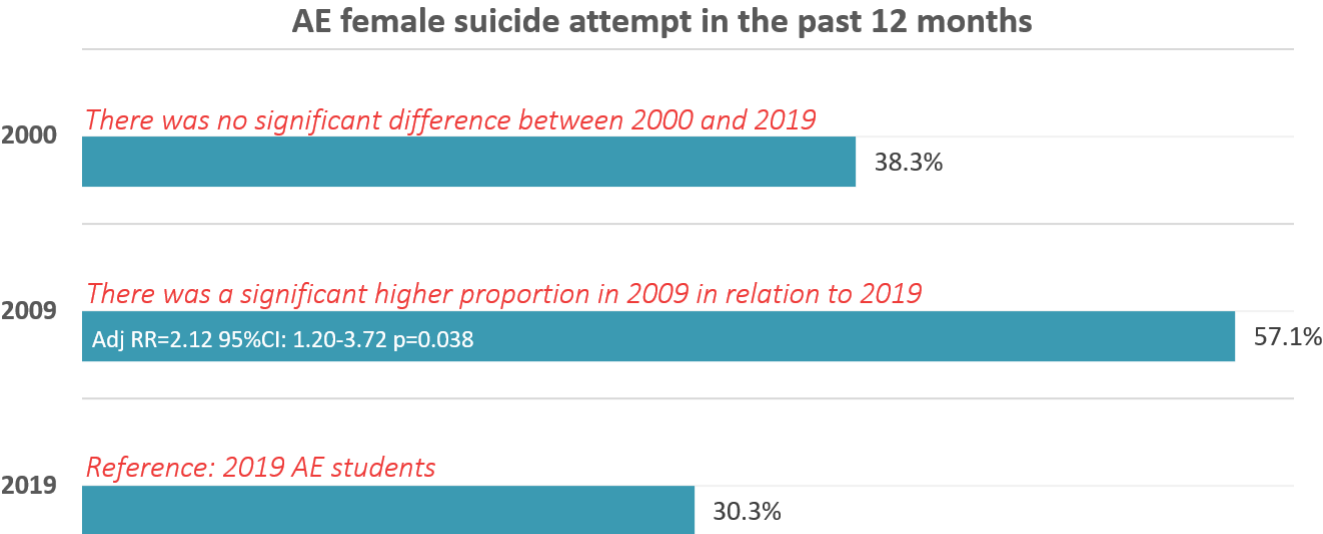
In 2019, there were **fewer** AE females reporting a suicide attempt within the previous 12 months when compared to 2009, with reported suicide attempts similar to 2000 (**Figure 11a**).

Among males:
Compared to males in AE in 2000 and 2009, in 2019 there were **no significant changes** in reported symptoms of depression, but remained notably high (**Table 8b**).
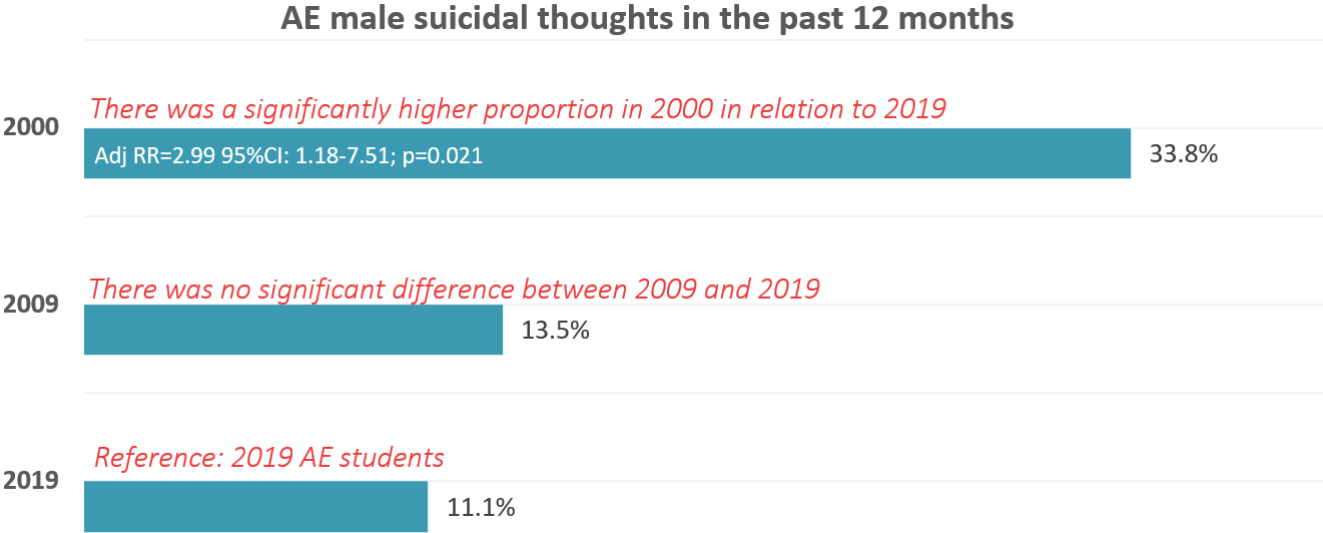
In 2019, there were **fewer** AE males reporting suicide thoughts (**Figure 11b**) in the past 12 months when compared to 2000, and a reduction in suicide attempts when compared to 2000 and 2009 (**Figure 11c**).

Figure 11a. AE students (females) who reported suicide attempt in the past 12 months: Comparisons of proportions in 2000 and 2009 in relation to 2019.

AE female suicide attempt in the past 12 months

2000
There was no significant difference between 2000 and 2019
38.3%

2009
There was a significant higher proportion in 2009 in relation to 2019
Adj RR=2.12 95%CI: 1.20-3.72 p=0.038
57.1%

2019
Reference: 2019 AE students
30.3%

Adj RR: Adjusted relative risks by age and ethnicity

Figure 11b. AE students (males) who reported suicide thoughts in the past 12 months: Comparisons of proportions in 2000 and 2009 in relation to 2019.

AE male suicidal thoughts in the past 12 months

2000
There was a significantly higher proportion in 2000 in relation to 2019
Adj RR=2.99 95%CI: 1.18-7.51; p=0.021
33.8%

2009
There was no significant difference between 2009 and 2019
13.5%

2019
Reference: 2019 AE students
11.1%

Adj RR: Adjusted relative risks by age and ethnicity

Figure 11c. AE students (males) who reported suicide attempt in the past 12 months: Comparisons of proportions in 2000 and 2009 in relation to 2019.
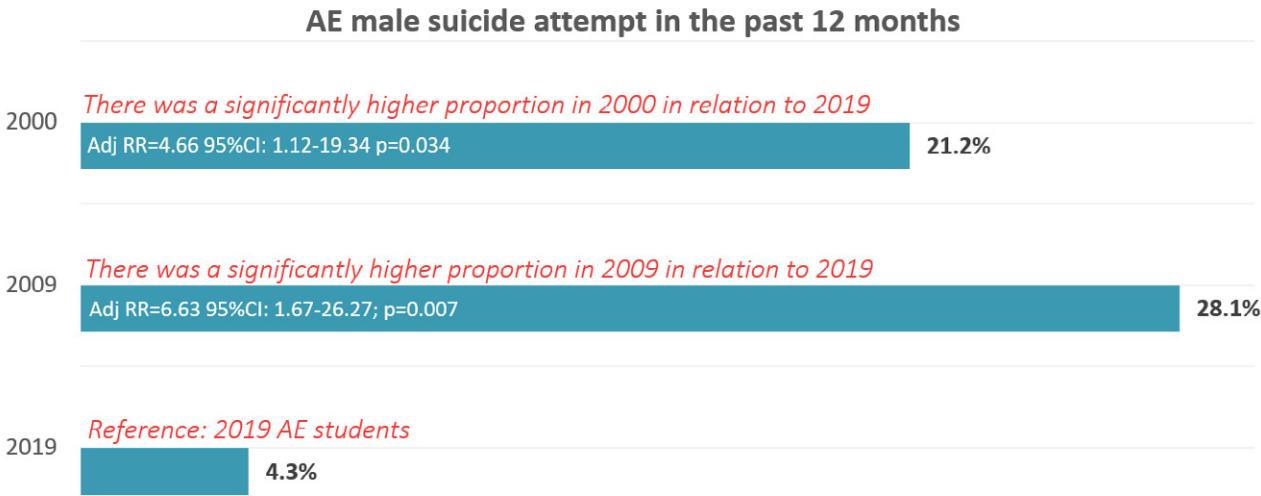
AE male suicide attempt in the past 12 months

2000 — *There was a significantly higher proportion in 2000 in relation to 2019*
Adj RR=4.66 95%CI: 1.12-19.34 p=0.034 — **21.2%**

2009 — *There was a significantly higher proportion in 2009 in relation to 2019*
Adj RR=6.63 95%CI: 1.67-26.27; p=0.007 — **28.1%**

2019 — *Reference: 2019 AE students*
4.3%

Adj RR: Adjusted relative risks by age and ethnicity

Emotional health – key findings

Mental health is a growing concern and urgent help is required to support the needs of AE students.

- Overall, AE students report **high rates** of emotional distress and suicidal behaviours which indicates an overall urgent need to invest in actions that promote wellbeing and improve health service delivery for this group.

- There were **no significant differences** in emotional health between males attending AE and males in secondary schools, suggesting high levels of emotional distress for young males in general.

- Female AE students were **more likely** to report self-harm and attempt suicide within the previous 12 months when compared to females from secondary schools.

- Over time there have been **small improvements** in mental health among AE students:

  - For females, suicide attempts in 2019 have decreased, compared to 2009.

  - For males, suicide attempts in 2019 have decreased, compared to 2000 and 2009.

Sexual health

Table 9 presents the indicators of sexual health of AE students:

- 60% of the AE students have had sex.

3 in 5 AE students have had sex

- The majority (96%) have not been pregnant or got someone pregnant.

- Of the AE students who have had sex, low proportions always use contraception methods (38%) and condoms (26%).

1 in 4 AE students who have had sex always use condoms as protection against STIs

There were no statistically significant differences between males and females for the indicators of sexual health *(data not shown)*.

Table 9. Sexual health and sexuality of AE students, 2019.

	All	
	n	%
Have you ever had sex? (by this we mean sexual intercourse). Only include sex that you wanted or consented to - this does not include sexual abuse or rape.		
Yes	41	60.3
No	27	39.7
Have you ever been pregnant or got someone pregnant (including miscarriage, abortion or termination)?		
Yes	<5	<5.0
No	63	95.5
How often do you or your partner(s) use contraception (by this, we mean protection against pregnancy)?		
Always	15	37.5
Most of the times/Sometimes/Not often/Never	25	62.5
How often you or your partner use condoms as protection against sexually transmitted infections?		
Always	10	25.6
Most of the times/Sometimes/Not often/Never/I am a female and current partner also, condoms are not used	29	74.4

N=91.
Missing (n): Ever had sex (23); Ever been pregnant or got someone pregnant (<5); Frequency of contraception use (missing=24; never had sex=27); Frequency use of condoms (missing=25; never had sex=27).
<5: Numbers too low to report (information was primary suppressed).

Sexual health of AE students compared to secondary school students

AE students were more likely to have had sex[a] when compared to students from secondary schools.

There were **no statistically significant differences** between the proportions of secondary school students and AE students who:

- Have ever been pregnant or got someone pregnant[b];
- Always used contraception methods[c] and;
- Always used condoms[d].

[a] Adj OR=1.85 (95% CI 3.8- 10.8); p<0.001.
[b] Adj OR=2.4 (95% CI 0.7-7.9); p=0.141.
[c] Adj OR=0.9 (95% CI 0.5-1.7); p=0.692.
[d] Adj OR=0.5 (95% CI 0.3-1.1); p=0.090.

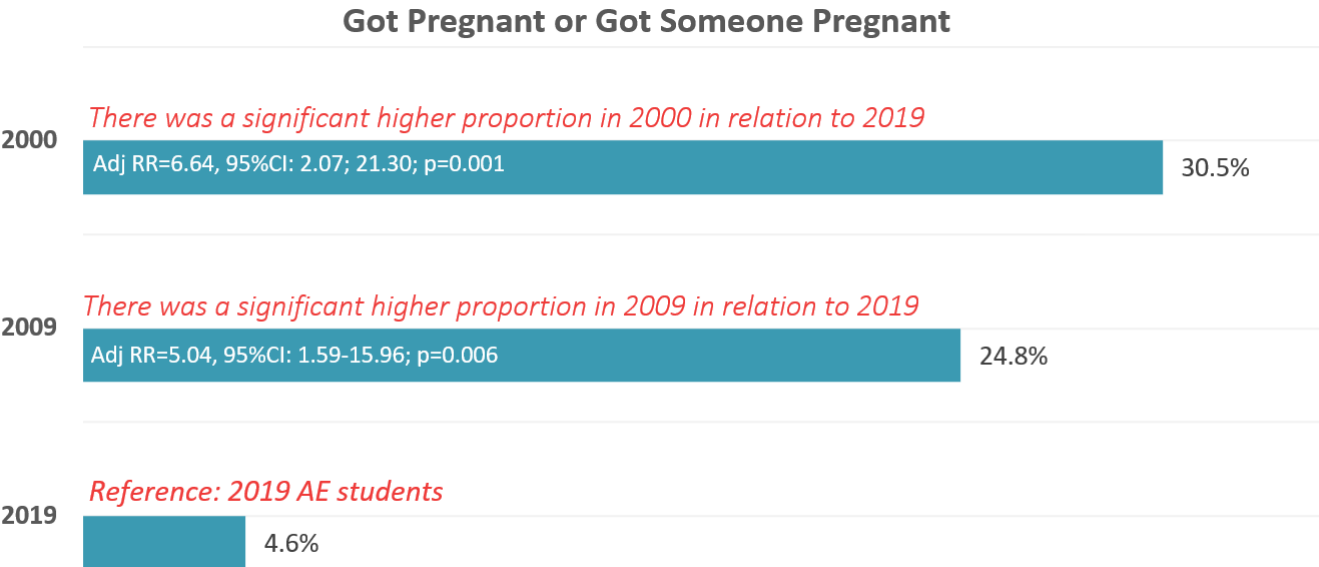# AE students' sexual health trends over time (2000, 2009 and 2019)

In 2019, there were **fewer** pregnancies reported by AE students when compared to 2009 and in 2000 (**Figure 12**).

There were **no statistically significant differences** in the proportion of AE students who reported they always use contraception[a] and always use condoms[b] when they have sex in 2009 and 2000 in relation to 2019.

[a] 2000 vs. 2019: adj RR=1.2 (95% CI 0.8-2.0), p=0.369; 2009 vs. 2019: adj RR=1.1 (95% CI 0.7-1.7), p=0.811.
[b] 2000 vs. 2019: adj RR=1.5 (95% CI 0.8-2.7), p=0.172; 2009 vs. 2019: adj RR=1.2 (95% CI 0.6-2.1), p=0.616.

Figure 12. AE students who got pregnant or got someone pregnant: Comparisons of proportions in 2000 and 2009 in relation to 2019.

Got Pregnant or Got Someone Pregnant

2000
There was a significant higher proportion in 2000 in relation to 2019
Adj RR=6.64, 95%CI: 2.07; 21.30; p=0.001
30.5%

2009
There was a significant higher proportion in 2009 in relation to 2019
Adj RR=5.04, 95%CI: 1.59-15.96; p=0.006
24.8%

2019
Reference: 2019 AE students
4.6%

Adj RR: Adjusted relative risks by sex, age and ethnicity

Substance use

The findings about substance use among the AE students are concerning **(Table 10):**

- Approximately four in five (81%) have ever vaped;

- Almost half (47%) were smoking cigarettes weekly or more often;

- 65% reported binge drinking in the past 4 weeks;

  2 in 3 AE students reported binge drinking in the past 4 weeks

- Marijuana had been tried by 77% of AE students, with approximately half of them (47%) currently using marijuana weekly or more often and;

3 in 4 AE students have ever tried marijuana

- One in five (21%) AE students have reported to having tried other drugs such as P, huffing and synthetics.

1 in 5 AE students have ever tried other drugs (e.g., P, huffing, synthetics)

There were no statistically significant differences between males and females for the indicators of substance use *(data not shown).*

Table 10. Substance use among AE students, 2019.

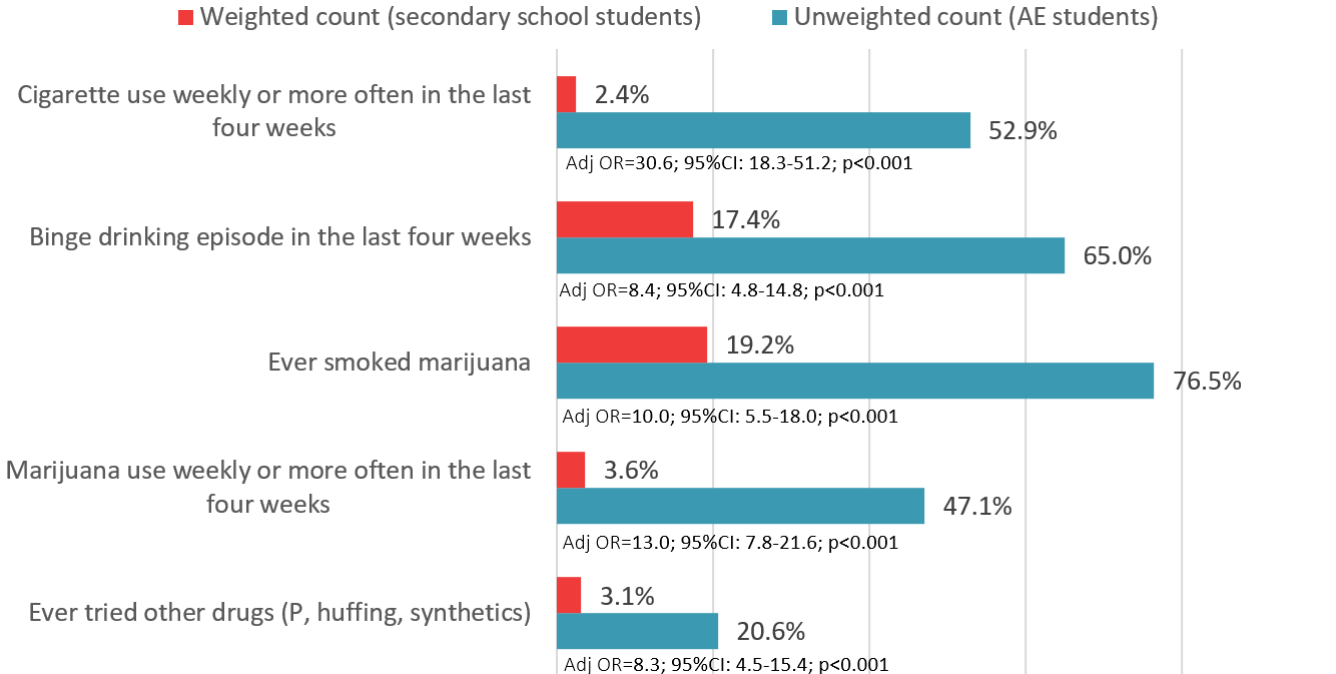|	All	
	n	%
How often do you smoke cigarettes now?		
Less than weekly (including never)	32	47.1
Weekly or more often	36	52.9
Have you ever vaped or used e-cigarettes?		
Yes	57	81.4
No	13	18.6
In the past 4 weeks, how many times did you have 5 or more alcoholic drinks in one session - within 4 hours?		
None at all	21	35.0
Once/Two or three times/Every week/Several times a week	39	65.0
Have you ever used or smoked marijuana?		
Yes	52	76.5
No	16	23.5
In the last 4 weeks, about how often did you use marijuana?		
Less than weekly (including never)	36	52.9
Weekly or more often	32	47.1
Have you ever tried any other drugs such as P, huffing, and synthetics?		
Yes	50	79.4
No	13	20.6

N=91.
Missing (n): Current smoking frequency (23); Ever vaped (21); Alcohol intake frequency in the last 4 weeks (30); Binge drinking in the last 4 weeks (31); Ever used marijuana (23); Frequency of marijuana use in the last 4 weeks (23); Ever tried any other drugs (28).

Substance use among AE students compared to secondary school students

Compared to secondary school students, **AE students were more likely to** (**Figure 13**):

- Smoke cigarettes weekly or more often;
- Have ever vaped or used e-cigarettes;
- Report binge drinking in the past four weeks;
- Have ever tried marijuana;
- Use marijuana weekly or more often and;
- Have ever tried other drugs such as P, huffing, and synthetics.

Figure 13. Substance use: Comparisons between AE students and secondary school students, 2019.

■ Weighted count (secondary school students)   ■ Unweighted count (AE students)

Cigarette use weekly or more often in the last four weeks — 2.4% / 52.9%
Adj OR=30.6; 95%CI: 18.3-51.2; p<0.001

Binge drinking episode in the last four weeks — 17.4% / 65.0%
Adj OR=8.4; 95%CI: 4.8-14.8; p<0.001

Ever smoked marijuana — 19.2% / 76.5%
Adj OR=10.0; 95%CI: 5.5-18.0; p<0.001

Marijuana use weekly or more often in the last four weeks — 3.6% / 47.1%
Adj OR=13.0; 95%CI: 7.8-21.6; p<0.001

Ever tried other drugs (P, huffing, synthetics) — 3.1% / 20.6%
Adj OR=8.3; 95%CI: 4.5-15.4; p<0.001

Adj OR: Adjusted relative risks by sex, age and ethnicity

AE students' substance use trends over time (2000, 2009 and 2019)

There have been substantial reductions in substance use among AE students compared to AE students in 2009 and in 2000 for:
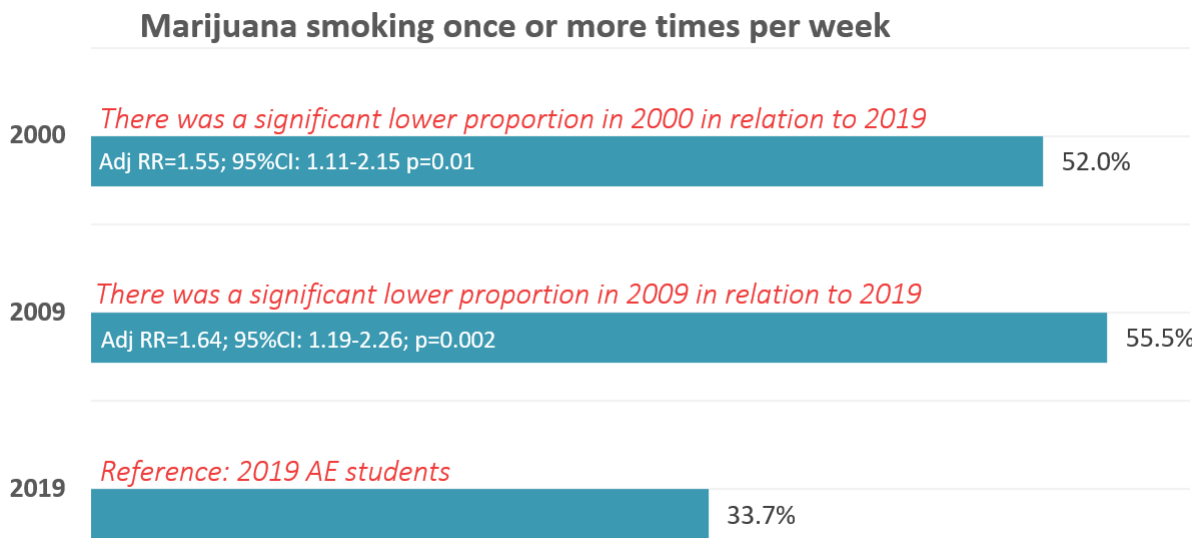
- Smoking cigarettes weekly or more often (**Figure 14a**);
- Smoking marijuana weekly or more often (**Figure 14b**) and;
- Reporting at least 1 episode of binge drinking in the past 4 weeks (**Figure 14c**).

Figure 14a. AE students who were smoking cigarettes weekly or more often: Comparisons of proportions in 2000 and 2009 in relation to 2019.
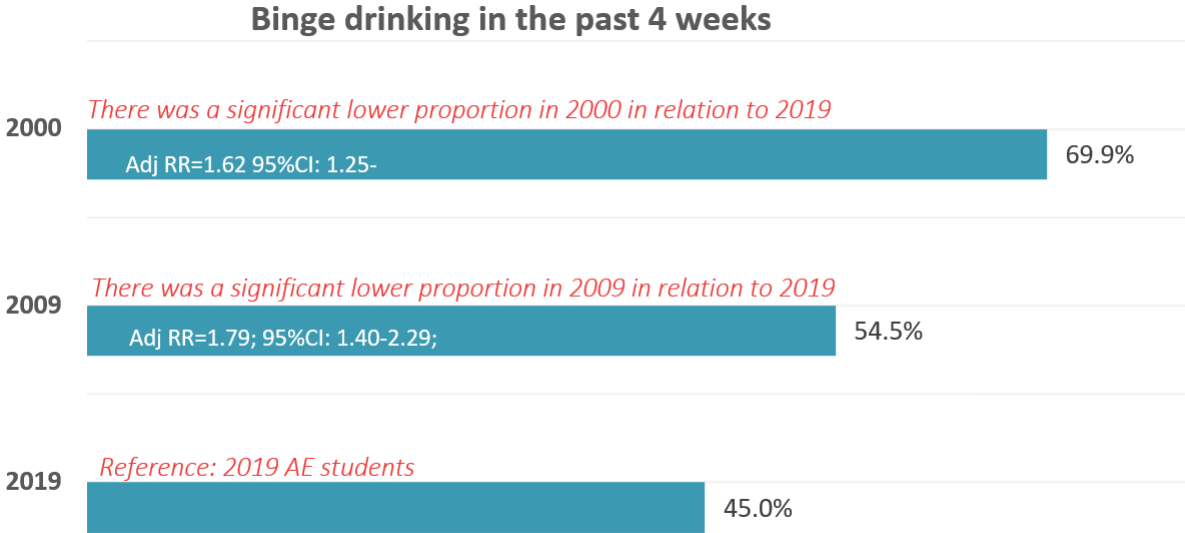
Cigarettes smoking once or more times per week

2000

There was a significant lower proportion in 2000 in relation to 2019

Adj RR=1,70; 95%CI: 1.27-2.29; p<0.001   58.6%

2009

There was a significant lower proportion in 2009 in relation to 2019

Adj RR=1.90; 95%CI: 1.43-2.53; p<0.001   68.6%

2019

Reference: 2019 AE students

36.5%
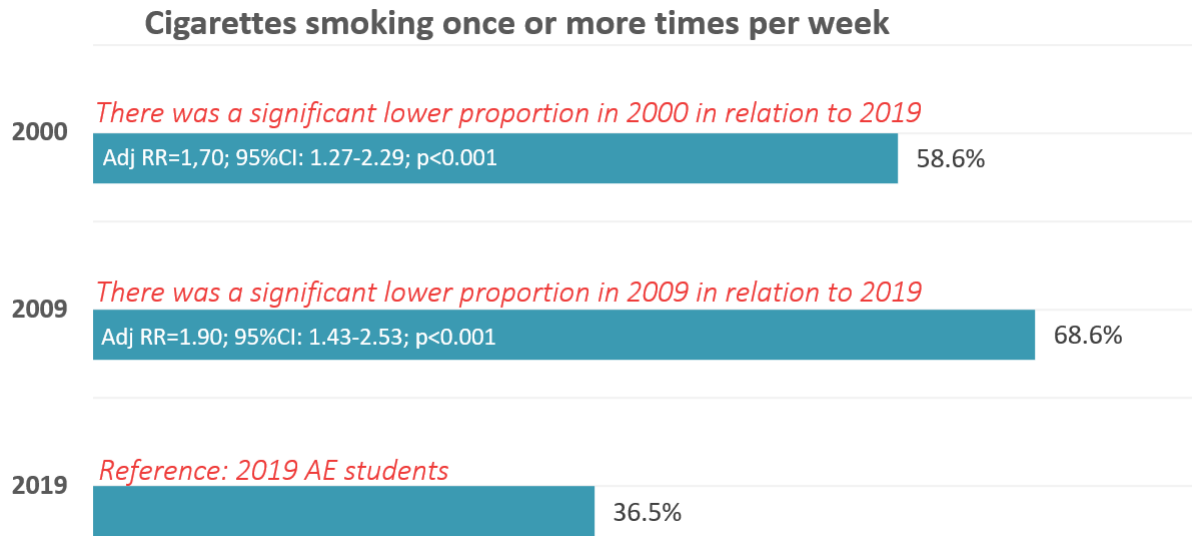
Adj RR: Adjusted relative risks by sex, age and ethnicity

Figure 14b. AE students who were smoking marijuana weekly or more often: Comparisons of proportions in 2000 and 2009 in relation to 2019.

Marijuana smoking once or more times per week

2000

There was a significant lower proportion in 2000 in relation to 2019

Adj RR=1.55; 95%CI: 1.11-2.15 p=0.01   52.0%

2009

There was a significant lower proportion in 2009 in relation to 2019

Adj RR=1.64; 95%CI: 1.19-2.26; p=0.002   55.5%

2019

Reference: 2019 AE students

33.7%

Adj RR: Adjusted relative risks by sex, age and ethnicity

Figure 14c. AE students who reported at least one episode of binge drinking in the past 4 weeks: Comparisons of proportions in 2000 and 2009 in relation to 2019.

Binge drinking in the past 4 weeks

2000

There was a significant lower proportion in 2000 in relation to 2019

Adj RR=1.62 95%CI: 1.25-   69.9%

2009

There was a significant lower proportion in 2009 in relation to 2019

Adj RR=1.79; 95%CI: 1.40-2.29;   54.5%

2019

Reference: 2019 AE students

45.0%

Adj RR: Adjusted relative risks by sex, age and ethnicity

Community Involvement

Students in AE reported high levels of community involvement (**Table 11**):

- Approximately four in ten belonged to one or more groups outside school (40%) and volunteered to help others (36%).

- 40% planned to enrol to vote in the New Zealand elections.

More than half of AE students strongly agreed/agreed that there is an adult outside the family who:

- They can trust to share their feelings with;

- They can talk with about things that are worrying them;

- Understands what is important to them;

- Accepts them for who they are;

- They have a close bond with;

- Will stick up for them;

- They can have fun with and;

- Make them laugh.

Most AE students also strongly agreed/agreed that:

- There is somewhere safe they can go and stay, other than with their family/whānau;

- There is a place they can go where they feel they belong with people who support them;

- It is important to protect our environment for future generations;

- They have a strong spiritual connection to certain places and;

- They often feel a spiritual connection to people.

Table 11. Community involvement among AE students, 2019.

	All	
	n	**%**
Young person belongs to one or more groups outside school such as sports group cultural group, diversity group, music, drama, etc.		
Yes	25	39.7
No	38	60.3
Do you give your time to help others in your school or community (e.g., as a peer supporter at school, help out on the Marae or church, help coach a team or belong to a volunteer organisation)?		
Yes	23	35.9
No	41	64.1
Do you plan to enrol to vote in the New Zealand elections?		
Yes	27	40.3
No	40	59.7
Strongly agree or agree that there is an adult outside family/whānau who:		
I can trust to share my feelings with	38	59.4
I can talk with about things that are worrying me	33	54.1
Understands what is important to me	35	57.4
Accepts me for who I am	36	59.0
I have a close bond with	37	58.7
Will stick up for me and who has 'got my back'	43	69.4
I have fun with, who makes me laugh	39	62.9
Strongly agree or agree that there is somewhere safe I can go and stay, other than with my family/whānau (e.g., a friend's home, church members home, coaches home etc.)	43	68.3
Strongly agree or agree that there is a place where I can go where I feel I belong with people who support me (e.g., community groups, kapa haka, clubs, church, rainbow diversity groups, activism groups)	39	62.9
Strongly agree or agree that it is important to protect our environment for future generations (e.g., land, rivers and sea)	39	62.9
Strongly agree or agree that I have a strong spiritual connection to certain places (e.g., my church/mosque/shrine, or places such as mountains, the bush, the sea, etc.)	46	76.7
Strongly agree or agree that I often feel a spiritual connection to people (e.g., friends, family, church members)	27	47.4

N=91.
Missing (n): Belonging to groups outside school (28); Helping school or community (27); Plan to enrol to NZ elections (24); Strongly agree/agree there is an adult outside family/whānau who: I can trust (27); I can talk (30); Understands what is important to me (30); Accepts me (30); I have close bond with (28); Will stick up for me (29); I have fun with (15); Somewhere safe (28); Place where I can go (29); Important to protect our environment (31); Strong spiritual connection to certain places (34); Spiritual connection to people (31).

Community involvement of AE students compared to secondary school students

When comparing AE and secondary school students' community involvement (**Figure 15**), **AE students were less likely to**:

• Belonging to one or more groups outside school;

• Report volunteering to help others in their school or community;

• Have planned to enrol to vote in the New Zealand elections and;

• Strongly agree/agree that it is important to protect our environment for future generations.

Secondary school students and AE students reported similar support systems and strengths (strongly agreed or agreed), **with no significant differences for having**:

• Somewhere safe they can go and stay, other than with my family/whānau[a];

• A place they can go where they feel they belong with people who support them[b];

• A strong spiritual connection to certain places[c] and;

• A spiritual connection to people[d].

[a] Adj OR=1.1 (95% CI 0.6-1.8); p=0.829.
[b] Adj OR=1.1 (95% CI 0.7-1.8); p=0.722.
[c] Adj OR=0.9 (95% CI 0.5-1.5); p=0.607.
[d] Adj OR=0.7 (95% CI 0.4-1.2); p=0.170.

Figure 15. Community involvement: Comparisons between AE students and secondary school students, 2019.
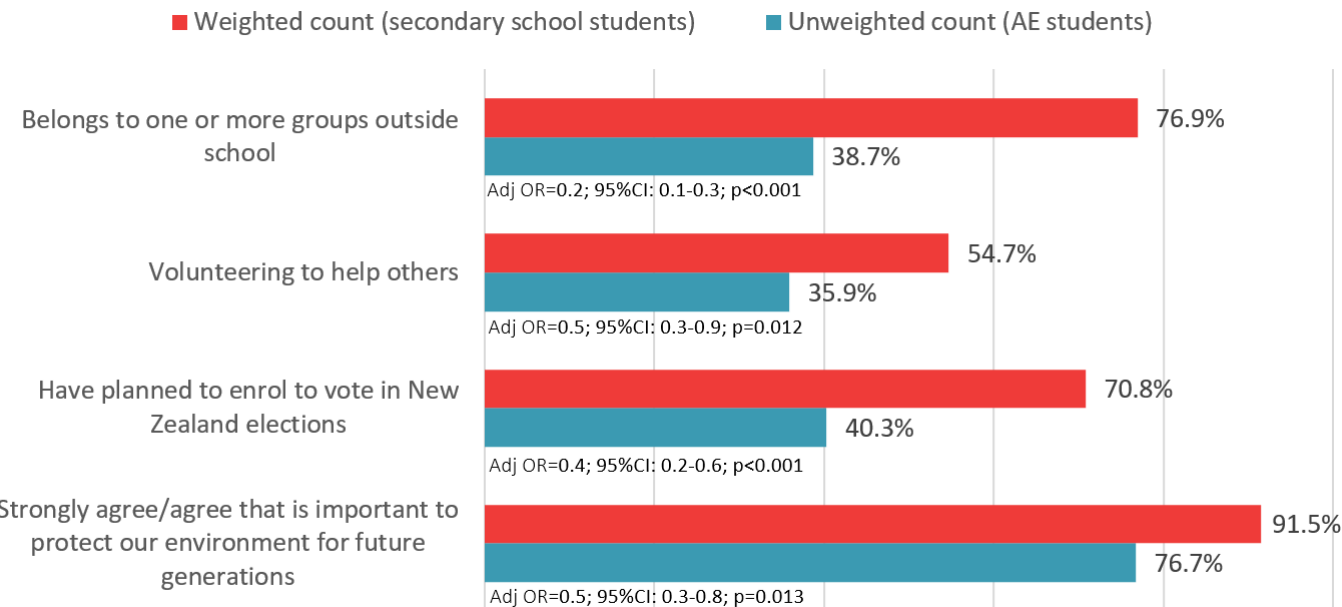
Adj OR: Adjusted relative risks by sex, age and ethnicity

Violence, Risky Car Use and Police Interactions

There are concerning proportions of AE students taking risks in cars and being in trouble with the police (**Table 12**).

- Three in ten (27%) AE students reported don't always wear a seatbelt when driving or being driven;

- Most (72%) reported riding in cars driven by someone who had been drinking, was high or was driving dangerously.

- More than half (51%) reported driving a car when they have been drinking or were high or driving dangerously.

- Almost half (45%) reported that they have been in trouble with the police in the last 12 months.

- 38% reported they have been treated unfairly by the police because of their ethnic group.

- 37% reported to never, not often or only sometimes feeling safe in their neighbourhood.

Experiences of violence were common among AE students (**Table 13**):

- In the last 12 months, one in five (20%) reported that adults in their home hit or physically hurt a child, hit or physically hurt the young person, or hit or physically hurt each other;

- Six in ten (63%) reported that in the last 12 months they have been hit or physically harmed on purpose by a boyfriend or girlfriend, sibling(s), other young person, parent, other adult and;

- One in five (21%) reported that they have been touched in a sexual way or made to do sexual things that they didn't want to do (sexual violence).

There were no statistically significant differences between males and females for the indicators of injuries, violence and risk-taking behaviours *(data not shown in table).*

Table 12. Violence, risky car use and police interactions among AE students, 2019.

	All	
	n	%
When driving or been driven in a car how often do you wear a seatbelt?		
Always	19	72.5
Not always	50	27.5
During the last month, did you ride in a car driven by someone who had been drinking alcohol or was high or had been taking drugs or who was driving dangerously (speeding, racing, burnouts)?		
Yes	44	72.1
No	17	27.9
During the last month, did you drive a car when you had been drinking alcohol or you were high or had been taking drugs or were driving dangerously (speeding, racing, burn outs)?		
Yes	22	51.2
No	21	48.8
In the last 12 months, have you been in trouble with the police?		
Once or more	28	45.2
Never/Not in the last 12 months	34	54.8
Have you ever been treated unfairly (picked on, hassled, etc.) by the police because of your ethnic group?		
Yes	23	38.3
No	37	61.7
Do you feel safe in your neighbourhood?		
All the time	41	63.1
Sometimes/Not often/Never	24	36.9
In the last 12 months, have adults in your home hit or physically hurt a child (other than yourself), hit or physically hurt you, hit or physically hurt each other?		
Yes	13	20.3
No	51	79.7
During the last 12 months, how many times have you been hit or physically harmed on purpose by a boyfriend or girlfriend, sibling(s), other young person, parent, other adult?		
Yes	36	63.2
Never/Not in the last 12 months	21	36.8
Have you ever been touched in a sexual way or made to do sexual things that you didn't want to do? (including sexual abuse or rape) (Yes)	13	21.3

N=91.
Missing (n): Frequency of seat belt use (22); Risk-taking as a car passenger (30); Risk-taking as a car driver (48); Have you been in trouble with the police (29); Have you been treated unfairly by the police (31); Do you feel safe in your neighbourhood (26); Adults at home hit you or other person (27); Frequency of times you have been hit or physically harmed (34); Have you been touched in a sexual way (30).

Violence, risky car use and police interactions of AE students compared to secondary school students

Compared to students in secondary schools (**Figure 16**), **AE students were less likely to:**

- Always use a seatbelt;

and **more likely to**:

- Ride in cars driven by someone who had been drinking, was high or was driving dangerously;

- Drive cars when they have been drinking or were high or driving dangerously;

- Report that in the last 12 months they have been in trouble with the police and;

- Report they have been treated unfairly by the police because of their ethnic group.

There were **no statistically significant differences** between secondary school and AE students for:

- Being hit or physically harmed on purpose by a boyfriend or girlfriend, sibling(s), other young person, parent, other adult in the last 12 months[a];

- Being hit or physically hurt a child (other than yourself), hit or physically hurt you, hit or physically hurt each other in the last 12 months[b];

- Feeling safe in their neighbourhood[c] and;

- Experiencing sexual violence[d].

[a] Adj OR=1.3 (95% CI 0.8-2.3); p=0.278.
[b] Adj OR=1.3 (95% CI 0.7-2.4); p=0.413.
[c] Adj OR=1.3 (95% CI 0.8-2.2); p=0.271.
[d] Adj OR=1.4 (95% CI 0.8-2.6); p=0.269.

Figure 16. Violence, risky car use and police interactions: Comparisons between AE students and secondary school students, 2019.
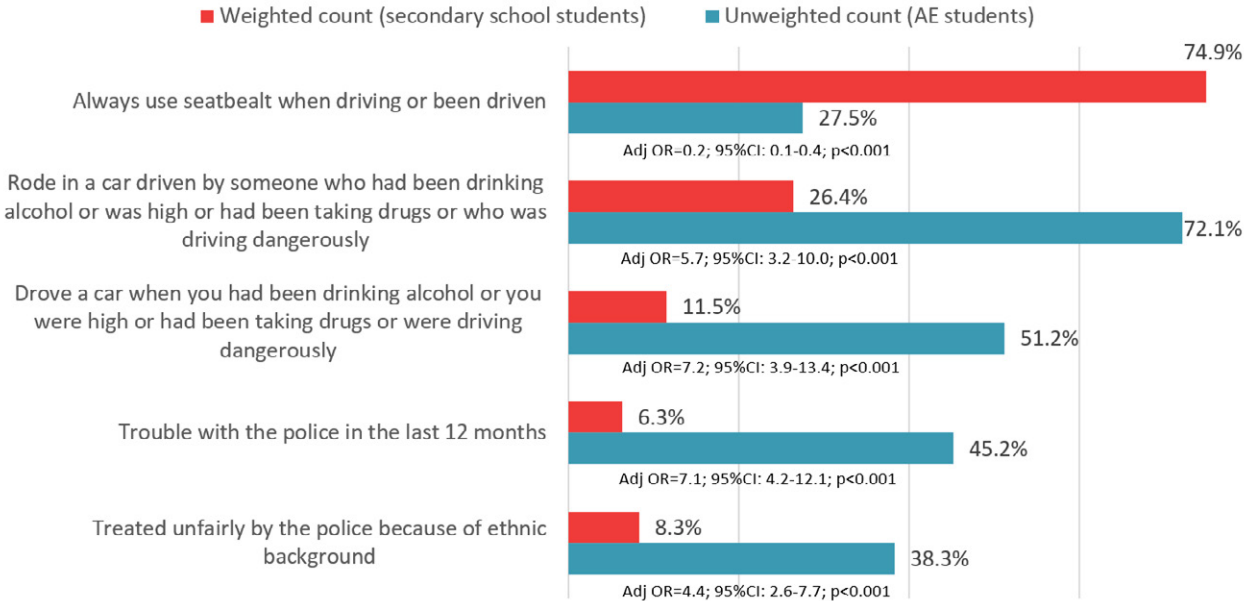
Adj OR: Adjusted relative risks by sex, age and ethnicity

Trends in violence, risky car use and police interactions of AE students over time (2000, 2009 and 2019)

There were **no statistically significant differences** in the proportion of AE students in 2019 (compared to 2009 and 2000) who reported:

- Always using a seatbelt[a] and;

- Being hit or physically harmed on purpose[b].

[a] 2000 vs. 2019: adj RR=1.5 (95% CI 0.9-2.2), p=0.069; 2009 vs. 2019: adj RR=1.1 (95% CI 0.7-1.6), p=0.809.
[b] 2000 vs. 2019: adj RR=0.8 (95% CI 0.7-1.1), p=0.145, p=0.069; 2009 vs. 2019: adj RR=0.8 (95% CI 0.6-1.0), p=0.056.
Note we did not look at differences over time for dangerous driving, police interactions, neighbourhood safety and sexual violence.

Youth Voice

For the first time in a Youth2000 survey, Youth19 included open text questions so that AE students could express their views about the issues they face. They could skip the question or respond in open text boxes, in their own words.

The participants were asked the following open text questions:

"If you could change one thing about school/course to make it better, what would it be?"

"What do you think are the biggest problems for young people today?"

And

"What do you think should be changed to support young people in New Zealand better?"

In total, 48 (53%) AE students answered the first question, 34 (37%) answered the second question, and 19 (21%) answered the third question. Most answers were one or two words, although a few students provided more detailed responses. We analysed responses to these questions using a general inductive approach (Thomas, 2006), which aimed to summarise AE students' feedback to each question, rather than seeking to develop a discourse analysis or build new theory. This was relevant to the survey purpose.

For each question, PB read all responses to the question and then gathered 'like with like', clustering responses into groups. These were reviewed and refined and then unifying ideas were drafted. Next, PB independently searched for quotes which encapsulated the key ideas for each cluster or theme. The themes were reviewed for clarity and accuracy, alongside any descriptions and quotes by a second author and content expert (TC). TC reviewed the original data to ensure that they remained true to the youth voices, and then collectively TC and PB finalised the youth voice themes.

Question 1: "If you could change one thing about school/course to make it better, what would it be?"

Wouldn't change anything

Many young people said they wouldn't change anything about their course, they liked their AE as it is. For example,

Nothing. I love my course as it is.

Others commented that they wished they could stay at course longer. For example,

More time to come to AE.
13 to 18 year olds [should be allowed, i.e. expanding the age range].

These comments show that, for many, AE is a welcoming and safe place. This sense of feeling connected to the course also reflects the role tutors play in creating spaces where young people who have been alienated from mainstream schooling feel they belong.

AE is under-resourced

Although many liked their course and wouldn't change anything, a few young people noted that AE is under-resourced. Some said their physical resources were old and needed updating. Others said their physical spaces were unsafe and needed repair. For example,

Get new school vans for the students and get new things for us.

To make our course look better and fixed.

The concrete, it needs to be flattened out, so nobody trips over or gets hurt.

Young people in AE notice. They notice that they don't have the learning resources they need. They are fully aware that their learning spaces are physically tired and unsafe, and that they deserve better.

More practical and outdoor learning

A few students in AE said they wanted to engage in more practical learning. For example,

Not to do [too] much book work and more practical [work].

Less paperwork.

We know that when young people are cut-off from mainstream school, they are also often cut-off from other developmental opportunities and facilities, including camps, tech-based courses, and purpose-built sporting facilities. Students in AE want more opportunities to engage in activities outside of the classroom. For example,

Take the course for an oversea camp.

Ride motorbikes and go to the farm.

Support with smoking and nicotine addiction

Some young people commented that it was difficult to get through the day without smoking. Nicotine is a highly addictive substance, and it is very difficult to stop a during the school day. For this age group smoking is illegal, but many young people in AE regularly smoke cigarettes and nicotine-containing vapes. Managing the stress associated with not being able to smoke/vape at course can be challenging, and some said it would help to have cigarette/vape breaks. For example,

Being able to have a smoke break during lunch.

Allowed to have at least two ciggy breaks.

Let us smoke.

Young people in AE are dealing with multiple stressors and often find ways to help manage these stressors in their lives through self-soothing activities such as smoking. Endorsing smoking and vaping in the AE setting is not suggested, but there must be alternatives to address nicotine addiction and reduce the stressors in young people's lives. Therefore, it is important to ensure we find specialised and unique ways to help minimise distress and reduce the harm of nicotine addiction for AE students in the school setting.

Question 2: "What do you think are the biggest problems for young people today?"

Inheriting systems that are ineffective, exclude and stigmatise.

Many of the challenges young people in AE noted seemed to exist at a macro or system level. These systems have been forged by colonialism, and actively exclude many groups (i.e. those who are disabled, Maori or just those that don't fit into the mainstream). These problems were beyond their control and included poverty, homelessness, the environment, and social media. For example,

People are poor, people need more money.

Living on the streets and being homeless.

Environment.

Social media in general.

Not enough people will do good in this world as technology will soon take over our daily lives.

Young people in AE are aware of the complex challenges in both physical and virtual spaces faced by young people today. Many of these challenges are inherited (e.g., ongoing inequities and climate inaction). We need to ensure young people in AE are given the opportunity to voice their concerns, be heard, and contribute to change.

Lack of support for and belief in young people

Without the right support, it can be difficult for young people to break the cycle of challenging behaviours. Students in AE say that young people want to make better decisions, however they can't do this without support and being taken seriously. For example,

Making wrong decisions. Hanging out with the wrong crowd.

Give what they need so it saves them from making wrong choices.

People don't support what they do.

We are not taken seriously when we have ideas.

AE students need to feel that they are valued contributing members of society and they have a lot to offer. We need to listen and ensure they have access to the support they need.

Impact of inheriting stigmatising systems not tailored to young people's needs

Young people are facing significant mental health concerns. Students in AE pointed out that suicide is one of the biggest problems and that this problem is often interwoven with drug use. For example, a few students specifically mentioned both suicide and drug use as the biggest problem. Another student talked about losing whānau through suicide. Others spoke specifically of the challenges associated with drugs and alcohol, with a few specifically mentioning marijuana.

For example,

Smoking buds.

Weed.

Finally, some talked about relational challenges including bullying. For example,

Bullying (including cyber bullying).

Relationships.

Question 3: "What do you think should be changed to support young people in New Zealand better?"

Young people in AE had a range of important ideas on how to better support young people in Aotearoa New Zealand. Their responses focused on two main themes, **more support** and **youth-focused support**. Young people and their families need to have their basic needs met, and some AE students indicated they need more money to live. Others talked about how young people need access to non-judgemental support that helped them make better decisions. For example,

Being there, supporting them no matter what. Not bullying.

Give what they need so it saves them from making wrong choices.

One young person said it would be useful to provide opportunities for young people to help other young people.

Youth groups that check in on peoples living situations and seeing if they need help.

Finally, one AE student noted that young people simply want more positive developmental opportunities.

More things to do to enhance their full potential.

Summary of Findings

Over the past 19 years, we have surveyed young people in Alternative Education, and sadly little progress has been made. Students in AE continue to experience difficult life situations, poverty and trauma that impact on their ability to learn and live happy lives. This is particularly evident in the very high levels of serious mental health distress among AE students. Despite significant challenges, many young people report that AE provides a safe place for them to learn, with tutors who are key to their development. Young people in AE also voiced some concrete strategies to improve their lives.

Our recommendations are not new. Rather, they reinforce the need to ensure that (1) every young person grows in safe inclusive environments where they have enough to thrive, (2) AE students have equitable educational opportunities and resources as their mainstream peers - with responsive, coordinated systems that help them to grow, connect and be healthy, and (3) we foster the inherent mana of AE students by growing their gifts, talents and skills to live fulfilling, happy lives.

AE students navigating multiple challenges —
we can make the journey smoother

YOUTH19
A Youth2000 Survey
www.youth19.ac.nz

Coordinated and responsive systems
Youth development opportunities
Skilled tutors who are adequately resourced
Caring & supportive adults, family, friends
Basic needs are met (i.e. housing, food, income)

Poverty

Lack of opportunities

Let down by multiple systems and agencies

Colonisation, trauma and violence

This graphic represents the complex student journey for AE students. Many have had precarious pathways in their earlier lives (impacts of colonisation, trauma and poverty), but with supports and strengths along the way (skills, talents, key whānau relationships represented by yellow bricks). They carry the world on their shoulders with worries about their future, education, climate change, and social media pressures. There are opportunities to widen and smooth-out these pathways to support the aspirations of AE students and their whānau (i.e. housing, secure relationships, coordinated systems, represented by wider pathway and fence barriers to stop AE students falling off the cliff).

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Figure 15. Community involvement: Comparisons between AE students and secondary school students, 2019.

Figure 16. Violence, risky car use and police interactions: Comparisons between AE students and secondary school students, 2019.

References

Atkinson, J., Salmond, C., & Crampton, P. (2019). NZDep2018 Index of Deprivation User's Manual. University of Otago.

Berben, L., Sereika, S. M., & Engberg, S. (2012). Effect size estimation: Methods and examples. *International Journal of Nursing Studies*, *49*(8), 1039-1047.

Bullen, P., Deane, K. L., Wilder, K., & Zoutenbier, S. (2020). Looking upstream to improve the wellbeing of youth who are alienated from mainstream education in Aotearoa New Zealand. In P. Towl & S. A. Hemphill (Eds.), *Safe, Supportive, and Inclusive Learning Environments for Young People in Crisis and Trauma* (pp. 200-210). Routledge.

Clark, T.C., Drayton, B., Ball, J., Schwenke, A., Crengle, S., Peiris-John, R., Sutcliffe, K., Fenaughty, J., Fleming. T. (2021) *Youth19 Housing Deprivation Brief.* University of Auckland & University of Victoria.

Education Counts. (2023). *Time Series Data for Trend Analysis 1996-2022* [Dataset]. Retrieved from https://www.educationcounts.govt.nz/statistics/school-rolls.

Fleming, T., Peiris-John, R., Crengle, S., Archer, D., Sutcliffe, K., Lewycka, S., & Clark, T. (2020a). *Youth19 Rangatahi Smart Survey, Initial Findings: Introduction and Methods.* The Youth19 Research Group, The University of Auckland and Victoria University of Wellington, New Zealand.

Fleming, T., Tiatia-Seath, J., Peiris-John, R., Sutcliffe, K., Archer, D., Bavin, L., Crengle, S., & Clark, T. (2020b). *Youth19 Rangatahi Smart Survey, Initial Findings: Hauora Hinengaro/Emotional and Mental Health.* The Youth19 Research Group, The University of Auckland and Victoria University of Wellington, New Zealand.

Hirshkowitz, M., Whiton, K., Albert, S. M., Alessi, C., Bruni, O., DonCarlos, L., Hazen, N., Herman, J., Katz, E.S., Kheirandish-Gozal, L., Neubauer, D.N., O'Donnell, A., Ohayon, M., Peever, J., Rawding, R., Sachdeva, R., Setters, B., Vitiello M., Ware J.C., & Hillard, P. J. A. (2015). National Sleep Foundation's sleep time duration recommendations: Methodology and results summary. *Sleep Health*, *1*(1), 40-43.

Ministry of Education. (2016). *Briefing Documents on the Alternative Education Review for the Minister*. Author.

Miranda-Mendizabal, A., Castellví, P., Parés-Badell, O., Alayo, I., Almenara, J., Alonso, I., Blasco, M.J., Cebria, A., Gabilondo, A., Gili, M., Lagares, C., Piqueras, J.A., Rodriguez-Jimenez, T., Rodriguez-Marin, J., Roca, M., Soto-Sanz, V., Vilagut, G., & Alonso, J. (2019). Gender differences in suicidal behavior in adolescents and young adults: Systematic review and meta-analysis of longitudinal studies. *International Journal of Public Health, 64*(2), 265-283.

Noel, H., Denny, S., Farrant, B., Rossen, F., Teevale, T., Clark, Fleming, T., Bullen, P., Sheridan, J. & Fortune, S. (2013). Clustering of adolescent health concerns: A latent class analysis of school students in New Zealand. *Journal of Paediatrics and Child Health, 49*(11), 935-941.

Salk, R. H., Hyde, J. S., & Abramson, L. Y. (2017). Gender differences in depression in representative national samples: Meta-analyses of diagnoses and symptoms. *Psychological Bulletin, 143*(8), 783-822.

Schoone, A. (2020). Constellations. In A. Schoone (Ed.), *Constellations of Alternative Education Tutors* (pp. 39-97). Springer.

Schoone, A. (2010). Ten myths regarding Alternative Education. Court in the Act – The Youth Court of New Zealand Newsletter, February Edition. Retrieved from http://www.alted.org.nz/1/pages/20-resource.

Statistics New Zealand. (2005). *Statistical standard for ethnicity classification*. Retrieved from www.stats.govt.nz.

Statistics New Zealand. (2018). *Living in a crowded house: Exploring the ethnicity and well-being of people in crowded households.* Retrieved from www.stats.govt.nz.

Statistics New Zealand. (2020). *Microdata output guide (fifth edition).* Retrieved from www.stats.govt.nz.

Thomas, D. R. (2006). A general inductive approach for analyzing qualitative evaluation data. *American Journal of Evaluation*, *27*(2), 237-246.