TE TATAU KITENGA

SYHPANZ

SOCIETY OF YOUTH HEALTH PROFESSIONALS AOTEAROA NEW ZEALAND

# TE TATAU: DISCUSSION DOCUMENT FOR ENHANCEMENT OF SCHOOL BASED HEALTH SERVICES

TO THE MINISTRY OF HEALTH

MAY 2021

# Contents

# 1. EXECUTIVE SUMMARY

NZ Statistics informs us that approximately 10 -19yo age group are 25% of total population of Aotearoa New Zealand i.e., 1,250,000 young people in a team of 5million. In 2020 Ministry of Education (MoE) states that nearly 300,000 young people are enrolled in secondary schools. In total population this group includes 10 -12yo but MoE data may not include them despite they may be enrolled in area schools (Years 7-13,) or middle schools (Years 7 -10). The total population data does not accommodate young people with disabilities who can be enrolled in secondary schools to the age of 21yo. This highlights a huge discrepancy in counting school aged young people and understanding where young people are.

However, we also know that there are many young people who leave school at 16yo, plus many young people are not included in these numbers for a variety of reasons such as poverty, violence (this can be in many forms), learning dysfunction and/or disconnection, and lack of acceptance of their individualism. Unfortunately, this group are over-represented by Rangatahi Māori and Pasifika young people.

In April 2021, the Minister of Health announced changes to the health system that will be transformational on a large scale.

*We need a system that is not only fairer, but also smarter.*

- *Fairer - so that it tackles inequity, inconsistent access, and differing levels of service to give every New Zealander consistent quality healthcare.*
- *Smarter - so that it works effectively, intelligently, cohesively, and makes the most of the money and resources available.*
- *We owe it to our incredible health workforce to have a system that creates an environment in which they can feel supported and well-led and gives them certainty about their future.*

We need a whole of society approach that looks at a broad range of indicators relevant to youth. Young people's needs assessments must be centred on measuring things that are important and improve outcomes – both now and in the future, for the young person and their whanau.

Youth Health clinicians must work in a collaborative manner; acknowledging that family, school, community, and wider political environments impacts on young people's wellbeing. In addition, holistic models of wellbeing like Te Whare Tapa Whā recognise that any physical health interventions without appropriate cultural, spiritual, whānau and environmental factors are unlikely to improve equity for Māori and other groups of young people.

Te Tatau Kitenga (Te Tatau) brings a Te Ao Maori worldview and sector knowledge. Te Tatau recognises there is an opportunity to support equity by setting top four priorities where things could become more equitable in outcomes for Maori vs non- Maori such as:

- Suicide and mental illness such as anxiety and depression,
- Accidental injury,
- Experience of violence (sexual, physical and emotional),
- Chronic health conditions and disability such as obesity, obstructive sleep apnoea, FASD, diabetes, asthma, and dermatological conditions.

These are deficit statistics but directs service delivery to not acknowledging strength-based processes. Talking in this way is where this becomes the norm not the exception to the norm. To improve Equity, we need to prioritise wellbeing, promote Māori capability and advancement, and support the future health, education, cultural, social, and economic aspirations of whānau.

How would it look if young people set their priorities for their future:

1. **Living healthy, thriving, culturally rich and optimistic lives**
    - Young people have the skills they need to live healthy lives i.e., Tino Uaratanga "I have potential", Wairua "I am essential", and Rangatiratanga "I have self-determination".

- Young people have the connections and relationships they need to support them to be healthy i.e., Aroha "I matter", Whakapapa "I belong", and Whanaungatanga "I am connected".
- Young people have access to high quality, culturally embracing SBHS i.e., Te Reo "I have mana", Ōritetanga "I am equal", and Manaakitanga "I am valued".

2. **Have access to essential services to prevent, address and facilitate good health and social outcomes**
    - Young people and their whānau know how and where to access care (i.e., unmet care is reduced, access to primary and secondary care as needed)
    - Young people have access to preventative care (i.e., safe driving education, smoking cessation, sexual health education, violence/bullying prevention etc.)
    - Young people have access to primary care services (i.e., primary mental health support, acute sickness and injury, support with chronic conditions and disability)
    - Young people have connected care (i.e., services are coordinated, multidisciplinary care, shared information)
    - Young people have quality care (i.e., what they see, hear and feel when they access care, good outcomes with lower morbidity and mortality)

Youth need to be considered significant agents of change in services that have a direct impact to their health and wellbeing. When we kōrero about rangatahi, we have a duty to ensure that they are able to look towards the future with hope and aspiration. We also have a commitment to ensure that they are able to see themselves thrive, to carry out their own journey, and to foster their progression.

It is essential Health work with Education more closely around mutual understanding of Wellbeing and existing values-based models (e.g., Kura kaupapa). Partnership between health (funders and providers) and education (funders and school management) is required to effectively develop and deliver comprehensive youth health services within schools.

Te Tatau value the opportunity to work within a stakeholder partnership model for the ongoing Enhancement of SBHS workplan programme. We want to promote, further understand and develop roles with each other, share skills and experiences, and ultimately make a significant contribution to young peoples' health and wellbeing.

## Te Tatau's recommendations priorities are:

1. **Improving Equity**
    - Māori should play a lead role in developing the enhanced and expanded SBHS
    - High trust contracting for how resources are distributed based on equity framework.
    - Funding allocation for Equity Workforce Development.
2. **SBHS should be aligned to Te Ao Māori values and principles**.
3. **Youth Engagement and Leadership**
    - Youth want to design services with young people for young people, and this is proven to be a most effective approach.
4. **Workforce Plan**
    - Developing an agreed National School Based Health Service framework and framework for workforce development will enable measurement against a recognised standard.
5. **Youth Health Services Standards are developed with Te Ūkaipō Values Framework embedded.**
6. **Invest in measuring the hard to measure but important needs and outcomes**
    - Count what matters and act upon it.

# 2. INTRODUCTION

## A. Te Tatau Kitenga

The National Youth Health Leadership Group (working title, NYHLG) is established through a partnership between the Ministry of Health (the Ministry) and the Society of Youth Health Professionals Aotearoa New Zealand (SYHPANZ). The Ministry determined NYHLG would focus on 'Enhancement programme of SBHS'.

In March 2020, a group of twelve Youth Health professionals were brought together by SYHPANZ to form the NYHLG. These individuals were selected for:

- their expertise in developing SBHS models and workforce,
- their experience working in school models,
- their experience working with young people, and
- their wider contributions to the Youth Health sector.
- *Membership list is available in Appendix 1*

The Ministry confirmed that SYHPANZ in-depth knowledge of the Youth Health sector, membership expertise, and extensive networks were well-placed to approach the sector directly for members.

This group of twelve represent a variety of regions (including rural), health professions, and workplaces with differing current models of school-based health care delivery. Within the Youth Health sector, they are considered health experts and youth advocates. A number are also recognised international Youth Health researchers. We acknowledge that the Youth Health workforce is predominantly female, and therefore we note that there is low representation of male in the NYHLG at this stage.

Māori and Pacific peoples are represented in NYHLG, and the group is advised by the Kaumatua of SYHPANZ. Part of our initial work is to establish the process and people who will ensure that Treaty obligations, cultural safety, and equity are embedded throughout the way that the NYHLG works.

By mid-2020 as NYHLG became firmly established and the workplan was well underway SYHPANZ Kaumatua was able to have this group acknowledged and gifted a new name **Te Tatau Kitenga (Te Tatau)**, which translates as The Doorway to Foresight to recognise the group's strategic vision for rangatahi/young people and their function as door holders for others.

In August 2020 SYHPANZ and the Ministry agreed to the establishment of a group within Te Tatau that is focused on equity and Māori rangatahi and Kaimahi. Matua gifted a second name **Te Rōpū Mātanga o Rangatahi (Te Rōpū)**, which translates as The Watchmen of Rangatahi. It is recognized that members of this group are also part of Te Tatau rather than being a separate group and work in partnership to embed equity for this valuable mahi.

The NYHLG is established under a Terms of Reference and will now be referred to as Te Tatau in this report. Throughout this period Te Tatau were challenged with constant change due to various factors, particularly Covid-19 (both with increased workload, and reduced ability to meet in person), building relationships, unexpected time and commitment, engaging with new partners and areas within health relevant to our priority groups of young people.

It is noteworthy that SYHPANZ, the Ministry, and Te Tatau have shown great motivation and flexibility to maintain their commitment despite unexpected changes and have:

- maintained the same membership for 2020-2021,
- recognised importance of prioritising equity and formed Te Rōpū as equal partners within Te Tatau,
- continued to progress the agreed areas of the workplan programme.

## B. Overview

**EXTEND NURSES IN SCHOOLS [DPMC]**[1]

School-Based Health Services (SBHS) provide free access to primary health care, including mental health, for students from Year 9 in low decile secondary schools.

Enhance these services, beginning with expansion to all decile 5 secondary schools and consolidating the existing programme.

A National Youth Health Leadership Group will be established to support SBHS enhancement work streams.

The SBHS Enhancement programme is aligned with the Government's commitment to extend and enhance School Based Health Services (SBHS) in Aotearoa, as an action to "inspire active, healthy and creative children and young people" in the Child and Youth Wellbeing Current Programme of Action.

Te Tatau is tasked with advising the Ministry what an extended and enhanced model of SBHS should look like for the rangatahi/young people of Aotearoa ensuring an equity lens is applied to understand the needs and potential of rangatahi/young people, an appropriate model of service, and development of 'fit for purpose' workforce.

SYHPANZ maintains an ongoing relationship with the Ministry, with the focus of increasing Ministry knowledge of Youth Health and enabling access to sector expertise. In consultation with the sector, SYHPANZ confirms that SBHS is an area of concern due to inequitable service provision and workforce, and rangatahi/young people attempting to navigate inconsistent systems with multiple access barriers.

SYHPANZ reinforces the strategic outcome of 'investing in Youth Health delivery will reap triple rewards such as improved outcomes for young people today; improved health burden as this generation ages; and improved outcomes for the babies of the young people i.e., the next generation'.

This tends to resonate well as a life course approach, particularly for Māori, whereby it is important to explore the interrelationships between individual life experiences and social structures, and the effects of these interrelationships. The life course approach aims to support self-determination with emphasis on early interventions to be more effective over the person's life-span.

**International Literature**

**If we can attend to the health and wellbeing of adolescents, it can bring a triple dividend:**

- **Capabilities adolescents acquire during these years and take forward into adulthood leads into benefits across life course.**
- **They are the next generation to parent – impacting on the health and capabilities they take into that most important role.**
- **Transform our futures, no more pressing task in global health than ensuring adolescents have the resources to do so.**

**Take a broader lens on adolescent/youth health that goes beyond health. It needs to focus on everything that goes on in the lives of adolescents i.e., whānau, school, community, and the ever changing world of media including social media**

***Our Future: Lancet Commission on Adolescent health and wellbeing 2016*** [2]

## C. Youth Health in Aotearoa

WHO defines 'Adolescents' as individuals in the 10-19 years age group and 'Youth' as the 15-24 year age group, while 'Young People' covers the age

range 10-24 years. In New Zealand, 12 to 24 years is the generally accepted age range for defining "youth" or "young people". This is the age range adopted by the Ministry of Youth Development and within the Youth Development Strategy Aotearoa.

Globally it is recognised this is the largest generation of 10-24yo in human history growing up in the world today. Population mobility, global communications, economic development, and the sustainability of ecosystems are setting the future course for this generation.[2]

Young people are considered a specific demographic with regard to health, due to the "physical, sexual, psychological and social developmental changes, all taking place at the same time".[2]

The behaviours and health seeking behaviours and skills established during adolescence can have ongoing impacts on the lifespan throughout adulthood. Because of these particular experiences, changes and challenges that young people encounter, health professionals who have an interest in rangatahi/young people require an expert skillset beyond the clinical qualifications and knowledge expected in general nursing and medical practice.

School-based health services (SBHS) have the potential to impact on the health of secondary schools students by providing accessible, comprehensive, and intensive health services.[3]

**Youth 2000 Survey Series [AHRG][3]**

The Youth 2000 series informs us that adolescents cite lack of access, concerns about confidentiality, and inconvenience as reasons for not using the health care system. When adolescents seek health services, they often access care in multiple settings (schools, medical offices, family planning centres, mental health clinics, and

## D. Purpose

**Labour Policy**[4]

- Labour will continue the rollout of the successful nurses in school programme.
- Labour will continue to expand school-based health services to all secondary schools over five years so that all students will have access to mental health, sexual health services, and a universal health, disability development check-in at Year 9.
- Already, 80,000 students have access to a nurse in deciles 1 to 5 schools and we will expand this to 240,000 secondary school students. We will be expanding this programme in tranches, starting with the schools with the greatest need.
- This initiative supports the mental health of young New Zealanders and reduces barriers to primary care.

The purpose of this report aims to utilise Te Tatau's Te Ao Māori worldview and sector expertise in bringing the workplan programme together from a Dream Big concept, to laying foundations, address equity, and identify needs in recognition of the priority groups identified by the Ministry:

- Rangatahi Māori
- Pacific young people
- Rainbow young people
- Young people with disabilities
- Young people involved with Oranga Tamariki.

"We can only make real improvements in equity when people are looking at the world through an equity lens, thinking about and implementing those small changes to the way we do things which go on to have significantly better outcomes for everyone."[29]

This report will provide recommendations to support quality SBHS based on a youth health framework that encompasses improving equity across all areas, ensuring all the relevant stakeholder partners are included, counting data that matters and can action, and enhancing a sustainable and updated workforce, and SBHS model.

Te Tatau understands this report will support the Stakeholder Partnership Working Group to inform and utilise agreed recommendations into Enhancement of SBHS implementation plan within the five year time frame (2020 – 2024).

**Quality youth health services that provide opportunities to support the health and development of youth:**

- **Have an explicit youth development framework.**
- **Avoid a focus on single health issues.**
- **Are comprehensive, multidisciplinary and culturally competent.**
- **Recognise and treat disease and disability in adolescence.**
- **Promote and support positive trajectories into adulthood.**
- **Focus on opportunities for improving the health and wellbeing of groups of youth.**
- **Are effective at intersectoral work.**
- **Advocate and support system development that enhances youth wellbeing.**

**Dr Peter Watson**
*Report on Youth Health Priorities: 2007.*[5]

# 3. KEY THEMES

**This section outlines the key areas that laid foundations for work priorities and themes informing the recommendations such as:**

**A. Development of Workplan Programme**
**B. Youth Leadership**
**C. Vision and Values Framework**
**D. Key factors to consider for enhancing SBHS**
**E. Improve Equity and Enhance SBHS**

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## A. Development of Workplan Programme

The purpose of the workplan programme for Te Tatau is to provide expert advice and recommendations to the Ministry on youth-related topics and services.

Te Tatau members share a wealth of youth health knowledge and expertise in transforming big dreams into reality for young people. We expect the young to make this a better world - to dream, to aspire and to reach for the stars. Te Tatau aimed to use 'dream big thinking' as a blend of optimism, hope, and innovation for strengths based transformative change to meet government's goal to enhance SBHS.

Te Tatau focused on extracting the depth of 'years of experience' within the group to highlight what we know is working well, where we believe the gaps are, and where/how to make improvements. Many members of Te Tatau have written literature for the Youth Health sector and have faced the ongoing challenge of waiting for 'action and or implementation' of these documents to take place. Many of these documents are still viewed as essential to the sector and will feature in the literature review done by the Workforce group.

The 'Dream Big' document outlined detail across many domains (e.g., policy to service delivery) such as:

- Who would be part of a SBHS team?
- How would they link into other health, social, justice, education services?
- How would SBHS communicate/IT systems?
- Who ensures that SBHS are accessible, have quality care and equitable?
- What measures of success?
- What training/mentoring/supervision is needed?
- How do schools interact with SBHS?
- How do we ensure that there is national consistency of services, but that allows for regional uniqueness?

This 'Dream Big' thinking supported the Ministry and Te Tatau to develop an agreed Workplan programme (see Appendix 2).

Covid-19 changed the way Te Tatau members were able to work. This group are noted leaders nationally and within their communities and familiar with each other. Unfortunately, this was not able to happen due to Covid-19 restrictions. Te Tatau agreed to work in sub-groups to maximise smaller virtual meetings more frequently than the scheduled four face to face meetings that would have normally occurred. This enabled areas of the workplan programme to be allocated to four groups (includes Te Rōpū from September 2020).

## B. Youth Engagement and Leadership

"Youth participation means young people sharing in the decision making which affects their own lives and the communities".[19]

**What makes a 'good' life … OCC**

Efforts to support children and young people will not be effective if the sole focus is on what needs to be delivered. How supports are delivered matters just as much.

"Having a good life isn't necessarily about the materialistic things".

**Te Tatau Focus Groups**

"For the youth to be a part in big discussions".
"Giving students a say in things that will be affecting the youth or young people".
"A platform to speak".
"Understanding me and my generation, our point of view".
Youth should be paid to lead, govern, and participate in SBHS in a meaningful way as employment.

Youth need to be considered significant agents of change in services that have a direct impact to their health and wellbeing. Youth Health as a field of practice recognises the importance of including rangatahi/young people in leadership and governance. The development of leadership contributes greatly to the positive development of young people and their communities. However not all young people are ready to engage at this high level and also, we need to value ways and time required to allow young people to make positive choices to support others. There needs to be a variety of ways to engage young people in order for Youth to educate and inspire others to act, to demonstrate leadership skills, to model positive behaviours for peers, and to communicate their opinions and ideas to others.

The Ministry's partnership with young people is at an embryonic stage at this point. The Ministry is committed to building this in a meaningful and sustainable way. Te Tatau work with young people via service provision, research, advisory capacity, and governance and will provide advice to the Ministry on the best process to ensure Youth are significant partners in the Stakeholder Partners Working group. Research tells us youth-led outcomes are more successful and sustainable. Youth leadership and participation is valued; it needs to be clear as to how to use their involvement effectively.

***"Health NZ will be required to involve users of health services in its planning" Minister of Health April 2021".***[6]

Te Tatau values the voice and leadership of young people. However, Te Tatau agreed that it would be best that the group takes the time to understand the full extent of the workplan before committing young people to the kaupapa. It can often be hard for young people to contribute. It was noted that whilst some rangatahi/young people would be willing to attend meetings, many more are able to contribute via other platforms.

Te Tatau determined it is still important that young people could contribute to their mahi while supporting the Ministry to build their relationship with Youth. Te Tatau aimed to incorporate youth voice to ensure sustainable recognition, and safety for their ongoing participation. Te Tatau have engaged with a small sample of young people across the motu and incorporated their voice throughout this report.

Te Tatau held various nationwide focus groups that were conducted both in-person and online with approximately 100+ students beginning in 2021 through January, March, April, and May. The aim was to gain insight from rangatahi/young people about their past and present experience(s) with their SBHS, and how the vision and values and interim recommendations proposed by Te Tatau resonated with them. Their voice is presented continuously throughout the report and all feedback is in Appendix 3. There are a range of terms used to describe same or similar things when talking about young people and Youth Health. We need to be mindful going forward that language is inclusive of all relevant areas that embody young people such as Health, Education, wider social services, and community sectors.

# C. Te Ūkaipō Values Framework

## Tūāpapa/Foundation for the Journey Ahead

Te Tatau and Te Rōpū will ensure the SBHS strategy matches the aims of Te Tiriti O Waitangi principles, Te Ao Māori principles, He Korowai Oranga (Māori Health Strategy) and Whakamaua; Māori Health Action Plan, and contributes to the achievement of Pae ora–healthy futures for Māori.

When we kōrero about rangatahi, we have a duty to ensure that they are able to look towards the future with hope and aspiration. We also have a commitment to ensure that they are able to see themselves thrive, to carry out their own journey, and to foster their progression.

Kaumātua stories regarding mokopuna begin with an understanding of identity and belonging, no matter their place of birth or current residence. These particular kōrero speak to the importance of whenua and intertwine with the practices associated with tikanga to bring generations of whānau together.

It is also important to recognise the impact of colonisation on interrupting or severing these links that connect the past, the present, and the future. Rangatahi who are unfamiliar with their own identity can struggle to relate to traditional cultural values and normative behaviours.

Te Ūkaipō can be viewed as a reference point for rangatahi to begin, or extend their understanding of a value system that is strength-based and mana enhancing. The intertwining of the rākau that form the kōhanga symbolise the inextricable link of one value to the another - whereby it enhances the one above as well as the one below.

Te Rōpū shared kōrero about how important connections are for rangatahi and that whenua/marae are places of connection and healing for Māori. The philosophy and purpose draw on the stories of this whenua, which form a ritual for proper engagement between two peoples.


**Te Tatau Focus Group**

"I am a young bird, a chick, just learning to fly. As our youth is described, I can only think that a baby bird cannot fly, it cannot get food to eat. Who is older and wiser to provide us with the support we need in order to fly and reach our full potential".

"So, it needs its mother to provide it with food strength wisdom. This applies to us too. We cannot learn to fly without support our mother bird can be our parent, teacher, social worker someone".

## ❑ Te Ūkaipō Values Framework

This is a visual representation of Te Ūkaipō Values framework. The framework's He Kōrero whakamarama/explanation is in full detail in Appendix 4.





TE KORE
TE PŌ
TE AO MĀRAMA
THE VALUE
Tino Uaratanga
RANGATAHI INTENT
"I have potential"
WHAKATAUKI
MEASURES & OUTCOMES:
THE VALUE
Whanaungatanga
RANGATAHI INTENT
"I am connected"
WHAKATAUKI
MEASURES & OUTCOMES:
THE VALUE
Te Reo
RANGATAHI INTENT
"I have mana"
WHAKATAUKI
MEASURES & OUTCOMES:
THE VALUE
Wairua
RANGATAHI INTENT
"I am essential"
WHAKATAUKI
MEASURES & OUTCOMES:
THE VALUE
Rangatiratanga
RANGATAHI INTENT
"I have self-determination"
WHAKATAUKI
MEASURES & OUTCOMES:
THE VALUE
Manaakitanga
RANGATAHI INTENT
"I am valued"
WHAKATAUKI
MEASURES & OUTCOMES:
THE VALUE
Aroha
RANGATAHI INTENT
"I matter"
WHAKATAUKI
MEASURES & OUTCOMES:
THE VALUE
Whakapapa
RANGATAHI INTENT
"I belong"
WHAKATAUKI
MEASURES & OUTCOMES:
THE VALUE
Ōritetanga
RANGATAHI INTENT
"I am equal"
WHAKATAUKI
MEASURES & OUTCOMES:

## D. Key Factors of SBHS

Te Tatau have highlighted from their 'Dream Big' whakaaro and kōrero significant key factors to consider for enhancement of SBHS.
These themes form the priorities for the recommendations and highlight the significant challenges that currently exist and add to the inequity within SBHS.
The recommendations are described comprehensively in each relevant section.

❑ ***Table 1 Summary: Te Tatau collective Kōrero on key factors to consider for enhancing SBHS***

| **Q: What are the key factors to consider for enhancing SBHS nationally?** | |
|---|---|
| **Recommendation Priorities** | **Kōrero / Challenges** |
| **1. Improving Equity is a priority** | • Rangatahi Māori have worse health outcomes and statistics than Pākehā counterparts.<br>• Significant and persistent disparities faced by rangatahi Māori, particularly with regard to socio-economic factors, perceptions of positive school climate, access to healthcare, risky health behaviours, including suicide attempts and violence exposure.<br>• Inequities exist for Māori and other ethnic groups (e.g., Pacific, Asian, immigrants, refugees), gender diverse young people, young people with disabilities and chronic illness, and across many domains such as rural communities.<br>• Inequities exist for growing the workforce (e.g., access to training) and retaining existing workforce (e.g., pay parity).<br>• Inequities exist in funding SBHS locally, regionally, and nationally. |
| **2. SBHS should be aligned to Te Ao Māori values and principles.** | • Values underpin a strengths-based service for all rangatahi. No foundation to underpin SBHS in alignment with Te Titiri principles such as a national Vision and Values framework based on Te Ao Māori.<br>• Key connections that are a priority include Health, Education, Iwi, Hapū, Whānau, and Rangatahi.<br>• Narratives from Te Ao Māori can reinforce what it means to be Māori, and elevate identity and wellbeing. Help rangatahi understand where they are in their journey and where they want to be.<br>• Traditional approaches to healing and wellness are effective yet infrequently accessible e.g., incorporate Rongoā Māori.<br>• Access to primary healthcare and social services is a significant barrier for many rangatahi compared to New Zealand European/Pākehā students. |

| Q: What are the key factors to consider for enhancing SBHS nationally? | |
|---|---|
| **Recommendation Priorities** | **Kōrero / Challenges** |
| **3. Youth Engagement and Leadership** | • Services are designed with young people for young people.<br>• Stakeholder partnership group needs to connect to youth in a variety of forms and arenas including governance such as a National Youth Advisory Group.<br>• Stakeholder partnership Group is involved in multiple research platforms engaging with rangatahi/young people informed by rangatahi/young people. |
| **4. National framework for integrated SBHS model** | • SBHS need to be inherently equitable for rangatahi/young people of all cultural groups, gender diversity, ability, need, and location.<br>• There are ad hoc discrepancies in service delivery without a framework for SBHS. There needs to be a baseline for services to work from, which can then be adjusted regionally and locally.<br>• Young people require free primary care that meets their developmental and cultural needs in settings that are convenient to them.<br>• There is much literature and evidence reinforcing integrated models delivered through partnership/collaboration with improved utilisation of interdisciplinary /multidisciplinary (MDT)/ multiagency (MAT) service provision for SBHS to achieve youth-led outcomes.<br>• There is a need to determine what an integrated MDT/MAT looks like, and how it could function within a school community.<br>• IT systems and Patient Management Systems duplicated and inefficient i.e., limited information sharing and interface across communities, schools, DHBs. |
| **5. Sustainable 'fit for purpose' Workforce** | • We understand the dynamics of this workforce are likely to vary depending on region, population, location, economic status, and type of educational facility.<br>• Increase equitable access to training, supervision, and professional development, minimize workforce isolation, and the risk of limited and/or sub-optimal practice. |
| **6. Invest in measuring the hard to measure but important needs and outcomes:** | • The main findings from the review highlighted there are gaps, variable quality, and missing data. The current data collection and reporting requirements for SBHS fail to capture the broader aspects of youth needs assessment and the implications for wellbeing. |

## ❑ Youth Voice

**What makes a 'good' life … OCC**

- Support my health and mental health.
- Children and young people shared their views about better supports for physical, mental, and sexual health. This included wanting better education about health issues.
- Young people mentioned mental health specifically, commenting on stress, anxiety, and depression explicitly. They called for more counsellors, especially in schools
- Young people asked for better supports for those with a disability and wanted children and young people to be able to go to the doctor or the dentist when they need to.

**Youth19 survey (AHRG)**

- Many comments suggested that services should not rely on young people knowing where to find help or having the skills or confidence to seek it.
- Students suggested that providers should tell them about available support, make it easy to access, and bring it to them.
- Students identified that they wanted support from people who understood and had insights, provided in non-judgemental, private or youth friendly settings.
- "Better support systems that have people that fully understand what young people are going through and can communicate well with them because there are some young people that don't like to talk about their feelings."
  Pacific female, decile 3, age 17+

**Te Tatau Focus Groups**

- "How come you see everyone in year 9, but you don't see us all when we're seniors unless we come to you? It would be cool if there was like that youth assessment before we left so we had a chance to put any help in that we needed before we left and then we have to see our GP who doesn't get young people".
- The SBHS team consist of everyone in the school, including teachers, nurses, councillors, deans, receptionists the principal and much more. It's everyone's collective efforts to support each other in mental health and general health too.
- SBHS – "help prevent things getting bigger".
- "Young people who struggle should be celebrated (small gains and small wins) as they will never get awards or even and effort certificate in mainstream education. Youth with disabilities and chronic health conditions seem to be invisible in schools and celebrating those small things helps them to stay positive about life". (from Mum of youth with a disability).

## E. Improve Equity and Enhancing SBHS

The Ministry of Health states, *'In Aotearoa New Zealand, people have differences in health that are not only avoidable but unfair and unjust. Equity recognises different people with different levels of advantage may require different approaches and resources to get the same outcomes.'*

Disparities between Māori and non-Māori have been the subject of numerous reports related to the health system, including improved access to services, improved quality of care and sustaining improvements. It is also important to recognise the impact of colonisation on interrupting or severing these links that connect the past, the present, and the future.

For this reason, it was important for Te Rōpū to identify a value that put equity as essential and intentful such as Ōritetanga which refers to equilibrium and equity. This is a core principle of Te Tiriti o Waitangi found in the Māori translation. It was historically undervalued by the crown in that several legislative bills led to a point where inequity is in every facet of life for Māori in Aotearoa. Universalism will not achieve equity, in order to address systemic biases and racism there has to be intentful change that recognises the strengths and power of Māori culture, language, and heritage.

Action is needed on multiple fronts. Within the many parts of the health system, and between the health system and other systems, both locally and nationally, a collective approach and a collective commitment are critical to remedying a situation that has lasted too long.[9]

We believe Te Ūkaipō framework signals the vital importance of whānau to rangatahi wellbeing; without whānau, our tamariki will not have a strong Ūkaipō. School based health services must seek to bridge the gap between whānau, schools and rangatahi to ensure that whanau are reassured that their tamariki are safe and nurtured in this space. Future developments will require engagement with whānau to explore how they want to be engaged in healthcare in the school setting, and how the needs of rangatahi and their whānau are addressed in this context.

*Whānau Ora is about increasing the wellbeing of individuals and whānau to lead full lives and uses the power of whānau to improve the wellbeing of individuals and whānau. It recognises the collective strength and capability of whānau to achieve better outcomes in areas such as health, education, housing, employment and income levels.*[30] Te Ūkaipō framework seeks to understand whānau aspirations for their tamariki to live self-determined lives.

*Pae ora is a holistic concept and includes three interconnected elements: mauri ora – healthy individuals; whānau ora – healthy families; and wai ora – healthy environments.*[8] Te Ūkaipō framework seeks to combine these factors in the school setting with a focus on rangatahi and their whānau.

Te Tatau recognises our workplan priority areas are interconnected and have overlap with similar considerations. It is important to also view this within Te Ūkaipō framework which demonstrates our intent to improve equity and therefore enhance SBHS.

Te Tatau recognise this mahi is not done in isolation and contributes towards a greater strategic plan by the Ministry with other stakeholder partners. We have worked closely with the Evaluation service (Malatest) where our contributions are closely aligned and interconnected. We have utilised their Logic Model framework depicting Te Ūkaipō values to demonstrate our findings and recommendations for ease of linking the mahi.

Te Tatau have provided an overview of all workplan sections into Te Ūkaipō framework on the next page. The findings forming recommendations within each workplan sections have also been applied into Te Ūkaipō framework and can be viewed in each workplan section appendix.

- **Te Ūkaipō Values framework guides utilisation of Mātauranga Māori to enhance SBHS and enables Te Tatau to provide an overview of integration of values and workplan priorities.**

**Te Kore – Preparation**

## Tino Uaratanga

**Rangatahi Intent**
**"I have potential"**

**Whakatauki**
***"He manu hau ahau, he pī ka rere"***

***I am a young bird, a chick just learning to fly***

### Workplan Priorities

**Youth Needs Assessment**

- Data collection demonstrating services support rangatahi/young people to identify/achieve aspirations and goals.

**Workforce**

- Te Ūkaipō framework or similar embedded in all training levels and programmes nationally
- Career pathways with priority for Māori and Pacific

**Service Model**

- Integrated Model funded and supported by 'All of Government' partnership, collaboration, and accountability that prioritises rangatahi/youth in their critical developmental period while attending school from Year 7 – 13 (i.e., encompasses area schools).

### How will we hear, see, & feel Measures Priorities

**Te Ūkaipō: Hopes and Aspirations**

- aware of your passions, strengths, and skills?
- responded to your needs, aspirations, hope, goals, dreams?
- impacted positively on your future pathway?
- responded to your expectations?
- felt supported in your health journey?
- Where do you rate your self-esteem, self-confidence on a scale of 1-10?
- Would you rate yourself a competent thinker, speaker in both Māori and English?

**Wellbeing**

- Youth involvement at strategic level
- Robust relationships between health and education sector.

**Health**

- Youth strategic level – inclusive of facilitation of service(s)
- Service Interconnection -robust relationships

### "We have a good life" Outcomes:

**"I SEE I have Potential".**

**Rangatahi/young people**

- "Man, you even care about my future, not just about right now"

**Whanau/family**

- Care and interactions reflect future hopes of whanau.

**Kaimahi/workforce**

- Increased specialised diverse youth health and Māori and Pacific workforce.
- Growth of workforce reflects embedded values.

**Integrated Model**

- SBHS fits into integrated model
- Ease of access and availability within locality approach with joined up policies and processes.

## Aroha

**Rangatahi Intent**
**"I matter"**

**Whakatauki**
***"Kia ū ki te hakapono,***
***Kia aroha tētahi ki tētahi"***

***Hold strong to your beliefs and love one another***

## Workplan Priorities

**Youth Needs Assessment**

- Data that demonstrates belonging, empowerment, and self-care

**Workforce**

- Stocktake of workforce
- Robust relationships and joining up resources
- National Supervision programme that accommodates holistic approach and flexible adaption to local needs.

**Service Model**

- Values framework embedded as fundamental to delivering SBHS model

## How will we hear, see, & feel Measures Priorities

**Te Ūkaipō: Replenish and Share**

- see, hear and feel Aroha in my surroundings and clinical interactions?
- empowered to grow aroha for myself?
- feel aroha when I am transitioned from child to adult services?
- empowered to show aroha to others around me?
- see Aroha in the interactions between SBHS team members?
- see self-care in those that care for me?

**Wellbeing**

- Vision and values framework embedded as fundamental to delivering services.

**Health**

- Self-care
- Transition processes
- Early Involvement
- Key communication

## "We have a good life" Outcomes:

**"Aroha MATTERS to Me and those that Care for Me"**

**Rangatahi/young people**

- I feel aroha when you talk to me. When you listen and I can say whatever I need to and know that you care about what is important to me and give me space to just be in your presence where I can trust you with the big stuff.

**Whanau/family**

- Feel part of care plan and clear and timely communication and involvement as required.

**Kaimahi/workforce**

- Understands purpose of model
- Feels empowered with skills and knowledge to work with rangatahi/young people in a reciprocity relationship.
- Engaged with and supported by wider MDT workforce

**Integrated Model**

- Values framework is accredited as fundamental to national services for rangatahi /young people.

## Wairua

**Rangatahi Intent**
**"I am essential"**

**Whakatauki**
***Tukua te wairua kia rere ki ngā taumata"***

***Allow one's spirit to exercise its potential***

**Workplan Priorities**

**Youth Needs Assessment**

- Data that demonstrates effectiveness of support systems and wairua based practices to rangatahi/young people.

**Workforce**

- Representative of community and trained to meet needs.
- Motivated to work together in spirit of collegiality.

**Service Model**

- Offering broad range of services via MDT that reflect diverse belief systems.
- Acceptance and non-judgemental youth service.

**How will we hear, see, & feel**
**Measures Priorities**

**Te Ūkaipō: Restore and Enhance**

- understand the importance of Mātauranga Māori?
- an established belief system that you would like us to support?
- engaged in Wairua based practices?
- connected or feel connected to whānau, whenua, maunga, moana, tupuna and hāhi?
- feel nurtured of body and soul in a caring environment?
- feel your spiritual uniqueness is respected?
- practice karakia as a means of settling the spirit, clearing the mind, and releasing tension to focus on what's ahead?

**Wellbeing**

- Integrated practices
- Engagement, empathy, motivators

**Health**

- Young people feel safe and supported by health services.

**"We have a good life"**
**Outcomes:**

**"I FEEL an Essential Part of All Things".**

**Rangatahi/young people**

**Whānau /family**

- Whānau/family and rangatahi/young peoples' belief systems incorporated in their care and plans.

**Kaimahi/workforce**

- Workforce skills and knowledge reflect integrated practices.

**Integrated Model**

- Community of care and support for healthy learning and future aspirations.

**Te Pō – Engagement**

**Whanaungatanga**

**Rangatahi Intent**
**"I am connected"**

**Whakatauki**
***Waiho i te toi poto, kaua i te toi roa***

***Let us keep close together not wide apart***

**Workplan Priorities**

**Youth Needs Assessment**

- Data demonstrating connections across school and community.

**Workforce**

- Values based framework supporting professional development of health & wellbeing
- Quality framework for MDT

**Service Model**

- Role modelling value with providers, school staff, services (MDT/MAT)
- Time, resource, and space

**How will we hear, see, & feel**
**Measures Priorities**

**Te Ūkaipō: Engage and Connect**

- grow whanaungatanga for our rangatahi/youth?
- making them feel safe within the space e.g., poi, guitar, radio, You tube
- hononga connection and shared experiences
- connections at school e.g.MDT process
- referral processes are clear and timely
- rituals of encounter, love, laughter, -food, tea/milo,
- feel like stakeholders and part of this mahi?

**Wellbeing**

- Laying a foundation for strong relationships of trust and understanding of each other

**Health**

- Working together and integrated teams

**"We have a good life"**
**Outcomes:**

**" I HEAR, SEE, and FEEL Connections to a School Team"**

**Rangatahi/young people**

**Whanau/family**

- Recognition of value based learnings

**Kaimahi/workforce**

- Framework embedded and guidelines of skill mix from induction to succession

**Integrated Model**

- Flexible locations and virtual accessibility
- Youth Health and Whanau ora services working close together

## Rangatiratanga

**Rangatahi Intent**
**"I have self-determination"**

**Whakatauki**
***"Māku anō e hanga tōku nei whare"***

***I will build my own house***

**Workplan Priorities**

**Youth Needs Assessment**

- Data that demonstrates leadership involvement, future aspirations, and transition to community services.

**Workforce**

- Workforce plan, ongoing evaluation, and quality improvement
- Working with rangatahi/young people in Co-design of and delivery of programmes

**Service Model**

- SBHS accessible and available regularly pre, during, post, and in school holidays.

**How will we hear, see, & feel**
**Measures Priorities**

**Te Ūkaipō: Acknowledge and Enhance**

- feel your needs are being heard by our services?
- feel you have some control over which direction you would like to head in your life?
- speak to your SBHS about other things that are important to you without any assumptions?
- acknowledge/celebrate crucial phases for rangatahi/youth?
- encourage growth within areas that you are interested in?
- provide the right mentors to align with your needs?

**Wellbeing**

- Recognise and acknowledge celebration points.

**Health**

- Leadership pathways available

**"We have a good life"**
**Outcomes:**

**"My Choices are Nurtured and Respected"**

**Rangatahi/young people**

**Whanau/family**

- Able to easily navigate and access services

**Kaimahi/workforce**

- Leadership roles
- Clear career pathways to top of scope and training across sectors

**Integrated Model**

- Robust relationship and leadership with Health and Education.
- Formalised partnerships nationally/regionally/locally
- Youth leadership within SBHS and governance in co-design

## Whakapapa

**Rangatahi Intent**
**"I belong"**

**Whakatauki**
***"E kore au e ngaro, he kākano i ruia mai i Rangiātea"***

***I will never be lost, for I am a seed sown from Rangiātea***

**Workplan Priorities**

**Youth Needs Assessment**

- Data demonstrates whānau /family connections and those disconnected.

**Workforce**

- Professional development in whakapapa connections.
- Equal weighting for professional and cultural supervision.

**Service Model**

- Rangatahi/Youth engage with trusted safe whānau supports around their health and wellbeing needs.

**How will we hear, see, & feel**
**Measures Priorities**

**Te Ūkaipō: Acknowledge and Connect**

- feel your whakapapa is acknowledged?
- Whakapapa screening term (accurate and correct recording)
- Who supports this rangatahi (top 5)
- Remembering/recording special events for rangatahi Māori (Whaikōrero, Karanga, Karakia etc)
- feel that knowledge passed down through your whānau is respected? E.g., Rongoā and hauora
- Acknowledgement that some may be disconnected to their hapū/iwi – geographically. Do you still feel connected?

**Wellbeing**

- Passing on local health practices/ knowledge.
- Sense of belonging

**Health**

- Quality of HEADSS
- Regular use and ease of integrated practices to understand connections for rangatahi/young person.

**"We have a good life"**
**Outcomes:**

**"I FEEL I Belong"**

**Rangatahi/young people**

**Whanau/family**

- Engaged with services, feel safe, and trusting relationship

**Kaimahi/workforce**

- National framework for professional development and supervision.

**Integrated Model**

- Integrated model supporting multidisciplinary/multiagency approach representative of its community that includes connecting with whanau.

Te Ao Mārama – Unity

## Te Reo Māori

**Rangatahi Intent**

**"I have mana"**

**Whakatauki**

***"Ko tōku reo tōku ohooho, ko tōku reo tōku māpihi mauria"***

***My language is the window to my soul***

| Workplan Priorities | How will we hear, see, & feel Measures Priorities | "We have a good life" Outcomes: |
|---|---|---|
| **Youth Needs Assessment**<br>• Data that demonstrates safe identity and diversity.<br><br>**Workforce**<br>• Professional development to increase skills, knowledge, and confidence.<br>• All clinical staff to be on a pathway to enhance their cultural understanding and use of Te Reo (similar to Teachers)<br><br>**Service Model**<br>• National investment into dual signage and dual health promotion materials available | **Te Ūkaipō: Respect and Enhance**<br>• mana of my name respected and pronounced correctly?<br>• Does Kaitiaki as a title hold more mana for Kura Kaupapa than Nurse?<br>• work collaboratively to deconstruct systemic biases.<br>• waiata and karakia used as part of my care plan?<br>• hear Te Reo used regularly as part of my clinical interaction?<br><br>**Wellbeing**<br>• Understand cultural identity as to the rangatahi/youth that you are looking after e.g. What does being Māori mean to you?<br>  • Incorporating this into your therapeutic practice<br><br>**Health**<br>• Staff are adequately trained beyond Te Tiriti o Waitangi training, and this is reported on levels of competency within staff.<br>• Te Reo also universally recognised by professional bodies as appropriate CPD | **"Te Reo has the MANA of an Official Language of Aotearoa"**<br><br>**Rangatahi/young people**<br><br>**Whanau/family**<br>• Mana and respect for our whanau<br><br>**Kaimahi/workforce**<br>• Use of Te Reo as part of the clinical consultation<br>• Clinicians fluent in Te Reo are allocated to service Kura Kaupapa |

## Manaakitanga

**Rangatahi Intent**
**"I am valued"**

**Whakatauki**
***"E hara taku toa e te toa takitahi, engari ke he toa takitini"***

***My success should not be bestowed on me alone, it is not individual success but the success of the collective.***

### Workplan Priorities

**Youth Needs Assessment**

- Data that demonstrates rangatahi/young people feel someone cares and support is available when disconnecting to school.

**Workforce**

- SBHS MDT clinicians/staff have qualifications and experience specific to the health and wellbeing of rangatahi.

**Service Model**

- Whole of school approach, localised policies
- Room/building specifications
  - Privacy
  - Disability access
  - Sink, toilet, hot water,
  - Space for meetings

### How will we hear, see, & feel Measures Priorities

**Te Ūkaipō: Value Tikanga and Consistency**

- tikanga respected in physical surroundings and consultation?
- feel comfortable with the clinician/service?
- feel respected, special and unique?
- feel you got support, information, awhi that met your need for today?
- have a say in what support you needed?
- service/clinicians' nurtures respectful engagement practices e.g., Manaaki, Whakawhanaunga?
- able to feedback how you feel in timely way?
- have confidence in accessing services in an ongoing way?
- feel staff are valued and value each other?

**Wellbeing**

- Respecting Tikanga and diversity
- Appropriate facilities
- Consumer and workforce Feedback

**Health**

- Integrated community of care providing full health service representative of community's population and needs.
- National IT system integrated across all services.

### "We have a good life" Outcomes:

**"I HEAR and FEEL that I and Your Service are Valued"**

**Rangatahi/young people**

- Simple acts of kindness to others
- Respecting each other's belief and values
- Looking out for those around you

**Whanau/family**

**Kaimahi/workforce**

- Able to work effectively in MDT
- Competencies include Tikanga Māori

**Integrated Model**

- Data collected from schools, MDT, and qualitative feedback from rangatahi/young people identifies areas for improvement and share innovations
- MOE/BOT operational plan includes facilities for SBHS and/or MDT

## Ōritetanga

**Rangatahi Intent**
**"I am equal"**

**Whakatauki**
***"Kaua e rangiruatia te hoe o te waka e kore e tae ki uta"***

***Everyone must paddle in unison with equal effort in order for the waka to reach land otherwise it is destined to circle in the bay.***

**Workplan Priorities**

**Youth Needs Assessment**

- Data that demonstrates rangatahi/young people feel safe at school, free from racism and discrimination, and violence.

**Workforce**

- Measure quality to support equity of workforce
- Workforce allocation that creates equity

**Service Model**

- Economic resourcing for Youth Health
- Support for changes and structures and accountability
- Integrated models (e.g., locality community of care, Kahui Ako community of learning, learning hubs) are nationalised and equitable and accessible for all.
- Equity versus ratio approach

**How will we hear, see, & feel**
**Measures Priorities**

**Te Ūkaipō: Protect and Equalise**

- feel that my team understands equity?
- feel that Te Tiriti o Waitangi is reflected in the services that I receive?
- see changes for myself and my whanau to address specific inequity for my community?
- feel that deficits are not the emphasis but that strengths are supported and developed?
- innovation and local solutions funded and celebrated?

**Wellbeing**

- Move away from perception of sexual health service to holistic and wrap around.
- Growing identity and resilience in life outside of school.

**Health**

- Top 3 local health priorities are identified by youth and their community and funding is allocated specifically to reduce gaps / inequity.
- Patient centred goals to work on which are time measured and changes monitored monthly for 12mths by health nurses

**"We have a good life"**
**Outcomes:**

**"I can SEE Changes in Equity"**

**Rangatahi/young people**

**Whanau/family**

**Kaimahi/workforce**

- Professional Development on equity for all SBHS staff
- Pay equity and parity

**Integrated Model**

- Partnership approach in development and delivery of equity programs
- Regionally equity measures are reported quarterly.
- Nationally equity measures are set and reviewed annually so prioritisation of funding occurs.
- ERO measures equity / SBHS

## ❑ Youth Voice

| ***Whanonga pono/ Values*** | **Kōrero** |
|---|---|
| **Tino Uaratanga** | • All young people thought this was an important value and is communicated well with teachers who they get on with and other support staff including nurses and Deans.<br>• "We have potential but because we are surrounded by palagi/pakeha nurses, councillors etc we don't have confidence to speak out". |
| **Wairua** | • There was a mix of views, they felt that 'you are essential' as a value is good, but doubt that this is realistic in a school environment. |
| **Aroha** | • "Aroha is the most important to me or us because we matter, and we need to be seen".<br>• Aroha as a value was rated very highly consistently through the different focus groups. |
| **Rangatiratanga** | • "Preparations for transitioning between high school to adult life".<br>• "Difficult to understand words not in my vocabulary". |
| **Whanaungatanga** | • Young people wanted people to get to know them and 'not fix them'. Communication with them and not 'at them' was important.<br>• "Being able to connect to the patient is important because you gain their trust to come back and share more thoughts, also them bringing other youth that couldn't speak out to share." |
| **Whakapapa** | • Most young people rated this highly and see the importance of acknowledging who they are and where they come from.<br>• "Whakapapa is that you belong, no matter where you go you will always know where you come from". |
| **Te Reo** | • "Mana: Being able to connect with our culture, language. Having a special bond with home".<br>• Te Reo – "I like that you say my name properly every time. That is so important. It's my identity, a taonga gifted by my tupuna. I shut off when people do not respect who I am and can't even say my name. It's like, they don't even care". |
| **Manaakitanga** | • "Simple acts of kindness to others".<br>• Respecting each other's belief and values; Looking out for those around you". |
| **Ōritetanga** | • Equity is priority. This was highly valued by most young people,<br>• "important because when it says we are all equal it means a lot to people. Like we are all equal, no one is perfect or higher than any other person on earth. We all make mistakes, but we learn from it". |
| ***Comments*** | • "On a scale of 1-10 it would be a 9/10 because they focus on all students being equally supported".<br>• "I liked the personalised statements of You Are".<br>• "A sense of understanding of these values makes me feel comfortable and relate to my Samoan values very much". |

# 4. WORKPLAN PROGRAMME

**This section will outline the workgroups Kōrero and recommendations:**

**A. Equity and responsiveness to Māori**
**B. Youth Needs Assessment**
**C. Workforce Development**
**D. Service Model**

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## A. Equity

### i. Relevant focus areas from the Workplan Programme

- ***Using a whānau ora and positive youth development approach, recognising Te Ao Māori and diversity of world views on what 'good' looks like***
- ***Review current services, especially for equity in delivery and workforce - Is it good enough? Is it too small? Too big?***
- ***Develop guidance for SBHS on delivering TTOW principles and ensuring equity***
- ***Design an evaluation and monitoring/reporting framework to drive continuous quality improvement and improve equity***
- ***All of the above steps are present within the other sub-groups as it is expected that equity would be woven through all areas.***

### ii. Intent

Te Rōpū is established in the spirit of Te Tiriti o Waitangi to provide specific recommendations to Te Tatau Kitenga around equity and responsiveness to Māori.

Te Rōpū is inclusive of frontline workers in Kaupapa models (i.e., Nurses and GPs) able to provide perspective and in health, can come with that knowledge already embedded and reflect on the framework and mahi. It is important to minimise the risk of producing something that isn't aligned to Māori and not wanted by Māori.

This group sits as equal members within Te Tatau Kitenga and has advocated strongly to ground the framework in Te Ao Māori, for example meeting the needs of Kura Kaupapa where Te Ao Māori is forefront.

The membership includes Māori/Pacific experts from across Aotearoa with specific expertise in Te Ao Māori, Te Reo Māori, governance, research and Rongoā as part of the rōpū.

**HEALTHY FUTURES FOR MĀORI**

Pae ora encourages everyone in the health and disability system, as contributors to Māori wellbeing, to work collaboratively, to think beyond narrow definitions of health and to provide high-quality and effective health services.

Pae ora affirms holistic Māori approaches – strongly supporting Māori led solutions and Māori models of health and wellness.

Pae ora recognises the desire for Māori to have control over their future health and wellbeing.

Whakamaua Māori Health Action Plan: Aims of He Korowai Oranga.[8]

Te Rōpū examined many Māori frameworks and some of these are listed to show acknowledgement of models across different sectors but principally supporting the same rangatahi and whānau such as:

- Whakamaua Māori Health Action Plan.[8]
- Te Aho Matua o Ngā Kura Kaupapa Māori - Te Rūnanga Nui.[10]
- Ka Hikitia — Accelerating Success) Hei Tikitiki - Te Ora Hou Rites of Passage based on Kaumatua / Kuia interviews 2011.[11]
- Nga Reanga Youth Development - Education / SW based (Organisational Matrix) based on Maui philosophy.[12]
- Ara Taiohi - Mana Taiohi (Mainstream).[13]

- Ngā Tātai Ihorangi, Northland - Te Ao Māori antenatal program.[14]
- Mahitahi Hauora Northland - Papa Tikanga: What Matters to Whānau.[15]
- University of Otago - Te Whakapuāwai, Support Māori Student Transition and Achievement in Health Sciences.[16]
- Ngātahi final year report, Hawkes Bay - working with vulnerable children and adolescents.[17]

**Youth19 data shows that:**

- Many youth have seen a health professional in the previous year – nearly four in five students have accessed at least one health care service.
- Many students did not receive youth appropriate health care.
- One in five students were unable to see a health professional when they needed to in the previous year. This was more common among students from low income neighbourhoods, sector, and small towns, and was more common among rangatahi Māori and Pacific youth than Pākehā and European youth.
- These findings highlight lost opportunities for quality health interactions for youth. The data presented here show that we have made little progress in improving access to health care and improving access to private, confidential care over the past 18 years.

Rangatahi 19 survey (Youth 2000 series) Dr Terryann Clark.[18]

Te Rōpū recognise it is essential to work with Ministry of Education (MoE) more closely around understanding better the context of existing values-based models (e.g., Kura kaupapa) and implementation of these models such as through community engagement and involvement processes. We also see this as an opportunity to work more closely together moving forward with some shared values and the ultimate goal of thriving Taiohi.

## iii. Why are we concerned?

The Youth19 findings expose the significant health inequities faced by Māori, Pacific, and Asian youth, and demonstrate how youth are disadvantaged in our current health care system.

## iv. Kōrero determining the mahi:

### a) Develop a Te Ao Māori model:

The Rōpū spoke extensively in hui about the need to create a model that is based entirely within and for Te Ao Māori. Previous attempts to take a mainstream model for health and translate to Māori settings have been less effective or ineffective. Creating a Te Ao Māori model and then adapting it to mainstream settings would mean that the positive benefits for Māori would support a continual evolving process for rangatahi across all school settings and communities.

In regard to SBHS, it would seem appropriate for Health to explore initially working with successful Te Ao Māori education models such as Kura Kaupapa, whereby Health can offer holistic support to enhance the proven wellbeing and learning outcomes for rangatahi.

### b) Clarify values and kupu.

Te Rōpū quickly identified that there is no Tūāpapa/foundation to underpin SBHS in alignment with Te Tiriti principles such as a national Vision and Values framework based on Te Ao Māori. It would be easy for this advisory group to put this forward as a recommendation; however, it is the starting point as a fundamental need that must underpin all the mahi from Te Tatau. Therefore, it was agreed the Vision and Value mahi would be undertaken by Te Rōpū including support of SYHPANZ Kaumatua.

These values should come from Te Ao Māori and inform any SBHS framework and underpins Te Tatau mahi on youth needs assessment, workforce development and service model. The Rōpū have aligned

these values to whakataukī that can help make sense of health messages for rangatahi.

**c) Significant partnerships:**
Key connections that are a priority include Health, Education, Iwi, Hapū, Whānau, and Rangatahi.

**d) Stories:**
Te Rōpū has discussed whether there could be an opportunity to create an effective model built on the stories (and histories) of Te Ao Māori. This could be another way to help rangatahi make sense of the health messages we wish to engage them in.

## ❑ Feedback from Workforce (Waikato)

***Big emphasis on Māori and Pasifika student needs, and focus on increasing input for those students in order to achieve equity of outcome.***

***In Hamilton, have a ratio of 1 Nurse to 200 students in more needy areas, especially in Wharekura rather than 1 to 700. This means 3-5 days a week for some schools.***

**What makes a 'good' life … OCC**

"Equal opportunities, not based on wealth, ethnicity or gender."

12 year old New Zealand European girl

**Te Tatau Focus Groups**

"Team that supports you & your hauora".

"Being able to pray and say karakia is so cool 'cause none of my other doctor people ask me if I want that. That is like all of those values".

"Nurse managed to understand where we're coming from, she got the cultural difference. Sometimes it's hard with cultural barriers but she managed to address me, it's a safe space and we can talk about any medical needs and she's very open minded and there's lots of smiling."

## Recommendations for Equity and responsiveness to Māori

| Te Tatau recommends | |
|---|---|
| **1. SBHS should be aligned to Te Ao Māori values and principles.** | • Embed Values (Te Ūkaipō) and Tikanga framework through service delivery, policy, and outcomes frameworks<br>• Touchpoints:<br>  ○ Whakawhanaungatanga occurs at the commencement of school (whichever year a student arrives to Kura). >80% have met and engaged in whanaungatanga with SBHS.<br>  ○ The teen health check should be completed when most appropriate. >80% Māori should have a teen health check during high school.<br>  ○ Whakamutunga, a school exit interview to ensure rangatahi are linked into ongoing care and know how to access services when required. >80% Māori have an exit interview.<br>  ○ Manaakitanga requires protected and funded non-clinical time.<br>  ○ Te Reo and Tikanga Māori should be embedded within the clinical setting for SBHS.<br>  - Specialised teams able to consult in Te Reo should be recruited and deliver clinical services into Kura Kaupapa.<br>  - Clinical Te Reo training should be developed so professional development can occur for all SBHS staff. |
| **2. SBHS model is created with mātauranga Māori first in mind.** | All schools will have access to the Vision and Values Framework: Te Ūkaipō when the report is released, however Te Ūkaipō framework will be rolled-out in a staged approach with an equity lens to ensure that those who need it most will influence the development of SBHS.<br>• Tranche 1: Kura Kaupapa, Nga Kura a Iwi and other Iwi, Hapū, Te Ao Māori medium Kura will have the enhanced model implemented and evaluated. Learnings will be identified through the process evaluation and the model modified to ensure it is fit for purpose for this population.<br>• Tranche 2: Schools with bilingual units, Alternative Education and Teen parent Units will be rolled out. Learnings will be identified through the process evaluation and the model modified to ensure it is fit for purpose for this population.<br>• Tranche 3: Mainstream education with high Māori or Pasifika enrolled students numbers (30% or more). Learnings will be identified through the process evaluation and the model modified to ensure it is fit for purpose for this population.<br>• Tranche 4: Universal role out to all other mainstream schools (including correspondence schools?). Learnings will be identified through the process evaluation and the model modified to ensure it is fit for purpose for this population. |

| Te Tatau recommends | |
|---|---|
| | The tranched approach will ensure that each group will incrementally build on the equity approach with learnings from each tranche being incorporated and prioritising the priority groups. |
| **3. Māori should play a lead role in developing the enhanced and expanded SBHS** | • Connection to Iwi, Hapū, and Whānau (i.e., local beliefs), a co-design process and language should determine how Te Ūkaipō Framework is developed for Kura Kaupapa<br>• Recommend that Youth Leadership and Governance includes voices from diverse populations but ensuring that Māori, Pasifika, LGBTQAI and Youth with Disabilities are included in this level of decision making.<br>• Kaimahi within SBHS should be determined locally in partnership with Iwi, Hapū, and Whānau. |
| **4. Rangatahi benefit from a holistic approach to wellbeing** | • Recommend that increased resources are made available for youth who sit within more than 2 of the priority populations. How this looks should be determined by Youth Leadership into the future.<br>• Integrated Practices: Rongoā Māori becomes normalised as part of SBHS.<br>o This should occur in a staged approach (just as standing orders are often implemented in a staged approach).<br>o Rongoā Māori refers to practices that produces and maintains calmness and peace. Rongo means to be at peace, to be calm – so anything that can create that for someone would be their Rongoā.<br>o Rongoā can be many different things:<br>- kōrero (Talking/Discussion), Karakia(Spiritual Sayings Meditations or Prayers), Mirimiri (Massage), Kai (Fluid and Food that nourishes the mind body and soul), Waiata (Song, Music Sound), Te Taiao (the environment - the moana, the ngahere, the awa), Kararehe (Animal Contact and Engagement). Tūpākihi is a leaf that is softened in boiling water and then the swollen / painful body area is soaked in this for analgesia and relief. It can also be prepared as a balm to be used topically on the skin. These may be beneficial to include as part of treatment options for youth.<br>• Professional Development in Rongoā Māori<br>o NDHB have Rongoā Māori Certificate Professional Development (Level 1/2/3) which they fund for most of Māori Providers in Te Tai Tokerau to deliver. Whānau that want to expand their knowledge can attend, Kaimahi Hauora can attend. |

| Te Tatau recommends | |
|---|---|
| **5. Workforce representative of community - increase Māori Kaimahi.** | • Te Ūkaipō Values framework to influence employment of all staff and training.<br>• Integration of SBHS across motu (joined up IT, resources, Professional Development).<br>• Flexibility to adapt model for unique local and cultural contexts.<br>• Specialised teams from existing workforces to be utilised more effectively (i.e., locality based resources and locality focus).<br>• Kaitiaki profession to be mana enhancing and more attractive to tane Māori and could see themselves in this space going forward.<br>• Visibility of healthcare and social service professions as mentors and role models – future careers in healthcare. |
| **6. Funding based on Equity** | • High trust contracting for how resources are distributed based on equity framework.<br>• Funding allocation for Equity Workforce Development and Te Ūkaipō Values Framework roll-out.<br>• Pay parity for SBHS and acknowledgment of the level of skill required to work expertly in SBHS. |

## B. Youth Needs Assessment

### i. Relevant focus areas from the Workplan programme

- ***Youth population profile***
- ***Positive youth outcomes identified using a whānau ora and positive youth development approach, recognising Te Ao Māori and diversity of world views on what 'good' looks like***
- ***Youth health needs identified and prioritised, gaps identified.***

***Te Tatau will identify the indicators and data that are important in a youth needs assessment and the data required to monitor quality and equity of outcomes for young people in Aotearoa/New Zealand.***

### ii. Intent

The purpose of this section is to provide advice and recommendations to the Ministry on what young people's needs assessment should include. This will include identifying what data, services and gaps are required to provide holistic, developmentally appropriate and culturally safe care with ongoing built-in monitoring of these outcomes.

The focus is on what youth health needs assessment might be required to fully understand the health and wellbeing issues for youth, how this might be measured, and how these data might be collected to give the Ministry a fuller understanding of what SBHS are doing, what they could be doing, and how to maximise their impact of improving the wellbeing of young people in Aotearoa/New Zealand. The needs assessment needs to reflect the values framework.

Key outcomes are:

A. Identify datasets that will provide a robust profile of the youth population.
B. Key holistic outcome indicators for young people's health and wellbeing will be identified.
C. Youth needs and gaps according to data and sector.
D. Prioritisation of data needs that will help identify the programme of work by the Ministry of Health (MoH)

### iii. Why are we concerned?

Māori, Pacific, rainbow youth, young people living with disabilities and chronic illness, and those living in poverty have inequitable outcomes.

Youth Health clinicians must work in a collaborative manner; acknowledging that family, school, community, and wider political environments impacts on young people's wellbeing. In addition, holistic models of wellbeing like Te Whare Tapa Whā recognise that any physical health interventions without appropriate cultural, spiritual, whānau and environmental factors are unlikely to improve equity for Māori and other groups of young people. This style of working is not counted in typical outcomes frameworks and therefore much of the youth health work is unseen and therefore undervalued.

Current reporting in youth health usually includes indicators like 'number of young people seen' or 'how many assessments were completed'. These tell us nothing about the quality of care that is received, how effective it was and whether there was any ongoing implications and improvements (i.e., did that intervention help a student remain engaged in education?). Young peoples' needs assessments must be centred on measuring things that are important to them and their whānau to improve outcomes – both now and in the future.

### iv. What do we know?

The main findings from the review highlighted there are gaps, variable quality, and missing data. The current data collection and reporting requirements for SBHS fail to capture the broader aspects of youth needs assessment and the implications for wellbeing. An equity focus is identified as being central. Priority groups identified include Māori, Pacific peoples, rainbow young people, young people with chronic illness and/or disability.

### vi. How will we bring it together?

This sub-group designed a template to try and describe data that will reflect the values framework. It is noted where data exists, and where new data collection would be needed. All data should be presented by ethnicity, with consideration taken to represent the needs of rainbow young people and those with chronic illness and disability. Other reports that are existing and are good examples of both regional and national documents summarising youth health status were also identified. They could be a useful resource to sit alongside the data capture template as narratives.

For example:

- Northland Intersectoral Forum cross government profile have what young people in Northland look like
- Vodafone Thriving Rangatahi
- Northern region youth health KPI data–quite global and useful
- Child and Youth Wellbeing Indicator Progress Reports
- National DHB youth health plans that each region had to do about 10yrs ago–provide some good examples of needs analysis of youth population. (Likely not on DHB websites anymore, may need MOH support to access from archives).

### v. What do we need to know?

(may have some of data as outlined in the youth needs assessment tables in appendix 5)

❑ ***Youth Needs: Chart 1 – Data capture***

| WHAT DATA? | DATA CAPTURE |
|---|---|
| **Define youth, who are young people in NZ and who holds data?** | Various datasets have youth population level data, but these data have inconsistent definitions and are not currently collated to provide a complete picture of youth hauora/wellbeing: i.e., SBHS data, PHO data, hospital data, census data, government agency data, Year 9 smoking, IDI, Youth2000 series, What about me survey, including longitudinal data GUINZ data, PIFS study. e.g., suicide, mental health, substance use, sexual health, injury, with focus on Māori, Pacific, Rainbow, and youth living with disabilities and chronic illness. |
| **Overview of statistics capturing young people's health and wellbeing status – both strengths and challenges**. | Government agencies already capture data about young people, but it is not centrally collated to provide a profile of youth data, for example:<br>• Ministry of Education: data on school enrolments + attendance 10-21 years, truancy, school stand-downs and exclusions, number staying until year 13, number achieving level 2 NCEA or equivalent, school leavers leaving to go to university, polytech, further education or employment, disability and neurodiversity data and support in schools<br>• Ministry of Social Development: data on NEETS data for 16-18 year olds; numbers on youth benefit, disability allowance, supported living allowance; Identification and support for young people in the State Care System i.e., gateway assessments<br>• ACC: injury data, sensitive claims, rehabilitation data<br>• MHUD/Kainga Ora; young people living in inadequate housing data, cold damp housing, emergency housing<br>• Justice System: YJ data, charges<br>• MBIE: employment, migrant youth, disabled youth in employment<br>• DPMC: Child poverty, child and youth wellbeing strategy<br>• TPK: Māori youth data<br>• MPIA: Pacific youth data<br>• MOT: Drivers licensing, accidents<br>• MYD: youth policy<br>There is no consistency on age groups for data collection either age bands vary widely. |

| WHAT DATA? | DATA CAPTURE |
|---|---|
| **Overview of health data required**. | • School nurse data (e.g., MoH existing reports, Auckland DHB, YouthChat, data, student feedback surveys)<br>• DHB data – NMDS, PRIMD.<br>• PHOs – SLM data, enrolment, access,<br>• NGO/ YOSS/ Māori provider data – what do young people attend for, how often?<br>• How many self-report health needs, and record foregone health care (Youth 2000 series)<br>• Disability data – any information on young people with physical and cognitive impairment using healthcare (including neurodiversity) |
| **Where do young people access healthcare? (including foregone healthcare)** | • Youth2000 series student reported service access + forgone care data,<br>• PHO utilisation data, (many are registered but don't attend, won't capture reason for attendance despite funding in capitation model)<br>• Secondary care – ED presentations, hospital admissions, Mental health (PRIMHD) Other NGO service access data<br>• primary mental health access<br>• YOSS, SBHS, Māori providers |
| **What is currently provided in the school/education context? (i.e., who does what?)** | Schools that have year 7-13 students:<br>• whether they have nurse-for how many hours, who are they employed by, what training do they have, what supervision and professional development do they receive<br>• whether they have a social worker or youth worker – for how many hours, who are they employed by, what training do they have, what supervision and professional development do they receive<br>• whether they have a social worker and/or youth worker – for how many hours, who are they employed by, what training do they have, what supervision and professional development do they receive<br>• whether they have meetings of nurse/counsellors/social worker/youth worker/pastoral care team plus school management and Board of Trustees<br>• Any other allied health professionals visiting the school? e.g., physio, disability support, youth health services, substance use support, pastoral care, kaumatua, dental care referrals |
| **How are we measuring quality of young people's healthcare delivered through SBHS? (i.e., what is currently being** | • Is the existing continuous quality improvement framework being used?<br>• Is there a satisfaction survey for all students, i.e., both those who access SBHS and those who don't (to help establish why not using)? And how are the results being used?<br>• Are young people's views on confidentiality issues captured and addressed?<br>• What meetings plus shared case management is there with other primary care providers? |

| WHAT DATA? | DATA CAPTURE |
|---|---|
| **measured and what should be measured?)**<br><br>**Young people's needs assessments must be centred on measuring things that are important and improve outcomes – both now and in the future, for the young person and their Whānau.** | • Are young people involved in the health service i.e., development and monitoring?<br>• Are young people involved at board level?<br>• Is there a student health council?<br>• Are young people who leave school early seen by the SBHS prior to leaving and a transition for health care plan put in place?<br>• Are young people who are at risk for exclusion, seen by SBHS team? |
| **What gaps in data and services do we currently have?** | • Youth data is missing or potentially inaccurate/ not available in enough detail (i.e., ethnicity data, rainbow data is not collected)<br>• Youth data is inconsistently collected and should have ongoing monitoring<br>• Collecting and collating data will require cross-government and NGO cooperation and agreement to monitor and fully understand the needs and the outcomes for young people and interface with SBHS.<br>• Outcomes of wellbeing, connection and feeling of belonging are difficult to measure, yet are crucial for improving outcomes. The development of a customer satisfaction with service/experience measure for youth is required to ensure quality care is being provided and monitored.<br>• Ensure that SBHS data collection is low burden administratively, so they are not diverted from student care<br>• Centralised and shared computer system that will support quality data gathering and data sharing. |

## Recommendations for Youth Needs Assessment

| **Te Tatau recommends:** |
|---|
| **1. Services are designed with young people for young people:**<br>• Involve young people in monitoring and evaluating access to the service.<br>• Work with young people to identify a way to capture outcomes that matter about their experience of care – particularly those aspects identified to measure the implementation of the values framework. This will require a way to capture feedback from young people who use and do not access services, and cannot be an onerous additional task for staff or young people.<br>• Support young people to build on their contributions and support them into health pathways as career options.<br>• Young people are involved in design and delivery of feedback in meaningful processes. |
| **2. Use an equity lens:**<br>• Always measure and report with a focus to identify and address the needs of priority groups - Māori, Pacific peoples, Rainbow Youth and Young people with disability or chronic illness. |
| **3. Developing an agreed National School Based Health Service framework and framework for workforce development will enable measurement against a recognised standard.** |
| **4. Work with young people to identify a way to capture outcomes that matter about their experience of care – particularly those aspects identified to measure the implementation of the values framework. This will require a way to capture feedback from young people who use and don't access services and cannot be an onerous additional task for staff or young people.** |
| **5. Baseline data collected must be young person centred and measure things that are important and improve outcomes for them:**<br>• Utilise suggestions provided in Appendix 5 to complete baseline analysis of need – with particular focus on areas where data is not collected currently but would help to measure service delivery that reflects the service Te Ūkaipō framework (Appendix 5) .<br>• Agree to work cross- government and with NGOs and education providers to gather information to monitor and fully understand the needs of young people and interface with SBHS. Use an equity lens,<br>• Always measure and report with a focus to identify and address the needs of priority groups - Māori, Pacific peoples, Rainbow Youth and Young people with disability and/or chronic illness. |

| Te Tatau recommends: |
| --- |
| **6. Invest in measuring the hard to measure but important needs and outcomes:**<br>• Wellbeing, connection and feeling of belonging – these are crucial for improving outcomes.<br>• A measurement framework needs to be developed to measure and give appropriate value to collaborative strengths-based work – acknowledging that family, school, community, and wider political environments impact on young people's wellbeing. These are often not counted in typical outcomes frameworks, and is therefore undervalued. |
| **7. Health and education need to work together to frame issues as joint needs, rather than address issues separately – e.g., behavioural concerns and learning issues can have both health and educational components, which will be better addressed working together.** |
| **8. Health information systems need to be integrated and talk to each other to facilitate service delivery and reporting.** |
| **9. Contracts from cross-government and NGO have some common reporting to facilitate shared goals.** |

## C. Workforce Development

### i. Relevant focus areas from the Workplan programme

- ***Develop Youth health workforce and workforce development profile.***
- ***Support the sector to review and refresh the youth health knowledge and skills framework, ensuring appropriateness for SBHS nurses.***
- ***Develop a workforce training programme and support training and supervision opportunities to enhance professional competency.***
- ***Develop guidance for SBHS on delivering Te Tiriti principles and ensuring equity.***
- ***Develop other recommendations regarding workforce development as the group sees fit.***

### ii. Intent

Our specific considerations with regards to the SBHS workforce are pertaining to nurses and doctors because this is our area of expertise and we do not feel we can comment on other members of the SBHS workforce.

The nurse in school must interact with and act as an interface in order for the young person to have their needs met. Nurses have a key role in coordinating and working with many different professionals and services in a collaborative and cooperative model in order to make the service simple for the young person to navigate.

However, we recognise that there is much literature and evidence reinforcing interdisciplinary/multidisciplinary/multiagency service provision for SBHS as the Gold Standard model.

Te Tatau aims to be mindful of this evidence and expects that the evaluation team will include this in their scope when looking at who delivers services in schools. This should help identify the wider team workforce (e.g., Social Worker, Youth worker, school counsellors) to inform a more robust and sustainable workforce development plan cycle as shown in the image below.


### iii. Workforce Analysis Snapshot

Te Tatau conducted an information gathering exercise to establish a current "snapshot" of the workforce:

- Searches via Health Workforce Directorate data
- MoH/MoE stocktake data

This snapshot confirmed the group's understanding that there continues to be large knowledge and/or data gaps identified. From current measures, we know that Nurses make up the majority of this workforce. There is no recent, comprehensive stocktake of the current SBHS and/or Youth Health workforce, and there is no current strategy in place to grow this workforce to meet the needs of an expanding service.

### iv. Workforce Needs: Strengthen Career Pathways

Youth health has a defined body of knowledge and skills. The field is informed by the science of youth development and adds to the core expertise of health professionals

Over the last decade there has been a growth in specific youth health services in both primary and secondary health care. However, there has been no Youth Health national workforce development, research agenda or service delivery planning.

The growth has been ad-hoc, opportunistic and driven by a few youth health sector champions. Some initiatives have thrived and some have not. Many promising initiatives have failed due to a lack of sustainable funding.

Youth Health Priorities: A report prepared as advice to the Director-General of Health Dr Peter Watson May 2007[5]

There is existing research and recommendations regarding the Youth Health and SBHS workforce. There needs to be a minimum amount of Youth Health training before any discipline starts working with young people. We support the need for career progression to be available and accessible within Youth Health with clear career pathways for SBHS without necessarily a demand for all to do postgraduate study.

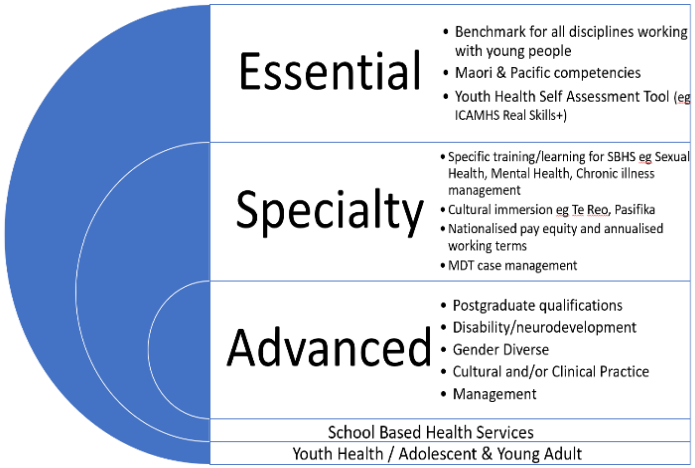
We recognise the need to improve cultural safety in the SBHS workforce by strengthening knowledge in both the undergraduate training programmes and in professional development opportunities to upskill the existing workforce.

Unfortunately, in 2021 we still can describe the workforce growth the same way as stated above in *Youth Health Priorities*.[5] It is critical that a Youth Health Workforce Development Plan be activated in order to fulfil the ability to meet 'enhancement of SBHS goal'. There needs to be more vision and inspiration to attract and inspire the right workforce to improve equity for young people.

Overall, the workforce plan needs to ensure that Youth Health:

- remains in the core curriculum for nursing and medical students to promote youth health as a career pathway,
- recognise that professionals working in SBHS require specific Youth Health and Development skillset,
- incorporate Te Ūkaipō Framework to enhance professional development and skills for workforce growth and succession planning for the future.

***Figure 2: Youth Health Staged Approach***




There is an opportunity to explore how we can enhance the holistic approach with Te Ūkaipō framework. This framework provides an innovative approach that not only encompasses services for rangatahi/young people but could also support workforce development. From what rangatahi/young people have told us, it is important that the workforce is relatable and representative of the community they work in.

This framework promotes a continual evolving process rather than become or appear static. The framework enables the workforce to regenerate its potential and continue to grow connections of past, present, and future. This is an important feature for the current workforce who can have specialised/advanced qualifications over many years and decide to move into the Youth Health sector but have not acquired fundamental skills and knowledge to work with rangatahi/young people.

Te Ūkaipō framework does not dismiss these highly valuable skills and knowledge but opens the potential to embrace value-based skills that will welcome and nurture at any point across the professional development continuum.

Incorporating Te Ūkaipō framework can be described as a cyclical, upward movement for learning and development. Moving from apprentice to mastery, which is an ongoing journey. This provides a more holistic approach that integrates inclusive upskilling to grow skills and knowledge across the continuum such as beginner (essential), competent (specialty), proficient (advanced) that is more fluid and will also be aligned to youth-led outcomes.

As a starting point It would be beneficial to explore incorporating Te Ūkaipō framework into existing training and/or professional documents for Youth Health sector such as the National Nursing Youth Health Skills and Knowledge Framework (2014).

***Figure 3: Te Ūkaipō Framework – apprentice to mastery ongoing journey***


## v. Supervision

Te Tatau support every nurse in schools having access to supervision to reduce those isolation barriers. Supervision allows clinicians working in isolation access to peer support, preventing workforce burn-out and exhaustion. It provides another safeguard to ensure clinical practice and care for the adolescent by the practitioner is appropriate and strives towards best practice.

What ways can supervision be supported for those who are in isolation? Is it having someone physically present? Or is it checking in with someone weekly (either in person or virtually?)

- ***Feedback from SBHS workforce***
  - ***Supervision obtained in past via community, not sure of entitlement.***
  - ***Some Public Health Nurses trained across the region to provide supervision across the DHB but not widely used.***

- ***We are encouraged to access supervision from within the DHB monthly***
- ***All have supervision once a term and more if needed***
- ***Supervisors are senior nurses, social worker and one a life coach nurse who has had training in supervision***
- ***Does supervision online***

## vi. How do we report on mahi from SBHS workforce?

There is an opportunity to ensure data collected from schools is utilised to identify areas of concern, barriers to care, and highlight and share innovations. It is noted that much of the documentation that exists currently is written in the vernacular of the Health Sector; we need to be mindful going forward that language needs to be inclusive of the education sector, and development of resources such as guides/recommendations/standards are developed or enhanced in conjunction with the education sector.

Te Tatau have included in the appendices several tables that highlight Te Tatau's collective discussion that identified the main themes for Workforce and informed the recommendations. There is also a table of documents that summarises the research and reports that the Workforce group is aware of that have implications or insight into the SBHS or Youth Health workforce. The Workforce sub-group have made comments about these documents.

-

**Te Tatau Focus Groups**

"Respectful of all different identities"

"To be able to build a foundation on trust with the students instead of rushing into sensitive topics"

"Need to understand young people"

Increase the diversity of the clinicians available,

**Youth 19 Rangatahi Survey (AHRG)**

Schools can have a major impact on children and young people's wellbeing, for better or for worse.

"Trained professionals wandering around locations e.g., schools just talking to students without having an appointment and the professionals themselves go around and speak out as young people might be too shy to go to them to talk about their issues."

Māori male, decile 9, age 15

## Recommendations for Workforce Development

| Te Tatau recommendations on SBHS workforce pertain predominantly to nurses and doctors, our area of expertise | |
|---|---|
| **1. A National plan for workforce development is implemented** | **A. A quality plan for Youth Health workforce is implemented. This framework should be viewed through a lens of equity of service for regions and populations**<br>i. SBHS needs to be informed and supported by Youth Health workforce to ensure Youth Health and Development skillsets are available in SBHS workforce.<br>ii. Determine how to measure the quality of the workforce development and create a gold standard of SBHS workforce characteristics and a subsequent framework to reach this goal.<br>iii. Service standards have previously been developed with limited application. These standards (Appendix 7) require formal review and updating to be implemented nationally.<br>iv. This plan should encompass across both MoH and MoE and cover the various nursing types, MDT models, ethnic make-up of the workforce, existing cultural competencies safety and languages spoken, current ratios in place, models for SBHS delivery<br>• The evaluation team look at the wider team workforce with regards to workforce development in consultation with leaders within this workforce<br><br>**B. Identify the workforce by undertaking a full stocktake of the Youth Health workforce and plan as a continuous process:**<br>i. Youth Health workforce may not be confined to one area of the community due to the clinical competencies required for the professional bodies delivering services. There needs to be a wider view of the workforce including primary care, secondary, tertiary, and private models.<br>ii. Undertake a full stocktake of the Youth Health Workforce nationally to clearly understand how services are being delivered to young people and the possible areas that are under-resourced and utilising workforce in multiple roles but not identified solely as working in SBHS.<br>iii. Stocktake should inform and improve equity for all areas. |

| Te Tatau recommendations on SBHS workforce pertain predominantly to nurses and doctors, our area of expertise | |
|---|---|
| | **C. A plan to grow and develop the workforce is created, ensuring there are resources to do this effectively:**<br>i. a national framework for Youth Health workforce sub-specialising in SBHS, starting with nurses from induction to succession, and contain all components that are essential to all nurses in SBHS.<br>• Improve recruitment and retention for sustainable workforce with strategies for succession planning for current aging SBHS workforce<br>o Reduce isolation, develop a transition process to and from community services<br>ii. Provide advice to the Health Workforce Directorate, Chief Nurses Office, and educational providers (Universities, Polytechnics) to ensure that Youth Health remains in the core curriculum for nursing and medical students to promote youth health as a career pathway.<br>iii. Projected forecast with incremental increases and proactive incentivisation to be attracted into this area of work.<br>iv. Increase workforce diversity to meet specific needs such as Māori, Pacific, Asian, Migrant, Diversity, and Disability workforce.<br>• Fluent in Te Reo and Pacific languages<br>• Rainbow approximately 17 % of population which needs to be reflected in the workforce<br>• Workforce trained are able to be representative of and relatable to community<br>• Workforce tailored to areas of concentrated population<br>o Targeting training in those density areas for workforce to access, (currently there is no data informing where workforce should be targeted)<br>v. Include recognition of school environment across both MoH and MoE and joined training that should occur.<br>vi. Helping workforce to access Skills & Knowledge for specific Youth Health skillset<br>• e.g., Kia Ora Hauora, Nursing wananga for Māori workforce<br>• e.g., MIHI501 course at Otago University or the Māori 701 course at University of Auckland<br>• Develop Youth Health self-assessment tool (no current Youth Health credential)<br>o there is an opportunity to develop Youth Health program (e.g., Real Skills + mental health credential)<br><br>**D. Support the workforce** |

| Te Tatau recommendations on SBHS workforce pertain predominantly to nurses and doctors, our area of expertise | |
|---|---|
| | i. Supervision is made available and accessible to all professionals working in SBHS and aligned with best practice.<br>• Safety in practice for isolated workers and vulnerable population groups, more supported workforce, aids workforce retention<br>• Supervision should be reflective and relevant to community needs e.g., include cultural practice for high percentage of Māori, Pacific, Asian populations<br>• Individual Supervision is available monthly to all nurses working in SBHS. It should be included within paid working hours<br>• Group, peer and cultural support are all encouraged as additional extras. The value of Group supervision for isolated workers is acknowledged.<br>ii. Build MDT team in partnership with MOE, MSD, and other partners funding programs into schools:<br>iii. Elevate 'Right person at the Right time' and be more inclusive of specialty roles<br>• i.e., specialised workforce such as nurses working to the top of their scope of practice, GP with Special Interest, School Counsellors, Social Workers in Schools, Youth Workers |
| **2. Investment into workforce equity** | **A. National workforce is reflective of %population measures; relevant percentage of workforce looking after young people in high density areas reflect community e.g., South Auckland, Porirua.**<br>**B. Full stocktake of Youth Health workforce informs how to deliver equity in all areas.**<br>**C. Pay equity reflects population workforce is working with.**<br>**D. Funding investment for workforce to access opportunities for professional development that will grow the workforce nationally such as**<br>i. hard to staff areas, Māori and Pacific workforce, rainbow, disability<br>ii. Incentivise professional development and scholarships for Māori and Pacific<br>**E. Health and Education funding formal process to make MDT occur**<br>i. e.g., Non-contact time to attend MDT |

## D. Service Model

### i. Relevant focus areas from the Workplan programme

- ***Develop agreed definition of SBHS.***
- ***Map current services.***
- ***Review current services, especially for equity in delivery and workforce - Is it good enough? Is it too small? Too big?***
- ***Develop recommendations and guidance on linkages for SBHS to community- based services especially youth focused health and development services, and mental health services.***

### ii. Intent

How do we get from Tier 1 (general principles), Tier 2 and Tier 3 (the add on) specifications to a cohesive, equitable and collaborative description of service delivery for all young people in school settings with realistic accountability requirements for the funding?

a) We know what young people want:
   - 30 years of youth voices.

b) We know what works:
   - MDT, skilled professionals, strength-based, holistic, embedded in relationships.

c) We know a lot about our young people:
   - Youth 2000, Youth 19, cohort studies, local audits and research, indigenous research.

### iii. Why are we concerned?

a) How we currently design a service:
   - Solid partitions between sectors/professions.
   - Predetermined shaping by a medical model.
   - Same old.
   - Wrong owner.
   - The train has left the station.
   - Segmented funding.
   - The knowledge and skills of the workforce.
   - The knowledge of the funders and planners.
   - Asking the providers to achieve the wrong thing.

b) Ideas, experience, and knowledge transformed into lots of eclectic models of service delivery. This is dependent on individuals and local resource. This area needs to be developed as a whole to ensure all young people nationally receive equitable SBHS and not be dependent on postcode.

c) The recommendations need to be well aligned and informed by the directions of:
   - Equity and Cultural Voice
   - Workforce Development
   - Youth Needs Assessment

### iv. Current Challenges:

a) Delivering health and development services to young people in a school setting is impacted by the setting:
   - the physical spaces available on campus,
   - the access determined by school hours,
   - the relationships with the Education Provider and its Board of Trustees,
   - the type of school (e.g., middle or area school, alternative education provider, residential or rural, Kura) and therefore the age range and developmental needs of the school cohort,
   - the relationships the Education Provider has with the community and other services/ providers.

b) Health providers working in school settings have to cope with:
   - specific touchpoint of Year 9 HEADSS Assessment completed as the required accountability measure (no indication of quality of interaction, or of relationship-building),
   - variation and inequity in funding and funding sources
     - language divide (including definitions) between sectors particularly around consent and confidentiality,
   - the legal frameworks specific to sectors,

- multiple perspectives on rights and responsibilities of young people within school and community, and the rights and responsibilities of the adults working with those young people,
- variable IT and clinical records systems,
- no clear framework / best practice guideline for information sharing within and beyond the school setting,
- significant steps needed (and barriers to overcome) to get to a true MDT model for many current services,
- a focus on immediate individual physical health rather than holistic approaches and investment in future wellbeing for young people,
- counting outputs rather than recognizing outcomes,
- variable skills / knowledge of youth health and development by clinicians,
- lack of ring-fenced non-clinical time for clinicians to support professional development and service improvement,
- no clear standards or accreditation processes for clinicians or services.

## v. Future considerations

a) Covid 19 and lockdown has shone a light on the need to consider more aspirational thinking for SBHS, and the need for further work on:
   - access to SBHS outside of school hours,
   - information sharing outside of the school-based providers,
   - use of telehealth and guidelines to support this,
   - better ways of educating young people about SBHS and what it can offer.

b) Some key practical issues that confront SBHS regularly require work beyond the scope of Te Tatau Kitenga, namely:
   - accessing services off school site and transporting young people to these appointments (underpinned by consent and confidentiality issues),
     - this requires input across sectors, Ministries and from HDC and Privacy Commissioner, and legal advice.
   - use of MPSO supplies to ensure access to medication for young people and the variation that occurs across regions,
     - this requires input from funders, pharmacists as well as MDT school-based services, and legal advice.

## vi. Summary

It was clearly evident that young people do not know what SBHS means, even less who delivers services? What is SBHS? Is it an Integrated Model of Youth School Services, or Youth Health and Wellbeing Services in Secondary Schools, or Hauora Services in Schools for Youth aged 10-21yo? Rangatahi/young people could not identify with the name SBHS.

Te Tatau also noted that the service model workstream was challenging, because of its dependence on views and recommendations in other workstreams. Partnership between health (funders and providers) and education (funders and school management) is required to effectively develop and deliver comprehensive youth health services within schools.

Flexibility in service style will be the norm and be highly effective if local initiatives are supported by national consistency in the development of a range of quality initiatives including:

- service standards,
- workforce credentialing,
- information systems and
- evaluation frameworks.

An initial review of Tier 2 & 3 Service Specifications has been undertaken by this sub-group to begin discussions in relation to the enhancements of SBHS. The Tier system works well for medical model care contracts. The concept of tiers informing the contractual processes for SBHS does not fit

well with positive models of youth health and development, which works from a holistic perspective, is values-based and embedded in the context of a young person's life and relationships.

Te Tatau recommends SBHS service specifications and framework are considered alongside other MoH school related contracts such as Healthy Active Learning and tier 2 Services in Schools contract, to ensure a collaborative model.

**What makes a 'good' life … OCC**

Services must accept children and young people for who they are and respect their critical relationships with their whānau and communities.

**Te Tatau Focus Groups**

"All students will need many different types of help and support".

"People from different backgrounds, different health services".

"It's such a big school and it makes it really hard to get the help that's needed".

"A support person that can enhance your health in any way".

## Recommendations for Service Model

| **Te Tatau recommends:** | |
|---|---|
| **1. Youth Health Services Standards are developed with Te Ūkaipō Values Framework embedded** | Youth Health Service standards have previously been developed. These require review and updating, including embedding Te Ūkaipō Values. Youth Services include SBHS, and principles of service delivery are common across all settings. This includes equity and access, holistic care, multi-disciplinary teams, information sharing, technology access and workforce development. Issues specific to the school setting then can be defined and delineated additionally on the foundational document. |
| **2. Service Model funding needs to address equity** | **This should include**<br>• A clarification of language and agreed definitions of school health services/ school-based health services/ school-based health centres is required.<br>• Define age groups to match community specifics such as Year 7 – 13 / Age 10 -21 (include Kura, area and middle schools, disability, integrated schools).<br>• Accountability across all of government for funding, underpinned by governance partnership and ongoing collaboration. This could be extended through existing and new models., including locality hubs. Agreement on who employs the integrated team with pay equity for workforce.<br>• Integrated funding with equity lens to support prioritisation of resources e.g., connecting Youth Health and Whānau Ora (or other) to work more closely together.<br>• Facilities and resources appropriately planned to accommodate a MDT, providing values-based and clinical care<br>  ○ Ensure facilities cater to privacy, disability, gender diversity, cultural needs, and differences<br>  ○ Welcoming reception and/or common room<br>  ○ Greater space to allow for whanaungatanga and safe engagement separate from clinical spaces<br>  ○ Provides access to technology for use of apps/ feedback and well-being programmes<br>• Funding rounds align with school calendar year for contracting and reporting.<br>• Funding follows an equity roll out process, model is encouraged in all schools providing services, based on needs with emphasis on schools with high proportion of rangatahi Māori. |

| Te Tatau recommends: | |
|---|---|
| **3. Integration and development of information technology** | **i. SBHS needs to be part of the National Health Information platform**<br>• Integrated across all SBHS services and regions<br>• Common Patient Management System (PMS) that can interface with primary, secondary, and tertiary providers<br><br>**ii. Appropriate access and integration of data collection across sectors (Health and Education)**<br>• Agreed understanding of information sharing with the development of processes and policies to support appropriate and safe information sharing<br>• Development of common data collection to support outcomes e.g., early identification of young people at risk for nonattendance and disciplinary actions, resulting in declining suspension rates<br><br>**iii. Young people have great awareness of technology. SBHS needs to come up to speed with the opportunities technology provides including engagement, feedback, and communication with young people.**<br>• Use of telehealth is supported to improve access for young people. This is in line with international trends in SBHS.<br>• Funding appropriate apps that monitor wellbeing and increase timely access to support e.g., Australian app used in schools (EI Pulse)<br>• Increasing access to Mental Health apps e.g., SPARX |

# 5. APPENDIX LIST

1. Te Tatau and Te Rōpū Members
2. Workplan programme
3. Te Ūkaipō Values Framework
4. Youth Voice
5. Youth Needs Assessment
6. Service Model
7. Workforce Development
8. Reference List

**Please note that this current report prepared by Te Tatau Kitenga is suitable for policy makers, however it is recommended in order to ensure understanding and engagement, this report could be presented in different forms to suit the different audience types such as:**

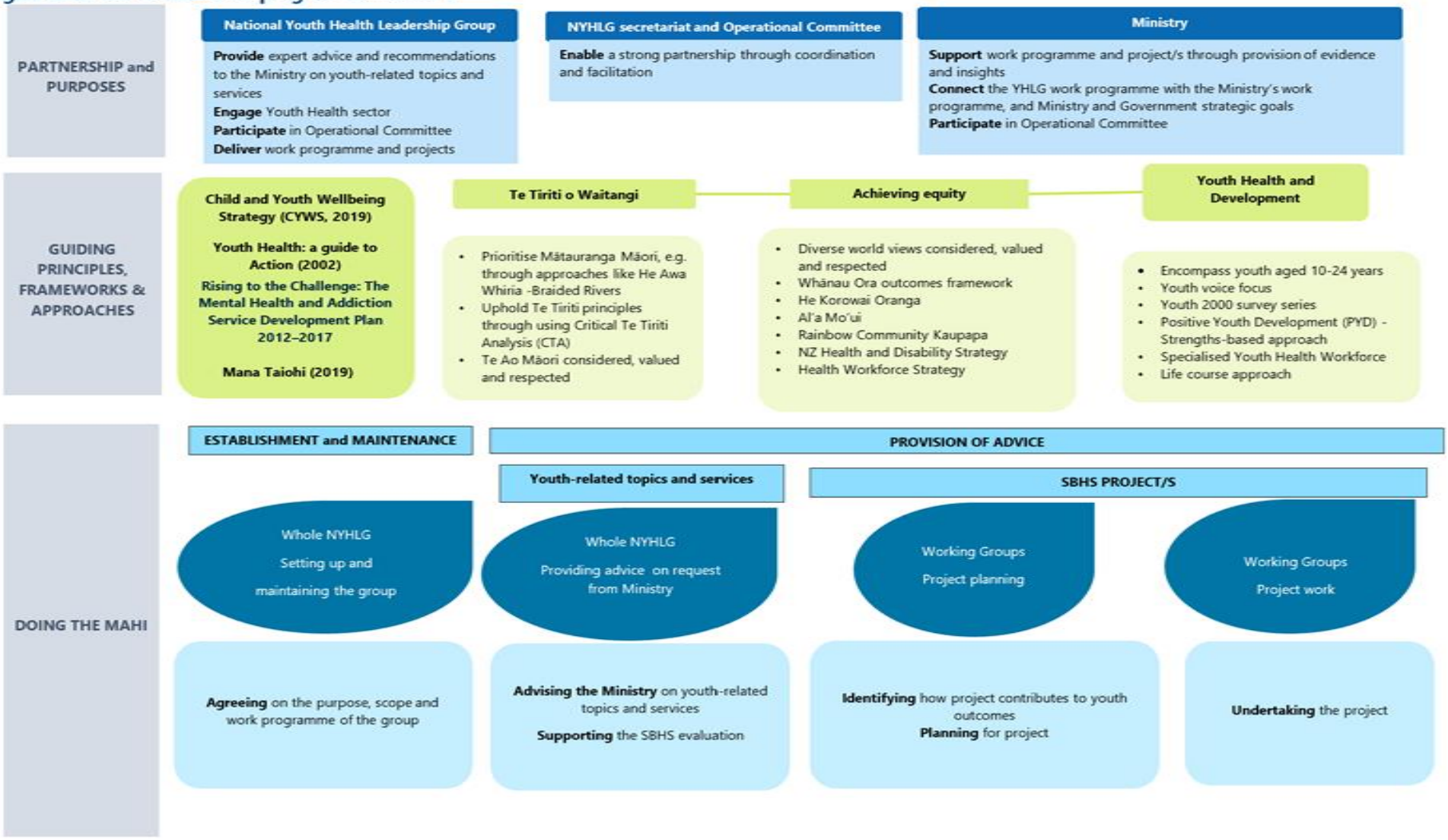
- Other sectors
- Suitable for youth, particularly youth leadership
- Youth health sector / multidisciplinary workforce

# Appendix 1: Te Tatau Kitenga Members

| Te Tatau Kitenga | Profession | Region | Additional Roles |
|---|---|---|---|
| **Koha Aperahama** | Nurse, Northland District Health Board | Northland | Te Rōpū |
| **Anita Balhorn** | Manager Youth Health Service, Youth Health Nurse Specialist, SYHPANZ Chair 2018 -2022 | Hawkes Bay | Chair 2020. Te Rōpū |
| **Dame Sue Bagshaw** | Youth Health Primary Care Specialist, Doctor | Christchurch | |
| **Christine Cammell** | Professional Teaching Fellow, University of Auckland, Project Lead, NZ School Nurses Website | Auckland | |
| **Kate ChiTar** | Nurse Practitioner, Youth School Health | Auckland | |
| **Terryann Clarke** | Associate Professor, School of Nursing, University of Auckland | Whangarei | Te Rōpū |
| **Sue Crengle** | GP, Associate Professor Māori Health University of Otago 2020, | Otago | Te Rōpū 2020 |
| **Bridget Farrant** | Adolescent Physician, | Auckland | Co-Chair 2021 |
| **Aniva Lawrence** | GP, Clinical Director Youth Health Mahitahi Hauora, | Whangarei | Chair Te Rōpū 2020 Co- Chair 2021 |
| **Rachel McGillan** | Youth Health CNS and Nurse Consultant | Whangarei | Te Rōpū |
| **Leeann O'Brien** | Manager Whanake Youth Health and Wellbeing Trust, Adolescent Nurse Specialist | Nelson | |
| **Emily Oughton** | Youth Health Doctor, GP | Wellington | |
| **Liz Read** | HBDHB Public Health Nurse Manager | Hawkes Bay | |
| **Audrey Robin** | GP | Hawkes Bay | Te Rōpū |
| **Vicki Shaw** | Youth Health Doctor | Palmerston North | |
| **Jason Tuhoe** | GP | Auckland | Te Rōpū |
| **Rawiri Wharemate** | Kaumatua University of Auckland, Kaumatua SYHPANZ | Auckland | Kaumatua, Te Rōpū |
| **Tracey Wihongi** | Youth Health Nurse, Northland District Health Board | Northland | Te Rōpū |
| | | | |
| **Consultation Support** | | | |
| **Sue Crengle** | GP, Professor Māori Health University of Otago 2021 | Otago | Te Rōpū 2021 |
| **Sydney Heremaia** | Northland Support Worker (Gender-Diverse Youth, Adults & Whānau) | Northland | Te Rōpū |
| **Melanie Riwai-Couch** | Consultant Evaluation Services | Christchurch | Te Rōpū |

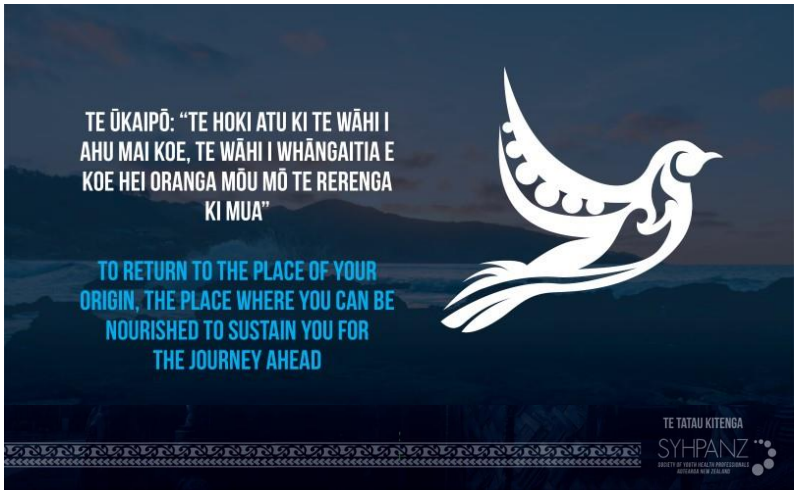
# Appendix 2: NYHLG Workplan Programme

**Figure One: The NYHLG work programme overview**



# Appendix 3: Vision and Values Framework

## Moemoeā/Vision




## Rapunga whakaaro, te aronga/Philosophy and Purpose


**He kōrero whakamarama/Explanation**

As an adolescent, you are venturing on a journey from a child through to an adult. This is an exciting time to be nurtured through the continual evolving process of Te Kore, Te Pō, Te Ao Mārama. This can be explained through a ritual of engagement, the Pōwhiri process.

### Te Kore

Te Kore is the space for potential. It is more than nothing, but a space for something to occur. It is where the creative potential for all things dwell. When referring this to the pōwhiri process, this is when the ope is outside the Waharoa, where traditionally the haukāinga were unsure of the intentions of the oncoming ope. Kirikawa would be sent to meet the ope to ensure that the encounter would be peaceful and not result in any unnecessary conflict. Once established, one could move onto the next phase. Values in this space are Tino Uaratanga, Wairua, Aroha.

### Te Pō

Te Pō symbolises the space between Ranginui and Papatūānuku, a place devoid of light and understanding. This is where the children of Rangi and Papa began to debate the separation of their parents whilst within their tight embrace, within Te Pō. The debate itself is simulated on the marae ātea during the pōwhiri process - gaining further understanding of why the two groups have engaged and the purpose for the encounter. This area is also referred to as the domain of Tūmataūenga. It is an exciting space to make connections through whakapapa or a common purpose. It is also a space to connect the past, present, and future. Values within this space are Whakapapa, Rangatiratanga, and Whanaungatanga.

## Te Ao Mārama

Te Ao Mārama symbolises the space following the separation of Rangi and Papa - a place of enlightenment and understanding. It is also the time when the two groups convene within the wharenui to continue discussions and to foster meaningful conversations. This is also referred to the domain of Rongomātāne and can only be accessed if the previous two spaces have been successfully traversed and completed. Values within this domain are Te Reo, Manaakitanga, and Ōritetanga.

## Whanonga pono/Values


### Tirohanga whānui

The purpose of this framework is to provide guidance on the utilisation of Mātauranga Māori within the context of service delivery. This resource provides information that enables health practitioners to understand a Māori centric approach to service delivery and enhance the experience of rangatahi/young people in SBHS.

When we apply this in the context of service delivery, we consider the relationships with whānau and the partnerships between services. These are essential to the wellbeing of whānau and their ability to access and engage with services easily.

Nine kaupapa Māori values with corresponding whakatauki have been gifted as guiding principles that will shape and influence practice. The essence of these values with expected outcomes and measures.

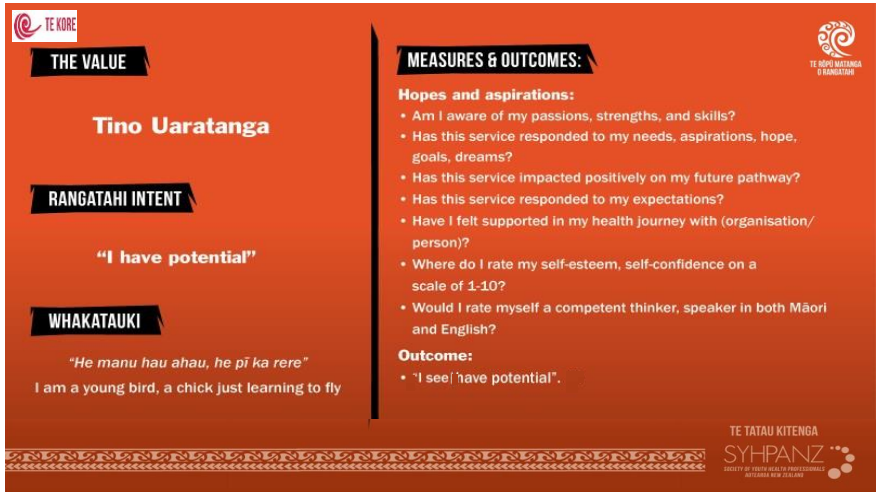
| Value | Rangatahi Intent | Whakatauki | Measures (Hear, See, & Feel) and Outcomes |
|---|---|---|---|
| Kaupapa Māori fundamental | Describes the essence of the kaupapa Māori value and its intention for Rangatahi | They are short pointed proverbial sayings that express a wise or clever observation of a general truth | Measured outcomes implementing the Framework |

It is important to note that the examples provided are not conclusive. They serve to start the service and individuals thinking about how they can better facilitate connections with whānau and other colleagues or services.

## ❑ Te Kore (Stage of Preparation)

Their potential to move forward is highlighted in the values Tino Uaratanga, Aroha, and Wairua.

### Tino Uaratanga

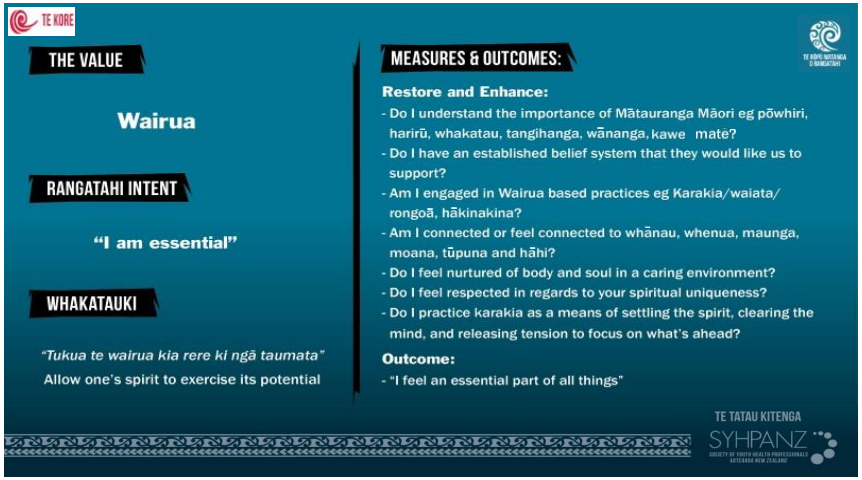



#### He Kōrero whakamarama/Explanation

Tino Uaratanga is a value that aligns with the Kura Kaupapa "Te Aho Matua" framework from an educational perspective. It focuses on developing rangatahi/youth characteristics to nurture and prepare them for Te Pō /Te Ao Mārama from a Māori perspective. It highlights the personal aspirations and hopes of rangatahi/youth as outcomes that are recognised and supported as a valuable part of their future. We started realising that Manu are important and reflect where many rangatahi/youth are in their journey.

This Whakatauki speaks to the potential of all. That as divine individuals, youth can be proud of their uniqueness and that adolescence is a time of learning. We hope that rangatahi/youth are able to soar in this space.

### Wairua




#### He Kōrero whakamarama/Explanation

Wairua is the spiritual dimension of all existence, seen as the essence of who you truly are. It is something that is experienced by individuals and not often seen in a tangible way. "Te taha wairua" is the fourth cornerstone of Te Whare Tapa wha model of health.

The existence of a spiritual dimension is fundamental to rangatahi/youth well-being from a Māori cultural perspective. It is seen as an essential requirement to health and therefore vital to wellbeing and identity. The wairua can be enhanced and recognised when rangatahi/youth are given the opportunities to express and practice their tikanga, kawa and mātauranga Māori (culture, traditions and Māori traditional ways). The transformative qualities within wairua can help to build resilient rangatahi/youth and whānau/family as interconnected spiritual beings.

We acknowledge that while wairua may not yet readily align with all rangatahi/youth this does not make wairua invalid or irrelevant. Within Te Ao Māori, wairua is culturally existing, real, and relevant. Without wairua, there is no start to well-being. This whakatauki was chosen as it reflects where adolescents are, in regard to their wairua.

## Aroha


### He Kōrero whakamarama/Explanation

Aroha is another core value in Mātauranga Māori that is applicable to both rangatahi/youth and the Kaimahi/clinicians that support them in SBHS. Aroha mai, Aroha atu was talked about how reciprocity is what we desire for rangatahi/youth and pakeke/adults who look after them alike.

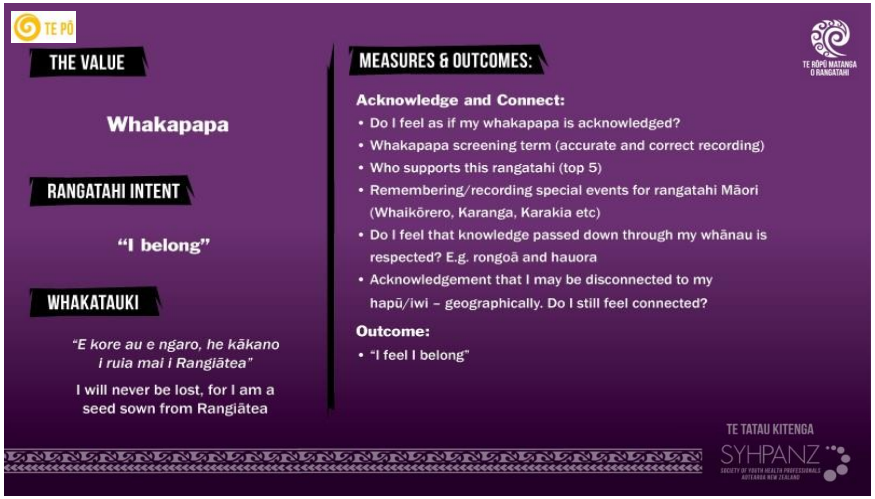
Anyone who awhi's or works with rangatahi/youth have a responsibility to allow it to flourish. Exercise elicits the feeling of "activity" and there are clear activities that can be done to grow wairua in rangatahi/youth.

There were several Whakatauki that we discussed. There are so many for Aroha but this one we felt represented our desire for the belief systems to influence the love held for one another.

## ❑ Te Pō (Stage of Engagement)

The exciting space they step towards, to navigate from darkness into the light is highlighted by Whakapapa, Rangatiratanga and Whanaungatanga.

## Whakapapa




### He Kōrero whakamarama/Explanation

Whakapapa can be envisioned as the layering of successive generations to create a firm platform for future seeds to be nourished, to grow, and to thrive. Knowledge of one's whakapapa can help in the establishment of identity and belonging. It also encapsulates the interactions that occur between individuals with different whakapapa and how the sharing of such knowledge can be used to strengthen connections between people who descend from common tupuna – Te Ira Tangata. This is also intertwined with Te Ira Atua and the ancestral connection that Māori have to our tribal deities.

Whakapapa also encompasses the right that Tangata Whenua have to claim their whakapapa as their own – to understand the deeds of their ancestors, to recognise the impact of first contact with the Crown, and the

subsequent consequences that have filtered through the generations over the ensuing 181 years. As such, a right to claim whakapapa results in an ongoing obligation to one's hapū and iwi. Rangatahi form an important part of succession planning within the confines of hapū and iwi, and they must be nurtured as our future leaders.

It must be acknowledged that not all Māori are aware of their whakapapa, particularly those who are casualties of the historical and contemporary effects of colonisation. The initial cohort of students engaged within Te Ao Māori may not be affected by this particular struggle today, however, this has impacted on the generations prior to the rangatahi who have only ever known the beauty and wonder of Te Ao Māori.

This whakataukī speaks to the importance of our foundations as Māori – our historical, cultural, and ancestral ties to our homeland. It is all encompassing and connects the past, present, and future in a continuous chain.

## Rangatiratanga


### He Kōrero whakamarama/Explanation

Rangatiratanga focuses on the leadership qualities of each individual in the context of the wider community. It also recognises the importance of understanding that every rangatahi/youth has a unique talent, or pūmanawa, that they can learn and develop to be of service to their whānau, hapū, and iwi.

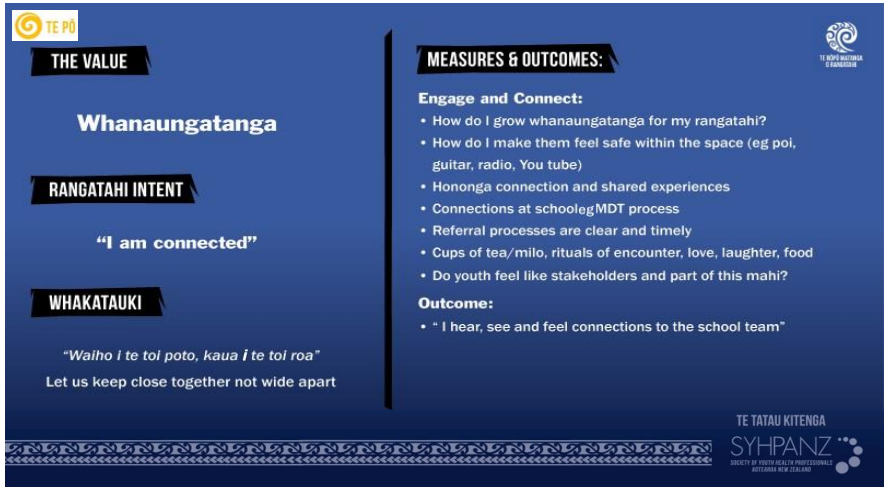
Rangatiratanga also recognises the importance of mentorship in discovering and nurturing the talents that exist within rangatahi. It is also a commitment to enacting the needs of rangatahi/youth, allowing their own self-determination in the direction and velocity of their lives.

Rangatiratanga encompasses the stages of development that rangatahi/youth undergo in their progression from tamariki/child to pakeke/adult. It should also be a celebration of these transitional stages and the acknowledgment of their wider community in supporting our future leaders through these phases.

One particular example that could be used is the celebration of *Te Awa Kura/Īkura* (menstruation) in young Māori wāhine/women. The western paradigm of this particular phase is often encompassed in shame, rather than the acknowledgement in the journey through to a young wāhine/woman.

This whakatauākī is an abbreviated form of the original tongikura of Kīngi Tāwhiao at a time of desperate need for his people. He spoke these words to inspire his people to have self-determination in the face of hardship and poverty.

## Whanaungatanga




### He Kōrero whakamarama/Explanation

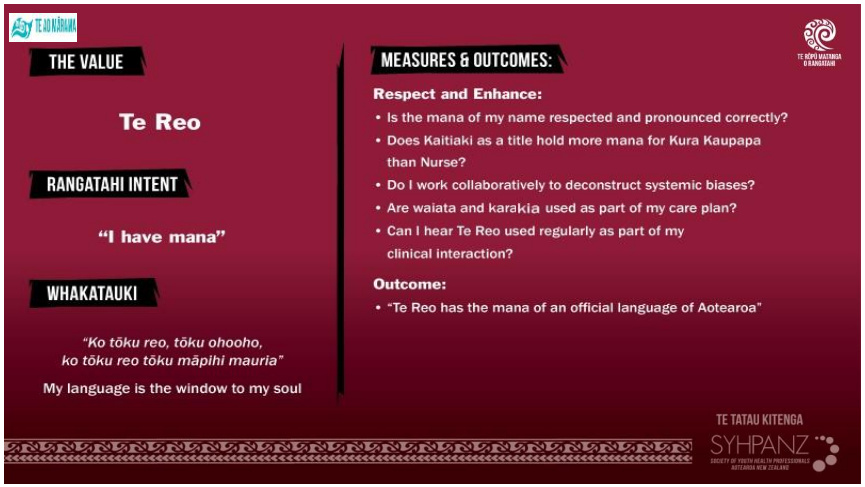
This is the space to listen, this is the space to connect at a deeper level, this is the space to pause and have silence. There is value in spending time on whanaungatanga at every encounter it is a space of sharing of one's self and learning from whoever we are interacting with. This opportunity to connect this way will always bring people closer together. It is more than building rapport it is laying a foundation for strong relationships of trust and understanding of each other. Too often in busy clinical settings this will be forgotten. Culturally though this is the most important process to begin with as without it most likely whatever is desired will fall down.

This whakatauki is very self-explanatory for whanaungatanga and needs to be simple so that all can identify with it.

# Te Ao Mārama (Stage of Unity)

As they are welcomed into the light, their future, they have developed a greater understanding of one's self, one's journey which can be highlighted by Te Reo, Ōritetanga and Manaakitanga.

## Te Reo




### He Kōrero whakamarama/Explanation

Te Reo is the way Mātauranga Māori is passed from generation to generation. Different hapū and iwi have slightly different dialects that are unique to them. However, no matter what dialect you speak you can understand the meaning and context of the conversations and mihiwhakatau.

Te Reo has been an official language of Aotearoa for years, but language revitalisation has been mainly focussed by the introduction of Kohunga Reo then Kura Kaupapa. Education has led the way in this however Māori Television has also helped with national coverage.

Service provision, particularly in health, has been slow to incorporate Te Reo as a core value and Rongoā for Māori. Thus, why we have chosen this to be

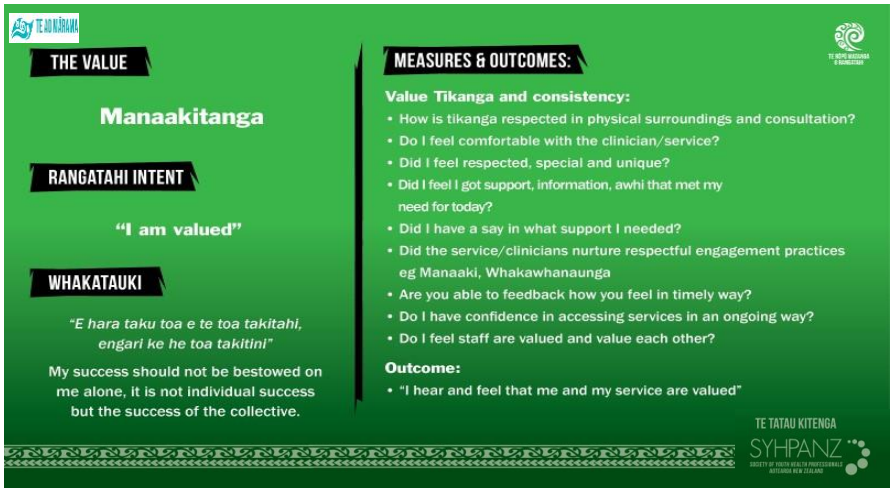
its own value and feel that health should place as much emphasis on this as education has.

The Ministry of Education states: Māori language in education is a key focus area of ***Ka Hikitia-Accelerating Success 2013-2017***. Ka Hikitia-Accelerating Success reaffirms the outcomes of Tau Mai Te Reo, that all learners have access to high quality Māori language in education. Tau Mai Te Reo informs and supports the Māori language in education related elements within Ka Hikitia-Accelerating Success.

The understanding of this whakatauāki is that the translation reflects a special treasure, he kuru pounamu, he kuru tongarewa. Ohooho, māpihi maurea, and whakakai marihi are metaphorical descriptions for treasure (e ai ki a Tā Tīmoti Kāretu. Nānā tēnei whakatauāki i waihanga)

Language seen as being a treasure that is so important to the soul is why we chose this whakatauki to represent this value. We hope that this is also applicable to recognising that with all rangatahi/youth where English is their second language how important this is to understanding their health and wellness.

## Manaakitanga




### He Kōrero whakamarama/Explanation

Manaakitanga is another core value found in Mana Taiohi's values and encompasses the care, respect and valuing kindness, hospitality and support and care of others. Again, this applies to both rangatahi/youth and those that care for them. Rangatahi/youth traditionally have a role to care for Kaumatua and Kuia. Rangatahi/youth have a role to help in the Wharekai during tangihana or celebrations. Options of wellness have traditionally been confined to Pakeha models.

One rangatahi when asked what Manaakitanga meant to them stated "When someone gets up out of their chair and opens the door for you". Simple acts of kindness can affect people more significantly than all the fancy medications at hand. It is also important for individuals to find value in oneself, having manaaki in your own future whether it be in life, in education, a career or whānau is what we all should strive for.

To achieve true manaakitanga is about success of a collective not of an individual thus why we felt that this whakatauki reflects what we wish this value to represent in this space.

## Ōritetanga

**He Kōrero whakamarama/Explanation**
As a word this refers to equilibrium and equity.

This is a core principle of Te Tiriti o Waitangi found in the Māori translation. It was historically undervalued by the crown in that several legislative bills led to a point where inequity is in every facet of life for Māori in Aotearoa. Universalism will not achieve equity, in order to address systemic biases and racism there has to be intentful change that recognises the strengths and power of Māori culture, language and heritage.

It was felt that this value sits around all the other values in the form of protection, in the importance of achieving equity in this framework and keeping Te Tatau Kitenga, the Ministry of Health, and DHB's accountable to seeing tangible gains for Māori as quickly as possible.

This will take a united effort of not only the Ministry of Health, but also Ministry of Education and other stakeholders to implement a framework that is able to reach land and not stay circling in the bay forever!

To do this we need to have good data re: winds, currents, and our crew. We need clear focuses of where the land is that we are heading to and how we know we have arrived.

| Main Theme | Challenges |
|---|---|
| **Rangatahi have considerable resources and assets.** | Rangatahi Māori have worse health outcomes and statistics than Pākehā counterparts. |
| | Significant and persistent disparities faced by rangatahi Māori, particularly with regard to socio-economic factors, perceptions of positive school climate, access to healthcare, risky health behaviours, including suicide attempts and violence exposure. |
| | Access to primary healthcare and social services is a significant barrier for many rangatahi compared to New Zealand European/Pākehā students. |
| **Rangatahi benefit from a holistic approach to wellbeing** | Young people require free primary care that meets their developmental and cultural needs in settings that are convenient to them. |
| | Traditional approaches to healing and wellness are effective yet infrequently accessible. |
| | Incorporate Rongoā Māori. |
| | Help rangatahi understand where they are in their journey and where they want to be. |

***Equity Table 1: Te Tatau recognised key factors to be addressed***

| **Q1: What matters to rangatahi Māori?** |
|---|

❑ ***Equity Table 2: Te Tatau collective kōrero on key factors to consider for enhancing SBHS***

| Main Theme | Kōrero |
|---|---|
| **Māori should play a lead role in developing the enhanced and expanded SBHS** | SBHS should uphold Te Tiriti commitments. |
| | You cannot create a Pākehā model and try to reshape it to fit a Māori context. |
| | A SBHS models that is designed to be relational is revolutionary for rangatahi. |
| | Consultation with Māori towards the end of a process does not uphold Te Tiriti principles. |
| | Encouraging Māori to take up leadership positions within all stages of this project should be an express goal. |
| | This work should come from a "by Māori for Māori" approach. |
| **SBHS model is created with mātauranga Māori first in mind.** | It is hard to determine the underpinning values and purpose of SBHS, which makes it hard to adapt kaupapa |
| | Model that works for Kura can inform what works for all. This model can then be adapted into mainstream education spaces to support all rangatahi (e.g., Bilingual Units, Mainstream, TPU, AE). |
| | Mana-enhancing concepts can be used to deliver health messages. |
| **Rangatahi Māori don't often see themselves reflected in and/or relatable to the workforce.** | A small group of people in the workforce can deliver consults in Te Reo Māori. |
| | Upskilling in cultural safety is left as the personal responsibility of each clinician. |
| | Clinical practice and language often don't have easy equivalents to discuss, so the messages don't resonate. |
| | SBHS can feel like a Pākehā service in its design, so rangatahi Māori don't feel welcomed. |
| | Values need to be embedded in training health professionals. |

# Appendix 4: Collection of Youth Voice

These notes were taken from various focus groups held across the motu and were both in-person and online. The aim of these groups was to gain insight from youth as to how their past and present experience(s) with their SBHS, the vision and values and interim recommendations proposed by Te Tatau resonated with them. It was intended that all student participants would be representative of the priority groups.

For Te Rōpū January hui Te Rōpū invited rangatahi (8) from Kura (Northland) to Zoom hui to discuss Vision and Values Framework – discussed each Value.

For March focus groups all students were asked the same questions:

1. If you think of a time where you talked to a health nurse/doctor at school
    a. Can you describe how this experience made you feel?
2. Was it helpful or not helpful in supporting you around a health question or concern? Why?
3. If you were the General Manager of Health and you were tasked to set up a school health clinic:
    a. what would that look like?
    b. What would it feel like?
    c. What are the things you know would make it a great space for a young person to talk about health and wellbeing?

For May focus groups, all students were asked the same questions:

- What is a SBHS, what does it do?
- How relatable are the vision and values we have presented to you?
- How would young people measure success/good outcome of a SBHS?
- What skills are important in those delivering SBHS?
- What does a multidisciplinary team look like to you at school?
- Beyond SBHS what do young people most need?

**Demographics table**

| Youth Voice | Interviews and Focus Groups | |
|---|---|---|
| **Total** | 112 young people participated | |
| **Areas**<br>*Relevant to Te Tatau Members access* | Northland – Kaikohe, Whangarei<br>Auckland – West and South<br>Hawkes Bay – Napier and Hastings<br>Nelson<br>Christchurch | |
| **Gender** | March Group | Not collected – mixed group |
| | Female | 57 |
| | Male | 37 |
| | Non-Binary | 1 |
| | Demi-Girl | 1 |
| | Transgender | 5 |
| **Ethnicity**<br>***Some young people stated multiple*** | March Group | Not collected – mixed group |
| | Māori | 37 |
| | European | 13 |
| | Pacific | 45 |
| | Asian | 8 |
| **Age** | Predominantly 14-16yo | |
| **School profile** | Year 8 – 13<br>Unisex and Co-ed<br>Kura Kaupapa<br>Special Character Schools<br>Alternative Education<br>TPU<br>Te Kura Correspondence<br>Decile 1 – 8 schools | |
| **Additional Priority** | Young people with Disability | 2 |
| **Youth Leadership Potential** | Whangarei (Head Boy & Head Girl)<br>South Auckland (Head Boy)<br>Hawkes Bay Pacific Leadership Group<br>(5 participated in Focus Group) | |

## Below is their voice:

### A. March Focus Groups

***Contributors*** 11 young people across 4 different regions - Nelson, Counties Manukau, Kaikohe, Whangarei, and Christchurch.

| | |
|---|---|
| ***SBHS*** | **How did you feel in experiencing SBHS yourself?**<br>• Like to see more training in gender diversity<br>• Awkward and embarrassing because had to get someone else to talk for me "I couldn't talk"<br>• "Sort of helpful", did tests to find out what was happening – "it didn't stop even though I was on medication, but at least they tried"<br>• "It actually really helped, how I was feeling mentally and emotionally. It helped me explain the situation a lot more."<br>• "The whole experience around talking to the health advisor at school can be hard, especially being alone. We can't all go together, we have to go alone."<br>• "Sometimes the waiting time is way too long. You turn up and they're only available for a short time or they're only there halfway through the day. It's such a big school and it makes it really hard to get the help that's needed. She's not there, she's not in that day or she's already left that day."<br>• "There's some kids that use it to skip classes and if they're there then we don't get to see her."<br>• "I think our nurse was very good. She managed to understand where we're coming from, she got the cultural difference. Sometimes it's hard with cultural barriers but she managed to address me, it's a safe space and we can talk about any medical needs and she's very open minded and there's lots of smiling."<br>• "It's a good experience to talk to a nurse, because there are times that you can't talk to a teacher. You talk to the nurse, and she knows where you're coming from. Just being able to talk about it, it was… less damaging on my mentality."<br>• "When I asked for a prescription, she can go out and get it because sometimes there can be a lack of prescriptions around the area that I live." |
| | **If you were a manager, what would you like to see in SBHS?**<br>• Safe spaces, spaces where you can talk but don't necessarily have to talk either, "not in your face".<br>• Warm environment, different areas for different people, different activities "so when you're waiting it's not boring" – drawings or art wall, toys.<br>• Wifi so you could have entertainment on devices.<br>• Tuck shop or vending machine so there's kai there, that would be my little health clinic<br>• It would look like a youth friendly environment where we can all sit together and have that moment; we all need when we need it.<br>• For me, I would like to see a room where people who have anxiety, depression and stuff like that have a separate room where they can vent their issues and also have another room where you can all meet as a community and discuss what you need to discuss and also another room where our babies can be, without worrying about who is stepping through and a place for our kuia to sit and have hot drinks, because we all know they like their hot drinks.<br>• Not just focusing on our young or our old but everyone together. |

- Pamphlets and booklets about things like pregnancy, strokes, heart attacks and things like that, things have been happening in our community.
- Some kids get intimidated by sharing directly to the councillors or the nurses, so it's really important that you give training to students as well, so they speak up for each other.

## B. May Focus Groups

### i. Hawkes Bay

***Contributors*** Hastings Girls High School Year 9 -13 (9 females)
Taradale High School Year 10 – 13 (12 – 4 males, 8 females)
Flaxmere College Year 8 - 13 (11 – 1 male 10 females)
Pacific Students only – Total 32 - 5 males, 27 females
Samoan 22, Tongan 2, Fijian 1, Fijian/Indian 1, Cook Island 2, Cook Island/Māori 3, Tongan/Fijian/Solomon 1

***SBHS***

- Help prevent things getting bigger
- Team that supports you & your hauora
- Nothing available
- Need to have good connection
- Talk to someone, people you can talk to
- Learn new stuff
- More health services to support Pasifika families
- Help students understand SBHS
- To be able to advise and lead us down the right path
- Helps students
- Physical health
- Window - escape
- Growth rehabilitation
- Take action for youth health
- A place where health professionals cater to student's health
- Safe place
- Don't need to worry about anything, better to take it out then to keep it in
- Sometimes both the nurses are sick, and the girls get sick at school
- We need to have the person that understands you or a pacific person you can talk to.
- Talk to someone share your problem.
- It will be a good choice to work together, and those people are pacific people and pakeha people.

| | |
|---|---|
| | • More Pasifika nurses and physio therapists, councillors who understand us more<br>• Having Pasifika based health care services. People from different backgrounds, different health services.<br>• More health promotion in different languages so people with different backgrounds can understand.<br>• See if those values connect to shorten the amount of values there are |
| ***Vision & Values*** | • Easily recognised 6/10<br>• Equity is priority.<br>• 9/10 rating – focus on all students being equally supported<br>• Aroha is significant.<br>• Simplify some values – similar language, terminology, change definitions<br>• Make more diverse<br>• Be good in different languages – Samoan, Tongan Cook Island<br>• Our values matter.<br>• Connections<br>• Feeling respected by those I surround myself with<br>• Needing to put more of our Pasifika people out there<br>• Having a voice<br>• Learn to respect others for who they are<br>• Choice is very important<br>• Manaakitanga – If we are valued, who is supporting us?<br>• Focus on their school-work and well-being<br>• Tino Uaratanga – we have potential but because we are surrounded by palagi nurses, councillor etc, do we have the confidence to speak out?<br>• Supportive people in general. Different background and ethnicities. |
| ***Skills*** | • know how to talk to younger students and get to know them<br>• Communication<br>• Understanding me and my generation, our point of view<br>• Able to relate or understand what someone is struggling with<br>• Honest<br>• Training people to learn more about the cultures v cultures<br>• Respectful of all different identities<br>• Liking kids<br>• Support for students |
| ***MDT*** | • Work together – Pacific & Pakeha<br>• Supportive people in general<br>• Different background and ethnicities<br>• Someone who looks like me and speaks my mother tongue, similar upbringing<br>• Same gender |

| | |
|---|---|
| | • Psychologist, mental health nurse<br>• Qualifications<br>• Work and income |
| ***Outcomes*** | • Respect<br>• Help us<br>• We only have one nurse<br>• Make SBHS known more around school, more talkative<br>• Having a voice<br>• Choice is very important<br>• Being confident on our goal for the future<br>• Checking up on other students and their opinions<br>• Surveys<br>• Being more talkative about SBHS |
| ***Beyond SBHS*** | • Someone to aid/teach us about being independent<br>• Transition support to prepare for university<br>• Connection to the church<br>• Money, hobs education]<br>• Family/ Whānau /friends<br>• Discounts for fees<br>• Free lunches<br>• Support, a lot of support and helpful advice<br>• Not being afraid of trying new things<br>• School based activities that involve youth getting together to share struggles or just to relate to each other through fun activities.<br>• Check-ups to make sure some are okay<br>• Extra aid when it comes to learning as we go off to university as Pasifika (studying while helping around the house).<br>• Preparation for the future, advice on skills needed going into the world.<br>• Flexible hours – Helping to manage school, study, work, church and chores.<br>• If there was another pandemic it would be helpful to have SBHS to check in on your classes like once a week.<br>• 360-degree bus with fun activities for students to jump on at different schools<br>• Jobs – to learn as I go through school |

### ii. South Auckland

***Contributors*** Counties Manukau
Males 2, Females 12, Non-binary 1, demi-girl 1(16)

Pacific 7, Māori 5, Asian 5, European 1 (2 identified with multiple)
Age 14 – 17 (80% 15-16yo)

| | |
|---|---|
| ***SBHS*** | • Important to have Pacifica friends because the probably understand you better<br>• We need more yearly check-ups from nurses, teachers, friends, etc.<br>• Don't have anything.<br>• Aroha is the most important to me or us because we matter, and we need to be seen.<br>• We need to have good connection with the SBHS<br>• I'd like more mates and dates, trustworthy teachers and friends<br>• You have to know how to talk to younger students and get to know them<br>• Aroha, Te Reo Whakapapa<br>• Aroha you matter<br>• Learning new stuff<br>• Aroha you are essential<br>• Talking to friend and family sometimes not all the time<br>• I saw someone that I need the most<br>• We just have to be ourselves, get to know each other and we need to ask question<br>• We need all the young people to come together and share our idea and see if we can make any different.<br>• To me Ōritetanga is important because we all need to understand each other we need to be square.<br>• Whakapapa is that you belong, no matter where you go you will always know where you come from<br>• Respectful of all different identities<br>• There should be a health and safety team<br>• We should have more days of physio instead of two days, or at least have someone else to cover our physio person in case our normal one calls in sick<br>• Make known more around our school<br>• Wish to have a health service building<br>• More surveys and feedback |
| ***Vision & Values*** | • Tino Uaratanga doesn't work.<br>• Leaves room for interpretation so less impactful sometimes metaphor's work sometimes not<br>• Personal experiences work better<br>• People reading it need to connect with it better<br>• Ōritetanga manaakitanga too long<br>• Feels very structured and mechanical<br>• If I read it on the wall -Feel no effect on me, Feel nothing<br>• More pictures less words<br>• Wish it was easier to understand it in general<br>• Whanaungatanga Aroha – like these ones<br>• Short and sweet – simple is better |

| | |
|---|---|
| | • Rangatiratanga: difficult to understand words not in my vocabulary<br>• So, it needs its mother to provide it with food strength wisdom. This applies to us too. We cannot learn to fly without support our mother bird can be our parent, teacher, social worker someone.<br>• These relate, only some because the mindset some young people set for themselves.<br>• Very relatable, they crossover relations between aspects of my life.<br>• These values are relatable as most of them tend to relate to the struggles of the youth in a way.<br>• Very relatable – We've learnt about these values since primary.<br>• They can be relatable through the values I set for myself.<br>• They apply to our (my) values. Very relatable.<br>• A sense of understanding of these values makes me feel comfortable and relate to my Samoan values very much.<br>• Having a sense of belonging – the vision what it means to me. Whakapapa.<br>• Mana: Being able to connect with our culture, language. Having a special bond with home.<br>• Generically relatable<br>• Understanding our worth. Improving how we see ourselves and building our self- esteem.<br>• Tino Uaratanga. "I am a young bird a chick, just learning to fly" As our youth is described, I can only think that that a baby bird cannot fly, it cannot get food to eat who is older and wise to provide is with the support we need in order to fly and reach our full potential.<br>• Manaakitanga: Simple acts of kindness to others; Respecting each other's belief and values; Looking out for those around you |
| ***Skills*** | • Understanding – Be able to relate or understand what someone is struggling with.<br>• Support – To be able to advise and lead us down right path.<br>• Listening – They listen and give back suitable advice for help. Someone you can tell your problems that you are having at school. They could help you dealing with it.<br>• Open minded someone young who gets our generations struggle with school.<br>• Thought any circumstances like depressions based on their advices. For your people they might<br>• Someone of similar upbringing (strictness, church, activities, being busy)<br>• Confidentiality is a given<br>• Open<br>• Have to know what they are talking about<br>• Happy and laughing makes it feel positive<br>• The energy of the health worker reflects onto they student<br>• Treat as an equal, don't talk down to the student<br>• Doesn't matter how old they are or what they look like, it's about attitude and communication<br>• Body language – they can read they students body language or not aware of students' body language or their own. Rolling eyes, bad vibes.<br>• Don't express their own opinion to student for your own personal agenda.<br>• Non-judgmental – good people skills not awkward.<br>• Good communication and understanding of student point of view<br>• Support for the students |

| | |
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| ***MDT*** | • Not all the same<br>• Working with young people<br>• Having different people with different purposes in the school community that would also help with our needs as young people.<br>• People that are open minded. They can understand you. They listen to your problems and help you to solve them.<br>• A person that is caring, gives good advice, and doesn't try to get too involved.<br>• People that have a sense of humour and easy to talk to.<br>• Complicated to answer. Hard to understand the questions.<br>• Parent Representative<br>• Close friend<br>• Councillor<br>• Teacher<br>• They look in my opinion, all different. In school it would consist of teachers, deans, nurses, councillors, students. Everyone should have a say in their team.<br>• Teachers, principals, and students working together to make everyone feel comfortable in the school grounds.<br>• Multiple teams working together for the betterment of our youth (i.e., councillors, nurses, etc.). Vast range of health workers.<br>• The SBHS team consist of everyone in the school, including teachers, nurses, councillors, deans, receptionists the principal and much more. It's everyone's collective efforts to support each other in mental health and general health too.<br>• I think this team looks colourful, Professionals from different areas, but also normal people who are able to speak from their perspective. |
| ***Outcomes*** | • Checking up on other students<br>• Based on their services towards the young people<br>• Being confident on our goal for the future<br>• Being able to find balance between homelife, school, church work.<br>• Giving you courage on doing things and not being afraid of being bullied.<br>• A survey every term<br>• Survey done online<br>• Free slushies for those who do the survey<br>• Can give out during whānau time (paper survey)<br>• If it's done during class can reach more students compared to lunch anon survey.<br>• Feedback box<br>• On the way out - rating and reviews buttons to review – like a hotel<br>• If a student leaves feeling satisfied |
| ***Beyond SBHS*** | • Channel between school to GPs, employers, job seekers<br>• To create seamless transition<br>• Support in everything<br>• Need support in everything<br>• Need contact with SBHS outside of school.<br>• Support groups students with other people with similar experiences. |

- Raise awareness on how to access Health Care outside of school.
- Make school more appealing
- Give non – school attendees a reason to come to school
- Supportive and open family
- Each YP needs a plan SBHS to help make a plan before they leave school.
- Being educated about problems that actually have an effect on our future, in schools.
- For our ideas to be heard and for your youth to be taken seriously.
- A platform to speak. In saying that this can help students get used to speaking up and reregulates that age doesn't matter because students feel like age invalidates their opinions.
- Emotional support – trusted person they can talk to.
- To provide support for young people as age does not mean they are mature or independent.
- We need to be part of conversation regarding OUR future! (global warming, etc.)
- We need to be heard and listened to.
- Parental or family support, like trying to understand what we are going through.
- For young people to have a platform to spread their ideas.
- Support is key (teachers, peers, parents, family, nurses, older people).
- By enforcing mental health through schools, us young people's mental health is not taken seriously.
- For adults to me open to new ideas
- Preparations for transitioning between high school to adult life
- For the youth to be a part in big discussions.
- Giving students a say in things that will be affecting the youth or young people, etc.
- Emotional support – people give advice when you're lost
- All students will need many different types of help and support however I think that for many students they may experience mental health issues and I do think that SBHS should provide students with tools to help students with mental health and or help them to seek help for reliable professional help.
- Support and people who care! Or people who can relate
- To not judge towards students and their answers on things
- Giving the person privacy on being able to guarantee their information is safe and unexposed to no one else.
- Being able to relate to students and understand their struggles.
- Everyone is openminded and understands what each other is going through.
- To try to understand the student's situations be there stating your opinion and assuming what's wrong.
- Working under pressure
- Patience – Working as a social worker I feel students being open to an adult can be difficult, so patience is important. Instead of forcing it.
- Giving students the times and space, they need.
- To be more open and patient with the student so they may feel comfortable with opening up.
- Being able to have the patience to listen to the students and not rush them or put force on students to open up.
- Being able to understand the students in a way they can give proper advice.

- Being understanding of students, as students tend to feal a certain way when this skill is not displayed or used.
- Coping skills in times of messy situations and being under pressure, being able to cope is important.
- To be able to build a foundation of trust with the student instead of rushing into sensitive topics.
- Friendly, considerate, non-judgmental
- Important for SBHS to have good listening skills as sometimes students simply need someone to listen at times. It is also important that they have empathy and are able to support students regardless of how 'big' or 'small' their issues seem to them.
- To try to see things from different persons perspectives as this can help into relating to the student.
- Being able to connect with the student.
- Equality
- Economic / political party

### iii. Nelson

| | |
|---|---|
| ***Contributors*** | **Focus Group 2**<br>Alternative Education in Nelson / Year 9 – 11 / Male 3 Female 7 (10)<br>One of the young people had an intellectual disability and FASD. |
| ***SBHS*** | There was a lot of discussions about the qualities of the nurse who is the primary health care provider at the alternative education. The young people acknowledged that they have external health and wellbeing services that come in to meet with them. This included AOD, OT social workers and mentors. Alternative Education has a nurse one day a week.<br>a) The young people stated the reason they access the nurse is due to:<br>• 'Get out of schoolwork' (when they were in mainstream school)<br>• To get my health needs attended to…such as injuries, AOD and feelings.<br>• 'The nurse is reliable, and I can talk to her.'<br>b) Qualities:<br>• Need to be a nice person, relatable, reliable, and trustworthy.<br>• 'Confidentiality is important.'<br>c) Health needs of concern that the young people raised:<br>• COVID, STI checks, cold/flu, and accidents<br>• Wanted counselling on site.<br>• Drugs, MDMA, Acid, Marijuana and Nicotine and picking up 'hutchies.'<br>• Mental health<br>• Fighting and violence<br>• Out at night roaming<br>• Need to belong. |
| ***Vision & Values*** | Young people answered this question by going to the side of the room, or middle of the room that best reflected their thoughts about the values. |

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| | • Tino Uaratanga: Most young people rated this highly.<br>• Wairua: Most young people did not believe that this was realistic to achieve-felt like the school environment does not allow for this.<br>• Aroha: Young people rated this value highly<br>• Whakapapa: Most young people rated this highly and see the importance of acknowledging who they are and where they come from.<br>• Rangatiratanga: Most young people did not rate this value highly.<br>• Whanaungatanga: Young people wanted people to get to know them and 'not fix them'. Communication with them and not 'at them' was important. One young person did not want their family to have any contact from any health or wellbeing service-history of abuse and neglect from Whānau.<br>• Te Reo: This was highly valued by all young people, 'you have mana' was what they wanted and valued most.<br>• Ōritetanga: Young people commented that this is an important value but struggled to know how they would see the value in Alternative education.<br>• Manaakitanga: Young people did not believe that this could be achieved but thought it would be a nice value. |
| ***Skills*** | • Helpful<br>• Relatable<br>• Non judgemental<br>• Kindness<br>• Rewards/incentives<br>• Generous<br>• Respectful<br>• Trustworthy<br>• Good attitude and able to communicate well.<br>• Good at their job - knowledgeable. |
| ***MDT*** | Young people stated that they wanted access to AOD, nurse and counsellor whenever they needed it and the people needed to be trustworthy and accessible every day. They did not want to see lots of people about the same thing, they wanted to connect with the same people. They also wanted someone who could talk with them about sex ed and a 'cool youth worker like Barney'. The young people also saw a need for a receptionist who was nice, guidance counsellor and support from the pastoral deans. |
| ***Outcomes*** | Most young people stated that they wanted to be heard and could see someone whenever they needed to. They felt that being at Alternative Education they missed out on accessing a counsellor or a nurse every day. They wanted people who they could connect with and would listen and help with their needs.<br>• Young people wanted the service to be free at school and outside of school hours.<br>• Offer home visits.<br>• Easy to access in each suburb.<br>• Wanted comfy seats, drinks, and food available. |
| ***Beyond SBHS*** | Most young people wanted money and a safe place to live in. |

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| ***Contributors*** | **Focus Group 1**<br>Transgender 2, Female 4, Male 4, (10)<br>NZ Māori 4, NZ European 6,<br>Ages 12 -16yo |
| ***SBHS*** | There was some discussion about the meaning of what SBHS is, the young people present were from a high school that self-funds a nurse 30 hours per week (Student population 1450) or who attended Alternative Education that is provided a nurse one day a week. Below are comment from some of the young people:<br>• "Look after people."<br>• "To help, physically, mentally and more."<br>• "Help"<br>• "Not as awkward"<br>• "Be by our side."<br>• "Give us time out."<br>• "Care for us"<br><br>Other suggestions young people provided was about the nurse asking questions from the student if they had a 'mental breakdown' to ask what happened and how it happened. They also acknowledged that the nurses can empathize with the students and genuinely understand as with being able to provide relevant and helpful advice to whoever needs it at the time. Young people also wanted the SBHS to focus on the positive strengths of who they are and not the negatives unless it was life threatening to them or anyone else.<br><br>Young people also mentioned about the facility and what they would like to see, below are their suggestions:<br>• Lounge<br>• Music/piano to play to relax with<br>• Water<br>• Fully furnished bathroom<br>• Kitchen<br>• Chill space/calm down room.<br>• A boxing bag for when they get angry smash/rage room.<br>• Plants<br>• Ecofriendly environment<br>• Changing bathroom for trans people |
| ***Vision & Values*** | • Tino Uaratanga: All young people thought this was an important value and is communicated well with teachers who they get on with and other support staff including nurses and Deans.<br>• Wairua: There was a mix of views, they felt that 'you are essential' s a value is good, but doubt that this is realistic in a school environment.<br>• Aroha: Young people rated this value highly |

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| | • Whakapapa: Young people wanted their voice to be heard and to be part of the school and health services and development on site but were unsure of how this could occur.<br>• Rangatiratanga: Most young people did not rate this value highly.<br>• Whanaungatanga: Young people value the connections they have with peers at school, there was moderate support for this value based on peer interactions rather than peer to adult connections.<br>• Te Reo: This was highly valued by all young people, 'you have mana' was what they wanted and valued most.<br>• Ōritetanga: This was highly valued by most young people, however three young people said that this is not a high value. In discussion this was due to young people feeling that they could never be seen as or valued as equal contributors to health and wellbeing.<br>• Manaakitanga: Young people rated this moderately. |
| ***Skills*** | • Qualifications - at least a degree<br>• Solve mental health problems<br>• Good people skills<br>• Have knowledge of multiple options to help<br>• Able to talk through tough things<br>• Need to understand young people<br>• Do not tell parents unless it is relevant<br>• Look more like a nurse<br>• Be kind and respectful |
| ***MDT*** | Young people stated that they wanted help with family, housing, and health. 'a joined-up service.'<br>• Needs to have 4-5 nurses in school for 1,500 students<br>• Need to be part of the development and running of the team<br>• Chiropractor<br>• Trans teachers<br>• Music and art therapy<br>• Definitely a doctor<br>• Sports trainer<br>• Speech language therapist<br>• Interpreter/translator<br>• More counsellors so you do not have to wait and the waiting area to be bigger |
| ***Outcomes*** | Most young people found this difficult to know what success would look like. Principles of empathy, accessibility, wisdom, and genuine care from SBHS team were the major themes. This in turn would be what could be measured for a successful outcome of SBHS. |
| ***Beyond SBHS*** | • Money<br>• Family support<br>• Somewhere to live<br>• Someone to rely on<br>• Food |

## iv. West Auckland

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| ***Contributors*** | West Auckland Year 9 –13 / 5 Male & 5 Female (10)<br>Māori 5, Tongan 1, Samoan 1, Filipino 1, Pakeha 1, Not Disclosed 1<br>Group discussion and feedback |
| ***Comment*** | Difficulty initially for young people in working through some of the questions at the end of the presentation, somewhat high-level analysis requested. Discussion focused primarily on experiences and understanding of school-based health services, and discussion continued with some expansion beyond SBHS to include personal or family experiences of wider healthcare services which were negative. |
| ***SBHS*** | • One participant described themselves as an 'avid user', explaining that their own GP was far away and hard for them to access whereas the SBHS was easily accessible being where they already are. They found the RNs accepting and "chill", able to sort out any issues in house or refer to the correct service if requires extra support external to SBHS<br>• Several male participants focused on the clinic specifically as a place for the treatment of injuries. Some discussion continued beyond this about the observed gender split of how students accessed the clinic and what they accessed for. The students then highlighted the importance of diversity amongst the clinicians, as all participants stated their school clinics were only supported by pakeha women, no men or other ethnicities.<br>• One participant explained their experience as feeling very holistic, and described the wider student support services as connected to the SBHS, such as counsellors etc. Also described the school clinic as being a place to access food if needed.<br>• Another participant described the school setting as being very diverse, in terms of ethnicities and LGBTQIA+ students, and that there was a general sense that the SBHS were a safe place for diverse students, however one participant explained that as a transgender young person they found their school nurses would often use the wrong name/gender/pronouns when talking with them.<br>• One young person described the SBHS as 'robust', supporting them whenever in trouble, described the access to a GP for free with free prescriptions arranged by the RNs, and said it felt better than going to their usual GP clinic. They said that the nurses provided someone who was always available to talk to. They also described the wider student support services, included external youth workers who connected to students through the SBHS clinic.<br>• One student highlighted the support provided by school counsellors.<br>• One participant said they used the SBHS frequently, and found that the school nurses were able to help problem solve around issues that were impacting attendance, feeling very supported by the service.<br>• One participant attended an all-girls school, and found the support provided around mental health and confidential pregnancy termination support was well appreciated by the students at the school.<br>• Another participant described feeling very supported and listened to by the nurses and counsellors at a time when they felt they had no one else to listen to.<br><br>*The participants shared several negative experiences that had had with the wider health system, some of which were very personal and traumatising stories that were shared. These focused on experiences of discrimination within hospital health services when reaching out for help,* |

*the feeling that help wasn't provided to self or others when the need was there, especially around mental health or social issues, and how they had identified this as leading to the deaths of friends/family. Another participant described a situation when confidentiality in a health setting outside of SBHS was breached resulting in seriously disruptive outcomes for their family, but that this had meant they felt it was exceedingly difficult to trust any health care professionals after this, and consequently they felt unsafe in accessing SBHS.*

How did you feel in experiencing SBHS yourself?

- Like to see more training in gender diversity.
- Awkward and embarrassing because had to get someone else to talk for me "I couldn't talk"
- "Sort of helpful" – did tests to find out what was happening – "it didn't stop even though I was on medication but at least they tried.
- It actually really helped, how I was feeling mentally and emotionally. It helped me explain the situation a lot more.
- The whole experience around talking to the health advisor at school can be hard, especially being alone, we can't all go together we have to go alone.
- Sometimes the waiting time is way too long you turn up and they are only available for a short time or they only there halfway through the day. It's such a big school and it makes it really hard to get the things needed if she's not there, she not in that day, or if she already left for the day.
- There's some kids that use it to skip classes and if they're there then we don't get to see her.
- I think our nurse was very good. She managed to understand where were coming from, she got the cultural difference. Sometimes it's hard with cultural barriers but she managed to address me, it's a safe space and we can talk about any medical needs and she's very open minded and there's lots of smiling.
- It's a good experience to talk to a nurse, because there are times that you can't talk to a teacher. You talk to the nurse, and she knows where you're coming from. Just being able to talk about it, it was…less damaging on my mentality.
- When I asked for a prescription, she can go out and get it because sometimes there can be lack of prescriptions around the area that I live.

***Outcomes***

Participants then discussed their ideas for improving SBHS:

- Offer regular check ins for students beyond the HEEADSSS assessment, especially for students with anxiety issues, so that they can continue to build relationships with the nurses and have that regular supportive input
- Increase the diversity of the clinicians available, as they described only pakeha women as clinicians in all of their schools, and felt this meant young men and Māori, Pasifika, and other ethnicities did not always feel understood or culturally safe within the school clinics.
- The suggested a focus on improving cultural safety of the school clinicians in general.
- They suggested the opportunity to anonymously access support when students had specific health concerns or worries but were uncomfortable around potential breaches in confidentiality or being seen by other students to be accessing the SBHS clinics.
- They emphasised the importance of clinics fulfilling on provided the support they say they will, that sometimes when reaching for help they find that the help isn't actually there or available for them, or that they are promised support for an issue but that the support doesn't come.
- There was a general sense that students did not fully understand what was available through SBHS, that the yr. 9 HEEADSSS was not sufficient in informing students of what was available, and they suggested the broader promotion of the SBHS consistently through the school year groups, with specific emphasis on sexual health and mental health.

## v. Whangarei

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| ***Contributors*** | 9 attended in person & 2 provided written feedback separately, 11 youth participated in total<br>Female 6, Male 5, (11)<br>Māori 6, Pacific, 1, Pakeha 4<br>Year 10 – 13 including Te Kura Correspondence, Disability Unit, |
| ***Summary*** | • SBHS – The larger the school the more resource there likely is. Smaller decile 1 schools / Kura should be allocated more resourcing so that equity is achieved.<br>• Privacy and Confidentiality matter but whānau inclusiveness is mentioned by Northland Youth.<br>• SBHS Facilities matter to youth: Soundproofing, music, WIFI, youth friendly poster and couch to relax on were all mentioned.<br>• There needs to be contingencies for school holidays – possibilities could be a National 0800 number which is manned by rotational youth health nurses / GPs in each region for tele-consults?<br>• Youth talked about wanting outreach by providers (follow-up verbally even if appt not made) and regular touch points especially for those struggling with mental health.<br>• Values – Unanimous YES but some similarities, liked the graphics<br>• Whakatauki translations need to be understood by youth<br>• Key examples provided by youth reinforce the values-based measures<br>• Youth provided examples of what success looked like to them – There may be some thought in allocating non-clinical time for participation in school events, significant tangi of students as visibility seemed to contribute to trust building for youth.<br>• MDT's - we need a better descriptor to speak to youth.<br>• Recommendations should indicate frequency and who should be present / included<br>• Beyond SBHS :<br>• What does giving youth a break from reality look like to RESTART, REBUILD and Be BETTER?<br>• Youth worry about their Whānau and money.<br>• Sport – need clear funding streams especially for mental health.<br>• CHURCH support particularly important for Māori / Pacific Youth<br>• Youth should be paid to lead, govern and participate in SBHS in a meaningful way as employment. |
| ***SBHS*** | • Having a SBHS means "I can do what I need to, to look after myself and still be able to go to school".<br>• Nurse, Doctor, Social Worker, Counsellor (all mentioned but not all youth have these in their SBHS) The larger the school the more options there were.<br>• "We think that they should get more recognition"<br>• A support person that can enhance your health in any way<br>• Has a desk at front and usually 2 people there – it would be nice to have another youth to be a messenger to retrieve students and guide them to the SBHS<br>• Have really good signage so it's easy to get to the offices.<br>• Welcoming, Private and Confidential, able to sort out what you want to get sorted out.<br>• The clinics need to have couches so we can feel more relaxed to talk about the big stuff |

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| | • The rooms are too small and feel claustrophobic. It makes me feel I need to say just the one thing so I can get out but then I don't get to say what I really need to<br>• I wish there was a mental health person that I could talk to<br>• Having a physio at school would be like, seriously amazing<br>• Felt like there were times that people didn't follow up – i.e. "I went to see the counsellor and they told me to book in to come back but I didn't. It would have been nice for them to touch base to see how I was."<br>• With year 9 experience it felt more like an interview and didn't have any trust to go for other things. Has a chronic health condition and feels like no one has reached out to her otherwise from the school beyond that screening visit.<br>• Those with mental health history talked about having someone who was checking in regularly. Depending on how bad things were they felt it should be once a day or once a week.<br>• I would like to be able to bring a friend with me, that would help. But I don't know if I'm allowed, and I don't think the teachers will let me.<br>• It would be good to have the option of seeing a male if I wanted to. I don't myself [said by all of them], but it might help for some people to know there was that as an option.<br>• Having you not work for the school is good because then I know that they can't see what we tell you in their computer.<br>• You care even though we don't have to pay you anything. We know it's not about the money for you.<br>• SBHS is like seeing a support person who cares about all of me.<br>• Sometimes I wish that my Mum could be involved, and I want you to ring her and tell her everything but then sometimes I don't want her to know things. I like you always ask what I want to be shared and that you ask if I want my Mum to come in for appointments.<br>• You never laugh and make me feel shamed when I ask or say something.<br>• Seeing you in subjects that I need to have a break from that teacher is good and you remind me that sometimes those are the subjects I need to be focusing more on and so I can see it from a different side.<br>• I feel like I can tell you things that are big things even if they might be small to someone else because you get it and you make it feel normal so I'm not like, you know, not normal having these feelings and thoughts and stuff.<br>• The room needs to be more quiet [they were referring to the clinic needing to be soundproofed] because when we're in student support sometimes we can hear what the people in your room are saying. I like it when you have music playing when I'm there because it feels like others won't hear me then.<br>• The toilet is good being there, so I don't need to sneak out with a mimi and stuff.<br>• I like that you have toys and puzzles and things to fidget with. They're really good for our age and when we can't say things, it distracts us enough to get started and feel comfortable. While another asked if she was allowed to play with them "I thought they were only for the students in Te Putahitanga and I'm always like, man I wish I could use that!". |
| ***Vision & Values*** | • Really liked the graphics and didn't think there are too many options I like the values.<br>• I know what they mean when you have explained them to me. I think that you guys have done a good job at making those be important.<br>• "I liked the personalised statements of You are."<br>• One youth thought that some things did overlap – i.e., Manaakitanga and Aroha – You matter, and you are valued. Also, Whakapapa and Wairua – You belong, and you are essential. On the summary sheet it looks repetitive, but more detail could explain the differences.<br>• Also, some youth did not understand the whakatauki for Rangatiratanga – didn't know what a maire is what felled meant and what an adze is. Should we change the Whakatauki or make the descriptor more youth friendly? |

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| | • I feel aroha when you talk to me. When you listen and I can say whatever I need to and know that you care about what is important to me and give me space to just be in your presence where I can trust you with the big stuff<br>• Tino Uaratanga "Man, you even care about my future, not just about right now"<br>• Whanaungatanga - "being able to connect to the patient is important because you gain their trust to come back and share more thoughts, also them bringing other youth that couldn't speak out to share."<br>• Wairua – "Having something to fidget with while talking about any health problems can distract the patient from becoming awkward while conversating".<br>• Being able to relate to patients can encourage them to ask more questions and be more open.<br>• Te Reo – beyond SHBS YP need a support system that encourages youth to build mana within themselves to provide confidence for the future.<br>• Te Reo - I like that you say my name properly every time. That is so important. It's my identity, a taonga gifted by my tupuna. I shut off when people do not respect who I am and can't even say my name. It's like, they don't even care.<br>• It's like, you know what is in my head when I can't get it out you help me find those right words. That makes me feel those values like being connected and aroha. And it's like, I feel your wairua speaking right to me and I feel safe.<br>• Oh, and being able to pray and say karakia is so cool 'cause none of my other doctor people ask me if I want that. That is like all of those values. And you even asked if we wanted karakia to have our kai tonight and I felt mana in being able to say karakia for us.<br>• A few comments about posters on the walls that it is helpful to have some so that the know they can talk about anything, but that "the old ones when the last nurse was here [PHN] were like, not ones that made me want to read them. They need to be ones that are interesting to us to want to look at them".<br>• Nothing I have ever said to you feels stupid when I say it because you make me feel comfortable to say anything. It's like you honour what I've told you. Like, you tell me it's a precious gift for you to hear it and you thank me for sharing things with you. Like you are thanking me when I should be thanking you because you help me. That Miss, that looks after me. I feel all of those values when you do that |
| ***Skills*** | • Good communication<br>• Good Listener<br>• Smiling faces<br>• Patience<br>• To check in as they are talking with me – could have been more interactive, being more hands on i.e. Using drawing and having things to hold / make or do (made it easier to understand)/ Have me more in the conversation rather than talking then saying is that good (hospital staff).<br>• Friendly<br>• Understanding<br>• Have knowledge of the teenage brain<br>• First Aid and Medical Training<br>• I wish that I can get my friends to see you for help to stop smoking because they are being pressured by others to smoke and I know it's bad for them and they don't want to. How can you talk to them about that without them knowing I told you? [plan in place]<br>• Understand teen mental health conditions and are able to help and talk about it there. |

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| | • Seeing you come to things like camps and sports days and joining in and cheering us on and things like prize giving. It's all those things that show us and we know we matter and that's what let's us be able to see you for the other things. Like you're busy but you still show up and be there<br>• I like that you remember things about me and ask me about those things, even like how my pets are doing, and my older siblings that have left school. It shows me that you really care about me and my whānau when you remember things that are important to me<br>• When there's no one that can see me because they're all too busy, I know you will be there for me, and you will ring up people and fight to get me appointments<br>• I wish that I can get my friends to see you for help to stop smoking because they are being pressured by others to smoke and I know it's bad for them and they don't want to. How can you talk to them about that without them knowing I told you? [plan in place]<br>• I like that I can see you for help when I'm feeling low<br>• I can tell you anything because you are not insensitive when you ask me things<br>• When you just do the little things like give me a hug when I need one<br>• I think it is important to do more promotion about SBHS because I didn't know that we could see you for all of that stuff<br>• It is good that I can see you for the jab, so I don't get my period even though it's not to stop me getting pregnant. Knowing I don't have to have my period because I can't handle having it. It scares me. And I don't like having it at my doctors because then that's all they talk about, and I want to talk to them about other things like my ears<br>• My friend has been wanting to see you about contraception but thought you'd tell her family. It's important that people know it is confidential. Like it is in the school newsletter when you're here and what you do and stuff. But no one ever reads that really. I think that you all need to go to the assemblies more and get like the senior students and prefects to be telling everyone about you. They're like the cool kids and so people listen to them.<br>• It's important for ADHD youth to have someone who understands this well enough to help – emphasised that a Dr is important if stuff turns to s**t". |
| ***MDT*** | Overall, all youth needed to have this explained – they did not understand this term or acronym. As a recommendation it needs work to be relatable to youth.<br>• Approachable, Relatable, Trustworthy, Supportive<br>• Have the ability to make you feel comfortable.<br>• One youth leader felt it was important to have youth involved in MDT. Felt that there are youth that may put their hand up to help or even better if they were paid / could have this as their job - but would need to be trained about confidentiality and what their role in the MDT would be. Thought that there are youth that tend to be those that mates go to for advice and support so they would be best participating in this.<br>• Teachers – some felt not to be part of the MDT and just be kept informed of plan, another youth felt that there are some teachers that the youth themselves would vote as most trusted to confide in and perhaps they could be part of the MDT<br>• Students from one school mentioned that the teachers they can talk to at school are Kellie & Kylie and said that was "because of the relationship. We've had them since year 7 and we know we can trust them because they always care and are supportive".<br>• That parents, whānau, family are also part of an MDT.<br>• Youth felt that the MDT should be meeting regularly – about once a fortnight or at least once a month. |

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| ***Outcomes*** | • How come you see everyone in year 9, but you don't see us all when we're seniors unless we come to you? It would be cool if there was like that youth assessment before we left so we had a chance to put any help in that we needed before we left and then we have to see our GP who doesn't get young people.<br>• It's sad to hear that some schools don't have like the same service everywhere in the country. I think we are lucky because we've got it awesome just wish you could be there every day.<br>• When we see you in town, but you don't say anything unless we talk to you first cause you don't know our parents and if they know we see you and stuff. That's cool<br>• You don't just tell me I need to be healthy because I'm fat. You talk to me about what I want first and then help me to make goals that will help with getting healthy after<br>• It's cool you remember things like when my sister's boyfriend died, and you remember his anniversary and just check in how we are doing and if we need anything<br>• When I see you come to things like the tangi when our mate died. You were there. You showed up. You cried with us, and you laughed with us. Even though it's your weekend you still think about us<br>• You just know what I need when I need it. Just sitting with me and not saying anything when I need space. Giving me a milo when I don't know what I need but you know I need like the time to say what is stuck inside me<br>• You help get food for my whānau when we don't have enough. You get that it's not just me and you help all of us<br>• Having WIFI access at the clinic would be helpful (but dangerous in some cases re: gaming – mentioned by a male participant)<br>• Would be good to feel like if someone says something will happen it happens – feels like when you are unwell teachers are not very understanding of how that makes youth feel i.e. There are off days but getting in trouble for not feeling ok.<br>• Feels connected to Ōritetanga as a value |
| ***Beyond SBHS*** | • "Some young people may just need a break from reality to restart, rebuild and be better"<br>• Being free for anything I need is important to me. I can't ask my family for money for things that they don't know is going on for me and especially when we don't have the money for that kind of thing, or if it's for something I know my parents don't want me doing - like having sex and stuff. Otherwise, I can't get that help. And I am whakama.<br>• Sports and access to a Gym especially for those with low serotonin / depression (youth used the word serotonin). If payments are late or missed, then access is denied – there needs to be funding for youth in need to access this easily.<br>• Youth felt really awesome to be given the opportunity to provide feedback as it acknowledged their local leadership and role to play one youth said, "I look forward to working with you more".<br>• It's the relationship. You get what is important to me and my friends and my family. You help my whole family when we need it even though you're in the school working. You help me get like in relationship with my culture and help me understand that helps my whole person to be well. It's not just about seeing you for like nursey stuff and pills because you do everything.<br>• Going to church is important to my family and you always check in with how it's going at youth group and how they can support me so it's not always just at school. I know I can get some of that help from them if I need it.<br>• I feel I can bring my friends to see you if they need to and that I can tell them what you do, but what happens when it's school holidays? There's no one there for us then. We still get pregnant and get sick even in the school holidays. There's places like the family planning place in town, but we can't get there. And even if we did, we don't know them and can't tell them that stuff. |

- I need my Friend's. I need people that are supportive of what I am going through.  I usually see my best friend and txt her to hang out.  Social media helps me stay in contact with my other friends.
- They each mentioned how thankful they were to receive a koha "on top of that cool night and a kai" and how "even that shows that you truly value us and what we have to say. Not many adults do that".
- Young people who struggle should be celebrated (small gains and small wins) as they will never get awards or even and effort certificate in mainstream education.  Youth with disabilities and chronic health conditions seem to be invisible in schools and celebrating those small things helps them to stay positive about life. (from Mum of youth with a disability).

# Appendix 5: Youth Needs Assessment

❑ ***Youth Needs Table 3(a) Summary: Te Tatau collective discussion on Youth Needs Assessment.***

| **Q1: Who are young people in Aotearoa NZ?** | |
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| **Main Theme** | **Challenges** |
| **Data will have a mix of indicators that highlight both the strengths and challenges of young people and how SBHS could contribute to wellbeing outcomes** | Differing definitions of youth used by different sectors and government. |
| | Health statistics should be able to cover 10-24 |
| | MoE holds significant data about young people in education; data is not always accessible and/or translatable across sectors. |
| | Data for population priority groups (e.g., Māori, Pasifika, Rainbow) is often incomplete |
| | Socioeconomic status should be based on whānau not the neighbourhood/community the school is in |
| | Currently decile ratings are the only measure we have that shows us where the need may be higher |
| **Data collection and reporting requirements for SBHS need to capture the broader aspects of youth health and the implications for wellbeing** | Collecting data will require cross-government and NGO cooperation and agreement to monitor and fully understand the outcomes and for young people's needs assessment. |
| | Address data gaps e.g., fail to capture those who leave school early, lack data on young people with neurodiversity (e.g., ADHD, ASD, Dyslexia, FASD) |
| | Justice system and state care system measures are important to capture disadvantaged priority groups |

- ***Youth Needs Table 3(b) Summary: Te Tatau collective discussion on Youth Needs Assessment.***

| **Q2: What matters to young people?** | |
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| **Main Theme** | **Challenges** |
| **Work in a collaborative manner - acknowledging that family, school, community, and wider political environments impacts on young people's wellbeing** | The behaviours and health seeking behaviours and skills established during adolescence can have ongoing impacts on the lifespan throughout adulthood |
| | This style of working (strengths-based) is not counted in typical outcomes frameworks and therefore much of the youth health work is unseen and therefore undervalued |
| | Some schools need more resources, different resources, different people, and professional backgrounds |
| | Schools need time and resources to participate in MDT/ integrated/collaborative processes |
| **Emphasis on young people's poor health status, (e.g., suicide, mental health, access) with focus on Māori, Pacific, rainbow and youth living with disabilities.** | Holistic models of wellbeing (e.g., Te Whare Tapa Whā) that recognise any physical health interventions without appropriate cultural, spiritual, whānau and environmental factors are unlikely to improve equity for Māori and other groups of young people. |
| | Clearly identifying learning needs through health lenses (e.g., neurodevelopmental disability) and putting in place more appropriate learning strategies |
| **Services are appropriate, accessible, available, and affordable** | Inconsistent frameworks to understand intent of what is currently being measured versus what should be measured i.e., accountability of best practice standards |
| | Nationally consistent frameworks to support consent, confidentiality, and information sharing. |
| | Nationally consistent frameworks to support liaison with other primary care providers, MDT members, counsellors, Youth Workers, school pastoral team, health teacher. |
| **Services are designed with young people, for young people** | Young people monitoring and evaluating access to the health service |
| | Young people build on their contributions and are supported into health pathways as career options |
| | Young people are involved in design and delivery of feedback in meaningful processes |

- ***Youth Needs Table 3(c) Summary: Te Tatau collective discussion on Youth Needs Assessment.***

| **Q3: How are we measuring quality in young people's healthcare?** | |
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| **Main Theme** | **Challenges** |
| **CQI processes are aligned to effective and meaningful SBHS** | Systems that talk to each other, so rangatahi/young people don't need to keep retelling their story and for ease of professional communication. |
| | Reporting in youth health should measure things like the quality of care that is received, how effective it was and whether there was any ongoing implications and improvements (i.e., did that intervention help a student remain engaged in education?) |
| **Teams are connected and use holistic approaches** | Contracts have a commonality that support youth health training and supervision across all disciplines. |
| | Active participation within meetings held by nurse/counsellors/social worker/youth worker/pastoral care team |
| **Needs of young people are met** | Young peoples' needs assessments must be patient centred and measure things that are important and improve outcomes – both now and in the future. |
| | Outcomes of wellbeing, connection, and a feeling of belonging are also very difficult to measure, yet we know that they are crucial. |

The findings raised more questions such as:

- Who are priority populations? Equity focus for Māori and 'other' groups?
- What are some of the system level levers that would improve and help monitor progress in youth health?

- ***Youth Needs: Chart 2 - Description of possible system level levers***

| Student related | SBHS related | School Management | Socioeconomic Factors |
|---|---|---|---|
| Numbers finishing secondary education | Numbers accessing school pastoral care services | Numbers who are numerate and literate | Numbers involved in family violence |
| Students who remained at school with intervention (i.e., would have been kicked out) | Numbers of referrals | Numbers who are accessing learning support, behavioural support, disability support | Numbers receiving government benefit |
| Numbers in Alt Ed or under truancy services, youth justice | MDT meetings in the school, whānau ora, gateways assessments | Board of Trustees support health services, school wellbeing approaches | Housing insecurity and number of times moved homes/ cold damp housing |
| Numbers who are going to university or further study directly from school | Numbers STIs | School policies (bullying, absences) and school health promotion content | Numbers who are leaving prematurely (work for whānau reasons) |
| Numbers in employment | ACC referrals | | Oranga Tamariki referrals / concerns |
| Students involved in social justice projects/event/protests (environmental issues, black lives matter, Ihumatao etc) and school leadership programmes | | Numbers exclusions and stand downs; response from health and wellbeing team to potential or actual stand down or exclusion. | |
| Numbers volunteering/involved in after school groups | | | |

❑ **Te Ūkaipō framework to guide utilisation of Mātauranga Māori within the context of data collection:**

**Te Kore – Preparation**

## Tino Uaratanga

**Rangatahi Intent**
**"I have potential"**

**Whakatauki**
***"He manu hau ahau, he pī ka rere"***

***I am a young bird, a chick just learning to fly***

### Currently Collected/ Reported

**MOE**
- Numbers with ORS funding

**MSD**
- Numbers on disability allowance, youth benefit, supported living benefit

### Not Yet Available/ Not Currently Reported

**SBHS data record**
- Aspirations for the future are documented in health assessment

**Youth 2000 survey series and student post visit survey**
- Students feel able to access support to reach their aspirations, goals for the future.
- Numbers who feel able to access healthcare by themselves outside of SBHS e.g., weekends, holidays, transition plans

**MOH and MOE**
- Numbers of those with disabilities e.g., neuro-FASD, ADHD, ASD, dyslexia, learning difficulties, visual impairment, hearing impairment, mobility and movement disorders
  - who are given help and
  - who are taking part in school life

### Considerations

**Key considerations**
- collection of information from young people via surveys would need to be managed carefully to avoid survey fatigue

| | Currently Collected/ Reported | Not Yet Available/ Not Currently Reported | Considerations |
|---|---|---|---|
| **Aroha**<br>**Rangatahi Intent**<br>**"I matter"**<br>**Whakatauki**<br>***"Kia ū ki te hakapono, Kia aroha tētahi ki tētahi"***<br>***Hold strong to your beliefs and love one another*** | **MOE, MOH**<br>• Numbers of referrals to primary/secondary (youth specialty) services?<br><br>**MOH NMDS, laboratory data, births, termination, mental health access data***<br>• Numbers who are distressed and demonstrated this with:<br>  ○ Substance abuse<br>  ○ Self-harm, Attempted suicide, mental health service access<br>  ○ Unprotected sex – STI numbers<br>  ○ Unintended pregnancy numbers<br>  ○ Dental | **SBHS data record and student post visit survey**<br>• numbers who are encouraged in healthy lifestyle – diet, exercise, sleep, time out?<br><br>**SBHS staff survey**<br>• Number of hours/times spent in advocacy, and liaison with pastoral care team in the school and other community services?<br><br>**Youth 2000 survey series**<br>• Students feel part of their school?<br><br>**MOE, MOH**<br>• Numbers of staff of SBHS who have supervision?<br>• Numbers vaccinated?** | *data collected, but not necessarily available at school level –could be available for localities.<br><br>** data available NIR – but some gaps + additional work in accessing. |
| **Wairua**<br>**Rangatahi Intent**<br>**"I am essential"**<br>**Whakatauki**<br>***Tukua te wairua kia rere ki ngā taumata"***<br>***Allow one's spirit to exercise its potential*** | | **Student post visit survey**<br>Numbers offered karakia or other practice to choose how to start or conclude consultation<br><br>**Youth 2000 survey series**<br>• Numbers attend a place of worship, alone/with family<br>• How many youth have support systems outside of school (e.g., church, sports, music, art) | |

**Te Pō - Engagement**

**Whanaungatanga**

**Rangatahi Intent**
**"I am connected"**

**Whakatauki**
***Waiho i te toi poto, kaua i te toi roa***

***Let us keep close together not wide apart***

**SBHS access data**
- Numbers accessing SBHS
  - First visits and repeats
- Numbers of referrals to other services

**PHO access data**
- Numbers accessing GP

**MOH from NMDS** (not able to tell by school, only district domicile)
- Numbers going to ED

**MOE data**
- Numbers staying at school to Yr. 13 Achievement NCEA level 2
- Attendance rates

**SBHS access data**
- How many referred to other services actually accessed those referral services

**Youth 2000 survey series**
- Numbers who feel they are cared about in their whānau
- Numbers who feel they are cared about in their school

**SBHS data record new collection**
- Numbers who utilise dentist, physio, counsellors, youth workers, cultural workers at or via school
  Numbers who have their whānau attend SBHS
  - Home visits
  - Phone call with whānau

*SBHS policy or practice re:*
- *allowing staff visits outside school to home + students being taken off site*
- *policies around calling parents**
- *Option of virtual consultation*

**Student Survey**
- Do the young people know what is at their school?
- Rate visits online post visit

**Other data collection**
Some via MOH from NMDS (not able to tell by school, only district domicile)
- Numbers who utilise counsellors elsewhere, mental illness system, Family Planning, other hospital services

**Key considerations**
KEY ENABLER: Computer systems are connected – all SBHS are linked to Health NZ national system

- Development of new IT potentially helpful in capturing both student experience with service, and wellbeing overall at school – e.g., Australian school wellbeing app adapted for NZ
  - EI Pulse is a system that lets schools collect data that is frequent, familiar and formative. It works by asking a small number of questions regularly so schools can quickly build and maintain an up-to-date picture of wellbeing and engagement.

- ** would need increased resources/FTE*

## Rangatiratanga

**Rangatahi Intent**
**"I have self-determination"**

**Whakatauki**
***"Māku anō e hanga tōku nei whare"***

***I will build my own house***

**PHO enrolment + post visit survey**
Numbers enrolled in primary care and can access care outside of SBHS if required?

**MOE or SBHS data record –**
- Numbers involved in school councils, Health Promotion groups
- Number of self-referrals and/or whānau referrals?
- Access to primary care outside of school?
- What is their driver to access care?

**Youth 2000 survey series**
- Numbers who have a job?
- How many hours worked?
- Number on disability allowance?

**Youth 2000 survey series, school exit survey**
Aspirations for the future
  - intentions to stay at school,
  - get further education and/or employment.

**Key considerations**
Consider a school exit assessment?
- All students leaving have an exit interview with nurses to ensure that they are linked into health services, PHO, and screen HEADSS?
- Prepare them adequately for adult life?

## Te Ao Mārama - Unity

### Whakapapa

**Rangatahi Intent**
**"I belong"**

**Whakatauki**
***"E kore au e ngaro, he kākano i ruia mai i Rangiātea"***

***I will never be lost, for I am a seed sown from Rangiātea***

**MOE**
- correct Iwi and all ethnicity data on enrolment (including Pasifika, refugee, immigrants)

**SBHS data record and MOE**
- Numbers who know:
  - their iwi and hapū
  - where their grandparents came from

**Student post visit survey**
- Numbers who feel able to talk about their health issues with their whānau after seeing SBHS
- Numbers who felt the surroundings helped them to feel they belong

**Youth 2000 survey series**
- Numbers who feel like they 'belong to school' and 'belong in NZ'
- Numbers who feel they don't belong

### Te Reo Māori

**Rangatahi Intent**
**"I have mana"**

**Whakatauki**
***"Ko tōku reo tōku ohooho, ko tōku reo tōku māpihi mauria"***

***My language is the window to my soul***

**MOE***
- Numbers who speak Te Reo Māori?
- Number of schools with teachers who speak Te Reo Māori?
- Number of schools where Māori health models are taught?
- Inclusive options for identifying gender for students on enrolment**.
- Number of schools with gender neutral bathrooms?
- Number of schools with teachers trained in rainbow issues?
- Number of students on leadership programmes
- Numbers involved in school and health governance

**Student post visit survey**
- Number who felt their name was pronounced correctly?
- Numbers who felt they could speak and hear Te Reo and or their native language?
- Number who felt safe to tell the school their gender/sexual orientation?
- Were you addressed using the correct pronouns, or asked what pronouns you prefer?

**Youth 2000 survey series and MOE**
- Number of schools with rainbow diversity groups
- Reduced experiences of racism and discrimination in school by teachers and other adults at school
- 'Proud to be Māori' data

**Key considerations**
***? If this currently collected MoE**
- **Gender diversity challenging to measure – needs consultation + consistent language health and education. Important to be able to capture so can address inequity of outcomes.

  MOH and MOE data needs to work together, alongside MSD to enable reporting on equity/ regional and national variation.

## Manaakitanga

**Rangatahi Intent**
**"I am valued"**

**Whakatauki**
***"E hara taku toa e te toa takitahi, engari ke he toa takitini"***

***My success should not be bestowed on me alone, it is not individual success but the success of the collective.***

**MOE**
- Suspension rates by school
  - Policy of Restorative Justice
  - Engagement of SBHS in suspension/ exclusion process
- Record of SBHS connecting with SMT in school (at least quarterly)
- Attendance rates by school; including reason for absence

**Student post visit survey**
- Numbers who felt comfortable with health professional seen
- Numbers who felt respected
- Numbers who had consent and confidentiality explained well to them
- Numbers who felt they were listened to
- Numbers who would recommend SBHS to their friends

**SBHS data record** – new collection
- Number of students who had a nurse advocate for them
  - stopped them getting kicked out of school,
  - get services they needed
  - helped them to talk to their whānau about concerns

**SBHS rankings**
Wellbeing app (EI Pulse example) as per previous – adapted for New Zealand

## Ōritetanga

**Rangatahi Intent**
**"I am equal"**

**Whakatauki**
***"Kaua e rangiruatia te hoe o te waka e kore e tae ki uta"***

***Everyone must paddle in unison with equal effort in order for the waka to reach land otherwise it is destined to circle in the bay.***

**Youth 2000 survey series**
- Numbers who do not experiences discrimination or racism at school, feel safe at school?
- Numbers who are enrolled to vote and participate in political activism?

**Student survey– new collection**
- Numbers who have their say in school and health governance?

**MOE – new collection**
- Numbers of schools with staff trained to be culturally safe?
- Number of schools with staff trained to meet the needs of young people with disabilities, especially neurodevelopmental conditions?
- Numbers of schools that charge fees for extracurricular activities?

**Key considerations**
- No data on Te Kura Correspondence and Health Schools
- Health check – possibly 3 across school life
  - Welcome to SBHS @Year 9 (Year 7 in rural areas) – whanaungatanga session
  - Health check
  - Transition interview @Year 11 /stand downs

These tables identify the data and information required for the frameworks: outcomes, evaluation, reporting and monitoring. For each framework, the priority population groups of Māori, Pacific, Disabled and Rainbow. Consideration needs to be given to the remaining priority population group: children in care.

**Table 1: Data and information requirements for an Outcomes Framework**

| Priority populations | Youth health data the MOH currently collect | Greater MOH data that could be available | Other Govt agency data that influences hauora | Research datasets that provide wider context | Data that is not collected but should be | Summary of essential indicators and data |
|---|---|---|---|---|---|---|
| **All Youth** | SLM data<br>vaccinations, oral health, smoking, births, terminations, enrolment primary care, utilisation primary care, primary + secondary mental health access, alcohol related ED presentations, suicide and self-harm data, STI data<br><br>SHBS reporting – mostly monitoring, not outcome | Disability data<br>Access to LARC<br>Numbers in CAMHS services<br>Numbers accessing primary mental health services<br>PHO enrolment | MoE numbers staying at school until year 13, numbers gaining NCEA level 2, numbers gaining employment or going to Uni.<br>Numbers of stand downs and exclusions and followed up by MoE and MoH<br>Numbers on youth benefit, supported living, job seeker benefit. IDI data in each category 12-25years<br><br>Health education/ health | Youth chat data<br>Auckland school nurse data base<br>Youth 2000 series - Confidentiality and privacy explained<br>Period poverty<br>Chronic care, disability, chronic pain<br>Foregone health care<br>YOSS data | Health stats should be able to cover 12-24 as opposed to the present age groups.<br>Data from dental, physio and other health professionals in schools<br>Utilisation data – of all parts of the system – primary care, school services, NGO providers etc<br>Find out and measure what matters to young people<br>Consumer feedback from SBHS – all students – include those that access SBHS and those that didn't (many collect already – but all different + not necessarily reported back to MoH) | **Importance of a standard electronic record in facilitating gathering of information cannot be underestimated.**<br>Healthcare access + PHO enrolment<br>Services being used by Youth<br>-new students<br>-repeat students<br>Gender differences in access SBHS<br>Ethnic differences SBHS access<br>Confidentiality and privacy explained<br>Period poverty<br>Chronic care, disability, chronic pain<br>Foregone health care<br>Staying in school until year 13<br>Exclusions/ expulsions |

| Priority populations | Youth health data the MOH currently collect | Greater MOH data that could be available | Other Govt agency data that influences hauora | Research datasets that provide wider context | Data that is not collected but should be | Summary of essential indicators and data |
|---|---|---|---|---|---|---|
| | | | promotion activities in school – MoE + MoH<br><br>Numbers who are in an activity groups – cultural, music, sport, | | | Health assessments on students at risk of dropping out<br>Health education/ health promotion activities in school<br>Reporting to the BoT about health matters<br>Consumer feedback critical – felt respected, issues were dealt with well (quality of care), would use service again + recommend to others |
| **Māori** | Above with focus on Māori<br>Māori access data etc | Above with focus on Māori | Above with focus on Māori<br>Te Puni Kokiri | Above with focus on Māori | Above with focus on Māori<br>Wellbeing measures from Te Ao Māori perspective (Fiona Cram)<br>Workforce training data | Above with focus on Māori<br><br>Have plans and actions to prioritise Māori health<br>Understand the importance of Māori health models and how to operationalise them<br><br>Involvement of whānau when appropriate<br><br>All health professionals in schools culturally safe |

| Priority populations | Youth health data the MOH currently collect | Greater MOH data that could be available | Other Govt agency data that influences hauora | Research datasets that provide wider context | Data that is not collected but should be | Summary of essential indicators and data |
|---|---|---|---|---|---|---|
| | | | | | | All nurses are trained in youth health and development issues |
| **Pacific** | Above with focus on Pacific<br>Pacific referral rate | Above with focus on Pacific | Above with focus on Pacific<br>Ministry for Pacific Peoples data | Above with focus on Pacific | Above with focus on Pacific<br>Workforce training data | Above with focus on Pacific<br>Involvement of whānau when appropriate<br><br>All health professionals in schools culturally safe |
| **Disabled** | Prevalence of young people living with disability, getting assistance, benefit etc | Neurodevelopmental diversity recorded – including Foetal alcohol spectrum disorder, ADHD, ASD, dyslexia etc | Needs assessment service data – utilisation, services provided.<br>Age groups + ethnicity<br>ORS funding by ethnicity | disability action, People First, Autism NZ, deaf youth, Blind foundation data, SPELD | Much of the data suggested will not be consistently recorded.<br>Workforce training data | Disability data<br>Chronic conditions and pain<br>Health and education plans discussed together<br><br>SBHS are part of wider health team for the condition (i.e., GP, disability, paediatrics, education)<br><br>All school staff – including health, pastoral care, teachers, and management are trained in the issues of the needs of all differently abled young people including those with neurodevelopmental disorders |

| Priority populations | Youth health data the MOH currently collect | Greater MOH data that could be available | Other Govt agency data that influences hauora | Research datasets that provide wider context | Data that is not collected but should be | Summary of essential indicators and data |
|---|---|---|---|---|---|---|
| **Rainbow** | | Data on identity may be collected when seen in SBHS – but not across all students + not reported.<br>Rainbow youth will be included in student survey feedback at SBHS – but surveys are not always done or reported on. | Number of schools with policies e.g., re uniforms, bathrooms, and enrolments that aim to support rainbow youth. | Rainbow Youth, Qtopia data<br>Youth 2000 series | Student feedback with focus on Rainbow youth including<br>Rainbow youth comfort in healthcare<br>Queer/gender support groups in schools<br>Workforce training data | Young people comfortable to disclose sexual or gender identity to SBHS<br><br>Health issues screened (mental health, sexual health, substance use)<br><br>Linking to support and peer networks (i.e., rainbow youth etc)<br>Creating safe school environment (i.e., gender neutral bathrooms, gay straight alliances at school, health education)<br><br>Visible signs that SBHS are safe (posters etc)<br><br>All school staff – including health, pastoral care, teachers, and management are trained to understand sexual orientation and gender issues |

**Table 2: Data and information requirements for an Evaluation Framework**

| Priority populations | Youth health data the MOH currently collect | Greater MOH data that could be available | Other Govt agency data that influences hauora | Research datasets that provide wider context | Data that is not collected but should be | Summary of essential indicators and data |
|---|---|---|---|---|---|---|
| **All youth** | Which schools have nurses – scope, hours, engagement with primary care (other funded clinicians) | Youth feedback on service<br>Education providers feedback on service | What kind of health professionals including social workers, youth workers, counsellors are in each school (MSD + MoE funded)<br>MoE numbers staying at school until year 13, numbers gaining NCEA level 2, numbers gaining employment or going to Uni.<br>Numbers of stand downs and exclusions and followed up by MoE and MoH<br>Numbers on youth benefit, supported living, job seeker benefit | Annabel Prescott PhD | Workforce training data<br><br>Data on liaison with other primary care providers and the school pastoral care team<br><br>Record of how often the SBHS nurse meets with pastoral care teams +management in each school? | All nurses are trained in youth health and development issues<br><br>What are the views of young people about the service?<br><br>All health professionals in schools trained in cultural safety and culturally safe |

| Priority populations | Youth health data the MOH currently collect | Greater MOH data that could be available | Other Govt agency data that influences hauora | Research datasets that provide wider context | Data that is not collected but should be | Summary of essential indicators and data |
|---|---|---|---|---|---|---|
| **Māori** | Above with focus on Māori<br>Workforce representative of population | Above with focus on Māori | Above with focus on Māori | | Above with focus on Māori<br>Wellbeing measures from Te Ao Māori perspective (Fiona Cram) | Above with focus on Māori<br><br>Have plans and actions to prioritise Māori health<br><br>Understand the importance of Māori health models and how to operationalise them<br><br>All health professionals in schools trained in cultural safety and culturally safe |
| **Pacific** | Above with focus on Pacific Workforce representative of population | Above with focus on Pacific | Above with focus on Pacific | | Above with focus on Pacific | Above with focus on Pacific<br><br>All health professionals in schools trained in cultural safety and culturally safe |
| **Disabled** | | Youth feedback on service – ensuring inclusive of disabled youth + facilitating appropriate ways for them to feedback<br>Education providers feedback on service | | | Ensuring disabled youth voice captured in youth feedback on service<br><br>Record of training of school staff – including health, pastoral care, teachers, and management are in the issues of the | Record of the time SBHS team spend liaising, advocating and coordinating care<br><br>All school staff – including health, pastoral care, teachers, and management are trained in the issues of the needs of all differently abled young people including those with |

| Priority populations | Youth health data the MOH currently collect | Greater MOH data that could be available | Other Govt agency data that influences hauora | Research datasets that provide wider context | Data that is not collected but should be | Summary of essential indicators and data |
|---|---|---|---|---|---|---|
| | | | | | needs of all differently abled young people including those with neurodevelopmental disorders | neurodevelopmental disorders |
| **Rainbow** | | Youth feedback on service – ensuring inclusive of rainbow youth + facilitating safe ways for them to feedback<br>Education providers feedback on service | Rainbow tick or equivalent | | Ensuring rainbow youth voice captured in youth feedback on service | Safe school environment (i.e., gender neutral bathrooms, gay straight alliances at school, health education)<br><br>Visible signs that SBHS are safe (posters etc)<br><br>Linking to support and peer networks (i.e., rainbow youth etc)<br><br>All school staff – including health, pastoral care, teachers, and management are trained to understand sexual orientation and gender issues |

**Table 3: Data and information requirements for Reporting and Monitoring Framework**

| Priority populations | Youth health data the MOH currently collect | Greater MOH data that could be available | Other Govt agency data that influences hauora | Research datasets that provide wider context | Data that is not collected but should be | Summary of essential indicators and data |
|---|---|---|---|---|---|---|
| **All youth** | Which schools have nurses – scope, hours, engagement with primary care (other funded clinicians)<br><br>Type of presentation sexual health, mental health, substance use, physical health, injury | Youth feedback on service Education providers feedback on service<br><br>Health and wellbeing interventions with young people prior to/ at time of suspension/ exclusion | How many providers come into schools in each category<br><br>School achievement + stand downs/ exclusions | | Record of opportunities for liaison with other primary care providers and the school pastoral care team<br><br>Record of meetings with pastoral care teams +management + BoT in each school<br><br>Proportion of health professionals in schools trained in cultural safety and culturally safe | Proportion of young people staying in school<br>Health and wellbeing interventions with young people prior to/ at time of suspension/ exclusion.<br><br>Proportion of nurses are trained in youth health and development issues – to what level<br><br>Record of opportunities for liaison with other primary care providers and the school pastoral care team<br><br>Record of meetings with pastoral care teams +management + BoT in each school<br><br>Views of young people about the service - quality<br><br>Proportion of health professionals in schools trained in cultural safety and culturally safe |

| Priority populations | Youth health data the MOH currently collect | Greater MOH data that could be available | Other Govt agency data that influences hauora | Research datasets that provide wider context | Data that is not collected but should be | Summary of essential indicators and data |
|---|---|---|---|---|---|---|
| **Māori** | Above with focus on Māori<br>Workforce representative of population | Above with focus on Māori | Above with focus on Māori | | Above with focus on Māori | Above with focus on Māori<br><br>Have plans and actions to prioritise Māori health<br><br>Understand the importance of Māori health models and how to operationalise them (??how record)<br><br>Proportion of health professionals in schools trained in cultural safety and culturally safe |
| **Pacific** | Workforce representative of population | Above with focus on Pacific | Above with focus on Pacific | | Above with focus on Pacific | Above with focus on Pacific<br><br>Proportion of health professionals in schools trained in cultural safety and culturally safe |
| **Disabled** | Access rates for those with identified disability | | School achievement + school completion for those with disability | | Record of the time SBHS team spend liaising, advocating and coordinating care<br><br>Record for all school staff – including health, pastoral care, teachers, and management on | Record of the time SBHS team spend liaising, advocating and coordinating care<br><br>Record for all school staff – including health, pastoral care, teachers, and management on training in |

| Priority populations | Youth health data the MOH currently collect | Greater MOH data that could be available | Other Govt agency data that influences hauora | Research datasets that provide wider context | Data that is not collected but should be | Summary of essential indicators and data |
|---|---|---|---|---|---|---|
| | | | | | training in the issues of the needs of all differently abled young people including those with neurodevelopmental disorders | the issues of the needs of all differently abled young people including those with neurodevelopmental disorders |
| **Rainbow** | | | Whether schools have diversity groups/ "rainbow tick"/ policies to support rainbow young people attending and engaging with education. | | Environmental scan of school environment re safety (i.e., gender neutral bathrooms, gay straight alliances at school, health education, inclusive visible signs e.g., posters)<br><br>Proportion of school staff – including health, pastoral care, teachers, and management are trained to understand sexual orientation and gender issues | Record of links to support and peer networks (i.e., rainbow youth etc)<br><br>Environmental scan of school environment re safety (i.e., gender neutral bathrooms, gay straight alliances at school, health education, inclusive visible signs e.g., posters)<br><br>Proportion of school staff – including health, pastoral care, teachers, and management are trained to understand sexual orientation and gender issues |

**Table 4: Data and information requirements for a Quality Framework**

| Priority populations | Youth health data the MOH currently collect | Greater MOH data that could be available | Other Govt agency data that influences hauora | Research datasets that provide wider context | Data that is not collected but should be | Summary of essential indicators and data |
|---|---|---|---|---|---|---|
| **All youth** | Which schools have nurses – scope, hours, engagement with primary care (other funded clinicians)<br><br>Annual completion of continuous quality improvement plan – with identification of measurable goals and outcomes | Youth feedback on service- including both students who accessed and didn't access service. Student view - confidentiality, timeliness, needs met, in each category, referrals made – appropriate<br><br>Education providers feedback on service | | | Data on liaison with other primary care providers and the school pastoral care team<br><br>Record of how often the SBHS nurse meets with pastoral care teams, management + BoT in each school?<br><br>Workforce training data for staff working in school health | Youth Feedback on service - student view - confidentiality, timeliness, needs met, in each category, referrals made – appropriate<br>Nurses providing collaborative care with other health services<br>Meetings with school management about health and wellbeing of students<br>All Staff trained in youth health and development issues |
| **Māori** | Above with focus on Māori | Above with focus on Māori<br>Workforce data – workforce representative of the population. | | | Have plans and actions to prioritise Māori health<br><br>Understand the importance of Māori health models and how to operationalise them<br><br>All health professionals in schools trained in | Have plans and actions to prioritise Māori health<br><br>Understand the importance of Māori health models and how to operationalise them<br><br>All health professionals in schools trained in cultural safety and culturally safe |

| Priority populations | Youth health data the MOH currently collect | Greater MOH data that could be available | Other Govt agency data that influences hauora | Research datasets that provide wider context | Data that is not collected but should be | Summary of essential indicators and data |
|---|---|---|---|---|---|---|
| | | | | | cultural safety and culturally safe | |
| **Pacific** | Above with focus on Pacific | Above with focus on Māori Workforce data – workforce representative of the population. | | | All health professionals in schools trained in cultural safety and culturally safe | All health professionals in schools trained in cultural safety and culturally safe |
| **Disabled** | Access rates for those with identified disability | | | | Record for all school staff – including health, pastoral care, teachers, and management on training in the issues of the needs of all differently abled young people including those with neurodevelopmental disorders | Record for all school staff – including health, pastoral care, teachers, and management on training in the issues of the needs of all differently abled young people including those with neurodevelopmental disorders |
| **Rainbow** | | | Whether schools have diversity groups/ "rainbow tick"/ policies to support rainbow young people attending and engaging with education. | | Environmental scan of school environment re safety (i.e., gender neutral bathrooms, gay straight alliances at school, health education, inclusive visible signs e.g., posters) | Record of links to support and peer networks (i.e., rainbow youth etc)<br><br>Environmental scan of school environment re safety (i.e., gender neutral bathrooms, gay straight alliances at school, health education, |

| Priority populations | Youth health data the MOH currently collect | Greater MOH data that could be available | Other Govt agency data that influences hauora | Research datasets that provide wider context | Data that is not collected but should be | Summary of essential indicators and data |
|---|---|---|---|---|---|---|
| | | | | | Proportion of school staff – including health, pastoral care, teachers, and management are trained to understand sexual orientation and gender issues | inclusive visible signs e.g., posters)<br><br>Proportion of school staff – including health, pastoral care, teachers, and management are trained to understand sexual orientation and gender issues |

# Appendix 6: Service Model

❑ ***Table 5(a) Summary: Te Tatau collective discussion on main themes informing service model***

| **Q1: How does SBHS interact with the context in which it exists?** | |
|---|---|
| **Main Theme** | **Challenges/ strengths** |
| **SBHS is not clearly defined and equitable** | SBHS need to be more aspirational |
| | Governance structure of education – where do SBHS sit in partnership with B.O.T? |
| | Differing school set-ups impact on access e.g., district, middles schools, high schools that include Yr. 7 & 8, Kura kaupapa |
| | School facilities determine shape of service |
| | SBHS need to be embedded in whole of school health education and health promotion, and school wellbeing. |
| | How do SBHS operate in different school setting – Youth Justice, Alternative Education, TPU, Kura |
| **SBHS is valued by the Community the school sits in** | Schools can be connected to communities in an ad hoc way which can impact on resources being connected and integrated appropriately |
| | Cultural safety can be driven more by a personal choice rather than an integrated school model that fits with Te Ao Māori |
| | Engagement with whānau is important for rangatahi wellbeing but access can be restricted for SBHS only being delivered in school setting |
| **Government policy aligns all of government to reduce poverty and inequity** | Child and Youth Wellbeing Strategy informs education about the broader context of young people's wellbeing |
| | Governance level communication needs to occur across MoH, MoE and MSD planning and funding to influence model/outcomes |
| | SLMs inform outcomes which are not necessarily youth appropriate e.g., within schools/ community/ PHO/ DHB + nationally, |
| **Clarification of language and definitions** | There are a range of terms used to describe same or similar things when talking about young people and Youth Health. |
| | it was clearly evident that young people do not know what SBHS means, even less who delivers services? What is SBHS? Is it an Integrated Model of Youth School Services, or Youth Health and Wellbeing Services in Secondary Schools, or Hauora Services in Schools for Youth aged 10-21yo? Rangatahi/young people could not identify with the name SBHS. |

| Q1: How does SBHS interact with the context in which it exists? | |
|---|---|
| **Main Theme** | **Challenges/ strengths** |
| | There are different terms and definitions across Health and Education when discussing collaborative working and/or models such as interdisciplinary teams, multidisciplinary teams, and multiagency teams. Rangatahi/young people could not identify with these terms to know who provided this service or what difference it makes for them. |

- ***Table 5(b) Summary: Te Tatau collective discussion on main themes informing service model***

| Q2: How do Service Specifications for SBHS support outcomes for young people? | |
|---|---|
| **Main Theme** | **Challenges** |
| **Service specifications should align to outcomes as well as defining outputs** | The Service Specifications for SBHS require development in a stepwise process to gold standard multidisciplinary youth health services |
| **Responsive to needs** | SBHS need to understand developmental needs and deliver appropriate services |
| | SBHS needs to be strengths based in the way that it is delivered to young people (rather than predetermined shaping by a medical model) |
| | SBHS need to provide holistic health care beyond sexual health services and including mental health care |
| **Accountability for outcomes** | Develop a clear accountability framework for SBHS that is better reflective of Te Titiri principles, and long-term system outcomes, |
| | Limitations/barriers due to not setting the right performance measures for SBHS to support the accountability requirements for the funding |
| | MoH & MoE provides segmented funding and creates ad-hoc service delivery and development |
| | The funders and planners can be focused on medical models with limited knowledge of Youth Health. This can result in the services being asked to monitor and count the wrong outputs. |
| | Need qualitative data about equity outcomes to be included |
| **Productive and purposeful partnership between Health and Education** | SBHS should be co-designed in partnership between Health and Education. |
| | The appropriateness of school facilities (e.g., buildings, equipment etc) needs to be discussed with Education in order to be core component of BOT school building plans |
| | Consider a continuum approach of how to integrate SBHS that incorporates service provision, health curriculum support, youth development, and wraparound support; SBHS could interweave with health and wellbeing learning opportunities in the curriculum. |

❑ ***Table 5(c) Summary: Te Tatau collective discussion on main themes informing service model***

| **Q3: How do current SBHS need to adapt?** | |
|---|---|
| **Main Theme** | **Challenges** |
| **SBHS should set clear expectations whilst maintaining scope for flexibility to meet community needs** | No clear definition and/or expectation of what SBHS is – 'anyone can call themselves a SBHS' |
| | There are no common baseline structure and/or minimum standards |
| | There are many different types of providers which is driven by funding options |
| **SBHS should be multidisciplinary in its approaches** | There is a need to determine what an integrated MDT looks like, and how it could function within a school environment |
| | Multiple sources of funding for the providers that could be part of a MDT can impact on whether or not the MDT functions well |
| | Guides/ recommendations/ standards are developed or enhanced in conjunction between the Health and Education sectors, for the impact for health and wellbeing, NGO, Māori providers |
| **SBHS are determined by the resource that can be put in place** | SBHS service provision and resources are limited by funding and planning constraints across MoH/MoE |
| | Staff may not be necessarily youth health and development appropriate and/or trained |
| | Young people's access to SBHS is limited in school holidays, not at school, suspended/stood down, |
| | FTE formula allocation of resource raises inequity and needs to be changed from its current state |
| | Work is required to look at how you allocate resources to address equity, socio-economic status and complexity in an appropriate manner. |
| | There is need to support development of Digital/ tech solutions and their safe use in SBHS e.g., ensure high quality process for confidentiality and consent |
| **Funding models need to address equity and prioritise needs based levels of service** | Improve consistency of employment opportunities and accountability e.g., pay equity and parity. |
| | There needs to be recognition of the importance of integrated funding models to ensure equity for SBHS in all areas such as service provision, drive quality workforce, and collective data capture. |

❑ **Te Ūkaipō framework to guide utilisation of Mātauranga Māori within the context of service model**

**Te Kore – Preparation**

## Tino Uaratanga

**Rangatahi Intent**
**"I have potential"**

**Whakatauki**
***"He manu hau ahau, he pī ka rere"***

***I am a young bird, a chick just learning to fly***

### Rangatahi Experience

- Goals and aspirations of individual youth are documented and an important component of health check.
- Youth given opportunities for leadership (measure schools with health councils)
- Youth are supported by peers (measure navigators / multiple youth within consults)

### Model

**Aspirational model that utilises change as an opportunity to grow a sustainable and consistent national model:**

- Integrated model with equity lens to support prioritisation of resources.
- All of government approach (i.e., MOH, MOE, OT, MSD, MYD) for governance and funding to support partnership, collaboration, and accountability– let's make it easier for youth
- Policy development to support integrated model
- Pay equity for integrated workforce.
- CQI processes occur regularly to improve youth participation and feedback to services e.g., 3 yearly cycle

### Outcome Measures (Local, Regional, National)

**Wellbeing**

- National measures: School leavers by ethnicity, NCEA achievement by ethnicity

**Health**

- Youth strategic level – inclusive of facilitation of service(s)
- Interactive screens within services to measure quality of interactions.
- Clear plans, referrals and connections with organisations
  - Rangatahi/Young people experience less mental distress and disorder and are supported in times of need
- Narrative evidence that the service has processes in place to ensure rangatahi and priority groups participate and have decision making power in planning, delivery and review of services,

**Integration**

- Youth involvement at strategic level
- Robust relationships between health and education sector.
- Service Interconnection -robust relationships
- Local relationships and solutions re: part time employment
- Regional priorities (see Ōritetanga)

## Aroha

**Rangatahi Intent**

**"I matter"**

**Whakatauki**

***"Kia ū ki te hakapono,***
***Kia aroha tētahi ki tētahi"***

***Hold strong to your beliefs and love one another***

## Rangatahi Experience

- Welcoming environment and staff
- Experience Aroha by SBHS staff
- Are inspired to show Aroha to other youth This is often found in the school values,
- A national vision of what SBHS looks like and therefore inspire young people (reduction of fights / bullying within schools)
- SBHS facility is collocated with other pastoral staff, inclusive of whānau room and kai availability
- New students are brought through the centre to foster connection and decrease apprehension of new environment.
- Remembering the nature of school culture is usually more authoritative letting students know the SBHS welcomes them/they are welcome there
- School orientation to SBHS beginning of year is part of offering to school.
    - How is Nurse/GP service profiled within school.
- 2-3 yrs showcase on open night

## Model

**Vision and values framework embedded as fundamental to delivering service.**

- Values are displayed in all SBHS .
- SBHS virtual tours of every SBHS available online
- Rangatahi identify levels of Aroha of services through regular and interactive feedback mechanisms Integrated patient management system
- School engagement, early intervention from MOE, MOH and other appropriate NGO's may be a better method to capture intervention?
- % Levels of stand downs within schools for violence
- Access to IPMS (notes) outside of school opening hours especially for holidays/ lockdowns etc
- Staff transition care safely and in a supported way to primary providers
- Supervision of Clinical Staff occurs in a structured way.
    - Peer/group or clinical supervision provided for all staff and additional cultural supervision provided.

## Outcome Measures(Local, Regional, National)

**Values are flexible tools for different engagement – integrated practices.**

**Wellbeing (Examples)**

- **Active:** Hongi, kihi,, Mirimiri, Rongoā.
- **Passive:** doing something and stepping back to give rangatahi/youth space -grow aroha themselves & others
- **Allowing space** for pause within consultation.
- Allowing rangatahi/youth to **find their own solutions.**
- Rangatahi/youth **making positive choices** for self & others
- **Respecting their body and whenuā**.
- **Normalising the process:** Teaching Self compassion, strengthening their talents kapa haka, music, art, sports

**Health (Examples)**

- Transition processes (including virtual) from Paediatrics to adults services -avoid feeling lost within complex systems, support confidence for self-management.
- Key communication required by primary and secondary services – who will they be seeing?
- Allowing non-contact clinical time to enable peer support accessible.
- External clinical supervision - Self-care plans for clinicians

**Integration**

- Enabling virtual MDT's to occur for rangatahi/youth with complex health needs at time of 15-16yo.
- Early Involvement of Whānau supports

## Wairua

**Rangatahi Intent**
**"I am essential"**

**Whakatauki**
***Tukua te wairua kia rere ki ngā taumata"***

***Allow one's spirit to exercise its potential***

### Rangatahi Experience

- My provider offered the opportunity to use karakia / mihimihi as part of our interaction
- "I matter any time/ every day" – opportunity to access support/ communication mediums with health team all year.

### Model

- ❑ Action research -understanding interconnectedness to whānau, how to create the connection (flexible approach)
- ❑ Establishing guides
- Training in confident use of karakia / other practices to strengthen wairua
- Mental health credentialling
- HIP and health coach (Kaiawhina) roles within SBHS for early brief interventions

### Outcome Measures(Local, Regional, National)

**Wellbeing**

- % of interactions that have been offered practices of Wairua e.g., Karakia/waiata/rongoā, hākinakina?
- Understanding importance of pōwhiri, harirū, whakatau, tangihanga, wānanga, kawe mate?
- % of consults where youth accept this
- Understanding implications of colonisation.
- Engaging young people who are disconnected to their whānau, whenua, maunga, moana, urupā, hāhi, tupuna.

**Health**

- Rangatahi/Young people feel safe and supported by health services
- CAMHS Real time survey results for 10-24 year old

**Integration**

- Unspent MOH Primary mental health Youth funding allocated to resourcing Kaiawhina roles within Kura
- Mainstream with an equity lens
- Kaiawhina roles should be in all mainstream schools, not just Kura or youth worker or appropriate Social Service focused clinician.

**Te Pō - Engagement**

**Whanaungatanga**

**Rangatahi Intent**
**"I am connected"**

**Whakatauki**
***Waiho i te toi poto, kaua i te toi roa***

***Let us keep close together not wide apart***

## Rangatahi Experience

Trust, connection and relationship building is part of my interactions with SBHS

## Model

**Laying a foundation for strong relationships of trust and understanding of each other**

- Time and resource is given for Whanaungatanga to occur within SBHS
- FTE ratio's within Schools – this should be prioritised based on Equity assessment not Decile e.g., Ratio of 1:250
- Planning of facilities to house all these staff
- Ensure multidisciplinary teams are developed within schools to enhance student wellbeing
- Role modelling whanaungatanga amongst the providers and clinicians and sectors is crucial – underpinning thing is MDT – but also counting attendance / interactions with Whānau / caregivers

## Outcome Measures(Local, Regional, National)

**Wellbeing (Examples)**

- Service Feedback Electronic/Written feedback
  - ask youth consumers how they connected with their youth services/clinicians and
  - if they feel comfortable to refer service to their friends/ whānau / peers
  - Consultation feedback ongoing via interactive screens
- Feeling connected (e.g., % of people who feel connected to more than half youth seen
- Feeling safe / cared about
- Ability and space to be themselves (e.g., able to easily express their identity)

**Health (Examples)**

- # of referrals into school based youth health services
- # referrals out to other youth health/whānau ora support services.

**Integration**

- Using clinicians /home /school /work /community/where they live)
- Clinical Staff engage with Kaupapa Māori Best Practice PD and update annually
- Locally - >80% Māori Pacific school enrolled population access the SBHS
- 50% other access
- Regionally / Nationally –Youth 2000 series shows little differences between regions, however most differences is found in Alternative Education vs. mainstream and culture

## Rangatiratanga

**Rangatahi Intent**
**"I have self-determination"**

**Whakatauki**
***"Māku anō e hanga tōku nei whare"***

***I will build my own house***

### Rangatahi Experience

- My needs are met by my SBHS
- I have control over where I want to head in my life
- I can speak freely to my team with no assumptions

### Model

- Expertise is available within SBHS – nurses working and trained to top of scope.
- Providers working with DHB/Nursing Council to implement community nursing prescribing.
- Support by primary care GP's or NP's with the intent to enable access to the best care when required.
- Intersectoral training in youth health, Cultural safety, mental health credentialling, LGBTQAI MDT, neurodevelopmental assessments.
- Pathway for SBHS professionals includes education pedagogy

### Outcome Measures(Local, Regional, National)

**Wellbeing**

- Often rites of passage / celebration points. These may include
  - He mate / awa mate
  - School Achievement / Graduation
  - Karanga, Hangi, Mihiwhakatau / Whaikōrero, Dig on the urupā, collection of kaimoana.
  - Maramataka and Matariki
- How do we acknowledge /celebrate these as services?
- Good example – stages of Wharekai involvement / transitional phases

**Health**

- Locally – leadership in Facilities / environments, Formal MOUs, Who is responsible for what – supplies, equipment, IT systems, Clinical resourcing
- Evidence that service is accessible to rangatahi and is open before/after school, during lunch and other break times.
- There are systems in place that link rangatahi with ready access to primary health services after hours, in weekends and school holidays.
- Evidence that service offers a mix of appointment options, including drop-in, pre-booked and longer appointments.

**Integration**

Leadership

- Nationally – MOH Youth Directorate, across MOE / MSD as well
- Regionally – Identified leadership roles

## Whakapapa

**Rangatahi Intent**
**"I belong"**

**Whakatauki**
***"E kore au e ngaro, he kākano i ruia mai i Rangiātea"***

***I will never be lost, for I am a seed sown from Rangiātea***

- Who am I ?
- How do I belong ?
- Is my ancestory respected ? Important aspect of Teen Health assessment especially in Yr. 9 and 10

**Integrated model supporting multidisciplinary/multiagency approach representative of its community that includes connecting with Whānau.**

- Local training provided in whakapapa and how to record this.
- Professional Development for staff in the use of Rongoā – e.g., starting with PSO supply of Tūpākihi to be offered for all strains and sprains with paracetamol / ibuprofen

**Wellbeing (Examples)**

- Rongoā – passing on local health practices/ knowledge.
- Sense of belonging (% of young people who feel a sense of belonging to whānau /iwi/ hapū etc.)
- Who are there top 5? (e.g., whānau, mates, kaiako):
  - Connections
  - Communication skills
  - Building of trust
  - Remembering of special details – check in points
  - Other significant adults – if things get tough.
- Disconnection to hapū/iwi – possible facilitation via clinical interactions:
  - Sharing within a safe space
  - Setting the scene re: confidentiality/ conversing in this space
- Sense of knowing:
  - % of rangatahi/youth who know their whakapapa
- Sense of belonging:
  - % of rangatahi/youth who feel a sense of belonging to whānau/hapū/iwi
- Sense of connection:
  - % of rangatahi/youth who interact with their whānau/hapū/iwi
- Rangatahi/Youth Feedback
  - Rangatahi/Youth feel like their whakapapa is acknowledged?
  - Do you feel that knowledge passed down through the whānau is respected?
- Professional Development – engage Whakapapa connections discussion as a part of HEADDSSS/YouthCHAT assessments.

**Health (Examples)**

| Rangatahi Experience | Model | Outcome Measures(Local, Regional, National) |
| --- | --- | --- |
| | | • Quality of HEADSS here really important<br>  ○ Could consider review/audit of selection of notes?<br>• # rangatahi/youth engaged with contraception – Tiakina to Whakapapa<br>• # rangatahi/youth engaged with STI testing – Tiakina to Whakapapa<br>• #HEADDDSS/YouthCHAT assessments completed – screen for all rangatahi/youth specific health risks to whakapapa<br>• # rangatahi/youth referred by self/ Whānau<br><br>**Integration**<br>• Rangatahi/Youth engage with trusted safe whānau supports around their health and wellbeing needs.<br>• Hapū, / Iwi are recorded and reported on in the PMS system.<br>• Whakapapa / connections are facilitated if they are lost or disconnected.<br>• Safe Families enquiries engaged |

Te Ao Mārama - Unity

## Te Reo Māori

**Rangatahi Intent**

**"I have mana"**

**Whakatauki**

***"Ko tōku reo tōku ohooho, ko tōku reo tōku māpihi mauria"***

***My language is the window to my soul***

### Rangatahi Experience

- I can hear and see Te Reo within SBHS regularly

### Model

- All clinical staff to be on a pathway to enhance their cultural understanding and use of Te Reo. Beginner, competent, proficient and expert expectations/framework
- Professional Development so that all staff are confident in using Te Reo as part of their clinical interactions.
- Dual signage in all SBHS.
- Correct pronunciation of names and places.
- Use of Te Reo as part of the clinical consultation.
- Fluent and full use of Te Reo for Kura Kaupapa Schools.
- Clinicians fluent in Te Reo are allocated to service Kura Kaupapa where able.

### Outcome Measures(Local, Regional, National)

**Wellbeing**

- Stocktake of Staff Te Reo Māori fluency/ability.
- Understanding self-biases and develop space to work collaboratively to deconstruct systemic biases.
- Understand cultural identity as to the rangatahi/youth that you are looking after i.e. What does being Māori mean to you?
- Incorporating this into your therapeutic practice e.g., waiata playing during procedures
- Importance of pronunciation of Te Reo Māori names correctly
- The use of Te Reo within consultation:
  - common words such as puku, Taringa.

**Health**

- Staff are adequately trained beyond Te Tiriti o Waitangi training, and this is reported on levels of competency within staff.
- Te Reo also universally recognised by professional bodies as appropriate CPD

**Integration**

- National investment into dual signage and dual health promotion materials available

## Manaakitanga

**Rangatahi Intent**
**"I am valued"**

**Whakatauki**
***"E hara taku toa e te toa takitahi, engari ke he toa takitini"***

***My success should not be bestowed on me alone, it is not individual success but the success of the collective.***

I see and are part of an MDT in the SBHS I attend
Suitcase clinics

**Integrated community of care**

- Locality approach with connection to learning hubs/community of learning
- MDT members are included based on the schools requirements
- Gaps are met particularly in small /rural schools by roving teams
- School policies involve SBHS / MDT at any level of stand down / disciplinary process,
- comprehensive Teen health check completed Yr9 and 10 complete teen health check, Yr. 11-13 focus on unmet needs that arise,
- health literacy, transition to other centres and confidence in accessing health care/payment.
- SBHS MDT clinicians/staff have qualifications and experience specific to the health and wellbeing of rangatahi.
- Able to assess, recognise and treat physical (including sexual and reproductive health) mental/emotional (including drug and alcohol) etc,
- Guidelines that use evidence based best-practice for health issues for rangatahi in place
- National IT system integrated across all health services
    - Common PMS that can interface with all

**Wellbeing (Examples)**

- Opening the door for youth on arriving and leaving consultation
- Sense of support within consult i.e., friend or support person present
- Respecting Tikanga within clinic e.g., not sitting on pillow on examination bed, asking permission to touch someone's head.
- Location of clinic space - not located close to disciplinary aspect of school, accessibility to bathroom
- How is the clinic room set up re: physical examination i.e., plinth not facing door, privacy / windows in room.

**Health (Examples)**

- #Health Risk Screening engaged:
    - HEADSSS/YouthCHAT/Kura Kōrero
    - important that the service/clinicians nurtures respectful engagement practices (e.g., Manaaki, Whakawhanaunga) then young people are more likely to participate in meaningful health and wellbeing discussions.
- Staff Retention /Staff Satisfaction/Annual Performance Appraisals template – inclusive of equity priorities.
- Real time feedback from youth consumers.
- % Number of youth that have engaged with HEADs /YouthCHAT /Kura Kōrero and how many have subsequently had external referrals and post follow-up intervention outcomes are measured

**Integration**

- Consumer Feedback:

| Rangatahi Experience | Model | Outcome Measures(Local, Regional, National) |
|---|---|---|
| | • MOE and MOH IT systems are able to be integrated for ease of reporting and information. | Youth Stakeholders Hui (verbal) and or Service Feedback (electronic/written) asking:<br>• Did you feel comfortable with the clinician/service?<br>• Did you feel respected, special, and unique?<br>• Did you feel you got support, information, awhi that met your need for today?<br>• Did you have a say in what support you needed?<br>• Evidence of rangatahi satisfaction with the service regularly assessed?<br>• Evidence of feedback from Rangatahi/young people about being culturally responsive to priority diverse students.<br>• Number of MDT meetings held per year.<br>• Repeat access data (confidence in accessing services in an ongoing way).<br>• Regional and National Reports involve more narrative and case studies,<br>• Reports on MDT outcomes / measures:<br>  ○ E.g., Referrals in / out, Complexity of care<br>• Case studies evidence of how rangatahi have been supported, and trained to lead health promotion activities in Kura, schools and in the community<br>• Evidence of professional development for staff and clinical supervision |

## Ōritetanga

**Rangatahi Intent**
**"I am equal"**

**Whakatauki**
***"Kaua e rangiruatia te hoe o te waka e kore e tae ki uta"***

***Everyone must paddle in unison with equal effort in order for the waka to reach land otherwise it is destined to circle in the bay.***

- I can see that my team understands equity
- I can see things locally that are being developed to help my whānau and community be more equitable.

Partnership approach in development and delivery of equity programs
Professional Development on equity for all SBHS staff
CQI cycles annually specific to equity

- DHB Healthy Lifestyles programs integrated so access becomes easier, included virtual dietician input
- Obesity - Weight, Height, BMI should be measured for all
  - If patient refusal and obviously obese - intervention still offered.
- Green Scripts have an adolescent pool of funding separated that is self-directed for a longer period than 8 weeks.
- BMI data monitored over time to see if static or decline over several years.
- Mental Health and Wellness
- Supporting Youth's individual Goal Setting
- YouthCHAT (GAD/SDQ).
- Key adult identified as trusted support, if no one identified community resources available including local Kuia / Kaumatua / Youth Groups.
- Relationships; Intentful asking re: IPV and proactive re: safety. Safety planning process for SBHS.
- Addictions - Smoking and

**Wellbeing**

- Move away from perception of sexual health service to holistic and wrap around.
- Growing identity and resilience in life outside of school.

**Health**

- Top 3 local health priorities are identified by youth and their community and funding is allocated specifically to reduce gaps / inequity.
- Patient centred goals to work on which are time measured and changes monitored monthly for 12mths by health nurses

**Integration**

- Regionally equity measures are reported quarterly.
- Nationally equity measures are set and reviewed annually so prioritisation of funding occurs.
- ERO measures equity / SBHS
  - Ethnicity data including in reporting on participation and outcomes for Māori rangatahi and other priority students measuring equity

| | Rangatahi Experience | Model | Outcome Measures(Local, Regional, National) |
|---|---|---|---|
| | | Cannabis emphasis.<br>• NRT availability universal in all SBHS<br>• Using SACS routinely for screening<br>• Moving from a disciplinary process re: drug testing in schools to a therapeutic process of identifying level of addiction and appropriate supports / intervention.<br>• Utilising Odyssey program in increasing positive social participation.<br>• Discovery, inclusive of Rainbow youth, Youth with disabilities, Youth disconnected from Marae / Whānau<br>• Pay equity – guide to employing (CMDHB) | |

## ❑ Service Model Group review of current Service Specifications Tier 2 & 3

***The Ministry can utilise this review of Service Specifications to begin the enhancements of SBHS***

| **Tier 3 service specifications for Additional School-Based Health Services (SBHS)** | | | |
|---|---|---|---|
| **Inputs & Resources** | **Activities** | **Outputs to be measured** | **Outcomes** |
| **Settings** | **Deliver Tier 2 &3 processes** | **Tier 2 and Tier 3 Purchase Units & Reporting Requirements** | **Youth** |
| Education facility or when appropriate, student's home or community<br><br>Reduction of inequalities is central to service provision with a cascade of services with highest priority given to Kura Kaupapa Māori, deciles1-3, Alt Ed and TPUs, Oranga Tamariki residences.<br><br>The service provider will contribute to the improvement of health outcomes and reduction of health inequalities for Māori young people. The service will uphold the principles of Te Tiriti O Waitangi<br><br>The service provider will also contribute to improvement of health outcomes and reduction of health inequalities for other marginalized groups: Pasifika, LGBTQI, Disabled, Young People with Chronic Illness. | Provide wide range of nursing and clinical services to support early detection, management and treatment, and appropriate referral for health and disability conditions and to promote well-being<br><br>Universal checks when appropriate – targeted to young people identified with higher needs, available at any Year Level, support transition from school, opportunistic driven by clinician skill<br><br>Referrals and referral follow-up to ensure referral pathway accessed and completed<br><br>Promote Service User connections with and use of primary care and social services outside the SBHS settings<br><br>Health promotion activities and collaborative working with other wellbeing programmes, such as Health | • full-time equivalent staff members involved in direct delivery of services,<br>• clients managed by the service, by ethnicity,<br>• client contacts pa with average contacts per YP,<br>• number of YP not attended for the year i.e., coverage.<br>• Professional development, training completed, and numbers of staff released, from duty for professional development as required.<br>• Supervision available for RNs/ clinicians<br>• Youth health skills and knowledge framework implemented by staff and embedded in performance appraisals.<br>• Registered Nurse working at 'Specialty' level based on the National Youth Health Nursing Knowledge and Skills Framework.<br>• Number of Walk in attendances.<br>• Number of booked or called in attendances.<br>• Annual student feedback survey driven by students. | The service provider will contribute to the goals of the Child and Youth Wellbeing Strategy by supporting young people to thrive and reach their full potential, be empowered and involved in their communities.<br><br>Young people leave school with a strong sense of their identity.<br><br>Young people leave school with an understanding of wellbeing and how to access support and healthcare.<br><br>Normalisation of using a School-based Health Service |

| Tier 3 service specifications for Additional School-Based Health Services (SBHS) | | | |
|---|---|---|---|
| **Inputs & Resources** | **Activities** | **Outputs to be measured** | **Outcomes** |
| | Active Learning, MoE Wellbeing Coordinators.<br><br>Ensure opportunity for walk-in access and booked appointments.<br>Opportunity for Year 11 and Year 13 universal checks.<br><br>Coordination and integration with external providers (GP, specialist, YOSS etc) as appropriate and confirmed as consented.<br><br>Availability beyond the school day<br>- Access for young people and for clinicians<br>- Eg school holidays/ lockdowns/ afterschool<br>- Opportunity to connect with Whānau. | | |
| **Inputs (Staff) & Equipment** | | | |
| Primary health team led by Registered Nurses (RNs).<br>A ratio of 1 nurse to 500 students in mainstream high schools is required but is dependent upon:<br>The level and skill of the nurses attending the school and other supports available (e.g., Nurse practitioner/GP on site). Ideally SBHS nationally should reflect CMDHB high ratios from ~1:220 to 1:750, with an average ratio of ~1:500; of | ALL young people in disciplinary process within school are referred to SBHS for holistic check as well as to School MDT meeting<br><br>Clear process / pathway for in school referrals for at risk youth, and clear identification of lead professional within the school setting for each YP. Also, clear process for documenting | Number of YP stood down and number of these seen at time of disciplinary process by SBHS<br><br>Number of education programmes school nurse involved in outside the clinic – i.e., health promotion and education (including groups/ health | Depression and anxiety, learning difficulties and neurodevelopmental disability identified earlier resulting in improved engagement in learning, better academic outcomes and transition to further education/ training and employment.<br><br>Young people readily access/ use SBHS |

| Tier 3 service specifications for Additional School-Based Health Services (SBHS) | | | |
|---|---|---|---|
| **Inputs & Resources** | **Activities** | **Outputs to be measured** | **Outcomes** |
| note Young People have voiced support for lower ratios.<br><br>Utilising gold standard modelling SBHS should have a Multidisciplinary team which includes:<br>• Nurse Practitioners and GPs on site minimum of 2x/wk.<br>• Registered Nurses<br>• Youth Health Workers<br>• Social Workers<br>• Other allied health professionals e.g., physio<br>• Other youth health and development professionals may be part of team where appropriate<br><br>New Graduate Registered Nurse should be engaged in NETP, on a youth health training pathway and placed in a well-supported school with an experienced preceptor.<br><br>The Education Facility and DHB/ PHO/ private provider/ school board will work collaboratively to ensure all the equipment and resources are available for staff to deliver an effective service | complication of "extra" support/ monitoring<br><br>MDT is the gold standard – can we advocate for stepwise process to grow this – critical that Docs involved are youth health and development trained.<br><br>MDT meeting once a term with all staff from SBHS and school's Pastoral Care Team<br><br>Input from student body about the space – design/ decoration/ health promotion | expos/ special interests/ SH&RH teaching etc)<br><br>Number of referrals **to** SGC<br>Number of referrals **from** SGC<br><br>Completed MDT meetings and number of cases discussed.<br><br>Narrative on school-based involvement by nurse in supporting health careers pathways<br><br>Annual description provided of the facilities within the SBHS i.e., number of rooms/ privacy/ waiting area/ locality (i.e., away from disciplinary focus of deans/ principal). Is it an actual "Centre" of wellbeing and health?<br><br>Is there a safe nonclinical place for undertaking whanaungatanga? | Young people are supported and have confidence to access community providers<br><br>Make up of any SBHS team should be driven by skills and knowledge in Youth Health and Development rather than by a fixed formula/ definition of specific roles |

| Tier 3 service specifications for Additional School-Based Health Services (SBHS) | | | |
|---|---|---|---|
| **Inputs & Resources** | **Activities** | **Outputs to be measured** | **Outcomes** |
| Framework for Registered Nurse Prescribing in Community Health programme implemented across all SBHS and relevant standing orders mechanisms in place until it is finalised (e.g., sexual health, skin conditions, GAS infections).<br>Nurses are supported by authorised prescriber (NP or GP) to work under standing orders until they achieve Nurse Prescriber status for that medicine. | | Number of prescriptions per medication type | Less attendance at Emergency Departments<br>Less admissions for preventable infections |
| Nurses/ services have access to Medical Practitioner Supplies i.e., treatment/ meds on site | | Identification of medication needs and uses for acute Mx | |
| | | | |

# Appendix 7: Workforce Development

- ***Workforce: Chart 3 - Comparison of current workforce to ideal standards***

| **Q: Is our SBHS workforce likely to grow or decline?** | |
|---|---|
| **Current View** | **Gold Standard Characteristics** |
| **No recognition of defined specialty area for adolescent/youth health** | SBHS has defined vision and outcomes framework |
| **Different funding strands causing inequity** | Defined specialty for practice across disciplines setting standards and defined pathway |
| **Varying nursing & medical pathways – no continuum** | Multidisciplinary team structure |
| **Differing learning components, no standardisation of competencies frameworks** | Integration of workforce into school environment |
| **Overwhelming burden of goodwill** | Collaboration across sectors – increased support, access, and availability |
| **Workforce limitations leads to 'not fit for purpose'** | National learning programmes |
| **Isolation for individuals but also from services** | Youth leadership determining SBHS model and community connections (youth centred and needs based) |
| **No current national stocktake** | A targeted approach to growing Māori and Pacific workforce |
| **Pockets of workforce reviews** | |

- ***Workforce: Chart 4 -Supervision snapshot***

| **Q: Is Supervision available to health professionals working in SBHS?** | |
|---|---|
| **Current State in SBHS** | **General Best Practice Findings:** |
| **Access of any form of supervision is patchy** | Supervision has three core functions: Normative, Formative, and Restorative |
| **Those with management duties of the recipients is currently delivered to some** | Formats include individual, group, peer, cultural |
| **Uncertain of eligibility/entitlement of access for some of the network** | Should be delivered by a trained professional of the recipient's same occupation, (e.g., nurse to nurse). Member of an appropriate professional association bound by quality and accredited standards |
| **No access to any form of supervision for some of the network** | Should be delivered by someone WITHOUT line management /managerial/team lead duties/ appraisal duties of the recipients |
| **Supervision is often encouraged, but can be variable in whether it is included in or out of normal working hours** | |

❑ ***Table 4(a) Summary: Te Tatau's collective discussion identified main themes for Workforce.***

| **Q1: How can the workforce be 'fit for purpose'?** | |
|---|---|
| **Main Theme** | **Challenges** |
| **Workforce development plan for youth health is essential** | No current strategy in place to grow this workforce to meet the needs of an expanding service. |
| | No recent comprehensive stocktake of the current SBHS workforce. |
| | Needs to be specific consideration to growing the Māori workforce. |
| | Very little has been recorded about the cultural composition and competency/safety, or around the languages in which the workforce can practice and/or complete consults. |
| | Need to ensure there is an overarching, supportive network around all these positions to enable everybody to work safely. |
| | More work is needed to ensure there is a skilled workforce to meet the needs of SBHS. |
| | Workforce reviews only exists in small pockets. |
| **Diverse and specialty Youth Health vocation pathways are available** | No recognition of defined specialty area for adolescent/youth health for nurses. |
| | Differing learning components, no standardisation of competencies frameworks. |
| | There needs to be a minimum amount of Youth Health training before any discipline starts working with young people. |
| | Uptake in post graduate study in youth health is low - how do we improve accessibility to this? |
| | Different funding strands for professional development cause inequity across regions and communities. |
| **Maintain a quality standard of service provision** | No current Youth Health credential - there is an opportunity to develop this (similar to mental health credential) |
| | Work needs to be done to determine appropriate and accurate monitoring/ accreditation? |
| | MoE workforce employed in SBHS – how do we ensure nurses not employed by health organisations are: appropriately supported, receive professional development, and supervision, and enabled to provide youth appropriate care. |
| **Workforce ratios should be based on student needs** | School Nurse FTE is affected by and affects the ratios of other MDT members. |
| | Number of various scopes and skill mixes within the nursing profession to fulfil SBHS team (EN/RN/NP/Nurse with community prescribing etc). There is no one size fits all model, and the mix will vary depending on the school and wider community. |
| | Employing Enrolled Nurses in schools could have implications around having a cheaper workforce and building capacity but would need to be adequately supported by a wider team. |
| | Student to nurse ratios need more thought if they continue. |

| Q1: How can the workforce be 'fit for purpose'? | |
|---|---|
| **Main Theme** | **Challenges** |
| **Integrated multiple discipline teams are implemented** | Whilst MDTs are recognised as the most effective composition of people and skills for working alongside young people, there is little oversight of how these teams work from service to service. |
| | Much of the documentation that exists currently is written in the vernacular of the Health Sector; we need to be mindful going forward that language needs to be inclusive of the education sector, and development of guides /recommendations /standards are developed or enhanced reciprocally in conjunction with the education sector. |

❑ ***Table 4(b) Summary: Te Tatau's collective discussion identified main themes for Workforce.***

| Q2: What matters to the Workforce? | |
|---|---|
| **Main Theme** | **Challenges** |
| **Quality Frameworks are important (specific to National Youth Health Nursing Skills and Knowledge Framework)** | Does not cover full scope of nurses potentially working in SBHS (including Enrolled Nurses, Registered Nurses, Registered Nurses Prescribing in Community Health, Registered Nurses Prescribing in Community and Specialty Teams, Nurse Practitioners). |
| | Only exists to support nurses, so would need work if this were expected to address the needs of MDTs. |
| | Doesn't accurately acknowledge appropriate knowledge and skills for working with Māori, Pacific and Asian rangatahi, and young people with disabilities. |
| | Does not currently assess clinicians' level of knowledge, skills, and competency in youth health. |
| | Quality Frameworks are important for benchmarking a service against others but also require space for translation to the individual SBHS context. |
| **Supervision supports the effectiveness of the workforce** | Access to any form of supervision is patchy; some of the network have no access to any form of supervision. |
| | Some current delivery is by those with management duties of the recipients. |
| | Some of the networks are uncertain of eligibility and entitlement of access to supervision. |
| | Supervision is often encouraged, but can be variable regarding whether it is included in or out of normal working hours. |
| | Supervision needs to be accurately defined. |
| **Training opportunities should support career progression** | Need a central space to provide links/ direction to suggested training/ education to progress along a career pathway/ workforce training program |
| | It is important to enable professional development of the workforce to provide best practice care but not to create more barriers to professionals wishing to enter the workforce. |

| Q2: What matters to the Workforce? | |
|---|---|
| **Main Theme** | **Challenges** |
| | There is a need for career progression to be available and accessible within SBHS and clear career pathways are required without necessarily a demand for all to do postgraduate study |
| | Provide training for youth health/ health professionals to upskill in education pedagogy. And vice versa with education understanding health. |
| | NESP – youth health pathway and post-graduate papers |
| | Opportunities for student placements in SBHS/ youth health |
| | Facilitating and encouraging post graduate study is important, and making this accessible by removing financial barriers and physical barriers by improving virtual training |
| **Funding models are equitable** | Differ between regions |
| | Have varied accountability and expectations |
| | Are not consistent with the support features they fund |
| | Rely on overwhelming burden of goodwill from existing workforce including supporting each other with unpaid professional development, role expansion to tasks considered outside job description, and staying after hours |
| | Impact of Equity index |

- **Te Tatau framework to guide utilisation of Mātauranga Māori within the context of workforce development:**

Te Kore – Preparation

## Tino Uaratanga

**Rangatahi Intent**

**"I have potential"**

**Whakatauki**

***"He manu hau ahau, he pī ka rere"***

***I am a young bird, a chick just learning to fly***

### Workforce Plan

**Development of a gold standard of SBHS workforce characteristics and plan of how to achieve this:**

- Value based embedded recruitment of SBHS staff.
- Value based standards for reporting, performance appraisals
- Look at school nursing standards to develop.

**Support leadership growth and succession planning for youth health professionals.**

**The values should be included in a standardised supervision agreement/workbook, which is discussed and signed by both parties when creating and beginning a new supervisory relationship**

- Must be supported by a national professional development framework

### Workforce Skills and Knowledge

**Ensure youth health and development is embedded in the whole curriculum for nursing and medical students and other professions such as social workers, counsellors, and youth workers:**

- There may need to be more strategic planning with other stakeholders to achieve this.
- Move to Public Health and Population Health.
- Key skills for all
- More skills for youth specific clinicians

**SBHS workforce supervisors to be familiar with and able to encourage reflection on the values of Te Kore, Te Po, and Te Ao Mārama and to draw on them through individual case study exploration.**

### Workforce Need - Māori Kaimahi

**Integration across motu**

- Joining up resources
- Flexibility for adaption

| | Workforce Plan | Workforce Skills and Knowledge | Workforce Need - Māori Kaimahi |
|---|---|---|---|
| **Aroha**<br><br>**Rangatahi Intent**<br>**"I matter"**<br><br>**Whakatauki**<br>***"Kia ū ki te hakapono,<br>Kia aroha tētahi ki tētahi"***<br><br>***Hold strong to your beliefs and love one another*** | **Understanding MOE/school systems and processes for wellbeing.** | **Aroha should be exemplified in relationships between sectors (health staff and teachers), between primary and secondary services and between members of the MDT.** | **Understand the workforce and how MDT work together - stocktake of nursing roles/ MDT models/ ethnicity/ language.**<br><br>**Engage with wider MDT workforce (e.g., MoE, MSD, NGO, Iwi)** |
| **Wairua**<br><br>**Rangatahi Intent**<br>**"I am essential"**<br><br>**Whakatauki**<br>***Tukua te wairua kia rere ki ngā taumata"***<br><br>***Allow one's spirit to exercise its potential*** | **Rangatahi are different and do have different needs i.e., inherent mana and knowledge**<br>• Collective and mutual respect for each other.<br>• How to frame models of youth health and Whānau ora approaches closer together?<br>• Able to change the language and approach. | **Workforce should have an awareness of Rongoā and its importance and relevance.**<br><br>**Energising and positive disposition**<br>• **Feeling atua, connected to them**<br><br>**Engagement, empathy, motivator – wairua is a tangible action**.<br>• Motivated to work together in spirit of collegiality.<br>• Lifting the spirits | **Workforce representative of community - increase Māori workforce**<br>• Spiritual,<br>• Need funding source,<br>• Opportunity to attend.<br><br>**Integration**<br>• Who are our connectors e.g., Kaiawhina from Māori provider?<br>• What matters to Whānau?<br>• What matters to Kaimahi?<br>  ○ What motivates actions and caring?<br>  ○ Ability to be present in the spaces are important to affirm. |

| Workforce Plan | Workforce Skills and Knowledge | Workforce Need - Māori Kaimahi |
| --- | --- | --- |

**Te Pō - Engagement**

**Whanaungatanga**

**Rangatahi Intent**
**"I am connected"**

**Whakatauki**
***Waiho i te toi poto, kaua i te toi roa***

***Let us keep close together not wide apart***

**Workforce underpinned by framework for development that ensures ongoing upskilling in cultural competence, youth health, youth development, health and wellbeing**

- National framework to support this

**FTE is sufficient for time to be protected to allow for whanaungatanga**

- What would this look like e.g., caseload 1FTE – 30?

**A Quality Framework that could be youth and MOH directed and would include consideration of the health service providers (make-up of the MDT)**

- Skills of clinicians more important rather than specific roles i.e., to use reality of resources available

**Guidelines around measurement of skill mix and whether this is effective and appropriate for the needs of youth**

- Contractual expectations

**There is opportunity for the workforce to connect virtually**
(e.g., Youth health doctors or GP's who work in schools can have virtual peer groups that are recognised by RNZCGP and can be counted towards CPD as could Nurses, Social Workers,

**We recommend that the SBHS workforce have an understanding of Whanaungatanga – that it is Interrelated to whakapapa, particularly as it looks at historical as well as contemporary connections.**

**SBHS workforce should understand that whanaungatanga is a continuous process and is not a one-off interaction. It requires strengthening over time, which can be as simple as being a person of consistency in the lives of Rangatahi. That is not necessarily by whakapapa, but also through similar aspirations or shared experiences (for example, through working with a particular YP over the course of their interaction with the service).**

**The workforce need to show whanaungatanga in how we interact with other clinic staff, teachers, administration staff within the service - this needs to be role modelled.**

**Framework for SBHS starting with nurses but including all members of MDT - from induction to succession**

- Baseline training in Youth Health and Development for all

**To see the value of whanaungatanga reflected in supervision**

- it should be practised itself within the first sessions - connections are made, a

**Recognition of value-based learnings taught by patients/whanau and enhanced by apprenticeship with other people who knew what they were doing and did it well.**

| | Workforce Plan | Workforce Skills and Knowledge | Workforce Need - Māori Kaimahi |
|---|---|---|---|
| | Counsellors, HIPS, Health Coaches towards professional development)<br><br>**Linking with MOE in delivery of care/MDT/curriculum wellbeing leads and social services**<br>• Role of education in MDT e.g., pastoral Dean to lead MDT | trusting relationship is fostered, supervisees can be truthful about their strengths and limitations, and this is respected by the supervisor. | |
| **Rangatiratanga**<br><br>**Rangatahi Intent**<br>**"I have self-determination"**<br><br>**Whakatauki**<br>***"Māku anō e hanga tōku nei whare"***<br><br>***I will build my own house*** | **Development of national resources and support about how this should look.**<br><br>**Survey workforce to identify current state/ develop plan to grow workforce - ongoing evaluation and quality improvement.** | **Workforce are familiar with and practice rangatahi participation and involvement, understand principles of youth development.**<br><br>**Co-designing of programmes and wellbeing events - always bringing it back to involve the young people.**<br>• Skills in facilitation important.<br>• Workforce needs non-clinical time allocated to do this.<br>• Planning able to be funded during school holidays so contracts change.<br><br>**Supervisees determine what their learning and practice goals are and are supported in moving towards these.**<br>• Achievement of goals is recognised and celebrated. | |

| | Workforce Plan | Workforce Skills and Knowledge | Workforce Need - Māori Kaimahi |
|---|---|---|---|
| **Whakapapa**<br><br>**Rangatahi Intent**<br>**"I belong"**<br><br>**Whakatauki**<br>***"E kore au e ngaro, he kākano i ruia mai i Rangiātea"***<br><br>***I will never be lost, for I am a seed sown from Rangiātea*** | **National framework**<br>• Workforce is representative of community<br>• Professional development in Whakapapa Connections<br>• Combine with knowledge of adolescent health as standards of competency<br><br>**Whakapapa screening term (accurate and correct recording)**<br>• Can be added into PMS after registration.<br><br>**Supervisees feel supported, they experience connection with their supervision, their previous experience is valued; clinical/professional, cultural, their own lived experience, and is recognised as enhancing their current clinical practice with young people**<br>• Cultural supervision versus professional supervision needs equal weighting on a regular basis e.g., monthly/quarterly | **Workforce development in this area should be self-explanatory, especially as you are connected to the clinic/school/health-based service already.** | **When engaging with Rangatahi, the workforce should acknowledge their whakapapa and the equal importance of whakapapa to them.**<br>• Drawing on your own understandings of whakapapa and how one connects to their whakapapa.<br>• Workforce should have professional development/training expectations of Te Ao Maori<br>• Can be measured through CPD<br><br>**The importance of genealogy and what it means to rangatahi - do they discuss their whakapapa openly with you? Do they draw on the knowledge and wisdom of their tupuna to inform their daily interactions with the environment? School/home/peers etc?**<br><br>**Understanding local hapū, and iwi and if they are involved in the life of this young person.**<br>• Can school pastoral team and health service be together in growing the connection to local hapū and Whānau?<br>• Workforce to develop relationships with and connections to local iwi<br>• Whānau Ora funding that sits with Iwi |

Te Ao Mārama - Unity

## Te Reo Māori

**Rangatahi Intent**

**"I have mana"**

**Whakatauki**

***"Ko tōku reo tōku ohooho, ko tōku reo tōku māpihi mauria"***

***My language is the window to my soul***

### Workforce Plan

**Recognising how important Te Reo Māori is for rangatahi in Kura; recognises their mana and that it is important to us as well.**

**It is important to look at professional development in these areas and have it recognised or funded to occur.**

- Recognition could be through CPD etc (e.g., counted towards the academic component of the Nursing/GPEP training)

### Workforce Skills and Knowledge

**A resource to teach phonetics for Māori vowels etc.**

**Correct pronunciation of names of rangatahi, but also the name of the Kura or even the name of the service (if it has a Māori name).**

- We need to ensure that we protect the mana of te Reo. If we use it, we should attempt to try and maintain the dignity of te Reo.

**Examples of courses available for clinicians:**

- TWOA, TWOR, TWWOA

### Workforce Need - Māori Kaimahi

**If the focus is not on Kura Kaupapa rangatahi, then this needs to be youth-led (use of Te Reo).**

- There can be a sense of whakama for those who have not grown up with Te Reo, or no understanding regarding the impact of colonisation of their Whānau.

| | Workforce Plan | Workforce Skills and Knowledge | Workforce Need - Māori Kaimahi |
|---|---|---|---|
| **Manaakitanga**<br><br>**Rangatahi Intent**<br>**"I am valued"**<br><br>**Whakatauki**<br>***"E hara taku toa e te toa takitahi, engari ke he toa takitini"***<br><br>***My success should not be bestowed on me alone, it is not individual success but the success of the collective.*** | **Acknowledging that by learning Te Reo, it is equally to understand tikanga (protocols) and kawa (how those protocols are enacted)**<br><br>**Data collected from schools (including qualitative feedback from young people) is used to identify areas for improvement and share innovations and what's working well.**<br><br>**Whole of school approach**<br>• Policy localised.<br>• MDT – build common language, skills of facilitation so that this is effective.<br>• Facilitation training needs to be done by Health, Education, and social providers from each school. | **Respecting tikanga Māori - how can this be developed?**<br>• He tikanga course through whare wananga Māori (TWOA – he papa tikanga)<br>• MIHI training (hui process)<br>• Appropriate space/rooms so can meet and greet outside of clinical space.<br><br>**Workforce competencies to include Tikanga Māori practices within a clinic space that reflects cultural values and respectful engagement practices e.g., Manaaki, whanaungatanga** | **How do we show that we manaaki youth? How can we demonstrate what manaakitanga is? The reciprocal obligations of working in partnership with someone, to protect their mana as a young person engaging with the service**<br>• Important to be for, with, by youth – youth led. |

| | Workforce Plan | Workforce Skills and Knowledge | Workforce Need - Māori Kaimahi |
|---|---|---|---|
| **Ōritetanga**<br><br>**Rangatahi Intent**<br>**"I am equal"**<br><br>**Whakatauki**<br>***"Kaua e rangiruatia te hoe o te waka e kore e tae ki uta"***<br><br>***Everyone must paddle in unison with equal effort in order for the waka to reach land otherwise it is destined to circle in the bay.*** | **Measure quality to support equity of workforce**<br>• For example, Northland - Māori youth make up 45% of population, workforce reflects this<br><br>**Workforce allocation that creates equity**<br>• Services based on national standards are provided where they are needed most e.g., roll size, % Maori, Kura, deprivation of equity index | | |

**The 'Table of Papers' document summarises the research and reports that the group is aware of that have implications or insight into the SBHS or Youth Health workforce.**

- ❑ The Workforce sub-group have made comments about these documents.
  ***** *Member(s) of Te Tatau involved in published document.*

| Literature | Workforce group comments |
|---|---|
| **National Youth Health Nursing Knowledge and Skills Framework (2014) *** | **Strongly recommend**, a key document for Core Competencies for school nurses.<br>A good framework and useful document for the development of a national standard for school nursing.<br>Can help to support a school nurse career pathway.<br>Could also useful also for the wider MDT workforce – recognising that the Gold Standard SBHS model is multidisciplinary – consider adapting to broaden scope.<br>Does need enhancing and updating, links in the document could be updated with more up to date research/publications.<br>Missing some components with regards to the specifics of 'School Nursing' – importantly, integration with education. |
| **Report on the Youth Health Workforce Review (2011) *** | **Recommend.**<br>Costings now out of date, likely a gross underestimate so work needs to be done on updating these.<br>In report, was recommended Health Workforce purchase post graduate training in Youth Health – query did this actually occur? |
| **Draft Standards for Youth Health Services (2006) *** | **Recommend, some important caveats.**<br>Too stringent in its recommendations; all Clinical Leads having postgrad qualifications in Youth Health and all school nurses are RN's.<br>Query role for enrolled nurses.<br>Important to recognise other areas of training & relevant skills, not just the post grad dip in Youth Health.<br>Ensure that recommendations do not become barriers, plus need to consider the rural context.<br>Facilitating and encouraging postgrad study is important and making this accessible by removing financial barriers and geographical barriers (e.g., improving virtual training).<br>Enable professional development of the workforce to provide best practice care but not to create more barriers to professionals wishing to enter the workforce. |
| **Youth Health Care in Secondary Schools – A** | **Recommend** – but needs to be updated and refined. |

| Literature | Workforce group comments |
|---|---|
| **Framework for Continuous Quality Improvement (2013) *** | A useful document, but consideration from the Evaluation Team to assess what the data is used for, and how it could be collated and reviewed to highlight areas of concern and share innovations.<br>Also advises all clinicians should have postgrad diploma in Youth Health – we feel this needs further consideration. The aim should be for continuous education with Postgrad study, but there needs to be sector support to help achieve this realistically. |
| **Northern Regional Alliance Standards for Quality Care for Adolescents and Young Adults in Secondary and Tertiary Care (Organisational Standards) (2018) *** | **Recommend** as a useful document but some support needed around the cultural standards, query should be woven throughout?<br>Key point advocates for organisations to make training accessible for staff. |
| **Te Remu Tohu – A Framework for Youth Health Workforce Development (2009) *** | Highlights concerns, contains useful data but now outdated.<br>Current workforce needs to be surveyed to obtain up to date information.<br>Speaks to the Youth Health Workforce but huge ramifications for SBHS workforce.<br>Recommends a comprehensive, coordinated Youth Health Workforce framework but there needs to be some clear guidance on who will take responsibility for this. |
| **Health and Disability System Review (2020)** | An important document but needs to be discussed as a wider group re its implications and recommendations. |
| **Youth Health Services Literature Review (2010)** | Reflects H&D review for community approaches that feature coordination and collaboration.<br>Briefly raises workforce development with a strong emphasis on MDT. |
| **Successful School Health Services for Adolescents – Best Practice Review (2005) *** | Information about PD, admin time, regional and national linking, evaluation, standards of care, and support for multidisciplinary services is very relevant.<br>Also recommends RN's working in schools (no EN's) – a point of consideration/discussion.<br>The skill mix of each SBHS team needs to be taken into consideration, there are number of various scopes and skill mixes within the clinical SBHS team (EN/RN/NP/Nurse with community prescribing etc).<br>We need to ensure there is an overarching, supportive network around all these positions to enable everybody to work safely.<br>We need to ensure that we are always maintaining a high quality standard of service provision with minimum Youth Health training requirements regardless of scope. |

| Literature | Workforce group comments |
|---|---|
| **Key Components for a Successful SBHS – Auckland Metro Region (2018)** | A good reflection of a regional breakdown – could be useful for evaluators to explore differences.<br>Reiterates need for Youth Health Training Pathway. |
| **School Nurse Youth Specialty Orientation Folder CMDHB (2018) *** | Example of regional document.<br>More broadly – orientation for clinician in SBHS is a requirement, it must be robust, and service appropriate. |
| **Guide to Employing a School Nurse in a Sec. School Setting – CMDHB (2018) *** | Region specific document.<br>Supports employer and employee to ensure safety of both.<br>Needs to be updated re ratios, role of Nurse Prescriber.<br>Scope for this to be improved and enhanced by involving the education sector. |
| **Supervision for Nurses in Schools – CMDHB (reviewed 2019) *** | Regional – could be used as a good example for a template to obtain national consistency.<br>Could be adjusted and enhanced to reflect regional requirements.<br>Needs to be nationally available. |
| **Nursing Services in NZ Secondary Schools (2009)** | A useful snapshot at the time but has some limitations as a study.<br>It is important with reassess current workforce.<br>Highlights some of the gaps - a comprehensive school nursing strategy for NZ is really needed. |
| **National Guideline for the Professional Supervision of Mental Health & Addiction Nurses (2009)** | Highlights that professional supervision needs to be separate from line management /preceptorship /mentoring /coaching etc.<br>Is very comprehensive and relevant to SHBS workforce who also manage complex mental health needs, managing consent and confidentiality.<br>Some aspects need updating to consider incorporating aspects of primary mental health in the community. |

# Appendix 8: Reference List

## References


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**https://www.stuff.co.nz/national/health/124844399/government-to-expand-school-mental-health-wellbeing-programme**

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