



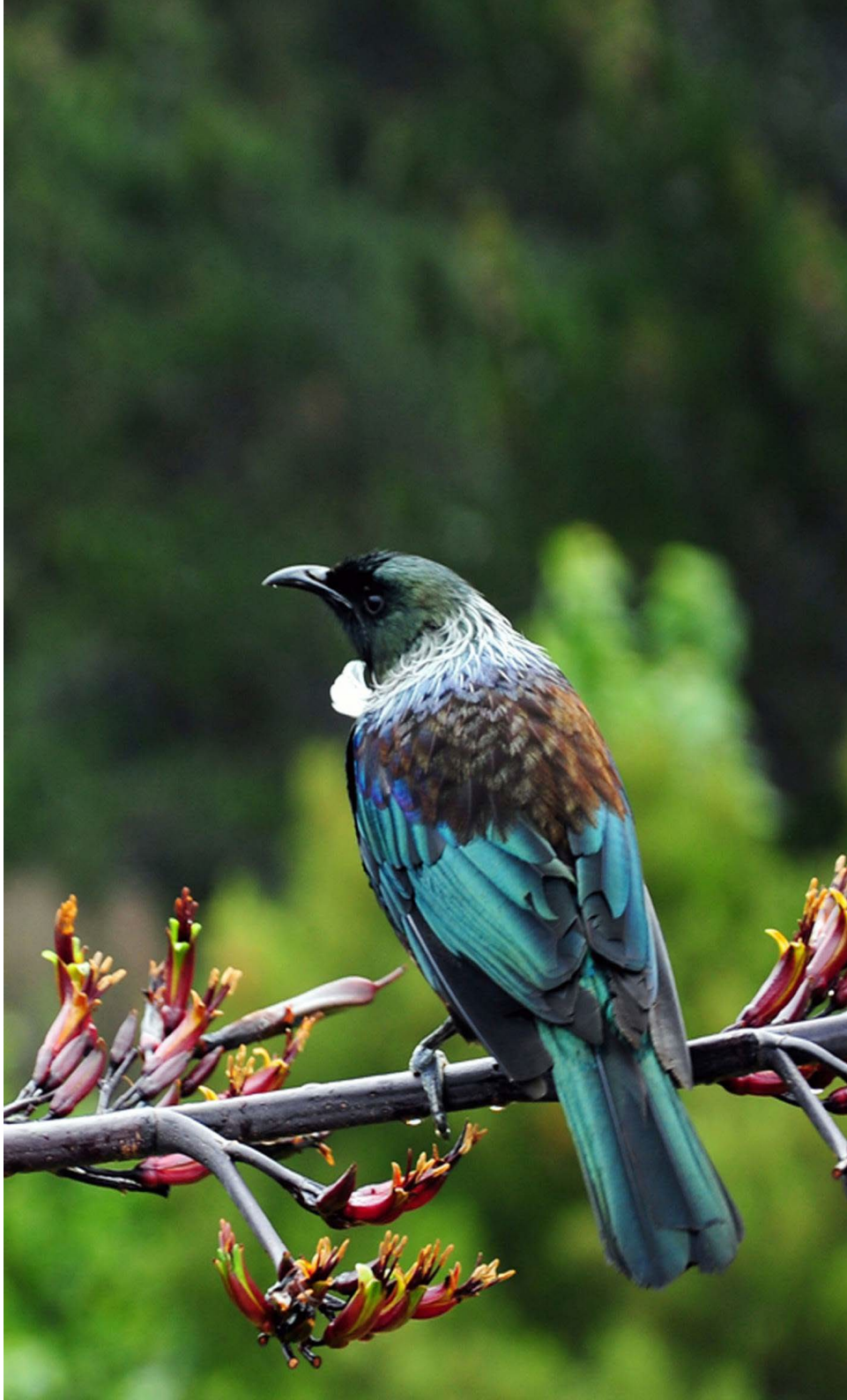
Te Pūrongo o te Wā Current State Report Model of Care Stream

Te Whatu Ora | School Based Health Services
Enhancements Programme

March 2023

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Te Whakarewanga | Introduction



This report outlines the findings from a current state exploration of School Based Health Services (SBHS), with a focus on the Year 9 Health Assessment in Aotearoa. This report is a key output of the Model of Care work stream.

SBHS Enhancements Programme

Te Whatu Ora's SBHS enhancements programme aims to ensure that young people engaging with SBHS achieve a sense of wellbeing and resilience. The five-year programme includes workstreams focused on workforce development, evaluation, and the Model of Care (MoC) for the Year 9 Health Assessment. To address equity, priority groups currently not well served by the system have been identified. These groups include rangatahi Māori, Pacific young people, rainbow young people, young people in care and young people with disability.

The Te Ūkaipō values framework is the foundation for the SBHS programme and outlines the desired outcomes for young people. The framework was co-developed with over 100 rangatahi across Aotearoa by Te Rōpū Matanga o Rangatahi. Te Ūkaipō outlines nine kaupapa Māori whanonga pono (values) with corresponding whakatauki that have been gifted as guiding principles that shape and influence practice within SBHS, including the MoC. These can be expressed as:

- 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"))
- 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"))
- Access to a high quality, culturally embracing SBHS: (i.e., Te Reo ("I have mana"), Ōritetanga ("I am equal"), and Manākitanga ("I am valued")).

This document reports on the current state of the MoC for SBHS in Aotearoa, within the bounds of the (to-be-renamed) "Year 9 Health Assessment". To understand the current state, the following activities have been undertaken:

1. A literature review consisting of academic research (local and international), SBHS evaluation reports, and official documents provided by Te Whatu Ora;
2. An online survey was sent to SBHS staff across the motū to understand their perceptions of the 'current state' including their awareness and confidence in using the values of Te Ūkaipō and areas for improvement;
3. 11 hui were held with rangatahi representative of priority groups across the motū. These hui aimed to understand experiences in the current system, and what changes rangatahi would like to see to improve their wellbeing and resilience.

He aha te Aromatawai Hauora mā ngā Tau 9?

What is the “Year 9 Health Assessment”?

Purpose

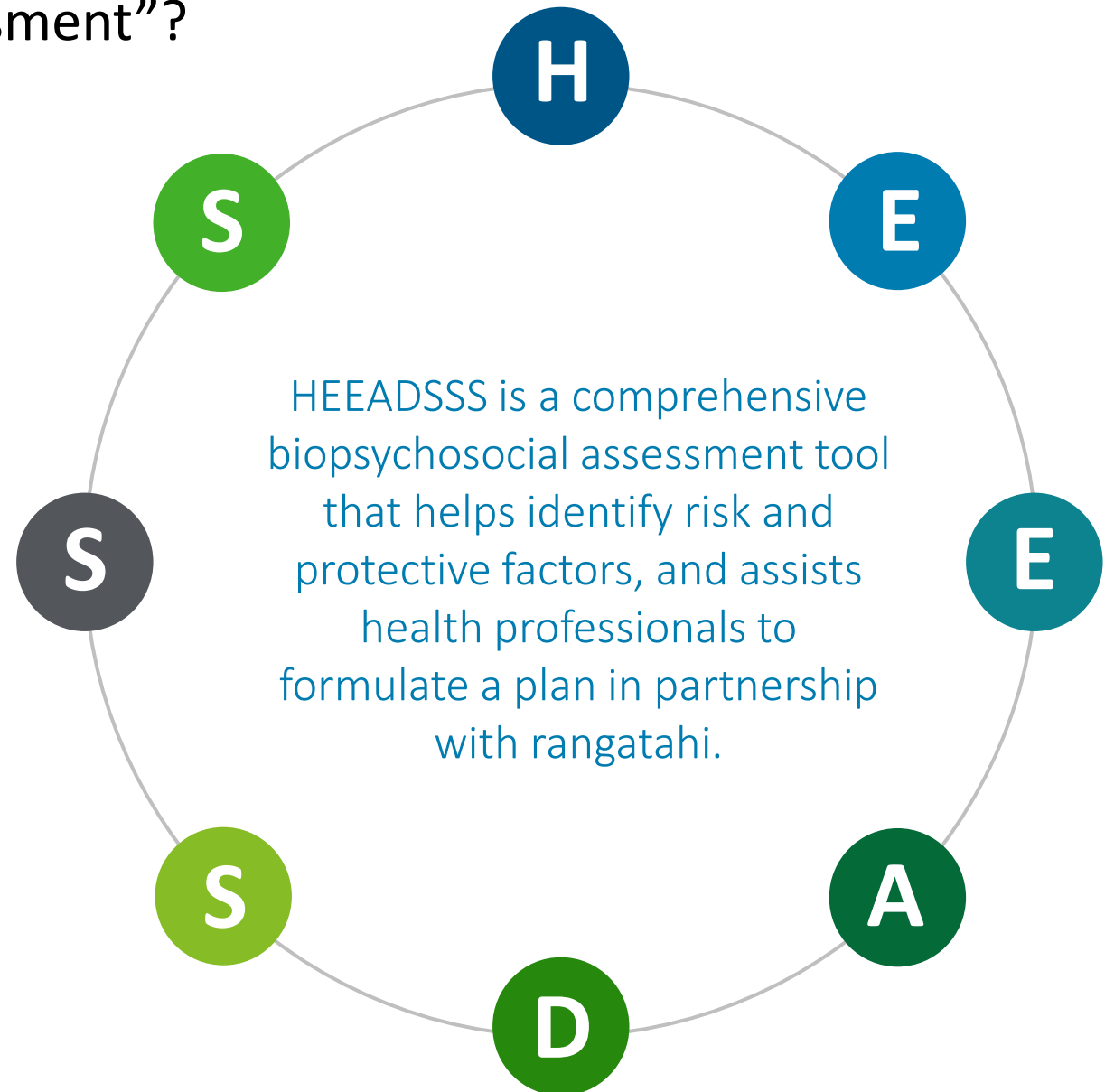
SBHS staff meet with year 9 students in decile one to five secondary schools to kōrero about their physical, psychological and social health. Also included are Teen Parent Units (TPUs), and Alternative Education sites (AE). The kōrero is ideally held face-to-face and can last between 45 – 60 minutes. The youth health assessment aims to:

1. Establish a positive relationship with rangatahi, and help lay foundations with health services as a key determinant of future health-seeking behaviour;
2. Develop a plan in partnership with rangatahi for ongoing engagement and/or referral to other organisations or services.

Methods

The kōrero is facilitated by the school nurse and is guided by methods of covering off areas for discussion. The ‘Home, Education/Employment, Eating, Activities, Drugs and Alcohol, Sexuality, Suicide and Depression, Safety assessment’ (HEEADSSS) (see right) is one of the methods used by SBHS. There are also several other methods that are currently used in Aotearoa SBHS:

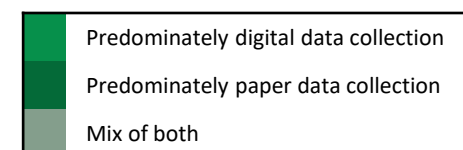
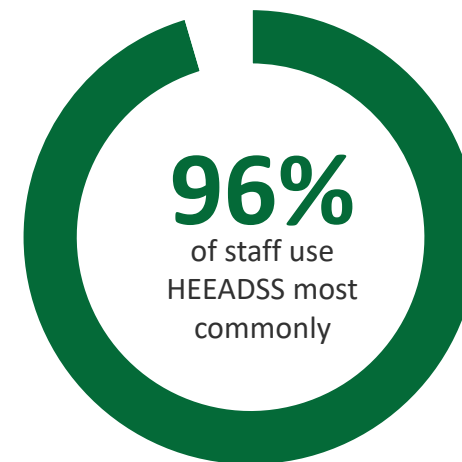
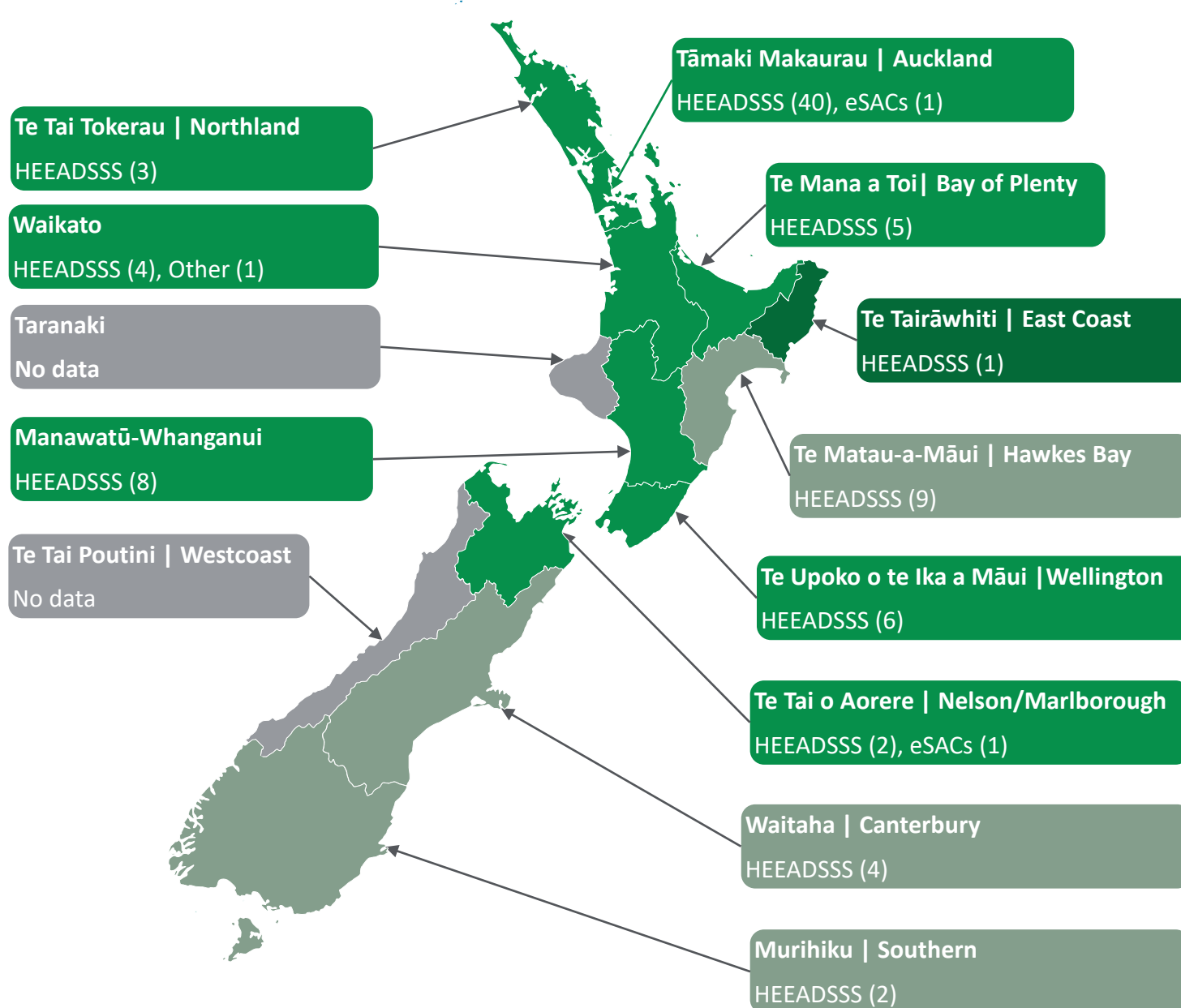
1. Tickit (online)
2. Case Finding and Health Assessment Tool (eCHAT)
3. Electronic Substance and Choices Scale (eSACs)
4. YouthCHAT (online)



Geographic Map of SBHS Tool Utilisation

Staff reported which tool and data collection method they used most commonly

Across all the screening tools, Staff always used face-to-face engagement



Ngā Ratonga Taumatua | SBHS Landscape

This landscape illustrates the key stakeholders who are involved in one's SBHS journey. It shows the key touchpoints for rangatahi as well as the wider support structures that are in place to ensure a high quality, safe, and equitable service for all.

Rangatahi

Every SBHS journey begins with rangatahi, with their whānau and friends surrounding and supporting them in their whare.



Collaboration Partners:

Te Whatu Ora works in collaboration with rangatahi and whānau, youth health providers, and the education sector including Ministry of Education.

School Nurse:

The school nurse is often the first point of contact for health needs, providing continuity of care and acting as the constant link throughout rangatahi's health journey.



Teachers & Deans:

Some rangatahi are engaged with SBHS through a trusted teacher or other member of school staff, before being referred to their school nurse.

Internal school health providers:

Nurses most often refer rangatahi to internal school staff, including school counsellors & social workers and visiting GPs.

SBHS Enhancements Programme:

Māngai Whakatipu, Te Rōpū Mātanga o Rangatahi, Te Tatau Kitenga, Malatest International, SYHPANZ, Ministry of Education, and Deloitte are working together to enhance SBHS services to ensure a high quality, safe and equitable service for all.

NGOs and other support agencies:

Rangatahi are also often referred to NGOs and other specialised support agencies, including (but not limited to) RainbowYOUTH, InsideOUT, VOYCE, and Kaupapa Māori support.

External school health providers:

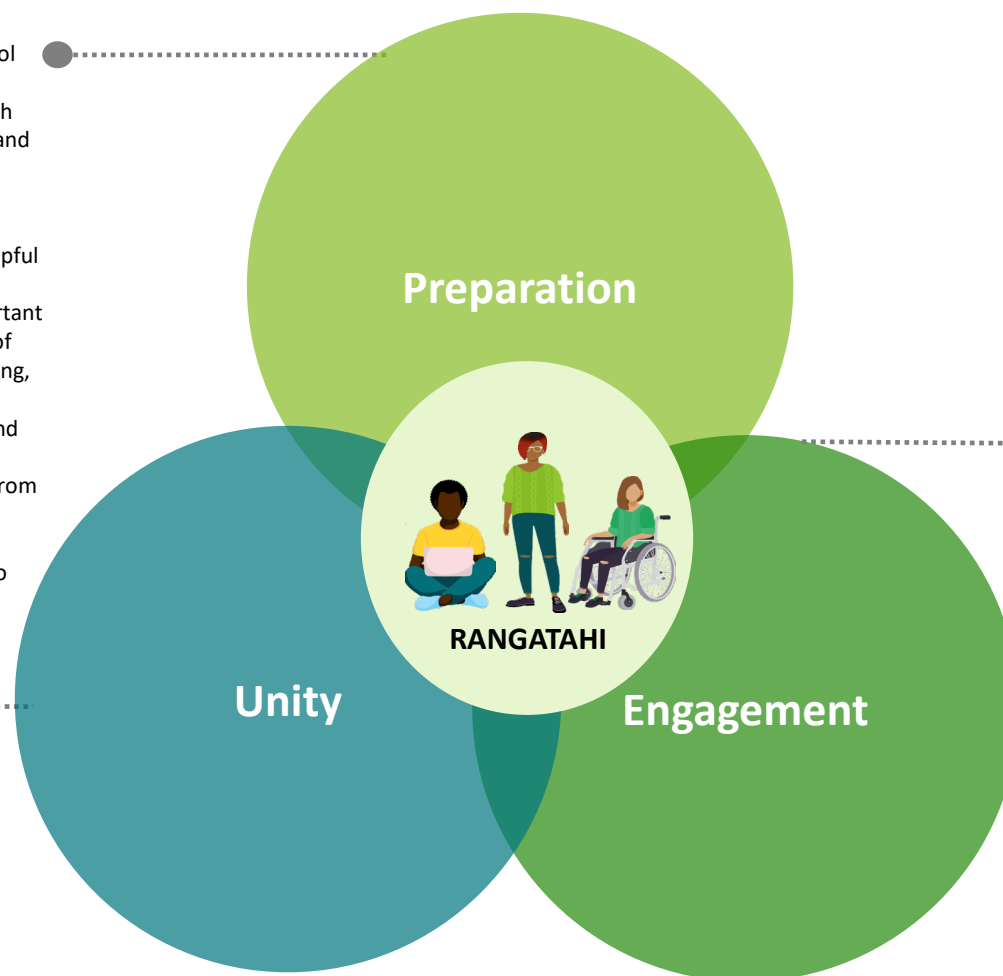
Where services aren't available in the school, nurses refer rangatahi to external health providers including counsellors, social workers, GPs and other health specialists.

Ngā Awe Hirahira | Key Themes

Throughout the SBHS Journey, there are many different interactions and support systems that take place. The findings throughout this current state report are framed around three key sections; preparation, engagement and unity. References are included in the detail of the report. Key themes that have emerged are outlined here:

- The accessibility and approachability of the school nurse is an enabler to health care access. Active engagement from nurses who are integrated with the wider community help promote the service and flourishes trust and relationships with rangatahi.
- Teachers are seen as a vital connector between rangatahi and SBHS.
- School processes and peer encouragement is helpful in supporting rangatahi to partake in SBHS.
- The look and feel of the space was seen as important to rangatahi. Many expressed higher likelihood of access if the space was comfortable, safe, engaging, and private.
- Prioritisation that involved both school nurses and school staff works well.
- There is a high reliance on student information from 'feeder' schools for prioritisation.
- SBHS is not front and centre for rangatahi; many expressed that the service was not well known to them or peers.

- Rangatahi need to be at the centre of ongoing care.
- Service limitations in the community impact who nurses effectively refer rangatahi to.
- Routine and consistency flourishes one's relationship and was seen as vital for rangatahi to continue to seek assistance.
- Nurses need to be supported too - nurses are feeling significantly undervalued and isolated, some of which may be due to the impact of COVID-19.
- A high quality SBHS requires a multidisciplinary approach.



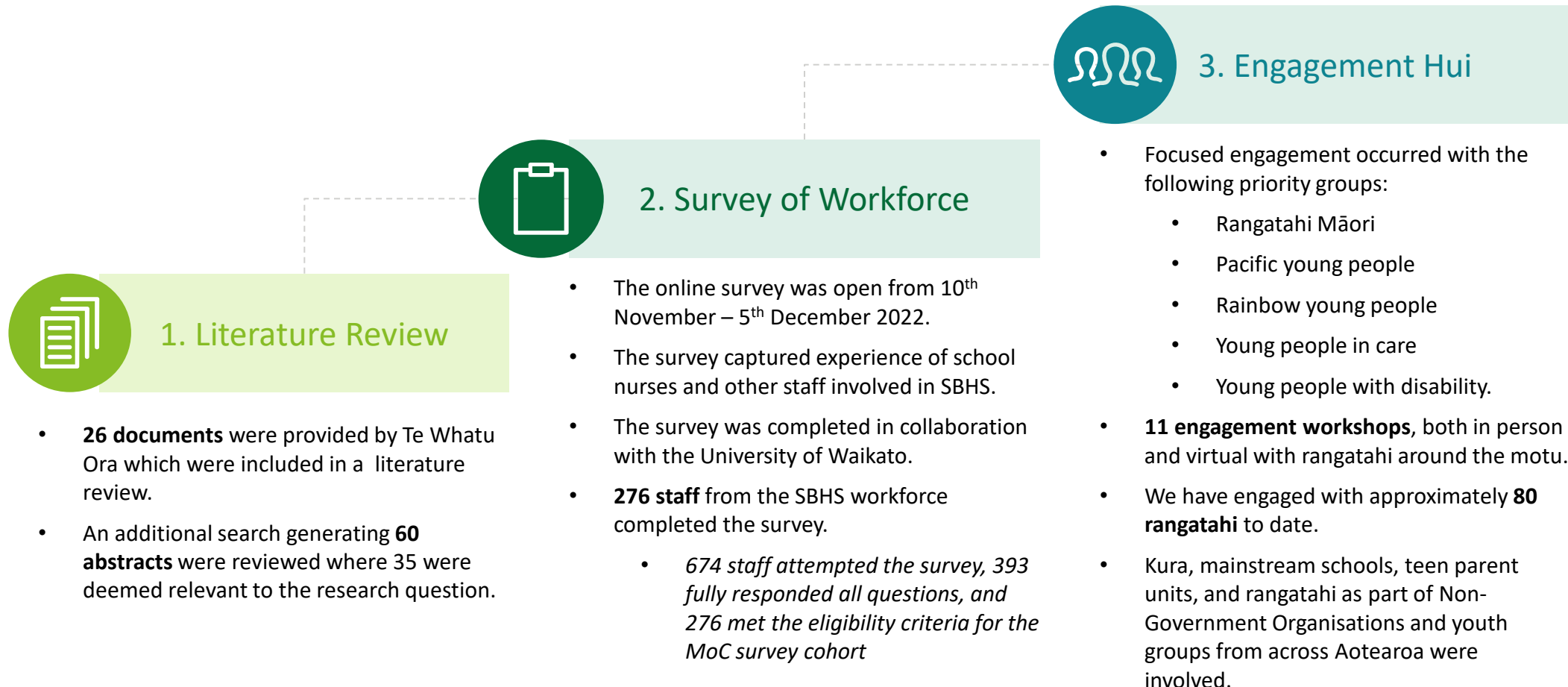
- Rangatahi connect better with health professionals who can relate to their culture and lived experiences; representation is key for relationships.
- Most nurses use the HEEADSSS assessment framework, but the quality of the assessment is determined by the relationship that has been built with rangatahi and staff catering the assessment to that rangatahi's needs.
- HEEADSSS is seen by many as a tick box exercise with many surface level questions and is perceived as a formal process that needs to be done.
- The level of competency and awareness of the rainbow world, around lived trauma, and around cultural differences needs improvement.

A close-up photograph of a blue bird, possibly a New Zealand fantail, perched on a large, dark green fern frond. The bird has a vibrant blue body and a distinctive white patch on its throat. Its beak is open, and it appears to be calling or singing. The background is a soft-focus forest scene with various green plants and trees, creating a natural and serene atmosphere.

Te Ara Tauwhitiwhiti | Engagement Methods

Te Ara Tauwhitiwhiti - Hei kupu arataki pūrongo

Engagement Methods - Informing the current state report



Ngā Kōwhiringa Kōrero | Key Themes from Literature Review

OVERARCHING FRAMEWORK

Need a **flexible framework** that is **underpinned by Te Ūkaipō** and prioritises use of **Co Design**.

RANGATAHI'S INITIAL POINT OF CONTACT

Need **welcoming spaces** and **accessible services** to support rangatahi to engage.

Integration of services within the school, and engagement of **teachers in referral process** supports rangatahi to engage.

SCREENING ASSESSMENTS

High **acceptability** of **e-screening tools** amongst rangatahi (e.g. YouthChat) could help overcome engagement **barriers in Mental Health** screening.

Variability in how HEEADSSS assessments are completed.

Confidentiality is important to rangatahi.



GUIDING RANGATAHI TO OTHER SUPPORT SERVICES

Need to **engage** with local communities and providers **early** to build relationships and reduce risk of service fragmentation.

Acknowledge socio-economic and cultural **diversity** of schools.

Varied use of IT and data collection due to **lack of clear guidelines** for information sharing.

Disadvantaged families are likely **relying on SBHS**.

HIGH QUALITY, CULTURALLY SAFE, AND EQUITABLE SBHS

Using **Community Participatory Approaches** in design and delivery.

Utilise **Peer to Peer learning** (e.g. mentoring) Support rangatahi to **reconnect** with their cultural traditions.

Build **staff knowledge** and commitment.

CURRENT CHALLENGES

Service **suitability, effectiveness, and accessibility** of current assessment and Model of Care and its ability to **empower all priority groups**.

Competing priorities of other school health services. Ensuring **wraparound services** for **rural communities**.

He Mātai Kāhui Ahumahi | Survey of the Workforce Participation

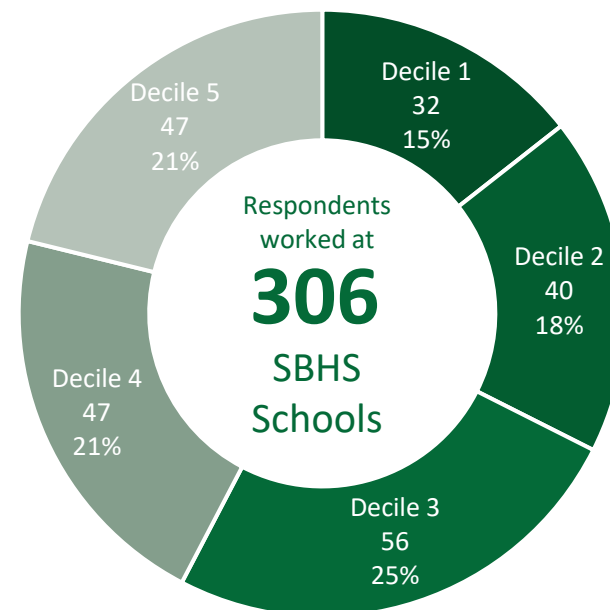


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Decile 1-5 mainstream secondary, composite, or area school, or in Kura Kaupapa, Special Character school, Teen Parent Unit (TPU) or Alternative Education site (AE), across the motū.

<https://www.educationcounts.govt.nz/directories/list-of-nz-schools#>
<https://www.tewhatauora.govt.nz/keeping-well/for-families-and-children/school-based-health-services/#about-sbhs>

Staff who had experience studying or working at least one decile one to five mainstream secondary, composite, or area school, or in a Kura Kaupapa, Special Character school, Teen Parent Unit (TPU) or Alternative Education site (AE), were eligible to participate in the hui or survey.



Limitation: As school name was not collected (to protect respondent anonymity), we are unable to report on the proportion of eligible schools from which survey responses were received



276

Respondents



133

Broader staff
(Non SBHS staff)



143

School nurses
(SBHS Staff)

For survey findings throughout this report, school nurse respondents are referred to as SBHS staff, and other staff as non-SBHS staff

Including:

- 50 Counsellors
- 19 Principals or Deputies
- 9 Doctors
- 8 Social Workers
- 8 Teachers
- 7 Deans
- 6 Administrative
- 6 Heads of Department
- 5 Allied Health Professionals
- 10 Other



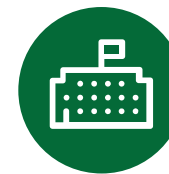
247

North Island
Schools



51

South Island
Schools



213

Mainstream Area,
Composite &
Secondary

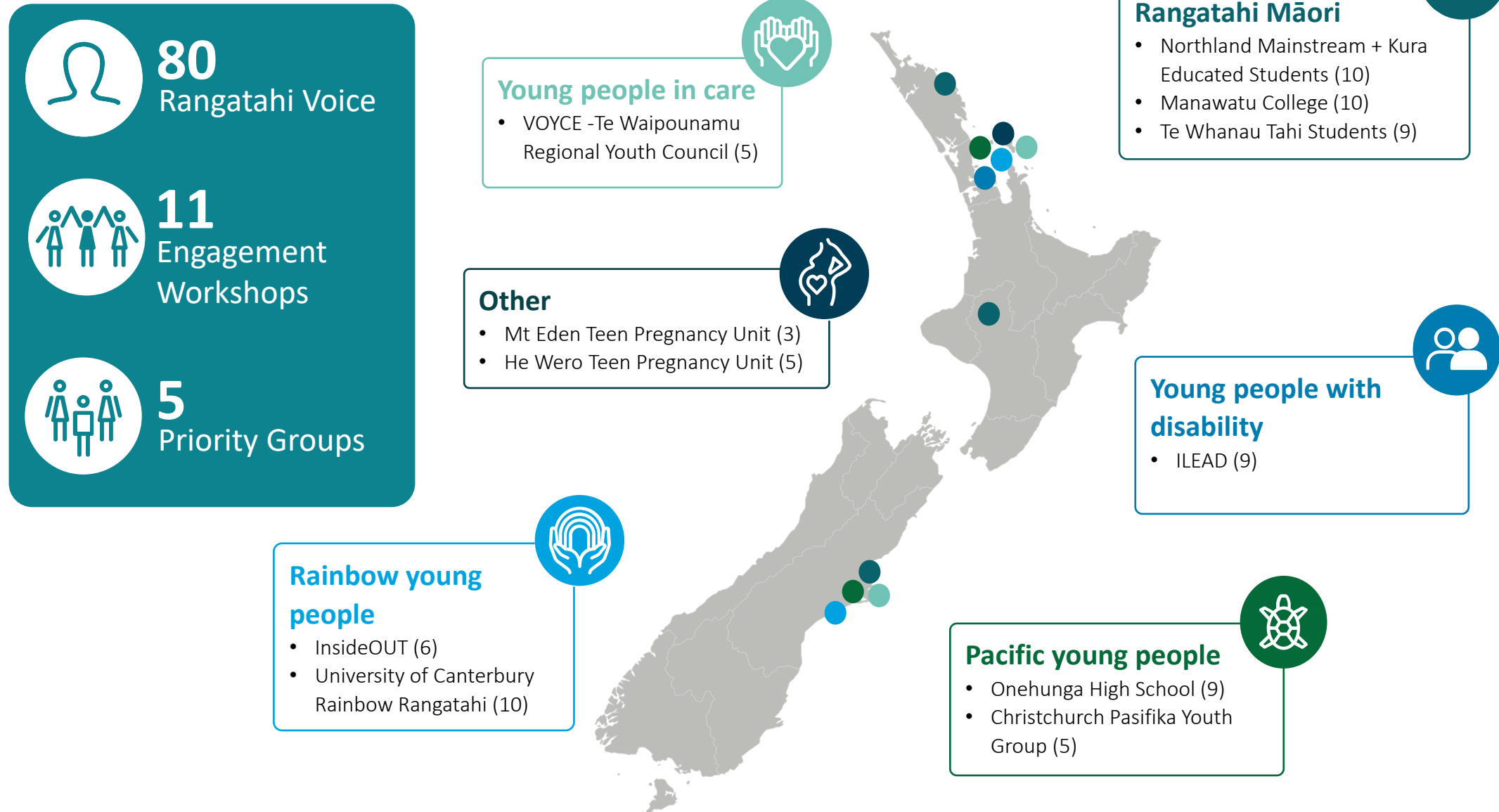


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Wharekura &
Kura Kaupapa

Limitation: Given both partially complete and fully complete responses were included in the analysis, numbers of responses from each staff and school type vary across questions. Questions that were towards the end of the survey had overall fewer responses than questions close to the beginning.

He Rāpopototanga | Overview of the Rangatahi Participation



A close-up photograph of a blue bird, possibly a New Zealand Kōwhiri, perched on a large, dark green fern frond. The bird has a vibrant blue body and a distinctive white, feathery collar around its neck. Its beak is open, and it appears to be calling or singing. The background is a soft-focus forest scene with various green plants and trees, creating a natural and serene atmosphere.

Ngā Kitenga | Findings

Te Tātai Kitenga | Structure of Findings

The following shows high level themes gathered from the literature review, survey of the workforce and through rangatahi participation in the engagement hui.

Te Kore | Preparation

- Relationship building
- Consent process
- Prioritisation
- Initial point of contact
- Equitable access
- Acceptability
- Physical environment

Te Pō | Engagement

- HEEADSSS assessment
- Conducting assessments
- Assessment vs. Education
- Integration with schools
- Digital alternatives
- SBHS Tools and data

Te Ao Mārama | Unity

- Ongoing care journey
- Te Ūkaipō
- Rangatahi voice
- Funding and governance

Please note that Deloitte are continuing to work closely with Te Rōpū Mātanga to embed the Te Ūkaipō framework into how the current state report is presented as well as the future Model of Care document. This work is ongoing as RUN communications agency completes the branding and communications work of the Te Ūkaipō framework .

Te Kore: Whakarite | Preparation



Relationship building

- Successful relationships = successful service (1).
- A health professional who is representative of rangatahi and is relatable is vital for connection (3).
- The accessibility and approachability of the school nurse is an enabler to health care access (1).
- Connection to Māori iwi and heritage is important (3).
- Higher engagement is found where rangatahi feel comfortable, safe and trust the adult (3).



Consent process

- Enablers of an effective SBHS MoC included parental and whānau engagement (1).
- Less than half of rangatahi who accessed healthcare were given assurances of confidentiality by their healthcare provider, even though confidentiality is highly valued by rangatahi (1).
- Requiring parental consent is a key barrier to engaging rangatahi in SBHS (2).



Prioritisation

- Prioritisation that involved both school nurses and school staff appeared to work well (2).
- There is a high reliance on student information from 'feeder' schools for prioritisation (2).
- 87% of staff use prioritisation criteria, with most prioritising Māori and Pacific rangatahi, along with rangatahi with known complex health or social needs (2).
- Interestingly, most rangatahi from priority groups expressed that they weren't prioritised (3).



Initial point of contact

- School processes and peer encouragement is helpful in supporting rangatahi to partake in SBHS (2).
- Active engagement from nurses to promote the service works well (2).
- Teachers, having established relationship with rangatahi, are in an excellent position to notice the needs of rangatahi and make timely referrals to the SBHS (3).
- Some rangatahi don't want teachers to know their business, whilst others have a better relationship with teachers and would rather disclose information to them than a nurse (3).

Te Kore: Whakarite | Preparation



Equitable access

- Ensuring SBHS is of high quality, equitable, and culturally safe for Māori is critical (1).
- The impact of systemic barriers to access is an ongoing issue (2).
- Despite priority groups feeling less connected, staff are most confident working with Māori and Pacific rangatahi, and least confident working with rangatahi with disabilities (2,3).



Acceptability

- Rangatahi acknowledge that the service could be useful, however, are currently disengaged and unaware of its existence and purpose (3).
- There is a lack of literature around the acceptability of screening amongst priority population groups as well as the impact of screening on Māori in Aotearoa(1).



Physical environment

- The look and feel of the space is important to rangatahi (3).
- Many SBHS clinics are not easily accessible and are not a vibrant, fun or a interesting space to be in (3).
- An open door and welcoming approach make rangatahi feel safe and comfortable (3).
- Music, visuals, comfortable spaces, range of seating options, cognitive stimulation, happy staff and a relaxing vibe were front of mind for many (3).

Te Kore: Whakarite | Preparation | Te Kōrero ā ngā Rangatahi

"In my experience, the Nurse was unable to separate my identity from my other issues, and this, I wasn't able to get the treatment I went to the nurse to get."

"Aroha is the most important to me or us because we matter, and we need to be seen. Stop seeing me as a problem that needs fixing!"

"I want to be welcomed and acknowledged as a person, not just a stat (aka - a Māori girl)."

"Having a non-judgemental relationship where 'the door is always open' works for me"

"I hate receiving the note to go to the nurse in class in front of everyone – I feel singled out!"

"Health professionals need to unpack their biases. They are oblivious to the different cultures and ways of being, creating a barrier for connection and access."

"It was up to me as a student to engage with the school health service. There was no guidance or internal support provided from my school."



Te Kore: Whakarite | Preparation | Te Kōrero ā ngā kaimahi

"Data is taken from the transition list of enrolled students coming from our feeding Intermediate school prioritisation is given to students with mental health and/or behavioural issues, sexualised behaviour, living with carers, potential grief from the loss of a significant person, chronic health issues, gender diverse students, families known to be at risk etc."

"We hold hauora meetings every week and a inter-agency meeting every three weeks to raise vulnerable children who need to be seen asap."

"[There are] Barriers to access, like transport, time off work for parents, cost, concerns about confidentiality."

"Students are more likely to want to come for their assessment if their peers can tell them it's a good thing (from their own experience) rather than guardians or teachers."



"The parents are against it, and refuse to consent. The student is averse [to their parents], and wants to see me instead. There is no pathway ...the parents won't take them...that happens a lot."

"Best thing is nurse engagement, face to face, nurse collects from class and explains assessment to each individual, rangatahi get to see nurse face each time collecting a student."

"Encouragement from teachers isn't so much [isn't helpful] - teachers will advise though who the priority needs to be out of the year 9s, and this is really helpful."

Te Pō: Whakakōrero | Engagement



HEEADSSS Assessment

- It is seen by many as a tick box exercise; there is a perception that HEEADSSS is just a formal process that needs to be done (3).
- The experience is not personalised where rangatahi do not feel at the centre (3).
- Nurses have limited time to conduct assessments and to build meaningful relationships – high pressure environment (2).
- All sources illustrated that a wider age group should be assessed to cover the complete transition from childhood to adulthood, not just at year 9 (1,2,3).

Appropriateness of the questions:

- HEEADSSS questions need to be tailored and represent rangatahi, e.g. use rainbow terms, Māori and Pasifika language (2,3).
- HEEADSSS has been widely criticised for not being a validated screening tool. It focuses on individual resilience rather than being strengths base and is seen as not appropriate for Māori or applicable to rainbow rangatahi (1).
- Questions feel too clinical based and need more of a Te Ao Māori lens (2).
- Trauma informed questions need to be included, however, structure needs to be put in place so the conversation doesn't re-trigger or re-traumatise rangatahi (3).
- Assessment questions need to incorporate rangatahi voice; be described in a way that connects with rangatahi (2).



Conducting Assessments

- Rangatahi connect better with health professionals who can relate to their culture and lived experiences; representation is key for relationships (3).
- Health professionals need to be equipped and resilient to trauma informed experiences (3).
- The level of competency and awareness of the rainbow world is 'not up to speed' and the workforce needs continuous training in this space (3).
- Success is dependent on the skills of the staff conducting them (2).
- Good relationships and high trust allows the student to feel comfortable enough to open up (3).
- Over two-thirds (71%) of staff found the Year 9 Youth Health Assessment 'Very Useful' or 'Useful' (2).



Assessment vs. Education

- The year 9 assessment starts the formation of relationships early on with the SBHS (2).
- At the start of college, there needs to be more education and support around what is discussed in HEEADSSS (2).
- The approach of the service needs to be looked at across ones schooling journey. Particularly, focusing on education and engagement in the early years of college, with an assessment coming later (2,3).
- Many rangatahi expressed there were no ongoing services or check in points following the HEEADSSS assessment and felt disconnected to SBHS through their schooling journey (3).

Te Pō: Whakakōrero | Engagement



Integration with schools

- Delivery of SBHS is currently exclusive to those working in health, however, all personnel in the school and community need to be connected (2).
- The delivery of SBHS within a school are operating in isolation to other areas of the school (3).
- Rangatahi risk having to tell their story multiple times to different points of contact in SBHS, resulting in frustration and lack of engagement (3).



Digital alternatives

- Staff actively prefer face to face assessments, and some do not want to see digital alternatives implemented into SBHS (2).
- Face-to-face engagement remains a critical component of the model of care as assessments cannot take a one size fits all approach (1).
- Acceptability of e-screening tools such as YouthCHAT are high amongst rangatahi, with some studies eliciting a higher disclosure rate for questions which were intimate or sensitive in nature (1).
- Aotearoa specific literature found YouthCHAT was twice as fast as the HEEADSSS assessment (1).
- Self-administered questionnaires identify higher rates of risky behaviours than face-to-face questionnaires (1).
- Rangatahi prefer multiple means of connection (3).



SBHS Tools and data

- Staff are not confident that rangatahi data is linked to their primary care provider (2).
- Evidence of varied IT record keeping across schools, where poor patient information sharing practices can be a barrier to successful SBHS (2).
- A lack of clear guidelines for information sharing within the school system and with external providers is a problem that has been identified (2).
- Frustration with outputs focused monitoring and funding (e.g. numbers seen matters, not quality) (2).

Te Pō: Whakakōrero | Engagement | Te Kōrero ā ngā Rangatahi



Te Pō: Whakakōrero | Engagement | Te Kōrero ā ngā Kaimahi

"Please increase nurses pay and FTE so we can have more time with our students and it will also give us time to include our community and families in health promotion in our school."

"What is funded is bums on seats and a tick box that the year 9 assessments were all completed. But for the vast majority of youth I work with, they need extensive follow ups and there is no money that provides for this which means you get in trouble for not getting through your other students."

"[The assessment] needs to be broadened to address socioeconomic determinants of health - needs to potentially involve whanau - a further assessment needs to be developed for students when they reach year 12/13 as they have different needs which are not being met. "



"[I connect with rangatahi through] direct questions and showing an interest in what they are telling me. Sharing a little about myself to create whanaungatanga. Reassuring them that the information is confidential and would only be shared in the 4-harms situation and that they would be informed about it if I did share. Congratulating them on successes and thanking them for trusting me enough to share."

"All this takes time, and I don't have enough of it... We are the counsellor, social worker, physio, put together, yet we are not recognised for the multiple skills we have.""

"Basing it [the assessment] around a kaupapa Māori framework - the questions are very out of order and have a poor flow. It is not very Māori friendly it is more an interrogation."

Te Ao Mārama: Whakamāhorahora | Unity



Ongoing care journey

- Nurses refer rangatahi to in-school support most often (2).
- High need threshold/criteria for accessing services means some rangatahi aren't able to access services or their referral gets declined (2).
- Nurses referred rangatahi to a range of personnel, most commonly GPs and school counsellors (2).
- Where rangatahi already have a medical 'base' in the community, fragmentation of care becomes a pertinent risk unless there are clear linkages (1).
- Disadvantaged families who lack a family practice will rely on links through SBHS (1).
- Breakdown in continuity of care is exacerbated by varied IT and clinical record keeping and lack of understanding re information sharing (1).
- SBHS workforce are rarely involved in discharge planning, despite being best positioned to ensure the successful reintegration of the young person back to the school environment (1).
- Routine and consistency flourishes ones relationship and was seen as vital for rangatahi to continue to seek assistance (3).



Te Ūkaipō

- A lack of clear frameworks to guide SBHS development has been noted in Aotearoa (1).
- When asked about Te Ūkaipō values, staff have said Aroha was the most consistently upheld across schools (87% schools rated as 'Always'), and Rangatiratanga the least consistently upheld (69% of schools rated as 'Always') (2).



Rangatahi voice

- Fewer staff working in wharekura and kura kaupapa feel that rangatahi have a voice in how health services are delivered to them in the schools that they work in (43%) when compared to staff working in mainstream schools (60%) (2).
- Several nurses feel that the implementation of local student councils, focus groups, or youth advisory group would be beneficial to the design and delivery of SBHS (2).
- Rangatahi expressed the need to be included and be informed personally of the next steps in the referral process with a warm handover being key (3).
- Rangatahi need to be at the centre of care; disabled rangatahi felt constantly overlooked where the power and decisions were made at the adult level without consultation with the rangatahi (3).



Funding and governance

- Governance of SBHS is confusing for staff, with limited clarity around funding and accountability (2).
- Nurses are feeling significantly undervalued and isolated, particularly after the pressures of COVID-19. They describe a lack of recognition, pay, and support (2).
- Literature acknowledges further research is needed to address funding sources which enable sustainable SBHS (1).

Te Ao Mārama: Whakamāhorahora | Unity | Te Kōrero ā ngā Rangatahi

"It is important for me to be informed whether or not I can take a support person to my referred appointment."

"I went to my local GP and I was scared to say what was actually wrong, I felt there was a power and age imbalance, so I didn't open up."

"I want transparency of what is happening next in my health journey."

"You're just passed around from one person to the next. For the school, no matter what your problem, it was always just go see your social worker."

"Ongoing support needs to be consistent for me to stay connected"

"I don't want to have to tell my story multiple times to different health care providers throughout my journey at school"

"I think things should stay private unless you say so. Privacy and keeping information confidential is important to me."

"At the moment my care is not connected and there are a wide range of professionals looking out for me who don't seem to talk to each other"



Te Ao Mārama: Whakamāhorahora | Unity | Te Kōrero ā ngā Kaimahi

"I believe rangatahi are a really unique population in a unique time of their lives where they need to be celebrated and reminded of their uniqueness and limitless potential, as well as being supported where they need to, to enhance their mana and prevent their mauri from languishing."

"We work hard to build relationships over time, [but there are] inappropriate services that aren't youth friendly, bad experiences in the past for our Māori and Pasifika families, institutional racism. Waiting list for services in particular secondary mental health services in Auckland [are long]."

"The assessment of needs is great and positive for our students. The issue is with the follow up support available - Mental Health Services are overloaded, and often turned away from external agencies as their threshold for referrals continues to rise, placing pressure on school pastoral staff, who are also overwhelmed."

"I enjoy getting to meet the year 9's as I feel it creates a connection that will bring them back over their school life to see me."

"I don't think there is any real voice from rangatahi on the overall set up and running of the service"

"Each school should have a health council made up of students from years 9-13 that have a role in guiding and promoting health services."

"I have always wanted to know why we don't have a social worker as the other teen parent units all seem to have them? Are we funded for one? Is someone claiming our funding? Have tried to find this information out for years!"



He rāpopototanga o ngā kitenga | Summary of findings

This report summarises findings from literature and a range of engagements with rangatahi and SBHS staff, to reflect the current state of the MoC for the “Year 9 Health Assessment”. The purpose of these activities is to inform the co-design of the new MoC. Based on these findings, the new MoC should support an interaction that empowers rangatahi, prioritises the needs of those underserved by the current system, and supports whānau ora and equitable outcomes. Crucially, Te Ūkaipō should be embedded not only in the MoC but across the SBHS enhancements programme, with much of this mahi currently underway.

Summary of key findings:

- HEEADSSS is a comprehensive biopsychosocial assessment tool that helps identify risk and protective factors and assists health professionals to formulate a plan in partnership with rangatahi.
- HEEADSSS is the most widely-used tool to conduct the Year 9 Health Assessment across the motu.
- There is limited use of online tools to conduct the assessment, while 82% of workforce respondents use digital means to store data.
- The SBHS landscape involves many actors with rangatahi being at the centre. Engagement with SBHS should be a continuous journey, with easy flow between services and referral networks.
- Counsellors, social workers, GPs and teachers all play a role within the SBHS landscape, with NGOs and other agencies providing specialised support.
- The future state of the MoC should provide a seamless journey for rangatahi from Te Kore to te ao Mārama.
- Providing adequate preparation through whakawhanaungatanga/relationship building, consent, equity, respect, and an acceptable environment to rangatahi is essential.
- Rangatahi should be engaged in a way that is strengths-based, respectful, and provides opportunity for education rather than ‘assessment’.
- Following on to a state of unity, rangatahi want continuity of care and warm handovers to networks that empower them to uphold their autonomy.
- There are unique needs for each priority group that will be accounted for within the new MoC.

Ki Tua o te Awe Māpara | Next steps towards a new MoC

Key next steps:

1. Co-create the new MoC for students and explore the timing of the “Health Assessment”:
 - Using HEEADSSS as a base, co-create MoC content, including what matters to priority groups and what is suitable for each group.
 - Understand what is acceptable to rangatahi to facilitate a kōrero about their health.
 - Co-create the name of the kōrero to move away from names like “assessment” or “tool”.
2. Deliver a MoC Design Document and action-orientated recommendations for the SBHS Enhancements Programme.
3. Embed the new MoC using ‘leave behind’ methodology, whereby recommendations and upskilling are embedded as part of the whole enhancements programme, particularly the workforce development workstream.

Achieving this will help improve the health and wellbeing of rangatahi, whānau, and communities across the motu.





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