

Report on Current State of School Based Health Services Workforce, Aotearoa New Zealand

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Prepared for Te Whatu Ora

By



THE COLLABORATIVE TRUST
For Research & Training in Youth Health & Development



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1. Background

The aim of the Workforce Development project is to develop, support and grow the School Based Health Services (SBHS) workforce, so it:

- can provide a consistently high standard of healthcare delivery, particularly for our priority groups
- contributes to equitable access and outcomes
- reflects the diversity of the rangatahi it serves
- is sustainable
- is 'fit for purpose'.

The workforce will support young people to 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")
- 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 *high quality, culturally embracing* SBHS, i.e., te reo ("I have mana"), ōritetanga ("I am equal"), and manaakitanga ("I am valued").

The characteristics of the workforce will include, but are not limited to, the following:

- equitable access to high quality training, supervision, and professional development
- pay parity with nurses with the same level of training and experience
- possessing attitude, skills and knowledge progression on a defined and promoted youth health nursing career pathway
- competency in specific areas of knowledge that are important for those working in SBHS.

These competencies include:

- cultural safety and competency
- understanding the needs of the priority population groups
- te reo Māori and an understanding of the use of rongoā Māori
- positive youth development, and the normal range and variation of adolescent changes and behaviours
- knowledge of how to work collaboratively within a school setting, including enhancing the relationships with the school, the Board of Trustees, and pastoral care team
- ability to understand how the governance of school's work and to advocate for strategies which improve the wellbeing of the school community
- ability to work as part of a multidisciplinary team, and a transdisciplinary team
- consent and confidentiality and the careful balance of including whānau and other support people
- trauma-informed care, mental health skills, and substance related harm including brief intervention

- recognising and working with young people with neurodevelopmental disabilities e.g., ASD, ADHD, FASD, intellectual disability, and language disorders
- skills in working with gender and orientation diversity (i.e., rainbow populations)
- sexual and reproductive health competency
- understanding and building relationships to other local health and wellbeing services at both primary and secondary care levels
- ability to analyse health data and trends and develop a school profile.

The service objective is to develop and implement a School Based Health Service (SBHS) workforce development and support plan ('the plan') to achieve and support the workforce described in the aims of the service, and the aims identified during the desired state phase.

Te Whatu Ora contracted the Society of Youth Health Professionals Aotearoa New Zealand (SYHPANZ) to undertake the Workforce Development project (the project). The first stage of the project was to gather and review information to describe the current state, including hearing the workforce voice, and form a stocktake and analysis of the characteristics of the existing SBHS workforce. SYHPANZ sub-contracted The Collaborative Trust for Research and Training in Youth Health and Development to assist in this mahi.

2. Method

A number of approaches were taken to identify, understand and describe the current state of the SBHS workforce, with utilisation of the formative evaluation¹ as the starting point, expanded on through further analysis as needed to address as best we could the following questions:

1. What are the demographic characteristics of the SBHS workforce at present (age, gender, ethnicity), and how do they match the ethnic composition of communities being served?
2. What is their professional background?
3. What Youth Health specialised training are 1) existing SBHS workforce, or 2) people entering the workforce having recently trained as a health professional, likely to have undertaken? In particular, the following:
 - a. trauma informed care
 - b. mental health skills
 - c. cultural competence
 - d. substance related harm including brief intervention
 - e. working with young people with neurodevelopmental disabilities e.g., ASD, ADHD, FASD, intellectual disability, and language disorders
 - f. working with gender and orientation diversity (i.e., rainbow populations)
 - g. sexual and reproductive health competency
 - h. understanding and building relationships to other local health and wellbeing services at both primary and secondary care levels.
4. To what extent is the existing workforce engaged in ongoing training, and what are the enablers and barriers around this (geographic, provider, employment setting etc.)?
5. What is the capacity of SBHS (in terms of FTE) across different settings?
6. How is the Te Whatu Ora-funded SBHS workforce within Decile 1-5, kura, alternative education and TPUs employed / contracted?
7. What is the size of the SBHS Nurse Practitioner workforce, where are these workers, and what enablers and barriers sit within this pathway?
8. Where and to what extent are multidisciplinary teams part of the SBHS landscape across Te Whatu Ora-funded sites?
9. What supervision are SBHS kaimahi receiving, and what enablers and barriers are currently at play in relation to cultural and professional supervision?
10. To what extent is the current SBHS workforce professionally networked, and what are the mechanisms supporting this and the barriers impacting in this area?
11. To what extent is the SBHS workforce engaged in the wider school community, where is this working well / how is such engagement being hindered?
12. To what extent does the existing SBHS workforce feel valued in their roles?

¹ Malatest International (2022) *Formative evaluation report: School Based Health Services*, February 2022

13. What do we already know about what young people think about the people delivering health in their schools – approachability, trust and confidence, relationships, extent to which they are supporting fostering and modelling the values of Te Ūkaipō?

Rapid literature review: Using the literature review conducted by Malatest International during the formative evaluation phase of the programme as a starting point, a rapid literature review was undertaken with a focus on workforce development and SBHS: best practice, rangatahi preferences in workforce and their characteristics and capacity (see Appendix B), the current workforce, training and professional development, supervision and multidisciplinary approaches. See Appendix A for more information.

Training stocktake: The research sought to develop a stocktake of current workforce development and training, including training available at undergraduate level for those entering the SBHS directly from or within a few years of qualifying as a health professional and training available for the existing SBHS workforce.

The websites of universities, polytechnics ('polytech(s)'), not-for-profit, and other training provider websites were reviewed to identify and understand what training is currently available to support a career pathway in youth health for SBHS. This included undergraduate and postgraduate courses, online / webinar courses, workshops, and seminars. Information identified online was supplemented by the expertise and knowledge of SYHPANZ advisory group members, and follow-up information via phone and email with key providers. The research also sought to identify pathways into and the career progressions in SBHS such as Nursing Practitioner qualification and the various registered nurse prescribing pathways. It included review of competencies for nursing, and those engaged in medical study, specifically focused on those competencies outlined above as especially relevant to SBHS. See Appendix D for more information.

Workforce voice: Three members of SYHPANZ (SYHPANZ's Director of Operations and Te Tatau Kitenga Project Lead, SBHS Workforce Development Project Manager and Kaupapa Māori Advisor) attended the School Nurses Conference held 3-4 October, 2022 at St Paul's College, Hamilton. The purpose of attending the conference was to be a stall holder to showcase the SBHS Enhancement programme led by Te Whatu Ora and supported by SYHPANZ through:

- displaying mahi from the Advisory Groups SYHPANZ supports for this programme such as
 - Te Tatau Kitenga (SBHS recommendations) and Te Rōpū Mātanga O Rangatahi (Te Ūkaipō)
 - Youth Advisory Group (Māngai Whakatipu) highlighting Youth Engagement and Leadership
- Workforce Development Project consultation with the SBHS workforce about the current state of the SBHS.

The conference was attended by approximately 125 SBHS workforce members and people staffing the trade stands. The majority of attendees were school nurses, the majority of whom were North Island-

based. Several social workers, youth workers, and counsellors attended along with a doctor and four New Zealand Defence Force personnel. The team talked with some of the nurses attending the conference to gather their perspectives on current state of the workforce. See Appendix C for more information.

Consultations were also had with other professionals who interface with the SBHS workforce, including:

- Co-Chair, New Zealand Health Educators' Association
- Clinical Service Manager of a PHO SBHS, Pinnacle
- New Zealand School Nurses
- New Zealand Nursing Council
- Clinical Chief Advisor and Clinical Principal Advisor - System performance and monitoring, Ministry of Health
- Whāraurau.

Training provider liaison: Consultations with providers of relevant training programmes and courses were undertaken, ranging from e-mail exchanges to phone conversations, and semi-structured interviews conducted *kanohi ki te kanohi*. These were to determine uptake by the SBHS workforce currently, how these courses are promoted to the workforce and connections to SBHS and other core youth health service provision in terms of placements and the like. Te Pūkenga (New Zealand Institute of Skills and Technology) was engaged with to understand what the changes around polytechs might mean for opportunities to promote study options directly relevant to existing SBHS workforce, and opportunities to grow the workforce.

The research also considered workforce development and supervision approaches for comparable workforces and settings, and specifically Well Child Tamariki Ora (WCTO), and Youth One Stop Shop (YOSS) workforce. WCTO was scoped by a member of the team who previously worked in that area, while two SYHPANZ members with strong histories working in YOSS were interviewed together to gather that information.

Analysis of existing data regarding SBHS service provision in decile 1-5 schools: A database was compiled in 2020 by the Ministry of Health and populated from data supplied by SBHS Portfolio Managers and used in the formative evaluation. This data was further analysed, drawing together this data and schools' data from the Ministry of Education.

Comparisons with other workforces (YOSS and WCTO): Information regarding the YOSS workforce was gathered via interview with two SYHPANZ members with longstanding careers as medical practitioners in these settings, Dame Sue Bagshaw and Dr Vicki Shaw. Information on the WCTO workforce was compiled by a member of the SYHPANZ team who had previously worked in workforce development in this area, Nicky Skerman.

The information gathered was synthesised to form the summary in section 3, and the key points for consideration based on current state in Section 4.

3. Summary of Current State of SBHS Workforce and Workforce Development

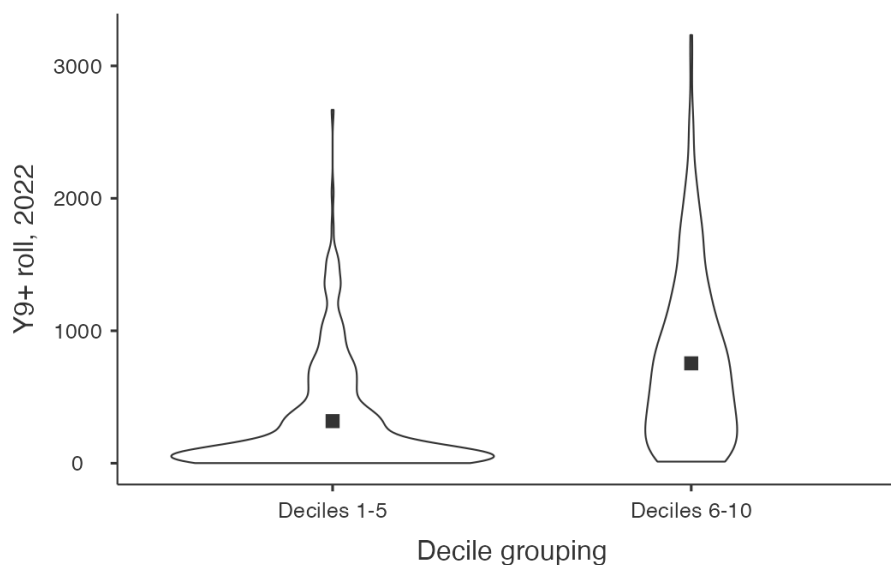
Schools and students

Currently, SBHS funded by Te Whatu Ora is offered to all Decile 1-5 schools, kura, Teen Parent Units (TPUs) and alternative education providers, although it is not available in all such settings. Analysis of Ministry of Education data from the Education Counts website was undertaken to provide a snapshot of the schools currently in scope for this service. The October 2022 roll and administrative data were collated for all Decile 1-5 schools / kura with students Year 9 and above (n=324). These were compared, where applicable, to data from all schools / kura with students Year 9 and above (Y9+) (n=596).

Rolls

As at October 2022, 101,775 students were enrolled in Decile 1-5 schools in Year 9 and above (Y9+). This represented just over a third (34.5%) of Y9+ students enrolled across all schools at that time (n = 295,020). Compared with higher decile schools therefore, Y9+ roll sizes for Decile 1-5 schools tend to be smaller. The mean Y9+ roll size for Decile 1-5 schools as at October 2022 was 318, compared with 754 for Decile 6-10 schools. Figure 1 shows the relative distributions of Y9+ roll sizes by decile grouping.

Figure 1: Y9+ roll size (2022) by decile grouping

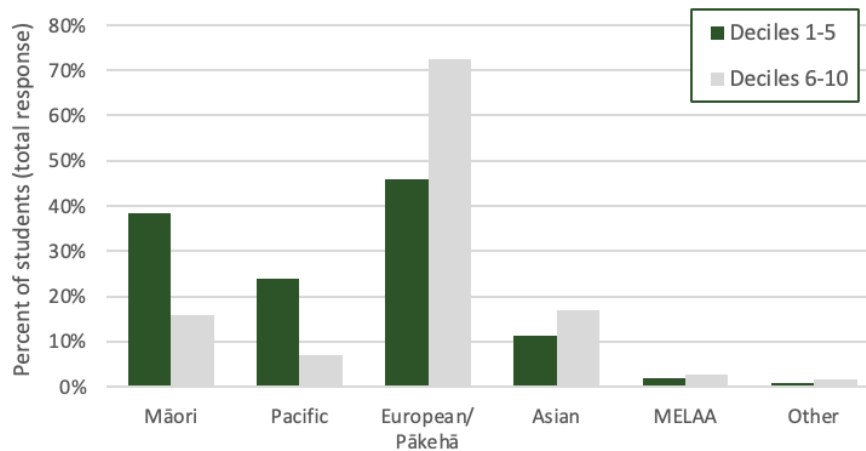


Source: Education Counts, 2022.

Ethnicity

Schools currently in scope for SBHS have a higher proportion of Māori and Pacific students on their rolls, compared with their higher decile counterparts. Conversely, the proportions of students of European/Pākehā, Asian, Middle Eastern, Latin American, and African (MELAA), and other ethnicities are comparatively smaller. Figure 2 compares the percentage of Y9+ students belonging to each ethnic group for Decile 1-5 vs Decile 6-10 schools, as at October 2022.

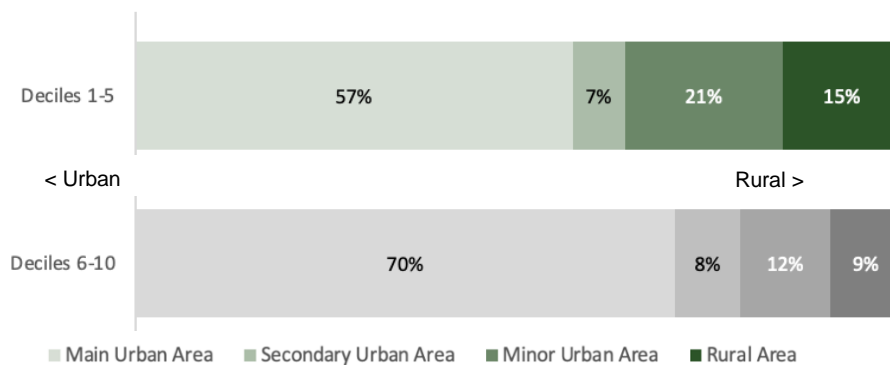
Figure 2: Ethnic groups of Y9+ students (2022) by decile grouping



Source: Education Counts, 2022. Note: 'total response' means students can be counted in more than one ethnic group.

Rurality

Figure 3: School rurality by decile grouping, Y9+

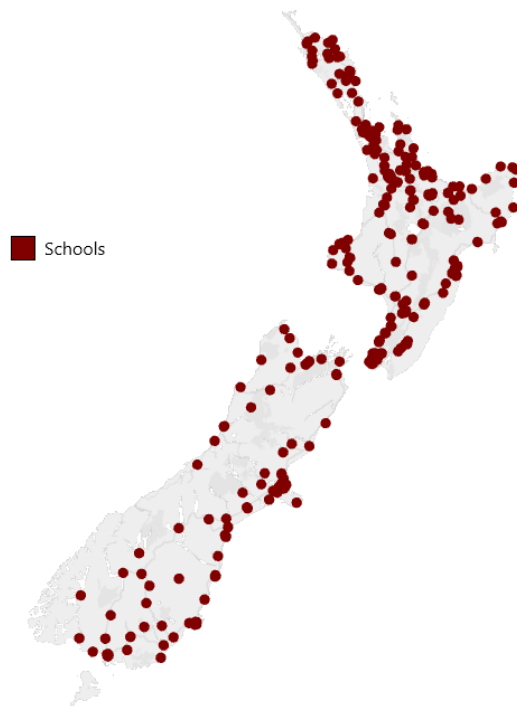


Source: Education Counts, 2022

According to the Ministry of Education's 'rurality' classification, schools currently in scope for SBHS are more likely to be located rurally. While a majority (57.1%) of Decile 1-5 schools were located in 'main urban areas' in 2022, proportionally this was lower than for Decile 6-10 schools (70.5%). Relatively higher proportions of Y9+ Decile 1-5 schools were located in 'minor urban areas', and 'rural areas',

which together accounted for just over a third (36.1%) of these schools' locations. Figure 3 shows the percentage of schools currently in scope for SBHS located in each area type (compared with Decile 6-10 schools), and Figure 4 shows their geographic locations (Malatest International, 2021).

Figure 4: Schools delivering SBHS



Source: Malatest International (2021).

Equity

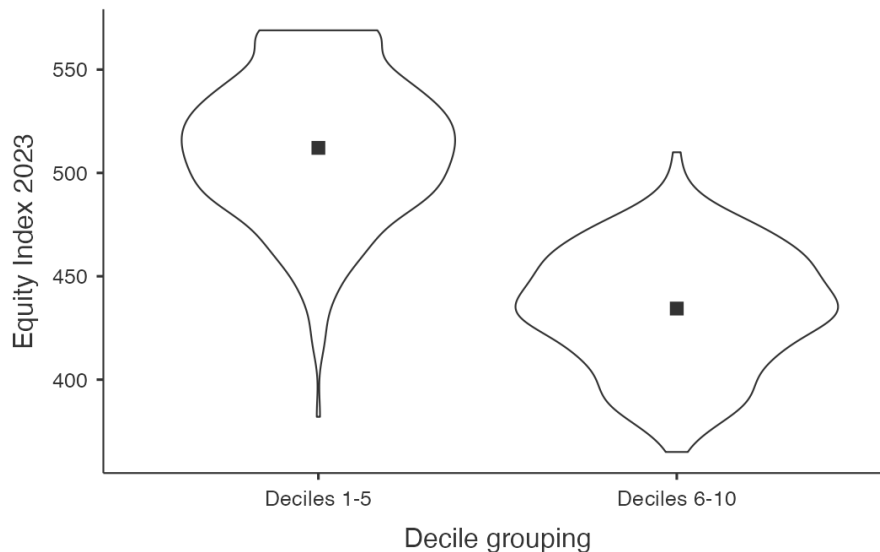
The 'Decile system' – a tool developed by the Ministry of Education in 1995 to determine funding levels for schools based on relative socioeconomic deprivation in their surrounding geographic areas – currently defines the scope for SBHS (applying to the lower five deciles). This classification has recently been supplanted by a new funding model, based on an improved measure of socioeconomic equity.

The Equity Index (EQI) is a statistical model that estimates the extent to which a school's students might face socio-economic barriers that could prevent them achieving at school. The model uses information held in Stats NZ's Integrated Data Infrastructure (IDI). It takes data from cohorts of children from the last 20 years, who have already been through the school system, and looks at how, at different ages, various socioeconomic factors impacted their achievement at NCEA levels 1 and 2. It then looks at the socio-economic characteristics of students enrolled at schools for the last three years to identify which of those factors are present in their lives. Student numbers are averaged at an individual school level to produce an EQI number for each school between 344-569, where a higher EQI number indicates that a

school or kura is likely to have a higher number of students facing greater socioeconomic barriers relative to another school or kura (Ministry of Education, 2022).

Unsurprisingly, there is a strong correlation between Deciles and EQI. Figure 5 shows the distribution of 2023 equity index scores by decile grouping. As intended in its design, students at schools currently in scope for SBHS face higher socio-economic barriers to achieving at school.

Figure 5: Equity Index (2023) by decile grouping, Y9+ schools



Source: Ministry of Education.

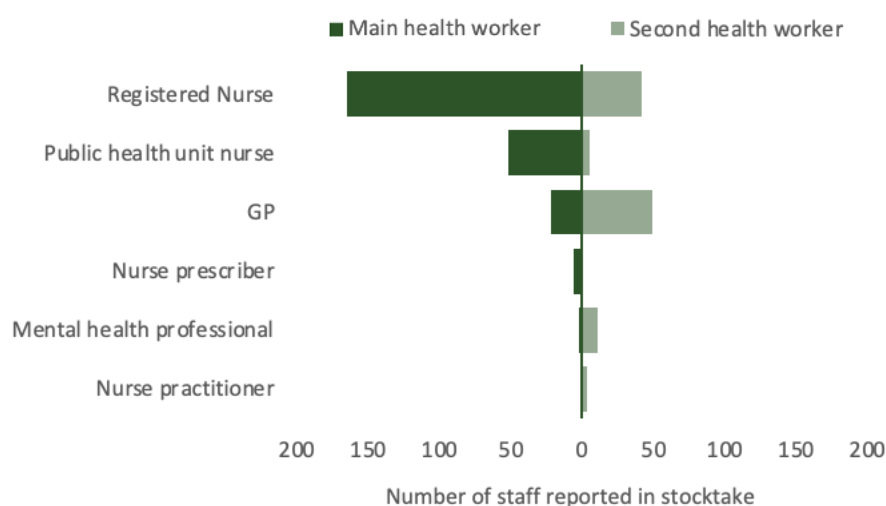
The workforce

A stocktake undertaken by the Ministry of Health in 2020 collected data on health service provision in 484 schools. The following section summarises data from the 276 Decile 1-5 schools included in that analysis.

Professional background

Data were collected on the profession of the 'main health worker' (greatest number of service hours provided), and 'second health worker' (next greatest number of service hours provided) in each school. The most commonly reported profession of main health workers was 'Registered Nurse', accounting for two-thirds (66.5%) of the 248 Decile 1-5 schools for which these data were reported. Of the 111 schools for which second health workers were recorded, the most common profession was General Practitioner ('GP') (44.1%) followed by 'Registered Nurse' (37.8%). Figure 6 presents counts of all reported professions of main and second SBHS workers.

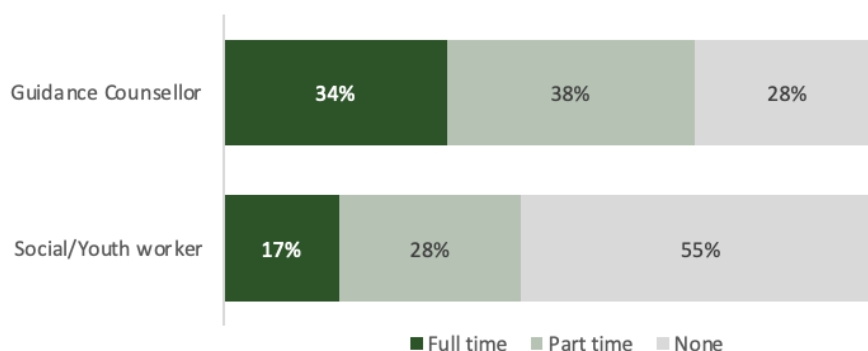
Figure 6: Reported professions of main and second health workers



Source: Ministry of Health, 2020.

In addition to these health workers, 73 schools reported employing a full time guidance counsellor, and a further 81 employed one part time (61 reported having no guidance counsellor, and data were missing for the remaining 61). Social / youth workers were reported as being employed full time at 37 schools, and part time at 59 (116 reported having no social / youth worker, and data were missing for the remaining 64). Figure 7 provides a visualisation of these data, with segments representing percentages of reported totals.

Figure 7: Schools employing guidance counsellors and social / youth workers



Source: Ministry of Health, 2020.

In a free text field, schools reported employing a variety of additional pastoral care personnel, including Kaupapa Māori support, kaiawhina, chaplains, family workers, physios, whānau support workers, health care assistants, and public health promoters. These additional personnel were not able to be reliably quantified.

Employer

By total FTE, schools were the largest employers of SBHS workers (2,279 hours/week were reported across 241 Decile 1-5 schools) followed by PHOs (804.5 hours/week) and DHBs (721.0 hours/week), although prevalence of this model in the Auckland and Lakes regions differs to the rest of the country, where SBHS are mostly employed by DHBs (Te Whatu Ora), PHOs and other providers. Overall, other employers each accounted for fewer than 200 hours/week in total. By individual roles, the largest employers were PHOs (109 total reported roles across 244 schools), and DHBs (98 total reported roles). Tables 1 and 2 show the breakdown of employers of main and second health worker workers by profession.

Table 1: Employers of main health workers

Main SBHS worker	Number employed by:							
	DHB	PHO	School	Māori health provider	YOSS	Nurse Maude	Public health unit	Other provider
Registered Nurse	35	41	36	15	9	11	9	8
Public health unit nurse	48							
General Practitioner	1	19			2			
Nurse prescriber			5		1			
Mental health professional				2				
Nurse practitioner		1						

Source: Ministry of Health, 2020.

Table 2: Employers of second health workers

Second SBHS worker	Number employed by:							
	DHB	PHO	School	Māori health provider	YOSS	Mana Ake	Public health unit	Other provider
GP	1	39			5			
Registered Nurse	8	3	25	2	1			
Mental health professional		3				5		3
Public health unit nurse	3	2						
Nurse practitioner	2	1						
Nurse prescriber								1

Source: Ministry of Health, 2020.

Employers of SBHS workers varied by DHB. The main employers of main and second SBHS workers by DHB are listed in Table 3.

Table 3: Main employer(s) of SBHS workers by DHB

DHB	Main employer(s) of main SBHS worker	Main employer(s) of 2nd SBHS worker
Auckland	School	School/PHO
Bay of Plenty	PHO	PHO
Canterbury	Nurse Maude	Mana Ake
Capital & Coast	PHO/YOSS	PHO
Counties Manukau	School/Māori health provider	School
Hawke's Bay	DHB/Māori health provider	DHB/Māori health provider
Hutt Valley	YOSS	YOSS
Lakes	School/YOSS/Māori health provider	YOSS
Mid Central	DHB	DHB
Nelson	PHO	None
Northland	DHB	DHB
South Canterbury	DHB	None
Southern	DHB	None
Tairāwhiti	DHB/PHO	DHB/PHO
Taranaki	DHB/Māori health provider	DHB/Māori health provider
Waikato	PHO	PHO
Wairarapa	PHO	PHO
Waitemata	School/Māori health provider	School/PHO
West Coast	DHB	None
Whanganui	Public Health Unit	None

Source: Ministry of Health, 2020.

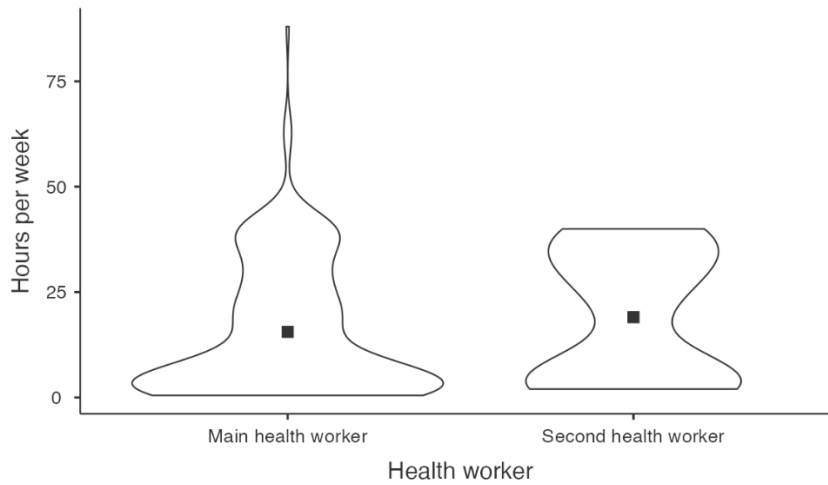
Hours worked

Main health workers reported working between 0.5 and 88 hours/week, with a mean of 15.6.

Hours/week for second health workers ranged between 2 and 40, with a mean of 19.1. As shown in Figure 8, the distribution for main health workers was highly skewed. Median numbers of hours worked were 8.0 for main health workers and 20.5 for second health workers.

Table 4 shows the mean number of hours worked each week by main and second health workers, according to profession. Nurse prescribers (though there were only 7 reported in total) worked the highest number of hours on average, followed by registered nurses.

Figure 8: Distributions of hours worked per week for main and second health workers



Source: Ministry of Health, 2020.

Table 4: Mean hours worked per week by each SBHS profession

Profession	Mean hours worked	
	Main SBHS worker	Second SBHS worker
Nurse prescriber	33.0	N/A
Registered Nurse	18.2	31.1
Public health unit nurse	10.6	2.0
Nurse practitioner	8.0	4.0
GP	2.4	2.8
Mental health professional	1.5	5.3

Source: Ministry of Health, 2020.

Facilities

Of the 192 Decile 1-5 schools for which SBHS facilities information was provided, 39.1% reported having a permanent clinic setting, 52.1% reported access to an adequate shared space, and 8.9% reported having no adequate space available. Further research conducted in 2022 by Collett (Te Whatu Ora intern), identified wide variability of what adequate facilities even look like, variable cultural safety, issues around privacy and confidentiality, lack of warm and inviting spaces and resources, and barriers to improvement.

Additional services

Schools in Auckland and Waitemata reported provision of oral health services (with these provided by private dental providers/Auckland Regional Dental Service, and West Auckland Mobile Dental Service, respectively). Counties Manukau schools also reported the availability of additional services including sexual health, alcohol and other drugs services, asthma education and physiotherapy.

According to the formative evaluation (Malatest International, 2022), SBHS nurses typically work across multiple schools, often in combination with other public health nursing.

Current strengths and limitations

According to the literature, SBHS work best when these services are cost-free and accessible for students, when staff delivering the services operate in a relational manner within the school community and at a professional level, when the service they deliver is youth-friendly and confidentiality and privacy are assured, when young people have a voice in these services, when the care they offer is comprehensive, coordinated, holistic and delivered in a multidisciplinary approach where needed, and when these staff are supported through effective administrative / clinical systems and governance (Winnard, Denny, & Fleming, 2005; Rademaker, 2013).

Key challenges facing the SBHS workforce, based on the literature:

- There is a shortage of Māori, Pasifika, and male clinicians in the SBHS workforce; these groups face numerous competing demands. Only 4% of GPs across New Zealand are Māori (2021 RNZCGP data), while 7.7% of nurses are Māori, rising to 11.4% in the SBHS nurse workforce (2019 Nursing Council Registration data).
- The current health workforce falls far short of being able to mirror the composition of the population in which it serves across the health sector, and in SBHS, this mismatch is even more pronounced.
- Recruitment is hindered by the prevalence of part-time roles, and the fact that many SBHS roles are restricted to school term time, with holidays (apart from annual leave) unpaid.
- Professional development of the SBHS workforce is sadly lacking, but especially relating to mental health, data tracking, and cultural competency.
- Funding for SBHS is poorly matched to level of expertise and experience required for such roles and this impacts negatively on retention and recruitment.
- Funding does not adequately cover costs of administration, reporting requirements, professional development, supervision, and consumables.
- Standing Orders make a real difference when properly in place, and especially in rural communities, and their use could be strengthened and widened.
- Presence of Nurse Practitioners in the SBHS workforce is almost absent.
- There is a need to strengthen career pathways.

Current state workforce voice:

- There appears to be very low awareness of the SBHS Enhancement Programme.
- SBHS commonly feel undervalued by the Ministry of Education and the senior leadership in their schools, and in many cases feel isolated (especially in rural areas) and excluded. As an example, there is no easy way to contact the SBHS workforce, with the best approach being through the funders / managers / workforce teams, with follow-up: there is a lack of connectedness across the SBHS workforce.

- There is a need for multidisciplinary team approaches extending beyond just nurses and counsellors. Developing these as part of the SBHS Enhancements Programme will not be an easy task given its restrictive focus on the existing workforce in decile 1-5 schools, kura, alternative education and TPU.
- Recruitment into SBHS roles is difficult, and especially of Māori workforce.
- There is inconsistency in access and application of guiding documents around practice.
- It seems that some of the workforce are unclear around their own employment.
- Needs among rangatahi are high and referrals are slow as supports are overwhelmed, leading to feelings of frustration at not being able to secure the help that rangatahi need.
- SBHS workforce lack the time they need to build relationships of trust with rangatahi, critical for practice which aligns with Te Ūkaipō.
- There appears to be a workforce-perceived disconnect between Ministry of Education and Te Whatu Ora, and a lack of strong collaboration and coordination.

The SYHPANZ team who attended the SBHS conference heard evidence suggesting that staff working in schools with high numbers of Māori were competent in Te Reo and tikanga and were competent in their roles. This workforce appears to recognise that establishing a relationship of trust with both rangatahi and whānau is critical to SBHS effectiveness. However, the rigid model for the service, which currently takes the same approach in kura as in mainstream schools, does not enable or decolonise this. The service needs to build up the layers of trust, values, and service that meets their needs across rangatahi, whānau, hapori, hapu and iwi, and be structured in a manner which ensured that these layers of trust endure through staff changes.

Affirming the literature, multidisciplinary approaches and competencies were recognised by the nurses we heard from as very much needed but were seen as unlikely to grow if the focus is only on developing the SBHS nursing workforce.

Rangatahi strongly expressed their desires for SBHS when asked by Te Tatau Kitenga and the discussion report captures this well. The youth voice in their report is presented in full in Appendix B. They want SBHS workforce who are youth-friendly and skilled in communication, empathetic, respecting their culture and culturally aware, non-judgmental, knowledgeable about youth health, highly ethical in their practice and respectful of confidentiality and privacy, relatable, kind and well-qualified.

Concerning the SBHS Model of Care rather than Workforce Development, but noted here, we heard that the HEEADSSS Assessments are prioritised and consume much of a nurse's time, leaving little room for follow-up for those most needing support.

Training and Opportunities for Professional Development

Malatest International's literature review highlighted a lack of professional development and training for SBHS staff in youth-specific health matters, along with poor availability of such training and collaborative challenges, and a longstanding recognition of this need. SYHPANZ consultations with workforce at the Schools+ conference identified youth health further education and training opportunities as hard to find,

as is the time to undertake such training given the core workload of the role. Pockets of excellence exist but there are significant inequities in terms of access to these, geographically, and relating to employment / contracted provider and other factors. There is currently no national training programme for SBHS workforce, with access to upskilling determined by employer, by the nurse themselves, and by level of access to such opportunities, which are highly variable.

Nursing – Professional Development

The formative evaluation identified value in Nurse prescribing within the workforce. There are levels to Nurse prescribing:

- Registered Nurse (RN) Prescribers, which include:
 - RN Prescribers in Community Health, able to prescribe from a limited list of medicines for simple conditions in otherwise healthy people, and
 - RNs in Primary Care and Specialty Teams, requiring post-graduate study and authorised by the Nursing Council to prescribe from a large list of medicines - both Designated Prescribers who practice as part of a team with Authorised Prescriber support, and
 - Nurse Practitioners who are Authorised Prescribers who can practice independently, issue standing orders to Registered Nurses who do not have prescribing rights, as well as provide the necessary clinical support to RN Prescribers in Community Health, and RN Prescribers in Primary Care and Specialty Teams.

SYHPANZ SBHS experts indicate that the majority of RN prescribers in SBHS are RN Prescribers in Community Health, a work-based programme that requires no post-graduate study. Registered nurses with a minimum 3 years' clinical experience including a minimum of one year in an area of prescribing practice can apply for this prescribing authority if they are part of one of the following approved programmes: Auckland Metro region, Midlands Collaborative, MidCentral, Hawkes Bay, South Island Alliance, Capital, Coast and Hutt Valley District with the Wairarapa District and Family Planning. They complete a Nursing Council approved recertification which includes a period of supervised practice with a designated authorised prescriber (either a medical practitioner or a nurse practitioner), and there are ongoing competence requirements around prescribing (i.e., Evidence provided 3-yearly of a minimum 20 hours prescribing-related hours of Professional Development (PD) out of 60 hours total required PD per 3-year period, and a supporting letter from prescribing supervisor to confirm that the RN prescriber in community health has completed 40 days of prescribing practice annually and maintained prescriber competence).

Institutions across New Zealand which currently offer masters level qualifications as Nurse Practitioner and post-graduate qualifications as RN Prescriber (primary and specialty health and diabetes health) are identified in Table 5. Feedback from a number of these providers was obtained in the course of the current state mahi. They identified low uptake of such training by the existing SBHS. In order to undertake study towards nurse prescriber and nurse practitioner qualifications, registered nurses need the support of their employer and to meet mentoring requirements. They indicated that SBHS nurses find it difficult to find the mentorship required to support clinical skill development and/or RN

prescribing / NP practicum, as they predominantly work independently in their practice. However this is not the case in all regions and strong progress is being made in some areas through the community health nurse prescriber qualification pathways. Across Hawkes Bay, nearly all SBHS RNs (14 SBHS RNs as at the end of 2022) completed the Registered Nurse Prescribing in Community Health qualification (RNPCH), and increased numbers of SBHS RNs across the Central region are also set to gain their prescribing qualification. With good funding support and where clinical mentors are made available, capacity to prescribe is making a significant difference to service delivery, student access to appropriate medications, and to job satisfaction. There is a real need to increase uptake of this qualification pathway across the motu.

Table 5. Education institutions in Aotearoa New Zealand offering Nurse Prescriber and Nurse Practitioner qualifications

Institution	Nurse Practitioner – Masters level	Registered Nurse Prescriber – Primary Care and Specialty Teams	
		Post-grad Certificate	Post-grad Diploma
Ara (Canterbury)	✓		✓
Auckland University of Technology	✓		✓
Eastern Institute of Technology	✓		✓
Massey University (Manawatu)	✓		✓
University of Auckland	✓		
University of Otago	✓		
University of Waikato	✓		
Victoria University (Wellington)	✓	✓	✓
Waikato Institute of Technology	✓	✓	✓

Based on review of websites

The formative evaluation identified a need to strengthen youth health training availability; some training is available, but access varies across the country, with some DHBs and providers delivering their own training via Nurse Educators, notably in South and West Auckland. Youth health was identified as a specialist area, in which many newcomers do not enter the workforce with such training, requiring support to retain them while they undertake training and skill development specific to working with young people.

The formative evaluation also highlighted a range of barriers to professional development centring on the time demands of the role itself and lack of understanding of nursing registration requirements from some schools (where they are the employer). However, it also identified examples where the workforce was being well-supported with PD and training, including through training developed and delivered by providers and some DHBs themselves.

As an example, SBHS nurses employed by Counties Manukau DHB have for a number of years been supported through its School Health Awareness Raising Project ('SHARP'). They have developed a comprehensive orientation package supporting nurses into SBHS, and with mentoring support included as part of this, along with ongoing access to training with their Clinical Nurse Specialist Youth Health

Team, covering a range of mandatory topics (engaging effectively with Māori, suicide screening and triage, Pacific cultural competencies, ear health, smoking cessation and administration of the Substance and Choices Scale). This project sits within a wider context of the *National Youth Health Nursing Knowledge and Skills Framework*. They have also developed a guidance resource for employers of nurses in school settings.

A need for professional development of SBHS workforce regarding use of population health approaches has been highlighted. Skill development around analysing and understanding health trends and issues ensure that SBHS workforce can competently and confidently develop school profiles. Using these, they can work with school leadership and governance to advocate for strategies which improve whole-school wellbeing: informing policy, improving delivery and timing of the health curriculum, and connecting wellbeing indicators in school and board of Trustees Strategic planning.

From 2008 through to publication in 2014, SYHPANZ and Auckland School Nurses Group ('ASNG') developed a knowledge and skills framework to sit alongside nurses' national accreditation process including Nursing Council of New Zealand competencies for registration, underpinned by Te Tiriti o Waitangi and principles of positive youth development. It specified the knowledge and skills that every nurse working with young people should have, specialty skills needed by nurses such as SBHS for whom young people are their core client group, along with advanced skills. This was not rolled out nationally, with uptake limited to Auckland.

The framework specified that specialist youth nurses such as SBHS workforce should:

- *"Provide proficient youth health care and education to the young person and their family / whānau.*
- *Use sound judgment to provide advice, or develop management plans for the young person in the setting they work.*
- *Use a collaborative strengths-based approach to negotiate changes in nursing care or a management plan with the young person.*
- *Document assessment, care plan, continuing care and management plan, evaluation and any referrals made.*
- *Actively impart evidence-based knowledge in a variety of settings.*
- *Understand and role model the application of the Treaty of Waitangi in nursing practice.*
- *Be culturally responsive and practice nursing in a manner that the young person and their family / whānau determine as culturally appropriate with a clear understanding of Māori core values, Tikanga Māori and their application.*
- *Be able to demonstrate an understanding of young people's strengths and work to affirm and develop their potential as individuals and as members of the wider community.*
- *Lead or contribute to local and/or national policy or service development.*
- *Act as a change agent to influence practice development" (page 8).*

The framework recommended that training should be both theory and practice based. For the youth health workforce including SBHS, it was suggested that it should encompass the following:

- Assessment and engagement of young people
- Consent and confidentiality as these concepts relate to young people
- Communication and change management when working with young people, their families / whānau and wider community
- Professional practice issues and interagency / multidisciplinary work
- Positive youth development, adolescent development, and resiliency / strengths-based practice
- Engaging with rangatahi Māori and other ethnic groups
- Sexual and reproductive health
- Mental health
- Alcohol and drugs
- Chronic care management
- Working with young people with a disability
- Vulnerable populations, e.g., youth justice, care and protection, refugee and migrant, rainbow
- Leadership
- Research
- Education

The framework specified knowledge and skill competencies at each level. While acknowledged by many of those consulted as in need of updating, it presents a good starting point for enacting the recommendation of Te Tatau Kitenga to develop a national SBHS framework, and a framework for workforce development, embedding the principles of Te Ūkaipō within these and in all training levels and programmes nationally. Te Tatau Kitenga have also prioritised developing career pathways for Māori and Pasifika.

In soon-to-be published research undertaken by Christine Cammell from the New Zealand School Nurses Organisation, a need was highlighted to determine essential competencies for the role of a school nurse. The research reviewed job vacancy advertisements for school nursing roles in 2021, which identified considerable variability in terms of what was seen as essential regarding school nursing skills and experience.

The SYHPANZ-contracted researcher undertook a stocktake of training to inform the present report. Information available online by providers on all nursing, medicine (undergraduate) and post-graduate health qualifications delivered by New Zealand training providers was reviewed, along with online information on in-service webinars, workshops and short trainings, course information. Alongside this, the competencies set for nursing and medicine graduates were also reviewed. This was a desktop exercise not intended to be definitive, but rather indicative. A key limitation of this information is that training providers may be covering a competency relevant to SBHS but not explicitly identifying this in course material.

Table 6 presents an indication of the extent to which the different competencies identified for SBHS are currently being covered by the New Zealand universities, polytechs and other training providers delivering training around nursing, medicine, and other health services. All such providers are listed in Appendix D of the present report.

Table 6. Proportion of training providers explicitly identifying in course descriptions/prospectus etc. those competencies required for effective SBHS aligning to Te Ūkaipō

Competency	Proportion of training providers explicitly covering this competency during course/qualification				
	Nursing - NZ Dip level	Nursing - Bachelor level	Post-graduate	Medical undergraduate training	In-service workshop / seminar etc. for health professionals
Youth health and development					
Trauma-informed care					
Kaupapa Māori, Te Tiriti o Waitangi					
Working with culturally and linguistically diverse communities					
Mental health skills					
Substance related harm					
Engaging and assessing young people					
Working with neurodiverse young people (e.g. ASD, ADHD, FASD, learning disabilities, processing and language disorders)					
Working with gender and orientation diversity (i.e., rainbow populations)					
Sexual and reproductive health competency					
Understanding and building relationships to other local health and wellbeing services at both primary and secondary care levels					
Understanding bias					
Brief Intervention / Motivational interviewing					
Health promotion					
Family harm / child protection					

KEY:

Negligible coverage	Small proportion of providers appear to be explicitly covering competency – less than 25%	Moderate proportion of providers appear to be explicitly covering competency 25-50% approx.	High proportion of providers appear to be explicitly covering competency
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Undergraduate qualification

Findings suggest that new enrolled and registered nursing graduates and doctors are receiving a good grounding in Te Tiriti o Waitangi, the principles and values of Māori health and kaupapa Māori, self-assessment of one's own biases, cultural safety and competency, understanding of the sociocultural and political determinants of health, mental health and substance related harm. Course Te Ao Māori content currently tends to be tailored to the rohe of the provider, but with the move to Te Pūkenga New Zealand Institute of Skills and Technology (Te Pūkenga) this will become more standardised in the case of polytechs.

While new graduates will have learned about human development, only a small number of providers appear to explicitly cover youth health and development, and postgraduate learning opportunities in youth health are also lacking. Youth health was only identified as an explicit area of study at undergraduate nursing level by one provider, Toi Ohomai Institute of Technology (Rotorua), although some cover this within the context of child health (e.g., Eastern Institute of Technology). Postgraduate nursing study specifically in youth health is only available through four providers: Ara, Massey, AUT (child health papers along with psychotherapy) and University of Auckland.

Bachelor qualifications in Māori Nursing are available in Whakatāne (Te Ōhanga Mataora: Bachelor of Health Sciences Māori Nursing at Te Whare Wānanga o Awanuiāraangi) and Porirua (Whitireia Polytech); the latter also offers a Bachelor of Pacific Nursing.

A study published in 2021 (Came, Kidd, Heke & McCreanor, 2021) considered the levels of compliance with each of the four articles of Te Tiriti o Waitangi across all regulated health practitioner competency documents. Compared to other health profession competencies, they rated nursing highly, rating the preamble as excellent, and Article 1 (governance), Article 2 (tino rangatiratanga), Article 3 (Ōritetanga) and Article 4 (Wairuatanga) compliance as good, scoring this a 12 out of a possible 16 (with social work rated 10/16 for comparison), whereas for medicine's competency framework, they scored it a 2/16, rating the preamble, Articles 2 and 3 poor and Articles 1 and 4 as fair.

Post-graduate qualification

Post-graduate qualifications relevant to youth health and SBHS are outlined in Table 7.

The University of Auckland indicated that their youth health courses are promoted in graduate handbooks and their School of Nursing and School of Public Health online resources. However in practice, most people who undertake these courses have found out about them via word of mouth from other youth health professionals who have undertaken the training. They are currently developing a new child and youth pathway via the child and youth specialty group and are also looking at a pathway for school nurses.

Auckland University of Technology (AUT) also identifies as a strong provider of child and youth health training, and several of their child-focused courses also span adolescent health. Like University of Auckland, AUT promotes their courses via their own qualification websites. AUT runs the largest undergraduate nursing programme in Aotearoa New Zealand with around 1400 undergraduates at any one time. They try and ensure students undertake a child or youth health placement, and these include SBHS placements.

Table 7. Education institutions in Aotearoa New Zealand offering post-graduate qualifications in youth health, Māori health, mental health and health promotion (based on review of websites)

Institution	Youth health			Māori health			Mental health			Health promotion		
	Post-grad Cert	Post-grad Dip	Masters	Post-grad Cert	Post-grad Dip	Masters	Post-grad Cert	Post-grad Dip	Masters	Post-grad Cert	Post-grad Dip	Masters
Ara (Canterbury)		✓	✓	✓		✓					✓	

Auckland University of Technology	✓	✓	✓	✓	✓	✓			✓	✓		
Massey University (Manawatū)	✓	✓	✓	✓	✓	✓	✓		✓			
University of Auckland	✓	✓	✓	✓	✓	✓	✓	✓	✓			
University of Waikato	✓					✓						
Victoria University (Wellington)						✓			✓			
Waikato Institute of Technology						✓						
Eastern Institute of Technology										✓	✓	✓
Whitireia Polytech							✓					
University of Otago (Christchurch Medical School)							✓	✓	✓			

Waikato Institute of Technology (Wintec) provides nurse practitioner and nurse prescriber qualifications at all levels, promoting these through marketing roadshows to DHBs as well as via their website. Waikato University developed a Post-graduate Certificate in School Nursing in trimester B, 2022. The first intake (3 students) who will graduate mid-2023 are from Pinnacle Health (through which it was promoted. This course mainly comprises youth mental health credits. There is no record of this course in promotional materials online (i.e., prospectus). The course has in-person study days, but feedback indicated it could be made fully online.

Ara currently delivers youth health as a post-graduate course (and has done since 2016). While the course was intended for a multidisciplinary audience, uptake to date has almost exclusively been from registered nurses. The course is available fully online, and because of this, gets uptake from quite a few North Island-based students. The Youth Health course is currently only available as a post-graduate diploma course, and not as part of a post-graduate certificate, which is a course much more scaffolded in support.

Ara has a youth mental health post-graduate course on its “books” but currently has no staff member able to develop and lead this. They have nurse practitioner Masters of Nursing courses and a postgraduate diploma nursing course in nurse prescribing but neither include youth health specifically. Ara promote their courses at the CDHB education fair and via the Ara website. They acknowledge that the courses are not well-promoted in general terms and that they rely a lot on word of mouth. Once Ara is fully across the new Te Pūkenga structure, they would like to get a Youth Health post-graduate certificate in place, and get the Youth Mental health course in place, enabling students to select two courses out of Youth Health, Child Health and Youth Mental Health, packaged into a qualification in its own right.

Feedback from four of the providers of nurse prescriber, nurse practitioner and youth health postgraduate study options all indicated that they have small numbers of SBHS workforce engaging in such study. They identified the following barriers to post-graduate study for SBHS workforce, echoing the findings of the formative evaluation:

- Post-graduate courses require time out of school: this requires the school management to see the value in post-grad training.

- The providers offer online options for many of these courses, but the best learning comes from face-to-face teaching. There appears to be less engagement if courses are entirely online as youth health is largely relational. Some of the online courses still have onsite workshops (eg. 3x 2-day workshops for a module).
- While some of the providers have capacity to facilitate delivery to meet the needs of the SBHS workforce, the most common challenge is not in delivery but in clinical mentorship.
- Cost is a significant barrier for SBHS not employed by DHBs, and significant funding disparities and inequities exist under the current model. SBHS workforce employed by DHBs are much more likely to engage in post-graduate study because this is paid for by their employer. Education providers highlighted a pressing need to bring all SBHS workforce into line in terms of pay and conditions, including all being paid on the same scale, being paid for the school holidays, and with same provisions around supervision, professional development, and administrative support. New Zealand School Nurses organisation has a working party currently focused on this issue.
- Additional funding has recently been applied to increase training of Nurse Practitioners, but this went to universities only and not to those polytechs delivering the training, being only able to deliver courses to NZQA Level 8, while some Nurse Practitioner practicum training is at Level 9. It is very hard to find support for practicums for polytech-based Nurse Practitioner students. If a GP is able to oversee them, they do not get paid to do this, whereas if the student was studying through a university, they would do. A change in funding from Te Whatu Ora, covering all mentoring of Nurse Practitioner / Prescriber Practicums for both polytech and university-based study was identified as offering potential to make a “massive difference” to SBHS and the ability of their existing workforce to upskill in this area.

An interview was conducted with the lead for post-graduate nursing at Ara. She gave an example of a SBHS Registered Nurse currently undertaking postgraduate study, who has been “stymied” in their study, because nobody is available to supervise them in their practicums: this has to be a nurse practitioner, specialist or GP. So in order to gain qualification as a Nurse Prescriber or Nurse Practitioner, they have had to take leave from their SBHS role and work elsewhere in order to get the mentoring support required for the practicum components. In the aged care sector in Auckland, the sector has a Nurse Practitioner that can be called in as required, and it was suggested that this model could work well for SBHS also at local or regional levels.

Consultations undertaken with school nurses at their conference in October 2022 identified training opportunities as hard to find. This was very much the experience of the researcher in compiling the stocktake.

While Te Pūkenga has a search tool, its use did not reveal any of the nursing-focused courses on offer relating to youth health and relevant competencies. The Director of Learning Direction and Insight at Te Pūkenga suggested that the easiest means of identifying courses and qualifications relating to youth health and the competencies required for SBHS workforce was to use the NZQA search engine. This was tried but was extremely cumbersome. A search for “youth health” only identified 1) the Post-graduate

Diploma in Specialty Care (Pacific Health and Nursing Māori Health / Nursing Addiction / Child / Youth Health Mental Health Nursing ...), 2) the Level 8 (Whitireia Polytech) and Level 6 Unit Standards on nursing and youth work training offered at multiple polytechs, focused on describing and working with agencies to support youth mental health, describing the developmental stages and the determinants of health including for young people and describing indicators and effects of abuse/neglect on young people, and 3) the post-graduate certificate in primary health (including district nursing of young people) offered at Whitireia Polytech at Level 8.

None of the other qualifications we found in our stocktake were noted on this platform.

Information on university and polytech post-graduate papers on relevant topics were more often than not buried in prospectus documents, and a search of every provider website was required to find these, sometimes clicking through multiple pages and online documents to find the information needed. Kidz First (Counties Manukau DHB) and its collaborative course delivery with University of Auckland were the only courses readily found via Google search for “youth health course NZ”. The papers on offer at Ara also showed up when the search was for “youth health training NZ”, along with quite a number of the not-for-profit-offered trainings. There is a clear need for a resource identifying all the training opportunities available, connecting SBHS workforce with the course best meeting their needs as simply as possible. When asked about likely changes around delivery of youth health-related training across the polytech network, Te Pūkenga indicated that this was *“emergent, complex and (would) involve whole-of-network transformational change”*.

Up until now, some polytechs have worked together to develop course content and to exchange courses with each other, an example being Eastern Institute of Technology’s Child Health course, which Ara acquired from them. Individual polytechs have often struggled to offer specialised courses, including those relevant to SBHS due to both low student numbers and difficulties finding appropriate teaching staff. Interview feedback identified a perception that Te Pūkenga will widen the pool of staff available to run specialised courses, but there needs to be a strategic approach across Te Pūkenga to identify which polytechs have the best staff to deliver these courses.

School nurses we heard from at their conference highlighted the inequitable access to training opportunities across the motu, and the significant time and workload barriers to engagement in this; the same was true for supervision. The training stocktake highlighted much higher levels of access to SBHS-relevant training in Auckland and Christchurch, and considerably lower levels of access in some other parts of the country, and especially Northland, Taranaki, Wairarapa, Wellington, and the South Island excluding Canterbury.

Medicine – Professional Development

There is also evident under-provision of on-the-job training opportunities for doctors who have been in the workforce for some time around youth health and development, neurodiversity and gender and orientation diversity.

The Royal Australasian College of Physicians (RACP) is the medical specialist college for training and maintaining the Paediatric and Physician (adult medical specialist) workforce across Australia and Aotearoa New Zealand including sub speciality training. Adolescent and Young Adult Medicine (AYAM) is a subspecialty available to advanced trainees in both paediatrics and adult medicine. There are a small number of doctors in Aotearoa New Zealand that have undertaken this training. At present, this training needs to be alongside another speciality as it is only offered as dual training (e.g. alongside General Paediatrics, General Medicine or Community Child Health). This workforce is very small and generally hospital based. However, there is a strong argument for having more AYAM-trained medical practitioners based in the community, as is the case for the specialist at the Centre for Youth Health in Auckland.

In New Zealand, most youth health doctors working in SBHS or Youth Health Services are from a primary care background including vocationally registered GPs, GP registrars (training GPs) and also non-vocationally registered doctors. There are some paediatricians also reflected in the workforce.

The General Practice Educational Programme (GPEP) is a three-year training programme. All GP registrars undertake a standardised first year which includes a full day seminar per week (with visiting speaker sessions, role plays, communication skills teaching and reflective practice), in-practice supervised training in a general practice, community visits, an audit and other formative requirements. During their first year, registrars must undertake their practical component in a “general scope” practice. Youth Health is assessed as part of the core curriculum in the GPEP 1 year through written examination and Observed Structural Clinical Examination. However, it is recognised that this is only a very small component of the GPEP.

During GPEP 2 and 3 years, registrars can choose to spend up to 18 months of the required 2 years FTE in “restricted scope” practices, which could include 6-12 months in a youth or student health service. This “restricted scope” option is considered on a case-by-case basis, taking into account the progress and experience of the individual registrar.

Currently in New Zealand, “Youth Health” in a primary care setting is not seen as a “specialty” in its own right. There have been attempts by members of the Youth Health workforce to develop a specific Youth Health pathway which sits separate to the GPEP training programme but could include the first GPEP 1 year. However, there are significant challenges around this, including small numbers of trainees, a lack of a professional body to provide training, lack of supervisory capacity for registrars and the New Zealand Medical Council considering the numbers too small to be able to support the infrastructure needed. Youth health doctors are trying to develop themselves as a subset of the College of GPs, with all doctors undertaking the same first year specialisation course of study and then youth-focused specialisation in years 2 and 3, with a logbook for these services, qualifying as a Fellow of College of GPs, Youth Health. However financial challenges surround this: there are not enough positions to supervise registrars, and no funding to pay for registrars. The medical council is responsible for ensuring that speciality colleges are providing training to a specific level.

A supported pathway into Youth Health sub-specialism via generalism (General Practice) is possible. The GPEP allows for this: registrars can spend 12 months (of a total 24 months) in the GPEP second and third years working exclusively in Youth Health (in a YOSS setting or other primary care youth service), and since recently, can undertake a 15 point academic paper in Youth Health, thus finishing training as Fellows of the Royal New Zealand College of General Practitioners (FRNZCGP), with considerable experience and sub-specialism in Youth Health. As this is a recent development, few GP trainees have so far taken up this opportunity. More work can be done to promote Youth Health as an area of interest for GPEP trainees.

RNZGP offers considerable training around cultural competency, understanding bias and application of the principles of Te Tiriti o Waitangi to practice. These courses are costly for youth health medical health practitioners who are not eligible for RNZCGP membership.

Every doctor in New Zealand must belong to a Continuing Professional Development (CPD) Programme. For primary care there are two options: Te Whanake the RNZCGP CPD programme, and Best Practice Advocacy Centre (BPAC). BPAC is more expensive than Te Whanake, and there is no pathway to Fellowship, so most primary care doctors are members of RNZCGP. Te Whanake has recently been launched in 2022 and is considered broader and less prescriptive than the previous CPD regime. Youth Health CPD opportunities are supported and count towards Te Whanake requirements; however, it remains vital that these opportunities are available and promoted so doctors working in Youth Health are able to access relevant training and education without barriers.

Comparisons with other health workforces

Youth One Stop Shops (YOSS): Outside the SBHS workforce, YOSS present the other main youth health workforce nationally. There are a number of YOSS throughout Aotearoa New Zealand, all of which have developed through different pathways. YOSS typically operate in a manner aligning to a framework which was developed in 2017 (from terms of reference set in 2015) with funding from the 'Working Together More' Fund (now called "Weave" a collaboration of philanthropic funders including Wayne Francis Charitable Trust, J R McKenzie Trust, Todd Foundation, Tindall Foundation and others or guided by it in their development). YOSS are focused on the 12–24 year old age group. YOSS vary considerably in terms of their funding and contracting arrangements, operating through multiple contracts reflecting the focus on both health and positive youth development, and in many cases grants and philanthropic support. All YOSS have a multidisciplinary workforce. The YOSS framework prescribes the requirements of this workforce as a doctor, a nurse, a youth worker, and a counsellor, with young people in reception roles, and with the YOSS delivering both positive youth development and youth health services. The extent to which the framework is delivered in practice varies across the sites. Where health funding has been historically strong (eg. Wellington region, Palmerston North), this is also reflected in the health workforce at the YOSS, with greater presence of doctors and nurses. However, in some sites with much lower health-tagged funding, YOSS focus more strongly on youth development. Some YOSS employ some or all of their health professionals, while others use visiting services (e.g., family planning, public health nurses, GPs from practices in the area). At some YOSS, the services of health professionals are only available because personnel donate their time and volunteer at the service.

Recruitment of health professionals into YOSS typically involves shoulder-tapping and persuasion rather than formal recruitment: sympathetic professionals are encouraged to join the team. This is especially true for doctors, who typically work 1-2 sessions per week at a YOSS on top of other roles. Nurses are more commonly fulltime at YOSS.

Nurses typically come into YOSS from sexual health and mental health roles. Most of the doctors who work in YOSS are GPs, with some paediatricians also reflected in the workforce. A couple of YOSS have GP registrars on placement, but this is not common. Most YOSS cannot support GP registrars towards Fellowship as with only part-time GP staffing, many are not cornerstone accredited. Most doctors working in YOSS are not formally trained in youth health, typically learning the skills of supporting young people on-the-job. Continuing Medical Education opportunities relating to youth health are not attractive to doctors, not counting towards RNZCGP CME requirements because young people are typically viewed as a well population, and the courses are not deemed relevant to GP competency. GPs working in YOSS are more likely to prioritise CME opportunities which support their ongoing RNZCGP accreditation. Doctors working in YOSS who are not GPs, and therefore not members of the RNZCGP pay much higher costs to undertake RNZCGP training. Hence the courses around cultural competency and understanding bias are very difficult to access. GPs in YOSS would be more likely to have accessed such training.

In terms of pay and conditions, the pay rates set for doctors working in YOSS have not changed for at least a decade and are considerably lower than pay rates in other primary medical practices or in DHBs. Typically, doctors work a number of unpaid hours as part of these roles. Some nurses are paid at the same rates as nurses in primary medical practices, but this rate is lower than in DHBs. Strong parallels exist between YOSS and SBHS in terms of the workforce challenges faced. This is unsurprising, with some of the workforce shared across both health settings.

GPs: General practitioners (GPs) have a core role in delivering primary care in New Zealand across the lifespan, but the workforce is aging and access to a general practice is difficult for some communities. At the same time, the number of GP consultations and their complexity has increased over time. As with SBHS, increasing the numbers of GPs is important to strengthen the workforce. The disproportionately lower number of Māori and Pacific GPs compared to population proportions is a barrier to achieving equitable outcomes for Māori and Pacific communities.

Manatū Hauora/Ministry of Health commissioned a review of the GPEP funding model, undertaken by Malatest International & Sapere and published in May 2022. GPEP has been delivered by the RNZCGP through a funding agreement with Manatū Hauora. The review of the funding model highlighted a need for equity in the GPEP, employment models, support for registrars and a need for opportunities for placement with kaupapa Māori providers for registrars. A range of inhibitors and barriers were identified to growth in GP training and supply, including general practice being seen as a lesser profession, lack of positive GP role models for registrars in their post-graduate years, mostly based in hospitals, a paucity of active promotion of this career pathway in medical schools, and perceptions around GPEP. Lack of pay parity and parity of employment conditions with hospital-based registrars is a significant barrier to

entering GP training pathways. Doctors based in hospital settings are rewarded for seniority and study pathways underpinning this (ie. Fellowship), no additional remuneration occurs for GPs.

According to the findings of the review of the funding model, enabling a culturally competent GP workforce requires:

- Recruiting and retaining Māori and Pacific doctors to GPEP. The general practice workforce does not reflect the population it serves, with low participation from Māori and Pacific peoples. Barriers within the education system that result in lower NCEA 3 attainments by rangatahi Māori and Pacific young people affect the numbers who can enter Medical School. Medical School funding also influences the numbers of graduate doctors.
- Providing appropriate support to Māori and Pacific registrars. Rangatahi Māori and Pacific young people who do enter GPEP need to be supported in ways that recognise their contribution to a culturally competent general practice workforce. Current support for Māori and Pacific registrars relies on the goodwill and commitment of a small group of teachers and Māori and Pacific doctors.
- Building cultural competence and cultural safety amongst non-Māori and non-Pacific teachers and registrars.

Well Child Tamariki Ora: Like the youth health workforce in both SBHS and YOSS, the Well Child Tamariki Ora (WCTO) workforce operates through quite variable contracting arrangements. Along with one major provider, Whanau Awhina Plunket, there are 63 smaller providers including kaupapa Māori services. Whanau Awhina Plunket is contracted directly by Te Whatu Ora, while smaller providers are contracted through DHBs, and remuneration varies across providers. The majority of the WCTO frontline workforce comprises Registered Nurses, but also includes Kaiawhina and Community Karitane Nurses. The pathway to working in WCTO should be through a one year post-graduate qualification in primary health care specialty (WCTO) Nursing. However recruitment of suitably qualified Registered Nurses is currently very difficult, and some nurses are being employed without the post-graduate qualification / training in place. New Zealand's model of well childcare of 0-5 year olds is unique, focusing recruitment within Aotearoa New Zealand. Like the SBHS workforce, access to professional development and supervision varies across providers and inequity is an issue. There is no specific WCTO national body, and collegial support beyond the individual contracted providers is limited to the New Zealand Nursing Organisation.

4. Key points for consideration based on current state

Contracting

- a) It might be useful for a more prescriptive approach to be taken around service specifications for SBHS to ensure regardless of employer that all nurses/GP's should be afforded the same support and education opportunities to uphold requirements around registration and practice certification and ensure access to ongoing training and professional development.
- b) Further exploration to identify the pros and cons of different funding streams and engagement of providers could be undertaken. This can be variable (eg. Schools, NGOs, Iwi providers, Public Health Nurses, or GPs). It would be good to understand the pros and cons from the employers and workforce perspective to ensure essential features for an enhanced contracting model to support workforce growth.
- c) It may be useful for SBHS contracts to ensure year-round employment for workforce, using non-term time for training and supervision, networking and collaboration across SBHS sites and with other youth health professionals, local rūnanga, etc., and for support of /advocacy for rangatahi and their whānau with more complex needs.
- d) There is a strong message coming through that SBHS workforce should have pay parity with DHB nursing workforce, implying that both workforces are of equal value.

Organisation of training support and supervision

- a) It would be useful to have all in-service youth health training opportunities compiled into an online directory. It is recommended that Te Pūkenga upload the relevant polytech courses to their search engine, and that all courses sitting within the New Zealand Qualifications Authority (NZQA) framework should be identified and added to their framework tool, as they are currently not searchable in the tool. (<https://www.nzqa.govt.nz/framework>).
- b) Currently, as presented in the literature review, it has been highlighted that supervision is not consistently and appropriately meeting workforce needs. We intend to explore this further in the next stage of the project, designing the desired state.
- c) It should be strongly advocated that doctors interested in Youth Health should have a clear pathway to sub-specialism. Youth Health must remain in the core curriculum for Medical School and GPEP, with Youth Health post graduate papers promoted as an option for the Academic component of the GPEP. Professional development programmes should ensure training opportunities for upskilling in Youth Health. A funded supportive network of Youth Health Professionals would enable effective communication of such opportunities across the country.

Monitoring of the SBHS workforce

- a) Both the New Zealand Medical Council (NZMC) and New Zealand Nursing Council (NZNC) should revise their accreditation renewal data-gathering systems to:
 - i. offer SBHS as employment categories (and for NZMC in the Main Work Site section, add the question “Do you deliver any care in a primary, secondary or alternative education setting?”), and
 - ii. record Te Reo competency in line with Te Tauri Whiri I Te Reo Māori / Māori Language Commission’s Level framework, Whakamātauria tō reo.
- b) It would be valuable for Te Whatu Ora SBHS reporting templates to include workforce demographics specified by registered profession, hours in each school, and levels of training obtained.

Cross-sector work

- a) The SBHS Enhancements Programme focuses on the existing Te Whatu Ora-contracted SBHS, but this largely excludes non-nursing workforce. To make a real difference and to bring about meaningful change, the enhancements programme needs to reach beyond this workforce to also impact on:
 - i. school and kura leadership and workforce, developing understanding of the importance and value of SBHS, and actively fostering within-school connections with this workforce,
 - ii. actively develop multi-disciplinary approaches by building competency around youth health among GPs and educating them around the value of SBHS and accommodating resourcing of such approaches within contracts for service with provider agencies.
- b) Greater co-operation between schools and health on the ground would ensure that the value of each to each other is emphasised and made part of each students’ learning and that nurturing the development of the whole young person is important – brain, body, social interactions.
- c) It seems from findings to date that a much stronger collaborative relationship is needed between Ministry of Education and Te Whatu Ora at policy and service procurement level.

Pathways into the SBHS workforce

- a) It would be useful to see Te Whatu Ora work with Te Pūkenga and SBHS provider agencies in locations offering such training to develop innovative, pragmatic means of providing clinical mentoring to workforce engaged in post-graduate study towards Nursing Practitioner and Nurse Prescriber qualifications, and to address other barriers to participation in such study.
- b) Te Whatu Ora should work with providers of specialised Māori and Pacific Nursing courses to strengthen placement opportunities within SBHS and other areas of youth health including YOSS, thus highlighting SBHS as a career pathway.

Appendix A: Rapid Literature Review: Current and Desired Workforce, SBHS

Background and Scope

In late 2021, Malatest International drafted a synthesis of information on school-based health services, summarising national and international evidence regarding School Based Health Services (SBHS) and similar initiatives for young people. This framed the evaluation and was also intended to provide a context for SBHS nationally and its implementation and outcomes. This was a working document, to be updated throughout the evaluation period. The initial review spanned published literature identified via Google Scholar and in the Ministry of Health Library, and also tapped into grey literature via networks.

This document was used as the starting point of the present rapid review which focused on workforce capacity, development, support and supervision. Additional literature identified by SYHPANZ was also reviewed.

Benefits of SBHS

Key general findings of the Malatest International review:

- Just over a fifth of young people in NZ accessed health services from SBHS from 2019-2020 (Peiris-John, 2020).
- Referrals were most commonly made to general practitioners (GPs) and counsellors, with referrals also made to Family Planning clinics, medical specialists, social workers and behaviour specialists within education (Buckley, 2009).
- Accessibility to health care is a significant issue for many secondary school students (Denny, Balhorn, Lawrence & Cosgriff, 2005), and a sizeable proportion of young people are not assured confidentiality when they do access health care (Peiris-John, 2020).
- Where available, SBHS improve access to private and confidential healthcare for young people (Denny, Farrant, Cosgriff, Hart, Cameron, Johnson, & Robinson, 2012), and students favoured SBHS for health issues that they wanted to keep private (Denny et al., 2005). SBHS also overcomes cost barriers around healthcare and enable healthcare to be accessed in a familiar environment, with friends around for support if desired (Buckley, 2009). Overcoming barriers such as cost is especially valuable for young people belonging to vulnerable populations (Oliver, 2016).
- Presence of SBHS in low decile schools offers a useful place for students at such schools to receive healthcare (Peiris-John, 2020).
- Presence of a SBHS positively impacts school attendance rates (Ministry of Health, 2011), and international evidence suggests positive impacts of SBHS on academic achievement (in relation to physical health) (Walker, Kerns, Lyon, Bruns & Cosgrove, 2010), engagement in health promotion behaviours (McNall, Lichty & Mavis, 2010), mental health (Park, Lee, Jung & Hong, 2019; Capps, Michael, Jameson & Sulovski, 2019) and reproductive health (Westbrook, Martinez, Mercergui, Scandlyn & Yeatman, 2021).

Best practice within the context of Aotearoa New Zealand

In their best practice review of SBHS, Winnard, Denny, & Fleming (2005) from Auckland University's Centre for Youth Health detailed four key components of effective school health services:

- **Relational practice** - Engagement across school and community: working with the school to promote students' health is vital, while engagement with the community, including early involvement of local primary care providers, is also important.
- **Youth focus and participation** – clinic spaces need to be youth friendly and assure privacy and confidentiality, and young people should contribute to the planning and provision of services. While parental consent is not needed, parents should be told of SBHS and how this operates.
- **High-quality comprehensive care** - health services should be able to address the importance of culture, provide a multidisciplinary approach, incorporate opportunities for screening and preventive care, engage adolescent males (as a group less likely to access SBHS), connect young people with other services as needed, and have high safety standards.
- **Systems** - Service delivery should be supported / underpinned by effective administrative/clinical systems and governance to support service delivery: Winnard et al. (2005) concluded that effective and efficient documental and case management systems are vital.

Rademaker (2013), in their review of Waikato SBHS which at that time included registered nurses in decile 4-5 schools (DHB-funded), GPs in decile 1-5 schools (DHB-funded but with notable delivery gaps), and registered nurses in decile 1-3 schools, alternative education providers and teen parent units (via national funding), outlined principles developed by a local reference group to underpin future SBHS in Waikato secondary schools as follows:

- A **free**, student-focused service that is **safe and confidential**
- **Best use of available resources** to effect a practical, do-able and affordable service
- A consistent, quality-focused, multidisciplinary approach, ensuring the service is delivered by the right person with the right tools in the right setting
- **Equitable access** that addresses disparity, particularly in relation to Māori and Pacific students and rural communities
- Integrated and coordinated care utilising service links and referral pathways with a focus on clear connections to general practice teams and non-school hours services
- **Measurable outcomes** including measures of reducing disparity, health outcomes, enrolment with a primary care provider and social outcomes such as retention in mainstream education. (p.15)

Workforce

According to a stocktake undertaken in 2020 as part of the SBHS enhancement project, most commonly the SBHS workforce in New Zealand is employed by DHBs (44% of schools), followed by PHOs (29%), schools (16%) and NGOs 11%. Schools employ the largest total FTE, often through funding from their local DHB. DHB-employed SBHS nurses typically work across multiple schools, often in combination with other public health nursing.

The formative evaluation of the SBHS published completed in early 2022 by Malatest International identified an array of areas in which SBHS could be strengthened, including workforce capacity and competency, along with access to appropriate facilities within schools, inconsistent service specifications, complex funding and contracting arrangements and lack of consistency in information gathering and storage. The shortage and competing demands for Māori, Pasifika and for male clinicians were highlighted in the formative evaluation. Recruitment was identified as hindered by the prevalence of part-time roles, and the fact that many SBHS roles are restricted to school term time, with holidays (apart from annual leave) unpaid.

In relation to workforce, Winnard et al. (2005) highlighted a need to avoid professional isolation. International studies on SBHS included in Malatest's literature review also identified value arising from coordinated and collaborative approaches within schools and access to a mix of services (Committee on School Health, 2004, Daley, Polifroni & Sadler, 2019), strong communication between SBHS and school staff, including regular meetings (Massey, Vroom & Weston, 2021). Winnard et al. (2005) and Massey et al.'s (2019) longitudinal tracking of SBHS implementation both highlighted a need for professional development of the SBHS workforce, with Massey et al. (2021) identifying this as needed in the key areas of mental health, data tracking and cultural competency. They also identified supportive, strong leadership and guidance as valuable to successful implementation. Fleming & Elvidge (2020) recommended that SBHS are well-supported through youth health training, supervision and professional standards, have processes in place to link young people with support outside school hours and once they leave school, and are well-linked to other supports in and around school.

Evidence was presented in Malatest's literature review indicating that SBHS have to reach a particular level of accessibility before they can impact health outcomes, with the example given drawn from Denny, Robinson, Lawler, Bagshaw, Farrant, Bell, Dawson, Hart, Fleming, Ameratanga, Clark, T. et al. (2012) where SBHS are associated with fewer student pregnancies, but only when availability of nursing and GP time in these services exceeds 10 hours per 100 students per week. In an evaluation of the AIMHI programme in the 2000s that developed SBHS in 9 low decile schools in Auckland (Kool, Thomas, Moore, Anderson, Bennetts, Earp, Dawson & Treadwell (2008), SBHS were found to work best when lead by a registered nurse, when management are supportive and value health as central to academic achievement, when SBHS has appropriate administrative support a dedicated workspace and adequate IT facilities. They identified two styles of practice: a "bandaid" approach, focused on first aid and an "embracing", more proactive and holistic style of practice. The former was more likely to be delivered when SBHS personnel had a MHSc (nursing) or similar qualification, could work autonomously but within a team environment, had strong communication skills with an array of people, were culturally sensitive, computer literate, had a background in adolescent health, practice nursing or public health, a sound knowledge of community services available for young people and strong skills in child advocacy, health promotion, assessment and referral and critical thinking.

Internationally, a need has been identified for enhanced cultural competency if SBHS are to meet the needs of young people from CALD communities (Murray, 2005), and the importance of the workforce reflecting the community which they serve. This point was emphasised in the recommendations report

prepared by Te Tatau Kitenga, but Malatest International in their formative evaluation highlighted the difficult practicalities of this, given that many schools have less than one FTE, making it hard to offer rangatahi choice in their clinician.

Baltag (2015) undertook a review of SBHS delivery in over 100 countries, and found that staff shortage, high workloads, lack of youth health-specific training and professional development were common, as was a lack of adequate Government resourcing and poor coordination across services. The formative evaluation of the New Zealand SBHS (Malatest International, 2022) found that funding for SBHS was not well-matched to level of expertise and experience required of school-based nurses, and that this impacted retention and recruitment, along with funding per FTE, which did not cover costs of administration, reporting requirements, professional development, supervision and consumables, and costs of delivering SBHS were variously topped up by some schools or service providers, by DHBs and through ACC claims. Considerable challenges were highlighted in the formative evaluation with regard to the funding of SBHS.

The formative evaluation (Malatest International, 2022) also highlighted the significant value of having Standing Orders in place for school-based nurses, and especially where these are underpinned by strong training and advisory support. When nurses are able to administer medication direct to students to address their health needs in a timely manner, it makes a real difference, notably so in rural communities. However not all nurses are able to secure Standing Orders from GPs or Nurse Practitioners, or for the array of medications that would be useful in their practice. Considerable room for improvement lies in career progression, and Te Tatau Kitenga identified a need to strengthen career pathways.

In 2020, the Medical Council of New Zealand, in partnership with Te Ohu Rata o Aotearoa, Māori Medical Practitioners released cultural safety baseline data, along with recommendations for enhancing cultural safety and responsiveness (Allen & Clarke, 2020). Across the health and disability sector, they identified a need to:

- Acknowledge systemic racism and privilege, and to engage in self-reflection on one's own cultural views and biases and to actively influence and support change in work environment and practice
- Acknowledge structural barriers in the health system - prioritise whangaungatanga and application of te whare tapa wha in practice (eg. ensuring that consultation duration avoids transactional relationships)
- Get to know the person and their context
- Include wairuatanga in health care
- Recognise the additional cultural loading on Māori workforce – this should be recognised in job descriptions
- Workforce recruitment strategies to increase representation of Māori practitioners
- Prioritise collection of robust ethnicity data for equity monitoring

Māori and Pacific-specific youth health service models have been called for some time (eg. Fleming & Elvidge, 2010): A consultation led by Youthline back in 2006 reported that Pacific young people wanted the choice of Pacific-centred care delivered by both Pacific and non-Pacific workers, while earlier work led

by Fleming in Otago also identified a desire for choice of family-centred and youth-specific services. Considerable challenge exists across the health workforce through a lack of representation of Māori and Pacific clinicians; youth health is just part of this wider challenge. For over a decade, culturally responsive, evidence-informed and strengths-based interventions have run in those New Zealand Universities offering restricted-entry health professional courses (eg. Te Whakapuāwai, University of Otago, in Bristowe, Fruean & Baxter, 2015), working towards a goal of having their student population on such courses mirroring society. However the New Zealand Medical Workforce Survey (2021) reported that only 4.3% of doctors in Aotearoa New Zealand identify as Māori and 2.1% as Pasifika. Of GPs, 4% are Māori.

The most recent profile of the Aotearoa New Zealand nursing workforce (Te Kaunihera Tapuhi o Aotearoa Nursing Council of New Zealand, 2020), for the year 2018-19 (collated from data provided in order to renew annual practicing certificates) identified 7.7% of the nursing workforce as Māori, while 4% of the workforce identified with at least one Pacific ethnic group. The practicing certificate renewal process allows applicants to select up to two practice areas they worked within. Of nurses who identified as Māori, youth health was the most commonly selected practice area (16%) followed by community mental health (15%). Of the 301 nurses who identified school health as a practice area, 11.3% (34) were Māori (over a quarter of whom were in the Auckland region) and 0.9% Pasifika (three-quarters in Auckland).

By region, Tairāwhiti has the largest representation of Māori in its total nursing workforce across all practice areas (31%), followed by Northland (19%) and Bay of Plenty (14%), while the region with the greatest presence of nurses identifying with at least one Pacific ethnicity was Auckland (8%), followed by Wellington (6%) and Waikato (3%). Of nurse practitioners across the workforce, only 1 was identified as working in school health, identifying as NZ European / Pacific, with 13 identified as working in youth health, the majority New Zealand European and only 1 Māori.

The current workforce falls far short of being able to mirror the composition of the population in which it serves across the health sector. In SBHS, this mismatch is even more pronounced. The existing literature does not enable analysis of extent to which ethnicity of SBHS workforce matches school populations.

Training and Workforce Development

Malatest International's literature review highlighted a lack of professional development and training for SBHS staff in youth-specific health matters, along with poor availability of such training and collaborative challenges, and a longstanding recognition of this need (eg. Fleming & Elvidge, 2010). Research evidence suggests that training improves screening capacity and level of comfort when offering guidance. In their literature review informing the formative evaluation they also noted variable access to supervision. Value was identified in SBHS having structured Nurse Practitioner postgraduate qualifications, noting the usefulness of having people in the SBHS workforce with Nurse prescriber qualifications.

The formative evaluation identified a need to strengthen youth health training availability; some training is available but access varies across the country, with some DHBs and providers delivering their own training. Youth health was identified as a specialist area, in which many newcomers do not enter the

workforce with such training, requiring support to retain them while they undertake training and skill development specific to working with young people.

The formative evaluation also highlighted a range of barriers to professional development, centering on the time demands of the role itself and lack of understanding of nursing registration requirements from some schools (where they are the employer). However it also identified examples where the workforce was being well-supported with PD and training, including through training developed and delivered by providers and some DHBs themselves.

As an example, SBHS nurses employed by Counties Manukau DHB have for a number of years been supported through its School Health Awareness Raising Project ('SHARP'). They have developed a comprehensive orientation package supporting nurses into SBHS, and with mentoring support included as part of this, along with ongoing access to training their Clinical Nurse Specialist Youth Health Team, covering a range of mandatory topics (engaging effectively with Māori, suicide screening and triage, Pacific cultural competencies, ear health, smoking cessation and administration of the Substance and Choices Scale). This project sits within a wider context of the *National Youth Health Nursing Knowledge and Skills Framework*. They have also developed a guidance resource for employers of nurses in school settings.

From 2008 through to publication in 2014, SYHPANZ and Auckland School Nurses Group ('ASNG') developed a knowledge and skills framework to sit alongside nurses' national accreditation process including Nursing Council of New Zealand competencies for registration, underpinned by Te Tiriti o Waitangi and principles of positive youth development. It specified the knowledge and skills that every nurse working with young people should have, specialty skills needed by nurses such as SBHS for whom young people are their core client group, along with advanced skills. However it was not rolled out nationally, with uptake limited to Auckland.

The framework specified that specialist youth nurses such as SBHS workforce should:

- "Provide proficient youth health care and education to the young person and their family/whānau
- Use sound judgment to provide advice, or develop management plans for the young person in the setting they work
- Use a collaborative strengths-based approach to negotiate changes in nursing care or a management plan with the young person
- Document assessment, care plan, continuing care and management plan, evaluation and any referrals made
- Actively impart evidence-based knowledge in a variety of settings
- Understand and role model the application of the Treaty of Waitangi in nursing practice
- Be culturally responsive and practice nursing in a manner that the young person and their family/whānau determine as culturally appropriate with a clear understanding of Māori core values, Tikanga Māori and their application

- Be able to demonstrate an understanding of young people's strengths and work to affirm and develop their potential as individuals and as members of the wider community
- Lead or contribute to local and/or national policy or service development
- Act as a change agent to influence practice development" (page 8)

The framework recommended that training should be both theory and practice-based. For the youth health workforce including SBHS, it should encompass the following:

- Assessment and engagement of young people
- Consent and confidentiality as these concepts relate to young people
- Communication and change management when working with young people, their families/whānau and wider community
- Professional practice issues and interagency/multidisciplinary work
- Positive youth development, adolescent development and resiliency/strengths-based practice
- Engaging with rangatahi Māori and other ethnic groups
- Sexual and reproductive health
- Mental health
- Alcohol and drugs
- Chronic care management
- Working with young people with a disability
- Vulnerable populations, e.g. youth justice, care and protection, refugee and migrant, rainbow
- Leadership
- Research
- Education

The framework specified knowledge and skill competencies at each level. It presents a good starting point for enacting the recommendation of Te Tatau Kitenga to develop a national SBHS framework, and a framework for workforce development, embedding the principles of Te Ūkaipō within these and in all training levels and programmes nationally. Te Tatau Kitenga have also prioritised developing career pathways for Māori and Pacific, seeking to achieve an increasingly specialised and diverse youth health work, Māori and Pacific workforce.

Supervision

Te Tatau Kitenga, recognising the positive association between high quality supervision and workforce retention, clinical practice quality and the like identified supervision as critical across the SBHS workforce to meet best practice through the enhancement programme. They desire a National Supervision programme that accommodates holistic approaches and flexible adaptation to meet local needs. Just as with training, the formative evaluation highlighted challenges for many SBHS workforce to make time for supervision when they are under such time pressure. The formative evaluation indicated that supervision currently being received is variable in quality and in resourcing. Anecdotal feedback suggests that for SBHS workforce, clinical supervision can struggle in relevance where this is delivered by someone unfamiliar

with school-based health service settings and can be inappropriate where delivered by someone in a direct management role to the Supervisee.

Physical work spaces

The formative evaluation highlighted a high degree of variability in the physical spaces in which SBHS were delivered, many falling well short of what rangatahi were telling the evaluators and have already expressed what is needed – comfortable, youth-friendly spaces that reflect the diversity of the rangatahi population being served. Ideally, SBHS are delivered in spaces where there is a sink and running water, storage, including lockable cabinets, a toilet nearby, soundproof and confidential spaces, with a bed and seating options in consultation rooms. Wellness hubs that incorporate a hang-out space with kai and drinks available are favoured. The 2020 stocktake indicated that the majority of SBHS is delivered in appropriate spaces, but 13% of sites do not have adequate spaces.

Availability and connection

Te Tatau Kitenga have recommended that SBHS is extended to include after school hours, weekends and school holidays, but the present reality for most SBHS has much less availability. DHB and PHO-employed SBHS tends to be available during school hours only, with school-employed SBHS more likely to provide service access beyond school hours, before and after school.

In a cross-sectional analysis Youth 2012 survey data, Denny, Howie, Grant, Galbreath, Utter, Fleming and Clark (2017) found significant associations between level of school-based health services and number of facilities, routine use of comprehensive health assessments, pastoral team, collaboration within the school, integration of the health team in the wider school and relationship with the local general practice provider. The more intense the SBHS being provided (and especially in terms of number of nurse and doctor hours per student and use of comprehensive psychosocial assessments), the more connected it was likely to be, and the more impactful it appeared likely to be in terms of mental health of students.

Multidisciplinary approaches

Multidisciplinary team approaches were identified in the formative evaluation as valued by SBHS and school staff, resulting in wraparound, joined-up approaches for students at greatest risk, and these are very much identified as priorities by Te Tatau Kitenga. There has been a call towards their development for some time: the 2011 report on the review of the youth health workforce (Kekus, Alcorn, Bell, Bagshaw, Clarkson, Clark, Denny, Heyes, Newman, Pinfold, Ineson & Larken, 2011) made the primary recommendation that all DHBs be required to provide supportive interdisciplinary care that is accessible and appropriate for young people who are consumers of that care, and the workforce for young people is trained so it is competent.

Stronger relationships between SBHS and school staff resulted in positive impacts such as increased referrals from teaching staff, but developing relationships was not always easy due to the same time constraints that hamper professional development and supervision. Representatives from Counties Manukau DHB (Shaw, Denny, Dawson, Nicholson & Chitar) and of Auckland and Waitamata DHBs (Bijl,

Williams, Bell, Lambe, Lawler & Berry) profiled the ideal components for delivery of SBHS, irrespective of delivery model and of funding in April 2018.

Nurses: They determined that at least one nurse should be employed full-time to allow sufficient time for administration and reporting, with a nurse on-site in school Monday to Friday, 0830-1530, and additional nurse FTE for schools with rolls exceeding 2000 students to enable year 9 assessments to be completed. They suggested a ratio of 1:500 for nurses, with flexibility around this. They suggested that school nurses be supported by a clinical nurse lead, supporting up to 10 such nurses. They suggested that \$500 per nurse should be allowed for professional development per FTE (this was in 2019), with release provided for this, and annual practicing certificates paid for by the funder. All nurses in SBHS were expected to be on youth health training pathways, working towards speciality level of the framework referred earlier in this review, and Registered Nurse Prescribing in Community Health approval, supported with Standing Orders until they receive such accreditation.

GPs and Nurse Practitioners: Available for at least one clinic per week on site, 2-4 hours per 1 nurse FTE, supporting a nurse-led service, and supporting the nurses to work at the top of their practice with continuity of service provider and a no-cost service, also accessible out of school hours where required and not dependent on enrolment with that GP. GPs delivering services in SBHS should have expertise and experience working with young people, post-graduate qualifications in youth health, experience and confidence in mental health, gender health, sexual health, alcohol and other drugs and child protection, and training in fitting/removal of a range of contraceptive devices including implants and IUCD/IUS. Their home practice should also undertake “youth friendly” primary quality improvement, while their PHO should remove access barriers for young people.

Social support: While the model did not specify the amount or precise nature of support, it did recognise social support services such as social workers and youth workers as an important component for a well-functioning SBHS.

Specialist Mental Health and Addictions: SBHS should be integrated with mental health support services with clear and functional access pathways in place.

In their ideal model, schools would provide administrative support, appropriate technology support and facilities, private consulting room space(s) separate from the sick bay, rooms for other visiting professionals, toilet and hand washing facilities and a waiting area, all in the one location.

Rademaker (2013) proposed that for decile 1-3 schools and TPUs, registered nurses should be staffed at a rate of 1 FTE: 750 students and 1:200 students respectively, with registered nurse roles including public health and mental health registered nurses to full staffing requirements, with clear self-referral pathways and shared record systems in place. GP roles were seen to add value through collaborative practice, enabling standing orders to be in place, strengthening links between SBHS and students’ enrolled GP teams, nurse triage around GP service and referral capacities and capabilities. They proposed a minimum 2 hours/week of GP presence in all decile 1-3 schools. For alternative education, they proposed a ratio of

one FTE per 200 students, with service ideally provided on-site as was the case at that time in Paeroa, but otherwise made available by transporting students to the nearest school clinic. They highlighted a need for flexibility in how both GP and nursing services were provided to account for small numbers and differing approaches to excluded students accessing services in their former school grounds. For deciles 4-6 schools, they proposed that a registered nurse should be in each school, along with a GP for at least two hours per week, ideally in person but if not by phone advisory and access arrangement. In Waikato, decile 4-6 schools at that time were predominantly rural, with health services less accessible to young people than in urban settings.

Appendix B: Rangatahi Voice

Te Tatau Kitenga and Te Whatu Ora both recognise the importance of including rangatahi voice in national SBHS leadership. In early 2021, Te Tatau Kitenga drew on its members' connections to consult 112 rangatahi through focus groups. This consultation informed the development of Te Ūkaipō and the Discussion Document for Enhancement of SBHS. To honour this mahi, SYHPANZ and The Collaborative Trust chose not to reconsult with rangatahi in capturing current state of the workforce. The full summary of youth voice presented by Te Tatau Kitenga follows.

Te Tatau Kitenga: Collection of Youth Voice (Te Tatau Kitenga (2021), pp.64-84)

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 Relevant to Te Tatau Members access	Northland – Kaikohe, Whangarei Auckland – West and South Hawkes Bay – Napier and Hastings

	Nelson Christchurch	
Gender	March Group	Not collected – mixed group
	Female	57
	Male	37
	Non-Binary	1
	Demi-Girl	1
	Transgender	5
Ethnicity <i>Some young people stated multiple</i>	March Group	Not collected – mixed group
	Māori European	37
	Pacific	13
	Asian	45
		8
Age	Predominantly 14-16yo	
School profile	Year 8 – 13	
	Unisex and Co-ed	
	Kura Kaupapa	
	Special Character Schools	
	Alternative Education	
	TPU	
	Te Kura Correspondence	
Additional Priority	Decile 1 – 8 schools	
	Young people with Disability	2
Youth Leadership Potential	Whangarei (Head Boy & Head Girl)	
	South Auckland (Head Boy)	
	Hawkes Bay Pacific Leadership Group	
	(5 participated in Focus Group)	

Below is their voice:

March Focus Groups

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

SBHS	<p>How did you feel in experiencing SBHS yourself?</p> <ul style="list-style-type: none"> • 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’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.” • “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 we’re coming from, she got the cultural difference. Sometimes it’s hard with cultural barriers but she
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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 a lack of prescriptions around the area that I live."

If you were a manager, what would you like to see in SBHS?

- Safe spaces, spaces where you can talk but don't necessarily have to talk either, "not in your face".
- Warm environment, different areas for different people, different activities "so when you're waiting it's not boring" – drawings or art wall, toys.
- Wifi so you could have entertainment on devices.
- Tuck shop or vending machine so there's kai there, that would be my little health clinic
- 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.
- 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.
- 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.

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

	<ul style="list-style-type: none"> • 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 • Having Pasifika based health care services. People from different backgrounds, different health services. • More health promotion in different languages so people with different backgrounds can understand. • See if those values connect to shorten the amount of values there are
Vision & Values	<ul style="list-style-type: none"> • Easily recognised 6/10 • Equity is priority. • 9/10 rating – focus on all students being equally supported • Aroha is significant. • Simplify some values – similar language, terminology, change definitions • Make more diverse • Be good in different languages – Samoan, Tongan Cook Island • Our values matter. • Connections • Feeling respected by those I surround myself with • Needing to put more of our Pasifika people out there • Having a voice • Learn to respect others for who they are • Choice is very important • Manaakitanga – If we are valued, who is supporting us? • Focus on their school-work and well-being • Tino Uaratanga – we have potential but because we are surrounded by palagi nurses, councillor etc, do we have the confidence to speak out? • Supportive people in general. Different background and ethnicities.
Skills	<ul style="list-style-type: none"> • know how to talk to younger students and get to know them • Communication • Understanding me and my generation, our point of view • Able to relate or understand what someone is struggling with • Honest • Training people to learn more about the cultures v cultures • Respectful of all different identities • Liking kids • Support for students
MDT	<ul style="list-style-type: none"> • Work together – Pacific & Pakeha • Supportive people in general • Different background and ethnicities

	<ul style="list-style-type: none"> Someone who looks like me and speaks my mother tongue, similar upbringing Same gender Psychologist, mental health nurse Qualifications Work and income
Outcomes	<ul style="list-style-type: none"> Respect Help us We only have one nurse Make SBHS known more around school, more talkative Having a voice Choice is very important Being confident on our goal for the future Checking up on other students and their opinions Surveys Being more talkative about SBHS
Beyond SBHS	<ul style="list-style-type: none"> Someone to aid/teach us about being independent Transition support to prepare for university Connection to the church Money, hobs education] Family/ Whānau /friends Discounts for fees Free lunches Support, a lot of support and helpful advice Not being afraid of trying new things School based activities that involve youth getting together to share struggles or just to relate to each other through fun activities. Check-ups to make sure some are okay Extra aid when it comes to learning as we go off to university as Pasifika (studying while helping around the house). Preparation for the future, advice on skills needed going into the world. Flexible hours – Helping to manage school, study, work, church and chores. If there was another pandemic it would be helpful to have SBHS to check in on your classes like once a week. 360-degree bus with fun activities for students to jump on at different schools 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	<ul style="list-style-type: none"> Important to have Pacifica friends because they probably understand you better We need more yearly check-ups from nurses, teachers, friends, etc. Don't have anything. Aroha is the most important to me or us because we matter, and we need to be seen.
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	<ul style="list-style-type: none"> • We need to have good connection with the SBHS • I'd like more mates and dates, trustworthy teachers and friends • You have to know how to talk to younger students and get to know them • Aroha, Te Reo Whakapapa • Aroha you matter • Learning new stuff • Aroha you are essential • Talking to friend and family sometimes not all the time • I saw someone that I need the most • We just have to be ourselves, get to know each other and we need to ask question • We need all the young people to come together and share our idea and see if we can make any different. • To me Ōritetanga is important because we all need to understand each other we need to be square. • Whakapapa is that you belong, no matter where you go you will always know where you come from • Respectful of all different identities • There should be a health and safety team • 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 • Make known more around our school • Wish to have a health service building • More surveys and feedback
Vision & Values	<ul style="list-style-type: none"> • Tino Uaratanga doesn't work. • Leaves room for interpretation so less impactful sometimes metaphor's work sometimes not • Personal experiences work better • People reading it need to connect with it better • Ōritetanga manaakitanga too long • Feels very structured and mechanical • If I read it on the wall -Feel no effect on me, Feel nothing • More pictures less words • Wish it was easier to understand it in general • Whanaungatanga Aroha – like these ones • Short and sweet – simple is better • Rangatiratanga: difficult to understand words not in my vocabulary • 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. • These relate, only some because the mindset some young people set for themselves. • Very relatable, they crossover relations between aspects of my life. • These values are relatable as most of them tend to relate to the struggles of the youth in a way. • Very relatable – We've learnt about these values since primary. • They can be relatable through the values I set for myself. • They apply to our (my) values. Very relatable. • A sense of understanding of these values makes me feel comfortable and relate to my Samoan values very much. • Having a sense of belonging – the vision what it means to me. Whakapapa.

- Mana: Being able to connect with our culture, language. Having a special bond with home.
- Generically relatable
- Understanding our worth. Improving how we see ourselves and building our self-esteem.
- 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.
- 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.
- Support – To be able to advise and lead us down right path.
- 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.
- Open minded someone young who gets our generations struggle with school.
- Thought any circumstances like depressions based on their advices. For your people they might
- Someone of similar upbringing (strictness, church, activities, being busy)
- Confidentiality is a given
- Open
- Have to know what they are talking about
- Happy and laughing makes it feel positive
- The energy of the health worker reflects onto they student
- Treat as an equal, don’t talk down to the student
- Doesn’t matter how old they are or what they look like, it’s about attitude and communication
- Body language – they can read they students body language or not aware of students’ body language or their own. Rolling eyes, bad vibes.
- Don’t express their own opinion to student for your own personal agenda.
- Non-judgmental – good people skills not awkward.
- Good communication and understanding of student point of view
- Support for the students

MDT

- Not all the same
- Working with young people
- Having different people with different purposes in the school community that would also help with our needs as young people.
- People that are open minded. They can understand you. They listen to your problems and help you to solve them.
- A person that is caring, gives good advice, and doesn’t try to get too involved.
- People that have a sense of humour and easy to talk to.
- Complicated to answer. Hard to understand the questions.
- Parent Representative
- Close friend
- Councillor
- Teacher
- 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.
- Teachers, principals, and students working together to make everyone feel comfortable in the school grounds.

	<ul style="list-style-type: none"> • Multiple teams working together for the betterment of our youth (i.e., councillors, nurses, etc.). Vast range of health workers. • 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. • I think this team looks colourful, Professionals from different areas, but also normal people who are able to speak from their perspective.
Outcomes	<ul style="list-style-type: none"> • Checking up on other students • Based on their services towards the young people • Being confident on our goal for the future • Being able to find balance between homelife, school, church work. • Giving you courage on doing things and not being afraid of being bullied. • A survey every term • Survey done online • Free slushies for those who do the survey • Can give out during whānau time (paper survey) • If it's done during class can reach more students compared to lunch anon survey. • Feedback box • On the way out - rating and reviews buttons to review – like a hotel • If a student leaves feeling satisfied
Beyond SBHS	<ul style="list-style-type: none"> • Channel between school to GPs, employers, job seekers • To create seamless transition • Support in everything • Need support in everything • Need contact with SBHS outside of school. • 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 feel 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

Alternative Education in Nelson / Year 9 – 11 / Male 3 Female 7 (10)

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.

	<p>a. The young people stated the reason they access the nurse is due to:</p> <ul style="list-style-type: none"> • 'Get out of schoolwork' (when they were in mainstream school) • To get my health needs attended to...such as injuries, AOD and feelings. • 'The nurse is reliable, and I can talk to her.' <p>b. Qualities:</p> <ul style="list-style-type: none"> • Need to be a nice person, relatable, reliable, and trustworthy. • 'Confidentiality is important.' <p>c. Health needs of concern that the young people raised:</p> <ul style="list-style-type: none"> • COVID, STI checks, cold/flu, and accidents • Wanted counselling on site. • Drugs, MDMA, Acid, Marijuana and Nicotine and picking up 'hutchies.' • Mental health • Fighting and violence • Out at night roaming • Need to belong.
Vision & Values	<p>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.</p> <ul style="list-style-type: none"> • Tino Uaratanga: Most young people rated this highly. • Wairua: Most young people did not believe that this was realistic to achieve-felt like the school environment does not allow for this. • Aroha: Young people rated this value highly • Whakapapa: Most young people rated this highly and see the importance of acknowledging who they are and where they come from. • Rangatiratanga: Most young people did not rate this value highly. • 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. • Te Reo: This was highly valued by all young people, 'you have mana' was what they wanted and valued most. • Ōritetanga: Young people commented that this is an important value but struggled to know how they would see the value in Alternative education. • Manaakitanga: Young people did not believe that this could be achieved but thought it would be a nice value.
Skills	<ul style="list-style-type: none"> • Helpful • Relatable • Non judgemental • Kindness • Rewards/incentives • Generous • Respectful • Trustworthy • Good attitude and able to communicate well. • Good at their job - knowledgeable.
MDT	<p>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</p>

	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	<p>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.</p> <ul style="list-style-type: none"> • Young people wanted the service to be free at school and outside of school hours. • Offer home visits. • Easy to access in each suburb. • Wanted comfy seats, drinks, and food available.
Beyond SBHS	Most young people wanted money and a safe place to live in.

Contributors Focus Group 1

Transgender 2, Female 4, Male 4, (10)
 NZ Māori 4, NZ European 6,
 Ages 12 -16yo

SBHS	<p>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:</p> <ul style="list-style-type: none"> • “Look after people.” • “To help, physically, mentally and more.” • “Help” • “Not as awkward” • “Be by our side.” • “Give us time out.” • “Care for us” <p>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.</p> <p>Young people also mentioned about the facility and what they would like to see, below are their suggestions:</p> <ul style="list-style-type: none"> • Lounge • Music/piano to play to relax with • Water • Fully furnished bathroom • Kitchen • Chill space/calm down room. • A boxing bag for when they get angry smash/rage room. • Plants • Ecofriendly environment • Changing bathroom for trans people
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<i>Vision & Values</i>	<ul style="list-style-type: none"> • 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. • 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. • Aroha: Young people rated this value highly • 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. • Rangatiratanga: Most young people did not rate this value highly. • 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. • Te Reo: This was highly valued by all young people, 'you have mana' was what they wanted and valued most. • 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. • Manaakitanga: Young people rated this moderately.
<i>Skills</i>	<ul style="list-style-type: none"> • Qualifications - at least a degree • Solve mental health problems • Good people skills • Have knowledge of multiple options to help • Able to talk through tough things • Need to understand young people • Do not tell parents unless it is relevant • Look more like a nurse • Be kind and respectful
<i>MDT</i>	<p>Young people stated that they wanted help with family, housing, and health. 'a joined-up service.'</p> <ul style="list-style-type: none"> • Needs to have 4-5 nurses in school for 1,500 students • Need to be part of the development and running of the team • Chiropractor • Trans teachers • Music and art therapy • Definitely a doctor • Sports trainer • Speech language therapist • Interpreter/translator • More counsellors so you do not have to wait and the waiting area to be bigger
<i>Outcomes</i>	<p>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.</p>
<i>Beyond SBHS</i>	<ul style="list-style-type: none"> • Money • Family support • Somewhere to live • Someone to rely on • Food

iv. **West Auckland**

Contributors West Auckland Year 9 –13 / 5 Male & 5 Female (10)
Māori 5, Tongan 1, Samoan 1, Filipino 1, Pakeha 1, Not Disclosed 1
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
 - 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.
 - 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.
 - 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.
 - 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.
 - One student highlighted the support provided by school counsellors.
 - 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.
 - 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.
 - 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.

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.
- They 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

Contributors 9 attended in person & 2 provided written feedback separately, 11 youth participated in total
 Female 6, Male 5, (11)
 Māori 6, Pacific, 1, Pakeha 4
 Year 10 – 13 including Te Kura Correspondence, Disability Unit,

Summary	<ul style="list-style-type: none"> • 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. • Privacy and Confidentiality matter but whānau inclusiveness is mentioned by Northland Youth. • SBHS Facilities matter to youth: Soundproofing, music, WIFI, youth friendly poster and couch to relax on were all mentioned. • 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? • 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. • Values – Unanimous YES but some similarities, liked the graphics • Whakatauki translations need to be understood by youth • Key examples provided by youth reinforce the values-based measures • 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. • MDT's - we need a better descriptor to speak to youth. • Recommendations should indicate frequency and who should be present / included • Beyond SBHS : • What does giving youth a break from reality look like to RESTART, REBUILD and Be BETTER? • Youth worry about their Whānau and money. • Sport – need clear funding streams especially for mental health. • CHURCH support particularly important for Māori / Pacific Youth • Youth should be paid to lead, govern and participate in SBHS in a meaningful way as employment.
SBHS	<ul style="list-style-type: none"> • Having a SBHS means "I can do what I need to, to look after myself and still be able to go to school". • 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. • "We think that they should get more recognition" • A support person that can enhance your health in any way • 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 • Have really good signage so it's easy to get to the offices. • Welcoming, Private and Confidential, able to sort out what you want to get sorted out. • The clinics need to have couches so we can feel more relaxed to talk about the big stuff • 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 • I wish there was a mental health person that I could talk to • Having a physio at school would be like, seriously amazing

	<ul style="list-style-type: none"> • 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." • 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. • 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. • 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. • 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. • 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. • You care even though we don't have to pay you anything. We know it's not about the money for you. • SBHS is like seeing a support person who cares about all of me. • 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. • You never laugh and make me feel shamed when I ask or say something. • 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. • 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. • 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. • The toilet is good being there, so I don't need to sneak out with a mimi and stuff. • 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	<ul style="list-style-type: none"> • Really liked the graphics and didn't think there are too many options I like the values. • 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. • "I liked the personalised statements of You are." • 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. • 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?

- 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
- Tino Uaratanga “Man, you even care about my future, not just about right now”
- 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.”
- Wairua – “Having something to fidget with while talking about any health problems can distract the patient from becoming awkward while conversating”.
- Being able to relate to patients can encourage them to ask more questions and be more open.
- Te Reo – beyond SHBS YP need a support system that encourages youth to build mana within themselves to provide confidence for the future.
- 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.
- 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.
- 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.
- 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".
- 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
- Good Listener
- Smiling faces
- Patience
- 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).
- Friendly
- Understanding
- Have knowledge of the teenage brain
- First Aid and Medical Training
- 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]
- Understand teen mental health conditions and are able to help and talk about it there.
- 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

	<ul style="list-style-type: none"> • 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 • 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 • 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] • I like that I can see you for help when I'm feeling low • I can tell you anything because you are not insensitive when you ask me things • When you just do the little things like give me a hug when I need one • 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 • 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 • 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. • 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	<p>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.</p> <ul style="list-style-type: none"> • Approachable, Relatable, Trustworthy, Supportive • Have the ability to make you feel comfortable. • 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. • 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 • 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". • That parents, whānau, family are also part of an MDT. • Youth felt that the MDT should be meeting regularly – about once a fortnight or at least once a month.
Outcomes	<ul style="list-style-type: none"> • 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. • 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.

**Beyond
SBHS**

- 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
- 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
- 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
- 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
- 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
- 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
- Having WIFI access at the clinic would be helpful (but dangerous in some cases re: gaming – mentioned by a male participant)
- 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.
- Feels connected to Ōritetanga as a value
- “Some young people may just need a break from reality to restart, rebuild and be better”
- 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.
- 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.
- 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”.
- 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 nurse stuff and pills because you do everything.
- 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.
- 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 an 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 C: Workforce Voice

School+ Youth Nurses Conference (St Paul's College, Hamilton, 3-4 October 2022)

The SYHPANZ team of Nicky Skerman, Anita Balhorn, Aimee Mahuta, and Maraea Nikora attended the School+ Youth Nurses conference at St Pauls Collegiate in Hamilton. Alongside them were the Te Whatu Ora SBHS Enhancement Project team. The four SYHPANZ staff members undertook informal consultations with approximately 80 members of the current SBHS workforce, mostly based in the North Island; 90% were SBHS nurses. The conference was mostly attended by SBHS workers based in mainstream schools, with low participation from kura.

The purpose of attending the conference was to be a stall holder to showcase the SBHS Enhancement programme led by Te Whatu Ora and supported by SYHPANZ through:

- displaying mahi from the Advisory Groups SYHPANZ supports for this programme such as
 - Te Tatau Kitenga (SBHS recommendations) and Te Rōpū Mātanga O Rangatahi (Te Ūkaipō)
 - Youth Advisory Group (Māngai Whakatipu) highlighting Youth Engagement and Leadership
- Workforce Development Project to talk with the SBHS workforce about the current state of the SBHS.

The team were able to utilise Te Tatau Kitenga (Te Tatau) workforce recommendations which included a literature review outlining key documents to support workforce development. They asked the SBHS nurses and other SBHS health practitioners present to review Te Tatau's table of documents to identify if they were aware of the four key documents, if they are using them, and if not, why not.

Those spoken to commonly used the following documents:

- 2014 Youth Knowledge and Skills Framework (YHNKSF)
- Primary care -Youth Health a resource manual
- 2006-Draft Standards for Youth Health services
- 2013-Youth Health Care in secondary Schools -A framework for continuous quality Improvement

The majority of those consulted could identify the documents, but the documents were regarded as considerably outdated. There was inconsistency in the documents they now used in practice while they try to find more updated resources. This confirmed a disconnection the SBHS workforce in the current state and inequitable access to high quality guiding resources.

Lack of consistency and equity was also true for professional development and supervision from those spoken to; there are pockets of excellence and then areas where this is non-existent.

Between the SYHPANZ team members, they talked to approximately 80 nurses about their current work. Discussions were held at meal breaks, when they came to the stand, at the reception function and at every other opportunity they could find.

Many talked about the challenges:

- Issue with connection into the education systems teams, feeling undervalued and difficulty being included at the leadership level.
- Understanding of the importance of health for Rangatahi
- Most nurses were unaware of the enhancement programme and the work we are doing at present
- There is no one way to contact nurses in the SBHS service, the best way being through the funders /managers/ workforce teams – then follow up to see if nurses have the info
- The big need for MDTs not just counsellors
- Nurses feeling very isolated especially in the rural areas
- Discussion around only having time to do the HEEADSSS assessment as this is what is collected by number in the contract. Any attempt to revisit Rangatahi is difficult.
- Workforce at present is difficult to recruit this is especially difficult for the Māori workforce
- Youth Health further education and upskilling info is hard to find
- The needs of Rangatahi are so high for many, nurses feeling of frustration was high as unable to support them.
- Referrals to other agencies were taking weeks to be picked up.
- Not time to build relationships with Rangatahi. One theme of the conference was the importance of building relationships with Rangatahi. Lots of frustration.
- No time for PD or supervision even though it is in the budget.

The following themes emerged in feedback:

- Very low awareness of the SBHS Enhancement Programme
- SBHS understand the value of rangatahi health but school nurses generally felt undervalued by the Ministry of Education and the senior leadership in their schools
- Staff felt isolated (especially in rural areas) and excluded – as an example, there is no easy way to contact the SBHS workforce, the best approach being through the funders /managers/ workforce teams, with follow-up
- Lack of connectedness across the SBHS workforce
- There is a need for multidisciplinary team approaches who extend beyond just counsellors
- Staff felt they were underpaid
- Recruitment into SBHS roles is difficult, and especially of Māori workforce
- Inconsistency in access and application of guiding documents around practice
- Youth health further education and training opportunities are hard to find, as is the time to undertake such training given the core workload of the role. Pockets of excellence do exist but there are significant inequities in terms of access to these, geographically, and relating to employment/contracted provider and other factors
- Supervision is also highly variable due to similar factors to those impacting on professional development
- Even when there is funding to enable professional development and supervision, SBHS workforce lack the time to be able to access these

- There was confusion around their employment
- Needs among rangatahi are high and referrals are slow as supports are overwhelmed, leading to feelings of frustration at not being able to secure the help that rangatahi need
- SBHS workforce lack the time they need to build relationships of trust with rangatahi, critical for practice which aligns with
- There was a disconnect between Ministry of Education and Te Whatu Ora and a lack of strong collaboration and coordination.

Staff working in schools with high numbers of Māori were competent in te reo and tikanga and were competent in their roles. They recognised that establishing a relationship of trust with both rangatahi and whānau was critical to SBHS effectiveness, but the rigid model for the service, which took the same approach in kura as in mainstream schools, did not enable or decolonise this. The service needed to build up the layers of trust, values, and service that meets their needs across rangatahi, whānau, hapori, hapu and iwi, and be structured in a manner which ensured that these layers of trust endure through staff changes.

Multidisciplinary approaches and competencies were recognised by the nurses we heard from as very much needed but seen as unlikely to grow if the focus is only on developing the SBHS nursing workforce.

Concerning Model of Care rather than Workforce Development, but noted here, as a reportable, HEADDSSS Assessments are prioritised and consume much of a nurse's time, leaving little room for follow-up for those most needing support.

Reflection around SBHS access into Kura Kaupapa – Anita Balhorn

Insight into School Nurses Conference and shared korero I had with some providers with high level of Māori nurses.

Their nurses were competent in Te Reo and tikanga etc. The biggest issue of getting nurses into the schools was not their level of competencies but the lack of relationships and engagement between Kura and health service. It very much felt like impact of colonisation in using the same approach in mainstream of individual relationship rather than whole of school approach with whole of health. The service needed to build up the layers of trust, values, and service that meets their needs across rangatahi, whānau, hapori, hapu and iwi.

The Intent is not clear from the start.

Once the key person moved out of service the relationship falls apart and rangatahi miss out.

I got this same story from 3 providers across North Island in high Māori populated areas mostly would be Decile 1-5 Kura and mostly rural.

Reflection – Aimee Mahuta: Kaupapa Maori advisor for SYHPANZ

My initial impression was the lack of diversity in attendees: majority of attendees appeared to be from mainstream schools. However, kura engagement with health services has it's own barriers therefore I can only assume that most health practitioners working with Kura most likely did not foresee any value in the programme.

The programme lacked diversity. There was one speaker from a local school with high % māori students which attracted less than 20 attendants.

Majority of the sessions were clinical, focused on current practices and current availability of services.

Terryanne Clarke spoke brilliantly on the need for a values based practice and gave informative insight with her data.

It was clear on the first day that the majority of school nurses felt undervalued by MOE and SLT within schools. They are mostly isolated and underpaid and/or confused about under whom they are contracted to. A noticable disconnect between MOE and MOH was obvious. I have experienced this first hand in education. Teachers, counsellors and nurses working independently from each other means students are not getting a consistent approach within their school and whanau lose faith in the system of care.

I spoke with some practitioners working with high % māori, a common trend was the need for trust first. A trusted relationship was required before students and whānau would willingly engage with a health service.

If SBHS are to evolve and engage with youth some key areas need to adapt:

- *MOH and MOE need to establish a better school/youth focused relationship and model.*
- *A national school nurses conference needs to incorporate a more diverse range of practioners to allow for better collaborative practices e.g. principals, health teachers, counsellors, mentors, youth workers, teacher aids. A SBHS Conference.*
- *A relationship based model of care that meets the requests of our rangatahi.*
- *Ongoing professional development needs to be future focused, relationship focused... it's about growing and adapting our practice.*

Using current employee's/volunteers in schools who already have strong relationships with students and whanau are the perfect candidate for this. Upskill and invest in them, empower them and allow them to refer and engage our students with a range of SBHS.

Consultation with representative of New Zealand Health Educators' Association (NZHEA)

Aimee Mahuta met with the NZHEA Co-Chair. The following key points were raised regarding SBHS workforce:

- *Concern was expressed regarding the 'isolated' nature of different departments and staff working within a school and the need for a collaborative approach to youth health.*

- School principals should be engaged in conversations around the SBHS Enhancement Project and workforce development – the project needs to be transparent and school leadership need an insight into the changes coming and the vision for SBHS.
- Significant value was seen in development of formal qualifications leading to careers in youth health; there is some alignment with the current NZHEA programme: youth health would be a very attractive pathway too for a number of current students studying health at school.
- NZHEA would like to be engaged in work around desired state of SBHS.
- Te Ūkaipō values and what we already know of desired state are closely aligned with the resources and underlying concepts of the New Zealand Health Curriculum: the health teaching workforce and the future SBHS workforce will have a very similar kaupapa.
- Delivery of the Health Curriculum is variable across the motu: Ministry of Education minimum requirements of health education fall short of NZHEA's desire to see full year programmes across all schools with minimum 2 hours per week up until year 11.
- There is strong support for collaborative approaches to youth health in school settings from health educators: SBHS workforce should be connecting with counsellors, youth workers and school leadership.

Appendix D: Existing SBHS / Youth Health Workforce Development and Training Opportunities

Nursing

Te Kaunihera Tapuhi o Aotearoa, The Nursing Council of New Zealand sets out the pre-requisites for pre-registration nursing programmes across New Zealand. The following has been extracted from the handbook for pre-registration nursing programmes (May 2022):

There are four domains of competence for the registered nurse scope of practice. Evidence of safety to practice as a registered nurse is demonstrated when the applicant meets the competencies within the following domains:

Domain one: Professional responsibility

This domain contains competencies that relate to professional, legal and ethical responsibilities and cultural safety. These include a nurse being able to demonstrate knowledge and judgement, and being accountable for their actions and decisions, while promoting an environment that maximises health consumer safety, independence, quality of life and health.

Domain two: Management of nursing care

This domain contains competencies related to assessment and managing health consumer care, which is responsive to the consumers' needs, and which is supported by nursing knowledge and evidence-based research.

Domain three: Interpersonal relationships

This domain contains competencies related to interpersonal and therapeutic communication with health consumers, other nursing staff and interprofessional communication and documentation.

Domain four: Interprofessional healthcare & quality improvement

This domain contains competencies to demonstrate that, as a member of the healthcare team, the nurse evaluates the effectiveness of care and promotes a nursing perspective within the interprofessional activities of the team.

The competencies in each domain have a number of key generic examples of competence performance called indicators. The indicators are designed to assist the assessor when using his/her professional judgement in assessing the attainment of the competencies. The indicators further assist curriculum development for bachelor's degrees in nursing or first year of practice programmes.

There are specific competencies in these domains for nurses working in management, education, policy and/or research.

Domain one: Professional responsibility

Competency 1.1 Accepts responsibility for ensuring that his/her nursing practice and conduct meet the standards of the professional, ethical and relevant legislated requirements.

- Indicator: Practises nursing in accord with relevant legislation/codes/policies and upholds health consumers' rights derived from that legislation.

- Indicator: Accepts responsibility for actions and decision making within scope of practice.
- Indicator: Identifies breaches of law that occur in practice and reports them to the appropriate person(s).
- Indicator: Demonstrates knowledge of, and accesses, policies and procedural guidelines that have implications for practice. Indicator: Uses professional standards of practice.

Competency 1.2 Demonstrates the ability to apply the principles of the Treaty of Waitangi/Te Tiriti o Waitangi to nursing practice.

- Indicator: Understands the Treaty of Waitangi/Te Tiriti o Waitangi and its relevance to the health of Māori in Aotearoa/New Zealand.
- Indicator: Demonstrates knowledge of differing health and socio-economic status of Māori and non-Māori.
- Indicator: Applies the Treaty of Waitangi/Te Tiriti o Waitangi to nursing practice.

Competency 1.3 Demonstrates accountability for directing, monitoring and evaluating nursing care that is provided by enrolled nurses and others.

- Indicator: Understands accountability for directing, monitoring and evaluating nursing care provided by enrolled nurses and others.
- Indicator: Seeks advice from a senior registered nurse if unsure about the role and competence of enrolled nurses and others when delegating work.
- Indicator: Takes into consideration the role and competence of staff when delegating work.
- Indicator: Makes appropriate decisions when assigning care, delegating activities and providing direction for enrolled nurses and others.

Competency 1.4 Promotes an environment that enables health consumer safety, independence, quality of life, and health.

- Indicator: Identifies and reports situations that affect health consumers or staff members' health or safety.
- Indicator: Accesses, maintains and uses emergency equipment and supplies.
- Indicator: Maintains infection control principles.
- Indicator: Recognises and manages risks to provide care that best meets the needs and interests of health consumers and the public.

Competency 1.5 Practises nursing in a manner that the health consumer determines as being culturally safe.

- Indicator: Applies the principles of cultural safety in own nursing practice.
- Indicator: Recognises the impact of the culture of nursing on the health consumer's care and endeavours to protect the health consumer's wellbeing within this culture.
- Indicator: Practises in a way that respects each health consumer's identity and right to hold personal beliefs, values and goals.
- Indicator: Assists the health consumer to gain appropriate support and representation from those who understand the health consumer's culture, needs and preferences.
- Indicator: Consults with members of cultural and other groups as requested and approved by the health consumer.
- Indicator: Reflects on his/her own practice and values that impact on nursing care in relation to the health consumer's age, ethnicity, culture, beliefs, gender, sexual orientation and/or disability.
- Indicator: Avoids imposing prejudice on others and provides advocacy when prejudice is apparent.

Domain two: Management of nursing care

Competency 2.1 Provides planned nursing care to achieve identified outcomes.

- Indicator: Contributes to care planning, involving health consumers and demonstrating an understanding of health consumers' rights, to make informed decisions.
- Indicator: Demonstrates understanding of the processes and environments that support recovery.
- Indicator: Identifies examples of the use of evidence in planned nursing care.
- Indicator: Undertakes practice procedures and skills in a competent and safe way.
- Indicator: Administers interventions, treatments and medications (for example: intravenous therapy, calming and restraint), within legislation, codes and scope of practice; and according to authorised prescription, established policy and guidelines.

Competency 2.2 Undertakes a comprehensive and accurate nursing assessment of health consumers in a variety of settings.

- Indicator: Undertakes assessment in an organised and systematic way.
- Indicator: Uses suitable assessment tools and methods to assist the collection of data.
- Indicator: Applies relevant research to underpin nursing assessment.

Competency 2.3 Ensures documentation is accurate and maintains confidentiality of information.

- Indicator: Maintains clear, concise, timely, accurate and current health consumer records within a legal and ethical framework.
- Indicator: Demonstrates literacy and computer skills necessary to record, enter, store, retrieve and organise data essential for care delivery.

Competency 2.4 Ensures the health consumer has adequate explanation of the effects, consequences and alternatives of proposed treatment options.

- Indicator: Provides appropriate information to health consumers to protect their rights and to allow informed decisions.
- Indicator: Assesses the readiness of health consumers to participate in health education. Indicator: Makes appropriate professional judgement regarding the extent to which the health consumer is capable of participating in decisions related to his/her care.
- Indicator: Discusses ethical issues related to healthcare/nursing practice (for example: informed consent, privacy, refusal of treatment and rights of formal and informal health consumers).
- Indicator: Facilitates the health consumer's access to appropriate therapies or interventions and respects the health consumer's right to choose amongst alternatives.
- Indicator: Seeks clarification from relevant members of the healthcare team regarding the individual's request to change and/or refuse care.
- Indicator: Takes the health consumer's preferences into consideration when providing care.

Competency 2.5 Acts appropriately to protect oneself and others when faced with unexpected health consumer responses, confrontation, personal threat or other crisis situations.

- Indicator: Understands emergency procedures and plans, and lines of communication to maximise effectiveness in a crisis situation.
- Indicator: Takes action in situations that compromise the health consumer's safety and wellbeing.
- Indicator: Implements nursing responses, procedures and protocols for managing threats to safety within the practice environment.

Competency 2.6 Evaluates the health consumer's progress towards expected outcomes in partnership with the health consumer.

- Indicator: Identifies criteria for evaluation of expected outcomes of care.
- Indicator: Evaluates the effectiveness of the health consumer's response to prescribed treatments, interventions and health education in collaboration with the health consumer and other healthcare team members. (Beginning registered nurses would seek guidance and advice from experienced registered nurses.)
- Indicator: Reflects on the health consumer's feedback in the evaluation of nursing care and health service delivery.

Competency 2.7 Provides health education appropriate to the needs of the health consumer within a nursing framework.

- Indicator: Checks the health consumer's level of understanding of healthcare when answering their questions and providing information.
- Indicator: Uses informal and formal methods of teaching that are appropriate to the health consumer's or group's abilities.
- Indicator: Participates in health education and ensures the health consumer understands relevant information related to their healthcare.
- Indicator: Educates the health consumer to maintain and promote health.

Competency 2.8 Reflects upon, and evaluates with peers and experienced nurses, the effectiveness of nursing care.

- Indicator: Identifies one's own level of competence and seeks assistance and knowledge as necessary.
- Indicator: Determines the level of care required by individual health consumers.
- Indicator: Accesses advice, assistance, debriefing and direction as necessary.

Competency 2.9 Maintains professional development. Indicator: Contributes to the support, direction and teaching of colleagues to enhance professional development.

- Indicator: Updates knowledge related to administration of interventions, treatments, medications and best practice guidelines within area of practice.
- Indicator: Takes responsibility for one's own professional development and for sharing knowledge with others.

Domain three: Interpersonal relationships

Competency 3.1 Establishes, maintains and concludes therapeutic interpersonal relationships with health consumers.

- Indicator: Initiates, maintains and concludes therapeutic interpersonal interactions with health consumers.
- Indicator: Incorporates therapeutic use of self and psychotherapeutic communication skills as the basis for nursing care for health consumers with mental health needs.
- Indicator: Utilises effective interviewing and counselling skills in interactions with health consumers.
- Indicator: Demonstrates respect for, empathy with and interest in health consumers.
- Indicator: Establishes rapport and trust with health consumers.

Competency 3.2 Practises nursing in a negotiated partnership with health consumers where and when possible.

- Indicator: Undertakes nursing care that ensures health consumers receive and understand relevant and current information concerning their healthcare that contributes to informed choice.
- Indicator: Implements nursing care in a manner that facilitates the independence, self-esteem and safety of the health consumer, and an understanding of therapeutic and partnership principles.
- Indicator: Recognises and supports the personal resourcefulness of people with mental and/or physical illness.
- Indicator: Acknowledges family/whānau perspectives and supports their participation in services.

Competency 3.3 Communicates effectively with health consumers and members of the healthcare team.

- Indicator: Uses a variety of effective communication techniques.
- Indicator: Employs appropriate language to context.
- Indicator: Provides adequate time for discussion.
- Indicator: Endeavours to establish alternative communication methods when health consumers are unable to verbalise.
- Indicator: Accesses an interpreter when appropriate.
- Indicator: Discussions concerning health consumers are restricted to settings, learning situations and/or relevant members of the healthcare team.

Domain four: Interprofessional healthcare and quality improvement

Competency 4.1 Collaborates and participates with colleagues and members of the healthcare team to facilitate and co-ordinate care.

- Indicator: Promotes a nursing perspective and contribution within the interprofessional activities of the healthcare team.
- Indicator: Provides guidance and support to those entering as students, beginning practitioners and those who are transferring into a new clinical area.
- Indicator: Collaborates with the health consumer and other health team members to develop plan of care.
- Indicator: Maintains and documents information necessary for continuity of care and recovery. Indicator: Develops a discharge plan and follow-up care in consultation with the health consumer and other members of the healthcare team.
- Indicator: Makes appropriate formal referrals to other healthcare team members and other health-related sectors for health consumers who require consultation.

Competency 4.2 Recognises and values the roles and skills of all members of the healthcare team in the delivery of care.

- Indicator: Contributes to the co-ordination of care to maximise health outcomes for the health consumer.
- Indicator: Collaborates and consults with and provides accurate information to the health consumer and other health professionals about the prescribed interventions or treatments.
- Indicator: Demonstrates a comprehensive knowledge of community services and resources, and actively supports service users to use them.

Competency 4.3 Participates in quality improvement activities to monitor and improve standards of nursing.

- Indicator: Reviews policies, processes and procedures based on relevant research.
- Indicator: Recognises and identifies researchable practice issues and refers them to the appropriate people.
- Indicator: Distributes research findings that indicate changes to practice to colleagues.

Registered nurses in expanded practice

Competencies have been developed to describe the skills and knowledge of nurses working in expanded practice roles, i.e. nurses who are working in clinical roles that are at the boundaries of nursing practice such as first surgical assistants and nurse colposcopists. These competencies are additional to those that already describe the registered nurse scope of practice. A nurse working in an expanded practice role would need to meet both.

- Demonstrates initial and ongoing knowledge and skills for specific expanded practice role/activities through postgraduate education, clinical training and competence assessment.
- Participates in the evaluation of the outcomes of expanded practice, e.g. case review, clinical audit, multidisciplinary peer review.
- Integrates and evaluates knowledge and resources from different disciplines and healthcare teams to effectively meet the healthcare needs of individuals and groups.

Review

The websites for every provider of nursing training across Aotearoa New Zealand were reviewed and information gathered on course content for undergraduate nursing qualification courses, and post-graduate study options.

The following identified components of 2023 Nursing courses available across New Zealand specifically relate to youth health, youth health competencies and the values of Te Ūkaipō:

- Youth health and development
- Trauma-informed care
- Kaupapa Māori, Te Tiriti o Waitangi
- Working with culturally and linguistically diverse communities
- Mental health skills
- Substance related harm
- Engaging and assessing young people
- Working with neurodiverse young people (e.g. ASD, ADHD, FASD, learning disabilities, processing and language disorders)
- Working with gender and orientation diversity (i.e., rainbow populations).
- Sexual and reproductive health competency
- Understanding and building relationships to other local health and wellbeing services at both primary and secondary care levels
- Understanding bias
- Brief Intervention / Motivational interviewing
- Health promotion
- Family harm / child protection

Feedback from representatives of some of the training providers with whom follow-up occurred as part

of the training stocktake indicated that youth health was covered within some of their courses focused on child health. With no means of knowing which courses this is true of, and with the focus being on professional development of the existing workforce as well as career pathways of new SBHS workers, these are not included in the tables which follow unless they explicitly allude to youth health in their course descriptions.

Feedback from the New Zealand School Nurses organisation suggests that the Youth health Nursing Knowledge and Skills framework is relatively unknown and under-used by the SBHS workforce, and needs updating around Te Tiriti o Waitangi and equity implications.

Qualification	Course name(s) - courses where youth health / Te Ūkaipō value competencies evident in content	NZQA Level	Key competencies	Core (C) or Elective (E)
Ara (Ōtautahi – Christchurch)				
New Zealand Diploma in Enrolled Nursing	Nursing as a profession Applied Social Science for Enrolled Nurses Clinical skills for enrolled nurses	4 4	<ul style="list-style-type: none"> • Tiriti • Culturally safe practice 	C
	Enrolled Nursing Practice: Mental Health and Addictions	5	<ul style="list-style-type: none"> • Mental health • Addiction • Stigma and discrimination 	C
Bachelor of Nursing – pre-registration	Health and Wellness	5	<ul style="list-style-type: none"> • Lifespan development • Te Tiriti o Waitangi • Health promotion 	C
	Knowledge for Nursing Practice 2 & 3: Mental and Physical Health	6	<ul style="list-style-type: none"> • Nursing people with disabilities • Health impacts + role of contextual factors on health status through lifespan 	C
	Nursing the Person with Altered Mental Health or Addiction	6	<ul style="list-style-type: none"> • Therapeutic relationships • Collaborative practice • Application of Tiriti in mental health 	C
	Wanaka Hauora	6	<ul style="list-style-type: none"> • Health experience of Māori • Key concepts of Hauora Māori 	C
	Family Whānau and Community Nursing	7	<ul style="list-style-type: none"> • Includes community-based adolescent health nursing practice components 	C
Bachelor of Nursing (Articulated with UC Master of Health Sciences)	Health and Wellness	5	<ul style="list-style-type: none"> • Lifespan development • Te Tiriti o Waitangi • Health promotion 	C

Qualification	Course name(s) - courses where youth health / Te Ūkaipō value competencies evident in content	NZQA Level	Key competencies	Core (C) or Elective (E)
Professional Practice (Nursing) – pre-registration	Knowledge for Nursing Practice 2 & 3: Mental and Physical Health	6	<ul style="list-style-type: none"> Nursing people with disabilities Health impacts + role of contextual factors on health status through lifespan 	C
	Wanaka Hauora	6	<ul style="list-style-type: none"> Health experience of Māori Key concepts of Hauora Māori 	C
	Family Whānau and Community Nursing	7	<ul style="list-style-type: none"> Includes community-based adolescent health nursing practice components 	C
Graduate Certificate in Nursing – 3-5 day duration online or kanoahi ki te kanoahi – career development scope	Child and Adolescent Mental health	7	<ul style="list-style-type: none"> Adolescent mental health Working with whānau in relation to adolescent mental health needs Key issues for Māori and Pasifika 	E
	Responding to People who Experience Substance Misuse Issues	7	<ul style="list-style-type: none"> Assessment of substance misuse issues Brief intervention Understanding impacts 	E
	Child and Adolescent Health for Nurses	7	<ul style="list-style-type: none"> Developmentally appropriate communication HEEADSSS Health issues and young people 	E
	Māori Health Nursing	7	<ul style="list-style-type: none"> Historical factors and current determinants of health for Māori Frameworks for working Māori Application of Tiriti to practice 	E
	Youth Health	7	<ul style="list-style-type: none"> Impact of whānau and community Positive youth development Critical analysis of HEEADSSS findings and prioritisation of response Partnering with young people 	E

Qualification	Course name(s) - courses where youth health / Te Ūkaipō value competencies evident in content	NZQA Level	Key competencies	Core (C) or Elective (E)
Graduate Diploma in Nursing – aligns overseas nursing qualification to NZ	Child and Adolescent Health for Nurses	7	<ul style="list-style-type: none"> • Developmentally appropriate communication • HEEADSSS • Health issues and young people 	E
	Māori Health Nursing	7	<ul style="list-style-type: none"> • Historical factors and current determinants of health for Māori • Frameworks for working Māori • Application of Tiriti to practice 	E
	Youth health	7	<ul style="list-style-type: none"> • Impact of whānau and community • Positive youth development • Critical analysis of HEEADSSS findings and prioritisation of response • Partnering with young people 	E
	Child and Adolescent Mental health	7	<ul style="list-style-type: none"> • Adolescent mental health • Working with whānau in relation to adolescent mental health needs • Key issues for Māori and Pasifika 	E
Postgraduate Certificate in Health Practice	Health Care in Aotearoa New Zealand	8	<ul style="list-style-type: none"> • Critical analysis of health system • Socio-political and economic influences on health outcomes • Role of Tiriti in health, disability and care models • Policy, strategic and legislative evaluation 	E
Postgraduate Diploma in Health Practice	Registered Nurse Prescribing Practicum	8	<ul style="list-style-type: none"> • Practice and integration of advanced clinical skills enabling competencies for endorsement as “Designated Prescriber – Registered Nurse” NCNZ 	E
	Advanced Practice: Youth Health	8	<ul style="list-style-type: none"> • Facilitates critical evaluation of knowledge and development of expertise for interprofessional delivery of care to rangatahi 	E

Qualification	Course name(s) - courses where youth health / Te Ūkaipō value competencies evident in content	NZQA Level	Key competencies	Core (C) or Elective (E)
	Health Promotion	8	<ul style="list-style-type: none"> Health promotion policy, planning and practice 	E
Master of Health Science	6 level 8 papers including the 3 above or 4 plus thesis	8		
Master of Nursing	Registered Nurse Prescribing Practicum	8	<ul style="list-style-type: none"> Practice and integration of advanced clinical skills enabling competencies for endorsement as “Designated Prescriber – Registered Nurse” NCNZ 	C
	Nurse Practitioner Practicum	9		C
Auckland University of Technology (Tamaki Makaurau – Auckland)				
Bachelor of Health Science (Nursing)	Lifespan Development and Communication	5	<ul style="list-style-type: none"> Lifespan development Developmental and communication theories 	C
	Health and Environment	5	<ul style="list-style-type: none"> Interconnectedness of health and environment – social, political, cultural 	E (one of these two must be chosen)
	Hauora Māori	5	<ul style="list-style-type: none"> Introduction to Te Ao Māori – hauora in context of practice 	
	Introduction to Nursing Practice	5	<ul style="list-style-type: none"> Includes Tiriti, cultural safety, role of nursing across lifespan 	C
	Māori Health	6	<ul style="list-style-type: none"> Tiriti and relevance to Māori health Socio-political contexts and social justice Māori experiences of health and disability services Reflection on own practice in relation to Te Tiriti 	C
	Long-term Care and Disability	6	<ul style="list-style-type: none"> Skills and knowledge relevant to non-acute care of people living with disability 	C

Qualification	Course name(s) - courses where youth health / Te Ūkaipō value competencies evident in content	NZQA Level	Key competencies	Core (C) or Elective (E)
	Mental Health Nursing Practice	6	<ul style="list-style-type: none"> • Trauma-informed care • Substance abuse • Mental health supports • Diversity • Culturally appropriate support • Stigma, discrimination, social inequity and social action • Client-centred practice 	C
	Community, Complexity and health	7	<ul style="list-style-type: none"> • Implications of complex health issues for nursing care across the lifespan 	C
	Māori Health Promotion	7	<ul style="list-style-type: none"> • Fundamentals of Māori health promotion 	E or alternative content – Te Ara Hauora Māori
	Applied Primary Māori Mental Health	7	<ul style="list-style-type: none"> • Māori mental health fundamentals, recovery principles, cultural competencies 	
Graduate Certificate in Health Science - Māori Health	Māori Health Promotion	5	<ul style="list-style-type: none"> • Fundamentals of Māori health promotion 	E
	Applied Primary Māori Mental Health	5	<ul style="list-style-type: none"> • Māori mental health fundamentals, recovery principles, cultural competencies 	E
	Hauora Māori	5	<ul style="list-style-type: none"> • Hauora Māori perspective on social, political, historical and environmental factors 	E
Graduate Diploma in Health Science: Child and Adolescent Psychotherapy Studies	1 year FT for health professionals, teachers etc.	7	<ul style="list-style-type: none"> • Specialised child and adolescent psychotherapy training 	C
Postgraduate Diploma in Health Science in Advanced	Te Hau o te ora Hauora Māori Development	8	<ul style="list-style-type: none"> • Mātauranga Māori 	E

Qualification	Course name(s) - courses where youth health / Te Ūkaipō value competencies evident in content	NZQA Level	Key competencies	Core (C) or Elective (E)
Nursing Practice	Te Pū o Te ora – Māori health praxis	8	<ul style="list-style-type: none"> • Mātauranga Māori 	E
	Various mental health and addiction papers – general population	8	<ul style="list-style-type: none"> • Mental health • Addiction 	E
Postgraduate Diploma in Registered Nurse Prescribing	1 year FT course	8	<ul style="list-style-type: none"> • Practice and integration of advanced clinical skills enabling competencies for endorsement as “Designated Prescriber – Registered Nurse” NCNZ 	C
Master of Nursing Science	Non-youth-specific but strong coverage of Te Tiriti and health inequities	9	<ul style="list-style-type: none"> • Prescribed papers – strong clinical focus 	C
Master of Health Practice in Nursing	Postgrad diploma in health Science plus research project	9		E
	Postgraduate Diploma in Health Science in Advanced Nursing Practice plus Prescribing Practicum OR Dissertation	9	<ul style="list-style-type: none"> • Mātauranga Māori • Mental health • Addiction 	E
Eastern Institute of Technology (Te Aho a Maui - Hawkes Bay)				
Registered Nurse Competence Training Scheme	7 week refresher for NZ registered nurses and overseas-qualified nurses	7	<ul style="list-style-type: none"> • Covers culturally safe practice 	
Bachelor of Nursing	All courses compulsory	5-7	<ul style="list-style-type: none"> • Tiriti • Human development • Health promotion • Māori health and health equity 	C

Qualification	Course name(s) - courses where youth health / Te Ūkaipō value competencies evident in content	NZQA Level	Key competencies	Core (C) or Elective (E)
Postgraduate Diploma in Health Science	Registered Nurse Prescribing NCNZ practicum	8	<ul style="list-style-type: none"> Practice and integration of advanced clinical skills enabling competencies for endorsement as “Designated Prescriber – Registered Nurse” NCNZ 	E
	Health Promotion	8	<ul style="list-style-type: none"> Health promotion 	E
	Health in Aotearoa New Zealand	8	<ul style="list-style-type: none"> Sociopolitical influences on health 	E
Postgraduate Certificate in health	Health Promotion	8	<ul style="list-style-type: none"> Health promotion 	E
	Health in Aotearoa New Zealand	8	<ul style="list-style-type: none"> Sociopolitical influences on health 	E
Master of Nursing (Nurse Practitioner) 4 courses plus thesis or critical inquiry AND advanced practice for nurse practitioners	Registered Nurse Prescribing NCNZ practicum	8	<ul style="list-style-type: none"> Practice and integration of advanced clinical skills enabling competencies for endorsement as “Designated Prescriber – Registered Nurse” NCNZ 	E
	Advanced practice for Nurse Practitioner	8	<ul style="list-style-type: none"> Interdisciplinary collaboration Diagnosis 	E
Master of Health Science	Health Promotion	8	<ul style="list-style-type: none"> Health promotion 	E
	Health in Aotearoa New Zealand	8	<ul style="list-style-type: none"> Sociopolitical influences on health 	E
Manukau Institute of Technology (Tamaki Makaurau - Auckland)				
New Zealand Diploma in Enrolled Nursing	Nursing as a profession Applied Social Science for Enrolled Nurses Clinical skills for enrolled nurses	4 4	<ul style="list-style-type: none"> Tiriti Culturally safe practice 	C

Qualification	Course name(s) - courses where youth health / Te Ūkaipō value competencies evident in content	NZQA Level	Key competencies	Core (C) or Elective (E)
	Enrolled Nursing Practice: Mental Health and Addictions	5	<ul style="list-style-type: none"> • Mental health • Addiction • Stigma and discrimination 	C
Certificate of achievement in Registered Nurse Competence to Practice	12 week refresher for NZ registered nurses and overseas-qualified nurses	7	<ul style="list-style-type: none"> • Covers culturally safe practice • Tiriti 	C
Bachelor of Nursing	All courses compulsory	5-7	<ul style="list-style-type: none"> • Te Tiriti o Waitangi • Human development • Hauora Māori - health and health equity/inequity, strategies to improve Māori experience of health as consumers and Māori health outcomes • Nursing with a community focus • Pacific health and Wellness - Pacific models of care 	C
Massey University (Manawatū - Palmerston North)				
Bachelor of Nursing	All courses compulsory <ul style="list-style-type: none"> • Hauora Tangata - Foundations of Māori health • Social determinants of health • Mental health and addictions 	5-7	<ul style="list-style-type: none"> • Te Tiriti o Waitangi • Sociopolitical influences on health • Hauora Māori - health and health equity/inequity, strategies to improve Māori experience of health as consumers and Māori health outcomes • Mental health • Substance misuse and addiction 	C
Postgraduate Certificate in Nursing	Options include papers equipping to specialise in mental health, Māori-centred practice, health and wellbeing of children and young people	8	<ul style="list-style-type: none"> • Mental health • Māori-centred practice • Youth health 	E E E

Qualification	Course name(s) - courses where youth health / Te Ūkaipō value competencies evident in content	NZQA Level	Key competencies	Core (C) or Elective (E)
Postgraduate Diploma in Nursing for Nurse Prescriber Training	Nurse prescriber practicum and 3 foundation papers	8	<ul style="list-style-type: none"> Practice and integration of advanced clinical skills enabling competencies for endorsement as “Designated Prescriber – Registered Nurse” NCNZ 	C
Nursing - Master of Health Science	<ul style="list-style-type: none"> Tino Rangatiratanga - Strategic Māori Development Māori-centred Practice 	8	<ul style="list-style-type: none"> Hauora Māori 	E
Master of Nursing	<ul style="list-style-type: none"> Māori-centred health Health and Wellbeing of Children and Young People Clinical Speciality: Mental Health 	9	<ul style="list-style-type: none"> Mental health Māori-centred practice Youth health 	
Master of Clinical Practice (Nursing)	<ul style="list-style-type: none"> Social Justice and Citizenship Complex partnerships 1 and 2 	7	<ul style="list-style-type: none"> Health of disadvantaged and vulnerable populations Care across the lifespan 	C
Nelson Marlborough Institute of Technology (Whakatū / Te Taihu-o-te-Waka - Nelson-Marlborough)				
Certificate in Nursing (CAP) Training Scheme	12 week refresher for NZ registered nurses and overseas-qualified nurses	7	<ul style="list-style-type: none"> Context of nursing in New Zealand 	C
Bachelor of Nursing	<ul style="list-style-type: none"> Wānanga Hauora 		<ul style="list-style-type: none"> Understanding concepts of Hauora 	C
	<ul style="list-style-type: none"> Health and Wellness Nursing the person with altered mental state or addiction Family, Whānau and Community Nursing 	5-7	<ul style="list-style-type: none"> Socioecological perspectives on health Mental health Addiction Nursing across the lifespan 	C C C C

Qualification	Course name(s) - courses where youth health / Te Ūkaipō value competencies evident in content	NZQA Level	Key competencies	Core (C) or Elective (E)
Northland Polytechnic (Te Tai Tokerau - Whangarei)				
New Zealand Diploma in Enrolled Nursing	<ul style="list-style-type: none"> Nursing as a profession Applied Social Science for Enrolled Nurses Clinical skills for enrolled nurses 	4 4	<ul style="list-style-type: none"> Tiriti Culturally safe practice 	C
	<ul style="list-style-type: none"> Enrolled Nursing Practice: Mental Health and Addictions 	5	<ul style="list-style-type: none"> Mental health Addiction Stigma and discrimination 	C
Certificate in Nursing (CAP) Training Scheme	Minimum 8 week refresher for NZ registered nurses and overseas-qualified nurses	7	<ul style="list-style-type: none"> Context of nursing in New Zealand 	C
Bachelor of Nursing	<ul style="list-style-type: none"> Applied Social Science 	5	<ul style="list-style-type: none"> Lifespan development and behaviour 	C
	<ul style="list-style-type: none"> Primary Health Care 	5	<ul style="list-style-type: none"> Sociocultural determinants of health 	C
	<ul style="list-style-type: none"> Population Health 	6	<ul style="list-style-type: none"> Health promotion 	C
	<ul style="list-style-type: none"> Haoura Māori 	6	<ul style="list-style-type: none"> Te Tiriti o Waitangi 	C
	<ul style="list-style-type: none"> Mental Health and Addiction Nursing 	7	<ul style="list-style-type: none"> Mental health Substance misuse and addiction 	C

Qualification	Course name(s) - courses where youth health / Te Ūkaipō value competencies evident in content	NZQA Level	Key competencies	Core (C) or Elective (E)
Otago Polytechnic (Ōtepoti - Dunedin)				
New Zealand Diploma in Enrolled Nursing	Courses appear to align with those offered at other sites for same qualification but content not available on website: 18 months FT	5	<ul style="list-style-type: none">● Mental health● Applied social science	C
Certificate in Nursing (CAP) Training Scheme	Minimum 8 week refresher for NZ registered nurses and overseas-qualified nurses	7	<ul style="list-style-type: none">● Context of nursing in New Zealand	C
Bachelor of Nursing	<ul style="list-style-type: none">● People of this Place 1: Population Health	5	Courses appear to align with those offered at other sites for same qualification but content not available on website	C
	<ul style="list-style-type: none">● Human Behaviour	5		C
	<ul style="list-style-type: none">● People of this Place 2: Tangata Whenua	6		C
	<ul style="list-style-type: none">● Mental health and Addictions	6		C
Southern Institute of Technology (Waihōpai - Invercargill)				
New Zealand Diploma in Enrolled Nursing	<ul style="list-style-type: none">● Nursing as a profession● Applied Social Science for Enrolled Nurses● Clinical skills for enrolled nurses	4 4	<ul style="list-style-type: none">● Tiriti● Culturally safe practice	C

Qualification	Course name(s) - courses where youth health / Te Ūkaipō value competencies evident in content	NZQA Level	Key competencies	Core (C) or Elective (E)
	<ul style="list-style-type: none"> Enrolled Nursing Practice: Mental Health and Addictions 	5	<ul style="list-style-type: none"> Mental health Addiction Stigma and discrimination 	C
Bachelor of Nursing	<ul style="list-style-type: none"> Professional issues in Nursing 	5	<ul style="list-style-type: none"> Exploration of own values and beliefs and how they impact nursing care 	C
	<ul style="list-style-type: none"> Primary Health and Health Promotion 	5	<ul style="list-style-type: none"> Cultural safety Communication 	C
	<ul style="list-style-type: none"> Health and Social Sciences 1 	5	<ul style="list-style-type: none"> Growth and development 	C
	<ul style="list-style-type: none"> Health and Social Sciences 2 	6	<ul style="list-style-type: none"> Tiriti o Waitangi, cultural safety, Kawa Whakaruruhau 	C
	<ul style="list-style-type: none"> The Art and Science of Nursing in Mental Health Settings 	7	<ul style="list-style-type: none"> Mental health Addiction 	C
Te Whare Wānanga o Awanuiārangi (Whakatane)				
Te Ōhanga Mataora: Bachelor of Health Sciences Māori Nursing	As a whole, this degree prepares students to be competent as registered nurses, demonstrating ngākau māhaki, excellence, safety and confidence in their nursing practice, and emphasising reciprocity and the sharing of knowledge, building knowledge in te reo Māori, tikanga Māori and tikanga Hauora. Tauria on the	5-7	<ul style="list-style-type: none"> Tiriti o Waitangi Cultural safety Te reo 	C

Qualification	Course name(s) - courses where youth health / Te Ūkaipō value competencies evident in content	NZQA Level	Key competencies	Core (C) or Elective (E)
	programme learn about effective delivery of health services to Māori within Māori health paradigms and tikanga Māori.			
The University of Auckland (Tamaki Makaurau - Auckland)²				
Bachelor of Nursing	• Population Health	5	Content not specified on website but would appear to relate to core youth health competencies	C
	• Behaviour, Health and Development	5		C
	• Nursing in Practice	5		C
	• Nursing in Mental Health, Addictions and Disability	6	<ul style="list-style-type: none"> • Mental health • Addictions / substance misuse • Disability 	C
	• Professional Nursing Practice	7	Content not specified on website but would appear to relate to core youth health competencies	C
Master of Nursing, Master of Nursing Practice	• Primary Health Care of Children and Young People	8	• Youth health	E
	• Psychological Interventions in Healthcare	8	• Motivational interviewing, CBT	E
	• Nurse Practitioner Prescribing Practicum	8	• Practice and integration of advanced clinical skills enabling competencies for endorsement as “Designated Prescriber	E

² Note that some of the courses on offer across the SBHS workforce are outlined in the University of Auckland Medicine training stocktake in following table.

Qualification	Course name(s) - courses where youth health / Te Ūkaipō value competencies evident in content	NZQA Level	Key competencies	Core (C) or Elective (E)
			– Registered Nurse” NCNZ	
	<ul style="list-style-type: none"> Mental health and Addiction in Non-specialised Settings 	8	<ul style="list-style-type: none"> Mental health Addiction and substance misuse Working in multidisciplinary teams 	E
Master of Nursing Science - 2 year course for BSci and BHSCi graduates to attain registration as nurse	<ul style="list-style-type: none"> Foundations of Māori Health 	7	<ul style="list-style-type: none"> Tiriti Determinants of Māori health Improving health outcomes of Māori 	C
	<ul style="list-style-type: none"> Mental health and Addictions Nursing 	7	<ul style="list-style-type: none"> Mental health Addiction and substance misuse 	C
Toi Ohomai Institute of Technology (Rotorua)				
Certificate in Nursing (CAP) Training Scheme	9-12 week refresher for NZ registered nurses and overseas-qualified nurses	7	<ul style="list-style-type: none"> Context of nursing in New Zealand 	C

Qualification	Course name(s) - courses where youth health / Te Ūkaipō value competencies evident in content	NZQA Level	Key competencies	Core (C) or Elective (E)
UNITEC New Zealand (Tamaki Makaurau - Auckland)				
Bachelor of Nursing	● Health and Wellness	5	Content not specified on website but would appear to relate to core youth health competencies	C
	● Nursing Practice: Mental Health and Addictions	6	Mental health Addiction and substance misuse	C
	● Māori Health	6	Content not specified on website but would appear to relate to core youth health competencies	C
	● Family, Whānau and Community Nursing	7		C
	● Contemporary Issues in Nursing and Health Care	7		C
UCOL Universal College of Learning (Manawatū - Palmerston North)				
New Zealand Diploma in Enrolled Nursing	● Nursing as a profession ● Applied Social Science for Enrolled Nurses ● Clinical skills for enrolled nurses	4 4	● Tiriti ● Culturally safe practice	C
	● Enrolled Nursing Practice: Mental Health and Addictions	5	● Mental health ● Addiction ● Stigma and discrimination	C
Certificate in Nursing (CAP) Training Scheme	9-12 week refresher for NZ registered nurses and overseas-qualified nurses	7	● Tiriti o Waitangi ● Cultural safety	C

Qualification	Course name(s) - courses where youth health / Te Ūkaipō value competencies evident in content	NZQA Level	Key competencies	Core (C) or Elective (E)
Bachelor of Nursing	<ul style="list-style-type: none"> Society and Health in Aotearoa New Zealand 	5	<ul style="list-style-type: none"> Health across the lifespan 	C
	<ul style="list-style-type: none"> Professional Nursing: an introduction 	5	<ul style="list-style-type: none"> Cultural safety 	C
	<ul style="list-style-type: none"> Communication and Education for Professional Practice 	5	<ul style="list-style-type: none"> Communication Teaching 	C
	<ul style="list-style-type: none"> Aotearoa New Zealand Health Care System and Professional Practice 	6	<ul style="list-style-type: none"> Cultural safety 	C
	<ul style="list-style-type: none"> Person-centred care: The Mental health practice 	6	<ul style="list-style-type: none"> Mental health 	C
	Clinical practice: Mental health	6	<ul style="list-style-type: none"> Mental health 	C
	Primary Health Care	7	<ul style="list-style-type: none"> Lifespan health 	C
University of Otago (Ōtautahi - Christchurch)				
Master of Nursing Science - 2 year course for BSci and BHSci graduates to attain registration as nurse	Set of 13 compulsory papers over two years	7	<ul style="list-style-type: none"> Tiriti Sociocultural determinants of health Cultural safety Mental health Addiction and substance misuse 	C
Master of Nursing Practice	<ul style="list-style-type: none"> Nurse Practitioner Prescribing Practicum 	8	<ul style="list-style-type: none"> Practice and integration of advanced clinical skills enabling competencies for endorsement as “Designated Prescriber – Registered Nurse” NCNZ 	E

Qualification	Course name(s) - courses where youth health / Te Ūkaipō value competencies evident in content	NZQA Level	Key competencies	Core (C) or Elective (E)
	<ul style="list-style-type: none"> Mental health 	8	<ul style="list-style-type: none"> Mental health 	E
	Papers have to be completed, 4 of which are compulsory, with certain papers necessary to achieve endorsement as Designated Prescriber (no youth health-specific options evident)		Rural nursing Mental health Cultural Safety	E
Post-graduate Diplomas and Certificates in Health Science endorsed in Nursing	Advanced Mental Health Speciality Mental Health	7	Mental health	E
University of Waikato (Waikato)				
Bachelor of Nursing	Te Tiriti o Waitangi	4	Tiriti	C
	The Socio-political Context of Health and Healthcare in New Zealand	4	Sociopolitical determinants of health	C
	Māori, Pacific and Indigenous Perspectives on Health	5	Hauora Māori	C
Bachelor of Nursing (honours)	Research paper plus elective			
Master of Health Science	Either set of compulsory papers	7-8	<ul style="list-style-type: none"> Tiriti 	E

Qualification	Course name(s) - courses where youth health / Te Ūkaipō value competencies evident in content	NZQA Level	Key competencies	Core (C) or Elective (E)
	preparing person for qualification as Nurse Practitioner, similar to above, or specialised pathways (relevant to youth) health in: <ul style="list-style-type: none"> • Māori, Pacific and indigenous • Primary care • Mental health <ul style="list-style-type: none"> - Some may not be on offer in 2023 		<ul style="list-style-type: none"> • Sociocultural determinants of health • Cultural safety • Mental health • Addiction and substance misuse • Optional pathway as Nurse Practitioner 	E
Victoria University (Pōneke - Wellington)				
Post-graduate Certificate in Nursing Science	<ul style="list-style-type: none"> • Pathways to Nurse Practitioner endorsement or Nurse Prescriber Endorsement 	7	<ul style="list-style-type: none"> • Nurse Practitioner • Nurse prescriber 	
Post-graduate Diploma in Nursing Science		7		
Master of Nursing Practice - 2 year course for BSci and BHSCi graduates to attain registration as nurse	<ul style="list-style-type: none"> • Foundations of Māori Health 	7	<ul style="list-style-type: none"> • Tiriti • Determinants of Māori health • Improving health outcomes of Māori 	C
	<ul style="list-style-type: none"> • Mental health and Addictions Nursing 	7	<ul style="list-style-type: none"> • Mental health • Addiction and substance misuse 	C
Master of Nursing Science	Either set of compulsory papers preparing person for qualification as Nurse Practitioner or Nurse Prescriber, similar to above	7-8	<ul style="list-style-type: none"> • Nurse Practitioner • Nurse prescriber 	

Qualification	Course name(s) - courses where youth health / Te Ūkaipō value competencies evident in content	NZQA Level	Key competencies	Core (C) or Elective (E)
Waikato Institute of Technology (Waikato)				
New Zealand Diploma in Enrolled Nursing	Follows national curriculum with a choice of mainstream programme or Tihei Mauri Ora Kaupapa for Māori and Pacific students - this has an additional module	4	<ul style="list-style-type: none"> • Tiriti • Culturally safe practice 	C
		4	<ul style="list-style-type: none"> • Mental health • Addiction • Stigma and discrimination 	C
Certificate in Nursing (CAP) Training Scheme	9-12 week refresher for NZ registered nurses and overseas-qualified nurses	7	<ul style="list-style-type: none"> • Tiriti o Waitangi • Cultural safety 	C
Bachelor of Nursing		5-7	<ul style="list-style-type: none"> • Biculturalism • Tiriti o Waitangi • Cultural responsiveness • Regional, national and global healthcare needs • Lifespan development <p>Tihei Mauri Ora Kaupapa has increased coverage of Māori health, customs and protocols, and support through manaaki model of care</p>	C
Master of Nursing Science - 2 year course for BSci and BHSCi graduates to attain registration as nurse			<ul style="list-style-type: none"> • Biculturalism • Tiriti o Waitangi • Cultural responsiveness • Regional, national and global healthcare needs • Lifespan development 	C

Qualification	Course name(s) - courses where youth health / Te Ūkaipō value competencies evident in content	NZQA Level	Key competencies	Core (C) or Elective (E)
Post-graduate Certificate in Nursing	<ul style="list-style-type: none"> Pathways to Nurse Practitioner endorsement or Nurse Prescriber Endorsement 	8	<ul style="list-style-type: none"> Nurse Practitioner Nurse prescriber 	
Post-graduate Diploma in Nursing		8		
Master of Nursing Science	Either set of compulsory papers preparing person for qualification as Nurse Practitioner or Nurse Prescriber, similar to above	8-9	<ul style="list-style-type: none"> Nurse Practitioner Nurse prescriber 	
Western Institute of Technology at Taranaki (Taranaki - New Plymouth)				
Certificate in Nursing (CAP) Training Scheme	9 week refresher for NZ registered nurses and overseas-qualified nurses	7	<ul style="list-style-type: none"> Context of nursing in New Zealand 	C
Bachelor of Nursing	<ul style="list-style-type: none"> Health and Wellness 	5	Sociopolitical determinants of health	C
	<ul style="list-style-type: none"> Nursing the Person with Altered Mental State or Addiction 	6	Mental health Addiction and substance misuse	C
	<ul style="list-style-type: none"> Taranaki Hauora 	6	Hauora Māori	C
	<ul style="list-style-type: none"> Family, Whānau and Community Nursing 	7	Lifespan	C
	<ul style="list-style-type: none"> Contemporary Issues in Nursing and Health Care 	7	Contemporary issues	C

Qualification	Course name(s) - courses where youth health / Te Ūkaipō value competencies evident in content	NZQA Level	Key competencies	Core (C) or Elective (E)
Whitireia New Zealand (Porirua)				
New Zealand Diploma in Enrolled Nursing	<ul style="list-style-type: none"> Follows national curriculum with a choice of mainstream programme or Tihei Mauri Ora Kaupapa for Māori and Pacific students - this has an additional module 	4 4	<ul style="list-style-type: none"> Tiriti Culturally safe practice 	C
Certificate in Nursing (CAP) Training Scheme	7-8 week refresher for NZ registered nurses and overseas-qualified nurses	5	<ul style="list-style-type: none"> Mental health Addiction Stigma and discrimination 	C
Bachelor of Nursing	<ul style="list-style-type: none"> Health and Wellness Nursing the Person with Altered Mental State or Addiction Hauora Māori Family, Whānau and Community Nursing Contemporary Issues in Nursing and Health Care Health and Wellness Nursing the Person with Altered Mental State 	5-7	<ul style="list-style-type: none"> Sociopolitical determinants of health Mental health Addiction and substance misuse Hauora Māori Lifespan Contemporary issues 	C
Bachelor of Nursing Māori	<ul style="list-style-type: none"> As above but the Bachelor Nursing Māori programme is kaupapa Māori orientated to support a journey to become a registered nurse with the Nursing Council New Zealand 	5-7	<ul style="list-style-type: none"> Sociopolitical determinants of health Mental health Addiction and substance misuse Hauora Māori Lifespan Contemporary issues 	C

Qualification	Course name(s) - courses where youth health / Te Ūkaipō value competencies evident in content	NZQA Level	Key competencies	Core (C) or Elective (E)
	and traversing Te Ao Māori and Te Ao Tapuhi (Nursing).			
Bachelor of Nursing - Pacific	<ul style="list-style-type: none"> As above but the Bachelor Nursing Māori programme is kaupapa Māori orientated to support a journey to become a registered nurse with the Nursing Council New Zealand and traversing Te Ao Māori and Te Ao Tapuhi (Nursing). 	5-7	<ul style="list-style-type: none"> Sociopolitical determinants of health Mental health Addiction and substance misuse Hauora Māori Lifespan Contemporary issues 	C
Postgraduate Certificate in Nursing	Study specialities include mental health and addiction	8	<ul style="list-style-type: none"> Mental health Addiction 	E

Te Pūkenga were contacted to find out what might change and what might be possible under the national structure.

Te Pūkenga, in terms of people from throughout Aotearoa New Zealand having greater access to the youth health specialist courses which are already available from a small number of polytechs, and what might be happening in terms of an online resource that lets people search for fine-grained study options such as youth health, and post-grad study in topics like; Hauora Māori, working with people with ASD, Gender Diversity etc. and identify where these can be studied 1) in person and 2) online. Te Pūkenga indicated that they already have a centralised search facility to find any qualification across all their learner subsidiaries: <https://www.xn--tepkenga-szb.ac.nz/search/>. However a search of “youth health” only identified a level 4 certificate delivered by Careerforce, “Connecting and Walking Alongside Young People” for people working with young people and focused on safe and ethical practice, various qualifications in youth work and sport and recreation coaching, an online suicide prevention Level 4 microcredential (also Careerforce and on-the-job) and Waikato Institute of Technology’s Postgraduate Diploma of Health and Social Practice with endorsements in Professional Supervision, Midwifery and Mental Health and Addiction. No undergraduate or post-graduate nursing papers of qualifications were identified via the search for “youth health”.

Medicine

Medical Council of New Zealand Standards

The Medical Council of New Zealand sets standards of clinical and cultural competence and ethical conduct for doctors. The standards outline values and principles of good practice for doctors, and expectations of their professional behaviour, and are the benchmarks against which their behavior is measured. Standards cover good medical practice, medical care and prescribing, communication and consent, cultural safety, and conduct and professionalism.

Most of the standards set in place for doctors are general in nature in terms of age and stage of patients, with the exception that the standards for informed consent do explicitly address the situation where the patient is a child or adolescent, although only in brief. Since 2019 there has been a lot of work developing standards and supporting documents around cultural safety, moving away from a focus on cultural competence of doctors (acquisition of skills and knowledge regarding Māori and other cultures) to focus much more on self-reflection of a doctor's own attitudes and biases and how these may affect the cultural safety of patients.

New Zealand Curriculum Framework for Prevocational Medical Training (NZCF)

New Zealand has a curriculum framework for pre-vocational medical training. This covers professionalism, communication, clinical management, clinical problems and conditions and procedures and interventions.

The NZCF aims to:

- build on undergraduate education by guiding recently graduated doctors to develop and consolidate the attributes needed for professionalism, communication and patient care
- guide generic training that ensures PGY1 and PGY2 doctors develop and demonstrate a range of essential interpersonal and clinical skills for managing patients with both acute and long-term conditions, regardless of the specialty
- guide the seeking of opportunities to develop leadership, team working and supervisory skills in order to deliver care in the setting of a contemporary multidisciplinary team and to begin to make independent clinical decisions with appropriate support
- guide decisions on career choice.

Learning outcomes The NZCF are intended to guide a doctor's continuum of learning from medical school through to PGY1 and PGY2. The framework outlines the desired learning outcomes, but recognises that proficiency in achievement of the capabilities will occur at different stages in training. At the end of PGY1, doctors should have gained the necessary competencies to gain registration in a general scope of practice. During PGY2, doctors should continue their learning to ensure they are competent to enter vocational training or to work in independent practice in a collegial relationship with a senior doctor at the end of PGY2.

When commencing new clinical attachments, the NZCF provides an essential guide for discussing and identifying the learning opportunities that are available from a given attachment. It seeks to identify particular opportunities that may be taken during the attachment in order to assist learning.

The learning outcomes in the NZCF are underpinned by two central concepts:

1. **Patient safety:** Patient safety must be at the centre of healthcare and depends on both individual practice and also effective multidisciplinary team work.

2. **Personal development:** Throughout their careers, doctors must strive to improve their performance to ensure their progression from competent through proficient to expert practitioner, with the aspiration always to provide the highest possible quality of healthcare. PGY1 and PGY2 doctors are expected to develop critical thinking and professional judgement, especially where there is clinical uncertainty. PGY1 and PGY2 doctors should regularly reflect on what they perform well and which aspects of performance could be improved in order to develop their skills, understanding and clinical acumen. PGY1 and PGY2 doctors are expected to be proactive in managing their continuing education and career development. PGY1 and PGY2 doctors must work closely with their supervisors and multidisciplinary team to ensure maximum benefit from the learning opportunities that are available in the prevocational years.

The curriculum explicitly covers the following competencies of relevance to youth health and Te Ūkaipō:

- Māori health - Te Ao Māori and health, health disparities, involving whānau when they are brought to consultations, seeking appropriate cultural advice
- Pacific health - working with Pacific patients and their families, involving family in decision making, understanding determinants of health
- Self-awareness regarding own culture and understanding influence of culture on patients
- Health promotion skills
- Respecting role of whānau in health care, meeting with whānau / carers
- Working in healthcare teams, understanding and building relationships to other local health and wellbeing services at both primary and secondary care levels
- Understanding bias
- Family violence, child abuse
- Contraception and sexual health
- Psychiatric / drug and alcohol - addiction, anxiety, self-harm, depression, substance abuse, suicide risk assessment

Royal Australasian College of Physicians Adolescent and Young Adult Advanced Training

The specialty of adolescent and young adult (AYA) medicine was developed in recognition of “the burden of health problems affecting adolescents and young adults and of the need for health services to adapt accordingly”. Common causes of morbidity among adolescents and young adults

are noted in the prospectus for this training as including injuries (intentional and non-intentional), mental health problems, drug and alcohol misuse and sexual health problems. Contrasting with the improvements seen in other age groups, such as infants and older people, key public health indicators in a number of priority areas of adolescent and young adult health such as obesity, smoking, sexually transmitted infections, and teenage pregnancy, are noted to have shown adverse trends or no change in the past 20 years. In addition, the number of adolescents and young adults growing up with chronic diseases of childhood is noted as increasing as a result of improved treatment of these conditions, placing pressure on paediatric services, but also representing a challenge to adult health care providers. AYA physicians are seen as forming a bridge between paediatric and adult services.

The AYA Medicine Advanced Training Programme is open to trainees from both the Paediatrics & Child Health and Adult Medicine Divisions of the RACP, and from a range of settings. However, every specialist entering the training should have as their goal the development and provision of high quality services for all adolescents and young adults, along with the delivery of training in AYA medicine for all staff working in their institution. The aim of this Advanced Training Curriculum is to train AYA specialists who will not only become excellent clinicians, but who will also become leaders in the field of AYA medicine, advocating for the health of adolescents and young adults and influencing policy at local, state and national level. This is reflected in the structure of the curriculum, which highlights the clinical knowledge and skills required to be recognised as a specialist, as well as those needed for successful leadership, advocacy and collaboration with other agencies working both inside and outside the health system. AYA Medicine is a new specialty, and this is the first AYA Advanced Training Curriculum that has been produced by the RACP. The curriculum has deliberately been developed and written for trainees wishing to work as a specialist in AYA medicine. However, the RACP recognises that, while all physicians work with adolescents and young adults, there are many who work particularly closely with this group within their specialist area, e.g. respiratory medicine, rheumatology, addiction medicine, oncology, and gastroenterology. The RACP therefore aims to work with these specialties to incorporate aspects of the AYA Medicine Curriculum into their training curricula, where appropriate.

The expected outcomes of the training are as follows:

Graduates will be equipped to function effectively within the current and emerging professional, medical and societal contexts. At the completion of the Advanced Training Program in AYA Medicine, as defined by this curriculum, it is expected that a new Fellow will have developed the clinical skills and have acquired the theoretical knowledge for competent AYA medicine practice.

It is expected that a new Fellow will be able to:

- explain and teach the underlying principles of AYA medicine
- recognise the concept of AYA development and incorporate this into their clinical practice
- establish rapport and engagement with adolescents and young adults, assuring confidentiality within the patient professional relationship

- describe the patterns of morbidity affecting adolescents and young adults, the determinants of health and the influence of exploratory and health-risk behaviours
- diagnose and manage common acute and chronic illnesses
- provide a clinical service for the assessment and management of complex medical needs
- provide a consultative service to assist colleagues in their management of adolescents and young adults
- lead and work as part of a multidisciplinary team and work with colleagues from a wide range of professional groups
- liaise and collaborate with a wide range of community agencies and groups
- assist in the development, provision and promotion of services to facilitate transition from paediatric to adult care for adolescents and young adults with chronic illness
- assist in the development, provision and promotion of services for at-risk and marginalised adolescents and young adults
- assist in the development, provision and promotion of services for adolescents and young adults with disability
- engage in, foster, and encourage research
- develop health policies and procedures for adolescents and young adults
- participate in teaching and training for a variety of audiences
- identify the legal issues and frameworks that have an impact on AYA health
- describe the concepts behind youth participation frameworks and policy frameworks and identify international organisations such as the World Health Organisation (WHO), Society for Adolescent Health and Medicine (SAHM) and International Association for Adolescent Health (IAAH).

Review

The websites for providers of medical training across Aotearoa New Zealand were reviewed and information gathered on course content, in a similar manner as was undertaken for nursing.

Qualification	Course name(s) - courses where youth health / Te Ūkaipō value competencies evident in content	Key competencies	Core (C) or Elective (E)
Auckland University			
Bachelor of Medicine and Bachelor of Surgery MBChB	<ul style="list-style-type: none"> • The compulsory courses include population health, health and society, health systems and behaviour, health and development, and placements include 		C
			C

Qualification	Course name(s) - courses where youth health / Te Ūkaipō value competencies evident in content	Key competencies	Core (C) or Elective (E)
	community settings.		
Postgraduate Certificate in Health Sciences in Youth Health (Co-facilitated by Kidz First Centre)	<ul style="list-style-type: none"> Youth Health Clinical Skills Health, Education and Youth Development Population Youth Health Clinical Care of Adolescents and Young Adults Clinical Care of Gender Diverse Youth Counselling in Youth Mentoring Advanced Assessment and Clinical Reasoning (child and youth course) 	<ul style="list-style-type: none"> Clinical assessment - young people Meeting the health and education needs of all students; understanding students' rights and the legal obligations of schools; establishing successful learning teams and ensuring all team members are confident using the on-line systems and resources. School structures and relevant curriculum; Student well-being and the influence of the school "climate"; health promotion and health education, reflection on learning and understanding the dynamics of successful teams. School-based health and social support services, reflection on learning and understanding the dynamics of successful teams. Meeting the health and education needs of all students; Whole-School Approaches to student well-being; resolving any questions that have arisen, reflection on learning and the power of successful teamwork. Population youth health Gender diversity Counselling Māori health Mental health CBT Pacific health Health promotion 	C C C C C C C E E E E E E

Qualification	Course name(s) - courses where youth health / Te Ūkaipō value competencies evident in content	Key competencies	Core (C) or Elective (E)
Addiction studies - Master of Health Practice, Postgraduate Diploma in Health Sciences	Completion of the programme will enable graduates to achieve accreditation with DAPAANZ (Drug and Alcohol Practitioners Association of Aotearoa – New Zealand).	<ul style="list-style-type: none"> Addiction and substance misuse 	E
Alcohol and Drug Studies - Master of Health Practice, Postgraduate Diploma in Health Sciences	Completion of the programme will enable graduates to achieve accreditation with DAPAANZ (Drug and Alcohol Practitioners Association of Aotearoa – New Zealand).	<ul style="list-style-type: none"> Addiction and substance misuse 	E
Health Promotion - Master of Health Practice, Master of Public Health, Postgraduate Diploma in Health Sciences, Postgraduate Diploma in Public Health	<ul style="list-style-type: none"> Developing a Health Promotion identity through the teaching of competencies, principles, values and ethics Exposure to elements of practice in diverse settings Developing capabilities that help address the complexity of future health issues and social problems 	<ul style="list-style-type: none"> Health promotion Māori and Pacific health 	E

Qualification	Course name(s) - courses where youth health / Te Ūkaipō value competencies evident in content	Key competencies	Core (C) or Elective (E)
Health Psychology - Master of Health Science, PhD in Medical and health Sciences, Postgraduate Diploma in health Psychology	<ul style="list-style-type: none"> • Coping with illness and chronic disease • Promoting healthy behaviours • Psychological influences on the development of disease states • Improving adjustment in healthcare settings • Patient-practitioner communication • Adherence to treatment • Determinants of health-related behaviours (diet, exercise etc) <p>The ways in which individuals make sense of and react to health screening, symptoms and illness</p>	<ul style="list-style-type: none"> • Multidisciplinary teams • Determinants of health 	

Qualification	Course name(s) - courses where youth health / Te Ūkaipō value competencies evident in content	Key competencies	Core (C) or Elective (E)
Infant, Child and Adolescent Mental Health -Master of Social Work, Master of Counselling, Master of Health Practice, postgraduate Certificate and Diploma in Health Sciences, postgraduate Certificate and Diploma in Counselling Theory, Postgraduate Certificate and Diploma in Social Work	<ul style="list-style-type: none"> • Child and adolescent psychopathology • Child and adolescent development • Assessment, Formulation and Treatment Planning in Child and Adolescent Mental Health • Therapy in Child and Adolescent Mental Health – Theory • Youth Addiction and Co-existing Problems CBT with Children, Adolescents and their Families 	<ul style="list-style-type: none"> • Mental health skills • Youth health and development • Youth population health • Engaging and assessing young people • BIC / Motivational interviewing 	E E E E E
Māori Health - Postgraduate Diploma in Public Health or Health Science, PhD in Māori and Pacific Health	<ul style="list-style-type: none"> • Range of postgraduate health papers as above • Māori Health foundations • Principles of Kaupapa Māori Health Health Promotion - Māori 	<ul style="list-style-type: none"> • Māori health - foundations, principles of kaupapa Māori health • Health promotion- Māori • Youth health • Mental health 	E E E E
Pacific Health - Postgraduate Diploma in Public Health or health Science, PhD in Māori and Pacific Health	<ul style="list-style-type: none"> • Range of postgraduate health papers as above • Pacific Health Health Promotion in Pacific Community Development 	<ul style="list-style-type: none"> • Health promotion - Pacific • Youth health • Pacific health • Mental Health 	E E E
Paediatrics - Diploma, Master of Health Sciences	Course content includes coverage of youth health - heavily research-focused course content.	Youth health	E

Qualification	Course name(s) - courses where youth health / Te Ūkaipō value competencies evident in content	Key competencies	Core (C) or Elective (E)
University of Otago (Ōtipoti - Dunedin / Ōtautahi - Christchurch / Pōneke - Wellington)			
Bachelor of Medicine and Bachelor of Surgery MBChB	<ul style="list-style-type: none"> Compulsory papers each year - difficult to determine content but following NZ curriculum. 		C
			C
Paediatrics - Postgraduate Diploma of Child Health	Community Child Health (Wellington)	<ul style="list-style-type: none"> Modules on adolescent health, ADHD, ASD 	E
Postgraduate certificate in Health Science Endorsed in CBT and Postgraduate Diploma in Health Science Endorsed in CBT	Cognitive Behaviour Therapy (Wellington)	<ul style="list-style-type: none"> CBT 	
Postgraduate Certificate and Diploma in Health Sciences - Addiction and Co-Existing Disorders	Completion of the programme will enable graduates to achieve accreditation with DAPAANZ (Drug and Alcohol Practitioners Association of Aotearoa – New Zealand). (Dunedin, Christchurch)	<ul style="list-style-type: none"> Addiction and substance misuse 	E
Postgraduate Certificate in Public Health	Māori Health	<ul style="list-style-type: none"> Māori health - foundations, principles of kaupapa Māori health Health promotion- Māori Youth health Mental health 	

The Royal New Zealand College of General Practitioners

The College has a quality framework comprising two programmes: Foundation and Cornerstone. Cornerstone is accredited at three levels: Bronze, Silver and Gold, each requiring completion of two core modules: Equity and Continuous Quality Improvement in order for Cornerstone Bronze to be accredited, while the two higher levels require completion of additional modules, none of which directly relate to youth health. There is one on advanced cultural safety and one on mental health and wellbeing. Efforts have been made to add a youth health module to the framework, but this has not been successful.

Community-based training providers

Whāraurau (formerly Werry Centre) is a Government-funded provider of workforce training for the infant, child and adolescent and / or alcohol and other drugs sector.

Foundations in Infant Child and Adolescent Mental Health (ICAMH)

Foundations in ICAMH: Infant, Child, Youth and Whānau Mental Health is a training course providing foundation learning on infant, child, youth mental health and how to work with their whānau. It is designed to enhance the skills and knowledge of the ICAMH, NGO and Primary workforce. There are two components to the Foundations in ICAMHS Training:

- eLearning: 4 modules
- Face-to-face training package

The eLearning component is an online education course for ICAMH, NGO and Primary workforces and comprises four modules:

- ICAMH1 - Core Concepts / Infant Mental Health
- ICAMH2 - Child Mental Health
- ICAMH3 - Youth Mental Health
- ICAMH4 - Supporting the Wellbeing of Infants, Children, Young People and Whānau

Each interactive module takes 2-3 hours to complete and can be undertaken in stages. CME-related certificates of completion are available for each module and completion of the entire course including a final quiz will result in the acquisition of knowledge at the primary level of Real Skills Plus, as well as a Werry Workforce Whāraurau certificate that can be used for performance reviews and job applications. The Face-to-face training package is based on the eLearning content.

Course fee: nil

Estimated duration: 3 hours per module

Raising trauma awareness for caregivers and for people working with children and whānau

This eLearning includes a series of three eModules developed by Werry Workforce Whāraurau in collaboration with Oranga Tamariki. A fourth eModule has been developed in collaboration with the Ngātahi Workforce project in the Hawke's Bay, Dr Leland Ruwhiu from Oranga Tamariki and Associate Professor Nicola Atwood from the University of Otago. The e-module series includes:

- Childhood Trauma: Impact on Development and Behaviour
- Trauma-informed Care for Caregivers
- Trauma-informed Care for the Children's Workforce
- Self-care in Trauma-informed Organisations

These eModules provide foundation learning and development for caregivers of children/tamariki and the children's workforce, e.g. social workers, police officers, school based workers such as counsellors, teachers, teacher-aides, RTLBs; people working in children's teams, people working in public health roles, people working in community support roles, mental health workers: Everyone working with children/tamariki and their whānau to raise awareness of trauma-informed care within Aotearoa New Zealand.

Estimated duration: 1.5 hours per module

Course fee: Nil

HEEADSSS (Home, Education/Employment, Eating, Activities, Drugs and Alcohol, Sexuality, Suicide and Depression, Safety)

HEEADSSS (Home, Education/Employment, Eating, Activities, Drugs and Alcohol, Sexuality, Suicide and Depression, Safety) Assessment allows for early identification of mental health, Alcohol and Other Drug (AOD) issues and other information to assist young people in their development.

Funded by The Ministry of Health as part of the Prime Minister's Youth Mental Health Initiative, Werry Workforce Whāraurau in collaboration with key agencies have developed the online eLearning module – Introduction to HEEADSSS. The short course provides an introduction to the HEEADSSS assessment framework and other key information to support professionals working with young people.

This eModule is designed for professionals working in Primary Care - Target audiences include School Nurses, School Counsellors, Youth Workers, Practice Nurses, General Practitioners, Primary Mental Health and AoD professionals and Social Workers. However, professionals working in other sectors will find the course of value.

Estimated duration: 6 hours

Course fee: nil

Co-Existing Problems and Youth

is an online education course designed to help workers in all areas of youth health, mental health and addiction, provide support to young people experiencing mental health and/or substance use difficulties in an integrated and holistic manner.

These eModules provide an overview of current treatment recommendations for youth with co-existing (mental health and substance use) problems (or CEP) and present a practical guide for clinicians working with youth with CEP. It is written for primary care and specialist mental health and alcohol and other drug (AOD) services.

A certificate of achievement is available on completion of the entire course.

Estimated duration: 1 hour per module

Course fee: nil

The Collaborative Trust for Research and Training in Youth Health and Development

The Collaborative Trust runs a range of training workshops on topics including:

- HEEADSSS
- Gender Diversity and Rainbow Awareness
- Inclusivity (understanding biases)
- Managing Big Emotions
- Understanding Mental Illness
- Understanding Self-Harm and Suicide
- De-Escalation

The Collaborative Trust also published Youth Health: Enhancing the skills of primary care practitioners in caring for all young New Zealanders back in 2011. This was an adaptation of a resource originally developed in Australia by Transcultural Mental Health Centre and the Children's Hospital at Westmead: NSW Centre for the Advancement of Adolescent Health, with the New Zealand version resourced by the Ministry of Health and DHBNZ.

Kidz First Centre for Youth Health

Kidz First, Counties Manakau DHB offers a range of training courses for health professionals, including:

- Youth Health 101: Clinical Skills for Working with Young People
- Working with Transgender Children and Young People
-

Along with a number of the paediatric postgraduate papers on offer at University of Auckland:

- Clinical Youth Health
- Population Youth Health
- Health, Education and Youth Development

Society of Youth Health Professionals Aotearoa New Zealand (SYHPANZ)

SYHPANZ offers a range of webinars for its members.

In 2014, SYHPANZ, along with Auckland School Nurses Group (ASNG) and Counties Manukau Health published a National Youth Health Nursing Knowledge and Skills Framework. It was intended as a platform for demonstration of youth health knowledge and skills in practice, to be used in conjunction with their national accreditation process. It was divided into three levels: essential, specialty and advanced knowledge and skills.

Mental Health Education and Resource Centre (MHERC)

MHERC offers a range of training workshops and workplace education programmes

Relevant to youth health, the following workshops are currently on offer:

- Understanding and Working with Attachment in Children and Adolescents.
- Motivational Interviewing: An Introduction
- Dual Diagnosis: Intellectual Disabilities and the Impact of Mental health Issues
- Navigating the Mental health Sector: Specialist Services and NGOs
- Trauma-Informed Care: Providing Support to Children and Adolescents
- Fetal Alcohol Spectrum Disorder
- Alcohol and Other Drug Use in Youth: Motivational Tools for Harm Reduction
- Supporting Rainbow Wellness
- Trauma-Informed Care for Practitioners: Applying Principles to Practice and Responding to Challenges
- Autism Spectrum Disorder: Enhancing Understanding and Providing Proactive Interventions
- Motivational Interviewing: Evoking and Planning for Change

Goodfellow Unit, Auckland University Department of General Practice and Primary Health Care

The Goodfellow Unit delivers PD for primary health professionals, including an annual symposium, in-person workshops and webinars, as well as sharing podcasts and other e-content. No relevant events were found for 2022.

Relevant podcasts are available on the topics of youth vaping, sexual harm disclosure, meningococcal disease and young people, conversations with young patients about sex, HEEADSSS, teenage brain development, what's new in sex education, transgender physical health, ADHD assessment, management and diagnosis, eating disorders, and depression in adolescents.

e-learning courses include Working with Youth: HEEADSSS Assessment, Coexisting problems in taiohi (youth), Substance use and taiohi (youth), self-care in trauma-informed organisations, Foundations in ICAMH 4: Supporting the wellbeing of infants, children and youth, Foundations in ICAMH 3: Youth mental health.

DHBs

Some DHBs deliver their own training for their workforce, including in the Nurse Prescriber qualification. The formative evaluation of SBHS (Malatest International, 2022) identified one DHB that had developed its own training, while several use Nurse Educators to deliver training or provide professional development to their SBHS workforce.

New Zealand School Nurses

New Zealand School Nurses organisation was set up in 2017 and has a membership of around 1,000 from across New Zealand, including nurses, GPs, social workers, counsellors and others. Their website (<https://www.nzschoolnurses.org.nz>) identifies some of the training available both face to face and online. When reviewed in November 2022, it identified the following in—person training:

- NEAT Asthma courses
- Easy evaluation workshops run earlier in 2022
- NZ Family Planning workshops
- SureSkills Training Workshops
- University of Auckland youth health workshops

Online training is also promoted on their website and social media. Courses listed included courses delivered by ASCIA (Australia), Life Education Trust, eCALD (Auckland), Te Ao Māramatanga New Zealand College of Mental Health Nurses Inc. and Goodfellow Unit.

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