Report on Desired State of School Based Health Services Workforce

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fOR THE SBHS ENHANCEMENTs PROGRAMME august 2023

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# Introduction

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, skill 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 schools 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.

The opportunity in this project is to plan and provide for the development of the workforce that results in consistency of training and supervision to ensure that the SBHS workforce will have the capacity, confidence and capability to:

* deliver quality health services within the context of schools, TPUs and Alternative education, supporting young people and impacting positively on their wellbeing,
* meet the needs, aspirations, rights and interests of rangatahi Māori, employing the values of Te Ūkaipō in a tangible and realistic manner and supporting rangatahi in the context of whānau and hapori, and operating at all times in a way that is mana-enhancing.

The consequences will be much better outcomes for all young people but more so for those most at need to ensure greater equity of young people for their futures.

Te Whatu Ora contracted the Society of Youth Health Professionals Aotearoa New Zealand (SYHPANZ) to undertake the Workforce Development project.

SYHPANZ have completed the first stage of the project which is the Current State Report.

This second stage of the project builds on the Current State Report, focussing on capturing the workforce voice to describe the desired state of the workforce. From this, SYHPANZ have developed building blocks for the Intervention Logic Model, and proposed several areas for action, which will inform the development of the SBHS Workforce Development Plan.

Note that while Te Whatu Ora commissioned this project, implementation of any actions or recommendations is subject to approval and resourcing. Te Whatu Ora has no obligation or commitment to implementing any actions or recommendations.

# Methodology

## Youth voice

Rangatahi have already clearly told us what they want to see in the SBHS workforce, and we have utilised existing documents within the SBHS Enhancement programme and other youth literature available to prepare a summary, see Appendix One.

## Kaimahi voice

The focus of the research for ‘Desired State’ of the workforce was to engage with kaimahi (the workforce) and capture their voice.

Sites invited to take part in focus groups were selected to ensure inclusion of known good practice approaches, a range of both rural and urban localities across both Te Ika-a-Māui and Te Waipounamu, services catering to high rangatahi Māori and Pasifika populations, and SBHS across mainstream schools, kura, alternative education, teen parent unit settings and education within Oranga Tamariki care settings.

In total 53 members of the SBHS workforce took part in a focus group regarding their desired state of workforce development for the service. Ten focus groups were conducted around the motu, as follows:

*Seven kanohi ki te kanohi hui:*

* Te Whatu Ora Counties Manukau – 2 focus groups (6 nurse participants; 5 participants – General Practitioners (GPs), Nurse Practitioners (NPs), Nurse Managers)
* Pinnacle Health Waikato – 2 focus groups (5 participants – GP, NP, Team Lead, Service Manager, Nurse Educator; 5 participants – GPs, Registered Nurses (RNs))
* Eastern Bay Primary Health Alliance, Whakatane – 1 focus group (7 participants – Contract Manager, Regional Te Whatu Ora Planning and Funding representative, RNs, NP)
* Vibe, Hutt Valley – 1 focus group (7 participants – Clinical Manager, RNs, Nursing Entry to Practice - NETP nurse, NP)
* Te Whatu Ora Southern – Invercargill – 1 focus group (6 participants – Nurse Manager, Nurse Educator, 4 RNs)

*Three on-line hui:*

* Tairawhiti – 1 focus group (5 participants – 1 Clinical Nurse Manager, 2 RNs, 2 Kaiawhina)
* Te Whatu Ora Southern - Ōtepoti Dunedin – 1 focus group (3 participants – Charge Nurse Manager, RN from Oranga Tamariki residence and RN with kura kaupapa focus)
* Te Whatu Ora Te Tai o Poutini West Coast – 1 focus group (4 participants – Clinical Nurse Manager, 3 RNs)

Focus groups followed a semi-structured format, with the questions grounded in the workforce development component of the Te Tatau Kitenga Discussion Document for Enhancements of School Based health Services 2021[[1]](#footnote-1). The questions related to three categories:

1. Building relationships
2. Multi-disciplinary practice
3. Clinical pathways.

These categories were selected based on the needs expressed by rangatahi in previous work. The questions were carefully selected to focus on extracting the ‘desired state’ from the workforce, as opposed to current experiences, barriers and challenges. The questions were reviewed by Te Tatau Kitenga and adapted according to their feedback.

## Analysis

All data was analysed thematically according to each of the principles of Te Ūkaipō, firstly from the perspective of what is needed to deliver a service in line with and upholding Te Ūkaipō for rangatahi, but also from the perspective of what is needed to deliver to ensure that workforce themselves are experiencing the values and principles of Te Ūkaipō themselves.

The values of Te Ūkaipō feed into each other and are inextricably intertwined. For the purposes of avoiding repetition, it is taken as a given that building relationships with rangatahi and really knowing them as individuals lies at the essence of Tino Uaratanga but is fostered through all other elements of Te Ūkaipō.

The needs of young people are holistic and change over time and development. Young people in Secondary School move from Te Kore – the beginning: they have just started and are going through sexual and reproductive puberty which coincides with the start of connections in and with the cerebral cortex coming on-line.

They come to Te Pō, the very important development stage of engaging with life – with peers and adults outside their whanau; with their own identity, whakapapa and whanau; with who they are; and with their wairua, aroha and whanaungatanga, and connections with others.

They emerge into young adulthood still with more development to come but they are out into Te Ao Marama, the dawning of their next transition. They develop rangatiratanga, self-determination and self-control; they know where they belong; they embrace their whakapapa; and they know the language to use - Te Reo of their Ao.

All this happens through secondary school. For many young people this goes smoothly but for many there are major issues interfering with this. The workforce in schools across education and health can enhance this development, assist in overcoming the difficulties and empower and equip young people to keep doing this throughout their lives. This is the aim of workforce development.

Using Te Ūkaipō as the basis for workforce development enhances the opportunity for the SBHS workforce to achieve the equity of outcome (the fundamental goal of the project). This will apply to nurses but also doctors, counsellors, pastoral care staff, social workers, youth workers, and if the values are spread across teaching staff (beyond the scope of this project) consistency and good learning can be achieved for all.

The vision of the SBHS enhancements programme is to ensure all rangatahi have equitable access to excellent health care from the SBHS. The SBHS workforce enhancement project is to focus on the priority populations using Te Ūkaipō as the enhancement tool. The SBHS workforce voices collected via the focus groups told us that there will need to be nationally consistent core components to this work.

Te Ūkaipō ensures the outcome of the SBHS enhancement programme is responsive to the needs of rangatahi and Māori. It prioritises the importance of connection and care to ensure all rangatahi are valued throughout their engagement with SBHS.

Most action research approaches describe some form of research spiral, which relates well to Te Ūkaipō - Te Kore, Te Po, and Te Ao Marama. The spiral provides a set of stages or a process to work with as a continuum of reflection, learning, and growth.

The SBHS workforce voice resonates strongly with their Leaders and Champions sitting within Te Tatau Kitenga. Quality rather than quantity should be emphasised and is more likely to lead to desired outcomes as supported by the current body of Youth Health literature, Te Ūkaipō, rangatahi and kaimahi. The workforce voice echoed Te Tatau Kitenga and provided detail about their needs and challenges to be able to support rangatahi in their core work as well as being able to have scope to address the individual needs of this diverse group at the regional school and individual levels.

# Building blocks for the Intervention Logic Model

We have carefully presented the Kaimahi voice using Te Ūkaipō as the framework to communicate the outcomes for rangatahi, in developing the Building Blocks for the Intervention Logic Model. The building blocks acts as a steppingstone to the logic model which is our representation of action research to inform the enhancement process.

The rangatahi voice and kaimahi voice were carefully extracted from the Qualitative narrative report (see Appendix One) and organised to be specific with the themes of information received from the focus groups.

The enhancement process follows three steps which lead to the kaimahi outcomes and the intended rangatahi outcomes:

1. What will enhance SBHS - Changing mindset
2. What needs to be delivered - System Listens
3. How the workforce will be enabled – Mana enhancing environments for rangatahi.

The building blocks are described under the change areas:

1. Building Relationships
2. Clinical Pathways
3. Multi-Disciplinary Practice

| Building Relationships | | | | | |
| --- | --- | --- | --- | --- | --- |
| *Te Ūkaipō* | *Changing mindsets*  *(What will enhance SBHS?)* | *The system listens*  *(What needs to be delivered?)* | *Mana enhancing environments for rangatahi (How will the WF be enabled?)* | *Kaimahi outcome* | *Rangatahi Outcome* |
| Tino Uaratanga | *A service that takes the time to connect and establish meaningful relationships with rangatahi.* | *An approach of care that values the need for ‘time’.*  *A service that prioritises and responds to the individual needs of rangatahi.* | *Provide funding and resources to establish ‘health hubs’ that make SBHS available to all rangatahi, with a team of kaimahi and kaiāwhina who have the time and skills to build relationships, connect and care for young people* | *Kaimahi have potential* | *Rangatahi have potential* |
| Wairua | *Rangatahi are prioritised. Which means the sector is prioritised. A space, service, and standards that ‘respond’ to the needs and voice of rangatahi. The first engagement with a health provider in Aotearoa sets the precedent for all future engagement with health. The foundation and future of health engagement in Aotearoa must be valued and prioritised.* | *Expansion of the ‘youth health sector’.*  *Reflect the prioritisation of rangatahi health by delivering a quality, cohesive approach to care e.g. health hubs in schools, all rangatahi have access to SBHS, friendly faces (reception, kaimahi and kaiāwhina), ongoing treatment plans and cross-sector transparency.* | *Broaden the scope of SBHS, enhance tertiary programs, upskill kaimahi and provide the resources (funding, staff, time) to enable this process.*  *Consider kaiāwhina career pathways under SBHS to elevate workload for clinical practitioners and meet Te Ūkaipō standards of practice.*  *Consider utilising existing kaimahi already experienced and/or qualified with these competencies e.g. health sciences graduates, health education, youth workers, whanau liaisons, diversity liaisons, Māori mentor programmes run by iwi.*  *Consider some of these roles being filled through a meaningful amalgamation with schools and school staff and resources.* | *Kaimahi are essential* | *Rangatahi are essential* |
| Aroha | *SBHS is an essential service under MOH as it forms the foundation of a ‘lifelong relationship with health care in Aotearoa’. Our rangatahi, above all, matter – they are our future* | *A health service that is a collaborative team approach between TWO and MOE , that is inter-connected and youth centred. Rangatahi health is the priority and this service is essential.* | *Prioritise the resources and funding to enhance SBHS.*  *Foster a connected delivery of service by forming a collaborative approach to care with schools, providers.*  *Re-design the sector, improve tertiary pathways, create career pathways under the ‘youth kaitiaki’ sector.* | *Kaimahi matter* | *Rangatahi matter* |
| Whanaungatanga | *Connected experience. Rangatahi want a connected approach to their care, a cohesive approach with those in their kura, who are ALL connected to their diverse needs.* | *A multi-disciplinary approach to SBHS that delivers a consistent, ‘connected’ practice. Kaimahi and kaiawhina are competent, caring and connected.* | *Professional development in cultural competency (Te Ūkaipō resource and training rollout), youth relations and youth development, diversity training, collaborative care training in collaboration with MOE*  *Funding for pay parity, improved ratios (all rangatahi have access to care), full-time hours (enabling PD engagement) and expanded SBHS sector to include kaiawhina roles.* | *Kaimahi are connected* | *Rangatahi are connected* |
| Rangatiratanga | *Empower rangatahi to drive their own health journey, empower kaimahi to ignite this in their service to rangatahi. A SBHS that connects young people and their whanau to care, resources and providers who will contribute to their overall “health plan” and instigate a lifelong positive engagement with healthcare* | *Value the ‘individuals’ voice with regards to their relationship with healthcare. All avenues of positive health engagement are valued (inclusive of mātauranga Māori). A balanced approach to care that is an enabler to a lifelong positive engagement with their health and honours the sovereignty each rangatahi has over their body and health journey.* | *Professional development as above.*  *Consider contracting iwi liaisons to foster relationships with rongoā Māori practitioners.*  *Regular PD and upskilling to grow understanding of rongoā Māori*  *Ongoing Te Ūkaipō training and resourcing with an expectation to show evidence of meeting the commitments to this practice.* | *Kaimahi have self-determination* | *Rangatahi have self-determination* |
| Whakapapa | *A safe space and a sense of belonging for all. Meaningful connections established, maintained and valued (The healthcare whanau know the story of our rangatahi)* | *Cohesive approach to care across the school, consistent approach to relationship building. Connections maintained cross-sector and transitions into the community for exiting students/rangatahi.*  *Rangatahi and kaimahi voice valued in the implementation of the enhancement process including the formation of the health hub facilities.* | *Professional development as above. Rangatahi and kaimahi input in developing health hubs. A nationwide rollout that fosters the collaboration of SBHS and school staff to enact a consistent approach to care (consider forming a ‘Youth health provider’ sub-group that gathers the kaimahi under both TWO and MOE into its own sector which provides and shares resources and training to foster this consistent approach to care.* | *Kaimahi belong* | *Rangatahi belong* |
| Te Reo | *A competent SBHS in pronunciation of te reo Māori, a workforce that is committed to a career long dedication to growing their competence in te reo.* | *Correct pronunciation and a progressive journey to have basic understanding of te reo Māori.* | *A hands on, easy to use resource to assist kaimahi in meeting these standards.*  *Consider a cyclical process to grow knowledge, skills and attitudes that kaimahi can move in and out of to meet the various levels of competency across the workforce.*  *A set expectation across the profession as their obligation to Te Tiriti.* | *Kaimahi have mana* | *Rangatahi have mana* |
| Manaakitanga | *Te Ao Māori approach to treatment and care, tinana me te wairua, respecting the person’s body and understanding the ways in which you respect someone’s wairua.* | *A ‘model of care’ that fosters a respectful approach to treatment that gives the person the sense of safety and autonomy over their body and wairua.* | *Professional development as above.*  *‘Model of care’ formed on the basis of Te Ūkaipō.*  *Resources and training to upskill the workforce to be competent in delivering a te Ao Māori model of care* | *Kaimahi are valued* | *Rangatahi are valued* |
| Ōritetanga | *A SBHS service that responds to the diverse needs of individuals/schools/regions* | *A funded, resourced and connected service that enables SBHS to assess and respond to needs with ease or access the necessary support to upskill.* | *Acknowledge the positive implications a quality youth health service could have on the future of Aotearoa citizens and their lifelong engagement with their healthcare.*  *Enact an enhancement rollout that will gradually implement the various recommendations provided by both rangatahi and kaimahi.* | *Kaimahi are equal* | *Rangatahi are equal* |
| Links to key considerations | * *Te Ūkaipō ‘in practice’ resource and training* * *Stand-alone Te reo and tikanga resource and expectations with engagement* * *A ‘Youth Health’ sector that is in collaboration with MOE and the health providers that are employed in schools by MOE* * *A valued workforce who are enabled to meet the holistic needs of their rangatahi (pay parity, more time, more staff, valued ‘support’ staff)* * *Support staff, expand the workforce* * *Cohesive approach to care in collaboration with providers under MOE (counsellors, pastoral care, health teachers, mentors/youth workers, students)* * *Encourage student board input in developing the health hub and addressing rangatahi needs* * *Sufficient distribution of resources and the time allocated to engage with them (and a ‘requirement’ to commit to a set amount of professional development annually or biannually)* | | | | |

| Multi-Disciplinary Practice | | | | | |
| --- | --- | --- | --- | --- | --- |
| *Te Ūkaipō* | *Changing mindsets*  *(What will enhance SBHS?)* | *The system listens*  *(What needs to be delivered?)* | *Mana enhancing environments for rangatahi (How will the WF be enabled?)* | *Kaimahi outcome* | *Outcome* |
| Tino Uaratanga | *A service that grows with its Rangatahi* | *A responsive approach to care that meets the diverse needs of rangatahi. A service that can move and adapt to accommodate the various needs of rangatahi health* | *A funded health hub, with various kaimahi who can connect rangatahi to services and people who can meet their needs.* | *Kaimahi have potential* | *Rangatahi have potential* |
| Wairua | *A career and service that is valued and values rangatahi* | *A sector that provides many career opportunities that all contribute to the SBHS. E.g. youth health mentors, connectors, nurses, whanau liaisons etc.*  *A service that is worthy of a dedicated space and valued as the initiation of health care for the future pakeke of Aotearoa* | *Health hub, expanded career options that has the potential to offer career opportunities to ‘current’ staff/whanau/invested community warriors already working in these areas.*  *Cross-sector movement encouraged e.g. health ed trained can seek a career under the youth health sector.* | *Kaimahi are essential* | *Rangatahi are essential* |
| Aroha | *A service that is invested in and valued as a quality health service for rangatahi across Aotearoa.*  *A consistent standard in all SBHS hubs.* | *A quality health hub, where SBHS and schools can cherry pick services and staff that can meet the needs and requests of their rangatahi.*  *Clear expectations for kaimahi, ample resources and professional development opportunities.* | *A funded health hub, with the facilities to offer privacy, safety, aroha, mauri tau, mana enhancing tautoko.*  *Kaimahi who are valued and supported in delivering quality healthcare.* | *Kaimahi matter* | *Rangatahi matter* |
| Whanaungatanga | *A connected practice, a collaborative approach to care that offers safe faces and spaces.*  *A system for communication across all school based health services and health professionals that is only accessible to thee kaimahi if rangatahi have allowed it to be* | *A private space, with a private toilet, private clinic rooms, a welcoming ‘youth informed’ reception and waiting area. A health hub to see youth workers, mentors, nurse, counsellor, visiting practitioners, careers, pastoral care (not SLT)*  *Patient management system with an opt in option* | *Funding, resources and collaboration with MOE and schools to collectively meet the health needs of our rangatahi.*  *Not an ‘opt out’ on a school by school basis, ALL rangatahi are entitled to access quality healthcare.*  *Rangatahi will not need to tell their story multiple times* | *Kaimahi are connected* | *Rangatahi are connected* |
| Rangatiratanga | *A service that ‘teaches’ and ‘empowers’ our future tangata a lifelong relationship with health care and self-care in Aotearoa* | *A service that responds to the needs of rangatahi AND collaborates with education to empower young people to manage their health once they leave school. ‘A transitional model’*  *A service that is connected and responds to the diverse needs of our rangatahi by operating under a ‘cross-sector’ model.* | *Collaboration with MoE and NZHEA, a transitional model of care considered to ensure young people are connected with their community once they leave school.*  *Guidelines to work cross-sector and offer a connected service to rangatahi.* | *Kaimahi have self-determination* | *Rangatahi have self-determination* |
| Whakapapa | *A youth centred space and service* | *The space needs to be for youth by youth, the service needs to be for youth by youth. Honour the stories, connections, thoughts and feelings of the youth who use the space and access the service.* | *A national body to be formed that implements and oversees the enhanced ‘youth health service’. A body that among other functions manages the collaboration between MOE and TWO and fosters a collaboration with schools. Funding allocations for spaces and staff, commit to growing the workforce and ensuring rangatahi voice has its place in this process.* | *Kaimahi belong* | *Rangatahi belong* |
| Te Reo | *Te Reo use and correct pronunciation in clinics and across all staff in the sector.* | *Te Reo is honoured in all spaces, consultation with iwi/mana whenua is essential.* | *Professional development and obligations to Te Tiriti embedded in practice. User friendly tools necessary.* | *Kaimahi have mana* | *Rangatahi have mana* |
| Manaakitanga | *A facility and service that values the safety and hauora of rangatahi* | *A facility and service that is underpinned by Te Ūkaipō. The utmost care and respect is taken into consideration in the forming of the space and the growth of the service. Rangatahi voice is valued and acted upon.* | *A fostered relationship with MOE, PLD to SLT, health teachers, pastoral care providers across the country. A ‘framework’ mandated in schools that holds education and health responsible for a standard of care for youth health in a health hub space.*  *Privacy parameters need to be addressed.*  *A service that is held up as a quality healthcare service for all rangatahi to access, their whānau can have peace of mind knowing their rangatahi are receiving quality care* | *Kaimahi are valued* | *Rangatahi are valued* |
| Ōritetanga | *A quality facility and service available to all, our rangatahi should expect the same high standard of manaakitanga in every healthcare experience* | *Quality facilities and connected and competent staff delivered to ALL rangatahi* | *A framework that informs all kaimahi under the MDP sector. Includes MOE.* | *Kaimahi are equal* | *Rangatahi are equal* |
| *Links to key considerations* | * A funded space in collaboration with MOE and schools that houses hauora kaitiaki under the sector * A framework that forms a consistent ‘multi-disciplinary’ approach to care under the ‘youth health’ sector that holds MOE and TWO accountable. * Expanded workforce to elevate and support the workload for kaimahi e.g. whanau liaison, community connecters, youth workers/mentors, receptionist * Consider cross-sector movement and utilising current ‘champions’ in the workforce e.g. health sciences, health education, youth workers, social workers, whanau volunteers etc. * A quality healthcare service that is valued as the first experience for our future Aotearoa. Quality health hub, facilities, service with variety, prescribing, referring, and transition support. | | | | |

| Clinical Pathways | | | | | |
| --- | --- | --- | --- | --- | --- |
| *Te Ūkaipō* | *Changing mindsets*  *(What will enhance SBHS?)* | *The system listens*  *(What needs to be delivered?)* | *Mana enhancing environments for rangatahi (How will the WF be enabled?)* | *Kaimahi outcome* | *Rangatahi Outcome* |
| Tino Uaratanga | *Grow the capacity of our current workforce and deliver competent kaimahi from tertiary pathways.*  *Map a progressive journey of the enhancement plan and dedicate the time and resources to growing the potential of this sector.* | *A national body that oversees the growth and evolution of the sector. A staged approach to raising competencies, raising the career profile, improving facilities and implementing multi-disciplinary practices.* | *Kaiarahi in this space need to segment and delegate the different aspects of this mahi to ensure we utilise expertise in growing the various parts of this enhancement programme.* | *Kaimahi have potential* | *Rangatahi have potential* |
| Wairua | *A youth health workforce plan.*  *Revise ‘requirements’ for youth health, tertiary pathways revised, re-design and expand the sector, raise competencies/expand scope e.g. limited prescribing necessary.* | *Youth health workforce plan is written and supported to be shared and integrated across all SBHS kaimahi.*  *Professional development and support to grow and learn new skills and knowledge.*  *Post grad education is visible and supported.*  *The postgrad certificate in youth health could be the gateway through NETP into youth health.*  *‘Youth Health’ stand-alone qualification considered.*  *Time and funding to make accessing professional development achievable.* | *Consider subgroups under a national body that each focus on the development of raising competency in current kaimahi and reframing the tertiary pathways.*  *Work alongside current organisations for a collaborative effort.*  *SBHS kaimahi will all be working from the same clinical plan and guidelines.* | *Kaimahi are essential* | *Rangatahi are essential* |
| Aroha | *Kaimahi need pay parity to feel like they are valued as their colleagues in other settings*  *The profile of SBHS needs to be visible and valued.* | *Youth health will be upheld as an essential health service with exciting and varying career options. A career that entices young, passionate, diverse people into its space.* | *A subgroup under the national body to raise the profile of the career.*  *Pay parity and full-time contracts.*  *Career incentives that entice young, diverse people.* | *Kaimahi matter* | *Rangatahi matter* |
| Whanaungatanga | *Core professional development and orientation training needs to incorporate a ‘youth centred’ list of core skills and knowledge to deliver quality service in the youth sector.*  *Te Ūkaipō resource and training to all kaimahi under the youth health sector. (see MOE Hikairo Schema for guidance)*  *Revised practising standards, it needs to align with Te Ūkaipō* | *A SBHS enhancement national body that leads and oversees the progress of reforming the youth health sector.*   * *Professional development* * *Te Ūkaipō resource and training* * *Skills and knowledge framework* * *Tertiary pathways* * *MOE collaboration* | *In collaboration with MoE, assign kaiarahi in driving and delivering the progressive enhancements to SBHS.* | *Kaimahi are connected* | *Rangatahi are connected* |
| Rangatiratanga | *Clear career pathways for kaimahi to grow and work at the top of their scope.*  *Orientation package for all new Kaimahi entering SBHS.*  *Career pathways for rangatahi.*  *Supervision should be available to all Kaimahi both clinical and cultural* | *A clear career pathway needs to be developed for youth health.*  *An orientation package that has core components across Aotearoa with additional components that have been localised by the regions/schools delivering them.*  *Supervision is provided to all Kaimahi as part of the mahi on a monthly basis.*  *Consider re-designing the profile and offering star courses, apprenticeships, internships and scholarships to rangatahi* | *The subgroup under the national body needs to dedicate to growing the profile of the career and developing pathways to grow the workforce.*  *The re-design of the sector needs to provide clear and explicit requirements for career pathways with remuneration to value this process.* | *Kaimahi have self-determination* | *Rangatahi have self-determination* |
| Whakapapa | *A ‘user friendly’, mana enhancing resource tool (accompanied with training) to assist kaimahi in authentically embedding Te Ūkaipō in practice.* | *A subgroup that leads the development and delivery of Te Ūkaipō to kaimahi* | *Consider consulting with experts on the development of Hikairo Schema which is a usable tool that helps kaiako apply similar values in practice for the education sector* | *Kaimahi belong* | *Rangatahi belong* |
| Te Reo | *A tiered te reo resource, with hands on tools and accountability measures in place.* | *A stand-alone te reo resource that is specific to language used in the sector and is accessible and easy to use.* | *An expectation to show commitment to this learning annually/bi-annually under Te Ūkaipō practising standards.*  *Consider contracting an app builder for a specific tool catered to youth health workers.* | *Kaimahi have mana* | *Rangatahi have mana* |
| Manaakitanga | *A workforce that delivers care based on Te Ūkaipō* | *Quality resourcing, training, and tools. Annual/bi-annual evidence of commitment to practice to ensure care quality is progressing and consistent across all SBHS* | *Wananga that leads the development and delivery of Te Ūkaipō to kaimahi.*  *A national body that oversees the commitment to Te Ūkaipō under professional obligations.* | *Kaimahi are valued* | *Rangatahi are valued* |
| Oritetanga | *Ensure the SBHS is well resourced with support staff.*  *Equity is understood by kaimahi.*  *SBHS available to all.* | *Improve the ratios.*  *Consistent professional development, training and tertiary pathways.*  *Quality remuneration, facilities and career opportunities.* | *Fund and resource the enhancement of the youth health sector and offer equity to all rangatahi of Aotearoa.* | *Kaimahi are equal* | *Rangatahi are equal* |
| *Links to key considerations* | * Pay parity (a viable career for young people) * A national body to oversee the SBHS enhancement programme . To provide leadership, support and maintenance of a quality SBHS. * The national body can support funded time for Kaimahi to engage in professional development, consider a full-time contract with professional development, conferencing and networking available in school holidays. * A workforce development plan’ rolled out nationally to ensure a consistent delivery of care and clear practicing guidelines * A robust core orientation programme made available (with support) to the sector. * Te Ūkaipō ‘in practice’ resource * Professional supervision both clinical and cultural should be available to all SBHS * Kaimahi * Tertiary relationships: strong connection between sector and undergrad quals, placement opportunities | | | | |

# Discussion

This report brings through the rangatahi voice and the kaimahi voice on where workforce transformation needed and how to achieve that transformation. These proposed areas for action will inform the development of the SBHS Workforce Development Plan.

We asked the workforce about their key messages regarding SBHS workforce. These are summarised as follows:

1. Listen to the workforce - come and see SBHS at the coalface, especially in rurally isolated areas, and act on what we have been saying for a number of years.
2. Increase the resourcing of SBHS to enable more FTE and improved staffing ratios.
3. Implement pay parity for the SBHS workforce.
4. Fund based on need and not on roll numbers.

*“That's the issue with the funding is that it's not based on need. It's based on numbers. That's the biggest issue. I came from a school with a high level of needs but on paper its just 1,200 kids, but they didn't see the 600 gang members, 200 there without parents, 500 living in severe poverty. It's just not based on need. That's the issue we have. We have massive numbers of need and just two of us registered nurses trying to tackle this massive problem.”*

1. Recognise the value of SBHS to Te Whatu Ora in terms of the costs reduced to the health system achieved through community-based interventions.
2. Implement pay parity to enable SBHS to compete on a level playing field to attract and retain staff.
3. Adequately fund all professionals within multidisciplinary teams and the processes around these including mentorship.
4. Invest in community-based rainbow services that SBHS can link to.
5. Put real effort into enhancing nurse training to retain students and especially those from diverse backgrounds.
6. Extend SBHS across all schools.
7. Work with Ministry of Education to enhance physical facilities and to develop functional, ethical hauora groups within kura.
8. Improve accountability of kaupapa Māori community-based hauora services.
9. Support professional development of the whole SBHS workforce, and not just those in Te Whatu Ora – contracted kura.
10. Communicate more strongly between Te Whatu Ora and the Ministry of Education
11. Make the effort to understand the role of SBHS and the service they are contracted to deliver and foster this understanding across kura.
12. Encourage kura to value their SBHS workforce as part of the whole team – recognise them for the highly trained and skilled professionals that they are and be inclusive of kaimahi.
13. Look for opportunities for shared professional development across health and teaching roles within kura, recognising that everyone has a part to play around wellbeing.
14. Invest in the physical spaces that SBHS work in – this is an investment in rangatahi.

The areas of action need to address:

* Improving practice with consistent standards of practice, professional development, supervision
* Kaimahi are able to self-determine their own practice
* Rangatahi matter and how can we enhance our practice for better outcomes
* Determine clear pathways for mana enhancing practice and career progression
* Values individual knowledge and experience into improving practice
* Enables context for multidisciplinary practice
* Provides process to recognise and acknowledge complexity – transforms practice from *‘ordinary into extraordinary’*
* A training pathway that supports established experience and knowledge of clinicians but is enticing to newcomers as a career, and supports all to develop new skills, attitudes, and knowledge about their rangatahi and their needs. SBHS should be seen as an attractive role as part of the journey into Youth Health for nurses and doctors which connects with clear career pathways.
* Need a way of driving tiers of skills and recognising that in SBHS where the team are specifically there for rangatahi, then the staff need to be at advanced or expert level for Youth Health. Step one therefore to ensure this level embedded before supporting advanced and expert skill development, including understanding Te Ūkaipō values and how to implement them.
* All SBHS workforce (including receptionists) to have a baseline understanding of normal youth development (physical, emotional, mental, cultural, societal) and the huge variations and why.
* Expectation in school settings that SBHS practitioners have skills in identifying learning difficulties, neurodevelopmental disability eg FASD - completely missed as often not presenting till rangatahi is dis-engaging from learning. A skilled understanding of normal development makes the well-trained Youth Health Clinician the one who could “see” the reality of rangatahi actual issue.
* Multidisciplinary Team approach in school setting recommended best practice - but need to develop inter-sectorial (Health and Education) relationships and skills for those involved in Multidisciplinary Team working, prevention and public health thinking.
* Need to develop health-focused training for skills in youth participation facilitation, as this critical for quality improvement and strong youth voice in service delivery – suggest this needs to be grounded in the Multidisciplinary Team and looks to Youth Workers to support the development.

In considering the question “*if Kaimahi are supported to nurture rangatahi in a holistic model”, t*he workforce identified their most prevalent needs as cultural competency support, strong leadership and support around core aspects of quality, supervision, support of diversity in the workforce, links to education nationally, professional development, and the ability to access the nurse prescribing pathway.

Table One shows the workforce needs and challenges mapped to how the workforce can support rangatahi to experience Te Ūkaipō.

*Table One: Workforce needs and challenges.*

| **The workforce will support rangatahi to have:** | **Workforce feel their needs are:** | **Workforce see challenges as:** |
| --- | --- | --- |
| The *skills* rangatahi need to live healthy lives. I.e.,   * Tino Uaratanga (“I have potential”), * Wairua (“I am essential”), and * Rangatiratanga (“I have self-determination”) | A national body that can bring leadership and consistency to the SBHS workforce.  Core components of knowledge and skills that are funded, delivered, and coordinated nationally.  Ability to support rangatahi to be heard and have a sense of control over their own lives.  A clear supported nurse prescribing pathway, with standing orders extended to include what rangatahi need. | Collaboration and coordination at a national level between the Ministry of Education and Te Whatu Ora.  SBHS delivered in the education setting is connected with rangatahi, whanau, school, senior leadership teams and the schools Board of Trustees. |
| The *connections and relationships* rangatahi need to support them to be healthy. I.e.,   * Aroha (“I matter”), * Whakapapa (“I belong”), and * Whanaungatanga (“I am connected”) | Purposeful recruitment of diverse workforce.  Access to nationally delivered core training and professional development to support workforce.  Time to recognise and understand whanau knowledge and cultural practices. | Adequately resourced professional development and time in practice to establishing whanaungatanga.  Aroha reflected in SBHS team interactions and facilities.  Connection with whanau if Rangatahi want this. |
| Access to *high quality, culturally embracing* SBHS. i.e.,   * Te Reo (“I have mana”), * Manaakitanga (“I am valued”) and * Ōritetanga (“I am equal”), | Mātauranga Māori - karakia, waiata, prioritise cultural needs, respect spiritual and cultural uniqueness.  Mana enhancing practice- Te Reo pronunciation, respect, care and dignity, spaces, time.  Ability to localise SBHS to the needs of rangatahi as needed. | Funded clinical and cultural supervision for all kaimahi  Capacity and equity for rural rangatahi, economic deprivation /poverty prescribing, rangatahi transitioning.  SBHS workforce feels respected and valued – education, working in an education setting, pay equity, supervision. |

The overwhelming priority from kaimahi is that SBHS will need leadership at national level around best practice with appropriate training, supervision options and workforce peer support all available locally.

## Proposed action areas to inform the SBHS Workforce Development Plan

To achieve the transformation, we have proposed these action areas for the Workforce Development Plan. These bring together the workforce themes and reinforce and align with recommendations from the Te Tatau Kitenga Discussion Document for Enhancements of School Based Health Services 2021[[2]](#footnote-2).

The action areas are to:

1. Identify and fund a national body that oversees the Workforce Plan to;

* Provide leadership, oversight, and infrastructure.
* Prioritise support of SBHS enhancement programme,
* implementing core components such as practicing standards, professional development, resources,
* provides connections to networks, oversees core learning programmes with accreditation processes, supports, and connects workforce to mentors and supervisors.
* Build a library of national resources, induction and orientation processes, contracts/ employment agreements.
* develop and maintain core relationships across the sector including with rangatahi.

1. Research and Education information is available to inform workforce and organisational development.
2. Address pay equity, more hours, more staff, better facilities, professional development time, re-structuring of the sector.
3. Enable organisations to work collaboratively within and across sectors and in partnership with young people.
4. Create opportunities for career progression and development:

* Develop a gold standard of SBHS workforce characteristics and a subsequent framework to reach this goal.
  + Foster the development of leadership qualities. Leadership qualities need to include the ability to be systems and strategic thinkers, provide direction, align people, mobilise resources of those leadership roles at all levels and reach goals.
  + Undertake an Annual Workforce survey/stocktake.
  + Improve data collection of Youth Health Workforce with consistent identification of sub-specialities eg SBHS

1. Base national cultural competency and safety programme on Te Ūkaipō:

* Embed Te Reo and Tikanga Māori within the clinical setting for SBHS
* Provide consistent progressive training of Te Ūkaipō to meet cultural competency and safety professional development, supported by a mentoring and supervision framework.

1. Develop recruitment and retention strategies ensure sustainable ‘fit for purpose’ workforce:
   * Raise the profile of the sector, attracting the right staff, retaining experienced and well qualified staff.
   * Establish a workforce that reflects the diversity and range of needs of the population.

* Include equitable access to training, supervision, and professional development nationally.

1. Align the SBHS Workforce Plan with similar work underway by Te Whatu Ora, Manatū Hauora, RCGPNZ[[3]](#footnote-3), and educational providers (Universities, Polytechnics) around curriculum, competencies, and career pathways supporting Youth Health.

Note that while Te Whatu Ora commissioned this project, implementation of any actions or recommendations is subject to approval and resourcing. Te Whatu Ora has no obligation or commitment to implementing any actions or recommendations.

1. https://www.tewhatuora.govt.nz/keeping-well/for-families-and-children/school-based-health-services/ [↑](#footnote-ref-1)
2. https://www.tewhatuora.govt.nz/keeping-well/for-families-and-children/school-based-health-services/ [↑](#footnote-ref-2)
3. Royal College of General Practice New Zealand [↑](#footnote-ref-3)