

Report on Desired State of School Based Health Services Workforce

FOR THE SBHS ENHANCEMENTS PROGRAMME
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THE COLLABORATIVE TRUST
For Research & Training in Youth Health & Development



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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 hāpori, 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:

- Tairāwhiti – 1 focus group (5 participants – 1 Clinical Nurse Manager, 2 RNs, 2 Kaiāwhina)
- 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 2021¹. 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.

¹ <https://www.tewhātuora.govt.nz/keeping-well/for-families-and-children/school-based-health-services/>

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

<i>Te Ūkaipō</i>	<i>Changing mindsets (What will enhance SBHS?)</i>	<i>The system listens (What needs to be delivered?)</i>	<i>Mana enhancing environments for rangatahi (How will the WF be enabled?)</i>	<i>Kaimahi outcome</i>	<i>Rangatahi Outcome</i>
Tino Uaratanga	<i>A service that takes the time to connect and establish meaningful relationships with rangatahi.</i>	<i>An approach of care that values the need for 'time'. A service that prioritises and responds to the individual needs of rangatahi.</i>	<i>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</i>	<i>Kaimahi have potential</i>	<i>Rangatahi have potential</i>
Wairua	<i>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.</i>	<i>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.</i>	<i>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.</i>	<i>Kaimahi are essential</i>	<i>Rangatahi are essential</i>

Building Relationships

			<p><i>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.</i></p>		
Aroha	<p><i>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</i></p>	<p><i>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.</i></p>	<p><i>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</i></p>	<i>Kaimahi matter</i>	<i>Rangatahi matter</i>

Building Relationships

			<i>the 'youth kaitiaki' sector.</i>		
Whanaungatanga	<i>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.</i>	<i>A multi-disciplinary approach to SBHS that delivers a consistent, 'connected' practice. Kaimahi and kaiawhina are competent, caring and connected.</i>	<i>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.</i>	<i>Kaimahi are connected</i>	<i>Rangatahi are connected</i>
Rangatiratanga	<i>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</i>	<i>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</i>	<i>Professional development as above. Consider contracting iwi liaisons to foster relationships with rongoā Māori practitioners. Regular PD and upskilling to grow</i>	<i>Kaimahi have self-determination</i>	<i>Rangatahi have self-determination</i>

Building Relationships

	<i>overall “health plan” and instigate a lifelong positive engagement with healthcare</i>	<i>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.</i>	<i>understanding of rongoā Māori Ongoing Te Ūkaipō training and resourcing with an expectation to show evidence of meeting the commitments to this practice.</i>		
Whakapapa	<i>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)</i>	<i>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.</i>	<i>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.</i>	<i>Kaimahi belong</i>	<i>Rangatahi belong</i>

Building Relationships

Te Reo	<i>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.</i>	<i>Correct pronunciation and a progressive journey to have basic understanding of te reo Māori.</i>	<i>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.</i>	<i>Kaimahi have mana</i>	<i>Rangatahi have mana</i>
Manaakitanga	<i>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.</i>	<i>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.</i>	<i>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</i>	<i>Kaimahi are valued</i>	<i>Rangatahi are valued</i>
Ōritetanga	<i>A SBHS service that responds to the diverse needs of individuals/schools/regions</i>	<i>A funded, resourced and connected service that enables SBHS to assess and respond to needs with ease or access the</i>	<i>Acknowledge the positive implications a quality youth health service could have on the future of Aotearoa</i>	<i>Kaimahi are equal</i>	<i>Rangatahi are equal</i>

Building Relationships

		<i>necessary support to upskill.</i>	<i>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.</i>		
Links to key considerations	<ul style="list-style-type: none"> • <i>Te Ūkaipō 'in practice' resource and training</i> • <i>Stand-alone Te reo and tikanga resource and expectations with engagement</i> • <i>A 'Youth Health' sector that is in collaboration with MOE and the health providers that are employed in schools by MOE</i> • <i>A valued workforce who are enabled to meet the holistic needs of their rangatahi (pay parity, more time, more staff, valued 'support' staff)</i> • <i>Support staff, expand the workforce</i> • <i>Cohesive approach to care in collaboration with providers under MOE (counsellors, pastoral care, health teachers, mentors/youth workers, students)</i> • <i>Encourage student board input in developing the health hub and addressing rangatahi needs</i> • <i>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)</i> 				

Multi-Disciplinary Practice

<i>Te Ūkaipō</i>	<i>Changing mindsets (What will enhance SBHS?)</i>	<i>The system listens (What needs to be delivered?)</i>	<i>Mana enhancing environments for</i>	<i>Kaimahi outcome</i>	<i>Outcome</i>
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Multi-Disciplinary Practice

			<i>rangatahi (How will the WF be enabled?)</i>		
Tino Uaratanga	<i>A service that grows with its Rangatahi</i>	<i>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</i>	<i>A funded health hub, with various kaimahi who can connect rangatahi to services and people who can meet their needs.</i>	<i>Kaimahi have potential</i>	<i>Rangatahi have potential</i>
Wairua	<i>A career and service that is valued and values rangatahi</i>	<i>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</i>	<i>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.</i>	<i>Kaimahi are essential</i>	<i>Rangatahi are essential</i>
Aroha	<i>A service that is invested in and valued as a quality health service for rangatahi across Aotearoa.</i>	<i>A quality health hub, where SBHS and schools can cherry pick services and staff that can meet the needs and requests of their rangatahi.</i>	<i>A funded health hub, with the facilities to offer privacy, safety, aroha, mauri tau, mana enhancing tautoko.</i>	<i>Kaimahi matter</i>	<i>Rangatahi matter</i>

Multi-Disciplinary Practice

Multi-Disciplinary Practice					
	<i>A consistent standard in all SBHS hubs.</i>	<i>Clear expectations for kaimahi, ample resources and professional development opportunities.</i>	<i>Kaimahi who are valued and supported in delivering quality healthcare.</i>		
Whanaungatanga	<i>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</i>	<i>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</i>	<i>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</i>	<i>Kaimahi are connected</i>	<i>Rangatahi are connected</i>
Rangatiratanga	<i>A service that 'teaches' and 'empowers' our future tangata a lifelong relationship with health care and self-care in Aotearoa</i>	<i>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</i>	<i>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.</i>	<i>Kaimahi have self-determination</i>	<i>Rangatahi have self-determination</i>

Multi-Disciplinary Practice

Multi-Disciplinary Practice					
		<i>responds to the diverse needs of our rangatahi by operating under a 'cross-sector' model.</i>			
Whakapapa	<i>A youth centred space and service</i>	<i>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.</i>	<i>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.</i>	<i>Kaimahi belong</i>	<i>Rangatahi belong</i>
Te Reo	<i>Te Reo use and correct pronunciation in clinics and across all staff in the sector.</i>	<i>Te Reo is honoured in all spaces, consultation with iwi/mana whenua is essential.</i>	<i>Professional development and obligations to Te Tiriti embedded in practice. User friendly tools necessary.</i>	<i>Kaimahi have mana</i>	<i>Rangatahi have mana</i>
Manaakitanga	<i>A facility and service that values the safety and hauora of rangatahi</i>	<i>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</i>	<i>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</i>	<i>Kaimahi are valued</i>	<i>Rangatahi are valued</i>

Multi-Disciplinary Practice

		<i>voice is valued and acted upon.</i>	<i>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</i>		
<i>Ōritetanga</i>	<i>A quality facility and service available to all, our rangatahi should expect the same high standard of manaakitanga in every healthcare experience</i>	<i>Quality facilities and connected and competent staff delivered to ALL rangatahi</i>	<i>A framework that informs all kaimahi under the MDP sector. Includes MOE.</i>	<i>Kaimahi are equal</i>	<i>Rangatahi are equal</i>
<i>Links to key considerations</i>	<ul style="list-style-type: none"> • 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 connectors, 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

<i>Te Ūkaipō</i>	<i>Changing mindsets (What will enhance SBHS?)</i>	<i>The system listens (What needs to be delivered?)</i>	<i>Mana enhancing environments for rangatahi (How will the WF be enabled?)</i>	<i>Kaimahi outcome</i>	<i>Rangatahi Outcome</i>
Tino Uaratanga	<p><i>Grow the capacity of our current workforce and deliver competent kaimahi from tertiary pathways.</i></p> <p><i>Map a progressive journey of the enhancement plan and dedicate the time and resources to growing the potential of this sector.</i></p>	<p><i>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.</i></p>	<p><i>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.</i></p>	<p><i>Kaimahi have potential</i></p>	<p><i>Rangatahi have potential</i></p>
Wairua	<p><i>A youth health workforce plan.</i></p> <p><i>Revise 'requirements' for youth health, tertiary pathways revised, re-design and expand the sector, raise competencies/expand scope e.g. limited prescribing necessary.</i></p>	<p><i>Youth health workforce plan is written and supported to be shared and integrated across all SBHS kaimahi.</i></p> <p><i>Professional development and support to grow and learn new skills and knowledge.</i></p> <p><i>Post grad education is visible and supported.</i></p> <p><i>The postgrad certificate in youth health could be the gateway through NETP into youth health.</i></p>	<p><i>Consider subgroups under a national body that each focus on the development of raising competency in current kaimahi and reframing the tertiary pathways.</i></p> <p><i>Work alongside current organisations for a collaborative effort.</i></p> <p><i>SBHS kaimahi will all be working from the same clinical plan and guidelines.</i></p>	<p><i>Kaimahi are essential</i></p>	<p><i>Rangatahi are essential</i></p>

Clinical Pathways

Clinical Pathways					
		<p><i>'Youth Health' stand-alone qualification considered.</i></p> <p><i>Time and funding to make accessing professional development achievable.</i></p>			
Aroha	<p><i>Kaimahi need pay parity to feel like they are valued as their colleagues in other settings</i></p> <p><i>The profile of SBHS needs to be visible and valued.</i></p>	<p><i>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.</i></p>	<p><i>A subgroup under the national body to raise the profile of the career. Pay parity and full-time contracts.</i></p> <p><i>Career incentives that entice young, diverse people.</i></p>	<i>Kaimahi matter</i>	<i>Rangatahi matter</i>
Whanaungatanga	<p><i>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.</i></p> <p><i>Te Ūkaipō resource and training to all kaimahi under the youth health sector. (see MOE Hikairo Schema for guidance)</i></p> <p><i>Revised practising standards, it needs to align with Te Ūkaipō</i></p>	<p><i>A SBHS enhancement national body that leads and oversees the progress of reforming the youth health sector.</i></p> <ul style="list-style-type: none"> - <i>Professional development</i> - <i>Te Ūkaipō resource and training</i> - <i>Skills and knowledge framework</i> - <i>Tertiary pathways</i> - <i>MOE collaboration</i> 	<p><i>In collaboration with MoE, assign kaiarahi in driving and delivering the progressive enhancements to SBHS.</i></p>	<i>Kaimahi are connected</i>	<i>Rangatahi are connected</i>

Clinical Pathways

<p>Rangatiratanga</p>	<p><i>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</i></p>	<p><i>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</i></p>	<p><i>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.</i></p>	<p><i>Kaimahi have self-determination</i></p>	<p><i>Rangatahi have self-determination</i></p>
<p>Whakapapa</p>	<p><i>A 'user friendly', mana enhancing resource tool (accompanied with training) to assist kaimahi in authentically embedding Te Ūkaipō in practice.</i></p>	<p><i>A subgroup that leads the development and delivery of Te Ūkaipō to kaimahi</i></p>	<p><i>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</i></p>	<p><i>Kaimahi belong</i></p>	<p><i>Rangatahi belong</i></p>

Clinical Pathways

Te Reo	<i>A tiered te reo resource, with hands on tools and accountability measures in place.</i>	<i>A stand-alone te reo resource that is specific to language used in the sector and is accessible and easy to use.</i>	<i>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.</i>	<i>Kaimahi have mana</i>	<i>Rangatahi have mana</i>
Manaakitanga	<i>A workforce that delivers care based on Te Ūkaipō</i>	<i>Quality resourcing, training, and tools. Annual/bi-annual evidence of commitment to practice to ensure care quality is progressing and consistent across all SBHS</i>	<i>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.</i>	<i>Kaimahi are valued</i>	<i>Rangatahi are valued</i>
Oritetanga	<i>Ensure the SBHS is well resourced with support staff. Equity is understood by kaimahi. SBHS available to all.</i>	<i>Improve the ratios. Consistent professional development, training and tertiary pathways. Quality remuneration, facilities and career opportunities.</i>	<i>Fund and resource the enhancement of the youth health sector and offer equity to all rangatahi of Aotearoa.</i>	<i>Kaimahi are equal</i>	<i>Rangatahi are equal</i>
<i>Links to key considerations</i>	<ul style="list-style-type: none"> • 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. 				

Clinical Pathways

- 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.”

5. Recognise the value of SBHS to Te Whatu Ora in terms of the costs reduced to the health system achieved through community-based interventions.
6. Implement pay parity to enable SBHS to compete on a level playing field to attract and retain staff.
7. Adequately fund all professionals within multidisciplinary teams and the processes around these including mentorship.
8. Invest in community-based rainbow services that SBHS can link to.
9. Put real effort into enhancing nurse training to retain students and especially those from diverse backgrounds.
10. Extend SBHS across all schools.
11. Work with Ministry of Education to enhance physical facilities and to develop functional, ethical hauora groups within kura.
12. Improve accountability of kaupapa Māori community-based hauora services.
13. Support professional development of the whole SBHS workforce, and not just those in Te Whatu Ora – contracted kura.

14. Communicate more strongly between Te Whatu Ora and the Ministry of Education
15. Make the effort to understand the role of SBHS and the service they are contracted to deliver and foster this understanding across kura.
16. 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.
17. Look for opportunities for shared professional development across health and teaching roles within kura, recognising that everyone has a part to play around wellbeing.
18. 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”, the 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:
<p>The <i>skills</i> rangatahi need to live healthy lives. I.e.,</p> <ul style="list-style-type: none"> • Tino Uaratanga (“I have potential”), • Wairua (“I am essential”), and • Rangatiratanga (“I have self-determination”) 	<p>A national body that can bring leadership and consistency to the SBHS workforce.</p> <p>Core components of knowledge and skills that are funded, delivered, and coordinated nationally.</p> <p>Ability to support rangatahi to be heard and have a sense of control over their own lives.</p> <p>A clear supported nurse prescribing pathway, with standing orders extended to include what rangatahi need.</p>	<p>Collaboration and coordination at a national level between the Ministry of Education and Te Whatu Ora.</p> <p>SBHS delivered in the education setting is connected with rangatahi, whanau, school, senior leadership teams and the schools Board of Trustees.</p>
<p>The <i>connections and relationships</i> rangatahi need to support them to be healthy. I.e.,</p> <ul style="list-style-type: none"> • Aroha (“I matter”), • Whakapapa (“I belong”), and • Whanaungatanga (“I am connected”) 	<p>Purposeful recruitment of diverse workforce.</p> <p>Access to nationally delivered core training and professional development to support workforce.</p> <p>Time to recognise and understand whanau</p>	<p>Adequately resourced professional development and time in practice to establishing whanaungatanga.</p> <p>Aroha reflected in SBHS team interactions and facilities.</p> <p>Connection with whanau if Rangatahi want this.</p>

The workforce will support rangatahi to have:	Workforce feel their needs are:	Workforce see challenges as:
	knowledge and cultural practices.	
Access to <i>high quality, culturally embracing</i> SBHS. i.e., <ul style="list-style-type: none"> • 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 2021².

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.

² <https://www.tewhatauora.govt.nz/keeping-well/for-families-and-children/school-based-health-services/>

2. Research and Education information is available to inform workforce and organisational development.
3. Address pay equity, more hours, more staff, better facilities, professional development time, re-structuring of the sector.
4. Enable organisations to work collaboratively within and across sectors and in partnership with young people.
5. 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
6. 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.
7. 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.
8. Align the SBHS Workforce Plan with similar work underway by Te Whatu Ora, Manatū Hauora, RCGPNZ³, 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.

³ Royal College of General Practice New Zealand

Appendix One: Summary of the Youth Voice regarding Desired SBHS Workforce

What have rangatahi told us regarding the desired SBHS workforce?

Workforce composition

Time and again, young people have told us *who* they want to see reflected in the SBHS workforce:

- Healthcare workers who are relational, empathetic and interested in them as a person (Kekus, Proud, Bell, Clark, Newman, Taylor, Treanor, Watson, & Wharemate, 2009; Rademaker, 2013) - demonstrating manaakitanga, aroha, whakapapa, rangatiratanga, Ōritetanga, Wairua, Whanaungatanga, Te Reo and Tino Uaratanga (Te Tatau Kitenga, 2021)
- Healthcare professionals of different ethnic backgrounds and genders, and ideally a choice of professionals from whom they access health services from (Kekus, Proud, Bell, Clark, Newman, Taylor, Treanor, Watson, & Wharemate, 2009; National Youth Committee of School Based Health Services, 2021)
- Appropriately qualified health practitioners with skills and knowledge to deliver a good service (Kekus, Proud, Bell, Clark, Newman, Taylor, Treanor, Watson, & Wharemate, 2009; Fleming & Elvidge, 2010; Te Tatu Kitenga, 2021)
- Healthcare professionals who speak the languages of the young people they serve (Te Tatau Kitenga, 2021)
- Health professionals who are part of the rainbow community (National Youth Committee of School Based Health Services, 2021)
- Multidisciplinary approaches to SBHS, offering a range of clinicians (including nurses, counsellors, physiotherapists, career advisors) and a variety of services, with strong communication to rangatahi letting them know what supports are available and from whom (National Youth Committee of School Based Health Services, 2021; Cole, Wylie & Spittlehouse, 2021; Collett, 2022)
- Ability to prescribe and provide certain prescription medications / treatments to make these highly accessible (Te Tatau Kitenga 2021)

Young people have told us that having a diverse SBHS workforce helps enhance feelings of safety for young people of different backgrounds, and that this means health professionals can support rangatahi from a place of lived experience, making it easier for them to understand what young people are going through and opening up conversations, and normalising diversity (National Youth Committee of School Based Health Services, 2021).

Manner of SBHS service delivery

Rangatahi have also clearly expressed *how* they want SBHS professionals to deliver their services:

- Some young people want to have input into how SBHS are delivered in their school: youth participation and shared decision making should be present in SBHS services (Fleming & Elvidge, 2010; Te Tatau Kitenga, 2021)

- Judgement-free and inclusive service provision (Kekus, Proud, Bell, Clark, Newman, Taylor, Treanor, Watson, & Wharemate, 2009; National Youth Committee of School Based Health Services, 2021; Cole, Wylie & Spittlehouse, 2021)
- High level of confidentiality (Kekus, Proud, Bell, Clark, Newman, Taylor, Treanor, Watson, & Wharemate, 2009; National Youth Committee of School Based Health Services, 2021; Cole, Wylie & Spittlehouse, 2021; Rademaker, 2013, Collett, 2022)
- Connected to other school (e.g. careers advisors) and community services (e.g. addiction services) and able to refer on if needed (National Youth Committee of School Based Health Services, 2021; Collett, 2022; Kekus Proud, Bell, Clark, Newman, Taylor, Treanor, Watson, & Wharemate, 2009)
- In youth-friendly spaces (accessible, acceptable and appropriate) that young people from the school have had input into in terms of design, furnishing, resources for young people (e.g. hot drinks, refreshments, browsing resources etc.), and which also assure privacy and confidentiality (Kekus, Proud, Bell, Clark, Newman, Taylor, Treanor, Watson, & Wharemate, 2009; Rademaker, 2013; Te Tatau Kitenga, 2021; Cole, Wylie & Spittlehouse, 2021) and which have fun activities on offer onsite (Youthline 2010)
- With strong promotion of the SBHS and visibility of SBHS workforce across the school (Rademaker, 2013; Te Tatau Kitenga, 2021)
- Young people want control over if and how whānau are involved (Te Tatau Kitenga, 2021)

Through the research literature where rangatahi voice has been captured regarding SBHS workforce development, young people have told us about different kinds of training and professional development they want SBHS workers receiving. This includes training on:

- gender diversity
- communication with young people
- cultural competency – engaging and connecting with, understanding and effectively and appropriately supporting young people from diverse cultural backgrounds, and especially Māori and Pasifika.

Appendix Two: Qualitative narrative report

This report draws together the findings from the summary of the literature of youth voice, and the findings from the action research with SBHS kaimahi under each of the te Ūkaipō values.

Tino Uaratanga – “I have potential”

Rangatahi voice

The workforce made it very clear that in order for kaimahi to know and understand the passions, strengths and skills of rangatahi, to support rangatahi to pursue and follow their dreams and goals, and to involve rangatahi in service planning and delivery, it is imperative that they first establish and maintain whanaungatanga, for which the following elements are essential:

Kaimahi need to have enough time in their roles to enable this – to build authentic relationships of trust with the rangatahi, and in many cases, also with their whānau that will enable them to put safe care plans in place. If they don't get this right, rangatahi are unlikely to seek their help again. This is really hard to achieve when caseloads are too high or hours at any one site are too low. For SBHS kaimahi who also deliver public health nursing roles and are only in kura during clinic times, their relationships they are able to build are quite different and much more limited than their colleagues immersed in SBHS roles all week. This impacts negatively on the service they can provide rangatahi. When Public Health nurses don't even have their SBHS hours ring-fenced, it's easy to be pulled in many other directions and for the SBHS role to be diluted.

Taking that time, that magic word of time, when I can, to get to know my kids.

Kids pick up if you're not being genuine. They know it straight away, so it's about having humour with them. It's about having that time to spend doing that foundation kōrero before you get into the nuts and bolts that we want, not necessarily what they want but we need to ask some questions clinically. We need to do that foundation stuff before we can move to that stuff and our clinic allows us the time for it cos we're not that busy

Connection with whānau is often important but rangatahi need to guide this interaction. For rangatahi with more complex needs, Kaimahi need to request medical notes with rangatahi and whānau consent to really understand the rangatahi. Workforce told us that they are much better able to meet rangatahi needs when they are working with a patient management system shared between PHO and SBHS. They also told us that it makes no sense only treating rangatahi

who are Y9-13 if the health issue they present with is also shared by their siblings in other year levels at the same kura – sometimes they need to address the care

It's spending that time when you can, again acknowledging them by their name, asking questions about their whānau. A lot of it is just how you present yourself to them from the beginning and then you find a lot of the time, they will open up to you.

needs of the whole whānau.

It's not just that young person. It's the whānau as well. You can't provide care for that one child. That kid comes from a waka, so it's hard to do that. There's not enough time in the day to be able to do all of that.

Kaimahi clearly told us that the SBHS needs to be adequately resourced to enable staffing levels that ensure there is the time to meaningfully engage with rangatahi and truly understand their strengths and needs. For some of those we heard from, this was only happening because additional resourcing was going into their service above and beyond the Te Whatu Ora contract. Workforce gave us the strong message that staffing levels of SBHS in alternative education and Teen Parent Unit (TPU) settings need to be increased to reflect the whānau-based practice needed, especially for TPUs. We heard a desire for 100 clients per Full Time Equivalent (FTE) for these roles, with children and partners of TPU students counted in this figure.

I only saw eight kids yesterday. It might be 10 officially, but I had a lot of other things going on, so I can spend 40 minutes with a kid if I need to. ... because it's a small school, we get to spend more time with the kids to really develop those relationships and once you've got it, that next appointment can be a lot easier.

We heard how fostering whanaungatanga and Tino Uaratanga are so much easier in well-resourced teams serving kura with smaller rolls.

Workforce want to be spending the bulk of their time engaging with rangatahi and not in administrative tasks: reporting needs to be streamlined and as easy as possible, leaving maximum time for clinical support and for manaakitanga, Tino Uaratanga, whakapapa, whanaungatanga. Health databases need to be readily adaptable to accommodate reporting requirement changes.

Along with having the time needed to enable Tino Uaratanga, workforce strongly identified a need for a workforce with passion for rangatahi – it was seen as critical that the SBHS workforce likes rangatahi, and that this is a key criteria when recruiting SBHS workforce, and something that cannot be learned. At least one team we met with is including rangatahi on their interview panels as a means of identifying candidates who are truly passionate about rangatahi and connect well with them.

If you haven't got a passion, you're not going to last. You can't teach passions.

I know when they advertise, they always put, 'be able to work with young people,' and things like that, but I don't know, because some people who apply for the job, and I've seen come through have just, don't have the — especially when they come from something like aged care or even the younger ones and that. I mean the rangatahi are a different group altogether.

We heard from workforce that different kaimahi bring different skills and strengths to the role to effectively work to uphold Tino Uaratanga, and that ethnicity of the kaimahi is not the determinant of successful engagement – it comes down to how the person works and the effort they put in. We also heard that when nurses are supported and nurtured in their roles and want to stay, tino uaratanga and whanaungatanga can be strengthened, as these things don't just happen and take time.

We heard from some of those we talked to that as things currently stand, its often hard to know which rangatahi are under the care of Oranga Tamariki. This makes it hard to purposefully deliver the very best service to care-experienced rangatahi as a priority group.

Kaimahi voice

The workforce strongly told us that kaimahi themselves need to know and understand their own passions, strengths, and skills as members of the SBHS workforce. They want to have and pursue career goals and have access to training and professional development to support them in pursuing these goals. They want to be able to exercise flexibility to address needs in their school communities (strategic planning, health promotion, etc), and to have performance appraisal processes in place and supports around them to enable them to reach their full potential for their rangatahi. To achieve all this, the following elements are essential:

There was widespread agreement that there needs to be a **clear youth health career pathway** that supports people with learning along the way in the role, from novice, to competent, to proficient and to expert, and across the sector - including decile 6-10 but also across all schools and kura and other learning settings.

A lot of those decile eight kids live in a decile one, and their parents send them to decile eight because they think they're getting a better education and then missing out on everything that a decile one will provide there, so they're not going to the dentist and they're still not seeing a doctor.

It's almost like it, as soon as they hit what used to be called decile 5, there is a cut-off there. And then there's this massive chasm in between the work that we're doing and the support that we get to do the work, and the work that those nurses are doing. We will get students who come from those schools and move into our school, and we will have students that go from our schools that are used to having access to a doctor, used to having access to a counsellor and a nurse, and then go somewhere and those resources aren't necessarily available.

The latter recognises that rangatahi present with need across the full spectrum of settings in which SBHS operates, and that the workforce itself is not static, with kaimahi taking their skills and experiences with them when they change roles. Further, this framework needs to be adequately resourced, with workforce undertaking training and professional development during their paid hours and not out of their own pockets, as is currently often the case. Some of those consulted wanted to see post-graduate study rewarded with salary increments. Training and professional development was very much identified as a lifelong journey and something that needs refreshing over time. Strong professional development was identified by one of the focus groups as something which could make SBHS a more attractive career pathway in the future.

Access to professional development was widely acknowledged as not equitable: SBHS workforce in the greater Auckland region were identified as having much better access to learning opportunities than do SBHS workforce in other parts of the country, and as a result, are much more qualified as a group. Historically, nurses in Counties used to be able to access funding for university study, and there was an expectation for job applicants that they would undertake post-graduate study. This may have left a legacy of a highly educated workforce in that community. Post-graduate study remains a priority in Auckland and is also more accessible than in other parts of the motu. This was seen as problematic in those regions where post-graduate qualifications are a prerequisite for SBHS roles / senior roles.

I think we're very privileged in our area. We have access to a lot of professional development, to university postgraduate study. It's right on our doorstep, so I think probably for the skilled workforce, probably most of our nurses would have postgraduate qualifications and we've got prescribers and things. I think that helps with a lot of that, just that general engagement and just knowing what you're doing.

The Youth Health Framework has been used in the wider Auckland region but has not consistently been used nationally – many of the kaimahi consulted in the desired state research were unaware of it or knew little about it. It was identified as a good starting point to develop further and especially if it applies to not just nurses but to youth health professionals generally, setting out a clear, standardised set of competencies for SBHS workforce across the country. Pinnacle Health, the Te Whatu Ora – contracted SBHS provider in the Waikato region has itself developed a set of baseline core competencies, seen as minimum requirements for every nurse going into a school, and which training underpins and develops in an ongoing manner. From what we heard from Pinnacle and from others, the following competencies and training priorities were seen as most critical for the SBHS workforce:

- Mental health (identified as the highest priority nationally)
- HEADDSSS Assessment, along with education to lean away from routine assessments, using assessment in a more targeted way
- Child protection
- Cultural competency
- Working with diverse groups
- Family Planning Certificate (4 day)
- Sexual health certificate (2 day)
- Youth health and development (desire for this to also be a 2-day certificate)
- Gender affirming care and sexuality.
- Drug and alcohol
- Acute presentations
- Advanced assessment

Werry Workforce Whāraurau have a resource on their website where people can test their skills and knowledge around youth health and identify their deficits / undertake a gap analysis, enabling them to target these with appropriate training programmes, either individually or as a team. One of the teams consulted had used this and found it helpful in highlighting both one's strengths and skills.

A number of existing resources should be utilised to develop a framework fit for purpose for the SBHS of the future, and for the wider youth health sector.

Workforce expressed a need for training to be available in a variety of modalities (in-person, online, short-and longer course etc.) to cater to the needs of different people. Where training is provided online, there was a strong preference for this to be live or include an interactive component and active participation, enabling learners to reflect and have discussion on their learning. Workforce want to be able to find out easily about the training that is available, and to be able to plan to attend relevant trainings. The School Nursing website was identified as a platform that could be built on to better promote trainings that are available. Workforce want to see more training being delivered: at present, wait times for contraception training were reported as 5-6 months in some communities, and cultural competency training provision was also identified as inadequate to meet demand. They wanted training to cater for professionals across multi-disciplinary teams.

Funding changes were identified as having made access to training harder in some areas over time, and workforce were strong in their voicing of a need for increased access to training, funded by Te Whatu Ora and delivered as part of paid roles. Currently some contract holders are inviting school employed SBHS workforce from kura outside scope of the existing Te Whatu Ora contract to share in training opportunities, sometimes using ACC income to enable this. The need for training and support runs throughout the SBHS workforce, and schools are ill-equipped to support their nurses towards best practice. ACC funding is also being utilised to enable SBHS workforce to take part in relevant conferences and learning opportunities which extend beyond the budget possible within the Te Whatu Ora SBHS contract.

Community prescribing pathways are working well in some areas of the country but are very inaccessible in others, largely due to lack of mentor capacity. This needs much stronger support, and a clear message was put forward that GPs and NPs need to be paid to provide mentoring and oversight of nurse prescribing if mentoring is to become more accessible. In some of the more remote parts of the country, there also appears to be a desire for a more standardised set of standing orders, supported with the ability to talk these through with a GP or paediatrician and dispensing under guidance. Standing orders worked well for communities where rangatahi have poor capacity to fill prescriptions due to cost, lack of local pharmacy or because they travel by school bus. Different communities appear to have different needs regarding prescribing and standing orders.

Placements for nursing students, along with talking about SBHS and youth health roles with students as part of their study or with new graduates were identified as valuable at cementing a pathway to SBHS careers, and SBHS employers need to foster relationships with training providers to make this happen. SBHS faces a complication in recruitment in that the SBHS kaimahi roles are widely seen as unsuitable for new graduates and ideally suiting workforce with at least a few years' experience in clinical settings: this holds for both nurses and GPs. SBHS was identified as a risky place for new graduates, with kaimahi needing a lot of acute

experience behind them to do the job well, needing to work in a very autonomous manner.

Because it is generally you, on your own. It's an independent, autonomous role and there is no one else to have back-up from onsite. And also because of the nuance around consent, ethics, child protection, all of those kind of things, you'd have to very carefully consider if you were going to put a new grad into the position.

The teams consulted did include several that had employed new graduate NETP nurses, but all were employed in functional multidisciplinary teams, with on-going study and training in place and a strong capacity to provide on-the-ground mentoring. It was widely acknowledged as difficult to meet NETP requirements of minimum 0.8 FTE roles for Te Whatu Ora SBHS contract roles. Some demand was identified for a national combined NETP SBHS workforce programme, rather than different areas all “doing their own thing”. Several of the groups consulted with saw value in exposing undergraduates to SBHS through a variety of means, to put this career path on the radar of those kaimahi who are passionate about supporting and working with rangatahi.

It was apparent throughout the focus groups that tino uaratanga among workforce themselves tended to be strongest for those working in functional multidisciplinary team settings. These teams tended to be supported with resourcing by their contract holder which extended beyond the scope of the Te Whatu Ora contract. These kaimahi were much more likely:

- To have a GPO or NP as their clinical lead
- To have good access to GPs and shared patient management systems, enabling SBHS workforce to operate at the top of their scope, and able to provide continuity of care for rangatahi when they moved between kura within their region
- To have access to a large set of standing orders, supported with sound mentorship from GPs within MDTs
- To have ready access to mentors and preceptors enabling young nurses and doctors to play a part in the SBHS workforce, and facilitating ready access to prescriber and post-graduate study pathways
- Nurse-Initiated Medication (NIM) without standing orders for common medications (paracetamol, ibuprofen, antihistamines)

Wairua – “I am essential”

Rangatahi voice

Rangatahi have told us that in order for them to experience wairua in SBHS, they need kaimahi who know and understand Mātauranga Māori and can safely engage in wairua-based practices (karakia, waiata etc) without judgement /

shame, who understand and prioritise their cultural needs and respect their spiritual uniqueness. The following feedback came through in consultations with workforce of relevance to wairua of rangatahi:

Workforce at some of the sites consulted in the present research identified having sound cultural training in place, while some areas struggled to access this to the extent they felt it was needed.

I think we're really lucky in Counties. Well, I mean these guys can say, but Counties gives all our school nurses, even though they're not employed by Counties, access to all the trainings that they might want to do or we have Ko Awatea learning (Te Whatu Ora Counties e-learning platform), with all the e-learning. We have some mandatory training requirements around tikanga. The latest one is building cultural capabilities within Counties Manukau and we have a Pacific cultural competency that nurses can attend and do that's mandatory as well.

One focus group expressed the view that wairua was one of the most neglected elements of wellbeing, yet something that should not be ignored.

It irritates me and annoys me that we are under these Māori models, Te Whare Tapa Wha, Te Wheke and all that but the biggest component that people leave out is the wairua. And when the wairua isn't fixed, then everything else is out of balance. And that really irks me because the wairua has a lot to do with the hinengaro and at the moment we are seeing a lot more mental health issues.

Workforce consulted expressed a desire for training to better enable them to support rangatahi to reconnect with their own culture, ongoing training around cultural bias and training to support them to always be mindful of the culture of the rangatahi who they encounter, including what this means in terms of equity and access.

A number of the groups we heard from demonstrated an appetite for reliable training around Rongoa that is appropriate to their region and did not know where to access this. They wanted to be able to access quality training around Rongoa to effectively support whānau use with good advice. They identified a need for learning around valuing and respecting traditional practices rather than actually delivering these themselves. They want to be better able to validate whānau and iwi practices, and to know how and where to connect them with what they want. Workforce identified significant value in knowing what is available to whānau in your community, and understanding what is being used at home, and providing guidance to make most effective use of these, often the most affordable hauora supports available to whānau. One group suggested that more barriers existed around this for Te Whatu Ora – based providers than for NGOs. Another identified

significant value in forming a strong connection with local rūnanga and their Whanau Ora services.

I was privileged enough to go to (a) Manuaora mirimiri workshop and I found that incredibly enlightening and I would love to see our nurses being able to do that. ... It was just so beneficial to be actually understanding where ACC is at with some of the Rongoa Māori servicing and that has been enabled so we are able to refer. ... I would love to see something like that for our nurses ... its more than just applying that knowledge - its knowing that that knowledge exists and knowing how to refer our rangatahi and their whānau to this... I'd love to be able to access funding to go to this kind of training and we don't have that currently.

For SBHS wanting to be able to facilitate access to safe traditional healing practices within the kura, many lacked the physical spaces to enable this to occur and wanted to see this changed in the future with greater access to purpose-built and well-thought-out hauora spaces.

Kaimahi voice

Kaimahi want to be able to access learning opportunities around Mātauranga Māori and need to be able to safely engage in wairua-based practices (karakia, waiata etc) without judgement / shame. Kaimahi want to feel safe in supporting whānau using wairua-based practices. They want to work in spaces that are culturally inclusive, and which accommodate wairua-based practices. They also want their own cultural needs understood and prioritised by their employer, and to have opportunities to share their culture with others.

We heard from a number of SBHS teams how they were incorporating waiata into their meetings and this was building confidence across their team to enable them to join in with waiata in their school settings. Some SBHS workforce were sharing their culture as active participants in school cultural days and this in turn fed into Whanaungatanga and Tino Uaratanga. Kaimahi need to be on an active cultural journey along with rangatahi.

Aroha – “I matter”

Rangatahi voice

Rangatahi have already told us that in order for them to experience aroha in SBHS, the surroundings in which services are delivered need to reflect this. Rangatahi need to see aroha reflected in SBHS team interactions and be empowered to deliver self-care and be empowered to care for others. The following feedback came through in consultations with workforce of relevance to aroha towards rangatahi:

Most of the workforce consulted agreed that ideally, SBHS should be delivered from *purpose-built facilities* (wellbeing hubs being the goal) with:

- enough rooms to accommodate a range of MDT services (counsellor, social worker, youth worker, nurses, GP, physio, etc.) and with basins in consult rooms
- welcoming waiting areas
- confidential spaces with soundproofing
- unisex toilets accessible from both the consult room and from the waiting room
- a shower
- full wheelchair accessibility
- a youth-friendly feel and rangatahi input into the decor
- accessible in a manner that preserves the privacy of rangatahi
- digital consideration put in place to ensure that school firewalls do not negatively impact on functionality of patient management systems

Some of the groups consulted felt that chill-out spaces were important, while others were keen that the space discouraged this in order to maximise privacy of those visiting, and especially males, who some workforce saw as deterred from visiting by girls congregating in the waiting areas.

Time and again, workforce shared stories of spaces they work from that are far removed from this scenario. Spaces in which SBHS is delivered were identified by several groups as especially bad in alternative education settings, while TPUs and kura kaupapa were also identified as variable in the spaces available for the service to be delivered. Inappropriate spaces made it hard for some to deliver a service in line with their memorandum of Understanding, and in a manner upholding aroha

We go from that and then when you're out at one kura where we've moved six times, and been bumped, bumped, bumped, bumped onto rooms, so now we share a room with a teacher. We've got no bed out, there's nothing out. We'd have to basically arrive and she goes, 'Oh, it's that time.' She gets out of her seat, we get into her seat, and we use her desk and we've got everything, all our stuff poked into cupboards and it's awkward and stuff. That's because they don't have any space now, so we have to share a room with the teacher.

You're in a little back bedroom, which yet is probably as wide as this table with a bed in it. There's no desks. There's nothing, and you both sit on the bed, and if you're having to put a jadelle in, you've got to be on your knees.

for rangatahi, and indeed for the kaimahi themselves.

Workforce consulted were realistic that not every kura can have a purpose-built health / MDT facility, but there was a strong message put forward that rangatahi in every kura and education setting deserve a well-thought-out space with private and discrete access to a toilet. Currently, there was far too much variation in what is provided. Where new facilities are developed, one of the groups suggested that it should be mandatory that SBHS workforce are consulted about the design.

Where examples were identified where this had occurred, it had often been the result of chance rather than purposeful planning. Where spaces are less than adequate, effort was identified as needed to make these as appealing as possible, and to put extra effort into building feelings of safety and comfort in order to engage effectively with rangatahi.

Looking to the service itself, workforce expressed a need for SBHS practice:

- to be inclusive
- to work in partnership with rangatahi and with kura, and
- to provide choice for rangatahi wherever possible regarding their care

For SBHS in communities with high levels of poverty, and especially Māori in rural settings, having a kaiawhina was identified as really valuable, freeing up nurses so they can put extra time into meeting needs of rangatahi and their whānau, by providing transport to appointments etc.

Kaimahi voice

Kaimahi told us about how the facilities they get to deliver their service in provide messaging to them about how they are valued. Kaimahi experience aroha when they are treated with respect and feel cared for by their kura and by other SBHS kaimahi. Access to supervision is also connected with aroha, acknowledging that kaimahi themselves matter.

Access to supervision differed widely across the different groups consulted around desired state of workforce development. Some contract holders require clinical supervision and encourage professional supervision, while for others, uptake and even knowledge around supervision is more patchy.

Another thing that goes with nursing is because we have to deal with a lot of that stuff, there's a lot of — we don't get supervision, we don't get one on one supervision. There's no funding for that. Guidance do that. They have the one-on-one supervision. We have to talk with our colleagues, if you've got a colleague, or take it home. So that's how nurses get burnt out. You don't have the relationship with somebody that you can actually sit down and talk about students who come to you who've been, I don't know, sexually assaulted, and beaten up. We have to deal with a lot of that ourselves.

It was perceived by some that professional supervision is not understood as well by nurses and GPs as it is by counsellors and social workers, who have to receive this as a condition of their registration: some education about the value of it was seen as useful. Few strong messages came through in consultations regarding supervision, but we did hear the following:

- Capable professional supervisors are hard to find and often very stretched – capacity needs to be grown
- Cultural supervisors are extremely stretched and capacity also needs to be grown in this area, and existing supervisors themselves valued and cared for

- Clusters and team meetings work well at supporting some SBHS workforce, but more can be done to embed kaupapa Māori values in these group settings
- Many supervisors (especially where they are employees of Te Whatu Ora) are not perceived as truly independent and do not always feel safe in terms of the confidentiality requirements surrounding professional supervision – there is not always choice in who provides the supervision or what is discussed during sessions, and this is an area needing further development.
- Regardless of contract, all SBHS workforce should be entitled to quality clinical and professional supervision, either alone or in groups at their preference
- Employee Assistance Programme (EAP) is working well at supporting some of the SBHS workforce.

Some of the workforce we heard from acknowledged that the busy-ness and stress of the SBHS kaimahi role can interfere with their capacity to show aroha and manaakitanga to rangatahi, and to avoid this, they need to ensure that they themselves experience these things. Networking with other SBHS workforce was a key means of doing this, and something that there is an appetite for more of. The school Nurses conference held in the North Island in 2022 was well-received and some workforce expressed a desire for more opportunities like this, with resourcing to attend during paid hours. Others were keen for more SBHS workforce to attend the Involve positive youth development conference. For SBHS working as part of wider teams, online drives with a range of resources were a useful means of making their job easier, and not having to reinvent the wheel. A number of teams consulted had online chat groups in place through which kaimahi could easily reach out for collegial support.

With regard to the relationship between schools and SBHS, some of those consulted wanted to see schools as a more active partner in the SBHS contract, and a strong message was put forward that Ministry of Education needs to be much more proactive at supporting schools to understand and value SBHS. Ministry of Education and Te Whatu Ora were seen as needing to be much more strongly networked around SBHS and wellbeing in general. School senior leadership teams were widely identified as needing to better understand the role of SBHS and what is needed for this to work as well as possible, but the message received quite strongly was that this needs to come from the top and from the Ministry itself. SBHS are often seen by school senior leadership staff as “just support staff” and not valued as the highly trained professionals that they are.

Whanaungatanga – “I am connected”

Rangatahi voice

Rangatahi have told us that they want to see a SBHS that strives to form meaningful connections with rangatahi by being responsive, working in partnership with rangatahi, connecting rangatahi and their whānau with other

supports. Rangatahi want a SBHS workforce that is itself connected – that promotes their services across the kura and forms connections within it.

The present section builds on what has already been said in relation to Tino Uaratanga. With regard to whanaungatanga, the following messages regarding desired state of workforce development came through most strongly:

- To effectively uphold the value of whanaungatanga, *SBHS kaimahi need to ensure that they are well-connected to the senior leadership team of their kura*, and this takes time and effort from both parties. Ministry of Education have a role to play in encouraging senior leadership in kura to actively engage and support their SBHS kaimahi, and Te Whatu Ora can assist in better promoting SBHS to the education sector through Principals' conferences and collectives and communications to schools.
- Whanaungatanga is especially important and *requires more time invested in it where there is a history of whānau being let down by health providers*. This invariably includes alternative education settings. With great engagement, SBHS can be a way of healing a lot of this damage and bridging the gap between health services and the whānau and building confidence in accessing health services over time.
- Whanaungatanga does not just happen. To live this principle, ***kaimahi need to be a presence in school and to actively strive to build relationships across the school***, by taking time to be present at school events like swimming sports, prizegiving, potato harvest, or anything that brings the school community together.

Connection's the biggest thing. I mean nobody's going to access the service if they don't know who you are.

- A whānau approach is especially important in Alternative Education settings and with care-experienced rangatahi - *access to car and home visit provision* is highly valuable.
- As mentioned in the section addressing Tino Uaratanga, *the staffing ratios for TPUs and alternative education were seen as inappropriate and not conducive to establishment of Whanaungatanga and whānau-based practice*, given that kaimahi need to support the whole whānau – a ratio of one FTE per 100 clients including students and their partners and tamariki was seen as more realistic for effective service provision.

Workforce consulted saw whanaungatanga fostered when GPs see rangatahi alongside nurses who have more time to establish relationships of trust, when rangatahi feel safe to come and see kaimahi with their mates alongside them, when kaimahi share something of themselves to rangatahi in their interactions and where whakapapa and whanaungatanga are two-way, when manaakitanga lies at the centre of every interaction, when kaimahi engage actively in their local community, when kaimahi make full use of all the tools available to support rangatahi (e.g. online mindfulness apps they can point them to), and where kaimahi actively engage with whānau with the consent of rangatahi, and

It's that whanaungatanga and building rapport is something that we always do and that we have to do, because we can't have those really meaningful therapeutic relationships if we can't have someone come and sit with us and feel immediately comfortable and safe, like they're in a place where they can say what they need and where they feel honoured and respected as a person as well.

especially in relation to mental health needs.

Kaimahi voice

Kaimahi can be more effective in their role and are more likely to feel fulfilled in their mahi when they themselves also experience whanaungatanga – when they meet regularly with other SBHS kaimahi to support, learn and grow together, when they feel part of the wider school staff, when they are invited to key kura events and are able to attend these and when they have the time and opportunity. For the purposes of sharing what workforce want in terms of workforce development of SBHS in the future, desires regarding multi-disciplinary teams are shared in this section, given that the strength of MDTs lies so much in whanaungatanga.

- Kaimahi consulted around desired future state of SBHS strongly voiced the view that *school senior leadership teams need to make an effort to meaningfully engage with SBHS* and need to foster in them a sense of belonging and connection. They also strongly acknowledged *that kaimahi need to also themselves make an effort, with whanaungatanga a two-way process that takes time and effort*. We heard from some of the workforce consulted that *senior leadership within kura can be significant barrier to effective SBHS*. They want to see *prioritisation of wellbeing coming from the top* - from both the Ministry of Education, and from Boards of Trustees and from Principals.
- Kaimahi told us that it makes the best sense to strongly connect with Principals in smaller schools, while in large schools it works better to connect with deans and other pastoral care personnel: *different kura require different approaches to reach the best outcomes*.
- As mentioned, but to reiterate, Kaimahi want to see *Ministry of Education and Te Whatu Ora more closely networked* and a number of groups

consulted were keen for a Memorandum of Understanding to be put in place around what is needed in terms of the relationship between the two entities.

- The *physical location of SBHS within kura is important to connectedness* – when SBHS rooms are located far away from senior leadership and pastoral care roles, it makes it harder for kaimahi to form meaningful connections with these professionals. Colocation creates connections.

The different kaimahi consulted with regarding their desires for SBHS workforce development in the future shared examples of lots of different things that were working well for them in terms of whanaungatanga and which they wanted to see developed more widely in the future:

- Regular check-ins between professionals in the kura so everyone understand each other's roles.
- Stronger promotion of SBHS and what it entails and what its potential is at education-focused conferences, and to teacher trainees.
- Need to purposefully network with other health and wellbeing services locally, and especially in smaller communities and especially those which enable them to support some of the key priority groups – rainbow rangatahi, disabled rangatahi, care-experienced rangatahi.
- Daily online team check-ins and chat groups accessible for support and whanaungatanga during the working day.
- Regularly scheduled in-person training and whanaungatanga for teams.
- Online tools available across the workforce and where kaimahi can safely ask questions and seek support are valued – the School Nursing website was identified as already useful for this.
- There is an ongoing need to develop understandings around confidentiality for school staff, who often have differing expectations to health workers.

In terms of effectiveness of strengthening connections and communication between professionals within kura, a number of the groups consulted with talked favourably about hauora / wellbeing / pastoral care groups which had functioned for a time in their kura – meetings that brought together a range of professionals from across the school and the different services coming into school or working with whānau who are part of the school community. Many had fallen over due to poor practice regarding privacy and confidentiality, but these meetings were identified as valuable and something that could be built on/from in the future with the right guidance from Te Whatu Ora, Ministry of Education and Ministry of Social Development. Likewise, multidisciplinary teams were also identified as requiring stronger guidance regarding how they should be working. Four of the kaimahi communities we heard from wanted to see Te Whatu Ora, Ministry of Education and Ministry of Social Development engage with representatives from Boards of Trustees and Principals to clarify and develop shared understandings of how multidisciplinary teams can best operate within kura: what ethical practice should look like, clarity of purpose and rules to keep everyone safe, what is okay in terms

of communication between professionals. This was something extending far beyond SBHS, but something which SBHS is nonetheless a key component of. Time and again, the example was put forward that SBHS kaimahi often do not know who the rangatahi in their kura are who are under Oranga Tamariki care, yet they are identified as a priority group for SBHS. *SBHS want more information sharing, but within the frame of ethical practice.*

Rangatiratanga – “I have self-determination”

Rangatahi voice

Rangatahi have told us that they want their needs to be heard and to feel a sense of control over their lives. They want to express their views, and they want kaimahi to document and celebrate key passages in their lives with them, be actively involved in celebrations at school and advocate for rangatahi rights and preferences.

Workforce told us that student surveys are really important as a means of giving rangatahi a voice in SBHS. They work best when they are available in both digital and hard copy format, and some kaimahi find value in surveying students every term rather than just once each year. However, we also heard that the best means of gathering rangatahi voice is to talk to them about the service they want, and the things they like and don't like about SBHS in their school. Some kaimahi try and gather this informally when opportunities arise. Others have used focus groups to gather rangatahi voice about their service.

The other day I was out at a school and two students came in and they're like, 'Oh, we just don't have a class. Do you need us to do anything?' I was like, 'Well, come and have a conversation with me and tell me what you think a health service needs and stuff.' They brought up some really interesting stuff.

Quality of engagement was identified as the most important measure of success in SBHS, and not the number of assessments completed. This message came through very strongly from those consulted. Quality engagement increases the likelihood that rangatahi will come and seek support for themselves and needs to be determined from rangatahi voice.

Kaimahi affirmed all the messaging that rangatahi themselves have told us, captured in the principle of rangatiratanga. They told us:

- That a key role of kaimahi is to advocate for rangatahi – for example, supporting them to get school staff to pronounce their names correctly, or striving to connect them with a rainbow service accessible to them.
- That rangatahi should be in the driver's seat when they come to see kaimahi – instead of the kaimahi being locked into undertaking the same assessment for every student, their first interaction should be guided by what the rangatahi wants from it.

We've empowered them to go, do you know what, actually I don't want my height, weight and blood pressure, but I'd love my hearing checked. When we give them the options to choose rather than saying, 'Actually, we're going to do this to you because this is what I've been told or we've been directed to do. I'm going to do it to you.' Now, we're actually engaging.

Some expressed frustration around HEADDSSS, some wanting this to happen earlier at intermediate level in high needs communities, while others were keen for HEADDSSS assessment findings to transfer with students who change schools (with their consent) so they do not have to keep telling their stories, and some saw such assessment as a pointless exercise if nothing is available in terms of resources to address the issues which HEADDSSS will highlight. There was strong demand for HEADDSSS to not be a metric for quality of service, and some of the providers

The trauma that these kids experience is just off the charts. ...Off the chart and it's so normalised. Gangs, sexual violence, P, everything, grief, so much loss. I said that to (manager)ji once. I said, 'I'm not going to do these HEADDSSS assessments if I can't do anything with what they share with me.' I am doing them but they're sharing this shit, this maemae, and I'm supposed to do what?

consulted have already moved away from this. *The focus should be on quality of engagement, and not on numbers.*

Frustration was also expressed by one of the teams consulted that the present contract made no provision to undertake whānau hui, yet this was what some rangatahi Māori wanted. Some of the processes around consent were seen as “too Pakeha” and not upholding the rangatiratanga of rangatahi or recognising that whānau means different things to different rangatahi.

Kaimahi voice

Kaimahi want to be able to advocate for the needs of their service to leadership, both in their kura and with their provider.

We heard that where SBHS kaimahi have made a conscious effort to engage with school leadership, both the principal and senior leadership team and with the Board of Trustees, understanding of SBHS has grown, and the alliance between kura and SBHS grows. It works well when SBHS regularly share patterns and trends with the Board of Trustees. The relationship between kaimahi and the leadership of the kura is worthy of investment.

Whakapapa – “I belong”

Rangatahi voice

Whakapapa is strengthened for rangatahi when kaimahi foster connections with their whānau, when they affirm whānau knowledge and cultural practices, and when they strive to understand those connections important to rangatahi.

The principles of Te Ūkaipō are intertwined: to uphold and strengthen whakapapa of rangatahi, Kaimahi need to build authentic relationships of trust with the rangatahi, and in many cases, also with their whānau – to demonstrate whanaungatanga, aroha, manaakitanga, tino uarantanga. All this takes time. We heard how it's really hard in the face of high caseloads or in smaller kura in communities facing high levels of socioeconomic deprivation and inequity to do this well within current resourcing models, yet kaimahi are striving for this because of their passion for rangatahi. Whakapapa requires so much more focus for whānau who the health system has historically let down, and with a background of disconnection and trauma: we heard strongly that resourcing needs to be based on level of need and not on year 9-13 student numbers. Staffing levels of alternative education, teen parent units, along with kura and area schools / rural schools extending beyond Y9-13 especially need to be increased to reflect the need for kaimahi to support the whole whānau through a Whānau Ora approach.

Our funding to deliver care is based on the Year 9 to 13 roll but we will generally see Year 7 to 13s. So there's that crossover space between public health nurses have the contract for visiting schools in the Year 0 to 6 space. And then it kind of drops off. There's a bit of a no-man's land for 7 to 8, and then Year 9 to 13. So if you look at (school example), you might have a roll of 130 and only 30 of those are in the senior, in that Year 9 to 13 space. ... We just take the approach that if the clinician has the appropriate scope and skill, why would we see somebody with a sore throat who is 14 and not also see their younger brother, who is eight, with a sore throat? So it would be nice, I think, to figure out a way that doesn't penalize the area schools or the wharekura for being a different model of education delivery.

As mentioned, cultural competency training is hard to access for some kaimahi and in some parts of the motu. This was very much seen as an on-going need – one-off trainings were not seen as sufficient. Kaimahi need to understand the culture of the rangatahi sitting in front of them, and to be well-aware of their own cultural biases.

Kaimahi want to see more purposeful recruitment of diversity, but this was acknowledged as not easy.

When you're thinking about building your team and you're taking new people on, being like, okay, well, what's this person going to bring to the diversity of the team? Not only just their knowledge and skills but what do we need to better meet the needs of our students?

It was suggested that employers need to encourage males into all healthcare roles, along with rainbow workforce, Māori and Pasifika, and that part of that recruitment effort needs to be focused on overcoming barriers including the negative experiences of healthcare themselves among some of the groups they seek to recruit. This was acknowledged as not easy, and something that needs to involve training providers.

People from those groups have experienced prejudice in healthcare or have had negative experiences in healthcare - it doesn't necessarily make them want to go and jump on the boat and join in and be one of them and change things. If anything, it's a bit of a turnoff from getting into those industries, so trying to encourage more people in at the beginning level. That's the education provider's role there in looking at their enrolments and prioritising the enrolment of different groups into programmes as well.

Kaimahi voice

Kaimahi want to feel like they are part of a wider team, both across SBHS and also within their kura.

The section concerning kaimahi under whanaungatanga is all relevant to whakapapa. Workforce consulted in the present research made it clear that connections within the school environment make a huge difference for kaimahi themselves. The mahi of SBHS can feel isolating if kaimahi don't get to experience a collegial environment in school or with SBHS colleagues at other sites. Online team meetings and chat groups are hugely valuable at connecting the workforce, providing them a listening ear or a ready source of advice. Kaimahi told us that where they are based in the school makes a difference, and it's good to be in close proximity to the guidance counsellor, the youth worker and the like to support multidisciplinary practice.

Te Reo – “I have mana”

Rangatahi voice

Kaimahi can deliver a mana-enhancing SBHS to rangatahi by ensuring that they pronounce their names correctly, by using Te reo in their clinical interactions and by displaying signage in Te reo and in the first languages of the rangatahi they serve.

The kaimahi who took part in our focus groups display a high level of awareness of the importance of Te reo and the influence this has across Tino Uaratanga,

Te ao Māori and te reo and confidence in that is really essential, and understanding te ao Māori for rangatahi is really essential.

whanaungatanga, rangatiratanga, and aroha.

Kaimahi can do their best for rangatahi but the point was also made that this also needs to be led from the top in the school.

It works best when it has started from the top, when your principal, your SLT (Speech and Language therapist), your management team, whatever it maybe, is really implementing that and has that as a high priority. That's definitely when I've seen it succeed. Well, it happens faster.

A range of measures were identified by the kaimahi consulted as working well for them in terms of Te reo:

- Getting resources translated into Te reo
- Including questions in the student survey asking how well the nurse respected their culture
- Non-Māori kaimahi need to draw on all their knowledge and commit to learning and growing around Te reo to build trust in kura
- Taking time as a team to learn waiata in Māori but also Pacific languages – this helps with pronunciation skills and kaimahi can also find opportunities to use these in the school setting – practising waiata in a safe space builds confidence in other languages
- Wearing rainbow badges and lanyards
- Routinely asking pronoun preferences
- Make the effort to keep up with youth culture and popular words and phrases (but don't use these!)

Kaimahi voice

Kaimahi experience a sense of mana when they are able to access the training opportunities they need, and the resources to develop their confidence in and use of Te reo.

Further to what has already been shared in the section concerning Tino Uaratanga, the following measures were put forward as supporting the SBHS workforce around Te reo:

- Workforce need to take part in cultural learning opportunities in school – culture days and the like
- Training is an ongoing need, but needs to be tailored to local areas
- Workforce need to take full advantage of online learning tools around Te reo
- Te reo needs to be used in order to master pronunciation, and cultural training needs to be ongoing
- SBHS need to foster connections with kaitiaki hauora and HOD Māori in kura Wananga can be a valuable approach to training, and one fostering and encouraging use of Te reo
- Kaimahi Māori should be supported in their own journey of building their understanding of whakapapa and Te reo.

Manaakitanga – “I am valued” Rangatahi voice

Kaimahi foster in rangatahi a sense of being valued by demonstrating respect and care for them in clinic and in all their interactions. Rangatahi experience manaakitanga when the physical space conveys feelings of being valued, and when kaimahi seek their feedback on the service provided.

All the information presented regarding what is needed to uphold tino uaratanga, aroha, whanaungatanga, whakapapa, Te reo, wairua all also uphold and are part of manaakitanga. Manaakitanga was identified as needing to lie at the centre of all interactions with rangatahi, because caring and valuing rangatahi builds whanaungatanga. This is something that can't just come from the nurse but needs to be displayed by every person the rangatahi interacts with regarding SBHS. Their needs to be a *whole-school no-judgement approach to SBHS*, and to achieve this,

Looking at who's the first person that a young person encounters, and do they know how important it is to be nurturing, non-judgmental and not to comment in the staff room that such and such was seeing the nurse again, or did they have somewhere where they could wait that was private or where, and if they were making a drop-in referral, did they have somewhere safe that they could put it or did it just go onto a pile that anyone could come past and have a little flick through and read? It starts before they even get to us, that feeling of safety and comfort.

all kura staff need to be educated in the role of SBHS and what manaakitanga should look like for the service.

Manaakitanga can be strengthened where the SBHS workforce is characterised by diversity. To build a diverse workforce, it was suggested that sometimes people need to be shoulder-tapped and encouraged to apply for these roles. It was also suggested that senior management who make these appointments need to understand the importance and value of a diverse workforce so they do consider this through the appointment process. One of the teams consulted with had employed a rangatahi Māori straight from school as a healthcare assistant, and supported them through their mahi, to the point they are now engaged in enrolled nurse training. They felt that it was hard getting Māori to see healthcare as a viable employment pathway, and the system needs to work hard to change this, taking a national approach to overcome barriers.

Kaimahi voice

Kaimahi deserve to feel valued by others across the health sector and in their kura, and at the moment, this is not always the case.

Currently, employment models vary widely across SBHS, with some kaimahi employed year-round, and others paid term-time only (40 weeks per year), with some of these annualised and others not. Not every kaimahi wants to work full-time, but some do, and many need to. To grow diversity in the SBHS workforce and to attract more males to these roles, the workforce consulted felt there needs to

be more choice regarding employment terms, with the role paid year-round for those who want it.

(If) you're wanting to make this role attractive for a dad who is providing for his family. That's why we don't seem to get a lot of males. This needs to be something that people are vying for. 'Oh my gosh, a position has come up in youth health.' ... If you were passionate about young people, then is an awesome opportunity. We have a cool job. We have a great job, but some of us have to get jobs in the school holidays if you're not getting paid in the school holidays.

As mentioned, kaimahi want to see SBHS much more strongly promoted to principals and senior leadership of kura so that they have a stronger understanding of the service and the contract on which it sits. The Ministry of Education was seen to have a role to play in this area.

Who your principal is and how they're understanding school-based health services is huge because you can have it really well functioning. You get somebody new in, especially if they've come from a higher decile school and have no understanding of the contracts or anything below decile, that becomes really difficult.

Ōritetanga - "I am equal"

Rangatahi voice

Kaimahi support ōritetanga in rangatahi when they treat everyone with dignity and respect, regardless of their background, and when they reflect Tiriti in their service. Workforce have clearly told us that more capacity is needed in rural SBHS in communities with high levels of socioeconomic deprivation. They have also told us of the important role SBHS plays in smaller communities around supporting the whole whānau around rangatahi who are transitioning.

- *Many rangatahi in rural kura travel by bus, and do not have access to hauora supports outside of kura – multidisciplinary approaches are especially needed within kura to reach these rangatahi.*
- *Kura kaupapa Māori were widely identified by those consulted as currently not resourced equitably in terms of pastoral care kaimahi compared with mainstream kura, often lacking guidance counsellor roles, yet these roles are seen as much-needed.*
- *Standing orders are especially valuable in ensuring equitable access to medication for rural rangatahi.*

I would like to see a dedicated counsellor, social worker assigned to each kura (kaupapa Māori) because there's a huge void there. Most mainstream schools, like my high school, I'm right next to the counsellor and we have visiting counselling things for kura a little bit further out, and it's extremely difficult, if not impossible, to get someone to go out to the school there and just a lot of time spent trying to ring and phone and e-mail and get something that's also appropriate as well.

Kaimahi voice

Kaimahi have expressed a desire to feel as respected as any other nurse, to be paid on an equitable basis, and to be able to work from physical spaces and with access to resources that are similar to those of clinicians in other settings.

A strong message was put forward by those we consulted with that *the pay for SBHS is too low to attract the diverse workforce needed*, especially in the midst of a staffing crisis across the health sector.

I've just recently resigned and honestly the only thing that has made me resign is that this job doesn't pay enough. I love my job; I love the kids. Every day is such a great day with the kids. I've built so much connection with them and I'm so, so sad to leave them, but I'm literally living paycheque to paycheque and it's just not fundamental for my life. If there was more money involved, if I did get paid better, I wouldn't leave my job. I'm starting a new job next term and it's literally \$25,000 more than my salary I'm on now. – Young Māori kaimahi

The workforce told us:

- *There needs to be equity in employment contracts across schools, with far too much variation at present.*
- *Too many kaimahi were working from spaces that were totally unacceptable, and Ministry of Education and Te Whatu Ora need to work together to rectify this.*

When you look at nurses and know that 50% of nurses who start their training don't finish. So the question is, why? Because they make it so bloody hard for everyone to get through training now. So I think you've got to start there. Who are you attracting to the workforce, and who are you supporting to stay there? Because it doesn't really encourage diversity where you only have half your original intake because they were able to what? Travel to the placements, afford to stay there, that's sort of thing, so you've just knocked out a whole heap of potentially awesome nurses.

- Investment is needed at the front-end of the workforce, during training, to ensure that nursing and prospective medical students *from diverse backgrounds and with significant barriers in place around their study are much more supported*, carrying through to complete their study and qualify. Examples of support that could make a difference were scholarships to enable students to undertake SBHS placements in different geographic areas to where they live, covering transport and accommodation. This would make all

the difference for one of the providers consulted, who had been working hard to get year 3 Wananga nursing degree students in on placements.

- Rangatahi using SBHS generally don't see a diverse workforce, and this makes it less likely that they will see SBHS as a career pathway for themselves in the future. Work was seen as needed to *promote the diversity already in the workforce* and make this more visible.

When you see people from diverse backgrounds working in a profession that attracts people from diverse backgrounds thinking, oh look at that person, it's a role model, that's someone they can do it to and say hey, that would be awesome. But if you see all the workforce of the same sort of demographic and things, it doesn't really instil a lot of desire to go into that, does it?

- Some of those we heard from were keen for SBHS kaimahi from diverse backgrounds to be rewarded for the extra demands often placed on them in their roles.

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Glossary of Terms

<i>Word/Term</i>	<i>Definition for this report</i>
<i>FASD</i>	Fetal Alcohol Spectrum Disorder
<i>Health hub</i>	Recommended enhancement for SBHS, one stop shop facility in schools that provides clinical staff, counsellors, mentors, Māori health, pastoral care, youth workers, external providers, student support.
<i>Hikairo Schema</i>	A document provided to schools that is a resource and tool for teachers to put te Ao Māori values in practice (similar to Te Ūkaipō)
<i>Kaiārahi</i>	Workforce mentors/guides
<i>Kaiāwhina</i>	Support staff
<i>Kaimahi</i>	All workforce in SBHS
<i>Kura</i>	School
<i>MOE</i>	Ministry of Education
<i>NETP</i>	Nursing Entry to Training Programme
<i>NZHEA</i>	New Zealand Health Education Association (in relation to the health curriculum in schools)
<i>PLD</i>	Professional Learning Development
<i>PD</i>	Professional Development
<i>Rangatahi</i>	Youth
<i>Rongoā</i>	Māori medicine
<i>SBHS</i>	School Based Health Services
<i>SLT</i>	Senior leadership team (in relation to schools, principals, deputy principals etc.)
<i>TPU</i>	Teen Parent Unit
<i>Tinana</i>	Physical body
<i>TWO</i>	Te Whatu Ora