

Youth Health Strategy 2016-2019



Creating Healthy Opportunities for Youth 2016 – 2019

*“Strong leadership to commit to
what young people want”*
17year old Hawke’s Bay youth

OUR VISION

“HEALTHY HAWKES BAY”

“TE HAUORA O TE MATAU-A-MAUI”

Excellent health services working in partnership to improve the health and wellbeing of our people and to reduce health inequities within our community.

OUR VALUES / BEHAVIOURS

- ❖ **TAUWHIRO** - delivering high quality care to patients and Consumers
- ❖ **RARANGA TE TIRA** – working together in partnership across the Community
- ❖ **HE KAUANUANU** – showing respect for each other, our staff, patients and consumers
- ❖ **AKINA** – continuously improving everything we do

VISION Hawke's Bay Health	“Healthy Hawke's Bay” “Te hauora o te matau-a-maui” Excellent health services working in partnership to improve the health and wellbeing of our people and to reduce health inequities within our community.	Mai Māori Health Strategy 2014 - 2019 Māori taking responsibility for their own health at a whānau, hapū and iwi level.	Pasifika Health Action Plan 2014 - 2018 Healthy and strong Hawke's Bay Pacific community that is informed, empowered and supported to improve the management of their health and the health of their families.
AIMS	The Hawke's Bay Health System - Transform and Sustain for 2013-2018: The three broad aims are: <ol style="list-style-type: none"> 1. Responding to our population. 2. Delivering consistent high-quality health care. 3. Being more efficient at what we do. 	Mai Māori Health Strategy 2014 - 2019 Focuses on engaging better with whānau, delivering consistent high quality care and more efficient use of resources. Mai seeks to work toward an integrated health sector that takes responsibility for responding to the needs of Māori in the way they prefer services and care.	Pasifika Health Action Plan 2014 -2018 Better health service response to Pacific health needs through a collaborative approach with Pacific communities that will lead to improvements in health and wellbeing.

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OUR GOALS FOR YOUTH

This Strategic plan for youth aims to convey a shared vision for young people by identifying a common set of youth outcomes and indicators that cuts across the work of many organisations/services working with youth. Though there are commonalities in how organisations/services talk about their goals and impact, the lack of shared language across the services can lead to missed opportunities for collaboration, alignment and collective impact. Our vision is that this framework enhances organisations/services individual and/or collective ability to define, communicate about, develop, and implement strength-based models to influence outcomes that ensure all youth are thriving in New Zealand.

OUR OUTCOMES FOR YOUTH

The youth development approach calls for a balance between services designed to prevent, intervene or treat health problems and efforts that promote development through preparation, participation and leadership experiences with youth. Creating synergy to meet the needs of youth in the full context of their lives will result in healthy opportunities for youth and sustainable benefits for the community overall.

This framework is intended to provide a basic listing of outcomes and corresponding indicators. It does not capture complex relationships among outcomes and indicators or developmental differences.

GOALS	Healthy & Safe	With Connections	Productive	Health System Resiliency	Community Inclusiveness
What do youth need for healthy development					
OUTCOMES How will we know youth have achieved healthy development	Thriving <ul style="list-style-type: none"> ▪ Healthy/active living ▪ Social/emotional health ▪ Safety/injury prevention 	Engagement & Inspiring <ul style="list-style-type: none"> ▪ Positive identity and relationships ▪ Social/emotional development ▪ Cultural competence ▪ Community connectedness ▪ Social responsibility and leadership development 	Learning & Working <ul style="list-style-type: none"> ▪ Engagement in learning ▪ Learning and innovation skills ▪ Academic achievement ▪ Tertiary access and success ▪ Career awareness ▪ Workforce readiness ▪ Employment 	Leadership & Youth Involvement <ul style="list-style-type: none"> ▪ Commitment to adolescents and youth development ▪ Partnerships and collaborations for health and development ▪ Programs and services ▪ Advocacy ▪ Youth involved in governance and leadership ▪ Youth as community change agents 	Innovation & Integration <ul style="list-style-type: none"> ▪ Whānau and community supported ▪ Resources and opportunities ▪ Strength based focus ▪ Youth as part of the community ▪ Collaborative and multi-sectoral ▪ Outcome driven

Definition of Youth: Ministry of Youth Development Strategy Aotearoa (2002) defines youth 12-24 years.

Overview

“Young People are a resource to be developed not a problem to be fixed”. (Joy G Dryfoos 1998)

This statement began a journey of discovery in the 1990s to advocate for adolescent development and collaborative service models for ensuring that children are healthy and ready to learn. Two decades on and this emphasis on positive development for the wellbeing of the ‘whole young person’ is strongly echoed today and by youth in Hawke’s Bay.

The World Health Organisation’s Global Strategy¹ emphasis is to transform societies to create opportunities for thriving children and adolescents, which in turn, will deliver enormous social, demographic and economic benefits.

Creating healthy opportunities and working together in communities will enable the rights of youth to wellbeing. Our goals have the enduring theme and commitment to:

- Youth are thriving in Hawke’s Bay
- Youth are fully prepared, fully engaged and actively participating in communities

Hawke’s Bay District Health Board (HBDHB) is investing in a Youth Health Strategy 2016 -2019. This Strategy seeks to improve the responsiveness of Hawke’s Bay health services for youth. In order to achieve this outcome research indicates strengths based models utilising Positive Youth Development are proven to be most successful.

‘Shift the paradigm from preventing and “fixing” behaviour deficits to building and nurturing “all the beliefs, behaviours, knowledge, attributes, and skills that result

¹ United Nations Secretary General. Global Strategy for Women’s, Children’s and Adolescents Health 2016 - 2030

² Dr Karen Pittman. The Forum for Youth Investment, Ready by 21

³ Becky Judd. The Forum for Youth Investment, Incorporating Youth Development Principles into Adolescent Health Programs 2006

in a healthy and productive adolescence and adulthood”²

The Positive Youth Development approach, calls for a focus on young people’s capacities, strengths and developmental needs and not solely on their problems, risks or health compromising behaviours. It recognizes the need to broaden beyond crisis management and problem reduction to strategies that increase young peoples’ connections to positive, supportive relationships and challenging, meaningful experiences.

While health problems must be addressed and prevented, youth must also be prepared for the responsibilities of adulthood.³

Professor Robert Blum (United Nations Advisor)⁴ recommends: A Framework for Healthy Adolescence *or what young people need for healthy development:*

Five Outcomes to achieve by age 15 for healthy development:

- Academic engagement
- Emotional and physical safety
- Positive sense of self/self-efficacy
- Life and decision-making skills
- Physical and mental health

Research continues to inform us of the sustainable benefits and high returns from investing in women’s, children’s and adolescents’ health. 70% of preventable adult deaths from non-communicable diseases are linked to risk factors that start in adolescence.

Youth in Hawke’s Bay report healthy is

Feeling supported and accepted

Positive relationships with parents and connections with others

Good headspace

Positive influences

Independence

Taking responsibility

⁴ United Nations Advisor Professor Robert Blum. A Framework for Healthy Adolescence *or what young people need for healthy development. MSD Jan 2016*

Snapshot of Today 2016

If we take a snapshot of where we are today with our responsiveness to youth, we know the Hawke's Bay community is multicultural and invested in youth across multiple levels and sectors. However, youth report they are uncertain around understanding and navigating access and utilisation of multiple services.

Case scenarios: 'everyday life for some teens'

14year old male living in a blended family, attending school with no learning difficulties, has reliable friendships and plays sport regularly for his school and a club. He has just broken up with his girlfriend of the last 9 months.

16year old female living in a single parent family with six siblings (oldest child), irregularly attending school – recently saw school counsellor for low mood due to bullying; smokes, has few friends, mostly spends time at home to help out with siblings.

One of these young people would be considered to be well supported and the other not. However the negative outcome for both could be the same. Currently there are funded services to meet the needs described. Both young people have access to services in the community such as:

- Schools e.g. teachers, deans, school counsellors, social workers in schools (SWIS)
- School Based Health Services (SBHS)
- Youth One Stop Shop (YOSS)
- Primary Care Provider (PCP – GP practices)
- Primary Healthcare Organisation (PHO) Packages of Care (PCP and/or NGO)
- Non-Government Organisation (NGO) Youth Services
- Iwi wraparound Services
- Pacific Health Promotion Service
- Child Adolescent & Family Service (CAFS)
- Community programs e.g. sports, after school, cultural groups
- Church support/programs/groups
- Accident & Medical

However, young people report barriers to accessing and utilising services. Many services work in isolation of each other; services use separate client databases (e.g. limited ability for timely information sharing), differing eligibility criteria, and differing standards for quality services and/or service requirements.

Returning to our two young people; in accessing services the young person may have:

- potentially told their story seven or more times
- engaged via the same/different/no screening tool with different services with same/differing results
- problems identified and fixed, yet normal daily functioning still declining
- engaged with multiple providers but young person indecisive/unmotivated about care plan led by services
- received counselling from three different counsellors and possibly three different therapeutic interventions,
- been put off by the negative stigma of needing help or perceived by peers to be needy/damaged therefore unwilling to access services
- been put off due to lack of youth friendly service
- peers as the only source of information relating to chosen service – young person is misinformed or may be perceived lack of confidentiality
- not accessed any services as uncertain of what support they need or will receive

The only way to change the odds for all youth is to **work together** differently to **create healthy opportunities** for youth to thrive.

“Support 100% and work together“

“Walk the Talk and Take Action”

Pacific Youth

Introduction

Over the last few years HBDHB have reviewed the needs of our multicultural community and acknowledge the future population projections indicate this will increase. The HBDHB strategic plans reflect the health system in partnership with Māori and Pacific. It is important to promote the synergy of all the strategic plans which the Youth Health Strategy is aligned to. The underlying principles are weaved throughout the goals and outcomes that all youth in Hawke's Bay are thriving with healthy and productive adolescence and adulthood.

The Hawke's Bay Health System - Transform and Sustain for 2013-2018:

The three broad aims are:

1. Responding to our population.
2. Delivering consistent high-quality health care.
3. Being more efficient at what we do.

The strategy acknowledges "organisations need to work together with a focus on prevention, recognizing that good health begins in places where we live, learn, work and play long before medical assistance is required".

Mai - Māori Health Strategy 2014–2019: This strategy 'Mai' means 'To bring forth' and relates to Māori taking responsibility for their own health at a whānau, hapū and iwi level. Mai focuses on engaging better with whānau, delivering consistent high quality care and more efficient use of resources. Finally, Mai seeks to work toward an integrated health sector that takes responsibility for responding to the needs of Māori in the way they prefer services and care. (HBDHB MAI)

The Pasifika Health Action Plan is a four year building block: At the core of improving Pacific health is the need for families, community groups and services to do things differently. The six key priority areas are:

1. Pacific workforce supply meets service demand.
2. Systems and services meet the needs of Pacific people.

3. Every dollar is spent in the best way to improve health outcomes.
4. More services delivered locally in the community and in primary care.
5. Pacific people are better supported to be healthy.
6. Pacific people experience improved broader determinants of health.

It is important to acknowledge other strategic plans that are fundamental to the wellbeing of Youth. We know there are increasing rates of obesity and suicide amongst Youth. Other strategies that align with the Youth Health Strategy are listed below:

- HBDHB - Best Start: Healthy Eating and Activity Plan (2016 -2020) aims to improve healthy eating and active lives for Hawke's Bay children.
- HBDHB - Suicide Prevention and Postvention Plan 2015-2017 aims to ensure Hawke's Bay has a clear pathway to:
 - Reduce suicides
 - Minimise presence of suicidal behaviour
 - Access appropriate care
 - Build community/workplace resilience
- MOH Family Violence Assessment & Intervention Guidelines "Child Abuse and Intimate Partner Violence 2002"
- Te Wero "A Violence Free Kahungunu" (Kahungunu Violence Free Strategy Action Plan)
- HBRC - Regional Economic Development Strategy 2011

This Youth Strategy aims to determine how to get the best outcomes for youth to thrive in Hawke's Bay, determine how it will be achievable, and how we will know if it has been achieved.

The Positive Youth Development provides a framework for examining thriving in youth and has been useful in promoting positive outcomes for all youth.

This perspective sees youth as resources to be nurtured and focuses on the alignment between the strengths of youth and resources in the settings that surround them as the key means of promoting positive outcomes.⁵

Successful youth outcomes include the development of attributes such as competence, confidence, character, connection, caring, and contribution. The development of these positive attributes is thought to foster positive outcomes during adolescence such as:

- improved self-care
- greater academic achievement
- higher quality interpersonal relationships
- overall improved wellbeing

These attributes are also believed to be critical in promoting successful adult development and improved health outcomes.⁶

This shows the healthy opportunities could continue through into adulthood due to the synergy with the principles in all the strategic plans supporting “for the people by the people - mo te iwi i te iwi”.

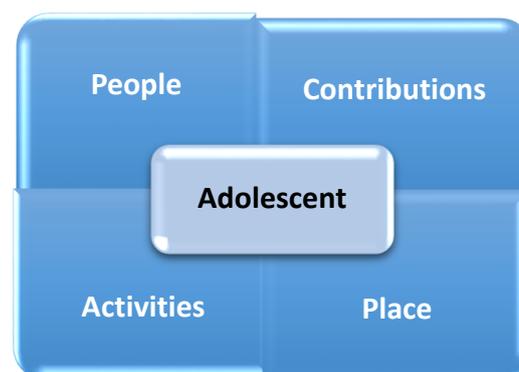
New Zealand Research

During the 1990s New Zealand youth had high incidences of morbidity and mortality but little local research to help define what the needs were and therefore enable appropriate health provision to improve health outcomes. Two significant research groups have been key contributors to the evolution of youth health over the last two decades.

1. The Christchurch Health and Development Study (CHDS) has been in existence for over 35 years. CHDS followed the health, education and life progress of a group of 1,265 children born in the Christchurch urban region during mid-1977. The cohort has now been studied from infancy into childhood, adolescence and adulthood resulting in many reports reflecting the life course.

2. Adolescent Health Research Group (AHRG) was established in the late 1990s to undertake the Youth 2000 National Youth Health and Wellbeing Survey series. Over 27,000 young people have participated in 2001, 2007 and 2012. The samples of New Zealand secondary school students completed an anonymous comprehensive health and wellbeing survey. The results from these surveys provide comprehensive and up to date information about issues facing young people in New Zealand.

This research, along with other New Zealand and international evidence, continues to significantly transform developments for youth in policy, funding and provision of services, intersectoral partnerships and collaboration, programs, community integration, and workforce development.



PCAP – A Model for Promoting Youth Health & Development

Adolescents need to be connected to:

- People – an adult who cares, who is connected, a network of adults
- Contribution – opportunities to contribute
- Activities – school/ community to develop a sense of connection/ belonging
- Place – safe places for youth

⁵ Krauss,SM. Pittman,K J. Johnson, C. Ready By Design The Science of Youth Readiness Mar 2016

⁶ Gary R. Maslow, Richard J. Chung

What Do We Know about Youth in Hawke's Bay?

It is important to acknowledge what we know in order to plan for the future of our youth:

- How healthy are young people in Hawke's Bay?
- How well do we respond to their needs?
- In what areas do young people need us to improve?

World Health Organisation defines youth as 10-24 years old. The latest census in 2013 provides data on age and ethnicity breakdown of youth 10–24 years old in Hawke's Bay.

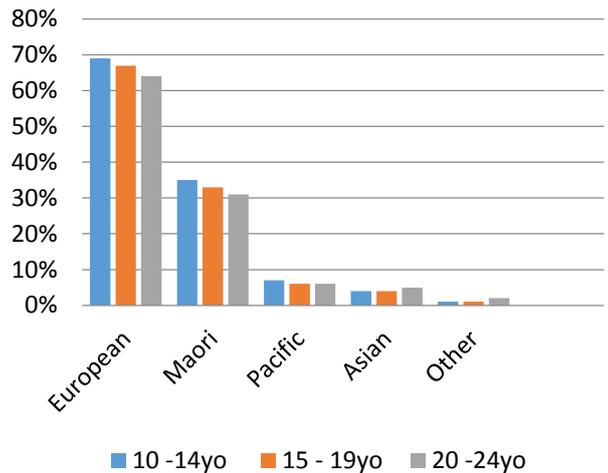
1. Hawke's Bay Region Census Data 2013:

Table 1: Demographics of Youth

	Total Population	151,179	
	Total Youth Population	29,199	19%
Gender	Male	14,016	48%
	Females	15,183	52%
Age Groups	10 -14yo	11,178	7%
	15 – 19yo	10,089	7%
	20 – 24yo	7,932	5%
District	Hastings	14,016	48%
	Napier	11,388	39%
	Wairoa	1,460	5%
	Central Hawke's Bay	2,336	8%

Nearly 20% of the population in Hawke's Bay are aged between 10-24 years old. There are slightly more females than males. Most of the youth are between 10-19 years old e.g. predominantly school aged. Most of the youth tend to live in the urban areas of Hastings 48% and Napier 39% with 8% living in Central Hawke's Bay and 5% in Wairoa.

Table 2: Ethnicity



The 2013 census data presents a multicultural society in Hawke's Bay. Two-thirds of youth are European, nearly one-third are Māori, nearly 10% are Pacific, and Asian and other ethnicities make up 5% of the remaining youth. The ethnicity make-up is consistent across the current youth age groups. Projections for the next 10 years show an increasing proportion of youth will be Māori, Pacific or Asian.

The Hawke's Bay census data collated by the HBDHB highlighted the needs of our youth. In Hawke's Bay our youth show some health trends and risk factors higher than the New Zealand average:

- Teenage pregnancy
- Sexually transmitted diseases
- Suicide rate
- Diagnosed mental health disorders e.g. anxiety, depression
- Smoking prevalence
- Sole parents benefits for under 25
- Unemployed
- Involvement with justice e.g. apprehension

Stakeholder's feedback

"We need to resource the family needs alongside the young persons to ensure positive outcomes can be sustainable"

This is consistent with information provided from NZ Epidemiology Group and Adolescent Health Research Group.

Implications for health services:

Hawke's Bay youth clearly identify barriers to access and utilisation of services which may contribute to the higher rates of risk factors around behaviour or lifestyle choices that are preventable. While some barriers lie outside the health system, such as financial barriers due to inequities e.g. income inequalities, ethnicity, age, sexual orientation, others are more directly the responsibility of health services.

“Developing and implementing standards for quality youth health and development services is a way to minimize variability and ensure a minimal required level of quality to protect adolescents' rights in health care”.⁷

Young people report barriers to accessing services

- “Agencies need to be more approachable – people too bossy”
- Lack “Supportive and non-judgemental helpers”
- “Better PI Programmes that are relevant to youth”
- Workforce able to relate to their needs – “REAL” – life experience
- Re-brand from negative – (‘problem focused’) to normalised access for positive wellbeing – “remove stigma of being broken or damaged”
- Unable to get to services
- Later hours and longer hours for clinics
- Want access to knowledge – “ask them, not assume”

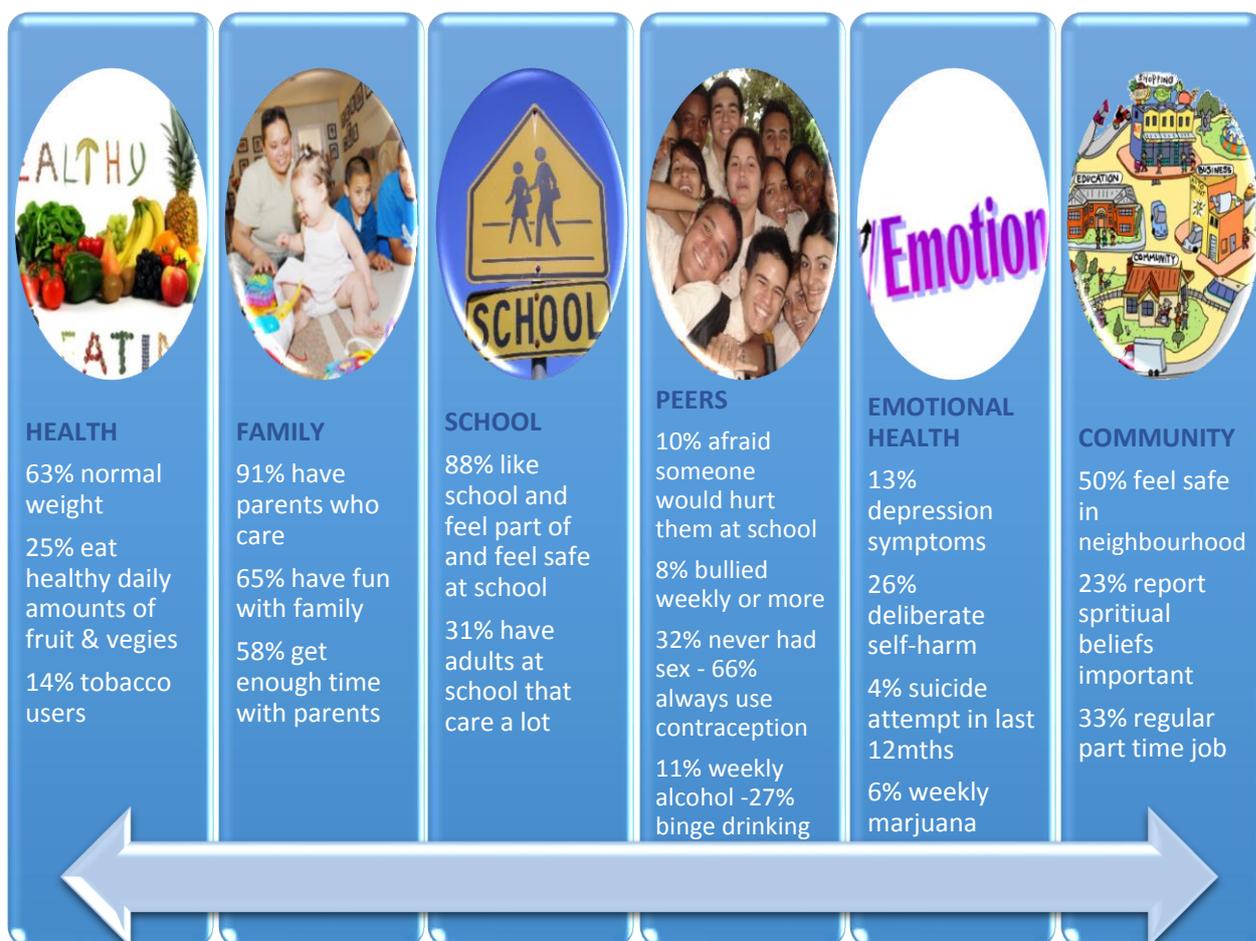
Youth Focus Groups & Pacific Youth Survey 2016

⁷ World Health Organisation. Policy Brief: A standards-driven approach to improve the quality of health-care services for adolescents 2014

2. Youth 2012 (Adolescent Health Research Group - AHRG): Hawke's Bay Youth report

Hawke's Bay youth (aged 12 – 18 years old) were surveyed in 2012 at school (482 students) as part of a national youth survey. A broad range of schools participated and were well represented across the decile school system for Hawke's Bay. Dr Simon Denny has provided an overview of Hawke's Bay data alongside national trends.

Figure 1: 'How a teen views the context of their lives' – trends from Youth 2000 survey series



In 2012 the questionnaire asked diverse questions about areas that affect young peoples' wellbeing; from languages spoken, to home and school life, employment, community contributions, and health behaviours.

The Youth survey series indicates physical activity and eating fruit and vegetables have changed very little since 2007 nationally. In Hawke's Bay where it would be expected there is more access to fresh fruit and vegetables our youth report low healthy daily amounts. Over a third of Hawke's Bay youth do not rate

themselves within a normal weight. This is a large percentage of youth who consider they are not healthy with the likely impact affecting behaviours/choices, and/or normal functioning, and therefore increasing/adding to their risks or potential for vulnerability. The youth survey series reports nationally that the high proportion of students who are classified as overweight or obese by BMI has not improved over time. In fact, nutrition and obesity is one of the areas where AHRG have seen things worsen for specific groups of young people.

Family relationships are incredibly important for young people to be healthy, safe and happy. The youth survey series showed over the past decade Hawke's Bay young people are well connected to their families. They know they have parents who care about them and are happier with 'how their family gets along'.

What hasn't improved for Hawke's Bay young people is their perception of getting enough time with their parents. Over 40% of young people feel they do not get enough time with their families.

We know that students who feel safe and supported by their schools are likely to stay longer and do better academically. The findings show that Hawke's Bay students feel connected to school environment. However only a third feel that they have an adult at school who cares about them. This is slightly better than the national average. At this stage of their development and the need to nurture their skills, beliefs, and attitudes it would appear there is momentum for further improvement collectively.

Substance use is one of the most dramatic and exciting changes in the past decade. Nationally, smoking regularly has reduced 56% since 2001. Regular marijuana use has reduced 60% and binge drinking has reduced 43%. However, Hawke's Bay young people report higher trends with substance and tobacco use.

New Zealand has very high rates of suicide. The Youth 2000 survey series shows that suicide attempts have decreased since 2001, but have remained stable since 2007. Hawke's Bay young people report significant depressive symptoms that will affect their ability to function in everyday life. The suicide rates for young people in Hawke's Bay is above the national average. These rates are still unacceptably high.

If we consider how young people want services to work with them in relation to the 'context of their life' Hawke's Bay youth report the need for more caring adults in their lives and more time spent with them. Does this need reflect

our higher trends with health risk factors (e.g. substance use and depressive symptoms) and reinforce strength based approaches for future health gains for youth in Hawke's Bay?

Contrary to popular belief most young people in secondary schools are not sexually active. 75% of young people in 2012 in New Zealand secondary schools have not had sex. The survey data shows that the use of condoms and contraception however has not improved over time – it remains remarkably similar over the past 10 years. Hawke's Bay young people report one third of those having sex do not use contraception/condoms. This also is supported by our higher rates of teen pregnancy. This suggests that we still need to make significant improvements to access to health services for health literacy and contraception/condoms.

The major cause of death and injury among New Zealand young people is motor vehicle crashes. In Hawke's Bay nearly one-third of young people surveyed report binge drinking. This would indicate we still have young people at risk of poor decision making resulting in high risk behaviours.

Violence is distressing for young people - and it is very heartening to see nationally that fewer young people are being hit or harmed on purpose, been in physical fights and had been sexually abused. In Hawke's Bay 15% of young people are witnessing adults at home hitting or physically hurting a child in the last 12 months. There is still considerable work to be done in this area.

Two of the issues that have worsened over the past decade are related to the socio-economic environments of young people. There has been a 38% decrease in young people who have paid part-time employment and a 50% increase in the number of young people who say their families worry about not having enough food.

Both of these things affects a young person's ability to function well in society and can impact on their future.

Implications for health services:

- New morbidities will drive future health service need (nutrition, behaviour, mental health, co-morbidities)
- Prevalence of new morbidities is high – determining where service provision can be more pro-active for Youth access and utilisation e.g. primary care or specialist or secondary care or interdisciplinary to the needs
- Young peoples’ worlds are on-line and self-directed - information is everywhere secondary care or interdisciplinary to the needs

The above implications can affect a young person’s ability to function well in society and can impact on their future.

These implications will require a renewed look at workforce development to meet the changing needs and wider scope of professionals’ involvement in health care for adolescents at the primary and referral levels. The workforce may need to be more multidisciplinary to minimize addressing needs in silos.

Training programmes need to be influenced by the changing nature of developmental needs driving outcomes. This may require more emphasis on chronic and preventive care models. This shift highlights the need for designing competency-based educational programmes that emphasize the developmental and contextual aspects of adolescent health, and enhance competencies in consultation, interpersonal communication and interdisciplinary care.⁸

⁸ WHO. Core Competencies in Adolescent Health and Development For Primary Care Providers 2015

Journey of Discovery

Research continues to inform us of the sustainable benefits and high returns from investing in women's, children's and adolescents' health. 70% of preventable adult deaths from non-communicable diseases are linked to risk factors that start in adolescence.

A visiting global expert on teenage health gave New Zealand a glowing report card, with one exception – our high youth suicide rate. UN Advisor Professor Robert Blum, says “fewer Kiwi teens are drink driving and smoking, but parents and teachers need to make them feel better connected. New Zealand's poverty levels too need attention.”

Professor Robert Blum recommends:

A Framework for Healthy Adolescence *or what young people need for healthy development:*

I. Five Outcomes to achieve by age 15 for healthy development

- Academic engagement
- Emotional and physical safety
- Positive sense of self/self-efficacy
- Life and decision-making skills
- Physical and mental health

II. Three Parental Behaviours Critical for Healthy Adolescent Development

- Connection
- Encouraging autonomy
- Behavioural regulation
(Barber and Stoltz, 2005)

III. Positive Communities create

- Safety and structure;
- Belonging and group membership;
- Personal empowerment;
- Control over one's life;
- Competence;
- Closeness with peers and nurturing adults.

(Kirby & Cole)

Our youth in Hawke's Bay reinforce what global experts tell us about what is important for their resiliency and healthy development.

We can work together to increase opportunities for young people to thrive such as improve responsiveness of services, ensure safer neighbourhoods and ensure access to high quality education and resilient health system. The journey is more successful when the young people own it, have the sense of identity, and abilities to be pro-active and seek out supports and opportunities to meet their needs.

We are very fortunate to have New Zealand based literature and evidence to support models of Positive Youth Development including Māori and Pacific. Below is a brief outline of each to highlight the common theme and principles to support the paradigm shift from “fixing to nurturing” and recognise the full context of wellbeing for youth.

1. Positive Youth Development in Aotearoa NZ⁹

In essence this framework suggests that both informal and formal initiatives, activities and programmes intentionally weave connections by integrating two key focuses and adopting three key approaches. This model supports creating key partnerships and systematic change.

The framework outlines:

1. Key outcomes:

- Developing the whole person
- Developing connected communities

2. Key approaches

- Strength based
- Respectful relationships
- Building ownership and empowerment

⁹ Wayne Francis Charitable Trust –Youth Advisory Group 2011 Positive Youth Development in Aotearoa “Weaving connections - Tuhonohono rangatahi”

2. Whānau Ora (Māori Health Strategy MAI)

The philosophy and policy of Whānau Ora begins with acknowledgement of whānau as the tahuu (backbone) of Māori society. A key principle of our transformation is that consumers and whānau are at the centre of care rather than any provider or care setting.

Whānau Ora embodies six key outcomes:

- Whānau self-management
- Healthy whānau lifestyles
- Full whānau participation in society
- Confident whānau participation in Te Ao Māori
- Economic security, and successful involvement in wealth creation
- Whānau cohesion

3. Kautaha

A strengths-based approach to building health and wellbeing. Kautaha is a model for working together towards a common goal. It is underpinned by a set of related and coherent principles that takes a unified approach and focuses on strengths, potential, and solutions rather than on accentuating problems and deficits. For these reasons the Kautaha approach has been highly effective across history and could be successfully adapted to collective endeavours such as Fanau Ola, socio-economic and community development. *(Health Promotion)*

All the models presented endorse the underlying principles of strength-based approaches. These models' successes relies on the young person/rangatahi in the centre with strong connections to family/whānau for nurturing, and areas that enable and empower the young person to developmentally mature, filling their kete with skills, knowledge, and abilities to cope with life experiences through connections with family/whānau, school, work, peers, and community. This is particularly voiced

by the young people as what 'matters for their wellbeing'.

This is even more critical when we focus on vulnerable youth. Because "problem-free is not fully prepared, and fully prepared is not fully engaged"¹⁰. Positive Youth Development ensures we focus on all aspects of their lives rather than only reduce risk or fix problems. It is dangerous to be caught in the "fix then develop" fallacy. This argument holds that we must address problems facing young people who are vulnerable, involved in risky behaviours, or experiencing adversity before they can take advantage of any opportunities focused on their growth. This approach is not supported by research.¹¹ This has led to an over-emphasis on problem reduction as an acceptable goal for some sub-populations of young people. This has often resulted in service dependency and lack of control for one's own wellbeing by youth and/or whanau, or practices that do not match positive youth development for positive outcomes. In some cases, problem focus approach explicitly runs counter-productive to positive outcomes; e.g. the need to fix problems far outweighs the capacity and capability to build strengths.

This is an opportunity for services to encourage:

- the development and evaluation of consistent/universal standards of quality care for youth
- promote excellence and innovation in the education and training of child and youth health professionals e.g. incorporate WHO core competencies for working with youth
- stimulate and promote the development of new knowledge
- promote the uptake and implementation of evidence-based practice and policy that can lead to improvement in child and youth health outcomes

"Good habits formed at youth make all the difference"
Aristotle

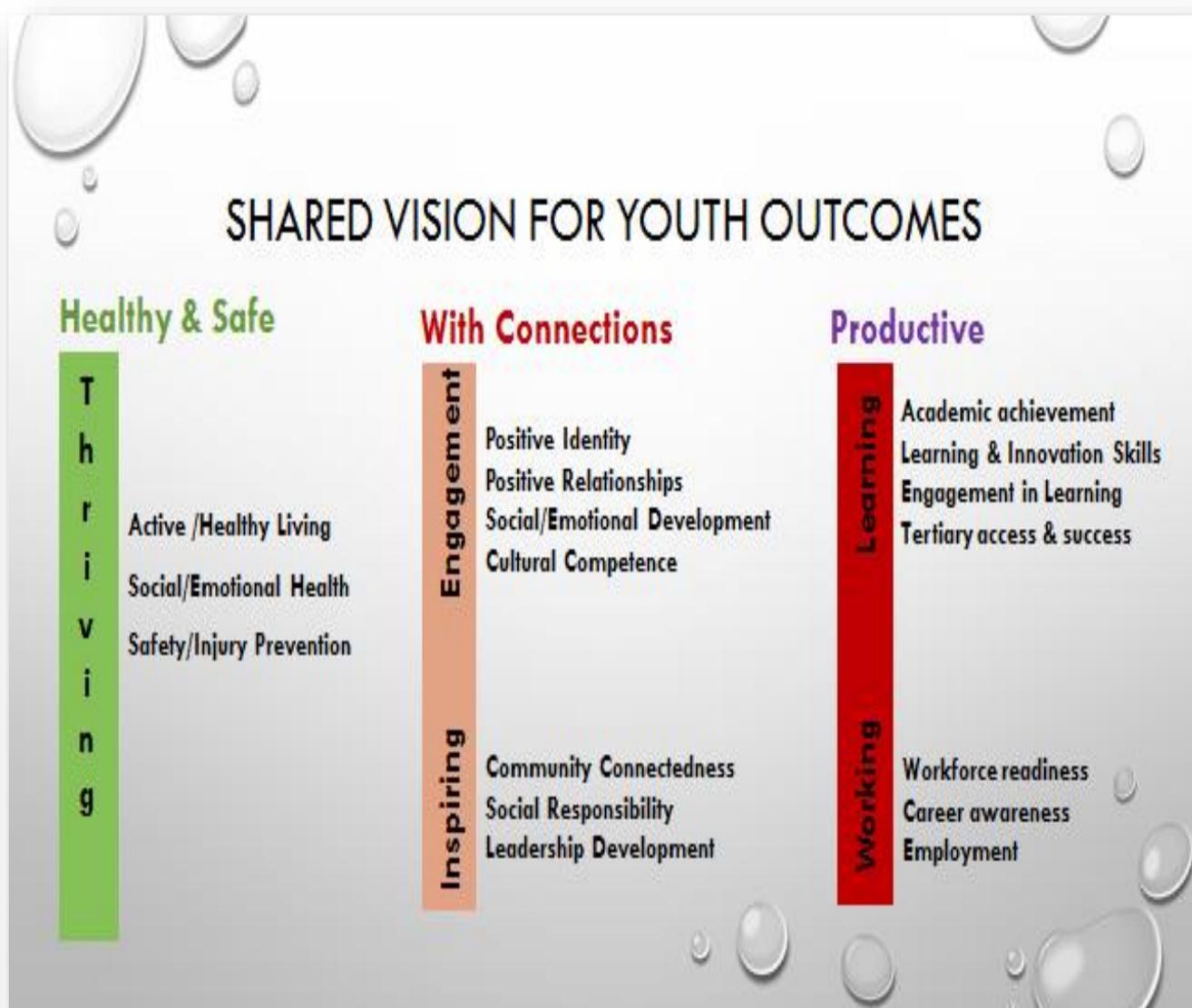
¹⁰ Dr Karen Pittman. The Forum for Youth Investment, Ready by 21.

¹¹ Krauss, SM. Pittman, K J. Johnson, C. Ready By Design The Science of Youth Readiness Mar 2016

Youth's Vision or "Brighter Future"

This Youth Strategy aims to convey a shared vision for young people by identifying a common set of youth outcomes and indicators that cuts across the work of many organisations/services working with youth. Though there are commonalities in how organisations/services talk about their goals and impact, the lack of shared language across the services can lead to missed opportunities for collaboration, alignment and collective impact.

Our vision is that this framework enhances organisations/services, individual and/or collective ability to define, communicate about, develop, and implement strength-based models to influence outcomes that ensure all youth are thriving in New Zealand.



The youth development approach calls for a balance between services designed to prevent, intervene or treat health problems and efforts that promote development through preparation, participation and leadership experiences with youth.

Creating synergy to meet the needs of youth in the full context of their lives will result in healthy opportunities for youth and sustainable social and economic benefits for the community for generations to come.



Strategic Plan in Action

Goal 1: Healthy and Safe				
Principle	Outcome	Indicator	Recommendations	Workforce Development Required
Thriving	Active/ Healthy Living	<ul style="list-style-type: none"> Youth live in maintained dry, clean, and safe housing Youth develop and maintain healthy eating habits Youth develop and maintain regular exercise habits Youth participate in scheduled wellness checks/screens/ assessments Youth develop health literacy Youth participate in preventive care Youth with chronic conditions or disability participate in their care and are included in the community 	<ol style="list-style-type: none"> Increase access and utilisation by: <ul style="list-style-type: none"> Normalise access to general services by promoting positive strength based access and utilisation such as 'Healthy Choices' (holistic not silo e.g. sexual health focus) Implement wellness screens for all young people 11-13 years old through PCP or SBHS. Provide health education promoting youth development and planned support for developmental milestones. Utilise incentive based frameworks to positively influence self-management of preventive care Develop youth friendly facilities and services through engagement with youth clientele through relevant surveys via social media tools Improve communication tools relevant to youth <ul style="list-style-type: none"> Coordinate youth developed campaigns to embrace healthy choices, healthy lives, healthy community that enable same message across all sectors for young people and families e.g. partnerships between health, education, and City Councils 	<ul style="list-style-type: none"> Te Tiriti o Waitangi Ottawa Charter Health Promoting Schools Core competencies (WHO Guidelines) Youth screening tools Special issues ASK model FPA certificates and life skill courses Collaborative processes Community workshops

Goal 1: Healthy and Safe

Principle	Outcome	Indicator	Recommendations	Workforce Development Required
Thriving	Social/ Emotional Health	<ul style="list-style-type: none"> • Youth identify, manage and appropriately express emotions and behaviours. • Youth make positive decisions and access external supports. • Youth prevent, manage and resolve interpersonal conflicts in constructive ways. • Youth develop healthy relationships. 	<ol style="list-style-type: none"> 1. Improve access and utilisation by: <ul style="list-style-type: none"> • Develop key relationships/partnerships within matching areas to streamline ease of access • Build consistency of strength-based models • Develop transparency and fluidity of progressive support from one service to another (e.g. transition, shared care, transfer) 2. Improve communication tools relevant to youth: <ul style="list-style-type: none"> • Provide a licence card for young people to own that shows all service available with ability to stamp a service to show it has been used/active e.g. like coffee cards • Develop an app that shows map of services – e.g. AOD Collaborative, Napier City Council • Advertise services through social media promoting positive influence and support 	
Thriving	Safety/ Injury Prevention	<ul style="list-style-type: none"> • Youth avoid risky behaviours. • Youth avoid bullying behaviours. • Youth use refusal skills. • Youth avoid using illegal substances. 	<ol style="list-style-type: none"> 1. Improve access and utilisation by: <ul style="list-style-type: none"> • Consistent, timely, and reliable information sharing processes • Planning is focused on the needs of the young person and includes active participation of young person • Provide screening, consultation and liaison by youth health services in GP practices with high percentage of Māori and Pacific youth or high percentage of truancy identified in youth • Provide consultation and liaison by youth mental health services and AOD in GP practices and schools with high percentage of Māori and Pacific youth or high percentage of depression identified in youth • Provide transition planning and promote relationship building when changing to shared/transfer of care. Include whānau or supportive caring adult in this planning • Provide appropriate screening training to all services for youth to build consistency and increased anticipatory opportunities 	

Goal 1: Healthy and Safe

Principle	Outcome	Indicator	Recommendations	Workforce Development Required
			<ul style="list-style-type: none"> • Promote health and development opportunities for youth and separately for families/whānau – build consistent messages and support 2. Increase communication tools relevant to youth by: <ul style="list-style-type: none"> • Utilisation of social media to promote and normalise access to services 	

Goal 2: With Connections

PRINCIPLE	OUTCOME	INDICATORS	RECOMMENDATIONS	WORKFORCE DEVELOPMENT REQUIRED
<p>ENGAGEMENT</p>	<p>Positive Identity</p>	<ul style="list-style-type: none"> Youth develop a strong sense of self. Youth develop positive values. 	<ul style="list-style-type: none"> Develop strength based models to support positive influence of life skills Coordinate programs consistency with principles of PYD Utilise workforce youth are able to consider 'REAL' and relevant with appropriate life experiences Promote non-judgemental and acceptance for diverse cultures significant to youth Support developments across sector partnerships for activities and facilities for youth to do and be Support development and training of peer supports Health partner with education to deliver health curriculum in schools – increase health literacy Support development and provision of parenting programs for 'parenting teens' Provide opportunities for youth to volunteer Provide opportunities for youth to use cultural skills and promote cultural inclusiveness 	<ul style="list-style-type: none"> Cultural competency Hart Ladder Peer to Peer Support Motivational interviewing Brief interventions Solutions Focus Brief Therapy Werry Centre E-Learning Undergraduate/ Postgraduate Study – youth health, mental health, psychology, youth work, social work, speech language Diversity training e.g. transgender, values Whānau Ora COPMIA Social media training and development
	<p>Positive Relationships</p>	<ul style="list-style-type: none"> Youth develop positive, sustained relationships with caring adults. Youth develop positive relationships with peers. Youth affiliate with peers who abstain from negative behaviours. 		
	<p>Social /Emotional Development</p>	<ul style="list-style-type: none"> Youth develop social skills Youth demonstrate pro-social behaviour. Youth develop friendship skills. Youth develop coping skills 		
	<p>Cultural Competence</p>	<ul style="list-style-type: none"> Youth develop cultural competence. Youth advance diversity in a multicultural world. Youth respect diversity 		

Goal 2: With Connections

PRINCIPLE	OUTCOME	INDICATORS	RECOMMENDATIONS	WORKFORCE DEVELOPMENT REQUIRED
INSPIRING	Community Connectedness	<ul style="list-style-type: none"> • Youth feel a sense of belonging. • Youth participate in community programs. 	<ul style="list-style-type: none"> • Provide opportunities to develop and train youth as teachers in health settings • Provide opportunities for youth guides in hospitals • Provide opportunities for youth as peers supports • Provide opportunities for youth to develop leadership abilities and utilise these skills • Provide opportunities for youth involvement in governance and advisory groups 	<ul style="list-style-type: none"> • Youth development in chronic illness and development • Leadership development
	Social Responsibility	<ul style="list-style-type: none"> • Youth demonstrate civic participation skills • Youth feel empowered to contribute to positive change in their communities. • Youth volunteer/participate in community service. • Youth consider the implications of their actions on others, their community, and the environment. 		
	Leadership Development	<ul style="list-style-type: none"> • Youth educate and inspire others to act. • Youth demonstrate leadership skills • Youth model positive behaviours for peers. • Youth communicate their opinions and ideas to others. 		

Goal 3: Productive

PRINCIPLE	OUTCOME	INDICATORS	RECOMMENDATIONS	WORKFORCE DEVELOPMENT REQUIRED
LEARNING	Academic Achievement	<ul style="list-style-type: none"> Youth are on track for high school graduation. Youth graduate from high school. Youth perform at or above age level. Youth improve education achievement. 	<ul style="list-style-type: none"> Annual Youth Health & Development review linked to School Pastoral Services (e.g. holistic support for individualised learning pathways) Upskill workforce to screen for anxiety around normal daily functioning and provide brief interventions to increase coping skills without needing secondary intervention Coordinate and prioritise transition programs for chronic illness, vulnerable, or disability to all areas relevant to development needs at an early stage for pro-active planning. Enable youth to participate and lead their plan supported by family/whānau as able Implement support programs that youth have responsibility in setting end timeframes 	<ul style="list-style-type: none"> Disability FASD Health literacy Oral language Life skills development Emotional wellbeing screening/assessment Motivational interviewing CBT
	Learning and Innovation Skills	<ul style="list-style-type: none"> Youth demonstrate critical thinking skills (e.g. reasoning, analysis). Youth solve problems. Youth work in groups to accomplish learning goals. Youth think creatively 		
	Engagement in Learning	<ul style="list-style-type: none"> Youth express curiosity about topics learned in and out of school. School attendance improves. Youth spend time studying. Youth spend time reading. Motivation to learn. 		
	Tertiary Access/ Success	<ul style="list-style-type: none"> Youth plan to attend Tertiary education. Youth enrol in Tertiary education. Youth complete some type of Tertiary qualification 		

Goal 3: Productive

PRINCIPLE	OUTCOME	INDICATORS	RECOMMENDATIONS	WORKFORCE DEVELOPMENT REQUIRED
<p>WORKING</p>	<p>Workforce Readiness</p>	<ul style="list-style-type: none"> Youth develop communication skills. Youth work effectively in groups. Youth develop critical thinking and decision-making skills. Youth develop positive work habits. 	<ul style="list-style-type: none"> Youth with disabilities have support while at school to plan/enable independent lives suitable to their needs as future goals 	
	<p>Career Awareness</p>	<ul style="list-style-type: none"> Youth develop knowledge about occupations. Youth are aware of their interests and abilities (passion and strengths). 		
	<p>Employment</p>	<ul style="list-style-type: none"> Youth are employed at wages that meet their basic needs. Youth established in employment/career within five years of graduating from high school. 		

Goal 4: Health System Resiliency

PRINCIPLE	OUTCOME	INDICATORS	RECOMMENDATIONS	WORKFORCE DEVELOPMENT REQUIRED
<p>LEADERSHIP</p>	<p>Commitment to Adolescents and Youth Development</p>	<ul style="list-style-type: none"> • YHD Governance Group • Positive Youth Health & Development Advisory/ Research Group for knowledge brokering 	<p>1. To improve leadership and sustainability of Positive Youth Health and Development</p> <ul style="list-style-type: none"> • Develop and support Population Trends Advisory Groups • Develop MOUs to support key partnerships to support leadership, responsiveness, research, quality improvement, IT support • Develop collaborative partnerships with key agencies invested in long term gains for youth e.g. YOSS, SBHS, PHO, CDU, CAFS, Māori, Pacific, and youth involvement to support model of Excellence of YHD • Develop YHD Review Panel for complex cases including YOSS, SBHS, CAFS, Paediatrics (including Gateway), Children’s Team, CYF, Police, HNZ, WINZ, MOE, to guide sectors on collaborative processes and best practice to support development needs • Support resourcing capacity and capability for development of YHD Leadership for a Centre/Model of Excellence across the region • Develop national links to support establishment of Centre/Model of Excellence e.g. Collaborative (Christchurch), Centre for Youth Health (Auckland), SYHPANZ (National) • Development of outcome measures across sectors <p>2. To improve outcomes for youth when accessing multiple providers by enabling information to travel with the young person from service to service in a timely manner</p> <ul style="list-style-type: none"> • Develop portals to support and enable improved information sharing e.g. a single PMS for community services with access to public health database 	<ul style="list-style-type: none"> • SLAT Development and ongoing support • Management and understanding of PYD • Collaborative workshops
	<p>Partnerships and Collaborations for Health and Youth Development</p>	<ul style="list-style-type: none"> • Establishment of Centre/Collaborative Model of Excellence to support EBBP and Workforce Development for Youth Health and Development • Establishment of Interagency Accountability Framework (Act, Monitor, Review) 		
	<ul style="list-style-type: none"> • Programs and Services (including program assessment, planning and evaluation) • Education and Technical Assistance • Collective Data Collection and Surveillance 	<ul style="list-style-type: none"> • Youth understand and know all services available and how to access the right service at the right time with services they trust and respect • Youth are appropriately matched to their developmental stages for managing chronic illness and disability • Programs provide critical supports, services and opportunities • Programs(and/with partners) address related interdisciplinary adolescent issues 		

Goal 4: Health System Resiliency

PRINCIPLE	OUTCOME	INDICATORS	RECOMMENDATIONS	WORKFORCE DEVELOPMENT REQUIRED
		<ul style="list-style-type: none"> • Programs go beyond a focus on individual behaviour change, creating positive environments in family • Collective data management and reporting 	<ul style="list-style-type: none"> • Develop collective reporting tools to match broader partnerships and mutual outcomes/results • Develop collective data management across the sectors to match strategic vision to capture healthy youth, healthy whānau, healthy community – holistic and strength-based 	

Goal 4: Health System Resiliency

PRINCIPLE	OUTCOME	INDICATORS	RECOMMENDATIONS	WORKFORCE DEVELOPMENT REQUIRED
<p style="text-align: center;">YOUTH INVOLVEMENT</p>	<ul style="list-style-type: none"> • Youth involved in Organisational Decision Making • Youth involved in Governance • Youth as Community Change Agents 	<ul style="list-style-type: none"> • Youth hold governance positions • Youth hold leadership positions in health services • Youth designed programs are implemented • Youth are involved in training workforce • Youth lead developments with social media communication • Youth involved in evaluation programs 	<ul style="list-style-type: none"> • Youth and families participate in designing and delivery of expos, Health Promotion forums, Family/Parenting workshops • Provide opportunities of leadership for families • Provide support to families/whānau to encourage and support their children's involvement in leadership roles • Provide opportunities to celebrate youth and family success or appropriate avenues to share learnings that will grow positive development for youth and families/whānau • Negotiate with EIT around involvement of youth students (e.g. nursing, teaching, social work, disability) are able to have course requirements incorporated into involvement in research or youth projects relevant to youth health and development 	

Goal 5: Community Inclusiveness

PRINCIPLE	OUTCOME	INDICATORS	RECOMMENDATIONS	WORKFORCE DEVELOPMENT REQUIRED
INNOVATION INTEGRATION	Strengths-Based Approaches			
	Development Focused			
	Developing the 'Whole' Young Person			
	Social Connectedness	Supporting the whānau and the community		
	Independence and Empowerment			

References

Sources of NZ Information

The Adolescent Health Research Group (AHRG)



Youth2000 survey series



Christchurch and Dunedin
Longitudinal Studies

And more.....
The Pathways to Resilience Project
(Massey)
The Collaborative (ChCh)



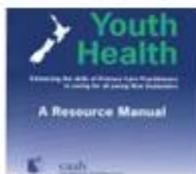
New Zealand Child and Youth
Epidemiology Service

Hatonga Mātai, Takumāero, Takatamaki o Aotearoa

2002 along with Youth Health: A Guide to Action and E Tipu e rea

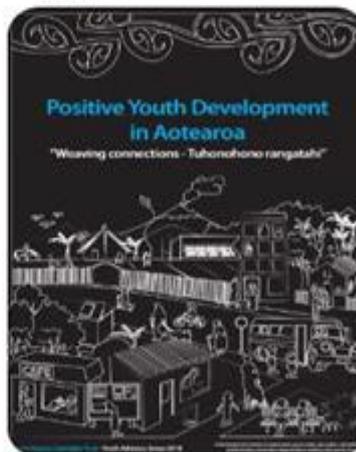


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A Guide to Action
and E Tipu e rea

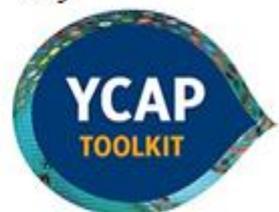


A resource manual for
Primary Care - 2014

2011



Vulnerable/ high risk -
2013



Glossary

<i>ABBREVIATION</i>	<i>DEFINITION</i>
<i>AHRG</i>	Adolescent Health Research Group
<i>AOD</i>	Alcohol & Other Drugs
<i>BMI</i>	Body Mass Index
<i>CAFS</i>	Child Adolescent & Family Service
<i>CDU</i>	Child Development Unit
<i>CYF</i>	Child, Youth, & Family
<i>COPMIA</i>	Supporting Parents, Healthy Children
<i>CHDS</i>	Christchurch Health and Development Study
<i>CBT</i>	Cognitive Behavioural Therapy
<i>EIT</i>	Eastern Institute of Technology
<i>EBBP</i>	Evidence Based Best Practice
<i>FPA</i>	Family Planning Association
<i>FASD</i>	Fetal Alcohol Spectrum Disorder
<i>GP</i>	General Practitioner
<i>HBDHB</i>	Hawke's Bay District Health Board
<i>HNZ</i>	Housing NZ
<i>MOE</i>	Ministry of Education
<i>MOH</i>	Ministry of Health
<i>NGO</i>	Non-Government Organisation
<i>PI</i>	Pacific Island
<i>PMS</i>	Patient Management System
<i>PCAP</i>	People Contribution Activities Place
<i>PCP</i>	Primary Care Provider
<i>PHO</i>	Primary Health Organisation
<i>PYD</i>	Positive Youth Development
<i>SBHS</i>	School Based Health Services
<i>SLAT</i>	Service Level Alliance Team
<i>SWIS</i>	Social Worker In School
<i>SYHPANZ</i>	Society of Youth Health Professionals Aotearoa NZ
<i>TTOH</i>	Te Taiwhenua O Heretaunga
<i>UN</i>	United Nations
<i>WINZ</i>	Work & Income NZ
<i>WHO</i>	World Health Organisation
<i>YHD</i>	Youth Health & Development
<i>YOSS</i>	Youth One Stop Shop

Consultation

STAKEHOLDERS INPUT FROM	
<ul style="list-style-type: none"> • Directions (Youth One Stop Shop) • Hayseed Trust • Central Health • Hastings City Council • Napier City Council • Wairoa Health Centre • YROA YNOT • Women Child and Youth Directorate • Ministry Social Development Youth Services Team Leader • Probation Services • Te Taiwhenua O Heretaunga Youth Services • School Based Health Services, HBDHB • Health Hawkes Bay Team • Police Youth Officer • Disability Services • Takatimu Ora • U-Turn Trust • Consumer Council members • Māori Relationship Board member • Suicide Prevention Coordinator, HBDHB • Women Child and Youth Service Director, HBDHB • Health Promotion Advisor, HBDHB • Paediatrician, HBDHB • Children's Commissioner 	<ul style="list-style-type: none"> • Secondary schools: <ul style="list-style-type: none"> ○ Hastings Girls High School ○ William Colenso High School ○ Tamatea High School ○ Flaxmere College • Youth Probation Officer • Ministry of Social Development • Te Kupenga • Teenage Parent Group Te Taiwhenua O Heretaunga and William Colenso • Land based training participants • Hastings Junior Youth Council 2015 • Hastings Senior Youth Council 2015 • Hastings Senior Youth Council 2016 • Youth Advisory Group (YAH) - Directions • Pacific Hui (February 2016) • Pasifika Health Leadership Group • Programme Manager, Māori Health HBDHB • TukiTuki Medical Centre • Health Care Centre, Wairoa