

Otarians

TAKING CARE OF BUSINESS

STRENGTHENING YOUTH HEALTH
AND WELLBEING IN OTARA



Terry Fleming, Misty King and Tim Tregonning • 2008

Otarians Taking Care of Business: strengthening youth health & wellbeing in Otara

Terry Fleming, Misty King and Tim Tregonning
For Counties Manukau District Health Board
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The project was facilitated by Misty King, Tim Tregonning and Terry Fleming
Findings from consultation summarised by Misty King and Tim Tregonning
CMDHB health statistics compiled by Tim Tregonning
Photos by Misty King and Terry Fleming

Disclaimer

The opinions in this report do not necessarily reflect the official views of CMDHB or the official views of individuals and agencies who contributed to it.

While every endeavour has been made to provide an accurate overview, the report is by its nature a scoping exercise, and should be regarded as providing information as available within the timeframe, methods utilised and available data.

FOREWORD



Hazzel (right) with friends Lina & Murphy

It is wonderful to hear the voices of our young people and to know that some of the challenges young people face in Otara have been identified. Gaining insight from the local people as to the daily challenges of life is particularly valuable. This report is an asset, not only for young people of Otara, but also to other youngsters who face similar problems in other areas of New Zealand.

The research shows that young people feel that gangs, drugs and alcohol accessibility, violence and negative perceptions of young people in Otara are significant issues that face young Otarians.

Bringing together all this information helps give a clearer picture of the issues and opportunities identified by our young people and the community. It is clear there are lots of opportunities for improvement in our community enabling us to work together to brighten the future for our young people and families. We have taken this opportunity to have our voices heard. It is another building block for the community to use when looking at positive ways forward in addressing youth health challenges.

We would like to acknowledge the researchers and the leaders who have helped make this happen. It is hoped that this information will be used to support the young people in Otara.

Thank you.

Hazzel Brown

Otara resident, member of the University of Auckland Youth Teaching Team

Thanks

A huge thanks to the young people who shared their ideas and participated in this project, including:



274 youth camp participants

Lolesio Kata - 274 Youth Leader
George Pulēanga - 274 Youth Leader
Ian Katoa - 274 Youth Leader
Chris Setu - 274 Youth Leader

Caleb, Sione, Ian, Fua, Reece, Isaac, Walter, Chris, Itesu, Su'e, Zechariah, Palmer, Phillip, Samuel, Michael, Andrew, Issace, Arkleem, Molesi and all the other young participants from the 274 youth camp, September 2008.

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Malia Toki,
Sandra Langi,
Filitalika Tova,
Phyllis Noema,
Sui Tapu
Hazzel Brown, Murphy, Lina and the other members of the University of Auckland youth teaching team
Michael Tapu - young Otara resident and postgraduate health student
Gang affiliated youth: H - 24 years , J - 23 years, P - 22 years, K - 15 years, N - 19years, M - 17 years
Tangaroa College students
Tangaroa College Teen Parent Unit students
Sir Edmund Hillary Collegiate students



University of Auckland Youth Teaching Team – photo courtesy New Zealand Herald

More Thanks

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Executive Summary

Background

Young people in Otara are generally healthy. They report good things about living in Otara, including strong connections with family, friends and community. Most Otara young people are in school, training or work and look forward to positive futures.

Having said this, there are a range of health and other issues that get in the way of some young people reaching their potential and enjoying life. This report examines information from young people, community service providers and best evidence research to look at how to support the health and wellbeing of young people in Otara.

Counties Manukau District Health Board (CMDHB) initiated this project with the support of Manukau City Council (MCC). CMDHB currently supports adolescent health in high schools and some other settings and wished to look at how to better meet the needs of teenagers in the community who are not the focus of school health services. In 2008 CMDHB undertook to consider the needs of young people in Otara. Thus this project focuses on

unmet health and wellbeing needs and on opportunities to better meet those needs for Otara residents in the 14 to 20 years age range.

Both CMDHB and MCC have a range of other projects and work with people of other age groups and in different areas.

Misty King, Tim Tregonning and Terry Fleming facilitated this project with huge support from 274 youth leaders, young people in Otara, community and health organisations, MCC and CMDHB.

Summary of Findings

Unmet Needs

Otara young people reported that key issues impacting on their lives are:

- **Violence and safety** - Avoiding the negative influence of gangs and feeling safe was a priority. This was both in public and, for some young people, at home.
- **Healthy eating and activity** - Many young people were aware of information about healthy eating and activity, but felt that Otara lacks sporting opportunities and places at which to eat healthily.

- **Having places to go and things to do** - A need for more youth friendly safe places to hang out and a range of positive activities to do was reported by many young people.
- **Having environments that make it easy to be healthy** - Young people highlighted the importance to them of environments. They wanted healthy places to eat, clean safe streets, activities in parks and welcoming health services.

In addition to these youth priorities, health information suggests that the following are important needs in the area:

- **Managing chronic health conditions** and
- **Expecting good health** (rather than putting up with issues such as low mood, injuries, or sexual health issues).

Finally some young people in Otara face multiple challenges (e.g. problems with law, family and health). For these groups of young people the following additional priorities are critical:

- **Health support through existing services** and
- **Intensive support for young people with high needs**

Things That Would Make a Difference

There were a range of suggestions from young people and providers to improve young people's health and wellbeing. These included environment changes, health services and community actions. All of the suggestions are listed in this report. Suggestions were reviewed with youth leaders and the steering group and considered alongside identified needs and research. We identified 3 'cornerstones' or underlying principles that are critical in improving wellbeing of young people (particularly those aged 14-20 years) in Otara. These are:

Health Should be Easy

Young people want environments that make it easy for 'health to just happen,' rather than having to actively decide to pursue health and make healthy choices every day. For example, having safe roads, having healthy and appealing food to eat and having activities to do in parks would all make it easier to be healthy.

Health Should be Normal

Young people identified that having healthy behaviour role-modelled around them by youth leaders, families, friends and churches would be

more effective than just being told what they should do. For example, if youth leaders and parents were getting health care when they needed it and were modelling healthily eating and good chronic illness management, then it would be normal to do these things.

Health Should be There When You Need It

Young people in Otara seek help from family or people they know. They would like health services to support these people so that they can provide help and/or know how to get more help when needed. Further, young people were keen for health providers to get to know them and to come to them (perhaps via people they already know) and for health providers to be available in youth friendly environments.

Recommendations

1 Harness the Energy of Young People

Harness the considerable energy and skill of young people in Otara to:

- 1.1 Address the community and environment issues identified by young people.
- 1.2 Improve youth satisfaction with health care.

2 Improve Youth Access to Health Care

- 2.1 Improve youth awareness of primary health care services.
- 2.2 Improve youth satisfaction with primary health care.
- 2.3 Provide a mobile youth health team to work with existing providers to enhance youth health and wellbeing.
- 2.4 Improve co-ordination and support of services for young people with multiple needs.

3 Make Otara a Great Place for Young People to be

Harness community spirit and develop community resources to:

- 3.1 Establish a youth café or youth-friendly, healthy and cheap food outlets.
- 3.2 Provide youth-friendly places to be and things to do.
- 3.3 Support families.
- 3.4 Celebrate, advocate and share information via regular festivals.
- 3.5 Provide a safe and clean environment.
- 3.6 Ensure that, as a minimum, Otara young people have their basic rights and needs (such as adequate income and housing) met.

Limitations

Our purpose was to talk to 'young people' rather than to invite input from selected groups. This means there are particular voices, which have not been reported or have not been identified in this report. For example, we have no identified input from lesbian, gay or transgender young people. Young people with disability or chronic illnesses are included as part of other youth consultation rather than separated out. Many or most of the young people we spoke to were affiliated with churches but we have not included a separate church youth perspective.

Where to From Here?

CMDHB and Manukau City Council will receive this report. It will also be made available to the Otara Community Board, the Ministry of Health and the people and organisations that contributed to the project. CMDHB has undertaken to use this information to inform health planning and expects to develop services based on this information in 2009.

Definitions and Abbreviations

Otarians – A term used by young people from Otara to describe themselves.

Young people – There are various age definitions of young people. Broadly, we considered ‘young people’ or ‘youth’ to refer to the period from the onset of adolescence to the development of adult roles. In this project we have talked to young people between the ages of 8-24 years and focused on the needs of those aged 14-20 years.

Health and medical terms

Angina – Chest pain due to a lack of oxygen supply to the heart.

Cellulitis – A bacterial infection below the surface of the skin.

ENT infection – Infection of the ear, nose or throat.

General Practitioner (GP) – A ‘family doctor’ /medical practitioner who provides primary health care.

Primary Health Care – Professional health care provided to people in their communities; the first level of contact with our health system, generally from a general practitioner or practice nurse.

Primary Health Organisation (PHO) – Local structures for delivering or coordinating primary health care.

Abbreviations

274 – 274 Youth Core, this is an Otara youth project run by Crosspower.

AIMHI – AIMHI (Achievement in Multicultural High Schools) is a group of nine decile one urban secondary schools where a large proportion of the schools’ student population come from Maaori and Pacific Islands backgrounds.

CMDHB – Counties Manukau District Health Board.

GP – General Practitioner.

MCC – Manukau City Council.

MOE – Ministry of Education.

MOH - Ministry of Health.

MYD – Ministry of Youth Development.

PHO – Primary Health Organisation.

STI – Sexually Transmitted Infection.

TPU – Teen Parent Unit.

YP – Young people.

Introduction: Setting the Scene

1 Counties Manukau District Health Board

The Counties Manukau District Health Board (CMDHB) area covers Manukau City, Papakura and Franklin Districts.

Counties Manukau District Health Board aims to

- Work in partnership with its communities to improve
- The health status of all, with particular emphasis on Maaori and Pacific
- Peoples' and other communities with health disparities.¹

As part of its Youth Health Plan² over recent years CMDHB has undertaken initiatives to improve youth community wellbeing by enhancing school-based health services (in secondary schools, Alternative Education Units, and Teen Parent Unit environments). In 2008 CMDHB planned to further support youth community wellbeing by the ‘development of locality based youth specific services in Otara’ and Mangere, and then in later years, in Manurewa and Papakura and other areas of Counties Manukau.³

2 This Project

We were asked to ‘define the needs of young people in Otara’ and to ‘define a community based solution.’ The definition of ‘young people’ was not tightly specified; however, we were asked to consider the needs of young people over 12 and under 20 years who are not the focus of school health services. The purpose of this work was to inform the development of locality (suburb) based youth-specific services in Otara.

We looked at the options by talking to young people and to health and community leaders and providers as well as reviewing health research and statistics. We were guided by a project steering group. We also had the invaluable support of the 274 Youth Core Youth Leaders, the Otara Community Board and the Otara Community Advisor.

We aimed to:

- Work to support young people in Otara to get better access to health care and to have better health
- Be inclusive of slightly older and younger age groups but focus on Otara residents aged 14-20 years
- Focus on the needs of youth while supporting whaanau connections and whaanau wellbeing
- Be Pacific and Maaori centred but inclusive of all Otara peoples
- Support existing organisations and initiatives.

This information will be reported to CMDHB in 2009 to inform youth health planning. The information will also be reported to Otara networks and participants in the project. Manukau City Council (MCC) has supported the project and the information will also be reported to them.

3 Otara

Otara is a young, diverse community. Key facts about Otara from the Otara Ward 2006 Census Profile⁴ are:

- The total Otara population is about 32 000 people.
- 51% of the population is under 25 years old.
- A fifth (21%) of all Otara residents are 10-20 years old.



Local resident enjoying town centre

- 68% of Otara residents report their religion as Christian, 11% as no religion, 19% are 'not elsewhere included' and others include Maaori Christian (3%), Buddhist (2%) or Hindu (2%).
- In the 2006 census profile 7% of residents were identified as unemployed and the median personal income was 19,200.⁵

OTARA

From: The Otara Community Advocacy Plan 2008-2010⁴

Otara is located in Manukau, New Zealand's most ethnically diverse and fastest growing city.

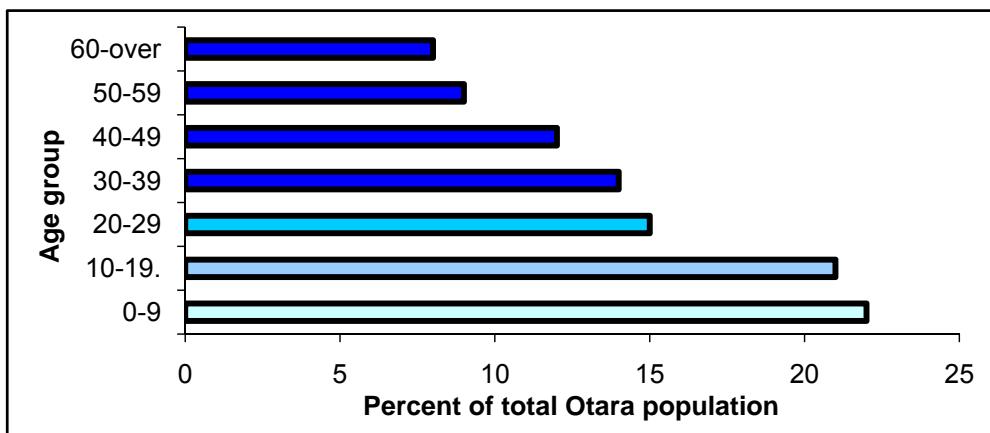
Otara has a young population with a median age of 24 years - 42% of population is below 20 yrs with high populations of Maaori (20%) and Pacific peoples (63%) compared with the rest of the country.

Adjacent to the Tamaki river, the rich fertile land of Otara was greatly prized by its initial settlers; the Aki Taio and Ngati Kahu tribes. The first European settlers successfully grew crops of wheat, oats and barley, although most of the area was later put into pasture, urban development began in the 1950s with a state housing project. By 1967 Otara had grown sufficiently to justify the development of a town centre.

Today people like living in centrally located Otara, close to the motorway and all of Auckland's amenities. Otara has a vibrant, sharing, caring community that works together and this is seen to be a major factor in making it a great place to live. Every Saturday morning Manukau's colourful cultures are showcased at the Otara Market.

Otara has a vibrant community that struggles with low incomes and inadequate investment in the area. People are supported by a long history of community building practices, strong community identities and pride. External perceptions of Otara are mainly derived from the mainstream media in which it is most commonly portrayed as an impoverished and often violent place. However perceptions of Otara are shifting as more stories are told of a community with a positive vision that is actively engaged in initiatives to create and maintain a community that is safe and a great place to live.'

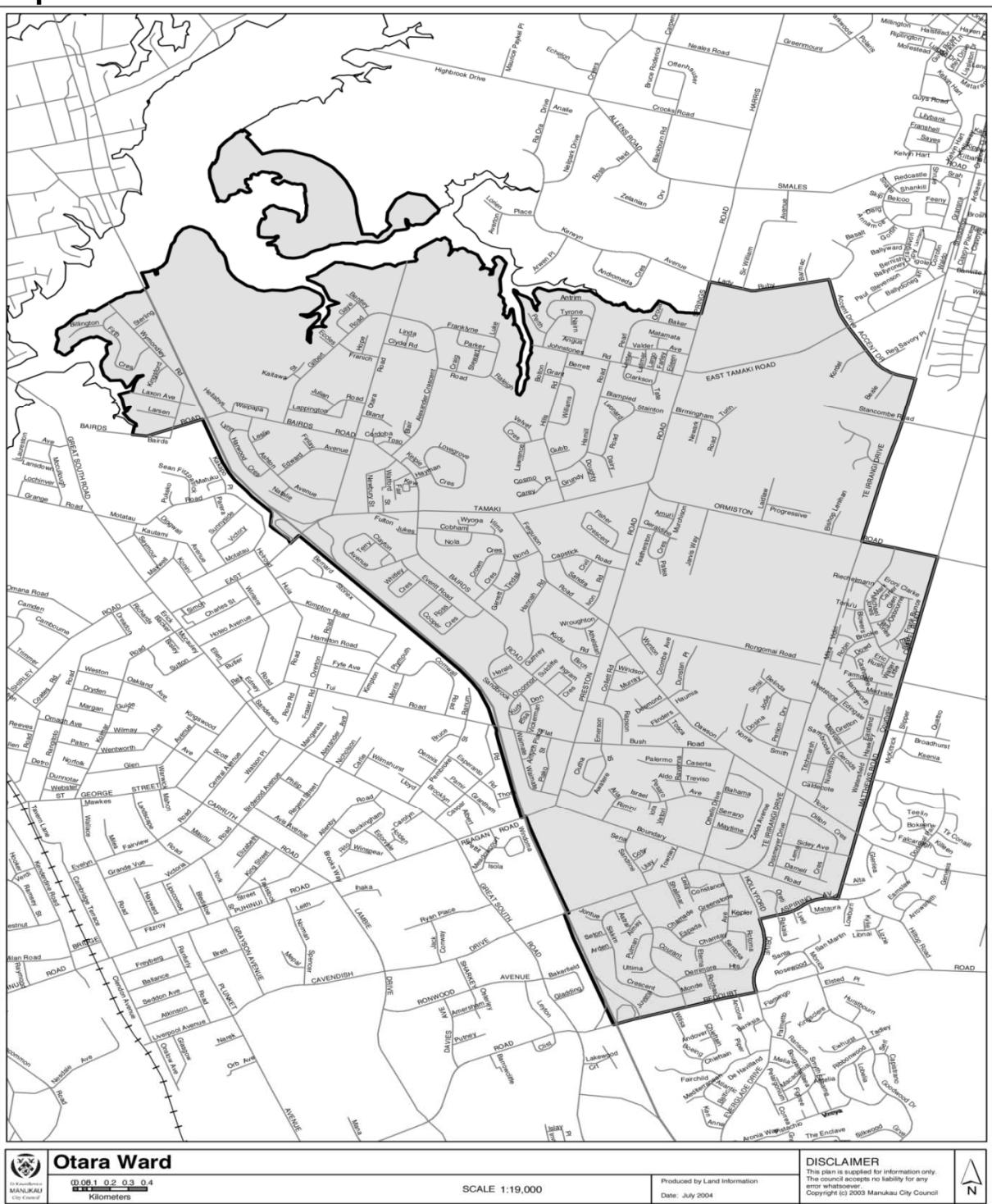
Otara Population, by Age Groups (2006 census data)⁴



Otara population, by ethnic groups (2006 census data)

Ethnicity	Percentage of the Otara population
Pacific Peoples	68 %
Maaori	20 %
Asian ethnic groups	11 %
European/other	15 %

Map of the Otara Ward area



4 Organisations and Services in Otara

Otara has a richness of churches, marae, educational, health and community organisations. Otara organisations often draw on volunteers of all ages and co-ordinate via forums such as the Otara Community Network, Otara Youth Action Committee and Otara Maaori Forum.

Many Otara organisations have activities that support the health and wellbeing of young people. These activities include:

- Education and training
- Literacy, school achievement, school retention & truancy focused activities
- Transition (from school into work or training), training and workforce development
- Access to technology including internet access
- Youth work, youth development, youth leadership and civic participation
- Music and arts
- Sports and recreation
- Holiday and after school programmes
- Youth suicide prevention
- Healthy eating, healthy action, diabetes and obesity prevention
- Health care and health promotion services
- Neighbourhood safety and crime prevention
- Festivals, clean ups and fun days
- Youth groups
- Church activities
- Community networking and co-ordination

Youth-focused organisations in Otara include: Manukau Institute of Technology, schools, alternative education and training providers, Crosspower Ministries, 274 Youth Core, Canopy, 274 Computer Clubhouse, Affirming Works, Tamaki Ki Raro and many church youth groups.⁶

Finally, there are community facilities in Otara used by young people (and others); these include the Otara Library, Tupu Youth Library, Fresh Gallery Otara, Otara Music Arts Centre, Otara Leisure Centre, Norman Kirk Swimming Pool, Otara skate-park and local parks and sports grounds.

This information is included in this report to acknowledge the current work in Otara and to highlight that there are many parties who work to support young people in the area.

5 Primary Health Care in Otara

Key Points⁷

- Otara Primary Health Care Providers (GP's or Family Doctors), provide free or low cost consultations for young people. For example many practices provide free care for young people under 18 years of age and free sexual health related care for people under 22 years.
- There are Otara practices open in evenings and on weekends.
- People outside of Otara use these services too. In fact 54% of people enrolled in Otara practices are not Otara residents (i.e. only 46% of people who are enrolled in practices in Otara currently live in Otara).
- On average Otara GPs (General Practitioners) have more enrolled patients than GP's in other parts of Counties Manukau and New Zealand do.

Otara is something of a 'health hub,' in that there are four Primary Health Care Organisations and a large number of local primary health care providers in the area. There is 1 GP in Otara per every thousand Otara residents (approximately), compared to 1 GP for every 1700 people in Counties Manukau, and 1 GP for every 1300 in New Zealand as a whole. However, as a high number of patients outside Otara enrol with practices in Otara, each GP has about 2000 enrolled patients - more than the CMDHB average of around 1600 and the national average of around 1300.

The average distance to the closest General Practice for residents in Otara (0.66 km) is the lowest in the CMDHB district, for which the average is 1.29 km. The average distance to their own (enrolled practice) for residents of Otara is 2.48 km.

6 Health Information about Young People in Otara

We looked at information on hospitalisation and deaths of young people in Otara using CMDHB data and other available statistics.⁸

Data collection issues make comparisons of Otara young people with other parts of New Zealand difficult. For example CMDHB defines youth as 12-24 years, Ministry of Health youth data is for 15-24 year olds and census data is in five year blocks (e.g. 10-14, 15-19 and 20-24 years).

Here we have used the CMDHB definition of young people – i.e. those aged 12-24 years. Available data highlights that for this age group:

- Otara young people have similar health issues to young people across Counties Manukau.
- Young people in Counties Manukau in general have poorer health than young people in other parts of New Zealand.⁹
- There are high rates of hospitalisation of Counties Manukau youth, including Otara youth, which could be avoided through primary health care or population based strategies. Many of the potentially avoidable hospitalisations of Otara youth are due to conditions that are exacerbated by poor housing, poverty or risk taking behaviour.
- Most deaths of Otara young people are due suicide and motor vehicle crashes. This is the same as for other parts of New Zealand. Many of these deaths maybe preventable through effective suicide prevention or road safety interventions.
- During 2001-2005 there were 12 deaths of Otara young people (aged 12-24 years) from suicide and 12 deaths of Otara young people (aged 12-24 years) from motor vehicle crashes. Deaths from other causes, such as cancer also occurred.

Admissions to hospital for Otara Young People⁸

The rate of hospitalisations (admissions to hospital) for Otara youth (aged 12-24 years) from 2001-2005 was about 110 for every 1000 young people. This is **lower** than the average for the Counties Manukau District as a whole. The main reasons for Counties Manukau young people (aged 15-24) to be admitted to hospital were

- Pregnancy and childbirth
- Injuries
- Abdominal/pelvic pain (for acute admissions), cancer and chemotherapy (for arranged admissions).⁹

Excluding hospitalisation for injuries, mental health and maternity, there were approximately 970 hospitalisations of Otara youth from 2001-2005, which could have been prevented through interventions deliverable in primary health care or population based strategies. These are known as 'potentially avoidable hospitalisations'.

The main causes of potentially avoidable hospitalisations for Otara youth from 2001-2005 were:

Cellulitis
Asthma
Other respiratory conditions
Sexually transmitted infections
Kidney or urinary tract infections
Epilepsy
Ear, nose and throat infections
Dental conditions
Diabetes
Angina and chest pain

Further details about hospitalisation and mortality (deaths) of Otara young people are included in Appendix 1.

7 Violence

We have not carried out a thorough review of crime and violence for this project. However, as safety is frequently identified as a key issue in community consultations,¹⁰ key points are included here to help to set the scene.

Violence at home and in the community affects young people's mental and physical health.¹¹ This includes:

- Parents or adults in the home being violent towards each other
- Parents or adults being violent to other children or oneself
- Frequent bullying
- Violence and intimidation in the neighbourhood.

Both actual violence and the fear or perception of violence are important for wellbeing.

Recent police statistics suggest an increase in violent crime in the area over recent years. Otara is located in the New Zealand Police area of Counties Manukau East. In this area:

- Reported violent crimes increased by 12% in the 2006/07-2007/08 year and by 26% in the previous year

- Drugs and anti-social behaviour was up by 17 % in the 2006/07-2007/08 year and by 38% in the previous year
- Reported sexual offences increased by 2% in the 2006/07-2007/08 year and in the previous year declined by 7%.¹²

Among high school students in New Zealand as a whole there has been an increase in the number of young people reporting that they had witnessed adults at home hurting each other (from 6% in 2001 to 10% in 2007).¹³ However, there was no change in the number of students reporting carrying weapons or being involved in fights. From 2001 to 2007 there has been a drop in the number of students who reported unwanted sexual experiences (down from 18% in 2001 to 12% in 2007).¹³

8 Previous Youth Health Research in Otara and Counties Manukau

We aimed to build on previous local youth health research rather than ask the same questions again. There have been a number of previous projects in Otara and Counties Manukau, which have helped to identify youth needs and opportunities to support youth health and wellbeing.

Recent local youth health projects that have helped inform our understanding of youth health needs in Otara are outlined in the table below. This is not an exhaustive list; for example, education focused projects are not listed here.

Title	Participants	Key findings relevant to this project
The Youth2007 Adolescent Health and Wellbeing Survey¹⁴	Approximately 10000 young people throughout New Zealand carried out in 2007.	Local findings from this study will be available soon and will help highlight issues for local young people compared to the rest of the country.
The Youth2001 Adolescent Health and Wellbeing Survey – South Auckland Regional Report¹⁵	10000 young people throughout New Zealand carried out in 2001.	Compared to school students in other parts of the country, those in South Auckland were <i>more</i> likely to: <ul style="list-style-type: none"> • like school • report that their spiritual beliefs were important to them • feel depressed and <i>less</i> likely to: <ul style="list-style-type: none"> • feel that they have good health • be very happy with their life • use alcohol weekly.
The Health of Children and Young People in Counties Manukau (2007)⁹	Comprehensive survey of child and youth health statistics in Counties Manukau.	Compared to the rest of New Zealand, Counties Manukau Young People have high rates of injuries and socio-economic related health problems.

The Ministry of Social Development Local Services Mapping Manukau City Community Report (2007)¹⁶	Local Services Mapping process.	The two priorities for Manukau were family violence and young people. For young people key areas were education and training, employment and wellbeing. Youth specific recommendations included: <ul style="list-style-type: none"> • improving access to and co-ordination of youth services • improving youth participation • increasing youth development initiatives • supporting youth workers.
Secondary school students consultation about worries and concerns (2007)¹⁷	Students in Otara and other Counties Manukau high schools consulted about worries and concerns as part of the Odyssey House Stand Up! Programme.	Year 9 – 11 students in South Auckland identified that common worries were: <ul style="list-style-type: none"> • School • Gangs • Job • Money • Fitness.
High-unmet needs of young people attending Alternative Education (2007)¹⁸	Alternative Education Providers (AE) who are part of the AIMHI consortium in Counties Manukau.	Approximately 10% of AE students had high-unmet health needs. In many cases services were available to support the young people, but difficulties in co-ordination and follow-up reduced their impact.
Improving Outcomes for Young People in Counties Manukau (2006)¹⁹	This project was based on community and government sector efforts to reduce the effects of violence and gang activity.	Inactivity and boredom can be factors in criminal activity and gang affiliation. Issues of boredom and a lack of recreational activities should be addressed.
Young people out of systems project (2006)²⁰	Community providers and young people; analysis of statistics and literature.	There are at least 500 under 16 year olds in Counties Manukau who are not enrolled in school, course or in work. Overall, these young people have high health needs, but have little engagement with health services.
Counties Manukau Pacific Youth One Stop Shop report (2006)²¹	Pacific young people in Counties Manukau, Community youth service providers, analysis of literature and review of New Zealand 'one stop shop' approaches.	Recommendations were made for the successful implementation of a Pacific One Stop Shop in Counties Manukau. These included that the service should <ul style="list-style-type: none"> • actively involve Pacific young people in the running of the service • service a local community - based on community boundaries • promote community spirit and youth development • be youth-friendly • receive adequate ongoing funding • have strong internal governance, leadership and co-ordination with other services.

9 Relevant Policy and Planning Processes

There are many health and youth policies that impact on ways to meet the needs of Otara youth.

Of particular relevance for this project are:

- **CMDHB youth health plans.³** These plans highlight that, far from being a stand-alone project, this project takes place as one part of a comprehensive programme. This programme also includes youth mental health, alcohol and drug, sexual health, primary care and training focused activities.
- **The Otara Community Advocacy Plan, 2008-2010 and Otara Planning Day (2008)²² documents**, which both include young people as a priority, and, in the case of the latter document, sets goals to:
 - Have a centralised youth centre and satellite youth centres spread throughout Otara
 - Improve the delivery of information to young people.
 - Other identified priorities in these plans include sports, recreation, safety and environmental initiatives, supporting youth projects and an emphasis on civic participation.

These priorities are highly consistent with those reported by young people as part of this project.

- **The New Zealand Primary Health Care Strategy²³** which highlights the role primary health care can have in improving health outcomes and tackling inequalities in health.

See Appendix 2 for a list of other key documents.

Methods

Consultations

We talked to young people and to health and community providers between July and November 2008. We asked about both strengths and unmet needs of Otara youth and ways to meet these needs.

- Otara young people consulted included:
- 274 youth leaders
- Young people at the 274 youth camp
- Young people involved with Crosspower and or Canopy
- Students from Tangaroa College
- Students from Sir Edmund Hillary Collegiate
- Young parents at the Tangaroa College Teen Parent Unit
- Otara youth residents who are working, in courses or in training
- Young people with disabilities or chronic medical conditions
- Gang affiliated youth
- Young people involved with the University of Auckland youth teaching team.

Note that many of these young people were also involved in other organisations such as church youth groups, sports teams and cultural groups. All of the young people consulted were aged 10-24 years, with the majority being between 14 and 20 years.

Adults consulted included:

- The Otara Community Board
- Youth focused community groups and youth workers
- Health care providers
- Education, police and welfare providers
- Staff from Counties Manukau District Health Board (CMDHB) and from Manukau City Council (MCC)
- Youth health advisors from around New Zealand.

Statistics

Youth hospitalisation, mortality and health service utilisation data were obtained from CMDHB.

Literature Review

We reviewed health research on effective youth health services and ways of improving youth health and wellbeing.

Consults

Information from consultation is summarised in this section.

Parts 1 and 2 of the ‘Consults’ section cover strengths, needs and context of health and wellbeing issues for young people, firstly from youth perspectives (Part 1) and then from adult perspectives (Part 2).

Parts 3 and 4 cover ways forward to better support the health and wellbeing of young people in Otara, again from youth perspectives (Part 3) and then from adult perspectives (Part 4).

Where many people made similar comments the number of people who made that comment is given. Direct quotes are in italics.

Consults Part 1: Strengths, needs and context Youth Voices



Participants at the 274 Youth Camp 2008

1 What's good about being an Otara youth?

We asked about 50 young people from 274 Youth Core, Crosspower, Tangaroa College and Teen Parent Unit, Sir Edmund Hillary Collegiate, young people who are no longer at school, young people with chronic medical conditions, young people who were working and young people involved in, or on the fringes of gangs:

"What is good about being a young person in Otara today?"

"I'm proud of being an Otarian"

"Belonging, just being proud of living in Otara, proving people wrong about the different stereotypes there are about living in Otara"

"Hanging around other cultures"

"Being by my family and friends, everyone knows everyone"

"We are good at sports in Otara, heaps of athletes"

- Youth voices

There were many things that young people said were good about being a young person in Otara. These were mainly related to **family, community connections, sport and culture.**

This is what young people (YP) liked:

- Playing sports and being part of a group with a common sporting interest - 12 YP
- Family - 11 YP
- Culture - 10 YP
- Belonging/everyone is similar - 10 YP
 - "Get-togethers and going out with other Otarians"*
- Food, in particular the many different varieties available within the local area - 9 YP
- Having 274 around - 6 YP
 - "We need more Alan Va'a's!"*
- School - 5 YP
 - "School is a kool place to be"*
- Being proud of being an Otarian - 5 YP
- Being part of the Church community - 4 YP
- Making new friends - 3 YP



“Cousins”

2 What's Not Good About Being an Otara Youth?

We also asked about 50 young people from 274 Youth Core, Crosspower, Tangaroa College and Teen Parent Unit, Sir Edmund Hillary Collegiate, young people who are no longer at school, young people with chronic medical conditions, young people who were working and young people involved in, or on the fringes of gangs:

“What is not so good about being a young person today in Otara?”

The main issues that young people identified as being ‘not so good’ related to social environments, with gang influences, violence, drug & alcohol accessibility, and negative perceptions of Otara and environmental issues being of concern. Two of the young people who were on the fringes of gangs were particularly concerned for the future of the children of Otara with the gang influence.

Here are the responses:

- Violence, gangs and the negative influence on younger kids - 30 YP
- Security and safety for self and family - 13 YP
- Crime, especially fighting, stealing, murder –5 YP
 - “People who just want to fight all the time, kids, youths with ‘sucky’ attitude”
- Dirty environments such as public toilets, the creek, parks and shops, graffiti and roaming dogs - 11 YP
 - “Creeks, waterways should be cleaned up to a standard where maybe the DHB committee would put their feet in.”
- Poor facilities in general - 4 YP
- The rest of South Auckland being judgmental about young people from Otara - 9 YP
- Drugs - 8 YP
- The large number of liquor stores - 6 YP
- Having no money and lack of employment - 6YP
 - “Most people are on benefits, not enough jobs.”
- Waiting times at Doctors - 6 YP (particularly the teen parent students).

“I worry about my sis and my Mum sometimes... that’s another reason we need to sort this gang shit out”

“There’s no sports teams that we can join to represent Otara”

“There are always long queues for the doctor.. so that doesn’t help aye..”

- Youth voices

3 Where do young people in Otara spend time?

We asked young people from Otara where they currently hang out or spend time.

- School, socializing with friends at school (including the school based Teen Parent Unit) – 23 YP
- Parks - 21 YP
- Own house, houses of friends and whaanau - 17 YP
- 274 base or clubs - 11 YP
- Sports club/training/gym - 10 YP
- Pools/Recreation centre - 5 YP
- The Westfield shopping mall at Manukau City - 5 YP
- The streets - 5 YP
- Church - 4 YP
- Crosspower - 4 YP
- Library - 4 YP
- Training - 3 YP
- The Otara flea market - 2 YP

“I never hang out in Otara because I choose not to”
– Teen Parent Unit student.



One of Otara's many churches and places of worship

4 What Do Young People Like about Organisations in Otara?

Many young people we talked to were engaged in local services, so we asked some groups what kinds of organisations currently running in Otara they liked and why.

- 7 young mums felt the Teen Parent Unit was important to young parents
“The parents unit helps young mums have the opportunity to get an education with their babies.”
- OMAC (Otara Music and Arts Centre) - 7 YP
- Tupu Library - 6 YP
“What I like about them is that they are all there for the youth, everything that the staff do is for the youth, and they keep changing activities for us, so we are always active or busy.”
- Youth nights at church - 4 YP
“It’s fun, friendly, not packed with adults but still a bit of family, but you know it’s for youth.”
- 274
“It is taking kids off the street and making them stay out of trouble.”
- Youth groups
“They understand my problems, Friday night fusion.”
- Canopy
“It’s unity and friendships with each other.”



274 Youth Core Camp participants

5 Where do Young People in Otara Get Help?

Young people were asked where they and their friends go to get help.

Almost every young people said they would go to family and friends or people they knew. An established relationship with a person was extremely important; young people consistently stated that they would not feel comfortable talking to someone they didn't know.

Where young people did name services such as lawyers or police they said they would seldom, if ever, use these services. However, when questioned, young people sometimes preferred to get help for ‘the big stuff’ from people they didn’t know – *“If it was a big problem... I’d talk to someone else... not my culture, not my area.”*

One young person said they would seek spiritual guidance from their parent (who has died) rather than going to a health professional that they didn’t know.

Here are the responses:

Family and Friends

- Friends/family – 42 YP
“An adult I can trust or one that can empathise to my situation.”
- My Mum – 17 YP
“My mum of course!”
- Boyfriend/girlfriend – 9 YP
- Best friend – 6 YP
“Usually call friends but sometimes they aren’t there.”
- Neighbours – 2 YP

School, Church and Community Organisations

- School/TPU/teachers – 18 YP
- Youth worker – 9 YP
- School counsellor/social worker – 8 YP

“School services are well utilised by young people, but they need to know the young person first. A young person won’t go see ‘the school counsellor’ but they might go see ‘Brian’”
(i.e. they would only go and see someone they would know well enough to know their name) – *Adult service provider.*

- Church – 8 YP

- 274 – 8 YP
- Police – 4 YP
- Mentor – 4 YP
- Youth leaders – 3 YP
- Youth Line – 3 YP
- Gym – 2 YP
- Youth leader for spiritual needs – 1 YP
- Coach

"I would talk to coach... I wouldn't talk to strangers about my shit... at trainings and at the gym, I am there to do my training not to talk broken ass shit with a shrink person... I might talk to someone if coach said to... I trust him" – Male 18 years.

Health and Wellbeing Services

- Doctor – 4 YP

"Family doctors. But I cannot be patient sometimes having to wait for professional opinions, diagnosis or help."

- Nurse – 4 YP
- Midwife – 3 YP
- Hospital – 1 YP

"It would be good to have social workers pop in schools from time to time or a social worker building for young adults with young workers" – 17 years.

Other

In other comments, four young people said they would turn to God, four young people indicated they would use drugs and alcohol one said nowhere and one young person stated that they would consider suicide.

"I don't get any help... I help myself, nowhere to go for help" – 14 years.

"I wouldn't go and talk to someone like that (a health provider). Maybe a sports doctor or my boss. I look at my whaanau..."

I wanna get us away from here. We used to like it here when we were younger... then things changed... don't matter though... we will be all good.

My sister might talk to someone who she knew... no one asks us if we are ok. I think if someone did like at school or something... my sister would say nah we're all fucked up... but no one does.

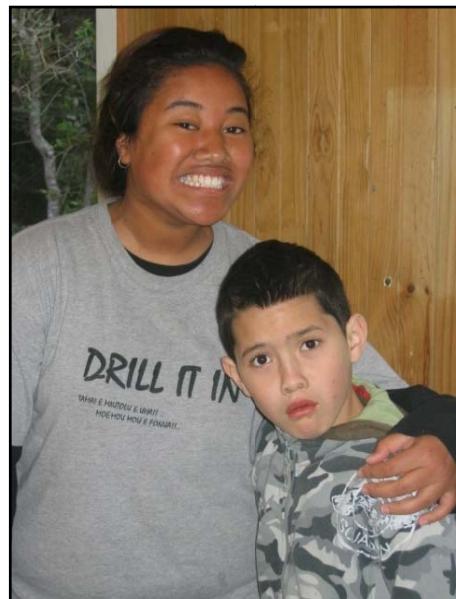
Looking after her and my Mum keeps me going, and being around my work mates. I might talk to my boss if I needed money or stuff... he's a cool dude"

-Male 19 years

Summary of where young people in Otara go for help

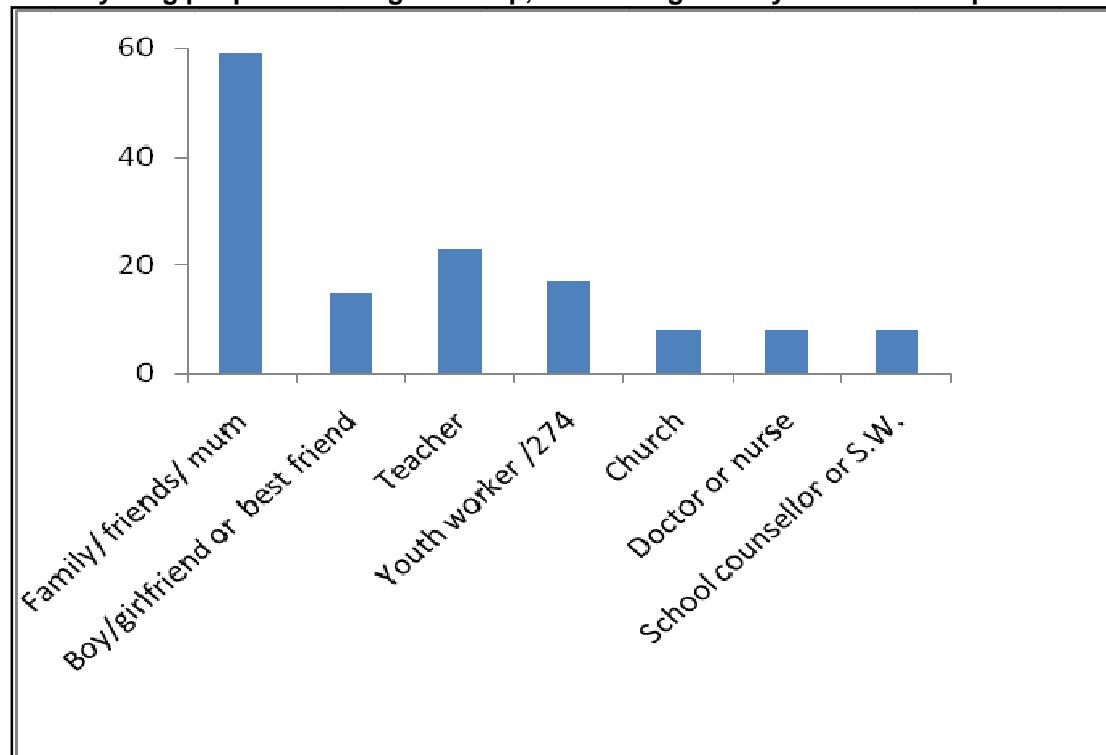
Overwhelmingly young people in Otara said that they look for help from people they already know.

The graph below shows the collated responses of the main places or people where young people said they would go for help by the number of young people who gave each of these options.



274 Youth Core Camp Participants

Where young people in Otara go for help, main Categories by number of respondents



Consults Part 2: Strengths, needs and context - Adult Perspectives

We spoke to health providers, youth workers, health managers, youth health experts, police, community and government agencies about strengths and unmet needs for young people in Otara.

Like young people, adults identified community spirit, family and church and cultural connections and the many local service providers as strengths for young people in Otara.

Also like young people, adults identified a broad range of unmet needs rather than just one or two key areas. Unmet needs identified by adults included both service gaps and health and wellbeing needs for young people.

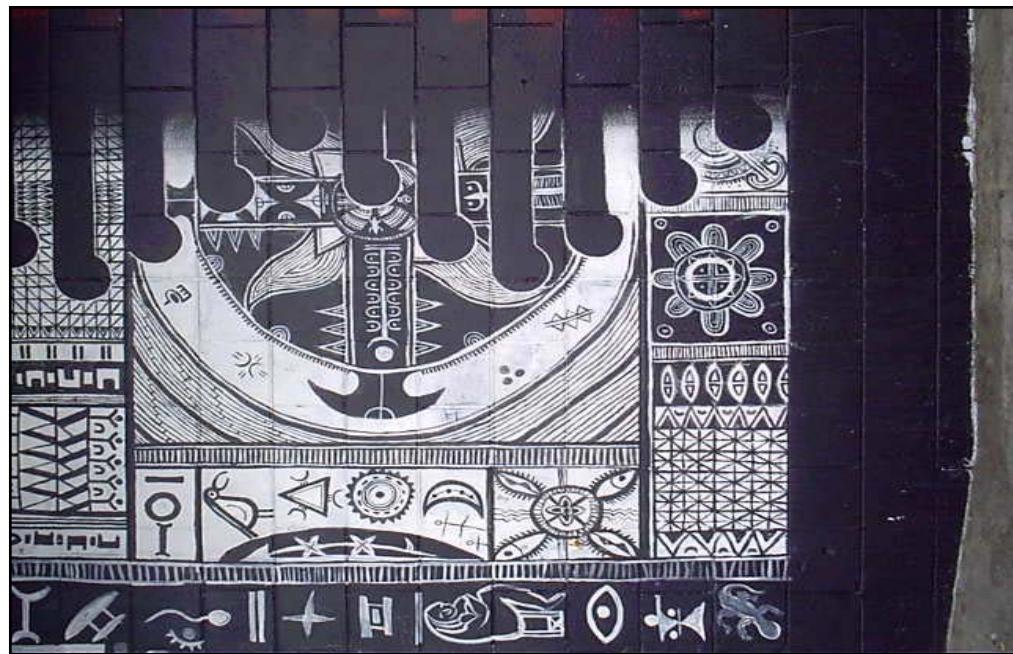
Service gaps

- Lack of co-ordination between services.
- Lack of information sharing between agencies (some informants suggested that information sharing protocols or training in the Privacy Act would help).
- Some services not aware of others who can support young people.
- Lack of sustained ongoing funding for services.
- Lack of well funded youth centres.
- Lack of sporting and recreational opportunities for young people.
- Lack of safe, supervised places where young people are welcomed and can have fun.

Needs for Young People

- Parental support or guidance. Informants reported that some young people had parents working long hours, while other parents were using alcohol or drugs and providing little guidance. In each of these situations young people often had to take responsibility for
- Education gaps for some young people.
- Employment opportunities.
- Financial literacy, avoiding 'loan sharks', home shopping providers and debt.

- Participation and leadership opportunities.
- Clubs and youth programmes.
- Violence and abuse (as victims).
- Problem behaviour, gang involvement, fighting and carrying weapons.
- Gang affiliations including getting out of gangs or escaping gang influence.
- Drug and alcohol issues.
- Obesity and related issues.
- Sexual health needs (including young people not seeking contraceptive advice or treatment of sexually transmitted infections).
- Mental health needs (including young people putting up with feeling down, angry or anxious much of the time and normalising or not seeking help for these problems).
- Chronic illness care (including young people having their lives unnecessarily limited by ill health due to poor management of a chronic condition).



Art in Otara, outside the Otara Music and Arts Centre

Consults Part 3: Ways forward - Youth Perspectives

1 How organisations can help more

Some groups of young people considered the question “How can organisations help young people in Otara more?” They gave the following responses:

- Get families more involved with their children/kids – for example, through sport and recreational activities - 23 YP
- Free or lower fees at health clinics - 11 YP
- Adults and current services could be more youth friendly - 7 YP
“Just be non-judgmental.”
- More adults engaging with young people - 6 YP
“Give us more positive opportunities and get more involved.”
- Combine different youth programs and ideas - 4 YP



Young family at the Otara town centre

2 What young people in Otara need

We asked young people what they thought young people in Otara need to be happy, healthy and well and to have positive relationships with family, friends, school and community.

Their responses covered a diverse range of needs, rather than just one or two key areas.

Answers are listed by topic area, with frequently mentioned areas listed first.

Health services – doing it better

- 49 young people said that they were unhappy with GP clinics or health services.

"I want friendly people at the doctors."

"Sort out the long wait at the doctors."

"I don't trust them, we have no relationship."

"Doctors kept changing."

"We have to change family doctors all the time."

"They are changing all the time."

"I don't go because of the cost"

"There is no transport."

"I don't trust them because I don't know them."

"Coming to school and see the nurse rather than just seeing my own doctor - because there is always a long wait."

"[We need] a place where checkups are free e.g. checking sore headaches. I mean \$25 for the doctor just to say take a Panadol when you are stressed – sucks."

Places to go, places to eat and things to do

- Places to hang out, youth clubs or youth centres, 'places where you could be accepted no matter what,' and places to be instead of going round the streets – 26 YP

Um... Youth need to be understood properly. I know at times it's hard to understand why some youth do the things they do, but like I know that

there are a few youth centres and ‘Back to School’ programs to help youth fit in and have good points of views on life and living in Otara.”

- Youth activities, programs and workshops at school or in the community were which are inexpensive – 24 YP (6 of these young people specifically suggested dance, music, drama and arts)

“We need something that stimulates the brain and teaches us skills for the future.”

“Dance is popular around here, sorta prevents youth from getting in trouble because they are too preoccupied with dance.”

- 18 YP said places to buy healthy food locally.

“Healthy stores are nowhere to be seen”

“We need more healthy bakeries.”

“We should make 5+ a day compulsory.”

“Get rid of all the unhealthy shops”

- More sports activities representing Otara (e.g. touch team, tag team) - 15 YP
- Transport - 8 YP. Getting from place to place on public transport was considered costly and difficult. One young person did not feel safe waiting at the local bus stop.

“Lower the bus fare and a bus route that went around health places and was free with student ID would be good.”

- Better shops, bulk shops e.g. Warehouse, Pak n Save - 2 YP

Family

- ‘Parents’ was what 18 YP said was needed.
“Just having fun with friends and family.”
- Fun days and activity days with the family and community - 5 YP
- Parents needed to be around more and be disciplining the kids – 3 YP
“They need to be interested.”

Gangs, drugs and safety

- 14 young people said that they want no more gangs and gang colours.

“It is the stereotype for which Otara and the youth are looked upon as, e.g. gangstas, criminals etc.”

"I can walk around safely because I know heaps of people everywhere... but it's why lots of people are attracted to gangs." (i.e. so that they have protection)

- A safe environment - 13 YP
- Too many drugs and drug influences - 8 YP

A clean environment to be proud of

- 11 young people spoke of having and wanting pride in their community.
"We want people to think Otara is a cool place to be-clean up our creeks, waterways and our environment."
- Too much graffiti and tagging was mentioned by 4 YP
- 3 YP felt the town centre and shops were dirty.
"The environment in town is dirty ...e.g. rubbish."

Youth workers and services

- More youth workers and people who understood youth – 8YP

"I reckon more youth workers and places where more of us teens and kids can kick it and learn how to deal with life's problems."

- More role models -7 YP
- All of the teen parents interviewed felt that being around other young parents was very important and thought the local Teen Parent Unit was essential to their wellbeing and happiness.

"Having a TPU (Teen Parent Unit) unit inside a college, you see the difference from them being more understanding and accepting [compared] to a college that doesn't have a TPU."



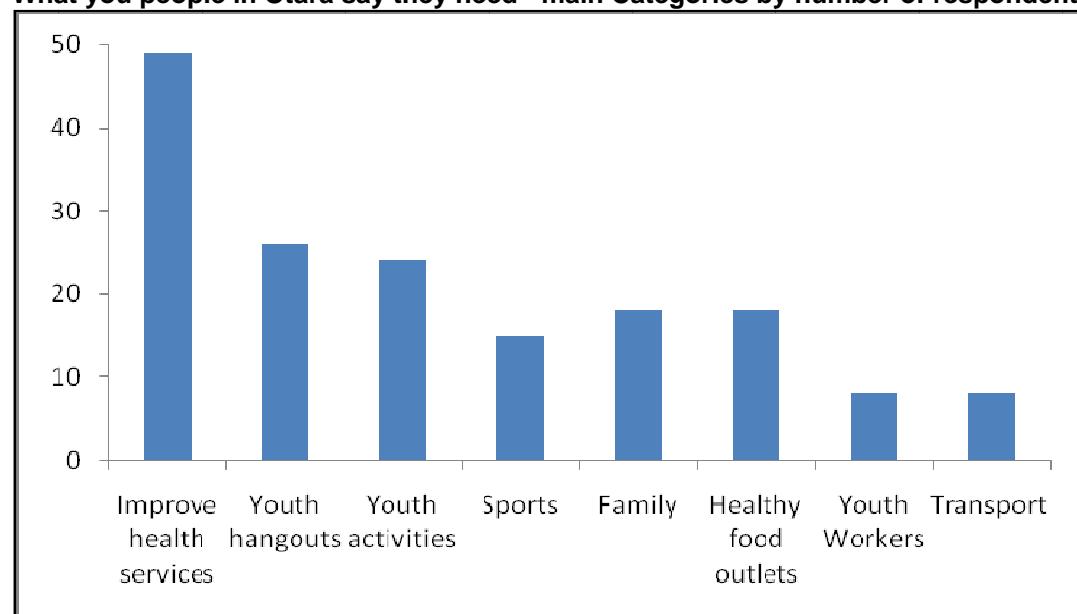
Young worker, Otara

Summary of what young people in Otara need

The graph below summarises the main things young people in Otara say they need to be happy, healthy and well and to have positive relationships with family, friends, school and community, by the number of people who gave each of these suggestions.

These main categories are: improve health services for young people; increase the number of youth hangouts or youth friendly safe places to go; increase the number of things for young people to do; increase the availability of sports in Otara; support families/ address family issues especially availability of parents; provide places to buy healthy food that is appealing and affordable; provide more youth workers and provide better public transport.

What you people in Otara say they need - main Categories by number of respondents



What Young People would do to Improve the Health and Wellbeing of Young People in Otara

Young people were asked what they would do to support the health and wellbeing of young people in Otara if it was up to them, or if they were in charge. The young participants took a broad view of how to improve health and wellbeing and considered health services, promotion of healthy life style, environmental considerations and community services. Their responses are listed below.

Safety

- Make Otara safe and secure – 27 YP
- More police – 6 YP

Places to go, Places to Eat and Things to do

- Healthy stores or healthy food options in Otara – 25 YP
- A multipurpose building where young people could engage in recreation, art and cultural activities – 22 YP (Note that most young people who described this idea were thinking of a youth specific place)

“Build a huge facility where youth and children could come by whenever they pleased and all they needed was there - e.g. art supplies, dance studio, music studio, sports area, pool etc.”

- Provide more sporting activities – 21 YP
- Family health and activities – 12 YP

“Get more activities together to encourage our community and family to get together and to show that our family’s health and well-being is important.”

- 10 young parents wanted to see after school and evening clubs specific – but not exclusive – to young mothers’ needs.

“Young mothers, parents could have a centre for hanging out and have activities, having clubs after school or evening book or feeding clubs.”

Clean Environment

- Clean up the environment – 18 YP

“Make sure all water ways are clean and clean up our environment.”

- Graffiti was considered a problem by 5 YP

"We need a graffiti wall."

Health and community services

- A mobile service just for youth – 9 YP

"Get people we know to come to us, but unlabelled cars and not in a uniform... shame."

- Change the long waiting times at health services, including the local GP clinics – 8 YP
- Medical care, at a low cost for youth – 8 YP
- More help in the area of drugs and alcohol, especially in relation to gangs – 8 YP

"Alcohol and drugs are ruining young people."

"That can be why young people get into gangs and crime. It's why gangs don't leave them alone (cause they owe money for drugs or alcohol)."

- More youth and family support – 8 YP

"I reckon more youth workers and place where more of us teens and kids can kick it and learn how to deal with life's problems."

- A phone line for youth was an option for 5 YP but it was important that it be *"confidential but versatile."*
- A youth health and wellbeing building – 4 YP

"Build a 'Young Health' building where it was split into a gym/leisure centre, library and a health clinic."

- A health clinic specifically for youth – 4 YP

"I would build a health clinic for people ages from 16-22"

- Breakfast and after school clubs – 4 YP



Young people 'on the job' in Otara

- Weekly visits to the local Kura from health professionals – 2 YP

“To give out positive info, just boost the youths’ confidence and outlook on life.”

“To help young people with their worries we need to blow the gangs away”

“Having a number you could text or call like a Whatsup? line”

“Build a building - half gym, half pools or half doctors, half recreation, where it’s mainly after school for teenagers to hang out, but others are welcome”

“Maybe a mobile service line or youth line... Have people come to your house and talk to you about your problems”

“A multiple activities day(s), health check-up, sports events, sports activities such as running beep tests. Mobile services attending churches, main playgrounds, community centres and schools (health, fitness, education)”

Youth voices

Consults Part 4: Ways forward - Adult Perspectives

A wide range of suggestions and ideas were expressed regarding how to better meet the health and wellbeing needs or support the health and wellbeing of young people in Otara. These included improving or extending health and community services and public health or environmental changes.

1 Health and Community Services

- Improve collaboration between existing (health and community) services – 10 adults
- Health providers need to build stronger relationships with young people – 9 adults
- Improve youth access to health care – 8 adults

“The single most important health issue for young people is access. This relies on engagement – relationship, length of time spent, hours offered etc.”

- Provide mobile health services – 9 adults

“Youth practitioners that [visit regularly and] have enough knowledge to refer young people on to appropriate services would be an extremely useful middle ground.”
- Each young person should have access to a mentor or adult who could offer support/ be a single reference point – 8 adults

“This person should have enough knowledge to be able to refer the young person on for a number of services.”
- Provide Youth Health Centres within the school – 8 adults
- Provide youth friendly health services – 7 adults

“[The services should be] fun, focus on getting youth to understand that health is more than ‘not being unwell.’”

- Education and support for existing agencies – 7 adults
- Improve relationships with young people – 7 adults

“Focus on relationships, which comes through the quality of workers and the systems they work in.”
- Ensure sustainable long term support for groups already doing effective work – 6 adults
- Up skill health workers/professionals to support youth development – 6 adults

- Get more youth programs into schools – 4 adults
- Put more resources into drug and alcohol services – 4 adults
- Set up an Otara One Stop Shop or Youth Health Centre like MYC (Manukau Youth Centre) – 4 adults

“Youth-specific One–Stop-Shops are a successful model. A key feature is that they provide a physical centre, which acts not only as a base for young people to drop-in to but as a hub for local youth health activity.”

“One-Stop-Shops can attract funding and are better at engaging young people with high health needs than other types of health services are.”

- Improve GP care was suggested – 3 adults (many adults also made more specific suggestions about improving health services for young people, which are listed below).
- Several health care professionals felt it is important for young women to have access to a female GP for sexual health issues and weight issues.
- Get more youth workers into the streets and involved with young people who are out of schools – 3 adults.
- There is a lack of programs to assist young people with the transition from school into the working environment – 1 adult.

2 Opportunities to Improve the Delivery of Health Services

Comments from adults working within the health sector highlighted opportunities to improve the delivery of services. Many of these related to screening/comprehensive care and co-ordination of services.

Screening/Comprehensive Care

“Screening is critical in youth health – if you have young people there (in the clinic) you need to ask them about key issues (like drugs, driving, sexual health and mental health). This needs to be standard practice in youth health. It takes time but can be done by nurses, social workers or doctors. Without routine screening, health services just touch the tip of the iceberg with many young people.”

“Every young person should be offered a routine appointment and comprehensive screen at least when they are leaving school or every couple of years.”

“Mental health is often not seen as a presenting problem or the only problem in youth, but is frequent.”

“Sexual health issues are hidden – these issues need to be addressed.”

“Focus on getting youth to understand that health is more than ‘not being unwell.’”

“Offer extended appointments (maybe using the practice nurse or a youth trained professional).”

Co-ordination and follow up

“GPs should have access to the plans from the Year 9 assessments [i.e. comprehensive assessments carried out by nurses in high schools].”

“Co-ordination is an issue. It would be helpful to offer training in knowing who is out there and how to use them.”

Youth health standards and training

“Each provider needs to show they are meeting youth needs and listening to youth voices.”

“Implement youth health standards.”

“Offer training for GPs in how to relate to young people.”

Access and outreach

“Go through youth transition providers to get some of the high needs young people.”

“The highest needs young people are the least likely to come [to a clinic or service], you need to go to them and offer them things that they want.”

“Set up a mobile team to go out to highly disengaged young people.”

Youth Code of Rights

Educate young people and providers about young people's rights when accessing health services via the Youth Code of Rights.

The Youth Code of Rights is a youth friendly, interpretation of the Health and Disabilities Code of Rights. It was developed by Youthline (with the support of Counties Manukau District Health Board) via workshops where young people re-wrote the code of rights in a way was attractive and easy to understand.

3 Family, environment and context

- Provide cheap healthy food and fun activities that young people could afford to do with their friends – 10 adults
- Involve family, e.g. through community events, churches or summits – 8 adults

“Whatever you do, you need to have family involved or things won’t change for young people.”

- Greater family involvement in their children’s lives – 8 adults

“Families are often seen as not interested or as having ‘given up’ on youth.”

“Parents being at work or not there from an early age causes a lot of problems for young people.”

- Increase sports and activities options, including utilising the recreation centre, existing sports centres and parks – 8 adults
- Build more healthy bakeries or shops – 6 adults
- More positive activities for youth and families – 3 adults
- Free access to the gym – 3 adults
- Promote neighbourhood connections and people being out in the streets and in parks (e.g. promote walking groups to improve activity, safety and connections between people) – 3 adults
- Make 3rd party motor insurance compulsory – 2 adults
- Put median strips down the main roads and provide safe places to cross the road – 1 adult

Youth Rights when accessing health services

U know? Youth Rights when accessing health services “Being in the know”

You have the right to be treated with R.E.S.P.E.C.T in regards to your values, beliefs and culture. You have the right to be treated with a positive attitude and to not be pressured by anyone to do anything you don't want to do. You have the right to be yourself and be respected for it. You have the right to use, receive and be involved in the best service. DON'T SETTLE FOR ANYTHING LESS THAN THE BEST! You have the right to feel comfortable while receiving understandable information from a doctor, nurse or specialist of your choice. You have the right to be fully informed, ask questions and be given answers about all matters concerning you. Because being in the know is important too! You have the right to ask and keep on asking until you know enough to make the best decision. You have the right to not be alone. You can have a support person of your choice when requested. You have the right to be told, asked and involved in regards to teaching and research. You have the right to speak your mind respectfully, be heard and have something done about it

Youthline 2008

274 Otarians Youth Camp - A small health care access survey

In October 2008, 29 young Otara residents who were at the 274 Youth Core camp in Piha participated in working groups and then individually completed a short survey about health and health care. This is not a representative sample of Otara young people. The majority (78%) of participants were male. They were aged from 13-19 years.

The survey used 5 questions asked in the Youth2007 adolescent health and wellbeing survey of 9107 secondary school students throughout New Zealand.¹³

Key Points

Of the 29 young people from Otara at a youth camp:

- Most thought that their health was good
- The most common barriers to getting health care were transport, not wanting to make a fuss, motivation, fear and problems getting an appointment
- Most had used health care in the past year
- The most common place to go for health care was a local GP

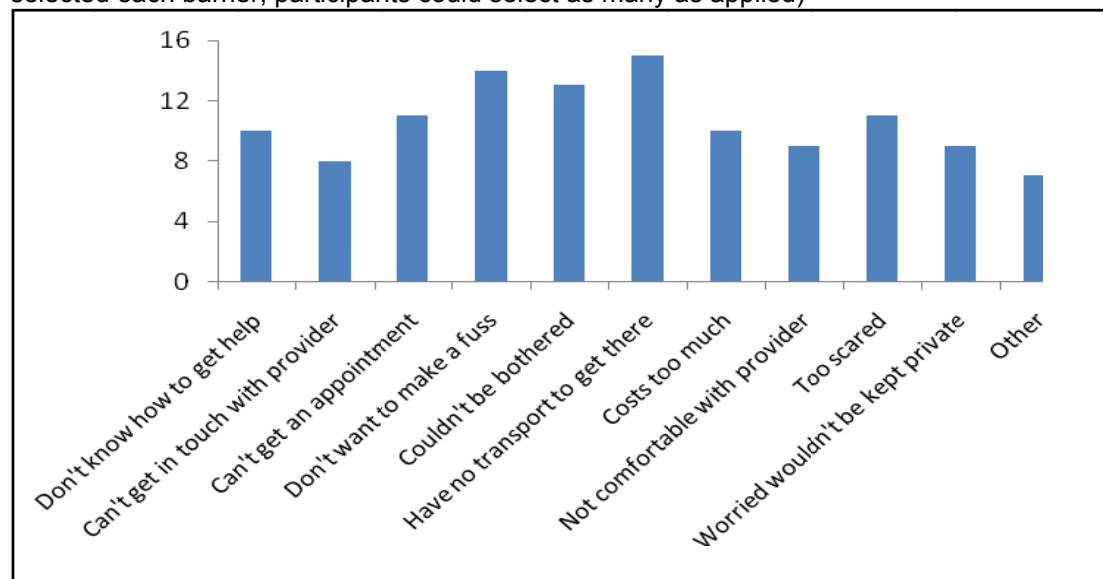
Overall the Otara campers had poorer overall health, less use of health care and higher rates of perceived barriers to health care than New Zealand secondary school students.¹³

Around 90% of the young people at the camp thought that their health was either good, very good or excellent. This result was slightly lower than for New Zealand secondary school students as a whole.¹³

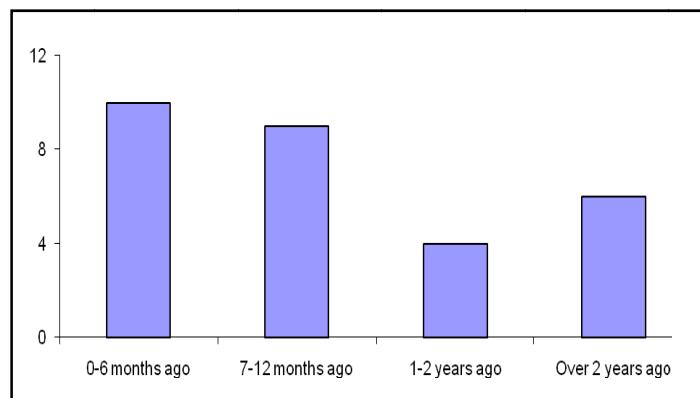
On a scale of ‘in general my health is: poor (1); fair (2); good (3); very good (4) or excellent (5),’ the average for Otarians at camp was 3.7.

Compared to New Zealand secondary school students the Otara campers had particularly high concerns about not knowing how to get health care, not being able to get an appointment, having no transport, not feeling comfortable with the person and being too scared to get health care.²⁴

Otara Youth Camp Participants: Barriers to Health Care (number of participants who selected each barrier; participants could select as many as applied)

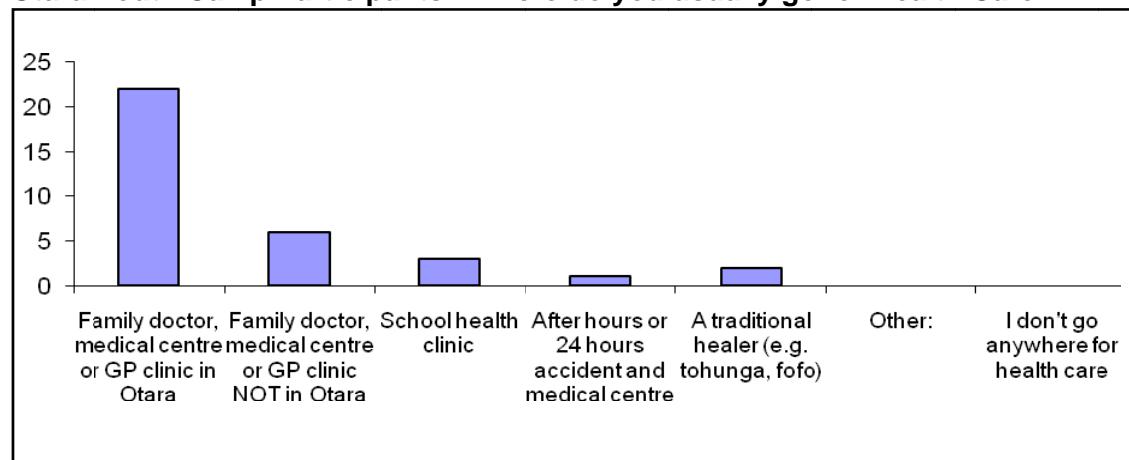


Otara Youth Camp Participants: 'When was the Last Time You Went for Health Care? (number of participants who selected each response)



Around 65% of the participants stated that they had used a health service in the last year. This is lower than for New Zealand secondary school students overall (83% of New Zealand secondary school students reported they had been for health care in the last year).¹³

Otara Youth Camp Participants: 'Where do you usually go for Health Care?



82% of the camp participants said that they usually go to a family doctor, medical centre or GP clinic for health care. Of those who chose this option, about 80% said that the service they used was in Otara.

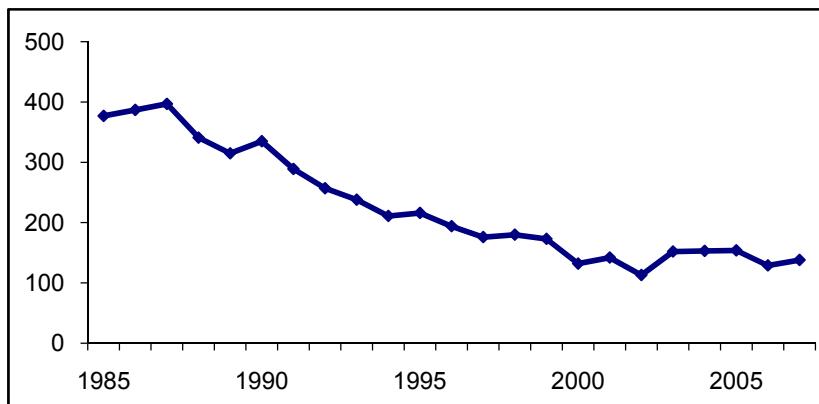
What Works to Improve Young People's Health and Wellbeing?

In New Zealand, **young people's health has improved** in many ways in recent years.^{13,25,26}

- Youth deaths on the roads are half what they were in the 1970's and 1980's
- The youth suicide rate is lower than it was in the 1980's and 1990's
- Youth rates of depression have reduced from 2001 to 2007
- Youth rates of binge drinking have reduced from 2001 to 2007
- Youth smoking has decreased.

Although some problems (such as obesity) have increased, in many ways young people are healthier now than they were in previous years.²⁵

**Number of New Zealand Motor Vehicle Crash Deaths, 15-24 Year Olds
1985-2007 (NZ Ministry of Transport data)**



Why are Young People Healthier Now?

Although we might like to think that helpful adults have made all the difference, there are many factors that have helped improve youth health over the years.

For New Zealand as a whole (not just for young people), many improvements in health are related to increasing wealth and education. Note that social, cultural and economic factors are major determinants of health.^{28 29} People in the lowest socio-economic groups consistently have high rates of mortality (death), hospitalisation, disability and the poorest self-rated health. Income in particular is strongly related to health and wellbeing.²⁹

For young people, large social changes, as well as specific interventions, are likely to have made a difference. If we look at car crashes, for example, the introduction of graduated driver's licences, safer cars, increased policing, increased seat belt use, safer roads and improved medical care (for people who do get injured) are all thought to have made a significant contribution towards reducing motor vehicle crash related deaths. Of these factors, the shift to graduated driver's licences is thought to have been most important for young people. Even though some people break the rules (for graduated licensing), the fact that most young people start driving bit by bit – and are not on the roads at night until they have driving experience – seems to be a large factor in reducing road crash deaths.^{30,31}



One of the important lessons from research is that information alone seldom changes behaviour.

Simply telling people about health problems and what they need to do isn't enough to make a big difference for most of us.³² In fact some strategies based on informing young people about risks³³ or trying to 'scare them straight' actually seem to increase their problem behaviour.³⁴

Programmes That Have Been Effective in Youth Health Usually:

- **Make it easy to be healthy** (e.g. put median strips on the roads, offer sports at school, make sure there is healthy food in the cupboard at home, make sure it's easy to be seen at the GP).
- **Make it more difficult to be unhealthy** (e.g. speed cameras on roads, ban smoking in public areas, don't provide sausages at public events).
- **Ensure family support.**
- **Give people information in ways that are meaningful to them about healthy choices** (e.g. letting young people know that most other young people do not smoke – this might be more effective for many young people than only telling them about problems if they do smoke).
- **Promote healthy attitudes** – promote positive attitudes to being healthy as well as negative attitudes to the unhealthy choice (for example see the 'Smoking not our future' campaign).

- **Make health fun** and appealing (e.g. competitions and challenges).
- **Address the big picture.** If you want to reduce teenage pregnancy, crime, drug abuse or other problems in an area, one of the most important things to do is to make sure young people have:
 - A future that they can look forward to
 - A sense of belonging and people around them who care
 - Fun, positive things to do
 - Safe places to be
 - Opportunities to contribute to the world around them.

This kind of youth development model has been shown to prevent problems and promote health.^{35,36}

Thus to enhance the health and wellbeing young people in Otara, we are likely to be more effective if we can:

- keep young people in meaningful training or work
- promote positive connections with family, friends and community
- and provide safe environments

than if we only provide information and care for people when they are sick.

Effective Health Services for Young People

Health services are an important part of improving young people's health and wellbeing.³⁷ There is little current evidence that any one way of providing youth health services is ideal for all young people. However, factors that contribute towards youth satisfaction and improve young people's access to and utilisation of health services have been identified.^{21,37-41} These are outlined here.

1 Provide Youth Friendly Services

Youth friendly practices have been shown to improve access by youth and to improve health outcomes for young people in the health system.⁴¹ The World Health Organisation describes adolescent friendly health services as those that are "accessible, acceptable and appropriate for young people."

Key factors for youth friendly services are:

- Staff (including reception staff) who are welcoming of young people.
- Youth friendly waiting space – priorities from young people include a clean and attractive space, with magazines or engaging things to do and in a large waiting space having some more private spaces to sit.
- Confidential services – young people are often uncertain about confidentiality; explaining confidentiality to young people at the beginning of consultations has been shown to increase youth disclosure to practitioners and increase youth satisfaction with services.
- Personal care – having a routine practice of seeing young people on their own, as well as respecting the input of parents or friends who may accompany them.
- Waiting times – young people through this project have identified long waiting times as a significant barrier to using services.

Regular youth feedback is critical in ensuring that services are experienced as friendly by young people in the area.⁴¹

2 Promote Access

Issues that promote youth access to services include:

- **Location** – the service must be easy to find and get to, but not embarrassing to enter.
- **Opening hours** – for example, evening and weekend hours.
- **Price** – cheap or, ideally, free services.

- **Awareness** – young people need to know what is available and how to use it.

In Otara ‘awareness’ was a major barrier for access. Young people consulted talked about difficulties in knowing how to see health professionals outside of the school setting. They were concerned about cost, location and confidentiality of services. However, many local services are free for young people, are well located through Otara and (as required under New Zealand law) offer confidential care. Thus, awareness of available health services and how to access them appears to be an important issue.

3 Ensure Engagement

A key theme from the consultation process was that young people want to know the people who are helping them. Seeing a different doctor each time was reported as a barrier by young people. Further, young people were keen to invite providers to get to know them and, ideally, to see them outside of the clinic.

Measures identified by young people in this project included:

- Continuity of care
- Friendliness of providers

Additional measures suggested by adult providers and health literature include training. Youth specific training for GPs has been shown to improve youth health skills.⁴⁸ Youth focused training needs suggested in this project were communication, engagement, behaviour change strategies and knowing what other agencies are available to support young people.

4 Provide Youth Orientated Clinical Care

Screening

Adolescent health issues include mental health, risk taking and lifestyle related behaviour. Few young people approach health providers for help with poor mental health or risky driving. In other age groups it is routine to screen for cardiovascular and cancer risks. For adolescents, routine, opportunistic screening of key health issues is also indicated. In New Zealand the HEADSS assessment model^{38 42} has been used widely as a comprehensive youth health-screening tool, which includes sexual health, mental health, behaviour and school (or work) and family environment.

Address Compliance and Behaviour Change

Contemporary understandings of adolescent development highlight that young people tend to focus on the present or immediate future and often feel that longer-term future risks are not very real.⁴³ Young people describe feeling

that they'll be ok (for example, with not using preventative medication) because they feel ok right now. They may not see an immediate benefit from a long-term treatment. Young people who do not feel that what they do has much effect on the world (i.e. having an 'external locus of control') may not feel that following health care advice will change things very much.

Strategies to enhance adolescent compliance include:^{32,44}

- Spending time with young people in consultations.
- Developing positive relationships with young people.
- Utilising rewards.
- Using reminders (e.g. texts, telephone calls).
- Proactive review and clinician-initiated follow up (e.g. provider initiated return contacts, by telephone, text or visit, to enhance follow up or compliance with treatment and referrals).
- Adolescent-appropriate motivators (e.g. young people may be less motivated than adults to change health behaviour to avoid future problems, but may be more motivated to achieve goals such as getting into a sports team, looking good, fitting in or even being a good role model).
- Ensuring parental support.
- Making health easy (e.g. offering simple medication regimes, ensuring healthy food is available at home).

Promote Youth Health and Development

Promoting health and development (rather than focusing only on preventing illness) is particularly important in adolescence. Youth development strategies have been shown to be beneficial in reducing the incidence of risky behaviours and in promoting healthy behaviours among young people.^{35,36, 49} Effective health promotion for young people focuses on improving skills, self-esteem and self-efficacy, rather than focusing mainly on specific health problems.⁵⁰

5 Offer Youth Specific Services

There is evidence that youth specific services do increase youth access, compared with services that are orientated to all age groups. This is particularly so for vulnerable young people with high health needs.^{45 46 47}

Emerging Themes

Youth Needs

We pulled together information from youth and adult consultation and health information and research. We reviewed this information with 274 youth leaders, the Steering Group and the Working Group to identify key youth health needs and opportunities for improving youth health and wellbeing for the majority of Otara young people, for those with chronic illness or disability and for those who have multiple difficulties.

The majority of young people in Otara.

For young people in Otara as a whole there was a wide range of needs, particularly:

- Violence and safety – Avoiding the negative influence of gangs and feeling safe was a priority. This was both in public and, for some young people, at home.
- Healthy eating and activity – Many young people were aware of information about healthy eating and activity, but felt that Otara lacks sporting opportunities and places at which to eat healthily.
- Having places to go and things to do - A need for more youth friendly, safe places to hang out and a range of positive activities to do was reported by many young people.
- Having environments that make it easy to be healthy - Young people highlighted the importance of environments to their health. They asked for healthy places to eat, clean safe streets, activities in parks and welcoming health services.

Many of the suggested actions summarised below (such as environmental and health service changes) would provide opportunities to improve access to health care and improve health and wellbeing for Otara young people.

Young people with ongoing chronic illness, disability or emerging health needs.

In this consultation, these young people did not report different issues or needs from the majority of young people. However, interventions that enhance health services as well as environmental interventions are likely to be important for young people with chronic health concerns.⁵¹

Young people who have multiple difficulties.

Young people with multiple challenges (such as family relationship difficulties, low engagement in education, alcohol and drug problems and offending), as a whole were not asking for health interventions. In general they said they were not likely to go to health care providers. Like other young Otarians, they were most likely to seek help from people they already know and trust. Like other young Otarians, their main concerns included:

- Gangs, crime, violence
- Things to do

Community and research information highlight that employment and positive participation in society also require particular attention for this group.

Successful interventions for young people with multiple difficulties typically are based on strong engagement, intensive support and co-ordinated approaches. In Otara improving the health and wellbeing of these groups of young people may be enhanced by:

- Ongoing support and development of groups who successfully engage with young people with multiple needs
- Health services providing support for these existing services
- Increased information sharing and collaboration between groups
- Increased youth development, training and employment opportunities for these young people
- Support for families
- Enhancing environments (including safety from violence, road safety, reduced access to drugs and increased opportunities to be involved in healthy activities).

Getting Health Right for Young People

Young people consulted generally preferred to get help via family, friends or people they know.

Generally, the young people consulted did not view physical or mental health as a high priority. They had school, work, social and other priorities and were not particularly worried about future health problems. Young Otarians often ‘put up with’ illnesses or injury. This includes:

- Not routinely seeking health care for illness or injury
- Not proactively managing chronic health conditions
- Not expecting to address issues of low mood, worries, alcohol and drug use, or sexual health issues.

This is not unusual for teenagers (and many adults) around the country. However, it means that the following are important for young people:

- Screening and outreach by health services
- Proactive management of chronic health conditions
- Increasing young people’s expectations of good health (rather than putting up with issues such as low mood, injuries, or sexual health issues).

Further, this means that simply giving people information or telling them to go to the doctor when they need to is unlikely to change their health significantly. Young people said they would be more likely to change behaviour to get into sports teams, to win competitions, to be good role models or just because it was easy and normal, than they would in order to be healthy and avoid illness.

For these reasons, we reviewed dynamics that would help improve young people’s health status and shift health behaviour. We looked closely at research and worked with youth leaders. We identified three ‘cornerstones’ or underlying principles that are not interventions or solutions on their own, but should be woven through interventions to promote youth health.

Three cornerstones

Having health be easy

Young people wanted environments that would make it easier for health to ‘just happen’, rather than having to consciously and actively make healthy choices every day. For example, having youth friendly places to eat with healthy food, having clean and appealing parks, having families providing healthy environments, having activities to do and not being able to buy drugs

or alcohol would all make it easy to be healthy without even needing to decide to do so.

This insight reflects current best evidence. People young and old make better health choices, and stick to healthy plans for longer, when the environments around them offer and support healthy choices. There are many examples of this, from controlling liquor outlets to offering outreach health services and healthy food in tuck shops. Hence we have identified ‘having health be easy’ as a cornerstone for effective interventions in this project.

Having health be normal

Young people identified that being told to reduce weight, not to drink or to manage an illness well would not be very helpful if other people around them were not doing this. If health is the norm and healthy behaviour is role modelled by youth leaders, families and friends, this would be more effective in promoting healthy behaviour. For example, if youth leaders and parents were getting health care when required and modelling healthy eating, it would be normal to do these things.

Again this concept is well supported by the evidence regarding behaviour change and youth health. On review of consultation information and best evidence this was also adopted as a cornerstone of what is required to really make a difference for Otarians.

Having health there when you need it

Access to health care has been identified as a key issue in improving adolescents’ health. Real and perceived barriers (such as cost and privacy) reduce young people’s use of traditional services. Adolescent thinking (e.g. “I’m not really sick now – so why would I need to go?”) and competing priorities further reduce the chances that they will proactively seek professional care.

Evidence from the research and from consultation highlights that health interventions which are likely to increase access for young Otarians are those that are:

- offered in places where young people are;
- provided by, or at least supported by, persons that young people know
- there when young people want help, and
- proactively screen for young peoples health needs.

Often young Otarians look to family or youth workers as preferred sources of help. Young people would prefer that these people had health back up and skills so that they could help when this was needed. Additionally, they wanted health providers to improve or alter how services are delivered.

Our third cornerstone, then, is having ‘health there when you need it.’

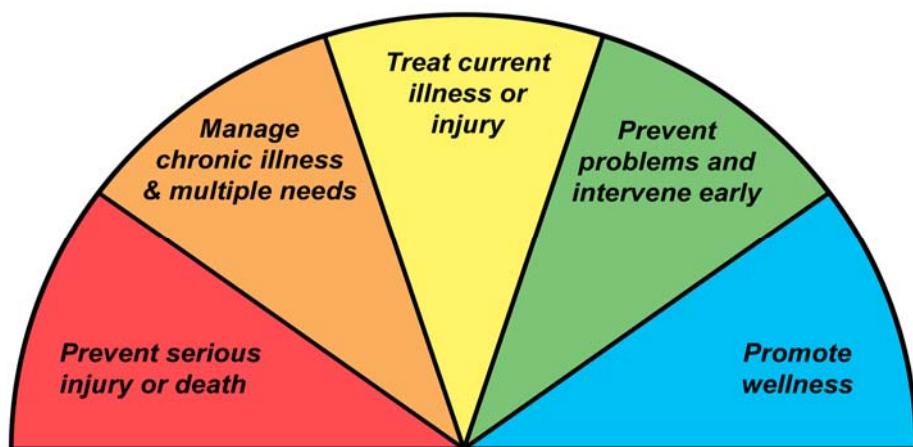
Identifying Priorities

Youth Health and wellbeing needs can be divided into the following areas:

- Promoting wellbeing – e.g. promoting positive relationships, educational achievement and youth development
- Preventing problems – e.g. healthy eating, safe driving, safe sexual behaviour
- Treating temporary illness or injury
- Early intervention – recognising problems (for example mental health problems) and getting help early
- Supporting young people with chronic health issues – e.g. rheumatic fever, asthma
- Supporting young people with multiple high needs
- Preventing serious injury or death (e.g. road safety, suicide prevention)

There was no single area of need identified in this project. Rather, there are needs in all these areas, for the majority of young people in Otara, as well as for those with chronic health issues and those with multiple needs.

Youth Health and Wellbeing Spectrum



There are needs for young Otarians in each part of the health and wellbeing spectrum.

There is a lack of clear evidence at the current time indicating that intervening in one part of this spectrum will have more impact on the health and wellbeing of Otara young people than intervening in the others.

For these reasons, we have made recommendations that target:

- Improving wellbeing
- Preventing problems
- Improving access to health services
- Supporting young people who have multiple high needs.

Summary of Suggested Areas for Action

Suggestions of ‘ways forward’ or opportunities to better meet the health and wellbeing needs of young people in Otara are summarised here. These come from consultations with young people and adults.

Support families	<p>Support for families to be there for their children, to provide guidance and safety, to role model health and wellbeing, to provide help or access more assistance when young people need it.</p> <p>Ideas for how to do this included engaging families via churches, marae and schools, sport and programmes such as Lotu Moui, festivals or expos.</p>
Environmental changes	<p>Healthy food outlets – via youth café, subsidised shops, stalls at flea market, quality supermarket or improved shops.</p>
	<p>Activities – offer more healthy, fun and safe things to do in Otara and provide more ways for young people to develop and have a voice.</p> <p>Examples included more sport in parks, sports clubs and teams, holiday programmes, opportunities to do drama, art & music, youth participation and leadership programmes, teen mothers groups.</p>
	<p>Improve safety from violence – via wardens, ambassadors or police, lighting, cameras and design of public spaces, more people on streets.</p>
	<p>Reduce the impact of gangs – via policing, safety measures, reducing drug availability, increasing other ways (other than joining gangs) for groups of young people to belong, earn money, have fun and feel protected.</p>
	<p>Reduce access to alcohol and drugs – e.g. reduce or police the alcohol outlets & tobacco sales, reduce accessibility to drugs, enforce bans of alcohol and smoking in public places.</p>
	<p>Clean up parks, streets, shopping areas and public toilets.</p>
	<p>Improve road safety – police the speed limits, improve road crossings and barriers.</p>

Health and community services	<p>Youth Centre with health services in it – suggestions ranged from a youth clinic with things to do in the waiting area, to having a health service in existing centres such as the Recreation Centre or 274, or setting up a large youth centre with multiple activities including health.</p> <p>All suggestions were Otara specific. The health component could offer health information, health services and support for other providers.</p>
	<p>Mobile youth health team – to go to clubs, youth centres, youth courses on a regular basis. This team was seen as providing clinical services, back up youth workers who work with ‘high needs young people’ and outreach to these young people.</p> <p>This suggestion was usually made with the assumption that such a team would be available at other times at a youth friendly clinic or centre. Some participants suggested such a team use a health bus/mobile clinic if possible; others preferred that private spaces within existing venues be used.</p>
	<p>Youth Centre with health team who also offer mobile services – a combination of the above two models, i.e. a youth centre with health services in it, where the health team also offers outreach services.</p>
	<p>Youth-friendliness of primary health care providers – address barriers to youth use of health care, including waiting times, environment of waiting rooms, friendliness of reception, length of consultation, waiting lists for providers. Suggestions also included training for providers, providers proactively screening for key issues, use of nursing staff to effectively increase the length of consultation, increasing collaboration with other providers, increasing use of outreach and proactive follow up.</p>
	<p>Improve support for young people with multiple needs – ensure ongoing resourcing for groups that successfully engage young people with multiple needs. Improve co-ordination and information sharing between groups (this might include training or intersectoral approaches). Provide health support/back up for those who work with young people with high needs. This could include brokerage, health assessments and health information.</p>
	<p>Youth health info & advice via text, 0800 number or email – advice and access to consultation or referral via youth-initiated text, email or phone contact, perhaps in combination with an above service.</p>

Health information, festivals and advocacy	<p>Health & wellbeing information via articles in local papers, radio items or websites and festivals – could be done in combination with schools, 274 computer club house and others.</p>
	<p>Youth festivals, expos or summits with action group to follow up issues – e.g. a festival every 6 months for young people and families including; sports competitions, health challenges (such as 10 week challenge), healthy eating stalls, umu, youth led workshops, a summit or forum, and stalls with education and health providers. Such an event could include competitions between neighbourhoods and groups.</p> <p>It was suggested that a summitt or community youth meeting to discuss problems and solutions could be part of each festival. This would give youth a voice and any opportunity to ask council or others to speak on progress on identified issues. Could have a group that takes a lead at working on identified issues each summit. Would need to be with other providers such as 274, Lotu Moui, schools.</p>

Recommendations

The suggested areas for action were considered alongside identified needs, priorities and research about ‘what works,’ and were reviewed with the youth leaders, the working group and the steering group.

Recommendation 1: Harness the Energy of Young People

We recommend that the energy of young Otarians is harnessed to

1.1 Address the community and environment issues in Otara identified by young people

1.2 Improve youth satisfaction with health care.

Young people want to have a voice and to contribute, and are able to lead or assist with many of the suggested areas for action.

Young people are 20% of the Otara population. Harnessing youth energy to address community and environmental issues in Otara has the potential to improve the skills, wellbeing and belonging of those who participate, as well as providing considerable energy to address the identified problem areas.

However, this will require organisation, skill development and leadership.

There are multiple possible mechanisms for harnessing the energy of young people, including working with existing groups (such as churches, schools, and marae) and organisations such as Canopy Youth Committee, Crosspower and the 274 Youth Core, the Otara Youth Action Committee and Otara networks.

Young people have many ideas about how to improve health services. Young people could be invited to help improve youth satisfaction with health care via input through health consumer groups, youth health councils or youth advisory groups.

Recommendation 2: Improve Youth Access to Health Care

2.1 Improve youth awareness and satisfaction of primary care health services.

2.2 Provide mobile youth health team to work with existing providers to enhance youth health and wellbeing.

2.3 Improve co-ordination and support of services for young people with multiple needs.

What health care providers can do

- Address youth-friendliness of practices (e.g. waiting rooms, ensuring young people feel welcomed, and prioritising continuity of care).
- Routinely explain confidentiality.
- Routinely screen for youth health issues.
- Provide proactive follow up.
- Co-ordinate with other services that are engaged with patients with high needs.

What Primary Health Care Organisations (PHOs) can do

- Seek youth advice and input into improving youth satisfaction.
- Increase young people's awareness of their right to confidential health care, how to get health care and the services offered.
- Offer training for providers.
- Seek opportunities to better meet the needs of young people who have multiple difficulties.

Some of these recommendations for health care providers and PHOs do have resource implications. Non-medical staff (i.e. people who are not doctors) can carry many of these activities out. There are a range of standards³⁸⁻⁴⁰ and training⁵² available to support such actions.

A Mobile Youth Health Team

It is recommended that a mobile youth health team be provided to work with youth services and health providers with which young people are involved.

This team should provide outreach clinics and much more. Given that young Otarians usually seek help from people they know, the mobile team should:

- Work to support non-health providers who are *already* working with Otara's young people, so that they can be effective first points of contact for health or other concerns.
- Provide screening and health information, assistance or referral for health issues and support for dealing with chronic health issues to young people in a range of settings.
- Influence and support youth providers and youth leaders to be healthy role models.
- Support youth services to promote health through their programmes and activities. Youth agencies already influence their members' health behaviours (such as substance use, driving, eating, mental wellbeing and sexual health). The mobile team should support and develop this.
- Support health providers to improve youth awareness and satisfaction with services.
- Support interagency collaboration and co-ordinated proactive work with young people who have high health and wellbeing needs (this might include support of interagency approaches, providing health assessments for young people with multiple needs, providing training in privacy and information sharing across agencies).
- Support young people and others to take action on identified areas of need and implement initiatives that promote youth health and wellbeing in Otara.

How Should the Mobile Youth Health Team Work?

- Have great leadership, including a high level of youth governance and youth participation. Suggestions included:
 - Having a board which is at least 50% young people⁵³.
 - Involving local youth who are training in areas such as nursing, administration, marketing or management as peer assistants or in activities relevant to their training.
- Implement a sustainable development plan.
- Get to know providers and young people.
- Get the timing right; young people want minimal waiting times and need services at suitable times.
- Provide and market confidential care that is supportive of family connections.
- Be technology literate; young people would like to be able to keep in contact via new media.
- Be dynamic and responsive to changing youth needs and environments.

Provider Characteristics

Young people thought the providers' attitudes and connections with people were more important than their age, sex or ethnicity. Any mobile youth health providers must be trained in youth health and be passionate about working with young people.

Team Base

The mobile team will need a base. Ideally, this would be a youth friendly space to which young people could come if they wished. There were suggestions that this should be:

- In a youth friendly environment to which young people who are unlikely to access traditional health care would come.
- In a GP practice so that young people were encouraged to make connections with general practice
- In an environment where the team can be supported in terms of their youth health practice.

Otara Specific

All of the youth input suggested that any youth service should be Otara specific (in Otara, for Otarians). Young people said that a larger centre or a large team would make it harder to get to know people, feel less like a family or community and perhaps lead to disputes between people from different neighbourhoods.

A Mobile Team, Youth Centre or One-Stop-Shop?

Young people in Otara suggested that to be effective, health providers need to be familiar and should utilise youth workers and others that young people already trust.

There were some young people and providers who were interested in establishing a new youth centre or One Stop Shop – which might include hangout space, things to do and health services. Others preferred a service that supported existing youth clubs, centres and bases in the community.

We looked closely at these options with the Steering Group and with youth leaders. Young people said there is a range of places that young people of different ages and groups currently go. Although they were interested in a youth centre or a One Stop Shop they were concerned that if resources were focused in a new building

- this would not appeal to all young people
- to be successful such a new centre might have to take them away from activities with which they are already involved

- places that are 'good' or popular to go to are not the same for all groups of young people, and do change over time
- parents might be uncertain about their young people going there.

However young people in Otara do stress the need for safe places to go and fun things to do. There are a number of youth providers who are interested in an Otara youth centre and the health team will need a youth friendly base.

We have recommended a mobile team as a first step. Should sufficient funding be available, an Otara specific multiple purpose youth centre including health services should be considered.

Recommendation 3: Make Otara a Great Place for Young People to be

Harness community spirit and develop community resources to:

3.1 Establish a youth café

3.2 Provide youth friendly places to be and things to do

3.3 Support families

3.4 Celebrate, advocate and share information via regular festivals

3.5 Provide a safe and clean environment

3.6 Ensure that, as a minimum, Otara young people have their basic rights and needs met.

3.1 Establish a youth café

This is the concept of a youth friendly, safe and welcoming place to be, with:

- Tasty, affordable, healthy food
- Youth cooks and staff (training and employment opportunities)
- Youth art on the walls (for sale) and a stage for performances
- A great location ⁵⁴

Alternatives: Ensure there are cheap, appealing health foods available for young people in Otara via local quality supermarkets or subsidised shops, develop youth-run healthy food stalls at the market and at festivals, offer workshops in preparing food at youth clubs or at festivals, offer healthy food at events that are supported by public funds.

3.2 Provide youth friendly places to be and things to do

Provide a range of youth friendly places to be and things to do in Otara, including:

- More sports in parks
- Increase the number of sports clubs and teams
- Offer more performing arts, drama and music programmes
- Offer more holiday or after school programmes
- Increase access to gyms, kick boxing or training opportunities

3.3 Support families

Ensure that families are well supported and able to provide young people with guidance, care and opportunities to grow, including:

- Involve families together with their young people (e.g. via churches, schools, sports, festivals and services)
- Ensure that families have health information and access to services to assist their children and young people
- Support families to spend time with their children and young people, to provide guidance and violence free homes and to be great role models for their children and young people.

3.4 Celebrate, advocate and share information via regular festivals

In co-operation with community and providers, hold regular festivals, summits or expos to:

- Make health fun
- Bring young people, families and communities together around youth and health issues
- Inform young people and families about issues
- Develop relationships between young people, families and providers
- Allow youth action and youth voices to address identified problems and improve health and wellbeing.

These festivals could include events such as:

- Sports competitions,
- Other competitions between groups (e.g. for cleaning up parks, for putting down umu, for having completed 10 week challenges)
- Youth led workshops or dramas about health issues
- Healthy eating stalls
- A summit or forum on key issues with an action group to follow up
- Education, health and service providers stalls
- Music
- A youth health ‘warrant of fitness’ challenge. This is a concept where young people can win a prize if they complete a range of health activities (e.g. get their blood pressure checked, name 2 places in Otara to get condoms, try 3 different vegetables).

3.5 Provide a safe and clean environment

Ensure young people are safe and feel safe:

- Promote a culture of non-violence through role modelling, public campaigns, church based campaigns (such as Lotu Moui), festivals and existing programmes
- Increase the presence of wardens, ambassadors or police
- Increase lighting or cameras in key areas
- Have more people of all ages using parks and streets
- Have safe places for young people to go to
- Provide information and support for families on providing violence-free homes
- Provide help for people who are in violent homes
- Support those who wish to leave gangs
- Reduce the impact of gangs (e.g. via policing and ensuring groups of young people have alternative ways to belong, earn money, have fun and feel protected).
- Improve road safety
 - Ensure policing of speed limits
 - Ensure there are sufficient safe places to cross busy Otara roads
 - Increase the use median strips or barriers on busy Otara roads.
- Reduce availability of alcohol and drugs
 - Reduce the number of alcohol outlets
 - Police the minimum purchasing ages for alcohol and cigarettes
 - Prevent alcohol and drug use in public spaces
 - Reduce the availability of drugs locally
 - Address the use of alcohol and drugs by parents and role models.
- Clean up the environment, including parks, streets, shopping areas and toilets.

3.6 Ensure that, as a minimum, Otara young people have their basic rights and needs met

- Ensure young people **are safe**
- Ensure **housing is healthy**
- Ensure **incomes are adequate**
- Ensure young people have **quality educational and development opportunities.**

Appendices

Appendix 1: Otara Youth Health Statistics

This information is further to that covered in section 6 of the introduction. Thanks to CMDHB for this data and to Tim Tregonning who compiled this information.

Otara Youth Mortality (deaths)

According to CMDHB data there were 12 deaths of Otara young people (aged 12-24 years) from suicide and 12 deaths from motor vehicle crashes (MVC's) over the four years between 2001 and 2005.

Among Maaori young people (12-24 years) from Otara, there were 7 deaths recorded as suicide and 6 MVC related deaths between 2001-2005. For Pacific young people from Otara there were 3 suicide and 6 MVC deaths recorded over the same period. Among Asian peoples in Otara there were 2 suicides. In total there were 7 suicide and 9 MVC deaths for males, and 5 suicides and 3 MVC deaths for females.

Caution should be taken in interpreting rates of death by gender and ethnicity in a small area such as Otara, as the numbers are low.

Otara Youth Hospitalisations

A total of 4225 hospitalisations of Otara youth (aged 12-24 years) occurred between 2001 and 2005. This is a rate of around 110 hospitalisations per thousand youth per year¹. The rate of hospitalisations in Otara was lower than the rate in the wider Counties Manukau area (127 hospitalisations per 1000 youth per year²).

The CMDHB data is split into two categories:

- Potentially avoidable hospitalisations (PAH) and
- Non-potentially avoidable hospitalisations (non-PAH).

The definition of a potentially avoidable hospitalisation is a hospitalisation due to disease which is either preventable through population-based strategies (e.g. smokefree laws, tobacco excise tax etc) or through prophylactic or therapeutic interventions (early clinical treatment) deliverable in a primary care setting. Non-PAH covers all other hospitalisations, note that Non-PAH includes accidents, mental ill-health and pregnancy.

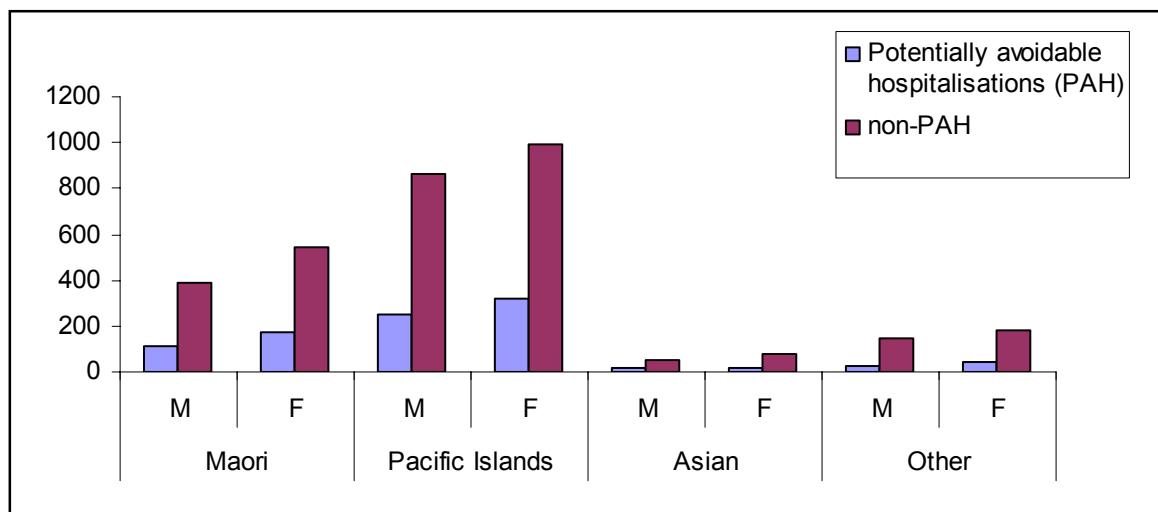
PAH of youth in Otara between 2001 and 2005 represent 23% of the 4225 total hospitalisations of Otara youth over this period. This is very similar to the percentage of PAH across all of Counties Manukau.

Pacific young people made up 59% and 57% of the PAH and non-PAH respectively. Maaori young people represented around 30% of both PAH and non-PAH.

¹ Based on a 2001 census estimate of 7734 youth living in Otara

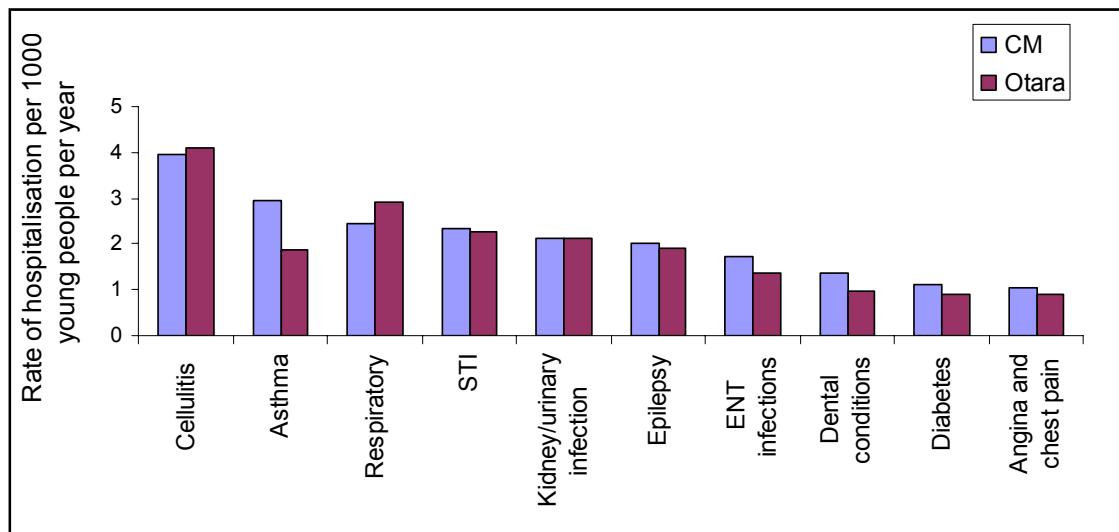
² Based on a 2001 census estimate of 59049 youth living in Counties Manukau

Total hospitalisations of Otara youth (12-24 years old) by ethnicity and gender, 2001-2005



The top ten causes of PAH for youth in Counties Manukau are presented below, along with the comparable rate for Otara youth. The top ten causes of PAH in Otara were very similar to those in Counties Manukau. The top three causes of PAH for Otara youth between 2001 and 2005 were cellulitis, respiratory infections and asthma respectively.

Causes of potentially avoidable hospitalisations of youth (12-24 years old) in Counties Manukau (CM) and Otara, 2001-2005



Appendix 2: Government and Community Plans

Government or local community plans that may impact the provision of youth health services in Otara include:

- Otara Community Advocacy Plan, 2008-2010
- Counties Manukau Youth Health Plan 2003-2008, CMDHB
- Manukau Youth Development Model, Youthline, 2005
- Youth Health: A Guide To Action, Ministry of Health, 2002
- Improving Outcomes for Young People in Counties Manukau, Ministry of Social Development, 2006
- Youth Development Strategy Aotearoa, Ministry of Youth Affairs, 2002
- Draft Standards for Youth Health Services, CMDHB
- Successful School Health Services for Adolescents, Best Practice Review, CMDHB
- The Primary Health Care Strategy, Ministry of Health 2001
- The New Zealand Health Strategy, MOH, 2000
- The New Zealand Disability Strategy, MOH, 2001
- Pacific Health and Disability Action Plan, MOH, 2002
- He Korowai Oranga – Maaori Health Strategy, MOH, 2002
- Whakatātaka Tuarua: Maaori Health Action Plan 2006-2011, MOH, 2006

Notes and References

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http://www.cmdhb.org.nz/About_CMDHB/Overview/Vision-Values.pdf
- ² CMDHB Youth Health 2003-2008, available at
http://www.cmdhb.org.nz/About_CMDHB/Planning/Youth-Health-Plan/youthhealthplan 2003-2008.pdf
- ³ Counties Manukau Youth Health Action Plan 2008 and other CMDHB youth health plans available from Gilli Sinclair, Project Manager, Counties Manukau District Health Board.
- ⁴ Otara Ward 2006 Census Profile, Manukau City Council.
- ⁵ Otara had the highest unemployment and the lowest personal income of Manukau City Wards in this 2006 Census data.
- ⁶ Our apologies to agencies not included here. The list is not exhaustive. It is based on organisations specified in the Otara Community Advocacy Plan (2008-2010), available from Tipi Arthur, Community Advisor Manukau City Council.
- ⁷ From Primary Health Care Utilisation Data collected by CMDHB. Thanks to Kim Arcus, Locality Planning, CMDHB for his assistance with this data.
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⁵³ There are a number of New Zealand models of youth leadership in youth health services such as Evolve Youth Health Centre (Wellington) which has youth and adult co-managers, peers on reception, a commitment to bringing on and developing young staff and a board which is made up of at least 50% youth members.

⁵⁴ Michelle Tiatia and the Crosspower team have developed plans for this concept.

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