

Counties Manukau District Health Board

Child & Youth Health Services Plan

February 2008

*“The future influences the present just as much as the past”
Friedrich Nietzsche*

1.0 Current Services

Every child living in Counties Manukau has the opportunity to grow into a healthy young resilient person with a positive identity.

Counties Manukau District Health Board (CMDHB) has a young population. We have the fastest growing population in New Zealand and a significant percentage (29%) will continue to be children and young people under the age of 18. In 2006 there were 139330 children and young people in this age group and this population group is expected to grow by a further 24650 by 2026.¹

There are a higher than national average number of Maaori and Pacific families living in our area and an increasing number of Asian families. Many of these families are living in poverty where there are likely to be health issues relating to over-crowding, poor education and lack of money.

On the positive side, this is a vibrant, energetic community offering opportunities to work innovatively alongside communities, families/whaanau/fanau and individuals to design and deliver services that support a 'whole child/whole young person, whaanau/family/fanau-centred approach'. This approach enables the Health Sector to contribute to building cohesive, self-reliant communities that have capacity to manage the wellness status of their residents.

The way forward for services for children and young people will be to work intersectorally and collaboratively with other government and non-government agencies and organisations to support healthy families which, in turn, are more likely to nurture children who will grow into resilient, confident young people.

Over the next 20 years, there will need to be significant changes in the ways in which CMDHB trains and upskills health professionals. A myriad of access points and facilities within communities will also need to be developed offering easily accessible, culturally appropriate services that appeal to parents/families as well as a technology literate young population.

Importantly the ongoing movement from hospital to community based services indicates support for a community 'hub and spokes' model of delivery which offers access to a range of child, young people and family/whaanau/fanau friendly services as close as possible to where people live.

Over the next 20 years, the geographic area covered by CMDHB is likely to remain one that attracts families with babies, schoolchildren and young people, particularly Maaori and Pacific families. Exploring service delivery options to meet the needs of a diverse and young population in 20 years time presents an exciting challenge for future health service design and provision.

2.0 Key Issues

This plan outlines current services for children and young people, discusses both national and international trends and identifies key strategic directions for the future of health services.

For the purposes of this document, children aged from birth to their 18th birthday are divided into three specific age groups:

0-4	Babies, infants and pre-school children
5-12	Primary and Intermediate aged schoolchildren
13-17	Young people ²

¹ Refer Jackson et al, Counties Manukau District Health Board for all statistics that are not otherwise referenced

² The definition of 'Young People' varies in age across the Health Sector. For the purposes of this document it has been agreed to define the age of young people as 13-17

Information has been gathered through research of local, national and international planning and other literature and through conversations with, and feedback from, Service and General Managers in CMDHB. Three focus workshops were also facilitated in which a broad group of people contributed including representatives from Primary, Secondary, Maaori and Pacific providers, Education and the Manukau City Council.

Each workshop was asked to look forward 20 years and imagine how services, facilities and workforce might change. Significant changes to the way in which services are currently delivered, were suggested. To truly support healthy development from infant to child to young adult, the majority of workshop attendees believed a quantum leap in service delivery was required. This leap focused on a shift from thinking in terms of services meeting an individual child's medical needs to services designed first and foremost about strengthening the social determinants that support health and well-being. It means moving most services to community settings, making them more mobile and flexible and engaging with communities to support healthy lifestyles and nurturing families. The workshops reflected an understanding that this could not be successful without strong intersectoral partnerships and joint funding.

Common themes emerged from all three groups which can be summarized into an overall future service aspiration for children and young people:

Every child living in Counties Manukau has the opportunity to grow into a healthy young resilient person with a positive identity.

To achieve this vision for children and young people, services and facilities must:

- Support growing strong, safe, nurturing families/whaanau/fanau
- Be delivered by a largely local workforce that is multi-agency, multi-skilled, collaborative and trained in child, youth and family competencies
- Be developed to give access to universal well child/well-being/developmental services
- Be designed by the people who are using them, particularly for young people
- Engage with communities to keep themselves healthy and to move from health being a illness model to being a wellness model

3.0 Trends and Future Directions

International trends show services for babies, children and young people are taking a more 'whole child/whole young person' approach that focuses on the whole of the child's life, family and environment. There is a move to proactively supporting healthy child to adult development, rather than the traditional, often medicalised, approach that reacts to single problems as they arise.

Co-locating health services within children's centres and schools is seen internationally as a vehicle that supports professionals from differing agencies, such as health, education and social services working together to recognise the needs of individual children early. This trend means more collaborative, multi-disciplinary approaches to primary health, secondary hospital and community services offering a seamless service to families with services provided as close to home as possible, within the bounds of quality and safety. Where children have complex needs, there is a higher rate of success where a lead professional can link the child and family to multi-agency support.

Increasingly research is showing the importance of the relationship between health professionals and the health of a child becoming a more family-centred, trusting, collaborative working partnership which respects diversity and recognises that the family, however that might be defined, is a constant within a child's life.

The Paediatric Society of New Zealand suggests support for a concentrated “National Services Division” for planning and funding all national services for children and young people. An international example of this can be seen in Scotland where the current fragmented pattern of specialist paediatric services have been transformed to create an integrated national service that improves access and equity of care. By 2026, there is likely to be more national co-ordination of tertiary services and increased local co-ordination for primary, community and secondary services.

Overseas, and within New Zealand, there is a growing focus on making emergency departments, urgent care centres, ambulance services, GP out-of-hours services and walk-in centres more child and family-friendly. More attention is being given to security issues, availability of food and drink, breast-feeding areas and safe, hygienic play areas.

Technology can be used in many ways to improve services for this population group; for example, telepaediatric video conferencing is starting to link services and to link patients and their families to services. The development of a holistic record for children that links social welfare, education and health could potentially save lives by alerting professionals to abnormal or atypical patterns of care access by parents, and deficiencies in care delivery by professionals.

Involving children, young people and their parents or carers in planning, evaluating and improving the quality of services is shown to be an effective way to engage with communities. Research shows that where young people participate in the design, decision making or delivery of a service, the uptake and access of that service by young people is improved. Working at a locality level builds community capacity and capability.

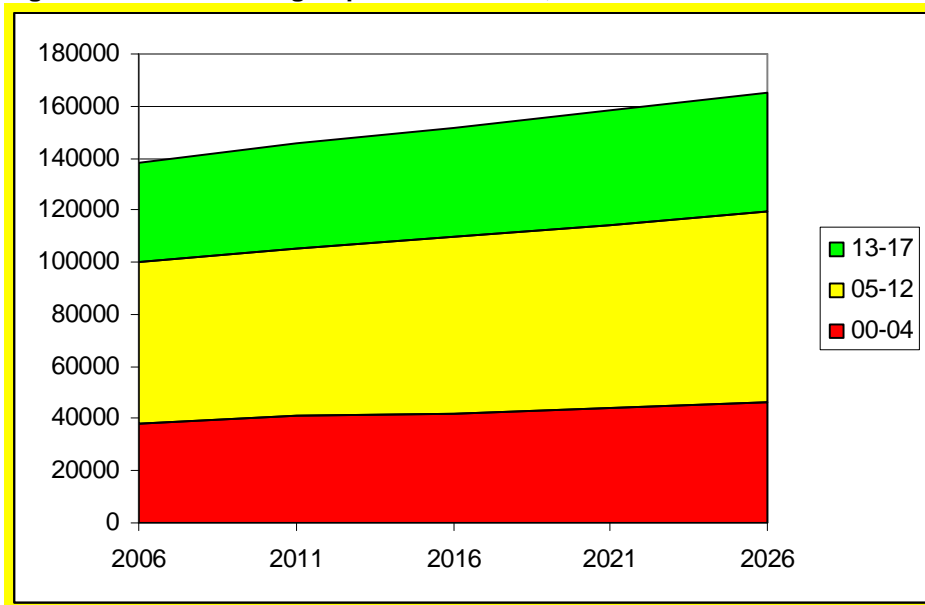
Finally, there is a need to address midstream and upstream determinants of health. There is a relationship between socioeconomic policies and health that is not fully realised by many health professionals and planners.

CMDHB Environment – Children & Young People

Counties Manukau DHB has the youngest population of any DHB in New Zealand. The 0 - 17 years (inclusive) age group makes up 30% of the CMDHB population. The estimated population of 138400 in 2006 is projected to grow by 19% or 26900 between 2006 and 2026. However the medium projection series used by Statistics New Zealand has consistently underestimated population growth in CMDHB, in the past, so service flexibility must remain.

In 2006 there were an estimated 37920 babies and pre-school children under the age of 5, 61830 school children aged 5 - 12 and 38640 young people aged 13 - 17. By 2026 there is projected to be an additional 8400 in the under 5 age group, 11500 schoolchildren under 13 and an additional 6200 young people between the ages of 13 - 17. The main population growth is predicted to be within the Pacific and Maaori populations together with an increasing number of Asian young people.

Figure 1: CMDHB Young Population Growth, 2006-2026



Geographical Population Growth for the Future

In 2007 Flatbush is an emerging new town of mainly privately owned housing. Flatbush is being developed over the next 20 years on a 1700 hectare site. It will include a new town centre including shops, cafes, offices and community facilities and a new urban park which will include a multi-sports complex. In 2006, the population of Flatbush was 6497. After development, in 2026, it is estimated that Flatbush will be home to 52255 people, an increase of over 45000. The development will be mainly private housing which is owned and either lived in or rented by families. A range of properties are planned, together with open spaces and play areas and land allocated for commercial retail and office businesses.³

Takanini and Hingaia are also targeted for growth. An additional 15000 people are expected to live in Takanini and a further 5000 for Hingaia by 2026.

Over the past years there has been a geographical southward shift of the Maaori population, who are now more concentrated in the areas of Manurewa/Clendon and Papakura with Otara and Mangere being more populated by the Pacific population.

Maaori (Tamariki and Rangatahi) and Pacific Populations

Counties Manukau population has a high proportion of Maaori (17%). 47% of the Maaori population are under 20 years in comparison with only 5% of Maaori who are over the age of 60. 38% of the Maaori population are aged 15 years and under, compared to 19% of the non-Maaori/non-Pacific population.

“This youthful population brings challenges but also the potential to nurture tamariki and rangatahi with secure cultural identity and whai painga (values) in tune with whaanau ora.” (Ma Tatou, Mo Tatou; CMDHB 2007)

Over the past 5 years population growth, particularly within Pacific people has been underestimated by 5%. The Pacific population is expected to grow 58% by the year 2026 and is extremely youthful with 55% being under the age of 30 and 30% under the age of 15.

³ Manukau City Council : www.manukau.govt.nz

The diagrams below show increases within the fastest growing population groups in our area over the past 10 years and looking forward to 2026.

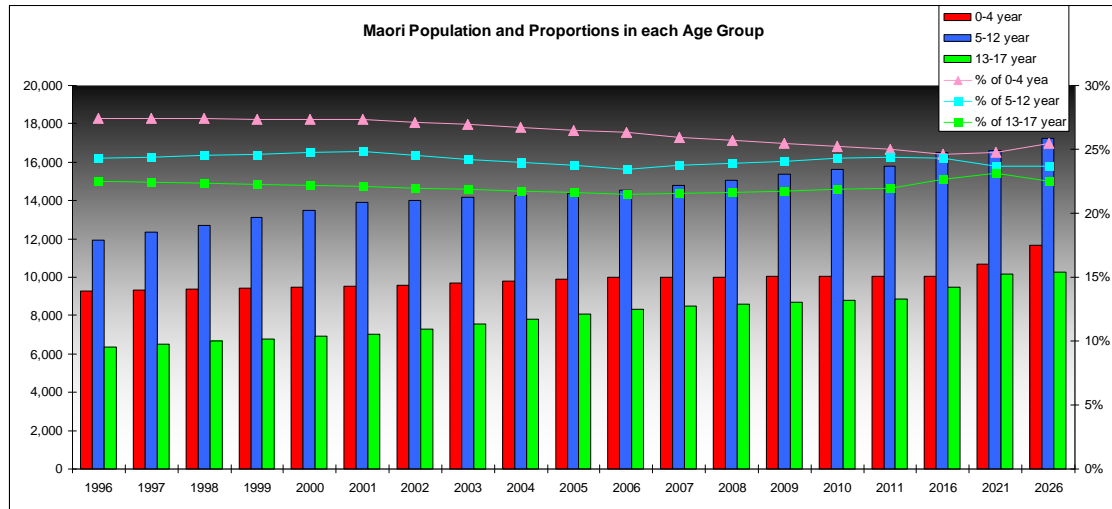


Figure 2: CMDHB Maori Population Growth, 1996-2026

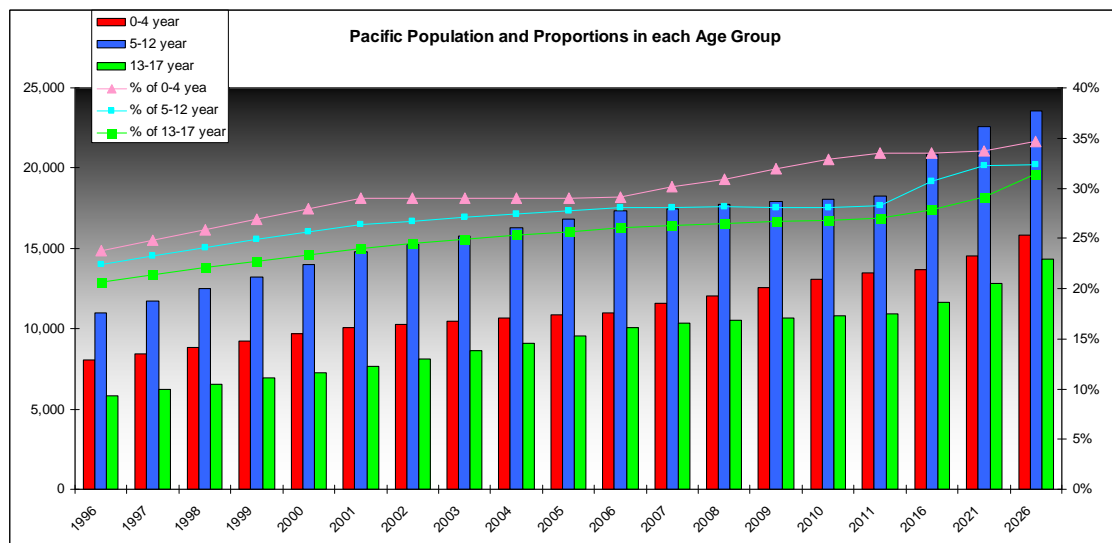


Figure 3: CMDHB Pacific Population Growth, 1996-2026

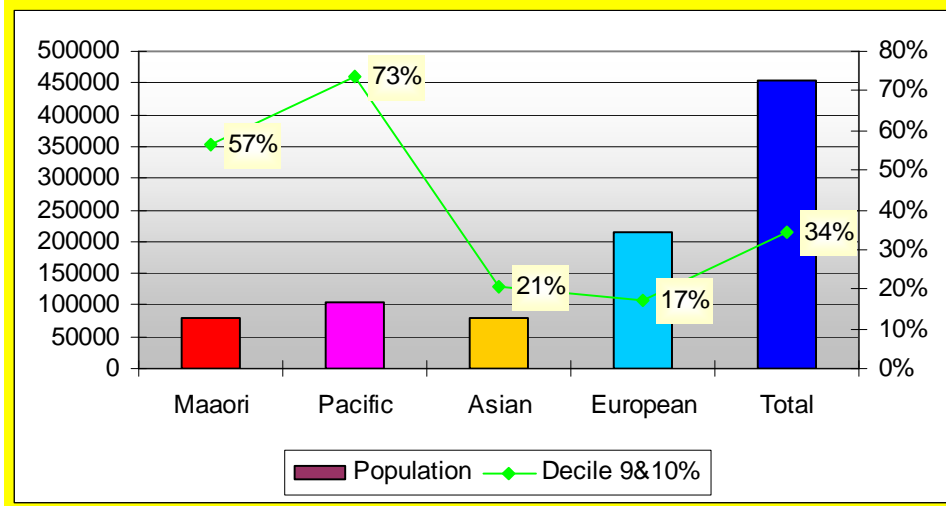
However, although generally the population living within Counties Manukau is presently increasing, the population growth rate is expected to slow down. In other words, the numbers of children and young people between the ages of 0-17 are growing but the percentage compared to the rest of the population is projected to shrink from 29% to 25% by 2026.

Socio-economic Status

In 2006, the socio-economic status of many families living within the geographical area covered by Counties Manukau is relatively poor. Nearly half of all children living in CMDHB live in areas classified as the most socioeconomically deprived. In 2006 57% of Maori families and 73% Pacific families were living in the lowest socio-economic areas (Decile 9 & 10). In Manukau and Papakura, approximately 25% of Maaori households and 35% of Pacific families are living in

overcrowded homes. This presents a challenge for the future of health services as CMDHB hosts a significant concentration of high population deprivation, a situation that is unlikely to change over the next 20 years.

Figure 4: CMDHB 2006 Population and NZDep06 Decile 9&10 percentage



Health Status of Children in Counties Manukau

The environment within which children and young people grow up profoundly influences their health and well-being. The determinants of health status for children are linked to good education, housing and high employment rates. Consequently the rates of many preventable diseases such as cellulitis, otitis media (glue ear), gastroenteritis, rheumatic fever as well as immunisation preventable diseases are higher than they should be in Counties Manukau, reflecting the high risk factors relating to poverty, maternal education and access to primary health care. Maaori and Pacific children are overrepresented in all of these preventable conditions.

Maaori babies are significantly more likely to die from SIDS than babies of other ethnicities in Counties Manukau; also a higher percentage of Maaori babies are of low birth weight (<2500 gm) compared to non-Maaori populations. Low birth weight (< 2500 gm) has traditionally been used as a perinatal indicator because it predicts neonatal mortality and morbidity, and is an indicator of antenatal environment and care. The uptake of immunisations within Counties Manukau, although improving, is well below the targeted figure of 95%.

Children's oral health in Counties Manukau lags behind other DHBs. The 2004 hospitalisation rate for dental conditions in under-5 year olds in Counties Manukau was twice the rate for the rest of Auckland. There are fewer children caries free at age 5 compared with those living elsewhere in Auckland. The mean oral health disease statistics for Maaori and Pacific 5 year olds are many times poorer than that of the mean for non-Maaori, non-Pacific.⁴

National figures state that 0.5% of children aged 0-9 years and 2.2% of children aged 10-14 years are expected to experience severe mental health problems. High levels of socio-economic deprivation are associated with greater incidence of mental illness in children and youth. For this reason we can assume children living in Counties Manukau have a relatively greater need for 0.5% of children aged 0-9 are expected to experience severe mental health problems. This increases to 2.2% of children in the 10-14 age group. An additional 0.5-1.7% are expected to

⁴ Refer Counties Manukau Oral Health Plan (February 2005), Counties Manukau DHB

have less severe mental health problems which will require consultation-liaison services from specialist mental health staff.⁵

Health Status of Young People in Counties Manukau

The health of young people is a concern in many areas, although there is limited Counties Manukau specific data for a number of areas, where national or regional level data suggests Counties Manukau young people are likely to need support. For example that data suggests issues of substance abuse and binge drinking are likely to be common amongst young people living in the CMDHB area.⁶ Similarly more than 10% of male secondary school students and up to a quarter of all female secondary school students are likely to have significant depressive symptoms.⁷

Youth mental health is a critical area for the Counties Manukau population given the size of the youth population and the prevalence of mental health problems. The 15-19 year age group has the highest prevalence of mental illness and higher levels of need for services than any other age group. It is recognised that Maaori youth are twice as likely as non-Maaori to experience mental health problems.

There are high pregnancy and birth rates among teenage mothers in Counties Manukau. In 2005/06 the birth rate for 16 - 19 year old Maaori young women was 80 per 1000 and 45 per 1000 for Pacific young women of the same age. This is in contrast to European rates (15 per 1000) and New Zealand rates generally (27 per 1000) in the same age group.

Young people living in the Counties Manukau area also suffer higher rates of death and injury resulting from motor vehicle crashes and suicide, accounting for more than 40% of all deaths in this age group.

As with the younger children the oral health of young people needs improvement. Adolescent utilisation of oral health services is only 47.7%.

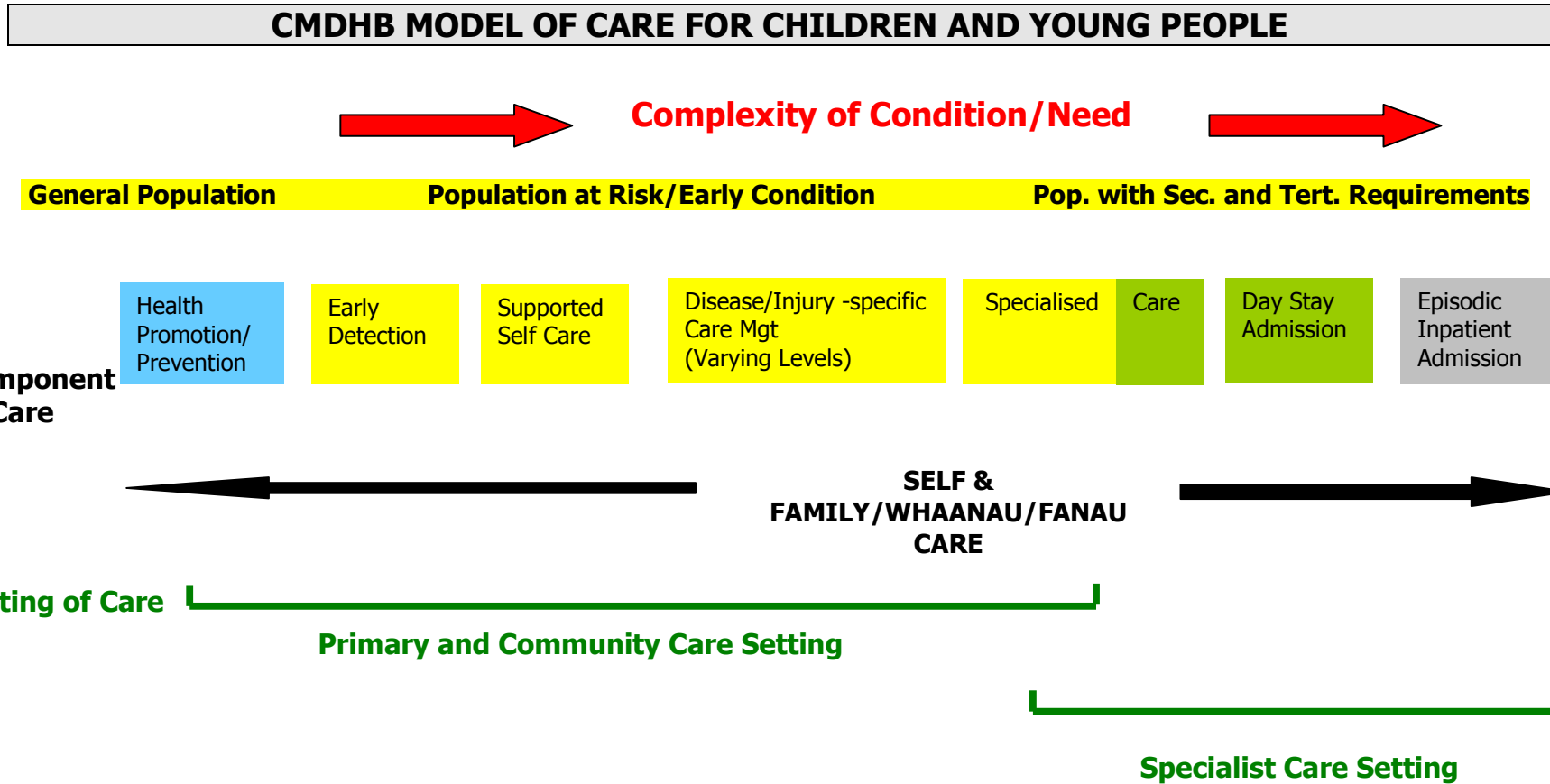
⁵ Refer Whirinaki Child and Adolescent Mental Health Service, Service Development Plan 2007-2011, CMDHB

⁶ 'Ma Tatou, Mo Tatou'; Counties Manukau District Health Board 2007

⁷ Adolescent Health Research Group (2003) South Auckland Regional Report: a profile of student health and well-being. Auckland: University of Auckland.

Child and Youth Health Continuum of Care

The CMDHB Model of Care Planning Framework incorporates four key concepts: Condition/Need Complexity; Components of Care; Settings of Care; and Levels of Care. The following diagram adapts this concept to suit the requirements of children and young people. Examples of some current and future services and initiatives are included under each population age group.



Current and Future Services and Initiatives to support Model of Care for Babies and Infants 0-4 years old		
All Babies and Infants Health Promotion/Prevention	Babies and Infants at Risk/Early Condition	Babies and Infants with Secondary and Tertiary Requirements
Smoking cessation programmes, support for breastfeeding and preventing teenage pregnancies all key initiatives	Healthy Housing Project	Neonatal Unit with 36 cot capacity for level II and III babies and level I Neonatal care provided in all postnatal areas
Working in partnership with the Local Authority on urban planning that potentially impacts the health and safety of babies and infants	Opportunistic Immunisation at outpatients and at home	Acute presentations through Kidz First Emergency Care
Immunisation and Well Child Tamariki Ora Framework	Case Management of 'at risk' Whaanau/Family/Fanau	Acute and some planned medical admissions to Kidz First
Increased universal screening initiatives offered through the Well Child programme	Improved integration between GP services and Well Child Tamariki Providers	Orthopaedic and plastic surgery provided at Kidz First and Manukau Surgery centre Burns Unit offers tertiary level service incorporates inpatient, outpatient and home visiting services
Vision and Hearing screening at Early Childhood Centres	Outpatient clinics at Superclinics or Kidz First Hospital or in the future at Primary and Community Health Services	Variety of secondary community services (Home Care Nursing, Child Development/Disability)
Early Childhood Eating Service Advisory Group	Parenting courses, Early Years programmes, Toddlers without Tears programmes	"Short term" Intensive Care at MMH but prolonged intensive care services remaining at Starship
B4SC for 4 year olds, new comprehensive check	Neonatal Follow-up programmes for those neonates at risk	General Surgery inpatient remaining at Starship with day surgery continuing at Manukau Surgery Centre
Kidslink information system	Family Start programmes/Intensive Home visiting	All other tertiary and quaternary services continuing at Starship with an increase in outreach outpatient services
Upgraded oral health service provided through Auckland Regional Dental Service	Targeted prevention programmes aimed at supporting healthy infant social and emotional development.	Multi-Agency support for Whaanau/Families who are caring for children with high medical and/or psychological needs including comprehensive jointly funded packages of care for all children with high support needs (including palliative care)
Education programmes to promote healthy infant emotional and social development		Community based infant mental health services
Health promotion and education through Maaori and Pacific PHOs		

Current and Future Services and Initiatives to support Model of Care for Schoolchildren 5-12 years old		
All Children Health Promotion/Prevention	Children at Risk/Early Condition	Children with Secondary and Tertiary Requirements
<p>Working in partnership with the Local Authority on urban planning that potentially impacts the health and safety of schoolchildren</p> <p>Vaccinations offered at intermediate schools by PHNs</p> <p>Let's Beat Diabetes schools programme including – 'Healthy Tuckshops' rolled out to all schools</p> <p>Ongoing Health Promoting Schools programmes and initiatives (such as Fruit in Schools)</p> <p>Working within Kura Kaupapa schools with a Te Reo workforce</p> <p>Health promotion programmes delivered to Pacific children through the Church Universal screening by vision and hearing testers in schools</p> <p>Upgraded oral health service provided through Auckland Regional Dental Service</p> <p>Mental Health promotion programmes</p>	<p>Healthy Housing Project</p> <p>Health promotion and education through Maaori and Pacific PHO health service providers. Referral to 'Kids in Action' and 'Active Families' programmes delivered in the community by Maaori and Pacific providers.</p> <p>Primary care providers including General Practice offered from Primary and Community Health Hub Clinics (much more integration and coordination across school services, community services and primary care)</p> <p>Multi-agency case management of and support for 'at risk' Whaanau/Family/Fanau</p> <p>Consultation Liaison services provided by specialist Mental Health services (Whirinaki), including services specifically for Maaori tamariki and their Whaanau and services specifically for Pacific children and families</p> <p>Outpatient clinics at Superclinics or Kidz First Hospital and increasingly at the Primary and Community Health Centres</p> <p>Kidz First PHNs provide health care in schools and link/integrate to other services</p>	<p>As per Babies and Infants</p> <p>Most secondary services go up till the child's 15th birthday with some tertiary services already extending this till 16 and 17 and Disability Services and Mental Health Services now going up to 21. Service transition to adult services and/or expanding traditional paediatric services to 18 years will need to be considered in the future</p> <p>Community based specialist mental health services for children including by Maaori for Maaori and by Pacific for Pacific services</p>

Current and Future Services and Initiatives to support Model of Care for Young People 13-17 years old		
All Young People Health Promotion/Prevention	Young People at Risk/Early Condition	Young People with Secondary and Tertiary Requirements
<p>Working in partnership with the Local Authority on urban planning that potentially impacts the health and safety of young people</p> <p>Preventing teenage pregnancies initiatives including Peer Sexuality Support</p> <p>Universal screening and surveillance in schools and where young people meet</p> <p>Multiple access points for young people to gather health information, including use of leading edge communication technologies</p> <p>Health promotion and education through Maaori and Pacific PHOs</p> <p>Evidence based Mental Health Promotion Programmes aimed specifically at Youth</p>	<p>Development of integrated one-stop-shop service combining range of recreational/health and social services. Health services include sexual health, mental health and drug and alcohol services as well as youth development</p> <p>Increased School Dental Services for adolescents provided through Auckland Regional Dental Service. Clinics provided in schools or through a mobile service</p> <p>Early identification of young people through AIMHI secondary school services for all schools in the future</p> <p>Early identification of needs of young people in Alternative education settings and Teen Parent Units</p> <p>Stand Up! early intervention programme for young people whose lives are influenced by alcohol and/or other drug use</p> <p>Outpatient clinics at Superclinics and youth centres opportunity in the future to transfer outpatient clinics to Primary and Community Hub and Spokes model Clinic in the future</p> <p>Adolescent Oral Health Coordination Service provided for metropolitan Auckland via community dentists</p> <p>Healthy Housing Project</p> <p>Mental Health services as per 5-12 year olds</p>	<p>Hospital Services as per School Children</p> <p>Specialist Mental Health Services at Whirinaki including by Maaori for Maaori and by Pacific for Pacific mental health services</p> <p>A range of community based acute alternatives for young people experiencing an episode of acute mental illness/crisis</p> <p>Access to regional specialist mental health inpatient services at Starship Hospital</p> <p>Dedicated community based early psychosis intervention services</p>

3.0 Trends and Future Directions

The recognition that the health status of a child is determined by his or her environment has encouraged a move to a more integrated 'whole child/youth' approach. CMDHB is committed to providing services that give every newborn infant as healthy a start in life as possible and to support children to grow into healthy young people.

A youth development approach recognises that addressing health issues for young people requires moving beyond focusing on 'problems' and reacting in an ad hoc manner, to supporting young people to grow up knowing they can make a positive contribution to society and have choices about their future. To support them, we need to give them opportunities to establish positive connections to their key social environments use a consistent strengths-based approach and create opportunities for them to actively participate.⁸ This includes their engagement in the design of all future services to ensure services are located where young people can engage with them, and in a format that makes sense for them.

For Maaori and Pacific children and young people, the relevance of a cultural context for services is important. Whaanau/fanau/family centred health initiatives are more likely to be successful. Pacific and Maaori communities evolve as separate identities with different health needs. There is no 'one size fits all' for the diverse cultures living within the area. Shifting community consciousness towards good health will only succeed by strengthening each community's capacity to manage ill health and engage in keeping well. This will call for complex and innovative approaches in the future that also offer immense opportunities to do things differently working in a meaningful community relationship.

Intersectoral Partnership

Taking a 'whole child/youth' approach means CMDHB increasingly working alongside, and in collaboration with, other government and non-government agencies that are involved in every aspect of a child's life. Youth specific health services are already provided within other sectors such as Education and Youth Justice. The positive learning from intersectoral partnership between the Health and Education Sectors working in lower socio-economic areas will be expanded to meet the needs of young people from higher socio-economic areas.

This approach will increase over coming years as Counties Manukau DHB works alongside the Ministry of Education to ensure health checks and access to regularly updated healthcare information are provided within school environments, from early childcare centres, through to secondary schools.

For example, ensuring young children live in warm, insulated, houses helps reduce the incidence of respiratory conditions including asthma and bronchiolitis. CMDHB in conjunction with Housing New Zealand Corporation has taken a lead role in working intersectorally to reduce overcrowding in Housing New Zealand homes. To date over 3,000 families have been helped. A study examining hospitalisation rates of families participating in the Healthy Housing Project prior and post a healthy housing intervention showed a 37% reduction in 'housing related' hospitalisation.⁹

Issue and potential for the future

The Healthy Housing project needs to be expanded and transferred to include families living in substandard private rented or owned accommodation.

⁸ Ref: Ministry of Youth Affairs (2002) Youth Development Strategy Aotearoa. Wellington: Ministry of Youth Affairs

⁹ 'Ma Tatou, Mo Tatou', Counties Manukau District Health Board 2007

The success of 'AIMHI' and 'Healthy Housing' could also be expanded to become an intersectoral model of service delivery targeting young people and families requiring cross-sectoral services. An expanded service would be child or youth focused, family/whaanau/fanau centred with the aim of improving the health, housing and social outcomes for high needs families in Counties Manukau. It needs to include a range of services including those that focus on keeping children and young people safe from domestic violence and sexual abuse.

For the service to be effective it would require cross-sectoral engagement from several agencies including the Ministry of Education, Ministry of Social Development/Work and Income, the Police, Manukau City Council, the NGO sector and Housing New Zealand Corporation.

The urban environment needs to be designed and constructed to sustain healthy families. Safe playgrounds, cycle lanes, well-lit footpaths, regular clean public transport and litter free streets all contribute to providing an environment where children are more able to grow up safely with a degree of independence and proud to live where they do. CMDHB has made some progress in working alongside the Manukau City Council to improve the environment for residents. This is a partnership that requires more CMDHB resource investment (both staff and time) to influence Council planning where it is likely to make a significant health impact on families. CMDHB also needs strong links with Auckland Regional Public Health Service who are similarly working to influence environments for health, both in the urban setting and also with initiatives in rural settings such as enhancing drinking water quality and monitoring recreational water quality.

Issue and potential for the future

More collaboration needs to occur between health planners and urban planners to ensure all residents live in safe, secure areas with easy access to public transport.

Population/Public Health

The National Children's Nutrition Survey¹⁰ in 2002 found that 31% of children (5-14) were overweight or obese and these levels were higher in Pacific and Maaori children. Only two out of five children met the recommended number of servings of fruit per day and three out of five the recommended servings of vegetables. Although this was a national survey, planning for the future services can use this information as a probable indicator relating to children living within the Counties Manukau.

CMDHB currently manages 'Let's Beat Diabetes' programme which seeks to influence environmental factors which affect nutrition and activity choices, and also offers a range of diet and exercise initiatives including an innovative social marketing initiative to encourage a healthier lifestyle for schoolchildren and young people.

Health-Promoting Schools personnel work with school communities to support 'whole school approaches' to improving well-being of staff, children and young people and their families. School-based public health nursing provides health promotion, screening, immunisation and personal health interventions for school children.

There is an increasing movement towards universal and comprehensive health surveillance and screening for all children and young people at key development points. Screening needs to reach the most 'at risk' groups within populations. For example, there has been a recent cabinet decision that will ensure all vulnerable children under CYFS care under two years of age are offered a health assessment. Screening, tracking and support for refugee and migrant children is also important.

¹⁰ CMDHB Annual Report 2006/7 Improving the Health and Wellbeing of Auckland's Children: A Public Health Strategy 2005-2010

Issue and potential for the future

Currently screening and data-bases are being established separately, often as new initiatives arise; e.g. newborn hearing screening and the B4 School programme. A future strategic direction towards a whole child/whole young person approach will require co-ordination of all screening and databases to support a seamless information picture of each child and young person's health and well-being at any given moment in his or her development.

More services in the future will be delivered in homes and community centres for babies and infants and at schools for older children.

Primary Healthcare

Primary Health Care is the first level of contact with the health system where services are mobilised to promote health, prevent illnesses for e.g. immunisations, care for common illnesses and manage ongoing health problems. A wealth of international evidence shows that health systems oriented towards primary care achieve better health outcomes for lower overall costs than systems focused on hospital care.

Primary health care covers a broad range of services that include:

- Participating in communities and working with community groups to improve the health of the people in the communities.
- Health improvement and preventative services such as health education and counseling, disease prevention and screening.
- Generalist first level services such as General Practice Services, Nursing Services, Community Health Services and Pharmacy Services that include advice as well as medications.
- First level services for certain conditions such as maternity, family planning, sexual health and dentistry or those using particular therapies such as physiotherapy, chiropractic and osteopathic services, traditional and alternative healers.

Provision of primary health care is delivered via a range of PHOs and other contracted service providers. PHOs are accorded a key role in coordinating these services in addition to providing 'essential services' for their enrolled populations. General Practice services in Counties Manukau are now almost exclusively contracted through PHOs. Primary Health Services will have to continue to meet the urgent needs of children and youth while still considering the ongoing requirements for good health including preventative care and provision of health information and education.

Issue and potential for the future

To adopt a 'whole child/whole young person/rangatahi approach' there is a need to reorient the system to ensure new clinical roles will emerge and people will be treated by teams, not just a family doctor.

Through locality based planning and service coordination, and the strengthening of networks of providers and care delivery processes, Primary Care is committed to working intersectorally to impact the wider determinants of health care that effect children. The development of integrated services that are collectively focused is a key feature of the innovative models of care that Primary Community Health Centres intend to deliver.

Realisation of this approach requires some brave innovations in services design and delivery; community understanding of the role of primary health; improved health literacy and supported self management. The highest standards of clinical quality must be the norm.

Primary Care aims to improve population health by encouraging people to access community-based services early; to understand and be supported to adopt, where possible, a self care approach; to empower communities to foster wellness; and to understand the links between lifestyle choices and environment that affect health status.

To enable a healthy future for children/young people then Primary Health Care services will work today to begin to build the future where health care:

- is easy to access;
- engages well with young people;
- helps people make healthier choices;
- delivers quality services that reduce inequalities and effectively address the needs of our communities in promoting good health; and
- involves communities in identifying their health needs and shaping service development.

Oral Health

The main oral health service provider for children is the Auckland Regional Dental Service (ARDS) operated by Waitemata District Health Board. ARDS provides treatment for all children aged 0 to 12 years, and for some adolescents via what is currently known as the School Dental Service (SDS). These services are delivered from clinics which are based in schools. Schools without a clinic can have services delivered by a mobile clinic or are expected to travel to a nearby school's clinic.

Issue and potential for the future

Upgrading facilities and equipment and improving service delivery is a priority if we are to support excellence in oral health for children and young people.

ARDS also manages the Adolescent Oral Health Coordination Service for metropolitan Auckland, which supports adolescent access and utilisation of oral health services via community dentists. The hospital dental service provider, Auckland DHB, also provide secondary to tertiary level treatment services for children and adolescents, such as tooth extractions under general anaesthetic.

Secondary/Tertiary Level Services

Once children/young people need other than primary and community care, inpatient medical and orthopaedic and plastic surgical care services are offered at Kidz First Children's Hospital and, for young people over 15, within the adult services. The Burns Unit offers a tertiary level service that incorporates inpatient, outpatient and home visiting services.

Currently around 20,000 children present at the Children's Emergency Care department. Improving out of hours GP services and offering more community health clinics are strategies to encourage families to visit primary care providers, rather than attend Emergency Care for what are often minor ailments.

Children and young people up to the age of 15, requiring more prolonged intensive care services are transferred to PICU at Starship unless consultation between PICU, ICU and paediatricians at Kidz First determines otherwise. Consideration has been given to extending the age limit to 17 for young people accessing services. However currently Counties Manukau DHB remains with a

model of care where young people over 15 are looked after by adult specialty services. Services are provided in adult wards where additional youth support services are in place together with a policy of placing young people together wherever possible.

For children/young people under 15, the model of care for hospital services promotes the separation of children from adults particularly in emergency and inpatient settings. This supports a family-centred environment with protection from any distressing sights or sounds.

Except for specialist burns/dressing, all outpatients (medical/surgical) are provided at the Manukau and Botany Superclinics, Pukekohe Hospital and a Pacific Primary Centre in Otara. If CMDHB is serious in wanting to take service delivery as close to home as possible, other options will need to be explored for the future, such as regular outpatient clinics out within communities, possibly as part of the 'hub and spokes' model of primary and community health services.

Issue and potential for the future

There is potential to increase outpatient clinics at community centres supported by visiting specialists.

Many children are discharged from Kidz First emergency care and Kidz First medical services to short term follow-up from the home care nursing services for outpatient IV antibiotic treatment, monitoring of respiratory and hydration status and for parent education. In addition Kidz First provides a range of secondary care services in the community such as child development, disability services, neo-natal follow-up and specialist youth health services.

Issue and potential for the future

The provision of expert follow-up in the home assists in shortening inpatient hospital stays. Currently referral to home care nursing service is only from secondary care. Expanding the service to incorporate referral from PHOs would improve access for families needing support.

Increasing numbers of medically fragile children are surviving and living longer. They are children who grow up being technology dependent, e.g. on ventilatory support, and need additional support in the home where parents are often the only carers. Support is provided through the home care nursing team and complex packages of care, crossing multiple funding streams, are increasingly required.

Issue and potential for the future

There is scope for services to further develop to offer children and young people services delivered from, for example, multidisciplinary clinics. Co-ordination of funding streams and increasing support for families will be required. Finding appropriate caregivers and the provision of training for caregivers is a significant challenge especially given the limited remuneration available.

Mental Health

Whirinaki, the Child and Adolescent Mental Health Service for Counties Manukau, provides assessment and treatment services for children and youth, within the context of their families, who are experiencing serious mental health problems. In addition to this they provide some consultation liaison services to schools and some other child and youth services. He Kaakano, a by-Maaori-for-Maaori team has been established to work more effectively and appropriately with Maaori tamariki, rangatahi and their whaanau.

The current level of service funded for Child and Adolescent Mental Health services in Counties Manukau as a percentage of the national benchmark is 58%. As the rates of mental illness are far in excess of the current access rates at Whirinaki, there is clearly a large unmet need within the community. It is expected that these services will be funded to 85% of the national benchmark by 2010/2011. This significant amount of service growth necessitates forward planning to ensure that the service is appropriately configured to accommodate the growth and ensure the most efficient and effective use of additional resources.¹¹

Issue and potential for the future

There is a need to improve the configuration of mental health services to improve access rates and enable more flexible and mobile models of care. In particular there is a need to improve engagement of Maaori and Pacific children, youth and their families/whaanau/fanau. It is important to ensure that Whirinaki supports other professionals to work with children with less severe or urgent problems. This will allow the specialist team to focus on those children and youth with the most serious mental health problems.

Tamariki and Rangatahi

Counties Manukau DHB has a responsibility to improve access to services for tamariki and their whaanau and for engaging with Maaori communities within a whaanau-centred approach. Rangatahi need to be engaged in developing services that appeal to their age group and culture and are accessed in ways to which they relate.

The future needs to see an increase in Kaupapa Maaori services and an increasing Te Reo speaking Maaori workforce operating within mainstream services. Structured parenting programmes will need to be culturally responsive to be effective. Home visiting needs to increase to identify and offer case management support for the needs of Maaori whaanau within an intersectoral framework that includes and integrates every aspect of a child and young person's life.

All service development needs to consider the holistic requirements of Whaanau Ora. Pou, which is the Counties Manukau DHB decision-making partnership with Maaori, will support and invest in new innovative services to prioritise Whaanau Ora outcomes for tamariki and rangatahi.

Pacific Children and Youth

The importance of honouring culture when considering new and improved services for Pacific children and young people is described in the 'Tupu Ola Moui' as:

"Many Pacific people draw their sense of health and wellbeing from the quality of their relationships within their collective contexts – immediate and extended family, community networks (e.g. church) and cultural practices that reinforce those connections. Improving the health and wellbeing of Pacific communities requires an overarching approach that aims to influence these settings as sources of information, education, knowledge, support and motivation to act." (Tupu Ola Moui Counties Manukau District Health Board Pacific Health and Disability Action Plan 2006-2010).

Working alongside the differing Pacific populations to design future services will be essential. Future services need to be designed to meet the needs of each Pacific population whilst incorporating the key themes important to most Pacific people of family/fanau, God, and community.

¹¹ Refer Whirinaki Child and Adolescent Mental Health Service, Service Development Plan 2007-2011

For some families, the need may be for something as basic as cooking and parenting skills. The Health Sector needs to be open and flexible to suggestions from communities about what will help them to stay healthy.

4.0 Key Directions

Key Strategic Directions for All Children and Young People

- ✓ *Over the next 20 years, there will be increased intersectoral initiatives that support improving educational outcomes, healthier housing, high employment rates and influence urban planning and improved access to public transport. We will increase involvement with Local Authorities and Auckland Regional Public Health Service to influence environmental planning and service delivery.*
- ✓ *We will explore extending and expanding the AIMHI programme as an intersectoral model for young people and families requiring cross-sectoral services.*
- ✓ *We will explore extending and expanding the 'Healthy Housing' project as an intersectoral model for families requiring cross-sectoral services.*
- ✓ *Amalgamating funding streams will be a challenge but inevitable if we are to progress effective and efficient integrated services, for example, between education and health to support the well-being of families.*
- ✓ *Ongoing universal health surveillance and screening will support a change from an illness model of care to one of wellness. The success of universal surveillance will depend on more effective co-ordination of health information. We will increase access to, and co-ordinate, sharing of information across all providers.*
- ✓ *We will improve the collection of meaningful data that contributes to an ongoing review of services and improve information systems between regions and DHBs to provide best care for whole whaanau/family/fanau.*
- ✓ *There will be a focus on wellness, health promotion and education, and early identification of potential health risks. This includes increased local delivery of integrated community health, education and social services.*
- ✓ *We plan to more closely integrate Public Health Nursing and Primary Care.*
- ✓ *We will support improved connections between services provided for young people in their sites and primary healthcare and specialist services.*
- ✓ *We will support closer linkages between Primary and Secondary Care with the option of some outpatient services being delivered from community health centres, and an increasing role for paediatricians and specialist nurses in supporting and upskilling primary care.*
- ✓ *Comprehensive packages of care will be available for all children with high support needs irrespective of whether the underlying cause of the problem is accident, illness or disability.*
- ✓ *We will improve access rates to specialist mental health services, in particular for Maaori and Pacific children, young people and their families/whaanau/fanau. Our model of service delivery will be more mobile, responsive and flexible.*
- ✓ *The concept of a one-stop shop offering families a range of health and social services is appealing, as is the concept of a community 'hub' offering outreach community services that*

incorporate a 'whole of child/young person' approach including child protection services and mental health support services for children.

- ✓ *Children, young people and their families/whaanau/fanau will be involved in the design of all new services in the future.*
- ✓ *There will be further developments for youth "one stop shops" for young people that address their needs and provide access points for health delivery.*
- ✓ *Child and adolescent oral health services and facilities will be reconfigured to deliver a modern and family-friendly oral health service which will be geared towards making oral health services more visible and accessible to groups who have had historically low rates of utilisation. Child and adolescent oral health services will integrate with other primary and community health services.*

4.1 Babies, Infants and Pre-school Children

Current Situation and Issues for the Future

Families engage first with a lead maternity carer (LMC) during pregnancy. A proportion of mothers (25%) book late in pregnancy (after 24-25 weeks) and about 2% of mothers arrive at maternity services unbooked for delivery. Babies are delivered at Middlemore, Botany, Papakura and Pukekohe maternity units. The average length of postnatal stay is 2.5 days. Kidz First Children's Neonatal Services provide Level 1 clinical support for babies within postnatal wards and Levels II and III (tertiary) specialist neonatal care in the Neonatal Unit.

Issue and potential for the future

Following handover of care from the LMC, there is a complex and often disconnected range of services available to the family. Future services need to be more integrated and families need to be supported with easy to access information and clear choices for the care of their babies and pre-school children.

Well Child Tamariki Ora Framework

The first point of contact for health services for most families following the birth of a new baby is through the services delivered under the national Well Child Tamariki Ora Framework. This framework has three main streams:

- Health education and promotion,
- Health protection and clinical assessment,
- Family or Whaanau care and support.

The framework has an associated schedule which outlines a total of 12 core contacts that every child and their family/whaanau are entitled to receive from birth to five years. The schedule currently excludes the delivery of immunisation, oral health services, and other child health services, which are usually delivered in the primary health care setting, but does influence, coordinate and promote these services. More vaccinations are likely to will come on stream for children. Within the next 10-20 years there should be painless vaccination available and there are likely to be more combined vaccinations to reduce the number of injections given to babies and infants.

A range of providers deliver the scheduled services which begin with the LMC post natal support. LMCs discharge infants into the care of Well Child Tamariki Ora provider services (generally NGO providers, including Plunket, Maaori and Pacific Health providers) as well as the chosen GP

practice. The GP practice provides a full clinical baby check at age six weeks, timed to coincide with the mothers six week post natal check and the baby's first vaccination.

Issue and potential for the future

There is currently a lack of integration between Well Child services and the family's GP because the Well Child Tamariki Ora provider services are contracted outside of PHO services. Future services need to be seamless between the Well Child services and General Practice.

Well Child Tamariki Ora providers deliver their services primarily in the family home although some families do attend provider clinics when the children are older. The services can start as early as age two weeks and continue up to age five. In practice the service is generally not delivered or accessed by most children beyond age three and a half. Some vision screening is carried out by Well Child providers but formal screening for vision is currently only offered to children attending Early Childhood Centres. Tympanometry screening (but not Audiometry for hearing) is performed in early childhood centres. The final scheduled check is delivered by Public Health Nurses on school entry at age five, but currently is generally a paper based assessment for most children.

Although accessing the Well Child Tamariki Ora services is strongly encouraged, it is optional for families and this presents a particular challenge to health providers for supporting wellness activities for children under five. It is easier to deliver screening, checks, health promotion and education services when children are together in one place (such as preschool/school).

Issue and potential for the future

CMDHB has a highly mobile population and we are not always successful in communicating to families the value of accessing Well Child Tamariki Ora services. We need to find new and better ways of providing access to priority populations.

A current national review of the framework may slightly alter the timing of checks and screens, and is likely to result in implementing further national screening tools for a range of conditions. What, when these are delivered and by whom is not yet clear and may have significant workforce implications. For example, one of the screens to be implemented in the next two years is newborn hearing screening and the workforce to deliver this will need to be developed.

In addition to the universal access to Well Child services, children/families may access services such as Family Start, Early Years Hubs and Early Intervention services through GSE (Group Special Education). Some pre-school children who are identified with early learning and behavioral difficulties access services through GSE such as speech and language therapy.

Issue for potential for the future

Services are currently disconnected. For the future we want to more closely co-ordinate and integrate all of the above range of service provision

B4SC

B4SC (the before school check) is the new comprehensive check planned for four year olds. It includes a clinical health check, health education, and screening for development, behaviour, vision and hearing. The B4SC is currently being piloted by Public Health Nurses together with some Well Child and Primary Healthcare providers. This is scheduled to become an ongoing programme check from February 2008.

Integrated Information

Kidslink-NIR is an information system and programme that registers all children at birth and records the immunisations and Well Child checks delivered to all registered children under five. The Kidslink aspect is currently being expanded to include not only immunizations and Well Child checks, but all universal screening (hearing, vision oral health etc). This will include some high level outcome information as well to track our progress in improving child health. Integrated information on an individual child will be available to all health providers delivering care to that child. The Kidslink system is able to highlight where support is needed for families that are missing out on these routine events and take follow up support action.

Nutrition for Babies and Infants

To support good nutrition at an early age, CMDHB has adopted targets to improve breastfeeding rates. CMDHB has developed an Early Childhood Eating Service Advisory Group to support changes to healthier eating in early childhood education services.

Infant Mental Health

There is good evidence from studies in a number of countries and in different ethnic groups that attending to the early care-giving relationship leads to a better experience for care-givers and their infants and leads to improved emotional and physical health for the infants in the short term and in later life. Internationally the term used to describe interventions aimed at promoting the health, social and emotional development of 0-4 year olds is Infant Mental Health. Very few children under 5 years of age are being referred and receiving services from Whirinaki

Issue and potential for the future

At present in Counties Manukau there is a limited service available with respect to services that specifically address the social and emotional needs of infants. Services will need to be developed and expanded for the future. A local mental health project is underway to improve the range of services available for this age group. Future services to address these issues will need to include universal education/health promotion programmes, targeted interventions for at risk infants and their family/whaanau/fanau and specialist treatment services.

Maaori and Pacific

As well as exploring future initiatives that support fewer low birth weight babies, health professionals need to develop culturally appropriate ways to encourage Maaori mothers to breast feed their babies as a way of giving the best and most healthy start in childhood. At present Maaori breastfeeding rates are lower than those of European/Other and Pacific women. B for Baby Counties Manukau breast feeding support service was set up to particularly target Maaori and Pacific families but in the 2005/06 year only 22% of new enrollees were Maaori. Ways to engage with young Maaori whaanau need to be developed.

The rate of hospitalisation for Maaori children under 1 year is 1.6 – 2.3 times that of non-Maaori/non-Pacific children. At least 30% of these hospitalisations are potentially avoidable. Currently this means that 660 – 790 Maaori children under 1 are hospitalised each year and of those, 220 – 260 were potentially avoidable admissions.¹²

¹² 'Ma Tatou, Mo Tatou', Counties Manukau District Health Board 2007

Currently Pacific children under the age of one year have the highest hospital admission rates. Overcrowded housing, poverty, smoking, low birth rates, low breast feeding and immunisation rates all contribute to what are often avoidable admissions.

Issue and potential for the future

There needs to be significant increased joint activity between partner organisations responsible for the various aspects of an infant's life to improve primary care services in the community

Key Strategic Directions specific to Babies and Pre-schoolers

- ✓ *We will focus on the early years of life by increasing services that start pre-birth, such as initiatives to reduce smoking during pregnancy, support breastfeeding and prevent teenage pregnancies.*
- ✓ *We will explore integrating services, e.g. integrating Well Child Services with PHOs particularly if the Community 'hub' concept is developed. For example, Well Child providers might be rostered at a community hub to maintain continuity for the family/whaanau/fanau.*
- ✓ *Services will be more flexible with hours to suit working families and for priority populations. There may be vaccinations offered opportunistically at community 'hub' clinics and for a very few 'at risk' families, consideration will be given to offering vaccinations at home.*
- ✓ *All services for this age group will take account of the emotional and social needs of infants and in addition to this, there will be specific services targeted at those at risk of developing difficulties including access to specialist therapeutic programmes.*

4.2 5-12 years of age: School Children

Current Situation and Issues for the Future

If school children are sick or have a minor injury, generally they are seen and treated at their local GP practice. Intersectoral approaches are the way of the future e.g. school based health clinics and PHOs will be a key vehicle in enabling this to occur in order to facilitate for children a life long and positive relationship with primary care and a confidence in self managing their own health in a supported way that begins at a young age.

Universal screening of children by vision and hearing testers is carried out within schools. Year 7 vaccinations are offered at intermediate school by public health nurses. Kidz First Public Health nurses also provide personal health care in some situations, e.g. ear clinics, and support linkages to other services.

Healthy Lifestyles for Schoolchildren

Health promotion programmes including the 'Fruit in Schools' scheme and other Health-Promoting Schools initiatives are delivered in the school setting. Public Health Nurses also support schools to comply with the Food and Beverage Classification System developed by the Ministry of Health to offer healthy food at school.

Education and Health work co-operatively under the CMDHB initiative 'Let's Beat Diabetes' to encourage a healthier lifestyle for schoolchildren attending lower decile schools. 'Healthy Tuckshops' in schools is leading to improved food intake.

The 2002 National Children's Nutrition survey results suggest the issues of obesity and overweight begin in childhood but that in childhood it is girls rather than boys who are more likely

to be overweight. Although there currently no specific secondary care childhood obesity services, children can be referred either to 'Kids in Action' (delivered by South Seas Health) or to the 'Active Families' programme (delivered by Procure and Otara Health) for group nutrition and exercise programmes. These programmes cater to school age children and require family involvement.

Issues and potential for the future

Childhood obesity is expected to become a significant issue over the next 20 years. A focus on prevention and early intervention with specific clinics/services need to be established to support children and young people with obesity

Mental Health

Mental health services for children aged 5 – 12 years and their families/whaanau are offered from the Whirinaki service base in East Tamaki.¹³ A by Maaori for Maaori mental health team, He Kaakano, has been established to work specifically with Maaori tamariki and their whaanau.

There is recognition that the developmental, emotional and social needs of children and adolescents are different. There is a need to strengthen the age-focused teams within Whirinaki by ensuring that children are seen by a team which is dedicated to the assessment and treatment of children up to 12 years of age and their families.

Issue and potential for the future

Whirinaki service base is not easily accessible for school children and their families e.g. limited public transport service. There is a need for specialist mental health services to be more mobile, responsive, and to work more collaboratively with other child health providers and welfare agencies. Service accessibility would be enhanced by the move to two base sites with associated satellite clinics.

Maaori and Pacific Schoolchildren

Kura Kaupapa Maaori schools not only provide 100% Maaori language immersion teaching, but also a whole school environment based on Maaori ways of thinking and knowing and whaanau involvement. In the Counties Manukau region in 2006 there were five Kura Kaupapa attended by 484 tamariki. These schools are in Manurewa (two), Mangere, Otara, Waiuku and Port Waikato. Contracting with 'for Maaori by Maaori' health service providers and a Maaori workforce that can speak Te Reo are a logical way forward to support the health needs of these schoolchildren.

For Maaori and Pacific people, there is often more engagement with families if services are offered through collaborative health promotion approaches with PHOs, particularly with Maaori and Pacific PHO providers. For example, the Meningococcal vaccination programme (MeNZB) achieved a high coverage for Pacific children by raising awareness amongst Pacific families through their communities and the Church.

Local programmes like 'Kids in Action' delivered by local Pacific providers are proving successful. 70% of children have maintained or lost weight on the programmes and 42% have lost weight. An Obesity Action Plan for Pacific people is being developed and implemented and it will target initiatives for young people.¹⁴ Initiatives to increase knowledge about nutritious foods and encouragement to take part in more outdoor activities also need to be planned within the context of Maaori and Pacific cultures and what is important to Maaori and Pacific schoolchildren and their whaanau/fanau.

¹³ Whirinaki Child and Adolescent Mental Health Service, Service Development Plan 2007-2011, CMDHB

¹⁴ Refer 'Tupu Ola Moui, Pacific Health and Disability Action Plan 2006-2010, CMDHB

Key Strategic Directions specific to School Children

- ✓ *Every child will have access to universal well child/well-being/developmental services that include regular integrated multi-agency assessments.*
- ✓ *CMDHB will encourage and support 'whole of school' initiatives such as AIMHI and 'Health Promoting Schools', a World Health Organisation initiative, which involves the entire school community in health and well-being programmes.*
- ✓ *Health promotion and health education services will be coordinated between health, education and other agencies offering a 'whole child' approach.*
- ✓ *There will be increased multi-agency support for families who are caring for children with high medical and/or psychological needs.*
- ✓ *We will improve access to specialist mental health services providing assessment and treatment of children and their families, through improving service location and strengthening teams dedicated to services for children up to and including 12 years of age, as well as teams dedicated for Maaori and Pacific.*

4.3 13-17 years old - Young People

Current Situation and Issues for the Future

Of all age groups, young people have experienced the least improvement in mortality rates over the last 40 years. Approximately one in every eight youth deaths in New Zealand occurs in the Counties Manukau area. Approximately half of the secondary school student population say there has been at least one occasion when they should have accessed health care but didn't because of cost, feeling scared, not being comfortable with the provider or worried about confidentiality.

Working in schools

In a survey reported in 2004¹⁵ amongst students in secondary schools in Counties Manukau, students identified the issues concerning them most as: weight, violence, smoking, exercise, alcohol and drugs, sore throats, tiredness, sexually transmitted diseases, sporting injuries, peer relationships and hunger.

CMDHB believes that ideally every secondary school needs a health clinic staffed by a nurse(s) and supported by GPs. Schools from the lowest socio-economic areas have been included within the AIMHI initiative which offers youth trained registered nurses, GPs and in some instances social workers, youth workers and physiotherapists. The initiative uses an assessment tool covering a holistic approach to youth health to audit the risk factors and protective factors for each student. Over 10,000 students have now been assessed and significant health issues have been addressed. However this service is not offered to all schools at present.

Issue and potential for the future

Working within the school environment offers the best option to reach young people. To have a comprehensive school based health service offered on site in every mainstream secondary school in Counties Manukau is a priority target.

¹⁵ Adolescent Health Research Group, South Auckland Regional Report: A profile of student health and wellbeing, Auckland. The University of Auckland 2004

There are some Rangatahi and Pacific students who stop attending mainstream school by age 14. These young people are at risk of slipping through the health net although if they have moved on to Adult Education or are in private training courses, health services are still engaged in supporting them. Health services need to be expanded to meet with needs of young people under 16 who are not attending either mainstream or further education courses.

Centre for Youth Health

The Centre for Youth Health has a focus on children and young people from 13-18 years. They provide a primary and secondary service to adolescents referred from Primary Care, Youth Justice and Alternative Education schools. The Centre offers clinics within the community and the team includes youth health specialists, youth health nurses, social workers and a General Practitioner.

Education and training for other health professionals is a strong component of the work undertaken by the Centre for Youth Health. CMDHB's target is that everyone working with children and young people will be able to show competency in the knowledge and skills required to offer appropriate services to this growing population.

Programmes are currently being developed to support young people as they move from child to adult health services. The transition from young person to adult is often difficult and more so if the young person has a disability or other chronic health condition.

Issue and potential for the future

There is a lack of specific services for young people with complex needs, with disabilities or are medically fragile with chronic conditions. Services need to be developed to support young people with significant health needs make their transition to an adult world.

Sexual Health

Most New Zealand young people become sexually active prior to 18 years of age. In the CMDHB area, about half of secondary school students who are sexually active don't consistently use contraception.¹⁶ Local teenage pregnancy rates continue to exceed those of neighbouring DHBs.

CMDHB's Sexual Health Implementation Team has been developing recommendations for schools and a code of rights developed by young people for young people. There will need to be increased investment in the sexual and reproductive health area, particularly school based services to reduce the rate of sexually transmitted infections.

The schools are focusing on integrating their assessment of the sexual health needs of students and for teachers, competent in the subject, to deliver the sexual and reproductive health curriculum within schools. The aim for the future is to build competent teams to deliver sexual health messages and clinical services.

Rates of teenage deliveries amongst Maaori and Pacific young women of the Counties Manukau area are higher than those amongst local women of other ethnic groups. More programmes are required that support young mothers and offer continuing education to the parents as well as parenting and living skills.

The Alternative Education Services and the Teen Parent Units at Tangaroa College and Clendon (Taonga Education Centre under the umbrella of James Cook High School) have dedicated health professionals working closely with the Education Sector to assist a population at high risk.

¹⁶ Refer Youth2000, South Auckland report,1999

Mental Health

Mental health services for young people aged 13-17 and their families/whaanau are offered at the Whirinaki service base in East Tamaki. A by Maaori for Maaori mental health team, He Kaakano has been established to work specifically with taangata whaiora youth and their whaanau. The needs of adolescents are different from those of children and a different service focus is required to effectively engage and work with youth. Whirinaki has two teams working predominately with youth.

The Whirinaki Early Intervention Service works with young people who have possible psychosis or bipolar disorder. There is a need to strength the focus of this team to shorten the course and decrease the severity of psychotic illness, and to improve the relationship with the adult EPIT service.

There is an expanding need for specialist drug and alcohol prevention/intervention services to work with youth, Maaori young people and Pacific young people within a holistic youth framework.

In addition to enhancing our specialist youth alcohol and drug services, the youth mental health teams will need to have specific alcohol and drug assessment and treatment skills. The types of disorders prevalent for this age group are often more complex because of the effects of co-morbidity with alcohol and other substance abuse and dependence.

Consideration will need to be given to improving services for older youth who are transitioning into adult services.

There is an expanding need for specialist mental health and drug and alcohol services to work with youth, Maaori young people and Pacific young people within a holistic youth framework.

In addition there is a need to develop stronger consultation/liaison services for young people. The types of disorders prevalent for this age group are often more complex because of the effects of co-morbidity with alcohol and other substance abuse and dependence.

Issue and potential for the future

As with the younger school children, there are insufficient mobile specialist services that can connect with young people in their own homes or at areas where they naturally gather and work co-operatively within a youth development philosophy. Service accessibility would be enhanced by ensuring a more integrated approach to youth health services across Counties Manukau and thus ensuring that Mental Health Services are delivered alongside and in partnership with other health and social services aimed specifically at this age group.

There is a need to strengthen the age-focused teams within Whirinaki by ensuring that young people are seen by dedicated youth teams with specialist skills in working with young people, including those who have co-existing alcohol and drug problems. Youth Alcohol and Drug prevention and intervention services will need to be enhanced. Attention will need to be paid to those youth who are transitioning from youth services into adult services.

Maaori and Pacific

Smoking is still a key health issue for Maaori rangatahi and is a major concern for Pacific young people, particularly the incidence of smoking at a young age within Cook Island and Niuean population groups. The Pacific Tobacco Control Strategy, launched in 2004, is being implemented through the LotuMoui church programme to ensure links to smoking cessation programmes.

Many Pacific families struggle with the lifestyle changes from living in the Islands to a life in Counties Manukau. For young people, it is often about exploring their identity and they can get seduced into high risk activities like alcohol and drugs. CMDHB needs to recognise these tensions as it works with Pacific families within a multi-agency framework to offer support that enables young people to grow up proud to be who they are and secure about both their background and their future.

CMDHB staff have been consulting with young people, particularly Maaori and Pacific young people, to develop a service model that offers them a range of services in one setting. Young people are involved in the design, implementation and evaluation of the service. Some young people have expressed an interest in running many of the recreational activities themselves.¹⁷

Key Strategic Directions specific to Young People

- ✓ *We will develop a comprehensive approach offering regular assessments that are youth oriented.*
- ✓ *Young people will be involved in design of service delivery, facilities and evaluation so that they access knowledge in settings with which they are comfortable and are specific to the cultural needs of the differing ethnic populations living within the area.*
- ✓ *Services in the future will be more technology enabled and capable of interfacing directly with schoolchildren and young people using technology in creative ways (e.g. texting appointment reminders).*
- ✓ *We will expand existing secondary school based services with a target of providing a health clinic in every school within Counties Manukau that is staffed by registered nurses, social workers, physiotherapists, counselors and GPs.*
- ✓ *There will be improved access to flexible, mobile mental health services for youth, including alcohol and drug prevention/intervention services. These will be provided alongside the youth specific services, on sites that the young people access.*
- ✓ *We will increase prevention/self-help and education services for young people to deal with health problems themselves, including emotional and mental health - for example using web based and peer education programmes.*
- ✓ *CMDHB services will have a focus on growing strong, positive and loving whaanau/fanau/families to support young people (could be an extended whaanau and include friends).*
- ✓ *Support from CMDHB will be given to appropriate mentoring services to ensure every young person in CMDHB has a significant person with whom they can connect.*
- ✓ *All staff working with young people will have a minimum skill set and competency for working with young people.*
- ✓ *We will improve services for young people with disabilities and chronic health problems so that every young person is supported to adulthood with appropriate services specifically designed with and for them.*
- ✓ *We will develop a one-stop-shop for young people centrally located in the Manukau City area. Integrated services are likely to include recreational facilities, an internet café, gym equipment and a basket ball area as well as a range of health and social services.*

¹⁷ Counties Manukau DHB 2007 "Developing a Youth One Stop Shop for Counties Manukau",

4.4 Facility Requirements

Community and Local Facilities

Facilities for all age groups need to be community based and equipped with the latest technology tools. Sites could include schools, churches and community centres. Services in the future will be more coordinated between local, regional and national government agencies and NGOs. CMDHB will support sharing patient/user information and offering a family friendly service. More services will be delivered within homes, with an increase in self-management for children and young people who have a chronic condition.

Young people will require multiple access points for safe services including schools, educational bases and one-stop-shop facilities. Services need to be sited where young people are. Health information and other services could also be 'virtual' with access via the internet for young people.

Short stay local facilities are required that offer transitional support for young people, especially those with disabilities. There also needs to be improved access to the regional specialist rehabilitation beds for younger children.

Primary and Community Health Centres

Expanding the concept and use of Primary and Community Health Centres offers a way forward to meet the needs of families and young people. The concept of Primary and Community Health Centres (hub and spokes model) supports a commitment by CMDHB to strengthen its collaboration with existing PHOs. The success of future health services will be dependent on how easily families and young people are able to access knowledge and early treatment to move health from being mainly about illness to being focused on wellness and self-care.

CMDHB and its relationship with PHOs and other Government agencies will be crucial to the design of future community services that are delivered closer to the family and offer the most intensive care in the least intensive settings.

Secondary Care Facilities

No significant change is anticipated for secondary care facilities (location or overall number of beds). However, depending on the development and number of Primary and Community Health Centres, there may still be a future requirement for Community Services bases, including office bases, from which health professionals operate to deliver services to children at home or in school settings.

Neonatal Cot Projections

In the interests of a compromise between centralisation of specialists' services and local access whenever feasible, the Auckland Regional Neonatal Working Group in 2001 recommended that by 2004/2005:

- A) **National Women's Hospital** would function as a level 2 and 3 centre for its ADHB population, a level 3 centre for WDHB and as a regional and national level 4 (cardiology and specialist neonatal surgery) centre. In addition, it would continue to function as a regional/national overflow unit.
- B) **Middlemore Hospital** would function as a level 2 and 3 centre for its CMDHB population.

- C) **North Shore Hospital** would function as a level 2 centre for the northern part of its WDHB population and
- D) **Waitakere Hospital** would function as a level 2 centre for the western part of its WDHB population.

It was also recommended that total cot numbers in Auckland over the next five years should increase from 81 to 102 with an overflow capacity of a further 6 cots if possible. These estimates were based on the following assumptions, all of which could change and result in an increase in requirement:

1. No major changes in survival of extremely preterm babies. Each baby born at 23 weeks occupies an intensive care cot for approximately 4 months. Thus every 3 additional survivors at this extreme gestation require one extra cot.
2. Maternal age distribution does not change substantially. Advanced maternal age is associated with an increase in complications of pregnancy, increase in multiple births and preterm delivery. All of these have implications for requirements for neonatal intensive care.
3. Assisted reproduction techniques. All current approaches are associated with an increased risk of prematurity, low birth weight and multiple birth, all with implications for requirement for newborn intensive care.
4. Maternal choice of place to give birth. As far as possible, babies should be cared for in the hospital in which they are delivered. At present this is the choice of the mother in conjunction with her LMC.

With the opening of the new Kidz First Neonatal Unit at Middlemore Hospital in February 2007 the regional reconfiguration of neonatal cots was completed i.e.:

46 Level II, III and IV cots at ADHB
 12 Level II cots at Waitakere Hospital – WDHB
 12 Level II cots at Northshore Hospital – WDHB
 36 Level II and III cots at Middlemore Hospital - CMDHB

To date, the region is coping well with the overall neonatal cot capacity. CMDHB has resourced 26 of their 36 cots and is expected to resource the remaining 10 cots over the years as per the projections below:

Cots for CMDHB neonatal services are expected to be required as follows:

Neonatal cot projections

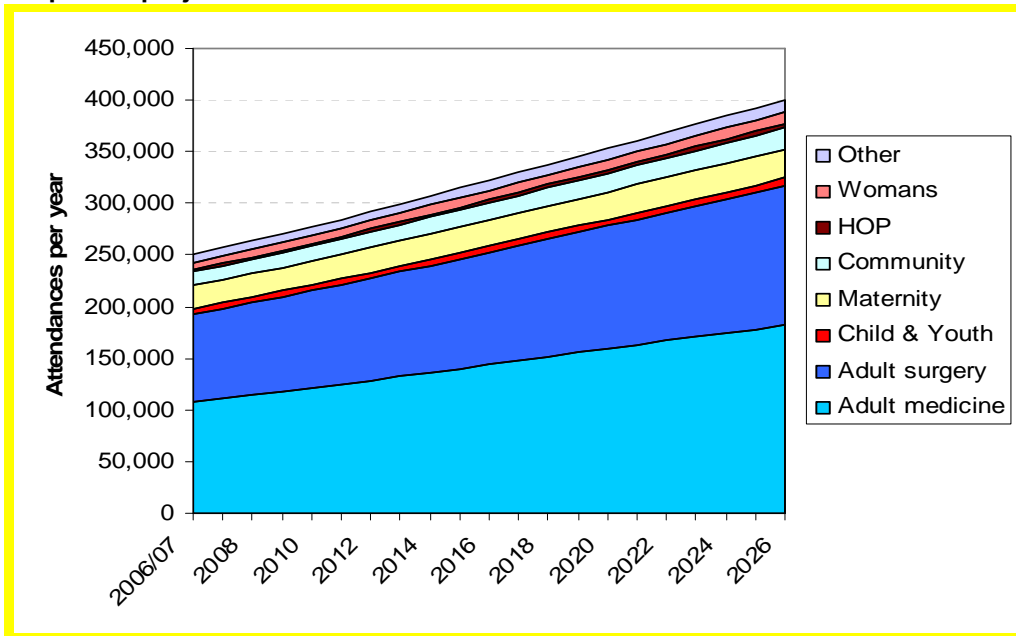
Actual available cots	Projected required cots				
	2005	2010	2015	2020	2025
36 (level II and III cots)	26	36	40	45	50

The projected cot numbers include level 1 Neonatal Cots. It is anticipated that level 1 Neonatal Care increasingly will continue to be provided from the postnatal areas (both at Middlemore Hospital and the Community Maternity Units) rather than from a specialised Neonatal Special Care/Intensive Care Unit.

In addition, there is a well established Neonatal Home Care (nursing) service in place that follows up babies and families requiring specialist neonatal nursing support. This service also has strong links with Well Child providers for handover of babies, primary care and/or other secondary paediatric services if the baby requires long term specialist services.

Any future service reconfigurations and location of secondary and tertiary maternity services as well as location of theatres will need to take the location of level II and III Neonatal Services into account. For Neonatal Services adjacencies to Delivery Suite as well as Theatre will remain critical.

Outpatient projections



Outpatient growth by service area, CMDHB 2006 to 2026

(Does not included mental health contacts, interventional radiology or DPROC ('oscopies)

Outpatient volumes for Child and Youth are incorporated in CMDHB’s overall projections for outpatients. If, as expected, some tertiary clinics provided by ADHB are delivered locally, Child and Youth outpatient volumes and clinic types will increase. However, these volumes are likely to be small and could well be offset by the moving of other secondary Child and Youth clinics to the Primary and Community Heath Centres.

Kidz First Children’s Hospital

The current model of care for Emergency Care and Secondary Inpatient Services promotes the separation of children from adults. This is essential to provide age-appropriate developmental support, protection from distressing sights, sounds and activities and experiences, and to assist with creating a child and family centred environment. Integral to the model of care is the inclusion of a multidisciplinary team comprising staff with appropriate paediatric training, skills and experience in caring for children.

Features of the model therefore include:

- All acute presentations through Kidz First Emergency Care where children are either seen and discharged (less than 3 hours), admitted to Short Stay (if discharge is anticipated to be within 12 hours) or admitted to the inpatient floors.
- Acute and some planned medical admissions to Kidz First Medical Care floor.
- Predominantly acute, but some elective surgical admissions to Kidz First Surgical Care floor.
- Elective day and minimal (mainly children over 10 years of age requiring an overnight stay only) elective inpatient surgery at Manukau Surgical Centre.

Future Options

Apart from day surgical and some further elective short stay procedures, there are not a lot of options for providing inpatient medical or surgical services across 2 sites without major duplications of infrastructure and support e.g. Play and Recreation, Paediatric nursing.

Around the world as well as locally, there is still extensive debate about service configuration for young people. Currently, children and young people until their 15th birthday have their inpatient stay at Kidz First (with some exceptions for older young people with intellectual disability). Extending the age up till 17 would result in only a small number of young people across a variety of specialties (including maternity and gynaecology) and hence a complex service delivery model. Mixing 16 and 17 year olds with younger children and babies can be just as inappropriate as mixing this age group with older adults. At this stage CMDHB has chosen a model where the over 15 years olds remain with the adult specialties with additional youth support services and a policy of placing young people together wherever possible.

Further strengthening of links with Primary Care, Well Child and other early childhood service providers is expected to optimise appropriate use of Emergency Care and Outpatient services.

The development of day stay procedures approach in Emergency Care e.g. administration of Intragram is a potential service delivery change which requires consideration in future facilities planning.

Projections indicate that paediatric volumes are likely to remain consistent with population growth rates. Bed numbers required at Kidz First Hospital are illustrated in the following table. This model excludes all day surgery at Manukau Superclinic.

Kidz First bed projections

	Actual available	Projected Beds				
	2007	2006	2011	2015	2020	2025
Medical	36	36	36	36	36	36
Surgical	30	30	30	30	30	30
Winter or Surgical Overflow	0 (16 in 2004)	0	7	10	10	10
EC Short Stay	15	10	8	9	9	14
Total Kidz	81 (was 97 in 2004)	76	81	85	85	90

NB: Following 3 winters with relatively lower volumes, the winter overflow paediatric inpatient beds have now been re-allocated to adult services. It is therefore imperative that the 15 Short Stay beds in EC are protected and used flexibly in winter to accommodate the medical winter volumes and surgical overflow at other times of the year.

Kidz First EC attendances

	2007	2011	2015	2020	2025
Paediatric attends	21236	21208	21430	22196	23160

Kidz First Emergency Care

Kidz First Emergency Care was opened in November 2006 with 12 Assessment cubicles and 15 Short Stay beds. The shared governance between Emergency Care and Kidz First works well and combined with the lay-out and model of care has resulted in excellent flows and management of winter peaks.

The current Kidz First Emergency Care facility is appropriately sized for future expected growth. With the development of more appropriate after hours care for children in Primary Care settings we could consider increasing the age limit for Kidz First EC from the 15th birthday to 17th birthday. This is because the length of stay in EC is short, there are already individual cubicles and rooms and the area is covered by all the main specialties.

Oral Health

Plans to reconfigure dental health services for children and young people are an example of the way forward. The Oral Health Services Plan for Children and Adolescents proposes to provide oral health services to local communities through a varying combination of school-based clinics, mobile caravans, and community clinics and to integrate oral health promotion into day to day life for families through upskilling the awareness of primary care health providers about the importance of good oral health.

Mental Health

Mental Health services for children and young people are currently delivered from Whirinaki base in East Tamaki with satellite clinics in Mangere and Pukekohe. The building is sited in a commercially zoned site and is difficult to access by public transport. Historically the model of service delivery has been primarily clinic-based. However, there is an increasing need for a more flexible, mobile service that will engage and work with children, youth and families in their own communities, homes, maraes and in places that youth naturally gather.

Inpatient mental health services will continue to be provided by Starship Children's Hospital, in combination with the development of Counties Manukau community based acute alternatives for young people.

Maaori and Pacific

Consultation with Maaori and Pacific communities indicate that having a range of services that are developed from a holistic, cultural approach and offered within the community have the best opportunity for success.

Services offered within the home, church and community centres and generally more mobile services that go to where children live, and young people gather, will increase in the future.

Counties Manukau DHB will continue to work with other agencies and provider organisations to locate and develop a building in Manukau City that can offer a range of services to Rangatahi and Pacific Young People.

Key Strategic Directions for Facilities

- ✓ *We will develop community 'hubs' offering multi-agency services, minor surgery and increased health promotion and education activities.*
- ✓ *There will be no changes for hospital emergency care and secondary inpatient care facilities.*
- ✓ *Apart from the tertiary Plastics and Burns and Neonatal services, specialist tertiary services will continue to be provided at Starship with an anticipated increase in tertiary outpatient services being provided locally.*
- ✓ *Multiple physical and virtual access points for young people to gain information and access to services need to be developed.*
- ✓ *We will develop integrated facilities similar to that planned for Oral Health Services to offer range of options for babies, children and young people.*
- ✓ *Hospital services will be 'Whaanau Ora Friendly' because cultural, spiritual and physical wellness is an integral part of health for Maaori people.*
- ✓ *In future community based mental health services for youth will be located in multiple sites, including co-location with other health and social services for youth rather than in separate buildings for mental health services.*
- ✓ *We will develop additional services to engage youth at places where they naturally gather.*
- ✓ *We are developing a one-stop-shop offering a range of services in partnership with other public and private providers that is designed with young Maaori and Pacific people in particular, to offer a seamless integrated service. The building is yet to be acquired and will be centrally located in Manukau City. A basket of differing funding sources will be used to finance the establishment and implementation of these services.*

4.5 Workforce

Children and young people will require the support of a broader range of health and well-being professionals in the future. It will be a workforce that is able to assess and support the developmental health and well-being of children and young people through working alongside the whaanau/fanau/family. Young people might better respond to a technology enabled virtual/mobile workforce where they are able to access information and advice easily and at speed.

This needs to be a multi-agency, multi-skilled flexible and collaborative workforce trained in child and family competencies, and working together as a team to offer a 'whole child/young person' approach.

Initiatives to recruit and support additional Maaori and Pacific health professionals into the CMDHB workforce is highlighted in CMDHB's Workforce Development Plan 2007-2011, together with a commitment to review training needs of youth health workers and actively develop a network of youth health and wellbeing staff.

Primary and Community Health

It will be critical to have more people working in primary and community health care, particularly more Maaori and Pacific peoples. There is also a need for the workforce to be configured very differently. A change to a 'whole child/youth' approach has significant implications for the primary and community health care workforce, with new roles and skills needing to be developed. A priority will be development of new roles such as 'Clinical Assistants' and more autonomy for nurses working within teams, greater use of community health workers and increased health promotion.

Competency to work with Children and Young People

An ongoing focus will be maintained around skills development for working in child friendly models of care delivery and in ways that successfully engage children and young people in health care. The development of health promotion skills and competencies and looking at the role that allied health professionals can play in primary care within an expanding multidisciplinary team are also priorities.

Within mental health services, the future workforce will need special skill sets to treat the differing needs of children and youth, within a more responsive and flexible model of service delivery. In addition, the Ministry of Health requires youth services to have capacity and skills in the assessment and treatment of co-existing alcohol and drug problems and an understanding of the interaction of such problems with other mental health disorders.

The role of youth Peer Support Workers will be developed within mental health services. There will also need to be personal and professional development for youth workers and peer support workers in youth health to ensure they are competent and practice safely.

Any health professional, regardless of their speciality, working with this population cohort in the future will have to show competency knowledge and skills specific to infant, child and youth health. This includes the need for developing skills in infant attachment, child development and behaviour across the workforce.

All staff will be encouraged to complete cultural competency training.

Specialist Services

Children having to stay in a hospital setting will be cared for by a multidisciplinary team with staff who have undergone paediatric training, and who have skills and experience in caring for children.

There will also be increasing need for a specialist workforce for children and young people who will be required to go to the patient or client, rather than the other way round. This workforce may include social workers and educationalists as well as health workers. Home support workers will need to be better valued and trained.

Dental Assistants

More dental assistants will be recruited to support the increase in clinical productivity required to address dental needs of children and young people, together with upskilling the primary health care workforce to deliver oral health initiatives around prevention and promotion.

Maaori and Pacific

Delivery of ethnically specific services to support a growing and increasingly diverse young population will require the ratio of Pacific and Maaori health professionals to increase to better reflect the population mix.

For example, only 3.7% of FTE (full time equivalent) staff in women's health identified as Maaori and 8% in Kidz First. This is important given that more than half of all Maaori inpatient discharges for CMDHB were from Kidz First and women's health for the year ending Feb 2005.

Counties Manukau DHB has a Maaori workforce development plan that is developing specific work force initiatives to attract and retain Maaori practitioners and to encourage the development of more kaupapa Maaori services, 'by Maaori for Maaori'.

Additionally, as more services move into communities, there will be an increasing need for Maaori and Pacific community health workers who are multi-skilled and work in multi-agency teams that can deal with a spectrum of issues that could range from, for example, medical problems to the effects of domestic violence on children and young people.

Key Strategic Directions for Workforce

- ✓ *We will increase training to support a 'whole child' approach.*
- ✓ *We will increase training to support a youth development approach.*
- ✓ *We are committed to improving the ratio of Pacific and Maaori health professionals to mirror a multi-cultural diverse population.*
- ✓ *Every health professional or worker working with families, children and young people will have to show competency knowledge and skills specific to infant, child and youth health.*
- ✓ *There is a need to develop skills in understanding and supporting infant attachment and child development and behaviour across the workforce spectrum.*
- ✓ *There will be an increase in the use of 'state of the art' technology to engage young people in caring for their own health and well-being.*
- ✓ *We will invest in developing inter-disciplinary teams especially in primary health care settings.*
- ✓ *We will support multi-agency teams working flexibly in the community to support child health and behaviour development through to adulthood.*
- ✓ *Upskilling will be required for primary health practitioners to support early identification of need where children and young people are experiencing mental health problems.*

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