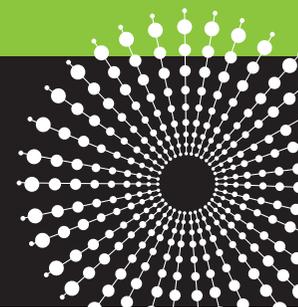




# TARANAKI TAIOHI HEALTH STRATEGY

*Te Rauaki Hauora Taiohi o Taranaki  
2013 - 2016*



*Making Health Services For Young People Awesome!*



National  
Hauora Coalition



# Message from the Agencies

## Te Kupua Ngā Mana Whakatairanga Tangata

Ngā taitamariki o te hauora e	We are the children of health
Kei te mihi, kei te tangi e ngā iwi katoa	Greetings and good wishes to you all
Kia kaha, kia toa, kia manawanui	Be strong, be firm, be determined
Kia piki te kaha, kia piki te ora	Strive for strength, strive for health
kia koutou katoa	All of you
Ki a piki te kaha, kia piki te ora	Strive for strength, strive for health
Ki a koutou katoa	All of you

*Composed by Whaea Mandy Robinson*

The young people of today are tomorrow's leaders and the future guardians of our families, whānau and communities. As a community we should cherish and support young people so that they develop to their full potential.

The lifestyle choices that young people make today can have a long term impact on their health and well being. Similarly preventative healthcare can improve the long term health and well being of young people.

We recognise that to put our young people at the centre of care as agencies and providers we need to be doing this differently. This strategy has a strong emphasis on changing the way we do things. We will also redevelop our services for young people around teams of workers that are better integrated and supported to help young people navigate through and to services that best meet their needs.

This Strategy was developed in a collaborative partnership between Taranaki DHB, Ministry of Education (including Special Education) and the Ministry of Social Development. In addition, a number of other key stakeholders have had input into understanding the priorities including Taranaki young people, and a

raft of agencies, organisations and health professionals working daily with Taranaki taiohi.

As agencies entrusted with supporting the health and well being of the young people of Taranaki, we commit to the delivery of this Strategy.

## Our Aim

Our shared aim is simple. Young people are an important resource for the future. We see our role as encouraging and supporting Taranaki taiohi to achieve their optimal health and well-being. We can achieve this by a range of principles and values including changing the way we do things.

1. The participation of young people in the development and satisfaction of services is important to us. We will have a structure by which young people are able to provide valued input into how services are operating and what we can do differently on a regular basis.
2. We will deliver services through a holistic approach to youth health with a focus on well-being. We will do this by developing youth health teams in Taranaki that all professionals working with young people are able to better connect to ensure taiohi get the best possible care.
3. We will promote a whole of community approach to youth health as it is important for our young people to stay connected to education, their parents, carers and their families, their peers and their communities. By ensuring strong partnerships across agencies and other organisations we will be able to define a different way to respond to issues facing young people, particularly those with the greatest risk.

4. We will improve access to primary care by reducing the costs of having to attend a General Practice and finding ways to make it more 'youth friendly'.
5. We will better inform young people about the services available which will enable them to make informed choices about what services will work best for them. It is important to us that a young person's experience of the system is positive, respectful, supporting and empowering.



**Nā tō rourou, nā taku rourou ka ora ai te iwi**

*With your food basket and my food basket the people will thrive*

## Defining Youth and Youth Health

### He Tautuhi I Te Taiohi Me Tōna Hauora

There are many definitions for the terms youth, young people, taiohi, adolescents, rangatahi and teenagers. For the purpose of the development of the Taranaki Taiohi Health Strategy the terms are used interchangeably and refer to young people between the ages of 12 and 24 years.

The age range recognises that the transition from childhood to adulthood is a process rather than a discrete event and that the length of the process varies from individual to individual. It is also recognised that responding to and meeting developmental needs rather than considering chronological age is important in providing good health care.

When talking about youth health, the concept of well-being is particularly important. Well-being relies on being well in every sense – physically, emotionally, mentally, socially, sexually and spiritually. For any young person, imbalance in one or more of these areas moves them away from a state of optimal well-being.

We acknowledge that young people remain sensitive to the world around them, responsive to the influences of culture and the behaviours observed among peers and family/whānau and other adults. Therefore, everyone is responsible for the values and attitudes that they develop.

“A connected multi-sectoral partnership that supports health, well-being and resilience for young people.”

- Stakeholder

# A Vision for Taiohi Health and Well-being

## He Matapaenga I Te Mouriora Taiohi

We see young people (taiohi) as valuable members of the community with important contributions to make now and into the future. We want Taranaki taiohi to realise their full potential.

## Our Vision for Taranaki Young People

**All young people (taiohi) in Taranaki are engaged, resilient and empowered**

### What does this mean?

- Young people are encouraged and supported to achieve their optimal health and well-being.
- Young people actively making positive choices about their own health and well-being and shaping their own future.

## Our Mission

**Leading change to improve the health and well-being of young people**

### What does this mean?

- Young people are at the centre of care and experience the health system as easy to navigate, positive, respectful, supportive and empowering.
- Responses to health needs of young people are evidenced-based, promote prevention and early intervention and are delivered efficiently and effectively.

## Our Guiding Principles

1. Youth participation is essential in the development and delivery of services
2. We will have strong partnerships and collaborative approaches between agencies, service providers, families/whanau, schools and taiohi.
3. We will develop better coordination and integration of the services we deliver finding ways to be more responsive to the needs of taiohi and the community
4. Having our services accepted and accessible by taiohi and their family/whanau is a priority to us.
5. Achieving whanau ora (holistic care) is fundamental to how we deliver services through the implementation of this Strategy.
6. We will provide better information for taiohi, their family/whanau and the community that allows for well informed choices about their health and well-being and the services they can access.
7. We will promote high quality and research-based practice services that are culturally competent and sensitive.
8. We recognise the importance of early intervention and prevention services for taiohi.

# The Health and Well-being of Taranaki Taiohi

## Te Mouriora O Ngā Taiohi O Taranaki

### What Young People Told Us?

In talking to and surveying young people across Taranaki, young people said:

- Solid and trusting relationships with family/whānau and peers have a big impact on how we feel
- Ensure services we access are confidentiality, private and trustworthy
- Provide us with better information and education on sexual health and alcohol and drugs
- Help us more when we want to quit smoking
- Make General Practice more youth friendly
- Give us more information on what is available

### What Stakeholders Told Us?

In talking to professionals and stakeholders who deliver services to young people they said:

- All agencies, organisations and providers need to work together better
- Increase opportunities for peer mentoring programmes within and outside of school
- Address confidentiality in school based services

- Youth participating in the development of the services with regular feedback on the service effectiveness.
- Implement a new service model of care of 'youth health teams' that puts young people and their family/whānau at the centre and is able to provide a connected and integrated approach.
- Be able to provide services through earlier intervention and prevention options.

### Where We Are Now

We have a range of health services throughout Taranaki; however we know they are not well connected and some are isolated. We know we can coordinate the care for youth health services much better than is currently happening and we know by doing so it will make a young person's journey through the system a lot easier.

Young people told us that the cost for attending General Practice is a barrier, services are not youth friendly and often there are sensitive issues that they would rather discuss with other health professionals. Taiohi also told us that having multiple service options works best. Youth specific services are generally viewed as youth friendly and the people delivering the services are trusted and respected.

There are a number of statistics for young people in Taranaki that we would like to improve on. These will be monitored as we implement new ways of working to help us know if we are making a difference and improving health outcomes for taiohi.

## What the Statistics Show

- Taranaki teen birth rates per 1,000 population are high compared to national figures. Overall 34.2 births compared to 27.4 nationally. Māori present at a significantly higher rate at 92.0 compared to 77.7 nationally.
- Taranaki terminations of pregnancy rates are also double the national average of 15.89 per 1,000 population at 30.8.
- Presentations for sexual health services are predominantly female, on average 65–75% of all consultations. Males are under represented in the statistics.
- Access for young people to primary mental health services has decreased over the last year.
- The numbers of young people who are not in education, training or employment and those on youth benefits needs to decrease and there needs to be better support programmes to ensure young people remain engaged in schools and are able to obtain the highest possible educational attainment.
- School completion and education attainment rates are significantly different for Māori (57%) than non-Māori (71%).
- The rate of young people accessing General Practice services is only 42%.
- Crime rates for those 17-19 years have reduced over the last three years due to intervention programmes.
- There were no youth suicides in the last 12 months.

## What Groups of Young People and What Health Conditions put Taiohi at Risk?

There are a number of factors that contribute to a young person being at risk including particular groups and health conditions as follows. Young Māori are often over represented in these groups.

1. Socio-economically disadvantaged
2. Living in geographically and socially isolated rural areas
3. Approaching transition periods, (including moving from paediatric to adult health care)
4. At risk of not completing school
5. Experiencing family/whānau conflict and/or family breakdown
6. Domestic and family/whānau violence exposure
7. Sexual, physical and/or emotional abuse and neglect
8. Homeless or at risk of homelessness
9. Pregnant and parenting young people with their tamariki (children)
10. In out-of-home care or exiting care
11. Involved in the criminal justice system
12. Victims of crime
13. Same-sex attracted, questioning their sexuality, bi-sexual or transgender young people
14. Chronic illness and/or physical disability
15. Intellectual disability
16. Having mental health and/or substance use issues
17. Eating disorders
18. Risky sexual behaviours

# What We Plan to Do

## Hei Mahinga Ake Mā Mātou

We have developed an Implementation Plan to sit alongside this Strategy that will guide the next steps to embedding the changes we will make.

We have identified **two new approaches** to significantly change the way we do things which will put young people and their family/whānau at the centre of care. We also have **three key result areas** that we will monitor to help us know if we are making a positive difference to young people's health and well-being.

## Our Two New Approaches

### 1. A New Governance Structure for Youth Health Services

As agencies and providers of health services we will grow our partnerships and will create a multi-agency Governance structure that will improve health outcomes for Taranaki taiohi. The partners include Taranaki District Health Board, other providers of youth health services, Ministry of Education (including Special Education) and Ministry of Social Development. We agree to work together to achieve the following:

- A multi-agency/organisation alliance charter which sets the foundation for new ways of working together for results.
- We will have taiohi input and participation on how services are developed and implemented. It is important for us to hear from young people on what is important and whether we are making a positive difference.

- Change systems and practices to ensure services provided are integrated.
- We will plan our youth health programmes and service delivery through a multi-agency approach.
- As agencies and organisations we will collectively be accountable for achieving better health outcomes for Taranaki Taiohi.

### 2. A New Model of Care for Youth Health Teams

We will work in new ways to better meet the needs of young people. By developing 'Youth Health Teams' we will ensure better coordination and access to services. The services will be easier for young people to navigate through. Youth Health Teams will involve all professionals that are dealing with the health and well-being of our Taranaki taiohi.

The details of what a Youth Health Team includes will be developed as part of the next steps in the Strategy's Implementation Plan and will include the following priorities:

- Development of Youth Health Teams that use and build on the current youth specialist expertise that exists.
- Input by young people in the design and development of service provision.

- Regular feedback process from young people in the effectiveness of the services provided.
- Youth Health Teams will be mobile and services taken to where young people are.
- A focus on early intervention and prevention options and programmes.
- General Practice will be more affordable, more youth friendly and be part of Youth Health Teams.
- The emergency contraceptive pill will be free at Pharmacies.
- A Communication Plan that ensures we work more closely with schools, alternative education, community and young people, advising on what services are available and how to access them.
- Information sharing to reduce the need to re-tell the story through shared care planning.
- We have great people delivering services to taiohi and our model of care will continue to recognise the importance of the current and future specialist youth health resources as a critical part in providing youth friendly and trusted services.

“Lack of communication between agencies working with youth and lack of opportunity to liaise with each other to discuss concerns or issues relating to interagency work.”

- *School Counsellor*

## The Three Result Areas

After listening to the views of young people, understanding the profile and statistics on the health and well-being of Taranaki young people and accounting for what the Government expectations are for us, we came up with the following three key result areas. These are identified as a priority to make a difference to health outcomes for Taranaki taiohi.

### 1. Taiohi are emotionally and mentally well and are achieving their best possible educational outcomes

#### Why this is important

At least 20% of young people will experience emotional and mental health issues during the course of their adolescent years. There are a number of risk factors which impact on a young person being able to maintain good mental health including, family/whānau, peers and friendships, activities they are involved in, boredom and being engaged within the educational system.

By developing Youth Health Teams to better meet the needs of taiohi the following lists some of the areas we will see improved health and well-being:

- Reduced times for waiting for access to mental health and addictions services.
- Earlier detection and interventions for mild to moderate mental and addictions issues.
- Decreasing of youth suicide rates.
- Reduced number of young people on benefits.
- Improved educational opportunities for young people and less young people disengaged with school.
- More young people leaving school with Level 2 NCEA or equivalent.

- Reduction in stand downs, suspensions, exclusions and truancy.
- Increasing the number of HEADSSS assessments (home, education, activities, drug, sexuality, suicide/depression and safety assessment).
- Satisfaction surveys by young people on the services delivered.

## 2. Taranaki taiohi adopt behaviours that support healthy sexuality and reduces risk taking behaviours

### Why this is important

Our teenage birth, termination of pregnancy and sexually transmitted infection rates are higher than a lot of other parts of New Zealand. Sexual Health requires a positive and respectful approach to sexuality and sexual relationships and requires the sexual rights of all young people to be respected, protected and fulfilled.

Through Youth Health Teams we will be able to provide more effective and targeted approaches to health promotion and intervention that supports healthy sexuality. In considering the future service model we will provide:

- Free morning after pill available through Pharmacies.
- Reduced costs for contraception at General Practice.

We will also be able to see an impact in the following areas of taiohi health and well-being:

- Reduction in the rates of terminations of pregnancy in young people.
- Reduction in the teen birth rate.
- Reduction in the numbers of sexually transmitted diseases.
- Increased activity for health education and information on sexual health.

- More young mothers supported in education, work and other training.
- Fewer young people smoking.
- Healthier sexual behaviours.

## 3. Taranaki taiohi will be better informed about the choices they make on accessing health services and choosing healthy lifestyles

### Why this is important

Taranaki taiohi want improved access to good information that will help them make informed choices about the services available.

Improving education and information on alcohol and drugs, smoking cessation and the emotional impacts of being sexually active were an important part of choosing healthy lifestyles for young people.

Through the development of Youth Health Teams we will be able to assess what information is currently available and build on the promotional activity in those areas identified as important and we will see an impact in the following areas:

- Improved adolescent oral health.
- General Practice more youth friendly.
- Improved integration and support between schools and other health services.

“Want to be seen on the same day not get an appointment two days or two weeks later.”

- Young Person (focus group)

# Implementation Plan

## Te Whakatinana Mahere

The release of the Taranaki Taiohi Health Strategy 2012 – 2016 presents a number of opportunities to change how we deliver youth-specific health services. It is a first step in creating a landscape for positive youth health and well-being in Taranaki.

The opportunity for actions exists at all levels, and a partnership approach is essential to making the improvements outlined.

Taranaki DHB, Ministry of Education, Ministry of Social Development, and other providers of health services to Taranaki taiohi will work together to implement the changes outlined in the Strategy and this Implementation Plan.

In local Taranaki health services, partnerships will be forged with local schools, alternative education, youth services and non-government organisations to develop needs-based services and programmes for young people. Where positive relationships already exist these will be maintained and strengthened whilst opportunities to develop new partnerships should be regularly reviewed.

## Implementation Principles

Implementation of the Strategy will be guided by the following better practice principles:

**1. Accessibility:** health services should be easily accessible, flexible, affordable, relevant and responsive to the needs of all young people (regardless of age, sex, sexuality, race, cultural background, religion, socio-economic status or any other factor).

- 2. Youth Participation:** young people should be actively involved in developing, implementing, reviewing and evaluating youth services and programmes. This requires formal structures and youth friendly ways for young people to express their opinions and exercise decision-making power. Taiohi participation increases mutual respect between service providers and adolescents and young people's sense of ownership and involvement in programmes.
- 3. Collaboration and Partnerships:** this occurs when service providers develop relationships with others who share similar service goals and target groups. Actions include communicating, networking and working together, both within and beyond the service's immediate sector (e.g. health, education, welfare, drug and alcohol and recreation).
- 4. Professional Development:** developing our workforce's knowledge, skills and attitudes to enable them to work confidently and effectively with young people, including providing training, mentoring and supervision opportunities, and creating and maintaining organisational structures which support both individual and team performance.
- 5. Evaluation:** evaluation involves determining what was done, how it was done, and how well it was done, as well as what changes or results were achieved. The results from the implementation of the Strategy uses results based accountability. Effective evaluation engages staff, young people using the service or programme and other stakeholders in providing feedback and suggesting improvements. Evaluation contributes to evidence-based practice by highlighting what works and why.
- 6. Evidenced-based approaches:** considering and learning about what works in response to taiohi, meeting their health care needs, and

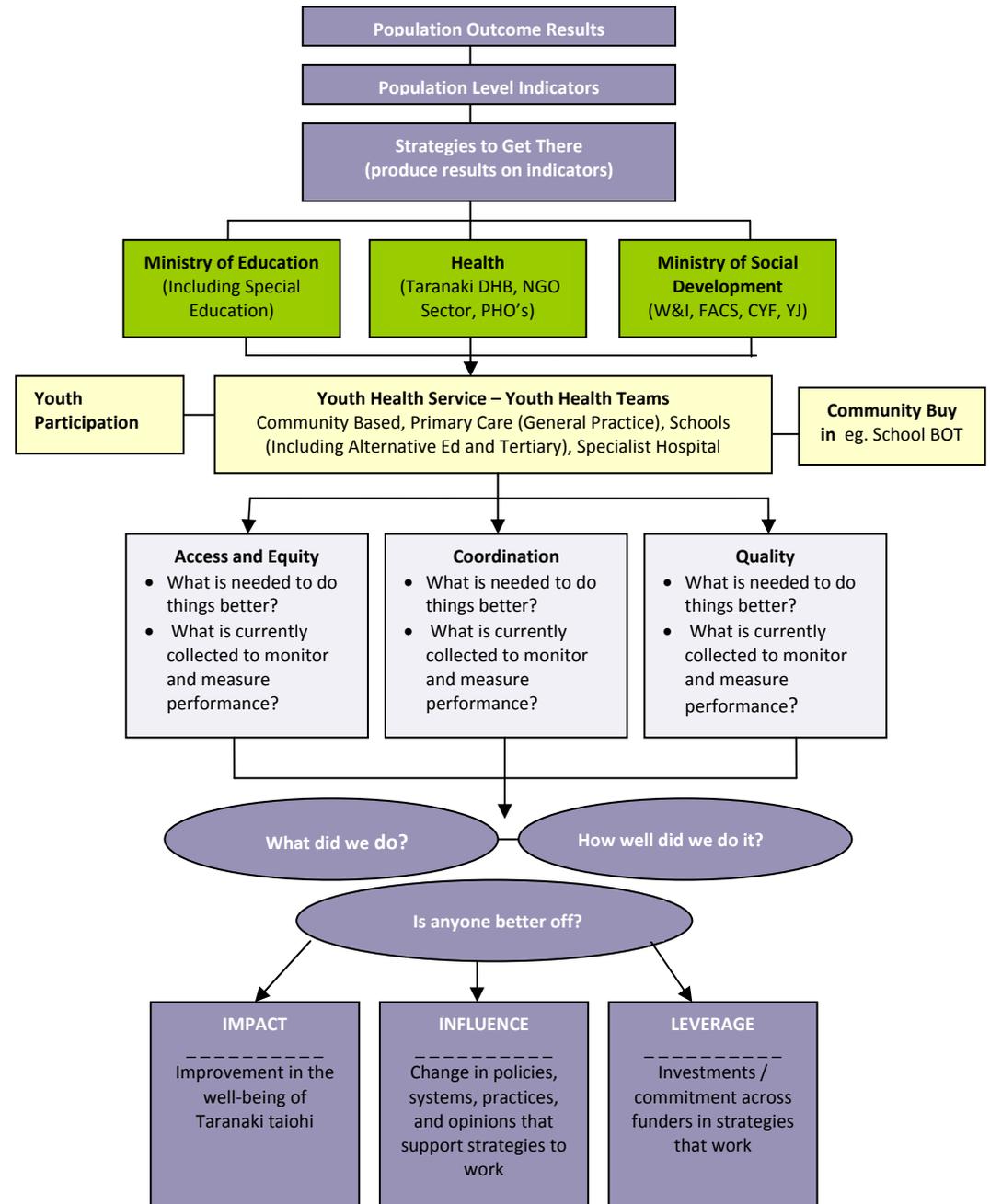
developing approaches to address health issues is vital. It means being prepared to critically review programmes, services and responses to ensure that there is a sound basis for doing things in a particular way, and it means learning and adjusting activities where necessary. It also means assuring services complement and support policy direction like approaches for whānau ora and the Prime Ministers Youth Mental Health Project.

- 7. **Sustainability:** it is important to invest in programmes and initiatives that become self-maintaining in the long term, or that can become everyday practice. Sustainable programmes support long-term improvements in health and wellbeing for taiohi.

## Implementation Plan – Milestones

Finalisation of the Taranaki Taiohi Health Strategy and this Implementation Plan is being undertaken at a time when a number of youth specific initiatives are being released through National policy direction. The process of implementing a new structure for youth health services in Taranaki will future proof alignment for these national directives. The following table provides high level actions for the two change approach areas – (1) a new multi-agency/organisational governance structure to support Youth Health Teams; and (2) the development of a new model of care for Youth Health Teams. The following diagram provides a draft framework by which agencies/organisations will be able operate.

“Schools do recognise the kids who are ‘falling through the cracks’ but there are not services available to provide the support and help needed for these young people.”  
 - Stakeholder



## Milestones

	Action	Responsibility	By When
1.	Publication of Taranaki Taiohi Health Strategy 2013-2016	Taranaki DHB	December 2012
2.	Communication to sector to support socialisation of the Strategy	Taranaki DHB led with key stakeholder input	December 2012
3.	Agree partnerships and sign off Alliance Charter	All Agencies/Organisations/Providers	December 2012
4.	Establish agreed Governance and Service Structure (from Section 3 of the Supporting Background Document): incorporating: <ul style="list-style-type: none"> <li>• Mandate and accountability</li> <li>• Access and Equity across a multi-agency/organisation approach</li> <li>• Communication and coordination</li> <li>• Quality</li> <li>• Youth Participation</li> </ul>	All Agencies/Organisations/Providers	January 2013
5.	Development and implementation of service provision for free emergency contraception pill through Pharmacy: <ul style="list-style-type: none"> <li>• Establish working group to review service models</li> <li>• Communication with Pharmacies</li> <li>• Establish contracting mechanism</li> <li>• Implementation and communication with community</li> </ul>	Taranaki DHB	Initiated January – implementation March 2013
6.	Agree members of the implementation team (including Youth Advisory Group)	Taranaki DHB led with key stakeholders	January 2013
7.	Development of Youth Health Teams – Rapid Implementation Plan Process	Taranaki DHB led with key stakeholder input	January 2013
8.	Finalise Youth Health Team Model of care – consultation with wider sector	Taranaki DHB Led with key stakeholder input	February 2013
9.	Development of business case for implementing Youth Health Team Model of Care	Taranaki DHB led with key stakeholder input	March 2013
10.	Sign off of business case	Alliance Agencies	March 2013
11.	Implementation of Youth Health Teams	Taranaki DHB led	By June 2013

# Delivering on Results (Results Based Accountability)

## Te Whakakiko Huanga

### What is Results Based Accountability?

#### Sharing responsibility for achieving results

Results Based Accountability is a way of taking action that can be used to improve the quality of life in communities. It is also a mechanism which can be used to improve the performance of programmes, agencies/organisations and service systems. Taranaki District Health Board has endorsed RBA as the tool to measure the intended improvement in population outcomes. The definition of the framework used for the Strategy is as follows:

**Results:** The conditions of well-being we want for our taiohi, families, whānau and the community as a whole.

**Indicators:** How we measure these conditions.

**Baselines:** What the measures show about where we have been and where we are headed.

**Turning the curve:** What success looks like if we do better than the baseline.

**Strategies:** What works to improve these conditions and the things we need to do to get there.

**Performance accountability:** How we know if our approaches and working.

**Results accountability:** Uses three common sense performance measures: *How much did we do? How well did we do it? Is anyone better off?*

**Young peoples health is important – *Kia tika te hauora o ngā taiohi***

“We cannot always build the future for our youth, but we can build our youth for the future.”

- Franklin D. Roosevelt (1885 –1945)

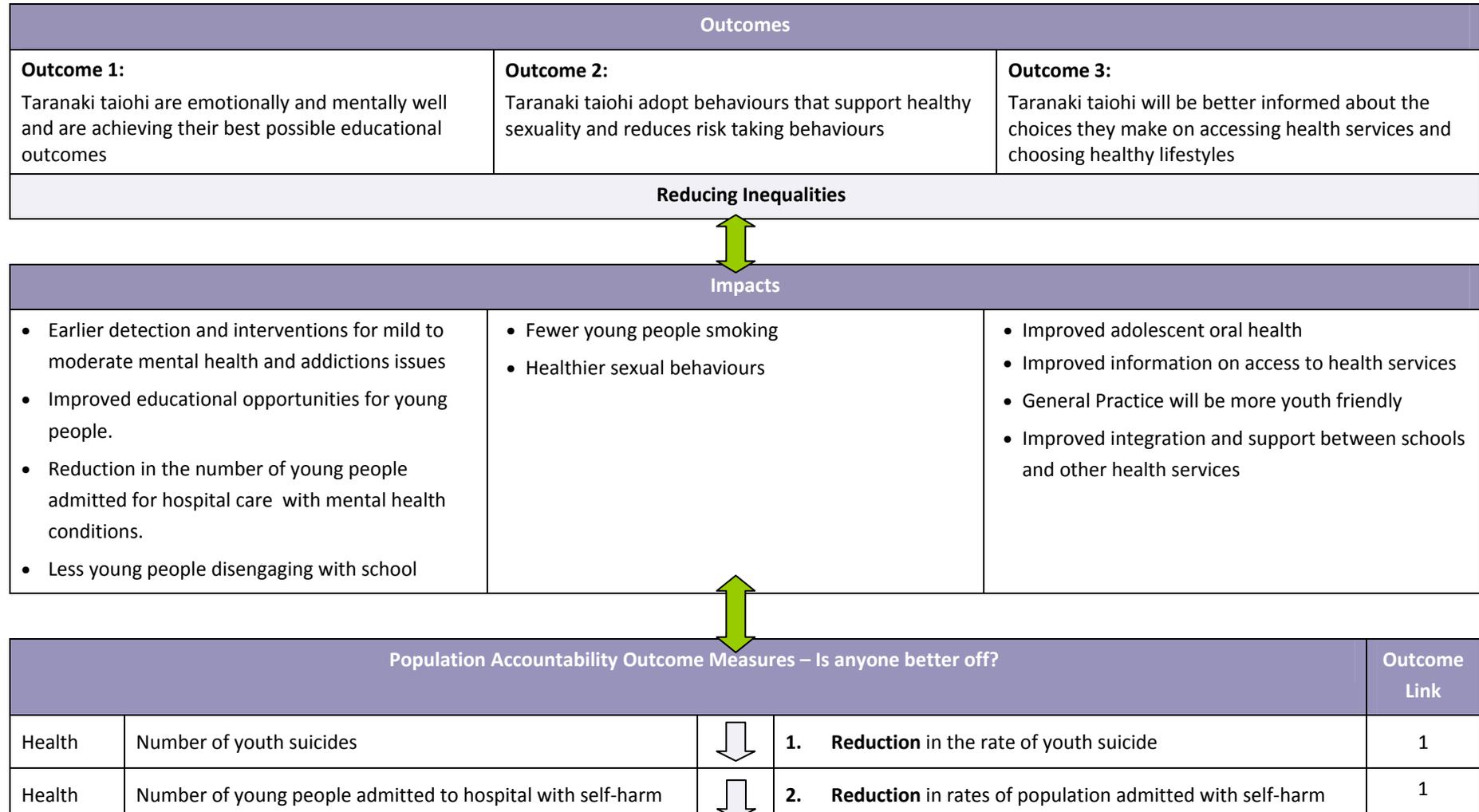


“Young people need to realise that they are our future, and we want to protect their minds and bodies, to help them become the best individuals they can be.”

- Mental Health and Addictions Worker

# Achieving the Vision: All Young People (taiohi) in Taranaki are Engaged, Resilient and Empowered

The following suite of indicators will be developed into a report score-card to measure how we are improving on health and well-being outcomes for Taiohi. The framework will continue to be work in progress through as the Strategy is being implemented.



MSD	Number of young people on benefits	↓	3. <b>Reduction</b> in the % Young people on benefits	1
Education	Number of people aged 18 years with a minimum a of NCEA Level 2 or an equivalent qualification	↑	4. <b>Increased</b> % of young people completed NCEA Level 2 or equivalent qualification	1
Health	Number of teenage births by ethnicity and age	↓	5. <b>Reduced</b> rates per 1,000 population of teenage births by ethnicity and age	2,3
Health	Number of teenage terminations of pregnancy	↓	6. <b>Reduced</b> rates per 1,000 population of teenage termination of pregnancy.	2,3
Health	Number of positive tests by Sexually Transmitted Infection (STI)	↓	7. <b>Reduced</b> rates of Sexually Transmitted Infections	2,3
Health	Number of young people 'never smokers' by ethnicity	↑	8. <b>Increased</b> % of young people 'never smokers' by ethnicity	2
Primary Care	Number of young people accessing General Practice	↑	9. <b>Increased</b> utilisation of young people accessing General Practice	3
Health	Number of young people accessing adolescent oral health services	↑	10. <b>Increased</b> % young people completing oral health treatment	3



Performance Accountability Output Measures			
Who?	How much will we do?	How well did we do it?	Pop. Measure Link
Health	Number of young people accessing Primary Mental Health Initiative	% completed counselling offered	1
Health	Number of young people referred for Alcohol and Drug Services (CAMHS)	% seen within three weeks of referral	1,2
MSD	Number of young people not engaged in education, employment or training (NEET)	% young people not engaged in education, employment or training (NEET)	3
Education	Number of young people enrolled in NCEA Level 2 or equivalent qualification	% of young people completed NCEA 2 or equivalent qualification	4

Health	Number of young people referred for HEADSSS assessments	% of young people with onward referrals from assessment	1,2
Health	Number of post-coital pill (emergency contraception) dispensed through Pharmacies.	% age, ethnicity dispensed emergency contraception	5,6
Health	Total specimens tested by Sexually Transmitted Infection Type	% of tests positive by Sexually Transmitted Infection Type	7
Health Promotion	Number of parents who attend Health Promotion 'Not Even' forums (Positive attitude forums to reduce alcohol related harm through - interactive parent and young people)	% of parents who reported their knowledge increased through Public Health 'Not Even' forums	5,6,7
Health	Number of Health Professionals working with young people completing E- Learning Tool or completing the National Heart Foundation Training	% of Health Professionals identified to undertake training in Smoking Cessation Support completed	8
Primary Care	Level of co-payments for young people at General Practice	Reduction in co-payments at General Practice	9
Health	Number of schools with adolescent oral health advertising in school newsletters	% of schools with advertisements for oral health services	10

“My Dr gave me anti-depressants, but when I went to a [youth specific service], it was the first time anyone suggested counselling.”

- *Young Person (focus group)*

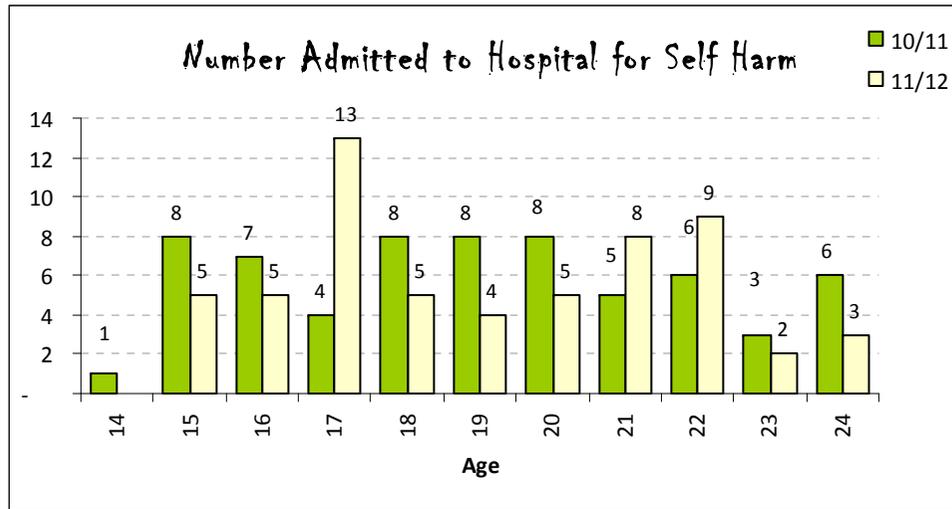
“It’s free, that’s important.”

- *Young Person (focus group)*

# Story Behind the Baseline Data

Mortality, Morbidity, Health Risk and Health Protective Factor Indicators																																																																			
	Baseline	Story behind the baseline data	Data Source																																																																
1. Decline in the rate of Youth Suicide	<p><b>Youth Suicides 1996 - 2010</b> 15 - 24 years</p> <p>Legend:  <span style="color: green;">■</span> Midland Average per DHB  <span style="color: purple;">■</span> National Avg - Region  <span style="color: yellow;">■</span> Taranaki Total</p> <table border="1"> <caption>Youth Suicides 1996 - 2010 (15-24 years)</caption> <thead> <tr> <th>Year</th> <th>Midland Average per DHB</th> <th>National Avg - Region</th> <th>Taranaki Total</th> </tr> </thead> <tbody> <tr><td>1996</td><td>3</td><td>7</td><td>2</td></tr> <tr><td>1997</td><td>8</td><td>7</td><td>3</td></tr> <tr><td>1998</td><td>5</td><td>7</td><td>4</td></tr> <tr><td>1999</td><td>5</td><td>6</td><td>1</td></tr> <tr><td>2000</td><td>3</td><td>5</td><td>2</td></tr> <tr><td>2001</td><td>4</td><td>5</td><td>1</td></tr> <tr><td>2002</td><td>4</td><td>5</td><td>0</td></tr> <tr><td>2003</td><td>4</td><td>5</td><td>2</td></tr> <tr><td>2004</td><td>5</td><td>5</td><td>3</td></tr> <tr><td>2005</td><td>2</td><td>5</td><td>2</td></tr> <tr><td>2006</td><td>4</td><td>6</td><td>2</td></tr> <tr><td>2007</td><td>4</td><td>5</td><td>4</td></tr> <tr><td>2008</td><td>6</td><td>6</td><td>1</td></tr> <tr><td>2009</td><td>5</td><td>5</td><td>5</td></tr> <tr><td>2010</td><td>5</td><td>5</td><td>1</td></tr> </tbody> </table> <p><b>Actions:</b></p> <ul style="list-style-type: none"> <li>• Expansion of the HEADSSS assessment to allow referrals from professionals working in schools.</li> <li>• Redistribution of the Primary Mental Health Initiative funding to increase access points for young people and expand options for referral from other professionals.</li> <li>• Reducing the waiting time for young people referred for specialist AoD treatment</li> <li>• Increasing awareness/information on services that are available.</li> <li>• Implementation of Prime Minister's Youth Mental Health Project.</li> </ul>	Year	Midland Average per DHB	National Avg - Region	Taranaki Total	1996	3	7	2	1997	8	7	3	1998	5	7	4	1999	5	6	1	2000	3	5	2	2001	4	5	1	2002	4	5	0	2003	4	5	2	2004	5	5	3	2005	2	5	2	2006	4	6	2	2007	4	5	4	2008	6	6	1	2009	5	5	5	2010	5	5	1	<ul style="list-style-type: none"> <li>• In the figures for 2011 there were no youth suicides in Taranaki.</li> <li>• At least 20% of young people will exhibit Mental Health and Addictions issues at some point in their adolescence.</li> <li>• Historically there have been fluctuations in suicides rates ranging from 0 in 2002 to the highest recorded in 2009 of five.</li> <li>• Access to primary level counselling and other services for young people experiencing mild to moderate mental health issues is limited, with school counsellors often the first point of contact in addressing issues.</li> <li>• Minister's Youth Mental Health Project is being rolled out across agencies which aim to provide earlier intervention and better help for young people with Mental Health issues.</li> </ul>	Ministry of Health
Year	Midland Average per DHB	National Avg - Region	Taranaki Total																																																																
1996	3	7	2																																																																
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**2. Decrease in the numbers of young people admitted to hospital with Self-harm.**



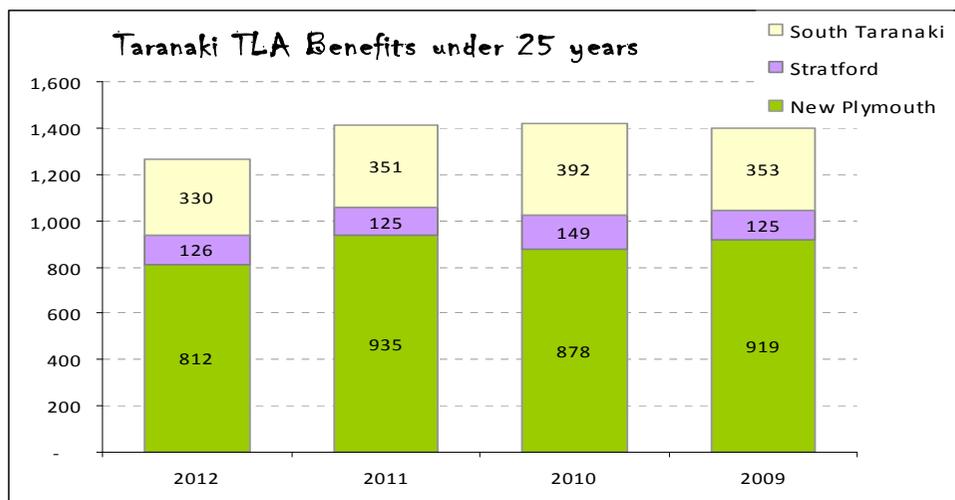
**Actions:**

Links to actions in Number 1.

- Overall admissions (100) for self-harm (total population including adult) in 2010 in Taranaki were 3.54% of the total in NZ.
- The percentage of Māori admitted increased from 25% of the total in 2010/11 to 32% of the total in 2011/12. For those admissions domiciled in the New Plymouth District the proportion of Māori increased from 18% in 2010/12 to 38% of the total in 2011/12.
- The numbers of admissions for self-harm in 2010/11 was 64 and decreased in 2011/12 to 54.
- The admissions for the age group 14–18 remained the same at 28 for both years, the 19–24 year age group decreased by five to 31 in 2011/12.
- Females represented 61% of admissions in 2010/12 and 68% in 2011/12.
- Admissions from those residing in New Plymouth District decreased from 44 to 29 between the two years. For Stratford District there was an increase from one to eight in 2011/12, South Taranaki decrease from 16 to 10, and those domiciled out of region an increase from three to nine.

Taranaki DHB  
IBA Patient  
Management  
System

**3. Decrease in the rates of young people on benefits**



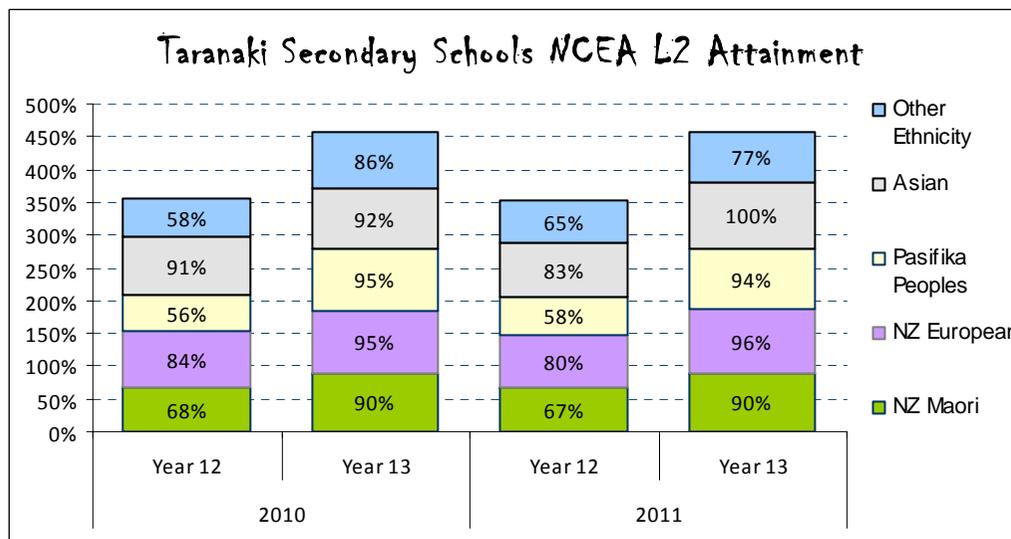
**Actions:**

- Ministry of Social Development programme for those on Youth Benefit and Young Mums Benefit.
- Links to programmes above for decreasing numbers of those at risk of disengaging with schools

- The Ministry of Social Development has developed new programmes to provide additional supports to those that are on benefits, with an aim to reduce the length of time they require social service payments, encouraging continuing education and provide mentoring.
- Stronger obligations for young beneficiaries and work more closely with disengaged youth.
- WITT will be reducing the number of courses offered which will have an impact on young people options for further education locally.

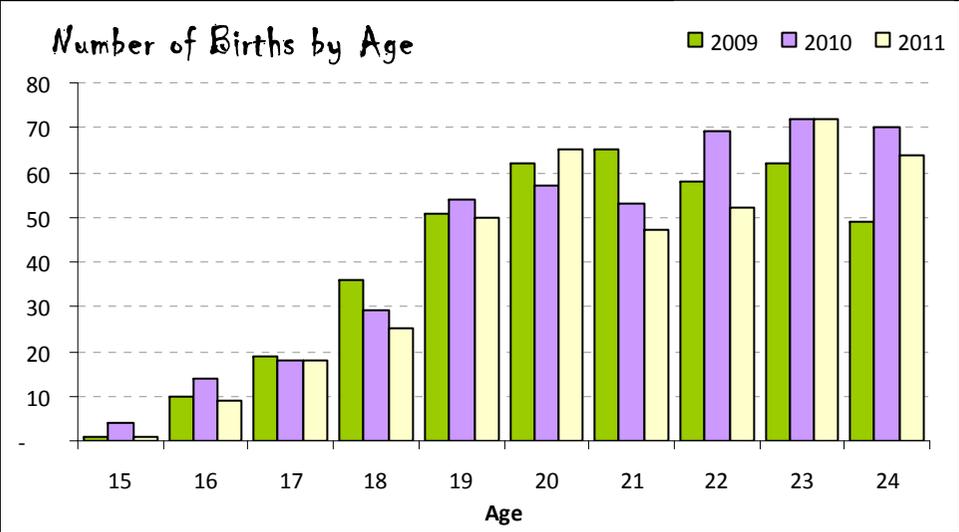
Ministry of Social Development, Work and Income

**4. Increase in 18 year olds achieving NCEA L2 or equivalent qualification, (including schools and other settings).**

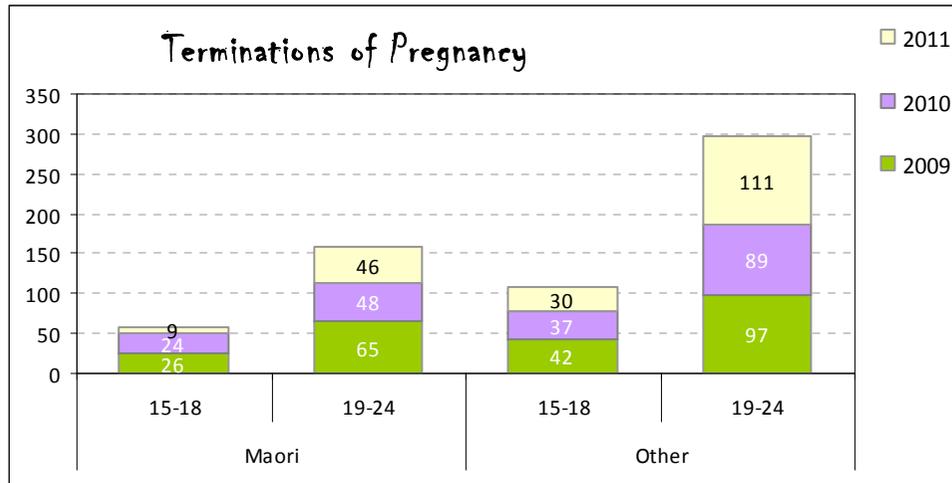


- This Government has set a target of 85% of 18 year olds achieving NCEA Level 2 or equivalent qualification by 2017.
- A number of initiatives are being rolled out through the Ministry of Education with key actions as identified in actions list.
- Nationally provisional rates for 2011 showed people aged 18 years with a minimum of NCEA Level 2 or equivalent qualification were non-Māori 74.1% and Māori 49.9%.
- The settings young people are able to achieve NCEA Level 2 or an equivalent qualification include: Secondary Schools, Service Academies, Trades Academies, Industry Training Providers, Tertiary

Ministry of Education

	<p><b>Actions:</b></p> <ul style="list-style-type: none"> <li>Ministry of Education implementation of the Youth Guarantee initiative aims to provide more choices, ways and places to achieve NCEA Level 2 or equivalent.</li> <li>Ensuring young people in schools achieve NCEA Level 2 or equivalent by strengthening the relevance of learning for young people through the implementation of vocational pathways, skills-based learning and stronger linkages and networks between schools, other providers and employers.</li> <li>Ensuring young people in other educational settings achieve NCEA Level 2 or equivalent by increasing the supply of flexible provision through the expansion of secondary-tertiary programmes such as Trades Academies, Service Academies and fees-free tertiary places.</li> <li>Identifying and engaging learners at risk of leaving education, or who have already left education, and working with schools and communities to re-engage these learners in education.</li> </ul>	Providers.																																													
<p><b>5. Reduction in the rate of teenage births</b></p>	 <p><b>Number of Births by Age</b></p> <table border="1"> <thead> <tr> <th>Age</th> <th>2009</th> <th>2010</th> <th>2011</th> </tr> </thead> <tbody> <tr><td>15</td><td>2</td><td>5</td><td>1</td></tr> <tr><td>16</td><td>10</td><td>14</td><td>10</td></tr> <tr><td>17</td><td>19</td><td>18</td><td>18</td></tr> <tr><td>18</td><td>36</td><td>29</td><td>25</td></tr> <tr><td>19</td><td>51</td><td>54</td><td>50</td></tr> <tr><td>20</td><td>62</td><td>57</td><td>65</td></tr> <tr><td>21</td><td>65</td><td>53</td><td>47</td></tr> <tr><td>22</td><td>58</td><td>69</td><td>52</td></tr> <tr><td>23</td><td>62</td><td>71</td><td>71</td></tr> <tr><td>24</td><td>49</td><td>70</td><td>64</td></tr> </tbody> </table> <p><b>Actions:</b></p> <p>Links to actions in indicator numbers: 1,3,4,7.</p> <ul style="list-style-type: none"> <li>Introduction of the free emergency contraception at pharmacy.</li> <li>Better information on sexual health.</li> </ul>	Age	2009	2010	2011	15	2	5	1	16	10	14	10	17	19	18	18	18	36	29	25	19	51	54	50	20	62	57	65	21	65	53	47	22	58	69	52	23	62	71	71	24	49	70	64	<ul style="list-style-type: none"> <li>The numbers of births over the last three years for young people have fluctuated from 413 (2009), 440 (2010) and 403 (2011).</li> <li>The numbers for young people aged between 15 and 18 have decreased from 66 in 2009 to 53 in 2011.</li> <li>Similarly rates for young people aged between 19 and 24 shows a decrease from 375 in 2010 to 350 in 2011.</li> <li>Māori represented 45% of the births in 2009 and 38% in 2011.</li> <li>For mothers of Māori ethnicity the birth rate is 92.0 compared to 77.6 nationally.</li> <li>For non-Māori mothers the Taranaki and national rates are similar, 15.8 and 14.0 respectively.</li> </ul>	Taranaki DHB, - Patient Management System
Age	2009	2010	2011																																												
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**6. Reduction in the rate of teenage terminations**



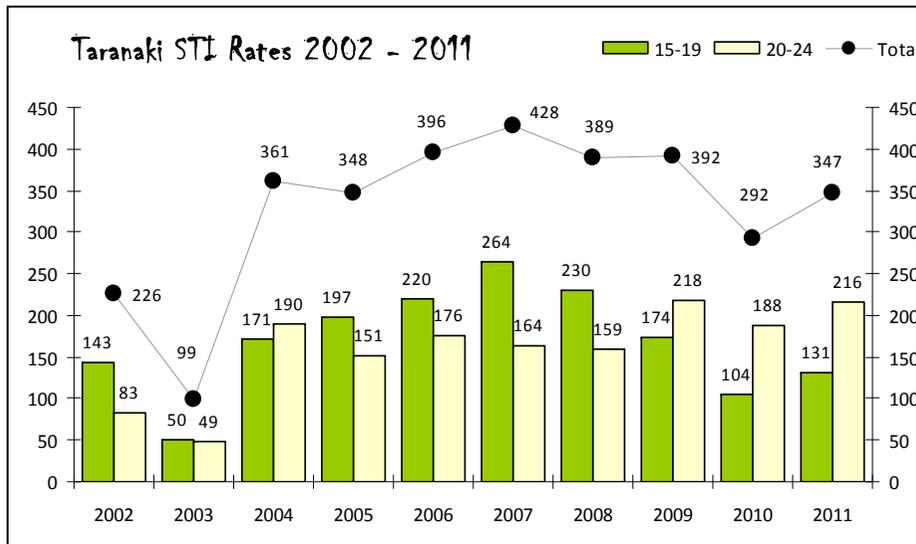
**Actions:**

Links to actions in Numbers, 1, 3,4 and 7.

- Although the rates of termination have decreased over the last three years by (15%) for the 2006-2010 period they were double the national rate – 30.8 per 1,000 in Taranaki compared to 15.89 nationally.
- While non-Māori statistics for terminations have remained static, for Māori there has been a decrease of 40% in the three years.
- By comparison the birth rate for young Māori is significantly higher than the national average at 92.0 per 1,000 population compared to 77.0 nationally.

Taranaki DHB – Patient Management System

**7. Decrease in the number of tests that are positive for STI's.**



**Actions**

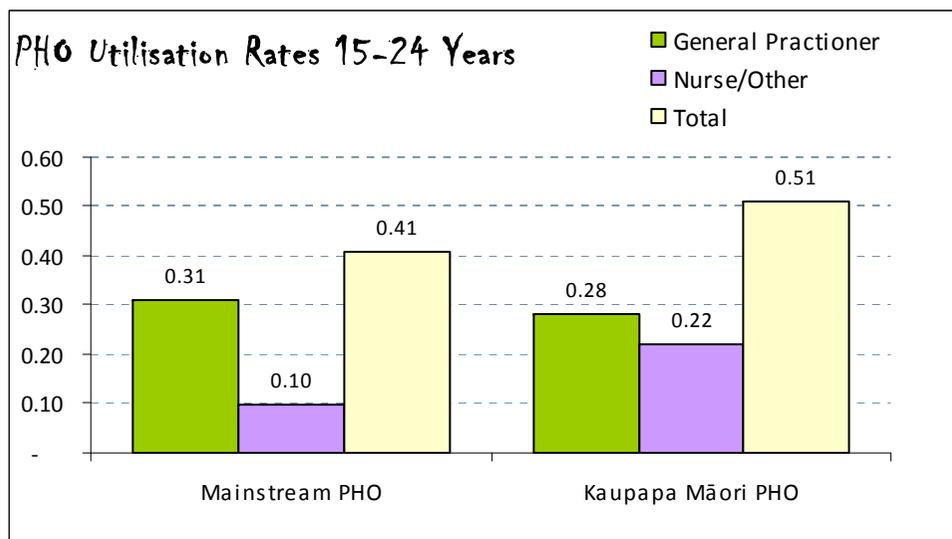
- National review of sexual and reproductive services.
- Development of youth health teams that will provide more coordinated service provision

- The overall rates of STI's increased from 2010-2011.
- The proportion of cases reporting in the 15-19 year age group has decreased over the last five years, where as the 20-24 year old age group has increased.
- Highest number of cases for STI's for 15–24 years is Chlamydia followed by Genital Warts. Gonorrhoea has the largest increase in cases over the last five years.
- Marked difference in Gonorrhoea rates for females at 77 per 100,000 (national average 58) compared to males 57 per 100,000 (national average 79).
- Males are less likely to attend services for Sexual Health issues with statistics showing between 65 and 75% attendance overall attendance rates for females.

Environmental Science and Research Limited

	<p>including sexual health services.</p> <ul style="list-style-type: none"> <li>• Linking with Schools and Board's of Trustees on improving the information provided on sexual and reproductive health in the school setting.</li> </ul>																												
<p><b>8. Increased % of young people reporting never smoked</b></p>	<p style="text-align: center;"><b>ASH Survey Year 10 Students Never Smoked</b></p> <table border="1"> <thead> <tr> <th>Year</th> <th>Percentage</th> </tr> </thead> <tbody> <tr><td>1999</td><td>34%</td></tr> <tr><td>2000</td><td>31%</td></tr> <tr><td>2001</td><td>35%</td></tr> <tr><td>2002</td><td>50%</td></tr> <tr><td>2003</td><td>44%</td></tr> <tr><td>2004</td><td>49%</td></tr> <tr><td>2005</td><td>51%</td></tr> <tr><td>2006</td><td>55%</td></tr> <tr><td>2007</td><td>58%</td></tr> <tr><td>2008</td><td>64%</td></tr> <tr><td>2009</td><td>57%</td></tr> <tr><td>2010</td><td>64%</td></tr> </tbody> </table> <p><b>Actions:</b></p> <ul style="list-style-type: none"> <li>• Through the implementation of the Tautoko I Rerenga a Tupeka Kore Taranaki – Supporting the Journey to a Tobacco Free Taranaki. Overview and Action Plan July 2011 – June 2014.</li> </ul>	Year	Percentage	1999	34%	2000	31%	2001	35%	2002	50%	2003	44%	2004	49%	2005	51%	2006	55%	2007	58%	2008	64%	2009	57%	2010	64%	<ul style="list-style-type: none"> <li>• In the 2007 ASH survey 26% of Māori reported never having smoked tobacco compared to 64% for non-Māori.</li> <li>• Comparing 2010 and 2011 results the number % of year 10 students that reported daily or regular smoking decreased by (2.1%), and those reporting they had never smoked increased by 4.6%.</li> <li>• Māori in Taranaki have a youthful population therefore make up a high proportion of the young people in the region.</li> <li>• Māori young people experience greater exposure to risk factors and poorer health outcomes than non-Māori.</li> </ul>	<p>ASH Survey Data</p>
Year	Percentage																												
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2008	64%																												
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2010	64%																												

**9. Increased Utilisation Rates at General Practice for young people**



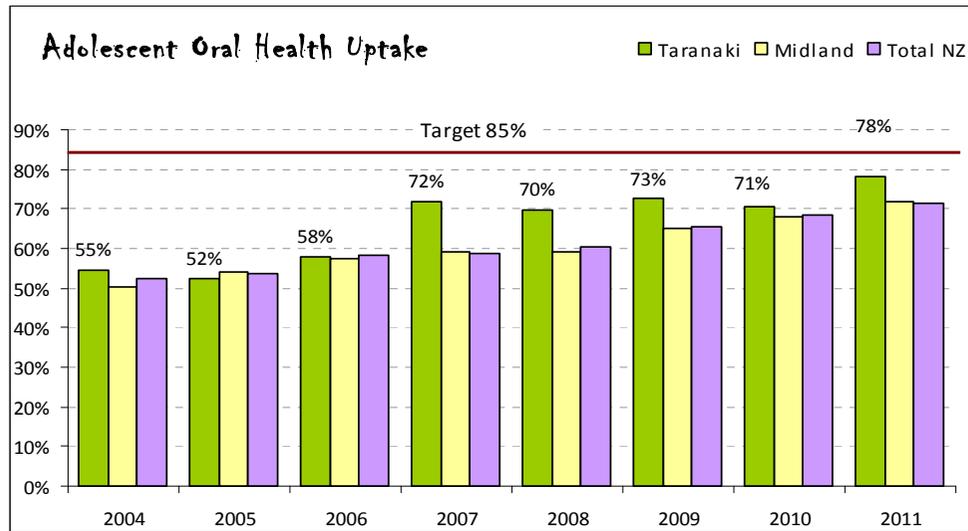
**Actions** (Work in progress)

- General Practice services linked to the development of Youth Health Teams.
- Reducing the co-payment for young people to attend General Practice.
- Maximising opportunities for standing orders.
- Increasing access to Primary Mental Health Initiative.
- Review appropriateness of consultations and ensuring equitable access for General Practice for free Sexual Health Services to those under 25 years-of-age.

- There are a number of reasons why young people often chose other service options for their care, including cost being a barrier.
- The Government through expectations to deliver better public services, requires General Practice to become more youth friendly.
- The average co-payment for interim funded practices in Taranaki for age groups 6-17 years is \$23.00 and for 18-24 years \$32.00.
- Emergency Department presentations triaged in categories 4 and 5 represented 74% of all presentations for the 15-24 age group.
- Hawera Hospital Emergency Department has a higher proportion of the younger population presenting than the other TLA's at 37.4% of the total (TLA proportion 24.7%).
- Presentations to ED on Saturday and Sunday are only slightly higher, on average four per day.

Primary Care – PHO Data

**10. Increasing % of adolescents completing oral health treatment**



**Actions:**

- Pilot outreach services with Community Dentists.
- Annual advertising in secondary school newsletters
- Increased awareness through development of Youth Health Teams

- Although the utilisation of Adolescent Oral Health services has steadily increased, we have yet to achieve the national target of 85%.
- The introduction of the titanium school oral health system has made it easier for transfers for young people from the Community Oral Health Service through to the Community Dentists.
- DNA rates for adolescents are high. We want to reduce the DNA rates and increase the utilisation and completion rates for young people.

National Repository, Ministry of Health