

COUNTIES MANUKAU ENGAGING RANGATAHI

Written by Centre for Youth (Kidz First Community Health Service), a multi-disciplinary team delivering specialist youth health services throughout the Counties Manukau region.

“KA PU TE RUHA, KA HAO TE RANGATAHI KUA AWATEA”

“The old net has been put aside, a new net is cast, a new dawn is breaking”

Counties Manukau currently has the youngest population of any DHB with high numbers and proportions of the child and youth population and low proportions of those over 65 years of age. The population aged 0-14 is projected to increase by an additional 23%.¹ This youthful population brings challenges but also the potential to nurture Tamariki (children) and Rangitahi (youth) with secure cultural identity and whai painga (values) in tune with whaanau ora.

Opportunities to Improve the Delivery of Health Services to Rangatahi

Almost all rangitahi Maaori are proud to be Maaori, and 34% speak and 39% understand Te Reo Maaori fairly well or better.² Therefore, culturally appropriate care is crucial if staff expect to engage with rangitahi, whaanau and the Maaori community. This includes understanding Maaori core values, co-working with Maaori colleagues, and utilising Maaori modes of care e.g. Te Whare Tapa Whaa (four cornerstones of Maaori health). Well-being (Hauora) is a holistic concept incorporating four equally important and inseparable elements: physical (Taha Tinana), spiritual (Taha Wairua), family (Taha Whaanau) and mental (Taha Hinengaro)³ is a vital ingredient for their healthcare access and provision.

Some keys to working effectively with rangitahi (Maaori youth) are:

The proportion of rangitahi who had been unable to access healthcare when needed is significantly higher than that reported by Paakeha/European students (13.7%) ($p=0.04$).² Rangitahi rights in healthcare services are the same as for every child and young person, but specific actions are needed to address disparities in access to care. In all contexts, Tino Rangatiratanga (Maaori self-determination) is based on Te Tiriti o Waitangi.

Every rangitahi has the right to⁴:

- Consideration of their best interests as the primary concern of all involved in his or her care. Benefit is in part determined by what is important to the child or young person himself or herself, and so the rangitahi's own tikanga, values and aspirations must contribute to any assessment of what is in his or her best interests.
- Express their views, and to be heard and taken seriously. To enable rangitahi to participate in decision-making processes, healthcare providers need to create an environment based on trust, the capacity to listen, information-sharing and sound guidance. It is important to allow time to see the rangitahi on their own (without the whaanau) for part of the clinical assessment as it ensures you have all the required information. Barriers reported to accessing healthcare included: didn't want to make a fuss (54.7%), too scared (30.1%), worried it would not be kept private (28.7%).²
- Have their **privacy respected**. Keeping rangitahi's details confidential (except where this places them or others at risk), and assuring rangitahi that their privacy is important, encourages them to share all of the information relevant to their care with health professionals. Information should not be communicated without the rangitahi's permission, except when he or she is at risk of harm or when the law requires disclosure. Health service providers should ensure rangitahi have access to appropriate and confidential health advice and counselling without their parents' consent or presence, irrespective of age, where this is needed for the child's or young person's safety or wellbeing.
- The highest attainable standard of healthcare. Employment of Maaori healthcare workers and access to traditional healthcare practices should both be encouraged. Health service providers have a duty to ensure information is available in Te Reo Maaori. Special consideration should be given to ensuring that all healthcare services are both developmentally appropriate and culturally safe.⁵
- Respect for themselves as a whole person, as well as respect for their family/whaanau and the

family's/whaanau individual characteristics, beliefs, tikanga, culture and contexts. The concept of Te Wheke, the octopus, defines family health. The head of the octopus represents te whaanau, the eyes of the octopus as waioara (total wellbeing for the individual and family) and each of the eight tentacles representing a specific dimension of health. The dimensions are interwoven and this represents the close relationship of the tentacles.⁶

- Be nurtured by their parents and family/whaanau, and to have family/whaanau relationships supported by the service in which the rangitahi is receiving healthcare. Healthcare organisations and healthcare professionals need to support family/whaanau and whaangai relationships, and respect the responsibilities of parents and guardians to care for and guide their rangitahi. Rangitahi report that their parents care about them a lot, however only half reported that they spend enough time with their parents.²
- Participate in decision-making and, as appropriate to their capabilities, to make decisions about their care.
- Continuity of healthcare, including well-planned care that takes them beyond the paediatric context. This includes care co-ordination both between and within the various services working with rangitahi and their families/whaanau.
- To be **well informed** about their healthcare and any procedures and treatment they might need. Youth rights when accessing health services' pamphlet/poster developed by the Counties Manukau DHB Youth Advisory Group have the right to be treated with a positive attitude and not be pressured by anyone to do anything they don't want to do'. This aligns with an important legislative and practice principles that safety needs to guide all interactions.

Screening and Comprehensive care

Opportunistic psychosocial screening e.g. HEEADSSS is critical in youth health as rangitahi are unlikely to disclose important health information such as (drugs, driving, sexual health and mental health) if you do not ask them about these issues in a non-judgemental manner. This must be standard practice in healthcare. It does take time and skill, but can be efficiently done by nurses, social workers or doctors. Without routine screening, health services often only touch the tip of the iceberg with many rangitahi. It is difficult to address compliance and management issues if you do not have the entire picture.

Encouraging access to primary care

Access to appropriate primary care services can promote long-term health by encouraging the avoidance of behaviours that have serious health consequences in adulthood. Rangitahi are learning to navigate the health system. Ensuring young people are enrolled and have access to good primary care is teaching them important life skills. This is an important step towards taking long-term responsibility for not only their own health, but also as they become parent.

Additional Resources

Matua Raki is the National Addiction Workforce Development Centre within Te Pou (Mental Health Programmes Ltd) funded by the Ministry of Health.

<http://www.matuaraki.org.nz/>

Metge, J. & Kinloch, P. (1999). *Talking past each other: problems of cross cultural communication* (4th ed.). Wellington: Victoria University Press.

Metge, J. (2001). *Korero tahi: Talking together*. Auckland: Auckland University Press.

Te Iho: Maaori Mental Health Training website (for Mental Health Registrars) has a wealth of information about Maaori mental health, approaches, case studies, assessments. <http://www.teiho.org>

Te Rau Matatini supports Maaori workforce development to enhance whaanau ora, health and wellbeing. <https://www.matatini.co.nz/>

References

¹ **Counties Manukau DHB.** (2011). *Residential Locality Profiles for Counties Manukau DHB: CMDHB Overview*. CMDHB, Auckland. Accessed 22 October 2012

http://www.cmdhb.org.nz/about_cmdhb/planning/health-status/Population/CMDHB-Overview-Residential-Locality-Profiles.pdf

² **Clark, T.C., Robinson, E., Crengle, S., Herd, R., Grant, S., & Denny, S.** (2008). *Te Ara Whakapiki Rangitahi. Youth'07: The Health and Wellbeing Survey of Secondary School Students in New Zealand. Results for Maaori Young People*. Auckland: The University of Auckland. <http://www.youth2000.ac.nz/>

³ **Durie, M.H.** (1985). A Maaori perspective of health. *Social Science Medicine*, 20(5), pp. 483–486.

⁴ **Paediatric Society of New Zealand.** *Charter of Tamariki/Children's and Rangatahi/Young People's Rights in Healthcare Services in Aotearoa New Zealand*. Accessed on 22nd October 2012 <http://www.paediatrics.org.nz/files/Charter%20on%20the%20Rights%20of%20Children%20and%20Young%20People%20in%20NZ%20final%20version.pdf>

⁵ **Ramsden, I. M.** (2002). *Cultural Safety and Nursing Education in Aotearoa and Te Waipounamu*. Unpublished doctoral thesis, Victoria University of Wellington, Wellington, New Zealand.

⁶ **Pere, Rangimarie.** (1991). *Te Wheke: a celebration of infinite wisdom*, Ao Ako Global Learning New Zealand: Gisborne.