



Welcome to the CCYN Symposium Friday, 24 September 2021

Programme

8:30am Welcome Introduction

9:00am

Keynote address 1: *Dr Glen Colquhoun* – GP and poet working in a youth health service in Horowhenua

<https://www.glenncolquhoun.net/>

Topic: Letters to Young People - working with young people in a fractured health system

Glenn Colquhoun is a poet and doctor. Born in 1964, he:

- grew up in South Auckland,
- went to school at the South Auckland Seventh-day-adventist primary school, and
- later the Auckland Adventist High School in Mangere.

He went on to study theology for two years at Avondale College, the church's tertiary institution in Australia, and completed a BA in English and Education at Auckland University in 1987.

He later attended Auckland Medical School, graduating in 1996.

In 1994, he took a year off medical training and spent that time in Te Tii, a small Māori community in Northland. This began a lifelong relationship with the community and its people. His first collection of poetry, *The Art of Walking Upright*, was written about this community. He returned there later to work as a doctor in the Bay of Islands.

Playing God, his third collection of poetry, detailed some of his experiences in medicine. It won the Reader's Choice prize at the Montana Books Awards that year - the only time a collection of poetry has won this award in New Zealand. In 2006, it was awarded a Booksellers NZ Platinum Award for poetry. To date, it has recorded sales of over 10,000 copies. He has also written three children's picture books, and published essays on medicine and race relations in New Zealand.

In 2002, he toured Northland with Hone Tuwhare. Their experiences are recorded in the documentary film *Hone Tuwhare – the return home*, and in 2003, he was a member of the New Zealand Book Council's Words on Wheels tour to the East Coast.

In 2004, he was awarded the Prize in Modern Letters. This was, at the time, the largest award made to an emerging writer anywhere in the world. In 2005, he moved from Northland to Waikawa Beach in Horowhenua, where he began work as a GP at Hora Te Pai - the iwi medical practice for Te Ati Awa ki Whakarongotai. He was made a Distinguished Alumni of Auckland University that year and in 2006 Glenn published his eighth book, *How we fell*, a collection of love poetry. The same year, he was also one of ten New Zealand writers published in *Are angels ok?* This is an anthology of science writing commemorating the international year of physics.

In 2008, he published his fourth children's book, *Amazing Tales of Aotearoa*, based on A.W Reed's classic work, *Wonder Tales of Maoriland*. He also performed with Green Fire Islands, a production exploring the traditional music of Ireland and New Zealand. A poetry sequence written for the show, North:South was illustrated by the artist Nigel Brown and published in 2009. Later that year it was performed as a stage production.

In 2010, Colquhoun won a Fulbright Scholarship to Harvard University to study medical humanities and in 2011 he helped to establish the Horowhenua Youth Health Service, where he continues to work in adolescent medicine. In 2012, he was part of the Transit of Venus poetry exchange at the Frankfurt Book Fair and in 2014 represented New Zealand on the Commonwealth Poets United poetry project, which celebrated the Glasgow Commonwealth Games that year. *Late love - Sometimes doctors need saving as much as their patients* was published by BWB in 2016.

Currently he lives at Waikawa Beach with his daughter, Olive. He continues to work with young people at the Horowhenua Youth Health Service, and remains a popular visitor of high schools and primary schools in New Zealand. He performs his poetry regularly throughout the country.

9:45am

Keynote address 2: *Libby Haskell* - Paediatric Emergency Nurse Practitioner, Starship Hospital

LibbyH@adhb.govt.nz

Topic: Bronchiolitis and improving care for infants

I welcome the opportunity to present my work on bronchiolitis and improving care for infants, including:

- about bronchiolitis,
- evidence-based care,
- the RCT implementation study we have completed, and
- where to from here?

I am particularly keen to talk about the role nurses play in influencing evidence-based care for infants with bronchiolitis, including some new data obtained from clinician surveys at the beginning of the study and at the end (to assess change in clinician beliefs, knowledge, skills).

10:50am

Presentation 3: *Cara Meredith* - RN, RM, Clinical Project Lead at Te Puawaitanga,

<http://whanauoraservices.co.nz/>

Topic: Te Puawaitanga's indigenous approach to supporting maternal mental health

Cara Meredith is a Registered Nurse and Midwife who has worked in health for 26 years in community and tertiary settings. Her current role is Clinical Project Lead for Whānau Whakapuawai a kaupapa – a Māori maternal mental health pilot programme.

Cara's Masters dissertation explored maternity journeys for Māori whānau in Waitaha, with a focus on equity. She is commencing PhD studies this year with MIHI (Māori and Indigenous Health Institute) at the University of Otago, and will be exploring kaupapa Māori and Indigenous approaches to maternal mental health distress.

Cara grew up in Wales and is of Kāi Tahu, Kāti Māmoe and Waitaha descent. Cara has two tamariki - Myfanwy and Osian.

11:20am

Presentation 4: *Joshua Puts* - Nurse Practitioner at MidCentral DHB

Joshua.Puts@midcentraldhb.govt.nz

Topic: Describing the wide range of settings (school, early childhood education, home, community, etc.) and ways of working with tamariki

I qualified as a Paediatric Nurse practitioner in Jan 2019 and started in my current role from June/July 2019.

My colleague, Bridget Bellhouse and I, were the first Paediatric Nurse practitioners in our DHB after several years of working towards it and building a business case. We then developed the roles as we went, and continue to do so. My aim/philosophy is to apply an equity focus to increase access and health outcomes while being adaptable.

Before that I worked in paediatrics since 2007 in a variety of roles:

- inpatient,
- outpatient,
- homecare, and
- Associate Charge Nurse.

My presentation is a discussion about my role as a Paediatric Nurse Practitioner. I run clinics in primary and secondary services across our DHB.

A brief overview of clinics that I run includes the following:

General paediatric outpatient clinics at the hospital and three surrounding geographic areas up to 60kms away. These Tamariki are referred to the hospital from GPs, NPs, Schools etc. I see referrals that would otherwise be seen by a Paediatrician or Paediatric Register, with the benefit of a nursing focus. These presentations are across the paediatric continuum and include, but are not limited to,

- neurodevelopmental conditions,
- behavioural conditions,
- epilepsies,
- genetic conditions,
- respiratory,
- cardiac,
- oncology, and
- palliative etc.

I work as the lead clinician to:

- assess,
- investigate,
- diagnose,
- prescribe/manage treatment, and
- follow up tamariki and their whanau.

The aim of the visiting clinics is to increase access to areas of high health needs and low socio economic conditions.

I have established a clinic alongside an Early Childhood Centre in a high need area. It is left open to families to book times that suit them with no entry criteria. Interestingly, 50% of presentations would typically be secondary care, although families have been unable to access it, and 10% are refugee families unable to enrol with GPs. This clinic has since expanded with surrounding schools and community also feeding into it.

I am also establishing similar clinic in a community further away, alongside Tamariki Ora nurses and public health nurses. This area has difficulty with engagement and access while having high health needs.

On the primary side, I offer some acute walk in or GP booked clinics in a couple of practices.

On top of this, I offer regular education to colleagues and sit on the Oranga Tamariki Panel.

11:40am

Presentation 5: *Bridget Bellhouse* - Nurse Practitioner at MidCentral DHB

Bridget.Bellhouse@midcentraldhb.govt.nz

Topic: Partnering for Tamariki, an initiative developed from identified community needs

Bridget has been working in Child Health for the last 22 years, in New Zealand, Ireland and Saudi Arabia. Alongside nursing part time with a young family. Bridget spent three years lecturing at UCOL on the Early Childhood Education and Bachelor of Nursing programmes. After 15 years working in the acute hospital setting, she took up a Clinical Nurse Specialist position in the Child Health Community Team (a community based multi-disciplinary service), completed her Masters in Health Practice in 2018 and registered as a Nurse Practitioner in 2019. The new role incorporates three aspects:

- **clinical** - seeing patients in a variety of settings, referred from multiple pathways,
- **education** – providing professional education to various groups (parents, teachers and health professionals) along with providing case review and peer support opportunities, and
- **strategy** – working on local clinical pathways, being part of advisory committees etc.

Bridget has been a member of the Think Hauora (Central PHO) clinical governance group for the last three years.

In 2019, MidCentral DHB appointed two Child Health Nurse Practitioners to provide equitable and closer-to-home health care to children in line with local and national health strategies, especially those from priority populations (National Health Strategy, 2016). The Nurse Practitioners are community-based and see children in a variety of settings, including:

- outpatient paediatric clinics,
- General Practices,
- schools,
- early childhood centres, and
- homes.

Responsive initiatives have been developed according to identified needs in the community. 'Partnering for Tamariki' is one of those initiatives.

Vulnerable children living in high deprivation areas have multi-factorial health and social needs that are not being met for various reasons. By acknowledging schools as a gateway, previously underutilised by health in our region, Nurse Practitioner clinics were initiated within schools and early childhood education centres. This has enabled health issues like behavioural problems, skin

and respiratory conditions and continence issues – in reality whatever the school identifies as a health issue for a child, to be addressed. The collaboration between health and education has created positive outcomes for children by combining the existing support available in schools (such as administrators, social workers, psychologists and speech and language therapists) with the skills of a Child Health Nurse Practitioner with DHB support networks. Additionally, community relationships with local general practice teams, pharmacists and social agencies provide a robust wraparound service for the tamariki and whanau.

Feedback from caregivers is very positive - they prefer being seen in an environment that removes barriers, is familiar to them with people they trust and without financial implications (transport/parking costs or General Practice fees). The school support the family to attend clinic appointments so attendance rates are high. By addressing children's health needs, barriers to learning are reduced.

12:00md

Presentation 6: *Michael Brenndorfer* - Youth Health nurse and Nurse Educator in Auckland.

www.youthhealthhub.co.nz

Topic: Gender-affirming healthcare within a nurse-led primary health care youth clinic

Michael Brenndorfer (BHSc, MHPrac, PGDip Youth Health) is a youth health nurse and Nurse-Educator for School-based Health Services working in West Auckland for Te Puna Manawa – HealthWEST. He is a member of the Education Working Group for the Professional Association for Transgender Health Aotearoa (PATHA), and is a member of the exec board for the Society of Youth Health Professionals Aotearoa NZ (SYHPANZ). His clinical work involves the provision of gender affirming healthcare within a nurse-led primary health care youth clinic. He is currently on the nurse practitioner pathway at the University of Auckland and set to complete this qualification at the end of 2022.

Gender diversity is an increasingly relevant and important aspect of child and youth health services. The provision of gender affirming healthcare requires a highly holistic approach, incorporating aspects of mental health, social supports, and medical interventions to support young trans and gender diverse young people becoming their most real, authentic selves. The holistic paradigm of nursing is ideally situated to support young people around the specific areas. This presentation will use the Youth Health Hub service in Tamaki Makaurau/Auckland as a case study for the valuable contribution nurses can make towards the provision of gender affirming health care for young people. As part of this presentation, clinical skills around initial assessment and appropriate referral and treatment pathways will be discussed, as well as an overview of transgender health, and the state of gender affirming healthcare in Aotearoa New Zealand.

1:10pm

Presentation 7: *Good Night Sleep Tight* - A not-for-profit initiative with the vision

<https://goodnightsleeptight.org.nz/>

Topic: Ensuring children in the greater Christchurch area go to bed warm

1:30pm

Presentation 8: *Lucy Carey* - Registered Dietitian, Pegasus Health

Lucy.Carey@pegasus.org.nz

Topic: Whānau wellbeing – nutrition and lifestyle for NZ families

Lucy Carey is a Registered Dietitian with Pegasus Health in Christchurch. Her areas of interest include:

- disordered eating,
- lifestyle medicine,
- teen athletes, and
- feeding kids.

She claims her 15 minutes of fame came and went in 2019 when she published an opinion paper calling to remove the BMI component from B4 School Checks, which received widespread praise by everyone except the Ministry of Health.

Today Lucy is going to talk about nutrition and lifestyle for New Zealand families with young children.

2:00pm

Presentation 9: *Leaha North* - CNS for Child Health Cluster at Regional Public Health, Hutt Valley DHB

leahanorth@yahoo.com

Topic: Nursing leadership and my journey in child and youth health

Until recently, I worked as the Clinical Nurse Specialist for the Child Health Cluster at Regional Public Health, working with Public Health Nurses in our primary and intermediate School settings.

I have significant nursing experience and knowledge and have held Senior Nursing leadership roles for greater than five years in child health, elective surgery and most recently Public Health. I continued to develop and grow through these experiences, most recently completing Ngā Manukura o Āpōpō Clinical Leaders Programme for Maori Nurses, Public Health Leadership Programme and completing my Master's in Professional Practice. I am passionate about:

- advocating for fair and equal access to healthcare,
- striving for safety,
- quality improvement, and
- service development to improve health outcomes for adults, children, young people and their families/whānau.

Leaha's presentation will outline her professional journey through clinical areas, including:

- Older adult,
- Public Health,
- general paediatrics,
- sick children,
- Educator,
- the local, national and international places I have been.
- Co-ordinator,
- Committee member,
- Leader,
- Clinical Specialist, and

Sharing with you the different places I have been, and asking: What is in my net now? and how I have filled some of the holes/gaps in my net to take it wider, that could assist you to go to new places.

Presentation 10: Youth Advisory Council for CDHB

cdhbyouth@gmail.com

Topic: Advocacy for youth health consumers

Presentation 11: *Jo Heap* - Clinical Nurse Educator from Supporting Parents, Healthy Children, Whanganui DHB

Joanna.Heap@wdhb.org.nz

Topic: How health professionals can have a positive impact on children and young people who have a parent or caregiver with mental illness or addictions

Jo has 30+ years' experience working in infant, child, adolescent and family/whānau community health and education in New Zealand. She returned to Whanganui District Health Board from New South Wales, Australia in 2016, where she worked for Children & Young People's Mental Health, Central Coast Local Health District, for four and a half years as a COPMI Parenting Coordinator. Jo has presented overseas and published articles related to child, adolescent and family/whānau health. She is currently working as the Clinical Nurse Educator Supporting Parents Healthy Children (COPMIA), and MICAMHAS clinician roles for Whanganui District Health Board.

The collective responsibility of all helps to identify vulnerable whānau/families, strengthens parenting capability and builds resilience of children and young people. This resilience can change over time as the balance of risk and protective factors change.

It is well documented that whānau/family interventions reduce the effects of mental illness inter-generationally and improves outcomes for children and young people living in the presence of mental illness or addiction. Being a parent can be stressful at times however for parents who experience mental illness and/or addictions it can also be a motivating factor to continue on the recovery journey. Parenting can promote meaning, purpose and hope.

Children and young people need to be able to ask questions and know it is still okay to have fun. The most commonly expressed fears of children and young people who have a family member with mental illness/addiction are; Will I catch it? Am I responsible to make my parent better? Did I cause it? Why aren't we like other whānau/families? What are you the parent doing to get better?

Regardless of where you work or what age group you work with in your professional health care role, recognising children and young people who are living in the presence of mental illness/addiction and/or are young carers, is critical in improving outcomes for all.

Presentation 12: *Lisa Smith* - Children's Continence Nurse Educator, Continence New Zealand

<https://www.continence.org.nz/>

Topic: Getting to the bottom of Children's Continence in New Zealand

Over a career spanning more than three decades, Paediatric Nursing has led me down many fascinating pathways. In Scotland, I worked as an Asthma Specialist Nurse, Charge Nurse, and an Associate Lecturer at Dundee University. On moving to New Zealand, I worked on the children's ward and met my next challenge of supporting children and families with Chronic Constipation. During this time, I received first prize at Hawkes Bay DHB 2013, for Innovation in Nursing Practice for the setting up and running a successful Nurse led Bowel Management Clinic. I have presented at National and International Conferences, and now in my new role as Children's Continence Nurse Educator for the Charity, Continence NZ, I am keen to share what this organization can offer to help nurses manage bowel and bladder problems with the children and youth they work with.

Bowel and Bladder problems in children is estimated to affect 1 in 12 from the ages of 5 -19yrs. Achieving continence in children is a complex process and there are a multitude of factors which can impact on the acquisition of this essential milestone. The impact of continence conditions can be profound with many experiencing:

- low self-esteem,
- anxiety,
- low academic performance, and
- bullying.

Most bowel and bladder problems are avoidable and treatable, but due to lack of investment into this area of health, there are huge gaps in service provision with fragmentation of care throughout NZ. From a report commissioned by Continence NZ in 2017, it identified that best practice principles are not being met by many DHBs.

Thanks to the presenters who have generously shared their time and talents today. Our understanding of how to support pepe and tamariki, children and youth, families and whanau in Aotearoa New Zealand is that much richer because of you.