SIX PRINCIPLES OF YOUTH APPROPRIATE CARE TO SUPPORT TRANSITION FOR RANGATAHI IN AOTEAROA

The Principles of Youth Appropriate Care for Rangatahi should be read in conjunction with:

- Te Ūkaipō; a mātauranga Māori framework for School Based Health Services,
- Mana Taiohi youth development principles
- Te Tapatoru, a model of whanaungatanga to support rangatahi wellbeing.

The work sought also to align with national health strategies focused on equity, partnership with whānau, and system integration across health and social services, including:

- the New Zealand Health Plan | Te Pae Tata
- the Health of Disabled People Strategy

The 6 overarching principles prioritise first and foremost, the voice of rangatahi, highlighting for health practitioners, possible ways of thinking about how they can better enable meaningful connections with rangatahi and whānau to enhance the experiences of rangatahi throughout their transition of care journey.

We worked together with rangatahi via online virtual hui & focus group meetings to collaboratively review the literature, reflect on current practice in New Zealand and develop these principles. Four youth advisory groups were involved representing young people from a wide variety of social and clinical backgrounds and varying life experiences.

- Te Whatu Ora Waitaha Canterbury Youth Advisory Council
- Māngai Whakatipu Youth Advisory (School Based Health Services)
- I.Lead Youth Advisory Group (neurodevelopmental and mental health focus)
- VOYCE Youth Advisory Group (young people in care)

We specifically sought the voice of Māori and Pacific rangatahi, young people with disability, young people with mental health experience and young people in care. See appendix A

We sought lived experience whanau feedback from the Child Health Advisory Council & NZCYCN Lived Experience Navigators Ropu and feedback from expert youth health professionals from Te Kāhui Korowai Rangatahi – Youth Health Aotearoa. See appendix A

Feedback from workforce providers across Primary/community, secondary, and tertiary health settings targeting both paediatric and adult providers representing a wide range of professional roles and clinical expertise, with a particular focus on neurodevelopmental, mental health and young people in care sectors (n=130) was collected via an online survey. See Appendix B

A National Network of professional contacts who are keen to be involved in any future mahi in the space of youth-appropriate care and improved transition has been collated. See appendix C

Recommendations include:

1. **Embed structured transition programmes** within youth-appropriate models of care across the motu, ensuring seamless coordination between paediatric and adult services across primary, secondary, tertiary, health, and education sectors.

2. **Invest in workforce capacity and capability**, including youth health training and dedicated youth health coordinator/support roles to support implementation and continuity of care.

3. **Secure sustainable funding** that supports integrated, cross-sector models of care and long-term service delivery.

4. **Prioritise equity, cultural responsiveness, and youth-friendly care**, including trauma-responsive approaches and targeted action to address barriers experienced by priority populations.

5. **Embed meaningful youth, whānau, and stakeholder partnerships** in service design, implementation, evaluation, and ongoing collaboration frameworks.

Introduction

The way that youth healthcare care is approached has a significant impact on the safety, health, and happiness of rangatahi and their whānau. Aotearoa New Zealand youth specific data provides valuable insight into the inequities in healthcare for rangatahi and the importance of cultural engagement and a holistic developmental model of care.

The project focus evolved to develop six refined principles of youth appropriate care to support improved transition for rangatahi. Across all principles, rangatahi consistently emphasised the need for care that is respectful, culturally grounded, relational, collaborative, and responsive to the realities of young people's lives.

Workforce feedback reinforced that achieving these aspirations requires not only skilled clinicians, but also coordinated systems, sustainable resourcing, accountability, and strong organisational support.

The principles collectively describe an approach that is rangatahi-led, whānau-partnered, equity-driven, and grounded in Te Tiriti o Waitangi and holistic models of wellbeing. This aspirational rather than need-based approach, has the potential to create meaningful change and better support our Rangatahi as leaders of the future, as they move into adulthood.

Principles and Enablers of Youth Appropriate Care to support Transition for Rangatahi in Aotearoa
• **Rangatahi-led, whānau -partnered care in safe, culturally grounded environments.** - Comprehensive care within a developmentally responsive holistic engagement model of care/youth health approach - Incorporate broad psychosocial assessments (HEEADSSS) for all young people. - Free from bias and discrimination, respectful and empowering of diversity (culture, religion, gender, sexuality) - Strength based, trauma informed and affirming Rangatahi capability, goals, and aspirations into adulthood
• **Delivered by a youth-capable, relational, and well-supported workforce.** - Nationally aligned training and competency standards/frameworks (Primary, secondary & tertiary)
• **Early, structured, and individualised transition planning for long term health.** - Shared care models with defined roles and responsibilities – integration with community providers, school-based health services etc - Youth Health support coordinators
• **Equity-driven, trauma-responsive, accessible, and culturally affirming services.** - Clinical risk factors, practical access barriers - Technology enablers
• **Integrated, coordinated, and collaborative systems of care.** - Integrated accessible data systems. - Continuous integrated dynamic multidisciplinary service provision – championing the lifelong healthcare role of the GP and community service providers. - Portable health summary accessible across sectors
• **Continuous improvement through co-design, feedback, and accountability.** - Nationally aligned tracking and evaluation strategies involving youth & whanau

PRINCIPLE 1

Rangatahi-led, Whānau-partnered care in safe, culturally grounded environments.

"We want health spaces where we feel safe, respected, and treated like individuals – not talked down to, not rushed, and not left out of decisions. Have time for me". ***Waitaha YAC,***

"It makes a huge difference when people actually take the time to listen and include our Whanau if we want them there". ***Mangai Whakatipu YAC***

"Culture, beliefs, and ethnicity needs to be understood and integrated into your care". ***Mangai Whakatipu YAC***

"A place where health professionals talk to you about confidentiality and privacy where others cannot hear & work together with you to help your parents/carers understand and support your goals". ***Mangai Whakatipu YAC***

"Be relatable, not big and scary doctors". ***Mangai Whakatipu YAC***

"I want to be able to decide what information I want to share with a clinician – please don't delve around for information about me that I don't want to share" ***Voyce Youth Advisory***

"Please take what I say seriously – don't be insensitive or dismissive or try to rush. Treat me as an individual – I am not just another patient for you. Try to understand my background and identity and what my values are" ***Waitaha YAC***

"Listen to me" ***I.Lead YAC***

"Support me to make my own decisions" ***I.Lead YAC***

"*Language is so important****" I.Lead YAC***

Young people consistently described the importance of feeling safe, respected, listened to, and treated as individuals within healthcare environments. Rangatahi wanted meaningful involvement in decisions, control over personal information, culturally responsive care, and the ability to involve whānau and trusted supports in ways that reflected their preferences.

Key youth priorities included:

- Being heard and taken seriously
- Respect for identity, culture, language, and beliefs

- Privacy and confidentiality
- Flexible whānau involvement
- Relational, non-judgemental healthcare professionals
- Care environments that support belonging and mana

Workforce feedback strongly supported the intent of this principle but highlighted the need for clearer, practical, measurable expectations that can be implemented consistently across services. Respondents emphasised that safe, welcoming, culturally grounded environments are foundational to trust, engagement, and successful transition.

The refined principles position rangatahi as experts in their own lives and promotes gradual development of autonomy over time, rather than abrupt transitions based solely on age. Care should be:

- Trauma-responsive
- Developmentally appropriate
- Holistic and strengths-based
- Inclusive of diverse identities and experiences
- Grounded in Kaupapa Māori and Te Tiriti principles.

Implications for the health sector include:

- Adoption of whanaungatanga-based models of care
- Flexible, youth-led engagement practices
- Consideration of broader life transitions (education, housing, employment, mental health)
- Greater attention to privacy, agency, and informed consent
- Youth-friendly, culturally affirming physical environments.

Key supporting resources identified included Mana Taiohi, Te Tapatoru, Te Ūkaipō, youth-friendly health design guidance, and the RACP Youth Appropriate Healthcare Position Statement.

PRINCIPLE 2

Delivered by a youth-capable, relational, and well-supported workforce.

"It really matters when health professionals get us, when they're open, relatable, and actually understand what young people go through. We notice when they listen, follow through on things and treat us like we matter. Make us feel like we belong in the space we are in and go above and beyond to advocate for our needs" ***Waitaha YAC***

"Working to find out what is causing the issues rather than just treating the symptoms alone – it made it feel like they actually cared about helping me" ***Waitaha YAC***

"Be open to learning from young people" ***Mangai Whakatipu YAC***

"Being kind, non-judgmental and relatable – not too much clinical language; talk to you as an equal" ***Mangai Whakatipu***

"I wish somebody had taken the tie to just check on me and ask me if I was OK" ***VOYCE Youth Advisory***

Rangatahi emphasised that the quality of relationships with healthcare professionals significantly influences their care experience. Young people valued clinicians who were relatable, kind, non-judgemental, consistent, and genuinely invested in understanding their lives and wellbeing.

Youth highlighted the importance of:

- Being treated as equals
- Clinicians using accessible language.
- Advocacy and follow-through
- Holistic understanding beyond symptoms
- Emotional check-ins and relational care

Workforce respondents reinforced that transition success depends heavily on the workforce delivering it but stressed that workforce capability cannot exist without adequate system support. Professionals noted that youth health competence requires more than clinical training alone.

The consultation identified the need for a workforce that is:

- Youth-capable
- Relationally skilled
- Trauma-informed
- Culturally grounded.
- System-aware
- Supported by adequate funding, time, and infrastructure.

Developmentally appropriate care, HEEADSSS assessment skills, understanding of neurodevelopmental conditions, state care experiences, and strengths-based practice were identified as core capabilities.

Implications for the health sector include:

- Dedicated youth health training pathways
- Multidisciplinary transition clinics
- Structured support for growing youth autonomy
- Peer support initiatives
- Use of digital technologies and virtual support models
- Investment in workforce development and protected time

A wide range of educational and practice resources are available, including youth health postgraduate programmes, RACP Online Training, Goodfellow and Whāraurau training, Starship guidelines, quality standards for adolescent healthcare, and a specific nursing practice development guide.

PRINCIPLE 3

Early, structured, and individualised transition planning.

"Don't leave it until the last minute. Start early, make a plan with us, and help us stay connected" ***Mangai Whakatipu YAC***

"It's easier when someone brings everything together and checks if things fall through. If your plan doesn't work and we fall through the cracks, we need somebody to be there for us" ***Waitaha YAC***

"In an ideal world there would be an app or website where we could see everything and request what we need" ***Waitaha YAC***

"I feel like a hui with everyone involved including the young person would really be great" ***Mangai WhakatipuYAC***

"When I transitioned and it was from one to the other, there was no buffer in between and I think it would really help to have that connection … earlier than what you're supposed to, even though it's an adult service, but having those connections before you just jump into all of it" ***VOYCE Youth Advisory***

"I did not have the resources to really do well or succeed or transition in a positive way. I was literally just surviving bare minimum… just make it easier". ***VOYCE Youth Advisory***

Young people strongly advocated for transition planning to begin early, be coordinated, and remain connected to their real-life needs and goals. Rangatahi described the distress caused by abrupt transfers of care and fragmented communication between services.

Youth highlighted the importance of:

- Starting transition conversations years before transfer
- Having clear, individualised plans
- Coordination across providers
- Warm introductions to future services
- Advocacy and support to prevent disengagement.
- Digital tools and accessible information systems

Workforce respondents agreed that early and structured transition planning is critical to preventing poor outcomes, relapse, and loss to follow-up. However, they stressed that effective transition planning requires:

- Workforce capacity
- Dedicated youth health support coordinators
- Cross-service collaboration
- Clear pathways and tools
- Co-design with rangatahi and whānau

The principle promotes transition as a dynamic, ongoing process rather than a single transfer event. It also emphasises the importance of recognising:

- Whānau and social support networks
- Cultural and spiritual connections
- Community relationships
- Emotional impacts of service separation and change

Implications for the health sector include:

- Individualised transition plans with youth-defined goals
- Readiness assessments
- Clear handover processes
- Named care coordinators or youth health navigators.
- Ongoing support after transfer
- Warm, mana-enhancing introductions between services

Existing transition planning tools and resources from Starship, My Wai, Enabling Good Lives, and the following neurodevelopmental transition resources were identified as useful implementation supports; https://www.paediatrics.org.nz/files/1747287497_07-24_Action_Points_for_leaving_paediatric_services_for_Cerebral_Palsy.pdf and Health Transitions Skills List.

PRINCIPLE 4

Equity-driven, trauma-responsive, accessible, and culturally affirming services.

"Everyone should be able to get support, no matter where they live, how they identify or what their background is" ***Mangai WhakatipuYAC***

"Western models of care or health don't work for everyone... that's why we need to have holistic thinking". ***VOYCE Youth Advisory***

"Many young people in care are not enrolled with a GP and have high mental health needs" ***VOYCE Youth Advisory***

If I was having a crisis like bad thought of harm, I would have had no luck. There is nothing- no support here" ***VOYCE Youth Advisory***

"Equity is more than where you live + your specific health condition- high risk/ priority populations are really important - gender diverse, colour, socioeconomic status, refugees and include intergenerational inequities/ minority groups/ sexuality - all contribute to accessibility of care" ***Mangai Whakatipu YAC***

"Don't make us jump through hoops – meet us where we are at" ***Mangai Whakatipu YAC***

Health professionals need to learn about social media and better understand its effect on us and our health" ***Waitaha YAC***

"Don't just assume we can speak English or have internet access – ask us how to best communicate/stay in touch" ***Waitaha YAC***

Rangatahi consistently highlighted inequities in access to care and emphasised that services must be responsive to the diverse realities of young people's lives. Young people identified significant barriers relating to geography, culture, language, disability, cost, digital access, and mental health support.

Youth particularly emphasised:

- Flexible service delivery
- Outreach and community-based support
- Holistic and culturally diverse models of care
- Recognition of high-risk populations
- Better understanding of social media and contemporary youth experiences
- Communication approaches tailored to individual needs.

Workforce respondents strongly agreed with the principle but noted that current systems are not adequately achieving equitable care. Delivering equity-focused transition care was seen as requiring substantial system-level reform, including:

- Increased investment
- Better coordination
- Flexible service models
- Stronger primary and community care networks
- Culturally co-designed approaches

The consultation highlighted the importance of prioritising:

- Rural young people
- Disabled rangatahi
- Young people in care – trauma responsive care
- Gender-diverse youth
- Refugees and culturally diverse populations
- Young people experiencing socioeconomic disadvantage.

Implications for the health sector include:

- Recognition of high-need populations in funding and policy
- Outreach and virtual care models
- Multidisciplinary partnerships
- No-cost youth-friendly services.
- Integrated social and health supports.
- Transition plans that identify social and clinical risks

Relevant policy and strategy documents included the Health of Disabled People Strategy, Te Pae Waenga; Enabling Good Lives principles, and reports on Voyce State of Care Report and Outcome Report for young people in care, and Transition to independent living guide – rare disorders New Zealand

PRINCIPLE 5

Integrated, coordinated, and collaborative systems of care.

"We want services that talk to each other, not make us repeat ourselves or feel lost between teams" ***Mangai Whakatipu YAC***

"If you are all part of our care, act like one team. Don't let us fall through the cracks" ***Mangai Whakatipu YAC***

It should be up to the individual – control and autonomy in the sharing of our information" ***Mangai Whakatipu YAC***

Don't assume that we know what the separate teams are and what their different responsibilities are when we don't, so it can feel like when we need something everyone is scrambling to say, 'it's not my job it's their job' when we see everyone as one team" ***Waitaha YAC***

"Why is communication so difficult between providers? Would be good to have somebody to pull everything together with us" ***Waitaha YAC & Mangai Whakatipu YAC***

"Collaboration is important but don't forget about our privacy" ***I.Lead YAC***

Please think about safeguarding young people – I've had experience of harm done by health professionals in sharing information/stigma around my mental health - not good" ***I.Lead YAC***

"We are happy for information sharing if that is going to help but we want to have choice and control over what is shared" ***Mangai Whakatipu YAC***

Young people consistently described frustration with fragmented systems, repeated storytelling, poor communication between providers, and unclear responsibilities across services. Rangatahi wanted services to function as a coordinated team while still maintaining their privacy and control over information sharing.

Key youth priorities included:

- Consistent communication across services
- Clear care coordination
- Reduced duplication
- Consent-based information sharing
- Privacy and safeguarding

- Continuity of relationships and support

Workforce respondents acknowledged that fragmentation across health systems remains a major barrier to effective transition care. While professionals strongly supported collaborative care models, they identified significant practical challenges including:

- Poor IT interoperability
- Funding limitations
- Workforce shortages
- Service variability
- Confidentiality concerns

The principle reframes transition as continuous episodes of coordinated care rather than disconnected service encounters.

Implications for the health sector include:

- Shared care models
- Transition clinics across tertiary and community settings
- Youth health support coordinators
- Clear roles and responsibilities across providers
- Stronger primary-secondary integration
- Databases of accessible community providers
- Structured organisational policies and transition tools

Workforce feedback reinforced that dedicated coordination roles, collaborative planning, and consent-based information sharing are essential enablers for reducing fragmentation and improving continuity.

Principle 6

Continuous improvement through co-design, feedback, and accountability.

"If you are asking for our feedback, do something with it" ***Mangai WhakatipuYAC***

"Don't just tick a box – involve us in the changes and show us that what we say actually matters" ***Mangai WhakatipuYAC***

"Involving youth needs to be defined in real examples otherwise it means nothing – are you going to be just asking us things or are you going to get youth volunteers in on projects or pay young people to be involved in co-design evaluation projects" ***Waitaha YAC***

"Please make sure feedback is accessible to all of us – some of us need support with communicating. Young people are not all the same" ***I.Lead YAC***

Young people strongly emphasised that feedback processes must lead to visible change and genuine partnership. Rangatahi wanted more than token consultation and advocated for meaningful involvement in design, evaluation, governance, and improvement activities.

Youth priorities included:

- Visible action following feedback.
- Accessible feedback processes
- Paid or supported youth participation.
- Inclusion of disabled and neurodivergent voices
- Youth-led evaluation and research

Workforce respondents strongly supported continuous quality improvement but stressed that accountability, transparency, and measurable outcomes are essential for improvement efforts to be meaningful.

The consultation identified that effective continuous improvement requires:

- National standards
- Locally relevant implementation
- Measurable outcomes

- Ongoing feedback loops
- Governance structures
- Resourced co-design processes.

The principles position rangatahi and whānau as active partners in shaping and evaluating transition systems.

Implications for the health sector include:

- Embedding co-design into policy and service design
- Transition tracking systems
- Mechanisms to reconnect with young people lost to follow-up.
- Innovative youth-friendly evaluation tools
- Use of youth researchers and peer evaluators
- Continuous monitoring of equity and outcomes

Continuous quality improvement was described as the mechanism that ensures all other transition principles are implemented meaningfully and sustainably.

THEMES ACROSS ALL PRINCIPLES

1. Rangatahi Voice and Leadership

Rangatahi want to be recognised as experts in their own lives and active leaders in shaping their care and the systems around them.

2. Whānau Partnership

Whānau involvement is essential but must be flexible, youth-directed, and culturally responsive.

3. Relational and Trauma-responsive Care

Trusting relationships, continuity, empathy, and emotional safety are central to effective transition care.

4. Equity and Cultural Grounding

Services must address systemic inequities and uphold culturally grounded; strengths-based approaches informed by Te Tiriti o Waitangi.

5. System Integration and Coordination

Requires connected systems, shared responsibility, and coordinated communication across providers and sectors.

6. Accountability and Continuous Improvement

Youth and whānau must be involved in ongoing evaluation and improvement, with transparent mechanisms that demonstrate meaningful change.

RECOMMENDATIONS

1. **Embed structured transition programmes** within youth-appropriate models of care across the motu, ensuring seamless coordination between paediatric and adult services across primary, secondary, tertiary, health, and education sectors.

2. **Invest in workforce capacity and capability**, including youth health training and dedicated youth health coordinator/support roles to support implementation and continuity of care.

3. **Secure sustainable funding** that supports integrated, cross-sector models of care and long-term service delivery.

4. **Prioritise equity, cultural responsiveness, and youth-friendly care**, including trauma-responsive approaches and targeted action to address barriers experienced by priority populations.

5. **Embed meaningful youth, whānau, and stakeholder partnerships** in service design, implementation, evaluation, and ongoing collaboration frameworks.

CONCLUSION

The refined principles of youth-appropriate care, articulate a future-focused, strengths-based vision for the health and well-being care of rangatahi in Aotearoa New Zealand. This vision is grounded in relational, culturally responsive, equitable, and collaborative approaches to care.

There is strong alignment between the perspectives of rangatahi and whānau and workforce professionals. Professional respondents consistently highlighted that meaningful implementation would require sustained investment, workforce development, integrated systems, and robust accountability mechanisms.

Collectively, these principles provide a strong foundation for the development of nationally consistent, locally responsive models of youth-appropriate care. Models of care grounded in these six principles will support rangatahi and whānau to achieve their goals and aspirations while navigating transitions to adult services and beyond, ensuring continuity of care and support across the life course.

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Appendix A

Youth and Youth health Sector Consultation Summary

Consultation was undertaken to develop **six Principles of youth appropriate care to support transition for rangatahi (young people)** moving between paediatric to adult health services.

The principles should be read in conjunction with the mātauranga Māori framework **Te Ūkaipō** for School Based Health Services and the youth development framework **Mana Taiohi**. These frameworks centre rangatahi wellbeing through the values of **manaakitanga (respect), whanaungatanga (relationships), rangatiratanga (self-determination), and holistic hauora**.

Consultation prioritised the **voices and lived experiences of rangatahi**, gathered through online hui and face to face focus groups with youth & whanau advisory groups across Aotearoa New Zealand and Te Kāhui Korowai Rangatahi – Youth Health Aotearoa.

Rangatahi consistently highlighted the importance of **being respected, listened to, and included in decisions about their healthcare**.

Participants also emphasised the importance of culturally responsive care, coordinated services, and meaningful youth partnership in health system design.

The resulting **six Principles** provide guidance for clinicians, service leaders, and policymakers seeking to strengthen youth-appropriate care across the wider health system.

Findings

Rangatahi emphasised that transition experiences as just *one part* of a much wider package of youth appropriate care, should prioritise:

- respect and cultural safety
- early transition planning
- coordinated services
- equitable access to care including trauma responsive care
- meaningful youth partnership

Key Recommendations

- Establish structured transition programmes as an essential component of overarching youth appropriate care models across the motu
- Strengthen youth health training for the workforce across paediatric and adult care health and education sectors
- Introduce youth health coordinator/support roles
- Improve collaboration between paediatric and adult services across primary, secondary and tertiary sectors
- Address equity barriers affecting priority populations including trauma responsive care
- Embed youth and whanau partnership in service design and evaluation

Expected Outcomes

Implementing these principles will support:

- increased youth engagement with health services
- more equitable health outcomes for rangatahi
- improved continuity of care

Appendix B

Workforce Survey Analysis Report

Executive Summary

This report presents findings from a survey of **130 respondents** assessing agreement with six draft principles and identifying key enablers for implementation.

Overall, there is **overwhelming sector support** for all six principles, with **agreement levels exceeding 90%** across all measures. Principles relating to **Patient-Centered Care** and **Cross-Sector Collaboration** received the highest endorsement (99.2%), while **Quality Improvement** received the lowest—though still strong—agreement (90.8% rated as essential).

Respondents consistently highlighted the need for **adequate staffing, workforce training, and sustainable funding** as the most critical enablers for successful implementation. Additional priorities included **digital infrastructure**, **youth-friendly environments**, and **meaningful engagement with rangatahi and whānau**.

The respondent group represented a broad cross-section of the health and social care workforce, with the majority working directly with young people. Specialty areas were diverse, with **Developmental Disability** and **Mental Health & Addictions** most represented.

There is strong confidence that the principles capture the key elements required for effective transition, alongside clear interest in **ongoing collaboration and implementation efforts**.

Recommendations included:

1. Invest in workforce capacity and training to support implementation.
2. Secure sustainable funding aligned with cross-sector delivery models.
3. Enhance coordination mechanisms between child and adult services.
4. Prioritise youth-friendly and culturally appropriate care environments.
5. Establish ongoing collaboration frameworks with stakeholders.

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1. Introduction

The purpose of this survey was to evaluate stakeholder agreement with six draft principles and to identify the supports required to enable their successful implementation. The survey also sought to understand respondent demographics, areas of practice, and interest in future collaboration.

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2. Methodology

- **Total respondents:** 130
- **Total questions:** 53
- Category types included:
    - Agreement with each principle (“resonates” and “essential”)
    - Identification of key enablers and supports
    - Demographic and workforce characteristics
    - Interest in future collaboration

Responses were analysed using descriptive statistics and thematic aggregation of key enablers.

3. Findings

3.1 Agreement with Principles

All six principles received consistently high levels of agreement:

Principle	Resonates (%)	Essential (%)
P1: Patient-Centered Care	99.2%	98.5%
P2: Workforce Training	96.9%	93.8%
P3: Planned Transition	97.7%	91.5%
P4: Equitable Access	96.9%	96.9%
P5: Cross-Sector Collaboration	99.2%	91.5%
P6: Quality Improvement	95.4%	90.8%

Key insight: There is **near-universal endorsement** of all principles, indicating strong alignment across the sector.

3.2 Key Enablers and Supports

Respondents identified the following as critical to implementation:

- **Staff resources** (360 mentions)
- **Staff training** (344 mentions)

- **Funding** (299 mentions)
- **Digital resources** (224 mentions)
- **Youth-friendly spaces** (210 mentions)

Other recurring themes included:

- Youth and whānau advisory involvement
- Cross-service coordination and clear transition pathways
- Culturally appropriate workforce and service models
- Organisational commitment and system-level change

3.3 Respondent Demographics

Ethnicity:

- NZ European: 71%
- Māori: 15%
- Pacific: 9%
- Other groups represented in smaller numbers

Population served:

- Rangatahi (youth) only: 62%
- Both youth and adults: 30%

- Adults only: 8%

Work sectors (multi-select):

- Primary care/community: 35%
- Secondary care: 29%
- Tertiary care: 25%
- Education and other sectors also represented.

Professional roles included:
Physicians, allied health professionals, nurses, educators, and community-based practitioners.

3.4 Specialty Areas

The survey captured a wide range of specialties, with the most common being:

- **Developmental Disability (43 respondents)**
- **Mental Health & Addictions (23 respondents)**

Additional areas included paediatrics, cardiology, oncology, rehabilitation, and community-based services.

3.5 Future Engagement

- **82.3%** agreed that the principles include all crucial elements

- **57.7%** expressed interest in future collaboration
- **75 respondents** provided contact details for follow-up

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4. Discussion

The findings demonstrate a **high level of consensus** across a diverse workforce, reinforcing the relevance and applicability of the Transition of Care principles.

However, successful implementation will depend on addressing **system-level constraints**, particularly:

- Workforce capacity
- Access to training
- Sustainable funding models

The emphasis on **collaboration, cultural responsiveness, and youth engagement** highlights the need for integrated, person-centred approaches that extend beyond traditional service boundaries.

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5. Conclusion

This survey confirms that the principles are **strongly supported across sectors and disciplines**. The consistency of responses suggests a shared understanding of both the **importance of effective transition** and the **conditions required for success**.

Future efforts should focus on:

- Resourcing and workforce development
- Strengthening cross-sector partnerships
- Embedding youth and whānau voice in service design
- Supporting ongoing collaboration and implementation

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6. Recommendations

6. Invest in workforce capacity and training to support implementation.
7. Secure sustainable funding aligned with cross-sector delivery models.
8. Enhance coordination mechanisms between child and adult services.
9. Prioritise youth-friendly and culturally appropriate care environments.
10. Establish ongoing collaboration frameworks with stakeholders.
