Welcome to the AUT Child and Youth Health Research Centre research roadshow presentation 2023

The AUT Child and Youth Health Research Centre investigates the impact of illness and disability, home and family, health services, nutrition, physical activity and the wider environment on young people. We’re committed to providing a space for young people’s voices!

Image: https://www.kidsinspire.org.uk/training
Using participatory video to explore the perceptions and understandings of health and wellbeing among refugee background youth in Aotearoa New Zealand

Paul Ripley (Doctoral Candidate), Dr Tineke Water, Dr Nadia Charania

Background: Literature to date has limited participation with young people from refugee backgrounds living in NZ about how they perceive and understand health and wellbeing.

Purpose: The study used participatory video as a methodological research approach to engage eight young people from refugee backgrounds as co-researchers in generating knowledge about their understandings and perceptions of health and wellbeing.

Research Questions:
What are the perceptions and conceptual understandings of health and wellbeing among refugee background youth? How does participatory video (PV) engage refugee background youth in co-creating conceptual understandings of health and wellbeing?

Methods: In April 2021 eight young people from refugee backgrounds living in Auckland, NZ participated in five PV workshops where they took part in group-based activities where they learnt to use video creatively to record themselves and their ideas, perceptions and understanding about health and wellbeing.

Participatory Video is a research method and a process with a focus on empowering individuals and communities through sharing stories and creating videos depicting their own realities, challenges and aspirations for the future.

Key Findings:
Participants identified the topics of communication and safety as important to their health and wellbeing. Key aspects of communication include the importance of learning the English language, using social media to connect with others, the use of interpreters and the intergenerational gap between young people and adults. Key aspects of safety included young people being safe on the roads, safety and links to gender roles, the availability of resources to access health services and cultural awareness. Two videos were created by participants that express their ideas about communication and safety.

PV is a research approach that disrupts the traditional power relationships of the researcher and participant. Transferring power to the participants enabled them to use video to communicate their understandings and perceptions of health and wellbeing. Video as digital media can be used to disseminate key messages of young people about their health and wellbeing to inform health policy and health service providers.

This study forms part of the DHSc degree supervised by Dr Tineke Water and Dr Nadia Charania.
Creating a community engaged research agenda for Tamariki with Asthma

Project Leaders: Dr Julie Blamires and Dr Mandie Foster

This 18-month activation process includes four key activities that will follow a participatory approach

Activity 1: Whakawhanaungatanga (relationship building)
Activity 2: Arotake taunakitanga (review of the evidence + initiate current state map).
Activity 3: Community Engaged/Priority Setting.
Activity 4: Whakawhanake whakatakanga (project development).

Inequalities in asthma outcomes for Māori tamariki are well described across all facets of diagnosis, care, and management. Health delivery recommendations on how to reduce these disparities have been described yet remain unimplemented.

This activation activity will help ensure that the health delivery project proposal is developed in a way that aligns with the critical issues experienced by tamariki and whānau who have lived experience of asthma and health professionals who deliver care for tamariki with asthma.

A community participatory approach will ensure stakeholders play a key role in shaping the research agenda to ensure priorities for research are relevant and impact on service delivery and health outcomes. An advisory group membership including key health providers will enable the research to be patient-focused and identify to health providers what changes are needed to ensure meaningful and effective changes in health outcomes of patients.

Key project group members:
- Alamani Mataupu (NHC)
- Dr Maree Park (NHC)
- Falanisesi Fonua (NHC)
- Kathryn Chapman (NHC)
- Katie Faaiuaso (Asthma Auckland)
- Dr Pip Anderson (Te Whatu Ora Counties)
- Dr Cass Byrnes (Starship/Kidsfirst)
- Dr Adrian Trenholme (Kidsfirst)
- Veronica Kingi (NHC)
- Sandhu Narain (Turuki Health Care)

Asthma is the most common childhood chronic disease with New Zealand (NZ) having one of the highest rates in the world.

In NZ significant inequalities exist in relation to prevalence, morbidity and mortality with Māori and Pacific children and young people disproportionately affected. They are more likely to be underdiagnosed, under treated, have more severe disease and more likely to be hospitalised.

Traditionally healthcare has considered patients and whānau as passive recipients as opposed to active, engaged, and interested co-participants in decision making regarding care and management. Similarly, within asthma research, questions and proposals are often developed by researchers without consideration given to the needs or experiences of tamariki, whānau, community, and health care professionals.
Children and Young People's Self-Reported Experiences of Asthma Self-Management Nursing Strategies across Various Settings: An Integrative Review

Hannah Rose Kemble and Mandie Foster

**Background:** Childhood asthma is an increasingly significant health issue, highlighting the importance of acquiring self-management skills to optimise future health outcomes. Registered nurses play a pivotal role in delivering appropriate, personalised self-management support. However, there is a paucity of literature on CYP's self-reported experiences of ASMS.

**Purpose:** To explore children and young people’s (CYP) (5-24 years of age) self-reported experiences of asthma self-management strategies (ASMS) with nursing involvement across various settings.

**Methods:** An integrative review guided by the five steps described by Whittemore and Knaff was conducted. Literature was identified using CINAHL, Medline via PubMed and Ovid databases.

**Results:** Fifteen studies were selected and included for review. Inductive thematic analysis generated three themes: healthy literacy, health and wellbeing, and tools and working together, six sub-themes, 12 categories, and 145 codes generated from 333 findings.

**Table 1. Variety of strategies**

<table>
<thead>
<tr>
<th>Points of difference</th>
<th>Examples specific to asthma self-management strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location of delivery</td>
<td>Healthcare settings, including primary care, secondary care, and tertiary care. Non-healthcare settings, including schools, community centres, homes, and camps.</td>
</tr>
<tr>
<td>Medium</td>
<td>Face-to-face, including any strategy harnessing in-person delivery. E-health, including mobile applications, digital instruments, interactive software, tracking tools, or online platforms.</td>
</tr>
<tr>
<td>Mode</td>
<td>Group-based, often including families, peers, or other individuals living with asthma. Individual-based, including one-on-one sessions, counselling, or guidance.</td>
</tr>
<tr>
<td>Timeframe</td>
<td>Short-term, designed to be completed within a short, defined period. Long-term, designed to extend over a longer period, often months or years.</td>
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**Conclusions:** Asthma continues to have negative physical, psychological, and social implications amongst CYP. CYP are both willing and capable of engaging in ASMS and learning self-management skills, however, continue to have unmet self-management needs.

**Implications to practice:** Strategies must bolster health literacy, improve physical and psychological health, and harness interactive, youth-centric, and informative tools to facilitate communication and decrease the burden of self-management. Applications pose as a promising avenue for self-management support which registered nurses can harness. This age group remains under-explored and future research should value meaningful engagement with CYP to better understand their perspectives and improve strategy success.
The role of serious games and youth as co-designers in future healthy and sustainable city world-building

Sarah Bodmer, Auckland University of Technology, New Zealand

**Introduction**

Serious games have been found to be a useful and innovative means of contributing to complex problem-solving. They provide opportunities to consider the many variables involved in each problem and to develop innovative solutions. City-building and role-playing games, such as SimCity and Cities: Skyline, are widely used in various settings including education; helping learners and facilitators understand cities as complex systems. Many of the urban issues presented in these games (traffic, pollution, natural disasters, waste accumulation, activity spaces) are closely related to the determinants of health and fit well with a planetary health model.

**Methodology**

This small-scale study used an action-oriented focus group method to work with young students aged 18-24 from different disciplines to codesign ideas to be used for a serious games prototype.

*Participatory Action Research:*
- An approach to research in communities that emphasises participation and action.
- Seeks to understand the world by trying to change it, collaboratively and following reflection.

*Codesign:*
- The act of creating with stakeholders specifically within the design development process to ensure the results meet their needs and are usable.
- Tackling complex problems together, in order to improve systems and services.

**Discussion**

This focus group allowed young people to identify and discuss the issues that they felt were going to be significant to cities of the future. Serious games' codesign offers a more creative space than normative education for youth to explore key strategies and ideas. World-building allows those involved to move away from disciplinary/sectoral siloed norms.

The world-building served as a valuable ‘thought experiment’, allowing participants to consider alternative futures, and issues which may be prevalent in these imaged futures.

The themes of overpopulation/lack of resources and climate change were explicitly identified as wicked problems by the participants, and ones which young people could benefit from learning how to tackle. This serves as a key starting point for developing a serious game prototype.

“We’ve established climate change is a wicked problem”
“I think we’re a little bit screwed”

The study is ongoing but so far it is perceived as disruptive, fun, challenging and capacity-building enhancing problem-solving skills critically and creatively whilst reflecting real world complexities essential for developing urban futures.
Background: The COVID-19 pandemic presented many challenges for health professionals across all specialities including paediatric nurses. Working on the front line throughout the outbreak created stress, uncertainty and fear. Paediatric nurses contended with similar stressors but in addition a unique experience relative to their clinical setting.

Purpose: To describe the experiences of paediatric nurses working during the COVID-19 pandemic.

Methods: An integrative review guided by the five steps described by Whittemore and Knafl was conducted. Literature was identified using CINAHL, Medline via PubMed and Ovid databases.

Results: A total of nine articles were included in the review following critical analysis. The findings discovered three key themes that contributed to the experiences of paediatric nurses during COVID-19—underpinned by eight sub themes.

Professional Responsibility
Supportive networks
Emotional and psychological impacts

Practice Implications
* Effective communication about new information and changing guidelines is crucial for success.
* Education and preparation for new work environments should involve provision of resources, guidelines and policies.
* Opportunities like debriefing and counselling can benefit and support nurses’ wellbeing.
* Managerial & leadership support ensures nurses are well equipped to handle crisis.

"I love my job, or I wouldn’t be here, but we are human and get tired and stressed... one can only give so much before they are burnt out and empty."

"I had increased fatigue and decreased patience over time."

"The unfamiliar environment and routines felt daunting for a long time."

"I love my job, or I wouldn’t be here, but we are human and get tired and stressed... one can only give so much before they are burnt out and empty."

"The unfamiliar environment and routines felt daunting for a long time."
Decolonising and democratising Malawian public health: A photovoice collaboration with families exploring daily meals associated with a rise in diabetes

McDonald W. Nyalapa (AUT alumni), Cath Conn and Shoba Nayar

This Master of Public Health study sought to democratise and ‘open up’ the exploration of family eating through a photovoice collaboration with Malawian families with a view to understanding the links to a newly emerging and serious public health problem - diabetes.

Photovoice involved four families located in a semi-rural district of Blantyre, Malawi. Images were collected using phones by younger family members to create a photo food diary of breakfast, lunch, and dinner eaten in the home. Using the photos as a prompt, focus group discussions were undertaken with each family exploring past and current eating patterns, and eating concerns for health. Staples, such as maize and sorghum, are still important in family eating. However, there is a worrying increase in consumption of obesogenic processed foods such as sweetened beverages and snacks.

In conclusion, Malawi is currently experiencing a ‘nutritional transition’ brought about by commercialisation of food and the growing threat to a sustainable and healthy food system from climate change. Drawing on indigenous wisdom, this study argues that co-designed research methodologies, such as photovoice, are necessary to empower communities’ collaboration in shaping issues of their own health.

Traditional foods of rice, meat and cabbage are still eaten

Lunch and Snacks – fried potato and sugary foods
Approaches to health in the Pacific are dominated by Eurocentric frameworks that fail to reflect the region’s ethnic diversity and inherent cultural knowledge and belief systems.

We aimed to advance innovative, indigenous methodology with a focus on youth voice and transformative approaches that contribute to a decolonising and sustainable model.

Talanoa—a Pacific framework for communicating and connecting—and participatory action research were adapted to create a unique Pacific “action cycle”. A Fijian worldview helped to centralise Fijian concepts of knowledge enquiry and research. This article describes the way in which Pacific Talanoa can be incorporated within a Fijian epistemological paradigm for research and development undertaken in the Fijian context.

Doi.org/10.1177/1177180121996321
Background

Digital media spaces—from video technology to social media—are the new “playgrounds” in many young people’s lives. Participatory video (PV) can tap into this familiarity, facilitating collaborative analysis of issues young people identify as being important to them.

30 young people aged 11 to 17 explored their experiences and perspectives of health using Participatory Drama and Video. The project aimed to answer the question:

“Can collaboration with young people be facilitated using participatory video to empower young people’s voice and inform healthcare policy and provision?”

Methods

The project centred on a five-day workshop that created the literal and metaphorical space for young people to “have their say.” Using creative and analytical exercises, 29 participants worked alongside PV facilitators as co-researchers to develop a social and creative space to promote reflection, discussion, collaboration, and attainment of digital storytelling skills. The participants analysed the health issues they identified as most salient to them and explored potential solutions. They wrote, storyboarded, performed, filmed, and co-edited seven short films to disseminate their ideas.

Results

The films summarise the perspectives, ideas, and potential solutions expressed during the iterative, exploratory process. The project’s findings indicate that young people are most concerned with issues relating to their mental health and, in particular, that visible but immutable characteristics such as age, race, sex and gender leave many feeling “bullied”, “invisible” or unable to “fit in.”

Conclusion

PV enables young people to inform healthcare policy and provision by building their capacity to share their stories and ideas. Within their films, participants ask that government, health professionals, teachers, and young people themselves address the prevalence of in-school and online bullying. They ask for easy access to youth counselling services and changes in how health and sexual health education is taught in school.
Background
Suicide remains the second most common cause of death in young people aged 10-24 years and is a growing concern globally. The literature reports a cast number of factors that can predispose an adolescent to suicidality at an individual, relational, community or societal level. There is limited high-level research in identifying and understanding these risk and protective factors of suicidality in adolescents.

Objective
To use a systematic method to synthesise review literature on adolescent mental health outcomes (self-harm & suicidality) & their risk & protective factors.

Method
An umbrella review method (systematic review of systematic reviews) to synthesise evidence from the literature in the past 20 years about risk & protective factors to self-harm and suicidality (suicide ideation & suicide attempt) in adolescents. The study includes results from quantitative synthesis from 36 systematic reviews with meta-analysis.

Discussion
Health professionals working population health, school setting and community mental health should consider these risk factors when assessing and treating vulnerable young people. A person centered approach with an emphasis on connectiveness and bully free school environments, should be a priority focus for schools, health professionals and public health policy makers.

It is vital to create bully free environments, eradicate school related exposures, and provide protective interventions within schools.
Children and young people’s participation in activities that inform the planning, implementation, and evaluation of service delivery in Children’s Hospitals in New Zealand

Foster, M., Blamires, J., Jones, V., Keshoor, S., Moir, C., Shrestha-Ranjit, J., Dickinson, A

Children and young people are the centre of child health services, and their participation remains a key element in health care delivery. There is limited literature on leaders’ experiences in creating policy, practices, and quality assurance activities that include hospitalised children and young people’s (CYP) active engagement.

This project is part 2 of a two-armed study, aimed to identify current organisational policies, guidelines, and practices of CYP’s involvement from twenty-four purposively sampled expert key informants (leaders and managers) within what were the four District Health Board providers of children’s tertiary health services in NZ (Auckland, Counties Manukau, Wellington, and Canterbury).

11 open ended questions analysed iteratively through inductive thematic analysis.

- The findings revealed that participants felt strongly that CYP must be provided a platform for engagement in relation to their health and healthcare and described the various means and methods utilised within paediatric settings in NZ.

- A multi-tiered collaborative approach with government, industry, leaders, healthcare professionals, whanau and CYP is required to enhance CYP’s agency/voice in NZ hospitals.