



NSW Association for Youth Health Inc (NAYH)

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Funded by NSW Department of Health

Comprehensive Quality Process (CQP) Project

Measuring social health outcomes of service provision and programs for marginalised young people

Final Report

June 2011

About the NSW Association for Youth Health

The NSW Association for Youth Health (NAYH – formerly the NSW Association for Adolescent Health) is the peak body committed to working on behalf of the youth health sector in NSW to promote and advocate for the health needs and well-being of marginalised young people aged 12 to 25 years. The Association is a membership organisation, representing individuals and organisations that work directly with young people around health and well-being.

Background

In 2005, NAYH (then named NAAH) received funding from NSW Health to carry out the Comprehensive Quality Process (CQP) Project and work in collaboration with the youth health service sector to develop and measure health outcomes for young people accessing youth health services.

The aim of the CQP Project was to examine the impact of youth health services on the health and well-being of their clients through establishing effective and meaningful methods of demonstrating results and performance based accountability relating to youth health service provision.

The Project's principle objectives are:

1. To develop **key performance indicators** related to the health of young people in NSW;
2. To develop **performance measures** for youth health services and programs; and
3. To establish simple **tools** which can be consistently used to **measure the performance** of youth health services and programs.

The project was contracted to Bruce Callaghan and Associates and the work was managed through the CQP Project Advisory Committee (which consisted of representatives from the youth health sector). The committee acted as both a project management team and an active participant in the development of the data collection instruments and in the evaluation of the results.

Progress:

Part One, Phase One (completed)

- Literature review
- Pilot Project - draft tool (proformas)
- Participant Forum – Dec 2006
- Final Report (finalised in November 2007)

In late 2008, NSW Health recalled the unspent funds originally allocated to the CQP Project. NAYH investigated several possibilities for alternative sources of funding including ARACY/NHMRC Research Network seed-funding and through BeyondBlue, but were ultimately unsuccessful (though NAYH have since been successful in sourcing funding through BeyondBlue for a separate, but related, project).

Other options, including the possibility of using tertiary students under supervision of the Project Advisory Committee were considered, until the NAYH Board decided in December 2009 to directly fund a part time position to complete the next phase of the project. When the selection panel was unable to successfully fill the position, and the role was re-advertised in late March 2010.

In July 2010, NAYH employed a locum full time Executive Officer. This position was extended to a full time position to enable to EO to dedicate 0.2FTE to completion of the CQP Project.

Pilot Project

In 2005 the CQP Project conducted a Pilot Project with six youth health services in NSW to trial a draft tool and measure four key performance indicators in regards to the client group assessing the youth health services:

1. Were the client groups from a disadvantaged background that would inhibit them from accessing mainstream health services?
2. Did the client group accessing the service present with health related problems and were these health problems being addressed?
3. Were the client groups presenting with environmental and social challenges that were impacting their health and overall well-being, and were these challenges being successfully addressed? (*Note: Environmental challenges classified as economic stability, accommodation, and employment or education participation*)
4. Were the client groups exhibiting personal capabilities and strengths which can be developed or supported; and were the services working effectively to strengthen the client groups' resilience?

Results of the Pilot Project

Results from the 2006 Pilot Project identified that the draft tool was successful in measuring outcomes of the client group accessing youth health services.

A total of 262 young people aged 12 to 24 years participated in this pilot project. Results outlined in the report showed that, in regards to the young people accessing youth health services:

- Over two thirds were over 16 years of age;
- The majority presented with factors that inhibited them from accessing mainstream health services, such as cultural background, disability, sexual orientation, unemployment, education and accommodation instability; and the
- The majority presented with one or more health-related problems such as chronic diseases, physical/emotional/sexual safety, substance abuse, unsafe sexual health practices, mental health and primary health issues.

Results from the pilot project indicate that nearly 25% of participants presented with moderate to high risk substance (drug and alcohol) abuse and over 30% presented with significant mental health problems. These results are supported by research conducted by the Australian Institute of Health and Welfare which states that homeless young people are more likely to suffer from mental health issues and abuse drugs and alcohol than non-homeless young people.¹

In regards to the impact of the youth health services, the pilot program identified that, of the young people accessing the youth health services:

- Over 70% exhibited positive outcomes in regards to their health status;
- Nearly 100% achieved positive improvement in regards to environmental challenges (such as education, employment and accommodation) that previously inhibited them from accessing mainstream health services; and
- Over half showed improvement of personal strengths (such as problem solving; living skills, sense of self and sense of purpose) that will assist them in managing their lives during difficult circumstances.

Summary

Although the original purpose of the CQP Project was to develop key performance indicators (KPIs) for the youth health sector, factors such as diversity of service models, funding bodies and structures required the Project to first identify the core components of a youth health service. Varying factors have produced different models of service provision, staffing, resources, management and reporting. This resulted in a tool that youth health service managers could utilise to capture information about their client group and changes in their presentations, as well as data about the risk level and supports available to a young person.

With further refinement of this tool, it may be possible for services to assess the extent to which changes in health outcomes for young people utilising a respective service is actually attributable to the level and quality of the service being provided. It may then be possible to identify the specific elements and details of programs and models being used, to establish a stronger evidence base and benchmarks for the provision of health services to young people.

¹ Australian Institute of Health & Welfare (2003). *Australia's young people: Their health and well being 2003*. AIHW Cat. No. PHE 50. Canberra: AIHW.

Phase One Recommendations:

1. The CQP Pilot should be carried to a second phase where the data collection instruments are further refined
2. A data management system should be introduced across the sector for both government and non-government youth health services
3. A consistent IT based data collection system should be introduced to support data management and reporting. ICIS is a system which appears to be flexible and accessible enough to meet requirements in the short term.
4. The youth health sector needs an effective sectoral strategy which identifies goals and targets and provides a framework for performance assessment and future benchmarking. This could be auspiced by NAYH on behalf of the sector and the plan should use work already done in the CQP study.
5. A project should be sponsored through NAYH to further develop intake protocols and case supervision and review practices for the whole sector, so that reporting becomes consistent and objective.
6. Training in the use of the proformas should include mentored use of the risk and achievement scales in order to support consistent use of the proformas and an agreed set of definitions and measures for each classification scale.
7. In the next stage of this project the data collection proformas should be aligned with and replace other intake forms to reduce duplication and automate reporting for central agencies.
8. Each of the principle proformas should be further refined and any information which is not commonly collected should be removed, eg background information on the employment status of parents.
9. A workshop on rating using the scales should be conducted in two stages
 1. refining and clarifying the scale definitions; and,
 2. developing the inter-rater reliability by standardising the use of scales in different services and in different case situations.

The current context:

NSW Youth Health Policy 2011 - 2016

The new NSW Youth Health Policy 2011 – 2016: 'Healthy bodies, healthy minds, vibrant futures' includes a strong emphasis on monitoring and evaluation. Two priority areas have been identified that related to the work of the CQP Project. Priority 3.2 (Strengthen the focus on research and evaluation) states that there is an “opportunity to undertake research where the evidence base does not exist”; and prioritises needs which “fill knowledge gaps about the health care and access needs of young people.”

For example, improving health service responses to young people at risk requires a clear understanding of the health status, experiences and access needs of refugee young people, young people from culturally and linguistically diverse backgrounds, Aboriginal young people and inter-generationally disadvantaged young people including young people in out-of-home care.

Priority 3.3 in the policy (Manage resources and improve accountability) includes the following paragraph:

NSW Health will also need to focus on collecting good data and information about the need for services, young people's health and emerging areas of concern, service usage and uptake and outcomes. This kind of data collection is extremely valuable for building an evidence base for particular interventions and identifying the resource implications.

In addition, the policy includes an implementation plan that briefly outlines two major areas of evaluation:

- ✦ established data collections (including the NSW Population Health Survey, NSW Midwives Data Collection and the 2011 AIHW Report Young Australians: their health and wellbeing); and,
- ✦ local assessment which includes the number of health services (mainstream and youth specific) gathering data about young people's use of, and satisfaction with, the service).

This current measurement framework doesn't explicitly include scope for the development of additional data collection systems at a “whole of system level”.

Changes in NSW Health – impacts of health reform, Local Health Networks and Medicare Locals.

Implementation of national health reform in NSW has already commenced with the establishment of 18 Local Health Networks from 1 January 2011 (replacing the Area Health Service structure). The focus on local decision-making, as well as the future introduction of Medicare Locals add complexity both in terms of increasing the number of stakeholders and relationships as well as adding additional referral and clinical pathways to the current youth health service model.

Given that key operational decisions regarding strategic policy and leadership in youth health (including scope and responsibility of the various stakeholders) are unclear, and are likely to be further complicated after the NSW State Election, it is likely that the gathering health metrics for youth health at a system wide level will be a low priority for the next 12-24 months.

Funding environment

The NSW Youth Health Policy is not accompanied by specific additional funds or resources to support achieving the goals and objectives. In this environment, smaller one-off “pilot projects” which directly contribute to policy/practice are more likely to be funded than projects requiring recurrent funding.

Performance Indicator Development

As mentioned earlier, the NSW Youth Health Policy currently includes three “system wide” indicators for youth health:

- ⤴ number and proportion of young people who rate their health as 'excellent', 'very good' or 'good' (NSW Population Health Survey)
- ⤴ number and proportion of pregnant young women aged 15-24 years attending antenatal services before 20 weeks gestation (NSW Midwives Data Collection)
- ⤴ ambulatory care sensitive conditions hospitalisation rate for young people aged 12 – 24 years (to be reported on in the 2011 AIHW report Young Australians: their health and well-being)

In addition, there are eight “local assessment” indicators:

- ⤴ number and proportion of NSW Health and NSW Health funded services, both mainstream and youth-specific, that have assessed and made positive youth-friendly changes to their service design and delivery, through using the *Youth Health Better Practice Framework* checklist
- ⤴ number of local NSW Health services that have a Youth Health Coordinator
- ⤴ number and proportion of youth-specific health services that have a structured mechanism for youth participation
- ⤴ number of universally available confidentiality brochures distributed
- ⤴ number of young people with chronic conditions going into adult care that have been referred to a Transition Coordinator
- ⤴ number of staff and proportion of the workforce in mainstream health services that have undertaken training/education in adolescent health issues and in working effectively with young people
- ⤴ number of health services (mainstream and youth-specific) gathering data about young people's use of, and satisfaction with, the service
- ⤴ number and frequency of activities linking education institutions

Moving the results of the CQP Pilot into practice

On 24 March 2011, a teleconference was held between members of the CQP Steering Committee and other stakeholders to discuss the current environment and to review the CQP Project recommendations.

It was acknowledged that the CQP Project is a useful means of data collection, and clearly demonstrates a viable methodology for the collection of health outcome data across various sites. However it was also understood that the current environment is not likely to support further investigation of the CQP model.

Considering these contextual constraints, the committee has reviewed the Recommendations from the first CQP Report and has prioritised projects or activities which consolidate and support the evidence base for system wide implementation of an sector wide data collection system (such as the development of a business case for a Youth Health Minimum Data Set).

In addition, priority should be given to finding external support through academic partnerships to complete the final evaluation for the CQP Project which can then be promoted as a 'gold standard' model for potential implementation.

Revised recommendations for the CQP Project are:

- 1. The Project engage with youth health researchers to develop a validation (involving reference to current evidence and clinical practice) and refinement (streamlining) process regarding the CQP tool.**

Currently, an external environment that is conducive to formally completing the project according to the original project plan does not exist. In addition, the resources required to complete the next phase and the potential future value of the CQP tool justify exploring resource neutral options for completing the validation and refinement process.

- 2. A business case regarding a youth health data management system to be developed.**

This business case to explore the viability of several models including a minimum data set which could be expanded into a CQP tool at a later date.

The development of a business case is a necessary next step of the Project's broader advocacy agenda that aims to improve data collection across the youth health sector.

- 3. A strategy that advocates for health outcome data regarding marginalised young people to be developed (this work could be auspiced by NAYH and developed in partnership with the youth health sector). This strategy should be informed by the work of the CQP Project alongside any evolution in the creation/development of a youth health data management system.**

Currently, the NSW Youth Health Policy 2011-2016 includes three system wide health outcome measures, however, it is not clear if data collected will adequately capture (or

reflect) the health status of marginalised young people.

In addition, there are significant opportunities in the near future (including movements around implementation of the NSW Youth Health Policy and the development of the Youth Health template for Local Health Networks) for data collection regarding marginalised young people.

Finally, the youth health sector has expressed interested in the development of a system based performance indicator tool (similar to that used in the mental health sector regarding staffing and resources) which reflects health related outcomes.

It should be noted, that the following recommendations, outlined in the 2007 CQP Final Report, be implemented, if possible, alongside the development of a business case to develop a validation and refinement process of the CQP tool (Recommendation 1):

- *A project should be sponsored through NAYH to further develop intake protocols and case supervision and review practices for the whole sector, so that reporting becomes consistent and objective;*
- *In the next stage of this project the data collection proformas should be aligned with and replace other intake forms to reduce duplication and automate reporting for central agencies.*

In addition, emphasis should be placed on designing baseline tools and protocols that can be modified according to local need but still retain consistency of data collection across the sector.

Lastly, upon review of the Recommendations outlined in the 2007 CQP Final Project (in context of the current climate of youth health), it was decided that the following recommendations be held over:

- *Training in the use of the proformas should include mentored use of the risk and achievement scales in order to support consistent use of the proformas and an agreed set of definitions and measures for each classification scale;*
- *A workshop on rating using the scales should be conducted in two stages: (a) refining and clarifying the scale definitions; and (b) developing the inter-rater reliability by standardising the use of scales in different services and in different case situations.*